ER. EMERGENCY ROOM UTILIZATION AND EVENTS   8/1/06 – last revised

Round 2 – First administered   MCBS Comm. (Round 46 Main)

MCBS MAIN STUDY - ROUND 46, FALL 2006

COMMUNITY COMPONENT

ER. EMERGENCY ROOM UTILIZATION AND EVENTS

BOX ER1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO **BOX IP1**. OTHERWISE, GO TO ER1.

ER1. [Since (REF. DATE), (have you/has SP) gone/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (SP) go] to a hospital emergency room for medical care?

ERPROBE
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YES ............................................................  1  (ER2)
NO ..............................................................  2  BOX IP1
REFUSED ...................................................  -7  BOX IP1
DON'T KNOW ............................................  -8  BOX IP1
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ER2. Where did (you/SP) go (to which hospital)? [ENTER ONLY ONE HOSPITAL.]
PROVNAME

BOX ER1	a. SP HAS USED V.A. FACILITIES (HI36 = 1).............................. 1 (b)
	     SP HAS NOT USED V.A. (HI36 ≠ 1).. 2 **BOX ER1B**
	
	b. "V.A. FLAG" ≠ -1 FOR THIS PROVIDER .... 1 **BOX ER1B**
	     "V.A. FLAG" = -1 FOR THIS PROVIDER 2 (ER3)

ER3. Is (HOSPITAL) a Department of Veterans Affairs, or V.A., facility?
[FACLVA]

VAPLACE
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YES ............................................................  1
NO ..............................................................  2
REFUSED ...................................................  -7
DON'T KNOW ............................................  -8
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BOX ER1B	a.	SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN) .... 1 (b)
		SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25, AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR ALL PLANS .... 2 **BOX ER1C**
	b.	"MANAGED CARE FLAG" = 1 FOR THIS PROVIDER .... 1 **BOX ER1C**
		"MANAGED CARE FLAG" = 2, -7, -8, -9 FOR THIS PROVIDER 2 (ER3b)
		"MANAGED CARE FLAG" = -1 FOR THIS PROVIDER 2 (ER3a)

ER3a.   Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

        HMOASSOC   YES .... 1 **BOX ER1C**
                                         NO 2 (ER3b)
                                         REFUSED .... -7 (ER3b)
                                         DON'T KNOW .... -8 (ER3b)

ER3b.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

        HMOREFER   YES .... 1 **BOX ER1C**
                                           NO 2 (ER3d)
                                           REFUSED .... -7 **BOX ER1C**
                                         DON'T KNOW .... -8 **BOX ER1C**

ER3c OMITTED IN ROUND 44.

ER3d.   What is the most important reason (you/SP) did not go to an emergency room associated with [READ
[HMONO] MANAGED CARE PLAN NAME(S) BELOW] or an emergency room that [READ MANAGED CARE PLAN
         NAME(S) BELOW] would refer (you/SP) to?

                         PLAN DOES NOT COVER THE SERVICE SP WANTED 1
                         DIFFICULTY OR DELAY IN GETTING SERVICES 2
                         SP PROVIDER PREFERENCE 3
                           THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 4
                         NOT IN A MANAGED CARE PLAN AT TIME OF EVENT 5
NOGOHMO   NO CHOICE – MEDICAL EMERGENCY OR OUT OF SERVICE AREA. 6
NOGOHMOS   OTHER (SPECIFY) _____ 91
                         REFUSED .... -7
                         DON'T KNOW .... -8

| BOX ER1C | IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO ER5. OTHERWISE, GO TO ER4. |

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ER4.   When did (you/SP) go to the emergency room at (HOSPITAL NAMED IN ER2)?
        Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE
        OF DEATH/DATE OF INSTITUTIONALIZATION)]?
        [ENTER ALL DATES.]
        EVBEGMM
        EVBEGDD
        EVBEGYY

BOX ER2	ASK ER5-ER9 FOR EACH VISIT REPORTED AT ER4.

ER5.   For what condition did (you/SP) go to the emergency room on [FIRST/NEXT VISIT DATE]?
        [ENTER ALL CONDITIONS.]
        CONDTION

BOX ER2A	IF THIS VISIT ADDED THROUGH ER1, GO TO ER6. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO ***BOX ST12***. IF THIS VISIT ADDED THROUGH NS, GO TO ***BOX NS11***.

ER6.   (Were you/Was SP) admitted to (HOSPITAL IN ER2) from the emergency room?

        ERADMIT   YES 1   ***BOX ER3***
                                 NO 2   (ER7)
                                 REFUSED .... -7   (ER7)
                                 DON'T KNOW .... -8   (ER7)

BOX ER3	IF ER6 = 1 FOR THIS ER VISIT, FLAG CASE FOR IP SERIES. THEN GO TO ***BOX ER4***.

ER7.   During (your/SP's) visit to the emergency room, were any medicines prescribed for (you/SP)?

        PRESMDCN   YES 1   (ER8)
                                 NO 2   ***BOX ER4***
                                 REFUSED .... -7   ***BOX ER4***
                                 DON'T KNOW .... -8   ***BOX ER4***

ER8.   Were any of the prescriptions filled?
[PRESFILL]
        PRESFILL   YES 1   ***BOX ER3A***
                                 NO 2   ***BOX ER4***
                                 REFUSED .... -7   ***BOX ER4***
                                 DON'T KNOW .... -8   ***BOX ER4***

BOX ER3A	IF THE SCREEN "GETMEDS" (DU10a, ER8a, IP14a, OP11a, MP13a, PM1a, PM3a, PM5a) HAS BEEN DISPLAYED THIS INTERVIEW, GO TO ER9. OTHERWISE, GO TO ER8a. IF THIS IS A RESTART CASE, AND THE SCREEN "GETMEDS" HAS NOT YET BEEN DISPLAYED FOR THIS INTERVIEWING SESSION, GO TO ER8a.

ER8a.   It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell
[GETMEDS] the medicine name correctly and enter the strength of the medicine. [IF RESPONDENT HAS BOTTLE, ASK:] I'll
         need that same information for all of the medicines (you/SP) obtained since the last interview, if you'd like to get
         those bottles, too.

<div align="center">[PRESS ENTER TO CONTINUE.]</div>

ER9.   Please tell me the names of these medicines.
[ALLPMED] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH
         NAME.]
         PMEDNAME
         PMROTYPE

BOX ER4	IF MORE ER VISITS TO THIS HOSPITAL IN VISIT ROSTER, RETURN TO ER5 FOR NEXT VISIT. OTHERWISE, GO TO ER10.

ER10.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF
         INSTITUTIONALIZATION] did (you/SP) have any other visits to the emergency room at this or any other hospital?

         TEMP
                                        YES 1 (ER2)
                                        NO .... 2 ***BOX ER5***
                                        REFUSED .... -7 ***BOX ER5***
                                        DON'T KNOW .... -8 ***BOX ER5***

BOX ER5	IF THIS IS NOT A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, GO TO ***BOX IP1***. IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO ER VISITS FOR THIS ROUND, GO TO ***BOX IP1***. IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO ***BOX IP1***. OTHERWISE, GO TO AC6a FOR MOST RECENT ER VISIT REPORTED FOR THIS ROUND.

AC3 OMITTED IN ROUND 43.

AC4 OMITTED IN ROUND 43.

AC5 OMITTED IN ROUND 43.

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AC6 OMITTED IN ROUND 43.

AC6a.   Think about the <u>most recent</u> time (you/SP) went to the hospital emergency room. How long did (you/SP) have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.

        EWAITUNT

DID NOT HAVE TO WAIT .... 0 ***BOX IP1***
HOURS ONLY .... 1 (a)
MINUTES ONLY .... 2 (b)
HOURS AND MINUTES .... 3 (a & b)
REFUSED .... -7 ***BOX IP1***
DON'T KNOW .... -8 ***BOX IP1***

        EWAITHRS   a.   NUMBER OF HOURS _____ ***BOX IP1***
        EWAITMIN   b.   NUMBER OF MINUTES _____   ***BOX IP1***

ER Addendum

Segments: EVNT
PMRO
XMED
PROV
COND
XCON
HRND
ACCS

BOX ER1:
- ■ "V.A. FLAG" SET FOR THIS PROVIDER: VAPLACE ≠ -1
- ■ "V.A. FLAG" NOT SET FOR THIS PROVIDER: VAPLACE = -1

BOX ER1B:
- ■ HI10a = MCAIDHMO
- ■ HI25 = PPRVHMO
- ■ MEDICARE MANAGED CARE FLAG = COVANYTM
- ■ MANAGED CARE FLAG = HMOASSOC
- ■ "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER: HMOASSOC = -1

BOX ER3:
- ■ "FLAG CASE FOR IP SERIES" includes the following:
  - – create a new EVNT record and prefill the following variables:
    - – EVNTTYPE = IP
    - – EVNTPROV = EVNTPROV of ER EVNT
    - – HMOREFER = HMOREFER of ER EVNT
    - – NOGOHMO = NOGOHMO of ER EVNT
    - – NOGOHMOS = NOGOHMOS of ER EVNT
    - – EVBEGMM = EVBEGMM of ER EVNT
    - – EVBEGDD = EVBEGDD of ER EVNT
    - – EVBEGYY = EVBEGYY of ER EVNT