

Aged Care Services

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Summary of Reporting Requirements

The following AIMS returns are required by the Aged Care Services Program of the Aged, Community and Mental Health Division for the reporting of service activity. The Health Service Agreement for each hospital documents the services purchased by the Aged Care Program. Hospital staff should forward the relevant returns for services provided by their hospital.

- **Form 113/S1: Monthly Return—Admitted Patients**
This form is used to report patient separations and patient days by broad account classifications.
- **Form 113/S2: Monthly Return—Non-Admitted Patients**
This form is used to report occasions of service for non-admitted patients by functional units, as well as supplementary information on Aged Care Assessment Services (ACAS). This form has been developed in accordance with definitions contained in the National Health Data Dictionary and supports the Department's reporting requirements for hospitals under the Australian Healthcare Agreement.
- **Form 113/S4: Monthly Return—Admitted Patients by Streams of Care**
This form is used to report patient separations and patient days by the broad category of service provided. The form reports on the same patients as Form 113/S1 but by different categories. This form provides performance monitoring, policy and planning information for the Aged Care Services Program.
- **Form 113/S5: Monthly Return—Residential Services**
This form is used to report activity data on residents of nursing home/high care and hostel/low care residential services.
- **Form 113/H1: Monthly Return—HACC Funded Clients**
This form is used to report Home and Community Care (HACC) services delivered to non-admitted patients. The data reported includes services funded by the HACC program direct, auspice contribution (if applicable) and client fees collected (if applicable) but no breakdown is required.

Aged Care Services

Form S1: Monthly Return—Admitted Patients

Aged Community & Mental Health

Aged Care Services

Admitted Patients—Acute Services

Public Hospital Monthly Return

113 S1

Human
Services



Peoplefirst

This form should be used to report data for patients admitted to Acute Services funded by Aged Care and should be completed at the end of each month and forwarded within 7 *working days* to the Department of Human Services. Submission of this form by the due date is a condition of funding.

Refer to the Agency Information Management System Manual for instructions on completing this form.

Hospital:				
Agency:	Agency Code:	Month:	Year:	
				Current Month
Separations (Includes same day)				
ACUTE	1	Public—Acute		
	2	Private—Acute		
	3	Compensable—Acute		
	4	Ineligible—Acute		
	5	Sub Total (= 1 to 4)		
NON ACUTE	6	Public NHT—NH5		
	7	Public NHT—Non NH5		
	8	Private NHT—NH5		
	9	Private NHT—Non NH5		
	10	Compensable—Non-Acute		
	11	Ineligible—Non-Acute		
	12	Sub Total (= 6 to 11)		
	13	TOTAL (= 5+12)		
Patient Days (Includes same day)				
ACUTE	14	Public—Acute		
	15	Private—Acute		
	16	Compensable—Acute		
	17	Ineligible—Acute		
	18	Sub Total (= 14 to 17)		
NON-ACUTE	19	Public NHT—NH5		
	20	Public NHT—Non NH5		
	21	Private NHT—NH5		
	22	Private NHT—Non NH5		
	23	Compensable—Non-Acute		
	24	Ineligible—Non-Acute		
	25	Sub Total (= 19 to 24)		
	26	TOTAL (= 18+25)		
Same Day Separations				
	27	Public—Same Day		
	28	Private—Same Day		
	29	Compensable—Same Day		
	30	Ineligible—Same Day		
	31	TOTAL (= 27 TO 30)		
Unqualified Newborns				
	32	Number of Entirely Unqualified Episodes		
	33	Number of Unqualified Days		
Early Parenting Centre—Secondary Family Members				
	34	Number of Episodes		
	35	Number of Days		
36	Average Available Beds for the month _____			
37	Reconciliation has been completed between PRS/PRS2 Systems and the hospital's aggregate YTD totals for the month prior to Current Month (tick one).			
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Signed (Chief Executive Officer):		Date:		

Reporting Requirements

Form S1 is used for reporting data on patients admitted to designated acute care or sub-acute beds in hospitals. Separate numbered forms have been developed for reporting services purchased by each output group. The layout of the form for each output group is identical in order to report data in a consistent format. The number of each form is:

- Form 111/S1: Acute Health Services
- Form 113/S1: Aged Care Services
- Form 114/S1: Primary Health Program
- Form 115/S1: Mental Health Services
- Form 118/S1: Youth & Family Services

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

Public acute units of geriatric hospitals should complete Form 113/S1 where admitted patient services are purchased by Aged Care Services. Data reported on Form 113/S1 must *exclude*:

- data on patients in nursing homes; and
- data on hostel services.

Patients admitted to the Aged Care Services designated 'hospital in the home' program should be counted as admitted patients and reported on Form 113/S1. The admission criteria and program guidelines advised in the 'hospital in the home' Bulletin No. 1 January 1994 also apply to Aged Care Services. The Aged Care 'hospital in the home' program can potentially apply to any stream of care. Services provided to these patients should not be reported on Form S2 (non-admitted patients).

Agencies which complete Form 113/S1 should also complete Form 113/S4 Aged Care Services: Admitted Patients by Streams of Care. The data reported on Form 113/S1 and Form 113/S4 must reconcile.

Return of Forms

Data are to be entered into the AIMS Agency Module and electronically transmitted to the Department *within seven working days* following the end of the month.

Rural hospitals are to submit data to their regional office via email or diskette.

Hospitals in the metropolitan regions are to send data to the Management Information Unit, Acute Health using one of the following methods:

- email: send to *aims.aims@dhs.vic.gov.au*
- diskette: send to AIMS Collection Officer, Acute Health Division, 17/555 Collins Street, Melbourne, 3000, or
- modem: contact Management Information Unit Helpline 9616 8595 to obtain the modem number.

Output Group 113	Aged Care Services
Form S1	Monthly Return—Admitted Patients

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 and be submitted with the next month's data. The AIMS Agency Module transmits all data for the current financial year, that is, from 1 July onwards, therefore if a correction is made to the July data whilst preparing the October return, it will be resent with the October export file.

Definitions

The definitions to be used for completing the forms are printed in the *Definitions* section of the manual.

- For patient categories, see *Definitions Related to Patients*.
- For separation and patient day definitions, see *Definitions Related to Episodes*.
- For contracted services, see *Definitions Related to Contracted Hospital Care*.

Reconciliation with PRS/2

Hospitals should ensure that separations reported on AIMS S1 forms reconcile with separations transmitted via the PRS/2 system. Although reconciliation may not always be achieved before the return is forwarded to the Department of Human Services, it should be undertaken as soon as possible thereafter.

To assist hospitals, the User Reconciliation Report is produced by the PRS/2 system after each data transmission with an end of month file date. Summary statistics provided by the hospital's in-house system in the Trailer Record are reported against statistics calculated by PRS/2. The hospital should reconcile the figures and any differences between the in-house figures and the PRS/2 figures identified and corrective action taken.

The PRS/2 statistics include all records successfully meeting the edit requirements, and exclude rejected records. See the *PRS/2 Manual*, 9th Edition, Section D Transmission Control and Reconciliation Reports for further information on the User Reconciliation Report.

If assistance is required with the reconciliation, please contact the PRS/2 Help Desk on (03) 9616 8141.

Output Group 113	Aged Care Services
Form S1	Monthly Return—Admitted Patients

Instructions for Completing AIMS Form S1

Hospital, Agency

The registered name of the public hospital and for health care networks, the network component hospital that is submitting the return.

Agency Code

The AIMS identification number for the agency submitting the return. For example, the code for Maryborough District Health Service is 3312.

Month, Year

Calendar month and year for which the return is prepared.

Separations

The total of both statistical and formal separations occurring during the month for which the return is prepared in the various account categories listed. Each separation is counted against the patient's Account Class *at separation*.

Includes same day separations (also reported in items 27 to 31 inclusive).

Acute (Items 1 to 5)

Separations and patient days for patients other than Nursing Home Type/non-acute admitted patients in acute care beds funded under the relevant Output Group. *Includes* separations and patient days for same day patients.

Public—Acute (Item 1 and 14)

Separations and patient days for public admitted patients, excluding public Nursing Home Type patients, in acute care beds accrued during the month for which the return is prepared.

Note: Public separations and patient days (items 1, 6, 7, 14, 19 and 20) include 'exempt' patients.

Private—Acute (Item 2 and 15)

Separations and patient days for private admitted patients, excluding private Nursing Home Type patients, in acute care beds accrued during the month for which the return is prepared.

Note: Private separations and patient days (items 2, 8, 9, 15, 21 and 22) include patients whose treatment is being paid for by the Department of Veterans' Affairs.

Compensable—Acute (Item 3 and 16)

Separations and patient days for acute compensable admitted patients in acute care beds accrued during the month for which the return is prepared. This category includes workers compensation, transport accident, criminal injury and common law cases and members of

Output Group 113	Aged Care Services
Form S1	Monthly Return—Admitted Patients

the Defence Forces and seamen with personnel entitlements. See the *Definitions* section of the Manual for further information.

Note: Documentation similar in intent to the Acute Care ('3B') Certificate for eligible non-compensable patients would be expected to be retained in the hospital to verify acute status of a compensable patient who has been an admitted patient in one or more hospitals (public and private) for a continuous period of more than 35 days with a maximum break of seven consecutive days.

Ineligible—Acute (Item 4 and 17)

Separations and patient days for acute admitted patients who are not eligible for Medicare accrued during the month for which the return is prepared.

Note: Documentation similar in intent to the Acute Care ('3B') Certificate for eligible non-compensable patients would be expected to be retained in the hospital to verify acute status of an ineligible patient who has been an admitted patient in one or more hospitals (public and private) for a continuous period of more than 35 days with a maximum break of seven consecutive days.

Sub Total—Acute (Item 5 and 18)

Item 5

The sum of acute separations (items 1 to 4) accrued during the month for which the return is prepared.

Item 18

The sum of acute patient days (items 14 to 17) accrued during the month for which the return is prepared.

Non-Acute (Items 6 to 12 inclusive and items 19 to 25 inclusive)

Separations and patient days for:

- Public, exempt, private and Department of Veterans' Affairs Nursing Home Type admitted patients; and
- compensable and ineligible non-acute admitted patients in acute care beds occurring during the month for which the return is prepared.

Includes separations and patient days for same day patients.

Public NHT—NH5 (Item 6 and 19)

Separations and patient days for public Nursing Home Type admitted patients with NH5 certification in acute care beds accrued during the month for which the return is prepared.

Public NHT—Non-NH5 (Item 7 and 20)

Separations and patient days for public Nursing Home Type admitted patients without NH5 certification in acute care beds accrued during the month for which the return is prepared.

Output Group 113	Aged Care Services
Form S1	Monthly Return—Admitted Patients

Private NHT—NH5 (Item 8 and 21)

Separations and patient days for both general care and extensive care private and Department of Veterans' Affairs Nursing Home Type admitted patients with NH5 certification in acute care beds accrued during the month for which the return is prepared.

Private NHT—Non-NH5 (Item 9 and 22)

Separations and patient days for both general care and extensive care private and Department of Veterans' Affairs Nursing Home Type admitted patients without NH5 certification in acute care beds accrued during the month for which the return is prepared.

Compensable—Non-Acute (Item 10 and 23)

Separations and patient days for compensable patients who have been admitted patients in one or more hospitals (public and private) for a continuous period of more than 35 days with a maximum break of seven consecutive days, and who, if not compensable patients, would be deemed to be nursing home type patients.

Ineligible—Non-Acute (Item 11 and 24)

Separations and patient days for patients not eligible for Medicare, who have been admitted patients in one or more hospitals (public and private) for a continuous period of more than 35 days with a maximum break of seven consecutive days, and who, if not ineligible patients, would be deemed to be nursing home type patients.

Sub Total—Non-Acute (Item 12 and 25)

Item 12:

The sum of non-acute separations (items 6 to 11) accrued during the month for which the return is prepared.

Item 25:

The sum of non-acute patient days (items 19 to 24) accrued during the month for which the return is prepared.

Total Acute and Non-Acute (Item 13 and 26)

Item 13:

The sum of separations (items 5 and 12) accrued during the month for which the return is prepared.

Item 26:

The sum of patient days (items 18 and 25) accrued during the month for which the return is prepared.

Patient days (Items 14 to 26 inclusive)

Patient days accrued during the month for which the return is being prepared including those patients not yet separated. Where a patient changed Account Class during the episode of care, distribute the patient days across the appropriate categories.

Includes patient days accrued by same day patients.

Includes contract leave days.

Output Group 113	Aged Care Services
Form S1	Monthly Return—Admitted Patients

Information on completion of patient day data (items 14 to 26 inclusive) are described under 'Separations'.

Note: Patient days are to be reported in whole days. This also applies to same day stay patients and nursing home type patients.

Same Day Separations (Items 27 to 31 inclusive)

Separations for patients admitted and separated on the same day accrued during the month for which the return is prepared.

Public—Same Day (Item 27)

Separations for same day public and exempt admitted patients in acute care beds accrued during the month for which the return is prepared.

Private—Same Day (Item 28)

Separations for same day private and Department of Veterans' Affairs admitted patients in acute care beds accrued during the month for which the return is prepared.

Compensable—Same Day (Item 29)

Separations for same day compensable admitted patients in acute care beds accrued during the month for which the return is prepared.

Ineligible—Same Day (Item 30)

Separations for same day patients who are not eligible for Medicare in acute care beds accrued during the month for which the return is prepared.

Total—Same Day (Item 31)

The sum of same day separations (items 27 to 30) accrued during the month for which the return is prepared.

Unqualified Newborns (Items 32 to 33 inclusive)

This section is not applicable for Aged Care Services.

Early Parenting Centre—Secondary Family Members (Item 34 and 35)

This section is not applicable for Aged Care Services.

Average Available Beds for the period (Item 36)

An average over each day in the period, including weekends and public holidays, of available beds funded under the Aged Care program. Calculate as follows:

$$\text{Average Available Beds for the Period} = \frac{\text{Sum of available beds on each day of the period}}{\text{Number of days in the period}}$$

Aged Community & Mental Health Aged Care Services

Non-Admitted Patients

Public Hospital Monthly Return

113 S2

Human
Services



Peoplefirst

This form should be used to report public patient non-admitted hospital services purchased by the Aged Care Program and should be completed at the end of each month and forwarded within 7 working days to the Department of Human Services. Submission of this form by the due date is a condition of funding.

Refer to the Agency Information Management System Manual for instructions on completing this form.

Hospital:			
Agency:	Agency Code:	Month:	Year:
Type of Service	Current Month		
Community Rehabilitation Clinic (CRC)	Attendances	Number of CRC Places	
1 Full Day Attendances (1 Attendance = 1 Place)			
2 Sessional Attendances (2 Attendances = 1 Place)			
3 Single Therapy Attendances (6 Attendances = 1 Place)			
4 Total CRC Places (1 to 3)			
Other Rehabilitation Services (including Allied Health)	Occasions of Service		
5 Outpatient			
6 Off Campus			
7 Number of Group Sessions			
8 Other			
Aged Care Allied Health (not Rehabilitation or Specified Outpatient Clinics)	Occasions of Service	Number of Individuals	
9 Outpatient			
10 Off Campus			
11 Other			
Continuum of Care Services	Occasions of Service	Number of Individuals	
12 On Campus			
13 Off Campus			
Palliative Care	Occasions of Service		
14 Off Campus			
15 Other			
Other Community Care (non HACC)	Attendances	Number of Individuals	
16 Day Centre (not Rehabilitation)			
	Occasions of Service	Number of Individuals	
17 Off Campus Domiciliary/Community Nursing			
18 Outpatient—Gerodentic Clinic			
19 Outpatient—Continence Clinic			
20 Outpatient—CDAMS			
21 Outpatient—Falls & Mobility Clinic			
22 Outpatient—Pain Management Clinic			
23 Outpatient—Other Medical Services			
24 Other Off Campus Health Professional Services			
25 Off Campus Non-Medical & Social Support Services			
26 Number of Group Sessions			
ACAS Information	Completed Assessments		
27 ACAS Completed Assessments—Community			
28 ACAS Completed Assessments—Admitted Patient			
Signed (Chief Executive Officer):			Date:

Output Group 113	Aged Care Services
Form S1	Monthly Return—Admitted Patients

The number of available beds on each day is defined as:

- Occupied beds at midnight
- + unoccupied but staffed beds at midnight
- + day procedure beds which were staffed and available that day.

Note:

- Exclude residential nursing home, hostel and other non-acute beds for each Program.
- No adjustment should be made for contracted services (that is, a purchasing hospital should not add beds purchased at a contracted hospital nor should a contracted hospital delete beds sold to a purchasing hospital).

Reconciliation with PRS/2 (Item 37)

Tick 'Yes' or 'No' box to indicate whether reconciliation has been completed between the hospital's aggregate year-to-date totals for the month prior to Current Month and the PRS2 system, and all necessary action taken to correct data held on the PRS2 database.

Signature of Chief Executive Officer and Date

The hospital's Chief Executive Officer should sign and date each form submitted, acknowledging the data contained on the form and the accuracy of these data.

Aged Care Services

Form S2: Monthly Return—Non-Admitted Patients

Output Group 113	Aged Care Services
Form S2	Monthly Return—Non-Admitted Patients

Reporting Requirements

Form 113/S2 is used to report services for non-admitted patients (excluding Home and Community Care Program funded patients) purchased by the Aged Care Program. Separate forms are used to report non-admitted patient services purchased by Acute Health Services, Primary Health Program, Home and Community Care Program, Mental Health Program, Public Health and Youth & Family Services.

Return of Forms

Data are to be entered into the AIMS Agency Module and electronically transmitted to the Department *within seven working days* following the end of the month.

Rural hospitals are to submit data to their regional office via email or diskette.

Hospitals in the metropolitan regions are to send data to the Management Information Unit, Acute Health using one of the following methods:

- email: send to *aims.aims@dhs.vic.gov.au*
- diskette: send to AIMS Collection Officer, Acute Health Division, 17/555 Collins Street, Melbourne, 3000, or
- modem: contact Management Information Unit Helpline 9616 8595 to obtain the modem number.

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 and be submitted with the next month's data. The AIMS Agency Module transmits all data for the current financial year, that is, from 1 July onwards, therefore if a correction is made to the July data whilst preparing the October return, it will be resent with the October export file.

Definitions

Non-Admitted Patient

A person who receives direct treatment and/or care within emergency departments or other designated clinics within the hospital but who is not formally admitted at the time when the care is provided. The term *non-admitted patient* is synonymous with the term *non-inpatient*.

Patients admitted to the designated Aged Care 'hospital in the home' program should be counted as admitted patients and services provided to them should *not* be reported on Form S2.

Output Group 113	Aged Care Services
Form S2	Monthly Return—Non-Admitted Patients

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 attends an outpatient medical clinic and an outpatient physiotherapy treatment, 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 or Veterans' Affairs benefits and services provided to compensable patients.

Community Rehabilitation Centre Places

A Community Rehabilitation Centre (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 centre.

Calculating Community Rehabilitation Centre 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)

Full Day Attendance

A full day attendance is a day visit by a non-admitted patient to a Community Rehabilitation Centre 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 Centre 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 Community Rehabilitation Centre 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 Centre 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 Community Rehabilitation Centre Places.

Single Therapy Attendance

A single therapy attendance is a visit by a non-admitted patient to a Community Rehabilitation Centre 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 Centre. 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 Community Rehabilitation Centre Places.

Day Centre Activities**Attendance at a Day Centre**

An attendance is a visit by a non-admitted patient to a Day Centre for treatment, assessment or other service.

A single attendance is recorded each time a non-admitted patient presents for treatment(s), assessment or other services provided in a designated Day Centre. An attendance is counted only once per session, regardless of the number of services or the duration of each service (whether it is a full day, half a day or a couple of hours) that the patient is provided with during that time. In most cases, only one attendance would be counted per day.

Individual attending a Day Centre

This is the number of individual persons being provided with Day Centre services or activities during the month for which the return is prepared.

An individual person is counted *only once for the month* of the return, regardless of the number of times that individual attends the Day Centre during that month. Individual persons may attend the Day Centre daily, weekly or up to monthly but are only counted as one individual for that month.

Output Group 113	Aged Care Services
Form S2	Monthly Return—Non-Admitted Patients

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. The patients or clients attending the group are not to be included in the total occasions of serves or attendances counted elsewhere.

Output Group 113	Aged Care Services
Form S2	Monthly Return—Non-Admitted Patients

Instructions for Completing Form S2

Hospital, Agency

The registered name of the public hospital and for health care networks, the network component hospital that is submitting the return.

Agency Code

The AIMS identification number of the agency that is submitting the return. For example, the code for Maryborough District Health Service is 3312.

Month, Year

Calendar month and year for which the return is prepared.

Occasions of Service

The occasions of service occurring during the month for which the return is prepared.

Attendances

The number of attendances occurring during the month for which the return is prepared.

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.

Number of Individuals

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

Community Rehabilitation Clinic

A community rehabilitation clinic 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

Output Group 113	Aged Care Services
Form S2	Monthly Return—Non-Admitted Patients

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. Services other than rehabilitation are to be excluded, and reported under item 16 *Day Centre (not Rehabilitation)*. 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*.

Other Rehabilitation Services (including Allied Health)

Rehabilitation—Outpatients (Item 5)

This includes all rehabilitation *occasions of service* to non-admitted patients attending an outpatient department managed by the hospital and where rehabilitation services are provided.

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*. The numbers of attendances and services contacts are *not* required.

Record the number of occasions of service provided to non-admitted patients within designated outpatient rehabilitation units or departments within the hospital. Each occasion of service provided to a patient should be recorded, including services provided by allied health professionals where the services are provided before or after an admitted patient admission. If several occasions of service are provided to a non-admitted patient on the one day, these should all be counted separately.

Rehabilitation—Off Campus (Item 6)

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 numbers of attendances and services contacts are *not* required.

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.

It is expected that designated acute admitted patient rehabilitation services are supported by on campus and off campus rehabilitation services to provide continuity of care. Services provided to rehabilitation patients, but provided off campus should be reported in this category.

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Form S2	Monthly Return—Non-Admitted Patients

Off campus rehabilitation services which are funded through the HACC program should be reported in Form 113/H1.

Rehabilitation—Number of Group Sessions (Item 7)

This includes the number of all group sessions provided to non-admitted patients or clients. The number of attendances and services are not required.

Each group session is counted once only, regardless of the size of the group or the number of staff providing services. Group sessions include group therapy sessions for non-admitted patients conducted in community rehabilitation clinics.

Rehabilitation—Other (Item 8)

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. The numbers of attendances and services contacts are not required.

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

This includes all services provided by allied health professionals other than rehabilitation or specified outpatient clinics. The specified outpatient clinics to be excluded are Continence, CDAMS, Falls and Mobility and Pain Management. Activity in these clinics is to be reported in items 19 to 22. Community Rehabilitation Clinics and Rehabilitation services are to be reported in items 1 to 8.

Note: Allied Health services funded through the HACC program should not be reported in this section but reported in Form 113/H1.

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

Allied Health—Outpatients (Item 9)

This includes occasions of service, 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.

Record the number of occasions of service to non-admitted patients within designated allied health units or departments within the hospital. Each occasion of service provided to a patient should be recorded, including services provided by allied health professionals where the services are provided before or after an admitted patient admission. If several occasions of service are provided to a non-admitted patient on the one day, these should all be counted separately.

Outpatient services generally 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 health

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Form S2	Monthly Return—Non-Admitted Patients

promotion classes or diabetic education classes should be reported under item 26 '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 item 10 of this form.

The number of individuals provided with these services during the month should also be recorded.

Allied Health—Off Campus (Item 10)

This includes all occasions of service 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.

The number of individuals provided with these services during the month should also be recorded.

Allied Health—Other (Item 11)

This includes all occasions of service 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.

The number of individuals provided with these services during the month should also be recorded.

Continuum of Care Services

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

The community services are counted on a 1:3 ration, meaning three occasions of service provided in the community, including the patient's home, equates to one bedday 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 bedday throughput.

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

Continuum of Care Services—On Campus (Item 12)

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.

Output Group 113	Aged Care Services
Form S2	Monthly Return—Non-Admitted Patients

The number of individuals provided with these services during the month should also be recorded.

Continuum of Care Services—Off Campus (Item 13)

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.

The number of individuals provided with these services during the month should also 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.

Palliative Care

Palliative Care—Off Campus (Item 14)

This includes all occasions of service to non-admitted patients provided by staff from palliative care programs which is provided in the patient's home or other non-hospital site. The numbers of attendances and services contacts are not required.

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 113/S1 and Form 113/S4 items 5, 13, 21 and 29.

Palliative Care—Other (Item 15)

This includes all occasions of service to non-admitted patients provided by staff of palliative care programs in locations other than the patient's home or other non-hospital site. The numbers of attendances and services contacts are not required.

Other Community Care (non-HACC)

Day Centre (not Rehabilitation) (Item 16)

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.

The number of individual non-admitted patients (excluding rehabilitation patients) attending the day centre during the current month should also be recorded.

Output Group 113	Aged Care Services
Form S2	Monthly Return—Non-Admitted Patients

Services in day centres which are funded through HACC should be not be included here, but reported in Form 113/H1.

Off Campus—Domiciliary/Community Nursing (Item 17)

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 should also be recorded.

