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	phone screener	FR Code	Call 1	Date
ASC	induction	FR Code	2	
	inal outcome of Appointment	ASC screenir	ıg	
	Day	Date		Time
		Complete Sec	tions V a	nd VI on page 1
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FORM NHAMCS-FS (12-10-2009)

ICE – Public reporting burden of this collection of information is estimated to average 90 minutes per response, including the time for reviewing ctions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An cy 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 er. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden SC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0278).

identification of an individual, a practice, or an establishment will be held ntractors, and agents only when required and with necessary controls, and will individual or establishment in accordance with section 308(d) of the Public tection and Statistical Efficiency Act (PL-107-347).

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	b. ASC	contact information	
	Name Title Telephone (Area code FAX numb	e and number)	RECORD ON CONTROL CARD
E	PHONE \$	SCREENER	
Са	alls		
	Time		Results
	a.m. p.m.	contact person. If the this time, determine v call again at the desig attempts, you are still have determined the respondent, begin the	I to the ASC, attempt to speak to the contact person is not available at when he/she can be reached and gnated time. If, after several I unable to talk to the contact or contact is no longer an appropriate interview with a representative of r new contact, as appropriate.

	Section I – TELEPHON	E SCREENER – Continued		Section V – DISPO	SITION AND SUMMARY				
	Part A. INTRODUCTION		AMBULATORY UNIT CHECKLIST						
6.	Control and Prevention concerning their study surgery centers and in hospitals. You should I director of the National Center for Health Stat	<i>ar name).</i> I am calling for the Centers for Disease of ambulatory surgery in freestanding ambulatory have received a letter from Dr. Edward J. Sondik, the istics, describing the study. (<i>Pause</i>) You've probably ireau, which is collecting the data for the study.	16a	 How many ambulatory surgery locations were selected for sample? Enter 0 if no ambulatory surgery locations were selected for sample. Did you complete an Ambulatory Unit 	Number of ambulatory surgery locations 1 □ Yes 2 □ No - Explain				
0.	(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		Record for each log/list?					
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 ☐ Yes 2 ☐ No – Enter correct name ∡		Number of ASC Patient Record Forms completed	Number of ASC PRFs				
	· · · · · · · · · · · · · · · · · · ·	RECORD ON CONTROL CARD	17.	FINAL DISPOSITION	 All eligible units completed Patient Record Forms Some eligible units completed 				
b	Is your ASC located at (Read address from Control Card)?	1 ☐ Yes 2 ☐ No - Enter ASC location Number and street			Patient Record Forms GO to item 18 3 ASC refused 4 ASC closed 5 ASC ineligible <i>END interview</i>				
		RECORD ON CONTROL CARD		NONINTERVIEW					
С	Is this also the mailing address?	 City State ZIP Code 1 ☐ Yes 2 ☐ No - Enter correct mailing address <i>x</i> Number and street 	18a .	At what point in the interview did the refusal/breakoff occur? Mark (X) appropriate box(es)	 During the telephone screening During the ASC induction After the ASC induction, but prior to assigned reporting period During the assigned reporting period 				
S	TATEMENT A (Although you have not rece	City State ZIP Code RECORD ON CONTROL CARD ived the letter,) I'd like to briefly explain the answer any questions about it.	b.	By whom?	 1 ASC administrator 2 ASC director 3 Approval board or official 4 Other ASC official 				
	Part B. VERIFICATION OF ELIGIBILITY		c.	Was the refusal by telephone or in person?	↓ 1 □ Telephone 2 □ In person				
	TATEMENT B1 and Prevention is conductin began data collection in 199 included in the study. CDC h collect the data. (Name of ASC in the study. I am calling to a participation. The study is a the information will be held Before discussing the detail	th Statistics of the Centers for Disease Control g an annual study of ambulatory care. The study 2. Beginning in 2010, freestanding ASCs are being as contracted with the U.S. Census Bureau to C) has been selected to participate arrange an appointment to discuss your uthorized under the Public Health Service Act and strictly confidential. Participation is voluntary. s, I would like to verify our basic information about ave correctly included this ASC in the study.	d.	What reason was given?					
8a	 Is ambulatory (outpatient) surgery or ambulatory diagnostic or therapeutic procedures currently performed in this facility? NOTE: Do not ask item 8b if facility is an eye surgery center. 	¹ ☐ Yes 2 ☐ No – <i>SKIP to CHECK ITEM B on page 4.</i>							
b	In this study we are excluding facilities that are exclusively family planning clinics, birthing centers, abortion clinics, podiatry centers or dentistry centers. Is (Name of facility) exclusively one of these?	1 ☐ Yes – <i>SKIP to CHECK ITEM B on page 4.</i> 2 ☐ No							
9.	Is this facility currently licensed by the state?	1 🗌 Yes 2 🗌 No	e	■ Was conversion attempted?	1 🗌 Yes 2 🗌 No				

