

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/>



Health Care Utilization Report

For the Period of January 1 to December 31, 2020

(Please Complete One Report for Each Facility/Location of Care. Due Date: May 31, 2021)

Instructions

If your facility has the item(s) listed below, please complete the page(s) relevant to the 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/Procedures/Services	Page #
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Positron Emission Tomography (PET)	Page 4
Lithotripsy Unit	Page 4
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Radiation Therapy	Page 5
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Electrophysiology	Page 6
Open Heart Surgery	Page 6

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

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

Questions:
 Phone: 587-0852
 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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<h2 style="margin: 0;">Bed Utilization Report (*see notes)</h2>	
<h3 style="margin: 0;">For the Period of January 1 to December 31, 2020</h3>	
(Please Complete One Report for Each Facility/Location of Care. Due Date: May 31, 2021)	
Name of Facility:	
Address of Facility:	
Name of Administrator:	Phone:
Completed by: (name) (title)	Fax:
	Email:

Type of Beds	Total SHPDA Approved Bed Capacity on 12/31/2020 (A)*	Total OHCA Licensed Bed Capacity on 12/31/2020 (B)*	Total Staffed Beds in the Facility on 12/31/2020 (C)*	If Total Staffed Beds (in Column C) Less Than Total OHCA Licensed Bed Capacity (in Column B), Give Reason(s) For Not Staffing All Licensed Beds in Column D (D)*	Total Inpatient Days in 2020 (E)*	Total Admissions in 2020 (F)*
Acute Care Beds:						
<i>Example: Critical Care</i>	25	24	18	<i>staff to census</i>	1831	17
Medical/Surgical						
Critical Care						
Obstetric						
Pediatric						
Neonatal ICU						
Psychiatric (Psych)						
Acute/Long Term Swing						
Long Term Care Beds:						
<i>Example: SNF/ICF</i>	49	49	45	<i>Renovation</i>	9930	165
Skilled Nursing (SNF)*						
Intermediate Care (ICF)*						
SNF/ICF*						
Special Care/Other Beds:						
<i>Example: Special Treatment Facility (STF)</i>	66	66	54	<i>insufficient funding</i>	17950	747
Psychiatric (specialty)						
Tuberculosis (TB)						
SNF/ICF for Intellectual Disabilities						
Hansen's Disease						
Rehabilitation						
Children's Orthopedic						
Special Treatment Facility (STF)						
Other Type of Bed(s) (Specify)						

* See notes below

Notes:

Column (A)-Total SHPDA Approved Bed Capacity: is the total number of Certificate of Need (CON) beds on the last day of the reporting period (December 31, 2020) which were approved by the State Health Planning and Development Agency (SHPDA).

Column (B)-Total OHCA Licensed Bed Capacity: is the total number of beds on the last day of the reporting period (December 31, 2020) which were authorized and licensed by the Office of Health Care Assurance (OHCA) of the Hawaii State Department of Health.

Column (C)-Total Staffed Beds: are the total number of beds in the facility on the last day of the reporting period (December 31, 2020) which were regularly maintained, or set up and staffed ready for use.

Column (D)-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 the Total Staffed Beds in Column (C) is less than the Total OHCA Licensed Bed Capacity in Column (B). For example, a facility had a license to operate 66 beds but the facility staffed or set up only 55 beds for patient cares on December 31, 2020. The reason for not staffing or setting up all of the 66 licensed beds could be: "units closed for renovation"; "beds were staffed to census"; "Reduced staffed beds due to financial shortfall"; etc.

Column (E)-Total Inpatient Days: are the total number of inpatient days for the reporting period (January 1 to December 31, 2020).

Column (F)-Total Admissions: are the total number of admissions for the reporting period (January 1 to December 31, 2020).

Skilled Nursing (SNF): refers to the beds that were authorized, licensed, or designated SOLELY for skilled nursing care throughout the reporting period. For instance, the beds in a licensed Skilled Nursing Facility were designated solely for skilled nursing care from January 1 to December 31, 2020.

Intermediate Care (ICF): refers to the beds that were authorized, licensed, or designated SOLELY for intermediate care throughout the reporting period. For instance, the beds in a licensed Intermediate Care Facility were designated solely for intermediate care from January 1 to December 31, 2020.

