

Request for Approval of a Non-Substantive Change:

National Hospital Ambulatory Medical Care Survey

OMB No. 0920-0278
(Expires 02/28/2018)

Contact Information:

Farida B. Ahmad, MPH
Lead Health Scientist, Ambulatory Care Team
Ambulatory and Hospital Care Statistics Branch
Division of Health Care Statistics
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road, Room 145
Hyattsville, MD 20782
301-458-4801
301-458-4693 (fax)
hhi0@cdc.gov

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National Hospital Ambulatory Medical Care Survey (NHAMCS)

A1. Circumstances making the collection of information necessary

This request is for a nonsubstantive change to an approved data collection (OMB No. 0920-0278) (expires 02/28/2018), the National Hospital Ambulatory Medical Care Survey (NHAMCS). On December 24, 2014, NHAMCS was approved to collect data for the three years – 2015, 2016, and 2017 – from emergency departments (EDs), outpatient departments (OPDs), and ambulatory surgery locations (ASLs). The approved supporting statement included permission to modify selected sections of the 2015-2017 surveys through a nonsubstantive change clearance request. Some questions change on a periodic basis to collect new and/or updated information as needed. Changes to the content for 2016 are presented in the included attachments, highlighted below, and described in more detail in section A2.

Concurrent to this submission, the National Ambulatory Medical Care Survey (NAMCS, OMB No. 0920-0234, expiration 12/31/2017) is requesting a revision due to significant changes in the structure of that survey, and the addition of the CLAS and STD supplements. A majority of the requested data changes in this request apply to both surveys, and represents an attempt to maintain data collection consistency across ambulatory care settings. Unlike the NAMCS revision which included supplemental additions that are not applicable to this NHAMCS submission, the proposed changes captured in this submission are nonsubstantive.

Hospital Induction Interview

The 2016 induction interview will have a modified section on the electronic health records (EHR) questions that focus more on the interoperability of EHR systems; several of the former questions have been removed and a few new ones have been introduced (about 28 questions were deleted, and 11 new questions were added). As in 2015, the 2016 induction questions will be collected on a computer-assisted interviewing instrument. The changes are outlined in **Attachment A**. The new 2016 full induction interview is shown in **Attachment E**.

Patient Record Forms (PRF)

Minor changes are proposed for the 2016 NHAMCS Patient Record forms. There are three individual forms, one for patients seen in the ED (**Attachment B**), one for those seen in the OPD (**Attachment C**), and one for patients in ASLs (**Attachment D**). These attachments provide an itemized summary of proposed changes to the 2016 NHAMCS PRFs. All proposed question changes are highlighted in the attachments. As in 2015, the 2016 PRF questions will be collected on a computer-assisted PRF instrument. PDF copies of the new 2016 PRFs are shown in **Attachments F** (ED), **Attachment G** (OPD) and **Attachment H** (ASL).

A general summary of the PRF changes are highlighted below:

For the emergency department (ED) patient record form (Attachment F), the following changes will be made:

- Simplify all the Time and Date stamps on the form
- Add and Modify several checkboxes related to the patient's diagnostic services

- Modify several checkboxes related to the procedures provided during the visit
- Modify the Vitals at discharge section to only collect information on the latest measures that occurred after triage
- Modify the visit disposition section

For the outpatient department (OPD) patient record form (Attachment G), the following changes will be made:

- Add and modify several checkboxes related to patient's chronic conditions
- Modify one of the sub-questions in the injury section
- Modify several checkboxes related to the patient's diagnostic services ordered or provided.
- Modify the visit disposition section
- Modify the lab tests ordered or provided

For the ambulatory surgery (ASL) patient record form (Attachment H), the following changes will be made:

- Modify several checkboxes in the section on anesthesia administered during the visit
- Modify answer choices in the section on visit disposition
- Modify answers in the section on follow-up information

A2. Purpose and use of information collection

Revisions to the Hospital Induction Interview

For 2016 (see **Attachment A**), many of the electronic health records questions have been streamlined to focus more on obtaining information on interoperability between EHR systems. This is the next phase in the activities of the Office of the National Coordinator for Health Information Technology (ONC) to ensure adoption of EHR systems in the US. Most of the new questions focus on sending and receiving data from other EHR systems, with a few questions on tracking the prescription of controlled substances.

Revisions to the Patient Record Forms (PRF)

The following section highlights proposed changes to all of the PRFs and can be reviewed in **Attachments B, C, and D**. It should be noted that the proposed changes described below highlight the major changes in the 2016 PRF, and thus are organized similarly in the attachment. Although not discussed in detail below, numerous section headings were modified to be more descriptive of the medical information contained within each group. Changes in the text of various headings can be reviewed in the attachment.

A review of the computer-assisted PRFs revealed that (a) changing the section headings and ordering of some questions, (b) expanding and adding new answer choice categories, and (c) deactivating the lookup lists for the diagnosis section would improve the flow of data collection, and enhance the richness of data collected at each visit:

For the ED PRF, all the date and time variables have been simplified focusing on time stamps during triage, after triage, and at hospital discharge. These modifications were recommended by the Emergency Department Benchmarking Alliance (EDBA) and incorporated into the PRF to allow for consistency

with the National Hospital Care Survey (NHCS). Also, the Vitals section only focuses on measurements taken at two times during the visit – during triage, and after triage.

For the OPD PRF, modifications were made to answer choices in the sections on patient’s chronic conditions, the diagnostic services ordered or provided, and the visit disposition. The changes in the ASL PRF focus mainly on changes to the sections on anesthesia administered, and follow-up information.

1. Changes to the Emergency Department Patient Record form (Attachment B)

A handful of changes have been made to the Date and Time variables in this Patient record form. As recommended by the Emergency Department benchmarking Alliance (EDBA), the following date and time variables have been introduced: First Provider contact, ED departure, Observation unit initiation/discharge order, and Admit order. Information on vitals will no longer be taken at discharge, but will focus on the latest measurements taken after triage. Other minor changes (such as capitalizations, abbreviations, and re-ordering of answer categories) are made to various sections to reduce ambiguity.

2. Changes to the Outpatient Department Patient Record form (Attachment C)

One of the changes in this Patient Record form (PRF) is in the Patient’s Chronic Conditions sections, with the addition of checkboxes on Attention Deficit Hyperactivity Disorder (ADHD), and Hepatitis B & Hepatitis C. To reduce item non-response, the lab tests section was also changed to request ‘Date of blood draw’ instead of ‘Date of Test’ – lab work is typically completed up to 2 days after the actual abstracted visit. As such, the information on the date of the test was usually not included in the patient’s medical record at the time of abstraction. Other changes made to the PRF are to reduce ambiguity and to mirror language used by medical scribes in EHR systems, making it easier for field representatives to locate data.

3. Changes to the Ambulatory Surgery Patient Record form (Attachment D)

The only significant change made in this Patient Record form is to the patient’s Visit Disposition. This variable is now ‘Check all that apply’ to account for overlapping scenarios. Answer categories have also been revised. Other changes (such as capitalizations, abbreviations, and re-ordering of answer categories) made to various sections are to reduce ambiguity.

A12. Estimates of Annualized Burden Hours and Cost

a. Burden Hours

The burden table has been updated to reflect the 15 minute per respondent reduction in burden for the Hospital Induction questionnaire. No additional burden was required for the other minor content changes to the survey forms.

Table 12-A. Annualized Burden to Respondents

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Response Burden (in hours)
Hospital Chief Executive Officer	Hospital Induction	458	1	75/60	573
Ancillary Service Executive	Ambulatory Unit Induction	1,750	1	15/60	438
Physician/ Registered Nurse/ Medical Record Clerk	ED ¹ Patient Record form	33	100	7/60	385
Physician/ Registered Nurse/ Medical Record Clerk	OPD ¹ Patient Record form	23	200	14/60	1,073
Physician/ Registered Nurse/ Medical Record Clerk	ASL ¹ Patient Record Form	23	100	7/60	268
Medical Record Clerk	Retrieving Patient Records (ED, OPD, and ASL)	696	133	1/60	1,543
Ancillary Service Executive - Reabstraction	Reabstraction Telephone Call	72	1	5/60	6
Medical Record Clerk - Reabstraction	Retrieving Patient Records (ED, OPD, and ASL)	72	10	1/60	12
				Total	4,298

15. Explanation for Program Changes or Adjustments

The currently approved burden for this NHAMCS package is 4,412 hours. The proposed changes to the 2016 survey, particularly the modification of the Electronic Health Records (EHR) questions captured in the Hospital Induction instrument, will reduce the burden to the respondent by 114 hours, resulting in a final burden of 4,298 hours.

¹ ED = Emergency department, OPD = Outpatient department, ASL = Ambulatory Surgery location

Attachments

- Attachment A. 2016 NHAMCS Hospital Induction Questionnaire - Electronic Health Record Question Changes
- Attachment B. 2016 NHAMCS ED PRF Changes
- Attachment C. 2016 NHAMCS OPD PRF Changes
- Attachment D. 2016 NHAMCS ASL PRF Changes
- Attachment E. 2016 NHAMCS Hospital Induction Interview
- Attachment F. 2016 NHAMCS ED PRF Screenshots
- Attachment G. 2016 NHAMCS OPD PRF Screenshots
- Attachment H. 2016 NHAMCS ASL PRF Screenshots