NOTES

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Form Approved: OMB No. 0920-0278

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1. Label					NHAMCS-101 (3-26-2009)  U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS DATA COLLECTION AGENT FOR THE			
	NATIO	ONAL	HOSPITAL A	MBULA 2010 F	TORY MEDICA	CENTER FOR HEALTH STATISTICS OR DISEASE CONTROL AND PREVENTION		
2a. Hospital contact	information			<b>b.</b> ED o	contact information			
Name				Name				
Title		RF(	CORD ON	Title		RECORD ON		
Telephone number (Area code and number)			ROL CARD	Telephone (Area coo	e number le and number)	CONTROL CARD		
FAX number				FAX num	ber			
C. OPD contact info	ormation			d. ASC	contact information			
Name				Name				
Title		REC	ORD ON	Title		RECORD ON		
Telephone number (Area code and number)		CONTROL CARD		Telephone number (Area code and number)		CONTROL CARD		
FAX number				FAX number				
			Section I – TEL	EPHONE	SCREENER			
3. Field representative information	/e	-	cord of telephone			Deculto		
Telephone screener	FR Code	Call 1	Date	Time		Results		
Hospital induction	FR Code	2						
ED induction	FR Code	3						
OPD induction	FR Code	4						
ASC induction	FR Code	6						
5. Final outcome o	f hospital scre	-			During your initial call	to the hospital, attempt to speak to		
1 Appointment					at this time, determine	the contact person is not available e when he/she can be reached and		
Day	Date		Time	a.m. p.m.	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			
2 ☐ Noninterview – (	Complete section	ons VI a	nd VII, beginning or	n page 21.	respondent, begin the	e interview with a representative of new contact, as appropriate.		

	EPHONE SCREENER – Continued
Control and Prevention concerning their departments and hospital-based ambula letter from Dr. Edward J. Sondik, the dire	is (Your name). I am calling for the Centers for Disease study of hospital outpatient and emergency atory surgery centers. You should have received a ector of the National Center for Health Statistics, pably also received a letter from the U.S. Census the study.
Jid you receive the letter(s)?  (If "No" or "DK," offer to send or deliver another	1 ☐ Yes – <i>SKIP to STATEMENT A</i> copy.)   2 ☐ No 3 ☐ Don't know
a. Let me verify that I have the correct na and address for your hospital. Is the co- name (Read name from Control Card)?	
<b>b.</b> Is your hospital located at (Read address Control Card)?	Number and street  RECORD ON CONTROL CARD
C. Is this also the mailing address?	City State ZIP Code  1 ☐ Yes 2 ☐ No — Enter correct mailing address     City State ZIP Code
	Number and street   RECORD ON CONTROL CARD   City State ZIP Code
	ot received the letter,) I'd like to briefly explain is time and answer any questions about it.

	Section VII – NONINTERVIEW							
18.	Where did the nonresponse occur  Mark (X) boxes 2, 3, and 4 if app		1  Hospital – Continue with item 19 2  Emergency service area(s) 3  Clinic(s) 4  ASC(s)					
19.	What is the reason the hospital diparticipate in this study?	lid not	1 ☐ Hospital clos 2 ☐ Hospital not 3 ☐ Hospital refu	1 ☐ Hospital closed 2 ☐ Hospital not eligible 3 ☐ Hospital refused — SKIP to Item 20a 4 ☐ Other — Specify   ✓				
			END INTE	RVIEW				
20a.	At what point in the interview did the refusal/breakoff occur?	Hospital	ED	OPD	ASC			
	<ul><li>Mark (X) appropriate box(es)</li><li>(1) During the telephone screening</li></ul>	1 🗆						
	(2) During the hospital induction	2 🗌						
(	During the ED/OPD/ASC induction	3 🗆	3 🗆	3 🗆	3 🗆			
	(4) After the ED/OPD/ASC induction, but prior to assigned reporting period	4 🗌	4 🗌	4 🗌	4 🗌			
	(5) During the assigned reporting period	5 🗌	5 🗌	5 🗌	5 🗆			
b.	By whom?	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
	(1) Hospital administrator	1 🗆	1 🗆	1 🗆	1 🗆			
	(2) ED/OPD/ASC director		2 🗆	2 🗆	2 🗆			
	(3) Approval board or official	з 🗆	з 🗆	з 🗆	з 🗆			
	(4) Other hospital official	4 □ Specify <sub>✔</sub>	₄ □ Specify <sub>屖</sub>	4 □ Specify <sub>✔</sub>	4 □ Specify <sub>▼</sub>			
	(5) Was the refusal by telephone or in person?	5 ☐ Telephone 6 ☐ In person	5 ☐ Telephone 6 ☐ In person	5 ☐ Telephone 6 ☐ In person	5 ☐ Telephone 6 ☐ In person			
c.	What reason was given? Please	specify hospital, ED,	OPD, or ASC (from ite	em 20a) before record	ding responses.			
d.	Was conversion attempted?	Hospital	ED	OPD	ASC			
		1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No			

