Primary Health Branch

Forms C1-C5: Quarterly Returns

—Community Health

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Reporting Requirements

All agencies that have a Community Health Program and/or Primary Health Program Service Plan attached to their respective Service Agreement are required to submit the quarterly returns in the format and timeframes specified in the *Community Health Unit Data Reporting Requirements, 2001–02*. This document can be found by visiting the Primary Health Knowledge Base (PHKB) web site at: http://www.dhs.vic.gov.phkb.

Reporting requirements for the quarterly returns are fully incorporated within the AIMS system. As a result, hospitals are able to nominate their preferred reporting system, either AIMS or SWITCH, for the transfer of primary health data to the Department. The nominated system is to be used for the whole financial year and is to be confirmed with the regional office.

Primary Care Partnerships (PCPs) are required to submit reports in the format stipulated by the PCP Service Agreement. These reports may reflect the integration of Community Health Program and/or Primary Health Program activity with the implementation of PCP Community Health Plans.

Health stream agencies with separate Community Health Program and/or Primary Health Program service plans must provide all relevant reports in accordance with the requirements set out in the 2001–02 Community Health Unit Data Reporting Requirements.

Multi purpose services that do not have separate Community Health Program and/or Primary Health Program service plans are not required to report under the arrangements described in the Guidelines. Multi purpose services should adhere to the reporting arrangements outlined in their service agreements. The exception to the above being the reporting requirements associated with the Department of Veterans' Affairs (DVA) claims for allied health services delivered to DVA members in which case, these reports will be collected by Information Management and Support (IM&S).

Purpose of Reporting

The Community Health Unit will be using the information gathered for the purpose of service monitoring, targeting, planning, research and policy development. Major outputs of the data management activities include:

- Quarterly submissions to Treasury in respect of statewide targets as well as the achievement of service output targets.
- The Community Health Quarterly report, which describes the Community Health and Primary Health Programs delivery trends, level of service delivery activities provided and socio-demographic profile of clients accessing the community health funded services.
- Service output data and general service delivery trend analysis will be made available to service provides as DHS feedback on collected data.

- The Regional Profile Reports available from the Primary Health Datamart (Database), a recent initiative aimed at improving the information flow on service outputs to regional offices. These reports also include a summary of selected client socio-demographic characteristics.

Primary Health Funding Sources

The number and types of quarterly reports that must be completed and submitted to the Department will vary depending on the mix of funding arrangements for individual agencies. A *separate* report must be submitted for activities funded by different funding sources.

The Primary Health Program incorporates the following funded services:
- Community Health Service
- Women's Health Service
- Innovative Health Services for Homeless Youth (IHSHY)
- Family Planning Services
- Suicide Prevention Initiatives
- Family and Reproductive Rights Education Program

Community Health Service
The Community Health Service aims to provide primary care services that improve the physical, mental and social well-being of Victorians and to reduce the requirements for hospital and other specialist institutional services. Community health services refer to a wide range of services and include allied health services, counselling services and information services.

Allied health services which are related to an emergency treatment or to an admitted patient episode are funded through Acute Health Services and are reported on Form 111/S2 or 305/S2 (sub-acute program).

Allied health services which are funded through the Aged Care Home and Community Care (HACC) Program are reported on Form 113/H1.

Women's Health Service
The Women's Health Service aims to improve the health and well being of all Victorian women with a focus on those most at risk through the provision of information, research, health, community and professional education.

Innovative Health Services for Homeless Youth (IHSHY)
The Innovative Health Services for Homeless Youth (IHSHY) is a Commonwealth/State cost shared program that provides funding to community based organisations. The aim of the program is to promote health care for homeless and otherwise at risk young people through innovative approaches and through increasing access to mainstream and specialist services.

Family Planning Services
The Family Planning Service provides a range of services on sexual and reproductive health matters. The program aims to target people with special needs who are less able to obtain adequate family planning services from mainstream health services.

Suicide Prevention Initiatives
The Suicide Prevention Initiatives Program aims to reduce the incidence of suicide by victim/survivors of sexual assault who have a history of sexual abuse and self harming behaviour; and for child and adolescent refugees.

Family and Reproductive Rights Education Program (FARREP)
The Family and Reproductive Rights Education Program aims to work with communities that practice female genital mutilation in order:

- to increase their access to primary health services;
- to improve the physical and emotional health and well-being of women, young girls and their families; and
- to encourage the health system to be more responsive to their needs.

The service targets all communities that practice female genital mutilation regardless of mode of arrival, period of settlement, race, religion and culture.

Return of Forms

Agencies are to submit electronic data to the Department *by the 15th day following the end of the quarter.*

Hospitals are able to nominate their preferred reporting system, either AIMS or SWITCH, for the transfer of primary health data to the Department. The nominated system is to be used for the whole financial year and is to be confirmed with the regional office.

Hospitals electing to report via AIMS are to submit data using the AIMS OnLine Entry System.

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

Assistance

For further information on Primary Health Program reporting requirements and definitions, please refer to the *2001–02 Primary Health Program Guidelines* or contact your regional office.

Mandatory Report Types

The quarterly report consists of six standard templates. Separate numbered forms have been developed as follows:

- Form C1a: Primary Health Care Report
- Form C1b: Health Promotion Report
- Form C2: Client Type Report
- From C3: Fee Collection (Community Health Program only)
- Form C4: Registered Clients Report
- Form C5: Workforce Development Report

The number and types of quarterly reports that must be completed and submitted to the Department will vary depending on the mix of funding arrangements for individual agencies. For example, a separate Primary Health Care Report and Health Promotion Report must be submitted for activities funded by different Primary Health Program funding sources. For example, if an agency receives Community Health Service, Women's Health Service and Sexual Assault Service funding, it must submit three separate Primary Health Care reports and three separate Health Promotion reports, one for each different funding source. Only agencies that receive funding for Community Health Services are required to complete the Fee Collection Report.

Primary Health Care Report

The Primary Health Care Report provides statistics for each activity purchased from agencies within the Community Health Care component.

This report will permit the monitoring of levels of direct service provision to clients. The performance of agencies in meeting annual targets in service provision will be monitored based on the agreed performance measures, namely contact and session hours.

The activities measured are:

- audiology
- dietetics
- occupational therapy
- physiotherapy
- podiatry
- speech pathology/therapy
- nursing
- counselling casework

A separate Primary Health Care report must be submitted for activities funded by different program funding sources. For example, for activities funded by community health and family planning programs, two separate primary health care reports are required.

Note:

1 If there are contacts, then there must also be contact hours or vice versa.
2 If there are sessions, then there must also be session hours or vice versa.

3 Total number of registered clients seen must be equal to or less than the number of contacts.

Health Promotion Report

The Health Promotion Report provides detailed service statistics for each activity purchased from agencies within the prevention, promotion, training, research and development outlets.

The activities measured are:

- Health Promotion (all programs except Women's Health)
- Information and Social Marketing (Women's Health Service)
- Community Education and Skills Development (Women's Health Service)
- Professional Education (Women's Health Service)
- Community, Organisational and Environmental Development (Women's Health Service)
- Screening and Risk Factor Assessment (Women's Health Service)
- Individual, Community and Organisational Research and Development (Women's Health Service)

A separate Health Promotion report must be submitted for activities funded by different program funding sources. For example, if health promotion activities are delivered through community health and family planning funding sources, two separation health promotion reports are required.

Note:

1 If there are contacts, then there must also be contact hours or vice versa.
2 If there are sessions, then there must also be session hours or vice versa.
3 Total number of registered clients seen must be equal to or less than the number of contacts.
4 For some health promotion activities (for example, information/social marketing activity), it is possible to have indirect service hours only and no contact/session delivered.

Development of new reporting guidelines for health promotion funding

Community Health and Primary Health Programs will be engaged in a research project commencing August 2001 to consider new health promotion funding guidelines for health promotion funding. The aim of developing new health promotion funding guidelines is to facilitate a better match between funding and accountability and the approach to health promotion planning, implementation and evaluation. In addition, the data collected should provide a vital evidence base to support and endorse sustainable integrated health promotion activities conducted by these programs. The new funding guidelines will be based on those currently being trialed with Primary Care Partnerships. The research project will aim to refine these for specific community health and primary health program health promotion funding and trial these in selected agencies across the sector. It is proposed that these guidelines will then form the basis for 2002–2003 health promotion reporting requirements.

Agencies are encouraged to participate in this research project and a forum to discuss the details of the research will be conducted in July 2001. The health promotion guidelines for Primary Care Partnerships are currently available on the Primary Health Knowledge Base at

http://www.dhs.vic.gov.au/phkb. Further details can be obtained by contacting Bronwyn Diffey, Project Manager, Health Promotion, Community Health Unit, on 9616 6142 or email bronwyn.diffey@dhs.vic.gov.au.

Client Type Report

The Client Type Report provides a grouping of contacts by registered, casual and organisational clients for each activity funded by Community Health and Primary Health Programs.

This report will complete the picture provided by the Primary Health Care and Health Promotion reports, by enabling a better understanding of the proportion of services delivered to different clients.

The activities related to client types are:

- audiology
- dietetics
- occupational therapy
- physiotherapy
- podiatry
- speech pathology/therapy
- nursing
- counselling casework
- Health Promotion
- Information and Social Marketing
- Community Education and Skills Development
- Professional Education
- Community, Organisational and Environmental Development
- Screening and Risk Factor Assessment
- Individual, Community and Organisational Research and Development

Note:
1 If there are contacts, then there must also be contact hours or vice versa.

Fee Collection Report (Community Health Program only)

The Fee Collection report provides a summary of the total dollar amount of client fees collected within each quarter by an agency for each activity purchased.

This information will assist in supporting agencies and regions in monitoring their negotiated revenue targets as determined by the fees policy.

The activities related to fees collection are:

- audiology
- dietetics
- occupational therapy
- physiotherapy

- podiatry
- speech pathology/therapy
- nursing
- counselling casework
- health promotion

If an agency cannot provide fees collected at the activity level, a *total fee collected* for activities funded by community health program must be reported.

Registered Clients Report

The Registered Clients report contains no performance measures, but rather provides the socio-demographic characteristics of each individual registered client accessing services at a particular centre.

The demographic information provided by this report includes:

- Date of Birth
- Sex
- Age
- Country of Birth
- Indigenous Status (Aboriginal or Torres Strait Islander)
- Service Type
- Venue Type
- Income Source
- Whether an interpreter is required

The information gathered from this report will be used to monitor broad trends in the characteristics of clients accessing services, as well as the delivery of services to specified target groups.

Workforce Development Report

Workforce development is an integral component of developing and improving the quality and effectiveness of a community health unit.

The information provided will be used to monitor the allocation and expenditure trends of workforce development funds.

The data items to be collected are:

- Sector wide activities
- Organisational development activities
- Leadership and management development
- Individual staff learning and training

This report is required only if agencies provide workforce development activity during the period under review.