AGED Mental Health Quarterly KPI Report - 2017-18 Q1

Inpatient - FY17-18 Q1		Beds per 10,000 Popln	Bed Occ. (excl leave)	Trim avg LOS <=50 days	Long stay patient bed occ. >50 days	28 day Re-adm rate (lagged)	% Seps with Organic Diag. (lagged)	% Diag given (lagged)	Restraint per 1000 Occ. beddays	Secl per 1000 Occ. beddays	Pre-adm. Contact Rate, In Area Clients	Post-discharge follow up Rate	% Valid HoNOS compliant
Alfred Health	Inner South East (Caulfield)	3.5	88 %	22.7	21 %	8 %	21 %	97 %	17.3	0.8	70 %	79 %	93 %
Eastern Health	Central/Outer East (Peter James Centre)	2.0	67 %	17.1	3 %	14 %	33 %	100 %	2.7	0.5	45 %	95 %	94 %
Melbourne Health	Mid West/South West Aged (Sunshine)	2.2	96 %	24.6	33 %	0 %	25 %	100 %	1.7	0.0	76 %	85 %	89 %
	North East Aged (Bundoora)	2.1	89 %	24.2	15 %	4 %	13 %	100 %	0.8	0.0	81 %	100 %	99 %
	North West/Inner West (Broadmeadows)	2.5	96 %	24.6	31 %	3 %	19 %	100 %	8.9	5.4	78 %	93 %	62 %
	TOTAL	2.2	94 %	24.5	28 %	2 %	19 %	100 %	4.1	1.9	79 %	93 %	87 %
Monash Health	Dandenong	2.6	95 %	21.4	32 %	13 %	50 %	100 %	2.9	0.0	66 %	100 %	97 %
	Middle South (Monash Aged)	3.6	99 %	23.2	20 %	11 %	49 %	100 %	4.4	0.0	64 %	100 %	98 %
	TOTAL	3.0	97 %	22.4	26 %	12 %	49 %	100 %	3.6	0.0	65 %	100 %	98 %
Peninsula Health	Peninsula	2.4	94 %	20.8	16 %	6 %	31 %	100 %	6.9	0.0	77 %	100 %	92 %
St Vincent's Hospital	Inner & North East (St. George's)	4.2	91 %	24.8	24 %	0 %	24 %	100 %	3.6	1.8	82 %	88 %	96 %
TOTAL METRO		2.6	89 %	21.4	21 %	8 %	32 %	100 %	5.1	1.0	66 %	94 %	93 %
Ballarat Health	Grampians	2.3	57 %	16.6	6 %	9 %	8 %	79 %	24.9	3.8	81 %	95 %	58 %
Barwon Health	Barwon	1.0	146 %	22.3	29 %	20 %	15 %	100 %	0.0	0.0	83 %	100 %	73 %
Bendigo Health	Loddon/Southern Mallee	3.6	98 %	27.0	26 %	12 %	27 %	100 %	8.9	1.7	54 %	85 %	94 %
Goulburn Valley Health	Goulburn & Southern	1.8	82 %	18.0	4 %	0 %	13 %	100 %	0.0	0.0	64 %	100 %	72 %
Latrobe Regional	Gippsland	1.7	100 %	20.9	12 %	7 %	43 %	100 %	4.4	0.0	78 %	77 %	91 %
Mildura Base Hospital	Northern Mallee	1.8	81 %	16.7	4 %	20 %	43 %	86 %	0.0	6.7	100 %	100 %	64 %
Albury Wodonga Health	North East & Border	1.8	30 %	18.1	2 %	0 %	0 %	100 %	7.3	7.3	80 %	100 %	73 %
South West Health	South West Health Care	2.4	46 %	33.5	8 %	0 %	33 %	100 %	4.7	4.7	75 %	100 %	75 %
TOTAL RURAL		2.1	85 %	21.3	15 %	10 %	24 %	96 %	7.1	1.6	73 %	91 %	80 %
TOTAL STATEWIDE		2.4	88 %	21.4	19 %	8 %	30 %	99 %	5.6	1.1	68 %	93 %	90 %

Data Source: CMI/ODS as at 11/10/2017, and Estimated Residential Population as at 01/07/2011. Blank results indicate KPI result is not applicable in this instance.

Department of Health & Human Services

Community - FY17-18 Q1		New case rate	Avg Treat. Days	% Comm. Cases with Client on CTO	% Valid HoNOS compliant	Mean HoNOS at comm. case start	% Clients with sig. improv. case end	% Self Rating Measures Completed	Chg in Mean # of Clin Signif HoNOS items
Alfred Health	Inner South East (Caulfield)	18 %	5.0	10 %	88 %	13.7	57 %	0 %	1.5
Eastern Health	Central/Outer East (Peter James Centre)	31 %	4.4	6 %	87 %	14.4	65 %	0 %	2.1
Melbourne Health	Mid West/South West Aged (Sunshine)	27 %	3.3	9 %	61 %	11.9	49 %	1 %	1.4
	North East Aged (Bundoora)	17 %	7.1	3 %	69 %	10.9	59 %	0 %	2.2
	North West/Inner West (Broadmeadows)	24 %	4.9	8 %	51 %	13.7	57 %	3 %	1.9
	TOTAL	23 %	5.1	7 %	60 %	12.0	54 %	1 %	5.4
Monash Health	Middle South (Monash Aged)	36 %	4.3	4 %	87 %	13.7	53 %	1 %	1.6
Peninsula Health	Peninsula	29 %	5.3	5 %	86 %	14.0	57 %	1 %	1.6
St Vincent's Hospital	Inner & North East (St. George's)	27 %	5.4	5 %	70 %	13.9	48 %	1 %	0.9
TOTAL METRO		28 %	4.9	6 %	77 %	13.5	55 %	1 %	1.6
Ballarat Health	Grampians	22 %	5.8	1 %	67 %	12.8	50 %	1 %	
Barwon Health	Barwon	20 %	8.3	6 %	82 %	11.5	57 %	77 %	1.7
Bendigo Health	Loddon/Southern Mallee	21 %	3.8	3 %	87 %	17.0	52 %	0 %	2.1
Goulburn Valley Health	Goulburn & Southern	25 %	9.8	1 %	72 %	11.1	56 %	27 %	1.8
Latrobe Regional	Gippsland	28 %	6.4	4 %	91 %	19.8	66 %	14 %	2.4
Mildura Base Hospital	Northern Mallee	28 %	8.8	6 %	79 %	13.8	100 %	2 %	
Albury Wodonga Health	North East & Border	30 %	3.2	0 %	59 %	10.3	54 %	1 %	1.7
South West Health	South West Health Care	21 %	3.6	2 %	57 %	11.3	64 %	2 %	2.0
TOTAL RURAL		24 %	5.9	3 %	76 %	14.2	60 %	16 %	2.0
TOTAL STATEWIDE		27 %	5.2	5 %	76 %	13.7	56 %	6 %	1.7

Data Source: CMI/ODS as at 11/10/2017, and Estimated Residential Population as at 01/07/2011. Blank results indicate KPI result is not applicable in this instance.

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Definitions

Setting	KPI	Description	Target	Comments
Inpatient	Beds per 10,000 Popln	The number of funded AGED acute inpatient beds per 10,000 AGED population (aged 65+) in the relevant catchment area.		No specified benchmark. Population figures are Estimated Resident Population (ERP) figures as at 2011, for years up to & incl 2011. From 2012, ERP Projection figures are used.
	Bed Occ. (excl leave)	Total number of occupied bed hours (excl leave) in inpatient units divided by total number of funded bed hours.		Underpinning data supports the statewide bed availability query system.
	Trim avg LOS <=50 days	The average length of stay (days) of discharges from inpatient units, excluding same day stays & excluding discharges with length of stay greater than 50 days.		Shorter lengths of stay can be associated with higher readmission rates. Note this KPI is based on the episode start & end dates (as opposed to individual admission events within an episode).
	Long stay patient bed occ. >50 days	Admission hours for "long stay" admissions in inpatient units, as a proportion of funded bed hours. Excludes the first 50 days of admission.		
	28 day Re-adm rate (lagged)	Number of discharges from an inpatient unit where the client was readmitted (planned or unplanned) to any inpatient unit within 28 days of discharge, compared to the total number of discharges. Lagged by one month. EXCLUDES a)discharges where client was transfered to another inpatient unit, b)same day stays, c)overnight ECT admissions (where ECT occured on the day of separation), d)re-admissions to the following specialty inpatient units: Mother/Baby, Eating Disorder, PICU and Neuropsychiatry.	14.0 %	Can reflect quality of care, effectiveness of discharge planning, level of support post discharge, and other factors.
	% Seps with Organic Diag. (lagged)	Percentage of discharges from Aged Acute inpatient units, who have had a primary diagnosis of an organic mental health disorder (Delirium, dementia, and amnestic and other cognitive disorders) recorded on CMI/ODS pertaining to the discharge. Lagged by one month.		Organic Mental Health disorder ICD codes F00 - F09.
	% Diag given (lagged)	Percentage of discharges from Acute inpatient units, who have had a diagnosis assigned & recorded on CMI/ODS pertaining to the discharge. Lagged by one month.	95.0 %	Contextual measure.
	Restraint per 1000 Occ. beddays	The number of ended bodily restraint (mechanical or physical) episodes divided by occupied beddays multiplied by 1000. Occupied beddays excludes leave and same day stays. (NB. Beddays calculated in minutes & converted to days)		No target identified. Note that from 1/7/2014, the MHAct 2014 requires ALL instances of physical restraint to be recorded in CMI.
	Secl per 1000 Occ. beddays	The number of ended seclusion episodes divided by occupied beddays multiplied by 1000. Occupied beddays excludes leave and same day stays. Excludes units that do not have a seclusion room. (NB. Beddays calculated in minutes & converted to days)	15.0	Policy emphasis is on reducing use of seclusion where possible. Defined according to proposed national definition.
	Pre-adm. Contact Rate, In Area Clients	Percentage of admissions to inpatient unit(s) for which a community ambulatory service contact was recorded in the seven days immediately preceding the day of admission. Excludes same day stays. Transfers from another hospital and out of area admissions are excluded.	60.0 %	Reflects service responsiveness and a planned approach to admission, rather than a crisis response. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.
	Post-discharge follow up Rate	Percentage of non-sameday inpatient separations where client was discharged to private residence / accomodation, for which a contact was recorded in the seven days immediately after discharge (does not include contact made on the day of discharge). When a client is sent on leave & then discharged whilst on leave, contact must occur within the 7 days since the client was on leave. Lagged by 7 days.	75.0 %	Indicator of effective discharge management. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.

