

***Primary Health Branch—Community Health***

# Contents

Reporting Requirements.....	3
<b>Community Health—Annual Statistical Return.....</b>	<b>6</b>
Reporting Requirements.....	8
Return of Forms .....	8
Assistance.....	8
Agency Details .....	9
Registered Clients.....	9
Direct Health Care Contacts.....	9
Health Education and Group Health Care .....	9
Centre Staffing & Staff Funding Source .....	10
<b>Primary Health Program Quarterly Reports.....</b>	<b>11</b>
Reporting Requirements.....	13
Return of Forms .....	13
Assistance.....	13
Primary Health Care Report .....	14
Health Promotion Report.....	14
Client Type Report (Community Health only) .....	14
Fee Collection Report (Community Health only).....	14
Registered Clients Report (Community Health only) .....	15

## ***Reporting Requirements***

In 1999/2000, all agencies that have a Primary Health Program Service Plan attached to their respective Service Agreement will be required to submit both annual and quarterly returns in the format and timeframes specified in the *1999/2000 Primary Health Program Guidelines* produced by the Primary Health Branch.

For 1999/2000, all Primary Health Program reporting requirements are fully incorporated within the AIMS system. This has increased the options available for hospital based services in submitting these reports. Hospitals are able to nominate their preferred reporting system, either AIMS or SWITCH, for the transfer of primary health data to the Department. The nominated system is to be used for the whole financial year and is to be confirmed with the regional office.

The 1999/2000 Community Health Annual Statistical Return will be developed on the AIMS 2001 Agency Module.

The reports provided in the AIMS 2000 Agency Module are:

- *Community Health Annual Statistical Reports for 1998–99*  
This report provides an overall summary of achieved levels of annual service provision and information on agencies' staffing and associated funding profiles for the 1998-99 financial year. The core data items to be captured include:
  - Agency details
  - Registered client details
  - Direct health care contacts
  - Health education and group health care
  - Centre staffing and staff funding source

Only those agencies that receive funding from the Community Health Program will be required to complete the Annual Statistical Return.

- *1999–2000 Primary Health Program Quarterly Returns*  
The quarterly reports provide aggregate service provision data that will permit the Department to monitor individual agency performance in meeting annual targets in service provision, as well as support Departmental and agency planning activities. The reports are:
  - Primary Health Care Report
  - Health Promotion Report
  - Fee Collection Report (Community Health only)
  - Client Type Report (Community Health only)
  - Registered Clients Report (Community Health only)

The number and types of quarterly reports that must be completed and submitted to the Department will vary depending on the mix of funding arrangements for individual agencies.

Output Group 114	Primary Health Branch—Community Health

The Primary Health Program incorporates the following funded services:

- Community Health Service
- Women’s Health Service
- Sexual Assault Service
- Innovative Health Services for Homeless Youth (IHSY)
- Family Planning Services
- Suicide Prevention Initiatives
- Family and Reproductive Rights Education Program

**Community Health Service**

The Community Health Service aims to provide primary care services that improve the physical, mental and social well-being of Victorians and to reduce the requirements for hospital and other specialist institutional services. Community health services refer to a wide range of services and include allied health services, counselling services and information services.

Allied health services which are related to an emergency treatment or to an admitted patient episode are funded through Acute Health Services and are reported on Form 111/S2.

Allied health services which are funded through the Aged Care Home and Community Care (HACC) Program are reported on Form 113/H1.

**Women’s Health Service**

The Women’s Health Service aims to improve the health and well being of all Victorian women with a focus on those most at risk through the provision of information, research, health, community and professional education.

**Sexual Assault Service**

The Sexual Assault Service provides quality and appropriate crisis care, counselling, advocacy and support services to recent and past victim/survivors of sexual assault.

