2015 National Hospital and Medical Care Survey (NHAMCS)

Hospital and Ambulatory Unit Induction questionnaire

HOSPITAL INDUCTION

NAMECHEK **Correct name of hospital?**
1='Yes'
2='No'

HSP_NAME **What is the name of your hospital?**

ADDCHEK **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'

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'

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)

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

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

HHSMUE HHSMUO HHSMUA	**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 EHRNAMO EHRNAMA	**What is the name of your current EMR/EHR system?** 1='Allscripts' 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
EHRNAMOTHO
EHRNAMOTHA

Other - specify name of EHR/EMR system

SECURCHCKE
SECURCHCKO
SECURCHCKA

Has your hospital made an assessment of the potential risks and vulnerabilities of your electronic health information within the last 12 months? This would help identify privacy or security related issues that may need to be corrected
1='Yes'
2='No'
3='Unknown'

DIFFEHRE
DIFFEHRO
DIFFEHRA

Does your EHR have the capability to electronically send health information to another provider whose EHR system is different from your system?
1='Yes'
2='No'
3='Unknown'

EHRINSE
EHRINSO
EHRINSA

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'

EDEMOGE
EDEMOGO
EDEMOGA

I**ndicate whether your ED/OPD/ASL has each of the following computerized capabilities and how often these capabilities are used - 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
EPROLSTO
EPROLSTA

Does this include a patient problem list?
1=Yes, used routinely
2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

EVITALE
EVITALO
EVITALA

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

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

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

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

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

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

EGRAPHE
EGRAPHO
EGRAPHA
Can the EHR automatically graph a specific patient's lab results over time?
1=Yes, used routinely
2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

ERADIE
ERADIO
ERADIA
Ordering radiology tests?
1=Yes, used routinely
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
EMSGO
EMSGA
Exchanging secure messages with patients?
1=Yes, used routinely
2=Yes, but not used routinely
3=Yes, but turned off or not used
4=No
5=Unknown

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

DISSUMEO (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
ESHAREHOWO
ESHAREHOWA **How do you electronically share patient health information?**
1=EHR/EMR
2=Web portal (separate from EHR/EMR)
3=Other electronic method (not fax)

ESHAREHOWOTHE
ESHAREHOWOTHO
ESHAREHOWOTHA **Specify other electronic method**

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
EOUTINFOO
EOUTINFOA **Are you able to electronically find health information (e.g., medications, outside encounters) from sources outside of the hospital for your patients?**
1=Yes, routinely
2=Yes, but not routinely

3=No
4=Unknown

EOUTHOWE **EOUTHOWO** **EOUTHOWA**	**How do you look up patient health information from sources outside your hospital?** 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 **EOUTOSPO** **EOUTOSPA**	**Other, specify**
EOUTYPE **EOUTYPO** **EOUTYPA**	**What types of information do you routinely look up?** 1=Lab results 2=Imaging reports 3=Patient problem lists 4=Medication lists 5=Other
EOUTYPSPE **EOUTYPSPO** **EOUTYPSPA**	**Other, specify**
EOUTINCORPE **EOUTINCORPO** **EOUTINCORPA**	**Do you routinely incorporate the information you look up into your EHR?** 1=Yes, via manual entry or scanned copy 2=Yes, automatically able to incorporate without manual entry or scanning 3=No, we do not routinely incorporate into our EHR