Survey Registration

Respondent Information

Identification #:	123456
Facility:	*****Test Production Site
Survey:	HPT
Survey Year:	2023 ▾
Respondent First Name:	aaaa *
Respondent Last Name:	bbbbb *
Respondent Phone:	0000000000 *
Respondent eMail:	aaa@test.gv *
Respondent Additional eMail:	
Administrator First Name:	aaaa *
Administrator Last Name:	bbbbb *
Administrator Phone:	0000000000 *
Administrator eMail:	aaa@test.gv *
Administrator Additional eMail:	

Save   Continue

2023 Instructions for Survey

Hospital

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

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 15,2024.This survey is for the period January 1,2023 through December 31,2023.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,Division of Health Care for a possible licensure deficiency. Retain a copy of the completed survey for your files.If there are any questions concerning the preparation of survey,please contact the survey administrator at consurvey@ky.gov or (502)564-5798

All survey extension requests must be approved by a survey administrator.

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.

Hospitals are no longer required to complete the Therapeutic and Diagnostic Cardiac Catheterization Procedures portion of the Annual Hospital Utilization Survey. This change was implemented as a result of changes in the 2010 – 2012 State Health Plan. The State Health Plan specifies that cardiac catheterization utilization will be determined from administrative claims data submitted by hospitals as required by 900 KAR 7:030 – Data Reporting by Health Care Providers and be published in the Kentucky Annual Administrative Claims Data Report - Cardiac Catheterization Report.

The Kentucky Annual Administrative Claims Data Report will use the administrative claims data to determine utilization. It will also use the Certificate of Need Inventory of Health Facilities and Services to determine the number of cardiac catheterization labs that have received CON approval. Please review CON Inventory list on the following web site at: https://chfs.ky.gov/agencies/os/oig/dcn/Pages/inventory.aspx. Notify the survey administrator at consurvey@ky.gov or 502-564-5798 to resolve any discrepancies. 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 Statistics. Two specific areas require caution - surgical operations versus procedures and emergency room and outpatient visits versus services.

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).

Continue

Survey Administrator Information

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

2023 Hospital Survey

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

- Do not include births in the number of admissions or Level I newborn days in the number of inpatient days. Include deaths in the number of discharges. Line D. Swing is a subset of line A1. Med/Surg A1 should include swing data.
- Utilization data for chemical dependency, physical rehabilitation, or long-term care inpatients should not be included in this section unless beds licensed as acute care beds or psychiatric care beds were used to provide those services.
- Critical Access Hospitals should complete only section B – Psychiatric and Section F – Critical Access Hospital.
- Line C should express your facility's acute & psychiatric care operation only (Line A + Line B) including intensive care and Level II, III & IV neonatal.
- If there is a # in the Admissions column, there must be a # in the Beds in Operation column.
- Beds In Operation: Number of beds, cribs, and pediatric and neonatal bassinets regularly maintained (actual beds set up and staffed for immediate use) for inpatients during the reporting period; does not include bassinets for normal newborn infants.
- Admissions: Number of patients, excluding newborns, accepted for inpatient service during the reporting period.
- Inpatient Days: Number of adult and pediatric days of care, excluding newborn days of care, rendered during the entire reporting period.
- Discharges: Patients that were discharged during the reporting period.
- Discharge Days: Sum of the Length of Stay (LOS) of those discharged during reporting period.
- 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. [Inpatient Days] / ([Licensed Beds] X Days in Reporting Period)
- Due to internal transfers count admits and discharges under the category in which the patient had the most Inpatient Days. Ex: patient spends 1 day in MedSurg, transferred to ICU after surgery and spends 5 days, then discharged. That patient and all the days would go under ICU.
- Acute Care Bed: Referenced in 900 KAR 5:020. A hospital bed licensed by the KY CHFS, Office of Inspector General, Division of Health Care. A hospital utilizes acute care beds in providing medical services, including physician services and continuous nursing services for the diagnosis and treatment of patients who have a variety of medical conditions, both surgical and non-surgical.

Service Unit	Beds in Operation	Admissions (Exclude births)	Number of Inpatient Days	Number of Discharges	Number of Discharge Days
A. Acute Care					
1. Med/Surg. Adult and Peds	0	0	0	0	0
2. Obstetrics	0	0	0	0	0
3. ICU/CCU/Burn	0	0	0	0	0
4. Neonatal II/III/IV	0	0	0	0	0
A. Acute Care Total	0	0	0	0	0
B. Psych Care					
1. Children (0-12 years) psychiatric	0	0	0	0	0
2. Adolescents (13-17 Years) psychiatric	0	0	0	0	0
3. Adults (18-64 years) psychiatric	0	0	0	0	0
4. Adults (65 years & older) psychiatric	0	0	0	0	0
B. Psychiatric Care Total	0	0	0	0	0
C. Total Acute Care and Psychiatric Care	0	0	0	0	0
D. Swing Beds	0	0	0	0	0
E. LTACH Beds	0	0	0	0	0
F. Critical Access Hosp					
1. Critical Access Acute	0	0	0	0	0
2. Critical Access Swing	0	0	0	0	0
F. Critical Access Total	0	0	0	0	0

E1. Facility where LTACH Beds are Located:

E2. Certification Holder for LTACH Beds:

Comment

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Calculate/Total   Save   Continue

2023 Hospital Survey

Instructions Census Data and Licensure Category

Identification #: 123456
Facility: *****Test Production Site

- If number of licensed beds changed 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, e.g, 20 Acute Beds converted to 20 Psychiatric Beds March 14
- Licensed beds are provided by the Office of the Inspector General (OIG), Division of Health Care and can only be changed by OIG. If the Survey is not correct, inform the survey administrator at consurvey@ky.gov. The General Psych Allocated As Dec 31, column should show how line 2. General Psych Dec 31, are allocated.

CENSUS DATA

Acute and Psychiatric Care census as of Midnight, December 31, 2022	0
December 31, 2023	0
Number of Observation Patients January - December that were discharged and not admitted.	0

Beds and Utilization by Licensure Category

Licensure Category	Number of Licensed Beds Jan 1, 2024 (Per OIG, Division of Health Care)	Number of Licensed Beds Jan 1, 2023	Number of Licensed Beds Dec 31, 2023 (Include Surged Beds Approved by E-REGS)	General Psych Allocated As Dec 31, 2023
1. Acute Care (please read * below)	22	0	0	
1-A. Neonatal II	0	0	0	
1-B. Neonatal III	0	0	0	
1-C. Neonatal IV	0	0	0	
2. General Psych	0	0	0	
3. Child Psych	0	0	0	0
4. Adolescent Psych	0	0	0	0
5. Adult Psych	22	0	0	0
6. Geriatric Psych	0	0	0	0
7. Total License Psych	22	0	0	
8. Swing Beds	0	0	0	
9. LTACH Beds	0	0	0	
10. Critical Access Hosp Beds	0	0	0	

* INCLUDES Pediatric/Orthopedic, Neonatal II, III & IV Beds and Swing Beds.

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2023 Hospital Survey

Instructions Intensive Care Service

- TRANSITIONAL CARE BEDS are not to be included (Special Care, Progressive Care, Step Down Beds, Etc.) in any of the Service Unit Categories for Intensive Care Below.
- Patients: Actual count of patients serviced in bed type.
- Inpatient Days: Number of adult and pediatric days of care, excluding newborn days of care, rendered during the entire reporting period.
- Beds In Operation: Number of beds, cribs, and pediatric and neonatal bassinets regularly maintained (set up and staffed for use) for inpatients during the reporting period.

