Key Performance Indicator Framework for New Zealand Mental Health and Addiction Services

CHILD AND YOUTH STREAM

Indicator definitions

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1. Introduction

1.1. Purpose

The KPI framework for New Zealand Mental Health and Addiction Services is intended to promote quality improvement practices at provider level. The framework enables services to learn from each other about the practices that lead to improved outcomes for service users. This learning takes place through provider-led benchmarking forums that explore the reasons behind the differences among services.

The Mental Health and Addiction Services KPIs are a set of nationally comparable indicators of service performance reported by the District Health Boards (DHBs) and non-government organisation (NGOs) to bring about quality and performance improvement across the sector.

This document serves as a guide for people working in the Child and Youth Services to understand what Key Performance Indicators (KPIs) are for and describes the technical definition and approach to be used in constructing each indicator.

1.2. Objective

The objectives of the KPI Programme are to:

- Make effective use of nationally collected information
- Understand gaps in existing data and improve data quality
- Promote information sharing among providers of mental health and addiction services
- Make comparisons between services and determine their relative performance
- Provide DHBs with information that can assist them in driving organisational performance and quality improvement initiatives
- Provide DHBs with information that can assist them in improving outcomes for users of mental health and addiction services
- Understand differences in service outcomes for different ethnic groups and how to address inequalities.

1.3. Target Audience

It is anticipated that the principal users of this manual will be participants of the Child & Youth Mental Health and Addiction services e.g. Staff of psychiatric services including managerial, clinical and technical personnel. In preparing the data reporting workbook, we have attempted to reduce the burden of calculating the indicators from the source data to allow participants to focus their time on gathering the source information and moving on to the next stages of the work.

Producing indicators is always a data-intensive exercise. While some of the information required will be readily available locally, other information is likely to need extraction of data from local systems and special analyses. To achieve this, benchmarking participants will need to become acquainted with the information available locally and make contact with the various personnel with the relevant expertise within the participant's organisation (e.g. finance, medical records, IT staff) who are required to complete the information in the worksheets. Participants are encouraged to contact the NRA Information Specialist to clarify any aspect of this manual or to discuss any issues.

1.4. Acknowledgements

Participant commitment to the Key Performance Indicator (KPI) Programme for New Zealand Mental Health and Addiction Services and the principles underpinning it has been essential to its success. Grateful acknowledgement is extended to all participating District Health Boards (DHBs), Non-Government Organisations (NGOs) and sector stakeholders.

The New Zealand KPI programme work has been influenced and informed by parallel work in Australia and Canada. The close association with Australia and in particular the sharing of information, advice and learning from parallel work undertaken there has made a significant contribution to New Zealand's KPI Framework and benchmarking endeavours.

The development, testing and initial implementation of the KPI Framework for New Zealand Mental Health and Addiction Services was funded by the Ministry of Health (The Ministry, MOH).

The sector's ongoing commitment to this important work is appreciated.

2. Core indicator definitions

This section describes each KPI definition for the New Zealand Mental Health and Addiction Services Child and Youth Stream.

Client Access Composition (previously - Client Index)

This indicator classifies every service user seen by an organisation at their first recorded contact with an in-scope service. The categories are described below. The data submitted is the percentage of distinct service users that meet each classification:

Numerator	Denominator
New Client: Service users not seen within the last 365 days **Returning Client**: Service Users who have been seen within the last 365 days. **Continuing Client**: Service Users who have an open referral for 365 days or more	Distinct service users seen during the reference period.

Waiting times – New clients

This indicator uses data from the Ministry of Health PP8 report and is a measure of how soon 'new' service users are seen following a referral.

New clients

'New' clients are those who have not had contact or an open referral to any PRIMHD-reporting mental health service in the twelve months prior to their first referral to any PRIMHD-reporting mental health service during the reference period.

Seen in less than three weeks

New clients have a face-to-face contact within three weeks (<=21 days) of a referral being opened.

Seen between three and eight weeks

New clients have their first face-to-face contact between three and eight weeks (22 and 56 days) after a referral was opened

Seen after more than eight weeks

New clients have their first face-to-face contact after more than eight weeks (>=57 days) have passed since a referral was opened, or eight weeks have passed and the referral is still open but face-to-face contact has not occurred.

Waiting times – All Clients

This indicator includes new clients (as per MOH PP8) data as well as all other clients. This data is a measure of how soon clients are seen following referral.

All referrals are defined as all referrals received by the service for services users who do not currently have an open referral. This will include re-referrals within 12 months of discharge. So for example a service user might have two over-lapping referrals to child and youth teams. If one is closed and the other remains open, the client has not been exited, since there is still a referral open. If the remaining referral closed and there was not another open referral at the time of closure, then the client is deemed to have been exited and wait time is calculated from the date of next referral.

Seen in less than three weeks

Clients have a face-to-face contact within three weeks (<= 21 days) of a referral being opened.

Seen between three and eight weeks

Clients have their first face-to-face contact between three and eight weeks (22 and 56 days) after a referral was opened.

Seen after more than eight weeks

Clients have their first face-to-face contact after more than eight weeks (>= 57 days) have passed since the referral was opened, or eight weeks have passed and the referral is still open but face-to-face contact has not occurred.

Contact Time

Percentage of time the mental health and addiction service organisation’s community service team spent with or without the service user and with or without family/whānau participation. The indicator is comprised of derivative indicators, each with different numerators but uses the same denominator across all.

Notes

PRIMHD activity type constraints for this indicator are :
T32 is family/whānau only
T36 involves the service user and family/whānau.
Paid direct-care FTE

• Did not attend

Duration of planned contacts with the service user where the service user did not attend.

Numerator

Duration of planned contacts with the service user where the service user did not attend.

Denominator

Paid direct-care FTE time.

• Non-contact time

All paid direct-care FTE time not attributed to PRIMHD-reported activity.

Numerator

All paid direct-care FTE time not attributed to PRIMHD-reported activity.

Denominator

Paid direct-care FTE time.

Community treatment days per service user per quarter

Average number of treatment days in a three month period of community care provided by the mental health and addiction service organisation's community mental health and addiction services.

Indicator rationale

The number of treatment days is a measure of the intensity of treatment within the community and is the main driver of community care cost. This indicator will help to understand variation in community treatment utilisation and its influences. This indicator is the community counterpart of length of stay and provides an indication of the relative volume of care provided to people seen in community care.

Numerator

Total number of community treatment days provided by the mental health and addiction service organisation's community mental health and addiction services within a three month reference period.

Denominator

The total number of community care statistical episodes (three month periods) treated by the mental health and addiction service organisation's community services in a three month reference period.

Notes

A community treatment day is a distinct date on which one or more activities are recorded for a service user by an in-scope community team. The activity may involve the service user directly or indirectly.
Service user participation for a recorded contact is used to determine if the service user was involved in the contact. This concept is being used in preference to face-to-face. This is in part to allow phone contacts to be counted as follow-up for DHBs servicing more rural populations.
PRIMHD constraints for this indicator are :
Activity setting that is not

- WR Written correspondence.
- SM SMS text messaging.

And activity type code that is not one of :

- T08 Mental health care co-ordination contacts.
- T32 Mental health contact with family/whānau.
- T35 Did not attend.
- T37 On leave.

Calculation of this indicator will be based on the following fixed three month periods; July to September, October to December, January to March and April to June.

Community DNA rate

Percentage of total DNA in-scope community services against total number of in-scope community (including DNAs) in the reporting period.

Numerator

Total number of DNAs for in-scope community services in the reference period.

Denominator

Total number of contacts for in-scope community services in the reference period, including DNAs.

NGO services investment (Child and Youth services)

Total spending by the organisation on NGO mental health and addiction services as a percentage of total spending on all mental health and addiction services in the reference period.

Indicator rationale

The level of investment within the NGO sector provides information about the development of a broad range of specialist mental health services, the extent of service choice for service users and the opportunities to support people in the least restrictive environment.

Numerator

Total recurrent expenditure on NGO services in the reference period.

Denominator

Total recurrent expenditure on all mental health and addiction services in the reference period.

Notes

- Need to be wary of differing service structures skewing results.
- This indicator will be of greatest use when the data is analysed alongside the allied indicators.

Funding inclusion guide

Funding goes from us to:	Include in indicator?
My own DHB	Yes
Another DHB	No
NGO in DHB catchment	Yes
NGO out of DHB catchment	Yes
NGO via another DHB	Yes
NGO but on behalf of another DHB	No

Access to service

Numerator

Total number of service users domiciled in given DHB catchment area who received mental health and addiction services from PRIMHD-reporting services during reference period.

Denominator

Population of given DHB catchment area.

Notes

PP6 can be broken down by age group and ethnicity and the denominator is adjusted accordingly e.g. the access rate for Māori child and youth of a given DHB is based on the population of Māori children and young people in a given catchment area.

