

# **KPIs for Australian Public Mental Health Services: PI 06J – Average treatment days per three-month community mental health care period, 2019**

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# KPIs for Australian Public Mental Health Services:

## PI 06J – Average treatment days per three-month community mental health care period, 2019

### Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	MHS PI 06J: Average treatment days per three-month community mental health care period, 2019
<b>METEOR identifier:</b>	709400
<b>Registration status:</b>	<a href="#">Health</a> , Superseded 13/01/2021
<b>Description:</b>	The average number of community mental health treatment days per three-month period of ambulatory care provided by state/territory <a href="#">specialised community (also known as ambulatory) mental health service unit(s)</a> .

**NOTE:** This specification has been adapted from the indicator *Average treatment days per 3-month community mental health care period, 2019 (Service level)* 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.

<b>Rationale:</b>	<ul style="list-style-type: none"><li>• The purpose of this indicator is to better understand underlying factors which cause variation in community mental health care costs. The number of treatment days is the community counterpart of admitted patient length of stay and it indicates the relative volume of care provided to people in ambulatory care.</li><li>• Frequency of service provision is the main driver of variation in community care costs and may reflect differences between health service organisation practices. Inclusion of this indicator promotes a fuller understanding of community care costs as well as providing a basis for utilisation review. For example, it allows the frequency of servicing of particular consumer groups in the community to be assessed against any clinical protocols developed for those groups.</li><li>• This indicator may also demonstrate degrees of accessibility to public sector community mental health services.</li></ul>
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<b>Indicator set:</b>	<a href="#">Key Performance Indicators for Australian Public Mental Health Services (Jurisdictional level version) (2019)</a> <a href="#">Health</a> , Superseded 13/01/2021
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### Collection and usage attributes

<b>Computation description:</b>	<p>Coverage/Scope:</p> <p>State/territory specialised community mental health service unit(s) in scope for reporting as defined by the Community mental health care National minimum data set (NMDS).</p> <p>All community mental health care service activity (treatment days and statistical episodes) associated with non-uniquely identified consumers is excluded.</p> <p>Methodology:</p> <ul style="list-style-type: none"><li>• Reference period for 2019 performance reporting: 2017–18</li><li>• For the purposes of this measure, community mental health care statistical episodes consist of the following fixed three-monthly periods; January–March, April–June, July–September, and October–December.</li></ul>
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**Computation:** Numerator ÷ Denominator

**Numerator:** Number of [community mental health care treatment days](#) provided by state/territory ambulatory mental health services within the reference period.

<b>Numerator data elements:</b>	<b>Data Element / Data Set</b>
	<p><b>Data Element</b></p> <p>Specialised mental health service—number of ambulatory treatment days</p> <p><b>NMDS/DSS</b></p> <p>(derived from) <a href="#">Community mental health care NMDS 2017–18</a></p>
	<b>Data Element / Data Set</b>
	<p><a href="#">Person—unique identifier used indicator, yes/no code N</a></p> <p><b>NMDS / DSS</b></p> <p><a href="#">Community mental health care NMDS 2017–18</a></p>

**Denominator:** Number of community mental health care statistical episodes provided by state/territory ambulatory mental health services within the reference period.

<b>Denominator data elements:</b>	<b>Data Element / Data Set</b>
	<p><b>Data Element</b></p> <p>Specialised mental health service—number of statistical episodes treated by ambulatory services</p> <p><b>NMDS/DSS</b></p> <p>(derived from) <a href="#">Community mental health care NMDS 2017–18</a></p> <p><b>Guide for use</b></p> <p>A community mental health care statistical episode is defined as a three-month period of ambulatory care for a uniquely identifiable person where the individual was under ‘active care’. Active care is defined as one or more treatment days in the period. Each uniquely identifiable person is counted uniquely at the <a href="#">specialised mental health service organisation</a> level, regardless of the number of teams or community programs involved in his/her care.</p>

**Disaggregation:** Service variables: target population

<b>Disaggregation data elements:</b>	<b>Data Element / Data Set</b>
	<p><a href="#">Specialised mental health service—target population group, code N</a></p> <p><b>NMDS / DSS</b></p> <p><a href="#">Community mental health care NMDS 2017–18</a></p>

## Representational attributes

**Representation class:** Mean (average)

**Data type:** Real

**Unit of measure:** Time (e.g. days, hours)

**Format:** N[NN].N

## Indicator conceptual framework

**Framework and dimensions:**

[Efficient](#)

[Appropriate](#)

## Accountability attributes

**Benchmark:** State/territory level

**Further data development / collection required:** Methodology to collect multifaceted levels of service usage, such as intensity and complexity issues and the impact on contact duration, is needed in order to improve cost modelling and efficiency measurement in general.

Accurate reporting at levels above that of mental health service organisation requires unique state-wide patient identifiers that are not currently available in all jurisdictions.

The indicator can be accurately constructed using the Community mental health care NMDS.

**Other issues caveats:** Casemix adjustment is needed to interpret variation between organisations to distinguish consumer and provider factors. Longer term a methodology for casemix adjustment is required.

Further development of national funding models, including episode-based or casemix models, will enable more meaningful measurement than the arbitrary three-month period used in this indicator.

## 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: PI06J – Average treatment days per three-month community mental health care period, 2018](#) [Health](#), Superseded 13/01/2021

Has been superseded by [KPIs for Australian Public Mental Health Services: PI06J – Average treatment days per three-month community mental health care period, 2020](#) [Health](#), Superseded 17/12/2021