

UTILIZATION - HOSPITAL STATISTICS

Michigan Department of Health & Human Services

CERTIFICATE OF NEED

South Grand Building
333 S. Grand Avenue, 4th Floor
Lansing, Michigan 48933

(517) 241-3344 – Fax: (517) 241-2962

AUTHORITY: PA 368 of 1978, as amended COMPLETION: Is voluntary, but is required to obtain a Certificate of Need. If NOT completed, a Certificate of Need will NOT be issued.	The Department of Health & Human Services is an equal opportunity employer, services and programs provider.
---	---

INSTRUCTIONS:

- Entries in columns 1 and 2 must be for the last two completed years of operation for the total facility.
- Columns 3, 4, and 5 will represent projections for three years of operations for the total facility. However, if by the third year the projections do not provide a 12-month period with the project in place, provide another year.
- Review data reported on this form for errors and possible conflict with data reported on other forms in the application. **Note:** If you have made revisions, have these changes been entered on all affected forms

Indicators	Last TWO Actual Years		Projected		
	1. From:	To:	First 12 Months	Second 12 Months	Third 12 Months
	2. From:	To:			
Utilization Indicators:					
1. Number of Beds					
2. Number of Admissions					
3. Occupancy Rate					
4. Average Length of Stay					
5. Total Inpatient Days					
6. Total Outpatient Visits					
7. Emergency Room Visits					
Personnel Indicators:					
8. FTEs per Occupied Beds					
9. Average Hourly Rate					
10. Fringe Benefits as a % of Salary					
Financial Indicators:					
11. Inpatient Revenue per Patient Day					
12. Inpatient Revenue per Admission					
13. Inpatient Costs per Patient Day					
14. Outpatient Revenue % of Total Revenue					
15. Total Long-Term Debt per Patient Day					

Briefly outline the assumptions made for each line item of hospital statistics entered on Page 1 of this form.

ITEM 1 - Number of Beds:

ITEM 2 - Number of Admissions:

ITEM 3 - Occupancy Rate:

ITEM 4 - Average Length of Stay:

ITEM 5 - Total Inpatient Days:

ITEM 6 - Total Outpatient Visits:

ITEM 7 - Emergency Room Visits:

ITEM 8 - FTEs per Occupied Beds:

ITEM 9 - Average Hourly Rate:

ITEM 10 - Fringe Benefits % of Salaries

ITEM 11 - Inpatient Revenue per Patient Day

ITEM 12 - Inpatient Revenue per Admission:

ITEM 13 - Inpatient Costs per Patient Day

ITEM 14 - Outpatient Revenue % of Total Revenue

ITEM 15 - Total Long-Term Debt per Patient Day