

Same Day Outcome Measures (SDOM)

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Introduction

In 2021, 254 Medicare-certified ambulatory surgery centers (ASCs) were opened, bringing the total number of ASCs in 2021 to 607 ². Therefore, it may be safe to assume that the continued growth in outpatient ASCs equate to an increase in the volume of surgical procedures performed in the outpatient ambulatory surgery arena. The OPC-SDOM module will provide data for analyses to determine how frequently adverse outcomes occur following operative procedures in ASCs, with the increase in the number of ASCs, tracking and reporting adverse patient outcomes becomes even more important. Tracking these outcomes will provide insight into ensuring that facilities are following best practice and taking important safety precautions.

The measures that are included in this grouping of care quality indicators represent a broad range of risks encountered by patients accessing care in various outpatient settings. The four measures reflect the potential outcome resulting from procedures performed in the Ambulatory Surgery Center (ASC) outpatient environment. These potential outcomes can occur on the same day (during or immediately following) a procedure performed in an ASC. Same Day Outcome Measures includes four individual measures, which are:

1. Patient Burn
2. Patient Fall
3. Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
4. All-Cause Hospital Transfer/Admission

The goal of the SDOM NHSN reporting system is to collect data on events with potentially high impact on the patient, provide a view of the burden of these events, encourage benchmarking, and analyze data to drive and underline prevention efforts. Patient safety events may be related to equipment and supplies, medication administration and side effects, processes and techniques while preparing the patient for the procedure, or occurrences during the procedure.

Patient falls and burns are considered preventable, with published prevention guidelines and efforts. Burns during surgical procedures are rare and can be prevented as well with correct use, maintenance of equipment and diligent implementation of safety precautions.¹ The occurrence of a patient transferred to a hospital while cared for at an ambulatory surgical center indicates an unplanned event and will also be captured with these event measures.

A balance of data needs and reporting burden was considered.

This NHSN protocol is intended to be consistent with the measure specifications from the following:

- ASC Quality Reporting Specifications Manual Release Notes Version 12.0 published by the Centers for Medicare & Medicaid Services (CMS) Quality Reporting.
- ASC Quality Measures: Implementation Guide Version 10.0, published by the Ambulatory Surgery Center Quality Collaboration.

Key Terms for SDOM

Term	Definition
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, electrosurgical unit or laser).
Discharge	Occurs when the patient leaves the confines of the ASC.
Encounter	Any patient visit to an ASC where the patient completes the registration process upon entry into the facility. Some ASCs may refer to this as an admission into the facility.
Fall	A sudden, uncontrolled, unintentional, and downward displacement of the body to the ground or other object, excluding falls resulting from violent blows or other purposeful action. This definition also excludes falls that do not occur within the confines of the Ambulatory Surgery Center (ASC), such as in a parking lot.
Hospital transfer/admission	Any transfer or admission from an Ambulatory Surgery Center (ASC) directly to an acute care hospital including the hospital emergency room. Directly means upon discharge from the outpatient facility. This measure applies regardless of the reason for the hospital transfer/admission, and no direct hospital transfers/admissions should be excluded based on an assessment about whether the transfer/admission is or is not related to the outpatient facility admission. This measure excludes patients who are discharged from the ASC and then later go to a hospital emergency room or acute care hospital, even if they do so on the same date as the ASC admission.

Wrong (site, side, patient, procedure or implant)

Procedure is performed in a way that is not consistent with what is documented in the informed consent for a patient - not in accordance with intended site, side, patient, procedure or implant. May also be referred to as Wrong Event.

SDOM Requirements

Setting(s)

An Ambulatory Surgical Center (ASC) means any distinct entity that operates 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 ASC must be certified by the Center for Medicare & Medicaid Services, licensed by a state agency or both.

Surveillance for SDOM

Monitor **all patient** encounters for the following events:

- Burn prior to discharge from the ASC
- Fall within the ASC
- Wrong site, side, patient, procedure or implant while admitted to the ASC (Wrong)
- Transfer or admission to a hospital upon discharge from the ASC

SDOM surveillance should be indicated on the [NHSN Outpatient Procedure Component Monthly Reporting Plan form \(CDC 57.401\)](#).

Monitoring for SDOM require active, patient-based, prospective surveillance. Surveillance for SDOMs starts at the beginning of the encounter and ends at discharge from the ASC. No post-discharge surveillance is required for these measures.

Methods for surveillance may vary based on resources within the facility. Examples of resources for data collection include outpatient facility medical records, incident/occurrence reports, or variance reports.

Reporting these measures using the NHSN SDOM does not meet any reporting requirement(s) for the CMS Ambulatory Surgical Center Quality Reporting (ASCQR) Program. Reporting this NHSN measure is optional.

SDOM Specifications

➤ Patient Burn

There are several accounts in literature of patient burns in the surgical and procedural environment. The wide range of factors resulting in burns highlights several possible risks that must be addressed to prevent patient burns.

Many instances of burns are associated with electrosurgical equipment suggest that this is the most common causative agent. Recent reports demonstrate increased risk of burns may be related to newer devices that use higher currents at longer activation times. Although electrical burns may be the most predominant, burns from other mechanisms such as chemicals and direct contact have been reported.

Surgical fires are infrequent, but they are life threatening and the outcome (such as burns) can be severe to both patient and surgical staff. Any area where surgery is performed and flammable agents are used, such as medical gases and skin preparation agents, may pose a risk for surgical fires and subsequent patient burns.

Understanding that there are a number of causative agents related to patient burns in a surgical setting including ASCs, the term burn is very broad. This term covers burn from the various means by which a burn can occur – chemical, contact, electrical, fire radiation or scalds. This allows stakeholders and partners to gain a more robust understanding of the incidence of burn events and further improve prevention strategies.

Measure Specifications:

This measure is used to assess the number of encounters (patients) who experience a burn prior to discharge from the ASC.

Numerator: ASC encounters (admissions) experiencing a burn prior to discharge

Exclusions: None

Denominator: All ASC encounters (admissions)

Exclusions: None

➤ **Patient Fall**

The incidence of patient falls is currently unavailable, although in general the incidence of adverse events in ASCs is relatively low. There is growing interest in public reporting of adverse events such as falls. Patients undergoing outpatient surgical procedures are at increased risk for falls when adjunct therapies such as anxiolytics, sedatives, and anesthetic agents are used.

Measure Specifications:

This measure is used to assess the number of encounters (patients) who experience a fall within the ASC.

Numerator: ASC encounters (admissions) experiencing a fall within the confines of the ASC

Exclusions: ASC encounters (admissions) experiencing a fall outside the ASC

Denominator: All ASC encounters (admissions)

Exclusions: Falls resulting from violent blows or other purposeful actions

➤ **Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, and Wrong Implant** (*collectively referred to as Wrong*)

The Wrong outcome measure serves as a proxy for adherence to The Joint Commission’s “Universal Protocol” guideline. The goal for of the “Universal Protocol” guideline is to eliminate wrong site, wrong procedure, and wrong person surgery^{1,2}. The “Universal Protocol” is a consensus guideline that is endorsed by professional medical organizations and associations. The ASC Quality Collaboration added wrong implant to wrong site, wrong side, wrong patient, and wrong procedure to create a more complete “wrong” event measure.

Measure Specifications:

This measure is used to assess the number of encounters (patients) who experience a wrong

Numerator: All ASC encounters (admissions) experiencing a wrong site, side, patient, procedure, or implant

Exclusions: None

Denominator: All ASC encounters (admissions)

Exclusions: None

➤ **All-Cause Hospital Transfer/Admission**

An unanticipated outcome after care is provided in an ASC, is a direct transfer or admission to a hospital from the ASCs. This unexpected event may result in additional cost and recovery time, which may pose an increased burden to the patient, family and payer.

At times, unforeseen events or complications may result in the need to transfer or admit an ASC patient to a hospital. Such occurrences demonstrate good judgement and signifies good patient care, but higher rates may be a signal that less than optimal patient and/or procedure selection by the ASC are occurring.

Measure Specifications:

This measure is used to assess the percentage of ASC encounters (admissions) who are transferred or admitted to a hospital upon discharge from the ASC.

Numerator: ASC encounters (admissions) requiring a hospital transfer or hospital admission upon discharge from the ASC

Exclusions: None

Denominator: All ASC encounters (admissions)

Exclusions: None

Reporting Instructions

1. Indicate on the *Outpatient Procedure Component Monthly Reporting Plan* form ([CDC 57.401](#)) that the ASC is participating in surveillance for the Same Day Outcome Measures. Selecting SDOM means all four outcome measures will be monitored and reported.
2. For each patient that experiences a SDOM event during an ASC encounter, complete an *Outpatient Procedure Component Same Day Outcome Measures Event* form ([CDC 57.402](#)) and select the appropriate event by checking the corresponding box.
 - a. If the same patient experiences more than one event of a **different measure** during the same encounter, all events should be recorded on the same event form. Example: a patient experiences a fall and a burn during the same encounter.
 - b. If a patient experiences more than one event of the **same measure** during the same encounter, record only one event of that measure type for the encounter. Example: a patient has multiple wrong site procedures or multiple falls.
 - c. If no events occur during an encounter, no Outpatient Procedure Component Same Day Outcome Measures Event form ([CDC 57.402](#)) should be completed.
3. If no events occur during the reporting month, select “No Same Day Outcome Measures (events) reported this month” on the Outpatient Procedure Component Denominator for Same Day Outcome Measures form ([CDC 57.403](#)).
4. At the end of the reporting month specified in the Monthly Reporting Plan, enter the total number of ASC encounters (admissions) on the Outpatient Procedure Component Denominator for Same Day Outcome Measures form ([CDC 57.403](#)).

See the following for assistance with completing forms for the OPC Same Day Outcome Measures:

- [Table of Instructions for Completion of the Outpatient Procedure Component Monthly Reporting Plan Form \(CDC 57.401\)](#)
- [Table of Instructions for Completion of Outpatient Procedure Component Same Day Outcome Measures Form \(CDC 57.402\)](#)
- [Table of Instructions for Completion of the Outpatient Procedure Component Denominator for Same Day Outcome Measures Form \(CDC 57.403\)](#)

Data Analysis

Descriptive analysis options of numerator and denominator data, such as line listings, frequency tables, and bar and pie charts, are available in the NHSN application for analysis of SDOMs. Guides on using the NHSN OPC analysis features are available in the Analysis Resources section found at <https://www.cdc.gov/nhsn/ambulatory-surgery/ssi/index.html>.

References

1. Ambulatory Surgical Center Quality Collaboration Quality Report. Retrieved from [Quality Report - ASC Quality Collaboration \(ascassociation.org\)](#) on April 13, 2026..
2. Centers for Medicare & Medicaid Services (CMS). QualityNet: Ambulatory Surgical Center Quality Reporting Specifications Manual Version 13.0. Retrieved from <https://qualitynet.cms.gov/asc/specifications-manuals> on April 13, 2026..
3. Ambulatory Surgery Center Quality Collaboration (ASC QC). ASC Quality Collaboration Measures: Implementation Guide Version 11.0. Retrieved from <https://www.ascquality.org/home> on April 13, 2026..