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

Part A – ADMINISTRATIVE OFFICE

1. HOSPITAL CONTACTS

	Date
a. NCHS letter and information packet sent	

	Area code	Number	Date of contact
b. Hospital telephone number			

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

☐ Chronic diseases   ☐ General (7b)
☐ Rehabilitation   ☐ Eye, ear, nose, and throat
☐ Children's   ☐ Alcoholism and other chemical dependency
☐ Orthopedic   ☐ Other – *Specify* ⬐
☐ 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

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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   **3.** Printout ⎫ To be approved
>
> **2.** Alternate – $50.00 (uniform) up to $200.00 per   **4.** Other ⎭ by NCHS
> 100 abstracts

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.)

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

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