

## S2 Forms: Non-Admitted Patient Services

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## Reporting Requirements

S2 forms are used for reporting non-admitted service activity in public hospitals. A separate S2 form is completed according to the program source of funding. Programs that require S2 forms are shown below.

<i><b>Program funding source</b></i>	<i><b>Output Code</b></i>
▪ Acute Health Services	111
▪ Sub-acute Ambulatory Services, Palliative Community Care, HARP-CDM and PAC	305
▪ Early Years Services	118
▪ Dental Health Services	127
▪ Public Health	116

The Health Service Agreement for each hospital documents the services purchased and hence indicates which forms are to be completed.

### **Acute Health Services (Form S2\_111)**

Form S2\_111 is used by medium and small public hospitals for reporting emergency, specialist outpatient and other non-admitted services funded by the Acute Health Services program.

Public hospitals classified as national peer groups A and B by the Commonwealth Department of Health and Ageing no longer submit Form S2\_111. VACS funded hospitals submit Form S9\_111 and non-VACS funded large hospitals submit Form S92\_111.

### **Sub-acute Ambulatory Care, Palliative Community Care, HARP-CDM and Post Acute Care (Form S2\_305)**

Form S2\_305 is used for reporting service activity data for sub-acute ambulatory care services, palliative community care services, HARP Chronic Disease Management (CDM) program and post acute care program. The aggregate level of reporting is still required on AIMS to ensure the department's Commonwealth and State accountability requirements are met during transition to the new Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH MDS).

Health services must continue reporting to AIMS until it can be demonstrated that data is coming in on an accurate and reliable basis and can be successfully extracted from VINAH. Health services will be formally notified when they can discontinue reporting to AIMS.

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### Early Years Services (Form S2\_118)

Form S2\_118 is used to report non-admitted services provided by Early Parenting Centres and specialist services funded by Early Years Services.

### Dental Health Services (Form S2\_127)

Form S2\_127 is used for reporting aggregate statistics on non-admitted services funded by Dental Health Services.

Exclude dental services provided to non-admitted patients funded by Acute Health Services. These services should be reported on the appropriate acute services form.

### Public Health (Form S2\_116)

Form S2\_116 is used to report non-admitted services provided by BBV/STI services, drug treatment services and Aboriginal liaison officer services.

## Return of Forms

Hospitals are to submit data to the department via the Health Collect website by the 15<sup>th</sup> day following the end of the reporting period. Frequency of reporting for each S2 form and due dates are shown below in Tables 1 and 2.

Table 1: Frequency of reporting S2 returns

<b>Program Funding Source</b>	<b>Form Code</b>	<b>Frequency</b>
Acute Health Services	S2_111	Monthly
Sub-acute Ambulatory Services, Palliative Community Care, HARP-CDM, PAC	S2_305	Monthly
Early Years Services	S2_118	Quarterly
Dental Health	S2_127	Quarterly
Public Health	S2_116	Quarterly

Table 2: Reporting periods and due dates for S2 quarterly forms

<b>Quarter</b>	<b>Period</b>	<b>Due Date</b>
Quarter 1	1 July to 30 September	15 October
Quarter 2	1 October to 31 December	15 January
Quarter 3	1 January to 31 March	15 April
Quarter 4	1 April to 30 June	15 July

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A tick in the *Completed* field indicates to the department that the form is complete with all validation rules satisfied and appropriate approvals for release obtained. Failure to tick this field has a two-fold affect. Firstly, the agency's return is deemed non-compliant and is reported as such and secondly the data entered on the form is not included on any data extract or activity reports.

Printouts of the original signed forms must be retained by the hospital and be available to officers of the Department upon request.

## Correction of Forms

Where an error is detected for any data item previously submitted to the Department, then a correction must be submitted. A correction can be made at any time during the reporting year.

## General Definitions

### **Non-Admitted Patient**

A patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: emergency department patient, outpatient, and other non-admitted patient (treated by hospital employees off the hospital site—includes community/outreach services). The term *non-admitted patient* is synonymous with the term *non-inpatient*.

Patients admitted under the designated 'Hospital in the Home' program are admitted patients and services provided to them should not to be reported on S2 forms.

### **Occasion of Service**

An occasion of service is any examination(s), consultation(s), treatment(s) or other direct care provided to a non-admitted patient in *each functional unit* of a health service establishment on each occasion such service(s) is (are) provided.

