

***Primary Health Branch***

***Forms C1-C4: Quarterly Returns***

***—Community Health***



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## ***Reporting Requirements***

All agencies that have a Primary Health Program Service Plan attached to their respective Service Agreement are required to submit the quarterly returns in the format and timeframes specified in the *Primary Health Program Guidelines* produced by the Primary Health Branch.

All Primary Health Program reporting requirements are fully incorporated within the AIMS system. As a result, 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.

### *2000–2001 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.

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 or 305/S2 (sub-acute program).

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.

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## ***Instructions for Completing Forms C1-C4***

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**

Agencies are to send electronic data to the Department *by the 15<sup>th</sup> day following the end of the quarter.*

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

- email at the address *aimsmail@aims.dhs.vic.au*
- diskette: send to AIMS Collection Officer, Management Information Unit, Acute Health Division, 4/555 Collins Street, Melbourne, 3000, or
- modem: contact Management Information Unit Helpline 9616 8595 to obtain the modem number.

Rural agencies are to submit electronic data to their Regional Office.

*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 2000–01 *Primary Health Program Guidelines* or contact your regional office.

## **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

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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.