Aged Mental Health Key Performance Indicator Summary Report - Q2 2010-11

Campus	Aged Acute Beds per 10,000 Aged Population	Bed Occupancy	Trimmed Average Length of Stay (1-50 days)	Longstay Patient Bed Occupancy	28 Day Readmissn Rate	Per Cent Organic Diagnosis	Restraints per 1000 Bed Days	Seclusions per 1000 Bed Days	Pre-Admission Contact	Post-Discharge Follow-Up	New Case Rate	Average Treatment Days	Per Cent Clients on CTO	Outcome (Valid HoNOS65) Compliance (Community)	Outcome (Valid HoNOS65) Compliance (Inpatient)	Avg HoNOS65 at Case Start	Percentage Significant Improvement Change Scores	Mean Change in Clinically Significant item	BASIS Compliance
Metro																			
Alfred Health (Caulfield Aged) - Inner South East	4.2	76%	21	2%	3%	42%	0	0	45%	63%	30%	8	12%	54%	98%	16	61%	1.8	84%
Eastern Health (Peter James Centre)	2.5	73%	22	5%	9%	34%	4	2	49%	82%	33%	9	6%	69%	98%	15	57%	1.6	94%
Melbourne Health - Mid West/South West Aged	3.4	99%	26	20%	3%	30%	0	9	63%	62%	16%	3	4%	34%	95%	14	66%	2.1	90%
Melbourne Health - North East Aged	2.8	78%	23	3%	4%	23%	0	1	57%	63%	31%	9	6%	63%	97%	15	56%	1.4	88%
Melbourne Health - North West/Inner West Aged	3.4	89%	27	29%	3%	31%	0	0	57%	67%	24%	10	8%	46%	99%	16	57%	1.5	85%
Peninsula Health - Peninsula	3.0	67%	19	2%	0%	47%	0	0	51%	86%	29%	9	6%	71%	88%	15	54%	1.6	94%
Southern Health - Aged	3.1	86%	20	27%	8%	36%	1	1	63%	50%	20%	7	4%	43%	98%	14	62%	2.0	81%
Southern Health (Dandenong Hosp) - Dandenong	*	104%	27	48%	6%	32%	0	0	58%	33%	41%	*	*	*	97%	17	76%	2.7	*
St George's Hospital - Inner Urban East	5.4	83%	22	25%	3%	52%	0	1	57%	73%	27%	12	8%	65%	86%	13	56%	1.7	93%
Metro Result	**3.3**	**83%**	**22**	**17%**	**5%**	**37%**	**1**	**2**	**54%**	**68%**	**25%**	**7**	**6%**	**54%**	**95%**	**15**	**59%**	**1.7**	**89%**
Rural																			
Ballarat Health - Grampians	2.9	62%	22	4%	9%	23%	0	2	79%	85%	28%	11	3%	48%	87%	14	52%	1.1	80%
Bendigo Health - Loddon Southern Mallee	2.4	74%	20	8%	5%	8%	0	0	67%	73%	23%	10	2%	82%	79%	13	57%	1.6	97%
Barwon Health - Barwon	0.9	71%	20	3%	0%	33%	15	0	100%	100%	24%	12	8%	na	na	na	na	na	na
Goulburn Valley Health	2.4	76%	18	27%	0%	18%	0	3	67%	100%	37%	11	4%	56%	86%	14	62%	1.6	95%
Latrobe Regional Hospital - Gippsland	2.2	95%	24	3%	3%	46%	0	0	60%	83%	22%	11	3%	75%	92%	21	80%	2.9	99%
Mildura Base Hospital - Northern Mallee	2.4	71%	19	4%	0%	0%	0	0	0%	100%	32%	12	0%	na	63%	na	na	na	na
North East Vic - Hume	2.3	51%	25	4%	14%	7%	0	4	75%	100%	31%	9	0%	73%	95%	12	48%	1.6	97%
South West Healthcare - Glenelg	2.9	42%	17	9%	13%	27%	0	0	100%	83%	22%	7	3%	64%	76%	16	48%	1.6	77%
Rural Result	**2.2**	**70%**	**22**	**7%**	**6%**	**25%**	**1**	**1**	**72%**	**84%**	**26%**	**10**	**3%**	**67%**	**82%**	**15**	**59%**	**1.8**	**92%**
Statewide	**2.9**	**80%**	**22**	**14%**	**5%**	**34%**	**1**	**2**	**59%**	**72%**	**25%**	**8**	**5%**	**58%**	**92%**	**15**	**59%**	**1.8**	**90%**

