



ASC Quality Measure Reporting in 2012

Gina Throneberry, RN, MBA, CASC, CNOR
 Director of Education and Clinical Affairs
 Ambulatory Surgery Center Association (ASCA)

Donna Slosburg, RN, BSN, LHRM, CASC
 Executive Director
 ASC Quality Collaboration (ASC QC)

Objectives

- Participants will:
 - Identify what quality reporting is required by CMS for Ambulatory Surgery Centers (ASCs)
 - Define the quality measures
 - Understand future implications in the reporting process

2012 HOPD/ASC (CMS 1525FC) Quality Reporting Program

- On November 1, 2011, Medicare released the calendar year (CY) 2012 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ ASC Payment **final** rule (1552 pages)
- Section K. “ASC Quality Reporting Program” (page 1224 for ASCs)
- The **final** rule can be accessed at: OPPS Rule at Federal Register (PDF):<http://www.gpo.gov/fdsys/pkg/FR-2011-11-30/pdf/2011-28612.pdf>

2012 HOPD/ASC Final Rule (CMS 1525FC) Quality Reporting Program

- The ASC Quality Reporting Program will be implemented beginning with the CY 2014 payment determination, with data collection beginning in CY 2012 for some of the measures
- Pay for Reporting; Not Pay for Performance at this time
- ASCs that fail to successfully report will face a 2% facility fee reduction in future year's rates.

2012 HOPD/ASC (CMS 1525FC) Quality Reporting Program

- Beginning October 1, 2012, ASCs will be required to report five quality measures on Medicare claims forms. These five measures were recommended by the ASC Quality Collaboration (ASC QC) and are endorsed by the National Quality Forum (NQF).
- ASCs will be required to report additional quality measures in 2013 and 2014.

Measure Summary

Measure	Reporting Period	Payments Affected	Patients
Outcome Measures	Reporting via claims Begins October 1, 2012 via Quality Data Codes (QDCs)	2014	Medicare
1. Patient Burn			
2. Patient Fall			
3. Wrong Site, Side, Patient, Procedure, Implant			
4. Hospital Admission/Transfer			
5. Prophylactic IV Antibiotic Timing			
Structural Measures	Reporting via www.qualitynet.org July 1 thru August 15, 2013		
6. Safe Surgery Check List Use	Measure Use 1/1/12-12/31/12	2015	All Patients
7. Volume of Certain Procedures	Measure Use 1/1/12-12/31/12	2015	All Patients
	Reporting via CDC's National Healthcare Safety Network (NHSN) www.cdc.gov/nhsn		
8. Influenza Vaccination Coverage Among Health Care Workers	Reporting Oct. 1, 2014 thru March 31, 2015	2016	Health Care Workers

Measures for ASCs

ASC Program Measurement Set for the [CY 2014 Payment Determination](#)

- ▶ ASC-1: Patient Burn* (scalds, contact, fire, chemical, electrical, or radiation)
- ▶ ASC-2: Patient Fall* (falls within the confines of the ASC)
- ▶ ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant* (not the intended site, side, patient, procedure, or implant)
- ▶ ASC-4: Hospital Transfer/Admission* (transfer/admission **directly** to the hospital or ER)
- ▶ ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing* (initiated within one hour prior to incision or the beginning of the procedure {2 hrs for vancomycin})

* Data submission to begin in CY 2012.

ASC Quality Collaboration, Inc. Measures Implementation Guide www.ascquality.org



Measure Details

Patient Burn

- Denominator: All Medicare ASC admissions
- Numerator: Medicare ASCs admissions experiencing a burn prior to discharge
- Key definitions:
 - Admission: completion of registration upon entry into the facility
 - Burn: Unintended tissue injury caused by any of the six recognized mechanisms: scalds, contact, fire, chemical, electrical or radiation (for example, warming devices, prep solutions, and electrosurgical unit or laser)
- Measurement begins October 1, 2012 Date of Service (DOS) for Medicare patients

