

# CHILD AND ADOLESCENT MENTAL HEALTH SERVICES DATA TIMELINESS 1999/2000

## BACKGROUND

Standards for the provision of data were first introduced to mental health services as part of the 1995-96 Health Service Agreement. Information relating to client contacts and registration details form an important data base which can be used to inform service planning and development at a central, regional and local service level. The provision of this data in a timely and accurate manner is important to ensure its value for service planning, monitoring, review and research.

Data timeliness was first assessed for adult services during the 1996/97 financial year as part of the Quality Bonus Project. In the 1997/98 financial year the measure was repeated in adult services and introduced to child and adolescent and aged persons mental health services. The measure was again repeated in 1998/99.

## METHODOLOGY

The review of data timeliness for the 1999/2000 financial year has been undertaken by the Mental Health Branch.

The following registration details of clients recorded on the PRISM system as receiving either an Inpatient, a Residential or a Community Psychiatric Service were examined:

- Accommodation
- Pension/Benefit
- Living With
- Diagnosis

In previous years, services were informed in advance of the period of time for which data would be examined. In 1999/2000 the methodology was changed and data was examined from a randomly selected month. Services were informed that data would be examined in one of the first 6 months of 2000. The month that was examined was March 2000. The aim was to encourage services to be consistent over time in complying with the required standards for data collection.

For each of these items, excluding diagnosis, entries have been considered *eligible* if the most recent registration had been made during the previous 12 months and the code "U" for unknown had not been entered.

For Diagnosis, entries were considered *eligible* if the date of entry was during the previous 12 months. "Deferred" diagnosis was not considered *eligible*.

An additional amendment to the methodology this year was that an active client at one centre was only matched to the registration details provided by that centre. In other words, that data was not matched across all services the client may attend in the given month but at the local service only. The results were still aggregated up to the Area Mental Health Service ( an Area Mental Health Service may equal one or more PRISM Centres).

This amendment was made to prevent the potential disadvantage of clients moving between services if the data compliance by another agency the client attended was poor. The number of clients that are registered by more than one service in a one month period is low but this change to the methodology ensures no service can be disadvantaged by another's performance in that respect.

In previous years, there had been concern expressed that an Area Mental Health Service with multiple PRISM Centres would be disadvantaged because of the need for multiple registrations and diagnosis. To reduce the potential for disadvantage for these Area Mental Health Services a further amendment to the methodology has occurred this year. Discharged inpatients were matched with inpatient diagnosis given by the centre for that admission/discharge. Similarly community clients were matched with the community diagnosis given by that centre.

The outcomes of this examination have been aggregated for each child and adolescent, adult and aged persons mental health service. For each registration item a data timeliness score has been determined. The data timeliness score represents the percentage of the overall number of clients receiving Psychiatric Services during the assessment period for whom *eligible* details had been entered.

An overall *data timeliness index* has also been calculated with the score for diagnosis making up 50 per cent of the total score and the average of the other three registration items contributing the remaining 50 per cent. It is this index that contributes to calculation of an overall Quality Incentive Outcome for each service.

Improvement in data timeliness from 1998/99 to 1999/2000 has also contributed to the Quality Incentive Outcome for each service. The data timeliness index for each service has been compared to that achieved in the previous year.

To ensure that services which consistently achieve a high performance on the data timeliness measure are not penalised by being unable to achieve large improvements from one year to the next, the Mental Health Branch has set a benchmark beyond which a service will receive guaranteed outcome. For 1999/2000 the benchmark for data timeliness index was set at 90.

## **OUTCOMES**

Overall, there has been a significant and disappointing reduction in the data timeliness index achieved by child and adolescent mental health services from an average of 87.5 in 1998/99 to 74.3 in 1999/2000. In contrast, good performance was broadly maintained by adult mental health services, despite the change to a randomly selected month.

Only one (1) service out of the 13 child and adolescent mental health services showed an improvement in score from 1998/99 and this service is to be congratulated. This compares to 11 services improving in 1998/99.

No child and adolescent mental health services achieved an index of 90 or more in 1999/2000 compared to seven (7) services in 1998/99. The highest score in 1999/2000 was 89.7. In 1999/2000 the lowest score was 44.4 compared to 1998/99 when the lowest score was 67.9.

The reduction in performance by the majority of child and adolescent mental health services may be attributed, in part, to the changed methodology this year as not all services have consistently maintained their data compliance over the six months. This perhaps supports the notion that some services may have put in a particular effort for the known month in previous years.

A Data Timeliness Report (enclosed) has been prepared for each service. The report details the data timeliness score for each registration item and the overall data timeliness index. A comparison with other services and with results achieved in the previous year are also provided.

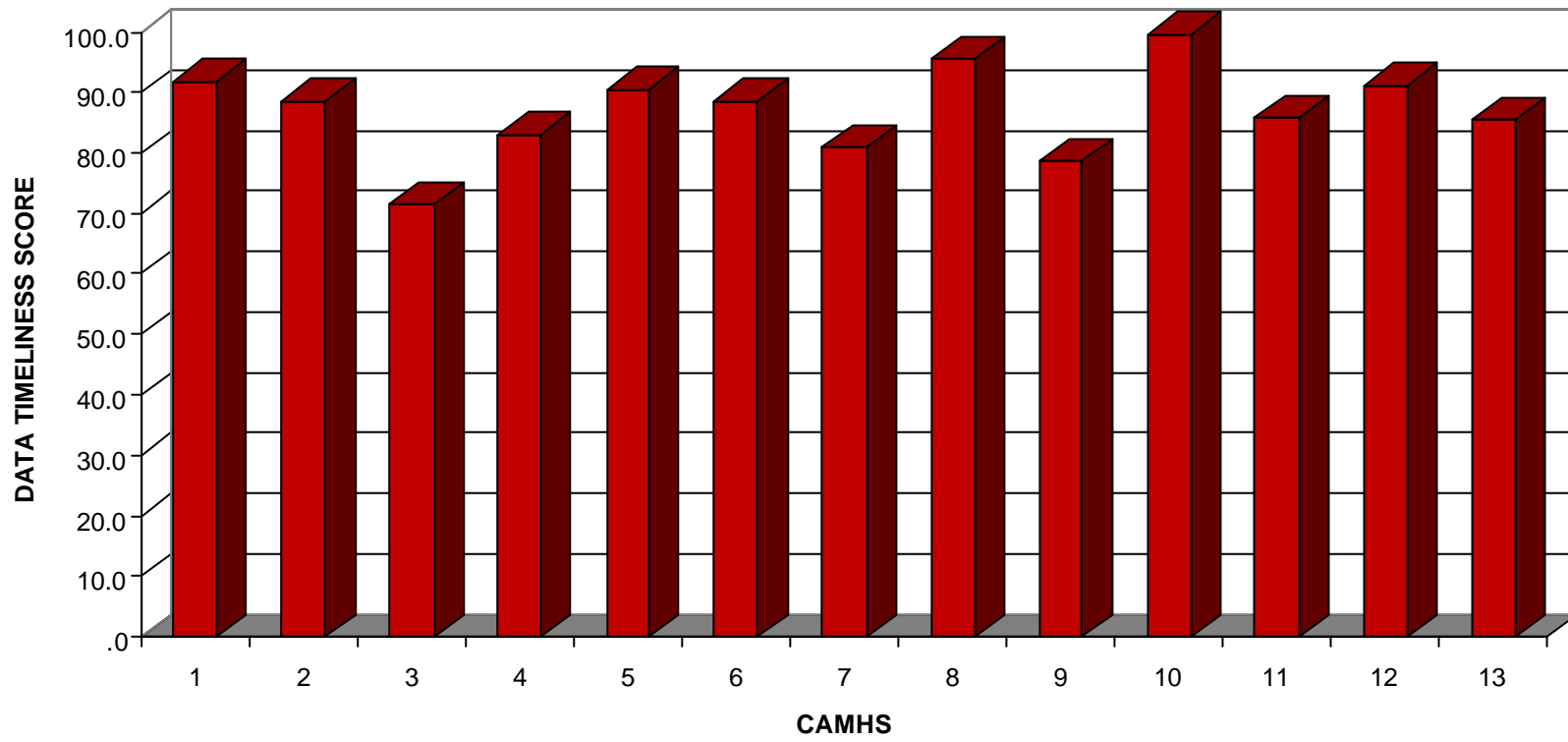
## **FUTURE PLANS**

The Mental Health Branch is committed to encouraging services to meet standards in data provision and to improve compliance with these standards. Therefore, it is intended that the data timeliness measure will continue to be a component of the Quality Incentive Strategy in 2000/01.

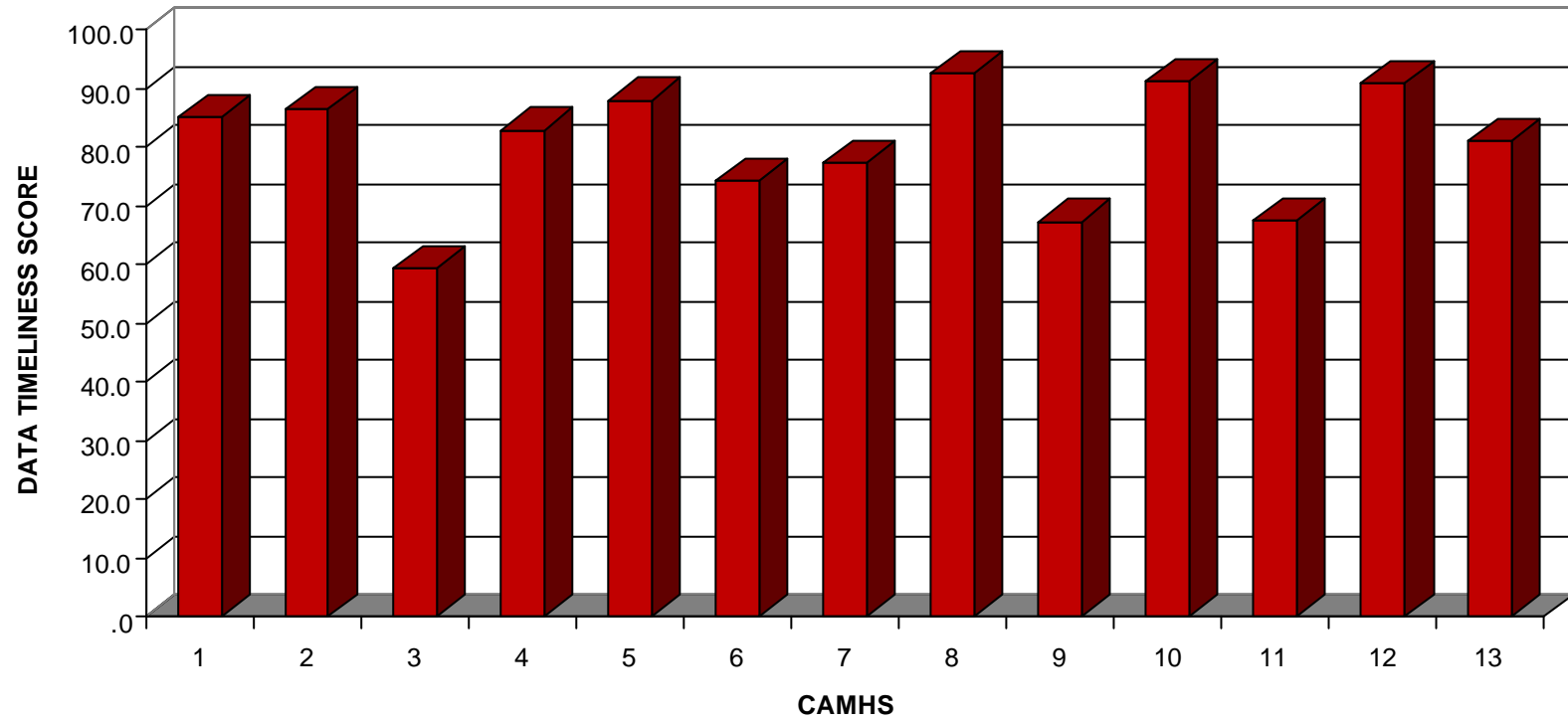
The exact methodology and items to be assessed have not yet been determined, as the measure needs to be reviewed with the introduction of RAPID. Further advice will be provided when the methodology for 2000/01 is determined.