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 were used for either skilled nursing care or intermediate care from January 1 to December 31, 2020.

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Name of Facility:

Daily Room Rates (\$) On December 31, 2020 (*see notes)

Type of Beds	Type of Rooms			
	Private (1 bed/room)	Semi-Private (2 beds/room)	Ward (3 - 4 beds/room)	Other Room(s)* (5+ beds/room) (Specify)
Acute Care Beds:				
<i>Example: Medical/Surgical</i>	\$ 3,280.00	\$ 3,280.00		
Medical/Surgical				
CCU				
ICU				
Neonatal ICU				
OB-Labor/Delivery				
OB-Mother's Room				
OB-Nursery				
Pediatric				
Psychiatric (Psych)				
Acute/Long Term Swing-Acute Care				
Acute/Long Term Swing-SNF Care				
Acute/Long Term Swing-ICF Care				
Acute Care Beds-Other Use Not Listed Above (Please specify. Add row as needed.)*:				
<i>Example: Medical/Surgical-Telemetry</i>	\$ 5,270.00			
Long Term Care Beds:				
<i>Example: SNF Bed, or SNF/ICF Bed-SNF Care</i>	\$ 365.00	\$ 345.00	\$ 325.00	
<i>Example: ICF Bed, or SNF/ICF Bed-ICF Care</i>	\$ 355.00	\$ 335.00	\$ 315.00	
SNF Bed, or SNF/ICF Bed-SNF Care*				
ICF Bed, or SNF/ICF Bed-ICF Care*				
Long Term Care Beds-Other Use Not Listed Above (Please specify. Add row as needed.)*:				
<i>Example: Respite Care</i>	\$ 340.00	\$ 320.00	\$ 300.00	
Special Care/Other Beds:				
<i>Example: Special Treatment Facility (STF)</i>				\$87.00 (6-15 beds/room)
Psychiatric (specialty)				
Tuberculosis (TB)				
SNF/ICF for Intellectual Disabilities				
Hansen's Disease				
Rehabilitation				
Children's Orthopedic				
Special Treatment Facility (STF)				
Other Special Care beds Not Listed Above (Please specify. Add row as needed.)*:				

* See notes below

Notes:

Daily Room Rates (\$) On December 31, 2020 (Per Type of Bed and Type of Room): If the same type of beds in the same type of rooms were used to provide different levels of care to patients and were charged with different daily room rates, the facility should report the different daily room rates associated with the levels of care separately or as a range. For example, OB-Nursery bed in semi-private room: level 1 care - \$859, level 2 care - \$1289; or level 1 care to level 2 care \$859 - \$1289.

Other Room(s) (5+ beds/room) (Specify): refers to the type of room that has five (5) or more beds in a room that could not be categorized into private room (1 bed/room), or semi-private room (2 beds/room), or ward (3-4 beds/room). Please specify bed count per room. For example, group living arrangement in a Special Treatment Facility (STF) with 6 to 15 beds in a room will be reported as "6-15 beds per room".

Other Use of Bed(s): refers to any licensed beds included in the total on page 1 that were used for providing cares other than the categories listed on page 2, for example, acute care beds used for "Medical/Surgical-Isolation" or "Telemetry Monitoring"; long term care beds used for "ICF-Dementia" or "Respite Care"; etc. Please specify.

SNF Bed, or SNF/ICF Bed-SNF Care: Daily room rates for SNF beds or SNF/ICF beds used for providing skilled nursing care on the last day of the reporting period (December 31, 2020).

ICF Bed, or SNF/ICF Bed-ICF Care: Daily room rates for ICF beds or SNF/ICF beds used for providing intermediate care on the last day of the reporting period (December 31, 2020).

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Name of Facility:

Wait Listed Patients In Acute Care Beds Or Long Term Care Beds Ready To Discharge But Unable To Place (*see notes)

Instructions

- 1) **Facilities with ACUTE CARE BEDS please complete Table 1, Line 1 through Line 6. Line 1 and Line 4 must be filled.**
 – If no patient wait listed in acute care beds "ready to discharge but unable to place", please enter "0".
 – If any data was not available, please enter "NA" and provide the reason for which the data was not available.
- 2) **Facilities with LONG TERM CARE BEDS please complete Table 2, Line 1 through Line 6. Line 1 and Line 4 must be filled.**
 – If no patient wait listed in long term care beds "ready to discharge but unable to place", please enter "0".
 – If any data was not available, please enter "NA" and provide the reason for which the data was not available.

Table 1 (For Completion by Facilities with ACUTE CARE BEDS)		Table 2 (For Completion by Facilities with LONG TERM CARE BEDS)	
1. On the day of December 31, 2020, how many patients were wait listed in ACUTE CARE BEDS, ready to discharge but unable to place?		1. On the day of December 31, 2020, how many patients were wait listed in LONG TERM CARE BEDS, ready to discharge but unable to place?	
2. Among the total number of wait listed patients reported in Line 1, how many patients were wait listed for each type of facilities/agencies listed below? Assume that each wait listed patient could only be placed in one (type) of the facilities/agencies upon discharge.		2. Among the total number of wait listed patients reported in Line 1, how many patients were wait listed for each type of facilities/agencies listed below? Assume that each wait listed patient could only be placed in one (type) of the facilities/agencies upon discharge.	
A)* SNF, ICF, or SNF/ICF		A)* SNF, ICF, or SNF/ICF	
B)* Care Homes & Alternatives such as NHWW, etc.		B)* Care Homes & Alternatives such as NHWW, etc.	
C)* Home Health, Day Hospital, Day Care		C)* Home Health, Day Hospital, Day Care	
D)* Other Facility (Please specify. Add row as needed.)		D)* Other Facility (Please specify. Add row as needed.)	
3. Among the total number of wait listed patients reported in Line 1, how many patients were wait listed due to one of the following reasons? Count one primary reason for each wait listed patient.		3. Among the total number of wait listed patients reported in Line 1, how many patients were wait listed due to one of the following reasons? Count one primary reason for each wait listed patient.	
F) Beds/Spaces Were Not Available		F) Beds/Spaces Were Not Available	
G) Psychiatric, Dementia, Behavior, etc. Problem(s)		G) Psychiatric, Dementia, Behavior, etc. Problem(s)	
H) Special Services/Care Required		H) Special Services/Care Required	
I) Financial, Medicaid, Insurance, etc. Problem(s)		I) Financial, Medicaid, Insurance, etc. Problem(s)	
J) Family/Caregiver/Guardianship Problem(s)		J) Family/Caregiver/Guardianship Problem(s)	
K) Pending PASRR Screening		K) Pending PASRR Screening	
L) Other Reason (Please specify. Add row as needed.)		L) Other Reason (Please specify. Add row as needed.)	
4. During the period of January 1 to December 31, 2020, the total number of wait listed patients in ACUTE CARE BEDS was:		4. During the period of January 1 to December 31, 2020, the total number of wait listed patients in LONG TERM CARE BEDS was:	

Continued

<p>5. During the period of January 1 to December 31, 2020, how many total inpatient days attributed to the wait listed patients in ACUTE CARE BEDS reported in Line 4?</p>		<p>5. During the period of January 1 to December 31, 2020, how many total inpatient days attributed to the wait listed patients in LONG TERM CARE BEDS reported in Line 4?</p>	
<p>6. Were the total inpatient days reported in Line 5 included in the ACUTE CARE BED utilization data totals on page 1? Please include the total inpatient days reported in Line 5 in the totals on page 1 and check [X] Yes.</p>	<p>[] Yes</p>	<p>6. Were the total inpatient days reported in Line 5 included in the LONG TERM CARE BED utilization data totals on page 1? Please include the total inpatient days reported in Line 5 in the totals on page 1 and check [X] Yes.</p>	<p>[] Yes</p>

* See notes below

Notes:

- A) **SNF, ICF or SNF/ICF:** are the number of patients, on the last day of the reporting period (December 31, 2020), ready to discharge but unable to place in a SNF, ICF or SNF/ICF facility.
- B) **Care Homes & Alternatives:** are the number of patients, on the last day of the reporting period (December 31, 2020), ready to discharge but unable to place in a care home or alternatives such as a Nursing Home Without Walls (NHWW), etc.
- C) **Home Health, Day Hospital, Day Care:** are the number of patients, on the last day of the reporting period (December 31, 2020), ready to discharge but unable to place in a Home Health Agency or Day Care Agency.
- D) **Other Facility (Please specify):** are the number of patients, on the last day of the reporting period (December 31, 2020), ready to discharge but unable to place in a facility/agency other than those listed in Line A) through Line C). Please specify the type of facility/agency which the patient was wait listed to be placed.

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Equipment/Procedures Utilization Report (*see notes)

For the Period of January 1 to December 31, 2020

(Please Complete One Report for Each Facility/Location of Care. Due Date: May 31, 2021)

Name of Facility:			
Address of Facility:			
Name of Administrator:		Phone:	
Completed by: (name)		Fax:	
(title)		Email:	

Instructions:

For completion by facilities with any of the following equipment/procedures:

- Magnetic Resonance Imaging (MRI)
- Lithotripsy Unit
- Computed Tomography (CT)
- Gamma Knife
- Positron Emission Tomography (PET) or Positron Emission Tomography–Computed Tomography (PET–CT)

- 1) Part I: For completion by ALL facilities with the Listed Equipment/Procedures regardless the facilities' billing practices (global billing or split billing).
- 2) Part II: For completion by facilities with split billing practice regarding professional charges and technical charges for procedures.
- 3) When complete Part I and Part II, if any data was not available, please enter "NA" and provide the reason for which the data was not available.

Part I (For Completion by ALL Facilities with the Listed Equipment/Procedures)							Part II (For Completion by Facilities with Split Billing Practice)			
Equipment Available for Utilization in 2020 (List MRI by Make/Model/Tesla and all other equipment by Make/Model, including upgrades.)	Count of Equipment by Make/Model (A)	Year Acquired (B)	Original Cost Paid to Acquire or Upgrade the Equipment (C)	Total Number of Procedures Completed in 2020 (D)	Total Charge to All Procedures Completed in 2020 as Reported in Column (D) (E)*	Average Charge Per Procedure in 2020 (F) = (E)/(D)*	Total Professional Charge to All Procedures Completed in 2020 as Reported in Column (D) (G)*	Average Professional Charge Per Procedure in 2020 (H) = (G)/(D)*	Total Technical Charge to All Procedures Completed in 2020 as Reported in Column (D) (I)*	Average Technical Charge Per Procedure in 2020 (J) = (I)/(D)*
Magnetic Resonance Imaging (MRI)										
<i>Example:</i> Siemens/MAGNETOM Aera/1.5T	1	2013	\$ 1,500,000.00	4000	\$ 8,000,000.00	\$ 2,000.00	\$ 1,200,000.00	\$ 300.00	\$ 6,800,000.00	\$ 1,700.00

Continued

Name of Facility:

Part I (For Completion by ALL Facilities with the Listed Equipment/Procedures)							Part II (For Completion by Facilities with Split Billing Practice)			
Equipment Available for Utilization in 2020 (List MRI by Make/Model/Tesla and all other equipment by Make/Model, including upgrades.)	Count of Equipment by Make/Model (A)	Year Acquired (B)	Original Cost Paid to Acquire or Upgrade the Equipment (C)	Total Number of Procedures Completed in 2020 (D)	Total Charge to All Procedures Completed in 2020 as Reported in Column (D) (E)*	Average Charge Per Procedure in 2020 (F) = (E)/(D)*	Total Professional Charge to All Procedures Completed in 2020 as Reported in Column (D) (G)*	Average Professional Charge Per Procedure in 2020 (H) = (G)/(D)*	Total Technical Charge to All Procedures Completed in 2020 as Reported in Column (D) (I)*	Average Technical Charge Per Procedure in 2020 (J) = (I)/(D)*
Computed Tomography (CT)										
<i>Example: Toshiba/Aquilion 64</i>	1	2014	\$ 1,000,000.00	5000	\$ 8,000,000.00	\$ 1,600.00	\$ 1,000,000.00	\$ 200.00	\$ 7,000,000.00	\$ 1,400.00
Positron Emission Tomography (PET) or Positron Emission Tomography-Computed Tomography (PET-CT)										
<i>Example: GE/Discovery ST PET-CT</i>	1	2007	\$ 1,500,000.00	1500	\$ 6,000,000.00	\$ 4,000.00	NA. Not split billing.		NA. Not split billing.	
Lithotripsy Unit										
<i>Example: See above examples</i>										
Gamma Knife										
<i>Example: See above examples</i>										

*See notes below

Notes:

Column (E)-Total Charge to All Procedures Completed in 2020: The sum of charges to each and every procedure completed in 2020 as reported in Column (D) for the specific type of equipment.

Column (F)-Average Charge Per Procedure in 2020: Divide the Total Charge to All Procedures in Column (E) by the Total Number of Procedures in Column (D) for the specific type of equipment.

Column (G) through Column (J): Some facilities have separate charges for each procedure completed in their facilities that will be billed separately (split billing): a professional charge billed to cover the cost of the physician's professional services and a technical charge billed to cover the use of equipment, facilities, nonphysician medical staff, supplies, etc. Facilities with separate professional charge and technical charge billing please complete Column (G) through Column (J). If any data was not available, please enter "NA" and provide the reason for which the data was not available. DO NOT leave the space blank.

Column (G)-Total Professional Charge to All Procedures Completed in 2020: The sum of professional charges to each and every procedure completed in 2020 as reported in Column (D) for the specific type of equipment.

Column (H)-Average Professional Charge Per Procedure in 2020: Divide the Total Professional Charge to All Procedures in Column (G) by the Total Number of Procedures in Column (D) for the specific type of equipment, $(H) = (G)/(D)$.

Column (I)-Total Technical Charge to All Procedures Completed in 2020: The sum of technical charges to each and every procedure completed in 2020 as reported in Column (D) for the specific type of equipment.

Column (J)-Average Technical Charge Per Procedure in 2020: Divide the Total Technical Charge to All Procedures in Column (I) by the Total Number of Procedures in Column (D) for the specific type of equipment, $(J) = (I)/(D)$.

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Radiation Therapy Utilization Report (*see notes)

For the Period of January 1 to December 31, 2020

(Please Complete One Report for Each Facility/Location of Care. Due Date: May 31, 2021)

Name of Facility:			
Address of Facility:			
Name of Administrator:		Phone:	
Completed by: (name)		Fax:	
(title)		Email:	

Instructions:

For completion by facilities using a linear accelerator (LINAC) for radiation therapy treatments.

- 1) Part I: For completion by ALL facilities regardless the facilities' billing practices (global billing or split billing).
- 2) Part II: For completion by facilities with split billing practice regarding professional charges and technical charges for radiation therapy treatments.
- 3) When complete Part I and Part II, if any data was not available, please enter "NA" and provide the reason for which the data was not available.

Part I (For Completion by ALL Facilities using a Linear Accelerator (LINAC) for Radiation Therapy Treatments)								Part II (For Completion by Facilities with Split Billing Practice)			
List Linear Accelerator (LINAC) Unit(s) Available for Radiation Therapy in 2020 By Make/Model, including upgrades	Count of LINAC Unit by Make/Model (A)	Year Acquired (B)	Original Cost Paid to Acquire or Upgrade the LINAC Unit (C)	Total Number of Cases Treated in 2020 (D)*	Total Number of Treatments Completed in 2020 (E)*	Total Charge to All Treatments Completed in 2020 as Reported in Column (E) (F)*	Average Charge Per Treatment in 2020 (G) = (F)/(E)*	Total Professional Charge to All Treatments Completed in 2020 as Reported in Column (E) (H)*	Average Professional Charge Per Treatment in 2020 (I) = (H)/(E)*	Total Technical Charge to All Treatments Completed in 2020 as Reported in Column (E) (J)*	Average Technical Charge Per Treatment in 2020 (K) = (J)/(E)*
<i>Example: Varian/TrueBeam STx</i>	1	2012	\$ 3,000,000.00	400	8000	\$ 20,000,000.00	\$ 2,500.00	\$ 2,400,000.00	\$ 300.00	\$ 17,600,000.00	\$ 2,200.00

*see notes below

Notes:

Column (D)-Total Number of Cases Treated in 2020: One case is one unduplicated patient count.

Column (E)-Total Number of Treatments Completed in 2020: A treatment is defined as a single patient visit equivalent when using a linear accelerator (LINAC) as the treatment device.

Column (F)-Total Charge to All Treatments Completed in 2020: The sum of charges to each and every radiation therapy treatment completed in 2020 as reported in Column (E).

Column (G)-Average Charge Per Treatment in 2020: Divide the Total Charge to All Treatments in Column (F) by the Total Number of Treatments in Column (E).

Column (H) through Column (K): Some facilities have separate charges for each radiation therapy treatment completed in their facilities that will be billed separately (split billing): a professional charge billed to cover the cost of the physician's professional services and a technical charge billed to cover the use of equipment, facilities, nonphysician medical staff, supplies, etc. Facilities with separate professional charge and technical charge billing please complete Column (H) through Column (K). If any data was not available, please enter "NA" and provide the reason for which the data was not available. DO NOT leave the space blank.

Column (H)-Total Professional Charge to All Treatments Completed in 2020: The sum of professional charges to each and every radiation therapy treatment completed in 2020 as reported in Column (E).

Column (I)-Average Professional Charge Per Treatment in 2020: Divide the Total Professional Charge to All Treatments in Column (H) by the Total Number of Treatments in Column (E), $(I) = (H)/(E)$.

Column (J)-Total Technical Charge to All Treatments Completed in 2020: The sum of technical charges to each and every radiation therapy treatment completed in 2020 as reported in Column (E).

Column (K)-Average Technical Charge Per Treatment in 2020: Divide the Total Technical Charge to All treatments in Column (J) by the Total Number of Treatments in Column (E), $(K) = (J)/(E)$.

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<h2>Cardiac Catheterization Lab and Open Heart Surgery Room Utilization (*see notes)</h2>			
<h3>For the Period of January 1 to December 31, 2020</h3>			
(Please Complete One Report for Each Facility/Location of Care. Due Date: May 31, 2021)			
Name of Facility:			
Address of Facility:			
Name of Administrator:		Phone:	
Completed by: (name)		Fax:	
(title)		Email:	

Instructions:

- 1) **Facilities with Cardiac Catheterization Lab(s) please complete Part I, Line 1 through Line 4.**
- 2) **Facilities with Open Heart Surgery Room(s) please complete Part II.**
- 3) **When complete Part I and Part II,**
 - If a procedure was not performed, please enter "0" into the space. DO NOT leave the space blank.
 - If a procedure was performed but the data was not available, please enter "NA" into the space and provide the reason for which the data was not available. DO NOT leave the space blank.

Part I. Cardiac Catheterization Lab Utilization in 2020

1. Total number of Cardiac Catheterization Lab(s) in the facility		
2. Total number of Diagnostic Cardiac Catheterization procedures	Adult Total	
	Pediatric Total	
<i>Note:</i>		
<i>a) For diagnostic catheterizations, only one (1) diagnostic procedure should be counted per patient visit to the cardiac catheterization laboratory regardless of the number of procedures performed during that visit.</i>		
<i>b) DO NOT count Therapeutic Cardiac Catheterization procedures or Percutaneous Coronary Intervention (PCI), or Electrophysiology procedures as diagnostic cardiac catheterization procedures in line 2. Enter the count of Therapeutic Cardiac Catheterization procedures and Percutaneous Coronary Intervention (PCI) in line 3, and the count of Electrophysiology procedures in line 4, respectively.</i>		
3. Total number of Therapeutic Cardiac Catheterization procedures and Percutaneous Coronary Intervention (PCI)	Adult Total	
	Pediatric Total	
<i>Note: DO NOT include the count of this procedure in line 2 or line 4</i>		
4. Total number of Electrophysiology procedures performed in the cardiac catheterization lab(s)	Adult Total	
	Pediatric Total	
<i>Note: DO NOT include the count of this procedure in line 2 or line 3</i>		

Part II. Open Heart Surgery Room Utilization in 2020

Total number of open heart operations		
	Adult Total	
	Pediatric Total	