

Non-Admitted Patient Returns

S2 Forms

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Reporting Requirements

Form S2 is completed for the reporting of non-admitted patient services with the exception of community health services purchased from Primary Health Program and Home and Community Care (HACC) services.

A separate S2 form is completed for each output group.

- Form 111/S2 Acute Health, Acute Services
- Form 305/S2 Acute Health, Sub-Acute Services
- Form 113/S2 Aged and Community Care
- Form 114/S2 Primary Health
- Form 115/S2 Mental Health Community Services
- Form 116/S2 Public Health
- Form 118/S2 Community Care (formerly Youth and 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/S2

Complete Form 111/S2 for emergency, specialist outpatient and other acute care non-admitted services purchased by Acute Health Division. Exclude sub-acute ambulatory care services reported on Form 305/S2.

Eligible hospitals under the Victorian Ambulatory Classification System are also required to submit emergency, outpatient and allied health activity on Form 111/S9.

Patients admitted to the designated Hospital in the Home program should not be reported on S2 forms; services provided to these patients should be reported on the Admitted Patients returns (Form S1).

Form 305/S2

Complete Form 305/S2 to report sub-acute ambulatory care services funded through the Acute Health Division. Specialist ambulatory clinics include community rehabilitation clinics and specialist clinics for continence, falls and mobility and pain management.

Form 113/S2

Complete Form 113/S2 for reporting non-admitted ambulatory services purchased by the Aged Care Program.

Form 114/S2

Complete Form 114/S2 for reporting non-admitted services purchased by the Primary Health Program.

Form S2	Monthly Return—Non-Admitted Patients
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Form 115/S2

Complete Form 115/S2 to report community services purchased by Mental Health Services.

Form 116/S2

Complete Form 115/S2 to report non-admitted services purchased by Public Health.

Form 118/S2

Complete Form 118/S2 to report non-admitted services purchased by Community Care Program.

Return of Forms

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

Agencies in the metropolitan regions are to send an export file to the Department 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.

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

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

Month, Year

Calendar month and year of the return being prepared.

Non-Admitted Patient

A patient who does not undergo a hospital's formal admission process. There are three categories of non-admitted patient: emergency department patient, outpatient, and other non-admitted patient (treated by hospital employees off the hospital site—includes community/outreach services. The term *non-admitted patient* is synonymous with the term *non-inpatient*.

Patients admitted under the designated 'Hospital in the Home' program are admitted patients and services provided to them should be reported on Form S1. These are not to be reported on Form S2.

Occasion of Service

An occasion of service is any examination(s), consultation(s), treatment(s) or other direct care provided to a non-admitted patient in *each functional unit* of a health service establishment on each occasion such service(s) is (are) provided.

Counting Occasions of Service

An occasion of service occurs when one or more services are provided to a non-admitted patient by a particular functional unit or department of a hospital. Each set of related diagnostic tests or services for the one patient on one occasion, consists of one occasion of service. For example, three blood tests performed for the one patient on one visit to hospital would count as one occasion of service.

Services provided by different departments in the hospital represent different occasions of service; thus, if a patient receives an x-ray and a blood test to assist with diagnosis of the same problem, this would count as two occasions of service.

Occasions of service may occur on campus or off campus. However, occasions of service are not intended to include telephone conversations with, or about, the patient.

Services provided to non-admitted patients of another hospital, such as pathology or allied health services, should only be counted if the hospital is not reimbursed for these services by the other hospital.

Services provided to non-admitted patients by medical practitioners or other health professionals on a private basis should not be counted. Services provided on a private basis involve patients being charged directly by the private practitioner or in the private practitioner's name; this includes all services which attract Medicare benefits and services provided to compensable patients.

DVA Patients

Non-admitted patient services provided to eligible veterans and war widow(er)s are to be reported on non-admitted patient returns. This information is required for implementation of the new funding arrangements with the Department of Veterans' Affairs. Only one on one

occasions of service need to be reported for DVA patients. DVA patients attending group sessions do not need to be reported.

Business Units and Privatised Services

'Privatised services' refers to services provided by a separately incorporated body which may or may not be owned by the hospital/network.

The term 'business unit' refers to a unit which:

- is not a separate legal entity and is under the control of the hospital Board of Management;
- maintains a separate identity within the hospital and a separate set of accounts;
- does not (directly) receive any income from the Department of Human Services; and
- is reimbursed by the hospital from the Operating Fund for any services 'purchased' for public patients.

It is anticipated that business units and privatised services will provide services to private patients on a fee-for-service basis, or to public patients referred by the hospital. Services provided to privately referred non-admitted patients on a fee-for-service basis should not be counted as occasions of service on the Form S2.

Where a public non-admitted patient is referred to a business unit or privatised service by the hospital, these services should be counted as occasions of service by the hospital on the appropriate Form S2. The hospital would pay for the service provided to the referred public patient and no claims should be made for Medicare or Veterans' Affairs benefits. Payment by the hospital should be based on an agreed fee-for-service, such as the rates provided in the CMBS Schedule. Where payment for services by the hospital is in kind, such as by provision of accommodation, power, cleaning services, administrative services, etc., the value of the in kind services should be made explicit, and the transfer of chargings between Operating and Specific Purpose Accounts should occur at the end of each month.

Group Session

A service provided to a group of non-admitted patients or clients rather than to individuals. Each group session is to be counted *once only*, irrespective of the number of patients/clients in the group or the number of staff providing services.

Note: Department of Veterans' Affairs patients attending group sessions do not need to be reported.

Day Program Attendances

A count of the number of patient/client visits to day centres. Each individual is to be counted once for each time they attend a day centre. Where an individual is referred to another section of the hospital/centre and returns to the day centre after treatment only one visit is to be recorded. Count attendances occurring during the month for which the return is prepared.

Number of Individuals

The number of individuals provided with services during the month for which the return is prepared.

Number of Hours

Record the total time used in direct service delivery. Exclude staff travel time incurred in getting to or from a person's home.

Person Hours

For Day Centre (Not Rehabilitation) activity, the unit of service is the person hour. Person hours are the hours of *direct* service received by the clients and excludes time spent traveling to and from the group or its regular venue. The amount of hours is calculated on a per-person basis and is *not* equivalent to the opening hours of the venue. For instance, if three clients attend the session for four hours and two clients attend for three hours, you should record a total of 18 person hours ($3 \times 4 = 12$) + ($2 \times 3 = 6$).

Completed Assessments

The total number of assessments completed by the Aged Care Assessment Services (ACAS) during the month for which the return is prepared. Assessments include those for both community and admitted patients.

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.

Form 111/S2 Data Items

Emergency Medical Treatment

The number of occasions of service for

- patients who, at the time of treatment, have not been admitted and who receive treatment in designated emergency (or 'casualty') departments within the hospital (including patients treated in such departments before admission as admitted patients);
- non-admitted patients provided with unplanned or emergency care in areas of the hospital other than designated emergency departments.

Unplanned care generally means that patients have not been booked into the hospital for an appointment prior to receiving treatment.

Outpatient Services

The number of occasions of service given to non-admitted patients within designated specialist units/departments within the hospital.

Outpatient services refer to services provided to individual non-admitted patients on a *one-to-one* basis. Services provided to a group of non-admitted patients such as antenatal classes or diabetic education classes should be reported under Item 16 'Number of Group Sessions'.

Outpatient services refer to services that are provided 'on campus', that is, services provided on a hospital site. By contrast 'off campus services' are provided in the patient's home, place of work or other non-hospital site. Off campus services are reported under Items 13 to 15 of this form.

Obstetrics & Gynaecology

This includes all occasions of service to non-admitted patients given in outpatient clinics conducted by a medical practitioner or midwife primarily providing obstetric and gynaecology services.

Paediatrics

This includes all occasions of service to non-admitted patients given in outpatient clinics conducted by a medical practitioner primarily providing paediatric services.

Surgical

This includes all occasions of service to non-admitted patients given in outpatient clinics conducted by a medical practitioner primarily providing surgical services which are not covered in the obstetric and gynaecology or paediatric clinics listed above.

These include general surgery, urology, orthopaedics, neurosurgery, plastic surgery, vascular surgery and other designated surgical clinics. Ear nose and throat (ENT) clinics would usually be included here unless there are distinct medical and surgical clinics for this specialty.

Output Group 111	Acute Health Services
Form S2	Monthly Return—Non-Admitted Patients

Medical

This includes all occasions of service to non-admitted patients given in outpatient clinics primarily providing medical services which are not covered in the obstetric and gynaecology, paediatric and medical clinics listed above. These include general medicine, neurology, anaesthesiology, cardiology, gastroenterology, oncology, rheumatology and other designated medical clinics. Ophthalmology clinics would usually be included here unless there are distinct medical and surgical clinics for this specialty. Also included is superficial radiotherapy for the treatment of non-melanoma skin cancer; other radiotherapy services should be reported under Radiotherapy (Item 6).

Exclude sub-acute ambulatory care services. These services are reported on Form 305/S2.

Radiotherapy

This includes all occasions of service to non-admitted patients given in functional units primarily providing radiotherapy services.

Radiotherapy involves the use of ionising radiation (usually x-rays or electrons, or more rarely other subatomic particles and nuclei such as neutrons or protons) to kill tumour cells. All radiotherapy occasions of service provided to non-admitted patients should be reported under this category except superficial radiotherapy for the treatment of non-melanoma skin cancer, which should be reported under Medical (Item 5).

Hospitals providing radiotherapy occasions of service must also complete AIMS Form 111/S8.

Pathology

This includes all occasions of service to non-admitted patients given in the hospital's pathology department.

An occasion of service in pathology may involve a single diagnostic test or a related set of diagnostic tests. It is counted as *one* occasion of service if it is for the one patient on the one occasion, regardless of the number of tests involved.

It should be noted that for purposes of counting occasions of service, the pathology department is generally treated as *one* single functional unit regardless of the number of subdivisions within the department. Large pathology departments may be subdivided into a number of units including haematology, microbiology, and biochemistry. It is counted as *one* occasion of service if tests are for the one patient on the one occasion, regardless of whether the tests are undertaken in separate subdivisions of the pathology department.

Pathology services provided to non-admitted patients of another hospital should only be included if the hospital is not reimbursed for these services by the other hospital.

Radiology

This includes all occasions of service to non-admitted patients given in radiology (x-ray) departments as well as in specialised organ imaging clinics carrying out ultrasound, computerised tomography (CT) and magnetic resonance imaging (MRI).

Output Group 111	Acute Health Services
Form S2	Monthly Return—Non-Admitted Patients

An occasion of service in radiology may involve a single x-ray or a related set of x-rays. It is counted as one occasion of service if it is for the one patient on the one occasion, regardless of the number of x-rays involved.

Pharmacy

This includes all occasions of service to non-admitted patients given in the hospital's pharmacy department.

An occasion of service occurs when a non-admitted patient presents one or more prescriptions to a designated pharmacy department. Only *one* occasion of service is counted if it is for the one patient on the one occasion, regardless of the number of prescriptions filled.

Allied Health

This includes all occasions of service to non-admitted patients provided by allied health professionals in designated allied health units or clinics. These include units primarily concerned with physiotherapy, occupational therapy, speech pathology, family planning, dietary advice, optometry, podiatry and social work (including financial counselling).

Exclude sub-acute ambulatory care services. These services are reported on Form 305/S2.

'Allied health' services should be distinguished from 'community health' services (refer H&CS Circular 37/1993). Allied health services are those which relate to an emergency treatment or to a previous or subsequent admitted patient admission. Allied health services should be reported under Item 10 on Form 111/S2. For those hospitals which complete Form 111/S9 (Victorian Ambulatory Classification System), allied health occasions of service must also be reported on Form 111/S9.

Community health services refer to a wide range of services which include those allied health services which are *not* related to an emergency treatment or to an admitted patient admission. Community health services are mainly funded through the Primary Health Program and are reported on separate returns. See the *Primary Health Program* section of this Manual.

