2009 NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

SAMPLING AND INFORMATION BOOKLET

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

NHAMCS-124 (8-28-2008)

USCENSUSBUREAU

TABLE OF CONTENTS

		Page
I	Emergency Department Sampling Instructions	2
II	Emergency Department Table of Take Every Numbers	3
III	Outpatient Department Sampling Instructions	4
IV	Outpatient Department Table of Take Every Numbers	5
V	Special Instructions for OPD Sampling (Updating Clinic Lists)	6
VI	Ambulatory Surgery Center Sampling Instruction	7
VII	Ambulatory Surgery Census Table of Take Every Numbers	8
VIII	OPD Classification of Clinics – Alphabetic Listing	10
IX	OPD Classification of Clinics – By Specialty Group	16
X	OPD Listing of Ineligible Clinics	20
XI	Ambulatory Unit Director Meeting Checklist	21
XII	Ambulatory Unit Staff Instruction Checklist	22
XIII	Quality Control Visit Checklist	24
XIV	Checklist for Conducting NHAMCS	25
XV	Quick Reference, Categorizing NHAMCS Clinics	28
XVI	NHAMCS-101, Item 9c, Hospital Trauma Level Ratings and Descriptions	29
XVII	NHAMCS-101, Item 14o, Flashcard	30

I EMERGENCY DEPARTMENT SAMPLING INSTRUCTIONS

A. Determining the Take Every (TE) Number

Use the table on page 3. Get counts of visits from page 10 of the NHAMCS-101, Questionnaire.

1. Go across the top of the table and find the range that includes the number of visits expected for the individual emergency service area.
2. Go down the column on the left of the table until you find the range containing the total number of visits for the entire ED. If you can not find the number of total visits in any of these ranges (i.e., this number exceeds all ranges), call the regional office supervisor immediately.
3. Look across the row (line) containing the number of visits for the entire ED and find where it intersects the column containing the number of visits for the individual service area. The number located in the box where this column and row intersect is the Take Every number.
4. Enter this number in column (d) on page 10 of the NHAMCS-101, Questionnaire and in Section B, item 1, on the cover of the NHAMCS-101(U), Ambulatory Unit Record. Repeat the process for each service area listed.
5. If an ESA has less than 30 expected visits, then the Take Every number should be 1.

B. Determining the Random Start Number

Next, select the Random Start numbers. Refer to the label on the back of the NHAMCS-101, Questionnaire. The label has a row or heading of TE numbers and a column or left margin of ten numbered rows. Random Start numbers (between 1 and the TE number) are located in the table's cells. The Random Start number should NEVER be greater than the Take Every number. To determine the Random Start number for the first emergency service area listed, follow these steps:

1. You determined the service area's TE number above in part I.A. Find the service area's TE number in the table heading on the label on the back of the NHAMCS-101, Questionnaire.
2. For the first listed service area, start with row 1, (or next available row if others were previously used), then look across the row and find where it intersects the column headed by the TE number. The number located in this cell is the Random Start number.
3. Circle the number and enter it in column (e) on page 10 of the NHAMCS-101, Questionnaire. Also enter this Random Start number in Section B, item 2, on the cover of the NHAMCS-101(U), Ambulatory Unit Record.
4. If the Take Every number is 1, then the Random Start number should be 1.

Do the same for any additional emergency service areas, each time using the appropriate TE determined for the area and the next available row.

TABLE OF TAKE EVERY NUMBERS

VISITS TO THE INDIVIDUAL EMERGENCY SERVICE AREAS

VISITS TO THE ENTIRE ED	1 39	40 79	80 119	120 149	150 179	180 209	210 239	240 269	270 299	300 399	400 599	600 899	900 1199	1200 1499	1500 1799	1800 2099	2100 2399	2400 2699	2700 2999	3000 3999	4000 8999	9000 11999	12000 14999	15000 17999	18000 20999
1–119	1	1	1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
120–249	1	2	2	2	2	2	2	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
250–349	1	2	3	3	3	3	3	3	3	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
350–499	1	2	3	4	4	4	4	4	4	4	4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
500–599	1	2	3	4	5	5	5	5	5	5	5	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
600–699	1	2	3	4	5	6	6	6	6	6	6	6	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
700–849	1	2	3	4	5	6	7	7	7	7	7	7	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
850–949	1	2	3	4	5	6	7	8	8	8	8	8	8	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
950–1099	1	2	3	4	5	6	7	8	9	9	9	9	9	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1100–1199	1	2	3	4	5	6	7	8	9	10	10	10	10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1200–1799	1	2	3	4	5	6	7	8	9	10	15	15	15	15	15	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1800–2399	1	2	3	4	5	6	7	8	9	10	15	20	20	20	20	20	20	NA	NA	NA	NA	NA	NA	NA	NA
2400–2999	1	2	3	4	5	6	7	8	9	10	15	20	25	25	25	25	25	25	25	NA	NA	NA	NA	NA	NA
3000–3599	1	2	3	4	5	6	7	8	9	10	15	20	25	30	30	30	30	30	30	30	NA	NA	NA	NA	NA
3600–4199	1	2	3	4	5	6	7	8	9	10	15	20	25	30	35	35	35	35	35	35	35	NA	NA	NA	NA
4200–4799	1	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	40	40	40	40	40	NA	NA	NA	NA
4800–5399	1	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	45	45	45	45	NA	NA	NA	NA
5400–5999	1	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	50	50	50	50	NA	NA	NA	NA
6000–11999	1	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	50	90	100	100	100	NA	NA	NA
12000–17999	1	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	50	90	150	150	150	150	150	150
18000–23999	1	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	50	90	150	200	200	200	200	200
24000–30000	1	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	50	90	150	200	250	250	250	250

III OUTPATIENT DEPARTMENT SAMPLING INSTRUCTIONS

A. Determining the Take Every (TE) Number

Use the table on page 5. Get counts of visits from page 16 of the NHAMCS-101, Questionnaire.

1. Go across the top of the table and find the range that includes the number of visits expected for the individual outpatient clinic.
2. Go down the column on the left of the table until you find the range containing the total number of visits for the entire OPD. If you can not find the number of total visits in any of these ranges (i.e., this number exceeds all ranges), call the regional office supervisor immediately.
3. Look across the row (line) containing the number of visits for the entire OPD and find where it intersects the column containing the number of visits for the individual clinic. The number located in the box where this column and row intersect is the Take Every number.
4. Enter this number in column (e) on page 16 of the NHAMCS-101, Questionnaire and in Section B, item 1, on the cover of the NHAMCS-101(U), Ambulatory Unit Record. Repeat the process for each clinic listed.
5. If a sampling unit has less than 30 expected visits, then the Take Every number should be 1.

B. Determining the Random Start Number

Next, select the Random Start numbers. Refer to the label on the back of the NHAMCS-101, Questionnaire. The label has a row or heading of TE numbers and a column or left margin of ten numbered rows. Random Start numbers (between 1 and the TE number) are located in the table's cells. The Random Start number should NEVER be greater than the Take Every number. To determine the Random Start number for the first outpatient clinic listed, follow these steps:

1. You determined the clinic's TE number above in part III.A. Find the clinic's TE number in the table heading on the label on the back of the NHAMCS-101, Questionnaire.
2. For the first listed service area, start with row 1, (or next available row if others were previously used), then look across the row and find where it intersects the column headed by the TE number. The number located in this cell is the Random Start number.
3. Circle the number and enter it in column (f) on page 16 of the NHAMCS-101, Questionnaire. Also enter this Random Start number in Section B, item 2, on the cover of the NHAMCS-101(U), Ambulatory Unit Record.
4. If the Take Every number is 1, then the Random Start number should be 1.

Do the same for any additional outpatient clinics, each time using the appropriate TE determined for the area and the next available row. Should you run out of available rows, contact your regional office supervisor and provide him or her with the TE numbers of all remaining units. Your supervisor will determine all remaining Random Start numbers.

TABLE OF TAKE EVERY NUMBERS

VISITS TO THE ENTIRE OPD	VISITS TO THE INDIVIDUAL OUTPATIENT CLINICS																								
	1 39	40 79	80 119	120 149	150 179	180 209	210 239	240 269	270 299	300 399	400 599	600 899	900 1199	1200 1499	1500 1799	1800 2099	2100 2399	2400 2699	2700 2999	3000 3999	4000 9999	10000 11999	12000 14999	15000 17999	18000 20999
1–349	1	2	2	2	2	2	2	2	2	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
350–599	1	2	3	3	3	3	3	3	3	3	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
600–749	1	2	3	4	4	4	4	4	4	4	4	4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
750–899	1	2	3	4	5	5	5	5	5	5	5	5	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
900–1049	1	2	3	4	5	6	6	6	6	6	6	6	6	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1050–1199	1	2	3	4	5	6	7	7	7	7	7	7	7	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1200–1349	1	2	3	4	5	6	7	8	8	8	8	8	8	8	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1350–1499	1	2	3	4	5	6	7	8	9	9	9	9	9	9	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1500–1749	1	2	3	4	5	6	7	8	9	10	10	10	10	10	10	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1750–2499	1	2	3	4	5	6	7	8	9	10	15	15	15	15	15	15	15	15	NA	NA	NA	NA	NA	NA	NA
2500–3499	1	2	3	4	5	6	7	8	9	10	15	20	20	20	20	20	20	20	20	20	NA	NA	NA	NA	NA
3500–5499	1	2	3	4	5	6	7	8	9	10	15	20	30	30	30	30	30	30	30	30	30	NA	NA	NA	NA
5500–7499	1	2	3	4	5	6	7	8	9	10	15	20	30	40	40	40	40	40	40	40	40	NA	NA	NA	NA
7500–8999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	50	50	50	50	50	50	NA	NA	NA	NA
9000–10499	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	60	60	60	60	60	60	NA	NA	NA
10500–11999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	70	70	70	70	70	70	NA	NA	NA
12000–13499	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	70	80	80	80	80	80	80	NA	NA
13500–14999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	70	80	90	90	90	90	90	NA	NA
15000–19999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	70	80	90	100	100	100	100	100	100
20000–39999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	70	80	90	100	200	200	200	200	200
40000–59999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	70	80	90	100	200	300	300	300	300
60000–74999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	70	80	90	100	200	300	400	400	400
75000–89999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	70	80	90	100	200	300	400	500	500
90000–104999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	70	80	90	100	200	300	400	500	600
105000–119999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	70	80	90	100	200	300	400	500	600

V SPECIAL INSTRUCTIONS FOR OUTPATIENT DEPARTMENT SAMPLING

(Updating lists for OPDs with more than 5 clinics)

For previously participating hospitals with more than 5 clinics, a printout is attached to page 16 of the NHAMCS-101, Questionnaire. This printout lists the name and classification of eligible clinics previously reported. Ineligible clinics are not included. Update the list as follows:

If the hospital provides their own listing, compare the two listings. Make sure each eligible clinic on the hospital's list is recorded on the printout attached on page 15 of the NHAMCS-101, Questionnaire. Update the attached list by:

(1) Crossing through any clinics on the list which no longer exist or are no longer operational in that hospital.

(2) Adding the names of any new clinics which have been created or have become operational in that hospital. For each new clinic added to the list, be sure to obtain the proper specialty code. Remember, include only ELIGIBLE clinics.

(3) Obtaining an estimate of visits for each clinic, covering the 4-week reporting period. Enter the estimate in column (c) of the attached listing.

If the hospital does not provide a listing of their own, show the hospital representative your listing and update it as instructed above.

After updating the listing (i.e., verifying, adding, deleting, etc.), FAX the updated list (and any listing provided by the hospital) to the regional office. The regional office will choose the clinics for sample and provide you with the sampling instructions. Upon receiving the instructions, attach a copy of the completed clinic listing showing sampled clinics, the Take Every and Random Start numbers, etc. to page 15 of the NHAMCS-101, Questionnaire.

VI AMBULATORY SURGERY CENTER SAMPLING INSTRUCTIONS

A. Determining the Take Every (TE) Number

Use the table on page 9. Get counts of visits from page 19 of the NHAMCS-101, Questionnaire.

1. Go across the top of the table and find the range that includes the number of visits expected for the ASC patient visit log/list.
2. Go down the column on the left of the table until you find the range containing the total number of visits for the entire ASC. If you can not find the number of total visits in any of these ranges (i.e., this number exceeds all ranges), call the regional office supervisor immediately.
3. Look across the row (line) containing the number of visits for the entire ED and find where it intersects the column containing the number of visits for the ASC patient visit log/list. The number located in the box where this column and row intersect is the Take Every number.
4. Enter this number in column (d) on page 19 of the NHAMCS-101, Questionnaire and in Section B, item 1, on the cover of the NHAMCS-101(U), Ambulatory Unit Record. Repeat the process for each ASC patient visit log/list.
5. If an ASC has less than 30 expected visits, then the Take Every number should be 1.

B. Determining the Random Start Number

Next, select the Random Start numbers. Refer to the label on the back of the NHAMCS-101, Questionnaire. The label has a row or heading of TE numbers and a column or left margin of ten numbered rows. Random Start numbers (between 1 and the TE number) are located in the table's cells. The Random Start number should NEVER be greater than the Take Every number. To determine the Random Start number for the first ASC patient visit log/list, follow these steps:

1. You determined the service area's TE number above in part VI.A. Find the service area's TE number in the table heading on the label on the back of the NHAMCS-101, Questionnaire.
2. For the first listed ASC patient visit log/list, start with row 1, (or next available row if others were previously used), then look across the row and find where it intersects the column headed by the TE number. The number located in this cell is the Random Start number.
3. Circle the number and enter it in column (e) on page 19 of the NHAMCS-101, Questionnaire. Also enter this Random Start number in Section B, item 2, on the cover of the NHAMCS-101(U), Ambulatory Unit Record.
4. If the Take Every number is 1, then the Random Start number should be 1.

Do the same for any additional ASC patient visit logs/lists, each time using the appropriate TE determined for the area and the next available row.

TABLE OF TAKE EVERY NUMBERS

VISITS TO ALL ASCs	VISITS ON INDIVIDUAL AMBULATORY SURGERY CENTER LOG																				
	1 10	11 15	16 20	21 25	26 30	31 35	36 40	41 45	46 50	51 75	76 100	101 125	126 150	151 175	176 200	201 225	226 250	251 500	501 750	751 1000	1001 1250
1–119	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
120–249	2	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
250–349	2	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
350–499	2	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
500–599	2	3	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
600–699	2	3	4	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
700–849	2	3	4	5	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
850–949	2	3	4	5	6	7	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
950–1099	2	3	4	5	6	7	8	9	9	9	9	9	9	9	9	9	9	9	9	9	9
1100–1199	2	3	4	5	6	7	8	9	10	10	10	10	10	10	10	10	10	10	10	10	10
1200–1799	2	3	4	5	6	7	8	9	10	15	15	15	15	15	15	15	15	15	15	15	15
1800–2399	2	3	4	5	6	7	8	9	10	15	20	20	20	20	20	20	20	20	20	20	20
2400–2999	2	3	4	5	6	7	8	9	10	15	20	25	25	25	25	25	25	25	25	25	25
3000–3599	2	3	4	5	6	7	8	9	10	15	20	25	30	30	30	30	30	30	30	30	30
3600–4199	2	3	4	5	6	7	8	9	10	15	20	25	30	35	35	35	35	35	35	35	35
4200–4799	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	40	40	40	40	40	40
4800–5399	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	45	45	45	45	45
5400–5999	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	50	50	50	50	50
6000–11999	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	50	100	100	100	100
12000–17999	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	50	100	150	150	150
18000–23999	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	50	100	150	200	200
24000–29999	2	3	4	5	6	7	8	9	10	15	20	25	30	35	40	45	50	100	150	200	250

24 Hour Observation, GM

A

Abdominal Surgery, **SURG**
Abortion/Pregnancy Termination, **OS**
Abuse (Child)/Sexual Assault, **PED**
Acupuncture, **OS**
Adolescent Gynecology, **OBG**
Adolescent Medicine, **PED**
Adolescent/Young Adult, **PED**
Adult Day Care, **OS**
Adult HIV, **GM**
Adult – Screening, **GM**
After hours (Pediatric), **PED**
AIDS, **GM**
Airway (Pediatric), **PED**
Alcohol Abuse, **SA**
Alcohol Walk-in, **SA**
Allergy (Adult), **GM**
Allergy (Pediatric), **PED**
Ambulatory Care, **GM**
Ambulatory Surgery Center, **OS**
Amniocentesis, **OS**
Amputee, **SURG**
Andrology, **GM**
Anesthesia, **OS**
Anesthesiology, **OS**
Anorectal, **SURG**
Antepartum, **OBG**
Anticoagulation, **GM**
Anxiety, **OT**
Apnea (Adult), **GM**
Apnea (Infant), **PED**
Arthritis/Rheumatology (Adult), **GM**
Arthritis/Rheumatology (Pediatric), **PED**
Arthroscopy, **OS**
Asthma, **GM**
Asthma (Pediatric), **PED**
Attention Deficit Disorder, **PED**
Audiology, **OS**

B

Back Care, **SURG**
Behavior & Development (Child), **PED**
Behavioral Medicine, **OTH**
Biofeedback, **OT**
Birth Control, **OBG**
Birth Defect, **PED**
Blood Bank, **OS**
Bone Density Screening, **OS**
Bone Marrow Aspiration, **SURG**
Bone Marrow Transplant, **SURG**
Brain Tumor, **GM**
Breast, **SURG**
Breast Care, **SURG**
Breast Medical Oncology, **GM**
Burn, **SURG**

C

Cancer Center, **GM**
Cancer Screening, **GM**
Cardiac (Pediatric), **PED**
Cardiac Catheterization, **OS**
Cardiology (Adult), **GM**
Cardiology (Pediatric), **PED**
Cardiothoracic Surgery, **SURG**
Cardiovascular, **GM**
Cardiovascular Surgery, **SURG**
Cast/Brace, **SURG**
CAT Scan & Imaging, **OS**
CD4, **GM**
Cerebral Palsy (Adult), **GM**
Cerebral Palsy (Child), **PED**
Chemical Dependence
(excluding Methadone Maintenance), **SA**
Chemotherapy, **OS**
Chest, **GM**
Chest (Pediatric), **PED**
Chest TB, **GM**
Chief Resident (Follow-up Surgery), **SURG**
Child
Abuse/Sexual Assault, **PED**
Behavior & Development, **PED**
Cerebral Palsy, **PED**
Cystic Fibrosis, **PED**
Down's Syndrome, **PED**
Hemophilia, **PED**
Psychiatry **OT**
Sickle Cell, **PED**
Spina Bifida, **PED**
Chiropractic, **OS**
Chorea/Huntington's Disease, **GM**
Chronic Wound, **SURG**
Cleft Palate, **SURG**
Clotting (Pediatric), **PED**
Club Foot, **SURG**
Coagulant, **GM**
Cochlear, **SURG**
Colon & Rectal Surgery, **SURG**
Colonoscopy, **OS**

Alphabetic Listing – Continued

C – Continued

Colposcopy, **OS**
Congenital Heart, **PED**
Congestive Heart Failure, **GM**
Connective Tissue, **GM**
Craniofacial, **SURG**
Craniomalformation, **PED**
Cricital Care (Pediatric), **PED**
Cryosurgery, **SURG**
Cystic Fibrosis (Adult), **GM**
Cystic Fibrosis (Child), **PED**
Cystoscopy, **OS**
Cytomegalovirus (CMV), **GM**

D

Day Hospital, **OS**
Dental, **OS**
Dental Surgery, **OS**
Dermatology (Adult), **GM**
Dermatology (Pediatric), **PED**
Developmental Disability, **PED**
Developmental Evaluation, **PED**
Diabetes, **GM**
Diabetes (Pediatric), **PED**
Diabetic Foot Clinic, **OS**
Diagnostic (Pediatric), **PED**
Diagnostic X-ray (Imaging)/Radiology, **OS**
Dialysis, **OS**
Dietary, **OS**
Digestive Disease, **GM**
Down's Syndrome (Adult), **GM**
Down's Syndrome (Child), **PED**
Drug Abuse
(excluding Methadone Maintenance), **SA**
Drug Detoxification
(excluding Methadone Maintenance), **SA**
Drug Immunotherapy, **OS**
Dysplasia (Gynecologic), **OBG**

E

Eating Disorder, **OT**
Echocardiology, **OS**
Elective Surgery, **SURG**
Electrocardiogram (ECG), **OS**
Electroconvulsive Therapy (ECT), **OS**
Electromyography, **OS**
Employee Health Service, **OS**
Endocrinology (Adult), **GM**
Endocrinology (Gynecologic), **OBG**
Endocrinology (Pediatric), **PED**
Endocrinology (Reproductive), **OBG**
Endoscopy, **OS**
ENT (Ear, Nose, & Throat) (Adult), **SURG**
ENT (Ear, Nose, & Throat) (Pediatric), **SURG**
Epilepsy, **GM**
Epilepsy (Pediatric), **PED**
Eye, **SURG**

F

Family Planning, **OBG**
Family Practice, **GM**
Feeding Disorder (Child), **PED**
Fertility, **(OBG)**
Fetal Diagnostic Testing, **OS**
Fine Needle Aspiration, **SURG**
Fracture, **SURG**

G

Gastroenterology (Adult), **GM**
Gastroenterology (Pediatric), **PED**
Gastrointestinal (Pediatric), **PED**
General Medicine, **GM**
General Medicine (Outreach Program), **GM**
General Pediatrics, **PED**
General Practice, **GM**
General Preventive Medicine, **OT**
General Surgery, **SURG**
Genetics (Adult), **GM**
Genetics (Pediatric), **PED**
Genitourinary, **SURG**
Genitourinary Surgery, **SURG**
Geriatric Medicine, **GM**
Geriatric Psychiatry, **OT**
GI (Pediatric), **PED**
Growth Hormone, **PED**
Gynecology (OBG)
Adolescent, **OBG**
Dysplasia, **OBG**
Endocrinologic, **OBG**
Oncologic, **OBG**
Pediatric **OBG**
Preteen, **OBG**

Alphabetic Listing – Continued

H – Continued

Hand Surgery, **SURG**
Head (non-Surgical), **GM**
Headache (Neurology), **OT**
Head & Neck (non-Surgical), **GM**
Head & Neck Surgical, **SURG**
Hearing & Speech, **OS**
Heart Transplant, **SURG**
Hematology (Adult), **GM**
Hematology (Pediatric), **PED**
Hemodialysis, **OS**
Hemoglobinopathy (Pediatric), **PED**
Hemophilia (Adult), **GM**
Hemophilia (Child), **PED**
Hepatology, **GM**
High Risk Obstetrics, **OBG**
High Risk Pediatrics, **PED**
HIV Adult, **GM**
HIV Obstetrics, **OBG**
HIV Pediatrics, **PED**
Holistic Medicine, **GM**
Home Intravenous Therapy, **OS**
Homeless, **GM**
Huntington's Disease/Chorea, **GM**
Hyperbaric oxygen, **OT**
Hyperlipidemia (Adult), **GM**
Hyperlipidemia (Pediatric), **PED**
Hypertension, **GM**

I

Imaging & CAT Scan, **OS**
Immunization, **PED**
Immunology, **GM**
Immunology (Pediatric), **PED**
Immunosuppression, **GM**
In Vitro Fertilization, **OBG**
Infectious Disease (Adult), **GM**
Infectious Disease (Pediatric), **PED**
Infertility, **OBG**
Infusion, **OS**
Infusion Therapy, **OS**
Injury, **SURG**
Injury (Pediatric), **SURG**
Internal Medicine (Adult), **GM**
Internal Medicine (Pediatric), **PED**
IV Therapy, **OS**

K

Kidney (Renal) Dialysis, **OS**
Knee, **SURG**

L

Laser Surgery, **OS**
Lasik Surgery, **OS**
Lead Poisoning (Adult), **GM**
Lead Poisoning (Pediatric), **PED**
Learning Disorder, **PED**
Leukemia, **GM**
Lipid, **GM**
Lithotripsy, **OS**
Liver, **GM**
Lupus (Systemic Lupus Erythematosus/SLE), **GM**

M

Mammography, **OS**
Maternal Health, **OBG**
Maternity, **OBG**
Medical Oncology, **GM**
Medical Screening, **GM**
Melanoma, **GM**
Mental Health, **OT**
Mental Hygiene, **OT**
Metabolic, **GM**
Metabolic (Pediatric), **PED**
Methadone Maintenance, **OS**
Movement & Memory Disorders, **GM**
Multiple Sclerosis (MS), **GM**
Muscular Dystrophy (MD), **GM**
Myasthenia Gravis, **OT**
Myelomeningocele, **OT**

N

Neonatal, **PED**
Neonatal Follow-up, **PED**
Neonatology, **PED**
Nephrology (Adult), **GM**
Nephrology (Pediatric), **PED**
Neurocutaneous, **GM**
Neurofibromatosis,**OT**
Neurology (Adult), **OT**
Neurology (Pediatric), **OT**
Neuromuscular, **OT**
Neurophysiology, **OT**
Neuropsychiatry, **OT**
Neurosensory, **OT**
Neurosurgery, **SURG**
Newborn, **PED**
Non-surgical Head, **GM**
Non-surgical Head & Neck, **GM**
Nuclear Medicine, **OS**
Nurse Clinic/Nurse Only, **OS**
Nutrition, **OS**

O

Obesity (Adult), **GM**
Obesity (Pediatric), **PED**
Observation, 23/24 Hour, **GM**
Obstetrics (OBG)
- High Risk, **OBG**
- HIV, **OBG**
- Perinatal, **OBG**
- Post Partum, **OBG**
- Prenatal, **OBG**

Occupational Health, **OS**
Occupational Medicine, **GM**
Occupational Safety & Health, **OS**
Occupational Therapy, **OS**
Oncology (GM)
Breast Medical, **GM**
Gynecologic, **OBG**
Medical, **GM**
Pediatric, **PED**
Radiation, **OS**
Surgical, **SURG**
Ophthalmologic Surgery, **SURG**
Ophthalmology (Adult), **SURG**
Ophthalmology (Pediatric), **SURG**
Optometry, **OS**
Oral Surgery, **OS**
Orthopedic Surgery, **SURG**
Orthopedics (Adult), **SURG**
Orthopedics (Pediatric), **SURG**
Orthotics, **OS**
Ostomy, **SURG**
Otolaryngologic Surgery, **SURG**
Otolaryngology (Adult), **SURG**
Otolaryngology (Pediatric), **SURG**
Otology, **SURG**
Otorhinolaryngology, **SURG**
Outreach Program (General Medicine), **GM**

P

Pacemaker, **GM**
Pain, **OT**
Pain Management, **OT**
Pain Medicine, **OT**
Palliative Medicine, **OT**
Partial Hospitalization, **OS**
Partial Hospitalization Program (Psyc), **OS**
Path Lab, **OS**
Pathology, **OS**
Pediatric General, **PED**
Pediatric
- Airway, **PED**
- Allergy, **PED**
- Arthritis/Rheumatology, **PED**
- Cardiac, **PED**
- Cardiology, **PED**
- Chest, **PED**
- Clotting, **PED**
- Critical Care, **PED**
- Dermatology, **PED**
- Diabetes, **PED**
- Diagnostic, **PED**
- Endocrinology, **PED**
- ENT (Ear, Nose, & Throat), **SURG**
- Feeding Disorder, **PED**
- Gastroenterology, **PED**
- Gastrointestinal, **PED**
- General, **PED**
- Genetics, **PED**
- GI, **PED**
- Growth hormone, **PED**
- Gynecology, **OBG**
- Hematology, **PED**
- Hemoglobinopathy, **PED**
- High Risk, **PED**
- HIV, **PED**
- Hyperlipidemia, **PED**
- Immunization, **PED**
- Immunology, **PED**
- Infectious Diseases, **PED**
- Injury, **PED**
- Internal Medicine, **PED**
- Lead Poisoning, **PED**
- Learning Disorder, **PED**
- Nephrology, **PED**
- Neurology, **OT**
- Obesity, **PED**
- Oncology, **PED**
- Ophthalmology, **SURG**
- Orthopedics, **SURG**
- Otolaryngology, **SURG**
- Plastic Surgery, **SURG**
- Psychiatry, **OT**
- Pulmonary, **PED**
- Renal and Diabetes, **PED**
- Rheumatology/Arthritis, **PED**
- Scoliosis, **SURG**

P – Continued

Pediatric – Continued
- Short Stay, **PED**
- Spine, **SURG**
- Surgery, **SURG**
- Urology, **SURG**

Pentamidine, **GM**
Perinatal, **PED**
Perinatal (Obstetrics), **OBG**
Peripheral Vascular Disease, **GM**
Pharmacy, **OS**
Phenylketonuria, **PED**
Pheresis, **GM**
Physiatry, **OS**
Physical Medicine, **OS**
Physical Therapy, **OS**
Physiotherapy, **OS**
Pigmented Lesion, **GM**
Plasmapheresis, **GM**
Plastic Surgery (Adult), **SURG**
Plastic Surgery (Pediatric), **SURG**
Podiatry, **OS**
Postpartum (Obstetrics), **OBG**
Postoperative, **SURG**
Preoperative, **SURG**
Prader-Willi Syndrome, **PED**
Preadmission Testing, **OS**
Pregnancy Termination/Abortion, **OS**
Pregnancy Verification, **OBG**
Prenatal, **OBG**
Prenatal (Obstetrics), **OBG**
Preteen Gynecology, **OBG**
Preventive Medicine, **OT**
Primary Care, **GM**
Proctology, **SURG**
Psychiatry (Adolescent), **OT**
Psychiatry (Adult), **OT**
Psychiatry (Child), **OT**
Psychiatry (Geriatric), **OT**
Psychiatry (Pediatric), **OT**
Psychology, **OS**
Psychopharmacology, **OT**
Pulmonary (Adult), **GM**
Pulmonary (Pediatric), **PED**
Pulmonary Function Lab, **OS**
Pulmonary/Thoracic Surgery, **SURG**

R

Radiation Diagnosis, **OS**
Radiation Oncology, **OS**
Radiation Therapy, **OS**
Radiology/Diagnostic X-ray (imaging), **OS**
Reading & Language, **OS**
Rectal & Colon Surgery, **SURG**
Reference Lab, **OS**
Reference X-Ray, **OS**
Rehabilitation, **OS**
Renal, **GM**
Renal and Diabetes (Child), **PED**
Renal (Kidney) Dialysis, **OS**
Renal Surgery, **SURG**
Renal Transplant, **SURG**
Reproductive, **OBG**
Reproductive Endocrinology, **OBG**
Respiratory, **GM**
Rheumatic Heart Disease, **PED**
Rheumatology/Arthritis (Adult), **GM**
Rheumatology/Arthritis (Pediatric), **PED**

S

Same Day Surgery, **OS**
Sarcoidosis, **GM**
School Programs, **OS**
Scoliosis (Adult), **SURG**
Scoliosis (Pediatric), **SURG**
Screening (Adult), **GM**
Screening (Pediatric), **PED**
Screening and/or Walk-in, **GM**
Seizure, **GM**
Senior Care, **GM**
Sexual Assault/Abuse (Child), **PED**
Sexually Transmitted Diseases (STD), **GM**
Short Stay (Child), **PED**
Sickle Cell (Adult), **GM**
Sickle Cell (Child), **PED**
Sigmoidoscopy, **OS**
SLE/Systemic Lupus Erythematosus (Lupus), **GM**
Sleep Disorder, **OT**
Sleep Medicine, **OT**
Social Work, **OS**
Speech & Hearing, **OS**
Spina Bifida (Adult), **GM**
Spina Bifida (Child), **PED**
Spinal Cord Injury, **SURG**
Spine (Adult), **SURG**
Spine (Pediatric), **SURG**

S – Continued

Sports Medicine, **SURG**
STD/Sexually Transmitted Diseases, **GM**
Student Health Service/Center, **OS**
Substance Abuse (excluding Methadone Maintenance), **SA**
Surg, **SURG**
Surgery (Adult), **SURG**
Surgery (Pediatric), **SURG**
Surgery cancer detection, **SURG**
Surgical Oncology, **SURG**
Suture, **SURG**
Systemic Lupus Erythematosus/SLE (Lupus), **GM**
Substance Abuse, **SA**

T

Teen Health, **PED**
Teen-Tot, **PED**
Teenage, **PED**
Tele-health, **OS**
Thoracic Surgery/Pulmonary, **SURG**
Thyroid, **GM**
Toxicology, **OT**
Transfusion, **OS**
Transplant Medicine, **GM**
Transplant Surgery, **SURG**
Trauma, **SURG**
Trauma, Traumatic Surgery, **SURG**
Travel Medicine, **GM**
Tuberculosis, **GM**
Tumor (Brain & Other), **GM**

U

Ultrasound, **OS**
Urgent Care, **GM**
Urgent Care (Pediatric), **PED**
Urodynamics, **SURG**
Urologic Surgery, **SURG**
Urology (Adult), **SURG**
Urology (Pediatric), **SURG**

V

Vascular, **GM**
Vascular Surgery, **SURG**
Vertical Balance, **OS**
Visual Fields, **SURG**

W

Walk-in – Alcohol, **SA**
Walk-in and/or Screening, **GM**
Weight Management, **GM**
Well Child Care, **PED**
Well Woman, **OBG**
Wellness, **GM**
Women's Alcohol Program, **SA**
Women's Care, **OBG**
Wound Care, **SURG**

GENERAL MEDICINE (GM)

23/24 Hour Observation
Adult – Screening
Adult HIV
AIDS
Allergy (Adult)
Ambulatory Care
Andrology
Anticoagulation
Apnea (Adult)
Arthritis/Rheumatology (Adult)
Asthma
Brain Tumor
Breast Medical Oncology
Cancer Center
Cancer Screening
Cardiology (Adult)
Cardiovascular
CD4
Cerebral Palsy (Adult)
Chest
Chest TB
Chorea/Huntington's Disease
Coagulant
Congestive Heart Failure
Connective Tissue
Cystic Fibrosis (Adult)
Cytomegalovirus (CMV)
Dermatology
Diabetes
Digestive Disease
Down's Syndrome (Adult)
Endocrinology (Adult)
Epilepsy
Family Practice
Gastroenterology (Adult)
General Medicine
General Medicine (Outreach Program)
General Practice
Genetics (Adult)
Geriatric Medicine
Head (non-Surgical)
Head & Neck (non-Surgical)
Hematology (Adult)
Hemophilia (Adult)
Hepatology
HIV (Adult)
Holistic Medicine
Homeless
Huntington's Disease/Chorea
Hyperlipidemia (Adult)
Hypertension
Immunology
Immunosuppression
Infectious Diseases (Adult)
Internal Medicine (Adult)
Lead Poisoning (Adult)
Leukemia
Lipid
Liver
Lupus (Systemic Lupus Erythematosus/SLE)
Medical Oncology
Medical Screening
Melanoma
Metabolic
Movement & Memory Disorders
Multiple Sclerosis (MS)
Muscular Dystrophy (MD)
Nephrology (Adult)
Neurocutaneous
Non-Surgical Head
Non-Surgical Head & Neck
Obesity (Adult)
Occupational Medicine
Oncology
Outreach Program (General Medicine)
Pacemaker
Pentamidine
Peripheral Vascular Disease
Pheresis
Pigmented Lesion
Plasmapheresis
Primary Care
Pulmonary (Adult)
Renal
Respiratory
Rheumatology/Arthritis (Adult)
Sarcoidosis
Screening (Adult)
Screening – Cancer
Screening and/or Walk-in
Seizure
Senior Care
Sexually Transmitted Diseases (STD)
Sickle Cell (Adult)
SLE/Systemic Lupus Erythematosus (Lupus)
Spina Bifida (Adult)
STD/Sexually Transmitted Diseases
Systemic Lupus Erythematosus/SLE (Lupus)
Thyroid
Transplant Medicine
Tuberculosis
Travel Medicine
Tumor
Urgent Care
Vascular
Walk-in and/or Screening
Weight Management
Wellness

IX OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
By Specialty Group

SURGERY (SURG)

Abdominal Surgery
Amputee (Surgery & Rehab)
Anorectal
Back Care
Bone Marrow Aspiration
Bone Marrow Transplant
Breast
Breast Care
Burn
Cardiothoracic Surgery
Cardiovascular Surgery
Cast/Brace
Chief Resident (Follow-up Surgery)
Chronic Wound
Cleft Palate
Club Foot
Cochlear
Colon & Rectal Surgery
Craniofacial
Cryosurgery
Elective Surgery
ENT (Ear, Nose, & Throat) (Adult)
ENT (Ear, Nose, & Throat) (Pediatric)
Eye
Fine Needle Aspiration
Fracture
General Surgery
Genitourinary
Genitourinary Surgery
Hand Surgery
Head & Neck Surgery
Heart Transplant
Injury
Injury (Pediatric)
Knee
Neurosurgery
Oncologic Surgery
Ophthalmologic Surgery
Ophthalmology (Adult)
Ophthalmology (Pediatric)
Orthopedic Surgery
Orthopedics (Adult)
Orthopedics (Pediatric)
Ostomy
Otolaryngologic Surgery
Otolaryngology (Adult)
Otolaryngology (Pediatric)
Otology
Otorhinolaryngology
Plastic Surgery (Adult)
Plastic Surgery (Pediatric)
Postoperative
Preoperative
Proctology
Pulmonary/Thoracic Surgery
Rectal & Colon Surgery
Renal Surgery
Renal Transplant
Scoliosis (Adult)
Scoliosis (Pediatric)
Spinal Cord Injury
Spine (Adult)
Spine (Pediatric)
Sports Medicine
Surg
Surgery (Adult)
Surgery (Pediatric)
Surgery cancer detection
Surgical Oncology
Suture
Thoracic Surgery/Pulmonary
Transplant Surgery
Trauma
Traumatic Surgery
Urodynamics
Urologic Surgery
Urology (Adult)
Urology (Pediatric)
Vascular Surgery
Visual Fields
Wound Care

A Surgical clinic is similar to a surgeon's office-based practice in terms of reasons for the patient's visit, diagnoses recorded, and procedures performed. Patients may be seen in Surgical clinics for the following reasons: complaints which may eventually result in surgery (e.g., chronic abdominal pain); preoperative and postoperative exams; second opinions regarding surgery; and minor surgical procedures. A Surgical clinic may have a special room within the clinic where these procedures are performed or in some cases, they may be done in the examination room. The staff of a Surgical clinic tends to remain fixed with the exception of rotating interns and residents in some hospitals.

IX OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
By Specialty Group

PEDIATRICS (PED)

Abuse (Child)/Sexual Assault
Adolescent Medicine
Adolescent/Young Adult
After hours (Pediatric)
Airway (Pediatric)
Allergy (Pediatric)
Apnea (Infant)
Arthritis/Rheumatology (Pediatric)
Asthma (Pediatric)
Attention Deficit Disorder
Behavior & Development (Child)
Birth Defect
Cardiac (Pediatric)
Cardiology (Pediatric)
Cerebral Palsy (Child)
Chest (Pediatric)
Clotting (Pediatric)
Congenital Heart
Craniomalformation
Critical Care (Pediatric)
Cystic Fibrosis (Child)
Dermatology (Pediatric)
Developmental Disability
Developmental Evaluation
Diabetes (Pediatric)
Diagnostic (Pediatric)
Down's Syndrome (Child)
Endocrinology (Pediatric)
Epilepsy (Pediatric)
Feeding Disorder (Pediatric)
Gastroenterology (Pediatric)
Gastrointestinal (Pediatric)
General Pediatrics
Genetics (Pediatric)
GI (Pediatric)
Growth Hormone
Hematology (Pediatric)
Hemoglobinopathy (Pediatric)
Hemophilia (Child)
High Risk Pediatrics
HIV Pediatrics
Hyperlipidemia (Pediatric)
Immunization
Immunology (Pediatric)
Infectious Diseases (Pediatric)
Internal Medicine (Pediatric)
Lead Poisoning (Pediatric)
Learning Disorder
Metabolic (Pediatric)
Neonatal
Neonatal Follow-up
Neonatology
Nephrology (Pediatric)
Newborn
Obesity (Pediatric)
Oncology (Pediatric)
Pediatrics
Perinatal
Phenylketonuria
Prader-Willi Syndrome
Pulmonary (Pediatric)
Renal and Diabetes (Pediatric)
Rheumatic Heart Disease
Rheumatology/Arthritis (Pediatric)
Screening (Pediatric)
Sexual Assault/Abuse (Child)
Short Stay (Pediatric)
Sickle Cell (Child)
Spina Bifida (Child)
Teen Health
Teen-Tot
Teenage
Urgent Care (Pediatric)
Well Child Care

IX OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
By Specialty Group

OBSTETRICS/GYNECOLOGY (OBG)

Adolescent Gynecology
Antepartum
Birth Control
Dysplasia (Gynecologic)
Endocrinology (Gynecologic)
Endocrinology (Reproductive)
Family Planning
Fertility
Gynecology
Gynecology (Adolescent)
Gynecology (Dysplasia)
Gynecology (Endocrinologic)
Gynecology (Oncologic)
Gynecology (Pediatric)
Gynecology (Preteen)
High Risk Obstetrics
HIV Obstetrics
In Vitro Fertilization
Infertility
Maternal Health
Maternity
Obstetrics
Oncology (Gynecologic)
Perinatal (Obstetrics)
Postpartum (Obstetrics)
Pregnancy Verification
Prenatal
Prenatal (Obstetrics)
Preteen Gynecology
Reproductive
Reproductive Endocrinology
Well Woman
Women's Care

SUBSTANCE ABUSE (SA)

Alcohol Abuse
Alcohol Detoxification
Alcohol Walk-in
Chemical Dependency
(excluding Methadone Maintenance)
Drug Abuse
(excluding Methadone Maintenance)
Drug Detoxification
(excluding Methadone Maintenance)
Substance Abuse
(excluding Methadone Maintenance)
Walk-in – Alcohol
Women's Alcohol Program

OTHER (OT)

Anxiety
Behavioral Medicine
Biofeedback
Eating Disorder
General Preventive Medicine
Geriatric Psychiatry
Headache (Neurology)
Hyperbaric oxygen
Mental Health
Mental Hygiene
Myasthenia Gravis
Myelomeningocele
Neurofibromatosis
Neurology (Adult)
Neurology (Pediatric)
Neuromuscular
Neurophysiology
Neuropsychiatry
Neurosensory
Pain
Pain Medicine
Pain Management
Palliative Medicine
Preventive Medicine
Psychiatry (Adolescent)
Psychiatry (Adult)
Psychiatry (Child)
Psychiatry (Geriatric)
Psychiatry (Pediatric)
Psychopharmacology
Sleep Disorder
Sleep Medicine
Toxicology

INELIGIBLE CLINICS (OS)

EXCLUDE the following clinics from the list of eligible clinics.

Abortion/Pregnancy Termination
Acupuncture
Adult Day Care
Ambulatory Surgery Center
Amniocentesis
Anesthesia
Anesthesiology
Arthroscopy
Audiology
Blood Bank
Bone Density Screening
Bronchosopy
Cardiac Catheterization
CAT Scan & Imaging
Chemotherapy
Chiropractic
Colonoscopy
Colposcopy
Cystoscopy
Day Hospital
Dental
Dental Surgery
Diabetic Foot Clinic
Diagnostic X-ray (imaging)/Radiology
Dialysis
Dietary
Drug Immunotherapy
Echocardiology
Electrocardiogram (ECG)
Electroconvulsive Therapy (ECT)
Electromyography
Employee Health Service/Center
Endoscopy
Fetal Diagnostic Testing
Hearing & Speech
Hemodialysis
Home Intravenous Therapy
Imaging & CAT Scan
Infusion
Infusion Therapy
IV Therapy
Kidney (Renal) Dialysis
Laser Surgery
Lasik Surgery
Lithotripsy
Mammography
Methadone Maintenance
Nuclear Medicine
Nurse Clinic/Nurse Only
Nutrition
Occupational Health
Occupational Safety & Health
Occupational Therapy
Optometry
Oral Surgery
Orthotics
Partial Hospitalization
Partial Hospitalization Program (Psyc)
Path Lab
Pathology
Pharmacy
Physiatry
Physical Medicine
Physical Therapy
Physiotherapy
Podiatry
Preadmission Testing
Pregnancy Termination/Abortion
Psychology
Pulmonary Function Lab
Radiation Diagnosis
Radiation Oncology
Radiation Therapy
Radiology/Diagnostic X-ray (imaging)
Reading & Language
Reference Lab
Reference X-Ray
Rehabilitation
Renal (Kidney) Dialysis
Same Day Surgery
School Programs
Sigmoidoscopy
Social Work
Speech & Hearing
Student Health Service/Center
Tele-Health
Transfusion
Ultrasound
Vertical Balance

An Ambulatory Surgery Center (ASC) is similar in function to an operating room (OR). In some hospitals, the ASC is located in the OR. The **only** purpose of an ASC is to serve as an area where ambulatory surgery is performed. These areas may include specifically designed surgical suites, operating suites that are also used for inpatient surgery, and procedure rooms within an outpatient facility. Data from the 1995 National Survey of Ambulatory Surgery show that the four most commonly performed procedures were extraction of lens, endoscopy of large intestine, insertion of prosthetic lens, and endoscopy of small intestine. Physicians who utilize ASC's are usually staffed in other parts of the hospital or are from private practices; they **only** use the ASC to perform the actual surgery.

xI AMBULATORY UNIT DIRECTOR MEETING CHECKLIST

(1) Briefly state the purpose of the NHAMCS.

(2) Explain the ambulatory unit staff members' involvement with the study. They will:

- ☞ List all eligible patient visits during the SPECIFIED 4-week period. Changes to this reporting period are NOT permitted.
- ☞ Sample only certain visits using the Take Every and Random Start numbers.
- ☞ Complete a brief form for each of the sampled visits. Each form should take about five minutes to complete, and at most, the unit should only have to complete about 5 forms each day.

(3) Complete sections C through F of the Ambulatory Unit Record.

(4) Ask the director to designate staff to assist with the data collection activities.

Make sure all hours and shifts are covered.

Person completing forms should be knowledgeable about medical care and services and should have access to the medical records or patient visits.

Person performing listing and sampling should have access to arrival log(s).

Assign one member of the staff as "data coordinator" to oversee patient visit sampling and completion of Patient Record Forms.

(5) Arrange to meet with a designated staff member.

XII AMBULATORY UNIT STAFF INSTRUCTION CHECKLIST

(1) Verify that the patient list kept by ambulatory unit staff is usable for sampling. That is, ALL patient visits are listed and can be easily counted or numbered. (If not, provide a NHAMCS-103, Optional Patient Log).

(2) Who to List/Who Not to List on Patient Log

- List every eligible ambulatory patient visit in this unit during the 4-week reporting period.
- **Include** patients the doctor does not see but who receive care from a physician assistant, nurse, nurse practitioner, etc.
- **Exclude** persons who visit only for administrative reasons, such as to complete an insurance form or pay a bill.
- **Exclude** patients who do not seek care or services, for example, they come to pick up a prescription or leave a specimen.
- **Exclude** visits by persons currently admitted as inpatients to the sample hospital. **(Nursing home patients should be included, however.)**
- **Exclude** telephone contacts with patients.

(3) Explain sampling method —

- Define the Random Start number and explain how it is used only once at the beginning of the reporting period to start patient visit sampling.
- Discuss the Take Every number and demonstrate an example of its use. **Emphasize the importance of sampling continuously from the patient list – never start over at the beginning of a new day or shift.**
- Show staff the cover of the appropriate department instruction booklet. Take Every and Random Start numbers are provided at the bottom.

(4) Go over Patient Record Form items, paying careful attention to –

Outpatient Department Patient Record Form – NHAMCS-100(OPD)

ITEM 1g – Check the expected source(s) of payment for this visit.

ITEM 2 – Indicate whether the visit was related to an injury, poisoning, or adverse effect of medical/surgical treatment.

ITEM 3 – When possible, record in patient's own words using key words and phrases. If the patient is unable to respond, record the reason as stated by the person accompanying the patient.

ITEM 5a – Diagnosis can be tentative or definitive. However, exclude "rule out" diagnoses. The diagnoses should relate to the reason for visit recorded in item 3. Enter any other diagnoses (2 and 3) which exist at time of visit, if they are of any direct concern to the visit.

ITEM 5b – Mark all other chronic diseases that the patient has that were NOT entered in 5a.

ITEM 6 – Record the patient's height, weight, temperature, and blood pressure in the box next to the type of measurement.

ITEM 7 – Mark all diagnostic and/or screening services **ordered** or **provided** at **this** visit. Specify type for other scope procedure or other exam/test/service and site for biopsy.

ITEM 10 – List up to 8 drugs. Include prescription and over-the-counter medications, immunizations, allergy shots, and dietary supplements that were ordered, supplied or administered or continued during the visit. Indicate whether each is "New" or "Continued." Mark "NONE" if applicable.

Emergency Department Patient Record Form – NHAMCS-100(ED)

ITEM 1a – Indicate **(1)** the time of day the patient arrived, **(2)** time seen by physician, and **(3)** time of discharge for this visit. Make sure to indicate if the time is AM, PM or military and to mark the box if the patient was discharged more than 24 hours from the arrival time.

ITEM 1i – Check the primary expected source of payment for this visit.

ITEM 2 – Record the patient's initial temperature, heart rate, respiratory rate, blood pressure, pulse oximetry, and orientation.

ITEM 4 – When possible, record in patient's own words using key words and phrases. If the patient is unable to respond, record the reason as stated by the person accompanying the patient.

ITEM 5c – If the visit was related to an injury, poisoning, or adverse effect of medical/surgical treatment, describe in detail the events that preceded the injury, poisoning, or adverse effect. For example, driver of motor vehicle, lifting heavy machinery, bitten by spider, reaction to penicillin, etc. Also indicate where the injury, poisoning or adverse effect occurred (e.g., home, work, school), and if it was intentional. Provide as much detail as possible.

ITEM 6 – Diagnosis can be tentative or definitive. However, exclude "rule out" diagnoses. The diagnoses should relate to the reason for visit recorded in item 4. Enter any other diagnoses (2 and 3) which exist at time of visit, if they are of any direct concern to the visit.

ITEM 7 – Mark all diagnostic and/or screening services **ordered** or **provided** at **this** visit.

ITEM 9 – List up to 8 drugs given at this visit or prescribed at ED discharge. Include prescription and over-the-counter medications, immunizations, and anesthetics. Indicate whether it was "Given in ED" or "Rx at discharge." Mark "NONE" if applicable.

ITEM 12 – Complete item 12 on the reverse side of the Patient Record form, if the patient was admitted to the hospital.

(5) Instruct the hospital staff to refer to the item-by-item instructions in the Emergency Service Area or Outpatient Department Clinic Instruction Booklet, the Emergency Service Area or Outpatient Department Instruction Card, or the Job Aid Booklet for PRFs if they are unsure of how to complete any items on the Patient Record Form.

Remind the staff to tear off the top portion of the form containing the patient's name and identification number before they are collected.

Explain that the staff should never borrow Patient Record Forms from another participating ambulatory unit. Should they start running low, they should call you immediately.

(6) Explain that you will return at least once a week to collect completed forms, review the data collection activities, and assist in any other way needed.

XIII QUALITY CONTROL VISIT CHECKLIST

Make weekly quality control visits to:

(1) Verify patient visit log is complete, that is, all eligible patient visits are listed and all blocks of time the ambulatory unit is open are accounted for on the log.

(2) Ensure ambulatory unit staff are correctly sampling patient visits:

- ☞ Are ineligible visits being excluded from the list or the count of visits?
- ☞ Is the correct Random Start number being used to begin the sample selection? Is it being used only at the beginning of the reporting period?
- ☞ Is the correct Take Every number being used?
- ☞ Is the Take Every number being applied correctly?
- ☞ Is the sample being selected continuously, i.e., from shift to shift and/or day to day?

(3) Review completed Patient Record Forms paying careful attention to ensure:

- ☞ Patient Record Forms are completed for all patient visits selected from the patient log
- ☞ All items on the Patient Record Forms have entries
- ☞ All entries are legible

(4) Check supply of Patient Record Forms to ensure there is an adequate supply remaining to complete the reporting period.

(5) If applicable, examine pad of Patient Visit Logs to ensure the unit has an adequate supply.

(6) Answer any questions or resolve any problems the staff might be experiencing.

XIV Checklist For Conducting NHAMCS

(Step-by-Step Guide)

Task	Time Schedule and Sequence for Completing Forms	Form Used
1. Telephone Screener. Telephone hospital administrators to verify eligibility of hospital to participate in the study. If eligible, arrange appointment for meeting. Try to get an appointment as soon as possible.	3 months before assigned reporting period	NHAMCS-101, Questionnaire Section I
2. Induction Interview. Visit hospital to induct hospital administrator; explain data collection plan; solicit participation.	Attempt to schedule an appointment within 2 weeks of telephone screening.	NHAMCS-101, Questionnaire Section II
3. Complete Sections III, IV,and V (NHAMCS-101). Verify and collect basic information on the ED, OPD and ASC from the administrator.	During induction interview with the administrator, if possible. (You may have to schedule additional appointments to complete Sections III, IV and V, if the administrator designates other respondents.)	NHAMCS-101, Questionnaire Section III (for ED) and/or Section IV (for OPD)/and/or Section V for ASC
4. Develop Sampling Plan. Sample clinics, if necessary, and complete sampling plan for each ambulatory unit selected.	After completing Section IV of the NHAMCS-101.	NHAMCS-101, Questionnaire with instructions from the NHAMCS-124, Sampling and Information Booklet

XIV Checklist For Conducting NHAMCS – Continued

(Step-by-Step Guide)

Task	Time Schedule and Sequence for Completing Forms	Form Used
5. Complete the NHAMCS-101(U) for ambulatory units selected for participation.	During the meeting with the directors of each ED/OPD/ASC ambulatory unit.	NHAMCS-101(U), Ambulatory Unit Record Section B, items 3 and 4 Sections C-F
6. Brief outpatient clinic/ emergency service area staff on forms (NHAMCS Patient Record forms and Patient Log Forms, if the unit does not have an appropriate logging system) and procedures. Complete the cover items and Section I of the NHAMCS-122, 123 and 126 before the briefing session.	During and after each briefing session.	NHAMCS-122, Emergency Service Area Instruction Booklet, NHAMCS-173, NHAMCS-123, Outpatient Department Clinic Instruction Booklet, NHAMCS-174, and NHAMCS-250, Job Aid Booklet for PRFs NHAMCS-126 Ambulatory Surgery Center Instruction Booklet NHAMCS-176
7. Perform quality control visits to ensure data collection procedures are being followed accurately.	During regular weekly visits to each ambulatory unit.	None
8. Collect all completed forms and perform a thorough edit. Make call backs to retrieve missing information, if necessary.	After the weekly QC visit to each ED/OPD/ASC or after hospital's reporting period when all forms have been completed.	NHAMCS-131, Edit Ambulatory Unit Record Check List

XIV Checklist For Conducting NHAMCS – Continued

(Step-by-Step Guide)

Task	Time Schedule and Sequence for Completing Forms	Form Used
9. Record ambulatory unit patient visit and Patient Record Form totals. Record the final disposition of each ambulatory unit.	After the reporting period.	NHAMCS-101(U), Ambulatory Unit Record Section B, items 9 and 10, Section G. NHAMCS-101(U), Ambulatory Unit Record Section H
10. Update appropriate data coodinator and hospital staff.	Anytime during the study when there is a change of staff.	NHAMCS-101(U), Ambulatory Unit Record Section F
11. Complete the disposition and summary of the hospital's participation. Complete the Transmittal Record. Transmit completed forms to the RO.	After the reporting period.	NHAMCS-101, Questionnaire Section VI NHAMCS-102, Transmittal Folder
12. Send Thank-You Letters to hospital administrators and other staff who participated.	After the hospital's reporting period when all forms have been edited and transmitted.	NHAMCS-181(L), Thank-You Letter (Generic Thank-You Letter)

XV. QUICK REFERENCE
Categorizing NHAMCS Clinics
NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

Not all Pediatric clinics belong in the PED specialty group. The following are some exceptions:

Adolescent Gynecology **OBG**
Adolescent Psychiatry **OT**
Child Psychiatry **OT**
Pediatric ENT **SURG**
Pediatric Gynecology **OBG**
Pediatric Neurology **OT**
Pediatric Ophthalmology **SURG**
Pediatric Orthopedics **SURG**
Pediatric Otolaryngology **SURG**
Pediatric Plastic Surgery **SURG**
Pediatric Psychiatry **OT**
Pediatric Scoliosis **SURG**
Pediatric Spine **SURG**
Pediatric Surgery **SURG**
Pediatric Urology **SURG**
Preteen Gynecology **OBG**

Any clinic dealing with Obstetrics or Gynecology belongs in the OBG specialty group, regardless of any other specialization in the clinic name.

GYNECOLOGY

Adolescent Gynecology
Endocrinologic Gynecology
Oncologic Gynecology
Pediatric Gynecology
Preteen Gynecology

OBSTETRICS

HIV Obstetrics
Perinatal Obstetrics
Prenatal Obstetrics

Oncology and Endocrinology belong in the General Medicine specialty group. HOWEVER, if it is a specialized type of oncologic or endocrinologic clinic, then the specialized name in the title determines the categorization.

ONCOLOGY

Breast Medical Oncology **GM**
Dental Oncology **OS**
Gynecologic Oncology **OBG**
Medical Oncology **GM**
Surgical Oncology **SURG**
Pediatric Oncology **PED**
Radiation Oncology **OS**
Surgical Oncology **SURG**

ENDOCRINOLOGY

Endocrinology **GM**
Gynecologic Endocrinology **OBG**
Pediatric Endocrinology **PED**
Reproductive Endocrinology **OBG**

REMEMBER: This is only a quick reference! Please use the full list starting on page 7 to determine specialty groups for clinics not listed here.

XVI. HOSPITAL TRAUMA LEVEL RATINGS AND DESCRIPTIONS

National Hospital Ambulatory Medical Care Survey

NHAMCS-101, Item 9c (Page 4)

Level I – Provides comprehensive trauma care, serves as a regional resource, and provides leadership in education, research, and system planning.

A level I center is required to have immediate availability of trauma surgeons, anesthesiologists, physician specialists, nurses, and resuscitation equipment. American College of Surgeons' volume performance criteria further stipulate that level I centers treat 1200 admissions a year, 240 major trauma patients per year, or an average of 35 major trauma patients per surgeon.

Level II – Provides comprehensive trauma care either as a supplement to a level I trauma center in a large urban area or as the lead hospital in a less population-dense area.

Level II centers must meet essentially the same criteria as level I, but volume performance standards are not required and may depend on the geographic area served. Centers are not expected to provide leadership in teaching and research.

Level III – Provides prompt assessment, resuscitation, emergency surgery, and stabilization with transfer to a level I or II as indicated.

Level III facilities typically serve communities that do not have immediate access to a level I or II trauma center.

Level IV & V – Provides advanced trauma life support prior to patient transfer in remote areas in which no higher level of care is available.

The key role of the level IV center is to resuscitate and stabilize patients and arrange for their transfer to the closest, most appropriate trauma center level facility.

Level V trauma centers are not formally recognized by the American College of Surgeons, but they are used by some states to further categorize hospitals providing life support prior to transfer.

XVII. NHAMCS-101 Item 14o Flashcard

Which of the following procedures does your ED use?

1. Bedside registration
2. Computer-assisted triage
3. Separate fast track for non-urgent care
4. Separate operating room dedicated to ED patients
5. Electronic dashboard (i.e., displays updated patient information and integrates multiple data sources)
6. Radio frequency identification (RFID) tracking (i.e., shows exact location of patients, caregivers, and equipment)
7. Zone nursing (i.e., all of nurse's patients are located in one area)
8. "Pool" nurses (i.e., nurses that can be pulled to the ED to respond to surges in demand)
9. Full capacity protocol (i.e., allows some admitted patients to move from the ED to inpatient corridors while awaiting a bed)
10. None of the above