



Guide to the OSR Online Form in the Health Data Portal

Section/Tab 1- Organisation Profile

Physical Location

Physical Location 		 Update Address
Address Line 1	123 Fake Street	
Address Line 2		
Suburb	New South Wales	
State		
Post Code	2000	

PURPOSE: This information ensures that the Department of Health and the AIHW have up-to-date location and contact information for all organisations. The information is also used to assign remoteness categories to health services, which may have a bearing on funding levels.

The information in this form is populated from your organisation's profile in the Health Data Portal. If the location information is incorrect, you can ask for it to be updated using the *Update Address* button.

Accreditation

Accreditation	
Does your organisation have current clinical RACGP standards accreditation? <input checked="" type="radio"/> Yes <input type="radio"/> No	
What is the name of the accreditation agency and accreditation expiry date?	
Name	<input type="text"/>
Expiry Date	<input type="text"/>
Does your organisation have current organisational accreditation (QIC/ISO/ACHS)? <input checked="" type="radio"/> Yes <input type="radio"/> No	
What is the type of accreditation, name of the accreditation agency and accreditation expiry date?	
Type	<input type="text" value="Select Value"/>
Name	<input type="text"/>
Expiry Date	<input type="text"/>

PURPOSE: The achievement of appropriate formal quality accreditation is recognised as a key comprehensive primary health care activity. This information informs national reporting on the proportion of services achieving accreditation.

Reporting

Reporting	
Who is your organisation's contact for OSR reporting? Stuart Dunn ▾	
First Name	Stuart
Last Name	Dunn
Email Address	Stuart.Dunn@health.gov.au
Phone	(02) 6289 8888
Mobile	(0402) 088 755
Current User Status	Active

PURPOSE: In this section you nominate the best contact person for your health service for OSR reporting. The dropdown list shows all the registered Data Portal users for the organisation. The AIHW and the Department of Health may use this information to contact this person regarding your OSR data if needed.

Governance

Governance ⓘ	Update Governance Model
Governance Model	Aboriginal - Community Controlled Health Service

DEFINITIONS: Aboriginal Community Controlled Health Organisation
Aboriginal Community Controlled Health Organisations are primary health care services operated by local Aboriginal and Torres Strait Islander communities through an elected board of management to deliver comprehensive and culturally appropriate health care to communities.

PURPOSE: Governance arrangement information is used to group organisations into similar categories. This allows the Department of Health to more easily identify issues or gaps experienced by Aboriginal Community Controlled Health Services (ACCHS) or health services with other forms of governance arrangements.

The information is populated from your organisation's profile in the Health Data Portal. If the governance model information is incorrect, you can ask for it to be updated using the *Update Governance Model* button.

Smoke Free Workplace

Smoke Free Workplace	
Is your organisation a smoke-free workplace or implementing smoke-free policies?	<input type="radio"/> Yes <input type="radio"/> No
Do all staff have access to smoking cessation resources, services and materials to support their own cessation attempts?	<input type="radio"/> Yes <input type="radio"/> No

PURPOSE: The Smoke Free Workplace section asks you to provide information regarding the "smoke free" status of your organisation

Incorporation/Registration Status

Incorporation/Registration Status

Is your organisation incorporated? Yes No

Who is your organisation incorporated with?

Is your organisation Not-for-Profit? Yes No

Is your organisation registered with the Australian Charities and Not-for-Profit Commission? Yes No

How many members did your organisation have at 30 June 2021?

PURPOSE: The Incorporation/Registration Status section asks you to state the incorporation status of your health service and who any incorporation is with, if applicable. This section now also asks if the service is not-for-profit and, if it is, whether the organisation is registered as not-for-profit and how many members it has.

Governing Committee or Board

Governing Committee or Board

Does your organisation have a Governing Committee or Board? Yes No

How many Board members were there as at 30 June 2021?

How many of the Board members were Aboriginal or Torres Strait Islander people as at 30 June 2021?

Has the performance of your Board been evaluated in the past two years ending 30 June 2021? Yes No

Did any members of the Board receive training to assist in their role in the year ending 30 June 2021? Yes No

Who provided the training (tick all that apply)?

- Australian Institute of Company Directors
- Governance Institute of Australia
- Australian Indigenous Governance Institute
- Office of the Registrar of Indigenous Corporations (ORIC)
- NACCHO and/or state based Affiliate
- Other- please specify

Does the Board include non-member independent directors? Yes No

Have any current Governing Committee or Board members (including non-member independent directors) been specifically appointed for a skill set? Yes No

PURPOSE: This section allows the user to add details around their health service's board/governing committee, if they have one.

Section/Tab 2 – Sites

Sites ⓘ

This section captures details of your organisation's service delivery sites

Our information indicates that you have the following service delivery location(s) [Update Service Delivery Sites](#)

parent_org
1 Test Street 2nd line Test Ave, Testurbia, ACT 2600

Health Service ABC Pty Ltd
123 Fake Street, Sydney, NSW 2000 AWAITING COMPLETION ^

Please detail the days per week when services are available
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you offer 24 hour emergency care from this location
 Yes No

Type of Site
Select Value

PURPOSE: Basic health service organisation information is stored in your organisation's profile in the Health Data Portal. This information includes, where relevant, service delivery outlets or sites where your organisation delivers services and their relationship to a parent organisation. The purpose is to provide an accurate picture of the location and distribution of service delivery, and the hours when services are available in each location.

If the sites information shown is incorrect or incomplete, you can ask for it to be updated using the *Update Service Delivery Sites* button.

Include information for all service delivery outlets or sites owned, leased or otherwise controlled by your organisation that DO NOT submit an OSR report in their own right. Whether a service delivery site is considered a satellite of a larger organisation (for reporting purposes) or submits its own OSR report is defined as part of the organisation's funding agreement.

You may also see sites listed which do report OSR separately. They are only shown here for the purposes of completeness, and no further information is needed about them.

Section/Tab 3 - Activity Profile – Episodes of Care

PURPOSE: This section provides a summary measure of activity and the volume of services delivered. It includes three distinct, but related, items: episodes of care, client contacts by provider type, and client numbers. The data collected can provide measures of effort and service load by provider type. These questions have been used in the OSR for many years and can therefore provide a long term time series.

ADDITIONAL INFORMATION:

Good clinical practice requires that a service's medical records be reviewed regularly and records of deceased clients, clients who have migrated from the area, and any other clients who have become 'inactive' should be archived.

For all questions requiring quantitative data on client counts or activity, include clients who died, or who have migrated out of the area or whose records are archived at the reporting date, but who had recorded contact with the organisation during the reporting period.

Episodes of Care ACTIVITY PROFILE

How many Episodes of Care were provided by your organisation during the period?

	Male clients	Female clients	Gender not recorded	Total
Aboriginal and Torres Strait Islander clients	6772	10225	6	17003
Non-Aboriginal and Torres Strait Islander clients	1057	1501	1	2559
Aboriginal and Torres Strait Islander status of clients unknown	105	62	25	192
TOTAL	7934	11788	32	19754

Are the Episode of Care figures an estimate only? Yes No

What is the basis for the estimate?

4000 characters remaining.

DEFINITIONS: An episode of care is a contact between an individual client and service, with one or more staff, to provide health care (e.g. for sickness, injury, counselling, health education, screening) within one calendar day. All contacts on the one day are treated holistically as one episode of care.

PURPOSES: Episodes of care is a summary measure of the interactions between clients and your organisation. Historically it has been used as one element of the level of service provision. It is now also one of the key inputs into the Indigenous Australians' Health Programme (IAHP) Primary Health Care Funding Model calculations. For more information about the Funding Model, go to IAHP PHC Funding. Episode of care data may also be used by the Department of Health for a range of other evaluation and reporting purposes.