FORM NHAMCS-101(FS) (12-10-2009)

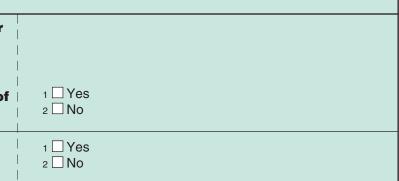
Section IV – AMBULATORY UNIT	RECORD - Continued
Section H – FIN	IAL DISPOSITION
1. FINAL DISPOSITION	Ambulatory unit 1 Participated a Patients seen, Continue to Item 2 b No patients seen 2 Refused 3 Closed a Temporary b Permanent 4 Ineligible $ earrow $ a AU not under auspices of ASC b Only ancillary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

Section I – TELEPHONE Part B. VERIFICATION OF ELIGIBILITY **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? 1 🗌 Yes 2 🗌 No **b.** Does your ASC operate under the Provider of Services (POS) number of a parent 1 🗌 Yes 2 🗌 No facility? CHECK ITEM A Refer to items 10a and 10b. Is "Yes" marked in ANY of these items? 1 Yes – What is the name and address of your parent facility? Parent facility name Number and street **RECORD ON CONTROL CARD** City State ZIP Code Thank you for your time and assistan regarding participation in this study. If after contacting your RO you find that the ASC is eligible, continue with item 11. If the ASC is not eligible, go to CHECK ITEM B on page 4 and mark checkbox 4. FR NOTE 2 🗌 No – GO to item 11. **11.** Is this facility owned, operated, or manag by – **12.** Is the ambulatory (outpatient) surgery performed here primarily one specialty? Is the ambulatory (outpatient) surgery performed here multi-specialty? 13. NOTES

FORM NHAMCS-101(FS) (12-10-2009)

FORM NHAMCS-101(FS) (12-10-2009)

SCREEN	ER – Continued
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ice. We may contact y	you again	in a	few	days
Terminate telephone call.				

ed	 A hospital One or more physicians Health maintenance organization Another health care provider A health care corporation that owns multiple health care facilities (e.g., HCA or Health South) Other
	1 ☐ Yes – What is the specialty? SKIP to CHECK ITEM B on page 4. 2 ☐ No
	1 🗌 Yes 2 🗌 No

	Section I – TELEPHONE SCREENER – Continued		Section IV – AMBULATOR
СНЕСК	ASC meets eligibility requirements (item 8 is YES) – SKIP to Check Item B-1		Section D – VERIFICAT
ITEM B	2 ASC is ineligible because it does not perform ambulatory surgery (item 8a is NO) – Go to CLOSING STATEMENT B1 below.		Verify with ASC director BEFORE data collection begins (and records have been pulled).
	3 ASC is ineligible because specialty is out-of-scope (item 8b is YES) – Go to CLOSING STATEMENT B2 below.	1.	According to our information, about
	 ASC is ineligible because it operates under a parent facility that is on the sampling frame (Item 10a is YES) – Complete Section V on page 19. 		(number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate?
CHECK ITEM	ASC refused <i>k</i>	2.	About how many visits do you expect during th
B-1	1 □ Yes – SKIP to item a 2 □ No – SKIP to Part C. STUDY DESCRIPTION on page 5		reporting period, to?
	a. Determine whether facility has an eligible ASC and if so, inquire as to how many visits are expected during the		Determine if new Take Every and Random Start
	reporting period. 1 Yes expected visits 2 No	За	 numbers must be calculated for this ASC. Divide the revised estimate by the original estimate from B-3.
	 b. If unable to determine expected visits for the assigned reporting period, obtain the number of visits to the facility last year. 		
	ASC visits last year	b	b. Is the result of (a) between 0.7 and 1.3?
	Complete Sections V and VI on page 19.		
CLOSING	Thank you, but it seems that our information was incorrect. Since (<i>Name of ASC</i>) does not perform ambulatory surgery, it should not have been chosen for		Section E – CALCULATE NEW TAKE EVERY
STATEM B1		1.	Calculate new Take Every, using the appropriate table (page 19) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).
CLOSING	Thank you, but it seems that our information was incorrect. Since (<i>Name of ASC</i>)'s specialty is out-of-scope for our study, it should not have been chosen		
STATEM B2		2.	Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101(FS).
NOTES			、 <i>'</i>
			Section G – PATIENT R
		1.	Enter the range of Patient Record Forms that were ACT
			FIRST FOLIO FROM:
			SECOND FOLIO FROM:
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Page 4	FORM NHAMCS-101(FS) (12-10-2009)	FORM	M NHAMCS-101(FS) (12-10-2009)