District and domiciliary nursing services funded through the HACC program should be reported in Form 113/H1

Outpatient—Gerodontic Clinic (Item 18)

This includes all occasions of service to non-admitted patients provided by dental professionals in designated gerodontic units or clinics. The numbers of attendances and services contacts are not required.

It should be noted that only gerodontic services purchased by the Aged Care Program should be reported.

The majority of dental services provided by hospitals are purchased by Primary Health Program under the Community Dental Program. These dental services should be reported on Form 114/S2.

Outpatient—Continence Clinic (Item 19)

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. The numbers of attendances and service contacts are not required.

A continence clinic 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 are to be recorded here rather than in item 9.

Outpatient—CDAMS (Item 20)

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. The numbers of attendances and service contacts are not required.

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 are to be recorded here rather than in item 9.

Outpatient—Falls and Mobility Clinic (Item 21)

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

Output Group 113	Aged Care Services
Form S2	Monthly Return—Non-Admitted Patients

mobility and gait disorders. The numbers of attendances and service contacts are not required.

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. Relevant allied health occasions of service are to be recorded here rather than in item 9.

Outpatient—Pain Management Clinic (Item 22)

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. The numbers of attendances and service contacts are not required.

A pain management clinic 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 are to be recorded here rather than in item 9.

Outpatient—Other Medical Services (Item 23)

This includes all occasions of service to non-admitted patients given in designated units primarily providing medical services. The numbers of attendances and service contacts are not required.

These include general medicine, ophthalmology, neurology, anaesthesiology, cardiology, gastroenterology and other designated medical clinics.

Other Off Campus Health Professional Services (Item 24)

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*, item 10 *Allied Health—Off Campus*, item 12 *Continuum of Care—Off Campus*, item 14 *Palliative Care—Off Campus* and item 17 *Off Campus—Domiciliary/Community Nursing*. The numbers of attendances and service contacts are not required.

Off Campus Non-Medical & Social Support Services (Item 25)

This includes all occasions of service to non-admitted patients that are provided by hospital staff other than nurses, medical officers and allied health professionals in the patient's home or other non-hospital site. The numbers of attendances and service contacts are not required.

This category may include services such as home modification, food services and transport services. However, it should be noted that meals on wheels (delivered meals) and other services provided through the HACC program should not be included here, but recorded in Form 113/H1.

Number of Group Sessions (Item 26)

This includes the number of all group sessions provided to non-admitted patients or clients. The number of contacts is not required.

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Form S2	Monthly Return—Non-Admitted Patients

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.

ACAS Information

To be completed by hospitals which are funded for ACAT/GAT services. The total number of completed assessments should be reported, regardless of whether the source of funding is from the State or the Commonwealth.

ACAS Completed Assessments—Community (Item 27)

The total number of assessments completed for non-admitted patients in the community, during the month for which the return is prepared.

ACAS Completed Assessments—Admitted Patients (Item 28)

The total number of completed assessments for admitted patients during the month for which the return is prepared.

Signature of Chief Executive Officer and Date

The hospital's Chief Executive Officer should sign and date each form submitted, acknowledging the data contained on the form and the accuracy of these data.

Aged Care Services

*Form S4: Monthly Return—Admitted Patients by
Streams of Care*

Aged Community & Mental Health

Human
Services

Aged Care Services



Peoplefirst

Admitted Patients By Streams of Care

113 S4

Public Hospital Monthly Return

This form should be used to report data for patients admitted to acute or sub-acute services purchased by the Aged Care Program. The form should be completed at the end of each month and forwarded within *7 working days* to the Department of Human Services. Submission of this form by the due date is a condition of funding.

Refer to the Agency Information Management System Manual for instructions on completing this form.

Hospital:				
Agency:	Agency Code:	Month:	Year:	
				Current Month
Total Separations (Includes Hospital in the Home)				
1	Geriatric Evaluation & Management Program			
2	Designated Rehabilitation Program—Level 1			
3	Designated Rehabilitation Program—Level 2			
4	Designated Rehabilitation Program—Level 3			
5	Palliative Care Program			
6	Geriatric Respite - Planned and Unplanned			
7	NHT/Non-Acute			
8	TOTAL (= 1 to 7)			
Total Patient Days (Includes Hospital in the Home)				
9	Geriatric Evaluation & Management Program			
10	Designated Rehabilitation Program—Level 1			
11	Designated Rehabilitation Program—Level 2			
12	Designated Rehabilitation Program—Level 3			
13	Palliative Care Program			
14	Geriatric Respite - Planned and Unplanned			
15	NHT/Non-Acute			
16	TOTAL (= 9 to 15)			
Hospitals in the Home Separations				
17	Geriatric Evaluation & Management Program			
18	Designated Rehabilitation Program—Level 1			
19	Designated Rehabilitation Program—Level 2			
20	Designated Rehabilitation Program—Level 3			
21	Palliative Care Program			
22	Geriatric Respite - Planned and Unplanned			
23	NHT/Non-Acute			
24	TOTAL (= 17 to 23)			
Hospitals in the Home Patient Days				
25	Geriatric Evaluation & Management Program			
26	Designated Rehabilitation Program—Level 1			
27	Designated Rehabilitation Program—Level 2			
28	Designated Rehabilitation Program—Level 3			
29	Palliative Care Program			
30	Geriatric Respite - Planned and Unplanned			
31	NHT/Non-Acute			
32	TOTAL (= 25 to 31)			
33	Data reported in Line 8 Total Separations reconciles with data reported in Line 13 Total Separations in Form 113/S1. <input type="checkbox"/> Yes <input type="checkbox"/> No			
34	Data reported in Line 16 Total Patient Days reconciles with data reported in Line 26 Total Patient Days in Form 113/S1. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signed (Chief Executive Officer):			Date:	

Reporting Requirements

Form S4 is used for reporting data on patients admitted to acute units of geriatric hospitals funded by Aged Care Program. This form is to be completed for exactly the same acute admitted patient services that are reported on Form 113/S1. Form 113/S4 provides information on the streams of care provided, whereas Form S1 provides data on patient account classification and same day status. Accordingly the bottom-line data for separations and patient days on Form 113/S1 and Form 113/S4 should reconcile.

Note: Separations on Form S1 includes both *formal* and *statistical* separations, accordingly both formal and statistical separations should be recorded for Form S4.

The streams of care should be recorded for both types of separations according to the category of separation. If the patient changes streams during the course of admission, this change in stream of care is also associated with a change in episode of care and hence a statistical separation/statistical readmission.

Data reported on Form 113/S4 must *exclude*:

- data on patients in nursing homes; and
- data on hostel services.

Return of Forms

Data are to be entered into the AIMS Agency Module and electronically transmitted to the Department *within seven working days* following the end of the month.

Rural hospitals are to submit data to their regional office via email or diskette.

Hospitals in the metropolitan regions are to send data to the Management Information Unit, Acute Health using one of the following methods:

- email: send to *aims.aims@dhs.vic.gov.au*
- diskette: send to AIMS Collection Officer, Acute Health Division, 17/555 Collins Street, Melbourne, 3000, or
- modem: contact Management Information Unit Helpline 9616 8595 to obtain the modem number.

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 and be submitted with the next month's data. The AIMS Agency Module transmits all data for the current financial year, that is, from 1 July onwards, therefore if a correction is made to the July data whilst preparing the October return, it will be resent with the October export file.

Output Group 113	Aged Care Services
Form S4	Monthly Return—Admitted Patients by Streams of Care

Admitted Patients—Hospital

Admitted patients receiving care and treatment within the hospital.

Admitted ‘Hospital in the Home’ Patients

Aged Care ‘hospital in the home’ services are those previously provided in hospital admitted patient settings, provided to people living in the community, in their own homes or in residential facilities such as hostels or other forms of supported accommodation (excluding nursing homes or other health care facility). Aged Care ‘hospital in the home’ might include services such as rehabilitation. The use of Aged Care ‘hospital in the home’ is voluntary for the patient. For a single patient, the service might be a combination of admitted patient and home-based care or replace admitted patient care completely.

A public hospital must be *designated* in its *Health Service Agreement* to provide Aged Care ‘hospital in the home’ services.

The Aged Care ‘hospital in the home’ program is directed to *public* patients only. Aged Care ‘hospital in the home’ episodes are included in funding formula, and patients receiving care must meet one of the minimum criteria for admission, with the care provided representing a substitute for admitted patient care.

Services eligible for funding under other programs, such as the Commonwealth Palliative Care Program and the Home and Community Care (HACC) program will be excluded.

Aged Care ‘hospital in the home’ patients are to be reported on the AIMS Forms 113/S1 and 113/S4.

