

Ambulatory-Equivalent mental health-related admitted patient- private hospitals

Some people's mental health support needs are best met by an overnight stay in a specialised mental health facility; for others, support can be met in an ambulatory, 'outpatient' like setting. In a private hospital context, this type of care is referred to as '[ambulatory](#)' psychiatric care. These hospitalisations do not involve an overnight hospital stay, but rather are provided either on an admitted 'same day' basis or on a home-based admitted patient service.

Compared to the public hospital ambulatory psychiatric care data presented on this website, the private sector data may include some same-day procedures, such as Electroconvulsive therapy (ECT), which are excluded from the public sector data. Private hospital-based ambulatory psychiatric care is provided in either private hospitals with psychiatric beds or private psychiatric day hospitals (PMHA 2015a) (see mental health care facilities [key concepts](#) section for hospital types). In the private hospital ambulatory psychiatric care data sourced from the Private Mental Health Alliance, the counts of episodes include only clinically substantive episodes of care. For this reason, the patient count can be less than count of episodes. For more information refer to [key concepts](#).

Data presented in this section are sourced from the Private Mental Health Alliance's Centralised Data Management Service (CDMS) and relate to private hospital ambulatory care only. The CDMS fulfils two main objectives. Firstly, it assists participating private hospitals with implementation of the National Model for the Collection and Analysis of a Minimum Data Set with Outcome Measures. Secondly, the CDMS provides hospitals and private health funds with a data management service that routinely prepares and distributes standard reports to assist them in the monitoring and evaluation of health care quality (PMHA 2015b). More detailed information on public hospital data source and [private hospital data source](#) are available at the end of respective sections.

Key points

- In 2013–14, there were 14,841 clinically substantive private hospital-based ambulatory psychiatric [episodes](#) in either private hospitals with psychiatric beds or private psychiatric day hospitals.
- There were 16,377 private ambulatory care psychiatric patients who received 214,786 care days in 2013–14. The average number of care days per patient was 13 days.
- The rate of private hospital-based ambulatory psychiatric patients was highest for patients aged 35–44 and 45–54 (both 11 per 10,000 population).
- Major affective and other mood disorders and Alcohol and other substance use disorders were the two most common principal [diagnostic groups](#) recorded for private hospital-based ambulatory psychiatric episodes (47% and 19% respectively).

Reference

PMHA 2015a. Private Hospital-based Psychiatric Services 1 July 2013 to 30 June 2014. Adelaide: PMHA-CDMS.

Private hospital-based ambulatory psychiatric patient characteristics

States and territories

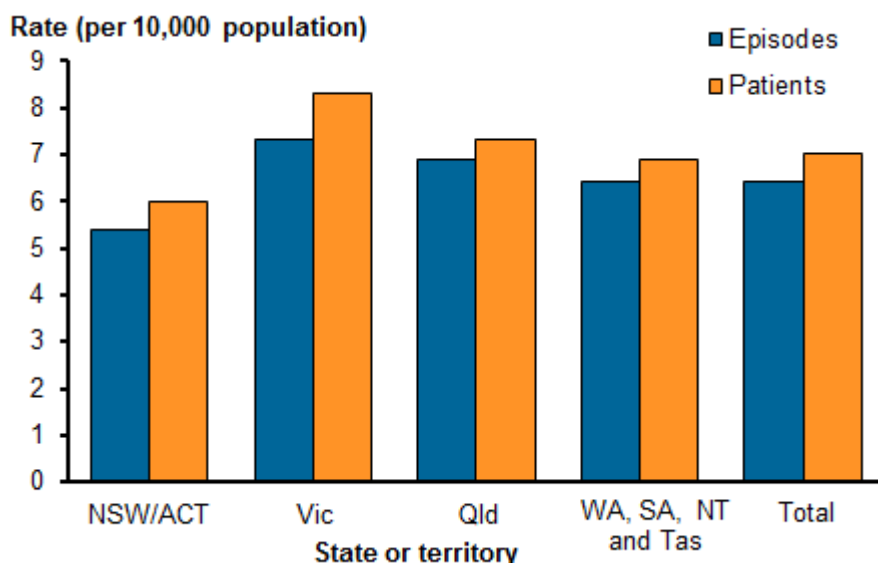
In 2013–14, there were 4.0 million episodes of care reported from Australian private hospitals (AIHW 2015). Of these, there were 14,841 private hospital-based ambulatory psychiatric episodes. There were 16,377 private ambulatory care psychiatric patients and 214,786 care days in 2013–14. In the private hospital ambulatory psychiatric care data sourced from the Private Mental Health Alliance, the counts of episodes include only clinically substantive episodes of care. For this reason, the patients counts can be less than counts of episodes. For more information refer to [key concepts](#).

