

| Hospital - Area mental health service | Local access | Bed occupancy | Trimmed average length of stay (1-35 days) | Longstay patient bed occupancy | 28 day readmiss'n rate | Pre admission contact | Pre admission contact - ongoing clients | Post discharge follow up | Seclusions per 1000 bed days | Multiple seclusion episodes | Outcome (HoNOS) compliance (inpatient) | From ED to MH bed within 8 hours ¹ |
|--|--------------|---------------|--|--------------------------------|------------------------|-----------------------|---|--------------------------|------------------------------|-----------------------------|--|---|
| Metro | | | | | | | | | | | | |
| Austin Health - North East | 81% | 84% | 10.6 | 8% | 10% | N/A | N/A | N/A | 6.2 | 0% | 18% | 71% |
| Alfred Health - Inner South East | 80% | 95% | 10.7 | 12% | 20% | N/A | N/A | N/A | 14.5 | 2% | 74% | 83% |
| Eastern Health - Central East | 76% | 94% | 11.0 | 11% | 20% | N/A | N/A | N/A | 15.4 | 4% | 1% | 71% |
| Eastern Health - Outer East | 76% | 97% | 10.3 | 15% | 16% | N/A | N/A | N/A | 6.6 | 1% | 50% | 68% |
| Eastern Health | 76% | 96% | 10.5 | 14% | 17% | N/A | N/A | N/A | 9.5 | 2% | 33% | 69% |
| Melbourne Health - Inner West ⁴ | 60% | 77% | 10.2 | 6% | 16% | N/A | N/A | N/A | 10.2 | 2% | 67% | 68% |
| Melbourne Health - Mid West | 95% | 95% | 8.6 | 11% | 14% | N/A | N/A | N/A | 34.8 | 2% | 84% | 40% |
| Melbourne Health - North West | 70% | 88% | 10.2 | 9% | 16% | N/A | N/A | N/A | 10.5 | 1% | 71% | -- |
| Melbourne Health - Northern | 85% | 93% | 12.0 | 12% | 15% | N/A | N/A | N/A | 27.3 | 6% | 81% | 71% |
| Melbourne Health, ORYGEN Youth Health [*] | 92% | 89% | 9.3 | 9% | -- | N/A | N/A | N/A | 27.9 | 4% | 15% | -- |
| Melbourne Health[*] | 79% | 89% | 10.4 | 10% | 15% | N/A | N/A | N/A | 22.0 | 3% | 76% | 61% |
| Peninsula Health - Peninsula | 90% | 97% | 9.6 | 14% | 10% | N/A | N/A | N/A | 1.2 | 0% | 100% | 71% |
| Southern Health (Casey Hospital) - Dandenong | 95% | 97% | 8.7 | 20% | 17% | N/A | N/A | N/A | 8.6 | 1% | 95% | 72% |
| Southern Health (Dandenong Hosp) - Dandenong | 88% | 71% | 11.9 | 10% | 15% | N/A | N/A | N/A | 12.8 | 4% | 84% | 74% |
| Southern Health - Middle South | 57% | 97% | 11.7 | 12% | 9% | N/A | N/A | N/A | 15.3 | 4% | 96% | 68% |
| Southern Health | 82% | 85% | 10.6 | 13% | 14% | N/A | N/A | N/A | 12.4 | 3% | 91% | 72% |
| St Vincent's Health - Inner Urban East | 65% | 94% | 12.4 | 32% | 14% | N/A | N/A | N/A | 26.0 | 4% | 18% | 62% |
| Werribee Mercy - South West⁴ | 81% | 96% | 14.3 | 22% | 9% | N/A | N/A | N/A | 17.8 | 3% | 47% | 31% |
| Metro Result[*] | 79% | 91% | 10.7 | 14% | 15% | N/A | N/A | N/A | 15.4 | 3% | 65% | 65% |
| Statewide[*] | 83% | 90% | 10.3 | 13% | 15% | N/A | N/A | N/A | 15.1 | 3% | 54% | 70% |

Mental Health - Adult Community Performance Indicators - Metropolitan Services

| Hospital - Area mental health service | New Case Rate | Case 6 Mth Re-referral Rate (2 Qtr Lag) | Average Length of Case (Ended in Qtr) | Average Treatment Days | Per Cent Community Clients on CTO | Outcome (HoNOS) compliance (community) | Mean HoNOS at Case Start | Mean Change in Clinically Significant item | Proportion cases with significant improvement at case closure | Outcome (BASIS) Compliance | Total Service Hours |
|--|---------------|---|---------------------------------------|------------------------|-----------------------------------|--|--------------------------|--|---|----------------------------|---------------------|
| Metro | | | | | | | | | | | |
| Austin Health - North East | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Alfred Health - Inner South East | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Eastern Health - Central East | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Eastern Health - Outer East | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Eastern Health | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Melbourne Health - Inner West | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Melbourne Health - Mid West | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Melbourne Health - North West | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Melbourne Health - Northern | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Melbourne Health, ORYGEN Youth Health [*] | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A ⁹ | N/A |
| Melbourne Health[*] | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Peninsula Health - Peninsula | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Southern Health (Casey Hospital) - Dandenong | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Southern Health (Dandenong Hosp) - Dandenong | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Southern Health - Middle South | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Southern Health | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| St Vincent's Health - Inner Urban East | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Werribee Mercy - South West⁴ | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Metro Result[*] | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Statewide[*] | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

¹ Includes departure to mental health ward at this, or another hospital.

⁹ Population data distributed across other campuses.

⁴ Includes short stay psychiatric assessment and planning unit (PAPU) beds

-- Not applicable

* ORYGEN Youth Health results excluded from all Melbourne Health, Metro, and Statewide results, except 'Mean Change in Clinically Significant Item'.

NA - Industrial action undertaken by HACSU and ANF members in support of a new enterprise bargaining agreement has included bans on the collection and recording of data since November 2011.

Mental health performance indicators in the report, other than mandated by legislation, may have been adversely impacted by that action.

Mental Health - Adult Inpatient Performance Indicators - Rural Services - Quarter 3 2011-12

11 April 2012

| Hospital - Area mental health service | Local access | Bed occupancy | Trimmed average length of stay (1-35 days) | Longstay patient bed occupancy | 28 day readmission rate | Pre admission contact | Pre admission contact - ongoing clients | Post discharge follow up | Seclusions per 1000 bed days | Multiple seclusion episodes | Outcome (HoNOS) compliance (inpatient) | From ED to MH bed within 8 hours ¹ |
|---|--------------|---------------|--|--------------------------------|-------------------------|-----------------------|---|--------------------------|------------------------------|-----------------------------|--|---|
| Rural | | | | | | | | | | | | |
| Ballarat Health - Grampians | 88% | 63% | 10.7 | 3% | 13% | N/A | N/A | N/A | 8.4 | 1% | 29% | 93% |
| Bendigo Health - Loddon Southern Mallee | 85% | 99% | 10.6 | 14% | 16% | N/A | N/A | N/A | 26.9 | 8% | 6% | 57% |
| Barwon Health - Barwon | 99% | 88% | 7.7 | 9% | 15% | N/A | N/A | N/A | 12.0 | 2% | 2% | 89% |
| Goulburn Valley Health | 96% | 88% | 9.6 | 11% | 20% | N/A | N/A | N/A | 7.5 | 1% | 41% | 91% |
| Latrobe Regional Hospital - Gippsland | 98% | 94% | 9.4 | 7% | 17% | N/A | N/A | N/A | 8.4 | 1% | 21% | 84% |
| Mildura Base Hospital - Northern Mallee | 83% | 85% | 8.4 | 2% | 14% | N/A | N/A | N/A | 23.3 | 0% | 58% | 100% |
| South West Healthcare | 92% | 105% | 9.3 | 20% | 9% | N/A | N/A | N/A | 9.4 | 2% | 63% | 96% |
| Northeast Vic Mental Health - Hume | 97% | 100% | 9.6 | 11% | 9% | N/A | N/A | N/A | 13.9 | 3% | 11% | 100% |
| Rural Result | 94% | 89% | 9.3 | 9% | 15% | N/A | N/A | N/A | 13.9 | 2% | 21% | 85% |
| Statewide * | 83% | 90% | 10.3 | 13% | 15% | N/A | N/A | N/A | 15.1 | 3% | 54% | 70% |

Mental Health - Adult Community Performance Indicators - Rural Services

| Hospital - Area mental health service | New Case Rate | Case 6 Mth Re-referral Rate (2 Qtr Lag) | Average Length of Case (Ended in Qtr) | Average Treatment Days | Per Cent Community Clients on CTO | Outcome (HoNOS) compliance (community) | Mean HoNOS at Case Start | Mean Change in Clinically Significant item | Proportion cases with significant improvement at case closure | Outcome (BASIS) Compliance | Total Service Hours |
|---|---------------|---|---------------------------------------|------------------------|-----------------------------------|--|--------------------------|--|---|----------------------------|---------------------|
| Rural | | | | | | | | | | | |
| Ballarat Health - Grampians | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Bendigo Health - Loddon Southern Mallee | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Barwon Health - Barwon | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Goulburn Valley Health | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Latrobe Regional Hospital - Gippsland | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Mildura Base Hospital - Northern Mallee | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| South West Healthcare | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Northeast Vic Mental Health - Hume | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rural Result | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Statewide * | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

¹ Includes departure to mental health ward at this, or another hospital.

.. Not applicable

* ORYGEN Youth Health results excluded from all Metro and Statewide results, except 'Mean Change in Clinically Significant Item'.

NA - Industrial action undertaken by HACSU and ANF members in support of a new enterprise bargaining agreement has included bans on the collection and recording of data since November 2011.

Mental health performance indicators in the report, other than mandated by legislation, may have been adversely impacted by that action.

Indicator Definitions for Quarterly Mental Health KPI Reports for 2011-12

| Indicators | Description | Comments, including targets |
|---|---|---|
| Local access | Percentage of non-statistical non-sameday statewide separations from adult general acute psychiatric inpatient units for residents of the AMHS's catchment (as recorded in the MHA (catchment) field) who separated from that AMHS's inpatient unit(s) | <ul style="list-style-type: none"> No specified benchmark – reflection of a service's ability to meet the inpatient mental health needs of people within its catchment. |
| Bed Occupancy | Total number of occupied bed hours in adult general acute psychiatric inpatient units / total number of funded bed hours for the reporting period. | <ul style="list-style-type: none"> Contextual measure. Underpinning data supports the statewide bed availability query system. Calculation uses hours not days. |
| Trimmed adult average length of stay (1-35 days) | Average length of stay of overnight stay separations from adult general acute psychiatric inpatient units managed by the mental health service organisation for the reporting period, excluding separations with length of stay greater than 35 days | <ul style="list-style-type: none"> Contextual measure. Shorter lengths of stay can be associated with higher readmission rates. |
| Long stay patient bed occupancy | Admission hours falling within the reporting period, for "long stay" admissions in adult acute psychiatric inpatient units, as a proportion of funded bed hours for the campus. Excludes the first 35 days (840 hours) of admission | <ul style="list-style-type: none"> Contextual measure. Can reflect SECU capacity constraints. |
| 28-day Readmission rate | Percentage of non-statistical separations from adult acute inpatient units that are followed by a non-statistical readmission to any adult acute inpatient unit within 28 days. Excludes overnight ECT admissions based on ECT task data | <ul style="list-style-type: none"> Statewide and Health Service target of 14%. Can reflect quality of care, effectiveness of discharge planning, level of support post discharge, and other factors. Separations are lagged by one month. For example quarter 1 looks at June, July and August separations rather than July, August and September separations. |
| 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 proposed national definition. Target is less than 20 |
| Multiple seclusion episodes | Percentage of adult general acute separations with more than one seclusion event during the reporting period. | <ul style="list-style-type: none"> While an initial need for seclusion can sometimes be unforeseen (see above), close management can sometimes avoid repeated episodes. |
| New Case Rate | The percentage of Adult cases open at any time during the reporting period, that were started during the reporting period. | <ul style="list-style-type: none"> Adult cases identified by latest episode subcentre outcome measure setting, or client age at end of reporting period. No specified benchmark set. |
| Case Re-referral Rate | The percentage of Adult 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"> Adult cases identified by latest episode subcentre outcome measure setting, or client age at end of reporting period. No specified benchmark set. |
| 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"> Adult 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 an end date during the reporting period. |
| Average Treatment Days (Community) | The number of distinct days with a contact, for each client with an open community case during the reporting quarter, divided by the number of clients with an open community case during the reporting period. | <ul style="list-style-type: none"> Adult community cases are selected by the OM setting of the subcentre of the last episode for the case during the quarter. Cases that have been open for less than 91 days in total are excluded. All contacts are included. Lagged by 1 month. |
| Per Cent Community Clients on CTO | The percentage of Clients with an open aged community case during the reporting period, who were on a CTO (Community Treatment Order) during the reporting quarter. | <ul style="list-style-type: none"> Aged community cases are selected by the OM setting of the subcentre of the last episode for the case during the quarter. Client must be on CTO during the open case and the reporting quarter. |
| Pre-admission contact | Percentage of non-statistical admissions to adult general acute inpatient unit(s) for which a community ambulatory service contact was recorded in the seven days immediately preceding the day of admission. Transfers from another hospital and out of area admissions are excluded. | <ul style="list-style-type: none"> Statewide target of 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. |
| Pre-admission contact - Ongoing Clients | Percentage of non-statistical admissions to adult general acute inpatient unit(s) for which a community ambulatory service contact was recorded in the seven days immediately preceding the day of admission. Transfers from another hospital and out of area admissions are excluded. Clients who were registered for the first time within 2 days of admission are excluded. | <ul style="list-style-type: none"> 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 adult general acute inpatient unit(s) for which a community ambulatory service contact was recorded in the seven days immediately following that separation. | <ul style="list-style-type: none"> Statewide target of 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. |
| Valid Outcome (HoNOS) compliance (inpatient and community) | Percentage of adult inpatient and community-based episodes with valid HoNOS collection. (number of valid HoNOS 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. For 2009-10 HoNOS ratings must be valid (less than 2 items rated as 9). |
| Mean HoNOS at Case Start | The average of HoNOS collected on case commencement. (Average HoNOS for adult 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 Change in Clinically Significant item | The average number HoNOS items rate 2,3,4 rating on case start and minus the average number HoNOS 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. |
| % Proportion cases with significant improvement at case closure | 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 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. |
| Outcome (BASIS) Compliance | Percentage of episodes with a Basis collection either offered or recorded as not offered. (number of Basis offered or not offered / total number of Basis collection occasions that should be recorded for in-scope service settings for the reporting period). | <ul style="list-style-type: none"> Contextual measure. 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. |
| ED presentations departing to a 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. | <ul style="list-style-type: none"> Statewide target of 80%. Mental health bed access indicator, although affected by local admission practices, such as direct admissions. For 2009-10, activity in all non-specialty EDs is included. EDs without on-site adult acute MH beds are mapped to their responsible AMHS. |
| Total Service Hours | Total service hours provided during the reporting quarter. | <ul style="list-style-type: none"> Contextual measure. Service hours includes type 'B' unregistered and type 'C' community contacts. |

For further details please contact Tracey Burgess, Manager, Information Development and Analysis 9096 6112
Current at 11 April 2012