

# National Mental Health Benchmarking Project



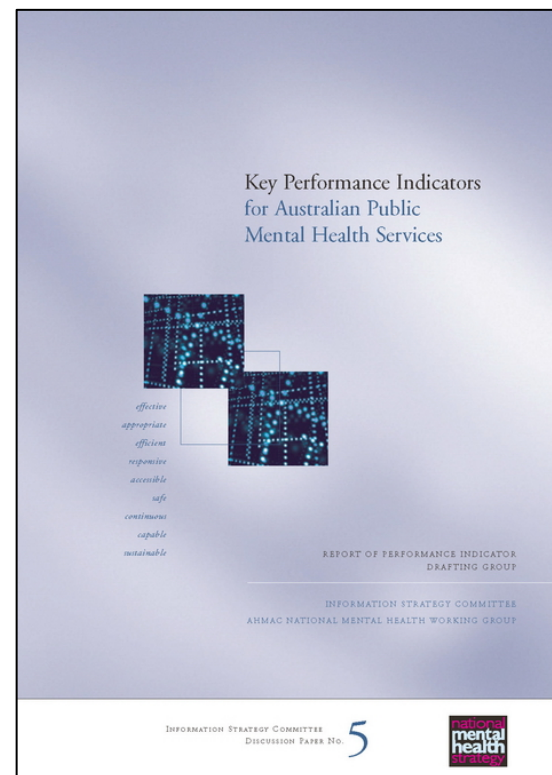
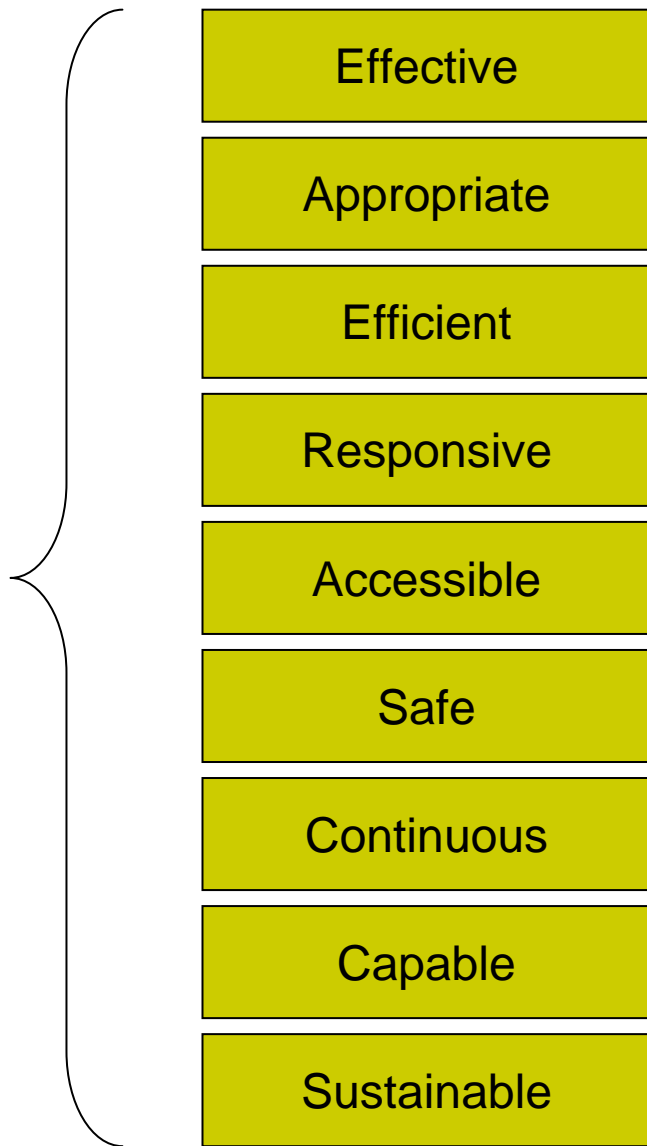
AMHOCN

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**Classification Network (AMHOCN)**  
**New South Wales Institute of Psychiatry**



A joint Australian, State and  
Territory Government Initiative

Health System  
Performance



## National Mental Health Performance Framework

# Project objectives



- **Promote sharing of information** between organisations to better understand variations in data and promote acceptance of the process of comparison as a fundamental principle
- **Identify benefits, barriers and issues** arising for organisations in the mental health field engaging in benchmarking activities
- **Learning what is required** to promote such practices on a wider scale
- **Evaluating the suitability of Key performance indicators (KPI's)** of the national mental health performance framework as a basis for benchmarking and identifying areas for future improvement

# Benchmarking forums



- Four forums – adult, Child & Adolescent, forensic and older persons' mental health services
- Organisations selected from nominations by state and territory mental health units
- 23 services selected –10% of public sector mental health services
- Grants provided by Australian Government to help agencies prepare data and participate
- 6 million dollars

