



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
 UTILIZATION REPORT INSTRUCTIONS
 DUE DATE : JULY 31, 2009

If you have the items listed across, then complete the page(s) which is/are checked.

| | BEDS | | | EQUIPMENT/SERVICES | | | | | | | | | | | | | | | | |
|-----------|------------|----------------|--------------------|--------------------|---------------------|-------------------|----------------------|----------------------------|-------------|-------------|------------------------------------|------------------|-------------|-------------------|--------------|-----------------------------|------------------------------------|---|--------------------|-----------------|
| | Acute Care | Long Term Care | Other Special Care | MRI | Computed Tomography | General Radiology | Ultrasound Equipment | Nuclear Medicine Equipment | Angiography | Mammography | Positron Emission Tomography (PET) | Lithotripsy Unit | Gamma Knife | Radiation Therapy | Hemodialysis | Cardiac Catheterization (a) | Percutaneous Coronary Intervention | | Open Heart Surgery | Operating Rooms |
| Page 1 | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | Page 1 |
| Page 2 | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | Page 2 |
| Page 3 | ✓ | ✓ | ✓ | | | | | | | | | | | | | | | | | Page 3 |
| Page 4 | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | Page 4 |
| Page 5 | | | | | | | | | | | | | | ✓ | | | | | | Page 5 |
| Page 6 | | | | | | | | | | | | | | | ✓ | | ✓ | ✓ | ✓ | Page 6 |
| Pages 7,8 | | | | ✓ | | | | | | | | | | | | | | | | Pages 7,8 |

THREE (3) WAYS TO REPORT YOUR INFORMATION TO US:

- 1) Emailing to: survey@shpda.org, or
- 2) Faxing to: 587-0783, or
- 3) Mailing to:
 SHPDA Utilization Survey
 Hawaii State Health Planning & Development Agency
 1177 Alakea St. #402
 Honolulu, HI 96813

QUESTIONS: phone: 587-0852 Kenneth Yoshida, Research Statistician or
 Email: survey@shpda.org

Additional copies of forms/instructions are available at: www.hawaii.gov/health/shpda/shusurve.htm

The list of terms below are provided for your reference.

Total Certificate Approved Beds are the total Certificate of Need beds approved by SHPDA on the last day of the reporting period.

Total Licensed Beds are the total number of beds authorized by the Medicare Section of the Office of Health Care Assurance of the Hawaii State Department of Health on the last day of the reporting period.

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

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

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

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

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

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

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

Other are the number of wait listed patients, on the last day of the reporting period, other than those mentioned in Column A through Column C. Please specify what "Other" means.

(a) For diagnostic cardiac catheterizations, only one diagnostic procedure should be counted per patient visit to the cardiac catheterization laboratory regardless of the number of procedures performed during that visit.