

# **KPIs for Australian Public Mental Health Services: PI 02 – Mental health readmissions to hospital, 2020– (Service level)**

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# KPIs for Australian Public Mental Health Services: PI 02 – Mental health readmissions to hospital, 2020– (Service level)

## Identifying and definitional attributes

|                             |   |
|-----------------------------|---|
| <b>Metadata item type:</b>  | Indicator   |
| <b>Indicator type:</b>      | Indicator   |
| <b>Short name:</b>          | MHS PI 02: Mental health readmissions to hospital, 2020– (Service level)  |
| <b>METEOR identifier:</b>   | 725525  |
| <b>Registration status:</b> | <a href="#">Health!</a> , Standard 13/01/2021   |
| <b>Description:</b>         | <p>The percentage of in-scope overnight separations from the mental health service organisation's acute psychiatric inpatient unit that are followed by readmission to the same or to another public sector acute psychiatric inpatient unit within 28 days of discharge.</p> <p><b>NOTE:</b> This indicator is related to <i>Mental health readmissions to hospital (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>           | <p>Readmissions to a psychiatric facility following a recent separation 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.</p> <p>Avoidable rapid readmissions place pressure on finite beds and may reduce access to care for other consumers in need.</p> <p>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.</p> |
| <b>Indicator set:</b>       | <p><a href="#">Key Performance Indicators for Australian Public Mental Health Services (Service level version) (2020–)</a><br/><a href="#">Health!</a>, Standard 13/01/2021</p>   |

## Collection and usage attributes

**Computation description:** Coverage/Scope:

All public mental health service organisations acute psychiatric inpatient units.

The following readmissions are excluded when calculating the **numerator**:

- same-day separations
- separations where the length of stay is one night only and a procedure code for Electroconvulsive therapy (ECT) is recorded.

The following separations are excluded when calculating the **denominator**:

- same-day separations
- separations where the length of stay is one night only and a procedure code for Electroconvulsive therapy (ECT).
- statistical and change of care type separations
- separations that end in death
- separations that end by transfer to another acute or psychiatric hospital.

**Methodology:**

- Readmissions where the initial separation occurred within the reference period are in scope.
- Readmission is considered to have occurred if the person is admitted to any public acute psychiatric inpatient unit within the state/territory. Consequently, a state-wide unique patient identifier is required for accurate construction of this indicator.
- Readmissions where the person is separated and readmitted on the same day are included.
- 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 care type of individual consumers.
- The following ECT procedure codes are relevant for the excluded separations specified above:
  - \* 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) Electroconvulsive therapy Block 1907 may be selected to capture all data regardless of code changes over time.

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

**Numerator:** Number of in-scope overnight separations from the mental health service organisation's 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 psychiatric inpatient unit within 28 days.

**Denominator:** Number of in-scope overnight separations from the mental health service organisation's acute psychiatric inpatient unit(s) occurring within the reference period.

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

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

## Representational attributes

**Representation class:** Percentage

**Data type:** Real

**Unit of measure:** Service event

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

## Indicator conceptual framework

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

## Accountability attributes

**Benchmark:** Levels at which the 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 care 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.

**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 (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 02 – Mental health readmissions to hospital, 2019 \(Service level\) Health!](#), Superseded 16/02/2021

Has been superseded by [KPIs for Australian Public Mental Health Services: PI 02 – Mental health readmissions to hospital, 2021– \(Service level\) Health!](#), Standard 17/12/2021