

A. Facility name

B. Facility number

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2006 National Survey of Ambulatory Surgery

Facility Questionnaire

Prepared for the
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

by

U.S. Department of Commerce
Economics and Statistics Administration
U.S. Census Bureau



Dear Administrator,

The National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC) is conducting the National Survey of Ambulatory Surgery (NSAS) on a randomly selected nationwide sample of ambulatory surgery facilities. Your facility has been selected to be in the NSAS. Data collection for the NSAS is authorized by the Public Health Service Act (Title 42, United States Code, Section 242k). As one of the facilities selected in our national sample, your participation is essential to the success of the study. Although participation in the NSAS is voluntary, it has received the endorsement of many professional associations in the field of ambulatory surgery.

We would like some information about your facility, including facility accreditation, operations, specialities, staff training, and patient statistics. Please attempt to answer all questions as accurately as possible. The information you provide will be used only for research purposes and will be held in strict confidence. No information will be released to the public that could identify your facility. After you complete the questionnaire, please place it in the postage paid envelope provided by the U.S. Census Bureau Field Representative.

Thank you.

Please answer as many questions as you can in reference to the facility listed on the front cover.

NOTICE – Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0334). Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

Facility Profile

A

This section asks questions about the facility accreditation, certification, operations, and revenue.

1a. Is this facility (hospital) accredited?

- Yes → Go to item 1b
- No → SKIP to item 2

b. Please indicate the organization through which you are accredited.

(Mark (X) all that apply.)

- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- American Association for Accreditation for Ambulatory Surgery Facilities (AAAASF)
- Accreditation Association for Ambulatory Health Care (AAAHHC)
- American Osteopathic Association (AOA)
- Other – Specify ↴

2. Is this facility (hospital) currently licensed by the state?

- Yes
- No

3a. Is this facility (hospital) Medicare certified?

- Yes → Go to item 3b
- No → SKIP to item 4

b. Does this facility have its own Medicare ID Number (sometimes referred to as a Provider of Service (POS) number) or does it share this number with another facility (i.e., with a hospital)?

- This facility has its own Medicare ID/POS number. → Go to item 3c
- This facility shares its Medicare ID/POS number with another facility. → SKIP to item 3d

c. What is the Medicare ID/PSOS number?

d. If shared, with what other facility is the Medicare ID/POS number shared?

4. This facility (hospital) is owned, operated, or managed by – (Mark (X) all that apply.)

- A hospital
- One or more physicians
- A managed care organization
- Another healthcare provider
- A healthcare corporation that owns multiple healthcare facilities (e.g., HCA or Health South)
- Other – Specify ↴

5. Does this facility (hospital) provide regularly scheduled ambulatory surgery on any evenings (i.e., after 6 p.m.)?

- Yes
- No

6. Does this facility (hospital) provide regularly scheduled ambulatory surgery on weekends?

- Yes
- No

Continue with item 7 on page 4.

A Facility Profile – Continued

7. What percent of this facility's (hospital's) ambulatory surgery revenue (payer mix) from patient care comes from –

GOVERNMENT SOURCES

Medicare

If available, also note whether –

Fee-for-service

HMO

PPO

Medicaid

If available, also note whether –

Fee-for-service

HMO

PPO

TRICARE

Worker's compensation

Other government

If so, specify ↴

PRIVATE INSURANCE

Private or commercial

If available, also note whether –

Fee-for-service

HMO

PPO

7. Continued

OTHER SOURCES

Self pay

If available, also note whether –

Not covered by insurance

Had no health insurance

Charity care/Write off

No charge

Other

If so, specify ↴

8. Please indicate what percent of physicians who perform ambulatory surgery at this facility (hospital) are paid through the following mechanisms?

Hospital contract with individual physician or group of physicians

Contract or salary from HMO/PPO

Salary from your facility

Salary from doctor's own practice

Fee for service from patient

Fee for service from insurance companies

Other

A Facility Profile – Continued

9a. What percent of the cases who receive ambulatory surgery in this facility (hospital) are NOT scheduled for surgery in advance?

 %

b. Of the unscheduled cases, what percent are emergencies?

 %

10. Have you implemented or do you plan to implement National Patient Safety Goals procedures (e.g., JCAHO's *Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery*) or similar safety standards?

- Have already implemented
- Plan to implement
- Do not plan to implement
- Unknown

11. What procedures does your facility (hospital) have in place in case an untoward event occurs?

(Mark (X) all that apply.)

- Staff trained in Basic Life Support (BLS)
- Staff trained in Advanced Cardiac Life Support (ACLS)
- Staff trained in Pediatric Advanced Life Support (PALS)
- Onsite life safety equipment (i.e., defibrillators)
- Transfer agreements with hospital(s)
- Agreements with physicians
- Arrangements with ambulance and/or helicopter services
- Other – *Specify*
- None of the above

HOSPITAL ONLY

12. What type of ownership is this hospital?

- Nonprofit
- Government
- Church related
- Other – *Specify*

For profit

13. Is this hospital a teaching hospital?

- Yes → *SKIP to item 16a*
- No → **What percent of your physicians are affiliated with a teaching hospital?**

 % → *SKIP to item 16a*

FREESTANDING ONLY

14. What is the estimated time it takes to travel from this facility to the closest acute care hospital?

 Minutes

15. Does your facility have extended stay facilities in use?

- No
- < 24 hours
- 24–72 hours
- > 72 hours

B Staff Profile

These next few questions are about the medical staff.

16a. How many physicians or other medical staff perform ambulatory surgery at least once a month in this facility (hospital)?

Of those, how many specialize in -

Anesthesiology?

Cardiology?

Dermatology?

Ear, nose, and throat surgery?

Gastroenterology?

Gastrointestinal surgery?

General surgery?

Gynecological surgery?

Neurology/Neurosurgery?

Ophthalmology?

Orthopedics?

Pain Management?

Pediatrics?

Plastic surgery?

Podiatry?

Urology?

Other - *Specify*

b. How many are board certified?

17. What percent of your ambulatory surgery clinical staff are trained in -

Basic Life Support? %

Advanced Cardiac Life Support? %

Pediatric Advanced Life Support (if applicable)? %

FREESTANDING ONLY

18. What percent of your physicians are affiliated with a teaching hospital?

%

C

Postoperative Care

We would now like to ask questions concerning recovery care and discharge of ambulatory surgery patients from this facility.

19. In the past month, what percentage of your ambulatory surgery cases remained in your facility (hospital) for post operative care [include time in the post anesthesia care unit (PACU) and in observation status]?

Less than 2 hours	<input type="text"/>	%
2 or more but less than 4 hours	<input type="text"/>	%
4 or more but less than 6 hours	<input type="text"/>	%
6 or more but less than 10 hours	<input type="text"/>	%
10 or more but less than 24 hours	<input type="text"/>	%

20. In the past month, were any ambulatory surgery patients kept for 23 hours for postoperative care without admitting them as an inpatient (e.g., in extended observation status)?

- Yes
 No
 Unknown

21. What percentage of your ambulatory surgery patients last month were discharged or transferred to the following places?

Home/Customary residence (e.g., Nursing Home)	<input type="text"/>	%
Observation status for up to 23 hours	<input type="text"/>	%
Recovery care center (or other facility apart from the hospital with overnight care)	<input type="text"/>	%
Hospital Emergency Department	<input type="text"/>	%
Hospital as inpatient	<input type="text"/>	%
Other	<input type="text"/>	%

This concludes the items in this questionnaire.

Thank you for your cooperation.