OUTCOME INDICATORS FOR OFFICE-BASED AND AMBULATORY SURGERY

Committee of Origin: Ambulatory Surgical Care
(Approved by the ASA House of Delegates on October 16, 2013)

An Outcomes Surveillance reporting system for Office-Based and Ambulatory Surgery is important to promote high quality patient care. States should be encouraged to develop a legally-privileged adverse incident reporting system.

Outcome Events
- Followup on postop within 24 h
  - * 30 day followup recommended

Cancellation rates and reasons
- Central nervous system or peripheral nervous system new deficit
- Need for reversal agents: narcotic, benzodiazepine
- Reintubation
- Unplanned transfusion
- Pulmonary aspiration of gastric contents
- Pulmonary embolus
- Local anesthetic toxicity
- Anaphylaxis
- Possible Malignant Hyperthermia
- Infection
- Return to operating room
- Wrong site regional anesthesia block
- Patient fall
- Patient burn
  - * Unplanned Post-procedural Treatment in physician’s office or emergency department
  - * Unplanned Admission to hospital or acute care facility
  - * Cardiopulmonary arrest or Death

Continuous Quality Indicators Ongoing

- Cardiovascular complications in recovery requiring treatment (including: arrhythmias; hypotension, hypertension)
- Respiratory complications in recovery requiring treatment (including asthma)
- Uncontrolled nausea resulting in delayed discharge
- Uncontrolled pain resulting in delayed discharge
- Delayed discharge – any reason
- Postoperative vomiting rate
- Medication error
Injuries, e.g., eye, teeth
Time to return to light activities of daily living (ADL)*
Common postoperative sequelae, e.g., sore throat, muscle pain, headache
Post-dural puncture headache or transient radicular irritation
Discharge without escort or Against Medical Advice

Patient satisfaction
Equipment maintenance

This document has been developed by the ASA Committee on Ambulatory Surgical Care and the Task Force on Office-Based Anesthesia (April 2003). The recommendations are designed to encourage quality patient care, but cannot guarantee a specific outcome. They are subject to revision from time to time as warranted by evolution of technology and practice. (Revised July 2013)