

Hawaii State Health Planning and Development Agency
1177 Alakea St. #402 Honolulu, Hawaii 96813
Phone: 808-587-0788 FAX: 808-587-0783 Web: <http://health.hawaii.gov/shpda/>



Utilization Report

For the Period of January 1 to December 31, 2017

(Please Complete One Report for Each Facility/Location of Care. Due Date: May 31, 2018)

Instructions

If you have the items listed below, please complete the relevant page(s) indicated on the right of the listed item(s).

Beds	Page #
Acute Care Beds	Page 1, 2, 3
Long Term Care Beds	Page 1, 2, 3
Special Care/Other Beds	Page 1, 2
Equipment/Services/Procedures	Page #
Computed Tomography (CT)	Page 4
Positron Emission Tomography (PET)	Page 4
Lithotripsy Unit	Page 4
Gamma Knife	Page 4
Radiation Therapy	Page 5
Cardiac Catheterization	Page 6
Percutaneous Coronary Intervention (PCI)	Page 6
Electrophysiology	Page 6
Open Heart Surgery	Page 6
Magnetic Resonance Imaging (MRI)	Page 7

Three (3) ways to report your information to us:

- 1) Emailing to: dailin.ye@doh.hawaii.gov, or
- 2) Faxing to: 587-0783, or
- 3) Mailing to:
 SHPDA Utilization Survey
 Hawaii State Health Planning and Development Agency
 1177 Alakea St. #402
 Honolulu, HI 96813

Questions:

Phone: 587-0852, or
 Email: dailin.ye@doh.hawaii.gov

Additional copies of forms/instructions are available at: <http://health.hawaii.gov/shpda/agency-resources-and-publications/health-care-utilization-reports-and-survey-instructions/>

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For the Period of January 1 to December 31, 2017

The list of terms below are provided for your reference.

Page 1 **Total SHPDA Approved Bed Capacity:** are the total number of Certificate of Need beds on the last day of the reporting period which were approved by State Health Planning and Development Agency (SHPDA) .

Total OHCA Licensed Bed Capacity: are the total number of beds on the last day of the reporting period which were authorized and licensed by the Office of Health Care Assurance (OHCA) of the Hawaii State Department of Health .

Total Staffed Beds: are the total number of beds in the facility on the last day of the reporting period which were regularly maintained, or set up and staffed ready for use.

Reason(s) for Not Staffing or Setting Up All Beds: is/are the reason(s) for not staffing or setting up all of the licensed bed(s) in the facility. Column D should be completed only if Column C (Total Staffed Beds) is less than Column B (Total OHCA Licensed Bed Capacity).

Total Inpatient Days: are the total number of inpatient days for the reporting period.

Total Admissions: are the total number of admissions for the reporting period.

Skilled Nursing (SNF): refers to the beds that were authorized, licensed, or designated ONLY for skilled nursing care for the reporting period, for instance, the beds in a licensed Skilled Nursing Facility.

Intermediate Care (ICF): refers to the beds that were authorized, licensed, or designated ONLY for intermediate care for the reporting period, for instance, the beds in a licensed Intermediate Care Facility.

SNF/ICF: refers to the beds that were authorized and licensed for skilled nursing care as well as intermediate care for the reporting period, for instance, the beds in a licensed Skilled Nursing and Intermediate Care Facility.

Page 2 **Daily Room Rates on the last day of the reporting period per type of beds and type of rooms**

Private Room: one (1) bed per room

Semi-Private Room: two (2) beds per room

Ward: three (3) or four (4) beds per room

Skilled Nursing (SNF): Daily room rate for SNF bed or for SNF/ICF bed used for providing skilled nursing care.

Intermediate Care (ICF): Daily room rate for ICF bed or for SNF/ICF bed used for providing intermediate care.

Page 3 **A) SNF, ICF or SNF/ICF:** are the number of wait listed patients, on the last day of the reporting period, ready to discharge but unable to place in a SNF, ICF or SNF/ICF facility.

B) Care Homes & Alternatives: are the number of wait listed patients, on the last day of the reporting period, ready to discharge but unable to place in a care home, such as a Nursing Home Without Walls (NHWW), Project Malama, etc.

C) Home Health, Day Hospital, Day Care: are the number of wait listed patients, on the last day of the reporting period, ready to discharge but unable to place in a Home Health Agency, Day Hospital or Day Care Agency.

D) Other Type of Facility: are the number of wait listed patients, on the last day of the reporting period, ready to discharge but unable to place in a facility other than those mentioned in Row A through Row C. Please specify the type of facility.