# Where we are in the project life span



- May 2006 Project commenced with national workshop
- Aug 2006 – June 2007 Forums 1-4
- June 2007 Project extended 12 months
- Oct 2007 Forum 5
- Feb 2008 Forum 6
- April 2008 Forum 7
- June 2008 Forum 8
- November 2008 National Forum

# Key messages during forums



- Design indicators as tools for quality improvement not punishment
- Indicators need to meet multiple purposes – service delivery, management, policy and funding levels
- Current set based on what can be measured now
- Indicators are not static
- Further development is required

# Key forum principles

- The forums were not a shame and blame exercise
- The focus of the forums was on understanding practice variation not simply variation in the indicators
- We accepted that indicators are imperfect tools to understand complex realities

***It was an iterative process***

# Code of Conduct



## ***Principle of exchange***

- Be willing to provide the same amount of information and level of detail that your organisation receives.

## ***Principle of confidentiality***

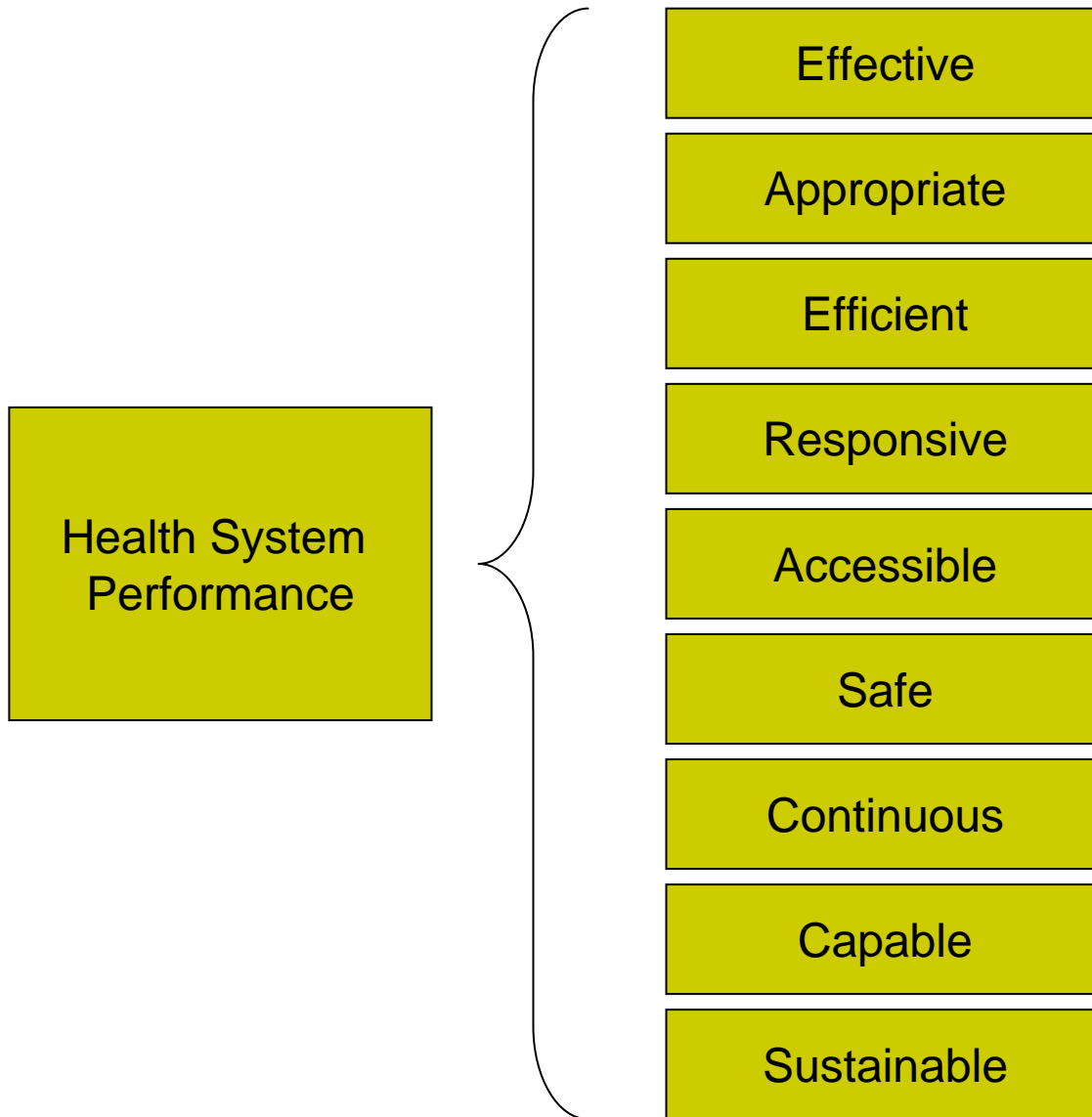
- Treat benchmarking activities as something confidential to the services involved.
- Information about the benchmarking forums and/or its participants must not be communicated outside the forums without prior consent from all relevant participants.

## ***Principle of use***

- Use benchmarking activities to inform and improve the quality of service provision.

## ***Principle of preparation***

- Demonstrate a commitment to the benchmarking process with adequate preparation with each step in the process



National Mental Health Performance Framework

Health System  
Performance



Effective

Appropriate

Efficient

Responsive

Accessible

Safe

Continuous

Capable

Sustainable

28 Day re-  
admission rate



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National Service  
Standards Compliance



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Cost per acute inpatient episode  
Average length of acute inpatient stay  
Cost per 3 month community care period  
Treatment days per 3 month community care period

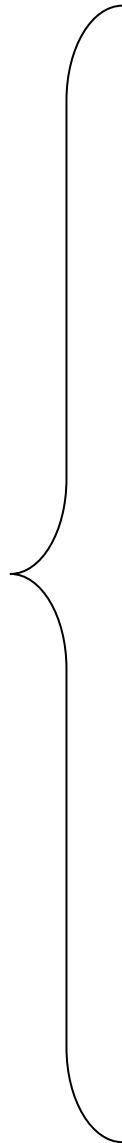


National Mental Health Performance Framework



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Health System  
Performance



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Population receiving care  
New client index  
Comparative area resources  
Local access to inpatient care

# National Mental Health Performance Framework



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Health System  
Performance



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Pre-admission community care  
Post discharge community care

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Outcomes readiness



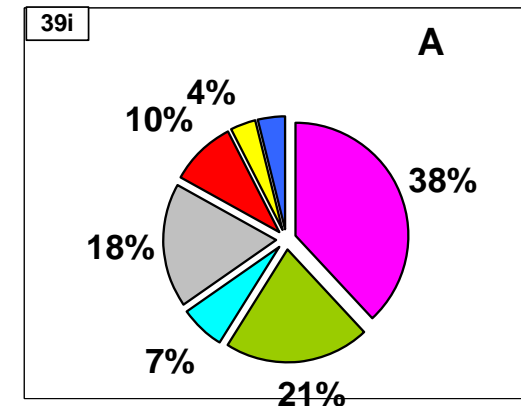
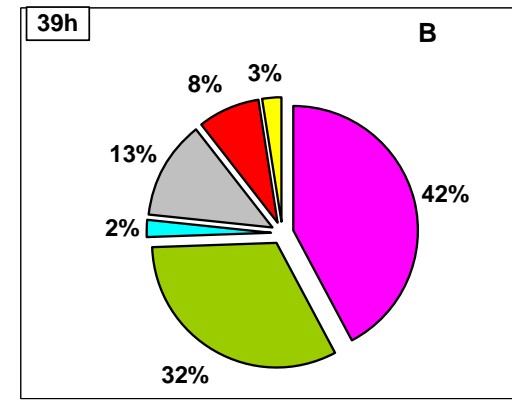
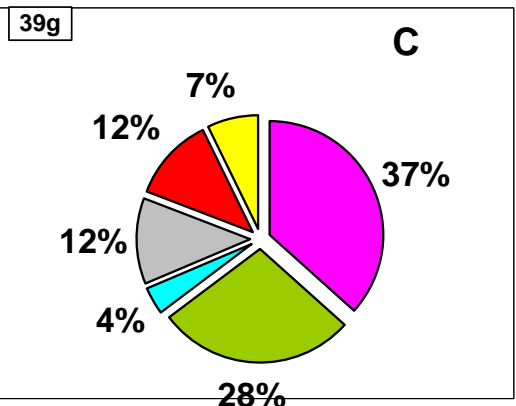
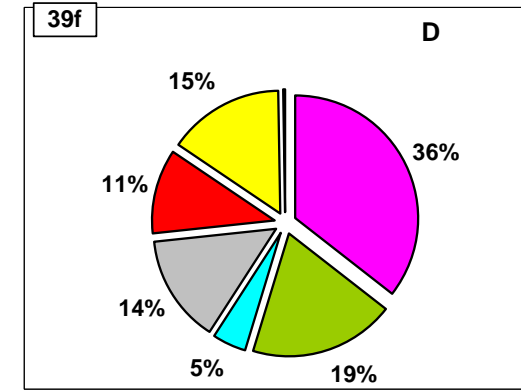
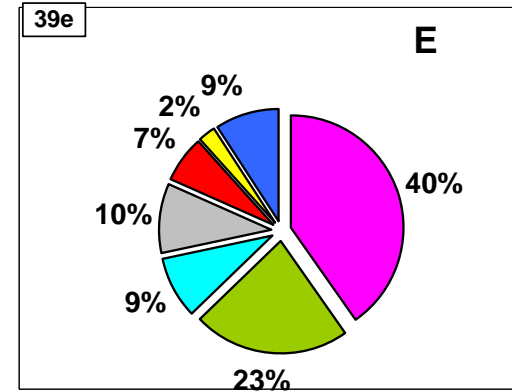
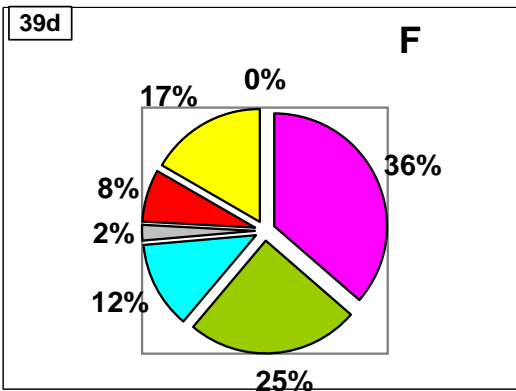
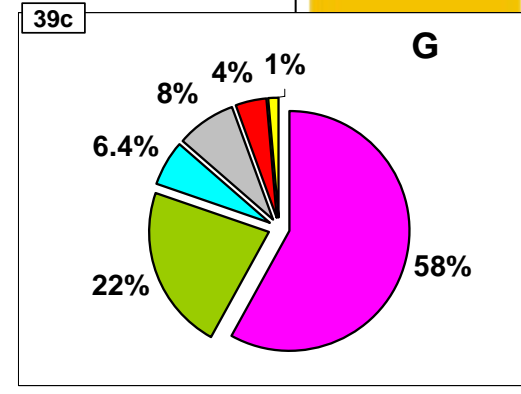
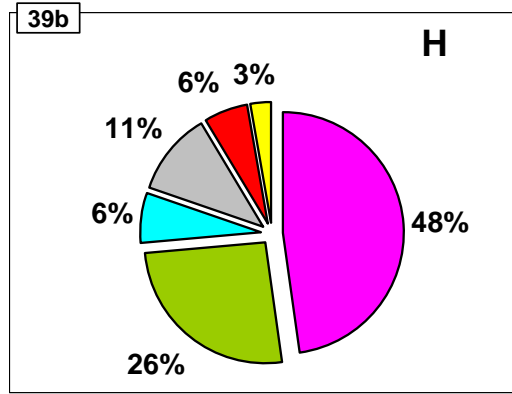
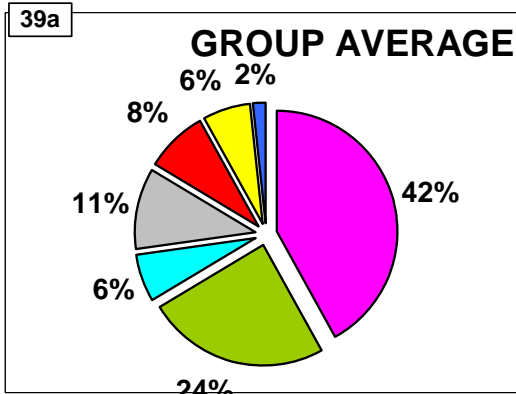
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National Mental Health Performance Framework

# Initial response?

- These indicators are no good in our program area
- They aren't
  - Sensitive to our consumers
  - Capture important aspects of our activities
  - Collected consistently
    - ❖ Across jurisdictions
    - ❖ Within programs

# THEME 8: Acute Inpatient casemix- (a) Diagnosis profile 2006-07



**Schizophrenia and related**  
**Substance abuse**

**Mood disorders** **Personality Disorders**  
**Other** **Missing Diagnosis**

**Neurotic, Stress, Somataform disorders**

# Special Projects



- Child and Adolescent
  - Staff activity survey
  - Discharge project
- Adult
  - 28 Day readmission project
  - 28 Day data analysis
  - 28 Day data analysis by gender
- Older Persons
  - Analysis of length of stay
  - Allied health resources and activities
  - Additional indicators including falls
- Forensic
  - Seclusion project
  - Court Liaison Activity
  - Ambulatory Forensic Census
  - Prison services

# Lessons learnt

- The importance of using terminology consistently
- The importance of clear objectives and purpose
- Technical specifications of key performance indicators
- The question of benchmarks and targets
- The importance of the code of conduct (who is in and out?)
- The necessity of active participation and ownership
- Developing an understanding of the KPI'S
- Understanding local business practices
- Developing an appreciation of benchmarking within services
- Developing capacity to support benchmarking activities
- Sharing the results of benchmarking activities
- Provision of coordinating body and associated infrastructure



# More Information

- [www.mhnocc.org/benchmarking](http://www.mhnocc.org/benchmarking)

