

HEALTH COUNCIL OF EAST CENTRAL FLORIDA, INC.

2461 W. STATE ROAD 426, SUITE 2041, OVIEDO, FLORIDA 32765

TELEPHONE: (407)977-1610 FAX: (407)977-1611

HOSPITAL UTILIZATION REQUEST FORM 2008

Facility: _____ **Report Month:** _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ FAX: _____

Administrator: _____ Title: _____
Telephone: _____ FAX: _____

Contact: _____ **Title:** _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Ext. _____ FAX: _____

PLEASE MAKE ANY CHANGES TO THE ABOVE DIRECTLY ON THIS PAGE.

I. ACUTE CARE	# of Licensed Beds	# of Operational Beds	# of Direct Admissions	# of Census Days
Medical/Surgical				
Pediatric				
Obstetric				
Intensive Care Unit				
Critical Care Unit				
Mixed Intensive& Critical Care Unit				
Pediatric Intensive Care Unit				
Progressive Care Unit				
Burn Unit				
ACUTE CARE TOTAL				

II. PSYCHIATRIC & SUBSTANCE ABUSE		# of Licensed Beds	# of Operational Beds	# of Direct Admissions	# of Census Days		
Psychiatric	Adult						
	Child/Adolescent						
Substance Abuse	Adult						
	Child/Adolescent						
Intensive Residential (IRTF)	Adult						
	Child/ Adolescent						
III. NEWBORN		# of Bassinets	# of Live Births	# of Deliveries	Medicaid	CPHU	Walk-ins
Bassinets							
		# of Licensed Beds	# of Operational Beds	# of Direct Admissions	# of Census Days		
Neonatal Intensive Care Unit	Level II						
	Level III						
IV. SURGICAL		In Patient		Out Patient			
Procedures							
		# of Operating Rooms		# of Dedicated O.R.s			
Operating Rooms							
V. EMERGENCY ROOM		Visits		Admissions			
Emergency Department							
VI. DIAGNOSTIC / PROCEDURES		Units		Patients		Treatments	
Radiation	Linear Accelerator						
	Superficial						
	HDR						
	Brachytherapy						
Fixed CT Scanner Scans		In Patient		Out Patient			
Mobile CT Scanner Scans							
Fixed MRI Procedures							
Mobile MRI Procedures							

VI. DIAGNOSTIC / PROCEDURES Continued		In Patient		Out Patient				
Fixed Lithotripter Procedures								
Mobile Lithotripter Procedures								
Dialysis Procedures								
Mammogram Procedures								
Laboratory Procedures								
Prostatic Ultrasound CS Procedures								
YAG Laser Procedures (eye)								
Endoscopies Procedures								
Bronchoscopies Procedures								
Cystoscopies								
Blocks								
VII. CARDIAC SERVICES		In Patient		Out Patient				
Cardiac Cath. & Angioplasty Visits Adult								
Pediatric								
Cardiac Cath. Procedures Adult								
Pediatric								
Angioplasty Procedures Adult								
Pediatric								
Open Heart Surgery Adult					N/A			
Pediatric					N/A			
VIII. TRANSPLANTS	Heart	Kidney	Liver	Bone Marrow		Lung	Pancreas	Intestines
				Allogeneic	Autolog			
Adult								
Pediatric								
IX. REHABILITATION		# of Licensed Beds	# of Operational Beds	# of Direct Admissions	Census Days			
Rehabilitation Adult								
Pediatrics								
X. LONG TERM CARE		# of Licensed Beds	# of Operational Beds	# of Direct Admissions	Census Days			
Long Term Care								