

Request for Approval of a Non-Substantive Change:

National Hospital Ambulatory Medical Care Survey

OMB No. 0920-0278
(Expires 12/31/2014)

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National Hospital Ambulatory Medical Care Survey (NHAMCS)

A1. Circumstances making the collection of information necessary

This request is for a nonsubstantive change to an approved data collection (OMB No. 0920-0278) (expires 12/31/2014), the National Hospital Ambulatory Medical Care Survey (NHAMCS). On December 2, 2011, NHAMCS was approved to collect data for the three years – 2012, 2013, and 2014. The approved supporting statement included permission to modify selected sections of the 2012-2014 surveys through a nonsubstantive change clearance request. The current request seeks to modify the project to allow for reabstraction of visit data from emergency departments (EDs), outpatient departments (OPDs), and ambulatory surgery locations (ASLs) in order to verify the consistency of the data abstracted. There will be an increase in burden of 18 hours, from 10,348 to 10,366.

A2. Purpose and use of information collection

NHAMCS visit data have been collected continuously since 1992. Historically, the task of data abstraction was split between Census Bureau field representatives (FRs) and hospital staff depending on the preference of the hospital. Starting in 2012, NHAMCS procedures have called for a shift in methodology where the FR is expected to perform data abstraction. For the first time, all patient-level data will be abstracted and entered directly on laptops by the FR. Field representatives are trained on methods of abstraction through classroom exercises, instruction booklets, and periodic training conferences. Due to the change in who is doing the abstractions, it is important to verify the consistency of the data abstracted. Reabstraction of previously collected visit data has not been conducted before, and this information would give insight into the consistency of NHAMCS data collection.

Reabstraction would be done in only 5% of all regular NHAMCS hospitals (n=24). Per standard protocol, all hospitals will receive the introductory letter which has been updated (Attachment A) to include language informing them they might be contacted again after initial data collection to participate in additional studies. Fully participating hospitals, with a completed induction interview and abstracted clinic data and that use Medical Record Numbers (MRNs), will be eligible for reabstraction. Once a hospital is eligible and selected for reabstraction, a second field representative will call the hospital contact soon thereafter to let them know they have been selected to take part in the reabstraction study and explain the reabstraction process (Attachment B). The hospitals will be told taking part in the reabstraction study is voluntary. The new field representative will come to the hospital and reabstract 10 of the previously abstracted patient records from one ambulatory unit within each department (ED, OPD, and ASL). Because hospitals often have more than one OPD clinic, the FR will choose one of original participating clinics from which to reabstract 10 patient records. The FR will use MRN, date of birth, and date of visit to find the medical records of the previously abstracted visits, and would then fill out new Patient Record forms for each of the 10 sampled visits in each department. The data will be abstracted onto laptops using the same instrument version used in the original abstraction. In total, approximately 720 Patient Record forms will be reabstracted. The only burden to hospital staff will be to pull and refile the medical records.

Reabstracted data will be used to examine the consistency of field representative data abstraction. Findings will potentially identify areas that may need increased clarification or training. NCHS plans to compare the data collected by both FRs to see which data items were reported differently. Review of simple frequencies and overall rankings of certain other variables are planned. Results of the reabstraction study may be published in a methodology paper.

A12. Estimates of Annualized Burden Hours and Cost

a. Burden Hours

Two lines have been added to the bottom of the burden table to highlight the additional burden to a hospital for the reabstraction. First, a telephone call will be made to the ancillary service executive of the selected hospital ambulatory unit to obtain permission to return to the facility (Attachment B). This phone call will take approximately 5 minutes. The overall burden added to respondents is 6 hours.

The next line that has been added is for the medical record clerk that will have to pull the patient records a second time. One medical record clerk from each ambulatory unit (one each from ED, OPD, and ASL) will have to pull 10 records each. On average, one record will incur 1 minute of burden. With 720 records to be pulled, it is estimated that the additional burden to the respondents will be 12 hours.

Table 12-A. Annualized Burden to Respondents

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Response Burden (in hours)
Hospital Chief Executive Officer	Hospital Induction	482	1	1.5	723
Hospital Chief Executive Officer	Hospital Induction (new sample)	167	1	30/60	84
Ancillary Service Executive	Freestanding ASC Induction	200	1	30/60	100
Ancillary Service Executive	Ambulatory Unit Induction	1,946	1	15/60	487
Physician/Registered Nurse/Medical Record Clerk	ED Patient Record form	154	100	7/60	1,797
Physician/Registered Nurse/Medical Record	OPD Patient Record form	78	200	14/60	3,640

Clerk					
Physician/ Registered Nurse/ Medical Record Clerk	AS Patient Record Form	108	100	7/60	1,260
Medical Record Clerk	Pulling and re- filing Patient Records (ED, OPD, and AS)	1,018	133	1/60	2,257
Ancillary Service Executive - Reabstraction	Reabstraction Telephone Call	72	1	5/60	6
Medical Record Clerk - Reabstraction	Pulling and re- filing Patient Records (ED, OPD, and AS)	72	10	1/60	12
				Total	10,366

13. Estimates of Other Total Annual Cost Burden to Respondents and Record keepers

There are no annual capital or maintenance costs to the respondent resulting from the collection of information for this project.

15. Explanation for Program Changes or Adjustments

The current approved burden is 10,348 hours. The proposed reabstraction exercise will cause an overall burden increase of 18 hours for a final burden of 10,366 hours.

Attachments

- Attachment A. Introductory Letter to NHAMCS Hospitals
- Attachment B. Semi-Structured Reabstraction Telephone Call
- Attachment C. Pulling and Refiling Medical Records