

METHODOLOGY

America's Best Ambulatory Surgery Centers **2026**

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Newsweek



Methodology – America's Best Ambulatory Surgery Centers 2026

Summary of the project

- The 6th edition of **America's Best Ambulatory Surgery Centers** awards the leading 700 ambulatory surgery centers (ASC) in the U.S. based on quality of care, performance data, patient experience, and peer recommendations, relative to in-state competition.
- Ambulatory surgery centers included operate exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which expected duration of services would not exceed 24 hours following an admission⁽¹⁾⁽²⁾.
- The 25 states with the most facilities were surveyed individually. The remaining states were grouped into 4 regions: Northeast, Midwest, West, South.
- Over 5,000 ambulatory surgery centers were analyzed, resulting in a varying number of ASCs awarded per state or region: California had 125 ambulatory surgery centers awarded, while Kansas is represented with 5 ambulatory surgery centers. Additionally, **standout specialties** were highlighted.
- The list is based on **four data sources**:
 1. Quality metrics with a focus on surgical indicators
 2. Evaluation from peers via a national online survey – Recommendations and quality assessment from peers
 3. Results from patient experience survey
 4. Accreditation data

2 **Note:** (1) An unanticipated medical circumstance may arise that would require an ASC patient to stay in the ASC longer than 24 hours, but such situations should be rare

Source: (2) [U.S. Centers for Medicare & Medicaid Services](#)

New features and changes in the 2026 edition

Major updates – **Part 1**

- The following list provides a brief overview of all **major updates in this year's edition** compared to the 2025 ranking:
 - **Several new data sources** were added to the scoring model:
 - Medicare Fee-for-Service claims, including quality performance benchmark data sourced from Arcadia
 - Accreditations from the Accreditation Commission for Health Care (ACHC) and The Joint Commission (TJC)
 - Four new **CMS Measures** were included in the analysis:
 - 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
 - **Increased quality metrics weighting:** This year the weighting of quality metrics pillar was increased from 45% to 50% in the scoring model to reflect the emphasis on the medical key performance indicators

New features and changes in the 2026 edition

Major updates – **Part 2**

- **Inclusion of last year's recommendation data:** To account for reputational continuity, recommendation data from the previous year was factored in the peer evaluation pillar
- Inclusion of **additional standout specialties:** To align with the quality metrics, several additional standout categories have been introduced:
 - Cardiology (e.g. cardiac catheterization, pacemaker replacement)
 - Dermatology (e.g. removal of cancerous skin lesions)
 - Neurology (e.g. nerve blocks or injections for back and neck pain)
 - Obstetrics/Gynecology (e.g. vaginal repair)
 - Oncology (e.g. skin cancer excisions)
 - Otolaryngology (ENT) (e.g. endoscopic sinus surgery)
 - Plastic and Reconstructive Surgery (e.g. minor skin grafting)
 - Urology (e.g. endoscopy of the urethra and bladder)
 - Vascular Surgery (e.g. varicose vein treatment)
- Substitution of Mississippi by **Kansas as a state list.** Mississippi has been grouped into the South region. The **rationale for this adjustment** is that Kansas is among the 25 states with the highest number of centers, according to the most recently released CMS dataset

Ambulatory surgery center evaluation is based on four pillars, ranging from quality metrics and peer evaluations to patient experience and accreditations

Data sources



Ambulatory surgery centers from 25 U.S. states and 4 regions were eligible for the ranking

