

Survey Registration

Respondent Information

Identification #:	123456
Facility:	Test Production Site's
Survey:	MEG
Survey Year:	2022 ▼
Respondent First Name:	<input type="text"/> *
Respondent Last Name:	<input type="text"/> *
Respondent Phone:	<input type="text"/> *
Respondent eMail:	<input type="text"/> *
Respondent Additional eMail:	<input type="text"/>
Administrator First Name:	<input type="text"/> *
Administrator Last Name:	<input type="text"/> *
Administrator Phone:	<input type="text"/> *
Administrator eMail:	<input type="text"/> *
Administrator Additional eMail:	<input type="text"/>

2022 Instructions for Survey

Megavoltage Radiation (Linear Accelerator)

This survey is for the reporting period: January 1, 2022 through December 31, 2022.

PREFACE: It has come to our attention that reporting errors with respect to the performance of megavoltage radiation therapy services in Kentucky were made in prior years. This appears to have been the result of several factors including: confusion surrounding what constitutes a reportable "procedure;" the introduction of new treatment planning systems; advances in technology associated with the delivery and recording of clinical data; or personnel changes at several Kentucky facilities at which such services are provided. While the mistakes were unintended, it is imperative that the utilization figures produced and relied on by Certificate of Need be complete and accurate. This is especially true in light of the recent modifications to the review criteria contained in the State Health Plan regarding the establishment of megavoltage radiation therapy services.

INTRODUCTION: The Kentucky Annual Survey of Megavoltage Radiation Services 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 15, 2023.

If there are any questions concerning the preparation of this survey, please contact the survey administrator at (502) 564-9592 ext. 3152 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>.

[Continue](#)

Survey Administrator Information

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

2022 Megavoltage Radiation (Linear Accelerator) Survey

MEG Section

Identification #: 123456

Facility: Test Production Site's

Procedure - the radiation treatment of a single anatomical site. Please note that an anatomical site is different from recording the number of fields involved and/or the number of patients.

Simulation - defines location and length/width of field on patient for treatment. Only count those simulations that are performed on the linear accelerator equipment in the gate of the machine for the question asking simulations on a linear accelerator.

Total Hours of Radiation - total actual hours devoted to patients in treatments and simulations; will be used to compute "patient visit equivalents".

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

Total Linear Accelerator Procedures: *

Total Simulations Performed on a Linear Accelerator (Excluding Verification and Simulation): *

Total Patients Served: *

Total Simulations performed on a CT: *

Total Simulations performed on another device (Excluding CT Simulation): *

(Note type of device in comments)

Total number of hours per week facility was operational: *

Check Service Type: Freestanding Hospital *

Number of devices stationed on site: *

Comment:

of 255

Save

Finished