

NOTES

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1. Label

NHAMCS-101(FS)
(4-9-2009)
 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

**NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
 FREE-STANDING AMBULATORY SURGERY CENTERS
 2010 PANEL**

2a. ASC administrator contact information			b. ASC contact information		
Name	RECORD ON CONTROL CARD	Name	RECORD ON CONTROL CARD		
Title		Title			
Telephone number <i>(Area code and number)</i>		Telephone number <i>(Area code and number)</i>			
FAX number		FAX number			

Section I – TELEPHONE SCREENER

3. Field representative information		4. Record of telephone calls			
	FR Code	Call	Date	Time	Results
Telephone screener		1			
ASC induction		2			
		3			

5. Final outcome of ASC screening

1 Appointment

Day	Date	Time	a.m. p.m.
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2 Noninterview – Complete sections V and VI on page 19.

During your initial call to the ASC, attempt to speak to the contact person. If the contact person is not available at this time, determine when he/she can be reached and call again at the designated time. If, after several attempts, you are still unable to talk to the contact or have determined the contact is no longer an appropriate respondent, begin the interview with a representative of the contact person or new contact, as appropriate.

NOTES

Section I – TELEPHONE SCREENER – Continued

Part A. INTRODUCTION

Good (morning/afternoon) . . . , my name is (Your name). I am calling for the Centers for Disease Control and Prevention concerning their study of ambulatory surgery in free-standing ambulatory surgery centers and in hospitals. You should have received a letter from Dr. Edward J. Sondik, the director of the National Center for Health Statistics, describing the study. (Pause) You've probably also received a letter from the U.S. Census Bureau, which is collecting the data for the study.

6. Did you receive the letter(s)?
(If "No" or "DK," offer to send or deliver another copy.)

1 Yes – SKIP to STATEMENT A
2 No
3 Don't know

7a. Let me verify that I have the correct name and address for your ASC. Is the correct name (Read name from Control Card)?

1 Yes
2 No – Enter correct name ↘

RECORD ON CONTROL CARD

b. Is your ASC located at (Read address from Control Card)?

1 Yes
2 No – Enter ASC location ↘

Number and street

City State ZIP Code

RECORD ON CONTROL CARD

c. Is this also the mailing address?

1 Yes
2 No – Enter correct mailing address ↘

Number and street

City State ZIP Code

RECORD ON CONTROL CARD

STATEMENT A ▶ **(Although you have not received the letter,) I'd like to briefly explain the study to you at this time and answer any questions about it.**

Part B. VERIFICATION OF ELIGIBILITY

INTRODUCTION STATEMENT B1 ▶ **The National Center for Health Statistics of the Centers for Disease Control and Prevention is conducting an annual study of ambulatory care. The study began data collection in 1992. Beginning in 2010, free-standing ASCs are being included in the study. CDC has contracted with the U.S. Census Bureau to collect the data. (Name of ASC) has been selected to participate in the study. I am calling to arrange an appointment to discuss your participation. The study is authorized under the Public Health Service Act and the information will be held strictly confidential. Participation is voluntary.**

Before discussing the details, I would like to verify our basic information about (Name of ASC) to be sure we have correctly included this ASC in the study.

8a. Is ambulatory (outpatient) surgery or ambulatory diagnostic or therapeutic procedures currently performed in this facility?

1 Yes
2 No – SKIP to CHECK ITEM B on page 4.

NOTE: Do not ask item 8b if facility is an eye surgery center.

b. In this study we are excluding facilities that are exclusively family planning clinics, birthing centers, abortion clinics, podiatry centers or dentistry centers.

1 Yes – SKIP to CHECK ITEM B on page 4.
2 Continue with item 9.

Is (Name of facility) exclusively one of these?

9. Is this facility currently licensed by the state?

1 Yes
2 No

Section V – DISPOSITION AND SUMMARY

AMBULATORY UNIT CHECKLIST

16a. How many ASCs were selected for sample?
Enter 0 if no ASCs were selected for sample.

