

CAMHS Community KPIs Qtr 3 2012-13

11-April-2013

| CAMPUS | Case Re-referral Rate (2 Qtr Lag) | Average Treatment Days | Average Length of Case (Closed in Qtr) | Percentage of Clients Aged Under 12 | Pre-Admission Contact ** | Post Discharge Follow-up ** | Outcome (Valid HoNOSCA) | Mean HoNOSCA at Case Start | Mean Change in Clinically Significant item | Proportion cases with improvement at case closure | SDQ Compliance |
|--|-----------------------------------|------------------------|--|-------------------------------------|--------------------------|-----------------------------|-------------------------|----------------------------|--|---|----------------|
| | | | | | | | Compliance (Community) | | | | |
| Alfred, The Psychiatry Services | 6% | 6 | 313 | 36% | 56% | 71% | 45% | 14 | 2.1 | 63% | 22% |
| Austin Health | 21% | 5 | 184 | 23% | 59% | 78% | 44% | 16 | 1.8 | 55% | 51% |
| Eastern Health CAMHS | 22% | 9 | 251 | 14% | 63% | 82% | 72% | 18 | 1.4 | 47% | 79% |
| Monash Medical Centre (Clayton) Child & Adolescent | 19% | 8 | 145 | 24% | 41% | 82% | 63% | 16 | 1.1 | 45% | 35% |
| Royal Childrens Hospital | 20% | 6 | 130 | 41% | 63% | 71% | 75% | 18 | 1.4 | 42% | 74% |
| Metro Total | 19% | 7 | 183 | 26% | 56% | 79% | 62% | 17 | 1.5 | 47% | 56% |
| Ballarat Health Services (Grampians) | 10% | 6 | 259 | 22% | 100% | 100% | 43% | 14 | 3.2 | 73% | 42% |
| Bendigo Hospital (Loddon Mallee) | 9% | 5 | 194 | 25% | 74% | 94% | 35% | 17 | -0.7 | 63% | 20% |
| Geelong Hospital (Barwon) | 6% | 4 | 281 | 24% | 31% | 64% | 21% | * | 2.4 | * | 12% |
| Goulburn Valley Health | 6% | 6 | 212 | 26% | 60% | 60% | 80% | 14 | 1.3 | 44% | 60% |
| Latrobe Regional Hospital | 17% | 6 | 266 | 18% | 40% | 64% | 72% | 19 | 2.3 | 65% | 69% |
| Mildura Mental Health | 3% | 10 | 416 | 31% | - | 100% | 58% | 22 | 5.7 | 89% | 54% |
| Northeast & Border Mental Health Service | 10% | 6 | 220 | 34% | 71% | 83% | 45% | 17 | 3.8 | 75% | 41% |
| South West Health Care | 1% | 5 | 482 | 27% | 67% | 80% | 34% | 17 | 2.1 | 86% | 2% |
| Rural Total | 8% | 6 | 281 | 25% | 63% | 78% | 47% | 17 | 2.6 | 66% | 34% |
| Statewide Total | 17% | 7 | 205 | 26% | 57% | 79% | 58% | 17 | 1.6 | 50% | 49% |

Please note: the community mental health service activity data collection in Quarters 2, 3, & 4 2011/12 was affected by protected industrial action.

CAMHS Inpatient KPIs Qtr 3 2012-13

| CAMPUS | Adolescent Inpatient Beds per 10,000 | Average Length of Stay | Seclusions per 1000 Bed Days | Outcome (HoNOSCA) Compliance (Inpatient) | Mean HoNOSCA at Inpatient episode Start | SDQ Compliance |
|--|--------------------------------------|------------------------|------------------------------|--|---|----------------|
| | Austin Health - Marion Drummond Unit | 2.9 | 11 | 0 | 95% | 18 |
| Austin Health - Statewide Child Inpatient Unit | * | 17 | 0 | *** | *** | *** |
| Eastern Health CAMHS | 2.3 | 5 | 10 | 68% | 18 | 71% |
| Monash Medical Centre (Clayton) Child & Adolescent | 1.8 | 8 | 3 | 97% | 18 | 87% |
| Royal Childrens Hospital | 1.8 | 6 | 29 | 94% | 18 | 98% |
| Metro Total | 2.1 | 8 | 10 | 84% | 18 | 83% |

* Not applicable

** Definitions for Pre Admission and Post Discharge KPI's are significantly different to the similarly named Adult KPI's

*** Austin Statewide figures included in Marion Drummond Unit result

A value of "-" indicates that no valid data was available for calculation of the measure

CAMHS KPI Definitions

| Indicators | Description | Comments, including targets |
|---|--|---|
| Case Re-referral Rate | The percentage of CAMHS cases closed during the reporting quarter where the client involved has a new case opened within six months of case closure. | <ul style="list-style-type: none"> • CAMHS cases identified by latest episode subcentre outcome measure setting, or client age at end of reporting period. • No specified benchmark set. |
| Average Treatment Days | The number of distinct days with a contact (treatment days), for each client, divided by the number of clients in a community episode during the reporting quarter. | <ul style="list-style-type: none"> • CAMHS contacts are selected by the OM setting of the community episode. • Clients with a case open for less than 91 days are excluded • Client denominator is statistical clients - each client as a proportion of the time in an open episode during the quarter. • All contacts are included. Lagged by 1 month. |
| Average Length of Case (Closed in Qtr) | The average of total days open for all cases that were closed during the reporting period. | <ul style="list-style-type: none"> • CAMHS cases identified by latest episode subcentre outcome measure setting, or client age at end of reporting period. • Average based on start and end dates of cases with a end date during the reporting period. |
| Percentage of Clients aged under 12 | The percentage of all CAMHS clients receiving a community or inpatient service during the quarter, who were aged under 12. | <ul style="list-style-type: none"> • Client age is calculated on the last service date within the quarter for each client. |
| Adolescent Inpatient Beds per 10,000 Population | Number of funded CAMHS acute inpatient beds per 10,000 population in the Metropolitan catchment aged 13-17 inclusive. | <ul style="list-style-type: none"> • No specified benchmark - bed numbers to be expanded in line with Government policy announcements. • Included as a contextual item. |
| Average Length of Stay | Average length of stay of overnight stay separations from CAMHS inpatient units for the reporting period, excluding separations with length of stay greater than 35 days. | <ul style="list-style-type: none"> • Contextual measure. |
| Pre-admission contact | Percentage of non-statistical admissions to CAMHS acute inpatient unit(s) for which a community ambulatory service contact was recorded in the seven days immediately preceding the day of admission. Admissions are counted against the Mental Health Area (catchment campus) of the client. Transfers from another hospital are excluded. | <ul style="list-style-type: none"> • Adult KPI target is 60%. • Reflects service responsiveness and a planned approach to admission, rather than a crisis response. • State rate does not adjust for out-of-area admissions. |
| Post-discharge follow-up | Percentage of non-statistical non-sameday separations, excluding transfers and left against medical advice/absconded, from CAMHS acute inpatient unit(s) for which a community ambulatory service contact was recorded in the seven days immediately following that separation. Separations are counted against the Mental Health Area (catchment campus) of the client. | <ul style="list-style-type: none"> • Statement of Priorities (SoP) KPI target is 75%. • Indicator of effective discharge management. • Indicator selects separations 7 days before the start of the period up to 7 days before the end of the period to ensure all contact data is available. |
| Seclusions per 1000 occupied bed days | (Total number of seclusion episodes divided by occupied bed days) multiplied by 1000. | <ul style="list-style-type: none"> • Policy emphasis is on reducing use of seclusion where possible. • Defined according to national definition. • Statement of Priorities (SoP) KPI target is less than 20. |
| Outcome (HoNOSCA) compliance (inpatient and community) | Percentage of CAMHS inpatient and community-based episodes with valid HoNOSCA collection. (number of valid HoNOSCA collection events / total number of outcome collection occasions that should be recorded for in-scope service settings for the reporting period). | <ul style="list-style-type: none"> • National and statewide target of 85%. • Commitment to adoption of outcome measurement part of National Mental Health Strategy, and National Action Plan. |
| Mean HoNOSCA at Case Start | The average of HoNOSCA collected on case commencement for CAMHS cases. (Average HoNOSCA for CAMHS cases / total number of completed cases for in-scope service settings for the reporting period). | <ul style="list-style-type: none"> • Contextual measure of symptom severity at case commencement . |
| Mean HoNOSCA at Inpatient episode Start | The average of HoNOSCA collected on inpatient episode commencement for CAMHS inpatient episodes. (Average HoNOSCA for CAMHS Inpatient episodes / total number of completed inpatient episodes for in-scope service settings for the reporting period). | <ul style="list-style-type: none"> • Contextual measure of symptom severity at admission. |
| % Proportion cases with significant improvement at case closure | The percentage of completed cases with a significant positive change calculation on HoNOSCA 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 for the reporting period) | <ul style="list-style-type: none"> • Calculation for significant positive change score utilises Nation KPI methodology • Measure of symptom severity reduction. |
| Mean Change in Clinically Significant item | The average number HoNOSCA items rate 2,3,4 rating on case start and minus the average number HoNOSCA items rate 2,3,4 rating on case end | <ul style="list-style-type: none"> • 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. Method aims to focus more on clinically significant change as opposed to overall change. |
| SDQ Compliance | Percentage of CAMHS inpatient and community-based episodes with Strengths and Difficulties Questionnaire collection. (number of SDQ collection events / total number of outcome collection occasions that should be recorded for in-scope service settings for the reporting period). | <ul style="list-style-type: none"> • A measure of engagement with family/carer or school teacher |

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Current at 11 April 2013