

KPIs for Australian Public Mental Health Services: PI 11J – Rate of pre-admission community care, 2017

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KPIs for Australian Public Mental Health Services: PI 11J – Rate of pre-admission community care, 2017

Identifying and definitional attributes

Metadata item type: Indicator

Indicator type: Indicator

Short name: MHS PI 11J: Rate of pre-admission community care, 2017

METEOR identifier: 663836

Registration status: [Health](#), Superseded 13/01/2021

Description: Proportion of [admissions](#) to state/territory public acute admitted patient mental health care service unit(s) for which a community mental health service contact, in which the consumer participated, was recorded in the seven days immediately preceding that admission.

NOTE: This specification has been adapted from the indicator [MHS PI 11: Rate of pre-admission community care, 2015](#) (Service level version) using terminology consistent with the National Health Data Dictionary. There are no technical differences in the calculation methodologies between the Service level version and the Jurisdictional level version of this indicator.

Rationale:

- To monitor the continuity/accessibility of care via the extent to which public sector community mental health services are involved with consumers prior to the admission to hospital to:
 - support and alleviate distress during a period of great turmoil
 - relieve carer burden
 - avert hospital admission where possible
 - ensure that admission is the most appropriate treatment option
 - commence treatment of the patient as soon possible where admission may not be averted.
- The majority of consumers admitted to state/territory public acute admitted patient mental health care service units are known to public sector community mental health services and it is reasonable to expect community teams should be involved in pre-admission care.

Indicator set: [Key Performance Indicators for Australian Public Mental Health Services \(Jurisdictional level version\) \(2017\)](#)
[Health](#), Superseded 13/01/2021

Collection and usage attributes

Computation description: Coverage/Scope:

State/territory public acute admitted patient mental health care service units in scope for reporting as defined by the Mental Health Establishments National Minimum Data Set (NMDS) (admissions data).

State/territory specialised community mental health care service unit(s) in scope for reporting as defined by the Community Mental Health Care National Minimum Data Set (pre-admission community contact data).

The following admissions are excluded:

- Same-day admissions
- Statistical and change of care type admissions
- Admissions by transfer from another acute or psychiatric inpatient hospital
- Admissions by transfer from a residential mental health care service
- Separations where length of stay is one night only and procedure code for Electroconvulsive Therapy (ECT) is recorded.

The following community mental health service contacts are excluded:

- Service contacts on the day of admission
- Contacts where a consumer does not participate.

Service contacts can be provided by any community mental health care service within the state/territory.

Methodology:

Reference period for 2017 performance reporting: 2015–16

- Implementation of this indicator requires the capacity to track service use across inpatient and community boundaries and is dependent on the capacity to link patient identifiers.
- For the purpose of this indicator, when a mental health service organisation has more than one unit of a particular admitted patient care program, those units should be combined.
- The categorisation of the specialised mental health admitted patient service unit is based on the principal purpose(s) of the admitted patient care program rather than the classification of individual consumers.
- One of the following Australian Classification of Health Interventions (ACHI) ECT procedure codes are recorded:
 - ACHI 5th edition use procedure codes 93340-02 and 93340-43.
 - ACHI 6th to 9th editions use procedure codes 93341-00 to 93341-99.
 - ACHI 5th to 9th editions ECT Block 1907 may be selected to capture all data regardless of code changes over time.

Different results for the seven day pre-admission community care indicator will be achieved depending on whether the indicator is based on organisation-level or state-level analysis. The key difference between the two approaches concerns whether pre-admission community care is regarded to have occurred only when the person is seen by the discharging organisation, or by any public mental health service within the jurisdiction. The preferred approach is for state-level analysis to be used, and for contacts provided by any public mental health service to be counted. This will depend however, on the capacity of jurisdictions to track service use across multiple service organisation providers and will not be possible for all jurisdictions, the details of which are explored in the data quality statement for this indicator.

