NOTES

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NOTICE – Public reporting burden of this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR 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).

1. Label					(12-10-2009) U.S. E ACTING NATIONA CENTERS	DEPARTMENT OF COMMERCE (conomics and Statistics Administration U.S. CENSUS BUREAU AS DATA COLLECTION AGENT FOR THE AL CENTER FOR HEALTH STATISTICS FOR DISEASE CONTROL AND PREVENTION AL CARE SURVEY RY CENTERS		
2a. ASC administrat				2010 P				
Name	tor contact init	Jillalio	II	Name	Soniaci inionnation	! 		
Title	<b>D</b> E		Title					
Telephone number (Area code and number)			CORD ON FROL CARD	Telephone	number and number)	RECORD ON CONTROL CARD		
FAX number				FAX numb	er			
			Section I – TEL	EPHONE S	CREENER			
3. Field representative	ve .		ecord of telephone					
information	FR Code	Call	Date	Time		Results		
Telephone screener	rn Coue	1						
	FR Code	2						
ASC induction		3						
5. Final outcome of	ASC screening	)			During your initial ca	all to the ASC, attempt to speak to the		
1 Appointment				,	this time, determine	ne contact person is not available at when he/she can be reached and		
Day	Date		Time	a.m. p.m.	signated time. If, after several till unable to talk to the contact or e contact is no longer an appropriate			
2 ☐ Noninterview – (	Complete Secti	ons V a	and VI on page 19.		respondent, begin t	e contact is no longer an appropriate the interview with a representative of or new contact, as appropriate.		
NOTES								

Section I – TELEPHON	NE SCREENER – Continued
Part A. INTRODUCTION	
Control and Prevention concerning their stud surgery centers and in hospitals. You should director of the National Center for Health Sta	our name). I am calling for the Centers for Disease y of ambulatory surgery in freestanding ambulatory have received a letter from Dr. Edward J. Sondik, the tistics, describing the study. (Pause) You've probably ureau, which is collecting the data for the study.
6. Did you receive the letter(s)?  (If "No" or "DK," offer to send or deliver another copy.)	1 Yes – SKIP to STATEMENT A 2 No 3 Don't know
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  RECORD ON CONTROL CARD
b. Is your ASC located at (Read address from Control Card)?	1 ☐ Yes 2 ☐ No − Enter ASC location  Number and street  RECORD ON CONTROL CARD
C. Is this also the mailing address?	City State ZIP Code   1
	Number and street
STATEMENT A (Although you have not recessfully to you at this time and	eived the letter,) I'd like to briefly explain the danswer any questions about it.
STATEMENT B1 and Prevention is conducting began data collection in 199 included in the study. CDC is collect the data. (Name of AS in the study. I am calling to participation. The study is a	alth Statistics of the Centers for Disease Controling an annual study of ambulatory care. The study 92. Beginning in 2010, freestanding ASCs are being has contracted with the U.S. Census Bureau to $SC$ has been selected to participate arrange an appointment to discuss your authorized under the Public Health Service Act and strictly confidential. Participation is voluntary.
	ls, I would like to verify our basic information about have correctly included this ASC in the study.
8a. Is ambulatory (outpatient) surgery or ambulatory diagnostic or therapeutic procedures currently performed in this facility	1 ☐ Yes 2 ☐ No – SKIP to CHECK ITEM B on page 4.
<b>NOTE:</b> Do not ask item 8b if facility is an eye surgery center.	
<b>b.</b> In this study we are excluding facilities that are exclusively family planning clinics, birthing centers, abortion clinics, podiatry centers or dentistry centers.	1 ☐ Yes – SKIP to CHECK ITEM B on page 4. 2 ☐ No
Is (Name of facility) exclusively one of these?	
9. Is this facility currently licensed by the state	?   1   Yes   2   No

	Section V – DISPOS	SITION AND SUMMARY
	AMBULATORY	UNIT CHECKLIST
<b>16a.</b>	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 Record for each log/list?	Number of ambulatory surgery locations  1 ☐ Yes 2 ☐ No − Explain
b	Number of ASC Patient Record Forms completed	Number of ASC PRFs
17.	FINAL DISPOSITION	1
	Section VI –	NONINTERVIEW
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
b.	By whom?	ASC administrator     ASC director     Approval board or official     A□ Other ASC official
C.	Was the refusal by telephone or in person?	1 ☐ Telephone 2 ☐ In person
d.	What reason was given?	
е.	Was conversion attempted?	1 ☐ Yes 2 ☐ No

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CORD – Continued
. 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
ASC staff     □ FR – abstraction DURING reporting period     □ FR – abstraction AFTER reporting period     □ Other – Specify

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# **Section I - TELEPHONE SCREENER - Continued 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. 1 Yes a. Does your ASC operate under the license of a parent facility? 2 No **b.** Does your ASC operate under the Provider ₁ ☐ Yes of Services (POS) number of a parent 2 No facility? CHECK ITEM A Refer to items 10a and 10b. Is "Yes" marked in ANY of these items? 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 assistance. We may contact you again in a few days regarding participation in this study. Terminate telephone call. 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. NOTE $_2$ $\square$ No - GO to item 11. 11. Is this facility owned, operated, or managed □ A hospital by -2 One or more physicians 3 ☐ Health maintenance organization 4 Another health care provider 5 A health care corporation that owns multiple health care facilities (e.g., HCA or Health South) 6 Other Is the ambulatory (outpatient) surgery 1 ☐ Yes – What is the specialty? performed here primarily one specialty? SKIP to CHECK ITEM B on page 4. 2 🗌 No Is the ambulatory (outpatient) surgery 1 Yes performed here multi-specialty? 2 No NOTES

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	Section I – TELEPHONE SCREENER – Continued
CHECK ITEM B	<ul> <li>ASC meets eligibility requirements (item 8 is YES) − SKIP to Check Item B-1</li> <li>ASC is ineligible because it does not perform ambulatory surgery (item 8a is NO) − Go to CLOSING STATEMENT B1 below.</li> </ul>
	3 ☐ ASC is ineligible because specialty is out-of-scope (item 8b is YES) – Go toCLOSING STATEMENT B2 below.
	4 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.
CHECK ITEM B-1	ASC refused
	a. Determine whether facility has an eligible ASC and if so, inquire as to how many visits are expected during the reporting period.  Eligible ASC?  1  Yes expected visits 2 No
	<b>b.</b> If unable to determine expected visits for the assigned reporting period, obtain the number of visits to the facility <b>last year</b> .
	ASC visits last year
	Complete Sections V and VI on page 19.
CLOSING STATEME B1	Thank you, but it seems that our information was incorrect. Since (Name of ASC) does not perform ambulatory surgery, it should not have been chosen for our study. Thank you very much for your cooperation. Terminate telephone call and complete Section V on page 19.
CLOSING STATEME B2	Thank you, but it seems that our information was incorrect. Since (Name of ASC)'s specialty is out-of-scope for our study, it should not have been chosen for our study. Thank you very much for your cooperation. Terminate telephone call and complete Section V on page 19.
NOTES	<b>'</b>

	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 you agree with this estimate?	1 ☐ Yes – <i>SKIP to section G</i> 2 ☐ No
2.	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.  Is the result of (a) between 0.7 and 1.3?	Revised estimate Original estimate (Result)
D.	Is the result of (a) between 0.7 and 1.5:	1 ☐ Yes – <i>SKIP to section G</i> 2 ☐ No
	Section E – CALCULATE NEW TAKE EVERY AN	ID 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 <b>ACTUA</b>	LLY used by the unit.
ı	FIRST FOLIO FROM:	TO:
5	SECOND FOLIO FROM:	ТО:
-	THIRD FOLIO FROM:	то:
N	OTES	
_		

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		Section	ı IV – A	MBUL	ATORY UNI	T RECOR	D			
	СОМР	LETE F	OR EAG	CH AMI	BULATORY	UNIT SE	LECTED	To PAIN 8 OTHER  Its during reporting is within the ASCs		
	Se	ction A	– AMB	ULATO	RY UNIT II	NFORMA'	ΓΙΟΝ			
a. Mark (X) spe	ecialty —									
1 ☐ GEN	2□ MULTI 3□ C	GI 4	OPH	5 🗌	ORTHO	6 PLAS	ΓIC 7	PAIN	8□ (	OTHER
<b>b.</b> AU No3	Bof ampled within the AS	SC SC								
		Sec	tion B	– SAMI	PLE INFOR	MATION				
1. Take every	number									
2. Random sta	rt number				EPORTING ERIOD	From	ı:	/_		/
	umber of visits in this eporting period	SI		_	lonth Day Yea	ar) To:		/		/
	No. from Section A,	Item b.		<b>6.</b> SU	number	<b>7.</b> Nu	merator	8.	Denom	ninator
Items 7 and 8 are	e each 1.				3		1		1.	.00
	e total number of pa						OF VISITS			
visits to this	AU from (dates spec	cified in	Wee	ek 1	Week 2	V	Veek 3	Wee	k 4	TOTAL
necessary.D BLANK. BE	o patient Ìogs, etć. A O NOT LEAVE TOT AS COMPLETE ANI AS POSSIBLE.)	AL l	/ _ =	/			/			
O How many n	ationt record forms u	1000				NUMBER	OF FORMS	3		
filled out for	atient record forms v this AU?	vere	Wee	ek 1	Week 2	V	Veek 3	Wee	k 4	TOTAL
<b>1.</b> Was this Am surgery locat	bulatory Unit Record ions that were comb	l comple ined in a	ted for n a single	nultiple a list?	ambulatory	1	Yes 2	Record i	s for a s	ingle
		Section	1 C – AS	SC INFO	ORMATION	AND LO	as			
1. What are t	he usual operatir	ng hour	s of th	is unit?						
Day(s)		-	Time							
(a)			(b)			Open 24 l	nours			
(~)	FROM		TO			(5)		(-)		(=)
Monday		a.m. p.m.	1		a.m. p.m.	1 🗆		2		3 🗌
	FROM		TO		~ ~~					
Tuesday		a.m. p.m.			a.m. p.m.	1 🗆		2		3
	FROM		TO							
Wednesday		a.m. p.m.			a.m. p.m.	1 🗆		2		3 🗌
	FROM		l TO							
Thursday		a.m. p.m.			a.m. p.m.	1□		2□		3
	FROM		   TO		P.III.					
Friday	FNOIVI	a.m. p.m.	1		a.m. p.m.	1 🗆		2		3
	FROM		l TO							
Saturday		a.m. p.m.			a.m. p.m.	1 🗆		2		3
	FROM		l TO		·					
Sunday		a.m. p.m.			a.m. p.m.	1 🗆		2		3

**Section I - TELEPHONE SCREENER - Continued** 

## 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 -

- (1) The NHAMCS is the only source of national data on health care provided in hospital emergency and outpatient departments and ambulatory surgery centers.
- **(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 STATEMENT C2

NOTES

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.

110120	

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## **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

Section IV - AMBULATORY UNIT RECORD - Continued **Section H - FINAL 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 **END** a AU not under auspices of ASC b ☐ Only ancillary services provided c ☐ AU classified as out-of-scope d ☐ Other – Specify → **2.** Who completed the patient record forms? Mark (X) all that apply ASC staff
 ASC staff 2 ☐ FR – abstraction DURING reporting period 3 ☐ FR – abstraction AFTER reporting period 4 ☐ Other – Specify ⊋ **NOTES** 

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	Section IV – AMBULATORY	UNIT RECORD – Continued					
	Section D – VERIFICATIO	N OF ESTIMATED VISITS					
	Verify with ASC director BEFORE data collection begins (and records have been pulled).						
1.	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 – SKIP to section G 2 ☐ No					
2.	About how many visits do you expect during the	Revised estimate					
	reporting period, to?						
	Determine if new Take Every and Random Start numbers must be calculated for this ASC.						
3a.	Divide the revised estimate by the original estimate from B-3.	Revised estimate (Result)					
		Original 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 AN	ID 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					
<b>1.</b> <i>E</i>	Enter the range of Patient Record Forms that were <b>ACTUA</b>	LLY used by the unit.					
F	FIRST FOLIO FROM:	TO:					
5	SECOND FOLIO FROM:	то:					
7	THIRD FOLIO FROM:	то:					
N	OTES						
_							
_							

	1 IN I EN VIEW – Continued
Part B. SURVEY IMPLEMENTATION	
As I mentioned earlier, I would like to discuss t	he plan for conducting the study. This ASC has
been assigned to a 4-week data collection perio	od beginning on Monday, (/
First, I would like to discuss the steps needed t	o obtain approval for the study.
14a. Are there any additional steps needed to obt in the study?	ain permission for the ASC to participate
¹ ☐ Yes – Specify the necessary steps below   ✓	
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?	<ul> <li>1 ☐ Respondent</li> <li>2 ☐ Someone else – Specify below </li> <li>If different respondent(s), arrange to obtain data today if possible. Otherwise arrange an appointmen with designated person(s). Briefly explain the study the new respondent(s). Then proceed with Section Ambulatory Surgery Center Description as appropriate. Thank current respondent for his/her time and cooperation.</li> </ul>
	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 C	ENTE	R DESCRI	PTION			
15a	Does this facility have any satellite facil which perform ambulatory (outpatient) s	ities surgery?			- Continue w SKIP to dev			lan	
k	What are the names, addresses, and		Name	110 -	SKII LO GEL	Peloping	sampiing p	iaii	
	telephone numbers of the satellite fac	ilities?	Address			F	RECORD	UP TO	3 ON
			Telepho		nber		CONTR	ROL CA	RD
			(Area co	ode and	l number)				
To d	evelop the sampling plan, I would like to ity's ambulatory surgery locations.	(collect/	verify)	more	specific in	nformat	ion about	this	
Ob.	tain an estimate of ambulatory (outpatient) surg	gery cases	for each	h am	bulatory surg	gery loca	tion, coveri	ng	
trie	4-week reporting period. Enter the estimate in In-scope locations:	column (c	i) or the	iisting	g below.	i Ou	t-of-scope	locations	
	<b>'</b>	oscopy roo	m	•	Laser proced	1	•		diatry
FR	<ul> <li>Dedicated ambulatory surgery room</li> </ul>	scopy rooi	m		room	• F	amily plann	ing • Ab	ortion
NOT	Satellite operating room     Card	liac cathete	erization 	lab •	Pain block ro		rocedure ro		th center
	Specialty groups include:  • GEN – General • MULTI – Multi-specialty •	GI – Gastro OPH – Opl	oenterolo hthalmol	ogy •	ORTHO - O	rthopedics Block	• PLASTI • OTHER		
11	ISTRUCTIONS								
am	lly record generic ambulatory surgery location nan abulatory surgery location has a formal/proper nan me on page 2 of the Control Card.	nes in colu ne, enter a	mn (a) ( generic	e.g., a name	mbulatory su in (a) and re	rgery cen cord the I	ter, endosc _ine No. and	opy). If the	e ıal/proper
	cord the specialty group acronym in column (b).								
• Co	mplete columns (e) and (f) after developing the sa	mpling plai	n. See p	age 1	8 of the NHAI	MCS-124	for instructi	ons.	
	Name of ambulatory surgery location	Charialt	h	۸U	Expected (outpatier	No. of am	bulatory	Take	Random
Line No.	(Generic)	Specialt group		mber		n, oargor	7 00000	every	start number
140.	(2)	(1-)		(-)	from	to _			
	(a)	(b)		(c)		(d)		(e)	(f)
1									
2									
3									
4									
	TOTAL —			<b>—</b>					
	□ Facility has only 1 ambulatory surge	ery location	n – <i>SKI</i> I	P to It	em 15e				
CHE	Facility has more than 1 ambulatory	surgery lo	ocation	– Cor	itinue with ite	em 15c. l	Make sure i	that	
15c	<ul> <li>Now I have some questions about general</li> </ul>	erating a	report	for a	II outpatier	nt surge	ry patient	s for sa	mpling.
	Would you or your IT staff be able to go a single list of outpatient surgery case	enerate	1 _ 1 _	Yes		CKII	7 to itam 15		
	following locations? (Read each ambulato	ry surgery	2 _		ONLY 2 lists	<b>5</b> }	o to item 15		
	location name listed above.)		3 _	No –	More than 2	lists – C	Continue wit	th item 15	īd.
d	Would you or your IT staff be able to generate one list of outpatient surge for some of these locations?	ry cases	İ	Ambu	- Make sure to latory Unit R	ecord, Se	ction B.	d on the	
	Record the name and telephone number of the contact on the Conrol Card.	he IT	IT Cont		Continue w	un item 1	RECOR	D ON	
	Give a copy of the "Single Sampling List Inst to the IT contact.	tructions"	Telepho	ne nur			CONTRO	_	
FR	If multiple logs can be combined into one list included in the list.	st, assign t	he sam	e AU	number to ea	ach locat	ion whose	log is	

