

FORM **NHAMCS-903**  
(9-26-2003)U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS DATA COLLECTION AGENT FOR THE  
U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Center for Health Statistics**EMERGENCY DEPARTMENT STAFFING  
AND CAPACITY AND AMBULANCE  
DIVERSION SUPPLEMENT  
NATIONAL HOSPITAL AMBULATORY  
MEDICAL CARE SURVEY 2004 PANEL****NOTICE** - Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDA/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0278).**Assurance of confidentiality** - All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

In order to study the health implications of emergency department (ED) overcrowding, the Centers for Disease Control and Prevention's National Center for Health Statistics would like you to complete the following questionnaire on ED staffing and capacity and ambulance diversion for your emergency department.

Please answer the questions in relation to the 4-week reporting period to which your hospital is assigned for the National Hospital Ambulatory Medical Care Survey.

From:  /  /  01 — To:  /  /  04**BACKGROUND INFORMATION****A.** Hospital name**B.** Hospital number**C.** ED contact name**D.** ED contact telephone

Area code

Number

**E.** Census contact name**F.** Census contact telephone

Area code

Number

**1. AMBULANCE DIVERSION**

This series of questions focuses on ambulance diversion. For the following questions, we will refer to ED's that have requested ambulances to bypass their ED and transport patients to another medical facility, as being on diversion.

**a. How many ED's are within a 20-minute ambulance ride or 5-mile radius of your ED?**1  None Total number within 20-minute ambulance ride or 5-mile radius2  Unknown**b. Is there a state or local law/regulation that prohibits your ED from going on diversion?**1  Yes2  No**c. Does your ED have more than one emergency service area?**1  Yes2  No -Leave one Ambulance Diversion Log and Skip to 2a**d. Does diversion affect all emergency service areas simultaneously, that is, if one area is on diversion then the entire ED is on diversion?**1  Yes - Leave one Ambulance Diversion Log for the ENTIRE ED and skip to 2a2  No -Leave one Ambulance Diversion Log for EACH ESA and skip to 2a**FR NOTE****Please leave this form for hospital staff to complete the remaining items.****Please continue on reverse.**

## 2. TRIAGE

**a. How many levels are in your ED's nursing triage systems?**

- Three  
 Four  
 Five  
 Other – Specify

Do not conduct nursing triage

**b. Are language translation services provided in your ED?**

- Yes  
 No – Skip to item 3a  
 Unknown – Skip to item 3a

(I) **For how many languages?** \_\_\_\_\_

(II) **What are the most common languages for which your ED provides language translation services?**       

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

(6) \_\_\_\_\_

## 3. TREATMENT SPACES

**a. 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.

\_\_\_\_\_ Total number of standard treatment spaces

**b. 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.

\_\_\_\_\_ Total number of other treatment spaces

**c. In the last two years, has your ED increased the number of standard treatment spaces?**

- Yes  
 No  
 Unknown

**d. In the last two years, has your ED's physical space been expanded?**

- Yes – Skip to item 4a  
 No  
 Unknown

**e. Do you have plans to expand your ED's physical space within the next two years?**

- Yes  
 No  
 Unknown

#### 4. STAFFING

**a. Are the physicians working in your ED employed by the hospital or by an outside entity independent of the hospital?**

- 1  Hospital
- 2  Outside entity (i.e., agency, contract)
- 3  Both hospital and outside entity
- 4  Other – *Specify*

**b. How many physicians on your hospital's staff have full privileges in emergency medicine?**

- 1  None – *Skip to item 4c*
- 2  Unknown

Total number with full privileges

**(1) Of the number of physicians given in item 4b, how many of them have completed an accredited residency program in emergency medicine?**

- 1  None
- 2  Unknown

Total number who completed an accredited emergency medicine residency program

**(2) Of the number of physicians given in item 4b, how many of them have been certified by the American Board of Emergency Medicine?**

- 1  None
- 2  Unknown

Total number certified by American Board of Emergency Medicine

**c. While on duty in your ED, do any of your ED physicians have other patient care responsibilities elsewhere in the hospital?**

- 1  Yes – Some
- 2  Yes – All
- 3  No
- 4  Unknown

**d. What percent of nursing positions are currently vacant in your ED?**

- %
- Unknown

Notes

### 5. SPECIALTY COVERAGE

Mark "X" the box that best describes the level of difficulty your ED has in providing on-call physician specialty coverage.

	No difficulty	Some difficulty	A lot of difficulty	Specialty not on ED on-call roster	Unknown
<b>a.</b> Anesthesiology .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b.</b> Cardiology .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c.</b> Cardio/thoracic surgery .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>d.</b> Ear, nose, and throat .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>e.</b> Gastroenterology .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>f.</b> General surgery .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>g.</b> Gynecology .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>h.</b> Hand surgery .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>i.</b> Neurology .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>j.</b> Neurosurgery .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>k.</b> Obstetrics .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>l.</b> Ophthalmology .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>m.</b> Orthopedics .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>n.</b> Pediatrics .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>o.</b> Plastic surgery .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>p.</b> Psychiatric .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>q.</b> Radiology .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>r.</b> Urology .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>s.</b> Vascular surgery .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Notes