

Acute Health Services

*Form S9: Monthly Return—
Victorian Ambulatory Classification System
Non-Admitted Patients*

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Output Group 111	Acute Health Services
Form 111/S9	Victorian Ambulatory Classification System Funding and Activity Return

Reporting Requirements

Form S9 is used for reporting data as part of the Victorian Ambulatory Classification System (VACS) for non-admitted patients funded by Acute Health Services and has been designed in conjunction with the Victorian Ambulatory Classification System Advisory Committee.

Form S9 will be completed by hospitals who have had their clinics assigned by the Clinical Panel of the Victorian Casemix Clinical Sub-Committee and approved by the Department of Human Services.

Only non-admitted patient encounters provided to public patients and eligible veterans and war widow(er)s are to be reported on Form 111/S9. Services provided to compensable non-admitted patients (i.e. TAC, Workcover, Armed Services, etc.) and those attracting Medicare benefits *must not* be included on the S9 form.

Return of Forms

Hospitals are to send electronic data to the Department *within seven working days* following the end of the 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 definition of *public patient* and *non-admitted patient* to be used for completing this form are the standard definitions printed in the *Definitions* section of this manual.

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Victorian Ambulatory Classification System (VACS)

The Victorian Ambulatory Classification System identifies hospital specific clinics which are assigned to one of 47 VACS categories.

Prior to submitting data on the S9 form, hospitals must first have identified and classified all their non-admitted patient services to the VACS clinical categories. The clinic assignment will then be reviewed by the Clinical Panel of the Victorian Casemix Clinical Sub-Committee and approved by the Department of Human Services. The hospital can then begin submitting data on the S9 form.

In the case of a new clinic commencing during the year or changes to existing clinics, assignment to a VACS category will be made by the hospital. The hospital will be required to advise the Department of any changes occurring during the year on the Notification of Clinic Changes Form. An annual review by the Clinical Panel will assess the assignment of all new and reviewed clinics.

Encounters

Encounters are the basis for activity reporting. Encounters refer to a visit to one of the 47 VACS clinics. For funding, resource weights have been developed that incorporate encounters based not only on the clinic visit but associated ancillary services provided to a patient over a defined period. The period over which bundling occurs is a 'window' of thirty (30) days either side of the visit.

For this reason, radiology, pathology, pharmacy and other diagnostic tests and investigations are not reported on this form as funding is subsumed within the weights. Reporting on these areas must still continue on the AIMS S2 Form.

Allied Health Services

Until improved specification of allied health services are developed and for funding purposes, these services *must* continue to be reported on the AIMS Form 111/S2 as well as the allied health breakdown provided on the S9 Form.

Two new items cardiac rehabilitation program and hydrotherapy have been included for reporting purposes under the Allied Health category. Group sessions are to be reported according to the standard definition. 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.

Specified Grants

Activity associated with any clinics which have been approved for specified grants should not be counted on the S9 form.

Contact for Further Information

For further information on definitions or completion of form, please contact your Regional Office.

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Instructions for Completing Form S9

Hospital, Agency

The registered name of the public hospital and for health care networks, the network component hospital that is submitting the return.

Agency Code

The AIMS identification number of the agency that is submitting the return. For example, the code for Maryborough District Health Service is 3312.

Month, Year

Calendar month and year for which the return is being prepared.

Encounters

Number of encounters occurring during the month for which the return is prepared.

Victorian Ambulatory Classification System (VACS) Categories

The Victorian Ambulatory Classification System is divided into 47 VACS categories. The hospital specific clinics for these categories must be assigned by the Clinical Panel of the Victorian Casemix Clinical Sub-Committee and approved by the Department of Human Services prior to commencement of reporting on the S9 form.

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.