CAMHS Community KPIs Qtr 1 2011-12

CAMPUS	Case Re-referral Rate (2 Qtr Lag)	Average Treatment Days	Average Length of Case (Closed in Qtr)	Percentage of Clients Aged Under 12	Pre-Admission Contact **	Post Discharge Follow-up **	Outcome (Valid HoNOSCA) Compliance (Community)	Mean HoNOSCA at Case Start	Mean Change in Clinically Significant item	Proportion cases with significant improvement at case closure	SDQ Compliance
Alfred, The Psychiatry Services	8%	8	387	38%	50%	90%	46%	17	3.0	65%	40%
Austin Health	16%	9	183	34%	67%	76%	50%	16	1.7	50%	62%
Eastern Health CAMHS	25%	10	190	19%	67%	81%	72%	16	1.3	49%	82%
Monash Medical Centre (Clayton) Child & Adolescent	17%	10	135	19%	53%	78%	69%	18	1.2	46%	52%
Royal Childrens Hospital	20%	7	141	46%	62%	66%	67%	17	1.9	64%	85%
Metro Total	18%	9	175	31%	61%	77%	62%	17	1.6	54%	66%
Ballarat Health Services (Grampians)	7%	9	203	31%	67%	100%	60%	17	1.8	40%	27%
Bendigo Hospital (Loddon Mallee)	1%	5	196	27%	60%	71%	47%	15	1.7	58%	27%
Geelong Hospital (Barwon)	2%	7	233	43%	33%		17%	11	-0.3	0%	9%
Goulburn Valley Health	0%	11	190	34%	100%	40%	69%	18	2.1	55%	73%
LATROBE REGIONAL HOSPITAL	14%	6	320	22%	48%	59%	53%	19	2.5	65%	71%
MILDURA MENTAL HEALTH	0%	12	287	20%	100%	67%	77%	19	1.4	48%	91%
NEVMHS/Wodonga Regional Health Service	21%	8	361	41%	50%	83%	50%	17	3.5	100%	64%
South West Health Care	12%	7	380	25%	100%	100%	54%	16	1.7	58%	4%
Rural Total	5%	8	252	30%	58%	67%	51%	17	1.9	52%	38%
Statewide Total	15%	8	201	31%	60%	75%	59%	17	1.7	54%	56%

CAMHS Inpatient KPIs Qtr 1 2011-12

CAMPUS	Adolescent Inpatient Beds per 10,000	Average Length of Stay	Seclusions per 1000 Bed Days	Outcome (HoNOSCA) Compliance (Inpatient)	Mean HoNOSCA at Inpatient episode Start	SDQ Compliance
Austin Health - Marion Drummond Unit	2.9	13	0	96%	17	97%
Austin Health - Statewide Child Inpatient Unit	*	19	0	***	***	
Eastern Health CAMHS	2.3	6	18	100%	17	100%
Monash Medical Centre (Clayton) Child & Adolescent	1.8	9	18	98%	19	93%
Royal Childrens Hospital	1.8	12	10	93%	19	100%
Metro Total	2.1	10	10	97%	18	97%

Inpatient Beds per 10,000 population figures include persons aged 13-17 in Metropolitan catchments only.

*** Definitions for Pre Admission and Post Discharge KPI's are significantly different to the similarly named Adult KPI's*

**** Austin Statewide figures included in Marion Drummond Unit result*

CAMHS KPI Definitions

Indicators	Description	Comments, including targets
Case Re-referral Rate	The percentage of CAMHS cases closed during the reporting quarter where the client involved has a new case opened within six months of case closure.	● CAMHS 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.	● CAMHS contacts are selected by the OM setting of the community episode. ● 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.
Average Length of Case (Closed in Qtr)	The average of total days open for all cases that were closed during the reporting period.	● CAMHS 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 a end date during the reporting period.
Percentage of Clients aged under 12	The percentage of all CAMHS clients receiving a community or inpatient service during the quarter, who were aged under 12.	● Client age is calculated on the last service date within the quarter for each client.
Adolescent Inpatient Beds per 10,000 Population	Number of funded CAMHS acute inpatient beds per 10,000 population in the Metropolitan catchment aged 13-17 inclusive.	● No specified benchmark - bed numbers to be expanded in line with Government policy announcements. ● Included as a contextual item.
Average Length of Stay	Average length of stay of overnight stay separations from CAMHS inpatient units for the reporting period, excluding separations with length of stay greater than 35 days.	● Contextual measure.
Pre-admission contact	Percentage of non-statistical admissions to CAMHS acute inpatient unit(s) for which a community ambulatory service contact was recorded in the seven days immediately preceding the day of admission. Admissions are counted against the Mental Health Area (catchment campus) of the client. Transfers from another hospital are excluded.	● Adult KPI target is 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.
Post-discharge follow-up	Percentage of non-statistical non-sameday separations, excluding transfers and left against medical advice/absconded, from CAMHS acute inpatient unit(s) for which a community ambulatory service contact was recorded in the seven days immediately following that separation. Separations are counted against the Mental Health Area (catchment campus) of the client.	● Adult KPI target is 75%. ● 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.
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. ● Defined according to national definition.
Outcome (HoNOSCA) compliance (inpatient and community)	Percentage of CAMHS inpatient and community-based episodes with valid HoNOSCA collection. (number of valid HoNOSCA 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.
Mean HoNOSCA at Case Start	The average of HoNOSCA collected on case commencement for CAMHS cases. (Average HoNOSCA for CAMHS cases / total number of completed cases for in-scope service settings for the reporting period).	● Contextual measure of symptom severity at case commencement .
Mean HoNOSCA at Inpatient episode Start	The average of HoNOSCA collected on inpatient episode commencement for CAMHS inpatient episodes. (Average HoNOSCA for CAMHS Inpatient episodes / total number of completed inpatient episodes for in-scope service settings for the reporting period).	● Contextual measure of symptom severity at admission.
% Proportion cases with significant improvement at case closure	The percentage of completed cases with a significant positive change calculation on HoNOSCA 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)	● Calculation for significant positive change score utilises Nation KPI methodology ● Measure of symptom severity reduction.
Mean Change in Clinically Significant item	The average number HoNOSCA items rate 2,3,4 rating on case start and minus the average number HoNOSCA items rate 2,3,4 rating on case end	● 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.
SDQ Compliance	Percentage of CAMHS inpatient and community-based episodes with Strengths and Difficulties Questionnaire collection. (number of SDQ collection events / total number of outcome collection occasions that should be recorded for in-scope service settings for the reporting period).	● A measure of engagement with family/carer or school teacher

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