Measure Details

Patient Fall

- Denominator: All Medicare ASC admissions
- Numerator: Medicare ASCs admissions experiencing a fall within the confines of the ASC
- Key definitions:
 - Admission: completion of registration upon entry into the facility
 - Fall: a sudden, uncontrolled, unintentional, downward displacement of the body to the ground or other object, excluding falls resulting from violent blows or other purposeful actions
- Measurement begins October 1, 2012 Date of Service (DOS) for Medicare patients

Measure Details

Wrong Site, Side, Patient, Procedure, Implant

- Denominator: All Medicare ASC admissions
- Numerator: All Medicare ASCs admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant
- Key definitions:
 - Admission: completion of registration upon entry into the facility
 - Wrong: not in accordance with intended site, side, patient, procedure or implant
- Measurement begins October 1, 2012 Date of Service (DOS) for Medicare patients

Measure Details

Hospital Transfer/Admission

- Denominator: All Medicare ASC admissions
- Numerator: Medicare ASCs admissions requiring a hospital transfer or hospital admission upon discharge from the ASC
- Key definitions:
 - Admission: completion of registration upon entry into the facility
 - Discharge: occurs when the patient leaves the confines of the ASC
 - Hospital transfer/admission: any transfer/admission from an ASC directly to an acute care hospital, including hospital emergency room
- Measurement begins October 1, 2012 Date of Service (DOS) for Medicare patients

Measure Details

Prophylactic IV Antibiotic Timing

- Denominator: All Medicare ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection
- Numerator: Number of Medicare ASC admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection who received the prophylactic antibiotic on time
- Key definitions:
 - On time: antibiotic infusion initiated within one hour prior to the time of the initial surgical incision or the beginning of the procedure, or two hours prior if vancomycin or fluoroquinolones are administered

Measure Details

Prophylactic IV Antibiotic Timing

- Key definitions:
 - Prophylactic antibiotic: an antibiotic prescribed with the intent of reducing the probability of an infection related to an invasive procedure. For purposes of this measure, the following antibiotics are considered prophylaxis for surgical site infections: Ampicillin/sulbactam, Aztreonam, Cefazolin, Cefmetazole, Cefotetan, Cefoxitin, Cefuroxime, Ciprofloxacin, Clindamycin, Ertapenem, Erythromycin, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Neomycin and Vancomycin
- Measurement begins October 1, 2012 Date of Service (DOS) for Medicare patients

How Will the Data be Reported?

- **Claims Based Reporting—Quality Data Codes (QDCs)**
 - Patient Burn
 - Patient Fall
 - Wrong Site, Side, Patient, Procedure, Implant
 - Hospital Admission/Transfer
 - Prophylactic IV Antibiotic Timing
- Web Based Reporting via Quality Net (www.qualitynet.org)
 - Safe Surgery Check List Use
 - ASC Volume of Selected Procedures for all-patients
- Web Based Reporting Via Center for Disease Control's (CDC) National Health Care Safety Network (NHSN) (www.cdc.gov/nhsn/index.html)
 - Influenza Vaccination Coverage Among Health Care Workers

CMS Ambulatory Surgical Center Quality Reporting Program

- CMS ASC Quality Reporting Program Quality Measures Specifications Manual
 - 1.0 released in April 2012; second version 1.0a July 2012
 - Located @ www.qualitynet.org under ASC tab
 - Included in this manual:
 - Measure specifications
 - Data collection and submission
 - Quality Data Codes (QDCs)

The ASC quality measures, G codes, and their descriptions are included in Table 6 below:

ASC Quality Measures	G-code	Long Descriptor
		Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility.
Patient burn	G8907	
	G8908	Patient documented to have received a burn prior to discharge
	G8909	Patient documented not to have received a burn prior to discharge
Patient fall in ASC facility	G8910	Patient documented to have experienced a fall within ASC
	G8911	Patient documented not to have experienced a fall within Ambulatory Surgical Center
Wrong site, wrong side, wrong patient, wrong procedure, wrong implant	G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event
	G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event
Hospital transfer/Admission	G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC
	G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC
Timing of Prophylactic antibiotic administration for SSI prevention	G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time
	G8917	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time
	G8918	Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis

ASCs may begin to report these quality measures on submitted ASC facility claims beginning with dates of service of April 1, 2012.

The ASC quality measures, HCPCS codes, and their descriptions are included in Table 6 below:

ASC Quality Measures	G-code	Long Descriptor	Short Descriptor
		Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility.	
	G8907		Pt doc no events on discharge

ASCs may begin to report these quality measures on submitted ASC facility claims beginning with dates of service of April 1, 2012.

The ASC quality measures, HCPCS codes, and their descriptions are included in Table 6 below:			
ASC Quality Measures	G-code	Long Descriptor	Short Descriptor
Patient burn	G8908	Patient documented to have received a burn prior to discharge	Pt doc w burn prior to D/C
	G8909	Patient documented not to have received a burn prior to discharge	Pt doc no burn prior to D/C
Patient fall in ASC facility	G8910	Patient documented to have experienced a fall within ASC	Pt doc to have fall in ASC
	G8911	Patient documented not to have experienced a fall within Ambulatory Surgical Center	Pt doc no fall in ASC
ASCs may begin to report these quality measures on submitted ASC facility claims beginning with dates of service of April 1, 2012.			

The ASC quality measures, HCPCS codes, and their descriptions are included in Table 6 below:			
ASC Quality Measures	G-code	Long Descriptor	Short Descriptor
Wrong site, wrong side, wrong patient, wrong procedure, wrong implant	G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Pt doc with wrong event
	G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Pt doc no wrong event
	G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC	Pt trans to hosp post D/C
Hospital transfer/Admission	G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC	Pt not trans to hosp at D/C
ASCs may begin to report these quality measures on submitted ASC facility claims beginning with dates of service of April 1, 2012.			

The ASC quality measures, HCPCS codes, and their descriptions are included in Table 6 below:			
ASC Quality Measures	G-code	Long Descriptor	Short Descriptor
Timing of Prophylactic antibiotic administration for SSI prevention	G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time	Pt w IV AB given on time
	G8917	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time	Pt w IV AB not given on time
	G8918	Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis	Pt w/o preop order IV AB prop
ASCs may begin to report these quality measures on submitted ASC facility claims beginning with dates of service of April 1, 2012.			

CMS 1500 Claim Form

Definition of “Medicare” Patient

- ▶ A Medicare patient is a Medicare Part B fee for service (FFS) beneficiary.
- ▶ Reporting on claims based measures begins on *October 1, 2012* for all Medicare Part B FFS patients where Medicare is the **primary** payer; this includes Railroad Medicare.
- ▶ Reporting on claims-based measure for Medicare **primary and secondary** payer patients begins *January 1, 2013*; this includes Railroad Medicare
- ▶ Medicare Advantage patients are NOT included.

Self Pay and Medicaid Patients

- ▶ Self pay patients would not be reported.
- ▶ Medicaid patients are reported only if they're dually eligible and you're submitting a claim to Medicare for the service (either as primary {October 1, 2012} or secondary {January 1, 2013}).
- ▶ A patient with only Medicaid or Children's Health Insurance Program (CHIP) would not count.

Additional information released by CMS in 2012

- Inpatient/Long Term Care Hospital Prospective Payment System (IPPS) *Final Rule* August 2012
- The *final rule* can be accessed at (<https://s3.amazonaws.com/public-inspection.federalregister.gov/2012-19079.pdf>): vehicle for rulemaking on the specifics of the ASC quality reporting program:
 - Data completeness and validation
 - Reconsideration and appeals process
 - Limited details for public reporting of data

Additional Quality Reporting Info from the IPPS* Final Rule (August 2012)

- ASC information begins on *page 1534*; Section E. Proposed Quality Reporting Requirements for Ambulatory Surgical Centers (ASCs).
- The completeness threshold is set at 50%. *Page 1548*.
 - ASCs will be considered successful reporters and get their full payment if 50% of the relevant claims contain the quality data codes (2012 and 2013). This threshold will be increased in future years.
- There is a process for an extension in extraordinary circumstances. *Page 1554*.
- The reconsideration and appeals process is based on the one the hospital uses now. *Page 1558*.