**Innovative Health Services for Homeless Youth (IHSY)**

The Innovative Health Services for Homeless Youth (IHSY) is a Commonwealth/State cost shared program that provides funding to community based organisations. The aim of the program is to promote health care for homeless and otherwise at risk young people through innovative approaches and through increasing access to mainstream and specialist services.

**Family Planning Services**

The Family Planning Service provides a range of services on sexual and reproductive health matters. The program aims to target people with special needs who are less able to obtain adequate family planning services from mainstream health services.

**Suicide Prevention Initiatives**

The Suicide Prevention Initiatives Program aims to reduce the incidence of suicide by victim/survivors of sexual assault who have a history of sexual abuse and self harming behaviour; and for child and adolescent refugees.

**Family and Reproductive Rights Education Program (FARREP)**

The Family and Reproductive Rights Education Program aims to work with communities that practice female genital mutilation in order:

- to increase their access to primary health services;
- to improve the physical and emotional health and well-being of women, young girls and their families; and
- to encourage the health system to be more responsive to their needs.

The service targets all communities that practice female genital mutilation regardless of mode of arrival, period of settlement, race, religion and culture.

# ***Community Health—Annual Statistical Return***

# ***Aged Community & Mental Health Primary Health Program Annual Return***

Human  
Services



Peoplefirst



<b>Hospital:</b>		
<b>Agency:</b>	<b>Agency Code:</b>	<b>Year:</b>

<b>Sites Providing CHP Funded Services</b>			
<b>Site</b>	<b>Street Details</b>	<b>Suburb</b>	<b>Postcode</b>
1			
2			
3			
4			
5			

<b>Agency's Catchment Area</b>	<b>Data</b>
1 Total catchment population	
2 Source of population figures	
<b>Registered Clients</b>	
3 Individual registered clients seen 1998-99	
4 New clients registered 1998-99	
<b>Direct Health Care</b>	<b>Service Contacts</b>
5 Interpreting	
6 Dental	
7 Medical	
8 Allied Health	
9 Nursing	
10 Social/Welfare	
11 TOTAL (= 5 to 10)	

# ***Aged Community & Mental Health Primary Health Program***

## ***Annual Return***

### **Health Education and Group Health Care**



Human  
Services



Peoplefirst

	Sessions	Attendances
<b>Chronic Illness and Prevention</b>		
<i><b>Allied Health General</b></i>		
1 Audiology		
2 Dietetics		
3 Nursing		
4 Occupational Therapy		
5 Physiotherapy		
6 Podiatry		
7 Speech Pathology		
8 Other Allied Health		
<i><b>Target Groups</b></i>		
9 AIDS, HIV		
10 Arthritis		
11 Asthma		
12 Back Care		
13 Blindness		
14 Continence		
15 Dental		
16 Diabetes		
17 Disability		
18 Immunisation		
19 Incontinence		
20 Osteoporosis		
21 Other Respiratory		
22 No Smoking		
23 Other Chronic Illness		
<b>Mental Health</b>		
24 Anger Management		
25 Anxiety		
26 Dementia		
27 Depression		
28 Grief		
29 Intellectual Disability		
30 Social Isolation		
31 Stress		
32 Suicide		
33 Other Mental Health		

# Annual Return

## Health Education and Group Health Care



	Sessions	Attendances
<b>Cancer Prevention &amp; Early Detection</b>		
34 Breast Examination		
35 Breast Screening		
36 Pap Smear		
37 Sun Smart / Skin Cancer		
38 Other Cancer Prevention		
<b>Heart &amp; Blood Vessel Disease</b>		
39 Cardiac		
40 Cholesterol		
41 Hypertension		
42 Other Heart & Blood Vessel Disease		
<b>Reproductive &amp; Sexual Health</b>		
43 Family Planning		
44 Men's		
45 Menopause		
46 Other Women's		
47 Sexual Abuse		
48 Sexual Assault		
49 Sexually Transmitted Diseases		
50 Youth		
51 Other Reproductive & Sexual Health		
<b>Healthy Lifestyle &amp; Nutrition</b>		
52 Alcohol & Drugs		
53 Cooking		
54 Eating Disorders		
55 Exercise		
56 Hydrotherapy		
57 Lifestyles		
58 Meditation		
59 Nutrition		
60 Recreation & Leisure		
61 Relaxation		
62 Weight Control		
63 Other Healthy Lifestyle & Nutrition		
<b>Family</b>		
64 Ante / Post Natal		
65 Child Care		

# Annual Return

## Health Education and Group Health Care



	Sessions	Attendances
<b>Family (continued)</b>		
66 Domestic Violence		
67 Family Planning		
68 Parenting		
69 Other Family		
<b>Other Group &amp; Health Promotion Activities</b>		
70 Adult Day Activity & Support		
71 Community - General		
72 Carers		
73 Children's		
74 Dental		
75 First Aid		
76 Farm Safety		
77 Head Lice		
78 Koori		
79 Non English Speaking Background (NESB)		
80 Offender		
81 Other Aged		
82 Outreach		
83 Personal Development		
84 Problem Gambling		
85 Rehabilitation		
86 Sudden Infant Death Syndrome (SIDS)		
87 Unemployment		
88 Volunteer		
89 Other		
90 TOTAL		

Signed (Chief Executive Officer):

Date:

# ***Aged Community & Mental Health Primary Health Program Annual Return***

Human  
Services



Peoplefirst

**Centre Staffing & Staff Funding Source**



<b>Hospital:</b>							
<b>Agency:</b>		<b>Agency Code:</b>			<b>Year:</b>		

	Community Health Program	HACC	Other DHS	Fee for Service	Other Govt. Dept.	Other	Total
<b>Allied Health</b>							
1 Audiologist							
2 Dietician							
3 Occupational Therapist							
4 Physiotherapist							
5 Podiatrist							
6 Speech Pathologist							
7 Paediatric Physiotherapist							
8 Other							
9 TOTAL (= 1 to 8)							
<b>Dental</b>							
10 Dentist							
11 Dental Nurse							
12 TOTAL (= 10 + 11)							
<b>Medical</b>							
13 General Practitioner							
<b>Nursing</b>							
14 Community Health Nurse							
15 Clinic Nurse							
16 District/Home Nurse							
17 Senior Enrolled Nurse							
18 School Nurse							
19 Psychiatric Nurse							
20 TOTAL (= 14 to 19)							

# Annual Return

## Centre Staffing and Staff Funding Source



	Community Health Program	HACC	Other DHS	Fee for Service	Other Govt. Dept.	Other	Total
<b>Social Welfare</b>							
21 Ethnic Worker							
22 Community Dev. Worker							
23 Financial Counsellor							
24 Interpreter							
25 Social Worker							
26 Psychologist							
27 Family Councillor							
28 Day Program Coordinator							
29 Day Program Worker							
30 Welfare Worker							
31 Volunteer							
32 Disability Worker							
33 Other							
34 TOTAL ( = 21 to 33)							
<b>Administration/Support</b>							
35 Manager/CEO							
36 Administration Officer							
37 Other Manager							
38 Research Officer							
39 Records Administration							
40 Clerical Assistant							
41 Typist/Secretary							
42 Handy Person							
43 Driver							
44 Cleaner							
45 Other							
46 TOTAL ( = 35 to 45)							

Signed (Chief Executive Officer):

Date:

Output Group 114	Primary Health Branch—Community Health
	Annual Statistical Return

## ***Reporting Requirements***

This report provides an overall summary of achieved levels of annual service provision, as well as key information on agencies' staffing and associated funding profiles for the 1998–99 financial year. Separate numbered forms have been developed for reporting the core data items, as follows:

- Form ARCH 1: Agency, registered client and direct health care details
- Form ARCH 2: Health education and group health care
- Form ARCH 3: Centre staffing and staff funding source

Only those agencies that receive funding from the Community Health Program are required to complete the Annual Statistical Return.

Please refer to the *Community Health 1998–99 Annual Statistical Return Guidelines*, produced by the Primary Health Program to obtain further information on the completion of this return.

## **Return of Forms**

For those agencies that receive funding from the Community Health Program, the Annual Statistical Return should to be forwarded to the Department by *30 October 1999*.

Information is to be entered into the AIMS Agency Module and electronically transmitted to the Department. 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.*

## **Assistance**

For further information on Primary Health Program Annual Reporting requirements and definitions, please refer to the *Community Health 1998–99 Annual Statistical Return Guidelines*, and the *1999/2000 Primary Health Guidelines*.

## Agency Details

Includes agency address and contact details and a current estimated size of catchment population and official source of figures.

## Registered Clients

### ***Individual Registered Clients Seen 1998–99***

This report should indicate the number of registered individual clients seen during 1998–99. Only those registered clients who accessed a service during 1998–99 should be included. Each individual should be counted *once only*, irrespective of the number of contacts made. Individuals should be included irrespective of the program funding source.

### ***New Clients Registered 1998–99***

This report should indicate the number of individuals registered during the 1998–99 period, irrespective of the funding program source.

## Direct Health Care Contacts

Direct health care contact refers to a specific encounter between a staff member and an individual, couple or family with the aim of providing professional health care. These contacts may be anonymous or telephone calls. Direct health care contacts should be included irrespective of the program funding source.

Note: Include contacts associated with the 'community health' component of the business only, not the entire hospital.

## Health Education and Group Health Care

Group health care sessions usually aim to treat a specific ailment, problem or health condition, whereas health education refers to a range of education strategies which encompass organisational, political, community and economic interventions designed to bring about change in factors which determine, improve and maintain health. Each group encounter assisted by a staff member is regarded as a session. Each individual participating is regarded as an attendance.

When completing this section, group activities or sessions should be classified under the activity which best or most appropriately describes the *main* purpose of the session.

Note: *Duplication in counting is not permitted.* If a group session can potentially be classified under several categories, a decision *must* be made as to which category best describes the group session in question and then it must be classified (once only) accordingly.

<b>Output Group 114</b>	Primary Health Branch—Community Health
	Annual Statistical Return

### **Centre Staffing & Staff Funding Source**

Indicates the actual equivalent of full-time (EFT) staff and their funding source employed within the Primary Health Program by occupational category.

# *Primary Health Program Quarterly Reports*

# Aged Community & Mental Health Primary Health Program

## Quarterly Return

Primary Health Care/Health Promotion Report

Human  
Services



Peoplefirst



<b>Hospital:</b>	<b>Primary Health Funding Source:</b>		
<b>Agency:</b>	<b>Agency Code:</b>	<b>Quarter:</b>	<b>Year:</b>

Primary Health Care	Contacts	Contact Hours	Sessions	Session Hours*	Service Support Hours	Travel Hours	Interpreting Time	Total Clients Seen
1 Audiology								
2 Dietetics								
3 Occupational Therapy								
4 Physiotherapy								
5 Podiatry								
6 Speech Pathology / Therapy								
7 Nursing								
8 Counselling Casework								
9 TOTAL (= 1 to 8)								

Health Promotion	Contacts	Contact Hours	Sessions	Session Hours*	Indirect Service Hours	Travel Hours	Interpreting Time	Total Clients Seen
10 Health Promotion (OP)								
11 Information / Social Marketing (WH)								
12 Community Education & Skills Development (WH)								
13 Professional Education (WH)								
14 Community, Organisational & Environmental Development (WH)								
15 Screening & Risk Factor Assessment (WH)								
16 Research & Development (WH)								
17 TOTAL (= 10 to 16)								

OP = All programs except Women's Health

WH = Women's Health Service

Signed (Chief Executive Officer):	Date:
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# Aged Community & Mental Health Primary Health Program

## Quarterly Return

### Client Type Report

Human  
Services



Peoplefirst



<b>Hospital:</b>	<b>Primary Health Funding Source:</b>		
<b>Agency:</b>	<b>Agency Code:</b>	<b>Quarter:</b>	<b>Year:</b>

Type of Service	Registered Clients		Casual Clients		Organisations	
	Contacts	Contact Hours	Contacts	Contact Hours	Contacts	Contact Hours
<b>Restorative Care</b>						
1 Audiology						
2 Dietetics						
3 Occupational Therapy						
4 Physiotherapy						
5 Podiatry						
6 Speech Pathology / Therapy						
7 Nursing						
8 Counselling Casework						
9 Health Promotion (OP)						
10 TOTAL (= 1 to 9)						

Signed (Chief Executive Officer):	Date:
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# Aged Community & Mental Health Primary Health Program

## Quarterly Return Fee Collection

Human  
Services



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<b>Hospital:</b>		<b>Primary Health Funding Source:</b>	
<b>Agency:</b>	<b>Agency Code:</b>	<b>Quarter:</b>	<b>Year:</b>

Type of Service	Fee Collected (\$)
<b>Restorative Care</b>	
1 Audiology	
2 Dietetics	
3 Occupational Therapy	
4 Physiotherapy	
5 Podiatry	
6 Speech Pathology / Therapy	
7 Nursing	
8 Counselling Casework	
9 Health Promotion	
10 TOTAL (= 1 to 9)	

Signed (Chief Executive Officer):	Date:
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# Aged Community & Mental Health Primary Health Program

## Quarterly Return

### Registered Clients Report



Human  
Services



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

<b>Hospital:</b>	<b>Primary Health Funding Source:</b>		
<b>Agency:</b>	<b>Agency Code:</b>	<b>Quarter:</b>	<b>Year:</b>

Age Group	Aboriginal/Torres Strait Islander Clients		Non Aboriginal/Torres Strait Islander Clients		Total Clients
	Males	Females	Males	Females	
0-9 yrs					
10-19 yrs					
20-29 yrs					
30-39 yrs					
40-49 yrs					
50-59 yrs					
60-69 yrs					
70-79 yrs					
80 yrs & over					
Total					

# Aged Community & Mental Health Primary Health Program

## Quarterly Return

### Registered Clients Report

Human  
Services



Peoplefirst



<b>Hospital:</b>	<b>Primary Health Funding Source:</b>		
<b>Agency:</b>	<b>Agency Code:</b>	<b>Quarter:</b>	<b>Year:</b>

Country of Birth	Total Clients
Australia	
United Kingdom*	
Italy	
Greece	
Vietnam	
New Zealand	
Germany, Federal Republic of	
China (excluding Taiwan Province)	
Netherlands	
India	
Malta	
Sri Lanka	
Malaysia	
Poland	
Other	
Not Stated	
Total	
Language Spoken at Home	Total Clients
English	
Italian	
Greek	
Chinese Languages	
Vietnamese	
Arabic (including Lebanese)	
Macedonian	
German	
Croatian	
Turkish	
Maltese	
Spanish	
Polish	
Other	
Not Stated	
Total	



Registered Clients Report (cont.)



Income Source	Total Clients
Age Pension	
Wife Pension	
Disability Support Pension	
Sickness Allowance	
Carer Payment	
Widow Allowance	
Newstart Allowance	
Mature Age Allowance	
Partner Allowance	
Youth Training Allowance	
AUSTUDY / ABSTUDY	
Other Government Pension	
Employment	
Other	
Not Stated / Unknown	
Total	
Venue Type	
General Community Setting	
Centre	
Telephone	
Centre Outlet/Campus/Satellite	
Community Based Health Setting	
Community Based Establishment	
Medical Establishment	
Home (or other independent residence)	
Supported Residential Setting	
Hospital	
Multipurpose Facility	
Custodial Setting	
Office of Organisation	
Educational Setting	
Judicial Establishment	
Mobile Unit	
Other Setting	
Interpreter Services	
Clients who required an interpreter service	
Clients who did not require interpreter services	
Unknown if interpreting services required	
Total Clients seen this Quarter	

## ***Reporting Requirements***

The quarterly reports provide aggregate service provision data that will permit the Department to monitor individual agency performance in meeting annual targets in service provision. Separate numbered forms have been developed as follows:

- Form C1: Primary Health Care and Health Promotion Report
- Form C2: Client Type Report (Community Health only)
- Form C3: Fee Collection (Community Health only)
- Form C4: Registered Clients Report (Community Health only)

The number and types of quarterly reports that must be completed and submitted to the Department will vary depending on the mix of funding arrangements for individual agencies.

While there are five standard report templates, a separate Primary Health Care Report and Health Promotion Report must be submitted for activities funded by different Primary Health Program funding sources. For example, if an agency receives Community Health Service, Women's Health Service and Sexual Assault Service funding, it must submit three separate Primary Health Care reports and three separate Health Promotion reports, one for each different funding source. Only agencies that receive funding for Community Health Services are required to complete the Fee Collection, Client Type and Registered Client reports.

## **Return of Forms**

Data are to be entered into the AIMS Agency Module and electronically transmitted to the Department *by the 15<sup>th</sup> day following the end of the quarter.*

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.*

## **Assistance**

For further information on Primary Health Program reporting requirements and definitions, please refer to the *1998–99 Primary Health Program Guidelines* or contact your regional office.

<b>Output Group 114</b>	Primary Health Branch—Community Health
	Quarterly Reports

## **Primary Health Care Report**

The Primary Health Care Report provides statistics for each activity purchased from agencies within the Primary Health Care component.

This report will permit the monitoring of levels of direct service provision to clients. The performance of agencies in meeting annual targets in service provision will be monitored based on the agreed performance measures, namely: hours, contacts and sessions.

The activities measured are:

- audiology
- dietetics
- occupational therapy
- physiotherapy
- podiatry
- speech pathology/therapy
- nursing
- counselling casework

## **Health Promotion Report**

The Health Promotion Report provides detailed service statistics for each activity purchased from agencies within the prevention, promotion, training, research and development outlets.

The activities measured are:

- Health Promotion
- Information and Social Marketing
- Community Education and Skills Development
- Professional Education
- Organisational and Environmental Development
- Screening and Risk Factor Assessment
- Research and Development

## **Client Type Report (Community Health only)**

The Client Type Report provides a more detailed breakdown of the number of individual contacts for each activity type within the Primary Health Care and Prevention, Promotion, Training Research and Development outputs. This report will complete the picture provided by the Primary Health Care and Health Promotion report, by enabling a better understanding of what proportion of services are delivered to different clients.

## **Fee Collection Report (Community Health only)**

The Fee Collection report will provide a summary of the total dollar amount collected within each quarter in client fees by an agency for health promotion and each activity purchased

<b>Output Group 114</b>	Primary Health Branch—Community Health
	Quarterly Reports

within the Restorative Care component. This will assist in supporting agencies and regions in monitoring their negotiated revenue targets as determined by the fees policy.

### **Registered Clients Report (Community Health only)**

The Registered Clients report contains no performance measures, but rather provides the socio-demographic characteristics of each individual registered client accessing services at a particular centre. The demographic information provided by this report includes:

- Date of Birth
- Sex
- Age
- Country of Birth
- Indigenous Status (Aboriginal or Torres Strait Islander)
- Service Type
- Venue Type
- Income Source
- Whether an interpreter is required

The information gathered from this report will be used to monitor broad trends in the characteristics of clients accessing services, as well as the delivery of services to specified target groups.