

NHAMCS 2022-2023 - Summary Table of the Questionnaire Changes

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	<p><b>Added Questions</b></p> <p><b>[CONG]:</b> Is this facility part of a conglomerate or group?</p> <p><b>[CONGNM]:</b> Enter conglomerate or group name</p> <p><b>[CONGID]:</b> We have identified you as part of the [FILL] conglomerate or group. Is that true?</p> <p><b>[MEDRSEPT]:</b> Can the medical records from the sample hospital be separated from all OTHER hospitals within the group or conglomerate?</p> <p><b>[TELEMED_USE]:</b> During the past four weeks, did your emergency department use telemedicine technology (e.g., audio, audio with video, web videoconference) for patient visits?</p> <p><b>[TELEMED_TYPE]:</b> During the past four weeks, what type(s) of telemedicine tool(s) did you use for patient visits? <i>Select all that apply</i></p> <p><b>[TELEMED_PERCENT]:</b> During the past</p>	<p><b>Removed Questions</b></p> <p><b>[COVID_SHORT]:</b> 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?</p> <p><b>[COVID_SCREEN]:</b> During the past four weeks, did your hospital create areas outside the emergency department entrance to screen patients for coronavirus disease (COVID-19) infection?</p> <p><b>[COVID_POSITIVE_PH]:</b> 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?</p> <p><b>[COVID_POSITIVE_PA]:</b> 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?</p> <p><b>[COVID_POSITIVE_NURSE]:</b> During the past four weeks, did any of the following clinical care providers in your</p>	3

				<p>four weeks, what percentage of this hospital's emergency department patient visits were through telemedicine technology?</p> <p><b>[TELEMED_STOP]:</b> Does your emergency department plan to discontinue using telemedicine visits in the next year?</p> <p><b>[COVID_REQUIRED]:</b> Has your hospital ever required or mandated COVID-19 vaccination for healthcare personnel/staff?</p> <p><b>[COVID_OFFER]:</b> Did your hospital ever offer COVID-19 vaccinations to healthcare personnel/staff?</p> <p><b>[COVID_VACCINE]:</b> Which COVID-19 vaccine were ever offered to healthcare personnel/staff at your hospital? (Select all that apply)</p>	<p>emergency department test positive for coronavirus disease (COVID-19) infection?</p> <p><b>[COVID_POSITIVE_NM W]:</b> 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?</p> <p><b>[COVID_POSITIVE_LPN]:</b> 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?</p> <p><b>[COVID_POSITIVE_OTHE R]:</b> 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?</p>	
2022-2023 NHAMCS Ambulatory Unit Induction Questions	5	0	These are the ROOFS questions, interviewers are familiar with these	<p><b>[ROOFS]: Can you confirm the following?</b></p> <ol style="list-style-type: none"> <li><b>1. Revenue: Are all revenues from this ESA facility forwarded directly to the [Fill hospital in sample]?</b></li> <li><b>2. Ownership: Is this ESA facility</b></li> </ol>	5	

				<p>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.)</p> <p>3. <b>Operation:</b> Is this ESA facility operated by [Fill hospital in sample]?</p> <p>4. <b>Federal Tax ID:</b> 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.)</p> <p>5. <b>Staff:</b> Is the staff of this ESA facility either paid directly by [Fill hospital in sample] or contracted by [Fill hospital in sample]?</p>	
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	<p><b>COVID-19 tests:</b></p> <ul style="list-style-type: none"> <li>• Coronavirus disease [COVID-19] test</li> <li>• Coronavirus disease [COVID-19] antibody test</li> </ul>	2
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