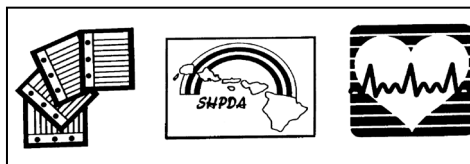


Hawaii State Health Planning and Development Agency

1177 Alakea St. #402 Honolulu, Hawaii 96813

Phone: 808-587-0788 Fax: 808-587-0783 Web: <https://health.hawaii.gov/shpda>

Health Care Utilization Report

For the Period of January 1 to December 31, 2023

(Please Complete One Report for Each Facility/Location of Service. Due Date: May 31, 2024)

Instructions

If your facility has the item(s)/service(s) listed below, please complete the page(s) relevant to the item(s)/service(s).

Beds	Page #
Acute Care Beds	Page 1, 2, 3
Long Term Care Beds	Page 1, 2, 3
Special Care/Other Beds including:	Page 1, 2
Special Treatment Facility (STF)	Page 1, 2
Psychiatric (Specialty)	Page 1, 2
Tuberculosis (TB)	Page 1, 2
SNF/ICF for Intellectual Disabilities	Page 1, 2
Hansen's Disease	Page 1, 2
Rehabilitation	Page 1, 2
Children's Orthopedic	Page 1, 2
Equipment/Procedures/Services	Page #
Magnetic Resonance Imaging (MRI)	Page 4
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

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

- 1) Email to: dailin.ye@doh.hawaii.gov, or
- 2) Fax to: 808-587-0783, or
- 3) Mail to:
 SHPDA Utilization Survey
 Hawaii State Health Planning and Development Agency
 1177 Alakea St. #402
 Honolulu, HI 96813

Questions:

Phone: 808-587-0852
 Email: dailin.ye@doh.hawaii.gov

Additional copies of forms/instructions are available at:

<https://health.hawaii.gov/shpda/agency-resources-and-publications/health-care-utilization-reports-and-survey-instructions/>

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Bed Utilization Report (*see notes)

For the Period of January 1 to December 31, 2023

(Please Complete One Report for Each Facility/Location of Service. Due Date: May 31, 2024)

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

Type of Beds	Total SHPDA Approved Bed Capacity on 12/31/2023 (A)*	Total OHCA Licensed Bed Capacity on 12/31/2023 (B)*	Total Staffed Beds in the Facility on 12/31/2023 (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 2023 (E)*	Total Admissions in 2023 (F)*
I. Acute Care Beds: (If no Acute Care Beds, skip, go to Section II.)						
<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						
II. Long Term Care Beds: (If no Long Term Care Beds, skip, go to Section III.)						
<i>Example: SNF/ICF</i>	49	49	45	<i>Renovation</i>	9930	165
Skilled Nursing (SNF)*						
Intermediate Care (ICF)*						
SNF/ICF*						
III. Special Care/Other Beds:						
<i>Example: Special Treatment Facility (STF)</i>	66	66	54	<i>Insufficient funding</i>	17950	747
Special Treatment Facility (STF)						
Psychiatric (Specialty)						
Tuberculosis (TB)						
SNF/ICF for Intellectual Disabilities						
Hansen's Disease						
Rehabilitation						
Children's Orthopedic						
Other Type of Bed(s) (Specify)						
(List other Specialty Care Bed here)						
(List other Specialty Care Bed here)						

* 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, 2023) 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, 2023) 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, 2023) 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, 2023. The reason for not staffing or setting up all of the 66 licensed beds could be, for instance, "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, 2023).

Column (F)—Total Admissions: are the total number of admissions for the reporting period (January 1 to December 31, 2023).

Example for Calculating Total Admissions and Total Inpatient Days:

Day of the Year	Day 1	Day 2	Day 3	...	Day 365	Total for the Year
Daily Admission	1	0	3	...	2	6+
Daily Census	5	5	8	...	6	24+

Total Admissions:	Add together each daily admission for the 365 days in the year	6+
Total Inpatient Days:	Add together each daily census for the 365 days in the year	24+

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, 2023.

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, 2023.

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, 2023.

