

Attachment P

OMB No. 0920-0278
Form NHAMCS-122
2006 National Hospital Ambulatory Medical Care Survey
Emergency Service Area Instruction Booklet

On the burden notice:

- The expiration date of 5/31/2007 will be updated upon receipt of OMB approval
- The mailstop address will be changed from MS E-11 to MS D-74
- Estimated average time per response will be increased to 6 minutes and moved from the NHAMCS-122 booklet, to the front cover of the ED PRF (NHAMCS-100) folder

Section IV COMPLETING PATIENT RECORD FORMS

Item by item instructions for completing the Emergency Department Patient Record forms will be revised to reflect changes in the Patient Record form for 2007 and 2008 (see Attachment N-NHAMCS ED PRF).

Notice – Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA (0920-0278)

Form Approved OMB No. 0920-0278 Exp. Date 05/31/2007

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
NATIONAL CENTER FOR HEALTH STATISTICS
CENTERS FOR DISEASE CONTROL AND PREVENTION

NHAMCS-122
(9-2005)

2006 NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

Emergency Service Area Instruction Booklet

Reporting Period

| Data Collection Begins: | Data Collection Ends: |
|-------------------------|-----------------------|
| | |

On the first day of data collection, begin completing Patient Record Forms with the _____ patient listed on the log for that day.

Select every _____ patient listed on the log during the rest of the reporting period.

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SECTION I IDENTIFICATION AND GENERAL INSTRUCTIONS/INFORMATION

A. Emergency service area name or description

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| |
|--|

B. Sampling

1. LISTING PATIENT VISITS - Keep daily lists of all patient visits beginning at midnight on the first date of the reporting period (provided on the cover of this booklet) and continuing through the last date of the reporting period (also provided on the cover). For additional information on how and who to list, refer to page 5 - "Listing Patient Visits" and "Eligible Visits".
2. SELECTION OF PATIENT VISITS - Select a sample of patient visits following the instructions on the cover of this booklet. (See page 6 - "Sampling Procedures" for additional information on sampling patient visits.)

C. Patient Record Forms Numbers

1. Folio Number:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Additional Folio Number:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

2. Contact the field representative when additional pads of Patient Record Forms are needed. **DO NOT USE A PAD THAT HAS BEEN ASSIGNED TO ANOTHER UNIT.**
3. Check the Patient Record Forms to make sure that they are black/white and gray shading.
4. Instructions - General instructions for completing Patient Record forms are on page 7. Instructions for the individual items begin on page 8.

D. Field Representative Information

Name

Phone Number

E. Other Contact

Name

Phone Number

SECTION II INTRODUCTION

Purpose and Background

Every year in the United States, there are approximately 210 million visits made to hospital emergency and outpatient departments. However, adequate data on the hospital component of ambulatory medical care did not exist until the initiation of the National Hospital Ambulatory Medical Care Survey (NHAMCS) by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) in December 1991. This study is the principal source of information on the utilization of hospital emergency departments (EDs) and outpatient departments (OPDs). Moreover, it is the **only** source of nationally representative estimates on the demographic characteristics of outpatients, and the diagnoses rendered, diagnostic services ordered, and medications prescribed. Data collected through this study are essential to plan health services, make health policy decisions, improve medical education, and determine health care workforce needs.

The study of hospital-based ambulatory care is one of several health care studies sponsored by the CDC's National Center for Health Statistics. The National Hospital Ambulatory Medical Care Survey complements the National Ambulatory Medical Care Survey which collects data on patient visits to physicians in office-based practices. The hospital study is now bridging the gap which existed in coverage of ambulatory medical care data and is further expanding its uses. This need is further accentuated by the increasing efforts at cost containment, the rapidly aging population, the growing number of persons without health insurance, and the introduction of new medical technologies. The American College of Emergency Physicians, Society for Academic Emergency Medicine, Emergency Nurses Association, the American College of Osteopathic Emergency Physicians, and the Surgeon General's Office have endorsed this study. (Letters of Endorsement are provided in EXHIBITS A, B, C, D, and E on pages E-1 to E-5.)

Scope

An annual sample of approximately 480 hospitals across the nation is selected for participation in the National Hospital Ambulatory Medical Care Survey. Each hospital collects data for a specified 4-week period in the survey year. These hospitals are revisited in subsequent years to measure changes in the public's use of ambulatory medical care services from year to year. Eligible hospitals consist of non-Federal, short-stay, and general hospitals with emergency service areas and/or outpatient clinics.

The study includes a sample of ambulatory units, that is, emergency service areas and outpatient clinics, within each hospital. Medical care must be provided by or under the direct supervision of a physician for the unit to be considered eligible. Dental clinics, physical therapy, and other clinics where physician services are not typically provided are not included. Ancillary services, such as pharmacy, diagnostic x-ray or radiation therapy are also excluded from the study. Private practice offices and facilities that might have some association with the hospital, but are not considered hospital clinics are ineligible. Also, ambulatory surgery centers are not eligible, since these centers were included in another survey.

Study Roles

The National Center for Health Statistics has contracted with the Census Bureau to implement the data collection activities for the National Hospital Ambulatory Medical Care Survey. Trained Census field representatives will:

- ◆ contact selected hospitals to screen them for eligibility and arrange an appointment with the hospital administrator or other designated representative to further discuss the study;
- ◆ assist the hospital as requested in obtaining necessary approval for participation in the study;
- ◆ obtain basic information on the hospital's emergency and outpatient departments, and select the ambulatory care units to be included in the data collection;
- ◆ show hospital staff how to select a sample of patient visits and record the data; and
- ◆ monitor the data collection procedures during the reporting period.

We are asking the hospital staff to do the following two activities:

- ◆ select a sample of patient visits during a specific 4-week reporting period following the specific sampling guidelines provided; and
- ◆ complete a brief one-page form for each selected visit.

A Census field representative will visit each week to resolve any problems with sampling patient visits or completing Patient Record Forms, and to collect any forms already completed. If any problems arise, or assistance is otherwise needed between these weekly visits, contact the field representative or other contact (as listed in items D and E on page 1) immediately.

Data Uses

As mentioned earlier, the information collected on patient visits to hospital emergency and outpatient departments through the National Hospital Ambulatory Medical Care Survey will complement the study of physician office-based ambulatory care. The uses of data from a study covering both these segments of ambulatory care are shown in EXHIBIT F on page E-6. The list of data users is quite extensive and includes medical associations, universities and medical schools, and government agencies.

Authorization and Assurance of Confidentiality

The National Center for Health Statistics has authority to collect data concerning the public's use of physicians' services under Section 306 (b) (1) (F) of the Public Health Service Act (42 USC 242k). Any information which could identify the hospital, participating ambulatory unit, or patient is held strictly confidential and seen only by those persons involved with the implementation of the National Hospital Ambulatory Medical Care Survey. Furthermore, the names or any other identifying information for individual patients are never collected. Assurance of confidentiality is provided to all respondents according to Section 308 (d) of the Public Health Service Act (42 USC 242m).

The newly enacted requirements of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule on health information permits the hospital to make disclosures of protected health information without patient authorization for (1) public health purposes, or (2) research that has been approved by an Institutional Review Board, or (3) under a data use agreement with NCHS. There are several things that you must do to assure compliance with the Privacy Rule including providing a privacy notice to your patients that indicates that patient information may be disclosed for either research or public health purposes, and a record that a disclosure of information to CDC for the NHAMCS was made. More specific information can be obtained about Privacy Rule disclosure requirements on our website mentioned below.

NHAMCS Participant Web Page

The National Center for Health Statistics has a web page devoted to the common questions and concerns of hospital staff participating in the National Hospital Ambulatory Medical Care Survey. The web site can be assessed by logging on to www.cdc.gov/nhamcs. Refer to EXHIBIT I on page E-9 for the table of contents.

SECTION III SAMPLING

Overview

The hospitals, clinics, and visits chosen for the study are selected by well-established statistical methods. The sample design is comprised of multiple stages to ensure that the sample of hospitals, clinics, and visits selected are representative of those throughout the United States. The participation of each hospital is crucial, since each hospital in the sample represents many others in the country. Within the hospital, ambulatory units are selected. In large outpatient departments (containing more than 5 clinics), statistical sampling methods are used to select a sample of up to 12 of these clinics. Up to 5 emergency service areas in a selected hospital are included in the study. In each of the selected emergency service areas and outpatient clinics, a sample of patient visits is chosen.

Keeping respondent burden and survey costs as low as possible are always important considerations when designing a study. Sampling allows us to make national estimates of the volume and characteristics of patient visits from a small sample of visits, clinics, and hospitals, while reducing both the cost of the study and the work asked of the hospital staff. However, sampling procedures must be implemented accurately or large errors will result, adversely affecting the data. The National Center for Health Statistics selects the hospitals to be used for the study. If clinic sampling is necessary for the emergency service area, Census Bureau staff will select the clinics. However, the responsibility for sampling patient visits within the

selected emergency service areas lies with the hospital staff. Procedures for selecting patient visits have been designed to be simple and easy to implement. Census field representatives will instruct the hospital staff on these procedures.

Patient visits are systematically selected over the 4-week reporting period. The sampling procedures are designed so that on average, approximately 100 visits are selected from the emergency department and 150 to 200 visits from the outpatient department. The sampled visits in the outpatient department are spread over the selected clinics, if the hospital has multiple clinics. The number sampled for each clinic is dependent on the clinic's patient volume. Likewise, if there are multiple emergency service areas, the sampled visits are spread over these service areas.

Listing Patient Visits

A daily listing of all patient visits must be kept or constructed by each participating unit so that a sample of visits can be selected using the prescribed methods. The list of patient visits may be taken from an arrival log or other source of recording patient visits. The order in which the patients are listed is not important. However, it is crucial to have a **complete** listing of all patients receiving treatment during all hours of operation. The list should include those patients who came without previously being scheduled, but it should exclude persons who canceled appointments or were "no shows". The Census field representative will review the method used for listing patient visits (or constructing patient lists) in each unit to determine if patient sampling can be done properly. In some instances, the Census field representative will provide an Optional Patient Log (EXHIBIT G on page E-7) to assist the ambulatory unit with visit sampling.

Once visit sampling begins, the order of the names must not change. Sampling procedures require that each visit be selected at a predetermined interval (for example, every 2nd patient, every 10th patient, every 15th patient, etc.). This is the "Take Every" pattern. If a patient is inserted into the list after sampling has already been done, the pattern will be off and the visits must be resampled.

Eligible Visits

A "visit" is defined as a direct, personal exchange between an ambulatory patient and a physician, or a staff member acting under the direct supervision of a physician, for the purpose of seeking care and rendering health services. Visits solely for administrative purposes and visits in which no medical care is provided are not eligible. The following are types of visits which should be **excluded**:

- ◆ Persons who visit only to leave a specimen, pick up a prescription or medication, or other visit where medical care is not provided;
- ◆ Persons who visit to pay a bill, complete insurance forms, or for some other administrative reason;
- ◆ Telephone calls from patients;
- ◆ Visits by persons currently admitted as inpatients to any other health care facility on the premises, that is, the sample hospital.

It may be helpful to provide a brief reason for the patient's visit on the patient visit list to ensure the exclusion of these types of visits from the sample. If you discover that an ineligible visit has been accidentally included in the sample and a Patient Record form completed, mark "VOID" across the front of the Patient Record form and continue to sample as normal.

Sampling Procedures

The 4-week reporting period for this unit is recorded on the cover of this booklet. It includes the date for beginning data collection, as well as the date for completing data collection. To determine which patient visit to sample first, refer to the instructions at the bottom of this booklet's cover. The first part of the instruction directs staff to start with the patient listed on a specific line number of the log **on the first day of data collection**. Locate this patient visit on the list and mark the name to indicate that it is the first patient visit sampled.

To continue sampling, refer once again to the instructions on the cover. Select every nth patient. Continue counting down the patient list until you arrive at the nth patient name listed. This is the second patient selected for the sample. This process is repeated to select subsequent patient visits for the sample.

For example, if the sampling instructions indicate that you begin with the 3rd patient listed, and select every 15th patient, you would select the 3rd, 18th, 33rd and so forth. See EXHIBIT G (page E-7) for an Optional Patient Log marked with an example of a sampling pattern. **Be sure to follow the sampling pattern given on the cover of this booklet.**

After each selection, mark or circle the patient name to indicate its inclusion in the sample, and to indicate where to begin sampling the next patient visit. The "Take Every" pattern remains consistent throughout the remainder of the reporting period and should be followed continuously (from shift to shift, and day to day). Do not start fresh with a new "start with" after the end of a shift or day.

SECTION IV COMPLETING PATIENT RECORD FORMS

Organizing Visit Sampling and Data Collection

A Patient Record Form is completed for every patient visit selected in the sample during the 4-week reporting period. The ED Patient Record Form is a one-page form consisting of 12 items which require only short answers. It should take approximately five minutes to complete each form. These forms will require even less time to complete as staff become more familiar with the items. The sampling procedures are designed so that an emergency department of average size will complete approximately 100 Patient Record Forms during the reporting period. If multiple emergency service areas exist within the emergency department, less forms will be completed in each emergency service area with the total department completing 100 forms.

The Patient Record Forms may be completed either during the patient's visit, immediately after the patient's visit, at the end of the shift, day, etc., or in some combination of these, whichever is most convenient for the staff. In some cases, a nurse or clerk may furnish the information for certain items prior to the patient's visit, leaving the remainder of the items to be completed by the health care provider during or immediately

after the visit. In other situations, it may be more convenient to complete all records at the end of the shift or day by one designated person. Whatever method you choose, it is strongly suggested that the forms be completed at least on a daily basis. Retrieving the records at a later date may prove to be difficult and time consuming. Also, patient information will be fresher in the minds of the staff in case clarification is needed.

Staff members completing Patient Record Forms must be familiar with medical terms and procedures since most items on the form are clinical in nature. They must also know where to locate the information necessary for completing the forms. To ensure that complete coverage is provided for all shifts and days, the responsibility for data collection may require the participation of several staff. We ask that each participating emergency service area appoint a Data Coordinator to coordinate the personnel involved in the study and their activities. The Data Coordinator's responsibilities will include supervising and/or conducting the selection of the sample visits and the completion of the Patient Record Forms.

Prior to the emergency service area's assigned reporting period, the Census field representative will meet with the director of each emergency service area and discuss the organization of sampling and the process of completing the Patient Record Forms. The director then determines which staff will be needed in the data collection activities. The Census field representative will train the staff on sampling and data collection.

Completing the Patient Record Form

The Patient Record Form is a one-page form consisting of two sections separated by a perforated line. (See EXHIBIT H on page E-8 for an example of the Patient Record Form.) The top section of the form contains two items of identifying information about the patient - the patient's name and the patient's medical record number. It is helpful to enter the information for these items immediately following the selection of the patient visit into the sample. The top section of the form remains attached to the bottom until the entire form is completed. To ensure patient confidentiality, hospital staff should detach and keep the top section before the Patient Record Forms are collected by the Census field representative. The Data Coordinator should keep this portion of the form for a period of four weeks following the reporting period. Should the field representative discover missing or unclear information while editing the forms, he or she may recontact the Data Coordinator to retrieve this information. The top section can be matched to the bottom by the six digit identification number printed on both sections of the form. The field representative will give you this identification number when requesting information.

