**Outpatient Procedure Component—Annual Facility Survey**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Page 1 of 1 | | | | | | | | | | | | | |
| \*required for saving | | | | | | | | | | | Tracking #: | | |
| \*Facility ID: | | | | | | | | | | | \*Survey Year: | | |
| **Facility Characteristics** | | | | | | | | | | | | | |
| \*Entity (check one): | | □ Ambulatory Surgical Center (ASC) | | | | | | |  | | | | |
|  | | | | | | | | | | | | | |
| \*Ownership (check all that apply): | | | | | | | | | | | | | |
| □ For profit hospital | | | □ Not for profit hospital, including church | | | | | □ Government | | | | □ Management company | |
| □ Military | | | □ Veterans Affairs | | | | | □ Physician | | | | □ Managed care organization | |
|  | | | | | | | | | | | | | |
| \*Specialty (check one) : | | | | | ☐ Multispecialty | ☐ Single specialty | | | | | | | |
|  | | | | | | | | | | | | | |
| \*Check all the specialty(ies) performed in your facility: | | | | | | | | | | | | | |
| □ Bariatrics | | | | □ Dental | | | □ General surgery | | | □ Gastroenterology | | | □ Gynecology |
| □ Neurology | | | | □ Ophthalmology | | | □ Orthopedic | | | □ Otolaryngology | | | □ Pain management |
| □ Plastic surgery | | | | □ Podiatry | | | □ Spine | | | □ Urology | | | □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | | | | | | | | | | |
| \*Total number of operating rooms at time of survey completion: \_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| \*Total number of procedure rooms at time of survey completion: \_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| \*Total number of patient admissions in this survey year: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| \*Accredited: | □ Yes | | | | □ No | | | | | | | | |
|  | | | | | | | | | | | | | |
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