



The ASC Quality Collaboration (www.ascquality.org) includes leaders from the ambulatory surgery center (ASC) industry and organizations with a focus on healthcare quality and safety. Working together, members have joined in a mutual effort to develop a standardized set of quality measures for ASCs.

Appropriate Surgical Site Hair Removal

Intent	To capture the number of admissions (patients) who have appropriate surgical site hair removal
Numerator/Denominator	Numerator: ASC admissions with surgical site hair removal with a razor or clippers from the scrotal area, or with clippers or depilatory cream from all other surgical sites Denominator: All ASC admissions with surgical site hair removal
Inclusions/Exclusions	Numerator Inclusions: ASC admissions with surgical site hair removal with a razor or clippers from the scrotal area, or with clippers or depilatory cream from all other surgical sites Numerator Exclusions: None Denominator Inclusions: All ASC admissions with surgical site hair removal Denominator Exclusions: ASC admissions who perform their own hair removal
Data Element Definitions	Admission: completion of registration upon entry into the facility

All-Cause Hospital Transfer/Admission

Intent	To capture any ASC admissions (patients) who are transferred or admitted to a hospital upon discharge from the ASC
Numerator/Denominator	Numerator: Ambulatory Surgery Center (ASC) admissions requiring a hospital transfer or hospital admission upon discharge from the ASC Denominator: All ASC admissions
Inclusions/Exclusions	Numerator Inclusions: ASC admissions requiring a hospital transfer or hospital admission upon discharge from the ASC, including preoperative transfers or admissions Numerator Exclusions: None Denominator Inclusions: All ASC admissions Denominator Exclusions: None
Data Element Definitions	Admission: completion of registration upon entry into the facility Hospital transfer/admission: any transfer/admission from an ASC directly to an acute care hospital including hospital emergency room Discharge: occurs when the patient leaves the confines of the ASC

Patient Burn

Intent	To capture the number of admissions (patients) who experience a burn prior to discharge
Numerator/Denominator	Numerator: Ambulatory Surgery Center (ASC) admissions experiencing a burn prior to discharge Denominator: All ASC admissions
Inclusions/Exclusions	Numerator Inclusions: ASC admissions experiencing a burn prior to discharge Numerator Exclusions: None Denominator Inclusions: All ASC admissions Denominator Exclusions: None
Data Element Definitions	Admission: completion of registration upon entry into the facility Burn: Unintended tissue injury caused by any of the six recognized mechanisms: scalds, contact, fire, chemical, electrical or radiation, (e.g. warming devices, prep solutions, electrosurgical unit or laser)

Patient Fall in the ASC

Intent	To capture the number of admissions (patients) who experience a fall within the ASC
Numerator/Denominator	Numerator: Ambulatory Surgery Center (ASC) admissions experiencing a fall within the confines of the ASC Denominator: All ASC admissions
Inclusions/Exclusions	Numerator Inclusion: ASC admissions experiencing a fall within the confines of the ASC Numerator Exclusion: ASC admissions experiencing a fall outside the ASC Denominator Inclusion: All ASC admissions Denominator Exclusions: None
Data Element Definitions	Admission: completion of registration upon entry into the facility Fall: a sudden, uncontrolled, unintentional, downward displacement of the body to the ground or other object, excluding falls resulting from violent blows or other purposeful actions. (National Center for Patient Safety)

Prophylactic IV Antibiotic Timing

Intent	To capture whether antibiotics given for prevention of surgical site infection were administered on time
Numerator/Denominator	Numerator: Number of Ambulatory Surgery Center (ASC) admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection, who received the prophylactic antibiotic on time Denominator: All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection
Inclusions/Exclusions	Numerator Exclusions: None Denominator Exclusions: ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of infections other than surgical site infections (e.g. bacterial endocarditis); ASC admissions with a preoperative order for a prophylactic antibiotic not administered by the intravenous route
Data Element Definitions	Admission: completion of registration upon entry into the facility Antibiotic administered on time: Antibiotic infusion is initiated within one hour prior to the time of the initial surgical incision or the beginning of the procedure (e.g., introduction of endoscope, insertion of needle, inflation of tourniquet) or two hours prior if vancomycin or fluoroquinolones are administered. Timing starts at the time antibiotic infusion is initiated. Prophylactic antibiotic: an antibiotic prescribed with the intent of reducing the probability of an infection related to an invasive procedure. For purposes of this measure, the following antibiotics are considered prophylaxis for surgical site infections: Ampicillin/sulbactam, Aztreonam, Cefazolin, Cefmetazole, Cefotetan, Cefoxitin, Cefuroxime, Ciprofloxacin, Clindamycin, Ertapenem, Erythromycin, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Neomycin



Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	
Intent	To capture any ASC admissions (patients) who experience a wrong site, side, patient, procedure or implant
Numerator/Denominator	Numerator: All Ambulatory Surgery Center (ASC) admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant Denominator: All ASC admissions
Inclusions/Exclusions	Numerator Inclusions: All ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant Numerator Exclusions: None Denominator Inclusions: All ASC admissions Denominator Exclusions: None
Data Element Definitions	Admission: completion of registration upon entry into the facility Wrong: not in accordance with intended site, side, patient, procedure or implant



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. 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 <i>and</i> infection involves only the skin or subcutaneous tissue of the incision <i>and</i> at least <i>one</i> 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 <i>and</i> infection involves deep soft tissues (e.g., fascial and muscle layers) of the incision <i>and</i> at least <i>one</i> 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 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 <i>and</i> infection involves any part of the anatomy (e.g., organs or spaces), other than the incision, which was opened or manipulated during an operation <i>and</i> at least <i>one</i> 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.
Data Element Definitions	



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. 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
Data Element Definitions	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.

Normothermia

Measure Type	Outcome
Intent	To capture whether patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration are normothermic within 15 minutes of arrival in PACU
Numerator	Surgery patients with a body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius recorded within fifteen minutes of Arrival in PACU
Denominator	All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration
Numerator Exclusions	Patients with a postoperative body temperature less than 96.8 Fahrenheit/36 Celsius; patients whose body temperature was recorded sixteen minutes or more after arrival in PACU; patients with no postoperative body temperature recorded
Denominator Exclusions	Patients who did not have general or neuraxial anesthesia Patients whose length of anesthesia was less than 60 minutes Patients with physician/APN/PA documentation of intentional hypothermia for the procedure performed Anesthesia duration: the difference, in minutes, between the time associated with the start of anesthesia for the principal procedure and the time associated with the end of anesthesia for the principal procedure Arrival in PACU: Time of patient arrival in PACU*
Data Element Definitions	General anesthesia: drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation Intentional hypothermia: A deliberate, documented effort to lower the patient's body temperature in the perioperative Neuraxial anesthesia: Epidural or spinal anesthesia Temperature: A measure in either Fahrenheit or Celsius of the warmth of a patient's body. Axillary, bladder, core, esophageal, oral, rectal, skin surface, temporal artery, or tympanic temperature measurements may be used.

* Definition of Arrival in PACU is consistent with the definition in the Procedural Times Glossary of the American Association of Clinical Directors as approved by the ASA, ACS and AORN.

Unplanned Anterior Vitrectomy

Measure Type	Outcome
Intent	To determine the number of cataract surgery patients who have an unplanned anterior vitrectomy
Numerator	All cataract surgery patients who had an unplanned anterior vitrectomy
Denominator	All cataract surgery patients
Numerator Exclusions	None
Denominator Exclusions	None
Data Element Definitions	Admission: completion of registration upon entering the facility 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

Toxic Anterior Segment Syndrome

Measure Type	Outcome
Intent	To determine the number of anterior segment surgery patients diagnosed with TASS within 2 days of surgery
Numerator	All anterior segment surgery patients diagnosed with TASS within 2 days of surgery
Denominator	All anterior segment surgery patients
Numerator Exclusions	None
Denominator Exclusions	None
	Anterior segment surgery: for purposes of this measure, CPT codes 65400-65756, 65760-66986 and 66999



Data Element Definitions	Toxic Anterior Segment Syndrome (TASS): an acute, sterile post-operative anterior segment inflammation that develops following anterior segment surgery Within 2 days of surgery: within 2 days of surgery, where the day of surgery is day 0.
Data Sources	Physician diagnosis and report, administrative clinical records, paper medical records, incident/occurrence reports, and variance reports are potential data sources

All-Cause Emergency Department Visit Within One Day of Discharge



Intent	To determine the number of ASC admissions (patients) that have an emergency department visit within one day of discharge from the ASC.
Numerator/Denominator	Numerator: All ASC admissions who had an emergency department visit within one day of discharge from the ASC. Denominator: All ASC admissions
Inclusions/Exclusions	Numerator Exclusions: ASC admissions who were transferred/admitted directly to an acute care hospital, including a hospital emergency room, upon discharge from the ASC (report using Hospital Transfer/Admission measure); ASC admissions who had an unplanned hospital admission within one day of being discharged from the ASC (report using All-Cause Unplanned Hospital Admission Within One Day of Discharge measure) Denominator Exclusions: None
Data Element Definitions	Admission: completion of registration upon entry into the facility Discharge: occurs when the patient leaves the confines of the ASC Emergency department visit: any visit to the emergency department of an acute care hospital that does not result in admission (including an observation stay) to the hospital Within one day: within one day, where the day of discharge is day 0
Implementation Requirement	To ensure comparable results, this measure must be implemented using the ASC QC Post-Discharge Surveillance Guidelines, which can be found in the Implementation Guide.

All-Cause Unplanned Hospital Admission Within One Day of Discharge

Intent	To determine the number of ASC admissions (patients) that have an unplanned hospital admission, including an observation stay, within one day of discharge from the ASC.
Numerator/Denominator	Numerator: All ASC admissions who had an unplanned hospital admission within one day of discharge from the ASC. Denominator: All ASC admissions
Inclusions/Exclusions	Numerator Exclusions: ASC admissions who were transferred/admitted directly to an acute care hospital, including a hospital emergency room, upon discharge from the ASC (report using 'Hospital Transfer/Admission' measure); ASC admissions who had a visit to the emergency department of an acute care hospital within one day of discharge that did not result in an admission to the hospital (report using All-Cause Emergency Department Visit Within One Day of Discharge measure); ASC admissions who had a previously planned hospital admission within one day of discharge from the ASC. Denominator Exclusions: None
Data Element Definitions	Admission: completion of registration upon entry into the facility Discharge: occurs when the patient leaves the confines of the ASC Unplanned hospital admission: any admission to an acute care hospital, including an observation stay, which was not already scheduled at the time of the patient's admission to the ASC. Within one day: within one day, where the day of discharge is day 0
Implementation Requirement	To ensure comparable results, this measure must be implemented using the ASC QC Post-Discharge Surveillance Guidelines, which can be found in the Implementation Guide.