

FORM **HDS-11**
(9-9-2005)

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

ACTING AS COLLECTING AGENT FOR
U.S. PUBLIC HEALTH SERVICE
NATIONAL CENTER FOR HEALTH STATISTICS

**HOSPITAL INTERVIEW
QUESTIONNAIRE**

**NATIONAL HOSPITAL DISCHARGE
SURVEY**

Confidential – All information which would permit identification of an individual or of an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose.

Notice – All information which would permit identification of an individual or an establishment will be held confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to other persons or used for any other purpose. Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0212).

Part A – ADMINISTRATIVE OFFICE

1. HOSPITAL CONTACTS

a. NCHS letter and information packet sent			Date
b. Hospital telephone number	Area code	Number	Date of contact

2. APPOINTMENTS

	Name and title	Telephone number	Date	Time
a. ADMINISTRATIVE OFFICE				
b. MEDICAL RECORDS DEPARTMENT				

3. The National Hospital Discharge Survey involves the collection of a limited amount of information from the medical records of a sample of patients discharged from short-stay hospitals. The information we collect is usually available from the face sheet or discharge summary of the medical record. There will be about 30 sample discharges each month. This is the type of information we collect (Show HDS-5 and HDS-1).

4. Did you have a chance to read the letter and information packet sent you concerning this survey?
(If "No," give a copy of letter and information packet for review.)

Before discussing the survey details, I would like to ask a few questions about the hospital.

(Try not to let any discussion keep you from completing the remaining Part A questions.)

Notes

Part A – ADMINISTRATIVE OFFICE – Continued

5. We have the hospital name and address as *(Read label on cover page)*. **Is this correct?**

- Yes (6) No – *Correct label, then 6*

6. What is the form of ownership?

- Government (non federal)
 Proprietary (for profit)
 Church operated
 Nonprofit
 Other – *Specify* ↘
-

7a. Which one of the following best describes the hospital's service?

Mark (X) all that apply

- | | |
|---|---|
| <input type="checkbox"/> Chronic diseases | <input type="checkbox"/> General (7b) |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Eye, ear, nose, and throat |
| <input type="checkbox"/> Children's | <input type="checkbox"/> Alcoholism and other chemical dependency |
| <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Other – <i>Specify</i> ↘ |
| <input type="checkbox"/> Maternity | |
-

Ask for "General" hospitals only, then 8

b. Are any services excluded such as obstetrics or pediatrics?

- Yes – **What services?** ↘ No
-

8. How many hospital beds are maintained; that is, staffed for inpatient use, excluding "newborn" bassinets?

Current number

- Same Different – *Specify the bed size as of January 1 and the date and amount of each subsequent change* ↘
-

9a. How many discharges were there last year from the entire hospital, including deaths and newborns?

Discharges

- Estimate

b. How many live births were there last year?

Live births

- Estimate

Notes

Part A – ADMINISTRATIVE OFFICE – Continued

10a. What was the average length of stay for all patients last year?

Days

Estimate

b. Does this hospital contain more than one unit?

Yes (10c)

No (11)

c. Specify the name of each unit for which separate medical records are kept.

Name of unit (a)	Number of beds (b)	Number of discharges (c)	Average length of stay (d)	In-scope unit (e)

11. When a patient moves from one unit, section, or service of this hospital to another unit, section, or service, is it always recorded as a transfer or are there circumstances under which it would be recorded as a discharge and readmission?

Always transfer (12)

Sometimes discharge and readmission – *Read details, then 12* ↘

12. Are patients ever transferred between this hospital and any other hospital without being discharged?

Yes – *Explain, then 13* ↘

No (13)

13. Is computerization of medical records in effect or planned?

Yes – *Describe, then 14* ↘

No (14)

14. Does this hospital subscribe to a private abstracting service?

Yes – *Specify name* ↘

No (15)

Notes

Part A – ADMINISTRATIVE OFFICE – Continued

15. *Take out the Memorandum of Agreement Form.*

The National Center for Health Statistics pays _____ per completed abstract.

Is this acceptable to you?

Yes – *Fill agreement as appropriate*

No – *Negotiate acceptable rate and fill agreement as appropriate*

Reimbursement Rates – Offer in order of priority:

1. Primary – \$3.00 (uniform) up to \$5.00 per abstract

2. Alternate – \$50.00 (uniform) up to \$200.00 per 100 abstracts

3. Printout } To be approved
4. Other } by NCHS

ASK THE ADMINISTRATOR TO SIGN THE MEMORANDUM OF AGREEMENT.

Notes

16. HOSPITAL PERSONNEL PRESENT DURING INTERVIEW

Name	Title

The rest of my questions concern your medical records department and record keeping practices. I can go over these now or with your Director of Medical Records, whichever you prefer.

(If leaving, thank the Administrator for his/her cooperation – Go to Part B.)