Dental

This includes all occasions of service to non-admitted patients provided by dental professionals in designated dental units or clinics. Only dental services funded by Acute Health should be reported under this item.

The majority of dental services provided by hospitals are funded by Primary Health Services under the Community Dental Program. These dental services should be reported on Form 114/S2.

Sub Total

Total outpatient services to non-admitted patients within designated specialist units/departments within the hospital. The sum of items 2 to 11.

Output Group 111	Acute Health Services
Form S2	Monthly Return—Non-Admitted Patients

Other Services

These service categories refer to two broad types of service. The first type are services to individual non-admitted patients which are provided 'Off Campus'. Off campus services refer to the fact that the service providers 'travel' to the patient. However, travel does not include travel within a hospital, between campuses of a hospital, or between one hospital and another.

The second type are services to non-admitted patients are provided on a group basis, regardless of whether the service occurs on or off campus.

Domiciliary Postnatal Services

This includes all postnatal occasions of service to non-admitted patients where a nursing service is provided in the patient's home or other non-hospital site.

Each visit to the patient should be counted as an occasion of service. All postnatal visits should be reported regardless of whether these services are provided directly by the hospital or whether they are purchased from another health service agency such as district nursing service, community health, maternal and child health services or private midwifery services.

Hospitals providing domiciliary postnatal occasions of service must also complete AIMS Form D1.

When a mother is discharged home following the delivery of a baby, provision of domiciliary postnatal services is the responsibility of the birth hospital. However, the hospital providing the service records the occasions of service under Item 13 of Form 111/S2. This differs from the Form 111/D1 where the responsibility for reporting occasions of service belong to the birth hospital.

Other Domiciliary Nursing

This includes all other occasions of service to non-admitted patients where a nursing service is provided in the patient's home, place of work, or other non-hospital site excluding postnatal domiciliary services.

It should be noted that only those domiciliary nursing services which are funded under the acute care program should be reported under Item 14 of Form 111/S2. Other home nursing services funded through the Aged Care Program (Output Group 113).

Patients who are admitted to the Acute Health designated 'Hospital in the Home' program should be counted as admitted patients and services provided to them should not be reported on Form S2.

Connection with Form 111/D1 Domiciliary Postnatal Services

Domiciliary visits provided after a 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 under this category (item 14) of Form 111/S2 and not on Form 111/D1.

Output Group 111	Acute Health Services
Form S2	Monthly Return—Non-Admitted Patients

Other Off Campus Health Professional Services

This includes all other occasions of service to non-admitted patients where a health professional service is provided in the patient’s home, place of work, or other non-hospital site.

This category includes off campus services provided by a medical officer or an allied health professional such as home visits provided by an occupational therapist or a physiotherapist.

Number of Group Sessions

This includes the number of all group sessions provided to non-admitted patients or clients.

Each group session is counted *once only*, regardless of the size of the group or the number of staff providing services. Group sessions include educational sessions for non-admitted patients, relatives of patients, and members of the general public as well as more clinically oriented sessions such as antenatal classes.

Sub Total

The sum of Other Services (items 13 to 16 inclusive).

Total

The total of emergency, outpatient and other services. (Sum of items 1, 12 and 17).

Output 305	Sub-Acute Services
Form S2	Monthly Return—Non-Admitted Patients

Form 305/S2 Data Items

Community Rehabilitation Clinic (Items 1 to 4)

A community rehabilitation clinic (CRC) should generally be regarded as a separate functional unit of the hospital even though services are provided by a range of health professionals. For this reason, each attendance on one day should be counted only once, regardless of how many staff interactions or service contacts occur at the community rehabilitation clinic during the course of the day.

It is recognised that the style of service provision differs from clinic to clinic and that any one clinic can have a different mix of full day attendances, sessional attendances and single therapy sessions. Community rehabilitation clinic places are therefore a more appropriate measure of clinic activity. In order to calculate a CRC place, record the number of attendances for each of the three service styles (full day, sessional and single therapy).

Community rehabilitation clinic services generally refer to services provided to individual non-admitted patients on a one-to-one basis. Patients generally attend community rehabilitation clinics for rehabilitation; however, it is recognised that other services can sometimes be provided. Day centre activity is to be excluded and reported under the Aged Care Program on Form 113/S2. Rehabilitation services provided to a group of non-admitted patients such as group therapy classes should be reported under item 7 *Number of Group Sessions*.

The total number of public attendances, the number of public CRC places and the number of DVA attendances are to be recorded on Form 305/S2. Under the new Veterans Agreement, the State is reimbursed by the Department of Veteran Affairs for a range of services provided to veterans. All DVA cards are applicable in the collection of this data and the card numbers are to be recorded on the Community Rehabilitation Clinics Minimum Data Set and Performance Indicator Set and the Sub-Acute Specialist Clinics Minimum Data Set and Performance Indicator Set.

Community Rehabilitation Clinic Places

A CRC place is considered to represent a full day place. A full day place may be utilised by more than one individual, depending on the operating style of the clinic.

Calculating Community Rehabilitation Clinic Places

In order to calculate the number of CRC places, the number of individuals attending, the style of service they receive and their number of attendances should be known.

CRC places are calculated on the assumption that *one* full-day client utilises one full-day place, *two* sessional clients utilise one full-day place and *six* single-therapy clients utilise one full-day place.

CRC Places = *no. full day attendances* + (*no. sessional attendances*/2) + (*no. single therapy attendances*/6)

Output 305	Sub-Acute Services
Form S2	Monthly Return—Non-Admitted Patients

Full Day Attendance

A full day attendance is a day visit by a non-admitted patient to a CRC for treatment, assessment or other service.

Counting Full Day Attendances

A full day attendance is recorded each time a non-admitted patient presents for treatment, assessment or other services provided in a designated community rehabilitation clinic and the treatment time equates to three hours or more of therapy per attendance.

Sessional Attendance

A sessional attendance is a half-day visit by a non-admitted patient to a CRC for treatment, assessment or other service.

