

2022 National Hospital Ambulatory Medical Care Survey (NHAMCS)

Hospital and Ambulatory Induction Questionnaire

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HOSPITAL SCREENER

INTRO_SCR This is (Name of field representative) from the U.S. Census Bureau. I'm calling for the Centers for Disease Control and Prevention concerning their study of hospital emergency departments.

You should have received a letter from Brian C. Moyer, the Director of the National Center for Health Statistics, describing the study. You've probably also received a letter from the U.S. Census Bureau, which is collecting the data for this study.

Did you receive the letter(s)?

1='Yes'

2='No'

3='Don't Know'

LETTER If the respondent does not recall receiving the letter, offer to read or mail another copy

NAMECHEK Let me verify that I have the correct name and address for your hospital. Is the correct name [Facility Name]?

1='Yes' (Skip to ADDCHEK)

2='No'

HSP_NAME What is the name of your hospital?

- ADDCHEK** Is your hospital located at (Facility Address)?
1='Yes' (Skip to MAILADD)
2='No'
- HSP_ADDRESS** What is the correct address?
- MAILADD** Is this also the mailing address?
1='Yes' (Skip to INTRO_AB)
2='No'
- MHSP_STRET** What is the correct mailing address? Enter the number and street or press enter if same
- INTRO_AB** (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. The National Center for Health Statistics of the Centers for Disease Control and Prevention is conducting its annual study of hospital-based ambulatory care. (Intro for the survey) Before discussing the details, I would like to verify our basic information about (facility name) to be sure we have correctly included this hospital in the study. First, concerning licensing:
- LICHOSP** Is facility a licensed hospital?
1='Yes' (Skip to OWN101)
2='No'
- THANK_B1** Thank you, but it seems that our information is incorrect. Since (facility name) is not a licensed hospital, it should not have been chosen for our study. Thank you very much for your cooperation.
(Hospital is out of scope. Exit instrument)
- OWN101** Is hospital non-profit, government or proprietary? Read answer categories out loud
1=Nonprofit (includes church-related, nonprofit corporation, other nonprofit ownership)
2=State or local government (includes state, county, city, city-county, hospital district or authority)
3=Proprietary (includes individually or privately owned, partnership or corporation)
- OWNHCC** Is hospital owned, operated, or managed by a health care corporation that owns multiple health care facilities?
1='Yes'
2='No'
3='Unknown'
- TEACHOSP** Is this a teaching hospital?
1='Yes'
2='No'
- MERGER** Did this hospital either merge or separate from any OTHER hospital in the past 2 years?
1='Merged or separated'
2='No' (Skip to conglomerate questions)
3='Unknown' (Skip to conglomerate questions)

MERSEP Was this a merger or a separation?

1='Merger'
2='Separation'

MERGMEDR Does your hospital share its electronic health records system with any other hospital?

1='Yes' (Skip to MEDRSEPT)
2='No' (Skip to MERGER)
3='Unknown' (Skip to MEDRSEPT)

MEDRSEPT Can the medical records from the sample hospital be separated from all OTHER hospitals within the group or conglomerate?

1='Yes' (Skip to MERGNUM)
2='No'
3='Unknown'

MERGNUM If yes, how many other hospitals? (*Specify number*)

OTHNAME What is the name and address of this OTHER hospital?

Enter name of hospital

OTHSTRET What is the name and address of this OTHER hospital?

Enter number and street

OTHSTRET2 What is the name and address of this OTHER hospital?

Enter the second line of address or press enter if same/none

OTHCITY What is the name and address of the OTHER hospital?

Enter city

OTHSTATE What is the name and address of this OTHER hospital?

Enter state

OTHZIP What is the name and address of this OTHER hospital?

Enter zip code

THANK_MERGSEP Since your hospital has merged or separated within the last 2 years, I need to get further instructions from the Centers for Disease Control and Prevention (CDC) on how to proceed. I will call you back within a week and let you know which parts of your hospital will be in the survey. Thank you for your cooperation.

CALLRO_MERGSE Call your RO and inform them of the situation. Await resolution from the RO before continuing with this case.

(Exit instrument and contact RO for further instructions)

If the sampled hospital does not have a conglomerate on the sample file:

CONG Is this facility part of a conglomerate or group?

1='Yes' (Skip to CONGNM)
2='No' (Go to ESA24)

CONGNM Enter conglomerate or group name

If the sampled hospital has a conglomerate on the sample file:

CONGID We have identified you as part of the [FILL GROUPNAME] conglomerate or group. Is that true?
1='Yes' (Go to ESA24)
2='No' (Skip to CONGNM)

CONGNM Enter conglomerate or group name

ESA24 Does this hospital provide emergency services that are staffed 24 HOURS each day either here at this hospital or elsewhere?
1='Yes' (Skip to TRAUMA)
2='No'

ESANOT24 Does this hospital operate any emergency service areas that are not staffed 24 HOURS each day?
1='Yes'
2='No'

THANK_B2 Thank you, but it seems that our information is incorrect. Since (facility name) does not have 24-hour emergency services, it should not have been chosen for our study. Thank you very much for your cooperation. (ED is out of scope. Exit instrument)

TRAUMA What is the trauma level rating of this hospital?
1='Level I'
2='Level II'
3='Level III'
4='Level IV'
5='Level V'
6='Other/unknown'
7='None'

ELIGREQ Eligibility Requirements
1='ED meets requirements'
2='Hospital not licensed'
3='Hospital does not have an ED'

STUDY_DESC Thank you. Explain the following ONLY if this is a new hospital. Provide the administrator or other hospital representative with a brief description of the study. Cover the following points - Now I would like to provide you with further information on the study.

(1) NHAMCS is the only source of national data on health care provided in hospital emergency departments.

(2) NHAMCS is endorsed by the: American College of Emergency Physicians, Emergency Nurses Association, American Health Information Management Association.

(3) Nationwide sample of about 600 hospitals.

(4) Four-week data collection period

(5) Brief form completed for a sample of patient visits. As one of the hospitals that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory care.

SCREENER_THK Thank you for your cooperation. I am looking forward to our meeting.

HOSPITAL INDUCTION

(The following questions pertain to entire ED)

- INDUCTION_APPT** I would like to arrange a meeting 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 contact you or your representative? Record day, date and time of appointment.
(Enter 999 if the respondent wants to continue with the induction now)
- REVIEW** I would like to begin with a brief review of the background for this study. Provide the administrator or other hospital representative with a brief introduction to the study and a general overview of procedures.
(Press F1 for points to be covered)
- SURGDAY** How many days in a week are inpatient elective surgeries scheduled?
(data range: 0-7)
- BEDCZAR** Does your hospital have a bed coordinator, sometimes known as a bed czar?
1='Yes'
2='No'
3='Unknown'
- BEDDATA** How often are hospital bed census data available?
1='Instantaneously'
2='Every 4 hours'
3='Every 8 hours'
4='Every 12 hours'
5='Every 24 hours'
6='Other'
7='Unknown'
- HLIST** Does your hospital have hospitalists on staff?
A hospitalist is a provider whose primary professional focus is the general care of hospitalized patients. He/she may oversee ED patients being admitted to the hospital.
1='Yes'
2='No' (Skip to EMEDRES)
3='Unknown' (Skip to EMEDRES)
- HLISTED** Do the hospitalists on staff at your hospital admit patients from your ED?
1='Yes'
2='No'
3='Unknown'

EMEDRES Does hospital have Emergency Medicine residency program?

1='Yes'

2='No'

3='Unknown'

COVID_INTRO Now I would like to ask you a few questions about characteristics of your emergency department, including the utilization of telemedicine. After these questions, I will then ask a few questions about the coronavirus disease (COVID-19) and the impact it had on operations in your emergency department and on your staff.

TELEMED_USE During the past four weeks, did your emergency department use telemedicine technology (e.g., audio, audio with video, web videoconference) for patient visits?

1= 'Yes'

2= 'No (Skip to COVID_TURNAWAY)'

3= 'Don't know' (Skip to COVID_TURNAWAY)'

TELEMED_TYPE During the past four weeks, what type(s) of telemedicine tool(s) did you use for patient visits? (Select all that apply)

1 = 'Telephone audio'

2 = 'Videoconference software with audio (e.g., Zoom, Webex, Facetime)'

3 = 'Telemedicine platform NOT integrated with Electronic Health Record (EHR) (e.g., Doxy.me)'

4 = 'Telemedicine platform integrated with EHR (e.g., update clinical documentation during telemedicine visit)'

5 = 'Other tool(s):' _____

6 = 'Don't know'

TELEMED_PERCENT During the past four weeks, what percentage of this hospital's emergency department patient visits were through telemedicine technology?

