

Attachment C: ASC Site Information

Site-Level Data File Specifications

AHRQ Ambulatory Surgery Center Survey on Patient Safety Culture

Use these instructions if you are submitting data from one or more ambulatory surgery centers.

INSTRUCTIONS:

Step 1: Site-level data must be in Excel format (.xls, .xlsx).

Step 2: Include a header row with the variable name for each column.

Please include all variable names from the table below and ensure that each one is entered in the correct column. Failure to do so will result in delays in processing your data.

Step 3: Site IDs must match Site IDs in your respondent-level data file.

Please enter a unique Site ID for **each** ambulatory surgery center. Make sure that each ambulatory surgery center’s Site ID matches its Site ID in your respondent-level data file. This step is crucial for linking site-level and respondent-level data.

Step 4: File must contain one record (row) for each ambulatory surgery center.

Enter each ambulatory surgery center in a separate row, including all required variables from the table below.

DEFINITION OF AN AMBULATORY SURGERY CENTER:

1. *An **ambulatory surgery center (ASC)** is defined as CMS-certified and approved ASCs with a valid CMS Certification Number (CCN) (see CMS web site for more information <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/ASCs.html>)*

NOTE: Visit the Quality Reporting Center website at:

<http://www.qualityreportingcenter.com/en/ascqr-program/data-dashboard/asc-compare-tool-2017/> to find your facility and its CCN number. You can also look up your CCN number by entering in your facility's 10-digit NPI number at: <http://www.qualityreportingcenter.com/en/ascqr-program/data-dashboard/ccn/>

2. *ASCs operate exclusively to provide surgical/procedural services to patients that do not require hospitalization (except in unusual circumstances)*
3. *ASCs do not share space with a hospital or hospital outpatient surgery department*
4. *Each ASC that is part of an ASC management company or health care system is considered a separate ambulatory surgery center.*

Column	Variable Name	Variable Label	Type	Details/Comments
Column A*	SiteID	Site ID	Numeric	Unique Site ID matching Site IDs in respondent-level data file.
Column B*	SiteName	Site Name	Character	Please use a unique name for each ambulatory surgery center.
Column C*	Address1	Street Address 1	Character	
Column D	Address2	Street Address 2	Character	
Column E*	City	City	Character	

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Column	Variable Name	Variable Label	Type	Details/Comments
Column F*	State	State	Character	2-character State abbreviation
Column G*	ZipCode	Zip Code	Character	5-digit zip code (include leading zeroes)
You must enter the name, phone number, and email of the contact person at each ambulatory surgery center.				
Column H*	Contact_First	Contact First Name	Character	
Column I*	Contact_Last	Contact Last Name	Character	
Column J*	Contact_Phone	Contact Phone #	Numeric	10-digit phone number with no spaces or dashes
Column K	Contact_Ext	Contact Extension	Numeric	Phone number extension
Column L*	Contact_Email	Contact Email Address	Character	
Column M*	CCN	Facility CMS Certification Number (CCN)	Character	10 digit CMS Certified Number
Column N*	Ownership	Which best describes the majority ownership of this ambulatory surgery center?	Numeric (1-4)	1 = Management company owned 2 = Physician owned 3 = Hospital or Health System 4 = Other/A mix of ownership
Column O*	Status	Which type of organization controls and operates the ambulatory surgery center?	Numeric (1-3)	1 = Not for profit 2 = For profit 3 = Government
Column P*	Denominator	Total number of employees asked to complete the survey	Numeric	Must be 5 or more.
Column Q*	SurveyMode	What was the mode used to administer the survey?	Numeric (1-4)	1 = Paper 2 = Web 3 = Mixed mode (paper & web) 4 = Other
Column R*	StartMonth	Start Month of Data Collection Completion	Numeric (1-12)	Month of data collection start
Column S*	StartYear	Start Year of Data Collection Completion	Numeric	Year of data collection start (YYYY)
Column T*	EndMonth	End Month of Data Collection Completion	Numeric (1-12)	Month of data collection completion
Column U*	EndYear	End Year of Data Collection Completion	Numeric	Year of data collection completion (YYYY)

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Column	Variable Name	Variable Label	Type	Details/Comments
Column V*	Num_procedure_rms	What is the total number of operating/procedure rooms at this location?	Numeric (1-6)	1 = 1-2 rooms 2 = 3 rooms 3 = 4 rooms 4 = 5 rooms 5 = 6 rooms 6 = 7 or more rooms
Column W*	Type_procedure	Which of the following best describes the types of procedures performed at this location?	Numeric (1-2)	1 = Single specialty 2 = Multispecialty

If single specialty ONLY, select one specialty from the list of specialties in Column X.

Column X**	Specialty	What is the specialty of the procedure(s) performed at this location?	Numeric (1-13)	1 = Cardiology 2 = Gastroenterology 3 = General Surgery 4 = Ophthalmology 5 = Oral Surgery 6 = Orthopedics 7 = Otolaryngology 8 = Pain Management 9 = Plastic Surgery 10 = Podiatry 11 = Spine Surgery 12 = Urology 13 = Other specialty (please specify)
Column Y*	Specialty_OS	For other specialty, please specify	Character (1000 max.)	If specialty (Column X) = 13, please specify the other specialty

*Indicates required information for each ambulatory surgery center.

** Required only for single specialty ambulatory surgery centers.