

The ASC Quality Collaboration (<u>www.ascquality.org</u>) 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.

Intent	lair Removal
	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 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
Inclusions/Exclusions	Numerator Exclusions: None
	Denominator Inclusions: All ASC admissions with surgical site hair removal
Data Element Definitions	Denominator Exclusions: ASC admissions who perform their own hair removal Admission: completion of registration upon entry into the facility
All-Cause Hospital Transfer	t/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
Numerator/Denominator	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,
inclusions/Exclusions	including preoperative transfers or admissions
	Numerator Exclusions: None Denominator Inclusions: All ASC admissions
	Denominator Exclusions: None
	Admission: completion of registration upon entry into the facility
Data Element Definitions	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
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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 Numerator Inclusions: ASC admissions experiencing a burn prior to discharge
Inclusions/Exclusions	Numerator Exclusions: None
IIICIUSIOIIS/EXCIUSIOIIS	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
	Numerator Inclusion: ASC admissions experiencing a fall within the confines of the ASC
Inclusions/Exclusions	Numerator Exclusion: ASC admissions experiencing a fall outside the ASC
	Denominator Inclusion: All ASC admissions Denominator Exclusions: None
	Admission: completion of registration upon entry into the facility
Data Element Definitions	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 T	
Intent	To capture whether antibiotics given for prevention of surgical site infection were administered on time Numerator: Number of Ambulatory Surgery Center (ASC) admissions with an order for a prophylactic IV antibiotic for
Numerator/Denominator	prevention of surgical site infection, who received the prophylactic antibiotic on time
Numerator/Denominator	Denominator: All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site
	infection Numerator Exclusions: None
Inclusions/Evolucions	Denominator Exclusions: ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of
Inclusions/Exclusions	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
	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
	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
Data Element Definitions	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.
Data Element Definitions	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 invasiw procedure. For purposes of this measure, the following antibiotics are considered prophylaxis for surgical site infections:
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Data Element Definitions	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, rifiation of tourniquet) or two hours prior if vancomycin or fluoroquinolnes 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: Ampiciallin/sulbactam, Aztreonam, Cefazolin, Cefroatoxin, Cefuroxinin, Ciprofloxacin, Cilindamycin,
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Wrong Site, Wrong Side, W	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 took hours prior if vancomycin or fluoroquimolones 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/isulbactam, Aztreonam, Cefazolin, Cefmetazole, Cefotetan, Cefovitin, Cefuroxime, Ciprofloxacin, Clindamycin, Ertapenem, Erythromycin, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Neomycin and Vancomycir rong Patient, Wrong Procedure, Wrong Implant
	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 fourniquet) or two hours prior if vancomycin or fluoroquinolnoes are administered. Timing starts at the time antibiotics on 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: Ampicialin/sulbactam, Aztreonam, Cefazolin, Cefarotan, Cefostetan, Cefostitan, Cefurofixacin, Ciprofixacin, Cilindamycin, Ertapenem, Erythromycin, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Neomycin and Vancomycin rong Patient, Wrong Procedure, Wrong Implant To capture any ASC admissions (patients) who experience a wrong site, side, patient, procedure or implant
Wrong Site, Wrong Side, W	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 fourniquet) or two hours prior if vancomycin or fluoroquinolnoes are administered. Timing starts at the time antibiotics on 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: Ampicialin/sulbactam, Aztreonam, Cefazolin, Cefarotan, Cefostetan, Cefostitan, Cefurofixacin, Ciprofixacin, Cilindamycin, Ertapenem, Erythromycin, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Neomycin and Vancomycin rong Patient, Wrong Procedure, Wrong Implant To capture any ASC admissions (patients) who experience a wrong site, side, patient, procedure or implant
Wrong Site, Wrong Side, Wi	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 wancomycin or fluoroquinolnoes are administered. Timing starts at the time antibiotic inflation 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: Ampicialin/sulbactann, Aztreonam, Cefazolin, Cefroateola, Cefotetan, Cefotwith, Cefuroxime, Ciprofloxacin, Cindamycin, Ertapenem, Erythromycin, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Neomycin and Vancomycin or Patient, Wrong Procedure, Wrong Implant To capture any ASC admissions (patients) who experience a wrong site, side, patient, procedure or implant Numerator: All Ambulatory Surgery Center (ASC) admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant Denominator: All ASC admissions
Wrong Site, Wrong Side, Wi	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 too 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 and Vancomycin or Patient, Wrong Procedure, Wrong Implant To capture any ASC admissions (patients) who experience a wrong site, side, patient, procedure or implant Numerator: All Ambulatory Surgery Center (ASC) admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant Denominator: All ASC admissions Numerator Inclusions: All ASC admissions experiencing a wrong site, wrong patient, wrong procedure or
Wrong Site, Wrong Side, Wi	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 wancomycin or fluoroquinolnoes are administered. Timing starts at the time antibiotic inflation 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: Ampicialin/sulbactann, Aztreonam, Cefazolin, Cefroateola, Cefotetan, Cefotwith, Cefuroxime, Ciprofloxacin, Cindamycin, Ertapenem, Erythromycin, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Neomycin and Vancomycin or Patient, Wrong Procedure, Wrong Implant To capture any ASC admissions (patients) who experience a wrong site, side, patient, procedure or implant Numerator: All Ambulatory Surgery Center (ASC) admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant Denominator: All ASC admissions
Wrong Site, Wrong Side, Wintent Numerator/Denominator	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 toniquet) 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: Ampicialin/sulbactam, Aztreonam, Cefazolin, Cefroaten, Cefotetan, Cefotatin, Cefuroxime, Ciprofloxacin, Cindamycin, Ertapenem, Erythromycin, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Neomycin and Vancomycin and Vanco
Wrong Site, Wrong Side, Wintent Numerator/Denominator	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 too 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/isulbactam, Aztreonam, Cefazolin, Cefmetazole, Cefotetan, Cefovitin, Cefuroxime, Ciprofioxacin, Clindamycin, Ertapenem, Erythromycin, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Neomycin and Vancomycin or Patient, Wrong Procedure, Wrong Implant To capture any ASC admissions (patients) who experience a wrong site, side, patient, procedure or implant Numerator: All AbC admissions Numerator all ASC admissions Numerator Inclusions: All ASC admissions Numerator Inclusions: All ASC admissions experiencing a wrong site, wrong patient, wrong procedure or wrong implant Numerator Inclusions: None





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 Celcius; 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
Data Element Definitions	Patients with physician/APNPA 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* 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 period 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,

Unplanted Antorior Vitractory	
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 wI/OL, 1 stage) and CPT code 66984 (Cataract surgery wI/OL, 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 Sy	
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
Data Element Definitions	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 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

rtment Visit Within One Day of Discharge
To determine the number of ASC admissions (patients) that have an emergency department visit within one day of
discharge from the ASC.
Numerator: All ASC admissions who had an emergency department visit within one day of discharge from the ASC.
Denominator: All ASC admissions
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
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
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.

implementation Requirement	Guidelines, which can be found in the Implementation Guide.
All-Cause Unplanned Hosp	ital 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 no 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.