

KPIs for Australian Public Mental Health Services: PI 12J – Post-discharge community mental health care, 2023

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

KPIs for Australian Public Mental Health Services:

PI 12J – Post-discharge community mental health care, 2023

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 12J: Post-discharge community mental health care, 2023
METEOR identifier:	774418
Registration status:	Health , Superseded 29/05/2024
Description:	The percentage of separations from 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. NOTE: This specification is adapted from the indicator <i>Post-discharge community mental health care, 2021– (Service level)</i> 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:	• A responsive community support system for persons who have experienced an acute psychiatric episode requiring hospitalisation is essential to maintain clinical and functional stability and to minimise the need for hospital readmission. • Consumers leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. • Research indicates that consumers have increased vulnerability immediately following discharge, including higher risk for suicide.
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 public acute admitted patient mental health care service unit(s) 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 (post-discharge community contact data).

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 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 hospital
- separations that end in death
- separations where length of stay is one night only and procedure code for Electroconvulsive therapy (ECT) or Transcranial Magnetic Stimulation (TMS) is recorded
- separations that end by transfer to community residential mental health services.

The following community mental health service contacts are excluded:

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

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.
- 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 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.
- '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.

Computation:

Different results for the 7-day follow-up 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 7-day post discharge follow-up is regarded to have occurred only when the person is seen by the discharging organisation, or by any public sector community mental health service within the jurisdiction. For the purpose of this indicator, the preferred approach is for state-level analysis to be used, and for contacts provided by any public sector community 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.

$(\text{Numerator} \div \text{Denominator}) \times 100$

Numerator:

Number of in-scope separations from 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 following that separation.

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

Specialised mental health service—number of separations in which there was a community mental health service contact recorded 7 days following a separation

Data Sources

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

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

Denominator:

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

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

Specialised mental health service—number of separations

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) quintile, remoteness area, Indigenous status, and consumer participated in the mental health service contact. Disaggregated data excludes missing or not reported data.

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

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

Mental health service contact—consumer present

Data Source

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

Data Element / Data Set

Person—age

Data Source

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

Data Element / Data Set

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

Person—Indigenous status

Data Source

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

Guide for use

Data source type: Administrative by-product data

Data Element / Data Set

Person—sex

Data Source

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

Data Element / Data Set

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:	Continuity of care
----------------------------------	------------------------------------

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 and Community mental health care National minimum data sets (NMDs) because they do not share a common unique identifier to allow persons admitted into 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 to 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 also not currently available in national datasets.

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.

Development of a system of state-wide unique patient identifiers within all mental health NMDs is needed to improve this capacity.

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.

Other issues caveats:	• 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 discharges the consumer from hospital care. Access to state-wide data is required to construct this indicator accurately. • 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.
------------------------------	---

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.

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 12J – Post-discharge community mental health care, 2022](#)

[Health](#), Superseded 06/09/2023

Has been superseded by [KPIs for Australian Public Mental Health Services: PI 12J – Post-discharge community mental health care, 2024](#)

[Health](#), Standard 29/05/2024

See also [KPIs for Australian Public Mental Health Services: PI 11J – Admission preceded by community mental health care, 2023](#)

[Health](#), Superseded 29/05/2024