### **Counting Occasions of Service**

An occasion of service occurs when one or more services are provided to a non-admitted patient by a particular functional unit or department of a hospital. Each set of related diagnostic tests or services for the one patient on one occasion, consists of one occasion of service. For example, three blood tests performed for the one patient on one visit to hospital would count as one occasion of service.

Services provided by different departments in the hospital represent different occasions of service; thus, if a patient receives an x-ray and a blood test to assist with diagnosis of the same problem, this would count as two occasions of service.

If a patient has more than one booked appointment, each appointment will be counted as one occasion of service. For example, three booked appointments on a single day will be counted as three occasions of service.

Where a patient receives multidisciplinary care, within one booked appointment, one occasion of service shall be recorded, regardless of the number of care providers involved. The occasion of service count should be attributed to the clinic type associated with the booked appointment.

Telephone calls or telemedicine contacts with, or about, the patient are not included in the definition of an occasion of service and are not to be reported.

Occasions of service may occur on-campus or off-campus. Services provided to non-admitted patients of another hospital, such as pathology or allied health services, should only be counted if the hospital is not reimbursed for these services by the other hospital. Outreach clinic services should be counted at the facility where the patient medical record is held.

Services provided to non-admitted patients by medical practitioners or other health professionals on a private basis should not be counted. Services provided on a private basis involve patients being charged directly by the private practitioner or in the private practitioner's name; this includes all services, which attract Medicare benefits, and services provided to compensable patients.

#### ***DVA Patients***

Non-admitted patient services provided to eligible veterans and war widow(er)s are to be reported on non-admitted patient returns. This information is required for implementation of the new funding arrangements with the Department of Veterans' Affairs. Only one-on-one occasions of service need to be reported for DVA patients. DVA patients attending group sessions do not need to be reported.

#### **Business Units and Privatised Services**

'Privatised services' refers to services provided by a separately incorporated body, which may or may not be owned by the hospital/network.

The term 'business unit' refers to a unit which:

- is not a separate legal entity and is under the control of the hospital Board of Management;
- maintains a separate identity within the hospital and a separate set of accounts;
- does not (directly) receive any income from the Department of Human Services; and
- is reimbursed by the hospital from the Operating Fund for any services 'purchased' for public patients.

It is anticipated that business units and privatised services will provide services to private patients on a fee-for-service basis, or to public patients referred by the hospital. Services provided to privately referred non-admitted patients on a fee-for-service basis should not be counted as occasions of service on S2 forms.

Where a public non-admitted patient is referred to a business unit or privatised service by the hospital, these services should be counted as occasions of service by the hospital on the appropriate S2 form. The hospital would pay for the service provided to the referred public patient and no claims should be made for Medicare or Veterans' Affairs benefits. Payment by the hospital should be based on an agreed fee-for-service, such as the rates provided in the CMBS Schedule. Where payment for services by the hospital is in kind, such as by provision of accommodation, power, cleaning services, administrative services, etc., the value of the in kind services should be made explicit, and the transfer of chargings between Operating and Specific Purpose Accounts should occur at the end of each month.

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### **Group Session**

A service provided to a group of non-admitted patients or clients rather than to individuals. Each group session is to be counted *once only*, irrespective of the number of patients/clients in the group or the number of staff providing services.

Note: Department of Veterans' Affairs patients attending group sessions do not need to be reported.

### Form Specific Definitions (grouped by form)

#### Acute Health Services (Form S2\_111)

##### **Emergency Medical Treatment**

The number of occasions of service for

- patients who, at the time of treatment, have not been admitted and who receive treatment in designated emergency (or 'casualty') departments within the hospital (including patients treated in such departments before admission as admitted patients);
- non-admitted patients provided with unplanned or emergency care in areas of the hospital other than designated emergency departments.

Unplanned care generally means that patients have not been booked into the hospital for an appointment prior to receiving treatment.

##### **Outpatient Services**

The number of occasions of service given to non-admitted patients within designated specialist units/departments within the hospital.

Outpatient services refer to services provided to individual non-admitted patients on a *one-to-one* basis. Services provided to a group of non-admitted patients such as antenatal classes or diabetic education classes should be reported under 'Number of Group Sessions'.

Outpatient services refer to services that are provided 'on campus', that is, services provided on a hospital site. By contrast 'off campus services' are provided in the patient's home, place of work or other non-hospital site. Off campus services are reported under Items 13 to 15 of this form.