In 2013–14, the average number of care days per patient was 13.1. The rates of private ambulatory care patients, patient episodes and care days per 10,000 population were 7.0, 6.4 and 92.2 respectively.

Some state and territory data from the Private Mental Health Alliance’s CDMS is aggregated to maintain privacy for participating hospitals. New South Wales and the Australian Capital Territory are reported together (NSW/ACT) as are Western Australia, South Australia, Northern Territory and Tasmania (WA, SA, NT and Tas combined). Victoria and Queensland are reported separately.

The rate of patients per 10,000 population ranged from 8.3 in Victoria to 6.0 in NSW/ACT (Figure PMHA.1).

Figure PMHA.1: Private hospital-based ambulatory psychiatric patients and clinically substantive episodes, rate per 10,000 population, states and territories, 2013–14



Source: PMHA CDMS, 2015. Source data Private hospital-based ambulatory psychiatric services Table PMHA.2 (204 KB XLS).

The number of private ambulatory care patient episodes ranged from 4,234 in NSW/ACT to 3,171 in WA, SA, NT and Tas combined. The rate of episodes per 10,000 population ranged from 7.3 in Victoria to 5.4 in NSW/ACT.

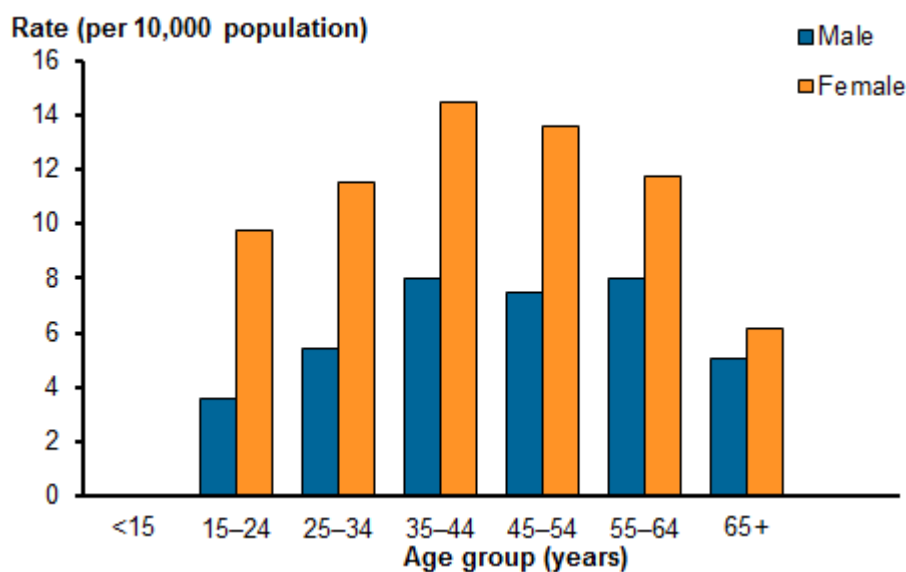
The number of private ambulatory care days ranged from 76,862 in Victoria to 37,624 in WA, SA, NT and Tas combined. The rate of ambulatory care days per 10,000 population ranged from 133 in Victoria to 71 in NSW/ACT. The average number of care days per patient ranged from 16 in Victoria to 11 in WA, SA, NT and Tas combined.

Patient Demographics

In 2013–14, the rate of private hospital-based ambulatory psychiatric patients was highest for patients aged 35–44 and 45–54 (both 11 per 10,000 population) (Figure PMHA.2). Overall, those aged under 15 were least likely to be private ambulatory psychiatric patients, with the rate increasing gradually until the age of 35–54 and 45–54 and then dropping again.

Females accounted for 65% of private ambulatory psychiatric patients. The highest rate of private ambulatory psychiatric patients was for females aged 35–44 (15 per 10,000 population) and the highest rate for males occurred for those aged 35–44 and 55–64 (both 8 per 10,000 population).

Figure PMHA.2: Private hospital-based ambulatory psychiatric patients, by sex and age group, 2013–14



Source: PMHA CDMS, 2015. Source data Private hospital-based ambulatory psychiatric services Table PMHA.3 (204 KB XLS).

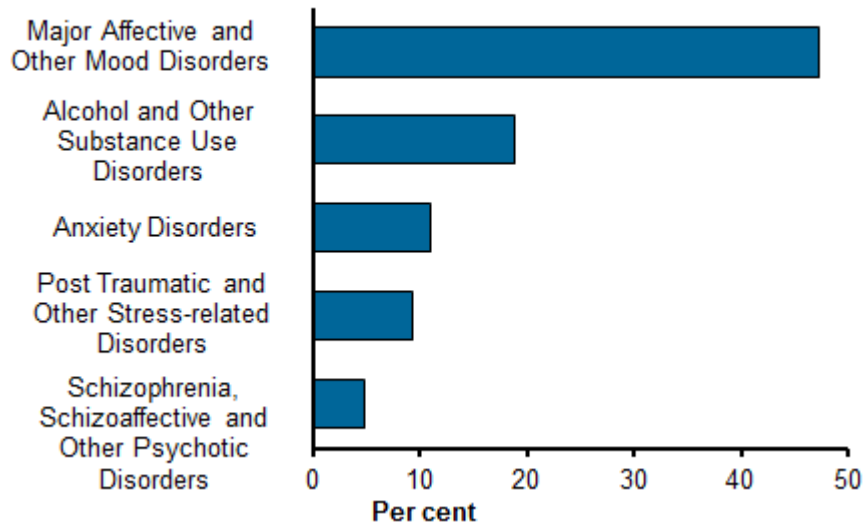
About 9 out of 10 (87%) patients who received private hospital-based psychiatric ambulatory care in 2013–14 resided in urban areas, accounting for the majority of episodes and number of care days (88% and 89% respectively).

Principal diagnosis

In 2013–14, Major affective and other mood disorders was the mental health [diagnostic group](#) of the largest number of private hospital-based ambulatory psychiatric episodes (6,945 or 47%), followed by alcohol and other substance use disorders (19%) (Figure PMHA.3).

Figure PMHA.3: Private hospital-based ambulatory psychiatric episodes, for the 5 most commonly reported mental health diagnostic groups, 2013–14

Principal diagnosis (diagnostic group)



Source: PMHA CDMS, 2015. Source data Private hospital-based ambulatory psychiatric services Table PMHA.4 (204 KB XLS).

Reference

AIHW 2015. Admitted patient care 2013–14: Australian hospital statistics. Health services series no. 60. Cat. no. HSE 156. Canberra: AIHW.

Data sources

Private Mental Health Alliance Centralised Data Management Service (PMHA CDMS)

The CDMS was launched in Australia in 2001 to support private hospitals with psychiatric beds to support private hospitals with psychiatric beds to routinely collect and report on a nationally agreed suite of clinical measures and related data for the purposes of monitoring, evaluating and improving the quality of and effectiveness of care. It is operated by the Australian Medical Association under an Agreement for Services, with funding from participating private hospitals, private health insurance funds and the Australian Government. The CDMS is managed by the PMHA and in 2013–14 accounted for almost 100% of all private psychiatric beds in Australia.

The CDMS works closely with private hospitals, health insurers and other funders (e.g. Department of Veterans' Affairs) to provide a detailed quarterly statistical reporting service on participating hospitals' service provision and patient outcomes. Hospitals and health insurers use the information to monitor and evaluate service provision. The CDMS also produces an annual statistical report.

To support private hospitals in maintaining these reporting requirements, the CDMS maintains training resources for hospitals and a database application which enables hospitals to submit de-identified data to the CDMS.

The classification of patients into urban versus non-urban groups was based on the ASGC Remoteness classification of the Postcode of their Area of usual residence. Patients, whose Area of usual residence was in ASGC group *Major cities* were classified as "Urban", whilst those in the remaining groups (*Inner regional, Outer regional, Remote* and *Very remote*) were classified as "Non-urban".

Statistics for States and Territories were aggregated in accordance with CDMS policy which, in order to ensure the privacy and confidentiality of both patients and providers, prohibits individual State or Territory statistics being reported in cases where the number of Hospitals is less than 5. As a consequence, statistics for the Australian Capital Territory are aggregated with those for New South Wales; whilst those for South Australia, Western Australia and Tasmania are also aggregated.

Reference

PMHA 2015. PMHA Newsletter 20th Edition September 2015. Viewed 22 October 2015

<<https://pmha.com.au/Portals/4/PublicDocuments/PMHANewsletters/PMHA%20Newsletter%2020th%20Edition%20September%202015.pdf>>.

Key Concepts

Ambulatory-equivalent mental health-related admitted patient care-private hospitals

Key Concept	Description
Ambulatory	An episode is classified as ambulatory for this report if the episode was a same day separation (that is, admission and separation occurred on the same day).
Diagnostic group	The classification of diagnostic groups is based on the ICD-10 principal diagnosis assigned to the episode of care at discharge. There are 8 clinical groupings of the ICD-10 diagnoses relating to mental and behavioural disorders. For further details of these diagnostic groups, see the PMHA-CDMS Annual Statistical Report 2013-14 https://www.pmha.com.au/Portals/4/PublicDocuments/Statistics/PMHA_ASR_2013-2014_2015-08.pdf
Episode	An episode of care involves a period of care from admission to separation. Counts of episodes include only clinically substantive episodes of care. Episodes that are of brief duration (1 or 2 contacts only) and episodes during which contacts were sparse (average interval between contacts 6 weeks or greater) are excluded from the count. Consequently, the count of episodes can in some cases be less than the count of unique patients.