

**CYMHS/CAMHS KPIs - FY13-14 Q1**

Inpatient - FY13-14 Q1			Beds per 10,000 Popln - Metro Only	Trim avg LOS <=35 days	Secl per 1000 Occ. beddays	Self Rating Measures Offer Rate	Self Rating Measures Complete Rate	Valid HoNOS compliance	Mean HoNOS at episode start
Adolescent Units	Austin Health	North East	2.6	11.3	9.2	49%	49%	92%	16.6
	Eastern Health	Eastern CYMHS	2.3	5.8	5.1	78%	57%	89%	18.3
	Monash Health	South Eastern	2.5	9.7	15.1	86%	78%	97%	18.8
	Royal Children's	North Western	2.4	7.7	9.7	81%	81%	85%	20.8
	<b>TOTAL METRO</b>		<b>2.4</b>	<b>8.2</b>	<b>10.1</b>	<b>77%</b>	<b>68%</b>	<b>91%</b>	<b>18.9</b>
Statewide Child Unit	Austin Health	Statewide Child Unit (Eagle)	na	12.5	0.0	100%	30%	48%	18.3

na - Austin Eagle Unit has a Statewide Catchment

**CYMHS/CAMHS KPIs - FY13-14 Q1**

Community - FY13-14 Q1		Pre-admission Contact Rate - CAMHS	Post-discharge follow up Rate - CAMHS	Case Re-referral Rate (lagged)	Avg Length of Case - Days	Avg Treat. Days	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	% Clients Aged Under 12
Alfred Health	Inner South East	18%	40%	15%	350.0	6.5	45%	16.5	67%	6%	2.4	41%
Austin Health	North East	56%	90%	11%	118.5	6.6	61%	13.9	53%	6%	1.8	26%
Eastern Health	Eastern CYMHS	63%	68%	17%	295.7	9.0	80%	16.5	42%	6%	1.2	21%
Monash Health	South Eastern	50%	88%	11%	202.2	7.7	68%	17.3	44%	5%	1.1	24%
Royal Children's	North Western	52%	62%	17%	150.7	3.7	82%	15.6	43%	7%	1.2	39%
<b>TOTAL METRO</b>		<b>53%</b>	<b>74%</b>	<b>14%</b>	<b>213.4</b>	<b>6.6</b>	<b>71%</b>	<b>16.1</b>	<b>46%</b>	<b>6%</b>	<b>1.3</b>	<b>30%</b>
Ballarat Health	Grampians	67%	67%	12%	215.7	8.7	39%	15.2	79%	7%	2.7	31%
Barwon Health	Barwon	63%	57%	0%	224.1	5.1	63%	14.8	33%	0%	na	33%
Bendigo Health	Loddon/Southern Mallee	52%	82%	9%	262.3	5.5	45%	14.9	42%	16%	1.2	28%
Goulburn Valley Health	Goulburn Valley	80%	88%	17%	213.3	6.1	49%	14.4	69%	12%	2.9	34%
Latrobe Regional	Gippsland	25%	69%	14%	219.7	4.6	95%	18.5	70%	22%	2.5	27%
Mildura Base Hospital	Northern Mallee	100%	100%	3%	244.3	5.6	38%	19.8	67%	5%	2.3	32%
North East & Border	North East and Border	86%	57%	6%	281.1	6.9	64%	17.2	50%	16%	na	36%
South West Health	South West Healthcare	100%	100%	3%	537.8	5.0	49%	20.0	55%	4%	1.4	26%
<b>TOTAL RURAL</b>		<b>58%</b>	<b>75%</b>	<b>9%</b>	<b>268.7</b>	<b>6.1</b>	<b>55%</b>	<b>16.7</b>	<b>65%</b>	<b>10%</b>	<b>2.2</b>	<b>31%</b>
<b>TOTAL STATEWIDE</b>		<b>54%</b>	<b>74%</b>	<b>13%</b>	<b>230.4</b>	<b>6.5</b>	<b>66%</b>	<b>16.2</b>	<b>50%</b>	<b>7%</b>	<b>1.5</b>	<b>30%</b>

na - data not available

## CYMHS/CAMHS KPIs - FY13-14 Q1

### Definitions

Setting	KPI	Description	Comments
Inpatient	Beds per 10,000 Popln - Metro Only	Number of funded Adoscent Inpatient Unit beds per 10,000 adolescent population (aged 13-17 incl) in the relevant catchment area.	No specified benchmark. Inpatient Beds per 10,000 population figures include persons aged 13-17 in Metropolitan catchments only. Population figures are Estimated Resident Population (ERP) figures as at 2011, for years up to & incl 2011. 2011 figures are used for later years (eg 11/12 & 12/13).
	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).
	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.
	Self Rating Measures Offer Rate	Clinician Offer Rate of the relevant self-rating measures (Basis 32 or SDQ's where appropriate), in an inpatient setting.	This measure can demonstrate services that actively seek client feedback and have systems in place to ensure that at a minimum the consumer measures are considered for collection. 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.
	Self Rating Measures Complete Rate	Consumer Completion Rate of the relevant self-rating measures (Basis 32 or SDQ's where appropriate), in an inpatient 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.
	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 episode start	The average of valid HoNOS (HoNOSCA/HNSADL/HoNOS65) total score collected on inpatient episode commencement .	Contextual measure of symptom severity at episode commencement. Dates determined from HoNOS completion date. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.
Community	Pre-admission Contact Rate - CAMHS	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. Admissions are counted against the Mental Health Area (catchment campus) of the client; where unknown this defaults to the admitting campus. Transfers from another hospital are excluded.	Reflects service responsiveness and a planned approach to admission, rather than a crisis response. Non Victorian clients are excluded from this KPI. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.

## CYMHS/CAMHS KPIs - FY13-14 Q1

Post-discharge follow up Rate - CAMHS	Percentage of non-sameday inpatient separations where client was discharged to private residence/accomodation, for which a contact was recorded in the 7 days immediately after discharge (does not include contact made on the day of discharge). Separations are counted against the Mental Health Area (catchment campus) of the client; where unknown this defaults to the admitting campus. 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. Non Victorian clients are excluded from this KPI. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.
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.
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 itmes 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.

**CYMHS/CAMHS KPIs - FY13-14 Q1**

	% Clients Aged Under 12	The percentage of all CAMHS (aged 0-18) clients receiving a community or inpatient service during the time period, who were aged under 12.	NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.
--	-------------------------	--	--