KPIs for Australian Public Mental Health Services: PI 02J – 28 day readmission rate, 2017

Exported from METEOR (AIHW's Metadata Online Registry)

KPIs for Australian Public Mental Health Services: PI 02J – 28 day readmission rate, 2017

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 02J: 28 day readmission rate, 2017
METEOR identifier:	663806
Registration status:	Health!, Standard 14/06/2017
Description:	Proportion 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 discharge.

NOTE: This specification has been adapted from the indicator MHS PI 02: 28 day readmission rate, 2015 (Service level version) 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 a psychiatric facility 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 psychiatric inpatient service. |
| **Indicator set:** | Key Performance Indicators for Australian Public Mental Health Services (Jurisdictional level version) (2017)
Health!, Standard 14/06/2017 |

Collection and usage attributes

Computation description:	Coverage/Scope:
	State/territory public acute admitted patient mental health care service units.
	The following separations are excluded:

- Same-day separations
- Statistical and change of care type separations
- Separations that end by transfer to another acute or psychiatric hospital
- Separations that end in death, left against medical advice/discharge at own risk
- Separations where the length of stay is one night only and a procedure code for Electroconvulsive therapy (ECT) is recorded.

Methodology:

- Reference period for 2017 performance reporting: 2015–16
- 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.
- 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 93340-43.
  - ACHI 6th to 9th editions use procedure codes 93341-00 to 93341-99.
  - ACHI 5th to 9th editions ECT Block 1907 may be selected to capture all data regardless of code changes over time.
- No distinction is made between planned and unplanned readmissions.

Computation:	(Numerator ÷ Denominator) x 100
Numerator:	Number of in-scope overnight separations from state/territory public acute admitted patient mental health care service unit(s) occurring within the reference period, that are followed by a readmission to the same or another acute mental health care service unit within 28 days.
Numerator data elements:	

Data Element / Data Set

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

Data Source

[State/territory admitted patient data](#)

Guide for use

Determining whether there was a readmission for in-scope separations 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**
	Number of separations from public acute admitted patient mental health care service unit(s)
	Data Source
	[State/territory admitted patient data](#)
	Guide for use
	In-scope separations 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 dataset year.

Disaggregation:

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

All disaggregation 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** ─────────────────────────────

Person—age

Data Source

[State/territory admitted patient data](#)

Guide for use

Data source type: Administrative by-product data

└──

┌─ **Data Element / Data Set** ─────────────────────────────

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** ─────────────────────────────

Person—Indigenous status

Data Source

[State/territory admitted patient data](#)

Guide for use

Data source type: Administrative by-product data

└──

┌─ **Data Element / Data Set** ─────────────────────────────

Person—sex

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:	Effective
	Continuous

Accountability attributes

Reporting requirements:	State/territory supplied data.
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 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 on behalf of the National Mental Health Performance Subcommittee
Reference documents:	National Mental Health Performance Subcommittee 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPC.

Relational attributes

Related metadata references:	Supersedes KPIs for Australian Public Mental Health Services: PI 02J – 28 day readmission rate, 2016 Health!, Superseded 14/06/2017
	Has been superseded by KPIs for Australian Public Mental Health Services: PI 02J – Mental health readmissions to hospital, 2018 Health!, Superseded 16/02/2021
	See also Specialised mental health service—admitted patient care program type, code N Health!, Standard 08/12/2004