**AMBULATORY UNIT RECORD**

National Hospital Ambulatory Medical Care Survey  
2009 Panel

**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 others without the consent of the individual or establishment in accordance with section 306(g) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

### Section A - AMBULATORY UNIT INFORMATION

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

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

- [ ] OPD – Mark (X) specialty:  
  - [ ] GM  
  - [ ] SURG  
  - [ ] PED  
  - [ ] OB/GYN  
  - [ ] Substance Abuse  
  - [ ] Other

- [ ] ASC – Mark (X) log/list:
  - [ ] Single log/list
  - [ ] Multiple log/list

**b.** AU No. of Total AU's sampled within the ED or OPD or ASC

- [ ] Hospital number
- [ ] Hospital name

**c.** Address (Number and street)

- [ ] City/State ZIP Code

**d.** Name

- [ ] Telephone (Area code and number)

### CHECK ITEM A-1

- [ ] Is this an OPD Clinic whose specialty is GM or OB/GYN or PED?
  - [ ] Yes, Continue with Item 4
  - [ ] No, Skip to Section B

### CHECK ITEM A-2

- [ ] Is this an OPD Clinic whose specialty is GM or OB/GYN?
  - [ ] Yes, Continue with Item 5
  - [ ] No, Skip to Section B

### Section B - SAMPLE INFORMATION

**1.** Take every number

**2.** Random start number

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

**4.** Total estimated number of visits during reporting period for ENTIRE department/ALL ASCs

**5.** REPORTING PERIOD (Month/Day/Year)

**6.** SU number

**7.** Numerator

**8.** Denominator

From the Sampling Plan:

- [ ] If a sampling plan is not required, item 6 is the AU No. from Section A, Item b. Items 7 and 8 are each 1.

**9.** What was the total number of patient visits to this AU from dates specified in B57? (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 (emergency service area/clinic/ASC)?
Section C – EMERGENCY SERVICES/OUTPATIENT CLINIC/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>Monday</td>
<td>FROM a.m. TO a.m.</td>
<td>Open 24 hours (c) Not open (d) Hours vary (e)</td>
</tr>
<tr>
<td>Tuesday</td>
<td>FROM a.m. TO a.m.</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>FROM a.m. TO a.m.</td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>FROM a.m. TO a.m.</td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>FROM a.m. TO a.m.</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td>FROM a.m. TO a.m.</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>FROM a.m. TO a.m.</td>
<td></td>
</tr>
</tbody>
</table>

Section D – VERIFICATION OF ESTIMATED VISITS

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

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

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

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

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

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

1. Calculate new 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).

2. Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101.
**Section F – DATA COORDINATOR AND HOSPITAL STAFF**

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

<table>
<thead>
<tr>
<th>Line No.</th>
<th>Name</th>
<th>Title</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:  

2. How many levels are in this ESA's triage system?

   1. Three
   2. Four
   3. Five
   4. Other – Specify __________
   5. Do not conduct nursing triage

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

   Number of PRF's with visit disposition of "Admit to hospital" __________

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

4. Did you complete a NHAMCS-105, Hospital Admission Log for any PRFs where the patient was admitted to the hospital?

   1. Yes
   2. No

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

1. **FINAL DISPOSITION**

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

   - **SKIP** to Item 3

2. **Who completed the patient record forms?**
   - Mark (X) all that apply
   - ☐ Hospital staff
   - ☐ FR – abstraction DURING reporting period
   - ☐ FR – abstraction AFTER reporting period
   - ☐ Other – Specify

3. **DISPOSITION OF NHAMCS-906**
   - Cervical Cancer Screening Supplement
   - ☐ Completed
   - ☐ Refused
   - ☐ Not applicable – Ambulatory unit not eligible for CCSS

### NOTES