

The Leapfrog ASC Survey Scoring Algorithms

Scoring Details for the 2021 Leapfrog ASC Survey



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2021 Leapfrog ASC Survey Scoring Algorithms

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

This document includes the scoring algorithms for the 2021 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.

Leapfrog will [publicly report](#) Survey Results beginning in the first five (5) business days of August for facilities that submit by July 31, and facilities will be able to view their Survey Results on the [ASC Details Page](#) on the same day. The ASC Details Page and [public reporting website](#) are then refreshed monthly within the first five (5) business days of each month to reflect new and updated Surveys submitted between August 1 and November 30 and previously submitted Surveys that were corrected before January 31. Survey Results are frozen from February to July 25. More information about Survey deadlines is available on our [website](#).

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

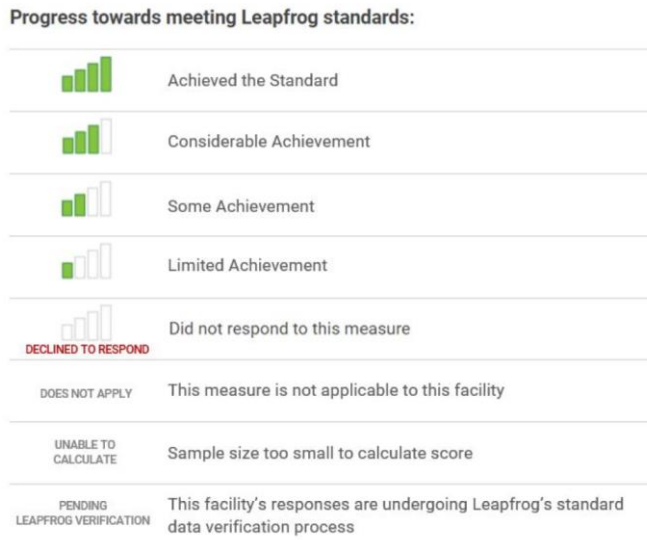
For the purposes of [public reporting](#), performance on each measure on the Leapfrog ASC Survey is placed into one of four performance categories:

- **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.
- **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.

Figure 1: Legend from Leapfrog's public reporting [website](#).



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:
Preventing and Responding to Patient Harm	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>
Medication Safety	Subsection 4A	Medication and Allergy Documentation	<i>Medication Documentation for Elective Outpatient Surgery Patients</i>
Care for Elective Outpatient Surgery Patients	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>
Elective Outpatient Surgery - Adult*	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>

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
	Subsection 3A	Obstetrics and Gynecology	<i>Obstetrics and Gynecology</i>
	Subsection 3A	Plastic and Reconstructive Surgery	<i>Plastic and Reconstructive Surgery</i>
Elective Outpatient Surgery - Pediatric*	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 are not scored, but volumes are displayed on Leapfrog's public reporting website.

Summary of Changes to the 2021 Leapfrog ASC Survey

Leapfrog is implementing the following changes to the 2021 Leapfrog ASC Survey related to scoring and public reporting due to the continued impact of COVID-19. For details on all changes to the 2021 Leapfrog ASC Survey, visit the [Survey Materials webpage](#).

ASCs that submit a 2021 Leapfrog ASC Survey by the July 31 Submission Deadline will see their 2021 Leapfrog ASC Survey Results displayed on Leapfrog's [public reporting website](#) in August. After August, Survey Results will be refreshed within the first 5 business days of each month to reflect Surveys submitted or re-submitted between August 1 and November 30, and previously submitted Surveys that are corrected by January 31. Survey Results are frozen from February to July 25.

Additional changes to scoring and public reporting for the 2021 Leapfrog ASC Survey are highlighted below:

- **Section 4A Antimicrobial Stewardship Practices** – Based on feedback from participating ASCs and Leapfrog's national expert panel regarding the applicability of the antimicrobial stewardship questions in Section 4A, we removed these questions from the 2021 Leapfrog ASC Survey.
- **Section 4A Medication Safety** – In 2020, Leapfrog reduced the sample size for Medication and Allergy Documentation from 60 to 30. In 2021, Leapfrog will maintain the reduced sample size of 30. See page 13 for additional information.
- **Section 4B NHSN Outpatient Procedure Component Module** – Leapfrog adjusted the reporting period for all questions in Section 4B regarding ASC participation in SDOM and, if applicable, SSI reporting in NHSN from the last 12-months prior to Survey submission to the latest 6 months prior to Survey submission. See pages 13-14 for additional information.
- **Section 4C Hand Hygiene** – In 2021, ASCs in all four performance categories for the Hand Hygiene Practices measure will be publicly reported accordingly. This is a change from 2020 when ASCs in the bottom two performance categories were publicly reported as "Not Available." See pages 15-17 for additional information.

Change Summary Since Release

This section will be updated if changes are made to scoring after this document's initial release.

Section 1: Basic Facility Information Scoring Algorithms

Section 1A: Basic Facility Information

This section will not be scored in 2021. However, some responses will be shown on Leapfrog’s public reporting [website](#). For example, Leapfrog will display the number of operating and/or procedure rooms.

Section 1B Person-Centered Care: Billing Ethics and Monitoring Health Care Inequity (Optional)

This section is new and optional, and in 2021, responses will not be scored or publicly reported.

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 <u>adult</u> patients are recovering, the ASC ensures that...	Meaning that while <u>pediatric</u> patients are recovering, the ASC ensures that...
Achieved the Standard	<ul style="list-style-type: none"> 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; AND 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 	<ul style="list-style-type: none"> 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; AND 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
Some Achievement	<ul style="list-style-type: none"> 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; OR 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 	<ul style="list-style-type: none"> 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; OR 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

Certified Clinicians Present While Patients Are Recovering Score (Performance Category)	Meaning that while <u>adult</u> patients are recovering, the ASC ensures that...	Meaning that while <u>pediatric</u> patients are recovering, the ASC ensures that...
Limited Achievement	<ul style="list-style-type: none"> An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are NOT present at all times and immediately available in the building while an adult patient is present in the facility; AND A physician or CRNA is NOT present at all times and immediately available in the building until all adult patients are physically discharged from the facility 	<ul style="list-style-type: none"> A PALS trained clinician, as well as a second clinician (regardless of PALS training), are NOT present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility; AND A physician or CRNA is NOT present at all times and immediately available in the building until all pediatric patients are physically discharged from the facility
Does Not Apply	The facility does not perform procedures on adult patients.	The facility does not perform procedures on pediatric patients.
Declined to Respond	The facility did not submit a Survey.	The facility did not submit a Survey.
Pending Leapfrog Verification	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 2021. However, responses will be shown on Leapfrog's public reporting [website](#).

Section 3: Volume and Safety of Procedures Scoring Algorithms
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Volume of Procedures

In 2021, 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.

Facility and Surgeon Volume

This section is new and will not be scored or publicly reported in 2021.

Patient Follow-up

This section will not be scored or publicly reported in 2021.

Patient Selection

This section will not be scored in 2021. However, responses will be shown on Leapfrog’s public reporting [website](#). Leapfrog will display the components of a facility’s patient screening tool.

Patient Selection and Consent to Treat

This section will not be scored in 2021. 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...
Achieved the Standard	<ul style="list-style-type: none"> The facility uses a safe surgery checklist on all patients undergoing an applicable procedure; AND Facility has documented that all 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.
Considerable Achievement	<ul style="list-style-type: none"> The facility uses a safe surgery checklist on all patients undergoing an applicable procedure; AND Facility has documented that most 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.

Safe Surgery Checklist Score (Performance Category)	Meaning that...
Some Achievement	<ul style="list-style-type: none"> The facility uses a safe surgery checklist on all patients undergoing an applicable procedure; AND Facility has documented that few or none 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.
Limited Achievement	The facility does not use a safe surgery checklist on all patients undergoing an applicable procedure.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

Section 4: Patient Safety Practices Scoring Algorithms

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.

Opioid Prescribing

This section will not be scored or publicly reported in 2021.

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 a valid NHSN ID in the Profile Section, and 3) submit a 2021 Leapfrog ASC Survey.

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

- 2020 Outpatient Procedure Component - Annual Facility Survey (available January 1, 2021)*
- 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 2021, an ASC's performance for this measure will be calculated based on enrollment in the NHSN OPC Module and 1) completion of the 2020 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 Measure(s):

NHSN Outpatient Procedure Component Module Score (Performance Category)	Meaning that...
Achieved the Standard	Facility is enrolled in NHSN OPC Module, completed the 2020 OPC Annual Facility Survey, and completed both of the following: <ul style="list-style-type: none"> • Participated in 6 months of surveillance and reporting for all 4 Same Day Outcome Measures • Participated in 6 months of surveillance and reporting for all applicable Surgical Site Infection Measures
Considerable Achievement	Facility enrolled in NHSN OPC Module, completed 2020 OPC Annual Facility Survey, and completed one of the following: <ul style="list-style-type: none"> • Participated in 6 months of surveillance and reporting for all 4 Same Day Outcome Measures • Participated in 6 months of surveillance and reporting for all applicable Surgical Site Infection Measures
Some Achievement	Facility enrolled in NHSN OPC Module and completed the 2020 OPC Annual Facility Survey, and completed both of the following: <ul style="list-style-type: none"> • Participated in <6 months of surveillance and reporting for all 4 Same Day Outcome Measures • Participated in <6 months of surveillance and reporting for all applicable Surgical Site Infection Measures
Limited Achievement	Facility has not enrolled in the NHSN OPC Module, has not completed the 2020 OPC Annual Facility Survey, has not provided a valid NHSN ID in the Profile Section, or has not joined Leapfrog's NHSN Group.
Declined to Respond	Facility did not submit a Leapfrog ASC Survey.
Pending Leapfrog Verification	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...
Achieved the Standard	Facility is enrolled in NHSN OPC Module, completed the 2020 OPC Annual Facility Survey, and completed the following: <ul style="list-style-type: none"> • Participated in 6 months of surveillance and reporting for all 4 Same Day Outcome Measures
Some Achievement	Facility enrolled in NHSN OPC Module and completed the 2020 OPC Annual Facility Survey, and completed the following: <ul style="list-style-type: none"> • Participated in <6 months of surveillance and reporting for all 4 Same Day Outcome Measures
Limited Achievement	Facility has not enrolled in the NHSN OPC Module, has not completed the 2020 OPC Annual Facility Survey, has not provided a valid NHSN ID in the Profile Section, or has not joined Leapfrog's NHSN Group.
Declined to Respond	Facility did not submit a Leapfrog ASC Survey.
Pending Leapfrog Verification	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 and Education: questions #1-3
4. Infrastructure: questions #4-7
5. Culture: questions #19-20

Hand Hygiene (Performance Category)	Meaning that...
<p>Achieved the Standard</p>	<p>The facility responded “yes” to all applicable questions in the Monitoring and Feedback Domains and meets the monthly sample size of 200 hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 16, Section 4 of the 2021 Leapfrog ASC Survey), each month for monitoring hand hygiene opportunities:</p> <ul style="list-style-type: none"> • Monitoring Domain: <ul style="list-style-type: none"> ○ Question #8: Does your facility collect hand hygiene compliance data on at least 200 hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 16, Section 4 of the ASC Survey), each month? ○ Question #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 patients with feedback on both when they are and are not compliant with performing hand hygiene? ○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8): <ul style="list-style-type: none"> ▪ <i>Electronic Compliance Monitoring:</i> questions #11-12 ▪ <i>Direct Observation:</i> questions #13-14 • Feedback Domain: questions #15-18 <p style="text-align: center;"><u>AND</u></p> <p>The facility responded “yes” to all questions in any 2 of the following domains:</p> <ul style="list-style-type: none"> • Training and Education Domain: questions #1-3 • Infrastructure Domain: questions #4-7 • Culture Domain: questions #19-20

Hand Hygiene (Performance Category)	Meaning that...
<p style="text-align: center;">Considerable Achievement</p>	<p>The facility responded “yes” to all applicable questions in the Monitoring and Feedback Domains and meets the quarterly sample size of 100 for monitoring hand hygiene opportunities:</p> <ul style="list-style-type: none"> • Monitoring Domain: <ul style="list-style-type: none"> ○ Question #9: Does your facility collect hand hygiene compliance data on at least 100 hand hygiene opportunities each quarter? ○ Question #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 patients with feedback on both when they are and are not compliant with performing hand hygiene? ○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #9): <ul style="list-style-type: none"> ▪ <i>Electronic Compliance Monitoring:</i> questions #11-12 ▪ <i>Direct Observation:</i> questions #13-14 • Feedback Domain: questions #15-18 <p style="text-align: center;"><u>AND</u></p> <p>The facility responded “yes” to all questions in any 2 of the following domains:</p> <ul style="list-style-type: none"> • Training and Education Domain: questions #1-3 • Infrastructure Domain: questions #4-7 • Culture Domain: questions #19-20
<p style="text-align: center;">Some Achievement</p>	<p>The facility responded “yes” to all applicable questions in any 2 of the following domains:</p> <ul style="list-style-type: none"> • Monitoring Domain: <ul style="list-style-type: none"> ○ Question #8 or #9: <ul style="list-style-type: none"> ▪ Does your facility collect hand hygiene compliance data on at least 200 hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 16, Section 4 of the 2021 Leapfrog ASC Survey), each month? ▪ Does your facility collect hand hygiene compliance data on at least 100 hand hygiene opportunities each quarter? ○ Question #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 patients with feedback on both when they are and are not compliant with performing hand hygiene? ○ 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"> ▪ <i>Electronic Compliance Monitoring:</i> questions #11-12 ▪ <i>Direct Observation:</i> questions #13-14 • Feedback Domain: questions #15-18 • Training and Education Domain: questions #1-3 • Infrastructure Domain: questions #4-7 • Culture Domain: questions #19-20

Hand Hygiene (Performance Category)	Meaning that...
Limited Achievement	<p>The facility responded “yes” to all applicable questions in any 1 of the following domains:</p> <ul style="list-style-type: none"> • Monitoring Domain: <ul style="list-style-type: none"> ○ Question #8 or #9: <ul style="list-style-type: none"> ▪ Does your facility collect hand hygiene compliance data on at least 200 hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 16, Section 4 of the 2021 Leapfrog ASC Survey), each month? ▪ Does your facility collect hand hygiene compliance data on at least 100 hand hygiene opportunities each quarter? ○ Question #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 patients with feedback on both when they are and are not compliant with performing hand hygiene? ○ 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"> ▪ <i>Electronic Compliance Monitoring:</i> questions #11-12 ▪ <i>Direct Observation:</i> questions #13-14 • Feedback Domain: questions #15-18 • Training and Education Domain: questions #1-3 • Infrastructure Domain: questions #4-7 • Culture Domain: questions #19-20 <p style="text-align: center;"><u>OR</u></p> <p>The facility met 0 domains.</p>
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

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 2021 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 **November 30**. Updates made to reflect a change in performance after November 30 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
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
Does Not Apply	The facility had too few employees (<20) to administer the AHRQ Surveys on Patient Safety Culture (SOPS).
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 #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 2021 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 **November 30**. Updates made to reflect a change in performance after November 30 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.

Never Events Policy Score (Performance Category)	Meaning that...
Achieved the Standard	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”).
Considerable Achievement	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.
Some Achievement	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”).
Limited Achievement	The facility responded to the Leapfrog Survey questions pertaining to adoption of this policy but does not yet meet the criteria for “Some Achievement.”
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	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.

Nursing Workforce

This section is new and optional, and in 2021, responses will not be scored or publicly reported.

Section 5: Patient Experience Scoring Algorithm
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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 (%)
Top Quartile (>= Q3)	>= 97	>= 93	>= 88	>= 87

Patient Experience (OAS CAHPS) Score (Performance Category)	Meaning that the facility...
Achieved the Standard	Scored in top quartile of facilities on 4 out of 4 OAS CAHPS domains.
Considerable Achievement	Scored in top quartile of facilities on 3 out of 4 OAS CAHPS domains.
Some Achievement	Scored in top quartile of facilities on 2 out of 4 OAS CAHPS domains.
Limited Achievement	Scored in top quartile of facilities on 1 or fewer OAS CAHPS domains or the facility did not measure.
Unable to Calculate Score	The facility did not meet the minimum reporting requirements for the measure (<100 returned OAS CAHPS Surveys).
Does Not Apply	The facility had too few eligible discharges (n < 300) to administer the OAS CAHPS Survey.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	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. 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 2021 Leapfrog ASC Survey will be available at <http://ratings.leapfroggroup.org/> in August 2021.

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

Find more information about the 2021 Leapfrog ASC Survey at: <https://www.leapfroggroup.org/asc-survey-materials/asc>.