

2020 National Hospital and Medical Care Survey (NHAMCS)

Hospital and Ambulatory Unit Induction questionnaire

Form Approved: OMB No. 0920-0278; Expiration date: 06/30/2021

Notice – CDC estimates the average public reporting burden for this collection of information as 30 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 (0920-0234).

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 2002 (CIPSEA, Title 5 of Public Law 107-347). 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.

HOSPITAL INDUCTION

NAMECHEK Correct name of hospital?

1='Yes'

2='No'

HSP_NAME What is the name of your hospital?

ADDICHEK Is your hospital located at (Facility Address)?

1='Yes'

2='No'

MAILADD Is this also the mailing address?

1='Yes'

2='No'

MHSP_STRET What is the correct mailing address? Enter the number and street or press enter if same

INTRO_AB (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. The National Center for Health Statistics of the Centers for Disease Control and Prevention is conducting its annual study of hospital-based ambulatory care. (Intro for the survey) Before discussing the details, I would like to verify our basic information about (facility name) to be sure we have correctly included this hospital in the study. First, concerning licensing:

LICHOSP Is facility a licensed hospital?

1='Yes'

2='No'

- OWN101 Is hospital non-profit, government or proprietary? Read answer categories out loud**
 1=Nonprofit (includes church-related, nonprofit corporation, other nonprofit ownership)
 2=State or local government (includes state, county, city, city-county, hospital district or authority)
 3=Proprietary (includes individually or privately owned, partnership or corporation)
- OWNHCC Is hospital owned, operated, or managed by a health care corporation that owns multiple health care facilities?**
 1='Yes'
 2='No'
 3='Unknown'
- TEACHOSP Is this a teaching hospital?**
 1='Yes'
 2='No'
- RECSHARE Does your hospital share its electronic health records system with any other hospital?**
 1='Yes'
 2='No'
 3='Unknown'
- NUMSHARE If yes, how many other hospitals? (Specify number)**
- MERGER Did this hospital either merge or separate from any OTHER hospital in the past 2 years?**
 1='Merged or separated'
 2='No'
 3='Unknown'
- MERSEP Was this a merger or a separation?**
 1='Merger'
 2='Separation'
- MERGMEDR Does your hospital have its own medical records department that is separate from that of the OTHER hospital?**
 1='Yes'
 2='No'
 3='Unknown'
- OTHNAME What is the name and address of this OTHER hospital?**
 Enter name of hospital
- OTHSTRET What is the name and address of this OTHER hospital?**
 Enter number and street
- OTHSTRET2 What is the name and address of this OTHER hospital?**
 Enter the second line of address or press enter if same/none
- OTHCITY What is the name and address of the OTHER hospital?**
 Enter city
- OTHSTATE What is the name and address of this OTHER hospital?**
 Enter state

OTHZIP What is the name and address of this OTHER hospital?
Enter zip code

PREVPAN Was hospital in a previous panel?

ESA24 Does this hospital provide emergency services that are staffed 24 HOURS each day either here at this hospital or elsewhere?
1='Yes'
2='No'

ESANOT24 Does this hospital operate any emergency service areas that are not staffed 24 HOURS each day?
1='Yes'
2='No'

TRAUMA What is the trauma level rating of this hospital?
1='Level I'
2='Level II'
3='Level III'
4='Level IV'
5='Level V'
6='Other/unknown'
7='None'

ELIGREQ Eligibility Requirements

STUDY_DESC Thank you. Explain the following ONLY if this is a new hospital. Provide the administrator or other hospital representative with a brief description of the study. Cover the following points - Now I would like to provide you with further information on the study.

(1) NHAMCS is the only source of national data on health care provided in hospital emergency departments.

(2) NHAMCS is endorsed by the: American College of Emergency Physicians, Emergency Nurses Association, Society for Academic Emergency Medicine, American College of Osteopathic Emergency Physicians, American Health Information Management Association.

(3) Nationwide sample of about 600 hospitals.

(4) Four-week data collection period

(5) Brief form completed for a sample of patient visits. As one of the hospitals that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory care.

INDUCTION_APPT I would like to arrange to meet with you so that I can better present the details of the study. Is there a convenient time within the next week or so that I could meet with you or your representative? Record day, date and time of appointment. Enter 999 if the respondent wants to continue with the induction now.

SCREENER_THK Thank you for your cooperation. I am looking forward to our meeting.

- THANK_MERGSEP** Since your hospital has merged or separated within the last 2 years, I need to get further instructions from the Centers for Disease Control and Prevention (CDC) on how to proceed. I will call you back within a week and let you know which parts of your hospital will be in the survey. Thank you for your cooperation.
- CALLRO_MERGSE** Call your RO and inform them of the situation. Await resolution from the RO before continuing with this case.
- THANK_B1** Thank you, but it seems that our information is incorrect. Since (facility name) is not a licensed hospital, it should not have been chosen for our study. Thank you very much for your cooperation.
- THANK_B2** Thank you, but it seems that our information is incorrect. Since (facility name) does not have 24-hour emergency services, it should not have been chosen for our study. Thank you very much for your cooperation.
- REVIEW** I would like to begin with a brief review of the background for this study. Provide the administrator or other hospital representative with a brief introduction to the study and a general overview of procedures. Press F1 for points to be covered
- SURGDAY** How many days in a week are inpatient elective surgeries scheduled?
(data range: 0-7)
- BEDCZAR** Does your hospital have a bed coordinator, sometimes known as a bed czar?
1='Yes'
2='No'
3='Unknown'
- BEDDATA** How often are hospital bed census data available?
1='Instantaneously'
2='Every 4 hours'
3='Every 8 hours'
4='Every 12 hours'
5='Every 24 hours'
6='Other'
7='Unknown'
- HLIST** Does your hospital have hospitalists on staff?
A hospitalist is a physician whose primary professional focus is the general care of hospitalized patients. He/she may oversee ED patients being admitted to the hospital.
1='Yes'
2='No'
3='Unknown'
- HLISTED** Do the hospitalists on staff at your hospital admit patients from your ED?
1='Yes'
2='No'
3='Unknown'
- EMEDRES** Does hospital have Emergency Medicine residency program?
1='Yes'
2='No'
3='Unknown'

PERMPART As I mentioned earlier, I would like to discuss the plan for conducting the study. This hospital has been assigned to a 4- week data collection period beginning on Monday, (Reporting period begin date). First, I would like to discuss the steps needed to obtain approval for the study. Are there any additional steps needed to obtain permission for the hospital to participate in the study?
1=Yes
2=No

PERMPARTSPEC Specify the necessary steps needed to obtain permission for the hospital to participate in the study Include the name, address, phone and title of the person(s) who can grant approval

PERM_THANK Thank you for your help.

RO_PERMISSION Call the Regional Office to inform them of the additional steps needed to obtain permission

VSREPPER Now I would like to make arrangements to obtain the information needed for sampling. I will need to (know/verify) how your (emergency department) (is/are) 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

CINFO What is the name of the person with whom I should speak? Enter 1 to enter/update hospital contact information Enter 2 to enter/update department contact information
1=Hospital level contact
2=Department contact
3=Continue interview

THANK_RESP Thank current respondent for his/her time and cooperation

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

INTRO_ESA If necessary, introduce yourself and explain the survey Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's emergency department

ESA_NUM ESA number

DEL_ESA Does (ESA name) still exist and is it still operational? (Enter 97 to delete this ESA / If No, Enter 97 to delete If Yes, Press END to move to number of visits)

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 begin date) to (Reporting period end date) for (ESA name)?
I_ESA	ESA name from previous year in panel
I_ESA_EVISITS	Estimated visits form previous year in panel
ESA_EVISITS_TOTAL	Total number of ED visits for all good ESAs
TOTVSED	Estimated visits range (compared with estimated visits from previous year)
TWICELY	Is the number of expected visits to any of the ESAs more than twice the number shown on the previous sampling plan? 1='Yes' 2='No'
TWICELY_SPEC	Specify why visits have increased this year or were too low the last time the ED participated
HALFLY	Is the number of expected visits to any of the ESAs less than half the number shown on the previous sampling plan? 1='Yes' 2='No'
HALFLYSPEC	Specify why visits have decreased this year or were too high the last time the ED participated
EDPRIM	When patients with identified primary care physicians arrive at the Emergency Department, how often do you electronically send notifications to the patients' primary care physicians? 1='Always' 2='Sometimes' 3='Rarely' 4='Never' 5='Unknown'
EDINFO	When patients arrive at the Emergency Department, are you able to query for patients' healthcare information electronically (e.g., medications, allergies) from outside sources? 1='Yes' 2='No' 3='Don't Know'
OBSUNITS	Does your ED have an observation or clinical decision unit? 1='Yes' 2='No' 3='Unknown'
OBSSEP	Is this observation or clinical decision unit physically separate from the ED? 1='Yes' 2='No' 3='Unknown'

- OBSDECMD** What type of physicians make decisions for patients in this observation or clinical decision unit? Enter all that apply, separate with commas
 1=ED physicians
 2=Hospitalists
 3=Other physicians
 4=Unknown
- BOARD** Are admitted ED patients ever "boarded" for more than 2 hours in the ED or the observation unit while waiting for an inpatient bed?
 1='Yes'
 2='No'
 3='Unknown'
- BOARDHOS** Does your ED allow some admitted patients to move from the ED to inpatient corridors while awaiting a bed ('boarding') - sometimes called 'full capacity protocol'?
 1='Yes'
 2='No'
 3='Unknown'
- AMBDIV** Did your ED go on ambulance diversion in 2019?
 1='Yes'
 2='No'
 3='Unknown'
- TOTHRDIV** What is the total number of hours that your hospital's ED was on ambulance diversion in 2019?
 (Enter number of diversions)
- REGDIV** Is ambulance diversion actively managed on a regional level versus each hospital adopting diversion if and when it chooses?
 1='Yes'
 2='No'
 3='Unknown'
- ADMDIV** Does your hospital continue to admit elective or schedule surgery cases when ED is on ambulance diversion?
 1='Yes'
 2='No'
 3='Unknown'
- NUMSTATX** As of last week, how many standard treatment spaces did your ED have? *Standard treatment spaces are beds or treatment spaces specifically designed for ED patients to receive care, including asthma chairs.*
 Enter CTRL-D if data not available
- NUMOHTX** As of last week, how many other treatment spaces did your ED have? *Other treatment spaces are other locations where patients might receive care in the ED, including chairs, stretchers in hallways that may be used during busy times.*
 Enter CTRL-D if data not available
- EDSPACES** In the last two years, did your ED increase the number of standard treatment spaces?
 1='Yes'
 2='No'
 3='Unknown'

- PHYSSPACE** In the last two years, did your ED's physical space expand?
1='Yes'
2='No'
3='Unknown'
- EXPAND** Do you have plans to expand your ED's physical space within the next two years?
1='Yes'
2='No'
3='Unknown'
- BEDREG** Does your ED use bedside registration?
1='Yes'
2='No'
3='Unknown'
- KIOSELCHK** Does ED use kiosk self-check-in
1='Yes'
2='No'
3='Unknown'
- CATRIAGE** Does your ED use computer-assisted triage?
1='Yes'
2='No'
3='Unknown'
- IMBED** Does your ED use immediate bedding (no triage when ED is not at capacity)?
1='Yes'
2='No'
3='Unknown'
- ADVTRIAG** Does your ED use advanced triage (triage-based care) protocols?
1='Yes'
2='No'
3='Unknown'
- PHYSRACTRIA** Does your ED use physician/practitioner at triage?
1='Yes'
2='No'
3='Unknown'
- FASTTRAK** Does your ED use separate fast track unit for non-urgent care?
1='Yes'
2='No'
3='Unknown'
- EDPTOR** Does your ED use separate operating room dedicated to ED patients?
1='Yes'
2='No'
3='Unknown'
- DASHBORD** Does your ED use electronic dashboard?
1='Yes'
2='No'
3='Unknown'

- RFID** Does your ED use radio frequency identification (RFID) tracking?
 1='Yes'
 2='No'
 3='Unknown'
- WIRELESS** Does ED use wireless communication devices by providers?
 1='Yes'
 2='No'
 3='Unknown'
- ZONENURS** Does your ED use zone nursing?
 1='Yes'
 2='No'
 3='Unknown'
- POOLNURS** Does your ED use pool nurses?
 1='Yes'
 2='No'
 3='Unknown'
- AU_ONSITE** Is this ESA on-site?
 1=Yes
 2=No
- EDDK_CHECK** Are there any Don't Know items that you need to callback for? Press Ctrl-M to review DKs and RFs Press Shift-F5 to review all DK Follow-up remarks If you MUST close this case now, due to pending close-out, and you will not be collecting your remaining DKs and RFs, please select 2 "No", and make any required explanation in the case notes.
 1=Yes
 2=No
- DONE_ED** Enter 1 to continue to the next 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.**
- I_EDMIN** Minimum number of visits from previous year in panel
- I_EDMAX** Maximum number of visits from previous year in panel
- TOT_GOODESA** Total number of in-scope ESAs

AMBULATORY UNIT (AU) INDUCTION: GENERAL QUESTIONS

- NUMPRFS** Total number of PRFs filled out for this AU.
- NUMTRLEV** How many levels are in this ESA's triage system?
 1=Three
 2=Four
 3=Five
 4=Other – Specify
 5=None Do not conduct triage

NUMTRLEV_SP Specify other triage levels

NUMADM Number of PRFs with visit disposition of 'Admit to Hospital'

ADMIT_ZERO Are you not receiving any hospital admissions because the charts were not available at the time of abstractions?

ADMIT_ZERO_SP Explanation of why zero admissions

LOG105 There were PRFs with a disposition of *Admit to Hospital* but are missing hospital discharge information. Will you be able to get this information?

1 = 'Yes'

2 = 'No'

LOG105_SP Specify the reason

PARTICIP Participated

1 = 'Patients seen'

2 = 'No patients seen'

CLOSED Closed

1 = 'Temporary'

2 = 'Permanent'

NONINT_TYPE Type of Non-interview

1='Unable to locate - Call RO'

2='Abstraction delayed by facility'

3='AU ineligible - not under auspices or hospital'

4='AU ineligible - only ancillary services provided'

5='AU ineligible - care not provided by or under the direct supervision of a physician'

6='AU ineligible - AU classified out of scope'

7='AU ineligible - Other'

8='Closed - Temporary'

9='Closed - Permanent'

10='Hospital refused'

11='Whole department refused'

12='Potential refusal - follow-up required'

13='Refused (TRANSMIT)'

NONINT_SP Specify other ineligible

ELECTRONIC HEALTH RECORDS (EHR): ED (E)

EHRINSYRE In which year did your ED install the EMR/EHR system?

HHSMUE Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

1='Yes'

2='No'

3='Unknown'

EHRNAME What is the name of your current EMR/EHR system?

1='Allscripts'

2='Amazing Charts'

3='athenahealth'

4='Cerner'

5='eClinicalWorks'

6='e-MDs'

7='Epic'

8='GE/Centricity'

9='Modernizing Medicine'

10='NextGen'

11='Practice Fusion'

12='Sage/Vita/Greenway Medical'

13='Other - Specify'

EHRNAMOTHE Other - specify name of EHR/EMR system

(Enter name of EHR system)

EHRINSE Does your ED have plans for installing a new EHR/EMR system within the next 18 months?

1='Yes'

2='No'

3='Maybe'

4='Unknown'