

ADULT Mental Health KPIs - FY13-14 Q1

Inpatient - FY13-14 Q1		Inpatient Local access	Bed Occ. (excl leave)	Trim avg LOS <=35 days	Long stay patient bed occ. >35 days	28 day Re-adm rate (lagged)	Secl per 1000 Occ. beddays	Multiple secl. episodes	Pre-adm. Contact Rate, In Area Clients	Pre-adm. Contact Rate, In Area Ongoing	Post-discharge follow up Rate	Valid HoNOS compliance	From ED to MH bed within 8 hours
Alfred Health	Inner South East	82%	96%	11.7	16%	18%	22.4	6%	65%	86%	90%	82%	79%
Austin Health	North East	82%	82%	9.8	7%	15%	6.3	0%	55%	83%	95%	95%	65%
Eastern Health	Central East	75%	88%	8.2	12%	21%	19.8	3%	91%	108%	84%	70%	84%
	Outer East	80%	93%	10.3	6%	19%	2.6	1%	74%	108%	88%	90%	84%
	TOTAL	78%	91%	9.6	8%	20%	8.1	1%	80%	108%	87%	84%	84%
Melbourne Health	North West	77%	92%	9.0	9%	17%	11.4	1%	80%	90%	75%	73%	#
	Northern	81%	92%	10.8	13%	11%	8.7	2%	51%	81%	85%	79%	70%
	Inner West	56%	82%	8.2	2%	16%	17.0	4%	67%	85%	87%	60%	63%
	Mid West	96%	70%	8.1	7%	12%	3.7	0%	64%	95%	85%	99%	39%
	TOTAL*(excl ORYGEN)	76%	86%	9.2	8%	14%	10.2	2%	62%	86%	83%	76%	57%
	ORYGEN Youth Health	89%	90%	9.2	12%	na	18.1	8%	63%	73%	80%	76%	#
Monash Health	Dandenong (Casey)	98%	99%	9.9	15%	8%	9.3	2%	51%	95%	94%	97%	40%
	Dandenong (Dandenong)	84%	101%	11.2	12%	13%	8.6	3%	60%	90%	93%	88%	79%
	Middle South	61%	99%	10.9	13%	16%	11.4	2%	63%	91%	87%	95%	61%
	TOTAL	82%	100%	10.7	13%	12%	9.7	2%	57%	92%	91%	93%	62%
Peninsula Health	Peninsula	88%	91%	9.4	7%	14%	1.2	0%	66%	93%	86%	99%	93%
St Vincent's Hospital	Inner Urban East	68%	92%	12.0	30%	9%	20.9	12%	74%	97%	86%	76%	65%
Werribee Mercy	South West	75%	98%	12.4	13%	16%	20.7	6%	66%	72%	72%	55%	42%
TOTAL METRO*	(Excl ORYGEN)	79%	92%	10.2	12%	15%	12.2	3%	66%	91%	86%	83%	66%
TOTAL STATEWIDE*	(Excl ORYGEN)	83%	92%	9.8	13%	14%	14.0	3%	63%	89%	86%	84%	69%

na - Orygen Youth Health not measured against 28 day readmission KPI

- No Emergency Department at these campuses

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Ballarat Health	Grampians	91%	76%	10.2	6%	7%	7.5	2%	57%	89%	93%	95%	80%
Barwon Health	Barwon	97%	96%	7.7	13%	16%	29.7	8%	57%	84%	85%	93%	88%
Bendigo Health	Loddon/Southern Mallee	93%	97%	10.4	8%	14%	34.4	8%	68%	93%	85%	89%	52%
Goulburn Valley Health	Goulburn Valley	89%	91%	11.6	20%	9%	16.0	6%	68%	93%	95%	79%	77%
Latrobe Regional	Gippsland	97%	99%	8.4	19%	19%	15.8	3%	57%	89%	84%	95%	78%
Mildura Base Hospital	Northern Mallee	95%	97%	7.4	15%	20%	16.8	4%	51%	75%	84%	60%	100%
North East & Border	North East and Border	91%	70%	7.7	11%	5%	17.5	0%	47%	72%	89%	88%	94%
South West Health	South West Healthcare	96%	96%	8.1	28%	3%	2.3	0%	63%	79%	95%	93%	100%
TOTAL RURAL		94%	90%	8.9	14%	13%	19.8	4%	58%	85%	87%	89%	76%
TOTAL STATEWIDE*	(Excl ORYGEN)	83%	92%	9.8	13%	14%	14.0	3%	63%	89%	86%	84%	69%

ADULT Mental Health KPIs - FY13-14 Q1

Community - FY13-14 Q1		New Case Rate	Case Re-referral Rate (lagged)	Avg Length of Case - Days	Avg Treat. Days	% Comm. Cases with Client on CTO	Valid HoNOS compliance	Mean HoNOS at Comm. Case start	% Comm. Cases with sig. improv. case end	Self Rating Measures Complete Rate	Chg in Mean # of Clin Signif HoNOS items	Service Hours
Alfred Health	Inner South East	27%	22%	156.8	10.9	28%	54%	14.3	66%	1%	1.9	10,920
Austin Health	North East	34%	23%	151.6	8.7	17%	87%	9.7	56%	2%	1.9	6,872
Eastern Health	Central East	27%	29%	210.3	11.1	34%	76%	14.6	54%	3%	1.3	6,599
	Outer East	27%	22%	184.7	9.3	26%	85%	15.0	56%	2%	1.5	10,324
	TOTAL	27%	25%	194.8	10.0	29%	81%	14.9	55%	2%	2.8	16,923
Melbourne Health	North West	22%	20%	363.9	10.4	23%	67%	11.0	58%	1%	1.5	7,147
	Northern	25%	21%	213.8	8.7	24%	53%	11.8	53%	1%	1.4	6,065
	Inner West	15%	24%	390.9	4.6	17%	12%	14.8	46%	0%	0.8	6,322
	Mid West	30%	28%	155.3	9.1	28%	85%	11.6	54%	1%	1.3	6,838
	TOTAL*(excl ORYGEN)	22%	23%	276.3	7.8	22%	59%	11.7	55%	1%	4.9	26,371
	ORYGEN Youth Health	29%	17%	208.7	9.2	4%	54%	15.6	68%	7%	2.3	6,090
Monash Health	Dandenong (Casey)	48%	26%	149.5	9.5	27%	73%	11.1	58%	1%	1.6	5,364
	Dandenong (Dandenong)	27%	36%	215.5	10.4	28%	89%	14.5	56%	1%	1.7	8,022
	Middle South	20%	25%	237.1	11.0	27%	82%	13.2	59%	2%	1.7	5,909
	TOTAL	31%	30%	190.8	10.3	27%	81%	12.7	57%	1%	5.0	19,296
Peninsula Health	Peninsula	41%	26%	119.5	11.4	20%	102%	11.6	40%	3%	1.0	9,729
St Vincent's Hospital	Inner Urban East	32%	22%	242.7	11.3	15%	65%	11.9	25%	7%	0.6	11,146
Werribee Mercy	South West	56%	37%	36.2	7.6	20%	47%	13.9	71%	4%	2.6	10,344
TOTAL METRO*	(Excl ORYGEN)	31%	27%	173.5	9.3	23%	71%	12.6	53%	2%	1.4	120,036
TOTAL STATEWIDE*	(Excl ORYGEN)	28%	24%	188.6	9.2	19%	69%	13.0	55%	3%	1.6	174,563

ADULT Mental Health KPIs - FY13-14 Q1

Community - FY13-14 Q1		New Case Rate	Case Re-referral Rate (lagged)	Avg Length of Case - Days	Avg Treat. Days	% Comm. Cases with Client on CTO	Valid HoNOS compliance	Mean HoNOS at Comm. Case start	% Comm. Cases with sig. improv. case end	Self Rating Measures Complete Rate	Chg in Mean # of Clin Signif HoNOS items	Service Hours
Ballarat Health	Grampians	15%	11%	343.9	9.7	6%	28%	13.1	79%	5%	3.4	9,558
Barwon Health	Barwon	10%	11%	423.9	8.7	17%	61%	11.8	59%	0%	1.4	7,690
Bendigo Health	Loddon/Southern Mallee	36%	23%	130.8	9.1	14%	67%	13.6	49%	5%	1.6	7,646
Goulburn Valley Health	Goulburn Valley	34%	14%	130.4	11.5	13%	49%	14.1	58%	7%	1.9	4,372
Latrobe Regional	Gippsland	20%	12%	262.7	9.8	13%	92%	15.6	64%	4%	2.0	10,955
Mildura Base Hospital	Northern Mallee	23%	13%	205.9	8.7	7%	67%	11.6	73%	5%	1.9	2,406
North East & Border	North East and Border	25%	14%	283.0	7.1	11%	63%	14.9	75%	6%	2.5	6,986
South West Health	South West Healthcare	19%	11%	271.2	8.1	9%	65%	13.3	61%	9%	2.3	4,914
TOTAL RURAL		22%	15%	235.4	9.1	12%	66%	13.9	60%	5%	1.9	54,526
TOTAL STATEWIDE*	(Excl ORYGEN)	28%	24%	188.6	9.2	19%	69%	13.0	55%	3%	1.6	174,563

ADULT Mental Health KPIs - FY13-14 Q1

Definitions

Setting	KPI	Description	Comments
Inpatient	Inpatient Local access	Percentage of separations from inpatient units for residents of the AMHS's catchment. Includes only separations where client was discharged home / to a residential service. Excludes same day stays.	No specified benchmark – reflection of a service's ability to meet the inpatient mental health needs of people within its catchment.
	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 <=35 days	Average length of stay of discharges from inpatient units, excluding same day stays & excluding discharges with length of stay greater than 35 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. >35 days	Admission hours for "long stay" admissions in inpatient units, as a proportion of funded bed hours. Excludes the first 35 days (840 hours) of admission.	(For ADULT - Can reflect SECU capacity constraints).
	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 transferred to another inpatient unit, b)same day stays, c)overnight ECT admissions (where ECT occurred on the day of separation), d)re-admissions to the following specialty inpatient units: Mother/Baby, Eating Disorder, PICU and Neuropsychiatry.	Can reflect quality of care, effectiveness of discharge planning, level of support post discharge, and other factors.
	Secl per 1000 Occ. beddays	Number of ended seclusion episodes divided by occupied beddays multiplied by 1000. Occupied beddays excludes leave and same day stays.	Policy emphasis is on reducing use of seclusion where possible. Defined according to proposed national definition.
	Multiple secl. episodes	Percentage of separations with a multiple seclusion event during the episode. Seclusion events are recorded here against the team where the client was originally admitted, even though the seclusions may have occurred in different units.	While an initial need for seclusion can sometimes be unforeseen, close management can sometimes avoid repeated episodes.
	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.	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.
	Pre-adm. Contact Rate, In Area Ongoing	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. Clients must have had an open community episode open within the 7 days preceding the admission.	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.	Indicator of effective discharge management. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.
	Valid HoNOS compliance	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.	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.
	From ED to MH bed within 8 hours	Percentage of emergency department presentations departing to a mental health bed within 8 hours of arrival.	Mental health bed access indicator, although affected by local admission practices, such as direct admissions. Activity in all non-specialty EDs is included. Client Groups based on client age at date of presentation (CYMHS <18 yrs, ADULT 18-64yrs, AGED 65+yrs, Unknown ages excluded). EDs without on-site acute MH beds for the appropriate age group are mapped to their responsible AMHS.

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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.
	Case Re-referral Rate (lagged)	The percentage of cases closed during the reporting period where the client involved has a new case opened within six months of case closure. Lagged by six months.	No specified benchmark set. Excludes cases that were opened on the same day or the day after the previous case closure, assuming they are data errors.
	Avg Length of Case - Days	The average of total days open for all community cases that were closed during the reporting 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. 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	The 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.	
	Valid HoNOS compliance	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.	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 of valid HoNOS (HoNOSCA/HNSADL/HoNOS65) total score collected on case commencement.	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.
	% Comm. Cases with sig. improv. case end	The 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 Complete Rate	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.
	Service Hours	Total Service hours by sector. Includes type 'A' registered, type 'B' unregistered and type 'C' community contacts.	Activity measure with targets specified in Policy and Funding Guidelines