

# KPIs for Australian Public Mental Health Services: PI 14J – Outcomes readiness, 2017

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# KPIs for Australian Public Mental Health Services:

## PI 14J – Outcomes readiness, 2017

### Identifying and definitional attributes

|                             |   |
|-----------------------------|---|
| <b>Metadata item type:</b>  | Indicator   |
| <b>Indicator type:</b>      | Indicator   |
| <b>Short name:</b>          | MHS PI 14J: Outcomes readiness, 2017  |
| <b>METEOR identifier:</b>   | 663840  |
| <b>Registration status:</b> | <a href="#">Health</a> , Superseded 13/01/2021  |
| <b>Description:</b>         | <p>Proportion of <a href="#">mental health care episodes</a> with completed clinical outcome measures at both baseline and follow-up.</p> <p><b>NOTE:</b> This indicator has been adapted from the indicator <a href="#">MHS PI 14: Outcomes readiness, 2015</a> (Service level version) using terminology consistent with the National Health Data Dictionary. There are technical differences in the consumer groups listed in the methodology section between the Service level version and the Jurisdictional level version of this indicator. Caution should be taken to ensure the correct methodology is followed.</p> |
| <b>Rationale:</b>           | <ul style="list-style-type: none"><li>• Capable services are results oriented and regularly monitor consumer outcomes.</li><li>• All states and territories have committed to routinely measuring public sector mental health service outcomes.</li><li>• Sufficient coverage of outcome measures will enable a standard where information can be effectively used and interpreted to inform and improve clinical practice and service delivery.</li></ul>  |
| <b>Indicator set:</b>       | <a href="#">Key Performance Indicators for Australian Public Mental Health Services (Jurisdictional level version) (2017)</a><br><a href="#">Health</a> , Superseded 13/01/2021   |

### Collection and usage attributes

|                                 |   |
|---------------------------------|---|
| <b>Computation description:</b> | <p data-bbox="507 73 710 112">Coverage/Scope:</p> <p data-bbox="507 134 1109 168">State/territory specialised mental health care services.</p> <p data-bbox="507 190 1430 257">The following episodes of mental health care (and related outcomes measures) are excluded:</p> <ul data-bbox="542 280 1157 347" style="list-style-type: none"> <li data-bbox="542 280 1157 313">• <a href="#">Brief ambulatory episodes of mental health care</a></li> <li data-bbox="542 313 1157 347">• <a href="#">Brief inpatient episodes of mental health care</a>.</li> </ul> <p data-bbox="507 369 909 403">The following services are excluded:</p> <ul data-bbox="542 425 1252 459" style="list-style-type: none"> <li data-bbox="542 425 1252 459">• Australian Government funded residential aged care services.</li> </ul> <p data-bbox="507 481 662 515">Methodology:</p> <ul data-bbox="542 537 1430 1332" style="list-style-type: none"> <li data-bbox="542 537 1244 571">• Reference period for 2017 performance reporting: 2015–16.</li> <li data-bbox="542 571 1430 660">• Only the Health of the Nation Outcome Scale (HoNOS) family of measures (including HoNOS, HoNOS 65+ and HoNOS Children and Adolescents) is considered in the calculation of this indicator.</li> <li data-bbox="542 660 1430 1332">• Outcomes readiness is calculated for the following consumer groups: <ul style="list-style-type: none"> <li data-bbox="606 683 1430 840">◦ Group A: Consumers discharged from hospital. All people who were discharged from an acute admitted patient mental health care service unit within the reference period, with a completed clinical outcome measure collected at both admission (the 'baseline') and discharge (the 'follow-up').</li> <li data-bbox="606 840 1430 1120">◦ Group B: Consumers discharged from ambulatory care. All people who were discharged from an ambulatory care episode, provided by an ambulatory mental health care service, within the reference period, with a completed clinical outcome measure collected at both admission (the 'baseline') and discharge (the 'follow-up'). Ambulatory episodes that are completed because the consumer was admitted to hospital or residential mental health care are excluded from the analysis (that is, where the National Outcomes and Casemix Collection (NOCC) 'reason for collection' equals change of setting).</li> <li data-bbox="606 1120 1430 1332">◦ Group C: Consumers in ongoing ambulatory care. All people who have an 'open' ambulatory episode of mental health care at the end of the reference period, where there is a completed clinical outcome measure collected at both the first occasion rated within the reference period, which will be either an admission or review (the 'baseline'), and the last occasion rated, which will be a review (the 'follow-up'), in the same reference period.</li> </ul> </li> </ul> |
| <b>Computation:</b>             | (Numerator ÷ Denominator) x 100   |
|                                 | Calculated separately for each consumer group.  |
| <b>Numerator:</b>               | Number of in-scope episodes of mental health care with completed outcome measures at both baseline and follow-up within the reference period.   |

