

KPIs for Australian Public Mental Health Services: PI 11 – Admission preceded by community mental health care, 2021– (Service level)

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KPIs for Australian Public Mental Health Services: PI 11 – Admission preceded by community mental health care, 2021– (Service level)

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 11: Admission preceded by community mental health care, 2021– (Service level)
METEOR identifier:	742487
Registration status:	Health! , Standard 17/12/2021

Description: The percentage of admissions to the mental health service organisation's acute psychiatric inpatient 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 immediately preceding that admission.

NOTE: This indicator is related to *Admission preceded by community mental health care (Jurisdictional level)*. There are no technical differences in the calculation methodologies between the Service level version and the Jurisdictional level version of this indicator.

- Rationale:**
- 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.
 - 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.
 - 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.
 - 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.

Indicator set: [Key Performance Indicators for Australian Public Mental Health Services \(Service level version\) \(2021–\)](#)
[Health!](#), Standard 17/12/2021

Collection and usage attributes

Computation description: Coverage/Scope:

All public mental health service organisations' acute psychiatric inpatient units.

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:

- same day admissions
- statistical and change of care type admissions (e.g. in-hospital transfer from another unit)
- admissions by transfer from another acute or psychiatric inpatient hospital
- admissions by transfer from community residential mental health services
- separations where length of stay is one night only and the procedure code for Electroconvulsive therapy (ECT) or Transcranial Magnetic Stimulation (TMS) is recorded.

The following community service contacts are excluded:

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

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.
- 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.
- All acute admitted mental health service units 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 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 to 11th (2015 to current) editions use procedure codes 14224-0 to 14224-06.
 - * ACHI 5th to 11th editions (2006 to current). Electroconvulsive therapy 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: (Numerator ÷ Denominator) x 100

Numerator: Number of in-scope admissions to 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 or their carer/support person participated, was recorded in the 7 days immediately preceding that admission.

Denominator: Number of admissions to 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, consumer present in the mental health service contact.

Representational attributes

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

Indicator conceptual framework

Framework and dimensions:	Accessibility
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Accountability attributes

Benchmark:	Levels at which the indicator can be useful for benchmarking:
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- 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 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 to that would allow accurate tracking of persons who are seen by multiple organisations.
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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:	<ul style="list-style-type: none">• 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.• 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.• This measure does not consider variations in intensity or frequency of contacts prior to admission to hospital.• This measure does not distinguish qualitative differences between phone and face-to-face community contacts.
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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 11 – Admission preceded by community mental health care, 2020– \(Service level\) Health!](#), Standard 13/01/2021

See also [KPIs for Australian Public Mental Health Services: PI 12 – Post-discharge community mental health care, 2021– \(Service level\) Health!](#), Standard 17/12/2021