a.	. Mark (X) specia	alty —										
	1 ☐ <b>GEN</b> 2	☐ MULTI 3☐ GI	4	₄□ OPI	H 5	ORTHO	6□ PLA	STIC	7□ PAIN	8	OTHER	
b.	AU No. <b>2</b> Total AU's sam	of pled within the ASC										
		·	Seci	tion B	– SAMP	LE INFOR	MATION					
						l estimated n		isits durin	a reporting	a		
1.	Take every nur	nber			perio	od for <b>ALL</b> o	perating ro	oms withir	the ASC			
	Random start n	ber of visits in this			PE	PORTING RIOD	From	ı: 	/ _		/	
	AU during repo	rting period				onth <b> </b> Day <b> </b> Yea	110.		/		/	
en en	າ 6 is the AU No ns 7 and 8 are e	. from Section A, Item	b.	<b>6.</b> S		SU number		merator	8.	Denom	iinator	
,,,	is raile bare c	aon i.				2		1		1.	.00	
_ 0	What was the t	otal number of patient					NUMBER	OF VISITS				
Э.	visits to this AU	from <i>(dates specified</i>	in 🗌	We	ek 1	Week 2	V	Veek 3	Wee	k 4	TOTAL	
	necessary.DO	atient logs, etc. Ask if NOT LEAVE TOTAL COMPLETE AND S POSSIBLE.)			/			/	_//_			
_	How many natio	ent record forms were					NUMBER (	OF FORMS				
U.	filled out for this	ent record forms were s AU?		We	ek 1	Week 2	V	Veek 3	Wee	k 4	TOTAL	
1.	Was this Ambula surgery location	atory Unit Record comp s that were combined in	leted n a sii	for mu ngle list	or multiple ambulatory gle list?			1 ☐ Yes 2 ☐ No, this Ambulatory Un Record is for a single ambulatory surgery loc				
		Seci	tion	C - AS	SC INFO	RMATION	ANDIO	35				
	What are the	usual operating he										
	Davi(a)		т:	Time				Mark (X) ONLY one				
	Day(s)		- 11				•	open 24 hours Not oper			Hours vary	
	(a)			(b)			(c)		(d)		(e)	
	Monday		a.m.   p.m.	ТО		a.m. p.m.	1 🗆		2		3	
	Tuesday		a.m.   p.m.	ТО		a.m. p.m.	1 🗌		2		3 🗌	
		FROM	a.m.	ТО		a.m.						
	Wednesday		p.m.			p.m.	1		2		3 🗆	
	Thursday	FROM	ا a.m. ا	TO		a.m.						
	Thursday		p.m.			p.m.	1 🗌		2		3 🗆	
		FROM	a.m. l	TO	a.m. p.m.				2			
	Friday		p.m.				1 🗌				3 🗌	
		FROM		ТО		2						
	Saturday	a.m.   p.m.				1 🗆		2		3		
	FROM a.r		a.iii.	ТО		a.m.						
	Sunday		p.m.			p.m.	1 🗌		2		3 🗌	
M	   NHAMCS-101(FS) (12-10-)	2009)									Page	
	( -/ (	•										

Section IV - AMBULATORY UNIT RECORD

COMPLETE FOR EACH AMBULATORY UNIT SELECTED
Section A – AMBULATORY UNIT INFORMATION

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Section IV – AMBULATORY	UNIT RECORD – Continued
Section H – FIN	AL DISPOSITION
1. FINAL DISPOSITION	Ambulatory unit    Participated
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	

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	Section III – AMBULATORY SURGER	Y CENT	TER DESCR	RIPTION – C	ontinued				
15e.	Does your ASC submit CLAIMS electronically (electronic billing)?	2 🗆 Y	es, all electro es, part pape art electronic		No Unknown				
f.	Does your ASC use an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system. Do not include billing record systems.	1 ☐ Yes, all electronic 2 ☐ Yes, part paper and part electronic 3 ☐ No 4 ☐ Unknown } SKIP to item 15g							
	(1) Which year did your ASC install your EMR/EHR system?		Year						
	(2) What is the name of your current EMR/EHR system?  Mark (X) only one box.	2 □ C   3 □ e(	ClinicalWorks clipsys pic	7 GE Cer 8 Greenw Medica 9 HealthF 10 McKess 11 NextGe	/ay 13	Praxis Practice One Sage Intergy Other Unknown			
g.	Does your ASC have plans for installing a new EMR/EHR system within the next 18 months?	1	lo						
h.	Indicate whether your ASC has each of the following computerized capabilities. Does the reporting location have a computerized system for: Mark (X) only one box per row.	<u>1</u>	Yes	Yes, but turned off or not used	No	Unknown			
	(1) Patient history and demographic information		1	Skip to 15h2	<sup>3</sup> ☐ Skip to 15h2	4 □ Skip to 15h2			
	If Yes, ask – (a) Does this include a patient probler	n list?	1 1 -	2 🗆	3 🗆	4 🗆			
	(2) Clinical notes?		l 1□ 	Skip to 15h3	3 L Skip to 15h3	Skip to 15h3			
	If Yes, ask – (a) Do they include a list of medication that the patient is taking?			2	3□	4			
	(b) Do they include a comprehensive the patient's allergies (including al to medication)?	llergies	 	2 🗆	з 🗌	4 🗆			
	(3) Orders for prescriptions?		1	2 🗌	3 🗌	4 🗌			
			 <del> </del>	Skip to 15h4	Skip to 15h4	Skip to 15h4			
	If Yes, ask – (a) Are warnings of drug interactions containdications provided?			2	3□	4 🗆			
	<b>(b)</b> Are prescriptions sent electronica the pharmacy?	lly to	1 1	2 🗌	з 🗌	4 🗌			
	(4) Orders for lab tests?		1 🗆	2 🗆	3 🗌	4 🗌			
			 	Skip to 15h5	Skip to 15h5	Skip to 15h5			
	If Yes, ask - (a) Are orders sent electronically to the	ne lab?	   1	2 🗆	з 🗌	4 🗆			
	(5) Viewing lab results?		1	2 Skip to 15h6	3 C	₄ □ Skip to 15h6			
	If Yes, ask – (a) Are results incorporated in EMR/E	EHR?	1 🗆	2	3 [	4 \( \bar{\bar{\bar{\bar{\bar{\bar{\bar{\b			
	<b>(b)</b> Are out of range levels highlighted		   1	2 🗆	3 □	4 🗆			
	(6) Viewing imaging results?		1 🗆	2 🗌	з 🗌	4 🗆 🖊			

