

2015 National Hospital and Medical Care Survey (NHAMCS)

Hospital and Ambulatory Unit Induction questionnaire

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HOSPITAL INDUCTION

NAMECHEK Correct name of hospital?

1='Yes'

2='No'

HSP_NAME What is the name of your hospital?

ADDCHK Is your hospital located at (Facility Address)

1='Yes'

2='No'

MAILADD Is this also the mailing address?

1='Yes'

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 (conduct an/continue 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'

2='No'

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'
- MERSEP** Was this a merger or a separation?
1='Merger'
2='Separation'
- MERGMEDR** Does your hospital have its own medical records department that is separate from that of the OTHER hospital?
1='Yes'
2='No'
3='Unknown'
- OTHNAME** What is the name and address of this OTHER 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
- PREVPAN** Was hospital in a previous panel?
- ESA24** Does this hospital provide emergency services that are staffed 24 HOURS each day either here at this hospital or elsewhere?
1='Yes'
2='No'
- ESANOT24** Does this hospital operate any emergency service areas that are not staffed 24 HOURS each day?
1='Yes'
2='No'
- 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'

OOOPD Does this hospital operate an organized outpatient department either at this hospital or elsewhere?

1='Yes'

2='No'

PHYSSERV Does this OPD include physician services?

1='Yes'

2='No'

AMBSURG Does this hospital have locations that perform ambulatory surgery?

1='Yes'

2='No'

ELIGREQ Eligibility Requirements

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 and outpatient departments and ambulatory surgery locations.

(2) NHAMCS is endorsed by the: American College of Emergency Physicians, Emergency Nurses Association, Society for Academic Emergency Medicine, American College of Osteopathic Emergency Physicians, Ambulatory Surgery Center Association, American College of Surgeons, American Health Information Management Association, American Academy of Ophthalmology, Society for Ambulatory Anesthesia

(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.

INDUCTION_APPT I would like to arrange to meet 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 meet with you or your representative? Record day, date and time of appointment. Enter 999 if the respondent wants to continue with the induction now.

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

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.
- 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.
- THANK_B2** Thank you, but it seems that our information is incorrect. Since (facility name) does not have 24-hour emergency services, outpatient clinics, or ambulatory surgery centers, it should not have been chosen for our study. Thank you very much for your cooperation.
- 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?
- 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 physician 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'
3='Unknown'
- 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'

- MUINC Medicare and Medicaid offer incentives to hospitals that demonstrate "meaningful use of Health IT". Does your hospital have plans to apply for these incentive payments?**
 1='Yes, we already applied'
 2='Yes, we intend to apply'
 3='Uncertain if we will apply'
 4='No, we will not apply'
- MUSTAGE2 Are there plans to apply for Stage 2 incentive payments?**
 1='Yes'
 2='No'
 3='Maybe'
 4='Unknown'
- 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
- 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 and/or outpatient department and/or ambulatory surgery location) (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
 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**

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

INTRO_ESA If necessary, introduce yourself and explain the survey Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's emergency department

ESA_NUM ESA number

- DEL_ESA** Does (ESA name) still exist and is it still operational? (Enter 97 to delete this ESA / If No, Enter 97 to delete If Yes, Press END to move to number of visits)
- 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 begin date) to (Reporting period end date) for (ESA name)?
- I_ESA** ESA name from previous year in panel
- I_ESA_EVISITS** Estimated visits form previous year in panel
- ESA_EVISITS_TOTAL** Total number of ED visits for all good ESAs
- TOTVSED** Estimated visits range (compared with estimated visits from previous year)
- TWICELY** Is the number of expected visits to any of the ESAs more than twice the number shown on the previous sampling plan?
 1='Yes'
 2='No'
- TWICELY_SPEC** Specify why visits have increased this year or were too low the last time the ED participated
- HALFLY** 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** Specify why visits have decreased this year or were too high the last time the ED participated
- EDPRIM** When patients with identified primary care physicians arrive at the Emergency Department, how often do you electronically send notifications to the patients' primary care physicians?
 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'

- OBSUNITS** Does your ED have an observation or clinical decision unit?
- OBSSEP** Is this observation or clinical decision unit physically separate from the ED?
- OBSDECMD** What type of physicians make decisions for patients in this observation or clinical decision unit? Enter all that apply, separate with commas
 1=ED physicians
 2=Hospitalists
 3=Other physicians
 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 2014?
 1='Yes'
 2='No'
 3='Unknown'
- TOTHRDIV** What is the total number of hours that your hospital's ED was on ambulance diversion in 2014?
- 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
- NUMOTHTX** 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'
- PHYSPRACTRIA** Does your ED use physician/practitioner 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'

DASHBOARD 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'

AU_ONSITE Is (ESA Name) on-site?

1=Yes
2=No

EDDK_CHECK Are there any Don't Know items that you need to callback for? Press Ctrl-M to review DKs and RFs Press Shift-F5 to review all DK Follow-up remarks If you MUST close this case now, due to pending close-out, and you will not be collecting your remaining DKs and RFs, please select 2 "No", and make any required explanation in the case notes.

1=Yes
2=No

DONE_ED Enter 1 to continue to the next 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.

I_EDMIN

I_EDMAX

TOT_GOODESA

AMBULATORY UNIT (AU) INDUCTION: OUTPATIENT DEPARTMENT (OPD)

INTRO_OPD If necessary, introduce yourself and explain the survey Explain that in order to develop a sampling plan, you would like to collect more specific information about this hospital's outpatient department

CLIN_NUM OPD clinic number

DEL_CLIN Delete OPD clinic

CLIN_NAME What is the name of the OPD clinic?

GENERIC_NAME

CLIN_SELECTGROUP What is (OPD clinic name)'s specialty group?
 1 = 'General'
 2 = 'Surgery'
 3 = 'Pediatrics'
 4 = 'Obstetrics/Gynecology'
 5 = 'Substance Abuse'
 6 = 'Other'

CLIN_GROUP

CLIN_GROUP_SHOW

CLIN_EVISITS Estimated number of visits for this OPD clinic

I_CLIN

SAMPLE_QUESTION You have completed data entry for the OPD. Enter 1 to have the system perform sampling. -or- Enter 2 to return to the previous screen to enter additional clinics.
 1=verifies clinic list is complete, ready to sample
 2=returns to clinic list to add additional clinics before sampling

SAMPLED Flag for selected sampling units

PROBABILITY Sampling probability

SU Sampling unit number

CLIN_EVISITS_TOTAL Total number of expected visits for all good clinics

TOTVSOP Estimated visits range (compared with estimated visits from previous year)

MORECLINSPEC List clinics that have opened or should have been included previously

TWICECLINSPEC Explain why visits have increased this year or were too low previously

LESSCLINSPEC Specify which clinics have closed or should not have been included previously

HALFCLINSPEC Specify why visits have decreased this year or were too high last year

AU_ONSITE Is this OPD clinic on-site?
 1=Yes
 2=No

OPDDK_CHECK Are there any Don't Know items that you need to call back for? Press Ctrl-M to review DKs and RFs Press Shift-F5 to review all DK Follow-up remarks If you MUST close this case now, due to pending close-out, and you will not be collecting your remaining DKs and RFs, please select 2 "No", and make any required explanation in the case notes.
 1=Yes
 2=No

DONE_OPD Enter 1 to continue to the next department **WARNING:** once you pass this screen, the OPD 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.

I_OPDMIN

I_OPDMAX

TOT_GOODCLIN

AMBULATORY UNIT (AU) INDUCTION: AMBULATORY SURGERY LOCATION (ASL)

ASL_INTRO To develop the sampling plan, I would like to (collect/verify) more specific information about this facility or hospital ambulatory surgery (centers/locations). We are interested in the following types of (centers/locations): General or main operating rooms, Endoscopy rooms, Dedicated ambulatory surgery rooms, Cardiac catheterization labs, Satellite operating rooms, Laser procedures rooms, Cystoscopy rooms, Pain block rooms

1=Continue

2=No in-scope ^centerslocations

ASL_NUM ASL number

DEL_ASL Delete ASL

ASL_NAME What is the name of the (first/next) ambulatory surgery location? Are there any other ambulatory surgery locations?

Enter only IN_SCOPE (ASCs/ASLs) (Press F1 for in-scope (centers/locations)) Include any (ASCs/ASLs) that are located in satellite facilities Enter 999 for no more

ASL_SPEC_GRP What is (ASL clinic name)'s specialty group?

1='General'

2='Multi-specialty'

3='Gastroenterology'

4='Ophthalmology'

5='Orthopedics'

6='Pain Block'

7='Plastic Surgery'

8='Ear, Nose, and Throat'

9='Obstetrics - Gynecology'

10='Urology'

11='Other specialty'

ASL_EVISITS What is the expected number of ambulatory (outpatient) surgery cases for ASL Name from (Reporting period begin date) to (Reporting period end date)?