RY	UNIT RECORD – Continued
TIO	N OF ESTIMATED VISITS
าร	1 ☐ Yes – <i>SKIP to section G</i> 2 ☐ No
he	Revised estimate
	Revised estimate
	1 Yes – SKIP to section G 2 No
	ND RANDOM START NUMBERS FOR THIS ASC
	New Take Every
	New Random Start
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Total AU S Sal	npied within i		otion P	R _ SAM	PLE INFOR	МАТ					
		36			tal estimated			during	reporting		
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Estimated num		in this			ERIOD <i>Ionth Day Yea</i>	ar)	┌──── │ To:				
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ms 7 and 8 are o	each 1.	<i>on n, nom o</i> .			3			••			00
What was the	total number	of notiont			3	NU	MBER OF VI	SITS			00
What was the visits to this A	U from (dates	s specified in	We	eek 1	Week 2		Week 3		Week 4		TOTAL
B5)?(Refer to	patient logs,	etc. Ask if	/	- /	/ _	/	/ _	/	/ –	/	
necessary.DO BLANK. BE A	S COMPLET	EAND									
ACCURATE A	AS PUSSIBLE	=.)	<u> </u>			NILI	MBER OF FO	RMS			
		rmo woro				1101	Week 3		Week 4	-	TOTAL
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 How many pat filled out for th Was this Ambound surgery location 	is AU? ulatory Unit R	Record comple	eted for	multiple			1 Yes	2	No, this Am Record is fo ambulatory	or a sii	ngle
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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 facility representative with a brief description of the study.

Cover following points –

(2) NHAMCS is endorsed by the:

- Ambulatory Surgery Center Association
- American College of Surgeons
- American Health Information Management Association
- American Academy of Ophthalmology
- Society for Ambulatory Anesthesia
- American College of Emergency Physicians
- Emergency Nurses Association
- Society for Academic Emergency Medicine
- American College of Osteopathic Emergency Physicians

(3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

- (4) Four-week data collection period
- (5) Brief form completed for a sample of patient visits

As one of the ASC's that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory surgery.

CLOSING	
STATEMEN	Γ
C2	

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? 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 phone call.

NOTES

FORM NHAMCS-101(FS) (12-10-2009)

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Section I – TELEPHONE SCREENER – Continued

(1) The NHAMCS is the only source of national data on health care provided in hospital emergency and outpatient departments and ambulatory surgery centers.

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 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 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

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 $\overline{\varphi}$ a AU not under auspices of ASC b Only ancillary services provided c AU classified as out-of-scope d Other - Specify $\overline{\varphi}$	Section	n H – FINAL DISPOSITION
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2. Who completed the patient record forms? Mark (X) all that apply a Closed a Temporary b Permanent 4 Ineligible $\overline{\mu}$ a AU not under auspices of ASC b Only ancillary services provided c AU classified as out-of-scope d Other – Specify $\overline{\mu}$ 1 ASC staff 2 FR – abstraction DURING reporting period 3 FR – abstraction AFTER reporting period 4 Other – Specify $\overline{\mu}$		¹ Participated a Patients seen, <i>Continue to Item 2</i>
Mark (X) all that apply 1 ☐ ASC staff 2 ☐ FR – abstraction DURING reporting period 3 ☐ FR – abstraction AFTER reporting period 4 ☐ Other – Specify ₹		 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
NOTES	2. Who completed the patient record forms? <i>Mark (X) all that apply</i>	 2 - FR – abstraction DURING reporting period 3 - FR – abstraction AFTER reporting period
NOTES		
	NOTES	

	Section IV – AMBULATORY	UNIT RECORD – Continued
	Section D – VERIFICATIO	N OF ESTIMATED VISITS
1.	Verify with ASC director BEFORE data collection begins (and records have been pulled). According to our information, about (number from B-3) patient visits are expected during the reporting period. Do	1 ☐ Yes – <i>SKIP to section G</i> 2 ☐ No
2.	you agree with this estimate? About how many visits do you expect during the reporting period, to?	Revised estimate
	Determine if new Take Every and Random Start numbers must be calculated for this ASC. Divide the revised estimate by the original estimate from B-3.	Revised estimate =
D.	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 EVERY AN	ND RANDOM START NUMBERS FOR THIS ASC
1.	Calculate new Take Every, using the appropriate table (page 19) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).	New Take Every
2.	Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101(FS).	New Random Start
	Section G – PATIENT REC	ORD FORM INFORMATION
1. /	Enter the range of Patient Record Forms that were ACTUA	LLY used by the unit.
	FIRST FOLIO FROM:	
	SECOND FOLIO FROM:	
-	THIRD FOLIO FROM:	то:
N	OTES	
-		
-		
_		
_		
$\backslash -$)

Section II – INDUCTION	Section II – INDUCTION 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 obtain the study?	ain permission for the ASC to participate						
1 \Box Yes – Specify the necessary steps below \swarrow							
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 2 ☐ Someone else - Specify below <i>v</i> 1 ☐ Respondent 2 ☐ Someone else - Specify below <i>v</i> 1 ☐ Respondent 2 ☐ Someone else - Specify below <i>v</i> 1 ☐ Respondent 2 ☐ Someone else - Specify below <i>v</i> 3 ☐ Respondent 4 ☐ Respondent 2 ☐ Someone else - Specify below <i>v</i> 4 ☐ Respondent 2 ☐ Someone else - Specify below <i>v</i> 3 ☐ Respondent 3 ☐ Respondent 3 ☐ Respondent 3 ☐ Respondent 							
	Name						
	Title Record on						
	Department Control Card						
	Telephone number						
	Name						
	Title Record on						
	Department Control Card						
	Telephone number						

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	Section III – AMBULATOR	Y SURG	ERY		R DESCRIPTI			
15a	Does this facility have any satellite facil which perform ambulatory (outpatient) s	lities surgery?			- Continue with SKIP to develo		lan	
b	• What are the names, addresses, and		Nar			onig ouriphing pl		
	telephone numbers of the satellite fac	ilities?	Address			RECORD		
				ephone num ea code and		CONTR	IOL CA	KD
To d	evelop the sampling plan, I would like to	(collect/	<u>`</u>		/	mation about	this	
	ity's ambulatory surgery locations. ain an estimate of ambulatory (outpatient) surg	perv cases	s for	each am	bulatorv surgerv	location. coveri	na	
the	4-week reporting period. Enter the estimate in	column (c	d) of	the listing	g below.		-	
	In-scope locations: • General or main operating room • Cyst		m		l aser procedures	Out-of-scope		
FR NOT	• Dedicated ambulatory surgery room • Endoscopy room room • Family planning • Abortion • Satellite operating room • Cardiac catheterization lab • Pain block room • Lump and hump • Birth center							
	Specialty groups include: • GEN – General • MULTI – Multi-specialty	GI – Gastr OPH – Op	oento htha	erology • Imology •	ORTHO – Orthop PAIN – Pain Bloc	bedics • PLASTI k • OTHER		
	ISTRUCTIONS							
am na	ly record generic ambulatory surgery location nan ibulatory surgery location has a formal/proper nan me on page 2 of the Control Card.	nes in colu ne, enter a	mn (gen	a) (e.g., a eric name	mbulatory surger in (a) and record	y center, endosco I the Line No. and	opy). If the d the form	e ıal/proper
	cord the specialty group acronym in column (b). mplete columns (e) and (f) after developing the sa	molina ola	n Sa	a naga 1	8 of the NHAMOS	-121 for instructi	one	
			<u></u>	ce page n	Expected No.			
Line No.	Name of ambulatory surgery location (Generic)	Special group		AU number	(outpatient) si	to	Take every number	Random start number
	(a)	(b)		(c)	· · · · · · · · · · · · · · · · · · ·	d)	(e)	(f)
1								
_								
2								
3								
4								
	TOTAL							
CHE ITEM		/ surgery lo	ocat	ion – <i>Con</i>	ntinue with item 1	15c. Make sure t	hat	
15c	Now I have some questions about generations	erating a	rep	ort for a	Il outpatient s	urgery patient	s for sa	mpling.
	Would you or your IT staff be able to g a single list of outpatient surgery case following locations? (Read each ambulato	es for the	•	1 🗌 Yes 2 🗌 No –	ONLY 2 lists	SKIP to item 15	е	
	location name listed above.)	,	-		More than 2 lists			id.
d	Would you or your IT staff be able to generate one list of outpatient surge for some of these locations?	ry cases	•	Ambu	- Make sure that i Ilatory Unit Recor <i>Continue with it</i>	d, Section B.	I on the	
	Record the name and telephone number of the contact on the Conrol Card.			Contact nan	ne	RECOR	D ON	
	Give a copy of the "Single Sampling List Inst to the IT contact.	tructions"		ephone nun ea code and		CONTRO	L CARE)
FR NOT	If multiple logs can be combined into one lis	st, assign t	the s	same AU	number to each	location whose	og is	

	Section IV – AMBULATORY UNIT RECORD										
	COMPLETE FOR EACH AMBULATORY UNIT SELECTED										
	Section A – AMBULATORY UNIT INFORMATION										
a.	Mark (X) specia	alty —									
	1 GEN 2	MULTI 3	GI	4 OPI	H 5	ORTHO	6	PLASTIC	7 🗌 PA	IN	8 OTHER
	AU No. 2	_ of	_								
	Total AU's sampled within the ASC Section B – SAMPLE INFORMATION										
			Sec	tion B		PLE INFOR			uring repor	ting	
1.	Take every nun	nber			per	iod for ALL o	pera	ting rooms w	ithin the A	SC	
2.	Random start n	lumber	1			PORTING		From:	/		/
	Estimated numl AU during repo	ber of visits in this				ERIOD <i>IonthIDayIYea</i>	ar)	— — — — — — То:	/		
Item	6 is the AU No	. from Section A, I	Item b.		6. SU	number	7. Numerator		r	8. Der	nominator
Item	s 7 and 8 are e	ach 1.				2		1			1.00
9.	What was the te	otal number of pat	ient				NUN	- MBER OF VIS	ITS		
	visits to this AU	l from <i>(dates spec</i>	ified in $^{\perp}$	We	ek 1	Week 2		Week 3	W	leek 4	TOTAL
	<i>B5)</i> ?(Refer to patient logs, etc. Ask i necessary.DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND		AL L		/			//	' /_	/	
	ACCURATE AS POSSIBLE.)										
10	10 How many patient record forms were						NUM	IBER OF FOF			
10.	10. How many patient record forms were filled out for this AU?			We	ek 1	Week 2		Week 3	N	/eek 4	TOTAL
11.	Was this Ambula surgery location	atory Unit Record c s that were combin	ompleted ed in a si	d for mu ingle list	Itiple aml ?	oulatory		1 Ves	Red	cord is f	nbulatory Unit or a single surgery location
		5	Section	C – A	SC INF	ORMATION	AN	D LOGS			
1.	What are the	usual operatin	g hours	s of th	is unit?						
	Day(s)		Т	īme			Mark (X) ONLY one Open 24 hours Not open Hours vary				
	(a)			(b)			Ope	en 24 nours (c)	Not op (d)	en	Hours vary (e)
	Maada	FROM	a.m.	то		a.m.		_			
	Monday		p.m.	 		p.m.		1	2		3
	Tuesday	FROM	a.m.			a.m.					_
	lucoday		p.m.	I		p.m.		1	2		3
	Modecodori	FROM	a.m.	TO		a.m.					
	Wednesday		p.m.	1		p.m.		1	2		3 🗌
	Thursday	FROM	a.m.	I TO		a.m.					
	mursuay		p.m.			p.m.		1	2		3
	Friday	FROM	a.m.	I TO		a.m.					
	Friday		p.m.	 		p.m.		1	2		3 🗌
	Coturdou	FROM	a.m.	TO		a.m.					
	Saturday		p.m.			p.m.		1	2		3
	Quedau	FROM	a.m.			a.m.					
	Sunday		p.m.	1		p.m.		1	2		3

