

Admitted Patient Returns

Form S1: All Programs

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All Programs

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Reporting Requirements

Form S1 is used for reporting data on patients admitted to designated acute care or sub-acute beds in hospitals. Separate forms have been developed for reporting services purchased by each output group. The layout of the form for each output group is identical in order to report data in a consistent format. The number of each form is:

- Form 111/S1: Acute Health Services
- Form 113/S1: Aged Care Services
- Form 114/S1: Primary Health Program
- Form 115/S1: Mental Health Services
- Form 118/S1: Community Care (formerly Youth & Family Services)

The Health Service Agreement for each hospital documents the services purchased by output groups and hence indicates which forms are to be completed.

Form 111/S1

Hospitals should complete Form 111/S1 where admitted patient services are purchased by Acute Health Division. This includes sub-acute patient services of rehabilitation, geriatric evaluation and management, geriatric respite and nursing home type previously funded by the Aged Care Program and transferred to the Acute Health Division.

Patients admitted to the designated 'Hospital in the Home' program should be counted as admitted patients and reported on Form 111/S1; services provided to these patients should not be reported on Form S2 (non-admitted patients).

Form 113/S1

Admitted patient services purchased by the Aged Care Program are reported on Form 113/S1. Palliative care is the only admitted service remaining with Aged Care.

Data reported on Form 113/S1 must *exclude*:

- data on patients in residential care. These services are reported on the S5 return.
- data on sub-acute services. These services are reported on Form 111/S1.

Form 114/S1

Admitted patient services purchased by the Primary Health Program are reported on Form 114/S1.

Form 115/S1

Hospitals should complete Form 115/S1 where acute admitted services are purchased by Mental Health Services. Data should be reported for designated Acute Admission Units only.

Data reported on Form 115/S1 must *exclude*:

- separations and patient days for admitted psychiatric patients in acute beds not funded under Mental Health Services. These patients should be reported on Form 111/S1 or other appropriate form;

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- data for non-acute admitted patient and residential clients funded by Mental Health Services. Services provided to these patients should be reported on Form 115/S5.
- data for psychiatric patients receiving non-admitted Mental Health Services. These services should be reported on Form 115/S2.

Form 118/S1

Admitted patient services purchased by Community Care are reported on Form 118/S1.

Return of Forms

Hospitals are to send electronic data to the Department *within seven working days* following the end of each month.

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 aimsmail@aims.dhs.vic.gov.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.

Printouts of the original signed forms must be retained by the hospital and be available to officers of the Department upon request.

Correction of Forms

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 onwards therefore if a correction is made to the July data whilst preparing the October return, it will be resent with the October export file.

Definitions

The definitions to be used for completing the forms are printed in the *Definitions* section of this manual.

- For patient categories, see *Definitions Related to Patients*.
- For separation and patient day definitions, see *Definitions Related to Episodes*.
- For contracted services, see *Definitions Related to Contracted Hospital Care*.

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Instructions for Completing Form S1

Hospital, Agency

The registered name of the metropolitan health service or public hospital and the hospital site/campus that is submitting the return.

Agency Code

The AIMS identification number for the hospital site/campus that is submitting the return. For example, the code for Maryborough District Health Service is 3312.

Month, Year

Calendar month and year of the return being submitted.

Separations

The total of both statistical and formal separations occurring during the month for which the return is prepared. Each separation is counted against the patient's account class at separation, or for qualified newborns, count the separation against the account class with the greatest number of days (see note below).

Includes same day separations (also reported in items 27 to 31 inclusive).

A change in a newborn's qualification status on the PRS/2 system is *not* a statistical separation. Newborn episodes where the newborn is a qualified newborn for either the entire episode, or part of the episode are counted against the Account Class where most patient days were accrued. *Unqualified newborns are counted separately in item 32.*

Acute

Separations and patient days for patients other than Nursing Home Type/non-acute admitted patients in acute care beds funded under the relevant Output Group. *Includes* separations and patient days for same day patients.

Public—Acute

Separations and patient days for public admitted patients, excluding public Nursing Home Type patients, in acute care beds accrued during the month for which the return is prepared.

Note: Public separations and patient days (items 1, 6, 7, 14, 19 and 20) include 'exempt' patients.

Private—Acute

Separations and patient days for private admitted patients, excluding private Nursing Home Type patients, in acute care beds accrued during the month for which the return is prepared.

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Note: Private separations and patient days (items 2, 8, 9, 15, 21 and 22) include patients whose treatment is being paid for by the Department of Veterans' Affairs.

Compensable—Acute

Separations and patient days for acute compensable admitted patients in acute care beds accrued during the month for which the return is prepared. This category includes workers compensation, transport accident, criminal injury and common law cases and members of the Defence Forces and seamen with personnel entitlements. See the *Definitions* section of the Manual for further information.

Note: Documentation similar in intent to the Acute Care ('3B') Certificate for eligible non-compensable patients would be expected to be retained in the hospital to verify acute status of a compensable patient who has been an admitted patient in one or more hospitals (public and private) for a continuous period of more than 35 days with a maximum break of seven consecutive days.

Ineligible—Acute

Separations and patient days for acute admitted patients that are not eligible for Medicare accrued during the month for which the return is prepared.

Note: Documentation similar in intent to the Acute Care ('3B') Certificate for eligible non-compensable patients would be expected to be retained in the hospital to verify acute status of an ineligible patient who has been an admitted patient in one or more hospitals (public and private) for a continuous period of more than 35 days with a maximum break of seven consecutive days.

Sub Total—Acute

Item 5

The sum of acute separations (items 1 to 4) accrued during the month for which the return is prepared.

Item 18

The sum of acute patient days (items 14 to 17) accrued during the month for which the return is prepared.

Non-Acute

Separations and patient days for:

- public, exempt, private and Department of Veterans' Affairs Nursing Home Type admitted patients; and
- compensable and ineligible non-acute admitted patients in acute care beds occurring during the month for which the return is prepared.

Includes separations and patient days for same day patients.

Public NHT—NH5

Separations and patient days for public Nursing Home Type admitted patients with NH5 certification in acute care beds accrued during the month for which the return is prepared.

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Public NHT—Non-NH5

Separations and patient days for public Nursing Home Type admitted patients without NH5 certification in acute care beds accrued during the month for which the return is prepared.

Private NHT—NH5

Separations and patient days for both general care and extensive care private and Department of Veterans' Affairs Nursing Home Type admitted patients with NH5 certification in acute care beds accrued during the month for which the return is prepared.

Private NHT—Non-NH5

Separations and patient days for both general care and extensive care private and Department of Veterans' Affairs Nursing Home Type admitted patients without NH5 certification in acute care beds accrued during the month for which the return is prepared.

Compensable—Non-Acute

Separations and patient days for compensable patients who have been admitted patients in one or more hospitals (public and private) for a continuous period of more than 35 days with a maximum break of seven consecutive days, and who, if not compensable, would be deemed to be nursing home type patients.

Ineligible—Non-Acute

Separations and patient days for patients not eligible for Medicare, who have been admitted patients in one or more hospitals (public and private) for a continuous period of more than 35 days with a maximum break of seven consecutive days, and who, if not ineligible patients, would be deemed to be nursing home type patients.

Sub Total—Non-Acute

Item 12:

The sum of NHT and non-acute separations (items 6 to 11) accrued during the month for which the return is prepared.

Item 25:

The sum of NHT and non-acute patient days (items 19 to 24) accrued during the month for which the return is prepared.

Total Acute and Non-Acute

Item 13:

The sum of separations (items 5 and 12) accrued during the month for which the return is prepared.

Item 26:

The sum of patient days (items 18 and 25) accrued during the month for which the return is prepared.

Patient Days

Patient days accrued during the month for which the return is being prepared including those patients not yet separated and qualified newborn patient days. Where a patient changed

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Account Class during the episode of care, distribute the patient days across the appropriate categories.

Includes patient days accrued by same day patients.

Includes contract leave days.

Excludes days of stay accrued by unqualified newborns. Unqualified newborns are counted separately in item 33.

Information on completion of patient day data (items 14 to 26 inclusive) are described under 'Separations'.

Note: Patient days are to be reported in whole days. This also applies to same day stay patients and nursing home type patients.

Same Day Separations

Separations for patients admitted and separated on the same day accrued during the month for which the return is prepared.

Public—Same Day

Separations for same day public and exempt admitted patients in acute care beds accrued during the month for which the return is prepared.

Private—Same Day

Separations for same day private and Department of Veterans' Affairs admitted patients in acute care beds accrued during the month for which the return is prepared.

Compensable—Same Day

Separations for same day compensable admitted patients in acute care beds accrued during the month for which the return is prepared.

Ineligible—Same Day

Separations for same day admitted patients who are not eligible for Medicare in acute care beds accrued during the month for which the return is prepared.

Total—Same Day

The sum of same day separations (items 27 to 30) accrued during the month for which the return is prepared.

Unqualified Newborns

Newborn unqualified episodes/unqualified days where the newborn is unqualified for the entire duration of its stay.

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Number of Entirely Unqualified Episodes

Total number of entirely unqualified episodes for unqualified newborns accrued during the month for which the return is prepared.

Number of Unqualified Days

Total number of unqualified days of stay for unqualified newborns accrued during the month for which the return is prepared. Includes unqualified days of stay accrued by newborns who were both unqualified and qualified during their stay.

Early Parenting Centre—Secondary Family Members

Early Parenting Sections may use items 34 and 35 for reporting the number of episodes and days accrued by secondary family members during the reporting month. These episodes and days must be excluded from items 1 to 31.

Average Available Beds for the Period

An average over each day in the period, including weekends and public holidays, of available and staffed beds, reported according to program funding source.

An available bed is a bed which is immediately available to be used by an admitted patient if required. A bed is immediately available for use if it is located in a suitable place for care with nursing and auxiliary staff available within a reasonable period. Both occupied and unoccupied beds are included.

Exclude surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers/beds not normally authorized or funded and beds designated for same-day non-admitted patient care. Beds in wards which were closed for any reason (except weekend closures for beds/wards staffed and available on weekdays only) are also excluded.

Calculate as follows:

$$\text{Average Available Beds for the Period} = \frac{\text{Sum of available beds on each day of the period}}{\text{Number of days in the period}}$$

The number of available beds on each day is defined as:

- Occupied beds at midnight
- + unoccupied but staffed beds at midnight
- + day procedure beds which were staffed and available that day.

Note:

- 1 Exclude residential nursing home, hostel and other non-acute beds.
- 2 No adjustment should be made for contracted services (that is, a purchasing hospital should *not* add in beds purchased at a contracted hospital, *nor* should a contracted hospital delete beds sold to a purchasing hospital).

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Reconciliation with PRS/2

Hospitals should ensure that separations reported on AIMS S1 forms reconcile with separations transmitted via the PRS/2 system. Although reconciliation may not always be achieved before the return is forwarded to the Department of Human Services, it should be undertaken as soon as possible thereafter. Tick the 'Yes' or 'No' box to indicate whether reconciliation has been completed between the hospital's aggregate year-to-date totals and the PRS2 system.

To assist hospitals, the User Reconciliation Report is produced by the PRS/2 system after each data transmission with an end of month file date. Summary statistics provided by the hospital's in-house system in the Trailer Record are reported against statistics calculated by PRS/2. The hospital should reconcile the figures and any differences between the in-house figures and the PRS/2 figures identified and corrective action taken.

The PRS/2 statistics include all records successfully meeting the edit requirements, and exclude rejected records. See the *PRS/2 Manual*, 10th Edition, for further information on the User Reconciliation Report.

If assistance is required with the reconciliation, please contact the Health Data Standards and Systems (HDSS) Help Desk on (03) 9616 8141.

Signature of Chief Executive Officer and Date

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