

S2 Forms: Non-Admitted Patient Returns

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Reporting Requirements

S2 returns are used for reporting non-admitted patient services in acute hospitals. There are two exceptions, community health services funded by the Primary Health Program are reported on Forms C1–C6 and Home and Community Care (HACC) services are reported on Form H1.

A separate S2 return is completed according to the program source of funding from the Department. Programs that require S2 forms to be completed are shown below. *The Health Service Agreement for each hospital documents the services purchased and hence indicates which forms are to be completed.*

Program funding source	Code
▪ Acute Health Services	111
▪ Aged and Home Care	129
▪ Community Care	118
▪ Dental Health Services	127
▪ Mental Health Services	115
▪ Public Health	116
▪ Sub-Acute Services	305

Form 129/S2 Aged and Home Care is required for reporting Aged Care Assessment Services completed assessments. The administration of Aged and Home Care non-admitted programs previously reported on Form 129/S2 has transferred to other funding sources and activity should be reported according to the new funding arrangements.

Acute Health Services (Form 111/S2)

Complete Form 111/S2 for emergency, specialist outpatient and other acute non-admitted services funded by the Acute Health program.

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.

Aged and Home Care (Form 129/S2)

Form 129/S2 Aged and Home Care is required for reporting Aged Care Assessment Services completed assessments. The administration of aged and home care non-admitted programs previously reported on Form 129/S2 has transferred to other funding sources and activity for these programs should be reported according to the new funding arrangements.

Community Care (Form 118/S2)

Complete Form 118/S2 to report non-admitted services purchased by Community Care Program. Community Care purchases services for specialised hospitals (early parenting centres).

Dental Health Services (Form 127/S2)

Complete Form 127/S2 for reporting non-admitted services purchased by Dental Health Services.

Mental Health Services (Form 115/S2)

Complete Form 115/S2 to report community/non-admitted contacts and patient numbers for services purchased by Mental Health Services.

Public Health (Form 116/S2)

Complete Form 116/S2 to report non-admitted services purchased by Public Health, including AIDS/STD services, drug treatment services and koori liaison services.

Sub-Acute Services (Form 305/S2)

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

Return of Forms

Agencies are to submit data to the Department via the AIMS OnLine Entry System *within seven working days* following the end of each month. A tick in the *Completed* field indicates to the department that the form is complete with all validation rules satisfied and appropriate approvals for release obtained.

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 during the reporting year.

Definitions**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 not 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.

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

Acute Health Service Data Items (Form 111/S2)

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 that 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.

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.

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

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).

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.

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

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 that 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 Dental Health Services. These dental services should be reported on Form 127/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.

Other Services

There are two broad categories of 'other services'. The first type is to individual non-admitted patients that 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 of service is to non-admitted patients 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.

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

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, for item 13 of Form 111/S2, the hospital purchasing the service records the occasion of service.

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 HACC program should be reported on Form H1.

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.

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.

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

Sub-Acute Data Items (Form 305/S2)

Community Rehabilitation Clinic

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 and Home Care program on Form 129/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.

$$\text{CRC Places} = \text{no. full day attendances} + (\text{no. sessional attendances}/2) + (\text{no. single therapy attendances}/6)$$

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.

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

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

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.

Rehabilitation—Off Campus

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

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

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 HACC program should be reported in Form 129/H1.

Rehabilitation—Number of Group Sessions

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

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.

Palliative Care

Palliative Care—Off Campus

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.

Palliative Care—Other

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.

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.

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

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.

Continuum of Care Services—On Campus

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

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—Continence Clinic

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—CDAMS

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 for assessment and treatment of memory disorders are to be recorded here.

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

Outpatient—Falls and Mobility Clinic

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

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.

Outpatient—Other Sub-Acute Medical Services

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

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. Include home visits by a health professional for home based interim care program under this category.

Exclude those services provided under item 6 *Rehabilitation—Off Campus*.

Number of Group Sessions

This includes other sub-acute funded group sessions not included in 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 129	Aged and Home Care
Form S2	Monthly Return—Non-Admitted Patients

Aged and Home Care Data Items (Form 129/S2)

Aged Care Assessment Services (ACAS) Information

Form 129/S2 is to be completed for the reporting of ACAS completed assessments. The form is to be completed by the auspice agencies that 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

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

Completed Assessments—Total

Record the total number of 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 is a sub-set of total assessments completed for community-based clients.

ACAS Completed Assessments—Admitted Patients

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—Total

Record the total number of 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.

Dental Health Data Items (Form 127/S2)

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 Services should be reported on Form 111/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 Services should be reported on Form 111/S2.

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Mental Health Data Items (Form 115/S2)

The Mental Health community services return collects information based on service and program type. Collecting information along the lines of adult, aged, child and adolescent and general/specialist services and their program types provides consistency with other mental health data collections and reflects a more contemporary view of the service system.

The revised S2 format reflects the same categories as reported in the Mental Health Employment (E2) form. It assists the matching of ambulatory community activity with effective full time (EFT) positions and will assist both service providers and Mental Health Branch in monitoring and planning for service development. Note that the E2 form also incorporates and caters for bed based services such as inpatient and residential which is outside the scope for this collection.

Guidelines for regrouping community services data from the Client Management Information (CMI) system into the AIMS S2 categories are included in these guidelines. A separate document summarising the mapping of data from the CMI to AIMS categories is also loaded on the AIMS Manual website.

Definitions

Contacts

Contact details should be recorded each time that an occasion of service occurs in relation to a client. Contacts may occur through registered clients of the campus, unregistered clients or another agency that provides resources to the client.

A contact is a single occasion of service for each client who is a recipient of that service. An occasion of service occurs where there is a purposeful involvement between a staff member and a client, family, couple or parent or another agency. 'Purposeful involvement' implies at least some detailed discussion of the case or issue advice given. A contact to make or change an appointment or to collect medication would *not* constitute a service. Some level of judgment is clearly necessary on the part of the clinical worker in the decision to complete a contact form following contact with a client.

The occasion of service definition has several implications for clinical staff in the recording of contacts. For example, a single contact may be made by several staff members of an agency and may be provided to several people at once. The occasion of service can be of variable duration, can have different purposes and may involve a single visit by a client to a clinic.

While the term 'client' in most instances refers to a registered client receiving treatment or care from a public mental health service, the CMI extends the concept of 'client' to also cover unregistered clients and persons or organisations in receipt of public sector community based psychiatric services. Services provided to people or groups in these categories should also be recorded in the CMI.

In understanding the types of activities that are included as contacts, it is equally important for agencies to understand the types of activities that are for local planning activities only and should not be included with contact information transmitted to the Department. In general, recording of 'contacts' is limited to the 'outputs' of an agency, or the services that an agency provides to the community. Considerable work may be needed on an hourly basis to enable services to be delivered successfully, but this 'process' activity should only be regarded as non-reportable

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contacts. It is important to remember that the system is designed to record all work performed and all activities undertaken by workers employed by the Campus. It is not necessary to record incidental social contact.

Examples of the types of activities that should be recorded as *non-reportable contacts* include: case conferences in the agency; clinical supervision; training sessions provided in the agency; clinically-related administrative work such as record keeping, correspondence and reports; professional conferences attended by agency staff; and other similar 'process' type activities.

Day Program services

Clients who attend the day program of a centre should have one contact recorded for that attendance and not multiple contacts for each activity. Thus, the maximum number of contacts per day is one, with the duration of contact used to monitor the length of a client's participation. This does not include other types of contact that the client may have at the campus (for example, medical appointments, consultation with case manager, etc.) which should be recorded as separate contacts).

General Instructions for Recording Contacts

Recording a contact is the responsibility of the clinical member of staff. Ideally, contacts should be recorded on a daily basis either by completing the relevant form and returning it to the administrative person responsible for entering the data into the CMI, or by direct entry into the CMI.

Where more than one staff member is involved in providing a contact (for example, home visits, joint assessments) *only one contact should be recorded*. A special field is included to indicate the number of service providers involved in the contact.