	TORY UNIT RECORD – Continued		Section III – AMBULATORY SURG
Section H	- FINAL DISPOSITION	15	e. Does your ASC submit CLAIMS electronically (electronic billing)?
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	END	f. Does your ASC use an electronic MEDICAI record (EMR) or electronic HEALTH record (EHR) system. Do not include billing recor- systems. (1) Which year did your ASC install your EMR/EHR system? (2) What is the name of your current EMR/EHR system? Mark (X) only one box.
2. Who completed the patient record forms?Mark (X) all that apply			g. Does your ASC have plans for installing a new EMR/EHR system within the next 18 months?
	 ASC staff FR – abstraction DURING reporting period FR – abstraction AFTER reporting period FR – abstraction AFTER reporting period Other – Specify 		 Indicate whether your ASC has each of the following computerized capabilities. Does reporting location have a <u>computerized system</u> for: Mark (X) only one box per row. (1) Patient history and demographic information of the per system of the per system.
NOTES			tenter de la la la la la la la constitución de la c
			If Yes, ask – (a) Does this include a patient pro
			(2) Clinical notes?
			(2) Clinical notes?
			 (2) Clinical notes? If Yes, ask – (a) Do they include a list of media that the patient is taking? (b) Do they include a comprehent
			 (2) Clinical notes?
			 (2) Clinical notes? If Yes, ask – (a) Do they include a list of medi that the patient is taking? (b) Do they include a comprehent the patient's allergies (includi to medication)? (3) Orders for prescriptions? If Yes, ask – (a) Are warnings of drug interact containdications provided?
			 (2) Clinical notes? If Yes, ask – (a) Do they include a list of media that the patient is taking? (b) Do they include a comprehen the patient's allergies (includin to medication)? (3) Orders for prescriptions? If Yes, ask – (a) Are warnings of drug interact containdications provided? (b) Are prescriptions sent electromic of the prescription is the patient of the patient
			 (2) Clinical notes? If Yes, ask – (a) Do they include a list of medi that the patient is taking? (b) Do they include a comprehen the patient's allergies (includi to medication)? (3) Orders for prescriptions? If Yes, ask – (a) Are warnings of drug interact containdications provided? (b) Are prescriptions sent electro the pharmacy? (4) Orders for lab tests?
			 (2) Clinical notes? If Yes, ask – (a) Do they include a list of media that the patient is taking? (b) Do they include a comprehen the patient's allergies (includin to medication)? (3) Orders for prescriptions? If Yes, ask – (a) Are warnings of drug interact containdications provided? (b) Are prescriptions sent electrod the pharmacy?
			 (2) Clinical notes? If Yes, ask – (a) Do they include a list of media that the patient is taking? (b) Do they include a comprehen the patient's allergies (includin to medication)? (3) Orders for prescriptions? If Yes, ask – (a) Are warnings of drug interact containdications provided? (b) Are prescriptions sent electron the pharmacy? (4) Orders for lab tests? If Yes, ask – (a) Are orders sent electronically
			 (2) Clinical notes? If Yes, ask – (a) Do they include a list of media that the patient is taking? (b) Do they include a comprehen the patient's allergies (includin to medication)? (3) Orders for prescriptions? (3) Orders for prescriptions? If Yes, ask – (a) Are warnings of drug interact containdications provided? (b) Are prescriptions sent electron the pharmacy? (4) Orders for lab tests? If Yes, ask – (a) Are orders sent electronically (5) Viewing lab results?

