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1. Label

NHAMCS-101(FS)
(12-10-2009)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
NATIONAL CENTER FOR HEALTH STATISTICS
CENTERS FOR DISEASE CONTROL AND PREVENTION

**NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
FREESTANDING AMBULATORY SURGERY CENTERS
2010 PANEL**

2a. ASC administrator contact information

b. ASC contact information

Name
Title
Telephone number
(Area code and number)
FAX number

**RECORD ON
CONTROL CARD**

Name
Title
Telephone number
(Area code and number)
FAX number

**RECORD ON
CONTROL CARD**

Section I – TELEPHONE SCREENER

3. Field representative information

4. Record of telephone calls

Telephone screener

FR Code

Call	Date	Time	Results
1			
2			
3			

5. Final outcome of ASC screening

1 Appointment

Day	Date	Time	a.m. p.m.
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2 Noninterview – Complete Sections V and VI on page 19.

During your initial call to the ASC, attempt to speak to the contact person. If the contact person is not available at this time, determine when he/she can be reached and call again at the designated time. If, after several attempts, you are still unable to talk to the contact or have determined the contact is no longer an appropriate respondent, begin the interview with a representative of the contact person or new contact, as appropriate.

NOTES

Section I – TELEPHONE SCREENER – Continued

Part A. INTRODUCTION

Good (morning/afternoon) . . . , my name is (Your name). I am calling for the Centers for Disease Control and Prevention concerning their study of ambulatory surgery in freestanding ambulatory surgery centers and in hospitals. You should have received a letter from Dr. Edward J. Sondik, the director of the National Center for Health Statistics, describing the study. (Pause) You've probably also received a letter from the U.S. Census Bureau, which is collecting the data for the study.

6. Did you receive the letter(s)?
(If "No" or "DK," offer to send or deliver another copy.)

- 1 Yes – SKIP to STATEMENT A
- 2 No
- 3 Don't know

7a. Let me verify that I have the correct name and address for your ASC. Is the correct name (Read name from Control Card)?

- 1 Yes
- 2 No – Enter correct name ↘

▶ RECORD ON CONTROL CARD

b. Is your ASC located at (Read address from Control Card)?

- 1 Yes
- 2 No – Enter ASC location ↘

Number and street
City State ZIP Code

▶ RECORD ON CONTROL CARD

c. Is this also the mailing address?

- 1 Yes
- 2 No – Enter correct mailing address ↘

Number and street
City State ZIP Code

▶ RECORD ON CONTROL CARD

STATEMENT A ▶ (Although you have not received the letter,) I'd like to briefly explain the study to you at this time and answer any questions about it.

Part B. VERIFICATION OF ELIGIBILITY

INTRODUCTION STATEMENT B1 ▶ The National Center for Health Statistics of the Centers for Disease Control and Prevention is conducting an annual study of ambulatory care. The study began data collection in 1992. Beginning in 2010, freestanding ASCs are being included in the study. CDC has contracted with the U.S. Census Bureau to collect the data. (Name of ASC) has been selected to participate in the study. I am calling to arrange an appointment to discuss your participation. The study is authorized under the Public Health Service Act and the information will be held strictly confidential. Participation is voluntary.

Before discussing the details, I would like to verify our basic information about (Name of ASC) to be sure we have correctly included this ASC in the study.

8a. Is ambulatory (outpatient) surgery or ambulatory diagnostic or therapeutic procedures currently performed in this facility?

- 1 Yes
- 2 No – SKIP to CHECK ITEM B on page 4.

NOTE: Do not ask item 8b if facility is an eye surgery center.

b. In this study we are excluding facilities that are exclusively family planning clinics, birthing centers, abortion clinics, podiatry centers or dentistry centers.

- 1 Yes – SKIP to CHECK ITEM B on page 4.
- 2 No

Is (Name of facility) exclusively one of these?

9. Is this facility currently licensed by the state?

- 1 Yes
- 2 No

Section I – TELEPHONE SCREENER – Continued

Part B. VERIFICATION OF ELIGIBILITY

10. It is important for us to determine whether or not your facility operates under the license or Provider of Services (POS) number of a parent facility.

a. Does your ASC operate under the license of a parent facility?

- 1 Yes
2 No

b. Does your ASC operate under the Provider of Services (POS) number of a parent facility?

- 1 Yes
2 No

CHECK ITEM A

Refer to items 10a and 10b.
Is "Yes" marked in ANY of these items?

1 Yes – **What is the name and address of your parent facility?**

Parent facility name	RECORD ON CONTROL CARD
Number and street	
City State ZIP Code	

Thank you for your time and assistance. We may contact you again in a few days regarding participation in this study. Terminate telephone call.

FR NOTE

If after contacting your RO you find that the ASC is eligible, continue with item 11. If the ASC is not eligible, go to CHECK ITEM B on page 4 and mark checkbox 4.

2 No – GO to item 11.

11. Is this facility owned, operated, or managed by –

- 1 A hospital
2 One or more physicians
3 Health maintenance organization
4 Another health care provider
5 A health care corporation that owns multiple health care facilities (e.g., HCA or Health South)
6 Other

12. Is the ambulatory (outpatient) surgery performed here primarily one specialty?

1 Yes – **What is the specialty?** ↗

SKIP to CHECK ITEM B on page 4.

2 No

13. Is the ambulatory (outpatient) surgery performed here multi-specialty?

- 1 Yes
2 No

NOTES

Section II – INDUCTION INTERVIEW

Part A. INTRODUCTION

I would like to begin with a brief review of the background for this study.

INSTRUCTIONS

Provide the administrator or other facility representative with a brief introduction to the study and a general overview of procedures.

Cover the following points –

- (1)** NHAMCS is a sister survey of the National Ambulatory Medical Care Survey (NAMCS). NAMCS collects data on visits to physicians in office-based practices
- (2)** NAMCS and NHAMCS are sponsored by the National Center for Health Statistics of the Centers for Disease Control and Prevention
- (3)** NAMCS and NHAMCS data are used extensively by health care organizations, health services planners, researchers, and educators
- (4)** Annually, there are almost 200 million visits to hospital emergency and outpatient departments and 35 million visits to ambulatory surgery centers, including 15 million visits to freestanding ambulatory surgery centers
- (5)** The U.S. Census Bureau is the data collection agent for the study
- (6)** The study is authorized by Title 42, U.S. Code, Section 242k
- (7)** Participation is voluntary
- (8)** Any identifiable information will be held confidential and will be used only by NCHS staff, contractors or agents, only when necessary and with strict controls, and will not be disclosed to anyone else without the consent of your facility. By law, every employee as well as every 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 your facility and its patients
- (9)** NO patients' names or identifiers are collected
- (10)** The study was approved by the NCHS Research Ethics Review Board or IRB
- (11)** Data from the study will be used only in statistical summaries
- (12)** NHAMCS excludes office-based physicians (these are covered under the NAMCS)
- (13)** NHAMCS excludes the following types of ASCs: dentistry, podiatry, abortion, lump and bump procedure rooms, birth center, and family planning.
- (14)** For the first time, we are including freestanding ambulatory surgery centers in the survey
- (15)** Only a 4-week data collection period
- (16)** On average, sample of approximately 100 ASC visits per hospital and 100 freestanding ASC visits.

SHOW PATIENT RECORD FORM

- (17)** Form takes only 6 minutes to complete
- (18)** Forms are to be completed by ASC staff at their convenience
- (19)** Portion containing patient's name or other identifying information is removed before collecting

Section II – INDUCTION INTERVIEW – Continued

Part B. SURVEY IMPLEMENTATION

As I mentioned earlier, I would like to discuss the plan for conducting the study. This ASC has been assigned to a 4-week data collection period beginning on Monday, (/).
Month Day

First, I would like to discuss the steps needed to obtain approval for the study.

14a. Are there any additional steps needed to obtain permission for the ASC to participate in the study?

1 Yes – *Specify the necessary steps below* ↘

2 No

14b. Now I would like to make arrangements to obtain the information needed for sampling. I will need to (know/verify) how your ambulatory surgery center is organized and obtain an estimate of the number of patient visits expected during the 4-week reporting period. Would you prefer I (get/verify) this information from you or someone else?

1 Respondent

2 Someone else – *Specify below* ↘

If different respondent(s), arrange to obtain data today if possible. Otherwise arrange an appointment with designated person(s). Briefly explain the study to the new respondent(s). Then proceed with Section III, Ambulatory Surgery Center Description as appropriate. Thank current respondent for his/her time and cooperation.

