

Primary Health Branch

| | |
|------------------|-----------------------|
| Output Group 114 | Primary Health Branch |
| | |

| | |
|--|-----------|
| Summary of Reporting Requirements..... | 2 |
| Form S1: Monthly Return—Admitted Patients | 4 |
| Reporting Requirements..... | 6 |
| Return of Forms | 6 |
| Correction of Forms | 6 |
| Definitions | 7 |
| Reconciliation with PRS/2 | 7 |
| Instructions for Completing AIMS Form S1 | 8 |
| Hospital, Agency | 8 |
| Agency Code..... | 8 |
| Month, Year..... | 8 |
| Separations | 8 |
| Patient days | 10 |
| Same Day Separations | 11 |
| Unqualified Newborns | 11 |
| Early Parenting Centre—Secondary Family Members..... | 11 |
| Average Available Beds for the Period | 12 |
| Reconciliation with PRS/2) | 12 |
| Signature of Chief Executive Officer and Date | 12 |
| Form S2: Monthly Return—Non-Admitted Patients | 13 |
| Reporting Requirements..... | 15 |
| Return of Forms | 15 |
| Correction of Forms | 15 |
| Definitions | 15 |
| Instructions for Completing Forms S2..... | 18 |
| Hospital, Agency | 18 |
| Agency Code..... | 18 |
| Month, Year..... | 18 |
| Occasions of Service..... | 18 |
| Dental Health Services | 18 |
| Drug Treatment Services | 19 |
| Signature of Chief Executive Officer and Date | 22 |

| | |
|------------------|-----------------------|
| Output Group 114 | Primary Health Branch |
| | |

Summary of Reporting Requirements

The Primary Health Branch of the Aged Community & Mental Health Division provides dental health, drug treatment and a range of community health services. The Health Service Agreement for each hospital documents the services purchased by the Primary Health Branch. Hospital staff should forward the relevant returns for services provided by their hospital.

Public hospitals that provide dental health and drug treatment services purchased by the Primary Health Branch must complete one or both the following returns.

- **Form 114/S1: Monthly Return—Admitted Patients**
This form reports acute admitted patient separations and patient days by broad account classifications.
- **Form 114/S2: Monthly Return—Non-Admitted Patients**
This form reports occasions of service for non-admitted patients by functional units. 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.

Hospitals that provide community health services purchased by the Primary Health Branch must complete separate community health returns. See the Primary Health Branch—Community Health section of the Manual for these reporting guidelines.

Primary Health Branch

Form S1: Monthly Return—Admitted Patients

Aged Community & Mental Health Coordinated Care Services

Human
Services



Peoplefirst

Admitted Patients

Public Hospital Monthly Return



This form should be used to report data for patients admitted to public hospital services funded by Coordinated Care Services 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: | |

| | |
|------------------|----------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S1 | Monthly Return—Admitted Patients |

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
- Form 113/S1: Aged Care
- Form 114/S1: Primary Health Branch
- 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 Hospitals should complete Form 114/S1 when acute admitted patient services are purchased by the Primary Health Branch.

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 114 | Primary Health Branch |
| Form S1 | Monthly Return—Admitted Patients |

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 114 | Primary Health Branch |
| 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 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.

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*, or for qualified newborns, count the separation against the Account Class with the greatest number of days (refer note below).

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

A change in a newborn's qualification status on the PRS/2 system is *not* a statistical separation. Newborn episodes where the newborn is a qualified newborn for either the entire episode, or part of the episode are counted against the Account Class where most patient days were accrued. Unqualified newborns are counted separately in item 32.

Acute

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

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

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.

| | |
|-------------------------|----------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S1 | Monthly Return—Admitted Patients |

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

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 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

Separations and patient days for acute admitted patients that 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

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

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

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.

| | |
|-------------------------|----------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S1 | Monthly Return—Admitted Patients |

Public NHT—Non-NH5

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.

Private NHT—NH5

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

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

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, would be deemed to be nursing home type patients.

Ineligible—Non-Acute

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:

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:

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

Item 26:

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

Patient days

Patient days accrued by patients during the month for which the return is being prepared including those patients not yet separated and qualified newborn patient days. Where a

| | |
|-------------------------|----------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S1 | Monthly Return—Admitted Patients |

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.

Excludes days of stay accrued by unqualified newborns. Unqualified newborns counted separately in item 33.

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

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

Public—Same Day

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

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

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

Ineligible—Same Day

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

Total—Same Day

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

Unqualified Newborns

This section is not applicable for Primary Health Program.

Early Parenting Centre—Secondary Family Members

This section is not applicable for Primary Health Program.

| | |
|------------------|----------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S1 | Monthly Return—Admitted Patients |

Average Available Beds for the Period

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

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

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.
- No adjustment should be made for contract services (that is, a purchasing hospital should *not* add in beds purchased at a contracted hospital nor should a contracted hospital delete beds sold to a purchasing hospital).

Reconciliation with PRS/2)

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.

Primary Health Branch

Form S2: Monthly Return—Non-Admitted Patients

Aged Community & Mental Health

Primary Health

Non-Admitted Patients

Public Hospital Monthly Return



Human
Services



Peoplefirst

This form should be used to report data for non-admitted patients receiving dental health and drug treatment services purchased by Aged Community and Mental Health. The return 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 | | | Occasions of Service | |
| Dental Health Services | | | | |
| 1 | Dental Emergency Treatment | | | |
| 2 | Dental General Outpatient Treatment | | | |
| 3 | Sub Total (= 1 to 2) | | | |
| Drug Treatment Services | | | | |
| 4 | Emergency Alcohol & Drug Treatment | | | |
| 5 | Outpatient Withdrawal | | | |
| 6 | Youth Outpatient Withdrawal | | | |
| 7 | Methadone Pharmacy | | | |
| 8 | Specialist Methadone Service | | | |
| 9 | Counselling, Consultancy & Continuing Care | | | |
| 10 | Youth Counselling Consultancy and Continuing Care | | | |
| 11 | Ante & Post Natal Support | | | |
| 12 | Home Based Withdrawal | | | |
| 13 | Koori Community Alcohol and Drug Worker—Home-based Withdrawal | | | |
| 14 | Koori Community Alcohol and Drug Worker—Youth | | | |
| 15 | Rural Withdrawal | | | |
| 16 | Supported Accommodation | | | |
| 17 | Youth Supported Accommodation | | | |
| 18 | Youth Outreach | | | |
| 19 | Youth Peer Support | | | |
| 20 | Sub Total (= 4 to 19) | | | |
| 21 | TOTAL (= 3+20) | | | |
| Only public non-admitted patient occasions of service are counted on this return. Services for private patients (including compensables) are excluded. | | | | |
| Signed (Chief Executive Officer): | | | Date: | |

| | |
|------------------|--------------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S2 | Monthly Return—Non-Admitted Patients |

Reporting Requirements

Form 114/S2 should be used to report services provided to non-admitted patients purchased by the Dental Health and Drug Treatment services of the Primary Health Branch of the Aged Community and Mental Health Division. Community health services purchased by the Primary Health Branch are reported on separate Primary Health Branch—Community Health returns. See the *Primary Health Branch—Community Health* section of the Manual for these reporting guidelines.

Separate forms should be used to report services to non-admitted patients purchased by Acute Health, Aged Care Services, Mental Health Services, Public Health or 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-admitted patient.

| | |
|------------------|--------------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S2 | Monthly Return—Non-Admitted Patients |

Patients admitted to the designated 'Hospital in the Home' program should be counted as admitted patients and services provided to them should not be reported on Form S2.

Occasion of Service

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

Counting Occasions of Service

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

Services provided by different departments in the hospital represent different occasions of service; thus, if a patient receives an x-ray and a blood test, 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.

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.

| | |
|------------------|--------------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S2 | Monthly Return—Non-Admitted Patients |

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.

| | |
|-------------------------|--------------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S2 | Monthly Return—Non-Admitted Patients |

Instructions for Completing Forms 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.

Services provided to non-admitted patients by business units should not be counted unless the service relates to a public patient who has been referred to the business unit by the hospital. In these instances, the hospital is required to reimburse the business unit for the public patient services provided, and these services should be reported on the Form 114/S2.

The principle to be used when one hospital provides alcohol and drug services to another hospital is 'payer reports'. This means that a hospital providing a service to non-admitted patients on the campus of another hospital should report the occasions of service unless it is reimbursed by the other hospital for the salary of the health professional involved.

Dental Health Services

Dental Emergency Treatment

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

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

Dental General Outpatient Treatment

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

| | |
|------------------|--------------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S2 | Monthly Return—Non-Admitted Patients |

Dental services provided to non-admitted patients purchased by Acute Health or Aged Care should be reported on Form 111/S2 or Form 113/S2.