1= 'Less than 25%'

2= '25% to 49%'

3= '50%to 74%'

4= '75% or more'

5= 'Don't know'

TELEMED_STOP Does your emergency department plan to discontinue using telemedicine visits in the next year?

1= 'Yes'

2= 'No'

3= 'Don't know'

COVID_TURNAWAY During the past four weeks, did your emergency department need to turn away or refer elsewhere any patients with confirmed or suspected COVID-19 infection?

1 = 'No COVID-19 patients were turned away or referred elsewhere'

- 2 = 'Some COVID-19 patients were turned away or referred elsewhere'
- 3 = 'Most COVID-19 patients were turned away or referred elsewhere'
- 4 = 'All COVID-19 patients were turned away or referred elsewhere'
- 5 = 'Not applicable – the emergency department did not have any COVID-19 patients.'
- 6 = 'Don't know'

COVID_REQUIRED Has your hospital ever required or mandated COVID-19 vaccination for healthcare personnel/staff?

- 1 = 'Yes'
- 2 = 'No'
- 3 = 'Don't know'

COVID_OFFER Did your hospital ever offer COVID-19 vaccinations to healthcare personnel/staff?

- 1 = 'Yes'
- 2 = 'No' (Skip to PERMPART)
- 3 = 'Don't know'

COVID_VACCINE Which COVID-19 vaccine were ever offered to healthcare personnel/staff at your hospital? (Select all that apply)

- 1 = 'Moderna'
- 2 = 'Johnson & Johnson/Janssen'
- 3 = 'Pfizer'
- 4 = 'AstraZeneca'
- 5 = 'Other (Specify):'
- 6 = 'Don't know'

PERMPART As I mentioned earlier, I would like to discuss the plan for conducting the study. This hospital has been assigned to a 4- week data collection period beginning on Monday, (Reporting period begin date). First, I would like to discuss the steps needed to obtain approval for the study. Are there any additional steps needed to obtain permission for the hospital to participate in the study?

- 1='Yes'
- 2='No' (Skip to VSREPPER)

PERMPARTSPEC Specify the necessary steps needed to obtain permission for the hospital to participate in the study. Include the name, address, phone and title of the person(s) who can grant approval

PERM_THANK Thank you for your help.

RO_PERMISSION Call the Regional Office to inform them of the additional steps needed to obtain permission

VSREPPER Now I would like to make arrangements to obtain the information needed for sampling. I will need to (know/verify) how your (emergency department) (is/are) 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' (Skip to TWICELY)
2='Someone else'

CINFO What is the name of the person with whom I should speak? Enter 1 to enter/update hospital contact information Enter 2 to enter/update department contact information
1='Hospital level contact'
2='Department contact'
3='Continue interview'

THANK_RESP Thank current respondent for his/her time and cooperation

INTRO_ED (At this stage in the induction interview, the field representative collects the name, type (Adult, Pediatric etc.), and visit characteristics of each of the 24-hour Emergency Service Areas in the ED.)
If necessary, introduce yourself and explain the survey. Provide the administrator with the introductory letter and ensure you obtained verbal consent before proceeding with the interview.

Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's emergency department.

ESA_MANY How many emergency service areas at this hospital are open 24 hours a day? Remind the respondent to include satellite (off-site) locations that are also open 24 hours a day. Ensure those locations meet the ROOFS criteria.

(enter number)

TWICELY (only asked if the instrument detects a significant difference between the current and previous visit volumes)
Is the number of visits to any of the ESAs more than twice the number shown on the previous sampling plan?
1='Yes'
2='No'

TWICELY_SPEC (only asked if the instrument detects a significant difference between the current and previous visit volumes)
Specify why visits have increased this year or were too low the last time the ED participated

HALFLY (only asked if the instrument detects a significant difference between the current and previous visit volumes)
Is the number of expected visits to any of the ESAs less than half the number shown on the previous sampling plan?
1='Yes'
2='No'

HALFLYSPEC (only asked if the instrument detects a significant difference between the current and previous visit volumes)

Specify why visits have decreased this year or were too high the last time the ED participated

- EDPRIM** When patients with identified primary care providers arrive at the Emergency Department, how often do you electronically send notifications to the patients' primary care providers?
(after EHRINSE)
1='Always'
2='Sometimes'
3='Rarely'
4='Never'
5='Unknown'
- EDINFO** When patients arrive at the Emergency Department, are you able to query for patients' healthcare information electronically (e.g., medications, allergies) from outside sources?
1='Yes'
2='No'
3='Don't Know'
- OBSCLIN** Does your ED have an observation or clinical decision unit?
1='Yes'
2='No' (Skip to BOARD)
3='Unknown' (Skip to BOARD)
- OBSSEP** Is this observation or clinical decision unit physically separate from the ED?
1='Yes'
2='No'
3='Unknown'
- OBSDECMD** What type of providers make decisions for patients in this observation or clinical decision unit? Enter all that apply, separate with commas
1=ED physicians, APRN, PA
2=Hospitalists
3=Other physicians, APRN, PA
4=Unknown
- BOARD** Are admitted ED patients ever "boarded" for more than 2 hours in the ED or the observation unit while waiting for an inpatient bed?
1='Yes'
2='No'
3='Unknown'
- BOARDHOS** Does your ED allow some admitted patients to move from the ED to inpatient corridors while awaiting a bed ('boarding') - sometimes called 'full capacity protocol'?
1='Yes'
2='No'
3='Unknown'
- AMBDIV** Did your ED go on ambulance diversion in [last year]?
1='Yes'
2='No' (Skip to NUMSTATX)
3='Unknown' (Skip to NUMSTATX)
- TOTHRDIV** What is the total number of hours that your hospital's ED was on ambulance diversion in [last year]?
(Enter number of diversions)

- REGDIV** Is ambulance diversion actively managed on a regional level versus each hospital adopting diversion if and when it chooses?
1='Yes'
2='No'
3='Unknown'
- ADMDIV** Does your hospital continue to admit elective or schedule surgery cases when ED is on ambulance diversion?
1='Yes'
2='No'
3='Unknown'
- NUMSTATX** As of last week, how many standard treatment spaces did your ED have? *Standard treatment spaces are beds or treatment spaces specifically designed for ED patients to receive care, including asthma chairs.*
Enter CTRL-D if data not available
- NUMOHTX** As of last week, how many other treatment spaces did your ED have? *Other treatment spaces are other locations where patients might receive care in the ED, including chairs, stretchers in hallways that may be used during busy times.*
Enter CTRL-D if data not available
- EDSPACES** In the last two years, did your ED increase the number of standard treatment spaces?
1='Yes'
2='No'
3='Unknown'
- PHYSSPACE** In the last two years, did your ED's physical space expand?
1='Yes'
2='No'
3='Unknown'
- EXPAND** Do you have plans to expand your ED's physical space within the next two years?
1='Yes'
2='No'
3='Unknown'
- BEDREG** Does your ED use bedside registration?
1='Yes'
2='No'
3='Unknown'
- KIOSELCHK** Does ED use kiosk self-check-in
1='Yes'
2='No'
3='Unknown'
- CATRIAGE** Does your ED use computer-assisted triage?
1='Yes'
2='No'
3='Unknown'

IMBED Does your ED use immediate bedding (no triage when ED is not at capacity)?

1='Yes'
2='No'
3='Unknown'

ADVTRIAG Does your ED use advanced triage (triage-based care) protocols?

1='Yes'
2='No'
3='Unknown'

PHYSRACTRIA Does your ED use physician, APRN, PA at triage?

1='Yes'
2='No'
3='Unknown'

FASTTRAK Does your ED use separate fast track unit for non-urgent care?

1='Yes'
2='No'
3='Unknown'

EDPTOR Does your ED use separate operating room dedicated to ED patients?

1='Yes'
2='No'
3='Unknown'

DASHBORD Does your ED use electronic dashboard?

1='Yes'
2='No'
3='Unknown'

RFID Does your ED use radio frequency identification (RFID) tracking?

1='Yes'
2='No'
3='Unknown'

WIRELESS Does ED use wireless communication devices by providers?

1='Yes'
2='No'
3='Unknown'

ZONENURS Does your ED use zone nursing?

1='Yes'
2='No'
3='Unknown'

POOLNURS Does your ED use pool nurses?

1='Yes'
2='No'
3='Unknown'

ELECTRONIC HEALTH RECORDS (EHR): ED (E)

(Questions pertain to Emergency Service Area (ESA) with most visits)

EMEDRECE Does your ED use an electronic health record (EHR) system? Do not
(after HALFLYSPEC) include billing record systems?

1='Yes, all electronic'
2='Yes, part paper and part electronic'

3='No'
4='Unknown'

EHRINSYRE In which year did your ED install the EMR/EHR system?

HHSMUE Does your current system meet meaningful use criteria as defined by the Department of Health and Human Services?

1='Yes'
2='No'
3='Unknown'

EHRNAME What is the name of your current EMR/EHR system?

1='Allscripts'

2='athenahealth'
3='Cerner'
4='eClinicalWorks'
5='e-MDs'
6='Epic'

7='Modernizing Medicine'
8='NextGen'
9='Practice Fusion'
10='Greenway Medical'
11='Other - Specify' (Go to EHRNAMOTHE)

EHRNAMOTHE Other - specify name of EHR/EMR system
(Enter name of EHR system)

EHRINSE Does your ED have plans for installing a new EHR/EMR system within the next 18 months?

1='Yes'
2='No'
3='Maybe'
4='Unknown'

AMBULATORY UNIT (AU) INDUCTION: EMERGENCY DEPARTMENT (ED)

INTRO_ED If necessary, introduce yourself and explain the survey. Provide the administrator with the introductory letter and ensure you obtained verbal consent before proceeding with the interview.

Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's emergency department

ESA_MANY How many emergency service areas at this hospital are open 24 hours a day?

(Enter number)

ESA_NUM ESA number

DEL_ESA Does (ESA name) still exist and is it still operational?
(Enter 97 to delete this ESA)

ESA_NAME	What is the name of this ESA?
ESATYPE	What type of ESA is (ESA name)? 1='General' 2='Adult' 3='Pediatric' 4='Urgent care/Fast track' 5='Psychiatric' 6='Other'
ESA_EVISITS	What is the expected number of visits from (Reporting period start date) to (Reporting period end date) for (ESA name)?
ESA_ADDED_DELETED	Please explain why this ESA has been added or deleted (Interviewer enters brief explanation for why they have added or removed an ESA.)
ROOFS	Can you confirm the following? 1. Revenue: Are all revenues from this ESA facility forwarded directly to the [Fill hospital in sample]? 2. Ownership: Is this ESA facility owned by the [Fill hospital in sample]? (If the hospital owns the property but rents the facility to another medical practice to operate, then this is not to be included as in-scope satellite.) 3. Operation: Is this ESA facility operated by [Fill hospital in sample]? 4. Federal Tax ID: Is the federal tax ID of [Fill hospital in sample] and this ESA facility the same? (An exception to this is when a health system owns several hospitals that all have the same federal tax ID. In this case, only ESAs associated with the sample hospital should be included.) 5. Staff: Is the staff of this ESA facility either paid directly by [Fill hospital in sample] or contracted by [Fill hospital in sample]? (Read all answer categories) (Select or enter all that apply, separate with commas): 1 = 'Revenue' 2 = 'Ownership' 3 = 'Operation' 4 = 'Federal Tax ID' 5 = 'Staff'
I_ESA	ESA name from previous year in panel
I_ESA_EVISITS	Number of visits from previous time in sample
ESA_EVISITS_TOTAL	Total number of ED visits for all eligible ESAs

AU_ONSITE Is this ESA on-site?

1=Yes

2=No

ESA24B Is this ESA open 24 hours a day?

1='Yes'

2='No'

DONE_ED Enter 1 to complete induction for this department

WARNING: once you pass this screen, the ED portion of the induction interview will be closed, and you will not be allowed to re-enter to change any answers or add additional AUs. If you need to go back, use your up arrow to go back now, or press F10 to come back in later. **DO NOT** press 1 if you need to come back to this department section later.

AGREEEST According to our information, there were (number) patient visits during the reporting period. Is this correct?

1='Yes' (Skip to NUMTRLEV)

2='No'

ESTVISHR How many visits did you have during the reporting period?

(Instrument calculates new sampling pattern for patients' visits)

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

1='Three'

2='Four'

3='Five'

4='Other – Specify' (Go to NUMTRLEV_SP)

5='None Do not conduct triage'

NUMTRLEV_SP Specify other triage levels