I_ASL

I_ASL_EVISITS

TOT_GOODASLS

ANYMORE_ASLS The max of (15/13) (ASCs/ASLs) were entered. Are there any more (ASCs/ASLs)?
 1=Yes
 2=No

EXTRA_ASLS How many other (ASCs/ASLs) are there?

TOT_GOODASLS

CHECK_EVISITS You have indicated that none of your ambulatory surgery (centers/locations) will be seeing patients from (Reporting period begin date) to (Reporting period end date). Is that correct?
 1=Yes
 2=No

THANK_INELIG Since there are no in-scope ambulatory surgery (centers/locations) for (facility name), it should not have been chosen for our survey. Thank you very much for your cooperation.

ASL_EVISITS_TOTAL Total number of ASL visits for all good ASL

TOTVSAS Estimated visits range (compared with estimated visits from previous year)

ASCLISTA Would you or your IT staff be able to generate a single list of outpatient surgery cases for the following locations?
 1='Yes'
 2='No-ONLY 2 lists'
 3='No-More than 2 lists'

AU_ONSITE Is this ASL on-site?
 1=Yes
 2=No

MULTIASCFLAG Is this ambulatory unit for multiple ambulatory surgery locations that were combined into a single list?
 1=Yes
 2=No

ASCDK_CHECK Are there any Don't Know items that you need to callback for? Press Ctrl-M to review DKs and RFs Press Shift-F5 to review all DK Follow-up remarks If you MUST close this case now, due to pending close-out, and you will not be collecting your remaining DKs and RFs, please select 2 "No", and make any required explanation in the case notes.
 1=Yes
 2=No

DONE_ASC Enter 1 to continue to the next department **WARNING:** once you pass this screen, the ASL 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.

I_ASCMIN

I_ASCMAX

AMBULATORY UNIT (AU) INDUCTION: GENERAL QUESTIONS

NUMPRFS Total number of PRFs filled out for this AU.

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

1=Three

2=Four

3=Five

4=Other – Specify

5=None Do not conduct triage

NUMTRLEV_SP Specify other triage levels

NUMADM Number of PRFs with visit disposition of 'Admit to Hospital'

ADMIT_ZERO Are you not receiving any hospital admissions because the charts were not available at the time of abstractions?

ADMIT_ZERO_SP Explanation of why zero admissions

LOG105 There were PRFs with a disposition of *Admit to Hospital* but are missing hospital discharge information. Will you be able to get this information?

1 = 'Yes'

2='No'

LOG105_SP Specify the reason

PARTICIP Participated

1 = 'Patients seen'

2 = 'No patients seen'

CLOSED Closed

1 = 'Temporary'

2 = 'Permanent'

NONINT_TYPE Type of Non-interview
 1='Unable to locate - Call RO'
 2='Abstraction delayed by facility'
 3='AU ineligible - not under auspices or hospital'
 4='AU ineligible - only ancillary services provided'
 5='AU ineligible - care not provided by or under the direct supervision of a physician'
 6='AU ineligible - AU classified out of scope'
 7='AU ineligible - Other'
 8='Closed - Temporary'
 9='Closed - Permanent'
 10='Hospital refused'
 11='Whole department refused'
 12='Potential refusal - follow-up required'
 13='Refused (TRANSMIT)'

NONINT_SP Specify other ineligible

ELECTRONIC HEALTH RECORDS (EHR): ED (E), OPD (O), & ASL (A)

EBILLRECE Now I would like to ask you some questions about your ED/OPD/ASL.
EBILLRECO
EBILLRECA *If ESAs/clinics/surgery locations within the ED/OPD/ASL vary with respect to their use of the EHR/EMR systems, then ask these questions of the ESA/clinic/surgery location with the largest number of expected visits during the reporting period.*

Does your ED/OPD/ASL submit any CLAIMS electronically (electronic billing)?
 1='Yes'
 2='No'
 3='Unknown'

EMRED Does your ED/OPD/ASL use electronic health record (EHR) system? Do
EMEDRECO not include billing systems.
EMEDRECA 1='Yes, all electronic'
 2='Yes, part paper and part electronic'
 3='No'
 4='Unknown'

EHRINSYRE In which year did your ED/OPD/ASL install the EMR/EHR system?
EHRINSYRO
EHRINSYRA

HHSMUE Does your current system meet meaningful use criteria as defined by the
HHSMUO Department of Health and Human Services?
HHSMUA 1='Yes'
 2='No'
 3='Unknown'

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

EHRNAMO 1='Allscripts'

EHRNAMA 2='Amazing Charts'

3='athenahealth'

4='Cerner'

5='eClinicalWorks'

6='e-MDs'