Computation:

$(\text{Numerator} \div \text{Denominator}) \times 100$

Numerator:

Number of in-scope admissions to state/territory public acute admitted patient mental health care service unit(s) for which a community mental health service contact, in which the consumer participated, was recorded in the seven days immediately preceding that admission.

Numerator data elements:

Data Element / Data Set

Specialised mental health service—number of admissions in which there was a community mental health service contact recorded 7 days preceding an admission

Data Sources

[State/territory community mental health care data](#) 2015–16

[State/territory admitted patient data](#) 2015–16

Denominator:

Number of in-scope admissions to state/territory public acute admitted patient mental health care service unit(s) occurring within the reference period.

Denominator data elements:

Data Element / Data Set

Specialised mental health service—number of admissions

Data Source

[State/territory admitted patient data](#) 2015–16

Disaggregation:

Service variables: Nil

Consumer attributes: Age, sex, Socio-Economic Indexes for Areas (SEIFA), remoteness, Indigenous status

Disaggregated data excludes missing or not reported data.

All disaggregation data are to be calculated as at admission to the admitted mental health care service unit, even if the value is null.

Disaggregation data elements:

Data Element / Data Set

Address—statistical area level 2 (SA2) code

Data Source

[State/territory admitted patient data](#) 2015–16

Guide for use

Used for disaggregation by remoteness and SEIFA

Data Element / Data Set

Person—age

Data Source

[State/territory admitted patient data](#) 2015–16

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Person—Indigenous status

Data Source

[State/territory admitted patient data](#) 2015–16

Data Element / Data Set

Person—sex

Data Source

[State/territory admitted patient data](#) 2015–16

Representational attributes

- Representation class:** Percentage
- Data type:** Real
- Unit of measure:** Service event
- Format:** N[NN].N

Indicator conceptual framework

- Framework and dimensions:** [Continuous](#)
- [Accessible](#)

Accountability attributes

Reporting requirements:	Australian Institute of Health and Welfare
Organisation responsible for providing data:	Australian Institute of Health and Welfare
Accountability:	Australian Institute of Health and Welfare
Benchmark:	State/territory level
Further data development / collection required:	<p>This indicator cannot be accurately constructed using the Admitted Patient Care and Community Mental Health Care National Minimum Data Sets because they do not share a common unique identifier that would allow persons admitted to hospital to be tracked in the community services data. Additionally, states and territories vary in the extent to which state-wide unique identifiers are in place to that would allow accurate tracking of persons who are seen by multiple organisations.</p> <p>There is no proxy solution available. To construct this indicator at a national level requires separate indicator data to be provided individually by states and territories.</p> <p>Development of a system of state-wide unique patient identifiers within all mental health NMDs is needed to improve this capacity.</p>

Other issues caveats:

- The reliability of this indicator is dependent on the implementation of state-wide unique patient identifiers as the community services may not necessarily be delivered by the same mental health service organisation that admits the consumer to hospital care. Access to state-wide data is required to construct this indicator accurately.
- This measure does not consider variations in intensity or frequency of contacts prior to admission to hospital.
- This measure does not distinguish qualitative differences between phone and face-to-face community contacts.

When data for this indicator are requested, jurisdictions are required to answer 'yes' or 'no' to the question "seven day pre-admission contact based on tracking pre-admission service contacts across all state/territory public mental health services?". A 'yes' response implies that a statewide unique client identifier system is in place, or some comparable approach has been used in the data analysis to allow tracking of service utilisation by an individual consumer across all public mental health services in the jurisdiction. Collection of this information is aimed at assessing the degree of consistency between jurisdictions in data reported.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
Reference documents:	National Mental Health Performance Subcommittee 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPC.

Relational attributes

Related metadata references:	<p>Supersedes KPIs for Australian Public Mental Health Services: PI 11J – Rate of pre-admission community care, 2016 Health, Superseded 14/06/2017</p> <p>Has been superseded by KPIs for Australian Public Mental Health Services: PI 11J – Pre-admission community mental health care, 2018 Health, Superseded 13/01/2021</p>
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