##### **Outpatients—Obstetrics & Gynaecology**

This includes all occasions of service to non-admitted patients given in outpatient clinics conducted by a medical practitioner or midwife primarily providing obstetric and gynaecology services.

##### **Outpatients—Paediatrics**

This includes all occasions of service to non-admitted patients given in outpatient clinics conducted by a medical practitioner primarily providing paediatric services.

**Outpatients—Surgical**

This includes all occasions of service to non-admitted patients given in outpatient clinics conducted by a medical practitioner primarily providing surgical services that are not covered in the obstetric and gynaecology or paediatric clinics listed above.

These include general surgery, urology, orthopaedics, neurosurgery, plastic surgery, vascular surgery and other designated surgical clinics. Ear nose and throat (ENT) clinics would usually be included here unless there are distinct medical and surgical clinics for this specialty.

**Outpatients—Medical**

This includes all occasions of service to non-admitted patients given in outpatient clinics primarily providing medical services which are not covered in the obstetric and gynaecology, paediatric and medical clinics listed above. These include general medicine, neurology, anaesthesiology, cardiology, gastroenterology, oncology, rheumatology and other designated medical clinics. Ophthalmology clinics would usually be included here unless there are distinct medical and surgical clinics for this specialty. Also included is superficial radiotherapy for the treatment of non-melanoma skin cancer; other radiotherapy services should be reported under Radiotherapy (Item 6).

Exclude sub-acute ambulatory care services. These services are reported on Form S2\_305.

**Outpatients—Radiotherapy**

This includes all occasions of service to non-admitted patients given in functional units primarily providing radiotherapy services.

Radiotherapy involves the use of ionising radiation (usually x-rays or electrons, or more rarely other subatomic particles and nuclei such as neutrons or protons) to kill tumour cells. All radiotherapy occasions of service provided to non-admitted patients should be reported under this category except superficial radiotherapy for the treatment of non-melanoma skin cancer, which should be reported under Medical (Item 5).

**Outpatients—Pathology**

This includes all occasions of service to non-admitted patients given in the hospital's pathology department.

An occasion of service in pathology may involve a single diagnostic test or a related set of diagnostic tests. It is counted as one occasion of service if it is for the one patient on the one occasion, regardless of the number of tests involved.

It should be noted that for purposes of counting occasions of service, the pathology department is generally treated as one single functional unit regardless of the number of subdivisions within the department. Large pathology departments may be subdivided into a number of units including haematology, microbiology, and biochemistry. It is counted as one occasion of service if tests are for the one patient on the one occasion, regardless of whether the tests are undertaken in separate subdivisions of the pathology department.

Pathology services provided to non-admitted patients of another hospital should only be included if the hospital is not reimbursed for these services by the other hospital.

### **Outpatients—Radiology**

This includes all occasions of service to non-admitted patients given in radiology (x-ray) departments as well as in specialised organ imaging clinics carrying out ultrasound, computerised tomography (CT) and magnetic resonance imaging (MRI).

An occasion of service in radiology may involve a single x-ray or a related set of x-rays. It is counted as one occasion of service if it is for the one patient on the one occasion, regardless of the number of x-rays involved.

### **Outpatients—Pharmacy**

This includes all occasions of service to non-admitted patients given in the hospital's pharmacy department.

An occasion of service occurs when a non-admitted patient presents one or more prescriptions to a designated pharmacy department. Only one occasion of service is counted if it is for the one patient on the one occasion, regardless of the number of prescriptions filled.

### **Outpatients—Allied Health**

This includes all occasions of service to non-admitted patients provided by allied health professionals in designated allied health units or clinics. These include units primarily concerned with physiotherapy, occupational therapy, speech pathology, family planning, dietary advice, optometry, podiatry and social work (including financial counselling).

Exclude sub-acute ambulatory care services. These services are reported on Form S2\_305.

'Allied health' services should be distinguished from 'community health' services (refer H&CS Circular 37/1993). Allied health services are those that relate to an emergency treatment or to a previous or subsequent admitted patient admission. Allied health services should be reported under Item 10 on Form S2\_111.

Community health services refer to a wide range of services which include those allied health services which are *not* related to an emergency treatment or to an admitted patient admission. Community health services are mainly funded through the Primary Health Branch and are reported on separate returns. For information on community health reporting guidelines and forms see the Primary and Community Health website at [http://www.health.vic.gov.au/communityhealth/data\\_reporting/index.htm](http://www.health.vic.gov.au/communityhealth/data_reporting/index.htm).

### **Outpatients—Dental**

This includes all occasions of service to non-admitted patients provided by dental professionals in designated dental units or clinics. Only dental services funded by Acute Health Services should be reported under this item.

The majority of dental services provided by hospitals are funded by Dental Health Services. These dental services should be reported on Form S2\_127.

### **Other Services**

Two broad categories are reported under 'other services'. The first category is for reporting services to individual non-admitted patients that are provided off campus. Off campus services

refer to the fact that the service providers 'travel' to the patient. However, travel does not include travel within a hospital, between campuses of a hospital, or between one hospital and another.

The second category is for non-admitted services provided on a group basis, regardless of whether the service occurs on or off campus.

### **Domiciliary Postnatal Services**

This item relates to the Variable Maternity Services Grant (VMSG) for the provision of maternity domiciliary care across both rural and metropolitan areas. Each visit to the patient should be counted as an occasion of service. Postnatal visits should be reported regardless of whether these services are provided directly by the hospital or whether they are purchased from another health service or health service agency such as district nursing service, community health, maternal and child health services or private midwifery services.

For more information on reporting and funding under the VMSG, see the document *Information Regarding Funding and Health Service Responsibilities under the Variable Maternity Services Grant (VMSG)* on the website [www.health.vic.gov.au/maternitycare/funding2.htm](http://www.health.vic.gov.au/maternitycare/funding2.htm)

*Note: When a mother is discharged home following the birth of a baby, provision of domiciliary postnatal services is the responsibility of the birth hospital. However, for item 13 of Form S2\_111, the hospital purchasing the service records the occasion of service.*

### **Other Domiciliary Nursing**

This includes occasions of service to non-admitted patients where a nursing service is provided in the patient's home, place of work, or other non-hospital site.

Only domiciliary nursing services funded under the Acute Health Services program should be reported under Item 14 of Form S2\_111. Exclude home nursing services funded under the Variable Maternity Services Grant or through other programs, for example the HACC program. Separate reporting arrangements exist for services provided by other programs.

Patients who are admitted to the Acute Health designated 'Hospital in the Home' program should be counted as admitted patients and services provided to them should not be reported on the non-admitted form.

Domiciliary visits provided after a baby is discharged from the birth hospital or other hospital at a time separate from the mother, are the responsibility of the discharging hospital and should be recorded under this category (item 14).

### **Other Off-Campus Health Professional Services**

This includes all other occasions of service to non-admitted patients where a health professional service is provided in the patient's home, place of work, or other non-hospital site.

This category includes off campus services provided by a medical officer or an allied health professional such as home visits provided by an occupational therapist or a physiotherapist.

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### **Number of Group Sessions**

This includes the number of group sessions provided to non-admitted patients or clients.

Each group session is counted once only, regardless of the size of the group or the number of staff providing services. Group sessions include educational sessions for non-admitted patients, relatives of patients, and members of the general public as well as more clinically oriented sessions such as antenatal classes.

### **Rural Innovative Services**

Group C hospitals have a small amount of funds where service delivery can be driven by local needs and have flexibility in usage. Rural Innovative Services category is available for Group C hospitals to record occasions of services delivered using these funds where no other reporting mechanism is available.

### **Sub-acute Ambulatory Care, Palliative Community Care, HARP-CDM and Post Acute Care (Form S2\_305)**

Form S2\_305 is used for reporting activity for sub-acute ambulatory care, palliative community care, HARP Chronic Disease Management (CDM) and Post Acute Care programs. Continuation of aggregate level reporting is required on AIMS to ensure the department's Commonwealth and State accountability requirements are met during transition to the new Victorian Integrated Non-Admitted Health Minimum Dataset (VINAH MDS).

For definitions and reporting requirements see the VINAH Manual at <http://www.health.vic.gov.au/hdss/vinah>.

### **BBV/STI Services (Form S2\_116)**

#### **BBV/STI Clinics Individual Sessions**

The number of individual occasions of service provided to non-admitted patients or clients attending a designated BBV/STI clinic within the hospital.

All BBV/STI outpatient services should be reported including services funded by the Commonwealth AIDS program.

