

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

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

**AMBULATORY UNIT (AU) INDUCTION- EMERGENCY DEPARTMENT (ED)**

**Notice** – CDC estimates the average public reporting burden for this collection of information as 15 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-0278).

**Assurance of confidentiality** – We take your privacy very seriously. All information that relates to or describes identifiable characteristics of individuals, a practice, or an establishment will be used only for statistical purposes. NCHS staff, contractors, and agents will not disclose or release responses in identifiable form without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 U.S.C. 242m(d)) and the Confidential Information Protection and Statistical Efficiency Act of 2018 (CIPSEA Pub. L. No. 115-435, 132 Stat. 5529 § 302). In accordance with CIPSEA, every NCHS employee, contractor, and agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about you. In addition to the above cited laws, NCHS complies with the Federal Cybersecurity Enhancement Act of 2015 (6 U.S.C. §§ 151

	2='Adult' 3='Pediatric' 4='Urgent care/Fast track' 5='Psychiatric' 6='Other'
<b>ESA_EVISITS</b>	<b>What is the expected number of visits from (Reporting period start date) to (Reporting period end date) for (ESA name)?</b>
<b>ESA_ADDED_DELETED</b>	<b>Please explain why this ESA has been added or deleted</b>  (Interviewer enters brief explanation for why they have added or removed an ESA.)
<b>ROOFS</b>	<b>Can you confirm the following?</b>  <b>1. Revenue: Are all revenues from this ESA facility forwarded directly to the [Fill hospital in sample]?</b>  <b>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.)</b>  <b>3. Operation: Is this ESA facility operated by [Fill hospital in sample]?</b>  <b>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.)</b>  <b>5. Staff: Is the staff of this ESA facility either paid directly by [Fill</b>

	<p><b>hospital in sample] or contracted by [Fill hospital in sample]?</b></p> <p>(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'</p>
<b>I_ESA</b>	<b>ESA name from previous year in panel</b>
<b>I_ESA_EVISITS</b>	<b>Number of visits from previous time in sample</b>
<b>ESA_EVISITS_TOTAL</b>	<b>Total number of ED visits for all eligible ESAs</b>
<b>AU_ONSITE</b>	<p><b>Is this ESA on-site?</b>  1=Yes  2=No</p>
<b>ESA24B</b>	<p><b>Is this ESA open 24 hours a day?</b>  1='Yes'  2='No'</p>
<b>DONE_ED</b>	<p><b>Enter 1 to complete induction for this department</b></p> <p><b>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.</b></p>
<b>AGREEEST</b>	<p><b>According to our information, there were (number) patient visits during the reporting period. Is this correct?</b>  1='Yes' (Skip to NUMTRLEV)  2='No'</p>
<b>ESTVISHR</b>	<p><b>How many visits did you have during the reporting period?</b>  (Instrument calculates new sampling pattern for patients' visits)</p>
<b>NUMTRLEV</b>	<p><b>How many levels are in this ESA's triage system?</b>  1='Three'  2='Four'  3='Five'  4='Other – Specify' (Go to NUMTRLEV_SP)  5='None Do not conduct triage'</p>
<b>NUMTRLEV_SP</b>	<b>Specify other triage levels</b>

