

Acute Health Services

Form S92 111: Acute Non-Admitted Patient  
Services—Non VACS Funded Large Hospitals

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## Reporting Requirements

Modifications to the Australian Health Care Agreement 2003-08 effective from July 2005 require Victoria to provide aggregated outpatient data by clinic type for all hospitals classified in national peer groups A and B to the Commonwealth Department of Health and Ageing. The outpatient clinic categories are consistent with the existing clinical specialties collected by the Victorian Ambulatory Classification and Funding System (VACS) and submitted to the department on Form S9\_111. Form S92\_111 has been established with the same clinic categories as Form S9\_111 and is to be completed by large hospitals classified in national peer group A and B that do not participate in the VACS funding system.

Include only hospital non-admitted services funded by the Acute Health Services program on Form S92\_111. Non-admitted activity provided by other funding streams should not be reported on Form S92\_111. For example, sub-acute ambulatory care services are reported on Form S2\_305 and community health services are reported on the Primary and Community Care Program quarterly reports.

Hospitals that submit form S92\_111 are no longer required to submit a separate S2\_111 form.

## 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 month. 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.

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 period.

## 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 Form S92\_111.

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### 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 counted/reported to AIMS.

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. 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;

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- 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.

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. 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.

### Group Session

The number of group sessions held within the reporting period. A group session is 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*.

### Group attendances

The number of patients/clients participating in a group session.

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

### Outpatient Clinics

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 as 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 Other Non-Admitted Services.

### 101 General Medicine

Assessment, management, diagnosis and/or research of general medical conditions. Includes complex hypertension, cardiovascular risk factors, angina, respiratory disorders, chronic pain,

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obesity, gastrointestinal and post natal complications (where patients are not required to attend a more specialist clinic). Patients are seen by medical staff.

### **102 Allergy**

Assessment, diagnosis and management of allergic conditions. Includes the treatment of immunological conditions resulting in allergies, food allergies, dermatological allergies and occupation specific skin allergies. Patients are seen by a dermatologist.

### **103 Cardiology**

Management, assessment and treatment of cardiac conditions. Includes monitoring long-term patients with cardiac conditions, maintenance of pacemakers and investigative treatments. Patients are seen by a cardiologist.

### **104 Diabetes**

Management, education, review and treatment of patients with diabetes. Includes management of insulin stabilisation, consultative investigations, patient reviews, assessments and treatment of co-morbid disorders associated with diabetes. Patients are seen by an endocrinologist.

### **105 Endocrinology**

Management assessment and treatment of all types of endocrine conditions. Includes osteoporosis, complex diabetes conditions, thyroid conditions, rheumatology, gerontology and menopause complications. Patients are seen by an endocrinologist.

### **106 Gastroenterology**

Consultation, management, treatment and education of all types of gastroenterological conditions. Includes gastro intestinal disease, Crohns and coeliac disease, liver disease, upper gastro intestinal (oesophagus, stomach) cancers, bowel conditions (i.e. cancer), hepatitis conditions, peptic ulcers, inflammatory bowel disease, review of colorectal patients and pancreatitis. Patients are seen by a gastroenterologist.

### **107 Haematology**

Assessment, diagnosis, planning, management, follow-up screening and testing of patients with haematological conditions. Includes oncology haematology, fitting of thrombosis stockings, haematologic malignancies, bleeding or clotting disorders, haemostasis treatment and thrombosis treatment. Patients are seen by a haematologist.

### **108 Nephrology**

Assessment, treatment, review and management of renal diseases and nephrological conditions. Includes hypertension, renal dialysis, renal transplant, renal failure, associated dermatological problems, glomerulonephritis, ongoing haemodialysis and peritoneal dialysis. Patients are seen by a renal physician.

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### **109 Neurology**

Assessment, diagnosis and management of neurological conditions. Includes dementia, epilepsy, stroke, movement disorders, multiple sclerosis, peripheral neuropathy, complex neuron-oncology and carpal tunnel. Patients are seen by a neurologist.

### **110 Oncology**

Assessment, prevention, identification, treatment, monitoring and research of oncology related conditions. Includes hepatocellular cancer, breast cancer, hepatocellular carcinoma, leukemia, orbital malignancies, lung cancer, known blood disorders, hepatoma, lymphedema and genetic monitoring and investigation. Patients are seen by a medical oncologist and/or surgical oncologist.

### **111 Respiratory**

Assessment, investigation, treatment and management of patients with respiratory related conditions. Includes sleep apnea, asthma, tuberculosis, oncology related respiratory deficiencies, bronchoscopy, lung dysfunction and thoracic medicine. Patients are seen by a respiratory physician.

### **112 Rheumatology**

Assessment, treatment, management and rehabilitation of patients with rheumatologic conditions. Includes, joint and soft tissue infections, connective tissue disease, arthritis, spinal conditions, orthopaedic conditions, acute muscle injury and joint injury (Note: these clinics relate to acute outpatients and not sub-acute ambulatory rehabilitation clinics). Patients are seen by a rheumatologist.

### **113 Dermatology**

Management, treatment assessment and diagnosis of patients suffering from dermatological conditions. Includes skin cancer, photosensitive disorders, general biopsies, joint disorders, musculoskeletal disorders, skin allergies and chronic inflammatory/infective skin conditions. Patients are seen by a dermatologist.

### **114 Infectious Diseases**

Referral, investigation, prevention, counselling, management, review, treatment assessment and diagnosis of patients with infectious diseases. Includes TB, Hepatitis B and C, HIV, herpes, gonorrhoea, syphilis, chlamydia, tuberculosis, referral patients with co-morbid conditions such as cardiac and orthopaedic, needlestick injury and immunological disorders. Patients are seen by infectious disease and/or respiratory physician.

### **115 Developmental Neurological Disability**

Specialist services, research and management of people suffering from various developmental neurological disabilities. Includes spina bifida, cerebral palsy and paediatric (intellectual or physical) delayed development. Patients are seen by a neurosurgeon and/or orthopaedic surgeon, urologist and paediatrician.

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## **201 General Surgery**

Assessment, diagnosis, management, review and treatment of patients requiring general surgical procedures and those requiring management as a result of surgical procedures. Includes breast disorders, upper GI conditions, colorectal conditions, surgical oncology patients, general paediatric, specialist surgical disorders, inflammatory bowel disease and faecal incontinences. Patients are seen by a general surgeon.

## **202 Cardiothoracic**

Management, assessment, review, diagnosis, planning, consultation and referral of patients with cardiothoracic conditions. Includes upper gastrointestinal conditions, pre and postoperative cardiac patients, lobectomies and thoracotomies. Patients are seen by a cardiac surgeon and/or respiratory physician and cardiac physician.

## **203 Neurosurgery**

Assessment, follow up, management and review of patients with neurosurgical conditions, those who have had and those who require neurosurgery. Includes brain surgery, laminectomies, paralysis and conditions pertaining to the nervous system. Patients are seen by a neurosurgeon and/or neurologist.

## **204 Ophthalmology**

Assessment, review, treatment and management of conditions relating to vision. Includes patients requiring beta radiation and post operative wound management, as well as those suffering from inflammatory disease of the eye, disease of eyelids and tear system, glaucoma, corneal grafting, retinal detachment, squint, pterygia, errors of refraction, cataracts, HIV related problems, lid disorders, stroke and neurological conditions resulting in vision impairment. Patients are seen by an ophthalmologists and/or ophthalmic surgeon.

## **205 Ear, Nose and Throat**

Consultation, diagnosis, planning investigation, treatment, for patients with ear, nose and throat conditions requiring pre/post surgery. Includes voice disorders, cochlear implants, disorders of speech (i.e. spastic dysphonia), hearing loss due to medical conditions and epistaxis. Patients are seen by an ENT surgeon and/or ENT specialist.

## **206 Plastic Surgery**

Pre and post-operative assessment, microsurgery, review and follow-up of patients with conditions requiring plastic surgery. Includes epidermolysis bullosa, cleft lip, cleft palate, brachial plexus damage and removal of sutures and dressings. Patients are seen by a plastic surgeon and/or oral maxillofacial surgeon.

## **207 Urology**

Assessment, follow-up, consultation, diagnosis and treatment of patients suffering from diseases of the urinary tract and urogenital system and those who have had prostatectomy or other urological surgery. Includes urethral dilation, urinary or faecal incontinence, prostatic cancer, stones and

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bladder disorders, urinary problems and gynaecological problems. Patients are seen by a urologist and/or gynaecologist.

### **208 Vascular**

Management, investigation, review and assessment of patients with vascular surgery related conditions. Includes accelerated vascular disease/atherothrombotic disorders, vascular thrombotic disease, atherothrombotic disease, varicose veins, vascular problems and hypertensive problems. Patients are seen by a vascular surgeon.

### **209 Pre-admission**

Pre-operative assessment, testing, examination and education procedures for patients prior to surgery. Includes anaesthetic workup, anaesthetic risk, application of telemedicine, coronary angiogram, radiological investigations, obtaining medical history, organisation of pre-operative tests and obtaining consent. Patients are seen by an anaesthetist and/or medical staff.

### **301 Dentist**

Treatment and assessment of dental procedures. Includes general dentistry, plates, braces, prostodontic, periodontic, emergency oral, fitting of mandibular advancement devices and gum disease therapy. Patients are seen by a dentist, endodontist or oral maxillofacial surgeon.

Only dental services funded by Acute Health are reported under this item. Dental services funded by Dental Health Services Program are reported on Form S2\_127.

### **310 Orthopaedic**

Management, treatment (i.e. fitting of wheelchairs, pin removal, plastering, insertion of rods), referral, assessment and review of all orthopaedic conditions. Includes fractures, soft tissue injuries, gait disorders, limb deficiency, scoliosis, cerebral palsy, complex knee disabilities, arthritis, orthopaedic disabilities, reconstructive surgery of joints, joint replacements and chronic spinal conditions. Patients are seen by an orthopaedic surgeon.

### **311 Orthopaedic Applications**

Fitting and provision of orthotic services, prosthesis and orthopaedic surgical appliances as prescribed by a doctor (i.e. for children with special needs).

### **350 Psychiatry and Behavioural Disorders**

Assessment, treatment, diagnosis and management of acute (output group 111) patients with various psychiatric and behavioural disorders. Includes postnatal depression, difficulties in sexual relationships or sexual function, medical conditions which result in cognitive changes, eating disorders and emotional/psychiatric episodes. Patients are seen by a psychiatrist and/or behavioural paediatrician.

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#### **401 Family Planning**

Treatment, referral, management, information and advice services for patients with problems relating to family planning. Includes advice on contraception, pap smears, sterilisation, infertility, termination of pregnancy, menopause, and pregnancy in general, the provision of pregnancy testing services and post-natal follow-up, pap smear and breast screening services. Patients are seen by a gynaecologist and/or reproductive endocrinologist.

#### **402 Obstetrics**

Assessment, counselling, treatment and review of women during pregnancy, childbirth and the period during which they recover from childbirth. Includes the treatment of menstrual difficulties and period pain, care of breast lumps, obstetric management of women with an abnormal foetus, identification of women at risk of developing cancer and management of ante-natal women with hypertension, renal or auto-immune complications. Patients are seen by an obstetrician, gynaecologist and/or midwife.

#### **403 Gynaecology**

Assessment, review, diagnosis and treatment of problems/disorders affecting the female reproductive organs. Includes ectopic pregnancy, hydatiform mole, menstrual problems, fertility, pregnancy termination and endocrinological conditions. Patients are seen by a gynaecologist.

#### **404 Reproductive Medicine**

Assessment, investigation and management of all problems relating to, or affecting human infertility. Includes investigation for infertility problems. Patients are seen by a specialist obstetrician and/or endocrinologist.