Drug Treatment Services

Emergency Alcohol and Drug Treatment

The number of occasions of service for

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

For hospitals with a designated alcohol and drug unit, only those occasions of service which are both unplanned and where emergency care is required would be included in this category.

Outpatient Withdrawal

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

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

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

Youth Outpatient Withdrawal

The number of individual occasions of service provided to clients attending a designated alcohol and drug outpatient unit for young people aged up to 21 years within the hospital for management of a withdrawal syndrome.

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

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

| | |
|------------------|--------------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S2 | Monthly Return—Non-Admitted Patients |

Methadone Pharmacy

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

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

Excludes hospitals funded to provide Specialist Methadone Services.

Specialist Methadone Service

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

Hospitals not funded to provide Specialist Methadone Services, should report non-admitted patient occasions of service in Methadone Pharmacy for dispensing services and Counselling, Consultancy and Continuing Care for counselling services.

Counselling, Consultancy and Continuing Care

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

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

Counselling services provided as part of other service types such as outpatient withdrawal, Specialist Methadone Service, Ante & Post-Natal Support and Home-Based Withdrawal should not be separately included under CC&CC.

Youth Counselling, Consultancy and Continuing Care

This includes all occasions of service to non-admitted patients/clients who attend a designated alcohol and drug unit for young people aged up to 21 years which is funded by the hospital for the provision of a range of services and support appropriate to the client needs. Services may include assessment, treatment/counselling and consultancy, referral and ongoing case management.

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

Counselling services provided as part of other service types such as outpatient withdrawal, Specialist Methadone Service, Ante & Post-Natal Support and Home-Based Withdrawal should not be separately included under YCC&CC.

Ante and Post-Natal Support

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

Home-Based Withdrawal

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

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

Koori Community Alcohol and Drug Worker—Home Based Withdrawal

The number of individual occasions of service provided to non-admitted patients by the Koori Community Alcohol and Drug Worker for Koori clients receiving home-based withdrawal services. These services are provided in cases where the withdrawal syndrome is of mild to moderate severity and the client is able to be supported by a family member or friend at home. This service may be provided as part of the Rural Withdrawal Support Service, following a short hospital admission or as the complete treatment, if no hospital admission is required.

Koori Community Alcohol and Drug Worker—Youth

These include all episodes of care provided to non-admitted patients by the Koori Community Alcohol and Drug Worker. These workers undertake a number of program development activities for Koori young people aged up to 21 years who are affected (either directly or indirectly) by alcohol and/or other drug use or who are at risk of being affected by alcohol and/or other drugs. A particular focus is placed on reducing the uptake of alcohol and other drugs by young people.

Activities are based on a minimisation approach, including health promotion, information provision, education activities, development and maintenance of community linkages, referrals, counselling interventions, the provision of advice to generalist services, liaising with relevant programs and fulfilling an advocacy role on behalf of the service user.

| | |
|-------------------------|--------------------------------------|
| Output Group 114 | Primary Health Branch |
| Form S2 | Monthly Return—Non-Admitted Patients |

Rural Withdrawal

These services have been operating in rural Victoria since 1996 and provide supportive care, medical care and pharmacotherapy. Rural Withdrawal may include a short period of hospital-based withdrawal (if required) with a follow-up period of home-based or outpatient care. Only the non-admitted component of this service type should be reported in Form 114/S2.

Supported Accommodation

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

Youth Supported Accommodation

Alcohol and Drug Supported Accommodation services provided specifically for young people aged up to 21 years. The service provides a supportive environment to help clients achieve lasting change and assist their reintegration into community living. Supported accommodation services are provided with a minimum of a day support worker, from a community-based setting, usually with public housing.

Youth Outreach

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

Youth Peer Support

Youth Peer Support services provide mutual support and information by young people up to the age of 21 with personal experience of alcohol and drug use for individuals who may be having, or who have had, difficulties in the past associated with their alcohol and drug use. Peer support groups or activities are usually established by current or past alcohol and drug users, and may operate out of, or be supported by community organisations, alcohol and drug agencies or community health centres.

Sub Total

The sum of occasions of service purchased by Drug Treatment Services (items 4 to 19).

Total

The total occasions of service purchased by Dental Health and Drug Treatment services (items 3 and 20).

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.