

S2 Forms: Non-Admitted Patient Returns

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Reporting Requirements

S2 returns are used for reporting non-admitted patient services in acute hospitals. There are two exceptions, community health services funded by the Primary Health Program are reported on Forms C1–C5 and Home and Community Care (HACC) services are reported on Form H1.

A separate S2 return is completed according to the program source of funding from the Department. Programs that provide funding for non-admitted services are shown below. *The Health Service Agreement for each hospital documents the services purchased and hence indicates which forms are to be completed.*

Program funding source	Code
▪ Acute Health Services	111
▪ Aged and Home Care	129
▪ Community Care	118
▪ Dental Health Services	127
▪ Mental Health Services	115
▪ Public Health	116
▪ Sub-Acute Services	305

Acute Health Services (Form 111/S2)

Complete Form 111/S2 for emergency, specialist outpatient and other acute non-admitted services funded by the Acute Health program.

Eligible hospitals under the Victorian Ambulatory Classification System are also required to submit emergency, outpatient and allied health activity on Form 111/S9.

Patients admitted to the designated Hospital in the Home program should not be reported on S2 forms; services provided to these patients should be reported on the Admitted Patients return (Form S1).

Aged and Home Care (Form 129/S2)

Complete Form 129/S2 for non-admitted ambulatory services purchased by the Aged and Home Care program.

Community Care (Form 118/S1)

Complete Form 118/S2 to report non-admitted services purchased by Community Care Program. Community Care purchases services for specialised hospitals (early parenting centres).

Dental Health Services (Form 127/S2)

Complete Form 127/S2 for reporting non-admitted services purchased by Dental Health Services.

Mental Health Services (Form 115/S2)

Complete Form 115/S2 to report community/non-admitted contacts and patient numbers for services purchased by Mental Health Services.

Public Health (Form 116/S2)

Complete Form 116/S2 to report non-admitted services purchased by Public Health, including AIDS/STD services, drug treatment services and koori liaison services.

Sub-Acute Services (Form 305/S2)

Complete Form 305/S2 to report sub-acute ambulatory care services funded through Sub-Acute Services. Specialist ambulatory clinics include community rehabilitation clinics and specialist clinics for continence, falls and mobility and pain management.

Return of Forms

Agencies are to send data to the Department via the AIMS OnLine Entry System *within seven working days* following the end of each month.

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.

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 be reported on Form S1. These are not to be reported on Form S2.

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.

Occasions of service may occur on campus or off campus. However, occasions of service are not intended to include telephone conversations with, or about, the patient.

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.

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 the Form S2.

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 Form S2. 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

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.

Day Program Attendances

A count of the number of patient/client visits to day centres. Each individual is to be counted once for each time they attend a day centre. Where an individual is referred to another section of the hospital/centre and returns to the day centre after treatment only one visit is to be recorded. Count attendances occurring during the month for which the return is prepared.

Number of Individuals

The number of individuals provided with services during the month for which the return is prepared.

Number of Hours

Record the total time used in direct service delivery. Exclude staff travel time incurred in getting to or from a person's home.

Person Hours

For Day Centre (Not Rehabilitation) activity, the unit of service is the person hour. Person hours are the hours of *direct* service received by the clients and excludes time spent traveling to and from the group or its regular venue. The amount of hours is calculated on a per-person basis and is *not* equivalent to the opening hours of the venue. For instance, if three clients attend the session for four hours and two clients attend for three hours, you should record a total of 18 person hours ($3 \times 4 = 12$) + ($2 \times 3 = 6$).

Completed Assessments

The total number of assessments completed by the Aged Care Assessment Services (ACAS) during the month for which the return is prepared. Assessments include those for both community and admitted patients.

Acute Health Service Data Items (Form 111/S2)

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 Item 16 '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.

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.

Paediatrics

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

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.

Output Group 111	Acute Health Services
Form S2	Monthly Return—Non-Admitted Patients

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 305/S2.

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 111/S8.

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.

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).

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Form S2	Monthly Return—Non-Admitted Patients

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.

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 305/S2.

