



Ambulatory Surgical Center Measure Specifications 2012 (July 1, 2011 – June 30 2012 Dates of Service)

Revised May 4, 2011

<p>Summary of Changes 2012 (July 1, 2011 – June 30 2012 Dates of Service)</p>	<ul style="list-style-type: none"> Added additional definitions in the numerator section for the Prophylactic IV Antibiotic Timing
--	---

Prophylactic IV Antibiotic Timing	
Description	Measure used to assess the percentage of Ambulatory Surgery Center (ASC) admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection, who receive the prophylactic antibiotic on time.
Methodology	Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are extracted from ASC operational data including medical records, medication administration records, nursing notes, IV flow sheets, clinical logs, incidence/occurrence reports and quality improvement reports.
Rationale	Surgical site infections are costly for patients. Kirkland et al. found that SSI resulted in a 225% increase in total direct costs per patient after laparotomy and a 77% increase after colon surgery. ⁱ The Centers for Disease Control and Prevention reported that patients who develop surgical site infections are 60% more likely to spend time in an ICU, and 5 times more likely to be readmitted to the hospital, and have twice the incidence of mortality. ⁱⁱ These statistics relate to hospitals only because there is very little evidence available to determine the impact of surgical site infections within ambulatory surgery centers (ASC). However, in 2009, the ASC Quality Collaboration released data pertaining to IV antibiotic timing measure for a sample of volunteer ASCs across the country. The data reported the 4 th quarter of 2008 and the first 3 quarters of 2009. Overall, the percentage of patients who received IV antibiotics was above 90%. ⁱⁱⁱ
Measurement Period	Measurement period will be a fixed 12 month period: 07/01/2011 – 06/30/2012
Denominator	All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection.
Allowable Exclusions	<ul style="list-style-type: none"> 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 admission with a preoperative order for a prophylactic antibiotic not administered by the intravenous route
Numerator	<p>Number of ASC admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection, who received the prophylactic antibiotic on time.</p> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> 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 the endoscope, insertion of needle, inflation of the tourniquet) or two hours prior if vancomycin or fluroquinolones are administered. Timing starts at the time antibiotic infusion is initiated. Intravenous – administration of a drug within a vein, including bolus, infusion or IV piggyback. Order – a written order, verbal order, standing order or standing protocol. Prophylactic antibiotic – an antibiotic prescribed with the intent of reducing the probability of an infection related to an invasive procedure. See complete list on the next page of antibiotics that are considered prophylaxis for surgical site infections.



Ambulatory Surgical Center Measure Specifications

2012 (July 1, 2011 – June 30 2012 Dates of Service)

Revised May 4, 2011

List of Prophylactic Antibiotics Considered Prophylaxis for Surgical Site Infections

Ampicillin/sulbactam
Aztreonam
Cefazolin
Cefmetazole
Cefotetan
Cefoxitin
Cefuroxime
Ciprofloxacin
Clindamycin
Ertapenem
Erythromycin
Gatifloxacin
Gentamicin
Levofloxacin
Metronidazole
Moxifloxacin
Neomycin
Vancomycin



Ambulatory Surgical Center Measure Specifications

2012 (July 1, 2011 – June 30 2012 Dates of Service)

Revised May 4, 2011

Hospital Transfer/Admission	
Description	Measure used to capture any ASC admissions (patients) who are transferred or admitted to a hospital upon discharge from the ASC.
Methodology	Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are extracted from ASC operational data including administrative records, medical records, incidence/occurrence reports and quality improvement reports.
Rationale	The National Center for Health Statistics reported a 300% increase in the rate of ambulatory surgery center (ASC) visits for freestanding surgery centers in the United States from 1996-2006. This drastic increase resulted in 14.9 million surgeries in freestanding surgery centers across the U.S in 2006 (Cullen et al., 2009). ^{iv} A surgery patient typically experiences a safe discharge, however, the NCHS reported that .8% of ASC patients were transferred or admitted to a hospital as a result of a surgery. In a smaller but more recent study conducted by the ASC QC the hospital transfer/admission rates for ambulatory surgery centers was 1.27 per 1000 ASC admissions (Cullen et al., 2009). ^v
Measurement Period	Measurement period will be a fixed 12 month period: 07/01/2011 – 06/30/2012
Denominator	All ASC admissions.
Allowable Exclusions	No allowable exclusions.
Numerator	<p>Number of ASC admissions requiring a hospital transfer or hospital admission upon discharge from the ASC.</p> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> • 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



Ambulatory Surgical Center Measure Specifications

2012 (July 1, 2011 – June 30 2012 Dates of Service)

Revised May 4, 2011

Appropriate Surgical Site Hair Removal	
Description	Measure used to capture the number of admissions (patients) who have appropriate surgical site hair removal.
Methodology	Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are extracted from ASC operational data including administrative records, medical records, incidence/occurrence reports and quality improvement reports.
Rationale	Appropriate surgical site hair removal is recommended in the Centers for Disease Control and Prevention (CDC) guidelines for the prevention of surgical site infections. One of the primary reasons for creating guidelines related to appropriate hair removal is because if hair is not removed properly before a surgery, a razor may cause tiny cuts on a patient that could lead to infection. ^{vi} Ambulatory surgery centers, patients, and payers benefit when providers follow the guidelines for appropriate surgical site hair removal because minimizing the number of surgical site infections improves patient care, reduces costs, and saves time and resources.
Measurement Period	Measurement period will be a fixed 12 month period: 07/01/2011 – 06/30/2012
Denominator	All ASC admissions with surgical site hair removal.
Allowable Exclusions	ASC admissions who perform their own hair removal.
Numerator	<p>Number of ASC admissions with surgical site hair removal with clippers or depilatory cream.</p> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> • Admission – completion of registration upon entry into the facility.



Ambulatory Surgical Center Measure Specifications 2012 (July 1, 2011 – June 30 2012 Dates of Service)

Revised May 4, 2011

-
- ⁱ Kirkland KB, Briggs JP, Trivette SL, Wilkinson WE, Sexton DJ. The impact of surgical-site infections in the 1990s: attributable mortality, excess length of hospitalization, and extra costs. *Infect Control Hosp Epidemiol.* 1999;20:725-730.
- ⁱⁱ Centers for Disease Control and Prevention, National Center for Health Statistics Vital and Health Statistics, Detailed diagnoses and procedures national hospital discharge survey 1994. Vol 127. Hyattsville (MD): Department of Health and Human Services; 1997.
- ⁱⁱⁱ Ambulatory Surgery Center Quality Collaboration. ASC Quality Collaboration Quality Report 3rd Quarter 2009. Retrieved from <http://www.ascquality.org/qualityreport.html#Transfer>. Retrieved on April 12th, 2010.
- ^{iv} Cullen, Karen; Hall, Margaret; Golosinskiy, Aleksandr. Ambulatory Surgery in the United States, 2006. National Health Statistics Report. Number 11 January 28th, 2009-Revised September 4, 2009.
- ^v Cullen, Karen; Hall, Margaret; Golosinskiy, Aleksandr. Ambulatory Surgery in the United States, 2006. National Health Statistics Report. Number 11 January 28th, 2009-Revised September 4, 2009.
- ^{vi} Ambulatory Surgery Center Quality Collaboration. ASC Quality Measures Implementation Guide Version 1.3. April 2008.