7='Epic'

8='GE/Centricity'

9='Greenway Medical'

10='McKesson/Practice Partner'

11='NextGen'

12='Practice Fusion'

13='Sage/Vita'

14='Other - Specify'

EHRNAMOTHE Other - specify name of EHR/EMR system

EHRNAMOTHO

EHRNAMOTHA

SECURCHCKE Has your hospital made an assessment of the potential risks and
SECURCHCKO vulnerabilities of your electronic health information within the last 12
SECURCHCKA months? This would help identify privacy or security related issues that
may need to be corrected

1='Yes'

2='No'

3='Unknown'

DIFFEHRE Does your EHR have the capability to electronically send health
DIFFEHRO information to another provider whose EHR system is different from your
DIFFEHRA system?

1='Yes'

2='No'

3='Unknown'

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

EHRINSA 1='Yes'

2='No'

3='Maybe'

4='Unknown'

EDEMOGE Indicate whether your ED/OPD/ASL has each of the following
EDEMOGO computerized capabilities and how often these capabilities are used -
EDEMOGA Recording patient history and demographic information?

1=Yes, used routinely

2=Yes, but not used routinely

3=Yes, but turned off or not used

4=No

5=Unknown

EPROLSTE Does this include a patient problem list?

EPROLSTO 1=Yes, used routinely

EPROLSTA 2=Yes, but not used routinely

3=Yes, but turned off or not used

4=No

5=Unknown

**EVITALE Does your ED/OPD/ASL have a computerized system for:
EVITALO recording and charting vital signs?**

EVITALA 1=Yes, used routinely

2=Yes, but not used routinely

3=Yes, but turned off or not used

4=No

5=Unknown

ESMOKEE Recording patient smoking status?

ESMOKEO 1=Yes, used routinely

ESMOKEA 2=Yes, but not used routinely

3=Yes, but turned off or not used

4=No

5=Unknown

EPNOTESE Recording clinical notes?

EPNOTESO 1=Yes, used routinely

EPNOTESA 2=Yes, but not used routinely

3=Yes, but turned off or not used

4=No

5=Unknown

EMEDALGE Recording patient's medications and allergies?

EMEDALGO 1=Yes, used routinely

EMEDALGA 2=Yes, but not used routinely

3=Yes, but turned off or not used

4=No

5=Unknown

**EMEDIDE Reconciling lists of patient's medications to identify the most accurate
EMEDIDO list?**

EMEDIDA 1=Yes, used routinely

2=Yes, but not used routinely

3=Yes, but turned off or not used

4=No

5=Unknown

EREMINDE Providing reminders for guideline-based interventions or screening tests?

EREMINDO 1=Yes, used routinely

EREMINDA 2=Yes, but not used routinely

3=Yes, but turned off or not used

4=No

5=Unknown

ECPOEE **Ordering prescriptions?**
ECPOEO 1=Yes, used routinely
ECPOEA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

ESCRIBE **Are prescriptions sent electronically to the pharmacy?**
ESCRIPO 1=Yes, used routinely
ESCRIPA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

EWARNE **Are warnings of drug interactions or contraindications provided?**
EWARNO 1=Yes, used routinely
EWARNA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

EFORMULAE **Are drug formulary checks performed?**
EFORMULAO 1=Yes, used routinely
EFORMULAA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

ECTOEE **Ordering lab tests?**
ECTOEO 1=Yes, used routinely
ECTOEA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

EORDERE **Are orders sent electronically?**
EORDERO 1=Yes, used routinely
EORDERA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

ERESULTE **Viewing lab results?**
ERESULTO 1=Yes, used routinely
ERESULTA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

EGRAPHE **Can the EHR automatically graph a specific patient's lab results over time?**
EGRAPHO
EGRAPHA 1=Yes, used routinely

2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

ERADIE Ordering radiology tests?

ERADIO 1=Yes, used routinely
ERADIA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

EIMGRESE Viewing imaging results?

EIMGRESO 1=Yes, used routinely
EIMGRESA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

EPTEDUE Identifying educational resources for patients' specific conditions?

EPTEDUO 1=Yes, used routinely
EPTEDUA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

**ECQME Reporting clinical quantity measures to federal or state agencies (such as
ECQMO CMS or Medicaid)?**

ECQMA 1=Yes, used routinely
2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

**EIDPTE Identifying patients due for preventive or follow-up care in order to send
EIDPTO patients reminders?**

EIDPTA 1=Yes, used routinely
2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

EGENLISTE Generating list of patients with particular health conditions?

EGENLISTO 1=Yes, used routinely
EGENLISTA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

EIMMREGE Electronic reporting to immunization registries?

EIMMREGO 1=Yes, used routinely
EIMMREGA 2=Yes, but not used routinely

3=Yes, but turned off or not used
4=No
5=Unknown

ESUME Providing patients with clinical summaries for each visit?

ESUMO 1=Yes, used routinely
ESUMA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

EMSGE Exchanging secure messages with patients?

EMSGO 1=Yes, used routinely
EMSGA 2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

**EPTRECE Providing patients the ability to view online, download or transmit
EPTRECO information from their medical record?**

EPTRECA 1=Yes, used routinely
2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

REFOUTO (only in OPD) Do you refer any patients to providers outside of your clinic?

1=Yes
2=No

REFOUTSO (only in OPD) Do you send the patient's clinical information to the other providers?

1=Yes, routinely
2=Yes, but not routinely
3=No

REFOUTSEO (only in OPD) Do you send it electronically? (not fax)

1=Yes, routinely
2=Yes, but not routinely
3=No

REFINO (only in OPD) Do you see any patients referred by providers outside of your clinic?

1=Yes
2=No

REFINSO (only in OPD) Do you send a consultation report with clinical information to the providers?

1=Yes, routinely
2=Yes, but not routinely
3=No

REFINSEO (only in OPD) Do you send it electronically? (not fax)

1=Yes, routinely

2=Yes, but not routinely

3=No

INPTCAREO (only in OPD) **Does your clinic take care of patients after they are discharged from an inpatient setting?**

1=Yes

2=No

DISSUMO (only in OPD) **Do you receive a discharge summary with clinical information from the hospital?**

1=Yes, routinely

2=Yes, but not routinely

3=No

DISSUME0 (only in OPD) **Do you receive it electronically? (not fax)**

1=Yes, routinely

2=Yes, but not routinely

3=No

INCORINFOO (only in OPD) **Can you automatically incorporate the received information into your EHR system without manually entering the data?**

1=Yes

2=No

3=Not applicable, do not have an EHR system

ESHAREE
ESHAREO
ESHAREA **Does your hospital share any patient health information electronically (not fax) with other providers, including hospitals, ambulatory providers, or labs?**

1=Yes

2=No

ESHAREHOWE **How do you electronically share patient health information?**

ESHAREHOWO 1=EHR/EMR

ESHAREHOWA 2=Web portal (separate from EHR/EMR)

3=Other electronic method (not fax)

ESHAREHOWOTHE **Specify other electronic method**

ESHAREHOWOTHO

ESHAREHOWOTHA

EHRTOEHRE
EHRTOEHRO
EHRTOEHRA **Is the patient health information that you share electronically sent directly from your EHR system to another EHR system?**

1=Yes, routinely

2=Yes, but not routinely

3=No

4=Unknown

ESHAREPROVE
ESHAREPROVO
ESHAREPROVA **With what types of providers do you electronically share patient health information (e.g., lab results, imaging reports, problem lists, medication lists)?**

1=Ambulatory providers inside your ESA/CLINIC/ASL

2=Ambulatory providers outside your ESA/CLINIC/ASL

- 3=Hospitals with which you are affiliated
- 4=Hospitals with which you are not affiliated
- 5=Behavioral health providers
- 6=Long-term care providers
- 7=Home health providers

EOUTINFOE Are you able to electronically find health information (e.g., medications,
EOUTINFOO outside encounters) from sources outside of the hospital for your
EOUTINFOA patients?

- 1=Yes, routinely
- 2=Yes, but not routinely
- 3=No
- 4=Unknown

EOUTHOWE How do you look up patient health information from sources outside your
EOUTHOWO hospital?

- EOUTHOWA** 1=Through your EHR/EMR
 2=Web portal (separate from EHR/EMR)
 3=View only or restricted access to other providers' EHR system
 4=Other electronic method (not fax)

EOUTOSPE Other, specify
EOUTOSPO
EOUTOSPA

EOUTYPE What types of information do you routinely look up?

- EOUTYPO** 1=Lab results
EOUTYPA 2=Imaging reports
 3=Patient problem lists
 4=Medication lists
 5=Other

EOUTYPSPE Other, specify
EOUTYPSPO
EOUTYPSPA

EOUTINCORPE Do you routinely incorporate the information you look up into your EHR?

- EOUTINCORPO** 1=Yes, via manual entry or scanned copy
EOUTINCORPA 2=Yes, automatically able to incorporate without manual entry or scanning
 3=No, we do not routinely incorporate into our EHR