

Adult mental health quarterly KPI report

July – September 2023

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| Inpatient 2023–24 Q1 Metro | | Local access (inpatient) | Bed occupancy (excl leave) | Trimmed average length of stay  (≤35 days) | Long stay bed occupancy (>35 days) | 28 day readmission | Seclusions per 1,000 bed days | Separations with multiple seclusions | Pre admission contact  (in area) | Pre admission contact  (in area ongoing) | 7 day post discharge follow up | HoNOS compliance | ED to MH bed within 8 hours |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alfred Health | Inner South East (The Alfred) | 62% | 92% | 11.2 | 10% | 9% | 5.6 | 1% | 82% | 82% | 90% | 96% | 57% |
| Austin Health | North East (Austin) | 71% | 90% | 7.1 | 20% | 10% | 5.2 | 2% | 55% | 57% | 92% | 47% | 48% |
| Eastern Health | Eastern AOA AMHWS (Box Hill) | 52% | 62% | 9.7 | 9% | 15% | 7.5 | 3% | 64% | 68% | 91% | 89% | 37% |
| Eastern AOA AMHWS (Maroondah) | 67% | 87% | 8.9 | 6% | 17% | 5.0 | 2% | 68% | 70% | 91% | 92% | 39% |
| TOTAL | 63% | 77% | 9.1 | 7% | 16% | 5.8 | 2% | 67% | 69% | 91% | 91% | 38% |
| Melbourne Health | Inner West (RMH) | 44% | 87% | 9.7 | 5% | 7% | 2.6 | 2% | 86% | 89% | 93% | 88% | 9% |
| Orygen Youth MHS | 93% | 82% | 13.1 | 10% |  | 1.5 | 0% | 90% | 91% | 94% | 78% |  |
| Monash Health | Casey | 83% | 71% | 14.2 | 12% | 11% | 4.0 | 3% | 78% | 80% | 99% | 100% | 11% |
| Dandenong | 77% | 95% | 9.6 | 10% | 13% | 7.3 | 3% | 78% | 78% | 96% | 100% | 29% |
| Middle South (Monash Adult) | 38% | 78% | 10.1 | 1% | 10% | 4.5 | 2% | 89% | 88% | 95% | 100% | 16% |
| TOTAL | 69% | 81% | 10.9 | 9% | 12% | 5.8 | 3% | 80% | 80% | 97% | 100% | 23% |
| Northern Health | North West (Broadmeadows) | 37% | 93% | 9.5 | 10% | 14% | 16.4 | 2% | 95% | 94% | 94% | 79% |  |
| Northern | 63% | 76% | 11.0 | 6% | 10% | 10.3 | 2% | 70% | 70% | 84% | 82% | 20% |
| TOTAL | 53% | 81% | 10.4 | 7% | 12% | 12.2 | 2% | 73% | 72% | 87% | 81% |  |
| Peninsula Health | Peninsula | 78% | 82% | 6.3 | 5% | 16% | 0.0 | 0% | 70% | 70% | 97% | 99% | 76% |
| St Vincent's Hospital | Inner East (St Vincent's) | 50% | 80% | 9.0 | 13% | 19% | 2.2 | 0% | 71% | 77% | 96% | 98% | 56% |
| Mercy Health | South West (Werribee) | 80% | 87% | 14.0 | 16% | 8% | 2.3 | 2% | 73% | 71% | 84% | 91% | 28% |
| Western Health | Mid West (Sunshine) | 83% | 92% | 9.7 | 9% | 12% | 16.0 | 2% | 83% | 84% | 93% | 92% | 47% |
| TOTAL  METRO | (Excl Orygen) | 65% | 81% | 9.9 | 9% | 13% | 6.4 | 2% | 73% | 75% | 92% | 91% | 37% |
| TOTAL STATEWIDE | (Excl Orygen) | 72% | 84% | 9.7 | 9% | 13% | 6.6 | 2% | 72% | 75% | 91% | 91% | 44% |

| Inpatient 2023–24 Q1 Rural | | Local access (inpatient) | Bed occupancy (excl leave) | Trimmed average length of stay  (≤35 days) | Long stay bed occupancy (>35 days) | 28 day readmission | Seclusions per 1,000 bed days | Separations with multiple seclusions | Pre admission contact  (in area) | Pre admission contact  (in area ongoing) | 7 day post discharge follow up | HoNOS compliance | ED to MH bed within 8 hours |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Barwon Health | Barwon | 94% | 96% | 10.0 | 11% | 12% | 9.5 | 4% | 72% | 75% | 92% | 95% | 68% |
| Bendigo Health | Loddon/Southern Mallee | 94% | 92% | 9.7 | 4% | 14% | 7.8 | 1% | 68% | 71% | 88% | 90% | 65% |
| Goulburn Valley Health | Goulburn & Southern | 76% | 74% | 10.1 | 5% | 5% | 1.7 | 0% | 63% | 87% | 92% | 89% | 80% |
| Grampians Health | Grampians | 87% | 94% | 10.6 | 8% | 7% | 10.5 | 3% | 72% | 84% | 85% | 97% | 51% |
| Latrobe Regional | Gippsland | 89% | 105% | 8.9 | 12% | 12% | 6.1 | 2% | 75% | 76% | 97% | 93% | 50% |
| Mildura Base Hospital | Northern Mallee | 84% | 89% | 7.0 | 5% | 21% | 3.7 | 1% | 61% | 84% | 85% | 97% | 81% |
| Albury Wodonga Health | Albury - NSW | 95% | 90% | 8.4 | 23% | 20% | 5.5 | 1% | 71% | 73% | 74% | 92% |  |
| North East & Border | 93% | 95% | 7.8 | 10% | 13% | 2.3 | 1% | 59% | 58% | 81% | 81% | 48% |
| TOTAL | 94% | 92% | 8.1 | 18% | 17% | 4.2 | 1% | 63% | 63% | 77% | 87% |  |
| South West Health | South West Health Care | 91% | 100% | 9.9 | 7% | 23% | 13.0 | 6% | 80% | 83% | 93% | 91% | 58% |
| TOTAL RURAL |  | 90% | 93% | 9.3 | 10% | 13% | 7.1 | 2% | 70% | 75% | 88% | 92% | 59% |
| TOTAL STATEWIDE | (Excl Orygen) | 72% | 84% | 9.7 | 9% | 13% | 6.6 | 2% | 72% | 75% | 91% | 91% | 44% |

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| Community 2023–24 Q1 Metro | | New case  rate | Closed cases re-referred within 6 months | Average length of case (days) | 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 (The Alfred) | 57% | 39% | 178.6 | 10.7 | 22% | 89% | 19.6 | 63% | 2% | 2.1 |
| Austin Health | North East (Austin) | 56% | 43% | 206.9 | 9.5 | 17% | 80% | 15.2 | 54% | 3% | 1.5 |
| Eastern Health | Eastern AOA AMHWS (Box Hill) | 54% | 41% | 129.0 | 9.6 | 23% | 85% | 14.0 | 62% | 0% | 2.0 |
| Eastern AOA AMHWS (Maroondah) | 50% | 35% | 94.7 | 8.9 | 23% | 82% | 16.6 | 60% | 1% | 1.8 |
| TOTAL | 52% | 38% | 108.0 | 9.2 | 23% | 83% | 15.8 | 60% | 1% | 1.9 |
| Melbourne Health | Inner West (RMH) | 41% | 39% | 218.3 | 9.1 | 18% | 90% | 18.4 | 60% | 0% | 1.6 |
| Orygen - Forensic Youth MHS | 63% | 61% |  |  |  |  |  |  |  |  |
| Orygen Youth MHS | 29% | 24% | 265.4 | 6.9 | 6% | 46% | 16.3 | 60% | 2% | 1.8 |
| Monash Health | Casey | 67% | 35% | 98.9 | 8.1 | 22% | 96% | 12.6 | 53% | 3% | 1.8 |
| Dandenong | 52% | 40% | 114.1 | 8.7 | 24% | 92% | 16.7 | 68% | 6% | 2.3 |
| Middle South (Monash Adult) | 63% | 41% | 152.2 | 8.7 | 14% | 89% | 16.2 | 54% | 8% | 1.5 |
| TOTAL | 61% | 39% | 117.9 | 8.5 | 20% | 93% | 15.0 | 58% | 6% | 1.8 |
| Northern Health | North West (Broadmeadows) | 29% | 37% | 255.4 | 8.9 | 16% | 82% | 12.4 | 44% | 2% | 1.1 |
| Northern | 50% | 47% | 117.5 | 8.6 | 18% | 76% | 13.4 | 60% | 3% | 1.7 |
| TOTAL | 41% | 44% | 160.8 | 8.8 | 17% | 79% | 13.0 | 53% | 2% | 1.5 |
| Peninsula Health | Peninsula | 61% | 35% | 96.1 | 9.9 | 9% | 95% | 15.9 | 49% | 3% | 1.3 |
| St Vincent's Hospital | Inner East (St Vincent's) | 49% | 44% | 201.9 | 12.6 | 16% | 77% | 19.5 | 50% | 10% | 1.3 |
| Mercy Health | South West (Werribee) | 40% | 36% | 255.6 | 9.3 | 26% | 76% | 11.2 | 57% | 36% | 1.5 |
| Western Health | Mid West (Sunshine) | 58% | 38% | 62.5 | 5.1 | 13% | 79% | 14.1 | 54% | 0% | 1.5 |
| TOTAL  METRO | (Excl Orygen) | 52% | 39% | 137.5 | 9.0 | 18% | 85% | 15.4 | 56% | 5% | 1.6 |
| TOTAL STATEWIDE | (Excl Orygen) | 50% | 36% | 151.8 | 8.3 | 15% | 79% | 14.5 | 56% | 8% | 1.7 |

| Community 2023–24 Q1 Rural | | New case  rate | Closed cases re-referred within 6 months | Average length of case (days) | 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 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Barwon Health | Barwon | 41% | 24% | 344.8 | 7.7 | 8% | 47% | 12.4 | 61% | 20% | 1.7 |
| Bendigo Health | Loddon/Southern Mallee | 44% | 29% | 237.0 | 7.8 | 8% | 77% | 12.4 | 61% | 12% | 2.1 |
| Goulburn Valley Health | Goulburn & Southern | 42% | 15% | 183.4 | 7.7 | 10% | 68% | 13.2 | 55% | 21% | 1.6 |
| Grampians Health | Grampians | 32% | 19% | 287.6 | 6.9 | 7% | 75% | 11.4 | 67% | 1% | 2.1 |
| Latrobe Regional | Gippsland | 57% | 35% | 92.2 | 7.3 | 6% | 94% | 13.3 | 50% | 2% | 1.3 |
| Mildura Base Hospital | Northern Mallee | 40% | 25% | 90.0 | 7.1 | 8% | 83% | 13.1 | 54% | 2% | 1.6 |
| Albury Wodonga Health | Albury - NSW | 49% | 39% | 145.6 | 5.8 | 1% | 64% | 15.7 | 66% | 10% | 1.9 |
| North East & Border | 52% | 35% | 119.2 | 5.8 | 10% | 73% | 14.2 | 64% | 10% | 2.2 |
| TOTAL | 51% | 37% | 131.4 | 5.8 | 6% | 69% | 14.8 | 65% | 10% | 2.1 |
| South West Health | South West Health Care | 34% | 26% | 176.0 | 5.3 | 7% | 74% | 11.2 | 51% | 26% | 1.7 |
| TOTAL RURAL |  | 44% | 29% | 185.2 | 7.1 | 7% | 70% | 12.8 | 57% | 13% | 1.7 |
| TOTAL STATEWIDE | (Excl Orygen) | 50% | 36% | 151.8 | 8.3 | 15% | 79% | 14.5 | 56% | 8% | 1.7 |

# Indicator descriptions and notes

| Setting | KPI | Description | Target | Notes |
| --- | --- | --- | --- | --- |
| Inpatient | Local access (inpatient) | Percentage of separations from an inpatient unit where the consumer was a resident of the area mental health service catchment. |  | Measure can be a reflection of an area mental health service’s ability to meet the inpatient mental health needs of people within its catchment. |
|  | Bed occupancy (excl leave) | Rate of occupied bed hours (excluding leave) per funded bed hours within an inpatient unit. |  |  |
|  | Trimmed average length of stay (≤35 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 35 days. | 16.0 | 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 (>35 days) | Rate of occupied bed hours for 'long stay' admissions (excludes first 35 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. |
|  | 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. | 8.0 | Calculation of bed days involves converting minutes into days. |
|  | Separations with multiple seclusions | Percentage of separations from an inpatient unit with multiple seclusion episodes during the admitted episode, excluding virtual wards, private beds and units that do not have a seclusion room. | 3.0% | Seclusion episodes are recorded against the team where the client was originally admitted, even though the seclusions may have occurred in different units. |
|  | 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 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Pre admission contact (in area ongoing) | Percentage of admissions to an inpatient unit/s in which the consumer had an open community case and an ambulatory service contact recorded in the 7 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 to November 2021 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 to November 2021 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 items rated as '9'). | 85.0% | Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | ED to MH bed within 8 hours | Percentage of emergency department presentations departing to a mental health bed (at this or another hospital) within 8 hours of arrival, reported by responsible area mental health service. | 80.0% | Measure can be interpreted as a mental health bed access indicator, noting factors such as local admission practices such as direct admissions. Reported by departure date. Consumer group based on age at presentation. Excludes COVID-19 assessment clinics, VVED and triage category '6' dead on arrival. EDs without on-site acute mental health beds are mapped to the responsible AMHS. |
| 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 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Closed cases re-referred within 6 months | Percentage closed community cases where the consumer had a new community case opened within 6 months of case closure. | 25.0% | Results lagged by 6 months. Measure calculation excludes cases that were opened on the same day or the day after the previous case closure, based on the assumption they are data errors. Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 were affected by industrial activity and should be interpreted with caution. |
|  | Average length of case (days) | Average length of case (days) for community cases closed during the reference period. |  | Results during 2011, 2012, 2016, 2017 and from November 2020 to November 2021 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 to November 2021 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 items 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 to November 2021 were affected by industrial activity and should be interpreted with caution. Calculation method updated from 1 July 2023 impacting current and historic results. |
|  | Average HoNOS at case start | Average HoNOS total score (HoNOSCA/HNSADL/HoNOS65) collected on community case commencement, excluding invalid scores (more than two items 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 to November 2021 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 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 to November 2021 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 to November 2021 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 items 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 to November 2021 were affected by industrial activity and should be interpreted with caution. |

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