

Agency Information Management System

Public Hospital User Manual

Version 8.0, July 2000

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Overview

The *Agency Information Management System (AIMS)* collects aggregate statistical and financial information associated with Health Services Agreements between the Department of Human Services and hospitals. It collects information on hospital services and incorporates reporting requirements under existing Commonwealth and State agreements, including the Australian Health Care Agreement. AIMS documents public and private hospital standard definitions and reporting requirements; and provides an efficient and effective management information system for this collection.

Health Service Agreements between the Department and hospitals document services purchased and indicate which returns are to be completed and submitted through the AIMS. The AIMS Agency Module is the collection mechanism for these returns. Instructions for the AIMS Agency Module are included in the *AIMS Software Guide*.

The following hospitals and health care agencies are required to use the AIMS system.

- Public hospitals as listed in Schedule 1 of the Health Services Act 1988.
- Denominational hospitals as listed in Schedule 2 of the Health Services Act 1988.
- Metropolitan hospitals as listed in Schedule 3 of the Health Services Act 1988.
- Privately operated hospitals as listed in Schedule 4 of the Health Services Act 1988.
- Multi purpose services as defined in Section 3 of the Health Services Act 1988.

Public hospital in this Manual refers to agencies as identified above, including:

- Privately operated hospitals for the reporting of public hospital services.
- Multi purpose services for the reporting of admitted patient services (AIMS Form S1) and finance returns.

Separate arrangements are in place for private hospitals and day procedure centres according to Regulations 414 and 415 of the Private Hospitals and Day Procedure Centre Regulations 1991. The *AIMS Private Hospital User Manual* documents the reporting requirements for these agencies.

Objectives

The objectives of the Agency Information Management System are:

- To document public and private hospital standard definitions and reporting requirements.
- To provide an efficient data collection mechanism for public and private hospitals.
- To provide an effective information management system for public and private hospital data.
- To provide mechanisms for calculating payments to Victorian hospitals and monitoring their viability.
- To provide analysis of public hospital performance data.

The core components of the system are:

- The AIMS Manuals which document the standard definitions and reporting requirements of hospitals.
- The AIMS Database System which provides a repository for Victorian public and private hospital data.
- The AIMS software modules which provide for the collection, management, distribution and reporting to the hospitals, departmental program divisions and regional offices.

Public Hospital Reporting Requirements

Health Service Agreements document services purchased and indicate which returns are to be completed. A summary list of public hospital returns and a schedule of due dates is found at the end of this section.

Metropolitan Health Services are required to report activity returns at the campus or hospital level. Metropolitan health services are responsible for the collection and collation of data for all their transmitting agencies. In some cases, separate activity returns may be required for each campus of the hospital particularly where the campuses service distinct geographic areas. Financial returns (Form F1, Form F2 and Annual Returns) are required at the metropolitan health service level.

Denominational hospitals are required to submit separate AIMS statistical and financial returns to the Department.

Hospitals in the metropolitan regions are to submit data direct to the AIMS Collection Officer, Management Information Unit, Acute Health Division. Rural hospitals are to submit 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.

Summary of Public Hospital Returns for 2000–2001

Form to be Completed	Frequency	Due Date (following end of period)
Acute Health (Output Group 111)		
Admitted Patients (Form 111/S1)	Month	7 working days
Sub-Acute Admitted Patients by Streams of Care (Form 305/S4)	Month	7 working days
Non-Admitted Patients (Form 111/S2)	Month	7 working days
Sub-Acute Non-Admitted Patients (Form 305/S2)	Month	7 working days
Dialysis Patients (Form 111/S6)	Month	7 working days
Cystic Fibrosis Specified Grant (Form 111/S7)	Quarter	7 working days
Radiation Oncology (Form 111/S8)	Month	7 working days
Victorian Ambulatory Classification System (Form 111/S9)	Month	7 working days
Domiciliary Postnatal Services (Form 111/D1)	Month	21 days
Aged Care (Output Group 113)		
Admitted Patients (Form 113/S1)	Month	7 working days
Non-Admitted Patients (Form 113/S2)	Month	7 working days
Residential Services (Form 113/S5)	Month	7 working days
Primary Health Program (Output Group 114)		
Admitted Patients (Form 114/S1)	Month	7 working days
Non-Admitted Patients (Form 114/S2)	Month	7 working days
Primary Health Program Quarterly Returns (Forms C1-C4)	Quarter	15 days
Primary Health Program Annual Return (Forms ARCH 1-3)	Annual	30 October
Mental Health Services (Output Group 115)		
Admitted Patients (Form 115/S1)	Month	2 days after
Community Services (Form 115/S2)	Month	PRISM reports
Non-Acute Admitted Patient & Residential Client (Form 115/S5)	Month	generated*
Public Health (Output Group 116)		
Non-Admitted Patients (Form 116/S2)	Month	7 working days
Community Care (Output Group 118)		
Admitted Patients (Form 118/S1)	Month	7 working days
Non-Admitted Patients (Form 118/S2)	Month	7 working days
Finance Returns		
Finance Return (Form F1)	Month	14 days
Annual Report (Form F2)	June	24 August
1999–2000 Annual Returns (Financial) (Forms AR1-6)	Annual	30 September
Other Returns		
Registration Details (Form A1)	Updates as they occur	1 st transmission for year
Specialised Services Indicators (Form A2)	Annual	1 st transmission for year
Employment: Mental Health Services (Form E2)	Quarter	21 days
HACC Funded Clients (Form 113/H1)	Quarter	15 days
Patient Complaints Indicator Return (Form Q1)	Quarter	14 days
Continuing Medical Education for GPs (Form T1)	Quarter	30 days

- PRISM reports are generated on the weekend following the tenth working day of the month.

Schedule of Dates for the Return of AIMS Forms 2000–2001

AIMS Form	2000					2001						
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Admitted Patients * (S1)	9	11	10	10	11	10	9	9	10	9	12	10
Non-Admitted Patients * (S2)												
Dialysis Patients (S6)												
Radiation Oncology (S8)												
VACS (S9)												
Streams of Care (S4)												
Residential Services * (S5)												
Cystic Fibrosis Specified Grant (S7)			10			10			10			10
Finance Return (F1)	14	14	16	14	14	15	14	14	16	14	14	16
Domiciliary Postnatal Service (D1)	21	21	23	21	21	22	21	21	23	21	21	23
Mental Health Activity Returns (115/S1, 115/S2, 115/S5)	22	19	17	21	19	23	20	20	24	22	19	17
HACC Funded Clients (H1)			16			15			16			16
Complaints Return (Q1)			16			15			16			16
Primary Health Quarterly Return (C1–C4)			16			15			16			16
Mental Health—Employment (E2)			23			22			23			23
Continuing Education Program for GPs (T1)			30			30			30			30

* Excludes Mental Health Services' returns

Note:

- 1 Agency Registration Details (Form A1) and Specialised Services Indicators (Form A2) are required with the first transmission of data.
- 2 1999/2000 Annual Returns are required by 30 September 2000.
- 3 1999/2000 Primary Health Program Annual Return (ARCH 1–3) is required by 30 October 2000.

4 Annual Report (Form F2) for June 2000 is required by 24 August 2000.