The bottom section of the ED form consists of 12 items designed to collect data on the patient's demographic characteristics, reason for visit, diagnosis, etc. Item-by-item instructions begin on page 8 of this instruction booklet. To ensure patient confidentiality, please do not record any patient identifying information on the bottom portion of the form.

Each emergency service area receives a folio containing a pad of Patient Record Forms specifically assigned to that area. An ample supply of forms are included in the event that some are damaged or destroyed or the unit sees a much higher volume of patient visits than expected. Should the supply of forms for this emergency service area run low, please contact the Census field representative or other contact provided in items D and E on page 1 of this booklet. **Do not borrow Patient Record Forms from other participating emergency service areas or from outpatient department clinics in this hospital. Check the Patient Record Forms to make sure that they are shaded in purple and have "Emergency Department" printed at the top.**

Item-by-Item Instructions and Definitions for Completing the ED Patient Record Form

1. PATIENT INFORMATION

ITEM 1a. DATE OF VISIT

The month, day and year should be recorded in figures, for example, 05/17/2006 for May 17, 2006.

ITEM 1b. ZIP CODE

Enter 5-digit zip code from patient's mailing address.

ITEM 1c. DATE OF BIRTH

The month, day, and year of the patient's birth should be recorded here, in the same fashion as Date of Visit above. In the rare event the date of birth is unknown, the year of birth should be estimated as closely as possible. Enter the 4-digit year.

ITEM 1d. TIME OF DAY

(1) Arrival - Record the hour and minutes that the patient arrived in figures. For example, enter 01:15 for 1:15 AM or 1:15 PM. Also, check the appropriate box (Military, AM or PM). Enter the first time listed in the medical record (i.e., arrival/registration/triage).

(2) Time seen by physician - Record the time (i.e., the hour and minute) when the physician began seeing the patient in figures. For example, enter 01:15 and then check the appropriate box (military, AM or PM). Check the box, if the patient was not seen by a physician.

(3) Discharge - Record the hour and minutes when the patient was discharged in figures. For example, enter 01:45 and then check the appropriate box (Military, AM or PM).

Check the box if the discharge time was more than 24 hours after the arrival time.

It is important that this item be recorded correctly. Please pay special attention to the Military, AM or PM boxes. Also, cross-check this item with Arrival Time (item 1d(1)). For example, time of discharge should be after the time patient entered the Emergency Department.

ITEM 1e. PATIENT RESIDENCE

| | Residence | Definition |
|---|-------------------|---|
| 1 | Private residence | The patient's current place of residence is a private home (such as an apartment, single family home, townhouse, etc.) |
| 2 | Nursing home | The patient's current place of residence is a nursing home. |
| 3 | Other institution | The patient's current place of residence is an institution other than a nursing home (such as a prison, mental hospital, group home for the mentally retarded or physically disabled, etc.) |
| 4 | Other residence | The patient's current place of residence is a hotel, college dormitory, assisted living center, etc. |
| 5 | Homeless | The patient has no home (e.g., lives on the street) or patient's current place of residence is a homeless shelter. |
| 6 | Unknown | If you cannot determine the patient's current residence, mark "Unknown." |

ITEM 1f. MODE OF ARRIVAL

| | Mode | Definition |
|---|----------------|---|
| 1 | Ambulance | The patient arrives in an ambulance, either air or ground. This includes private and public ambulances that can provide either Advanced Life Support or Basic Life Support. |
| 2 | Public service | The patient arrives in a vehicle, such as a police car, a social service vehicle, beach patrol, etc., or is escorted or carried by a public service official. |
| 3 | Walk-in | The patient arrives by car, taxi, bus, or foot. |
| 4 | Unknown | The mode of arrival is unknown. |

If two modes of arrival are shown, check the highest level box – Ambulance/Public service/Walk-in.

ITEM 1g. SEX

Please check the appropriate category.

ITEM 1h. ETHNICITY

Ethnicity refers to a person's national or cultural group. The ED Patient Record form has two categories for ethnicity, Hispanic or Latino and Not Hispanic or Latino.

Mark the appropriate category according to your hospital's usual practice or based on your knowledge of the patient or from information in the medical record. You are not expected to ask the patient for this information. If the patient's ethnicity is not known and is not obvious, mark the box which in your judgment is most appropriate. The definitions of the categories are listed below. Do not determine the patient's ethnicity from their last name.

| Ethnicity | Definition |
|--------------------------|---|
| 1 Hispanic or Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. |
| 2 Not Hispanic or Latino | All other persons. |

ITEM 1i. RACE

Mark *all* appropriate categories based on observation or your knowledge of the patient or from information in the medical record. You are not expected to ask the patient for this information. If the patient's race is not known or not obvious, mark the box(es) which in your judgment is (are) most appropriate. Do not determine the patient's race from their last name.

| Race | Definition |
|---|---|
| 1 White | A person having origins in any of the original peoples of Europe, Middle East, or North Africa. |
| 2 Black/African American | A person having origins in any of the black racial groups of Africa. |
| 3 Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| 4 Native Hawaiian/ Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| 5 American Indian/ Alaska Native | A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition. |

ITEM 1j. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT

Mark the expected source or sources of payment that will pay for *this visit*. This information may be in the patient's file; however, in large hospitals, the billing information may be kept in the business office.

Mark **all** sources of payment that apply.

| Primary Expected Source of Payment | Definition |
|---|--|
| 1 Private insurance | Charges paid in-part or in-full by a private insurer (e.g., Blue Cross/Blue Shield) either directly to the hospital or reimbursed to the patient. Include charges covered under a private insurance sponsored prepaid plan. |
| 2 Medicare | Charges paid in-part or in-full by a Medicare plan. Includes payments directly to the hospital as well as payments reimbursed to the patient. Include charges covered under a Medicare sponsored prepaid plan. Summacare is a health plan servicing the Akron, Ohio area and is sometimes utilized in lieu of Medicare for that area. |
| 3 Medicaid/SCHIP | Charges paid in-part or in-full by a Medicaid plan. Includes payments made directly to the hospital as well as payments reimbursed to the patient. Include charges covered under a Medicaid sponsored prepaid plan or the State Children's Health Insurance Program (SCHIP). |
| 4 Worker's compensation | Includes programs designed to enable employees injured on the job to receive financial compensation regardless of fault. |
| 5 Self-pay | Charges, to be paid by the patient or patient's family, which will not be reimbursed by a third party. "Self-pay" is perhaps a poor choice of wording since we really have no interest in whether the patient actually pays the bill. This category is intended to include visits for which the patient is expected to be ultimately responsible for most of the bill. DO NOT check this box for a copayment or deductible. |
| 6 No charge/Charity | Visits for which no fee is charged (e.g., charity, special research or teaching). Do not include visits paid for as part of a total package (e.g., prepaid plan visits, post-operative visits included in a surgical fee, and pregnancy visits included in a flat fee charged for the entire pregnancy). Mark the box or boxes that indicate how the services were originally paid. |
| 7 Other | Any other sources of payment not covered by the above categories, such as CHAMPUS, state and local governments, private charitable organizations, and other liability insurance (e.g., automobile collision policy coverage). |
| 8 Unknown | The primary source of payment is not known. |

2. TRIAGE

ITEM 2a. INITIAL VITAL SIGNS

Record the patient's initial body temperature and check the appropriate box (degrees C or F). Indicate the pulse and blood pressure of the patient at the time of arrival. Indicate if the patient is oriented to time, place, and person.

ITEM 2b. IMMEDIACY WITH WHICH PATIENT SHOULD BE SEEN

Mark the box that best meets the clinical judgment made by the practitioner (e.g., triage nurse) about the patient's need for immediacy of evaluation, stabilization, and/or treatment. Level is assigned upon arrival at the ED.

| Triage Level | Definition |
|------------------------|--|
| 1 Immediate | (Emergent, Stat, Severe, Immediate, Expectant, Major trauma, Major medical problem) Severe condition where any delay would likely result in death. |
| 2 1-14 minutes | (Emergent, Stat, Severe, Immediate, Expectant, Major trauma, Major medical problem) Severe illness or injury requiring immediate care to combat danger to life or limb and where any delay would likely result in deterioration. |
| 3 15-60 | (Urgent, ASAP) Illness or injury requiring treatment within 60 minutes. |
| 4 >1 hour-2 hours | (Semi-urgent, Moderate, Delayed) Illness or injury requiring treatment within 60-120 minutes. |
| 5 > 2 hours - 24 hours | (Non-urgent, Minimal, Minor trauma, Minor medical problem) Condition where delay of up to 24 hours would make no appreciable difference to the clinical condition, and where subsequent referral may be made to the appropriate alternative specialty. |
| 6 No triage | Hospital does not perform triage or patient arrived DOA. |
| 7 Unknown | Immediacy with which patient should be seen is not known. |

ITEM 2c. PRESENTING LEVEL OF PAIN

Mark the box that indicates the level of the patient's pain at triage as recorded in the medical record. Assessment of pain level should be based on the Clinical Practice Guidelines published by the Agency for Healthcare Research and Quality which provides a numerical pain intensity scale.

- | | | |
|---|----------|-----------------------------------|
| 1 | None | Numerical rating of 0 |
| 2 | Mild | Numerical rating of 1-3 |
| 3 | Moderate | Numerical rating of 4-6 |
| 4 | Severe | Numerical rating of 7-10 |
| 5 | Unknown | Unable to determine level of pain |

3. PREVIOUS CARE

ITEM 3a. HAS PATIENT BEEN SEEN IN THIS ED WITHIN THE LAST 72 HOURS?

Indicate whether the patient has been seen in this emergency department within the 72 hours prior to the current visit using the check boxes provided. If you are unable to determine whether the patient has been seen in this time period, please mark "Unknown."

ITEM 3b. HAS PATIENT BEEN DISCHARGED FROM ANY HOSPITAL WITHIN THE LAST 7 DAYS?

Indicate whether the patient has been discharged from any hospital within the last 7 days prior to the current visit by using the check boxes provided. If you are unable to determine whether the patient was discharged from any hospital within the last 7 days, please mark "unknown."

4. REASON FOR VISIT

ITEM 4a. PATIENT'S COMPLAINT(S), SYMPTOM(S) OR OTHER REASON(S) FOR THIS VISIT (*in patient's own words*)

Enter the Patient's complaint(s), symptom(s), or other reason(s) for this visit *in the Patient's own words*. Space has been allotted for the "most important" and two "other" complaints, symptoms, and reasons as indicated below.

- (1) Most important
- (2) Other
- (3) Other

The *Most Important* reasons should be entered in (1). Space is available for two other reasons in (2) and (3). By "most important" we mean the problem or symptom which in the physician's judgment, was most responsible for the patient making this visit. Since we are interested only in the patient's *most important complaints/ symptoms/ reasons*, it is not necessary to record more than three.

This is one of the most important items on the Patient Record form. No similar data on emergency department visits are available in any other survey and there is tremendous interest in the findings. Please take the time to be sure you understand what is wanted--especially the following two points:

- ◆ We want the patient's principal complaint(s), symptom(s) or other reason(s) in the patient's own words. The physician may recognize right away, or may find out after the examination, that the real problem is something entirely different. In item 3a we are interested in how the patient defines the reason for the visit (e.g., "cramps after eating," "fell and twisted my ankle").
- ◆ The item refers to the patient's complaint, symptom, or other reason for *this visit*. Conceivably, the patient may be undergoing a course of treatment for a serious illness, but if his/her principal reason for this visit is a cut finger or a twisted ankle, that is the information we want.

There will be visits by patients for reasons other than some complaint or symptom. Examples might be follow-up for suture removal or recheck of a heart condition. In such cases, simply record the **reason for the visit**.

Reminder: If the reason for a patient's visit is to pay a bill, ask the physician to complete an insurance form, or drop off a specimen, then the patient is not eligible for the sample. A Patient Record form should not be completed for this patient.

ITEM 4b. IS THIS VISIT WORK RELATED?

Mark "Yes" if the patient's condition is a result of an illness, injury or poisoning stemming from work-related activities. For example, mark "Yes" if the patient was injured while at work, or has a stress-related illness from working. Often payment by Worker's Compensation indicates a work-related illness or injury, but not always. Mark "No" if there is an indication that the condition is NOT work related. Mark "Unknown" if there is no mention of whether or not the patient's condition is work related.

"Yes" should be marked if the illness or injury occurred on employer premises while the patient was:

- Engaged in work activity, apprenticeship, or vocational training
- On break, in hallway, rest room, cafeteria, or storage area
- In employer parking lot while working, arriving, or leaving

“Yes” should also be checked if the illness or injury occurred off the employer’s premises while the patient was:

- Working for pay or compensation, including at home
- Working as a volunteer EMS, firefighter, or law enforcement officer
- Working in the family business, including family farm
- Traveling on business, including to and from customer/business contacts
- Engaged in work activity where vehicle is considered the work environment (e.g., taxi driver, truck driver, etc.)

“No” should also be checked if the illness or injury occurred:

- 1) On employer premises but--the patient was:
 - Engaged in recreational activities on employer controlled facilities (games, etc.) for personal enjoyment
 - A visitor for non-work purposes, not on official business, or
- 2) Off employer premises--but the patient was:
 - A homemaker working at homemaking activities
 - Working for self – non profit (i.e., mowing lawn, repairing own roof, hobby, or recreation activities)
 - A student engaged in school activities
 - Operating vehicle (personal or commercial) for non-work purposes
 - Commuting to or from work site

Visits for follow-up care for injuries such as removal of casts would be reported under “Follow-up visit.” An initial visit for a new episode of a chronic problem flare-up would be listed under “Initial visit” whereas a follow-up visit for a chronic problem flare-up would be listed under “Follow-up visit.”

5. INJURY/POISONING/ADVERSE EFFECT

ITEM 5a. IS THIS VISIT RELATED TO AN INJURY, OR POISONING, OR ADVERSE EFFECT OF MEDICAL TREATMENT?

Mark the “Yes” or “No” box to indicate whether the patient's visit was due to any type of injury, poisoning, or adverse effect of medical treatment. The injury/poisoning/adverse effect does not need to be recent. It can include those visits for follow up of previously treated injuries and visits for flare-ups of problems due to old injuries. This not only includes injuries or poisonings, but also adverse effects

of medical treatment or surgical procedures (e.g., unintentional cut during a surgical procedure, foreign object left in body during procedure, and adverse drug events). Include any prescription, over-the-counter medication or illegal drugs involved in an adverse drug event (e.g., allergies, overdose, medication error, drug interactions).

ITEM 5b. IS THIS INJURY/POISONING INTENTIONAL?

Indicate whether the injury was intentional (i.e., self-inflicted or an assault), unintentional, or unknown.

ITEM 5c. CAUSE OF INJURY, POISONING OR ADVERSE EFFECT

Provide a brief description of the *who, what, when, where, and why* associated with the injury, poisoning or the adverse effects of medical treatment or surgical procedures including adverse drug events (e.g., allergy to penicillin). Indicate the place of the injury (e.g., residence, recreation or sports area, street or highway, school, hospital, public building, or industrial place). Include any post-surgical complications and if it involved an implant, specify what kind. If safety precautions were taken, describe them (e.g., seat belt use). Be sure to include the mechanism that caused the injury (e.g., farm equipment, fire, arsenic, knife, pellet gun). If it was a work-related injury or poisoning, specify the industry of the patient's employment (e.g., food service, agricultural, mining, health services, etc.).