Counting Sessional Attendances

A sessional attendance is recorded each time a non-admitted patient presents for treatment, assessment or other services provided in a designated community rehabilitation clinic and the treatment time equates to over one hour and up to three hours of therapy per attendance. The total number of sessional attendances per day is divided by two to calculate the number of CRC places.

Single Therapy Attendance

A single therapy attendance is a visit by a non-admitted patient to a CRC for treatment, assessment or other service.

Counting Single Therapy Attendances

A single therapy attendance is recorded each time a non-admitted patient presents for a single treatment, assessment or other services provided in a designated Community rehabilitation clinic. A single therapy attendance should equate to up to and including one hour of therapy per attendance. The total number of single therapy attendances per day is divided by six to calculate the number of CRC places.

Other Rehabilitation Services (including Allied Health)

Rehabilitation—Outpatients (Item 5)

This includes all *occasions of service* to non-admitted patients attending an outpatient department managed by the hospital where rehabilitation services are provided. Include services provided by allied health professionals where the services are provided before or after an admitted patient episode.

Rehabilitation outpatient services refer to services that are provided 'on campus', that is, services provided on a hospital site.

Rehabilitation services provided in areas other than a designated Community Rehabilitation Clinic are counted in terms of *occasions of service*. Count the number of public and DVA occasions of service.

Output 305	Sub-Acute Services
Form S2	Monthly Return—Non-Admitted Patients

Rehabilitation—Off Campus (Item 6)

This includes all occasions of service to non-admitted patients where a rehabilitation service is provided in the patient's home, place of work, or other non-hospital site. One occasion of service is counted for each rehabilitation service provided in the patient's home, place of work, or other non-hospital site. The number of public and DVA occasions of service should be recorded.

Off campus services refer to the fact that the service providers 'travel' to the patient. However, 'travel' does not include travel within a hospital, between campuses of a hospital, or between one hospital and another.

Community rehabilitation clinic *home visits* can be recorded here.

Off-campus rehabilitation services which are funded through the HACCC program should be reported in Form 113/H1.

Rehabilitation—Number of Group Sessions (Item 7)

This includes the number of group sessions provided to non-admitted patients or clients attending a CRC. Each group session is counted once only, regardless of the size of the group or the number of staff providing services. Group sessions include non-admitted patients or clients undertaking the same program, health education or health promotion conducted in community rehabilitation clinics.

Note: DVA clients attending group sessions do not need to be counted.

Rehabilitation—Other (Item 8)

This includes all occasions of service to non-admitted patients where a rehabilitation service is provided in a location other than a community rehabilitation clinic, a designated rehabilitation outpatients unit, an off-campus site or as a group session as defined above.

Continuum of Care Services

Hospitals may negotiate with the sub-acute program for a limited number of bed days to be considered as continuum of care services. This provides a form of flexibility by allowing hospitals to cash-in geriatric evaluation and management bed days for community services.

The community services are counted on a 1:3 ratio, meaning three occasions of service provided in the community, including the patient's home, equates to one bed day for funding purposes. Staff of the hospital must provide the services.

Patients treated under a continuum of care program are not to be included as admitted patients. The number of occasions of service recorded will be divided by three to give a number to be added to reported hospital bed day throughput.

Continuum of care services should be part of a clearly defined and nominated program.

Output 305	Sub-Acute Services
Form S2	Monthly Return—Non-Admitted Patients

Continuum of Care Services—On Campus (Item 12)

This includes occasions of service, other than rehabilitation or specified clinics, to non-admitted patients provided by clinical staff on the agency campus, where the services are provided to a patient before or after an admitted patient admission.

Record public and DVA occasions of service and the number of individuals (public) provided with these services during the month.

Continuum of Care Services—Off Campus (Item 13)

This includes all occasions of service to non-admitted patients where a member of the clinical staff provides a service, other than rehabilitation or specified clinics, in the patient’s home, place of work, or other non-hospital site.

Off-campus services refer to the fact that the service providers ‘travel’ to the patient. However, ‘travel’ does not include travel within a hospital, between campuses of a hospital, or between one hospital and another.

Record public and DVA occasions of service and the number of individuals (public) provided with these services during the month.

Outpatient—Continance Clinic (Item 17)

This includes all occasions of service to non-admitted patients provided in a unit, determined by the hospital to be primarily providing clinical services for assessment and treatment of continence disorders.

A continence clinic is assumed to be multi-disciplinary, with services provided by a range of medical, allied health, nursing and other staff. The number of public and DVA occasions of service and the number of individuals (public) should be recorded.

Outpatient—Falls and Mobility Clinic (Item 18)

This includes all occasions of service to non-admitted patients provided in a unit, determined by the hospital to be primarily providing clinical services for assessment and treatment of mobility and gait disorders.

A falls and mobility clinic is assumed to be multi-disciplinary, with services provided by a range of medical, allied health, nursing and other staff. The number of public occasions of service, the number of DVA occasions of service and the number of individuals (public) should be recorded.

Outpatient—Pain Management Clinic (Item 19)

This includes all occasions of service to non-admitted patients provided in a unit, determined by the hospital to be primarily providing clinical services for assessment, treatment and management of intractable pain.

A pain management clinic is assumed to be multi-disciplinary, with services provided by a range of medical, allied health, nursing and other staff. The number of public and DVA occasions of service and the number of individuals (public) should be recorded.

Output 305	Sub-Acute Services
Form S2	Monthly Return—Non-Admitted Patients

Outpatient—Other Sub-Acute Medical Services (Item 20)

This includes all occasions of service to non-admitted patients given in designated units primarily providing medical services funded under the sub-acute program. The numbers of public and DVA occasions of service should be recorded.

Other Off Campus Health Professional Services (Item 21)

This includes all other occasions of service to non-admitted patients where a health professional service is provided in the patient's home, place of work, or other non-hospital site. It excludes those services provided under item 6 *Rehabilitation—Off Campus*.

