

Section C – EMERGENCY SERVICES/OUTPATIENT CLINIC INFORMATION AND LOGS

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

Day(s) (a)	Time (b)		Mark (X) ONLY one			
			Open 24 hours (c)	Not open (d)	Hours vary (e)	
Monday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Tuesday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Wednesday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Thursday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Friday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Saturday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Sunday	FROM	a.m. TO p.m.	a.m. p.m.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

2. How many separate shifts are there in this unit?

Number of separate shifts

3. How many separate patient registration logs are maintained in this unit?

Number of logs

Section D – VERIFICATION OF ESTIMATED VISITS

Verify with ED/Clinic 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 F, page 3
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 clinic.

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

Revised estimate = = (Result)
Original estimate

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

1 Yes – SKIP to section F, page 3
2 No

Section E – CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS ESA/CLINIC

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

New Take Every

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

New Random Start

Section F – DATA COORDINATOR AND HOSPITAL STAFF

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

Line No. (a)	Name (b)	Title (c)	Shift (d)	Telephone number (e)		
				Area code	Number	Ext.
1						
2						
3						
4						
5						
6						
7						
8						

Section G – PATIENT RECORD FORM INFORMATION

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

FIRST FOLIO	FROM:	<input style="width: 100%; height: 20px;" type="text"/>	TO:	<input style="width: 100%; height: 20px;" type="text"/>
SECOND FOLIO	FROM:	<input style="width: 100%; height: 20px;" type="text"/>	TO:	<input style="width: 100%; height: 20px;" type="text"/>
THIRD FOLIO	FROM:	<input style="width: 100%; height: 20px;" type="text"/>	TO:	<input style="width: 100%; height: 20px;" type="text"/>

CHECK ITEM A

This NHAMCS-101(U) is being completed for:

- OPD – SKIP to Section H
- ED – Continue with item 2.

2. Of the completed PRF's in this ESA, how many had a visit disposition (item 11) of "Admit to hospital?"

Number of PRFs with visit disposition of "Admit to hospital"

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

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

NOTES

Section H - TRAINING

Enter dates and times of training sessions, the name of the instructor, and the names of the hospital staff members trained.

Line No. (a)	Date (b)	Time (c)	Instructor (d)	Trainee(s) (e)		
				1	2	3
1		a.m. p.m.		1	2	3
				4	5	6
2		a.m. p.m.		1	2	3
				4	5	6
3		a.m. p.m.		1	2	3
				4	5	6
4		a.m. p.m.		1	2	3
				4	5	6

Section I - QC VISITS

Record dates and times of QC visits and the names of contact(s) at the visit.

Line No. (a)	Date (b)	Time (c)	Contact(s) (d)	
			1	2
1		a.m. p.m.	1	2
			3	4
2		a.m. p.m.	1	2
			3	4
3		a.m. p.m.	1	2
			3	4
4		a.m. p.m.	1	2
			3	4
5		a.m. p.m.	1	2
			3	4
6		a.m. p.m.	1	2
			3	4

NOTES

Section J – UPDATED CONTACT OR APPROVAL INFORMATION

1	Contact name		Shift
	Title	Telephone	Area Code Number Extension
	Comments		
2	Contact name		Shift
	Title	Telephone	Area Code Number Extension
	Comments		

Section K – FINAL DISPOSITION

<p>1. FINAL DISPOSITION</p>	<p>Ambulatory unit</p> <p>1 <input type="checkbox"/> Participated a <input type="checkbox"/> Patients seen b <input type="checkbox"/> No patients seen</p> <p>2 <input type="checkbox"/> Refused</p> <p>3 <input type="checkbox"/> Closed a <input type="checkbox"/> Temporary b <input type="checkbox"/> Permanent</p> <p>4 <input type="checkbox"/> Ineligible <input checked="" type="checkbox"/> <i>z</i> a <input type="checkbox"/> AU not under auspices of hospital b <input type="checkbox"/> Only ancillary services provided c <input type="checkbox"/> Care not provided by or under the direct supervision of a physician d <input type="checkbox"/> Clinic classified as out-of-scope e <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> <i>z</i></p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>
<p>2. Who completed the patient record forms? <i>Mark (X) all that apply</i></p>	<p>1 <input type="checkbox"/> Hospital staff 2 <input type="checkbox"/> FR – abstraction DURING reporting period 3 <input type="checkbox"/> FR – abstraction AFTER reporting period 4 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> <i>z</i></p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>

