### Section I – TELEPHONE SCREENER

<table>
<thead>
<tr>
<th>Field representative information</th>
<th>Record of telephone calls</th>
<th>Final outcome of ASC screening</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telephone screener</strong></td>
<td><strong>Call</strong></td>
<td><strong>Date</strong></td>
</tr>
<tr>
<td>FR Code</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ASC induction</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>FR Code</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**NOTES**

During your initial call to the ASC, attempt to speak to the contact person. If the contact person is not available at this time, determine when he/she can be reached and call again at the designated time. If, after several attempts, you are still unable to talk to the contact or have determined the contact is no longer an appropriate respondent, begin the interview with a representative of the contact person or new contact, as appropriate.
**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)?**  
   - Yes – SKIP to STATEMENT A  
   - No – Enter correct name  
   - Don't know (If "No" or "DK," offer to send or deliver another copy.)

7a. Let me verify that I have the correct name and address for your ASC. Is the correct name?  
   - Yes  
   - No – Enter correct name  

7b. Is your ASC located at?  
   - Yes  
   - No – Enter ASC location  

7c. Is this also the mailing address?  
   - Yes  
   - No – Enter correct mailing address

---

**Part B. VERIFICATION OF ELIGIBILITY**

**INTRODUCTION**  
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. Beginning in 2010, freestanding ASCs are being included in the study. 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 ambulatory diagnostic or therapeutic procedures currently performed in this facility?**  
   - Yes – SKIP to CHECK ITEM B on page 4.  
   - No

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

8b. **In this study we are excluding facilities that are exclusively family planning clinics, birthing centers, abortion clinics, podiatry centers or dentistry centers.**  
   - Yes – SKIP to CHECK ITEM B on page 4.  
   - No

8c. **Is (Name of facility) exclusively one of these?**  
   - Yes  
   - No

8d. **9. Is this facility currently licensed by the state?**  
   - Yes  
   - No

---

**AMBULATORY UNIT CHECKLIST**

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

17. **FINAL DISPOSITION**  
   - All eligible units completed Patient Record Forms  
   - Some eligible units completed Patient Record Forms  
   - ASC refused  
   - ASC closed  
   - ASC ineligible  
   - END interview  
   - GO to item 18

18a. **At what point in the interview did the refusal/breakoff occur?**  
   - During the telephone screening  
   - During the ASC induction  
   - After the ASC induction, but prior to assigned reporting period  
   - During the assigned reporting period  
   - ASC administrator  
   - ASC director  
   - Approval board or official  
   - Other ASC official

18b. **By whom?**  
   - Telephone  
   - In person

18c. **Was conversion attempted?**  
   - Yes  
   - 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.

Did you complete an Ambulatory Unit Record for each log/list?

17. **FINAL DISPOSITION**

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

- During the telephone screening
- During the ASC induction
- After the ASC induction, but prior to assigned reporting period
- During the assigned reporting period
- ASC administrator
- ASC director
- Approval board or official
- Other ASC official

By whom?

Was conversion attempted?

**Section VI – NONINTERVIEW**
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

   SKIP to CHECK ITEM B on page 4.

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

   1. Yes 2. No

NOTES
Section I – TELEPHONE SCREENER – Continued

CHECK ITEM B

1. ASC meets eligibility requirements (Item 8 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-1

ASC refused

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

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

Eligible ASC?

1. Yes – expected visits
2. No

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)’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.

CLOSING STATEMENT B2

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.

NOTES
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.

(2) NHAMCS is endorsed by:
   - 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

(3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

(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.

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:
   - 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

(3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

(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.

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:
   - 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

(3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

(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.

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:
   - 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

(3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

(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.

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:
   - 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

(3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

(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.

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:
   - 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

(3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

(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.

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:
   - 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

(3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

(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.

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:
   - 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

(3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

(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.

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:
   - 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

(3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.

(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.
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, 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, lump and bump procedure rooms, birth center, and family planning.

(14) For the first time, we are including freestanding ambulatory surgery centers in the survey

(15) Only a 4-week data collection period

(16) On average, sample of approximately 100 ASC visits per hospital and 100 freestanding ASC visits.

SHOW PATIENT RECORD FORM

(17) Form takes only 6 minutes to complete

(18) Forms are to be completed by ASC staff at their convenience

(19) Portion containing patient’s name or other identifying information is removed before collecting

Section IV – AMBULATORY UNIT RECORD – Continued

Section H – FINAL DISPOSITION

1. FINAL DISPOSITION

<table>
<thead>
<tr>
<th>Ambulatory unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participated</td>
</tr>
<tr>
<td>Refused</td>
</tr>
<tr>
<td>Closed</td>
</tr>
<tr>
<td>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>

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 |

NOTES
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.

### 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, ( )

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

#### 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?

1. Yes – Specify the necessary steps below

### 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, to ?

   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?

1. Yes – SKIP to section G
   - No

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

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

---

Record on Control Card

Record on Control Card
### 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?  
Record the name and telephone number of the IT contact from which the ambulatory surgery location name listed above.

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. 

<table>
<thead>
<tr>
<th>In-scope locations:</th>
<th>Out-of-scope locations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>General or main operating room</td>
<td>Laser procedures</td>
</tr>
<tr>
<td>Dedicated ambulatory surgery room</td>
<td>Dentistry</td>
</tr>
<tr>
<td>Satellite operating room</td>
<td>Podiatry</td>
</tr>
<tr>
<td>Cystoscopy room</td>
<td>Family planning</td>
</tr>
<tr>
<td>Endoscopy room</td>
<td>Abortion</td>
</tr>
<tr>
<td>Cardiac catheterization lab</td>
<td>Pain block room</td>
</tr>
<tr>
<td>Procedure rooms</td>
<td>Breast center</td>
</tr>
</tbody>
</table>

**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.

### Section IV – AMBULATORY UNIT RECORD

#### Section A – AMBULATORY UNIT INFORMATION

1a. 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: /

<table>
<thead>
<tr>
<th>Item No.</th>
<th>SU number</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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.)

10. How many patient record forms were filled out for this AU?  

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Was this Ambulatory Unit Record completed for multiple ambulatory surgery locations that were combined in a single list?  
☐ Yes  ☑ No, this Ambulatory Unit Record is for a single ambulatory surgery location

### Section C – ASC INFORMATION AND LOGS

#### Section C – ASC INFORMATION AND LOGS

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

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Time</th>
<th>Mark (X) ONLY one</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a)</td>
<td>(b)</td>
</tr>
<tr>
<td>Monday</td>
<td>FROM</td>
<td>a.m. 1 TO p.m. 1</td>
</tr>
<tr>
<td>Tuesday</td>
<td>FROM</td>
<td>a.m. 1 TO p.m. 1</td>
</tr>
<tr>
<td>Wednesday</td>
<td>FROM</td>
<td>a.m. 1 TO p.m. 1</td>
</tr>
<tr>
<td>Thursday</td>
<td>FROM</td>
<td>a.m. 1 TO p.m. 1</td>
</tr>
<tr>
<td>Friday</td>
<td>FROM</td>
<td>a.m. 1 TO p.m. 1</td>
</tr>
<tr>
<td>Saturday</td>
<td>FROM</td>
<td>a.m. 1 TO p.m. 1</td>
</tr>
<tr>
<td>Sunday</td>
<td>FROM</td>
<td>a.m. 1 TO p.m. 1</td>
</tr>
</tbody>
</table>

#### Section C – ASC INFORMATION AND LOGS

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

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 15c. Make sure that item 11 is marked on the Ambulatory Unit Record, Section B.
- No – SKIP to Item 15e.

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

- Yes – Make sure that item 11 is marked on the Ambulatory Unit Record, Section B.
- No – Continue with item 15e.

RECORD ON CONTROL CARD
### Section III – AMBULATORY SURGERY CENTER DESCRIPTION – Continued

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

- [ ] Yes, all electronic
- [ ] Yes, part paper and part electronic
- [ ] No
- [ ] Unknown

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

- [ ] Yes, all electronic
- [ ] Yes, part paper and part electronic
- [ ] No
- [ ] Unknown

**Go to item 15f1**

#### (1) Which year did your ASC install your EMR/EHR system?

<table>
<thead>
<tr>
<th>Yes, all electronic</th>
<th>Yes, part paper and part electronic</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skip to 15h1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### (2) What is the name of your current EMR/EHR system?

- [ ] Allscripts
- [ ] Cerner
- [ ] eClinicalWorks
- [ ] Epic
- [ ] eMDs
- [ ] GE Centricity
- [ ] Greenway Medical
- [ ] Medical HealthPort
- [ ] McKesson
- [ ] McKesson NextGen
- [ ] McKesson PracticeOne
- [ ] Sage Intergy
- [ ] Other
- [ ] Unknown

#### g. Does your ASC have plans for installing a new EMR/EHR system within the next 18 months?

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

**Skip to 15h1**

#### h. Indicate whether your ASC has each of the following computerized capabilities. Does the reporting location have a computerized system for:

**Mark (X) only one box.**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes, but turned off or not used</td>
<td>[ ] Yes, all electronic</td>
<td>[ ] Skip to 15h2</td>
<td>[ ] Yes, all electronic</td>
<td>[ ] Skip to 15h3</td>
<td>[ ] Skip to 15h4</td>
</tr>
<tr>
<td>[ ] Yes, all electronic</td>
<td>[ ] Yes, part paper and part electronic</td>
<td>[ ] Skip to 15h2</td>
<td>[ ] No</td>
<td>[ ] Skip to 15h3</td>
<td>[ ] Skip to 15h4</td>
</tr>
<tr>
<td>[ ] No</td>
<td>[ ] Unknown</td>
<td>[ ] Skip to 15h2</td>
<td></td>
<td>[ ] Skip to 15h3</td>
<td>[ ] Skip to 15h4</td>
</tr>
</tbody>
</table>

### Section IV – AMBULATORY UNIT RECORD – Continued

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

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

### 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

#### 2. Final Disposition

- [ ] Participated
- [ ] 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

### NOTES

- [ ] Participated
- [ ] 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

<table>
<thead>
<tr>
<th>Participated</th>
<th>No patients seen</th>
<th>Refused</th>
<th>Closed</th>
<th>Temporary</th>
<th>Permanent</th>
<th>Ineligible</th>
<th>AU not under auspices of ASC</th>
<th>Only ancillary services provided</th>
<th>AU classified as out-of-scope</th>
<th>Other – Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
Section III – AMBULATORY SURGERY CENTER DESCRIPTION – Continued

15h. Continued

<table>
<thead>
<tr>
<th>(7) Reminders for guideline-based interventions or screening tests?</th>
<th>Yes</th>
<th>Yes, but turned off or not used</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8) Electronic reporting to immunization registries?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

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

- [ ] Prescribing practitioner
- [ ] Other clinician (including RN)
- [ ] Lab technician
- [ ] Administrative personnel
- [ ] Other

- [ ] Prescriptions and lab test orders not submitted electronically
- [ ] Unknown

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

- [ ] Yes, we intend to apply
- [ ] Uncertain whether we will apply
- [ ] No, we will not apply

Section IV – AMBULATORY UNIT RECORD – Continued

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

- [ ] Open 24 hours
- [ ] Not open
- [ ] Hours vary

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

- [ ] Medicare
- [ ] Medicaid
- [ ] Unknown

Section C – ASC INFORMATION AND LOGS

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

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Tuesday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Wednesday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Thursday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Friday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Saturday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Sunday</td>
<td>From a.m. TO p.m.</td>
</tr>
</tbody>
</table>

Section IV – AMBULATORY UNIT RECORD

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

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Tuesday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Wednesday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Thursday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Friday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Saturday</td>
<td>From a.m. TO p.m.</td>
</tr>
<tr>
<td>Sunday</td>
<td>From a.m. TO p.m.</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 G
- [ ] No

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

Determines 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.

3b. 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

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).

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

Section G – PATIENT RECORD FORM INFORMATION

1. Enter the range of Patient Record Forms that were ACTUALLY used by the unit.
Section IV – AMBULATORY UNIT RECORD – Continued

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.</td>
<td>TO T O</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Tuesday</td>
<td>FROM a.m.</td>
<td>TO T O</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Wednesday</td>
<td>FROM a.m.</td>
<td>TO T O</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Thursday</td>
<td>FROM a.m.</td>
<td>TO T O</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Friday</td>
<td>FROM a.m.</td>
<td>TO T O</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Saturday</td>
<td>FROM a.m.</td>
<td>TO T O</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sunday</td>
<td>FROM a.m.</td>
<td>TO T O</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

2. About how many visits do you expect during the reporting period, \( \text{to} \) \( \text{from} \)?

Revised estimate

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

1. Yes – SKIP to section G
2. No

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?

1. Yes – SKIP to section G
2. No

2. About how many visits do you expect during the reporting period, \( \text{to} \) \( \text{from} \)?

Revised estimate

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

\[ \text{Revised estimate} = \frac{\text{Original estimate}}{\text{Result}} \]

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

1. Yes – SKIP to section G
2. No

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

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).

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

Section G – PATIENT RECORD FORM INFORMATION

1. Enter the range of Patient Record Forms that were ACTUALLY used by the unit.
### Section IV – AMBULATORY UNIT RECORD – Continued

#### 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

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

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

**NOTES**

<table>
<thead>
<tr>
<th>Record</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section III – AMBULATORY SURGERY CENTER DESCRIPTION – Continued

#### 15e. Does your ASC submit CLAIMS electronically (electronic billing)?
- [ ] Yes, all electronic
- [ ] Yes, part paper and part electronic
- [ ] No
- [ ] Unknown

#### f. Does your ASC use an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system. Do not include billing record systems.
- [ ] Yes, all electronic
- [ ] Yes, part paper and part electronic
- [ ] No
- [ ] Unknown

(1) Which year did your ASC install your EMR/EHR system?
- [ ] Allscripts
- [ ] Cerner
- [ ] eClinicalWorks
- [ ] Epic
- [ ] eMDs
- [ ] Other

(2) What is the name of your current EMR/EHR system?
- [ ] Allscripts
- [ ] Cerner
- [ ] eClinicalWorks
- [ ] Epic
- [ ] eMDs
- [ ] Other

(3) Does your ASC have plans for installing a new EMR/EHR system within the next 18 months?
- [ ] Yes
- [ ] No
- [ ] Maybe
- [ ] Unknown

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

<table>
<thead>
<tr>
<th>Capabilities</th>
<th>Yes</th>
<th>Yes, but turned off or not used</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Patient history and demographic information?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, ask – [a] Does this include a patient problem list?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Clinical notes?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, ask – [a] Do they include a list of medications that the patient is taking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Do they include a comprehensive list of the patient's allergies (including allergies to medication)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Orders for prescriptions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, ask – [a] Are warnings of drug interactions or contraindications provided?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Are prescriptions sent electronically to the pharmacy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Orders for lab tests?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, ask – [a] Are orders sent electronically to the lab?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Viewing lab results?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, ask – [a] Are results incorporated in EMR/EHR?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Are out of range levels highlighted?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) Viewing imaging results?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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? Name [ ] Address [ ] Telephone number

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.

<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</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>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

CHECK ITEM F
- [ ] Facility has only 1 ambulatory surgery location – SKIP to item 15e.
- [ ] Facility has more than 1 ambulatory surgery location – Continue with item 15c. Make sure that item 11 is marked on the Ambulatory Unit Record, Section B.

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

Would you or your IT staff be able to generate a single list of outpatient surgery cases for the following locations? [ ] Yes – Continue with item 15c. [ ] No – SKIP to item 15e.

If multiple logs can be combined into one list, assign the same AU number to each location whose log is included in the list.

Section IV – AMBULATORY UNIT RECORD

COMPLETE FOR EACH AMBULATORY UNIT SELECTED

A. AMBULATORY UNIT INFORMATION

1. Name of ambulatory surgery location
2. Specialty group
3. AU number
4. Expected No. of ambulatory (outpatient) surgery cases

B. SAMPLE INFORMATION

1. Take every number
2. Random start number
3. Estimated number of visits in this unit during reporting period
4. Total estimated number of visits during reporting period for ALL operating rooms within the ASC

C. ASC INFORMATION AND LOGS

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

   1. Yes – SKIP to section G
   2. No

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

   1. Yes – SKIP to section G
   2. No

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

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

   ___ / ___  

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.

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?

   1. Respondent
   2. 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 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, 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, lump and bump procedure rooms, birth center, and family planning.
14. For the first time, we are including freestanding ambulatory surgery centers in the survey.
15. Only a 4-week data collection period.
16. On average, sample of approximately 100 ASC visits per hospital and 100 freestanding ASC visits.

SHOW PATIENT RECORD FORM

17. Form takes only 6 minutes to complete.
18. Forms are to be completed by ASC staff at their convenience.
19. Portion containing patient’s name or other identifying information is removed before collecting.
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
4. Total estimated number of visits during reporting period for ALL operating rooms within the ASCs
5. Reporting PERIOD (Month/Day/Year)
6. SU number
7. Numerator
8. Denominator
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.)
10. How many patient record forms were filled out for this AU?
11. Was this Ambulatory Unit Record completed for multiple ambulatory surgery locations that were combined in a single list?

Section C – ASC INFORMATION AND LOGS

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

<table>
<thead>
<tr>
<th>Day(s)</th>
<th>Time</th>
<th>Mark (X) ONLY one</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM</td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>a.m.1 TO a.m.1</td>
<td>1</td>
</tr>
<tr>
<td>Tuesday</td>
<td>a.m.1 TO a.m.1</td>
<td>1</td>
</tr>
<tr>
<td>Wednesday</td>
<td>a.m.1 TO a.m.1</td>
<td>1</td>
</tr>
<tr>
<td>Thursday</td>
<td>a.m.1 TO a.m.1</td>
<td>1</td>
</tr>
<tr>
<td>Friday</td>
<td>a.m.1 TO a.m.1</td>
<td>1</td>
</tr>
<tr>
<td>Saturday</td>
<td>a.m.1 TO a.m.1</td>
<td>1</td>
</tr>
<tr>
<td>Sunday</td>
<td>a.m.1 TO a.m.1</td>
<td>1</td>
</tr>
</tbody>
</table>
Section I – TELEPHONE SCREENER – Continued

CHECK ITEM B

1. ASC meets eligibility requirements (Item 8 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-1

ASC refused?

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

a. Determine whether facility has an eligible ASC and if so, Eligible ASC?

1. Yes – expected visits
2. No

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)’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.

CLOSING STATEMENT B2

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.

NOTES

Section IV – AMBULATORY UNIT RECORD – Continued

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?

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.

Original estimate

Revised estimate

(Result)

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

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

NOTES

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
### Part B. VERIFICATION OF ELIGIBILITY

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does your ASC operate under the license of a parent facility?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>b. Does your ASC operate under the Provider of Services (POS) number of a parent facility?</td>
<td>Yes, No</td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Is this facility owned, operated, or managed by –</td>
<td></td>
</tr>
<tr>
<td>1. A hospital</td>
<td></td>
</tr>
<tr>
<td>2. One or more physicians</td>
<td></td>
</tr>
<tr>
<td>3. Health maintenance organization</td>
<td></td>
</tr>
<tr>
<td>4. Another health care provider</td>
<td></td>
</tr>
<tr>
<td>5. A health care corporation that owns multiple health care facilities (e.g., HCA or Health South)</td>
<td></td>
</tr>
<tr>
<td>6. Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Is the ambulatory (outpatient) surgery performed here primarily one specialty?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>1. Yes – What is the specialty?</td>
<td></td>
</tr>
<tr>
<td>2. No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Is the ambulatory (outpatient) surgery performed here multi-specialty?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td>2. No</td>
<td></td>
</tr>
</tbody>
</table>

### NOTES

- ASC staff
- FR – abstraction DURING reporting period
- FR – abstraction AFTER reporting period
- Other – Specify

---

#### Section H – FINAL DISPOSITION

1. **FINAL DISPOSITION**
   - Ambulatory unit
     - Participated
     - Refused
     - Closed
     - Temporary
     - Permanent
     - Ineligible
   - AU not under auspices of ASC
   - Only ancillary services provided
   - AU classified as out-of-scope
   - Other – Specify

2. **Who completed the patient record forms?**
   - ASC staff
   - FR – abstraction DURING reporting period
   - FR – abstraction AFTER reporting period
   - Other – Specify

---

#### Section IV – AMBULATORY UNIT RECORD – Continued

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Is this facility owned, operated, or managed by –</td>
<td></td>
</tr>
<tr>
<td>1. A hospital</td>
<td></td>
</tr>
<tr>
<td>2. One or more physicians</td>
<td></td>
</tr>
<tr>
<td>3. Health maintenance organization</td>
<td></td>
</tr>
<tr>
<td>4. Another health care provider</td>
<td></td>
</tr>
<tr>
<td>5. A health care corporation that owns multiple health care facilities (e.g., HCA or Health South)</td>
<td></td>
</tr>
<tr>
<td>6. Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Is the ambulatory (outpatient) surgery performed here primarily one specialty?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>1. Yes – What is the specialty?</td>
<td></td>
</tr>
<tr>
<td>2. No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Is the ambulatory (outpatient) surgery performed here multi-specialty?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>1. Yes</td>
<td></td>
</tr>
<tr>
<td>2. No</td>
<td></td>
</tr>
</tbody>
</table>

### NOTES

- 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

---
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)?
   - Yes – SKIP to STATEMENT A
   - No
   - 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)?
   - Yes
   - No – Enter correct name

   RECORD ON CONTROL CARD

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

      RECORD ON CONTROL CARD

   c. Is this also the mailing address?
      - Yes
      - No – Enter correct mailing address

      RECORD ON CONTROL CARD

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.

Part B. VERIFICATION OF ELIGIBILITY

INTRODUCTION

STATEMENT B1

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. Beginning in 2010, freestanding ASCs are being included in the study. 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 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 ambulatory diagnostic or therapeutic procedures currently performed in this facility?
   - Yes
   - 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.
   - Yes – SKIP to CHECK ITEM B on page 4.
   - No

Is (Name of facility) exclusively one of these?

9. Is this facility currently licensed by the state?
   - Yes
   - 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.

Did you complete an Ambulatory Unit Record for each log/list?

b. Number of ASC Patient Record Forms completed

During the telephone screening
   - All eligible units completed Patient Record Forms
   - Some eligible units completed Patient Record Forms
   - ASC refused
   - ASC closed
   - ASC ineligible

GO to item 18

END interview

17. FINAL DISPOSITION

By whom?
   - ASC administrator
   - ASC director
   - Approval board or official
   - Other ASC official

Was the refusal by telephone or in person?
   - Telephone
   - In person

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

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

   During the assigned reporting period

   Number and street
   City State ZIP Code

END interview
### NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY
### FREESTANDING AMBULATORY SURGERY CENTERS
### 2010 PANEL

#### 1. Label

**ASC** administrator contact information

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

**ASC** contact information

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

#### 2a. Telephone Screener

**RECORD ON CONTROL CARD**

<table>
<thead>
<tr>
<th>Call Date</th>
<th>Time</th>
<th>Results</th>
</tr>
</thead>
</table>

**Telephone Screener**

<table>
<thead>
<tr>
<th>FR Code</th>
<th>1</th>
</tr>
</thead>
</table>

**ASC Induction**

<table>
<thead>
<tr>
<th>FR Code</th>
<th>2</th>
</tr>
</thead>
</table>

#### 3. Field Representative Information

**RECORD ON CONTROL CARD**

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

#### 4. Record of Telephone Calls

**Telephone Screener**

<table>
<thead>
<tr>
<th>Call Date</th>
<th>Time</th>
<th>Results</th>
</tr>
</thead>
</table>

**ASC Induction**

<table>
<thead>
<tr>
<th>Call Date</th>
<th>Time</th>
<th>Results</th>
</tr>
</thead>
</table>

#### 5. Final Outcome of ASC Screening

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

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

**NOTES**