Services provided to non-admitted patients or clients in a group session rather than on a one-to-one basis should be reported in item 2 BBV/STI Group Sessions.

#### **BBV/STI Group Sessions**

This includes the number of group sessions provided to non-admitted patients or clients attending a group day program conducted by the hospital where services are provided by health professional staff.

Where services are provided to non-admitted patients or clients in a group session, each group session is counted as one occasion of service, irrespective of size or the number of staff providing services.

## Drug Treatment Services (Form S2\_116)

### **Outpatient Withdrawal**

The number of occasions of service provided to clients attending a designated alcohol and drug outpatient unit within the hospital for management of a withdrawal syndrome.

The service is provided to clients who have a withdrawal syndrome, which can be appropriately managed without admission to a residential service. The service provides a series of intensive individual outpatient consultations over a short period, followed by ongoing counselling and support to complete the withdrawal.

There will be a greater proportion of problem drinkers and individuals consuming benzodiazepines attending outpatient withdrawal than residential or home-based services. This means that an average duration of withdrawal may be longer with more gradual reductions in drug use to negotiated levels of consumption.

### **Pharmacotherapy Regional Outreach Worker**

This includes all occasions of service to non-admitted patients who receive counseling, advice and referral in relation to their use of a substitute pharmacotherapy.

Pharmacotherapy Regional Outreach Workers are employed to enhance the role of general practitioners in encouraging, recruiting and retaining opiate dependent persons in treatment and ultimately assisting in an effective withdrawal. The outreach workers will have a significant role in planning for, and assisting in, the introduction of new pharmacotherapies.

### **Specialist Pharmacotherapy Service**

This includes all occasions of service (that is, prescribing, dispensing and counselling) to non-admitted patients provided by specialist methadone service programs.

While methadone is generally administered through general medical practitioners, the need for specialised methadone service occurs where there are associated complex medical, psychiatric or psychological problems.

### **Counselling, Consultancy and Continuing Care**

This includes all occasions of service to non-admitted patient/clients who attend a designated alcohol and drug unit funded by the hospital for the provision of a range of services and support appropriate to clients who have alcohol and drug use problems. Services may include assessment, treatment/counselling and consultancy, referral and ongoing case management.

Counselling may include individual counselling, groups or partners/couples. Each group session (including partners/couples), is to be counted *once only*, irrespective of the number of patients/clients in the group or the number of staff providing services.

Counselling services provided as part of other service types such as outpatient withdrawal, specialist methadone service, ante & post-natal support and home-based withdrawal should not be separately included under counselling, consultancy and continuing care.

### **Ante and Post-Natal Support**

The number of individual occasions of service provided to non-admitted patients/clients who attend a designated ante and post-natal outpatient clinic for pregnant women and babies with drug problems.

### **Home-Based Withdrawal**

The number of individual occasions of service to clients receiving home-based withdrawal services. These services are provided in cases where the withdrawal syndrome is of mild to moderate severity and the client can be supported by a family member or friend at home. This service may be provided as part of the rural withdrawal support service, following a short hospital admission or as the complete treatment, if no hospital admission is required. The service is provided by an experienced nurse in conjunction with a medical practitioner, preferably the client's general practitioner.

The service includes the provision of an initial assessment of the client by the experienced nurse in collaboration with a medical practitioner. The nurse then provides information and support to the client and support person about the course of the withdrawal, monitors the withdrawal through daily visits on at least each of the first few days of withdrawal, communicates with the medical practitioner about the need for pharmacotherapy and medical care, and finally schedules one or two visits to discuss planning to address future issues and opportunities for further treatment.

### **Koori Community Alcohol and Drug Worker**

This includes occasions of service provided by the Koori Community Alcohol and Drug Worker to non-admitted patients to assist them with their alcohol and drug issues.

The Koori Community Alcohol and Drug Worker undertakes a number of program development activities based on a harm minimisation approach, including health promotion, information provision, education activities, development and maintenance of community linkages, referrals, counselling interventions, the provision of advice to generalist services, liaising with relevant programs and fulfilling an advocacy role on behalf of the client.

### **Rural Withdrawal**

These services have been operating in rural Victoria since 1996 and provide supportive care, medical care and pharmacotherapy. Rural withdrawal may include a short period of hospital-based withdrawal (if required) with a follow-up period of home-based or outpatient care. Only the non-admitted component of this service type should be reported on Form S2\_116.

### **Alcohol and Drug Supported Accommodation**

Alcohol and drug (A&D) supported accommodation services provide a supportive environment to help clients achieve lasting change and assist their reintegration into community living.

Supported accommodation services are provided to clients who have undergone an alcohol and drug withdrawal program or who require assistance in controlling their alcohol and drug use and

need a period of one to twelve months supported accommodation to assist reintegration into community living whilst completing their period of recovery.

### **Outreach**

Outreach services provide assessment, support and ongoing coordination to people with alcohol and drug problems, in their own environment. They will also support generalist agencies that work with people, through information, education and training.

### **Peer Support**

Peer support services provide mutual support and information by people with personal experience of alcohol and drug use for individuals who may be having, or who have had, difficulties in the past associated with their alcohol and drug use. Peer support groups or activities are usually established by current or past alcohol and drug users, and may operate out of, or be supported by community organisations, alcohol and drug agencies or community health centres.

### **Aboriginal Liaison Officer Services (Form S2\_116)**

See separate link for document with instructions on completing Aboriginal Liaison Officer Services section of Form S2\_116.

### **Dental Health Services (Form S2\_127)**

#### **Dental Emergency Treatment**

The number of occasions of service to non-admitted patients who receive an emergency course of dental care.

Dental emergency treatment is the investigation and/or treatment of non-elective oral and peri-oral conditions. Certain presenting complaints will necessitate urgent care. These include swelling associated with acute infection (dental or periodontal), pain - particularly that which interferes with sleep, haemorrhage, trauma to bone, teeth and soft tissue and denture related problems which preclude the wearing of the prosthesis.

Dental services provided to non-admitted patients purchased by Acute Health Services program should be reported on the appropriate acute services non-admitted activity form.

#### **Dental General Care**

The number of occasions of service to non-admitted patients who receive a general course of dental care.

Dental services provided to non-admitted patients purchased by Acute Health Services program should be reported on the appropriate acute services non-admitted activity form.

## Early Years Services (Form S2\_118)

### **Day Stay Program—On Campus**

This includes all occasions of service provided to non-admitted patients who are participants in a day stay program (day program) provided by the Queen Elizabeth Centre, Tweddle Child and Family Health Service or the O'Connell Family Centre, where the service is provided at the Early Parenting Centre.

A day stay program provides assistance with a range of problems related to the care of young children. Parents and young children usually attend a full day (or two days) program where assistance is provided on an individual basis.

A day stay program should be regarded as a separate functional unit of the hospital. For this reason, each attendance by a parent and child on one day should be recorded as a single occasion of service regardless of how many staff interactions occur at the day stay program during the course of the day.

### **Day Stay Program—Off Campus**

This includes all occasions of service provided to non-admitted patients who are participants in a day stay program (day program) provided by the Queen Elizabeth Centre, Tweddle Child and Family Health Service or the O'Connell Family Centre, where the service is provided from an off-campus site.

A day stay program provides assistance with a range of problems related to the care of young children. Parents and young children usually attend a full day (or two days) program where assistance is provided on an individual basis.

A day stay program should be regarded as a separate functional unit of the hospital. For this reason, each attendance by a parent and child on one day should be recorded as a single occasion of service regardless of how many staff interactions occur at the day stay program during the course of the day.

### **In-Home Program**

This includes all occasions of service provided to non-admitted patients who are participants in an in-home program provided by the Queen Elizabeth Centre, Tweddle Child and Family Service or the O'Connell Family Centre. Occasions of service are provided in the client's own home.

An in-home program should be regarded as a separate functional unit of the hospital. For that reason, each visit to a family should be recorded as a single occasion of service regardless of how many staff interactions occurred during the visit.

### **Child Health Centres (Royal Children's Hospital)**

This includes all occasions of service provided to non-admitted patients by child health centres associated with the Royal Children's Hospital.

This category refers to the services provided by the Uncle Bob's Child Development Centre, the Child Abuse Centre, and the Centre for Community Child Health and Ambulatory Paediatrics.

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### **Paediatric Allied Health**

This category includes all occasions of service provided by allied health professionals to non-admitted patients attending designated paediatric allied health units or clinics at Sunshine Hospital.

These allied health services should be distinguished from allied health services which relate to an emergency treatment or to a previous or subsequent admitted patient admission that are reported on the Acute Health Services form and community allied health services purchased through the Community and Women's Health Program.