Attachment E 2014 HOSPITAL INDUCTION INTERVIEW

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

[icon] 1

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

📖1

Ambulatory surgery locations include a general or main operating room, dedicated ambulatory surgery room, satellite operating room, cystoscopy room, endoscopy room, cardiac catherization 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

(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

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?

```
ESA            Visits       Visits Previous
(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?

```
ESA            Visits         Visits Previous
(ESA NAME      Current visits   Previous visits)
```

1. Yes
2. No

HALFLYSPEC

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

1. Yes
2. No
3. Unknown

EMEDRECE

2

**Does your ED <u>use</u> 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

2

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

📖 3

Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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

ESCRIPE

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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>electronically</u> (not fax) with any other providers, including hospitals, ambulatory providers, or labs?

    1. Yes

2. No

ESHAREHOWE

📖2

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

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

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

📖 5

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

PHYSPRACTRIA

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

Separate operating room dedicated to ED patients?

1. Yes
2. No
3. Unknown

DASHBORD

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

1. Yes
2. No
3. Unknown

RFID

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

1. Yes
2. No
3. Unknown

WIRELESS

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

1. Yes
2. No
3. Unknown

EMEDRECO

📖 2

Does your OPD <u>use</u> 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?

EHRNAMO13

📖 2

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

EHRNAMOTHO

- 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

   3

    Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>electronically</u> (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 <u>electronically</u> (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 <u>receive</u> a discharge summary with clinical information from the hospital?

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

DISSUMEO

Do you receive it <u>electronically</u> (not fax)?

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

INCORINFOO

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 <u>electronically</u> with any other providers, including hospitals, ambulatory providers, or labs?

1. Yes
2. No

ESHAREHOWO

📖2

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	Endoscopy rooms
Dedicated ambulatory surgery rooms	Cardiac catheterization labs
Satellite operating rooms	Laser procedures rooms
Cystoscopy 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?

ASL	Visits	Visits Previous
(ASL NAME	Current visits	Previous visits)

    1. Yes

    2. No

TWICELYAS_SPEC

-

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?

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

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_BCONTACTS

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

1. Yes
2. No
3. Unknown

EMEDRECA

📖 2

Does your (ASC/ambulatory surgery location) <u>use</u> 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

📖 2

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

 3

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 <u>has</u> each of the following <u>computerized capabilities</u> 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) <u>has</u> each of the following <u>computerized capabilities</u> 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) <u>has</u> each of the following <u>computerized capabilities</u> 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) <u>has</u> each of the following <u>computerized capabilities</u> 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) <u>has</u> each of the following <u>computerized capabilities</u> 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) <u>has</u> each of the following <u>computerized capabilities</u> 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 <u>electronically</u> with any other providers, including hospitals, ambulatory providers, or labs?

1. Yes
2. No

ESHAREHOWA

📖 2

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_ASL_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 **