

# KPIs for Australian Public Mental Health Services: PI 12J – Rate of post-discharge community care, 2017

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	MHS PI 12J: Rate of post-discharge community care, 2017
<b>METEOR identifier:</b>	663838
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Standard 14/06/2017</li></ul>

**Description:** Proportion of [separations](#) from 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 following that separation.

**NOTE:** This specification is adapted from the indicator [MHS PI 12: Rate of post-discharge 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:**

- A responsive community support system for persons who have experienced an acute psychiatric episode requiring hospitalisation is essential to maintain clinical and functional stability and to minimise the need for hospital readmission.
- Consumers leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission.
- Research indicates that consumers have increased vulnerability immediately following discharge, including higher risk for suicide.

**Indicator set:** [Key Performance Indicators for Australian Public Mental Health Services \(Jurisdictional level version\) \(2017\)](#)  
[Health](#), Standard 14/06/2017

## Collection and usage attributes

**Computation description:** Coverage/Scope:

State/territory public acute admitted patient mental health care service unit(s) in scope for reporting as defined by the Mental Health Establishments National Minimum Data Set (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 separations are excluded:

- Same-day separations
- Statistical and change of care type separations
- Separations that end by transfer to another acute or psychiatric hospital
- Separations that end by death, left against medical advice/discharge at own risk
- Separations where length of stay is one night only and procedure code for Electroconvulsive therapy (ECT) is recorded
- Separations that end by transfer to community residential mental health services.

The following community mental health service contacts are excluded:

- Mental health service contacts on the day of separation
- Contacts where a consumer does not participate.

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.

**Computation:**

Different results for the seven day follow-up 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 seven day post discharge follow-up is regarded to have occurred only when the person is seen by the discharging organisation, or by any public sector community mental health service within the jurisdiction. For the purpose of this indicator, the preferred approach is for state-level analysis to be used, and for contacts provided by any public sector community 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.

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

**Numerator:**

Number of in-scope separations from 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 following that separation.

**Numerator data elements:**

**Data Element / Data Set**

**Data Element**

Specialised mental health service—number of separations in which there was a community mental health service contact recorded 7 days following a separation

**Data Sources**

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

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

**Denominator:**

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

**Denominator data elements:**

**Data Element / Data Set**

**Data Element**

Specialised mental health service—number of separations

**Data Source**

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

**Disaggregation:**

Service variables: Nil

Consumer attributes: Age, sex, Socio-Economic Indexes for Areas (SEIFA) decile, remoteness area, Indigenous status. Disaggregated data excludes missing or not reported data.

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

**Disaggregation data elements:**

**Data Element / Data Set**

**Data Element**

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**

**Data Element**

Person—age

**Data Source**

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

**Data Element / Data Set**

**Data Element**

Person—Indigenous status

**Data Source**

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

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set**

**Data Element**

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](#)  
[Safe](#)

## Accountability attributes

**Benchmark:** State/territory level

**Further data development / collection required:** This indicator cannot be accurately constructed using the Admitted Patient Care and Community Mental Health Care National Minimum Data Sets (NMDs) because they do not share a common unique identifier to allow persons admitted into 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 allow accurate tracking of persons who are seen by multiple organisations.

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.

Development of a system of state-wide unique patient identifiers within all mental health NMDs is needed to improve this capacity.

**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 discharges the consumer from 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 service contacts following discharge from 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 whether a state-wide 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 specialised 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

**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:** Has been superseded by [KPIs for Australian Public Mental Health Services: PI 12J – Post-discharge community mental health care, 2018](#)

- [Health](#), Superseded 16/02/2021

Supersedes [KPIs for Australian Public Mental Health Services: PI 12J – Rate of post-discharge community care, 2016](#)

- [Health](#), Superseded 14/06/2017