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

**Form Approved:** OMB No. 0920-0278; **Expiration date:** 09/30/2023

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| **AMBULATORY UNIT (AU) INDUCTION: EMERGENCY DEPARTMENT (ED)** | |
| **INTRO\_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** |
| **ESA\_MANY** | **How many emergency service areas at this hospital are open 24 hours a day?**  (Enter number) |
| **ESA\_NUM** | **ESA number** |
| **DEL\_ESA** | **Does (ESA name) still exist and is it still operational?**  (Enter 97 to delete this ESA) |
| **ESA\_NAME** | **What is the name of this ESA?** |
| **ESATYPE** | **What type of ESA is (ESA name)?**  1='General' 2='Adult' 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) to (Reporting period end date) for (ESA 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]?**  (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** |
| **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?**  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** |