National Healthcare Agreement: PI 25–Rate of community follow up within first seven days of discharge from a psychiatric admission, 2021

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National Healthcare Agreement: PI 25–Rate of community follow up within first seven days of discharge from a psychiatric admission, 2021

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Progress measure
Short name:	PI 25–Rate of community follow up within first seven days of discharge from a psychiatric admission, 2021
METEOR identifier:	725773
Registration status:	Health, Standard 16/09/2020
Description:	Proportion of **separations** from the state/territory public acute admitted patient mental health care service unit(s) for which a community mental health service contact, in which the consumer or their carer/support person participated, was recorded in the 7 days following that separation.
Indicator set:	National Healthcare Agreement (2021) Health, Standard 19/11/2020
Outcome area:	Hospital and Related Care Health, Standard 07/07/2010 National Health Performance Authority (retired), Retired 01/07/2016

Collection and usage attributes

Computation description:	A community mental health service contact is the provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients, (other than those patients/clients admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those residents in specialised residential mental health services) and/or their carer/support person, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question. Demographic variables of the consumer are to be based on the data from the hospital admission record, even if the result is null or invalid. 'Carer/support person' is defined by local legislation and policies for the relevant jurisdiction.
Computation:	100 x (Numerator ÷ Denominator)
Numerator:	Number of in-scope separations from the mental health service organisation's acute psychiatric inpatient unit(s) for which a community ambulatory mental health service contact, in which the consumer and/or their carer/support person participated, was recorded in the 7 days 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 Source

State/territory community mental health care data

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 Source

State/territory admitted patient data

Denominator:

Number of in-scope separations for the mental health service organisation's acute psychiatric inpatient unit(s).

Denominator data elements:

Data Element / Data Set

Data Element

Specialised mental health service—number of separations

Data Source

State/territory admitted patient data

Disaggregation:

2018–19—Nationally (percentage only), by:

- 2016 Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-Economic Disadvantage (IRSD) quintiles
- consumer participated in the mental health service contact.

2018–19—State and territory (numerator, denominator and percentage).

2018–19—State and territory, by:

- Indigenous status
- remoteness (Australian Statistical Geography Standard (ASGS) Remoteness Structure) of consumer
- consumer participated in the mental health service contact.

Some disaggregations may result in numbers too small for publication.

Disaggregation data elements:

Data Element / Data Set

Data Element

Mental health service contact — consumer present

Data Source

State/territory community mental health care data

Data Element / Data Set

Data Element

Person—area of usual residence

Data Source

State/territory admitted patient data

Guide for use

Data source type: Administrative by-product data

Used for disaggregation by state/territory, remoteness and SEIFA

Data Element / Data Set

Data Element

Person—Indigenous status

Data Source

State/territory admitted patient data

Guide for use

Data source type: Administrative by-product data

Comments:

Most recent data available for 2021 National Healthcare Agreement performance reporting: 2018–19.

The scope includes all public mental health service organisations' acute psychiatric inpatient units.

The following separations are excluded:

- Same-day separations
- Statistical and change of care type separations (e.g. in-hospital transfer to another unit)
- Separations that end by transfer to another acute or psychiatric inpatient hospital
- Separations that end by death
- 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 from the calculation:

- Service contacts occurring on day of separation
- Contacts where neither a consumer nor their carer/support person participated.

Same-day separations are defined as inpatient episodes where the admission and separation dates are the same.

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.

Where a mental health service organisation has more than 1 unit of a particular service type for the purpose of this indicator 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 reliability of cross-jurisdictional comparisons on this indicator is dependent on the implementation of statewide unique patient identifiers as the community services may not necessarily be delivered by the same mental health service organisation that admits the patient.

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.

For 2018–19 data, the 2016 SEIFA IRSD quintile and decile data will be produced using the ASGS geographical unit of Statistical Area Level 2.

Australian Classification of Health Interventions (ACHI) ECT procedure codes are:

- 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 10th edition use procedure codes 14224-00 to 14224-06
- ACHI 5th to 10th editions Electroconvulsive therapy Block [1907] may be selected to capture all data regardless of code changes over time.

Representational attributes

Representation class: Rate

Data type: Real

Unit of measure: Person

Format: N[NN].N

Data source attributes

Data sources:

Data Source

State/territory admitted patient data

Frequency

Annual

Data custodian

State/territory health authorities

Data Source

State/territory community mental health care data

Frequency

Annual

Data custodian

State/territory health authorities

Accountability attributes

Reporting requirements: National Healthcare Agreement

Organisation responsible for providing data: Australian Institute of Health and Welfare

Further data development / collection required: Specification: Substantial work required, the measure requires significant work to be undertaken.

Full implementation of this measure requires unique statewide patient identifiers – currently available in six of the eight states and territories and under development in the remaining two.

Collection of carer/support person contacts has been added in the 2021 indicator specifications. However, not all jurisdictions will be able to supply this data. Data development work to consistently capture information about carers in state/territory data systems is necessary to allow further development of this indicator.

Relational attributes

Related metadata references:

Supersedes National Healthcare Agreement: PI 25–Rate of community follow up within first seven days of discharge from a psychiatric admission, 2020
Health, Standard 13/03/2020

Has been superseded by National Healthcare Agreement: PI 25–Rate of community follow up within first seven days of discharge from a psychiatric admission, 2022
Health, Standard 24/09/2021