

## Attachment Q

OMB No. 0920-0278  
Form NHAMCS-123  
2006 National Hospital Ambulatory Medical Care Survey  
Outpatient Department Clinic 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-123 booklet, to the front cover of the OPD PRF (NHAMCS-100) folder

### Section IV COMPLETING PATIENT RECORD FORMS

Item by item instructions for completing the Outpatient Department Patient Record forms will be revised to reflect changes in the Patient Record form for 2007-2008 (see Attachment O-NHAMCS OPD 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-123**  
(9-2005)

## 2006 NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

# Outpatient Department Clinic Instruction Booklet

### Reporting Period

Data Collection Begins:

Data Collection Ends:

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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. Clinic 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 page 6 - "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:

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Additional Folio Number:

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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 khaki.
4. Instructions - General instructions for completing Patient Record forms are on page 8. Instructions for the individual items begin on page 9.

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 by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics 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, diagnoses, diagnostic services, medication therapy, and the patterns of use of emergency and outpatient services in hospitals which differ in size, location, and ownership. Data collected through this study are essential to plan health services, 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 Physicians, and the Surgeon General's Office have endorsed this study. Their letters of endorsement are provided in Exhibits A, B, C, D, and E on pages E-1 to E-5.

Substantial research went into the design of the hospital study, beginning in 1976 with the first of three major research projects. These projects were used to: design and test the forms and procedures used to collect hospital-based information; test alternative data collection methodologies; determine the optimum number and allocation of the sampling units at each stage of sampling; address visit sampling procedures; and establish data validation and other quality control methods. Recommendations from these projects were incorporated into the design of the final hospital study in an effort to ensure the development of effective and efficient survey procedures, and to minimize the burden placed on hospital staff. Further revisions and simplifications were made to the current year's forms based on the input from a panel of experts and other consultants in the field of health care.

### Scope

An annual sample of approximately 480 hospitals across the nation participate in the National Hospital Ambulatory Medical Care Survey, each collecting 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 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, speech, and occupational therapy, podiatry, optometry, social work, and other clinics where physician services are not typically provided are not included. Ancillary services, such as pharmacy, diagnostic x-ray or testing, and laboratory services 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 are 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 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 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 you 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](http://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 also 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 outpatient department, Census Bureau staff will select these units. However, the responsibility for sampling patient visits within the selected outpatient departments 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; and
- ◆ 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 visits from the sample. If you discover that an ineligible visit has been accidentally included in the sample and a Patient Record form has been 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 begin 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 on 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 for sampling the next patient visit. This pattern of selecting every nth patient is called the Take Every pattern. The 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 Outpatient Department Patient Record 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 the outpatient department of average size will complete approximately 150 to 200 Patient Record forms during the reporting period. If multiple clinics exist within the outpatient department, forms are distributed among the various clinics.

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 attending 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 clinic 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 clinic's assigned reporting period, the Census field representative will meet with the director of each clinic 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 OPD 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 OPD 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 OPD form consists of 12 brief items designed to collect data on the patient's demographic characteristics, reason for visit, diagnosis, etc. Item-by-item instructions begin on page 9 of these instructions. To ensure patient confidentiality, please do not record any patient identifying information on the bottom portion of the form.

Each outpatient department clinic receives a folio containing a pad of Patient Record Forms specifically assigned to that clinic. An ample supply of forms is included in the event that some are damaged or destroyed, or the clinic sees a much higher volume of patient visits than expected. Should the supply of forms for this clinic 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 clinics in this hospital. Check the Patient Record Forms to make sure that they are turquoise and have "Outpatient Department" printed at the top.**

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

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**1. PATIENT INFORMATION**

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**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 4-digit year.

**ITEM 1d. SEX**

Please check the appropriate category. If "*female*" is marked, please answer the sub-question: "Is patient pregnant?" If "Yes" is marked, specify gestation week. If gestation week is unknown, then record LMP (last menstrual period) date in same fashion as Date of Visit.

**ITEM 1e. ETHNICITY**

Ethnicity refers to a person's national or cultural group. The OPD 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 1f. 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, the 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/ Alaskan 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 1g. TOBACCO USE**

Tobacco use is defined as smoking cigarettes/cigars, using snuff, or chewing tobacco. Mark "Not current" if the patient does not currently use tobacco. If "Not current" is marked, then mark "Never" if the patient has never used tobacco or "Former" if the patient formerly used tobacco. Mark "Current" if the patient uses tobacco. Mark "Unknown" if it cannot be determined whether the patient currently uses or does not use tobacco.

- |               |           |
|---------------|-----------|
| 1 Not current | 2 Current |
| 1 Never       | 3 Unknown |
| 2 Former      |           |

**ITEM 1h. EXPECTED SOURCE OF PAYMENT FOR THIS VISIT**

Mark (X) ALL appropriate expected source(s) of payment.

<b>Expected Source of Payment</b>	<b>Definition</b>
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.
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.

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## 2. INJURY/POISONING/ADVERSE EFFECT

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### ITEM 2. IS THIS VISIT RELATED TO ANY OF THE FOLLOWING?

If ANY PART of this visit was related to an injury or poisoning or adverse effect of medical or surgical care or an adverse effect of a medicinal drug, then mark (X) the appropriate box. Indicate whether the injury or poisoning was intentional (i.e., self-inflicted or an assault) or unintentional. 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 item 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 or over-the-counter medication involved in an adverse drug event (e.g., allergies, overdose, medication error, drug interactions).

If the visit was not related to an injury, or poisoning or adverse effect of medical or surgical care or an adverse effect of a medicinal drug, then mark (X) "None of the above" and if it could not be determined mark (X) "Unknown."

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## 3. REASON FOR VISIT

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### ITEM 3. 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 outpatient 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 three 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 3 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 well baby check-up or routine prenatal care. 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.

#### 4. CONTINUITY OF CARE

##### ITEM 4a. ARE YOU THE PATIENT'S PRIMARY CARE PHYSICIAN/PROVIDER?

The primary care physician/provider plans and provides the comprehensive primary health care of the patient. Mark "Yes" if the health care provided to the patient during this visit was from his/her primary care physician/provider and skip to Item 4b. If the physician/provider seen at this visit was substituting for the primary care physician/provider, also check "Yes." Mark "No" if care was not from the primary care physician/provider and "Unknown" if it is not known.

If "No" or "Unknown" is checked, also indicate whether the patient was referred for this visit by another physician or health care provider. This item provides an idea of the "flow" of ambulatory patients from one physician/provider to another. Mark the "Yes," "No," or "Unknown" category, as appropriate.

Notice that this item concerns referrals to the sample clinic by a *different* physician/provider or clinic. The interest is in referrals for *this* visit and not in referrals for any prior visit.

Referrals are any visits that are made because of the advice or direction of a clinic or physician/provider other than the clinic or physician/provider being visited.



**ITEM 4b. HAS THE PATIENT BEEN SEEN IN THIS CLINIC BEFORE?**

“Seen” means “provided care for” at any time in the past. Mark “Yes, established patient” if the patient was seen before by any physician or staff member in the clinic. Exclude this visit.

Mark “No, new patient” if the patient has not been seen in the clinic before.

If “Yes” is checked, also indicate approximately **how many past visits the patient has made to this clinic within the last 12 months** using the check boxes provided. **Do not include the current visit in your total.** If you cannot determine how many past visits were made, then please mark “Unknown.” Include all visits to other physicians or health care providers in this clinic.

**ITEM 4c. MAJOR REASON FOR THIS VISIT**

Mark the major reason for the patient’s current visit. Be sure to **check only one** of the following “Major Reasons:”

	<b>Problem</b>	<b>Definition</b>
1	New Problem	A visit for a condition, illness, or injury having a relatively sudden or recent onset (within three months of this visit).
2	Chronic Problem, Routine	A visit primarily to receive care or examination for a pre-existing chronic condition, illness, or injury (onset of condition was three months or more before this visit).
3	Chronic Problem, Flare up	A visit primarily due to sudden exacerbation of a pre-existing chronic condition.
4	Pre- or Post-Surgery	A visit scheduled primarily for care required prior to or following surgery (e.g., pre-surgery tests, removing sutures).
5	Preventive Care	General medical examinations and routine periodic examinations. Includes prenatal and postnatal care, annual physicals, well-child exams, screening, and insurance examinations.

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5. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT

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ITEM 5a. AS SPECIFICALLY AS POSSIBLE, LIST DIAGNOSES RELATED TO THIS VISIT INCLUDING CHRONIC CONDITIONS.

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

*This is one of the most important items on the Patient Record Form.* Item 5a(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 5a(2) and 5a(3) list the diagnosis of **other conditions related to this visit**. Include chronic conditions (e.g., hypertension, depression, etc.) if related to this visit.

ITEM 5b. REGARDLESS OF THE DIAGNOSES WRITTEN IN 5a, DOES PATIENT NOW HAVE:

The intent of this item is to supplement the diagnosis reported in item 5a(1), 5a(2), and 5a(3). Mark all of the selected condition(s) regardless if it is already reported in item 5a. Even if the condition is judged to be not clinically significant for this visit, it should still be checked. General descriptions for each condition are listed below.

Condition	Description
1 Arthritis	Includes those types of rheumatic diseases in which there is an inflammation involving joints, (e.g., osteoarthritis, rheumatoid arthritis, acute arthritis, juvenile chronic arthritis, hypertrophic arthritis, Lyme arthritis, and psoriatic arthritis).
2 Asthma	Includes extrinsic, intrinsic, and chronic obstructive asthma.

- 3 Cancer (ca) Includes any type of cancer (ca), such as, carcinoma, sarcoma, leukemia, and lymphoma.

Below is a scheme of how the American Joint Committee on Cancer (AJCC) staging system and the Surveillance, Epidemiology and End Results (SEER) Summary Stage compare. The stage should be derived from the medical record using information from the treating physician (medical oncologist or surgeon) seeing the cancer patient.

**Comparability between AJCC staging system and SEER Summary Stage with the exception of prostate cancer**

AJCC Stage	SEER Summary Stage	In item 5b(3), mark box:
0 (In-situ)	In-situ	0 - In situ
I	Localized	1 - Local
II	Regional (by direct extension or positive lymph nodes)	2 - Regional
III		
IV	Distant (cancer found in other organs)	3 - Distant
Unknown	Unknown	4 - Unknown

**Comparability between AJCC staging system and SEER Summary Stage for prostate cancer**

Prostate cancer represents a special situation as most patients do not undergo surgery. The table below provides a summary of the equivalent correlations between the staging systems.

Prostate Cancer (AJCC)	Prostate Cancer SEER Summary Stage	In item 5b(3), mark box:
0 (In-situ)	In-situ	0 - In situ
I (T1) no extension (Stage A) II (T2) no extension, no lymph nodes involved (Stage B)	Localized (confined to prostate gland)	1 - Local
III (T3) negative lymph nodes involved (Stage C)	Regional (extends to other organs, no lymph nodes involved)	2 - Regional
IV (T4) positive lymph nodes (Stage D) Distant metastases	Regional (extends to other organs, positive lymph nodes involved) Distant metastases	3 - Distant
Unknown	Unknown	4 - Unknown

- |    |  |  |
|----|--|--|
| 4  | Cerebrovascular disease                      | Includes stroke and transient ischemic attacks (TIAs).   |
| 5  | CHF (congestive heart failure)               |  |
| 6  | Chronic renal failure                        | Includes end-stage renal disease (ESRD) and chronic kidney failure due to diabetes or hypertension.  |
| 7  | COPD (chronic obstructive pulmonary disease) | Includes chronic bronchitis and emphysema. Excludes asthma.  |
| 8  | Depression                                   | Includes affective disorders and major depressive disorders, such as episodes of depressive reaction, psychogenic depression, and reactive depression. |
| 9  | Diabetes                                     | Includes both diabetes mellitus and diabetes insipidus.  |
| 10 | Hyperlipidemia                               | Includes hyperlipidemia and hypercholesterolemia.  |
| 11 | Hypertension                                 | Includes essential (primary or idiopathic) and secondary hypertension.   |
| 12 | Ischemic heart disease                       | Includes angina pectoris, coronary atherosclerosis, acute myocardial infarction, and other forms of ischemic heart disease.                            |
| 13 | Obesity                                      | Includes body weight 20% over the standard optimum weight.   |
| 14 | Osteoporosis                                 |  |
| 15 | None of the above                            | Mark (X) if none of the conditions above exist.  |

**ITEM 5c. STATUS OF PATIENT ENROLLMENT IN A DISEASE MANAGEMENT PROGRAM FOR ANY OF THE CONDITIONS MARKED IN 5b**

A disease management program is defined as a set of interventions designed to improve the health of individuals by working more directly with them and their physicians and support-service providers on their treatment plans regarding diet, adherence to medicine schedules, and other self-management techniques. Other components of the program include outcomes measurement and a routine reporting/feedback loop which may involve communication with the patient, physician, health plan, and ancillary providers.

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## 6. VITAL SIGNS

---

- (1) Height Record the patient's height if measured at this visit. If it was not measured at this visit and the patient is 21 years of age or over, then review the chart for the last time that height was recorded and enter that value. Mark the appropriate box (ft/in or cm).
- (2) Weight Record the patient's weight if measured at this visit. If it was not measured at this visit and the patient is 21 years of age or over, then review the chart for the last time that weight was recorded and enter that value. Mark the appropriate box (lbs or kg).
- (3) Temperature Record the patient's temperature if measured at this visit. Mark the appropriate box (degrees C or F).
- (4) Blood pressure Record the patient's blood pressure if measured at 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.** At visits for a complete physical exam, several tests may be ordered prior to the visit, so that the results can be reviewed during the visit. Since these services are related to the visit, the appropriate box(es) should be marked.

Mark the "NONE" box if no Diagnostic/Screening Services were ordered or provided.

For "Electrolytes," include any of the following tests: electrolytes, sodium (Na), chloride (Cl), potassium (K), bicarbonate ( $\text{HCO}_3$ ), calcium (Ca), magnesium (Mg).

For "Lipids/Cholesterol," include any of the following tests: cholesterol, LDL, HDL, cholesterol/HDL ratio, triglycerides, coronary risk profile, lipid profile.

For "Biopsy," include any form of open or closed biopsy of lesions or tissues.

For "Chlamydia test," only include the following tests if chlamydia is specifically mentioned: enzyme-linked immunosorbent assay (ELISA, EIA), direct fluorescent antibody test (DFA), nucleic acid amplification test (NAAT), nucleic acid hybridization test (DNA probe testing), or chlamydia culture.

"Pap test – conventional" refers to a smear spread on a glass slide and fixed.

"Pap test – liquid-based cytology" refers to a specimen suspended in liquid solution.

"HPV DNA test" detects the presence in women of human papillomavirus and is performed by collecting cells from the cervix.

If a scope procedure was ordered or provided, mark the "Scope Procedure – Specify" box and write-in the type in the space provided.

If services were ordered or provided, but are not listed, mark the "Other test/service - Specify" box and write-in the service(s) in the space provided.

---

## 8. HEALTH EDUCATION

---

Mark all appropriate boxes for any of the following types of health education **ordered or provided** to the patient during the visit. Exclude medications.

Mark the "NONE" box if no counseling, educational, or therapeutic services were provided.

	<b>Health Education</b>	<b>Definition</b>
2	Asthma Education	Information regarding the elimination of allergens that may exacerbate asthma, or other activities that could lead to an asthma attack or instruction on the use of medication, such as an inhaler.
3	Diet/Nutrition	Any topic related to the foods and/or beverages consumed by the patient. Examples include general dietary guidelines for health promotion and disease prevention, dietary restrictions to treat or control a specific medical problem or condition, and dietary instructions related to medications. Includes referrals to other health professionals, for example, dietitians and nutritionists.

---

## 9. NON-MEDICATION TREATMENT

---

Mark (X) all non-medication treatments ordered or provided at this visit.

<b>Non-Medication treatment</b>	<b>Definition</b>
1 NONE	No non-medication treatments were ordered, scheduled, or performed at this visit.
2 Complementary or alternative medicine (CAM)	Includes medical interventions neither widely taught in medical schools nor generally available in physician offices or hospitals (e.g., acupuncture, chiropractic, homeopathy, massage, or herbal therapies).
3 Durable medical equipment	Equipment which can withstand repeated use, (i.e., could normally be rented and used by successive patients; is primarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury); and is appropriate for use in the patient's home, (e.g., cane, crutch, walker, wheelchair)
4 Home health care	Includes services provided to individuals and families in their places of residence for the purpose of promoting, maintaining, or restoring health or for maximizing the level of independence while minimizing the effects of disability and illness, including terminal illness. Services may include skilled nursing care; help with bathing, using the toilet, or dressing provided by home health aides; and physical therapy, speech language pathology services, and occupational therapy.
5 Hospice care	A program of palliative care (i.e., care which serves to relieve or alleviate without curing) and supportive care services providing physical, psychological, social, and spiritual care for dying persons, their families, and other loved ones. Hospice services are available in both the home and inpatient settings. Home hospice care is provided on a part-time, intermittent, regularly scheduled, and around-the-clock basis. Bereavement services and other types of counseling are available to the family and other loved ones.
6 Physical therapy	Physical therapy includes treatments using heat, light, sound, or physical pressure or movement, (e.g., ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold, or manipulative therapy).
7 Radiation therapy	The use of high-energy penetrating rays or subatomic particles to treat disease.

Non-Medication treatment	Definition
8 Speech/ Occupational therapy	Speech therapy includes the treatment of defects and disorders of the voice and of spoken and written communication. Occupational therapy includes the therapeutic use of work, self-care, and play activities to increase independent function, enhance development, and prevent disability.
9 Psychotherapy	All treatments involving the intentional use of verbal techniques to explore or alter the patient's emotional life in order to effect symptom reduction or behavior change.
10 Other mental health counseling	General advice and counseling about mental health issues and education about mental disorders. Includes referrals to other mental health professionals for mental health counseling.
11 Excision of tissue	Includes any excision of tissue such as polyps, cysts, or moles. Excludes wound care and biopsy.
12 Orthopedic care	Includes reduction, casting, wrapping, splinting, and aspiration of fluid from joints.
13 Wound care	Includes cleaning, debridement, and dressing of burns; repair of lacerations with skin tape or sutures; removal of foreign bodies; and incision and draining of wounds.
14 Other non- surgical procedures	Write-in any non-surgical procedure ordered or performed at this visit that was not previously recorded.
15 Other surgical procedures	Write-in any surgical procedure ordered or performed at this visit that was not previously recorded. Surgical procedures may be simple (e.g., insertion of intrauterine contraceptive device) or complex (e.g., cataract extraction, hernia repair, hip replacement, etc.)

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## 10. MEDICATIONS & IMMUNIZATIONS

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If medications or immunizations were ordered, supplied, administered, or continued at this visit, please list them (up to 8) in the space provided using either the brand or generic names. Record the exact drug name (brand or generic) written on any prescription or on the medical record. Do not enter broad drug classes, such as "laxative," "cough preparation," "analgesic," "antacid," "birth control pill," or "antibiotic." The one exception is "allergy shot." If no medication was prescribed, provided, or continued, then mark (X) the "NONE" box and continue.



Medication, broadly defined, includes the specific name of any:

- prescription *and* over-the-counter medications, anesthetics, hormones, vitamins, immunizations, allergy shots, and dietary supplements.
- medications and immunizations which the physician/provider ordered or provided *prior to this visit* and *instructs or expects* the patient to continue taking regardless of whether a "refill" is provided at the time of visit.

For each medication, record if it was new or continued.

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## 11. PROVIDERS

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

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## 12. VISIT DISPOSITION

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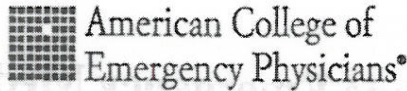
Mark all that apply.

Visit Disposition	Definition
1 No follow-up planned	No return visit or telephone contact was scheduled or planned for the patient's problem.
2 Return if needed, PRN	The patient was instructed to return to the clinic as needed.
3 Refer to other physician	The patient was instructed to consult or seek care from another physician. The patient may or may not return to this clinic at a later date.
4 Return at specified time	The patient was told to schedule an appointment or was given an appointment to return to the clinic at a particular time.
5 Telephone follow-up planned	The patient was instructed to telephone the physician or other clinic staff on a particular day to report on his or her progress, or a member of the clinic staff plans to call the patient to check on his or her condition.

- |   |                               |   |
|---|-------------------------------|---|
| 6 | Refer to emergency department | The patient was instructed to go to the emergency department for further evaluation and care immediately.   |
| 7 | Admit to hospital             | The patient was instructed that further care or treatment will be provided as an inpatient in the hospital. |
| 8 | Other                         | Any other disposition not included in the above list.   |

EXHIBIT A

ENDORSEMENT LETTER FROM ACEP



**Headquarters**

Post Office Box 619911  
Dallas, Texas 75261-9911

1125 Executive Circle  
Irving, Texas 75038-2522

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

[www.acep.org](http://www.acep.org)

**Board of Directors**

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*Speaker*  
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 that reads "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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Secretary-Treasurer

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Past President

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Jeffrey A. Kline, MD

Catherine A. Marco, MD

Robert W. Schafmeyer, MD

Ellen J. Weber, MD

Lance A. Scott, MD  
Resident Member

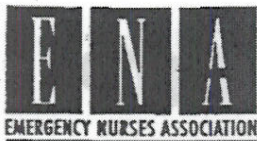
Executive Director  
Mary Ann Schropp

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 60611-2618 • Phone 312/587-3709 • Fax 312/587-9951 • E-mail: [www.acoep.org](http://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 black ink that reads "Paula DeJesus D.O." with a stylized flourish at the end.

Paula DeJesus, D.O., FCOEP  
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**

Harris School of Public Policy Studies Published article in the *Archives of Internal Medicine* on national trends in cyclooxygenase-2 inhibitor use since market release.

Stanford University, School of Medicine Published article in the *Archives of Internal Medicine* on the quality of US outpatient care – temporal changes and racial/ethnic disparities.

Cincinnati Children's Hospital Published an article in *Obstetrics and Gynecology* on sexually transmitted infection testing and screening in hospital-based primary care visits by women.

**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.

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 <b>NHAMCS-103</b> (7-1-2005)  <b>PATIENT VISIT LOG</b> <b>NATIONAL HOSPITAL AMBULATORY</b> <b>MEDICAL CARE SURVEY</b>	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 20	3. Random Start Number 7
	NOTE - Hospital is to retain log after completion of study. This log is for optional use. Put a check mark (✓) 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 (✓) 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 Kendall			
5	2/22/06	Jamie Cook			
6	2/22/06	Marty Levison			
7	2/22/06	Terry Jones			✓
8	2/22/06	Richard Helvert			
	2/22/06	<del>Ainda Green</del>		left before being seen	
9	2/22/06	Lynn Thompson			
10	2/22/06	Mark Peterson			
11	2/22/06	Chris Walker			
12	2/22/06	Susie Johnson			
13	2/22/06	Fam Galveston			
14	2/22/06	Gina Martinelli			
15	2/22/06	Kristen Gray			
16	2/22/06	Ed Hayes			
17	2/22/06	Adam Clark			
18	2/22/06	John Cannon			
19	2/22/06	Paul Smith			
20	2/22/06	Al Episcopo			
21	2/22/06	Darla Filler			
22	2/22/06	June Goodman			
23	2/23/06	Kathy Thorn			
24	2/23/06	Jake McLean			
25	2/23/06	Mary Stillmore			
26	2/23/06	Bob Wenzel			
27	2/23/06	Sam Richards			✓

USCENSUSBUREAU

# EXHIBIT H

## OPD PATIENT RECORD FORM

Form Approved OMB No. 0920-0278 Exp. Date 05/31/2007 CDC 64.135

<b>NHAMCS-100(OPD)</b> <small>U.S. DEPARTMENT OF COMMERCE          NATIONAL BUREAU OF ECONOMIC ANALYSIS          U.S. DEPARTMENT OF HEALTH &amp; HUMAN SERVICES          NATIONAL CENTER FOR HEALTH STATISTICS          NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY          2006 OUTPATIENT DEPARTMENT PATIENT RECORD</small>	<b>PATIENT RECORD NO.:</b>  <b>PATIENT'S NAME:</b> 
--	--



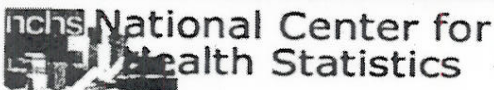
**Assurance of confidentiality** - All information which would permit identification of an individual or practice, of an establishment, or of a health care provider, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 3025 of the Public Health Service Act (42 USC 242m).

