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Best Ambulatory Surgery Centers US 2021 – Methodology

Methodology – Best Ambulatory Surgery Centers US 2021

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1. Introduction

America's "Best Ambulatory Surgery Centers 2021" highlights the nation's top ambulatory surgery centers based on quality of care, performance data and peer recommendations, relative to in-state competition. Centers in the 25 states with the highest number of Ambulatory Surgery Centers (ASCs), according to the Centers for Medicare & Medicaid Services (CMS), were included in the study.

1.1 Included states (ASCs)

The following states were included in the analysis:

- Arizona
- California
- Colorado
- Florida
- Georgia
- Illinois
- Indiana
- Kansas
- Louisiana
- Maryland
- Michigan
- Minnesota
- Mississippi
- Missouri
- New Jersey
- New York
- North Carolina
- Ohio
- Oregon
- Pennsylvania
- South Carolina
- Tennessee
- Texas
- Washington
- Wisconsin

1.2 Scope of Facilities and States included in the Survey

- Included Ambulatory Surgery Centers operate 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 unanticipated medical circumstance may arise that would require an ASC patient to stay in the ASC longer than 24 hours, but such situations should be rare.
- Over 4,300 Ambulatory Surgery Centers in the 25 states were analyzed. The 400 Best Ambulatory Surgery Centers in the 25 above mentioned states were awarded by Newsweek and Statista, resulting in a varying number of ASCs awarded per state: California had the most ambulatory surgery centers awarded with 80, while Mississippi is represented with 3 ambulatory surgery centers.

2. Scoring Model



In order to create the ranking, a score was calculated for each ambulatory surgery center that was part of the analysis. The overall score is based on the reputation and KPI data scores which will be described in the following section.

2.1 Reputation Score

The Reputation score is based on three sub-scores, for recommendations, for quality and for the handling of the ongoing situation regarding Covid-19 (as of August 2020), as shown above. In cooperation with Newsweek, Statista invited thousands of medical experts (nursing assistants, registered nurses, therapists, medical doctors, surgeons, administration & staff working in ambulatory surgery centers) to an online survey. Additionally, experts from all over the US were able to participate in the survey of the Best Ambulatory Surgery Centers in the US on newsweek.com. All data was collected by Newsweek and Statista during the survey period from July to September 2020. It was mandatory to perform an email verification and self-recommendation was not possible (e.g. a recommendation of the ambulatory surgery centers someone worked for was not counted in the evaluation).

Participants were distributed as follows – 48% medical doctors and surgeons, 21% registered nurses, nursing assistant and nursing aid and 30% managers, administrators and other staff.

Reputation

Participants were asked to recommend up to five ambulatory surgery centers in their respective home state or a state they are familiar with if the home state is not one of the 25 included states.

Entry of recommendations was aided by an autocomplete function, which showed ambulatory surgery centers based on the letters entered. It was also possible to recommend any ambulatory surgery center that was not proposed by the autocomplete list. For the participation in the survey on newsweek.com it was mandatory to perform an email verification. Recommendations for ambulatory surgery centers that a participant works for (self-recommendations) were excluded from the analysis.

Recommendations received different weights depending on the order in which they were given, with the first recommendation being assigned the highest weight. Recommendations of ASCs that were stated as the best ambulatory surgery center in a state received a 33% higher weight than those recommendations that were stated as the fifth best ambulatory surgery center. A score was assigned to each ambulatory surgery center based on the number of weighted recommendations. About 14,000 recommendations for ASCs in the eligible states were collected. Recommendations constitute 80% of the overall reputation score (as depicted above).

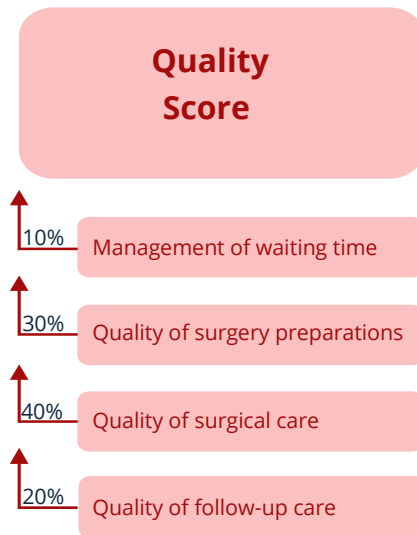
Additionally, participants were asked to rank the quality dimensions which influence the quality of ambulatory surgery centers. Participants were asked to differentiate between these variables:

1. Management in times of the COVID-19 crisis (e.g. safety of residents, hygiene measures)
2. Management of waiting time (e.g. appointments)
3. Quality of surgery preparations (e.g. consultation with doctor, information)
4. Quality of surgical care (e.g. procedure)
5. Quality of follow-up care (e.g. physical therapies)

For each category, the respondents were asked to rate the respective ambulatory surgery center on a scale from 1 ("Very poor") to 7 ("Excellent").

The first category was then used to calculate the COVID-19 score, that accounts for 10% of the overall reputation score. The other 4 categories were used to calculate the quality score, which also accounts for 10% of the overall reputation score (as shown in the ranking model at the beginning of chapter 2).

Calculation of Quality Score



The quality dimensions were shown to participants in a randomized order in the survey. Based on the reported importance of each quality dimension a quality score was assigned using the following weights: 10% Management of waiting time, 30% Quality of surgery preparations, 40% Quality of surgical care and 20% Quality of follow-up care. A quality score was assigned to each ambulatory surgery center based on the weighted average of these ratings. The Quality Score contributes 10% towards the overall recommendation score (as depicted above).

2.2 KPIs Data Score

The U.S. Centers for Medicare & Medicaid Services (CMS) finalized the Ambulatory Surgical Center Quality Reporting (ASCQR) Program which provides KPI data for ambulatory surgery centers. The KPI data includes the following measures:

- Measure 1: *Patient burn*
Percentage of admissions (patients) who experience a burn prior to discharge from the ASC
- Measure 2: *Patient falls per 100,000 patient days*
Percentage of admissions (patients) who experience a fall within the ASC
- Measure 3: *Wrong site, side, patient, procedure, implant*
Percentage of admissions (patients) who experience a wrong site, side, patient, procedure or implant in the ASC

- Measure 4: *Hospital transfer/ admission*

Percentage of admissions (patients) who are transferred or admitted to a hospital upon discharge from the ASC

- Measure 5: *Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients*

Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

- Measure 6: *Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use*

Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings, who had a follow-up interval of 3 or more years since their last colonoscopy

- Measure 7: *Cataracts – Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery*

Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery

- Measure 8: *Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy*

The measure estimates a facility-level rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy among Medicare fee-for-service (FFS) patients aged 65 years and older

- Measure 9: *Normothermia*

This measure is used to assess the percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration are normothermic within 15 minutes of arrival in PACU

- Measure 10: *Unplanned Anterior Vitrectomy*

This measure is used to assess the percentage of cataract surgery patients who have an unplanned anterior vitrectomy

The Ambulatory Surgical Quality Measures Facility Compare data is based on the most recently released dataset with data from 2018 (last Update: July 22nd 2020):

<https://data.medicare.gov/Hospital-Compare/Ambulatory-Surgical-Quality-Measures-Facility/4jcv-atw7>

https://qualitynet.org/files/5d0d37fe764be766b0101e97?filename=ASC_SpecsMnlFull_v7.0a_120318.pdf

For a center to receive a KPI data score it must have reported a minimum of 5 measures within the reporting period. Centers that have reported fewer measures did not receive a KPI data score. In that case the rating for these centers is based on the reputation survey score only. For centers with a KPI data score and a reputation survey score the rank is calculated by combining the reputation survey score (67%) and the KPI score (33%).

Calculation of KPI Data Score

Statista used CMS data to determine the KPI score of ambulatory surgery centers. Since the number of available KPI measures varies for each center, the weight for each measure can also be different. If a center reported the maximum of ten KPIs, each measure makes up 10% of the overall score. For a center with the minimum amount of five measures available, each of them accounts for 20% of the overall score.



The KPIs related to the quality of treatment and medical conditions are reported by CMS as claims-based outcome measure or the measures were submitted via a web-based tool.

For each of the ten KPIs, a sub-score was calculated. The center that achieved the best result in one individual measure (e.g. lowest patient burn or highest percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy) received 100% for the respective sub-score. The different sub-scores were then weighted as described above and used to calculate the overall KPI data score.

2.3 Overall Rating and State Rank

The overall rating is the weighted average of the reputation score and the KPI data score. The weight for the reputation score is 67% and the CMS based KPI data score is weighted with 33% towards the overall score of each center.¹ Subsequently ambulatory surgery centers were ranked within their respective state based on their overall score achieved.

¹ For centers without KPI data from CMS the rating is based on the reputation score only.

3. Disclaimer

The ranking is comprised exclusively of ambulatory surgery centers that are eligible regarding the above-mentioned scope. The ranking was created through an elaborate process. The information provided in this ranking should be considered together with other information about ambulatory surgery centers or, if possible, accompanied.