**AMBULATORY UNIT RECORD**

**National Hospital Ambulatory Medical Care Survey**

2010 Panel

**Section A – AMBULATORY UNIT INFORMATION**

a. Is this ambulatory unit part of an emergency or outpatient department or ambulatory surgery center?

- [ ] ED – Mark (X) type — General, Adult, Pediatric, Urgent care/Fast track, Psychiatric, Other
- [ ] OPD – Mark (X) specialty — GI, GI SURG, PEDIATRIC, OB/GYN, Substance Abuse, Other
- [ ] ASC – Mark (X) specialty — GI, GI SURG, PEDIATRIC, OB/GYN, Substance Abuse, Other

b. AU No. of Total AU’s sampled within the ED or OPD or ASC

c. Hospital number
d. Hospital name

total AUs sampled within the ED or OPD or ASC

1. Enter the name of the (emergency service area/clinic/ASC).

2. Where is the (emergency service area/clinic/ASC) located?

   - [ ] Onsite at hospital
   - [ ] Elsewhere – Specify:

3. What is the name and telephone number of the director of the (emergency service area/clinic/ASC)?

   - Name
   - Telephone (Area code and number)

**CHECK ITEM A-1**

- Is this an OPD Clinic whose specialty is GM or OB/GYN or PED?

   - [ ] Yes, Continue with Item 4
   - [ ] No, Skip to Section B

4. Does this clinic provide predominantly primary care?

   - [ ] Yes
   - [ ] No
   - [ ] Unknown

**CHECK ITEM A-2**

- Is this an OPD Clinic whose specialty is GM or OB/GYN?

   - [ ] Yes, Continue with Item 5
   - [ ] No, Skip to Section B

5. Does this clinic offer any type of cervical cancer screening?

   - [ ] Yes – Leave NHAMCS-906 Eligibility
   - [ ] No
   - [ ] Unknown

**Section B – SAMPLE INFORMATION**

1. Take every number

2. Random start number

3. Estimated number of visits in this AU during reporting period

4. Total estimated number of visits during reporting period for ENTIRE department/ALL ASC

5. REPORTING PERIOD (Month/Day/Year)

   - From:
   - To:

6. SU number

7. Numerator

8. Denominator
Section B – SAMPLE INFORMATION – Continued

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.)

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Time</th>
<th>Mask (X) ONLY one</th>
<th>Open 24 hours (c)</th>
<th>Not open (d)</th>
<th>Hours vary (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>FROM a.m. TO a.m.</td>
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</tr>
<tr>
<td>Tuesday</td>
<td>FROM a.m. TO a.m.</td>
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<tr>
<td>Wednesday</td>
<td>FROM a.m. TO a.m.</td>
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<td>Thursday</td>
<td>FROM a.m. TO a.m.</td>
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<tr>
<td>Friday</td>
<td>FROM a.m. TO a.m.</td>
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<tr>
<td>Saturday</td>
<td>FROM a.m. TO a.m.</td>
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<tr>
<td>Sunday</td>
<td>FROM a.m. TO a.m.</td>
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</table>

Section C – EMERGENCY SERVICES/OUTPATIENT CLINIC/ASC INFORMATION AND LOGS

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

Section D – VERIFICATION OF ESTIMATED VISITS

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

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

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

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

Only complete if this is an ASC.

10. How many patient record forms were filled out for this AU (emergency service area/clinic/ASC)?

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Time</th>
<th>Mask (X) ONLY one</th>
<th>Number of forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>FROM a.m. TO a.m.</td>
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<tr>
<td>Tuesday</td>
<td>FROM a.m. TO a.m.</td>
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<td>Sunday</td>
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</tbody>
</table>

11. Was this NHAMCS-101(U) completed for multiple ambulatory surgery locations that were combined in a single list?

- Yes
- No
Section F – DATA COORDINATOR AND HOSPITAL STAFF

Enter the name, title, and telephone number of the data coordinator and hospital staff involved in the data collection.

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Name</th>
<th>Title</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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<td>4</td>
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</tbody>
</table>

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:

CHECK ITEM B

This NHAMCS-101(U) is being completed for:
1. [ ] ED – Continue with Item 2
2. [ ] OPD
3. [ ] ASC
4. [ ] SKIP to Section H, page 4

2. How many levels are in this ESA’s triage system?

1. Three
2. Four
3. Five
4. Other – Specify
5. [ ] Do not conduct nursing triage

3. Of the completed PRFs in this ESA, how many had a visit disposition (item 12) of “Admit to hospital”?

Number of PRFs with visit disposition of “Admit to hospital”:

If the number of PRFs given above is 0, then return to the ED for an explanation and write it in the "NOTES" section below. If an error was found in sampling or recording the disposition, then make the correction and note it below.

4. Did you complete a NHAMCS-105, Hospital Admission Log for any PRFs where the patient was admitted to the hospital?

1. [ ] Yes
2. [ ] No

**NOTE** – On average, about 12 percent of ED visits result in hospital admission; therefore, it would be unusual to have no PRFs with this disposition during the 4-week reporting period.
## Section H – FINAL DISPOSITION

### 1. FINAL DISPOSITION

- **Ambulatory unit**
  - [ ] Participated
  - [ ] Patients seen, Continue to Item 2
  - [ ] No patients seen
  - [ ] Closed
  - [ ] Temporary
  - [ ] Permanent
  - [ ] Ineligible
    - [ ] AU not under auspices of hospital
    - [ ] Only ancillary services provided
    - [ ] Care not provided by or under the direct supervision of a physician
    - [ ] AU classified as out-of-scope
    - [ ] Other – Specify

### 2. Who completed the patient record forms?

Mark (X) all that apply

- [ ] Hospital staff
- [ ] FR – abstraction DURING reporting period
- [ ] FR – abstraction AFTER reporting period
- [ ] Other – Specify

### 3. DISPOSITION OF NHAMCS-906

Cervical Cancer Screening Supplement

- [ ] Completed
- [ ] Refused
- [ ] Not applicable – Ambulatory unit not eligible for CCSS

### NOTES