Number of Group Sessions (Item 22)

This includes other sub-acute funded group sessions not included in item 7 (rehabilitation group sessions). Each group session is counted *once only*, regardless of the size of the group or the number of staff providing services. Group sessions include educational sessions for non-admitted patients, relatives of patients, and members of the general public such as health promotion groups and diabetic education groups.

Output Group 113	Aged Care Services
Form S2	Monthly Return—Non-Admitted Patients

Form 113/S2 Data Items

Aged Care Allied Health (not Rehabilitation or Specified Outpatient Clinics)

This includes services provided by allied health professionals other than rehabilitation or specified outpatient clinics which are funded by Aged Care Services. Record the occasions of service, attendances and hours for public patients, and occasions of service for eligible veterans and war widow(er)s.

This category includes units primarily concerned with physiotherapy, occupational therapy, speech pathology, dietary advice, optometry, podiatry and social work (including financial counselling).

Note: Allied Health services funded through the HACC program should not be reported in this section but reported in Form 113/H1.

Allied Health—Outpatients (Item 1)

This includes services, other than rehabilitation or specified outpatient clinics, to non-admitted patients provided by allied health professionals in designated allied health units or clinics where the services are provided to a patient before or after an admitted patient admission.

Outpatient services generally refer to services provided to individual non-admitted patients on a one-to-one basis and are usually provided 'on campus', that is, services are provided on a hospital site.

Allied Health—Off Campus (Item 2)

This includes services to non-admitted patients where a service, other than rehabilitation, is provided in the patient's home, place of work, or other non-hospital site by an allied health professional.

Allied Health—Other (Item 3)

This includes services to non-admitted patients provided by allied health professionals in a location other than a designated outpatients unit or an off-campus site as defined above, where the services are provided to a patient before or after an admitted patient admission, excluding services to rehabilitation patients.

Palliative Care

Palliative Care—Off Campus (Item 4)

This includes all occasions of service (public and DVA) to non-admitted patients provided by staff from palliative care programs, which is provided in the patient's home or other non-hospital site.

Off campus services refer to the fact that the palliative care service providers 'travel' to the patient. However, 'travel' does not include travel within a hospital, between campuses of a hospital, or between one hospital and another.

This category may include visits by individuals or teams providing care, support and assistance to patients and/or their families.

Output Group 113	Aged Care Services
Form S2	Monthly Return—Non-Admitted Patients

Palliative care to admitted patients in acute beds is reported on Form 113/S1.

Palliative Care—Other (Item 5)

This includes all occasions of service (public and DVA) to non-admitted patients provided by staff of palliative care programs in locations other than the patient’s home or other non-hospital site.

Other Community Care (non-HACC)

Off Campus—Domiciliary/Community Nursing (Item 6)

This includes domiciliary nursing visits for primary and follow-up care and support as well as specialist nursing such as diabetic services.

All occasions of service to non-admitted patients where a nursing service is provided in the patient’s home, place of work, or other non-hospital site should be recorded. The number of individuals provided with care during the month and the number of hours of direct service delivery should also be recorded.

Note: District and domiciliary nursing services funded through the HACC program should be reported in Form 113/H1.

Outpatient—CDAMS (Item 7)

This includes all occasions of service to non-admitted patients provided in a unit, determined by the hospital to be primarily providing clinical services for assessment and treatment of memory disorders. Cognitive, Dementia and Memory Service (CDAMS) should also be included.

A CDAMS is assumed to be multi-disciplinary, with services provided by a range of medical, allied health, nursing and other staff. Relevant allied health occasions of service are to be recorded here rather than in item 9.

Outpatient—Gerodontic Clinic (Item 8)

This includes all occasions of service to non-admitted patients provided by dental professionals in designated gerodontic units or clinics.

It should be noted that only gerodontic services purchased by the Aged Care Program should be reported. The majority of dental services provided by hospitals are purchased by Primary Health Program under the Community Dental Program. These dental services should be reported on Form 114/S2.

Day Centre (not Rehabilitation) (Item 9)

A day centre generally provides programs oriented towards social activity. It should be regarded as a separate functional unit of the hospital. For this reason, each attendance on one day should be counted only once, regardless of how many staff interactions or service contacts occur at the day centre during the course of the day.

Record the number of public and DVA attendances, the number of individuals (public only) and number of person hours of direct service delivery (public only) for the month being reported.

Output Group 113	Aged Care Services
Form S2	Monthly Return—Non-Admitted Patients

Note: Services in day centres which are funded through HACC should not be included here, but reported in Form 113/H1.

Aged Care Assessment Services (ACAS) Information

To be completed by the auspice agencies which are funded for ACAS services. The total number of assessments completed by the Aged Care Assessment Services team during the month for which the return is prepared should be reported, regardless of whether the source of funding is from the State or the Commonwealth. Assessments include those for both community and admitted patients.

ACAS Completed Assessments—Community (Item 10)

Community includes all completed assessments on non-admitted patients, including those in residential care.

Completed Assessments—Public

This heading was incorrectly released and should read *Completed Assessments—Total*. Although the data entry system cannot be altered until the next financial year, ACAT teams are asked to interpret the heading as it was intended and submit total assessments completed for non-admitted patients in the community during the month for which the return is prepared. This figure should include assessments completed for community based eligible veterans and war widow(er)s.

Completed Assessments—DVA

Record the number of assessments completed for community based eligible veterans and war widow(er)s, during the month for which the return is prepared. This figure forms a sub-set of total assessments completed for community based clients.

ACAS Completed Assessments—Admitted Patients (Item 11)

For national ACAS reporting purposes registration of a hospital does not distinguish between private hospitals and public hospitals. Combine all assessments completed for admitted patients in both public and private hospitals.

Completed Assessments—Public

This heading was incorrectly released and should read *Completed Assessments—Total*. Although the data entry system cannot be altered until the next financial year, ACAT teams are asked to interpret the heading as it was intended and submit total assessments completed for admitted patients, during the month for which the return is prepared. Include assessments completed in both public and private hospitals and include assessments completed for eligible veterans and war widow(er)s.

