

A. BASIC CHARACTERISTICS

- A1. In 2014, was your ED open:**
a. 24 hours/day, 7 days/week? 1 Yes 0 No
b. 365 days per year? 1 Yes 0 No
 If **NO** to either question, or if there was a change in 2014, please explain: _____
- A2. Although every ED would evaluate an emergent patient of any age, some EDs predominantly see older patients (e.g., age 12+ years). Other EDs, often in children's hospitals, may predominantly see younger patients (e.g., age <18 years). Does your ED have an age-related policy?**
1 Yes (specify age range): _____ 0 No, all ages seen
- A3. For EDs that regularly treat adults: Does your ED have a separate "pediatric ED" (i.e., a dedicated ED area for children only)?**
1 Yes 0 No 8 Not applicable (e.g., children's hospital)
- A4. a. Number of ED Beds** (exclude hallway and ED-based OBS unit, if applicable) **# ED BEDS**
b. Number of ED-based OBS unit beds **# OBS BEDS**
- A5. Please indicate the total number of patient visits at your ED and the 12 month reporting period to which they apply.**
ED VISITS From / / to / / **# PATIENTS/YR**
- A6. Approximate number of visits by children per year:**
 a. Children (e.g., age <18)
 b. If your ED uses an older age to distinguish between children and adults (e.g., age 21), and it's difficult to obtain data for age <18, please respond above according to your ED cut-off (specify cut-off: **age < _____ years**)
- A7. Approximate percent of patients that arrived to the ED by ambulance** **% BY AMBULANCE**
- A8. Approximate percent of ED patients that were uninsured or 'self-pay'** **% UNINSURED**
- A9. Approximate percent of all ED visits that led to admission, including ICU and OBS admissions (ED-based OBS unit + OBS status)** **% ADMITTED**
- A10. Approximate number of critical care transfers to other facilities (i.e., transfers requiring a level of care beyond ALS – Advanced Life Support)**

B. STAFFING

- B1. For 2014, please indicate the average total number of total staff, after accounting for departures and new hires. Totals are expressed as full-time employees (FTE) – e.g., two half-time = 1 FTE.**
 a. # FTE ED attending physicians
 b. # FTE ED nurses
 c. # FTE ED physician assistants
 d. # FTE ED nurse practitioners
- B2. Is at least one attending physician (not resident) on duty in the ED 24 hours/day, 7 days/week?** (exclude on-call physicians)
1 Yes (Go to B3) 0 No (Go to B2a)
- B2a. When a physician is unavailable, is any physician available to the ED by two-way voice communication 24 hours/day, 7 days/week:**
 i) From within your hospital? 1 Yes 0 No
 ii) From outside of your hospital? 1 Yes 0 No
- B3. In 2014, percent of attending emergency physicians board-certified or board-eligible (BC/BE) by ABEM, AOBEM or ABP/Peds EM** **% BC/BE**
- B4. Is at least one Certified Emergency Nurse (CEN) on duty in the ED 24 hours/day, 7 days/week?**
1 Yes 0 No 2 Don't know
- B5. Do you have identified coordinators for pediatric emergency medicine in your ED?** [check all that apply]
1 Yes, physician coordinator(s)
2 Yes, nurse coordinator(s)
0 No

C. ELECTRONIC RESOURCES IN THE ED

- C1. Does your ED obtain consultation via video conferencing equipment? (e.g., video transmission to outside experts for evaluation of an acute stroke patient in your ED)** 1 Yes (specify): _____ 0 No
- C2. Is a computer system used to collect real-time clinical data in the ED?** 1 Yes 2 Partial/In Progress 0 No
- C3. Are the following available electronically in the ED?**
- | Electronic version of: | Yes | Partial/ In Progress | No |
|--|----------------------------|-----------------------------|----------------------------|
| a. Patient tracking information in ED (e.g., location, admission status) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| b. Hospital discharge summaries | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| c. Current outpatient medications | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| d. ED visit notes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| e. Radiographic images from a prior visit | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| f. Old electrocardiograms | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| g. Laboratory results | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| If YES: Automatic notification of critical values | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| h. Computerized medication ordering (CPOE) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |
| If YES: Computerized error checking (e.g., warnings about medication cross-reaction, allergies, dosage) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0 |

C4. Please respond “yes” or “no” to the following questions.

	Yes	No
a. Is there a clinical laboratory available for your ED with the capacity to perform a potassium blood test 24/7?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Is there a cardiac monitor available immediately in the ED?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. Is there a mechanical ventilator available immediately in the ED?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. Is there a respiratory isolation (negative pressure) room available in the ED?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. Is a CT scanner immediately available to the ED?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Is a MRI scanner immediately available to the ED?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. Is there a radiologist (including tele-radiologist) available 24 hours/day, 7 days/week to read radiographs?	<input type="checkbox"/> 1	<input type="checkbox"/> 0

C5. Is point-of-care (PoC) ultrasound available immediately in the ED? 1 Yes 0 No
(PoC ultrasound is also known as “bedside” or “emergency” ultrasound.)

C6. In your ED, do the emergency physicians (not radiologists, cardiologists, etc.) use PoC ultrasound for clinical care? 1 Yes 0 No

If **NO** to C5 or C6, **SKIP TO D1**
If **YES**, continue

C7. Approximately what percentage of your emergency physicians use PoC ultrasound as part of their clinical practice?
(For example, 40% would mean that 4 out of 10 emergency physicians use PoC ultrasound as part of their clinical practice.)
1 1-20% 2 21-40% 3 41-60% 4 61-80% 5 81-100%

D. TIMING OF CONSULTATIONS, TESTS AND TRANSFERS

We understand that EDs do not always operate under ideal circumstances. In this survey, we encourage you to be candid about your hospital's ED with the assurance that your responses will be kept completely confidential and reported as aggregate data only.

D1. Are the following consultants available <u>in-person</u> to the ED?	On average, how long does the consultant take to arrive?			Is the consultant available 24 hours/day, 7 days/week?				
	Yes	No		Yes	No			
			0-29 min	30-59 min	≥ 60 min			
a. Anesthesiologist	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Cardiologist	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. General Surgeon	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. Neurologist	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. Neurosurgeon	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Obstetrician-Gynecologist	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. Orthopedic Surgeon	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h. Pediatrician	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
i. Plastic Surgeon	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
j. Psychiatrist	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
k. Hand Surgeon	<input type="checkbox"/> 1	<input type="checkbox"/> 0	If YES →	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

D2. What is the average time it takes to obtain the following in the ED? For smaller EDs, some of the tests or equipment listed below may not be available, and some of the other questions may not be applicable. If this is the case, please check the “NA” box.

	< 15 min	15-29 min	30-59 min	≥ 60 min	NA
a. Basic laboratory test results (e.g. CBC, basic chemistry panel)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
b. Arterial blood gas results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
c. Electrocardiogram in adult with chest pain	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
d. Chest x-ray for patient with respiratory distress	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
e. Non-contrast head CT scan to rule-out hemorrhagic stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
f. Type O negative blood for emergent transfusion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
g. Type specific blood for emergent transfusion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 8
h. Time lapsed between request for patient transfer and departure from ED to an <u>intensive care unit</u> (e.g. on a mechanical ventilator)		< 30 min	30-59 min	≥ 60 min	<input type="checkbox"/> 8
i. Time lapsed between request for patient transfer and departure from ED to the <u>Operating Room</u> (e.g. for emergent condition)		< 30 min	30-59 min	≥ 60 min	<input type="checkbox"/> 8
j. Time lapsed between request for patient transfer and departure from ED to a <u>psychiatric inpatient bed</u>		< 3 hrs	3-6 hrs	> 6 hrs	<input type="checkbox"/> 8

E. CROWDING

E1. On a typical day at 6 pm:

a. Are there any ED patients being cared for primarily in the hallway?

- 1 Yes 0 No

b. Are there patients that "board" in the ED for >2 hours until an inpatient bed becomes available?

- 1 Yes 0 No

E2. While patients are boarding in the ED please indicate the physician of record:

- 1 Inpatient attending
2 ED attending
3 Other (specify): _____

E3. Approximate percent of ED patients that left before being seen (LBBS)

% LBBS	

E4. In 2014, was your hospital ever on ambulance diversion?

- 1 Yes 0 No (Go to E5)

If YES,

a. On average, over the entire year, approximately how many hours/month was your hospital on diversion?

DIVERSION HRS/MO		

E5. In 2014, how would you describe your hospital's ED?

- 1 Under capacity 2 Good balance
3 At capacity 4 Over capacity

F. THE CHOOSING WISELY INITIATIVE

F1. Is there a guideline/policy/clinical pathway, or computerized decision support regarding the use of the following in your ED?

Some questions below do not apply to pediatric EDs / children's hospitals, or those without CT/MRI capabilities. If this is the case, please check the "NA" box.

	Guideline/Policy/ Clinical pathway		Computerized decision support		NA
	Yes	No	Yes	No	
a. Head CT in patients with minor head injury who are at low-risk based on validated decision rules	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
b. Head CT in asymptomatic adult patients with syncope, insignificant trauma, and a normal neuro exam	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
c. CT pulmonary angiography in patients at low-risk of pulmonary embolism and either a negative Pulmonary Embolism Rule-Out Criteria (PERC) score or negative D-dimer	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
d. Lumbar spine MRI in adult patients with non-traumatic back pain, no neurological deficits, and no suspicion of a serious underlying condition (e.g., vertebral infection, cauda equina syndrome, or cancer with bony metastasis)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
e. Abdominal/pelvic CT in young otherwise healthy patients with a known history of kidney stones who present with symptoms consistent with uncomplicated renal colic	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8

F2. Do clinicians receive individual feedback regarding use of advanced imaging (e.g., compared to other clinicians in your ED)? 1 Yes 0 No

G. OPIOID MANAGEMENT IN ED PATIENTS

G1. Is there a policy to promote the following actions in your ED?

	Yes	No
a. Use a specific screening tool (1 or more questions) for targeted screening of patients with suspected prescription opioid abuse potential	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Access your state's Prescription Drug Monitoring Program (statewide database of patients' controlled substance prescription histories) before writing a prescription for opioids	<input type="checkbox"/> 1	<input type="checkbox"/> 0
c. Notify primary opioid prescriber or primary care provider when prescribing opioids for ED patients with chronic pain	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d. Refer patients with opioid abuse to treatment and recovery resources	<input type="checkbox"/> 1	<input type="checkbox"/> 0
If YES: Is the patient typically referred to any of the following?		
1. Detox or rehabilitation facility	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. Social worker / case manager	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. Other (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e. Prescribe or dispense naloxone to patients at risk of opioid overdose after ED discharge	<input type="checkbox"/> 1	<input type="checkbox"/> 0