<h3 style="text-align: center;">1. PATIENT INFORMATION</h3> <p><b>a. Date of visit</b>          Month: <input type="text"/> Day: <input type="text"/> Year: <input type="text"/> 2006</p> <p><b>b. ZIP code</b>  <input type="text"/></p> <p><b>c. Date of birth</b>          Month: <input type="text"/> Day: <input type="text"/> Year: <input type="text"/> 200</p> <p><b>d. Sex</b>  <input type="checkbox"/> Female - Is patient pregnant?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown          OR  <input type="checkbox"/> Male</p> <p><b>e. Ethnicity</b>  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino</p> <p><b>f. Race - Mark (X) one or more</b>  <input type="checkbox"/> White  <input type="checkbox"/> Black African American  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian  <input type="checkbox"/> Other Pacific Islander  <input type="checkbox"/> American Indian/Alaska Native</p> <p><b>g. Tobacco use</b>  <input type="checkbox"/> Not current  <input type="checkbox"/> Current  <input type="checkbox"/> Never  <input type="checkbox"/> Quitter</p> <p><b>h. Expected source(s) of payment for this visit</b>  <input type="checkbox"/> Medicare  <input type="checkbox"/> Medicaid  <input type="checkbox"/> Worker's compensation  <input type="checkbox"/> Self pay  <input type="checkbox"/> In charge charity  <input type="checkbox"/> Other</p>	<h3 style="text-align: center;">2. INJURY/POISONING/ADVERSE EFFECT</h3> <p><b>Is this visit related to any of the following?</b></p> <p><input type="checkbox"/> Unintentional injury/poisoning</p> <p><input type="checkbox"/> Intentional injury/poisoning</p> <p><input type="checkbox"/> Adverse effect of medical/surgical care/procedure</p> <p><input type="checkbox"/> Adverse effect of medical drug</p> <p><input type="checkbox"/> None of the above</p> <p><input type="checkbox"/> Unknown</p>																					
<h3 style="text-align: center;">3. REASON FOR VISIT</h3> <p><b>Patient's complaint(s), symptom(s), or other reason(s) for this visit - Use primary, only</b></p> <p>(1) Most important: <input type="text"/></p> <p>(2) Other: <input type="text"/></p> <p>(3) Other: <input type="text"/></p>	<h3 style="text-align: center;">4. CONTINUITY OF CARE</h3> <p><b>a. Are you the patient's primary care physician/provider?</b></p> <p><input type="checkbox"/> Yes - <i>Skip to Item 4b</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><b>Was patient referred for this visit?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><b>b. Has the patient been seen in this clinic before?</b></p> <p><input type="checkbox"/> Yes - established patient</p> <p><b>How many past visits in the last 12 months?</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> 1-2</p> <p><input type="checkbox"/> 3-5</p> <p><input type="checkbox"/> 6+</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> No new patient</p> <p><b>c. Major reason for this visit</b></p> <p><input type="checkbox"/> New problem (Start of condition)</p> <p><input type="checkbox"/> Chronic problem routine</p> <p><input type="checkbox"/> Chronic problem flare-up</p> <p><input type="checkbox"/> Injury/Poisoning</p> <p><input type="checkbox"/> Onset of condition</p> <p><input type="checkbox"/> Worsening of condition</p> <p><input type="checkbox"/> Unknown</p>																					
<h3 style="text-align: center;">5. PHYSICIAN'S DIAGNOSIS FOR THIS VISIT</h3> <p><b>a. As specifically as possible, list diagnoses related to this visit including chronic conditions.</b></p> <p>(1) Primary diagnosis: <input type="text"/></p> <p>(2) Other: <input type="text"/></p> <p>(3) Other: <input type="text"/></p> <p><b>b. Regardless of the diagnoses written in 5a, does the patient now have - Mark (X) all that apply</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Arthritis</td> <td><input type="checkbox"/> Cardiovascular disease</td> <td><input type="checkbox"/> Hypertension</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> COPD</td> <td><input type="checkbox"/> Hypertension</td> </tr> <tr> <td><input type="checkbox"/> Cancer</td> <td><input type="checkbox"/> Chronic kidney disease</td> <td><input type="checkbox"/> Diabetes</td> </tr> <tr> <td><input type="checkbox"/> Infection</td> <td><input type="checkbox"/> COPD</td> <td><input type="checkbox"/> Osteoporosis</td> </tr> <tr> <td><input type="checkbox"/> Local</td> <td><input type="checkbox"/> Depression</td> <td><input type="checkbox"/> None of the above</td> </tr> <tr> <td><input type="checkbox"/> Regional</td> <td><input type="checkbox"/> Dementia</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Systemic</td> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table> <p><b>c. Status of patient enrollment in a disease management program for any of the conditions marked in 5b.</b></p> <p><input type="checkbox"/> Enrolled</p> <p><input type="checkbox"/> Under consideration for enrollment</p> <p><input type="checkbox"/> Not enrolled</p> <p><input type="checkbox"/> Unknown</p>		<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Asthma	<input type="checkbox"/> COPD	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cancer	<input type="checkbox"/> Chronic kidney disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Infection	<input type="checkbox"/> COPD	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Local	<input type="checkbox"/> Depression	<input type="checkbox"/> None of the above	<input type="checkbox"/> Regional	<input type="checkbox"/> Dementia		<input type="checkbox"/> Systemic	<input type="checkbox"/> Unknown	
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<input type="checkbox"/> Systemic	<input type="checkbox"/> Unknown																					
<h3 style="text-align: center;">6. VITAL SIGNS</h3> <p>(1) Height: <input type="text"/> cm</p> <p>(2) Weight: <input type="text"/> kg</p> <p>(3) Temperature: <input type="text"/> °C</p> <p>(4) Blood pressure: <input type="text"/> / <input type="text"/> mmHg</p>	<h3 style="text-align: center;">7. DIAGNOSTIC/SCREENING SERVICES</h3> <p><b>Mark (X) all ordered or provided at this visit</b></p> <p><input type="checkbox"/> NONE</p> <p><b>Examinations:</b></p> <p><input type="checkbox"/> Breast</p> <p><input type="checkbox"/> Cervical</p> <p><input type="checkbox"/> Rectal</p> <p><input type="checkbox"/> Skin</p> <p><input type="checkbox"/> Depression screen (9)</p> <p><b>Imaging:</b></p> <p><input type="checkbox"/> Bone mineral density</p> <p><input type="checkbox"/> Mammography</p> <p><input type="checkbox"/> MRI/CT/PET</p> <p><input type="checkbox"/> Ultrasound</p> <p><input type="checkbox"/> X-ray</p> <p><input type="checkbox"/> Other imaging</p> <p><b>Blood tests:</b></p> <p><input type="checkbox"/> CBC (complete blood count)</p> <p><input type="checkbox"/> Electrolytes</p> <p><input type="checkbox"/> Cholesterol</p> <p><input type="checkbox"/> HbA1c (glycated hemoglobin)</p> <p><input type="checkbox"/> Urinalysis</p> <p><input type="checkbox"/> PSA (prostate specific antigen)</p> <p><input type="checkbox"/> Other blood test</p> <p><b>Scope:</b></p> <p><input type="checkbox"/> Scope procedure (with colonoscopy, sigmoidoscopy)</p> <p><b>Other tests:</b></p> <p><input type="checkbox"/> ECG</p> <p><input type="checkbox"/> Chest X-ray</p> <p><input type="checkbox"/> Pap test - conventional</p> <p><input type="checkbox"/> Pap test - liquid-based</p> <p><input type="checkbox"/> Pregnancy test</p> <p><input type="checkbox"/> HIV (HIV-1)</p> <p><input type="checkbox"/> EKG/ECG</p> <p><input type="checkbox"/> Serology (antibody function test)</p> <p><input type="checkbox"/> HIV (HIV-1)</p> <p><input type="checkbox"/> Other tests (with scope)</p>																					
<h3 style="text-align: center;">8. HEALTH EDUCATION</h3> <p><b>Mark (X) all ordered or provided at this visit</b></p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> Stress management</p> <p><input type="checkbox"/> Asthma education</p> <p><input type="checkbox"/> Diabetes education</p> <p><input type="checkbox"/> Exercise</p> <p><input type="checkbox"/> Growth/Development</p> <p><input type="checkbox"/> Injury prevention</p> <p><input type="checkbox"/> Smoking cessation</p> <p><input type="checkbox"/> Tobacco use cessation</p> <p><input type="checkbox"/> Wound care</p> <p><input type="checkbox"/> Other</p>	<h3 style="text-align: center;">9. NON-MEDICATION TREATMENT</h3> <p><b>Mark (X) all ordered or provided at this visit</b></p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> Complementary alternative medicine (CAM)</p> <p><input type="checkbox"/> Disability medical equipment</p> <p><input type="checkbox"/> Home health care</p> <p><input type="checkbox"/> Hospice care</p> <p><input type="checkbox"/> Physical therapy</p> <p><input type="checkbox"/> Radiation therapy</p> <p><input type="checkbox"/> Speech/occupational therapy</p> <p><input type="checkbox"/> Psychology</p> <p><input type="checkbox"/> Other mental health counseling</p> <p><input type="checkbox"/> Excision of lesion</p> <p><input type="checkbox"/> Orthopedic care</p> <p><input type="checkbox"/> Wound care</p> <p><b>Procedures:</b></p> <p><input type="checkbox"/> Other non-surgical procedures</p> <p><input type="checkbox"/> Other surgical procedures</p>																					
<h3 style="text-align: center;">10. MEDICATIONS &amp; IMMUNIZATIONS</h3> <p><b>Include Rx and OTC drugs, immunizations, allergy shots, anesthetics, chemotherapy, and dietary supplements that were ordered, supplied, administered or continued during the visit.</b></p> <p><input type="checkbox"/> NONE</p> <p>(1) <input type="text"/></p> <p>(2) <input type="text"/></p> <p>(3) <input type="text"/></p> <p>(4) <input type="text"/></p> <p>(5) <input type="text"/></p> <p>(6) <input type="text"/></p> <p>(7) <input type="text"/></p> <p>(8) <input type="text"/></p>	<h3 style="text-align: center;">11. PROVIDERS</h3> <p><b>Mark (X) all providers seen at this visit</b></p> <p><input type="checkbox"/> None/Continued</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Physician assistant</p> <p><input type="checkbox"/> Nurse practitioner</p> <p><input type="checkbox"/> Midwife</p> <p><input type="checkbox"/> RN/CPN</p> <p><input type="checkbox"/> Other</p>																					
<h3 style="text-align: center;">12. VISIT DISPOSITION</h3> <p><b>Mark (X) all that apply</b></p> <p><input type="checkbox"/> No further care needed</p> <p><input type="checkbox"/> Return needed (date)</p> <p><input type="checkbox"/> Referral to other physician</p> <p><input type="checkbox"/> Referral to specialist</p> <p><input type="checkbox"/> Reschedule</p> <p><input type="checkbox"/> Follow-up planned</p> <p><input type="checkbox"/> Refer to emergency department</p> <p><input type="checkbox"/> Admit to hospital</p> <p><input type="checkbox"/> Other</p>																						

# EXHIBIT I NHAMCS PARTICIPANT WEB PAGE

NHAMCS - Participant Home Page

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- Listservs ■
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    - Adobe Acrobat Reader \* for the visually disabled
    - Microsoft PowerPoint Viewer \*

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

NAMCS/NHAMCS Home | NHAMCS Participants  
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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.

<http://www.cdc.gov/nhamcs/>

9/19/2005

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