

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS DATA COLLECTION AGENT FOR THE  
NATIONAL CENTER FOR HEALTH STATISTICS  
CENTERS FOR DISEASE CONTROL AND PREVENTION

**NHAMCS-123**  
**(10/2008)**

**2009 NATIONAL HOSPITAL AMBULATORY MEDICAL CARE  
SURVEY**

**Outpatient Department Clinic  
Instruction Booklet**

**Reporting Period**

Data Collection Begins:

Data Collection Ends:

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On the first day of data collection, begin completing Patient Record forms with the \_\_\_\_\_ patient listed on the log for that day.

Select every \_\_\_\_\_ patient listed on the log during the rest of the reporting period.



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SECTION I IDENTIFICATION AND GENERAL INSTRUCTIONS/INFORMATION

A. Clinic name or description

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B. Sampling

1. LISTING PATIENT VISITS - Keep daily lists of **all** patient visits beginning at midnight on the first date of the reporting period (provided on the cover of this booklet) and continuing through the last date of the reporting period (also provided on the cover). For additional information on how and who to list, refer to page 5 - "Listing Patient Visits" and page 6 - "Eligible Visits".
2. SELECTION OF PATIENT VISITS - Select a sample of patient visits following the instructions on the cover of this booklet. (See page 6 - "Sampling Procedures" for additional information on sampling patient visits.)

C. Patient Record Form Numbers

1. Folio Number:

2						
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Additional Folio Number:

2						
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2. Contact the field representative when additional pads of Patient Record forms are needed. **DO NOT USE A PAD THAT HAS BEEN ASSIGNED TO ANOTHER UNIT.**
3. Check the Patient Record forms to make sure that they are lavender.
4. Instructions - General instructions for completing Patient Record forms are on page 8. Instructions for the individual items begin on page 9. Job Aids for completing the Patient Record forms are found in the NHAMCS-250, Job Aid Booklet.

D. Field Representative Information

**Name**

\_\_\_\_\_

**Phone Number**

\_\_\_\_\_

E. Other Contact

**Name**

\_\_\_\_\_

**Phone Number**

\_\_\_\_\_

## SECTION II INTRODUCTION

### Purpose and Background

Every year in the United States, there are approximately 235 million visits made to hospital emergency and outpatient departments, and hospital-based ambulatory surgery centers. However, adequate data on the hospital component of ambulatory medical care did not exist until the initiation of the National Hospital Ambulatory Medical Care Survey (NHAMCS) by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) in December 1991. This study is the principal source of information on the utilization of hospital emergency departments (EDs), outpatient departments (OPDs), and hospital-based ambulatory surgery centers (ASCs) which were added to NHAMCS in 2009. Moreover, it is the **only** source of nationally representative estimates on the demographic characteristics of outpatients, diagnoses, diagnostic services, medication therapy, and the patterns of use of emergency and outpatient services in hospitals which differ in size, location, and ownership. Data collected through this study are essential to plan health services, improve medical education, and determine health care workforce needs.

The study of hospital-based ambulatory care is one of several health care studies sponsored by the CDC's National Center for Health Statistics. The National Hospital Ambulatory Medical Care Survey complements the National Ambulatory Medical Care Survey which collects data on patient visits to physicians in office-based practices. The hospital study is now bridging the gap which existed in coverage of ambulatory care data and is further expanding its uses. This need is further accentuated by the increasing efforts at cost containment, the rapidly aging population, the growing number of persons without health insurance, and the introduction of new technologies. The American College of Emergency Physicians, Society for Academic Emergency Medicine, Emergency Nurses Association, American College of Osteopathic Emergency Physicians, Surgeon General's Office, and Federation of American Hospitals have endorsed this study. Letters of endorsement are provided in Exhibits A, B, C, D, E and F on pages E-1 to E-6.

### Scope

An annual sample of approximately 480 hospitals across the country is selected for participation in the National Hospital Ambulatory Medical Care Survey. Each hospital collects data for a specified 4-week period in the survey year. These hospitals are revisited in subsequent years to measure changes in the public's use of ambulatory medical care services from year to year. Eligible hospitals consist of non-federal, short-stay, and general hospitals with emergency service areas and/or outpatient clinics and/or ambulatory surgery centers.

The study includes a sample of ambulatory units, that is, emergency service areas, outpatient clinics, and ambulatory surgery centers within each hospital. Medical care must be provided by or under the direct supervision of a physician for the unit to be considered eligible. Dental clinics, physical, speech, and occupational therapy, podiatry, optometry, social work, and other clinics where physician services are not typically provided are not included. Ancillary services, such as pharmacy, diagnostic x-ray, or radiation therapy are also excluded from the study. Private practice offices and facilities that might have some association with the hospital, but are not considered hospital clinics are ineligible.

## Study Roles

The National Center for Health Statistics has contracted with the U.S. Census Bureau to implement the data collection activities for the National Hospital Ambulatory Medical Care Survey. Trained Census Bureau field representatives will:

- ◆ contact selected hospitals to screen them for eligibility and arrange an appointment with the hospital administrator or other designated representative to further discuss the study;
- ◆ assist the hospital as requested in obtaining the necessary approval for participation in the study;
- ◆ obtain basic information on the hospital's emergency and outpatient departments and ambulatory surgery centers, and select the ambulatory care units to be included in the data collection;
- ◆ show hospital staff how to select a sample of patient visits and record the data; and
- ◆ monitor the data collection procedures during the reporting period.

We are asking the hospital staff to do the following two activities:

- ◆ select a sample of patient visits during a specific 4-week reporting period following the specific sampling guidelines provided; and
- ◆ complete a one-page form for each selected visit.

A Census Bureau field representative will visit each week to resolve any problems with sampling patient visits or completing Patient Record forms, and to collect any forms already completed. If any problems arise, or assistance is otherwise needed between these weekly visits, contact the field representative or other contact (as listed in items D and E on page 1) immediately.

## Data Uses

As mentioned earlier, the information collected on patient visits to hospital emergency and outpatient departments and ambulatory surgery centers through the National Hospital Ambulatory Medical Care Survey will complement the study of physician office-based ambulatory care. The uses of OPD data are shown in EXHIBIT G on page E-7. The list of data users is quite extensive and includes medical associations, universities and medical schools, government agencies, and broadcast and print media.

### Authorization and Assurance of Confidentiality

The National Center for Health Statistics has authority to collect data concerning the public's use of physicians' services under Section 306 (b) (1) (F) of the Public Health Service Act (42 USC 242k). Any identifiable information will be held confidential and will only be used 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 hospital. 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 up to \$250,000, or both if he or she willfully discloses ANY identifiable information about your hospital's patients. Furthermore, the names or any other identifying information for individual patients are never collected. Assurance of confidentiality is provided to all respondents according to Section 308 (d) of the Public Health Service Act (42 USC 242m).

The requirements of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule on health information permits you to make disclosures of protected health information without patient authorization for (1) public health purposes, or (2) research that has been approved by an Institutional Review Board, or (3) under a data use agreement with NCHS. There are several things that you must do to assure compliance with the Privacy Rule including providing a privacy notice to your patients that indicates that patient information may be disclosed for either research or public health purposes, and a record that a disclosure of information to CDC for the NHAMCS was made. More specific information can be obtained about Privacy Rule disclosure requirements on our website mentioned below.

### NHAMCS Participant Web Page

The National Center for Health Statistics has a web page devoted to the common questions and concerns of hospital staff participating in the National Hospital Ambulatory Medical Care Survey. The participant web site can be accessed by logging on to [www.cdc.gov/nhamcs](http://www.cdc.gov/nhamcs). Refer to EXHIBIT J on page E-10 for the table of contents.