Page 12

MBULATORY SURGER		FER DESCR	IPTION - C	ontinued						
CLAIMS ic billing)?	 1 Yes, all electronic 2 Yes, part paper and 4 Unknown part electronic 									
lectronic MEDICAL nic HEALTH record clude billing record	2 🗌 Ye 3 🗌 Ne	`	nic r and part elec IP to item 15g		item 15f1					
ASC install your		Year								
your current	1 Allscripts 7 GE Centricity 12 Praxis 2 Cerner 8 Greenway 13 Practice One 3 eClinicalWorks Medical 14 Sage Intergy 4 Eclipsys 9 HealthPort 15 Other 5 Epic 10 McKesson 16 Unknown 6 eMDs 11 NextGen 11 NextGen									
ns for installing a vithin the next 18	2 🗌 N 3 🗌 N	es o laybe nknown								
SC has each of the capabilities. Does the a computerized system er row.	<u>n</u>	Yes	Yes, but turned off or not used	No	Unknown					
demographic informatio	on?.	1	² Skip to 15h2	3 🗌 Skip to 15h2	₄ □ Skip to 15h2					
his include a patient problen	n list?	1	2	3	4					
y include a list of medicatio e patient is taking?	ns				Skip to 15h3					
y include a comprehensive tient's allergies (including al lication)?	list of lergies	1	2	3	4					
ions?		1	2	3	4 🗌 Skip to 15h4					
arnings of drug interactions ndications provided?	or	1	2	3	4					
escriptions sent electronical armacy?	lly to	1	2	3 🗌	4					
?		1	² Skip to 15h5	3 🗌 Skip to 15h5	4 🗌 Skip to 15h5					
ders sent electronically to th	ne lab?	1	2 🗌	3 🗌	4					
?		1	2 🗌 Skip to 15h6	3 □ Skip to 15h6	₄ □ Skip to 15h6					
sults incorporated in EMR/E	HR?		2	3						
t of range levels highlighted	1?	1	2	3 🗌	4					
sults?		1	2	3 🛄	4∐ /					

Section III – AMBULATORY SURGERY CENTER DESCRIPTION – Continued

Section III - AMBULATORY SURGERY CEN			ontinueu	
5h. Continued		Yes, but turned off		
	Yes	or not used	No	Unknowr
(7) Reminders for guideline-based interventions or screening tests?		2	3 🗌	4
(8) Electronic reporting to immunization registries?	1 1	2 🗌	3 🗌	4
i. At your ASC, if orders for prescriptions or lab tests are submitted electronically, who submits them?	$2 \bigcirc Oti$ $3 \bigcirc Lai$ $4 \bigcirc Adi$ $5 \bigcirc Oti$ $6 \bigcirc Pre$	escriptions and submitted electronic	cluding RN) rsonnel lab test orders	S
j. Beginning in 2011, Medicare and Medicaid will offer incentives to facilities that have meaningful use of Health IT". Does your ASC have plans to apply for Medicare or Medicaid incentive payments for meaningful use of Health IT?		s, we intend to certain whether we will not ap	we will apply	
(1) What year do you expect to apply for the meaningful use payments?	1 20 ⁻ 2 20 ⁻ 3 Afte 4 Un	l2 er 2012		
(2) What incentive payment do you plan to apply for?	1 🗌 Me 2 🗌 Me	dicaid		
	3 🗌 Uni			
Section IV – AMBULATORY				
COMPLETE FOR EACH AMBULAT				
Section A – AMBULATORY UN a. Mark (X) specialty —	IT INFORM	ATION		
$1 \square \text{ GEN } 2 \square \text{ MULTI } 3 \square \text{ GI } 4 \square \text{ OPH } 5 \square \text{ ORTH}$	O 6 P	LASTIC 7	PAIN ε	
b. AU No. 1 of Total AU's sampled within the ASC				
Section B – SAMPLE IN	FORMATIC	N		
1. Take every number 4. Total estim period for A	ated number	of visits during g rooms within	reporting	
2. Bandom start number 5. REPORTI		rom:		1
3. Estimated number of visits in this AU during reporting period	v/Vear)	o:	' /	_'
tem 6 is the AU No. from Section A, Item b. 6. SU number	7.	Numerator	8. Den	ominator
tems 7 and 8 are each 1.		1		1.00
9. What was the total number of patient	NUMB	ER OF VISITS		
visits to this AU from <i>(dates specified in Week 1 </i>	ek 2	Week 3	Week 4	TOTAL
necessary.DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)	/	//	_//	_
0. How many patient record forms were		ER OF FORMS		
filled out for this AU?	ek 2	Week 3	Week 4	TOTAL
1. Was this Ambulatory Unit Record completed for multiple ambulatory surgery locations that were combined in a single list?		1 Yes 2	No, this Amb Record is for ambulatory s	

