



Ambulatory Surgery Centers Provide a Safe, Efficient Option for Selected Patients & Procedures

Ambulatory Surgery Centers (ASCs) are integral to the California healthcare delivery system and are often partnered with hospitals, universities and health systems. They are modern healthcare facilities focused on providing same-day surgical care, including diagnostic and preventative procedures that were once performed exclusively in hospitals.

These innovative, high-quality, patient-centered facilities create **significant cost savings** for patients and the healthcare system while producing **outstanding health outcomes, high patient satisfaction, and low infection rates.**

Reducing Healthcare Costs

ASCs provide significant savings for patients and for the overall healthcare system.

- ASCs are estimated to have saved Medicare **more than \$3 billion annually** since 2011.
- From 2011 to 2018, ASCs generated **\$28.7 billion in savings** for Medicare.
- Projected Medicare savings from 2019 to 2028 due to ASCs is estimated to be **\$73.4 billion.**

ASCs perform roughly 6.8 million vital surgical, diagnostic and preventive procedures for Medicare beneficiaries each year. This reduces cancer incidence and mortality, and improves patient quality of life.

Source: Reducing Medicare Costs by Migrating Volume from Hospital Outpatient Departments to Ambulatory Surgery Centers

Ensuring Patient Safety



ASCs have an **excellent track record of patient safety** – in the past five years alone, more than 100 million Americans have had successful outpatient surgery in an ASC.



ASCs focus only on a certain number of **specific surgical procedures.** This allows the doctors to be specialized and the facilities to focus on the necessary equipment and protocols for those procedures. This creates a **more efficient, optimized environment** for patients that results in **high quality, patient-centered care at a more affordable cost.**



Only certain patients qualify for procedures at an ASCs based on a physician assessment of the patient's health including their medical history and any potential risk factors. For some patients, it may be determined that a hospital setting is the most appropriate place for treatment given the potential for complications.



Comparative data from over 1 million surgeries performed in ASCs between 2015 – 2016 indicate an **ASC post-operative surgical site infection rate to be extremely low** (or rare) and comparable if not better than hospital outpatient surgery departments.*

Offering Transparent Data & Reporting

CASA gathers quarterly benchmarking data from participating ASCs throughout the state. This report creates a measurement standard through 12 distinct metrics grouped into two categories: "Quality Indicators" and "Adverse Risk Events".

- **Quality Indicators** measure events that an ASC can actively work to control, such as patient burns, falls, medication errors and post-operative complications.
- **Adverse Risk Events** focus on improving patient care and the ASC risk management protocol.

Quality Indicators	Adverse Risk Effects
Hospital transfer/admission	Return to surgery for reasons other than bleeding
ER visit within 48 hours of discharge	Unintentional retained foreign body
Patient burn	Cardiac or respiratory arrest
Patient fall	Medical device errors
Medication error	Wrong site surgery
Post-operative wound infections (within 30 days of the procedure or 90 days if the procedure involved an implant of any kind)	Excessive bleeding requiring return to the operating room or transfer

All accredited ASCs must report "adverse events," as defined by law, to the Medical Board of California (MBC) within five days after the adverse event has been detected or there is an ongoing emergent threat.

Operating Under Comprehensive Oversight

- California ASCs are **regulated by several rigorous processes** including Medicare certification, California state licensure and accreditation. Some ASCs are regulated by the California Department of Public Health (CDPH); however, most ASCs are under the regulatory oversight of the MBC which requires that ASCs be nationally accredited by an accrediting agency approved by the MBC.
- **Accrediting agencies conduct unannounced inspections of ASCs, and licensed ASC physicians must be peer reviewed** at least every two years by licensees who are qualified by education and experience to perform the same type of, or similar, procedures. Additionally, the MBC is required to notify the public, by placing information on its website, whether an ASC is accredited, or the ASC accreditation has been revoked, suspended or placed on probation, or if the ASC has received a reprimand by the accreditation agency.
- CASA also has a **long history of sponsoring legislation to encourage state licensure criteria**, further enhance reporting, and provide more clarity to the public on oversight.

Backup Safety Measures

- Outpatient settings are required to have a standardized protocol to follow in the event of serious complications from surgery that would place a patient at high risk for injury or harm.
- Physicians, nurses and other medical professionals onsite at ASCs are trained to help in an emergency by providing cardiopulmonary resuscitation and using emergency equipment.
- Although rare, serious complications can arise, and the ASC protocol is to transfer a patient to an emergency room to ensure full access to emergency care and specialized emergency doctors.