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Setting	KPI	Description	Target	Comments
Inpatient	% Valid HoNOS compliant	Participation rate in HoNOS (HoNOSCA/HNSADL/HoNOS65) outcome measurement scales (number of valid HoNOS collection events / total number of outcome collection occasions that should be recorded for in-scope service settings). Excludes instances where the HoNOS score entered was invalid (more than 2 times rated as 9). Calculated from Jan'09 onwards only.	85.0 %	Commitment to adoption of outcome measurement part of National Mental Health Strategy, and National Action Plan. Barwon data calculated differently as they do not use tasks in the CMI. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.
Community	New case rate	Number of new community cases opened in the period, as a percentage of number of community cases open at any time during the period.		No specified benchmark set.
	Avg Treat. Days	The number of distinct days with a contact, for each client with an open community case during the reporting period divided by the number of clients with an open community case during the reporting period. Cases must have been open for more than 91 days.. All reportable contacts are included.		NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.
	% Comm. Cases with Client on CTO	Percentage of Clients with an open community case during the reporting period, who were concurrently on a CTO (Community Treatment Order) during the reporting period.		From 1/7/2014 the data reflects the new compulsory orders under the MH Act 2014.
	% Valid HoNOS compliant	Participation rate in HoNOS (HoNOSCA/HNSADL/HoNOS65) outcome measurement scales (number of valid HoNOS collection events / total number of outcome collection occasions that should be recorded for in-scope service settings). Excludes instances where the HoNOS score entered was invalid (more than 2 itmes rated as 9). Calculated from Jan'09 onwards only.	85.0 %	Commitment to adoption of outcome measurement part of National Mental Health Strategy, and National Action Plan. Barwon data calculated differently as they do not use tasks in the CMI. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.
	Mean HoNOS at comm. case start	The average HoNOS total score (HoNOSCA/HNSADL/HoNOS65) collected on case commencement, excluding invalid scores.		Contextual measure of symptom severity at case commencement. Dates determined from HoNOS completion date. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.
	% Clients with sig. improv. case end	Percentage of completed cases with a significant positive change calculation on HoNOS collected on case start and case end. (Total number of cases with a Significant change score >.5 / The total number of completed case in-scope service setting).		Method aims to focus more on clinically significant change as opposed to overall change. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.
	% Self Rating Measures Completed	Consumer Completion Rate of the relevant self-rating measures (Basis 32 or SDQ's where appropriate), in a community setting.		A measure of engagement with family/carer. Barwon data calculated differently as they do not use tasks in the CMI. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.
	Chg in Mean # of Clin Signif HoNOS items	The difference between the mean number of clinically significant HoNOS (HoNOSCA/HNSADL/HoNOS65) scales at community case end and the mean number of clinically significant HoNOS scales at community case start. Includes all ended community cases with a valid HoNOS score at start & end. Excludes HoNOSCA Qns 14 & 15, and HoNOSADL & HoNOS65 Qns 11 & 12.		Alternative measure of symptom severity reduction based only on split of each HoNOS item into clinically significant (2,3,4) or not clinically significant (0,1), rather than the sum of each scaled measure. Barwon data calculated differently as they do not use tasks in the CMI. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.

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