ATTACHMENT I:
NHAMCS Hospital Induction Form

INTRO_APPT

Text: Hello,
This is ... from the U.S. Census Bureau.
I'm (calling/visiting) to let you know that this hospital will be included in our study.
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 or your representative?
◆ Enter 999 to start the induction interview

NAMECHEK

Text: **Let me verify that I have the correct name and address for your hospital. Is the correct name (facility name)?**
1. Yes

2. No

HSP_NAME

Text: **What is your hospital's name?**
◆ Enter 1 to update the hospitals name
1. Enter 1 to update information

2. Continue

ADDCHEK

Text: **Is your hospital located at (Facility Address)**
1. Yes

2. No

HSP_ADDRESS

Text: **What is the correct address?**

◆ Enter 1 to update the hospitals address

MAILADD

Text: **Is this also the mailing address?**
        (Facility Address)

1. Yes

2. No

MHSP_STRET

Text: **What is the correct mailing address?**
        ◆ Enter the number and street or press enter if same

INTRO_AB

Text: **(Although you have not received the letter,) I'd like to briefly explain the study to you at this time and answer any questions about it. The National Center for Health Statistics of the Centers for Disease Control and Prevention is (conducting an/continue its) annual study of hospital-based ambulatory care. (Intro for the survey) Before discussing the details, I would like to verify our basic information about (facility name) to be sure we have correctly included this hospital in the study. First, concerning licensing:**

LICHOSP

Text: **Is this facility a licensed hospital?**

1. Yes

2. No

OWN101

Text: **Is this hospital nonprofit, government, or proprietary?**

1. Nonprofit (includes church-related, nonprofit corporation, other nonprofit ownership)
2. State or local government (includes state, county, city, city-county, hospital district or authority)
3. Proprietary (includes individually or privately owned, partnership or corporation)

OWNHCC

Text: **Is this hospital owned, operated, or managed by a health care corporation that owns multiple health care facilities (e.g., HCA or Health South)?**

1. Yes

2. No

3. Unknown

TEACHOSP

Universe: LICHOSP = 1

Text: **Is this a teaching hospital?**

1. Yes

2. No

MERGER

Text: **Did this hospital either merge or separate from any OTHER hospital in the past 2 years?**

1. Merged or separated

2. No

3. Unknown

MERSEP

Text: **Was this a merger or a separation?**

3

MERGMEDR

Text: **Does YOUR hospital have its own medical records department that is separate from that of the OTHER hospital?**

1. Yes

2. No

3. Unknown

OTHNAME

Text: **What is the name and address of this OTHER hospital?**

ESA24

Text: **Does this hospital provide emergency services that are staffed 24 HOURS each day either here at this hospital or elsewhere?**

1. Yes

2. No

ESANOT24

Text: **Does this hospital operate any emergency service areas that are not staffed 24 HOURS each day?**

1. Yes

2. No

TRAUMA

Text: **What is the trauma level rating of this hospital?**

1. Level I

2. Level II

3. Level III

4. Level IV

5. Level V

6. Other/unknown

7. None

OOOPD

Text: **Does this hospital operate an organized outpatient department either at this hospital or elsewhere?**

1. Yes

2. No

PHYSSERV

Text: **Does this OPD include physician services?**

1. Yes

2. No

AMBSURG

Text: **Does this hospital have locations that perform ambulatory surgery? Ambulatory surgery locations include a general or main operating room, dedicated ambulatory surgery room, satellite operating room, cystoscopy room, endoscopy room, cardiac catheterization lab, laser procedures room, or a pain block room.**

1. Yes

2. No

3. Unknown

ELIGREQ

Text: **** Not displayed ****

STUDY_DESC

Text: **Thank you.**

◆ Explain the following ONLY if this is a new hospital. Provide the administrator or other hospital representative with a brief description of the study. Cover the following points
Now I would like to provide you with further information on the study.
       (1)   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:
            American College of Emergency Physicians
            Emergency Nurses Association
            Society for Academic Emergency Medicine
            American College of Osteopathic Emergency Physicians
            Federation of American Hospitals
            Ambulatory Surgery Center Association
            American College of Surgeons
            American Health Information Management Association
            American Academy of Ophthalmology
            Society for Ambulatory Anesthesia
      (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 hospitals that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory care.

INDUCTION_APPT

Text: **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 or your representative?**
         ◆Record day, date and time of appointment
         ◆Enter 999 if the respondent wants to continue with the induction now

SCREENER_THK

Text: **Thank you for your cooperation. I am looking forward to our meeting.**

THANK_MERGSEP

Text: **Since your hospital has merged or separated within the last 2 years, I need to get further instructions from the Centers for Disease Control and Prevention (CDC) on how to proceed. I will call you back within a week and let you know which parts of your hospital will be in the survey. Thank you for your cooperation.**

CALLRO_MERGSEP

Text: ◆ Call your RO and inform them of the situation.
Await resolution from the RO before continuing with this case.

THANK_B1

Text: **Thank you, but it seems that our information is incorrect.**
Since (facility name) is not a licensed hospital, it should not have been chosen for our study. Thank you very much for your cooperation.

THANK_B2

Text: **Thank you, but it seems that our information is incorrect.**
Since (facility name) does not have 24-hour emergency services, outpatient clinics, or ambulatory surgery centers, it should not have been chosen for our study.
Thank you very much for your cooperation.

REVIEW

Text: ? [F1]

I would like to begin with a brief review of the background for this study.
◆ Provide the administrator or other hospital representative with a brief introduction to the study and a general overview of procedures. Press F1 for points to be covered

SURGDAY

Text: **Now I would like to ask you a few more questions about your hospital.**
How many days in a week are inpatient elective surgeries scheduled?
◆ Enter CTRL-D if unknown

BEDCZAR

Text: **Does your hospital have a bed coordinator, sometimes referred to as a bed czar?**
1. Yes

2. No

3. Unknown

BEDDATA

Text: **How often are hospital bed census data available?**

1. Instantaneously

2. Every 4 hours

3. Every 8 hours

4. Every 12 hours

5. Every 24 hours

6. Other

7. Unknown

HLIST

Text: **Does your hospital have hospitalists on staff?**
A hospitalist is a physician whose primary professional focus is the general care of
hospitalized patients. He/she may oversee ED patients being admitted to the
hospital.
1. Yes

2. No

3. Unknown

HLISTED

Text: **Do the hospitalists on staff at your hospital admit patients from your ED?**

1. Yes

2. No

3. Unknown

PAYHITH

Text: **Medicare and Medicaid offer incentives to practices that demonstrate "meaningful use of health IT". Does your hospital have plans to apply for these incentive payments?**
　　1. Yes, we already applied

　　2. Yes, we intend to apply

　　3. Uncertain if we will apply

　　4. No, we will not apply

PAYDR

Text: **In which year did you first apply for meaningful use payments?**

1. 2011

2. 2012

PAYYR

Text: **In which year do you expect to apply for the meaningful use payments?**

1. 2012

2. 2013 or later

3. Unknown

PERMPART

Text: **As I mentioned earlier, I would like to discuss the plan for conducting the study. This hospital has been assigned to a 4-week data collection period beginning on Monday, (Reporting period begin date). First, I would like to discuss the steps needed to obtain approval for the study. Are there any additional steps needed to obtain permission for the hospital to participate in the study?**
1. Yes

2. No

PERMPARTSPEC

Text: ◆ Specify the necessary steps needed to obtain permission for the hospital
        to participate in the study
        Include the name, address, phone and title of the person(s) who
        can grant approval

PERM_THANK

Text: **Thank you for your help.**

RO_PERMISSION

Text: ◆ Call the Regional Office to inform them of the additional steps needed to
        obtain permission

VSREPPER

Text: **Now I would like to make arrangements to obtain the information needed for
        sampling. I will need to (know/verify) how your (emergency department
        and/or outpatient department and/or ambulatory surgery location) (is/are)
        organized and obtain an estimate of the number of patient visits expected
        during the 4-week reporting period. Would you prefer I (get/verify) this
        information from you or someone else?**
    1. Respondent

    2. Someone else

CWHO

Text: **What is the name of the person I should talk to?**
                        Alternate Contacts
    1. Existing Contact

    2. New Contact

    3. Continue interview

CINFO

Text: **What is the name of the person I should talk to?**
            ◆ Enter 1 to enter/update contact person information
    1. New contact

    2. Continue interview

THANK_RESP

Text: ◆ Thank current respondent for his/her time and cooperation

CONTACT_DEPT

Text: ◆ (All eligible departments are complete.
Enter 9 to wrap up the case./All eligible departments are compete or refusals.
Press F10 if you plan to follow up.
Department   Status
ED   (Elig /Partial /Elig (refusal) / Partial (refusal) / Cmplt / Inelig)
OPD   (Elig /Partial /Elig (refusal) / Partial (refusal) / Cmplt / Inelig)
ASL   (Elig /Partial /Elig (refusal) / Partial (refusal) / Cmplt / Inelig)

1. ED

2. OPD

3. ASL

4. Department refusal

5. Department callback

9. Wrap up case

WHICH_DEPT

Text: ◆ Which department (is refusing/are you setting a callback for)?

1. ED

2. OPD

3. ASC

INTRO_ED

Text: ◆ If necessary, introduce yourself and explain the survey
     ◆ Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's emergency department

ESA_NUM

     Text: **** Show only ****

DEL_ESA

     Text: **(Does (ESA name) still exist and is it still operational?)**

       (Enter 97 to delete this ESA / If No, Enter 97 to delete   If Yes, Press ENTER to move to the next row)

ESA_NAME

     Text: **(What is the name of the (first/next) emergency service area? /Are there any other emergency service areas?)**
       ◆ Enter 999 for no more

ESA_TYPE

     Text: ? [F1]
       ◆ What type of ESA is (ESA name)
    1.   General

    2.   Adult

    3.   Pediatric

    4.   Urgent care/Fast track

    5.   Psychiatric

    6.   Other

ESA_EVISITS

     Text: **What is the expected number of visits from (Reporting period begin date) to (Reporting period end date) for (ESA name)?**

TWICELY

Text: ◆ Is the number of expected visits to any of the ESAs more than twice the number shown on the previous sampling plan?

        ESA   Visits   Visits Previous
        ESA_NAME   ESA_VISITS I_ESA_VISITS

  1. Yes

  2. No

TWICELY_SPEC

Text: ◆ Specify why visits have increased this year or were too low the last time the ED participated

HALFLY

Text: ◆ Is the number of expected visits to any of the ESAs less than half of the number of visits shown on the previous sampling plan?

        ESA   Visits   Visits Previous
        ESA_NAME   ESA_VISITS I_ESA_VISITS

  1. Yes

  2. No

HALFLYSPEC

Text: ◆ Specify why visits have decreased this year or were too high the last time the ED participated

EBILLRECE

Text: **Now I would like to ask you some questions about your ED.**
Does your ED submit any <u>CLAIMS</u> electronically (electronic billing)?

  1. Yes

  2. No

  3. Unknown

EINSELIGE

Text: **Does your ED verify an individual patient's insurance eligibility electronically, with results returned immediately?**
          Read answer categories out loud
1.   Yes, with a stand-alone practice management system

2.   Yes, with an EMR/EHR system

3.   Yes, using another electronic system

4.   No

5.   Unknown

EMEDRECE

Text: **Does your ED use an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system? Do not include billing record systems.**
          ◆ Read answer categories out loud
1.   Yes, all electronic

2.   Yes, part paper and part electronic

3.   No

4.   Unknown

EHRINSYRE

Text: **In which year did your ED install the EMR/EHR system?**

EHRNAME

Text: **What is the name of your current EMR/EHR system?**

1.   Allscripts

2.   Cerner

3.   eClinicalWorks

4.   Epic

5.   GE/Centricity

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6. Greenway Medical

7. McKesson/Practice Partner

8. NextGen

9. Sage

10. Other - Specify

11. Unknown

EHRNAME_SP

Text: ◆ Enter name of EMR/EHR system

EHRINSE

Text: **Does your ED have plans for installing a new EMR/EHR system within the next 18 months?**

1. Yes

2. No

3. Maybe

4. Unknown

EDEMOGE

Text: 📖 6

**Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u>. Does your ED <u>have</u> a computerized system for:
 Recording patient history and demographic information?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EPROLSTE

Text: **Does this include a patient problem list?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EPNOTESE

Text: Indicate whether your ED has each of the following computerized capabilities.
Does your ED have a computerized system for:
   Recording clinical notes?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EMEDALGE

Text: **Do they include a comprehensive list of the patient's medications and allergies?**
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ECPOEE

Text: Indicate whether your ED has each of the following computerized capabilities.
Does your ED have a computerized system for:
   Ordering prescriptions?
1. Yes, used routinely

2. Yes, but not used routinely

     3.   No

     4.   Unknown

ESCRIPE

Text: **Are prescriptions sent electronically to the pharmacy?**

     1.   Yes, used routinely

     2.   Yes, but not used routinely

     3.   No

     4.   Unknown

EWARNE

Text: **Are warnings of drug interactions or contraindications provided?**

     1.   Yes, used routinely

     2.   Yes, but not used routinely

     3.   No

     4.   Unknown

EREMINDE

Text: Indicate whether your ED has each of the following computerized capabilities.
Does your ED have a computerized system for:
  Providing reminders for guideline-based interventions or screening tests?

     1.   Yes, used routinely

     2.   Yes, but not used routinely

     3.   No

     4.   Unknown

ECTOEE

Text: Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u>.
Does your ED <u>have</u> a computerized system for:
Ordering lab tests?

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EORDERE

Text: **Are orders sent electronically?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ESETSE

Text: Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u>.
Does your ED <u>have</u> a computerized system for:
**Providing standard order sets related to a particular condition
or procedure?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ERESULTE

Text: Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u>.
Does your ED <u>have</u> a computerized system for:
Viewing lab results?

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EIMGRESE

Text: Indicate whether your ED has each of the following computerized capabilities.
Does your ED have a computerized system for:
  Viewing imaging results?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EQOCE

Text: Indicate whether your ED has each of the following computerized capabilities.
Does your ED have a computerized system for:
  Viewing data on quality of care measures?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EIMMREGE

Text: Indicate whether your ED has each of the following computerized capabilities.
Does your ED have a computerized system for:
  Electronic reporting to immunization registries?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ESUME

Text: Indicate whether your ED has each of the following computerized capabilities. Does your ED have a computerized system for:
Providing patients with clinical summaries for each visit?

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EMSGE

Text: Indicate whether your ED has each of the following computerized capabilities. Does your ED have a computerized system for:
Exchanging secure messages with patients?

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EHRWHOE

Text: **At your ED, if orders for prescriptions or lab tests are submitted electronically, who submits them?**
◆ Read answer categories out loud
Enter all that apply, separate with commas

1. Prescribing practitioner

2. Other

3. Prescriptions and lab test orders not submitted electronically

4. Unknown

EXCHSUME

Text: **Do you share any patient health information <u>electronically</u> (not fax) with other providers, including hospitals, ambulatory providers, or labs?**
  ◆ Read answer categories out loud
1. Yes

2. No

EXCHSUM1E

Text: **How do you electronically share patient health information?**
  ◆ Read answer categories out loud
  ◆ Enter all that apply, separate with commas
1. EHR/EMR

2. Web portal (separate from EHR/EMR)

3. Other electronic method: _____

OBSUNITS

Text: **Does your ED have a physically separate observation or clinical decision unit?**
1. Yes

2. No

3. Unknown

OBSDECMD

Text: **What type of physicians make decisions for patients in this observation or clinical decision unit?**
   Read answer categories out loud
   Enter all that apply, separate with commas
1. ED physicians

2. Hospitalists

3. Other physicians

4. Unknown

BOARD

Text: **Are admitted ED patients ever "boarded" for more than 2 hours in the ED or the observation unit while waiting for an inpatient bed?**

1. Yes

2. No

3. Unknown

BOARDHOS

Text: **If the ED is critically overloaded, are admitted ED patients ever "boarded" in inpatient hallways or in another space outside the ED?**

1. Yes

2. No

3. Unknown

AMBDIV

Text: **Did your ED go on ambulance diversion in TOTHRDIV_FILL?**

1. Yes

2. No

3. Unknown

TOTHRDIV

Text: **What is the total number of hours that your hospital's ED was on ambulance diversion in TOTHRDIV_FILL?**
  ◆ Enter CTRL-D if data not available

REGDIV

Text: **Is ambulance diversion actively managed on a regional level versus each hospital adopting diversion if and when it chooses?**

1. Yes

2. No

3. Unknown

ADMDIV

Text: **Does your hospital continue to admit elective or scheduled surgery cases when the ED is on ambulance diversion?**

1. Yes

2. No

3. Unknown

NUMSTATX

Text: **As of last week, how many standard treatment spaces did your ED have?**
Standard treatment spaces are beds or treatment spaces specifically designed for ED patients to receive care, including asthma chairs.
◆ Enter CTRL-D if data not available

NUMOTHTX

Text: **As of last week, how many other treatment spaces did your ED have?**
Other treatment spaces are other locations where patients might receive care in the ED, including chairs, stretchers in hallways that may be used during busy times.
Enter CTRL-D if data not available

EDSPACES

Text: **In the last two years, did your ED increase the number of standard treatment spaces?**

1. Yes

2. No

3. Unknown

PHYSSPACE

Text: **In the last two years, did your ED's physical space expand?**

1. Yes

2. No

3. Unknown

EXPAND

Text: **Do you have plans to expand your ED's physical space within the next two years?**
1. Yes

2. No

3. Unknown

BEDREG

Text: 📖 7
Does your ED use -   Bedside registration?
1. Yes

2. No

3. Unknown

CATRIAGE

Text: 📖 7
Does your ED use -   **Computer-assisted triage?**
1. Yes

2. No

3. Unknown

FASTTRAK

Text: 📖 7

Does your ED use - **Separate fast track unit for nonurgent care?**

1. Yes

2. No

3. Unknown

EDPTOR

Text: 📖 7

Does your ED use - **Separate operating room dedicated to ED patients?**

1. Yes

2. No

3. Unknown

DASHBORD

Text: 📖 7

Does your ED use - **Electronic dashboard (i.e., displays updated patient information**
and integrates multiple data sources)?

1. Yes

2. No

3. Unknown

RFID

Text: 📖 7

Does your ED use - **Radio frequency identification (RFID) tracking (i.e., shows exact**
location of patients, caregivers, and equipment)?

1. Yes

2. No

3. Unknown

ZONENURS

Text: 📖 7

Does your ED use - **Zone nursing (i.e., all of a nurse's patients are located in one area)?**

1. Yes

2. No

3. Unknown

POOLNURS

Text: 📖 7

Does your ED use - **Pool nurses (i.e., nurses that can be pulled to the ED to respond to surges in demand)?**

1. Yes

2. No

3. Unknown

FULLCAP

Text: 📖 7

Does your ED use - **Full capacity protocol (i.e., allows some admitted patients to move from the ED to inpatient corridors while awaiting a bed)?**

1. Yes

2. No

3. Unknown

FREDIND

Text: **** Not Displayed ****

ESA_NUM

Text: **** SHOW ONLY ****

ESA_NAME

Text: ***** SHOW ONLY ****

ESA_TYPE

Text: **** SHOW ONLY ****

1. General

2. Adult

3. Pediatric

4. Urgent care/Fast track

5. Psychiatric

6. Other

ESA_EVISITS

Text: **** SHOW ONLY ****

ESA_ONSITE

Text: ◆ Is (ESA name) on-site?

1. Yes

2. No

ESA_STRET

Text: **What is (ESA name)'s address?**

ESA_PHONE

Text: **What is (ESA name)'s telephone number?**

ESA_CONTACT

Text: ◆ Enter ESA contact person's name

TE

Text: **** NOT DISPLAYED ****

RS

Text: **** NOT DISPLAYED ****

AU_TYPE

Text: **** NON_DISPLAYED ****

INTRO_OPD

Text: ◆ If necessary, introduce yourself and explain the survey
◆ Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's outpatient department

CLIN_NUM

Text: **** NOT DISPLAYED ****

DEL_CLIN

Text: **(Does (clinic name) still exist and is it still operational?)**
◆ (Enter 97 to delete this clinic / If No, Enter 97 to delete   If Yes, Press ENTER to move to the next row)

CLIN_NAME

Text: 📖 NHAMCS-124, 7 - 12
(What is the name of the (first/next) clinic? /Are there any other clinics?)
◆ Enter 999 for no more. Enter XXX if clinic is not listed

CLIN_GROUP

Text: **What is (Clinic Name)'s specialty group?**

1. General Medicine

2. Surgery

3. Pediatrics

4. Obstetrics/Gynecology

5. Substance Abuse

6. Other

7. Out of scope

CLIN_EVISITS

Text: **What is the expected number of visits from (Reporting period begin date) to (Reporting period end date) for (Clinic Name)?**

I_CLIN

Text: **** Not Displayed ****

CLIN_EVISITS_TOTAL

Text: **** Not Displayed ****

TOTALCLIN

Text: **** Not Displayed ****

TOTVSOP

Text: **** Not Displayed ****

MORECLINSPEC

Text: List clinics that have opened or should have been included previously

TWICECLINSPEC

Text: ◆ Explain why visits have increased this year or were too low previously

LESSCLINSPEC

Text: ◆ There are fewer clinics this year than in previous panel
         Specify which clinics have closed or should not have been included
         previously

HALFCLINSPEC

Text: ◆ Specify why visits have decreased this year or were too high last year

EBILLRECO

Text: **Does your OPD submit any <u>CLAIMS</u> electronically (electronic billing)?**

1. Yes

2. No

3. Don't know

EINSELIGO

Text: **Does your OPD verify an individual patient's insurance eligibility
         <u>electronically</u>, with results returned immediately?**
         ◆ Read answer categories out loud
1. Yes, with a stand-alone practice management system

2. Yes, with an EMR/EHR system

3. Yes, using another electronic system

4. No

5. Unknown

EMEDRECO

Text: **Does your OPD <u>use</u> an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system? Do not include billing record systems.**
   ◆ Read answer categories out loud

1. Yes, all electronic

2. Yes, part paper and part electronic

3. No

4. Unknown

EHRINSYRO

Text: **In which year did your OPD install your EMR/EHR system?**

EHRNAMO

Text: **What is the name of your current EMR/EHR system?**

1. Allscripts

2. Cerner

3. eClinicalWorks

4. Epic

5. GE/Centricity

6. Greenway Medical

7. McKesson/Practice Partner

8. NextGen

9. Sage

10. Other - Specify

11. Unknown

EHRNAMO_SP

Text: **What is the name of your current EMR/EHR system?**

EHRINSO

Text: **Does your OPD have plans for installing a new EMR/EHR system within the next 18 months?**
1. Yes

2. No

3. Maybe

4. Unknown

EDEMOGO

Text: **Indicate whether your OPD has each of the following computerized capabilities. Does your OPD have a computerized system for:**
    Recording patient history and demographic information?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EPROLSTO

Text: **Does this include a patient problem list?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EPNOTESO

Text:
Recording clinical notes?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EMEDALGO

Text: **Do they include a comprehensive list of the patient's medications and allergies?**
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ECPOEO

Text:
Ordering Prescriptions?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ESCRIPO

Text: **Are prescriptions sent electronically to the pharmacy?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EWARNO

Text: **Are warnings of drug interactions or contraindications provided?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EREMINDO

Text: Indicate whether your OPD has each of the following computerized capabilities.
Does your OPD have a computerized system for:
   Providing reminders for guideline-based interventions or screening tests?

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ECTOEO

Text: Indicate whether your OPD has each of the following computerized capabilities.
Does your OPD have a computerized system for:
   Ordering lab tests?

1.   Yes, used routinely

2.   Yes, but not used routinely

3.   No

4.   Unknown

EORDERO

Text: **Are orders sent electronically?**

1.   Yes, used routinely

2.   Yes, but not used routinely

3.   No

4.   Unknown

ESETSO

Text: Indicate whether your OPD has each of the following computerized capabilities.
Does your OPD have a computerized system for:
   **Providing standard order sets related to a particular condition
   or procedure?**
1.   Yes, used routinely

2.   Yes, but not used routinely

3.   No

4.   Unknown

ERESULTO

Text: Indicate whether your OPD has each of the following computerized capabilities.
Does your OPD have a computerized system for:
   Viewing lab results?
1.   Yes, used routinely

2.   Yes, but not used routinely

3. No

4. Unknown

EIMGRESO

Text: Indicate whether your OPD has each of the following computerized capabilities.
Does your OPD have a computerized system for:
Viewing imaging results?

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EQOCO

Text: Indicate whether your OPD has each of the following computerized capabilities.
Does your OPD have a computerized system for:

Viewing data on quality of care measures?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EIMMREGO

Text: Indicate whether your OPD has each of the following computerized capabilities.
Does your OPD have a computerized system for:

Electronic reporting to immunization registries?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ESUMO

Text: Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u>.
Does your OPD <u>have</u> a computerized system for:

Providing patients with clinical summaries for each visit?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EMSGO

Text: Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u>.
Does your OPD <u>have</u> a computerized system for:

Exchanging secure messages with patients?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EHRWHOO

Text: **At your OPD, if orders for prescriptions or lab tests are submitted electronically, who submits them?**
Read answer categories out loud
Enter all that apply, separate with commas
1. Prescribing practitioner

2. Other

3. Prescriptions and lab test orders are not submitted electronically

4. Unknown

EXCHSUMO

Text: **Does your OPD exchange patient clinical summaries <u>electronically</u> with any other providers?**

1. Yes

2. No

EXCHSUM1O

Text: **How does your OPD electronically send or receive patient clinical summaries?**

Read answer categories out loud
Enter all that apply, separate with commas

1. EHR/EMR

2. Web portal (separate from EHR/EMR)

3. Other electronic method: _____

CLIN_NUM

Text: **** NOT DISPLAYED ****

SAMPLED

Text: **** Not Displayed ****

CLIN_NUM

Text: **** SHOW ONLY ****

CLIN_NAME

Text: ***** SHOW ONLY ****

CLIN_GROUP

Text: **** SHOW ONLY ****

1. General Medicine

2. Surgery

3. Pediatrics

4. Obstetrics/Gynecology

5. Substance Abuse

6. Other

7. Out of scope

CLIN_EVISITS

Text: **** SHOW ONLY ****

CLIN_STRET

Text: **What is (Clinic Name)'s address?**
◆ Enter number and street.

CLIN_STRET2

Text: What is (Clinic Name)'s address?
◆ Enter the second line of address or press enter if same/none

CLIN_CITY

Text: What is (Clinic Name)'s address?
- ◆ Enter city

CLIN_STATE

Text: What is (Clinic Name)'s address?
- ◆ Enter state

CLIN_ZIP

Text: What is (Clinic Name)'s address?

- ◆ Enter zip code

CLIN_PHONE

Text: **What is (Clinic Name)'s telephone number?**

CLIN_PHTYP

Text: ◆ Enter phone type

1. Home

2. Work

3. Mobile

4. Pager, Beeper, Answering Service

5. Public Pay Phone

6. Toll Free

7. Other

8. Fax

9. Unknown

CLIN_CONTACT

       Text: ◆ Enter clinic director/contact person's name

TE

       Text: **** NOT DISPLAYED ****

RS

       Text: **** NOT DISPLAYED ****

AU_TYPE

       Text: **** NON_DISPLAYED ****

I_OPDMIN

       Text: **** Not displayed ****

I_OPDMAV

       Text: **** Not displayed ****

I_TOTCLIN

       Text: **** Not displayed ****

TOT_GOODCLIN

       Text: **** NOT Displayed ****

ASL_INTRO

Text: **To develop the sampling plan, I would like to (collect/verify) more specific information about this facility's ambulatory surgery (centers/locations). We are only interested in the following types of (centers/locations):**

General or main operating rooms	**Endoscopy rooms**
Dedicated ambulatory surgery rooms	**Cardiac catheterization labs**
Satellite operating rooms	**Laser procedures rooms**
Cystoscopy rooms	**Pain block rooms**

1.   Continue

2.   No in-scope locations

ASL_NUM

Text: **** SHOW ONLY ****

DEL_ASL

Text: **(Does (ASL name) still exist and is it still operational?)**
    ◆ (Enter 97 to delete this ASL/ASL entered by mistake/ If Yes, Press ENTER to move to the next row If No, Enter 97 to delete   )

ASL_NAME

Text: [?] F1

(What is the name of the (first/next) ambulatory surgery location? /Are there any other ambulatory surgery locations?)
    ◆ Enter only IN_SCOPE (ASCs/ASLs)   (Press F1 for in-scope (centers/locations))
        Include any (ASCs/ASLs) that are located in satellite facilities
        Enter 999 for no more

ASL_SPEC_GRP

Text: **What is ASL Name's specialty group?**

1.   General

2.   Multi-specialty

3.   Gastroenterology

4. Ophthalmology

5. Orthopedics

6. Pain Block

7. Plastic Surgery

8. Ear, Nose and Throat

9. Obstetrics - Gynecology

10. Urology

11. Other specialty

ASL_EVISITS

Text: **What is the expected number of ambulatory (outpatient) surgery cases for ASL Name from (Reporting period begin date) to (Reporting period end date)?**

I_ASL

Text: **** Not Displayed ****

TOT_GOODASL

Text: **** NOT Displayed ****

ANYMORE_ASLS

Text: ◆ The max of 15 (ASCs/ASLs) were entered.
           Are there any more (ASCs/ASLs)?
1. Yes

2. No

EXTRA_ASLS

Text: ◆ How many other (ASCs/ASLs) are there?

TOT_GOODASL2

Text: **** NOT Displayed ****

CHECK_EVISITS

Text: **You have indicated that none of your ambulatory surgery (centers/locations)
will be seeing patients from (Reporting period begin date) to (Reporting
period end date).
Is that correct?**
1. Yes

2. No

THANK_INELIG

Text: **Since there are no in-scope ambulatory surgery (centers/locations) for
(facility name), it should not have been chosen for our survey. Thank you
very much for your cooperation.**

ASCLISTA

Text: **Now I have some questions about generating a report for all ambulatory
surgery patients for sampling. Would you or your IT staff be able to
generate a single list of ambulatory surgery cases for any of the following
(centers/locations)?
(Name of all ASLs)**
1. Yes

2. No - ONLY 2 LOGS

3. No - More than 2 logs

ASCLISTB

Text: **For which of these (centers/locations) can lists be combined?**
◆ Enter all that apply, separate with commas
1. ASL_NAME [1]

2. ASL_NAME [2]

3. ASL_NAME [3]

4. ASL_NAME [4]

5. ASL_NAME [5]

6. ASL_NAME [6]

7. ASL_NAME [7]

8. ASL_NAME [8]

9. ASL_NAME [9]

10. ASL_NAME [10]

11. ASL_NAME [11]

12. ASL_NAME [12]

13. ASL_NAME [13]

14. ASL_NAME [14]

15. ASL_NAME [15]

IT_CNAME

Text: **What is the name of the IT contact?**

IT_CTITLE

Text: **What is (IT contact name)'s title?**

IT_CSTRET

Text: **What is (IT contact name)'s address?**
◆ Enter number and street or press enter if same

IT_CSTRET2

Text: What is (IT contact name)'s address?
    ◆ Enter second line of address or press enter for none/same

IT_CCITY

Text: What is (IT contact name)'s address?
    ◆ Enter city or press enter if same

IT_CSTATE

Text: What is (IT contact name)'s address?
    ◆ Enter state or press enter if same

IT_CZIP

Text: What is (IT contact name)'s address?

    ◆ Enter zip code or press enter if same

IT_CPHONE

Text: **What is (IT contact name)'s phone number?**

IT_CPHTYP

Text: ◆ Enter phone typ

1. Home

2. Work

3. Mobile

4. Pager, Beeper, Answering Service

5. Public Pay Phone

6. Toll Free

7. Other

8. Fax

9. Unknown

UPDATE_BCONTACTS

Text: **** Not Displayed ****

ASL_NUM

Text: **** SHOW ONLY ****

ASL_NAME

Text: **** SHOW ONLY ****

AU_NUMBER

Text: ◆ Assign AU number
        Assign the same AU number to each (center/location) where the ambulatory surgery cases can be combined into the one listing.

EBILLRECA

Text: **Does your (ASC/ambulatory surgery location) submit any <u>CLAIMS</u> electronically (electronic billing)?**

1. Yes

2. No

3. Don't know

EINSELIGA

Text: **Does your (ASC/ambulatory surgery location) verify an individual patient's insurance eligibility <u>electronically</u>, with results returned immediately?**
        ◆ Read answer categories
1. Yes, with a stand-alone practice management system

2. Yes, with an EMR/EHR system

3. Yes, using another electronic system

4. No

5. Unknown

EMEDRECA

Text: **Does your (ASC/ambulatory surgery location) <u>use</u> an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system? Do not include billing record systems.**
   ◆ Read answer categories out loud

1. Yes, all electronic

2. Yes, part paper and part electronic

3. No

4. Unknown

EHRINSYRA

Text: **In which year did your (ASC/ambulatory surgery location) install your EMR/EHR system?**

EHRNAMA

Text: **What is the name of your current EMR/EHR system?**

1. Allscripts

2. Cerner

3. eClinicalWorks

4. Epic

5. GE/Centricity

6. Greenway Medical

7. McKesson/Practice Partner

8. NextGen

9. Sage

10. Other - Specify

11. Unknown

EHRNAMA_SP

Text: **What is the name of your current EMR/EHR system?**

EHRINSA

Text: **Does your (ASC/ambulatory surgery location) have plans for installing a new EMR/EHR system within the next 18 months?**
1. Yes

2. No

3. Maybe

4. Unknown

EDEMOGA

Text: **Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.**
Does your (ASC/ambulatory surgery location) have a computerized system for:
Recording patient history and demographic information?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EPROLSTA

Text: **Does this include a patient problem list?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EPNOTESA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.
Does your (ASC/ambulatory surgery location) have a computerized system for:
    Recording clinical notes?

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EALLERGA

Text: **Do they include a comprehensive list of the patient's medications and allergies?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ECPOEA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.
Does your (ASC/ambulatory surgery location) have a computerized system for:
Ordering Prescriptions?

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ESCRIPA

Text: **Are prescriptions sent electronically to the pharmacy?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EWARNA

Text: **Are warnings of drug interactions or contraindications provided?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EREMINDA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.
Does your (ASC/ambulatory surgery location) have a computerized system for:
Providing reminders for guideline-based interventions or screening tests?

51

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ECTOEA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.
Does your (ASC/ambulatory surgery location) have a computerized system for:
Ordering lab tests?

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EORDERA

Text: **Are orders sent electronically?**

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ESETSA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.
Does your (ASC/ambulatory surgery location) have a computerized system for:
Providing standard order sets related to a particular condition or procedure?

1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ERESULTA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.
Does your (ASC/ambulatory surgery location) have a computerized system for:
    Viewing lab results?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EIMGRESA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.
Does your (ASC/ambulatory surgery location) have a computerized system for:
    Viewing imaging results?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EQOCA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.
Does your (ASC/ambulatory surgery location) have a computerized system for:
    Viewing data on quality of care measures?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EIMMREGA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.
Does your (ASC/ambulatory surgery location) have a computerized system for:
Electronic reporting to immunization registries?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

ESUMA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.
Does your (ASC/ambulatory surgery location) have a computerized system for:
Providing patients with clinical summaries for each visit?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EMSGA

Text: Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities.
Does your (ASC/ambulatory surgery location) have a computerized system for:
Exchanging secure messages with patients?
1. Yes, used routinely

2. Yes, but not used routinely

3. No

4. Unknown

EHRWHOA

Text: **At your (ASC/ambulatory surgery location), if orders for prescriptions or lab tests are submitted electronically, who submits them?**
- ◆ Read answer categories out loud.   Enter all that apply, separate with commas

1. Prescribing practitioner

2. Other

3. Prescriptions and lab test orders are not submitted electronically

4. Unknown

EXCHSUMA

Text: **Do you share any patient health information <u>electronically</u> (not fax) with other providers, including hospitals, ambulatory providers, or labs?**
1. Yes

2. No

EXCHSUMMCA

Text: **How do you electronically share patient health information?**
- ◆ Read answer categories out loud
- ◆ Enter all that apply, separate with commas

1. EHR/EMR

2. Web portal (separate from EHR/EMR)

3. Other electronic method: _____

PAYHITA

Text: **Medicare and Medicaid offer incentives to practices that demonstrate "meaningful use of health IT". Does your hospital have plans to apply for these incentive payments?**

55

1. Yes, we already applied

2. Yes, we intend to apply
3. Uncertain if we will apply
4. No, we will not apply

PAYDRA

Text: **In which year did you first apply for meaningful use payments?**

1. 2011

2. 2012

PAYYRA

Text: **In which year do you expect to apply for the meaningful use payments?**

1. 2012

2. 2013 or later

3. Unknown

ASL_EVISITS

Text: **** SHOW ONLY ****

ASL_ONSITE

Text: ◆ Is ASL Name on-site?

1. Yes

2. No

ASL_STRET

Text: **What is ASL Name's address or the address where the abstractions will be done?**
◆ Enter number and street.

ASL_STRET2

Text: What is ASL Name's address or the address where the abstractions will be done?
◆ Enter the second line of address or press enter if same/none

ASL_CITY

Text: What is ASL Name's address or the address where the abstractions will be done?
◆ Enter city.

ASL_STATE

Text: What is ASL Name's address or the address where the abstractions will be done?
◆ Enter state.

ASL_ZIP

Text: What is ASL Name's address or the address where the abstractions will be done?
◆ Enter zip code.

ASL_PHONE

Text: **What is ASL Name's telephone number or the telephone number where the abstractions will be done?**

ASL_CONTACT

Text: ◆ Enter ambulatory surgery (center/location) contact person's name

EXIT_REFUSAL

Text: ◆ Are you exiting this case because of a refusal?

1. Yes

2. No

CALLBACKNOTES

Text: **I'd like to schedule a DATE to (conduct/complete) the interview.**
What DATE AND TIME would be best to visit again?
- Today is: ^IntDate

THANKCB

Text: **Thank you. I will call/come back at the time suggested**
- Revisit   (Callback information)

FOLLOW_UP

Text: - The following departments have refused. Do you plan to follow-up on these department(s)?

1. Yes, will follow-up on department(s)

2. No , wrap case up

CALLBACKNOTES

Text: **I'd like to schedule a DATE to (conduct/complete) the interview. What DATE AND TIME would be best to visit again?** - Today is: ^IntDate

THANKCB

Text: **Thank you. I will call/come back at the time suggested** - Revisit   (Callback information)

THANKYOU

Text: **This concludes the interview. Thank you for your patience, and for taking the time to answer our questions.**

SET_REINT

Text: **** Non Displayed ****

HOSPREF

Text: **** Not displayed ****

ELIGED

Text: ◆ Does this hospital have an eligible ED?

1. Yes

2. No

VSED101

Text: ◆ Enter number of expected visits for the ED

VSEDLY

Text: ◆ Enter the number of visits to the department last year

ELIGOPD

Text: ◆ Does this hospital have an eligible OPD?

1. Yes

2. No

VSOPD101

Text: ◆ Enter number of expected visits for this OPD.

VSOPDLY

Text: ◆ Enter number of OPD visits last year

ELIGASC

Text: ◆ Does this hospital have an eligible ambulatory surgery center?

1. Yes

2. No

VSASC101

Text: ◆ Enter number of expected visits

VSASCLY

Text: ◆ Enter number of ambulatory surgery visits last year

WHOMHOSP

Text: **By whom?**

1. Hospital administrator

2. Approval board or official

3. Other hospital official

WHOMED

Text: **By whom?**

1. Hospital administrator

2. ED/OPD/Ambulatory Surgery Director

3. Approval board or official

4. Other hospital official-Specify

WHOMOP

Text: **By whom?**

1. Hospital administrator

2. ED/OPD/Ambulatory Surgery Director

3. Approval board or official

4. Other hospital official-Specify

WHOMAS

Text: **By whom?**

1. Hospital administrator

2. ED/OPD/Ambulatory Surgery Director

3. Approval board or official

4. Other hospital official-Specify

WHOMHOSPSPEC

Text: ◆ Specify the name of the other hospital official who refused for the hospital

WHOMEDSPEC

Text: ◆ Specify the name of the other hospital official who refused for the ED

WHOMOPSPEC

Text: ◆ Specify the name of the other hospital official who refused for the OPD

WHOMASSPEC

Text: ◆ Specify the name of the other hospital official who refused for the ASL

TELPERHO

Text: **Was the refusal by telephone or in person for the hospital?**

1. Telephone

2. In person

TELPERED

Text: **Was the refusal by telephone or in person for the ED?**

1. Telephone

2. In person

TELPEROP

Text: **Was the refusal by telephone or in person for the OPD?**

1. Telephone

2. In person

TELPERAS

Text: **Was the refusal by telephone or in person for the ASL?**

1. Telephone

2. In person

REASON

Text: ◆ Specify what reason was given for the refusal/breakoff
◆ Specify if hospital, ED, OPD. or Ambulatory Surgery Location

CONVHOSP

Text: ◆ Was conversion attempted?

1. Yes

2. No

CONVED

Text: ◆ Was conversion attempted?

1. Yes

2. No

CONVOP

Text: ◆ Was conversion attempted?

1. Yes

2. No

CONVAS

Text: ◆ Was conversion attempted?

1. Yes

2. No