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Section III – AMB	BULATORY SI	URGERY	CENT	ER DES	CRIP	TION – Co	ntinu	ed	·
15h. Continued						Yes, but			
			i			turned off			
				Yes	6	or not used		No	Unknown
(7) Reminders for guidelin screening tests?	e-based inte	rvention	s or	1 🗆		2 🗌	3		4 🗌
(8) Electronic reporting to	immunizatio	n regist	ries?	1 🔲		2 🗌	3		4 🗌
i. At your ASC, if orders for pare submitted electronical	prescriptions Illy, who subr	or lab t mits the	ests   m?	2	Other of Lab teo Admini Other Prescri	ibing practitical clinician (incomplete clinician strative persections and I printed elections)	luding sonnel ab tes	t orders	
j. Beginning in 2011, Medicar incentives to facilities that Health IT". Does your ASC I Medicare or Medicaid incen meaningful use of Health IT	have meaning nave plans to ntive payment	gful use apply for	of	2 🗌 l	Jncerta Jncerta	e intend to a ain whether will not app	we wil	l apply )	
(1) What year do you expe meaningful use payme	ect to apply fents?	or the	        						
(2) What incentive payme for?	ent do you pla	an to app	oly	2 🔲 N	Medica Medica	id			
			1		Jnknov				
	ection IV – A								
COMPL	ETE FOR EAC	CH AMB	ULATO	RY UN	IT SE	LECTED			
Sec	tion A – AMB	ULATOF	RY UNIT	T INFO	RMAT	ION			
a. Mark (X) specialty —  1 ☐ GEN 2 ☐ MULTI 3 ☐	GI 4□OPH	<b>d</b> 5□	ORTHO	6	PLAS	STIC 7	] PAIN	<b>l</b> 8[	OTHER
<b>b.</b> AU No <b>1</b> of Total AU's sampled within the AS	С								
	Section B	- SAMP	LE INF	ORMAT	ION				
1. Take every number		<b>4.</b> Tota perio	l estimat od for <b>AL</b>	ed numb <b>L</b> opera	per of value of the street of	visits during oms within	reporti the AS	ing C	
2. Random start number			PORTING	G	   From	:	/		/
3. Estimated number of visits in this AU during reporting period			RIOD onth <b> </b> Day	'Year)	 <sub> </sub> To:				
Item 6 is the AU No. from Section A, I	tem b.	<b>6.</b> SU n	number		7. Numerator		8. Denom		minator
Items 7 and 8 are each 1.			1		4050	1		1	.00
<b>9.</b> What was the total number of patient visits to this AU from (dates specified in		ek 1	Weel			OF VISITS eek 3	We	ek 4	TOTAL
B5)?(Refer to patient logs, etc. As necessary.DO NOT LEAVE TOTA BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)	k if		_/		/	/	_ /	-	-
10. How many patient record forms we	ere					OF FORMS			
filled out for this AU?	Wee	Week 1 Week			k 2 Week 3 Week 4			TOTAL	
11. Was this Ambulatory Unit Record co surgery locations that were combined	ompleted for multed in a single list	tiple ambu ?	llatory		1 🗆 '	Yes 2	Reco	rd is for a	latory Unit a single rgery location

		Secti	on IV – A	MBUL	ATO	RY UN	IT REC	ORD – Continu	ıed				
			Section	C – AS	SC II	NFORM	ATION	AND LOGS					
1.	What are the	usual operat	ing hours	s of thi	is ur	nit?							
	Day(s)								Mark (X) ONLY on	e			
	(a)	s) Time (b)						Open 24 hours (c)	Not open (d)	Hours vary			
	Monday	FROM	a.m. p.m.	` '		I	a.m. p.m.	1 🗆	2	3 🗆			
	Tuesday	FROM	a.m. p.m.	ТО			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.	ТО			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.			İ	a.m. p.m.	1 🗆	2	3 🗆			
	Sunday	FROM	a.m. p.m.				a.m. p.m.	1 🗆	2	3 🗆			
		Secti	on D – VE	ERIFIC	ATI	ON OF	ESTIMA	ATED VISITS					
1.	(and records had According to (number from expected dur	director BEFOF we been pulled). our informati B-3) patient ring the repor th this estima	ion, abou visits ard ting perio	i <b>t</b>			☐ Yes - □ No	SKIP to section	G				
2.	About how m				_	he	Revised	estimate					
		iod,		?									
		w Take Every ar be calculated for		Start									
3а.	Divide the revise estimate from B	ed estimate by t				-	Revised estimate = (Result)  Original estimate						
_								Stimate					
D.	Is the result	ot (a) betweel	n U.7 and	1.3?			☐ Yes - □ No	- SKIP to section	ı G				
	Section E -	- CALCULATE	NEW TA	KE EV	/ERY	AND F	RANDO	M START NUM	MBERS FOR TH	IIS ASC			
1.		Take Every, using NHAMCS-124. is from D-2 and t	(Use the r	evised			New Tak	ke Every					
2.	Calculate new F row on the label NHAMCS-101(F	I affixed to the bass.	ack of the					ndom Start					
								/ INFORMATION	ON				
1.	Enter the range	of Patient Reco	rd Forms t	hat wer	e AC	TUALL	<b>Y</b> used i	by the unit.					
	FIRST FOLIO	FROM:					TO:						
	SECOND FOLI	O FROM:					TO:						

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THIRD FOLIO

FROM: