

# Survey Registration

## Respondent Information

**Identification #:** 123456

**Facility:** \*TEST SITE\*

**Survey:** ASC2

**Survey Year:** 2024 ▼

**Respondent First Name:**  \*

**Respondent Last Name:**  \*

**Respondent Phone:**  \*

**Respondent eMail:**  \*

**Respondent Additional eMail:**

**Administrator First Name:**  \*

**Administrator Last Name:**  \*

**Administrator Phone:**  \*

**Administrator eMail:**  \*

**Administrator Additional eMail:**

# 2024 Instructions for Survey

## Ambulatory Surgery II

This survey is for the reporting period: January 1, 2024 through December 31, 2024.

This survey is required for all freestanding or hospital-based health facilities where scheduled OUTPATIENT procedures that are billed as surgical procedures (excluding cystoscopy procedures) are performed.

**INTRODUCTION:** The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online. Surveys are due March 15, 2025. This survey is for the period January 1, 2024 through December 31, 2024.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 900 KAR 6:125. All items must be complete and accurate before this survey will be considered acceptable.

All survey extension requests must be approved by the designated survey administrator.

**PLEASE READ ALL INSTRUCTIONS CAREFULLY AND THOROUGHLY.** Compare this survey to surveys previously submitted for consistency. You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of Inspector General, Division of Healthcare. Retain a copy of your completed survey for your files.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of Inspector General, Division of Health Care. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact the survey administrator, Michele Bushong, at (502) 564-5798 or [CONSurvey@ky.gov](mailto:CONSurvey@ky.gov). The published KY Annual Survey Reports may be viewed at: <https://www.chfs.ky.gov/agencies/os/oig/dcn/Pages/annualreports.aspx>.

SECTION I includes only data for ambulatory operations performed in a STERILE OPERATING ROOM. Indicate the number of ambulatory surgery operations performed by major service category.

SECTION II includes data for surgical procedures that were performed only in a PROCEDURE ROOM that is not considered sterile. Indicate the number of ambulatory surgery operations performed by major service category.

**Continue**

## Survey Administrator Information

Michele Bushong  
Cabinet for Health and Family Services  
(502) 564-5798  
[consurvey@ky.gov](mailto:consurvey@ky.gov)

# 2024 Ambulatory Surgery II Survey

## Section I: Ambulatory Surgery Data - Operating Rooms

### A. Ambulatory Surgical Operations (excluding heart)

Identification #: 123456  
Facility: \*TEST SITE\*

- An ambulatory surgical operation is defined as a discrete patient encounter, whether major or minor, performed only in the ambulatory surgical center operating room(s) or hospital-based operating room that provides outpatient procedures. An ambulatory surgical operation can involve one or more surgical procedures but is still considered only one operation. Unless specific procedures are asked for, operations should be reported.
- Section I: A - E should include only data for an ambulatory operating room, or a hospital-based operating room that provides outpatient procedures, performed in a STERILE OPERATING ROOM. Do not enter procedure room data in Section I.

Please indicate the number of each type of outpatient surgery performed in reporting year. Note: endoscopic surgery should include but not be limited to the following: Laparoscopy, Thoracoscopy, Rhinoscopy, Otoscopy, Cystoscopy and Colonoscopy. Include only those procedures that are invasive and are performed in a sterile operating room where ambulatory procedures are performed.

1. Orthopedic surgery	<input type="text" value="0"/>
2. Plastic surgery	<input type="text" value="0"/>
3. ENT surgery	<input type="text" value="0"/>
4. Ophthalmological surgery	<input type="text" value="0"/>
5. Urologic surgery	<input type="text" value="0"/>
6. Gynecological surgery	<input type="text" value="0"/>
7. Endoscopic surgery (not included above 1 - 6) *	<input type="text" value="0"/>
8. Pain management surgery (Please list types of pain management procedures in comments box)	<input type="text" value="0"/>
9. All Other surgery	<input type="text" value="0"/>
Total Ambulatory Surgery Operations	<input type="text" value="0"/> <input type="button" value="Calculate"/>

### B. Utilization - Capacity

Number of current operating rooms exclusively used for ambulatory surgeries for your facility. If the number varies from the previous survey, please provide an explanation below in comments.

1. Number of Ambulatory Operating Rooms (exclusive Ambulatory use), excluding Cystoscopy Rooms	<input type="text" value="0"/>
2. Number of Cystoscopy Rooms	<input type="text" value="0"/>
3. Number of Patients Served during the Reporting Period	<input type="text" value="0"/>
4. Total number of hours in a typical week that the facility was open (hours surgery staffed)	<input type="text" value="0"/>

### C. Service Time

1. Total outpatient surgical hours (report in whole hours)	<input type="text" value="0"/>
2. Average clean up time between outpatient operations (report in whole minutes)	<input type="text" value="0"/>

### All non-surgical procedures

Include any procedure in an operating room, which is not classified by your facility as surgical	<input type="text" value="0"/>
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### Comments and list of pain management cases performed in ambulatory operating room (if applicable)

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# 2024 Ambulatory Surgery II Survey

## Section II: Procedure Room Data

### A. Ambulatory Procedure (excluding heart)

Identification #: 123456  
Facility: \*TEST SITE\*

- An ambulatory surgical procedure is defined as discrete patient encounters, whether major or minor, performed only in the procedure room(s). An ambulatory surgical procedure can involve one or more procedures but is still considered only one operation.
- Section II: A – E should include procedure room data only.
- Exclusive means rooms only used as a non-sterile procedure room. These are not the rooms listed in Section I.

Please indicate the number of each type of procedure performed in reporting year. Note: endoscopic surgery should include but not limited to the following: Laparoscopy, Thoracoscopy, Rhinoscopy, Otoscopy, Cystoscopy and Colonoscopy. Include only those procedures that are performed in a procedure room.

1. Orthopedic Surgical procedure	<input type="text" value="0"/>
2. Plastic Surgical procedure	<input type="text" value="0"/>
3. ENT Surgical procedure	<input type="text" value="0"/>
4. Ophthalmological Surgical procedure	<input type="text" value="0"/>
5. Urologic Surgical procedure	<input type="text" value="0"/>
6. Gynecological Surgical procedure	<input type="text" value="0"/>
7. Endoscopic Surgical procedure (not included above 1-6)*	<input type="text" value="0"/>
8. Pain management procedures (Please list types of pain management procedures in comment box)	<input type="text" value="0"/>
9. All Other Surgical procedures	<input type="text" value="0"/>
Total Ambulatory Surgical Procedures	<input type="text" value="0"/> <input type="button" value="Calculate"/>

### B. Utilization - Capacity

1. Number of ambulatory procedure rooms, excluding cystoscopy rooms as of December 31 (exclusive outpatient rooms).	<input type="text" value="0"/>
2. Number of Endoscopy Rooms (not included in 1.)	<input type="text" value="0"/>
3. Number of Patients Served in a procedure room during the Reporting Period	<input type="text" value="0"/>
4. Total number of hours/typical week the procedure room was operational	<input type="text" value="0"/>

### C. Service Time

1. Total Procedure Hours (report in whole hours)	<input type="text" value="0"/>
2. Average clean up time between outpatient procedures (report in whole minutes)	<input type="text" value="0"/>

### D. Procedures

All non-surgical procedures performed in a procedure room. Include procedures which are not classified by your facility as surgical but are provided in a procedure room	<input type="text" value="0"/>
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Comments and list of pain management cases performed in ambulatory procedure room (if applicable)

of 1000

# Ambulatory Surgery II Survey for 2024

## Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of \*TEST SITE\*, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 900 KAR 6:125.

**\*Only verify once the survey is completed.\***

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact Division of CON at consurvey@ky.gov or (502) 564-5798 so this can be corrected.

**Respondent Name:** Michele Bushong (on behalf of Judge Exec.)

**Administrator Name:** M B

**Original Completion Date:**

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

[Verify and Submit to State](#)

[Print](#)

## Incomplete Survey(s)

### Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
2024	<a href="#">Ambulatory Surgery II</a>		<a href="#">Print Ambulatory Surgery II</a>
2024	<a href="#">Chemical Dependency</a>		<a href="#">Print Chemical Dependency</a>
2024	<a href="#">Home Health II</a>		<a href="#">Print Home Health II</a>
2024	<a href="#">Hospice</a>		<a href="#">Print Hospice</a>
2024	<a href="#">Hospital</a>		<a href="#">Print Hospital</a>
2024	<a href="#">Long Term Care</a>		<a href="#">Print Long Term Care</a>
2024	<a href="#">Magnetic Resonance Imaging</a>	<a href="#">Equip for MRI</a>	<a href="#">Print Magnetic Resonance Imaging</a>
2024	<a href="#">Megavoltage Radiation (Linear Accelerator)</a>		<a href="#">Print Megavoltage Radiation (Linear Accelerator)</a>
2024	<a href="#">Positron Emission Tomography</a>		<a href="#">Print Positron Emission Tomography</a>
2024	<a href="#">Private Duty Nursing</a>		<a href="#">Print Private Duty Nursing</a>
2024	<a href="#">Psychiatric Residential Treatment Facility</a>		<a href="#">Print Psychiatric Residential Treatment Facility</a>