Same Day Outcome Measures (SDOM)

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Introduction

The measures that are included in this grouping of care quality indicators represent a broad range of risks encountered by patients accessing care in various outpatient settings. The four measures reflect the potential outcome resulting from procedures performed in the Ambulatory Surgery Center (ASC) outpatient environment. These potential outcomes can occur on the same day (during or immediately following) a procedure performed in an ASC. Same Day Outcome Measures includes four individual measures, which are:

1. Patient Burn
2. Patient Fall
3. Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
4. All-Cause Hospital Transfer/Admission

This NHSN protocol is intended to be consistent with the measure specifications from the following:

### Key Terms for SDOM

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Burn</strong></td>
<td>Unintended tissue injury caused by any of the six recognized mechanisms: scalds, contact, fire, chemical, electrical or radiation, (for example, warming devices, prep solutions, electrosurgical unit or laser).</td>
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<tr>
<td><strong>Discharge</strong></td>
<td>Occurs when the patient leaves the confines of the ASC.</td>
</tr>
<tr>
<td><strong>Encounter</strong></td>
<td>Any patient visit to an ASC where the patient completes the registration process upon entry into the facility. Some ASCs may refer to this as an admission into the facility.</td>
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<tr>
<td><strong>Fall</strong></td>
<td>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).</td>
</tr>
<tr>
<td><strong>Hospital transfer/admission</strong></td>
<td>Any transfer/admission from an ASC directly to an acute care hospital including hospital emergency room.</td>
</tr>
<tr>
<td><strong>Wrong</strong></td>
<td>Procedure is performed in a way that is not consistent with what is documented in the informed consent for a patient - not in accordance with intended site, side, patient, procedure or implant</td>
</tr>
</tbody>
</table>

### SDOM Requirements

#### Setting(s)
Any ASC as defined in the Code of Federal Regulations 42 CFR § 416.2 and has a “C” as the 3rd digit of its CMS Certification Number (CCN) eligible to use this measure.

#### Surveillance for SDOM
Monitor **all patient** encounters for the following events:
- Burn prior to discharge from the ASC
- Fall within the ASC
- Wrong site, side, patient, procedure or implant while admitted to the ASC (Wrong)
- Transfer or admission to a hospital upon discharge from the ASC

SDOM surveillance should be indicated on the NHSN Outpatient Procedure Component Monthly Reporting Plan form (CDC 57.401).

Monitoring for SDOM require active, patient-based, prospective surveillance. Surveillance for SDOMs starts at the beginning of the encounter and ends at discharge from the ASC. No post-discharge surveillance is required for these measures.
Methods for surveillance may vary based on resources within the facility. Examples of resources for data collection include outpatient facility medical records, incident/occurrence reports, or variance reports.

Reporting these measures using the NHSN SDOM does not meet any reporting requirement(s) for the CMS Ambulatory Surgical Center Quality Reporting (ASCQR) Program. Reporting this NHSN measure is optional.

SDOM Specifications

- **Patient Burn**
  There are several accounts in literature of patient burns in the surgical and procedural environment. The wide range of factors resulting in burns highlights several possible risks that must be addressed to prevent patient burns.

  Many instances of burns are associated with electrosurgical equipment suggest that this is the most common causative agent. Recent reports demonstrate increased risk of burns may be related to newer devices that use higher currents at longer activation times. Although electrical burns may be the most predominant, burns from other mechanisms such as chemicals and direct contact have been reported.

  Surgical fires are infrequent, but they are life threatening and the outcome (such as burns) can be severe to both patient and surgical staff. Any area where surgery is performed and flammable agents are used, such as medical gases and skin preparation agents, may pose a risk for surgical fires and subsequent patient burns.

  Understanding that there are a number of causative agents related to patient burns in a surgical setting including ASCs, the term burn is very broad. This term covers burn from the various means by which a burn can occur – chemical, contact, electrical, fire radiation or scalds. This allows stakeholders and partners to gain a more robust understanding of the incidence of burn events and further improve prevention strategies.

**Measure Specifications:**
This measure is used to assess the number of encounters (patients) who experience a burn prior to discharge from the ASC.

- **Numerator:** ASC encounters (admissions) experiencing a burn prior to discharge  
  **Exclusions:** None

- **Denominator:** All ASC encounters (admissions)  
  **Exclusions:** None
Patient Fall
The incidence of patient falls is currently unavailable, although in general the incidence of adverse events in ASCs is relatively low. There is growing interest in public reporting of adverse events such as falls. Patients undergoing outpatient surgical procedures are at increased risk for falls when adjunct therapies such as anxiolytics, sedatives, and anesthetic agents are used.

Measure Specifications:
This measure is used to assess the number of encounters (patients) who experience a fall within the ASC.

- **Numerator:** ASC encounters (admissions) experiencing a fall within the confines of the ASC
- **Exclusions:** ASC encounters (admissions) experiencing a fall outside the ASC

- **Denominator:** All ASC encounters (admissions)
- **Exclusions:** Falls resulting from violent blows or other purposeful actions

Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, and Wrong Implant (collectively referred to as Wrong)
The Wrong outcome measure serves as a proxy for adherence to The Joint Commission’s “Universal Protocol” guideline. The goal for of the “Universal Protocol” guideline is to eliminate wrong site, wrong procedure, and wrong person surgery. The “Universal Protocol” is a consensus guideline that is endorsed by professional medical organizations and associations. The ASC Quality Collaboration added wrong implant to wrong site, wrong side, wrong patient, and wrong procedure to create a more complete “wrong” event measure.

Measure Specifications:
This measure is used to assess the number of encounters (patients) who experience a wrong

- **Numerator:** All ASC encounters (admissions) experiencing a wrong
- **Exclusions:** None

- **Denominator:** All ASC encounters (admissions)
- **Exclusions:** None

All-Cause Hospital Transfer/Admission
An unanticipated outcome after care is provided in an ASC, is a direct transfer or admission to a hospital from the ASCs. This unexpected event may result in additional cost and recovery time, which may pose an increased burden to the patient, family and payer.
At times, unforeseen events or complications may result in the need to transfer or admit an ASC patient to a hospital. Such occurrences demonstrate good judgement and signifies good patient care, but higher rates may be a signal that less than optimal patient and/or procedure selection by the ASC are occurring.

**Measure Specifications:**
This measure is used to assess the percentage of ASC encounters (admissions) who are transferred or admitted to a hospital upon discharge from the ASC

**Numerator:**
ASC encounters (admissions) requiring a hospital transfer or hospital admission upon discharge from the ASC

**Exclusions:**
None

**Denominator:**
All ASC encounters (admissions)

**Exclusions:**
None

**Reporting Instructions**

1. Indicate on the Outpatient Procedure Component Monthly Reporting Plan form (CDC 57.401) that the ASC is participating in surveillance for the Same Day Outcome Measures. Selecting SDOM means all four outcome measures will be monitored and reported.

2. For each patient that experiences a SDOM event during an ASC encounter, complete an Outpatient Procedure Component Same Day Outcome Measures Event form (CDC 57.402) and select the appropriate event by checking the corresponding box.
   a. If the same patient experiences more than one event of a different measure during the same encounter, all events should be recorded on the same event form. Example: a patient experiences a fall and a burn during the same encounter.
   b. If a patient experiences more than one event of the same measure during the same encounter, record only one event of that measure type for the encounter. Example: a patient has multiple wrong site procedures or multiple falls.
   c. If no events occur during an encounter, no Outpatient Procedure Component Same Day Outcome Measures Event form (CDC 57.402) should be completed.

3. If no events occur during the reporting month, select “No Same Day Outcome Measures (events) reported this month” on the Outpatient Procedure Component Denominator for Same Day Outcome Measures form (CDC 57.403).

4. At the end of the reporting month specified in the Monthly Reporting Plan, enter the total number of ASC encounters (admissions) on the Outpatient Procedure Component Denominator for Same Day Outcome Measures form (CDC 57.403).

See the following for assistance with completing forms for the OPC Same Day Outcome Measures:

- *Table of Instructions for Completion of the Outpatient Procedure Component Monthly Reporting Plan Form (CDC 57.401)*
Data Analysis

Descriptive analysis options of numerator and denominator data, such as line listings, frequency tables, and bar and pie charts, are available in the NHSN application for analysis of SDOMs. Guides on using the NHSN OPC analysis features are available in the Analysis Resources section found at https://www.cdc.gov/nhsn/ambulatory-surgery/ssi/index.html.
References
