

## *Quarterly Returns*

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Quarter	Quarterly Returns

## ***Summary of Reporting Requirements***

This section of the Manual provides the reporting requirements for the AIMS Agency Registration Details return and several quarterly returns.

- **Form A1: Registration Details**

This form is used to provide up-to-date information on the registration details of each public hospital. This return should be completed immediately following completion of the registration process on the AIMS Agency Module.

- **Form E2: Employment: Mental Health Services**

This form is used to report workforce data for clinical staff funded by Mental Health Services. This form must be completed on a quarterly basis.

- **Form Q1: Patient Complaints Indicators**

This form is used to report data relating to all complaints received by public hospitals from consumers/complainants. This form should be completed on a quarterly basis.

- **Form T1: Continuing Medical Education for Rural General Practitioners**

The Hospital Claim Form for submission to the Continuing Medical Education Program for Rural General Practitioners. Public hospitals eligible to participate in the CME Program should complete Form T1 when submitting claims for a subsidy.

## ***Form A1: Registration Details***

# Public Hospitals Registration Details

Human  
Services



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## Agency (Transmitting to AIMS)



This form should be used to report public hospital registration details. The return should be completed by the hospital as at 1 July 1999 and submitted to the Department of Human Services by August 1999. Returns should be completed for all agencies that transmit to AIMS.

*The AIMS system should be updated and the Regional Office notified immediately of any changes that occur during the year.*

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

1	Postal address for correspondence	Street	
		PO Box	
		Suburb	Postcode
2	Location address	Street	
		Suburb	Postcode
3	Telephone number of main switchboard	( )	
4	Facsimile number		
5	Hospital Email (where applicable)	( )	
6	CEO Name		
7	CEO Email		
8	Existing Acute Beds as at 1 July 1999. Include designated units, e.g. psychiatric, rehabilitation	General Beds	Psychiatric Beds
9	Existing Nursing Home Beds as at 1 July 1999		
10	Existing Hostel Beds as at 1 July 1999		
11	Existing Mental Health Supported Residential Service		

Quarter	Registration Details
Form A1	

## ***Reporting Requirements***

Form A1 is used to collect current address and telephone details, chief executive officer contact details and bed information for each agency that transmits data direct to AIMS.

## **Return of Forms**

Form A1 Registration Details is to be completed immediately following the initial registration of your agency/network on the AIMS Agency Module and submitted to the Department with your first transmission of data for the 1999/2000 financial year.

Where a change occurs to the status of the agency or data items previously submitted to the Department, updates should be submitted.

<b>Quarter</b>	Registration Details
Form A1	

## ***Instructions for Completing AIMS Form A1***

This section of the form is used to provide details on each agency that transmits data direct to AIMS.

The bed information reported on the form is the total beds for the agency. That is, an aggregation of bed information from all campuses that comprise that agency. A health care network will report total beds for the network; a network component hospital will report total beds for the network component hospital.

### ***Hospital, Agency***

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

### ***Postal Address for Correspondence***

The agency's postal address for receipt of mail. Includes street, post office box, suburb and postcode.

### ***Location Address***

The physical/site address of the agency. Includes street, suburb and postcode.

### ***Telephone Number***

Telephone number of the hospital's main switchboard.

### ***Facsimile Number***

The main facsimile number for the agency.

### ***Email Address***

Email address for the main contact at the agency.

### ***CEO Name***

Name of the chief executive officer for the agency.

### ***CEO Email***

The email address for the chief executive officer.

### ***Existing Acute Beds as at 1 July 1999***

The number of acute and sub-acute care beds the agency has on 1 July 1999. Include acute care beds in designated units such as psychiatric and rehabilitation.

Exclude nursing home and other non-acute/residential care beds.

### ***Existing Nursing Home Beds as at 1 July 1999***

The number of nursing home beds the agency has on 1 July 1999.

### ***Existing Hostel Beds as at 1 July 1999***

The number of hostel beds the agency has on 1 July 1999.

Quarter	Registration Details
Form A1	

***Existing Mental Health Supported Residential Beds as at July 1999***

The number of mental health supported residential beds the agency has on 1 July 1999.

***Form E2: Employment Mental Health Services***

# Employment Mental Health Services

Human  
Services



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## Public Hospital Quarterly Return



This form should be used to report workforce data clinical staff funded by Mental Health Services. The form should be completed at the end of each quarter and forwarded within *21 days* to the Department of Human Services. Submission of this form by the due date is a condition of funding.