'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 111/S2. For those hospitals which complete Form 111/S9 (Victorian Ambulatory Classification System), allied health occasions of service must also be reported on Form 111/S9.

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 returns. See the *Primary Health Program* section of this Manual.

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 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 127/S2.

Sub Total

Total outpatient services to non-admitted patients within designated specialist units/departments within the hospital. The sum of items 2 to 11.

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Form S2	Monthly Return—Non-Admitted Patients

Other Services

There are two broad categories of 'other services'. The first type is 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 type of service is to non-admitted patients provided on a group basis, regardless of whether the service occurs on or off campus.

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

Hospitals providing domiciliary postnatal occasions of service must also complete AIMS Form D1.

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 item 13 of Form 111/S2, 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 under Item 14 of Form 111/S2. Other home nursing services funded through the Aged and Home Care program should be reported on Form 129/S2.

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 Form S2.

Connection with Form 111/D1 Domiciliary Postnatal Services

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 (item 14) of Form 111/S2 and not on Form 111/D1.

Output Group 111	Acute Health Services
Form S2	Monthly Return—Non-Admitted Patients

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.

Number of Group Sessions

This includes the number of all 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.

Output 305	Sub-Acute Services
Form S2	Monthly Return—Non-Admitted Patients

Sub-Acute Data Items (Form 305/S2)

Community Rehabilitation Clinic

A community rehabilitation clinic (CRC) should generally be regarded as a separate functional unit of the hospital even though services are provided by a range of health professionals. For this reason, each attendance on one day should be counted only once, regardless of how many staff interactions or service contacts occur at the community rehabilitation clinic during the course of the day.

It is recognised that the style of service provision differs from clinic to clinic and that any one clinic can have a different mix of full day attendances, sessional attendances and single therapy sessions. Community rehabilitation clinic places are therefore a more appropriate measure of clinic activity. In order to calculate a CRC place, record the number of attendances for each of the three service styles (full day, sessional and single therapy).

Community rehabilitation clinic services generally refer to services provided to individual non-admitted patients on a one-to-one basis. Patients generally attend community rehabilitation clinics for rehabilitation; however, it is recognised that other services can sometimes be provided. Day centre activity is to be excluded and reported under the Aged and Home Care program on Form 129/S2. Rehabilitation services provided to a group of non-admitted patients such as group therapy classes should be reported under item 7 *Number of Group Sessions*.

The total number of public attendances, the number of public CRC places and the number of DVA attendances are to be recorded on Form 305/S2. Under the new Veterans Agreement, the State is reimbursed by the Department of Veteran Affairs for a range of services provided to veterans. All DVA cards are applicable in the collection of this data and the card numbers are to be recorded on the Community Rehabilitation Clinics Minimum Data Set and Performance Indicator Set and the Sub-Acute Specialist Clinics Minimum Data Set and Performance Indicator Set.

Community Rehabilitation Clinic Places

A CRC place is considered to represent a full day place. A full day place may be utilised by more than one individual, depending on the operating style of the clinic.

Calculating Community Rehabilitation Clinic Places

In order to calculate the number of CRC places, the number of individuals attending, the style of service they receive and their number of attendances should be known.

CRC places are calculated on the assumption that *one* full-day client utilises one full-day place, *two* sessional clients utilise one full-day place and *six* single-therapy clients utilise one full-day place.

CRC Places = *no. full day attendances* + (*no. sessional attendances*/2) + (*no. single therapy attendances*/6)

Output 305	Sub-Acute Services
Form S2	Monthly Return—Non-Admitted Patients

Full Day Attendance

A full day attendance is a day visit by a non-admitted patient to a CRC for treatment, assessment or other service.

Counting Full Day Attendances

A full day attendance is recorded each time a non-admitted patient presents for treatment, assessment or other services provided in a designated community rehabilitation clinic and the treatment time equates to three hours or more of therapy per attendance.

Sessional Attendance

A sessional attendance is a half-day visit by a non-admitted patient to a CRC for treatment, assessment or other service.

Counting Sessional Attendances

A sessional attendance is recorded each time a non-admitted patient presents for treatment, assessment or other services provided in a designated community rehabilitation clinic and the treatment time equates to over one hour and up to three hours of therapy per attendance. The total number of sessional attendances per day is divided by two to calculate the number of CRC places.