In the interim, the Mental Health Branch encourages services to continue to collect accurate, comprehensive and timely mental health data.

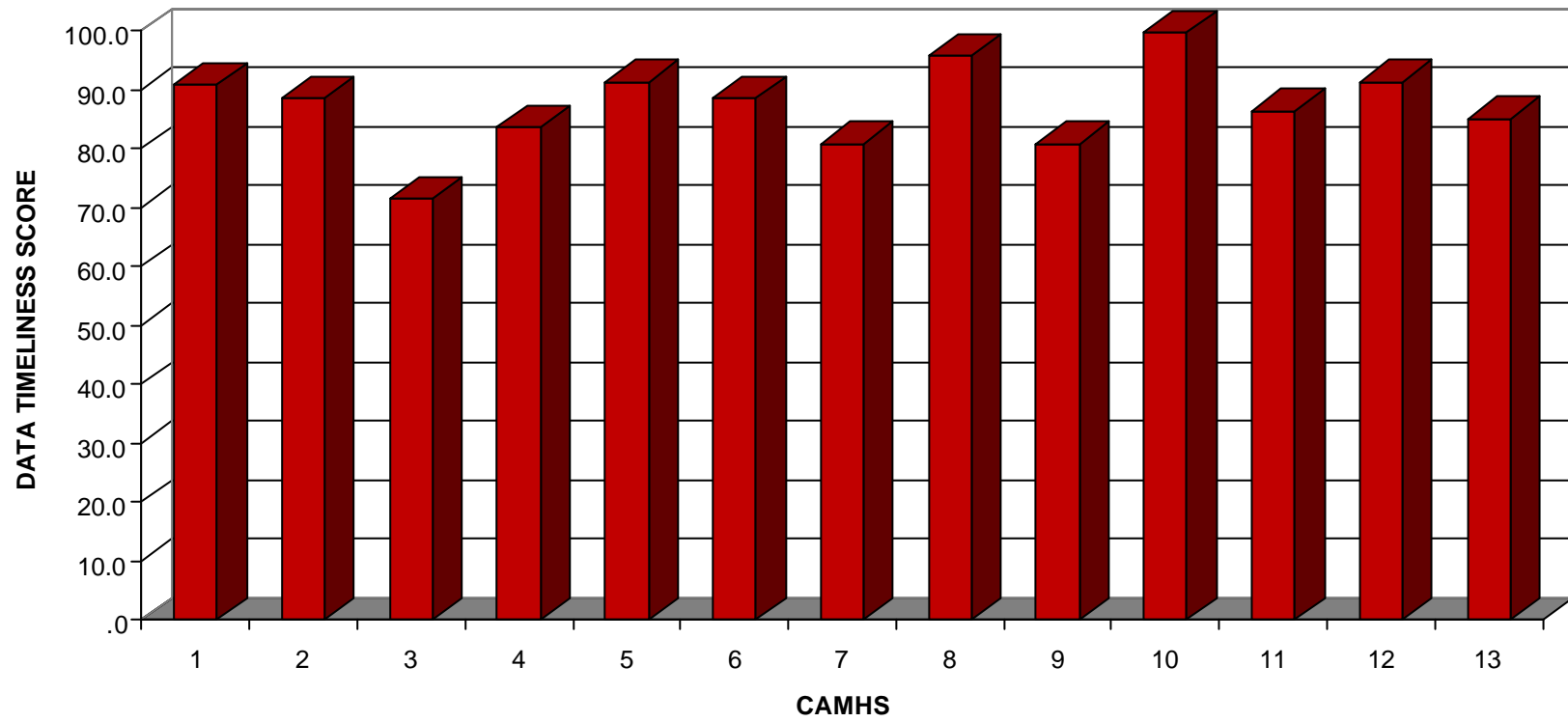
# ACCOMMODATION



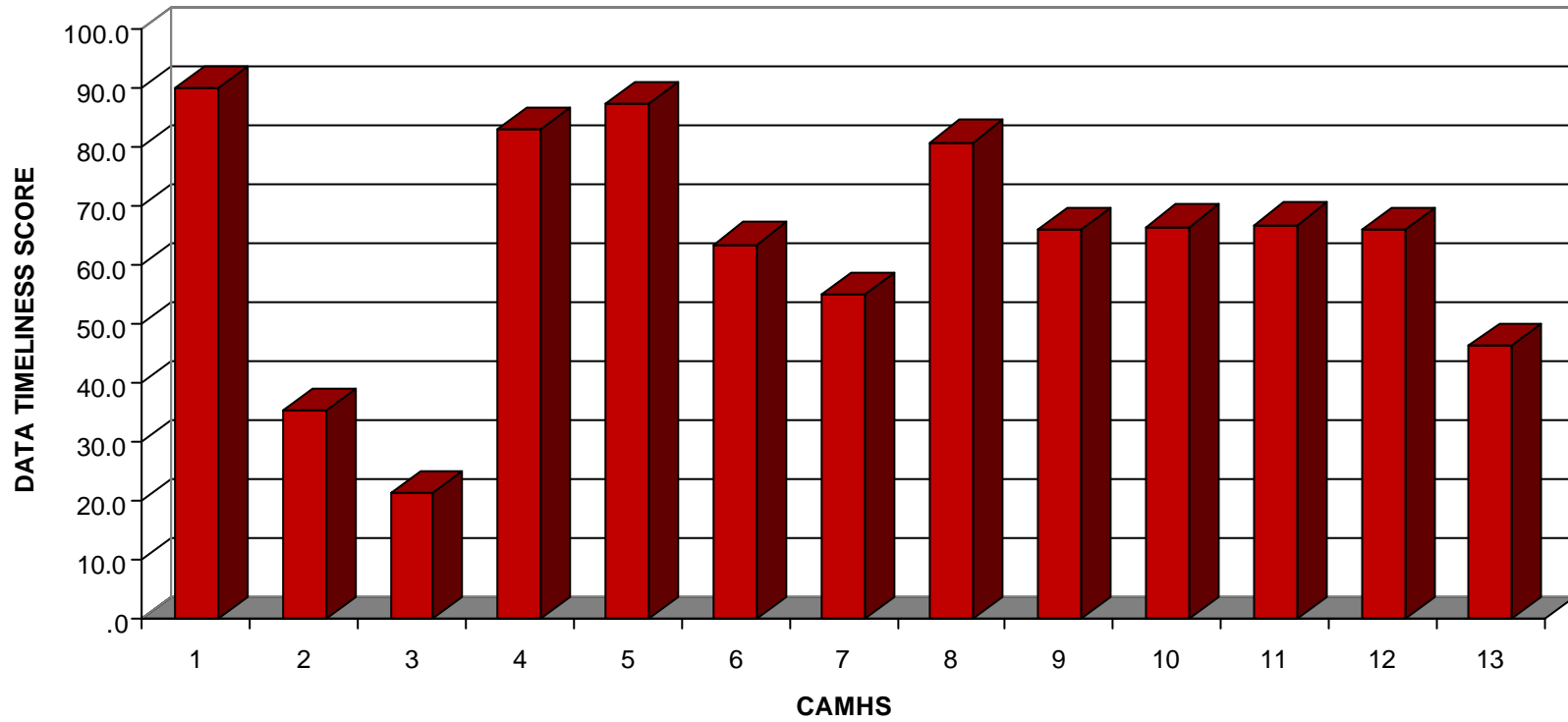
# PENSION / BENEFIT



# LIVING WITH...



# DIAGNOSIS



# WEIGHTED SCORE

