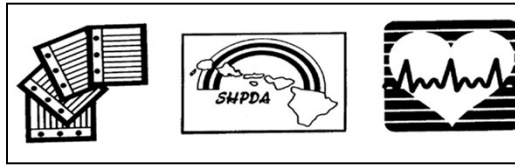


Hawaii State Health Planning and Development Agency

1177 Alakea St. #402 Honolulu, Hawaii 96813

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



Healthcare Utilization Report

For the Period of January 1 to December 31, 2024

(Please Complete One Report for Each Facility/Location of Service. Due Date: May 31, 2025)

Instructions

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

Beds	Form #
Acute Care Beds	Form-1 (Section I), Form-2 (Section I), Form-3 (Section I and II, Column A)
Long-Term Care (LTC) Beds	Form-1 (Section II), Form-2 (Section II), Form-3 (Section I and II, Column B)
Specialty Care/Other Beds including:	Form-1 (Section III), Form-2 (Section III)
Special Treatment Facility (STF)	Form-1 (Section III), Form-2 (Section III)
Psychiatric (Specialty)	Form-1 (Section III), Form-2 (Section III)
Tuberculosis (TB)	Form-1 (Section III), Form-2 (Section III)
SNF/ICF for Intellectual Disabilities (ID)	Form-1 (Section III), Form-2 (Section III)
Rehabilitation	Form-1 (Section III), Form-2 (Section III)
Children's Orthopedic	Form-1 (Section III), Form-2 (Section III)
Hansen's Disease	Form-1 (Section III), Form-2 (Section III)
Equipment/Procedures/Services	Form #
Magnetic Resonance Imaging (MRI)	Form-4 (Section I and II)
Computed Tomography (CT)	Form-4 (Section I and II)
Positron Emission Tomography (PET)	Form-4 (Section I and II)
Lithotripsy Unit	Form-4 (Section I and II)
Gamma Knife	Form-4 (Section I and II)
Radiation Therapy	Form-5 (Section I and II)
Cardiac Catheterization	Form-6 (Section I)
Percutaneous Coronary Intervention (PCI)	Form-6 (Section I)
Electrophysiology	Form-6 (Section I)
Open Heart Surgery	Form-6 (Section II)

Additional copies of instructions and survey forms are available at:

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

Three (3) ways to return the survey form(s) to SHPDA:	Questions?
1) Email to: dailin.ye@doh.hawaii.gov , or	Email: dailin.ye@doh.hawaii.gov
2) Fax to: 808-587-0783, or	Phone: 808-587-0852
3) Mail to: SHPDA Utilization Survey Hawaii State Health Planning and Development Agency 1177 Alakea St. #402, Honolulu, HI 96813	

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>

<h2 style="margin: 0;">Form-1: Bed Utilization Report (*see notes)</h2>			
<h3 style="margin: 0;">For the Period of January 1 to December 31, 2024</h3>			
(Please Complete One Report for Each Facility/Location of Service. Due Date: May 31, 2025)			
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 12/31/2024 (A)*	Total OHCA Licensed Bed Capacity on 12/31/2024 (B)*	Total Staffed Beds in the Facility on 12/31/2024 (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 2024 (E)*	Total Admissions in 2024 (F)*
Section I. Acute Care Beds (If no Acute Care Beds, skip Section I, 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 (Acute)						
Acute/Long-Term Swing						
Section II. Long-Term Care (LTC) Beds (If no LTC Beds, skip Section II, go to Section III.)						
<i>Example: SNF/ICF Bed</i>	49	49	45	<i>Renovation</i>	9930	165
Skilled Nursing (SNF) Bed*						
Intermediate Care (ICF) Bed*						
SNF/ICF Bed*						
Section III. Specialty Care/Other Beds (If no Specialty Care/Other Beds, skip Section III.)						
<i>Example: Special Treatment Facility (STF)</i>	66	66	55	<i>Insufficient funding</i>	17950	747
Special Treatment Facility (STF)						
Psychiatric (Specialty)						
Tuberculosis (TB)						
SNF/ICF for Intellectual Disabilities (ID)						
Rehabilitation						
Children's Orthopedic						
Hansen's Disease						
Other Specialty Care: Specify Here						
Other Specialty Care: Specify Here						
(Add row as needed here)						

***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, 2024) 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, 2024) 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, 2024) which were regularly maintained, or set up and staffed ready for use.

Column (D)–Reason(s) for Not Staffing or Setting Up All Licensed Beds:

is/are the reason(s) for not staffing or setting up all the licensed bed(s) in the facility on the last day of the reporting period (December 31, 2024). 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, 2024. The reason for not staffing or setting up all the 66 licensed beds was "insufficient funding".

