

Survey Registration

Respondent Information

Identification #: 123456

Facility: *****Test Production Site

Survey: PET

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

Positron Emission Tomography

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

INTRODUCTION: The Kentucky Annual Survey of Positron Emission Tomography 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, 2024. For purposes of this Survey and Service Report you will complete data for the period of January 1, 2023 through December 31, 2023.

ONLY THE LICENSED PET SERVICE SHOULD COMPLETE THE SURVEY. For example, if the hospital holds a license for PET services, the hospital completes the survey, not the vendor. If the vendor holds a license for PET services, the vendor completes the survey, not the hospital. All survey extension requests must be approved by 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 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 this survey, please contact the Survey Administrator at (502) 564-5798 or 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) 564-5798
consurvey@ky.gov

2023 Positron Emission Tomography Survey

PET Service Section

Identification #: 123456

Facility: *****Test Production Site

Definition: Positron Emission Tomography (PET) - Positrons are positively charged electrons that are produced spontaneously as certain radioactive substances (for example, radioactive glucose) decompose. These radioactive substances, or tracers, are created in special facilities called medical cyclotrons. The type of tracer used for a particular PET scan varies, based on the medical condition for which a patient is being tested. The tracers have very short half-lives, which means that they decay rapidly into non-radio-active form. Thus, radioactive material is inside the patient for only a very short time, and the total dose of radiation is equal to and sometimes even less than many other kinds of X-ray procedures. A tomograph is an imaging device, or camera, that obtains sectional views through a patient's body. PET scans combine Nuclear Scanning with chemical analysis to enable physicians to observe how organs work. During a PET scan, a radioactive material is introduced into the patient's body (usually by injection), and is detected by a sophisticated camera.

If less than twelve (12) months of operation, give beginning and ending date(s) in the comment box.
Hospitals and FMT should report all utilization as Fixed, including relocatable units.

Total PET Procedures:

Mobile:

Fixed:

Total:

Total PET Patients:

Mobile:

Fixed:

Total:

Total number of hours per week facility was operational:

Check Service Type: Freestanding Mobile Hospital

(Please check box according to who holds the license. example: a hospital that is licensed to provide PET but uses a mobile should check hospital.)

Hospitals and FMT should report all utilization as Fixed, including relocatable units.

If service was provided by a licensed mobile health service give name of provider:

Number of devices stationed on site:

Hospitals and FMT should report all utilization as Fixed, including relocatable units.

Mobile:

Fixed:

Total:

Comment

of 255

2023 Positron Emission Tomography Survey

Mobile Positron Emission Tomography Services Section

*** Page to be completed by mobile units that hold the License to provide the service.**

Mobile units must submit a separate line below for each county and facility served.

*Number of hours is per week each unit provides service to that facility. Do not include out of state counties.

Facility Served by Mobile PET Units

| County | Facility Served | Procedures | Units on Site | Hours Per Week* | Patients Served |
|--------|-----------------|------------|---------------|-----------------|-----------------|
|--------|-----------------|------------|---------------|-----------------|-----------------|

County

Facility Served *

Procedures

Units On Site

Hours Per Wk*

Patients Served

***Do not press the finished button until you have saved your data. Press Add/Save after each new entry. Press Update to save changes for edited item.**

Save

Finished