

# The Leapfrog ASC Survey Scoring Algorithms

## Scoring Details for the 2020 Leapfrog ASC Survey



**Table of Contents**

2020 Leapfrog ASC Survey Scoring Algorithms .....	3
Scoring and Public Reporting Overview .....	4
What's New in 2020.....	7
Change Summary Since Release .....	7
Section 1: Basic Facility Information Scoring Algorithms .....	8
General Information, Accreditation, and Transfer Policies and Agreements.....	8
Section 2: Medical, Surgical, and Clinical Staff Scoring Algorithms .....	9
Certified Clinicians Present While Patients Are Recovering.....	9
Board Certified/ Board Eligible Physicians and Certified Registered Nurse Anesthetists .....	10
Section 3: Volume and Safety of Procedures Scoring Algorithms .....	11
Volume of Procedures.....	11
Patient Follow-up .....	11
Patient Selection .....	11
Patient Consent to Treat .....	11
Safe Surgery Checklist.....	11
Section 4: Patient Safety Practices Scoring Algorithms .....	12
Medication and Allergy Documentation .....	12
Antimicrobial Stewardship Practices .....	12
Opioid Prescribing .....	12
NHSN Outpatient Procedure Component Module .....	12
Hand Hygiene .....	14
National Quality Forum (NQF) Safe Practice #1 .....	17
National Quality Forum (NQF) Safe Practice #2.....	18
Never Events Policy .....	19
Section 5: Patient Experience Scoring Algorithm.....	20
Patient Experience (OAS CAHPS) .....	20

# 2020 Leapfrog ASC Survey Scoring Algorithms

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

This document includes the scoring algorithms for the 2020 Leapfrog ASC Survey. The scoring algorithms are organized by section:

- [Section 1 Basic Facility Information](#)
- [Section 2 Medical, Surgical, and Clinical Staff](#)
- [Section 3 Volume and Safety of Procedures](#)
- [Section 4 Patient Safety Practices](#)
- [Section 5 Patient Experience](#)

For a hard copy of the Leapfrog ASC Survey, which includes measure specifications, endnotes, and FAQs, please visit the [Survey Materials webpage](#).

**Leapfrog is committed to data accuracy. Please carefully review Leapfrog's data accuracy protocols on our [website](#).**

## Scoring and Public Reporting Overview

Once a facility submits a Leapfrog ASC Survey via the [Online ASC Survey Tool](#), the submitted responses will be scored using the algorithms detailed in this document. Only those responses that have been submitted will be scored and publicly reported; saved responses will not be scored or publicly reported.

Generally, Leapfrog [publicly reports](#) Survey Results beginning on July 25 for facilities that submit by June 30, and these facilities are able to preview their Survey Results on the [ASC Details Page](#) on July 12. However, in 2020, as part of Leapfrog's [COVID-19 response](#), Leapfrog will not publicly report Survey Results until **September** for ASCs that submit by **August 31**. The ASC Details Page will be available on the same day that Survey Results are published.

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 new and updated Survey submissions until the Survey closes for the year on December 31, 2020 (updated from November 30 as part of Leapfrog's [COVID-19 response](#)). More information about Survey submission deadlines is available on our [website](#).

**ASCs should review their Survey Results following their submission to ensure accuracy and completeness.**

For the purposes of [public reporting](#), performance on each measure on the Leapfrog ASC Survey is placed into one of four performance categories:






- **Achieved the Standard** (displayed as four filled bars)
- **Considerable Achievement** (displayed as three filled bars)
- **Some Achievement** (displayed as two filled bars)
- **Limited Achievement** (displayed as one filled bar)

Additional scoring terms include:

- **Does Not Apply:** This term is used for facilities that report not performing a particular procedure or do not have applicable patients and/or units for a particular measure.
- **Unable to Calculate Score:** This term is used for facilities that report a sample size that does not meet Leapfrog's minimum reporting requirements.
- **Not Available:** This term is used for ASCs that scored "Some Achievement" or "Limited Achievement" on the Hand Hygiene Standard to indicate that some data was not available due to the COVID-19 crisis. *This term is new and will only be used for publicly reporting the Hand Hygiene Results from the 2020 Leapfrog ASC Survey.*
- **Declined to Respond:** This term is used for facilities that do not submit a Survey.
- **Pending Leapfrog Verification:** This term is used for facilities who have Survey responses that are undergoing Leapfrog's standard verification process.

**See the example legend from Leapfrog's public reporting website below.**

Progress towards meeting Leapfrog standards:

	Achieved the Standard
	Considerable Achievement
	Some Achievement
	Limited Achievement
 NOT AVAILABLE	Due to the COVID-19 pandemic, data for this measure is not available
DOES NOT APPLY	This measure is not applicable to this facility
UNABLE TO CALCULATE	Sample size too small to calculate score
PENDING LEAPFROG VERIFICATION	This facility's responses are undergoing Leapfrog's standard data verification process

For the purposes of [public reporting](#), measures are grouped together under 5 main groups. The following measures are included in each group:

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
<b>Preventing and Responding to Patient Harm</b>	Subsection 4D	NQF Safe Practice #1 Culture of Safety Leadership Structures and Systems	<i>Effective Leadership to Prevent Errors</i>
	Subsection 4D	NQF Safe Practice #2 Culture Measurement, Feedback, and Intervention	<i>Staff Work Together to Prevent Errors</i>
	Subsection 4C	Hand Hygiene	<i>Handwashing</i>
	Subsection 4E	Never Events Policy	<i>Responding to Never Events</i>
	Subsection 4B	NHSN Outpatient Procedure Component Module – Same Day Outcome Measures and Surgical Site Infections	<i>Tracking and Reporting Accidents and Infections</i>
<b>Medication Safety</b>	Subsection 4A	Medication and Allergy Documentation	<i>Medication Documentation for Routine Surgery Patients</i>

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
<b>Care for Elective Outpatient Surgery Patients</b>	Section 2	Clinicians Present While Adult Patients are Recovering	<i>Elective Outpatient Surgery Recovery Staffing - Adult</i>
	Section 2	Clinicians Present While Pediatric Patients are Recovering	<i>Elective Outpatient Surgery Recovery Staffing - Pediatric</i>
	Subsection 3D	Safe Surgery Checklist	<i>Safe Surgery Checklist – Elective Outpatient Surgery</i>
	Section 5	Patient Experience (OAS CAHPS)	<i>Experience of Patients Undergoing Routine Surgery</i>
<b>Elective Outpatient Surgery - Adult*</b>	Subsection 3A	Gastroenterology	<i>Gastroenterology (Stomach and Digestive)</i>
	Subsection 3A	General Surgery	<i>General Surgery</i>
	Subsection 3A	Ophthalmology	<i>Ophthalmology (Eyes)</i>
	Subsection 3A	Orthopedic	<i>Orthopedic (Bones and Joints)</i>
	Subsection 3A	Otolaryngology	<i>Otolaryngology (Ear, Nose, Mouth, and Throat)</i>
	Subsection 3A	Urology	<i>Urology (Urinary Tract, Male Reproductive)</i>
	Subsection 3A	Dermatology	<i>Dermatology (Skin)</i>
	Subsection 3A	Neurological Surgery	<i>Neurosurgery</i>
	Subsection 3A	Obstetrics and Gynecology	<i>Obstetrics and Gynecology</i>
Subsection 3A	Plastic and Reconstructive Surgery	<i>Plastic and Reconstructive Surgery</i>	
<b>Elective Outpatient Surgery - Pediatric*</b>	Subsection 3A	Gastroenterology	<i>Gastroenterology (Stomach and Digestive)</i>
	Subsection 3A	General Surgery	<i>General Surgery</i>
	Subsection 3A	Ophthalmology	<i>Ophthalmology (Eyes)</i>
	Subsection 3A	Orthopedic	<i>Orthopedic (Bones and Joints)</i>
	Subsection 3A	Otolaryngology	<i>Otolaryngology (Ear, Nose, Mouth, and Throat)</i>
	Subsection 3A	Urology	<i>Urology (Urinary Tract, Male Reproductive)</i>

\*Note: These data will not be scored, but volumes will be displayed on Leapfrog's public reporting website.

**What's New in 2020**

In response to COVID-19, Leapfrog [announced](#) several changes to the 2020 Leapfrog ASC Survey. Please carefully review the scoring and public reporting information below:

- The Late Submission Deadline will be extended by 30 days from November 30 to December 31, 2020 to give ASCs even more time to submit a 2020 Survey. As previously announced, public reporting will begin in September with Surveys submitted by August 31.
- Updates to the following scoring algorithms have been made for the 2020 Leapfrog ASC Survey: All ASCs submitting a 2020 Leapfrog ASC Survey will be required to respond to the new Hand Hygiene subsection. However, only ASCs that score “Achieved the Standard” (or four out of four bars) or “Considerable Achievement” (or three out of four bars) will have their Results publicly reported. ASCs that report on the subsection and score less than “Considerable Achievement” will be publicly reported as “Not Available,” which will be described on our public reporting website as unavailable data due to the COVID-19 crisis.

**Change Summary Since Release****April 13, 2020 - [Section 4A Medication and Allergy Documentation](#)**

Scoring updated to reflect change in 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.

**September 8, 2020 - Added Scoring Cut-Points [5A Patient Experience \(OAS CAHPS\)](#)**

Leapfrog published cut-points for the Patient Experience (OAS CAHPS) measure using Surveys submitted by August 31, 2020. See page 20 for more information.

**Section 1: Basic Facility Information Scoring Algorithms**

**General Information, Accreditation, and Transfer Policies and Agreements**

This section will not be scored in 2020. However, the responses will be shown on Leapfrog’s public reporting [website](#). For example, Leapfrog will display the number of operating and/or procedure rooms.



Section 2: Medical, Surgical, and Clinical Staff Scoring Algorithms

### **Certified Clinicians Present While Patients Are Recovering**

Facilities will be scored on whether an Advanced Cardiac Life Support (ACLS) trained clinician, plus a second clinician, are always present and immediately available while adult patients are present in the building and whether a Pediatric Advanced Life Support (PALS) trained clinician, plus a second clinician, are always present and immediately available while pediatric patients are present in the building. Additionally, to achieve the standard, a physician or CRNA must be present at all times and immediately available in the building until **all** adult and/or pediatric patients are physically discharged from the facility

Note: Facilities that have a physician or CRNA serving as their ACLS or PALS trained clinician are not required to have a third clinician present while patients are present in the facility.

Certified Clinicians Present While Patients Are Recovering Score (Performance Category)	Meaning that while <b>adult</b> patients are recovering, the ASC ensures that...	Meaning that while <b>pediatric</b> patients are recovering, the ASC ensures that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are present at all times and immediately available in the building while an adult patient is present in the facility; <b>AND</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b> adult patients are physically discharged from the facility</li> </ul>	<ul style="list-style-type: none"> <li>A PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility; <b>AND</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b> pediatric patients are physically discharged from the facility</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are present at all times and immediately available in the building while an adult patient is present in the facility; <b>OR</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b> adult patients are physically discharged from the facility</li> </ul>	<ul style="list-style-type: none"> <li>A PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility; <b>OR</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b> pediatric patients are physically discharged from the facility</li> </ul>
<b>Limited Achievement</b>	<ul style="list-style-type: none"> <li>An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are <b>NOT</b> present at all times and immediately available in the building while an adult</li> </ul>	<ul style="list-style-type: none"> <li>A PALS trained clinician, as well as a second clinician (regardless of PALS training), are <b>NOT</b> present at all times and immediately available in the building while a pediatric</li> </ul>

	<p>patient is present in the facility; <b>AND</b></p> <ul style="list-style-type: none"> <li>A physician or CRNA is <u>NOT</u> present at all times and immediately available in the building until <b>all</b> adult patients are physically discharged from the facility</li> </ul>	<p>patient (infant through 12 years) is present in the facility; <b>AND</b></p> <ul style="list-style-type: none"> <li>A physician or CRNA is <u>NOT</u> present at all times and immediately available in the building until <b>all</b> pediatric patients are physically discharged from the facility</li> </ul>
<b>Does Not Apply</b>	The facility does not perform procedures on adult patients.	The facility does not perform procedures on pediatric patients.
<b>Declined to Respond</b>	The facility did not submit a Survey.	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.	

**Board Certified/ Board Eligible Physicians and Certified Registered Nurse Anesthetists**

Information on the proportion of physicians and certified registered nurse anesthetists who are board certified or board eligible will not be scored in 2020, however, responses will be shown on Leapfrog's public reporting [website](#).

<b>Section 3: Volume and Safety of Procedures Scoring Algorithms</b>
--

### **Volume of Procedures**

In 2020, responses to the annual volume of each procedure performed will not be scored. However, responses 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) and the information will be publicly reported to inform purchasers and consumers about the facility’s experience with the procedure.

Fact-finding questions regarding registry participation will not be scored in 2020, and responses will not be shown on Leapfrog’s public reporting [website](#).

### **Patient Follow-up**

This section will not be scored in 2020, and responses will not be shown on Leapfrog’s public reporting [website](#).

### **Patient Selection**

This section will not be scored in 2020. However, responses will be shown on Leapfrog’s public reporting [website](#). Leapfrog will display the components of a facility’s patient screening tool.

### **Patient Consent to Treat**

This section will not be scored in 2020. However, responses will be shown on Leapfrog’s public reporting [website](#) alongside information about procedure volume.

### **Safe Surgery Checklist**

Facilities will be scored on the use of a safe surgery checklist and whether elements of the checklist are documented and used on every patient undergoing an applicable procedure.

Safe Surgery Checklist Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure; <b>AND</b></li> <li>Facility has documented that <b>all</b> safe surgery checklist elements listed were completed for each patient, by responding “yes” to all of the following: question #3, question #5, and question #7.</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure; <b>AND</b></li> <li>Facility has documented that <b>most</b> of the safe surgery checklist elements listed were completed for each patient, by responding “yes” to 2 of the following: question #3, question #5, and question #7.</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure; <b>AND</b></li> <li>Facility has documented that <b>few or none</b> of the safe surgery checklist elements listed were completed for each patient, by responding “yes” to 1 or 0 of the following: question #3, question #5, and question #7.</li> </ul>
<b>Limited Achievement</b>	The facility does not use a safe surgery checklist on all patients undergoing an applicable procedure.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility’s responses are undergoing Leapfrog’s standard verification process.

<b>Section 4: Patient Safety Practices Scoring Algorithms</b>
---

### **Medication and Allergy Documentation**

A facility's rates of documentation for home medications, visit medications, and allergies/ adverse reaction(s) will be used to determine in which performance category a facility is placed.

Medication and Allergy Documentation Score (Performance Category)	Meaning that...
Achieved the Standard	The facility met the 90% target for documenting all three components: home medications, visit medications, and allergies/ adverse reaction(s) in the clinical record.
Considerable Achievement	The facility met the 90% target for documenting two of the three components.
Some Achievement	The facility met the 90% target for documenting one of the three components.
Limited Achievement	The facility did not meet the 90% target for documenting any of the three components or the facility did not measure.
Unable to Calculate	The facility did not meet the minimum reporting requirements for clinical record documentation (n < 30).
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

### **Antimicrobial Stewardship Practices**

This section will not be scored in 2020, and responses will not be shown on Leapfrog's public reporting [website](#).

### **Opioid Prescribing**

This section will not be scored in 2020, and responses will not be shown on Leapfrog's public reporting [website](#).

### **NHSN Outpatient Procedure Component Module**

Data from the NHSN Outpatient Procedure Component Module is downloaded by Leapfrog for all facilities who 1) [join Leapfrog's NHSN Group for ASCs](#), 2) enter their NHSN ID in the Profile Section, and 3) submit a 2020 Leapfrog ASC Survey.

Leapfrog will be downloading available data from NHSN for each facility for the following:

- 2019 Outpatient Procedure Component - Annual Facility Survey (available January 1, 2020)\*
- Same Day Outcome Measures (SDOM) Module\*
- Breast Surgery (BRST) Procedure SSI Outcome Measure
- Herniorrhaphy (HER) Procedure SSI Outcome Measure
- Knee Prosthesis (KPRO) Procedure SSI Outcome Measure
- Laminectomy (LAM) Procedure SSI Outcome Measure

\*Applicable to all ASCs.

In 2020, an ASC's performance category for this measure will be calculated based on enrollment in the NHSN OPC Module and 1) completion of the 2019 OPC Annual Facility Survey, 2) participation in surveillance and reporting for the four Same Day Outcome Measures, and 3) participation in surveillance and reporting for all applicable Surgical Site Infection Measures, as follows:

For facilities that have one or more applicable Surgical Site Infection Measures:

NHSN Outpatient Procedure Component Module Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	Facility is enrolled in NHSN OPC Module, completed the 2019 OPC Annual Facility Survey, and completed <b>both</b> of the following: <ul style="list-style-type: none"> <li>Participated in 12-months of surveillance and reporting for all 4 Same Day Outcome Measures</li> <li>Participated in 12-months of surveillance and reporting for all applicable Surgical Site Infection Measures</li> </ul>
<b>Considerable Achievement</b>	Facility enrolled in NHSN OPC Module, completed 2019 OPC Annual Facility Survey, and completed <b>one</b> of the following: <ul style="list-style-type: none"> <li>Participated in 12-months of surveillance and reporting for all 4 Same Day Outcome Measures</li> <li>Participated in 12-months of surveillance and reporting for all applicable Surgical Site Infection Measures</li> </ul>
<b>Some Achievement</b>	Facility enrolled in NHSN OPC Module and completed the 2019 OPC Annual Facility Survey, and completed <b>both</b> of the following: <ul style="list-style-type: none"> <li>Participated in &lt;12-months of surveillance and reporting for all 4 Same Day Outcome Measures</li> <li>Participated in &lt;12-months of surveillance and reporting for all applicable Surgical Site Infection Measures</li> </ul>
<b>Limited Achievement</b>	Facility has submitted a Leapfrog ASC Survey, but it does not yet meet the criteria for <b>Some Achievement</b> .
<b>Declined to Respond</b>	Facility did not submit a Leapfrog ASC Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

For facilities that do not have any applicable Surgical Site Infection Measures (because they do not perform breast surgeries, herniorrhaphies, knee replacements, and laminectomies):

NHSN Outpatient Procedure Component Module Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	Facility is enrolled in NHSN OPC Module, completed the 2019 OPC Annual Facility Survey, and completed the following: <ul style="list-style-type: none"> <li>Participated in 12-months of surveillance and reporting for all 4 Same Day Outcome Measures</li> </ul>
<b>Some Achievement</b>	Facility enrolled in NHSN OPC Module and completed the 2019 OPC Annual Facility Survey, and completed the following: <ul style="list-style-type: none"> <li>Participated in &lt;12-months of surveillance and reporting for all 4 Same Day Outcome Measures</li> </ul>
<b>Limited Achievement</b>	Facility has submitted a Leapfrog ASC Survey, but it does not yet meet the criteria for <b>Some Achievement</b> .
<b>Declined to Respond</b>	Facility did not submit a Leapfrog ASC Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

## Hand Hygiene

Facilities will be scored based on their performance on five domains of hand hygiene. In order to meet the requirements of each domain, the facility must respond in the affirmative to all applicable questions.

1. Monitoring: questions #8-10
  - a. Electronic: questions #11-12
  - b. Direct Observation: questions #13-14
2. Feedback: questions #15-18
3. Training or Education: questions #1-3
4. Infrastructure: questions #4-7
5. Culture: questions #19-20

Hand Hygiene (Performance Category)	Meaning that...
<p><b>Achieved the Standard</b></p>	<p>The facility responded “yes” to <b>all</b> applicable questions in the Monitoring and Feedback Domains and meets the <b>monthly</b> sample size of <b>200</b> (or 6% of all possible hand hygiene opportunities) for monitoring hand hygiene opportunities:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #8: Facility collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 6% of all possible hand hygiene opportunities, <b>each month in the facility</b></li> <li>○ Question #10: Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #11-12</li> <li>▪ <i>Direct Observation:</i> questions #13-14</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain:</b> questions #15-18</li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The facility responded “yes” to <b>all</b> questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #19-20</li> </ul>
<p><b>Considerable Achievement</b></p>	<p>The facility responded “yes” to <b>all</b> applicable questions in the Monitoring and Feedback Domains and meets the <b>quarterly</b> sample size of <b>100</b> for monitoring hand hygiene opportunities:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #9: Facility collects hand hygiene compliance data on at least 100 hand hygiene opportunities <b>each quarter in the facility</b></li> <li>○ Question #10: Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will</li> </ul> </li> </ul>

Hand Hygiene (Performance Category)	Meaning that...
	<p>be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</p> <ul style="list-style-type: none"> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #9):               <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring</i>: questions #11-12</li> <li>▪ <i>Direct Observation</i>: questions #13-14</li> </ul> </li> <li>● <b>Feedback Domain</b>: questions #15-18</li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The facility responded “yes” to <b>all</b> questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>● <b>Training and Education Domain</b>: questions #1-3</li> <li>● <b>Infrastructure Domain</b>: questions #4-7</li> <li>● <b>Culture Domain</b>: questions #19-20</li> </ul>
<p><b>Some Achievement*</b></p>	<p>The facility responded “yes” to <b>all</b> applicable questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>● <b>Monitoring Domain</b>:           <ul style="list-style-type: none"> <li>○ Question #8 or #9:               <ul style="list-style-type: none"> <li>▪ Facility collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 6% of all possible hand hygiene opportunities, <b>each month in the facility</b>;</li> <li>▪ Facility collects hand hygiene compliance data on at least 100 hand hygiene opportunities <b>each quarter in the facility</b></li> </ul> </li> <li>○ Question #10: Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8 or #9):               <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring</i>: questions #11-12</li> <li>▪ <i>Direct Observation</i>: questions #13-14</li> </ul> </li> </ul> </li> <li>● <b>Feedback Domain</b>: questions #15-18</li> <li>● <b>Training and Education Domain</b>: questions #1-3</li> <li>● <b>Infrastructure Domain</b>: questions #4-7</li> <li>● <b>Culture Domain</b>: questions #19-20</li> </ul>
<p><b>Limited Achievement*</b></p>	<p>The facility responded “yes” to <b>all</b> applicable questions in any <b>1</b> of the following domains:</p> <ul style="list-style-type: none"> <li>● <b>Monitoring Domain</b>:           <ul style="list-style-type: none"> <li>○ Question #8 or #9:               <ul style="list-style-type: none"> <li>▪ Facility collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 6% of all possible hand hygiene opportunities, <b>each month in the facility</b>;</li> <li>▪ Facility collects hand hygiene compliance data on at least 100 hand hygiene opportunities <b>each quarter in the facility</b></li> </ul> </li> <li>○ Question #10: Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will</li> </ul> </li> </ul>



Hand Hygiene (Performance Category)	Meaning that...
	<p>be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</p> <ul style="list-style-type: none"> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8 or #9):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring</i>: questions #11-12</li> <li>▪ <i>Direct Observation</i>: questions #13-14</li> </ul> </li> <li>● <b>Feedback Domain</b>: questions #15-18</li> <li>● <b>Training and Education Domain</b>: questions #1-3</li> <li>● <b>Infrastructure Domain</b>: questions #4-7</li> <li>● <b>Culture Domain</b>: questions #19-20</li> </ul> <p style="text-align: center;"><b><u>OR</u></b></p> <p>The facility met <b>0</b> domains.</p>
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility’s responses are undergoing Leapfrog’s standard verification process.

**\*Note: Facilities scored as “Some Achievement” or “Limited Achievement” will be publicly reported as “Not Available.”**



## National Quality Forum (NQF) Safe Practice #1

A facility's progress for the National Quality Forum (NQF) Safe Practice #1 – Culture of Safety Leadership Structures and Systems will be measured and scored based on the number of points earned.

NQF Safe Practice #1 Score (Performance Category)	Overall Points Earned
Achieved the Standard	100% of Points
Considerable Achievement	80% to 99% of Points
Some Achievement	50% to 79% of Points
Limited Achievement	0% to 49% of Points
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

Scoring details are described below:

- Maximum Points:** NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems has a maximum number of points of 120.
  - Point Values per Checkbox:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of checkboxes within this NQF Safe Practice.
  - Points Earned:** Total points earned for this NQF Safe Practice is the sum of the points for each checkbox marked for this NQF Safe Practice.
  - Performance Category Cut-points** are based on a percentage of the Maximum Points achievable for this NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut-points further. However, there are no current plans or commitments to change the cut-points during the 2020 Survey Cycle.
- Updated Submissions:** Facilities may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas up until **December 31** (updated from November 30 as part of Leapfrog's [COVID-19 response](#)). Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

## National Quality Forum (NQF) Safe Practice #2

A facility's progress for the National Quality Forum (NQF) Safe Practice #2 – Culture Measurement, Feedback, and Intervention will be measured and scored based on the number of points earned.

NQF Safe Practice #2 Score (Performance Category)	Overall Points Earned
<b>Achieved the Standard</b>	100% of Points
<b>Considerable Achievement</b>	80% to 99% of Points
<b>Some Achievement</b>	50% to 79% of Points
<b>Limited Achievement</b>	0% to 49% of Points
<b>Does Not Apply</b>	The facility had too few employees (<20) to administer the AHRQ Surveys on Patient Safety Culture (SOPS).
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

Scoring details are described below:

- Maximum Points:** NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention has a maximum number of points of 120.
- Point Values per Checkbox:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of checkboxes within this NQF Safe Practice.
- Points Earned:** Total points earned for this NQF Safe Practice is the sum of the points for each checkbox marked for this NQF Safe Practice.
- Performance Category Cut-points** are based on a percentage of the Maximum Points achievable for this NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut-points further. However, there are no current plans or commitments to change the cut-points during the 2020 Survey Cycle.
- Updated Submissions:** Facilities may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas up until **December 31** (updated from November 30 as part of Leapfrog's [COVID-19 response](#)). Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

## **Never Events Policy**

Adoption of the nine principles of The Leapfrog Group’s Policy Statement on Serious Reportable Events (“Never Events”) will be scored and publicly reported based on the criteria below.

<b>Never Events Policy Score (Performance Category)</b>	<b>Meaning that...</b>
<b>Achieved the Standard</b>	The facility has implemented a policy that adheres to all 9 principles of The Leapfrog Group’s Policy Statement on Serious Reportable Events (“Never Events”).
<b>Considerable Achievement</b>	The facility has implemented a policy that adheres to all of the original 5 principles* of The Leapfrog Group’s Policy Statement on Serious Reportable Events (“Never Events”), as well as at least 2 additional principles.
<b>Some Achievement</b>	The facility has implemented a policy that adheres to all of the original 5 principles* of The Leapfrog Group’s Policy Statement on Serious Reportable Events (“Never Events”).
<b>Limited Achievement</b>	The facility responded to the Leapfrog Survey questions pertaining to adoption of this policy but does not yet meet the criteria for “Some Achievement.”
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility’s responses are undergoing Leapfrog’s standard verification process.

\*The Leapfrog Group’s original five principles include: apologizing to the patient, performing a root cause analysis, reporting to an external agency within 15 days, waiving all associated costs, and making a copy of the policy available to patients and payers upon request.

<b>Section 5: Patient Experience Scoring Algorithm</b>
--

## **Patient Experience (OAS CAHPS)**

Facilities will be scored based on Top Box Scores from four domains included on the Outpatient and Ambulatory Surgery (OAS) CAHPS Survey:

- Facilities and Staff
- Communication About Your Procedure
- Patients' Rating of the Facility
- Patients Recommending the Facility

Facilities will be scored based on the number of domains where the facility is performing in the top quartile.

Top Quartile for OAS CAHPS Domains (Quartiles [Q])	Facilities and Staff (%)	Communication About Your Procedure (%)	Patients' Rating of the Facility (%)	Patients Recommending the Facility (%)
<b>Top Quartile (&gt;= Q3)</b>	>= 97	>= 93	>= 88	>= 87

Patient Experience (OAS CAHPS) Score (Performance Category)	Meaning that the facility...
<b>Achieved the Standard</b>	Scored in top quartile of facilities on <b>4 out of 4</b> OAS CAHPS domains.
<b>Considerable Achievement</b>	Scored in top quartile of facilities on <b>3 out of 4</b> OAS CAHPS domains.
<b>Some Achievement</b>	Scored in top quartile of facilities on <b>2 out of 4</b> OAS CAHPS domains.
<b>Limited Achievement</b>	Scored in top quartile of facilities on <b>1 or fewer</b> OAS CAHPS domains or the facility did not measure.
<b>Unable to Calculate Score</b>	The facility did not meet the minimum reporting requirements for the measure (<100 returned OAS CAHPS Surveys).
<b>Does Not Apply</b>	The facility had too few eligible discharges (n < 300) to administer the OAS CAHPS Survey.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

Note: The top quartiles are based on the distribution of ASC and hospital performance from 2020 Leapfrog ASC Surveys and Section 10 of the 2020 Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog's [COVID-19 response](#)). These cut-points will remain in place for the entire Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

Results from the 2020 Leapfrog ASC Survey will be available at <http://ratings.leapfroggroup.org/> in September 2020.

Beginning in October, Results are then updated within the first five (5) business days of each month to reflect new Survey submissions and resubmissions.

Find more information about the 2020 Leapfrog ASC Survey at: <https://www.leapfroggroup.org/asc-survey-materials/asc>.