

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: PDN

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

Private Duty Nursing

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

INTRODUCTION

The Kentucky Annual Survey of Licensed Private Duty Nursing Agencies 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. All survey extension requests must be approved the Survey Administrator.

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 your facility being reported to the Office of the Inspector General for a licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Elizabeth Tutt (502) 564-7940 or email ElizabethA.Tutt@ky.gov. The published KY Annual Survey Reports may be viewed at: <https://chfs.ky.gov/agencies/ohda/Pages/annualreports.aspx>.

The Cabinet for Health and Family Services is collecting Private Duty Nursing data for the January 1 through December 31, 2019 survey period. The survey consists of three sections to collect data from Private Duty Nursing only. Do not report data related to Homecare or Hospice. Report only Kentucky counties served in 2019. Please report the required data by the following definitions for each section.

SECTION I

Agency Census, Admissions & Discharges January 1, 2019 - December 31, 2019

Beginning Census - Enter the number of unduplicated patients admitted for services as of January 1, 2019, by county. (Patients carried over from 2018)

Admissions During 2019 - Enter the total number of admissions made from January 1, 2019 to December 31, 2019, by county (including re-admissions).

Discharges During 2019 - Enter the number of total discharges (including deaths) made from January 1, 2019 to December 31, 2019, by county.

Ending Census - Enter the number of unduplicated patients admitted for service as of December 31, 2019, by county. (Beginning Census + Admissions - Discharges = Ending Census).

SECTION II

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who received services by a Skilled Nurse (RN/LPN) or a Nursing Assistant during the reporting period, i.e., a patient seen during this period shall be counted once. Enter the correct number of patients served in the appropriate age group and county. The total patients served shall not be greater than the beginning census + admissions in the Private Duty Nursing census.

SECTION III

Private Duty Nursing: Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments. Private Duty Nursing services are those that are provided under the agencies license.

Continue

Survey Administrator Information

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

2019 Private Duty Nursing Survey

County Selection

License Number: 123456 Agency: Test Production Sites

County *

Completed Counties

Completed County List for Private Duty Nursing Services

	County	Beginning Census	Admissions	Discharges	Ending Census
<input type="button" value="Select"/>		0	0	0	0

Save

Finished

2019 Private Duty Nursing Survey

County Selection

License Number: 123456 Agency: Test Production Sites

County *

Section I: Census

Agency Census, Admissions & Discharges January 1, 2019- December 31, 2019: Enter census data for Private Duty Nursing services; ie. skilled Nursing or Nursing Assistant Services.

Beginning Census *

Admissions *

Discharges *

Ending Census

Calc Ending Census

Section II: Number of Patients Served by Age Group by County:

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who received Skilled Nursing or Nursing Assistant services during the reporting period. The total patients served should not be greater than the beginning census + admissions.

Age Groups Private Duty Nursing

Ages <1 *

Ages 1-5 *

Ages 6-14 *

Ages 15-20 *

Ages 21-32 *

Ages 33-44 *

Ages 45-64 *

Ages 65-74 *

Ages 75-84 *

Ages 85+ *

Total Patients Served

Calc Tot Served

Section III: Private Duty Nursing Services

Private Duty Nursing: Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments.

	Patient Served	Number of Units
RN	<input type="text"/> *	<input type="text"/> *
LPN	<input type="text"/> *	<input type="text"/> *
NA	<input type="text"/> *	<input type="text"/> *
Totals	<input type="text"/>	<input type="text"/>

Calc Tot Served

Section IV: Comment

of 1000

Save

Finished

Delete

Private Duty Nursing 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