

# NHSN ASC Spotlight







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**WELCOME!** WE ARE THRILLED TO PRESENT TO YOU THE VERY FIRST EDITION OF THE NATIONAL HEALTHCARE SAFETY NETWORK (NHSN) AMBULATORY SURGERY CENTER (ASC) NEWSLETTER.

*This platform is designed with you in mind, aiming to highlight content relevant to ASCs while providing valuable opportunities for collaboration in our shared commitment to enhancing patient safety outcomes.*

*Within these pages, you'll discover insightful articles, updates, and resources tailored specifically to the ASC community. Moreover, we're excited to offer a closer look at NHSN's suite of tools, including the Outpatient Procedure Component (OPC) and the Healthcare Personnel Safety (HPS) Component, all of which are designed to seamlessly meet your reporting needs.*

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# OUTPATIENT PROCEDURE COMPONENT

USE THE OPC COMPONENT TO TRACK AND MONITOR SURGICAL SITE INFECTIONS AND NON-INFECTION ADVERSE EVENTS, IN AMBULATORY SURGERY CENTERS.

## ANNOUNCEMENT

NHSN will soon release the OPC Toolbox for enrolled facilities, featuring a set of guides on enrollment, event and procedure definitions, report analysis, and more! Watch this space for updates!

## WHICH AMBULATORY SURGERY CENTERS SHOULD REPORT TO THE OUTPATIENT PROCEDURE COMPONENT?

An ASC means 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. An ASC must be certified by the Centers for Medicare & Medicaid Services, licensed by a state agency, or both.

Note: If an ASC operates under a hospital CMS Certification Number (CCN), it should report under the Patient Safety Component regardless of state licensure.

## PROTOCOL UPDATES

To support your efforts in surgical site infection surveillance, the OPC Team will soon introduce the Ambulatory Knee Prosthesis (KPRO) Measure for ASCs' use.

This measure, derived from definitions utilized in the Patient Safety Component, is scheduled for release later in 2024.

Training sessions and user guides will be provided as we approach the implementation phase of this measure.

## ENROLLMENT IN OPC

**STEP 1:** Read and agree to the NHSN Rules of Behavior at <https://nhsn.cdc.gov/RegistrationForm/index>. Register your email address and the facility with NHSN (requires a facility identifier, such as a CMS Certification Number [CCN]).

The screenshot shows the 'Facility/Group User & Administrator Rules of Behavior' page. A red arrow points to the title. Below the title, text states: 'In order to participate in the NHSN, you must read and agree to abide by the following rules of behavior for safeguarding the system's security. Scroll through the document below and click on Agree or Do Not Agree button. To print a copy of the rules, click on the Print button.' Below this is a document preview titled 'INTRODUCTION' with text about NHSN's purpose and data handling. At the bottom, there are three buttons: 'NHSN Fac GpUser and Admin ROB PDF (87KB/13 pages)', 'Agree', and 'Do Not Agree'. A red box highlights the 'Agree' button, and a red arrow points up to it.

**STEP 2:** Register with Secure Access Management Services (SAMS). SAMS offers new applicants two options to complete identity proofing:

**OPTION 1: Experian** Using a secure interface, you will provide Experian your Social Security Number (SSN) and date of birth. This information is sent directly to Experian and is NOT stored or saved by SAMS/CDC. Experian will attempt to validate your information and may ask you a series of questions based on your credit history. There is no impact on your credit score or credit worthiness. This is the fastest and safest method to complete the SAMS identify proofing process.

**OPTION 2: Document Review** You will be required to complete a form attached to the end of the identity verification instructions email. This form, along with appropriate identification, will need to be reviewed by a notary or other trusted third party and copies submitted to CDC via secure upload or by mail. Once received by CDC, it will be reviewed and validated. This process can take several weeks to complete depending on volume and how the documentation is sent to CDC.

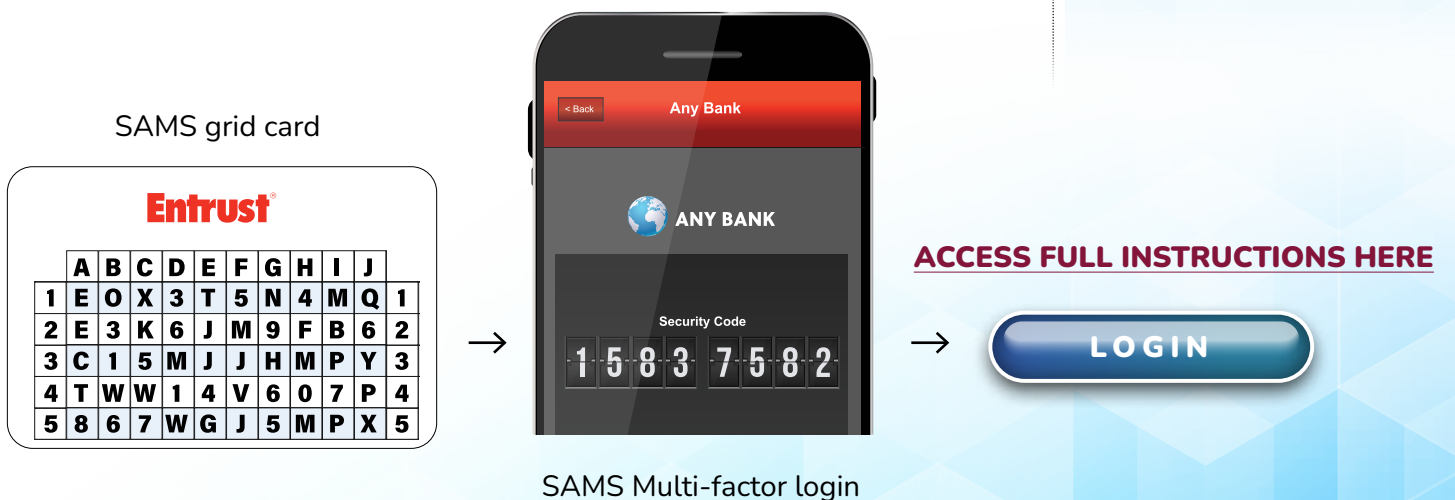
**STEP 3:** Once approved, you will receive an email from [sams-no-reply@cdc.gov](mailto:sams-no-reply@cdc.gov) with links to the NHSN application. You should receive your SAMS grid card within two weeks.

**STEP 4:** After setting up your credentialed device (via token or receiving your SAMS grid card), log in to [SAMS](#). Under the **SAMS Multi-factor Login** picture, click **Login**. On the SAMS home page, select **NHSN Enrollment** to complete electronic enrollment for the desired component.



### WHAT IS SAMS?

*SAMS is the Secure Access Management Services which is a federal information technology (IT) system that gives authorized personnel secure access to non-public CDC applications. The SAMS system is used for identity proofing of individuals using the NHSN application. Additionally, the SAMS partner portal is a website designed to provide centralized access to public health information and computer applications operated by the CDC.*







# OPC Data Corner

THE OUTPATIENT PROCEDURE COMPONENT (OPC) DATA CORNER IS WHERE WE BREAK DOWN IMPORTANT STATISTICS ABOUT AMBULATORY SURGERY CENTERS. THIS DATA TYPICALLY INCLUDES DETAILS ABOUT THE TYPES OF PROCEDURES REPORTED TO NHSN, VOLUME OF SURGICAL PROCEDURES AND ASSOCIATED EVENTS, AS WELL AS OTHER ADVERSE MEASURES.

The Outpatient Procedure Component went live on November 1, 2018 in the NHSN application. ASCs that previously reported surgical data to the Patient Safety Component transitioned their reporting to the OPC.

All in-plan procedures reported by ASCs to OPC between November 1, 2018, and December 31, 2023, were analyzed for the OPC Data Corner as of May 2024. A total of 317 ASCs reported 192,880 procedures during this period. **Figure 1** represents a steady increase in the number of procedures reported to OPC across all procedure categories by calendar year.

The ASCs reporting procedures in OPC may use various analytic reports in the application to visualize both procedure-level and event-level data for their individual facility and/or group.

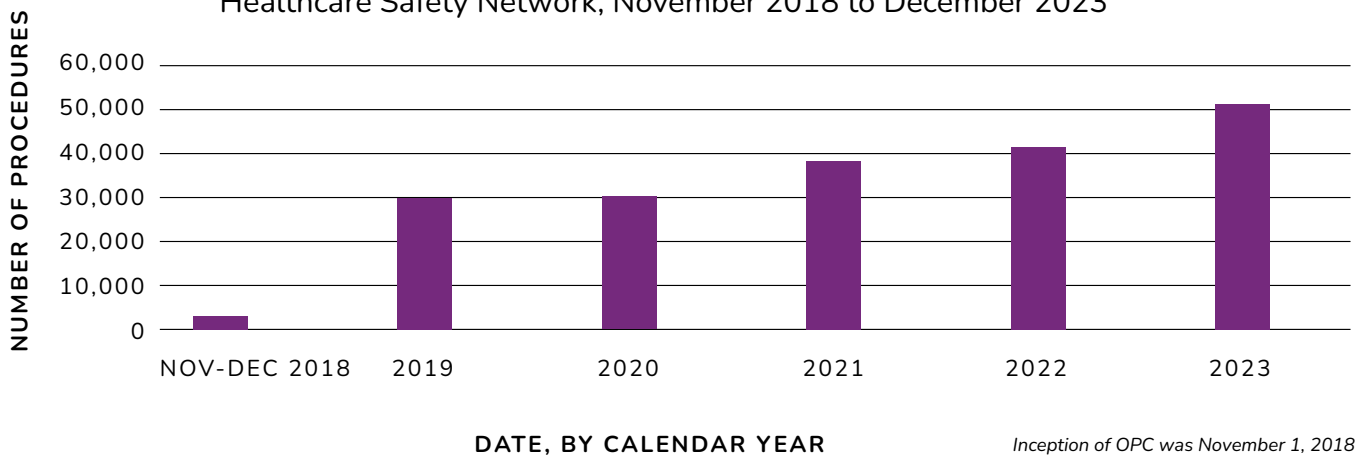
**Figure 2** represents a visual display of the distri-

bution, in percentages, of procedure categories reported by ASCs in OPC.

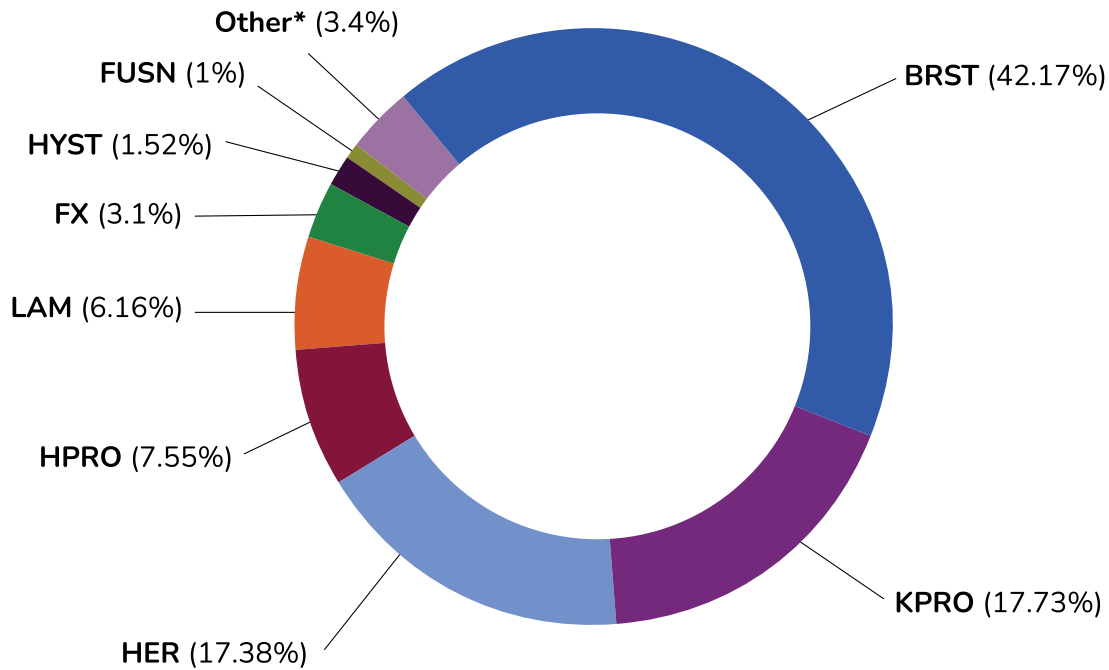
The categories with the highest number of procedures were Breast Procedures (BRST), followed by Herniorrhaphy Procedures (HER), Knee Prosthesis Surgery (KPRO), Hip Prosthesis Surgery (HPRO), and Laminectomy Procedures (LAM).

The procedure categories included in the 'Other' category, each representing less than 1% of reported procedures, are Limb Amputation Surgery (AMP), Appendix Surgery (APPY), Shunt for Dialysis (AVSD), Bile Duct, Liver or Pancreatic Surgery (BILI), Gallbladder Surgery (CHOL), Colon Surgery (COLO), Gastric Surgery (GAST), Neck Surgery (NECK), Ovarian Surgery (OVRY), Pacemaker Surgery (PACE), Thyroid and/or Parathyroid Surgery (THYR), Vaginal Hysterectomy (VHYS), and Exploratory Laparotomy (XLAP).

FIGURE 1. Amulatory Surgery Center All Adult Procedures Reported to the National Healthcare Safety Network, November 2018 to December 2023



**FIGURE 2. Adult Outpatient Procedures Performed in Ambulatory Surgery Centers Reported to National Healthcare Safety Network, November 2018 to December 2023**



\*Other category includes procedures representing less than 1% of reported procedures.

## AMBULATORY BREAST PROCEDURE SURGICAL SITE INFECTION (SSI) MEASURE DATA

Breast procedures are the highest volume of procedures among ASCs reporting to NHSN and also carry the highest risk of surgical site infections (SSIs) based on the reported data.

**Figures 3 and 4** illustrate the distribution of breast surgery procedures and SSI events, respectively, from November 1, 2018 to December 31, 2023.

In the past, CDC has published SSI rates stratified by procedure category and basic risk index. Since

the Fall of 2010, we have progressed to the use of the Standardized Infection Ratio (SIR), which offers an improved method for measuring SSI incidence and incorporates risk adjustment. The SIR compares the number of observed SSIs to the number of predicted SSIs. National baseline data are used to calculate the number of predicted SSIs, which accounts for various procedure-specific risk factors. More information can be found in the [NHSN's Guide to the SIR](#).

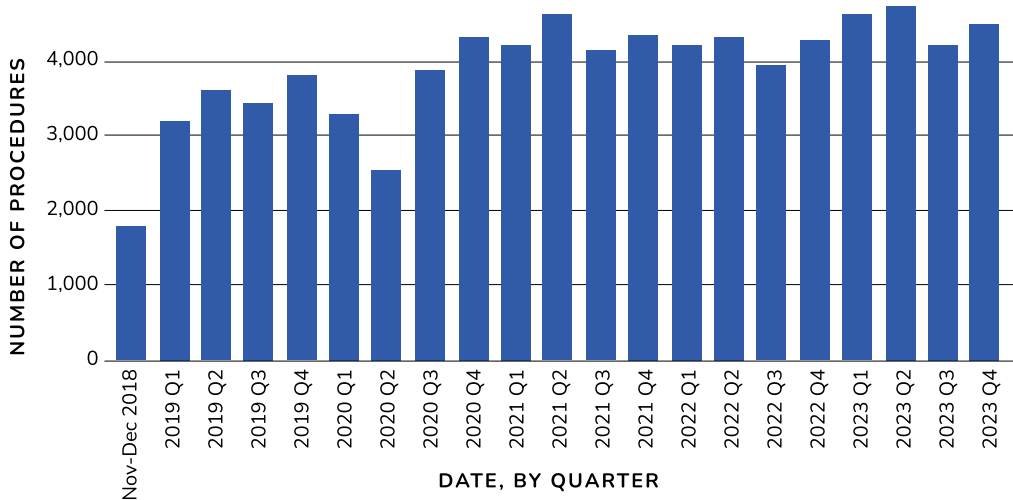


Figure 3 illustrates a total of 81,338 breast procedures reported by 154 facilities from November 2018 to December 2023. On average, over 3,000 breast procedures are reported annually to NHSN.

The number of SSI events appears to be stable annually, as shown in Figure 4. However, there

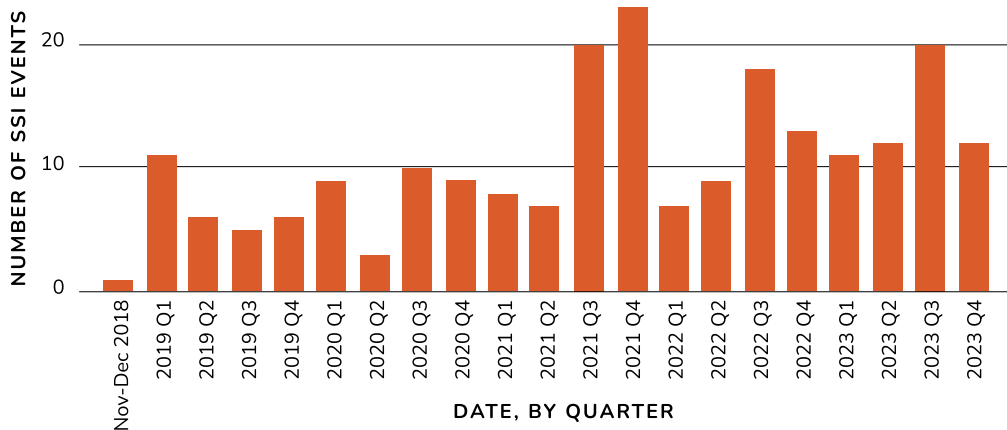
was an increase in the number of SSI events reported in the latter half of 2021. The breast SSI events are identified and reported using standard criteria and definitions outlined in the [NHSN Outpatient Procedure Component SSI Protocol](#).

FIGURE 3. Adult Outpatient Breast Procedures Reported by Ambulatory Surgery Centers to the National Healthcare Safety Network, November 2018 to December 2023



Note: Inception of the Outpatient Procedure Component was November 1, 2018

FIGURE 4. Adult Breast SSI Events Reported by Ambulatory Surgery Centers to the National Healthcare Safety Network, November 2018 to December 2023



Note: Inception of the Outpatient Procedure Component was November 1, 2018

Please be advised that calculating crude rates from these figures is not encouraged as rates do not offer any risk adjustment and cannot account for differences between facilities. National comparison of SIRs will become available in the future.

Component was November 1, 2018

# ENROLLED FACILITIES STATISTICS

Each facility enrolled in one of the NHSN components is required to complete an annual facility survey. For those enrolled in the Outpatient Procedure Component, this entails completing the Ambulatory Surgery Center Annual Facility Survey at the start of each calendar year.

The collected data aid the CDC in facility classification, form part of aggregate data analyses, and offer insights into common practices among ASCs.

ASCs may have procedure rooms and/or operating rooms based on their specialty. An operating room, as defined by NHSN, meets Facilities Guidelines Institute’s (FGI), American Institute of Architects’ (AIA), or state requirements at the time of construction or renovation. Procedure rooms are additional areas where ASC procedures occur. Further survey guidance is available in the Instructions for Outpatient Procedure [Component TOI Annual Facility Survey](#).

Tables 1-4 summarize data from 678 ASCs who completed the ASC Annual Facility Survey for 2023.

**TABLE 1. ASCs by Specialty Type (N=678)**

Specialty Type	# of ASCs Enrolled	Percent (%)
Multi	435	64.2
Single	243	35.8

**TABLE 2. Facility Characteristics (N=678)**

Facility Characteristics	Mean (Average)
Procedure Rooms	26.4
Operating Rooms	2.8
Total Number Admits	3,302.7

**TABLE 3. Facility Ownership Type (N=678)**

Ownership	# of ASCs Enrolled	Percent (%)
Physician-owned	521	76.8
Management Company	116	17.1
For Profit Hospital	101	14.9
Not for Profit, Including Church	99	14.6
Management Care Organization	40	5.9
Military	5	0.7
Government	4	0.6
Veterans Affairs	0	0.0

Note: Facilities can select multiple ownership on the annual survey.



The specialty type depicted in **Table 1** shows the distribution of ASCs that identify as performing multiple specialties (“multi”), where more than one procedure type is performed or as a single, primary specialty (“single”), where the facility specializes in one procedure type. From the 2023 survey results, about two thirds of the ASCs (64.16%) reported as multiple specialty.

The average number of procedure rooms, operating rooms, and total admissions from the 2023 ASC Annual Facility Survey are presented in **Table 2**. Facilities recorded an average of 3,302 admissions in 2023. Notably, ASCs reported a higher average number of procedure rooms compared to operating rooms, at a ratio of more than 13 to 1.

The vast majority of ASCs (76.8%) reported as physician-owned centers, **Table 3**.

It is important to note that facilities can select multiple ownership options on the survey.



**TABLE 4. ASC Specialty Category (N=678)**

Specialty Type	# of ASCs Enrolled	Percent (%)
Orthopedic	379	55.9
Pain Management	362	53.4
Podiatry	269	39.7
Ophthalmology	251	37.0
Plastic Surgery	224	33.0
Gastroenterology	220	32.5
General Surgery	211	31.1
Spine	191	28.1
Otolaryngology	174	25.7
Urology	166	24.5
Gynecology	142	20.9
Other	69	10.2
Neurology	50	7.4
Dental	45	6.6
Bariatrics	18	2.7

*Note: Facilities can select multiple specialization categories on the annual survey.*



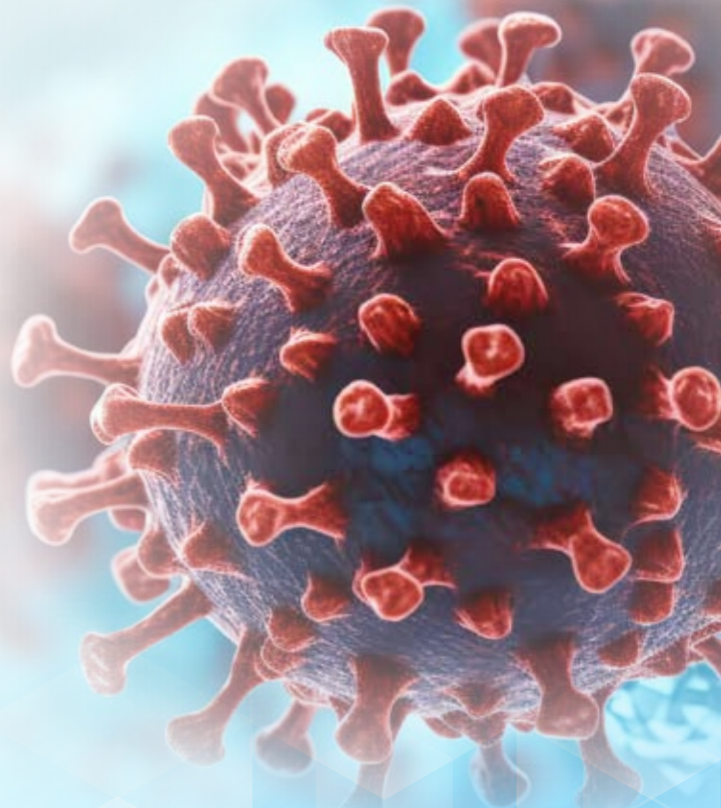


# HEALTHCARE PERSONNEL SAFETY COMPONENT

USE THE HPS COMPONENT TO MONITOR AND REPORT INFECTIOUS DISEASE EXPOSURES AND PREVENTIVE PRACTICES AMONG PERSONNEL WORKING IN HEALTHCARE SETTINGS.

## REMINDERS FOR COVID-19 HEALTHCARE PERSONNEL VACCINATION DATA REPORTING

NHSN allows for, and encourages, weekly submission of COVID-19 vaccination data via the Weekly COVID-19 Vaccination Module within the NHSN Healthcare Personnel Safety (HPS) Component. CMS-certified ASCs are required to submit COVID-19 healthcare personnel (HCP) vaccination data via the weekly COVID-19 Vaccination Module for at least one week per month to fulfill CMS reporting requirements. Please see CMS Final Rule: <https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf>.





# PERSON-LEVEL VACCINATION FORM



The optional Person-Level COVID-19 Vaccination Form for HCP remains available to simplify data reporting and assist facilities with managing person-level vaccination data directly in NHSN. This allows the application to automatically calculate and submit the weekly summary totals

to the main NHSN Weekly HCP COVID-19 Vaccination Module. Resources on using the Person-Level COVID-19 Vaccination Form can be found on the following webpage: [HPS | Weekly HCP COVID-19 Vaccination | NHSN | CDC](#).



## WE WANT TO HEAR FROM YOU.

*We'd love your feedback on this newsletter and ideas on what you would like to see in future editions.*

*Please use the ServiceNow feature in the NHSN application or email [NHSN@cdc.gov](mailto:NHSN@cdc.gov) with a subject line of "ASC Newsletter."*

The National Healthcare Safety Network (NHSN) is a voluntary, secure, Internet-based surveillance system that integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at CDC.

During 2008, enrollment in NHSN was opened to all types of healthcare facilities in the United States, including acute care hospitals, long-term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long-term care facilities.