Section C – ASC INFORMATION AND LOGS

Day(s) (a)		Т	ïme (b)
Monday	FROM	a.m. p.m.	то
Tuesday	FROM	a.m. p.m.	ТО
Wednesday	FROM	a.m. p.m.	
Thursday	FROM	a.m. p.m.	ТО
Friday	FROM	a.m. p.m.	ТО
Saturday	FROM	a.m. p.m.	
Sunday	FROM	a.m.	то

perating hours of this unit?								
Time			one					
Time (b)		Open 24 hours (c)	Not open (d)	Hours vary (e)				
a.m. TO	a.m.	(0)	(4)					
p.m. ₁	p.m.	1	2	3				
a.m. TO p.m.	a.m.	1	3					
a.m. _I TO	a.m.		2					
p.m.	p.m.	1	3					
a.m. ¦ TO p.m.	a.m. p.m.	1	3					
a.m. TO p.m.	a.m.	1	3					
a.m. TO	a.m.							
p.m.	l p.m.	1	2	3				
a.m. <mark> </mark> TO p.m.	a.m. p.m.	1	2	3				
Section D – VERIFICATION	OF ESTIM	ATED VISITS						
EFORE data collection begins ulled).	- 							
mation, about tient visits are eporting period. Do stimate?	1 ☐ Yes – <i>SKIP to section G</i> 2 ☐ No							
s do you expect during the	e Revised estimate							
to?								
ery and Random Start ed for this ASC.								
e by the original	Revised	Revised estimate						
	Original	estimate		(Result)				
ween 0.7 and 1.3?	1 ☐ Yes – <i>SKIP to section G</i>							
LATE NEW TAKE EVERY A	ND RANDO	M START NUM	BERS FOR 1	THIS ASC				
, using the appropriate table -124. (Use the revised and the original total visits	the appropriate table							
rt, using the next available ne back of the New Random Start								
Section G – PATIENT RECORD FORM INFORMATION								
Record Forms that were ACTL								
ROM:	то:							
ROM:	TO:							

1. What are the usual operating hours of this unit?								
	Day(s)		т	ime		Mark (X) ONLY one		
				(b)		Open 24 hours (c)	Not open (d)	Hours vary (e)
	Monday	FROM	a.m. p.m.		l a.m. l p.m.	1	2	3
	Tuesday	FROM	a.m. p.m.	-	a.m. p.m.	1	2	3
	Wednesday	FROM	a.m. p.m.		a.m. p.m.	1	2	3
	Thursday	FROM	a.m. p.m.		a.m. p.m.	1	2	3
	Friday	FROM	a.m. p.m.		a.m. p.m.	1	2	3
	Saturday	FROM	a.m. p.m.		a.m. p.m.	1	2	3
	Sunday	FROM	a.m. p.m.	ТО	a.m. p.m.	1	2	3
	Section D – VERIFICATION OF ESTIMATED VISITS							
	Verify with ASC director BEFORE data collection begins (and records have been pulled). 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			
	About how many visits do you expect during the reporting period, to?				Revised estimate			
	Determine if new Take Every and Random Start numbers must be calculated for this ASC. Divide the revised estimate by the original estimate from B-3.							
3a.					Revised estimate =			
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 EVERY AND RANDOM START NUMBERS FOR THIS ASC							
1.	Calculate new Take Every, using the appropriate table (page 19) 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 F row on the label NHAMCS-101(F	l affixed to the b -S).	back of the		New Random Start			
Section G – PATIENT RECORD FORM INFORMATION								
1. Enter the range of Patient Record Forms that were ACTUALLY used by the unit.								
	FIRST FOLIO	FROM			то:			
	SECOND FOLIO	O FROM			то:			
	THIRD FOLIO	FROM	:		то:			

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Section IV – AMBULATORY UNIT RECORD – Continued