

**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 (11-17-2008)

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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 (ESA).
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 ESA. 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 ESA listed.
5. If an ESA has less than 40 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 ESA's TE number above in part I.A. Find the ESA'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.

II EMERGENCY DEPARTMENT

TABLE OF TAKE EVERY NUMBERS

VISITS TO THE ENTIRE ED	VISITS TO THE INDIVIDUAL EMERGENCY SERVICE AREA (ESA)																					
	1-119	120-249	250-349	350-499	500-599	600-699	700-849	850-949	950-1099	1100-1199	1200-1799	1800-2399	2400-2999	3000-3599	3600-4199	4200-4799	4800-5399	5400-5999	6000-11999	12000-17999	18000-23999	24000-30000
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
39	79	119	149	179	209	239	269	299	339	369	399	429	459	489	519	549	579	609	639	669	699	729
180	210	240	270	300	330	360	390	420	450	480	510	540	570	600	630	660	690	720	750	780	810	840
1500	1800	2100	2400	2700	3000	3300	3600	3900	4200	4500	4800	5100	5400	5700	6000	6300	6600	6900	7200	7500	7800	8100
1799	2099	2399	2699	2999	3299	3599	3899	4199	4499	4799	5099	5399	5699	5999	6299	6599	6899	7199	7499	7799	8099	8399
15000	18000	21000	24000	27000	30000	33000	36000	39000	42000	45000	48000	51000	54000	57000	60000	63000	66000	69000	72000	75000	78000	81000
17999	20999	23999	26999	29999	32999	35999	38999	41999	44999	47999	50999	53999	56999	59999	62999	65999	68999	71999	74999	77999	80999	83999

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 40 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 clinic, 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.

IV OUTPATIENT DEPARTMENT

TABLE OF TAKE EVERY NUMBERS

VISITS TO THE ENTIRE OPD	VISITS TO THE INDIVIDUAL OUTPATIENT CLINIC																									
	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	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
350-599	1	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
600-749	1	2	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
750-899	1	2	3	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
900-1049	1	2	3	4	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
1050-1199	1	2	3	4	5	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
1200-1349	1	2	3	4	5	6	7	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
1350-1499	1	2	3	4	5	6	7	8	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
1500-1749	1	2	3	4	5	6	7	8	9	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
1750-2499	1	2	3	4	5	6	7	8	9	10	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
2500-3499	1	2	3	4	5	6	7	8	9	10	15	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
3500-5499	1	2	3	4	5	6	7	8	9	10	15	20	30	30	30	30	30	30	30	30	30	30	30	30	30	30
5500-7499	1	2	3	4	5	6	7	8	9	10	15	20	30	40	40	40	40	40	40	40	40	40	40	40	40	40
7500-8999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	50	50	50	50	50	50	50	50	50	50	50
9000-10499	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	60	60	60	60	60	60	60	60	60	60
10500-11999	1	2	3	4	5	6	7	8	9	10	15	20	30	40	50	60	70	70	70	70	70	70	70	70	70	70
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	80	80	80
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	90	90	90
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	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	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	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	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	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	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	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 16 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 (d) 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 OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
Alphabetic Listing

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 Detoxification, **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**
 Autism, **PED**

B

Back Care, **SURG**
 Behavior & Development (Child), **PED**
 Behavioral Medicine, **OT**
 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**
 Bronchoscopy, **OS**
 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**

VI OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
Alphabetic Listing – Continued

C – Continued

Colposcopy, **OS**
 Congenital Heart, **PED**
 Congestive Heart Failure, **GM**
 Connective Tissue, **GM**
 Craniofacial, **SURG**
 Craniomalformation, **PED**
 Critical 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**
 Eye Retinopathy of Prematurity, **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**

VI OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
Alphabetic Listing – Continued

H

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 Fetal Medicine, **OBG**
 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**

VI OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
Alphabetic Listing – Continued

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, **OS**
 Pain Block, **OS**
 Pain Management, **OS**
 Pain Medicine, **OS**
 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**

VI OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
Alphabetic Listing – Continued

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-cancer, **GM**
 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**
 Skeletal Dysplasia, **PED**
 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**

VI OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
Alphabetic Listing – Continued

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**

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**
 Traumatic Brain Injury, **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**

VII OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
By Specialty Group

GENERAL MEDICINE (GM)

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

VII OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
By Specialty Group

SURGERY (SURG)

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

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.

VII OUTPATIENT DEPARTMENT
CLASSIFICATION OF CLINICS
By Specialty Group

PEDIATRICS (PED)

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

**VII 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 Fetal Medicine
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 Dependence
(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
Palliative Medicine
Preventive Medicine
Psychiatry (Adolescent)
Psychiatry (Adult)
Psychiatry (Child)
Psychiatry (Geriatric)
Psychiatry (Pediatric)
Psychopharmacology
Sleep Disorder
Sleep Medicine
Toxicology

VIII OUTPATIENT DEPARTMENT CLASSIFICATION OF CLINICS

INELIGIBLE CLINICS (OS)

EXCLUDE the following clinics from the list of eligible clinics.

Abortion/Pregnancy Termination	Lithotripsy
Acupuncture	Mammography
Adult Day Care	Methadone Maintenance
Ambulatory Surgery Center	Nuclear Medicine
Amniocentesis	Nurse Clinic/Nurse Only
Anesthesia	Nutrition
Anesthesiology	Occupational Health
Arthroscopy	Occupational Safety & Health
Audiology	Occupational Therapy
Blood Bank	Optometry
Bone Density Screening	Oral Surgery
Bronchoscopy	Orthotics
Cardiac Catheterization	Pain
CAT Scan & Imaging	Pain Block
Chemotherapy	Pain Management
Chiropractic	Pain Medicine
Colonoscopy	Partial Hospitalization
Colposcopy	Partial Hospitalization Program (Psyc)
Cystoscopy	Path Lab
Day Hospital	Pathology
Dental	Pharmacy
Dental Surgery	Physiatry
Diabetic Foot Clinic	Physical Medicine
Diagnostic X-ray (imaging)/Radiology	Physical Therapy
Dialysis	Physiotherapy
Dietary	Podiatry
Drug Immunotherapy	Preadmission Testing
Echocardiology	Pregnancy Termination/Abortion
Electrocardiogram (ECG)	Psychology
Electroconvulsive Therapy (ECT)	Pulmonary Function Lab
Electromyography	Radiation Diagnosis
Employee Health Service/Center	Radiation Oncology
Endoscopy	Radiation Therapy
Fetal Diagnostic Testing	Radiology/Diagnostic X-ray (imaging)
Hearing & Speech	Reading & Language
Hemodialysis	Reference Lab
Home Intravenous Therapy	Reference X-Ray
Imaging & CAT Scan	Rehabilitation
Infusion	Renal (Kidney) Dialysis
Infusion Therapy	Same Day Surgery
IV Therapy	School Programs
Kidney (Renal) Dialysis	Sigmoidoscopy
Laser Surgery	Social Work
Lasik Surgery	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 2006 National Survey of Ambulatory Surgery show that the four most commonly performed procedures were endoscopy of large intestine and endoscopy of small intestine, extraction of lens, injection of agent into spinal canal, and insertion of prosthetic lens. Physicians who utilize ASCs are usually staffed in other parts of the hospital or are from private practices; they **only** use the ASC to perform the actual surgery.

IX AMBULATORY SURGERY CENTER SAMPLING INSTRUCTIONS

Locations within hospitals dedicated exclusively to dentistry, podiatry, or small procedures (sometimes referred to as "lump or bump" rooms) are out-of-scope.

A. Determining the Take Every (TE) Number

Use the table on page 19. 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 during the 4-week Reporting Period.
- 2.** Go down the column on the left of the table until you find the range containing the total number of visits to all ASCs. 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 to all ASCs 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 ASC's TE number above in part VI.A. Find the ASC'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.

X AMBULATORY SURGERY CENTER


TABLE OF TAKE EVERY NUMBERS

VISITS TO ALL ASCs	VISITS ON INDIVIDUAL AMBULATORY SURGERY CENTER (ASC) 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


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 of 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 unit 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 the time of day and date **(1)** when the patient arrived, **(2)** was seen by provider, and **(3)** discharged for this visit from ED. Make sure to indicate if the time is a.m., p.m., or Military.

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

ITEM 2 – Record the patient's initial temperature, heart rate, respiratory rate, blood pressure, pulse oximetry if the patient is on oxygen and Glasgow Coma Scale score.

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). 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 13 – Complete item 13 on the reverse side of the Patient Record form, if the patient was admitted to the observation unit.

ITEM 14 – Complete item 14 on the reverse side of the Patient Record form, if the patient was admitted to the observation unit.

Ambulatory Surgery Center Patient Record Form – NHAMCS-100(ASC)

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

ITEM 1h – Indicate **(1)** the time in to operating room, **(2)** time surgery began, **(3)** time surgery ended, **(4)** time out of operating room, **(5)** time in to postoperative care, and **(6)** time out of postoperative care. Make sure to indicate if the time is a.m. or p.m. or Military. For example, enter 01:15 for 1:15 a.m. or 1:15 p.m. Also, check the appropriate box (a.m., p.m., or Military) when recording the times. Crosscheck the times in each item to ensure they appear sequentially.

ITEM 2 – Diagnoses may be tentative, provisional, or definitive. However, exclude "rule out" diagnoses. Enter any other diagnoses which exist at the time if they are of any direct concern to the visit. Include the ICD-9-CM code, if provided. Do not provide codes instead of narratives unless the narratives are not included in the medical record.

ITEM 4 – List all procedures performed during this visit as they appear in the discharge summary dictated by the surgeon. Include the ICD-9-CM/CPT-4 code, if provided. Do not provide codes instead of narratives unless the narratives are not included in the medical record.

ITEM 5a – List up to 8 drugs given at this visit or prescribed at discharge. Include prescription, over-the-counter medications, immunizations, anesthetics, and oxygen. Indicate whether it was administered during the visit or at discharge.

ITEM 5b – Record all of the type(s) of anesthesia used during surgery.

ITEM 6 – Mark the specialty of all persons administering anesthesia.

ITEM 7 – Mark only one disposition.

- (5)** Instruct the hospital staff to refer to the item-by-item instructions in the Emergency Service Area, Outpatient Department Clinic, or Ambulatory Surgery Center Instruction Booklet, the Emergency Service Area, Outpatient Department, or Ambulatory Surgery Center 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
<p>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.</p>	3 months before assigned reporting period	NHAMCS-101, Questionnaire Section I
<p>2. Induction Interview. Visit hospital to induct hospital administrator; explain data collection plan; solicit participation.</p>	Attempt to schedule an appointment within 2 weeks of telephone screening.	NHAMCS-101, Questionnaire Section II
<p>3. Complete Sections III, IV, and V (NHAMCS-101). Verify and collect basic information on the ED, OPD and ASC from the administrator.</p>	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)
<p>4. Develop Sampling Plan. Sample clinics, if necessary, and complete sampling plan for each ambulatory unit selected.</p>	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
<p>5. Complete the NHAMCS-101(U) for ambulatory units selected for participation.</p>	<p>During the meeting with the directors of each ED/OPD/ASC ambulatory unit.</p>	<p>NHAMCS-101(U), Ambulatory Unit Record Section B, items 3 and 4 Sections C-F</p>
<p>6. Brief outpatient clinic/emergency service area/ASC staff on forms (NHAMCS Patient Record forms and Patient Log Forms, if the unit does not have an appropriate logging system) and procedures.</p> <p>Complete the cover items and Section I of the NHAMCS-122, 123, and 126 before the briefing session.</p>	<p>During and after each briefing session.</p>	<p>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</p>
<p>7. Perform quality control visits to ensure data collection procedures are being followed accurately.</p>	<p>During regular weekly visits to each ambulatory unit.</p>	<p>None</p>
<p>8. Collect all completed forms and perform a thorough edit. Make callbacks to retrieve missing information, if necessary.</p>	<p>After the weekly QC visit to each ED/OPD/ASC or after hospital's reporting period when all forms have been completed.</p>	<p>NHAMCS-131, Edit Ambulatory Unit Record Check List</p>

XIV Checklist For Conducting NHAMCS – Continued

(Step-by-Step Guide)

Task	Time Schedule and Sequence for Completing Forms	Form Used
<p>9. Record ambulatory unit patient visit and Patient Record form totals.</p> <p>Record the final disposition of each ambulatory unit.</p>	After the reporting period.	<p>NHAMCS-101(U), Ambulatory Unit Record Section B, items 9 and 10, Section G</p> <p>NHAMCS-101(U), Ambulatory Unit Record Section H</p>
<p>10. Update appropriate data coordinator and hospital staff.</p>	Anytime during the study when there is a change of staff.	NHAMCS-101(U), Ambulatory Unit Record Section F
<p>11. Complete the disposition and summary of the hospital's participation.</p> <p>Complete the Transmittal Record.</p> <p>Transmit completed forms to the RO.</p>	After the reporting period.	<p>NHAMCS-101, Questionnaire Section VI</p> <p>NHAMCS-102, Transmittal Folder</p>
<p>12. Send Thank-You Letters to hospital administrators and other staff who participated.</p>	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 and ASCs
NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY

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

- | | | | |
|----------------------------------|-------------------------------------|---------------------------------------|-------------------------------|
| Adolescent Gynecology OBG | Pediatric Gynecology OBG | Pediatric Otolaryngology SURG | Pediatric Spine SURG |
| Adolescent Psychiatry OT | Pediatric Neurology OT | Pediatric Plastic Surgery SURG | Pediatric Surgery SURG |
| Child Psychiatry OT | Pediatric Ophthalmology SURG | Pediatric Psychiatry OT | Pediatric Urology SURG |
| Pediatric ENT SURG | Pediatric Orthopedics SURG | Pediatric Scoliosis 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 | OBSTETRICS |
| Adolescent Gynecology | HIV Obstetrics |
| Endocrinologic Gynecology | Perinatal Obstetrics |
| Oncologic Gynecology | Prenatal Obstetrics |
| Pediatric Gynecology | |
| Preteen Gynecology | |

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 | ENDOCRINOLOGY |
| Breast Medical Oncology GM | Endocrinology GM |
| Dental Oncology OS | Gynecologic Endocrinology OBG |
| Gynecologic Oncology OBG | Pediatric Endocrinology PED |
| Medical Oncology GM | Reproductive Endocrinology OBG |
| | Surgical Oncology SURG |
| | Surgical Oncology SURG |
| | Pediatric Oncology PED |
| | Radiation Oncology OS |
| | Surgical Oncology SURG |

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.

Out-of-Scope ASC locations

- Dental Surgery (exclusively)
- Podiatric Surgery (exclusively)
- Small procedure rooms ("Lump and bump" rooms)

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 14e, 14x, and 15g Flashcard

Are there any of the above features of your system that your ED/OPD/ASC does NOT use or has turned off?

(1) Patient demographic information?

If 'Yes', ask- **Does this include patient problem lists?**

(2) Orders for prescriptions?

If 'Yes', ask- **(a) Are there 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?**

XVIII NHAMCS-101, Item 14s 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**