

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, 2025

(Please Complete One Report for Each Facility/Location of Service. Due Date: May 31, 2026)

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	

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Form-1: Bed Utilization Report (*see notes)

For the Period of January 1 to December 31, 2025

(Please Complete One Report for Each Facility/Location of Service. Due Date: May 31, 2026)

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 12/31/2025 (A)*	Total OHCA Licensed Bed Capacity on 12/31/2025 (B)*	Total Staffed Beds in the Facility on 12/31/2025 (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 2025 (E)*	Total Admissions in 2025 (F)*
Section I. Acute Care Beds (If no Acute Care Beds, skip Section I, go to Section II.)						
<i>e.g., Critical Care Bed</i>	25	24	18	<i>Staff to census</i>	1831	17
Medical/Surgical Bed						
Critical Care Bed						
Obstetric Bed						
Pediatric Bed						
Neonatal ICU Bed						
Psychiatric (Acute) Bed						
Acute/Long-Term Care Swing Bed						
Section II. Long-Term Care (LTC) Beds (If no LTC Beds, skip Section II, go to Section III.)						
<i>e.g., SNF/ICF Bed</i>	49	49	45	<i>Renovation</i>	9930	165
Skilled Nursing Facility (SNF) Bed*						
Intermediate Care Facility (ICF) Bed*						
Skilled Nursing and Intermediate Care Facility (SNF/ICF) Bed*						
Section III. Specialty Care/Other Beds (If no Specialty Care/Other Beds, skip Section III.)						
<i>e.g., Special Treatment Facility (STF) Bed</i>	66	66	55	<i>Insufficient funding</i>	17950	747
Special Treatment Facility (STF) Bed						
Psychiatric (Specialty) Bed						
Tuberculosis (TB) Bed						
SNF/ICF for Intellectual Disabilities (ID) Bed						
Rehabilitation Bed						
Children's Orthopedic Bed						
Hansen's Disease Bed						
Other Specialty Care Bed: Specify Here						
Other Specialty Care Bed: Specify Here						
(Add row as needed)						

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, 2025) 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, 2025) 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, 2025) 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, 2025). 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, 2025. 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, 2025).

Column (F)—Total Admissions:

are the total number of admissions for the reporting period (January 1 to December 31, 2025).

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 Facility (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, 2025.

Intermediate Care Facility (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, 2025.

Skilled Nursing and Intermediate Care Facility (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, 2025.

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Name of Facility:

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

(Based on Per Individual Per Type of Bed and Type of Room as of December 31, 2025)

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>e.g., Medical/Surgical Bed</i>	\$ 3,280.00	\$ 3,280.00		
Medical/Surgical Bed				
CCU Bed				
ICU Bed				
Neonatal ICU Bed				
OB Bed-Labor/Delivery				
OB Bed-Mother's Room				
OB Bed-Nursery				
Pediatric Bed				
Psychiatric (Acute) Bed				
Acute/Long-Term Care Swing Bed:				
-Used as Acute Care Bed				
-Used as SNF Bed				
-Used as ICF Bed				
Acute Care Bed-Other Use Not Listed Above*:				
<i>e.g., Other Use: Medical/Surgical-Telemetry Monitoring</i>	\$ 5,270.00			
<i>e.g., Other Use: Medical/Surgical-Isolation</i>	\$ 4,500.00			
Other Use: Specify Here				
Other Use: Specify Here				
(Add row as needed)				
Section II. Long-Term Care (LTC) Beds (If no LTC Beds, skip Section II, go to Section III.)				
<i>e.g., SNF Bed or SNF/ICF Bed-Used as SNF Bed</i>	\$ 365.00	\$ 345.00	\$ 325.00	
<i>e.g., ICF Bed or SNF/ICF Bed-Used as ICF Bed</i>	\$ 355.00	\$ 335.00	\$ 315.00	
SNF Bed or SNF/ICF Bed-Used as SNF Bed*				
ICF Bed or SNF/ICF Bed-Used as ICF Bed*				
Long-Term Care Bed-Other Use Not Listed Above*				
<i>e.g., Other Use: Respite Care</i>	\$ 340.00	\$ 320.00	\$ 300.00	
<i>e.g., Other Use: Hospice Care</i>	\$ 625.00	\$ 525.00	\$ 425.00	
Other Use: Respite Care				
Other Use: Hospice Care				
Other Use: Dementia Care				
Other Use: Specify Here				
(Add row as needed)				
Section III. Specialty Care/Other Beds (If no Specialty Care/Other Beds, skip Section III.)				
<i>e.g., Special Treatment Facility (STF) Bed</i>	\$ 250.00	\$ 250.00	\$ 235.00	\$87.00 (6-15 beds/room)
Special Treatment Facility (STF) Bed				
Psychiatric (Specialty) Bed				
Tuberculosis (TB) Bed				
SNF/ICF for Intellectual Disabilities (ID) Bed				
Rehabilitation Bed				
Children's Orthopedic Bed				
Hansen's Disease Bed				

Other Specialty Care Beds Not Listed Above				
Other Use: Specify Here				
Other Use: Specify Here				
(Add row as needed here)				

Notes:*Daily Room Rates (\$) (Based on Per Individual Per Type of Bed and Type of Room As Of December 31, 2025)**

refer to the daily room rates listed on the facility's fee schedule on the last day of the reporting period (December 31, 2025) 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 Bed–Nursery 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 "Dementia Care"; etc. Please specify.

SNF Bed or SNF/ICF Bed (SNF Bed Use)

Daily room rates for SNF beds or SNF/ICF beds used as SNF beds for providing skilled nursing level care on the last day of the reporting period (December 31, 2025).

ICF Bed or SNF/ICF Bed (ICF Bed Use)

Daily room rates for ICF beds or SNF/ICF beds used as ICF beds for providing intermediate care on the last day of the reporting period (December 31, 2025).

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

- | | | |
|-----------|---|--|
| 1) | Facilities with ACUTE CARE Beds: | Complete Column (A): Section I (Line 1 to 3) and Section II (Line 4 to 6) |
| 2) | Facilities with LONG-TERM CARE Beds: | Complete Column (B): Section I (Line 1 to 3) and Section II (Line 4 to 6) |

Section I. Wait Listed Patient on December 31, 2025 (a single day)		Column (A)	Column (B)
1.	On the last day of the reporting period, December 31, 2025 (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"? Note: ONE answer Only for Line 1: 1A, or 1B, or 1C	No. of Patient(s) Wait Listed in ACUTE CARE Beds	No. of Patient(s) Wait Listed in LONG-TERM CARE Beds
1A	ONE or MORE patient(s) in your facility wait listed in Acute Care Bed(s)/in Long-Term Care Bed(s), "ready to discharge but unable to place" on 12/31/2025: 1) enter the total number of wait listed patients for the day in <u>Line 1A</u> ; 2) complete <u>Line 2</u> and <u>Line 3</u> ; 3) go to <u>Section II Line 4</u> .		
1B	NO (Zero) patient in your facility wait listed in Acute Care Beds/in Long-Term Care Beds, "ready to discharge but unable to place" on 12/31/2025: 1) enter "0" in <u>Line 1B</u> ; 2) go to <u>Section II Line 4</u> .		
1C	Your facility had NO documented information on wait listed patient for the day of December 31, 2025: 1) enter "NA" in <u>Line 1C</u> and provide the reason(s) for missing information; 2) go to <u>Section II Line 4</u> .		
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. Note: Make sure total number in Line 2 = total number in Line 1A	No. of Patient(s) Wait Listed in ACUTE CARE Beds for Each Type of Facilities	No. of Patient(s) Wait Listed in LONG-TERM CARE Beds for Each Type of Facilities
2A*	SNF, ICF, or SNF/ICF		
2B*	Care Homes & Alternatives such as NHWW, etc.		
2C*	Home Health, Day Hospital, Day Care		
2D-1*	Other Facility: Specify Here		
2D-2*	Other Facility: Specify Here		
	(Add row as needed)		
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. Note: Make sure total number in Line 3 = total number in Line 1A	No. of Patient(s) Wait Listed in ACUTE CARE Beds for Each Reason	No. of Patient(s) Wait Listed in LONG-TERM CARE Beds for Each Reason
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-1	Other Reason: Specify Here		
3L-2	Other Reason: Specify Here		
	(Add row as needed)		

Name of Facility:

Section II. Wait Listed Patient from January 1 to December 31, 2025		Column (A)	Column (B)
4.	During the reporting period of January 1 to December 31, 2025 (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"? Note: ONE answer Only for Line 4: 4A, or 4B, or 4C	No. of Patient(s) Wait Listed in ACUTE CARE Beds	No. of Patient(s) Wait Listed in LONG-TERM CARE Beds
4A	ONE or MORE patient(s) in your facility had ever been wait listed in Acute Care Bed(s)/in Long-Term Care Bed(s), "ready to discharge but unable to place", including those reported in Line 1: 1) enter the total number of wait listed patients for the year in <u>Line 4A</u> ; 2) complete Line 5 and Line 6.		
4B	NO (Zero) patient in your facility had ever been wait listed in Acute Care Beds/in Long-Term Care Beds for the year of 2025: 1) enter "0" in <u>Line 4B</u> ; 2) Stop here.		
4C	Your facility had NO documented information on wait listed patient for the year of 2025: 1) enter "NA" in <u>Line 4C</u> and provide the reason(s) for missing information. 2) Stop here.		
5.	From January 1 to December 31, 2025 (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, 2025), 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, 2025), 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, 2025), 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, 2025), 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 for which the patient was wait listed to be placed.

[illegible]

Name of Facility:

CT, PET or PET-CT, Lithotripsy Unit and Gamma Knife	Section I						Section II			
	(For Completion by ALL Facilities with the Listed Equipment/Procedures)						(Professional Charges and Technical Charges)			
List Equipment (CT, PET or PET-CT, Lithotripsy Unit and Gamma Knife) Available for Utilization in 2025 by Make/Model, including upgrades	Count of Equipment by Make/Model (A)	Year Acquired (B)	Original Cost Paid to Acquire or Upgrade each Equipment (C)	Total Number of Procedures Completed in 2025 (D)	Total Charge to All Procedures Completed in 2025 as Reported in Column (D) (E)*	Average Charge Per Procedure in 2025 (F) = (E)/(D)*	Total Professional Charge to All Procedures Completed in 2025 as Reported in Column (D) (G)*	Average Professional Charge Per Procedure in 2025 (H) = (G)/(D)*	Total Technical Charge to All Procedures Completed in 2025 as Reported in Column (D) (I)*	Average Technical Charge Per Procedure in 2025 (J) = (I)/(D)*
Computed Tomography (CT)										
<i>e.g., 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>e.g., 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>e.g., See above examples</i>										
Gamma Knife										
<i>e.g., See above examples</i>										

*Notes:

Column (E)–Total Charge to All Procedures Completed in 2025:

The sum of charges to each and every procedure completed in 2025 as reported in Column (D) for the specific type of equipment.

Column (F)–Average Charge Per Procedure in 2025: $(F) = (E)/(D)$

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 2025:

The sum of professional charges to each and every procedure completed in 2025 as reported in Column (D) for the specific type of equipment.

Column (H)–Average Professional Charge Per Procedure in 2025: $(H) = (G)/(D)$

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 2025:

The sum of technical charges to each and every procedure completed in 2025 as reported in Column (D) for the specific type of equipment.

Column (J)–Average Technical Charge Per Procedure in 2025: $(J) = (I)/(D)$

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.

[illegible]

Notes:*Column (D)—Total Number of Cases Treated in 2025:**

One case is one unduplicated patient count.

Column (E)—Total Number of Treatments Completed in 2025:

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 2025:

The sum of charges to each and every radiation therapy treatment completed in 2025 when using a linear accelerator (LINAC) as the treatment device as reported in Column (E).

Column (G)—Average Charge Per Treatment in 2025: $G=(F)/(E)$

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 2025:

The sum of professional charges to each and every radiation therapy treatment completed in 2025 as reported in Column (E).

Column (I)—Average Professional Charge Per Treatment in 2025: $(I) = (H)/(E)$

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 2025:

The sum of technical charges to each and every radiation therapy treatment completed in 2025 as reported in Column (E).

Column (K)—Average Technical Charge Per Treatment in 2025: $(K) = (J)/(E)$

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

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Form-6: Cardiac Catheterization Lab and Open Heart Surgery Room Utilization

For the Period of January 1 to December 31, 2025

(Please Complete One Report for Each Facility/Location of Service. Due Date: May 31, 2026)

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 to 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 2025

1. Total No. of Cardiac Catheterization Lab(s) in the facility in 2025		
2. Total No. of Diagnostic Cardiac Catheterization procedures in 2025	Adult Total	
	Pediatric Total	
Note: <ol style="list-style-type: none"> 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. 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. 		
3. Total No. of Therapeutic Cardiac Catheterization procedures and Percutaneous Coronary Intervention (PCI) in 2025	Adult Total	
	Pediatric Total	
Note: DO NOT include the count of this procedure in Line 2 or Line 4		
4. Total No. of Electrophysiology procedures performed in the cardiac catheterization lab(s) in 2025	Adult Total	
	Pediatric Total	
Note: DO NOT include the count of this procedure in Line 2 or Line 3		

Section II. Open Heart Surgery Room Utilization in 2025

Total No. of open heart operations in 2025		
	Adult Total	
	Pediatric Total	