

Survey Registration

Respondent Information

Identification #: 123456

Facility: *TEST SITE*

Survey: MEG

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

Megavoltage Radiation (Linear Accelerator)

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

PREFACE: It has come to our attention that reporting errors with respect to the performance of megavoltage radiation therapy services in Kentucky were made in prior years. This appears to have been the result of several factors including: confusion surrounding what constitutes a reportable "procedure;" the introduction of new treatment planning systems; advances in technology associated with the delivery and recording of clinical data; or personnel changes at several Kentucky facilities at which such services are provided. While the mistakes were unintended, it is imperative that the utilization figures produced and relied on by Certificate of Need be complete and accurate. This is especially true in light of the recent modifications to the review criteria contained in the State Health Plan regarding the establishment of megavoltage radiation therapy services.

INTRODUCTION: The Kentucky Annual Survey of Megavoltage Radiation Services is required to be completed and submitted via the internet. The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online. 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 completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, 2025.

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

[Continue](#)

Survey Administrator Information

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Cabinet for Health and Family Services
(502) 564-5798
consurvey@ky.gov

2024 Megavoltage Radiation (Linear Accelerator) Survey

MEG Section

Identification #: 123456

Facility: *TEST SITE*

Procedure - the radiation treatment of a single anatomical site. Please note that an anatomical site is different from recording the number of fields involved and/or the number of patients.

Simulation - defines location and length/width of field on patient for treatment. Only count those simulations that are performed on the linear accelerator equipment in the gate of the machine for the question asking simulations on a linear accelerator.

Total Hours of Radiation - total actual hours devoted to patients in treatments and simulations; will be used to compute "patient visit equivalents".

If less than twelve (12) months of operation, give beginning and ending date(s) in comment box.

Total Linear Accelerator Procedures: *

Total Simulations Performed on a Linear Accelerator (Excluding Verification and Simulation): *

Total Patients Served: *

Total Simulations performed on a CT: *

Total Simulations performed on another device (Excluding CT Simulation): *

(Note type of device in comments)

Total number of hours per week facility was operational: *

Check Service Type: Freestanding Hospital *

Number of linear accelerators stationed on site: *

Comment:
of 255

Save

Finished

Megavoltage Radiation (Linear Accelerator) 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: test test

Administrator Name: test test

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	Ambulatory Surgery II		Print Ambulatory Surgery II
2024	Chemical Dependency		Print Chemical Dependency
2024	Home Health II		Print Home Health II
2024	Hospice		Print Hospice
2024	Hospital		Print Hospital
2024	Long Term Care		Print Long Term Care
2024	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
2024	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
2024	Positron Emission Tomography		Print Positron Emission Tomography
2024	Private Duty Nursing		Print Private Duty Nursing
2024	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility