PMHA PRIVATE MENTAL HEALTH ALLIANCE NEWSLETTER

Seventh Edition December 2010

Wishing all our readers a very Merry Christmas and a happy and safe New Year

Australian Medical Association

Australian Private Hospitals Association

Australian Health Insurance Association

Australian Government

Private Mental Health Consumer Carer Network (Australia)

beyondblue – the national depression initiative

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- **FROM THE CHAIR**

Mental Health Standing Committee

Mental Information Strategy

Safety and Quality

National Standards for Mental Health Services

- **STAKEHOLDER ROUND–UP**

- **FACT SHEET**

The PMHA Newsletter provides a brief summary of some of the issues being progressed by our Private Mental Health Alliance, and its Centralised Data Management Service (CDMS). As such it is intended to stimulate discussion and debate concerning the delivery of mental health services in the private sector.

The PMHA Newsletter does not necessarily represent the views of participating organisations, unless otherwise stated. Further information on the PMHA and its CDMS can be obtained from the PMHA Website at www.pmha.com.au.

From the Chair

Philip Plummer

The release of our last Newsletter for 2010 coincides with the Forums being conducted around Australia with the new Minster for Mental Health and Ageing, the Hon. Mark Butler MP. Mr Butler is keen to talk about issues related to mental health care and reform in Australia. We welcome the new Minister and his interest in planning connected mental health services for the future that work for all people affected by mental illness and their carers, particularly if that can be achieved across the entirety of the life cycle.

While that consultation is taking place, your PMHA representatives have prepared an update on the roles they are playing on several of the Australian Government's national mental health committees.

PMHA Quality Improvement Project

It gives me great pleasure to announce the appointment of our new Senior Research Officer for the PMHA's Quality Improvement Project (QIP), Ms Ellie Rosenfeld. Ellie will start working on QIP activities from 31 January 2010 from the PMHA's Research Office in Adelaide. QIP activities were explained in detail in our last newsletter, but just to recap –

Implementation of Consumer Perceptions of Care (CPoC) Measure. This first activity involves the implementation of a standardised measure of CPoC in all private hospital–based psychiatric services across Australia.

Outcomes in Private Psychiatry Practice. Work on this second activity will establish a research network of psychiatrists evaluating outcomes within the context of their private psychiatry practice.

Internet Access to the PMHA's Centralised Data Management Service (CDMS). This third activity involves a scoping exercise to determine the requirements for a model Agreement that would enable appropriate and secure internet–based access for participating stakeholders to the data currently held by the PMHA's CDMS.

Borderline Personality Disorder (BPD). This activity involves preliminary work to scope what models of care are currently being used for people with a diagnosis of BPD.

PMHA Collaborative Care Models Working Group

The Working Group met in August to determine its future work program for the next 12 to 18 months. That meeting agreed that the Working Group should focus on the development of industry agreed national guidelines for outreach type services.

Outreach type services have the potential to reduce hospital admissions, re–admissions, length–of–stay, and possibly even the severity of illness over time. National guidelines have the capacity to facilitate the better integration of care by describing such issues as the pathways to care, the providers and payers involved, and the boundaries in which they operate. The guidelines would also assist providers, payers, consumers and their carers, better understand the level of expectation outreach type services should meet, particularly in relation to such issues as level of integration, continuity of care, and risk management.

The Cairns Clinic

We recently welcomed The Cairns Clinic in far North Queensland to the PMHA, its CDMS and the Private Mental Health Consumer Carer Network Australia.

Since opening its doors, The Cairns Clinic successfully underwent accreditation under ISO and also against the new National Standards for Mental Health Services 2010. This makes The Cairns Clinic the first mental health facility in Australia to achieve accreditation under the new Standards.

Contact details for The Cairns Clinic are:

The Cairns Clinic
253 Sheridan Street
Cairns Qld 4870
Ph: (07) 4050 7000

Our PMHA–CDMS Director, Mr Allen Morris–Yates, provided onsite set–up and training for the staff of The Cairns Clinic in November.

Vale Ruth Carson

The PMHA has extended its appreciation to Ruth Carson for her participation and strong support for the work of the PMHA and its antecedent the Strategic Planning Group for Private Psychiatric Services. Ruth has been our Carer representative since 2003 and will be very much missed by all her past and present colleagues. We wish Ruth and her family all the very best for the future.

Philip is the Independent Chair of the PMHA, based in Adelaide.

MENTAL HEALTH STANDING COMMITTEE

Philip Plummer and Moira Munro

The Mental Health Standing Committee (MHSC), reports to the Australian Health Ministers' Conference (AHMC) through the Australian Health Ministers' Advisory Council (AHMAC) and the Health Policy Priorities Principal Committee (HPPPC).

MHSC Terms of Reference

1. To progress current national policy and priority issues relating to mental health and to identify and make recommendations on emerging issues.

2. To review and update the National Mental Health Plan, when due or requested by Health Ministers.

3. To progress national policy and priority issues related to mental health identified in the current *COAG National Action Plan on Mental Health*, and as required by the HPPPC.

4. To coordinate annual reporting on progress in implementation of the current *COAG National Action Plan on Mental Health.*

5. To oversee and monitor the implementation of the current *COAG National Action Plan on Mental Health.*

6. To provide government, non–government, private sector, consumer and carer perspectives on priorities for, approaches to, and the conduct of national projects funded under the National Mental Health Strategy.

7. To build strategic alliances with key groups and sectors that can inform practical policies that impact on mental health, including effective links with the Mental Health Workforce Advisory Committee, the National Health Information Standards and Statistics Committee and other committees as required.

8. To support cross–jurisdictional communication and information exchange to improve both consistency and outcomes from national mental health reforms and developments.

Membership

The MHSC is currently Chaired by Dr Aaron Groves who is the Executive Director, Mental Health Directorate, Queensland Health. MHSC is comprised of the directors of mental health services for each Australian jurisdiction and New Zealand.

MHCA includes senior representatives of the Australian Government's Department of Health and Ageing (DoHA), Department of Veteran's Affairs (DVA) and its Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

The Mental Health Council of Australia, the PMHA, and the National Mental Health Consumer and Carer Forum, are also represented on the MHSC.

Fourth national mental health plan: an agenda for collaborative government action in mental health 2009–2014

The Fourth Plan was endorsed by AHMC on 4 September 2009 and released on 13 November 2009. The Plan takes a whole of government approach acknowledging that many of the determinants of good mental health and of mental illness are influenced by factors well beyond the health system.

Since endorsement of the Plan in 2009, MHSC has focused its efforts on the development of an Implementation Strategy to guide the implementation of actions in the Plan. The Implementation Strategy aims to articulate the way in which a detailed approach to implementation of each action will be developed.

The major activity of the MHSC over the next 12 months or so will involve supporting the implementation of the national mental health reform agenda as set out in the:

- Fourth National Mental Health Plan;
- National Mental Health Strategy; and
- COAG *National Action Plan on Mental Health 2006–2011*.

Philip represents the private sector on the MHSC and Moira is the PMHA Observer. Moira is the Deputy Chair of the PMHA and CEO of Perth Clinic, an acute private psychiatric hospital in Perth.

SAFETY AND QUALITY

Dr Bill Pring

The MHSC Safety and Quality Sub–committee, or SQPS as we call it, is responsible for taking the Australian Government mental health safety and quality agenda forward.

While the Australian Commission for Safety and Quality in Health Care (ACSQHC) leads the national effort to improve the safety and quality of health care provision in Australia generally, the SQPS has a defined focus on safety and quality in mental health care. SQPS and the ACSQHC work in partnership.

SQPS brings together key stakeholders in the mental health field, from both the public and the private sectors that are relevant to implementation of national priorities.

Some of the work undertaken by SQPS in 2010 involved the following.

6th National Seclusion and Restraint Forum

New South Wales (NSW) hosted a National Seclusion and Restraint Forum on 8/9 November 2010 in Sydney. The Forum had more of a focus on restraint and addressed issues related to restraint and seclusion across the age spectrum, as well as dealing with managing aggression in Emergency Departments.

The Forum attracted 190 attendees as well as being viewed by over 110 staff at various national sites via a live webcast. The positive aspects of using this technology was discussed at the recent SQPS meeting. NSW is pleased to advise that the Forum webcast is now publicly available and can be accessed via the following website:

http://vioca.st/NationalSeclusionRestraintForum

No password is required, you only need to enter your email address and state. Once you have entered your details click on the 'Launch webcast' button. Then select the day and session you would like to view.

The website will be available for the next 12 months and will be invaluable both as a learning tool and for research. NSW is liaising with the Web provider regarding the availability of the Forum on DVD.

Reducing Adverse Medication Events in Mental Health Services (RAMEMH)

The recommendations in the final draft report from the RAMEMH Working Party are quite broad and include further work for the Working Party and SQPS as well as referring a number of areas to other external agencies. The Working Party is reviewing and refining the recommendations to identify how the work could be progressed and identify appropriate agencies to refer/address the issues.

Safe transport of people experiencing mental health problems

South Australia and the Northern Territory have the lead in relation to the Safe Air Transport Project. A review of existing guidelines for air transportation of mental health consumers has been completed. Jurisdictional contacts and consumer and carer involvement has been established. After experiencing some delays in progressing activities the working group is now refocusing on the project.

The Australian Commission on Safety and Quality in Health Care (ACSQHC)

SQPS intends to work closely with the ACSQHC across a number of quality and safety areas including accreditation, national standards, clinical handover, open disclosure, framework on safety and quality and a national approach to the quality use of medication.

The Commission is starting to have a specific focus on mental health and has recently employed a dedicated part time project officer to identify and progress key issues. SQPS worked with the ACSQHC Executive Director, Mr Bill Lawrence, to develop the Agenda for the November 2010 SQPS meeting in order to dedicate a considerable portion of that meeting to discussing how to jointly take the mental health safety and quality agenda forward.

Work Plan 2010-11

SQPS is working to ensure that its workplan for 2010–11, is aligned with the Fourth National Mental Health Plan. Considerable time has been devoted to defining tasks, prioritising and planning SQPS activities and progressing the development of year–by–year implementation approaches for the actions of the Fourth Plan where SQPS had the lead, co–lead, or particular interest.

The outcomes of the National Seclusion and Restraint Forum, discussion on collaborative work with the ACSQHC, and the Fourth Plan implementation approaches, will inform the final workplan for 2010–11 and the draft workplan for 2011–12. The final workplans were submitted to the MHSC meeting on 26 November 2010.

Bill is a private psychiatrist in Melbourne and represents the PMHA on the SQPS.

MENTAL HEALTH INFORMATION STRATEGY

Moira Munro

The Mental Health Information Strategy Sub–committee (MHISS) provides expert technical advice and recommendations on initiatives to address the information requirements of the National Mental Health Strategy for the Mental Health Standing Committee (MHSC). The broad terms of reference for MHISS include the following.

MHISS Terms of Reference

1. Provide advice and recommendations for the development and implementation of mental health information development priorities under the current National Mental Health Plan.
2. Provide the MHSC with regular progress reports on the implementation of mental health information development priorities under the current National Mental Health Plan.
3. Provide advice and recommendations to the MHSC on the structure and content of the annual monitoring and reporting of the COAG National Action Plan on Mental Health, and on progress against agreed outcomes of the implementation of the Plan.
4. Provide advice and policy recommendations to the MHSC on the structure and content of the annual monitoring and reporting of the COAG National Action Plan for Mental Health, and on progress against agreed outcomes of the implementation of the Plan.
5. Provide advice and policy recommendations to the MHSC on the preparation of a national report on developments and progress under the National Mental Health Strategy.
6. Provide expert technical advice to the Australian Government on the preparation of an annual national report on developments and progress under the National Mental Health Strategy.
7. Provide expert technical advice on mental health data and information aspects to relevant health data and information groups as directed by the MHSC.
8. Provide expert technical advice to the AIHW on the development of the AIHW national mental health information program.
9. Maintain a watching brief and provide technical/expert advice on relevant information initiatives and identify opportunities for collaboration by the MHSC, for example with the Steering Committee on the Review of Government Services and Australian Bureau of Statistics.
10. Lead the development of key performance indicators for public mental health services in Australia.
11. Establish a functional collaborative relationship with the AHMAC Australian Commission on Safety and Quality in Health Care (ACSQHC) and the Safety and Quality Partnership Subcommittee (SQPS) to ensure mental health information development and safety and quality information development are informed by each other.
12. Establish and maintain linkages between mental health information and national health information processes through the MHSC, the National e–health Information Principal Committee and relevant subcommittees e.g. National Health Information Standards and Statistics Committee.
13. Establish and maintain linkages between mental health information and national health information processes through the MHSC, the Private Mental Health Alliance (PMHA) and Prisoner Health Information Group.

Work Program

MHISS meets over two days four times a year in order to progress what can only be described as a daunting volume of work. Just some of the issues we have been involved in progressing in 2010 are set out below.

- Indicators and targets for the Fourth National Mental Health Plan
- Development of systems for public reporting by organisations on Fourth Plan performance indicators
- Measuring Consumer Recovery
- Consumer Perceptions of Care
- Restructure of the National Mental Health Report and Mental Health Services in Australia Report
- National Mental Health Information Priorities
- Development of an Evaluation Framework for the Fourth National Mental Health Plan
- NGO Data Development
- National Partnership Agreement on Hospital and Health Workforce Reform – Activity based funding
- COAG National Action Plan for Mental Health (2006–2011) Progress Reports
- Mental Health Information Development Expert Advisory Panels
- National Health Agreement (NHA) Performance Indicator (PI) #22 – Selected potentially preventable hospitalisations – appropriateness of including mental health disorders
- NHA PI# 21 – Treatment rates for mental illness – linkage of Community Mental Health Care NMDS, MBS and private mental health data.

Moira is the Deputy Chair of the PMHA and represents the PMHA on MHISS.

NATIONAL STANDARDS FOR MENTAL HEALTH SERVICES

Carol Turnbull

The National Standards for Mental Health Services were first introduced in 1996 to assist in the development and implementation of appropriate practices and guide continuous quality improvement in mental health service.

Since that time service provision in the community has increased and there has been a substantial expansion of the non–government and private sectors, with a much greater emphasis on the role of the primary care sector in mental health.

In response to these changes, a consultative review of the Standards has been completed and the revised *National Standards for Mental Health Services 2010* were formally launched by Her Excellency, the NSW Governor Marie Bashir AC, CVO at The Mental Health Services (TheMHS) conference in Sydney on 16 September 2010. The revised Standards are available online at: http://www.health.gov.au

National Standards Implementation Steering Committee (NSISC)

Under the auspice of SQPS, a National Standards Implementation Steering Committee was established in 2009 to oversee the significant work required to prepare for implementation of the Standards. The role of the Steering Committee is to guide the implementation process.

The Chair of the NSISC, Professor Allen Fels AO, has advised that because of the extensive changes in the mental health service environment over recent years, the focus of these revised Standards has been expanded to include non–government mental health providers, public and private mental health services and office–based mental health services.

The revised Standards have been amended to include a Recovery Standard that describes six recovery principles of care and promotes the need for continuity of care across services and sectors.

It is intended that the Standards will be incorporated into assessment processes that include, but are not limited to:

- accreditation processes;
- service funding agreements;
- professional development; and
- performance appraisal processes.

The details of how the Standards will be embedded will differ on a jurisdictional basis, however, with endorsement from all Health Ministers through AHMC, and as a reporting requirement through the Fourth National Mental Health Plan, ***all*** jurisdictions are expected to make significant effort to ensure the Standards are implemented into local practice.

The implications for unions and their members are significant as the Standards will prescribe the minimum standard of practice expected of all mental health service staff. The NSISC has requested unions to take an active role in promoting contemporary standards of practice by disseminating the revised Standards to all members that work in mental health service provision.

National Standards Forum 2010

A National Forum was held in Sydney on 1 December 2010 to address the issues of accreditation and monitoring and reporting against the National Standards.

The Forum brought together accreditation surveyors and providers to workshop issues associated with implementing and integrating the Standards into mental health service accreditation, monitoring and reporting processes. There were approximately 140 attendees, including consumer and carer representatives, surveyors and providers, which indicates the high level of support and interest in the Standards.

PMHA felt it critical that the private sector be fully represented at the Forum and the following representatives attended.

1. Ms Janne McMahon OAM (consumers)
2. Dr Bill Pring (office–based practice)
3. Ms Carol Turnbull (private hospitals)
4. Ms Christine Gee (private hospitals)
5. Ms Helen Eriksson (health insurers)

The National Standards for Mental Health Services Poster and Video Competition is currently being conducted to raise awareness for the revised Standards within the mental health sector and the community.

Carol is the PMHA representative on the NSISC and the Chief Executive Officer for Ramsay Health in South Australia.

Stakeholder Round–Up

This section of our *Newsletter* provides a brief snapshot on some of our stakeholders activities.

Australian Medical Association (AMA)

Since its inception in 2008, the AMA Psychiatrists Group (AMAPG) has been assisting in the development of the AMA's mental health policy agenda.

The AMA has been active in its lobbying for mental health reform and has been working with a range of other organisations in expressing its concerns about the lack of action within the health reform process.

This is culminating in developmental work around how to achieve greater investment in and reform of community–based clinical and other support services for the treatment of people with mental illness. Improving access to care from specialist psychiatrists in community–based settings is also on the agenda.

Australian Private Hospitals Association (APHA)

The APHA held its 30th Annual National Congress from 17–19 October 2010 in Sydney. The theme, *Private Hospitals Speaking Up*, canvassed a wide range of issues relevant to private hospitals including Medical and Nursing Training, the Future of Surgery, Performance Reporting, MyHospitals and the Growth in Exclusionary Products.

Presentations available from the Congress can be downloaded from the APHA website at:

http://www.apha.org.au/events/2010–apha–annual–congress

Australian Health Insurance Association (AHIA)

The AHIA is the Australian private health industry's peak representative body that represents 21 health funds throughout Australia and collectively covers approximately 94% of the private health insurance industry. AHIA member funds today provide healthcare benefits for over 10 million Australians.

AHIA held its 2010 Annual Conference from 8–10 November in Sydney. The Conference provoked positive discussion about ways in which the Industry can influence Health Outcomes for all Australians, because of the interdependent nature of the Private and Public health systems.

Four International Keynote Speakers from France, Switzerland, Spain and the Netherlands provided an insight into the ways in which the Private Sector adds value in each country to the healthcare of their whole population. There were many lessons to be learnt that could be transposed into Australia's Health Care System.

Australian Government

The Australian Health Ministers Council (AHMC) met on 12 November 2010 and agreed to the Implementation Strategy for the Fourth National Mental Health Plan, which outlines a collaborative national approach to how the actions in the Plan will be progressed to improve the mental health and wellbeing of all Australians.

Ministers reaffirmed their commitment to working collaboratively on health reform and noted the considerable activity underway to progress the health reform agenda, which includes the following.

- The consultation process underway with regards to roles, functions, boundaries and governance arrangements for Medicare Locals.
- Progress towards finalising boundaries for Local Hospital Networks.
- Progress on federal legislation including the introduction of the Federal Financial Relations Amendment (National Health and Hospitals Network) Bill into the parliament.
- The passage of legislation to establish a permanent Safety and Quality Commission and the National Preventative Health Agency through the House of Representatives.

Ministers also noted the work underway by officials leading to the establishment of the Independent Hospital Pricing Authority and the National Performance Authority from July 2011, leading to greater efficiency and performance accountability in the health system.

Private Mental Health Consumer Carer Network (Australia)

The Network co-convened a *Trauma Informed Care Forum* in Sydney on 27 September, 2010 to develop a national agenda to enhance service delivery across the mental health, justice and other areas. The outcomes from the Forum included:

A well researched and structured overview paper with guiding principles is planned, designed to describe the key issues and challenges in current approaches to assisting individuals who have experienced serious trauma.

Establishment of an informal trauma informed care and practitioners network made up of individuals with an interest in trauma informed care and practice.

A possible workforce/professional development opportunity event to focus on building trauma informed approaches to care and support, developing policy reform, and establishing evidence–based practice.

The Network is co–hosting a consultation for the Community Services and Health Industry Skills Council SA Mental Health Unit to look at the development of competencies for the peers support workforce.

Fact Sheet

Since our last Edition of the PMHA Newsletter, the Australian Institute of Health and Welfare (AIHW) asked the PMHA's CDMS for statistics on population seen by Hospitals and DoHA asked for statistics on outcomes of care. The CDMS wrote this into a single analysis process and the report titled:

COAG Indicator Statistics for the National Action Plan for Mental Health Indicators 5 and 6 and National Healthcare Agreement Indicator 21 for 2009–2010 Financial Year (FY)

Set out below are the key tables which have been extracted from the Report. The HoNOS referred to in this Fact Sheet is a twelve item clinician–completed rating scale, developed by the Royal College of Psychiatrists in the UK and known as the Health of the Nation Outcome Scale, or the HoNOS. Further details regarding this instrument can be found in the most recent edition of the *CDMS Annual Statistical Report*.

Number of persons receiving care from Private Hospitals with Psychiatric Beds.

Statistics for COAG Annual Report Indicator 5: Percentage of population receiving clinical mental health care.

FY ending	June 2006	June 2007	June 2008	June 2009	June 2010
NSW	6,293	6,560	7,256	7,575	7,822
VIC	5,443	6,092	6,170	6,308	6,532
QLD	4,961	4,963	4,791	5,270	5,380
SA					suppressed
WA	2,168	2,168	2,183	2,629	3,035
TAS					suppressed
ACT					suppressed
Australia	21,436	22,510	23,044	24,348	25,136

Demographic attributes of persons receiving care from Private Hospitals with Psychiatric Beds.

Summary of statistics provided to the AIHW to enable reporting in respect of National Healthcare Agreement Performance Indicator 21: Treatment rates for mental illness.

Age distribution of all persons receiving care from Private Hospitals with Psychiatric Beds.

FY ending	June 2006	June 2007	June 2008	June 2009	June 2010
15–19	3.1%	2.8%	2.3%	2.5%	2.2%
20–24	7.2%	7.4%	7.0%	7.1%	7.1%
25–29	6.2%	6.3%	7.0%	7.3%	7.3%
30–34	8.2%	7.8%	8.2%	8.4%	8.2%
35–39	10.5%	10.7%	10.5%	10.0%	10.8%
40–44	10.1%	9.7%	10.0%	10.6%	10.8%
45–49	10.6%	10.7%	10.5%	10.1%	10.4%
50–54	10.7%	10.3%	9.8%	9.8%	9.9%
55–59	11.4%	10.5%	10.0%	9.6%	9.1%
60–64	7.7%	8.8%	9.5%	9.8%	9.2%
65–69	4.2%	4.4%	4.6%	4.8%	5.4%
70–74	2.7%	2.7%	2.9%	2.8%	3.0%
75–79	2.8%	2.7%	2.5%	2.4%	2.1%
80–84	2.4%	2.4%	2.4%	2.4%	2.0%
85+	1.9%	2.0%	2.1%	2.2%	2.0%
NR	0.4%	0.9%	0.5%	0.2%	0.4%

Remoteness of the Area of Usual Residence of all persons receiving care from Private Hospitals with Psychiatric Beds.

Financial Year ending	June 2006	June 2007	June 2008	June 2009	June 2010
0 – Major Cities	84.4%	84.2%	83.9%	83.4%	83.0%
1 – Inner regional	12.3%	12.4%	12.9%	13.2%	13.6%
2 – Outer regional	2.4%	2.6%	2.5%	2.7%	2.7%
3 – Remote	0.4%	0.4%	0.3%	0.4%	0.4%
4 – Very remote	0.1%	0.1%	0.1%	0.1%	0.1%

Relative Socio–economic Disadvantage of the Area of Usual Residence of all persons receiving care from Private Hospitals with Psychiatric Beds.

Financial Year ending	June 2006	June 2007	June 2008	June 2009	June 2010
1 Most disadvantaged	9.4%	9.7%	11.1%	8.4%	7.6%
2	11.2%	10.4%	10.2%	10.6%	11.1%
3	14.7%	14.3%	15.5%	16.0%	16.1%
4	23.9%	23.7%	23.4%	25.5%	23.6%
5 Least disadvantaged	40.5%	41.7%	39.5%	39.3%	41.3%

Outcomes of episodes of Overnight Inpatient Care provided in Private Hospitals with Psychiatric Beds.

Statistics for COAG Annual Report Indicator 6: Mental health outcomes of people who receive treatment from state and territory public services and the private hospital system.

Statistics for the 2009–2010 Financial Year

	Significant Deterioration	No Change	Significant Improvement
Number of Separations	643	4,745	14,492
Proportion	3.2%	23.9%	72.9%
Number of separations that met basic inclusion criteria			26,053
Number of separations with complete data			19,880
Proportion with complete data:			76.3%

Reporting of outcomes of people discharged from private hospital psychiatric units is based on all separations from those units that occurred within the identified Financial Year, where the length of stay was greater than 3 days. The count of such episodes is given in the second half of the table as the "Number of separations that met basic inclusion criteria".

For each in–scope separation, an outcome score was calculated as the difference between the total HoNOS scores at admission and discharge i.e. Discharge HoNOS total less Admission HoNOS total score. For both the admission and discharge scores, the total HoNOS score was calculated as the sum of all 12 HoNOS items. The "Proportion of episodes with complete data" identifies the proportion of episodes that had HoNOS ratings completed at both Admission and Discharge.

For each separation, the outcome score was then classified as either 'significant improvement', significant deterioration or no change, based on Effect Size. To do that, the Effect Size statistic was calculated for each individual separation as the ratio of the difference between the admission and discharge score to the group standard deviation of the admission score. A medium effect size of 0.5 was used to assign outcome scores to the three outcome categories. Thus individual episodes were classified as either: 'significant improvement' if the Effect Size index was greater than or equal to positive 0.5; 'significant deterioration' if the Effect Size index was less than or equal to negative 0.5; or 'no change' if the index was between –0.5 and 0.5.

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