

Aged Community & Mental Health

Primary Health Program

Human
Services



Peoplefirst

Admitted Patients

114 S1

Public Hospital Monthly Return

This form should be used to report data for admitted patient services purchased by Primary Health 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:
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