NHAMCS 2022-2023 - Summary Table of the Questionnaire Changes

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| --- | --- | --- | --- | --- | --- |
| Survey | No. of Additions | No. of Deletions | Notes |  | Total |
| 2022-2023 NHAMCS Hospital Induction Questions | 11 | 8 | Adds 3 new conglomerate questions, 4 telemedicine questions, 1 data separation question, 3 COVID-19 vaccination of health care staff questions, Removes 8 COVID-19 questions | **Added Questions****[CONG]:** Is this facility part of a conglomerate or group? **[CONGNM]:** Enter conglomerate or group name**[CONGID]:** We have identified you as part of the [FILL] conglomerate or group. Is that true?**[MEDRSEPT]:** Can the medical records from the sample hospital be separated from all OTHER hospitals within the group or conglomerate?**[TELEMED\_USE]:** During the past four weeks, did your emergency department use telemedicine technology (e.g., audio, audio with video, web videoconference) for patient visits?**[TELEMED\_TYPE]:** During the past four weeks, what type(s) of telemedicine tool(s) did you use for patient visits? *Select all that apply***[TELEMED\_PERCENT]:** During the past four weeks, what percentage of this hospital’s emergency department patient visits were through telemedicine technology?**[TELEMED\_STOP]:** Does your emergency department plan to discontinue using telemedicine visits in the next year?**[COVID\_REQUIRED]:** Has your hospital ever required or mandated COVID-19 vaccination for healthcare personnel/staff?**[COVID\_OFFER]:** Did your hospital ever offer COVID-19 vaccinations to healthcare personnel/staff?**[COVID\_VACCINE]:** Which COVID-19 vaccine were ever offered to healthcare personnel/staff at your hospital?  (Select all that apply) | **Removed Questions****[COVID\_SHORT]:** During the past four weeks, did your emergency department experience shortages of coronavirus disease (COVID-19) tests for any patients with presumptive positive COVID-19 infection?**[COVID\_SCREEN]:** During the past four weeks, did your hospital create areas outside the emergency department entrance to screen patients for coronavirus disease (COVID-19) infection?**[COVID\_POSITIVE\_PH]:** During the past four weeks, did any of the following clinical care providers in your emergency department test positive for coronavirus disease (COVID-19) infection?**[COVID\_POSITIVE\_PA]:** During the past four weeks, did any of the following clinical care providers in your emergency department test positive for coronavirus disease (COVID-19) infection?**[COVID\_POSITIVE\_NURSE]:** During the past four weeks, did any of the following clinical care providers in your emergency department test positive for coronavirus disease (COVID-19) infection?**[COVID\_POSITIVE\_NMW]:** During the past four weeks, did any of the following clinical care providers in your emergency department test positive for coronavirus disease (COVID-19) infection?**[COVID\_POSITIVE\_LPN]:** During the past four weeks, did any of the following clinical care providers in your emergency department test positive for coronavirus disease (COVID-19) infection?**[COVID\_POSITIVE\_OTHER]:** During the past four weeks, did any of the following clinical care providers in your emergency department test positive for coronavirus disease (COVID-19) infection? | 3 |
| 2022-2023 NHAMCS Ambulatory Unit Induction Questions | 5 | 0 | These are the ROOFS  questions, interviewers are familiar with these | **[ROOFS]: Can you confirm the following?**1. **Revenue: Are all revenues from this ESA facility forwarded directly to the [Fill hospital in sample]?**
2. **Ownership: Is this ESA facility owned by the [Fill hospital in sample]? (If the hospital owns the property but rents the facility to another medical practice to operate, then this is not to be included as in-scope satellite.)**
3. **Operation: Is this ESA facility operated by [Fill hospital in sample]?**
4. **Federal Tax ID: Is the federal tax ID of [Fill hospital in sample] and this ESA facility the same? (An exception to this is when a health system owns several hospitals that all have the same federal tax ID. In this case, only ESAs associated with the sample hospital should be included.)**
5. **Staff: Is the staff of this ESA facility either paid directly by [Fill hospital in sample] or contracted by [Fill hospital in sample]?**
 | 5 |
| 2022-2023 NHAMCS Emergency Department Patient Record Form (PRF) | 2 | 0 | COVID-19 test check boxes, eliminates use of case notes to document which require additional steps and screens on the computer | **COVID-19 tests:*** **Coronavirus disease [COVID-19] test**
* **Coronavirus disease [COVID-19] antibody test**
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