

2020 National Hospital and Medical Care Survey (NHAMCS)
Ambulatory Unit Induction questionnaire

Form Approved: OMB No. 0920-0278; Expiration date: 06/30/2021

AMBULATORY UNIT (AU) INDUCTION: EMERGENCY DEPARTMENT (ED)

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5='Psychiatric'
6='Other'

ESA_EVISITS What is the expected number of visits from (Reporting period start date) to (Reporting period end date) for (ESA name)?

I_ESA ESA name from previous year in panel

I_ESA_EVISITS Estimated visits form previous year in panel

ESA_EVISITS_TOTAL Total number of ED visits for all eligible ESAs

AU_ONSITE Is this ESA on-site?
1=Yes
2=No

DONE_ED Enter 1 to complete induction for this department

WARNING: once you pass this screen, the ED portion of the induction interview will be closed, and you will not be allowed to re-enter to change any answers or add additional AUs. If you need to go back, use your up arrow to go back now, or press F10 to come back in later. DO NOT press 1 if you need to come back to this department section later.

AGREEEST According to our information, there were (number) patient visits during the reporting period. Is this correct?
1='Yes' (Skip to NUMTRLEV)
2='No'

ESTVISHR How many visits did you have during the reporting period?

(Instrument calculates new sampling pattern for patients' visits)

NUMTRLEV How many levels are in this ESA's triage system?

1='Three'

2='Four'

3='Five'

4='Other – Specify' (Go to NUMTRLEV_SP)

5='None Do not conduct triage'

NUMTRLEV_SP Specify other triage levels
