

Aged Community & Mental Health

Human
Services

Mental Health Services



Peoplefirst

Non-Acute Admitted Patient & Residential Client

Public Hospital Monthly Return

115 S5

This form is used to report data for patients admitted to non-acute and residential services funded by Mental Health Services. It should be completed at the end of each month and submitted to the Department of Human Services after the weekend following the tenth working day. 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 for Hospital Non-Acute Admitted Patients				
1	Hospital Based Rehabilitation			
2	Extended Care Inpatient Services			
3	Sub Total (= 1 + 2)			
Separations for Community Residential Clients				
4	Designated Community Care Unit			
5	Designated Nursing Home			
6	Sub Total (= 4 + 5)			
Separations for Other Admitted Patients				
7	Other Admitted Patients			
8	TOTAL (= 3+6+7)			
Patient days for Hospital Non-Acute Admitted Patients				
9	Hospital Based Rehabilitation			
10	Extended Care Inpatient Services			
11	Sub Total (= 9+10)			
Patient Days for Community Residential Clients				
12	Designated Community Care Unit			
13	Designated Nursing Home			
14	Sub Total (= 12+13)			
Patient Days for Other Admitted Patients				
15	Other Admitted Patients			
16	TOTAL (= 11+14+15)			
Average Available Beds for Month				
17	Hospital Based Rehabilitation Beds			
18	Extended Care Inpatient Services Beds			
19	Designated Community Care Unit Beds			
20	Designated Nursing Home Beds			
21	Other Non-Acute Beds			
22	TOTAL (= 17 to 21)			
Signed (Chief Executive Officer):				Date: