### **National Hospital Care Survey**

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

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential; will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls; and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

**Notice** – Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0212).

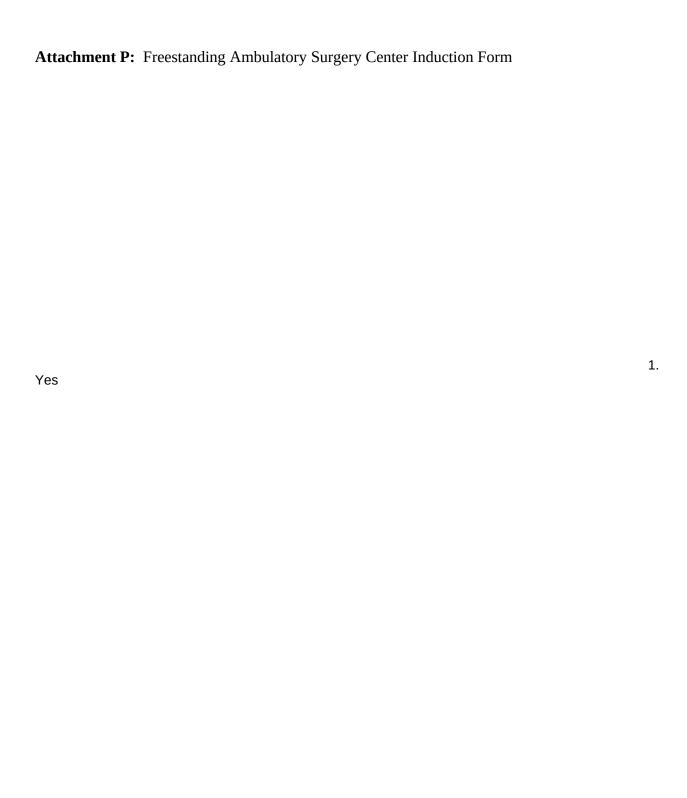
<b>Attachment P:</b>	Freestanding Ambulatory Surgery Center Induction Form

INTRO\_SCR

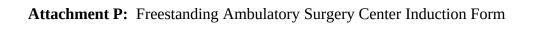
Hello (Respondent's name),

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.



No 2.



Unknown 3.

INTRO\_SCR\_PT

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.

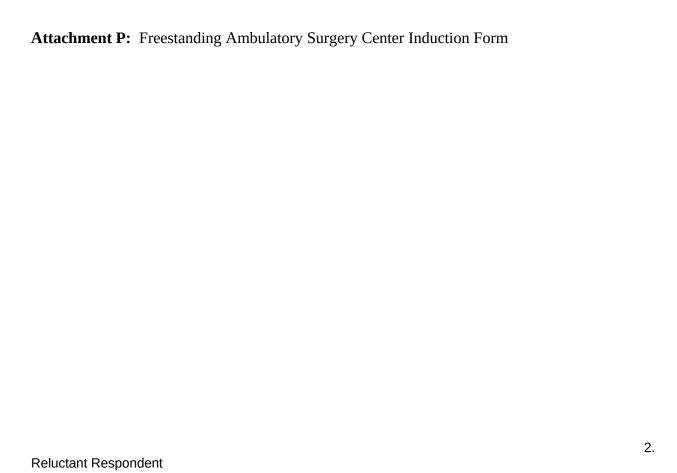
INTRO\_IND

Attachment P:	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

1. Continue

Text:



P	Attachment P:	Freestanding An	nbulatory Surgery	Center Ind	uction Form

Inconvenient time

4. Other Outcome

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Fo	rm
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Conduct/continue induction by phone

5.



Attachment P: Freestanding Ambulatory Surgery Center Induction Form	
Correct person, Correct person called to the phone, or call is transferred to correct person	1

	2.
Unknown/no longer there	
Reached on a different number	3.

<b>Attachment P:</b> 1	Freestanding Ambulatory Surgery Center Induction Form	
Not available now,	not at desk, etc.	4.
On vacation or othe	erwise temporarily away from work	5.



<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
	Toyt
◆ Do you want to callback later to try and speak to (Respondent's name)	Text:
<ul> <li>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)</li> </ul>	Text:
or do you want to continue with a new/different respondent? REPORTING	Text:
or do you want to continue with a new/different respondent? REPORTING	Text:
or do you want to continue with a new/different respondent? REPORTING	Text:
or do you want to continue with a new/different respondent? REPORTING	Text:
or do you want to continue with a new/different respondent? REPORTING	Text:
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or do you want to continue with a new/different respondent? REPORTING	Text:
or do you want to continue with a new/different respondent? REPORTING	Text:
or do you want to continue with a new/different respondent? REPORTING	Text:

Attachment P:	Freestanding Ambula	tory Surgery Cer	iter Induction Fo	orm	
					1.
Callback later					
					2
Continue with new	/different respondent				2.

KNOWL\_RESP



Person you are speaking with can help	1

Someone else can help

2.

<b>Attachment P:</b>	Freestanding	<b>Ambulatory</b>	Surgery	Center	Induction	Form
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**TRANSFER** 





2.

No

Attachment P:	Freestanding	<b>Ambulatory</b>	Surgery	Center	Induction F	orm
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INTROB

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form
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?)
1. Continue



Attachment P:	Freestanding Ambulatory Surgery Center Induction Form	
Other Outcome		4.

Attachment P:	Freestanding	<b>Ambulatory</b>	Surgery	Center	Induction 1	Form
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**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.



2.

No

ASC\_NAME

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
	Text:
What is your ASC's name?	
	1.
Enter 1 to update information	

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form

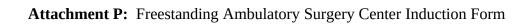
Continue

2.

ADDCHEK

Text: Is your ASC located at (Facility Address)

Yes 1.

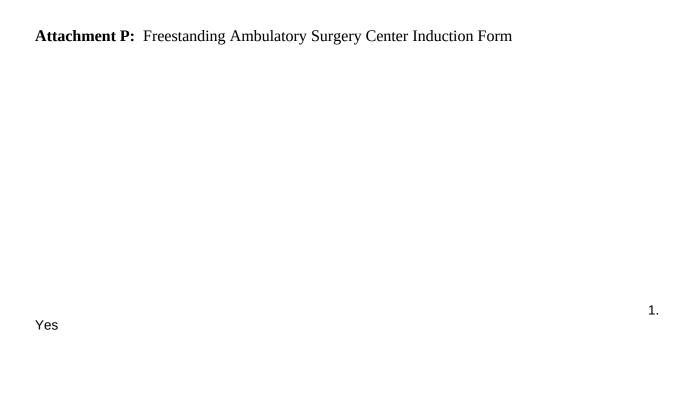


No

Attachment P:	Freestanding Ambula	tory Surgery Cer	nter Induction Fo	rm	
ASC_ADDRESS					
What is the corre	ect address?				Text:



Attachment P:	Freestanding .	Ambulatory S	urgery Center	r Induction Fo	rm	
MAILADD						
						Text:
Is this the mailing	g address?					



No.

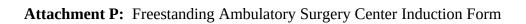
Attachment P: Freestanding Ambulatory Surgery Center Induction Form	
MASC_STRET	
What is the correct mailing address?	Text:

INTRO\_AB



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:
<ul> <li>Do not ask item if facility is an eye surgery center.</li> <li>Is ambulatory (outpatient) surgery or ambulatory diagnostic or therapeutic procedures currently</li> </ul>
performed in this facility?



1.

Yes

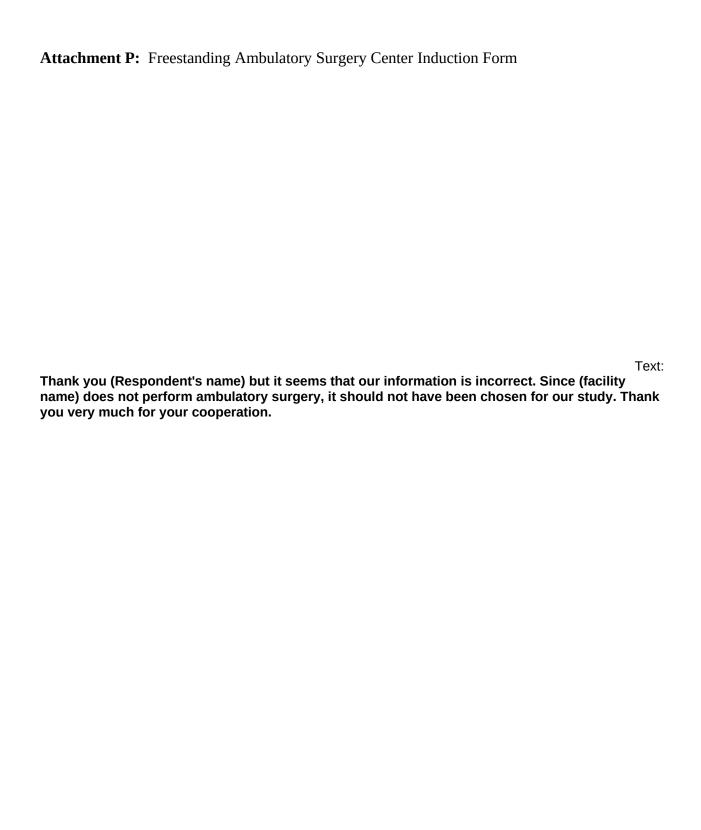
Attachment P:	Freestanding Ambulator	ry Surgery Center II	nduction Form	
No				2

Eye surgery center

3.



THANK\_B1



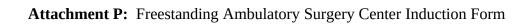
<b>Attachment P:</b>	Freestanding	Ambulatory	Surgery	Center	Induction	Form
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**INELSPEC** 

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form
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?

1.

Yes



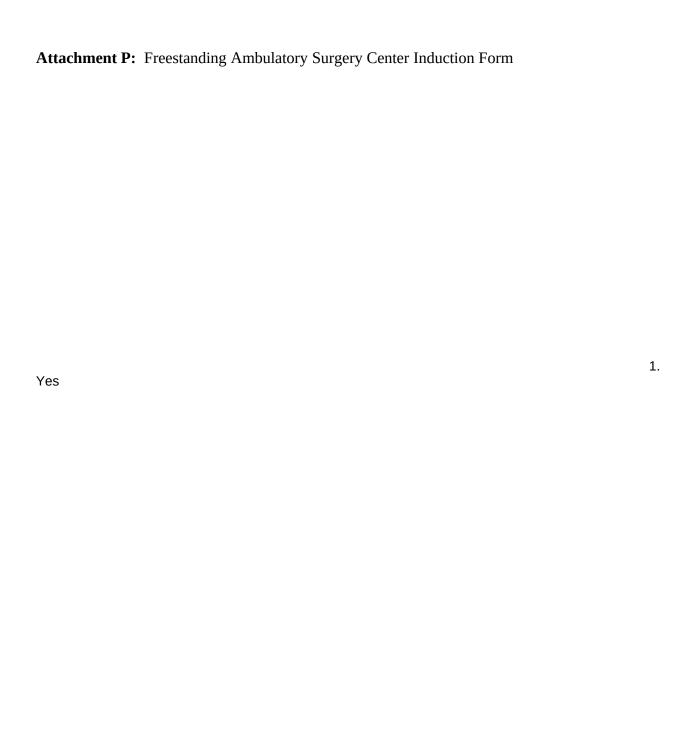
2.

No



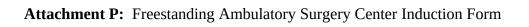
name)'s specialty is out-of-scope for our study, it should not have been chosen for our study. Thank you very much for your cooperation.

Attachment P:	Freestanding Ambulato	ry Surgery Cente	er Induction Form		
110460					
LICASC					
				-	Гехt:
Is this facility cu	rrently licensed by the st	tate?			i OAL



No 2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form	
PRNTLIC	
THATEIG	
	Toyet
It is important for us to determine whether or not your facility operates under the license or	Text:
Provider of Services (POS) number of a parent facility. Does your ASC operate under the license of a parent facility?	



Yes 1.

2. No

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form





Yes 1.

2. No

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:

PARFAC\_STRET

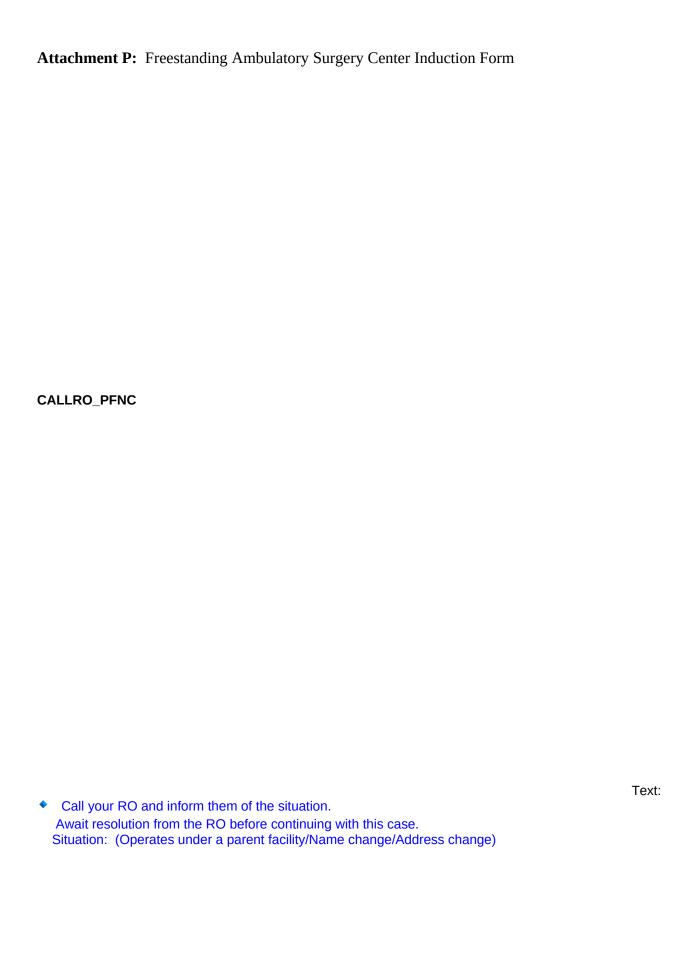
Attachment P:	Freestanding	Ambulatory	Surgery	Center	Induction I	Form
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What is the address of (Parent Facility Name)?

Text:

PFNC\_THANK

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form			
Thank you for yo		Text:		
Thank you for your time and assistance. We may contact you again in a few days regarding participation in this study.				



OWNASC	
Is this facility owned, operated, or managed by -  Read answer categories	Text

Attachment P:	Freestanding An	nbulatory Surge	ery Center Indu	iction Form	
					1.
A hospital					
					2.
One or more phys	sicians				

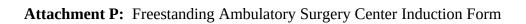
Attachment P: Freestanding Ambulatory Surgery Center Induction Form				
Health maintenance organization	3.			
Another health care provider	4.			

Attachment P: Freestanding Ambulatory Surgery Center Induction Form	
	_
	5
A health care corporation that owns multiple health care facilities (e.g., HCA or Health South)	5
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<b>Attachment P:</b>	Freestanding	Ambulatory	Surgery	Center	Induction Fo
Attacimient P:	rieestanding	AIIIDUIdioiv	Surgery	Center	maucuon i

6. Other

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form	
ONESPEC		
le the embulator	Te	xt:
is the ambulator	y (outpatient) surgery performed here primarily one specialty?	



Yes 1.

No 2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form	
SPECNAME	
What is the specialty?	Text:

Attachment P:	Freestanding Ambulatory So	urgery Center Induction Form	
			1.
General Surgery			
Gastroenterology			2.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form					

Ophthalmology

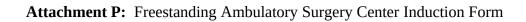
3.

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form	
Outhornalisa		4
Orthopedics		

Plastic Surgery

5.

Attachment P:	Freestanding Ambulatory	Surgery Center In	nduction Form	
Pain Block				6.
Urology				7.

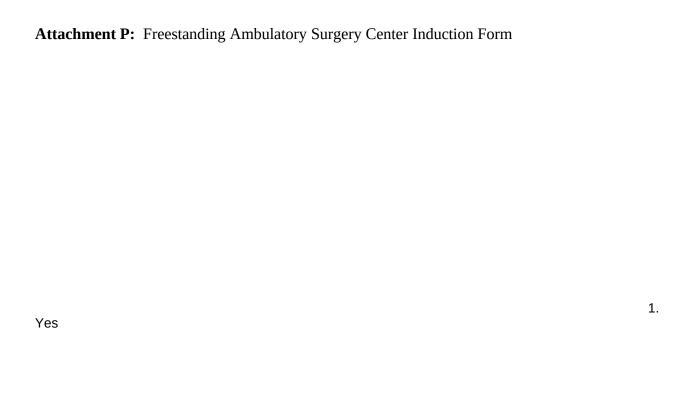


Ear, Nose, and Throat (ENT)
9. Obstetrics-Gynecology (OBGYN)
10. Other specialty

8.



<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
MULTSPEC	
Is the ambulatory (outpatient) surgery performed here multi-specialty?	Text:



No

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.	ext
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.	е

Attachment P:	Freestanding	<b>Ambulatory</b>	Surgery	Center	Induction F	orm
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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

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

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	Freestanding Ambulatory Surgery Center Induction Form			
** NOT DISPLAYED **	xt:			

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

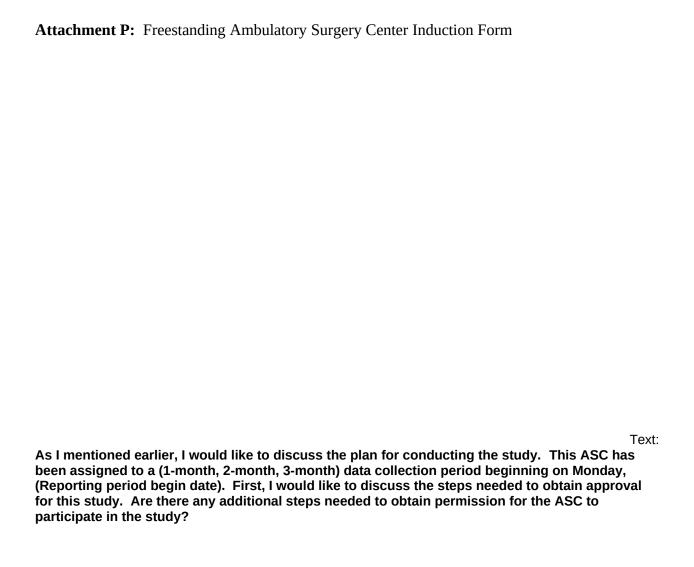
Text:

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	<b>Ambulatory</b>	Surgery	Center	Induction F	orm
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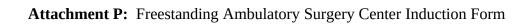
**PERMPART** 



<b>Attachment P:</b>	Freestanding	<b>Ambulatory</b>	Surgery	Center	Induction	Form
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Yes

No 2.



PERMPART\_SP

Attachment P: Freestanding Ambulatory Surgery Center Induction Form	
Please specify the necessary steps.  • Be sure to ask for the name, title, address and phone of the person(s) able to grant permission	Text:

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form	
PERM_THANK		
		Text:
Thank you for yo	our time	. 57

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form	
RO_PERMISSION	N	
	٦	Text:
	onal office and inform them of the situation.	
Await guidance	e before continuing with the case.	

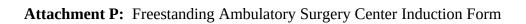
Attachment P: Freestanding Ambulatory Surgery Center Induction Form
VSREPPER
Text:
Now I would like to make arrangements to obtain the information needed for sampling. I will need
to (verify/know) how your ambulatory surgery center is organized and obtain an estimate of the number of patient visits expected 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.
Respondent		
		2.
Someone Else		۷.

Attachment P:	Freestanding	Ambulatory	Surgery	Center	Induction	Form
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<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
	ext:
What is the name of the person I should talk to?  ◆ Enter 1 to enter/update contact person information or change respondent	

Attachment P:	Freestanding Ambulatory	y Surgery Center	Induction Form	
New contact				1.
New contact				
				2.
Continue interviev	V			



THANK\_RESP

Attachment P:	Freestanding Ambu	latory Surgery Center	Induction Form	
		tion		Text:
Thank you for yo	our time and coopera			
Thank you for yo	our time and coopera			
Thank you for yo	our time and coopera			
Thank you for yo	our time and coopera			
Thank you for yo	our time and coopera			
Thank you for yo	our time and coopera			
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Thank you for yo	our time and coopera			
Thank you for yo	our time and coopera			
Thank you for yo	our time and coopera			

Attachment P:	Freestanding Ambulatory Surgery Cen	ter Induction Form	
REACH_CPERSO	О		
		7	Гехt:
	ontacts available to answer the questions a press F10 to set an appointment		
ii ullavallable, p	oress F10 to set an appointment		



Yes

NEWC\_INTRO

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.



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

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

Cardiac catheterization labs
Laser procedures rooms

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction F	orm
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**Cystoscopy rooms** 

Pain block rooms

1.

Continue

<b>Attachment P:</b>	Freestanding	<b>Ambulatory</b>	Surgery	Center	Induction	Form
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No in-scope ^centerslocations

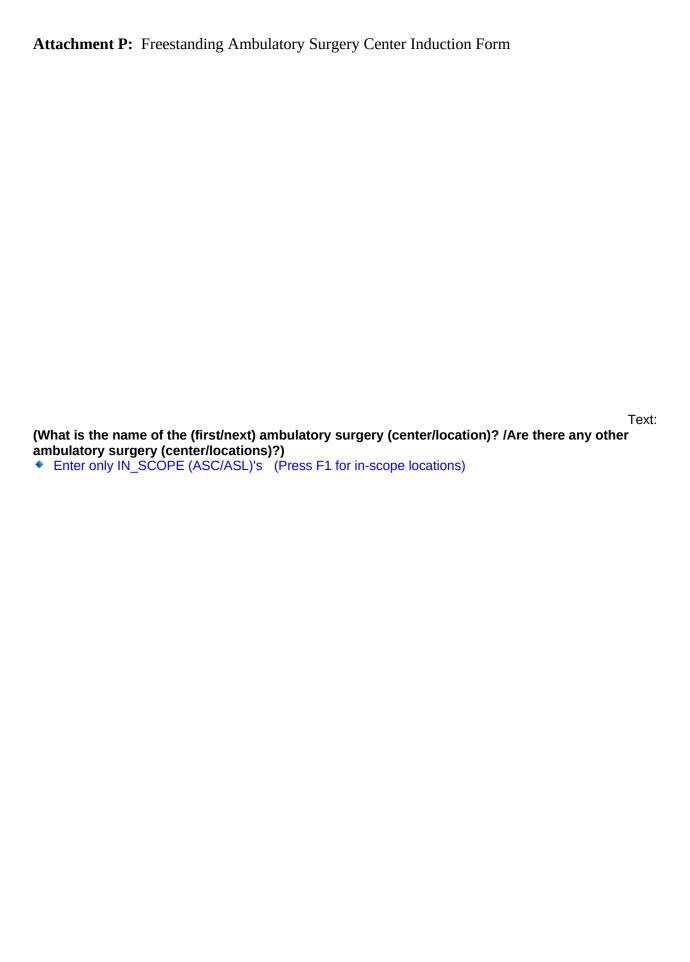
2.



<b>Attachment P:</b> 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)
the next row in No, Enter 97 to delete)



ASL\_NAME

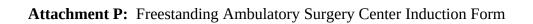


Text

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form
General	
Multi-specialty	2.

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form	
		3.
Gastroenterology		•
		4.
Ophthalmology		٦.

<b>Attachment P:</b>	Freestanding Ambulatory Surgery Center Induction Form		
		5.	
Orthopedics		J.	
		6.	
Pain Block			



Plastic Surgery

Ear, Nose, and Throat (ENT)	8.

Obstetrics – Gynecology (OBGYN)

9.

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form					
Urology				10.	
Other specialty				11.	



ASL\_EVISITS





CHECK\_EVISITS

Text:

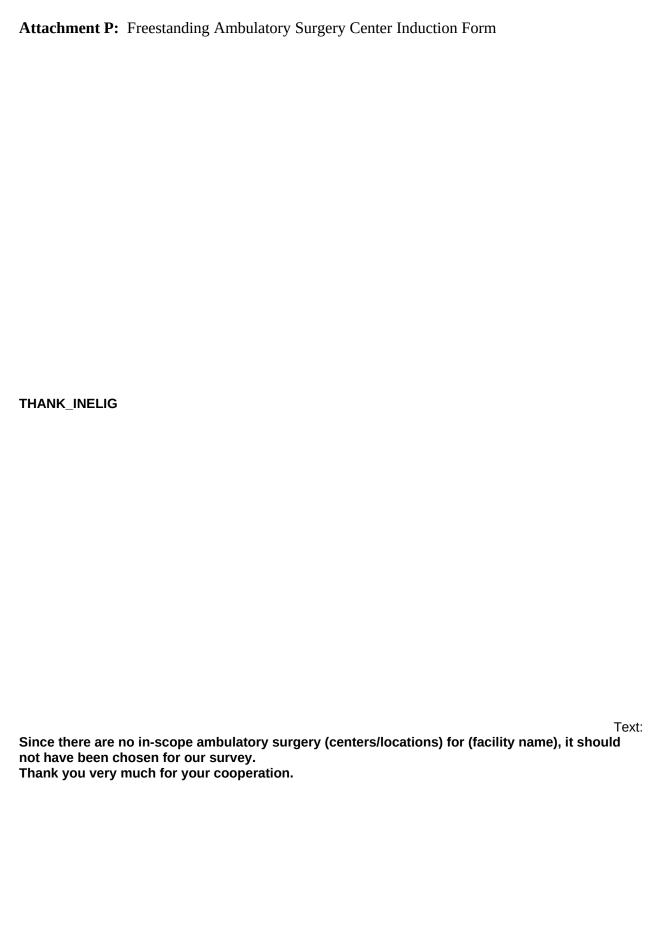
You have indicated that none of your ambulatory surgery (centers/locations) will be seeing patients from (Reporting period begin date) to (Reporting period end date). Is that correct?

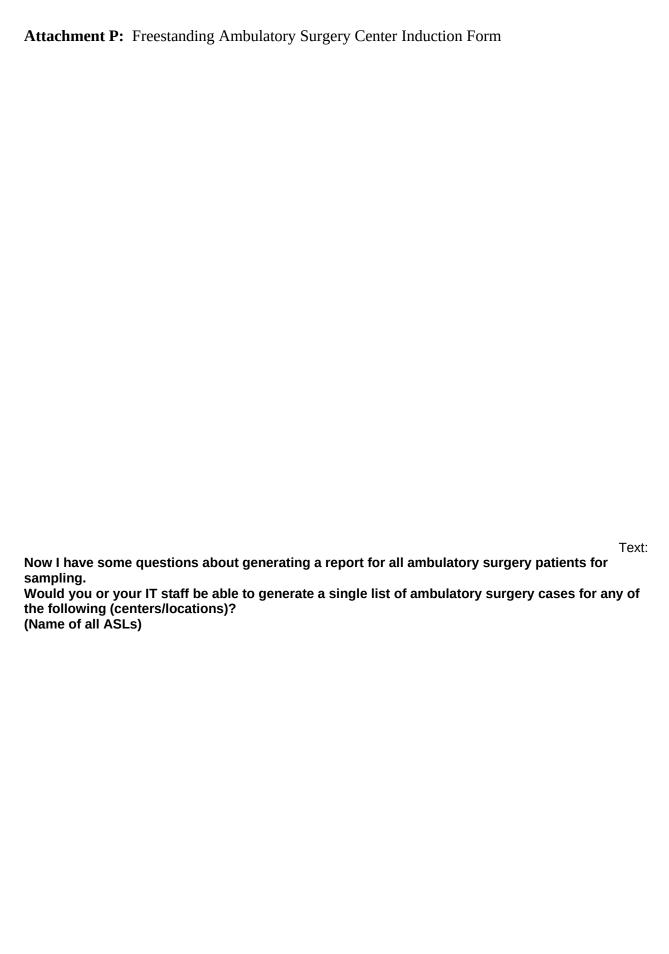
1.

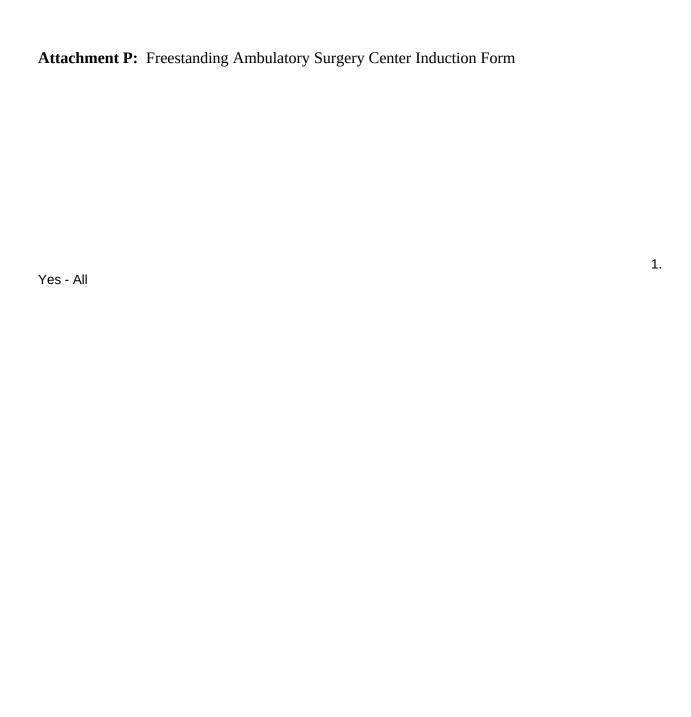
Yes



No







Yes - Some Locations

2.



No

ASCLISTB

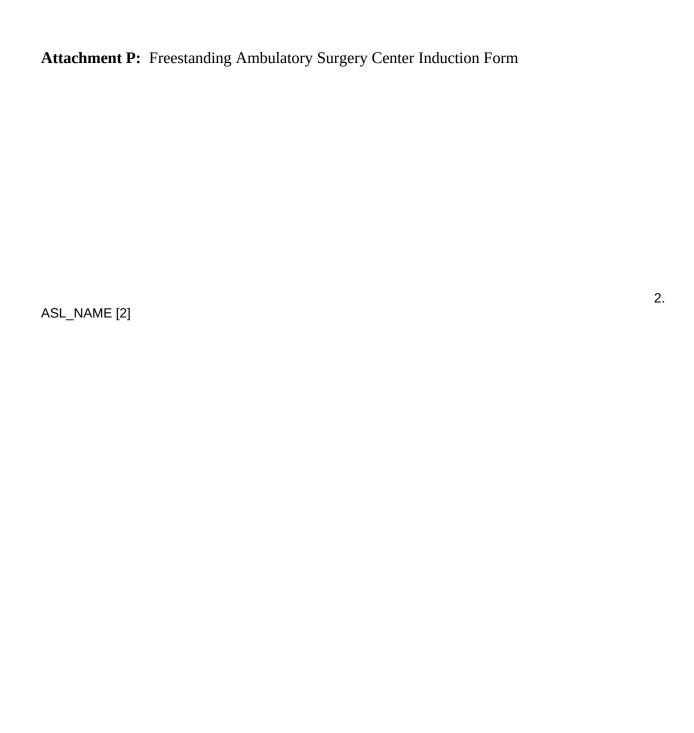
Text:

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

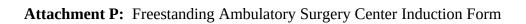
• Enter all that apply, separate with commas

1.

ASL\_NAME [1]



ASL\_NAME [3]



4. ASL\_NAME [4]

5. ASL\_NAME [5]



6.



7. ASL\_NAME [7]

ASL\_NAME [8]



10. ASL\_NAME [10]



11.

ASL\_NAME [11]

<b>Attachment P:</b>	Freestanding	Ambulatory	Surgery	Center	Induction	Form
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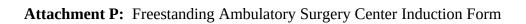
12. ASL\_NAME [12]

13. ASL\_NAME [13]



14. ASL\_NAME [14]

15. ASL\_NAME [15]



IT\_CNAME

Attachment P: Freestanding Ambulatory Surgery Center Induction Form	
	Text
What is the name of the IT contact?	
what is the name of the fr contact:	
what is the name of the H contact:	
what is the name of the H contact?	
what is the name of the H contact?	
what is the name of the H contact?	
what is the name of the H contact?	
what is the name of the H contact?	
what is the name of the H contact:	
what is the name of the H contact:	
What is the name of the fit contact:	
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what is the name of the H contact:	
what is the halle of the fit contact:	



IT\_CTITLE

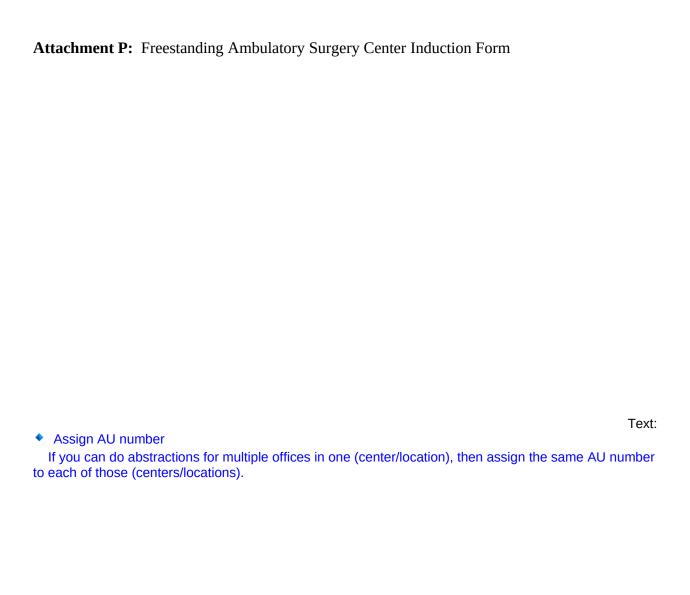
Attachment P: Freestanding Ambulatory Surgery Center Induction Form				
	<b>-</b> .			
What is (IT contact name)'s title?	Text:			

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form	
IT_CSTRET		
		Text:
What is (IT conta	act name)'s address? nber and street or press enter if same	ı GAL.
▼ Enternum	niber and street or press effici it saffle	

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form
IT_CPHONE
Text:
What is (IT contact name)'s phone number?

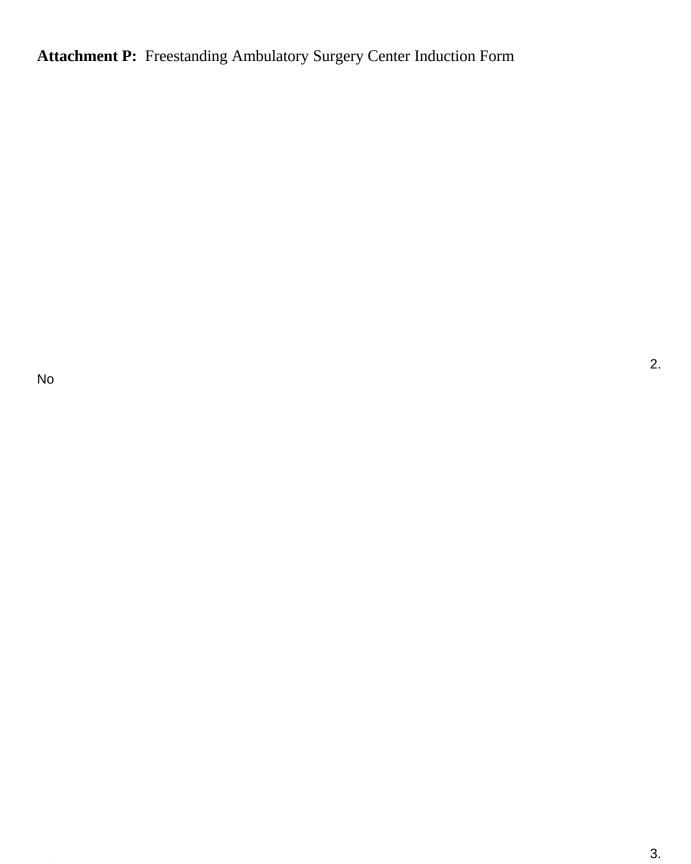


AU\_NUMBER



**EBILLRECA** 

Attachment P: Freestanding Ambulatory Surgery Center Induction Form	
Does your ASC submit any <u>CLAIMS</u> electronically (electronic billing)?	Text:
	1.
Yes	



Unknown

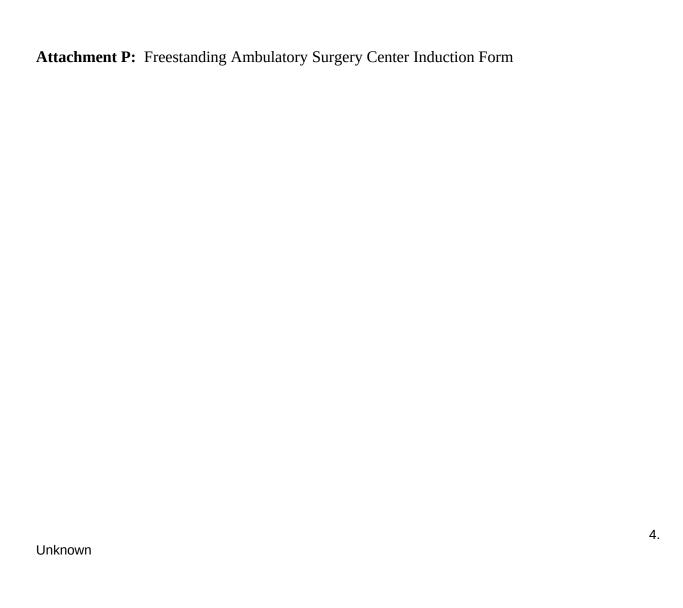
164

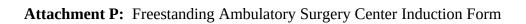


**EMEDRECA** 

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
Does your ASC <u>use</u> an electronic HEALTH record (EHR) or electronic MEDICAL record (EM) system? Do not include billing record systems.	Text:
Yes, all electronic	1.







**EHRINSYRA** 

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
In which year did your ASC install your EHR/EMR system?	Text:



Attachment P:	Freestanding Ambulatory Surg	gery Center Induction Form	
Yes, all electronic			1.
res, an electronic			
No			2.
Unknown			3.



EHRNAMA13

Attachment P:	Freestanding Ambi	ulatory Surgery (	Center Induction	Form	
What is the name	e of your ASC's curi	ent EHR/EMR sy	stem?		Text:



Attachment P:	Freestanding Ambulator	y Surgery Center I	Induction Form		
				;	3.
athenahealth					
Cerner					4.
Cemei					

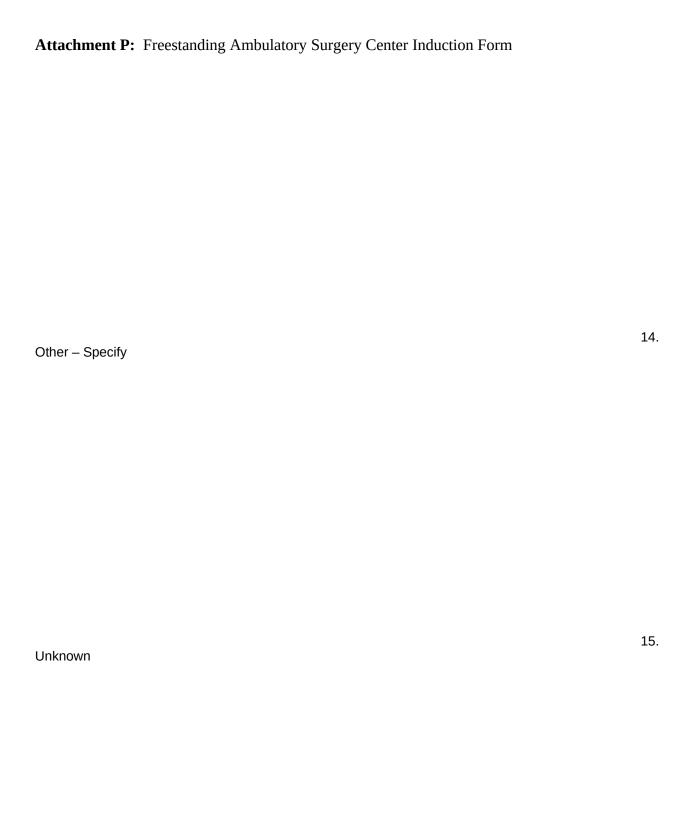
## **Attachment P:** Freestanding Ambulatory Surgery Center Induction Form 5. eClinicalWorks 6. e-MDs

Epic

7.

GE/Centricity	8.
Greenway Medical	9.
McKesson/Practice Partner	10.

Practice Fusion	11.
NextGen	12.
	13.
Sage/Vitera	



<b>Attachment P:</b>	Freestanding	<b>Ambulatory</b>	Surgery	Center	Induction	Form
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**EHRNAMOTHA** 

Description: Other-Specify name of EHR/EMR system

Other-Specify name of EHR/EMR system

Attachment P:	Freestanding	<b>Ambulatory</b>	Surgery	Center	Induction	Form
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◆ Enter name of EHR/EMR system

Text:

**EHRINSA** 

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form
--

Text:

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

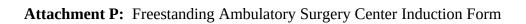
1.

Yes

Attachment P:	Freestanding	Ambulatory	Surgery	Center	Induction	Form
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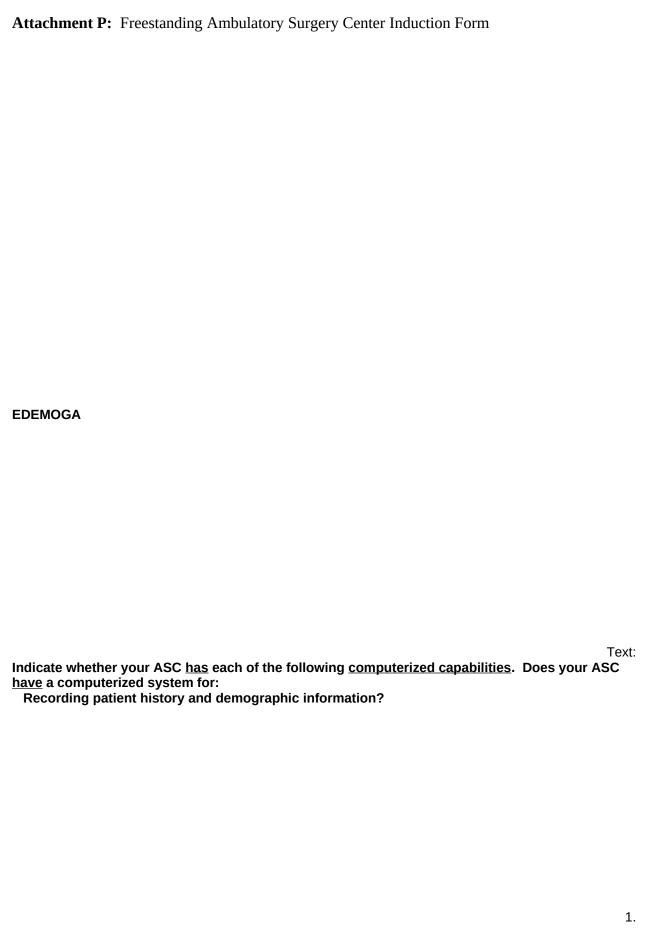
No 2.

Maybe 3.



4.

Unknown



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

Unknown	5.
EPROLSTA	
Does this include a patient problem list?	Text:

Attachment P: Freestanding Ambulatory Surgery Center Induction Form	
es, used routinely	1.
	2.
es, but not used routinely	۷.
res, but turned off or not used	3.

No			4.

5. Unknown

EVITALA

# Text: Recording and charting vital signs? 1. Yes, used routinely 2. Yes, but not used routinely

Yes, but turned off or not used

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

3.

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form		
		4	
No			
Unknown		5	

ESMOKEA	
Recording patient smoking status?	Text:
Yes, used routinely	1.
Yes, but not used routinely	2.

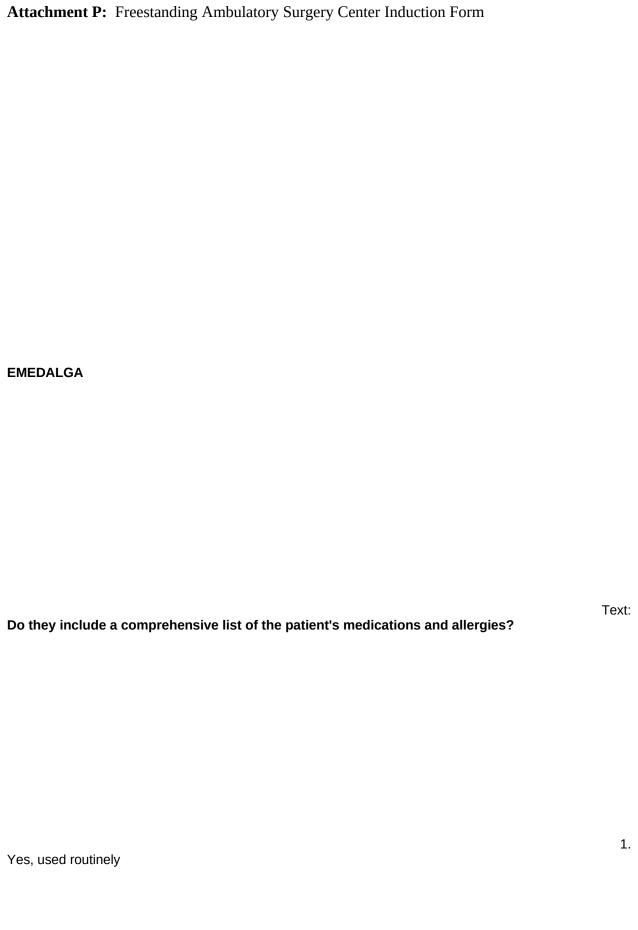
Yes, but turned off or not used		3
No		4

Unknown

5.

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
EPNOTESA	
_	
Recording clinical notes?	ext:
	1.
Yes, used routinely	
	2.

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



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.
ECPOEA	
	Text:
Ordering prescriptions?	
Yes, used routinely	1.

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

<b>Attachment P:</b>	Freestanding Ambulatory Surgery Center Induction Form	
ESCRIPA		
	_	
Are prescriptions	$^{ extsf{T}}$ s sent electronically to the pharmacy?	ext:
Are prescription.	3 Sent electronically to the pharmacy.	

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

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.

No	4.
	_
Unknown	5.

EREMINDA

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	n
	Text:
Indicate whether your ASC $\underline{\text{has}}$ each of the following $\underline{\text{computerized capabilities}}.$ computerized system for:	
Providing reminders for guideline-based interventions or screening tests?	
	1.
Yes, used routinely	
	2.
Yes, but not used routinely	

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
Yes, but turned off or not used	
	4.
No	
Unknown	5.

ECTOEA	
Ordering lab tests?	Text:
Yes, used routinely	1.
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	
EORDERA	
Are orders sent electronically?	Text:
	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 <u>has</u> each of the following <u>computerized capabilities</u> . computerized system for: <b>Viewing lab results?</b>	Text: Does your ASC <u>have</u> a
	1.
Yes, used routinely	
Yes, but not used routinely	2.
Yes, but turned off or not used	3.

No	
No	
No	
No	
No	
No	_
	4
	5

**EGRAPHA** 

Unknown

<b>Attachment P:</b> 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.

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

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	1
EIMGRESA	
	Tout
Indicate whether your ASC <u>has</u> each of the following <u>computerized capabilities</u> .	<b>Text</b> : Does your ASC <u>have</u> a
computerized system for: Viewing imaging results?	
Yes, used routinely	1.
100, adda roddinory	
	2.

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



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

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form
Halman	5
Unknown	

**ECQMA** 

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.

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form			
No			4.
No			
			_
Unknown			5.

<b>Attachment P:</b> 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.

Yes, but turned off or not used		3
No		4

Unknown

5.

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
EIMMREGA	
	Text:
Electronic reporting to immunization registries?	10/11
Yes, used routinely	1.

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



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.

<b>Attachment P:</b> F	Freestanding	Ambulatory	Surgery	Center	Induction	Form
------------------------	--------------	------------	---------	--------	-----------	------

4. No

Unknown 5.

**EMSGA** 

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
Exchanging secure messages with patients?	Гext:
Yes, used routinely	1.
Yes, but not used routinely	2.

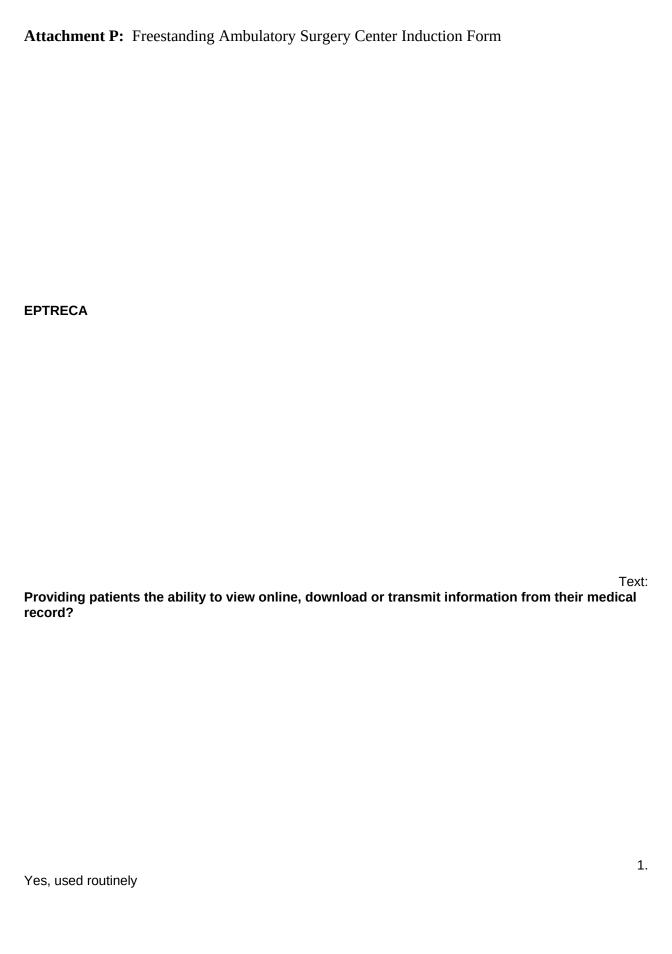
# Attachment P: Freestanding Ambulatory Surgery Center Induction Form Yes, but turned off or not used 4. No

Unknown

5.

Attachment P: Freestanding Ambulatory Surgery Center Induction Form	
EHLTHINFOA	
	Tout
Providing patients with an electronic copy of their health information?	Text:
Yes, used routinely	1.
	2.
Yes, but not used routinely	

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	
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** 

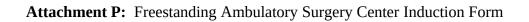
Reconciling lists of patient's medications to identify the most accurate list?	Text:
Yes, used routinely	1.
Yes, but not used routinely	2.

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

# **ESHAREA** Text: Does your ASC share any patient health information <u>electronically</u> (not fax) with other providers, including hospitals, ambulatory providers, or labs? 1. Yes 2. No

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
ESHAREHOWA	
How does your ACC clostyspically show noticet booth information?	Text:
How does your ASC electronically share patient health information?  ◆ Enter all that apply, separate with commas	
EHR/EMR	1.
LI II V LIVII V	
Male market (compared from EUD/EMD)	2.
Web portal (separate from EHR/EMR)	

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
Other electronic method:	3.
ESHAREHOWOTHA	



Text: ◆ Specify other electronic method

LABRESA

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
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	Text: <b>f</b>
Hospitals with which your ASC is affiliated	11
Ambulatory providers inside your ASC	2.

Hospitals with which your ASC is not affiliated	3.
Ambulatory providers outside your ASC	4.
IMAGREPA	

<b>Attachment P:</b> 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.

Hospitals with which your ASC is not affiliated	3.
Ambulatory providers outside your ASC	4.
PTPROBA	

Patient problem lists?  ◆ Enter all that apply, separate with commas	Text:
Hospitals with which your ASC is affiliated	1.
Ambulatory providers inside your ASC	2.
Hospitals with which your ASC is not affiliated	3.



Medication lists?  ◆ Enter all that apply, separate with commas	Text:
Hospitals with which your ASC is affiliated	1.
Ambulatory providers inside your ASC	2.
Hospitals with which your ASC is not affiliated	3.



Medication allergy lists?  ◆ Enter all that apply, separate with commas	
	1.
Hospitals with which your ASC is affiliated	1.
	2.
Ambulatory providers inside your ASC	

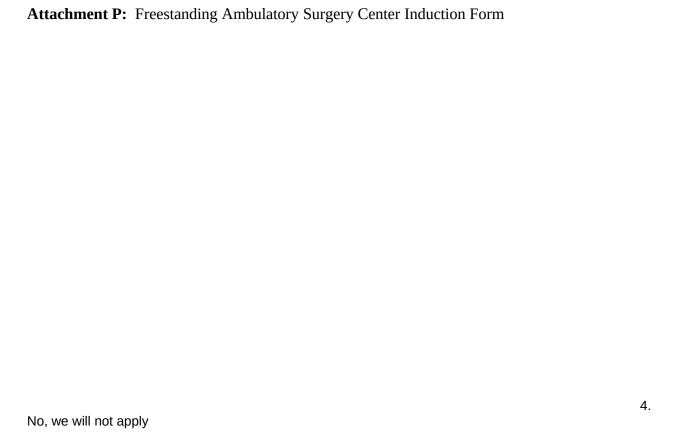
<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
	3.
Hospitals with which your ASC is not affiliated	
Ambulatory providers outside your ASC	4.



MUINCA

Attachment P:	Freestanding Ambulatory Sur	gery Center Induction Fo	rm
Medicare and Me	edicaid offer incentives to prac	tices that demonstrate "m	Text:
IT". Does your A	ASC have plans to apply for the	ese incentive payments?	eaningial ase of fleath
Vaa uus alvaadu s	analiad		1.
Yes, we already a	аррнеа		

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
	2.
Yes, we intend to apply	۷.
Uncertain whether we will apply	3.



Attachment P:	Freestanding Ambulatory Surgery Center Induction Form

Text:

If MUINC = 1 or 2

**MUYEARA** 

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



1.

2. 3.

2012 2013

4.

2014 or later

5.

Unknown

### **REMACCA** If PAYHITA=1

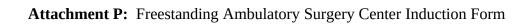
Text: Now I'd like to ask you some questions about your ASC's electronic health records system. Can this system be accessed from the outside by entities not associated with the ASC?

- 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



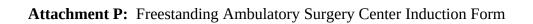
ASL\_SPEC\_GRP

Attachment P: Freestanding Ambulatory Surgery Center Induction Form	
** SHOW ONLY **	Text:
	1.

General

<b>Attachment P:</b>	Freestanding Ambulatory Surgery Center Induction Form	
Multi-specialty		2.
Gastroenterology		3.

<b>Attachment P:</b>	Freestanding Ambulatory Surgery Center Induction Form	
		4.
Ophthalmology		
Orthopedics		5.
Orthopeules		



6.

Pain Block

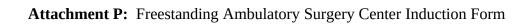
Attachment P:	Freestanding	Ambulatory	Surgery	Center	Induction	Form
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7. Plastic Surgery

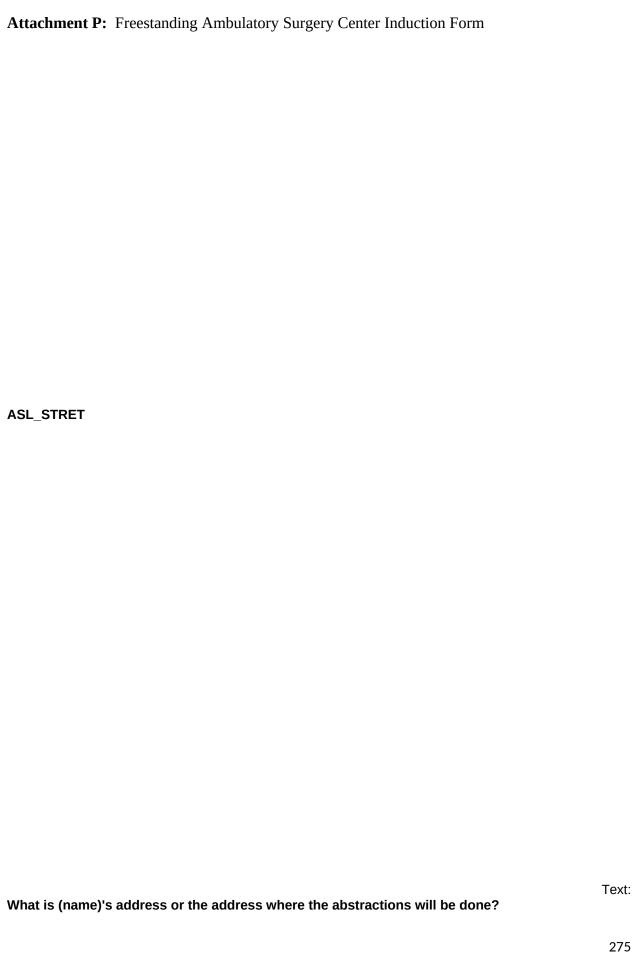
Ear, Nose and Throat

8.

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
	9.
Obstetrics - Gynecology	
Urology	10.
o.olog,	



Other specialty



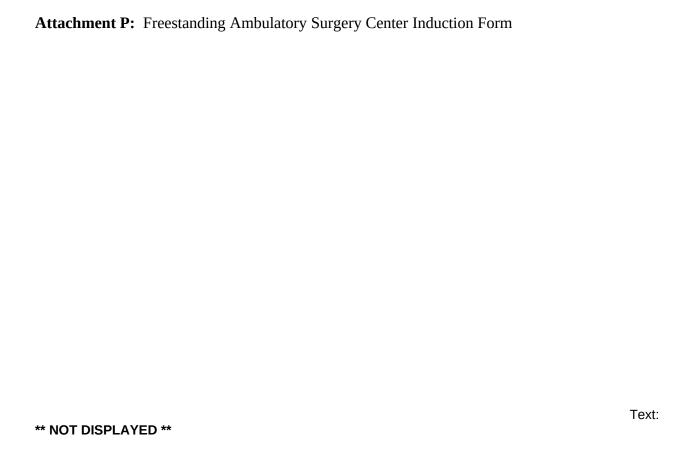
• (Abstractions can be done at one location for multiple ASL's)

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form
ACL BUONE
ASL_PHONE
Text:
What is (name)'s telephone number or the telephone number where the abstractions will be done?



ASL\_CONTACT

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
◆ Enter ambulatory surgery (center/location) contact person's name	Text:
TE	



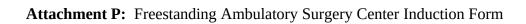
RS

<b>Attachment P:</b>	Freestanding	<b>Ambulatory</b>	Surgery	Center	Induction F	orm
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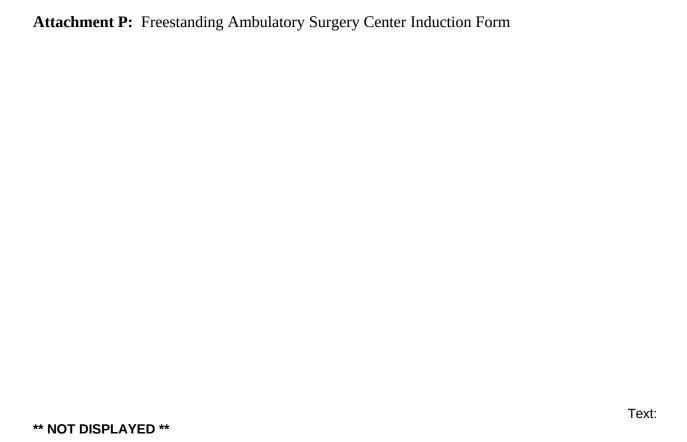
\*\* NOT DISPLAYED \*\*

Text:

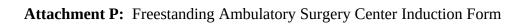
Attachment P: Freestanding Ambulatory Surgery Center Induction Form			
TOTAL_VISITS			
	Total		
** NOT Displaye	d **		



PRF\_WKLD

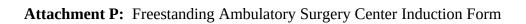


<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form	
MULTIASCFLAG	
	<b>-</b> .
** Not Displayed **	Text:



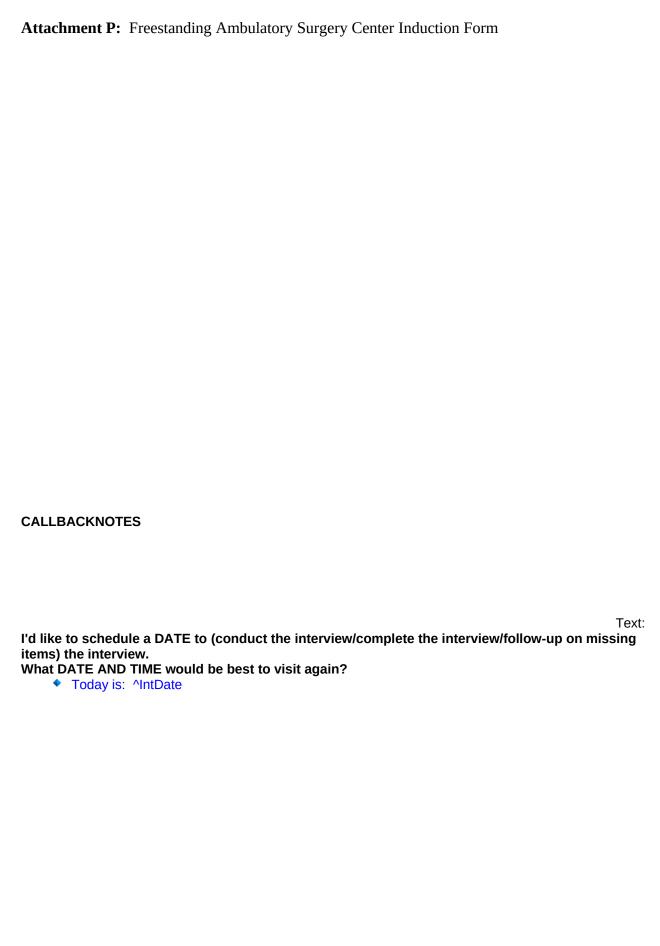
EXIT\_REFUSAL

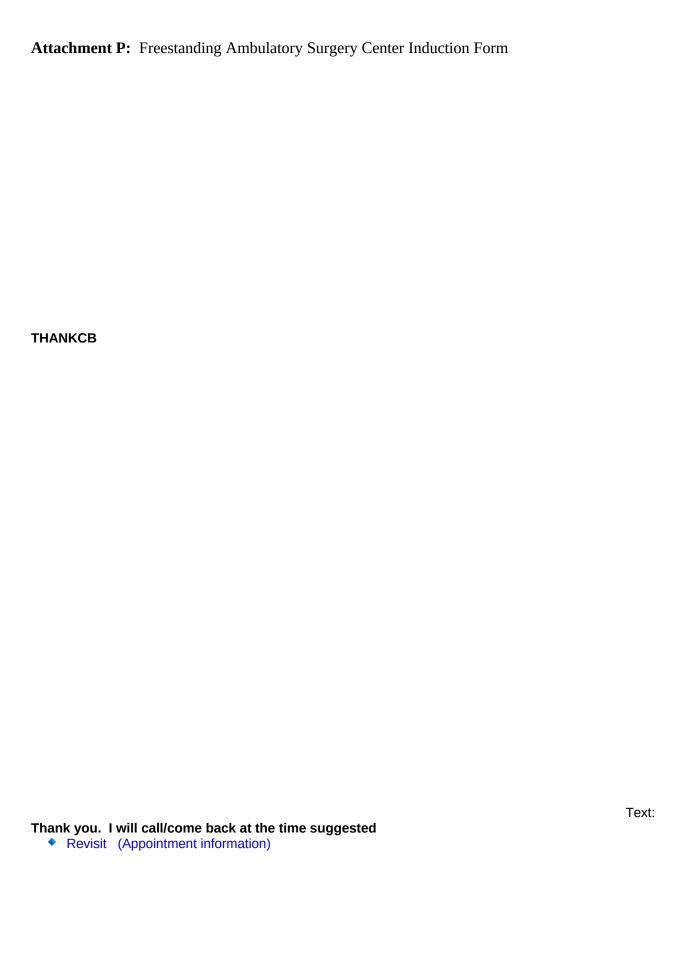
<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form				
			Text:	
<ul> <li>Are you exiting</li> </ul>	g this case because of a refus	al?		
Yes, potential refu	usal		1.	



2.

No





THANKYOU

Attachment P: Freestanding Ambulatory Surgery Center Induction Form						
This concludes the interview. questions.	Text: Thank you for your patience, and for taking the time to answer our					
ELIGFS						





2.

No

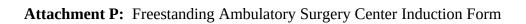
VSFS101

Attachment P:	Freestanding	Ambulatory	Surgery	Center	Induction	Form
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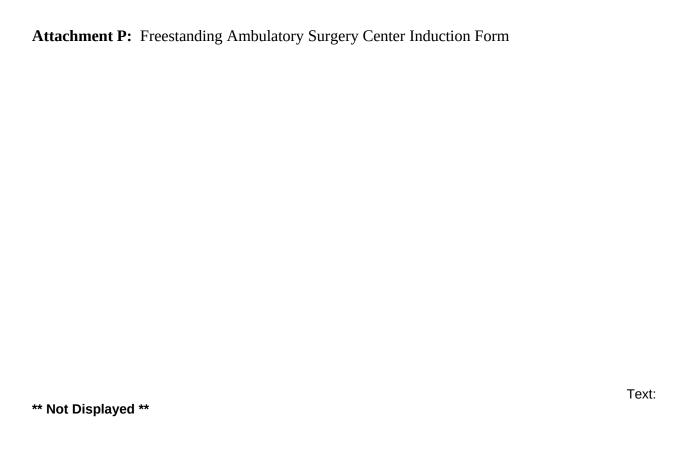
How many visits are expected during the reporting period?

Text:

<b>Attachment P:</b> Freestanding Ambulatory Surgery Center Induction Form					
VSFSLY					
	Text:				
How many visits were there to this ASC last year?	TCAL.				



REFUSE



WHOMAS

<b>Attachment P:</b>	Freestanding	Ambulatory	Surgery	Center	Induction	Form
Attachinent 1.	ricestanung	Amounator y	Juigery	Center	muucuon	T.O

Text: 

By Whom?

ASC administrator

1.

<b>Attachment P:</b> Freestanding A	Ambulatory Surgery Ce	nter Induction Form	
			2.
ASC Director			۷.
Approval board or official			3.



4.

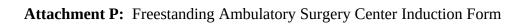
Other ASC official

Attachment P:	Freestanding Ambulatory Surgery Center Induction Form				
TELPERAS					
<ul> <li>Was the refusa</li> </ul>	al by telephone or in person?	Text:			



In Person

Attachment P:	P: Freestanding Ambulatory Surgery Center Induction Form					
REASONAS						
REASONAS						
		T				
◆ What reason v	was given?	Text:				



CONVAS

Attachment P:	Freestanding A	nbulatory Sur	gery Center I	Induction Form		
					_	<b>- 4</b> -
♦ Was conversion	on attempted?				,	Гехt:

Attachment P:	Freestanding	Ambulatory	Surgery Center	Induction F	orm
Attaciiiieii F.	rieestanung	Allibulatory	onigery Center	HIGUCUOH F	ווווט

Yes 1.

2. No