Intensive Care

Service Unit	Beds in Operation	Patients	Number of Inpatient Days	Number of Deaths
1. Med/Surg ICU (include mixed ICU/CCU)	0	0	0	0
2. Pediatric ICU	0	0	0	0
3. Cardiac Intensive Care (CCU)	0	0	0	0
4. Burn Care	0	0	0	0

Neonatal Care (exclude newborn days)

Service Unit	Beds in Operation	Patients	Number of Inpatient Days
1. Neonatal Intermediate Care (Level II)	0	0	0
2. Neonatal Intensive Care (Level III)	0	0	0
3. Neonatal Intensive Care (Level IV)	0	0	0

Newborn Service (include only Level I care)

Service Unit	Beds in Operation
1. Bassinets in Operation	0
2. Total Births	0
3. Newborn Days	0

Comment

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2023 Hospital Survey

Instructions Physical Rehabilitation Care

Identification #: 123456
Facility: *****Test Production Site

- Complete this section only for the utilization of beds licensed for physical rehabilitation care.
- Complete all items. If there are no data for an item, please use zero.
- Utilization data for acute care, psychiatric care, or chemical dependency inpatients should not be included in this section unless beds licensed as physical rehabilitation beds were used to provide those services.

Physical Rehabilitation Care Utilization by Service

Account only for the unduplicated utilization of all beds licensed for physical rehabilitation care which are set up and staffed for use (beds in operation) regardless of their actual use.

Service Unit	Physical Rehabilitation Jan 1 - Dec 31, 2023
Beds in Operation	0
Number of Admissions	0
Number of Inpatient Days	0
Number of Discharges	0
Number of Discharge Days	0

Physical Rehabilitation Care Census Data

Physical Rehabilitation census as of midnight

Dec 31, 2022	0
Dec 31, 2023	0

Physical Rehabilitation Care Licensure Category

Licensed beds as of Jan 1, 2024 (per licensing and regulation)	0
Number of Licensed Beds Jan 1, 2023	0
Number of Licensed Beds Dec 31, 2023	0

Physical Rehabilitation Care Comment

If number of licensed beds for physical rehabilitation changed between the first day of the reporting period and the last day of the reporting period, give date(s) of changes() in comment box:

Comment

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2023 Hospital Survey

Instructions Surgical Services, Lithotripter and CT Services

Identification #: 123456
Facility: *****Test Production Site

- Total Surgical hours are defined as the time the operating room was in actual use. Do not include scheduled time, available time, and/or clean-up time.
- Average Clean-up time between operations is to be reported in minutes.
- 1. Include heart transplant operations in the total of all heart surgical operations.
- 2. Angioplasty should not be counted as open heart surgery.
- Surgical Operations: Defined as discrete patient encounters, whether major or minor, performed 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.
- Total # operating rooms: Defined as the # of existing operating rooms which currently meet all state and federal requirements (including but not limited to mechanical engineering requirements for temperature, relative humidity, filter efficiency, pressure relationships and ventilation).
- Outpatient Visit: Defined as visits by patients who are not lodged in the hospital while receiving medical, dental, or other services. Below under E. Outpatient Utilization do not include labs in the Other Outpatient Visits. Labs should not include specimens sent to the facility for patients that were not seen in the facility as an outpatient. Outpatient Visits may include, but not limited to: x-ray, mammography, rehab, HIDA Scan, EKG etc.
- Lithotripter and CT sections: use a zero if no services is provided, If a mobile is use still give # of devices used. The mobile provider must be listed.
- Open heart surgery is any surgical procedure involving the heart, performed to correct acquired or congenital defects, to replace diseased valves, to open or bypass blocked vessels, or to graft a prosthesis or a transplant in place. In open-heart procedures, the heart chambers are open and fully visible and blood is detoured around the surgical field by a heart-lung bypass machine unless the procedure involved is a minimally invasive coronary artery bypass graft, in which case a heart-lung machine might not be used, but must still be available in the operating room on a stand-by basis. A "case" is defined as the entire episode of treatment in the operating room regardless of the number of procedures performed.
- A mammogram is a targeted x-ray of the breast. Screening mammograms are performed on individuals with no symptoms to view the breast for any abnormalities. A diagnostic mammogram is performed after suspicious abnormalities have been seen during a screening or after a lump or abnormality has been identified by a physician.

