

**Distribution:** Public Hospitals  
Private Hospitals  
Day Procedure Centres  
Psychiatric Services  
PRS/2 Interface Software Suppliers

**Subject:** AIMS Statistical Reporting Changes from 1 July 1995

**Purpose:** The purpose of this Circular is to provide details of data item changes associated with the Agency Information Management System (AIMS).

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### **Background**

The Agency Information Management System summarises aggregate statistical and financial reporting requirements associated with public hospital Health Service Agreements including aggregate statistical reporting requirements for private hospitals and day procedure centres.

### **Data Collection for Public Hospitals**

From 1 July 1995, the format for public hospital statistical returns will change with only *current month* data to be submitted for each data item on the AIMS forms. Year-to-date data will no longer be collected from public hospitals and will be derived from the AIMS system.

AIMS Forms must be resubmitted to the Department upon a change, including reclassifications, to any of the data items previously submitted to the Department. A full return for the month in question is to be resubmitted.

For example, if an error were to be detected in July data whilst preparing the October data, the Agency would provide the full set of data for October, plus the full data return for July adjusted to correct the error. The data for the intervening months of August and September need only be provided if there is an associated correction to be made to these months' data.

The 1995/96 version of AIMS statistical returns for public hospitals will incorporate the above change and all year-to-date columns will be removed leaving one set of figures to be completed for the 'Current Month'. Other data item changes to existing forms and reasons for the changes are documented in Attachment 1.

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A new return will commence from 1 July 1995 for hospitals which receive specified grants for costs incurred in organ transplants and services to people on total parenteral nutrition and home oxygen programs. Further information on this new return *Acute Health Services Program Form 306/S7: Specified Grants* is provided in Attachment 2.

New AIMS statistical returns including definition changes will be provided to agencies in July 1995 with the release of the AIMS Public Hospital User Manual, Version 3.0.

### **Definitions**

The document *Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1.7.1995* distributed to all hospitals and PRS/2 software suppliers during April 1995 provides a comprehensive explanation of definition changes to apply in Victorian hospitals from 1 July 1995.

These definition changes apply to all AIMS statistical returns and will be incorporated in the AIMS Public Hospital User Manual, Version 3.0 for July 1995 and the Private Hospital Quarterly Returns Manual.

Public hospitals are reminded that 'unqualified' newborns are *not* reported on any statistical returns to the Department. Unqualified newborns are *not* admitted patients and do *not* accrue patient days for the period during which they are unqualified; nor are they boarders or non-admitted patients.

### **Reconciliation of AIMS and VIMD data**

Emphasis will continue to be placed on ensuring the accuracy of data provided to the Department, and hospitals should ensure that their own software supplier incorporates as much editing as possible of input data.

Although PRS/2 is unable to replicate the new public hospital AIMS reporting format, the PRS/2 report which replicates the current AIMS Form S1 will continue to provide current month and year-to-date feedback to hospitals. Therefore no changes will be made to the reconciliation processes between AIMS Forms S1 (public hospitals), P1 (private hospitals) and the VIMD. Hospitals are reminded of the critical importance of ensuring consistency between the aggregate and patient-level data.

### **Psychiatric Services Reporting**

All psychiatric services funded through Program 307 are required to provide AIMS data using reports produced by the PRISM computer system. Where some service components within an agency are not yet reporting through the PRISM system, activity statistics should be manually added to PRISM produced data for AIMS reports.

### **Private Hospital Quarterly Returns AIMS Form P1 for 1995/96**

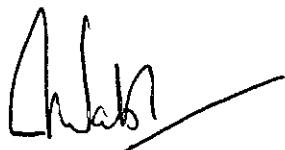
No changes will be made to AIMS Form P1: the data items and current method of collection using the existing paper returns will remain unchanged. A revised set of instructions for completion of this form, which will incorporate the latest hospital definitional changes, will be distributed in July 1995.

## **Enquiries**

Hospitals should contact their Regional Office for any general enquiries relating to this Circular.

*Please forward a copy of this advice as soon as possible to relevant personnel, including:*

- Information Systems Manager*
- Chief Medical Record Administrator*
- Officer responsible for AIMS data collection*
- Officer responsible for PRS or PRS/2 data reconciliation or PRISM supervisor*



**DR MICHAEL WALSH**  
**DIRECTOR**  
**ACUTE HEALTH SERVICES**

## ***Revised Data Items***

### **Agency Level Form A1: Public Hospital Registration Details**

This form will be expanded to identify the types of admitted patient specialty units and non-admitted patient services offered by the agency.

### **Form S1: Admitted Patients Return: All Programs**

As a result of definition changes specified in the document Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1.7.1995 the phrase *patient days* will replace the phrase *bed days*.

