

Attachment A: 2013 NHAMCS Hospital Induction Form

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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?

NAMECHEK

Text:

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

Yes

1.

No

HSP_NAME

What is your hospital's name?

Text:

Enter 1 to update information

1.

Continue

2.

ADDCHK

Text:

Is your hospital located at (Facility Address)

Yes

1.

No

2.

HSP_ADDRESS

What is the correct address?

Text:

MAILADD

Text:

Is this also the mailing address? (Facility Address)

Yes

1.

No

2.

MHSP_STRET

What is the correct mailing address?

Text:

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

Is this facility a licensed hospital?

Text:

Yes

1.

No

2.

OWN101

Is this hospital nonprofit, government, or proprietary?

Text:

Nonprofit (includes church-related, nonprofit corporation, other nonprofit ownership)

1.

State or local government (includes state, county, city, city-county, hospital district or authority)

2.

Proprietary (includes individually or privately owned, partnership or corporation)

3.

OWNHCC

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

Text:

Yes

1.

No

2.

Unknown

3.

TEACHOSP

Is this a teaching hospital?

Text:

Yes

1.

No

2.

MERGER

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

Text:

Merged or separated

1.

No

2.

Unknown

3.

MERSEP

Was this a merger or a separation?

Text:

Merger

1.

Separation

2.

MERGMEDR

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

Yes

1.

No

2.

Unknown

3.

OTHNAME

What is the name and address of this OTHER hospital?

Text:

ESA24

Text:

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

Yes

1.

No

2.

ESANOT24

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

Yes

1.

No

2.

TRAUMA

What is the trauma level rating of this hospital?

Text:

Level I

1.

Level II

2.

Level III

3.

Level IV

4.

Level V

5.

Other/unknown

6.

None

7.

OOOPD

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

Text:

Yes

1.

No

2.

PHYSSERV

Does this OPD include physician services?

Text:

Yes

1.

No

2.

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.**

Yes

1.

No

2.

Unknown

3.

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

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

Text:

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

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

Text:

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?

Yes

1.

No

2.

Unknown

3.

BEDDATA

Text:

How often are hospital bed census data available?

Instantaneously

1.

Every 4 hours

2.

Every 8 hours

3.

Every 12 hours

4.

Every 24 hours

5.

Other

6.

Unknown

7.

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.

Yes

1.

No

2.

Unknown

3.

HLISTED

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

Text:

Yes

1.

No

2.

Unknown

3.

EMEDRES

Does this hospital have an emergency medicine residence program?

Text:

Yes

1.

No

2.

Unknown

3.

MUINC

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

MUYEAR

When did you first apply?

Text:

2011

1.

89

2012
2013

2.
3.

2014 or later

4.
90

Unknown

5.

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?

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

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?

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

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

Text:

- ◆ 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)

ED

1.

OPD

2.

ASL

3.

Department refusal

4.

Department callback

5.

Wrap up case

9.

INTRO_ED

- ◆ 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

Text:

ESA_NAME

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

ESA_TYPE

Text:

What type of ESA is (ESA name)

General

1.

Adult

2.

Pediatric

3.

Urgent care/Fast track

4.

Psychiatric

5.

Other

6.

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?

<u>ESA</u>	<u>Visits</u>	<u>Visits Previous</u>
ESA_NAME	ESA_VISITS	I_ESA_VISITS

Yes

1.

No

2.

TWICELY_SPEC

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

Text:

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?

<u>ESA</u>	<u>Visits</u>	<u>Visits Previous</u>
ESA_NAME	ESA_VISITS	I_ESA_VISITS

Yes

1.

No

2.

HALFLYSPEC

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

Text:

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

~~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 verify an individual patient's insurance eligibility electronically?~~

Text:

Yes

1.

No

2.

Unknown

3.

EINSHOWE

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?

Text:

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.

EINFASTE

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

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.

Yes, part paper and part electronic

2.

No

3.

Unknown

4.

EHRINSYRE

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

Text:

HHS MUE

Text:
Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

Yes, all electronic

1.

No

2.

Unknown

3.

EHRNAME13

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

Text:

Allscripts

1.

Amazing Charts

2.

Athenahealth

3.

Cerner

4.

eClinicalWorks

5.

e-MDs

6.

Epic

7.

GE/Centricity

8.

Greenway Medical

9.

McKesson/Practice Partner

10.

Practice Fusion

11.

NextGen

12.

Sage

13.

Other - Specify

14.

Unknown

15.

EHRNAME13_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

EPROLSTE

Does this include a patient problem list?

Text:

Yes, used routinely

1.

170

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

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:

181

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.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

ESCRIBE

Text:

Are prescriptions sent electronically to the pharmacy?

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.

201

EREMINDE

Providing reminders for guideline-based interventions or screening tests?

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

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

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

EGRAPHE

Text:

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

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

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.

EPTEDUE

Identifying education resources for specific patient conditions?

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

Providing patients with clinical summaries for each visit?

Text:

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

Providing patients with an electronic copy of their health information?

Text:

Yes, used routinely

1.

262

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

EPTRECE

Text:
Providing patients the ability to view online, download or transmit information from their medical record?

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

EMEDIDE

Reconciling lists of patient's medications to identify the most accurate list?

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

Do you share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?

Yes

1.

No

2.

273

EXCHSUM1E/ESHAREHOWE

Text:

How do you electronically share patient health information?

- ◆ Enter all that apply, separate with commas

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 you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

IMAGREPE

Imaging reports?

- ◆ Enter all that apply, separate with commas

Text:

Hospitals with which you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

PTPROBE

Patient problem lists?

- ◆ Enter all that apply, separate with commas

Text:

Hospitals with which you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

MEDLISTE

Medication lists?

- ◆ Enter all that apply, separate with commas

Text:

Hospitals with which you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

ALGLISTE

Text:

Medication allergy lists?

- ◆ Enter all that apply, separate with commas

Hospitals with which you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

EDPRIM

Text:

When patients with identified primary care physicians arrive at the Emergency Department, how often do you electronically send notification to the patients' primary care physicians?

Always

1.

Sometimes

2.

Rarely

3.

Never

4.

Do not know

5.

EDINFO

Text:

When patients arrive at the Emergency Department, are you able to query for patients' healthcare information electronically (e.g. medications, allergies) from outside sources?

Yes

1.

No

2.

Do not know

3.

OBSUNITS

Does your ED have an ~~physically separate~~ observation or clinical decision unit?

Text:

Yes

1.

No

2.

Unknown

3.

OBSSEP

Does your ED have an 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.

Hospitalists

2.

Other physicians

3.

Unknown

4.

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?

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

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

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

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

NUMOTHX

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.

331

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

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

Text:

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

Yes

1.

No

2.

Unknown

3.

ADVTRIAG

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

Text:

Yes

1.

No

2.

Unknown

3.

PHYSRACTRIA

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.

No

2.

Unknown

3.

RFID

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

Yes

1.

No

2.

Unknown

3.

WIRELESS

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

Text:

Yes

1.

No

2.

Unknown

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.

No

2.

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.

380

No

2.

ESA_STRET

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
- ◆ Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's outpatient department

CLIN_NAME

Text:

(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

What is (Clinic Name)'s specialty group?

Text:

General Medicine

1.

Surgery

2.

Pediatrics

3.

Obstetrics/Gynecology

4.

Substance Abuse

5.

Other

6.

Out of scope

7.

CLIN_EVISITS

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

MORECLINSPEC

List clinics that have opened or should have been included previously

Text:

TWICECLINSPEC

Text:

396

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

Text:

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

HALFCLINSPEC

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

Text:

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.

401

No

2.

Unknown

3.

402

EINSO

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

Text:

Yes

±

No

2.

Unknown

3.

EINSHOWO

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)

Text:

system? Do not include billing record systems.

- ◆ Read answer categories out loud

Yes, all electronic

1.

Yes, part paper and part electronic

2.

414

No

3.

Unknown

4.

415

EHRINSYRO

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

Text:

HHSMUO

Text:

Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

Yes, all electronic

1.

No

2.

Unknown

3.

EHRNAM013

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

Text:

Allscripts

1.

Amazing Charts

2.

Athenahealth

3.

Cerner

4.

eClinicalWorks

5.

e-MDs

6.

Epic

7.

GE/Centricity

8.

424

Greenway Medical

9.

McKesson/Practice Partner

10.

425

Practice Fusion

11.

NextGen

12.

426

Sage

13.

Other - Specify

14.

Unknown

15.

EHRNAM013_SP

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

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

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.

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

Text:

Are warnings of drug interactions or contraindications provided?

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

Text:

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

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.

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

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

EQOC0

~~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.

EPTEDUO

Text:

Indicate whether your OPD has each of the following computerized capabilities. Does your OPD have a computerized system for: **Identifying education resources for specific patient conditions?**

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.~~

№

4.

Unknown

5.

ESUMO

Providing patients with clinical summaries for each visit?

Text:

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.

541

Unknown

5.

EPTRECO

Text:

Providing patients the ability to view online, download or transmit information from their medical record?

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

EMEDIDO

Reconciling lists of patient's medications to identify the most accurate list?

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

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

Yes

1.

No

2.

EXCHSUM10/ESHAREHOWO

How do you 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 you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

IMAGREPO

Imaging reports?

- ◆ Enter all that apply, separate with commas

Text:

Hospitals with which you are affiliated

1.

Other departments inside your hospital 2.

Hospitals with which you are not affiliated 3.

Ambulatory providers outside your hospital

4.

PTPROBO

Text:

Patient problem lists?

- ◆ Enter all that apply, separate with commas

Hospitals with which you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

MEDLISTO

Text:

Medication lists?

- ◆ Enter all that apply, separate with commas

Hospitals with which you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

ALGLISTO

Text:

572

Medication allergy lists?

- ◆ Enter all that apply, separate with commas

Hospitals with which you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

REFOUTO

Do you refer any patients to providers outside of your office group?

Text:

Yes

1.

No

2.

REFOUTRO

Do you receive a report back from the other provider with results of the consultation?

Text:

Yes, routinely

1.

Yes, but not routinely

2.

No

REFOUTEO

Do you receive it electronically (not fax)?

Text:

Yes, routinely

1.

581

Yes, but not routinely

2.

No

3.

REFINO

Do you see any patients referred to you by providers outside of your office group?

Text:

Yes

1.

No

2.

REFINRO

Do you receive notification of both the patient's history and reason for consultation?

Text:

Yes, routinely

1.

Yes, but not routinely

2.

No

3.

REFINEO

Do you receive it electronically (not fax)?

Text:

Yes, routinely

1.

Yes, but not routinely

2.

No

3.

INPTCAREO

Do you see any patients referred to you by providers outside of your office group?

Text:

Yes

1.

592

No

2.

INPTCARERO

Do you receive notification of both the patient's history and reason for consultation?

Text:

Yes, routinely

1.

Yes, but not routinely

2.

No

3.

INPTCARETO

Is the information available when needed?

Text:

Yes, routinely

1.

Yes, but not routinely

2.

No

3.

INPTCAREEO

Do you receive it electronically (not fax)?

Text:

Yes, routinely

1.

Yes, but not routinely

2.

No

3.

CLIN_NAME

*** SHOW ONLY **

Text:

CLIN_GROUP

Text:

604

**** SHOW ONLY ****

General Medicine

1.

Surgery

2.

605

Pediatrics

3.

Obstetrics/Gynecology

4.

606

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:

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

Text:

621

**** SHOW ONLY ****

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 (ASCs/ASLs) (Press F1 for in-scope (centers/locations)). Include any (ASCs/ASLs) that are located in satellite facilities

ASL_SPEC_GRP

What is ASL Name's specialty group?

Text:

General

1.

624

Multi-specialty

2.

Gastroenterology

3.

625

Ophthalmology

4.

Orthopedics

5.

Pain Block

6.

Plastic Surgery

7.

Urology

8.

Other specialty

9.

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

**** Not Displayed ****

Text:

TOT_GOODASL

**** NOT Displayed ****

Text:

ANYMORE_ASLS

- ◆ The max of 15 (ASCs/ASLs) were entered. Are there any more (ASCs/ASLs)?

Text:

Yes

1.

No

2.

EXTRA_ASLS

Text:

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

**** 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.

640

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)**

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:

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.

ASL_NAME [11]

11.

ASL_NAME [12]

12.

ASL_NAME [13]

13.

ASL_NAME [14]

14.

ASL_NAME [15]

15.

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

Text:

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

Yes

1.

No

2.

Unknown

3.

EINSA

Text:

Now I would like to ask you some questions about your ASC.
Does your ASL verify an individual patient's insurance eligibility electronically?

Yes

1.

No

2.

3.

Unknown

EINSHOWA

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

Text:

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?

Yes

1.

No

2.

Unknown

3.

EMEDRECA

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:

HHS MUA

Text:
Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

Yes, all electronic

1.

No

2.

Unknown

3.

EHRNAMA13

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

Text:

1.

675

Allscripts

Amazing Charts

2.

Athenahealth

3.

676

Cerner

4.

eClinicalWorks

5.

677

e-MDs

6.

Epic

7.

678

GE/Centricity

8.

Greenway Medical

9.

McKesson/Practice Partner

10.

Practice Fusion

11.

680

NextGen

12.

Sage

13.

Other - Specify

14.

Unknown

15.

EHRNAMA13_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.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

8-27-12

5.

Unknown

EPROLSTA

Text:

689

Does this include a patient problem list?

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.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

EPNOTESA

Recording clinical notes?

Text:

Yes, used routinely

1.

697

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

Text:

Are prescriptions sent electronically to the pharmacy?

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

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:

1.

714

Yes, used routinely

Yes, but not used routinely

Yes, but turned off or not used

No

2.

3.

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.

Unknown

5.

ELABWHOA

Text:

~~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~~

~~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.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

EGRAPH

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.

EPTEDUA

Text:

Indicate whether your ASL has each of the following computerized capabilities. Does your ASL have a computerized system for: **Identifying education resources for specific patient conditions?**

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.

No

4.

Unknown

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

Is the electronic reporting to immunization registries reported in standards specified by

Text:

745

Meaningful Use criteria?

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:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

EPTRECA

Text:
Providing patients the ability to view online, download or transmit information from their medical record?

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

EMEDIDA

Reconciling lists of patient's medications to identify the most accurate list?

Text:

Yes, used routinely

1.

760

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Unknown

5.

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

Yes

1.

No

2.

764

EXCHSUM1A/ESHAREHOWA

How do you 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.

LABRESA

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?

Text:

- ◆ Enter all that apply, separate with commas

Hospitals with which you are affiliated

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

IMAGREPA

Imaging reports?

- ◆ Enter all that apply, separate with commas

Text:

Hospitals with which you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

PTPROBA

Text:

Patient problem lists?

- ◆ Enter all that apply, separate with commas

Hospitals with which you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

MEDLISTA

Text:

Medication lists?

- ◆ Enter all that apply, separate with commas

Hospitals with which you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

ALGLISTA

Text:

Medication allergy lists?

- ◆ Enter all that apply, separate with commas

Hospitals with which you are affiliated

1.

Other departments inside your hospital

2.

Hospitals with which you are not affiliated

3.

Ambulatory providers outside your hospital

4.

ASL_ONSITE

◆ Is [ASL Name] on-site?

Text:

Yes

1.

No

2.

ASL_STRET

Text:

781

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

- ◆ Enter number and street.

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:

ASL_CITY

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

Text:

◆ 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

Text:

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

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.

791

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.

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

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

ELIGED

◆ Does this hospital have an eligible ED?

Text:

Yes

1.

802

No

2.

VSED101

◆ Enter number of expected visits for the ED

Text:

VSEDLY

◆ Enter the number of visits to the department last year

Text:

805

ELIGOPD

- ◆ Does this hospital have an eligible OPD?

Text:

Yes

1.

No

2.

VSOPD101

◆ Enter number of expected visits for this OPD.

Text:

VSOPDLY

◆ Enter number of OPD visits last year

Text:

ELIGASC

- ◆ Does this hospital have an eligible ambulatory surgery center?

Text:

Yes

1.

No

2.

VSASC101

◆ Enter number of expected visits

Text:

VSASCLY

- ◆ Enter number of ambulatory surgery visits last year

Text:

