

Leapfrog Ambulatory Surgery Center Survey Hard Copy

QUESTIONS & REPORTING PERIODS

MEASURE SPECIFICATIONS

ENDNOTES

FAQS



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Welcome to the 2020 Leapfrog ASC Survey

<http://www.leapfroggroup.org/asc>

Leapfrog's Response to COVID-19 and Its Impact on the 2020 Leapfrog ASC Survey

Leapfrog is deeply grateful to the ambulatory surgery centers that voluntarily report to the Leapfrog ASC Survey. These ASCs demonstrate their commitment to putting patients first every day, year in and year out. That commitment has never been more important to Americans than it is now amid the COVID-19 crisis. To uphold our shared vision for quality, safety, and transparency, while allowing ASCs to devote their time to the urgent needs of the moment, Leapfrog is implementing several one-time-only changes to the 2020 Leapfrog ASC Survey:

- **Many Survey deadlines have been extended.** All deadlines for the 2020 Leapfrog ASC Survey can be viewed on the Deadlines page of the [website](#).
- **Additional changes to measures on the 2020 Leapfrog ASC Survey:**
 - The reporting period for administering a culture of safety survey (Section 4D) has been updated from 24 months to 36 months.
 - Only ASCs that scored as “Achieved the Standard” (four out of four bars) or “Considerable Achievement” (three out of four bars) on Hand Hygiene will have their Results publicly reported.
- **Suspension of On-Site Data Verification.** As part of Leapfrog's standard protocols to ensure data accuracy, we will suspend On-Site Data Verification of 2020 Leapfrog ASC Survey Results. All other verification protocols will continue.
- **One-on-one technical assistance calls with the Help Desk.** Help Desk Coordinators will be available to review the 2020 Survey and Scoring Algorithms and answer any questions about these changes. To request a technical assistance call, visit <https://leapfroghelpdesk.zendesk> and select “Technical Assistance Call” from the Leapfrog ASC Survey related issues drop-down menu. Calls will be scheduled within 24 hours.

Important Notes about the 2020 Leapfrog ASC Survey

1. Leapfrog has made several one-time only to the Survey process as part of our [COVID-19 response](#), including updating the Submission Deadline to **August 31** (previously June 30) and the Late Submission Deadline to **December 31** (previously November 30), as well as delaying the public reporting of Survey Results until **September** (previously July). Please review all changes on our [website](#).
2. The Leapfrog ASC Survey is for ambulatory surgery centers (ASCs) and is not applicable to hospital outpatient departments. Most ambulatory surgery centers are certified by Medicare and assigned a 10-digit CMS Certification Number (nn-Cnnnnnnn). Surgery centers that operate as an outpatient department of a hospital and share a CMS Certification Number (nn-nnnn) with a hospital should submit a [2020 Leapfrog Hospital Survey](#). If you have questions about which Survey to submit, please contact the Leapfrog [Help Desk](#).
3. In order to participate in the Leapfrog ASC Survey, ASCs must currently be performing procedures in one or more of the following specialties:
 - Gastroenterology
 - General Surgery
 - Ophthalmology
 - Orthopedics
 - Otolaryngology
 - Urology
 - Dermatology
 - Neurological Surgery
 - Obstetrics and Gynecology
 - Plastic and Reconstructive Surgery

ASCs that are not currently performing procedures in one or more of the specialties listed above, should not begin a Survey. After completing and submitting the Profile, please contact the [Help Desk](#) with information regarding the procedures performed by your facility and with any questions.
4. ASCs reporting on Section 4B NHSN Outpatient Procedure Component Module are required to join Leapfrog's NHSN Group. More information, including instructions and important deadlines, is available on the [Join NHSN Group webpage](#).
5. Leapfrog ASC Survey Results will be available on the ASC Details Page and publicly reported on our new [public reporting website](#) beginning in **September**. After September, the ASC Details Page and public reporting website will be refreshed monthly within the first five (5) business days of each month to reflect Surveys submitted or resubmitted between September 1 and December 31 and previously submitted Surveys corrected before January 31. Survey Results are frozen from February to July 25.
6. All questions regarding the Leapfrog ASC Survey should be submitted to the Help Desk at <https://leapfroghelpdesk.zendesk.com>. Please bookmark this URL. Questions submitted to the Help Desk will receive a response within 1-2 business days (see Help Desk Holiday Schedule).
7. Leapfrog is committed to ensuring the accuracy of Leapfrog ASC Survey Results. Please review the information on the [Data Accuracy webpage](#).
8. The [Submission Deadline](#) for the 2020 Leapfrog ASC Survey is **August 31, 2020** and the Late Submission Deadline is **December 31, 2020**. ASCs that do not submit a Survey before midnight Eastern Time on **December 31, 2020** will have to wait until the launch of the 2021 Leapfrog ASC Survey on April 1, 2021.

Overview of the 2020 Leapfrog ASC Survey

The Leapfrog ASC Survey is divided into five sections. A description of each section is listed below. For a more detailed overview of the 2020 Leapfrog ASC Survey visit the [Get Started webpages](#).

Section #	Section Title	Brief Description
	Profile	The profile section includes questions about demographic and contact information. The profile section can be accessed and updated anytime throughout the year by logging into the Survey Dashboard with your facility's security code.
1	Basic Facility Information	Section 1 includes questions about your facility's operating and procedure rooms, adult and pediatric patient discharges, teaching status, ownership, accreditation, and transfer policies.
2	Medical, Surgical, and Clinical Staff	Section 2 includes questions about your facility's medical, surgical, and clinical staff, including certification maintenance.
3	Volume and Safety of Procedures	Section 3 includes questions about your facility's volumes of adult and pediatric procedures, registry participation, patient follow-up, patient selection and consent to treat, and use of a safe surgery checklist.
4	Patient Safety Practices	Section 4 includes questions about medication safety (medication and allergy documentation, antimicrobial stewardship practices, and opioid prescribing), the NHSN Outpatient Procedure Component Module reporting, hand hygiene, NQF Safe Practices, and the Never Events Policy at your facility.
5	Patient Experience	Section 5 includes questions about patient experience (OAS CAHPS).

All five sections must be completed in order to submit the Leapfrog ASC Survey via the Online ASC Survey Tool. Each of the five Survey sections is organized in the same format in the hard copy of the Survey and the Online ASC Survey Tool:

- **General information** about The Leapfrog Group standard (included in the hard copy only).
- **Reporting periods** to provide facilities with specific periods of time for each set of questions.
- **Survey questions** which may include references to endnotes. The Survey questions and endnotes match the Online ASC Survey Tool exactly.
- **Affirmation of accuracy** by your facility's administrator or by an individual that has been designated by the administrator. These statements affirm the accuracy of your facility's responses.
- **Reference information** which includes 'What's New' and 'Change Summaries,' important measure specifications, answers to frequently asked questions, and other notes that must be carefully reviewed before providing responses to any of the Survey questions (included in the hard copy only).

Any changes made to the measure specifications after April 1 will be reflected in the hard copy of the Survey in the Reference Information sections under the "Change Summary" header (see [Table of Contents](#)). In addition, the updates to the specifications will be highlighted in yellow. If the changes are substantial, we will email the Primary Survey Contact your facility indicated in the Profile Section of the Survey. If the notification is sent before your facility submits a 2020 Leapfrog ASC Survey, the email will go to the Primary Survey Contact provided in the previous year's Survey.

The Leapfrog Group and its participating members are committed to presenting information that is as current as possible and therefore we allow facilities to update and resubmit their Survey until December 31, 2020. Please carefully review the reporting periods in each section before updating your Survey. Leapfrog ASC Survey Results are updated monthly beginning in September (updated from July 25, as part of Leapfrog's [COVID-19 response](#)) on Leapfrog's [public website](#). Facilities are required to update the information in their Survey within 30 days of any change in status. We reserve the right to decertify information that is not current.

The table below outlines which sections of the 2020 Leapfrog ASC Survey will be scored and publicly reported beginning in September.

Section #	Measure	Scored and Publicly Reported?
1	Basic Facility Information	
	General Information	Not scored but publicly reported
	Accreditation	
	Transfer Policies and Agreements	
2	Medical, Surgical, and Clinical Staff	
	Certified staff present when patients are recovering	Scored and results are publicly reported
	Board certification	Not scored but publicly reported
3	Volume and Safety of Procedures	
	Volume of Procedures	Not scored but publicly reported
	Patient Follow-up	<i>Not scored or publicly reported</i>
	Patient Selection	Not scored but publicly reported
	Consent to Treat	Not scored but publicly reported
	Safe Surgery Checklist	Scored and results are publicly reported
4	Patient Safety Practices	
	Medication and Allergy Documentation	Scored and results are publicly reported
	Antimicrobial Stewardship Practices	<i>Not scored or publicly reported</i>
	Opioid Prescribing-Monitoring	<i>Not scored or publicly reported</i>
	Opioid Prescribing – Adherence to Prescribing Guidelines for Surgical Patients	<i>Not scored or publicly reported</i>
	NHSN Outpatient Procedure Component Module	Scored and results are publicly reported
	Hand Hygiene	Scored and results are publicly reported
	NQF SP 1- Leadership Structures and Systems	Scored and results are publicly reported
	NQF SP2- Culture Measurement, Feedback, and Intervention	Scored and results are publicly reported
	Never Events Policy	Scored and results are publicly reported
5	Patient Experience (OAS CAHPS)	
	OAS CAHPS	Scored and results are publicly reported

Pre-Submission Checklist

Before you complete and submit the Survey via the Online ASC Survey Tool, there are a number of steps you should complete:

- Ensure that your facility is currently performing procedures in one or more of the specialties listed in [Important Notes](#) about the 2020 Leapfrog ASC Survey.**
- Visit the ASC Survey website pages at <http://www.leapfroggroup.org/asc>.**
- Make sure you have a 16-digit security code.** If you don't download a [Security Code Request](#) form.
- Download a hard copy of the Survey** on the [Survey Materials webpage](#). Then, read through the [entire Survey document](#) to ensure that you understand what information is required.
- Review the reference information** in each section of the Survey document and **download [other supporting materials](#)** for each section. These documents and tools contain information that you will need to accurately respond to the Survey questions.
- Join Leapfrog's NHSN Group.** Joining Leapfrog's NHSN Group for ASCs is one of two options for authenticating your facility for the purposes of requesting a security code to access to Online ASC Survey Tool. Additionally, Ambulatory Surgical Centers (ASCs) are required to join Leapfrog's NHSN Group (The Leapfrog Group – ASCs Group ID: 57193) in order for Leapfrog to pull data that we collect in Section 4B: NHSN Outpatient Procedure Component Module. Download the instructions and review information about deadlines on the [Join NHSN Group webpage](#).
- Identify individuals from your ASC to help you** gather the data you will need to complete the various sections of the Survey.
- Complete a hard copy of the Survey before you log in to the Online ASC Survey Tool.** This will expedite the online completion and help to avoid the Online ASC Survey Tool from "timing out" after 20 minutes of idle time (a security precaution). Once all of the information has been collected and recorded in the hard copy of the Survey, the Administrator or his/her designee can typically complete the Survey online in less than 60 minutes from the hard copy record. Please note, responses can only be submitted using the Online ASC Survey Tool.
- Download and review a copy of the Quick Start Guide** on the [Get Started webpage](#). This document includes important instructions on how to navigate the Online ASC Survey Tool.
- Check Survey deadlines.** Carefully review Survey [deadlines](#) before you begin (Leapfrog has made updates for the 2020 Survey Cycle as part of our [COVID-19 response](#)). Ensure that you have enough time to collect the data, complete a hard copy of the Survey, and complete and submit via the Online ASC Survey Tool. Make sure you have joined Leapfrog's NHSN Group by the appropriate [deadline](#).
- Download and review the 2020 Leapfrog ASC Survey [Scoring Algorithms](#).**
- Review Leapfrog's policies and procedures regarding data accuracy.** Detailed information can be found on the [Data Accuracy webpage](#).

Leapfrog ASC Survey Binder

The Leapfrog ASC Survey Binder was developed to assist facilities that have been selected for On-Site Data Verification.

However, all facilities can utilize the binder to assist in organizing the documentation used to complete the Survey. Download a copy of the binder on the [Survey Materials webpage](#).

Instructions for Submitting a Leapfrog ASC Survey

Important Notes:

Note 1: Please carefully review these instructions and the [Quick Start Guide](#) before you begin.

Note 2: Each section of the Survey must be completed before it can be affirmed in the Online ASC Survey Tool. Only sections that are affirmed can be submitted. Facilities are responsible for ensuring that each submitted section is accurate.

Note 3: Facilities should review and confirm in the Profile Section that they perform one or more of the procedures currently included on the Leapfrog ASC Survey. Facilities that do not perform one of the included procedures should complete the Profile Section but should not complete a 2020 Survey. Facilities should contact the [Help Desk](#) with questions.

- 1) Log into the [Survey Dashboard](#) using your 16-digit security code.
- 2) The first time you log into the 2020 Leapfrog ASC Survey, you will need to complete and save your facility's Profile. The Profile includes demographic and contact information. The Profile should be updated throughout the year if any information changes. **Failure to maintain current contact information could result in important, time-sensitive information being sent to the wrong person.**
- 3) Once the Profile has been completed and saved, you will be taken to the Survey Dashboard.
- 4) You can navigate to sections of the Online ASC Survey Tool using the links on the Survey Dashboard. More information about navigating within the Online ASC Survey Tool is available in the [Quick Start Guide](#).
- 5) Enter responses to each section. The Online ASC Survey Tool will automatically save your responses as you enter them. There is no 'save' button.
- 6) Once you have completed each section of the Online ASC Survey Tool, you will need to return to the Survey Dashboard to affirm each section of the Survey.
- 7) Before you are able to select the "submit affirmed sections" button on the Survey Dashboard, you will need to "check for data review warnings." When you select the "check for data review warnings" button, the sections of your Survey that have been affirmed will be scanned for potential reporting errors. If any errors are identified, a data review warning message will be generated and will appear on the Survey Dashboard.
- 8) If any [data review warnings](#) are generated, you will still be able to submit your Survey. However, you will need to address the potential reporting errors identified during the scan or risk having related sections of your Survey decertified.
- 9) Once you have checked for data review warnings, you can select the "submit affirmed sections" button. Remember that all five sections of the Survey must be completed and affirmed before you can submit the Survey.
- 10) Use the "Print Last Submitted Survey" button on the Survey Dashboard to print a copy of your submitted Survey and review it for accuracy and completeness.
- 11) Review the 2020 Leapfrog ASC Survey [Scoring Algorithms](#) to see how your Survey responses will be scored and publicly reported by Leapfrog.
- 12) Review your Survey Results on the ASC Details Page and on public reporting website. Generally, facilities that submit by June 30 are able to preview their Survey Results on the [ASC Details Page](#) beginning on July 12, before Leapfrog [publicly reports](#) Survey Results beginning on July 25. As

part of Leapfrog's [COVID-19 response](#), however, the Submission Deadline for the 2020 Leapfrog ASC Survey is **August 31**, and Survey Results will be publicly reported **beginning in September**. After September, the ASC Details Page and public reporting website will be refreshed monthly within the first five (5) business days of each month following your (re)submission.

- 13) Leapfrog is committed to ensuring the accuracy of Leapfrog ASC Survey responses. Please review our data accuracy protocols on the [Data Accuracy webpage](#).
- 14) Responses can be updated or corrected, and the Survey can be resubmitted at any point during the Survey Cycle (April 1 – December 31). Please remember that if you are making updates, all updated sections must be re-affirmed.

Verifying Survey Submission

Use the following tips to help verify that your submission was completed and that the appropriate sections were submitted:

- **Check the Survey Dashboard:** Refer to the “Section Status” column on the Survey Dashboard. All submitted sections will be marked as “Submitted.”
- **Check your email:** You will receive a survey submission confirmation email within five minutes of submitting a Survey. Please Note: This email will not specify what sections were submitted – you will need to use the other tips to determine which of the sections were submitted.
- **Print Last Submitted Survey:** The Survey submission date will be listed at the top of the page under “Submitted Survey.” Be sure to check the submission date, review each section for accuracy and completeness, and check that each affirmation is complete (Sections 1-5).
- **Review the ASC Details Page:** Your Survey Results will be available in September on the ASC Details Page link on the [ASC Survey Dashboard](#). Carefully review your results.
- **Check your publicly reported results:** Always check your Leapfrog ASC Survey Results on the [public website](#). Results are posted within the first 5 business days of the month following your submission starting in September.

Updating or Correcting a Previously Submitted Survey

Facilities have the opportunity to update or correct previously submitted Survey responses at any point during the Survey Cycle (April 1 – December 31). Please review the [Survey Deadlines webpage](#). Most updates or corrections are made:

- At the request of Leapfrog:
 - Following Leapfrog's Extensive Monthly Data Verification, the Primary Survey Contact, Secondary Survey Contact, and Affiliation or Management Company Survey Contact will receive an email from the Help Desk detailing potential reporting errors
- Following On-Site Data Verification:
 - Facilities selected for On-Site Data Verification will receive a findings report at the end of the scheduled visit that will indicate any responses that need to be updated or corrected. Please note that Leapfrog has suspended On-Site Data Verification of 2020 Leapfrog ASC Survey Results as part of our [COVID-19 response](#). All other verification protocols will continue.
- At the discretion of the ASC:
 - To correct a data entry or reporting error
 - To reflect a change in status or performance on a measure (e.g., stopped performing a procedure or implemented a new policy)

- To provide more current responses based on the reporting periods outlined in the hard copy of the Survey

Updating a Survey after Receiving a Help Desk Email or Following On-Site Data Verification

Leapfrog conducts [Extensive Monthly Data Verification](#) of responses submitted to the Leapfrog ASC Survey starting with Surveys submitted by the August 31 (updated from June 30, 2020 as part of Leapfrog's [COVID-19 response](#)) and monthly thereafter until the Online ASC Survey Tool is taken offline on January 31. Following the Extensive Monthly Data Verification, the **Primary Survey Contact, Secondary Survey Contact, and the Affiliation or Management Company Contact** are notified by email of any Survey responses that need to be reviewed and/or updated by the facility.

If you receive a Data Verification email, you are required to document that your original responses were correct or update/correct your previously submitted Leapfrog ASC Survey by the end of the month using the **original** reporting period that was used for that section of the Survey for the original submission. For example, if a facility submitted a Survey for the first time on August 20, 2020 and then received a Data Verification email in September, they would update their responses based on the reporting period used in the August 20, 2020 submission.

Facilities that receive a [Category A](#) Data Verification message at the beginning of the month for any measure will have until the end of that same month to contact the [Help Desk](#) to either (1) document that the original response was correct or (2) correct the data entry or reporting error, or they will be publicly reported as "Pending Leapfrog Verification" for that measure. This term is used to indicate that the facility has self-reported Survey responses that are under further review by Leapfrog.

If any Category A Data Verification messages are not resolved by January 31 (when the Online ASC Survey Tool is taken offline), the entire section in which the flagged responses were included will be decertified and all measures within the section will be publicly reported as "Declined to Respond."

Facilities that are selected for On-Site Data Verification will receive a findings report following the scheduled visit. If the findings report details any responses that need to be updated or corrected, please contact the [Help Desk](#). Please note that Leapfrog has suspended On-Site Data Verification of 2020 Leapfrog ASC Survey Results as part of our [COVID-19 response](#). All other verification protocols will continue.

Making General Updates to the Survey (for ASCs that have not received a Help Desk Email)

Leapfrog offers facilities multiple reporting periods so that facilities have the opportunity to report the most current data. Updating a Survey is optional. However, we do recommend that if your performance or if a structure has changed significantly, you update your Survey within 30 days. In addition, facilities should update their Surveys if they become aware of any reporting errors or data inaccuracies in their previous submission.

Facilities may update one or more sections of the Survey, without updating the entire Survey.

General updates and corrections can be made at any point during the Survey Cycle (April 1 – December 30). The month of January is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission

Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

ASCs that are submitting general updates should:

- Use the stated [reporting period](#) at the top of each section selected based on the date of your resubmission.
- Update responses to ALL questions within the section they wish to update using the same reporting period. For example, if an ASC submitted a Survey for the first time in June and then wanted to update the responses for the Volume of Procedures questions in sub-section 3A in November, you would update the entire Section 3 Volume and Safety of Procedures Section based on the updated reporting period for November.

For information on Leapfrog's automatic updates to Section 4B NHSN Outpatient Procedure Component Module, please review the [Join ASC NHSN Group webpage](#).

Quick Tip: Remember to re-affirm any section of the Survey that has been updated, and then resubmit the Survey. Print a copy of your Last Submitted Survey and review it for accuracy and completeness. Check your updated Survey Results within the first 5 business days of the month following your resubmission on the public website.

Deadlines

Deadlines for the 2020 Leapfrog ASC Survey

Please note that Leapfrog has made updates to the deadlines for the 2020 Survey Cycle as part of our [COVID-19 response](#). The 2020 Leapfrog ASC Survey opens on April 1 and has a Submission Deadline of **August 31, 2020**. The Late Submission Deadline is **December 31, 2020**. Surveys must be submitted before midnight Eastern Time on **December 31**.

Corrections to Surveys submitted by **December 31** must be submitted by the **January 31, 2020** Correction Deadline. The Online ASC Survey Tool will not be available after **January 31**. Find detailed information about the 2020 Leapfrog ASC Survey Deadlines on the Deadlines [webpage](#).

Deadlines to Join Leapfrog's NHSN Group

ASC reporting on Section 4B NHSN Outpatient Procedure Component Module are required to join Leapfrog's NHSN Group. More information, including instructions and important deadlines, is available on the Join NHSN Group [webpage](#).

Technical Assistance and Support

Help Desk

Leapfrog operates an online Help Desk to provide facilities with technical assistance and answers to content-related Survey questions. The Help Desk is staffed Monday-Friday from 9:00 am to 5:00 pm ET. Help Desk support staff typically respond to inquiries within 1-2 business days (see [Help Desk Holiday Schedule](#)), but we do ask that facilities plan ahead and allow ample time to fulfill Security Code requests and other urgent tickets before Survey deadlines.

ASCs can also submit feedback regarding the questions, measure specifications, and FAQs to the Help Desk.

To review the Help Desk holiday schedule, visit the [Get Help webpage](#).

Tickets can be submitted electronically at <https://leapfroghelpdesk.zendesk.com>. You will receive a confirmation email and response from support@leapfroghelpdesk.zendesk.com. **To ensure that you receive our emails, please:**

- 1) Add the @leapfrog-group.org and @leapfroghelpdesk.zendesk.com domains to your email's safe sender list
- 2) Whitelist the following IP addresses (these are the IP addresses for our database that other emails are sent from):
 - i. 67.212.170.242
 - ii. 67.212.170.243
 - iii. 67.212.170.244

Technical Assistance Calls

Leapfrog hosts free monthly 30-minute Technical Assistance Calls for ASCs beginning in April. These calls include a brief 10 minute presentation/live demonstration of a technical topic, such as navigating the Online ASC Survey Tool, and conclude with 20 minutes of Q&A where ASCs can field their questions to a member of Leapfrog's Ratings Team.

For more information and to register, please visit the [Technical Assistance Calls webpage](#).

Reporting Periods

Important Note: The reporting periods listed below should be selected based on the date of your Survey submission. If no reporting period is listed, you should respond to the questions in that section based on the current structure or process your facility has in place at the time of the Survey submission.

	Survey Submitted <u>Prior to</u> September 1	Survey (Re)Submitted <u>On or</u> <u>After</u> September 1
Survey Section/ Measure	Reporting Period	Reporting Period
1 Basic Facility Information	12 months ending 12/31/2019	Optional: 12 months ending 06/30/2020
2 Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
3A Volume of Procedures	12 months ending 12/31/2019	Optional: 12 months ending 06/30/2020
3B Patient Follow-up	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
3C Patient Selection and Consent to Treat	N/A	N/A
3D Safe Surgery Checklist	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
4A Medication and Allergy Documentation	12 months ending 12/31/2019	Optional: 12 months ending 06/30/2020
4A Antimicrobial Stewardship Practices	N/A	N/A
4A Opioid Prescribing	N/A	N/A
4B NHSN Outpatient Procedure Component Module	12 months ending 12/31/2019*	Optional: 12 months ending 06/30/2020*
4C Hand Hygiene	N/A	N/A
4D National Quality Forum (NQF) Safe Practices	Latest 24 or 36 months prior to Survey submission (see individual Safe Practice for specific reporting period)	Latest 24 or 36 months prior to Survey submission (see individual Safe Practice for specific reporting period)
4E Never Events Policy	N/A	N/A
5 Patient Experience (OAS CAHPS)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission

*Facilities reporting on Section 4B NHSN Outpatient Procedure Component Module are required to join Leapfrog's NHSN Group for ASCs. More information, including important deadlines, is available on the [Join ASC NHSN Group webpage](#). Leapfrog will download data 4 times per Survey Cycle for all current members of our NHSN Group for ASCs that have provided an accurate NHSN ID in the Profile and submitted a 2020 Leapfrog ASC Survey.

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PROFILE

Facilities must first complete and submit a Profile on the Survey Dashboard before accessing the Online ASC Survey Tool for the first time. The Profile is available year-round and should be updated as necessary.

Profile

The Profile asks you to provide certain demographic and contact information. The Profile can be accessed and updated anytime throughout the year by logging into the Survey Dashboard with your facility's security code.

The Profile must be completed and submitted before you can access the Online ASC Survey Tool.

Profile

Important Notes:

Note 1: Leapfrog uses an administration system that links contacts shared by facilities (i.e. Administrators, Survey Contacts, etc.). Only one phone number and email address will be maintained for each contact, meaning that if this shared contact's information is updated in one facility's Profile, it will be updated for all facilities associated with the contact.

Note 2: The Primary Contact, Secondary Contact, and Network Contact will be notified at the beginning of each month if Leapfrog finds any error in your Survey that needs to be corrected.

Facility Information

Facility Name	CMS Certification Number (CCN)¹ If the CCN displayed in the Online ASC Survey Tool is not correct, contact the Leapfrog Help Desk immediately.
	Does your facility share this CCN with another facility?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	NHSN ID²
	Federal Tax Identification Number (TIN)³
	National Provider Identifier (NPI)⁴ If the NPI displayed in the Online ASC Survey Tool is not correct, contact the Leapfrog Help Desk immediately.
	Does your facility share this NPI with another facility?
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

Demographic Information

Physical Address	Mailing Address (used to send important communications)
Street Address	Street Address or P.O. Box
City	City
State	State
Zip Code	Zip Code
Zip Code Suffix	Zip Code Suffix
Main Phone Number	
Facility Website Address⁵	

Contact Information

Administrator	Chairperson of the Board
First Name	First Name
Last Name	Last Name
Title	
Email Address	

Primary Contact	Secondary Contact
First Name	First Name
Last Name	Last Name
Title	Title
Phone Number	Phone Number
Phone Number Extension	Phone Number Extension
Email Address	Email Address

Public Relations Contact
First Name
Last Name
Phone Number
Phone Number Extension
Email Address

Affiliation or Management Company Information

<p>Is your facility affiliated with a hospital or management company⁶?</p> <p>If so, and you would like to designate a contact who may be organizing Survey submissions for several facilities, select “yes” and complete the fields below.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If ‘yes’, provide contact information.</p>	<p>Affiliation/Management Company Public Relations Contact First Name</p>
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Name of the Affiliation/ Management Company	Affiliation/Management Company Public Relations Contact Last Name
Affiliation/Management Company Contact First Name	Affiliation/Management Company Public Relations Contact Phone Number
Affiliation/Management Company Contact Last Name	Affiliation/Management Company Public Relations Contact Phone Number Extension
Affiliation/Management Company Contact Email Address	Affiliation/Management Company Public Relations Contact Email Address
Additional Contact Information Please provide the email address for your facility's general inbox (e.g., info@facility.com).	

Opt-Out Opt-out of having information in the "Contact Information" subsection shared with third parties.	<input type="checkbox"/> Opt-out
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Eligibility

<p>Does your facility currently perform procedures in one or more of the following specialties?</p> <p>Gastroenterology General Surgery Ophthalmology Orthopedics Otolaryngology Urology Dermatology Neurological Surgery Obstetrics and Gynecology Plastic and Reconstructive Surgery</p>	<p>If 'no,' which specialties are performed at your facility?</p> <p>Information provided here will inform future versions of the Leapfrog ASC Survey.</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If 'no,' then your facility should not complete the 2020 Leapfrog ASC Survey. After completing and submitting the Profile, contact the Help Desk with any questions.</i></p>	<p><input type="checkbox"/> Cardiothoracic Surgery <input type="checkbox"/> Oral and Maxillofacial Surgery <input type="checkbox"/> Vascular Surgery <input type="checkbox"/> Podiatry <input type="checkbox"/> Other <input type="checkbox"/> If 'other,' which specialty? _____</p>

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SECTION 1: BASIC FACILITY INFORMATION

This section includes questions and reference information for Section 1: Basic Facility Information. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

Section 1: Basic Facility Location

Section 1 includes questions about your facility's operating and procedure rooms, adult and pediatric patient discharges, teaching status, ownership, accreditation, and transfer policies.

This information will not be scored but will be used in public reporting in 2020.

1: Basic Facility Information

Important Notes:

Note 1: Information from Section 1 will not be scored, but will publicly reported (e.g., Leapfrog may display the number of operating and/or procedure rooms on individual ASC Summary Pages).

Reporting Time Period: 12 months

- 01/01/2019 – 12/31/2019
- Optional - Surveys (re)submitted on or after September 1: 07/01/2019 – 06/30/2020

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

1) 12-month reporting time period used:	<input type="checkbox"/> 01/01/2019 – 12/31/2019 <input type="checkbox"/> 07/01/2019 – 06/30/2020
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General Information

2) Total number of operating rooms ⁷ .	_____
3) Total number of endoscopic procedure rooms ⁸ .	_____
4) Total number of adult patient discharges from your facility during the reporting period.	_____
5) Total number of pediatric patient discharges (17 years of age and younger) from your facility during the reporting period.	_____
6) Does your facility have a formal teaching agreement with a training institution (e.g., academic medical center)?	Yes No
7) Which best describes your facility's ownership status? <i>Select one.</i>	Single Physician Owner Multiple Physician Owner Management Company Hospital Owner Physician and Management Company Joint Venture Physician and Hospital Joint Venture

	Physician and Management Company and Hospital Joint Venture Management Company and Hospital Joint Venture Government Other
8) If your facility is wholly or in part owned by physician(s), does the facility have a written policy to ensure disclosure of potential conflicts of interest?	Yes No <i>Not wholly or in part owned by physician(s)</i>

Accreditation

9) Is your facility nationally accredited by one of the following organizations? <i>Select one.</i>	The Accreditation Association for Ambulatory Health Care (AAAHC) The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) Healthcare Facilities Accreditation Program (HFAP) Institute for Medical Quality (IMQ) The Joint Commission (TJC) Not nationally accredited Other _____
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Transfer Policies and Agreements

10) Does your facility have a written transfer agreement ⁹ with a pediatric or general acute care hospital for patients who require a higher level of care?	Yes No
11) Whether or not your facility has a written transfer agreement in place for patients who require a higher level of care, does your facility have a written transfer policy ¹⁰ for emergent transfers,	<input type="checkbox"/> Patient is transferred to the nearest hospital

<p>when there is an immediate threat to life or limb, that includes the following components:</p> <p><i>Select all that apply or "none of the above or no written transfer policy."</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Receiving facility must have an ED and/or ICU <input type="checkbox"/> Patient must be transferred within an established period of time <input type="checkbox"/> Patient's medication information must be transferred within an established period of time <input type="checkbox"/> None of the above or no written transfer policy
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Affirmation of Accuracy

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Basic Facility Information Section at our ASC, and I hereby certify that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this certification on behalf of our ASC.

The ASC and I understand that The Leapfrog Group, its members, the public and entities and persons who contract or have other business dealings with The Leapfrog Group are relying on the truth and accuracy of this information. The ASC and I also understand that The Leapfrog Group will make this information and/or analyses of this information public through the Survey Results public reporting website and/or other Leapfrog Group products and services. This information and/or analyses and all intellectual property rights therein shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. This information does not infringe upon any third-party intellectual property rights or any other third-party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may use this information in a commercial manner for profit. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract or have other business dealings with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by _____, the ASC's _____,
(First Name, Last Name) (Title)

On _____.
(Date)

Section 1: Basic Facility Information Reference Information

What's New in the 2020 Survey

No substantial changes have been made to Section 1 on the 2020 Leapfrog ASC Survey.

Information from Section 1 will not be scored, but will be used in public reporting (e.g., Leapfrog will display the number of operating and/or procedure rooms on individual ASC Summary Pages).

Change Summary Since Release

None. If substantive changes are made to this section of the Survey after release on April 1, 2020, they will be documented in this Change Summary section.

Basic Facility Information Frequently Asked Questions (FAQs)

1) How does Leapfrog define an academic medical center?

Leapfrog aligns with The Joint Commission's (TJC) definition of an Academic Medical Center, which states:

"An Academic Medical Center is a tertiary care hospital that is organizationally and administratively integrated with a medical school. The hospital is the principal site for the education of both medical students and postgraduate medical trainees from the affiliated medical school; it conducts medical, academic, and/or commercial human subjects research under multiple approved protocols involving patients of the hospital." This definition and more information may be found here:

<https://www.jointcommissioninternational.org/en/accreditation/accreditation-programs/academic-medical-center/>.

2) Why is Leapfrog still asking about written transfer agreements when they are no longer a CMS requirement for ASCs?

While CMS establishes minimum requirements for the purposes of participation in the Medicare Program, Leapfrog aims to establish national standards that help healthcare consumers identify the safest places to receive care. Healthcare consumers want information on what would happen in the case of an emergency.

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SECTION 2: MEDICAL, SURGICAL, AND CLINICAL STAFF

This section includes questions and reference information for Section 2: Medical, Surgical, and Clinical Staff. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

Section 2: Medical, Surgical, and Clinical Staff

Outpatient Procedures Factsheet and Bibliography:

<https://ratings.leapfroggroup.org/measure/asc/2020-asc-survey-measures>

Section 2 includes questions about your facility's medical, surgical, and clinical staff, including certification maintenance.

Information regarding certified staff present when patients are recovering from Section 2 (questions #1-6) will be scored, and results will be publicly reported.

Information regarding board certification for clinicians (questions #7-8) will not be scored but will be publicly reported (e.g., Leapfrog will display the percentage of board certified/board eligible physicians and certified registered nurse anesthetists on individual ASC Summary Pages).

Each facility achieving the standard for Medical, Surgical, and Clinical Staff:

- 1) For adult patients:
 - a. Has an ACLS certified clinician, plus a second clinician, present at all times and immediately available in the building while adult patients are present in the facility; and
 - b. Has a physician or CRNA is present at all times and immediately available in the building until all adult patients are physically discharged from the facility
- 2) For pediatric patients:
 - a. Has a PALS certified clinician, plus a second clinician, present at all times and immediately available in the building while pediatric patients are present in the facility; and
 - b. Has a physician or CRNA is present at all times and immediately available in the building until all pediatric patients are physically discharged from the facility

2: Medical, Surgical, and Clinical Staff

Important Notes:

Note 1: Information regarding certified staff present when patients are recovering from Section 2 (questions #1-6) will be scored, and results will be publicly reported.

Note 2: Information regarding board certification for clinicians (questions #7-8) will not be scored, but will be publicly reported (e.g., Leapfrog will display the percentage of board certified/board eligible physicians and certified registered nurse anesthetists on individual ASC Summary Pages).

Reporting Time Period: Answer questions #1-8 based on the staffing structure currently in place at the time that you submit this section of the Survey. The staffing structure should have been in place for at least the past 3 months and reflect the ordinary staffing structure for the facility.

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

<p>1) Is there an Advanced Cardiovascular Life Support (ACLS) trained clinician¹¹, as well as a second clinician¹¹ (regardless of ACLS training), present at all times and immediately available in the building while an adult patient is present in the facility?</p> <p><i>If “no” to question #1, skip question #2 and continue on to question #3. If “not applicable; pediatric patients only,” skip questions #2-3 and continue on to question #4.</i></p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p> <p style="text-align: center;"><i>Not applicable; pediatric patients only</i></p>
<p>2) Which of the following medical, surgical, and clinical staff are required by the facility to maintain ACLS certification?</p> <p><i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Anesthesiologists <input type="checkbox"/> Certified Registered Nurse Anesthetists (CRNAs) <input type="checkbox"/> Physicians <input type="checkbox"/> Nurses (RN or MSN) <input type="checkbox"/> Physician Assistants (PAs) <input type="checkbox"/> Nurse Practitioners (NPs) <input type="checkbox"/> Surgical Technicians <input type="checkbox"/> First Assists
<p>3) Is there a physician or CRNA present at all times and immediately available in the building until all adult patients are physically discharged from the facility?</p> <p><i>Facilities that have a physician or CRNA serving as their ACLS trained clinician in question #2 may respond “yes” to question #3 if the physician/CRNA is present until all adult patients are physically discharged from the facility.</i></p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>

<p>4) Is there a Pediatric Advanced Life Support (PALS) trained clinician¹¹, as well as a second clinician¹¹(regardless of PALS training), present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility?</p> <p><i>If “no” to question #4, skip question #5 and continue on to question #6. If “not applicable; adult patients only,” skip questions #5-6 and continue on to question #7.</i></p>	<p>Yes</p> <p>No</p> <p><i>Not applicable; adult patients only</i></p>
<p>5) Which of the following medical, surgical, and clinical staff are required by the facility to maintain PALS certification?</p> <p><i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Anesthesiologists <input type="checkbox"/> Certified Registered Nurse Anesthetists (CRNAs) <input type="checkbox"/> Physicians <input type="checkbox"/> Nurses (RN or MSN) <input type="checkbox"/> Physician Assistants (PAs) <input type="checkbox"/> Nurse Practitioners (NPs) <input type="checkbox"/> Surgical Technicians <input type="checkbox"/> First Assists
<p>6) Is there a physician or CRNA present at all times and immediately available in the building until all pediatric patients (infant through 12 years) are physically discharged from the facility?</p> <p><i>Facilities that have a physician or CRNA serving as their PALS trained clinician in question #5 may respond “yes” to question #6 if the physician/CRNA is present until all pediatric patients are physically discharged from the facility.</i></p>	<p>Yes</p> <p>No</p>
<p>7) To help ensure that patients are cared for by adequately trained physicians, are those physicians who are authorized to perform procedures at your facility board certified or board eligible?</p>	<p><i>All are board certified or board eligible (100%)</i></p> <p><i>Most are board certified or board eligible (>=75%)</i></p> <p><i>Some are board certified or board eligible (>=50%)</i></p> <p><i>Few are board certified or board eligible (<50%)</i></p> <p><i>None are board certified or board eligible</i></p>
<p>8) To help ensure that patients are cared for by adequately trained anesthesiologists and/or certified registered nurse anesthetists, are those providing anesthesia at your facility board certified or board eligible?</p>	<p><i>All are board certified or board eligible (100%)</i></p>

	<p><i>Most are board certified or board eligible ($\geq 75\%$)</i></p> <p><i>Some are board certified or board eligible ($\geq 50\%$)</i></p> <p><i>Few are board certified or board eligible ($< 50\%$)</i></p> <p><i>None are board certified or board eligible</i></p>
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Affirmation of Accuracy

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Medical, Surgical, and Clinical Staff Section at our ASC, and I hereby certify that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this certification on behalf of our ASC.

The ASC and I understand that The Leapfrog Group, its members, the public and entities and persons who contract or have other business dealings with The Leapfrog Group are relying on the truth and accuracy of this information. The ASC and I also understand that The Leapfrog Group will make this information and/or analyses of this information public through the Survey Results public reporting website and/or other Leapfrog Group products and services. This information and/or analyses and all intellectual property rights therein shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. This information does not infringe upon any third-party intellectual property rights or any other third-party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may use this information in a commercial manner for profit. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract or have other business dealings with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by _____, the ASC's _____,
(First Name, Last Name) (Title)

On _____.
(Date)

Section 2: Medical, Surgical, and Clinical Staff Reference Information

What's New in the 2020 Survey

In addition to refining the questions regarding the presence of ACLS and PALS trained clinicians while patients are present in the facility, Leapfrog added questions to Section 2 to assess whether a physician or CRNA is present at all times and immediately available in the facility until all adult and pediatric patients are physically discharged. Facilities that have a physician or CRNA serving as their ACLS or PALS trained clinician are not required to have a third clinician present until all adult and pediatric patients are physically discharged from the facility.

The questions regarding the presence of an ACLS/PALS trained clinician, as well as a physician or CRNA, in the facility will be scored and publicly reported in 2020.

In addition, Leapfrog will continue to ask questions to assess the proportion of physicians and certified registered nurse anesthetists who are board certified or board eligible. This information will not be scored but will be used in public reporting.

2020 Scoring Algorithms may be reviewed [here](#).

Change Summary Since Release

None. If substantive changes are made to this section of the Survey after release on April 1, 2020, they will be documented in this Change Summary section.

Medical, Surgical, and Clinical Staff Frequently Asked Questions (FAQs)

1) How does Leapfrog define “immediately available” as it pertains to ACLS and/or PALS trained clinicians?

“Immediately available” is defined as being physically present in the facility and not engaged in an activity or procedure that cannot be interrupted if hand-on intervention is needed for a patient.

2) If a pediatric ASC has clinicians trained in PALS, but a small percentage of the patient population is over 12, should these clinicians also have ACLS training or would the PALS training be sufficient?

If your facility is performing procedures on both adult and pediatric patients, there should be at least one clinician with ACLS training when adult patients (13 years and older) are recovering and one clinician with PALS training when pediatric patients (infant to 12 years) are recovering. This could mean that some clinicians maintain both certifications or some maintain ACLS and others maintain PALS.

3) In Section 2 questions #1-2 and #4-5, what staff should be included when reviewing ACLS/PALS certification?

Questions #1-2 and questions #4-5 refer to the staff that are present and immediately available when patients are recovering from the outpatient procedures specified in Section 3A Volume of Procedures are in the facility. In questions #2 and #5, you should select the types of staff that are required to maintain ACLS/PALS certification and that are present and immediately available in the building when patients are present in the facility, even if all staff of that type (i.e. staff that do not care for recovering patients) are not required to be ACLS/PALS certified. The intent of these questions is to ensure that there is an ACLS/PALS certified clinician present on-site (and one additional clinician to assist) in the event a patient in recovery needs a lifesaving intervention.

4) How does Leapfrog define board certified and board eligible?

For physicians:

- **Board certified** means that the physician has been awarded certification from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA).
- **Board eligible** indicates that the physician has completed their initial training/ fellowship but has not yet passed an existing board-certifying exam in a specialty. Leapfrog adheres to the ABMS and AOA Board Eligibility Policies for all specialties, which may be reviewed here: <https://www.abms.org/media/176507/abms-board-eligibility-overview-and-faqs-abmsorg-20180511.pdf> and <https://certification.osteopathic.org/about/>, respectively. These eligibility periods provide the physician with an adequate window to take her/his boards and re-take if necessary.

For CRNAs:

- **Board certified** means that the RN has been awarded certification from The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).

Section 2 question #8 is only referring to CRNAs that are board certified, as board eligible CRNAs are not licensed and are not yet able to provide clinical care in facilities.

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SECTION 3: VOLUME AND SAFETY OF PROCEDURES

This section includes questions and reference information for Section 3: Volume and Safety of Procedures. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

Section 3: Volume and Safety of Procedures

Outpatient Procedures Factsheet and Bibliography:

<https://ratings.leapfroggroup.org/measure/asc/2020-asc-survey-measures>

Section 3 includes questions about your facility's volumes of adult and pediatric procedures, registry participation, patient follow-up, patient selection and consent to treat, and use of a safe surgery checklist.

Procedure Volume information from Section 3A will not be scored but will be publicly reported. Information from Section 3A regarding registry participation and information from Section 3B Patient Follow-up will not be scored or publicly reported.

Information from Section 3C Patient Section (questions #1-4) will not be scored, but will be publicly reported (e.g., Leapfrog will display the components of a facility's patient screening tool on individual ASC Summary Pages). Information from Section 3C Patient Consent to Treat (questions #5-6) will not be scored but will be publicly reported alongside information about procedure volume.

Each facility achieving the Safe Surgery Checklist standard:

- 1) Uses a safe surgery checklist on **all** patients undergoing an applicable procedure (reported on in Section 3A); and
- 2) Has documented that **all** safe surgery checklist elements listed were completed for each patient.

3A: Volume of Procedures

Important Notes:

Note 1: Information from Section 3A regarding the volumes of procedures will not be scored but will be used in public reporting to inform purchasers and consumers about the facility’s experience with the procedure. Additionally, this information will be used to facilitate the search functionality on Leapfrog’s public reporting website (e.g., allowing users to search for facilities that perform the procedure they need).

Note 2: Information from Section 3A regarding registry participation will not be scored or publicly reported.

Specifications: See [Volume of Procedures Measure Specifications](#) in the Reference Information on pages 64-71.

Reporting Time Period: 12 months

- 01/01/2019 – 12/31/2019
- Optional - Surveys (re)submitted on or after September 1: 07/01/2019 – 06/30/2020

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

1) 12-month reporting time period used:	<input type="checkbox"/> 01/01/2019 – 12/31/2019 <input type="checkbox"/> 07/01/2019 – 06/30/2020
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2) During the reporting period, were one or more of the following gastroenterology procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients: <ul style="list-style-type: none"> • Upper GI endoscopy • Other upper GI procedures • Small intestine and stomal endoscopy • Lower GI endoscopy <p><i>If “no” or “yes, but no longer performs these procedures,” skip questions #12-14 below.</i></p>	Yes <i>Yes, but no longer performs these procedures</i> No
3) During the reporting period, were one or more of the following general surgery procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients: <ul style="list-style-type: none"> • Cholecystectomy and common duct exploration • Excision of skin lesion • Hemorrhoid procedures • Inguinal and femoral hernia repair • Other hernia repair • Laparoscopy • Lumpectomy or quadrantectomy of breast 	Yes <i>Yes, but no longer performs these procedures</i> No

<ul style="list-style-type: none"> • Mastectomy • Skin graft <p><i>If “no” or “yes, but no longer performs these procedures,” skip questions #15-17 below.</i></p>	
<p>4) During the reporting period, were one or more of the following ophthalmology procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> • Anterior segment eye procedures • Posterior segment eye procedures <p><i>If “no” or “yes, but no longer performs these procedures,” skip questions #18-20 below.</i></p>	<p style="text-align: center;">Yes Yes, but no longer performs these procedures No</p>
<p>5) During the reporting period, were one or more of the following orthopedic procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> • Finger, hand, wrist, forearm, and elbow procedures • Shoulder procedures • Spine procedures • Hip procedures • Knee procedures • Toe, foot, ankle, and leg procedures • General orthopedic procedures <p><i>If “no” or “yes, but no longer performs these procedures,” skip questions #21-23 below.</i></p>	<p style="text-align: center;">Yes Yes, but no longer performs these procedures No</p>
<p>6) During the reporting period, were one or more of the following otolaryngology procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> • Ear procedures • Mouth procedures • Nasal/sinus procedures • Pharynx/adenoid/tonsil procedures <p><i>If “no” or “yes, but no longer performs these procedures,” skip questions #24-26 below.</i></p>	<p style="text-align: center;">Yes Yes, but no longer performs these procedures No</p>
<p>7) During the reporting period, were one or more of the following urology procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> • Circumcision • Cystourethroscopy • Male genital procedures • Male sterilization procedures • Urethra procedures • Vaginal repair procedures 	<p style="text-align: center;">Yes Yes, but no longer performs these procedures No</p>

<p><i>If “no” or “yes, but no longer performs these procedures,” skip questions #27-29 below.</i></p>	
<p>8) During the reporting period, was the following dermatology procedure performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> • Complex skin repairs <p><i>If “no” or “yes, but no longer performs this procedure,” skip questions #30-32 below.</i></p>	<p style="text-align: center;">Yes Yes, but no longer performs this procedure No</p>
<p>9) During the reporting period, was the following neurological surgery procedure performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> • Spinal fusion procedures <p><i>If “no” or “yes, but no longer performs this procedure,” skip questions #33-35 below.</i></p>	<p style="text-align: center;">Yes Yes, but no longer performs this procedure No</p>
<p>10) During the reporting period, were one or more of the following obstetrics and gynecology procedures performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> • Cervix procedures • Hysteroscopy • Uterus and adnexa laparoscopies <p><i>If “no” or “yes, but no longer performs these procedures,” skip questions #36-38 below.</i></p>	<p style="text-align: center;">Yes Yes, but no longer performs these procedures No</p>
<p>11) During the reporting period, were one or more of the following plastic and reconstructive surgery procedures performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> • Breast repair or reconstruction • Musculoskeletal grafts or implants <p><i>If “no” or “yes, but no longer performs these procedures,” skip questions #39-41 below.</i></p>	<p style="text-align: center;">Yes Yes, but no longer performs these procedures No</p>

Gastroenterology

<p>12) Does your facility and/or the physicians performing the gastroenterology procedures in question #14, currently participate in a national clinical quality registry that provides physician, physician group, and/or facility-level benchmarking on quality measures?</p> <p><i>If “neither the facility nor physicians participate,” skip question #13 and continue on to question #14.</i></p>	<p style="text-align: center;">Yes, the facility participates Yes, physicians participate Both the facility and physicians participate Neither the facility nor physicians participate</p>
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13) What is the name of the national clinical quality registry?	_____	
14) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period. <i>You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for all procedures, go back to question #2 and update your response from "yes" to "no."</i>		
	(a) Adult Volume	(b) Pediatric Volume
Upper GI endoscopies	_____	_____
Other upper GI procedures	_____	_____
Small intestine and stomal endoscopies	_____	_____
Lower GI endoscopies	_____	_____

General Surgery

15) Does your facility and/or the physicians performing the general surgery procedures in question #17, currently participate in a national clinical quality registry that provides physician, physician group, and/or facility-level benchmarking on quality measures? <i>If "neither the facility nor physicians participate," skip question #16 and continue on to question #17.</i>	<p style="text-align: center;"> <i>Yes, the facility participates</i> <i>Yes, physicians participate</i> <i>Both the facility and physicians participate</i> <i>Neither the facility nor physicians participate</i> </p>	
16) What is the name of the national clinical quality registry?	_____	
17) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period. <i>You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for all procedures, go back to question #3 and update your response from "yes" to "no."</i>		
	(a) Adult Volume	(b) Pediatric Volume
Cholecystectomies and common duct explorations	_____	_____
Excisions of skin lesions	_____	_____
Hemorrhoid procedures	_____	_____
Inguinal and femoral hernia repairs	_____	_____
Other hernia repairs	_____	_____

Laparoscopies	_____	
Lumpectomies or quadrantectomy of breast procedures	_____	
Mastectomies	_____	
Skin grafts	_____	

Ophthalmology

<p>18) Does your facility and/or the physicians performing the ophthalmology procedures in question #20, currently participate in a national clinical quality registry that provides physician, physician group, and/or facility-level benchmarking on quality measures?</p> <p><i>If “neither the facility nor physicians participate,” skip question #19 and continue on to question #20.</i></p>	<p><i>Yes, the facility participates</i> <i>Yes, physicians participate</i> <i>Both the facility and physicians participate</i> <i>Neither the facility nor physicians participate</i></p>	
<p>19) What is the name of the national clinical quality registry?</p>	<p>_____</p>	
<p>20) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for all procedures, go back to question #4 and update your response from “yes” to “no.”</i></p>		
	(a) <i>Adult Volume</i>	(b) <i>Pediatric Volume</i>
Anterior segment eye procedures	_____	_____
Posterior segment eye procedures	_____	

Orthopedics

<p>21) Does your facility and/or the physicians performing the orthopedic procedures in question #23, currently participate in a national clinical quality registry that provides physician, physician group, and/or facility-level benchmarking on quality measures?</p> <p><i>If “neither the facility nor physicians participate,” skip question #22 and continue on to question #23.</i></p>	<p><i>Yes, the facility participates</i> <i>Yes, physicians participate</i> <i>Both the facility and physicians participate</i> <i>Neither the facility nor physicians participate</i></p>	
<p>22) What is the name of the national clinical quality registry?</p>	<p>_____</p>	
<p>23) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for all procedures, go back to question #5 and update your response from “yes” to “no.”</i></p>		
	<p>(a) Adult Volume</p>	<p>(b) Pediatric Volume</p>
<p>Finger, hand, wrist, forearm, and elbow procedures</p>	<p>_____</p>	<p>_____</p>
<p>Shoulder procedures</p>	<p>_____</p>	<p>_____</p>
<p>Spine procedures</p>	<p>_____</p>	<p>_____</p>
<p>Hip procedures</p>	<p>_____</p>	<p>_____</p>
<p>Knee procedures</p>	<p>_____</p>	<p>_____</p>
<p>Toe, foot, ankle, and leg procedures</p>	<p>_____</p>	<p>_____</p>
<p>General orthopedic procedures</p>	<p>_____</p>	<p>_____</p>

Otolaryngology

<p>24) Does your facility and/or the physicians performing the otolaryngology procedures in question #26, currently participate in a national clinical quality registry that provides physician, physician group, and/or facility-level benchmarking on quality measures?</p> <p><i>If “neither the facility nor physicians participate,” skip question #25 and continue on to question #26.</i></p>	<p><i>Yes, the facility participates</i> <i>Yes, physicians participate</i> <i>Both the facility and physicians participate</i> <i>Neither the facility nor physicians participate</i></p>	
<p>25) What is the name of the national clinical quality registry?</p>	<p>_____</p>	
<p>26) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for all procedures, go back to question #6 and update your response from “yes” to “no.”</i></p>		
	<p>(a) Adult Volume</p>	<p>(b) Pediatric Volume</p>
<p>Ear procedures</p>	<p>_____</p>	<p>_____</p>
<p>Mouth procedures</p>	<p>_____</p>	<p>_____</p>
<p>Nasal/sinus procedures</p>	<p>_____</p>	<p>_____</p>
<p>Pharynx/adenoid/tonsil procedures</p>	<p>_____</p>	<p>_____</p>

Urology

<p>27) Does your facility and/or the physicians performing the urology procedures in question #29, currently participate in a national clinical quality registry that provides physician, physician group, and/or facility-level benchmarking on quality measures?</p> <p><i>If “neither the facility nor physicians participate,” skip question #28 and continue on to question #29.</i></p>	<p><i>Yes, the facility participates</i> <i>Yes, physicians participate</i> <i>Both the facility and physicians participate</i> <i>Neither the facility nor physicians participate</i></p>	
<p>28) What is the name of the national clinical quality registry?</p>	<p>_____</p>	
<p>29) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for all procedures, go back to question #7 and update your response from “yes” to “no.”</i></p>		
	<p>(a) Adult Volume</p>	<p>(b) Pediatric Volume</p>
<p>Circumcisions</p>	<p>_____</p>	<p>_____</p>
<p>Cystourethroscopies</p>	<p>_____</p>	<p>_____</p>
<p>Male genital procedures</p>	<p>_____</p>	<p>_____</p>
<p>Male sterilization procedures</p>	<p>_____</p>	<p>_____</p>
<p>Urethra procedures</p>	<p>_____</p>	<p>_____</p>
<p>Vaginal repair procedures</p>	<p>_____</p>	<p>_____</p>

Dermatology

<p>30) Does your facility and/or the physicians performing the dermatology procedure in question #32, currently participate in a national clinical quality registry that provides physician, physician group, and/or facility-level benchmarking on quality measures?</p> <p><i>If “neither the facility nor physicians participate,” skip question #31 and continue on to question #32.</i></p>	<p><i>Yes, the facility participates</i> <i>Yes, physicians participate</i> <i>Both the facility and physicians participate</i> <i>Neither the facility nor physicians participate</i></p>	
<p>31) What is the name of the national clinical quality registry?</p>	<p>_____</p>	
<p>32) Total adult volume for the following procedure performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform the procedure listed below, go back to question #8 and update your response from “yes” to “no.”</i></p>		
	<p>(a) Adult Volume</p>	<p>(b) Pediatric Volume</p>
<p>Complex skin repairs</p>	<p>_____</p>	

Neurological Surgery

<p>33) Does your facility and/or the physicians performing the neurological surgery procedure in question #35, currently participate in a national clinical quality registry that provides physician, physician group, and/or facility-level benchmarking on quality measures?</p> <p><i>If “neither the facility nor physicians participate,” skip question #34 and continue on to question #35.</i></p>	<p><i>Yes, the facility participates</i> <i>Yes, physicians participate</i> <i>Both the facility and physicians participate</i> <i>Neither the facility nor physicians participate</i></p>	
<p>34) What is the name of the national clinical quality registry?</p>	<p>_____</p>	
<p>35) Total adult volume for the following procedure performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform the procedure listed below, go back to question #9 and update your response from “yes” to “no.”</i></p>		
	<p>(a) Adult Volume</p>	<p>(b) Pediatric Volume</p>
<p>Spinal fusion procedures</p>	<p>_____</p>	

Obstetrics and Gynecology

<p>36) Does your facility and/or the physicians performing the obstetrics and gynecology procedures in question #38, currently participate in a national clinical quality registry that provides physician, physician group, and/or facility-level benchmarking on quality measures?</p> <p><i>If “neither the facility nor physicians participate,” skip question #37 and continue on to question #38.</i></p>	<p><i>Yes, the facility participates</i> <i>Yes, physicians participate</i> <i>Both the facility and physicians participate</i> <i>Neither the facility nor physicians participate</i></p>	
<p>37) What is the name of the national clinical quality registry?</p>	<p>_____</p>	
<p>38) Total adult volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for all procedures, go back to question #10 and update your response from “yes” to “no.”</i></p>		
	<p>(a) Adult Volume</p>	<p>(b) Pediatric Volume</p>
<p>Cervix procedures</p>	<p>_____</p>	<p style="background-color: #cccccc;"></p>
<p>Hysteroscopies</p>	<p>_____</p>	<p style="background-color: #cccccc;"></p>
<p>Uterus and adnexa laparoscopies</p>	<p>_____</p>	<p style="background-color: #cccccc;"></p>

Plastic and Reconstructive Surgery

<p>39) Does your facility and/or the physicians performing the plastic and reconstructive surgery procedures in question #41, currently participate in a national clinical quality registry that provides physician, physician group, and/or facility-level benchmarking on quality measures?</p> <p><i>If “neither the facility nor physicians participate,” skip question #40 and continue on to question #41.</i></p>	<p><i>Yes, the facility participates</i> <i>Yes, physicians participate</i> <i>Both the facility and physicians participate</i> <i>Neither the facility nor physicians participate</i></p>	
<p>40) What is the name of the national clinical quality registry?</p>	<p>_____</p>	
<p>41) Total adult volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for all procedures, go back to question #11 and update your response from “yes” to “no.”</i></p>		
	<p>(a) Adult Volume</p>	<p>(b) Pediatric Volume</p>
<p>Breast repair or reconstructive procedures</p>	<p>_____</p>	<p style="background-color: #cccccc;"></p>
<p>Musculoskeletal graft or implant procedures</p>	<p>_____</p>	<p style="background-color: #cccccc;"></p>

3B: Patient Follow-up

Important Notes:

Note 1: Information from Section 3B will not be scored or publicly reported.

Reporting Time Period: 3 months

Answer questions #1-6 for the latest 3-month period prior to the submission of this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

<p>1) Does your facility have a process in place for facility staff to follow up with physicians who perform any one of the procedures in Section 3A to document complications (e.g., surgical site infections, excessive bleeding, ER admissions, return to OR, etc.) among those patients undergoing procedures within 30 days of discharge?</p> <p><i>If "no" or "does not document," skip questions #2-6 and continue on to the next subsection.</i></p>	<p style="text-align: center;">Yes No <i>Does Not Document</i></p>
<p>2) Where does your facility document patient complications?</p>	<p style="text-align: center;"><i>Paper Medical Record Electronic Health Record Both</i></p>
<p>3) When documenting complications among those patients undergoing the procedures listed in Section 3A within 30 days of discharge, what types of complications are included:</p> <p><i>Select all that apply or "none of the above." If "none of the above," skip question #4 and continue on to question #5.</i></p>	<p><input type="checkbox"/> Surgical site infections <input type="checkbox"/> Excessive bleeding <input type="checkbox"/> Wound dehiscence <input type="checkbox"/> Wound hematoma <input type="checkbox"/> Excessive pain <input type="checkbox"/> Other <input type="checkbox"/> None of the above</p>
<p>4) What percentage of patients undergoing any one of the procedures in Section 3A have a documented complication (listed in question #3) within 30 days of discharge?</p>	<p style="text-align: center;">< 5% > 5%, but < 10% > 10%, but < 25% > 25%</p>
<p>5) In addition to documenting complications among those patients undergoing the procedures listed in Section 3A, which of the following does your facility document within 30 days of discharge:</p> <p><i>Select all that apply or "none of the above." If "none of the above," skip question #6 and continue on to the next subsection.</i></p>	<p><input type="checkbox"/> ER admission <input type="checkbox"/> OR admission <input type="checkbox"/> Other hospital admission <input type="checkbox"/> Urgent care visit <input type="checkbox"/> Other <input type="checkbox"/> None of the above</p>

6) What percentage of patients undergoing any one of the procedures in Section 3A have a documented admission or clinical visit (listed in question #5) within 30 days of discharge?	<p>< 5%</p> <p>> 5%, <i>but</i> < 10%</p> <p>> 10%, <i>but</i> < 25%</p> <p>> 25%</p>
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3C: Patient Selection and Consent to Treat

Important Notes:

Note 1: Information from Section 3C Patient Section (questions #1-4) will not be scored, but will be publicly reported (e.g., Leapfrog will display the components of a facility’s patient screening tool on individual ASC Summary Pages).

Note 2: Information from Section 3C Consent to Treat (questions #5-6) will not be scored but will be publicly reported alongside information about procedure volume.

Reporting Time Period: Answer questions #1-6 based on the practices currently in place at the time you submit this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

Patient Selection

<p>1) Does your facility have a standard, written screening protocol to determine whether a patient’s procedure can safely be performed at the facility?</p> <p><i>If “no” to question #1, skip questions #2-4 and continue on to question #5.</i></p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>
<p>2) Which of the following components are included in your facility’s standard, written screening protocol:</p> <p><i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> History of difficult intubation <input type="checkbox"/> Difficult airway/aspiration risk <input type="checkbox"/> Body Mass Index (BMI) <input type="checkbox"/> American Society of Anesthesiologists (ASA) Physical Status Classification <input type="checkbox"/> Recent Medical History (within 30 days of scheduled procedure) <input type="checkbox"/> Cognitive Assessment <input type="checkbox"/> Sleep Apnea Assessment <input type="checkbox"/> Availability of transportation following discharge <input type="checkbox"/> Availability of a caregiver following discharge
<p>3) Who completes the standard, written screening protocol to determine whether a patient’s procedure can safely be performed at the facility?</p> <p><i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA) <input type="checkbox"/> Physician

	<input type="checkbox"/> Nurse (RN or MSN) <input type="checkbox"/> Physician Assistant (PA) <input type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Other
4) When patients are identified through your facility's screening protocol as high-risk, does an anesthesiologist, certified registered nurse anesthetist, or Medical Director complete an additional medical review to determine whether the patient's procedure can safely be performed at the facility?	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>

Patient Consent to Treat

5) To help ensure that patients and their families have adequate time to review and ask questions about written surgical consent materials, it's our facility's policy to provide these materials to patients:	<p style="text-align: center;"><i>At least 3 days prior</i></p> <p style="text-align: center;"><i>1-3 days prior</i></p> <p style="text-align: center;"><i>Same day</i></p> <p style="text-align: center;"><i>Not at all</i></p>
6) To help ensure that patients and their families have adequate time to review and ask questions about written anesthesia consent materials, it's our facility's policy to provide these materials to patients:	<p style="text-align: center;"><i>At least 3 days prior</i></p> <p style="text-align: center;"><i>1-3 days prior</i></p> <p style="text-align: center;"><i>Same day</i></p> <p style="text-align: center;"><i>Not at all</i></p>

3D: Safe Surgery Checklist

Important Notes:

Note 1: The elements required for each stage of the safe surgery checklist in the questions below are adapted from the [WHO Surgical Safety Checklist](#) and the [AHRQ Endoscopy Checklist](#).

Note 2: Information from Section 3D will be scored, and results will be publicly reported.

Reporting Time Period: 3 months

Answer questions #1-8 for the latest 3-month period prior to submission of this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

1) What is the latest 3-month reporting period for which your facility is submitting responses to this section? 3-month reporting time period ending:	<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Format: MM/YYYY</i></p>
2) Does your facility utilize a safe surgery checklist on <u>every</u> patient, <u>every</u> time one of the applicable procedures reported on in Section 3A is performed? <i>If "no" to question #2, skip the remaining questions in Section 3D and go to the Affirmation of Accuracy.</i>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>
3) Does your safe surgery checklist include <u>all</u> of the following elements before the induction of anesthesia : <ul style="list-style-type: none"> • Patient ID • Confirmation of procedure • Patient consent • Site marked • Anesthesia/medication check • Pulse ox functioning • Allergies assessed • Difficult airway/aspiration risk • Risk of blood loss, if applicable • Availability of devices on-site, if applicable? 	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>
4) Who leads the checklist before the induction of anesthesia ? <i>Select all that apply.</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA) <input type="checkbox"/> Physician <input type="checkbox"/> Nurse (RN or MSN) <input type="checkbox"/> Physician Assistant (PA) <input type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Surgical Technician <input type="checkbox"/> First Assist

<p>5) Does your safe surgery checklist include <u>all</u> of the following elements before the skin incision and/or before the procedure begins:</p> <ul style="list-style-type: none"> • Clinical team introduction • Confirmation of patient name, procedure, and, if applicable, surgical/incision site • Antibiotic prophylaxis, if applicable • Anticipated Critical Events (non-routine steps, length of procedure, blood loss, patient-specific concerns, sterility) • Equipment check/concerns • Essential imaging available • Device representative in the OR, if applicable? 	<p style="text-align: center;">Yes No</p>
<p>6) Who leads the checklist before the skin incision and/or before the procedure begins?</p> <p style="text-align: center;"><i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA) <input type="checkbox"/> Physician <input type="checkbox"/> Nurse (RN or MSN) <input type="checkbox"/> Physician Assistant (PA) <input type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Surgical Technician <input type="checkbox"/> First Assist
<p>7) Does your safe surgery checklist include an assessment, for each patient, of <u>all</u> of the following elements before the patient leaves the operating room and/or procedure room:</p> <ul style="list-style-type: none"> • Confirmation of procedure performed • Instrument/supply counts • Specimen labeling, if applicable • Equipment concerns • Patient recovery/management concerns? 	<p style="text-align: center;">Yes No</p>
<p>8) Who leads the checklist before the patient leaves the operating room and/or procedure room?</p> <p style="text-align: center;"><i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Anesthesiologist <input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA) <input type="checkbox"/> Physician <input type="checkbox"/> Nurse (RN or MSN) <input type="checkbox"/> Physician Assistant (PA) <input type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Surgical Technician <input type="checkbox"/> First Assist

Affirmation of Accuracy

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Volume and Safety of Procedures Section at our ASC, and I hereby certify that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this certification on behalf of our ASC.

The ASC and I understand that The Leapfrog Group, its members, the public and entities and persons who contract or have other business dealings with The Leapfrog Group are relying on the truth and accuracy of this information. The ASC and I also understand that The Leapfrog Group will make this information and/or analyses of this information public through the Survey Results public reporting website and/or other Leapfrog Group products and services. This information and/or analyses and all intellectual property rights therein shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. This information does not infringe upon any third-party intellectual property rights or any other third-party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may use this information in a commercial manner for profit. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract or have other business dealings with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by _____, the ASC's _____,
(First Name, Last Name) (Title)

On _____.
(Date)

Section 3: Volume and Safety of Procedures Reference Information

What's New in the 2020 Survey

The procedure definitions will be updated to include additional CPT codes from several facilities that provided recommendations in 2019. Additionally, Leapfrog has obtained a license with the American Medical Association (AMA) that enables us to list individual CPT codes and descriptions rather than CPT code ranges. The CPT codes used to define each of the 39 procedures are available in a downloadable Excel file in the Library on the [Survey Dashboard](#). Facilities are required to accept the AMA's Terms of Use Agreement before downloading the Excel file and using the individual CPT codes to query their EHR or billing system. Procedure volume information will not be scored but will be used in public reporting in 2020.

Leapfrog has added fact-finding questions to Section 3A to determine whether facilities and/or the physicians performing procedures at the facility are currently participating in a national clinical quality registry that provides opportunities for individual and/or facility-level benchmarking on quality measures. Clinical registry questions will not be scored or publicly reported.

Additionally, Leapfrog has added questions asking ASCs whether they collect documentation of patient complications. This information will not be scored or publicly reported.

Leapfrog has updated the list of patient screening tool components to include history of difficult intubation and difficult airway/aspiration risk and has removed frailty assessment from the list. This patient selection information will not be scored but will be publicly reported in 2020. Patient Consent to Treat questions will not be scored in 2020 but will be publicly reported alongside information about procedure volume.

Questions regarding the use of a safe surgery checklist were updated in 2020 so that Leapfrog can better assess whether ASCs are ensuring that that every element of the checklist is being used on every patient undergoing an applicable procedure. Additionally, Leapfrog has now specified specific elements that the safe surgery checklist should include and has specified that some elements may not be applicable to all facilities. Responses will be scored and publicly reported in 2020.

2020 Scoring Algorithms may be reviewed [here](#).

Change Summary Since Release

If substantive changes are made to this section of the Survey after release on April 1, 2020, they will be documented in this Change Summary section.

Section 3A: Volume of Procedures Measure Specifications

Important Note: For each of the procedures included in Section 10C: Volume of Procedures, Leapfrog has provided a set of CPT codes for counting patients, which are available in a downloadable Excel file in the Library on the [Survey Dashboard](#). Facilities are required to accept the American Medical Association's (AMA) Terms of Use Agreement before downloading the Excel file and using the individual CPT codes to query their EHR or billing system.

<p>Source: The Leapfrog Group, American Medical Association, The Health Care Cost Institute</p>
<p>Reporting Time Period: 12 months</p> <ul style="list-style-type: none"> • 01/01/2019 - 12/31/2019 • Optional - Surveys (re)submitted on or after September 1: 07/01/2019 - 06/30/2020
<p>Questions #2-11: Respond "yes" or "no" based on whether or not your facility performed any of the procedures during the reporting period on adult and/or pediatric patients. The procedures fall within 10 specialty areas:</p> <p>Adult Procedures</p> <p>Gastroenterology procedures: upper GI endoscopy; other upper GI procedures; small intestine and stomal endoscopy; and lower GI endoscopy</p> <p>General surgery procedures: cholecystectomy and common duct exploration; excision of skin lesion; hemorrhoid procedures; inguinal and femoral hernia repairs; other hernia repairs; laparoscopy; lumpectomy or quadrantectomy of breast; mastectomy; and skin grafts</p> <p>Ophthalmology procedures: anterior segment eye procedures; and posterior segment eye procedures</p> <p>Orthopedic procedures: finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; spine procedures; hip procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures</p> <p>Otolaryngology procedures: ear procedures; mouth procedures; nasal/sinus procedures; pharynx/adenoid/tonsil procedures</p> <p>Urology procedures: circumcision; cystourethroscopy; male genital procedures; male sterilization procedures; urethra procedures; and vaginal repair procedures</p> <p>Dermatology procedures: complex skin repairs</p> <p>Neurological surgery procedures: spinal fusions</p> <p>Obstetrics and gynecology procedures: cervix procedures; hysteroscopy; and uterus and adnexa laparoscopies</p> <p>Plastic and reconstructive surgery procedures: breast repair or reconstructive procedures; musculoskeletal graft or implant procedures</p>

Pediatric Procedures

[Gastroenterology procedures](#): upper GI endoscopy; other upper GI procedures; small intestine and stomal endoscopy; and lower GI endoscopy

[General surgery procedures](#): inguinal and femoral hernia repairs; and other hernia repairs

[Ophthalmology procedures](#): anterior segment eye procedures

[Orthopedic procedures](#): finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; spine procedures; hip procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures

[Otolaryngology procedures](#): ear procedures; mouth procedures; nasal/sinus procedures; pharynx/adenoid/tonsil procedures

[Urology procedures](#): circumcisions; cystourethroscopies; male genital procedures; urethra procedures; and vaginal repair procedures

Respond "yes" if:

- Your facility performed the procedure for the entire reporting period (12 months) and continues to do so
- Your facility performed the procedure during part of the reporting period (less than 12 months) and continues to perform the procedure

Respond "yes, but no longer perform these procedures" if:

- Your facility performed the procedure for all or some of the reporting period, but NO longer performs the procedure

Respond "no" if:

- Your facility does not perform the procedure

Questions #12-41: Based on your responses to questions #2-11, report on the total (a) adult and/or (b) pediatric volume for each procedure (from questions #2-11) during the reporting period:

Adult Procedures

[Gastroenterology procedures](#): upper GI endoscopy; other upper GI procedures; small intestine and stomal endoscopy; and lower GI endoscopy

[General surgery procedures](#): cholecystectomy and common duct exploration; excision of skin lesion; hemorrhoid procedures; inguinal and femoral hernia repair; other hernia repair; laparoscopy; lumpectomy or quadrantectomy of breast; mastectomy; and skin graft

[Ophthalmology procedures](#): anterior segment eye procedures; and posterior segment eye procedures

[Orthopedic procedures](#): finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; spine procedures; hip procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures

[Otolaryngology procedures](#): ear procedures; mouth procedures; nasal/sinus procedures; pharynx/adenoid/tonsil procedures

[Urology procedures](#): circumcisions; cystourethroscopy; male genital procedures; male sterilization procedures; urethra procedures; and vaginal repair procedures

[Dermatology procedures](#): complex skin repair

[Neurological surgery procedures](#): spinal fusion

[Obstetrics and gynecology procedures](#): cervix procedures; hysteroscopy; and uterus and adnexa laparoscopy

[Plastic and reconstructive surgery procedures](#): breast repair or reconstructive procedures; musculoskeletal graft or implant procedures

Pediatric Procedures

[Gastroenterology procedures](#): upper GI endoscopy; other upper GI procedures; small intestine and stomal endoscopy; and lower GI endoscopy

[General surgery procedures](#): inguinal and femoral hernia repair; and other hernia repair

[Ophthalmology procedures](#): anterior segment eye procedures

[Orthopedic procedures](#): finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; spine procedures; hip procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures

[Otolaryngology procedures](#): ear procedures; mouth procedures; nasal/sinus procedures; pharynx/adenoid/tonsil procedures

[Urology procedures](#): circumcision; cystourethroscopy; male genital procedures; urethra procedures; and vaginal repair procedures

When calculating total **facility volume for (a) adult and/or (b) pediatric patients**:

- Count the number of **patients** discharged from your facility within the reporting period with any one or more of the codes specified for each procedure, subject to the criteria below:
 - Only the procedure codes provided by Leapfrog should be used to report on questions in Section 3A.
 - If a patient had more than one of the listed procedures performed on the same visit (i.e., repair of dislocating knee cap (CPT: 27422) and repair of superior labrum anterior/posterior (SLAP) lesion (CPT: 29807)), include the patient in the total volume for both procedures

See [FAQs](#) for additional information about responding to questions in this section.

Gastroenterology Measure Specifications

For gastroenterology procedures, use the CPT codes available in the Library on your [Survey Dashboard](#) to count **patients** discharged from your facility who have undergone any of the 4 procedures during the reporting period.

All four procedures apply to **both adult and pediatric patients**:

- Upper GI Endoscopy
- Other Upper GI Procedure
- Small Intestine and Stomal Endoscopy
- Lower GI Endoscopy

Using the “Gastroenterology_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Using the “Gastroenterology_peds” sheet, count the total number of pediatric (17 years of age and younger) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

General Surgery Measure Specifications

For general surgery procedures, use the CPT codes available in the Library on your [Survey Dashboard](#) to count **patients** discharged from your facility who have undergone any of the 9 procedures during the reporting period.

Seven procedures apply to **adult patients only**:

- Cholecystectomy and Common Duct Exploration
- Excision of Skin Lesion
- Hemorrhoid Procedure
- Laparoscopy
- Lumpectomy or Quadrantectomy of Breast
- Mastectomy
- Skin Graft

Two procedures apply to **both adult and pediatric patients**:

- Inguinal and Femoral Hernia Repair
- Other Hernia Repair

Using the “General surgery_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Using the “General surgery_ped” sheet, count the total number of pediatric (17 years of age and younger) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Ophthalmology Measure Specifications

For ophthalmology procedures, use the CPT codes available in the Library on your [Survey Dashboard](#) to count **patients** discharged from your facility who have undergone either of the 2 procedures during the reporting period.

One procedure applies to **adult patients only**:

- Posterior Segment Eye Procedures

One procedure applies to **both adult and pediatric patients**:

- Anterior Segment Eye Procedures

Using the “Ophthalmology_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Using the “Ophthalmology_ped” sheet, count the total number of pediatric (17 years of age and younger) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Orthopedic Measure Specifications

For orthopedic procedures, use the CPT codes available in the Library on your [Survey Dashboard](#) to count **patients** discharged from your facility who have undergone any of the 7 procedures during the reporting period.

All 7 procedures apply to **both adult and pediatric patients**:

- Finger, Hand, Wrist, Forearm, and Elbow Procedures
- Shoulder Procedures
- Spine Procedures
- Hip Procedures
- Knee Procedures
- Toe, Foot, Ankle, and Leg Procedures
- General Orthopedic Procedures

Using the “Orthopedic_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Using the “Orthopedic_ped” sheet, count the total number of pediatric (17 years of age and younger) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Otolaryngology Measure Specifications

For otolaryngology procedures, use the CPT codes available in the Library on your [Survey Dashboard](#) to count **patients** discharged from your facility who have undergone any of the 4 procedures during the reporting period.

All four procedures apply to **both adult and pediatric patients**:

- Ear Procedure
- Mouth Procedure
- Nasal/Sinus Procedure
- Pharynx/Adenoid/Tonsil Procedure

Using the “Otolaryngology_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Using the “Otolaryngology_ped” sheet, count the total number of pediatric (17 years of age and younger) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Urology Measure Specifications

For urology procedures, use the CPT codes available in the Library on your [Survey Dashboard](#) to count **patients** discharged from your facility who have undergone any of the 6 procedures during the reporting period.

One procedure applies to **adult patients only**:

- Male Sterilization Procedures

Five procedures apply to **both adult and pediatric patients**:

- Circumcision
- Cystourethroscopy
- Male Genital Procedures
- Urethra Procedures
- Vaginal Repair Procedures

Using the “Urology_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Using the “Urology_ped” sheet, count the total number of pediatric (17 years of age and younger) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Dermatology Measure Specifications

For dermatology procedures, use the CPT codes available in the Library on your [Survey Dashboard](#) to count **patients** discharged from your facility who have undergone the procedure during the reporting period.

One procedure applies to **adult patients only**:

- Complex Skin Repair

Using the “Dermatology_adult” sheet, count the total number of adult (18 years of age or older) patients discharged with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Neurological Surgery Measure Specifications

For neurological surgery procedures, use the CPT codes available in the Library on your [Survey Dashboard](#) to count **patients** discharged from your facility who have undergone the procedure during the reporting period.

One procedure applies to **adult patients only**:

- Spinal Fusion

Using the “Neurological surgery_adult” sheet, count the total number of adult (18 years of age or older) patients discharged with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Obstetrics and Gynecology Measure Specifications

For obstetrics and gynecology procedures, use the CPT codes available in the Library on your [Survey Dashboard](#) to count **patients** discharged from your facility who have undergone any of the 3 procedures during the reporting period.

Three procedures apply to **adult patients only**:

- Cervix Procedure
- Hysteroscopy

Using the “Obstetrics and gynecology_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Plastic and Reconstructive Surgery Measure Specifications

For plastic and reconstructive surgery procedures, use the CPT codes available in the Library on your [Survey Dashboard](#) to count **patients** discharged from your facility who have undergone either of the 2 procedures during the reporting period.

Two procedure applies to **adult patients only**:

- Breast Repair or Reconstruction
- Musculoskeletal Grafts or Implants

Using the “Plastic_reconstruct surg_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field (primary or secondary).

Volume of Procedures Frequently Asked Questions (FAQs)

1) How did Leapfrog select these 10 specialties and the procedures in this section of the survey?

Leapfrog worked with the Healthcare Cost Institute (HCCI) to identify the most commonly billed surgical procedures in ambulatory surgery centers and hospital outpatient departments for commercially insured adult and pediatric patients. Leapfrog's technical experts then assessed the list of procedures based on their frequency and type of anesthesia used during the procedure. Those selected for the Survey represent the highest volume procedures nationally requiring moderate to general anesthesia (including nerve blocks).

Please reach out to the [Leapfrog Help Desk](#) if you believe additional CPT Codes should be added to the Survey; Leapfrog will take these suggestions to our technical experts.

2) Why is Leapfrog asking about national clinical quality registry participation?

Leapfrog added new fact-finding questions to Section 3A to determine whether facilities and/or the physicians performing procedures at the facility are currently participating in a national clinical quality registry that provides opportunities for **individual and/or facility-level** benchmarking on quality measures. These questions were added to help Leapfrog identify fully developed and tested quality measures that could be added in 2021 to provide purchasers and consumers with a more complete assessment of the quality of these procedures in ASCs and HOPDs. Examples of measures of interest include facility and/or surgeon volume standards, as well as patient reported outcomes measures, quality and efficiency measures, and appropriateness measures.

Patient Selection and Consent to Treat Frequently Asked Questions (FAQs)

1) What are examples of appropriate tools for assessing cognition as part of patient screening and selection?

Examples of tools that may be used to assess cognition include the Montreal Cognitive Assessment (MOCA), Mini-Mental State Exam (MMSE), and Mini-Cog.

More information on these cognitive assessments, as well as other commonly used tools, may be found here: https://www.americangeriatrics.org/sites/default/files/inline-files/kkaycee_sink.pdf, as well as here: <https://www.aafp.org/patient-care/public-health/cognitive-care/cognitive-evaluation.html>

2) Why does a Medical Director need to perform a second screening of high-risk patients?

If an anesthesiologist and/or CRNA performs the initial screening for high-risk patients, then the second screening should be conducted by a Medical Director, as the Medical Director should take ownership of how the facility screens patients. The Medical Director should also have the clinical expertise to determine whether it is safe and appropriate for a patient to have an invasive procedure or surgery performed at the facility.

Safe Surgery Checklist Frequently Asked Questions (FAQs)

- 1) Does the safe surgery checklist referenced in Section 3D apply to all procedures, including colonoscopies, endoscopies, etc.?**

Yes, it applies to all procedures in Section 3A questions #2-11. If your facility does not utilize a safe surgery checklist for colonoscopy and/or endoscopy, respond "no" to question #2.

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SECTION 4: PATIENT SAFETY PRACTICES

This section includes questions and reference information for Section 4: Patient Safety Practices. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

Section 4: Patient Safety Practices

Outpatient Procedures Factsheet and Bibliography:

<https://ratings.leapfroggroup.org/measure/asc/2020-asc-survey-measures>

Hand Hygiene Factsheet: <https://ratings.leapfroggroup.org/measure/asc/handwashing>

Never Events Factsheet: <https://ratings.leapfroggroup.org/measure/asc/responding-never-events>

Section 4 includes questions about medication safety (medication and allergy documentation, antimicrobial stewardship practices, and opioid prescribing), the NHSN Outpatient Procedure Component Module reporting, hand hygiene, NQF Safe Practices, and the Never Events Policy at your facility. Questions on antimicrobial stewardship practices and opioid prescribing will not be scored or publicly reported in 2020.

Each facility achieving the Medication and Allergy documentation standard:

Has met the 90% target for documenting all three components: home medications, visit medications, and allergies/ adverse reaction(s) in the clinical record.

Each facility achieving the NHSN Outpatient Procedure Component Module standard:

- 1) Is enrolled in NHSN OPC Module;
- 2) Completed the OPC Annual Facility Survey;
- 3) Participated in 12 months of surveillance and reporting for all 4 Same Day Outcome Measures; **and**
- 4) Participated in 12 months of surveillance and reporting for all applicable Surgical Site Infection Measures.

Each facility achieving the Hand Hygiene standard:

Has met both the Monitoring and Feedback domains, as well as **2 of the 3** remaining domains:

- Training and Education Domain
- Infrastructure Domain
- Culture Domain

Each facility achieving the standard for NQF Safe Practice #1- Culture of Safety Leadership Structures and Systems and NQF Safe Practice #2- Culture Measurement, Feedback, and Intervention:

Has earned 100% of points (adopted all elements) for that NQF Safe Practice

Each facility achieving the Never Events Policy standard:

Has a policy that includes the nine principles of Leapfrog's Never Events policy and will implement this policy if a "never event" occurs within their facility.

4A: Medication Safety

Medication and Allergy Documentation

Important Notes:

Note 1: Information from Section 4A Medication and Allergy Documentation will be scored, and results will be publicly reported.

Specifications: See [Medication Safety](#) in the Patient Safety Practices Measure Specifications on pages 99-100.

Reporting Time Period: 12 months

Answer questions #2-7 based on all cases (or a sufficient sample of them)

- 01/01/2019 – 12/31/2019
- Optional - Surveys (re)submitted on or after September 1: 07/01/2019 – 06/30/2020

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

Sufficient Sample: See Medication Safety Reference Information for instructions on identifying a sufficient sample for questions #2-7.

1) 12-month reporting time period used:	<input type="checkbox"/> 01/01/2019 – 12/31/2019 <input type="checkbox"/> 07/01/2019 – 06/30/2020
2) Did your facility perform an audit of clinical records for all patients (or a sufficient sample of them) discharged for the reporting period selected and measure adherence to medication documentation guidelines regarding home medications, medications ordered during the visit, and medication allergies? <i>If “no” or “yes, but there were fewer than 30 patients discharged for the reporting period,” skip questions #3-7 and continue on to question #8.</i>	Yes No Yes, but there were fewer than 30 patients discharged for the reporting period
3) Number of cases measured (either all cases or a sufficient sample of them).	_____
4) Number of cases in question #3 with a list of all home medication(s) , including dose, route, and frequency, documented in the clinical record.	_____
5) Number of cases in question #3 with a list of all medication(s) ordered, prescribed, or administered during the visit , including the strength, dose, route, date, and time of administration, documented in the clinical record.	_____
6) Number of cases in question #3 with a list of all allergies and adverse reaction(s) documented in the clinical record.	_____
7) Do the responses in questions #3-6 represent a sample of cases?	Yes No

Antimicrobial Stewardship Practices

Important Notes:

Note 1: The following questions comprise the Antimicrobial Stewardship Checklist for Ambulatory Surgery Centers created by the Health Services Advisory Group (HSAG) and describe five (5) Core Elements of Antimicrobial Stewardship: Leadership Support, Accountability, Policies, Interventions to Improve Antibiotic Use, and Education. The checklist may also be reviewed here: <https://www.hsag.com/contentassets/98d1e68f70bc4240832eb3545b6050f6/rbrndcdchsagaschecklistforasc.pdf>.

Checklist reference: The Centers for Disease Control and Prevention (CDC). Checklist for Core Elements of Hospital Antibiotic Stewardship Programs. Available at: <https://www.cdc.gov/antibiotic-use/healthcare/implementation/checklist.html>. Accessed on: February 28, 2018

Note 2: Hyperlinks throughout this subsection refer to FAQs on pages 102-103, not to endnotes. These hyperlinks are not included in the online version of the Survey.

Note 3: Information from Section 4A Antimicrobial Stewardship Practices will not be scored or publicly reported.

Reporting Time Period:

Answer questions #8-19 based on the structures and practices currently in place at the time you submit this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

8) Does your facility have an antimicrobial stewardship program? <i>If "no" to question #8, skip questions #9-19 and continue on to question #20.</i>	Yes No
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Please respond to each element of the Antimicrobial Stewardship Checklist as it applies to your facility.	
Leadership Support	
9) Does your facility have a formal, written statement of support from leadership that supports efforts to improve antimicrobial use (antimicrobial stewardship)?	Yes No
10) Does your facility receive any budgeted financial support for antimicrobial stewardship activities (e.g., support for salary, training, or IT support)?	Yes No
Accountability	
11) Is there a physician leader responsible for program outcomes of stewardship activities at your facility?	Yes No

12) Is there a pharmacist leader responsible for working to improve antimicrobial use at your facility?	Yes No
Policies	
13) Does your facility have a policy that requires prescribers to document in the medical record or during order entry a dose, duration, and indication for all antimicrobial prescriptions?	Yes No
14) Does your stewardship program monitor adherence to the policy (such as by monitoring dose, duration, and indication)?	Yes No
15) Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antimicrobial selection for common clinical conditions?	Yes No
16) Does your stewardship program monitor adherence to facility-specific treatment recommendations?	Yes No
Interventions to Improve Antibiotic Use	
17) Do specified antimicrobial agents need to be approved by a physician or pharmacist prior to dispensing (i.e., pre-authorization) at your facility?	Yes No
18) Does a physician or pharmacist review courses of therapy for specified antimicrobial agents (i.e., prospective audit with feedback) at your facility?	Yes No
Education	
19) Does your stewardship program provide education to clinicians and other relevant staff members on improving antimicrobial prescribing?	Yes No

Opioid Prescribing

Important Notes:

Note 1: Information from Section 4A Opioid Prescribing will not be scored or publicly reported.

Reporting Time Period:

Answer questions #20-25 based on the protocols and practices currently in place at the time you submit this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

<p>20) Does your facility ensure, through tracking or as a requirement of privileging, that <u>all</u> licensed prescribers who are authorized to prescribe scheduled drugs are registered for access to your state or regional Prescription Drug Monitoring Program (PDMP)?</p> <p><i>Single-specialty facilities that only perform endoscopies and whose providers do not prescribe opioids should respond "not applicable" to question #20.</i></p> <p><i>If "no" to question #20, skip questions #21-22 and continue on to question #23. If "not applicable," skip questions #21-25 and continue on to the next subsection.</i></p>	<p>Yes</p> <p>No</p> <p>Not applicable</p>
<p>21) Does your facility ensure, through tracking or as a requirement of privileging, that <u>all</u> licensed prescribers who are authorized to prescribe scheduled drugs query and assess the PDMP prior to prescribing an opioid pain medication to a patient?</p>	<p>Yes</p> <p>No</p>
<p>22) Does your facility retain copies of all discharge instructions, including medications prescribed at discharge, for all patients who underwent one or more of the procedures included in Section 3A?</p>	<p>All patients (100%)</p> <p>Most patients (>=75%)</p> <p>Some patients (>=50%)</p> <p>Few patients (<50%)</p> <p>Discharge instructions are not retained for any patients</p>
<p>23) Do all licensed prescribers, who are authorized to prescribe scheduled drugs, adhere to these national, evidence-based Surgical Opioid Guidelines?</p> <p><i>If "no" or "not applicable; do not perform any of the procedures included in the guidelines," skip questions #24-25 and continue on to the next subsection. These procedures are applicable to adult patients only.</i></p>	<p>Yes</p> <p>No</p> <p>Not applicable; do not perform any of the procedures included in the guidelines</p>
<p>24) Does your facility conduct regular retrospective reviews of licensed prescribers to identify the extent to which they adhere to the Surgical Opioid Guidelines?</p>	<p>Yes</p> <p>No</p>

25) Does your facility have a process in place for communicating with licensed prescribers, as well as leadership, when a licensed prescriber's trend or prescribing pattern suggests challenges to adhering to the Surgical Opioid Guidelines to understand barriers and improve adherence?	Yes No
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4B: NHSN Outpatient Procedure Component Module

Important Notes:

Note 1: Leapfrog will be obtaining data for the Outpatient Procedure Component (OPC) modules listed below directly from the CDC’s National Healthcare Safety Network (NHSN).

Please be sure you have followed the instructions provided online and have joined Leapfrog’s NHSN group for ASCs by the specified deadlines. In addition to joining Leapfrog’s NHSN group, facilities must provide an accurate NHSN ID in the Profile section of the Online ASC Survey Tool and submit Section 4: Patient Safety Practices. ASCs that join Leapfrog’s NHSN group, but do not provide an accurate NHSN ID in their Profile or do not submit the 2020 Leapfrog ASC Survey by August 31 (updated from June 30, 2020 as part of Leapfrog’s [COVID-19 response](#)) will not have their NHSN data scored and publicly reported on Leapfrog’s public reporting website when results first become available in September. The join deadline for the August NHSN data download date is August 20 and NHSN data will be downloaded on August 21

Although the data will not be scored or publicly reported, Leapfrog will continue to have a June NHSN data download date to allow facilities to review their data prior to the August data download date and make updates as needed. The join deadline for the first NHSN data download date will be June 22 and NHSN data will be downloaded on June 23.

For all other deadlines, please refer to the “Deadlines and Reporting Periods” table provided in the [Section 4B Measure Specifications](#), as well as [online](#).

Note 2: Information from Section 4B will be scored, and results will be publicly reported.

Specifications: See [NHSN Outpatient Procedure Component Module Measure Specifications](#) on the Measure Specifications on page 101.

Reporting Time Period: 12 months

- 01/01/2019 – 12/31/2019
- Optional - Surveys (re)submitted on or after September 1: 07/01/2019 – 06/30/2020

Leapfrog will download SSI and SDOM data 4 times per Survey Cycle for all members of our NHSN group that provide an accurate NHSN ID in the Profile and submit Section 4: Patient Safety Practices. Leapfrog will download SSI and SDOM data for 01/01/2019-12/31/2019.

Visit the Join NHSN Group webpage for important information on deadlines for joining Leapfrog’s NHSN Group.

1) 12-month reporting time period used:	<input type="checkbox"/> 01/01/2019 – 12/31/2019 <input type="checkbox"/> 07/01/2019 – 06/30/2020
2) Does your facility participate in NHSN’s Outpatient Procedure Component (OPC) Module? <i>If “no” to question #2, skip the remaining questions in Section 4B and continue on to Section 4C.</i>	Yes No

<p>3) What information is your facility currently reporting into NHSN's OPC?</p> <p><i>Check all that apply.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Outpatient Procedure Component- Annual Facility Survey <input type="checkbox"/> Same Day Outcome Measures (SDOM) Module <input type="checkbox"/> Breast Surgery (BRST) Procedure SSI Outcome Measure <input type="checkbox"/> Herniorrhaphy (HER) Procedure SSI Outcome Measure <input type="checkbox"/> Knee Prosthesis (KPRO) Procedure SSI Outcome Measure <input type="checkbox"/> Laminectomy (LAM) Procedure SSI Outcome Measure
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<p>4) How many months during the reporting period did your facility report data to the NHSN OPC modules and measures selected in question #3?</p>	
<p>a) Outpatient Procedure Component - Annual Facility Survey</p>	<p>_____</p> <p><i>Format: Whole numbers only</i></p>
<p>b) Same Day Outcome Measures (SDOM) Module</p>	<p>_____</p> <p><i>Format: Whole numbers only</i></p>
<p>c) Breast Surgery (BRST) Procedure SSI Outcome Measure</p>	<p>_____</p> <p><i>Format: Whole numbers only</i></p>
<p>d) Herniorrhaphy (HER) Procedure SSI Outcome Measure</p>	<p>_____</p> <p><i>Format: Whole numbers only</i></p>
<p>e) Knee Prosthesis (KPRO) Procedure SSI Outcome Measure</p>	<p>_____</p> <p><i>Format: Whole numbers only</i></p>
<p>f) Laminectomy (LAM) Procedure SSI Outcome Measure</p>	<p>_____</p> <p><i>Format: Whole numbers only</i></p>

4C: Hand Hygiene

Important Notes:

Note 1: Hyperlinks, not followed by a superscript, throughout this subsection refer to the [FAQs](#) on pages 105-109. These hyperlinks are not included in the online version of the Survey.

Note 2: The framework and questions in Section 4C are modeled after the World Health Organization's [Hand Hygiene Self-Assessment Framework](#).

Note 3: Facility responses should reflect surgical or treatment areas, which include pre-operative rooms, operating and procedure rooms, post-operative rooms.

Note 4: Information from Section 4C will be scored, and results will be publicly reported.

Reporting Time Period: Answer questions #1-21 based on the practices currently in place at the time you submit this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

Training and Education

<p>1) Do individuals who touch patients or who touch items that will be used by patients¹² in your facility receive hand hygiene training from a professional with appropriate training and skills¹³ at both:</p> <ul style="list-style-type: none"> • the time of onboarding; and • annually thereafter? <p><i>If "no" to question #1, skip questions #2-3 and continue on to question #4.</i></p>	<p>Yes No</p>
<p>2) In order to pass the initial hand hygiene training, do individuals who touch patients or who touch items that will be used by patients¹² need to physically demonstrate proper hand hygiene with soap and water and alcohol-based hand sanitizer?</p>	<p>Yes No</p>
<p>3) Are all six of the following topics included in your facility's initial and annual hand hygiene training?</p> <ul style="list-style-type: none"> • Evidence linking hand hygiene and infection prevention • When individuals who touch patients or who touch items that will be used by patients¹² above¹² above should perform hand hygiene (e.g., WHO's 5 Moments for Hand Hygiene, CDC's Guideline for Hand Hygiene) • How individuals who touch patients or who touch items that will be used by patients¹² should clean their hands with alcohol-based hand sanitizer and soap and water as to ensure they cover all surfaces of hands and fingers, including thumbs and fingernails • When gloves should be used in addition to hand washing (e.g., caring for <i>C. difficile</i> patients) and how 	<p>Yes No</p>

<p>hand hygiene should be performed when gloves are used</p> <ul style="list-style-type: none"> • The minimum time that should be spent performing hand hygiene with soap and water and alcohol-based hand sanitizer • How hand hygiene compliance is monitored 	
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Infrastructure

<p>4) Does your facility have a process in place to ensure that all of the following are done, as necessary, and quarterly audits are conducted on a sample of dispensers to ensure that the process is followed?</p> <ul style="list-style-type: none"> • Refill paper towels, soap dispensers, and alcohol-based hand sanitizer dispensers when they are empty or near empty • Replace batteries in automated paper towel dispensers, soap dispensers, and alcohol-based hand sanitizer dispensers (if automated dispensers are used in the facility) 	<p>Yes No</p>
<p>5) Do all rooms or bed spaces in your surgical or treatment areas have an alcohol-based hand sanitizer within 5 steps of the patient's bed that is easily accessible to individuals who touch patients or who touch items that will be used by patients¹²?</p>	<p>Yes No</p>
<p>6) Does your facility conduct audits of the volume of alcohol-based hand sanitizer that is delivered with each activation of a wall-mounted dispenser (manual and automated) on a sample of dispensers at all of the following times:</p> <ul style="list-style-type: none"> • upon installation; • whenever the brand of product or system changes; and • whenever adjustments are made to the dispensers? <p><i>If "no" or "does not apply, wall-mounted dispensers are not used," skip question #7 and continue on to question #8.</i></p>	<p>Yes No <i>Does not apply, wall-mounted dispensers are not used</i></p>
<p>7) Do all of the audited dispensers deliver, with one activation, a volume of alcohol-based hand sanitizer that covers the hands completely and requires 15 or more seconds for hands to dry (on average)?</p>	<p>Yes No</p>

Monitoring

<p>8) Does your facility collect hand hygiene compliance data on at least 200 hand hygiene opportunities, or 6% of all possible hand hygiene opportunities in the facility, each month?</p> <p><i>If "yes" to question #8, skip question #9 and continue on to question #10.</i></p>	<p><i>Yes, using only an electronic compliance monitoring system</i> <i>Yes, using only direct observation</i> <i>Yes, using both an electronic compliance monitoring system and direct observation</i> No</p>
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<p>9) Does your facility collect hand hygiene compliance data on at least 100 hand hygiene opportunities each quarter?</p> <p><i>If “no” to question #9, skip questions #10-18 and continue on to question #19.</i></p>	<p><i>Yes, using only an electronic compliance monitoring system</i> <i>Yes, using only direct observation</i> <i>Yes, using both an electronic compliance monitoring system and direct observation</i> <i>No</i></p>
<p>10) Does your facility use hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients¹² with feedback on both when they are and are not compliant with performing hand hygiene?</p>	<p>Yes No</p>

Direct Monitoring – Electronic Compliance Monitoring System

If “yes, using only an electronic compliance monitoring system” or “yes, using both an electronic compliance monitoring system and direct observation” to question #8 or question #9, answer questions #11-12.

<p>11) In those surgical or treatment areas where an electronic compliance monitoring system is used, does the monitoring system used meet both of the following criteria?</p> <ul style="list-style-type: none"> • The system can identify both opportunities for hand hygiene and that hand hygiene was performed • The facility itself has validated the accuracy of the data collected by the electronic compliance monitoring system 	<p>Yes No</p>
<p>12) In those surgical or treatment areas where an electronic compliance monitoring system is used, are direct observations also conducted for coaching and intervention purposes that meet all of the following criteria?</p> <ul style="list-style-type: none"> • Observers immediately intervene prior to any harm occurring to provide non-compliant individuals with immediate feedback • Observations identify both opportunities for hand hygiene and compliance with those opportunities • Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct • Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of individuals who touch patients or who touch items that will be used by patients¹² on duty for that shift • Observations capture a representative sample of the different roles of individuals who touch patients or who touch items that will be used by patients¹² (e.g., nurses, physicians, techs, environmental services workers) 	<p>Yes No</p>

Direct Monitoring – Direct Observation

If “yes, using only direct observation” or “yes, using both an electronic compliance monitoring system and direct observation” to question #8 or question #9, answer questions #13-14.

<p>13) In those surgical or treatment areas where an electronic compliance monitoring system is NOT used, do the direct observations meet all of the following criteria?</p> <ul style="list-style-type: none"> • Observations identify both opportunities for hand hygiene and compliance with those opportunities • Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct • Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of individuals who touch patients or who touch items that will be used by patients¹² on duty for that shift • Observations are conducted to capture a representative sample of the different roles of individuals who touch patients or who touch items that will be used by patients¹² (e.g., nurses, physicians, techs, environmental services workers) 	<p>Yes No</p>
<p>14) Does your facility have a system in place for both the initial and recurrent training and validation of hand hygiene compliance observers?</p>	<p>Yes No</p>

Feedback

<p>15) Are hand hygiene compliance data fed back to individuals who touch patients or who touch items that will be used by patients¹² at least monthly for improvement work?</p>	<p>Yes No</p>
<p>16) Are hand hygiene compliance data used for creating action plans?</p>	<p>Yes No</p>
<p>17) Is regular (at least every 6 months) feedback of hand hygiene compliance data, with demonstration of trends over time, given to:</p> <ul style="list-style-type: none"> • ASC leadership; and • ASC governance? <p><i>If “no” to question #17, skip question #18 and continue on to question #19.</i></p>	<p>Yes No</p>
<p>18) If “yes” to question #17, is ASC leadership held directly accountable for hand hygiene performance through performance reviews or compensation?</p>	<p>Yes No</p>

Culture

19) Are patients and visitors invited to remind individuals who touch patients or who touch items that will be used by patients ¹² to perform hand hygiene?	Yes No
20) Has ASC leadership demonstrated a commitment to support hand hygiene improvement in the last year (e.g., a written or verbal commitment delivered to those individuals who touch patients or who touch items that will be used by patients ¹²)?	Yes No

Additional Questions (Fact Finding Only)

21) Do all rooms or bed spaces in your surgical or treatment areas have a sink for hand washing within 20 feet of the patient's bed that is easily accessible to individuals who touch patients or who touch items that will be used by patients ¹² ?	Yes No
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1.2	<p>Within the last 12 months, in regard to holding governance and leadership directly accountable for results related to identifying and reducing unsafe practices, the facility has done the following:</p> <p>a <input type="checkbox"/> an integrated patient safety program has been in place for at least the past 12 months providing oversight and alignment of safe practice activities. (p.76)</p> <p>b <input type="checkbox"/> a Risk Manager or Quality Coordinator has been appointed and communicates regularly with governance and leadership; the Risk Manager or Quality Coordinator is the primary point of contact of the integrated patient safety program. (p.76)</p> <p>c <input type="checkbox"/> performance has been documented in performance reviews and/or compensation incentives for leadership and ASC-employed caregivers. (p.76)</p> <p>d <input type="checkbox"/> the patient safety team, Risk Manager, or Quality Coordinator communicated regularly with leadership regarding both of the following:</p> <ul style="list-style-type: none"> • progress in meeting safety goals; • provide team training to caregivers; and, documented these communications in meeting minutes. (pp.76-77) <p>e <input type="checkbox"/> the facility reported adverse events to external mandatory or voluntary programs. (p.77)</p>	ACCOUNTABILITY
1.3	<p>Within the last 12 months, in regard to implementation of the patient safety program, governance and leadership have provided resources to cover the implementation, and:</p> <p>a <input type="checkbox"/> dedicated patient safety program budgets to support the program, staffing, and technology investment. (p.77)</p>	ABILITY
1.4	<p>Within the last 12 months, structures and systems have been in place to ensure that leadership is taking direct and specific actions, as evidenced by:</p> <p>a <input type="checkbox"/> leadership is personally engaged in reinforcing patient safety improvements (e.g., holding patient safety meetings and reporting to governance). Calendars reflect allocated time. (p.78)</p>	ACTION

	<p>b <input type="checkbox"/> facility has established a structure for input into the patient safety program by licensed independent practitioners and the organized medical staff and physician leadership. Input documented in meeting minutes or materials. (p.79)</p>
1.5	<p>Review of this Safe Practice is complete.</p> <p><i>This check box is in the Online ASC Survey Tool to ensure that your facility has reviewed data entry for the above questions. This question must be marked, even if no items are checked.</i></p>

NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention

2.1	<p>Does your facility currently have 20 or more employees?</p> <p><i>If “no” to question #2.1, skip the remaining questions in NQF Safe Practice 2 and continue on to the next subsection.</i></p>	<p>Yes</p> <p>No</p>
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Check all boxes that apply.

AWARENESS	<p>2.2 Within the last 36 months, in regard to culture measurement, our facility has done the following:</p> <p>a <input type="checkbox"/> the AHRQ Surveys on Patient Safety Culture (SOPS), a nationally recognized tool that has demonstrated validity, consistency, and reliability, was administered to employees.</p> <p><i>If item ‘a’ is not checked, no other items in Practice #2 may be checked.</i></p> <p>b <input type="checkbox"/> benchmarked results of the AHRQ SOPS against external organizations, such as “like” ASCs or other comparable facilities within the same health system.</p> <p>c <input type="checkbox"/> Risk Manager, Quality Coordinator, or leadership used the results of the AHRQ SOPS to debrief staff using semi-structured approaches for the debriefings and presenting results in aggregate form to ensure the anonymity of survey respondents.</p>
ACCOUNTABILITY	<p>2.3 Within the last 36 months, in regard to accountability for improvements in culture measurement, our facility has done the following:</p> <p>a <input type="checkbox"/> shared the results of AHRQ SOPS with governance and leadership in a formal report and discussion. (p.88)</p>

	<p>b <input type="checkbox"/> included in performance evaluation criteria for leadership, both the response rates to the survey and the use of the survey results in the improvement efforts.</p>
ABILITY	<p>2.4 Within the last 24 months, in regard to culture measurement, the facility has done the following (or has had the following in place):</p> <p>a <input type="checkbox"/> conducted staff education program(s) on methods to improve the culture of safety, tailored to the facility's AHRQ SOPS results.</p> <p>b <input type="checkbox"/> included the costs of annual culture measurement/follow-up activities in the patient safety program budget.</p>
ACTION	<p>2.5 Within the last 24 months, in regard to culture measurement, feedback, and interventions, our facility has done the following (or has had the following in place):</p> <p>a <input type="checkbox"/> developed or implemented explicit, facility-wide organizational policies and procedures for regular culture measurement. (p.88)</p> <p>b <input type="checkbox"/> identified performance improvement interventions based on the AHRQ SOPS results, which were shared with leadership and subsequently measured and monitored. (p.88)</p>
2.6	<p><input type="checkbox"/> Review of this Safe Practice is complete.</p> <p><i>This check box is in the Online ASC Survey Tool to ensure that your facility has reviewed data entry for the above questions. This question must be marked, even if no items are checked.</i></p>

Additional Question (Fact Finding Only)

<p>2.7 What was the response rate (i.e., rate of returned surveys) among employees that were administered the AHRQ SOPS within the past 36 months:</p>	<p>>= 75%</p> <p>50-74%</p> <p>25-49%</p> <p><25%</p>
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4E: Never Events Policy

Important Notes:

Note 1: To earn credit for these questions, facilities must have a policy in place that addresses the National Quality Forum's list of 25 Serious Reportable Events that are applicable to Ambulatory Practice Settings/Office-based Practices. All references to "never event" or "serious reportable event" are specific to the National Quality Forum list available at <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=69573>.

Note 2: Information from Section 4E will be scored, and results will be publicly reported.

Reporting Time Period: Answer questions #1-9 based on the principles currently included in your facility's never events policy at the time you submit this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

Below are the nine elements which make up The Leapfrog Group's Policy Statement regarding never events ¹⁴ . Indicate which of the following principles are included in your facility's never events policy.	
1) We apologize to the patient ¹⁵ and/or family affected by the never event ¹⁴ .	Yes No
2) We report the event to at least one of the following external agencies ¹⁶ within 15 business days of becoming aware that the never event ¹⁴ has occurred: <ul style="list-style-type: none"> √ State reporting program for medical errors √ Patient Safety Organization (as defined in The Patient Safety and Quality Improvement Act of 2005) √ Accreditation Organizations (i.e., TJC, AAAHC, AAAASF, HFAP, etc.) 	Yes No
3) We perform a root cause analysis ¹⁷ , which at a minimum, includes the elements required by the chosen external reporting agency.	Yes No
4) We waive all costs directly related to the never event ¹⁴ .	Yes No
5) We make a copy of this policy available to patients, patients' family members, and payers upon request.	Yes No
6) We interview patients and/or families who are willing and able, to gather evidence for the root cause analysis.	Yes No
7) We inform the patient and/or his/her family of the action(s) that our facility will take to prevent future recurrences of similar events based on the findings from the root cause analysis.	Yes No

<p>8) We have a protocol in place to provide support for caregivers involved in never events¹⁴ and make that protocol known to all caregivers and affiliated clinicians.</p>	<p>Yes No</p>
<p>9) We perform an annual review to ensure compliance with each element of Leapfrog’s Never Events Policy for each never event¹⁴ that occurred.</p> <p><i>Cannot respond “yes” to this question, unless “yes” to questions #1-8.</i></p>	<p>Yes No</p>

Affirmation of Accuracy

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Patient Safety Practices Section at our ASC, and I hereby certify that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this certification on behalf of our ASC.

The ASC and I understand that The Leapfrog Group, its members, the public and entities and persons who contract or have other business dealings with The Leapfrog Group are relying on the truth and accuracy of this information. The ASC and I also understand that The Leapfrog Group will make this information and/or analyses of this information public through the Survey Results public reporting website and/or other Leapfrog Group products and services. This information and/or analyses and all intellectual property rights therein shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. This information does not infringe upon any third-party intellectual property rights or any other third-party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may use this information in a commercial manner for profit. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract or have other business dealings with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by _____, the ASC's _____,
(First Name, Last Name) (Title)

On _____.
(Date)

Section 4: Patient Safety Practices Reference Information

What's New in the 2020 Survey

Leapfrog has made minor updates to the wording of the questions to specify that **all** home medications, medications ordered, prescribed, or administered during the visit, and allergies and adverse reaction(s) should be documented in the clinical record for each patient in order for that patient to be counted in the numerator during your medication documentation audit. Leapfrog has not made updates to the questions regarding the Antimicrobial Stewardship Practices. These measures will be scored and publicly reported in 2020.

Additionally, Leapfrog added questions focused on opioid prescribing. Responses to these questions will not be scored or publicly reported in 2020. The questions focus on two areas of opioid prescribing: prescription monitoring via state-based prescription drug monitoring programs (PDPs) and adherence to national evidence-based prescribing [guidelines](#) for surgical patients.

Leapfrog will continue to obtain data from NHSN's Outpatient Procedure Component Module. Instructions on how to join Leapfrog's NHSN Group for ASCs and deadlines for the 2020 Survey may be found [here](#). Leapfrog will determine a performance category for this measure based on enrollment in the NHSN OPC Module and 1) completion of the OPC Annual Facility Survey, 2) participation in surveillance and reporting for (4) Same Day Outcome Measures, and 3) participation in surveillance and reporting for all applicable Surgical Site Infection Measures.

Leapfrog has made significant updates to the Hand Hygiene questions in 2020, which are focused on five domains: training and education, infrastructure, monitoring, feedback, and culture. The questions and scoring algorithm encourage a multimodal approach and emphasize the importance of monitoring and feedback, which are both required in order to meet Leapfrog's standard. These questions will be scored and publicly reported in 2020. In addition, for the Hand Hygiene standard only, Leapfrog will only publicly report results for facilities scored as "Achieved the Standard" and "Considerable Achievement." Facilities scored as "Some Achievement" or "Limited Achievement" will be publicly reported as "Not Available" for the Hand Hygiene standard.

In 2020, Leapfrog will ask ASCs to report on two NQF-endorsed safe practices: NQF Safe Practice #1 - Culture of Safety Leadership Structures and Systems and NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention. Responses will be scored and publicly reported. Please note that NQF Safe Practice #4- Risks and Hazards was removed from the 2020 Survey. As part of Leapfrog's [COVID-19 response](#), the reporting period for administering a culture of safety survey for NQF Safe Practice #2 (Section 4D) has been updated to the last 36 months, rather than the last 24 months, and the reporting period for all follow-up activities has been updated to the last 24 months, rather than 12 months.

There are no changes to the questions regarding Leapfrog's Never Events Policy. Responses to these questions will be scored and publicly reported in 2020.

2020 Scoring Algorithms are available [here](#).

Change Summary Since Release

April 13, 2020:

Section 4A Medication and Allergy Documentation – Updated the definition of a ‘sufficient sample size’ from 60 to 30 cases. This update is intended to ease the burden of data abstraction while facilities are responding to COVID-19. See updated questions on page 78 and updated [measure specifications](#) on pages 99-100 in the hard copy of the Survey for details.

Section 4B NHSN Outpatient Procedure Component Module – Updated the reporting period for Leapfrog’s October and December NHSN [data downloads](#) from 07/01/2019 – 06/30/2020 to 01/01/2019 – 12/31/2019. This update is based on CMS’ [announcement](#) that ASC quality reporting to NHSN is optional for all facilities from January 1 to June 30, 2020. Leapfrog will continue to download SSI and SDOM data from NHSN four times during the 2020 Survey Cycle to account for new ASCs that join our NHSN group and submit the Leapfrog ASC Survey. Facilities should continue to download their reports on each of the published dates to verify their data.

The last NHSN download date will be on December 18, 2020. That data will be included in Survey Results for facilities that submit a Leapfrog ASC Survey by the Late Submission Deadline of December 31, 2020 (updated from November 30). Updated measure specifications may be reviewed on page 101 of the hard copy of the Survey.

Section 4A: Medication Safety Measure Specifications

Medication and Allergy Documentation

<p>Source: The Leapfrog Group</p>
<p>Reporting Time Period: 12 months</p> <ul style="list-style-type: none"> • 01/01/2019 - 12/31/2019 • Optional - Surveys (re)submitted on or after September 1: 07/01/2019 - 06/30/2020
<p>Medication and Allergy Documentation Audits Workbook (Excel)</p> <p>To complete the data collection for this subsection and respond to questions #3-7, facilities should download the Medication and Allergy Documentation Audits Workbook (Excel). This workbook includes six tabs: Instructions, Sampling, Home Meds, Visit Meds, Allergies, and Data Entry and can be used to identify patients to sample in order to complete the three clinical record audits, as well as calculate the responses to enter into the Online ASC Survey Tool for each of the audits.</p> <p>This workbook is available on the Survey Materials webpage and should be used when completing this subsection.</p>
<p>Sampling: If you have more than 30 cases that meet the criteria for inclusion in the denominator of the process measures during the time period of the clinical record audit, you may randomly sample 30 of them for the denominator of each documentation guideline, and measure and report adherence based on that sample. When sampling from a larger population of cases, this is the minimum number of cases needed to make a statistically reliable statement of percentage adherence to the process guidelines.</p>
<p>Question #3 (denominator): Number of cases measured (either all cases or a sufficient sample of them).</p> <p>Your facility should perform a clinical record audit of either all patients discharged during the reporting period or a sufficient sample of patients discharged during the reporting period as described above.</p> <p>This audit of clinical records can be done retrospectively (anytime during the Survey Cycle of April 1 – December 31).</p> <p>The total number of clinical records included in your audit is reported for question #3.</p> <p>Excluded cases:</p> <ul style="list-style-type: none"> • Patients discharged from the facility without having a procedure or surgery performed.
<p>Question #4 (numerator): Number of cases in question #3 with a list of all home medication(s), including dose, route, and frequency, documented in the clinical record.</p> <p>Determine the total number of clinical records included in the audit (in question #3), where a list of all home medication(s), including dose, route, and frequency, was documented in the clinical record on the day of the procedure.</p>

“Home medications” are defined as medications that the patient was taking prior to admission.

The following home medications may be excluded from the clinical record unless they are clinically relevant (e.g., herbal supplement that is known to interact with anesthesia):

- as needed (PRN) medications, except for the following, which should be included: inhalers, nitroglycerin, analgesics (opioid and non-opioid), muscle relaxants, and sedatives
- topical lotions/creams
- saline nasal spray and artificial tear eye drops
- herbals and supplements and vitamins

Question #5 (numerator): Number of cases in question #3 with a list of all medication(s) ordered, prescribed, or administered during the visit, including the strength, dose, route, date, and time of administration, documented in the clinical record.

Determine the total number of clinical records included in the audit (question #3), where a list of all medication(s) ordered, prescribed, or administered during the visit, including the strength, dose, route, date, and time of administration, was documented in the clinical record on the day of the procedure.

Local and global anesthesia medications must only have **total dose, date, and time of administration** documented in the clinical record to be considered complete.

Question #6 (numerator): Number of cases in question #3 with a list of all allergies and adverse reaction(s) documented in the clinical record.

Determine the total number of clinical records included in the audit (question #3), where a list of all allergies and adverse reaction(s) was documented in the clinical record.

Included cases:

- The clinical record includes documentation that the patient reported no known allergies.

Excluded cases:

- The clinical record does **not** include either a list of allergies and adverse reaction(s) nor documentation of no known allergies.
- The clinical record does include a list of allergies but does not include documentation of the adverse reaction(s) for each allergy.

Section 4B: NHSN Outpatient Procedure Component Module Measure Specifications

Important Notes:

Note 1: Facilities must provide an accurate NHSN ID in the Profile section of their Survey.

Note 2: Leapfrog **strongly recommends** that facilities follow the instructions provided on the “Join NHSN Group for ASCs” webpage and **save copies** of the NHSN 2019 Outpatient Procedure Component – Annual Facility Survey and NHSN OPC SDOM and SSI Reports **on the same day** that Leapfrog will be downloading the data from NHSN for all current group members. Leapfrog’s NHSN pull-dates are published at the beginning of the Survey Cycle and may be reviewed in the table (‘Deadlines and Reporting Periods’) here: <http://www.leapfroggroup.org/asc-survey-materials/join-asc-nhsn-group>.

Note 3: Data is obtained directly from CDC’s National Healthcare Safety Network (NHSN). Data will be available for ASCs to review prior to public reporting on the ASC Details Page starting in September for facilities that:

1. Join Leapfrog's NHSN Group for ASCs by August 20*,
2. Enter a valid NHSN ID in the Profile Section of their 2020 Leapfrog ASC Survey, and
3. Complete, affirm, and submit the 2020 Leapfrog ASC Survey by August 31.

For instructions and all other deadlines and release dates, please refer to the “Instructions for Joining Leapfrog’s NHSN Group” and the “Deadlines and Reporting Periods” table (below), which is also provided on the [Join NHSN Group for ASCs webpage](#).

Join by	Leapfrog will download data from NHSN for all current group members	Data downloaded from NHSN will be scored and publicly reported for ASCs that have submitted a Survey by	SDOM and SSI Reporting Period	Available on ASC Details Page and Public Reporting Website
June 22	June 23	N/A*	01/01/2019 – 12/31/2019	N/A*
August 20	August 21	August 31	01/01/2019 – 12/31/2019	September
October 22	October 23	October 31	01/01/2019 – 12/31/2019	November 6
December 17	December 18	December 31	01/01/2019 – 12/31/2019	January 8

* 2020 Leapfrog ASC Survey Results will be scored and publicly reported beginning in September as part of Leapfrog’s [COVID-19 response](#).

Medication Safety Frequently Asked Questions (FAQs)

Medication and Allergy Documentation

1) Do all medications documented in the clinical records need to have all of the elements listed in Section 4A questions #4, 5 and #6?

Yes, when responding to Section 4A questions #4, 5 and 6, with the count of qualifying cases (the numerators), all elements listed must be documented in the clinical record in order to count a case.

For question #4, home medications must have dose, route, and frequency documented, with the exception of 'route' in cases where a home medication only has one possible route of administration. If no home medications were taken, the clinical record should have 'no home medications,' or similar, documented.

For question #5, all ordered, prescribed, and administered medications should have the strength, dose, route, date, and time of administration documented in the clinical record ('time of administration' may be omitted if the medication was not administered at the facility). Local and global anesthesia medications must only have **total dose, date, and time of administration** documented in the clinical record to be considered complete.

For question #6, all allergies and adverse reaction(s) should be documented in the clinical record, unless there is documentation that the case has 'no known allergies.'

More information on included/excluded medications may be reviewed in the Section 4A Measure Specifications on pages 99-100.

2) How up to date/ how often do home medications need to be updated in the clinical record for Section 4A question #4?

Home medications should be recorded or updated on the day of the clinical procedure (for all procedures included in Section 3A of the 2020 Leapfrog ASC Survey).

Patients who are returning for a second or follow-up procedure within 12 months of the initial procedure are not required to have an updated home medication list in their clinical record in order for the record to be counted in the numerator of the home medication audit (i.e. included in the count in question #4). However, in cases of frequent repeated clinical visits, the home medications list should be updated at least once every 12 months.

Antimicrobial Stewardship Practices

3) For the purposes of reporting on Section 4A: Medication Safety – Antimicrobial Stewardship Practices:

- **Governance** should be considered to be the person or persons who:
 - Are fully and legally responsible, either directly or by appropriate professional delegation, for the operations and performance of the facility
 - Identify and hold accountable those responsible for planning, management, and operational activities, including the provision of care, treatment, or services
- **Leadership** should be considered to be the person or persons who:

- Are responsible for planning, management, and operational activities
 - Are a physician leader, nurse leader, or administrative leader
 - Guide the facility on a day-to-day basis
- **Risk Manager or Quality Coordinator** refers to the patient safety leader (who may or may not have these titles) who has responsibility for multiple and integrated areas of patient safety.
 - The facility may appoint a Risk Manager or Quality Coordinator who may have other assigned duties or may specifically employ a Risk Manager or Quality Coordinator designated with this responsibility.
 - Multiple executives who are responsible for individual areas (i.e. risk, quality, infection prevention, etc.), but do not assess the integrated safety issues, would not qualify.

4) Are there any resources to better understand what Leapfrog means by antimicrobial stewardship practices and to learn more about nationwide antimicrobial standards?

The Infectious Diseases Society of America (IDSA) and the Society for Healthcare Epidemiology of America (SHEA) generally set the nationwide prescribing standards for antimicrobial stewardship practices. Additional key resources are as follows:

- IDSA Clinical Practice Guidelines, 2018: <https://www.idsociety.org/globalassets/idsa/practice-guidelines/2018-opat-ciy745.pdf>
- IDSA Practice Guidelines (we recommend clicking the “view alphabetical list of guidelines” link): https://www.idsociety.org/PracticeGuidelines/?q=&ref=journalyear%3B%5B2018+TO+2018%5D%3BYear%2C#/date_na_dt/DESC/0/+/
- IDSA and SHEA Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship, 2007: <https://academic.oup.com/cid/article/44/2/159/328413>
- Johns Hopkins Antibiotics Guidelines: https://www.hopkinsguides.com/hopkins/index/Johns_Hopkins_ABX_Guide/Antibiotics
- Sanford Guide: <https://www.sanfordguide.com/>

5) What type of written documentation is required to show that leadership supports efforts to improve antimicrobial use?

Support by leadership may be shown in multiple ways. For example, leadership could send a memo or email to all staff regarding antimicrobial stewardship efforts. Alternatively, leadership could present a PowerPoint presentation at an all staff or board meeting describing the importance of and facility emphasis on improvement efforts around antimicrobial use.

6) What is the difference between a ‘physician leader responsible for program outcomes’ and a ‘pharmacist leader responsible for working to improve stewardship activities’ in questions #11 and #12 in Section 4A Antimicrobial Stewardship Practices?

While pharmacists are able to recommend best practices on prescribing medications, they are not authorized to prescribe medications themselves and, therefore, are not able directly influence antimicrobial prescribing practices or antimicrobial stewardship program outcomes. Physicians are responsible for taking the recommendations of pharmacists and then choosing which medications to prescribe to patients. Additionally, physicians may influence and lead other physicians in best prescribing practices, to more directly impact antimicrobial stewardship program outcomes.

Opioid Prescribing

- 7) **What is an example of “tracking” that all licensed prescribers who are authorized to prescribe scheduled drugs are registered for access to your state or regional Prescription Drug Monitoring Program (PDMP) and whether or not prescribers are checking the PDMP prior to prescribing opioids to patients?**

All clinicians with access to the PDMP have a unique DEA number. ASCs may also obtain a facility DEA number to verify clinician access to and use of the PDMP. Additionally, in some cases pharmacists may be able to access the PDMP to verify physician use and whether the physician has reviewed best opioid prescribing practices for the patient.

- 8) **What are examples of proven methods that can be used to match and link the same patient’s record?**

Patient matching and linking can be accomplished with three methods of matching:

- Probabilistic matching is the process of using statistical analysis to determine the overall likelihood or probability that two records are the same patient.
- Referential matching is a form of probabilistic matching where records are matched against a comprehensive and continuously updated reference database of identities such as a statewide Health Information Exchange.
- Deterministic matching is the process of determining whether records refer to the same patient if they have an exact match based on a subset of data such as name and date of birth. When using deterministic matching, care needs to be taken that it also allows for alternate uses of the same name (e.g., Robert and Bob, Will and William, Margaret and Peggy).

The use of any one or a combination of any of these methods would be considered a proven method to match and link the same patient’s record.

The prescriber should be able to connect directly with the PDMP through a button or link that takes them directly to the patient record within the PDMP (it should match the patient they are viewing).

- 9) **What does continuous online access and automated reports to authorized users refer to?**

Continuous online access refers to the availability of the PDMP and how frequently it is updated (i.e., the database is always available and updated in real-time). If the database is refreshed on a periodic basis rather than in real-time as prescriptions are being processed by the pharmacies or prescribers, it is not continuous online access.

Automated reports refer to the alerting capability of the PDMP (i.e., does it alert a prescriber of a possible concern such as active opioid prescription in place when a prescriber is writing a new prescription).

- 10) **What is required for the integration of PDMP data with the electronic health record?**

For integration, the electronic health record should automatically document that the prescriber checked the PDMP when they view the patient’s record within the PDMP.

Hand Hygiene Frequently Asked Questions (FAQs)

General

1) For the purposes of reporting on Section 4C Hand Hygiene Practices of the Leapfrog ASC Survey:

- **Governance** should be considered to be the person or persons who:
 - Are fully and legally responsible, either directly or by appropriate professional delegation, for the operations and performance of the facility
 - Identify and hold accountable those responsible for planning, management, and operational activities, including the provision of care, treatment, or services
- **Leadership** should be considered to be the person or persons who:
 - Are responsible for planning, management, and operational activities
 - Are a physician leader, nurse leader, or administrative leader
 - Guide the facility on a day-to-day basis

2) What areas do the questions in Section 4C Hand Hygiene apply to?

Please see [Note 3](#). Facility responses should reflect surgical or treatment areas, which include pre-operative rooms, operating and procedure rooms, post-operative rooms.

Training and Education

3) Are online training modules acceptable for the purposes of question #1 and question #3?

Online training modules are acceptable for the purposes of answering question #1 and question #3 if they meet all requirements outlined in the question.

For question #1, the online training must be done at the frequency specified and would need to be delivered and/or developed by a [professional with appropriate training and skills](#)¹³. For question #3, the online training must meet all six topics outlined in the question.

Physical demonstration (question #2) **cannot** be done using an online training module.

4) What are examples of what can count as “physically demonstrating” proper hand hygiene during the initial hand hygiene training?

Before new individuals to your facility have contact with patients and the patient care space, they will need to demonstrate proper hand hygiene with soap and water and alcohol-based hand sanitizer. This demonstration could be done as part of other onboarding activities, during occupational health activities as part of the TB test, during facility orientations, in small groups, etc. A group “teach-back” would be acceptable, but with no more than 10 students per one trainer/monitor. An online or in-person “simulation” would not be sufficient for this purpose.

Facilities that are starting to implement this component should add physical demonstration to their **initial** training for any **new hires**. Leapfrog is not asking facilities to retroactively train individuals.

Infrastructure

5) What would need to be the extent of a quarterly audit that checks that paper towels, soap, and alcohol-based hand sanitizer dispensers are refilled?

The audit should include checking the paper towels, soap, and alcohol-based sanitizer, as well as batteries (if automated dispensers are used) in a **sample** of dispensers throughout your facility. The sample should be based on a random or systematic sampling procedure, where the sampling plan assures wide sampling (i.e., the same places would not always be monitored). A reasonable goal

would be to audit 5% of the dispensers. The quarterly audit should ideally be a supplement to a system that checks these supplies on a routine basis (e.g., environmental services checks with their regular cleaning). Results from these audits can be used to improve processes.

6) Due to fire code, some of our patient rooms and bed spaces cannot have an alcohol-based hand sanitizer dispenser within 5 steps of every patient bed. In addition, facility protocols do not allow us to have alcohol-based hand sanitizer dispensers in some areas. How should we answer question #5?

For the purposes of question #5, individuals who touch patients or who touch items that will be used by patients could carry alcohol-based hand sanitizer on their person in order to meet the “5 steps” requirement.

How should a facility conduct audits of the volume of alcohol-based hand sanitizer for the purposes of reporting on questions #6-7?

To audit the amount of alcohol-based hand sanitizer that is delivered with each activation of a wall-mounted dispenser (manual and automated), Leapfrog recommends the following process:

1. Identify multiple individuals (at least 10) with varying hand sizes (by quick observation).
2. Select a sample of dispensers based on a random or systematic sampling procedure, where the sampling plan assures wide sampling (i.e., the same places would not always be monitored). The sample should include at least 5% of the dispensers.
3. For each sampled dispenser, have each of the individuals identified in step #1 dispense a volume of alcohol-based hand sanitizer dispenser.
4. For each individual, have a separate individual time the amount of hand rubbing time required for hands to dry completely.
5. Repeat this process for each individual and calculate an **average** time based on the ten observations conducted.
6. Repeat this process for each sampled dispenser.

In order to answer “yes” to question #7, the **average** hand rubbing time for **each** sampled dispenser needs to be at least 15 seconds.

7) How should we respond to questions #6 and #7 if our facility uses wall-mounted dispensers, but has not recently made any of the updates or changes noted in question #6 (i.e., has not installed any new dispensers, has not made any changes to the brand of product or system, and has not made any adjustments to the dispensers)?

If your facility is just starting to adopt this practice, but has not yet had any of the updates or changes noted in question #6, an audit should be conducted on a sample of existing dispensers and a process should be in place to conduct additional audits when any new dispensers are installed, changes are made to the brand/product, or adjustments are made to the dispensers in order to answer “yes” to question #6. In order to answer “yes” to question #7, the audit would need to show that the volume of alcohol-based hand sanitizer dispensed covers the hands completely and requires 15 or more seconds for hands to dry (on average).

Monitoring

8) For the purposes of hand hygiene compliance monitoring, how does Leapfrog define a hand hygiene opportunity?

Hand hygiene opportunities are the number of times that an individual who touches patients or who touches items used by patients should have cleaned his or her hands given the hand hygiene framework your facility has adopted (e.g., WHO’s “5 moments”, Ontario’s 4 moments, CDC’s guidelines). In terms of determining opportunities to monitor, this would depend on the guidelines your facility chooses to follow. For example, many facilities choose to audit before and after patient contact or room entry and exit because this is operationally the simplest method. Auditing opportunities before clean and after dirty tasks is operationally difficult. There is some evidence that

measuring adherence on room entry and exit may be an acceptable stand-in for other opportunities within the patient encounter.

9) How do we estimate the number of hand hygiene opportunities in a month?

To estimate the number of hand hygiene opportunities (HHOs) in a month, facilities should use the following formula:

= Number of patients with a procedure in a month x number of staff per patient (can assume 2) * 4 HHOs per patient (one of the 5 moments is “after body fluid exposure/risk” which may not apply to every patient) x 6%

The monthly sample size of hand hygiene opportunities monitored should be at least 6% of the facility’s monthly HHO value (based on formula above) or 200 hand hygiene opportunities, whichever is less.

200 hand hygiene opportunities was chosen as the sample size based on a study by Yin et. al which showed that 180-195 opportunities would need to be monitored to accurately observe a 10% change in hand hygiene compliance (Yin et al.). The calculations above are for smaller facilities where monitoring 200 opportunities may not be feasible.

References:

Steed C, Kelly JW, Blackhurst D, Boeker S, Diller T, Alper P, Larson E. Hospital hand hygiene opportunities: where and when (HOW2)? The HOW2 Benchmark Study. American journal of infection control. 2011 Feb 1;39(1):19-26.

Jun Yin MS, Heather Schacht Reisinger PhD, Mark Vander Weg PhD, Marin L. Schweizer PhD, Andrew Jesson, Daniel J. Morgan MD MS, Graeme Forrest MD, Margaret Graham, Lisa Pineles MA and Eli N. Perencevich MD MS Infection Control and Hospital Epidemiology Vol. 35, No. 9 (September 2014), pp. 1163-1168

10) My facility uses an electronic compliance monitoring system, but it does not meet all the criteria outlined in question #11-12. Can I report on the hand hygiene compliance data we collect via direct observation instead?

Yes. If your facility also uses direct observation to collect hand hygiene compliance data (not just for coaching/intervention) in **all** patient care units (including those with the electronic compliance monitoring system), you can select “yes, using only direct observation” in either question #8 or question #9 and report on your adherence to the direct observation criteria only. Otherwise, you will need to respond “no” to question #11.

11) What types of electronic compliance monitoring systems would meet the first criteria outlined in question #11 (i.e., identifying both opportunities and that hand hygiene was performed)?

Group monitoring systems and badge-based systems would qualify if they are able to identify both opportunities for hand hygiene and that hand hygiene was performed. For example, an electronic monitoring system that records when an individual (not identified) enters and exits a room and also records if a dispenser was used within the same time frame, would qualify as the entry and exit is used as a proxy for a hand hygiene opportunity (before and after touching a patient) and the dispenser use is used as a proxy for a hand hygiene event. This data can be adjusted to take visitors into account and used to estimate hand hygiene compliance. Another example would be a badge-based system where individuals or their roles can be identified.

12) Is Leapfrog encouraging facilities to implement electronic compliance monitoring? These systems can be costly and the technology still needs to advance.

The questions in the new hand hygiene standard ask about a variety of strategies that can be used to monitor and improve hand hygiene. Leapfrog is encouraging facilities to take a multimodal approach.

With regard to monitoring, while facilities can achieve the Leapfrog standard with direct observation alone, Leapfrog is communicating a strong preference for use of electronic monitoring (implemented according to evidence-based principles). In addition to literature suggesting electronic monitoring works better to pinpoint compliance issues, sheer numbers of hand hygiene opportunities covered by the two monitoring strategies represent powerful evidence in favor of electronic monitoring. Electronic monitoring allows facilities to monitor virtually every patient encounter, while direct observation monitors a selection. Based on the evidence, our standard calls for monitoring 200 hand hygiene opportunities per month, which is a small subset of overall hand hygiene opportunities. Even beyond capturing more encounters aligned with the evidence, electronic monitoring alleviates the ethical quandary of an observer watching patient harm without intervening.

We anticipate that electronic compliance monitoring technology will improve over time and become an important component of a comprehensive hand hygiene program. Electronic monitoring is a routine component of public safety in other industries where compliance is critical, so health care can and should achieve those standards for its patients.

All items included in Section 4C are based on the evidence review and recommendations from Leapfrog's national [Hand Hygiene Expert Panel](#) and others. We have included in the Hand Hygiene bibliography a number of peer-reviewed studies that have examined the benefits of using electronic monitoring systems over direct observation. The bibliography is available at <http://www.leapfroggroup.org/ratings-reports/hand-hygiene>.

13) When conducting direct observations, what should our hand hygiene compliance observers be documenting?

Hand hygiene compliance observers should be able to determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct. We recommend that they use an observation form, such as the [WHO Observation Tool](#) and record at least the following:

- The role of the individual being observed (e.g., nurse, physician, etc.) and the patient care area where the observation session is being conducted
- The date as well as the start and end time for the observation session
- The unit and shift being observed
- The indication (or moment) for performing hand hygiene (e.g., before/after touching a patient, before/after a procedure, before/after touching patient surroundings, etc.)
- Whether hand hygiene was performed or not performed based on the indication noted and if the technique was correct

14) Are online training modules acceptable for the purposes of training hand hygiene compliance observers in question #14?

Online training modules can be used for the initial and recurrent training of hand hygiene compliance observers. Please refer to FAQ #15 for more information on the requirements for the validation of hand hygiene compliance observers

15) For question #14, what would the validation of hand hygiene compliance observers include?

Facilities should be conducting regular quality monitoring of the accuracy of observations that are collected by each observer. This would include having an individual trained in infection control simultaneously collecting data with the hand hygiene compliance observers are comparing results. In response to facility policies on minimizing the number of extra staff in units during the COVID-19 pandemic, videos which include an interactive assessment and completion of an observation form, such as the [WHO Hand Hygiene Training Films and Slides Accompanying the Training Films](#), would also be sufficient for validating hand hygiene compliance observers. Once resources and infection control practices allow, facilities are encouraged to expand the testing scenarios that are included in the WHO videos (i.e., the videos should be expanded to include: various types of individuals who

touch patients or who touch items that will be used by patients, a larger number of scenarios where individuals are adherent and non-adherent, the inclusion of all moments observed, etc.) and/or resume regular quality monitoring where an individual from Infection Control is simultaneously collecting data with the hand hygiene compliance observers and comparing results.

Feedback

16) For the purposes of responding to question #18, what are some examples of how facility leadership can be held accountable through performance reviews or compensation?

A performance review or compensation plan should include specific language about hand hygiene performance. A list of hand hygiene practices and related goals may be incorporated into the performance review and/or compensation plan or formalized programs whereby a measure of success of those activities or programs is tied to individual performance reviews or compensation incentive plans of executives. Examples include meeting targets for hand hygiene compliance rates, having bonuses tied to structural changes like the implementation of electronic compliance monitoring systems, etc. Language pertaining solely to infection control practices and performance would NOT be sufficient.

Culture

17) What are some examples of how patients and visitors can be invited to remind individuals who touch patients or who touch items that will be used by patients to perform hand hygiene?

Patients and visitors can be invited to remind individuals who touch patients or who touch items that will be used by patients to perform hand hygiene with posters placed in surgical or treatment areas, bedside placards, buttons worn by the staff, etc.

18) What are some examples of demonstrating a commitment to hand hygiene improvement as referenced in question #20?

Some examples of how individuals can demonstrate a commitment to support hand hygiene improvement are written or verbal commitments given during town hall meetings, videos, e-mails from leadership, public comments to staff, etc. This needs to be a verbal or written commitment that is delivered to those individuals who touch patients or who touch items that will be used by patients.

NQF Safe Practices Frequently Asked Questions (FAQs)

General

1) Why were Safe Practices 1 Culture of Safety Leadership, Structures, and Systems and 2 Culture Measurement, Feedback and Intervention included in the Leapfrog ASC Survey?

In 2010, the National Quality Forum (NQF) published a report that detailed 34 Safe Practices that should be universally implemented in clinical care settings, including hospitals and ambulatory surgery centers, to improve patient safety and reduce the risk of harm to patients. Several of these Safe Practices have been included on the Leapfrog Hospital Survey since 2003. Over the years, Leapfrog has reduced the number of Safe Practices on the Hospital Survey to encourage hospitals to focus on those with the strongest evidence.

In an effort to ensure that purchasers and consumers have similar information about ambulatory surgery centers and hospital outpatient departments, Leapfrog has included the same Safe Practices on the ASC Survey that are included on the Hospital Survey.

2) Why is each practice area broken down into the 4 A' Framework: Awareness, Accountability, Ability, and Action?

Organizations must have awareness of performance gaps and through direct measurement, they must be aware of their own performance gaps. Accountability of leadership to improve performance is critical to accelerate innovation adoption. An organization may be aware, and the leadership accountable, however if the staff do not have the ability to employ new practices, meaning the capacity and resources to do so, success is at risk. Finally, action must be taken with discipline over time that is measurable both by process measures and outcome measures that clearly tie to closing performance gaps.

3) For the purposes of reporting on Section 4D: NQF Safe Practices of the Leapfrog ASC Survey:

- **Governance** should be considered to be the person or persons who:
 - Are fully and legally responsible, either directly or by appropriate professional delegation, for the operations and performance of the facility
 - Identify and hold accountable those responsible for planning, management, and operational activities, including the provision of care, treatment, or services
- **Leadership** should be considered to be the person or persons who:
 - Are responsible for planning, management, and operational activities
 - Are a physician leader, nurse leader, or administrative leader
 - Guide the facility on a day-to-day basis
- **Risk Manager or Quality Coordinator** refers to the patient safety leader (who may or may not have these titles) who has responsibility for multiple and integrated areas of patient safety.
 - The facility may appoint a Risk Manager or Quality Coordinator who may have other assigned duties or may specifically employ a Risk Manager or Quality Coordinator designated with this responsibility.
 - Multiple executives who are responsible for individual areas (i.e. risk, quality, infection prevention, etc.), but do not assess the integrated safety issues, would not qualify.

4) There are several references to communicating and reporting to the governance throughout Section 4. How can ASCs meet the intent of these elements?

Reporting on each specific Safe Practice element as described in the Safe Practice should occur and be documented within the reporting period. Communications and reporting must occur to the facility's governance, and reporting to internal staff committees (i.e. performance improvement committee, risk mitigation committee, safety team meeting, etc.) would not meet the intent of these elements.

5) The phrase "performance reviews or compensation" is used throughout Section 4. Do performance reviews and compensation plans need to have specific language about the Safe Practice, or can a set of patient safety goals related to the specific Safe Practice be attached?

A performance review or compensation plan should include specific language about a Safe Practice. A list of Safe Practices and related goals may be incorporated into the performance review and/or compensation plan or formalized programs whereby a measure of success of those activities or programs is tied to individual performance reviews or compensation incentive plans of leaders.

Every employee should have a patient safety component to their annual review. Another option is to include in the employee's competency review (OPPE, FPPE).

6) There are several references to ASC budgets throughout Section 4. How can ASCs meet the intent of these elements?

The intent of these elements is to verify that actions specific to the Safe Practices have been included in ASC budgets. To meet the intent of these elements, ASCs should ensure that these actions can be identified within the facility's budget. If the budget includes categories which address the Safe Practice, but do not specifically name the Safe Practice, then the intent of the element is met.

Further, if a facility has not allocated budget dollars for activities tied to a Safe Practice, but can document expenses specific to the Safe Practice during the reporting period, the intent of the element is met. Plans to allocate specific budget dollars for a Safe Practice should be incorporated into the next upcoming budget year as an ongoing process.

ASCs may also document training or education expenditures specific to the Safe Practice or expenditures on educational materials that are specific to the Safe Practice.

ASCs that have invested in in-house staff educators' and who include in their job descriptions the coordination and delivery of training and education to appropriate facility staff on specific Safe Practices meet the intent of this element. For example, if the position description for the Clinical Nurse Educator includes the coordination and delivery of in-service training and educational sessions related to preventing infections by improving hand hygiene, the intent of this practice is met.

Safe Practice # 1 Leadership Structures and Systems

7) 1.1a, 1.2b, and 1.2d: Several elements within Safe Practice 1 mention that "regular communication" is required. How does Leapfrog define "regular communication?"

Regular communication means more than once a year. Some facilities may discuss these items quarterly or even monthly. ASCs can document these communications took place through dated meeting minutes. We would urge ASCs to improve the detail of their governance and other meeting minutes to ensure they are able to clearly document that the issues were discussed.

The discussion of these items can be a general note in the minutes, without specific details. However, ASCs should maintain copies of dated presentations and reports related to these agenda items in order to document adherence these elements.

8) 1.1b: How can an ASC document the steps that it has taken to report to the community ongoing efforts and results of these efforts to improve safety and quality?

ASCs can utilize several communication vehicles, including: webpages that are prominent from the facility's homepage, electronic newsletters, mailings or annual reports, or an ad in the local paper. The communication must include both efforts the ASC is taking to improve and the results of those efforts.

9) 1.1c: How can an ASC document that all staff and independent practitioners were "made aware" of ongoing efforts to reduce risks and hazards and to improve patient safety and quality?

ASCs can share information via email or intranet, reports or presentations at meetings with meeting attendance recorded. If utilizing an intranet, ASCs must ensure that non-employed practitioners have access to the information.

10) 1.2a, 1.3a, 1.4b: What are the minimum requirements to qualify as a "patient safety program?"

As part of accreditation through The Joint Commission, ASCs are required to meet standard LD.03.09.01, which identifies the elements that must be included in an integrated patient safety program (see pages PS-32 to PS-33 in Patient Safety Systems chapter of the CAMAC). ASCs that are not accredited by The Joint Commission can use these elements as a guide as well.

11) 1.2d: What is the role of an interdisciplinary patient safety committee?

An interdisciplinary patient safety committee is an internal ASC committee that oversees the activities defined in the NQF Safe Practice 1 Practice Element Specifications and develops action plans to create solutions and changes in performance.

12) 1.2d: What is an example of team training that is appropriate for caregivers?

ASCs can utilize TeamSTEPPS, a comprehensive, evidence-based training program for healthcare professionals.

13) 1.2e: How can ASCs that have not had any adverse events during the reporting period earn credit for this element?

First, we urge your ASC to reassess its conclusion that no adverse events occurred. Following the reassessment, if no adverse events were identified and the ASC can document that it has policies in place to report such events when they do occur (to a mandatory or voluntary program), the facility would meet the intent of this element.

14) 1.4b: What are some examples of how ASCs can engage the medical staff as direct contributors to the patient safety program?

Examples may include:

- Leadership requests time on Medical Staff standing agendas to provide patient safety updates and elicit direct feedback on specific areas.
- Medical staff are invited and encouraged to be active participants on clinical meetings where patient safety is addressed.
- Governance appoints a community-based active medical staff member to represent the facility on a regional patient safety initiative.

15) 1.4b: In an ASC where all medical staff is employed, how do we answer this question?

The intent of this element is to ensure that physicians and medical staff have the opportunity to provide input on the ASC's patient safety plan because often they do not have a significant position in the hierarchal structure of a facility, but carry a great deal of influence over how the facility is run. Thus, they are informal leaders who can be change agents and "accelerators or barriers for improvement." If the facility's governance and leadership seek and document input from physicians and medical staff regarding patient safety programs, the intent of this element has been met.

Safe Practice # 2 Culture Measurement, Feedback, and Intervention

16) 2.2a: For purposes of culture safety measurement, who should we consider to be “employees?”

The survey should be administered to all staff (clinical and nonclinical) who have worked at the ASC at least four times in the past month AND have been working at the ASC for at least six months. All staff asked to complete the survey should have enough knowledge about your ASC and its operations to provide informed answers to the survey questions. In general, include staff and doctors who interact with others working at the facility and do so often enough to be able to report on the topics assessed in the survey. Overall, when considering who should complete the survey, ask yourself:

- Does this person know about day-to-day activities at this ASC?
- Does this person interact regularly with staff working at this ASC?

The survey should be administered to full- or part-time employees, per diem employees, and those who work in the facility on a contract basis but may not be employees. Include doctors, nurses, certified registered nurse anesthetists (CRNAs), physician assistants (PAs), nurse practitioners (NPs), technicians, management staff (facility directors, medical directors, nurse managers, office managers, etc.), and administrative, clerical, or business staff (schedulers, billing staff, receptionists, medical records, etc.). Some doctors or staff may work at more than one ASC, so distribute the survey in the facility where they spend most of their time and instruct them to answer about that ASC only. If they spend an equal amount of time at multiple ASCs, choose one facility and instruct them to answer the survey only for that facility.

17) 2.2b: What would constitute an “external organization” for benchmarking culture of safety survey results?

Although ASCs can have a variety of ownership and management arrangements, the patient safety culture survey was designed to measure patient safety at a single ASC facility. We consider each unique facility to be a separate facility for purposes of survey administration and providing facility-specific feedback. The survey has been developed and tested for ASCs, only. It has not been tested in office-based surgery settings. Hospital outpatient surgery departments should complete the HSOPS.

18) 2.3b: Does performance evaluation criteria for leadership need to include the actual targeted response rate to the culture of safety survey?

Yes. The facility’s targeted response rate to the culture of safety survey should be included in performance evaluation criteria for senior administrative leadership. Criteria for using the survey results in improvement efforts should also be included to meet the intent of this element.

19) 2.4a: Which employees should be included in the staff education program?

Staff education needs to include education for all levels of staff, from leadership to frontline caregivers.

Never Events Frequently Asked Questions (FAQs)

1) When reporting Never Events, what “state reporting program for medical errors” applies in my state? Congress has passed legislation requiring all states to develop a reporting program for medical errors. At this time, many states have already enacted or adopted some requirement that facilities report serious medical errors or similar adverse events to a state agency. Others are still implementing legislation or regulations that define that requirement. States that have developed programs may also define reportable events differently.

2) What if there is no “state reporting program for medical errors” in my state? Do we still have to report Never Events to meet Leapfrog principles for this policy? To whom?

Facilities in states that do not have a state reporting program or requirement in effect can meet the reporting requirement of Leapfrog’s principles for implementation of a Never Events policy by reporting all Never Events voluntarily to either an accrediting organization or a Patient Safety Organization.

If there is no state-required reporting program in effect, no available Patient Safety Organization to which your facility can report, and your facility is not accredited, the Leapfrog requirement for reporting to an external agency is amended. Facilities must report the Never-Event to their governance board. And, facilities must still perform a root-cause analysis internally of each Never Event to meet Leapfrog’s principle for full implementation of its Never Events policy.

3) The reportable adverse events defined by our state’s reporting program don’t include all twenty-five (25) Never Events endorsed by the National Quality Forum (NQF) and adopted in the Leapfrog policy. Will reporting only the state-required reportable events to the state agency suffice for meeting Leapfrog’s requirement for reporting Never Events to an external agency? Does our facility have to report other Never Events, as defined by NQF/Leapfrog, to that state agency even though not required by our state’s reporting program?

Facilities should report all of their state-required reportable events to the state agency. All other Never Events, as defined by NQF’s list of Serious Reportable Events, that cannot be reported to the state agency, should be reported to another external agency (e.g., accreditor, Patient Safety Organization), if possible. If reporting those events to another external agency is not possible, the final option is to report those events to the facility’s governance board.

4) Won’t Leapfrog’s request to have facilities apologize to the patient put the facility at risk for liability?

Not necessarily. Research indicates that malpractice suits are often the result of a failure on the facility’s part to communicate openly with the patient and apologize for its error. Patients feel the most anger when they perceive that no one is willing to take responsibility for the adverse event that has occurred. A sincere apology from the responsible facility staff can help to heal the breach of trust between doctor/facility and patient. (When Things Go Wrong: Responding to Adverse Events. Boston, 2006. Mass Coalition for the Prevention of Medical Errors)

5) How does Leapfrog define “waive cost”?

At its core, Leapfrog’s approach to never events is about improving patient care. While the policy asks facilities to refrain from billing either the patient or a third party payer, such as a health plan or employer company, for any costs directly related to a serious reportable adverse event, Leapfrog understands that, due to the wide array of circumstances surrounding never events, specific details of what constitutes “waiving cost” should be handled on a case-by-case basis by the parties involved.

6) Does Leapfrog recommend any resources for facilities looking to adhere to Leapfrog's Never Events principles?

Yes, the Agency for Healthcare Research and Quality (AHRQ) has developed and tested the [Communication and Optimal Resolution \(CANDOR\) Toolkit](#), which outlines a process for facilities and practitioners to respond to unexpected events in a timely, thorough, and just way. The National Patient Safety Foundation (NPSF) has issued a report titled [RCA²: Improving Root Cause Analyses and Actions to Prevent Harm](#), which examines best practices and provides guidelines to help standardize and improve Root Cause Analysis. In addition, facilities can download tips and tools for interviewing patients and families for the Root Cause Analysis on the [Survey and CPOE Materials webpage](#).

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SECTION 5: PATIENT EXPERIENCE

This section includes questions and reference information for Section 5: Patient Experience. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

Section 5: Patient Experience

Outpatient Procedures Factsheet and Bibliography:

<https://ratings.leapfroggroup.org/measure/asc/2020-asc-survey-measures>

Section 5 includes questions about patient experience (OAS CAHPS).

Each facility achieving the Patient Experience Standard:

Performed in the top quartile based on responses to the 2020 Leapfrog ASC Survey and Section 10 of the 2020 Leapfrog Hospital Survey submitted by August 31, 2020 for the 4 OAS CAHPS domains, listed below:

- a) Facilities and Staff
- b) Communication About Your Procedure
- c) Patients' Rating of the Facility
- d) Patients Recommending the Facility

5: Patient Experience (OAS CAHPS)

Important Notes:

Note 1: Information from Section 5 will be scored, and results will be publicly reported.

Specifications: See [Patient Experience \(OAS CAHPS\) Measure Specifications](#) in the Reference Information on page 123-124.

Reporting Time Period: 12 months

Please answer the following questions for the latest 12-month period prior to the submission of this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (January 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the December 31 Late Submission Deadline. Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

1) What is the latest 12-month reporting period for which your facility is submitting responses to this section? 12-month reporting time period ending:	_____ Format: MM/YYYY
2) Did your facility have at least 300 eligible discharges ¹⁸ during the 12-month period referenced above? <i>If "no" to question #2, skip the remaining questions in Section 5 and go to the Affirmation of Accuracy.</i>	Yes No
3) Has your facility administered, or started to administer, the entire OAS CAHPS Survey during the reporting period? <i>If "no" to question #3, skip the remaining questions in Section 5 and continue on to the Affirmation of Accuracy.</i>	Yes No
4) Total number of months in which your facility administered the OAS CAHPS Survey during the reporting period.	_____ Format: Whole numbers only
5) Total number of returned surveys during the reporting period. <i>If less than 100, skip the remaining questions in Section 5 and go to the Affirmation of Accuracy.</i>	_____

In questions #6-9, report your facility's [Top Box Score](#)¹⁹ from each of the following patient experience **domains** from your 12-month vendor report that matches the reporting period selected in question #1.

6) Facilities and Staff	_____ Format: Whole numbers only
7) Communication About Your Procedure	_____ Format: Whole numbers only

8) Patients' Rating of the Facility	<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Format: Whole numbers only</i></p>
9) Patients Recommending the Facility	<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Format: Whole numbers only</i></p>

Additional Questions (Fact Finding Only)

In questions #10-12, report your facility's [Top Box Score](#)¹⁹ from each of the following patient experience **questions** from your 12-month vendor report that matches the reporting period selected in question #1.

10) Q14: Did your doctor or anyone from the facility prepare you for what to expect during your recovery?	<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Format: Whole numbers only</i></p>
11) Q19: Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?	<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Format: Whole numbers only</i></p>
12) Q21: Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?	<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Format: Whole numbers only</i></p>

Affirmation of Accuracy

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Patient Experience Section at our ASC, and I hereby certify that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this certification on behalf of our ASC.

The ASC and I understand that The Leapfrog Group, its members, the public and entities and persons who contract or have other business dealings with The Leapfrog Group are relying on the truth and accuracy of this information. The ASC and I also understand that The Leapfrog Group will make this information and/or analyses of this information public through the Survey Results public reporting website and/or other Leapfrog Group products and services. This information and/or analyses and all intellectual property rights therein shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. This information does not infringe upon any third-party intellectual property rights or any other third-party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may use this information in a commercial manner for profit. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract or have other business dealings with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by _____, the ASC's _____,
(First Name, Last Name) (Title)

On _____.
(Date)

Section 5: Patient Experience Reference Information

What's New in the 2020 Survey

There are no major updates to the questions in Section 5: Patient Experience in 2020. Responses to these questions will be scored and publicly reported.

2020 Scoring Algorithms are available [here](#).

Change Summary Since Release

None. If substantive changes are made to this section of the Survey after release on April 1, 2020, they will be documented in this Change Summary section.

Section 5: Patient Experience (OAS CAHPS) Measure Specifications

Source: Developed by Centers for Medicare and Medicaid Services (CMS) using Agency for Healthcare Quality and Research (AHRQ) guidelines. More information available at <https://oascahps.org/General-Information/About-OAS-CAHPS-Survey>.

Reporting Time Period: 12 months

Report on the latest 12-month period prior to the submission of this section of the Survey.

Question #2: Did your facility have at least 300 [eligible discharges](#)¹⁸ during the 12-month reporting period?

This section of the Survey is designed for facilities that discharged at least 300 eligible patients during the reporting period. Facilities that discharged fewer than 300 eligible patients should respond “no,” skip the rest of the questions, and move on to the Affirmation of Accuracy.

Eligible discharges include discharges for adult patients (ages 18 years and older) who had both medically and non-medically necessary outpatient surgeries and/or procedures. A detailed description of patient sampling criteria, including a list of OAS CAHPS-eligible surgeries and procedures, is available in the Protocols and Guidelines Manual, version 4.0 at <https://oascahps.org/Survey-Materials>.

Question #3: Has your facility administered the OAS CAHPS Survey, or started to administer, the entire OAS CAHPS Survey, during the reporting period?

The OAS CAHPS survey includes questions about patients’ experiences with their preparation for the surgery or procedure, check-in processes, cleanliness of the facility, communications with the facility staff, discharge from the facility, and preparation for recovering at home. The survey also includes questions about whether patients received information about what to do if they had possible side-effects during their recovery. OAS CAHPS is designed to be national in scope and requires standardized administration protocols.

There are three approved modes of administration: mail only, telephone only, and mail with a telephone follow-up. In addition, in 2020, Leapfrog will be accepting OAS CAHPS results from ASCs who have administered the survey using unapproved modes of administration, such as electronic administration, as long as they have not altered the questions, response options, or domains.

If your facility is not currently administering the OAS CAHPS Survey, a list of approved vendors is available at <https://oascahps.org/General-Information/Approved-Survey-Vendors>.

Question #4: Total number of months in which your facility administered the OAS CAHPS Survey during the reporting period.

It is recommended that facilities (or their survey vendor) sample over a 12-month period and ensure an even distribution of patients is sampled over the 12-month period. However, in 2020, Leapfrog will be accepting OAS CAHPS results from facilities that have administered the survey over a period of time less than 12 months if they have at least 100 returned surveys.

Question #5: Total number of returned surveys during the reporting period.

It is recommended that facilities (or their survey vendor) administer the survey to a large enough sample in order to achieve 300 returned surveys in a 12-month reporting period. However, in 2020, Leapfrog will be accepting OAS CAHPS results from facilities that have at least 100 returned surveys.

Questions #6-9: In questions #6-9, report your facility’s Top Box Score from each of the following patient experience domains from your 12-month vendor report that matches the reporting period selected in question #1. Facilities should not use domain scores that are publicly reported on the CMS Hospital Compare [website](#) as these scores have been risk adjusted.

These 4 questions capture the Top Box Score for each of the 4 domains of patient experience: facilities and staff, communication about your procedure, patients' rating of the facility, and patients recommending the facility.

The following questions from the OAS CAHPS Survey are included in each domain:

Facilities and Staff

Q3: Did the check-in process run smoothly?

Q4: Was the facility clean?

Q5: Were the clerks and receptionists at the facility as helpful as you thought they should be?

Q6: Did the clerks and receptionists at the facility treat you with courtesy and respect?

Q7: Did the doctors and nurses treat you with courtesy and respect?

Q8: Did the doctors and nurses make sure you were as comfortable as possible?

Communication About Your Procedure

Q1: Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?

Q2: Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?

Q9: Did the doctors and nurses explain your procedure in a way that was easy to understand?

Q10: Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia?

Q11: (If 'Yes' to Q10) Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?

Q12: (If 'Yes' to Q10) Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?

Patients' Rating of the Facility

Q23: Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?

Patients Recommending the Facility

Q24: Would you recommend this facility to your friends and family?

Additional Questions (Fact Finding Only)

Questions #10-12: In questions #10-12, report your facility's Top Box Score from each of the following patient experience questions from your 12-month vendor report that matches the reporting period selected in question #1.

These 3 questions capture the Top Box Score for each of these 3 questions regarding patient experience following a surgery or procedure that are not included in the 4 domains above:

Q14: Did your doctor or anyone from the facility prepare you for what to expect during your recovery?

Q19: Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?

Q21: Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?

Please note that question numbers are taken from the OAS CAHPS Survey, which you can download at <https://oascahps.org/Survey-Materials>.

Patient Experience Frequently Asked Questions (FAQs)

1) Why is Leapfrog asking for results of the OAS CAHPS Survey, given that it is not required by CMS and many facilities are not currently administering it?

While we understand that the OAS CAHPS Survey is still a voluntary component of the CMS ASC Quality Reporting Program, this survey is the only nationally standardized instrument designed to compare patient experience in both HOPDs and ASCs. No other survey has been tested and validated for this purpose. All measures included in Leapfrog's programs are predicated on the latest evidence and recommended by Leapfrog's panels of experts. They are also selected because of their importance to consumers, employers, and other purchasers.

Leapfrog will continue to include these questions on the Leapfrog Hospital Survey/Leapfrog ASC Survey and would welcome additional feedback from participating facilities.

2) If my facility administers a version of OAS CAHPS Survey that has not been approved by CMS, can we still use the results for reporting on the Leapfrog [Hospital/ ASC] Survey?

If facilities are administering an 'unofficial' OAS CAHPS Survey, on adult discharges, that is identical to the official OAS CAHPS Survey in terms of domains/questions, but is administered in a non-CMS approved mode (e.g., electronically administered), these OAS CAHPS results can be used for the purposes of responding to Section 10 of the Leapfrog Hospital Survey/ Section 5 of the Leapfrog ASC Survey. Additionally, facilities can report OAS CAHPS results to Leapfrog even if they are not reporting OAS CAHPS results to CMS.

3) Isn't 300 returned surveys the minimum sample size recommended by CMS?

Yes; however, Leapfrog has received feedback that many hospitals and ambulatory surgery centers have only recently started to administer the survey. In order to ensure as many hospitals and ambulatory surgery centers as possible are able to report on this subsection, we have reduced the minimum sample size for reporting results to the Leapfrog Hospital and ASC Surveys to 100 returned surveys. This will help ensure that hospitals and ASCs that have made the investment to administer the Survey are able to earn credit for doing so.

If possible, however, it is recommended that facilities (or their survey vendor) administer the survey to a large enough sample in order to achieve 300 returned surveys in a 12-month reporting period.

4) We administer our own patient experience survey to collect specific information about our patient's experience. Can we report the results from our facility's patient experience survey?

No; facilities can only report the results of the official OAS CAHPS Survey on Section 5 of the Leapfrog ASC Survey.

However, according to the OAS CAHPS Protocols and Guidelines Manual, survey vendors and ASCs/HOPDs may choose to add up to 15 supplemental questions after the 'core' OAS CAHPS Survey questions that are personalized to the facility/vendor. More information on these supplemental questions, including restrictions and required approval, may be reviewed on pages 18-20 of the CMS OAS CAHPS Survey Protocols and Guidelines Manual, which is available for download here:

<https://oascahps.org/Survey-Materials>. Please note, the responses to these supplemental questions will not be reported on the Leapfrog ASC Survey.

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Endnotes

¹ **CMS Certification Number (CCN)**

A CMS Certification Number (CCN) is issued by the Centers for Medicare and Medicaid Services (CMS) to financial reporting entities for purposes of reimbursement. CCNs are ten digits; with the first two digits representing the state in which the facility is located. Facilities that do not receive Medicare reimbursement may not have a CMS Certification Number and should not have a CCN reported in this field. Leapfrog pre-populates this field in the Online ASC Survey Tool. If the facility's CCN is different from the one shown online, please contact the Help Desk.

² **National Health Safety Network (NHSN) ID**

A NHSN ID is issued by the Centers for Disease Control and Prevention and is used as a unique identifier for facilities participating in NHSN surveillance activities. Each facility within a network, even if they share a CCN, should report separately to NHSN and should have their own NHSN ID if they are located separately. Please see the NHSN instructions available at <http://www.leapfroggroup.org/asc-survey-materials/join-asc-nhsn-group>. NHSN IDs are five digits. Leapfrog pre-populates this field in the Online ASC Survey Tool for facilities that provided a valid NHSN ID, joined our NHSN Group for ASCs, and submitted the Leapfrog ASC Survey in 2019. If the facility NHSN ID is different from the one shown online, please update accordingly.

³ **Federal Tax Identification Number (TIN)**

Enter the TIN that your facility uses for billing purposes. *The number is a nine-digit number (e.g., 098765432) and must conform precisely to this format – be sure to enter any leading 0.*

⁴ **National Provider Identifier (NPI)**

The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number of covered health care providers. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or medical specialty. If there is more than one NPI associated with your facility, please enter the NPI associated with the highest amount of charges for the most recent year. Leapfrog pre-populates this field in the Online ASC Survey Tool. If the facility's NPI is different from the one shown online, please contact the Help Desk.

⁵ **Tips for entering Web addresses**

- This address becomes the link attached to your facility's name in the public release of Survey Results. Enter it exactly as you wish it to be and test it.
- Do not exit out of the Online ASC Survey Tool to go to the Web page of interest while you are entering data into the Survey or some of your Survey entries may be lost.
- Instead, minimize (but don't close) the Survey window and any other windows that are open, then open your internet browser in a separate window. Find the Web page whose address you wish to enter and Copy/Paste the entire address into the Survey entry. **The http:// prefix needs to be included.**
- If entering the Web page address manually, be careful to type it correctly, without embedded spaces. Forward (/) or backward (\) slashes may be used. Don't forget the "www." if that is part of the address. **The http:// prefix needs to be included.**
- Make sure to use .org, rather than .com, if that's the domain for your facility's website.

⁶ **Affiliation or Management Company**

For the purpose of participating in the Leapfrog ASC Survey, some hospitals or health systems, health care networks, or management companies may want to coordinate Survey submissions among several facilities or ensure that communications regarding a facility's submission are shared with someone at the hospital, health system, health care network, or management company.

Facilities should only complete this section of the Profile regarding an affiliation with a hospital or health system, or health care network, or list their management company (including joint ventures) if they want information about the Survey submission shared with those individuals.

Facilities that are part of a joint venture with a hospital, health system, or health care network, as well as facilities that are partly or wholly owned by a management company, may consider completing this section of the Profile.

⁷ Operating Rooms

If your state designates and licenses operating rooms, enter the number of operating rooms licensed by your state. If your state does not designate and license operating rooms, enter the number of operating rooms that meet the following definition from the 2018 FGI Guidelines: a room that meets the requirements of a restricted area, is designated and equipped for performing surgical or other invasive procedures, and has the environmental controls for an OR as indicated in ASHRAE 170. An aseptic field is required for all procedures performed in an OR.

More information about the 2018 FGI Guidelines can be found at https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17_FGI_ExamProcedureOperatingImaging_170721.pdf.

⁸ Endoscopic Procedure Rooms

If your state designates and licenses procedure rooms, enter the number of procedure rooms licensed by your state that are used for endoscopies. If your state does not designate and license procedure rooms, enter the number of procedure rooms that are used for endoscopies that meet the following definition from the 2018 FGI Guidelines: a room designated for the performance of patient care that requires high-level disinfection or sterile instruments and some environmental controls but is not required to be performed with the environmental controls of an operating room.

More information about the 2018 FGI Guidelines can be found at https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17_FGI_ExamProcedureOperatingImaging_170721.pdf.

⁹ Written Transfer Agreement

A written agreement between an ambulatory surgery center and a receiving hospital that describes the transfer of patients, patient care, and clinical information in circumstances of varying acuity where a higher level of care is needed by patients. The transfer agreement should be formalized in advance of any patient care being initiated at an ASC and should be applicable to and immediately enacted in any case when a higher level of patient care is necessary.

¹⁰ Written Transfer Policies

Written internal policies and procedures, including, but not limited to, the provisions in the written transfer agreement, for the transfer of patients to a higher level of care. These procedures should be specific to an individual ASC and may differ based on patient acuity. Transfer policies may specify qualifications of the receiving facility and timing for transfer of patients and information, among other components. Transfer policies should be internally formalized and circulated to appropriate members of the care team prior to any patient care being initiated at an ASC.

¹¹ Clinician

A clinician refers to a physician, physician assistant (PA), nurse practitioner (NP), certified registered nurse anesthetist (CRNA), or nurse (RN or MSN).

¹² Individuals who touch patients or who touch items that will be used by patients

This would include individuals who are formally engaged by the facility to help support the patient care process. This would include both direct and indirect care providers that are likely to have contact with patients, enter a surgical or treatment area, touch items that will be used by patients, or interact with

patient fluids (e.g., blood, specimens), such as doctors, mid-levels, nurses, pharmacists, environmental services staff, phlebotomists, laboratory techs, etc. This would also include students and volunteers. These individuals should be trained to identify and perform proper hand hygiene for the specific indications/moments (see [WHO's 5 Moments for Hand Hygiene](#), [CDC's Guideline for Hand Hygiene](#)) that are relevant to their work.

Administrative workers that only perform office duties and do not touch patients or touch items that will be used by patients would not be included in this definition. Patients and their visitors would also not be included in this definition. While patients and their loved ones are important parts of the patient care process, they are not formally engaged by the facility for this work.

¹³ Professional with Appropriate Training and Skills

This would include staff formally trained in Infection Control or Infectious Diseases, whose tasks include dedicated time for staff training. In some settings, this could also be medical or nursing staff involved in clinical work, with dedicated time to acquire thorough knowledge of the evidence for and correct practice of hand hygiene.

The minimum required knowledge of the trainer can be found in the [WHO Guidelines on Hand Hygiene in Health Care](#) and the [Hand Hygiene Technical Reference Manual](#).

¹⁴ Never Event

In 2011, the National Quality Forum released a list of 25 events that they termed “serious reportable events,” extremely rare medical errors that should never happen to a patient in an ambulatory setting. Often termed “never events,” these include errors such as surgery performed on the wrong body part or on the wrong patient or leaving a foreign object inside a patient after surgery. Please see NQF’s “Never Events” list at <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=69573>.

¹⁵ Apology to the Patient

While Leapfrog recognizes that on very rare occasions “never events” can occur that are not the fault of care systems or clinical care staff, given the high level of trust patients place in health care providers, Leapfrog feels it is appropriate for caregivers to apologize when a patient within their care setting suffers a serious event.

As the National Quality Forum identified in their 2002, 2006, and 2011 Serious Reportable Events Report, given the serious nature of these events, it is reasonable for facilities to initially assume that the adverse event was due to the referenced course of care. And while further investigation and/or root cause analysis of the unplanned event may be needed to confirm or refute the presumed relationship, delaying an apology to the patient is not treating the patient with compassion and sympathy.

¹⁶ Reporting Never Events to External Agencies

If your facility is not accredited, is located in a state without a state-wide reporting program for medical errors, AND there is no available Patient Safety Organization to which your facility can report medical errors, the facility should report the event to the Board of Trustees. Full implementation of the Never Events policy still requires the facility to conduct a root cause analysis of the event.

¹⁷ Root Cause Analysis

The National Patient Safety Foundation published a set of best practices and guidelines in its report “RCA² Improving Root Cause Analysis and Action to Prevent Harm.” The report can be found at <http://www.ihf.org/resources/Pages/Tools/RCA2-Improving-Root-Cause-Analyses-and-Actions-to-Prevent-Harm.aspx>.

¹⁸ Eligible Discharges

Discharged adult patients (ages 18 years and older) who had both medically and non-medically necessary surgeries and/or procedures are eligible to complete the OAS CAHPS Survey. A detailed

description of patient sampling criteria, including a list of OAS CAHPS-eligible surgeries and procedures is available in the Protocols and Guidelines Manual, version 4.0 at <https://oascahps.org/Survey-Materials>.

¹⁹ **Top Box Score**

The percent of survey respondents who chose the most positive score for a given item. Looking at the **top box** is an approach to understand the number of responses with a strong sentiment. For the OAS CAHPS Survey “Patients’ Rating of the Facility” domain, responses of 9 or 10 are included in the top box score. For the “Patients Recommending the Facility” domain, responses of “Definitely yes” are included in the top box score. For all other domains included in Section 5, the top box score is the percent of survey respondents choosing “Yes, definitely.”

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