### NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY FREESTANDING AMBULATORY SURGERY CENTERS 2011 PANEL

#### 1. Label

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Telephone number (Area code and number)</th>
<th>FAX number</th>
</tr>
</thead>
</table>

#### 2a. ASC administrator contact information

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Telephone number (Area code and number)</th>
<th>FAX number</th>
</tr>
</thead>
</table>

#### 2b. ASC contact information

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Telephone number (Area code and number)</th>
<th>FAX number</th>
</tr>
</thead>
</table>

#### Section I – TELEPHONE SCREENER

#### 3. Field representative information

<table>
<thead>
<tr>
<th>Telephone screener</th>
<th>FR Code</th>
<th>Call</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC induction</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 4. Record of telephone calls

- **Call Date Time Results**
  - 1
  - 2
  - 3

#### 5. Final outcome of ASC screening

- **Appointment**
  - Day Date Time a.m. p.m.

- **Noninterview – Complete Sections V and VI on page 19.**

### NOTES

- **Assurance of confidentiality** – All information which would permit identification of an individual, a practice, or an establishment will be held confidential; will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls; and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

- **NOTICE** – Public reporting burden of this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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, MB D-74, Atlanta, GA 30333, ATTN: PRA (0920-0278).
Section I – TELEPHONE SCREENER – Continued

Part A. INTRODUCTION

Good (morning/afternoon) . . ., my name is (Your name). I am calling for the Centers for Disease Control and Prevention concerning their study of ambulatory surgery in freestanding ambulatory surgery centers and in hospitals. You should have received a letter from Dr. Edward J. Sondik, the director of the National Center for Health Statistics, describing the study. (Pause) You’ve probably also received a letter from the U.S. Census Bureau, which is collecting the data for the study.

6. Did you receive the letter(s)?
   (If “No” or “OK,” offer to send or deliver another copy.)
   1 □ Yes – SKIP to STATEMENT A
   2 □ No
   3 □ Don’t know

7a. Let me verify that I have the correct name and address for your ASC. Is the correct name (Read name from Control Card)?
   1 □ Yes
   2 □ No – Enter correct name

b. Is your ASC located at (Read address from Control Card)?
   1 □ Yes
   2 □ No – Enter correct ASC location

Part B. VERIFICATION OF ELIGIBILITY

INTRODUCTION

STATEMENT B

The National Center for Health Statistics of the Centers for Disease Control and Prevention is conducting an annual study of ambulatory care. The study began data collection in 1992. CDC has contracted with the U.S. Census Bureau to collect the data. (Name of ASC) has been selected to participate in the study. I am calling to arrange an appointment to discuss your participation. The study is authorized under the Public Health Service Act and the information will be held strictly confidential. Participation is voluntary.

Before discussing the details, I would like to verify our basic information about (Name of ASC) to be sure we have correctly included this ASC in the study.

8a. Is ambulatory (outpatient) surgery or are ambulatory diagnostic or therapeutic procedures currently performed in this facility?
   1 □ Yes
   2 □ No – SKIP to CHECK ITEM B on page 4.

   NOTE: Do not ask item 8b if facility is an eye surgery center.

b. In this study we are excluding facilities that are exclusively family planning clinics, birthing centers, abortion clinics, podiatry centers or dentistry centers.
   Is (Name of facility) exclusively one of these?
   1 □ Yes – SKIP to CHECK ITEM B on page 4.
   2 □ No

9. Is this facility currently licensed by the state?
   1 □ Yes
   2 □ No
Section I – TELEPHONE SCREENER – Continued

Part B. VERIFICATION OF ELIGIBILITY

10. It is important for us to determine whether or not your facility operates under the license or Provider of Services (POS) number of a parent facility.
   a. Does your ASC operate under the license of a parent facility?
      1. Yes
      2. No
   b. Does your ASC operate under the Provider of Services (POS) number of a parent facility?
      1. Yes
      2. No

CHECK ITEM A

Refer to items 10a and 10b. Is “Yes” marked in ANY of these items?

1. Yes – What is the name and address of your parent facility?

   Parent facility name
   Number and street
   City State ZIP Code

   RECORD ON CONTROL CARD

Thank you for your time and assistance. We may contact you again in a few days regarding participation in this study. Terminate telephone call.

FR NOTE

If after contacting your RO you find that the ASC is eligible, continue with item 11. If the ASC is not eligible, go to CHECK ITEM B on page 4 and mark checkbox 4.

2. No – GO to item 11.

11. Is this facility owned, operated, or managed by –
   1. A hospital
   2. One or more physicians
   3. Health maintenance organization
   4. Another health care provider
   5. A health care corporation that owns multiple health care facilities (e.g., HCA or Health South)
   6. Other

12. Is the ambulatory (outpatient) surgery performed here primarily one specialty?
   1. Yes – What is the specialty?
   2. No

13. Is the ambulatory (outpatient) surgery performed here multi-specialty?
   1. Yes
   2. No

NOTES

______________________________________________________________________________
______________________________________________________________________________
Section I – TELEPHONE SCREENER – Continued

1. ASC meets eligibility requirements (item 8a is YES) – SKIP to Check Item B-1
2. ASC is ineligible because it does not perform ambulatory surgery (item 8a is NO) – Go to CLOSING STATEMENT B1 below.
3. ASC is ineligible because specialty is out-of-scope (item 8b is YES) – Go to CLOSING STATEMENT B2 below.
4. ASC is ineligible because it operates under a parent facility that is on the sampling frame (item 10a is YES) – Complete Section V on page 19.

CHECK ITEM B

ASC refused by
1. Yes – SKIP to item a
2. No – SKIP to Part C. STUDY DESCRIPTION on page 5

Eligible ASC?
1. Yes – expected visits
2. No

a. Determine whether facility has an eligible ASC and if so, inquire as to how many visits are expected during the reporting period.

b. If unable to determine expected visits for the assigned reporting period, obtain the number of visits to the facility last year.

ASC visits last year

Complete Sections V and VI on page 19.

CLOSING STATEMENT B1

Thank you... but it seems that our information was incorrect. Since (Name of ASC) does not perform ambulatory surgery, it should not have been chosen for our study. Thank you very much for your cooperation. Terminate telephone call and complete Section V on page 19.

CLOSING STATEMENT B2

Thank you... but it seems that our information was incorrect. Since (Name of ASC)'s specialty is out-of-scope for our study, it should not have been chosen for our study. Thank you very much for your cooperation. Terminate telephone call and complete Section V on page 19.

NOTES
**Section I – TELEPHONE SCREENER – Continued**

### Part C. STUDY DESCRIPTION

Thank you. Now I would like to provide you with further information on the study.

**INSTRUCTIONS**

Provide the administrator or other facility representative with a brief description of the study. Cover following points –

1. The NHAMCS is the only source of national data on health care provided in hospital emergency and outpatient departments and ambulatory surgery centers.

2. NHAMCS is endorsed by the:
   - Ambulatory Surgery Center Association
   - American College of Surgeons
   - American Health Information Management Association
   - American Academy of Ophthalmology
   - Society for Ambulatory Anesthesia
   - American College of Emergency Physicians
   - Emergency Nurses Association
   - Society for Academic Emergency Medicine
   - American College of Osteopathic Emergency Physicians


4. Four-week data collection period

5. Brief form completed for a sample of patient visits

As one of the ASC’s that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory surgery.

### CLOSING STATEMENT C2

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? Thank you . . . for your cooperation. I am looking forward to our meeting. Record day, date and time of appointment in item 5, page 1, and terminate phone call.

### NOTES

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Part A. INTRODUCTION

I would like to begin with a brief review of the background for this study.

INSTRUCTIONS

Provide the administrator or other facility representative with a brief introduction to the study and a general overview of procedures.

Cover the following points –

1. NHAMCS is a sister survey of the National Ambulatory Medical Care Survey (NAMCS). NAMCS collects data on visits to physicians in office-based practices.

2. NAMCS and NHAMCS are sponsored by the National Center for Health Statistics of the Centers for Disease Control and Prevention.

3. NAMCS and NHAMCS data are used extensively by health care organizations, health services planners, researchers, and educators.

4. Annually, there are almost 200 million visits to hospital emergency and outpatient departments and 35 million visits to ambulatory surgery centers, including 15 million visits to freestanding ambulatory surgery centers.

5. The U.S. Census Bureau is the data collection agent for the study.

6. The study is authorized by Title 42, U.S. Code, Section 242k.

7. Participation is voluntary.

8. Any identifiable information will be held confidential and will be used only by NCHS staff, contractors or agents, only when necessary and with strict controls, and will not be disclosed to anyone else without the consent of your facility. By law, every employee as well as every 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 your facility and its patients.

9. NO patients’ names or identifiers are collected.

10. The study was approved by the NCHS Research Ethics Review Board or IRB.

11. Data from the study will be used only in statistical summaries.

12. NHAMCS excludes office-based physicians (these are covered under the NAMCS).

13. NHAMCS excludes the following types of ASCs: dentistry, podiatry, abortion, small procedures, birth center, and family planning.

14. Only a 4-week data collection period.

15. On average, sample of approximately 100 ASC visits per hospital and 100 freestanding ASC visits.

SHOW PATIENT RECORD FORM

16. Form takes only 6 minutes to complete.

17. Forms are to be completed by ASC staff at their convenience.

18. Portion containing patient’s name or other identifying information is removed before collecting.
Section II – INDUCTION INTERVIEW – Continued

Part B. SURVEY IMPLEMENTATION

As I mentioned earlier, I would like to discuss the plan for conducting the study. This ASC has been assigned to a 4-week data collection period beginning on Monday, (Month / Day).

First, I would like to discuss the steps needed to obtain approval for the study.

14a. Are there any additional steps needed to obtain permission for the ASC to participate in the study?

1. ☐ Yes – Specify the necessary steps below

2. ☐ No

14b. Now I would like to make arrangements to obtain the information needed for sampling. I will need to (know/verify) how your ambulatory surgery center is 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?

 respondent

2. ☐ Respondent

☐ Someone else – Specify below

If different respondent(s), arrange to obtain data today if possible. Otherwise arrange an appointment with designated person(s). Briefly explain the study to the new respondent(s). Then proceed with Section III, Ambulatory Surgery Center Description as appropriate. Thank current respondent for his/her time and cooperation.
**Section III – AMBULATORY SURGERY CENTER DESCRIPTION**

**15a.** Does this facility have any satellite facilities which perform ambulatory (outpatient) surgery?

- [ ] Yes – Continue with item 15b.
- [ ] No – SKIP to developing sampling plan

**b.** What are the names, addresses, and telephone numbers of the satellite facilities?

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Name of ambulatory surgery location (Generic)</th>
<th>Specialty group</th>
<th>AU number</th>
<th>Expected No. of ambulatory (outpatient) surgery cases from</th>
<th>Take every number</th>
<th>Random start number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td>3</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**RECORD UP TO 3 ON CONTROL CARD**

To develop the sampling plan, I would like to (collect/verify) more specific information about this facility's ambulatory surgery locations.

Obtain an estimate of ambulatory (outpatient) surgery cases for each ambulatory surgery location, covering the 4-week reporting period. Enter the estimate in column (d) of the listing below.

**INSTRUCTIONS**

- Only record generic ambulatory surgery location names in column (a) (e.g., ambulatory surgery center, endoscopy). If the ambulatory surgery location has a formal/proper name, enter a generic name in (a) and record the Line No. and the formal/proper name on page 2 of the Control Card.
- Record the specialty group acronym in column (b).
- Complete columns (e) and (f) after developing the sampling plan. See page 18 of the NHAMCS-124 for instructions.

**Facility has only 1 ambulatory surgery location – SKIP to Item 15e.**

**Facility has more than 1 ambulatory surgery location – Continue with item 15c.**

**15c.** Now I have some questions about generating a report for all outpatient surgery patients for sampling.

**a.** Would you or your IT staff be able to generate a single list of outpatient surgery cases for the following locations? (Read each ambulatory surgery location name listed above.)

- [ ] Yes – Continue with item 15d.
- [ ] No – ONLY 2 lists – SKIP to item 15e.
- [ ] No – More than 2 lists – Continue with item 15d.

**b.** Would you or your IT staff be able to generate one list of outpatient surgery cases for some of these locations?

- [ ] Yes – Continue with item 15c.
- [ ] No – Continue with item 15e.

**FR NOTE** If multiple logs were combined into one list, then assign the same AU number to each location and record in column (c).

**IT Contact name**

**Telephone number**

**RECORD ON CONTROL CARD**

**FR NOTE** Give a copy of the “Single Sampling List Instructions” to the IT contact.
15e. Does your ASC submit any CLAIMS electronically (electronic billing)?
- Yes
- No
- Unknown

f. Does your ASC verify an individual patient’s insurance eligibility electronically, with results returned immediately?
- Yes, with a stand-alone practice management system
- Yes, with an EMR/EHR system
- Yes, using another electronic system
- No
- Unknown

15g. Does your ASC use an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system? Do not include billing record systems.

   (1) In which year did your ASC install your EMR/EHR system?
   - [ ] Year

   (2) What is the name of your current EMR/EHR system?
   - [ ] Allscripts
   - [ ] Epic
   - [ ] Cerner
   - [ ] CHARTCARE
   - [ ] Practice Fusion
   - [ ] Other
   - [ ] Unknown

h. Does your ASC have plans for installing a new EMR/EHR system within the next 18 months?
- Yes
- No
- Maybe
- Unknown

i. Indicate whether your ASC has each of the following computerized capabilities. Does your ASC have a computerized system for: Mark (X) only one box per row.

   (1) Recording patient history and demographic information?
   - Yes
   - Yes, but turned off not used
   - No
   - Unknown

   If Yes, ask – (a) Does this include a patient problem list?
   - [ ] Go to 15i(1)(a)
   - [ ] Skip to 15i(2)
   - [ ] Skip to 15i(3)
   - [ ] Skip to 15i(4)

   (2) Recording clinical notes?
   - Yes
   - Yes, but turned off not used
   - No
   - Unknown

   If Yes, ask – (a) Do they include a comprehensive list of the patient’s medication and allergies?
   - [ ] Go to 15i(2)(a)
   - [ ] Skip to 15i(3)
   - [ ] Skip to 15i(3)
   - [ ] Skip to 15i(4)

   (3) Ordering prescriptions?
   - Yes
   - Yes, but turned off not used
   - No
   - Unknown

   If Yes, ask – (a) Are prescriptions sent electronically to the pharmacy?
   - [ ] Go to 15i(3)(a)
   - [ ] Skip to 15i(4)
   - [ ] Skip to 15i(4)
   - [ ] Skip to 15i(4)

   (b) Are warnings of drug interactions or contraindications provided?
   - [ ] Go to 15i(3)(a)
   - [ ] Skip to 15i(4)
   - [ ] Skip to 15i(4)
   - [ ] Skip to 15i(4)

   (4) Providing reminders for guideline-based interventions or screening tests?
   - Yes
   - Yes, but turned off not used
   - No
   - Unknown

   (5) Ordering lab tests?
   - Yes
   - Yes, but turned off not used
   - No
   - Unknown

   (6) Providing standard order sets related to a particular condition or procedure?
   - Yes
   - Yes, but turned off not used
   - No
   - Unknown

Go to 15i(1)(a)
Skip to 15i(2)
Skip to 15i(3)
Skip to 15i(4)
Skip to 15i(5)
Skip to 15i(6)
### Section III – AMBULATORY SURGERY CENTER DESCRIPTION - Continued

#### 15i. Continued

<table>
<thead>
<tr>
<th>(7) Viewing lab results?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![Check Box]</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
</tbody>
</table>

If Yes, ask –(a) Are results incorporated in EMR/EHR?

<table>
<thead>
<tr>
<th>(8) Viewing imaging results?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![Check Box]</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(9) Viewing data on quality of care measures?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![Check Box]</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(10) Electronic reporting to immunization registries?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![Check Box]</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
</tbody>
</table>

If yes, ask – (a) Are notifiable diseases sent electronically?

<table>
<thead>
<tr>
<th>(11) Public health reporting?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![Check Box]</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
</tbody>
</table>

| (12) Providing patients with clinical summaries for each visit? | Yes | No | Unknown |
|                                                               | ![Check Box] | ![Check Box] | ![Check Box] |

| (13) Exchanging secure messages with patients? | Yes | No | Unknown |
|                                               | ![Check Box] | ![Check Box] | ![Check Box] |

| (14) At your ASC, if orders for prescriptions or lab tests are submitted electronically, who submits them? | Prescribing practitioner | Other | Prescriptions and lab test orders not submitted electronically | Unknown |
|                                                                                                           | ![Check Box] | ![Check Box] | ![Check Box] | ![Check Box] |

Mark (X) all that apply.

#### j. Does your ASC exchange patient clinical summaries electronically with any other providers?

<table>
<thead>
<tr>
<th>Yes, send summaries only</th>
<th>Yes, receive summaries only</th>
<th>Go to Item 15j(1)</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Check Box]</td>
<td>![Check Box]</td>
<td></td>
<td>![Check Box]</td>
</tr>
</tbody>
</table>

#### k. Beginning in 2011, Medicare and Medicaid will offer incentives to facilities that demonstrate “meaningful use of Health IT”. Does your ASC have plans to apply for Medicare or Medicaid incentive payments for meaningful use of Health IT?

<table>
<thead>
<tr>
<th>Yes, we intend to apply – Go to 15k(1)</th>
<th>Uncertain whether we will apply</th>
<th>Skip to Section IV</th>
<th>No, we will not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Check Box]</td>
<td>![Check Box]</td>
<td></td>
<td>![Check Box]</td>
</tr>
</tbody>
</table>

#### 1. In which year do you expect to apply for the meaningful use payments?

<table>
<thead>
<tr>
<th>2011</th>
<th>2012</th>
<th>After 2012</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Check Box]</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
<td>![Check Box]</td>
</tr>
</tbody>
</table>

Notes

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Viewing lab results?

Viewing imaging results?

Viewing data on quality of care measures?

Electronic reporting to immunization registries?

Public health reporting?

Providing patients with clinical summaries for each visit?

Exchanging secure messages with patients?

At your ASC, if orders for prescriptions or lab tests are submitted electronically, who submits them?

Does your ASC exchange patient clinical summaries electronically with any other providers?

Beginning in 2011, Medicare and Medicaid will offer incentives to facilities that demonstrate “meaningful use of Health IT”. Does your ASC have plans to apply for Medicare or Medicaid incentive payments for meaningful use of Health IT?

In which year do you expect to apply for the meaningful use payments?
### Section IV - AMBULATORY UNIT RECORD

**COMPLETE FOR EACH AMBULATORY UNIT SELECTED**

### Section A - AMBULATORY UNIT INFORMATION

<table>
<thead>
<tr>
<th>a. Mark (X) specialty —</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 GEN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. AU No.</th>
<th>1 of</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total AU’s sampled within the ASC</td>
<td></td>
</tr>
</tbody>
</table>

### Section B - SAMPLE INFORMATION

1. Take every number
2. Random start number
3. Estimated number of visits in this AU during reporting period

Item 6 is the AU No. from Section A, Item b.
Items 7 and 8 are each 1.

| 4. Total estimated number of visits during reporting period for ALL operating rooms within the ASC |  |

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

| 6. SU number | 1  |
| 7. Numerator | 1  |
| 8. Denominator | 1.00 |

### Section C - ASC HOURS OF OPERATION

1. What are the ASC hours of operation?

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Time (a)</th>
<th>Mark (X) ONLY one (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(b)</td>
<td>Open 24 hours (c)</td>
</tr>
<tr>
<td>Monday</td>
<td>FROM a.m.</td>
<td>TO a.m.</td>
</tr>
<tr>
<td>Tuesday</td>
<td>FROM a.m.</td>
<td>TO a.m.</td>
</tr>
<tr>
<td>Wednesday</td>
<td>FROM a.m.</td>
<td>TO a.m.</td>
</tr>
<tr>
<td>Thursday</td>
<td>FROM a.m.</td>
<td>TO a.m.</td>
</tr>
<tr>
<td>Friday</td>
<td>FROM a.m.</td>
<td>TO a.m.</td>
</tr>
<tr>
<td>Saturday</td>
<td>FROM a.m.</td>
<td>TO a.m.</td>
</tr>
<tr>
<td>Sunday</td>
<td>FROM a.m.</td>
<td>TO a.m.</td>
</tr>
</tbody>
</table>

Notes

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**Notes**
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
   - No
   - Unknown

   15e. Does your ASC submit any CLAIMS electronically (electronic billing)?

   - Yes
   - No
   - Unknown

Verify with ASC director BEFORE data collection begins (and records have been pulled).

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

   - Yes
   - No
   - Unknown

   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
   - No
   - Unknown

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

   - Yes
   - No
   - Unknown

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

   Revised estimate \( \div \) Original estimate = Result

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

   - Yes
   - No
   - Unknown

Section E – CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS UNIT

1. Calculate new Take Every, using the appropriate table (page 19) 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(FS).

   - New Random Start

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:

Section H – FINAL DISPOSITION

1. FINAL DISPOSITION

   Ambulatory unit
   - Participated
   - Patients seen, Continue to Item 2
   - No patients seen
   - Refused
   - Closed
   - Temporary
   - Permanent

   - Ineligible
   - AU not under auspices of ASC
   - Only ancillary services provided
   - AU classified as out-of-scope
   - Other – Specify

   END

2. Who completed the patient record forms?

   Mark (X) all that apply

   - ASC staff
   - FR – abstraction DURING reporting period
   - FR – abstraction AFTER reporting period
   - Other – Specify
### Section A - Ambulatory Unit Information

**a.** Mark (X) specialty —
- GEN
- MULTI
- GI
- OPH
- ORTHO
- PLASTIC
- PAIN
- OTHER

**b.** AU No.:
- Total AU’s sampled within the ASC

### 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 ALL operating rooms within the ASC
5. **REPORTING PERIOD** (Month/Day/Year)
   - From: / /  
   - To: / /

Item 6 is the AU No. from Section A, Item b. Items 7 and 8 are each 1.

### Section C - Ambulatory Unit Record

**COMPLETE FOR EACH AMBULATORY UNIT SELECTED**

#### Section A - Ambulatory Unit Information

- **Name**
- **Address**
- **Telephone number**

**RECORD UP TO 3 ON**

- **GI**
- **OPH**
- **PLASTIC**
- **PAIN**
- **OTHER**

**To develop the sampling plan, I would like to (collect/verify) more specific information about this facility’s ambulatory surgery locations.**

#### 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 ALL operating rooms within the ASC**
5. **REPORTING PERIOD** (Month/Day/Year)
   - From: / /  
   - To: / /

6. **SU number**
7. **Numerator**
8. **Denominator**

#### Section C - ASC Hours of Operation

1. **What are the ASC hours of operation?**

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Time</th>
<th>Mark (X) ONLY one if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>Open 24 hours (c)</td>
</tr>
<tr>
<td>Monday</td>
<td>FROM a.m. TO a.m. p.m.</td>
<td>1</td>
</tr>
<tr>
<td>Tuesday</td>
<td>FROM a.m. TO a.m. p.m.</td>
<td>1</td>
</tr>
<tr>
<td>Wednesday</td>
<td>FROM a.m. TO a.m. p.m.</td>
<td>1</td>
</tr>
<tr>
<td>Thursday</td>
<td>FROM a.m. TO a.m. p.m.</td>
<td>1</td>
</tr>
<tr>
<td>Friday</td>
<td>FROM a.m. TO a.m. p.m.</td>
<td>1</td>
</tr>
<tr>
<td>Saturday</td>
<td>FROM a.m. TO a.m. p.m.</td>
<td>1</td>
</tr>
<tr>
<td>Sunday</td>
<td>FROM a.m. TO a.m. p.m.</td>
<td>1</td>
</tr>
</tbody>
</table>
As I mentioned earlier, I would like to discuss the plan for conducting the study. This ASC has been assigned to a 4-week data collection period beginning on Monday, ( ).

First, I would like to discuss the steps needed to obtain approval for the study.  

<table>
<thead>
<tr>
<th>Question</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any additional steps needed to obtain permission for the ASC to participate in the study?</td>
<td>Yes – Specify the necessary steps below. No.</td>
</tr>
</tbody>
</table>

Now I would like to make arrangements to obtain the information needed for sampling. I will need to (know/verify) how many visits are expected during the 4-week reporting period. Would you prefer I (get/verify) this information from you or someone else?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes – SKIP to section G</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

About how many visits do you expect during the reporting period, to ?

<table>
<thead>
<tr>
<th>Revised estimate</th>
</tr>
</thead>
</table>

Determine if new Take Every and Random Start numbers must be calculated for this ASC.

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

<table>
<thead>
<tr>
<th>Revised estimate</th>
<th>Original estimate</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes – SKIP to section G</th>
<th>No</th>
</tr>
</thead>
</table>

Calculate new Take Every, using the appropriate table (page 19) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).

<table>
<thead>
<tr>
<th>New Take Every</th>
</tr>
</thead>
</table>

Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101(FS).

<table>
<thead>
<tr>
<th>New Random Start</th>
</tr>
</thead>
</table>

Enter the range of Patient Record Forms that were ACTUALLY used by the unit.

<table>
<thead>
<tr>
<th>FIRST FOLIO</th>
<th>FROM:</th>
<th>TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECOND FOLIO</td>
<td>FROM:</td>
<td>TO:</td>
</tr>
<tr>
<td>THIRD FOLIO</td>
<td>FROM:</td>
<td>TO:</td>
</tr>
</tbody>
</table>

NOTES

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Page 14
Section II – INDUCTION INTERVIEW

Part A. INTRODUCTION

I would like to begin with a brief review of the background for this study.

INSTRUCTIONS

Provide the administrator or other facility representative with a brief introduction to the study and a general overview of procedures.

Cover the following points –

1. NHAMCS is a sister survey of the National Ambulatory Medical Care Survey (NAMCS). NAMCS collects data on visits to physicians in office-based practices.
2. NAMCS and NHAMCS are sponsored by the National Center for Health Statistics of the Centers for Disease Control and Prevention.
3. NAMCS and NHAMCS data are used extensively by health care organizations, health services planners, researchers, and educators.
4. Annually, there are almost 200 million visits to hospital emergency and outpatient departments and 35 million visits to ambulatory surgery centers, including 15 million visits to freestanding ambulatory surgery centers.
5. The U.S. Census Bureau is the data collection agent for the study.
6. The study is authorized by Title 42, U.S. Code, Section 242k.
7. Participation is voluntary.
8. Any identifiable information will be held confidential and will be used only by NCHS staff, contractors or agents, only when necessary and with strict controls, and will not be disclosed to anyone else without the consent of your facility. By law, every employee as well as every agent has taken an oath and is subject to a jail term of up to five years or a fine of up to $250,000, or both if he or she willfully discloses ANY identifiable information about your facility and its patients.
9. NO patients’ names or identifiers are collected.
10. The study was approved by the NCHS Research Ethics Review Board or IRB.
11. Data from the study will be used only in statistical summaries.
12. NHAMCS excludes office-based physicians (these are covered under the NAMCS).
13. NHAMCS excludes the following types of ASCs: dentistry, podiatry, abortion, small procedures, birth center, and family planning.
14. Only a 4-week data collection period.
15. On average, sample of approximately 100 ASC visits per hospital and 100 freestanding ASC visits.
16. Form takes only 6 minutes to complete.
17. Portion containing patient’s name or other identifying information is removed before collecting.
18. Forms are to be completed by ASC staff at their convenience.
Section I – TELEPHONE SCREENER – Continued

Provide the administrator or other facility representative with a brief description of the study. Cover following points –

1. The NHAMCS is the only source of national data on health care provided in hospital emergency and outpatient departments and ambulatory surgery centers.
   - Ambulatory Surgery Center Association
   - American College of Surgeons
   - American Health Information Management Association
   - American Academy of Ophthalmology
   - Society for Ambulatory Anesthesia
   - American College of Emergency Physicians
   - Emergency Nurses Association
   - Society for Academic Emergency Medicine
   - American College of Osteopathic Emergency Physicians

2. Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

3. Four-week data collection period

4. Brief form completed for a sample of patient visits

As one of the ASC's that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory surgery.

Section IV – AMBULATORY UNIT RECORD

**COMPLETE FOR EACH AMBULATORY UNIT SELECTED**

### Section A – AMBULATORY UNIT INFORMATION

a. Mark (X) specialty —
   - [ ] GEN
   - [ ] MULTI
   - [ ] GI
   - [ ] OPH
   - [ ] ORTHO
   - [ ] PLASTIC
   - [ ] PAIN
   - [ ] OTHER

b. AU No. 3 of Total AU’s sampled within the ASC

### Section B – SAMPLE INFORMATION

1. Take every number

2. Random start number

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

   Item 6 is the AU No. from Section A, Item b. Items 7 and 8 are each 1.

4. Total estimated number of visits during reporting period for ALL operating rooms within the ASCs

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

6. SU number 3

7. Numerator 1

8. Denominator 1.00

### Section C – ASC HOURS OF OPERATION

1. What are the ASC hours of operation?

   Day(s) | Time | Mark (X) ONLY one (if applicable)
   ┏━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━┓
   │ | From: a.m. TO a.m. | Not open p.m. | Hours vary (c) |
   │ Monday | | 1 | 3 |
   │ Tuesday | | 1 | 3 |
   │ Wednesday | | 1 | 3 |
   │ Thursday | | 1 | 3 |
   │ Friday | | 1 | 3 |
   │ Saturday | | 1 | 3 |
   │ Sunday | | 1 | 3 |
   ┗━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━━┛
Section IV – AMBULATORY UNIT RECORD – Continued

Section D – VERIFICATION OF ESTIMATED VISITS

Verify with ASC director BEFORE data collection begins (and records have been pulled).

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 G
   - No

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

Determine if new Take Every and Random Start numbers must be calculated for this ASC.

3a. Divide the revised estimate by the original estimate from B-3.
   - Revised estimate
   - Original estimate
   - (Result)

b. Is the result of (a) between 0.7 and 1.3?
   - Yes – SKIP to section G
   - No

Section E – CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS UNIT

1. Calculate new Take Every, using the appropriate table (page 19) 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(FS).
   - New Random Start

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:

NOTES

Thank you... but it seems that our information was incorrect. Since (Name of ASC)'s specialty is out-of-scope for our study, it should not have been chosen for our study. Thank you very much for your cooperation.

Terminate telephone call and complete Section V on page 19.
### Part B. VERIFICATION OF ELIGIBILITY

**a.** It is important for us to determine whether or not your facility operates under the license or Provider of Services (POS) number of a parent facility.

- [ ] A hospital
- [ ] One or more physicians
- [ ] Health maintenance organization
- [ ] Another health care provider
- [ ] A health care corporation that owns multiple health care facilities (e.g., HCA or Health South)
- [ ] Other

**11.** Is this facility owned, operated, or managed by –

- [ ] Yes
- [ ] No

**12.** Is the ambulatory (outpatient) surgery performed here primarily one specialty?

- [ ] Yes
- [ ] No

**13.** Is the ambulatory (outpatient) surgery performed here multi-specialty?

- [ ] Yes
- [ ] No

---

**NOTES**

- If after contacting your RO you find that the ASC is eligible, continue with item 11. If the ASC is not eligible, go to CHECK ITEM B on page 4 and mark checkbox 4.

---

**Section IV – AMBULATORY UNIT RECORD – Continued**

<table>
<thead>
<tr>
<th><strong>1. FINAL DISPOSITION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory unit</td>
</tr>
<tr>
<td>1. Participated</td>
</tr>
<tr>
<td>- Patients seen, Continue to Item 2</td>
</tr>
<tr>
<td>- No patients seen</td>
</tr>
<tr>
<td>2. Refused</td>
</tr>
<tr>
<td>3. Closed</td>
</tr>
<tr>
<td>- Temporary</td>
</tr>
<tr>
<td>- Permanent</td>
</tr>
<tr>
<td>4. Ineligible</td>
</tr>
<tr>
<td>- AU not under auspices of ASC</td>
</tr>
<tr>
<td>- Only ancillary services provided</td>
</tr>
<tr>
<td>- AU classified as out-of-scope</td>
</tr>
<tr>
<td>- Other – Specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>2. Who completed the patient record forms?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark (X) all that apply</td>
</tr>
<tr>
<td>1. ASC staff</td>
</tr>
<tr>
<td>2. FR – abstraction DURING reporting period</td>
</tr>
<tr>
<td>3. FR – abstraction AFTER reporting period</td>
</tr>
<tr>
<td>4. Other – Specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>NOTES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter any other relevant information here.</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
**Part A. INTRODUCTION**

Good (morning/afternoon) . . ., my name is (Your name). I am calling for the Centers for Disease Control and Prevention concerning their study of ambulatory surgery in freestanding ambulatory surgery centers and in hospitals. You should have received a letter from Dr. Edward J. Sondik, the director of the National Center for Health Statistics, describing the study.

**STATEMENT A**

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.

**STATEMENT B**

Before discussing the details, I would like to verify our basic information about (Name of ASC) to be sure we have correctly included this ASC in the study.

The National Center for Health Statistics of the Centers for Disease Control and Prevention is conducting an annual study of ambulatory care. The study began data collection in 1992. CDC has contracted with the U.S. Census Bureau to collect the data.

(Name of ASC) has been selected to participate in the study. I am calling to arrange an appointment to discuss your participation. The study is authorized under the Public Health Service Act and the information will be held strictly confidential. Participation is voluntary.

**Part B. VERIFICATION OF ELIGIBILITY**

b. In this study we are excluding facilities that are exclusively family planning clinics, birthing centers, abortion clinics, podiatry centers or dentistry centers. Is (Name of facility) exclusively one of these?

Yes – SKIP to CHECK ITEM B on page 4.

No

**Section V – DISPOSITION AND SUMMARY**

**AMBULATORY UNIT CHECKLIST**

16a. How many ambulatory surgery locations were selected for sample? Enter 0 if no ambulatory surgery locations were selected for sample.

<table>
<thead>
<tr>
<th>Did you complete an Ambulatory Unit Record for each log/list?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

b. Number of ASC Patient Record Forms completed

<table>
<thead>
<tr>
<th>Number of ASC PRFs</th>
</tr>
</thead>
<tbody>
<tr>
<td>All eligible units completed Patient Record Forms</td>
</tr>
<tr>
<td>Some eligible units completed Patient Record Forms</td>
</tr>
<tr>
<td>ASC refused</td>
</tr>
<tr>
<td>ASC closed</td>
</tr>
</tbody>
</table>

17. FINAL DISPOSITION

END interview

GO to item 18

**Section VI – NONINTERVIEW**

18a. At what point in the interview did the refusal/breakoff occur? Mark (X) appropriate box.

- During the telephone screening
- During the ASC induction
- After the ASC induction, but prior to assigned reporting period
- During the assigned reporting period

b. By whom?

- ASC administrator
- ASC Director
- Approval board or official
- Other ASC official

c. Was the refusal by telephone or in person?

- Telephone
- In person

d. What reason was given?

- 
- 
- 
- 
- 
- 
- 
- 

18e. Was conversion attempted?

- Yes
- No