

Kentucky Health Survey Registry

Welcome

Good afternoon!

This application supports the entry and tracking of survey information relating to the health care utilization and service.

Please Note: 2019 was not a leap year and reported data should account for 365 days.

License #: *

Password: *

Re-enter Password: *

Contact Information

For KY Health Survey program support, please contact:

Cabinet for Health and Family Services
275 East Main St. 4 WE
Frankfort KY 40621

Contacts for survey.

Survey	Contact	Phone #	eMail Address
Ambulatory Surgery II	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Chemical Dependency	Elizabeth Tutt	(502) 564-7940 X 3156	ElizabethA.Tutt@ky.gov
Home Health II	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Hospice	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Hospital	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Long Term Care	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Megavoltage Radiation (Linear Accelerator)	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Magnetic Resonance Imaging	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Private Duty Nursing	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Positron Emission Tomography	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov
Psychiatric Residential Treatment Facility	Elizabeth Tutt	(502) 564-7940 x 3156	ElizabethA.Tutt@ky.gov

Survey Registration

Registration Information

License #: 123456
Facility: Test Production Sites
Street 1: *
Street 2:
City: *
State: *
Zip: *-
County: ▼ * Required if KY address

Available Survey(s) for Current Survey Year

- If a survey does not appear for completion, please contact the Office of Health Data Analytics at (502) 564-7940. Required reporting includes; Hospitals, Ambulatory Surgery, Magnetic Resonance Imaging, Megavoltage Radiation, Positron Emission Tomography, Home Health, Hospice, Long Term Care, Chemical Dependency, Private Duty Nursing and Psychiatric Residential Treatment Facilities. If a service is conducted under a different license number from a Hospital then the survey will be provided under that specific number. Select current survey under Survey Completion below. Input survey data and submit to state for each survey below.
- Survey deadline March 30.

Please Note: 2019 was not a leap year and reported data should account for 365 days.

Facility's Survey(s)

Year	Complete Date	Survey Completion	Equipment	Blank Downloadable
2019		<u>Ambulatory Surgery II</u>		
2019		<u>Chemical Dependency</u>		
2019		<u>Home Health II</u>		
2019		<u>Hospice</u>		
2019		<u>Hospital</u>		
2019		<u>Long Term Care</u>		
2019		<u>Magnetic Resonance Imaging</u>	<u>Equip for MRI</u>	
2019		<u>Megavoltage Radiation (Linear Accelerator)</u>		
2019		<u>Positron Emission Tomography</u>		
2019		<u>Private Duty Nursing</u>		
2019		<u>Psychiatric Residential Treatment Facility</u>		

Available Survey(s) for Prior Survey Year(s)

Survey Registration

Respondent Information

Identification #: 123456

Facility: Test Production Sites

Survey: CD

Survey Year: 2019 ▼

Respondent First Name: *

Respondent Last Name: *

Respondent Phone: *

Respondent eMail: *

Administrator First Name: *

Administrator Last Name: *

Administrator Phone: *

Administrator eMail: *

Save

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2019 Instructions for Survey

Chemical Dependency

This survey is for the reporting period: January 1, 2019 through December 31, 2019.

INTRODUCTION: Data submission is required by 900 KAR 6:125. 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. All data must be accurate and complete before the survey will be considered acceptable. Surveys are due March 30, 2020. This survey is for the period January 1, 2019 through December 31, 2019. You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey may result in your facility being reported to the Office of Inspector General for a possible licensure deficiency.

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.

Please retain a copy of the completed survey in your files for reference. It is not necessary to send a copy of the survey by mail. Surveys are accepted via the secure website submission. The published KY Annual Survey Reports may be viewed at: <https://chfs.ky.gov/agencies/ohda/Pages/annualreports.aspx>.

The data you submit through the on-line survey will remain confidential until the reporting deadline posted on the survey. The final, published report will be posted on the web as well.

During the survey completion period you will have access to your facility's survey and the ability to change, update, and enter new data. No matter who enters the data, the administrator is still responsible for verification of final data and must complete the final verification page before the on-line survey will be accepted. An immediate e-mail notice will be sent to the administrator upon receipt of the completed survey (Please confirm that the administrator's email address has been entered correctly).

Some data elements can be obtained and or verified through administrative claims data.

Requests for an extension of the survey deadline, must go through a survey administrator and be approved.

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Survey Administrator Information

Elizabeth Tutt
Cabinet for Health and Family Services
(502) 564-7940 X 3156
ElizabethA.Tutt@ky.gov

2019 Chemical Dependency Survey

Chemical Dependency Utilization and Census

INSTRUCTIONS (Please read all items carefully) Complete all items.

- Data is for the primary Substance Use Disorder diagnosis identified for the client's admission and treatment to the program. Data is for unduplicated clients.
- Beds In Operation: Number of beds, regularly maintained (set up and staffed for use) for inpatients during the reporting period.
- Admissions: Number of patients, accepted for inpatient service during the reporting period (Jan 1- Dec 31).
- Inpatient Days: Number of days of care, rendered during the entire reporting period (Jan 1- Dec 31).
- Discharges: Patients that were discharged during the reporting period (Jan 1- Dec 31).
- Discharge Days: Sum of the Length of Stay (LOS) of those discharged during reporting period (Jan 1- Dec 31).
- Average Length of Stay (ALOS): Average stay of inpatients during the reporting period. Derived by dividing the number of discharge days by the number of discharges.
- Occupancy Percent: Inpatient days divided by the number of licensed beds, times the number of days in the reporting period. $[\text{Inpatient Days}] / ([\text{Licensed Beds}] \times \text{Days in Reporting Period})$
- If number of licensed beds changes between the first day of the reporting period and the last day of the reporting period, please give date and type of change by category in the comment box.

Utilization and Service

Service Unit	Admissions	Number of Inpatient Days	Number of Discharges	Number of Discharge Days
Alcohol	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Alcohol (Primary) & Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Opiod	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Opiod (Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Amphetamine	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Amphetamine (Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Cocain	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Cocaine (Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sedative, Hypnotic (Benzodiazepines/Barbiturates)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Sedative, Hypnotic (Benzodiazepines/Barbiturates Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Drugs Not Listed Above	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total by Admissions	0	0	0	0

Chemical Dependency Care Census Data

Chemical Dependency census as of midnight:

December 31, 2018

December 31, 2019

Chemical Dependency Care Licensure Category**Licensed beds as of Jan 1,
2020 (Per Licensing and
Regulation)****Number of Licensed beds as
of Jan 1, 2019****Number of Licensed beds as
of Dec 31, 2019****Chemical Dependency Beds In Operation****Beds In Operation as of Dec
31, 2019****AODE Licensure Category****Licensed beds as of Jan 1,
2020 (Per Licensing and
Regulation)****Number of Licensed beds as
of Jan 1, 2019****Number of Licensed beds as
of Dec 31,****Chemical Dependency Notes****Comment**

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Save**Continue**

2019 Chemical Dependency Survey

Chemical Dependency Admissions by Age

INSTRUCTIONS (Please read all items carefully) Complete all items.

- Data is for the primary Substance Use Disorder diagnosis identified for the client's admission and treatment to the program. Data is for unduplicated clients.
- Diagnosis based on the Diagnostic and Statistical Manual of Mental Disorders DSM - 5 (5th Edition) Criteria.
- Report the last known age of the patient at the time of discharge.

Chemical Dependency by Age Group

Admissions by Age Group with Primary DX	Children (0-12)	Adolescents (13-17)	Adults (18-26)	Adults (27-64)	Adults (65 and Older)	Total by DX
Alcohol	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Alcohol (Primary) & Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Opiod	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Opiod (Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Amphetamine	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Amphetamine (Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Cocain	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Cocaine (Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Sedative, Hypnotic (Benzodiazepines/Barbiturates)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Sedative, Hypnotic (Benzodiazepines/Barbiturates Primary) & Alcohol/Other Drugs	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Other Drugs Not Listed Above	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Totals by Age	0	0	0	0	0	

Chemical Dependency Admissions by Age Notes

Comment

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Save

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2019 Chemical Dependency Survey

Chemical Dependency Discharge Data

INSTRUCTIONS (Please read all items carefully) Complete all items.

- A patient should be placed in the age group in which they belong at time of discharge and their discharge status.
- Discharge - Is the discharge status of the patient at the time of discharge. Patients on leave where there is a bed hold should not be counted as a readmission or repeat discharge.
- Report the last known age of the patient at the time of discharge.

Chemical Dependency by Age Group

Discharges by Age Group and Location:	Hospital	Other Residential Program	Outpatient Treatment	After Care Groups	Transitional Housing	Left Against Staff Advice	Discharged Other	Total by Age
Children (0-12)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Adolescents (13-17)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Adults (18-26)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Adults (27-64)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Adults (65 & Older)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Totals by Discharge	0	0	0	0	0	0	0	

Chemical Dependency Care Comment

Comment

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Continue

2019 Chemical Dependency Survey

Chemical Dependency Payor Source

INSTRUCTIONS (Please read all items carefully) Complete all items.

- Private Insurance - Insurance obtained through an employer or individual policies including supplemental policies.
- Self-Pay - payment by patient, SSI, family member or other person.
- Other - non-insurance payment including local or state funds, grant funding, charitable sources or voucher programs.
- If a patient has multiple payor sources, please list the admission and all of their patient days under the primary payor.

Chemical Dependency by Payor Source

Payor Source	Admissions	Inpatient Days
Medicare	<input type="text" value="0"/>	<input type="text" value="0"/>
Medicaid	<input type="text" value="0"/>	<input type="text" value="0"/>
Private Insurance	<input type="text" value="0"/>	<input type="text" value="0"/>
Self-Pay	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Payor	<input type="text" value="0"/>	<input type="text" value="0"/>
Totals	0	0

Chemical Dependency Care Comment

Comment

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Save**Continue**

2019 Chemical Dependency Survey

Chemical Dependency Medically Assisted Withdrawal Management

INSTRUCTIONS (Please read all items carefully) Complete all items.

- Indicate the medication used for client's with opioid use disorder who are receiving Medication Assisted Therapy as part of their residential treatment.
- Patients - is a count of those that received Medically Assisted treatment.
- Treatment Days - is the count of accumulated treatment days for those that received Medically Assisted Withdrawal Management. Include only the days in which the patients were given medication for withdrawal, not all inpatient days.

Chemical Dependency by Withdrawal Management

Withdrawal Management	Patients	Treatment Days
Medicare	<input type="text" value="0"/>	<input type="text" value="0"/>
Medicaid	<input type="text" value="0"/>	<input type="text" value="0"/>
Private Insurance	<input type="text" value="0"/>	<input type="text" value="0"/>
Self-Pay	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Payor	<input type="text" value="0"/>	<input type="text" value="0"/>
Totals	0	0

Chemical Dependency Care Comment

Comment

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Save**Continue**

2019 Chemical Dependency Survey

Chemical Dependency Patient Origin

INSTRUCTIONS:

- Please provide the number and county of origin for all patients that were treated between Jan 1 - Dec 31. (The county should be where the patients resided before entering the facility for treatment.)
- Select your first county from the down box, enter the total patients for each age group and county. Click save to move the county and age group to the grid. Repeat process for each county that had patients that resided there.

Patient Origin

County / State	Age 0-12	Age 13-17	Age 18-26	Age 27-64	Age 65 & Older	Total of Patients	
Total	0	0	0	0	0	0	

Patient Origin Data**County / State**  ***Age 0-12** **Age 13-17** **Age 18-26** **Age 27-64** **Age 65 & Older** **Comment**

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Save**Continue**

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