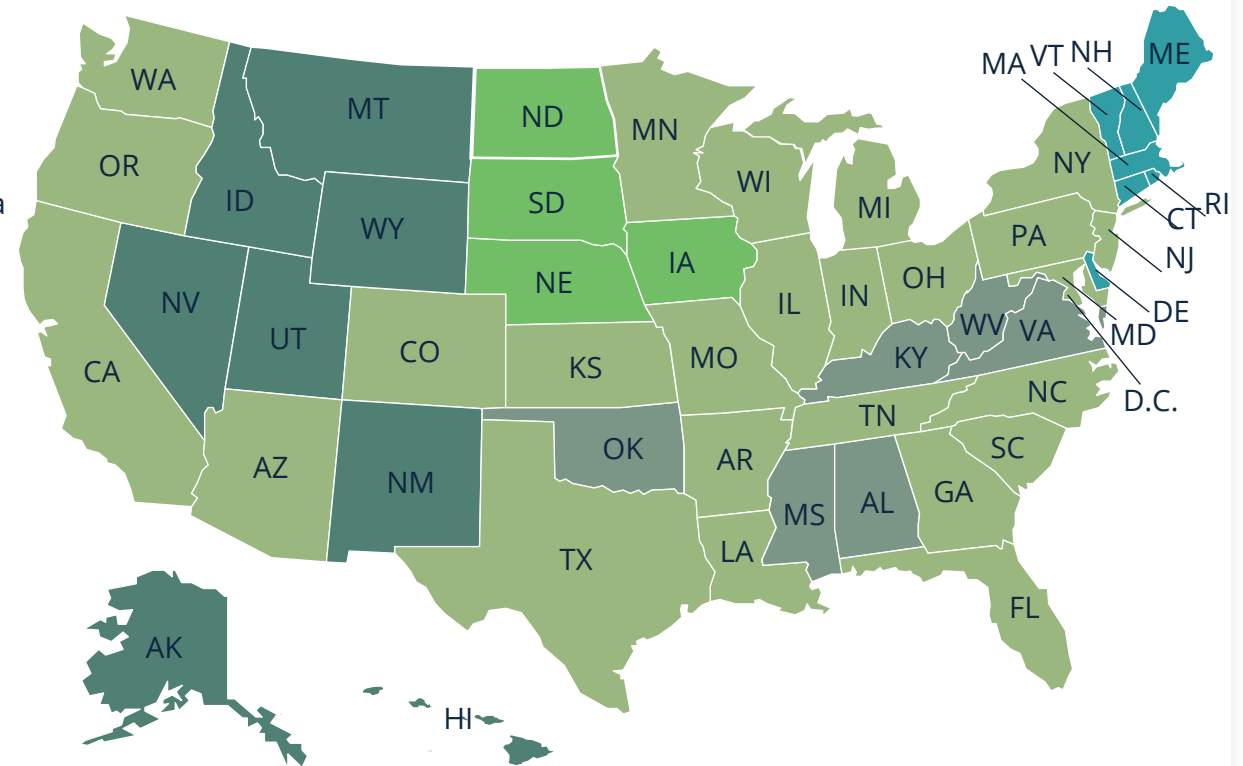
Geographical distribution

- Ambulatory surgery centers from the **25 states with the highest number of these centers⁽¹⁾** were included in the survey:

- | | | |
|--------------|------------------|------------------|
| ○ Arizona | ○ Louisiana | ○ Oregon |
| ○ Arkansas | ○ Maryland | ○ Pennsylvania |
| ○ California | ○ Michigan | ○ South Carolina |
| ○ Colorado | ○ Minnesota | ○ Tennessee |
| ○ Florida | ○ Missouri | ○ Texas |
| ○ Georgia | ○ New Jersey | ○ Washington |
| ○ Illinois | ○ New York | ○ Wisconsin |
| ○ Indiana | ○ North Carolina | |
| ○ Kansas | ○ Ohio | |

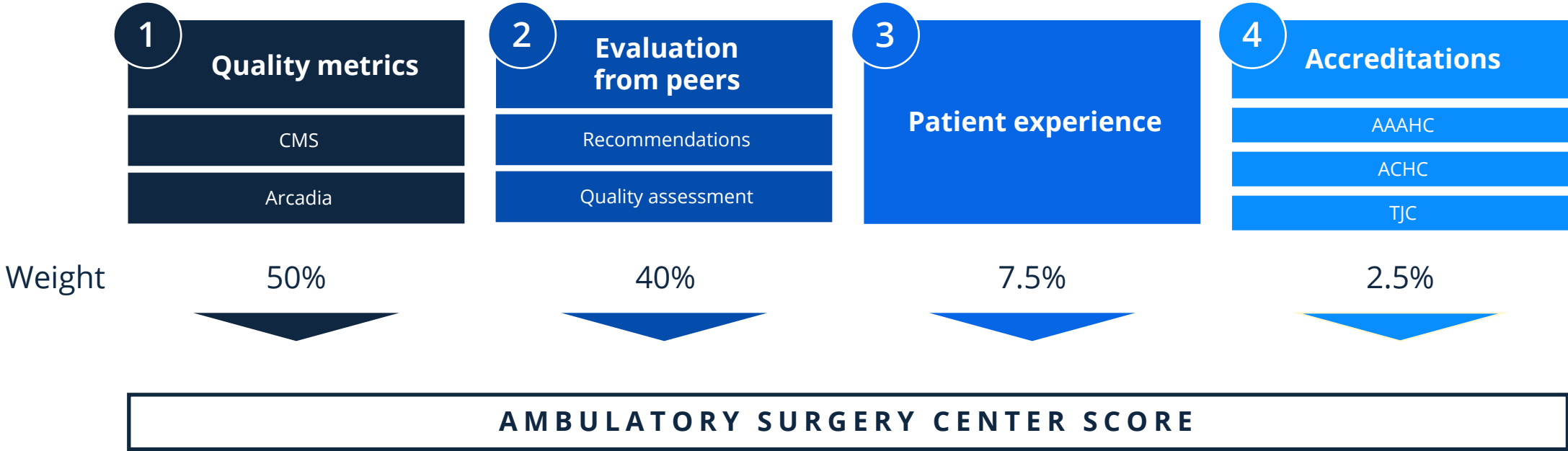
- All remaining states were divided into **4 regions** for the survey:

- **Northeast:** Connecticut, Delaware, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Washington D.C.
- **Midwest:** Iowa, Nebraska, North Dakota, South Dakota
- **West:** Alaska, Hawaii, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming
- **South:** Alabama, Kentucky, Mississippi, Oklahoma, Virginia, West Virginia



A score was calculated for each ambulatory surgery center

Scoring model



The total ambulatory surgery center score is based on the four pillars and their respective weights listed above.

Available data on ambulatory surgery centers was analyzed

Quality metrics – Part 1

1 Quality metrics – CMS

- The U.S. Centers for Medicare & Medicaid Services (CMS) provides data on ASCs in the **Ambulatory Surgical Center Quality Reporting**^(1,2)
- The following measures were included:
 - ASC-1: Number of patients who experience a burn prior to discharge from the ASC
 - ASC-2: Number of patients who experience a fall within the ASC
 - ASC-3: Number 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: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
 - ASC-11: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
 - ASC-12: Rate of unplanned hospital visits after an outpatient colonoscopy
 - ASC-13: Normothermia
 - ASC-14: Unplanned Anterior Vitrectomy
 - ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures
 - ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures
 - ASC-19: Hospital Visits after General Surgery Procedures Performed

THE CMS MEASURES SCORE CONSTITUTES 40% OF THE QUALITY METRICS SCORE

Available data on ambulatory surgery centers was analyzed

Quality metrics – Part 2

1 Quality metrics – Arcadia

- Performance benchmark data based on Medicare Fee-for-Service claims sourced from **Arcadia**⁽¹⁾ were available for:
 - Providers' population-level quality performance by CMS Certification Number (CCN)
 - Facilities' episode-level performance by medical field for the following measures:
 - Average LOS (Days) of Institutional Long-Term Stay
 - ER Visits per 1,000 Episodes
 - Mortality Rate
 - Complications by Episode
 - Unplanned Readmissions per 1,000 Episodes

THE ARCADIA SCORE CONSTITUTES 60% OF THE QUALITY METRICS SCORE

Medical experts with knowledge about ambulatory surgery centers were surveyed about the best facilities in their state

2 Recommendations as part of the peer evaluation score

From June to July 2025, Statista invited medical professionals (medical doctors/surgeons, registered nurses, nursing assistants, therapists) and managers / administrators working in ambulatory surgery centers to an online survey.



Online survey by state among health care professionals working in ambulatory surgery centers. Participants were invited via e-mail. The survey was also promoted on newsweek.com.



Participants were asked to **recommend notable ambulatory surgery centers** in their respective state and could nominate a **standout category**⁽¹⁾. Recommendations for own employer / ASC were not allowed.



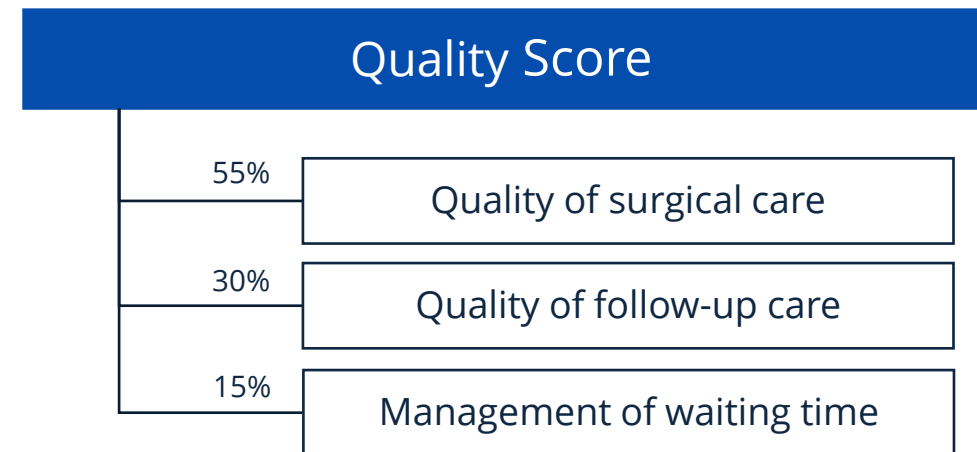
The **recommendations part of the peer evaluation score** was based on the number of weighted recommendations. Recommendations from the 2024 survey period were given less weight compared to those from 2025. Additionally, the professional experience of the participant was considered.

THE RECOMMENDATION SCORE CONSTITUTES 80% OF THE PEER EVALUATION SCORE

A quality score was calculated for each recommended ambulatory surgery center

2 ★★★ Quality assessment as part of the peer evaluation score

- For each recommended ambulatory surgery center participants were asked to rate **three quality dimensions** on 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 facility based on the **weighted average** of these ratings



THE QUALITY SCORE CONSTITUTES 20% OF THE PEER EVALUATION SCORE

Publicly available patient experience data was used as an additional element of the scoring model

3 Patient Experience

- Publicly available data from the **Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)** survey was used to analyze patient experience^(1,2)
- Survey topics associated to patient care and satisfaction included:
 - Quality of care
 - Cleanliness of the facility
 - Communication from staff
 - Patient rating of the facility as a whole
 - Whether or not the patient would recommend the facility to others

THE PATIENT EXPERIENCE SCORE CONSTITUTES 7.5% OF THE TOTAL SCORE

Additionally, available accreditations were included in the scoring model

4 Accreditations

- The following accreditation/certification programs from the **Accreditation Association for Ambulatory Health Care (AAHC)**⁽¹⁾ were included:
 - Ambulatory Accreditation
 - Medicare Deemed Status Accreditation
 - Advanced Orthopaedic Certification
- The following program type from the **Accreditation Commission for Health Care (ACHC)**⁽²⁾ was considered:
 - Ambulatory Surgery Center
- The **Joint Commission (TJC)**⁽³⁾ data was available for:
 - Ambulatory Care

THE ACCREDITATION SCORE CONSTITUTES 2.5% OF THE TOTAL SCORE

As a result, the leading 700 ambulatory surgery centers were awarded

Final ranking by state/region

California

Rank	Center	City	Standout Specialties
1	Cedars-Sinai - Beverly Hills Surgery Medical Center	Beverly Hills	Orthopedics, Gastroenterology
2	Huntington Ambulatory Surgery Center	Pasadena	
3	Scripps - Ambulatory Surgery Center - Ximed Building	La Jolla	
4	SCA Health - UCSD Center for Surgery of Encinitas	Encinitas	Plastic & Reconstructive Surgery
5	Hoag Endoscopy Center – Newport Beach	Newport Beach	Vascular Surgery

[...]

Florida

Rank	Center	City	Standout Specialties
1	TGH Surgery Center at Morsani	Tampa	
2	Florida Medical Clinic - Orlando Health - North Tampa	Tampa	Oncology
3	Tampa General Hospital Brandon-Outpatient Surgery Center	Tampa	
4	Mayo Clinic - Mayo Building & Hospital - Florida	Jacksonville	Otolaryngology, Cardiology
5	Coral Gables Surgery Center	Miami	

[...]

LEADING AMBULATORY SURGERY CENTERS WERE AWARDED PER STATE/REGION

Statista R, and Newsweek comprise the strong partner network behind the America's Best Ambulatory Surgery Centers ranking

Partner Network



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The Newsweek logo, consisting of the word "Newsweek" in a white, bold, sans-serif font, set against a solid red rectangular background.

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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 01, 2024 – August 01, 2025, 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 facility. The quality of ambulatory surgery centers that are not included in the rankings is not disputed.