Part B – MEDICAL RECORDS DEPARTMENT

1. *(Read if necessary)* – **The National Hospital Discharge Survey is designed to provide national statistics on a continuing basis for hospitalizations in short-stay hospitals. it involves the collection of a limited amount of information from the records of a sample of discharged patients. Data abstracted from medical records are items usually found on the face sheet or discharge summary of the medical record. These are the sampling and abstracting forms which will be used. (Show HDS-5 and HDS-1)**

For this survey, we need to determine the information needed to locate the medical records for the sample cases.

2a. Is the medical record numbering system used in this hospital serial, unit, or some other system?

- Serial Unit Serial-unit
- Other – *Describe* _____
- _____

b. Does the numbering system include outpatients?

- Yes – **How can they be identified?** – *Explain, then 2c* ✓ No (2c)
- _____
- _____

c. Does this numbering system include patients who are admitted and discharged on the same day, such as for ambulatory surgery, diagnostic testing, dialysis, and so forth?

- Yes – **Which types of services are included? How can they be identified from other inpatients?** *(Explain, then 3)* ✓ No – **What listing is maintained for patients who do not stay overnight?** *(Explain, then 2d)* ✓
- _____
- _____
- _____

d. Is there any way to distinguish between the various reasons for these visits, such as for ambulatory surgery, diagnostic testing, dialysis, or routine outpatient visits?

- Yes – **How?** _____
- No (3a) _____
- _____

Notes

Part B – MEDICAL RECORDS DEPARTMENT – Continued

3a. Does a newborn infant get a medical record number?

Yes (3b)

No (3c)

b. Does a newborn infant receive a different number from that of the mother?

Yes (3d)

No (3c)

c. Are there any circumstances in which a (number/different number) is assigned to a newborn, such as if the baby is transferred to another unit in the hospital or is discharged at a time different from the mother's discharge, or is born before the mother is admitted to the hospital?

Yes – Give details, then 3d ↘

No (3c)

d. Is the newborn's record filed with the mother's record?

Yes (3e)

No (4)

e. Is there a face sheet for the newborn separate from that of the mother?

Yes

No

Notes

Part B – MEDICAL RECORDS DEPARTMENT – Continued

4. Do all inpatient units of the hospital use the same face sheet?

- Yes – Ask for two samples No – **What face sheets are used?** – Ask for two samples of each and explain where used ↴

Transcribe captions exactly as they appear on face sheet.

5a. Under which captions are discharge (final) diagnoses listed?

b. Under which captions are complications listed?

c. Under which captions are surgical and diagnostic procedures listed?

6. Please state the best source in the medical record to obtain the data for the following items:
(Mark or specify as appropriate)

Item	Face Sheet	Discharge summary	Other(s) (Specify)	Item not available
Name of patient				
Medical record number				
Date of admission				
Date of discharge				
Residence ZIP Code				
Date of birth				
Age				
Sex				
Ethnicity (Hispanic or Latino/ Not Hispanic or Latino)				
Race				
Marital status (Explain codes)				
Type of admission				
Source of admission				
Discharge status/disposition				
Expected sources of payment				
Final diagnoses and procedures				
Dates of procedures				

Part B – MEDICAL RECORDS DEPARTMENT – Continued

7. In order to select the sample, we will need to work with a list of inpatients from this hospital during a given month. This list must include date of discharge, or admission, medical record number, and name, if needed to locate records. Would this be a discharge, admission or other list? Mark (X) the appropriate box(es).

- 1 **DISCHARGE**
- 2 **ADMISSION**
- 3 **OTHER – Specify**

Complete columns below as appropriate.

Name of list (a)	Mark "X" for each "Yes"									How long kept? (k)	Where kept? (l)	Is there any other discharge, admission, or other list? (Complete all columns for each "Yes") (m)	
	Does it show – ?				Does it use – ?		Does it include – ?					Yes	No
	Date of admission (b)	Date of discharge (c)	MR No. (d)	Patient name (e)	Sequential or serial (f)	Unit (g)	Out-patient (h)	Same day (i)	Only overnight patient (j)				

Notes

Part B – MEDICAL RECORDS DEPARTMENT – Continued

8. Are changes ever made to these list(s) other than spelling?

Yes – **What king of changes?** ✓ No

9a. Is there a specific time period for completing or signing the medical record?

Yes – *Specify, then 9b* ✓ No (9b)

b. Is there a procedure for completing the record if not signed in (that time/a reasonable time)?

Yes – *State procedure, then 10* ✓ No (10)

10. Determine what list(s) will be used for sampling. Enter name(s) and linkage entries required both here and on the inside front cover of the hospital manual.

Sample from _____

Linkage entries _____

11. HOSPITAL PERSONNEL PRESENT

Name	Title

Notes

Notes