

Acute Health

Sub-Acute Services

Human
Services



Peoplefirst

Admitted Patients By Streams of Care

Public Hospital Monthly Return

305 S4

This form is used to report data for patients admitted to sub-acute services purchased by the Acute Health Division. The form 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
Total Separations (Includes Hospital in the Home)				
1	Geriatric Evaluation & Management Program			
2	Designated Rehabilitation Program—Level 1			
3	Designated Rehabilitation Program—Level 2			
4	Designated Rehabilitation Program—Level 3			
5	Post-Acute			
6	Geriatric Respite - Planned and Unplanned			
7	TOTAL (= 1 to 6)			
Total Patient Days (Includes Hospital in the Home)				
8	Geriatric Evaluation & Management Program			
9	Designated Rehabilitation Program—Level 1			
10	Designated Rehabilitation Program—Level 2			
11	Designated Rehabilitation Program—Level 3			
12	Post-Acute			
13	Geriatric Respite - Planned and Unplanned			
14	TOTAL (= 8 to 13)			
Hospitals in the Home Separations				
15	Geriatric Evaluation & Management Program			
16	Designated Rehabilitation Program—Level 2			
17	Designated Rehabilitation Program—Level 3			
18	TOTAL (= 15 to 17)			
Hospitals in the Home Patient Days				
19	Geriatric Evaluation & Management Program			
20	Designated Rehabilitation Program—Level 2			
21	Designated Rehabilitation Program—Level 3			
22	TOTAL (= 19 to 21)			
Average Available Beds				
23	Sub-Acute Average Available Beds			
Signed (Chief Executive Officer):				Date: