KPIs for Australian Public Mental Health Services: PI 02J – Mental health readmissions to hospital, 2022

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 02J: Mental health readmissions to hospital, 2022
METEOR identifier:	753238
Registration status:	• Health, Recorded 06/04/2022
Description:	The percentage of in-scope overnight **separations** from state/territory acute **admitted patient mental health care service** unit(s) that are followed by readmission to the same or to another public sector acute admitted patient mental health care service unit within 28 days of separation. **NOTE:** This specification has been adapted from the indicator *Mental health readmissions to hospital, 2021– (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.
Rationale:	• Readmissions to an acute admitted patient mental health care service unit following a recent discharge may indicate that inpatient treatment was incomplete or ineffective, or that follow-up care was inadequate to maintain the person's treatment out of hospital. In this sense, rapid readmissions may point to deficiencies in the functioning of the overall care system. • Avoidable rapid readmissions place pressure on finite beds and may reduce access to care for other consumers in need. • International literature identifies one month as an appropriate defined time period for the measurement of unplanned readmissions following separation from an acute admitted patient mental health care service unit.
Indicator set:	Key Performance Indicators for Australian Public Mental Health Services (Jurisdictional level version) (2022) Health, Recorded 06/04/2022

Collection and usage attributes

Computation description: Coverage/Scope:

State/territory public acute admitted patient mental health care service units.

The following readmissions are excluded when calculating the **numerator**:

- same-day separations
- separations where the length of stay is one night only and a procedure code for Electroconvulsive therapy (ECT) or Transcranial Magnetic Stimulation (TMS) is recorded.

The following separations are excluded when calculating the **denominator**:

- same-day separations
- separations where the length of stay is one night only and a procedure code for Electroconvulsive therapy (ECT) or Transcranial Magnetic Stimulation (TMS) is recorded.
- statistical and change of care type separations
- separations that end in death
- separations that end by transfer to another acute or psychiatric hospital.

Methodology:

- Reference period for 2022 performance reporting: 2020–21. Readmissions where the initial separation occurred within the reference period are in scope.
- Readmission is considered to have occurred if the person is admitted to any public acute admitted patient mental health care service unit within the state/territory. Consequently, a state-wide unique patient identifier is required for accurate construction of this indicator.
- Readmissions where the person is separated and readmitted on the same day are included.
- 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 admitted patient mental health care service unit is based on the principal purpose(s) of the admitted patient care program rather than the care type of the individual consumers.
- The following Australian Classification of Health Interventions (ACHI) ECT procedure codes are relevant for the excluded separations specified above:
  * 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 11th edition use procedure codes 14224-00 to 14224-06.
- The following ACHI TMS procedure codes are relevant for the excluded separations specified above:
  * ACHI 11th edition use procedure codes 96252-00, 96253-00, and 96254-00.
  * Procedure codes for TMS are from ACHI 11th edition onwards only.
- No distinction is made between planned and unplanned readmissions.

Computation: (Numerator ÷ Denominator) x 100

Numerator: Number of readmissions to a state/territory public acute admitted patient mental health care service unit(s) occurring within the reference period.

Numerator data elements:

Data Element / Data Set

Data Element

Number of readmissions to a public acute admitted patient mental health care service unit within 28 days

Data Source

State/territory admitted patient data 2020–21

Guide for use

Determining whether there was a readmission for in-scope separations for the numerator requires data for the 28 days of the next financial year to be included in determining whether a readmission has occurred.

Denominator:

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

Denominator data elements:

Data Element / Data Set

Data Element

Number of separations from public acute admitted patient mental health care service unit(s)

Data Source

State/territory admitted patient data 2020–21

Guide for use

In-scope separations for the denominator are identified prior to determining whether a readmission has occurred. The total number of in-scope separations is expected to comprise separations for the full 12 months of the data set year.

Disaggregation:

Service level attributes: target population.

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

All disaggregated data are to be calculated as at the admission for the first index separation, even if the value is null. The index separation refers to the separation data point included in the denominator data set. The data at admission for the index separation should be used for the associated numerator data pair, when present, and any subsequent denominator and data pairs for a uniquely identifiable person.

Disaggregation data elements:

Data Element / Data Set

Data Element

Person—age

Data Source

State/territory admitted patient data

Guide for use

Data source type: Administrative by-product 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 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

Data Element / Data Set

Data Element

Person—sex

Data Source

State/territory admitted patient data

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Data Element

Specialised mental health service—target population group

Data Source

State/territory admitted patient data

Guide for use

Data source type: Administrative by-product data

Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Service event
Format:	N[NN].N

Indicator conceptual framework

Framework and dimensions:	Effectiveness

Accountability attributes

Reporting requirements:	National Health Reform Agreement
Organisation responsible for providing data:	State/territory health departments
Accountability:	Australian Institute of Health and Welfare
Benchmark:	State/territory level
Further data development / collection required:	This indicator cannot be accurately constructed using the Admitted Patient Care National Minimum Data Set (NMDS). While the data set comprehensively provides a collection of separations from Australian public hospitals, its inability to uniquely identify a patient across episodes and across hospitals, and the inability to identify patient transfers into and separations from acute admitted patient mental health care service units, limits its capacity to count readmissions. There is no proxy solution available. In order to report this indicator at a national level, states and territories are required to individually provide separate indicator data. A reliable system of patient identifiers within the Admitted Patient Care NMDS is required to enable unique identification of individual consumers across multiple years, multiple admitted episodes and multiple hospitals. 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, the result of which are explored in the data quality statement for this indicator.
Other issues caveats:	Due to data limitations this indicator cannot differentiate between planned and unplanned readmissions. This indicator does not track readmissions across state and territory boundaries or track movement between public and private hospitals.

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare
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 02J – Mental health readmissions to hospital, 2021

- Health, Standard 17/12/2021

See also Specialised mental health service—admitted patient care program type, code N

- ACT Health (retired), Candidate 17/08/2018
- Health, Standard 08/12/2004