Changes to 2014 NHCS Annual Ambulatory Hospital Interview Questions

Modifications are in red. Each row represents a change proposed for 2014.

| **Modification Number** | **Modification Type** | **2013** | **2014** |
| --- | --- | --- | --- |
| 1 | New |  | Has your ED/OPD made an assessment of the potential risks and vulnerabilities of its electronic health information within the last 12 months? This would help identify privacy- or security-related issues that may need to be corrected. (SECURCHCKE/O)  1. Yes  2. No  3. Unknown |
| 2 | New |  | Does your ED/OPD have the capability to electronically send health information to another provider whose EHR system is different from your system? (DIFFEHRE/O)  1. Yes  2. No  3. Unknown |
| 3 | Modified text | Medicare and Medicaid offer incentive to practices that demonstrate “meaningful use of health IT.” Does your hospital have plans to apply for these incentive payments? (MUINC)  1. Yes, we already applied  2. Yes, we intend to apply  3. Uncertain if we will apply  4. No, we will not apply  **If 1 or 2**--When did your hospital first apply or when does your hospital first intend to apply?  (MUYEAR)  1. 2011  2. 2012  3. 2013  4. 2014 or later  5. Unknown | Medicare and Medicaid offer incentive to hospitals that demonstrate “meaningful use of health IT.” Does your hospital have plans to apply for Stage 1 of these incentive payments? (MUINC)  1. Yes, we already applied  2. Yes, we intend to apply  3. Uncertain if we will apply  4. No, we will not apply  **If 1 or 2**—Are there plans to apply for Stage 2 incentive payments? (MUSTAGE2)  1. Yes  2. No  3. Maybe  4. Unknown |
| 4 | New |  | What type of triage system does your ESA use?  1. Emergency Severity Index (ESI)  2. Canadian Triage and Acuity Scale (CTAS)  3. Other, specify  4. Do not conduct triage  5. Unknown |
| 5 | Modified text | How many levels are in (ESA name's) triage system?  1.Three  2. Four  3. Five  4. Other - Specify  ~~5. Do not conduct triage~~ | How many levels are in (ESA name's) triage system?  1.Three  2. Four  3. Five  4. Other - Specify |
| 6 | Modified text | Indicate whether your ED/OPD has each of the following computerized capabilities. Does your ED/OPD have a computerized system for: (EDEMOGE/O)  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown  -Recording patient history and demographic information? (EDMOGE/O)  **If yes-**Does this include a patient problem list?  (EPROLESTE/O)  -Recording and charting vital signs? (EVITALE/O)  -Recording patient smoking status? (ESMOKEE/O) | Indicate whether your ED/OPD has each of the following computerized capabilities and how often these capabilities are used. (EDEMOGE/O)  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown  -Recording patient history and demographic information? (EDMOGE/O)  -Recordingpatient problem list?  (EPROLESTE/O)  -Recording and charting vital signs? (EVITALE/O)  -Recording patient smoking status? (ESMOKEE/O) |
| 6 (cont.) | Modified text | -Recording clinical notes? (EPNOTESE/O)  **If yes-**Do the notes include a list of the patient’s medications and allergies? (EMEDALGE/O)  -Reconciling lists of patient medications to identify the most accurate list? (EMIDIDE/O)  -Ordering prescriptions? (ECPOEE/O)  **If yes**  -Are prescriptions sent electronically to the pharmacy? (ESCRIPE/O)  -Are warnings of drug interactions or contraindications provided? (EWARNE/O)  -Providing reminders for guideline-based interventions or screening tests? (EREMINDE/O)  -Ordering lab tests? (ECTOEE/O)  **If yes-**Are orders sent electronically? (EORDERE/O)  -Viewing lab results? (ERESULTE/O)  **If yes-**Can the EHR/EMR automatically graph a specific patient’s lab results over time? (EGRAPHE/O)  -Viewing imaging results? (EIMGRESE/O)  -Identifying educational resources for patient’s specific conditions? (EPTEDUE/O)  -Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?  (ECQME/O)  -Generating lists of patients with particular health conditions? (EGENLISTE/O)  -Electronic reporting to immunization registries?  (EIMMREGE/O)  -Providing patients with clinical summaries for each visit? (ESUME/O)  -Exchanging secure messages with patients?  (EMSGE/O)  -~~Providing patients with an electronic copy of their health information?~~ (EHLTHINFOE/O)  -Providing patients the ability to view online, download, or transmit information from their medical record? (EPTRECE/O) | -Recording clinical notes? (EPNOTESE/O)  **-**Recording patient’s medications and allergies?  (EMEDALGE/O)  -Reconciling lists of patient medications to identify the most accurate list? (EMIDIDE/O)  -Ordering prescriptions? (ECPOEE/O)  **If yes**  -Are prescriptions sent electronically to the pharmacy? (ESCRIPE/O)  -Are warnings of drug interactions or contraindications provided? (EWARNE/O)  -Are drug formulary checks performed? (EFORMULAE/O)  -Providing reminders for guideline-based interventions or screening tests? (EREMINDE/O)  -Ordering lab tests? (ECTOEE/O)  **If yes-**Are orders sent electronically?  (EORDERE/O)  -Viewing lab results? (ERESULTE/O)  **If yes-**Can the EHR/EMR automatically graph a specific patient’s lab results over time?  (EGRAPHE/O)  -Ordering radiology tests? (ERADIE/O)  -Viewing imaging results? (EIMGRESE/O)  -Identifying educational resources for patient’s specific conditions? (EPTEDUE/O)  -Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?  (ECQME/O)  -Identifying patients due for preventive or follow-up care in order to send patients reminders? (EIDPTEE/O)  -Generating lists of patients with particular health conditions? (EGENLISTE/O)  -Electronic reporting to immunization registries?  (EIMMREGE/O)  -Providing patients with clinical summaries for each visit? (ESUME/O)  -Exchanging secure messages with patients?  (EMSGE/O)  -Providing patients the ability to view online, download or transmit information from their medical record? (EPTRECE/O) |
| 7 | New |  | Is the patient health information that your ED/OPD shares electronically sent directly from your ED/OPD’s EHR system to another EHR system? (EHRTOEHRE/O)  1. Yes  2. No  3. Not applicable, ED/OPD does not have EHR system  4. Unknown |
| 8 | Modified text | Does your OPD refer any patients to providers outside of your OPD? (REFOUTO)  1. Yes  2. No  3. Unknown  **If yes-**Does your OPD receive a report back from the other providers with results of the consultation?  (REFOUTRO)  1.Yes, routinely  2. Yes, but not routinely  3. No  4. Unknown  **If yes-**Does your OPD receive it electronically (not fax)? (REFOUTEO)  1. Yes, routinely  2. Yes, but not routinely  3. No  4. Unknown | Does your OPD refer any patients to providers outside of your OPD? (REFOUTO)  1. Yes  2. No  3. Unknown  **If yes-**Does your OPD send the patient’s clinical information to the other providers? (REFOUTSO)  1. Yes routinely  2. Yes, but not routinely  3. No  4. Unknown  **If yes-**Does your OPD send it electronically (not fax) (REFOUTEO)  1. Yes routinely  2. Yes, but not routinely  3. No  4. Unknown |
| 9 | Modified text | Does your OPD see any patients referred to your OPD by providers outside of your OPD?  (REFINO)  1. Yes  2. No  3. Unknown  **If yes-**Does your OPD receive notification of both the patient’s history and reason for the consultation?  (REFINRO)  1. Yes, routinely  2. Yes, but not routinely  3. No  4. Unknown  **If yes-**Does your OPD receive it electronically (not fax)? (REFINEO)  1. Yes, routinely  2. Yes, but not routinely  3. No  4. Unknown | Does your OPD see any patients referred to your OPD by providers outside of your OPD? (REFINO)  1. Yes  2. No  3. Unknown  **If yes-**Does your OPD send a consultation report with clinical information to the other providers?  (REFINSO)  1. Yes, routinely  2. Yes, but not routinely  3. No  4. Unknown  **If yes-**Does your OPD send it electronically (not fax)? (REFINSEO)  1. Yes, routinely  2. Yes, but not routinely  3. No  4. Unknown |
| 10 | Modified text | Does your OPD take care of patients after they are discharged from an inpatient setting? (INPTCAREO)  1. Yes  2. No  3. Unknown  **If yes-**When a patient is discharged from an inpatient setting does your OPD receive all of the information needed to continue managing the patient?  (INPTCARERO)  1. Yes, routinely  2. Yes, but not routinely  3. No  4. Unknown  **~~If yes-~~**~~Is the information available when needed? (INPTCARETO)~~  ~~1. Yes~~  ~~2. No~~  ~~3. Unknown~~  **If yes-**Does your OPD receive it electronically (not fax)? (INPTCAREEO)  1. Yes, routinely  2. Yes, but not routinely  3. No  4. Unknown | Does your OPD take care of patients after they are discharged from an inpatient setting? (INPTCAREO)  1. Yes  2. No  3. Unknown  **If yes-**Does your OPD receive a discharge summary with clinical information from the hospital? (DISSUMO)  1. Yes, routinely  2. Yes, but not routinely  3. No  4. Unknown  **If yes-**Does your OPD receive it electronically (not fax)? (DISSUMEO)  1. Yes, routinely  2. Yes, but not routinely  3. No  4. Unknown  **If yes-**Can your OPD automatically incorporate the received information into your EHR system without manually entering the data? (INCORINFOO)  1. Yes  2. No  3. Not applicable, OPD does not have EHR system  4. Unknown |
| 11 | Modified text | Please indicate whether your ED/OPD electronically (not fax) shares each of the following types of health data and with which types of health care providers. (LABRESE/O, IMAGREPE/O, PTPROBE/O, MEDLISTE/O, ALGLISTE/O)  1. Hospitals with which your hospital is affiliated  2. Other departments inside your hospital  3. Hospitals with which your hospital is not affiliated  4. Ambulatory providers outside your hospital  a. Lab results?  b. Imaging reports?  c. Patient problem lists?  d. Medication lists?  e. Medication allergy lists? | With what types of providers does your ED/OPD electronically (not fax) share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)? (ESHAREPROVE/O)  1. Ambulatory providers inside your hospital  2. Ambulatory providers outside your hospital  3. Hospitals with which your hospital is affiliated  4. Hospitals with which your hospital is not affiliated  5. Behavioral health providers  6. Long-term care providers  7. Home health providers  8. Do not share  9. Unknown |
| 12 | Moved from Ambulatory Unit Induction Form to Hospital Induction Form |  | How many levels are in (ESA name’s) triage system? (NUMTRLEV)   1. Three 2. Four 3. Five 4. Other – Specify (NUMTRLEV\_SP) 5. Do not conduct triage |
| 13 | Deleted item | **ASL\_EVISITS**  Text: What is the expected number of ambulatory (outpatient) surgery cases for ASL Name from (Reporting period begin date) to (Reporting period end date)? |  |
| 14 | Deleted item | **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  2. No |  |
| 15 | Deleted item | **ASCLISTA**  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)  1. Yes  2. No - ONLY 2 LOGS  3. No - More than 2 logs |  |
| 16 | Deleted item | **ASCLISTB**  Text: For which of these (centers/locations) can lists be combined?  Enter all that apply, separate with commas  1. ASL\_NAME [1-15] |  |
| 17 | Deleted item | **IT\_CNAME**  Text: What is the name of the IT contact? |  |
| 18 | Deleted item | **IT\_CTITLE**  Text: What is (IT contact name)'s title? |  |
| 19 | Deleted item | **IT\_CSTRET**  Text: What is (IT contact name)'s address?  Enter number and street or press enter if same |  |
| 20 | Deleted item | **EBILLRECA**  Text: Now I would like to ask you some questions about your ASL.  Does your ASL submit any CLAIMS electronically (electronic billing)?  1. Yes  2. No  3. Unknown |  |
| 21 | Deleted item | **EINSA**  Text: Does your ASL verify an individual patient's insurance eligibility electronically?  1. Yes  2. No  3. Unknown |  |
| 22 | Deleted item | **EINSHOWA**  Text: How does your ASL electronically verify an individual patient's insurance eligibility? Is it through an EHR/EMR system, a stand-alone practice management system, or some other electronic system?  Read answer categories out loud  1. Yes, with a stand-alone practice management system  2. Yes, with an EMR/EHR system  3. Yes, using another electronic system  4. No  5. Unknown |  |
| 23 | Deleted item | **EINSFASTA**  Text: When your staff electronically verifies a patient's insurance eligibility, do you usually get results back before the patient leaves the ASL?  1. Yes  2. No  3. Unknown |  |
| 24 | Deleted item | **EMEDRECA**  Text: Does your ASL use an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system? Do not include billing record systems.  Read answer categories out loud  1. Yes, all electronic  2. Yes, part paper and part electronic  3. No  4. Unknown |  |
| 25 | Deleted item | **EHRINSYRA**  Text: In which year did your ASL install the EMR/EHR system? |  |
| 26 | Deleted item | **EHRNAMA**  Text: What is the name of your current EMR/EHR system?  1. Allscripts  2. Cerner  3. eClinicalWorks  4. Epic  5. GE/Centricity  6. Greenway Medical  7. McKesson/Practice Partner  8. NextGen  9. Sage  10. Other - Specify  11. Unknown |  |
| 27 | Deleted item | **EHRNAMA\_SP**  Description: Other-Specify name of EHR/EMR system  Other-Specify name of EHR/EMR system  Text: Enter name of EMR/EHR system |  |
| 28 | Deleted item | **EHRINSA**  Text: Does your ASL have plans for installing a new EMR/EHR system within the next 18 months?  1. Yes  2. No  3. Maybe  4. Unknown |  |
| 29 | Deleted item | **EDEMOGA**  Text: Indicate whether your ASL has each of the following computerized capabilities. Does your ASL have a computerized system for:  Recording patient history and demographic information?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 30 | Deleted item | **EPROLSTA**  Text: Does this include a patient problem list?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 31 | Deleted item | **EVITALA**  Text: Recording and charting vital signs?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 32 | Deleted item | **ESMOKEA**  Text: Recording patient smoking status?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 33 | Deleted item | **EPNOTESA**  Text: Recording clinical notes?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 34 | Deleted item | **EMEDALGA**  Text: Do they include a comprehensive list of the patient's medications and allergies?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 35 | Deleted item | **ECPOEA**  Text: Ordering prescriptions?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 36 | Deleted item | **ESCRIPA**  Text: Are prescriptions sent electronically to the pharmacy?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 37 | Deleted item | **ERXWHOA/ EHRWHOA**  Text: At your ASL, when orders for prescriptions are submitted electronically, are they submitted by the prescribing practitioner, or by someone else? Enter all that apply, separate with commas  1. Prescribing practitioner  2. Someone else  3. Unknown |  |
| 38 | Deleted item | **EWARNA**  Text: Are warnings of drug interactions or contraindications provided?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 39 | Deleted item | **EREMINDA**  Text: Indicate whether your ASL has each of the following computerized capabilities. Does your ASL have a computerized system for:  Providing reminders for guideline-based interventions or screening tests?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 40 | Deleted item | **ESETSA**  Text: Providing standard order sets related to a particular condition or procedure?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 41 | Deleted item | **ECTOEA**  Text: Ordering lab tests?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 42 | Deleted item | **EORDERA**  Text: Are orders sent electronically?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 43 | Deleted item | **ELABWHOA**  Text: At your ASL, when orders for lab tests are submitted electronically, are they submitted by the prescribing practitioner, or by someone else?  Enter all that apply, separate with commas  1. Prescribing practitioner  2. Someone else  3. Unknown |  |
| 44 | Deleted item | **ERESULTA**  Text: Indicate whether your ASL has each of the following computerized capabilities. Does your ASL have a computerized system for:  Viewing lab results?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 45 | Deleted item | **EGRAPHA**  Text: Can the EHR/EMR automatically graph a specific patient's lab results over time?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 46 | Deleted item | **EIMGRESA**  Text: Indicate whether your ASL has each of the following computerized capabilities. Does your ASL have a computerized system for:  Viewing imaging results?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 47 | Deleted item | **EQOCA**  Text: Viewing data on quality of care measures?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 48 | Deleted item | **ECQMA**  Text: Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 49 | Deleted item | **EGENLISTA**  Text: Generating lists of patients with particular health conditions?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 50 | Deleted item | **EIMMREGA**  Text: Electronic reporting to immunization registries?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 51 | Deleted item | **EMUREPA**  Text: Is the electronic reporting to immunization registries reported in standards specified by Meaningful Use criteria?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 52 | Deleted item | **ESUMA**  Text: Indicate whether your ASL has each of the following computerized capabilities. Does your ASL have a computerized system for:  Providing patients with clinical summaries for each visit?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 53 | Deleted item | **EMSGA**  Text: Exchanging secure messages with patients?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 54 | Deleted item | **EHLTHINFOA**  Text: Providing patients with an electronic copy of their health information?  1. Yes, used routinely  2. Yes, but not used routinely  3. Yes, but turned off or not used  4. No  5. Unknown |  |
| 55 | Deleted item | **EXCHSUMA/ESHAREA**  Text: Does your ASL share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?  1. Yes  2. No |  |
| 56 | Deleted item | **EXCHSUM1A/ESHAREHOWA**  Text: How does your ASL electronically share patient health information?  Enter all that apply, separate with commas  1. EHR/EMR  2. Web portal (separate from EHR/EMR)  3. Other electronic method: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 57 | Deleted item | **LABRESA**  Text: Please indicate whether your ASL 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  1. Hospitals with which your ASL is affiliated  2. Other departments inside your hospital  3. Hospitals with which your ASL is not affiliated  4. Ambulatory providers outside your hospital |  |
| 58 | Deleted item | **IMAGREPA**  Text: Imaging reports?  Enter all that apply, separate with commas  1. Hospitals with which your ASL is affiliated  2. Other departments inside your hospital  3. Hospitals with which your ASL is not affiliated  4. Ambulatory providers outside your hospital |  |
| 59 | Deleted item | **PTPROBA**  Text: Patient problem lists?  Enter all that apply, separate with commas  1. Hospitals with which your ASL is affiliated  2. Other departments inside your hospital  3. Hospitals with which your ASL is not affiliated  4. Ambulatory providers outside your hospital |  |
| 60 | Deleted item | **MEDLISTA**  Text: Medication lists?  Enter all that apply, separate with commas  1. Hospitals with which your ASL is affiliated  2. Other departments inside your hospital  3. Hospitals with which your ASL is not affiliated  4. Ambulatory providers outside your hospital |  |
| 61 | Deleted item | **ALGLISTA**  Text: Medication allergy lists?  Enter all that apply, separate with commas  1. Hospitals with which your ASL is affiliated  2. Other departments inside your hospital  3. Hospitals with which your ASL is not affiliated  4. Ambulatory providers outside your hospital |  |
| 62 | Deleted item | **ASL\_STRET**  Text: What is [ASL Name's] address or the address where the abstractions will be done?  Enter number and street. |  |
| 63 | Deleted item | **ASL\_PHONE**  Text: What is [ASL Name's] telephone number or the telephone number where the abstractions will be done? |  |