Single Therapy Attendance

A single therapy attendance is a visit by a non-admitted patient to a CRC for treatment, assessment or other service.

Counting Single Therapy Attendances

A single therapy attendance is recorded each time a non-admitted patient presents for a single treatment, assessment or other services provided in a designated Community rehabilitation clinic. A single therapy attendance should equate to up to and including one hour of therapy per attendance. The total number of single therapy attendances per day is divided by six to calculate the number of CRC places.

Other Rehabilitation Services (including Allied Health)

Rehabilitation—Outpatients

This includes all *occasions of service* to non-admitted patients attending an outpatient department managed by the hospital where rehabilitation services are provided. Include services provided by allied health professionals where the services are provided before or after an admitted patient episode.

Rehabilitation outpatient services refer to services that are provided 'on campus', that is, services provided on a hospital site.

Rehabilitation services provided in areas other than a designated Community Rehabilitation Clinic are counted in terms of *occasions of service*. Count the number of public and DVA occasions of service.

Output 305	Sub-Acute Services
Form S2	Monthly Return—Non-Admitted Patients

Rehabilitation—Off Campus

This includes all occasions of service to non-admitted patients where a rehabilitation service is provided in the patient's home, place of work, or other non-hospital site. One occasion of service is counted for each rehabilitation service provided in the patient's home, place of work, or other non-hospital site. The number of public and DVA occasions of service should be recorded.

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.

Community rehabilitation clinic *home visits* can be recorded here.

Off-campus rehabilitation services which are funded through the HACCC program should be reported in Form 129/H1.

Rehabilitation—Number of Group Sessions

This includes the number of group sessions provided to non-admitted patients or clients attending a CRC. Each group session is counted once only, regardless of the size of the group or the number of staff providing services. Group sessions include non-admitted patients or clients undertaking the same program, health education or health promotion conducted in community rehabilitation clinics.

Note: DVA clients attending group sessions do not need to be counted.

Rehabilitation—Other

This includes all occasions of service to non-admitted patients where a rehabilitation service is provided in a location other than a community rehabilitation clinic, a designated rehabilitation outpatients unit, an off-campus site or as a group session as defined above.

Palliative Care

Palliative Care—Off Campus

This includes all occasions of service (public and DVA) to non-admitted patients provided by staff from palliative care programs, which is provided in the patient's home or other non-hospital site.

Off campus services refer to the fact that the palliative care 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.

This category may include visits by individuals or teams providing care, support and assistance to patients and/or their families.

Palliative care to admitted patients in acute beds is reported on Form 111/S1.

Palliative Care—Other

This includes all occasions of service (public and DVA) to non-admitted patients provided by staff of palliative care programs in locations other than the patient's home or other non-hospital site.

Output 305	Sub-Acute Services
Form S2	Monthly Return—Non-Admitted Patients

Continuum of Care Services

Hospitals may negotiate with the sub-acute program for a limited number of bed days to be considered as continuum of care services. This provides a form of flexibility by allowing hospitals to cash-in geriatric evaluation and management bed days for community services.

The community services are counted on a 1:3 ratio, meaning three occasions of service provided in the community, including the patient's home, equates to one bed day for funding purposes. Staff of the hospital must provide the services.

Patients treated under a continuum of care program are not to be included as admitted patients. The number of occasions of service recorded will be divided by three to give a number to be added to reported hospital bed day throughput.

Continuum of care services should be part of a clearly defined and nominated program.

Continuum of Care Services—On Campus

This includes occasions of service, other than rehabilitation or specified clinics, to non-admitted patients provided by clinical staff on the agency campus, where the services are provided to a patient before or after an admitted patient admission.

Record public and DVA occasions of service and the number of individuals (public) provided with these services during the month.

Continuum of Care Services—Off Campus

This includes all occasions of service to non-admitted patients where a member of the clinical staff provides a service, other than rehabilitation or specified clinics, in the patient's home, place of work, or other non-hospital site.

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.

Record public and DVA occasions of service and the number of individuals (public) provided with these services during the month.

