



1 WHY CONSISTENCY MATTERS MORE THAN EVER IN ASC ACCREDITATION

For most ambulatory surgery centers (ASCs), accreditation can be a significant investment in patient safety, credibility, and long-term stability. But anyone who has been through it knows that accreditation is all about process, which can vary widely across accrediting organizations. What many ASC leaders have learned over time is that consistency makes all the difference.

Recent data from the Centers for Medicare & Medicaid Services (CMS) helps explain why. In 2023, infection control–related issues were among the most frequently cited deficiencies in ASC surveys nationwide. “Sanitary Environment” and “Infection Control Program” alone accounted for hundreds of citations across more than 3,000 surveys. Three of the top five health survey citations for ASCs were tied directly to infection prevention and control. These are not edge cases. They are common, recurring challenges across the ambulatory space.

At the same time, ASC leaders often describe very different survey experiences from one cycle to the next. Who shows up, how requirements are interpreted, and whether the surveyor understands ambulatory workflows can all change. As one administrator and director of nursing at a multispecialty ASC put it, “What we struggle with in accreditation is fitting our quality studies into a prescribed format by our accrediting body. We do all the work and then have to make it fit into their cookie-cutter protocol. It’s challenging.”

That variability creates real consequences. Inconsistent surveys can lead to unexpected findings, extended corrective action plans, and delays that pull leaders and clinical teams away from patient care. Infection control findings, in particular, tend to be time-intensive to resolve and difficult to manage in already lean environments.

Nowhere is this more visible than in instrument management and sterile processing. ASCs run tight schedules with rapid instrument turnover and little room for error. When reprocessing workflows are disrupted, the ripple effects are immediate. A national study published in the *American Journal of Infection Control* found that more than 90% of sterile processing departments reported at least one processing defect in a single week. While that research spans healthcare settings broadly, the implications are especially significant for ASCs, where even small delays can impact case flow, staffing, and survey readiness.

The cost side of the equation is just as important. A 2025 peer-reviewed study published in *Infection Control & Hospital Epidemiology* found that a single surgical site infection was associated with more than \$30,000 in additional healthcare costs per case. For ASCs operating on predictable schedules and tight margins, even one preventable event or prolonged remediation effort can have an outsized operational impact.

Given these realities, it is not surprising that ASC leaders focus as much on how they are surveyed as what they are surveyed against. “I’ve never had the same surveyor more than once, and we’ve done probably 30 surveys,” the CEO of an eye center shared. Another administrator summed it up simply: “There’s a lot of bouncing around, and you get the subjectivity of the surveyor personally.”

This is where consistency becomes a strategic advantage. Predictable surveys, conducted by clinicians who understand ambulatory care, reduce surprises and help organizations focus on improvement rather than recovery. A process-based approach looks at how policies, staff competencies, equipment, and workflows work together day to day, not just how they look on paper.

From a business standpoint, consistency is also practical risk management. It shortens corrective action cycles, reduces rework, and gives leadership teams more confidence in planning. Staff spend less time reacting and more time strengthening systems that support safe, efficient care. Accreditation for ASCs continues to evolve, and when approached consistently, it helps ensure that efficiency and patient safety can coexist, allowing upfront investments to pay dividends as surgical centers grow and scale.

For more information on DNV:

[Click here](#) for more resources on DNV accreditation for ASCs

[Click here](#) for information on Infection Prevention with DNV

DNV Headquarters, Veritasveien 1, P.O.Box 300, 1322 Høvik, Norway. Tel: +47 67 57 99 00. www.dnv.com



2 DNV BOILER PLATE

DNV is an independent accrediting organization with deeming authority that helps healthcare organizations continuously perform at the highest levels of quality to deliver the best patient care, year over year. DNV's renowned NIAHO® survey model is built to ensure organizations exceed the Conditions for Coverage from The Centers for Medicare & Medicaid Services and achieve the requirements of ISO certification.

Globally, DNV is an independent assurance and risk management provider operating in more than 100 countries. Through its broad experience and deep expertise, DNV advances safety and sustainable performance, sets industry standards, and inspires and invents solutions.

Driven by its purpose to safeguard life, property, and the environment, DNV helps its customers seize opportunities and tackle risks arising from global transformations and it is a trusted voice for many of the world's most successful and forward-thinking companies.

3 REFERENCES

DNV. (2025). *Beyond the checklist: Rethinking accreditation for ambulatory surgery centers for better outcomes*. https://www.dnv.us/publications/scpa_hel_asc_accreditation_whitepaper/ [\[dnv.us\]](https://www.dnv.us)

Ai, C., Jung, M., Bastow, S., Adjaoute, G., Bostick, D., & Yu, K. C. (2025). Clinical outcomes and hospital-reported cost associated with surgical site infections and the co-occurrence of hospital-onset bacteremia and fungemia across U.S. hospitals. *Infection Control & Hospital Epidemiology*, 46(4), 391–397. <https://doi.org/10.1017/ice.2025.13>

Centers for Medicare & Medicaid Services. (2024). *Top citations from 2023 ambulatory surgery center surveys*. <https://www.cms.gov>

Williams, J. A. R., Roy, S., & Brooks, J. V. (2026). Breaking the seal: Defects in sterile processing. *American Journal of Infection Control*, 54(1), 88–90. <https://doi.org/10.1016/j.ajic.2025.08.012>