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 CDC/ATSDR Information Collection Review Office; 1600 Clifton Road, MS D-74, 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 for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347). 1. Label NHAMCS-101(FS) U.S. DEPARTMENT OF COMMERCE U.S. CENSUS BUREAU ACTING AS DATA COLLECTION AGENT FOR THE NATIONAL CENTER FOR HEALTH STATISTICS CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY FREESTANDING AMBULATORY SURGERY CENTERS **2010 PANEL** 2a. ASC administrator contact information **b.** ASC contact information Name Name Title Title RECORD ON **RECORD ON** Telephone number CONTROL CARD Telephone number CONTROL CARD (Area code and number) (Area code and number) FAX number FAX number **Section I - TELEPHONE SCREENER** 3. Field representative 4. Record of telephone calls information Call Date Results FR Code Telephone screener 1 FR Code 2 ASC induction 3 5. Final outcome of ASC screening During your initial call to the ASC, attempt to speak to the contact person. If the contact person is not available at 1 Appointment this time, determine when he/she can be reached and call again at the designated time. If, after several Day Date Time a.m. attempts, you are still unable to talk to the contact or p.m. have determined the contact is no longer an appropriate respondent, begin the interview with a representative of 2 ■ Noninterview – Complete Sections V and VI on page 19. the contact person or new contact, as appropriate. **NOTES**

NOTICE – Public reporting burden of this collection of information is estimated to average 90 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

Section I - TELEPHONE SCREENER - Continued Part A. INTRODUCTION Good (morning/afternoon) . . ., my name is (Your name). I am calling for the Centers for Disease Control and Prevention concerning their study of ambulatory surgery in freestanding ambulatory surgery centers and in hospitals. You should have received a letter from Dr. Edward J. Sondik, the director of the National Center for Health Statistics, describing the study. (Pause) You've probably also received a letter from the U.S. Census Bureau, which is collecting the data for the study. 6. Did you receive the letter(s)? 1 ☐ Yes - SKIP to STATEMENT A (If "No" or "DK," offer to send or deliver another copy.) 2 No з Don't know 7a. Let me verify that I have the correct name 1 Yes and address for your ASC. Is the correct name (Read name from Control Card)? **RECORD ON CONTROL CARD b.** Is your ASC located at (Read address from 1 Yes Control Card)? 2 ☐ No - Enter ASC location ✓ Number and street **RECORD ON CONTROL CARD** City State ZIP Code C. Is this also the mailing address? 1 Yes 2 ■ No – Enter correct mailing address ¬ Number and street **RECORD ON CONTROL CARD** City State ZIP Code (Although you have not received the letter,) I'd like to briefly explain the STATEMENT A study to you at this time and answer any questions about it. Part B. VERIFICATION OF ELIGIBILITY INTRODUCTION The National Center for Health Statistics of the Centers for Disease Control STATEMENT B1 and Prevention is conducting an annual study of ambulatory care. The study began data collection in 1992. Beginning in 2010, freestanding ASCs are being included in the study. CDC has contracted with the U.S. Census Bureau to collect the data. (Name of ASC) has been selected to participate in the study. I am calling to arrange an appointment to discuss your participation. The study is authorized under the Public Health Service Act and the information will be held strictly confidential. Participation is voluntary. Before discussing the details, I would like to verify our basic information about (Name of ASC) to be sure we have correctly included this ASC in the study. 8a. Is ambulatory (outpatient) surgery or ambulatory diagnostic or therapeutic $_{2}$ \square No - SKIP to CHECK ITEM B on page 4. procedures currently performed in this facility? NOTE: Do not ask item 8b if facility is an eye surgery center. **b.** In this study we are excluding facilities that 1 \square Yes – SKIP to CHECK ITEM B on page 4. are exclusively family planning clinics, 2 No birthing centers, abortion clinics, podiatry centers or dentistry centers. Is (Name of facility) exclusively one of these?

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1 ☐ Yes 2 ☐ No

9. Is this facility currently licensed by the state?

	Section 1 - TELEPHONE Se	
Pa	rt B. VERIFICATION OF ELIGIBILITY	
10.	It is important for us to determine whether or not your facility operates under the license or Provider of Services (POS) number of a parent facility.	
a.	Does your ASC operate under the license of a parent facility?	1 □ Yes 2 □ No
b.	Does your ASC operate under the Provider of Services (POS) number of a parent facility?	1 ☐ Yes 2 ☐ No
CHEC ITEM		
1 [Yes – What is the name and address of your	parent facility?
	Parent facility name	
	Number and street RECOF	RD ON CONTROL CARD
	City State ZIP Code	
	Thank you for your time and assistanc regarding participation in this study. 7	e. We may contact you again in a few days erminate telephone call.
		find that the ASC is eligible, continue with item 11. CHECK ITEM B on page 4 and mark checkbox 4.
2 [No – GO to item 11.	
11.	Is this facility owned, operated, or managed by –	1 A hospital 2 One or more physicians 3 Health maintenance organization 4 Another health care provider 5 A health care corporation that owns multiple health care facilities (e.g., HCA or Health South) 6 Other
12.	Is the ambulatory (outpatient) surgery performed here primarily one specialty?	1 ☐ Yes – What is the specialty?
		SKIP to CHECK ITEM B on page 4.
13.	Is the ambulatory (outpatient) surgery performed here multi-specialty?	1 ☐ Yes 2 ☐ No
NOT	ES	

	Section I – TELEPHONE SCREENER – Continued								
CHECK ITEM B	ASC meets eligibility requirements (item 8 is YES) – <i>SKIP to Check Item B-1</i> ASC is ineligible because it does not perform ambulatory surgery (item 8a is NO) – <i>Go to CLOSING STATEMENT B1 below.</i>								
	3 ☐ ASC is ineligible because specialty is out-of-scope (item 8b is YES) – Go to CLOSING STATEMENT B2 below.								
	⁴ ☐ ASC is ineligible because it operates under a parent facility that is on the sampling frame (Item 10a is YES) – Complete Section V on page 19.								
CHECK ITEM B-1	ASC refused								
	inquire as to how many visits are expected during the reporting period. 1 Yes expected visits 2 No								
	b. If unable to determine expected visits for the assigned reporting period, obtain the number of visits to the facility last year.								
	ASC visits last year								
	Complete Sections V and VI on page 19.								
CLOSING STATEM B1									
CLOSING STATEM B2	N 730/3 Specially is out-or-scope for our study, it should not have been chosen								
NOTES									

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Section I - TELEPHONE SCREENER - Continued

Part C. STUDY DESCRIPTION

Thank you. Now I would like to provide you with further information on the study.

INSTRUCTIONS

Provide the administrator or other facility representative with a brief description of the study.

Cover following points -

- (1) The NHAMCS is the only source of national data on health care provided in hospital emergency and outpatient departments and ambulatory surgery centers.
- (2) NHAMCS is endorsed by the:
 - Ambulatory Surgery Center Association
 - American College of Surgeons
 - American Health Information Management Association
 - American Academy of Ophthalmology
 - Society for Ambulatory Anesthesia
 - American College of Emergency Physicians
 - Emergency Nurses Association
 - Society for Academic Emergency Medicine
 - American College of Osteopathic Emergency Physicians
- (3) Nationwide sample of about 600 hospitals and 246 freestanding ambulatory surgery centers.
- (4) Four-week data collection period
- (5) Brief form completed for a sample of patient visits

As one of the ASC's that has been selected for the study, your contribution will be of great value in producing reliable, national data on ambulatory surgery.

CLOSING
STATEMENT
C2

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? Thank you...for your cooperation. I am looking forward to our meeting. Record day, date and time of appointment in item 5, page 1; and terminate phone call.

NOTES			

Section II - INDUCTION INTERVIEW

Part A. INTRODUCTION

I would like to begin with a brief review of the background for this study.

INSTRUCTIONS

Provide the administrator or other facility representative with a brief introduction to the study and a general overview of procedures.

Cover the following points -

- (1) NHAMCS is a sister survey of the National Ambulatory Medical Care Survey (NAMCS). NAMCS collects data on visits to physicians in office-based practices
- (2) NAMCS and NHAMCS are sponsored by the National Center for Health Statistics of the Centers for Disease Control and Prevention
- (3) NAMCS and NHAMCS data are used extensively by health care organizations, health services planners, researchers, and educators
- (4) Annually, there are almost 200 million visits to hospital emergency and outpatient departments and 35 million visits to ambulatory surgery centers, including 15 million visits to freestanding ambulatory surgery centers
- (5) The U.S. Census Bureau is the data collection agent for the study
- (6) The study is authorized by Title 42, U.S. Code, Section 242k
- (7) Participation is voluntary
- (8) Any identifiable information will be held confidential and will be used only by NCHS staff, contractors or agents, only when necessary and with strict controls, and will not be disclosed to anyone else without the consent of your facility. By law, every employee as well as every agent has taken an oath and is subject to a jail term of up to five years, a fine of up to \$250,000, or both if he or she willfully discloses ANY identifiable information about your facility and its patients
- (9) NO patients' names or identifiers are collected
- (10) The study was approved by the NCHS Research Ethics Review Board or IRB
- (11) Data from the study will be used only in statistical summaries
- (12) NHAMCS excludes office-based physicians (these are covered under the NAMCS)
- (13) NHAMCS excludes the following types of ASCs: dentistry, podiatry, abortion, lump and bump procedure rooms, birth center, and family planning.
- (14) For the first time, we are including freestanding ambulatory surgery centers in the survey
- (15) Only a 4-week data collection period
- (16) On average, sample of approximately 100 ASC visits per hospital and 100 freestanding ASC visits.

SHOW PATIENT RECORD FORM

- (17) Form takes only 6 minutes to complete
- (18) Forms are to be completed by ASC staff at their convenience
- (19) Portion containing patient's name or other identifying information is removed before collecting

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		Section II – INDUCTION	I INTERVIEW – Co	ontinued
>	Par	rt B. SURVEY IMPLEMENTATION		
	As	I mentioned earlier, I would like to discuss the	ne plan for condu	cting the study. This ASC has
	bee	en assigned to a 4-week data collection perio	d beginning on M	londay, (/
	Fire	st, I would like to discuss the steps needed to	o obtain approval	for the study.
1	4a.	Are there any additional steps needed to obtain the study?	ain permission fo	r the ASC to participate
		1 ☐ Yes – Specify the necessary steps below ⊋		
	2	² □ No		
14	1	Now I would like to make arrangements to obtain the information needed for sampling. I will need to (know/verify) how your ambulatory surgery center is 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?	If different r today if pos with design the new res Ambulatory	Ise – Specify below espondent(s), arrange to obtain data esible. Otherwise arrange an appointment ated person(s). Briefly explain the study to epondent(s). Then proceed with Section III, Surgery Center Description as . Thank current respondent for his/her
			Name Title	Record on Control Card
			Telephone number	
			Name	
			 Title 	Record on
			Department	Control Card
			Telephone number	

	Section III – AMBULATOR	Y SURGI	ERY CENTER DESCRIPTION									
15a	Does this facility have any satellite facil which perform ambulatory (outpatient) s	ities surgery?			tinue with ite to developi	em 15b. ing sampling pl	lan					
b	What are the names, addresses, and		Name	Ortin	to develops	ng camping pr	uri .					
	telephone numbers of the satellite fac	ilities?	Address			RECORD (_					
			Telephone nui			CONTROL CARD						
Tod	evelop the sampling plan, I would like to	/collect/s	(Area code an		,	nation about	thie					
facil	ity's ambulatory surgery locations.			_								
Obt the	tain an estimate of ambulatory (outpatient) surg 4-week reporting period. Enter the estimate in	gery cases column (d	for each am I) of the listin	bulato g belo	w.							
	In-scope locations:				'	Out-of-scope I						
FR NOT	Dedicated ambulatory surgery room Satellite operating room Care	oscopy roo oscopy roor liac cathete	m	room		Dentistry Family planni Lump and bu procedure roo	ng • Ab ımp • Bir	diatry ortion th center				
	Specialty groups include: • GEN – General • MULTI – Multi-specialty	GI – Gastro OPH – Opl	oenterology • hthalmology •	ORTI PAIN	HO – Orthope – Pain Block	dics • PLASTIC	— — — — C – Plasti – Other s	Surgery				
IN	ISTRUCTIONS											
am na	lly record generic ambulatory surgery location nan abulatory surgery location has a formal/proper nan me on page 2 of the Control Card.	nes in colur ne, enter a	mn (a) (e.g., a generic name	ambula e in (a)	tory surgery and record t	center, endosco he Line No. and	opy). If the	e ıal/proper				
	cord the specialty group acronym in column (b). mplete columns (e) and (f) after developing the sa	mnling nlar	n See nage 1	8 of th	A NHAMCS.	124 for instructiv	nne					
	implete scianine (e) and (i) alter developing the ed	linpinig piai	li. Coo pago i	T	pected No. of							
Line	Name of ambulatory surgery location (Generic)	Specialt group	y AU number		outpatient) sur		Take every	Random start				
No.	, , , , ,			from		to	number					
	(a)	(b)	(c)		(d)		(e)	(f)				
1												
2												
3												
_												
4												
	TOTAL —											
CHE(surgery lo	ocation – <i>Co</i>	ntinue		ic. Make sure t	hat					
15c	- Now I have some questions about gene	erating a	report for a	ill out	patient su	rgery patient	s for sa	mpling.				
	Would you or your IT staff be able to g a single list of outpatient surgery case following locations? (Read each ambulato	s for the	1 □ Yes 2 □ No -		Y 2 IISTS J	SKIP to item 15e – Continue witl		-d				
4	location name listed above.) Let Would you or your IT staff be able to					em 11 is marked		iu.				
	generate one list of outpatient surger for some of these locations?	ry cases	Amb	ulatory	Unit Record, inue with ite	, Section B.						
	Record the name and telephone number of the contact on the Conrol Card.	he IT	IT Contact na			RECOR	D ON					
	Give a copy of the "Single Sampling List Inst to the IT contact.	tructions"	Telephone nu (Area code ar		er)	CONTRO	_)				
FR	If multiple logs can be combined into one list included in the list.	st, assign t	he same AU	numb	er to each lo	ocation whose I	og is					

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	Section III – AMBULATORY SURGER	Y CEN	TER DESCR	RIPTION - C	ontinued					
15e.	Does your ASC submit CLAIMS electronically (electronic billing)?	1 Yes, all electronic 3 No 2 Yes, part paper and 4 Unknown part electronic 1 Yes, all electronic 1 Yes, all electronic 2 Yes, part paper and part electronic Go to item 15f1 3 No 4 Unknown SKIP to item 15g								
f.	Does your ASC use an electronic MEDICAL record (EMR) or electronic HEALTH record (EHR) system. Do not include billing record systems.									
	(1) Which year did your ASC install your EMR/EHR system?		Year							
	(2) What is the name of your current EMR/EHR system?		llscripts	7 ☐ GE Cer 8 ☐ Greenw	•	Praxis				
	Mark (X) only one box.	2	Practice One Sage Intergy Other Unknown							
g.	Does your ASC have plans for installing a new EMR/EHR system within the next 18 months?	1	lo							
h.	Indicate whether your ASC has each of the following computerized capabilities. Does the reporting location have a computerized system for: Mark (X) only one box per row.	<u>n</u>	Yes	Yes, but turned off or not used	No	Unknown				
	(1) Patient history and demographic information	on? .	1 1	Skip to 15h2	3 Skip to 15h2	4 ☐ Skip to 15h2				
	If Yes, ask - (a) Does this include a patient probler	m list?	1 🗌	2 🗌	3 🗆	4 🗌				
	(2) Clinical notes?		1 1	2 Skip to 15h3	3 ☐ Skip to 15h3	⁴ □ Skip to 15h3				
	If Yes, ask – (a) Do they include a list of medicatio that the patient is taking?	ns	 1	2 🗆	3 🗆	4 🗆				
	(b) Do they include a comprehensive the patient's allergies (including al to medication)?	list of llergies	 	2 🗆	з 🗆	4 🔲				
	(3) Orders for prescriptions?		1	2 🗌	3 🗌	4 🗌				
				Skip to 15h4	Skip to 15h4	Skip to 15h4				
	If Yes, ask – (a) Are warnings of drug interactions containdications provided?			2	3	4				
	(b) Are prescriptions sent electronica the pharmacy?	lly to	 1	2 🗌	з 🗆	4 🗌				
	(4) Orders for lab tests?		1 🗆	2 Skip to 15h5	3 ☐ Skip to 15h5	4 Skip to 15h5				
	If Yes, ask – (a) Are orders sent electronically to the	he lab?	1	2 🗆	3 🗆	4 🗆				
	(5) Viewing lab results?		1	²	3 ☐ Skip to 15h6	4 ☐ Skip to 15h6				
	If Yes, ask - (a) Are results incorporated in EMR/E	EHR?	1	2 🗆	3 🗆 — —	4 🗆				
	(b) Are out of range levels highlighted	d?	1 🗆	2 🗌	з 🗆	4 🗆				
	(6) Viewing imaging results?		1	2 🗆	3 □	4 🗆 /				

Section III – AMBULATORY SURGERY CENTER DESCRIPTION – Continued											
15h. Continued					6	Yes, but turned off or not used	No	Unknown			
(7) Reminders for guideling screening tests?	e-based inte	rventi	ions or			2 🗌	3 🗆	4 🗆			
(8) Electronic reporting to	immunizatio	n reg	istries?	1 🗆		2 🗌	з 🗌	4 🗌			
i. At your ASC, if orders for pare submitted electronica	rescriptions Ily, who subr	or la mits t	b tests hem?	2 () () () () () () () () () (1 ☐ Prescribing practitioner 2 ☐ Other clinician (including RN) 3 ☐ Lab technician 4 ☐ Administrative personnel 5 ☐ Other 6 ☐ Prescriptions and lab test orders not submitted electronically 7 ☐ Unknown						
j. Beginning in 2011, Medicare incentives to facilities that Health IT". Does your ASC h Medicare or Medicaid incen meaningful use of Health IT	have meaning ave plans to tive payment	gful us apply	se of	2 U	Jncert No, we		ipply – <i>Go to</i> we will apply ily				
(1) What year do you expe meaningful use payme	ct to apply f nts?	or the	•								
(2) What incentive payment do you plan to apply for? 1 Medicare 2 Medicaid 3 Unknown											
	ection IV – A										
	ETE FOR EAC										
a. Mark (X) specialty — 1 ☐ GEN 2 ☐ MULTI 3 ☐ (tion A – AMB Gl 4□ OPI				RMA		□PAIN 8	OTHER			
b. AU No. 1 of Total AU's sampled within the ASC											
	Section B										
1. Take every number						visits during coms within t					
Random start number Stimated number of visits in this AU during reporting period		- 1	REPORTIN PERIOD <i>(Month Da</i> y		Fron	<u>n:</u>					
Item 6 is the AU No. from Section A, It Items 7 and 8 are each 1.	em b.	6. S	U number		'	imerator	8. Den	ominator			
9. What was the total number of patient visits to this AU from (dates specified in		ek 1	Wee	NUN ek 2		OF VISITS Veek 3	Week 4	TOTAL			
B5)?(Refer to patient logs, etc. Asl necessary.DO NOT LEAVE TOTA BLANK. BE AS COMPLETE AND ACCURATE AS POSSIBLE.)	L	/_	_	/		/_	_/ /_				
10. How many patient record forms we	ere Wee	ek 1	We	NUM ek 2		OF FORMS Veek 3	Week 4	TOTAL			
filled out for this AU?		OK I	VVE	OR Z	V	TOOK O	V V CCN +	TOTAL			
11. Was this Ambulatory Unit Record co surgery locations that were combine	mpleted for mul d in a single list	tiple ar ?	mbulatory		1	Yes 2	No, this Amb Record is for ambulatory s	ulatory Unit a single urgery location			

