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America's Best Ambulatory Surgery Centers 2027 – Methodology –

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1 Introduction

High-quality outpatient surgical care is an essential part of today's healthcare system, giving patients safe and effective treatment without the need for extended hospital stays. Ambulatory surgery centers (ASCs) operate exclusively to provide surgical services to patients who do not require hospitalization, with the expectation that the duration of services will not exceed 24 hours following admission (Centers for Medicare & Medicaid Services, 2023; Accreditation Association for Ambulatory Health Care, n.d.). By offering procedures that range from pre-operative preparation to same-day recovery, ASCs improve access to specialized care while upholding high standards of safety and efficiency (Ambulatory Surgery Center Association, n.d.).

Recognizing the importance of these centers, Statista and Newsweek partnered to identify ***America's Best Ambulatory Surgery Centers 2027***. The current 7th edition of the ranking is an update of the annual *America's Best Ambulatory Centers ranking*, which was first published by Newsweek and Statista in 2021.

In the 2027 edition, the leading **750 ambulatory surgery centers in the U.S. are featured in total**. Over 5,000 ambulatory surgery centers were analyzed. The highest-ranked centers are presented in state-specific lists. A state list is published where at least one center from that state qualifies for the final ranking, resulting in a varying number of ASCs awarded per state: California had 125 ambulatory surgery centers awarded, while Hawaii, Idaho, Maine, North Dakota, Rhode Island and Vermont are represented with 1 ASC each. Additionally, standout specialties were highlighted.

The ranking is based on quality metrics sourced from Centers for Medicare & Medicaid Services and Leapfrog, evaluation from peers via a national online survey, patient experience data as well as accreditation data.

2 Study design

The following section provides an overview of the study design, and the methodology underlying the ranking. First, the newly implemented features and changes in this year's edition will be described (see chapter 2.1). Second, the eligibility is outlined in chapter 2.2, followed by the general approach (see chapter 2.3) and the scoring model (see chapter 2.4).

2.1 New features and changes in the 2027 edition

The following list provides a brief overview of the major changes in this year's edition, compared to the *America's Best Ambulatory Centers 2026* ranking:

- **Inclusion of additional quality metric data source:** This year, results from the 2026 Leapfrog ASC Survey (v2.0) were incorporated as a new data source (see chapter 2.3.1)¹
- **Increased patient experience weighting:** This year the weighting of the patient experience pillar was increased from 7.5% to 10% to reflect the growing number of ASCs reporting this data.
- **Inclusion of additional standout specialties:** To align with the quality metrics, the standout categories have been adjusted as follows: Bariatrics (e.g., gastric bypass, sleeve gastrectomy), Gastroenterology (e.g., colonoscopy), Ophthalmology (e.g., anterior segment eye procedures, vitrectomy), Orthopedics (e.g., arthroscopy procedures, ligament and tendon repairs, hip and knee replacement), Urology (e.g., endoscopic procedures, stone management procedures) (see chapter 2.3.2)
- **State-specific presentation of results:** The regional lists used in previous editions have been discontinued. Centers included in the final ranking are now presented in lists for their respective states. A state list is published only if at least one center from that state is included in the final ranking; centers in other states are no longer grouped into regional lists (see chapter 2.2).
- **Inclusion of previous editions recommendation data:** To account for reputational continuity, recommendations from the last two editions were factored into the reputation pillar (see chapter 2.3.2).

¹This year, Arcadia data were not used in the calculation of the quality metrics score.

2.2 Eligibility

Ambulatory surgery centers across the United States were considered for the ranking, subject to data availability. Centers included in the final ranking are presented in lists for their respective states. A state list is published only if at least one center from that state is included. No regional lists are published.

2.3 General methodology

The 2027 *America's Best Ambulatory Surgery Centers* ranking is based on four pillars:

- **Quality metrics** with a focus on surgical indicators (see chapter 2.3.1).
- **Evaluation from peers** (health care professionals) working in ambulatory surgery centers across the country, including recommendations and quality assessments (see chapter 2.3.2).
- **Results from patient experience surveys** (see chapter 2.3.3).
- Relevant **accreditations** for quality and safety in ambulatory surgery centers (see chapter 2.3.4).



2.3.1 Quality metrics

The quality metrics score for the *America's Best Ambulatory Surgery Centers* ranking is based on data from the Centers for Medicare & Medicaid Services (CMS), as well as Leapfrog ASC Survey (v2.0) results, which are detailed in the following sections.

Centers for Medicare & Medicaid Services (CMS)

The dataset provided by the Centers for Medicare & Medicaid Services (CMS) is available for over 5,700 ambulatory surgery centers publicly reporting quality information on the Hospital Compare platform. It includes information on centers' characteristics, quality measures, performance metrics, and medicare claims (Centers for Medicare & Medicaid Services, 2026). The *America's Best Ambulatory Centers* ranking evaluates all indicators reported for the ASC Quality Reporting Program. The most recent data, published May 2026, was used to determine the CMS quality score.

The following measures were included in the evaluation:

Measure ID	Measure Name
ASC_1	Percentage of patients who experience a burn prior to discharge from the ASC
ASC_2	Percentage of patients who experience a fall within the ASC
ASC_3	Percentage of patients who experience a wrong site, side, patient, procedure, or implant
ASC_4	Percentage of ASC patients who are transferred or admitted to a hospital upon discharge from the ASC
ASC_9	Percentage of patients receiving appropriate recommendations for follow-up screening colonoscopy
ASC_11	Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery
ASC_12	Rate of unplanned hospital visits within 7 days of an outpatient colonoscopy
ASC_13	Percentage of patients who received general or neuraxial anesthesia who had a body temperature of 96.8 Fahrenheit within 15 minutes of arriving in the post-anesthesia care unit
ASC_14	Percentage of cataract surgeries that had an unplanned additional eye surgery (anterior vitrectomy)
ASC_17	Rate of unplanned hospital visits within 7 days of an orthopedic surgery at an ASC

ASC_18	Rate of unplanned hospital visits within 7 days of a urology surgery at an ASC
ASC_19	Rate of unplanned hospital visits within 7 days of a general surgery at an ASC

Scores for each measure were calculated using the following approach:

All measures with a categorical designation according to CMS (e.g., with each center performing better than, no different, or worse than the national average) were assigned points according to their designation, with a maximum of 1 point allotted for individual measures better than average, 0.75 point for measures no different to the average, and 0.5 points for measures worse than average.

For all measures with a numerical score assigned by CMS, the percentile position of each center was calculated (i.e., the percentile into which the center falls compared to all other centers nationwide), and points were allotted according to the measure's distribution. For measures where lower scores indicate better performance (e.g., ASC_14, percentage of cataract surgeries that had an unplanned additional eye surgery), the maximum of 1 point was awarded if they were in the 5th percentile or lower. Additionally for measures ASC_1, ASC_2, and ASC_3 if the center reported no cases the center also received the maximum 1 point. For measures where higher scores are better (e.g., ASC_9, percentage of patients receiving appropriate recommendations for follow-up screening colonoscopy), the maximum of 1 point was awarded to centers in the 95th percentile or higher. Centers at or below the 10th percentile received a base score of 0.7 to maintain continuity with prior years. All other centers received a continuously scaled score between 0.7 and 1. This approach ensures a nuanced and equitable distribution of scores according to relative performance.

To receive a CMS Measures score, a center must have reported a minimum of 3 measures within the reporting period. If centers reported fewer measures, the rating for these centers is based on the remaining data pillars.

Finally, the points of all measures were averaged to build a single score for each center. The CMS score constitutes 80% of the quality metrics score.

Information on and the dataset can be found on the CMS website:

<https://qualitynet.cms.gov/asc>

Leapfrog ASC Safety and Quality Data

The ranking incorporates relevant general and specialty-specific indicators from all ASCs with Leapfrog results. The dataset is based on the 2026 Leapfrog ASC Public Reporting Program based on surveys submitted as of 06/30/2026.

