Attachment K: Annual Ambulatory Hospital Interview

<div align="center">

National Hospital Care Survey

</div>

OMB No. 0920-0212; Exp. Date: XX/XX/XXXX:

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INTRO_SCR

Text: ? [F1] Hello, (Respondent's name),

This is (insert name). I'm calling on behalf of the Centers for Disease Control and Prevention's National Center for Health Statistics concerning their study of hospital outpatient and emergency departments and hospital-based ambulatory surgery locations. You should have received a letter from Charles Rothwell, the director of the National Center for Health Statistics, describing the study. Did you receive the letter(s)?

◆ If "No" or "DK", offer to send or deliver another copy.
1. Yes
2. No
3. Don't know

INTROB

Text: ◆ Is respondent ready to complete the interview?
1. Continue
2. Inconvenient Time → CallBackNotes
3. Other Outcome → Exit Case

INTRO_AB

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Text: **I'd like to briefly explain the study to you at this time and answer any questions about it. CDC's National Center for Health Statistics of the Centers for Disease Control and Prevention is conducting a study of hospital-based ambulatory care.**

They have contracted with Westat to collect the data. (Facility Name) has been selected to participate in the study. 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 hospital in the study. First, concerning licensing:

1. Enter 1 to Continue

LICHOSP

Text: **Is this facility a licensed hospital?**

1. Yes
2. No → Thank_B1

H_ELIGIBLE

Text: **Are there 6 or more hospital beds staffed for inpatient use <u>at this hospital</u>, not including "newborn" bassinets?**

1. Yes
2. No → Thank_B2

OWN101

Text: **Is this hospital nonprofit, government, or proprietary?**

◆ Read answer categories out loud

1. **Nonprofit (includes church-related, nonprofit corporation, other nonprofit ownership)**
2. **State or local government (includes state, county, city, city-county, hospital district or authority)**
3. **Proprietary (includes individually or privately owned, partnership or corporation)**

OWNHCC

Text: **Is this hospital owned, operated, or managed by a health care corporation that owns multiple health care facilities (e.g., HCA or Health South)?**

1. Yes
2. No
3. Unknown

TEACHOSP

Text: **Is this a teaching hospital?**

1. Yes
2. No

MERGER

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Text: **Did this hospital either merge or separate from any OTHER hospital in the past 2 years?**
1. Merged or separated → MERSEP
2. No → ESA24
3. Unknown → ESA24

MERSEP

Text: **Was this a merger or a separation?**
1. Merger
2. Separation

MERGMEDR

Text: **Does YOUR hospital have its own medical records department that is separate from that of the OTHER hospital?**
1. Yes
2. No
3. Unknown

OTHNAME

Text: **What is the name and address of this OTHER hospital?**

◆ Enter name

OTHSTRET

Text: **What is the name and address of this OTHER hospital?**
♦ Enter number and street

OTHSTRET2

Text: **What is the name and address of this OTHER hospital?**
♦ Enter second line of address or press enter if same/none

OTHCITY

Text: **What is the name and address of this OTHER hospital?**
♦ Enter city

OTHSTATE

Text: **What is the name and address of this OTHER hospital?**
♦ Enter state

OTHZIP

Text: **What is the name and address of this OTHER hospital?**
♦ Enter zip code

ESA24

Text: **Does this hospital provide emergency services that are staffed 24 HOURS each day either here at this hospital or elsewhere?**
1. Yes
2. No

ESANOT24

Text: **Does this hospital operate any emergency service areas that are not staffed 24 HOURS each day?**
1. Yes
2. No

TRAUMA

Text: **What is the trauma level rating of this hospital?**
1. Level I
2. Level II
3. Level III
4. Level IV
5. Level V
6. Other/unknown
7. None

OOOPD

Text: **Does this hospital operate an organized outpatient department either at this hospital or elsewhere?**
1. Yes
2. No → AMSURG

PHYSSERV

Text: **Does this OPD include physician services?**
1. Yes
2. No

AMBSURG

Text: **Is ambulatory surgery performed at this hospital? This includes ambulatory surgery performed in the general or main operating room.**
1. Yes
2. No

STUDY_DESC

Text: **Thank you.**
◆ Provide the administrator or other hospital representative with a brief description of the study. Cover the following points –

Now I would like to provide you with further information on the study. The National Hospital Care Survey (NHCS) is a new survey combining the National Hospital Discharge Survey and the National Hospital Ambulatory Medical Care Survey.

(1) NHCS will be the only source of national data on health care provided in hospital emergency and outpatient departments, including ambulatory surgery.
(2) NHCS includes a nationwide sample of 581 hospitals.
(3) A brief form will be completed for a sample of patient visits. As one of the hospitals that has been selected, your contribution will be of great value in the survey.

INDUCTION_APPT

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 or your representative?**

◆ If so, please create an appointment EROC in the AMS for when to conduct the interview.
◆ Otherwise, enter 1 if the respondent wants to continue with the induction now.
1. Start Induction
2. Exit Instrument/Make appointment

SCREENER_THK

Text: **Thank you for your cooperation. I am looking forward to our meeting.**
1. Enter 1 to Continue

THANK_MERGSEP

Text: **Since your hospital has merged or separated within the last 2 years, I need to get further instructions from the Centers for Disease Control and Prevention (CDC) on how to proceed. I will call you back within a week and let you know which parts of your hospital will be in the survey. Thank you for your cooperation.**

◆ At this time, please exit the instrument using the F10 button and call your Field Manager to discuss this hospital's merger or separation. They will work with the CDC to decide on their future participation. You should await the resolution before continuing with this hospital.

1. Enter 1 to Continue

THANK_B1

Text: **Thank you, but it seems that our information is incorrect.
Since (facility name) is not a licensed hospital, it should not have been
chosen for our study. Thank you very much for your cooperation.**
1.   Enter 1 to Continue

THANK_B2

Text: **Thank you, but it seems that our information is incorrect.
Since (facility name) does not have 24-hour emergency services or an
outpatient department, it should not have been chosen for our study. Thank
you very much for your cooperation.**
1.   Enter 1 to Continue

REVIEW

Text: **I would like to begin with a brief review of the background for this study.**
◆ Provide the administrator or other hospital representative with a brief
introduction to the study and a general overview of procedures.

Press F1 for points to be covered.
1.   Enter 1 to Continue

SURGDAY

Text: **Now I would like to ask you a few more questions about your hospital.
How many days in a week are inpatient elective surgeries scheduled?**
◆ Enter F5 for unknown.

BEDCZAR

Text: ?[F1] **Does your hospital have a bed coordinator, sometimes referred to as a
bed czar?**
1.   Yes
2.   No
3.   Unknown

BEDDATA

Text: **How often are hospital bed census data available?**
◆ Read answer categories.

1.   **Instantaneously**
2.   **Every 4 hours**
3.   **Every 8 hours**
4.   **Every 12 hours**
5.   **Every 24 hours**
6.   **Other → BEDDATA_OT**
7.   **Unknown**

BEDDATA_OTHSP

Text: **How often are hospital bed census data available? – Other, specify.**

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HLIST

Text: **Does your hospital have hospitalists on staff?**
A hospitalist is a physician whose primary professional focus is the general care of hospitalized patients. He/she may oversee ED patients being admitted to the hospital.
1. Yes
2. No → EMEDRES
3. Unknown → EMEDRES

HLISTED

Text: **Do the hospitalists on staff at your hospital admit patients from your ED?**
1. Yes
2. No
3. Unknown

EMEDRES

Text: **Does this hospital have an emergency medicine residency program?**
1. Yes
2. No
3. Unknown

MUINC

Text: ?[F1]
Medicare and Medicaid offer incentives to hospitals that demonstrate "meaningful use of health IT." Does your hospital have plans to apply for Stage 1 of these incentive payments?
1. Yes, we already applied
2. Yes, we intend to apply
3. Uncertain if we will apply → HOSPMEDREC
4. No, we will not apply   → HOSPMEDREC

MUSTAGE2

Text: ?[F1]
Are there plans to apply for Stage 2 incentive payments?
1. Yes
2. No
3. Maybe
4. Unknown

HOSPMEDREC

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Text: **Does your hospital currently use an electronic health record (EHR) or electronic medical record (EMR) system for <u>ambulatory/outpatient records</u>? Do not include the inpatient record system or billing record systems.**

- ◆ Read answer categories out loud

1. **Yes, our hospital uses an EHR/EMR system for all ambulatory/outpatient records**
2. **Yes, our hospital has part paper and part electronic ambulatory/outpatient records**
3. **No, our hospital currently has all paper ambulatory/outpatient records →**
4. **Unknown**

REMACC

Text: **Now I'd like to ask you some questions about your hospital's electronic health records system. Can this system be accessed from the outside by entities not associated with the hospital?**
1. Yes
2. Unsure (will have to check and get back to interviewer)
3. No → VSREPPER
4. Unknown → VSREPPER

REMREP

Text: **Would your hospital be willing to allow CDC's contractor to obtain password access to your hospital'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

VSREPPER

Text: **Now I would like to make arrangements to obtain the information needed for sampling. I will need to know how your emergency department is organized and obtain an estimate of the number of patient visits expected during the 12 week reporting period. Would you prefer I get this information from you or someone else?**
1. Respondent → CONTACT_DEPT
2. Someone else → CINFO

CINFO

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Text: **What is the name of the person I should talk to?**
- ◆ To add additional contacts, please use the AMS

1.   Enter 1 Continue

THANK_RESP

Text: ◆ Thank current respondent for his/her time and cooperation

CONTACT_DEPT

Text: Enter the department you plan to interview. If necessary, briefly explain the survey to new respondents.

If a department is refusing, enter 4. You will be prompted to select which department is refusing.

Department   Status
ED   (Elig /Partial /Elig (refusal) / Partial (refusal) / Cmplt / Inelig)
OPD   (Elig /Partial /Elig (refusal) / Partial (refusal) / Cmplt / Inelig)

1.   ED → Intro_ED
2.   OPD → Intro_OPD
4.   Department refusal → Which_Dept

INTRO_ED

Text: ◆ If necessary, introduce yourself and explain the survey

Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's emergency department.
1.   Enter 1 Continue

ESA_NAME

Text: **(What is the name of the (first/next) emergency service area? /Are there any other emergency service areas?)**
- ◆ Enter 999 for no more

ESA_TYPE

Text: **What type of ESA is (ESA name)?**

1.   General
2.   Adult
3.   Pediatric
4.   Urgent care/Fast track
5.   Psychiatric
6.   Other

ESA_EVISITS

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Text: **What is the expected number of visits from (Reporting period begin date) to (Reporting period end date) for (ESA name)?**

TYPETRIAGE

Text: **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 → ED_EMR
5. Unknown

NUMTRLEV

Text: **How many levels are in (ESA name's) triage system?**
1. Three
2. Four
3. Five
4. Other - Specify

NUMTRLEV_SP

Text: Specify other triage levels

ED_EMR

Text: ◆ Enter 1 to continue to the EMR questions OR Enter 2 to skip EMR questions and complete later.

1. Continue to EMR questions
2. Skip EMR questions → ESA_ONSITE

EBILLRECE

Text: **Now I would like to ask you some questions about your ED.**

◆ If ESAs within the ED vary with respect to their use of the EHR/EMR systems, then ask these questions of the ESA with the largest number of expected visits during the reporting period.

Does your ED submit any CLAIMS electronically (electronic billing)?
1. Yes
2. No
3. Unknown

EMEDRECE

Text: **Does your ED use an electronic HEALTH record (EHR) or electronic MEDICAL record (EMR) system? Do not include billing record systems.**

◆ Use Flashcard or read answer categories

1. **Yes, all electronic**
2. **Yes, part paper and part electronic**
3. **No → EMRINSE**
4. **Unknown → EMRINSE**

EHRINSYRE

Text: **In which year did your ED install the EHR/EMR system?**

Year:

HHSMUE

Text: **Does your ED's current system meet meaningful use criteria as defined by the Department of Health and Human Services?**
1. Yes, all electronic
2. No
3. Unknown

EHRNAME13

Text: **What is the name of your current EHR/EMR system?**
1. Allscripts → EMRINSE
2. Amazing Charts → EMRINSE
3. athenahealth → EMRINSE
4. Cerner → EMRINSE
5. eClinicalWorks → EMRINSE
6. e-MDs → EMRINSE
7. Epic → EMRINSE
8. GE/Centricity → EMRINSE
9. Greenway Medical → EMRINSE
10. McKesson/Practice Partner → EMRINSE
11. NextGen → EMRINSE
12. Practice Fusion → EMRINSE
13. Sage/Vitera → EMRINSE
14. Other - Specify
15. Unknown → EMRINSE

EHRNAMOTHE

Text: ◆ Enter name of EHR/EMR system

SECURCHCKE   **Has your ED made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This assessment would help identify privacy- or security-related issues that may need to be corrected.**
1. Yes
2. No

3. Unknown

DIFFEHRE   **Does your ED have the capability to electronically send health information to another provider whose EHR system is different from your system?**
1. Yes
2. No
3. Unknown

EHRINSE

Text: **Does your ED have plans for installing a new EHR/EMR system within the next 18 months?**
1. Yes
2. No
3. Maybe
4. Unknown

EDEMOGE

Text: **Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.**

Recording patient history and demographic information?

◆   Use Flashcard or read answer categories

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

EPROLSTE

Text: **Recording patient problem list?**

◆   Use Flashcard or read answer categories

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

EVITALE

Text: Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Recording and charting vital signs?

◆ Use Flashcard or read answer categories

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

ESMOKEE

Text: Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Recording patient smoking status?

◆ Use Flashcard or read answer categories

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

EPNOTESE

Text: Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Recording clinical notes?

◆ Use Flashcard or read answer categories

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

EMEDALGE

Text: **Recording patient's medications and allergies?**

◆ Use Flashcard or read answer categories

1. **Yes, used routinely**
2. **Yes, but not used routinely**

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

EMEDIDE

Text: **Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.**

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

◆ Use Flashcard or read answer categories

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

ECPOEE

Text: **Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.**

Ordering prescriptions?

◆ Use Flashcard or read answer categories

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

ESCRIPE

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

◆ Use Flashcard or read answer categories

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

EWARNE

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

◆ Use Flashcard or read answer categories

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

EFORMULAE

Text: **Are drug formulary checks performed?**

- ◆ Use Flashcard or read answer categories

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

EREMINDE

Text: Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Providing reminders for guideline-based interventions or screening tests?

- ◆ Use Flashcard or read answer categories

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

ECTOEE

Text: Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Ordering lab tests?

- ◆ Use Flashcard or read answer categories

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

EORDERE

Text: **Are orders sent electronically?**

- ◆   Use Flashcard or read answer categories

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

ERESULTE

Text: Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Viewing lab results?

- ◆   Use Flashcard or read answer categories

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

EGRAPHE

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

- ◆   Use Flashcard or read answer categories

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

ERADIE

Text: Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

Ordering radiology tests?

- ◆   Use Flashcard or read answer categories

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

5. **Unknown**

EIMGRESE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Viewing imaging results?

◆ Use Flashcard or read answer categories

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

EPTEDUE

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

Identifying educational resources for patient's specific conditions?

◆ Use Flashcard or read answer categories

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

ECQME

Text: Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.

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

◆ Use Flashcard or read answer categories

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

EIDPTEE

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Text: **Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.**

Identifying patients due for preventive or follow-up care in order to send patients reminders?

◆ Use Flashcard or read answer categories

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

EGENLISTE

Text: **Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.**

Generating lists of patients with particular health conditions?

◆ Use Flashcard or read answer categories

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

EIMMREGE

Text: **Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used.**

Electronic reporting to immunization registries?

◆ Use Flashcard or read answer categories

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

ESUME

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Text: **Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.**

Providing patients with clinical summaries for each visit?

◆   Use Flashcard or read answer categories

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

EMSGE

Text: **Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.**

Exchanging secure messages with patients?

◆   Use Flashcard or read answer categories

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

EPTRECE

Text: **Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.**

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

◆   Use Flashcard or read answer categories

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

ESHAREE

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Text: **The next questions are about sharing (either sending or receiving) patient health information**

Does your ED share any patient health information (e.g., lab results, imaging reports, problem lists, medication lists) <u>electronically</u> (not fax) with any other providers, including hospitals, ambulatory providers, or labs?
1. Yes
2. No → OBSUNITS
3. Unknown → OBSUNITS

ESHAREHOWE

Text: **How does your ED <u>electronically</u> share patient health information?**

- ◆ Use Flashcard or read answer categories
- ◆ Enter all that apply, separate with commas

1. **EHR/EMR**
2. **Web portal (separate from EHR/EMR)**
3. **Other electronic method**
4. **Unknown**