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Section IV - AMBULATORY UNIT RECORD - Continued

Section C - ASC INFORMATION AND LOGS

1. W	hat are	the usi	ıal opera	ating ho	urs of th	nis unit?
------	---------	---------	-----------	----------	-----------	-----------

5 ()	_			Mark (X) ONLY one					
Day(s)	'	īme		Open 24 hours	Not open	Hours vary			
(a)		(b)		(c)	(d)	(e)			
Monday	FROM a.m.	ТО	a.m.						
ivioriday	p.m.	ĺ	p.m.	1 🗆	2	з 🗌			
Tuesday	FROM a.m.	ТО	a.m.						
lacoday	p.m.	 	p.m.	1 🗌	2	з 🗌			
	FROM a.m.	TO	a.m.]]			
Wednesday	p.m.	1	p.m.	1 🗌	2	3 🗌			
Thursday	FROM a.m.	ТО	a.m.	_					
Thursday	p.m.	I	p.m.	1 🗌	2	3 🗌			
L'idov	FROM a.m.	TO	a.m.						
Friday	p.m.	 	p.m.	1 🗌	2	з 🗆			
Catanalan	FROM a.m.	TO	a.m.		_	_			
Saturday	p.m.	l .	p.m.	1 🗌	2	з 🗌			
Sunday	FROM a.m.	то	a.m.						
Journay	p.m.		p.m.	1 🗌	2	3 🗌			

Section D - VERIFICATION OF ESTIMATED VISITS

	Verify with ASC director BEFORE data collection begins (and records have been pulled).	
1.	According to our information, about (number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate?	1 Yes – SKIP to section G 2 No
2.	About how many visits do you expect during the	Revised estimate
	reporting period,to?	
	Determine if new Take Every and Random Start numbers must be calculated for this ASC.	
3a.	Divide the revised estimate by the original estimate from B-3.	Revised estimate
	estimate from b-3.	Original estimate (Result)
b.	Is the result of (a) between 0.7 and 1.3?	1 Yes – <i>SKIP to section G</i> 2 No
	Section E – CALCULATE NEW TAKE EVERY AN	ND RANDOM START NUMBERS FOR THIS ASC
1.	Calculate new Take Every, using the appropriate table (page 19) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).	New Take Every
2.	Calculate new Random Start, using the next available row on the label affixed to the back of the	New Bandom Start

Section G - PATIENT RECORD FORM INFORMATION

Enter the range of Patient Record Forms that were ACTUALLY used by the unit.													
FIRST FOLIO	FROM:							TO:					
SECOND FOLIO	FROM:							TO:					
THIRD FOLIO	FROM:							TO:					

Section IV – AMBULATORY	UNIT RECORD - Continued				
Section H – FINAL DISPOSITION					
1. FINAL DISPOSITION	Ambulatory unit 1 Participated a Patients seen, Continue to Item 2 b No patients seen 2 Refused 3 Closed a Temporary b Permanent 4 Ineligible a AU not under auspices of ASC b Only ancillary services provided c AU classified as out-of-scope d Other - Specify				
2. Who completed the patient record forms? Mark (X) all that apply	1 ☐ ASC staff 2 ☐ FR – abstraction DURING reporting period 3 ☐ FR – abstraction AFTER reporting period 4 ☐ Other – Specify				
NOTES					

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Section IV - AMBULATORY UNIT RECORD

COMPLETE FOR EACH AMBULATORY UNIT SELECTED

Continue A AMBILL ATORY LIMIT INCORMATION

	Moule (V) and	oio lh c	Section A	- AME	ULAIC	KY UNII II	NFU	RWATION			
a.	Mark (X) spec					7.00=110	_	7.0.4.07.0			
	1 ☐ GEN	2 MULTI	₃□ GI	4 OP	H 5L	ORTHO	6	PLASTIC	7 □ PA	.IN	8□ OTHER
b.	AU No. 2	of									
	Total AU's sa	mpled within t									
			Sec	tion B		PLE INFOR			urina ranar	ting	
1.	Take every no	umber			per	al estimated i	pera	ting rooms w	vithin the A	SC	
2.	Random start	number				EPORTING ERIOD		From:	/		_/
3.	Estimated nur AU during rep		in this			onth Day Yea	ar)	To:	/	_	/
	6 is the AU N		on A, Item b.		6. SU	number		7. Numerato	r	8. Den	ominator
nem	s 7 and 8 are	each i.				2		1			1.00
9.	What was the	total number	of patient		'		NU	MBER OF VIS			
	visits to this A B5)?(Refer to	U from (dates	s specified in 🛚	We	ek 1	Week 2		Week 3	V	Veek 4	TOTAL
	necessary.DC	NOT LEĂVE	E TOTAL L	/ _ :	/				/_ _ /_		_
	BLANK. BE A ACCURATE										
			,				NUN	MBER OF FOR	RMS		
10.	How many pa filled out for th	nis AU?	oms were	We	ek 1	Week 2		Week 3	V	Veek 4	TOTAL
11.	Was this Amb	ulatory Unit Re	ecord complete	d for mu	Itiple aml	oulatory		₁ ☐ Yes	2□ No,	this Am	bulatory Unit
surgery locations that were combined in a		single list?						or a single surgery location			
			Continu	- A	eo inie	ODMATION	AN	DIOCE	am	balatory	Surgery recution
						ORMATION	AN	LUGS			
1.	What are th	e usual ope	erating hour	s of th	is unit?			,	Mark (V) OA	11 V ana	
	Day(s)		٦	Time		One	en 24 hours	Mark (X) ON Not ope		Hours vary	
	(a)			(b)			Op.	(c)	(d)		(e)
	Manda	FROM	a.m.	ТО		a.m.			_		
	Monday		p.m.	 		p.m.		1 🗌	2		3 🗌
		FROM	a.m.	TO		a.m.					
	Tuesday		p.m.			p.m.		1 🗌	2		3 🗌
		FROM		ТО		0 m					
	Wednesday		a.m. p.m.			a.m. p.m.		1 🗌	2		з 🗆
		FROM		l TO							
	Thursday		a.m. p.m.			a.m. p.m.		1 🗆	2		3 🗌
		FROM		 TO		P					
	Friday	THOW	a.m.	1		a.m.		. 🗆			
			p.m.	1		p.m.		1 🗌	2		3 🗌
	Saturday	FROM	a.m.	l TO		a.m.					
	L		p.m.	 		p.m.		1 🗌	2		3 🗌
		FROM	a.III.	TO		a.m.					
	Sunday		p.m.	 		p.m.		1 🗌	2		3 🗆

	Section IV – AMBULATORY UNIT RECORD – Continued							
	Section D – VERIFICATIO	N OF ESTIMATED VISITS						
1.	Verify with ASC director BEFORE data collection begins (and records have been pulled). According to our information, about (number from B-3) patient visits are expected during the reporting period. Do you agree with this estimate?	1 ☐ Yes – <i>SKIP to section G</i> 2 ☐ No						
2.	About how many visits do you expect during the	Revised estimate						
	reporting period, to?							
За.	Determine if new Take Every and Random Start numbers must be calculated for this ASC. Divide the revised estimate by the original estimate from B-3.	Revised estimate Original estimate (Result)						
b.	Is the result of (a) between 0.7 and 1.3?	1 ☐ Yes – <i>SKIP to section G</i> 2 ☐ No						
	Section E – CALCULATE NEW TAKE EVERY AN	ID RANDOM START NUMBERS FOR THIS ASC						
1.	Calculate new Take Every, using the appropriate table (page 19) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits from B-4).	New Take Every						
2.	Calculate new Random Start, using the next available row on the label affixed to the back of the NHAMCS-101(FS).	New Random Start						
	Section G – PATIENT RECORD FORM INFORMATION							
1.	Enter the range of Patient Record Forms that were ACTUA	LLY used by the unit.						
ı	FIRST FOLIO FROM:	то:						
	SECOND FOLIO FROM:	TO:						
-	THIRD FOLIO FROM:	то:						
N	OTES							
_								
_								
_								

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Section IV - AMBULATORY UNIT RECORD - Continued **Section H - FINAL DISPOSITION** 1. FINAL DISPOSITION Ambulatory unit □ Participated a ☐ Patients seen, Continue to Item 2 b ☐ No patients seen 2 Refused з 🗌 Closed a Temporary b Permanent **END** 4 ☐ Ineligible ✓ a AU not under auspices of ASC b ☐ Only ancillary services provided c ☐ AU classified as out-of-scope d ☐ Other – Specify _▽ 2. Who completed the patient record forms? Mark (X) all that apply 1 ☐ ASC staff 2 ☐ FR - abstraction DURING reporting period 3 ☐ FR – abstraction AFTER reporting period 4 ☐ Other – Specify ∠ **NOTES**

Section IV - AMBULATORY UNIT RECORD

COMPLETE FOR EACH AMBULATORY UNIT SELECTED

Section A – AMBULATORY UNIT INFORMATION									
	Mark (X) speci	alty —] MULTI	3□ GI 4	OPH		ORTHO	6□ PLASTIC	7□ PAIN	8□ OTHER
		of	3 GI 4		5 🗆	ONTRO	6 PLASTIC	/ L PAIN	8 OTHER
b. AU No. 3 of Total AU's sampled within the ASC									
			Sec	tion B	– SAM	PLE INFOR	MATION		
1.	Take every nur	mber			4. Tot per	al estimated i	number of visits operating rooms	during reporting within the ASCs	
2.	Random start r	number				EPORTING ERIOD	From:	/	/
3.	Estimated num AU during repo				(N	lonth Day Yea	7 10.	1	/
Item	6 is the AU No	. from Sect	ion A, Item b.		6. SU	number	7. Numerat	or 8. [Denominator
Item	ns 7 and 8 are e	ach 1.				3	1	I	1.00
9.	What was the t	otal numbe	r of patient				NUMBER OF VI		
	visits to this AU	J from (date	es specified in	We	ek 1	Week 2	Week 3	B Week	4 TOTAL
	B5)?(Refer to p necessary.DO BLANK. BE AS	NOT LEÁV	E TOTAL	/ _ =	/	_ /		_'_	
	ACCURATE AS								
10	Haw many nati	ont roosed f	Ormo Moro				NUMBER OF FO	ORMS	
10.	How many patie filled out for this	ent record i s AU?	oms were	We	ek 1	Week 2	Week 3	B Week	4 TOTAL
11.	Was this Amhu	latory Unit F	Record comple	ted for r	nultiple :	ambulatory	1 ☐ Yes	2 □ No. this A	mhulatory I Init
	surgery locations that were combined in a single list? Record is for a single								
								ambulator	y surgery location
			Section	C – A	SC INF	ORMATION	AND LOGS		
1.	What are the								
	. What are the usual operating hours of this unit? Mark (X) ONLY one								
		usuai op			is unit?			Mark (X) ONLY o	ne
	Day(s)	usuai op		Гіте	is unit?		Open 24 hours	Not open	ne Hours vary
	Day(s) (a)			Γime (b)	is unit?		Open 24 hours	\ \ \ \ \ \	
	(a)	FROM	a.m.	Γime (b) TO	is unitî	a.m.	(c)	Not open (d)	Hours vary (e)
		FROM	-	(b) TO	is unit:		•	Not open	Hours vary
	(a) Monday		a.m. p.m.	(b) TO	is unit?	a.m. p.m.	(c)	Not open (d)	Hours vary (e)
	(a)	FROM	a.m.	(b) TO TO	is unit?	a.m.	(c)	Not open (d)	Hours vary (e)
	(a) Monday	FROM	a.m. p.m. a.m. p.m.	(b) TO	is unit?	a.m. p.m. a.m. p.m.	. (c)	Not open (d)	Hours vary (e)
	(a) Monday Tuesday	FROM	a.m. p.m. a.m. p.m.	(b) TO	is unit?	a.m. p.m. a.m. p.m.	. (c)	Not open (d)	Hours vary (e) 3
	(a) Monday	FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m.	(b) TO	is unit?	a.m. p.m. a.m. p.m.	. (c)	Not open (d)	Hours vary (e)
	(a) Monday Tuesday Wednesday	FROM	a.m. p.m. a.m. p.m. a.m. p.m.	(b) TO	is unit?	a.m. p.m. a.m. p.m.	1	Not open (d) 2 2 2 2	Hours vary (e) 3 3 3
	(a) Monday Tuesday	FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m.	(b) TO	is unit?	a.m. p.m. a.m. p.m. a.m. p.m.	. (c)	Not open (d)	Hours vary (e) 3
	(a) Monday Tuesday Wednesday	FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m.	(b) TO	is unit?	a.m. p.m. a.m. p.m. a.m. p.m.	1	Not open (d) 2 2 2 2	Hours vary (e) 3 3 3
	(a) Monday Tuesday Wednesday	FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m.	(b) TO	is unit?	a.m. p.m. a.m. p.m. a.m. p.m.	1	Not open (d) 2 2 2 2	Hours vary (e) 3 3 3
	(a) Monday Tuesday Wednesday Thursday	FROM FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m.	(b) TO	is unit?	a.m. p.m. a.m. p.m. a.m. p.m.	1	Not open (d) 2 2 2 2 2 2 2	Hours vary (e) 3 3 3 3
	(a) Monday Tuesday Wednesday Thursday Friday	FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	(b) TO	is unit?	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	1	Not open (d) 2 2 2 2 2 2 2 2 2 2	Hours vary (e) 3 3 3 3 3
	(a) Monday Tuesday Wednesday Thursday	FROM FROM FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	(b) TO	is unit?	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	1	Not open (d) 2 2 2 2 2 2 2	Hours vary (e) 3 3 3 3
	(a) Monday Tuesday Wednesday Thursday Friday	FROM FROM FROM FROM	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	(b) TO	is unit?	a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m.	1	Not open (d) 2 2 2 2 2 2 2 2 2 2	Hours vary (e) 3 3 3 3 3

Section IV - AMBULATORY UNIT RECORD - Continued **Section D - VERIFICATION OF ESTIMATED VISITS** Verify with ASC director BEFORE data collection begins (and records have been pulled). 1. According to our information, about 1 ☐ Yes - SKIP to section G (number from B-3) patient visits are 2 No expected during the reporting period. Do you agree with this estimate? 2. About how many visits do you expect during the Revised estimate to reporting period, Determine if new Take Every and Random Start numbers must be calculated for this ASC. Revised estimate 3a. Divide the revised estimate by the original estimate from B-3. (Result) Original estimate b. Is the result of (a) between 0.7 and 1.3? 1 ☐ Yes - SKIP to section G 2 No. Section E - CALCULATE NEW TAKE EVERY AND RANDOM START NUMBERS FOR THIS ASC **1.** Calculate new Take Every, using the appropriate table (page 19) of the NHAMCS-124. (Use the revised estimate of visits from D-2 and the original total visits New Take Every from B-4). 2. Calculate new Random Start, using the next available row on the label affixed to the back of the New Random Start NHAMCS-101(FS). **Section G - PATIENT RECORD FORM INFORMATION** 1. Enter the range of Patient Record Forms that were ACTUALLY used by the unit. FIRST FOLIO FROM: TO: SECOND FOLIO FROM: TO: THIRD FOLIO FROM: TO: NOTES

Section IV - AMBULATORY UNIT RECORD - Continued **Section H - FINAL DISPOSITION** 1. FINAL DISPOSITION Ambulatory unit 1 Participated a Patients seen, Continue to Item 2 b ☐ No patients seen 2 Refused з 🗌 Closed a Temporary b Permanent **END** 4 ☐ Ineligible ✓ $a \square AU$ not under auspices of ASC b ☐ Only ancillary services provided c ☐ AU classified as out-of-scope d ☐ Other - Specify ~ 2. Who completed the patient record forms? Mark (X) all that apply 1 ☐ ASC staff 2 ☐ FR - abstraction DURING reporting period 3 ☐ FR – abstraction AFTER reporting period 4 ☐ Other – Specify ∠ **NOTES**

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	Section V - DISPOS	SITION AND SUMMARY
	AMBULATORY	UNIT CHECKLIST
Se Ei Se D	ow many ambulatory surgery locations were elected for sample? Inter 0 if no ambulatory surgery locations were elected for sample. id you complete an Ambulatory Unit ecord for each log/list?	Number of ambulatory surgery locations 1 □ Yes 2 □ No − Explain
b. Nu	umber of ASC Patient Record Forms completed	Number of ASC PRFs
17. FII	NAL DISPOSITION	1 All eligible units completed Patient Record Forms 2 Some eligible units completed Patient Record Forms 3 ASC refused 4 ASC closed 5 ASC ineligible ASC ineligible ASC ine
	Section VI –	NONINTERVIEW
ref	what point in the interview did the fusal/breakoff occur? ark (X) appropriate box(es)	□ During the telephone screening □ During the ASC induction □ After the ASC induction, but prior to assigned reporting period □ During the assigned reporting period
b. By	whom?	ASC administrator ASC director Approval board or official A□ Other ASC official
C. Wa	as the refusal by telephone or in person?	1 ☐ Telephone 2 ☐ In person
d. Wr	nat reason was given?	
e. Wa	as conversion attempted?	1 □ Yes 2 □ No

NOTES	

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