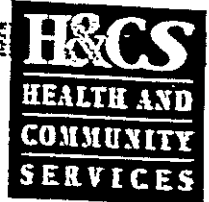


Circular



Circular No: 40/1993

Contact:

Regional Office

Date: 16/8/1993

Distribution:

Public Hospitals

Subject: Program 308 Aged Care Reporting Requirements, Definitions and Forms

Purpose

The purpose of this Circular is to clarify the reporting requirements, definitions and forms for services provided under the auspices of Program 308 Aged Care.

Background

The Circular has been prepared as an enhancement to Circular 18/1993: "Implementation of Definitional and Reporting Changes from 1 July 1993" released in May 1993. It aims to provide agencies with an understanding of the overall Aged Care Program reporting requirements and to familiarise hospitals with the data requirements and definitions on specific forms.

The revised monthly returns for Program 308 Aged Care services are:

- Form 308/S1 Admitted Patients - Acute Units
- Form 308/S2 Non-Admitted Patients
- Form 308/S4 Admitted Patients - By Streams of Care in Acute Units
- Form 308/S5 Nursing Homes and Hostels

Form 308/S1: Admitted Patient - Acute Units

This form has been developed in accordance with the reporting requirements of the 1993 Medicare Agreement. The form is to be completed for all patients admitted to acute geriatric inpatient services. It does not refer to patients who are resident in hostels, nursing homes or nursing home sections of Geriatric Centres.

The definitions applying to this form were contained in the document "Definitions for Hospitals in Victoria" distributed with Circular 18/1993.

Emphasis will be placed on ensuring the accuracy of data provided to the Department. Hospitals should ensure their own software supplier incorporates as much editing as possible at data input and that aggregate data provided on this return reconciles with patient-level data transmitted to the Victorian Inpatient Minimum Database.

Form 308/S2: Non-Admitted Patients

This form also complies with the reporting requirements under the 1993 Medicare Agreement. Full instructions and definitions have been distributed to hospitals with copies of the form. It is important for hospitals to report only those *public hospital non-admitted services* funded by Program 308 Aged Care. The Health Service Agreement should be used as a reference of the exact services funded, whether Day Hospital, Day Centre or domiciliary nursing. Existing reporting requirements continue to apply for the HACC Program therefore agencies should report HACC data on the appropriate forms. During 1993/94 the Department will work towards improving the consistency of reporting for the two sources of funding.

Form 308/S4: Admitted Patients By Streams of Care

This form is to be completed for exactly the same acute inpatient services that are reported on Form 308/S1. This second form provides information on the streams of care provided, whereas Form S1 provides data on patient account classification and same day status. Accordingly the bottom-line data for Separations and Bed Days should reconcile across the two forms.

The definitions applying to this form are as stated in the Hospital Conditions of Funding 1993/94 and reprinted in Attachment 1.

Form 308/S5: Nursing Homes and Hostels

This form is designed to report summary information on nursing homes and hostels. Nursing home data must be provided in accord with the homes' Commonwealth classification. The "S" class homes receiving CAM:modified SAM funding, and the "G" homes receiving "frozen" benefits, must record data in the appropriate section of the pro-forma. The definitions associated with the pro-forma will be distributed to Regions as part of the instructions for completing the forms.

Data Collection

Multiple copies of Forms 308/S1 and 308/S2 and detailed instructions for completion have been distributed to hospitals by Regional Offices. Multiple copies of Forms 308/S4 and 308/S5 and detailed instructions will be forwarded to hospitals as soon as they are printed.

The Department is developing a system to be known as the Agency Information Management System (AIMS) which will provide computerised input mechanisms at the hospital level to make more efficient data entry and data transfer of public hospital reporting requirements between agencies and the Department. A pilot system is to be trialled in one Region later this year.

A standard manual to be known as the 'Agency Information Management System Manual' will also be distributed incorporating standard definitions and reporting requirements across each Program source of funding.



S J DUCKETT
DIRECTOR
ACUTE HEALTH SERVICES



ANDREJS ZAMURS
DEPUTY SECRETARY
DIVISION OF AGED CARE

Standard Definitions for Acute Geriatric Inpatient Services

Acute Medical

Acute medical care is defined as the provision of diagnosis of and treatment for an acute health episode.

Rehabilitation

Rehabilitation may be defined as the process of restoring or maintaining a disabled person to enable him/her to attain their fullest physical, mental and social capability through the combined and coordinated use of medical, physical, educational and vocational measures so as to achieve optimum functional independence. Within the context of inpatient rehabilitation services, inpatient rehabilitation is reserved, with few exceptions, for those patients who are recovering from an acute illness or injury, for whom there is a reasonable expectation of improvement of function during the inpatient episode.

- (a) **Approved Acute Rehabilitation (HBC Accredited Services)**
Those services accredited by the Health Benefits' Council.
- (b) **Other Acute Rehabilitation**
Those rehabilitation services not covered by Acute Rehabilitation (HBC Accredited Services). It includes those nursing home services approved for transfer from 1 July 1993 and reclassified as acute rehabilitation.
- (c) **Palliative Care Acute Beds**
Inpatient Palliative Care Services focus on the needs of patients with terminal illness who have very limited life expectancy.
- (d) **Evaluation and Management: Assessment/Post Acute/Emergency Respite**
A multi-disciplinary process intended to determine a frail elderly person's medical, social and functional capabilities and limitations in order to develop an overall plan for treatment, management or long term follow-up.

Geriatric assessment programs provide treatment and psychosocial interventions (including emergency respite) aimed at producing the best possible health, functional and social outcomes for the patients and their families.
- (e) **Interim Care: Nursing Home Type/Booked Respite/Awaiting Placement**
Interim care may be defined as a program for maintaining current levels of functional independence in patients admitted for elective (booked) respite or awaiting transfer to permanent residential care.

Nursing Home Type care is as defined in the Acute Inpatient Program 306 guidelines and PRS/PRS 2 classifications.

AGED CARE PROGRAM: ADMITTED PATIENTS
PUBLIC HOSPITAL MONTHLY RETURN
FUNDING PROGRAM 308 — ACUTE SERVICES

308 S1

This form should be used to report data for patients admitted to Acute Services funded by Aged Care Program 308. Refer to the Agency Information Management System Manual for instructions on completing this form. The form should be completed at the end of each month and forwarded within **7 working days** to the Regional Director. Submission of this form by the due date is a condition of funding for the hospital.

Hospital _____	Hospital Code _____	Month _____	Year _____	
	YTD Advised for Previous Month (A)	Adjusted YTD for Previous Month (B)	Current Month (C)	YTD Current Month (D=B+C) (D)
SEPARATIONS (INCLUDES SAME DAY)				
ACUTE 1 Public-Acute				
2 Private-Acute				
3 Compensable-Acute				
4 Ineligible-Acute				
5 Sub Total (=1+2+3+4)				
NON-ACUTE 6 Public NHT-NHS				
7 Public NHT-Non NHS				
8 Private NHT-NHS				
9 Private NHT-Non NHS				
10 Compensable-Non-Acute				
11 Ineligible-Non-Acute				
12 Sub Total (=6+7+8+9+10+11)				
13 TOTAL (=5+12)				
BED DAYS (INCLUDES SAME DAY)				
ACUTE 14 Public-Acute				
15 Private-Acute				
16 Compensable-Acute				
17 Ineligible-Acute				
18 Sub Total (=14+15+16+17)				
NON-ACUTE 19 Public NHT-NHS				
20 Public NHT-Non NHS				
21 Private NHT-NHS				
22 Private NHT-Non NHS				
23 Compensable-Non-Acute				
24 Ineligible-Non-Acute				
25 Sub Total (=19+20+21+22+23+24)				
26 TOTAL (=18+25)				
SAME DAY SEPARATIONS				
27 Public-Same Day				
28 Private-Same Day				
29 Compensable-Same Day				
30 Ineligible-Same Day				
31 TOTAL (=27+28+29+30)				
32 Average Available Beds for the month _____				
33 Reconciliation has been completed between 'Adjusted YTD for Previous Month' (Column B) and the PRS/PRS2 System and all necessary action taken (tick one). <input type="checkbox"/> Yes <input type="checkbox"/> No				
SIGNED (CHIEF EXECUTIVE OFFICER) :			DATE :	

AGED CARE PROGRAM: NON-ADMITTED PATIENTS
PUBLIC HOSPITAL MONTHLY RETURN
FUNDING PROGRAM 308

308/52

This form should be used to report data for non-admitted patients receiving services funded by Aged Care Program 308. Refer to the Agency Information Management System Manual for instructions on completing this form. The form should be completed at the end of each month and forwarded within **7 working days** to the Regional Director. Submission of this form by the due date is a condition of funding for the hospital.

Hospital _____		Hospital Code _____		Month _____	Year _____
TYPE OF SERVICE			OCCASIONS OF SERVICE		
			Current Month (A)	YTD Current Month (B)	
EMERGENCY MEDICAL TREATMENT					
1	Emergency medical treatment				
OUTPATIENT SERVICES:					
2	Medical/Surgical Clinics				
3	Pathology				
4	Radiology & Organ Imaging				
5	Radiotherapy				
6	Pharmacy				
7	Allied Health				
8	Psychiatric				
9	Alcohol & Drug				
10	Dental				
11	Sub Total (=2+3+4+5+6+7+8+9+10)				
OTHER SERVICES:					
12	Community Health				
13	Day Hospital				
14	Day Centre				
15	Off Campus Health Professional Services — District Nursing				
16	Other Off Campus Health Professional Services				
17	Off Campus Non-Medical & Social Support Services				
18	Other Services to Individual Non-Admitted Patients				
19	Number of Group Sessions				
20	Sub Total (=12+13+14+15+16+17+18+19)				
21	Grand Total (=1+11+20)				
<p>SIGNED (CHIEF EXECUTIVE OFFICER) : _____ DATE : _____</p>					

AGED CARE PROGRAM: ADMITTED PATIENTS BY PUBLIC HOSPITAL MONTHLY RETURN FUNDING PROGRAM 308 - ACUTE SERVICES

This form should be used to report data for patients admitted to Acute Services funded reconcile with the data reported in Form 308/S1. Refer to the Agency Information Manual. The form should be completed at the end of each month and forwarded within 7 working date is a condition of funding for the hospital.

Hospital _____		Hospital Code _____
		YTD Advised for Previous Month A
SEPARATIONS		
1	Acute Medical	
2	Approved Acute Rehabilitation Unit	
3	Other Acute Rehabilitation	
4	Interim Care: NHT/Booked Respite/Awaiting Placement	
5	Palliative Care in Acute Beds	
6	Evaluation and Management: Assessment / Post-Acute / Emergency Respite	
7	Other: Acute Psychogeriatric/Other	
8	TOTAL (=1+2+3+4+5+6+7)	
BED DAYS		
9	Acute Medical	
10	Approved Acute Rehabilitation Unit	
11	Other Acute Rehabilitation	
12	Interim Care: NHT/Booked Respite/Awaiting Placement	
13	Palliative Care in Acute Beds	
14	Evaluation and Management: Assessment / Post-Acute / Emergency Respite	
15	Other: Acute Psychogeriatric/Other	
16	TOTAL (=9+10+11+12+13+14+15)	
17	Data reported in Line 8 Total Separations reconciles with data reported in Line 13 Total Separations	
18	Data reported in Line 16 Total Bed Days reconciles with data reported in Line 26 Total Bed Days	

SIGNED (CHIEF EXECUTIVE OFFICER)



AGED CARE PROGRAM: RESIDENTIAL SERVICES

PUBLIC HOSPITAL MONTHLY RETURN
FUNDING PROGRAM 308 - NURSING HOMES AND HOSTELS

308 S5

This form should be used to report data for residents of nursing homes and hostels funded by Aged Care Program 308. Refer to the Agency Information Management System Manual for instructions on completing this form. The form should be completed at the end of each month and forwarded within **7 working days** to the Regional Director. Submission of this form by the due date is a condition of funding for the hospital.

Hospital _____	Hospital Code _____	Month _____	Year _____	
	YTD Advised for Previous Month A	Adjusted YTD for Previous Month B	Current Month C	YTD Current Month D
NURSING HOME ON FROZEN BENEFITS: BED DAYS				
1 Long Term Nursing & Personal Care				
2 Respite Care				
3 TOTAL BED DAYS (=1+2)				
HOSTELS / BED DAYS BY PCI CATEGORY				
4 PCI Category 1				
5 PCI Category 2				
6 PCI Category 3				
7 Respite Care				
8 TOTAL PCI BED DAYS (=4+5+6+7)				
CAM: SAM NURSING HOMES / BED DAYS BY RCI CATEGORY				
9 RCI Category 1				
10 RCI Category 2				
11 RCI Category 3				
12 RCI Category 4				
13 RCI Category 5				
14 Interim RCI Category				
15 TOTAL RCI BED DAYS (=9+10+11+12+13+14)				
16 TOTAL RESPITE CARE BED DAYS				
NURSING AND PERSONAL CARE HOURS OF CARE				
17 Actual Hours Worked By Staff on Duty				
RESIDENTS AS AT LAST DAY OF MONTH BY RCI CATEGORY		Residents as at last day		
18 RCI Category 1				
19 RCI Category 2				
20 RCI Category 3				
21 RCI Category 4				
22 RCI Category 5				
23 Interim RCI Category				
24 TOTAL (=18+19+20+21+22+23)				

SIGNED (CHIEF EXECUTIVE OFFICER)

DATE: