

TREASURE COAST HEALTH COUNCIL, INC.

HOSPITAL UTILIZATION REPORT

*This monthly report is due **NO LATER THAN** thirty (30) days after the end of the reporting period.*

PLEASE RETURN COMPLETED FORM TO: TREASURE COAST HEALTH COUNCIL

Attn: Louis B. Kolber, MHA, RN

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Hospital: _____

Reporting Period: _____

Completed By: _____

Tel # _____ Date: _____

I. ACUTE CARE SERVICES UTILIZATION:

Bed Type	# of Licensed Beds	# of Available Beds	# of Admissions (no transfers)	Admissions (including transfers from another Hospital)	Census Days
Medical/Surgical					
Pediatrics					
Obstetrical					
ICU/CCU					
Other Monitored*					
TOTAL					

II. SPECIAL SERVICES UTILIZATION:

Rehabilitation					
Skilled Nursing					
Psychiatric-Adult**					
Psychiatric-Adolescent					
Substance Abuse- Adult					
Substance Abuse- Adol					
NICU- Level II					
NICU- Level III					

III. TOTAL HOSPITAL UTILIZATION EXCLUDING TRANSFERS AND BASSINETS:

TOTAL					
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* Includes Progressive Care Units (PCU), Cardiac Intermediate Monitored Units (CIMU), Surgical Intermediate Monitored Units (SIMU) and Semi Acute Care Units (SACU). ** For reporting purposes, adults are age 18+ and adolescents are under age 18.

IV. NEWBORN UTILIZATION:

	Avail. Bassinets	Live Births	Still Births	Census Days
Bassinets (Level I)				

**V. SPECIAL EQUIPMENT: Does your facility operate the following equipment?
(Including access to mobile units)**

	# of Units	# of Procedures
Magnetic Resonance Imagery		
Radiation Therapy		
Computer Axial Tomography		
Shock Wave Lithotripter		

VI. SURGICAL OPERATIONS:

	Inpatient	Outpatient	TOTAL
Surgical Operations			

VII. OPEN HEART SURGERY:

	Adult	Pediatric	TOTAL
Open Heart Surgery			

VIII. CARDIAC CATHERTIZATION:

	Inpatient	Outpatient	TOTAL
Adult Visits			

IX. PAYMENT SOURCE INFORMATION:

	# of Admissions	# of Census Days
Medicare (Age 65 +)		
Medicaid		
Private Pay		
Third Party (Insurance)		
County Sources		
Other (Please Specify)		

X. EMERGENCY DEPT. UTILIZATION:

	# of Visits	# of Patients Admitted	# Held for Observation
Adult			
Pediatric			
TOTAL			

XI. SUPPLEMENTAL INFORMATION:

Visits to an organized outpatient: _____

Deaths: _____

ADMINISTRATIVE APPROVAL: _____ Date: _____