



Printable Hospital Discharge Forms

New Jersey Department of Health and Senior Services
Division of Aging and Community Services
**NOTIFICATION FROM LONG-TERM CARE FACILITY
OF ADMISSION OR TERMINATION OF A MEDICAID PATIENT**

Type:
☐ Request PAS
☐ Notice of Admission
☐ Notice of Termination

I. PATIENT INFORMATION

1. Name: _____ (Last) _____ (First) _____
2. Social Security No.: _____ - _____ - _____
3. HSP (Medicaid) Case No.: _____
Confirmed By (CWA): ☐ Medicaid Only ☐ SSI 4. Date of Birth: ____/____/____
5. Sex: ☐ Female ☐ Male

II. PROVIDER INFORMATION

1. Provider Number: _____
2. LTCF Name: _____
3. Address: _____
4. City, State, Zip: _____
5. Provider Phone #: _____
6. ☐ SCNF: _____

III. REQUEST FOR PAS

☐ Private to Medicaid
☐ PASRR Exempt >30 Days
☐ PAS Exempt >20 Days
☐ Hospice Revoked
☐ Medicaid Managed Care Terminated
☐ ARC PAS
☐ Out of State Approval Admission
☐ Other _____

Date of Level I PASRR: _____

☐ Positive ☐ Negative

IV. ADMISSION INFORMATION

1. Admission Date: ____/____/____
2. Date of PAS, if applicable: ____/____/____
3. Admitted from: ☐ Community/Boarding Home ☐ Track 1 ☐ Track 2 ☐ Medicare to Medicaid ☐ Psychiatric Hospital
☐ Private to Medicaid - anticipated Medicaid effective date: ____/____/____
☐ Hospital ☐ Other LTCF ☐ Other (specify): _____
4. Name of Hospital/LTCF: _____ Admission Date: ____/____/____
Address: _____
5. If admitted from Hospital/LTCF, give the name/address of previous residence (Hospital Name and Address or Home Address): _____

V. TERMINATION INFORMATION

1. Discharge Date: ____/____/____
2. Discharged to:
☐ Home-Community (including relative's home)/ County of residence: _____
☐ Facility Name: _____ County of NJ: _____
☐ Other (specify): _____ County of residence: _____
Telephone Number of Discharge Site: _____
3. Death (Date): ____/____/____ ☐ In LTCF ☐ In Hospital

VI. CERTIFICATION

The facility certifies that the patient will reside only in those areas of the facility which are certified for participation in the New Jersey Medicaid Program at the level of care authorized for this patient by the New Jersey Medicaid Program. The facility also certifies that upon discharge to a hospital, the patient's room/bed will be reserved for the full period of time covered by the New Jersey Medicaid Bed Reserve Policy. If nursing facility bills Medicaid for long term care services, the person signing this form certifies that the facility has a valid PAS on file.

This form completed by:

Name: _____ Phone Number: _____
Title: _____ Date: _____

VII. CWA USE ONLY

Medicaid Effective Date: ____/____/____
☐ Medicaid ONLY (PA-3L Attached)
☐ SSI Only (PA-3L Required, Contact DHSS)
☐ Not Eligible
☐ Transcript Requested - Date: ____/____/____
Remarks: _____
Name of Case Worker: _____ Date: _____
COUNTY WELFARE OFFICE
Street Address: _____
City and Zip: _____

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**Oxford Regional Hospital Board.
Records and Statistical
Department, Oxford Regional Hospital
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The Examiner, 1855 **Hospital Discharge Form** Confederate States of America. Army, 1865 **Nevada Hospital Discharge Data** University of Nevada, Las Vegas. Center for Health Information Analysis, 2004 Moving from Paper Based to Electronic Hospital Discharge Summaries Kusnadi Kusnadi, 2012

The move to electronic discharge summary systems was anticipated to solve the longstanding problems associated with poor data quality and reduce delay in the production and transmission of discharge summaries between secondary and primary care health care providers in the UK National Health Service A consequence of investment in a national IT infrastructure for electronic health records has focused attention on template design and the IT system requirements The routine practices of doctors involved in discharge summary construction and other factors that contribute to the problems of delay and data quality have been less well explored This study aimed to gain an understanding of paper based discharge summary construction in a secondary care context in order to identify and analyse the implications for improving electronic discharge summary systems and potentially avoid inadvertent transfer of inherent problems A mixed method case study design was used to examine the patient discharge process and the construction of discharge summaries in one NHS Hospital Trust Data was collected through semi structured interviews with hospital doctors n 10 and simulated discharge summary production n 10 A syntactic analysis was also performed on discharge summaries n 11 and proformas n 3 The data was analysed thematically and inductively in order to identify the factors that contribute to the twin problems of data quality and delay associated with discharge summaries The pragmatic semantic syntactic conceptual framework Morris 1938 and Speech Act Austin 1962 and Mental Frame Minsky 1981 theories were used to analyse how information contained in discharge summaries was represented interpreted and used This study found that moving from a paper based to an electronic discharge summary system will not necessarily resolve the problems of poor data quality and delayed production of discharge summaries More comprehensive solutions are required in order to facilitate more effective discharge summary communication between secondary and primary care health professionals and to address entrenched custom and practice in current hospital practice These include uni professional medical orientation of discharge summaries attitude of senior doctors inadequate preparation of junior doctors inconsistent data entry including absence of common usage of short forms and abbreviations and little accountability for quality control Recommendations include training for junior doctors regulating the use of shortened forms improving the features of data entry systems structuring the clinical coding data and introducing systems to ensure greater organizational accountability for effective discharge communication More comprehensive change related to the introduction of multidisciplinary contribution discharge summary construction and integration of discharge summary standards in care pathways may improve overall discharge summary quality Discharge Papers for Alice M. McDerby, 2019 Description Discharge papers Issued to Army Reserve nurse Alice M McDerby 134th Evacuation Hospital Uses of Hospital Discharge Summary Forms in the European

Region G. Wagner,1976 **A Regional Analysis of Hospital Discharge Rates for Specific Diagnostic Groups** Oxford
Regional Hospital Board. Records and Statistical Department,Oxford Regional Hospital Board,United Oxford Hospitals,1962
 Sample Listing Sheet, National Hospital Discharge Survey, Form HDS-5, March 20, 2008 United States. Bureau
of the Census,2008*

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