ADULT Mental Health Quarterly KPI Report - 2018-19 Q1

Inpatient - FY18-19 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 compliant	% From ED to MH bed within 8 hrs
Alfred Health	Inner South East (The Alfred)	76 %	105 %	10.5	17 %	10 %	3.8	0 %	62 %	88 %	95 %	86 %	72 %
Austin Health	North East (Austin)	64 %	89 %	6.6	15 %	10 %	2.7	1 %	51 %	73 %	86 %	82 %	86 %
Eastern Health	Central East (Box Hill)	62 %	97 %	9.6	9 %	15 %	15.2	3 %	64 %	98 %	94 %	65 %	58 %
	Outer East (Maroondah)	72 %	100 %	8.4	7 %	17 %	6.3	1 %	56 %	92 %	95 %	84 %	63 %
	TOTAL	69 %	99 %	8.8	8 %	16 %	9.0	2 %	58 %	94 %	94 %	78 %	62 %
Melbourne Health	Inner West (RMH)	80 %	84 %	8.5	6 %	11 %	10.5	2 %	61 %	88 %	89 %	80 %	39 %
	Mid West (Sunshine)	86 %	96 %	9.7	9 %	15 %	7.0	1 %	65 %	93 %	89 %	95 %	30 %
	North West (Broadmeadows)	63 %	98 %	9.8	9 %	17 %	6.2	3 %	81 %	97 %	95 %	84 %	
	Northern	55 %	94 %	9.5	7 %	13 %	14.8	4 %	65 %	97 %	82 %	45 %	43 %
	TOTAL (excl ORYGEN)	69 %	93 %	9.4	8 %	14 %	10.6	3 %	65 %	94 %	87 %	70 %	38 %
	ORYGEN Youth Health	89 %	91 %	9.4	8 %		4.4	1 %	81 %	84 %	89 %	90 %	
Monash Health	Casey	82 %	96 %	9.6	10 %	15 %	7.5	1 %	57 %	84 %	90 %	97 %	17 %
	Dandenong	72 %	102 %	9.9	11 %	19 %	7.4	3 %	62 %	95 %	93 %	51 %	18 %
	Middle South (Monash Adult)	40 %	98 %	10.9	16 %	12 %	4.3	2 %	68 %	96 %	89 %	67 %	17 %
	TOTAL	68 %	100 %	10.0	12 %	16 %	6.6	2 %	61 %	91 %	91 %	68 %	17 %
Peninsula Health	Peninsula	80 %	91 %	6.4	3 %	11 %	0.7	0 %	56 %	83 %	92 %	94 %	71 %
St Vincent's Hospital	Inner East (St Vincent's)	66 %	76 %	9.5	12 %	20 %	2.6	0 %	73 %	91 %	93 %	80 %	77 %
Mercy Health	South West (Werribee)	85 %	93 %	10.7	20 %	14 %	10.7	1 %	70 %	70 %	88 %	62 %	49 %
TOTAL METRO	(Excl ORYGEN)	71 %	95 %	9.2	11 %	14 %	7.4	2 %	62 %	86 %	91 %	75 %	46 %
TOTAL STATEWIDE	(Excl ORYGEN)	76 %	94 %	9.1	12 %	14 %	8.9	2 %	62 %	87 %	89 %	76 %	53 %

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Inpatient - FY18-19 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 compliant	% From ED to MH bed within 8 hrs
Ballarat Health	Grampians	90 %	90 %	10.7	13 %	10 %	15.3	4 %	64 %	85 %	92 %	97 %	77 %
Barwon Health	Barwon	96 %	100 %	8.3	15 %	15 %	23.9	6 %	68 %	93 %	93 %	74 %	76 %
Bendigo Health	Loddon/Southern Mallee	91 %	90 %	8.5	8 %	15 %	9.3	1 %	62 %	89 %	80 %	72 %	79 %
Goulburn Valley Health	Goulburn & Southern	76 %	101 %	9.3	21 %	14 %	11.4	3 %	70 %	100 %	84 %	87 %	79 %
Latrobe Regional	Gippsland	94 %	98 %	8.7	9 %	16 %	5.0	1 %	64 %	97 %	86 %	88 %	71 %
Mildura Base Hospital	Northern Mallee	97 %	66 %	6.0	14 %	17 %	18.2	3 %	54 %	96 %	87 %	77 %	92 %
Albury Wodonga Health	North East & Border	96 %	87 %	9.4	14 %	5 %	20.8	3 %	46 %	75 %	65 %	83 %	72 %
South West Health	South West Health Care	91 %	100 %	9.5	9 %	11 %	18.4	3 %	69 %	86 %	97 %	75 %	88 %
TOTAL RURAL		92 %	93 %	8.7	12 %	14 %	14.0	3 %	63 %	90 %	85 %	81 %	77 %
TOTAL STATEWIDE	(Excl ORYGEN)	76 %	94 %	9.1	12 %	14 %	8.9	2 %	62 %	87 %	89 %	76 %	53 %

Data Source: CMI/ODS as at 11/10/2018, and VEMD as at 01/10/2018. Blank results indicate KPI result is not applicable in this instance. N/A = not available.