Name		Record on Control Card
Title		
Department		
Telephone number		
Name		Record on Control Card
Title		
Department		
Telephone number		

Section III – AMBULATORY SURGERY CENTER DESCRIPTION – Continued

<p>15e. Does your ASC submit CLAIMS electronically (electronic billing)?</p>	<p>1 <input type="checkbox"/> Yes, all electronic 3 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, part paper and part electronic 4 <input type="checkbox"/> Unknown</p>																		
<p>f. Does your ASC use an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system. Do not include billing record systems.</p>	<p>1 <input type="checkbox"/> Yes, all electronic 2 <input type="checkbox"/> Yes, part paper and part electronic } <i>Go to item 15f1</i> 3 <input type="checkbox"/> No } <i>SKIP to item 15g</i> 4 <input type="checkbox"/> Unknown</p>																		
<p>(1) Which year did your ASC install your EMR/EHR system?</p>	<p><input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/> Year</p>																		
<p>(2) What is the name of your current EMR/EHR system? <i>Mark (X) only one box.</i></p>	<table style="width:100%; border: none;"> <tr> <td>1 <input type="checkbox"/> Allscripts</td> <td>7 <input type="checkbox"/> GE Centricity</td> <td>12 <input type="checkbox"/> Praxis</td> </tr> <tr> <td>2 <input type="checkbox"/> Cerner</td> <td>8 <input type="checkbox"/> Greenway Medical</td> <td>13 <input type="checkbox"/> Practice One</td> </tr> <tr> <td>3 <input type="checkbox"/> eClinicalWorks</td> <td>9 <input type="checkbox"/> HealthPort</td> <td>14 <input type="checkbox"/> Sage Intergy</td> </tr> <tr> <td>4 <input type="checkbox"/> Eclipsys</td> <td>10 <input type="checkbox"/> McKesson</td> <td>15 <input type="checkbox"/> Other</td> </tr> <tr> <td>5 <input type="checkbox"/> Epic</td> <td>11 <input type="checkbox"/> NextGen</td> <td>16 <input type="checkbox"/> Unknown</td> </tr> <tr> <td>6 <input type="checkbox"/> eMDs</td> <td></td> <td></td> </tr> </table>	1 <input type="checkbox"/> Allscripts	7 <input type="checkbox"/> GE Centricity	12 <input type="checkbox"/> Praxis	2 <input type="checkbox"/> Cerner	8 <input type="checkbox"/> Greenway Medical	13 <input type="checkbox"/> Practice One	3 <input type="checkbox"/> eClinicalWorks	9 <input type="checkbox"/> HealthPort	14 <input type="checkbox"/> Sage Intergy	4 <input type="checkbox"/> Eclipsys	10 <input type="checkbox"/> McKesson	15 <input type="checkbox"/> Other	5 <input type="checkbox"/> Epic	11 <input type="checkbox"/> NextGen	16 <input type="checkbox"/> Unknown	6 <input type="checkbox"/> eMDs		
1 <input type="checkbox"/> Allscripts	7 <input type="checkbox"/> GE Centricity	12 <input type="checkbox"/> Praxis																	
2 <input type="checkbox"/> Cerner	8 <input type="checkbox"/> Greenway Medical	13 <input type="checkbox"/> Practice One																	
3 <input type="checkbox"/> eClinicalWorks	9 <input type="checkbox"/> HealthPort	14 <input type="checkbox"/> Sage Intergy																	
4 <input type="checkbox"/> Eclipsys	10 <input type="checkbox"/> McKesson	15 <input type="checkbox"/> Other																	
5 <input type="checkbox"/> Epic	11 <input type="checkbox"/> NextGen	16 <input type="checkbox"/> Unknown																	
6 <input type="checkbox"/> eMDs																			
<p>g. Does your ASC have plans for installing a new EMR/EHR system within the next 18 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Maybe 4 <input type="checkbox"/> Unknown</p>																		

	Yes	Yes, but turned off or not used	No	Unknown
<p>h. Indicate whether your ASC has each of the following computerized capabilities. Does the reporting location have a computerized system for: <i>Mark (X) only one box per row.</i></p>				
<p>(1) Patient history and demographic information?</p> <p><i>If Yes, ask – (a) Does this include a patient problem list?</i></p>	1 <input type="checkbox"/>	2 <input type="checkbox"/> <i>Skip to 15h2</i>	3 <input type="checkbox"/> <i>Skip to 15h2</i>	4 <input type="checkbox"/> <i>Skip to 15h2</i>
<p>(2) Clinical notes?</p> <p><i>If Yes, ask – (a) Do they include a list of medications that the patient is taking?</i></p> <p>(b) Do they include a comprehensive list of the patient's allergies (including allergies to medication)?</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/> <i>Skip to 15h3</i>	3 <input type="checkbox"/> <i>Skip to 15h3</i>	4 <input type="checkbox"/> <i>Skip to 15h3</i>
<p>(3) Orders for prescriptions?</p> <p><i>If Yes, ask – (a) Are warnings of drug interactions or contraindications provided?</i></p> <p>(b) Are prescriptions sent electronically to the pharmacy?</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/> <i>Skip to 15h4</i>	3 <input type="checkbox"/> <i>Skip to 15h4</i>	4 <input type="checkbox"/> <i>Skip to 15h4</i>
<p>(4) Orders for lab tests?</p> <p><i>If Yes, ask – (a) Are orders sent electronically to the lab?</i></p>	1 <input type="checkbox"/>	2 <input type="checkbox"/> <i>Skip to 15h5</i>	3 <input type="checkbox"/> <i>Skip to 15h5</i>	4 <input type="checkbox"/> <i>Skip to 15h5</i>
<p>(5) Viewing lab results?</p> <p><i>If Yes, ask – (a) Are results incorporated in EMR/EHR?</i></p> <p>(b) Are out of range levels highlighted?</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/> <i>Skip to 15h6</i>	3 <input type="checkbox"/> <i>Skip to 15h6</i>	4 <input type="checkbox"/> <i>Skip to 15h6</i>
<p>(6) Viewing imaging results?</p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Section III – AMBULATORY SURGERY CENTER DESCRIPTION – Continued

15h. Continued

	Yes	Yes, but turned off or not used	No	Unknown
(7) Reminders for guideline-based interventions or screening tests?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(8) Electronic reporting to immunization registries?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. At your ASC, if orders for prescriptions or lab tests are submitted electronically, who submits them?	1 <input type="checkbox"/> Prescribing practitioner 2 <input type="checkbox"/> Other clinician (including RN) 3 <input type="checkbox"/> Lab technician 4 <input type="checkbox"/> Administrative personnel 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> Prescriptions and lab test orders not submitted electronically 7 <input type="checkbox"/> Unknown			
j. Beginning in 2011, Medicare and Medicaid will offer incentives to facilities that have meaningful use of Health IT. Does your ASC have plans to apply for Medicare or Medicaid incentive payments for meaningful use of Health IT?	1 <input type="checkbox"/> Yes, we intend to apply – <i>Go to 15j1</i> 2 <input type="checkbox"/> Uncertain whether we will apply 3 <input type="checkbox"/> No, we will not apply } <i>SKIP to Section IV</i>			
(1) What year do you expect to apply for the meaningful use payments?	1 <input type="checkbox"/> 2011 2 <input type="checkbox"/> 2012 3 <input type="checkbox"/> After 2012 4 <input type="checkbox"/> Unknown			
(2) What incentive payment do you plan to apply for?	1 <input type="checkbox"/> Medicare 2 <input type="checkbox"/> Medicaid 3 <input type="checkbox"/> Unknown			

Section IV – AMBULATORY UNIT RECORD

COMPLETE FOR EACH AMBULATORY UNIT SELECTED

Section A – AMBULATORY UNIT INFORMATION

a. Mark (X) specialty —
 1 GEN 2 MULTI 3 GI 4 OPH 5 ORTHO 6 PLASTIC 7 PAIN 8 OTHER

b. AU No. 1 of
 Total AU's sampled within the ASC

Section B – SAMPLE INFORMATION

1. Take every number		4. Total estimated number of visits during reporting period for ALL operating rooms within the ASC			
2. Random start number		5. REPORTING PERIOD (Month/Day/Year)	From: / /		
3. Estimated number of visits in this AU during reporting period			To: / /		
<i>Item 6 is the AU No. from Section A, Item b. Items 7 and 8 are each 1.</i>	▶	6. SU number	7. Numerator		
		1	1		
9. What was the total number of patient visits to this AU from (dates specified in B5)? (Refer to patient logs, etc. Ask if necessary. DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)	NUMBER OF VISITS				
	Week 1	Week 2	Week 3	Week 4	TOTAL
	/ - /	/ - /	/ - /	/ - /	
10. How many patient record forms were filled out for this AU?	NUMBER OF FORMS				
	Week 1	Week 2	Week 3	Week 4	TOTAL
11. Was this Ambulatory Unit Record completed for multiple ambulatory surgery locations that were combined in a single list?	1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> No, this Ambulatory Unit Record is for a single ambulatory surgery location		

Section IV – AMBULATORY UNIT RECORD – Continued

Section C – ASC INFORMATION AND LOGS

1. What are the usual operating hours of this unit?

Day(s) (a)	Time (b)				Mark (X) ONLY one		
					Open 24 hours (c)	Not open (d)	Hours vary (e)
Monday	FROM	a.m.	TO	a.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		p.m.		p.m.			
Tuesday	FROM	a.m.	TO	a.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		p.m.		p.m.			
Wednesday	FROM	a.m.	TO	a.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		p.m.		p.m.			
Thursday	FROM	a.m.	TO	a.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		p.m.		p.m.			
Friday	FROM	a.m.	TO	a.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		p.m.		p.m.			
Saturday	FROM	a.m.	TO	a.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		p.m.		p.m.			
Sunday	FROM	a.m.	TO	a.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		p.m.		p.m.			

Section D – VERIFICATION OF ESTIMATED VISITS

Verify with ASC director BEFORE data collection begins (and records have been pulled).

1. According to our information, about (number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate?

- 1 Yes – SKIP to section G
2 No

2. About how many visits do you expect during the reporting period, _____ to _____?

Revised estimate

Determine if new Take Every and Random Start numbers must be calculated for this ASC.

3a. Divide the revised estimate by the original estimate from B-3.

$$\frac{\text{Revised estimate}}{\text{Original estimate}} = \frac{\boxed{}}{\boxed{}} = \boxed{} \text{ (Result)}$$

b. Is the result of (a) between 0.7 and 1.3?

- 1 Yes – SKIP to section G
2 No

Section E – CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS ASC

1. Calculate new Take Every, using the appropriate table (page 19) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).

New Take Every

2. Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101(FS).

New Random Start

Section G – PATIENT RECORD FORM INFORMATION

1. Enter the range of Patient Record Forms that were **ACTUALLY** used by the unit.

FIRST FOLIO	FROM:	<input type="text"/>	TO:	<input type="text"/>
SECOND FOLIO	FROM:	<input type="text"/>	TO:	<input type="text"/>
THIRD FOLIO	FROM:	<input type="text"/>	TO:	<input type="text"/>

Section IV – AMBULATORY UNIT RECORD

COMPLETE FOR EACH AMBULATORY UNIT SELECTED

Section A – AMBULATORY UNIT INFORMATION

a. Mark (X) specialty —

1 GEN 2 MULTI 3 GI 4 OPH 5 ORTHO 6 PLASTIC 7 PAIN 8 OTHER

b. AU No. **2** of
Total AU's sampled within the ASC

Section B – SAMPLE INFORMATION

1. Take every number		4. Total estimated number of visits during reporting period for ALL operating rooms within the ASC			
2. Random start number		5. REPORTING PERIOD (Month/Day/Year)	From: / /		
3. Estimated number of visits in this AU during reporting period			To: / /		
<i>Item 6 is the AU No. from Section A, Item b. Items 7 and 8 are each 1.</i>		6. SU number	7. Numerator		
		2	1		
		8. Denominator			
		1.00			
9. What was the total number of patient visits to this AU from (dates specified in B5)? (Refer to patient logs, etc. Ask if necessary. DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)	NUMBER OF VISITS				
	Week 1	Week 2	Week 3	Week 4	TOTAL
	/ - /	/ - /	/ - /	/ - /	
10. How many patient record forms were filled out for this AU?	NUMBER OF FORMS				
	Week 1	Week 2	Week 3	Week 4	TOTAL
11. Was this Ambulatory Unit Record completed for multiple ambulatory surgery locations that were combined in a single list?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, this Ambulatory Unit Record is for a single ambulatory surgery location		

Section C – ASC INFORMATION AND LOGS

1. What are the usual operating hours of this unit?

Day(s) (a)	Time (b)		Mark (X) ONLY one			
			Open 24 hours (c)	Not open (d)	Hours vary (e)	
Monday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Tuesday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Wednesday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Thursday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Friday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Saturday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sunday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Section IV – AMBULATORY UNIT RECORD – Continued

Section D – VERIFICATION OF ESTIMATED VISITS

Verify with ASC director *BEFORE* data collection begins (and records have been pulled).

1. According to our information, about (number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate?

- 1 Yes – *SKIP* to section G
 2 No

2. About how many visits do you expect during the reporting period, [] to []?

Revised estimate

Determine if new Take Every and Random Start numbers must be calculated for this ASC.

3a. Divide the revised estimate by the original estimate from B-3.

$$\frac{\text{Revised estimate}}{\text{Original estimate}} = \frac{[]}{[]} = [] \text{ (Result)}$$

b. Is the result of (a) between 0.7 and 1.3?

- 1 Yes – *SKIP* to section G
 2 No

Section E – CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS ASC

1. Calculate new Take Every, using the appropriate table (page 19) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).

New Take Every [][][]

2. Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101(FS).

New Random Start [][][]

Section G – PATIENT RECORD FORM INFORMATION

1. Enter the range of Patient Record Forms that were **ACTUALLY** used by the unit.

FIRST FOLIO FROM: [][][][][][][][] TO: [][][][][][][][]

SECOND FOLIO FROM: [][][][][][][][] TO: [][][][][][][][]

THIRD FOLIO FROM: [][][][][][][][] TO: [][][][][][][][]

NOTES

[]

[]

[]

[]

[]

[]

Section IV - AMBULATORY UNIT RECORD

COMPLETE FOR EACH AMBULATORY UNIT SELECTED

Section A - AMBULATORY UNIT INFORMATION

a. Mark (X) specialty —

1 GEN 2 MULTI 3 GI 4 OPH 5 ORTHO 6 PLASTIC 7 PAIN 8 OTHER

b. AU No. **3** of _____
Total AU's sampled within the ASC

Section B - SAMPLE INFORMATION

1. Take every number		4. Total estimated number of visits during reporting period for ALL operating rooms within the ASCs			
2. Random start number		5. REPORTING PERIOD (Month/Day/Year)	From: / /		
3. Estimated number of visits in this AU during reporting period			To: / /		
<i>Item 6 is the AU No. from Section A, Item b. Items 7 and 8 are each 1.</i>		6. SU number	7. Numerator		
		3	1		
		8. Denominator			
		1.00			
9. What was the total number of patient visits to this AU from (dates specified in B5)?(Refer to patient logs, etc. Ask if necessary.DO NOT LEAVE TOTAL BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)	NUMBER OF VISITS				
	Week 1	Week 2	Week 3	Week 4	TOTAL
	/ - /	/ - /	/ - /	/ - /	
10. How many patient record forms were filled out for this AU?	NUMBER OF FORMS				
	Week 1	Week 2	Week 3	Week 4	TOTAL
11. Was this Ambulatory Unit Record completed for multiple ambulatory surgery locations that were combined in a single list?			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, this Ambulatory Unit Record is for a single ambulatory surgery location		

Section C - ASC INFORMATION AND LOGS

1. What are the usual operating hours of this unit?

Day(s) (a)	Time (b)		Mark (X) ONLY one		
			Open 24 hours (c)	Not open (d)	Hours vary (e)
Monday	FROM	a.m. TO p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Tuesday	FROM	a.m. TO p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Wednesday	FROM	a.m. TO p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Thursday	FROM	a.m. TO p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Friday	FROM	a.m. TO p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Saturday	FROM	a.m. TO p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sunday	FROM	a.m. TO p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Section IV – AMBULATORY UNIT RECORD – Continued

Section D – VERIFICATION OF ESTIMATED VISITS

Verify with ASC director BEFORE data collection begins (and records have been pulled).

1. According to our information, about (number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate?

- 1 Yes – SKIP to section G
 2 No

2. About how many visits do you expect during the reporting period, _____ to _____?

Revised estimate

Determine if new Take Every and Random Start numbers must be calculated for this ASC.

3a. Divide the revised estimate by the original estimate from B-3.

$$\frac{\text{Revised estimate}}{\text{Original estimate}} = \frac{\boxed{}}{\boxed{}} = \boxed{} \text{ (Result)}$$

b. Is the result of (a) between 0.7 and 1.3?

- 1 Yes – SKIP to section G
 2 No

Section E – CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS ASC

1. Calculate new Take Every, using the appropriate table (page 19) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).

New Take Every

2. Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101(FS).

New Random Start

Section G – PATIENT RECORD FORM INFORMATION

1. Enter the range of Patient Record Forms that were **ACTUALLY** used by the unit.

FIRST FOLIO FROM: TO:

SECOND FOLIO FROM: TO:

THIRD FOLIO FROM: TO:

NOTES