Outpatient—Continence Clinic

This includes all occasions of service to non-admitted patients provided in a unit, determined by the hospital to be primarily providing clinical services for assessment and treatment of continence disorders.

A continence clinic is assumed to be multi-disciplinary, with services provided by a range of medical, allied health, nursing and other staff. The number of public and DVA occasions of service and the number of individuals (public) should be recorded.

Output 305	Sub-Acute Services
Form S2	Monthly Return—Non-Admitted Patients

Outpatient—CDAMS

This includes all occasions of service to non-admitted patients provided in a unit, determined by the hospital to be primarily providing clinical services for assessment and treatment of memory disorders. Cognitive, Dementia and Memory Service (CDAMS) should also be included.

A CDAMS is assumed to be multi-disciplinary, with services provided by a range of medical, allied health, nursing and other staff. Relevant allied health occasions of service for assessment and treatment of memory disorders are to be recorded here.

Outpatient—Falls and Mobility Clinic

This includes all occasions of service to non-admitted patients provided in a unit, determined by the hospital to be primarily providing clinical services for assessment and treatment of mobility and gait disorders.

A falls and mobility clinic is assumed to be multi-disciplinary, with services provided by a range of medical, allied health, nursing and other staff. The number of public occasions of service, the number of DVA occasions of service and the number of individuals (public) should be recorded.

Outpatient—Pain Management Clinic

This includes all occasions of service to non-admitted patients provided in a unit, determined by the hospital to be primarily providing clinical services for assessment, treatment and management of intractable pain.

A pain management clinic is assumed to be multi-disciplinary, with services provided by a range of medical, allied health, nursing and other staff. The number of public and DVA occasions of service and the number of individuals (public) should be recorded.

Outpatient—Other Sub-Acute Medical Services

This includes all occasions of service to non-admitted patients given in designated units primarily providing medical services funded under the sub-acute program. The numbers of public and DVA occasions of service should be recorded.

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. It excludes those services provided under item 6 *Rehabilitation—Off Campus*.

Number of Group Sessions

This includes other sub-acute funded group sessions not included in rehabilitation group sessions. 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 such as health promotion groups and diabetic education groups.

Output Group 129	Aged and Home Care
Form S2	Monthly Return—Non-Admitted Patients

Aged and Home Care Data Items (Form 129/S2)

Aged Care Allied Health (not Rehabilitation or Specified Outpatient Clinics)

This includes services provided by allied health professionals other than rehabilitation or specified outpatient clinics funded by Aged Care Services. Record the occasions of service, attendances and hours for public patients, and occasions of service for eligible veterans and war widow(er)s.

This category includes units primarily concerned with physiotherapy, occupational therapy, speech pathology, dietary advice, optometry, podiatry and social work (including financial counselling).

Note: Allied Health services funded through the HACC program should not be reported in this section but reported in Form 129/H1.

Allied Health—Outpatients

This includes services, other than rehabilitation or specified outpatient clinics, to non-admitted patients provided by allied health professionals in designated allied health units or clinics where the services are provided to a patient before or after an admitted patient admission.

Outpatient services generally refer to services provided to individual non-admitted patients on a one-to-one basis and are usually provided 'on campus', that is, services are provided on a hospital site.

Allied Health—Off Campus

This includes services to non-admitted patients where a service, other than rehabilitation, is provided in the patient's home, place of work, or other non-hospital site by an allied health professional.

Allied Health—Other

This includes services to non-admitted patients provided by allied health professionals in a location other than a designated outpatients unit or an off-campus site as defined above, where the services are provided to a patient before or after an admitted patient admission, excluding services to rehabilitation patients.

Other Community Care (non-HACC)

Off Campus—Domiciliary/Community Nursing

This includes domiciliary nursing visits for primary and follow-up care and support as well as specialist nursing such as diabetic services.

All 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 should be recorded. The number of individuals provided with care during the month and the number of hours of direct service delivery should also be recorded.

Note: District and domiciliary nursing services funded through the HACC program should be reported in Form 129/H1.

Output Group 129	Aged and Home Care
Form S2	Monthly Return—Non-Admitted Patients

Outpatient—Gerodontic Clinic

This includes all occasions of service to non-admitted patients provided by dental professionals in designated gerodontic units or clinics.

It should be noted that only gerodontic services purchased by the Aged and Home Care program should be reported. The majority of dental services provided by hospitals are purchased under the Community Dental Program. These dental services should be reported on Form 127/S2.

Day Centre (not Rehabilitation)

A day centre generally provides programs oriented towards social activity. It should be regarded as a separate functional unit of the hospital. For this reason, each attendance on one day should be counted only once, regardless of how many staff interactions or service contacts occur at the day centre during the course of the day.

Record the number of public and DVA attendances, the number of individuals (public only) and number of person hours of direct service delivery (public only) for the month being reported.

Note: Services in day centres which are funded through HACC should not be included here, but reported in Form 129/H1.

Aged Care Assessment Services (ACAS) Information

To be completed by the auspice agencies which are funded for ACAS services. The total number of assessments completed by the Aged Care Assessment Services team during the month for which the return is prepared should be reported, regardless of whether the source of funding is from the State or the Commonwealth. Assessments include those for both community and admitted patients.

ACAS Completed Assessments—Community

Community includes all completed assessments on non-admitted patients, including those in residential care.

Completed Assessments—Total

Record the total number of assessments completed for non-admitted patients in the community during the month for which the return is prepared. This figure should include assessments completed for community based eligible veterans and war widow(er)s.

Completed Assessments—DVA

Record the number of assessments completed for community based eligible veterans and war widow(er)s, during the month for which the return is prepared. This figure is a sub-set of total assessments completed for community-based clients.

ACAS Completed Assessments—Admitted Patients

For national ACAS reporting purposes registration of a hospital does not distinguish between private hospitals and public hospitals. Combine all assessments completed for admitted patients in both public and private hospitals.

Output Group 129	Aged and Home Care
Form S2	Monthly Return—Non-Admitted Patients

Completed Assessments—Total

Record the total number of assessments completed for admitted patients, during the month for which the return is prepared. Include assessments completed in both public and private hospitals and include assessments completed for eligible veterans and war widow(er)s.

Completed Assessments—DVA

Record the number of assessments completed for eligible veterans and war widow(er)s admitted patients in either public or private hospitals, during the month for which the return is prepared. This figure forms a sub-set of total assessments completed for admitted patients.

Output Group 127	Dental Health Services
Form S2	Monthly Return—Non-Admitted Patients

Dental Health Data Items (Form 127/S2)

Dental Emergency Treatment

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

Emergency dental care 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 or Aged and Home Care should be reported on Form 111/S2 or Form 129/S2.

Dental General Outpatient Treatment

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

Dental services provided to non-admitted patients purchased by Acute Health Services or Aged and Home Care should be reported on Form 111/S2 or Form 129/S2.

Output Group 115	Mental Health Services
Form S2	Monthly Return—Non-Admitted Patients

Mental Health Data Items (Form 115/S2)

The Mental Health community services return has changed from reporting based on location of services (on or off campus) to service and program type. Collecting information along the lines of adult, aged, child and adolescent and general/specialist services and their program types provides consistence with other mental health data collections and reflects a more contemporary view of the service system.

The new S2 format reflects the same categories as reported in the Mental Health Employment (E2) form. It will assist the matching of ambulatory community activity with effective full time (EFT) positions. It is hoped that this will assist both service providers and Mental Health Branch in monitoring and planning for service development.

Definitions

Direct Contacts

Face-to-face contacts with non-admitted clients, client group or client with family encounters, occurring during the month for which the return is prepared.

Direct Contacts are recorded on RAPID as:

- Contact Types A *Registered Clients* and E *Case Contacts*, and
- Service Medium 1 *Direct*

Other Contacts

Other contacts include all other recorded contacts for the reporting period. It includes contacts with family, phone contacts with clients or other people involved in the client's services such as a phone contact with the client's general practitioner. It also includes unregistered contacts that did not progress to a client registration.

It excludes non-reportable contacts.

Other Contacts are recorded on RAPID as:

- Contact Types B *Unregistered Clients* and C *Community Contacts*, and
- Sum of Service Medium codes 2 *Telephone*, 3 *Videoconference/Teleconference* and 4 *Other*

Note: The sum of all direct and other contacts should equal the sum of all unregistered, registered, case and community centred contacts recorded for the agency in the reporting period.

Number of Clients/Patients

Count all active clients with at least one recorded activity during the reporting period. An active client is a registered client who has at least one recorded contact during the reporting period. This can include case-managed clients. Open cases without a recorded activity are not included.

Each client must only be counted once, regardless of the number of contacts a client receives or the number of service settings (see below) utilized.

New Clients/Patients

The number of referrals accepted by the agency after initial assessment. This is calculated as the number of new registered clients and returning clients with a new referral.

Clients/Patients Leaving the Agency

The number of clients with a status of 'case closed' entered during the reporting period and who are deemed to have left the agency during the reporting period. This is typically an active clinical decision to finalise involvement or referral to another agency, such as a general practitioner.

Service Settings

The service setting identifies the type of program delivered by the mental health service such as adult mobile support services, aged persons assessment and treatment service (APATT) or primary mental health teams. Programs are broken down into groupings of adult, child and adolescent, aged persons and generic services for ease of use. Record contacts according to the program delivering the service.

Adult Mental Health Services

Adult Mental Health Services assess, treat and support people aged sixteen to sixty-five years of age with serious mental illness. Services include community mental health centres, crisis assessment and treatment services, mobile support and treatment services and non-government psychiatric disability support services.

Aged Persons Mental Health Services

Aged Persons Mental Health Services assess and treat older people aged sixty-five and over with serious mental illness. Services include psychogeriatric assessment and treatment services.

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services assess and treat children and adolescents up to eighteen years of age who have a serious mental disturbance or who are known to be at risk of such disturbance.

Crisis Assessment and Treatment (CAT) Service

A component of an area mental health service available 24 hours a day to provide community-based assessment and treatment for people experiencing psychiatric crisis. CAT services aim to prevent unnecessary hospitalisation by providing treatment in the person's own environment, such as in their home. The CAT service is responsible for screening all people who appear appropriate for psychiatric inpatient treatment in order to determine whether the psychiatric inpatient service is the most appropriate environment for them to receive treatment.

Psychogeriatric Assessment and Treatment Services

Specialist community mental health services that provide assessment, treatment and support for people aged sixty-five and over, who have a mental illness.

Mobile Support and Treatment Service (MSTS)

A multidisciplinary, community based mental health service that supports and treats clients who have experienced many psychiatric crises, have associated psychiatric disability and are at risk of readmission to hospital without this support.

Case Management

Case management is a process that aims to ensure the client receives the best possible treatment and support through the identification of needs, planning individual goals and strategies and linking to appropriate services to meet these needs.

Continuing Care Team (CCT)

This includes contacts for services provided by staff of a designated community residential facility or a 24-hour staffed continuing care unit. It includes assessment, treatment and other consultations provided by medical, nursing or allied health professionals.

Integrated Community Services

Integrated Community Services are able to deliver a range of community based mental health services covering crisis assessment and treatment services, continuing care services, and mobile support and treatment services.

Emergency Psychiatric Service

The number of contacts given to patients/clients who, at the time of treatment, have not been admitted and who receive treatment in the hospital's admission department/area. This includes patients treated in such department before admission as inpatients). Emergency psychiatric treatment need not involve contact with a medical practitioner.

In the event that a Corporation's Community Assessment and Treatment Team or Psychogeriatric Assessment Team assist in the assessment at the hospital's admission office, the contact should be recorded against the CATT or PGAT service and not under *Emergency Psychiatric Treatment*.

Exclude: Services in day centres funded through the Home and Community Care (HACC) Program or Aged and Home Care.

Consultation and Liaison

Consultation and Liaison psychiatry is the diagnosis, treatment and prevention of psychiatric morbidity among physically ill patients who are patients of an acute general hospital. This activity includes the provision of psychiatric assessment, consultation, liaison and education services to non-psychiatric health professionals and their clients/patients.

Primary Mental Health Team

These services provide consultation, liaison, education and training to primary health services that treat and support people with high prevalence disorders, especially depression and anxiety. They also support primary health services in the identification of emerging mental health disorders in their clients. The primary mental health team may also provide short-term treatment and assessment.

Output Group 115	Mental Health Services
Form S2	Monthly Return—Non-Admitted Patients

Dual Diagnosis Team

These services provide training, education and consultation to agencies delivering mental health or drug and alcohol services to improve the health outcomes of people with a mental illness and substance abuse issues.

Other – Community Services

Other community contacts not specified above.

Output Group 116	Public Health
Form S2	Monthly Return—Non-Admitted Patients

Public Health Data Items (Form 116/S2)

AIDS/STD Services

AIDS/STD Clinics Individual Sessions

The number of individual occasions of service provided to non-admitted patients or clients attending a designated AIDS/STD Clinic within the hospital.

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

Services that are 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 AIDS/STD Group Sessions.

AIDS/STD Group Sessions

This includes the number of all 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.

Koori Liaison Services

Koori Liaison Services—Individual Services On-Campus

Occasions of service provided on a one-to-one basis by a koori liaison officer to non-admitted patients or clients on the hospital site.

Services provided to admitted patients should not be included.

Koori Liaison Services—Individual Services Off-Campus

Occasions of service provided on a one-to-one basis by a koori liaison officer to non-admitted patients or clients from an off-site venue.

Koori Liaison Services—Group Services On-Campus

This includes all group sessions provided to non-admitted patients or clients attending a group day program conducted by a Koori Liaison Officer on the hospital site.

Where services are provided to non-admitted patients or clients in a group session rather than on a one-to-one basis, each group session is counted as one occasion of service. Each group session is to count *once only*, irrespective of size or the number of staff providing services.

Services provided to admitted patients should not be included.

Output Group 116	Public Health
Form S2	Monthly Return—Non-Admitted Patients

Koori Liaison Services—Group Services Off-Campus

This includes all group sessions provided to non-admitted patients or clients attending a group day program conducted by Koori Liaison Officers from an off-site venue.

Where services are provided to non-admitted patients or clients in a *group* session rather than on a one-to-one basis, each group session is counted as one occasion of service. Each group session is to count *once only*, irrespective of size or the number of staff providing services.

Drug Treatment Services

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.

Methadone Pharmacy

This includes all occasions of service to non-admitted patients provided by the hospital's pharmacy for the purpose of dispensing methadone.

Each attendance by a non-admitted patient/client for purposes of methadone collection is to be counted as an occasion of service. Where the patient receives individual counselling as part of the program, these occasions of service should be included in the counselling, consultancy and continuing care category. If a patient attends the hospital to collect methadone and also to receive counselling then this would be counted as two occasions of service.

Excludes hospitals funded to provide specialist methadone services.

Specialist Methadone Service

This includes all occasions of service (that is, prescribing, dispensing and counselling) to non-admitted patients provided by specialist methadone service programs. Specialist methadone services occur where there are associated complex medical, psychiatric or psychological problems.

Hospitals not funded to provide specialist methadone services should report non-admitted patient occasions of service in methadone outreach for dispensing services and counselling, consultancy and continuing care for counselling services.

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 the client needs. 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

The number of individual occasions of service provided to non-admitted patients by the koori community alcohol and drug worker for koori 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.

Output Group 116	Public Health
Form S2	Monthly Return—Non-Admitted Patients

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 116/S2.

Supported Accommodation

Alcohol and drug supported accommodation services were put to tender for the first time in 1997. They provide a supportive environment to help clients achieve lasting change and assist their reintegration into community living. Supported accommodation services are provided with a minimum of a day support worker, from a community-based setting, usually with public housing.

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.

Output Group 118	Community Care
Form S2	Monthly Return—Non-Admitted Patients

Community Care Data Items (Form 118/S2)

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.

Output Group 118	Community Care
Form S2	Monthly Return—Non-Admitted Patients

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.

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 and are reported on Form 111/S2 (Acute Health Services), and community allied health services purchased through the Primary Health Program.