# **Survey Registration**

**Respondent Information** 

| Identification #:               | 123456                 |          |   |   |
|---------------------------------|------------------------|----------|---|---|
| Facility:                       | Test Production Site's |          |   |   |
| Survey:                         | HPC                    |          |   |   |
| Survey Year:                    | 2022 🗸                 |          |   |   |
| 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: |                        |          |   |   |
|                                 | Save                   | Continue |   |   |

# **2022 Instructions for Survey**

| This survey is for the reporting period: January 1, 2022 through December 31, 2022. | Hospice  |
|---|--|
| THIS SURVEY IS TO THE EXPORTING PERIOD. JANUARY 1, 2022 UNDURING ST., 2022.         | This survey is for the reporting period: January 1, 2022 through December 21, 2022   |
|   | This survey is for the reporting period. January 1, 2022 through Determber 31, 2022. |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

### 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 Division of Health Care 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 Michele Bushong at (502) 564-9592 ext. 3152 or email consurvey@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 15, 2023. This survey is for the period January 1, 2022 through December 31, 2022. The published KY Annual Survey Reports may be viewed at: https://chfs.ky.gov/agencies/os/oig/dcn/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 2022). 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, 2022.
- 3. Admissions number of patients you admitted in 2022 (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.

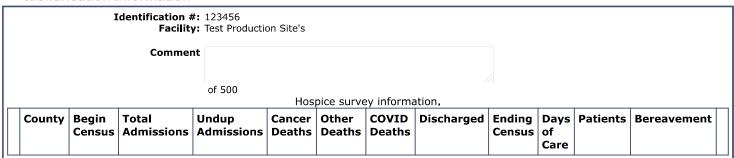
- a. Total Admissions shall include re-admissions. b. Unduplicated Admissions all patients admitted to the program for the first time in the calendar year including transfers from other hospices (do not include re-admissions).
- 4. Deaths patients shall be separated into two categories (death due to 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, 2021 + admissions 2022) (deaths during 2022) (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

Michele Bushong Cabinet for Health and Family Services (502) 564-9592 ext 3152 consurvey@ky.gov

## **2022 Hospice Survey**

## **Identification Information**



### **Utilization Data**

| County:                  | <b>~</b> 1 |
|--------------------------|------------|
| Beginning Census:        | *          |
| Total Admissions:        | *          |
| Unduplicated Admissions: | *          |
| Cancer Deaths:           | *          |
| Other Deaths:            | *          |
| COVID Deaths:            | *          |
| Discharged:              | *          |
| Days of Care:            | *          |

### **Units of Service**

| Patients:    | * |
|--------------|---|
| Bereavement: | * |

Save Finished Review