

# KPIs for Australian Public Mental Health Services: PI 12 – Post-discharge community mental health care, 2019 (Service level)

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# KPIs for Australian Public Mental Health Services: PI 12 – Post-discharge community mental health care, 2019 (Service level)

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	MHS PI 12: Post-discharge community mental health care, 2019 (Service level)
<b>METEOR identifier:</b>	712101
<b>Registration status:</b>	<a href="#">Health!</a> , Superseded 16/02/2021
<b>Description:</b>	<p>The percentage of separations from the mental health service organisation's acute psychiatric inpatient unit(s) for which a community mental health service contact, in which the consumer participated, was recorded in the seven days following that separation.</p> <p><b>NOTE:</b> This indicator is related to <i>Post-discharge community mental health care (Jurisdictional level)</i>. There are no technical differences in the calculation methodologies between the Service level version and the Jurisdictional level version of this indicator.</p>

<b>Rationale:</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li><li>• Research indicates that consumers have increased vulnerability immediately following discharge, including higher risk for suicide.</li></ul>
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<b>Indicator set:</b>	<a href="#">Key Performance Indicators for Australian Public Mental Health Services (Service level version) (2019)</a> <a href="#">Health!</a> , Superseded 16/02/2021
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## Collection and usage attributes

**Computation description:** Coverage/Scope:

All public mental health service organisations acute psychiatric inpatient 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, or left against medical advice/discharge at own risk;
- separations where length of stay is one night only and procedure code for Electroconvulsive therapy (ECT) is recorded;
- separations that end by transfer to community residential mental health services.

The following community service contacts are excluded:

- community service contacts on the day of separation;
- contacts where a consumer does not participate.

Methodology:

- 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 admitted patient unit is based on the principal purpose(s) of the admitted patient care program rather than the classification of individual consumers.
- One of the following ECT procedure codes are recorded:
  - \* ACHI 5th edition (2006–2008) use procedure codes 93340-02 and 93340-03.
  - \* ACHI 6th to 9th editions (2008 to 2015) use procedure codes 93341-00 to 93341-99.
  - \* ACHI 10th (2015 to current) edition use procedure codes 14224-0 to 14224-06.
  - \* ACHI 5th to 10th editions (2006 to current) ECT Block 1907 may be selected to capture all data regardless of code changes over time.

**Computation:** (Numerator ÷ Denominator) x 100

**Numerator:** Number of in-scope separations from the mental health service organisation's acute psychiatric inpatient unit(s) for which a public sector community mental health service contact in which the consumer participated, was recorded in the seven days following that separation.

**Denominator:** Number of in-scope separations for the mental health service organisation's acute psychiatric inpatient unit(s).

**Disaggregation:** Service variables: target population.

Consumer attributes: age, Socio-Economic Indexes for Areas (SEIFA), remoteness, Indigenous status.

## Representational attributes

**Representation class:** Percentage

**Data type:** Real

**Unit of measure:** Service event

**Format:** N[NN].N

## Indicator conceptual framework

**Framework and dimensions:**

[Continuous](#)

[Accessible](#)

[Safe](#)

## Accountability attributes

**Benchmark:** Levels at which indicator can be useful for benchmarking:

- service unit
- mental health service organisation
- regional group of services
- state/territory.

**Further data development / collection required:** This indicator cannot be accurately constructed using the Admitted Patient and Community Mental Health Care National Minimum Data Sets 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.

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 NMDSs is needed to improve this capacity.

For this indicator, only direct contact with the consumer constitutes 'follow-up'. A growing body of evidence suggests that for some cohorts, follow-up with carers represents best practice (such as follow-up with parents for children and adolescents). 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.
- When reported at an individual service or catchment level, interpretation of this indicator needs to consider that catchment areas for inpatient and ambulatory services may differ. Ideally services should implement processes to ensure a shared responsibility for following up with consumers who reside out of area.
- 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.

## 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 (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 12 – Post-discharge community mental health care, 2018 \(Service level\) Health!](#), Superseded 16/02/2021

Has been superseded by [KPIs for Australian Public Mental Health Services: PI 12 – Post-discharge community mental health care, 2020– \(Service level\) Health!](#), Standard 13/01/2021