KPIs for Australian Public Mental Health Services: PI 04J – Average length of acute mental health inpatient stay, 2023

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Identifying and definitional attributes

Metadata item type: Indicator

Indicator type: Indicator

Short name: MHS PI 04J: Average length of acute mental health inpatient stay, 2023

METEOR identifier: 774402

Registration status: Health, Superseded 29/05/2024

Description: The average length of stay of in-scope overnight separations from state/territory acute **admitted patient mental health care service** units.

NOTE: This specification has been adapted from the indicator *Average length of acute mental health inpatient stay, 2021– (Service level)* using terminology consistent with the National Health Data Dictionary. There are technical differences in the calculation methodologies between the Service level version and the Jurisdictional level version of this indicator due to different available data sources to construct this indicator. Caution should be taken to ensure the correct methodology is followed.

Rationale:

- Length of stay is a key driver of variation in admitted patient day costs and reflects differences between mental health service organisations in practice and casemix, or both.
- The aim of this indicator is to better understand the factors underlying variation (such as costs) as well as providing a basis for utilisation review. For example, it allows for the assessment of services provided to particular consumer groups against clinical protocols developed for those groups.

Indicator set: Key Performance Indicators for Australian Public Mental Health Services (Jurisdictional level version) (2023)
Health, Superseded 29/05/2024

Collection and usage attributes

Computation description: Coverage/Scope:

State/territory acute admitted patient mental health care service units in scope for reporting defined by the Mental Health Establishments National Minimum Data Set (NMDS).

For jurisdictional level reporting the following separation and associated patient days are excluded:

- forensic services.

Methodology:

- Reference period for 2023 performance reporting: 2021–22.
- All acute admitted patient mental health care service units reporting to the Mental Health Establishments NMDS are in scope for this indicator, including short-stay units and emergency acute mental health admitted units.
- NOTE: Same-day separations are included in the accrued mental health care days definition (see data elements below).

Computation: Numerator ÷ Denominator

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

Numerator data elements:

Data Element / Data Set
Specialised mental health service—admitted patient care program type, code N **NMDS / DSS** Mental health establishments NMDS 2021–22

Data Element / Data Set
Establishment—accrued mental health care days, total N[N(7)] **NMDS / DSS** Mental health establishments NMDS 2021–22

Denominator: Number of 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
Establishment—number of separations (financial year), total N[NNNNN] **NMDS / DSS** Mental health establishments NMDS 2021–22

Disaggregation: Service variables: target population.

Consumer attributes: not available.

Disaggregation data elements:

Data Element / Data Set
Specialised mental health service—target population group, code N **NMDS / DSS** Mental health establishments NMDS 2021–22

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: Efficiency and sustainability

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:

The Admitted patient care NMDS allows length of stay to be calculated for individual hospitals but it does not allow sub-units of individual hospitals (e.g. specialised psychiatric units) to be identified separately. The implication is that average length of stay for specific specialised psychiatric units, acute or otherwise, cannot be directly constructed at a national level from the current NMDS.

There are two main approaches that enable construction of the indicator from national data:

- The use of the 'psychiatric care days' flag in the Admitted patient care NMDS enables identification of the subset of separations from hospitals that received treatment and care in a specialised psychiatric unit. While the flag does not distinguish acute and non-acute units, the vast majority of separations are attributable to acute units. A trimming process to isolate separations with extreme length of stay (e.g. greater than 365 days) can be used to approximate acute units. However, the data source cannot disaggregate acute psychiatric units by target population.

- Existing national reporting mechanisms, e.g. *Mental health services in Australia* and the *Report on Government Services* use the Mental health establishments NMDS as an alternative data source for reporting average length of stay. Subsequently all patient days in the reference period are included which may not be directly related to the separations in the same reference period, particularly around the borders of the reference period. Consequently, the results of the two approaches are not strictly comparable.

Data regarding the type of admitted patient unit would need to be added to the Admitted patient care NMDS. Alternatively, admitted patient unit identifiers that could be linked to data captured in the Mental health establishments NMDS would provide the necessary information.

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 04J – Average length of acute mental health inpatient stay, 2022
Health, Superseded 06/09/2023

Has been superseded by KPIs for Australian Public Mental Health Services: PI 04J – Average length of acute mental health inpatient stay, 2024
Health, Standard 29/05/2024