

# Attachment H: 2014 Ambulatory Surgery Patient Record Form Screenshots

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

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National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

Forms Answer Navigate Options Help Show Watch Window

1 First 2 Prev 3 Next 4 Last 5 Add 6 Delete 7 Exit

NHAMCS FAQ Exit/F10 Patient Information Diagnosis Conditions Procedures Medications Anesthesia Disposition

**1 of 2 PRF's**      **MRN:**      **NHAMCS-100(ASC) PATIENT INFORMATION**

<p>♦ Enter the patient's medical record number</p> <input type="text"/>	<p>? [F1]</p> <p>♦ Race (Enter all that apply, separate with commas)</p> <p><input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black or African American <input type="checkbox"/> 3. Asian <input type="checkbox"/> 4. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 5. American Indian or Alaska Native</p>	<p>? [F1] ♦ Date/Time into operating room (MM/DD/YYYY)  (HH:MMAM/PM/ML)</p>
<p>♦ Date of visit (Format MM/DD/YYYY)</p> <input type="text"/>	<p>? [F1]</p> <p>♦ Expected source(s) of payment for THIS VISIT. (Enter all that apply, separate with commas)</p> <p><input type="checkbox"/> 1. Private Insurance <input type="checkbox"/> 2. Medicare <input type="checkbox"/> 3. Medicaid or CHIP or other state-based program <input type="checkbox"/> 4. Workers' compensation <input type="checkbox"/> 5. Self-pay <input type="checkbox"/> 6. No charge /Charity <input type="checkbox"/> 7. Other <input type="checkbox"/> 8. Unknown</p>	<p>? [F1] ♦ Date/Time surgery began (MM/DD/YYYY)  (HH:MMAM/PM/ML)</p>
<p>♦ Patient's 5-digit zip code. (Enter "1" if homeless)</p> <input type="text"/>	<p>? [F1]</p>	<p>? [F1] ♦ Date/Time surgery ended (MM/DD/YYYY)  (HH:MMAM/PM/ML)</p>
<p>♦ Date of birth</p> <input type="text"/>	<p>? [F1]</p>	<p>? [F1] ♦ Date/Time out of operating room (MM/DD/YYYY)  (HH:MMAM/PM/ML)</p>
<p>♦ Age</p> <input type="text"/>	<p>? [F1]</p>	<p>? [F1] ♦ Date/Time into postoperative care (MM/DD/YYYY)  (HH:MMAM/PM/ML)</p>
<p>♦ Enter time period <input type="radio"/> 1. Years    <input type="radio"/> 3. Days <input type="radio"/> 2. Months</p>	<p>? [F1]</p>	<p>? [F1] ♦ Date/Time out of postoperative care (MM/DD/YYYY)  (HH:MMAM/PM/ML)</p>
<p>♦ Sex <input type="radio"/> 1. Female <input type="radio"/> 2. Male</p>	<p>? [F1]</p>	
<p>? [F1] ♦ Ethnicity <input type="radio"/> 1. Hispanic or Latino    <input type="radio"/> 2. Not Hispanic or Latino</p>	<p>? [F1]</p>	

00020100    PATIENT\_NUMBER    11:17:16 AM    8-30-2013    RP: April 18 - May 8    SW: 0    TE: 0    1/1

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

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NHAMCS FAQ Exit/F10 Patient Information **Diagnosis** Conditions Procedures Medications Anesthesia Disposition

**1 of 2 PRF's MRN: NHAMCS-100(ASC) DIAGNOSIS**

? [F1] ♦ As specifically as possible, list all diagnoses related to this surgery or procedure

List PRIMARY diagnosis first

Primary:

? [F1] ♦ As specifically as possible list diagnoses related to the visit, including chronic conditions.

Enter "XXX" if diagnosis cannot be found

Look-Up Diag.

Other: 1.

Other: 2.

Other: 3.

Other: 4.

00020100 VDIAG1 11:18:00 AM 8-30-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

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NHAMCS FAQ Exit/F10 Patient Information **Diagnosis** **Conditions** Procedures Medications Anesthesia Disposition

**1 of 2 PRF's MRN: NHAMCS-100(ASC) CONDITIONS**

? [F1] ♦ Does patient have any of the following conditions?  
(NOTE: These conditions could impact this surgery or procedure)

Enter all that apply, separate with commas

<input type="checkbox"/> 1. Airway problem	<input type="checkbox"/> 6. Chronic kidney disease (CKD)	<input type="checkbox"/> 13. Coronary artery disease (CAD), ischemic heart disease (IHD) or history or myocardial infarction (MI)
<input type="checkbox"/> 2. Asthma	<input type="checkbox"/> 7. End-stage renal disease (ESRD)	<input type="checkbox"/> 14. Obesity
<input type="checkbox"/> 3. Cardiac surgery history	<input type="checkbox"/> 8. Congestive heart failure (CHF)	<input type="checkbox"/> 15. Obstructive sleep apnea (OSA)
<input type="checkbox"/> 4. Cerebrovascular disease/stroke (CVA) or transient ischemic attack (TIA)	<input type="checkbox"/> 9. Diabetes mellitus (DM), Type 1	<input type="checkbox"/> 16. None of the above
<input type="checkbox"/> 5. Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/> 10. Diabetes mellitus (DM), Type 2	
	<input type="checkbox"/> 11. Diabetes mellitus (DM), Type unspecified	
	<input type="checkbox"/> 12. Hypertension	

00020100 OTH\_DIAG 11:19:33 AM 8-30-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1



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NHAMCS FAQ Exit/F10 Patient Information Diagnosis Conditions Procedures Medications Anesthesia Disposition

**1 of 2 PRF's MRN: NHAMCS-100(ASC) ANESTHESIA**

? [F1]

• Type(s) of anesthesia listed in the VDRUG fields  1. None  2. General  3. Conscious/IV sedation/MAC (Monitored Anesthesia Care)  4. Regional Epidural  5. Regional peripheral nerve  6. Regional peribulbar  7. Regional retrobulbar  8. Regional spinal (Subarachnoid)  9. Regional, other  10. Local/topical  11. Other

Enter all that apply, separate with commas

? [F1]

• Anesthesia administered by  1. Anesthesiologist  2. CRNA (Certified Registered Nurse Anesthetist)  3. Surgeon/Other physician  4. Resident  5. Other provider  6. Unknown

Enter all that apply, separate with commas

2

00020100 ANESTH 11:20:46 AM 8-30-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1

National Hospital Ambulatory Medical Care Survey (NHAMCS) - Ver 3.06 8/8/2013

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NHAMCS FAQ Exit/F10 Patient Information Diagnosis Conditions Procedures Medications Anesthesia Disposition

**1 of 2 PRF's MRN: NHAMCS-100(ASC) SYMPTOMS, DISPOSITION, AND FOLLOWUP**

? [F1]

• Symptoms present during or after procedure Enter all that apply, separate with commas

1. NONE  2. Airway problem or aspiration  3. Arrhythmia- significant  4. Bleeding (post-operative) - moderate to severe  5. Hypertension/High blood pressure - >20% change from baseline  6. Hypotension/Low blood pressure - >20% change from baseline  7. Hypoxia  8. Nausea- moderate to severe  9. Pain- moderate to severe  10. Sedation- excessive  11. Surgical complications- unanticipated  12. Urinary retention  13. Vomiting- moderate to severe  14. Other

? [F1]

• Enter Disposition  1. Routine discharge to customary residence  2. Discharge to observation status  3. Discharge to post-surgical/recovery care facility  4. Admitted to hospital as inpatient  5. Referred to ED  6. Surgery terminated  7. Procedure canceled on arrival to ambulatory surgery unit  8. Other  9. Unknown

7

• Reason for surgery termination:  1. Allergic reaction  2. Unable to intubate  3. Other

1

• Reason for cancellation:  1. Patient not n.p.o./fasting  2. Incomplete or inadequate medical evaluation  3. Surgical issue  4. Other

1

? [F1] • Did someone attempt to follow-up with the patient within 24 hours after the surgery?  1. Yes  2. No  3. Unknown

2

? [F1]

• What was learned from this follow-up? Enter all that apply, separate with commas

1. Unable to reach patient  2. Patient reported no problems  3. Patient reported problems and sought medical care  4. Patient reported problems and was advised by ambulatory surgery staff to seek medical care  5. Patient reported problems, but no follow-up medical care was needed  6. Other  7. Unknown

00020100 SYMPTOMS 11:22:04 AM 8-30-2013 RP: April 18 - May 8 SW: 0 TE: 0 1/1