National Emergency Department Inventory

This survey is funded by the R Baby Foundation (www.rbabyfoundation.org)

Please find below questions that apply to the year 2016 (either fiscal or calendar year is acceptable). If you are unable to quickly find the precise answer, we welcome your best estimate. We would like to know the following about your hospital:

1. What is the name of your hospital/ED? __________________________________________________________________________

2. What is the mailing address of your hospital/ED? __________________________________________________________________________

3. In 2016, was your ED open:
   a. 24 hours/day, 7 days/week? □ Yes □ No
   b. 365 days per year? □ Yes □ No
   If NO to either question, please explain: __________________________________________________________________________

4. 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 ___/___
   MM   YY          MM   YY

5. Approximate number of ED visits by children (e.g., age <18):

   # CHILD ED VISITS
________________________________________________________________________

   5a. If your ED uses another age to distinguish between children and adults (e.g., age 21 years), and it's difficult to obtain data for age <18, please respond above according to your ED’s cut-off.
   If you have used an age other than <18 years, please specify cut-off here: Age < _____ years

6. For EDs that regularly treat adults: Does your ED have a separate "pediatric ED" (i.e., a dedicated ED area for children only)? □ Yes □ No □ Not applicable (e.g., children’s hospital)

7. Do you have identified coordinators for pediatric emergency medicine in your ED? (check all that apply)

   □ Yes, physician coordinator(s) □ Yes, nurse coordinator(s) □ No
   □ Yes, other coordinator(s) (e.g., PA, administrator), please specify: __________________________________________________________________________

8. Does your hospital provide telemedicine services for patient evaluation? □ Yes □ No □ Not sure

9. Does your ED receive telemedicine services for patient evaluation? □ Yes □ No

   If your ED receives telemedicine services, does your ED utilize telemedicine for: (check all that apply)

   □ Pediatrics □ Psychiatry □ Dermatology □ Transfer coordination
   □ Stroke/Neuro □ Trauma □ Radiology □ Other: __________________________________________________________________________

The results from this national survey will be used to upgrade our existing app, EMNet findERnow. We hope that you can help us with this short/simple survey as we work to bring accurate, beneficial ED information directly to those in need.

Please take a moment to send your answers to us in the attached, pre-paid envelope. If you prefer, we also welcome your responses by email (emnet@partners.org) or by fax to 617-724-4050. Another option is to complete this short form online at: https://is.gd/findERnow (please note that the URL is case-sensitive).

Thank you!
Carlos Camargo
(on behalf of EMNet)

We welcome your comments and suggestions! Please feel free to write on the back of this form, or to contact us:

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