National Hospital Care Survey

INTRO_APPT

Text: Hello,

This is ... calling on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. I'm (calling/visiting) about the National Hospital Care Survey and to let you know that this hospital will be included in our study. I would like to arrange to meet with you so that I can better present the details of the study. Is there a convenient time within the next week or so that I could meet with you or your representative for about 15 minutes?

NAMECHEK

Text: **Let me verify that I have the correct name and address for your hospital. Is the correct name (facility name)?**
1. Yes
2. No

HSP_NAME

Text: **What is your hospital's name?**
1. Enter 1 to update information
2. Continue

ADDCHEK

Text: **Is your hospital located at (Facility Address)**
1. Yes
2. No

HSP_ADDRESS

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

MAILADD

Text: **Is this also the mailing address? (Facility Address)**
1. Yes
2. No

MHSP_STRET

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

INTRO_AB

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

LICHOSP

Text: **Is this facility a licensed hospital?**
1. Yes
2. No

H_ELIGIBLE

Text: **Are there 6 or more hospital beds staffed for inpatient use <u>at this hospital</u>, not including "newborn" bassinets?**

1. Yes
2. No

OWN101

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

OWNHCC

Text: **Is this hospital owned, operated, or managed by a health care corporation that owns multiple health care facilities (e.g., HCA or Health South)?**
1. Yes
2. No
3. Unknown

TEACHOSP

Text: **Is this a teaching hospital?**
1. Yes
2. No

MERGER

Text: **Did this hospital either merge or separate from any OTHER hospital in the past 2 years?**
1. Merged or separated
2. No

2

        3.   Unknown

MERSEP

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

MERGMEDR

Text: **Does YOUR hospital have its own medical records department that is separate from that of the OTHER hospital?**
1. Yes
2. No
3. Unknown

OTHNAME

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

ESA24

Text: **Does this hospital provide emergency services that are staffed 24 HOURS each day either here at this hospital or elsewhere?**
1. Yes
2. No

ESANOT24

Text: **Does this hospital operate any emergency service areas that are not staffed 24 HOURS each day?**
1. Yes
2. No

TRAUMA

Text: **What is the trauma level rating of this hospital?**
1. Level I
2. Level II
3. Level III
4. Level IV
5. Level V
6. Other/unknown
7. None

OOOPD

Text: **Does this hospital operate an organized outpatient department either at this hospital or elsewhere?**
1. Yes
2. No

PHYSSERV

Text: **Does this OPD include physician services?**
1. Yes

2. No

AMBSURG

Text: **Does this hospital have locations that perform ambulatory surgery? Ambulatory surgery locations include a general or main operating room, dedicated ambulatory surgery room, satellite operating room, cystoscopy room, endoscopy room, cardiac catheterization lab, laser procedures room, or a pain block room.**
1. Yes
2. No

ELIGREQ

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

STUDY_DESC

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

INDUCTION_APPT

Text: **I would like to arrange to meet with you so that I can better present the details of the study. Is there a convenient time within the next week or so that I could meet with you or your representative?**
◆ Record day, date and time of appointment
◆ Enter 999 if the respondent wants to continue with the induction now

SCREENER_THK

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

THANK_MERGSEP

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

CALLRO_MERGSEP

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

THANK_B1

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

THANK_B2

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

REVIEW

Text: **I would like to begin with a brief review of the background for this study.**
    ◆ Provide the administrator or other hospital representative with a brief
    introduction to the study and a general overview of procedures.

SURGDAY

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

BEDCZAR

Text: **Does your hospital have a bed coordinator, sometimes referred to as a bed czar?**
   1. Yes
   2. No
   3. Unknown

BEDDATA

Text: **How often are hospital bed census data available?**
   1. Instantaneously
   2. Every 4 hours
   3. Every 8 hours
   4. Every 12 hours
   5. Every 24 hours
   6. Other
   7. Unknown

HLIST

Text: **Does your hospital have hospitalists on staff?**
A hospitalist is a physician whose primary professional focus is the general care of hospitalized patients. He/she may oversee ED patients being admitted to the hospital.
1. Yes
2. No
3. Unknown

HLISTED

Text: **Do the hospitalists on staff at your hospital admit patients from your ED?**
1. Yes
2. No
3. Unknown

EMEDRES

Text: **Does this hospital have an emergency medicine residence program?**
1. Yes
2. No
3. Unknown

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

If MUINC = 1 or 2
Text: **When did your hospital first apply or when does your hospital first intend to apply?**
1. 2011
2. 2012
3. 2013
4. 2014 or later
5. Unknown

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HOSPMEDREC

Text: **Does your hospital currently use an electronic health record (EHR) or electronic medical record (EMR) system for <u>ambulatory/outpatient records</u>? Do not include the inpatient record system or billing record systems.**

Read answer categories out loud.

1. Yes, our hospital uses an EHR/EMR system for all ambulatory/outpatient records
2. Yes, our hospital has part paper and part electronic ambulatory/outpatient records
3. No, our hospital currently has all paper ambulatory/outpatient records
4. Unknown

REMACC   If HOSPMEDRC=1 or 2

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

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

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

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

PERMPART

Text:

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

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Yes

No

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PERMPARTSPEC

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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

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PERM_THANK

Text:

Thank you for your help.

RO_PERMISSION

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Text:

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

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VSREPPER

(empty)

Text:
Now I would like to make arrangements to obtain the information needed for sampling. I will need to (know/verify) how your (emergency department and/or outpatient department and/or ambulatory surgery location) (is/are) organized and obtain an estimate of the number of patient visits expected during the (1-month, 2-month, 3-month) reporting period. Would you prefer I (get/verify) this information from you or someone else?

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Respondent

Someone else

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CINFO

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

Text:

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New contact

Continue interview

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THANK_RESP

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◆ Thank current respondent for his/her time and cooperation

CONTACT_DEPT

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◆ 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)

1.

ED

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2.

OPD

3.

ASL

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4.

Department refusal

5.

Department callback

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9.

Wrap up case

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INTRO_ED

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

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ESA_NAME

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

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ESA_TYPE

Text:

What type of ESA is (ESA name)

1.
General

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Adult

Pediatric

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Urgent care/Fast track

Psychiatric

6.

Other

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ESA_EVISITS

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

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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 <u>CLAIMS</u> electronically (electronic billing)?

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1.

Yes

2.

No

3.

Attachment L: Annual Ambulatory Hospital Interview

Unknown

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EMEDRECE

Text:

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

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1.
Yes, all electronic

2.
Yes, part paper and part electronic

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No

Unknown

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EHRINSYRE

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

Text:

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HHSMUE

Text:

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

1.
Yes, all electronic

2.
No

3.
Unknown

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EHRNAME13

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

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1.
Allscripts

2.
Amazing Charts

3.
athenahealth

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4.

Cerner

5.

eClinicalWorks

6.

e-MDs

7.

Epic

8.

GE/Centricity

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9.

Greenway Medical

10.

McKesson/Practice Partner

11.

Practice Fusion

12.

NextGen

13.

Sage/Vitera

14.

Other - Specify

15.

Unknown

EHRNAMOTHE

Descriptionn: Other-Specify name of EHR/EMR system

Other-Specify name of EHR/EMR system

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Text:

◆ Enter name of EHR/EMR system

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EHRINSE

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

1.
Yes

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2.

No

3.

Maybe

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Unknown

EDEMOGE

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

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1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

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4.

No

5.

Unknown

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EPROLSTE

Does this include a patient problem list?

Text:

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

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Unknown

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EVITALE

Text:

Recording and charting vital signs?

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1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

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4.

No

5.

Unknown

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ESMOKEE

Recording patient smoking status?

1.

Yes, used routinely

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2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

Attachment L: Annual Ambulatory Hospital Interview

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

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5.
Unknown

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EPNOTESE

Recording clinical notes?

Text:

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Yes, used routinely

Yes, but not used routinely

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3.

Yes, but turned off or not used

4.

No

5.

Unknown

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EMEDALGE

Text:

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

1.

Yes, used routinely

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2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

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5.

Unknown

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EMEDIDE

Text:

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

1.
Yes, used routinely

2.
Yes, but not used routinely

3.
Yes, but turned off or not used

73

4.

No

5.

Unknown

ECPOEE

Text:

Ordering prescriptions?

1.

Yes, used routinely

74

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Yes, but not used routinely

Yes, but turned off or not used

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4.

No

5.

Unknown

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ESCRIPE

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Are prescriptions sent electronically to the pharmacy?

1.

Yes, used routinely

2.

Yes, but not used routinely

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3.

Yes, but turned off or not used

4.

No

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<div style="text-align: right;">5.</div>

Unknown

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EWARNE

Are warnings of drug interactions or contraindications provided?

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1.
Yes, used routinely

2.
Yes, but not used routinely

Attachment L: Annual Ambulatory Hospital Interview

3.

Yes, but turned off or not used

4.

No

Attachment L: Annual Ambulatory Hospital Interview

5.

Unknown

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EREMINDE

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

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

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4.

No

5.

Unknown

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ECTOEE

Text:

Ordering lab tests?

1.
Yes, used routinely

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2.

Yes, but not used routinely

3.

Yes, but turned off or not used

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4.

No

5.

Unknown

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EORDERE

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Text:

Are orders sent electronically?

1.
Yes, used routinely

2.
Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

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5.

Unknown

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ERESULTE

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computerized system for: **Viewing lab results?**

1.
Yes, used routinely

2.
Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

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Unknown

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EGRAPHE

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

1.
Yes, used routinely

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2.

Yes, but not used routinely

3.

Yes, but turned off or not used

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No

Unknown

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EIMGRESE

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Text:

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

1.
Yes, used routinely

2.
Yes, but not used routinely

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3.

Yes, but turned off or not used

4.

No

Attachment L: Annual Ambulatory Hospital Interview

5.

Unknown

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EPTEDUE

Text:

Identifying education resources for specific patient conditions?

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.
Unknown

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

1.
Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

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4.

No

5.

Unknown

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EGENLISTE

Text:

Generating lists of patients with particular health conditions?

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

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EIMMREGE

Text:

Electronic reporting to immunization registries?

1.

Yes, used routinely

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2.

Yes, but not used routinely

3.

Yes, but turned off or not used

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4.

No

5.

Unknown

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ESUME

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

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

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4.

No

5.

Unknown

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EMSGE

Text:

Exchanging secure messages with patients?

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1.
Yes, used routinely

2.
Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

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Unknown

EHLTHINFOE

Text:

Providing patients with an electronic copy of their health information?

1.

Yes, used routinely

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Yes, but not used routinely

Yes, but turned off or not used

4.

No

5.

Unknown

EPTRECE

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

1.
Yes, used routinely

2.
Yes, but not used routinely

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3.

Yes, but turned off or not used

4.

No

5.

Unknown

ESHAREE

Text:

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Does your ED share any patient health information <u>electronically</u> (not fax) with other providers, including hospitals, ambulatory providers, or labs?

1.

Yes

2.

No

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ESHAREHOWE

Text:

How does your ED electronically share patient health information?
- ◆ Enter all that apply, separate with commas

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1.
EHR/EMR

2.
Web portal (separate from EHR/EMR)

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Other electronic method: _____

ESHAREHOWOTHE

Text: ◆ Specify other electronic method

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LABRESE

Please indicate whether your ED <u>electronically</u> (not fax) shares each of the following types of health data and with which types of health care providers.
Lab results?

◆ Enter all that apply, separate with commas

Hospitals with which your ED is affiliated

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2.

Other departments inside your hospital

3.

Hospitals with which your ED is not affiliated

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4.

Ambulatory providers outside your hospital

IMAGREPE

Text:

Imaging reports?
◆ Enter all that apply, separate with commas

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1.

Hospitals with which your ED is affiliated

2.

Other departments inside your hospital

3.

Hospitals with which your ED is not affiliated

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4.

Ambulatory providers outside your hospital

PTPROBE

Text:

Patient problem lists?
◆ Enter all that apply, separate with commas

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Hospitals with which your ED is affiliated

Other departments inside your hospital

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3.

Hospitals with which your ED is not affiliated

4.

Ambulatory providers outside your hospital

MEDLISTE

Text:

Medication lists?
◆ Enter all that apply, separate with commas

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Hospitals with which your ED is affiliated

Other departments inside your hospital

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3.

Hospitals with which your ED is not affiliated

4.

Ambulatory providers outside your hospital

ALGLISTE

Text:

Medication allergy lists?
◆ Enter all that apply, separate with commas

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1.

Hospitals with which your ED is affiliated

2.

Other departments inside your hospital

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3.

Hospitals with which your ED is not affiliated

4.

Ambulatory providers outside your hospital

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EDPRIM

Text:

When patients with identified primary care physicians arrive at the ED, how often does your ED electronically send notification to the patients' primary care physicians?

1. Always

2. Sometimes

3. Rarely

4. Never

5.

Do not know

EDINFO

Text:

When patients arrive at the ED, is your ED able to query for patients' healthcare information electronically (e.g. medications, allergies) from outside sources?

1.

Yes

2.

No

3.

Do not know

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OBSUNITS   Text:
Does your ED have an ~~physically separate~~ **observation or clinical decision unit?**

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1.

Yes

2.

No

3.

Unknown

OBSSEP

If OBSUNITS=1
Text: **Is this observation or clinical decision unit physically separate from the ED?**
1.   Yes
2.   No
3.   Unknown

OBSDECMD

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

1.
ED physicians

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2.

Hospitalists

3.

Other physicians

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4.
Unknown

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BOARD

Text:

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

1.

Yes

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2.

No

3.

Unknown

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BOARDHOS

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

1.
Yes

2.

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No

3.

Unknown

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AMBDIV

Text:

Did your ED go on ambulance diversion in TOTHRDIV_FILL?

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1.

Yes

2.

No

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3.

Unknown

TOTHRDIV

Text:

What is the total number of hours that your hospital's ED was on ambulance diversion in TOTHRDIV_FILL?

◆ Enter CTRL-D if data not available

REGDIV

Text:

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

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Yes

No

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Unknown

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ADMDIV

Text:

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

1.

Yes

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2.

No

3.

Unknown

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NUMSTATX

Attachment L: Annual Ambulatory Hospital Interview

As of last week, how many standard treatment spaces did your ED have?

Standard treatment spaces are beds or treatment spaces specifically designed for ED patients to receive care, including asthma chairs.

◆ Enter CTRL-D if data not available

NUMOTHTX

Text:
As of last week, how many other treatment spaces did your ED have?
Other treatment spaces are other locations where patients might receive care in the ED, including chairs,
stretchers in hallways that may be used during busy times.

Enter CTRL-D if data not available

Attachment L: Annual Ambulatory Hospital Interview

EDSPACES

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

Attachment L: Annual Ambulatory Hospital Interview

Yes

No

Attachment L: Annual Ambulatory Hospital Interview

3.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

PHYSSPACE

Text:

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

1.
Yes

Attachment L: Annual Ambulatory Hospital Interview

2.

No

3.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EXPAND

Attachment L: Annual Ambulatory Hospital Interview

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

Text:

1.

Yes

Attachment L: Annual Ambulatory Hospital Interview

2.

No

3.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

BEDREG

Text:

Does your ED use -   Bedside registration?

Attachment L: Annual Ambulatory Hospital Interview

Yes

No

Attachment L: Annual Ambulatory Hospital Interview

Unknown

KIOSELCHK

Attachment L: Annual Ambulatory Hospital Interview

Text:

Does your ED use -   Kiosk self check-in?

1.

Yes

Attachment L: Annual Ambulatory Hospital Interview

2.

No

3.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

Attachment L: Annual Ambulatory Hospital Interview

IMBED

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

1.
Yes

Attachment L: Annual Ambulatory Hospital Interview

2.

No

3.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

ADVTRIAG

Text:

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

1.
Yes

Attachment L: Annual Ambulatory Hospital Interview

2.

No

3.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

PHYSPRACTRIA

Text:

Does your ED use -   Physician/Practitioner at triage?

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes

2.

No

Attachment L: Annual Ambulatory Hospital Interview

3.

Unknown

CATRIAGE

Attachment L: Annual Ambulatory Hospital Interview

Text:

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

1.

Yes

Attachment L: Annual Ambulatory Hospital Interview

2.

No

3.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

FASTTRAK

Attachment L: Annual Ambulatory Hospital Interview

Text:

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

1.
Yes

2.
No

Attachment L: Annual Ambulatory Hospital Interview

3.
Unknown

EDPTOR

Attachment L: Annual Ambulatory Hospital Interview

Text:

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

1.
Yes

Attachment L: Annual Ambulatory Hospital Interview

2.

No

3.

Unknown

DASHBORD

Text:

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

Attachment L: Annual Ambulatory Hospital Interview

1.
Yes

2.
No

Attachment L: Annual Ambulatory Hospital Interview

3.

Unknown

RFID

Text:

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

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes

2.

No

3.

Unknown

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Attachment L: Annual Ambulatory Hospital Interview

WIRELESS

Attachment L: Annual Ambulatory Hospital Interview

Text:

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

1.

Yes

Attachment L: Annual Ambulatory Hospital Interview

No

Unknown

ZONENURS

Text:

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

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes

2.

No

Attachment L: Annual Ambulatory Hospital Interview

3.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

POOLNURS

Text:

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

1.

Yes

Attachment L: Annual Ambulatory Hospital Interview

2.

No

3.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

ESA_NAME

Attachment L: Annual Ambulatory Hospital Interview

*** SHOW ONLY **

Text:

ESA_TYPE

Text:

** SHOW ONLY **

1.

General

Attachment L: Annual Ambulatory Hospital Interview

2.

Adult

3.

Pediatric

4.
Urgent care/Fast track

5.
Psychiatric

6.

Other

ESA_EVISITS

Attachment L: Annual Ambulatory Hospital Interview

** SHOW ONLY **

ESA_STRET

Text:

What is (ESA name)'s address?

ESA_PHONE

Text:

What is (ESA name)'s telephone number?

Attachment L: Annual Ambulatory Hospital Interview

ESA_CONTACT

Attachment L: Annual Ambulatory Hospital Interview

Text:

◆ Enter ESA contact person's name

INTRO_OPD

Attachment L: Annual Ambulatory Hospital Interview

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

CLIN_NAME

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

Attachment L: Annual Ambulatory Hospital Interview

CLIN_GROUP

Attachment L: Annual Ambulatory Hospital Interview

Text:

What is (Clinic Name)'s specialty group?

1.
General Medicine

2.
Surgery

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Attachment L: Annual Ambulatory Hospital Interview

3.

Pediatrics

4.

Obstetrics/Gynecology

Attachment L: Annual Ambulatory Hospital Interview

Substance Abuse

Other

Attachment L: Annual Ambulatory Hospital Interview

7.

Out of scope

CLIN_EVISITS

Text:

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

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 <u>CLAIMS</u> electronically (electronic billing)?

Attachment L: Annual Ambulatory Hospital Interview

Yes

No

Attachment L: Annual Ambulatory Hospital Interview

3.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EMEDRECO

Text:

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

Attachment L: Annual Ambulatory Hospital Interview

◆ Read answer categories out loud

1.
Yes, all electronic

2.
Yes, part paper and part electronic

3.

No

4.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EHRINSYRO

Attachment L: Annual Ambulatory Hospital Interview

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

Text:

HHSMUO

Attachment L: Annual Ambulatory Hospital Interview

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

1.
Yes, all electronic

2.
No

3.
Unknown

EHRNAMO13

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

Attachment L: Annual Ambulatory Hospital Interview

1.

Allscripts

2.

Amazing Charts

3.

athenahealth

4.

Cerner

Attachment L: Annual Ambulatory Hospital Interview

5. eClinicalWorks

6. e-MDs

7. Epic

8. GE/Centricity

9. Greenway Medical

10. McKesson/Practice Partner

11.

Practice Fusion

12.

NextGen

13.

Sage/Vitera

14.

Other – Specify

15.

Unknown

EHRNAMOTHO

Attachment L: Annual Ambulatory Hospital Interview

Description: Other-Specify name of EHR/EMR system

Other-Specify name of EHR/EMR system

Text:

◆ Enter name of EHR/EMR system

Attachment L: Annual Ambulatory Hospital Interview

EHRINSO

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

1.
Yes

Attachment L: Annual Ambulatory Hospital Interview

2.

No

3.

Maybe

4.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EDEMOGO

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

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

Attachment L: Annual Ambulatory Hospital Interview

4.

No

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EPROLSTO

Text:

Does this include a patient problem list?

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EVITALO

Recording and charting vital signs?

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

Attachment L: Annual Ambulatory Hospital Interview

4.

No

5.

Unknown

ESMOKEO

Text:

Recording patient smoking status?

1.

Yes, used routinely

Attachment L: Annual Ambulatory Hospital Interview

Yes, but not used routinely

Yes, but turned off or not used

No

Attachment L: Annual Ambulatory Hospital Interview

5.

Unknown

EPNOTESO

Text:

Recording clinical notes?

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EMEDALGO

Text:
Do the notes include a list of the patient's medications and allergies?

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

Attachment L: Annual Ambulatory Hospital Interview

4.

No

5.

Unknown

ECPOEO

Attachment L: Annual Ambulatory Hospital Interview

Ordering prescriptions?

Text:

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

Attachment L: Annual Ambulatory Hospital Interview

4.

No

5.

Unknown

ESCRIPO

Text:

Are prescriptions sent electronically to the pharmacy?

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

Attachment L: Annual Ambulatory Hospital Interview

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EWARNO

Are warnings of drug interactions or contraindications provided?

Text:

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

Attachment L: Annual Ambulatory Hospital Interview

5.

Unknown

EREMINDO

Text:

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

Providing reminders for guideline-based interventions or screening tests?

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

Attachment L: Annual Ambulatory Hospital Interview

Unknown

Attachment L: Annual Ambulatory Hospital Interview

ECTOEO

Ordering lab tests?

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EORDERO

Text:

Are orders sent electronically?

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

Attachment L: Annual Ambulatory Hospital Interview

Unknown

Attachment L: Annual Ambulatory Hospital Interview

ERESULTO

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

Attachment L: Annual Ambulatory Hospital Interview

Yes, used routinely

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

Attachment L: Annual Ambulatory Hospital Interview

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EGRAPHO

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

1.
Yes, used routinely

Attachment L: Annual Ambulatory Hospital Interview

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

Attachment L: Annual Ambulatory Hospital Interview

4.

No

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EIMGRESO

Attachment L: Annual Ambulatory Hospital Interview

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

Viewing imaging results?

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

Attachment L: Annual Ambulatory Hospital Interview

4.

No

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EPTEDUO

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

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

ECQMO

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

Attachment L: Annual Ambulatory Hospital Interview

1.
Yes, used routinely

2.
Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EGENLISTO

Generating lists of patients with particular health conditions?

Text:

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

Attachment L: Annual Ambulatory Hospital Interview

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EIMMREGO

Text:

Electronic reporting to immunization registries?

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

Attachment L: Annual Ambulatory Hospital Interview

4.

No

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

Attachment L: Annual Ambulatory Hospital Interview

ESUMO

Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u>. Does your OPD <u>have</u> a computerized system for:
   Providing patients with clinical summaries for each visit?

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes, used routinely

2.

Yes, but not used routinely

Attachment L: Annual Ambulatory Hospital Interview

3.

Yes, but turned off or not used

4.

No

Attachment L: Annual Ambulatory Hospital Interview

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EMSGO

Exchanging secure messages with patients?   Text:

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

Attachment L: Annual Ambulatory Hospital Interview

5.

Unknown

Attachment L: Annual Ambulatory Hospital Interview

EHLTHINFOO

Text:
Providing patients with an electronic copy of their health information?

Attachment L: Annual Ambulatory Hospital Interview

Yes, used routinely

Yes, but not used routinely

Attachment L: Annual Ambulatory Hospital Interview

3.

Yes, but turned off or not used

4.

No

5.

Unknown

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Attachment L: Annual Ambulatory Hospital Interview

EPTRECO

Attachment L: Annual Ambulatory Hospital Interview

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

1.
Yes, used routinely

2.
Yes, but not used routinely

3.
Yes, but turned off or not used

4.
No

5.
Unknown

EMEDIDO

Text:

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

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

Attachment L: Annual Ambulatory Hospital Interview

4.
No

5.
Unknown

ESHAREO

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

Attachment L: Annual Ambulatory Hospital Interview

1.

Yes

2.

No

ESHAREHOWO

Text:

How does your OPD electronically share patient health information?
 ♦ Enter all that apply, separate with commas

Attachment L: Annual Ambulatory Hospital Interview

1.

EHR/EMR

2.

Web portal (separate from EHR/EMR)

Attachment L: Annual Ambulatory Hospital Interview

Other electronic method: _____

ESHAREHOWOTHO

Text: ◆ Specify other electronic method

LABRESO

Attachment L: Annual Ambulatory Hospital Interview

Please indicate whether your OPD <u>electronically</u> (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

1.

Hospitals with which your OPD is affiliated

Attachment L: Annual Ambulatory Hospital Interview

Other departments inside your hospital

Hospitals with which your OPD is not affiliated

Attachment L: Annual Ambulatory Hospital Interview

4.
Ambulatory providers outside your hospital

IMAGREPO

Text:

Imaging reports?
◆ Enter all that apply, separate with commas

Attachment L: Annual Ambulatory Hospital Interview

1.

Hospitals with which your OPD is affiliated

2.

Other departments inside your hospital

Attachment L: Annual Ambulatory Hospital Interview

3.

Hospitals with which your OPD is not affiliated

4.

Ambulatory providers outside your hospital

Attachment L: Annual Ambulatory Hospital Interview

PTPROBO

Text:

Patient problem lists?
◆ Enter all that apply, separate with commas

1.

Hospitals with which your OPD is affiliated

Attachment L: Annual Ambulatory Hospital Interview

Other departments inside your hospital

Hospitals with which your OPD is not affiliated

Attachment L: Annual Ambulatory Hospital Interview

4.

Ambulatory providers outside your hospital

MEDLISTO

Text:

Medication lists?
◆ Enter all that apply, separate with commas

Attachment L: Annual Ambulatory Hospital Interview

1.

Hospitals with which your OPD is affiliated

2.

Other departments inside your hospital

Attachment L: Annual Ambulatory Hospital Interview

Hospitals with which your OPD is not affiliated

Ambulatory providers outside your hospital

Attachment L: Annual Ambulatory Hospital Interview

ALGLISTO

Attachment L: Annual Ambulatory Hospital Interview

Medication allergy lists?
◆ Enter all that apply, separate with commas

1.
Hospitals with which your OPD is affiliated

2.
Other departments inside your hospital

3.
Hospitals with which your OPD is not affiliated

Attachment L: Annual Ambulatory Hospital Interview

4.

Ambulatory providers outside your hospital

REFOUTO

Text:

Does your OPD refer any patients to providers outside of your OPD?

1.
Yes

2.
No
3. Unknown

REFOUTRO

Text:

If REFOUTO = 1.
When your OPD refers a patient to a provider outside of your OPD, does your OPD receive a report back from other providers with results of the consultation?

1.
Yes, routinely

2.
Yes, but not routinely

3.
No
4. Unknown

REFOUTEO

Text:

If REFOUTRO = 1 or 2
Does your OPD receive it electronically (not fax)?

1.

Yes, routinely

2.

Yes, but not routinely

3.

No
4. Unknown

REFINO

Attachment L: Annual Ambulatory Hospital Interview

Text:
Does your OPD see any patients referred by providers outside of your OPD?

1.
Yes

2.
No
3. Unknown

REFINRO

Text:
If REFINO = 1.
Does your OPD receive notification of both the patient's history and reason for consultation?

1.
Yes, routinely

2.
Yes, but not routinely

3.
No
4. Unknown

REFINEO

Text:

If REFINRO = 1 or 2.
Does your OPD receive it electronically (not fax)?

1.

Yes, routinely

2.

Yes, but not routinely

3.

No
4. Unknown

INPTCAREO

INPTCARERO
Text: **Does your OPD take care of patients after they are discharged from an inpatient setting?**
1. Yes
2. No
3. Unknown

Attachment L: Annual Ambulatory Hospital Interview

Text:

If INPATCAREO = 1.
When a patient is discharged from an inpatient setting, does your OPD receive all of the information needed to continue managing the patient?

1.

Yes, routinely

2.

Yes, but not routinely
3. No
4. Unknown

INPTCARETO

Text:

If INPTCARERO = 1 or 2.
Is the information available when needed?

1.
Yes, routinely

2.
Yes, but not routinely

3.
No
4. Unknown

Attachment L: Annual Ambulatory Hospital Interview

INPTCAREEO

Text:

If INPTCARETO = 1 or 2.
Does your OPD receive it electronically (not fax)?

1.
Yes, routinely

2.
Yes, but not routinely

3.
No
    4. Unknown

MEDRECCEN

CLIN_NAME
Are the medical records for your OPD clinics centrally located?

1. Yes, all clinics
2. Yes, some clinics
3. No
4. Unknown

Text:

*** SHOW ONLY **

CLIN_GROUP

Text:

** SHOW ONLY **

Attachment L: Annual Ambulatory Hospital Interview

1.

General Medicine

2.

Surgery

3.

Pediatrics

4.

Obstetrics/Gynecology

5.

Substance Abuse

6.

Other

Attachment L: Annual Ambulatory Hospital Interview

7.

Out of scope

CLIN_EVISITS

Attachment L: Annual Ambulatory Hospital Interview

Text:

** SHOW ONLY **

CLIN_STRET

Text:

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

CLIN_CONTACT

Text:

◆ Enter clinic director/contact person's name

TE

Attachment L: Annual Ambulatory Hospital Interview

Text:

** NOT DISPLAYED **

Attachment L: Annual Ambulatory Hospital Interview

RS

Text:

** NOT DISPLAYED **

AU_TYPE

Text:
** NON_DISPLAYED **

TOT_GOODCLIN

Text:

** NOT Displayed **

Attachment L: Annual Ambulatory Hospital Interview

ASL_INTRO

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

Text:

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

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

Attachment L: Annual Ambulatory Hospital Interview

1.

Continue

2.

No in-scope locations

Attachment L: Annual Ambulatory Hospital Interview

ASL_NUM

Text:

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

Attachment L: Annual Ambulatory Hospital Interview

ASL_SPEC_GRP

Text:
What is ASL Name's specialty group?

1.
General

Attachment L: Annual Ambulatory Hospital Interview

2.

Multi-specialty

3.

Gastroenterology

4.

Ophthalmology

Attachment L: Annual Ambulatory Hospital Interview

Orthopedics

Pain Block

Attachment L: Annual Ambulatory Hospital Interview

7.

Plastic Surgery

8.

Urology
9.   Ear, Nose, and Throat (ENT)
10. Obstetrics/Gynecology (OB-GYN)

11.

Other specialty

ASL_EVISITS

Text:

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

Attachment L: Annual Ambulatory Hospital Interview

I_ASL

Attachment L: Annual Ambulatory Hospital Interview

** Not Displayed **

TOT_GOODASL

Attachment L: Annual Ambulatory Hospital Interview

Text:

** NOT Displayed **

ANYMORE_ASLS

Attachment L: Annual Ambulatory Hospital Interview

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

1.

Yes

2.

No

Attachment L: Annual Ambulatory Hospital Interview

EXTRA_ASLS

Attachment L: Annual Ambulatory Hospital Interview

◆ How many other ASLs are there?

TOT_GOODASL2

Text:

** NOT Displayed **

CHECK_EVISITS

Attachment L: Annual Ambulatory Hospital Interview

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

Attachment L: Annual Ambulatory Hospital Interview

THANK_INELIG

Attachment L: Annual Ambulatory Hospital Interview

Since there are no in-scope ambulatory surgery (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 (locations)?
(Name of all ASLs)

1.

Yes

2.

No - ONLY 2 LOGS

Attachment L: Annual Ambulatory Hospital Interview

3.

No - More than 2 logs

ASCLISTB

Text:

For which of these (centers/locations) can lists be combined?
- ◆ Enter all that apply, separate with commas

1.

ASL_NAME [1]

Attachment L: Annual Ambulatory Hospital Interview

2.

ASL_NAME [2]

3.

ASL_NAME [3]

4.

ASL_NAME [4]

Attachment L: Annual Ambulatory Hospital Interview

5.

ASL_NAME [5]

6.

ASL_NAME [6]

7.

ASL_NAME [7]

Attachment L: Annual Ambulatory Hospital Interview

8.

ASL_NAME [8]

9.

ASL_NAME [9]

10.

ASL_NAME [10]

Attachment L: Annual Ambulatory Hospital Interview

ASL_NAME [11]

ASL_NAME [12]

Attachment L: Annual Ambulatory Hospital Interview

ASL_NAME [13]

ASL_NAME [14]

ASL_NAME [15]

IT_CNAME

Text:

What is the name of the IT contact?

IT_CTITLE

Text:

What is (IT contact name)'s title?

Attachment L: Annual Ambulatory Hospital Interview

IT_CSTRET

Text:

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

AU_NUMBER

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

EBILLRECA

Text:

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

1.
Yes

2.
No

3.
Unknown

EMEDRECA

Text:

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

1.
Yes, all electronic

2.
Yes, part paper and part electronic

3.
No

4.

Unknown

EHRINSYRA

Text:

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

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HHSMUA

Text:

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

1.

Yes, all electronic

2.

No

3.

Unknown

EHRNAMA13

Text:

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

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1.

Allscripts

2.

Amazing Charts

3.

athenahealth

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4.

Cerner

5.

eClinicalWorks

6.

e-MDs

7.

Epic

8.

GE/Centricity

9.

Greenway Medical

10.

McKesson/Practice Partner

11.

Practice Fusion

12.

NextGen

13.

Sage/Vitera

14.

Other – Specify

15.

Unknown

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EHRNAMOTHA

Description: Other-Specify name of EHR/EMR system

Other-Specify name of EHR/EMR system

Text:
◆ Enter name of EHR/EMR system

EHRINSA

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Text:

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

1. Yes

2. No

3. Maybe

4. Unknown

414

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EDEMOGA

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

1.
Yes, used routinely

2.
Yes, but not used routinely

3.
Yes, but turned off or not used

4.
No

5.
Unknown

EPROLSTA

Text:

Does this include a patient problem list?

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

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5.
Unknown

EVITALA

Text:
Recording and charting vital signs?

1.
Yes, used routinely

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2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

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ESMOKEA

Recording patient smoking status?

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

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4.

No

5.

Unknown

EPNOTESA

Text:

Recording clinical notes?

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1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

422

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EMEDALGA

Text:

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

1.
Yes, used routinely

2.
Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

ECPOEA

Text:

Ordering prescriptions?

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1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

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ESCRIPA

Are prescriptions sent electronically to the pharmacy?

Text:

1.
Yes, used routinely

2.
Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

EWARNA

Text:

Are warnings of drug interactions or contraindications provided?

1.
Yes, used routinely

2.
Yes, but not used routinely

3.
Yes, but turned off or not used

4.
No

5.

Unknown

EREMINDA

Text:

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

Providing reminders for guideline-based interventions or screening tests?

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1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

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ECTOEA

Text:

Ordering lab tests?

1.
Yes, used routinely

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2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

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EORDERA

Text:

Are orders sent electronically?

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

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4.

No

5.

Unknown

ERESULTA

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

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

EGRAPHA

Text:

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

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

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EIMGRESA

Text:

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

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

EPTEDUA

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

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1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

ECQMA

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

1.
Yes, used routinely

2.
Yes, but not used routinely

3.
Yes, but turned off or not used

4.

441

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No

5.

Unknown

EGENLISTA

Text:

Generating lists of patients with particular health conditions?

1.

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Yes, used routinely

2.
Yes, but not used routinely

3.
Yes, but turned off or not used

4.
No

5.
Unknown

EIMMREGA

Text:

Electronic reporting to immunization registries?

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

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Yes, but turned off or not used

4.
No

5.
Unknown

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ESUMA

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

1.
Yes, used routinely

2.
Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

EMSGA

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Exchanging secure messages with patients?

Text:

1. Yes, used routinely

2. Yes, but not used routinely

3. Yes, but turned off or not used

4. No

5.

Unknown

EHLTHINFOA

Text:

Providing patients with an electronic copy of their health information?

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

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EPTRECA

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

1.
Yes, used routinely

2.
Yes, but not used routinely

3.
Yes, but turned off or not used

4.
No

5.
Unknown

451

EMEDIDA

Text:

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

1.

Yes, used routinely

2.

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

ESHAREA

Text:

Does your ASL share any patient health information <u>electronically</u> (not fax) with other providers, including hospitals, ambulatory providers, or labs?

1.

Yes

453

2.

No

ESHAREHOWA

Text:

How does your ASL electronically share patient health information?
♦ Enter all that apply, separate with commas

1.

EHR/EMR

2.

Web portal (separate from EHR/EMR)

3.

Other electronic method: _____

ESHAREHOWOTHA

Text: ◆ Specify other electronic method

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LABRESA

Text:

Please indicate whether your ASL <u>electronically</u> (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

1.

Hospitals with which your ASL is affiliated

2.

Other departments inside your hospital

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3.

Hospitals with which your ASL is not affiliated

4.

Ambulatory providers outside your hospital

IMAGREPA

Text:

Imaging reports?

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1.

Hospitals with which your ASL is affiliated

2.

Other departments inside your hospital

3.

Hospitals with which your ASL is not affiliated

4.

Ambulatory providers outside your hospital

PTPROBA

Text:

Patient problem lists?
◆ Enter all that apply, separate with commas

1.

Hospitals with which your ASL is affiliated

2.

Other departments inside your hospital

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Hospitals with which your ASL is not affiliated

Ambulatory providers outside your hospital

MEDLISTA

Text:

Medication lists?
◆ Enter all that apply, separate with commas

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1.

Hospitals with which your ASL is affiliated

2.

Other departments inside your hospital

3.

Hospitals with which your ASL is not affiliated

4.

Ambulatory providers outside your hospital

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ALGLISTA

Text:

Medication allergy lists?
◆ Enter all that apply, separate with commas

1.

Hospitals with which your ASL is affiliated

2.

Other departments inside your hospital

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3.

Hospitals with which your ASL is not affiliated

4.

Ambulatory providers outside your hospital

ASL_EVISITS

Text:

** SHOW ONLY **

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ASL_ONSITE

Text:

◆ Is [ASL Name] on-site?

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1.
Yes

2.
No

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ASL_STRET

Text:

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

ASL_STRET2

Text:

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

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ASL_CITY

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

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ASL_STATE

Text:

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

ASL_ZIP

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Text:

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

ASL_PHONE

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

ASL_CONTACT

Text:

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

EXIT_REFUSAL

Text:

◆ Are you exiting this case because of a refusal?

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1.

Yes

2.

No

CALLBACKNOTES

Text:

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

THANKCB

Text:

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

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FOLLOW_UP

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

1.

Yes, will follow-up on department(s)

2.

No , wrap case up

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THANKYOU

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

SET_REINT

Text:

** Non Displayed **

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HOSPREF

** Not displayed **

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ELIGED

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◆ Does this hospital have an eligible ED?

Yes

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2.

No

VSED101

Text:

◆ Enter number of expected visits for the ED

VSEDLY

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Text:

◆ Enter the number of visits to the department last year

ELIGOPD

Attachment L: Annual Ambulatory Hospital Interview

Text:

◆ Does this hospital have an eligible OPD?

1.

Yes

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2.

No

VSOPD101

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

VSOPDLY

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Text:

◆ Enter number of OPD visits last year

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ELIGASC

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

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Yes

No

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VSASC101

Text:
◆ Enter number of expected visits

VSASCLY

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◆ Enter number of ambulatory surgery visits last year

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