In the VIMD, ‘hospital in the home’ is indicated by the patient’s *Accommodation Status*. Moving between ward accommodation and ‘hospital in the home’ accommodation is indicated by starting a new *Status Segment* within the *same* episode, and does not represent a statistical separation.

Definitions of Streams of Care

The following Streams of Care definitions apply to acute geriatric admitted patient services funded by the Aged Care Program.

Geriatric Evaluation and Management Program

A Geriatric Evaluation and Management Program is sub-acute care of chronic or complex conditions associated with aging, cognitive dysfunction, chronic illness or disability. These conditions require admission for review, treatment and management by a geriatrician and multi-disciplinary team for a defined episode of care.

The GEM client group are usually older people with complex, chronic or multiple health care conditions requiring treatment and stabilisation of those conditions and/or medical review for future treatment options or service planning.

The GEM Program excludes Nursing Home Type/Non-Acute patients and patients awaiting placement in residential care. If a GEM patient is in hospital for more than 35 days with a maximum break of seven consecutive days, an Acute Care Certificate is needed if the GEM episode is to continue.

Patients admitted to this program are recorded in PRS/2 as Care Type 9 *Geriatric Evaluation and Management Program*.

Designated Rehabilitation Program

Rehabilitation is defined as the process of restoring a disabled person to his/her fullest physical, mental and social capability through the combined and coordinated use of medical, physical, educational and vocational measures so as to achieve optimum functional independence.

The Rehabilitation Program excludes Nursing Home Type/Non-Acute patients.

The Department defines three levels of rehabilitation program. Rehabilitation patients are recorded as either Care Type 2 *Level 1*, Care Type 6 *Level 2* or Care Type 7 *Level 3* in the PRS/2 system according to the level of designation of the program.

Definitions for these three levels of designated rehabilitation are:

Level 1

For use by programs that have been designated under the criteria set out in the document *Designation for Rehabilitation Programs, November 1993* and which provide super specialty rehabilitation programs for patients in the spinal cord, head injury and amputee sub-program areas, directly following the acute episode where the injury was the principal diagnosis.

Level 2

General rehabilitation programs that have been designated under the criteria set out in the document *Designation for Rehabilitation Programs, November 1993*.

Level 3

Transitional designation for use by programs that have not fully met the criteria for designation as a rehabilitation program but geographical or other considerations require interim designation to be provided conditional on improvements being achieved or the transfer of services to other facilities.

Palliative Care Program

Palliative Care is defined as end stage management and symptom control provided with palliative care physician support, linked to community palliative care services and to an acute facility. Palliative care is a comprehensive program providing coordinated medical, nursing and allied health support to address physical, spiritual and psychosocial needs.

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Form S4	Monthly Return—Admitted Patients by Streams of Care

The palliative care client group are people of any age who have been diagnosed as having a terminal illness; have a progressively deteriorating condition; and have a life expectancy of six months or less, or have difficulty coping with the prospect of a shortened life expectancy.

The Palliative Care Program excludes Nursing Home Type/Non-Acute patients.

Palliative Care patients are recorded as Care Type 8 *Palliative Care Program* in the PRS/2 system.

Geriatric Respite—Planned and Unplanned

Geriatric Respite is admission for care and support of a person in a stable, pre-assessed condition requiring accommodation, clinical and nursing care to provide relief for carers.

Geriatric Respite includes both planned and unplanned respite:

- Planned geriatric respite care is provided for a planned or booked admission of a person in order to provide relief for carers.
- Unplanned respite provides accommodation and care when an emergency or crisis has occurred, including an episode of ill health for the carer.

In both cases, the patient does not require assessment or clinical care over and above that which would normally have been provided in the usual place of residence.

The program excludes Nursing Home Type/Non-Acute patients and patients awaiting placement in residential care. Geriatric respite is not available to residents of residential care facilities.

On admission, Geriatric Respite Care patients are recorded in PRS/2 as Care Type 4 *Other Care (Acute)* and Admission Type G *Geriatric Respite Admission*. Public hospitals may use this combination only on admission, as a statistical transfer to geriatric respite is not valid.

Nursing Home Type/Non-Acute

This group includes Nursing Home Type patients, patients with an NH5 certificate and non-acute patients and is defined as a program to maintain current levels of functional independence in-patients awaiting transfer to residential care.

A Nursing Home Type (NHT) patient is defined in section 3 of the Commonwealth Health Insurance Act 1973: after 35 days continuous hospitalisation, the patient is classified as an NHT patient unless a medical practitioner certifies under section 3(B)(1) that the patient is in need of acute care. For example,

- professional attention for an acute phase of the patient's condition; or
- active rehabilitation; or
- continued management, for medical reasons as an admitted patient.

A patient cannot be designated NHT before 35 days continuous hospitalisation (with a maximum break of seven consecutive days) even if an approved NH5 form 'Application for Nursing Home Admission' has been signed.

If a NHT patient is out of hospital (other than for contracted services) for seven days or less

Output Group 113	Aged Care Services
Form S4	Monthly Return—Admitted Patients by Streams of Care

and is re-admitted, the patient continues to be a NHT patient.

If a NHT patient is out of hospital (other than for contracted services) for more than seven consecutive days, the patient would be admitted as an acute patient, not a NHT patient.

NHT patients are recorded in PRS/2 as Care Type 1 *NHT/Non-Acute*.

Non-Acute Compensable Patient and Non-Acute Ineligible Patient

Under current legislation, compensable and ineligible patients cannot be categorised as Nursing Home Type. However, where such a patient has been admitted in one or more hospitals (public and private) for a continuous period of more than 35 days with a maximum break of seven consecutive days and who, if not a compensable/ineligible patient would be deemed to be a Nursing Home Type patient, then these patients are deemed to be Non-Acute.

Non-Acute patients are recorded in PRS/2 as Care Type 1 *NHT/Non-Acute*.

Output Group 113	Aged Care Services
Form S4	Monthly Return—Admitted Patients by Streams of Care

Instructions for Completing Form S4

Hospital, Agency

The registered name of the public hospital and for health care networks, the network component hospital that is submitting the return.

Agency Code

The AIMS identification number of the agency that is submitting the return. For example, the code for Maryborough District Health Service is 3312.

Month, Year

Calendar month and year for which the return is prepared.

Total Separations

The total of both statistical and formal separations occurring during the month for which the return is prepared, in the various categories listed. All separations are to be recorded, both for admitted patients in hospital based accommodation and admitted patients in home based accommodation under the 'hospital in the home' program.

Geriatric Evaluation & Management Program (Item 1 and 9)

Separations and patient days for admitted patients receiving care in geriatric evaluation and management beds funded by Aged Care Services, accrued during the month for which the return is prepared.

Designated Rehabilitation Program—Level 1 (Item 2 and 10)

Separations and patient days for admitted patients receiving designated level 1 rehabilitation care in acute care beds funded by Aged Care Services, accrued during the month for which the return is prepared.

Designated Rehabilitation Program—Level 2 (Item 3 and 11)

Separations and patient days for admitted patients receiving designated level 2 rehabilitation care in acute care beds funded by Aged Care Services, accrued during the month for which the return is prepared.

Designated Rehabilitation Program—Level 3 (Item 4 and 12)

Separations and patient days for admitted patients receiving designated level 3 rehabilitation care in acute care beds funded by Aged Care Services, accrued during the month for which the return is prepared.

Output Group 113	Aged Care Services
Form S4	Monthly Return—Admitted Patients by Streams of Care

Palliative Care Program (Item 5 and 13)

Separations and patient days for admitted patients in receipt of care by a palliative care physician in a palliative care bed funded by Aged Care Services, accrued during the month for which the return is prepared.

Geriatric Respite—Planned and Unplanned (Item 6 and 14)

Separations and patient days for admitted patients receiving geriatric respite care in an acute care bed funded by Aged Care Services, accrued during the month for which the return is prepared.

NHT/Non-Acute (Item 7 and 15)

Separations and patient days for Nursing Home Type/Non-Acute admitted patients receiving care in an acute care bed funded by Aged Care Services, accrued during the month for which the return is prepared.

Total

Item 8:

The sum of separations listed in items 1 to 7 inclusive, accrued during the month for which the return is prepared.

Item 16:

The sum of patient days listed in items 9 to 15, accrued during the month for which the return is prepared.

Total Patient Days

The number of patient days accrued during the month for which the return is prepared including those patients not yet separated.

Includes contract leave days.

Information on completion of patient day data (items 9 to 16 inclusive) are described under 'Separations'.

Hospital in the Home Separations

The total number of separations from a 'hospital in the home' program occurring during the month for which the return is prepared. Only report a separation when the patient is on the 'hospital in the home' program at the time of discharge.

All separations, both formal and statistical, are to be recorded. This section forms a sub-set of the total separations listed in items 1 to 8.

Geriatric Evaluation & Management Program (Item 17 and 25)

Separations and patient days for admitted patients receiving geriatric evaluation and management care through a designated Aged Care 'hospital in the home' program, accrued during the month for which the return is prepared.

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Form S4	Monthly Return—Admitted Patients by Streams of Care

Designated Rehabilitation Program—Level 1 (Item 18 and 26)

Separations and patient days for admitted patients receiving designated level 1 rehabilitation care through a designated Aged Care ‘hospital in the home’ program, accrued during the month for which the return is prepared.

Designated Rehabilitation Program—Level 2 (Item 19 and 27)

Separations and patient days for admitted patients receiving designated level 2 rehabilitation care through a designated Aged Care ‘hospital in the home’ program, accrued during the month for which the return is prepared.

Designated Rehabilitation Program—Level 3 (Item 20 and 28)

Separations and patient days for admitted patients receiving designated level 3 rehabilitation care through a designated Aged Care ‘hospital in the home’ program, accrued during the month for which the return is prepared.

Palliative Care Program—(Item 21 and 29)

Separations and patient days for admitted patients in receipt of care by a palliative care physician, through a designated Aged Care ‘hospital in the home’ program, accrued during the month for which the return is prepared.

Geriatric Respite Program— Planned and Unplanned (Item 22 and 30)

Separations and patient days for admitted patients receiving geriatric respite care through a designated Aged Care ‘hospital in the home’ program, accrued during the month for which the return is prepared.

NHT/Non-Acute (Item 23 and 31)

Separations and patient days for Nursing Home Type/Non-Acute admitted patients receiving care through a designated Aged Care ‘hospital in the home’ program, accrued during the month for which the return is prepared.

Total

Item 24:

The sum of ‘hospital in the home’ separations listed in items 17 to 23 inclusive, accrued during the month for which the return is prepared.

Item 32:

The sum of ‘hospital in the home’ patient days listed in items 25 to 31 inclusive, accrued during the month for which the return is prepared.

Hospital in the Home Patient Days

The number of ‘hospital in the home’ patient days accrued by patients during the month for which the return is prepared, including those patients not yet separated. Include only those days spent at home under the ‘hospital in the home’ program as patient days. This section forms a sub-set of the total patient days listed in items 9 to 16.

Output Group 113	Aged Care Services
Form S4	Monthly Return—Admitted Patients by Streams of Care

Information on completion of patient day data (items 25 to 32 inclusive) are described under 'hospital in the home' separations.

Reconciliation with Form 113/S1

Total Separations (Item 33)

Tick Yes or No box to indicate whether data reported in item 8 *Total Separations* reconciles with data reported in item 13 *Total Separations* on Form 113/S1. Take all necessary action to correct data held on the PRS/2 database.

Total Patient days (Item 34)

Tick Yes or No box to indicate whether data reported in item 16 *Total Patient Days* reconciles with data reported in item 26 *Total Patient Days* on Form 113/S1. Take all necessary action to correct data held on the PRS/2 database.

Signature of Chief Executive Officer and Date

The hospital's Chief Executive Officer should sign and date each form submitted, acknowledging the data contained on the form and the accuracy of these data.

Aged Care Services

Form S5: Monthly Return—Residential Services

Aged Community & Mental Health Aged Care Services



Residential Services

113 S5

Public Hospital Monthly Return

This form should be used to report data for residents of both high and low care residential services funded by the Aged Care Program. The form should be completed at the end of each month and forwarded within 7 working days to the Department of Human Services. Submission of this form by the due date is a condition of funding.

Refer to the Agency Information Management System Manual for instructions on completing this form.

Hospital:			
Agency:	Agency Code:	Month:	Year:

NURSING HOME / HIGH CARE SERVICES	Current Month	
	Residents (at end of month)	Resident Days
Resident Classification Scale		
1 RCS Category 1		
2 RCS Category 2		
3 RCS Category 3		
4 RCS Category 4		
5 RCS Category 5		
6 RCS Category 6		
7 RCS Category 7		
8 RCS Category 8		
9 Uncategorised patient days		
10 TOTAL (= 1 to 9)		
Supplementary Information (included in above totals)		
11 Complex Care Support		
12 Respite Care		
13 Concessional Residents		

HOSTEL / LOW CARE SERVICES	Current Month	
	Residents (at end of month)	Resident Days
Resident Classification Scale		
14 RCS Category 1		
15 RCS Category 2		
16 RCS Category 3		
17 RCS Category 4		
18 RCS Category 5		
19 RCS Category 6		
20 RCS Category 7		
21 RCS Category 8		
22 Uncategorised patient days		
23 TOTAL (= 14 to 22)		
Supplementary Information (included in above totals)		
24 Respite Care		
25 Concessional Residents		

Signed (Chief Executive Officer):	Date:
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Output Group 113	Aged Care Services
Form S5	Monthly Return—Residential Service

Reporting Requirements

Form S5 is used for reporting data on residents in nursing home/high care and hostel/low care residential services funded by Aged Care Program.

Return of Forms

Data are to be entered into the AIMS Agency Module and electronically transmitted to the Department *within seven working days* following the end of the month.

Rural hospitals are to submit data to their regional office via email or diskette.

Hospitals in the metropolitan regions are to send data to the Management Information Unit, Acute Health using one of the following methods:

- email: send to *aims.aims@dhs.vic.gov.au*
- diskette: send to AIMS Collection Officer, Acute Health Division, 17/555 Collins Street, Melbourne, 3000, or
- modem: contact Management Information Unit Helpline 9616 8595 to obtain the modem number.

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 and be submitted with the next month's data. The AIMS Agency Module transmits all data for the current financial year, that is, from 1 July onwards, therefore if a correction is made to the July data whilst preparing the October return, it will be resent with the October export file.

Definitions

Resident Classification Scale

This is the single classification instrument introduced by the Commonwealth to assess resident care needs. The subsidy level paid by the Commonwealth varies according to Resident Classification Scale (RCS) level.

Information on the RCS is available on the Commonwealth Department of Health and Aged Care internet site at: www.health.gov.au/acc/rcspage/rcsindex.htm or contact the Commonwealth Aged Care Information Line on 1800 500 853.

Concessional Residents

Concessional residents include full or part pensioners who have not owned their own home in the past two years and who have assets of less than \$24,000. Assisted residents must meet the same criteria as concessional residents but can have assets of more than \$24,000 and less than \$38,000. Daily care fee(s) also apply.

Output Group 113	Aged Care Services
Form S5	Monthly Return—Residential Service

Additional supplements are payable by the Commonwealth for concessional and assisted residents where these residents cannot afford to pay accommodation bonds (low care) or accommodation charges (high care). Up to date information on the definition of concessional and assisted residents is contained on the Commonwealth web site at www.health.gov.au/acc/publicat/qcoa/10info.htm.

Output Group 113	Aged Care Services
Form S5	Monthly Return—Residential Service

Instructions for Completing Form S5

Hospital, Agency

The registered name of the public hospital and for health care networks, the network component hospital that is submitting the return.

Agency Code

The AIMS identification number of the agency that is submitting the return. For example, the code for Maryborough District Health Service is 3312.

Month, Year

Calendar month and year for which the return is prepared.

Nursing Home/High Care Services—Resident Classification Scale

RCS Category 1

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 1.

RCS Category 2

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 2.

RCS Category 3

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 3.

RCS Category 4

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 4.

RCS Category 5

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 5.

Output Group 113	Aged Care Services
Form S5	Monthly Return—Residential Service

RCS Category 6

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 6.

RCS Category 7

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 7.

RCS Category 8

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds classified as Resident Classification Scale Category 8.

Uncategorised Patient Days

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared for new residents not yet assessed against the Resident Classification Scale, in approved high care beds.

Total Residents and Resident Days

The total number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds (items 1–9).

Nursing Home/High Care Services—Supplementary Information

These figures are included in the above figures.

Complex Care Support

The number of complex care support residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds.

Respite Care

The number of respite care residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care beds. Respite care refers to the designated supplementary nursing home benefit care claimed on and paid by the Commonwealth for the Commonwealth approved respite care benefit, as specified in the Health Service Agreement.

Concessional Residents

The total number of concessional or assisted residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved high care services.

Output Group 113	Aged Care Services
Form S5	Monthly Return—Residential Service

Hostel/Low Care Services—Resident Classification Scale

RCS Category 1

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 1.

RCS Category 2

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 2.

RCS Category 3

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 3.

RCS Category 4

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 4.

RCS Category 5

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 5.

RCS Category 6

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 6.

RCS Category 7

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 7.

RCS Category 8

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds classified as Resident Classification Scale Category 8.

Uncategorised Patient Days

The number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared for new residents not yet classified under the Resident Classification Scale, in approved low care beds.

Output Group 113	Aged Care Services
Form S5	Monthly Return—Residential Service

Total Residents and Resident Days

The total number of residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds (items 14–22).

Hostel/Low Care Services—Supplementary Information

These figures are included in the above figures.

Respite Care

The number of respite care residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care beds. Respite care refers to the designated supplementary nursing home benefit care claimed on and paid by the Commonwealth for the Commonwealth approved respite care benefit, as specified in the Health Service Agreement.

Concessional Residents

The total number of concessional or assisted residents remaining in at the end of the current month and occupied resident days accrued during the month for which the return is prepared, in approved low care services.

Signature of Chief Executive Officer and Date

The hospital's Chief Executive Officer should sign and date each form submitted, acknowledging the data contained on the form and the accuracy of these data.

Aged Care Services

Form H1: Monthly Return—HACC Funded Clients

Aged Community & Mental Health Aged Care Services

Human
Services



Peoplefirst

HACC Funded Clients

113 H1

Public Hospital Monthly Return

This form should be used to report data for clients directly assisted with HACC funded services by the hospital. The form should be completed at the end of each month and forwarded within 7 *working days* to the Department of Human Services. Submission of this form by the due date is a condition of funding.

Refer to the Agency Information Management System Manual for instructions on completing this form.

Hospital:			
Agency:	Agency Code:	Month:	Year:

Type of HACC Service	Output for this Month		
	No. of Individuals Assisted	No. of Hours	No. of Assessments
1 Assessment & Care Management			
2 Health Care & Support (Nursing) - At Home			
3 Health Care & Support (Nursing) - At Centre			
4 Health Care & Support (Allied Health) - At Home			
5 Health Care & Support (Allied Health) - At Centre			No. of Meals
6 Health Care & Support (Delivered Meal) - At Home			
7 Health Care & Support (Delivered Meal) - At Centre			
8 Home Care			
9 Property Maintenance			
10 Personal Care			
11 Respite - Home & Community			
12 Respite - Overnight			Coordinator Hours
13 Volunteer Coordination			
14 Flexible Service Response			
		Person Hours	
15 Planned Activity Group - Core			
16 Planned Activity Group - High			
	Av Individuals	No. of Hours	
17 Linkages			EFT Positions
18 Service System Resourcing			
	No. of Individuals		
19 Total No. of Separate Individuals Assisted			
20 Intentionally Blank			
21 Intentionally Blank			
22 Intentionally Blank			
23 Tick if this is an amended return for this month	Yes <input type="checkbox"/>		

Signed (Chief Executive Officer):	Date:
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Output Group 113	Aged Care
Form H1	HACC Funded Clients

Reporting Requirements

Form 113/H1 is used by public hospitals to report Home and Community Care (HACC) services delivered to non-admitted patients. The data reported should include services funded by the HACC program direct, auspice contribution (if applicable) and client fees collected (if applicable) but no breakdown is required.

Form 113/H1 has been developed according to the HACC program's service types. It also incorporates the items required for reporting to the Commonwealth Government. Hospitals should refer to the *Victorian Home & Community Care (HACC) Program Manual* for complete details.

Return of Forms

Data are to be entered into the AIMS Agency Module and electronically transmitted to the Department *within seven working days* following the end of the month.

Rural hospitals are to submit data to their regional office via email or diskette.

Hospitals in the metropolitan regions are to send data to the Management Information Unit, Acute Health using one of the following methods:

- email: send to *aims.aims@dhs.vic.gov.au*
- diskette: send to AIMS Collection Officer, Acute Health Division, 17/555 Collins Street, Melbourne, 3000, or
- modem: contact Management Information Unit Helpline 9616 8595 to obtain the modem number.

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 and be submitted with the next month's data. The AIMS Agency Module transmits all data for the current financial year, that is, from 1 July onwards, therefore if a correction is made to the July data whilst preparing the October return, it will be resent with the October export file.

Definitions

Number of Individuals Assisted

A client is a person directly assisted with HACC services by the hospital. The number of individuals is a count of clients serviced by the hospital during the month. Each client is to be counted once only. That is, if the same person received a nursing visit on three occasions during the month, you count them as one individual.

Hours of Direct Client Contact

The unit of service defined for most service types is an hour of direct client contact. In most cases, it records the total time used in direct service delivery only and excludes staff travel time incurred in getting to or from a person's home. Hours recorded would usually correspond to the amount of time for which a client was invoiced.

For linkages services, hours should include all hours of linkages-funded direct services provided to clients (both provided by hospital direct or purchased for the client) plus case-management.

Number of Assessments

This is the total number of times an assessment has been received by clients from the hospital during the month of reporting. An assessment is defined further below. It is not merely an initial assessment of eligibility to receive HACC services, nor merely an assessment of the ways in which the hospital can respond to a person's identified needs (although this latter type of assessment may often be a part of a comprehensive assessment).

Number of Meals

Number of meals is used only in delivered meals. Count only those meals eligible for a HACC subsidy, whether delivered to a client's home or in a centre. Do not count meals provided during a day centre activity.

Average Individuals (Linkages)

Average Individuals (Linkages) means the average number of clients who were provided linkages-funded services on any day during the month. This can be calculated as the total number of clients who were provided with a least one linkages-funded service on any day during the month, divided by the number of days in the month. For instance, if two clients are provided linkages-funded services for 30 days in a month of 30 days, and three clients are provided services for 20 days in the same 30 day month, the average individuals recorded should be 4. ($2 \times 30 = 60$ plus $3 \times 20 = 60$, total 120 days and then divide by 30 days = 4 clients average per day).

Volunteer Coordinator Hours

Some services are predominantly about the coordination of volunteers. For these services, the unit of service is a 'coordination hour'. That is, all hours of work by a volunteer coordinator in coordinating, administering or managing volunteers for the specified HACC service. This applies to the following services:

- Respite—Volunteer Coordination (mainly Interchange)

Output Group 113	Aged Care
Form H1	HACC Funded Clients

- Social Support—Volunteer Coordination

Person Hours

For Planned Activity Groups, the unit of service is the 'person hour'. It is the hours of *direct* service received by the clients and excludes time spent travelling to and from the group or its regular venue. The amount of hours is calculated on a 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 x 4 = 12) + (2 x 3 = 6).

This applies to the following activity groups:

- Planned Activity Group—Core
- Planned Activity Group—High

Equivalent Full Time (EFT) Positions

Full Time Equivalent Staff means the total number of hours worked by staff in an ordinary week divided by 38 or the normal hours as specified in the relevant industrial award.

Total Number of Separate Individuals Assisted in the Month

Record the number of individuals provided with services during the month for which the return is prepared. On occasions, a client could be receiving multiple services from the same hospital. It is important that an individual person is counted only once for the month of the return, regardless of the number of times that client was provided services or the number of services that client received during the month.

Output Group 113	Aged Care Services
Form H1	HACC Funded Clients

Instructions for Completing Form H1/113

Hospital, Agency

The registered name of the public hospital and for health care networks, the network component hospital that is submitting the return.

Agency Code

The AIMS identification number for the agency that is submitting the return. For example, the code for Maryborough District Health Service is 3312.

Month, Year

Calendar month and year for which the return is prepared.

HACC Activities and Measurement Units

The recurrent HACC activities (service types) and units of measure to be included in the Output Data Collection are:

HACC Activity Type	Units of Measurement		
Assessment & Care Management	Individuals	Hours	Assessments
Health Care & Support (Nursing) —at home	Individuals	Hours	
Health Care & Support (Nursing) —at centre	Individuals	Hours	
Health Care & Support (Allied Health) —at home	Individuals	Hours	
Health Care & Support (Allied Health) —at centre	Individuals	Hours	
Health Care & Support (Delivered Meals) —at home	Individuals	Meals	
Health Care & Support (Delivered Meals) —at centre	Individuals	Meals	
Home Care	Individuals	Hours	
Property Maintenance	Individuals	Hours	
Personal Care	Individuals	Hours	
Respite—Home and Community	Individuals	Hours	
Respite—Overnight	Individuals	Hours	
Volunteer Coordination	Individuals	Hours	Coordinator Hours
Flexible Service Response	Individuals	Hours	
Planned Activity Group—Core	Individuals	Person Hours	
Planned Activity Group—High Linkages	Individuals	Person Hours	
Service System Resourcing	Average Individuals	Hours	
Total number of HACC Clients	EFT positions		
	Individuals		

Output Group 113	Aged Care
Form H1	HACC Funded Clients

Assessment & Care Management

Assessment and Care Management is an activity that can include:

- Holistic assessment of an individual's need for community support services. Needs for both HACC and non-HACC services are identified, plus an assessment of strengths and abilities.
- Development and implementation of a care plan.
- Monitoring the effectiveness of the care plan in meeting the person's needs.
- Regular review and re-assessment of the person's needs.

Only Assessment and Care Management services purchased by the HACC program should be reported.

Record three data items:

- the number of separate individuals assessed or care managed,
- the accumulated whole hours spent doing assessment and care management during the month, and
- the number of assessments completed.

Health Care and Support—Nursing

Nursing comprises professional nursing care provided by a registered nurse. Services include direct clinical care such as catheter and colostomy care, oxygen therapy, medication, injections and dressings, clinical assessment and the provision of education and information. Nursing may be provided either at home or in a centre.

Record the number of individuals provided with nursing, plus the accumulated whole hours of nursing provided during the month.

Health Care and Support—Allied Health

Includes six paramedical disciplines and professions, namely Podiatry, Physiotherapy, Occupational Therapy, Speech Pathology, Dietetics and Trained Counselling (social worker or psychologist). Record only those allied health services funded by HACC. Record activities in the nature of clinical assessment, treatment, therapy or professional advice.

Allied health services may be provided in either at home or in a centre. One hour spent with an individual client and a one-hour group session are both recorded as one hour of service. If two allied health workers jointly run a group for one hour, record two hours of service.

Record the number of individuals provided with allied health services, plus the accumulated whole hours of service provided during the month.

Health Care and Support—Delivered Meals

Record this activity only if your agency has received a HACC subsidy for delivered meals. Count only those meals eligible for a HACC subsidy, whether delivered to a client's home or served in a centre.

Do *not* count meals serviced during a planned activity group. These meals are not eligible

for the delivered meal subsidy because the cost of meals is already included in the unit price of planned activity groups.

Record the number of separate individuals supplied with HACC subsidised meals and the number of meals delivered during the month.

Home Care

Home Care services can include vacuuming, cleaning, dishwashing, making beds, laundry, ironing, shopping, bill paying and meal preparation, plus some cyclical tasks such as spring cleaning.

Record the number of individuals provided with home care, plus whole hours of service provided.

Property Maintenance

This refers to assistance with maintenance and repair of the client's home, garden or yard to keep their home in a safe and habitable condition. Examples are minor repairs to the dwelling, changing light globes, replacing tap washers, carpentry and painting, unblocking drains, replacing guttering, lawn mowing and the removal of rubbish. Home modification refers to assistance with modifications or renovations to the client's home to help them cope with a disabling condition. Examples are the installation of grab rails, ramps, shower rails, special taps and emergency alarms.

Record the number of individuals assisted and whole hours of services provided during the month.

Personal Care

Personal Care describes assistance with tasks which a person would normally do for themselves but which because of illness, disability or frailty they are unable to perform without the assistance of another person. Examples of personal care are bathing, dressing, grooming, toileting, assisting with getting in and out of bed, and assistance with mobility and eating.

A person attending a planned activity group may require assistance with going to the toilet or getting in and out of a chair. Do not record this as personal care since it should be recorded as part of the output for the planned activity group.

Record the number of individuals provided with Personal Care plus whole hours of service provided.

Respite—Home and Community

The purpose of respite services is to support the caring relationship by providing carers of frail older people and people of any age with a disability, with a break from their caring responsibilities. Respite can be provided in a consumer's home or in the community. It can be provided in the form of planned regular respite, emergency respite, crisis respite, and occasional respite. It may involve the substitute carer accompanying both the usual carer and the care recipient on an outing or holiday.

Output Group 113	Aged Care
Form H1	HACC Funded Clients

For the purposes of this data collection, the client in a respite service is the frail or disabled person, not the family carer.

Record the number of individual clients assisted and whole hours of direct service provided to the person being cared for during the month.

Respite—Overnight

Overnight respite is provided in the home of a client or paid carer in a 10-hour block. It includes occasions where the worker sleeps overnight, while being available to respond to a call for assistance.

Where the client requires *regular* assistance at night, and therefore the worker cannot normally be sleeping during the shift, the appropriate activity to purchase is Respite—Home & Community, or Personal Care.

Record the number of individual clients assisted and whole hours of direct service provided to the person being cared for during the month. Note that overnight respite is purchased by DHS in 10-hour blocks. One 10-hour block should be recorded as 10 hours.

Volunteer Coordination

This includes two kinds of task.

- Work done by paid staff in the role of volunteer coordinator, a person responsible for recruiting, training and coordinating volunteers. The types of service purchased through Volunteer Co-ordination are respite (including the Host Carer Program provided by Interchange for families of children with disabilities), Friendly Visiting, Telelink, Carer Support programs, and stand-alone transport services that use volunteer drivers.
- Unpaid work done by volunteers who assist in providing a range of services such as friendly visiting, providing transport to clients, providing respite care to families of children with disabilities, or to frail older people, either in the volunteer's home or in the home of the older person.

Count all the hours of paid employment by a volunteer coordinator while recruiting, training and coordinating volunteers for the specified HACC service.

Record three data items:

- The number of individual clients assisted by the volunteers (*not* the number of volunteers).
- The number of whole hours of services received by clients through the unpaid work of volunteers. One hour spent with an individual client and a one-hour group session with one volunteer are both recorded as one hour. If two volunteers jointly run a group, record two hours.
- The number of whole hours of paid work performed by a person employed in volunteer coordination during the month.

Flexible Service Response

This activity type will vary according to your agency's Health Service Agreement. It was formerly called 'Innovative Service Response'. The activity is not purchased by output, but has been included in the data collection for planning purposes.

Record the number of individuals assisted and the number of hours of direct service delivered.

Planned Activity Group

Planned Activity Groups focus on maintaining an individual's ability to live at home and in the community, by providing a planned program of activities directed at enhancing skills required for daily living. These activities also provide opportunities for support and social interaction as well as respite and support for carers. The group may meet in a centre, at a local venue, or go on outings.

Note: Planned Activity Groups is an activity type that subsumes two former types—Centre Based Group Activity and Community Based Group Activity.

A Planned Activity Group may receive HACC funding to receive a mixture of two kinds or levels of activity.

- *Core* person hours are defined as hours of service devoted to clients who are physically independent and do not require specialist dementia care or personal care to participate in the activities.
- *High* person hours are defined where as hours of service devoted to clients who require assistance with personal care and/or require specially trained staff for moderate to severe dementia care, and/or who have behaviour management problems.

Planned Activity Group—Core

Record the number of individuals and the number of person hours during the month.

Planned Activity Group—High

Record the number of individuals and the number of person hours during the month.

Linkages

Linkages (or Community Options) is a service based on case management with the availability of brokerage funds for purchase of additional services for consumers whose needs cannot be met by mainstream HACC services.

Record the number of whole direct service hours to clients. Include hours of case management, hours of service provided directly by your agency, and hours of service purchased by your agency but provided by another. The split between these activities is reported by your agency in the annual HACC/Linkages User Characteristics data collection.

Record the number of clients assisted per day and the number of whole direct service hours to clients.

Service System Resourcing

Service System Resourcing is a category for recording activities that assist service providers to better meet the needs of all people in the HACC target group and to assist consumers to gain better access to those HACC services that are relevant to their needs. It covers services that use advocacy, training and information to improve the service system and to ensure it is responsive to all HACC consumer groups.

Output Group 113	Aged Care
Form H1	HACC Funded Clients

Record the total number of HACC-funded Equivalent Full Time staff who worked in Service System Resourcing during the month.

Total Number of Separate Individuals Assisted

In order to gain an accurate picture of the number of people assisted by the HACC program, this item is used to record the number of individuals provided with services during the month. Since a single client could have received more than one HACC service on more than one occasion during the month, it is important to avoid double-counting, regardless of the number of times that client was provided services or the number of services that client received.

Record the number of individuals who received any kind of HACC-funded service from your agency during the month.

Blank Lines

Lines 20 to 22 of the form have been intentionally left blank. They are intended to be used for new activities defined during 1999–2000. Instructions will be provided if this occurs.

Signature of Chief Executive Officer and Date

The hospital's Chief Executive Officer should sign and date each form submitted, acknowledging the data contained on the form and the accuracy of these data.