**Numerator data elements:****Data Element / Data Set****Data Element**

Number of episodes with a completed outcome measure at both baseline and follow-up

**Data Source**

National Outcomes and Casemix Collection (NOCC)

**Guide for use**

For the purposes of this indicator, a completed clinical outcome measure is defined as one where the number of items completed is consistent with that provided in 95% of assessments. Translated to individual rating scales this would mean:

- For the HoNOS/65+, a minimum of 10 of the 12 items
- For the HoNOS Children and Adolescents (HoNOSCA), a minimum of 11 of the first 13 items

**Denominator:**

Number of in-scope episodes of mental health care within the reference period.

**Denominator data elements:****Data Element / Data Set****Data Element**

Specialised mental health service—number of admissions

**Data Sources**

[Community Mental Health Care NMDS 2015–16](#)

[Admitted patient care NMDS 2015-16](#)

**Disaggregation:**

Service variables: Setting (Group A, B or C)

Consumer variables: Age (0-17, 18-64, 65+)

## Disaggregation data elements:

### Data Element / Data Set

#### Data Element

Person—age

#### Data Source

National Outcomes and Casemix Collection (NOCC)

#### Guide for use

Age to be calculated as at the start of the episode of care

### Data Element / Data Set

#### Data Element

Person—setting

#### Data source

National Outcomes and Casemix Collection (NOCC)

#### Guide for use

Group A: Consumers discharged from hospital

Group B: Consumers discharged from ambulatory care

Group C: Consumers in ongoing ambulatory care

## Representational attributes

|                              |               |
|------------------------------|---------------|
| <b>Representation class:</b> | Percentage    |
| <b>Data type:</b>            | Real          |
| <b>Unit of measure:</b>      | Service event |
| <b>Format:</b>               | N[NN].N       |

## Indicator conceptual framework

**Framework and dimensions:** [Capable](#)

## Accountability attributes

|   |  |
|---|--|
| <b>Reporting requirements:</b>                      | Australian Institute of Health and Welfare |
| <b>Organisation responsible for providing data:</b> | Australian Institute of Health and Welfare |
| <b>Accountability:</b>                              | Australian Institute of Health and Welfare |
| <b>Benchmark:</b>                                   | State/territory level                      |

**Further data development / collection required:** Estimates of the total number of episodes requiring outcomes assessment is not provided directly to the National Outcomes and Casemix Collection, however this can be approximated from the following National Minimum Data Sets (NMDS): Community Mental Health Care, Admitted Patient Care and Residential Mental Health Care.

A proxy solution is to use estimates from the NMDSs (Community Mental Health Care, Admitted Patient Care and Residential Mental Health Care).

Longer term, a process is needed that allows data reported to the NOCC for consumers who begin an episode in a given year to be tracked when the episode continues into subsequent years. Work is underway to build in an episode identifier into the NOCC and Community Mental Health Care NMDS to enable this. Additionally, consistent, cross-year use of service identifiers and unique identifiers for consumers by states and territories is necessary to enable full capacity to construct this indicator using the NOCC.

**Other issues caveats:** Further definition of a 'completed clinical outcome measure' to resolve whether tolerance levels will be set to accept some degree of missing data also needs to be developed.

## 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:** Supersedes [KPIs for Australian Public Mental Health Services: PI 14J – Outcomes readiness, 2016](#)  
[Health](#), Superseded 14/06/2017