#### **405 Dysplasia and Colposcopy**

Assessment, investigation, management and treatment of developmental abnormalities relating to adult cells. Includes premalignant conditions of the genital tract (cervix, vagina, vulva), abnormal pap smears and cervical dysplasia. Patients are seen by a gynaecologist.

#### **501 Paediatric surgery**

Management, review and treatment of all types of paediatric conditions requiring surgery. Includes treatment of burns, eye, ear and nose problems, fractures, all types of dressings, orthopaedic treatments, neurological problems and thoracic problems. Patients are seen by a paediatric surgeon and/or paediatric physician.

#### **502 Paediatrics medical**

Management review and treatment of all types of paediatric medical conditions. Includes cerebral palsy, asthma, premature neonates, anorexia nervosa, monitoring of growth and development and follow-up of babies whose mothers have had medical problems such as diabetes. Patients are seen by a paediatrician.

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## Emergency Services

### 550 Emergency Medicine

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.

### Allied Health Services

Include occasions of service to hospital non-admitted patients provided by allied health professionals in designated allied health units or clinics funded by Acute Health program.

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.

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 Program and are reported on separate forms. See the Primary and Community Health Program website for these reporting requirements.

Exclude allied health services provided by other funding streams, for example, sub-acute ambulatory care services. Sub-acute ambulatory care services are reported on Form S2\_305.

### 601 Audiology

Diagnosis and assessment of hearing conditions. Includes inner ear function, hearing tests, general auditory screening tests and specific screening tests for people with related disorders.

### 602 Nutrition

Education, assessment and treatment by nutritionists or dietician for patients requiring assistance with diet and weight. Includes patients with endocrine metabolic fertility problems, patients with eating disorders, education for mothers during pregnancy and breast feeding and oncology patients requiring dietary assessment and modification as part of ongoing medical treatment.

### 603 Optometry

Review, assessment and treatment of conditions relating to vision. Includes the measurement of visual refractive power and the correction of visual defects with lenses or glasses.

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### **604 Occupational Therapy**

Assessment, treatment and implementation of occupational therapy procedures and equipment for inpatients and outpatients suffering from various mental and physical conditions. Treatment includes specialist hand, lower limb and upper limb rehabilitation, mobilisation, strengthening and scar management, customised manufacture of splints and implementation of home modifications such as ramps for access via wheelchairs.

### **605 Physiotherapy**

Assessment and treatment of patients (with all types of medical conditions) requiring physiotherapy, such as musculoskeletal disorders, fractures and orthopaedic conditions. Includes hand and neuromuscular manipulation, cardiac rehabilitation, amputee, neurology, hydrotherapy and various other pre and postoperative treatments.

### **606 Podiatry**

Review management and treatment of patients with general and specific podiatry conditions often associated with diabetes. Includes ulcer management, orthotic therapy, below knee casting, vascular assessment, neurological assessment and orthopaedic assessment of feet.

### **607 Speech Pathology**

Assessment, treatment, review and ongoing management of patients with various speech difficulties. Includes correction of communication and language problems, swallowing difficulties and progressive neurological conditions affecting, or related to, speech.

## **Other Non-Admitted Services**

### **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).

Hospitals providing radiotherapy occasions of service must also complete AIMS Form S8\_111.

### **Domiciliary Postnatal Services**

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

Each visit to the patient should be counted as an occasion of service. All 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 agency such as district nursing service, community

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health, maternal and child health services or private midwifery services.

When a mother is discharged home following the delivery of a baby, provision of domiciliary postnatal services is the responsibility of the birth hospital. However, for Form S92\_111, the hospital purchasing the service records the occasion of service.

### **Other Domiciliary Nursing**

This includes all other 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 excluding postnatal domiciliary services.

It should be noted that only those domiciliary nursing services which are funded under the acute care program should be reported on Form S92\_111.

Patients who are admitted to the 'Hospital in the Home' program should be counted as admitted patients and services provided to them should not be reported on Form S92\_111.

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

### **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.

## **Ancillary Services**

### **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.

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### **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.

### **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.