

# Census and Direct Care Service Hours Per Patient Day (DHPPD)

1. Patient Date (MM/DD/YY) \_\_\_\_\_
2. Patient Date Start Time (HH:MM AM/PM) \_\_\_\_\_
3. Total Licensed Skilled Nursing Beds \_\_\_\_\_
4. CDPH License # \_\_\_\_\_
5. Facility Name \_\_\_\_\_
6. Facility Address \_\_\_\_\_
7. Administrator \_\_\_\_\_
8. Director of Nursing/Designee \_\_\_\_\_
9. Estimated Direct Care Service Hours and DHPPD

Beginning Patient Census	Scheduled Total Direct Care Service Hours	Scheduled DHPPD
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## 10. Daily Census Changes

Add or subtract from the beginning census each event during the designated census period

	Method (a): Shift 1 or Method (b): Beginning of patient day	Method (a): Shift 2 or Method (b): 8 hours after beginning of patient day	Method (a): Shift 3 or Method (b): 16 hours after beginning of patient day
Beginning Census			
Admissions			
Discharges			
Transfers			
Deaths			
Other			
Total Direct Care Service Hours at End of Census Period			
Total CNA Direct Care Service Hours at End of Census Period			

## Census and Direct Care Service Hours Per Patient Day (DHPPD)

### 11. Actual Direct Care Service Hours and DHPPD

This section must be completed at the end of each 24 hour patient day.

Average Patient Census	Actual/Final Total Direct Care Service Hours	Actual/Final DHPPD
	Total CNA Care Service Hours	Actual/Final CNA DHPPD

I have reviewed the patient census and direct care service hours information and acknowledge the information is true and correct.

X\_\_\_\_\_

Director of Nursing Designee Signature

# Census and Direct Care Service Hours Per Patient Day (DHPPD)

## *Instructions*

- The information on this form must be legible, accurate and complete.
  - All patients receiving nursing services and who are present in the facility during the patient day will be counted in the patient census.
  - Only direct caregivers with a nursing services assignment shall be included in the DHPPD.
  - To verify this form is complete, true and accurate, the Director of Nursing or his/her designee must sign this form.
  - Do not include patient names.
  - For a definition of DHPPD, census, direct caregiver, direct care service hours, or nursing services, please see [All Facilities Letter 18-27](#).
1. Enter the date of the patient day in MM/DD/YY format.
  2. Enter the start time of the patient day in HH:MM AM/PM format. Patient day must be prospective; do not state that the patient day began on "11pm the previous day".
  3. Enter the total number of licensed skilled nursing beds for the facility.
  4. Enter the CDPH license number for the facility.
  5. Enter the facility name.
  6. Enter the facility address.
  7. Enter the name of the facility administrator.
  8. Enter the name of the person who has Director of Nursing responsibility for the day.
  9. Enter the census of the beginning of the patient day. Enter the total number of scheduled direct care service hours for the patient day. Divide the total number of scheduled direct care service hours by the beginning census. Enter this number as the scheduled DHPPD.
  10. If using method (a), at the beginning of SHIFT 1, SHIFT 2, and SHIFT 3, enter the beginning census. If using method (b), at the beginning of the 24 hour patient day and at 8 and 16 hours after the beginning of the patient day, enter the beginning census. For both methods, throughout each shift, record admissions, discharges, transfers, deaths or other changes in census. Enter the direct caregivers' total direct care service hours for each shift. In the last row, enter the direct caregivers' total direct care service hours at the end of each census period.
  11. At the conclusion of the patient day, record the average census experienced during the patient day by adding the three censuses and dividing by three. Enter the actual total direct care services hours provided during the entire patient day. Divide the actual total direct care service hours by the census. Record the final/actual DHPPD.
  12. At the conclusion of each patient day, the Director of Nursing or his/her designee shall review the information documented and sign the form verifying that the information is complete, true, and correct.