In addition, wording of the reconciliation question will be changed to:

*Reconciliation has been completed between the PRS/PRS2 Systems and the hospital's aggregate YTD totals for the month prior to Current Month.*

### **Psychiatric Services Program Form 307/S2: Psychiatric Community Services Program**

This form is required to be changed to include services delivered by Mobile Support and Treatment Services. This is reflected by the addition of two new items under the category of Community Based Services:

- *Mobile Support & Treatment – centre based, and*
- *Mobile Support & Treatment – non-centre based services.*

In addition the labels for two services have been changed:

- *Crisis Assessment & Treatment Services* replaces Community Assessment & Treatment Services, and
- *Continuing Care – Clinical Consulting* replaces Community Based Programs.

### **Psychiatric Services Form 307/S5: Non Acute Admitted Patient & Residential Client**

The term *Community Care Unit* is now being used in place of Community Residential Facility and the form will be modified with the revised wording.

The phrase *patient days* will replace the term *bed days*.

Separation and patient day data are collected for 'other admitted patients' that are not classified as acute for the purpose of the 307/S1 report and are not reported through lines 1 to 5 on Form 307/S5. Under *Average Available Beds for Month* there is no total for 'Other Beds', therefore a new line will be added to report:

*Average Available Beds for Month – Other Non-Acute Beds.*

### **Aged Care Program Form 308/S2: Non-Admitted Patients**

The structure of reporting data items for *Outpatient Services* and *Other Services* will change and includes an expansion of the data items *Day Centre*, *Day Hospital* and *Allied Health* which will be required to report services under two new headings of 'Rehabilitation' and 'Other'. For example, *Day Centre – Rehabilitation* and *Day Centre – Other*.

Reporting of *Off Campus - Aged Care Assessment Team (ACAT)* will cease. All ACAT services will be reported as completed assessments (items 5.1 and 5.2).

**Aged Care Program Form 308/S4: Admitted Patients by Streams of Care**

As a result of definition changes specified in the document Final Revisions to PRS/2 and the Victorian Inpatient Minimum Database for 1.7.95 the phrase *patient days* will replace the phrase *bed days*.

**Aged Care Program Form 308/S5: Residential Services**

Two categories will be deleted from this form. They are the *Nursing and Personal Care Hours of Care* (item 12) and *Nursing Home on Frozen Benefits* group (items 13, 14 and 15).

The phrase *patient days* will replace the term *bed days*.

**Primary Care Program Form 320/S2: Non-Admitted Patients**

Reporting of non-admitted services will be structured under the major groupings of Dental Services, Community Health, Early Parenting Centres and Other Services with new data items to be collected for Community Health and Early Parenting Centres.

*Community Health* will be split into three new sub-categories:

- community allied health,
- counselling services, and
- information services (including health education).

*Early Parenting Centres* will report the Day Stay Program as either on-campus or off-campus and will report services for the in-home program as a new data item.

**Public Health Program Form 321/S2: Non-Admitted Patients**

Reporting of non-admitted services will be structured under the major groupings of Alcohol and Drug, AIDS/STD and Koori Liaison services. New data items will be collected for AIDS/STD and Koori Liaison services.

*AIDS/STD Service* will commence reporting services as individual or group sessions.

*Koori Liaison Service* will report services as individual or group sessions and in addition identify whether the service was provided on-campus or off-campus.

## ***New AIMS Form***

### **Acute Health Services Program Form 306/S7: Specified Grants**

This new form will be used to record patient related activities for specified grants. The mechanism of calculating actual payments will be advised during July 1995.

For 1995/96, organ transplants, total parenteral nutrition and home oxygen supply will form the basis of data to be collected for this form. The unit of measure will be the *number of patients* receiving services, not the number of services provided during the month.

*Organ transplant* details required include liver, heart, and lungs harvested from a donor and successfully transplanted to a recipient.

*Total Parenteral Nutrition*(TPN) is the intravenous administration of nutrients sufficient to meet the patient's protein, energy, electrolyte and vitamin requirements through a sterile intravenous solution appropriate to the patient's needs. TPN is intended to meet a patient's full nutrient requirement and is only indicated when patients cannot feed themselves enterally<sup>1</sup>.

TPN can be utilised as a short or long term solution to nutritional requirements for a patient. The short term need is often related to trauma or premature birth and is managed in the hospital setting. Those requiring long term feeding by such means include patients with neurological and muscle conditions such as Guillian-Barre syndrome, AIDS patients, and cystic fibrosis patients. Oncology patients may also be candidates for longer term TPN.

*Home oxygen* is the provision of compressed oxygen cylinders to patients in their home, to assist with some breathing related conditions.

Further details on this particular grant will be available during July 1995.

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<sup>1</sup> *Enteral nutrition* is giving nutrition to the gastrointestinal tract in a method that does not involve eating or drinking. This can be either by a tube inserted via the nose or a tube is inserted directly into the stomach. It is distinguished from TPN which is the giving of nutrition into the blood stream.