2018 National Hospital and Medical Care Survey (NHAMCS)

Hospital and Ambulatory Unit Induction questionnaire

HOSPITAL INDUCTION

NAMECHEK — **Correct name of hospital?**
1='Yes'
2='No'

HSP_NAME — **What is the name of your hospital?**

ADDCHEK — **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'

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?**

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?**

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?

OBSSEP Is this observation or clinical decision unit physically separate from the ED?

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 2017?**
1='Yes'
2='No'
3='Unknown'

TOTHRDIV **What is the total number of hours that your hospital's ED was on ambulance diversion in 2017?**

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

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 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'

PHYSPRACTRIA **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

I_EDMAX

TOT_GOODESA

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)

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

Does your ED submit any CLAIMS electronically (electronic billing)?
1='Yes'
2='No'
3='Unknown'

EMRED **Does your ED use electronic health record (EHR) system? Do not include billing systems.**
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'
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**

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'

EDEMOGE **Indicate whether your ED has each of the following computerized capabilities and how often these capabilities are used -**
Recording patient history and demographic information?

1='Yes'
2='No'
3='Unknown'

EPROLSTE   **Does this include a patient problem list?**
1='Yes'
2='No'
3='Unknown'

EPNOTESE   **Recording clinical notes?**
1='Yes'
2='No'
3='Unknown'

EMEDALGE   **Recording patient's medications and allergies?**
1='Yes'
2='No'
3='Unknown'

EMEDIDE   **Reconciling lists of patient's medications to identify the most accurate list?**
1='Yes'
2='No'
3='Unknown'

EREMINDE   **Providing reminders for guideline-based interventions or screening tests?**
1='Yes'
2='No'
3='Unknown'

ECPOEE   **Ordering prescriptions?**
1='Yes'
2='No'
3='Unknown'

ESCRIPE   **Are prescriptions sent electronically to the pharmacy?**
1='Yes'
2='No'
3='Unknown'

EWARNE   **Are warnings of drug interactions or contraindications provided?**
1='Yes'
2='No'
3='Unknown'

ECONTRSUBE   **Do you prescribe controlled substances?**
1='Yes'
2='No'
3='Unknown'

ECONTRSUBSE   **Are prescriptions for controlled substances sent electronically to the pharmacy?**
1='Yes'
2='No'
3='Unknown'

ECTOEE   **Ordering lab tests?**
1='Yes'
2='No'
3='Unknown'

ERESULTE   **Viewing lab results?**
1='Yes'
2='No'
3='Unknown'

ERADIE   **Ordering radiology tests?**
1='Yes'
2='No'
3='Unknown'

EIMGRESE   **Viewing imaging results?**
1='Yes'
2='No'
3='Unknown'

EIDPTE   **Identifying patients due for preventive or follow-up care in order to send patients reminders?**
1='Yes'
2='No'
3='Unknown'

EGENLISTE   **Generating list of patients with particular health conditions?**
1='Yes'
2='No'
3='Unknown'

EDATAREPE   **Providing data to create reports on clinical care measures for patients with specific chronic conditions (e.g., HbA1C for diabetics)**
1='Yes'
2='No'
3='Unknown'

ESUME   **Providing patients with clinical summaries for each visit?**
1='Yes'
2='No'
3='Unknown'

EMSGE   **Exchanging secure messages with patients?**
1='Yes'
2='No'
3='Unknown'

ESHAREE   **Does your hospital share any patient health information electronically?**
1='Yes'
2='No'
3='Unknown'

ESHARESE   **Do you electronically send patient health information to another provider whose EHR system is <u>different</u> from your own?**
1='Yes'
2='No'
3='Unknown'

ESHARERE   **Do you electronically receive patient health information to another provider whose EHR system is <u>different</u> from your own?**
1='Yes'
2='No'
3='Unknown'

EDISCHSRE   **Do you electronically send or receive hospital discharge summaries to or from providers outside of your medical organization?** *Mark all that apply*
1=Send electronically
2=Receive electronically
3=Do not send electronically

EEDSRE   **Do you electronically send or receive dept. notifications to or from providers outside of your medical organization?** *Mark all that apply*
1=Send electronically
2=Receive electronically
3=Do not send electronically

ESUMCSRE   **Do you electronically send or receive summary of care records for transitions of care or referrals to and from providers outside of your medical organization?** *Mark all that apply*
1=Send electronically
2=Receive electronically
3=Do not send electronically

PTONLINEE   **Can patients seen at the reporting location do the following online activities?** *Mark all that apply*
1=View their medical records online
2=Download and transmit health information from the electronic medical record to their personal files
3=Request corrections to their electronic medical record
4=Enter their health information online (e.g., weight, symptoms)
5=Upload their data from self-monitoring devices (e.g., blood glucose readings)
6=None of the above