Describe in detail the circumstances that caused the injury (e.g., fell off monkey bars, motor vehicle involving collision with another car, spouse beaten with fists by spouse). Include information on the role of the patient associated with the injury (e.g., bicyclist, pedestrian, unrestrained driver or passenger in a motor vehicle, horseback rider), the specific place of occurrence (e.g., lake, school football field), and the activity in which the patient was engaged at the time of the injury (e.g., swimming, boating, playing football).

Also include what happened to the patient and identify the proximate cause of the injury or injuries for which the patient sought treatment. The proximate cause of injury is the mechanism of injury that is temporarily or immediately responsible for the injury. An example is a laceration caused by a broken piece of glass. Include, in addition, the underlying or precipitating cause of injury (i.e., the event, mechanism, or external cause of injury that initiated and led to the proximate cause of injury). An example is a house fire that caused a person to jump out of the window. Both the precipitating or underlying cause (house fire) and the proximate cause (fall from roof) would be important to record. It's especially important to record as much detail about falls and motor vehicle crashes as possible. For each, indicate what the fall was from (e.g., steps) and where the patient landed (e.g., pavement). The National Center for Health Statistics will use the information collected to classify the cause of the injury using the International Classification of Diseases, Supplementary Classification of External Causes of Injury and Poisoning codes (ICD-9-CM E-Codes).

6. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT

- (1) Primary diagnosis
- (2) Other
- (3) Other

This is one of the most important items on the Patient Record Form. Item 6(1) refers to the physician's primary diagnosis for this visit. While the diagnosis may be tentative, provisional, or definitive it should represent the physician's best judgment at this time, expressed in acceptable medical terminology including "problem" terms. If the patient was not seen by a physician, then the diagnosis by the main medical provider should be recorded.

If a patient appears for *postoperative* care (follow up visit after surgery), record the postoperative diagnosis as well as any other. The postoperative diagnosis should be indicated with the letters "P.O."

Space has been allotted for two "other" diagnoses. In Items 6(2) and 6(3) list the diagnosis of **other conditions related to this visit**. Include chronic conditions (e.g., hypertension, depression, etc.) if related to this visit.

7. DIAGNOSTIC/SCREENING SERVICES

Mark all services that were ordered or provided during *this visit* for the purpose of screening (i.e., early detection of health problems in asymptomatic individuals) or diagnosis (i.e., identification of health problems causing individuals to be symptomatic). **EACH SERVICE ORDERED OR PROVIDED SHOULD BE MARKED.**

Mark the "NONE" box if no blood tests, imaging services, or other tests were ordered or provided.

For "Cardiac enzymes," include any of the following tests: CPK (creatin phosphokinase), CK (creatin kinase), LD or LDH (lactic dehydrogenase), SGOT (serum glutamic-oxaloacetic transaminase) or AST (aspartate aminotransferase), myoglobin, and troponin (include forms T, I, and L).

For "Electrolytes," include any of the following tests: electrolytes, sodium (Na), chloride (Cl), potassium (K), bicarbonate (HCO_3), calcium (Ca), magnesium (Mg).

For "Liver function tests," include any of the following tests: ALP (alkaline phosphatase), SGPT (serum glutamate pyruvate transaminase) or ALT (alanine transaminase), SGOT (serum glutamic-oxaloacetic transaminase) or AST (aspartate aminostransferase), GGT (gamma-glutamyl transpeptidase), and serum bilirubin.

For "Pulse oximetry," enter the percent of arterial oxyhemoglobin saturation.

For "Arterial blood gases," include the measurement of the levels of pH, oxygen (PO₂ or PaO₂) carbon dioxide (PCO₂ or PaCO₂), bicarbonate (HCO₃), and oxygen saturation (SaO₂).

If services were ordered or provided but not listed, mark the "Other blood test," "Other test/service," or "Other imaging." boxes.

8. PROCEDURES

Mark all procedures provided at *this visit*. Mark the "NONE" box if no procedures were provided.

| | | |
|----|-------------------------------------|--|
| 2 | Bladder catheter | Any type of catheter used to obtain urine from the bladder (e.g., Foley). |
| 3 | CPR | Cardiopulmonary resuscitation. |
| 4 | Endotracheal intubation | Insertion of a laryngoscope into the mouth followed by a tube into the trachea. |
| 5 | IV fluids | Administration of intravenous fluids. |
| 6 | Nebulizer therapy | Therapy where bronchodilator (airway-opening) medications (e.g., albuterol), are delivered through a nebulizer which changes liquid medicine into fine droplets (in aerosol or mist form) that are inhaled through a mouthpiece or mask. |
| 7 | NG tube/ Gastric suction | Insertion of a nasogastric (NG) tube through the nose, down the esophagus and into the stomach. A procedure used to empty the contents of the stomach, usually for analysis or removal of irritating elements, such as poisons. |
| 8 | OB/GYN care | Treatment of obstetric or gynecologic conditions, including routine care. |
| 9 | Orthopedic care | Treatment of orthopedic injuries or conditions; includes reduction, casting, wrapping, splinting, and aspiration of fluid from joints. |
| 10 | Thrombolytic therapy | The use of one or more medications to break up or destroy blood clots, which are the main cause of both heart attack and stroke. |

- | | | |
|----|-------------------|--|
| 11 | Wound care | Includes cleaning, debridement, and dressing of burns; repair of lacerations with skin tape or sutures; removal of foreign bodies; excisions; and incision and drainage of wounds. |
| 12 | Other | Mark if other procedures were provided but not listed. |

9. MEDICATIONS & IMMUNIZATIONS

ITEM 9. LIST UP TO EIGHT MEDICATION/IMMUNIZATION NAMES BELOW.

Please list up to eight drugs given at this visit or prescribed at ED discharge, using either the brand or generic names. Include prescription and over-the-counter drugs, immunizations, dietary supplements, and anesthetics.

Record the exact drug name (brand or generic) written on any prescription or medical record.

Do not enter broad drug classes, such as "laxative," "cough preparation," "analgesic," "antacids," "birth control pill," or "antibiotics." The one exception is "allergy shot."

Limit entries to **drug name only**. Additional information such as dosage, strength or regimen is **not** required. For example, the medication might be in the forms of pills, injections, salves or ointments, drops, suppositories, powders, or skin patches, but this information should not be entered on the Patient Record form.

For each drug listed, mark the appropriate box indicating if the medication was given in the ED or prescribed at discharge. If the same drug was both given in the ED and prescribed at discharge, then mark (X) both boxes.

10. PROVIDERS SEEN

Mark all providers seen during this visit. If care was provided, at least in part, by a person not represented in the seven categories, mark the "Other" box.

11. VISIT DISPOSITION

Mark all that apply.

| Visit Disposition | Definition |
|---|--|
| 1 No follow-up planned | No return visit or telephone contact is scheduled or planned for the patient's problem. |
| 2 Return if needed, PRN/appointment | The patient is instructed to return to the ED as needed; or the patient was told to schedule an appointment or was given an appointment to return to the ED at a particular time. |
| 3 Return/Refer to physician/clinic for FU | The patient was referred to the ED by his or her personal physician or some other physician and is now instructed to consult with the physician who made the referral. The patient was screened, evaluated, stabilized and then referred to another physician or clinic for follow-up. |
| 4 Refer to social services | The patient was referred to social services, including both those provided in the hospital and the community (e.g., social work, alcohol or drug treatment program, home health care, counseling services). |
| 5 Left AMA | The patient left against medical advice, that is, the patient was evaluated by the hospital staff and advised to stay and receive or complete treatment. |
| 6 Left without being seen | The patient left the hospital after being triaged, but before receiving any medical care. |
| 7 DOA/died in ED | If the patient was dead on arrival (DOA) or died in the ED, this patient is still included in the sample if listed on the arrival log. |
| 8 Transfer to different hospital | The patient was transferred to a different hospital. Indicate the reason why the patient was transferred in the space provided. |
| 9 Admit to observation unit | The patient was sent to a designated observation unit in the ED for evaluation and management or to wait for an inpatient bed. |
| 10 Admit to hospital | The patient was instructed that further care or treatment was needed and was admitted to a hospital. If "Admit to hospital" was marked, then please continue with item 12 – HOSPITAL ADMISSION on the reverse side. |
| 11 Other | Any other disposition not included in the above list. |

12. HOSPITAL ADMISSION

If box "10 – Admit to Hospital" in ITEM 11. VISIT DISPOSITION was marked, continue on the reverse side of the NHAMCS-100(ED) and complete ITEM 12 HOSPITAL ADMISSION. If the information for items 12c-12e are not available at the time of the abstraction, please complete the NHAMCS-105, Hospital Admission Log. Enter "Information Not Available" in large letters across items 12c-e, if efforts have been exhausted to collect the data.

ITEM 12a. ADMITTED TO:

| Type of Unit | Definition |
|------------------------|--|
| 1 Critical care unit – | A critical care unit of the hospital, (e.g., Intensive Care Unit (ICU), Coronary Care Unit (CCU), Pediatric Intensive Care Unit (PICU)). |
| 2 OR/Cath lab – | The patient was sent directly to the operating room or cardiac catheterization lab from the ED. |
| 3 Other bed/unit – | The patient was admitted to a bed/unit in the hospital not listed above (e.g., med/surg unit). |
| 4 Unknown – | Information is not available to determine where the patient was admitted. |

ITEM 12b. HOSPITAL ADMISSION TIME

Record the hours and minutes that the patient was admitted to the hospital in figures. For example, enter 05:45 and then check the appropriate box (Military, AM, or PM).

ITEM 12c. HOSPITAL DISCHARGE DATE

The month, day and year, should be recorded in figures, for example 05/17/2006 for May 17, 2006. Enter last digit for the pre-filled 4-digit year.

ITEM 12d. PRINCIPAL HOSPITAL DISCHARGE DIAGNOSIS

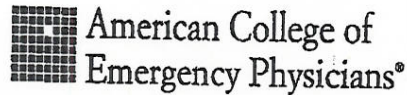
Enter the principal hospital discharge diagnosis.

ITEM 12e. HOSPITAL DISCHARGE STATUS

Mark the appropriate check box.

EXHIBIT A

ENDORSEMENT LETTER FROM ACEP



Headquarters
Post Office Box 619911
Dallas, Texas 75261-9911

1125 Executive Circle
Irving, Texas 75039-2522

972-550-0911
800-798-1822
972-580-2816 – Fax

www.acep.org

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Todd B. Taylor, MD, FACEP
Vice Speaker

Executive Director
Dean Wilkerson, JD, MBA, CAE

Dear Emergency Department Director:

I am writing to urge you to participate in the National Hospital Ambulatory Medical Care Survey. This survey is part of an ongoing project sponsored by the Centers for Disease Control and Prevention's National Center for Health Statistics to gather data about medical care provided in outpatient and emergency facilities. The information gathered is used by medical educators, researchers, policy makers and health administrators to assess health needs and resources, and for planning and organizing health services.

The American College of Emergency Physicians has long recognized the need for national data describing emergency department visits and has supported the development of this survey. Data from the most recent survey clearly shows the rise in the number of visits to emergency departments (EDs) across the county while the number of hospital EDs has declined.

As EDs experience increasing demands on their resources, this survey will provide vital data for researchers, planners, and decision makers addressing these critical issues facing emergency medicine. I urge you to complete this survey.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Robert E. Suter".

Robert E. Suter, DO, MHA, FACEP
President

EXHIBIT B

ENDORSEMENT LETTER FROM THE
SOCIETY FOR ACADEMIC EMERGENCY MEDICINE



Society for Academic Emergency Medicine

901 N. Washington Ave. • Lansing, MI 48906 • (517) 485-5484 • FAX (517) 485-0801

August 22, 2005

Dear Emergency Department Director:

We urge you to support the National Hospital Ambulatory Medical Care Survey, which is an ongoing project sponsored by the Centers for Disease Control and Prevention to gather data about outpatient and emergency department visits.

The mission of the Society for Academic Emergency Medicine is to improve patient care by advancing research and education in emergency medicine. The information collected in the surveys is valuable for emergency care providers, researchers, educators, and administrators to address issues facing emergency medicine. On behalf of the more than 5,000 members SAEM represents, the Board of Directors urges you to complete the survey.

Sincerely,

Glenn C. Hamilton, MD, MSM
President

Board of Directors

Glenn C. Hamilton, MD
President

James W. Hoekstra, MD
President-Elect

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Ellen J. Weber, MD

Lancer A. Scott, MD
Resident Member

Executive Director
Mary Ann Schropp

www.saem.org
saem@saem.org

2006 Annual Meeting, May 18-21, San Francisco

EXHIBIT C

ENDORSEMENT LETTER FROM ENA



915 Lee Street
Des Plaines, IL 60016-6569
Telephone 847/460-4000
Fax 847/460-4001
Web site www.ena.org

Dear Emergency Department Director:

I am writing to urge your participation in the National Hospital Ambulatory Medical Care Survey, which is part of an ongoing project to fill an information gap in our specialized area of health care. There is a vital need for a national database pertaining to ambulatory/emergency settings.

The Emergency Nurses Association and the 27,000 Emergency Nurses it represents are pleased to support and encourage this effort. The data gathered will give direct care providers, managers, educators, researchers, administrators, and strategists an additional tool to better understand the provision of emergency care in outpatient departments and emergency care centers.

Please take a moment of your time and assist the National Center for Health Statistics to collect this information by completing this survey. Your contribution will become part of a database, which will be vital to future efforts in our area of health care.

Sincerely,



Patricia Kunz Howard
2005 ENA President

EXHIBIT D

ENDORSEMENT LETTER FROM ACOEP

142 E. Ontario Street • Suite 1250 • Chicago, IL 60611-2518 • Phone 312/567-3708 • Fax 312/567-8951 • E-mail: www.acoep.org



Dear Directors of Emergency Medicine Departments:

The ACOEP is writing to urge you to participate in the National Hospital Ambulatory Medical Care Survey that you will be receiving in the next few months. This survey is an important part of an ongoing project of the National Center for Health Statistics of the Centers for Disease Control and Prevention and complements the current National Ambulatory Medical Care Survey of office based ambulatory to provide information on more than 95% of all ambulatory care encounters.

The information gathered by this survey is utilized by medical professionals to assess the health care needs and resources in their areas and provides them with information to plan and organize health care service needs for the next three years. Data from the 2002 survey has assisted many emergency medicine physicians, hospital administrators, researchers and health policy professionals to verify the increase in the number of emergency department visits across America and to project the Country's increasing needs for emergency medicine professionals.

As we face increasing demands on our hospital and physician resources, this important tool will provide needed statistics for hospital administration, researchers and health policy professionals to address areas of critical needs in their emergency medicine departments.

We encourage your support and participation in this survey.

Sincerely,

A handwritten signature in cursive script that reads "Paula DeJesus D.O.".

Paula DeJesus, D.O., FACOEP
President

EXHIBIT E
ENDORSEMENT LETTER FROM THE SURGEON GENERAL'S OFFICE



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Surgeon General
Rockville MD 20857

March 22, 2005

Dear Hospital Administrator:

I urge you to support the National Hospital Ambulatory Medical Care Survey (NHAMCS), an ongoing project of the Centers for Disease Control and Prevention to gather data about outpatient department (OPD) and emergency department (ED) visits. The survey is a valuable tool that can be utilized by physicians, researchers, educators, and administrators to address health care issues facing our communities.

NHAMCS data can be used to

- monitor trends in health care related to injuries and preventable diseases (such as heart disease, diabetes, and obesity)
- examine health disparities for all ethnic and racial groups (such as ED and OPD visit rates)
- study problems within our health care system (such as ED crowding and the use of the ED as a "safety net" for the uninsured)
- track national public health objectives (such as reducing the number of antibiotics prescribed for the common cold)
- examine prescribing practices (such as analgesic use in the ED)

Thank you for taking the time to participate in the National Hospital Ambulatory Medical Care Survey.

Sincerely,



Richard H. Carmona, M.D., M.P.H., F.A.C.S.
VADM, USPHS
United States Surgeon General

EXHIBIT F
ILLUSTRATIVE USES OF NHAMCS DATA

Health Care Facilities

| | |
|-------------------|---|
| Kaiser Permanente | Studied the utilization of physician assistants and nurse practitioners in EDs. |
|-------------------|---|

Universities and Medical Schools

| | |
|---|---|
| Harvard Medical School | Published article in <i>Pediatrics</i> on the association of race/ethnicity with ED wait times. |
| University of Rochester, School of Medicine | Published article in <i>Brain Surgery</i> on mild traumatic brain injury in the U.S. |

Government Agencies

| | |
|---|--|
| U.S. Congress | NHAMCS data were used in two reports to Congress – The National Healthcare Quality Report and the National Health Disparities Report. |
| Institute of Medicine | “The Future of Emergency Care in the U.S. Health System” project is using ED data. |
| Centers for Disease Control and Prevention | Requested that a supplement be added to the NHAMCS OPD to collect information on cervical cancer screening practices. |
| Assistant Secretary for Planning and Evaluation, Department of Health and Human Services | Requested that a supplement be added to the NHAMCS to assess how well hospitals are prepared to provide services in the event of a terrorist attack. |
| Health Resources and Services Administration | Requested that a supplement be added to the NHAMCS to assess how well hospitals are prepared to provide emergency pediatric services. |
| Government Accountability Office | Requested ED trend data to examine ED crowding and to evaluate the Emergency Medical Treatment and Labor Act (EMTALA). |

Broadcast and Print Media

| | |
|------------------------------|---|
| Atlanta Journal Constitution | Reported on the 26% increase in ED visits from 1993-2003. |
| U.S. News and World Report | Cited NHAMCS data on antibiotic prescriptions in an article on antibiotic resistance. |
| Child Magazine | Wrote an article on preventable injuries that were seen in the ED. |

Advocacy Groups

| | |
|--|---|
| Center for Studying Health System Change | Used ED data in its issue brief “Insured Americans Drive Surge in Emergency Department Visits.” |
| Council on the Economic Impact of Health System Change | Used ED data in its report on “Utilization and Overcrowding in Hospital Emergency Departments.” |

EXHIBIT G

OPTIONAL PATIENT LOG FORM (Example)

OMB No. 0920-0278; Approval Expires 05/31/2007

Sheet _____ of _____ sheets

NOTICE - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Burden associated with this form is small and is counted as part of the burden associated with completion of the patient record form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta GA 30333, ATTN: PRA (0920-0278).

Assurance of confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

| | | |
|---|---|---|
| FORM NHAMCS-103 (7-1-2005) | U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR THE NATIONAL CENTER FOR HEALTH STATISTICS CENTERS FOR DISEASE CONTROL AND PREVENTION | 1. Clinic/Service Area Name 2. Sampling Take Every <u>20</u> 3. Random Start Number <u>7</u> |
| PATIENT VISIT LOG NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY | | NOTE - Hospital is to retain log after completion of study. This log is for optional use. Put a check mark (u) in column (f) "Sample" next to each patient selected for the sample of visits. |

| Line No. | Date of visit | Patient name | Patient record/ identification number | Remarks | Sample Mark (u) for patient(s) selected for sample of visits. |
|----------|---------------|-----------------|---------------------------------------|---------|---|
| (a) | (b) | (c) | (d) | (e) | (f) |
| 1 | 2/22/06 | James Smith | | | |
| 2 | 2/22/06 | Todd Emerson | | | |
| 3 | 2/22/06 | Victor Esteves | | | |
| 4 | 2/22/06 | Bob Kinball | | | |
| 5 | 2/22/06 | Janie Cook | | | |
| 6 | 2/22/06 | Marty Levison | | | |
| 7 | 2/22/06 | Terry Jones | | | ✓ |
| 8 | 2/22/06 | Richard Helvert | | | |
| 9 | 2/22/06 | Linda Green | | | |
| 10 | 2/22/06 | Lynn Thompson | | | |
| 11 | 2/22/06 | Mark Peterson | | | |
| 12 | 2/22/06 | Chris Walker | | | |
| 13 | 2/22/06 | Susie Johnson | | | |
| 14 | 2/22/06 | Pam Galveston | | | |
| 15 | 2/22/06 | Gina Martinelli | | | |
| 16 | 2/22/06 | Kristen Gray | | | |
| 17 | 2/22/06 | Ed Hayes | | | |
| 18 | 2/22/06 | Adam Clark | | | |
| 19 | 2/22/06 | John Cannon | | | |
| 20 | 2/22/06 | Paul Smith | | | |
| 21 | 2/22/06 | Al Episcopo | | | |
| 22 | 2/22/06 | Darla Filler | | | |
| 23 | 2/23/06 | Jane Goodman | | | |
| 24 | 2/23/06 | Kathy Thorn | | | |
| 25 | 2/23/06 | Jack McLean | | | |
| 26 | 2/23/06 | Mary Stillmore | | | |
| 27 | 2/23/06 | Bob Wenzel | | | ✓ |
| 28 | 2/23/06 | Sam Richards | | | |

USCENSUSBUREAU

EXHIBIT H

ED PATIENT RECORD FORM

Form Approved OMB No. 0920-0278 Exp. Date 05/31/2007 CDC 64.136

| | | |
|---|---|--|
| FORM NHAMCS-100(ED) (8-1-2005) | U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS DATA COLLECTION AGENCY FOR THE U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Health Statistics | PATIENT RECORD NO.: PATIENT'S NAME: |
| NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY 2006 EMERGENCY DEPARTMENT PATIENT RECORD | | |
| Assurance of confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). | | |

NHAMCS-100(ED) (8-1-2005)

| 1. PATIENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|-------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Date of visit Month: <input type="text"/> Day: <input type="text"/> Year: <input type="text"/> | b. ZIP code <input type="text"/> | c. Date of birth Month: <input type="text"/> Day: <input type="text"/> Year: <input type="text"/> | d. Time of day (1) Arrival: <input type="checkbox"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM (2) Time seen by physician: <input type="checkbox"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM <input type="checkbox"/> Not seen by physician (3) ED discharge: <input type="checkbox"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM <i>Mark (X) if ED discharge is more than 24 hours from arrival.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Patient residence <input type="checkbox"/> Private residence <input type="checkbox"/> Nursing home <input type="checkbox"/> Other institution <input type="checkbox"/> Other residence <input type="checkbox"/> Homeless <input type="checkbox"/> Unknown | f. Mode of arrival - Mark (X) one. <input type="checkbox"/> Ambulance (air/ground) <input type="checkbox"/> Public service (nonambulance, e.g., police, social services) | g. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | i. Race - Mark (X) one or more. <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native | j. Expected source(s) of payment for this visit - Mark (X) all that apply. <input type="checkbox"/> Private insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/SCHIP <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Self-pay <input type="checkbox"/> No charge/Charity <input type="checkbox"/> Other <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. TRIAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Initial vital signs (1) Temperature: <input type="checkbox"/> C <input type="checkbox"/> F (2) Pulse: <input type="checkbox"/> beats per minute (3) Blood pressure: <input type="text"/> / <input type="text"/> (4) Oriented X 3 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | b. Immediacy with which patient should be seen <input type="checkbox"/> Immediate <input type="checkbox"/> >1 hour-2 hours <input type="checkbox"/> >2 hours-24 hours <input type="checkbox"/> >24 hours <input type="checkbox"/> Unknown | | c. Presenting level of pain <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. PREVIOUS CARE | | 4. REASON FOR VISIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Seen in this ED within the last 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | b. Discharged from any hospital within the last 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | a. Patient's complaint(s), symptom(s), or other reason(s) for this visit. Use patient's own words. (1) Most important: <input type="text"/> (2) Other: <input type="text"/> (3) Other: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. INJURY/POISONING/ADVERSE EFFECT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Is this injury related to an injury, poisoning, or adverse effect of medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to item 6. <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Is this injury/poisoning intentional? <input type="checkbox"/> Yes, self-inflicted <input type="checkbox"/> Yes, assault <input type="checkbox"/> No, unintentional <input type="checkbox"/> Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Cause of injury, poisoning, or adverse effect - Describe the place and events that preceded the injury, poisoning, or adverse effect (e.g., allergy to penicillin, bee sting, pedestrian hit by car driven by drunk driver, spouse beaten with fists by spouse, heroin overdose, infected shunt, etc.). <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| As specifically as possible, list diagnoses related to this visit including chronic conditions. (1) Primary diagnosis: <input type="text"/> (2) Other: <input type="text"/> (3) Other: <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. DIAGNOSTIC/SCREENING SERVICES | 8. PROCEDURES | 9. MEDICATIONS & IMMUNIZATIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mark (X) all ordered or provided at this visit. <input type="checkbox"/> NONE Blood tests: <input type="checkbox"/> CBC (complete blood count) <input type="checkbox"/> BUN/Creatinine <input type="checkbox"/> Cardiac enzymes <input type="checkbox"/> Electrolytes <input type="checkbox"/> Glucose <input type="checkbox"/> Liver function tests <input type="checkbox"/> Arterial blood gases <input type="checkbox"/> BAC (blood alcohol) <input type="checkbox"/> HIV serology <input type="checkbox"/> Other blood test Other tests: <input type="checkbox"/> EKG/ECG <input type="checkbox"/> Cardiac monitor <input type="checkbox"/> Pulse oximetry % <input type="checkbox"/> Pregnancy test <input type="checkbox"/> Urinalysis (UA) <input type="checkbox"/> Other test/service Imaging: <input type="checkbox"/> X-ray <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> CT scan <input type="checkbox"/> Other imaging | Mark (X) all provided at this visit. Exclude medications. <input type="checkbox"/> NONE <input type="checkbox"/> Bladder catheter <input type="checkbox"/> CPR <input type="checkbox"/> Endotracheal intubation <input type="checkbox"/> IV fluids <input type="checkbox"/> Nebulizer therapy <input type="checkbox"/> NG tube/gastric suction <input type="checkbox"/> OB/GYN care <input type="checkbox"/> Orthopedic care <input type="checkbox"/> Thrombolytic therapy <input type="checkbox"/> Wound care <input type="checkbox"/> Other | List up to 8 drugs given at this visit or prescribed at ED discharge. Include Rx and OTC drugs, immunizations, and anesthetics. <input type="checkbox"/> NONE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Given in ED</th> <th style="text-align: center;">Rx at discharge</th> </tr> </thead> <tbody> <tr><td>(1) <input type="text"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>(2) <input type="text"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>(3) <input type="text"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>(4) <input type="text"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>(5) <input type="text"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>(6) <input type="text"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>(7) <input type="text"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>(8) <input type="text"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> | | | Given in ED | Rx at discharge | (1) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | (2) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | (3) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | (4) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | (5) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | (6) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | (7) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | (8) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Given in ED | Rx at discharge | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (1) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (4) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (5) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (6) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (7) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (8) <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. PROVIDERS | 11. VISIT DISPOSITION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mark (X) all providers seen at this visit. <input type="checkbox"/> ED attending physician <input type="checkbox"/> ED resident/intern <input type="checkbox"/> On call attending physician/Fellow <input type="checkbox"/> RN/LPN <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Physician assistant <input type="checkbox"/> EMT <input type="checkbox"/> Other | Mark (X) all that apply. <input type="checkbox"/> No follow-up planned <input type="checkbox"/> Return if needed, PRN appointment <input type="checkbox"/> Return/Refer to physician/clinic for FU <input type="checkbox"/> Refer to social services <input type="checkbox"/> Left AMA <input type="checkbox"/> Left without being seen <input type="checkbox"/> DOA/died in ED <input type="checkbox"/> Transfer to different hospital - Reason: <input type="text"/> <input type="checkbox"/> Admit to hospital <input type="checkbox"/> Admit to observation unit <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2006 ED

| 12. HOSPITAL ADMISSION | | |
|--|--|---|
| Complete if the patient was admitted to the hospital at this visit. | | |
| a. Admitted to: <input type="checkbox"/> Critical care unit <input type="checkbox"/> OR/Cath lab <input type="checkbox"/> Other bed/unit <input type="checkbox"/> Unknown | b. Hospital admission time <input type="checkbox"/> AM <input type="checkbox"/> Military <input type="checkbox"/> PM <input type="text"/> | c. Hospital discharge date Month: <input type="text"/> Day: <input type="text"/> Year: <input type="text"/> |
| d. Principal hospital discharge diagnosis <input type="text"/> | e. Hospital discharge status <input type="checkbox"/> Alive <input type="checkbox"/> Dead <input type="checkbox"/> Unknown | |
| If this information is not available at time of abstraction, then complete the Hospital Admission Log. | | |

NHAMCS-100(ED) (8-1-2005)

EXHIBIT I
NHAMCS PARTICIPANT WEB PAGE

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CDC nchs National Center for Health Statistics

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National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782
(301) 458-4000
Toll Free Data Inquiries
1-866-441-NCHS

Ambulatory Health Care Data
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CDC/NCHS Privacy Policy Notice | Accessibility
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Contact Us
For more information, contact the Ambulatory Care Statistics Branch at (301) 458-4600

Welcome NHAMCS Participants!

"We learn a great deal about the health of Americans by studying what happens in hospital emergency and outpatient departments. We are grateful to the hospitals who take the time to provide this important information for monitoring and improving our Nation's health." -- Julie L. Gerberding, M.D., M.P.H., Director, Centers for Disease Control and Prevention

- **What is the NHAMCS?**
- **Participation**
- **Confidentiality and Privacy**
* **HIPAA Privacy Rule and NHAMCS**
- **New Data Components for 2004**
- **Data Utilization**
- **Professional Endorsements**
- **Contact Information**

What is the NHAMCS?

The National Hospital Ambulatory Medical Care Survey (NHAMCS) is the Nation's foremost study of ambulatory medical care in hospital emergency and outpatient departments and has been conducted annually since 1992.

Each year, approximately 500 nationally representative hospitals provide data on a sample of patient visits to selected outpatient clinics and emergency service areas over a 4-week reporting period.

These data are widely used by health care researchers, policy analysts, congressional staff, the news media, and many others to improve our knowledge of medical practice patterns.

Reliable NHAMCS data depend on complete reports from all sampled hospitals. Data from all sample cases are needed to ensure that policy decisions are based on the most accurate data possible.

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