

Agency Information Management System

Public Hospital User Manual

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Overview

The *Agency Information Management System (AIMS)* is a key Departmental business activity for monitoring health outcomes. AIMS aggregates statistical and financial information associated with health service agreements and incorporates reporting requirements under existing Commonwealth and State agreements, including the Australian Health Care Agreement. AIMS accesses information on hospital services for multiple purposes including comparison of the costs and outputs of hospitals with services and institutions elsewhere in Australia and other countries.

The AIMS collection has been incorporated into the Victorian Hospital Information Services (VHIS) website. The VHIS website is an Internet-based framework established to deliver a range of information products to the Department, hospitals and others. The OnLine Entry System provides a data collection mechanism for hospitals and agencies throughout Victoria and the reporting system provides information access to the AIMS databases that are updated automatically. The VHIS home page address is <http://aimsinfo.health.vic.gov.au>.

The following hospitals and health care agencies are required to use the AIMS system.

- Public hospitals as listed in Schedule 1 of the Health Services Act 1988.
- Denominational hospitals as listed in Schedule 2 of the Health Services Act 1988.
- Metropolitan hospitals as listed in Schedule 3 of the Health Services Act 1988.
- Privately operated hospitals as listed in Schedule 4 of the Health Services Act 1988.
- Multi purpose services as defined in Section 3 of the Health Services Act 1988.

Public hospital in this Manual refers to agencies as identified above, including:

- Privately operated hospitals for the reporting of public hospital services.
- Multi purpose services for the reporting of admitted patient services (AIMS Form S1) and finance returns.

Separate arrangements are in place for private hospitals and day procedure centres. The *AIMS Private Hospital User Manual* documents the reporting requirements for these agencies.

Objectives

The objectives of the Agency Information Management System are:

- To document public and private hospital standard definitions and reporting requirements.
- To provide an efficient data collection mechanism for public and private hospitals.
- To provide an effective information management system for public and private hospital data.
- To provide mechanisms for calculating payments to Victorian hospitals and monitoring their viability.
- To provide analysis of public hospital performance data.

The core components of the system are:

- The AIMS Manuals that document the standard definitions and reporting requirements of hospitals.
- The AIMS Database System that provides a repository for Victorian public and private hospital data.
- The OnLine Information Services which provide an Internet-based framework for the collection, management, distribution and reporting of information to the Department, hospitals, and others.

Public Hospital Reporting Requirements

Health service agreements between the Department and hospitals document services purchased and indicate which returns are to be completed and submitted through AIMS.

Metropolitan health services are required to report activity returns at the campus or hospital level. Metropolitan health services are responsible for the collection and collation of data for all their transmitting agencies. In some cases, separate activity returns may be required for each campus of the hospital particularly where the campuses service distinct geographic areas. Financial returns are required at the metropolitan health service level.

Denominational hospitals are required to submit separate AIMS statistical and financial returns to the Department.

The AIMS OnLine Entry System automates the data collection process and provides instantaneous access of data to the Department. When all data entry and validations for a return are complete, the 'Completed' button for the return must be ticked (checked). This indicates to the Department that all work for a return is complete. A non-checked Completed button will indicate that the return is incomplete. A printout of the signed return should be retained by the hospital and be available to officers of the Department upon request.

Output Group

The Department uses an output classification framework to support improved decision making about products or services the Government wants to deliver to the community to achieve desired outcomes. The output code identifies the program source of funding for services purchased by the Department. Hospitals report service activity according to the services purchased by output groups. Each output group has specific reporting requirements for admitted and non-admitted patients and these are documented in this Manual. The main output groups that purchase services from public hospitals are listed below.

