

KPIs for Australian Public Mental Health Services: PI 12J – Post-discharge community mental health care, 2019

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KPIs for Australian Public Mental Health Services: PI 12J – Post-discharge community mental health care, 2019

Identifying and definitional attributes

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|-----------------------------|--|
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | MHS PI 12J: Post-discharge community mental health care, 2019 |
| METEOR identifier: | 709386 |
| Registration status: | Health , Superseded 13/01/2021 |
| Description: | <p>The percentage 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 7 days following that separation.</p> <p>NOTE: This specification is adapted from the indicator <i>Post-discharge community mental health care, 2019 (Service level)</i> 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.</p> |
| Rationale: | <ul style="list-style-type: none">• 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Key Performance Indicators for Australian Public Mental Health Services (Jurisdictional level version) (2019) Health , Superseded 13/01/2021 |

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 (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 NMDS (post-discharge 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 in death or 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 2019 performance reporting: 2017–18

- 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.
- All acute admitted mental health service units are in scope for this indicator, including short-stay units and emergency acute mental health admitted units.
- 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 93340-03.
 - * ACHI 6th to 9th editions use procedure codes 93341-00 to 93341-99.
 - * ACHI 10th editions use procedure codes 14224-00 to 14224-06.
 - * ACHI 5th to 10th editions ECT Block 1907 may be selected to capture all data regardless of code changes over time.

Computation:

Different results for the 7-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 7-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

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](#) 2017–18

[State/territory admitted patient data](#) 2017–18

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

Specialised mental health service—number of separations

Data Source

[State/territory admitted patient data](#) 2017–18

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

Address—statistical area level 2 (SA2) code

Data Source

[State/territory admitted patient data](#) 2017–18

Guide for use

Used for disaggregation by remoteness and SEIFA

Data Element / Data Set

Person—age

Data Source

[State/territory admitted patient data](#) 2017–18

Data Element / Data Set

Person—Indigenous status

Data Source

[State/territory admitted patient data](#) 2017–18

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Person—sex

Data Source

[State/territory admitted patient data](#) 2017–18

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 (NMDSs) 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 NMDSs is needed to improve this capacity.

For this indicator, only direct contact with the consumer constitutes 'follow-up'. A growing body of evidence suggests that for some cohorts, follow-up with carers represents best practice (such as follow-up with parents for children and adolescents). Data development work to consistently capture information about carers in state/territory data systems is necessary to allow further development of this indicator.

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 separation 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

Submitting organisation: Australian Institute of Health and Welfare on behalf of the National Mental Health Performance Subcommittee

Reference documents: National Mental Health Performance Subcommittee (NMHPSC) 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPSC.

Relational attributes

Related metadata references: Supersedes [KPIs for Australian Public Mental Health Services: PI 12J – Post-discharge community mental health care, 2018](#)
[Health](#), Superseded 13/01/2021

Has been superseded by [KPIs for Australian Public Mental Health Services: PI 12J – Post-discharge community mental health care, 2020](#)
[Health](#), Superseded 17/12/2021