

ASC Quality Collaboration Quality Report

2022 Annual and Fourth Quarter 2022

During 2020, the ASC Quality Collaboration developed a new data platform for the collection and reporting of ambulatory surgical center (ASC) quality data. That new platform was used throughout 2021 to compile benchmarking data. Starting with First Quarter 2022, the most recent four quarters of data were included in this report, along with an annual rate for each measure. As of this Fourth Quarter report, the annual rate displayed is for 2022.

It should be noted that two measures were retired from this report in 2020. These two measures are Prophylactic IV Antibiotic Timing and Appropriate Surgical Site Hair Removal. As a result, data for these two measures is no longer included in the quality report. However, the specifications for those two measures are still included in the ASC QC Implementation Guide, which is posted on our website <https://www.ascquality.org/home>

This public report has been made possible through the voluntary efforts of participants in the ASC Quality Collaboration. The Fourth Quarter 2022 data was collected from 1,931 ASCs. The following organizations agreed to collect and submit clinical quality data reflecting patient admissions* from October 1 through December 31:

- Ambulatory Surgery Center Association
- AMSURG
- California Ambulatory Surgery Association
- Covenant Physician Partners
- HCA Ambulatory Surgery Division
- Proliance Surgeons
- Regent Surgical Health
- SCA Health
- Surgery Partners
- United Surgical Partners International (USPI)
- NueHealth
- Visionary Enterprises, Inc

This report presents aggregated performance data for the following ASC facility-level quality measures developed by the ASC Quality Collaboration:

- Patient Fall in the ASC
- Patient Burn
- All Cause Hospital Transfer/Admission
- Wrong Site, Side, Patient, Procedure, Implant
- Normothermia
- Unplanned Anterior Vitrectomy
- Toxic Anterior Segment Syndrome (TASS)
- All Cause Emergency Department Visit Within One Day of Discharge
- All Cause Unplanned Hospital Admission Within One Day of Discharge

This data and the accompanying information do not present all there is to know about the quality of ASCs. Patients are encouraged to discuss these quality indicators with their local ASC staff and their physician.

The data presented here has been self-reported by participating organizations and has not been independently validated by the ASC Quality Collaboration.

Questions or comments regarding this report may be directed to Kathy Wilson, Executive Director, ASC Quality Collaboration at kathy.wilson@ascquality.org.

Patient Fall

Falls are an important issue for patients having outpatient procedures or surgery because virtually all patients receive sedatives, anesthetics and/or pain medications as a routine part of their care. The use of these medications increases the likelihood of a fall.

The frequency of ASC admissions experiencing a fall while in the confines of participating ASCs is shown below as a rate per 1000 admissions. Lower rates are better.

2022 Q4 Rate of Patient Falls

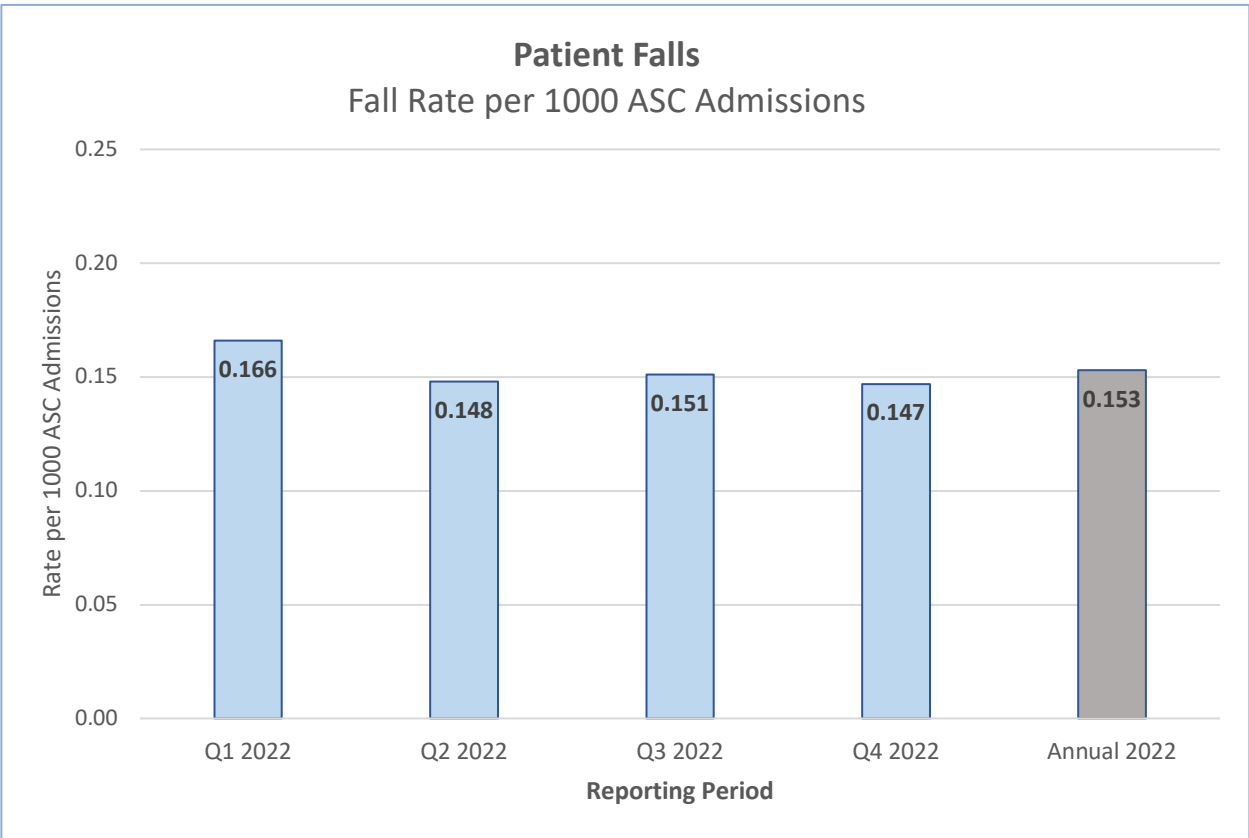
0.147 per 1000 admissions

Represents 2,369,381 ASC admissions seen at 1,931 ASCs between 2022-10-1 and 2022-12-31

The data trends for this measure over the last four quarters as well as an annual rate for 2022 are presented below in both tabular and graphic formats.

Data Summary: Patient Falls

	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Annual 2022
Patient Fall Rate per 1,000 ASC Admissions	0.166	0.148	0.151	0.147	0.153
Number of ASC Admissions Represented	2,101,415	2,168,156	2,233,425	2,369,381	8,872,377



Patient Burn

Burns are an important issue for patients having outpatient procedures or surgery because the equipment and supplies routinely used in providing these types of services can increase the risk that a patient will experience an unintended burn.

The frequency of ASC admissions experiencing a burn, regardless of severity, while in the care of participating ASCs is shown below as a rate per 1000 admissions. Lower rates are better.

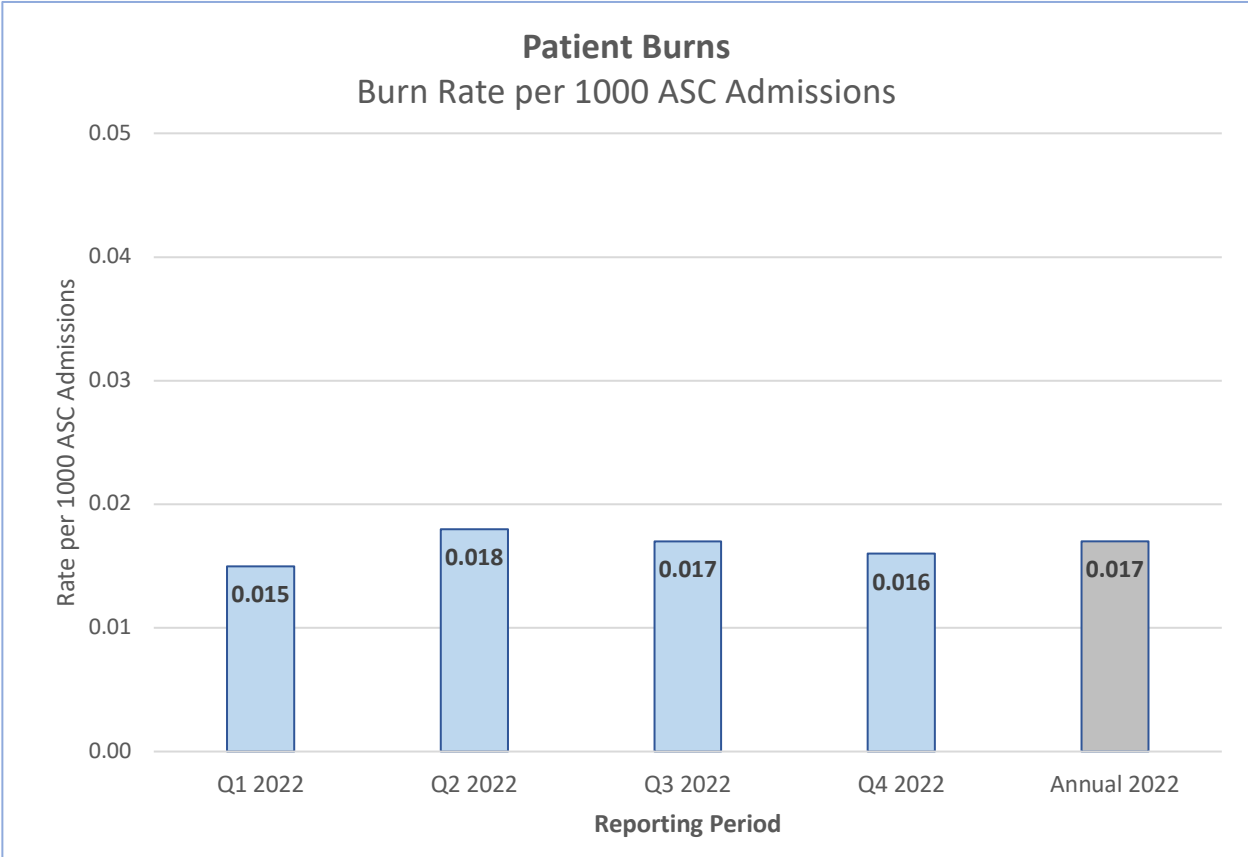
2022 Q4 Rate of Patient Burns	0.016 per 1000 admissions
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Represents 2,369,381 patient admissions seen at 1,931 ASCs between 2022-10-01 and 2022-12-31

The data trends for this measure over the last four quarters as well as an annual rate for 2022 are presented below in both tabular and graphic formats.

Data Summary: Patient Burns

	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Annual 2022
Patient Burn Rate per 1000 ASC Admissions	0.015	0.018	0.017	0.016	0.017
Number of ASC Admissions Represented	2,101,415	2,167,934	2,233,443	2,369,381	8,872,173



All Cause Hospital Transfer/Admission

ASCs provide surgical services to patients not requiring hospitalization. Therefore, ASCs screen patients referred to their facilities to ensure they can be safely cared for as an outpatient.

The frequency of ASC admissions experiencing a transfer or admission to a hospital upon discharge from participating ASCs is shown below as a rate per 1000 admissions. Not all conditions requiring a hospital transfer or admission result from the care the patient received in the ASC, nor can all medical conditions requiring a hospital transfer or admission be anticipated in advance. Therefore, some level of hospital transfer or admission is expected.

2022 Q4 Rate of Hospital Transfers/Admissions

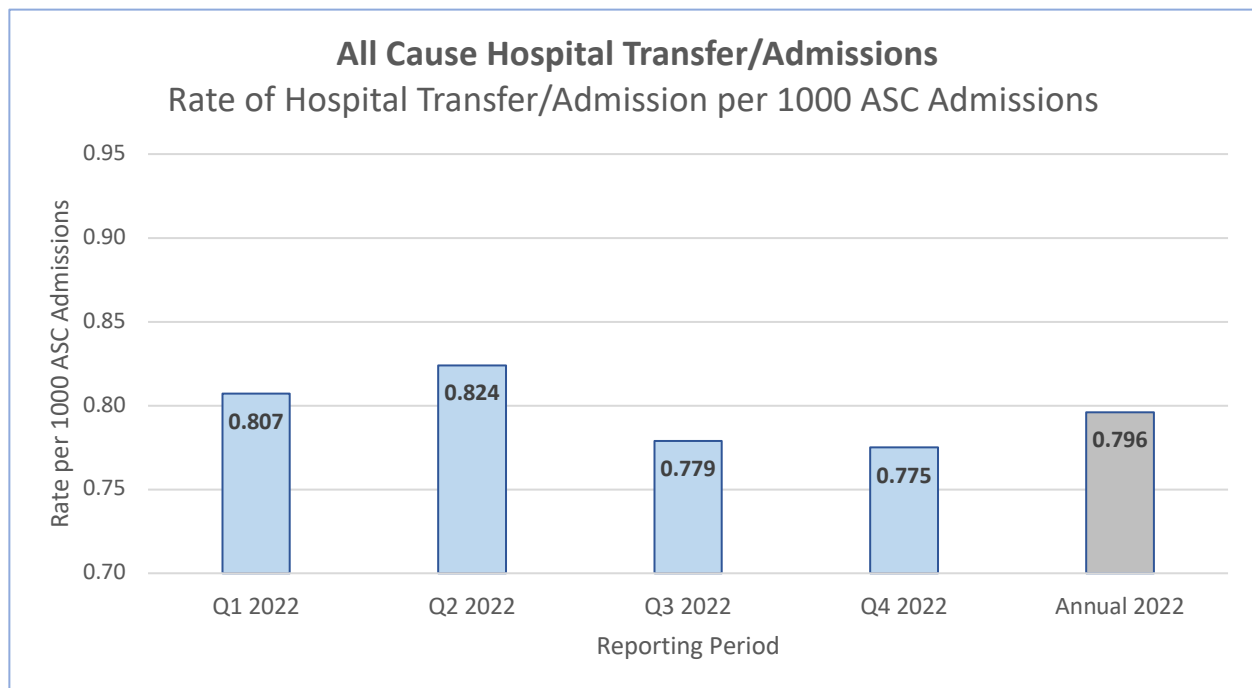
0.775 per 1000 admissions

Represents 2,368,378 patient admissions seen at 1,931 ASCs between 2022-10-01 and 2022-12-31

The data trends for this measure over the last four quarters as well as an annual rate for 2022 are presented below in both tabular and graphic formats.

Data Summary: All Cause Hospital Transfer/Admission

	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Annual 2022
Hospital Transfer/Admission Rate per 1000 ASC Admissions	0.807	0.824	0.779	0.775	0.796
Number of ASC Admissions Represented	2,102,085	2,167,933	2,237,485	2,368,378	8,875,881



Wrong Site, Side, Patient, Procedure, Implant

Wrong site, wrong side, wrong patient, wrong procedure and wrong implant events are a concern for patients having outpatient procedures or surgery. There are steps that can be taken to help prevent errors such as surgery performed on the wrong part of the body or the wrong side of the body.

The frequency of ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event while in the care of participating ASCs is shown below as a rate per 1000 admissions. Lower rates are better.

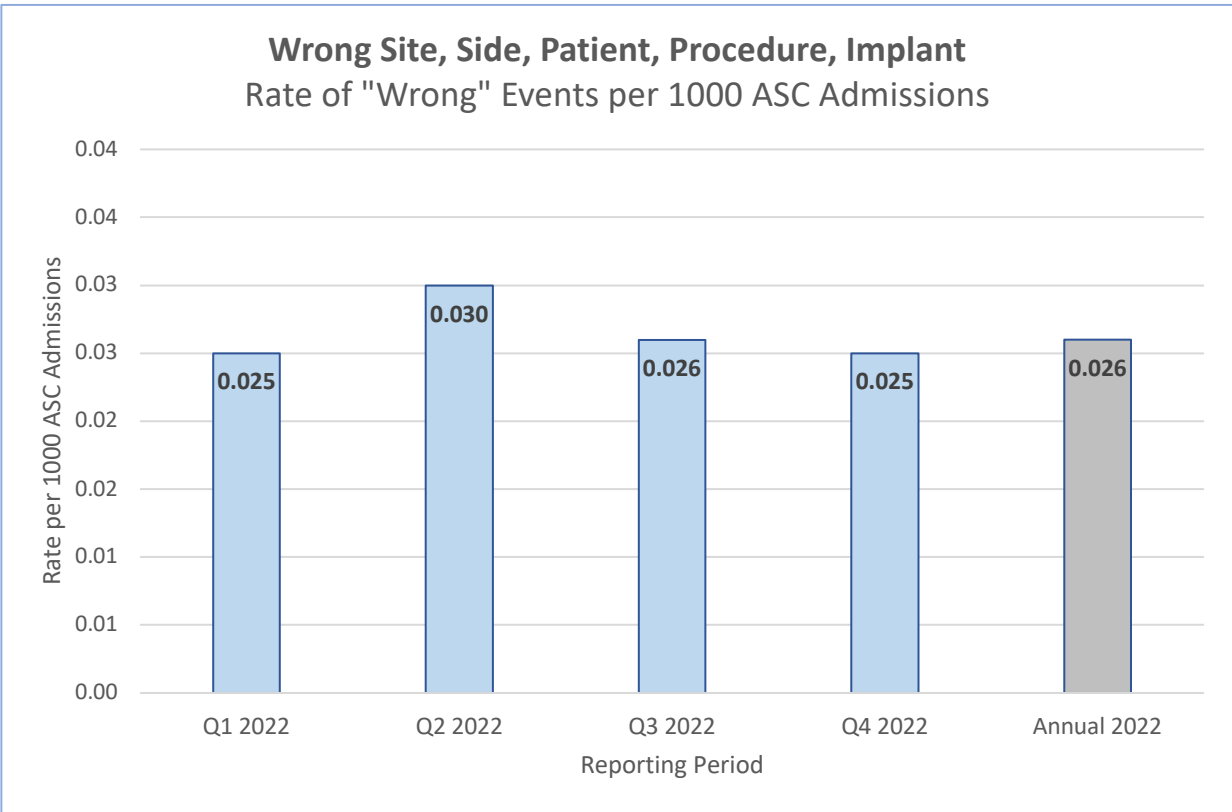
2022 Q4 Rate of Wrong Site, Side, Patient, Procedure, Implant Events **0.025 per 1000 admissions**

Represents 2,366,441 patient admissions seen at 1,929 ASCs between 2022-10-01 and 2022-12-31

The data trends for this measure over the last four quarters as well as an annual rate for 2022 are presented below in both tabular and graphic formats. **Please note that the Q3 rate has been corrected. In the Q3 report, it was incorrectly listed as 0.032.**

Data Summary: Wrong Site, Side, Patient, Procedure, Implant

	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Annual 2022
Rate of Wrong Site, Side, Patient, Procedure, Implant Events per 1000 ASC Admissions	0.025	0.030	0.026	0.025	0.026
Number of ASC Admissions Represented	2,101,415	2,162,420	2,232,533	2,366,441	8,862,809



Normothermia

Maintaining body temperature within a normal range (normothermia) is important in patients who have general, spinal or epidural anesthesia lasting 60 minutes or more. Normothermia helps reduce the risk of surgical complications, including the risk of developing an infection at the surgical site.

The percent of eligible ASC patients that are normothermic within 15 minutes of arrival into the Post Anesthesia Care Unit (PACU) is displayed below. Higher percentages are better.

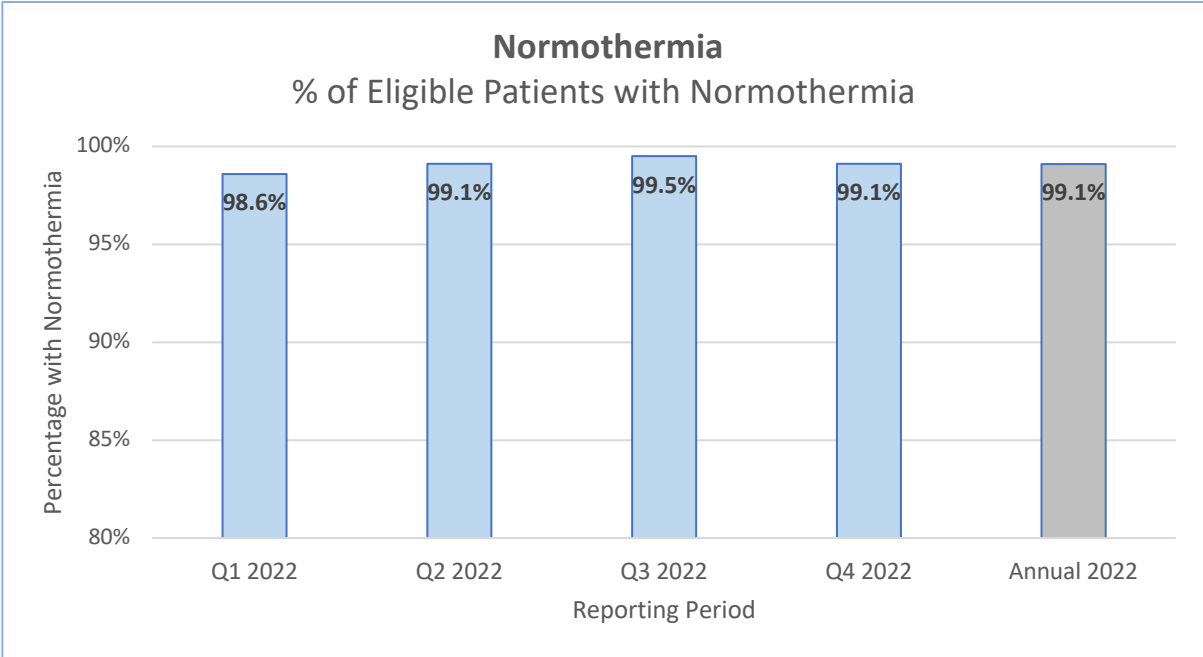
2022 Q4 Percent of Eligible ASC Patients with Normothermia 99.1%

Represents 265,968 patient admissions seen at 1,120 ASCs between 2022-10-01 and 2022-12-31

The data trends for this measure over the last four quarters as well as an annual rate for 2022 are presented below in both tabular and graphic formats.

Data Summary: Percent of Eligible ASC Patients with Normothermia

	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Annual 2022
Percent of Eligible ASC Patients with Normothermia	98.6%	99.1%	99.5%	99.1%	99.1%
Number of ASC Admissions Represented	235,892	244,730	239,588	265,968	986,178



Unplanned Anterior Vitrectomy

An unplanned anterior vitrectomy is a potential complication of cataract surgery.

The percent of ASC cataract surgery patients that experienced an unplanned anterior vitrectomy in ASC cataract surgery patients is shown below. Lower rates are better.

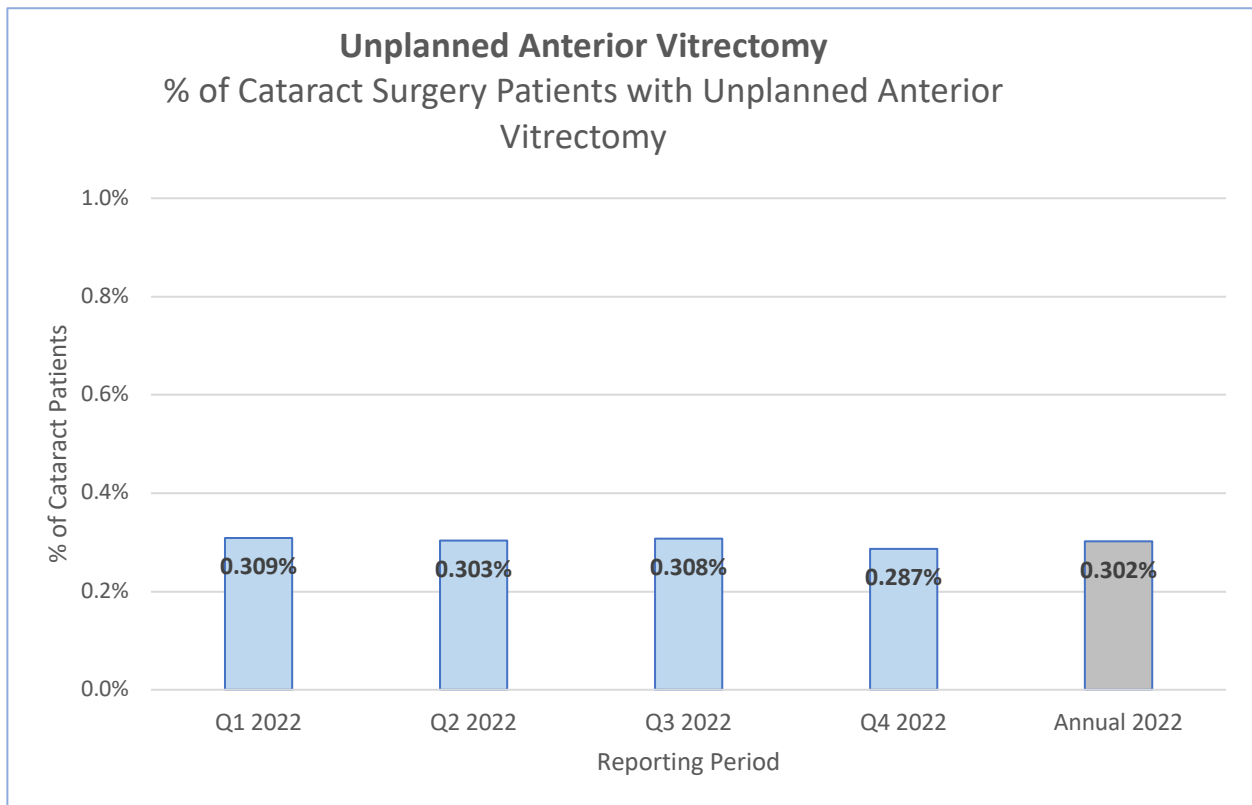
2022 Q4 Percent of ASC Cataract Surgery Patients with Unplanned Anterior Vitrectomy 0.287%

Represents 257,434 patient admissions seen at 701 ASCs between 2022-10-1 and 2022-12-31

The data trends for this measure over the last four quarters as well as an annual rate for 2022 are presented below in both tabular and graphic formats.

Data Summary: Unplanned Anterior Vitrectomy

	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Annual 2022
Percent of ASC Cataract Patients with Unplanned Anterior Vitrectomy	0.309%	0.303%	0.308%	0.287%	0.302%
Number of ASC Cataract Surgery Patients Represented	237,954	247,534	243,636	257,434	986,558



Toxic Anterior Segment Syndrome (TASS)

Toxic anterior segment syndrome (TASS) is a potential complication of anterior segment eye surgery.

The frequency of TASS is shown below as a rate per 1000 anterior segment surgery patients. Lower rates are better.

2022 Q4 Rate of Toxic Anterior Segment Syndrome (TASS)

0.009 per 1000 Anterior Segment Surgery Patients

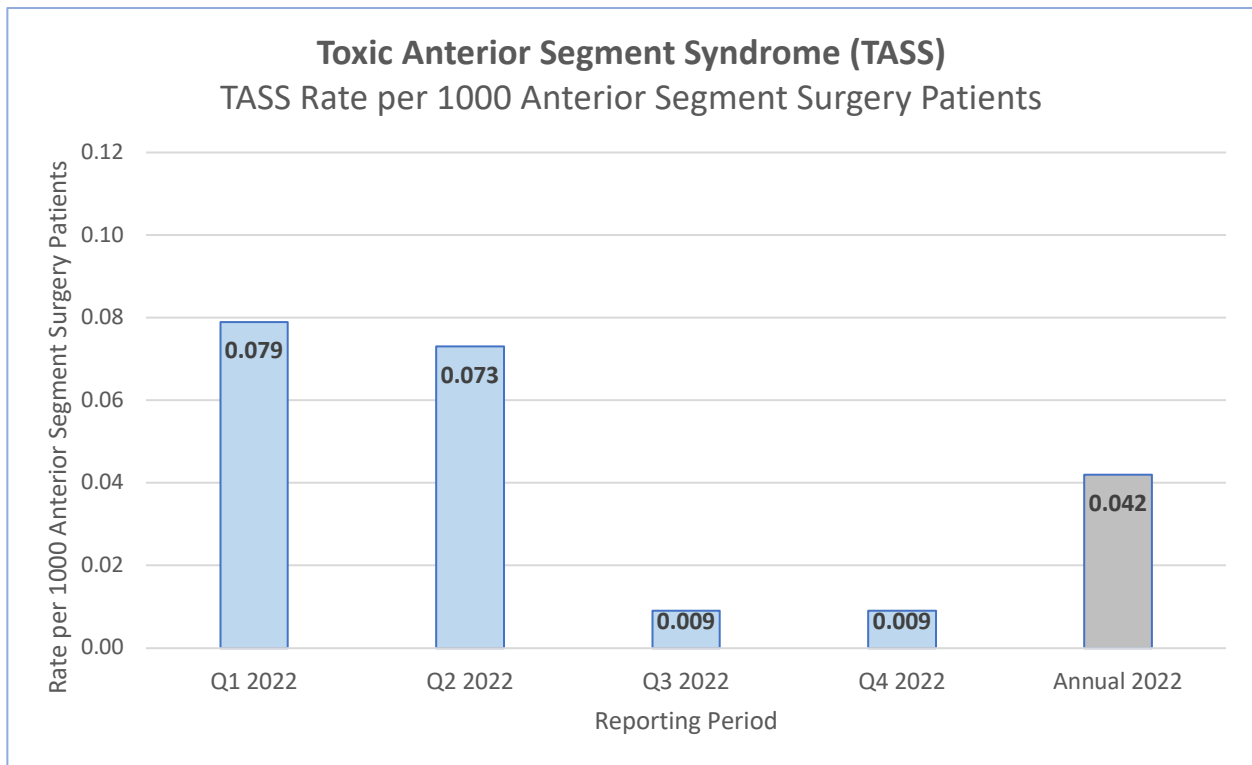
Represents 228,879 patient admissions seen at 616 ASCs between 2022-10-01 and

2022-12-31

The data trends for this measure over the last four quarters as well as an annual rate for 2022 are presented below in both tabular and graphic formats.

Data Summary: Toxic Anterior Segment Syndrome (TASS)

	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Annual 2022
Rate of TASS per 1000 Anterior Segment Surgery Patients	0.079	0.073	0.009	0.009	0.042
Number of Anterior Segment Surgery Patients Represented	215,220	219,719	221,488	228,879	885,306



All Cause Emergency Department Visit Within One Day of Discharge

Patients undergoing ambulatory surgery are expected to recover at home following discharge. An emergency department visit within one day of discharge is an unexpected event.

The frequency of ASC admissions experiencing an emergency department visit within one day of discharge is shown below as a rate per 1000 admissions. Not all conditions requiring an emergency department visit result from the care the patient received in the ASC, nor can all medical conditions requiring an emergency department visit following discharge be anticipated in advance. Therefore, some level of emergency department visits following discharge is to be expected.

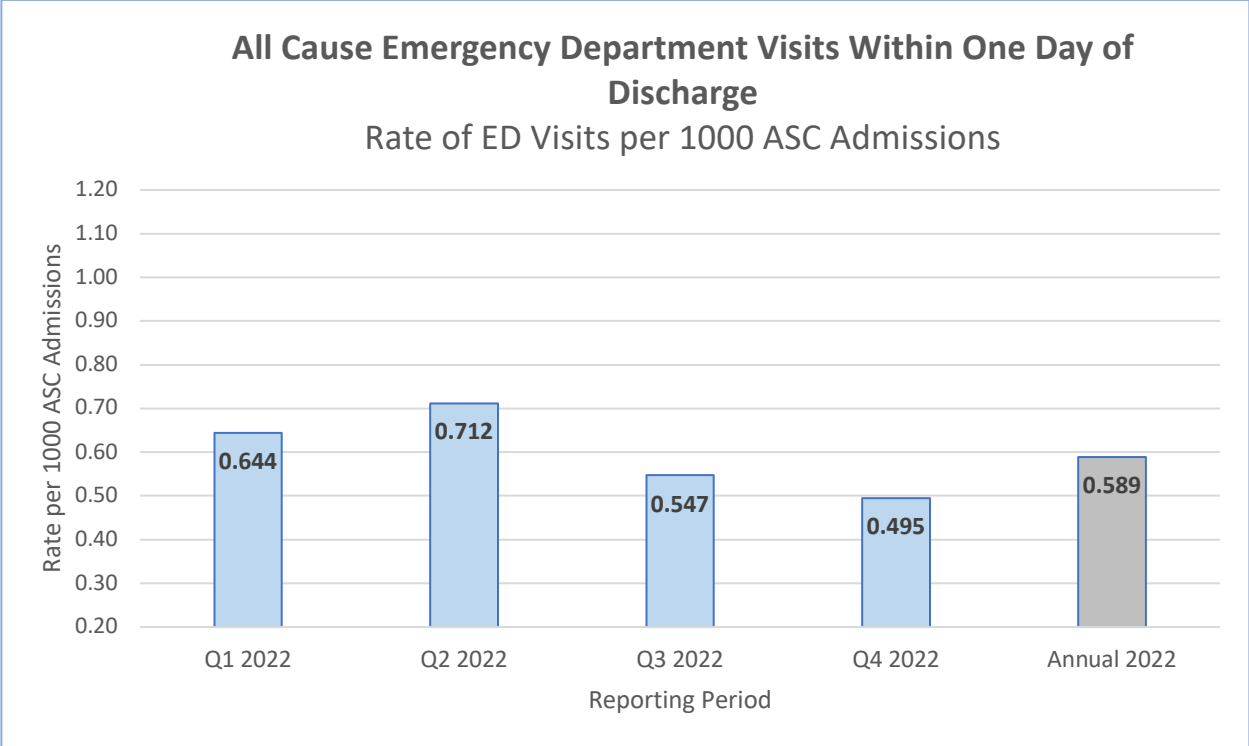
2022 Q4 Rate of All Cause Emergency Department Visits Within One Day of Discharge **0.495 per 1000 admissions**

Represents 2,232,021 patient admissions seen at 1,797ASCs between 2022-10-01 and 2022-12-31

The data trends for this measure over the last four quarters as well as an annual rate for 2022 are presented below in both tabular and graphic formats.

Data Summary: All Cause Emergency Department Visit Within One Day of Discharge

	2022 Q1	2022 Q2	2022 Q3	2022 Q4	Annual 2022
Rate of All Cause Emergency Department Visits Within One Day of Discharge	0.644	0.712	0.547	0.495	0.589
Number of ASC Admissions Represented	1,644,845	1,670,320	2,124,471	2,232,021	7,671,657



All Cause Unplanned Hospital Admission Within One Day of Discharge

Patients undergoing ambulatory surgery are expected to recover at home following discharge. An unplanned hospital admission within one day of discharge is an unexpected event.

The frequency of ASC admissions experiencing an unplanned hospital admission within one day of discharge is shown below as a rate per 1000 admissions. Not all conditions requiring a hospital admission result from the care the patient received in the ASC, nor can all medical conditions requiring an unplanned hospital admission be anticipated in advance. Therefore, some level of unplanned hospital admissions is to be expected.

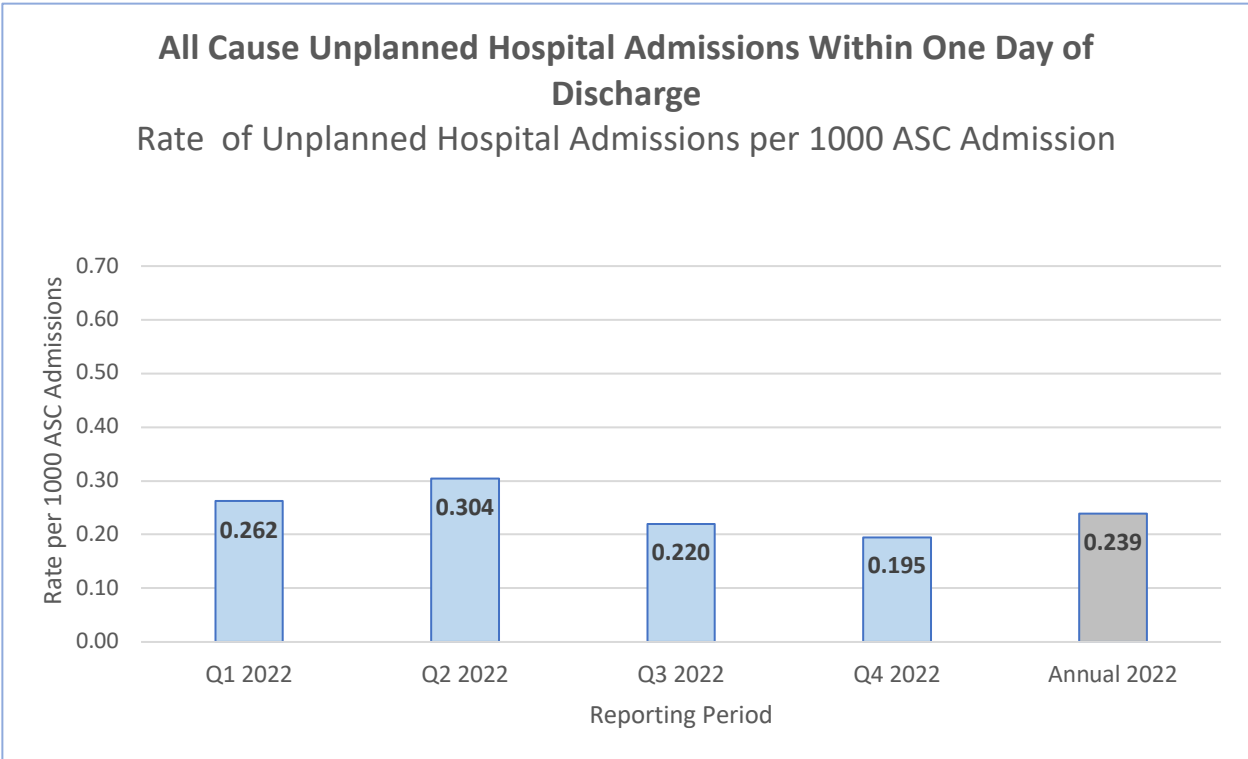
2022 Q4 All Cause Unplanned Hospital Admissions Within One Day of Discharge	0.195 per 1000 admissions
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Represents 2,244,097 patient admissions seen at 1,813 ASCs between 2022-10-01 and 2022-12-31

The data trends for this measure over the last four quarters as well as an annual rate for 2022 are presented below in both tabular and graphic formats.

Data Summary: All Cause Unplanned Hospital Admission Within One Day of Discharge

	2022Q1	2022Q2	2022Q3	2022 Q4	Annual 2022
Rate of All Cause Unplanned Hospital Admissions Within One Day of Discharge	0.262	0.304	0.220	0.195	0.239
Number of ASC Admissions Represented	1,644,845	1,669,634	2,121,689	2,244,097	7,680,265



For more detailed information on these measures, please review the [Implementation Guide](#) found on the home page of the ASC Quality Collaboration website at www.ascquality.org.

**For purposes of this quality report, "admission" is defined as completion of registration upon entry into the ASC. This term is used in order to be consistent with the measure specifications.*