- **Gender:** If the gender of the patients has not been recorded indicate this number in the "Gender not recorded" column provided.
- **Estimation:** If accurate data is not available for the full year, please estimate based on a representative part of the year. For example, if figures can be derived for three months, then multiply these counts by four to get estimates for the year. Organisations are asked to indicate the basis for any estimates used.

Health care activities to be Included as an episode of care:

- Health care provided through all sources of funding (e.g. IHD, State government etc.);
- Health care provided through the health service where the staff are volunteers or funded by another organisation;
- Outreach (care delivered at outstation visits, park clinics, satellite clinics etc.);
- Care delivered over the phone which results in an update to the patient's individual record;
- Transport only if it also involves direct provision of health care/information by your staff;
- Care delivered to visitors or transients;
- Telephone-clinical contact with clients that is of a clinical nature;
- Hospital contact with clients when they are in hospital; and
- Other clinical consultation in 'other' location (such as tents/car/under a tree, etc).

Health care activities to not include as an episode of care:

- Residential care.
- Groups (e.g. antenatal classes, men's groups, support groups).
- Administration contacts with clients (e.g. receptionist making a booking, arranging transport to a hospital clinic).

Health care activities that occur on the same day are to be recorded as one episode of care.

The examples below reflect common scenarios experienced across health services, however these examples are not exhaustive.

Example 1 – One episode of care (services provided on the same day)

On Monday 8 July, a client visits your health service and is seen by both an Aboriginal Health Worker (AHW) and a nurse to have their wound treated and the dressing changed. This will be one episode of care, as the services were provided by both staff members on the same day.

Example 2 – Two episodes of care (services provided on different days)

On Monday 8 July, a client visits your health service and is seen by an AHW to have their wound treated. The following day (Tuesday 9 July), the same client visits your health service and is seen by a nurse to have the dressing changed. This will be two episodes of care, as the services were provided by the staff members on different days.

Example 3 – No episodes of care (transport for administration contacts with the client)

A client is driven to your health service to take part in a diabetes support group. This is not recorded as an episode of care as it is an administration contact with the client because it does not involve direct provision of health care by your staff. This should be recorded as one transport contact in the client contacts section.

Example 4 – One episode of care with two clients (services provided to one client belonging to the clinic and one client not belonging to the clinic)

Two people are visiting your health service to undertake family/relationship counselling, Client A and Client B.

Client A has their own record or file with the health service, so their visit can be counted as an episode of care.

Client B does not have their own record or file with the health service. Their visit to the health service to undertake family/relationship counselling cannot be counted as an episode of care. This will be one episode of care, as Client B does not have their own record or file with the health service.

Section/Tab 4 – Activity Profile - Client Contacts

Client Contacts ACTIVITY PROFILE

How many client contacts were made by each type of worker from the organisation during the period?

Health Workers

	Aboriginal and Torres Strait Islander			Non-Aboriginal and Torres Strait Islander			Status not recorded			Total
	M	F	U/N	M	F	U/N	M	F	U/N	
Aboriginal and Torres Strait Islander Health Worker (ATSIHW) (*ATSIHW providing transport without providing health care should be shown in 'Transport' below)	61	95	0	0	0	0	0	0	0	156
Aboriginal and Torres Strait Islander Health Practitioner	1317	1901	3	230	353	0	16	8	3	3831
Doctor - General Practitioner	4778	6775	17	906	1264	0	65	34	2	13841
Nurses	3029	4104	1	445	646	0	40	19	2	8286
Midwives	113	831	3	4	82	0	3	18	1	1055
Substance misuse / Drug and alcohol worker	20	0	0	0	0	0	0	0	0	20
Tobacco worker / Coordinator	0	0	0	0	0	0	0	0	0	0
Dentists / Dental therapists	834	1549	0	0	0	0	0	0	0	2383
Dental support (e.g. dental assistant /	834	1549	0	0	0	0	0	0	0	2383

DEFINITION: The count of the number of individual client contacts with health service providers from your organisation during the period 1 July 2020 to 30 June 2021.

