

ASC Quality Collaboration Quality Report

Fourth Quarter 2025

This report includes the most recent four quarters of data, along with the past annual (Q1 through Q4) rate for each measure.

It should be noted that Prophylactic IV Antibiotic Timing and Appropriate Surgical Site Hair Removal are previous measures that have been retired and are not included in this report. However, the specifications for those two measures are still included in the Implementation Guide.

This public report has been made possible through the voluntary efforts of participants in the ASC Quality Collaboration. The Fourth Quarter 2025 data was collected from 2,106 ASCs. The following organizations agreed to collect and submit clinical quality data reflecting patient admissions* from 2025-10-01 00:00:00 through December 31:

- Ambulatory Surgery Center Association;
- AMSURG;
- California Ambulatory Surgery Association;
- NueHealth;
- Proliance Surgeons;
- Regent Surgical Health;
- SCA Health;
- Sovereign Healthcare;
- Specialist Management Solutions;
- Surgery Partners;
- Surgery Ventures powered by HCA Healthcare;
- Surgical Management Professionals;
- Tenet/United Surgical Partners International (USPI)

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

Specifications for these measures can be found on the ASC Quality Collaboration website and are included in the Implementation Guide. Any comparison to the benchmarks included in this report should only be made if the same specifications are utilized in data collection.

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 Nina Goins, Executive Director, ASC Quality Collaboration at nina.goins@ascquality.org.

Patient Fall in the ASC

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.

2025Q4 Rate of Patient Falls	0.137 per 1000 admissions
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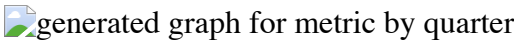
Represents 2,921,808 ASC admissions seen at 2,104 ASCs between 2025-10-01 and 2025-12-31 00:00:00

The data trends for this measure over the last four quarters as well as an annual rate for 2025 are presented below in both tabular and graphic formats.

Data Summary: Patient Fall in the ASC

	2025Q1	2025Q2	2025Q3	2025Q4	Annual 2025
Patient Fall Rate per 1000 ASC Admissions	0.136	0.120	0.151	0.137	0.136
Number of ASC Admissions Represented	2,375,335	2,781,185	2,606,411	2,921,808	10,684,739
	Patient Fall Rate per 1000 ASC Admissions		Number of ASC Admissions Represented		
2025Q1	0.136		2,375,335		
2025Q2	0.120		2,781,185		
2025Q3	0.151		2,606,411		
2025Q4	0.137		2,921,808		

Annual 2025	0.136	10,684,739
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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.

2025Q4 Rate of Patient Burns	0.016 per 1000 admissions
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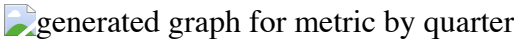
Represents 2,922,725 patient admissions seen at 2,105 ASCs between 2025-10-01 and 2025-12-31 00:00:00

The data trends for this measure over the last four quarters as well as an annual rate for 2025 are presented below in both tabular and graphic formats.

Data Summary: Patient Burn

	2025Q1	2025Q2	2025Q3	2025Q4	Annual 2025
Patient Burn Rate per 1000 ASC Admissions	0.013	0.011	0.013	0.016	0.013
Number of ASC Admissions Represented	2,377,939	2,781,098	2,563,420	2,922,725	10,645,182
	Patient Burn Rate per 1000 ASC Admissions		Number of ASC Admissions Represented		
2025Q1	0.013		2,377,939		
2025Q2	0.011		2,781,098		
2025Q3	0.013		2,563,420		

2025Q4	0.016	2,922,725
Annual 2025	0.013	10,645,182

generated graph for metric by quarter

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.

2025Q4 Rate of Hospital Transfers/Admissions	0.920 per 1000 admissions
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Represents 2,909,488 patient admissions seen at 2,093 ASCs between 2025-10-01 and 2025-12-31 00:00:00

The data trends for this measure over the last four quarters as well as an annual rate for 2025 are presented below in both tabular and graphic formats.

Data Summary: All Cause Hospital Transfer/Admission

	2025Q1	2025Q2	2025Q3	2025Q4	Annual 2025
Hospital Transfer/Admission Rate per 1000 ASC Admissions	0.870	0.828	0.927	0.920	0.887
Number of ASC Admissions Represented	2,376,260	2,781,634	2,630,614	2,909,488	10,697,996
	Hospital Transfer/Admission Rate per 1000 ASC Admissions			Number of ASC Admissions Represented	
2025Q1	0.870			2,376,260	

2025Q2	0.828	2,781,634
2025Q3	0.927	2,630,614
2025Q4	0.920	2,909,488
Annual 2025	0.887	10,697,996



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.

2025Q4 Rate of Wrong Site, Side, Patient, Procedure, Implant Events	0.024 per 1000 admissions
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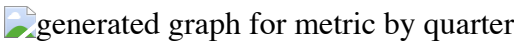
Represents 2,925,628 patient admissions seen at 2,106 ASCs between 2025-10-01 and 2025-12-31 00:00:00

The data trends for this measure over the last four quarters as well as an annual rate for 2025 are presented below in both tabular and graphic formats.

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

	2025Q1	2025Q2	2025Q3	2025Q4	Annual 2025
Rate of Wrong Site, Side, Patient, Procedure, Implant Events per 1000 ASC Admissions	0.028	0.022	0.034	0.024	0.027
Number of ASC Admissions Represented	2,361,140	2,784,653	2,592,409	2,925,628	10,663,830

	Rate of Wrong Site, Side, Patient, Procedure, Implant Events per 1000 ASC Admissions	Number of ASC Admissions Represented
2025Q1	0.028	2,361,140
2025Q2	0.022	2,784,653
2025Q3	0.034	2,592,409
2025Q4	0.024	2,925,628
Annual 2025	0.027	10,663,830



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.

2025Q4 Percent of Eligible ASC Patients with Normothermia	98.3%
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Represents 262,202 patient admissions seen at 1,313 ASCs between 2025-10-01 and 2025-12-31 00:00:00

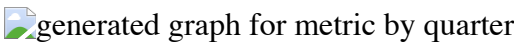
The data trends for this measure over the last four quarters as well as an annual rate for 2025 are presented below in both tabular and graphic formats.

Data Summary: Percent of Eligible ASC Patients with Normothermia

	2025Q1	2025Q2	2025Q3	2025Q4	Annual 2025

Percent of Eligible ASC Patients with Normothermia	98.9%	99.0%	98.2%	98.3%	98.6%
Number of ASC Admissions Represented	288,481	292,347	235,787	262,202	1,078,817

	Percent of Eligible ASC Patients with Normothermia	Number of ASC Admissions Represented
2025Q1	98.9%	288,481
2025Q2	99.0%	292,347
2025Q3	98.2%	235,787
2025Q4	98.3%	262,202
Annual 2025	98.6%	1,078,817



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.

2025Q4 Percent of ASC Cataract Surgery Patients with Unplanned Anterior Vitrectomy	0.222%
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Represents 309,532 patient admissions seen at 962 ASCs between 2025-10-01 and 2025-12-31 00:00:00

The data trends for this measure over the last four quarters as well as an annual rate for 2025 are presented below in both tabular and graphic formats.

Data Summary: Unplanned Anterior Vitrectomy

	2025Q1	2025Q2	2025Q3	2025Q4	Annual 2025
Percent of ASC Cataract Patients with Unplanned Anterior Vitrectomy	0.321%	0.288%	0.231%	0.222%	0.263%
Number of ASC Admissions Represented	253,341	278,554	293,989	309,532	1,135,416

	Percent of ASC Cataract Patients with Unplanned Anterior Vitrectomy	Number of ASC Admissions Represented
2025Q1	0.321%	253,341
2025Q2	0.288%	278,554
2025Q3	0.231%	293,989
2025Q4	0.222%	309,532
Annual 2025	0.263%	1,135,416



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.

2025Q4 Rate of Toxic Anterior Segment Syndrome (TASS)	0.014 per 1000 Anterior Segment Surgery Patients
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Represents 288,635 patient admissions seen at 911 ASCs between 2025-10-01 and 2025-12-31 00:00:00

The data trends for this measure over the last four quarters as well as an annual rate for 2025 are presented below in both tabular and graphic formats.

Data Summary: Toxic Anterior Segment Syndrome (TASS)

	2025Q1	2025Q2	2025Q3	2025Q4	Annual 2025
Rate of TASS per 1000 Anterior Segment Surgery Patients	0.129	0.024	0.022	0.014	0.044
Number of Anterior Segment Surgery Patients Represented	233,059	248,736	272,386	288,635	1,042,816

	Rate of TASS per 1000 Anterior Segment Surgery Patients	Number of Anterior Segment Surgery Patients Represented
2025Q1	0.129	233,059
2025Q2	0.024	248,736
2025Q3	0.022	272,386
2025Q4	0.014	288,635
Annual 2025	0.044	1,042,816

 generated graph for metric by quarter

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.

2025Q4 Rate of All Cause Emergency Department Visits Within One Day of Discharge


0.601 per 1000 admissions

Represents 2,867,556 patient admissions seen at 2,071 ASCs between 2025-10-01 and 2025-12-31 00:00:00

The data trends for this measure over the last four quarters as well as an annual rate for 2025 are presented below in both tabular and graphic formats.

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

	2025Q1	2025Q2	2025Q3	2025Q4	Annual 2025
Rate of All Cause Emergency Department Visits Within One Day of Discharge	0.654	0.581	0.709	0.601	0.633
Number of ASC Admissions Represented	2,256,423	2,641,177	2,472,557	2,867,556	10,237,713
	Rate of All Cause Emergency Department Visits Within One Day of Discharge			Number of ASC Admissions Represented	
2025Q1	0.654			2,256,423	
2025Q2	0.581			2,641,177	
2025Q3	0.709			2,472,557	
2025Q4	0.601			2,867,556	
Annual 2025	0.633			10,237,713	

 generated graph for metric by quarter

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.

2025Q4 All Cause Unplanned Hospital Admissions Within One Day of Discharge	0.284 per 1000 admissions
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Represents 2,748,306 patient admissions seen at 1,959 ASCs between 2025-10-01 and 2025-12-31 00:00:00

The data trends for this measure over the last four quarters as well as an annual rate for 2025 are presented below in both tabular and graphic formats.

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

	2025Q1	2025Q2	2025Q3	2025Q4	Annual 2025
Rate of All Cause Unplanned Hospital Admissions Within One Day of Discharge	0.270	0.248	0.260	0.284	0.266
Number of ASC Admissions Represented	2,253,092	2,665,774	2,487,745	2,748,306	10,154,917
	Rate of All Cause Unplanned Hospital Admissions Within One Day of Discharge			Number of ASC Admissions Represented	
2025Q1	0.270			2,253,092	
2025Q2	0.248			2,665,774	
2025Q3	0.260			2,487,745	

2025Q4	0.284	2,748,306
Annual 2025	0.266	10,154,917

generated graph for metric by quarter

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.*