* Dandenong measures included in Southern Health - Aged

Performance Indicator Definitions for Quarterly Aged Mental Health KPI Reports for 2010-11

Indicators	Description	Comments, including targets
Aged Acute beds per 10,000 adult population	Number of funded aged acute inpatient beds per 10,000 population aged 65+ in catchment of the area mental health service.	• No specified benchmark - bed numbers to be expanded in line with Government policy announcements. • Included as a contextual item. • Population figures are Estimated Resident Population (ERP) figures for 1 July 2009.
Bed Occupancy	Total number of occupied bed hours in aged acute psychiatric inpatient units / total number of funded bed hours for the reporting period.	• Contextual measure. • Underpinning data supports the statewide bed availability query system. • Calculation uses hours not days.
Trimmed adult average length of stay (1-50 days)	Average length of stay of overnight stay separations from aged acute psychiatric inpatient units managed by the mental health service organisation for the reporting period, excluding separations with length of stay greater than 50 days.	• 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 aged acute psychiatric inpatient units, as a proportion of funded bed hours for the campus. Excludes the first 50 days (1200 hours) of admission.	• Contextual measure. • Can reflect SECU capacity constraints.
28-day Readmission rate	Percentage of non-statistical separations from aged acute inpatient units that are followed by a non-statistical readmission to any aged acute inpatient unit within 28 days.	• Can reflect quality of care, effectiveness of discharge planning, level of support post • Separations are lagged by one month. For example quarter 1 looks at June, July and August separations rather than July, August and September separations.
Percent Organic Diagnosis	Percentage of clients in Aged Acute inpatient during the reporting quarter, who have had a primary diagnosis of an organic mental health disorder recorded on CMI/ODS.	• Organic Mental Health disorder ICD codes F00 - F09. • Lagged by one month to allow for recording of diagnosis post-discharge.
Restraints per 1000 occupied bed days	(Total number of mechanical restraint episodes divided by occupied bed days) multiplied by 1000.	• Policy emphasis is on reducing use of mechanical restraint where possible.
Seclusions per 1000 occupied bed days	(Total number of seclusion episodes divided by occupied bed days) multiplied by 1000.	• Policy emphasis is on reducing use of seclusion where possible Extended care only • Defined according to proposed national definition
Pre-admission contact	Percentage of non-statistical admissions to aged 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.	• Reflects service responsiveness and a planned approach to admission, rather than a crisis response.
Post-discharge follow-up	Percentage of non-statistical non-sameday separations, excluding transfers and left against medical advice/absconded, from aged acute inpatient unit(s) for which a community ambulatory service contact was recorded in the seven days immediately following that separation.	• Indicator of effective discharge management. • Indictor 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.
New Case Rate	The percentage of Aged cases open at any time during the reporting period, that were started during the reporting period.	• Aged cases identified by latest episode subcentre outcome measure setting, or client age at end of reporting period. • No specified benchmark set.
Average Treatment Days	The number of distinct days with a contact (treatment days), for each client, divided by the number of clients in a community episode during the reporting period.	• Aged contacts are selected by the OM setting of the subcentre of the contact, or the program type of the contact. • Clients with a case open for less than 91 days are excluded • Client denominator is statistical clients - each client as a proportion of the time in an open episode during the quarter. • All contacts are included. Lagged by 1 month.
Per Cent 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.	• 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.
Outcome (Valid HoNOS65) Compliance (Inpatient and Community)	Percentage of aged inpatient and community-based episodes with valid HoNOS65 collection. (number of valid HoNOS65 collection events / total number of outcome collection occasions that should be recorded for in-scope service settings for the reporting period).	• 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 that 2 items rated as 9).
Avg HoNOS65 at case start	The average of HoNOS65 collected on case commencement for aged cases. (Average HoNOS65 for Aged cases / total number of completed cases for in-scope service settings for the reporting period).	• Contextual measure.
Percentage Significant Improvement Change Scores	The percentage of completed cases with a significant improvement calculation on HoNOS collected on case start and case end. (Total number of cases with a Significant improvement change score >.5 / The total number of completed case in-scope service setting for the reporting period)	• Calculation for significant change score utilises National KPI methodology
Mean Change in Clinically Significant item	The average number HoNOS65 items rate 2,3,4 rating on case start and minus the average number HoNOS65 items rate 2,3,4 rating on case end	• Alternative change calculation based on the sum per measure of significantly rated 2,3,4
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).	• 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.

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