PURPOSE: Contacts captures the number of health and transport related services delivered to clients. It is collected separately for a range of provider types, reflecting the comprehensiveness of Indigenous-specific primary health services compared to mainstream services.

It is used in national reporting to demonstrate the levels of service activity at a more detailed level than episodes of care.

ADDITIONAL INFORMATION:

- **Gender:** If the gender of the patient has not been recorded indicate this number in the applicable "U/N" (unknown) column provided.
- **Estimation:** If accurate data is not available for the full year, please estimate based on a representative part of the year. For example, if figures can be derived for three months, then multiply these counts by four to get estimates for the year. Organisations are asked to indicate the basis for any estimates used.
- Do not include groups.

Health care activities to include as a client contact:

- Contacts with staff and visiting professionals whether or not they were paid by your service
- All contacts involving transport

Health care activities to not include as a client contact:

- Residential care
- Groups (e.g. antenatal classes, men's groups, support groups)

- Administration contacts with clients (e.g. receptionist making a booking, arranging transport to a hospital clinic)

Ensure all staff listed in Client contacts are also recorded in questions relating to Workforce (see Workforce section).

The examples below reflect common scenarios experienced across health services, however these examples are not exhaustive.

Example 1 – One count of client contact with health workers

A client visits your health service and sees an AHW who provides health care to the client.

The client is then driven to their specialist appointment in the next suburb by the AHW.

This should be recorded as one client contact under the 'Aboriginal and Torres Strait Islander Health Worker' field, because this is part of the one contact.

Note: This is a specific rule for AHW.

Example 2 – Three counts of client contact

A client is driven to your health service to attend an appointment with a GP employed by the service and then driven home following the appointment by a different employee.

This should be recorded as three client contacts, two under the 'Transport taking clients to health professionals who DO work for this organisation' field because two different employees delivered the transport service for the client, and one under the 'GP' field.

Example 3 – No count of client contact

A client is driven to your health service to take part in a diabetes support group, and then driven home following the group by a different staff member.

This should be recorded as two client contacts for transport. The diabetes support group should not be recorded as a client contact as this was not individual care.

Section /Tab 5 - Activity Profile - Client Numbers

Client Numbers ACTIVITY PROFILE

How many individual clients were seen by your organisation during the period?

Aboriginal and Torres Strait Islander clients

Age	Male clients	Female clients	Gender not recorded	Total
0-4 years	0	0	0	0
5-9 years	0	0	0	0
10-14 years	0	0	0	0
15-19 years	0	0	0	0
20-24 years	0	0	0	0
25-29 years	0	0	0	0
30-34 years	0	0	0	0
35-39 years	0	0	0	0
40-44 years	0	0	0	0
45-49 years	0	0	0	0
50-54 years	0	0	0	0
55-59 years	0	0	0	0
60-64 years	0	0	0	0
65 years and older	1	1	0	2

DEFINITIONS: The count of how many individual clients received health care from staff or visiting health professionals at your organisation during the period 1 July 2020 to 30 June 2021. Count each client once only, no matter how many times they attended.

PURPOSE: Client numbers reflect the number of individuals who used your service during the year. It is used in several ways – to highlight the number of Indigenous and non-Indigenous Australians who receive care at Indigenous Primary Health Care organisations, by AIHW to group organisations according to their size, and is also a key input into the Indigenous Australians’ Health Programme (IAHP) Primary Health Care Funding Model calculations. For more information about the Funding Model, go to IAHP PHC Funding. Client number data may also be used by the Department of Health for a range of other evaluation and reporting purposes.

ADDITIONAL INFORMATION:

- **Gender:** If the gender of the patients has not been recorded indicate this number in the “Gender not recorded” column provided.
- **Estimation:** If accurate data is not available for the full year, please estimate based on a representative part of the year. For example, if figures can be derived for three months, then multiply these counts by four to get estimates for the year. Organisations are asked to indicate the basis for any estimates used.