**Some facilities did not staff all their licensed beds because of low patient census.

**Other facilities did not staff all their licensed beds because of the lack of staff to safely operate the beds.

**Facilities might also reduce their staffed beds for other reasons: renovation, financial shortfall, etc.

**These are very different situations that are important to know.

Column (E)–Total Inpatient Days:

are the total number of inpatient days for the reporting period (January 1 to December 31, 2024).

Column (F)–Total Admissions:

are the total number of admissions for the reporting period (January 1 to December 31, 2024).

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) Bed:

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, 2024.

Intermediate Care (ICF) Bed:

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, 2024.

Skilled Nursing and Intermediate Care (SNF/ICF) Bed:

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, 2024.

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

Name of Facility:

Form-2: Daily Room Rates (\$) (*see notes)

(Per Individual Per Type of Bed and Type of Room As Of December 31, 2024)

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 per room)
Section I. Acute Care Beds (If no Acute Care Beds, skip Section I, 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 (Acute)				
Acute/Long-Term (LT) Swing	(See example below)			
<i>Example: Acute/LT Swing Bed (Medical/Surgical)</i>		\$ 5,058.00		
<i>Example: Acute/LT Swing Bed (SNF Care)</i>		\$ 2,000.00		
<i>Example: Acute/LT Swing Bed (ICF Care)</i>		\$ 1,638.00		
Acute/LT Swing Bed (Acute-Specify Here)				
Acute/LT Swing Bed (SNF Care)				
Acute/LT Swing Bed (ICF Care)				
Acute Care Bed-Other Use Not Listed Above*	(See example below)			
<i>Example: Medical/Surgical-Telemetry Monitoring</i>	\$ 5,270.00			
<i>Example: Medical/Surgical-Isolation</i>	\$ 4,500.00			
Acute Care Bed-Other Use: Specify Here				
Acute Care Bed-Other Use: Specify Here				
(Add row as needed here)				
Section II. Long-Term Care (LTC) Beds (If no LTC Beds, skip Section II, go to Section III.)				
<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)*				
LTC Bed-Other Use Not Listed Above*	(See example below)			
<i>Example: LTC Bed-Other Use: Respite Care</i>	\$ 340.00	\$ 320.00	\$ 300.00	
<i>Example: LTC Bed-Other Use: Hospice Care</i>	\$ 625.00	\$ 525.00		
LTC Bed-Other Use: Specify Here				
LTC Bed-Other Use: Specify Here				
(Add row as needed here)				
Section III. Specialty Care/Other Beds (If no Specialty Care/Other Beds, skip Section III.)				
<i>Example: Special Treatment Facility (STF)</i>		\$ 250.00	\$ 235.00	\$87.00 (6-15 beds/room)
Special Treatment Facility (STF)				
Psychiatric (Specialty)				
Tuberculosis (TB)				
SNF/ICF for Intellectual Disabilities (ID)				
Rehabilitation				

Children's Orthopedic				
Hansen's Disease				
Other Specialty Care Beds Not Listed Above				
Other Specialty Care Bed: Specify Here				
Other Specialty Care Bed: Specify Here				
(Add row as needed here)				

***Notes:**

Daily Room Rates (\$) (Per Individual Per Type of Bed and Type of Room As Of December 31, 2024)

refer to the daily room rates listed on the facility's fee schedule on the last day of the reporting period (December 31, 2024) 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, Daily Room Rates for OB–Nursery bed in semi–private room:

- reported by levels of care separately: level 1 care–\$859, level 2 care–\$1289; or
- reported as a range: level 1 care to level 2 care \$859–\$1289.

Room with 5+ Beds (Specify bed count per 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 (Medical/Surgical) beds were used for "Medical/Surgical–Telemetry Monitoring" or "Medical/Surgical–Isolation"; long-term care (LTC) beds were used for "Respite Care", "Hospice Care", or "ICF–Dementia 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 level care on the last day of the reporting period (December 31, 2024).

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, 2024).

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>

Name of Facility:

Form-3: Report on Wait Listed Patients (*see notes)

Instructions: Form-3 is for facilities with ACUTE CARE BEDS and/or LONG-TERM CARE BEDS.

- 1) *Form-3 consists of two sections: Section I (Line 1 through Line 3) and Section II (Line 4 through Line 6).*
- 2) *Facilities with ACUTE CARE BEDS: Complete Section I and Section II, Column (A).*
- 3) *Facilities with LONG-TERM CARE BEDS: Complete Section I and Section II, Column (B).*

Section I. Wait Listed Patient on December 31, 2024 (a single day)	Column (A)	Column (B)
1. On the last day of the reporting period, December 31, 2024 (a single day), how many patients in your facility were wait listed in Acute Care Beds/in Long-Term Care Beds, "ready to discharge but unable to place"? <i>Note: Line 1 must be completed with <u>ONE</u> of the following information (choose <u>ONLY ONE</u> from 1A through 1C):</i>	Patient Wait Listed In ACUTE CARE BED	Patient Wait Listed In LONG-TERM CARE BED
1A One or more wait listed patient(s) on December 31, 2024 (a single day): If, on December 31, 2024 (a single day), one or more patient(s) in your facility was/were wait listed in Acute Care Bed(s)/in Long-Term Care Bed(s), " ready to discharge but unable to place ", enter the total number of wait listed patients for the day in Line 1A, then complete Line 2 and Line 3 before go to Section II Line 4. Otherwise, go to Line 1B.		
1B No wait listed patient on December 31, 2024 (a single day): If, on December 31, 2024 (a single day), no patient in your facility was wait listed in Acute Care Beds/in Long-Term Care Beds, " ready to discharge but unable to place ", enter "0" in Line 1B, then go to Section II Line 4. Otherwise, go to Line 1C.		
1C Wait listed patient information on December 31, 2024 (a single day) not available: If wait listed patient information on December 31, 2024 was not available, enter "NA" in Line 1C and provide the reason(s) for missing information. Then go to Section II Line 4.		
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 (2A through 2D)? Assume that each wait listed patient could only be placed in one (type) of the facilities/agencies upon discharged from your facility. <i>Note: Make sure total number in Line 2 = total number in Line 1A</i>	Patient Wait Listed In ACUTE CARE BED For (2A through 2D)	Patient Wait Listed In LONG-TERM CARE BED For (2A through 2D)
2A* SNF, ICF, or SNF/ICF		
2B* Care Homes & Alternatives such as NHWW, etc.		
2C* Home Health, Day Hospital, Day Care		
2D* Other Facility: Specify Here		
Other Facility: Specify Here		
(Add row as needed 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 (3F through 3L)? Count one primary reason for each wait listed patient. <i>Note: Make sure total number in Line 3 = total number in Line 1A</i>	Patient Wait Listed In ACUTE CARE BED Due To (3F through 3L)	Patient Wait Listed In LONG-TERM CARE BED Due To (3F through 3L)
3F Beds/Spaces Were Not Available		
3G Psychiatric, Dementia, Behavior, etc. Problem(s)		
3H Special Services/Care Required		
3I Financial, Medicaid, Insurance, etc. Problem(s)		
3J Family/Caregiver/Guardianship Problem(s)		
3K Pending PASRR Screening		
3L Other Reason: Specify Here		

Other Reason: Specify Here (Add row as needed here)		
Section II. Wait Listed Patient from January 1 to December 31, 2024		
4. During the reporting period of January 1 to December 31, 2024 (the entire year), how many patients in your facility in total had ever been wait listed in Acute Care Beds/in Long-Term Care Beds, "ready to discharge but unable to place"? <i>Note: Line 4 must be completed with <u>ONE</u> of the following information (choose <u>ONLY ONE</u> from 4A through 4C):</i>	Column (A) Patient Wait Listed In ACUTE CARE BED	Column (B) Patient Wait Listed In LONG-TERM CARE BED
4A One or more wait listed patient(s) from January 1 to December 31, 2024 (the entire year): If, from January 1 to December 31, 2024 (the entire year), one or more patient(s) (including those reported in Line 1A) in your facility had been wait listed in Acute Care Beds/in Long-Term Care Beds, "ready to discharge but unable to place", enter the total number of wait listed patients for the year in Line 4A, then complete Line 5 and Line 6. Otherwise, go to Line 4B.		
4B No wait listed patient from January 1 to December 31, 2024 (the entire year): If, from January 1 to December 31, 2024 (the entire year), no patient in your facility had been wait listed in Acute Care Beds/in Long-Term Care Beds, "ready to discharge but unable to place", enter "0" in Line 4B and stop here. Otherwise, go to Line 4C.		
4C Wait listed patient information from January 1 to December 31, 2024 (the entire year) not available: If wait listed patient information for the entire year of 2024 was not available, enter "NA" in Line 4C and provide the reason(s) for missing information. Stop here.		
5. From January 1 to December 31, 2024 (the entire year), how many EXTRA 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 EXTRA Inpatient Days reported in Line 5 included in the utilization data totals in Form-1? Please include the EXTRA Inpatient Days reported in Line 5 in the Total Inpatient Days in Form-1 Column (E) and check [X] Yes.	[] Yes. The EXTRA Inpatient Days reported in Line 5 were included in the Total Inpatient Days in Form-1 Column (E).	[] Yes. The EXTRA Inpatient Days reported in Line 5 were included in the Total Inpatient Days in Form-1 Column (E).

***Notes:**

2A SNF, ICF or SNF/ICF:

are the number of patients, on the last day of the reporting period (December 31, 2024), ready to discharge but unable to place in a SNF, ICF or SNF/ICF facility.

2B Care Homes & Alternatives:

are the number of patients, on the last day of the reporting period (December 31, 2024), ready to discharge but unable to place in a care home or alternatives such as a Nursing Home Without Walls (NHWW), etc.

2C Home Health, Day Hospital, Day Care:

are the number of patients, on the last day of the reporting period (December 31, 2024), ready to discharge but unable to place in a Home Health Agency or Day Care Agency.

2D Other Facility (Specify):

are the number of patients, on the last day of the reporting period (December 31, 2024), ready to discharge but unable to place in a facility/agency other than those listed in Line 2A through 2C. Please specify the type of facility/agency which the patient was wait listed to be placed.

Notes:*Column (E)–Total Charge to All Procedures Completed in 2024:**

The sum of charges to each and every procedure completed in 2024 as reported in Column (D) for the specific type of equipment.

Column (F)–Average Charge Per Procedure in 2024: $(F) = (E)/(D)$

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(s) for which the data was not available. DO NOT leave the space(s) blank. For example,

when a procedure was done in 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), specify that the hospital did not have the professional charges billed by the physician(s).

Column (G)–Total Professional Charge to All Procedures Completed in 2024:

The sum of professional charges to each and every procedure completed in 2024 as reported in Column (D) for the specific type of equipment.

Column (H)–Average Professional Charge Per Procedure in 2024: $(H) = (G)/(D)$

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.

Column (I)–Total Technical Charge to All Procedures Completed in 2024:

The sum of technical charges to each and every procedure completed in 2024 as reported in Column (D) for the specific type of equipment.

Column (J)–Average Technical Charge Per Procedure in 2024: $(J) = (I)/(D)$

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.

Notes:*Column (D)–Total Number of Cases Treated in 2024:**

One case is one unduplicated patient count.

Column (E)–Total Number of Treatments Completed in 2024:

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 2024:

The sum of charges to each and every radiation therapy treatment completed in 2024 when using a linear accelerator (LINAC) as the treatment device as reported in Column (E).

Column (G)–Average Charge Per Treatment in 2024: $G=(F)/(E)$

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 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 (H) through Column (K). If any data was not available, please enter "NA" and provide the reason(s) for which the data was not available. DO NOT leave the space(s) blank. For example,

when a procedure was done in 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), specify that the hospital did not have the professional charges billed by the physician(s).

Column (H)–Total Professional Charge to All Treatments Completed in 2024:

The sum of professional charges to each and every radiation therapy treatment completed in 2024 as reported in Column (E).

Column (I)–Average Professional Charge Per Treatment in 2024: $(I) = (H)/(E)$

Divide the Total Professional Charge to All Treatments in Column (H) by the Total Number of Treatments in Column (E).

Column (J)–Total Technical Charge to All Treatments Completed in 2024:

The sum of technical charges to each and every radiation therapy treatment completed in 2024 as reported in Column (E).

Column (K)–Average Technical Charge Per Treatment in 2024: $(K) = (J)/(E)$

Divide the Total Technical Charge to All treatments in Column (J) by the Total Number of Treatments in Column (E).

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

Form-6: Cardiac Catheterization Lab and Open Heart Surgery Room Utilization For the Period of January 1 to December 31, 2024

(Please Complete One Report for Each Facility/Location of Service. Due Date: May 31, 2025)

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

Instructions: Form-6 is for completion by facilities with Cardiac Catheterization Lab and/or Open Heart Surgery Room. Otherwise, skip.

- 1) *Section I (Line 1 through Line 4): Cardiac Catheterization Lab Utilization.*
- 2) *Section II: Open Heart Surgery Room Utilization.*
- 3) *To differentiate "procedure not performed" from "procedure performed but information not available", please DO NOT leave yellow space(s) blank. For example,*
 - *if a procedure was not performed, please enter "0" into the yellow space.*
 - *if a procedure was performed but the information was not available, please enter "NA" into the yellow space and provide the reason(s) for missing information.*

Section I. Cardiac Catheterization Lab Utilization in 2024

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>		

Section II. Open Heart Surgery Room Utilization in 2024

Total number of open heart operations		
	Adult Total	
	Pediatric Total	