Completed Assessments—DVA

Record the number of assessments completed for eligible veterans and war widow(er)s admitted patients in either public or private hospitals, during the month for which the return is prepared. This figure forms a sub-set of total assessments completed for admitted patients.

Output Group 114	Primary Health—Dental Health Services
Form S2	Monthly Return—Non-Admitted Patients

Form 114/S2 Data Items

Dental Health Services

Dental Emergency Treatment

The number of occasions of service/visits to non-admitted patients who receive an emergency course of dental care.

Emergency dental care is the investigation and/or treatment of non-elective oral and peri-oral conditions. Certain presenting complaints will necessitate urgent care. These include swelling associated with acute infection (dental or periodontal); pain-particularly that which interferes with sleep; haemorrhage; trauma to bone, teeth and soft tissue; and denture related problems which preclude the wearing of the prosthesis.

Dental services provided to non-admitted patients purchased by Acute Health or Aged Care should be reported on Form 111/S2 or Form 113/S2.

Dental General Outpatient Treatment

The number of occasions of service/visits to non-admitted patients who receive a general course of dental care.

Dental services provided to non-admitted patients purchased by Acute Health or Aged Care should be reported on Form 111/S2 or Form 113/S2.

Output Group 115	Mental Health Services
Form S2	Monthly Return—Non-Admitted Patients

Form 115/S2 Data Items

Structure of the Return

The return is divided into four sections:

- Hospital Based Emergency Psychiatric Treatment;
- Hospital Based Outpatient Services;
- Community Residential Facilities Outpatient Services; and
- Community Based Services.

The first two sections of the return report services provided by staff of the Corporation inpatient facility; the third section of the return reports services provided by staff of the Corporation's community residential facilities; the fourth section of the return reports services provided by staff of the Corporation's community based services.

Direct Contacts

Direct (face-to-face) contacts with non-admitted patients/clients occurring during the month for which the return is prepared.

Exclude indirect contacts or community centred contacts. These data items are no longer required for the AIMS system but must still be reported on the new Client Management Interface (CMI).

Hospital Based Emergency Medical Treatment

Emergency Psychiatric Treatment

The number of contacts given to patients/clients who, at the time of treatment, have not been admitted and who receive treatment in the hospital's admission department/area (including patients treated in such department before admission as inpatients). Emergency psychiatric treatment need not involve contact with a medical practitioner.

In the event that a Corporation's Community Assessment and Treatment Team or Psychogeriatric Assessment Team assist in the assessment at the hospital's admission office, the contact should be recorded against the CATT or PGAT service and not under *Emergency Psychiatric Treatment*.

Hospital Based Outpatient Services

Direct contacts provided within designated day programs or other outpatient based services within the hospital.

Aged Care Day Programs

Direct contacts for services provided to clients attending a designated aged care day program at the hospital.

Services in day centres which are funded through the Home and Community Care (HACC) Program or Aged Care Services should be excluded from Form 115/S2 and reported separately to Aged Care Services.

Output Group 115	Mental Health Services
Form S2	Monthly Return—Non-Admitted Patients

Adult Day Programs

Direct contacts for services provided to clients attending a designated adult day program at the hospital.

Child and Adolescent Day Programs

Direct contacts for services provided to clients attending a designated child and adolescent day program at the hospital.

On Campus Outpatient Services

This includes all other direct contacts for services provided to non-admitted patients/clients by staff of the inpatient facility. It includes assessment, treatment and other consultations provided by medical, nursing or allied health professionals where the location of service is either at the inpatient facility, another psychiatric services' agency or another agency outside of the public sector psychiatric service including non-government or community managed organisations.

Off Campus Outpatient Services

This includes all direct contacts for services provided to non-admitted patients/clients 'off campus' by staff of the inpatient facility. It includes assessment, treatment and other consultations provided by medical, nursing or allied health professionals where the location of service is either the client's home or own environment.

Sub Total

Total outpatient services to non-admitted patients/clients within designated specialist units/departments within the hospital.

Community Residential Facilities Outpatient Services

Direct contacts given to patients/clients within a designated community residential facility (CRF) or a 24 hour staffed continuing care unit (CCU).

Centre Based Outpatient Services

This includes all direct contacts for services provided by staff of a designated community residential facility or a 24 hour staffed continuing care unit. It includes assessment, treatment and other consultations provided by medical, nursing or allied health professionals where the location of service is either at the community residential facility, another psychiatric services' agency or another agency outside of the public sector psychiatric service including non-government or community managed organisations.

Non-Centre Based Outpatient Services

This includes all direct contacts for services provided 'off campus' by staff of a designated community residential facility or a 24 hour staffed continuing care unit. It includes assessment, treatment and other consultations provided by medical, nursing or allied health professionals where the location of service is either the client's home or own environment.

Sub Total

The sum of direct contacts in a community residential facility or a 24 hour staffed continuing care unit.

Output Group 115	Mental Health Services
Form S2	Monthly Return—Non-Admitted Patients

Community Based Programs

Direct contacts for services provided within designated day programs that are based away from the hospital and community based programs provided by staff of designated community assessment and treatment teams, psychogeriatric assessment teams, child and adolescent teams, community mental health clinics or community based psychiatric services.

Aged Care Day Programs

Direct contacts for services provided to clients attending a designated aged care day program managed by the Corporation.

Services in day centres which are funded through the home and community care (HACC) program should be excluded from Form 115/S2 and reported separately to the Aged Care Division.

Adult Day Programs

Direct contacts for services provided to clients attending a designated adult day program managed by the Corporation.

Child and Adolescent Day Programs

Direct contacts for services provided to clients attending a designated child and adolescent day program managed by the Corporation.

Psychogeriatric Assessment Teams—Centre Based Services

Direct contacts where the service has been provided by a psychogeriatric assessment team at the inpatient facility, another psychiatric services' agency or another agency outside of the public sector psychiatric service, including non-government or community managed organisations.

Psychogeriatric Assessment Teams—Non-Centre Based Services

Direct contacts where the service has been provided by a psychogeriatric assessment team in either the client's home or own environment.

Crisis Assessment and Treatment Teams—Centre Based Services

Direct contacts where the service has been provided by a crisis assessment and treatment team at the inpatient facility, another psychiatric services' agency or another agency outside of the public sector psychiatric service, including non-government or community managed organisations.

Crisis Assessment and Treatment Teams—Non-Centre Based Services

Direct contacts where the service has been provided by a crisis assessment and treatment team in either the client's home or own environment.

Child and Adolescent Teams—Centre Based Services

Direct contacts where the service has been provided by a child and adolescent team at the inpatient facility, another psychiatric services' agency or another agency outside of the public sector psychiatric service, including non-government or community managed organisations.

Output Group 115	Mental Health Services
Form S2	Monthly Return—Non-Admitted Patients

Child and Adolescent Teams—Non-Centre Based Services

Direct contacts where the service has been provided by a child and adolescent team in the client's home or own environment.

Continuing Care—Clinical Consulting—Centre Based Services

Direct contacts where the service has been provided by staff of a community mental health centre or staff of a corporation's designated community based psychiatric program at the centre, an inpatient facility, another psychiatric services' agency or another agency outside of the public sector psychiatric service, including non-government or community managed organisations.

Continuing Care—Clinical Consulting—Non-Centre Based Services

Direct contacts where the service has been provided by staff of a community mental health centre or staff of a corporation's designated community based psychiatric program in the client's home or own environment.

Mobile Support and Treatment Teams—Centre Based Services

Direct contacts where the service has been provided by a mobile support and treatment team at the inpatient facility, another psychiatric services' agency or another agency outside of the public sector psychiatric service, including non-government or community managed organisations.

Mobile Support and Treatment Teams—Non-Centre Based Services

Direct contacts where the service has been provided by a mobile support and treatment team in the client's home or own environment.

Sub Total

The sum of direct contacts in community based programs.

Total

The total direct contacts for services to non-admitted patients/clients, or on behalf of clients, listed in items.

Output Group 116	Public Health
Form S2	Monthly Return—Non-Admitted Patients

Form 116/S2 Data Items

AIDS/STD Services

AIDS/STD Clinics Individual Sessions (Item 1)

The number of individual occasions of service provided to non-admitted patients or clients attending a designated AIDS/STD Clinic within the hospital.

All AIDS/STD outpatient services should be reported including services funded by the Commonwealth AIDS program.

Services that are provided to non-admitted patients or clients in a *group* session rather than on a one-to-one basis should be reported in item 2 AIDS/STD Group Sessions.

AIDS/STD Group Sessions (Item 2)

This includes the number of all group sessions provided to non-admitted patients or clients attending a group day program conducted by the hospital where services are provided by health professional staff.

Where services are provided to non-admitted patients or clients in a group session, each group session is counted as one occasion of service, irrespective of size or the number of staff providing services.

Sub-Total (Item 3)

The total services provided in designated AIDS/STD Clinics (items 1 and 2).

Koori Liaison Services

Koori Liaison Services—Individual Services On-Campus (Item 4)

The number of individual occasions of service to non-admitted patients or clients provided by a Koori Liaison Officer within the hospital.

Services provided to admitted patients should not be included.

Koori Liaison Services—Individual Services Off-Campus (Item 5)

The number of individual occasions of service to non-admitted patients or clients provided by a Koori Liaison Officer from an off-site venue.

Koori Liaison Services—Group Services On-Campus (Item 6)

This includes all group sessions provided to non-admitted patients or clients attending a group day program conducted by a Koori Liaison Officer on-site.

Where services are provided to non-admitted patients or clients in a group session rather than on a one-to-one basis, each group session is counted as one occasion of service. Each group session is to count *once only*, irrespective of size or the number of staff providing services.

Services provided to admitted patients should not be included.

Output Group 116	Public Health
Form S2	Monthly Return—Non-Admitted Patients

Koori Liaison Services—Group Services Off-Campus (Item 7)

This includes all group sessions provided to non-admitted patients or clients attending a group day program conducted by Koori Liaison Officers from an off-site venue.

Where services are provided to non-admitted patients or clients in a *group* session rather than on a one-to-one basis, each group session is counted as one occasion of service. Each group session is to count *once only*, irrespective of size or the number of staff providing services.

Sub Total (Item 8)

The sum of non-admitted services conducted by Koori Liaison Officers (items 4 to 7 inclusive).

Drug Treatment Services

Outpatient Withdrawal

The number of occasions of service provided to clients attending a designated alcohol and drug outpatient unit within the hospital for management of a withdrawal syndrome.

The service is provided to clients who have a withdrawal syndrome which can be appropriately managed without admission to a residential service. The service provides a series of intensive individual outpatient consultations over a short period, followed by ongoing counselling and support to complete the withdrawal.

There will be a greater proportion of problem drinkers and individuals consuming benzodiazepines attending outpatient withdrawal than residential or home-based services. This means that an average duration of withdrawal may be longer with more gradual reductions in drug use to negotiated levels of consumption.

Methadone Outreach

This includes all occasions of service to non-admitted patients provided by the hospital's pharmacy for the purpose of dispensing methadone.

Each attendance by a non-admitted patient/client for purposes of methadone collection is to be counted as an occasion of service. Where the patient receives individual counselling as part of the program, these occasions of service should be included in the counselling, consultancy and continuing care category. If a patient attends the hospital to collect methadone and also to receive counselling then this would be counted as two occasions of service.

Excludes hospitals funded to provide specialist methadone services.

Specialist Methadone Service

This includes all occasions of service (i.e. prescribing, dispensing and counselling) to non-admitted patients provided by specialist methadone service programs. Specialist methadone services occur where there are associated complex medical, psychiatric or psychological problems.

Hospitals not funded to provide specialist methadone services should report non-admitted patient occasions of service in methadone outreach for dispensing services and counselling, consultancy and continuing care for counselling services.

Output Group 116	Public Health
Form S2	Monthly Return—Non-Admitted Patients

Counselling, Consultancy and Continuing Care

This includes all occasions of service to non-admitted patient/clients who attend a designated alcohol and drug unit funded by the hospital for the provision of a range of services and support appropriate to the client needs. Services may include assessment, treatment/counselling and consultancy, referral and ongoing case management.

Counselling may include individual counselling, groups or partners/couples. Each group session (including partners/couples), is to be counted *once only*, irrespective of the number of patients/clients in the group or the number of staff providing services.

Counselling services provided as part of other service types such as outpatient withdrawal, specialist methadone service, ante & post-natal support and home-based withdrawal should not be separately included under CC&CC.

Ante and Post-Natal Support

The number of individual occasions of service provided to non-admitted patients/clients who attend a designated ante and post-natal outpatient clinic for pregnant women and babies with drug problems.

Home-Based Withdrawal

The number of individual occasions of service to clients receiving home-based withdrawal services. These services are provided in cases where the withdrawal syndrome is of mild to moderate severity and the client is able to be supported by a family member or friend at home. This service may be provided as part of the rural withdrawal support service, following a short hospital admission or as the complete treatment, if no hospital admission is required. The service is provided by an experienced nurse in conjunction with a medical practitioner, preferably the client's general practitioner.

The service includes the provision of an initial assessment of the client by the experienced nurse in collaboration with a medical practitioner. The nurse then provides information and support to the client and support person about the course of the withdrawal, monitors the withdrawal through daily visits on at least each of the first few days of withdrawal, communicates with the medical practitioner about the need for pharmacotherapy and medical care, and finally schedules one or two visits to discuss planning to address future issues and opportunities for further treatment.

Koori Community Alcohol and Drug Worker—Home Based Withdrawal

The number of individual occasions of service provided to non-admitted patients by the koori community alcohol and drug worker for koori clients receiving home-based withdrawal services. These services are provided in cases where the withdrawal syndrome is of mild to moderate severity and the client is able to be supported by a family member or friend at home. This service may be provided as part of the rural withdrawal support service, following a short hospital admission or as the complete treatment, if no hospital admission is required.

Rural Withdrawal

These services have been operating in rural Victoria since 1996 and provide supportive care, medical care and pharmacotherapy. Rural withdrawal may include a short period of hospital-based withdrawal (if required) with a follow-up period of home-based or outpatient care. Only the non-admitted component of this service type should be reported in Form 114/ S2.

Output Group 116	Public Health
Form S2	Monthly Return—Non-Admitted Patients

Supported Accommodation

Alcohol and drug supported accommodation services were put to tender for the first time in 1997. They provide a supportive environment to help clients achieve lasting change and assist their reintegration into community living. Supported accommodation services are provided with a minimum of a day support worker, from a community-based setting, usually with public housing.

Outreach

Outreach services provide assessment, support and ongoing coordination to people with alcohol and drug problems, in their own environment. They will also support generalist agencies that work with people, through information, education and training.

Peer Support

Peer support services provide mutual support and information by people with personal experience of alcohol and drug use for individuals who may be having, or who have had, difficulties in the past associated with their alcohol and drug use. Peer support groups or activities are usually established by current or past alcohol and drug users, and may operate out of, or be supported by community organisations, alcohol and drug agencies or community health centres.

Sub Total

The sum of non-admitted services purchased by Drug Treatment Services.

Total

The sum of non-admitted services purchased by Public Health.

Form 118/S2 Data Items

Early Parenting Centres

Day Stay Program—On Campus

This includes all occasions of service provided to non-admitted patients who are participants in a day stay program (day program) provided by the Queen Elizabeth Centre, Tweddle Child & Family Health Service or the O'Connell Family Centre, where the service is provided at the Early Parenting Centre.

A day stay program provides assistance with a range of problems related to the care of young children. Parents and young children usually attend a full day (or two days) program where assistance is provided on an individual basis.

A day stay program should be regarded as a separate functional unit of the hospital. For this reason, each attendance by a parent and child on one day should be recorded as a single occasion of service regardless of how many staff interactions occur at the day stay program during the course of the day.

Day Stay Program—Off Campus

This includes all occasions of service provided to non-admitted patients who are participants in a day stay program (day program) provided by the Queen Elizabeth Centre, Tweddle Child & Family Health Service or the O'Connell Family Centre, where the service is provided from an off-campus site.

A day stay program provides assistance with a range of problems related to the care of young children. Parents and young children usually attend a full day (or two days) program where assistance is provided on an individual basis.

A day stay program should be regarded as a separate functional unit of the hospital. For this reason, each attendance by a parent and child on one day should be recorded as a single occasion of service regardless of how many staff interactions occur at the day stay program during the course of the day.

In-Home Program

This includes all occasions of service provided to non-admitted patients who are participants in an in-home program provided by the Queen Elizabeth Centre, Tweddle Child & Family Service or the O'Connell Family Centre. Occasions of service are provided in the client's own home.

An in-home program should be regarded as a separate functional unit of the hospital. For that reason, each visit to a family should be recorded as a single occasion of service regardless of how many staff interactions occurred during the visit.

Sub Total

Total occasions of service for early parenting centres (items 1 to 3 inclusive).

Child Health Centres (Royal Children's Hospital)

This includes all occasions of service provided to non-admitted patients by child health centres associated with the Royal Children's Hospital.

This category refers to the services provided by the Uncle Bob's Child Development Centre, the Child Abuse Centre, and the Centre for Community Child Health & Ambulatory Paediatrics.

Paediatric Allied Health

This category includes all occasions of service provided by allied health professionals to non-admitted patients attending designated paediatric allied health units or clinics at Sunshine Hospital.

These allied health services should be distinguished from allied health services which relate to an emergency treatment or to a previous or subsequent admitted patient admission and are reported on Form 111/S2 (Acute Health Services), and community allied health services purchased through the Primary Health Program.

Sub Total

The sum of occasions of service provided by Child Health Centres (RCH) and Paediatric Allied Health (items 5 and 6).

Total

Total occasions of service purchased by Community Care (items 4 and 7).