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Name of Facility:

Daily Room Rates (\$) As Of December 31, 2023 (*see notes) (Per Individual Per Type of Bed and Type of Room)				
Type of Beds	Type of Rooms			
	Private (1 bed/room)	Semi-Private (2 beds/room)	Ward (3-4 beds/room)	Room with 5+ Beds* (Specify bed count/room)
I. Acute Care Beds: (If no Acute Care Beds, skip, go to Section II.)				
<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 for Acute Care (Specify)				
Acute/Long Term Swing for SNF Care				
Acute/Long Term Swing for ICF Care				
Acute Care Beds-Other Use Not Listed Above*: (Please specify. See below for example. Add row as needed.)				
<i>For example: Bed for Medical/Surgical-Telemetry, Private Room, Daily Room Rate \$5270. Enter as:</i>				
<i>Example: Medical/Surgical-Telemetry</i>	\$ 5,270.00			
(List Acute Care Bed-Other Use here)				
II. Long Term Care Beds: (If no Long Term Care Beds, skip, go to Section III.)				
<i>Example: SNF Bed, or SNF Care in SNF/ICF Bed</i>	\$ 365.00	\$ 345.00	\$ 325.00	
<i>Example: ICF Bed, or ICF Care in SNF/ICF Bed</i>	\$ 355.00	\$ 335.00	\$ 315.00	
SNF Bed, or SNF Care in SNF/ICF Bed*				
ICF Bed, or ICF Care in SNF/ICF Bed*				
Long Term Care Beds-Other Use Not Listed Above*: (Please specify. See below for example. Add row as needed.)				
<i>For example: Bed for Respite Care, Private Room, Daily Room Rate \$340; Semi-Private Room, Daily Room Rate \$320; Ward, Daily Room Rate \$300. Enter as:</i>				
<i>Example: Respite Care</i>	\$ 340.00	\$ 320.00	\$ 300.00	
(List Long Term Care Bed-Other Use here)				
III. Special Care/Other Beds:				
<i>Example: Special Treatment Facility (STF)</i>				\$87.00 (6-15 beds/room)
Special Treatment Facility (STF)				
Psychiatric (Specialty)				
Tuberculosis (TB)				
SNF/ICF for Intellectual Disabilities				
Hansen's Disease				
Rehabilitation				
Children's Orthopedic				
Other Special Care Beds Not Listed Above*: (Please specify. Add row as needed.)				
(List Specialty Care Bed-Other Use here)				

* See notes below

Notes:

Daily Room Rates (\$) On December 31, 2023: refers to the daily room rates listed on the facility's fee schedule on the last day of the reporting period (December 31, 2023) per individual 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.

Room with 5+ Beds (Specify bed count/room): 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 for 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, 2023).

ICF Bed, or SNF/ICF Bed for 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, 2023).

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Name of Facility:

Report on Wait Listed Patients

Instructions: This form is for facilities with ACUTE CARE BEDS and/or LONG TERM CARE BEDS.

- 1) **Facilities with ACUTE CARE BEDS:** Complete column for "Wait Listed In ACUTE CARE BEDS". Otherwise, skip.
 2) **Facilities with LONG TERM CARE BEDS:** Complete column for "Wait Listed In LONG TERM CARE BEDS". Otherwise, skip.

Part I. Line 1 through Line 3:

Wait Listed Patients on the last day of the reporting period, December 31, 2023

1. On the last day of the reporting period, December 31, 2023, how many patients were wait listed in Acute Care Beds/in Long Term Care Beds, "ready to discharge but unable to place"? (This question was for a single day on December 31, 2023.)	Wait Listed In ACUTE CARE BEDS	Wait Listed In LONG TERM CARE BEDS
Note: Line 1 must be filled with one (1) of the following information: a, or b, or c. To differentiate from missing information, please DO NOT leave Line 1 blank. a) Enter the total number of patients (if 1 or more) wait listed in Acute Care Beds/in Long Term Care Beds "ready to discharge but unable to place" on the last day of the reporting period, December 31, 2023. Then complete Line 2 and Line 3, and go to Part II . Or b) If no patient wait listed in Acute Care Beds/in Long Term Care Beds on the last day of the reporting period, December 31, 2023, enter "0". Then go to Part II . Or c) If wait listed patient information was not available (NA), enter "NA" and explain/specify reason(s). Then go to Part II .	(Line 1 must be filled: a, or b, or c.)	(Line 1 must be filled: a, or b, or c.)
2. Among the total number of wait listed patients reported in Line 1a, how many patients were wait listed for each type of the facilities/agencies listed below (A through D, *see notes)? Assume that each wait listed patient could only be placed in one (type) of the facilities/agencies upon discharge. (Total count: Line 2 = Line 1a)	Wait Listed In ACUTE CARE BEDS For	Wait Listed In LONG TERM CARE BEDS For
A)* SNF, ICF, or SNF/ICF		
B)* Care Homes & Alternatives such as NHWW, etc.		
C)* Home Health, Day Hospital, Day Care		
D)* Other Facility (Please specify. Add row as needed.)		
(List other type of facility and count here)		
(List other type of facility and count here)		
3. Among the total number of wait listed patients reported in Line 1a, how many patients were wait listed due to one of the following reasons (F through L)? Count one primary reason for each wait listed patient. (Total count: Line 3 = Line 1a)	Wait Listed In ACUTE CARE BEDS Due To	Wait Listed In LONG TERM CARE BEDS Due To
F) Beds/Spaces Were Not Available		
G) Psychiatric, Dementia, Behavior, etc. Problem(s)		
H) Special Services/Care Required		
I) Financial, Medicaid, Insurance, etc. Problem(s)		
J) Family/Caregiver/Guardianship Problem(s)		
K) Pending PASRR Screening		
L) Other Reason (Please specify. Add row as needed.)		
(List other reason and count here)		
(List other reason and count here)		

