

## Attachment P: Freestanding Ambulatory Surgery Center Induction Form

### National Hospital Care Survey

OMB No. 0920-0212; Expiration date xx/xx/xxxx

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**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

INTRO\_SCR

Hello (Respondent's name),

**This is ... . I'm calling on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention concerning their study of ambulatory surgery in freestanding ambulatory surgery centers and in hospitals. You should have received a letter from Dr. Edward J. Sondik, the Director of the National Center for Health Statistics, describing the National Hospital Care Survey. Did you receive our letter?**

- ◆ If "No" or "DK", offer to send or deliver another copy.

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Yes

1.

No

2.

3

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Unknown

3.

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INTRO\_SCR\_PT

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Hello, this is ..... **calling on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention.** If necessary, introduce survey  
**We completed part of the interview for the National Hospital Care Survey - Freestanding Ambulatory Surgery Centers and would like to finish it now.**

**INTRO\_IND**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

- o Identify yourself - show I.D.
- o Ask to speak to: (Respondent's name)  
(Press ALT-F9 to update Administrator/Alternate contact information)
- o Introduce survey, as necessary

Text:

Continue

1.

7

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Reluctant Respondent

2.



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Inconvenient time

3.

Other Outcome

4.

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Conduct/continue induction by phone

5.

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**HELLO**

**Hello. This is . . . . from calling on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. May I speak to (Respondent's name)?**

Text:

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Correct person, Correct person called to the phone, or call is transferred to correct person

1.

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Unknown/no longer there

2.

Reached on a different number

3.

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Not available now, not at desk, etc.

4.

On vacation or otherwise temporarily away from work

5.

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Other outcome or problem interviewing respondent

6.

**TRY\_BACK**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

- ◆ Do you want to callback later to try and speak to (Respondent's name) or do you want to continue with a new/different respondent? REPORTING PERIOD: (Reporting period begin date) - (Reporting period end date)



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Callback later

1.

Continue with new/different respondent

2.

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**KNOWL\_RESP**

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Text:

**Perhaps you can help me. I am calling on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention. May I speak to someone who can answer questions about ambulatory surgery?**

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Person you are speaking with can help

1.

Someone else can help

2.

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**TRANSFER**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Can you transfer me?

Text:

Yes

1.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

No

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**INTROB**



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Text:

◆ ((Hello, this is . . . calling on behalf of the National Center for Health Statistics, part of the Centers for Disease Control and Prevention./ ) Is respondent ready to complete the interview?)

Continue

1.

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Reluctant Respondent

2.

Inconvenient time

3.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Other Outcome

4.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**NAMECHEK**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**Let me verify that I have the correct name and address for your ASC.  
Is the correct name (facility name)?**

Text:

Yes

1.

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No

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ASC\_NAME**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

Enter 1 to update information

1.



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Continue

2.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**ADDCHK**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

Yes

1.

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No

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ASC\_ADDRESS**

**What is the correct address?**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Enter 1 to update information

1.

Continue

2.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**MAILADD**

**Is this the mailing address?**

Text:



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes

1.

No

2.

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**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**MASC\_STRET**

**What is the correct mailing address?**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**INTRO\_AB**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

**(Although you have not received the letter,) I'd like to briefly explain the study to you at this time and answer any questions about it.**

**The National Center for Health Statistics of the Centers for Disease Control and Prevention is conducting an annual study of ambulatory care. The study began data collection in 1992. CDC has contracted with Westat to collect the data. (facility name) has been selected to participate in**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**the study. I am calling to arrange an appointment to discuss your participation. The meeting will take about 30 minutes of your time. The study is authorized under the Public Health Service Act and the information will be held strictly confidential. Participation is voluntary. Before discussing the details, I would like to verify our basic information about (facility name) to be sure we have correctly included this ASC in the study.**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**PRFMSURG**

Text:

◆ Do not ask item if facility is an eye surgery center.

**Is ambulatory (outpatient) surgery or ambulatory diagnostic or therapeutic procedures currently performed in this facility?**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes

1.



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No

2.

Eye surgery center

3.

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**THANK\_B1**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:  
**Thank you (Respondent's name) but it seems that our information is incorrect. Since (facility name) does not perform ambulatory surgery, it should not have been chosen for our study. Thank you very much for your cooperation.**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**INELSPEC**

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Text:

**In this study we are excluding facilities that are exclusively dedicated to family planning, birthing, abortion, podiatry or dentistry. Is (facility name) exclusively one of these?**

Yes

1.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

No

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**THANK\_B2**

Thank you (Respondent's name), but it seems that our information is incorrect. Since (facility

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**name)'s specialty is out-of-scope for our study, it should not have been chosen for our study. Thank you very much for your cooperation.**



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**LICASC**

**Is this facility currently licensed by the state?**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes

1.

No

2.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**PRNTLIC**

**It is important for us to determine whether or not your facility operates under the license or Provider of Services (POS) number of a parent facility.  
Does your ASC operate under the license of a parent facility?**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes

1.

No

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**PRNTPOS**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

It is important for us to determine whether or not your facility operates under the license of Provider of Services (POS) number of a parent facility. **Does your ASC operate under the Provider of Services (POS) number of a parent facility?**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes

1.

No

2.



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**PARFAC\_NAME**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**What is the name of the parent facility?**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

PARFAC\_STRET

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**What is the address of (Parent Facility Name)?**

Text:

**PFNC\_THANK**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**Thank you for your time and assistance.  
We may contact you again in a few days regarding participation in this study.**

Text:

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**CALLRO\_PFNC**

- ◆ Call your RO and inform them of the situation.  
Await resolution from the RO before continuing with this case.  
Situation: (Operates under a parent facility/Name change/Address change)

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**OWNASC**

**Is this facility owned, operated, or managed by -**

◆ [Read answer categories](#)

Text:



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A hospital

1.

One or more physicians

2.

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Health maintenance organization

3.

Another health care provider

4.

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A health care corporation that owns multiple health care facilities (e.g., HCA or Health South)

5.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Other

6.

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**ONESPEC**

**Is the ambulatory (outpatient) surgery performed here primarily one specialty?**

Text:

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Yes

1.

No

2.

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**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**SPECNAME**

**What is the specialty?**

Text:



**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

General Surgery

1.

Gastroenterology

2.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Ophthalmology

3.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Orthopedics

4.

Plastic Surgery

5.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Pain Block

6.

Urology

7.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

- Ear, Nose, and Throat (ENT)
- 9. Obstetrics-Gynecology (OBGYN)
- 10. Other specialty

8.

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**SPECNAME\_SP**

**What is the specialty?**

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**MULTSPEC**

**Is the ambulatory (outpatient) surgery performed here multi-specialty?**

Text:



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes

1.

No

2.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**STUDY\_DESC**

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

◆ Provide the administrator or other facility representative with a brief description of the study.

Text:

**As one of the ASC's that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory surgery.**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

INDUCTION\_APPT

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

**I would like to arrange to meet with you so that I can better present the details of the study. Is there a convenient time within the next week or so that I could meet with you?**

◆ [Record day, date and time of appointment \( Enter 999 to start the induction now\)](#)

**SCREENER\_THK**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**Thank you (Respondent's name) for your cooperation.  
I am looking forward to our meeting.**

Text:

**ELIGREQ**

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

Text:

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**REVIEW**



**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Text:

**I would like to begin with a brief review of the background for this study.**

- ◆ Provide the administrator or other facility representative with a brief introduction to the study and a general overview of procedures

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**PERMPART**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

**As I mentioned earlier, I would like to discuss the plan for conducting the study. This ASC has been assigned to a (1-month, 2-month, 3-month) data collection period beginning on Monday, (Reporting period begin date). First, I would like to discuss the steps needed to obtain approval for this study. Are there any additional steps needed to obtain permission for the ASC to participate in the study?**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes 1.

No 2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**PERMPART\_SP**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Text:

**Please specify the necessary steps.**

- ◆ Be sure to ask for the name, title, address and phone of the person(s) able to grant permission

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**PERM\_THANK**

**Thank you for your time**

Text:



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**RO\_PERMISSION**

- ◆ Call your regional office and inform them of the situation.  
Await guidance before continuing with the case.

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**VSREPPER**

Text:

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

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Respondent

1.

Someone Else

2.

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**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Text:

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

◆ Enter 1 to enter/update contact person information or change respondent

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New contact

1.

Continue interview

2.

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**THANK\_RESP**



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**Thank you for your time and cooperation.**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**REACH\_CPERSON**

- ◆ Are the new contacts available to answer the questions at this time?  
If unavailable, press F10 to set an appointment

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Yes

1.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

NEWC\_INTRO

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

◆ [Read if necessary](#)

**Now I would like to obtain the information needed for sampling. I will need to (verify/know) how your ambulatory surgery center is organized and obtain an estimate of the number of patient visits expected during the (1-month, 2-month, 3-month) reporting period.**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ASL\_INTRO**

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

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**Cystoscopy rooms**

**Pain block rooms**

Continue

1.

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No in-scope ^centerslocations

2.



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ASL\_NUM**

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

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**DEL\_ASL**

Text:

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

◆ (Enter 97 to delete this (ASC/ASL)/(ASC/ASL) entered by mistake/ If Yes, Press ENTER to move to the next row If No, Enter 97 to delete)

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ASL\_NAME**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

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

◆ Enter only IN\_SCOPE (ASC/ASL)'s (Press F1 for in-scope locations)

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ASL\_SPEC\_GRP**

**What is (name)'s specialty group?**

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

General

Multi-specialty

2.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Gastroenterology

3.

Ophthalmology

4.



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Orthopedics

5.

Pain Block

6.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Plastic Surgery

7.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Ear, Nose, and Throat (ENT)

8.

Obstetrics – Gynecology (OBGYN)

9.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Urology

10.

Other specialty

11.

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**ASL\_EVISITS**

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Text:

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

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**CHECK\_EVISITS**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

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

Yes

1.



**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

No

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**THANK\_INELIG**

Text:  
**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.**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

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

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

**(Name of all ASLs)**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes - All

1.

Yes - Some Locations

2.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

No

3.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**ASCLISTB**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Text:

**For which of these (centers/locations) can lists be combined?**

- ◆ Enter all that apply, separate with commas

ASL\_NAME [1]

1.



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

ASL\_NAME [2]

2.

ASL\_NAME [3]

3.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

ASL\_NAME [4]

4.

ASL\_NAME [5]

5.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

ASL\_NAME [6]

6.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

ASL\_NAME [7]

7.

ASL\_NAME [8]

8.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

ASL\_NAME [9]

9.

ASL\_NAME [10]

10.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

ASL\_NAME [11]

11.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

ASL\_NAME [12]

12.

ASL\_NAME [13]

13.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

ASL\_NAME [14]

14.

ASL\_NAME [15]

15.



**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

IT\_CNAME

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**What is the name of the IT contact?**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**IT\_CTITLE**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**IT\_CSTRET**

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

◆ Enter number and street or press enter if same

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**IT\_CPHONE**

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

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**AU\_NUMBER**



## Attachment P: Freestanding Ambulatory Surgery Center Induction Form

Text:

- ◆ Assign AU number

If you can do abstractions for multiple offices in one (center/location), then assign the same AU number to each of those (centers/locations).

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**EBILLRECA**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Does your ASC submit any CLAIMS electronically (electronic billing)?

Text:

Yes

1.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

No

2.

Unknown

3.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**EMEDRECA**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

Yes, all electronic

1.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, part paper and part electronic

2.

No

3.



**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Unknown

4.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**EHRINSYRA**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**HHSMUA**

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

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, all electronic 1.

No 2.

Unknown 3.

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**EHRNAMA13**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form



**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Allscripts

1.

Amazing Charts

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

athenahealth

3.

Cerner

4.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

eClinicalWorks

5.

e-MDs

6.

Epic

7.

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GE/Centricity

8.

Greenway Medical

9.

McKesson/Practice Partner

10.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Practice Fusion 11.

NextGen 12.

Sage/Vitera 13.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Other – Specify

14.

Unknown

15.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form



**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**EHRNAMOTHA**

Description: Other-Specify name of EHR/EMR system

Other-Specify name of EHR/EMR system

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Text:

◆ Enter name of EHR/EMR system

**EHRINSA**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Yes 1.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

No

2.

Maybe

3.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Unknown

4.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**EDEMOGA**

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

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, used routinely

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

No

4.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Unknown

5.

**EPROLSTA**

**Does this include a patient problem list?**

Text:



**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Yes, used routinely 1.

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

No

4.

Unknown

5.

**EVITALA**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**Recording and charting vital signs?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

No

4.

Unknown

5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ESMOKEA**

**Recording patient smoking status?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**EPNOTESA**

**Recording clinical notes?**

Text:

Yes, used routinely

1.

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**EMEDALGA**

**Do they include a comprehensive list of the patient's medications and allergies?**

Text:

Yes, used routinely

1.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Unknown

5.

**ECPOEA**

**Ordering prescriptions?**

Text:

Yes, used routinely

1.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ESCRIPA**

**Are prescriptions sent electronically to the pharmacy?**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, used routinely 1.

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Unknown

5.

**EWARNA**

**Are warnings of drug interactions or contraindications provided?**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, used routinely 1.

Yes, but not used routinely 2.

Yes, but turned off or not used 3.



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

No

4.

Unknown

5.

**EREMINDA**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

Indicate whether your ASC has each of the following computerized capabilities. Does your ASC have a computerized system for:

**Providing reminders for guideline-based interventions or screening tests?**

Yes, used routinely

1.

Yes, but not used routinely

2.

3.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but turned off or not used

No

4.

Unknown

5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ECTOEA**

**Ordering lab tests?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**EORDERA**

**Are orders sent electronically?**

Text:

Yes, used routinely

1.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**ERESULTA**



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

Indicate whether your ASC has each of the following computerized capabilities. Does your ASC have a computerized system for:

**Viewing lab results?**

Yes, used routinely 1.

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

No

4.

Unknown

5.

**EGRAPHIA**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**EIMGRESA**

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

Yes, used routinely 1.

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but not used routinely

3.

Yes, but turned off or not used

4.

No

5.

Unknown

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**EPTEDUA**

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

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, used routinely 1.

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Unknown

5.

**ECQMA**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Yes, used routinely 1.

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

No 4.

Unknown 5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**EGENLISTA**

**Generating lists of patients with particular health conditions?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**EIMMREGA**

**Electronic reporting to immunization registries?**

Text:

Yes, used routinely

1.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ESUMA**

Indicate whether your ASC has each of the following computerized capabilities. Does your ASC have a computerized system for:

**Text:**



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**Providing patients with clinical summaries for each visit?**

Yes, used routinely

1.

Yes, but not used routinely

2.

Yes, but turned off or not used

3.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

No

4.

Unknown

5.

**EMSGA**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**Exchanging secure messages with patients?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**EHLTHINFOA**

**Providing patients with an electronic copy of their health information?**

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**EPTRECA**

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

Yes, used routinely

1.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but not used routinely 2.

Yes, but turned off or not used 3.

No 4.



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Unknown

5.

**EMEDIDA**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

Yes, used routinely

1.

Yes, but not used routinely

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, but turned off or not used 3.

No 4.

Unknown 5.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ESHAREA**

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

Yes

1.

No

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ESHAREHOWA**

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

◆ Enter all that apply, separate with commas

Text:

EHR/EMR

1.

Web portal (separate from EHR/EMR)

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Other electronic method: \_\_\_\_\_

3.

**ESHAREHOWOTHA**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Text: ♦ Specify other electronic method

**LABRESA**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Text:

**Please indicate whether your ASC electronically (not fax) shares each of the following types of health data and with which types of health care providers. Lab results?**

◆ Enter all that apply, separate with commas

Hospitals with which your ASC is affiliated

1.

Ambulatory providers inside your ASC

2.



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Hospitals with which your ASC is not affiliated 3.

Ambulatory providers outside your ASC 4.

**IMAGREPA**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Text:

**Imaging reports?**

◆ Enter all that apply, separate with commas

Hospitals with which your ASC is affiliated

1.

Ambulatory providers inside your ASC

2.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Hospitals with which your ASC is not affiliated

3.

Ambulatory providers outside your ASC

4.

**PTPROBA**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Text:

**Patient problem lists?**

◆ Enter all that apply, separate with commas

Hospitals with which your ASC is affiliated

1.

Ambulatory providers inside your ASC

2.

Hospitals with which your ASC is not affiliated

3.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Ambulatory providers outside your ASC

4.

**MEDLISTA**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Text:

**Medication lists?**

◆ Enter all that apply, separate with commas

Hospitals with which your ASC is affiliated

1.

Ambulatory providers inside your ASC

2.

Hospitals with which your ASC is not affiliated

3.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Ambulatory providers outside your ASC

4.

**ALGLISTA**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Text:

**Medication allergy lists?**

- ◆ Enter all that apply, separate with commas

Hospitals with which your ASC is affiliated

1.

Ambulatory providers inside your ASC

2.



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Hospitals with which your ASC is not affiliated 3.

Ambulatory providers outside your ASC 4.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**MUINCA**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Text:

**Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT”. Does your ASC have plans to apply for these incentive payments?**

Yes, we already applied

1.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Yes, we intend to apply

2.

Uncertain whether we will apply

3.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

No, we will not apply

4.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**MUYEARA**

If MUINC = 1 or 2

**When did your ASC first apply or when does your ASC first intend to apply?**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

2011

1.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

2012  
2013

2.  
3.

2014 or later

4.



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Unknown

5.

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**REMACCA** If PAYHITA=1

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

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

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

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

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ASL\_SPEC\_GRP**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

General

1.

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Multi-specialty

2.

Gastroenterology

3.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Ophthalmology

4.

Orthopedics

5.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Pain Block

6.

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Plastic Surgery

7.

Ear, Nose and Throat

8.



**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

Obstetrics - Gynecology

9.

Urology

10.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Other specialty

11.

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**ASL\_STRET**

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

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

- ◆ (Abstractions can be done at one location for multiple ASL's)

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**ASL\_PHONE**

**What is (name)'s telephone number or the telephone number where the abstractions will be done?** Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**ASL\_CONTACT**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

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

Text:

TE

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:



**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**RS**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**TOTAL\_VISITS**

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

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

PRF\_WKLD

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**MULTIASCFLAG**

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

Text:

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**EXIT\_REFUSAL**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

◆ Are you exiting this case because of a refusal?

Text:

Yes, potential refusal

1.



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No

2.

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**CALLBACKNOTES**

Text:

I'd like to schedule a DATE to (conduct the interview/complete the interview/follow-up on missing items) the interview.

What DATE AND TIME would be best to visit again?

◆ Today is: ^IntDate

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**THANKCB**

**Thank you. I will call/come back at the time suggested**

- ◆ [Revisit \(Appointment information\)](#)

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**THANKYOU**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

**ELIGFS**

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◆ Does this facility have an eligible ASC?

Text:

Yes

1.

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No

2.



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**VSFS101**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**How many visits are expected during the reporting period?**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**VSFSLY**

**How many visits were there to this ASC last year?**

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**REFUSE**

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

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

Text:

**Attachment P: Freestanding Ambulatory Surgery Center Induction Form**

**WHOMAS**

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

◆ By Whom?

Text:

ASC administrator

1.

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ASC Director

2.

Approval board or official

3.



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Other ASC official

4.

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**TELPERAS**

◆ Was the refusal by telephone or in person?

Text:

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

Telephone

1.

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

In Person

2.

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**REASONAS**

◆ What reason was given?

Text:

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CONVAS

**Attachment P:** Freestanding Ambulatory Surgery Center Induction Form

◆ Was conversion attempted?

Text:

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Yes

1.

No

2.



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