ESHAREHOWOTHE

Text: ◆ Specify other electronic method

EHRTOEHRE

Text: **Is the patient information your ED shares <u>electronically</u> sent directly from your ED's EHR system to another EHR system?**

1. Yes
2. No
3. Not applicable. ED does not have EHR system.
4. Unknown

ESHAREPROVE

Text: **With what types of providers does your ED <u>electronically</u> share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)?**

- ◆ Enter all that apply, separate with commas
- ◆ Use Flashcard or read answer categories

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**

EDPRIM

Text: **When patients with identified primary care physicians arrive at the ED, how often does your ED electronically send notification to the patients' primary care physicians?**

◆ Read answer categories

1. **Always**
2. **Sometimes**
3. **Rarely**
4. **Never**
5. **Unknown**

EDINFO

Text: **When patients arrive at the Emergency Department, are you able to query for patients' healthcare information electronically (e.g. medications, allergies) from outside sources?**
1. Yes
2. No
3. Unknown

OBSUNITS

Text: **Does your ED have an observation or clinical decision unit?**
1. Yes
2. No → BOARD
3. Unknown → BOARD

OBSSEP

Text: **Is this observation or clinical decision unit physically separate from the ED?**
1. Yes
2. No
3. Unknown

OBSDECMD

Text: **What type of physicians make decisions for patients in this observation or clinical decision unit?**

- ◆ Enter all that apply, separate with commas
- ◆ Read answer categories

  ED physicians
  Hospitalists
  Other physicians
  Unknown

1. **ED physicians**
2. **Hospitalists**
3. **Other physicians**
4. **Unknown**

BOARD

Text: **Are admitted ED patients ever "boarded" for more than 2 hours in the ED or the observation unit while waiting for an inpatient bed?**
1. Yes
2. No
3. Unknown

BOARDHOS

Text: **Does your ED allow some admitted patients to move from the ED to inpatient corridors while awaiting a bed ("boarding") – sometimes called a "full capacity protocol?"**
1. Yes
2. No
3. Unknown

AMBDIV

Text: **Did your ED go on ambulance diversion in 2013?**
1. Yes
2. No
3. Unknown

TOTHRDIV

Text: **What is the total number of hours that your hospital's ED was on ambulance diversion in 2013?**
- ◆ Enter F5 if data not available

REGDIV

Text: **Is ambulance diversion actively managed on a regional level versus each hospital adopting diversion if and when it chooses?**
1. Yes
2. No

3. Unknown

ADMDIV

Text: **Does your hospital continue to admit elective or scheduled surgery cases when the ED is on ambulance diversion?**
1. Yes
2. No → **NUMSTATX**
3. Unknown → **NUMSTATX**

NUMSTATX

Text: **As of last week, how many standard treatment spaces did your ED have?**
Standard treatment spaces are beds or treatment spaces specifically designed for ED patients to receive care, including asthma chairs.
◆ Enter F5 if data not available

NUMOTHTX

Text: **As of last week, how many other treatment spaces did your ED have?**
Other treatment spaces are other locations where patients might receive care in the ED, including chairs, stretchers in hallways that may be used during busy times.
◆ Enter F5 if data not available

EDSPACES

Text: **In the last two years, did your ED increase the number of standard treatment spaces?**
1. Yes
2. No
3. Unknown

PHYSSPACE

Text: **In the last two years, did your ED's physical space expand?**
1. Yes
2. No
3. Unknown

EXPAND

Text: **Do you have plans to expand your ED's physical space within the next two years?**
1. Yes
2. No
3. Unknown

BEDREG

Text: **Does your ED use - Bedside registration?**

◆ Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

KIOSELCHK

Text: Does your ED use **- Kiosk self check-in?**

- ◆ Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

CATRIAGE

Text: Does your ED use - **Computer-assisted triage?**

- ◆ Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

IMBED

Text: **Does your ED use - Immediate bedding (no triage when ED is not at capacity)?**

- ◆ Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

ADVTRIAG

Text: **Does your ED use - Advanced triage (triage-based care) protocols?**

- ◆ Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

PHYSPRACTRIA

Text: **Does your ED use - Physician/Practitioner at triage?**

- ◆ Use Flashcard or read answer categories

1. **Yes**
2. **No**

3. **Unknown**

FASTTRAK

Text: Does your ED use - **Separate fast track unit for nonurgent care?**

- ◆ Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

EDPTOR

Text: Does your ED use - **Separate operating room dedicated to ED patients?**

- ◆ Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

DASHBORD

Text: Does your ED use - **Electronic dashboard (i.e., displays updated patient information and integrates multiple data sources)?**

- ◆ Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

RFID

Text: Does your ED use - **Radio frequency identification (RFID) tracking (i.e., shows exact location of patients, caregivers, and equipment)?**

- ◆ Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

WIRELESS

Text: Does your ED use - **Wireless communication devices by providers?**

- ◆ Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

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ZONENURS

Text: Does your ED use - **Zone nursing (i.e., all of a nurse's patients are located in one area)?**

♦   Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

POOLNURS

Text: Does your ED use -   **Pool nurses (i.e., nurses that can be pulled to the ED to respond to surges in demand)?**

♦   Use Flashcard or read answer categories

1. **Yes**
2. **No**
3. **Unknown**

ESA_NAME

Text: ***** SHOW ONLY ****

ESA_TYPE

Text: **** SHOW ONLY ****
1. General
2. Adult
3. Pediatric
4. Urgent care/Fast track
5. Psychiatric
6. Other

ESA_EVISITS

Text: **** SHOW ONLY ****

ESA_ONSITE

Text: ♦Is (ESA name) on-site?
1. Yes
2. No

ESA_STRET

Text: **What is (ESA name)'s address?**

ESA_PHONE

Text: **What is (ESA name)'s telephone number?**

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ESA_PHTYP

    Text: ◆ Enter phone type

ESA_CONTACT

    Text: ◆ Enter ESA contact person's name

EDK_CHECK

    Text: ◆ Are there any Don't Know items that you need to call back for? Press Ctrl-M to review all Don't Knows.
    1.   Yes
    2.   No

EDWALL

    Text: ◆ This is the last screen of the Emergency Department section. If you progress past this screen you will no longer be able to edit this section.
    1.   Enter 1 to Continue

INTRO_OPD

    Text: ◆ If necessary, introduce yourself and explain the survey
    ◆ Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's outpatient department.
    1.   Enter 1 to Continue

CLIN_NAME

    Text: **** SHOW ONLY ****

CLIN_EVISITS

    Text: **What was the total number of OPD visits that occurred in your hospital from (Begin date-End date)? Include visits for which no insurance claims were made.**

SAMPLE_QUESTION

    Text: ◆ Patient visit information about the OPD has been entered.

    Enter 1 to Continue to the OPD section of the Induction interview.
    Enter 2 to return to the previous screen and revise patient visit information.

    1.   Continue to OPD section
    2.   Returns to previous screen → CLIN_EVISITS

OPD_EMR

    Text: ◆   Enter 1 to continue to the EMR questions OR Enter 2 to skip EMR questions and complete later.

    1.   Continue to EMR questions

    2.   Skip EMR questions

EBILLRECO

Text: **Now I would like to ask you some questions about your OPD.**

    ◆ If clinics within the OPD vary with respect to their use of the EHR/EMR systems, then ask these questions of the clinic with the largest number of expected visits during the reporting period.

    Does your OPD submit any <u>CLAIMS</u> electronically (electronic billing)?
1.   Yes
2.   No
3.   Unknown

EMEDRECO

Text: **Does your OPD <u>use</u> an electronic HEALTH record (EHR) or electronic MEDICAL record (EMR) system? Do not include billing record systems.**

    ◆ Read answer categories

1.   **Yes, all electronic**
2.   **Yes, part paper and part electronic**
3.   **No → EMRINSO**
4.   **Unknown → EMRINSO**

MEDRECCEN

Text: **Are medical records for your OPD clinics centrally located?**

    ◆ Read answer categories

1.   **Yes, all clinics**
2.   **Yes, some clinics**
3.   **No**
4.   **Unknown**

EHRINSYRO

Text: **In which year did your OPD install the EHR/EMR system?**
Year:

HHSMUO

Text: **Does your OPD's current system meet meaningful use criteria as defined by the Department of Health and Human Services?**
1.   Yes, all electronic
2.   No
3.   Unknown

EHRNAMO13

Text: **What is the name of your current EMR/EHR system?**

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1. Allscripts → **EMRINSO**
2. Amazing Charts → **EMRINSO**
3. athenahealth → **EMRINSO**
4. Cerner → **EMRINSO**
5. eClinicalWorks → **EMRINSO**
6. e-MDs → **EMRINSO**
7. Epic → **EMRINSO**
8. GE/Centricity → **EMRINSO**
9. Greenway Medical → **EMRINSO**
10. McKesson/Practice Partner → **EMRINSO**
11. NextGen → **EMRINSO**
12. Practice Fusion → **EMRINSO**
13. Sage/Vitera → **EMRINSO**
14. Other – Specify
15. Unknown → **EMRINSO**

EHRNAMOTHO

Text: Enter name of EHR/EMR system.

SECURCHCKO **Has your 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.**
1. Yes
2. No
3. Unknown

DIFFEHRO **Does your OPD have the capability to electronically send health information to another provider whose EHR system is different from your system?**
1. Yes
2. No
3. Unknown

EMRINSO

Text: **Does your OPD have plans for installing a new EMR/EHR system within the next 18 months?**
1. Yes
2. No
3. Maybe
4. Unknown

EDEMOGO

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Text: **Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used:**

Recording patient history and demographic information?

◆ Use Flashcard or read answer categories

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

EPROLSTO

Text: **Recordingpatient problem list?**

◆ Use Flashcard or read answer categories

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

EVITALO

Text: **Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used:**

Recording and charting vital signs?

◆ Use Flashcard or read answer categories

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

ESMOKEO

Text: **Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often are these capabilities used:**

Recording patient smoking status?

◆ Use Flashcard or read answer categories

1. **Yes, used routinely**
2. **Yes, but not used routinely**

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

EPNOTESO

Text: **Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used:**

Recording clinical notes?

◆ Use Flashcard or read answer categories

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

EMEDALGO

Text: **Recording patient's medications and allergies?**

◆ Use Flashcard or read answer categories

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

EMEDIDO

Text: **Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used:**

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

◆ Use Flashcard or read answer categories

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

ECPOEO

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Text: Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used:

Ordering prescriptions?

- ◆ Use Flashcard or read answer categories

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

ESCRIPO

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

- ◆ Use Flashcard or read answer categories

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

EWARNO

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

- ◆ Use Flashcard or read answer categories

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

EFORMULAO

Text: **Are drug formulary checks performed?**

- ◆ Use Flashcard or read answer categories

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

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EREMINDO

Text: Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used:

Providing reminders for guideline-based interventions or screening tests?

◆   Use Flashcard or read answer categories

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

ECTOEO

Text: Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used:

Ordering lab tests?

◆   Use Flashcard or read answer categories

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

EORDERO

Text: Are orders sent electronically?

◆   Use Flashcard or read answer categories

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

ERESULTO

Text: Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used:

Viewing lab results?

◆   Use Flashcard or read answer categories

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

EGRAPHO

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

- ◆ Use Flashcard or read answer categories

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

ERADIO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Ordering radiology tests?

- ◆ Use Flashcard or read answer categories

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

EIMGRESO

Text: Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.

Viewing imaging results?

- ◆ Use Flashcard or read answer categories

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

EPTEDUO

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Text: **Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.**

Identifying educational resources for patient's specific conditions?

◆   Use Flashcard or read answer categories

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

ECQMO

Text: **Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.**

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

◆   Use Flashcard or read answer categories

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

EIDPTEO

Text: **Indicate whether your ED <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.**

Identifying patients due for preventive or follow-up care in order to send patients reminders?

◆   Use Flashcard or read answer categories

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

EGENLISTO   .

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Text: **Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.**

Generating lists of patients with particular health conditions?

- ◆ Use Flashcard or read answer categories

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

EIMMREGO

Text: **Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.**

Electronic reporting to immunization registries?

- ◆ Use Flashcard or read answer categories

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

ESUMO

Text: **Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.**

Providing patients with clinical summaries for each visit?

- ◆ Use Flashcard or read answer categories

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

EMSGO

Text: **Indicate whether your OPD has each of the following computerized capabilities and how often these capabilities are used.**

Exchanging secure messages with patients?

- ◆ Use Flashcard or read answer categories

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

EPTRECO

Text: Indicate whether your OPD <u>has</u> each of the following <u>computerized capabilities</u> and how often these capabilities are used.

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

◆ Use Flashcard or read answer categories

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

ESHAREO

Text: **The next questions are about sharing (either sending or receiving) patient health information.**

Does your OPD share any patient health information (e.g., lab results, imaging reports, problem lists, medication lists) <u>electronically</u> (not fax) with other providers, including hospitals, ambulatory providers, or labs?

1. Yes
2. No → CLIN_STRET
3. Unknown → CLIN_STRET

ESHAREHOWO

Text: **How does your OPD <u>electronically</u> share patient health information?**

◆ Use Flashcard or read answer categories
◆ Enter all that apply, separate with commas

1. **EHR/EMR**
2. **Web portal (separate from EHR/EMR)**
3. **Other electronic method**
4. **Unknown**

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ESHAREHOWOTHO   ◆ Specify other electronic method

EHRTOEHRO

Text: **Is the patient health information your OPD shares <u>electronically</u> sent directly from your OPD's EHR system to another EHR system?**
1. Yes
2. No
3. Not applicable. OPD does not have EHR system.
4. Unknown

ESHAREPROVO

Text: **With what types of providers does your OPD <u>electronically</u> share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)?**

◆ Enter all that apply, separate with commas
◆ Use Flashcard or read answer categories

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**

REFOUTO

Text: **Does your OPD refer any patients to providers outside of your OPD?**
1. Yes
2. No → **REFINO**
3. Unknown

REFOUTSO

Text: When your OPD refers a patient to a provider outside your OPD:
Does your OPD send the patient's clinical information to the other providers?
1. Yes, routinely
2. Yes, but not routinely
3. No → **REFINO**
4. Unknown → **REFINO**

REFOUTEO

Text: **Does your OPD send it <u>electronically</u> (not fax)?**
1. Yes, routinely

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2. Yes, but not routinely
3. No
4. Unknown

REFINO

Text: **Does your OPD see any patients referred to your OPD by providers outside of your OPD?**
1. Yes
2. No → **INPTCAREO**
3. Unknown → **INPTCAREO**

REFINSO

Text: **Does your OPD send a consultation report with clinical information to the other providers?**
1. Yes, routinely
2. Yes, but not routinely
3. No → **INPTCAREO**
4. Unknown → **INPTCAREO**

REFINSEO

Text: **Does your OPD send it electronically (not fax)?**
1. Yes, routinely
2. Yes, but not routinely
3. No
4. Unknown

INPTCAREO

Text: **Does your OPD take care of patients after they are discharged from an inpatient setting?**
1. Yes
2. No → **CLIN_STRET**
3. Unknown → **CLIN_STRET**

DISSUMO

Text: When a patient is discharged from an inpatient setting:
Does your OPD receive a discharge summary with clinical information from the hospital?
1. Yes, routinely
2. Yes, but not routinely
3. No → **CLIN_STRET**
4. Unknown → **CLIN_STRET**

DISSUMEO

Text: **Does your OPD receive it electronically (not fax)?**
1. Yes, routinely

2. Yes, but not routinely
3. No
4. Unknown

INCORINFOO

Text: **Can your OPD automatically incorporate the received information into your EHR system without manually entering the data?**
1. Yes
2. No
3. Not applicable. OPD does not have EHR system.
4. Unknown

Clin_NAME

Text: ***** SHOW ONLY ****

CLin_Group

Text: **** SHOW ONLY ****
1. General medicine
2. Surgery
3. Pediatric
4. Obstetrics/Gynecology
5. Substance abuse
6. Other

Clin_EVISITS

Text: **** SHOW ONLY ****

OPD_ONSITE

Text: ◆ Is [name of clinic] onsite?

CLIN_STRET

Text: ◆ What is (Clinic Name)'s address?

CLIN_PHONE

Text: **What is Outpatient Department's telephone number?**

CLIN_PHTYP

Text: ◆ Enter phone type

CLIN_CONTACT

Text: ◆ Enter clinic director/contact person's name

OPDDK_CHECK

Text: ◆ Are there any Don't Know items that you need to call back for? Press Ctrl-M to review all Don't Knows

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    1.   Yes
    2.   No

OPDWALL

Text: ◆   This is the last screen of the Outpatient Department section. If you progress past this screen you will no longer be able to edit this section.

    1.   Enter 1 to continue