*Inpatient Prospective Payment Systems

Measures for ASCs

ASC Program Measurement Set for the CY 2015 Payment Determination

- ASC-1: Patient Burn
- ASC-2: Patient Fall
- ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- ASC-4: Hospital Transfer/Admission
- ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing
- **ASC-6: Safe Surgery Checklist Use***
- **ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures*** {Procedure Category Corresponding HCPCS Codes: Cardiovascular/Eye/Gastrointestinal/Genitourinary/Musculoskeletal / Nervous System/ Respiratory/Skin}

*New measures for CY 2015 payment determination; Data collection to begin CY 2012

Measure Details

Safe Surgery Checklist Use

- Intent: Assess whether an ASC uses a safe surgery checklist
- May employ any checklist as long as it addresses effective communication and safe surgery practices in each of three peri-operative periods:
 - prior to administering anesthesia,
 - prior to incision, and
 - prior to the patient leaving the operating room
- Applies to all ASCs, including GI endoscopy centers
- In the final rule: measurement from **January 1, 2012 through December 31, 2012**

Measure Details

- The *final rule* specified "a safe surgery checklist that covered each of the three critical periods for the entire calendar year of 2012".
- Version 1.0 CMS *specifications* manual states that "the safe surgery checklist just has to be in place at anytime during the designated period" and **not** for the entire calendar year Jan 1 thru Dec 31, 2012 as stated in the final rule.
- Version 1.0a CMS *specifications* manual states that "the safe surgery checklist just has to be in place during the designated period". CMS has clarified this as: "for the **initial year** of data collection, answer "Yes" if the checklist is used at ANY time during the year. For **subsequent** years, the checklist would be utilized for the ENTIRE year for an answer of "Yes"."
- Report "Yes" or "No" on the Quality Net web site (www.qualitynet.org) between July 1 and August 15, 2013.

Measure Details

Safe Surgery Checklist Resources

- World Health Organization (WHO)
 - http://www.who.int/patientsafety/safesurgery/ss_checklist/en/
- SafeSurg.org:
 - For a modifiable template: <http://www.safesurg.org/template-checklist.html>
 - For examples, including for endoscopy centers: <http://www.safesurg.org/modified-checklists.html>
- AORN (combines WHO checklist and JC universal protocol)
 - <http://www.aorn.org/PracticeResources/ToolKits/CorrectSiteSurgeryToolkit/Comprehensivechecklist/>

Measure Details

ASC Volume of Selected Procedures

- Intent: Measure all patient volume of procedures performed in one of nine categories
 - Cardiovascular
 - Eye
 - Gastrointestinal
 - Genitourinary
 - Musculoskeletal
 - Nervous System
 - Respiratory
 - Skin
 - Multi System
- Measurement from **January 1, 2012 through December 31, 2012**
- Report volumes for entire 2012 calendar year on the QualityNet web site (www.qualitynet.org) between July 1 and August 15, 2013

Organ System	CMS Procedure Category	Surgical Procedure Codes
Cardiovascular	Placement of long-term vascular access catheter	36561
	Vascular procedures to improve blood flow to coronary (heart) vessels	92980, 92981, 92982, 92984
Eye	Organ transplant (eye)	65756, V2785
	Laser procedure of eye	65855, 66761, 66821
	Glaucoma procedures	66170, 66180
	Cataract procedures	66982, 66984
	Injection of eye	67028, J2778, J3300, J3396
	Retina, macular and posterior segment procedures	67041, 67042, 67210, 67228
	Repair of surrounding eye structures	67900, 67904, 67917, 67924
Gastrointestinal	GI endoscopy procedures	43239, 43235, 43248, 43249, 43251, 44361, 45330, 45331, 45378, 45380, 45381, 45383, 45384, 45385
	Swallowing tube (esophagus)	43450
	Hernia repair	49505
	GI screening procedures	G0105, G0121

Organ System	CMS Procedure Category	Surgical Procedure Codes
Genitourinary	Kidney stone fragmentation	50590
	Bladder related procedures	52000, 52005, 52204, 52281, 52310, 52332
	Prostate biopsy	55700
	Radiologic procedures (GU)	74420
Musculoskeletal	Ultrasound procedures (GU)	76872
	Joint or muscle aspiration or injection	20610
	Removal of musculoskeletal implants	20680
	Repair of tendons and ligaments	23412
	Repair of foot, toes, fingers, and wrist	26055, 28270, 28285, 28296, 29848
	Removal of musculoskeletal lesion	26160
	Joint arthroscopy	29824, 29826, 29827, 29880, 29881
	Musculoskeletal drug injection	J0585

Organ System	CMS Procedure Category	Surgical Procedure Codes
Nervous	Injection procedures in or around the spine	62310, 62311, 64479, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64622, 64623, 64626, 64627, G0260
	Device implant	63650
	Nerve decompression	64718
	Repair of foot, toes, fingers, and wrist	64721
Respiratory	Sinus procedure	31255
Skin	Skin procedures	11042, 13132, 14040, 14060, 15260, Q4101, Q4102, Q4106
	Repair of surrounding eye structures	15823
Multi-system*	Brachytherapy	C2638, C2639, C2640, C2641
	Cancer treatment	C9257
* Multi-system: procedures that can be performed in more than one organ system		

How Will the Data be Reported?

- Claims Based Reporting–Quality Data Codes (QDCs)
 - Patient Burn
 - Patient Fall
 - Wrong Site, Side, Patient, Procedure, Implant
 - Hospital Admission/Transfer
 - Prophylactic IV Antibiotic Timing
- Web Based Reporting via Quality Net (www.qualitynet.org)
 - Safe Surgery Check List Use
 - ASC Volume of Selected Procedures for all-patients
- Web Based Reporting Via Center for Disease Control's (CDC) National Health Care Safety Network (NHSN) (www.cdc.gov/nhsn/index.html)
 - Influenza Vaccination Coverage Among Health Care Workers

Measures for ASCs

ASC Program Measurement Set for the CY 2016 Payment Determination

- ASC-1: Patient Burn
- ASC-2: Patient Fall
- ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- ASC-4: Hospital Transfer/Admission
- ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing
- ASC-6: Safe Surgery Checklist Use
- ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures {Procedure Category Corresponding HCPCS Codes: Cardiovascular/Eye/Gastrointestinal/Genitourinary/Musculoskeletal / Nervous System/ Respiratory/Skin}
- ASC- 8: Influenza Vaccination Coverage among Healthcare Personnel *

*New measure for CY 2016 payment determination

Measure Details

Influenza Vaccination Coverage among Healthcare Personnel (HCP)

- Intent: assess the percentage of HCP immunized for influenza during the flu season
- Center for Disease Control (CDC) in the process of revising measure specifications
- Definitions pending, but appears HCP will include:
 - Staff on facility payroll
 - Licensed independent practitioners, e.g. physicians, advance practice nurses and physician assistants
 - Students and volunteers
- Measurement begins with immunizations for the flu season October 1, 2014 through March 31, 2015
- Report to CDC's National Healthcare Safety Network (NHSN) www.cdc.gov/nhsn/index.html from October 1, 2014 through March 31, 2015

How Will the Data be Reported?