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	Section VI – DISPO	SITION AND SUMMARY		
	AMBULATORY	UNIT CHECKLIST		
	COMPLETE 16a FOR <b>EMERGENCY</b> DEPARTMENT ONLY			
16a.	How many emergency service areas were selected for sample?	Number of ESAs		
	Enter 0 if no ESAs were selected for sample.	 		
	Did you include a NHAMCS-101(U) for each?	1 □ Yes 2 □ No − <i>Explain</i> <sub>戻</sub>		
	COMPLETE 16b FOR OUTPATIENT			
	DEPARTMENT ONLY			
b.	How many clinics were selected for sample?	Number of Clinics		
	Enter 0 if no clinics were selected for sample.  Did you include a NHAMCS-101(U)	l □ 1 □ Yes		
	for each?	2 □ No – Explain <sub> </sub>		
	COMPLETE 16c FOR AMBULATORY     SURGERY CENTER ONLY			
C.	Enter 0 if no ASCs were selected for sample.  Number of ASCs  Number of ASCs			
	Did you include a NHAMCS-101(U) for each?	1 □ Yes 2 □ No − <i>Explain</i> <sub>▼</sub>		
	FORMS COMPLETED			
d.	Number of ED Patient Record Forms completed	Number of ED PRFs		
e.	Number of OPD Patient Record Forms completed	Number of OPD PRFs		
f.	Number of ASC Patient Record Forms completed	Number of ASC PRFs		
17a.	FINAL DISPOSITION	1 All eligible units completed Patient Record Forms 2 Some eligible units completed Patient Record Forms 3 Hospital refused 4 Hospital closed 5 Hospital ineligible  All eligible units completed GO to Item 17b Complete Section VII, NONINTERVIEW on page 23		
b.	NATURE OF REFUSAL	l □ Entire ED refused		
	Mark (X) all that apply.	2 ☐ Entire OPD refused 3 ☐ Entire ASC refused 4 ☐ Some ESAs refused 5 ☐ Some clinics refused 6 ☐ Some ASCs refused		
	FR NOTE – If one or more responses are NONINTERVIEW on page 23	marked in 17b, complete Section VII, 3. If no responses marked, END INTERVIEW.		

		Section I – TELEPHONE SO	SKEENER – Continue	ea
Pa	rt B. VERIFICATION	N OF ELIGIBILITY		
НЕС ГЕМ	^	vas in a previous panel – <i>Read I</i> s being asked to participate in th <i>B2</i>		
NTR(	DDUCTION EMENT B1	ambulatory care. We cont participation. Collecting of your own, is necessary to ambulatory care provided Before discussing the detabout (Name of hospital) to be	continuing its annu- acted your hospital lata on an annual ba keep updated infor- in the hospital envi ails, I would like to e sure we have corr	al study of hospital-based previously regarding isis in hospitals, such as mation on the status of ronment. verify our basic information rectly included your
	DDUCTION EMENT B2	ambulatory care. The student contracted with the U.S. (hospital) has been selected arrange an appointment to study is authorized under information will be held stated by the second second control of the second control of	ealth Statistics of the conducting an annually began data collected by began data collected by began data collected by began data collected by began data to confidential. It would like to be sure we have considerical by be sure we have considerical.	ne Centers for Disease lal study of hospital-based ction in 1992. They have ellect the data. (Name of e study. I am calling to tal's participation. The ervice Act and the
Ba.	Is this facility a lic	ensed hospital?	1 ☐ Yes 2 ☐ No – <i>SKIP to C</i>	HECK ITEM B on page 4
b.	Is this hospital vol government, or pro		Nonprofit (include corporation, othe corporation)     State or local good city-county, hose city-county (include city-county)	des church-related, nonprofit er nonprofit ownership) overnment (includes state, county, city, pital district or authority) udes individually or privately ship or corporation)
C.		Ith care corporation that Ith care facilities (e.g.,	1 ☐ Yes 2 ☐ No 3 ☐ Unknown	
d.	Is this a teaching I	hospital?	1 ☐ Yes 2 ☐ No	
e.		either merged with or y OTHER hospital in the	1 Yes, merged 2 Yes, separated 3 No 4 Unknown	IP to item 9a on page 4
f.	Does YOUR hospit records department that of the OTHER	al have its own medical nt that is separate from hospital?	1 ☐ Yes 2 ☐ No 3 ☐ Unknown	
g.	What is the name a OTHER hospital?	and address of this	Hospital name  Number and street  City State ZIP Code	RECORD ON CONTROL CARD

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	Section I – TELEPHONE	SCREENER – Continued
Pa	rt B. VERIFICATION OF ELIGIBILITY	
9a.	Does this hospital provide emergency services that are staffed 24 HOURS each day either here at this hospital or elsewhere?	1 ☐ Yes – <i>SKIP to item 9c</i> 2 ☐ No
b.	Does this hospital operate any emergency service areas that are not staffed 24 HOURS each day?	   1 ☐ Yes   2 ☐ No
C.	What is the trauma level rating of this hospital?	1 Level I 3 Level III 5 Other/unknown 2 Level II 4 Level IV or V 6 None See page 28 of the NHAMCS-124 for definitions
10a.	Does this hospital operate an organized outpatient department either at this hospital or elsewhere?	1 ☐ Yes 2 ☐ No – <i>SKIP to CHECK ITEM B</i>
b.	Does this OPD include physician services?	│
C.	Does this hospital have an Ambulatory Surgery Center?  Read the following statement.  ASC locations include a general or main operating room, dedicated ambulatory surgery room, satellite operating room,	l 1 ☐ Yes   2 ☐ No   3 ☐ Unknown
	cystoscopy room, endoscopy room, cardiac catheterization lab, laser procedures room, and a pain block room.	 
CHEC	and item 9b is YES, or items 10a and b are	is NO YES)
	<ul> <li>ASC meets eligibility requirements (item 100</li> <li>Hospital is ineligible because it is not license STATEMENT B1 on page 5.</li> </ul>	
	5 ☐ Hospital is ineligible because it has NEITHE 10a, 10b, and/or 10c are NO) – Go to CLOS	
CHEC ITEM B-1	Hospital refused   1 Yes – SKIP to item a 2 No – SKIP to Part C. STUDY DESCRIPTION  a. Determine whether hospital has an eligible Elinquire as to how many visits are expected dureporting period.	and if so, Eligible ED?
	<b>b.</b> Determine whether hospital has an eligible Of so, inquire as to how many visits are expected the reporting period.	2 □ No PD and if Eligible OPD? d during
	<b>c.</b> Determine whether hospital has an eligible AS so, inquire as to how many visits are expected	a large lar
	the reporting period.	1 Yes – expected visits 2 No
	<b>d.</b> If unable to determine expected visits for the a visits to the department <b>last year</b> .	
	ED visitslast year	OPD visits ASC visits Last year last year

	Section V – AMBULATORY SURGER	Y CENTER DESCRIP	TION – Continued
CHEC ITEM	The ASC uses ELECTRONIC MEDICAL/HE  Continue with item 15h.  □ The ASC either does not use ELECTRONIC	·	
	Unknown in item 15e) – SKIP to item 15j.	MEDICAL/HEALTH NE	CONDS OF It IS UNKNOWN (NO OF
h.	What year did your ASC buy or last upgrade your EMR/EHR system?	Year	
i.	Is your ASC's EMR/EHR system certified by the "Certification Commission for Healthcare Information Technology" (CCHIT)?	l 1 ☐ Yes l 2 ☐ No l 3 ☐ Unknown	
j.	Are there plans for installing a new EMR/EHR system or replacing the current system within the next 3 years?	l 1 ☐ Yes l 2 ☐ No	3 ☐ Maybe 4 ☐ Unknown
NOT	ES		
-			

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	Section V – AMBULATORY SURGERY CENTER DESCRIPTION – Continued							
	No	w I would like	e to ask you some questions a	about yo	ur ASC.			
15c.	. Now I have some questions about generating a report for all outpatient surgery patients for sampling.							
	Wo ger cas	uld you or yo nerate a singl ses for the fol	ur IT staff be able to le list of outpatient surgery llowing locations? ame listed above.)	1  Yo	es o – ONLY 2 L0 o – More than	OGS SKIP to 2 logs – Con	item 15e tinue with iter	m 15d.
d.	ger	nerate one lis	ur IT staff be able to t of outpatient surgery of these locations?	or	es – Make sure of the NHAMCS of – Continue	6-101(U) in ite	m 11 for each	ox is marked a AU.
	Give Inst	e a copy of the ' ructions" to the	"Single Sampling List IT contact.	IT Contact name   RECORD ON   Telephone number   (Area code and number)				
e.	OR inc		•	2 Y	es, all electron es, part paper art electronic		No Jnknown	
f.	Doe	es your ASC h	ave a computerized system f	or –	Yes	No	Unknown	Turned off
	(1)	Patient dem	ographic information?		1 🗆	2 🗌	3 🗆	4 🗌
		If "Yes," ask –	Does this include patient problem lists?		1	2 🗌	3 🗌	4 🗌
	(2)	Orders for pr	escriptions?		1	2 🗌	з 🗌	4 🗌
		If "Yes," ask –	(a) Are warnings of drug interactions or contraind provided?	ications	     1	2 🗆	3 🗆	4 🗆
			(b) Are prescriptions sent electronically to the pha	rmacy?	1 🗆	2 🗌	з 🗆	4 🗌
	(3)	Orders for te			1 🗆	2 🗌	3 🗆	4 🗌
		If "Yes," ask –		ly?	1 🗆	2 🗌	3 🗌	4 🗌
	(4)	Viewing of la	ab results?		1 🗆	2 🗌	3 🗆	4 🗌
		If "Yes," ask –	Are out of range levels highli	ighted?	1	2 🗌	3 🗆	4 🗌
	(5)	Viewing of e in the ASC?	lectronic imaging results		1 🗆	2 🗌	3 🗆	4 🗆
	(6)	Clinical note	s?		1 🗆	2 🗌	3 🗆	4 🗌
		If "Yes," ask –	Do they include medical history and follow-up notes?		   1	2 🗌	з 🗆	4 🗆
	(7)		or guideline-based s and/or screening tests?		1 🗆	2 🗌	з 🗆	4 🗆
	(8)	Public healtl			1 🗆	2 🗌	3 🗆	4 🗌
		If "Yes," ask –	Are notifiable diseases sent electronically?		   1	2 🗌	з 🗆	4 🗆
g.	sys		the above features of your   r ASC does NOT use or has	1 □ Ye	es – <i>Please sp</i>	ecify 屖		
	Sho	w flashcard on p	page 29 of the NHAMCS-124.			ndicate in iter omponent(s)		umn, any
				2  No	o nknown	1 Unknov	vn	

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## Section I - TELEPHONE SCREENER - Continued

# **CLOSING STATEMENT**

Thank you . . ., but it seems that our information was incorrect. Since (Name of hospital) is not a licensed hospital it should not have been chosen for our study. Thank you very much for your cooperation. Terminate telephone call and complete sections VI and VII beginning on page 21.

# **CLOSING STATEMENT**

Thank you . . ., but it seems that our information was incorrect. Since (Name of hospital) does not have 24-hour emergency services, outpatient clinics, or ambulatory surgery centers, it should not have been chosen for our study. Thank you very much for your cooperation. Terminate telephone call and complete sections VI and VII beginning on page 21.

## **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 hospital 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 Emergency Physicians
  - Emergency Nurses Association
  - Society for Academic Emergency Medicine
  - American College of Osteopathic Emergency Physicians
  - Federation of American Hospitals
  - American College of Surgeons
  - American Health Information Management Association
  - American Academy of Ophthalmology
  - Society for Ambulatory Anesthesia
  - Surgeon General's office
- (3) Nationwide sample of about 600 hospitals and 200 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 hospitals that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory care.

ITEM B-2

Hospital HAS MERGED with or SEPARATED from another in the past two years? (Item 8e is YES.)

- 1 ☐ Yes Go to CLOSING STATEMENT C1 below.
- 2 ☐ No Go to CLOSING STATEMENT C2 below.

**CLOSING STATEMENT** 

Since your hospital has merged or separated within the last 2 years, I need to get further instructions from the Centers for Disease Control and Prevention (CDC) on how to proceed. I will call you back within a week and let you know which parts of your hospital will be in the survey. Thank you for your cooperation! Telephone your Regional Office to report the Hospital Name and ID Number.

CLOSING **STATEMENT** 

NOTES

I would like to arrange to meet with you so that I can better present the details of the study. Is there a convenient time within the next week or so that I could meet with you or your representative?

Thank you . . . for your cooperation. I am looking forward to our meeting. Record day, date and time of appointment in item 5, page 1; and terminate telephone call.

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## **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 hospital 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 20 million visits to hospital-based 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 you, your hospital 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 covers hospital facilities on and off hospital grounds
- (13) NHAMCS covers care provided by or under the direct supervision of a physician
- (14) NHAMCS excludes office-based physicians (these are covered under the NAMCS)
- (15) NHAMCS excludes visits to clinics where only ancillary services are provided, e.g., X-ray, laboratories, and pharmacies, and where physician services are not provided, e.g., physical, speech, and occupational therapy, and dental and podiatry clinics
- (16) For the first time, we are including ambulatory surgery visits in the survey
- (17) Only a 4-week data collection period
- (18) On average, sample of approximately 100 ED, 150 to 200 OPD, and 100 ASC visits per hospital

## SHOW PATIENT RECORD FORMS

- (19) Form takes only 6 or 7 minutes to complete
- (20) Forms are to be completed by hospital staff at their convenience
- (21) Portion containing patient's name or other identifying information is removed before collecting

# **Section V - AMBULATORY SURGERY CENTER DESCRIPTION**

## CHECK ITEM E

- □ Hospital has at least one ASC (Yes in item 10c).
  - 2 Hospital does not have any ASCs SKIP to Section VI, DISPOSITION AND SUMMARY on page 22.

Name

- 15a. Does this facility have any satellite facilities which perform ambulatory (outpatient) surgery?
- <sup>1</sup> ☐ 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?

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

## To develop the sampling plan, I would like to (collect/verify) more specific information about this hospital'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).

NOTE

FR

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

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, cardiac cath). 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)	Specialty group	AU number	Expected No. of ambulatory (outpatient) surgery cases  from to	Take every number	Random start number
	(a)	(b)	(c)	(d)	(e)	(f)
1						
2						
3						
4						
5						
6						
7						
8						
	TOTAL -	<b>&gt;</b>				

**CHECK** ITEM F

- 1 ☐ Hospital has only 1 ASC location SKIP to Item 15e.
- 2 Hospital has more than 1 ASC location Continue with item 15c. Make sure that the "Single log/list" or "Multiple log/list" box is marked on the NHAMCS-101(U) in item 11.

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		Sect	tion IV – OUTPATIENT DEPAR	RTMENT	DESCRIPTION	DN – Contin	ued	
	No	w I would like	e to ask you some questions	about yo	ur OPD.			
14t.	OR inc		•					
		. , ,		for	Yes	No	Unknown	Turned off
u.		-	nave a computerized system	ior –	1 1	2 🗆	3 🗆	4 🗆
	(1)		ographic information?		1 1 🗆	2 🗆	3 🗆	4 🗆
		If "Yes," ask –	Does this include patient problem lists?		1 🗆	2 🗆	3 🗆	4 🗆
	(2)	Orders for pr	escriptions?		1 🗆	2 🗆	з 🗆	4 🗆
		If "Yes," ask –	(a) Are warnings of drug interactions or contraine provided?	dications	1 🗆	2 🗆	3 🗆	4 🗆
			(b) Are prescriptions sent electronically to the pha	rmacy?	1 🗆	2 🗆	з 🗆	4 🗆
	(3)	Orders for te	ests?		1 🗆	2 🗌	з 🗆	4 🗆
		If "Yes," ask -	Are orders sent electronica	lly?	1 🗆	2 🗌	з 🗌	4 🗌
	(4)	Viewing of la	ab results?		1 🗆	2 🗌	3 🗌	4 🗌
		If "Yes," ask –	Are out of range levels high	lighted?	1 🗆	2 🗌	з 🗌	4 🗌
	(5)	Viewing of e in the OPD?	lectronic imaging results		1 🗆	2 🗌	3 🗌	4 🗌
	(6)	Clinical note			1 🗆	2 🗌	3 🗆	4 🗆
		If "Yes," ask –	Do they include medical history and follow-up notes:	?	   1	2 🗌	з 🗆	4 🗌
	(7)		or guideline-based s and/or screening tests?		   1	2 🗆	з 🗆	4 🗆
	(8)	Public healtl	h reporting?		1 🗆	2 🗌	з 🗆	4 🗌
		If "Yes," ask -	Are notifiable diseases sent electronically?		1	2 🗌	3 🗆	4 🗆
v.	sys		the above features of your r OPD does NOT use or has	1 □ Y	es – Please sp	pecify 🙀		
	Sho	w flashcard on p	page 29 of the NHAMCS-124.	2 <u>N</u>		ndicate in iten ny componen		
CHEC ITEM		(part) in it 2 ☐ The OPD	uses ELECTRONIC MEDICAL/HE tem 14t) – <i>Continue with item 14w.</i> either does not use ELECTRONIC in item 14t) – <i>SKIP to item 14y.</i>		` `	,	s unknown (N	lo or
w.		at year did yo r EMR/EHR s	our OPD buy or last upgrade ystem?		Year	₁ ☐ Unknov	vn	
x.	the	"Commission	MR/EHR system certified by n for Healthcare hnology" (CCHIT)?	1				
у.	EM	R/EHR system	for installing a new n or replacing the current ne next 3 years?	1  Y		3 ☐ Maybe		

	Section II – INDUCTION	INTERVIEW - Continued
CHECK ITEM B-3	□ CHECK ITEM B = 1 (ED meets eligibility requ     □ CHECK ITEM B = 2, 3, 4, or 5 (ED does NOT Implementation on page 8.	uirements)  meet eligibility requirements) – <i>SKIP to Part B. Survey</i>
No qu	ow I would like to ask you a few more estions about your hospital.	
11a. Ho ele	w many days in a week are inpatient ective surgeries scheduled?	Number of days
b. Do	es your hospital have a bed coordinator, metimes referred to as a bed czar?	l 1 ☐ Yes l 2 ☐ No l 3 ☐ Unknown
	w often are hospital bed census data ailable? ad answer categories.	Instantaneously    Description of the content of th
Sta A h pro	es your hospital have hospitalists on off?  ospitalist is a physician whose primary fessional focus is the general care of hospitalized ients. He/she may oversee ED patients being nitted to the hospital.	l 1 ☐ Yes   2 ☐ No
e. Do adı	the hospitalists on staff at your hospital mit patients from your ED?	l
NOTES	3	
-		
1		

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	Section II – INDUCTION INTERVIEW – Continued
	Part B. SURVEY IMPLEMENTATION
A	As I mentioned earlier, I would like to discuss the plan for conducting the study. This hospital has
b	een assigned to a 4-week data collection period beginning on Monday, (/
F	irst, I would like to discuss the steps needed to obtain approval for the study.
12.	Are there any additional steps needed to obtain permission for the hospital to participate in the study?
	1 ☐ Yes – Specify the necessary steps below ⊋ 2 ☐ No

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## Section IV - OUTPATIENT DEPARTMENT DESCRIPTION - Continued

CH	EC	K
	М	D

↑ □ At least one OPD Clinic in-scope.

$_{ ext{C}} \square$ All OPD Clinics out-of-scope – $_{ ext{C}}$	SKIP to Section V,	<b>AMBULATORY</b>	SURGERY (	CENTER
DESCRIPTION on page 19.				

#### CHECK ITEM D-1

	====: Fags :s:
s tl	he total number of expected OPD visits during the reporting period between
	and?
	Yes – SKIP to 14t on page 18. No, it is <b>MORE THAN</b> the range – GO to item a. No, it is <b>LESS THAN</b> the range – SKIP to item c.
	Compare to previous sampling plan. Are there more clinics this year compared to last year? (If "Yes" then verify scope and ownership of the new clinics this year, make changes if needed, and then check one of the following responses.)
	1 $\square$ Yes, this is correct, some clinics have opened or should have been included last year. – $\mathit{List}_{\not \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$

- No, the number of clinics has not increased.
   b. Is the number of expected visits to any of the clinics more than twice the number shown on last year's
  - 1 ☐ Yes, this is correct, visits have increased this year or were too low last year. *Explain* ✓
- <sup>2</sup> No, the number of visits has not increased dramatically.

## ☆ SKIP to item 14t on page 18

- c. Compare to previous sampling plan. Are there fewer clinics this year compared to last year?
  - 1 ☐ Yes, this is correct, some clinics have closed or shouldn't have been included last year. List ✓
- $_{2}\square$  No, the number of clinics has not decreased.
- **d.** Is the number of expected visits to any of the clinics less than half of the number shown on last year's sampling plan?
  - 1 ☐ Yes, this is correct, visits have decreased this year or were too high last year. Explain ⊋

<sup>2</sup> No, the number of visits has not decreased dramatically.

## Section IV - OUTPATIENT DEPARTMENT DESCRIPTION - Continued

FR NOTE OPD Specialty Groups include:

• **GM** - General Medicine • **PED** - Pediatrics

• **SA** – Substance Abuse

**\*SURG –** Surgery **\*OBG –** Obstetrics/Gynecology

\*OTHER - Other

## **INSTRUCTIONS**

- Only record generic clinic names in column (a) (e.g., pediatric clinic). If the clinic has a formal/proper name, enter a generic clinic name in (a) and record the Line No. and the formal/proper name on page 2 of the control card.
- Complete columns (b) and (c) using pages 10 to 20 of the NHAMCS-124, Sampling and Information Booklet. Complete columns (e) and (f) after developing the sampling plan. See page 4 of the NHAMCS-124 for instructions.

Line No.	Outpatient department clinic name (Generic)	Specialty group	NHAMCS-124 Specialty Group Scope	Expected No. of visits fromto	Take every number	Random start number
	(a)	(b)	(c)	(d)	(e)	(f)
1			☐ In-Scope ☐ Out-of-Scope			
2			☐ In-Scope ☐ Out-of-Scope			
3			☐ In-Scope ☐ Out-of-Scope			
4			☐ In-Scope ☐ Out-of-Scope			
5			☐ In-Scope ☐ Out-of-Scope			
6			☐ In-Scope ☐ Out-of-Scope			
7			☐ In-Scope ☐ Out-of-Scope			
8			☐ In-Scope ☐ Out-of-Scope			
9			☐ In-Scope ☐ Out-of-Scope			
10			☐ In-Scope ☐ Out-of-Scope			
11			☐ In-Scope ☐ Out-of-Scope			
12			☐ In-Scope ☐ Out-of-Scope			
13			☐ In-Scope ☐ Out-of-Scope			
14			☐ In-Scope ☐ Out-of-Scope			
15			☐ In-Scope ☐ Out-of-Scope			
	TOTAL —		<b>→</b>			
(						

Section II - INDUCTION INTERVIEW - Continued 13. Now I would like to make arrangements to 1 ☐ Respondent – Go to CHECK ITEM C below obtain the information needed for sampling. 2 ☐ Someone else – Specify below 

✓ I will need to (know/verify) how your 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, Emergency Department Description, Section IV, (emergency department/(and), outpatient department/(and), ambulatory surgery center) (is/are) 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? Outpatient Department Description, or Section V, Ambulatory Surgery Center Description as appropriate. Thank current respondent for his/her time and cooperation. Name Title Record on **Control Card** Department Telephone number | Name Title Record on **Control Card** Department Telephone number Name Title Record on **Control Card** Department Telephone number 1 ☐ The hospital provides emergency services that are staffed 24 hours each day. (Yes in item 9a) — CHECK ITEM C GO to Section III, EMERGENCY DEPARTMENT DESCRIPTION on page 10. □ The hospital DOES NOT provide emergency services that are staffed 24 hours each day. (No in item 9a) - SKIP to Section IV, OUTPATIENT DEPARTMENT DESCRIPTION on page 15. **NOTES** 

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## **Section III - EMERGENCY DEPARTMENT DESCRIPTION**

To develop the sampling plan, I would like to (collect/verify) more specific information about this hospital's emergency department.

- (1) If the hospital has previously participated, simply verify that the emergency service area(s) (ESA) listed below is/are still operating in the hospital by -
  - (a) crossing through any ESAs on the list that no longer exist or are no longer operational in that hospital.
  - (b) adding the name(s) of any new ESA(s) that has/have been created or has/have become operational in that hospital. For each new ESA added to the list, be sure to obtain the proper type to be entered in column (b).
  - (c) obtaining an estimate of visits for each ESA, covering the 4-week reporting period. Enter the estimate in column (c).
- (2) If the hospital has not previously participated, obtain a complete listing of all eligible ESAs along with their corresponding type and expected number of visits for each ESA during the 4-week reporting period. Record this information in columns (a), (b), and (c) below.

## **INSTRUCTION:**

ESA types include:

• Only record generic ESA names in column (a) (e.g., pediatric emergency department). If the ESA has a formal/proper name, enter a generic name in (a) and record the Line No. and the formal/proper name on page 2 of the control card.

NO1	• General • Pediatric • Urgent care/Fast track	<ul><li>Psychiatric</li><li>Other</li></ul>			
Line No.	Emergency service area name (Generic) (a)	ESA type (b)	from toto	Take every number (d)	Random start number (e)
1	\		, ,		,
2					
3					
4					
5					
6					
7					
8					
9					
10					
	TOTAL —	<b></b>			

**INSTRUCTIONS –** Complete columns (d) and (e) after developing the sampling plan. See page 2 of the NHAMCS-124, Sampling and Information Booklet.

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## **Section IV - OUTPATIENT DEPARTMENT DESCRIPTION**

To develop the sampling plan, I would like to (collect/verify) more specific information about this hospital's outpatient department.

- (1) If the hospital has previously participated, simply verify that the clinic(s) listed on page 16 is (are) still operating in the hospital by -
  - (a) crossing through any clinics on the list which no longer exist or are no longer operational in that hospital.
  - (b) adding the name(s) of any new clinic(s) which has/have been created or 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.
  - (c) obtaining an estimate of visits for each clinic, covering the 4-week reporting period. Enter the estimate in column (d).
  - (d) If this Outpatient Department has more than 5 clinics FAX the updated list to your 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 16 of the NHAMCS-101, Questionnaire.
- (2) If the hospital has not previously participated or a clinic list is not attached to this 101, obtain a complete listing of all eligible outpatient clinics along with their corresponding specialty group code, and expected number of visits for each clinic during the 4-week reporting period. Record this information in columns (a), (b), and (d) on the next page.

NOTES			

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Page 15

Section III – EMERGENCY DEPAR	RTMENT DESCRIPTION - Continued
14s. Which of the following procedures does your ED use?  Show flashcard on page 30 of the NHAMCS-124.  Mark (X) all that apply.	□ Bedside registration □ Computer-assisted triage □ Separate fast track unit for nonurgent care □ Separate operating room dedicated to ED patients □ Electronic dashboard (i.e., displays updated patient information and integrates multiple data sources) □ Radio frequency identification (RFID) tracking (i.e., shows exact location of patients, caregivers, and equipment) □ Zone nursing (i.e., all of a nurse's patients are located in one area) □ "Pool" nurses (i.e., nurses that can be pulled to the ED to respond to surges in demand) □ Full capacity protocol (i.e., allows some admitted patients to move from the ED to inpatient corridors while awaiting a bed) □ None of the above
and b) – SKIP to Section IV, OUTPATIENT I	partment that provides physician services. (Yes in items 10a DEPARTMENT DESCRIPTION on page 15. tpatient department that provides physician services. (No in BULATORY SURGERY CENTER DESCRIPTION on page 19.
NOTES	

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# Section III - EMERGENCY DEPARTMENT DESCRIPTION - Continued

CH	IECK
	EM C-1

HECK TEM C-1	Is the total number of expected ED visits during the reporting period between
EM C-1	and ?
	1 ☐ Yes – <i>SKIP to item 14a on page 12</i> 2 ☐ No, it is <b>MORE THAN</b> the range – <i>GO to item a.</i> 3 ☐ No, it is <b>LESS THAN</b> the range – <i>SKIP to item b.</i>
	a. Is the number of expected visits to any of the ESAs more than twice the number shown on last year's sampling plan?
	1 ☐ Yes, this is correct, visits have increased this year or were too low last year. – Explain ✓
	No, the number of visits has not increased dramatically.
	SKIP to item 14a on page 12
	<b>b.</b> Is the number of expected visits to any of the ESAs less than half of the number shown on last year's sampling plan?
	¹ ☐ Yes, this is correct, visits have decreased this year or were too high last year. — Explain ⊋
	$_{2}$ $\square$ No, the number of visits has not decreased dramatically.
NOTES	

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		Sec	tion III – EMERGENCY DEPAR	TMENT	DESCRIPTIO	DN – Contin	ued	
	No	w I would like	e to ask you some questions	about you	ur ED.			
4a.	OR inc		•	1 ☐ Yes, all electronic 3 ☐ No 2 ☐ Yes, part paper and 4 ☐ Unknown part electronic				
h					Yes	No	Unknown	Turned off
D.			ave a computerized system fo	)r –	1	2 🗆	3 🗆	4 🗆
	(1)	If "Yes," ask –	ographic information?  Does this include patient		1	2 🗆	3 🗆	4 🗆
		——————————————————————————————————————	problem lists?		1 🗆	2 🗌	3 🗆	4 🗆
	(2)	Orders for pr	rescriptions?		1 🗆	2 🗌	з 🗆	4 🗆
		If "Yes," ask –	(a) Are warnings of drug interactions or contrained provided?	lications	1 🗆	2 🗌	з 🗆	4 🗆
			(b) Are prescriptions sent electronically to the pha	rmacy?	     1	2 🗌	з 🗆	4 🗆
	(3)	Orders for to	ests?		1 🗆	2 🗌	3 🗆	4 🗌
		If "Yes," ask -	Are orders sent electronical	lly?	1 🗆	2 🗌	3 🗌	4 🗌
	(4)	Viewing of la	ab results?		1 🗆	2 🗌	3 🗌	4 🗌
		If "Yes," ask –	Are out of range levels highl	ighted?	1 🗆	2 🗌	3 🗆	4 🗌
	(5)	Viewing of e in the ED?	lectronic imaging results		   1	2 🗌	з 🗆	4 🗆
	(6)	Clinical note	es?		1 🗆	2 🗌	3 🗌	4 🗌
		If "Yes," ask –	Do they include medical history and follow-up notes	?	 	2 🗌	3 🗆	4 🗆
	(7)	Reminders fintervention	or guideline-based s and/or screening tests?		1 🗆	2 🗌	з 🗌	4 🔲
	(8)	Public healt	h reporting?		1 🗆	2 🗌	з 🗆	4 🗌
		If "Yes," ask –	Are notifiable diseases sent electronically?		1 🗆	2 🗌	з 🗆	4 🗆
C.	sys		the above features of your r ED does NOT use or has	   1 □ Y€	es – Please sp	ecify 屖		
	Sho	w flashcard on	page 29 of the NHAMCS-124.	FR NOTE – Indicate in item 14b, last column, any component(s) turned off.				
					nknown			
HECI			ses ELECTRONIC MEDICAL/HEAL em 14a) – <i>Continue with item 14d.</i>	TH RECO	RDS (Yes (all	or Yes		
TEM (	The ED either does not use ELECTRONIC MEDICAL/HEALTH RECORDS or it is unknown (No or Unknown in item 14a) – SKIP to item 14f.						or	
d.		at year did ye ır EMR/EHR s	our ED buy or last upgrade ystem?		Year	1 Unknow	/n	
e.	the	"Commissio	R/EHR system certified by n for Healthcare hnology" (CCHIT)?	1  Ye				
f.	EM	R/EHR syster	for installing a new m or replacing the current he next 3 years?	1  Ye		3 ☐ Maybe		

	Section III – EMERGENCY DEPART	MENT DESCRIPTION – Continued
14g.	Does your ED have a physically separate observation or clinical decision unit?	1 ☐ Yes 2 ☐ No 3 ☐ Unknown } SKIP to item 14i
h.	What type of physicians make decisions for patients in this observation or clinical decision unit?	1 ED physicians 2 Hospitalists 3 Other physicians 4 Unknown
i.	Are admitted ED patients ever "boarded" for more than 2 hours in the ED or the observation unit while waiting for an inpatient bed?	1 ☐ Yes 2 ☐ No 3 ☐ Unknown
j.	If the ED is critically overloaded, are admitted ED patients ever "boarded" in inpatient hallways or in another space outside the ED?	1 ☐ Yes 2 ☐ No 3 ☐ Unknown
k.	What is the total number of hours that your hospital's ED was on ambulance diversion in 2009?	Total number of hours  1 Data not available 2 ED did not go on ambulance diversion in 2009 – SKIP to item 14n
l.	Is ambulance diversion actively managed on a regional level versus each hospital adopting diversion if and when it chooses?	1 ☐ Yes 2 ☐ No 3 ☐ Unknown
m.	Does your hospital continue to admit elective or scheduled surgery cases when the ED is on ambulance diversion?	1 ☐ Yes 2 ☐ No 3 ☐ Unknown
n.	As of last week, how many standard treatment spaces did your ED have? Standard treatment spaces are beds or treatment spaces specifically designed for ED patients to receive care, including asthma chairs.	Total number of standard treatment spaces
0.	As of last week, how many other treatment spaces did your ED have?  Other treatment spaces are other locations where patients might receive care in the ED, including chairs, stretchers in hallways that may be used during busy times.	Total number of other treatment spaces
p.	In the last two years, has your ED increased the number of standard treatment spaces?	1 ☐ Yes 2 ☐ No 3 ☐ Unknown
q.	In the last two years, has your ED's physical space been expanded?	1 ☐ Yes 2 ☐ No 3 ☐ Unknown
r.	Do you have plans to expand your ED's physical space within the next two years?	1 ☐ Yes 2 ☐ No 3 ☐ Unknown

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