



CERTIFICATE OF NEED - BED UTILIZATION STATISTICS

Provide the number of licensed and staffed beds.

Exclude services provided by a separately licensed facility, also exclude births and bassinets. Newborn statistics should be indicated in the same format but separately if applicable to project.

SERVICE	Historical		Forecasted	
	2023	2024	2026	2027
Medical / Surgical				
Licensed Beds	_____	_____	_____	_____
Staffed Beds	_____	_____	_____	_____
Admissions	_____	_____	_____	_____
Patient Days	_____	_____	_____	_____
Avg. Length of Stay	_____	_____	_____	_____
Percent of Occupancy	_____	_____	_____	_____
Intensive Care Unit				
Licensed Beds	_____	_____	_____	_____
Staffed Beds	_____	_____	_____	_____
Admissions	_____	_____	_____	_____
Patient Days	_____	_____	_____	_____
Avg. Length of Stay	_____	_____	_____	_____
Percent of Occupancy	_____	_____	_____	_____
Coronary Care Unit *				
Licensed Beds	_____	_____	_____	_____
Staffed Beds	_____	_____	_____	_____
Admissions	_____	_____	_____	_____
Patient Days	_____	_____	_____	_____
Avg. Length of Stay	_____	_____	_____	_____
Percent of Occupancy	_____	_____	_____	_____
* If ICU and CCU beds are combined, include under ICU				
Pediatric				
Licensed Beds	_____	_____	_____	_____
Staffed Beds	_____	_____	_____	_____
Admissions	_____	_____	_____	_____
Patient Days	_____	_____	_____	_____
Avg. Length of Stay	_____	_____	_____	_____
Percent of Occupancy	_____	_____	_____	_____



SERVICE	Historical		Forecasted	
	2023	2024	2026	2027
Obstetric				
Licensed Beds	_____	_____	_____	_____
Staffed Beds	_____	_____	_____	_____
Admissions	_____	_____	_____	_____
Patient Days	_____	_____	_____	_____
Avg. Length of Stay	_____	_____	_____	_____
Percent of Occupancy	_____	_____	_____	_____
Neonatal Intensive Care				
Licensed Beds	_____	_____	_____	_____
Staffed Beds	_____	_____	_____	_____
Admissions	_____	_____	_____	_____
Patient Days	_____	_____	_____	_____
Avg. Length of Stay	_____	_____	_____	_____
Percent of Occupancy	_____	_____	_____	_____
Psychiatric				
Licensed Beds	_____	_____	_____	_____
Staffed Beds	_____	_____	_____	_____
Admissions	_____	_____	_____	_____
Patient Days	_____	_____	_____	_____
Avg. Length of Stay	_____	_____	_____	_____
Percent of Occupancy	_____	_____	_____	_____
Rehabilitation				
Licensed Beds	_____	_____	_____	_____
Staffed Beds	_____	_____	_____	_____
Admissions	_____	_____	_____	_____
Patient Days	_____	_____	_____	_____
Avg. Length of Stay	_____	_____	_____	_____
Percent of Occupancy	_____	_____	_____	_____
Substance Abuse				
Licensed Beds	_____	_____	_____	_____
Staffed Beds	_____	_____	_____	_____
Admissions	_____	_____	_____	_____
Patient Days	_____	_____	_____	_____
Avg. Length of Stay	_____	_____	_____	_____
Percent of Occupancy	_____	_____	_____	_____



SERVICE	Historical		Forecasted	
	2023	2024	2026	2027
Other (e.g. Long-Term Care)				
Licensed Beds	_____	_____	_____	_____
Staffed Beds	_____	_____	_____	_____
Admissions	_____	_____	_____	_____
Patient Days	_____	_____	_____	_____
Avg. Length of Stay	_____	_____	_____	_____
Percent of Occupancy	_____	_____	_____	_____
Total				
Licensed Beds	_____	_____	_____	_____
Staffed Beds	_____	_____	_____	_____
Admissions	_____	_____	_____	_____
Patient Days	_____	_____	_____	_____
Avg. Length of Stay	_____	_____	_____	_____
Percent of Occupancy	_____	_____	_____	_____