

Aged Community & Mental Health

Aged Care Services

Admitted Patients

Public Hospital Monthly Return

113 S1

Human
Services



Peoplefirst

This form is used to report data for patients admitted to Acute Services purchased by Aged Care Program. It should be completed at the end of each month and forwarded within 7 *working days* to the Department of Human Services. Submission of this form by the due date is a condition of funding.

Refer to the Agency Information Management System Manual for instructions on completing this form.

Hospital:			
Agency:	Agency Code:	Month:	Year:
		Current Month	
Separations (Includes same day)			
ACUTE	1 Public—Acute		
	2 Private—Acute		
	3 Compensable—Acute		
	4 Ineligible—Acute		
	5 Sub Total (= 1 to 4)		
NON ACUTE	6 Public NHT—NH5		
	7 Public NHT—Non NH5		
	8 Private NHT—NH5		
	9 Private NHT—Non NH5		
	10 Compensable—Non-Acute		
	11 Ineligible—Non-Acute		
	12 Sub Total (= 6 to 11)		
	13 TOTAL (= 5+12)		
Patient Days (Includes same day)			
ACUTE	14 Public—Acute		
	15 Private—Acute		
	16 Compensable—Acute		
	17 Ineligible—Acute		
	18 Sub Total (= 14 to 17)		
NON-ACUTE	19 Public NHT—NH5		
	20 Public NHT—Non NH5		
	21 Private NHT—NH5		
	22 Private NHT—Non NH5		
	23 Compensable—Non-Acute		
	24 Ineligible—Non-Acute		
	25 Sub Total (= 19 to 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 TO 30)		
Unqualified Newborns			
	32 Number of Entirely Unqualified Episodes		
	33 Number of Unqualified Days		
Early Parenting Centre—Secondary Family Members			
	34 Number of Episodes		
	35 Number of Days		
36	Average Available Beds for the month _____		
37	Reconciliation has been completed between the PRS2 System and the hospital's aggregate YTD totals for the month prior to Current Month (tick one). <input type="checkbox"/> Yes <input type="checkbox"/> No		

Signed (Chief Executive Officer):

Date: