

Aged mental health quarterly KPI report

July – September 2021

|  |  |
| --- | --- |
|  |  |
|  |  |

# Contents

[Inpatient 2021-22 Q1 Metro 2](#_Toc84936891)

[Inpatient 2021-22 Q1 Rural 3](#_Toc84936892)

[Community 2021-22 Q1 Metro 4](#_Toc84936893)

[Community 2021-22 Q1 Rural 5](#_Toc84936894)

[Indicator descriptions and notes 6](#_Toc84936895)



| Inpatient2021-22 Q1 Metro | Beds per 10,000 population | Bed occupancy (excl leave) | Trimmed average length of stay (≤50 days) | Long stay bed occupancy (>50 days) | 28 day readmission | Separations with organic diagnosis | Separations with diagnosis given | Bodily restraint per 1,000 bed days | Seclusions per 1,000 bed days | Pre admission contact (in area) | 7 day post discharge follow up | HoNOS compliance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alfred Health | Inner South East (Caulfield) | 3.1 | 78% | 18.2 | 13% | 4% | 38% | 100% | 4.7 | 0.0 | 60% | 96% | 88% |
| Eastern Health | Central/Outer East (Peter James Centre) | 1.8 | 57% | 13.4 | 2% | 7% | 31% | 100% | 7.1 | 0.6 | 31% | 94% | 98% |
| Melbourne Health | Mid West/South West Aged (Sunshine) | 1.8 | 58% | 20.6 | 14% | 0% | 28% | 100% | 4.6 | 0.0 | 78% | 74% | 92% |
| North East Aged (Bundoora) | 1.8 | 60% | 19.2 | 3% | 12% | 19% | 100% | 2.4 | 0.0 | 63% | 100% | 100% |
| North West/Inner West (Broadmeadows) | 2.3 | 68% | 21.7 | 17% | 4% | 17% | 100% | 1.7 | 0.0 | 56% | 42% | 71% |
| TOTAL | 2.0 | 62% | 20.4 | 12% | 5% | 21% | 100% | 2.9 | 0.0 | 67% | 71% | 88% |
| Monash Health | Middle South (Monash Aged) | 2.6 | 97% | 24.5 | 29% | 4% | 45% | 100% | 7.8 | 0.3 | 89% | 100% | 94% |
| Peninsula Health | Peninsula | 2.1 | 74% | 20.7 | 1% | 5% | 15% | 98% | 19.7 | 0.0 | 74% | 100% | 96% |
| St Vincent's Hospital | Inner & North East (St. George's) | 4.0 | 96% | 24.8 | 32% | 4% | 28% | 69% | 3.4 | 0.0 | 50% | 58% | 94% |
| TOTAL METRO |  | 2.3 | 76% | 19.7 | 16% | 5% | 30% | 97% | 6.5 | 0.2 | 54% | 86% | 93% |
| TOTAL STATEWIDE |  | 2.1 | 76% | 18.9 | 15% | 5% | 29% | 97% | 5.8 | 0.2 | 54% | 80% | 88% |

| Inpatient2021-22 Q1 Rural | Beds per 10,000 population | Bed occupancy (excl leave) | Trimmed average length of stay (≤50 days) | Long stay bed occupancy (>50 days) | 28 day readmission | Separations with organic diagnosis | Separations with diagnosis given | Bodily restraint per 1,000 bed days | Seclusions per 1,000 bed days | Pre admission contact (in area) | 7 day post discharge follow up | HoNOS compliance |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ballarat Health | Grampians | 2.0 | 80% | 20.7 | 6% | 8% | 24% | 100% | 5.4 | 2.7 | 64% | 41% | 70% |
| Barwon Health | Barwon | 0.9 | 86% | 16.6 | 5% | 12% | 15% | 100% | 2.1 | 0.0 | 62% | 79% | 24% |
| Bendigo Health | Loddon/Southern Mallee | 3.2 | 92% | 22.0 | 25% | 4% | 21% | 100% | 0.0 | 0.0 | 26% | 75% | 96% |
| Goulburn Valley Health | Goulburn & Southern | 1.5 | 44% | 16.6 | 0% | 8% | 13% | 100% | 0.0 | 0.0 | 82% | 100% | 87% |
| Latrobe Regional | Gippsland | 1.4 | 89% | 14.3 | 15% | 0% | 48% | 85% | 9.7 | 0.0 | 60% | 19% | 100% |
| Mildura Base Hospital | Northern Mallee | 1.6 | 41% | 10.6 | 0% | 20% | 25% | 100% | 0.0 | 0.0 | 67% | 100% | 92% |
| Albury Wodonga Health | North East & Border | 1.5 | 48% | 15.8 | 8% | 0% | 22% | 100% | 0.0 | 0.0 | 67% | 100% | 25% |
| South West Health | South West Health Care | 2.1 | 54% | 12.2 | 19% | 0% | 10% | 100% | 16.1 | 0.0 | 57% | 100% | 43% |
| TOTAL RURAL |   | 1.8 | 77% | 17.3 | 14% | 6% | 26% | 96% | 3.8 | 0.4 | 55% | 65% | 76% |
| TOTAL STATEWIDE |  | 2.1 | 76% | 18.9 | 15% | 5% | 29% | 97% | 5.8 | 0.2 | 54% | 80% | 88% |

#

| Community2021-22 Q1 Metro | New case rate | Average treatment days | Cases with consumers on a CTO | HoNOS compliance | Average HoNOS at case start | Cases with significant improvement at closure | Self rated measures completed | Average change in clinically significant HoNOS items |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alfred Health | Inner South East (Caulfield) | 40% | 7.5 | 6% | 90% | 14.8 | 36% | 0% | 1.0 |
| Eastern Health | Central/Outer East (Peter James Centre) | 42% | 1.4 | 5% | 70% | 15.2 | 58% | 0% | 2.0 |
| Melbourne Health | Mid West/South West Aged (Sunshine) | 20% | 5.0 | 6% | 78% | 13.6 | 44% | 5% | 1.8 |
| North East Aged (Bundoora) | 25% | 3.1 | 6% | 53% | 13.1 | 52% | 0% | 2.0 |
| North West/Inner West (Broadmeadows) | 24% | 2.5 | 5% | 49% | 12.6 | 63% | 2% | 2.5 |
| TOTAL | 23% | 3.6 | 6% | 61% | 13.2 | 52% | 3% | 2.0 |
| Monash Health | Middle South (Monash Aged) | 36% | 5.7 | 4% | 88% | 14.0 | 58% | 0% | 2.5 |
| Peninsula Health | Peninsula | 33% | 7.9 | 4% | 97% | 18.1 | 65% | 2% | 2.5 |
| St Vincent's Hospital | Inner & North East (St. George's) | 24% | 2.2 | 4% | 43% | 14.7 | 57% | 8% | 2.0 |
| TOTAL METRO |  | 31% | 4.4 | 5% | 77% | 14.7 | 57% | 2% | 2.2 |
| TOTAL STATEWIDE |  | 31% | 4.0 | 4% | 71% | 14.2 | 55% | 6% | 2.1 |

| Community2021-22 Q1 Rural | New case rate | Average treatment days | Cases with consumers on a CTO | HoNOS compliance | Average HoNOS at case start | Cases with significant improvement at closure | Self rated measures completed | Average change in clinically significant HoNOS items |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ballarat Health | Grampians | 20% | 1.8 | 3% | 40% | 10.6 | 57% | 0% | 3.1 |
| Barwon Health | Barwon | 36% | 3.4 | 5% | 23% | 15.4 | 54% | 44% | 1.0 |
| Bendigo Health | Loddon/Southern Mallee | 23% | 1.5 | 4% | 60% | 14.0 | 55% | 11% | 2.1 |
| Goulburn Valley Health | Goulburn & Southern | 13% | 6.0 | 6% | 67% | 10.4 | 67% | 13% | 2.1 |
| Latrobe Regional | Gippsland | 37% | 2.0 | 3% | 64% | 15.6 | 49% | 2% | 1.4 |
| Mildura Base Hospital | Northern Mallee | 17% | 6.2 | 2% | 76% | 10.8 | 92% | 2% | 2.8 |
| Albury Wodonga Health | Albury - NSW | 52% | 6.8 | 0% | 67% | 17.0 | 65% | 15% | 2.1 |
| North East & Border | 42% | 4.5 | 1% | 80% | 11.6 | 42% | 7% | 1.8 |
| TOTAL | 45% | 5.1 | 1% | 76% | 13.2 | 49% | 9% | 1.9 |
| South West Health | South West Health Care | 25% | 4.7 | 5% | 72% | 9.3 | 47% | 12% | 1.3 |
| TOTAL RURAL |   | 30% | 3.3 | 3% | 59% | 13.1 | 53% | 13% | 1.8 |
| TOTAL STATEWIDE |  | 31% | 4.0 | 4% | 71% | 14.2 | 55% | 6% | 2.1 |

# Indicator descriptions and notes

| Setting | KPI | Description | Target | Notes |
| --- | --- | --- | --- | --- |
| Inpatient | Beds per 10,000 population | Number of funded aged mental health inpatient beds per 10,000 population aged 65 years and over in the area mental health service. |  | Population estimates are based on Victoria in Future 2019. |
|  | Bed occupancy (excl leave) | Rate of occupied bed hours (excluding leave) per funded bed hours within an inpatient unit. |  |  |
|  | Trimmed average length of stay (≤50 days) | Average length of stay (days) of separations from an inpatient unit, excluding same day stays and separations with an average length of stay greater than 50 days. | 30.0 | A shorter length of stay may be associated with higher re-admission rates. Measure calculation is based on episode start and end dates and not individual admission events within an episode. |
|  | Long stay bed occupancy (>50 days) | Rate of occupied bed hours for 'long stay' admissions (excludes first 50 days of admission) per funded bed hours within an inpatient unit. |  |  |
|  | 28 day readmission | Percentage of separations from an inpatient unit where the consumer was re-admitted (planned or unplanned) to any inpatient unit within 28 days of separation. | 14.0% | Measure can reflect quality of care, effectiveness of discharge planning, level of support post discharge and other factors. Results exclude (a) discharges where the consumer was transferred to another inpatient unit, (b) same day stays, (c) overnight ECT admissions where ECT occurred on the day of separation, or (d) re-admissions to Mother/Baby, Eating Disorder, PICU and Neuropsychiatry units. |
|  | Separations with organic diagnosis | Percentage of separations from an inpatient unit where the consumer had a primary diagnosis of an organic mental health disorder (delirium, dementia and amnestic or other cognitive disorders, ICD10 Codes F00-F09). |  | Results lagged by 1 month. |
|  | Separations with diagnosis given | Percentage of separations from an acute inpatient unit with a primary diagnosis assigned and recorded. | 95.0% | Results lagged by 1 month. |
|  | Bodily restraint per 1,000 bed days | Rate of ended bodily restraint (mechanical or physical) episodes per 1,000 occupied bed days within inpatient units, excluding leave, same day stays and private beds. |  | Calculation of bed days involves converting minutes into days. |
|  | Seclusions per 1,000 bed days | Rate of ended seclusion episodes per 1,000 occupied bed days within inpatient units, excluding leave, same day stays, private beds, virtual wards and units that do not have a seclusion room. | 5.0 | Calculation of bed days involves converting minutes into days. |
|  | Pre admission contact (in area) | Percentage of admissions to an inpatient unit/s for which an ambulatory service contact was recorded in the seven days immediately preceding the day of admission, excluding same day stays, out of area admissions and transfers from another hospital. | 61.0% | Measure can provide an indicator of a service's responsiveness and a planned approach to admission as opposed to a crisis response. Results during 2011, 2012, 2016, 2017 and from November 2020 were affected by industrial activity and should be interpreted with caution. |
|  | 7 day post discharge follow up | Percentage of non-same day separations from inpatient units where the consumer was discharged to a private residence or accommodation, for which an ambulatory service contact was recorded in the 7 days post separation, excluding contact made on the day of separation. | 88.0% | Where a consumer is discharged whilst on leave, contact must occur within the 7 days of leave. Results during 2011, 2012, 2016, 2017 and from November 2020 were affected by industrial activity and should be interpreted with caution. |
|  | HoNOS compliance | Percentage of required collection events in an inpatient unit where a HoNOS outcome measurement scale (HoNOSCA/HNSADL/HoNOS65) was completed, excluding invalid HoNOS scores (more than two times rated as '9'). | 85.0% | Results during 2011, 2012, 2016, 2017 and from November 2020 were affected by industrial activity and should be interpreted with caution. |
| Community | New case rate | Percentage of community cases open at any time during the reference period which started during the reference period. |  | Results during 2011, 2012, 2016, 2017 and from November 2020 were affected by industrial activity and should be interpreted with caution. |
|  | Average treatment days | Average number of distinct days with a reportable contact for consumers with an open community case during the reference period, excluding cases open less than 91 days. |  | Excludes consumers who received a mental health assessment and a plan for follow up care, but who did not progress to ongoing treatment in the public clinical mental health system. Results during 2011, 2012, 2016, 2017 and from November 2020 were affected by industrial activity and should be interpreted with caution. |
|  | Cases with consumers on a CTO | Percentage of open community cases where the consumer was concurrently on a Community Treatment Order (CTO). |  |  |
|  | HoNOS compliance | Percentage of required collection events in a community setting where a HoNOS outcome measurement scale (HoNOSCA/HNSADL/HoNOS65) was completed, excluding invalid HoNOS scores (more than two times rated as '9') and collection events where the consumer is in the 'assessment only' phase of care.  | 85.0% | Excludes consumers in the 'assessment only' phase of care at point of a required collection event. Results during 2011, 2012, 2016, 2017 and from November 2020 were affected by industrial activity and should be interpreted with caution. |
|  | Average HoNOS at case start | Average HoNOS total score (HoNOSCA/HNSADL/HoNOS65) collected on community case commencement, excluding invalid scores (more than two times rated as '9'). |  | Measure reports symptom severity at episode commencement. Dates used in measure calculation are based on HoNOS completion date. Results during 2011, 2012, 2016, 2017 and from November 2020 were affected by industrial activity and should be interpreted with caution. |
|  | Cases with significant improvement at closure | Percentage of completed community cases with a 'significant' positive change in HoNOS calculation between intake and case end.  |  | A 'significant' improvement is considered to have occurred when there is a positive variance of >0.5, as calculated by measuring the difference between valid HoNOS scores at intake and case closure, and dividing by the standard deviation of intake HoNOS scores. Results during 2011, 2012, 2016, 2017 and from November 2020 were affected by industrial activity and should be interpreted with caution. |
|  | Self rated measures completed | Percentage of collection events in a community setting where a relevant consumer self-assessment measurement scale (BASIS-32/SDQ) was completed. Excludes collection events where the consumer is in the 'assessment only' phase of care. |  | Excludes consumers in the 'assessment only' phase of care at point of a required collection event. Results during 2011, 2012, 2016, 2017 and from November 2020 were affected by industrial activity and should be interpreted with caution. |
|  | Average change in clinically significant HoNOS items | Difference in average number of 'clinically significant' HoNOS scales (HoNOSCA/HNSADL/HoNOS65) at community case start and end, excluding invalid scores (more than two times rated as '9'), HoNOSCA questions 14 and 15, and HNSADL/HoNOS65 questions 11 and 1. |  | Measure is an alternative indicator of symptom severity reduction based on split of each HoNOS item into clinically significant (2,3,4) or not (0,1) rather than the sum of each scaled measure. Results during 2011, 2012, 2016, 2017 and from November 2020 were affected by industrial activity and should be interpreted with caution. |

|  |
| --- |
| To receive this publication in an accessible format phone (03) 9096 1878, using the National Relay Service 13 36 77 if required, or email Victorian Agency for Health Information <vahi@vahi.vic.gov.au>Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Department of Health October 2021.Available from [Aged mental health performance indicator reports page](https://www2.health.vic.gov.au/mental-health/research-and-reporting/mental-health-performance-reports/aged-performance-indicator-reports) <https://www2.health.vic.gov.au/mental-health/research-and-reporting/mental-health-performance-reports/aged-performance-indicator-reports> on the Health.vic website. |