

# **KPIs for Australian Public Mental Health Services: PI 11J – Admission preceded by community mental health care, 2023**

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# KPIs for Australian Public Mental Health Services:

## PI 11J – Admission preceded by community mental health care, 2023

### Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 11J: Admission preceded by community mental health care, 2023
METEOR identifier:	774415
Registration status:	<a href="#">Health</a> , Standard 06/09/2023
Description:	The percentage of <a href="#">admissions</a> to state/territory public acute admitted patient mental health care service unit(s) for which a community <a href="#">mental health service contact</a> , in which the consumer or their carer/support person participated, was recorded in the 7 days immediately preceding that admission.

**NOTE:** This specification has been adapted from the indicator *Admission preceded by community mental health care, 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:	<ul style="list-style-type: none"><li>Public sector community mental health services deliver a broad spectrum of services to consumers living in the community. Access to community mental health care can help avert hospital admissions and ensure that hospitalisation only occurs when it is the most suitable treatment option.</li><li>Monitoring public sector community mental health service contacts with consumers followed by admission to hospital serves as a proxy measure of access to community mental health care.</li><li>It is reasonable to expect that for consumers known to community mental health services, the community team has been involved in the consumer's care prior to admission to hospital.</li><li>Both local and national legislation and policies support the engagement of carers for people with mental illness in all levels of service delivery. Families and carers are the backbone of community mental health support, and play a critical role in the process of recovery and relapse prevention.</li></ul>
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Indicator set:	<a href="#">Key Performance Indicators for Australian Public Mental Health Services (Jurisdictional level version) (2023)</a> <a href="#">Health</a> , Standard 06/09/2023
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### Collection and usage attributes

Computation description:	Coverage/Scope:  State/territory public acute admitted patient mental health care service units 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 (admission data preceded by community contact).  Community mental health service contacts where a consumer and/or their carer/support person participated in the contact are in scope for the numerator.  The following admissions are excluded: <ul style="list-style-type: none"><li>same-day admissions</li><li>statistical and change of care type admissions (e.g. in-hospital transfer from another unit)</li></ul>
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- admissions by transfer from another acute or psychiatric inpatient hospital
- admissions by transfer from a residential mental health care service
- separations where length of stay is one night only and procedure code for Electroconvulsive therapy (ECT) or Transcranial Magnetic Stimulation (TMS) is recorded.

The following community mental health service contacts are excluded:

- service contacts on the day of admission
- contacts where neither a consumer nor their carer/support person participated.

Service contacts can be provided by any community mental health care service within the state/territory.

Methodology:

Reference period for 2023 performance reporting: 2021–22

- 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.
- 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.
- All acute admitted mental health 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.
- 'Carer/support person' is defined by local legislation and policies for the relevant jurisdiction.
- 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 10th edition use procedure codes 14224-00 to 14224-06.
  - \* ACHI 5th to 11th editions ECT Block 1907 may be selected to capture all data regardless of code changes over time.
- 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.

Different results for the *Admission preceded by community mental health care* 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 community mental health service contact is regarded to have occurred only when the person is seen by the discharging organisation, or by any public mental health service within the jurisdiction. The preferred approach is for state-level analysis to be used, and for contacts provided by any public 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.

**Computation:**

(Numerator ÷ Denominator) x 100

**Numerator:**

Number of in-scope admissions to state/territory public acute admitted patient mental health care service unit(s) occurring within the reference period, for which a community mental health service contact, in which the consumer or their carer/support person participated, was recorded in the 7 days immediately preceding that admission.

**Numerator data elements:****Data Element / Data Set****Data Element**

Specialised mental health service—number of admissions in which there was a community mental health service contact recorded 7 days preceding an admission

**Data Sources**

[State/territory community mental health care data](#) 2021–22

[State/territory admitted patient data](#) 2021–22

**Denominator:**

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

**Denominator data elements:****Data Element / Data Set****Data Element**

Specialised mental health service—number of admissions

**Data Source**

[State/territory admitted patient data](#) 2021–22

**Disaggregation:**

Service variables: target population of the admitted unit.

Consumer attributes: age, sex, Socio-Economic Indexes for Areas (SEIFA), remoteness, Indigenous status, consumer present in the mental health service contact.

Disaggregated data excludes missing or not reported data.

All disaggregation data are to be calculated as at admission to the admitted mental health care service unit, even if the value is null.

**Disaggregation data elements:****Data Element / Data Set****Data Element**

Mental health service contact—consumer present

**Data Source**

[State/territory community mental health data](#) 2021–22

**Data Element / Data Set****Data Element**

Person—age

**Data Source**

[State/territory admitted patient data](#) 2021–22

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set****Data Element**

Person—area of usual residence, statistical area level 2 (SA2) code

**Data Source**

[State/territory admitted patient data](#) 2021–22

**Guide for use**

Used for disaggregation by remoteness and SEIFA

**Data Element / Data Set**

**Data Element**

Person—Indigenous status

**Data Source**

[State/territory admitted patient data](#) 2021–22

**Data Element / Data Set**

**Data Element**

Person—sex

**Data Source**

[State/territory admitted patient data](#) 2021–22

**Data Element / Data Set**

**Data Element**

Specialised mental health service—target population group

**Data Source**

[State/territory admitted patient data](#) 2021–22

**Guide for use**

Target population refers to the [target population](#) of the service unit.

**Comments:**

For this indicator, 'public sector community mental health services' refers to specialised mental health services, provided as a public service, managed or funded by state or territory health authorities.

## Representational attributes

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

## Indicator conceptual framework

**Framework and dimensions:** [Accessibility](#)

## Accountability attributes

**Reporting requirements:** National Health Reform Agreement  
**Organisation responsible for providing data:** State/territory health department  
**Accountability:** Australian Institute of Health and Welfare

<b>Benchmark:</b>	State/territory level
<b>Further data development / collection required:</b>	<p>This indicator cannot be accurately constructed using the Admitted Patient Care and Community Mental Health Care NMDSs because they do not share a common unique identifier that would allow persons admitted to 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 that would allow accurate tracking of persons who are seen by multiple organisations. Data on carer/support person contacts and the target population of the admitting unit are not also currently available in national datasets.</p> <p>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.</p> <p>Development of a system of state-wide unique patient identifiers within all mental health NMDSs is needed to improve this capacity.</p> <p>Collection of carer/support person contacts has been added in the 2020 indicator specifications onwards. 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.</p>

<b>Other issues caveats:</b>	<ul style="list-style-type: none"> <li>• 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 admits the consumer to hospital care. Access to state-wide data is required to construct this indicator accurately.</li> <li>• This measure does not consider variations in intensity or frequency of contacts prior to admission to hospital.</li> <li>• This measure does not distinguish qualitative differences between phone and face-to-face community contacts.</li> </ul>
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When data for this indicator are requested, jurisdictions are required to answer 'yes' or 'no' to the question "Seven day pre-admission contact based on tracking pre-admission service contacts across all state/territory public mental health services?". A 'yes' response implies that 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 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

<b>Submitting organisation:</b>	Australian Institute of Health and Welfare
<b>Reference documents:</b>	National Mental Health Performance Subcommittee (NMHPSC) 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPSC.

## Relational attributes

<b>Related metadata references:</b>	<p>Supersedes <a href="#">KPIs for Australian Public Mental Health Services: PI 11J – Admission preceded by community mental health care, 2022</a> Health, Superseded 06/09/2023</p> <p>Has been superseded by <a href="#">KPIs for Australian Public Mental Health Services: PI 11J – Admission preceded by community mental health care, 2024</a> Health, Recorded 07/03/2024</p> <p>See also <a href="#">KPIs for Australian Public Mental Health Services: PI 12J – Post-discharge community mental health care, 2023</a> Health, Standard 06/09/2023</p>
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