

Forensicare Mental Health Quarterly KPI Report - 2018-19 Q2

| Admitted Units - FY18-19 Q2 | Inpatient discharges | Bed Occ. (incl leave) | Leave days as a % of occ. days | Avg LOS | No. forensic patients | Restraint per 1000 Occ. beddays | Secl per 1000 Occ. beddays | % Multiple secl. episodes | % Valid HoNOS compliant |
|-----------------------------|----------------------|-----------------------|--------------------------------|--------------|-----------------------|---------------------------------|----------------------------|---------------------------|-------------------------|
| Acute Care | 28 | 96 % | 0 % | 176.2 | 18 | 469.0 | 49.0 | 36 % | 88 % |
| Sub Acute Care | 4 | 97 % | 10 % | 1,000.5 | 22 | 18.1 | | | 69 % |
| Continuing Care | 6 | 94 % | 3 % | 1,874.2 | 53 | 9.6 | 0.6 | 40 % | 66 % |
| TOTAL | 38 | 95 % | 3 % | 531.1 | 93 | 177.9 | 33.7 | 42 % | 77 % |

| Community - FY18-19 Q2 | New case rate | % Valid HoNOS compliant | % Self Rating Measures Completed | Service hours |
|------------------------|---------------|-------------------------|----------------------------------|---------------|
| VIFMH | 30 % | 78 % | 15 % | 4,301 |

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| Admitted Units - Year to Date (FY18-19 Q1-2) | Inpatient discharges | Bed Occ. (incl leave) | Leave days as a % of occ. days | Avg LOS | Restraint per 1000 Occ. beddays | Secl per 1000 Occ. beddays | % Multiple secl. episodes | % Valid HoNOS compliant |
|--|----------------------|-----------------------|--------------------------------|--------------|---------------------------------|----------------------------|---------------------------|-------------------------|
| Acute Care | 45 | 95 % | 0 % | 179.3 | 567.4 | 42.1 | 33 % | 90 % |
| Sub Acute Care | 6 | 97 % | 11 % | 1,330.8 | 9.7 | | | 81 % |
| Continuing Care | 7 | 93 % | 3 % | 1,700.9 | 7.7 | 1.1 | 40 % | 74 % |
| TOTAL | 58 | 94 % | 4 % | 482.1 | 209.3 | 28.9 | 38 % | 83 % |

| Community - Year to Date (FY18-19 Q1-2) | New case rate | % Valid HoNOS compliant | % Self Rating Measures Completed | Service hours |
|---|---------------|-------------------------|----------------------------------|---------------|
| VIFMH | 29 % | 82 % | 12 % | 8,051 |

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Definitions

| Setting | KPI | Description | Target | Comments |
|-----------|----------------------------------|---|--------|---|
| Inpatient | Inpatient discharges | The number of inpatient discharges. Excludes same day stays. | | NB. When looking at this KPI at an individual unit level - this measure is based on the originating inpatient unit - clients may be subsequently transferred to other units at the same campus within the same adm. |
| | Bed Occ. (incl leave) | Total number of occupied bed hours in Inpatient units divided by total number of funded bed hours. Includes leave. | 96.0 % | Underpinning data supports the statewide bed availability query system. |
| | Leave days as a % of occ. days | Inpatient leave events shown as a percentage of occupied bed days. | | Contextual measure. Services that have clients with high levels of leave could perhaps be managed in a less restrictive environment. |
| | Avg LOS | The average length of stay (days) of overnight stay separations from inpatient units | | |
| | No. forensic patients | The number of admitted Forensic Patients at the end of the reporting period | | |
| | Restraint per 1000 Occ. beddays | The number of ended bodily restraint (mechanical or physical) episodes divided by occupied beddays multiplied by 1000. Occupied beddays excludes leave and same day stays. (NB. Beddays calculated in minutes & converted to days) | | No target identified. Note that from 1/7/2014, the MHAct 2014 requires ALL instances of physical restraint to be recorded in CMI. |
| | 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 occurred 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. |
| | % 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. |
| 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. |
| | % 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. |
| | % 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. |

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| Setting | KPI | Description | Target | Comments |
|-----------|---------------|---|--------|---|
| Community | Service hours | Total Service hours by sector. Includes type 'A' & 'E' registered, type 'B' unregistered and type 'C' community contacts. "Service Hours" is defined as contact hours adjusted for group session contacts. (For group contacts – multiply contact duration by number of Healthcare Professionals present, and divide by the number of patients involved.) | | Activity measure with targets specified in Policy and Funding Guidelines. Note that 1) Veterans, CEED & The Bouverie Centre contacts and 2) contacts recorded against inpatient or residential program types, are excluded. |