Continue to Part II

Part II. Line 4 through Line 6: Wait Listed Patients during the reporting period of January 1 to December 31, 2023			
4	During the reporting period of January 1 to December 31, 2023, how many patients in total had ever been wait listed in Acute Care Beds/in Long Term Care Beds, "ready to discharge but unable to place"? (This question was for the entire year of 2023.)	Wait Listed In ACUTE CARE BEDS	Wait Listed In LONG TERM CARE BEDS
<i>Note: Line 4 must be filled with one (1) of the following information: a, or b, or c. To differentiate from missing information, please DO NOT leave Line 4 blank.</i> a) Enter the total number of patients (if 1 or more) had ever been wait listed in Acute Care Beds/in Long Term Care Beds "ready to discharge but unable to place" during the reporting period of January 1 to December 31, 2023. Then complete Line 5 and Line 6 . b) If no patient ever been wait listed in Acute Care Beds/in Long Term Care Beds during the reporting period of January 1 to December 31, 2023, enter "0" and stop here. Or c) If wait listed patient information was not available (NA), enter "NA" and explain/specify reason(s). Stop here.		(Line 4 must be filled: a, or b, or c.)	(Line 4 must be filled: a, or b, or c.)
5.	During the reporting period of January 1 to December 31, 2023, how many Inpatient Days in total were attributed to the overstay of the wait listed patients in Acute Care Beds/in Long Term Care Beds reported in Line 4a?		
6.	Were the Inpatient Days reported in Line 5 included in the utilization data totals on page 1? Please include the Inpatient Days reported in Line 5 in the Total Inpatient Days on page 1 and check [X] Yes.	[] Yes. The Inpatient Days reported in Line 5 were included in the Total Inpatient Days on page 1.	[] Yes. The Inpatient Days reported in Line 5 were included in the Total Inpatient Days on page 1.

* 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, 2023), 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, 2023), 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, 2023), 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, 2023), ready to discharge but unable to place in a facility/agency other than those listed in Line 2: A) through C). Please specify the type of facility/agency which the patient was wait listed to be placed.

[illegible]

Continue to CT, PET or PET-CT, Lithotripsy Unit and Gamma Knife Sections

Name of Facility:

Part I (For Completion by ALL Facilities with the Listed Equipment/Procedures)							Part II (Professional Charges and Technical Charges)			
Equipment Available for Utilization in 2023 (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 2023 (D)	Total Charge to All Procedures Completed in 2023 as Reported in Column (D) (E)*	Average Charge Per Procedure in 2023 (F) = (E)/(D)*	Total Professional Charge to All Procedures Completed in 2023 as Reported in Column (D) (G)*	Average Professional Charge Per Procedure in 2023 (H) = (G)/(D)*	Total Technical Charge to All Procedures Completed in 2023 as Reported in Column (D) (I)*	Average Technical Charge Per Procedure in 2023 (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	\$ 5,000,000.00	\$ 3,333.33	\$ 352,500.00	\$ 235.00	\$ 4,647,500.00	\$ 3,098.33
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 2023: The sum of charges to each and every procedure completed in 2023 as reported in Column (D) for the specific type of equipment.

Column (F)—Average Charge Per Procedure in 2023: 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 at 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(s) blank.

For example, when a procedure was done at a hospital where the hospital handled the technical charges and the physician(s) handled the professional charges separately, the hospital might not have the information for the professional charges billed by the physician(s). The hospital should report the technical charges in Column (I) and Column (J), and enter 'NA' in Column (G) and Column (H), specifying that the hospital did not have the professional charges billed by the physician(s).

Column (G)—Total Professional Charge to All Procedures Completed in 2023: The sum of professional charges to each and every procedure completed in 2023 as reported in Column (D) for the specific type of equipment.

