

**AGENCY FOR HEALTH CARE ADMINISTRATION**  
**Semi-Annual Report of Hospice Utilization (January-June)**

Hospice: \_\_\_\_\_ Service Area(s): \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Number of patients admitted to your program (unduplicated) for the following categories:

Diagnosis	New Patients Admitted		TOTALS
	January 1 <sup>st</sup> to June 30 <sup>th</sup>		
	Under Age 65	Age 65 and Over	
Cancer			
All Other			
<b>TOTALS</b>			

2. Total patient census (caseload) on these dates:

Jan 1 \_\_\_\_\_  
 Feb 1 \_\_\_\_\_  
 Mar 1 \_\_\_\_\_  
 Apr 1 \_\_\_\_\_  
 May 1 \_\_\_\_\_  
 Jun 1 \_\_\_\_\_

3. For the caseload on Jan 1: Number of patients in:

Private Home \_\_\_\_\_  
 ALF \_\_\_\_\_  
 Hospice Residential Unit \_\_\_\_\_  
 Freestanding Inpatient Hospice Facility \_\_\_\_\_  
 Nursing Home \_\_\_\_\_  
 Hospital \_\_\_\_\_

4. Total patient days of care January 1<sup>st</sup> through June 30<sup>th</sup>: \_\_\_\_\_

5. Hospice with a SINGLE designated service area:

Service Area Number: \_\_\_\_\_

Total new patients admitted in each month:

Jan \_\_\_\_\_  
 Feb \_\_\_\_\_  
 Mar \_\_\_\_\_  
 Apr \_\_\_\_\_  
 May \_\_\_\_\_  
 Jun \_\_\_\_\_  
**Total** \_\_\_\_\_

6. Hospice with TWO or THREE designated service areas:

Service Area Number: \_\_\_\_\_

Total new patients admitted in each month:

Jan \_\_\_\_\_  
 Feb \_\_\_\_\_  
 Mar \_\_\_\_\_  
 Apr \_\_\_\_\_  
 May \_\_\_\_\_  
 Jun \_\_\_\_\_  
**Total** \_\_\_\_\_

Service Area Number: \_\_\_\_\_

Total new patients admitted in each month:

Jan \_\_\_\_\_  
 Feb \_\_\_\_\_  
 Mar \_\_\_\_\_  
 Apr \_\_\_\_\_  
 May \_\_\_\_\_  
 Jun \_\_\_\_\_  
**Total** \_\_\_\_\_

Service Area Number: \_\_\_\_\_

Total new patients admitted in each month:

Jan \_\_\_\_\_  
 Feb \_\_\_\_\_  
 Mar \_\_\_\_\_  
 Apr \_\_\_\_\_  
 May \_\_\_\_\_  
 Jun \_\_\_\_\_  
**Total** \_\_\_\_\_

REVIEWED/APPROVED BY:

\_\_\_\_\_  
 (Administrator's Signature) (Date)