

## Sample Text for Describing NHAMCS in a Research Article

### Methods

#### Study Design and Setting

This study is a secondary analysis of data collected in the National Hospital Ambulatory Medical Care Survey (NHAMCS). The NHAMCS is an annual, national probability sample of ambulatory visits made to non-federal, general, and short-stay hospitals in the U.S. conducted by the Centers for Disease Control and Prevention, National Center for Health Statistics. Although the survey includes visits to selected ambulatory care departments, this analysis focuses solely on the visits to hospital emergency departments (EDs). The survey has been conducted annually since 1992. The multistaged sample design is composed of a 3 stages for the ED component: (1) 112 geographic primary sampling units that comprised a probability subsample of primary sampling units from the 1985 to 1994 National Health Interview Surveys; (2) approximately 480 hospitals within primary sampling units; and (3) patient visits within emergency service areas. Sample hospitals are randomly assigned to 16 panels that rotate across 13 4-week reporting periods throughout the year. The initial sample frame of hospitals was based on the 1991 SMG hospital database now maintained by IMS Health.

#### Data collection and processing *{Applies only to data collected and processed prior to 2012}*

Hospitals are inducted into the NHAMCS by field representatives of the U.S. Census Bureau. Hospital staff or Census Bureau field representatives complete a patient record form for each sampled visit based on information obtained from the medical record. The data collected include information on patient demographics, reasons for visit, vital signs, cause(s) of injury, diagnoses rendered, diagnostic tests ordered, procedures provided, medications prescribed, providers consulted, and disposition including hospital discharge information if admitted (since 2005). Approximately X% of sampled hospitals participated annually in the survey, and about X% of sampled EDs provided complete information on their sample visits for a total unweighted response rate of X%. *(Complete the X's for the data year[s] you are using. Use the response rates provided in "Public use Data File Documentation." If analyzing multiple years of data, average the response rates for the years included.)*

The NHAMCS is approved annually by the Ethics Review Board of NCHS with waivers of the requirements to obtain informed consent of patients and patient authorization for release of patient medical record data by health care providers.

Data processing, including medical coding of reason for visit, cause of injury, diagnosis, and medications are performed by SRA International, Inc., Durham, NC. As part of the quality assurance procedure, a 10% quality control sample of PRFs is independently keyed and coded. Error rates typically range between 0.3% and 0.9% for various survey items.

*(Add here specifics about the number of years you are using, the case inclusion definitions, and the raw number of records meeting your definition. If you are using particular items, provide more information such as item wording, classification used [e.g., Reason for Visit Classification for Ambulatory Care {NCHS}; ICD-9-CM for diagnosis and external causes of injury. Indicate if you are including only the primary reason for visit, diagnosis, and/or cause of injury versus any-listed [up to 3].*

*(If you are analyzing drug data, add the following and revise according to the years used: "Since 2006, drug characteristics have been assigned with Multum's Lexicon Drug Database [<http://www.multum.com>]. Therapeutic classification reflects Multum's 3-level nested*

category system. In previous years, the FDA’s National Drug Code Directory was used for therapeutic classification (<http://www.accessdata.fda.gov/scripts/cder/ndc/default.cfm>).”) )

## Statistical Analysis

The survey data were analyzed using the sampled visit weight that is the product of the corresponding sampling fractions at each stage in the sample design. The sampling weights have been adjusted by NCHS for survey nonresponse within time of year, geographic region, urban/rural and ownership designations, yielding an unbiased national estimate of ED visit occurrences, percentages, and characteristics. Because of the complex sample design, sampling errors were determined using *{insert the software you used – SUDAAN, SAS SVY PROCS, STATA}* which takes into account the clustered nature of the sample.

*(Insert here the definition of the main dependent variable measure you are using, such as percentage of visits, population rates, and frequency count. If you use population rates, be sure to include the definitions and source of the population used in the denominator, e.g., civilian, noninstitutionalized population, population with a known characteristic such as asthma, institutionalized population.)*

Checklist for NHAMCS analyses.

Yes	Checklist for NHAMCS Article Submission
	Is each estimate based on at least 30 sample or unweighted records?
	Does each estimate of the weighted data have a relative standard error (RSE) <30 percent?
	Is the item nonresponse rate < 30%?
	Are the estimates rounded to the nearest 1,000?
	If using population rates (no. of visits per population), did you provide the definition of the specific population?
	Did you make sure all of the records in the data files were included in the analysis to obtain the correct sample variance estimate?
	Are the correct table headings used for percentages, i.e., percentage distribution if adds to 100%) or percentage of visits (used for items where more than response may be recorded, e.g., providers seen)?
	Are estimates presented as numbers of visits rather than persons?
	When using multiple years of data are used, were data collected consistently for the variable(s) for each year in the analysis? If no, then explain.
	If multiple years of data were combined, were average annual estimates presented?