Health care activities to include:

- Visitors and transition patients

Health care activities to not include:

- A client if they only attended group activities and did not receive any individual care during the year
- A client if they were transported but did not receive any individual care during the year.

The examples below reflect common scenarios experienced across health services, however these examples are not exhaustive.

Example 1 – One Individual Client Number

The same client attends the clinic a total of seven times during September 2019 to January 2020 and received care from a nurse and doctor.

This should be recorded as one individual client number.

Example 2 – Two Individual Client Numbers

Three clients attend your health service from the same family, two of these clients have existing patient files with the service whilst the third does not.

This should be recorded as two individual client numbers.

Example 3 – No Individual Client Numbers

A client attends monthly diabetes support group meetings with your service, however does not receive any individual health care by your service.

This is not recorded as an individual client number because the client is solely attending your service as part of a group.

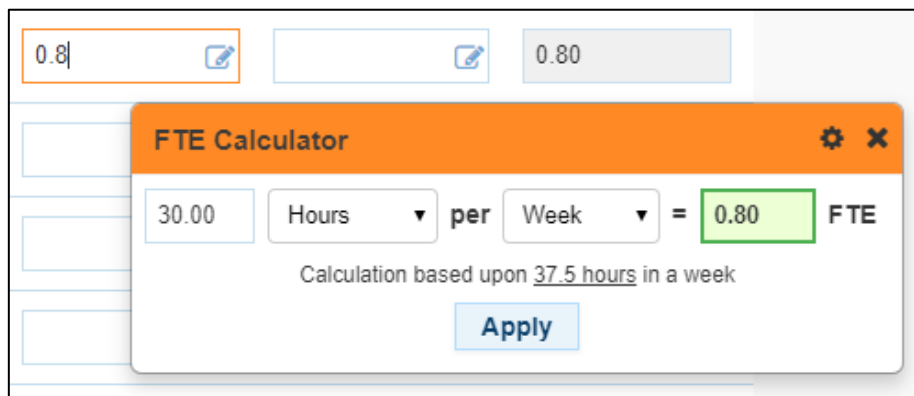
Section 6 - Workforce Profile

Calculating FTE

DEFINITIONS: Full-time equivalent (FTE) is the ratio of the total number of paid hours during a period (part time, full time, contracted) to the number of working hours in that period Mondays through Fridays.

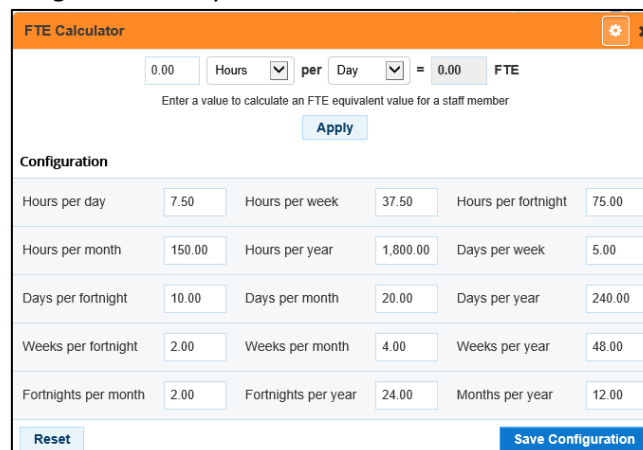
PURPOSE: Data captured with the workforce questions provides a picture of the numbers of staff falling into various professional categories, which helps identify gaps in service capability by geographic area, and can also be used for longer term workforce planning.

For convenience, the Health Data Portal OSR form includes an FTE calculator.



The screenshot shows a web-based FTE calculator. At the top, there are three input fields: the first contains '0.8', the second is empty, and the third contains '0.80'. Below these is a modal window titled 'FTE Calculator'. Inside the modal, there is a calculation: '30.00 Hours per Week = 0.80 FTE'. Below the calculation, it states 'Calculation based upon 37.5 hours in a week'. There is an 'Apply' button at the bottom of the modal.

The calculator can be configured to suit your health service's standard working hours.



The screenshot shows the configuration screen for the FTE Calculator. At the top, there is a calculation: '0.00 Hours per Day = 0.00 FTE'. Below this is a prompt: 'Enter a value to calculate an FTE equivalent value for a staff member' and an 'Apply' button. The main section is titled 'Configuration' and contains a grid of input fields for various time periods:

Hours per day	7.50	Hours per week	37.50	Hours per fortnight	75.00
Hours per month	150.00	Hours per year	1,800.00	Days per week	5.00
Days per fortnight	10.00	Days per month	20.00	Days per year	240.00
Weeks per fortnight	2.00	Weeks per month	4.00	Weeks per year	48.00
Fortnights per month	2.00	Fortnights per year	24.00	Months per year	12.00

At the bottom of the configuration section, there are two buttons: 'Reset' and 'Save Configuration'.

Paid FTE Positions

Paid FTE Positions ⓘ
WORKFORCE PROFILE

For how many full-time equivalent (FTE) positions did your organisation pay the wages/ salaries/ fees as at 30 June 2019?

General and other staff

Role / function	Number of FTE		
	Aboriginal and Torres Strait Islander	Other	Total
CEO	1	0	1.00
Managers / Supervisors	2	3	5.00
Drivers / Field officers	3	0	3.00
Finance and accounting staff	2	2	4.00
Administrative and clerical staff	7	1	8.00
IT and data management staff	0	0	0.00
Cleaners / Security / Other support staff	2	0	2.00
Administrative / Support trainees	0	1	1.00
Sub Total	17.00	7.00	24.00

DEFINITIONS: Record here staff who have provided health care services for your organisation and who HAVE been paid directly or indirectly by your organisation. Examples include your health service paying full- and part-time employees, contracted employees, casual employees and locums.

PURPOSE: The workforce questions provide a picture of the numbers of staff falling into various professional categories. This helps identify gaps in service capability by geographic area, and can also be used for longer term workforce planning.

The image below provides the section to record the number of occupied full time equivalent (FTE) position, by their role, paid for by your health service as at 30 June 2019. Visiting health professionals where payments are not made by your organisation and vacant positions are each reported separately below.

Activities to include as a FTE:

- Health and related administrative positions where your organisation pays the wages/salary/fees through all sources of funding (e.g. Medicare, Department of Health, State/ Territory Government)
- Short term and recurrent positions
- Contract workers paid by your service

Activities to not include as a FTE:

- Visiting health professionals where payments are not made by your health service. These are reported separately below
- Staff located at your service who are part of other programs (e.g. housing, employment, HACC, child care)

All staff recorded in this question that have contact with individual clients have their client contacts recorded in the Health Care Activity Profile section, using the same staff categories.

The examples below reflect common scenarios experienced across health services, however these examples are not exhaustive.

Example 1 – 0.2 FTE recorded

Your service employs, and pays the wages for, a Dentist who attends your service one day a week throughout the year.

This should be recorded as 0.2 FTE, as the dentist is classed as a contract worker who is paid for by your service.

Example 2 – One FTE Recorded

Your service employs, and pays the wages for, a full time Aboriginal Health Practitioner. Your service funds this position through both MBS reimbursement and a State Government Grant.

This should be recorded as one FTE, as the Aboriginal Health Practitioner is paid for your service. The funding streams that make this position possible are not required for this question.

Example 3 – No FTE Recorded

Your service is co-located with child care service and community care. The service employs two people to support the child care services.

This should not be recorded as an FTE, as the positions are not related to healthcare or administrative positions for the health care service.

Unpaid FTE Positions

Unpaid FTE Positions WORKFORCE PROFILE

How many other people (FTE) worked at your organisation who were not paid by your organisation during the year ending 30 June 2019?

