
ASC Quality Collaboration

Management Company Submission Process

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Version 1.0

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Background Information

Due to an ongoing goal to constantly improve, the ASC QC is implementing several improvements to improve user experience and deliver better, faster results.

The main objectives for the project are

1. Implement a more secure data submission process
2. Automate all processes including data validation, data upload, and communications

While making these improvements, we want to make the process very easy for reporting entities to adopt with as few disruptions as possible. Many of the changes that are being made will happen on the backend to make everything run more smoothly. In this document, the new process will be laid out completely detailing both the aspects visible and invisible to you, the end user.

#Warning# Some of these changes are currently under construction. The data submission surveys are functioning, and ready for use. Other automations will be added to the process as they are completed and tested.

Process Lifecycle

1. Previous quarter ends
2. At the beginning of the new quarter, your company's contact list will be sent an email with a button to submit data through our survey tool
 - a. We are using a survey tool called JotForm. The "Why JotForm?" section will detail the reasons this platform is being used
 - b. On the request for data submission email, there will be an optional, second button that will allow you to request changes to your company's contact list in our system
3. If data is not submitted within a week, an automated reminder email will be generated once a week until the data is submitted successfully
4. Once data is submitted, the data will automatically be downloaded and loaded into a database
 - a. During this process, the data will be deleted from the survey tool's server to ensure that there are as few files as possible
5. The updated database will be used to generate an automated receipt of data email
 - a. Will validate data based on past submissions looking for anything that is an outlier e.g., "are the number of cases extremely different than previous quarters?", "are the events and cases backwards?", etc.
 - b. Will create a summary of values, so that you can see briefly if there are any high-level mistakes
6. If there are no errors found at this point, the data will be uploaded to the dashboard on SAP
7. If there are errors found at this point, the automated receipt of data email will request that you re-submit your company's data through JotForm once again
8. When your data is visible on the dashboard, an automated email will be sent to let you know that you can view the analysis
 - a. We ask that you look for any mistakes that may have slipped through the previous data validation steps and leave a comment on the dashboard saying that you either 'found no errors' or 'found error: explanation'
9. After all management companies have completed the lifecycle of submission, validation, and dashboard upload, a final automated email will be sent to inform you that the completed dashboard is ready to view.

Why JotForm

Before discussing the specifics of JotForm itself, a more basic question needs to be addressed. Why should we use a survey tool at all? Email seems to work perfectly well.

While the use of email is a convenient submission tool, it limits the ability to create automations around the process. If the email is submitted from a different person or with a different subject line accidentally, it could de-rail automations that look for exact phrases. A survey tool takes many of those natural variations out of the equation. With five simple questions, we know exactly which company's file we have, what quarter's data it was, and who submitted the data.

Furthermore, even though email can be secure, it is all too easy to accidentally write a similar, but wrong email address in the to line. Then sensitive data can possibly be sent to 3rd parties causing a breach. A survey tool does not have a to line, so it eliminates the possibility of this error.

JotForm offers a lot more in terms of security. We are using a HIPAA compliant server that will secure your data even further. This means that

- Your data is encrypted end to end, in transit, and at rest
- All access requests, changes of access are tracked and retained
- All network requests successful and unsuccessful are logged
- All customer and internal networks are scanned regularly for vulnerabilities
- All production systems have intrusion detection software.

Below is a picture of the submission form. Aside from dropping the file itself into the form, it asks the following questions

- Name of Submitter
- Organization Name
- Year of Time Period Covered
- Quarter of Time Period Covered.

The file must be submitted in .csv or .xlsx format

Also below is a picture of the Contact Update Form. This form is a convenient way to communicate with our team that the people receiving automated communications need to be altered. It asks the following questions

- How will you be changing this contact
- Your name
- Organization name
- Contact name that is being changed
- Contact email that is being changed
- Contact phone that is being changed.

Data Submission Process

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Quarterly Data Submission Form

Name of Submitter *

First Name Last Name

Organization Name *

Year of Time Period Covered *

Quarter of Time Period Covered *

Please drop your most recent data file for upload to the ASC QC database. *


Browse Files
Drag and drop files here

Please submit with csv or xlsx file format.



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Contact Update Form

How will you be changing this contact *

☐ Adding new contact
☐ Deleting existing contact
☐ Updating existing contact

Your name *

First Name Last Name

Organization name *

Contact name that is being changed *

First Name Last Name

Contact email that is being changed *

example@example.com

Contact phone that is being changed

Please enter a valid phone number.



Upload Format

The new process was created to minimize any changes required from the management companies. You will be able to submit your data in the same file format as you have done in past quarters except for a new policy regarding non-reporting centers. See the ‘No Report Policy’ section to understand this change.

There are two basic file format types: horizontal and vertical.

The horizontal file format has all accounts running across 30 columns. Each measure/ account has its own column where its associated number is stored. An example of this can be found as an attachment to the email where this document was found. It is called the ‘Horizontal Format Template’.

The vertical file format has all accounts’ numerical values stored within one column. A second column describes the account. An example of this can be found as an attachment to the email where this document was found. It is called the ‘Vertical Format Template’.

Horizontal File Format Example:

	A	B	C	D	E	F	G	H	I	J
1	Management Company ID	Management Company Description	Date	CPT Code/Specialty Level	Total Admissions	Total Surgery Centers	Patient Burns	Patient Burn Admissions	Patient Fall	Patient Fall Admissions
2	Mgt_Comp_A	Mgt Company A	2019Q1	#	196,169	170	6	196,169	16	196,169
3	Mgt_Comp_A	Mgt Company A	2019Q2	#	212,289	177	7	212,289	19	212,289
4	Mgt_Comp_A	Mgt Company A	2019Q3	#	204,482	173	6	204,482	19	204,482
5	Mgt_Comp_A	Mgt Company A	2019Q4	#	223,449	177	5	223,449	32	223,449
6										

Vertical File Format Example:

	A	B	C	D	E	F
1	Management Company ID	Management Company	Date	CPT Code	Account	Measure
2	Mgt_Comp_A	Mgt Company A	2020Q1	#	Admissions	196,169
3	Mgt_Comp_A	Mgt Company A	2020Q1	#	Patient Burns	6
4	Mgt_Comp_A	Mgt Company A	2020Q1	#	Patient Falls	16
5	Mgt_Comp_A	Mgt Company A	2020Q2	#	Admissions	212,289
6	Mgt_Comp_A	Mgt Company A	2020Q2	#	Patient Burns	7
7	Mgt_Comp_A	Mgt Company A	2020Q2	#	Patient Falls	20
8	Mgt_Comp_A	Mgt Company A	2020Q3	#	Admissions	204,482
9	Mgt_Comp_A	Mgt Company A	2020Q3	#	Patient Burns	4
10	Mgt_Comp_A	Mgt Company A	2020Q3	#	Patient Falls	14
11	Mgt_Comp_A	Mgt Company A	2020Q4	#	Admissions	223,449
12	Mgt_Comp_A	Mgt Company A	2020Q4	#	Patient Burns	7
13	Mgt_Comp_A	Mgt Company A	2020Q4	#	Patient Falls	21

List of Accounts

Listed below is the list of accounts/metrics needed to complete the data load:

Here is a link that also describes the definitions of these measures in more detail:

https://higherlogicdownload.s3.amazonaws.com/ASCACONNECT/1b34f1a1-0180-4005-9507-902fdf8f242e/UploadedImages/ASC_Quality_Collaboration/Documents/2019-Summary-ASC-QC-Measures.pdf

- Admissions
 - All admissions for the management company
- Surgery Centers (if reporting on Management Company aggregates)
- Patient Burn
 - Admissions experiencing a burn prior to discharge.
- Patient Fall
 - Admissions experiencing a fall within the confines of the ASC.
- Wrong Site, Side, Patient, Procedure, and Implants
 - Starting 1st Quarter 2024, this metric will be split into 9 sub-components and will no longer be submitted directly.
 - Admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant.
- Wrong IOL
 - Any type of wrong intraocular lens implant event. Do not report under wrong implant.
 - Examples: Wrong type of IOL such as wrong manufacturer, wrong style, wrong diopter.
- Wrong Implant
 - Excluding IOLs, an incorrect implant (different than what was ordered) was used. Does not include adjustments made by the physician based on fit or circumstances made evident once the surgery starts.
 - Examples: Wrong size, wrong type, wrong manufacturer.
- Wrong Block
 - Any type of incorrect block is included here. Do not report under wrong site, wrong side, etc.
 - Examples: Wrong side block, wrong site block, wrong type of block, wrong extremity block.

- Wrong Site
 - Unintended site other. Do not use to report wrong block.
 - Pain Management/Interventional Spine: Wrong Level Pain/Spine procedure to be reported in this category, along with any other wrong sites that occur in Pain/Spine cases.
 - Other-any other specialty: e.g. Wrong extremity, finger, toe.
- Wrong Side
 - Unintended side (laterality). Do not use to report wrong block.
 - Pain Management/Interventional Spine.
 - Other-any other specialty.
- Wrong Procedure
 - Unintended procedure was performed, procedure was different than planned or consented for. Does not include a change in procedure determined by the physician to be necessary based on findings once the procedure is underway.
- Wrong Patient
- Wrong (Other)
 - Describe
- All Cause Hospital Transfer Admission
 - Admissions requiring a hospital transfer or hospital admission upon discharge from the ASC.
- Surgical Site Infections
 - Admissions developing a post-operative surgical site infection (SSI) detected through surveillance within 30 days after the operation, or within 90 days of the operation if an implant was placed.
- Medical Administration Variance
 - Admissions experiencing a medication administration variance.
- Patients with Body Temperature greater than 98.6F recorded 15 minutes of arrival in PACU.
 - Surgery patients with a body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius recorded within fifteen minutes of Arrival in PACU
- Patients under general anesthesia longer than 60 minutes
 - All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration.
- Unplanned Vitrectomy

- All cataract surgeries that had an unplanned anterior vitrectomy
 - Cataract surgery: for purposes of this measure, CPT code 66982 (Cataract surgery, complex), CPT code 66983 (Cataract surgery w/IOL, 1 stage) and CPT code 66984 (Cataract surgery w/IOL, 1 stage)
 - Unplanned anterior vitrectomy: an anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC.
- Cataract Surgery Patients
 - All cataract surgeries
 - Cataract surgery: for purposes of this measure, CPT code 66982 (Cataract surgery, complex), CPT code 66983 (Cataract surgery w/IOL, 1 stage) and CPT code 66984 (Cataract surgery w/IOL, 1 stage)
- Anterior Surgery Patients Diagnosed with TASS within 2 days
 - All anterior segment surgeries after which the patient is diagnosed with TASS within 2 days of surgery.
 - Anterior segment surgery: for purposes of this measure, CPT codes 65400-65756, 65760-66986, and 66999
 - Toxic Anterior Segment Syndrome (TASS): an acute, sterile post-operative anterior segment inflammation that develops following anterior segment surgery.
- Anterior Surgery Patients
 - All anterior segment surgeries
 - Anterior segment surgery: for purposes of this measure, CPT codes 65400-65756, 65760-66986, and 66999
- All Cause Emergency Department Visits
 - Admissions who had an emergency department visit within one day of discharge from the ASC.
- All Cause Unplanned Hospital Admissions within 1 day of Discharge
 - Admissions who had an unplanned hospital admission within one day of discharge from the ASC

Non-Public Measure Definitions

Surgical Site Infection	
Measure Type	Outcome
Intent	To capture the number of admissions (patients) who develop a post-operative surgical site infection (SSI) detected through surveillance within 30 days after the operation, or within 90 days of the operation if an implant was placed.
Numerator/Denominator	Numerator: Ambulatory Surgery Center (ASC) admissions developing a post-operative surgical site infection (SSI) detected through surveillance within 30 days after the operation, or within 90 days of the operation if an implant was placed.
	Denominator: All ASC admissions who have an operation performed.
Inclusions/Exclusions	Numerator Inclusions: Ambulatory Surgery Center (ASC) admissions developing a post operative surgical site infection (SSI) detected through surveillance within 30 days after the operation, or within 90 days of the operation if an implant was placed.
	Numerator Exclusions: None
	Denominator Inclusions: All ASC admissions who have an operation performed.
	Denominator Exclusions: Admissions with an infection detected intraoperatively; Admissions who have a operation involving a wound (clean or dirty) that is present on admission; stitch abscesses; infected burn wounds; IV site infections.
Data Element Definitions	Admission: completion of registration upon entry into the facility.
	Surgical Site Infection (CDC): Superficial incisional or deep incisional or organ space SSI. Superficial incisional SSI: Infection occurs within 30 days after the operation and infection involves only the skin or subcutaneous tissue of the incision and at least one of the following: 1. purulent drainage with or without laboratory confirmation, from the superficial incision; 2. organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision; 3. at least one of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness or heat and superficial incision is deliberately opened by a surgeon, unless incision is the culture negative; 4. diagnosis of superficial incisional SSI by the surgeon or attending physician.
	Deep incisional SSI: Infection occurs within 30 days after the operation if no implant is left in place or within 90 days if implant is in place and the infection appears to be related to the operation and infection involves deep soft tissues (e.g., fascial and muscle layers) of the incision and at least one of the following: 1. purulent drainage from the deep incision but not from the organ/space component of the surgical site, 2. a deep incision spontaneously dehisces or is deliberately opened by a surgeon when the patient has at least one of the following signs or symptoms: fever over 38 C, localized pain or tenderness, unless site is the culture is

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	negative, 3. an abscess or other evidence of infection involving the deep incision is found on direct examination, during reoperation or by histopathologic or radiological examination, 4. diagnosis of a deep incisional SSI by a surgeon or attending physician. Notes: 1. Report infection that involves both superficial and deep incision sites as deep incisional SSI. 2. Report an organ/space SSI that drains through the incision as a deep incisional SSI.
	Organ/space SSI: Infection occurs within 30 days after the operation if no implant is left in place or within 90 days if implant is in place and the infection appears to be related to the operation and infection involves any part of the anatomy (e.g., organs or spaces), other than the incision, which was opened or manipulated during an operation and at least one of the following: 1. Purulent drainage from a drain that is placed through a stab wound into the organ/space. 2. Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space. 3. An abscess or other evidence of infection involving the organ/space that is found on direct examination, during reoperation, or by histopathologic or radiologic examination. 4. Diagnosis of an organ/space SSI by a surgeon or attending physician.
	Stitch Abscess: Minimal inflammation and discharge confined to the points of suture penetration
	Implant: A nonhuman-derived implantable foreign body that is permanently placed in a patient during an operative procedure and is not routinely manipulated for diagnostic or therapeutic purposes. Screws, wires, and mesh that are left permanently are considered implants.
	Surveillance: An inquiry (ie: questionnaire, phone call, etc) made of EACH operating practitioner which requires the surgeon to indicate “yes” or “no” for the presence of a post-operative infection in each of the patients on whom an operation was performed in the ASC. This inquiry (questionnaire, phone call, etc) shall include any patients whose operation involved an implant seen within the prior year. Surveillance should be initiated no sooner than 30 days after the operation to allow reporting for a full 30 day post operative period.
	Operation: For the purposes of this measure, operation means any surgery or procedure performed in an operating or procedure room in the ASC; this includes endoscopic and pain management procedures.

Medication Administration Variance	
Measure Type	Outcome
Intent	To capture the number of admissions experiencing a medication administration variance.
Numerator/Denominator	Numerator: Ambulatory Surgery Center (ASC) admissions experiencing a medication administration variance(s) prior to discharge.
	Denominator: All ASC admissions
Inclusions/Exclusions	Numerator Inclusions: ASC admissions experiencing a medication administration variance(s) prior to discharge.

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Data Element Definitions	Numerator Exclusions: Any timing variances for the administration of prophylactic IV antibiotics; Any adverse drug reactions with no apparent incorrect action
	Denominator Inclusions: All ASC admissions
	Denominator Exclusions: None
	Admission: completion of registration upon entry into the facility
	Discharge: occurs when the patient leaves the confines of the ASC
	A medication is a substance used in the diagnosis, cure, mitigation, treatment, or prevention of disease. For purposes of this measure, medications include prescription and over-the-counter drugs, medical gases, and contrast media. For purposes of this measure, blood or blood products, nutritional products, radiopharmaceuticals and vaccines are excluded from the definition of medication.
	Medication administration variance: For the purposes of this measure, medication administration variance(s) includes the following variances from a physician and/or Licensed Independent Practitioner (LIP) order when the medication is administered by a physician or facility staff:
	-Incorrect patient
	-Incorrect medication/substance
	-Incorrect dose (overdose, underdose, missed or omitted dose, extra dose)
	-Incorrect route of administration
	-Incorrect timing (too early, too late). Incorrect timing of intravenous antibiotics ordered preoperatively for the prophylaxis of surgical site infection should be reported using the Prophylactic IV Antibiotic Timing measure.
	-Incorrect rate (too quickly, too slowly)
	-Incorrect duration
	-Incorrect dosage form
	-Incorrect strength or concentration (too high, too low)
	-Incorrect preparation (such as inappropriate cutting of tablets, error in mixing)
	-Expired medication/substance
	-Medication/substance known to be contraindicated for the patient.

No Report Policy

Going forwards we are requiring that any centers who do not report on specific measures be called out. This will allow us to remove that center's cases from the rate calculation and ensure that the rates are more accurate.

In the past, non-reporters have been submitted to us with either a blank value or a 0 value both of which can be used to submit data of a center with simply no events.

Now, we ask that you submit your data with 'NR' in that numeric field, which the center did not report. This will be clearer when we upload your data into our system and will require less follow-up to understand what was intended.

If your organization does not report on a particular metric, please copy 'NR' for all centers in that particular metric.

Timeframes for Clinical Validation

Data is due on the 15th of the second month following the close of the quarter (45 days after the end of the quarter):

- May 15 for First Quarter
- August 15 for Second Quarter
- November 15 for Third Quarter
- February 15 for Fourth Quarter

Not applicable for ASCA and CASA (Submit by the 30th)

15th of Month or before if available: IT Contact or designated person from each management company provides file:

- Upload to survey tool
- IT Contact or Clinical Contact validates file prior to sending

File is uploaded onto SAP Platform by Jonathan within 5 days of receipt (**around 20th of the month**)

- Automated email will be sent to contact list to inform them that file has been uploaded to system and is ready for last clinical validation

Clinical Contact validates data within 7 days of receiving notification email (by approximately **27th of the month**). If errors are found, file is corrected by management company and resent by Clinical Contact or IT Contact. Process starts again.

Kathy Wilson checks for all validation documentation complete (**5th of the following month**).

Data to be finalized no later than 15th of the month.

TARGET: Benchmarking reports completed and posted on website by **20th of the month** (this process takes approximately 5-7 days).