- Claims Based Reporting–Quality Data Codes (QDCs)
 - Patient Burn
 - Patient Fall
 - Wrong Site, Side, Patient, Procedure, Implant
 - Hospital Admission/Transfer
 - Prophylactic IV Antibiotic Timing
- Web Based Reporting via Quality Net (www.qualitynet.org)
 - Safe Surgery Check List Use
 - ASC Volume of Selected Procedures for all-patients
- Web Based Reporting Via Center for Disease Control's (CDC) National Health Care Safety Network (NHSN) (www.cdc.gov/nhsn/index.html)
 - Influenza Vaccination Coverage Among Health Care Workers

Additional information released by CMS in 2012

Upcoming information for the ASC Quality Reporting Program was released via the Outpatient/ASC PPS *Proposed Rule*

CMS 1589P OPPS/ASC *Proposed Rule* was released July 6, 2012 <https://s3.amazonaws.com/public-inspection.federalregister.gov/2012-16813.pdf>

Section XVI. "Requirements for the Ambulatory Surgical Center Quality Reporting Program (ASC QRP)" page 499/687

Comments are due September 4, 2012

Final Rule will be released in November 2012

Measure Summary

Measure	Reporting Period	Payments Affected	Patients
Outcome Measures	Reporting via claims Begins October 1, 2012 via Quality Data Codes (QDCs)	2014	Medicare
1. Patient Burn			
2. Patient Fall			
3. Wrong Site, Side, Patient, Procedure, Implant			
4. Hospital Admission/Transfer			
5. Prophylactic IV Antibiotic Timing			
Structural Measures	Reporting via www.qualitynet.org July 1 thru August 15, 2013		
6. Safe Surgery Check List Use	Measure Use 1/1/12-12/31/12	2015	All Patients
7. Volume of Certain Procedures	Measure Use 1/1/12-12/31/12	2015	All Patients
	Reporting via CDC's National Healthcare Safety Network (NHSN) www.cdc.gov/nhsn		
8. Influenza Vaccination Coverage Among Health Care Workers	Reporting Oct. 1, 2014 thru March 31, 2015	2016	Health Care Workers

How to Prepare Your ASC

- Communicate the upcoming changes to your staff (clinical and business) and physicians
- Designate a responsible staff member
- Review specifications of measures
- Begin your process for collecting data
- Talk to your Information Technology (IT) vendors

Websites with Additional Information

- ASC Quality Collaboration website (measure summary and implementation guide)
<http://ascquality.org/qualitymeasures.cfm>
- Ambulatory Surgery Center Association (ASCA)
<http://www.ascassociation.org>
<http://www.ascassociation.org/ASCA/FederalRegulations/Medicare/QualityReporting/QualityMeasureReportingin2012WebinarsFAQs/>
- CMS ASC Center
<http://www.cms.gov/center/asc.asp>
- QualityNet website (CMS Specifications Manual)
<http://qualitynet.org>

References

- Federal Register / Vol. 76, No. 230 / Wednesday, November 30, 2011 / Rules and Regulations. Available at <http://www.gpo.gov/fdsys/pkg/FR-2011-11-30/pdf/2011-28612.pdf> . Last accessed February 1, 2012.
- Federal Register / Vol. 77 , No. 146 / Monday, July 30, 2012/Rules and Regulations. Available at <http://www.gpo.gov/fdsys/pkg/FR-2012-07-30/pdf/2012-16813.pdf> . Last accessed August 22, 2012.
- ASC Quality Collaboration Implementation Guide, Version 1.6, October 26, 2011. Available at <http://ascquality.org/documents/ASCQualityCollaborationImplementationGuide.1.6.pdf>. Last accessed February 1, 2012.
- CMS ASC Quality Reporting Program Quality Measures Specifications Manual, Version1.0, April 2012. Available at www.qualitynet.org Last accessed June 7, 2012.
- CMS ASC Quality Reporting Program Quality Measures Specifications Manual, Version1.0a, July 2012. Available at www.qualitynet.org Last accessed August 22, 2012

Questions/Comments?

Gina Throneberry, RN, MBA, CASC, CNOR
Ambulatory Surgery Center Association (ASCA)
Director of Education and Clinical Affairs
gthroneberry@ascassociation.org

Donna Slosburg, RN, BSN, LHRM, CASC
ASC Quality Collaboration (ASC QC)
Executive Director
donnaslosburg@ascquality.org

If you did not receive the handouts for this webinar,
email registration@ascassociation.org

To purchase the recorded versions of this or any ASCA 2012 webinar, visit
ascassociation.org/Webinars