



Instructions for Completion of the Patient Safety Annual Facility Survey for ASCs (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 2016, a facility would complete a 2015 survey.
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>	
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"> • For profit hospital • Not for profit hospital, including church • Government • Military • Veterans Affairs • Physician • Management company • Managed care organization
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 specialties performed in this 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"> • Bariatrics • Dental • General surgery • Gastroenterology • Gynecology • Neurology • Ophthalmology • Orthopedic • Otolaryngology • Pain management • Plastic surgery • Podiatry • Spine • Urology



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Total no. 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 not include the number of operating rooms, as defined in the previous question. If none, enter “0” (do not leave blank).
Total no. of patient admissions in this survey year	<i>Required.</i> Record the total number of patients who received outpatient surgical procedures in this facility during survey year. This should be the same year as was recorded in the Survey Year field of this survey.
Accredited by a CMS-approved accrediting organization	<i>Required.</i> Select “Yes” if this facility is accredited by an organization that CMS allows to survey this facility type for CMS standards. For ASCs, the four accrediting organizations are: the Association for Ambulatory Health Care (AAHC); 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.”