Column (H)—Average Professional Charge Per Procedure in 2023: 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 2023: The sum of technical charges to each and every procedure completed in 2023 as reported in Column (D) for the specific type of equipment.

Column (J)—Average Technical Charge Per Procedure in 2023: 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, 2023

(Please Complete One Report for Each Facility/Location of Service. Due Date: May 31, 2024)

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

Instructions: This form is for completion by facilities using a linear accelerator (LINAC) for radiation therapy treatments. Otherwise, skip.

- 1) Part I: For ALL radiation therapy treatments regardless the facilities' billing practices (global billing or split billing).**
- 2) Part II: Professional charges and technical charges for radiation therapy treatments.**
- 3) If any data was not available, please enter "NA" and explain/specify reason(s).** For example: For the procedures done at a hospital, the hospital handled the technical charges but did not have the professional charges billed by the physician(s), the hospital should report the technical charges in Column (J) and Column (K), and enter 'NA' in Column (H) and Column (I), specifying that the hospital did not have the professional charges billed by the physician(s).

Part I (For Completion by ALL Facilities using a Linear Accelerator (LINAC) for Radiation Therapy Treatments)								Part II (Professional Charges and Technical Charges)			
List Linear Accelerator (LINAC) Unit(s) Available for Radiation Therapy in 2023 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 2023 (D)*	Total Number of Treatments Completed in 2023 (E)*	Total Charge to All Treatments Completed in 2023 as Reported in Column (E) (F)*	Average Charge Per Treatment in 2023 (G) = (F)/(E)*	Total Professional Charge to All Treatments Completed in 2023 as Reported in Column (E) (H)*	Average Professional Charge Per Treatment in 2023 (I) = (H)/(E)*	Total Technical Charge to All Treatments Completed in 2023 as Reported in Column (E) (J)*	Average Technical Charge Per Treatment in 2023 (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 2023: One case is one unduplicated patient count.

Column (E)–Total Number of Treatments Completed in 2023: 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 2023: The sum of charges to each and every radiation therapy treatment completed in 2023 as reported in Column (E).

Column (G)–Average Charge Per Treatment in 2023: Divide the Total Charge to All Treatments in Column (F) by the Total Number of Treatments in Column (E), $G=(F)/(E)$.

Column (H) through Column (K): Some facilities have separate charges for each procedure completed at 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(s) blank.

For example, when a procedure was done at a hospital where the hospital handled the technical charges and the physician(s) handled the professional charges separately, the hospital might not have the information for the professional charges billed by the physician(s). The hospital should report the technical charges in Column (J) and Column (K), and enter "NA" in Column (H) and Column (I), specifying that the hospital did not have the professional charges billed by the physician(s).

Column (H)–Total Professional Charge to All Treatments Completed in 2023: The sum of professional charges to each and every radiation therapy treatment completed in 2023 as reported in Column (E).

Column (I)–Average Professional Charge Per Treatment in 2023: 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 2023: The sum of technical charges to each and every radiation therapy treatment completed in 2023 as reported in Column (E).

Column (K)–Average Technical Charge Per Treatment in 2023: 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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Cardiac Catheterization Lab and Open Heart Surgery Room Utilization (*see notes)

For the Period of January 1 to December 31, 2023

(Please Complete One Report for Each Facility/Location of Service. Due Date: May 31, 2024)

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

Instructions: This form is for completion by facilities with Cardiac Catheterization Lab and/or Open Heart Surgery Room. Otherwise, skip.

- 1) **Part I: Cardiac Catheterization Lab(s) Utilization, Line 1 through Line 4.**
- 2) **Part II: Open Heart Surgery Room(s) Utilization.**
- 3) **To differentiate "procedure not performed" from "procedure performed but information not available", please DO NOT leave yellow space(s) blank.**
 - if a procedure was not performed, please enter "0" into the yellow space provided.
 - if a procedure was performed but the information was not available (N/A), please enter "NA" into the yellow space provided and explain/specify the reason(s).

Part I. Cardiac Catheterization Lab Utilization in 2023

1. Total number of Cardiac Catheterization Lab(s) in the facility		
2. Total number of Diagnostic Cardiac Catheterization procedures	Adult Total	
	Pediatric Total	
Note: <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	
Note: DO NOT include the count of this procedure in Line 2 or Line 4		
4. Total number of Electrophysiology procedures performed in the cardiac catheterization lab(s)	Adult Total	
	Pediatric Total	
Note: DO NOT include the count of this procedure in Line 2 or Line 3		

Part II. Open Heart Surgery Room Utilization in 2023

Total number of open heart operations		
	Adult Total	
	Pediatric Total	