The Leapfrog Group supports the ranking as a data partner. The following paragraph is included for contextual information only and is not part of the methodological framework or scoring approach.

The Leapfrog ASC Survey was created and is administered by The Leapfrog Group, a leading independent, national not-for-profit organization advocating for ASC transparency. They strive to make giant “leaps” forward in the U.S. by promoting transparency through their data collection and public reporting initiatives. With their goal of saving lives by reducing errors, injuries, accidents, and infections, The Leapfrog Group focuses on measuring and publicly reporting ASC performance through the annual Leapfrog ASC Survey. The survey is a trusted, transparent and evidence-based national tool in which over 3,900 ASCs voluntarily participate free of charge. The Leapfrog Group advocates for public access to quality and safety data from all U.S. ASCs.

The Leapfrog ASC Survey is a voluntary, annual assessment designed to collect comprehensive, evidence-based information directly from U.S. health providers. It covers a broad range of safety and quality measures. The survey is organized into multiple sections, each containing clearly defined specifications, reporting periods, and measurement criteria to ensure ASCs can provide accurate and consistent responses. The measure selection is guided by scientific advisors and expert panels and reflects the latest evidence in patient safety.

The following Leapfrog indicator groups were included in the quality metrics score.

Section 2A: Billing Ethics

ID	Indicator Name	Definition
66	BillingEthics_Results	Overall Score: Billing Ethics

Section 2A: Health Care Equity

ID	Indicator Name	Definition
72	HealthEquity_Results	Overall Score: Health Care Equity

Section 2A: Informed Consent

ID	Indicator Name	Definition
73	InformedConsent_Results	Overall Score: Informed Consent

Section 2D: Taking Responsibility for Never Events

ID	Indicator Name	Definition
80	NeverEvents_Results	Overall Score: Never Events

Section 3A: Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures

ID	Indicator Name	Definition
91	NHSN_OPC_Results	Overall Score: Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures

Section 3B: Hand Hygiene

ID	Indicator Name	Definition
92	HH_Results	Overall Score: Hand Hygiene

Section 3C: Culture of Safety

ID	Indicator Name	Definition
101	SP2_Results	Overall Score: Culture of Safety

Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss

ID	Indicator Name	Definition
104	Knee_Results	Overall Score: Total Knee Replacement Surgeries
107	Hip_Results	Overall Score: Total Hip Replacement Surgeries
110	Bariatric_Results	Overall Score: Bariatric Surgery for Weight Loss

Leapfrog assigns each measure a performance category based on predefined scoring criteria. The 2026 ASC scoring algorithm can be accessed [here](#).

Indicator groups related to CMS data or containing accreditation measures were excluded from the Leapfrog score, as these aspects are already captured within the other data pillars.

For each Leapfrog measure group, the percentage of reported measures that met the established standards was calculated. Points were assigned to each measure based on the hospital's performance category

- 1.0 point for Achieved the Standard or Better than Expected

- 0.75 points for Considerable Achievement or As Expected
- 0.5 points for Some Achievement
- 0.4 points for Limited Achievement or Lower than Expected

For each center, each performance measure is first converted into a standardized score based on the above performance categories. A facility's score is calculated as an average of all available measures in that section, ensuring that only reported indicators contribute to the result. This results in seven section-level scores. For each section-level score, the centers' percentile position within the national distribution was calculated. Finally, the percentile scores are weighted and aggregated to produce the overall quality score. Weights are designed to balance structural, process, and outcome-driven indicators, ensuring a comprehensive evaluation of centers performance. Higher weights are assigned to measures with direct patient safety implications, such as infection rates and never events. To calculate the final score the sections are weighed the following:

Section	Weight
Section 2A: Billing Ethics	7.5%
Section 2A: Health Care Equity	7.5%
Section 2A: Informed Consent	10%
Section 2D: Taking Responsibility for Never Events	20%
Section 3A: Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures	20%
Section 3B: Hand Hygiene	10%
Section 3C: Culture of Safety	15%
Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss	10%

The Leapfrog score constitutes 20% of the quality metrics score.

For more information on Leapfrog's ASC Public Reporting Program, please visit: <https://www.leapfroggroup.org/asc-program/new-asc-public-reporting-program>

2.3.2 Evaluation from peers

The peer evaluation score was calculated from the weighted number of peer recommendations and the respective quality assessments. The details of the calculation are explained in the sections below.

Recommendations from peers

From July to August 2026, Statista invited medical professionals (medical doctors/surgeons, registered nurses, nursing assistants, therapists) and managers/administrators working in ASCs to an online survey. The survey was accessible to participants via newsweek.com, and invitations were also sent by email. Participants were asked to recommend notable ambulatory surgery centers in their respective state. Recommendations for participants' own employers/ASCs were not permitted. Statista performed plausibility checks on all data to prevent self-nomination.

The recommendations portion of the peer evaluation score for each center was determined by the total number of weighted recommendations. The recommendations provided by participants were weighted based on their order of preference, and the professional experience of each participant was considered.

This year, the recommendations from the past two editions were also taken into account. Recommendations from the 2025 and 2026 survey editions were given less weight compared to those from the 2027 edition.

The ASC with the highest number of weighted recommendations received a recommendation score of 100%. The next best ASCs, in general, received a score relative to the number of weighted recommendations (e.g., when ASC A received the most votes with 100, ASC B with 80 votes received a score of $\frac{80}{100} = 80\%$). The recommendation score constituted 80% of the peer evaluation score.

Within this survey, participants were required to state at least one standout category in which the ASC performs best. The standout categories were as follows:

Standout categories

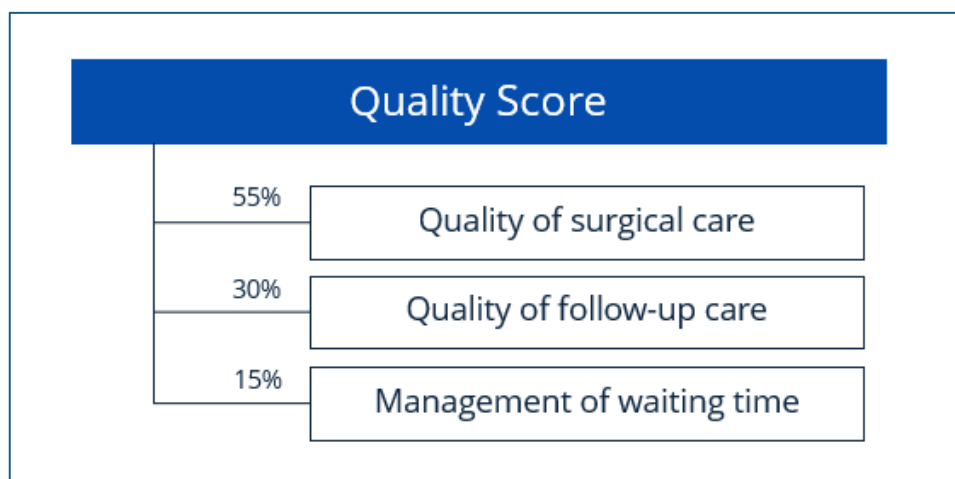
- Bariatrics (e.g., gastric bypass, sleeve gastrectomy)
- Gastroenterology (e.g., colonoscopy)
- Ophthalmology (e.g., anterior segment eye procedures, vitrectomy)
- Orthopedics (e.g., arthroscopy procedures, ligament and tendon repairs, hip and knee replacement)
- Urology (e.g., endoscopic procedures, stone management procedures)

Quality assessment from peers

For each recommended ambulatory surgery center, participants were asked to rate three quality dimensions from a scale from 1 ("Poor") to 10 ("Excellent"):

- Quality of surgical care
- Quality of follow-up care
- Management of waiting time

A quality score was assigned to each center based on the weighted average of these ratings as follows:



The quality score constituted 20% of the peer evaluation score.

2.3.3 Patient experience

Publicly available data from existing patient surveys were used to analyze patient experience. The patient experience score was based on Medicare OAS CAHPS data. The Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey is a standardized survey of ASC patients in the USA regarding their experiences during a recent procedure or surgery. The most recent dataset available was the May 2026 edition, which is based on surveys from patients undergoing an outpatient procedure or surgery between July 2024 and June 2025. The specific measures are derived from questions in the OAS CAHPS for the measures shown below:

OAS CAHPS Measures	
1.	Facilities and staff
2.	Communication about your procedure
3.	Patients' rating of the facility
4.	Patients recommending the facility

Facilities marked with footnote 1 ("the number of cases is too few to report") or facilities where fewer than 40 patients completed the survey during the reporting period did not receive a patient experience score.

The percentile position of each center's measures was calculated (i.e., the percentile into which the center falls compared to all other centers nationwide). As higher scores indicate better performance for each of measures, points were assigned such that a center would receive the maximum of 1 point if it scored in the 95th percentile or higher. Centers at or below the 10th percentile received a base score of 0.7 to maintain continuity with prior years. All other centers received a continuously scaled score between 0.7 and 1. This approach ensures a nuanced and equitable distribution of scores according to relative performance. The points from all measures were then averaged to create a single score for each center.

The patient experience score constitutes 10% of the total score.

2.3.4 Accreditations

Additionally, several publicly available accreditations were included in the analysis, reflecting the commitment to excellence in overall healthcare.

The **Accreditation Association for Ambulatory Health Care (AAAHC)** is an organization that provides accreditation services to various types of ambulatory health care facilities in the United States and internationally (Accreditation Association for Ambulatory Health Care, n.d.). The AAAHC sets standards for and assesses the quality of care provided in outpatient settings, which include facilities where surgeries, procedures, and other health services are performed without the need for an overnight hospital stay (Accreditation Association for Ambulatory Health Care, n.d.). The following accreditation/certification programs were included in the ranking:

- Ambulatory Accreditation
- Medicare Deemed Status Accreditation
- Advanced Orthopedic Certification

Furthermore, the **Accreditation Commission for Health Care (ACHC)** was included for the first time. This accreditation serves as an indicator of adherence to nationally recognized standards for quality, safety, and performance across various healthcare services (Accreditation Commission for Health Care, n.d.). The following program type was considered:

- Ambulatory Surgery Center

Lastly, the Ambulatory Care accreditation from **The Joint Commission's (TJC)** was included for the first time, recognizing outpatient facilities that meet rigorous standards for patient safety, quality of care, and continuous performance improvement (The Joint Commission, n.d.).

The list of AAAHC accredited institutions can be found here:

<https://www.aaahc.org/>

The list of ACHC accredited institutions can be found here:

<https://www.achc.org/>

The list of Joint Commission accredited institutions can be found here:

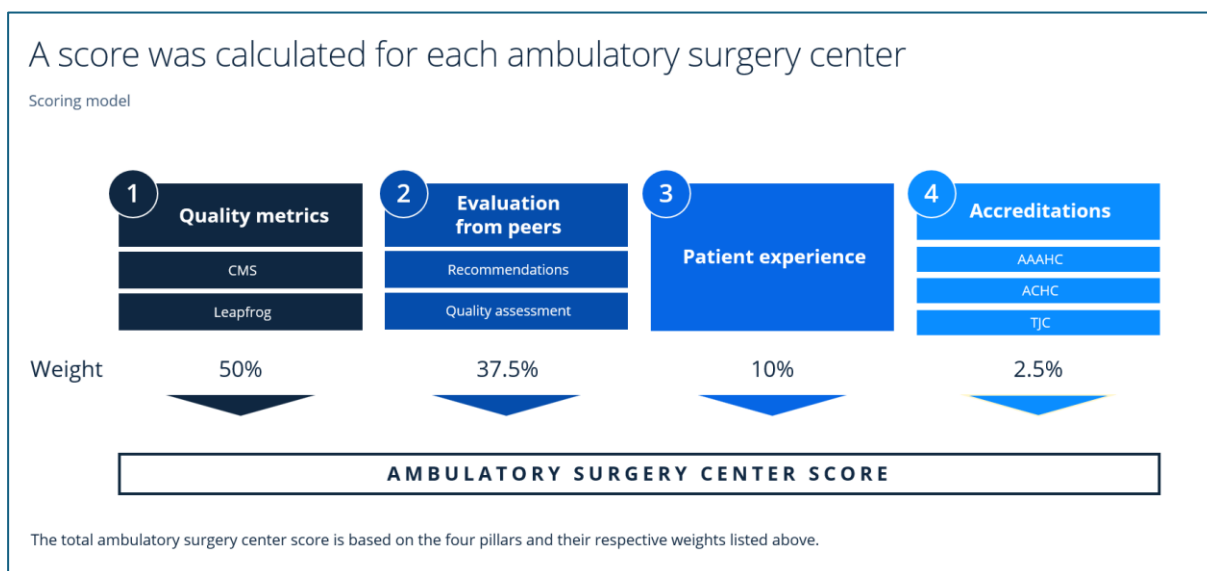
<https://www.jointcommission.org/>

The accreditation score constitutes 2.5% of the total score.

2.4 Scoring model

The scoring model is based on the quality metrics score, the peer evaluation score, the patient experience score and the accreditation score.

ASCs were ranked based on their overall performance across the four scoring pillars:



As shown above, quality metrics account for 50% of each ASC's overall score. Within the quality metrics score, the CMS measures score constitutes 80%, while the Leapfrog score accounts for 20%.

The evaluations from peers account for 37.5% of each ASC's overall score. Within this category, peer recommendations constitute 80% and quality assessments 20%. Recommendations from the previous years were weighted lower than those from the 2027 edition.

The patient experience score accounts for 10% of each ASC's overall score.

The accreditation score accounts for 2.5% of each ASC's overall score, with each accreditation contributing equally to this component.

Based on the overall ASC score, the 750 highest-ranked facilities are included in the final ranking and presented in state-specific lists, ordered by their overall score within each state. Only states with at least one included center have a published list. The results of this ranking are published by Newsweek as such:

California

Rank	Center	City	Standout Specialties
1	Cedars-Sinai - Beverly Hills Surgery Medical Center	Beverly Hills	Orthopedics, Gastroenterology, Ophthalmology, Urology
2	Hoag Orthopedic Institute Surgery Center Orange	Orange	Orthopedics
3	Hoag Endoscopy Center - Irvine	Irvine	Gastroenterology
4	Cedars-Sinai - Endoscopy Center - Beverly Hills	Beverly Hills	Gastroenterology
5	Hoag Endoscopy Center - Newport Beach	Newport Beach	Gastroenterology

[...]

Florida

Rank	Center	City	Standout Specialties
1	Baptist Health South Florida - Baptist Health Surgery Center Coral Gables	Coral Gables	Orthopedics
2	Baptist Health South Florida - Endoscopy Center - Coral Springs	Coral Springs	Gastroenterology
3	Mayo Clinic - Mayo Building & Hospital - Florida	Jacksonville	Gastroenterology
4	TGH Surgery Center at Morsani	Tampa	
5	Baptist Health South Florida - Endoscopy Center - Galloway South	Miami	Gastroenterology

[...]

3 Disclaimer

The rankings are comprised exclusively of ambulatory surgery centers that are eligible regarding the scope described in this document. A mention in the ranking is a positive recognition based on peer recommendations and publicly available data sources at the time. The ranking is the result of an elaborate process which, due to the interval of data-collection and analysis, is a reflection of the last calendar year. Furthermore, events preceding or following the period August 02, 2025 – August 02, 2026, and/or pertaining to individual persons affiliated/associated to the facilities were not included in the metrics. As such, the results of this ranking should not be used as the sole source of information for future deliberations.

The information provided in this ranking should be considered in conjunction with other available information about ambulatory surgery centers or, if possible, accompanied by a visit to a center. The quality of ambulatory surgery centers that are not included in the rankings is not disputed.

4 Literature

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