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## Outpatient Procedure Component (OPC) Key Terms

**Ambulatory Surgery Center (ASC):** Based on the Code of Federal Regulations [42 CFR § 416.2](#), is any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC and must meet the conditions set forth in 42 CFR § 416.

**Discharge:** A patient is considered discharged when they leave the confines of the outpatient facility.

**Encounter:** Any patient visit to an outpatient location where the patient completes the registration process upon entry into the facility. Some outpatient facilities also refer to this as admission into the facility.

**Hospital Outpatient Department (HOPD):** Based on the Code of Federal Regulations [42 CFR 440.20](#) is a location that provides outpatient hospital services, meaning preventive, diagnostic, therapeutic, rehabilitative, or palliative services that:

1. Are furnished to outpatients;
2. Are furnished by or under the direction of a physician or dentist; and
3. Are furnished by an institution that—
  - i. Is licensed or formally approved as a hospital by an officially designated authority for State standard-setting; and
  - ii. Meets the requirements for participation in Medicare as a hospital; and
4. May be limited by a Medicaid agency in the following manner: A Medicaid agency may exclude from the definition of “outpatient hospital services” those types of items and services that are not generally furnished by most hospitals in the State.

**Hospital Transfer or Admission:** Any transfer or admission from an ASC or HOPD directly to an acute care hospital including the hospital emergency room. Directly means upon discharge from the outpatient facility. This measure applies regardless of the reason for the hospital transfer/admission, and no direct hospital transfers/admissions should be excluded based on an assessment about whether the transfer/admission is or is not related to the outpatient facility admission. This measure excludes patients who are discharged from the outpatient facility and then later go to a hospital emergency room or acute care hospital, even if they do so on the same date as the outpatient facility admission.

**Operative procedure category:** A set of surgical procedures grouped together based on the NHSN definition of the procedure performed. Each Operative Procedure Category has been mapped with a list of CPT codes with procedure descriptions that aligns with the procedure category definition.

**Burn:** Any unintended tissue injury that occurs prior to discharge from the outpatient facility and is caused by any of the six recognized mechanisms: scalds, contact, fire, chemical, electrical or radiation.

Examples of devices that can cause burns include warming devices, prep solutions, electrosurgical units or lasers.

**Fall:** A sudden, uncontrolled, unintentional, and downward displacement of the body to the ground or other object, and that occurs within the confines of the outpatient facility. This definition excludes falls resulting from violent blows or other purposeful actions. It also excludes falls that do not occur within the confines of the outpatient facility, such as in a parking lot.

**Surgical site infection:** An infection meeting NHSN SSI criteria. The operative procedure must be one that is included in one of the NHSN operative procedure categories and occurs within a defined timeframe. There are three categories of SSI that are defined by CDC. Each SSI definition is related to the tissue depth of the infection, as illustrated below.

**Surveillance Period:** The timeframe following a NHSN operative procedures where you monitor and identify SSIs. The surveillance period is determined by the NHSN operative procedure category (for example, BRST-Breast surgery - 90-day surveillance period and HYST-abdominal hysterectomy – 30-day surveillance period). See Table 3

**Wrong** (site, side, patient, procedure, or implant): A procedure performed in such a way that was not in accordance with the intended procedure - specifically, wrong body site (part), wrong side of the body, wrong patient, wrong procedure and/or wrong implant. The procedure performed was not consistent with the informed consent signed by the patient/family/designee. May also be referred to as Wrong Event.

## References

1. Centers for Medicare & Medicaid Services (CMS). QualityNet: Ambulatory Surgical Center Quality Reporting Specifications Manual Version 9.0. Retrieved from <https://www.qualitynet.org/asc/ascqr> on August 24, 2020.
2. Ambulatory Surgery Center Quality Collaboration (ASC QC). ASC Quality Collaboration Measures: Implementation Guide Version 8.0. Retrieved from <https://www.ascquality.org/home> on August 24, 2020.