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Community - FY18-19 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 compliant	Mean HoNOS at comm. case start	% Clients with sig. improv. case end	% Self Rating Measures Completed	Chg in Mean # of Clin Signif HoNOS items
Alfred Health	Inner South East (The Alfred)	27 %	22 %	251.3	10.8	27 %	45 %	14.3	57 %	0 %	1.6
Austin Health	North East (Austin)	43 %	24 %	133.8	7.2	9 %	84 %	15.1	54 %	1 %	1.7
Eastern Health	Central East (Box Hill)	25 %	26 %	186.5	10.2	25 %	67 %	13.0	40 %	3 %	1.1
	Outer East (Maroondah)	30 %	21 %	163.8	8.5	22 %	73 %	15.6	45 %	2 %	1.1
	TOTAL	28 %	23 %	172.1	9.1	23 %	71 %	14.8	43 %	2 %	2.2
Melbourne Health	Inner West (RMH)	24 %	28 %	166.1	6.0	16 %	55 %	14.8	49 %	0 %	0.9
	Mid West (Sunshine)	29 %	29 %	181.4	6.6	15 %	88 %	11.5	53 %	0 %	1.3
	North West (Broadmeadows)	24 %	26 %	270.1	8.8	18 %	64 %	11.7	50 %	5 %	1.8
	Northern	27 %	25 %	233.1	9.4	16 %	65 %	12.2	52 %	3 %	1.5
	TOTAL (excl ORYGEN)	26 %	27 %	211.1	7.6	16 %	69 %	12.3	52 %	2 %	5.4
	ORYGEN Youth Health	29 %	23 %	212.1	7.3	6 %	32 %	14.7	63 %	1 %	2.3
Monash Health	Casey	47 %	19 %	87.8	5.4	16 %	60 %	13.2	63 %	4 %	1.7
	Dandenong	28 %	23 %	231.4	7.6	27 %	82 %	11.5	45 %	4 %	1.0
	Middle South (Monash Adult)	28 %	24 %	294.3	7.5	21 %	88 %	13.6	43 %	5 %	1.1
	TOTAL	36 %	22 %	175.0	6.8	21 %	75 %	12.9	49 %	4 %	3.8
Peninsula Health	Peninsula	41 %	29 %	159.8	7.6	12 %	77 %	14.4	39 %	2 %	1.0
St Vincent's Hospital	Inner East (St Vincent's)	24 %	19 %	254.6	12.0	15 %	59 %	12.7	30 %	11 %	0.7
Mercy Health	South West (Werribee)	85 %	36 %	42.0	4.4	11 %	31 %	11.0	52 %	8 %	1.6
TOTAL METRO	(Excl ORYGEN)	35 %	27 %	158.4	8.2	17 %	67 %	13.3	47 %	3 %	1.2
TOTAL STATEWIDE	(Excl ORYGEN)	32 %	24 %	182.3	7.7	14 %	63 %	13.5	50 %	7 %	1.4

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Community - FY18-19 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 compliant	Mean HoNOS at comm. case start	% Clients with sig. improv. case end	% Self Rating Measures Completed	Chg in Mean # of Clin Signif HoNOS items
Ballarat Health	Grampians	24 %	15 %	370.9	6.1	11 %	30 %	12.9	71 %	8 %	2.4
Barwon Health	Barwon	15 %	12 %	426.5	6.7	9 %	48 %	14.0	56 %	31 %	1.6
Bendigo Health	Loddon/Southern Mallee	31 %	17 %	145.6	7.2	8 %	49 %	14.4	59 %	6 %	2.0
Goulburn Valley Health	Goulburn & Southern	40 %	19 %	97.7	6.4	9 %	20 %	14.4	82 %	7 %	2.5
Latrobe Regional	Gippsland	26 %	21 %	280.5	8.5	9 %	87 %	14.5	51 %	3 %	1.5
Mildura Base Hospital	Northern Mallee	32 %	20 %	204.1	9.6	8 %	63 %	13.5	66 %	7 %	2.0
Albury Wodonga Health	North East & Border	24 %	19 %	201.4	4.8	7 %	51 %	15.6	63 %	17 %	2.2
South West Health	South West Health Care	20 %	7 %	318.7	5.3	6 %	55 %	10.7	69 %	28 %	2.3
TOTAL RURAL		25 %	17 %	249.2	6.7	8 %	53 %	13.9	60 %	14 %	1.9
TOTAL STATEWIDE	(Excl ORYGEN)	32 %	24 %	182.3	7.7	14 %	63 %	13.5	50 %	7 %	1.4

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Definitions

Setting	KPI	Description	Target	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	The average length of stay (days) 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 transfered to another inpatient unit, b)same day stays, c)overnight ECT admissions (where ECT occured on the day of separation), d)re-admissions to the following specialty inpatient units: Mother/Baby, Eating Disorder, PICU and Neuropsychiatry.	14.0 %	Can reflect quality of care, effectiveness of discharge planning, level of support post discharge, and other factors.
	Secl per 1000 Occ. beddays	The number of ended seclusion episodes divided by occupied beddays multiplied by 1000. Occupied beddays excludes leave and same day stays. Excludes units that do not have a seclusion room. (NB. Beddays calculated in minutes & converted to days)	15.0	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 episodes during the episode. Seclusion events are recorded here against the team where the client was originally admitted, even though the seclusions may have occured in different units. Excludes units that do not have a seclusion room (i.e. Forensicare Bass, Daintree & Jardine)	3.0 %	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.	61.0 %	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 preceeding the admission.	61.0 %	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.	80.0 %	Indicator of effective discharge management. NOTE: Data collection from Oct'11 to Jun'12 was affected by protected industrial action.

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Setting	KPI	Description	Target	Comments
Inpatient	% Valid HoNOS compliant	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.	85.0 %	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 hrs	Percentage of emergency department presentations departing to a mental health bed within 8 hours of arrival.	80.0 %	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.
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)	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 length of case (days) 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. Cases must have been open for more than 91 days.. 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	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.		From 1/7/2014 the data reflects the new compulsory orders under the MH Act 2014.
	% Valid HoNOS compliant	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.	85.0 %	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 HoNOS total score (HoNOSCA/HNSADL/HoNOS65) collected on case commencement, excluding invalid scores.		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.
	% Clients with sig. improv. case end	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 Completed	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.

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