## SECTION III SAMPLING

### Overview

The hospitals, clinics, and visits chosen for the study are selected by well-established statistical methods. The sample design is comprised of multiple stages to ensure that the sample of hospitals, clinics, and visits selected are representative of those throughout the United States. The participation of each hospital is crucial, since each hospital in the sample represents many others in the country. Within the hospital, ambulatory units are selected. In large outpatient departments (containing more than 5 clinics), statistical sampling methods are also used to select a sample of up to 12 of these clinics. In each of the selected outpatient clinics, a sample of patient visits is chosen.

Keeping respondent burden and survey costs as low as possible are always important considerations when designing a study. Sampling allows us to make national estimates of the volume and characteristics of patient visits from a small sample of visits to clinics and hospitals, while reducing both the cost of the study and the work asked of the hospital staff. However, sampling procedures must be implemented accurately or large errors will result, adversely affecting the data. The National Center for Health Statistics selects the hospitals to be used for the study. If clinic sampling is necessary for the outpatient department, Census Bureau staff will select these units. However, the responsibility for sampling patient visits within the selected clinics lies with the hospital staff. Procedures for selecting patient visits have been designed to be simple and easy to implement. Census Bureau field representatives will instruct the hospital staff on these procedures.

Patient visits are systematically selected over the 4-week reporting period. The sampling procedures are designed so that on average, approximately 150 to 200 visits from the outpatient department. The sampled visits in the outpatient department are spread over the selected clinics, if the hospital has multiple clinics. The number of visits sampled for each clinic is dependent on the clinic's patient volume.

### Listing Patient Visits

A daily listing of all patient visits must be kept or constructed by each participating unit so that a sample of visits can be selected using the prescribed methods. The list of patient visits may be taken from an arrival log or other source of recording patient visits. The order in which the patients are listed is not important. However, it is crucial to have a **complete** listing of all patients receiving treatment during all hours of operation. The list should include those patients who came without previously being scheduled, but it should exclude persons who canceled appointments or were "no shows." The Census Bureau field representative will review the method used for listing patient visits (or constructing patient lists) in each unit to determine if patient sampling can be done properly. In some instances, the Census Bureau field representative will provide an Optional Patient Log (EXHIBIT H on page E-8) to assist the ambulatory unit with visit sampling.

Once visit sampling begins, the order of the names must not change. Sampling procedures require that each visit be selected at a predetermined interval (for example, every 2nd patient, every 10th patient, every 15th patient, etc.). This is the "Take Every" pattern. If a patient is inserted into the list after sampling has already been done, the pattern will be off and the visits must be resampled.

## Eligible Visits

A "visit" is defined as a direct, personal exchange between an ambulatory patient and a physician, or a staff member acting under the direct supervision of a physician, for the purpose of seeking care and rendering health services. Visits solely for administrative purposes and visits in which no medical care is provided are not eligible. The following are types of visits/contacts which should be **excluded**:

- ◆ persons who visit only to leave a specimen, pick up a prescription or medication, or other visit where medical care is not provided;
- ◆ persons who visit to pay a bill, complete insurance forms, or for some other administrative reason;
- ◆ telephone or e-mail messages calls from patients; and
- ◆ visits by persons currently admitted as inpatients to any other health care facility on the premises, that is, the sample hospital.

It may be helpful to provide a brief reason for the patient's visit on the patient visit list/log to ensure the exclusion of these visits from the sample. If you discover that an ineligible visit has been accidentally included in the sample and a Patient Record form has been completed, write "VOID" in the white space of the top margin of the Patient Record form to the right of the "Incorrect" box. For visits with a disposition of "No show/Left without being seen," do NOT write "VOID" on the top margin of the Patient Record form as these forms are keyed. Do NOT write "VOID" ACROSS the Patient Record form for any reason.

## Sampling Procedures

The 4-week reporting period for this unit is recorded on the cover of this booklet. It includes the date for beginning data collection, as well as the date for completing data collection. To determine which patient visit to sample first, refer to the instructions at the bottom of this booklet's cover. The first part of the instruction directs staff to begin with the patient listed on a specific line number of the log **on the first day of data collection**. Locate this patient visit on the list and mark the name to indicate that it is the first patient visit sampled.

To continue sampling, refer once again to the instructions on the cover. Select every **nth** patient. Continue counting down the patient list until you arrive at the nth patient name listed. This is the second patient selected for the sample. This process is repeated to select subsequent patient visits for the sample.

For example, if the sampling instructions indicate that you begin with the 3rd patient listed, and select every 15th patient, you would select the 3rd, 18th, 33rd and so forth. See EXHIBIT H on page E-8 for an Optional Patient Log marked with an example of a sampling pattern. **Be sure to follow the sampling pattern given on the cover of this booklet.**

After each selection, mark or circle the patient name to indicate its inclusion in the sample, and to indicate where to begin for sampling the next patient visit. The "Take Every" pattern remains consistent throughout the remainder of the reporting period and should be followed continuously (from shift to shift, and day to day). Do not start fresh with a new "Start With" after the end of a shift or day.

## SECTION IV COMPLETING PATIENT RECORD FORMS

### Organizing Visit Sampling and Data Collection

A Patient Record form is completed for every patient visit selected in the sample during the 4-week reporting period. The OPD Patient Record form is a one-page form consisting of 12 items which require only short answers. It should take approximately six minutes to complete each form. These forms will require even less time to complete as staff become more familiar with the items. The sampling procedures are designed so that the outpatient department of average size will complete approximately 150 to 200 Patient Record forms during the reporting period. If multiple clinics exist within the outpatient department, forms are distributed among the various clinics.

The Patient Record forms may be completed either during the patient's visit, immediately after the patient's visit, at the end of the shift, day, etc., or in some combination of these, whichever is most convenient for the staff. In some cases, a nurse or clerk may furnish the information for certain items prior to the patient's visit, leaving the remainder of the items to be completed by the attending health care provider during or immediately after the visit. In other situations, it may be more convenient to complete all records at the end of the shift or day by one designated person. Whatever method you choose, it is strongly suggested that the forms be completed at least on a daily basis. Retrieving the records at a later date may prove to be difficult and time-consuming. Also, patient information will be fresher in the minds of the staff in case clarification is needed.

Staff members completing Patient Record forms must be familiar with medical terms and procedures since most items on the form are clinical in nature. They must also know where to locate the information necessary for completing the forms. To ensure that complete coverage is provided for all shifts and days, the responsibility for data collection may require the participation of several staff. We ask that each participating clinic appoint a Data Coordinator to coordinate the personnel involved in the study and their activities. The Data Coordinator's responsibilities will include supervising and/or conducting the selection of the sample visits and the completion of the Patient Record forms.

Prior to the clinic's assigned reporting period, the Census Bureau field representative will meet with the director of each clinic and discuss the organization of sampling and the process of completing the Patient Record forms. The director then determines which staff will be needed in the data collection activities. The Census Bureau field representative will train the staff on sampling and data collection.

## Completing the Patient Record Form

The OPD Patient Record form consists of two sections separated by a perforated line. (See EXHIBIT I on page E-9 for an example of the OPD Patient Record form.) The top section of the form contains two items of identifying information about the patient - the patient's name and the patient's medical record number. It is helpful to enter the information for these items immediately following the selection of the patient visit into the sample. The top section of the form remains attached to the bottom until the entire form is completed. To ensure patient confidentiality, hospital staff should detach and keep the top section before the Patient Record forms are collected by the Census Bureau field representative. The Data Coordinator should keep this portion of the form for a period of four weeks following the reporting period. Should the field representative discover missing or unclear information while editing the forms, he or she may recontact the Data Coordinator to retrieve this information. The top section can be matched to the bottom by the seven-digit identification number (beginning with 2) printed on both sections of the form. The field representative will give you this identification number when requesting information.

The bottom section of the OPD form consists of 12 brief items designed to collect data on the patient's demographic characteristics, reason for visit, diagnosis, etc. Item-by-item instructions begin on page 9 of these instructions. To ensure patient confidentiality, please do not record any patient identifying information on the bottom portion of the form.

Each outpatient department clinic receives a folio containing a pad of Patient Record forms specifically assigned to that clinic. An ample supply of forms is included in the event that some are damaged or destroyed, or the clinic sees a much higher volume of patient visits than expected. Should the supply of forms for this clinic run low, please contact the Census Bureau field representative or other contact provided in items D and E on page 1 of this booklet. **Do not borrow Patient Record forms from other participating emergency service areas, clinics, or ambulatory surgery centers in this hospital. Check the Patient Record forms to make sure that they are lavender and have "Outpatient Department" printed at the top.**

## Item-by-Item Instructions and Definitions for Completing the OPD Patient Record Form

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### 1. PATIENT INFORMATION

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#### ITEM 1a. DATE OF VISIT

Record the month, day, and 2-digit year of arrival in figures, for example, 05/17/09 for May 17, 2009.

#### ITEM 1b. ZIP CODE

Enter 5-digit ZIP Code from patient's mailing address.

#### ITEM 1c. DATE OF BIRTH

Record the month, day, and 4-digit year of the patient's birth in figures, for example, 06/26/2007 for June 26, 2007. In the rare event the date of birth is unknown, the year of birth should be estimated as closely as possible.

#### ITEM 1d. SEX

Check the appropriate category based on observation or your knowledge of the patient or from information on the medical record.

#### ITEM 1e. ETHNICITY

Ethnicity refers to a person's national or cultural group. The OPD Patient Record form has two categories for ethnicity, Hispanic or Latino and Not Hispanic or Latino.

Mark the appropriate category according to your hospital's usual practice or based on your knowledge of the patient or from information in the medical record. You are not expected to ask the patient for this information. If the patient's ethnicity is not known and is not obvious, mark the box which in your judgment is most appropriate. The definitions of the categories are listed below. Do not determine the patient's ethnicity from their last name.

<b>Ethnicity</b>	<b>Definition</b>
1 Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
2 Not Hispanic or	All other persons.

Latino

**ITEM 1f. RACE**

Mark *all* appropriate categories based on observation or your knowledge of the patient or from information in the medical record. You are not expected to ask the patient for this information. If the patient's race is not known or not obvious, mark the box(es) which in your judgment is (are) most appropriate. Do not determine the patient's race from their last name.

<b>Race</b>	<b>Definition</b>
1 White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
2 Black or African American	A person having origins in any of the black racial groups of Africa.
3 Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
4 Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5 American Indian or Alaska Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**ITEM 1g. EXPECTED SOURCE(S) OF PAYMENT FOR THIS VISIT**

Mark (X) ALL appropriate expected source(s) of payment.

<b>Expected Source(s) of Payment</b>	<b>Definition</b>
1 Private insurance	Charges paid in-part or in-full by a private insurer (e.g., Blue Cross/Blue Shield) either directly to the hospital or reimbursed to the patient. Include charges covered under a private insurance sponsored prepaid plan.
2 Medicare	Charges paid in-part or in-full by a Medicare plan. Includes payments directly to the hospital as well as payments reimbursed to the patient. Include charges covered under a Medicare sponsored prepaid plan.
3 Medicaid/SCHIP	Charges paid in-part or in-full by a Medicaid plan. Includes payments made directly to the hospital as well as payments reimbursed to the patient. Include charges covered under a Medicaid sponsored prepaid plan or the State Children's Health Insurance Program (SCHIP).

<b>Expected Source(s) of Payment</b>	<b>Definition</b>
4 Worker's compensation	Includes programs designed to enable employees injured on the job to receive financial compensation regardless of fault.
5 Self-pay	Charges, to be paid by the patient or patient's family, which will not be reimbursed by a third party. "Self-pay" includes visits for which the patient is expected to be ultimately responsible for most of the bill, even though the patient never actually pays it. DO NOT check this box for a copayment or deductible.
6 No charge/Charity	Visits for which no fee is charged (e.g., charity, special research, or teaching). Do not include visits paid for as part of a total package (e.g., prepaid plan visits, post-operative visits included in a surgical fee, and pregnancy visits included in a flat fee charged for the entire pregnancy). Mark the box or boxes that indicate how the services were originally paid.
7 Other	Any other sources of payment not covered by the above categories, such as CHAMPUS, state and local governments, private charitable organizations, and other liability insurance (e.g., automobile collision policy coverage).
8 Unknown	The primary source of payment is not known.

**ITEM 1h. TOBACCO USE**

Tobacco use is defined as smoking cigarettes/cigars, using snuff, or chewing tobacco. Mark "Not current" if the patient does not currently use tobacco. Mark "Current" if the patient uses tobacco. Mark "Unknown" if it cannot be determined whether the patient currently uses or does not use tobacco.

**2. INJURY/POISONING/ADVERSE EFFECT**

**ITEM 2. IS THIS VISIT RELATED TO ANY OF THE FOLLOWING?**

If ANY PART of this visit was related to an injury or poisoning or adverse effect of medical or surgical care (e.g., unintentional cut during a surgical procedure, foreign object left in body during procedure) or an adverse effect of a medicinal drug, then mark the appropriate box. The injury/poisoning/adverse effect does not need to be recent. It can include those visits for follow-up of previously treated injuries and visits for flare-ups of problems due to old injuries. This item not only includes injuries or poisonings, but also adverse effects of medical treatment or surgical



procedures. Include any prescription or over-the-counter medication involved in an adverse drug event (e.g., allergies, overdose, medication error, drug interactions).

**Injury/Poisoning/**

<b>Adverse effect</b>	<b>Definition</b>
1 Unintentional injury/poisoning	Visit related to an injury or poisoning that was unintentional, such as an insect bite.
2 Intentional injury/poisoning	Visit was related to an injury or poisoning that was intentional, such as a suicide attempt or assault.
3 Injury/poisoning – unknown intent	Visit related to an injury or poisoning, but the intent is unknown.
4 Adverse effect of medical/surgical care or adverse effect of medicinal drug	Visit due to adverse reactions to drugs, adverse effects of medical treatment or surgical procedures.
5 None of the above	Visit not related to an injury, poisoning, or adverse effect of medical or surgical care or an adverse effect of a medicinal drug.

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### 3. REASON FOR VISIT

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#### ITEM 3. PATIENT’S COMPLAINT(S), SYMPTOM(S), OR OTHER REASON(S) FOR THIS VISIT (use patient’s own words)

Enter the patient's complaint(s), symptom(s), or other reason(s) for this visit *in the patient's own words*. Space has been allotted for the “most important” and two “other” complaints, symptoms, and reasons as indicated below.

- (1) **Most important**
- (2) **Other**
- (3) **Other**

The *Most Important* reason should be entered in (1). Space is available for two other reasons in (2) and (3). By “most important” we mean the problem or symptom which in the physician's judgment was most responsible for the patient making this visit. Since we are interested only in the patient's *most important complaints/ symptoms/ reasons*, it is not necessary to record more than three.

*This is one of the most important items on the Patient Record form.* No similar data on OPD visits are available in any other survey and there is tremendous interest in the findings. Please take the time to be sure you understand what is wanted--especially the following three points:

- ◆ We want the patient's principal complaint(s), symptom(s), or other reason(s) in the patient’s own words. The physician may recognize right away, or may find out after the examination,

that the real problem is something entirely different. In item 3 we are interested in how the patient defines the reason for the visit (e.g., “cramps after eating,” or “fell and twisted my ankle”).

- ◆ The item refers to the patient’s complaint, symptom, or other reason for **this visit**. Conceivably, the patient may be undergoing a course of treatment for a serious illness, but if his/her principal reason for this visit is a cut finger or a twisted ankle, then that is the information we want.
- ◆ There will be visits by patients for reasons other than some complaint or symptom. Examples might be well baby check-up or routine prenatal care. In such cases, simply record the **reason for the visit**.

Reminder: If the reason for a patient's visit is to pay a bill, ask the physician to complete an insurance form, or drop off a specimen, then the patient is not eligible for the sample. A Patient Record form should not be completed for this patient.

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#### 4. CONTINUITY OF CARE

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##### ITEM 4a. IS THIS CLINIC THE PATIENT’S PRIMARY CARE PROVIDER?

The primary care provider plans and provides the comprehensive primary health care of the patient. Mark “Yes” if the health care provided to the patient during this visit was from his/her primary care provider and skip to item 4b. If the provider seen at this visit was substituting for the primary care provider, also check “Yes.” Mark “No” if care was not from the primary care provider or “Unknown” if it is not known.

If “No” or “Unknown” is checked, also indicate whether the **patient was referred for this visit by another health care provider**. This item provides an idea of the “flow” of ambulatory patients from one provider to another. Mark the “Yes,” “No,” or “Unknown” category, as appropriate. Notice that this item concerns referrals to the sample clinic by a *different* provider or clinic. The interest is in referrals for **this** visit and not in referrals for any prior visit.

Referrals are any visits that are made because of the advice or direction of a clinic or physician/provider other than the clinic or physician/provider being visited.

##### ITEM 4b. HAS THE PATIENT BEEN SEEN IN THIS CLINIC BEFORE?

“Seen” means “provided care for” at any time in the past. Mark “Yes, established patient” if the patient was seen before by any provider in the clinic. Exclude this visit.

Mark “No, new patient” if the patient has not been seen in the clinic before.

If “Yes” is checked, also indicate approximately **how many past visits the patient has made to this clinic within the last 12 months** using the write-in box provided. **Do not include the current visit in your total.** If you cannot determine how many past visits were made, then mark “Unknown.” Include all visits to other providers in this clinic.

**ITEM 4c. MAJOR REASON FOR THIS VISIT**

Mark the major reason for the patient’s current visit. Be sure to **check only one** of the following “Major Reasons:”

	<b>Problem</b>	<b>Definition</b>
1	New problem (<3 mos. onset)	A visit for a condition, illness, or injury having a relatively sudden or recent onset (within three months of this visit).
2	Chronic problem, routine	A visit primarily to receive care or examination for a pre-existing chronic condition, illness, or injury (onset of condition was three months or more before this visit).
3	Chronic problem, flare-up	A visit primarily due to sudden exacerbation of a pre-existing chronic condition.
4	Pre-/Post- surgery	A visit scheduled primarily for care required prior to or following surgery (e.g., pre-surgery tests, removing sutures).
5	Preventive care	General medical examinations and routine periodic examinations. Includes prenatal and postnatal care, annual physicals, well-child exams, screening, and insurance examinations.

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**5. PROVIDER'S DIAGNOSIS FOR THIS VISIT**

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**ITEM 5a. AS SPECIFICALLY AS POSSIBLE, LIST DIAGNOSES RELATED TO THIS VISIT INCLUDING CHRONIC CONDITIONS.**

- (1) Primary diagnosis**
- (2) Other**
- (3) Other**

*This is one of the most important items on the Patient Record form.* Item 5a(1) refers to the provider’s primary diagnosis for this visit. While the diagnosis may be tentative, provisional, or definitive, it should represent the provider's best judgment at this time, expressed in acceptable medical terminology including “problem” terms. If the patient was not seen by a physician, then the diagnosis by the main health care provider should be recorded.

If a patient appears for *postoperative* care (follow-up visit after surgery), record the postoperative diagnosis as well as any other. The postoperative diagnosis should be indicated with the letters “P.O.”

Space has been allotted for two “other” diagnoses. In Items 5a(2) and 5a(3) list the diagnosis of **other conditions related to this visit**. Include chronic conditions (e.g., hypertension, depression, etc.), if related to this visit.

**ITEM 5b. REGARDLESS OF THE DIAGNOSES WRITTEN IN 5a, DOES PATIENT NOW HAVE:**

The intent of this item is to supplement the diagnosis reported in item 5a(1), 5a(2), and 5a(3). Mark all of the selected condition(s) regardless of whether it is already reported in item 5a. Even if the condition is judged to be not clinically significant for this visit, it should still be checked. General descriptions for each condition are listed below.

<b>Condition</b>	<b>Description</b>
1 Arthritis	Includes those types of rheumatic diseases in which there is an inflammation involving joints (e.g., osteoarthritis, rheumatoid arthritis, acute arthritis, juvenile chronic arthritis, hypertrophic arthritis, Lyme arthritis, and psoriatic arthritis).
2 Asthma	Includes extrinsic, intrinsic, and chronic obstructive asthma.
3 Cancer	Includes any type of cancer (ca), such as, carcinoma, sarcoma, leukemia, and lymphoma.
4 Cerebrovascular disease	Includes stroke and transient ischemic attacks (TIAs).
5 Chronic renal failure	Includes end-stage renal disease (ESRD) and chronic kidney failure due to diabetes or hypertension.
6 Congestive heart failure	Congestive heart failure (CHF).
7 COPD	Chronic obstructive pulmonary disease. Includes chronic bronchitis and emphysema. Excludes asthma.
8 Depression	Includes affective disorders and major depressive disorders, such as episodes of depressive reaction, psychogenic depression, and reactive depression.
9 Diabetes	Includes both diabetes mellitus and diabetes insipidus.
10 Hyperlipidemia	Includes hyperlipidemia and hypercholesterolemia.
11 Hypertension	Includes essential (primary or idiopathic) and secondary hypertension.
12 Ischemic heart disease	Includes angina pectoris, coronary atherosclerosis, acute myocardial infarction, and other forms of ischemic heart disease.
13 Obesity	Includes body weight 20% over the standard optimum weight.
14 Osteoporosis	Reduction in the amount of bone mass, leading to fractures after minimal trauma.
15 None of the above	Mark (X) if none of the conditions above exist

---

## 6. VITAL SIGNS

---

- (1) Height Record the patient's height if measured at this visit and enter the value in the box indicating the unit of measurement (ft/in or cm). If it was not measured at this visit and the patient is 21 years of age or over, then review the chart for the last time that height was recorded and enter that value.
- (2) Weight Record the patient's weight if measured at this visit and enter the value in the box indicating the unit of measurement (lb or kg). If it was not measured at this visit and the patient is 21 years of age or over, then review the chart for the last time that weight was recorded and enter that value.
- (3) Temperature Record the patient's initial temperature if measured at this visit. Mark the appropriate box, indicating the type of measurement (degrees C or F).
- (4) Blood pressure Record the patient's initial blood pressure if measured at this visit. Enter the systolic and diastolic values in the appropriate box.
- 

## 7. DIAGNOSTIC/SCREENING SERVICES

---

Mark all services that were **ordered** or **provided** during *this visit* for the purpose of screening (i.e., early detection of health problems in asymptomatic individuals) or diagnosis (i.e., identification of health problems causing individuals to be symptomatic). **EACH SERVICE ORDERED OR PROVIDED SHOULD BE MARKED.** At visits for a complete physical exam, several tests may be ordered prior to the visit, so that the results can be reviewed during the visit. Since these services are related to the visit, the appropriate box(es) should be marked.

Mark the "NONE" box, if no examinations, imaging, blood tests, scope procedures, or other tests were ordered or provided.

Services meriting special attention are as follows:

### Answer

Box	Service	Special Instruction
3	Foot exam	Includes visual inspection, sensory exam, and pulse exam.
6	Retinal exam	Includes ophthalmoscopy, funduscopic exam, and dilated retinal exam

**Answer**

<b>Box</b>	<b>Service</b>	<b>Special Instruction</b> (DRE).
20	Lipids/ Cholesterol	Include any of the following tests - cholesterol, LDL, HDL, cholesterol/HDL ratio, triglycerides, coronary risk profile, lipid profile.
23	Scope Procedure - <i>Specify</i>	Mark (X) for scope procedures ordered or provided. Write in the type of procedure in the space provided.
24	Biopsy - <i>Specify</i>	Include any form of open or closed biopsy of lesions or tissues. Specify the site of the biopsy.
25	Chlamydia test	Only include the following tests if chlamydia is specifically mentioned: enzyme-linked immunosorbent assay (ELISA, EIA), direct fluorescent antibody test (DFA), nucleic acid amplification test (NAAT), nucleic acid hybridization test (DNA probe testing), or chlamydia culture.
28	HPV DNA test	Detects the presence in women of human papillomavirus and is performed by collecting cells from the cervix.
29	Pap test - conventional	Refers to a smear spread on a glass slide and fixed.
30	Pap test - liquid- based	Refers to a specimen suspended in liquid solution.
34	Other exam/ test/service - <i>Specify</i>	Mark (X) for services ordered or provided that are not listed. Write in the service(s) in the space provided.



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## 8. HEALTH EDUCATION

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Mark all appropriate boxes for any of the following types of health education **ordered or provided** to the patient during the visit. Exclude medications.

	<b>Health Education</b>	<b>Definition</b>
1	NONE	No health education was provided.
2	Asthma education	Information regarding the elimination of allergens that may exacerbate asthma, or other activities that could lead to an asthma attack, or instruction on the use of medication, such as an inhaler.
3	Diet/Nutrition	Any topic related to the foods and/or beverages consumed by the patient. Examples include general dietary guidelines for health promotion and disease prevention, dietary restrictions to treat or control a specific medical problem or condition, and dietary instructions related to medications. Includes referrals to other health professionals, for example, dietitians and nutritionists.
4	Exercise	Any topics related to the patient's physical conditioning or fitness. Examples include information aimed at general health promotion and disease prevention and information given to treat or control a specific medical condition. Includes referrals to other health and fitness professionals. Does not include referrals for physical therapy. Physical therapy ordered or provided at the visit is listed as a separate check box in item 9.
5	Family planning/ Contraception	Information given to the patient to assist in conception or intended to help the patient understand how to prevent conception.
6	Growth/ Development	Any topics related to human growth and development.
7	Injury prevention	Any topic aimed at minimizing the chances of injury in one's daily life. May include issues as diverse as drinking and driving, seat belt use, child safety, avoidance of injury during various physical activities, and use of smoke detectors.
8	Stress management	Information intended to help patients reduce stress through exercise, biofeedback, yoga, etc. Includes referrals to other health professionals for the purpose of coping with stress.

	<b>Health Education</b>	<b>Definition</b>
9	Tobacco use/ Exposure	Information given to the patient on issues related to tobacco use in any form, including cigarettes, cigars, snuff, and chewing tobacco, and on the exposure to tobacco in the form of "secondhand smoke." Includes information on smoking cessation as well as prevention of tobacco use. Includes referrals to other health professionals for smoking cessation programs.
10	Weight reduction	Information given to the patient to assist in the goal of weight reduction. Includes referrals to other health professionals for the purpose of weight reduction.
11	Other	Check if there were other types of health education ordered or provided that were not listed above.

## 9. NON-MEDICATION TREATMENT

Mark (X) all non-medication treatments **ordered or provided** at this visit.

	<b>Non-Medication treatment</b>	<b>Definition</b>
1	NONE	No non-medication treatments were ordered, scheduled, or performed at this visit.
2	Complementary alternative medicine (CAM)	Includes medical interventions neither widely taught in medical schools nor generally available in physician offices or hospitals (e.g., acupuncture, chiropractic, homeopathy, massage, or herbal therapies).
3	Durable medical equipment	Equipment which can withstand repeated use (i.e., could normally be rented and used by successive patients); is primarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home (e.g., cane, crutch, walker, wheelchair).
4	Home health care	Includes services provided to individuals and families in their places of residence for the purpose of promoting, maintaining, or restoring health or for maximizing the level of independence while minimizing the effects of disability and illness (including terminal illness). Services may include skilled nursing care; help with bathing, using the toilet, or dressing provided by home health aides; and physical therapy,

<b>Non-Medication treatment</b>		<b>Definition</b>
		speech language pathology services, and occupational therapy.
5	Physical therapy	Physical therapy includes treatments using heat, light, sound, or physical pressure or movement (e.g., ultrasonic, ultraviolet, infrared, whirlpool, diathermy, cold, or manipulative therapy).
6	Speech/ Occupational therapy	Speech therapy includes the treatment of defects and disorders of the voice and of spoken and written communication. Occupational therapy includes the therapeutic use of work, self-care, and play activities to increase independent function, enhance development, and prevent disability.
7	Psychotherapy	All treatments involving the intentional use of verbal techniques to explore or alter the patient's emotional life in order to effect symptom reduction or behavior change.
8	Other mental health counseling	General advice and counseling about mental health issues and education about mental disorders. Includes referrals to other mental health professionals for mental health counseling.
9	Excision of tissue	Includes any excision of tissue. Excludes wound care and biopsy.
10	Wound care	Includes cleaning, debridement, and dressing of burns; repair of lacerations with skin tape or sutures. Includes removal of foreign bodies only if a wound exists. If an object is removed from an orifice, mark (x) the "Other non-surgical procedures" box and specify the procedure.
11	Cast	Application of a rigid dressing made of plaster or fiberglass molded to the body while pliable and hardening as it dries, to give firm support.
12	Splint or wrap	Application of a rigid or flexible appliance used to maintain in position a displaced or moveable part, or to keep in place and protect an injured part. May also be made of plaster, but is not circumferential.
13	Other non-surgical procedures - <i>Specify</i>	Write-in any non-surgical procedure ordered or performed at this visit that was not previously recorded.
14	Other surgical procedures - <i>Specify</i>	Write-in any surgical procedure ordered or performed at this visit that was not previously recorded. Surgical procedures may be simple (e.g., insertion of intrauterine contraceptive device) or complex (e.g., cataract extraction, hernia repair, hip replacement, etc.).

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## 10. MEDICATIONS & IMMUNIZATIONS

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If medications or immunizations were ordered, supplied, administered, or continued at this visit, list up to 8 in the space provided using either the brand or generic names. Record the exact drug name (brand or generic) written on any prescription or on the medical record. Do not enter broad drug classes, such as “laxative,” “cough preparation,” “analgesic,” “antacid,” “birth control pill,” or “antibiotic.” The one exception is “allergy shot.” If no medication was prescribed, provided, or continued, then mark the “NONE” box and continue.

Medication, broadly defined, includes the specific name of any:

- ◆ prescription **and** over-the-counter medications, anesthetics, hormones, vitamins, immunizations, allergy shots, and dietary supplements.
- ◆ medications and immunizations which the physician/provider ordered or provided **prior to this visit** and **instructs or expects** the patient to continue taking regardless of whether a “refill” is provided at the time of visit.

For each medication, record if it was new or continued.

If more than eight drugs are listed, then record according to the following level of priority:

1. All medications (including OTC drugs)/immunizations associated with the listed diagnoses
2. All **new** medications (including OTC drugs)/immunizations, excluding vitamins and dietary supplements
3. All **continued** medications (including OTC drugs)/immunizations, excluding vitamins and dietary supplements
4. Vitamins and dietary supplements

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## 11. PROVIDERS

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Mark all providers seen during this visit. If care was provided, at least in part, by a person not represented in the four categories, mark the “Other” box.

For mental health provider, include psychologists, counselors, social workers, and therapists who provide mental health counseling. Exclude psychiatrists.

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## 12. VISIT DISPOSITION

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Mark all that apply.

	<b>Visit Disposition</b>	<b>Definition</b>
1	No show/Left without being seen	The patient made an appointment at the clinic, but did not keep it or the patient registered at the clinic, but left without being seen by a health care provider.
2	Refer to other physician	The patient was instructed to consult or seek care from another physician. The patient may or may not return to this clinic at a later date.
3	Return at specified time	The patient was told to schedule an appointment or was given an appointment to return to the clinic at a particular time.
4	Refer to ER/Admit to hospital	The patient was instructed to go to the emergency room/department for further evaluation and care immediately or the patient was admitted as an inpatient in the hospital.
5	Other	Any other disposition not included in the above list.

\*All names and examples referenced in this instruction booklet are fictional and in no way represent actual situations or individuals

EXHIBIT A

ENDORSEMENT LETTER FROM ACEP



Dear Emergency Department Director:

I am writing to urge you to participate in the National Hospital Ambulatory Medical Care Survey. This survey is part of an ongoing project sponsored by the Centers for Disease Control and Prevention's National Center for Health Statistics to gather data about medical care provided in outpatient and emergency facilities. The information gathered is used by medical educators, researchers, policy makers and health administrators to assess health needs and resources, and for planning and organizing health services.

The American College of Emergency Physicians has long recognized the need for national data describing emergency department visits and has supported the development of this survey. Data from the most recent survey clearly shows the rise in the number of visits to emergency departments (EDs) across the county while the number of hospital EDs has declined.

As EDs experience increasing demands on their resources, this survey will provide vital data for researchers, planners, and decision makers addressing these critical issues facing emergency medicine. I urge you to complete this survey.

Yours truly,



Linda L. Lawrence, MD, FACEP  
President

HEADQUARTERS

Post Office Box 619911  
Dallas, Texas 75261-9911

1125 Executive Circle  
Irving, Texas 75038-2522

972-550-0911  
800-798-1822  
972-580-2816 (FAX)  
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EXHIBIT B

ENDORSEMENT LETTER FROM THE SAEM



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Joseph U. Becker, MD  
*Resident Member*

**Executive Director**

James R. Tarrant, CAE

www.saem.org  
saem@saem.org

July 29, 2008

Dear Emergency Department Director:

We urge you to support the National Hospital Ambulatory Medical Care Survey, which is an ongoing project sponsored by the Centers for Disease Control and Prevention to gather data about outpatient and emergency department visits.

The mission of the Society for Academic Emergency Medicine is to improve patient care by advancing research and education in emergency medicine. The information collected in the survey is valuable for emergency care providers, researchers, educators, and administrators to address issues facing emergency medicine. On behalf of the more than 6,000 members SAEM represents, the Board of Directors urges you to complete the survey.

Sincerely,

*Society for Academic Emergency Medicine*

A handwritten signature in black ink, appearing to read 'Katherine L. Heilpern, MD'.

Katherine L. Heilpern, MD  
President

EXHIBIT C

ENDORSEMENT LETTER FROM ENA



915 Lee Street  
Des Plaines, IL 60016-6569  
Telephone 847/460-4000  
Fax 847/460-4001  
Web site www.ena.org

Dear Emergency Department Director:

I am writing to urge your participation in the National Hospital Ambulatory Medical Care Survey, which is part of an ongoing project to fill an information gap in our specialized area of health care. There is a vital need for a national database pertaining to ambulatory/emergency settings.

The Emergency Nurses Association and more than 34,500 emergency nurses it represents are pleased to support and encourage this effort. The data gathered will give direct care providers, managers, educators, researchers, administrators, and strategists an additional tool to better understand the provision of emergency care in outpatient departments and emergency care centers.

Please take a moment of your time and assist the National Center for Health Statistics to collect this information by completing this survey. Your contribution will become part of a database, which will be vital to future efforts in our area of health care.

Sincerely,

Denise King, RN, MS, CEN  
2008 President

EXHIBIT D

ENDORSEMENT LETTER FROM ACOEP



Dear Directors of Emergency Medicine:

The ACOEP is writing to urge you to participate in the National Hospital Ambulatory Medical Care Survey that you will be receiving in the next few months. This survey is an important part of an ongoing project of the National Center for Health Statistics of the Centers for Disease Control and Prevention and complements the current National Ambulatory Medical Care Survey of office based ambulatory to provide information on more than 95% of all ambulatory care encounters.

The information gathered by this survey is utilized by medical professionals to assess the health care needs and resources in their areas and provides them with information to plan and organize health care service needs for the next three years. Data from the 2002 survey has assisted many emergency medicine physicians, hospital administrators, researchers and health policy professionals to verify the increase in the number of emergency department visits across America and to project the Country's increasing needs for emergency medicine professionals.

As we face increasing demands on our hospital and physician resources, this important tool will provide needed statistics for hospital administration, researchers and health policy professionals to address areas of critical needs in their emergency medicine departments.

We encourage your support and participation in this survey.

Sincerely

A handwritten signature in black ink that reads 'Peter A. Bell, D.O.' The signature is written in a cursive, flowing style.

Peter A. Bell, D.O., FACOEP  
President

EXHIBIT E

ENDORSEMENT LETTER FROM THE SURGEON GENERAL'S OFFICE



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Surgeon General  
Rockville MD 20857

March 22, 2005

Dear Hospital Administrator:

I urge you to support the National Hospital Ambulatory Medical Care Survey (NHAMCS), an ongoing project of the Centers for Disease Control and Prevention to gather data about outpatient department (OPD) and emergency department (ED) visits. The survey is a valuable tool that can be utilized by physicians, researchers, educators, and administrators to address health care issues facing our communities.

NHAMCS data can be used to

- monitor trends in health care related to injuries and preventable diseases (such as heart disease, diabetes, and obesity)
- examine health disparities for all ethnic and racial groups (such as ED and OPD visit rates)
- study problems within our health care system (such as ED crowding and the use of the ED as a "safety net" for the uninsured)
- track national public health objectives (such as reducing the number of antibiotics prescribed for the common cold)
- examine prescribing practices (such as analgesic use in the ED)

Thank you for taking the time to participate in the National Hospital Ambulatory Medical Care Survey.

Sincerely,

Richard H. Carmona, M.D., M.P.H., F.A.C.S.  
VADM, USPHS  
United States Surgeon General

EXHIBIT F

**ENDORSEMENT LETTER FROM THE FEDERATION OF AMERICAN HOSPITALS**



Charles N. Kahn III  
President

Dear Hospital Administrator:

The National Hospital Ambulatory Medical Care Survey (NHAMCS) is the nation's foremost study of ambulatory medical care in hospital emergency and outpatient departments and has been conducted annually since 1992. This survey, conducted by the Centers for Disease Control's National Center for Health Statistics, gathers data about care provided in outpatient and emergency facilities. Such data is an invaluable resource for policymakers, researchers, health administrators and others in assessing health needs and resources. For example, the survey allows researchers to gauge the annual rate of hospital outpatient department visits by patient age and race and ethnicity and the percentage of visits made by children under 18 years to hospital outpatient departments and physician offices with Medicaid or the state Children's Health Insurance Program as primary expected source of payment.

The Federation of American Hospitals supports this ongoing survey. As the number of outpatient surgical procedures continues to increase, the survey results will provide to policymakers, hospital administration and others vital data about how care is delivered in the United States and in our hospitals. By participating in the NHAMCS, you will be able to contribute to the nation's premier source of hospital-based ambulatory care. Therefore, I encourage you to take the time to complete this survey.

Sincerely,

A handwritten signature in black ink, which appears to be "Charles N. Kahn III". The signature is written in a cursive style and is positioned to the left of a vertical red line.

801 Pennsylvania Ave., NW, Suite 245 Washington, DC 20004 • 202-624-1500 • FAX 202-737-6462 • [www.fah.org](http://www.fah.org)

EXHIBIT G

## Illustrative Uses of NHAMCS OPD Data

### Health Care Facilities

Long Island Jewish Medical Center	Published article in <i>Clinical Infectious Diseases</i> on adherence to the Infectious Diseases Society of America guidelines in the treatment of urinary tract infection.
Kaiser Permanente	Studied the utilization of physician assistants and nurse practitioners in outpatient departments.

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### Universities and Medical Schools

Mount Sinai School of Medicine	Published article in <i>Hypertension</i> on gender disparities in blood pressure control and cardiovascular care at ambulatory care visits.
University of South Dakota Sanford School of Medicine	Published article in <i>Annals of Clinical Psychiatry</i> on the use of atomoxetine for the treatment of ADHD in childhood and adolescents.
University of Rochester, School of Medicine and Dentistry	Published article in the <i>Archives of Pediatric and Adolescent Medicine</i> on national healthcare visit patterns of adolescents; implications for delivery of new adolescent vaccines.

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### Government Agencies

U.S. Congress	NHAMCS data were used in two reports to Congress – The National Healthcare Quality Report and the National Health Disparities Report.
Centers for Disease Control and Prevention	Requested that a supplement be added to the NHAMCS OPD to collect information on cervical cancer screening practices.
Centers for Disease Control and Prevention	Published article in <i>Arthritis and Rheumatism</i> on annual ambulatory care visits for pediatric arthritis and other rheumatological conditions.

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### Broadcast and Print Media

USA TODAY	Aging population makes for more visits to doctors' offices and hospital outpatient departments (8/7/08).
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EXHIBIT H

OPTIONAL PATIENT LOG FORM (EXAMPLE)

OMB No. 0920-0278 Sheet \_\_\_\_\_ of \_\_\_\_\_ sheets

**NOTICE** - Public reporting burden of this collection of information is included in the 60 minute burden associated with the Ambulatory Unit Record, 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 Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0278).

**Assurance of confidentiality** - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

FORM <b>NHAMCS-103</b> (10-20-2008)	U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS COLLECTING AGENT FOR THE NATIONAL CENTER FOR HEALTH STATISTICS CENTERS FOR DISEASE CONTROL AND PREVENTION		1. Clinic/Service Area/ASC Name Infertility A Clinic
	2. Sampling Take Every 20	3. Random Start Number 7	NOTE - Hospital is to retain log after completion of study. This log is for optional use. Put a check mark (✓) in column (f) "Sample" next to each patient selected for the sample of visits.
	PATIENT VISIT LOG NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY		

Line No.	Date of visit	Patient name	Patient record/ identification number	Remarks	Sample Mark (✓) for patient(s) selected for sample of visits.
(a)	(b)	(c)	(d)	(e)	(f)
1	2/23	David Voc			
2	2/23	Susan De Tol			
3	2/23	Michael Rudoi			
4	2/23	Jeremy McCool			
5	2/23	Lola Smith			
6	2/23	Kathy Doe			
7	2/23	Elizabeth Citizen			✓
8	2/23	Joe Coent			
	2/23	<del>Daniel Bstou</del>		left without being seen	
9	2/23	Mario Wuning Shi			
10	2/23	Laura Nom			
11	2/23	Jonnie Public			
12	2/23	Alicia Boe			
13	2/23	Wakenya Person2			
14	2/23	Sean Neamalum			
15	2/23	Ami Loe			
16	2/23	Alexander Poe			
17	2/23	Grant Del Pueblo			
18	2/23	Robert Humano			
19	2/23	Marc Coe			
20	2/23	Andy Zoe			
21	2/23	Tom Individuo			
22	2/23	Chr's Alguien			
23	2/24	Rebecca Woe			
24	2/24	Sean Noe			
25	2/24	Don David			
26	2/24	Vicki Suieta			
27	2/24	Kristin Goe			✓

USCENSUSBUREAU



EXHIBIT I

**OPD PATIENT RECORD FORM**

FORM <b>NHAMCS-100(OPD)</b> (9-11-2008)	U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU ACTING AS DATA COLLECTION AGENT FOR THE U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Health Statistics	PATIENT RECORD NO.:  PATIENT'S NAME:
<b>NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY                  2009 OUTPATIENT DEPARTMENT PATIENT RECORD</b>		
<b>Assurance of confidentiality</b> – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).		

(Provider, Detach and keep upper portion)

Please keep (X) marks inside of boxes →  Correct  Incorrect

<b>1. PATIENT INFORMATION</b>		<b>2. INJURY/POISONING/ADVERSE EFFECT</b>	
<b>a. Date of visit</b> Month Day Year O	<b>d. Sex</b> 1 <input type="checkbox"/> Female 2 <input type="checkbox"/> Male	<b>Is this visit related to any of the following?</b> 1 <input type="checkbox"/> Unintentional injury/poisoning 2 <input type="checkbox"/> Intentional injury/poisoning 3 <input type="checkbox"/> Injury/poisoning – unknown intent 4 <input type="checkbox"/> Adverse effect of medical/surgical care or adverse effect of medicinal drug 5 <input type="checkbox"/> None of the above	
<b>b. ZIP Code</b> _____	<b>e. Ethnicity</b> 1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Not Hispanic or Latino		
<b>c. Date of birth</b> Month Day Year _____	<b>f. Race – Mark (X) one or more.</b> 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 5 <input type="checkbox"/> American Indian or Alaska Native	<b>g. Expected source(s) of payment for this visit – Mark (X) all that apply.</b> 1 <input type="checkbox"/> Private insurance 2 <input type="checkbox"/> Medicare 3 <input type="checkbox"/> Medicaid/SCHIP 4 <input type="checkbox"/> Worker's compensation 5 <input type="checkbox"/> Self-pay 6 <input type="checkbox"/> No charge/Charity 7 <input type="checkbox"/> Other 8 <input type="checkbox"/> Unknown	
<b>3. REASON FOR VISIT</b>		<b>4. CONTINUITY OF CARE</b>	
Patient's complaint(s), symptom(s), or other reason(s) for this visit – Use patient's own words. (1) Most important: _____ (2) Other: _____ (3) Other: _____		<b>a. Is this clinic the patient's primary care provider?</b> 1 <input type="checkbox"/> Yes – SKIP to Item 4b. 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown Was patient referred for this visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	<b>b. Has the patient been seen in this clinic before?</b> 1 <input type="checkbox"/> Yes, established patient – How many past visits in the last 12 months? _____ Visits 1 <input type="checkbox"/> Unknown 2 <input type="checkbox"/> No, new patient
<b>5. PROVIDER'S DIAGNOSIS FOR THIS VISIT</b>			
<b>a. As specifically as possible, list diagnoses related to this visit including chronic conditions.</b> (1) Primary diagnosis: _____ (2) Other: _____ (3) Other: _____		<b>b. Regardless of the diagnoses written in 5a, does the patient now have – Mark (X) all that apply.</b> 1 <input type="checkbox"/> Arthritis 7 <input type="checkbox"/> COPD 13 <input type="checkbox"/> Obesity 2 <input type="checkbox"/> Asthma 8 <input type="checkbox"/> Depression 14 <input type="checkbox"/> Osteoporosis 3 <input type="checkbox"/> Cancer 9 <input type="checkbox"/> Diabetes 15 <input type="checkbox"/> None of the above 4 <input type="checkbox"/> Cerebrovascular disease 10 <input type="checkbox"/> Hyperlipidemia 5 <input type="checkbox"/> Chronic renal failure 11 <input type="checkbox"/> Hypertension 6 <input type="checkbox"/> Congestive heart failure 12 <input type="checkbox"/> Ischemic heart disease	
<b>6. VITAL SIGNS</b>		<b>7. DIAGNOSTIC/SCREENING SERVICES</b>	
(1) Height _____ ft _____ in OR _____ cm (2) Weight _____ lb _____ oz OR _____ kg _____ gm (3) Temperature _____ °C / _____ °F (4) Blood pressure Systolic / Diastolic _____ / _____		Mark (X) all ordered or provided at this visit. 1 <input type="checkbox"/> NONE <b>Examinations:</b> 2 <input type="checkbox"/> Breast 3 <input type="checkbox"/> Foot 4 <input type="checkbox"/> Pelvic 5 <input type="checkbox"/> Rectal 6 <input type="checkbox"/> Retinal 7 <input type="checkbox"/> Skin 8 <input type="checkbox"/> Depression screening <b>Imaging:</b> 9 <input type="checkbox"/> X-ray 10 <input type="checkbox"/> Bone mineral density 11 <input type="checkbox"/> CT scan 12 <input type="checkbox"/> Echocardiogram 13 <input type="checkbox"/> Other ultrasound 14 <input type="checkbox"/> Mammography 15 <input type="checkbox"/> MRI 16 <input type="checkbox"/> Other imaging <b>Blood tests:</b> 17 <input type="checkbox"/> CBC (complete blood count) 18 <input type="checkbox"/> Glucose 19 <input type="checkbox"/> HgbA1c (glycohemoglobin) 20 <input type="checkbox"/> Lipids/Cholesterol 21 <input type="checkbox"/> PSA (prostate specific antigen) 22 <input type="checkbox"/> Other blood test <b>Scope:</b> 23 <input type="checkbox"/> Scope procedure (e.g., colonoscopy) - Specify → _____ <b>Other tests:</b> 24 <input type="checkbox"/> Biopsy – Specify site _____ 25 <input type="checkbox"/> Chlamydia test 26 <input type="checkbox"/> EKG/ECG 27 <input type="checkbox"/> HIV test 28 <input type="checkbox"/> HPV DNA test 29 <input type="checkbox"/> Pap test - conventional 30 <input type="checkbox"/> Pap test - liquid-based 31 <input type="checkbox"/> Pap test - unspecified 32 <input type="checkbox"/> Pregnancy test 33 <input type="checkbox"/> Urinalysis (UA) 34 <input type="checkbox"/> Other exam/test/service - Specify → _____	
<b>8. HEALTH EDUCATION</b>		<b>9. NON-MEDICATION TREATMENT</b>	
Mark (X) all ordered or provided at this visit. 1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> Asthma education 3 <input type="checkbox"/> Diet/Nutrition 4 <input type="checkbox"/> Exercise 5 <input type="checkbox"/> Family planning/Contraception 6 <input type="checkbox"/> Growth/Development 7 <input type="checkbox"/> Injury prevention 8 <input type="checkbox"/> Stress management 9 <input type="checkbox"/> Tobacco use/Exposure 10 <input type="checkbox"/> Weight reduction 11 <input type="checkbox"/> Other		Mark (X) all ordered or provided at this visit. 1 <input type="checkbox"/> NONE 2 <input type="checkbox"/> Complementary alternative medicine (CAM) 3 <input type="checkbox"/> Durable medical equipment 4 <input type="checkbox"/> Home health care 5 <input type="checkbox"/> Physical therapy 6 <input type="checkbox"/> Speech/Occupational therapy 7 <input type="checkbox"/> Psychotherapy 8 <input type="checkbox"/> Other mental health counseling 9 <input type="checkbox"/> Exclusion of tissue 10 <input type="checkbox"/> Wound care 11 <input type="checkbox"/> Cast 12 <input type="checkbox"/> Splint or wrap <b>Procedures:</b> 13 <input type="checkbox"/> Other non-surgical procedures – Specify → _____ 14 <input type="checkbox"/> Other surgical procedures – Specify → _____	
<b>10. MEDICATIONS &amp; IMMUNIZATIONS</b>		<b>11. PROVIDERS</b>	<b>12. VISIT DISPOSITION</b>
Include Rx and OTC drugs, immunizations, allergy shots, oxygen, anesthetics, chemotherapy, and dietary supplements that were ordered, supplied, administered or continued during this visit. _____ (1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____		Mark (X) all providers seen at this visit. 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Physician assistant 3 <input type="checkbox"/> Nurse practitioner/Midwife 4 <input type="checkbox"/> RN/LPN 5 <input type="checkbox"/> Mental health provider 6 <input type="checkbox"/> Other	Mark (X) all that apply. 1 <input type="checkbox"/> No show/Left without being seen 2 <input type="checkbox"/> Refer to other physician 3 <input type="checkbox"/> Return at specified time 4 <input type="checkbox"/> Refer to ER/Admit to hospital 5 <input type="checkbox"/> Other

NHAMCS PARTICIPANT WEB PAGE

The screenshot shows the NCHS National Center for Health Statistics website. At the top, there is a navigation bar with 'CDC Home', 'Search', and 'Health Topics A-Z'. The main header features the NCHS logo and the text 'National Center for Health Statistics' with the tagline '...Monitoring the Nation's Health'. A sidebar on the left contains a menu with categories like 'About NCHS', 'Surveys and Data Collection Systems', 'Initiatives', 'Research and Development', 'Press Room', 'Publications and Information Products', 'Listservs', 'Other Sites', and 'Download:'. The main content area is titled 'Ambulatory Health Care Data' and includes links for 'NAMCS/NHAMCS Home', 'NHAMCS Participants', 'CDC/NCHS Privacy Policy Notice', 'Accessibility', 'Site Index', 'Search NCHS', 'NCHS Home', 'Data Definitions', and 'Contact Us'. A quote from Julie L. Gerberding is featured, followed by a list of links for participants, including 'What is the NHAMCS?', 'Participation', '2008 Highlights', 'Survey Instruments', 'Cervical Cancer Screening Supplement', 'Pandemic and Emergency Response Planning Supplement', 'Confidentiality and Privacy', 'HIPAA Privacy Rule and NHAMCS', 'Data Supplements from Previous Years', 'Data Utilization', 'Professional Endorsements', and 'Contact Information'.