2022 National Hospital and Medical Care Survey (NHAMCS) Ambulatory Unit Induction Questionnaire

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

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	3='Pediatric'
	4='Urgent care/Fast track'
	5='Psychiatric'
	6='Other'
ESA EVISITS	What is the expected number of visits from (Reporting period start date)
LSA_EVISITS	to (Reporting period end date) for (ESA name)?
	to (reporting period end date) for (LOA name):
ESA ADDED DELETED	Please explain why this ESA has been added or deleted
	(Interviewer enters brief explanation for why they have added or removed an
	ESA.)
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]?
	nospital in sample] of contracted by [i in nospital in sample].
	(Read all answer categories)
	(Select or enter all that apply, separate with commas):
	1 = 'Revenue'
	2 = 'Ownership'
	3 = 'Operation'
	4 = 'Federal Tax ID'
	5 = 'Staff'
I_ESA	ESA name from previous year in panel
I_ESA_EVISITS	Number of visits from previous time in sample
	Training of the term provided announcement
ESA_EVISITS_TOTAL	Total number of ED visits for all eligible ESAs
AU_ONSITE	Is this ESA on-site?
	1=Yes
	2=No
ESA24B	Is this ESA open 24 hours a day?
LOALID	1='Yes'
	2='No'
DONE_ED	Enter 1 to complete induction for this department
	WARNING, and you have this careen, the ED parties of the induction
	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.
AGREEST	According to our information, there were (number) patient visits during
AGREESI	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'
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NUMTRLEV_SP	Specify other triage levels