

&\$%5aVi`Uhc f m' Gi f Q iYff j mY m =

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5" 5aVi`Uhc f m' Gi f [] WU` ' 'CdYUfUhh] c b g' f Yl W i X] b [

= XYbh] Z] WU%&' () *
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- > 8YZ] bYX` Ug` dU]hg]Wf bYhYYbWc i bhYf g z` k\Yh\Yf` aU^cf` c f l Yf]U b d b z` d Y f z d f g d Y X 5 e g i m [] WU h \ a c f Y` g i f [] WU` ` d f c WYXi f Yg z` Vi h`] g` gh]` ` ` Wc b g d K d WYX i f e b g m U e b Y U g d Y X U Z d e b` e d b f W] b c h`] b W b i X Y W h] c b g`
- > GYW` #9` G\ci` X` bch`] bW` i XY` d G d W i X e b Y = f d g a Z K U h U Y f h] Z] Y X` GhYf] ` Y` C F` X U h U` c b` m
- > GYW` %!` G% W i g] j Y` a Y U b g` f c c a g` c b` m` i g Y X W` U g W c j a V h] d U h X` Y b g Y`] H b d U H b] c Y b b` h` U b X` c i h d U h] g i f j Y m`

l 9bXcgWgd]f WYf m` g\ci` X`] bW` i XY` Vi h` bch` `] a] hYX f l U d W c l g W e d z n z` F d k] b l g W c d t n z U l C` 7c` c b c g W c d h` b W C b` X m` h` c g Y` h` U h` U f Y`] b j U g] j Y` U b F X` d Y f Z c f a Y X`] b` U b` U a V i` U h c %` C f h` c d Y X] W` g i f [Y f m`

&" D` Ugh] W` Gi f [Yf m`

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) " I f c` c [] W` Gi f [Yf m`

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+ " 9bXcgWcd] W` Gi f [Yf m` f b c h !] * b W` h i X Y X` U V c]

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i g Y L z` 9 l W i X] b [` 7 m g h c g W c d m` F c c a g`
&" B i a V Y f ` c Z` 7 m g h c g W c d m` F c c a g`
' " B i a V Y f ` c Z` D U h] Y b h g` G Y f j Y X` X i f] b [` h \ Y`
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9 " DU h U b U [Ya Y b h

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2019 Ambulatory Surgery II Survey

Section II: Procedure Room Data

A. Ambulatory Procedure (excluding heart)

Identification #: 123456

Facility: Test Production Sites

- Defined as discrete patient encounters, whether major or minor, performed only in the procedure room(s). A surgical procedure can involve one or more procedures, but is still considered only one operation. Unless specific procedures are asked for, the number of operations should be reported. Do not include injections.
- Sec 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 in Section I.

* Endoscopic Surgery should include but not be limited to the following; Laparoscopy, Thoracoscopy, Rhinoscopy, Otopscopy, Cystoscopy and Colonoscopy. Only include those 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. All Other Surgical Procedure	<input type="text" value="0"/>
Total Ambulatory Surgical Procedure	<input type="text" value="0"/>

Calculate

B. Utilization - Capacity

1. Number of Ambulatory Procedure Rooms, (exclusive procedure room use). Excluding Cystoscopy Rooms as of December 31 (exclusive outpatient Rooms)	<input type="text" value="0"/>
2. Number of Endoscopy Rooms (not included in Number of Ambulatory Procedure Rooms.)	<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 procedures (REPORT IN WHOLE MINUTES)	<input type="text" value="0"/>

D. Procedures

All non-surgical procedures performed in a procedure room. Include any procedure in an procedure room, which is not classified by your facility as surgical to be non-surgical.

E. Pain Management

Number of Pain management cases performed in procedure room. (Please list types of pain management procedures in the comment box.)

Comment

of 1000

Save

Ambulatory Surgery II Survey for 2019

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of Test Production Sites, 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 the Office of Health Data Analytics, so this can be corrected.

Respondent Name:
Administrator Name:
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
2019	Ambulatory Surgery II		Print Ambulatory Surgery II
2019	Chemical Dependency		Print Chemical Dependency
2019	Home Health II		Print Home Health II
2019	Hospice		Print Hospice
2019	Hospital		Print Hospital
2019	Long Term Care		Print Long Term Care
2019	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
2019	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
2019	Positron Emission Tomography		Print Positron Emission Tomography
2019	Private Duty Nursing		Print Private Duty Nursing
2019	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility