

Attachment L: Snapshots of NHAMCS ASC PRF

OMB No. 0920-0278; Exp. Date: _____

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1 of 1 PRF's		MRN: NHAMCS-100(ASC)	PATIENT INFORMATION
<p>◆ Enter the patient's medical record number</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ 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)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time into operating room (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>
<p>◆ Date of visit (Format MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ 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)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time surgery began (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>
<p>◆ Patient's 5-digit zip code. (Enter "1" if homeless)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time surgery ended (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time surgery ended (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time surgery ended (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>
<p>◆ Date of birth</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time out of operating room (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time out of operating room (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time out of operating room (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>
<p>◆ Age</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time into postoperative care (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time into postoperative care (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time into postoperative care (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>
<p>◆ Enter time period <input type="radio"/> 1. Years <input type="radio"/> 3. Days <input type="radio"/> 2. Months</p>	<p>? [F1] ◆ Date/Time out of postoperative care (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time out of postoperative care (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>	<p>? [F1] ◆ Date/Time out of postoperative care (MM/DD/YYYY)</p> <input style="width: 90%;" type="text"/>
<p>◆ Sex <input type="radio"/> 1. Female <input type="radio"/> 2. Male</p>			
<p>? [F1] ◆ Ethnicity <input type="radio"/> 1. Hispanic or Latino <input type="radio"/> 2. Not Hispanic or Latino</p>			

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

1 of 1 PRF's MRN: 999999 NHAMCS-100(ASC) DIAGNOSIS

<p>? [F1] ♦ As specifically as possible, list all diagnoses related to this surgery or procedure. List PRIMARY diagnosis first</p>	<p>? [F1] ♦ As specifically as possible, list diagnoses related to this surgery or procedure. Enter "XXX" if diagnosis cannot be found</p>
<p>? [F1] ♦ Enter 0 if no other diagnoses</p>	<p>? [F1] ♦ As specifically as possible, list diagnoses related to this surgery or procedure. Enter "XXX" if diagnosis cannot be found</p>
<p>? [F1] ♦ Enter 0 if no other diagnoses</p>	<p>? [F1] ♦ As specifically as possible, list diagnoses related to this surgery or procedure. Enter "XXX" if diagnosis cannot be found</p>
<p>? [F1] ♦ Enter 0 if no other diagnoses</p>	<p>? [F1] ♦ As specifically as possible, list diagnoses related to this surgery or procedure. Enter "XXX" if diagnosis cannot be found</p>
<p>? [F1] ♦ Enter 0 if no other diagnoses</p>	

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

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

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

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

? [F1] ♦ Type(s) of anesthesia listed in the drug description fields

Enter all that apply, separate with commas

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

? [F1] ♦ Anesthesia administered by

Enter all that apply, separate with commas

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

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

1 of 1 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 - >20% change from baseline 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

♦ Reason for surgery termination:

1. Allergic reaction 2. Unable to intubate 3. Other

♦ Reason for cancellation:

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

? [F1] ♦ Did someone attempt to follow-up with the patient within 24 hours after the surgery?

1. Yes 2. No 3. Unknown

? [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