General and other staff

Role / function	Number of FTE
CEO	<input type="text" value="0"/>
Managers / Supervisors	<input type="text" value="0"/>
Drivers / Field officers	<input type="text" value="0"/>
Finance and accounting staff	<input type="text" value="0"/>
Administrative and clerical staff	<input type="text" value="0"/>
IT and data management staff	<input type="text" value="0"/>
Cleaners / Security / Other support staff	<input type="text" value="0"/>
Administrative / Support trainees	<input type="text" value="0"/>
Sub Total	0.00

DEFINITIONS: Record here staff who have provided health care services for your organisation and who have NOT been paid directly or indirectly by your organisation. This may include such cases as specialists funded through a visiting specialist scheme or dentists from a university dental school.

PURPOSE: Many Indigenous Primary Health Care organisations arrange for visiting professionals to deliver services at their organisation in order to meet their clients' needs. The data on these FTEs helps identify the breakdown between employed and visiting staff within profession and can be used to help identify gaps and assist with workforce planning.

The image below provides the section to record the number of occupied full time equivalent (FTE) position, by their role, not paid for by your health service as at 30 June 2020. This includes visiting health professionals where payments are not made by your organisation.

Activities to include as a FTE:

- Visiting health professionals where payments are not made by your health service.
- Staff who have provided health care services for your organisation and who have NOT been paid directly or indirectly by your organisation

Activities to not include as a FTE:

- Health and related administrative positions where your health service pays the wages/salary/fees through all sources of funding (e.g. Medicare, Department of Health, State/Territory Government)- these are reported separately above

All staff listed here who see individual clients have their contacts recorded in the Health Care Activity Profile section. If the corresponding contact data has not been electronically extracted from your system then you will need to manually enter the data.

The examples below reflect common scenarios experienced across Health Services, however these examples are not exhaustive.

Example 1 – One FTE recorded

Your service has a visiting Drug and Alcohol worker, whose salary is funded under a State Government program, meaning that your service has no salary costs associated with the Drug and Alcohol worker.

This should be recorded as one FTE, as the drug and alcohol worker is classed as a visiting health professional where payments are not made by your service.

One FTE recorded may also include such cases as specialists funded through a visiting specialist scheme or dentists from a university dental school.

Example 2 – No FTE recorded

Your service employs, and pays the salaries for two General Practitioners, who attend the service on alternate weeks to ensure full coverage of GPs throughout the year for patients. The GPs salaries are funded through a combination of MBS reimbursement, IAHP funding and State Government funding.

This should not be recorded as an FTE, as the GPs are paid for by your service. The funding streams that make this position possible are not required for this question. These FTEs can be captured separately in the prior question.

Vacant Positions

Vacant Positions WORKFORCE PROFILE

Does your organisation have any vacant staff positions as at 30 June 2019? Yes No

Vacant Staff Positions [+ Add Row](#)

Role / function	Number of FTE	Weeks vacant <small>(as at 30 June 2019)</small>
Health professionals / Workers		
Doctor - General Practitioner	1	52
Doctor - General Practitioner	1	52
Total	2	104

DEFINITIONS: Record in this question funded positions that were vacant as at 30 June 2020. For each vacant position, record the FTE equivalent and for how many weeks the position has been vacant.

Purpose: Vacant positions may have an impact on organisations' capacity to deliver health care. The data on the number of vacancies and the time in which they have been vacant can:

- Provide context to the health care activity data
- Identify workforce categories where there is difficulty in getting workforce
- Help identify services and geographic areas with a workforce deficit.

It is not necessary to record vacant minor clerical and support positions.

The examples below reflect common scenarios experienced across health services, however these examples are not exhaustive.

Example 1 – One FTE recorded

Your service has had a vacant position for a General Practitioner for two months, and this position is still vacant as at 30 June 2020.
This should be recorded as one FTE, as the GP position was vacant at the date of the data collection completion.

Example 2 – No FTE recorded

Your service has had a vacant position for a Midwife from January to March, and filled this position in April.
This should not be recorded as an FTE, as the Midwife position was filled prior to the 30 June data collection completion.