

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

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**HOSPITAL SCREENER**

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**NAMECHEK** **Is name of hospital correct?**

1='Yes' (Skip to ADDCHEK)

2='No'

**HSP\_NAME** **What is the name of your hospital?**

**ADDCHEK** **Is your hospital located at (Facility Address)?**

1='Yes' (Skip to MAILADD)

2='No'

**HSP\_ADDRESS** **What is the correct address?**

**MAILADD** **Is this also the mailing address?**

1='Yes' (Skip to INTRO\_AB)

2='No'

**MHSP\_STRET** **What is the correct mailing address? Enter the number and street or press enter if same**

**INTRO\_AB** **(Although you have not received the letter,) I'd like to briefly explain the study to you at this time and answer any questions about it. The National Center for Health Statistics of the Centers for Disease Control and Prevention is conducting its annual study of hospital-based ambulatory care. (Intro for the survey) 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:**

**LICHOSP** **Is facility a licensed hospital?**

1='Yes' (Skip to OWN101)

2='No'

**THANK\_B1** 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.  
(Hospital is out of scope. Exit instrument)

**OWN101** Is hospital non-profit, 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** Is hospital owned, operated, or managed by a health care corporation that owns multiple health care facilities?  
1='Yes'  
2='No'  
3='Unknown'

**TEACHOSP** Is this a teaching hospital?  
1='Yes'  
2='No'

**RECSHARE** Does your hospital share its electronic health records system with any other hospital?  
1='Yes'  
2='No' (Skip to MERGER)  
3='Unknown' (Skip to MERGER)

**NUMSHARE** If yes, how many other hospitals? (*Specify number*)

**MERGER** Did this hospital either merge or separate from any OTHER hospital in the past 2 years?  
1='Merged or separated'  
2='No' (Skip to PREVPAN)  
3='Unknown' (Skip to PREVPAN)

**MERSEP** Was this a merger or a separation?  
1='Merger'  
2='Separation'

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

Enter name of hospital

**OTHSTRET** What is the name and address of this OTHER hospital?  
Enter number and street

**OTHSTRET2** What is the name and address of this OTHER hospital?  
Enter the second line of address or press enter if same/none

**OTHCITY** What is the name and address of the OTHER hospital?  
Enter city

**OTHSTATE** What is the name and address of this OTHER hospital?  
Enter state

**OTHZIP** What is the name and address of this OTHER hospital?  
Enter zip code

**THANK\_MERGSEP** 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.

**CALLRO\_MERGSE** Call your RO and inform them of the situation. Await resolution from the RO before continuing with this case.  
(Exit instrument and contact RO for further instructions)

**ESA24** Does this hospital provide emergency services that are staffed 24 HOURS each day either here at this hospital or elsewhere?  
1='Yes' (Skip to TRAUMA)  
2='No'

**ESANOT24** Does this hospital operate any emergency service areas that are not staffed 24 HOURS each day?  
1='Yes'  
2='No'

**THANK\_B2** Thank you, but it seems that our information is incorrect. Since (facility name) does not have 24-hour emergency services, it should not have been chosen for our study. Thank you very much for your cooperation.  
(ED is out of scope. Exit instrument)

**TRAUMA** 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'

**ELIGREQ** Eligibility Requirements

- 1='ED meets requirements'
- 2='Hospital not licensed'
- 3='Hospital does not have an ED'

**STUDY\_DESC** Thank you. Explain the following ONLY if this is a new hospital. 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.

**(1)** NHAMCS is the only source of national data on health care provided in hospital emergency departments.

**(2)** NHAMCS is endorsed by the: American College of Emergency Physicians, Emergency Nurses Association, Society for Academic Emergency Medicine, American College of Osteopathic Emergency Physicians, American Health Information Management Association.

**(3)** Nationwide sample of about 600 hospitals.

**(4)** Four-week data collection period

**(5)** Brief form completed for a sample of patient visits. As one of the hospitals that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory care.

**SCREENER\_THK** Thank you for your cooperation. I am looking forward to our meeting.

#### HOSPITAL INDUCTION

(The following questions pertain to entire ED)

**INDUCTION\_APPT** 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? Record day, date and time of appointment.

(Enter 999 if the respondent wants to continue with the induction now)

**REVIEW** 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)

**SURGDAY** How many days in a week are inpatient elective surgeries scheduled?  
(data range: 0-7)

**BEDCZAR** Does your hospital have a bed coordinator, sometimes known as a bed czar?

- 1='Yes'
- 2='No'
- 3='Unknown'

**BEDDATA** How often are hospital bed census data available?

- 1='Instantaneously'
- 2='Every 4 hours'
- 3='Every 8 hours'
- 4='Every 12 hours'
- 5='Every 24 hours'

6='Other'  
7='Unknown'

**HLIST** **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' (Skip to EMEDRES)  
3='Unknown' (Skip to EMEDRES)

**HLISTED** **Do the hospitalists on staff at your hospital admit patients from your ED?**  
1='Yes'  
2='No'  
3='Unknown'

**EMEDRES** **Does hospital have Emergency Medicine residency program?**  
1='Yes'  
2='No'  
3='Unknown'

**PERMPART** **As I mentioned earlier, I would like to discuss the plan for conducting the study. This hospital has been assigned to a 4- week data collection period beginning on Monday, (Reporting period begin date). First, I would like to discuss the steps needed to obtain approval for the study. Are there any additional steps needed to obtain permission for the hospital to participate in the study?**  
1='Yes'  
2='No' (Skip to VSREPPER)

**PERMPARTSPEC** **Specify the necessary steps needed to obtain permission for the hospital to participate in the study. Include the name, address, phone and title of the person(s) who can grant approval**

**PERM\_THANK** **Thank you for your help.**

**RO\_PERMISSION** **Call the Regional Office to inform them of the additional steps needed to obtain permission**

**VSREPPER** **Now I would like to make arrangements to obtain the information needed for sampling. I will need to (know/verify) how your (emergency department) (is/are) organized and obtain an estimate of the number of patient visits expected during the 4-week reporting period. Would you prefer I (get/verify) this information from you or someone else?**  
1='Respondent' (Skip to TWICELY)  
2='Someone else'

**CINFO** **What is the name of the person with whom I should speak? Enter 1 to enter/update hospital contact information Enter 2 to enter/update department contact information**  
1='Hospital level contact'  
2='Department contact'  
3='Continue interview'

**THANK\_RESP** **Thank current respondent for his/her time and cooperation**

**INTRO\_ED** (At this stage in the induction interview, the field representative collects the name, type (Adult, Pediatric etc.), and visit characteristics of each of the 24-hour Emergency Service Areas in the ED.)  
**If necessary, introduce yourself and explain the survey. Provide the administrator with the introductory letter and ensure you obtained verbal consent before proceeding with the interview.**

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

**TWICELY** (only asked if the instrument detects an issue with the current and previous visit volumes)  
**Is the number of visits to any of the ESAs more than twice the number shown on the previous sampling plan?**  
1='Yes'  
2='No'

**TWICELY\_SPEC** (only asked if the instrument detects an issue with the current and previous visit volumes)  
**Specify why visits have increased this year or were too low the last time the ED participated**

**HALFLY** (only asked if the instrument detects an issue with the current and previous visit volumes)  
**Is the number of expected visits to any of the ESAs less than half the number shown on the previous sampling plan?**  
1='Yes'  
2='No'

**HALFLYSPEC** (only asked if the instrument detects an issue with the current and previous visit volumes)  
**Specify why visits have decreased this year or were too high the last time the ED participated**

**EDPRIM** **When patients with identified primary care physicians arrive at the Emergency Department, how often do you electronically send notifications to the patients' primary care physicians?**  
1='Always'  
2='Sometimes'  
3='Rarely'  
4='Never'  
5='Unknown'

**EDINFO** **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='Don't Know'

**OBSCLIN** Does your ED have an observation or clinical decision unit?  
1='Yes'  
2='No' (Skip to BOARD)  
3='Unknown' (Skip to BOARD)

**OBSSEP** Is this observation or clinical decision unit physically separate from the ED?  
1='Yes'  
2='No'  
3='Unknown'

**OBSDECMD** What type of physicians make decisions for patients in this observation or clinical decision unit? Enter all that apply, separate with commas  
1=ED physicians  
2=Hospitalists  
3=Other physicians  
4=Unknown

**BOARD** 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** Does your ED allow some admitted patients to move from the ED to inpatient corridors while awaiting a bed ('boarding') - sometimes called 'full capacity protocol'?  
1='Yes'  
2='No'  
3='Unknown'

**AMBDIV** Did your ED go on ambulance diversion in [last year]?  
1='Yes'  
2='No' (Skip to NUMSTATX)  
3='Unknown' (Skip to NUMSTATX)

**TOTHRDIV** What is the total number of hours that your hospital's ED was on ambulance diversion in [last year]?  
(Enter number of diversions)

**REGDIV** 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** Does your hospital continue to admit elective or schedule surgery cases when ED is on ambulance diversion?  
1='Yes'  
2='No'  
3='Unknown'

**NUMSTATX** **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 CTRL-D if data not available

**NUMOTHTX** **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 CTRL-D if data not available

**EDSPACES** **In the last two years, did your ED increase the number of standard treatment spaces?**  
1='Yes'  
2='No'  
3='Unknown'

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

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

**BEDREG** **Does your ED use bedside registration?**  
1='Yes'  
2='No'  
3='Unknown'

**KIOSELCHK** **Does ED use kiosk self-check-in**  
1='Yes'  
2='No'  
3='Unknown'

**CATRIAGE** **Does your ED use computer-assisted triage?**  
1='Yes'  
2='No'  
3='Unknown'

**IMBED** **Does your ED use immediate bedding (no triage when ED is not at capacity)?**  
1='Yes'  
2='No'  
3='Unknown'



**ADVTRIAG** Does your ED use advanced triage (triage-based care) protocols?  
1='Yes'  
2='No'  
3='Unknown'

**PHYSRACTRIA** Does your ED use physician/practitioner at triage?  
1='Yes'  
2='No'  
3='Unknown'

**FASTTRAK** Does your ED use separate fast track unit for non-urgent care?  
1='Yes'  
2='No'  
3='Unknown'

**EDPTOR** Does your ED use separate operating room dedicated to ED patients?  
1='Yes'  
2='No'  
3='Unknown'

**DASHBORD** Does your ED use electronic dashboard?  
1='Yes'  
2='No'  
3='Unknown'

**RFID** Does your ED use radio frequency identification (RFID) tracking?  
1='Yes'  
2='No'  
3='Unknown'

**WIRELESS** Does ED use wireless communication devices by providers?  
1='Yes'  
2='No'  
3='Unknown'

**ZONENURS** Does your ED use zone nursing?  
1='Yes'  
2='No'  
3='Unknown'

**POOLNURS** Does your ED use pool nurses?  
1='Yes'  
2='No'  
3='Unknown'

**ELECTRONIC HEALTH RECORDS (EHR): ED (E)**  
(Questions pertain to Emergency Service Area (ESA) with most visits)

**EMEDRECE** Does your ED use an electronic health record (EHR) system? Do not include billing record systems?

- 1='Yes, all electronic'
- 2='Yes, part paper and part electronic'
- 3='No'
- 4='Unknown'

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

**HHSMUE** Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

- 1='Yes'
- 2='No'
- 3='Unknown'

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

- 1='Allscripts'
- 2='Amazing Charts'
- 3='athenahealth'
- 4='Cerner'
- 5='eClinicalWorks'
- 6='e-MDs'
- 7='Epic'
- 8='GE/Centricity'
- 9='Modernizing Medicine'
- 10='NextGen'
- 11='Practice Fusion'
- 12='Sage/Vita/Greenway Medical'
- 13='Other - Specify' (Go to EHRNAMOTHE)

**EHRNAMOTHE** Other - specify name of EHR/EMR system  
(Enter name of EHR system)

**EHRINSE** 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'