

Acute Health Services

*Form D1: Monthly Return—Domiciliary
Postnatal Services*

Contents

Reporting Requirements	2
Return of Forms	2
Correction of Data	2
Definitions.....	3
Possible Scenarios to Consider	4
Contact for Further Information	4

Output Group 111	Acute Health Services
Form 111/D1	Domiciliary Postnatal Services

Reporting Requirements

Form 111/D1 is used for reporting patient-level activity data on postnatal domiciliary service utilisation. The bundled casemix payments for postnatal domiciliary services which currently apply to all obstetric DRGs, take account of the close connection between hospital length of stay and postnatal support services. The majority of postnatal domiciliary visits occur within the first few days following the separation of the admitted patient episode and involve care provided by a registered nurse/midwife.

The Government has provided an additional \$16.4 million in 2000/2001 for the Maternity Services Program. A significant proportion of this funding is allocated to hospitals providing maternity services, for improved postnatal care and support services which are designed to better respond to the individual needs of women and babies. In association with the implementation of this strategy, hospitals are required to provide additional data on postnatal domiciliary care. It is intended that this data, will in the near future, be linked to the VAED to enable tracking of episodes of care across hospital and domiciliary services.

The arrangements for postnatal domiciliary services to mothers and babies are the responsibility of the hospital discharging the mother following child birth. The discharging hospital is responsible for completing the Domiciliary Postnatal Services return.

The collection of aggregate postnatal domiciliary occasions of service data currently reported on Form 111/S2 must continue as part of the State's responsibilities under the existing Commonwealth/State Agreements.

Return of Forms

Hospitals are required to complete the Domiciliary Postnatal Services return and electronically submit the data to the Department by the *21st day following the end of the reporting month*. The data for each month will apply only to those patients who have completed the care episode and are formally discharged from the domiciliary postnatal service during the relevant reporting month. For example, data for patients formally discharged from the domiciliary postnatal service during February should be reported to the Department by 21 March.

Hospitals in the metropolitan regions are to forward electronic data direct to the AIMS Collection Officer, Acute Health Division. Rural hospitals are to submit electronic data to their Regional Office.

Correction of Data

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. The AIMS Agency Module transmits all data for the current financial year, that is from 1 July, 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 111	Acute Health Services
Form 111/D1	Domiciliary Postnatal Services

Definitions

VAED Campus Code

The new four character campus code used by the hospital to transmit PRS/2 data. For example, the code for Echuca Regional Health is 2180. The hospital code is 218 and the site identifier is 0.

Unit Record Number

Hospital record number (UR Number) of the mother.

Hospital Separation Date

The mother's date of separation from the hospital following birth/delivery.

Domiciliary Care Provider

Identifies the agency providing the domiciliary postnatal service. Valid codes are:

- B Birth Hospital
- H Other Hospital
- D District Nursing Service
- C Community Health Service
- O Other

Other represents any additional domiciliary care provider not listed above, or where a combination of providers occur. For example, postnatal domiciliary visits conducted by both the birth hospital and the local district nursing service for a particular mother may occur when visits are required over weekends, or when staff are not available from the birth hospital.

Date of Birth

Date of birth of the baby.

If a multiple birth occurs, the date of birth recorded should be that of the first born baby. The current form cannot identify more than one baby born for each delivery. This information can be identified through the VAED when further data analysis is conducted by the Department.

First Birth (primipara)

Identifies mothers who have given birth for the first time. Respond as Yes or No.

- A Yes response includes mothers who deliver their first baby.
- A No response includes mothers who have delivered one or more babies previously, irrespective of adoption, stillbirths or neonatal deaths.

The focus of Form 111/D1 is on the mother's clinical and psychological care requirements following her first experience of childbirth, not on the outcome or subsequent consequences of the birth.

Number of Visits

The number of domiciliary postnatal visits (occasions of service) provided to the mother.

Output Group 111	Acute Health Services
Form 111/D1	Domiciliary Postnatal Services

Enter the total number of home visits provided by the domiciliary postnatal service irrespective of whether or not they occurred in a single month or across months. Telephone conversations with the client are not included.

Discharge from Domiciliary Postnatal Service

Date of discharge from Domiciliary Postnatal Service.

The 111/D1 form should not be completed for any mother until she has been discharged from the service.

Possible Scenarios to Consider

When a mother delivers at Hospital A and is:

- *discharged home with her baby*, the responsibility for postnatal domiciliary care visits, and completion of Form 111/D1 is with the birth hospital. When postnatal domiciliary visits are provided by another hospital, it remains the responsibility of the birth hospital to complete details about number of visits and date of discharge from the domiciliary service.
- *transferred with baby to Hospital B*, the responsibility for postnatal domiciliary care visits, and completion of the Form 111/D1 is with Hospital B who has received/admitted the mother and baby. Any home visits provided, after the discharge of the mother from Hospital B are then recorded. The postnatal responsibility of Hospital A ceases once the mother and baby have been admitted by Hospital B.
- *discharged home, however, baby remains in hospital for a given period of time or is transferred to hospital B for further care*, the responsibility for any postnatal domiciliary care visits to the mother, and completion of the Form 111/D1 is with Hospital A. When the baby is eventually discharged home from the birthing hospital or Hospital B, if any domiciliary visits are required, it will be the responsibility of the discharging hospital.

Note: Any domiciliary visits provided after the baby is discharged from the birth hospital or other hospital at a time separate from the mother, is the responsibility of the discharging hospital and should be recorded on the AIMS Form 111/S2 under *Other Domiciliary Nursing*, and not on the Form 111/D1.

The Form 111/D1 is designed around the care provided to the mother post delivery, hence the maternal UR Number is identified, not the babies.

Contact for Further Information

Any queries regarding the Domiciliary Postnatal Services return should be directed to Ms Wendy Dawson (phone 9616 7594 or email wendy.dawson@dhs.vic.gov.au).

For technical problems, please contact the AIMS Helpline. Rural agencies should first contact their regional office.

- AIMS Helpline 9616 8595

Output Group 111	Acute Health Services
Form 111/D1	Domiciliary Postnatal Services

- AIMS Fax 9616 7743
- AIMS Email aimsmail@aims.dhs.vic.gov.au
- AIMS Website <http://www.dhs.vic.gov.au/ahs/aims>