

NHAMCS Hospital Induction Form 2013

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- INTRO_APPT** Hello,
This is ... from the U.S. Census Bureau.
I'm (calling/visiting) to let you know that this hospital will be included in our study. 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?
- NAMECHEK** Let me verify that I have the correct name and address for your hospital. Is the correct name (facility name)?
1. Yes
 2. No
- HSP_NAME** What is your hospital's name?
1. Enter 1 to update information
 2. Continue
- ADDCHEK** Is your hospital located at (Facility Address)
1. Yes
 2. No
- HSP_ADDRESS** What is the correct address?
- MAILADD** Is this also the mailing address? (Facility Address)
1. Yes
 2. No
- MHSP_STRET** What is the correct mailing address?
- 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 an/continue 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 this facility a licensed hospital?
1. Yes
 2. No
- OWN101** Is this hospital nonprofit, government, or proprietary?

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 this hospital owned, operated, or managed by a health care corporation that owns multiple health care facilities (e.g., HCA or Health South)?**

1. Yes
2. No
3. Unknown

TEACHOSP **Is this a teaching hospital?**

1. Yes
2. No

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?**

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?**

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

OOOPD **Does this hospital operate an organized outpatient department either at this hospital or elsewhere?**

1. Yes
2. No

PHYSSERV **Does this OPD include physician services?**

1. Yes
2. No

AMBSURG **Does this hospital have locations that perform ambulatory surgery?**
Ambulatory surgery locations include a general or main operating room, dedicated ambulatory surgery room, satellite operating room, cystoscopy room, endoscopy room, cardiac catheterization lab, laser procedures room, or a pain block room.

1. Yes
2. No

SURGDAY **Now I would like to ask you a few more questions about your hospital.**
How many days in a week are inpatient elective surgeries scheduled?

BEDCZAR **Does your hospital have a bed coordinator, sometimes referred to 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 this hospital have an emergency medicine residence program?**
1. Yes
 2. No
 3. Unknown
- MUINC** **Medicare and Medicaid offer incentives to practices that demonstrate “meaningful use of health IT”. Does your hospital have plans to apply for these incentive payments?**
1. Yes, we already applied
 2. Yes, we intend to apply
 3. Uncertain if we will apply
 4. No, we will not apply
- MUYEAR** **When did you first apply or when did you intend to apply?**
1. 2011
 2. 2012
 3. 2013
 4. 2014 or later
 5. 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 and/or outpatient department and/or ambulatory surgery location) (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 I should talk to?**
1. New contact
 2. Continue interview
- THANK_RESP** ♦ Thank current respondent for his/her time and cooperation

CONTACT_DEPT ♦ All eligible departments are complete.

Department Status

ED (Elig /Partial /Elig (refusal) / Partial (refusal) / Cmpl / Inelig)

OPD (Elig /Partial /Elig (refusal) / Partial (refusal) / Cmpl / Inelig)

ASL (Elig /Partial /Elig (refusal) / Partial (refusal) / Cmpl / Inelig)

1. ED
2. OPD
3. ASL
4. Department refusal
5. Department callback
9. Wrap up case

INTRO_ED ♦ 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_NAME (What is the name of the (first/next) emergency service area? /Are there any other emergency service areas?)

ESA_TYPE 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)?

TWICELY ♦ Is the number of expected visits to any of the ESAs more than twice the number shown on the previous sampling plan?

$$\frac{\text{ESA Visits}}{\text{ESA_NAME ESA_VISITS}} > 2 \times \frac{\text{Visits Previous}}{\text{I_ESA_VISITS}}$$

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 of the number of visits shown on the previous sampling plan?

$$\frac{\text{ESA Visits}}{\text{ESA_NAME ESA_VISITS}} < 0.5 \times \frac{\text{Visits Previous}}{\text{I_ESA_VISITS}}$$

1. Yes
2. No

HALFLYSPEC ♦ Specify why visits have decreased this year or were too high the last time the ED participated

EBILLRECE

Now I would like to ask you some questions about your ED.

◆ If ESAs within the ED vary with respect to their use of the EHR/EMR systems, then ask these questions of the ESA with the largest number of expected visits during the reporting period.

Does your ED submit any **CLAIMS** electronically (electronic billing)?

1. Yes
2. No
3. Unknown

EMEDRECE

Does your ED use an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system? Do not include billing record systems.

◆ Read answer categories out loud

1. Yes, all electronic
2. Yes, part paper and part electronic
3. No
4. Unknown

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, all electronic
2. No
3. Unknown

EHRNAME13

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. Greenway Medical
10. McKesson/Practice Partner
11. Practice Fusion
12. NextGen
13. Sage/Vitera
14. Other - Specify
15. Unknown

EHRNAME13_SP/
EHRNAMOTHE

Other-Specify name of EHR/EMR system

◆ Enter name of EMR/EHR system

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

1. Yes
2. No
3. Maybe
4. Unknown

EDEMOGE **Indicate whether your ED has each of the following computerized capabilities. Does your ED have a computerized system for:**

Recording patient history and demographic information?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPROLSTE **Does this include a patient problem list?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EVITALE **Recording and charting vital signs?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESMOKEE **Recording patient smoking status?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPNOTESE **Recording clinical notes?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDALGE **Do the notes include a comprehensive list of the patient's medications and allergies?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECPOEE**Ordering prescriptions?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESCRIBE**Are prescriptions sent electronically to the pharmacy?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EWARNE**Are warnings of drug interactions or contraindications provided?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EREMINDE

Indicate whether your ED has each of the following computerized capabilities. Does your ED have a computerized system for:

Providing reminders for guideline-based interventions or screening tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECTOEE**Ordering lab tests?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EORDERE**Are orders sent electronically?**

1. Yes, used routinely
2. Yes, but not used routinely

3. Yes, but turned off or not used
4. No
5. Unknown

ERESULTE Indicate whether your ED has each of the following computerized capabilities. Does your ED have a computerized system for: **Viewing lab results?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EGRAPHE **Can the EHR/EMR automatically graph a specific patient's lab results over time?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIMGRESE Indicate whether your ED has each of the following computerized capabilities. Does your ED have a computerized system for: **Viewing imaging results?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPTEDUE **Identifying educational resources for patients' specific conditions?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECQME **Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EGENLISTE **Generating lists of patients with particular health conditions?**

1. Yes, used routinely
2. Yes, but not used routinely

3. Yes, but turned off or not used
4. No
5. Unknown

EIMMREGE Electronic reporting to immunization registries?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESUME Indicate whether your ED has each of the following computerized capabilities. Does your ED have a computerized system for:

Providing patients with clinical summaries for each visit?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMSGE Exchanging secure messages with patients?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EHLTHINFOE Providing patients with an electronic copy of their health information?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPTRECE Providing patients the ability to view online, download or transmit information from their medical record?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDIDE Reconciling lists of patient's medications to identify the most accurate list?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used

4. No
5. Unknown

**EXCHSUME/
ESHAREE**

Do you share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?

1. Yes
2. No

**EXCHSUM1E/
ESHAREHOWE**

How do you electronically share patient health information?

◆ Enter all that apply, separate with commas

1. EHR/EMR
2. Web portal (separate from EHR/EMR)
3. Other electronic method: _____

LABRESE

**Please indicate whether your ED electronically (not fax) shares each of the following types of health data and with which types of health care providers.
Lab results?**

◆ Enter all that apply, separate with commas

1. Hospitals with which you are affiliated
2. Other departments inside your hospital
3. Hospitals with which you are not affiliated
4. Ambulatory providers outside your hospital

IMAGREPE

Imaging reports?

◆ Enter all that apply, separate with commas

1. Hospitals with which you are affiliated
2. Other departments inside your hospital
3. Hospitals with which you are not affiliated
4. Ambulatory providers outside your hospital

PTPROBE

Patient problem lists?

◆ Enter all that apply, separate with commas

1. Hospitals with which you are affiliated
2. Other departments inside your hospital
3. Hospitals with which you are not affiliated
4. Ambulatory providers outside your hospital

MEDLISTE

Medication lists?

◆ Enter all that apply, separate with commas

1. Hospitals with which you are affiliated
2. Other departments inside your hospital
3. Hospitals with which you are not affiliated
4. Ambulatory providers outside your hospital

ALGLISTE

Medication allergy lists?

◆ Enter all that apply, separate with commas

1. Hospitals with which you are affiliated
2. Other departments inside your hospital

3. Hospitals with which you are not affiliated
4. Ambulatory providers outside your hospital

EDPRIM **When patients with identified primary care physicians arrive at the Emergency Department, how often do you electronically send notification to the patients' primary care physicians?**

1. Always
2. Sometimes
3. Rarely
4. Never
5. Do not know

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. Do not 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 move from the ED to inpatient corridors while awaiting a bed ("boarding") – sometimes called a "full capacity protocol"?**

1. Yes
2. No
3. Unknown

- AMBDIV** **Did your ED go on ambulance diversion in TOTHRDIV_FILL?**
1. Yes
 2. No
 3. Unknown
- TOTHRDIV** **What is the total number of hours that your hospital's ED was on ambulance diversion in TOTHRDIV_FILL?**
 ◆ Enter CTRL-D if data not available
- 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 scheduled surgery cases when the 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
- NUMOTHTX** **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 your ED use - Kiosk self check-in?**

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

CATRIAGE Does your ED use - **Computer-assisted triage?**

1. Yes
2. No
3. Unknown

FASTTRAK Does your ED use - **Separate fast track unit for nonurgent 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

DASHBOARD Does your ED use - **Electronic dashboard (i.e., displays updated patient information and integrates multiple data sources)?**

1. Yes
2. No
3. Unknown

RFID Does your ED use - **Radio frequency identification (RFID) tracking (i.e., shows exact location of patients, caregivers, and equipment)?**

1. Yes
2. No
3. Unknown

WIRELESS Does your ED use - **Wireless communication devices by providers?**

1. Yes
2. No
3. Unknown

ZONENURS Does your ED use - **Zone nursing (i.e., all of a nurse's patients are located in one area)?**

1. Yes
2. No
3. Unknown

POOLNURS Does your ED use - **Pool nurses (i.e., nurses that can be pulled to the ED to respond to surges in demand)?**

1. Yes
2. No
3. Unknown

ESA_NAME *** SHOW ONLY **

ESA_TYPE ** SHOW ONLY **

1. General
2. Adult
3. Pediatric
4. Urgent care/Fast track
5. Psychiatric
6. Other

ESA_EVISITS ** SHOW ONLY **

ESA_STRET What is (ESA name)'s address?

ESA_PHONE What is (ESA name)'s telephone number?

ESA_CONTACT ♦ Enter ESA contact person's name

INTRO_OPD

- ♦ 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 outpatient department

CLIN_NAME (What is the name of the (first/next) clinic? /Are there any other clinics?)

- ♦ Enter 999 for no more. Enter XXX if clinic is not listed

CLIN_GROUP	<p>What is (Clinic Name)'s specialty group?</p> <ol style="list-style-type: none"> 1. General Medicine 2. Surgery 3. Pediatrics 4. Obstetrics/Gynecology 5. Substance Abuse 6. Other 7. Out of scope
CLIN_EVISITS	What is the expected number of visits from (Reporting period begin date) to (Reporting period end date) for (Clinic Name)?
MORECLINSPEC	List clinics that have opened or should have been included previously
TWICECLINSPEC	◆ Explain why visits have increased this year or were too low previously
LESSCLINSPEC	◆ There are fewer clinics this year than in previous panel Specify which clinics have closed or should not have been included previously
HALFCLINSPEC	◆ Specify why visits have decreased this year or were too high last year
EBILLRECO	<p>Now I would like to ask you some questions about your OPD.</p> <p>◆ If clinics within the OPD vary with respect to their use of the EHR/EMR systems, then ask these questions of the clinic with the largest number of expected visits during the reporting period.</p> <p>Does your OPD submit any <u>CLAIMS</u> electronically (electronic billing)?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown
EMEDRECO	<p>Does your OPD <u>use</u> an electronic HEALTH record (EHR) or electronic MEDICAL record (EMR) system? Do not include billing record systems.</p> <p>◆ Read answer categories out loud</p> <ol style="list-style-type: none"> 1. Yes, all electronic 2. Yes, part paper and part electronic 3. No 4. Unknown
EHRINSYRO	In which year did your OPD install the EMR/EHR system?
HHSMUO	<p>Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?</p> <ol style="list-style-type: none"> 1. Yes, all electronic 2. No 3. Unknown
EHRNAM013	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. Greenway Medical
10. McKesson/Practice Partner
11. Practice Fusion
12. NextGen
13. Sage/Vitera
14. Other - Specify
15. Unknown

**EHRNAMO13_SP/
EHRNAMOTH0** Other-Specify name of EHR/EMR system

◆ [Enter name of EMR/EHR system](#)

EHRINSO **Does your OPD have plans for installing a new EMR/EHR system within the next 18 months?**

1. Yes
2. No
3. Maybe
4. Unknown

EDEMOGO **Indicate whether your OPD has each of the following computerized capabilities. Does your OPD have a computerized system for:
Recording patient history and demographic information?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPROLSTO **Does this include a patient problem list?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EVITALO **Recording and charting vital signs?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used

4. No
5. Unknown

ESMOKEO Recording patient smoking status?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPNOTESO Recording clinical notes?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDALGO Do they include a comprehensive list of the patient's medications and allergies?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECPOEO Ordering prescriptions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESCRIPO Are prescriptions sent electronically to the pharmacy?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EWARNO Are warnings of drug interactions or contraindications provided?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

- EREMINDO** Indicate whether your OPD has each of the following computerized capabilities. Does your OPD have a computerized system for:
Providing reminders for guideline-based interventions or screening tests?
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- ECTOEO** **Ordering lab tests?**
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- EORDERO** **Are orders sent electronically?**
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- ERESULTO** Indicate whether your OPD has each of the following computerized capabilities. Does your OPD have a computerized system for:
Viewing lab results?
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- EGRAPHO** **Can the EHR/EMR automatically graph a specific patient's lab results over time?**
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- EIMGRESO** Indicate whether your OPD has each of the following computerized capabilities. Does your OPD have a computerized system for:
Viewing imaging results?
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown

EPTEDUO Identifying educational resources for patients' specific conditions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECQMO Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EGENLISTO Generating lists of patients with particular health conditions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EIMMREGO Electronic reporting to immunization registries?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESUMO Indicate whether your OPD has each of the following computerized capabilities. Does your OPD have a computerized system for:**Providing patients with clinical summaries for each visit?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMSGO Exchanging secure messages with patients?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

- EHLTHINFOO** **Providing patients with an electronic copy of their health information?**
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- EPTRECO** **Providing patients the ability to view online, download or transmit information from their medical record?**
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- EMEDIDO** **Reconciling lists of patient's medications to identify the most accurate list?**
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- EXCHSUMO/ESHAREO** **Does your OPD share any patient health information electronically with any other providers, including hospitals, ambulatory providers, or labs?**
1. Yes
 2. No
- EXCHSUM10/ESHAREHOWO** **How does your OPD electronically share patient health information?**
 ♦ Enter all that apply, separate with commas
1. EHR/EMR
 2. Web portal (separate from EHR/EMR)
 3. Other electronic method: _____
- LABRESO** **Please indicate whether your OPD electronically (not fax) shares each of the following types of health data and with which types of health care providers.**
Lab results?
 ♦ Enter all that apply, separate with commas
1. Hospitals with which you are affiliated
 2. Other departments inside your hospital
 3. Hospitals with which you are not affiliated
 4. Ambulatory providers outside your hospital
- IMAGREPO** **Imaging reports?**
 ♦ Enter all that apply, separate with commas
1. Hospitals with which you are affiliated
 2. Other departments inside your hospital
 3. Hospitals with which you are not affiliated
 4. Ambulatory providers outside your hospital

PTPROBO**Patient problem lists?**

◆ Enter all that apply, separate with commas

1. Hospitals with which you are affiliated
2. Other departments inside your hospital
3. Hospitals with which you are not affiliated
4. Ambulatory providers outside your hospital

MEDLISTO**Medication lists?**

◆ Enter all that apply, separate with commas

1. Hospitals with which you are affiliated
2. Other departments inside your hospital
3. Hospitals with which you are not affiliated
4. Ambulatory providers outside your hospital

ALGLISTO**Medication allergy lists?**

◆ Enter all that apply, separate with commas

1. Hospitals with which you are affiliated
2. Other departments inside your hospital
3. Hospitals with which you are not affiliated
4. Ambulatory providers outside your hospital

REFOUTO**Does your clinic refer any patients to providers outside of your office group?**

1. Yes
2. No

REFOUTRO**Does your clinic receive a report back from the other provider with results of the consultation?**

1. Yes, routinely
2. Yes, but not routinely
3. No

REFOUTEO**Does your clinic receive it electronically (not fax)?**

1. Yes, routinely
2. Yes, but not routinely
3. No

REFINO**Does your clinic see any patients referred to you by providers outside of your office group?**

1. Yes
2. No

REFINRO**Does your clinic receive notification of both the patient's history and reason for consultation?**

1. Yes, routinely
2. Yes, but not routinely
3. No

REFINEO**Does your clinic receive it electronically (not fax)?**

1. Yes, routinely
2. Yes, but not routinely
3. No

INPTCAREO **Does your clinic see any patients referred to you by providers outside of your office group?**

1. Yes
2. No

INPTCARERO **Does your clinic receive notification of both the patient's history and reason for consultation?**

1. Yes, routinely
2. Yes, but not routinely
3. No

INPTCARETO **Is the information available when needed?**

1. Yes, routinely
2. Yes, but not routinely
3. No

INPTCAREEO **Does your clinic receive it electronically (not fax)?**

1. Yes, routinely
2. Yes, but not routinely
3. No

CLIN_NAME ***** SHOW ONLY ****

CLIN_GROUP **** SHOW ONLY ****

1. General Medicine
2. Surgery
3. Pediatrics
4. Obstetrics/Gynecology
5. Substance Abuse
6. Other
7. Out of scope

CLIN_EVISITS **** SHOW ONLY ****

CLIN_STRET **What is (Clinic Name)'s address?**

◆ Enter number and street.

CLIN_CONTACT ◆ Enter clinic director/contact person's name

TE **** NOT DISPLAYED ****

RS **** NOT DISPLAYED ****

AU_TYPE **** NON_DISPLAYED ****

TOT_GOODCLIN **** NOT Displayed ****

ASL_INTRO **To develop the sampling plan, I would like to (collect/verify) more specific information about this facility's ambulatory surgery (centers/locations). We are interested in the following types of (centers/locations):**
General or main operating rooms **Endoscopy rooms**
Dedicated ambulatory surgery rooms **Cardiac catheterization labs**
Satellite operating rooms **Laser procedures rooms**
Cystoscopy rooms **Pain block rooms**

1. Continue
2. No in-scope locations

ASL_NUM **** SHOW ONLY ****

ASL_NAME **(What is the name of the (first/next) ambulatory surgery location? /Are there any other ambulatory surgery locations?)**
◆ Enter only IN_SCOPE (ASCs/ASLs) (Press F1 for in-scope (centers/locations)). Include any (ASCs/ASLs) that are located in satellite facilities

ASL_SPEC_GRP **What is ASL Name's specialty group?**

1. General
2. Multi-specialty
3. Gastroenterology
4. Ophthalmology
5. Orthopedics
6. Pain Block
7. Plastic Surgery
8. Urology/Ear, Nose and Throat
9. Other specialty/Obstetrics-Gynecology

ASL_EVISITS **What is the expected number of ambulatory (outpatient) surgery cases for ASL Name from (Reporting period begin date) to (Reporting period end date)?**

I_AS **** Not Displayed ****

TOT_GOODASL **** NOT Displayed ****

ANYMORE_ASLS ◆ The max of 15 (ASCs/ASLs) were entered. Are there any more (ASCs/ASLs)?

1. Yes
2. No

EXTRA_ASLS ◆ How many other (ASCs/ASLs) are there?

TOT_GOODASL2 **** NOT Displayed ****

- CHECK_EVISITS** You have indicated that none of your ambulatory surgery (centers/locations) will be seeing patients from (Reporting period begin date) to (Reporting period end date). Is that correct?
1. Yes
 2. No
- THANK_INELIG** Since there are no in-scope ambulatory surgery (centers/locations) for (facility name), it should not have been chosen for our survey. Thank you very much for your cooperation.
- ASCLISTA** Now I have some questions about generating a report for all ambulatory surgery patients for sampling. Would you or your IT staff be able to generate a single list of ambulatory surgery cases for any of the following (centers/locations)? (Name of all ASLs)
1. Yes
 2. No - ONLY 2 LOGS
 3. No - More than 2 logs
- ASCLISTB** For which of these (centers/locations) can lists be combined?
 ◆ Enter all that apply, separate with commas
1. ASL_NAME [1]
 2. ASL_NAME [2]
 3. ASL_NAME [3]
 4. ASL_NAME [4]
 5. ASL_NAME [5]
 6. ASL_NAME [6]
 7. ASL_NAME [7]
 8. ASL_NAME [8]
 9. ASL_NAME [9]
 10. ASL_NAME [10]
 11. ASL_NAME [11]
 12. ASL_NAME [12]
 13. ASL_NAME [13]
 14. ASL_NAME [14]
 15. ASL_NAME [15]
- IT_CNAME** What is the name of the IT contact?
- IT_CTITLE** What is (IT contact name)'s title?
- IT_CSTRET** What is (IT contact name)'s address?
 ◆ Enter number and street or press enter if same
- AU_NUMBER** ◆ Assign AU number
 Assign the same AU number to each (center/location) where the ambulatory surgery cases can be combined into the one listing.
- EBILLRECA** Now I would like to ask you some questions about your ASC. Does your ASL submit any CLAIMS electronically (electronic billing)?
1. Yes

2. No
3. Unknown

EINSA**Now I would like to ask you some questions about your ASC.****Does your ASL verify an individual patient's insurance eligibility electronically?**

1. Yes
2. No
3. Unknown

EMEDRECA**Does your ASL use an electronic HEALTH record (EHR) or electronic MEDICAL record (EMR) system? Do not include billing record systems.**◆ [Read answer categories out loud](#)

1. Yes, all electronic
2. Yes, part paper and part electronic
3. No
4. Unknown

EHRINSYRA**In which year did your ASL install the EHR/EMR system?****HHSMUA****Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?**

1. Yes, all electronic
2. No
3. Unknown

EHRNAMA13**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. Greenway Medical
10. McKesson/Practice Partner
11. Practice Fusion
12. NextGen
13. Sage/Vitera
14. Other - Specify
15. Unknown

**EHRNAMA13_SP/
EHRNAMOTHA**

Other-Specify name of EHR/EMR system

◆ [Enter name of EHR/EMR system](#)**EHRINSA****Does your ASL have plans for installing a new EHR/EMR system within the next 18 months?**

1. Yes
2. No
3. Maybe
4. Unknown

EDEMOGA **Indicate whether your ASL has each of the following computerized capabilities. Does your ASL have a computerized system for:**

Recording patient history and demographic information?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPROLSTA **Does this include a patient problem list?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EVITALA **Recording and charting vital signs?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESMOKEA **Recording patient smoking status?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPNOTESA **Recording clinical notes?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDALGA **Do the notes include a list of the patient's medications and allergies?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used

4. No
5. Unknown

ECPOEA Ordering prescriptions?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESCRIPA Are prescriptions sent electronically to the pharmacy?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EWARNA Are warnings of drug interactions or contraindications provided?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EREMINDA Indicate whether your ASL has each of the following computerized capabilities. Does your ASL have a computerized system for:

Providing reminders for guideline-based interventions or screening tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ECTOEA Ordering lab tests?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EORDERA Are orders sent electronically?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

- ERESULTA** Indicate whether your ASL has each of the following computerized capabilities. Does your ASL have a computerized system for:
Viewing lab results?
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- EGRAPHHA** **Can the EHR/EMR automatically graph a specific patient's lab results over time?**
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- EIMGRESA** Indicate whether your ASL has each of the following computerized capabilities. Does your ASL have a computerized system for:
Viewing imaging results?
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- EPTEDUA** **Identifying educational resources for patients' specific conditions?**
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- ECQMA** **Reporting clinical quality measures to federal or state agencies (such as CMS or Medicaid)?**
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown
- EGENLISTA** **Generating lists of patients with particular health conditions?**
1. Yes, used routinely
 2. Yes, but not used routinely
 3. Yes, but turned off or not used
 4. No
 5. Unknown

EIMMREGA Electronic reporting to immunization registries?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

ESUMA

Indicate whether your ASL has each of the following computerized capabilities. Does your ASL have a computerized system for:

Providing patients with clinical summaries for each visit?

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMSGA**Exchanging secure messages with patients?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EHLTHINFOA**Providing patients with an electronic copy of their health information?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EPTRECA**Providing patients the ability to view online, download or transmit information from their medical record?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

EMEDIDA**Reconciling lists of patient's medications to identify the most accurate list?**

1. Yes, used routinely
2. Yes, but not used routinely
3. Yes, but turned off or not used
4. No
5. Unknown

- EXCHSUMA/
ESHAREA** **Does your ASL share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?**
1. Yes
 2. No
- EXCHSUM1A/
ESHAREHOWA** **How does your ASL electronically share patient health information?**
 ◆ Enter all that apply, separate with commas
1. EHR/EMR
 2. Web portal (separate from EHR/EMR)
 3. Other electronic method: _____
- LABRESA** **Please indicate whether your ASL electronically (not fax) shares each of the following types of health data and with which types of health care providers.**
Lab results?
 ◆ Enter all that apply, separate with commas
1. Hospitals with which you are affiliated
 2. Other departments inside your hospital
 3. Hospitals with which you are not affiliated
 4. Ambulatory providers outside your hospital
- IMAGREPA** **Imaging reports?**
 ◆ Enter all that apply, separate with commas
1. Hospitals with which you are affiliated
 2. Other departments inside your hospital
 3. Hospitals with which you are not affiliated
 4. Ambulatory providers outside your hospital
- PTPROBA** **Patient problem lists?**
 ◆ Enter all that apply, separate with commas
1. Hospitals with which you are affiliated
 2. Other departments inside your hospital
 3. Hospitals with which you are not affiliated
 4. Ambulatory providers outside your hospital
- MEDLISTA** **Medication lists?**
 ◆ Enter all that apply, separate with commas
1. Hospitals with which you are affiliated
 2. Other departments inside your hospital
 3. Hospitals with which you are not affiliated
 4. Ambulatory providers outside your hospital
- ALGLISTA** **Medication allergy lists?**
 ◆ Enter all that apply, separate with commas
1. Hospitals with which you are affiliated
 2. Other departments inside your hospital
 3. Hospitals with which you are not affiliated
 4. Ambulatory providers outside your hospital

- ASL_EVISITS** **What is the expected number of ambulatory (outpatient) surgery cases for (ASL's name) from (Reporting period begin date) to (Reporting period end date)?**
- ASL_ONSITE** ♦ Is [ASL Name] on-site?
 1. Yes
 2. No
- ASL_STRET** **What is [ASL Name's] address or the address where the abstractions will be done?**
 ♦ Enter number and street.
- ASL_STRET2** What is [ASL Name's] address or the address where the abstractions will be done?
 ♦ Enter the second line of address or press enter if same/none
- ASL_CITY** What is [ASL Name's] address or the address where the abstractions will be done?
 ♦ Enter city.
- ASL_STATE** What is [ASL Name's] address or the address where the abstractions will be done?
 ♦ Enter state.
- ASL_ZIP** What is [ASL Name's] address or the address where the abstractions will be done?
 ♦ Enter zip code.
- ASL_PHONE** **What is [ASL Name's] telephone number or the telephone number where the abstractions will be done?**
- ASL_CONTACT** ♦ Enter ambulatory surgery (center/location) contact person's name
- EXIT_REFUSAL** ♦ Are you exiting this case because of a refusal?
 1. Yes
 2. No
- CALLBACKNOTES** **I'd like to schedule a DATE to (conduct/complete) the interview. What DATE AND TIME would be best to visit again?**
 ♦ Today is: ^IntDate
- THANKCB** **Thank you. I will call/come back at the time suggested**
 ♦ Revisit (Callback information)
- FOLLOW_UP** ♦ The following departments have refused. Do you plan to follow-up on these department(s)?
 1. Yes, will follow-up on department(s)
 2. No , wrap case up
- THANKYOU** **This concludes the interview. Thank you for your patience, and for taking the time to answer our questions.**
- ELIGED** ♦ Does this hospital have an eligible ED?
 1. Yes
 2. No

VSED101	◆ Enter number of expected visits for the ED
VSEDLY	◆ Enter the number of visits to the department last year
ELIGOPD	◆ Does this hospital have an eligible OPD? 1. Yes 2. No
VSOPD101	◆ Enter number of expected visits for this OPD.
VSOPDLY	◆ Enter number of OPD visits last year
ELIGASC	◆ Does this hospital have an eligible ambulatory surgery center? 1. Yes 2. No
VSASC101	◆ Enter number of expected visits
VSASCLY	◆ Enter number of ambulatory surgery visits last year
ESHAREHOWOT HE	◆ Specify other electronic method
ESHAREHOWOT HO	◆ Specify other electronic method
ESHAREHOWOT HA	◆ Specify other electronic method