Contact Types

Registered Client (A)

Contact type A refers to clients formally registered at the agency and allocated a statewide unit record (UR) number. Such persons are registered because it is anticipated, following initial contact that ongoing services will be provided to them. Contacts provided to registered clients or on behalf of clients (for example, to family members) make up the majority of contacts provided by public sector psychiatric agencies.

Unregistered Client (B)

Contact type B refers to situations where services are provided to clients who are not currently registered with the campus. A client can be a registered client at one campus and an unregistered client at another campus. In most cases, these clients are those to whom typically a once-off service is provided. Such a service may occur, for example, during intake duties where there may be some detailed assessment and discussion of the person and/or advice given regarding a more appropriate referral. This contact type also covers purposeful or significant telephone contact with persons who wish to remain anonymous or who, following some detailed discussion, are referred to another agency or assessed as not in need of further assistance. No registration occurs and no statewide UR number is allocated.

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Community Contact (C)

Community centred contacts refer to those contacts provided by a public psychiatric agency to community organisations or service providers working in non-mental health settings and including non-government agencies. These contacts can include primary, secondary and tertiary consultations as well as a range of community development and promotional activities. The focus of the contact is the other service provider or agency rather than the individual client or client group.

Non-reportable Contact (D)

Intra-agency contacts refer to those non-reportable contacts that occur at a public mental health setting at a local level. This includes contacts in relation to clients between centres in the same AMHS and can also be used to record traveling times and other time and motion information. This information should not be included with contact information transmitted to the Department.

Case Contact (E)

This is a system driven category of a special subset of a registered client contact where the client is currently in a period of case management.

Direct Contacts

Face-to-face contacts with non-admitted clients, client group or client with family encounters, occurring during the month for which the return is prepared.

Direct Contacts are recorded on RAPID as:

- Contact Types A *Registered Clients* and E *Case Contacts*, and
- Service Medium 1 *Direct*, and
- Service Recipient codes 1 *Client Only*, 3 *Client and Family*, 4 *Client and Others*, and 5 *Client, Family and Others*.

Other Contacts

Other contacts include all other recorded contacts for the reporting period. It includes contacts with family, phone contacts with clients or other people involved in the client's services such as a phone contact with the client's general practitioner. It also includes unregistered contacts that did not progress to a client registration.

It excludes non-reportable contacts.

Note: The sum of all direct and other contacts should equal the sum of all unregistered, registered, case and community centred contacts recorded for the agency in the reporting period, excluding non-reportable contacts.

Program Type codes

Community contacts are reported on the CMI system under Program Class code C *Community*. All valid community Program Type codes commence with the character C and are shown on the table below. Information on grouping the CMI community data into the AIMS S2_115 categories are included in the guidelines below.

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Valid CMI Community Program Type codes

Code	Description
CA1	Community CATT—Child & Adolescent
CA2	Community CATT—Adult
CA3	Community CATT—Aged Persons
CC1	Community CAMHS
CC2	Community Continuing Care—Adult
CC3	Community PGAT
CD1	Community Intake Duty—Child & Adolescent
CD2	Community Intake Duty—Adult
CD3	Community Intake Duty—Aged Persons
CE1	Community Emergency—Child & Adolescent
CE2	Community Emergency—Adult
CE3	Community Emergency—Aged Persons
CH1	Community Hospital Outpatient—Child & Adolescent
CH2	Community Hospital Outpatient—Adult
CH3	Community Hospital Outpatient—Aged Persons
CL1	Community Consultation and Liaison—Child & Adolescent
CL2	Community Consultation and Liaison—Adult
CL3	Community Consultation and Liaison—Aged Persons
CM1	Community Mobile Intensive—Child & Adolescent
CM2	Community Mobile Intensive—Adult
CM3	Community Mobile Intensive—Aged Persons
CP2	Community Primary Mental Health Team—Adult
CR1	Community Day Program—Child & Adolescent
CR2	Community Day Program—Adult
CR3	Community Day Program—Aged persons
CS2	Community Dual Diagnosis—Adult

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Service Settings

The service setting identifies the type of program delivered by the mental health service such as adult mobile support services, aged persons assessment and treatment service (APATT) or primary mental health teams. Programs are broken down into groupings of adult, child and adolescent, aged persons and generic services for ease of use. Record contacts according to the program delivering the service.

Adult Mental Health Services

Adult Mental Health Services assess, treat and support people aged sixteen to sixty-five years of age with serious mental illness. Services include community mental health centres, crisis assessment and treatment services, mobile support and treatment services and non-government psychiatric disability support services.

Adult Crisis Assessment and Treatment (CAT) Service

A component of an area mental health service available 24 hours a day to provide community-based assessment and treatment for people experiencing psychiatric crisis. CAT services aim to prevent unnecessary hospitalisation by providing treatment in the person's own environment, such as in their home. The CAT service is responsible for screening all people who appear appropriate for psychiatric inpatient treatment in order to determine whether the psychiatric inpatient service is the most appropriate environment for them to receive treatment.

Adult CAT services are recorded on the CMI as Program Type CA2. Where the CAT team provides emergency psychiatric services, include program type CE2 *Community Emergency—Adult*.

Adult Mobile Support and Treatment Service (MSTS)

A multidisciplinary, community based mental health service that supports and treats clients who have experienced many psychiatric crises, have associated psychiatric disability and are at risk of readmission to hospital without this support.

Adult MSTS activity is recorded on the CMI as Program Type CM2.

Adult Continuing Care Team (CCT)

Multi-discipline teams of medical, nursing or allied health professionals providing community based services such as assessment and case management for adult client/patients.

Adult CCT services are recorded on the CMI with Program Type codes CC2 *Community Continuing Care—Adult*, CD2 *Community Intake Duty—Adult* and CH2 *Community Hospital Outpatient—Adult*.

Integrated Community Services

Integrated Community Services are able to deliver a range of community based mental health services covering crisis assessment and treatment services, continuing care services, and mobile support and treatment services.

The CMI does not have a category for Adult Integrated Community Services. Activity will need to be recorded in the CMI by the program team providing the individual service. Where a hospital has a recognised Adult Integrated Community Service program, record activity on the AIMS form as the integrated program in item 4, otherwise record activity under individual program teams.

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Adult Other Community Services

Include contacts for adult clients who attend the day program of a centre. Clients who attend the day program should have one contact recorded for that attendance and not multiple contacts for each activity. Thus, the maximum number of contacts per day is one with the duration of contact used to monitor the length of client's participation.

Include CMI Program Type code CR2 *Community Day Program—Adult*.

Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services assess and treat children and adolescents up to eighteen years of age who have a serious mental disturbance or who are known to be at risk of such disturbance.

Child and Adolescent Community Assessment & Treatment Team

Multi-discipline teams of medical, nursing or allied health professionals providing community based services such as assessment and case management for child and adolescent client/patients.

Include CMI Program Type codes CA1 *Community CATT—Child & Adolescent*, CC1 *Community CAMHS*, CD1 *Community Intake Duty—Child & Adolescent* and CH1 *Community Hospital Outpatient—Child & Adolescent*. Where the child and adolescent community assessment and treatment team provides emergency psychiatric services, include program type CE1 *Community Emergency—Child & Adolescent*.

Child and Adolescent Psychiatric Intensive Case Management

Case management is a process that aims to ensure the client receives the best possible treatment and support through the identification of needs, planning individual goals and strategies and linking to appropriate services to meet these needs.

Include CMI Program Type code CM1 *Community Mobile Intensive—Child & Adolescent*.

Child and Adolescent Other Programs

Include contacts for child and adolescent clients who attend the day program of a centre. Clients who attend the day program should have one contact recorded for that attendance and not multiple contacts for each activity. Thus, the maximum number of contacts per day is one with the duration of contact used to monitor the length of client's participation.

Include CMI Program Type code CR1 *Community Day Program—Child & Adolescent*.

Aged Persons Mental Health Services

Aged Persons Mental Health Services assess and treat older people aged sixty-five and over with serious mental illness. Services include psychogeriatric assessment and treatment services.

Psychogeriatric Assessment and Treatment Services (APATT/PGAT)

Specialist community mental health services that provide assessment, treatment and support for people aged sixty-five and over, who have a mental illness.

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Include CMI Program Type codes CA3 *Community CATT—Aged Persons*, CC3 *Community PGAT*, CD3 *Community Intake Duty—Aged Persons*, CH3 *Community Hospital Outpatient—Aged Persons* and CM3 *Community Mobile Intensive—Aged Persons*.

Aged Persons Mental Health Service Other Programs

Include contacts for aged clients who attend the day program of a centre. Clients who attend the day program should have one contact recorded for that attendance and not multiple contacts for each activity. Thus, the maximum number of contacts per day is one with the duration of contact used to monitor the length of client's participation.

Include CMI Program Type code CR3 *Community Day Program—Aged Persons*.

Generic Services

Emergency Psychiatric Service

Services provided to patients/clients in the hospital's emergency department, typically by specialist ECAT teams. This can include patients treated in emergency department before admission.

Include CMI Program Type codes CE1 *Community Emergency—Child & Adolescent*, CE2 *Community Emergency—Adult* and CE3 *Community Emergency—Aged Persons*.

Consultation and Liaison

Consultation and Liaison psychiatry is the diagnosis, treatment and prevention of psychiatric morbidity among physically ill patients who are patients of an acute general hospital. This activity includes the provision of psychiatric assessment, consultation, liaison and education services to non-psychiatric health professionals and their clients/patients.

Include CMI Program Type codes CL1 *Community Consultation and Liaison—Child & Adolescent*, CL2 *Community Consultation and Liaison—Adult* and CL3 *Community Consultation and Liaison—Aged Persons*.

Primary Mental Health Team

These services provide consultation, liaison, education and training to primary health services that treat and support people with high prevalence disorders, especially depression and anxiety. They also support primary health services in the identification of emerging mental health disorders in their clients. The primary mental health team may also provide short-term treatment and assessment.

Include CMI Program Type code CP2 *Community Primary Mental Health Team—Adult*.

Dual Diagnosis Team

These services provide training, education and consultation to agencies delivering mental health or drug and alcohol services to improve the health outcomes of people with a mental illness and substance abuse issues.

Include CMI Program Type code CS2 *Community Dual Diagnosis—Adult*.

Other—Community Services

Other community contacts not specified above.

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Where contacts are found in the CMI with non-community codes, they have been mapped to item 18 *Other—Community Services*. Codes commencing with program type codes other than 'C' (i.e. bed based programs) should be recoded to the appropriate community program.

Number of Clients/Patients

Count all active clients with at least one recorded activity during the reporting period. An active client is a registered client who has at least one recorded contact during the reporting period. This can include case-managed clients. Open cases without a recorded activity are not included.

Each client must only be counted once, regardless of the number of contacts a client receives or the number of service settings (see below) utilized.

New Clients/Patients

The number of referrals accepted by the agency after initial assessment. This is calculated as the number of new registered clients and returning clients with a new referral.

Clients/Patients Leaving the Agency

The number of clients with a status of 'case closed' entered during the reporting period and who are deemed to have left the agency during the reporting period. This is typically an active clinical decision to finalise involvement or referral to another agency, such as a general practitioner.

Public Health Data Items (Form 116/S2)

AIDS/STD Services

AIDS/STD Clinics Individual Sessions

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

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.

Koori Liaison Services

Koori Liaison Services—Individual Services On-Campus

Occasions of service provided on a one-to-one basis by a koori liaison officer to non-admitted patients or clients on the hospital site.

Services provided to admitted patients should not be included.

Koori Liaison Services—Individual Services Off-Campus

Occasions of service provided on a one-to-one basis by a koori liaison officer to non-admitted patients or clients from an off-site venue.

Koori Liaison Services—Group Services On-Campus

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

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Koori Liaison Services—Group Services Off-Campus

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.

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 Pharmacy

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 (that is, 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.

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

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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 counselling, consultancy and continuing care.

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 can 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

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 can 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 on Form 116/S2.

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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.

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Community Care Data Items (Form 118/S2)

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 and 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 and 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 and 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.

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 and Ambulatory Paediatrics.

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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.