

# Attachment G. Hospital Induction Form

## Ambulatory Care Pretest, National Hospital Care Survey

OMB No. 0920-xxxx; Exp. Date:

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### INTRO\_APPT

Text: Hello,  
**This is ... calling on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. I'm (calling/visiting) about the National Hospital Care Survey and 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 for about 15 minutes?**

### 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?**

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?**

#### **MAILADD**

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

1. Yes
2. No

#### **MHSP\_STRET**

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

#### **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/continuing 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**

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?**

**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

**Thank you.**

Text: ♦ Provide the administrator or other hospital representative with a brief description of the study.

## 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 Headquarters and inform them of the situation.  
Await resolution from Headquarters 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: **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.

#### 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?**

#### 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

## **EMEDRES**

Text: **Does this hospital have an emergency medicine residence program?**

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: **When did you first apply?**

1. 2011
2. 2012
3. Unknown

**PAYYR**

Text: **When do you intend to first apply?**

1. 2012
2. 2013 or later
3. Unknown

**REMACC**

If PAYHIT=1

Text: **Now I'd like to ask you some questions about your hospital's electronic health records system. Can this system be accessed from the outside by entities not associated with the hospital?**

1. Yes
2. Unsure (will have to check and get back to interviewer)
3. No – Skip to PERMPART
4. Unknown

**REMREP**

Text: **Would your hospital be willing to allow CDC's contractor to obtain password access to your hospital's electronic health records system and load the charting software onto desktop computers at their headquarters? The contractor's Data Security Plan complies with all relevant laws, regulations, and policies governing the security of data and protection of confidentiality.**

1. Yes
2. Unsure (will have to check and get back to interviewer)
3. No
4. Unknown

**PERMPART**

**As I mentioned earlier, I would like to discuss the plan for conducting the study. This hospital has**

Text:

been assigned to a (1-month, 2-month, 3-month) 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?

Yes

1.

No

2.

**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**

**Thank you for your help.**

Text:

**RO\_PERMISSION**

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

Text:

**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 (1-month, 2-month, 3-month) reporting period. Would you prefer I (get/verify) this information from you or someone else?**



Respondent

1.

Someone else

2.

**CWHO**

**What is the name of the person I should talk to?**

Text:

Existing Contact

1.

New Contact

2.

Continue interview

3.

**CINFO**

20

**What is the name of the person I should talk to?**

Text:

New contact

1.

Continue interview

2.

THANK\_RESP

- ◆ Thank current respondent for his/her time and cooperation

Text:

## CONTACT\_DEPT

- ◆ All eligible departments are complete.

### 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)

Text:



ED

1.

OPD

2.

ASL

3.

Department refusal

4.

Department callback

5.

Wrap up case

9.

## INTRO\_ED

Text:

- ◆ If necessary, introduce yourself and explain the survey using the hospital administrator script
- ◆ Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's emergency department and need about 25 minutes of their time

**ESA\_NAME**

**(What is the name of the (first/next) emergency service area? /Are there any other emergency service areas?)**

Text:

**ESA\_TYPE**

What type of ESA is (ESA name)

Text:

General

1.

Adult

2.

Pediatric

3.

Urgent care/Fast track

4.

32



Psychiatric

5.

Other

6.

**ESA\_EVISITS**

**What is the expected number of visits from (Reporting period begin date) to (Reporting period end**

Text:

date) for (ESA name)?















**EBILLRECE**

Text:

**Now I would like to ask you some questions about your ED.**

◆ If ESAs within the ED vary with respect to their use of the EHR/EMR systems, then ask these questions of the ESA with the largest number of expected visits during the reporting period.

**Does your ED submit any CLAIMS electronically (electronic billing)?**

Yes

1.

No

2.

Unknown

3.

**EINSE**

**Does your ED verify an individual patient's insurance eligibility electronically?**

Text:

Yes

1.

No

2.

Unknown

3.

46

**EINSHOWE**

Text:

**How does your ED electronically verify an individual patient's insurance eligibility? Is it through an EHR/EMR system, a stand-alone practice management system, or some other electronic system?**

[Read answer categories out loud](#)

Yes, with a stand-alone practice management system

1.



Yes, with an EMR/EHR system

2.

Yes, using another electronic system

3.

No

4.

Unknown

5.

**EINFAST**

**When your staff electronically verifies a patient's insurance eligibility, do you usually get results back before the patient leaves the ED?** Text:

Yes

1.

No

2.

Unknown

3.

**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](#)

Yes, all electronic

1.

2.

54

Yes, part paper and part electronic

No

3.

Unknown

4.

55

**EHRINSYRE**



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

Text:

**EHRNAME**

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

Text:

Allscripts

1.

Cerner

2.

eClinicalWorks

3.

Epic

4.

GE/Centricity

5.

Greenway Medical

6.

60

McKesson/Practice Partner

7.

NextGen

8.

Sage

9.

Other - Specify

10.

Unknown

11.

62

**EHRNAME\_SP**

Description: Other-Specify name of EHR/EMR system

Other-Specify name of EHR/EMR system

◆ Enter name of EMR/EHR system

Text:



**EHRINSE**

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

Text:

Yes

1.

No

2.

Maybe

3.

Unknown

4.

## EDEMOGE

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

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

70

**EPROLSTE**

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.



Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EVITALE**

**Recording and charting vital signs?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ESMOKEE**

77

**Recording patient smoking status?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.



**EPNOTESE**

**Recording clinical notes?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EMEDALGE**

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ECPOEE**

**Ordering prescriptions?**

Text:

Yes, used routinely

1.

87

Yes, but not used routinely

2.

Yes, but turned off or not used

3.



No

4.

Unknown

5.

**ESCRIBE**

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ERXWHOE/ EHRWHOE**

**At your ED, when orders for prescriptions are submitted electronically, are they submitted by the prescribing practitioner, or by someone else?** Text:  
[Enter all that apply, separate with commas](#)

Prescribing practitioner

1.

Someone else

2.

Unknown

3.

**EWARNE**

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.



Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EREMINDE**

98

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?**

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

100

Unknown

5.

**ESETSE**

**Providing standard order sets related to a particular condition or procedure?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.



**ECTOEE**

**Ordering lab tests?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EORDERE**

**Are orders sent electronically?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ELABWHOE**

Text:

**At your ED, when orders for lab tests are submitted electronically, are they submitted by the prescribing practitioner, or by someone else?**

[Enter all that apply, separate with commas](#)

Prescribing practitioner

1.

Someone else

2.



Unknown

3.

## ERESULTE

Text:

Indicate whether your ED has each of the following computerized capabilities. Does your ED have a computerized system for: **Viewing lab results?**

Yes, used routinely

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

## **EGRAPHE**

**Can the EHR/EMR automatically graph a specific patient's lab results over time?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EIMGRESE**



Text:

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

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EQOCE**

123

**Viewing data on quality of care measures?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

ECQME

Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.



No

4.

Unknown

5.

**EGENLISTE**

**Generating lists of patients with particular health conditions?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EIMMREGE**

**Electronic reporting to immunization registries?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EMUREPE**



**Is the electronic reporting to immunization registries reported in standards specified by Meaningful Use criteria?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**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?**

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EMSGE**

**Exchanging secure messages with patients?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.



No

4.

Unknown

5.

**EHLTHINFOE**

**Providing patients with an electronic copy of their health information?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

EXCHSUME/ESHAREE

Text:  
Does your ED share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?

Yes

1.

No

2.

**EXCHSUM1E/ESHAREHOWE**

**How does your ED electronically share patient health information?**

◆ Enter all that apply, separate with commas

Text:

EHR/EMR

1.

Web portal (separate from EHR/EMR)

2.

Other electronic method: \_\_\_\_\_

3.



**LABRESE**

Text:

Please indicate whether your ED electronically (not fax) shares each of the following types of health data and with which types of health care providers.

Lab results?

- ◆ Enter all that apply, separate with commas

Hospitals with which your ED is affiliated

1.

Other departments inside your hospital

2.

Hospitals with which your ED is not affiliated

3.

Ambulatory providers outside your hospital

4.

**IMAGREPE**

**Imaging reports?**

- ◆ Enter all that apply, separate with commas

Text:

Hospitals with which your ED is affiliated

1.

Other departments inside your hospital

2.

Hospitals with which your ED is not affiliated

3.

Ambulatory providers outside your hospital

4.

**PTPROBE**

**Patient problem lists?**

- ◆ Enter all that apply, separate with commas

Text:

Hospitals with which your ED is affiliated 1.

Other departments inside your hospital 2.

Hospitals with which your ED is not affiliated 3.



Ambulatory providers outside your hospital

4.

## MEDLISTE

### Medication lists?

- ◆ Enter all that apply, separate with commas

Text:

Hospitals with which your ED is affiliated

1.

Other departments inside your hospital

2.

Hospitals with which your ED is not affiliated

3.

Ambulatory providers outside your hospital

4.

**ALGLISTE**

**Medication allergy lists?**

- ◆ Enter all that apply, separate with commas

Text:

Hospitals with which your ED is affiliated

1.

Other departments inside your hospital 2.

Hospitals with which your ED is not affiliated 3.

Ambulatory providers outside your hospital 4.

**OBSUNITS**

**Does your ED have a physically separate observation or clinical decision unit?**

Text:

Yes

1.

No

2.



Unknown

3.

OBSDECMD

Text:

**What type of physicians make decisions for patients in this observation or clinical decision unit?**  
Enter all that apply, separate with commas

ED physicians

1.

170

Hospitalists

2.

Other physicians

3.

Unknown

4.

**BOARD**

172

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?**

Yes

1.

No

2.

Unknown

3.

**BOARDHOS**

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

Yes

1.

No

2.

Unknown

3.



**AMBDIV**

**Did your ED go on ambulance diversion in TOTHRDIV\_FILL?**

Text:

Yes

1.

No

2.

Unknown

3.

TOTHRDIV

**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

Text:

**REGDIV**

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

Text:

Yes

1.

No

2.

Unknown

3.

**ADMDIV**

183

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

Text:

Yes

1.



No

2.

Unknown

3.

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**

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

Text:

Yes

1.

No

2.

Unknown

3.

**PHYSSPACE**

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

Text:

Yes

1.

No

2.

Unknown

3.



**EXPAND**

**Do you have plans to expand your ED's physical space within the next two years?**

Text:

Yes

1.

No

2.

Unknown

3.

**BEDREG**

195

**Does your ED use - Bedside registration?**

Text:

Yes

1.

No

2.

Unknown

3.

**KIOSELCHK**

**Does your ED use - Kiosk self check-in?**

Text:

Yes

1.

No

2.

Unknown

3.





**IMBED**

**Does your ED use - Immediate bedding (no triage when ED is not at capacity)?**

Text:

Yes

1.

201

No

2.

Unknown

3.

**ADVTRIAG**

**Does your ED use - Advanced triage (triage-based care) protocols?**

Text:

Yes

1.

No

2.

Unknown

3.

**PHYSPRACTRIA**

205

**Does your ED use - Physician/Practitioner at triage?**

Text:

Yes

1.

No

2.

Unknown

3.

## CATRIAGE

Does your ED use - **Computer-assisted triage?**

Text:



Yes

1.

No

2.

Unknown

3.

**FASTTRAK**

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

Text:

Yes

1.

No

2.

Unknown

3.

**EDPTOR**

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

Text:

Yes

1.

No

2.

Unknown

3.

## DASHBORD

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

Text:

Yes

1.

215

No

2.

Unknown

3.



**RFID**

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

Text:

Yes

1.

No

2.

Unknown

3.

**WIRELESS**

219

Does your ED use - **Wireless communication devices by providers?**

Text:

Yes

1.

No

2.

Unknown

3.

**ZONENURS**

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

Text:

Yes

1.

No

2.

Unknown

3.

**POOLNURS**



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

Yes

1.

2.  
225

No

Unknown

3.

**ESA\_NAME**

**\*\*\* SHOW ONLY \*\***

Text:

**ESA\_TYPE**

**\*\* SHOW ONLY \*\***

Text:

General

1.

Adult

2.

Pediatric

3.

Urgent care/Fast track

4.

Psychiatric

5.

Other

6.

**ESA\_EVISITS**

**\*\* SHOW ONLY \*\***

Text:

**ESA\_ONSITE**



◆ Is (ESA name) on-site?

Text:

Yes

1.

No

2.

**ESA\_STRET**

234

What is (ESA name)'s address?

Text:

ESA\_PHONE

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

Text:

**ESA\_CONTACT**

◆ Enter ESA contact person's name

Text:

## INTRO\_OPD

Text:

- ◆ If necessary, introduce yourself and explain the survey using the hospital administrator script
- ◆ Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's outpatient department and need about 30 minutes of their time.

**CLIN\_NAME**

**(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

Text:

**CLIN\_GROUP**

Text:

240



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

General Medicine

1.

Surgery

2.

Pediatrics

3.

Obstetrics/Gynecology

4.

Substance Abuse

5.

Other

6.

Out of scope

7.

**CLIN\_EVISITS**

Text:

244

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











**EBILLRECO**

Text:

**Now I would like to ask you some questions about your OPD.**

◆ If clinics within the OPD vary with respect to their use of the EHR/EMR systems, then ask these questions of the clinic with the largest number of expected visits during the reporting period.

**Does your OPD submit any CLAIMS electronically (electronic billing)?**

Yes

1.

No

2.

Don't know

3.

**EINSELIGO/EINSO**

**Does your OPD verify an individual patient's insurance eligibility electronically?**

◆ [Read answer categories out loud](#)

Text:

Yes, with a stand-alone practice management system

1.

Yes, with an EMR/EHR system

2.

Yes, using another electronic system

3.

No

4.

Unknown

5.

**EBILLRECO**

255

Text:

**Now I would like to ask you some questions about your OPD.**

◆ If clinics within the OPD vary with respect to their use of the EHR/EMR systems, then ask these questions of the clinic with the largest number of expected visits during the reporting period.

**Does your OPD submit any CLAIMS electronically (electronic billing)?**

Yes

1.



No

2.

Unknown

3.

**EINSO**

**Does your OPD verify an individual patient's insurance eligibility electronically?**

Text:

Yes

1.

No

2.

Unknown

3.

**EINSHOWO**

260

Text:

**How does your OPD electronically verify an individual patient's insurance eligibility? Is it through an EHR/EMR system, a stand-alone practice management system, or some other electronic system?**

[Read answer categories out loud](#)

Yes, with a stand-alone practice management system

1.

Yes, with an EMR/EHR system

2.

Yes, using another electronic system

3.

No

4.

Unknown

5.

EINFASTO

Text:

**When your staff electronically verifies a patient's insurance eligibility, do you usually get results back before the patient leaves the OPD?**

Yes

1.



No

2.

Unknown

3.

**EMEDRECO**

Does your OPD use an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system? Do not include billing record systems.

Text:

◆ [Read answer categories out loud](#)

Yes, all electronic

1.

Yes, part paper and part electronic

2.

No

3.

Unknown

4.

**EHRINSYRO**

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

Text:

**EHRNAMO**

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

Text:

Allscripts

1.

Cerner

2.

271

eClinicalWorks

3.

Epic

4.



GE/Centricity

5.

Greenway Medical

6.

McKesson/Practice Partner

7.

NextGen

8.

Sage

9.

Other - Specify

10.

Unknown

11.

**EHRNAMO\_SP**

275

Description: Other-Specify name of EHR/EMR system

Other-Specify name of EHR/EMR system

◆ Enter name of EMR/EHR system

Text:

**EHRINSO**

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

Text:

Yes

1.

No

2.

Maybe

3.

Unknown

4.

**EDEMOGO**

279

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?

Yes, used routinely

1.



Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EPROLSTO**

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EVITALO**

285

**Recording and charting vital signs?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ESMOKEO**



**Recording patient smoking status?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EPNOTESO**

**Recording clinical notes?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EMEDALGO**

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ECPOEO**



**Ordering prescriptions?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ESCRIPO**

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

300

Yes, but turned off or not used

3.

No

4.

Unknown

5.

ERXWHOO/ EHRWHOO

Text:  
**At your OPD, when orders for prescriptions are submitted electronically, are they submitted by the prescribing practitioner, or by someone else?**  
[Enter all that apply, separate with commas](#)

Prescribing practitioner

1.

Someone else

2.

Unknown

3.

**EWARNO**



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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

## 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?**

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ESETSO**

**Providing standard order sets related to a particular condition or procedure?**

Text:

Yes, used routinely

1.



Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ECTOEO**

**Ordering lab tests?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EORDERO**

**Are orders sent electronically?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.



No

4.

Unknown

5.

**ELABWHOO**

Text:

**At your OPD, when orders for lab tests are submitted electronically, are they submitted by the prescribing practitioner, or by someone else?**

[Enter all that apply, separate with commas](#)

Prescribing practitioner

1.

Someone else

2.

Unknown

3.

## ERESULTO

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

Text:

Yes, used routinely

1.

325

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EGRAPHO**



**Can the EHR/EMR automatically graph a specific patient's lab results over time?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

## EIMGRESO

Text:

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

**Viewing imaging results?**

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EQOCO**

**Viewing data on quality of care measures?**

Text:

Yes, used routinely

1.



Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ECQMO**

**Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EGENLISTO**

**Generating lists of patients with particular health conditions?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.



Unknown

5.

**EIMMREGO**

**Electronic reporting to immunization registries?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EMUREPO**

**Is the electronic reporting to immunization registries reported in standards specified by Meaningful Use criteria?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.



## ESUMO

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

**Providing patients with clinical summaries for each visit?**

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EMSGO**

**Exchanging secure messages with patients?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EHLTHINFOO**

**Providing patients with an electronic copy of their health information?**

Text:



Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EXCHSUMO/ESHAREO**

363

Text:  
Does your OPD share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?

Yes

1.

No

2.

EXCHSUM10/ESHAREHOWO

365

**How does your OPD electronically share patient health information?**

◆ Enter all that apply, separate with commas

Text:

EHR/EMR

1.

Web portal (separate from EHR/EMR)

2.

Other electronic method: \_\_\_\_\_

3.

## LABRESO

Text:

**Please indicate whether your OPD electronically (not fax) shares each of the following types of health data and with which types of health care providers.  
Lab results?**

- ◆ Enter all that apply, separate with commas



Hospitals with which your OPD is affiliated

1.

Other departments inside your hospital

2.

Hospitals with which your OPD is not affiliated

3.

Ambulatory providers outside your hospital

4.

**IMAGREPO**

**Imaging reports?**

◆ Enter all that apply, separate with commas

Text:

Hospitals with which your OPD is affiliated

1.

Other departments inside your hospital

2.

Hospitals with which your OPD is not affiliated

3.

Ambulatory providers outside your hospital

4.

**PTPROBO**

Text:

374

**Patient problem lists?**

- ◆ Enter all that apply, separate with commas

Hospitals with which your OPD is affiliated

1.

Other departments inside your hospital

2.

Hospitals with which your OPD is not affiliated

3.

Ambulatory providers outside your hospital

4.



**MEDLISTO**

Text:

**Medication lists?**

- ◆ Enter all that apply, separate with commas

Hospitals with which your OPD is affiliated

1.

2.  
378

Other departments inside your hospital

Hospitals with which your OPD is not affiliated

3.

Ambulatory providers outside your hospital

4.

**ALGLISTO**

Text:

**Medication allergy lists?**

- ◆ Enter all that apply, separate with commas

Hospitals with which your OPD is affiliated

1.

Other departments inside your hospital

2.

Hospitals with which your OPD is not affiliated

3.

Ambulatory providers outside your hospital

4.

**CLIN\_NAME**

**\*\*\* SHOW ONLY \*\***

Text:

**CLIN\_GROUP**



**\*\* SHOW ONLY \*\***

Text:

General Medicine

1.

Surgery

2.

385

Pediatrics

3.

Obstetrics/Gynecology

4.

Substance Abuse

5.

Other

6.

Out of scope

7.

**CLIN\_EVISITS**

**\*\* SHOW ONLY \*\***

Text:

**CLIN\_STRET**

**What is (Clinic Name)'s address?**

- ◆ Enter number and street.

Text:

**CLIN\_CONTACT**

◆ Enter clinic director/contact person's name

Text:

**TE**

**\*\* NOT DISPLAYED \*\***

Text:



RS

**\*\* NOT DISPLAYED \*\***

Text:

**AU\_TYPE**

**\*\* NON\_DISPLAYED \*\***

Text:

TOT\_GOODCLIN

**\*\* NOT Displayed \*\***

Text:

395

## ASL\_INTRO

- ◆ Text: If necessary, introduce yourself and explain the survey using the hospital administrator script
- ◆ Text: Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's ambulatory surgery locations and need about 20 minutes of their time

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 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

Continue

1.

No in-scope locations

2.

**ASL\_NUM**

**\*\* SHOW ONLY \*\***

Text:

**ASL\_NAME**

Text:

**( What is the name of the (first/next) ambulatory surgery location? /Are there any other ambulatory surgery locations?)**

◆ Enter only IN\_SCOPE ASLs (Press F1 for in-scope (centers/locations)). Include any ASLs that are located in satellite facilities

**ASL\_SPEC\_GRP**



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

Text:

General

1.

401

Multi-specialty

2.

Gastroenterology

3.

Ophthalmology

4.

402

Orthopedics

5.

Pain Block

6.

403

Plastic Surgery

7.

Urology

8.

Other specialty

9.

404

**ASL\_EVISITS**

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

Text:

I\_ASL

**\*\* Not Displayed \*\***

Text:

TOT\_GOODASL

**\*\* NOT Displayed \*\***

Text:



**ANYMORE\_ASLS**

- ◆ The max of 15 ASLs were entered. Are there any more ASLs?

Text:

Yes

1.

No

2.

## EXTRA\_ASLS

- ◆ How many other ASLs are there?

Text:

TOT\_GOODASL2

**\*\* NOT Displayed \*\***

Text:

**CHECK\_EVISITS**

**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?**

Text:

Yes

1.

No

2.

**THANK\_INELIG**

415

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)**

Yes

1.

No - ONLY 2 LOGS

2.

No - More than 2 logs

3.

**ASCLISTB**

**For which of these (centers/locations) can lists be combined?**

◆ Enter all that apply, separate with commas

Text:

419

ASL\_NAME [1]

1.

ASL\_NAME [2]

2.

ASL\_NAME [3]

3.

ASL\_NAME [4]

4.

ASL\_NAME [5]

5.

ASL\_NAME [6]

6.

ASL\_NAME [7]

7.

ASL\_NAME [8]

8.

ASL\_NAME [9]

9.

ASL\_NAME [10]

10.

423

ASL\_NAME [11]

11.

ASL\_NAME [12]

12.



ASL\_NAME [13]

13.

ASL\_NAME [14]

14.

ASL\_NAME [15]

15.

425

**IT\_CNAME**

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

Text:

**IT\_CTITLE**

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

Text:

IT\_CSTRET

**What is (IT contact name)'s address?**

- ◆ Enter number and street or press enter if same

Text:

## AU\_NUMBER

- ◆ Assign AU number

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

Text:

**EBILLRECA**

**Now I would like to ask you some questions about your ASL.  
Does your ASL submit any CLAIMS electronically (electronic billing)?**

Text:

Yes

1.

No

2.

Unknown

3.



EINSA

Does your ASL verify an individual patient's insurance eligibility electronically?

Text:

Yes

1.

No

2.

Unknown

3.

**EINSHOWA**

Text:  
**How does your ASL electronically verify an individual patient's insurance eligibility? Is it through an EHR/EMR system, a stand-alone practice management system, or some other electronic system?**

[Read answer categories out loud](#)

Yes, with a stand-alone practice management system 1.

Yes, with an EMR/EHR system 2.

Yes, using another electronic system 3.

No 4.

Unknown

5.

**EINFASTA**

Text:

**When your staff electronically verifies a patient's insurance eligibility, do you usually get results back before the patient leaves the ASL?**

436

Yes

1.

No

2.

Unknown

3.

**EMEDRECA**

437

Does your ASL use an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system? Do not include billing record systems.

Text:

◆ [Read answer categories out loud](#)

Yes, all electronic

1.

Yes, part paper and part electronic

2.

No

3.

Unknown

4.

**EHRINSYRA**

**In which year did your ASL install the EMR/EHR system?**

Text:

439

**EHRNAMA**

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

Text:

Allscripts

1.



Cerner 2.

eClinicalWorks 3.

Epic 4.

GE/Centricity 5.

Greenway Medical

6.

McKesson/Practice Partner

7.

NextGen

8.

Sage

9.

Other - Specify

10.

Unknown

11.

**EHRNAMA\_SP**

Description: Other-Specify name of EHR/EMR system

Other-Specify name of EHR/EMR system

◆ Enter name of EMR/EHR system

Text:

**EHRINSA**

Does your ASL have plans for installing a new EMR/EHR system within the next 18 months?

Text:

Yes

1.

No

2.

Maybe

3.

Unknown

4.

**EDEMOGA**

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

Recording patient history and demographic information?

Yes, used routinely

1.

446

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EPROLSTA**

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

Text:

Yes, used routinely

1.



Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**EVITALA**

**Recording and charting vital signs?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ESMOKEA**

**Recording patient smoking status?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

452

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EPNOTESA**

**Recording clinical notes?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**EMEDALGA**

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.



Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ECPOEA**

**Ordering prescriptions?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ESCRIPA**

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

Text:

459

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ERXWHOA/ EHRWHOA**

**At your ASL, when orders for prescriptions are submitted electronically, are they submitted by the prescribing practitioner, or by someone else?** **Text:**  
**Enter all that apply, separate with commas**

461

Prescribing practitioner

1.

Someone else

2.

Unknown

3.

**EWARNA**

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EREMINDA**



Text:

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

**Providing reminders for guideline-based interventions or screening tests?**

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ESETSA**

**Providing standard order sets related to a particular condition or procedure?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**ECTOEA**

**Ordering lab tests?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EORDERA**

**Are orders sent electronically?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

471

Unknown

5.

**ELABWHOA**

**At your ASL, when orders for lab tests are submitted electronically, are they submitted by the prescribing practitioner, or by someone else?**

[Enter all that apply, separate with commas](#)

Text:

472



Prescribing practitioner

1.

Someone else

2.

Unknown

3.

## ERESULTA

Text:

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

**Viewing lab results?**

Yes, used routinely

1.

Yes, but not used routinely

2.

474

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EGRAPHHA**

**Can the EHR/EMR automatically graph a specific patient's lab results over time?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

## EIMGRESA

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

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

## EQOCA

**Viewing data on quality of care measures?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

480



No

4.

Unknown

5.

**ECQMA**

**Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EGENLISTA**

**Generating lists of patients with particular health conditions?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EIMMREGA**

**Electronic reporting to immunization registries?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EMUREPA**

487

**Is the electronic reporting to immunization registries reported in standards specified by Meaningful Use criteria?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.



No

4.

Unknown

5.

**ESUMA**

Text:

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

**Providing patients with clinical summaries for each visit?**

Yes, used routinely 1.

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No

4.

Unknown

5.

**EMSGA**

**Exchanging secure messages with patients?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

**EHLTHINFOA**

**Providing patients with an electronic copy of their health information?**

Text:

493

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

EXCHSUMA/ESHAREA

Text:  
Does your ASL share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?

495

Yes

1.

No

2.

**EXCHSUM1A/ESHAREHOWA**

**How does your ASL electronically share patient health information?**

◆ [Enter all that apply, separate with commas](#)

Text:

496



EHR/EMR

1.

Web portal (separate from EHR/EMR)

2.

Other electronic method: \_\_\_\_\_

3.

**LABRESA**

Text:

**Please indicate whether your ASL electronically (not fax) shares each of the following types of health data and with which types of health care providers.**

**Lab results?**

◆ Enter all that apply, separate with commas

Hospitals with which your ASL is affiliated

1.

Other departments inside your hospital

2.

Hospitals with which your ASL is not affiliated

3.

Ambulatory providers outside your hospital

4.

**IMAGREPA**

Text:

**Imaging reports?**

◆ Enter all that apply, separate with commas

Hospitals with which your ASL is affiliated

1.

Other departments inside your hospital

2.

Hospitals with which your ASL is not affiliated

3.

Ambulatory providers outside your hospital

4.

**PTPROBA**

**Patient problem lists?**

◆ Enter all that apply, separate with commas

Text:

1.  
501

Hospitals with which your ASL is affiliated

Other departments inside your hospital

2.

Hospitals with which your ASL is not affiliated

3.

Ambulatory providers outside your hospital

4.

## MEDLISTA

### Medication lists?

◆ Enter all that apply, separate with commas

Text:

Hospitals with which your ASL is affiliated

1.

Other departments inside your hospital

2.

503

Hospitals with which your ASL is not affiliated

3.

Ambulatory providers outside your hospital

4.

**ALGLISTA**



Text:

**Medication allergy lists?**

◆ Enter all that apply, separate with commas

Hospitals with which your ASL is affiliated

1.

Other departments inside your hospital

2.

Hospitals with which your ASL is not affiliated

3.

Ambulatory providers outside your hospital

4.

ASL\_EVISITS

**\*\* SHOW ONLY \*\***

Text:

ASL\_ONSITE

◆ Is [ASL Name] on-site?

Text:

Yes

1.

No

2.

ASL\_STRET

What is [ASL Name's] address or the address where the abstractions will be done?

- ◆ Enter number and street.

Text:

**ASL\_STRET2**

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

Text:

511

ASL\_CITY



Text:

What is [ASL Name's] address or the address where the abstractions will be done?

◆ Enter city.

ASL\_STATE

What is [ASL Name's] address or the address where the abstractions will be done?  
◆ [Enter state.](#)

Text:

**ASL\_ZIP**

What is [ASL Name's] address or the address where the abstractions will be done?

◆ [Enter zip code.](#)

Text:

**ASL\_PHONE**

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

ASL\_CONTACT

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

Text:

**EXIT\_REFUSAL**

◆ Are you exiting this case because of a refusal?

Text:

Yes

1.

No

2.

**CALLBACKNOTES**

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

Text:

**THANKCB**



**Thank you. I will call/come back at the time suggested**

◆ [Revisit](#) ([Callback information](#))

Text:

**FOLLOW\_UP**

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

Text:

Yes, will follow-up on department(s)

1.

522

No , wrap case up

2.

## CALLBACKNOTES

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

Text:

**THANKCB**

**Thank you. I will call/come back at the time suggested** ◆ [Revisit](#) (Callback information)

Text:

**THANKYOU**

Text:

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

**SET\_REINT**

**\*\* Non Displayed \*\***

Text:

**HOSPREF**



**\*\* Not displayed \*\***

Text:

**ELIGED**

◆ Does this hospital have an eligible ED?

Text:

Yes

1.

No

2.

**VSED101**

531

◆ Enter number of expected visits for the ED

Text:

VSEDLY

◆ Enter the number of visits to the department last year

Text:

**ELIGOPD**

◆ Does this hospital have an eligible OPD?

Text:

Yes

1.

No

2.

**VSOPD101**

◆ Enter number of expected visits for this OPD.

Text:

535

VSOPDLY

◆ Enter number of OPD visits last year

Text:



**ELIGASC**

Text:

537

◆ Does this hospital have an eligible ambulatory surgery center?

Yes

1.

No

2.

**VSASC101**

◆ Enter number of expected visits

Text:

**VSASCLY**

◆ Enter number of ambulatory surgery visits last year

Text:

Text: ♦ After completion of the pretest, ask each of the respondents (e.g., hospital administrator, ED director, OPD director, ambulatory surgery director), if he/she would be willing to participate in the survey in 2013)

**PARTHOSP** Text: **Now that your hospital has completed the pretest, would your hospital be willing to participate in the ambulatory component of the National Hospital Care Survey beginning in 2013?**

1. Yes
2. Maybe
3. No

**PARTED** Text: **Now that your ED has completed the pretest, would your ED be willing to participate in the emergency department component of the National Hospital Care Survey beginning in 2013?**

1. Yes
2. Unsure
3. No

**PARTOPD** Text: **Now that your OPD has completed the pretest, would your OPD be willing to participate in the outpatient department component of the National Hospital Care Survey beginning in 2013?**

1. Yes
2. Unsure
3. No

**PARTASC** Text: **Now that your ambulatory surgery locations have completed the pretest, would these locations be willing to participate in the ambulatory surgery component of the full National Hospital Care Survey beginning in 2013?**

1. Yes, all
2. Yes, some
3. Unsure
4. No