

## Instructions for Completion of the Outpatient Procedure Component Annual Ambulatory Surgery Center Survey (CDC 57.400)

Data Field	Instructions for Data Collection
Facility ID #	<i>Required.</i> The NHSN-assigned facility ID will be auto-entered by the computer.
Survey Year	<i>Required.</i> Select the calendar year for which this survey was completed. The survey year should represent the last full calendar year. For example, in 2023, a facility would complete a 2022 survey.
<b>Facility characteristics: <i>If your facility was not operational during the entire previous calendar year, please check the appropriate box to indicate “not operational during the prior calendar year”.</i></b>	
Ownership	<p><i>Required.</i> Select the appropriate ownership of this facility. Select all that apply if the facility is under joint ownership.</p> <ul style="list-style-type: none"> <li>• For profit hospital</li> <li>• Not for profit hospital, including church</li> <li>• Government</li> <li>• Military</li> <li>• Veterans Affairs</li> <li>• Physician</li> <li>• Management company</li> <li>• Managed care organization</li> </ul>
Specialty	<i>Required.</i> Select whether the outpatient procedures performed at this facility are within a single, primary specialty or if they are within multiple specialties. Examples of specialties are listed in the following question.
Check all specialty(ies) performed in your facility	<p><i>Required.</i> Select all the procedure-types performed in your facility. If “Single specialty” was selected for the preceding question, only one specialty should be selected. If “Multispecialty” was selected for the preceding question, select all specialties that are performed. If your facility performs a specialty that is not listed, please select “Other” as appropriate and specify the type of specialty:</p> <ul style="list-style-type: none"> <li>• Bariatrics</li> <li>• Dental</li> <li>• General surgery</li> <li>• Gastroenterology</li> <li>• Gynecology</li> <li>• Neurology</li> <li>• Ophthalmology</li> <li>• Orthopedic</li> <li>• Otolaryngology</li> <li>• Pain management</li> </ul>

	<ul style="list-style-type: none"> <li>• Plastic surgery</li> <li>• Podiatry</li> <li>• Spine</li> <li>• Urology</li> </ul>
Total number of operating rooms at time of survey completion	<i>Required.</i> Record the total number of operating rooms in this facility at the time of survey completion. The NHSN definition of an operating room is a patient care area that meets the Facilities Guidelines Institute’s (FGI), American Institute of Architects’ (AIA) or requirements of the State in which it operates when it was constructed or renovated. If none, enter “0” (do not leave blank).
Total number of procedure rooms at time of survey completion	<i>Required.</i> Record the total number of additional rooms where procedures are performed at this facility. This total should <b>NOT</b> include the number of operating rooms, as defined in the previous question. If none, enter “0” (do not leave blank).
Total number of patient encounters in this survey year	<p><i>Required.</i> Record the total number of patient encounters (admissions) to this facility for the survey year. This should be the same year as was recorded in the Survey Year field of this survey.</p> <p><b>Note:</b> <i>The total number of encounters is the total number of patients who completed the registration process after entering the facility.</i></p>
Accredited by a CMS-approved accrediting organization	<i>Required.</i> Select “Yes” if this facility is accredited by an organization that CMS endorses to survey this facility type for CMS standards. For ASCs, the four accrediting organizations are: the Accreditation Association for Ambulatory Health Care (AAAHC); the Joint Commission; the American Association of Ambulatory Surgery Facilities (AAASF); and the American Osteopathic Association (AOA). If this facility is not accredited by an appropriate CMS-recognized organization, select “No.”