

# ATTACHMENT K: NHAMCS Freestanding ASC Induction Form

OMB No. 0920-0278; Exp. Date: \_\_\_\_\_

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## INTRO\_SCR

Hello (Respondent's name),

**This is ... from the U.S. Census Bureau. I'm calling for the Centers for Disease Control and Prevention concerning their study of ambulatory surgery in freestanding ambulatory surgery centers and in hospitals. You should have received a letter from Dr. Edward J. Sondik, the Director of the National Center for Health Statistics, describing the study. You've probably also received a letter from the U.S. Census Bureau which is collecting the data for this study. Did you receive our letter(s)**

◆ If "No" or "DK", offer to send or deliver another copy.

1. Yes
2. No
3. Unknown

## INTRO\_IND

- Text: ◆ DO NOT READ AS WORDED BELOW
- o Identify yourself - show I.D.
  - o Ask to speak to: (Respondent's name)  
(Press ALT-F9 to update Administrator/Alternate contact information)
  - o Introduce survey, as necessary
1. Continue
  2. Reluctant Respondent
  3. Inconvenient time
  4. Other Outcome
  5. Conduct/continue induction by phone

## HELLO

Text: **Hello. This is . . . . from the U.S. Census Bureau.  
May I speak to (Respondent's name)?**

◆ If call is transferred, repeat this screen when phone is answered

1. Correct person, Correct person called to the phone, or call is transferred to correct person
2. Unknown/no longer there
3. Reached on a different number
4. Not available now, not at desk, etc.
5. On vacation or otherwise temporarily away from work
6. Other outcome or problem interviewing respondent

## TRY\_BACK

Text: ◆ Do you want to callback later to try and speak to (Respondent's name)  
or do you want to continue with a new/different respondent?  
REPORTING PERIOD: (Reporting period begin date) - (Reporting period end date)

1. Callback later
2. Continue with new/different respondent

## KNOWL\_RESP

Text: **Perhaps you can help me. I am calling on behalf of the National Center for Health Statistics. May I speak to someone who can answer questions about ambulatory surgery?**

1. Person you are speaking with can help
2. Someone else can help

## NEW\_CONTACT

Text: ◆ Enter 1 to record a new contact information  
If necessary, explain survey to new respondent

1. New contact
2. Continue interview

## REACHED\_ON

Text: **What phone number should I use to reach (Respondent's name)?**  
Press ALT-F9 To update Phone number(s)  
(When done updating phone(s), enter 1 to continue)

## TRANSFER

Text: **Can you transfer me?**

1. Yes
2. No

## INTROB

Text: ♦ (Hello, this is . . . from the U.S. Census Bureau./ ) Is respondent ready to complete the interview?)

1. Continue
2. Reluctant Respondent
3. Inconvenient time
4. Other Outcome

## NAMECHEK

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

1. Yes
2. No

## ASC\_NAME

Text: **What is your ASC's name?**  
♦ Enter 1 to update the ASC's name

1. Enter 1 to update information
2. Continue

## ADDCHEK

Text: **Is your ASC located at (Facility Address)**

1. Yes
2. No

## ASC\_ADDRESS

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

◆ [Enter 1 to update the ASC's address](#)

1. Enter 1 to update information
2. Continue

## MAILADD

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

1. Yes
2. No

## MASC\_STRET

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

◆ [Enter the number and street or press enter if same](#)

## INTRO\_AB

Text: **(Although you have not received the letter,) I'd like to briefly explain the study to you at this time and answer any questions about it. The National Center for Health Statistics of the Centers for Disease Control and Prevention is conducting an annual study of ambulatory care. The study began data collection in 1992. CDC has contracted with the U.S. Census Bureau to collect the data. (facility name) has been selected to participate in the study. I am calling to arrange an appointment to discuss your participation. The study is authorized under the Public Health Service Act and the information will be held strictly confidential. Participation is voluntary.**

**Before discussing the details, I would like to verify our basic information about (facility name) to be sure we have correctly included this ASC in the study.**

## PRFMSURG

- Text: ♦ Do not ask item if facility is an eye surgery center.  
**Is ambulatory (outpatient) surgery or ambulatory diagnostic or therapeutic procedures currently performed in this facility?**
1. Yes
  2. No
  3. Eye surgery center

## THANK\_B1

Text: **Thank you (Respondent's name) but it seems that our information is incorrect. Since (facility name) does not perform ambulatory surgery, it should not have been chosen for our study. Thank you very much for your cooperation.**

## INELSPEC

- Text: **In this study we are excluding facilities that are exclusively dedicated to family planning, birthing, abortion, podiatry or dentistry. Is (facility name) exclusively one of these?**
1. Yes
  2. No

## THANK\_B2

Text: **Thank you (Respondent's name), but it seems that our information is incorrect. Since (facility name)'s specialty is out-of-scope for our study, it should not have been chosen for our study. Thank you very much for your cooperation.**

## LICASC

- Text: **Is this facility currently licensed by the state?**
1. Yes
  2. No

## PRNTLIC

Text: **It is important for us to determine whether or not your facility operates under the license or Provider of Services (POS) number of a parent facility. Does your ASC operate under the license of a parent facility?**

1. Yes
2. No

#### **PRNTPOS**

Text: It is important for us to determine whether or not your facility operates under the license of Provider of Services (POS) number of a parent facility.  
**Does your ASC operate under the Provider of Services (POS) number of a parent facility?**

1. Yes
2. No

#### **PARFAC\_NAME**

Text: **What is the name of the parent facility?**

#### **PARFAC\_STRET**

Text: **What is the address of (Parent Facility Name)?**

#### **PFNC\_THANK**

Text: **Thank you for your time and assistance. We may contact you again in a few days regarding participation in this study.**

◆ [Hang up](#)

#### **OWNASC**

Text: **Is this facility owned, operated, or managed by -**  
◆ [Read answer categories](#)

1. A hospital
2. One or more physicians
3. Health maintenance organization
4. Another health care provider
5. A health care corporation that owns multiple health care facilities (e.g., HCA or Health South)

6. Other

#### ONESPEC

Text: **Is the ambulatory (outpatient) surgery performed here primarily one specialty?**

1. Yes
2. No

#### SPECNAME

Text: **What is the specialty?**

1. General Surgery
2. Gastroenterology
3. Ophthalmology
4. Orthopedics
5. Plastic Surgery
6. Pain Block
7. Urology
8. Pediatric Surgery
9. Obstetrician/Gynecology
10. Other

#### SPECNAME\_SP

Text: **What is the specialty?**

#### MULTSPEC

Text: **Is the ambulatory (outpatient) surgery performed here multi-specialty?**

1. Yes
2. No

#### STUDY\_DESC

Text: **Thank you. Now I would like to provide you with further information on the study.**

◆ Provide the administrator or other facility representative with a brief description of the study

Cover the following points -

(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:

Ambulatory Surgery Center Association, American College of Surgeons, American Health Information Management Association, American Academy of Ophthalmology, Society for Ambulatory Anesthesia, American College of Emergency Physicians, Emergency Nurses Association, Society for Academic Emergency Medicine, American College of Osteopathic Emergency Physicians

(3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

(4) Four-week data collection period

(5) Brief form completed for a sample of patient visits.

**As one of the ASC's that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory surgery.**

#### 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?**

- ◆ Record day, date and time of appointment  
( Enter 999 to start the induction now)

#### SCREENER\_THK

Text: **Thank you (Respondent's name) for your cooperation. I am looking forward to our meeting.**

#### ELIGREQ

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

#### REVIEW



Text: ? [F1]

**I would like to begin with a brief review of the background for this study.**

◆ Provide the administrator or other facility representative with a brief introduction to the study and a general overview of procedures  
Press F1 for points to be covered

#### PERMPART

Text: **As I mentioned earlier, I would like to discuss the plan for conducting the study. This ASC 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 this study. Are there any additional steps needed to obtain permission for the ASC to participate in the study?**

1. Yes
2. No

#### PERMPART\_SP

Text: **Please specify the necessary steps.**

◆ Be sure to ask for the name, title, address and phone of the person(s) able to grant permission

#### PERM\_THANK

Text: **Thank you for your time**

#### RO\_PERMISSION

Text: ◆ Call your regional office and inform them of the situation.  
Await guidance before continuing with the case.

#### VSREPPER

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

1. Respondent
2. Someone Else

**CINFO**

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

◆ Enter 1 to enter/update contact person information or change respondent  
[Alternate Contacts](#)

1. New contact
2. Continue interview

**THANK\_RESP**

Text: **Thank you for your time and cooperation.**

**REACH\_CPERSON**

Text: ◆ Are the new contacts available to answer the questions at this time?  
If unavailable, press F10 to set an appointment

1. Yes

**NEWC\_INTRO**

Text: ◆ Read if necessary

**Now I would like to obtain the information needed for sampling. I will need to (verify/know) how your ambulatory surgery center is organized and obtain an estimate of the number of patient visits expected during the 4-week reporting period.**

**ASL\_INTRO**

Text: **To develop the sampling plan, I would like to (collect/verify) more specific information about this facility's ambulatory surgery (centers/locations).**

**We are only interested in the following types of (centers/locations):**

<b>General or main operating rooms</b>	<b>Endoscopy rooms</b>
<b>Dedicated ambulatory surgery rooms</b>	<b>Cardiac catheterization labs</b>
<b>Satellite operating rooms</b>	<b>Laser procedures rooms</b>
<b>Cystoscopy rooms</b>	<b>Pain block rooms</b>

1. Continue
2. No in-scope ^centerslocations

**ASL\_NUM**

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

#### DEL\_ASL

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

#### ASL\_NAME

Text: **( What is the name of the (first/next) ambulatory surgery (center/location)? /Are there any other ambulatory surgery (center/locations)?)**  
◆ Enter only IN\_SCOPE (ASC/ASL)'s (Press F1 for in-scope locations)  
Enter 999 for no more

#### ASL\_SPEC\_GRP

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

1. General
2. Multi-specialty
3. Gastroenterology
4. Ophthalmology
5. Orthopedics
6. Pain Block
7. Plastic Surgery
8. Ear, Nose and Throat
9. Obstetrics - Gynecology
10. Urology
11. Other specialty

#### ASL\_EVISITS

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

#### CHECK\_EVISITS

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

1. Yes
2. No

#### **THANK\_INELIG**

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

#### **ASCLISTA**

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

1. Yes - All
2. Yes - Some Locations
3. No

#### **ASCLISTB**

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

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

1. ASL\_NAME [1]
2. ASL\_NAME [2]
3. ASL\_NAME [3]
4. ASL\_NAME [4]
5. ASL\_NAME [5]
6. ASL\_NAME [6]
7. ASL\_NAME [7]
8. ASL\_NAME [8]
9. ASL\_NAME [9]
10. ASL\_NAME [10]

11. ASL\_NAME [11]
12. ASL\_NAME [12]
13. ASL\_NAME [13]
14. ASL\_NAME [14]
15. ASL\_NAME [15]

**IT\_CNAME**

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

**IT\_CTITLE**

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

**IT\_CSTRET**

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

**IT\_CPHONE**

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

**AU\_NUMBER**

Text: ◆ Assign AU number  
If you can do abstractions for multiple offices in one (center/location), then assign the same AU number to each of those (centers/locations).

**EBILLRECA**

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

1. Yes
2. No
3. Unknown

#### EINSELIGA

Text: **Does your (ASC/ambulatory surgery location) verify an individual patient's insurance eligibility electronically, with results returned immediately?**

1. Yes, with a stand-alone practice management system
2. Yes, with an EMR/EHR system
3. Yes, using another electronic system
4. No
5. Unknown

#### EMEDRECA

Text: **Does your (ASC/ambulatory surgery location) use an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system? Do not include billing record systems.**

1. Yes, all electronic
2. Yes, part paper and part electronic
3. No
4. Unknown

#### EHRINSYRA

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

#### EHRNAMA

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

1. Allscripts
2. Cerner
3. eClinicalWorks
4. Epic
5. GE/Centricity
6. Greenway Medical

7. McKesson/Practice Partner
8. NextGen
9. Sage
10. Other - Specify
11. Unknown

**EHRNAMA\_SP**

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

**EHRINSA**

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

1. Yes
2. No
3. Maybe
4. Unknown

**EDEMOGA**

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

**EPROLSTA**

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

#### EPNOTESA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

#### EALLERGA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

#### ECPOEA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown



## ESCRIPA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

## EWARNA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

## EREMINDA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

## ECTOEA

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

1. Yes, used routinely
2. Yes, but not used routinely

3. No
4. Unknown

#### EORDERA

Text: **Are orders sent electronically?**

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

#### ESETSA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

#### ERESULTA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

## EIMGRESA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

## EQOCA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

## EIMMREGA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

## ESUMA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

#### EMSGA

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

1. Yes, used routinely
2. Yes, but not used routinely
3. No
4. Unknown

#### EHRWHOA

Text: **At your (ASC/ambulatory surgery location), if orders for prescriptions or lab tests are submitted electronically, who submits them?**

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

1. Prescribing practitioner
2. Other
3. Prescriptions and lab test orders are not submitted electronically
4. Unknown

#### EXCHSUMA

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

◆ Read answer categories

1. Yes
2. No

#### EXCHSUMMCA

- Text: **How do you electronically share patient health information?**  
◆ Read answer categories, Enter all that apply, separate with commas
1. EHR/EMR
  2. Web portal (separate from EHR/EMR)
  3. Other electronic method: \_\_\_\_\_

#### PAYHITA

- Text: **Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT”. Does your hospital have plans to apply for these incentive payments?**
1. Yes, we already applied
  2. Yes, we intend to apply
  3. Uncertain whether we will apply
  4. No, we will not apply

#### PAYDRA

- Text: **In which year did you first apply for meaningful use payments?**
1. 2011
  2. 2012

#### PAYYRA

- Text: **In which year do you expect to apply for the meaningful use payments?**
1. 2012
  2. 2013 or later
  3. Unknown

#### ASL\_SPEC\_GRP

- Text: **\*\* SHOW ONLY \*\***
1. General
  2. Multi-specialty

3. Gastroenterology
4. Ophthalmology
5. Orthopedics
6. Pain Block
7. Plastic Surgery
8. Ear, Nose and Throat
9. Obstetrics - Gynecology
10. Urology
11. Other specialty

**ASL\_STRET**

Text: **What is (name)'s address or the address where the abstractions will be done?**

◆ (Abstractions can be done at one location for multiple ASL's)  
Enter number and street.

**ASL\_PHONE**

Text: **What is (name)'s telephone number or the telephone number where the abstractions will be done?**

**ASL\_CONTACT**

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

**TE**

Text: **Take Every Number \*\* NOT DISPLAYED \*\***

**RS**

Text: **Random Start Number \*\* NOT DISPLAYED \*\***

**TOTAL\_VISITS**

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

#### PRF\_WKLD

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

#### MULTIASCFLAG

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

#### EXIT\_REFUSAL

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

1. Yes, potential refusal
2. No

#### CALLBACKNOTES

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

#### THANKCB

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

#### DK\_CHECK

Text: ♦ Are there any Don't Know items that you need to callback for?

1. Yes
2. No

#### CALLBACKNOTES

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

**THANKCB**

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

**THANKYOU**

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

**ELIGFS**

Text: ◆ [Does this facility have an eligible ASC?](#)

1. Yes
2. No

**VSFS101**

Text: **How many visits are expected during the reporting period?**

**VSFSLY**

Text: **How many visits were there to this ASC last year?**

**REFUSE**

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

**WHOMAS**

Text: ◆ [By Whom?](#)

1. ASC administrator
2. ASC Director
3. Approval board or official
4. Other ASC official



## TELPERAS

Text: ♦ Was the refusal by telephone or in person?

1. Telephone
2. In Person

## REASONAS

Text: ♦ What reason was given?

## CONVAS

Text: ♦ Was conversion attempted?

1. Yes
2. No