

Survey Registration

Respondent Information

Identification #: 123456

Facility: *****Test Production Site

Survey: ASC2

Survey Year: 2023 ▼

Respondent First Name: *

Respondent Last Name: *

Respondent Phone: *

Respondent eMail: *

Respondent Additional eMail:

Administrator First Name: *

Administrator Last Name: *

Administrator Phone: *

Administrator eMail: *

Administrator Additional eMail:

2023 Instructions for Survey

Ambulatory Surgery II

This survey is for the reporting period: January 1, 2023 through December 31, 2023.

INTRODUCTION: 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 15, 2024. This survey is for the period January 1, 2023 through December 31, 2023.

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.

All survey extension requests must be approved by the designated survey administrator.

PLEASE READ ALL INSTRUCTIONS CAREFULLY AND THOROUGHLY. Compare this survey to surveys previously submitted for consistency and comparability.

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 Inspector General, Division of Health Care. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact survey administrator Michele Bushong at (502) 564-5798 or email consurvey@ky.gov. The published KY Annual Survey Reports may be viewed at: <https://chfs.ky.gov/agencies/os/oig/dcn/Pages/annualreports.aspx>.

DEFINITIONS: In all instances, unless otherwise specified, the terms used in this survey are the same as those found in the American Hospital Association AHA Hospital.

The Ambulatory Surgical Services Survey has been updated to include data collection for Procedure Rooms. Section I is to include only data for an Ambulatory OR. Section II is to include data for surgical procedures that were performed only in a Procedure Room. Do not duplicate data. Certificate of Need (CON) at this time only uses Ambulatory OR data.

Include only Ambulatory Surgical Operations that have been performed in a sterile operating room in Section I and indicate the number of ambulatory surgery operations performed by major service category.

Include only Ambulatory Surgical Procedures that have been performed in a procedure room that is not considered sterile in Section II and indicate the number of ambulatory surgical procedures performed by major service category.

Continue

Survey Administrator Information

Michele Bushong
Cabinet for Health and Family Services
(502) 564-5798
consurvey@ky.gov

2023 Ambulatory Surgery II Survey

Section I: Ambulatory Surgery Data - Operating Rooms

A. Ambulatory Surgical Operations (excluding heart)

Identification #: 123456

Facility: *****Test Production Site

- Defined as discrete patient encounters, whether major or minor, performed only in the operating room(s). A surgical operation can involve one or more surgical procedures, but is still considered only one operation. Unless specific procedures are asked for, operations should be reported. Do not include injections.
- Sec I: A-E Should not include procedure room data. Section I is for Certified Sterile OR data only.
- Sec 1: B1 - Exclusive means rooms only used as outpatient. The non-exclusive combined use inpatient and outpatient rooms are on the hospital survey.

* Endoscopic Surgery should include but not limited to the following; Laparoscopy, Thoracoscopy, Rhinoscopy, Otoscopy, Cystoscopy and Colonoscopy. Only include those that are invasive and performed in an ambulatory OR.

1. Orthopedic surgery	<input type="text" value="0"/>
2. Plastic Surgery	<input type="text" value="0"/>
3. ENT Surgery	<input type="text" value="0"/>
4. Ophthalmological Surgery	<input type="text" value="0"/>
5. Urologic Surgery	<input type="text" value="0"/>
6. Gynecological Surgery	<input type="text" value="0"/>
7. Endoscopic Surgery (not included above 1 - 6) *	<input type="text" value="0"/>
8. All Other Surgery	<input type="text" value="0"/>
Total Ambulatory Surgery Operations	<input type="text" value="0"/> <input type="button" value="Calculate"/>

B. Utilization - Capacity

* Number of current operating rooms for your facility (if the actual number varies, please provide an explanation)

1. Number of Ambulatory Operating Rooms (Exclusive Ambulatory use), Excluding Cystoscopy Rooms	<input type="text" value="0"/>
2. Number of Cystoscopy Rooms	<input type="text" value="0"/>
3. Number of Patients Served during the Reporting Period	<input type="text" value="0"/>
4. Total number of Hours/Typical Week Your Facility was Open (Hrs surgery staffed)	<input type="text" value="0"/>

C. Service Time

1. Total Surgical Hours (REPORT IN WHOLE HOURS)	<input type="text" value="0"/>
2. Average clean-up time between operations (REPORT IN WHOLE MINUTES)	<input type="text" value="0"/>

D. Non-surgical Procedures

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

E. Pain Management

Number of pain management cases performed in an ambulatory OR. (Please list types of pain management procedures in comment box.)

Comment

of 1000

2023 Ambulatory Surgery II Survey

Section II: Procedure Room Data

A. Ambulatory Procedure (excluding heart)

Identification #: 123456

Facility: *****Test Production Site

- 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, Otoscopy, Cystoscopy and Colonoscopy. Only include those that are performed in a procedure room.

1. Orthopedic Surgical Procedure

2. Plastic Surgical Procedure

3. ENT Surgical Procedure

4. Ophthalmological Surgical Procedure

5. Urologic Surgical Procedure

6. Gynecological Surgical Procedure

7. Endoscopic Surgical Procedure (not included above 1-6)*

8. All Other Surgical Procedure

Total Ambulatory Surgical Procedure

Calculate

B. Utilization - Capacity

1. Number of Ambulatory Procedure Rooms, (exclusive procedure room use). Excluding Cystoscopy Rooms as of December 31 (exclusive outpatient Rooms)

2. Number of Endoscopy Rooms (not included in Number of Ambulatory Procedure Rooms.)

3. Number of Patients Served in a procedure room during the Reporting Period

4. Total number of hours/typical week the procedure room was operational?

C. Service Time

1. Total Procedure Hours (REPORT IN WHOLE HOURS)

2. Average clean-up time between procedures (REPORT IN WHOLE MINUTES)

D. Procedures

All non-surgical procedures performed in a procedure room. Include procedures which are not classified by your facility as surgical, but are provided in a procedure room.

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 2023

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of *****Test Production Site, 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 Division of CON at consurvey@ky.gov or (502) 564-5798 so this can be corrected.

Respondent Name: aaaa bbbbb

Administrator Name: aaaa bbbbb

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
2023	Ambulatory Surgery II		Print Ambulatory Surgery II
2023	Chemical Dependency and Residential AODE		Print Chemical Dependency
2023	Home Health II		Print Home Health II
2023	Hospice		Print Hospice
2023	Hospital		Print Hospital
2023	Long Term Care		Print Long Term Care
2023	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
2023	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
2023	Positron Emission Tomography		Print Positron Emission Tomography
2023	Private Duty Nursing		Print Private Duty Nursing
2023	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility