NOTES	
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agency may not conduct of	or sponsor, and a regarding this bu	persor	n is not required to respo stimate or any other aspo	ond to a collect ect of this colle	ion of information unless ction of information. inclu	iewing the collection of information. An it displays a currently valid OMB control Iding suggestions for reducing this burde A (0920-0278).
confidential, will be used	for statistical purpled to other pers	ooses c ons witl	only by NCHS staff, cont hout the consent of the	ractors, and ag	gents only when required stablishment in accordance	or an establishment will be held I and with necessary controls, and will ce with section 308(d) of the Public •107-347).
1. Label					(4-9-2009) U.S. D Ecc ACTING NATIONA	S-101(FS) DEPARTMENT OF COMMERCE onomics and Statistics Administration U.S. CENSUS BUREAU AS DATA COLLECTION AGENT FOR THE L CENTER FOR HEALTH STATISTICS
					TORY MEDIC	FOR DISEASE CONTROL AND PREVENTION AL CARE SURVEY RY CENTERS
2a. ASC administrate	or contact info	rmatio	on	b. ASC	contact information	
Name Title			CORD ON	Name Title		RECORD ON
Telephone number (Area code and number)	'	CON	TROL CARD		le and number)	CONTROL CARD
FAX number				FAX num		
			Section I – TEL		SCREENER	
 Field representative information 	e	4. F	Record of telephone Date	calls Time		Results
Telephone screener	FR Code	1				
ASC induction	FR Code	2				
5. Final outcome of A	SC screening		·		During your initial ca	II to the ASC, attempt to speak to t
1 🗌 Appointment					this time, determine	e contact person is not available at when he/she can be reached and
Day						I unable to talk to the contact or contact is no longer an appropriate
2 🗌 Noninterview – C	complete section	ons V a	and VI on page 19.		respondent, begin th the contact person o	ne interview with a representative of r new contact, as appropriate.
NOTES						

NOTICE - Public reporting burden of this collection of information is estimated to average 90 minutes per response, including the time for reviewing

Section I – TELEPHONI	E SCREENER – Continued	Section V – DISPO	SITION AND SUMMARY			
Part A. INTRODUCTION		AMBULATORY UNIT CHECKLIST				
surgery centers and in hospitals. You should h director of the National Center for Health Stati	r name). I am calling for the Centers for Disease of ambulatory surgery in free-standing ambulatory ave received a letter from Dr. Edward J. Sondik, the stics, describing the study. (<i>Pause</i>) You've probably reau, which is collecting the data for the study.	 16a. How many ASCs were selected for sample? Enter 0 if no ASCs were selected for sample. Did you include a NHAMCS-101(U) for each? 	Number of ASCs 1 □ Yes 2 □ No – Explain _Z			
6. Did you receive the letter(s)? (If "No" or "DK," offer to send or deliver another copy.)	1 Yes – <i>SKIP to STATEMENT A</i> 2 No 3 Don't know					
7a. Let me verify that I have the correct name and address for your ASC. Is the correct name (Read name from Control Card)?	1 \square Yes 2 \square No – Enter correct name \swarrow	b. Number of ASC Patient Record Forms completed	Number of ASC PRFs			
	RECORD ON CONTROL CARD	17a. FINAL DISPOSITION	 All eligible units completed Patient Record Forms Some eligible units completed GO to Item 17b 			
b. Is your ASC located at (Read address from Control Card)?	1 \Box Yes 2 \Box No – Enter ASC location \swarrow Number and street		 Some eligible units completed Patient Record Forms ASC refused ASC closed ASC ineligible 			
	City State ZIP Code	b. NATURE OF REFUSAL Mark (X) all that apply.	1			
C. Is this also the mailing address?	$1 \square Yes$ $2 \square No - Enter correct mailing address \neq$	FR NOTE – If one or more responses are NONINTERVIEW. If no resp	re marked in 17b, complete Section VI, ponses marked, END INTERVIEW.			
	Number and street	Section VI – NONINTERVIEW				
STATEMENT A 🔪 (Although you have not recei	City State ZIP Code RECORD ON CONTROL CARD	18. What is the reason the ASC did not participate in this study?	ASC closed ASC not eligible ASC refused – <i>SKIP to Item 19a</i>			
study to you at this time and Part B. VERIFICATION OF ELIGIBILITY	answer any questions about it.		$4 \square \text{ Other} - Specify}_{\overrightarrow{k}}$			
INTRODUCTION STATEMENT B1 The National Center for Heal and Prevention is conducting began data collection in 1992	th Statistics of the Centers for Disease Control an annual study of ambulatory care. The study 2. Beginning in 2010, free-standing ASCs are		END INTERVIEW			
to collect the data. (Name of A in the study. I am calling to a participation. The study is au the information will be held s Before discussing the details	CDC has contracted with the U.S. Census Bureau (SC) has been selected to participate rrange an appointment to discuss your athorized under the Public Health Service Act and trictly confidential. Participation is voluntary. (a) I would like to verify our basic information about	19a. At what point in the interview did the refusal/breakoff occur? <i>Mark (X) appropriate box(es)</i>	 1 During the telephone screening 2 During the ASC induction 3 After the ASC induction, but prior to assigned reporting period 4 During the assigned reporting period 			
(Name of ASC) to be sure we have a surgery or ambulatory (outpatient) surgery or ambulatory diagnostic or therapeutic procedures currently performed in this facility?	ave correctly included this ASC in the study. 1 Yes 2 No – SKIP to CHECK ITEM B on page 4.	b. By whom?	 1 ASC administrator 2 ASC director 3 Approval board or official 4 Other ASC official 			
NOTE: Do not ask item 8b if facility is an eye surgery center.		C. Was the refusal by telephone or in person?	1			
b. In this study we are excluding facilities that are exclusively family planning clinics, birthing centers, abortion clinics, podiatry centers or dentistry centers.	1 ☐ Yes – <i>SKIP to CHECK ITEM B on page 4.</i> 2 ☐ Continue with item 9.	d. What reason was given?				
Is (Name of facility) exclusively one of these?						
9. Is this facility currently licensed by the state?	1 🗆 Yes 2 🗋 No	e. Was conversion attempted?	1 🗌 Yes 2 🔲 No			

Section IV – AMBULAT	ORY UNIT RECORD – Continued	Section I – TELEPHONE S
Sect	ion H – FINAL DISPOSITION	Part B. VERIFICATION OF ELIGIBILITY
1. FINAL DISPOSITION	Ambulatory unit 1 Participated a Patients seen, Continue to Item 2 b No patients seen 2 Refused 3 Closed a Temporary b Permanent 4 Ineligible a AU not under auspices of ASC b Only ancillary services provided c AU classified as out-of-scope d Other – Specify i	 10. It is important for us to determine whether or not your facility operates under the License or Provider of Services (POS) number of a parent facility. a. Does your ASC operate under the license of a parent facility? b. Does your ASC operate under the Provider of Services (POS) number of a parent facility? CHECK Refer to items 10a and 10b. Is "Yes" marked in ANY of these items?
2. Who completed the patient record forms? Mark (X) all that apply NOTES	 1 □ ASC staff 2 □ FR – abstraction DURING reporting period 3 □ FR – abstraction AFTER reporting period 4 □ Other – Specify ¥ 	11. Is this facility owned, operated, or managed by –
		 12a. Is the ambulatory (outpatient) surgery performed here primarily one specialty? b. Is the ambulatory (outpatient) surgery performed here multi-specialty?
		NOTES

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

f	1
	1 □ Yes 2 □ No
	1 Yes – What is the name and address of your parent facility?
	Number and street RECORD ON CONTROL CARD City State ZIP Code RECORD ON CONTROL CARD
	Thank you for your time and assistance. We may contact you again in a few days regarding participation in this study.
d	 2 No - SKIP to CHECK ITEM B on page 4. 1 A hospital 2 One or more physicians 3 Health maintenance organization 4 Another health care provider 5 A health care corporation that owns multiple health care facilities (e.g., HCA or Health South) 6 Other
	1 □ Yes – What is the specialty? 2 □ No
	1 🗌 Yes 2 🗌 No

Section I – TELEPH	IONE SCREENER – Continu	led			Section IV – Al	MBULATO
Part B. VERIFICATION OF ELIGIBILITY					Section D –	VERIFICA [.]
13a. Does this facility have any satellite facilities which perform ambulatory (outpatient) surgery?	1 ☐ Yes – <i>Continue</i> w 2 ☐ No – <i>SKIP to Che</i>			Verify with ASC direct (and records have bee	en pulled).	Ũ
b. What are the names, addresses, and telephone numbers of the satellite facilities?	Name		1.	 According to our information, about (number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate? 		•
	Address	Record on Control Card	2.	About how many v reporting period, _	isits do you expec to	ct during tl
	Telephone number			Determine if new Take numbers must be calc	e Every and Random culated for this ASC.	Start
	Name		3a	 Divide the revised esti- estimate from B-3. 	imate by the original	
	Address	Record on Control Card	b	. Is the result of (a)	between 0.7 and	1.3?
	Telephone number				CULATE NEW TA	
	Name		1.	Calculate new Take E (page 18) of the NHAI estimate of visits from from B-4).	MCS-124. (Use the re	evised
	Address	Record on Control Card	2.	Calculate new Randor row on the label affixe NHAMCS-101(FS).		xt available
	Telephone number				Section G -	PATIENT
			1.	Enter the range of Pati	ent Record Forms tha	at were ACT
CHECK ITEM B ASC meets eligibility requirements (ite ASC is ineligible because it does not p <i>CLOSING STATEMENT B1 on page 5</i> ASC is ineligible because it operates u	perform ambulatory surgery (iten 5. under a parent facility that is on t	n 8 is NO) – <i>Go to</i>		FIRST FOLIO	FROM:	
CLOSING ŠTATEMENT B2 on page 5 4		Go to		SECOND FOLIO	FROM:	
CHECK ASC refused ITEM B-1 ASC refused ✓ I □ Yes - SKIP to item a				THIRD FOLIO	FROM:	
 2 No – SKIP to Part C. STUDY DESCRIPTION a. Determine whether facility has an eligible inquire as to how many visits are experimented in period. 	ble ASC and if so, cted during the 1 Yes			IOTES		
 b. If unable to determine expected visits for visits to the facility last year. 	2 ☐ No or the assigned reporting period		_			
ASC visits last year			-			
Go to Section V, DIS	SPOSITION AND SUMMARY or	n page 19.				
Page 4		FORM NHAMCS-101(FS) (4-9-2009)	FORM	NHAMCS-101(FS) (4-9-2009)		

RY	UNIT RECORD – Continued
ΓΙΟ	N OF ESTIMATED VISITS
s	
	1 ☐ Yes – <i>SKIP to section G</i> 2 ☐ No
he	Revised estimate
	Revised estimate = = (Result)
	Original estimate
 	1 Yes – SKIP to section G
	2 🗌 No
	ID RANDOM START NUMBERS FOR THIS ASC
 	New Take Every
 	New Random Start
	ORD FORM INFORMATION
UA	LLY used by the unit.
T	
	/

Ity — MULTI 3 GI 4 of oled within the ASC Sec ber umber er of visits in this ting period from Section A, Item b. ch 1. tal number of patient from (dates specified in tient logs, etc. Ask if IOT LEAVE TOTAL COMPLETE AND POSSIBLE.) nt record forms were AU?	AMB OPH Ction B Wee Wee Wee Wee	ULATOI 5 □ C - SAMP 4. Tota peric 5. REI PEF (Mc 6. SU n ek 1 / ek 1	RY UNIT IN DRTHO	Ar)	PLASTIC	7 PAIN	ting SCs 8. Denor	TOTAL TOTAL
Ity — MULTI 3 GI 4 of oled within the ASC Sec ber umber er of visits in this ting period from Section A, Item b. ch 1. tal number of patient from (dates specified in tient logs, etc. Ask if IOT LEAVE TOTAL COMPLETE AND POSSIBLE.) nt record forms were AU?	Ction B	5 □ C - SAMP 4. Tota peric 5. REI PEF (Mc 6. SU n ek 1 / ek 1	DRTHO	6 🗆 F	PLASTIC FION Der of visits du ating rooms w From: To: To: To: MBER OF VIS Week 3	uring report ithin the AS / / r // r // r // r // / RMS	ting SCs 8. Denor /eek 4 /	/ minator TOTAL
WULTI 3 GI 4 of	Ction B	SAMP 4. Tota peric 5. REI PEF (Mc 6. SU n ********************************	LE INFORM I estimated n od for ALL of PORTING RIOD onth/Day/Yea umber Week 2 _ / / /	MAT numb opera ar)	FION ber of visits du ating rooms w From: To: To: 7. Numerato MBER OF VIS Week 3	uring report ithin the AS / / r // r // r // r // / RMS	ting SCs 8. Denor /eek 4 /	/ minator TOTAL
ber Sec ber Sec umber section A, Item b. ch 1. tal number of patient from Section A, Item b. ch 1. tal number of patient from (dates specified in attient logs, etc. Ask if IOT LEAVE TOTAL COMPLETE AND POSSIBLE.) nt record forms were AU?	Wee	 4. Tota periodic peri	I estimated n od for ALL of PORTING RIOD onth/Day/Yea umber Week 2	numb ppera ar)	ber of visits du ating rooms w From: To: To: MBER OF VIS Week 3	r / / / / / / / / / / / / / / / / / / /	SCš 	TOTAL TOTAL
ber imber er of visits in this ting period from Section A, Item b. ch 1. tal number of patient from (dates specified in atient logs, etc. Ask if IOT LEAVE TOTAL COMPLETE AND POSSIBLE.) nt record forms were AU?	Wee	 4. Tota periodic peri	I estimated n od for ALL of PORTING RIOD onth/Day/Yea umber Week 2	numb ppera ar)	ber of visits du ating rooms w From: To: To: MBER OF VIS Week 3	r / / / / / / / / / / / / / / / / / / /	SCš 	TOTAL TOTAL
umber er of visits in this ting period from Section A, Item b. ch 1. tal number of patient from (dates specified in tatient logs, etc. Ask if IOT LEAVE TOTAL COMPLETE AND POSSIBLE.) nt record forms were AU?	Wee	peric 5. REI PEF (Mc 6. SU n ek 1 / ek 1	od for ALL o PORTING RIOD onth/Day/Yea umber <u>Week 2</u> _ / / <u>Week 2</u>	ar)	Ating rooms w From: To: To: To: MBER OF VIS Week 3 MBER OF FOF	r / / / / / / / / / / / / / / / / / / /	SCš 	TOTAL TOTAL
er of visits in this ting period from Section A, Item b. ch 1. tal number of patient from (dates specified in tatient logs, etc. Ask if IOT LEAVE TOTAL COMPLETE AND POSSIBLE.) nt record forms were AU?	Wee	PEF (Mc 6. SU n ek 1	RIOD onth/Day/Yea umber 	ar) NUI /	To: 7. Numerato MBER OF VIS Week 3 	ITS W '/_ RMS	/eek 4	TOTAL TOTAL
ting period from Section A, Item b. ch 1. tal number of patient from (dates specified in atient logs, etc. Ask if IOT LEAVE TOTAL COMPLETE AND POSSIBLE.) nt record forms were AU?	Wee	(Mc 6. SU n ek 1 / ek 1	onth Day Yea umber 	NUI /	7. Numerato	ITS W '/_ RMS	/eek 4	TOTAL TOTAL
ch 1. tal number of patient from <i>(dates specified in</i> f atient logs, etc. Ask if IOT LEAVE TOTAL COMPLETE AND POSSIBLE.) nt record forms were AU?	Wee	ek 1	Week 2 / / Week 2	NUI /	MBER OF VIS Week 3 // MBER OF FOF	ITS W '/_ RMS	/eek 4	TOTAL TOTAL
from <i>(dates specified in</i> atient logs, etc. Ask if IOT LEAVE TOTAL COMPLETE AND POSSIBLE.) nt record forms were AU?	/	/	_ / / Week 2	/	Week 3	W //_/_ RMS	/	TOTAL
from <i>(dates specified in</i> atient logs, etc. Ask if IOT LEAVE TOTAL COMPLETE AND POSSIBLE.) nt record forms were AU?	/	/	_ / / Week 2		// MBER OF FOF	' /_ RMS	/	TOTAL
OT LEAVE TOTAL COMPLETE AND POSSIBLE.) nt record forms were AU?	Wee	ək 1	Week 2		MBER OF FOF			
nt record forms were AU?				NUN			'eek 4	
AU? ory unit use a single log/li							'eek 4	
	list or a n		/// · · O					<u> </u>
	inst of a fi		a/liet?			log/list 2	Multiple	a loa/liet
		-	-			- 10g/113t 21		Flog/list
			RMATION	AN	DLOGS			
		5 unit:			Λ	Mark (X) ON	LY one	
1				Ope		Not ope	en 🛛	Hours vary
FROM	TO				(C)	(d)		(e)
a.m. p.m.			a.m. p.m.		1	2		3
			a.m.		1	•		3
-	1					2		
a.m.	1		a.m. p.m.		1	2		3
	I TO							
p.m.			a.m. p.m.		1	2		3
a.m.	1		a.m. p.m.		1	2		3
a.m.			a.m.		1	2		3
FROM a.m.	 TO		a.m.					3
	FROM a.m. p.m. FROM a.m. p.m. FROM a.m. p.m. FROM a.m. p.m. FROM a.m. p.m. FROM a.m. p.m. FROM a.m. p.m.	Time (b) FROM a.m. p.m. TO FROM a.m. p.m. TO a.m. p.m. FROM TO a.m. p.m. FROM a.m. p.m. TO a.m. p.m. FROM a.m. p.m. TO a.m. p.m. FROM a.m.	(b) FROM a.m. TO p.m. TO a.m. p.m. TO a.m. p.m. TO a.m. p.m. TO a.m. FROM a.m. p.m. FROM a.m. p.m. FROM a.m. p.m. FROM a.m. p.m. FROM TO a.m. p.m. TO a.m.	Time (b) FROM a.m. p.m. TO a.m. p.m. p.m. p.m. FROM a.m. p.m.	Time Op (b) (b) FROM a.m. p.m. TO a.m. p.m. p.m. FROM a.m. p.m.	Time Open 24 hours (c) FROM a.m. TO a.m. p.m. TO a.m. p.m. FROM a.m. p.m. 1 FROM a.m. p.m. 1	Time Mark (X) ON (b) Open 24 hours (c) Not ope (c) FROM a.m. p.m. TO a.m. p.m. 1 2 FROM a.m. p.m. p.m. 1 2 1 FROM a.m. p.m. p.m. p.m. 1 2 1 FROM a.m. p.m. p.m. p.m. 1 2 1 2 FROM a.m. p.m. TO a.m. p.m. p.m. 1 2 1 FROM a.m. p.m. p.m. p.m. 1 2 1	Time Mark (X) ONLY one (b) Open 24 hours (c) Not open (d) FROM a.m. p.m. TO a.m. p.m. 1 2 FROM a.m. p.m. p.m. 1 2 1 FROM a.m. p.m. p.m. 1 2 1 FROM a.m. p.m. p.m. p.m. 1 2 1 FROM TO a.m. p.m. p.m. 1 2 1 1

CLOSING STATEMENT B1	Section I – TELEPHONE Thank you, but it seems that ASC) does not perform ambulate our study. Thank you very much complete Sections V and VI on page 1
CLOSING STATEMENT B2	Thank you, but it seems that ASC) is operated by a parent con study. Thank you very much for complete Sections V and VI on page to
CLOSING STATEMENT B3	Thank you, but it seems that ASC)'s specialty is out-of-scope for our study. Thank you very m and complete Sections V and VI on page
Part C. STUD	(DESCRIPTION
Thank you. No	ow I would like to provide you with
INSTRUCTION	NS
Provide the adm	inistrator or other facility representative w
Cover following µ	points –
(1) The NHAMC outpatient of	CS is the only source of national data on I departments and ambulatory surgery cent
	endorsed by the:
 American American Society fo American Emergence Society fo American 	College of Surgeons Health Information Management Associa Academy of Ophthalmology or Ambulatory Anesthesia College of Emergency Physicians cy Nurses Association or Academic Emergency Medicine College of Osteopathic Emergency Phys n of American Hospitals
(3) Nationwide	sample of about 600 hospitals and 250 fr
(4) Four-week of	data collection period
(5) Brief form co	ompleted for a sample of patient visits
	ASC's that has been selected for producing reliable, national data
NOTES	producing reliable, national data
NOTES	

SCREENER – Continued

our information was incorrect. Since (Name of bry surgery, it should not have been chosen for for your cooperation. *Terminate telephone call and*

our information was incorrect. Since (Name of mpany, it should not have been chosen for our your cooperation. Teminate telephone call and

our information was incorrect. Since (Name of for our study, it should not have been chosen uch for your cooperation. Terminate telephone call ge 19.

further information on the study.

th a brief description of the study.

ealth care provided in hospital emergency and ers.

ion

cians

e-standing ambulatory surgery centers.

he study, your contribution will be of on ambulatory surgery.

Section II – INDUCTION INTERVIEW

Part A. INTRODUCTION

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

INSTRUCTIONS

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

Cover the following points –

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

SHOW PATIENT RECORD FORM

- (17) Form takes only 6 minutes to complete
- (18) Forms are to be completed by ASC staff at their convenience

(19) Portion containing patient's name or other identifying information is removed before collecting

Section IV – AMBU	LATORY UNIT RECORD – Continued			
Section D – VER	FICATION OF ESTIMATED VISITS			
 Verify with ASC director BEFORE data collection (and records have been pulled). 1. According to our information, about (number from B-3) patient visits are expected during the reporting period. D you agree with this estimate? 	1 ☐ Yes – <i>SKIP to section G</i>			
2. About how many visits do you expect du reporting period, to	ring the Revised estimate ? Image: Comparison of the state of th			
Determine if new Take Every and Random Start numbers must be calculated for this ASC.3a. Divide the revised estimate by the original estimate from B-3.	$\frac{\text{Revised estimate}}{\text{Original estimate}} = \frac{}{} = $ (Result)			
b. Is the result of (a) between 0.7 and 1.3?	1 ☐ Yes – <i>SKIP to section G</i> 2 ☐ No			
Section E – CALCULATE NEW TAKE E	VERY AND RANDOM START NUMBERS FOR THIS ASC			
1. Calculate new Take Every, using the appropriate (page 18) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total from B-4).				
 Calculate new Random Start, using the next avar row on the label affixed to the back of the NHAMCS-101(FS). 	Ilable New Random Start			
Section G – PATIENT RECORD FORM INFORMATION				
1. Enter the range of Patient Record Forms that wer	e ACTUALLY used by the unit.			
FIRST FOLIO FROM:				
SECOND FOLIO FROM:				
THIRD FOLIO FROM:	то:			
NOTES				
	/			

Section II – INDUCTION	I INTERVIEW – Continued				
Part B. SURVEY IMPLEMENTATION As I mentioned earlier, I would like to discuss the plan for conducting the study. This ASC has					
been assigned to a 4-week data collection period beginning on Monday, (/).					
First, I would like to discuss the steps needed to obtain approval for the study.					
14a. Are there any additional steps needed to obt in the study? 1	ain permission for the ASC to participate				
2 🗆 No					
14b. Now I would like to make arrangements to obtain the information needed for sampling. I will need to (know/verify) how your ambulatory surgery center is organized and obtain an estimate of the number of patient visits expected during the 4-week reporting period. Would you prefer I (get/verify) this information from you or someone else?	 1 □ Respondent - Go to CHECK ITEM C below 2 □ Someone else - Specify below				
	Name Title Department Telephone number				
	Name				
	Title Record on				
	Department Control Card				
	Telephone number				

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

	Section III – AMBULATORY	SURGE			ОМ		
CHECI ITEM I				POSITION AND S	SUMMARY on p	page 19.	
15a.	Does this facility have any satellite facilit which perform ambulatory (outpatient) su			– Continue with ite - SKIP to develop		lan	
b.	What are the names, addresses, and		Name		0 1 01		
	telephone numbers of the satellite facil	lities?	Address		RECORD		
			Telephone num (Area code and		CONTH	ROL CA	KD
To dev	velop the sampling plan, I would like to (collect/v	1		nation about	this	
facilit (1) C	y's ambulatory surgery center(s). Obtain an estimate of ambulatory (outpatient) s nter the estimate in column (d) of the listing be	urgery ca					iod.
(2) A ea	fter asking 15c and 15d to determine if the AS ach ASC an AU number and enter it in column	SC log/list n (c).	is included	in a single or mul	tiple log/list, as	sign	
	In-scope ASC locations:				Out-of-scope	locations	:
FR NOTE	Dedicated ambulatory surgery room Endos		า	Laser procedures room Pain block room	I • Family plann	ing ●Ab ump ●Bir	
	ASC specialty groups include: • GEN – General • C • MULTI – Multi-specialty • C	 GI – Gastro DPH – Oph	enterology • thalmology •	ORTHO – Orthope PAIN – Pain Block	edics • PLASTI • OTHEF		
INS	TRUCTIONS						
name	record generic ASC names in column (a) (e.g., a e, enter a generic ASC name in (a) and record th	e Line No.	and the form	nal/proper name on	page 2 of the o	control ca	per rd.
Com	plete columns (e) and (f) after developing the sam	npling plan	. See page 1	8 of the NHAMCS-	124 for instructi	ons.	
Line No.	ASC name (Generic)	Specialty group	/ AU number	Expected No. of (outpatient) sur		Take every number	Random start number
	(a)	(b)	(c)	(d)		(e)	(f)
1							
2							
3							
4							
	TOTAL						
CHECI ITEM I		n – <i>Contii</i>	nue with iterr	n 15c. Make sure i on IV, A, item 11.	that the		
	Now I have some questions about gener				rgery patient	s for sa	mpling.
	Would you or your IT staff be able to generate a single list of outpatient su cases for the following locations? (Read each ASC name listed above.)	rgery		ONLY 2 LOGS			ōd.
	Would you or your IT staff be able to generate one list of outpatient surgery	/	1 🗌 Yes - mark	- Make sure that t ed in Section IV, A	he "Single log/ A, Item 11.	list" box i	S
	cases for some of these locations? Give a copy of the "Single Sampling List		2 🗌 No –	Continue with ite	m 15e.		
	Instructions" to the IT contact.		IT Contact nan Telephone nun	nber	RECOR CONTRO)
			(Area code and				

		S	Section	IV – A	MBUL	ATORY UNI	T RECORD			
		COMPL	.ETE F(DR EA	СН АМІ	BULATORY	UNIT SELECT	ED		
Section A – AMBULATORY UNIT INFORMATION										
a. M	lark (X) speci	ialty —								
1	GEN 2	2 MULTI з П	GI		H 5	ORTHO	6 PLASTIC	7 🗆 PA	.IN 8[OTHER
	U No. otal AU's san	of npled within the AS	SC							
			Sec	tion B	– SAMI	PLE INFORI	MATION			
1. Ta	ake every nu	mber	 		4. Tota peri	al estimated r iod for ALL o	number of visits d perating rooms v	luring repor vithin the A	rting SC	
2. Ra	andom start i	number				PORTING	From:	/		/
	stimated num U during repo	ber of visits in this orting period			(M	RIOD Ionth[Day]Yea	/ 10:	/		/
Item 6 Items 2	is the AU No 7 and 8 are e	o. from Section A, I each 1.	ltem b.		6. SU	number	7. Numerato	or	8. Denor	minator
		total number of pat			I		NUMBER OF VIS			
vis	sits to this Al	J from <i>(dates spec</i> l	ified in	We	ek 1	Week 2	Week 3	V	Veek 4	TOTAL
ne Bl	<i>B5)</i> ?(Refer to patient logs, etc. Ask if necessary.DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)				/		<u>/ /</u>	//_	/	-
		,						BMS		
10. Ho	10. How many patient record forms were filled out for this AU?				Week 1 Week 2		Week 3		Veek 4	TOTAL
11. Di	I 1. Did this ambulatory unit use a single log/list or a multiple log/list? I Single log/list 2 Multiple log/list							e log/list		
						JEMATION	AND LOGS			
-	hat are the	uqual anaratin					AND LOGS			
1. W	hat are the	e usual operatin						Mark (X) ON	II Y one	
1. W	That are the	e usual operatin	g hours					<i>Mark (X) ON</i> Not op		Hours vary
1. W			g hours	s of th ime (b)				1		Hours vary (e)
	Day(s)	FROM	a g hours T a.m. p.m.	ime (b) TO			Open 24 hours	Not op	en	-
M	Day(s) (a) Ionday		a g hours T a.m. p.m. a.m.	ime (b) TO		a.m. p.m. a.m.	Open 24 hours (c) 1	Not op (d) 2	en	(e) 3
M	Day(s) (a)	FROM	a.m. p.m.	of th ime (b) TO		a.m. p.m.	Open 24 hours (c)	Not op (d)	en	(e)
M	Day(s) (a) Ionday Tuesday	FROM	a.m. p.m.	of th ime (b) TO TO		a.m. p.m. a.m.	Open 24 hours (c) 11	Not op (d) 2	en	(e) 3
M	Day(s) (a) Ionday	FROM	a.m. p.m. p.m.	of th ime (b) TO TO		a.m. p.m. a.m. p.m.	Open 24 hours (c) 1	Not op (d) 2	en	(e) 3
M TI W	Day(s) (a) Ionday Tuesday Vednesday	FROM	a.m. p.m. a.m. p.m. a.m. p.m.	of th ime (b) TO TO		a.m. p.m. a.m. p.m. a.m. p.m.	Open 24 hours (c) 11	Not op (d) 2	en	(e) 3
M TI W	Day(s) (a) Ionday Tuesday	FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m.	of th ime (b) TO TO TO		a.m. p.m. a.m. p.m. a.m.	Open 24 hours (c) 11	Not op (d) 2	en	(e) 3
M TI W	Day(s) (a) Ionday Iuesday Vednesday Ihursday	FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	of th ime (b) TO TO TO		a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	Open 24 hours (c) 1 1 1	Not op (d) 2	en	(e) 3
M TI W	Day(s) (a) Ionday Tuesday Vednesday	FROM FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	of th ime (b) TO TO TO		a.m. p.m. a.m. p.m. a.m. p.m. a.m.	Open 24 hours (c) 1 1 1	Not op (d) 2	en	(e) 3
M TI V	Day(s) (a) Ionday Iuesday Vednesday Ihursday	FROM FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	of th ime (b) TO TO TO TO		a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	Open 24 hours (c) 1 1 1 1 1 1 1 1	Not op (d) 2	en	(e) 3 3 3 3 3 3
M TI V	Day(s) (a) Ionday Iuesday Vednesday Ihursday	FROM FROM FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	of th ime (b) TO TO TO TO		a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m.	Open 24 hours (c) 1 1 1 1 1 1 1 1	Not op (d) 2	en	(e) 3 3 3 3 3 3
	Day(s) (a) Ionday Iuesday Vednesday Ihursday	FROM FROM FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	of th ime (b) TO TO TO TO		a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	Open 24 hours (c) 1 1 1 1 1 1 1 1 1 1 1 1	Not op (d) 2	en	(e) 3 3 3 3 3 3 3 3 3
M TI V FI S	Day(s) (a) Ionday Iuesday Vednesday Ihursday	FROM FROM FROM FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	of th ime (b) TO TO TO TO TO TO		a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m.	Open 24 hours (c) 1 1 1 1 1 1 1 1 1 1 1 1	Not op (d) 2	en	(e) 3 3 3 3 3 3 3 3 3

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

Section IV – AMBULATORY UNIT RECORD – Continued							
Section H – FINAL DISPOSITION							
1. FINAL DISPOSITION	Ambulatory unit 1 Participated a Patients seen, Continue to Item 2 b No patients seen 2 Refused 3 Closed a Temporary b Permanent 4 Ineligible a AU not under auspices of ASC b Only ancillary services provided c AU classified as out-of-scope d Other - Specify a						
 Who completed the patient record forms? Mark (X) all that apply 	$1 \square ASC staff$ $2 \square FR - abstraction DURING reporting period$ $3 \square FR - abstraction AFTER reporting period$ $4 \square Other - Specify \neq$						
NOTES							

		e to ask you some questions a	about yo	ur ASC.						
5e.		use ELECTRONIC MEDICAL CORDS (EMR/EHR) (not	1 □ Yes, all electronic 3 □ No 2 □ Yes, part paper and part electronic 4 □ Unknown							
	including billing Mark only one box.	records)?								
f		have a computerized system	for –	Yes	No	Unknown	Turned off			
••	-	ographic information?	101 –	 	2	3 🗌	4			
	lf "Yes," ask –				2	3 🗌	4 🗌			
	(2) Orders for p	-		└───── │ 1 □	2	3 🗌	4			
	If "Yes," ask –	(a) Are warnings of drug interactions or contraind provided?	lications		2	3	4			
		(b) Are prescriptions sent electronically to the pha	rmacy?		2	з 🗌	4 🗌			
	(3) Orders for te	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 i	maging results?		1	2	3 🗌	4			
	lf "Yes," ask –	Can electronic images be vi	ewed?	1	2	3 🗌	4			
	(6) Clinical note			1	2	3 🗌	4			
	lf "Yes," ask –	Do they include medical history and follow-up notes?		 1 🗌	2	3 🗌	4 🗌			
		or guideline-based is and/or screening tests?		 1 🗌	2	з 🗌	4			
	(8) Public healt	h reporting?		1	2	3 🗌	4			
	lf "Yes," ask –	Are notifiable diseases sent electronically?			2	3 🗌	4 🗌			
g.		f the above features of your Ir ASC does NOT use or has	1 🗆 Ye	es – Please sj	pecify 🖌					
		page 29 of the NHAMCS-124.	FR NOTE – Indicate in item 15f, last column, any							
			2 🗆 N 3 🗆 U		omponent(s)	turnea ott.				
HEC		uses ELECTRONIC MEDICAL/HE		-	all) or Yes (pa	art) in item 15	e)			
TEM	G – Continu	ue with item 15h. either does not use ELECTRONIC			·					
		in item 15e) – SKIP to item 15j.	MEDIOAL/							
h.	What year did yo your EMR/EHR s	our ASC buy or last upgrade system?		Year	1 🗌 Unknov	vn				
i.	the Certification	MR/EHR system certified by n Commission for rmation Technology"	1 - Ye 2 - N 3 - U							
j.	EMR/EHR system	for installing a new m or replacing the current he next 3 years?	1 □ Y€ 2 □ No		3 🗌 Maybe 4 🗌 Unknov					

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

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

Section III – AMBULATORY SURGERY CENTER DESCRIPTION – Continued

		Section	ו IV – A	MBUL	ATORY UN	T RECORI	D			
	co	MPLETE F	OR EA	СН АМ	BULATORY	UNIT SEL	.ECTEL			
Section A – AMBULATORY UNIT INFORMATION										
a. Mark (X) speci	ialty —									
1 GEN 2		з <mark>П</mark> GI		H 5[ORTHO	6 PLAS	TIC	7 PAIN		HER
b. AU No. Total AU's sam	of npled within th	e ASC								
		Sec	ction B		PLE INFOR				-1	
1. Take every number 4. Total estimated number of visits during reporting period for ALL operating rooms within the ASC										
2. Random start r					EPORTING ERIOD	From:		/	/	
3. Estimated num AU during repo	orting period			(/	/lonth/Day/Yea	· · · · · · · · · · · · · · · · · · ·		/	/	
em 6 is the AU No ems 7 and 8 are e	o. from Section each 1.	n A, Item b.		6. SU	number	7. Num	nerator	8. D	enominat	or
9. What was the t	total number o	of natient		1		NUMBER C	OF VISITS	<u> </u>		
visits to this AL	J from (dates)	specified in	We	ek 1	Week 2		eek 3	Week 4		TOTAL
B5)?(Refer to p necessary.DO	NOT LEAVE S COMPLETE	AND	/	/			/_		<u>/</u>	
	S POSSIBLE									
ACCURATE A	OT OCCIDEE.	/						<u> </u>		
ACCURATE A		<u>′</u>	We	ek 1	Week 2	NUMBER O	F FORM	S Week 4	-	ΓΟΤΑΙ
		<u>′</u>	We	ek 1	Week 2				-	FOTAL
ACCURATE A ACCURATE A ACCURATE A D. How many pati filled out for thi	ient record for s AU?	ms were				W	eek 3	Week 4		
ACCURATE A	ient record for s AU?	ms were	t or a mu	Itiple log	ı/list?	1 🗌 S	eek 3 Single lo			
ACCURATE A D. How many pati filled out for thi I. Did this ambula	ient record for s AU? tory unit use a	ms were	t or a mu C – AS	Iltiple log	/list? ORMATION	1 🗌 S	eek 3 Single lo	Week 4		
ACCURATE A D. How many pati filled out for thi Did this ambula What are the	ient record for s AU? tory unit use a	ms were single log/list Section rating hour	t or a mu C – AS rs of th	Iltiple log	/list? ORMATION	1 🗌 S	eek 3 Gingle log S	Week 4	ltiple log/l	
ACCURATE A D. How many pati filled out for thi Did this ambula What are the Day(s)	ient record for s AU? tory unit use a	ms were single log/list Section rating hour	t or a mu C – AS rs of th Time	Iltiple log	/list? ORMATION	0 Wi 1 □ \$ AND LOG	eek 3 Single log S Mar	Week 4 g/list 2 Mul r <u>k (X) ONLY on</u> Not open	itiple log/l	ist s vary
ACCURATE A D. How many pati filled out for thi Did this ambula What are the	ient record for s AU? tory unit use a e usual oper	ms were single log/list Section rating hour	t or a mu C – AS rs of thi Time (b)	Iltiple log	/list? ORMATION		eek 3 Single log S Mar	Week 4 g/list 2 Mul	itiple log/l	ist
ACCURATE A D. How many pati filled out for thi Did this ambula What are the Day(s)	ient record for s AU? tory unit use a	ms were single log/list Section rating hour a.m. p.m.	t or a mu C – AS rs of th Time (b) TO	Iltiple log	/list? ORMATION	0 Wi 1 □ \$ AND LOG	eek 3 Single log S Mar	Week 4 g/list 2 Mul r <u>k (X) ONLY on</u> Not open	itiple log/l	ist s vary
ACCURATE A D. How many patifiled out for thi Did this ambula What are the Day(s) (a) Monday	ient record for s AU? tory unit use a e usual oper	ms were single log/list Section rating hour a.m. p.m.	t or a mu C – A S rs of th Time (b) TO 1 1	Iltiple log	/list? ORMATION ? a.m.	Wi 1 □ \$ AND LOG: Open 24 hc (c) 1 □	eek 3 Single log S Mar	Week 4 g/list 2 Mul rk (X) ONLY on Not open (d) 2	ne Hour	ist s vary (e)
ACCURATE A D. How many patifiled out for thi Did this ambula What are the Day(s) (a)	ient record for s AU? tory unit use a usual oper	ms were single log/list Section rating hour a.m. p.m.	t or a mu C – A S rs of th Time (b) TO 1 1 1 1 1 1 1 1 1 1 1 1 1	Iltiple log	/list? ORMATION ? a.m. p.m.	Wi 1 □ 5 AND LOG	eek 3 Single log S Mar	Week 4 g/list 2 Mul rk (X) ONLY or Not open (d)	ne Hour	ist s vary (e)
ACCURATE A D. How many patifiled out for thi Did this ambula What are the Day(s) (a) Monday Tuesday	ient record for s AU? tory unit use a usual oper	ms were single log/list Section rating hour a.m. p.m. a.m. p.m.	t or a mu C – AS rs of th Time (b) TTO TTO TTO TTO TTO	Iltiple log	/list? ORMATION ? a.m. p.m. a.m. p.m.	Wi 1 □ \$ AND LOG: Open 24 hc (c) 1 □	eek 3 Single log S Mar	Week 4 g/list 2 Mul rk (X) ONLY on Not open (d) 2	ne Hour	ist s vary (e)
ACCURATE A D. How many patifiled out for thi Did this ambula What are the Day(s) (a) Monday	ient record for s AU? tory unit use a usual oper FROM FROM	ms were single log/list Section rating hour a.m. p.m. a.m. p.m.	t or a mu C – AS rs of th Time (b) To To To To	Iltiple log	y/list? ORMATION ? a.m. p.m. a.m.	Wi 1 □ \$ AND LOG: Open 24 hc (c) 1 □	eek 3 Single log S Mar	Week 4 g/list 2 Mul rk (X) ONLY on Not open (d) 2	e Hour 3	ist s vary (e)
ACCURATE A D. How many patifilled out for thi D. Did this ambula What are the Day(s) (a) Monday Tuesday Wednesday	ient record for s AU? tory unit use a usual oper FROM FROM	ms were single log/list Section rating hour a.m. p.m. a.m. p.m. a.m. p.m.	t or a mu C – AS rs of th Time (b) TO TO TO TO TO TO TO TO TO TO	Iltiple log	y/list? ORMATION ? a.m. p.m. a.m. p.m. a.m. p.m.	Wi 1 □ \$ AND LOG: Open 24 hc (c) 1 □ 1 □	eek 3 Single log S Mar	Week 4 g/list 2 Mul rk (X) ONLY or Not open (d) 2	e Hour 3	ist s vary (e)
ACCURATE A D. How many patifiled out for thi Did this ambula What are the Day(s) (a) Monday Tuesday	ient record for s AU? tory unit use a usual open FROM FROM FROM	ms were single log/list Section rating hour a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	t or a mu C – AS rs of th Time (b) To To To To To To To To To	Iltiple log	/list? ORMATION ? a.m. p.m. a.m. p.m. a.m.	Wi 1 □ \$ AND LOG: Open 24 hc (c) 1 □ 1 □	eek 3 Single log S Mar	Week 4 g/list 2 Mul rk (X) ONLY or Not open (d) 2	tiple log/l	ist s vary (e)
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ACCURATE A D. How many patifilled out for thi D. Did this ambula What are the Day(s) (a) Monday Tuesday Wednesday	ient record for s AU? tory unit use a usual open FROM FROM FROM	ms were single log/list Section rating hour a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	t or a mu C – AS rs of th Time (b) To To To To To To To To To To	Iltiple log	y/list? ORMATION ? a.m. p.m. a.m. p.m. a.m. p.m. a.m.	With the second sec	eek 3 Single log S Mar	Week 4 g/list 2 millist 2 millist 2 rk (X) ONLY on (d) 2 2 2	Itiple log/l	ist s vary (e) i
ACCURATE A D. How many patifilled out for thi Did this ambula What are the Day(s) (a) Monday Tuesday Wednesday Thursday Friday	ient record for s AU? tory unit use a usual open FROM FROM FROM	ms were single log/list Section rating hour a.m. p.m. a.m. a	t or a mu C – AS rs of th Time (b) TO TO TO TO TO TO TO TO TO TO	Iltiple log	y/list? ORMATION ? a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	With 1 □ \$ AND LOG: Open 24 ho (c) 1 □ 1 □ 1 □ 1 □	eek 3 Single log S Mar	Week 4 g/list 2 Mul rk (X) ONLY or Not open (d) 2 2 2 2	Itiple log/l	ist s vary (e) s
ACCURATE A D. How many patifiled out for thi Did this ambula What are the Day(s) (a) Monday Tuesday Wednesday Thursday	ient record for s AU? tory unit use a usual open FROM FROM FROM FROM	ms were single log/list Section rating hour a.m. p.m. a.m. a	t or a mu C – A rs of th Time (b) To TO TO TO TO TO TO TO TO TO TO	Iltiple log	J/list? ORMATION ? a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m.	With 1 □ \$ AND LOG: Open 24 ho (c) 1 □ 1 □ 1 □ 1 □	eek 3 Single log S Mar	Week 4 g/list 2 Mul rk (X) ONLY or Not open (d) 2 2 2 2	Itiple log/l	ist s vary (e) s
ACCURATE A D. How many patifilled out for thi Did this ambula What are the Day(s) (a) Monday Tuesday Wednesday Thursday Friday	ient record for s AU? tory unit use a usual open FROM FROM FROM FROM	ms were single log/list Section stating hour a.m. p.m. a	t or a mu C – AS rs of thi Time (b) TO TO TO TO TO TO TO TO TO TO	Iltiple log	y/list? ORMATION ? a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	Wi 1 □ \$ AND LOG: Open 24 hc (c) 1 □ 1 □ 1 □ 1 □ 1 □	eek 3 Single log S Mar	Week 4 g/list 2 Mul rk (X) ONLY on Not open (d) 2 2 2 2 2 2 2	Itiple log/l	ist s vary (e) i

Section IV – AMBULATORY	VUNIT RECORD – Continued
Section D – VERIFICATIO	ON OF ESTIMATED VISITS
 Verify with ASC director BEFORE data collection begins (and records have been pulled). 1. According to our information, about (number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate? 	1 ☐ Yes – <i>SKIP to section G</i> 2 ☐ No
2. About how many visits do you expect during the	Revised estimate
reporting period, to?	
Determine if new Take Every and Random Start numbers must be calculated for this ASC.	
3a. Divide the revised estimate by the original estimate from B-3.	Revised estimate (Result)
	Original estimate
b. Is the result of (a) between 0.7 and 1.3?	1 ☐ Yes – <i>SKIP to section F, page 3</i> 2 ☐ No
Section E – CALCULATE NEW TAKE EVERY A	ND RANDOM START NUMBERS FOR THIS ASC
1. Calculate new Take Every, using the appropriate table (page 2 or 4) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).	New Take Every
 Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101. 	New Random Start
Section G – PATIENT RE	CORD FORM INFORMATION
1. Enter the range of Patient Record Forms that were ACTU	IALLY used by the unit.
FIRST FOLIO FROM:	TO:
SECOND FOLIO FROM:	то:
THIRD FOLIO FROM:	то:
NOTES	

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