

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>		

Survey Registration

Respondent Information

Identification #: 123456

Facility: Test Production Sites

Survey: HPC

Survey Year: 2019 ▼

Respondent First Name: *

Respondent Last Name: *

Respondent Phone: *

Respondent eMail: *

Administrator First Name: *

Administrator Last Name: *

Administrator Phone: *

Administrator eMail: *

Save

Continue

2019 Instructions for Survey

Hospice

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

INTRODUCTION

The Annual Survey of Hospice Providers is required to be completed and submitted via the internet.

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.

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 the Office of the Inspector General being notified of a possible licensure deficiency. Retain a copy of the completed survey for your files.

If there are questions concerning the preparation of this survey, please contact Elizabeth Tutt at (502) 564-7940, ext. 3156 or email ElizabethA.Tutt@ky.gov.

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 30, 2020. This survey is for the period January 1, 2019 through December 31, 2019. The published KY Annual Survey Reports may be viewed at: <https://chfs.ky.gov/agencies/ohda/Pages/annualreports.aspx>.

By submitting this data you are certifying it is correct.

The following data must be reported:

1. County/counties served by your agency (report only Kentucky counties served in 2019). Include patients in their county of residence, not county of service.

1A. Patients should be counted under their county of residence.

2. Beginning census - number of patients being served by your agency on January 1, 2019.

3. Admissions - number of patients you admitted in 2019 (excluding your beginning census), include readmissions. Note that admissions are separated into two categories, Total Admissions and Unduplicated Admissions. Community based hospice facilities are to include all admissions, including those admitted to the free standing residential hospice facilities.

A change in insurance is NOT a readmission. That is a continuation of care. Do not count a change of insurance as a readmission. The survey will be rejected with an error.

a. Total Admissions – shall include re-admissions. b. Unduplicated Admissions – all patients admitted to the program for the first time in the calendar year including transfers from other hospices (do not include re-admissions).

4. Deaths - patients shall be separated into two categories (death due to cancer, death due to other causes) and total number of deaths;

5. Discharges - count of patients discharged to home, another facility, etc. (excluding deaths);

6. Ending census is determined as follows: for example - (beginning census as of midnight December 31, 2018 + admissions 2019) - (deaths during 2019) - (discharged patients excluding deaths).

7. Units of Service is broken down into two categories: Units of Service - Patients - the number of contacts a patient received from any type of hospice provider: i.e. social worker, RN or MD. It shall not include volunteer visits or phone calls; and Units of Service - Bereavement Contacts - includes visits,

phone visits, memorial services, and support groups. Within a bereavement support group each person in the group counts as one visit each time they attend a support group. A bereavement home visit to a patient with additional family members present counts as only 1 visit even if additional people are there. When counting bereavement only count what you can verify. When counting memorial services count each attendee as one unit of service in the county in which the memorial service was held. Please Note: Units of Service - Other is no longer collected.

Continue

Survey Administrator Information

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

2019 Hospice Survey

Identification Information

Identification #: 123456

Facility: Test Production Sites

Comment

of 500

Hospice survey information.

County	Begin Census	Total Admiss ions	Undup Admiss ions	Cancer Deaths	Other Deaths	Dis charged	Ending Census	Days of Care	Patients	Bereave ment	
											Delete

Utilization Data

County: *

Beginning Census: *

Total Admissions: *

Unduplicated Admissions: *

Cancer Deaths: *

Other Deaths: *

Discharged: *

Days of Care: *

Units of Service

Patients: *

Bereavement: *

Save

Finished

Review

Hospice 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