

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: MRI

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

Magnetic Resonance Imaging

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

INTRODUCTION: The Kentucky Annual Survey and Registry of MRI Equipment 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 30, 2020. For purposes of this Survey and Service Report you will complete data for the period of January 1, 2019 through December 31, 2019.

"Physician Exempt MRI Surveys are no longer required and is no longer collected for Exempt MRI facilities. This applies only to those facilities that have ID numbers beginning with EX0."

You are responsible for the accuracy of the data reported in this survey. Please double check all entries. Retain a copy of the completed survey for your files. Annual data is required to be submitted via the secure data web page: <https://prdweb.chfs.ky.gov/OHPSurvey/>. Paper surveys are no longer accepted as an official submission. All surveys must be submitted via the internet. Failure to submit data timely and correct may result in the Office of the Inspector General being contacted regarding a possible licensure deficiency.

All survey extension requests must be approved by the Survey Administrator.

Each year the MRI Registry of Equipment must be updated to include the current make, model and serial number for each MRI. The survey portion should include the number of MRI procedures performed and the number of patients served. The survey also asks if the equipment is freestanding, mobile or hospital based. This information is based on who holds the CON to provide the service. Example: If a hospital holds the CON, but uses a mobile, the equipment is considered hospital based not mobile. The mobile provider page should only be completed by mobile MRI's that hold the CON to provide the service. Exempt MRI's that service multiple locations should list those on the mobile provider page.

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

Continue

Survey Administrator Information

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

2019 Certificate of Need Approved MRI Registry Data

MRI Service Section

License Number: 123456 Agency: Test Production Sites

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

Total MRI Procedures:

Mobile:

Fixed:

Total:

Total MRI Patients:

Mobile:

Fixed:

Total:

Total number of hours per week facility was operational:

Check Service Type: ☐ Freestanding ☐ Mobile ☐ Hospital

(Please check box according to who holds the CON. Example: a hospital that uses a relocatable unit, but holds the CON is a hospital based, not mobile.)

If service was provided by a licensed mobile health service give name of provider:

Number of devices stationed on site:

Mobile:

Fixed:

Total:

Comment

of 255

Save

Continue

2019 Magnetic Resonance Imaging Survey

Mobile MRI Services Section

License Number: 123456 Agency: Test Production Sites

*** Page to be completed by mobile units that hold the CON to provide the service.**

Mobile units must submit a separate line below for each county and facility served.

*Number of hours is per week each unit provides service to that facility. Do not include out of state counties.

Facility Served by Mobile MRI Units

	County	Facility Served	Procedures	Units on Site	Hours Per Week*	Patients Served	
--	--------	-----------------	------------	---------------	-----------------	-----------------	--

County	<input type="text" value="▼"/>
Facility Served	<input type="text" value=""/> *
# Procedures	<input type="text" value="0"/>
# Units On Site	<input type="text" value="0"/>
# Hours Per Wk*	<input type="text" value="0"/>
# Patients Served	<input type="text" value="0"/>

***Do not press the finished button until you have saved your data. Press Add/Save after each new entry. Press Update to save changes for edited item.**

Magnetic Resonance Imaging 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