

## Attachment E 2014 HOSPITAL INDUCTION INTERVIEW

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### NAMECHEK

**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

**What is your hospital's name?**

◆ [Enter 1 to update the hospitals name](#)

1. Enter 1 to update information
2. Continue

### ADDCHEK

**Is your hospital located at  
(Facility Address)**

1. Yes
2. No

### HSP\_ADDRESS

**What is the correct address?**

◆ [Enter 1 to update the hospitals address](#)

1. Enter 1 to update information
2. Continue

### MAILADD

**Is this also the mailing address?**

[\(Facility Address\)](#)

1. Yes

2. No

**MHSP\_STRET**

**What is the correct mailing address?**

- ◆ Enter the number and street or press enter if same

**MHSP\_STRET2**

What is the correct mailing address?

- ◆ Enter the second line of address or press enter if same/none

**MHSP\_CITY**

What is the correct mailing address?

- ◆ Enter city or press enter if same

**MHSP\_ST**

What is the correct mailing address?

- ◆ Enter state or press enter if same

**MHSP\_ZIP**

What is the correct mailing address?

- ◆ Enter zipcode or press enter if same

**INTRO\_AB**

**(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 (conduct an/continue its) annual study of hospital-based ambulatory care.**

**(Intro for the survey)**

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

1. Enter 1 to Continue

#### LICHOSP

**Is this facility a licensed hospital?**

1. Yes
2. No

#### OWN101



**Is this hospital nonprofit, government, or proprietary?**

• [Read answer categories out loud](#)

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

**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

**Is this a teaching hospital?**

1. Yes
2. No

#### MERGER

? [F1]

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

1. Merged or separated
2. No
3. Unknown

**MERSEP**

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

**MERGMEDR**

**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**

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

✦ [Enter name](#)

**OTHSTRET**

What is the name and address of this OTHER hospital?

✦ [Enter number and street](#)

**OTHSTRET2**

What is the name and address of this OTHER hospital?

✦ [Enter the second line of address or press enter if same/none](#)

**OTHCITY**

What is the name and address of the OTHER hospital?

✦ [Enter city](#)

**OTHSTATE**

What is the name and address of this OTHER hospital?

✦ [Enter state](#)

**OTHZIP**

What is the name and address of this OTHER hospital?

✦ [Enter zip code](#)

**ESA24**

**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**

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

1. Yes
2. No

**TRAUMA**

? [F1]  1

**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**

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

1. Yes
2. No

#### **PHYSSERV**

**Does this OPD include physician services?**

1. Yes
2. No

#### **AMBSURG**



**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.**

**Does this hospital have locations that perform ambulatory surgery?**

1. Yes
2. No

#### **ELIGREQ**

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

#### **STUDY\_DESC**

**Thank you.**

◆ Explain the following ONLY if this is a new hospital. Provide the administrator or other hospital representative with a brief description of the study.

Cover the following points -

Now I would like to provide you with further information on the study.

(1) NHAMCS is the only source of national data on health care provided in hospital emergency and outpatient departments and ambulatory surgery locations.

(2) NHAMCS is endorsed by the:  
American College of Emergency Physicians

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

- (3) Nationwide sample of about 600 hospitals.
- (4) Four-week data collection period
- (5) Brief form completed for a sample of patient visits.

As one of the hospitals that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory care.

1. Enter 1 to Continue

#### **INDUCTION\_APPT**

**I would like to arrange to meet with you so that I can better present the details of the study.**

**Is there a convenient time within the next week or so that I could meet with you or your representative?**

- ◆ Record day, date and time of appointment.
- ◆ Enter 999 if the respondent wants to continue with the induction now.

#### **SCREENER\_THK**

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

1. Enter 1 to Continue

#### **THANK\_MERGSEP**

**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.**

1. Enter 1 to Continue

**CALLRO\_MERGSEP**

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

1. Enter 1 to Continue

**THANK\_B1**

**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.**

1. Enter 1 to Continue

**THANK\_B2**

**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.**

1. Enter 1 to Continue



## REVIEW

? [F1]

**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.

Press F1 for points to be covered

1. Enter 1 to Continue

## SURGDAY

**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?**

- ◆ Enter CTRL-D if unknown

## BEDCZAR

[?] F1

**Does your hospital have a bed coordinator, sometimes referred to as a bed czar?**

1. Yes
2. No
3. Unknown

## BEDDATA

 2

**How often are hospital bed census data available?**

- ◆ Read answer categories.

1. Instantaneously
2. Every 4 hours
3. Every 8 hours
4. Every 12 hours

5. Every 24 hours
6. Other
7. Unknown

#### **HLIST**

##### **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**

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

1. Yes
2. No
3. Unknown

#### **EMEDRES**

##### **Does this hospital have an emergency medicine residence program?**

1. Yes
2. No
3. Unknown

#### **MUINC**

##### **Medicare and Medicaid offer incentives to hospitals that demonstrate "meaningful use of Health IT". Does your hospital have plans to apply for Stage 1 of 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

## MUSTAGE2

Are there plans to apply for Stage 2 incentive payments?

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

## PERMPART

As I mentioned earlier, I would like to discuss the plan for conducting the study. This hospital has been assigned to a 4-week data collection period beginning on Monday, (Reporting period begin date).

First, I would like to discuss the steps needed to obtain approval for the study.

Are there any additional steps needed to obtain permission for the hospital to participate in the study?

1. Yes
2. No

## PERMPARTSPEC

- ◆ Specify the necessary steps needed to obtain permission for the hospital to participate in the study

Include the name, address, phone and title of the person(s) who can grant approval

## PERM\_THANK

Thank you for your help.

1. Enter 1 to Continue

## RO\_PERMISSION

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

1. Enter 1 to Continue

## VSREPPER

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

1. Respondent
2. Someone else

## CINFO

What is the name of the person with whom I should speak?

- ◆ Enter 1 to enter/update hospital contact information  
Enter 2 to enter/update department contact information

1. Hospital level contact
2. Department contact
3. Continue interview

## THANK\_RESP

- ◆ Thank current respondent for his/her time and cooperation
1. Enter 1 to Continue

## INTRO\_ED

- \* If necessary, introduce yourself and explain the survey

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

1. Enter 1 to Continue

## ESA\_NUM

**\*\* Show only \*\***

## DEL\_ESA

**(Does (ESA name) still exist and is it still operational?)**

- \* (Enter 97 to delete this ESA / If No, Enter 97 to delete If Yes, Press END to move to number of visits)

## ESA\_NAME

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

- \* Enter 999 for no more

## ESA\_TYPE

? [F1]

**What type of ESA is (ESA name)?**

1. General
2. Adult
3. Pediatric
4. Urgent care/Fast track
5. Psychiatric
6. Other

## ESA\_EVISITS

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

end date) for (ESA name)?

**I\_ESA**

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

**I\_ESA\_VISITS**

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

**ESA\_EVISITS\_TOTAL**

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

**TOTVSED**

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

**TWICELY**

- Is the number of expected visits to any of the ESAs more than twice the number on the previous sampling plan?

<u>ESA</u>	<u>Visits</u>	<u>Visits Previous</u>
(ESA NAME	Current visits	Previous visits)

1. Yes
2. No

**TWICELY\_SPEC**

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

**HALFLY**

- Is the number of expected visits to any of the ESAs less than half of the number of visits on the previous sampling plan?

<u>ESA</u>	<u>Visits</u>	<u>Visits Previous</u>
(ESA NAME	Current visits	Previous visits)

1. Yes
2. No

## HALFLYSPEC

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

## ED\_EMR

- Enter 1 to complete the EMR questions  
Or-  
Enter 2 to skip EMR questions and complete later

## EBILLRECE

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

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

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

1. Yes
2. No
3. Unknown

## EMEDRECE



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

- Read answer categories

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

## EHRINSYRE

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

## HHSMUE

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

**EHRNAME13**



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

1. Allscripts
2. Amazing Charts
3. athenahealth
4. Cerner
5. eClinicalWorks
6. e-MDs
7. Epic
8. GE/Centricity
9. Greenway Medical
10. McKesson / Practice Partner
11. NextGen
12. Practice Fusion
13. Sage/Vitera
14. Other - Specify
15. Unknown

**EHRNAMOTHE**

- [Enter name of EHR/EMR system](#)

**SECURCHCKE**

**Has your hospital conducted or reviewed a security risk analysis of your EHR system? This would help identify privacy or security related issues that may need to be corrected.**

1. Yes
2. No
3. Unknown

**DIFFEHRE**

**Does your EHR have the capability to electronically send health information to another provider**



**whose EHR system is different from your system?**

1. Yes
2. No
3. Unknown

**EHRTOEHRE**

**Is the patient health information that you share electronically sent directly from your EHR system to another EHR system?**

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

**EHRINSE**

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

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

**EDEMOGE**



**Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.**

**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

## **EPROLSTE**

**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

## **EVITALE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

**Recording and charting vital signs?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## **ESMOKEE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

**Recording patient smoking status?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## **EPNOTESE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

**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

**EMEDALGE**

**Recording 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

**EMEDIDE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

**Reconciling lists of patient 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

**EREMINDE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

**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
5. Unknown

**ECPOEE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

**Ordering prescriptions?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

**ESCRIBE**

**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
5. Unknown

**EWARNE**

**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

## **EFORMULAE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

### **Are drug formulary checks performed?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## **ECTOEE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

### **Ordering lab tests?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## **EORDERE**

### **Are orders sent electronically?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## **ERESULTE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

**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

**EGRAPHE**

**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

**ERADIE**

**Ordering radiology tests?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

**EIMGRESE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

**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

#### **EPTEDUE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

##### **Identifying educational resources for patients' specific conditions?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

#### **ECQME**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

##### **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. No
5. Unknown

#### **EIDPTE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

##### **Identifying patients due for preventive or follow-up care in order to send patients reminders?**

1. Yes, used routinely

2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## **EGENLISTE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

### **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

## **EIMMREGE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

### **Electronic reporting to immunization registries?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## **ESUME**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

### **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

## **EMSGE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

### **Exchanging secure messages with patients?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## **EPTRECE**

Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

### **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

## **ESHAREE**

**The next questions are about sharing (either sending or receiving) patient health information.**

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

1. Yes

2. No

## ESHAREHOWE



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

• [Read answer categories](#)

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

1. EHR/EMR
2. Web portal (separate from EHR/EMR)
3. Other electronic method (not fax)

## ESHAREHOWOTHE

• [Specify other electronic method](#)

## ESHAREPROVE

**With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)? Enter all that apply.**

1. Ambulatory providers inside your office/group
2. Ambulatory providers outside your office/group
3. Hospitals with which you are affiliated
4. Hospitals with which you are not affiliated
5. Behavioral health providers
6. Long-term care providers
7. Home health providers

## EDPRIM

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

1. Always
2. Sometimes
3. Rarely
4. Never

5. Do not know

#### **EDINFO**

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

1. Yes
2. No
3. Don't know

#### **OBSUNITS**

**Does your ED have an observation or clinical decision unit?**

1. Yes
2. No
3. Unknown

#### **OBSSEP**

**Is this observation or clinical decision unit physically separate from the ED?**

1. Yes
2. No
3. Unknown

#### **OBSDECMD**

 5

**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
2. Hospitalists
3. Other physicians
4. Unknown

## BOARD

? [F1]

**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
2. No
3. Unknown

## BOARDHOS

? [F1]

**Does your ED allow some admitted patients to move from the ED to inpatient corridors while awaiting a bed ("boarding") - sometimes called a "full capacity protocol?"**

1. Yes
2. No
3. Unknown

## AMBDIV

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

1. Yes
2. No
3. Unknown

## TOTHRDIV

**What is the total number of hours that your hospital's ED was on ambulance diversion in TOTHRDIV\_FILL?**

✦ [Enter CTRL-D if data not available](#)

## REGDIV

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

1. Yes
2. No

3. Unknown

#### **ADMDIV**

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

1. Yes
2. No
3. Unknown

#### **NUMSTATX**

**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**

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

Other treatment spaces are other locations where patients might receive care in the ED, including chairs, stretchers in hallways that may be used during busy times.

✦ [Enter CTRL-D if data not available](#)

#### **EDSPACES**

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

1. Yes
2. No
3. Unknown

#### **PHYSSPACE**

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

1. Yes
2. No

3. Unknown

## **EXPAND**

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

1. Yes
2. No
3. Unknown

## **BEDREG**



**Does your ED use -**

**Bedside registration?**

1. Yes
2. No
3. Unknown

## **KIOSELCHK**

Does your ED use -

**Kiosk self check-in?**

1. Yes
2. No
3. Unknown

## **CATRIAGE**

Does your ED use -

**Computer-assisted triage?**

1. Yes
2. No
3. Unknown

## **IMBED**

Does your ED use -

**Immediate bedding (no triage when ED is not at capacity)?**

1. Yes
2. No
3. Unknown

## **ADVTRIAG**

Does your ED use -

**Advanced triage (triage-based care) protocols?**

1. Yes
2. No
3. Unknown

## **PHYSRACTRIA**

Does your ED use -

**Physician/Practitioner at triage?**

1. Yes
2. No
3. Unknown

## **FASTTRAK**

Does your ED use -

**Separate fast track unit for nonurgent care?**

1. Yes
2. No
3. Unknown

## EDPTOR

Does your ED use -

### **Separate operating room dedicated to ED patients?**

1. Yes
2. No
3. Unknown

## DASHBORD

Does your ED use -

### **Electronic dashboard** (i.e., displays updated patient information and integrates multiple data sources)?

1. Yes
2. No
3. Unknown

## RFID

Does your ED use -

### **Radio frequency identification (RFID) tracking** (i.e., shows exact location of patients, caregivers, and equipment)?

1. Yes
2. No
3. Unknown

## WIRELESS

Does your ED use -

### **Wireless communication devices by providers?**

1. Yes
2. No
3. Unknown



## ZONENURS

Does your ED use -

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

1. Yes
2. No
3. Unknown

## POOLNURS

Does your ED use -

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

1. Yes
2. No
3. Unknown

## FREDIND

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

## ESA\_NUM

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

## ESA\_NAME

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

## ESA\_TYPE

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

1. General
2. Adult
3. Pediatric
4. Urgent care/Fast track

5. Psychiatric
6. Other

**ESA\_EVISITS**

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

**ASL\_ONSITE**

◆ Is (AU Name) on-site?

1. Yes
2. No

**ESA\_STRET**

**What is (ESA name)'s address?**

◆ Enter number and street.

**ESA\_STRET2**

What is (ESA name)'s address?

◆ Enter the second line of address or press enter if same/none

**ESA\_CITY**

What is (ESA name)'s address?

◆ Enter city

**ESA\_STATE**

What is (ESA name)'s address?

◆ Enter state

**ESA\_ZIP**

What is (ESA name)'s address?

◆ Enter zipcode

**ESA\_PHONE**

What is (ESA name)'s telephone number?

**ESA\_PHTYP**

• Enter phone type

0. Main
1. Home
2. Work
3. Mobile
4. Pager, Beeper, Answering Service
5. Public Pay Phone
6. Toll Free
7. Other
8. Fax
9. Unknown

**ESA\_CONTACT**

• Enter ESA contact person's name

**TE**

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

**RS**

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

**EDDK\_CHECK**

• Are there any Don't Know items that you need to callback for?

Press Ctrl-M to review DKs and RFs

Press Shift-F5 to review all DK Follow-up remarks

If you **MUST** close this case now, due to pending close-out, and you will not be collecting your remaining DKs and RFs, please select 2 "No", and make any required explanation in the case notes.

1. Yes

2. No

#### **DONE\_ED**

- Enter 1 to continue to the next department

WARNING: once you pass this screen, the ED portion of the induction interview will be closed, and you will not be allowed to re-enter to change any answers or add additional AUs. If you need to go back, use your up arrow to go back now, or press F10 to come back in later. DO NOT press 1 if you need to come back to this department section later.

1. Enter 1 to Continue

#### **I\_EDMIN**

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

#### **I\_EDMAX**

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

#### **TOT\_GOODESA**

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

#### **INTRO\_OPD**

- If necessary, introduce yourself and explain the survey
- Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's outpatient department

1. Enter 1 to Continue

#### **CLIN\_NUM**

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

#### **DEL\_CLIN**

**(Does (clinic name) still exist and is it still operational?)**

\* (Enter 97 to delete this clinic / If Yes, Press END to move to number of visits If No, Enter 97 to delete )

**CLIN\_NAME**

 11-16

**(What is the name of the (first/next) clinic? /Are there any other clinics?)**

\* Enter 999 for no more

**GENERIC\_NAME**

 11-16

**What is the generic name of the clinic?**

\* Enter XXX if clinic is not listed

**CLIN\_SELECTGROUP**

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

1. General Medicine
2. Surgery
3. Pediatrics
4. Obstetrics/Gynecology
5. Substance Abuse
6. Other

**CLIN\_GROUP**

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

**CLIN\_GROUP\_SHOW**

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

**CLIN\_EVISITS**

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

**I\_CLIN**

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

**SAMPLE\_QUESTION**

• You have completed data entry for the OPD.

Enter 1 to have the system perform sampling.

-or-

Enter 2 to return to the previous screen to enter additional clinics.

1. verifies clinic list is complete, ready to sample
2. returns to clinic list to add additional clinics before sampling

**CLIN\_NUM**

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

**SAMPLED**

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

**Probability**

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

**SU**

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

**CLIN\_EVISITS\_TOTAL**

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

**TOTAL\_CLIN**

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

**TOTVSOP**

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

**MORECLINSPEC**

- List clinics that have opened or should have been included previously

**TWICECLINSPEC**

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

**LESSCLINSPEC**

- There are fewer clinics this year than in previous panel

Specify which clinics have closed or should not have been included previously

**HALFCLINSPEC**

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

**OPD\_EMR**

- Enter 1 to complete the EMR questions  
Or-  
Enter 2 to skip EMR questions and complete later

**EBILLRECO**

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

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

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

1. Yes
2. No
3. Unknown

## EMEDRECO



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

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

## EHRINSYRO

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

## HHSMUO

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

## EHRNAME013



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

1. Allscripts
2. Amazing Charts
3. athenahealth
4. Cerner
5. eClinicalWorks
6. e-MDs
7. Epic
8. GE/Centricity
9. Greenway Medical
10. McKesson / Practice Partner
11. NextGen
12. Practice Fusion
13. Sage/Vitera
14. Other - Specify



15. Unknown

**EHRNAMOTH0**

✦ Enter name of EHR/EMR system

**SECURCHCKO**

**Has your hospital conducted or reviewed a security risk analysis of your EHR system? This would help identify privacy or security related issues that may need to be corrected.**

1. Yes
2. No
3. Unknown

**DIFFEHRO**

**Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?**

1. Yes
2. No
3. Unknown

**EHRTOEHRO**

**Is the patient health information that you share electronically sent directly from your EHR system to another EHR system?**

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

**EHRINSO**

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

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

## EDEMOGO



Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

**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

## EPROLSTO

**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

## EVITALO

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

**Recording and charting vital signs?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## ESMOKEO

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

**Recording patient smoking status?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

**EPNOTESO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

**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

**EMEDALGO**

**Recording 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

**EMEDIDO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

**Reconciling lists of patient 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

**EREMINDO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

**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
5. Unknown

**ECPOEO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

**Ordering prescriptions?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

**ESCRIPO**

**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
5. Unknown

#### **EWARNO**

**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

#### **EFORMULAO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

**Are drug formulary checks performed?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

#### **ECTOEO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

**Ordering lab tests?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No

5. Unknown

### **EORDERO**

**Are orders sent electronically?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

### **ERESULTO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

**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

### **EGRAPHO**

**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

### **ERADIO**

**Ordering radiology tests?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## **EIMGRESO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

### **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

## **EPTEDUO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

### **Identifying educational resources for patients' specific conditions?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## **ECQMO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

### **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. No
5. Unknown

#### **EIDPTO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

##### **Identifying patients due for preventive or follow-up care in order to send patients reminders?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

#### **EGENLISTO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

##### **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

#### **EIMMREGO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

##### **Electronic reporting to immunization registries?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used



4. No
5. Unknown

## **ESUMO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

### **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

## **EMSGO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

### **Exchanging secure messages with patients?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

## **EPTRECO**

Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

### **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

#### **REFOUTO**

**Does your clinic refer any patients to providers outside of your office group?**

1. Yes
2. No

#### **REFOUTSO**

**Do you send the patient's clinical information to the other providers?**

1. Yes, routinely
2. Yes, but not routinely
3. No

#### **REFOUTSEO**

**Do you send it electronically (not fax)?**

1. Yes, routinely
2. Yes, but not routinely
3. No

**REFINO**

**Does your clinic see any patients referred to you by providers outside of your office group?**

1. Yes
2. No

**REFINSO**

**Do you send a consultation report with clinical information to the other providers?**

1. Yes, routinely
2. Yes, but not routinely
3. No

**REFINSEO**

**Do you send it electronically (not fax)?**

1. Yes, routinely
2. Yes, but not routinely
3. No

**INPTCAREO**

**Does your clinic take care of patients after they are discharged from an inpatient setting?**

1. Yes
2. No

#### **DISSUMO**

**Do you receive a discharge summary with clinical information from the hospital?**

1. Yes, routinely
2. Yes, but not routinely
3. No

#### **DISSUME0**

**Do you receive it electronically (not fax)?**

1. Yes, routinely
2. Yes, but not routinely
3. No

#### **INCORINFO0**

**Can you automatically incorporate the received information into your EHR system without manually entering the data?**

1. Yes
2. No
3. Not applicable, do not have an EHR system

## ESHAREO

The next questions are about sharing (either sending or receiving) patient health information.

Does your OPD share any patient health information electronically with any other providers, including hospitals, ambulatory providers, or labs?

1. Yes
2. No

## ESHAREHOWO



How does your OPD electronically share patient health information?

✦ [Read answer categories](#)

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

1. EHR/EMR
2. Web portal (separate from EHR/EMR)
3. Other electronic method (not fax)

## ESHAREHOWOTHO

✦ [Specify other electronic method](#)

## ESHAREPROVO

With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)? Enter all that apply.

1. Ambulatory providers inside your office/group
2. Ambulatory providers outside your office/group
3. Hospitals with which you are affiliated
4. Hospitals with which you are not affiliated
5. Behavioral health providers
6. Long-term care providers
7. Home health providers

**CLIN\_NUM**

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

**CLIN\_NAME**

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

**CLIN\_GROUP**

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

1. General Medicine
2. Surgery
3. Pediatrics
4. Obstetrics/Gynecology
5. Substance Abuse
6. Other

**CLIN\_EVISITS**

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

**ASL\_ONSITE**

◆ Is (AU Name) on-site?

1. Yes
2. No

**CLIN\_STRET**

What is (Clinic Name)'s address?

◆ Enter number and street.

**CLIN\_STRET2**

What is (Clinic Name)'s address?

◆ Enter the second line of address or press enter if same/none

**CLIN\_CITY**

What is (Clinic Name)'s address?

◆ Enter city

#### **CLIN\_STATE**

What is (Clinic Name)'s address?

◆ Enter state

#### **CLIN\_ZIP**

What is (Clinic Name)'s address?

◆ Enter zipcode

#### **CLIN\_PHONE**

**What is (Clinic Name)'s telephone number?**

#### **CLIN\_PHTYP**

◆ Enter phone type

0. Main
1. Home
2. Work
3. Mobile
4. Pager, Beeper, Answering Service
5. Public Pay Phone
6. Toll Free
7. Other
8. Fax
9. Unknown

#### **CLIN\_CONTACT**

◆ Enter clinic director/contact person's name

#### **TE**

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

RS

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

**OPDDK\_CHECK**

- Are there any Don't Know items that you need to call back for?

Press Ctrl-M to review DKs and RFs

Press Shift-F5 to review all DK Follow-up remarks

If you MUST close this case now, due to pending close-out, and you will not be collecting your remaining DKs and RFs, please select 2 "No", and make any required explanation in the case notes.

1. Yes
2. No

**DONE\_OPD**

- Enter 1 to continue to the next department

WARNING: once you pass this screen, the OPD portion of the induction interview will be closed, and you will not be allowed to re-enter to change any answers or add additional AUs. If you need to go back, use your up arrow to go back now, or press F10 to come back in later. DO NOT press 1 if you need to come back to this department section later.

1. Enter 1 to Continue

**I\_OPDMIN**

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

**I\_OPDMAX**

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

**I\_TOTCLIN**

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

**TOT\_GOODCLIN**

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



**ASL\_INTRO**

To develop the sampling plan, I would like to (collect/verify) more specific information about this facility or hospital ambulatory surgery (centers/locations).

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

General or main operating rooms  
Dedicated ambulatory surgery rooms  
Satellite operating rooms  
Cystoscopy rooms

Endoscopy rooms  
Cardiac catheterization labs  
Laser procedures rooms  
Pain block rooms

1. Continue
2. No in-scope ^centerslocations

**ASL\_NUM**

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

**DEL\_ASL**

(Does (ASL name) still exist and is it still operational?)

• (Enter 97 to delete this ASL entered by mistake/ If Yes, Press END to move to expected visits If No, Enter 97 to delete )

**ASL\_NAME**

[?] F1

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

- Enter only IN\_SCOPE (ASCs/ASLs) (Press F1 for in-scope (centers/locations))  
Include any (ASCs/ASLs) that are located in satellite facilities  
Enter 999 for no more

**ASL\_SPEC\_GRP**

[?] F1

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

1. General Surgery
2. Multi-specialty
3. Gastroenterology
4. Ophthalmology
5. Orthopedics
6. Pain Block
7. Plastic Surgery
8. Urology
9. Other specialty

**ASL\_EVISITS**

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

**I\_ASL**

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

**I\_ASL\_VISITS**

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

**TOT\_GOODASL**

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

**ANYMORE\_ASLS**

- The max of (15/13) (ASCs/ASLs) were entered.  
Are there any more (ASCs/ASLs)?

1. Yes
2. No

**EXTRA\_ASLS**

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

**TOT\_GOODASL2**

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

**CHECK\_EVISITS**

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

Is that correct?

- 1. Yes
- 2. No

**THANK\_INELIG**

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.

- 1. Enter 1 to Continue

**ASL\_EVISITS\_TOTAL**

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

**TOTVSAS**

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

**TWICELYAS**

- Is the number of expected visits to any of the ASLs more than twice the number shown on the previous sampling plan?

<u>ASL</u>	<u>Visits</u>	<u>Visits Previous</u>
(ASL NAME	Current visits	Previous visits)

- 1. Yes
- 2. No

**TWICELYAS\_SPEC**

•

Specify why visits have increased this year or were too low the last time the ASL participated

#### HALFLYAS

- Is the number of expected visits to any of the ASLs less than half of the number of visits shown on the previous sampling plan?

<u>ASL</u>	<u>Visits</u>	<u>Visits Previous</u>
(ASL NAME	Current visits	Previous visits)

1. Yes
2. No

#### HALFLYAS\_SPEC

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

#### ASCLISTA

Now I have some questions about generating a report for all ambulatory surgery patients for sampling.

Would you or your IT staff be able to generate a single list of ambulatory surgery cases for any of the following (centers/locations)?

(Name of all ASLs)

1. Yes
2. No - ONLY 2 LOGS
3. No - More than 2 logs

#### IT\_CNAME

What is the name of the IT contact?

#### IT\_CTITLE

What is (IT contact name)'s title?

#### IT\_CSTRET

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

- ✦ Enter number and street or press enter if same

**IT\_CSTRET2**

What is (IT contact name)'s address?

- ✦ Enter second line of address or press enter for none/same

**IT\_CCITY**

What is (IT contact name)'s address?

- ✦ Enter city or press enter if same

**IT\_CSTATE**

What is (IT contact name)'s address?

- ✦ Enter state or press enter if same

**IT\_CZIP**

What is (IT contact name)'s address?

- ✦ Enter zipcode or press enter if same

**IT\_CPHONE**

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

**IT\_CPHTYP**

- ✦ Enter phone type

0. Main
1. Home
2. Work
3. Mobile
4. Pager, Beeper, Answering Service

5. Public Pay Phone
6. Toll Free
7. Other
8. Fax
9. Unknown

#### **UPDATE\_BCCONTACTS**

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

#### **ASL\_NUM**

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

#### **ASL\_NAME**

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

#### **AU\_NUMBER**

- Assign AU number

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

#### **ASL\_EMR**

- Enter 1 to complete the EMR questions  
Or-  
Enter 2 to skip EMR questions and complete later

#### **EBILLRECA**

**Now I would like to ask you some questions about your (ASC/ambulatory surgery location).**

- If ASLs vary with respect to their use of the EHR/EMR systems, then ask these questions of the ASL with the largest number of expected visits during the reporting period.

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

1. Yes
2. No
3. Unknown

#### EMEDRECA



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

◆ [Read answer categories](#)

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

#### EHRINSYRA

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

#### HHSMUA

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

#### EHRNAMA13



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

1. Allscripts
2. Amazing Charts
3. athenahealth
4. Cerner
5. eClinicalWorks
6. e-MDs
7. Epic
8. GE/Centricity

9. Greenway Medical
10. McKesson / Practice Partner
11. NextGen
12. Practice Fusion
13. Sage/Vitera
14. Other - Specify
15. Unknown

#### **EHRNAMOTHA**

- [Enter name of EHR/EMR system](#)

#### **SECURCHCKA**

**Has your hospital conducted or reviewed a security risk analysis of your EHR system? This would help identify privacy or security related issues that may need to be corrected.**

1. Yes
2. No
3. Unknown

#### **DIFFEHRA**

**Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?**

1. Yes
2. No
3. Unknown

#### **EHRTOEHRA**

**Is the patient health information that you share electronically sent directly from your EHR system to another EHR system?**

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

#### **EHRINSA**



**At your (ASC/ambulatory surgery location), are there plans for installing a new EHR/EMR system within the next 18 months?**

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

#### **MUINCA**

**Medicare and Medicaid offer incentives to facilities that demonstrate "meaningful use of health IT." Does your facility have plans to apply for Stage 1 of 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

#### **APPLYYRA**

**When did you first apply?**

1. 2011
2. 2012
3. 2013
4. 2014 or later
5. Unknown

#### **INTENDYRA**

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

1. 2012
2. 2013 or later
3. Unknown

#### **EDEMOGA**



**Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.**

**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**

**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

**EVITALA**

Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.

**Recording and charting vital signs?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

**ESMOKEA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

### **Recording patient smoking status?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

### **EPNOTESA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

#### **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

### **EMEDALGA**

#### **Recording 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

### **EMEDIDA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

#### **Reconciling lists of patient 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

#### **EREMINDA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

##### **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
5. Unknown

#### **ECPOEA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

##### **Ordering prescriptions?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

#### **ESCRIPA**

**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
5. Unknown

#### **EWARNA**

**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

#### **EFORMULAA**

Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.

**Are drug formulary checks performed?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

#### **ECTOEA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

**Ordering lab tests?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

**EORDERA**

**Are orders sent electronically?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

**ERESULTA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

**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**

**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

**ERADIA**

**Ordering radiology tests?**

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

3. Yes, but turned off or not used
4. No
5. Unknown

### **EIMGRESA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

#### **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**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

#### **Identifying educational resources for patients' specific conditions?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

### **ECQMA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

#### **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. No

5. Unknown

### **EIDPTA**

Indicate whether your ASL has each of the following computerized capabilities and how often these capabilities are used.

#### **Identifying patients due for preventive or follow-up care in order to send patients reminders?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

### **EGENLISTA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

#### **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

### **EIMMREGA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

#### **Electronic reporting to immunization registries?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown



**ESUMA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

**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**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

**Exchanging secure messages with patients?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

**EPTRECA**

Indicate whether your (ASC/ambulatory surgery location) has each of the following computerized capabilities and how often these capabilities are used.

**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

## ESHAREA

The next questions are about sharing (either sending or receiving) patient health information.

Does your (ASC/ambulatory surgery location) share any patient health information electronically with any other providers, including hospitals, ambulatory providers, or labs?

1. Yes
2. No

## ESHAREHOWA



How does your (ASC/ambulatory surgery location) electronically share patient health information?

[\\* Read answer categories](#)

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

1. EHR/EMR
2. Web portal (separate from EHR/EMR)
3. Other electronic method (not fax)

## ESHAREHOWOTHA

[\\* Specify other electronic method](#)

## ESHAREPROVA

With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)? Enter all that apply.

1. Ambulatory providers inside your office/group
2. Ambulatory providers outside your office/group
3. Hospitals with which you are affiliated
4. Hospitals with which you are not affiliated
5. Behavioral health providers
6. Long-term care providers
7. Home health providers

**AU\_NUMBER**

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

**AU\_TYPE**

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

**AU\_VISITS**

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

**AU\_NAME**

- Enter facility name where the PRF data will be collected.

[Ambulatory Surgery Locations](#)

(Names of ASL's with the same AU Number)

**ASL\_ONSITE**

- Is (AU Name) on-site?

1. Yes
2. No

**ASL\_STRET**

**What is (AU Name)'s address or the address where the abstractions will be done?**

- Enter number and street.

**ASL\_STRET2**

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

- Enter the second line of address or press enter if same/none

**ASL\_CITY**

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

- Enter city.

**ASL\_STATE**

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

✦ [Enter state.](#)

**ASL\_ZIP**

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

✦ [Enter zipcode.](#)

**ASL\_PHONE**

**What is (AU Name)'s telephone number or the telephone number where the abstractions will be done?**

**ASL\_PHTYP**

✦ [Enter phone type](#)

0. Main
1. Home
2. Work
3. Mobile
4. Pager, Beeper, Answering Service
5. Public Pay Phone
6. Toll Free
7. Other
8. Fax
9. Unknown

**ASL\_CONTACT**

✦ [Enter contact person's name](#)

**TE**

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

**RS**

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

**PRF\_WKLD**

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

**MULTIASCFLAG**

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

**AU\_AS\_L\_NUMS**

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

**ASCDK\_CHECK**

- Are there any Don't Know items that you need to callback for?

Press Ctrl-M to review DKs and RFs

Press Shift-F5 to review all DK Follow-up remarks

If you **MUST** close this case now, due to pending close-out, and you will not be collecting your remaining DKs and RFs, please select 2 "No", and make any required explanation in the case notes.

1. Yes
2. No

**DONE\_ASC**

- Enter 1 to continue to the next department

**WARNING:** once you pass this screen, the ASL portion of the induction interview will be closed, and you will not be allowed to re-enter to change any answers or add additional AUs. If you need to go back, use your up arrow to go back now, or press F10 to come back in later. **DO NOT** press 1 if you need to come back to this department section later.

1. Enter 1 to Continue

**I\_ASCMIN**

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

I\_ASCMAX

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