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Hospital Number: _____ (Office use only)

NATIONAL HOSPITAL DISCHARGE SURVEY
Part D: Facility Questionnaire

Thank you for participating in the National Hospital Discharge Survey. The information collected will be invaluable to hospitals, policymakers, researchers, and all who provide patient care in America’s hospitals and health care systems.

If you have questions as you complete this form, please **contact TBD**. Once this questionnaire is completed, please put it in the FedEx envelope provided and send it back to Social and Scientific Systems (SSS), 8757 Georgia Avenue, Silver Spring, MD 20910.

1. Hospital Information (pre-printed label)

Legal Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

2. Person Completing This Form

Name: _____

Title: _____

E-mail: _____

Dept. Address: _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

3. Is the information provided on this questionnaire only for the hospital named on the above label?

Yes

No → Please provide names of hospitals also included:

Hospital Demographics

4. Please provide the hospital utilization statistics below for **calendar year 2010**. If not for calendar year 2010, please indicate the 12 month period provided: _____

a. Was this facility open as of 01/01/2010?

Yes

No → When did your hospital open _____?

b. Total number of **acute inpatient** admissions: _____

c. Average length of stay (all acute inpatients): _____ days

d. Total number of live births: _____

5. What is the ownership type of this hospital?

Please mark (X) only one.

Non-profit, not religious order affiliated

Non-profit, religious order affiliated

Government

Proprietary

Other → Please specify: _____

6. Is this a primary teaching hospital for a medical school?

Yes

No

7. Is this a critical access hospital?

Yes

No

Health Information Technology

8. Does your hospital use electronic medical records (EMR) or electronic health records (EHR) system?
Do not include billing record systems.

Yes, all electronic

Yes, part paper and part electronic

No → *Skip to Q.11*

Don't know → *Skip to Q.11*

9. In which year did you install your EMR/EHR system? Year: _____

10. What is the name of you current EMR/EHR system? **CHECK ONLY ONE BOX. IF OTHER IS CHECKED, PLEASE SPECIFY THE NAME.**

- Allscripts eClinicalWorks GE/Centricity NextGen 13 Practice Fusion
 Cerner Epic Greenway Sage 14 Other _____
 CHARTCARE eMDs Medical SOAPware 15 Unknown
 MED3000

11. Are there plans for installing a new EMR/EHR system within the next 18 months?

- Yes
 No
 Maybe
 Unknown

12. If orders for prescriptions or lab tests are submitted electronically, who submits them? **CHECK ALL THAT APPLY.**

- Prescribing practitioner
 Other
 Prescriptions and lab test orders not submitted electronically
 Unknown

13. Please indicate whether your hospital inpatient departments have each of the computerized capabilities listed below. **CHECK NO MORE THAN ONE BOX PER ROW.** Does the reporting location have a computerized system for:

	Hospital Inpatient Wards			
	Yes	Yes, but turned off or not used	No	Unknown
13a. Recording patient history and demographic information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13a1. If yes, does this include patient problem list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13b. Recording clinical notes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13b1. If yes, do they include a comprehensive list of the patient's medications and allergies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13c. Ordering prescriptions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13c1. If yes, are prescriptions sent electronically to the pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13c2. If yes, are warnings of drug interactions or contraindications provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13d. Providing reminders for guideline-based intervention or screening tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13e. Ordering for lab tests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13e1. If yes, are orders sent electronically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13f. Providing standard order sets related to a particular condition or procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13g. Viewing lab results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13g1. If yes, are results incorporated into EMR/EHR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13h. Viewing imaging results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13i. Viewing data on quality of care measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13j. Electronic reporting to immunization registries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13k. Public health reporting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13k1. If yes, are notifiable diseases sent electronically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13l. Providing patients with clinical summaries for each visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13m. Exchanging secure messages with patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Can inpatient electronic medical records be accessed from the following hospital units?

	Yes	No	Unknown
a. Intensive Care Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Observation Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15a. Beginning in 2011, Medicare and Medicaid will offer incentives to hospitals that have demonstrated “meaningful use of health IT”. Are there plans to apply for Medicare or Medicaid incentive payments for meaningful use of health IT?

- Yes, we intend to apply → go to Q.15b
- Uncertain whether we will apply → Skip to Q.16
- No, we will not apply → Skip to Q. 16

15b. In which year do you expect to apply for the meaningful use payments?

- 2011
- 2012
- After 2012
- Unknown

Financial information

16. What percent of your patient care revenue for **calendar year 2010** came from the following?

- 1. Medicare _____ %
- 1. Medicaid/CHIP _____ %
- 2. Private insurance _____ %
- 3. Patient payments _____ %
- 4. Other _____ %
(including charity, research, _____ %)

CHAMPUS, VA, etc.) _____

TOTAL 100%

17. What percentage of your hospital's revenue came from Medicaid and Medicare Disproportionate Share Program in 2010?

a. _____% Medicaid Disproportionate Share Program in 2010

b. _____% Medicare Disproportionate Share Program in 2010

Outpatient and Emergency Departments and Special Hospital Units

18. Does this hospital operate an organized outpatient department either at this hospital or elsewhere?

Yes → Number of beds _____

No – Skip to Q. 20.

Don't know – Skip to Q. 20.

19. Does this OPD include physician services?

Yes

No

Don't know

20. Does this hospital have an Ambulatory Surgery Center (ASC)?

ACS locations include a general or main operating room, dedicated ambulatory surgery room, satellite operating room, cystoscopy room, endoscopy room, cardiac catheterization lab, laser procedures room, and a pain block room.

Yes → Number of beds _____

No

Don't know

21a. Does your hospital have an Emergency Department?

Yes → Number of beds _____

No – Skip to Q.22.

Don't know – Skip to Q. 22.

21b. Is the Emergency Department staffed 24 hours per day?

Yes

No

Don't know

22. Does this hospital have a dedicated Pediatric Emergency Services Area?

- Yes
- No
- Don't know

23. Does this hospital have a dedicated Psychiatric Emergency Services Area?

- Yes
- No
- Don't know

24. What is the trauma level rating of the Emergency Department and hospital?

For each row, please mark (X) **only one** box.

	None	Level I	Level II	Level III	Level IV	Level V	Other/Unknown
Adult trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pediatric trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Does your hospital have a Neonatal Intensive Care Unit (NICU)?

- Yes
- No -- *Skip to Q. 27.*
- Don't know -- *Skip to Q. 27.*

26. What is the level of care provided by your NICU?

Please mark (X) only one.

- I
- II
- III
- IV
- V
- Don't know

27. Does your hospital have an Intensive Care Unit (ICU) other than the NICU?

- Yes
- No

Don't know

28. Does your hospital have a dedicated observation unit?

Yes → Number of beds _____

No

Don't know

Staffing

We are also interested in finding out about ***hospitalists*** (physicians whose primary professional focus is the general medical care of hospitalized inpatients), excluding physicians who work in Intensive Care Unit(s).

29. Does your hospital employ hospitalists (*exclude physicians who work only in Intensive Care Units*)?

Yes

No

Don't know

Thank you for your participation!

Please return your completed facility questionnaire in the provided FedEx envelope!