**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/CertificationandComplianc/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 | |

| 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<br>2 = Physician owned<br>3 =Hospital or Health System<br>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<br>2 = For profit<br>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<br>2 = Web<br>3 = Mixed mode (paper & web)<br>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) |

| 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<br>2 = 3 rooms<br>3 = 4 rooms<br>4 = 5 rooms<br>5 = 6 rooms<br>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<br>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<br>2 = Gastroenterology<br>3 = General Surgery<br>4 = Ophthalmology<br>5 = Oral Surgery<br>6 = Orthopedics<br>7 = Otolaryngology<br>8 = Pain Management<br>9 = Plastic Surgery<br>10 = Podiatry<br>11 = Spine Surgery<br>12 = Urology<br>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.