

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

National Hospital Care Survey

OMB No. 0920-0212; Expiration date xx/xx/xxxx

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential; will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls; and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

Notice – Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0212).

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

INTRO_SCR

Hello (Respondent's name),

This is I'm calling on behalf of the National Center for Health Statistics, part of 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 National Hospital Care Survey. Did you receive our letter?

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

No

2.

3

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Unknown

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

INTRO_SCR_PT

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Hello, this is **calling on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.** If necessary, introduce survey
We completed part of the interview for the National Hospital Care Survey - Freestanding Ambulatory Surgery Centers and would like to finish it now.

INTRO_IND

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

- 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

Text:

Continue

1.

7

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Reluctant Respondent

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Inconvenient time

3.

Other Outcome

4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Conduct/continue induction by phone

5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

HELLO

Hello. This is from calling on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. May I speak to (Respondent's name)?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Correct person, Correct person called to the phone, or call is transferred to correct person

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Unknown/no longer there

2.

Reached on a different number

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Not available now, not at desk, etc.

4.

On vacation or otherwise temporarily away from work

5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Other outcome or problem interviewing respondent

6.

TRY_BACK

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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)

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Callback later

1.

Continue with new/different respondent

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

KNOWL_RESP

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

Perhaps you can help me. I am calling on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. May I speak to someone who can answer questions about ambulatory surgery?

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Person you are speaking with can help

1.

Someone else can help

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

TRANSFER

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Can you transfer me?

Text:

Yes

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

INTROB

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

◆ ((Hello, this is . . . calling on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention./) Is respondent ready to complete the interview?)

Continue

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Reluctant Respondent

2.

Inconvenient time

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Other Outcome

4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

NAMECHEK

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Text:

Yes

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASC_NAME

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

What is your ASC's name?

Text:

Enter 1 to update information

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Continue

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ADDCHEK

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Is your ASC located at (Facility Address)

Text:

Yes

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASC_ADDRESS

What is the correct address?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Enter 1 to update information

1.

Continue

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

MAILADD

Is this the mailing address?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

MASC_STRET

What is the correct mailing address?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

INTRO_AB

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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 Westat to collect the data. (facility name) has been selected to participate in

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

the study. I am calling to arrange an appointment to discuss your participation. The meeting will take about 30 minutes of your time. 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.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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?

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

2.

Eye surgery center

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

THANK_B1

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

INELSPEC

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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?

Yes

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

THANK_B2

Thank you (Respondent's name), but it seems that our information is incorrect. Since (facility

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

**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.**

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

LICASC

Is this facility currently licensed by the state?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

PRNTLIC

**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?**

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

PRNTPOS

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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?**

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

PARFAC_NAME

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

What is the name of the parent facility?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

PARFAC_STRET

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

What is the address of (Parent Facility Name)?

Text:

PFNC_THANK

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

CALLRO_PFNC

- ◆ Call your RO and inform them of the situation.
Await resolution from the RO before continuing with this case.
Situation: (Operates under a parent facility/Name change/Address change)

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

OWNASC

Is this facility owned, operated, or managed by -

◆ [Read answer categories](#)

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

A hospital

1.

One or more physicians

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Health maintenance organization

3.

Another health care provider

4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

A health care corporation that owns multiple health care facilities (e.g., HCA or Health South)

5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Other

6.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ONESPEC

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

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

SPECNAME

What is the specialty?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

General Surgery

1.

Gastroenterology

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Ophthalmology

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Orthopedics

4.

Plastic Surgery

5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Pain Block

6.

Urology

7.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

- Ear, Nose, and Throat (ENT)
- 9. Obstetrics-Gynecology (OBGYN)
- 10. Other specialty

8.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

SPECNAME_SP

What is the specialty?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

MULTSPEC

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

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

STUDY_DESC

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.

Text:

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.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

INDUCTION_APPT

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Text:

ELIGREQ

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

**** NOT DISPLAYED ****

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

REVIEW

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

PERMPART

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

PERMPART_SP

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

PERM_THANK

Thank you for your time

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

RO_PERMISSION

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

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Respondent

1.

Someone Else

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

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

◆ Enter 1 to enter/update contact person information or change respondent

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

New contact

1.

Continue interview

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

THANK_RESP

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Thank you for your time and cooperation.

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

REACH_CPERSON

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

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

NEWC_INTRO

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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 (1-month, 2-month, 3-month) reporting period.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_INTRO

Text:

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

General or main operating rooms	Endoscopy rooms
Dedicated ambulatory surgery rooms	Cardiac catheterization labs
Satellite operating rooms	Laser procedures rooms

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Cystoscopy rooms

Pain block rooms

Continue

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No in-scope ^centerslocations

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_NUM

**** SHOW ONLY ****

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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)

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_NAME

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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)

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_SPEC_GRP

What is (name)'s specialty group?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

General

Multi-specialty

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Gastroenterology

3.

Ophthalmology

4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Orthopedics

5.

Pain Block

6.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Plastic Surgery

7.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Ear, Nose, and Throat (ENT)

8.

Obstetrics – Gynecology (OBGYN)

9.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Urology

10.

Other specialty

11.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_EVISITS

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

CHECK_EVISITS

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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?

Yes

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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.**

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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)

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes - All

1.

Yes - Some Locations

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASCLISTB

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

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

- ◆ Enter all that apply, separate with commas

ASL_NAME [1]

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_NAME [2]

2.

ASL_NAME [3]

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_NAME [4]

4.

ASL_NAME [5]

5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_NAME [6]

6.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_NAME [7]

7.

ASL_NAME [8]

8.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_NAME [9]

9.

ASL_NAME [10]

10.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_NAME [11]

11.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_NAME [12]

12.

ASL_NAME [13]

13.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_NAME [14]

14.

ASL_NAME [15]

15.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

IT_CNAME

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

What is the name of the IT contact?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

IT_CTITLE

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

What is (IT contact name)'s title?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

IT_CSTRET

What is (IT contact name)'s address?

◆ Enter number and street or press enter if same

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

IT_CPHONE

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

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

AU_NUMBER

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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).

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EBILLRECA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Does your ASC submit any CLAIMS electronically (electronic billing)?

Text:

Yes

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

2.

Unknown

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EMEDRECA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Text:

Yes, all electronic

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, part paper and part electronic

2.

No

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Unknown

4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EHRINSYRA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

In which year did your ASC install your EHR/EMR system?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

HHSMUA

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, all electronic 1.

No 2.

Unknown 3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EHRNAMA13

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Allscripts

1.

Amazing Charts

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

athenahealth

3.

Cerner

4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

eClinicalWorks

5.

e-MDs

6.

Epic

7.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

GE/Centricity

8.

Greenway Medical

9.

McKesson/Practice Partner

10.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Practice Fusion 11.

NextGen 12.

Sage/Vitera 13.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Other – Specify

14.

Unknown

15.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EHRNAMOTHA

Description: Other-Specify name of EHR/EMR system

Other-Specify name of EHR/EMR system

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

◆ Enter name of EHR/EMR system

EHRINSA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Yes 1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

2.

Maybe

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Unknown

4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EDEMOGA

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, used routinely

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Unknown

5.

EPROLSTA

Does this include a patient problem list?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, used routinely 1.

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

4.

Unknown

5.

EVITALA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Recording and charting vital signs?

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

4.

Unknown

5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ESMOKEA

Recording patient smoking status?

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but turned off or not used 3.

No 4.

Unknown 5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EPNOTESA

Recording clinical notes?

Text:

Yes, used routinely

1.

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EMEDALGA

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

Text:

Yes, used routinely

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Unknown

5.

ECPOEA

Ordering prescriptions?

Text:

Yes, used routinely

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

Unknown 5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ESCRIPA

Are prescriptions sent electronically to the pharmacy?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, used routinely 1.

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Unknown

5.

EWARNA

Are warnings of drug interactions or contraindications provided?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, used routinely 1.

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

4.

Unknown

5.

EREMINDA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

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

Providing reminders for guideline-based interventions or screening tests?

Yes, used routinely

1.

Yes, but not used routinely

2.

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but turned off or not used

No

4.

Unknown

5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ECTOEA

Ordering lab tests?

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but turned off or not used 3.

No 4.

Unknown 5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EORDERA

Are orders sent electronically?

Text:

Yes, used routinely

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

Unknown 5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ERESULTA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

Indicate whether your ASC has each of the following computerized capabilities. Does your ASC 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.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

4.

Unknown

5.

EGRAPHIA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but turned off or not used 3.

No 4.

Unknown 5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EIMGRESA

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

Yes, used routinely 1.

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EPTEDUA

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, used routinely 1.

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Unknown

5.

ECQMA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

4.

Unknown

5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EGENLISTA

Generating lists of patients with particular health conditions?

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but turned off or not used 3.

No 4.

Unknown 5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EIMMREGA

Electronic reporting to immunization registries?

Text:

Yes, used routinely

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

Unknown 5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ESUMA

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

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

4.

Unknown

5.

EMSGA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Exchanging secure messages with patients?

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but turned off or not used 3.

No 4.

Unknown 5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EHLTHINFOA

Providing patients with an electronic copy of their health information?

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but turned off or not used 3.

No 4.

Unknown 5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EPTRECA

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

Yes, used routinely

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Unknown

5.

EMEDIDA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, but turned off or not used 3.

No 4.

Unknown 5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ESHAREA

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

Yes

1.

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ESHAREHOWA

How does your ASC electronically share patient health information?

◆ Enter all that apply, separate with commas

Text:

EHR/EMR

1.

Web portal (separate from EHR/EMR)

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Other electronic method: _____

3.

ESHAREHOWOTHA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text: ♦ Specify other electronic method

LABRESA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

Please indicate whether your ASC 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 ASC is affiliated

1.

Ambulatory providers inside your ASC

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Hospitals with which your ASC is not affiliated 3.

Ambulatory providers outside your ASC 4.

IMAGREPA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

Imaging reports?

◆ Enter all that apply, separate with commas

Hospitals with which your ASC is affiliated

1.

Ambulatory providers inside your ASC

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Hospitals with which your ASC is not affiliated 3.

Ambulatory providers outside your ASC 4.

PTPROBA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

Patient problem lists?

◆ Enter all that apply, separate with commas

Hospitals with which your ASC is affiliated

1.

Ambulatory providers inside your ASC

2.

Hospitals with which your ASC is not affiliated

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Ambulatory providers outside your ASC

4.

MEDLISTA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

Medication lists?

◆ Enter all that apply, separate with commas

Hospitals with which your ASC is affiliated

1.

Ambulatory providers inside your ASC

2.

Hospitals with which your ASC is not affiliated

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Ambulatory providers outside your ASC

4.

ALGLISTA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

Medication allergy lists?

- ◆ Enter all that apply, separate with commas

Hospitals with which your ASC is affiliated

1.

Ambulatory providers inside your ASC

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Hospitals with which your ASC is not affiliated 3.

Ambulatory providers outside your ASC 4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

MUINCA

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT”. Does your ASC have plans to apply for these incentive payments?

Yes, we already applied

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes, we intend to apply

2.

Uncertain whether we will apply

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No, we will not apply

4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

MUYEARA

If MUINC = 1 or 2

When did your ASC first apply or when does your ASC first intend to apply?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

2011

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

2012
2013

2.
3.

2014 or later

4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Unknown

5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

REMACCA If PAYHITA=1

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

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

REMREPA **Text: Would your ASC be willing to allow CDC's contractor to obtain password access to your ASC'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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_SPEC_GRP

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

**** SHOW ONLY ****

Text:

General

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Multi-specialty

2.

Gastroenterology

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Ophthalmology

4.

Orthopedics

5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Pain Block

6.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Plastic Surgery

7.

Ear, Nose and Throat

8.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Obstetrics - Gynecology

9.

Urology

10.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Other specialty

11.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_STRET

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

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

- ◆ (Abstractions can be done at one location for multiple ASL's)

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_PHONE

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASL_CONTACT

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Text:

TE

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

**** NOT DISPLAYED ****

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

RS

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

**** NOT DISPLAYED ****

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

TOTAL_VISITS

**** NOT Displayed ****

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

PRF_WKLD

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

**** NOT DISPLAYED ****

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

MULTIASCFLAG

**** Not Displayed ****

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

EXIT_REFUSAL

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

◆ Are you exiting this case because of a refusal?

Text:

Yes, potential refusal

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

THANKCB

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

- ◆ [Revisit \(Appointment information\)](#)

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

THANKYOU

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

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

ELIGFS

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

◆ Does this facility have an eligible ASC?

Text:

Yes

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

VSFS101

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

How many visits are expected during the reporting period?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

VSFSLY

How many visits were there to this ASC last year?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

REFUSE

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

**** Not Displayed ****

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

WHOMAS

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

◆ By Whom?

Text:

ASC administrator

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

ASC Director

2.

Approval board or official

3.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Other ASC official

4.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

TELPERAS

◆ Was the refusal by telephone or in person?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Telephone

1.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

In Person

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

REASONAS

◆ What reason was given?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

CONVAS

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

◆ Was conversion attempted?

Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

No

2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form