_____ Number of ASCs

Did you include a NHAMCS-101(U) for each?

1 Yes
2 No – Explain ↘

b. Number of ASC Patient Record Forms completed

_____ Number of ASC PRFs

17a. FINAL DISPOSITION

1 All eligible units completed Patient Record Forms } **END interview**
2 Some eligible units completed Patient Record Forms } **GO to Item 17b**
3 ASC refused } **Complete Section VI, NONINTERVIEW**
4 ASC closed }
5 ASC ineligible }

b. NATURE OF REFUSAL

1 Entire ASC refused
2 Some ASCs refused

Mark (X) all that apply.

FR NOTE – If one or more responses are marked in 17b, complete Section VI, NONINTERVIEW. If no responses marked, END INTERVIEW.

Section VI – NONINTERVIEW

18. What is the reason the ASC did not participate in this study?

1 ASC closed } **END INTERVIEW**
2 ASC not eligible }
3 ASC refused – SKIP to Item 19a }
4 Other – Specify ↘

END INTERVIEW

19a. At what point in the interview did the refusal/breakoff occur?
Mark (X) appropriate box(es)

1 During the telephone screening
2 During the ASC induction
3 After the ASC induction, but prior to assigned reporting period
4 During the assigned reporting period

b. By whom?

1 ASC administrator
2 ASC director
3 Approval board or official
4 Other ASC official

c. Was the refusal by telephone or in person?

1 Telephone
2 In person

d. What reason was given?

e. Was conversion attempted?

1 Yes
2 No

Section IV – AMBULATORY UNIT RECORD – Continued

Section H – FINAL DISPOSITION

1. FINAL DISPOSITION

Ambulatory unit

- 1 Participated
 - a Patients seen, *Continue to Item 2*
 - b No patients seen
- 2 Refused
- 3 Closed
 - a Temporary
 - b Permanent
- 4 Ineligible *↘*
 - a AU not under auspices of ASC
 - b Only ancillary services provided
 - c AU classified as out-of-scope
 - d Other – *Specify* *↘*

END

2. Who completed the patient record forms?

Mark (X) all that apply

- 1 ASC staff
- 2 FR – abstraction DURING reporting period
- 3 FR – abstraction AFTER reporting period
- 4 Other – *Specify* *↘*

NOTES

Section I – TELEPHONE SCREENER – Continued

Part B. VERIFICATION OF ELIGIBILITY

10. It is important for us to determine whether or not your facility operates under the License or Provider of Services (POS) number of a parent facility.

a. Does your ASC operate under the license of a parent facility?

- 1 Yes
- 2 No

b. Does your ASC operate under the Provider of Services (POS) number of a parent facility?

- 1 Yes
- 2 No

CHECK ITEM A

Refer to items 10a and 10b. Is "Yes" marked in ANY of these items?

1 Yes – **What is the name and address of your parent facility?**

Number and street

City State ZIP Code

RECORD ON CONTROL CARD

Thank you for your time and assistance. We may contact you again in a few days regarding participation in this study.

2 No – *SKIP to CHECK ITEM B on page 4.*

11. Is this facility owned, operated, or managed by –

- 1 A hospital
- 2 One or more physicians
- 3 Health maintenance organization
- 4 Another health care provider
- 5 A health care corporation that owns multiple health care facilities (e.g., HCA or Health South)
- 6 Other

12a. Is the ambulatory (outpatient) surgery performed here primarily one specialty?

1 Yes – **What is the specialty?** *↘* – *SKIP to Item 13*

2 No

b. Is the ambulatory (outpatient) surgery performed here multi-specialty?

- 1 Yes
- 2 No

NOTES

Section I - TELEPHONE SCREENER - Continued

Part B. VERIFICATION OF ELIGIBILITY

13a. Does this facility have any satellite facilities which perform ambulatory (outpatient) surgery?

- 1 Yes - Continue with item 13b
 2 No - SKIP to Check Item B

b. What are the names, addresses, and telephone numbers of the satellite facilities?

Name

Address

Telephone number

Record on Control Card

Name

Address

Telephone number

Record on Control Card

Name

Address

Telephone number

Record on Control Card

CHECK ITEM B

- 1 ASC meets eligibility requirements (item 8 is YES) - SKIP to Check Item B-1
 2 ASC is ineligible because it does not perform ambulatory surgery (item 8 is NO) - Go to CLOSING STATEMENT B1 on page 5.
 3 ASC is ineligible because it operates under a parent facility that is on the sampling frame - Go to CLOSING STATEMENT B2 on page 5.
 4 ASC is ineligible because specialty is out-of-scope (item 8b is YES) - Go to CLOSING STATEMENT B3 on page 5 (item 10a is YES).

CHECK ITEM B-1

ASC refused

- 1 Yes - SKIP to item a
 2 No - SKIP to Part C. STUDY DESCRIPTION on page 5

a. Determine whether facility has an eligible ASC and if so, inquire as to how many visits are expected during the reporting period.

Eligible ASC?

- 1 Yes - expected visits
 2 No

b. If unable to determine expected visits for the assigned reporting period, obtain the number of visits to the facility **last year**.

ASC visits last year

Go to Section V, DISPOSITION AND SUMMARY on page 19.

Section IV - AMBULATORY UNIT RECORD - Continued

Section D - VERIFICATION OF ESTIMATED VISITS

Verify with ASC director BEFORE data collection begins (and records have been pulled).

1. According to our information, about (number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate?

- 1 Yes - SKIP to section G
 2 No

2. About how many visits do you expect during the reporting period, to ?

Revised estimate

Determine if new Take Every and Random Start numbers must be calculated for this ASC.

3a. Divide the revised estimate by the original estimate from B-3.

$$\frac{\text{Revised estimate } \boxed{}}{\text{Original estimate } \boxed{}} = \boxed{} \text{ (Result)}$$

b. Is the result of (a) between 0.7 and 1.3?

- 1 Yes - SKIP to section G
 2 No

Section E - CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS ASC

1. Calculate new Take Every, using the appropriate table (page 18) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).

New Take Every

2. Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101(FS).

New Random Start

Section G - PATIENT RECORD FORM INFORMATION

1. Enter the range of Patient Record Forms that were ACTUALLY used by the unit.

FIRST FOLIO

FROM:

TO:

SECOND FOLIO

FROM:

TO:

THIRD FOLIO

FROM:

TO:

NOTES

Section IV – AMBULATORY UNIT RECORD

COMPLETE FOR EACH AMBULATORY UNIT SELECTED

Section A – AMBULATORY UNIT INFORMATION

a. Mark (X) specialty —
 1 GEN 2 MULTI 3 GI 4 OPH 5 ORTHO 6 PLASTIC 7 PAIN 8 OTHER

b. AU No. of
 Total AU's sampled within the ASC

Section B – SAMPLE INFORMATION

1. Take every number	4. Total estimated number of visits during reporting period for ALL operating rooms within the ASCs			
2. Random start number	5. REPORTING PERIOD (Month/Day/Year)	From: / /		
3. Estimated number of visits in this AU during reporting period		To: / /		
Item 6 is the AU No. from Section A, Item b. Items 7 and 8 are each 1.		6. SU number 7. Numerator 8. Denominator		
9. What was the total number of patient visits to this AU from (dates specified in B5)? (Refer to patient logs, etc. Ask if necessary. DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)	NUMBER OF VISITS			
	Week 1	Week 2	Week 3	Week 4
10. How many patient record forms were filled out for this AU?	NUMBER OF FORMS			
	Week 1	Week 2	Week 3	Week 4
11. Did this ambulatory unit use a single log/list or a multiple log/list?		1 <input type="checkbox"/> Single log/list 2 <input type="checkbox"/> Multiple log/list		

Section C – ASC INFORMATION AND LOGS

1. What are the usual operating hours of this unit?

Day(s) (a)	Time (b)		Mark (X) ONLY one		
			Open 24 hours (c)	Not open (d)	Hours vary (e)
Monday	FROM	TO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Tuesday	FROM	TO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Wednesday	FROM	TO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Thursday	FROM	TO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Friday	FROM	TO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Saturday	FROM	TO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sunday	FROM	TO	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Section I – TELEPHONE SCREENER – Continued

CLOSING STATEMENT B1	Thank you . . . , but it seems that our information was incorrect. Since (Name of ASC) does not perform ambulatory surgery, it should not have been chosen for our study. Thank you very much for your cooperation. Terminate telephone call and complete Sections V and VI on page 19.
CLOSING STATEMENT B2	Thank you . . . , but it seems that our information was incorrect. Since (Name of ASC) is operated by a parent company, it should not have been chosen for our study. Thank you very much for your cooperation. Terminate telephone call and complete Sections V and VI on page 19.
CLOSING STATEMENT B3	Thank you . . . , but it seems that our information was incorrect. Since (Name of ASC)'s specialty is out-of-scope for our study, it should not have been chosen for our study. Thank you very much for your cooperation. Terminate telephone call and complete Sections V and VI on page 19.

Part C. STUDY DESCRIPTION

Thank you. Now I would like to provide you with further information on the study.

INSTRUCTIONS

Provide the administrator or other facility representative with a brief description of the study.

Cover following points –

- (1) The NHAMCS is the only source of national data on health care provided in hospital emergency and outpatient departments and ambulatory surgery centers.
- (2) NHAMCS is endorsed by the:
 - American College of Surgeons
 - American Health Information Management Association
 - American Academy of Ophthalmology
 - Society for Ambulatory Anesthesia
 - American College of Emergency Physicians
 - Emergency Nurses Association
 - Society for Academic Emergency Medicine
 - American College of Osteopathic Emergency Physicians
 - Federation of American Hospitals
- (3) Nationwide sample of about 600 hospitals and 250 free-standing ambulatory surgery centers.
- (4) Four-week data collection period
- (5) Brief form completed for a sample of patient visits

As one of the ASC's that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory surgery.

NOTES

Section II – INDUCTION INTERVIEW

Part A. INTRODUCTION

I would like to begin with a brief review of the background for this study.

INSTRUCTIONS

Provide the administrator or other facility representative with a brief introduction to the study and a general overview of procedures.

Cover the following points –

- (1)** NHAMCS is a sister survey of the National Ambulatory Medical Care Survey (NAMCS). NAMCS collects data on visits to physicians in office-based practices
 - (2)** NAMCS and NHAMCS are sponsored by the National Center for Health Statistics of the Centers for Disease Control and Prevention
 - (3)** NAMCS and NHAMCS data are used extensively by health care organizations, health services planners, researchers, and educators
 - (4)** Annually, there are almost 200 million visits to hospital emergency and outpatient departments and 35 million visits to ambulatory surgery centers, including 15 million visits to freestanding ambulatory surgery centers
 - (5)** The U.S. Census Bureau is acting as the data collection agent for the study
 - (6)** The study is authorized by Title 42, U.S. Code, Section 242k
 - (7)** Participation is voluntary
 - (8)** Any identifiable information will be held confidential and will be used only by NCHS staff, contractors or agents, only when necessary and with strict controls, and will not be disclosed to anyone else without the consent of your facility. By law, every employee as well as every agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about your facility and its patients
 - (9)** NO patients' names or identifiers are collected
 - (10)** The study was approved by the NCHS Research Ethics Review Board or IRB
 - (11)** Data from the study will be used only in statistical summaries
 - (12)** NHAMCS excludes office-based physicians (these are covered under the NAMCS)
 - (13)** NHAMCS excludes the following types of ASCs: dentistry, podiatry, abortion, lump and bump procedure rooms, birth center, and family planning.
 - (14)** For the first time, we are including freestanding ambulatory surgery centers in the survey
 - (15)** Only a 4-week data collection period
 - (16)** On average, sample of approximately 100 ED, 150 to 200 OPD, and 100 ASC visits per hospital and 100 freestanding ASC visits.
- SHOW PATIENT RECORD FORM*
- (17)** Form takes only 6 minutes to complete
 - (18)** Forms are to be completed by ASC staff at their convenience
 - (19)** Portion containing patient's name or other identifying information is removed before collecting

Section IV – AMBULATORY UNIT RECORD – Continued

Section H – FINAL DISPOSITION

1. FINAL DISPOSITION

Ambulatory unit

- 1 Participated
 - a Patients seen, *Continue to Item 2*
 - b No patients seen
- 2 Refused
- 3 Closed
 - a Temporary
 - b Permanent
- 4 Ineligible
 - a AU not under auspices of ASC
 - b Only ancillary services provided
 - c AU classified as out-of-scope
 - d Other – *Specify*

END

2. Who completed the patient record forms?

Mark (X) all that apply

- 1 ASC staff
- 2 FR – abstraction DURING reporting period
- 3 FR – abstraction AFTER reporting period
- 4 Other – *Specify*

NOTES

Blank area for notes with horizontal lines.

Section IV - AMBULATORY UNIT RECORD - Continued

Section D - VERIFICATION OF ESTIMATED VISITS

Verify with ASC director BEFORE data collection begins (and records have been pulled).

1. According to our information, about (number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate?

- 1 Yes - SKIP to section G
- 2 No

2. About how many visits do you expect during the reporting period, _____ to _____?

Revised estimate

Determine if new Take Every and Random Start numbers must be calculated for this ASC.

3a. Divide the revised estimate by the original estimate from B-3.

$$\frac{\text{Revised estimate } \boxed{}}{\text{Original estimate } \boxed{}} = \boxed{} \text{ (Result)}$$

b. Is the result of (a) between 0.7 and 1.3?

- 1 Yes - SKIP to section G
- 2 No

Section E - CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS ASC

1. Calculate new Take Every, using the appropriate table (page 18) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).

New Take Every

2. Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101(FS).

New Random Start

Section G - PATIENT RECORD FORM INFORMATION

1. Enter the range of Patient Record Forms that were **ACTUALLY** used by the unit.

FIRST FOLIO FROM: TO:

SECOND FOLIO FROM: TO:

THIRD FOLIO FROM: TO:

NOTES

Section II - INDUCTION INTERVIEW - Continued

Part B. SURVEY IMPLEMENTATION

As I mentioned earlier, I would like to discuss the plan for conducting the study. This ASC has been assigned to a 4-week data collection period beginning on Monday, (/).
Month Day

First, I would like to discuss the steps needed to obtain approval for the study.

14a. Are there any additional steps needed to obtain permission for the ASC to participate in the study?

- 1 Yes - Specify the necessary steps below ↴

- 2 No

14b. Now I would like to make arrangements to obtain the information needed for sampling. I will need to (know/verify) how your ambulatory surgery center is organized and obtain an estimate of the number of patient visits expected during the 4-week reporting period. Would you prefer I (get/verify) this information from you or someone else?

- 1 Respondent - Go to CHECK ITEM C below
- 2 Someone else - Specify below ↴

If different respondent(s), arrange to obtain data today if possible. Otherwise arrange an appointment with designated person(s). Briefly explain the study to the new respondent(s). Then proceed with Section III, Ambulatory Surgery Center Description as appropriate. Thank current respondent for his/her time and cooperation.

Name
Title
Department
Telephone number

Record on Control Card

Name
Title
Department
Telephone number

Record on Control Card

Section III - AMBULATORY SURGERY CENTER DESCRIPTION

- CHECK ITEM E**
- 1 Facility has at least one ASC (Yes in item 8a).
 - 2 Facility does not have any ASCs - SKIP to Section V, DISPOSITION AND SUMMARY on page 19.

15a. Does this facility have any satellite facilities which perform ambulatory (outpatient) surgery?

- 1 Yes - Continue with item 15b.
- 2 No - SKIP to developing sampling plan

b. What are the names, addresses, and telephone numbers of the satellite facilities?

Name	RECORD UP TO 3 ON CONTROL CARD
Address	
Telephone number (Area code and number)	

To develop the sampling plan, I would like to (collect/verify) more specific information about this facility's ambulatory surgery center(s).

- (1) Obtain an estimate of ambulatory (outpatient) surgery cases for each ASC, covering the 4-week reporting period. Enter the estimate in column (d) of the listing below.
- (2) After asking 15c and 15d to determine if the ASC log/list is included in a single or multiple log/list, assign each ASC an AU number and enter it in column (c).

FR NOTE

In-scope ASC locations: • General or main operating room • Dedicated ambulatory surgery room • Satellite operating room	Out-of-scope locations: • Cystoscopy room • Endoscopy room • Cardiac catheterization lab • Laser procedures room • Pain block room • Dentistry • Family planning • Lump and bump procedure rooms • Podiatry • Abortion • Birth center
--	--

ASC specialty groups include:

- GEN - General
- GI - Gastroenterology
- ORTHO - Orthopedics
- PLASTIC - Plastic Surgery
- MULTI - Multi-specialty
- OPH - Ophthalmology
- PAIN - Pain Block
- OTHER - Other specialty

INSTRUCTIONS

- Only record generic ASC names in column (a) (e.g., ambulatory surgery center, endoscopy). If the ASC has a formal/proper name, enter a generic ASC name in (a) and record the Line No. and the formal/proper name on page 2 of the control card.
- Complete columns (e) and (f) after developing the sampling plan. See page 18 of the NHAMCS-124 for instructions.

Line No.	ASC name (Generic) (a)	Specialty group (b)	AU number (c)	Expected No. of ambulatory (outpatient) surgery cases from _____ to _____ (d)	Take every number (e)	Random start number (f)
1						
2						
3						
4						
TOTAL →						

- CHECK ITEM F**
- 1 Facility has only 1 ASC location - SKIP to Item 15e.
 - 2 Facility has more than 1 ASC location - Continue with item 15c. Make sure that the "Single log/list" or "Multiple log/list" box is marked in Section IV, A, item 11.

15c. Now I have some questions about generating a report for all outpatient surgery patients for sampling.

Would you or your IT staff be able to generate a single list of outpatient surgery cases for the following locations? (Read each ASC name listed above.)

- 1 Yes
- 2 No - ONLY 2 LOGS } SKIP to item 15e
- 3 No - More than 2 logs - Continue with item 15d.

d. Would you or your IT staff be able to generate one list of outpatient surgery cases for some of these locations?

- 1 Yes - Make sure that the "Single log/list" box is marked in Section IV, A, Item 11.
- 2 No - Continue with item 15e.

Give a copy of the "Single Sampling List Instructions" to the IT contact.

IT Contact name	RECORD ON CONTROL CARD
Telephone number (Area code and number)	

Section IV - AMBULATORY UNIT RECORD

COMPLETE FOR EACH AMBULATORY UNIT SELECTED

Section A - AMBULATORY UNIT INFORMATION

a. Mark (X) specialty —

1 GEN 2 MULTI 3 GI 4 OPH 5 ORTHO 6 PLASTIC 7 PAIN 8 OTHER

b. AU No. _____ of _____
Total AU's sampled within the ASC

Section B - SAMPLE INFORMATION

1. Take every number		4. Total estimated number of visits during reporting period for ALL operating rooms within the ASC	
2. Random start number		5. REPORTING PERIOD (Month/Day/Year)	From: _____ / _____ / _____
3. Estimated number of visits in this AU during reporting period			To: _____ / _____ / _____
<i>Item 6 is the AU No. from Section A, Item b. Items 7 and 8 are each 1.</i>		6. SU number	7. Numerator
			8. Denominator

9. What was the total number of patient visits to this AU from (dates specified in B5)? (Refer to patient logs, etc. Ask if necessary. DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)

	NUMBER OF VISITS				TOTAL
	Week 1	Week 2	Week 3	Week 4	
	/ - /	/ - /	/ - /	/ - /	

10. How many patient record forms were filled out for this AU?

	NUMBER OF FORMS				TOTAL
	Week 1	Week 2	Week 3	Week 4	

11. Did this ambulatory unit use a single log/list or a multiple log/list?

1 Single log/list 2 Multiple log/list

Section C - ASC INFORMATION AND LOGS

1. What are the usual operating hours of this unit?

Day(s) (a)	Time (b)	Mark (X) ONLY one		
		Open 24 hours (c)	Not open (d)	Hours vary (e)
Monday	FROM _____ a.m. TO _____ a.m. p.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Tuesday	FROM _____ a.m. TO _____ a.m. p.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Wednesday	FROM _____ a.m. TO _____ a.m. p.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Thursday	FROM _____ a.m. TO _____ a.m. p.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Friday	FROM _____ a.m. TO _____ a.m. p.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Saturday	FROM _____ a.m. TO _____ a.m. p.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sunday	FROM _____ a.m. TO _____ a.m. p.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Section IV – AMBULATORY UNIT RECORD – Continued

Section H – FINAL DISPOSITION

1. FINAL DISPOSITION

- Ambulatory unit
- 1 Participated
 - a Patients seen, *Continue to Item 2*
 - b No patients seen
 - 2 Refused
 - 3 Closed
 - a Temporary
 - b Permanent
 - 4 Ineligible
 - a AU not under auspices of ASC
 - b Only ancillary services provided
 - c AU classified as out-of-scope
 - d Other – *Specify*
- } END

2. Who completed the patient record forms?

Mark (X) all that apply

- 1 ASC staff
- 2 FR – abstraction DURING reporting period
- 3 FR – abstraction AFTER reporting period
- 4 Other – *Specify*

NOTES

Blank area for notes.

Section III – AMBULATORY SURGERY CENTER DESCRIPTION – Continued

Now I would like to ask you some questions about your ASC.

15e. Does your ASC use ELECTRONIC MEDICAL OR HEALTH RECORDS (EMR/EHR) (not including billing records)?

- 1 Yes, all electronic
- 2 Yes, part paper and part electronic
- 3 No
- 4 Unknown

Mark only one box.

f. Does your ASC have a computerized system for –

(1) Patient demographic information?

If "Yes," ask – Does this include patient problem lists?

(2) Orders for prescriptions?

If "Yes," ask –
(a) Are warnings of drug interactions or contraindications provided?
(b) Are prescriptions sent electronically to the pharmacy?

(3) Orders for tests?

If "Yes," ask – Are orders sent electronically?

(4) Viewing of lab results?

If "Yes," ask – Are out of range levels highlighted?

(5) Viewing of imaging results?

If "Yes," ask – Can electronic images be viewed?

(6) Clinical notes?

If "Yes," ask – Do they include medical history and follow-up notes?

(7) Reminders for guideline-based interventions and/or screening tests?

(8) Public health reporting?

If "Yes," ask – Are notifiable diseases sent electronically?

g. Are there any of the above features of your system that your ASC does NOT use or has turned off?

Show flashcard on page 29 of the NHAMCS-124.

- 1 Yes – *Please specify*

FR NOTE – *Indicate in item 15f, last column, any component(s) turned off.*

- 2 No
- 3 Unknown

CHECK ITEM G

- 1 The ASC uses ELECTRONIC MEDICAL/HEALTH RECORDS (Yes (all) or Yes (part) in item 15e) – *Continue with item 15h.*
- 2 The ASC either does not use ELECTRONIC MEDICAL/HEALTH RECORDS or it is unknown (No or Unknown in item 15e) – *SKIP to item 15j.*

h. What year did your ASC buy or last upgrade your EMR/EHR system?

Year 1 Unknown

i. Is your ASC's EMR/EHR system certified by the Certification Commission for Healthcare Information Technology" (CCHIT)?

- 1 Yes
- 2 No
- 3 Unknown

j. Are there plans for installing a new EMR/EHR system or replacing the current system within the next 3 years?

- 1 Yes
- 2 No
- 3 Maybe
- 4 Unknown

Section IV – AMBULATORY UNIT RECORD

COMPLETE FOR EACH AMBULATORY UNIT SELECTED

Section A – AMBULATORY UNIT INFORMATION

a. Mark (X) specialty —

1 GEN 2 MULTI 3 GI 4 OPH 5 ORTHO 6 PLASTIC 7 PAIN 8 OTHER

b. AU No. of
Total AU's sampled within the ASC

Section B – SAMPLE INFORMATION

1. Take every number	<input type="text"/>	4. Total estimated number of visits during reporting period for ALL operating rooms within the ASC	<input type="text"/>
2. Random start number	<input type="text"/>	5. REPORTING PERIOD (Month/Day/Year)	From: <input type="text"/> / <input type="text"/> / <input type="text"/> To: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Estimated number of visits in this AU during reporting period	<input type="text"/>	6. SU number	<input type="text"/>
Item 6 is the AU No. from Section A, Item b. Items 7 and 8 are each 1.		7. Numerator	<input type="text"/>
		8. Denominator	<input type="text"/>

9. What was the total number of patient visits to this AU from (dates specified in B5)? (Refer to patient logs, etc. Ask if necessary. DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)	NUMBER OF VISITS				
	Week 1	Week 2	Week 3	Week 4	TOTAL
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. How many patient record forms were filled out for this AU?	NUMBER OF FORMS				
	Week 1	Week 2	Week 3	Week 4	TOTAL
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Did this ambulatory unit use a single log/list or a multiple log/list? 1 Single log/list 2 Multiple log/list

Section C – ASC INFORMATION AND LOGS

1. What are the usual operating hours of this unit?

Day(s) (a)	Time (b)	Mark (X) ONLY one		
		Open 24 hours (c)	Not open (d)	Hours vary (e)
Monday	FROM <input type="text"/> a.m. TO <input type="text"/> a.m. <input type="text"/> p.m. <input type="text"/> p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Tuesday	FROM <input type="text"/> a.m. TO <input type="text"/> a.m. <input type="text"/> p.m. <input type="text"/> p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Wednesday	FROM <input type="text"/> a.m. TO <input type="text"/> a.m. <input type="text"/> p.m. <input type="text"/> p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Thursday	FROM <input type="text"/> a.m. TO <input type="text"/> a.m. <input type="text"/> p.m. <input type="text"/> p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Friday	FROM <input type="text"/> a.m. TO <input type="text"/> a.m. <input type="text"/> p.m. <input type="text"/> p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Saturday	FROM <input type="text"/> a.m. TO <input type="text"/> a.m. <input type="text"/> p.m. <input type="text"/> p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sunday	FROM <input type="text"/> a.m. TO <input type="text"/> a.m. <input type="text"/> p.m. <input type="text"/> p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Section IV – AMBULATORY UNIT RECORD – Continued

Section D – VERIFICATION OF ESTIMATED VISITS

Verify with ASC director BEFORE data collection begins (and records have been pulled).

1. According to our information, about (number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate?
1 Yes – SKIP to section G
2 No

2. About how many visits do you expect during the reporting period, to ?
Revised estimate

Determine if new Take Every and Random Start numbers must be calculated for this ASC.
3a. Divide the revised estimate by the original estimate from B-3.
Revised estimate
Original estimate = (Result)

b. Is the result of (a) between 0.7 and 1.3?
1 Yes – SKIP to section F, page 3
2 No

Section E – CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS ASC

1. Calculate new Take Every, using the appropriate table (page 2 or 4) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).
New Take Every

2. Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101.
New Random Start

Section G – PATIENT RECORD FORM INFORMATION

1. Enter the range of Patient Record Forms that were **ACTUALLY** used by the unit.

FIRST FOLIO FROM: TO:

SECOND FOLIO FROM: TO:

THIRD FOLIO FROM: TO:

NOTES