<i>Output Group</i>	<i>Code</i>	<i>Services Purchased</i>
Acute Health Services	111	Purchases acute services for admitted patients, non-admitted patients, hospital based training and development and other acute hospital services.
Aged and Home Care	129	Purchases a range of residential, home and community care services.
Community Care	118	Purchases services for specialised hospitals (early parenting centres) and a range of services to reduce child abuse and neglect within the family, domestic violence, homelessness and juvenile offenders.
Dental Health Services	127	Purchases dental health services for admitted patient and non-admitted patients.
Mental Health Services	115	Purchases acute admitted patient and community based psychiatric services, and also some non-acute admitted patient and residential services.
Primary Health Services	128	Purchases a range of community health services.
Public Health	116	Purchases a range of services with a focus on the health of populations and the underlying causes of ill-health. General hospitals are funded to provide some specialised non-admitted patient services.
Sub-Acute Services	305	Purchases sub-acute admitted and non-admitted ambulatory services, including rehabilitation, geriatric evaluation and management, and specialist clinics.

In some instances an individual patient may receive services purchased by more than one output group. Within the output based structure the basic counting units for activity reporting are:

- the episode for admitted patients;
- occasions of service for non-admitted patients; and
- occupied patient days for sub-acute program.

In some hospitals an admitted patient may have two or more admitted patient episodes, each purchased by a separate output group. However, these will not be concurrent—each episode will be reported under its relevant output group and will conclude with a separation. Any subsequent episode will commence with a new admission.

Similarly, although a non-admitted patient may receive more than one occasion of service during a single visit to the hospital, each occasion of service will be reported under its relevant output group.

AIMS Returns

AIMS collects statistical and financial returns for monthly, quarterly and annual monitoring and reporting of public hospital performance data. With the exception of the Domiciliary Postnatal Services return (D1), all performance data is collected at the aggregate level. The D1 return collects data at the individual patient level and is currently the only collection of this type within AIMS. The following statistical and financial returns are collected by AIMS:

Monthly Returns

<i>Return</i>	<i>Code</i>	<i>Description</i>
Finance Return	F1	Form F1 is used to report hospital financial data for all sources of funding. The return provides the Department with information to determine the performance and viability of each reporting entity.
Admitted Patients	S1	This return is used to report data on all patients admitted to designated acute care and sub-acute beds in hospitals. A separate form is completed for each output group.
Dialysis Patients	S6	This return is used to report data on the Victorian Maintenance Dialysis Program.
Domiciliary Postnatal Services	D1	This return is used to report patient level activity data on postnatal domiciliary service utilisation.
Non-Admitted Patients	S2	This return is used to report non-admitted patient services with the exception of community health services purchased by the Primary Health Services program and Home and Community Care (HACC) funded services. A separate S2 form is completed for each output group.
Residential Services— Nursing Homes	S5	The S5 return is used to report information from State-managed residential facilities. Form 129/S5 is used to report data on residents of both high care and low care residential aged care facilities. Form 115/S5 is used to report on non-acute admitted patients and residential services funded by Mental Health Services.
Radiotherapy—Non-Admitted Patients	S8	This return is used to report data on non-admitted patients receiving radiotherapy treatment in public hospitals.
Radiotherapy—New Courses	S8A	This return is used to report the number of admitted and non-admitted radiotherapy treatment courses commenced.
Sub-Acute Admitted Patients by Streams of Care	S4	Form S4 is used to report streams of care for patients admitted to the sub-acute programs.

<i>Return</i>	<i>Code</i>	<i>Description</i>
Victorian Ambulatory Classification System	S9	Form S9 is completed by hospitals that have had their clinics assigned by the Clinical Panel of the Victorian Casemix Clinical Sub-Committee and approved by the Department of Human Services.

Quarterly Returns

<i>Return</i>	<i>Form Code</i>	<i>Description</i>
Bed Census		A census of patients who are occupying acute or sub-acute beds while waiting for a less intensive level of care.
Community Health—Quarterly Return	C1–C6	Forms C1-C6 provide for the quarterly reporting of community health services purchased by the primary health program. These returns are completed by hospitals that have a primary health service plan attached to their health service agreement.
Continuing Medical Education for Rural General Practitioners	T1	Hospital Claim Form for submission to the Continuing Medical Education Program for Rural General Practitioners.
Cystic Fibrosis Specified Grant	S7	Form S7 is a quarterly return used to report data on non-admitted patients with cystic fibrosis receiving public hospital outpatient allied health services.
Employment: Mental Health Services	E2	This form is used to report workforce data for clinical staff funded by Mental Health Services.
Home and Community Care Funded Clients	H1	Provides for reporting services delivered out of funds from the Home and Community Care (HACC) program.
Occupational Health and Safety	OHS	Quarterly report to monitor progress of hospital key initiatives identified in the Occupational Health and Safety Improvement Strategy.
General Clinical Indicators	CI	As part of the Quality Framework for health services, eight general clinical indicators are collected.

Annual Returns

<i>Return</i>	<i>Form Code</i>	<i>Description</i>
Finance Annual Returns	AR1-6	Collects information on annual performance and financial position of hospital.

Hospital Contact Details	A1	Form A1 collects address and contact details for an agency. Address and contact information for this return should remain current with updates being submitted as changes occur.
Specialised Services Indicators	A2	Form A2 collects information on specialised services provided by hospitals.
Bed Capacity	A3	Form A3 collects existing hospital bed information. This information was previously collected on the A1 return.

Summary of Returns by Output Funding Source

Form to be Completed	Frequency	Due Date (following end of period)
Finance Returns		
2000–2001 Annual Returns (AR1-6)	Annual	31 October
Finance Return (F1)	Month	14 days
Acute Services (Output 111)		
Acute and Sub-Acute Admitted Patients* (S1_111)	Month	7 working days
Acute Non-Admitted Patients (S2_111)	Month	7 working days
Dialysis Patients (S6)	Month	7 working days
Radiotherapy Non-Admitted Patients (S8)	Month	7 working days
Victorian Ambulatory Classification System (VACS) (S9)	Month	7 working days
Domiciliary Postnatal Services (D1)	Month	21 days
Cystic Fibrosis Specified Grant (S7)	Quarter	7 working days
Aged and Home Care (Output 129)		
Admitted Patients (S1_129)	Month	7 working days
Non-Admitted Patients (S2_129)	Month	7 working days
Residential Services (S5_129)	Month	7 working days
Home and Community Care (HACC) Program (H1)	Quarter	15 days
Community Care (Output 118)		
Admitted Patients (S1_118)	Month	7 working days
Non-Admitted Patients (S2_118)	Month	7 working days
Dental Health Services (Output 127)		
Admitted Patients (S1_127)	Month	7 working days
Non-Admitted Patients (S2_127)	Month	7 working days
Mental Health Services (Output 115)		
Admitted Patients (S1_115)	Month	7 days
Community Services (S2_115)	Month	21 days
Non-Acute Admitted Patient & Residential Client (S5_115)	Month	21 days
Employment: Mental Health Services (E2)	Quarter	21 days
Primary Health Services (Output 128)		
Primary Health—Community Health Program Quarterly Returns (C1-C6)	Quarter	15 days
Public Health (Output 116)		
Non-Admitted Patients (S2_116)	Month	7 working days
Sub-Acute Services (Output 305)		
* Sub-acute admitted patients are reported on Acute Services Admitted Patients return Form 111/S1. See above under Acute Services.		
Sub-Acute Admitted Patients by Streams of Care (S4)	Month	7 working days
Sub-Acute Non-Admitted Patients (S2_305)	Month	7 working days
Other Returns		
Hospital Contact Details (A1)	Updates as they occur	As directed
Specialised Services Indicators (A2)	Annual	As directed
Bed Capacity (A3)	Annual	As directed

Form to be Completed	Frequency	Due Date (following end of period)
Continuing Medical Education for GPs (T1)	Quarter	30 days
Bed Census	Quarterly	10 working days
General Clinical Indicators	Quarterly	VAED file consolidation (7 weeks)
Occupational Health & Safety	Quarterly	30 days