**AMBULATORY UNIT RECORD**
National Hospital Ambulatory Medical Care Survey 2011 Panel

### Section A – AMBULATORY UNIT INFORMATION

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

1. ED – Mark (X) type
   - [ ] General
   - [ ] Adult
   - [ ] Pediatric
   - [ ] Urgent care/Fast track
   - [ ] Psychiatric
   - [ ] Other

2. ED – Mark (X) specialty
   - [ ] GM
   - [ ] SURG
   - [ ] PED
   - [ ] OBG
   - [ ] Substance Abuse
   - [ ] Other

3. Ambulatory surgery – Mark (X) specialty
   - [ ] GEN
   - [ ] GI
   - [ ] ORTHO
   - [ ] PLASTIC
   - [ ] MULTI
   - [ ] OPH
   - [ ] PAIN
   - [ ] OTHER

**b. AU No. of Total AU’s sampled within the ED or OPD or ambulatory surgery location**

<table>
<thead>
<tr>
<th>Hospital number</th>
<th>Hospital name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

1. Enter the name of the (emergency service area/clinic/ambulatory surgery location).
   - Name

2. Where is the (emergency service area/clinic/ambulatory surgery location) located?
   - [ ] Onsite at hospital
   - [ ] Elsewhere – Specify

<table>
<thead>
<tr>
<th>Address (Number and street)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City/State</td>
</tr>
<tr>
<td>ZIP Code</td>
</tr>
</tbody>
</table>

3. What is the name and telephone number of the director of the (emergency service area/clinic/ambulatory surgery location)?
   - Name
   - Telephone (Area code and number)

**CHECK ITEM A-1** Is this an OPD Clinic whose specialty is GM or OBG or PED?
- [ ] Yes, Continue with Item 4
- [ ] No, Skip to Section B

**4. Does this clinic provide predominantly primary care?**

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

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**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 ambulatory surgery locations

5. REPORTING PERIOD
   - (Month/Day/Year)
   - From: / / 
   - To: / / 

**From the Sampling Plan: If a sampling plan is not required, item 6 is the AU No. from Section A, Item b. Items 7 and 8 are each 1.**

6. SU number
7. Numerator
8. Denominator
Section C – AMBULATORY UNIT HOURS OF OPERATION

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

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Time</th>
<th>Open 24 hours</th>
<th>Not open</th>
<th>Hours vary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>From a.m. 7:00 to a.m. 2:00</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Tuesday</td>
<td>From a.m. 7:00 to a.m. 2:00</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Wednesday</td>
<td>From a.m. 7:00 to a.m. 2:00</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Thursday</td>
<td>From a.m. 7:00 to a.m. 2:00</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Friday</td>
<td>From a.m. 7:00 to a.m. 2:00</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Saturday</td>
<td>From a.m. 7:00 to a.m. 2:00</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>Sunday</td>
<td>From a.m. 7:00 to a.m. 2:00</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

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?

- ☐ Yes – SKIP to section F, page 3
- ☑ No

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.

- Original estimate

- (Result)

b. Is the result of (a) between 0.7 and 1.37?

- ☐ Yes – SKIP to section F, page 3
- ☑ No
Section E – CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS UNIT

1. Calculate new Take Every, using the appropriate table 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.

   New Random Start

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>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Area code  Number

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:
   - [ ] ED – Continue with Item 2
   - [ ] OPD
   - [ ] Ambulatory Surgery
   - SKIP to Section H, page 4

2. How many levels are in this ESA’s triage system?
   - [ ] Three
   - [ ] Four
   - [ ] Five
   - [ ] Other – Specify __________
   - [ ] 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?
   - [ ] Yes
   - [ ] 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

<table>
<thead>
<tr>
<th>Ambulatory unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participated</td>
</tr>
<tr>
<td>Patients seen, Continue to Item 2</td>
</tr>
<tr>
<td>No patients seen</td>
</tr>
<tr>
<td>Refused</td>
</tr>
<tr>
<td>Closed</td>
</tr>
<tr>
<td>Temporary</td>
</tr>
<tr>
<td>Permanent</td>
</tr>
<tr>
<td>Ineligible</td>
</tr>
<tr>
<td>AU not under auspices of hospital</td>
</tr>
<tr>
<td>Only ancillary services provided</td>
</tr>
<tr>
<td>Care not provided by or under the direct supervision of a physician</td>
</tr>
<tr>
<td>AU classified as out-of-scope</td>
</tr>
<tr>
<td>Other – Specify</td>
</tr>
</tbody>
</table>

#### 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

### NOTES