A. Heart Surgical Operations

1. Adult Open-Heart Operations *	0
2. Pediatric Open-Heart Operations *	0

B. Inpatient Surgical Operations, (Any Sterile OR)

1. Inpatient Surgical Operations * (excluding heart)	0

C. Operating Room

1. Heart operating rooms (Dedicated to heart)	0
2. Inpatient operating rooms (exclusive inpatient use)	0
3. Operating rooms (Inpatient and Outpatient Use). Do not include cystoscopy rooms.	0
4. Cystoscopy rooms. Do not include in C.3. 'Operating Rooms' above.	0

D. Service Time (Inpatient Operations for Sterile ORs)

1. Total Surgical Hours (Report in whole hours)	0
2. Average Clean-up time (Report in whole minutes; ie. 15)	0

E. Outpatient Utilization (Do NOT include ambulatory surgery utilization.)

1. Emergency Room Patients Total	0
1A. Emergency Room Patients Admitted	0
1B. Emergency Room Patients Treated and Released	0
2. Other outpatient visits	0
3. Laboratory outpatient visits	0

F. Lithotripter Procedures (ESWL)

Lithotripter Mobile Devices	◯ Yes ⦿ No
1. Lithotripter Units (Number of Devices)	0
2. Biliary Procedures	0
3. Renal Procedures	0

G. CAT Scans

CT Mobile Devices	◯ Yes ⦿ No
1. Total CT units (Number of Devices)	0
2. Total CT Scan Procedures (Head and Body)	0

H. Ventilators

1. Count of ventilators on site.	0
2. Number of patients treated with a ventilator.	0
3. Total days of care on a ventilator.	0
4. Count of patient deaths while on ventilator.	0

I. Mammograms

1. Count of mammogram devices.	0
2. Number of mammogram screenings performed. (Include Duplicates).	0
3. Number of diagnostic mammograms performed. (Include Duplicates).	0
4. Total mammograms.	0
5. Number of mammography related ultrasounds.	0
6. Number of patients that received a mammogram(Do not include duplicates. Count each patient one time, even if they had multiple mammograms).	0

Name of Mobile Unit Service(s) used/Comment

Lithotripter:	
CT Scanner:	
Comment	
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Save   Continue

2023 Hospital Survey

Instructions Transplant Procedures

Identification #: 123456
Facility: *****Test Production Site

- Please indicate the number of transplant procedures by organ site and age of the recipient. The criteria for determining whether a transplant to a person 14-17 years old is to be classified as an adult or pediatric transplant rests with the hospital staff.

Transplant Procedures Heart

Adult 14-17 Yrs: 0
Adult 18 & Older: 0
Pediatric 0-13 Yrs: 0
Pediatric 14-17 Yrs: 0

Transplant Procedures Heart/Lung

Adult 14-17 Yrs: 0
Adult 18 & Older: 0
Pediatric 0-13 Yrs: 0
Pediatric 14-17 Yrs: 0

Transplant Procedures Lung

Adult 14-17 Yrs: 0
Adult 18 & Older: 0
Pediatric 0-13 Yrs: 0
Pediatric 14-17 Yrs: 0

Transplant Procedures Bone Marrow

Adult 14-17 Yrs: 0
Adult 18 & Older: 0
Pediatric 0-13 Yrs: 0
Pediatric 14-17 Yrs: 0

Transplant Procedures Kidney

Adult 14-17 Yrs: 0
Adult 18 & Older: 0
Pediatric 0-13 Yrs: 0
Pediatric 14-17 Yrs: 0

Transplant Procedures Liver

Adult 14-17 Yrs: 0
Adult 18 & Older: 0
Pediatric 0-13 Yrs: 0
Pediatric 14-17 Yrs: 0

Transplant Procedures Pancreas

Adult 14-17 Yrs: 0

Adult 18 & Older: 0

Pediatric 0-13 Yrs: 0

Pediatric 14-17 Yrs: 0

Comment

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Save   Continue

Hospital Survey for 2023

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