Percentage of treatment days with family whanau involvement

Numerator

Treatment days with family whanau involvement: Total number of community treatment days provided by the mental health and addiction service organisation's community mental health and addiction services within a three month reference period that include:

- Family whanau participation only without the service user present
- and
- Family whanau and service user participation.

Denominator

The total number of community treatment days on which one or more activities are recorded for a service user by an in-scope community team. The activity may involve the service user directly or indirectly – i.e. it may be in relation to the service user's care but the service user may not necessarily be present. Activities coded as T35 (DNA) are excluded.

3. Supplementary indicator definitions

Community 90-day re-referral rate

Percentage of service users who were re-referred to the child and youth mental health and addiction services after ninety days of exit within the reference period.

Numerator

Number of exited service users who were re-referred to Child and Youth mental health services within 90 days of exit

Denominator

Number of service users exited from all Child and Youth mental health services

Community Service User-Related Time

The percentage of direct care FTE time spent by in scope community team productive FTE accounted for by community contacts. The service user may or may not have been present, and the contact may have been direct or indirect.

Indicator rationale

This KPI was reported as a supplementary indicator in Phases II and III. Its value was such that participants agreed to report it as a core KPI in Phase IV as part of the productivity cluster of KPIs.

Numerator

Total community contact hours reported

Denominator

Productive FTE of in scope community teams in hours (FTE * 40 hours per week * 52 weeks)

Percentage of Contact Time with Client Participation

The percentage of community contact time where the service user participated in the contact. Such contacts may have occurred in person or over the phone.

Numerator

Total community contact hours reported where the service user participated in the contact.

Denominator

Total community contact hours reported where the service user participated in the contact plus the total community contact hours reported where the service user did not participate in the contact.

Total staff turnover

Percentage of staff turnover.

Indicator rationale

Turnover is an indicator of the effectiveness of staff recruitment, orientation, engagement and support. It is generally seen as an indicator of the overall health of the organisation.

Numerator

Number of employed staff who voluntarily resign from Child and Youth mental health and addiction services within the reference period.

Denominator

Total headcount of employed staff in Child and Youth mental health and addiction services at the start of the reference period.

Notes

They should be defined as follows:

Employees

Employees include all staff paid by the organisation to undertake work for that organisation. It excludes RMOs, temporary or casual staff or contracted personnel paid by another organisation.

Voluntary resignation

A voluntary resignation occurs when an employee formally notifies the organisation that they are voluntarily ceasing employment with that organisation, including retirement from the workforce. It excludes employees who change positions or job titles within the DHB. It also excludes death, dismissals, redundancies, retrenchment and termination on medical grounds. A resignation is to be counted as the date of termination. Note that the last day of duty may not necessarily always be the same as the date of termination, hence recognising the resignation as where the person has been resigned out of the system.

Headcount

Headcount is the physical number of employees. The amount is not adjusted to a full-time equivalent status and does not include RMOs, temporary and casual staff.

Personnel groupings

The numbers submitted should be broken down by the five personnel groupings as defined in the *DHB|MoH Common Chart of Accounts Version 4.9*. These definitions are listed in Appendix A.

Sick leave usage

Total sick leave hours as a percentage of total hours paid.

Indicator rationale

Sick leave is an indicator of a healthy and sustainable workforce particularly when this data is presented alongside allied human resources indicators.

Numerator

Total number of sick leave hours claimed by all employed Child and Youth mental health and addiction staff during the reference period.

Denominator

Total number of hours paid to all employed Child and Youth mental health and addiction staff during the reference period.

Notes

Data for this worksheet is comprised of two categories: number of sick leave hours and total paid hours. Each category is split into inpatient and non-inpatient.

- The human resources suite of indicators will provide an overall picture of the health of the service.
- Analysis of contextual information will be important to understand issues impacting on sick leave usage and the interplay between sick leave usage and other indicators.
- DHBs report monthly to the MoH on sick leave usage.

Service user, family and whānau participation – contact time

Contact time with service user and family/whānau

Duration of contacts with service user participation in which both the service user and family/whānau participated.

Contact time with family/whānau only

Duration of contacts during an episode in which only family/whānau participated. (eg. family/whānau meeting)

Contact time with service user participation, without family/whānau only

Duration of contacts with the service user without family/whānau participation.

Contact time without service user or family/whānau participation

Duration of contacts in which neither the service user nor family/whānau participated (e.g. Care coordination)