

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)