<b>Hospital:</b>	<b>Area Mental Health Service:</b>		
<b>Agency:</b>	<b>Agency Code:</b>	<b>Quarter:</b>	<b>Year:</b>

Service Setting	Clinical EFT
1 Adult CAT Services	
2 Adult Mobile Support Services	
3 Adult Continuing Care, Clinical & Consultancy	
4 Adult Integrated Community Service	
5 Adult Other Community Service	
6 Adult Acute Inpatient Unit	
7 Adult Secure Extended Care Unit	
8 Adult Residential, Rehabilitation, Community Care Unit/Open Rehabilitation	
9 Other Adult bed-based Service	
10 Child & Adolescent Community Assessment & Treatment Team	
11 Child & Adolescent Day Program	
12 Child & Adolescent Psychiatric Intensive Case Manager	
13 Child & Adolescent Acute Inpatient Unit	
14 APMHS Assessment & Treatment Service (PGAT)	
15 APMHS Acute Inpatient Unit	
16 APMHS Extended Care Unit (Nursing Home)	
17 APMHS Extended Care Unit (Hostel)	
18 TOTAL (1 to 17)	

Signed (Area Mental Health Service Manager):	Date:
Signed (Chief Executive Officer):	Date:

Quarter	Employment: Mental Health Services
Form E2	Quarterly Return

## ***Reporting Requirements***

Form E2 is used to report workforce data for clinical staff funded by Mental Health Services.

### **Return of Forms**

Data are to be entered into the AIMS Agency Module and electronically transmitted to the Department within *21 days of the end of each 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.*

Submission of this form by the due date is a condition of funding.

### **Assistance**

If assistance is required with the completion of this form, please contact your Regional Office.

<b>Quarter</b>	Employment: Mental Health Services
Form E1	Quarterly Return

## ***Instructions for Completing Form E2***

### **Hospital, Agency**

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

### **Area Mental Health Service**

Name of the Area Mental Health Service for which the return is being submitted. A separate return is required for each Area Mental Health Service.

### **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.

### **Year, Quarter Ending**

The financial year and relevant quarter for which the return is being submitted.

### **Columns**

#### ***Clinical EFT***

The number of Equivalent Full Time (EFT) clinical staff by service setting and Area Mental Health Service for which the return is being prepared.

#### ***Service Setting***

A service area with clinical staff funded by Mental Health Services Program.

### **Definitions**

#### ***Equivalent Full Time***

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

Hours are counted on an hour for hour basis and should have no regard for any penalty rate that might apply. On call time is not counted.

#### ***Clinical Staff***

Clinical staff means those staff who are suitably qualified to undertake clinical practices with people with a mental illness.

Quarter	Employment: Mental Health Services
Form E2	Quarterly Return

### **Signature of Area Mental Health Service Manager and Chief Executive Office and Date**

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

***Form Q1: Patient Complaints Indicators***

# Patient Complaints Indicators

Human Services



Peoplefirst



## Public Hospital Quarterly Return

This form should be used to report data relating to all complaints received by public hospitals from consumers/complainants. This form should be completed at the end of each quarter and forwarded within 14 days to the Department of Human Services.

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

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

	Date Element	No. of Complaints	
1	Complaints open at the start of the quarter		
2	Complaints received during the quarter		
3	Complaints that were closed by the hospital during the quarter		
4	Of total complaints closed, the number closed within 30 days		
5	Complaints that were externally referred during the quarter		
6	Date (month and year) of last submission of complaints data to the Office of the Health Services Commissioner.	Month	Year

Signed (Chief Executive Officer):	Date:
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<b>Quarter</b>	Patient Complaint Indicators
Form Q1	Quarterly Return

## ***Reporting Requirements***

Complaints made by health care consumers about a hospital provide an invaluable opportunity to identify and improve upon specific quality of care or service issues. An effective complaints reporting system is consistent with the Department of Human Services' focus on promoting effective complaints management as a quality improvement tool for hospitals.

In 1999/2000 the Department will pilot two indicators for the management of patient complaints. The first is an indicator of the effectiveness of complaints management, based upon those complaints which are resolved at the local hospital level and those which are externally referred for investigation and conciliation.

The second indicator relates to the provision of data to the Office of the Health Services Commissioner (OHSC), an independent statutory authority which was established under the Health Services (Conciliation and Review) Act 1987. The Commissioner's role is to receive, investigate and resolve complaints from consumers and to provide support and assistance to providers in resolving complaints.

It is proposed to trial the collection of information on these two indicators at the end of each quarter. The first report will be due in October 1999 (for complaints information from the July-September 1999 quarter). These indicator data should be readily accessible for those hospitals already reporting data to the OHSC.

The OHSC regularly reports aggregate complaints data to the Department, but does not identify individual hospitals in these reports. To do so, may jeopardise the independent status of the OHSC and the OHSC's relationship with individual hospitals. This is the reason that the complaints information is being sought directly from hospitals.

## **Return of Forms**

Data are to be entered into the AIMS Agency Module and electronically transmitted to the Department within 14 *days of the end of each 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.*

***Form T1: Continuing Medical Education for Rural  
General Practitioners***

# ***Continuing Medical Education for Rural General Practitioners Hospital Claim Form***



<b>Hospital:</b>			
<b>Agency Code:</b>		<b>Quarter Ending:</b>	
			<b>Year:</b>
Component	No. of GPs	Total Amount	DHS Contribution
CME Conference			
GP Travel			
GP Accommodation			
GP Out-of-Pocket Expenses			
Locum			
Locum Accommodation			
Locum Travel			
Total			
Total DHS Contribution:            \$			
Hospital Assessor:			
Title:			
Contact telephone number:			
I certify that the above information is true and correct:			
Signature:			Date:

Agency	Continuing Medical Education for Rural General Practitioners
Form T1	Hospital Claim Form

## ***Reporting Requirements***

The Continuing Medical Education (CME) Program for Rural General Practitioners was introduced by the Department from 1 July 1996.

The T1 form was previously called the Hospital Claim Form (page 17, *Continuing Medical Education Program for Rural General Practitioners Information Kit*). The Hospital Claim Form is now available on the AIMS system as the T1 form. Public hospitals eligible to participate in the CME Program should complete Form T1 when submitting claims for a subsidy in accordance with the program guidelines.

Hospitals are responsible for reviewing the claims, determining their consistency with the program principles, assessing the level of subsidy to be provided, and verifying to the Department the extent of the subsidy to be provided in each instance.

## **Return of Forms**

Public hospitals eligible to participate in the CME Program should complete the Hospital Claim Form (Form T1) and forward to the Department *within 30 days following the end of the quarter*. If the form is not forwarded by this date, payment may not be forthcoming.

Rural hospitals are to forward electronic returns to the Regional Director. Hospitals located within the boundaries of metropolitan DHS regional offices are to forward electronic returns to The AIMS Collection Officer, Management Information Unit, Acute Health, Department of Human Services, 17<sup>th</sup> Floor, GPO Box 4057, Melbourne. 3001.

It should be noted that there will be no follow up to public hospitals by central office regarding this form.

## **Assistance**

Further information for the completion of this form can be obtained from *the Continuing Medical Education Program for Rural General Practitioners Information Kit*.

<b>Quarter</b>	Continuing Medical Education for Rural General Practitioners
Form T1	Hospital Claim Form

## ***Instructions for Completing Form T1***

### **Hospital**

The registered name of the hospital for which the return is being submitted.

### **Agency Code**

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

### **Year, Quarter Ending**

The financial year and relevant quarter for which the return is being submitted.

### **Components of the Subsidy**

General practitioners are eligible to claim for the components of the subsidy in which they incurred direct costs. Should other funds, such as Commonwealth grants, be received to support any components of CME, then the GP is ineligible for that component of the subsidy.

#### ***GP Conference Attendance***

Formal conference workshops are included in this category. However, informal pre- and post- conference workshops are not eligible for payment.

#### ***GP Accommodation***

Accommodation at registered commercial premises attracts a subsidy. Private accommodation does not attract this component of the subsidy.

#### ***GP Out of Pocket Expenses***

This component covers incidentals including telephone calls and meals. In order to attract the out-of-pocket expenses component, at least one other component of the scheme must be accessed and approved.

#### ***GP Travel***

Car travel is measured from the general practitioner's usual place of residence to the location of CME via the most direct, practicable route.

<b>Quarter</b>	Continuing Medical Education for Rural General Practitioners
Form T1	Hospital Claim Form

Return air travel is subsidised at the cheapest economy air fare via the most direct route (this is often included in course outlines). Stopovers and additional journeys do not attract the subsidy. Should a general practitioner fly first or business class, the assessor should determine the rate of the economy air fare and include this amount in the total amount claimable.

***Locum Costs***

General practitioner's are eligible to claim for the direct cost of engaging a locum provided this is directly related to attending CME. The locum must be employed via a recognised locum service and not normally or regularly practising in the GP practice or catchment area.

General practitioner's are ineligible to claim for locum costs should funds or services be accessed from other schemes.

Locum costs can only be claimed for the days in which the conference was attended.

***Locum Accommodation and Travel***

General practitioner locums are eligible for travel and accommodation subsidies with the same terms and conditions applying to general practitioner's. Car travel will be measured from either the locum's usual place of residence or the previous place of residence, whichever is applicable.