

# Leapfrog Ambulatory Surgery Center Survey Hard Copy

**QUESTIONS & REPORTING PERIODS**

**MEASURE SPECIFICATIONS**

**ENDNOTES**

**FAQS**



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# Welcome to the 2021 Leapfrog ASC Survey

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

## **Updates to the 2021 Leapfrog ASC Survey Due to the Continued Impact of COVID-19 on America's Health Care Workforce**

Over the past year, The Leapfrog Group has watched and admired our hospital and ambulatory surgery center colleagues as they have heroically cared for their communities amidst the COVID-19 pandemic, first with testing and treating affected patients and now working to vaccinate those who need it most. As this novel infection has ravaged our country, prioritizing patient safety has never been more important. The mission of The Leapfrog Group to promote safety, quality, and transparency in health care resonates more now than ever before in our 20-year history.

As we enter year two of the pandemic, we fully recognize the strain the health care system continues to endure. However, now is not the time to relax our standards that call for every patient to receive safe, high-quality care regardless of the circumstances. While some communities remain inundated with cases and face challenges with vaccine distribution, others have largely returned to pre-pandemic operations and are ready to resume full participation in the Leapfrog Surveys. As a result, we are announcing changes to the 2021 Leapfrog Hospital Survey and Leapfrog Ambulatory Surgery Center (ASC) Survey that offer flexibility to facilities across the country at varied stages of COVID-19 recovery. The 2021 Leapfrog ASC Survey changes are detailed below. **Leapfrog will continue to monitor the COVID-19 situation very closely, and if additional changes are warranted for the 2021 Survey, they will be announced on our [website](#) and all Survey contacts will be notified by email.**

The pandemic has reminded us how much we depend on the courage and care of America's health care workforce. We thank them for the commitment they demonstrate to their patients by participating in the Leapfrog Surveys and for striving to achieve the highest standards of care.

### **Submission Deadline Extended by 30 Days**

Leapfrog will extend the deadline for submission of the Leapfrog ASC Survey by 30 days as part of our pandemic response. The Submission Deadline for the 2021 Leapfrog ASC Survey will be July 31, 2021, with results publicly reported within the first five business days of August. The Late Submission Deadline will continue to be November 30, 2021. All deadlines for the 2021 ASC Survey are available on our [website](#).

### **Updated Reporting Periods**

Due to COVID-19 and interruptions to the services provided at ASCs during the pandemic, ASCs submitting a survey prior to September 1 can report using either calendar year 2019 or calendar year 2020 data. In some cases, this means that ASCs submitting a Survey prior to September 1 will have the option of reusing data already collected for the 2020 Leapfrog ASC Survey for the following sections:

- 1A Basic Facility Information
- 3A Volume of Procedures\*
  - *2019 data from the 2020 Survey should not be used for the following procedure groups which had CPT codes added/removed: gastroenterology, general surgery, ophthalmology, orthopedic, otolaryngology, urology, dermatology, and plastic and reconstructive surgery.*

- 4A Medication Safety\*
  - 2019 data from the 2020 Survey should not be used for counting visit medications in Section 4A question #5 due to changes to the measure specifications which could cause undercounting of the numerator.

*\*While 2019 data from the 2020 Survey should not be used for all measures/questions in these subsections, hospitals can choose to follow the updated measure specifications in the 2021 Survey and report using either 2019 or 2020 data if submitting their Survey prior to September 1.*

We have also reduced the reporting period for the CDC's National Healthcare Safety Network (NHSN) Outpatient Procedure Component (OPC) measure from the last 12-months prior to Survey submission to the last 6-months prior to Survey submission and adjusted reporting periods for each of the National Quality Forum (NQF) Safe Practices:

- 6D NQF Safe Practice #1 Leadership, Structures, and Systems: reporting period updated from the last 12 months to the last 24 months.
- 6D NQF Safe Practice #2 Culture of Safety Measurement, Feedback, and Intervention: ASCs can report on culture of safety surveys administered in the last 36 months and additional practice elements that were implemented in the past 24 months.

A complete list of reporting periods for the 2021 Leapfrog ASC Survey can be reviewed in the "Reporting Periods" [table](#).

### **Updated Scoring and Public Reporting for 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".

### **Reduced Sample Size for Medication Safety Measures**

In 2020, Leapfrog reduced the sample size for the Medication and Allergy Documentation measure from 60 to 30. In 2021, Leapfrog will maintain the reduced sample size of 30 cases.

### **2021 Leapfrog Top ASC Recognition**

In 2021, Leapfrog will recognize top ambulatory surgery centers via a new, national [Leapfrog Top ASC](#) program modeled after Leapfrog's Top Hospital Program. ASCs must submit a 2021 Leapfrog ASC Survey by August 31, 2021, to be considered.

## **Important Notes about the 2021 Leapfrog ASC Survey**

1. 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 [2021 Leapfrog Hospital Survey](#). If you have questions about which Survey to submit, please contact the Leapfrog [Help Desk](#).
2. 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.

3. 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](#).
4. Leapfrog ASC Survey Results will be available on the ASC Details Page and publicly reported on our new [public reporting website](#) beginning in the first 5 days of August. After August, 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 July 31 and November 30 and previously submitted Surveys corrected before January 31. Survey Results are frozen from February to July 31.
5. 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 on the [Get Help webpage](#)).
6. Leapfrog is committed to ensuring the accuracy of Leapfrog ASC Survey Results. Please review the information on the [Data Accuracy webpage](#).
7. The [Submission Deadline](#) for the 2021 Leapfrog ASC Survey is **July 31, 2021** and the Late Submission and Performance Update Deadline is **November 30, 2021**. ASCs that do not submit a Survey before midnight Eastern Time on **November 30, 2021** will have to wait until the launch of the 2022 Leapfrog ASC Survey on April 1, 2022.

## Overview of the 2021 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 2021 Leapfrog ASC Survey visit the [Get Started webpages](#).

Section #	Section Title	Brief Description
	<a href="#">Profile</a>	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 <a href="#">Survey Dashboard</a> with your facility's security code.
1	<a href="#">Basic Facility Information</a>	Section 1 includes questions about your facility's operating and procedure rooms, adult and pediatric patient discharges, teaching status, ownership, accreditation, and transfer agreements. In 2021, new sets of questions on billing ethics and health equity were added. This subsection (1B) is optional and will not be publicly reported in 2021.
2	<a href="#">Medical, Surgical, and Clinical Staff</a>	Section 2 includes questions about your facility's medical, surgical, and clinical staff, including certification maintenance.
3	<a href="#">Volume and Safety of Procedures</a>	Section 3 includes questions about your facility's volumes of adult and pediatric procedures, patient follow-up, patient selection and consent to treat, and use of a safe surgery checklist. In 2021, a new set of questions on facility and surgeon volume of total hip and knee replacements was added. This subsection (3B) will not be scored or publicly reported in 2021.
4	<a href="#">Patient Safety Practices</a>	Section 4 includes questions about medication safety (medication and allergy documentation, and opioid prescribing), the NHSN Outpatient Procedure Component Module reporting, hand hygiene, NQF Safe Practices, and the Never Events Policy at your facility. In 2021, a new set of questions on the proportion of nurses that are BSN-prepared was added. This subsection (4F) is optional and will not be publicly reported in 2021.
5	<a href="#">Patient Experience</a>	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). ASCs must download the CPT code Excel workbook on the Survey Dashboard **prior** to completing Section 3 of the 2021 Leapfrog ASC Survey.

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 2021 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 November 30, 2021. Please carefully review the reporting periods in each section before updating your Survey. Leapfrog ASC Survey Results are updated monthly beginning in August 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 2021 Leapfrog ASC Survey will be scored and publicly reported beginning in July.

Sect #	Measure	Scored and Publicly Reported?
<b>1</b>	<b>Basic Facility Information</b>	
	General Information	Not scored but publicly reported
	Accreditation	
	Transfer Agreements	
	Person-Centered Billing Ethics	<i>Not scored or publicly reported</i>
	Monitoring Health Equity	
<b>2</b>	<b>Medical, Surgical, and Clinical Staff</b>	
	Certified staff present when patients are recovering	Scored and results are publicly reported
	Board certification	Not scored but publicly reported
<b>3</b>	<b>Volume and Safety of Procedures</b>	
	Volume of Procedures	Not scored but publicly reported
	Facility and Surgeon Volume	<i>Not scored or publicly reported</i>
	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
<b>4</b>	<b>Patient Safety Practices</b>	
	Medication and Allergy Documentation	Scored and results are publicly reported
	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

Sect #	Measure	Scored and 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
	Proportion of Nurses that are BSN-Prepared	<i>Not scored or publicly reported</i>
<b>5</b>	<b>Patient Experience (OAS CAHPS)</b>	
	OAS CAHPS	Scored and results are publicly reported

Download a copy of the 2021 Leapfrog ASC Scoring Algorithm on the [Scoring and Results webpage](#).

## **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 2021 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 do not, 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. ASCs must download the CPT code Excel workbook on the Survey Dashboard prior to completing Section 3 of the 2021 Leapfrog ASC Survey.
- 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 the Administrator's 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. 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 2021 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 can be used to organize 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 2021 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 2021 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 2021 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. Facilities that submit by July 31 are able to review their Survey Results on the [ASC Details Page](#) and the public reporting [website](#) beginning in the first 5 business days of August. After August, 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 – November 30). 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 July 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 August.

## **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 – November 30). 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 Virtual On-Site Data Verification:
  - Facilities selected for Virtual 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.
- 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 Virtual On-Site Data Verification**

Leapfrog conducts [Extensive Monthly Data Verification](#) of responses submitted to the Leapfrog ASC Survey starting with Surveys submitted by the July 31 Submission Deadline 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, 2021 and then received a Data Verification email in September, they would update their responses based on the reporting period used in the August 20, 2021 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 Survey will be decertified and all measures will be publicly reported as “Declined to Respond.”

Facilities that are selected for virtual 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](#).

## **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 – November 30). The months of December and January are reserved for data entry corrections (i.e., correcting data entry errors) or reporting corrections (i.e., in response to Leapfrog’s Extensive Monthly Data Verification) to previously submitted sections of the Survey only. Any updates made to reflect a change in performance must be made prior to the November 30 Late Submission Deadline. **Updates made to reflect a change in performance after November 30 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, including all subsections.

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 2021 Leapfrog ASC Survey***

The 2021 Leapfrog ASC Survey opens on April 1 and has a Submission Deadline of **July 31, 2021**. The Late Submission and Performance Update Deadline is **November 30, 2021**. Surveys must be submitted before midnight Eastern Time on **November 30**.

Corrections to Surveys submitted by **November 30** must be submitted by the **January 31, 2022** Correction Deadline. The Online ASC Survey Tool will not be available after **January 31**. Find detailed information about the 2021 Leapfrog ASC Survey Deadlines, including the deadline to be eligible for the 2021 Leapfrog Top ASC award 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](mailto: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 offers 1:1 Technical Assistance Calls for ASCs throughout the Survey Cycle (April 1 – November 30). To request a technical Assistance Call, contact the [Leapfrog Help Desk](#).

## Reporting Periods

**Important Note 1:** 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.

**Important Note 2:** Facilities do not need to use the same reporting period throughout the Survey (e.g., facilities can select CY2019 for Section 1A and CY 2020 for Section 4A).

	<b>Survey Submitted Prior to September 1</b>	<b>Survey (Re-)Submitted On or After September 1</b>
<b>Survey Section/ Measure</b>	<b>Reporting Period</b>	<b>Reporting Period</b>
<b>1A</b> Basic Facility Information	12 months ending 12/31/2019 <b>or</b> 12/31/2020	12 months ending 06/30/2021
<b>1B</b> Person-Centered Billing Ethics and Monitoring Health Equity	N/A	N/A
<b>2</b> Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>3A</b> Volume of Procedures	12 months ending 12/31/2019 <b>or</b> 12/31/2020	12 months ending 06/30/2021
<b>3B</b> Facility and Surgeon Volume	Volume: 12 months or 24 months ending 12/31/2019 <b>or</b> 12 months or 24 months ending 12/31/2020	Volume: 12 months or 24 months ending 06/30/2021
<b>3C</b> Patient Follow-up	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>3D</b> Patient Selection and Consent to Treat	N/A	N/A
<b>3E</b> Safe Surgery Checklist	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>4A</b> Medication and Allergy Documentation	12 months ending 12/31/2019 <b>or</b> 12/31/2020	12 months ending 06/30/2021
<b>4A</b> Opioid Prescribing	N/A	N/A
<b>4B</b> NHSN Outpatient Procedure Component Module	Latest 6 months prior to Survey submission	Latest 6 months prior to Survey submission
<b>4C</b> Hand Hygiene	N/A	N/A

	<b>Survey Submitted <u>Prior to</u> September 1</b>	<b>Survey (Re-)Submitted <u>On or After</u> September 1</b>
<b>4D</b> 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)
<b>4E</b> Never Events Policy	N/A	N/A
<b>4F</b> Nursing Workforce	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
<b>5</b> 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 2021 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***

<b>Facility Name</b>	<b>CMS Certification Number (CCN)<sup>1</sup></b> If the CCN displayed in the Online ASC Survey Tool is not correct, contact the Leapfrog <a href="#">Help Desk</a> immediately.
	<b>Does your facility share this CCN with another facility?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<b>NHSN ID<sup>2</sup></b>
	<b>Federal Tax Identification Number (TIN)<sup>3</sup></b>
	<b>National Provider Identifier (NPI)<sup>4</sup></b> If the NPI displayed in the Online ASC Survey Tool is not correct, contact the Leapfrog Help Desk immediately.
	<b>Does your facility share this NPI with another facility?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

### ***Demographic Information***

<b>Physical Address</b>	<b>Mailing Address</b> (used to send important communications)
<b>Street Address</b>	<b>Street Address or P.O. Box</b>
<b>City</b>	<b>City</b>
<b>State</b>	<b>State</b>
<b>Zip Code</b>	<b>Zip Code</b>
<b>Zip Code Suffix</b>	<b>Zip Code Suffix</b>
<b>Main Phone Number</b>	
<b>Facility <a href="#">Website</a> Address<sup>5</sup></b>	

**Contact Information**

<b>Administrator</b>	<b>Chairperson of the Board</b>
<b>First Name</b>	<b>First Name</b>
<b>Last Name</b>	<b>Last Name</b>
<b>Title</b>	
<b>Email Address</b>	

<b>Primary Contact</b>	<b>Secondary Contact</b>
<b>First Name</b>	<b>First Name</b>
<b>Last Name</b>	<b>Last Name</b>
<b>Title</b>	<b>Title</b>
<b>Phone Number</b>	<b>Phone Number</b>
<b>Phone Number Extension</b>	<b>Phone Number Extension</b>
<b>Email Address</b>	<b>Email Address</b>

<b>Public Relations Contact</b>
<b>First Name</b>
<b>Last Name</b>
<b>Phone Number</b>
<b>Phone Number Extension</b>
<b>Email Address</b>

**Affiliation or Management Company Information**

<p>Is your facility <a href="#">affiliated with a hospital or management company</a><sup>6</sup>?</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>	<b>Affiliation/Management Company Public Relations Contact</b>
	<b>Affiliation/Management Company Public Relations Contact First Name</b>

<b>Name of the Affiliation/ Management Company</b>	<b>Affiliation/Management Company Public Relations Contact Last Name</b>
<b>Affiliation/Management Company Contact First Name</b>	<b>Affiliation/Management Company Public Relations Contact Phone Number</b>
<b>Affiliation/Management Company Contact Last Name</b>	<b>Affiliation/Management Company Public Relations Contact Phone Number Extension</b>
<b>Affiliation/Management Company Contact Email Address</b>	<b>Affiliation/Management Company Public Relations Contact Email Address</b>
<b>Additional Contact Information</b> Please provide the email address for your facility's general inbox (e.g., info@facility.com).	

<p><b>Opt-Out</b> Opt-out of having information in the "Contact Information" subsection shared with third parties.</p> <p><i>Note: This field is pre-populated based on prior year Survey responses, but is editable and should be reviewed.</i></p>	<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><i>Note: This information is pre-populated based on prior year Survey responses. Please review and edit as needed.</i></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 2021 Leapfrog ASC Survey. After completing and submitting the Profile, contact the <a href="#">Help Desk</a> 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</p> <p><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 Information

### **Person-Centered Care: Billing Ethics and Monitoring Health Care Inequity Bibliographies:**

<https://ratings.leapfroggroup.org/measure/asc/whats-new-2021>

Section 1A includes questions about your facility's operating and procedure rooms, adult, and pediatric patient discharges, teaching status, ownership, accreditation, and transfer agreements. Information from Section 1A Basic Facility Information will not be scored but will be used in public reporting in 2021.

In 2021, new sets of questions on billing ethics and health equity were added. This subsection (1B) is optional and will not be publicly reported in 2021.

## **1A: Basic Facility Information**

### **Important Notes:**

Note 1: Information from Section 1A 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**

- Surveys submitted prior to September 1: 01/01/2019 – 12/31/2019 **OR** 01/01/2020 – 12/31/2020
- Surveys (re)submitted on or after September 1: 07/01/2020 – 06/30/2021

Note: As a reminder, the [Corrections Period](#) (December 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 November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 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"/> 01/01/2020 – 12/31/2020 <input type="checkbox"/> 07/01/2020 – 06/30/2021
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### **General Information**

2) Total number of <a href="#">operating rooms</a> <sup>7</sup> .	_____
3) Total number of <a href="#">endoscopic procedure rooms</a> <sup>8</sup> .	_____
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 Agreements**

10) Does your facility have a <a href="#">written transfer agreement</a> <sup>9</sup> with a pediatric or general acute care hospital for patients who require a higher level of care?	Yes  No
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## **1B: Person-Centered Care: Billing Ethics and Monitoring Health Care Inequity**

### **Important Notes:**

Note 1: This section is **optional** in 2021. Responses will not be scored or publicly reported.

Note 2: Hyperlinks throughout this subsection refer to the [Person-Centered Billing Ethics FAQs](#) on pages 40-41.

### **Billing Ethics**

**Reporting Time Period:** Answer questions #1-11 based on the practices currently in place at the time you submit this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (December 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 November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

<b>Price Transparency</b>	
<p>1) What pricing information for <a href="#">common shoppable services</a> does your facility display on its website? Select all that apply.</p> <p><i>If “none of the above” or “not applicable; facility does not provide any of these common shoppable services,” skip question #2 and continue on to question #3.</i></p>	<p><i>Payer-specific negotiated charges</i></p> <p><i>Discounted cash prices</i></p> <p><i>Not applicable; facility does not provide any of these common shoppable services</i></p> <p><i>None of the above</i></p>
<p>2) Webpage URL where <a href="#">payer-specific negotiated charges</a> and discounted cash prices are displayed for consumers:</p> <p><i>The http:// prefix needs to be included.</i></p>	<p>_____</p>
<b>Network Matching</b>	
<p>3) Does your facility require <a href="#">healthcare professionals</a>, who bill for professional services, to participate in the same health plans as the facility or accept a rate paid by those health plans as payment in full (i.e. without <a href="#">balance billing</a>)?</p> <p><i>If “yes” or “Not applicable, all healthcare professionals are employed by the facility,” skip questions #4-8 below and continue on to question #9.</i></p>	<p>Yes</p> <p>No</p> <p><i>Not applicable; all healthcare professionals are employed by the facility</i></p>
<b>Out-of-Network Services</b>	

<p>4) Does your facility have a policy regarding the disclosure of "<a href="#">out-of-network</a>" services to patients for whom your facility is "in-network" that includes <b>both</b> of the following?</p> <ol style="list-style-type: none"> <li>Patients are informed of "<a href="#">out-of-network</a>" services BEFORE the service is rendered</li> <li>Patients are informed that they will be responsible for and will receive a separate bill for "out-of-network" services that will be higher than if the services had been "in-network" BEFORE the service is rendered</li> </ol> <p><i>If "no" to question #4, skip question #5 and continue on to question #6.</i></p>	<p>Yes No</p>
<p>5) How are patients informed of "<a href="#">out-of-network</a>" services and separate, higher bills for these services BEFORE the service is rendered?</p>	<p><i>During benefit verification At the point of care On the facility website Both at the point of care and on the facility website Other (please specify):</i></p>
<p>6) Does your facility allow "<a href="#">out-of-network</a>" services to <a href="#">balance bill</a> patients?</p> <p><i>If "no" to question #6, skip questions #7-8 and continue on to question #9.</i></p>	<p>Yes No</p>
<p>7) Does your facility have a policy for and specify a cap or limit on "<a href="#">out-of-network</a>" balance bills?</p>	<p>Yes No</p>
<p>8) Does your facility disclose to patients if the "<a href="#">out-of-network</a>" service is a joint venture or profit-sharing agreement with the facility?</p>	<p>Yes No</p>
<p><b>Billing Practices</b></p>	
<p>9) Does your facility provide every patient with a billing statement and/or master itemized bill for <b>both</b> facility and professional services <b>within 60 days from the date of service</b> that includes <b>all</b> of the following?</p> <ol style="list-style-type: none"> <li>Name and address of the facility where billed services occurred</li> <li>Name(s) of <a href="#">healthcare professionals</a> who billed services</li> <li>Date(s) of service</li> <li>An individual line item for each service or bundle of services performed</li> <li>Description of services billed, including facility fees, that accompanies each line item or bundle of services</li> <li>Amount of any principal, interest, or fees (e.g., late or processing fees)</li> <li>Amount of any adjustment to the bill (e.g., health plan payment or discounts)</li> <li>Amount of any payments already received (from the patient or any other party)</li> <li>Instructions on how to apply for financial assistance</li> <li>Instructions on how to obtain a copy of the bill in the patient's primary language</li> </ol>	<p>Yes No <i>Only upon request</i></p>
<p>10) Does your facility give patients instructions for contacting a billing representative who has the authority to do the following within 5</p>	<p>Yes No</p>

<p>business days of being contacted by the patient or patient representative?</p> <ul style="list-style-type: none"> <li>a. Initiate an investigation into errors on a bill</li> <li>b. Review, negotiate and offer a price adjustment or debt forgiveness based on facility policy</li> <li>c. Establish a payment plan</li> </ul>	
<p>11) Does your facility take <a href="#">legal action</a> against patients for late payment or insufficient payment of a medical bill?</p>	<p>Yes</p> <p>No</p>

## Monitoring Health Care Inequity

**Reporting Time Period:** Answer questions #12-20 based on the practices currently in place at the time you submit this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (December 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 November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

<p>12) Which of the following demographic data does your facility collect from its patients?</p> <p><i>Select all that apply.</i></p> <p><i>If “none of the above”, skip the remaining questions in Section 1, and go to the Affirmation of Accuracy.</i></p>	<p><input type="checkbox"/> <i>Patient self-identified race</i></p> <p><input type="checkbox"/> <i>Patient self-identified ethnicity</i></p> <p><input type="checkbox"/> <i>Patient (or if appropriate the parent’s/guardian’s) self-identified primary language</i></p> <p><input type="checkbox"/> <i>Patient self-identified sexual orientation</i></p> <p><input type="checkbox"/> <i>Patient self-identified gender identity</i></p> <p><input type="checkbox"/> <i>None of the above</i></p>
<p>13) Has your facility taken any of the following steps to ensure the accuracy of the demographic data collected from its patients in question #12?</p> <p><i>Select all that apply.</i></p>	<p><input type="checkbox"/> <i>Train staff responsible for registering patients</i></p> <p><input type="checkbox"/> <i>Ensure appropriate data collection fields are available in EHR (if applicable)</i></p> <p><input type="checkbox"/> <i>Compare data collected from patient experience surveys with EHR data (if applicable)</i></p> <p><input type="checkbox"/> <i>Compare data collected through patient portals with EHR data (if applicable)</i></p> <p><input type="checkbox"/> <i>Other</i></p> <p><input type="checkbox"/> <i>None of the above</i></p>
<p>14) Does your facility use the demographic data it collects from patients in question #12 to stratify <u>any</u> quality measure(s) with the aim of identifying health care disparities?</p> <p><i>If “no”, skip questions #15-20, and go to question #21.</i></p>	<p style="text-align: center;">Yes No</p>
<p>15) Which type(s) of quality measure(s) does your facility stratify?</p> <p><i>Select all that apply.</i></p>	<p><input type="checkbox"/> <i>Clinical process measures</i></p> <p><input type="checkbox"/> <i>Clinical outcome measures</i></p>

	<input type="checkbox"/> OAS CAHPS <input type="checkbox"/> Other patient experience measures <input type="checkbox"/> Other
<p>16) By stratifying the measure(s) selected in question #15, has your facility identified any disparities among its patients based on the demographic data in question #12?</p> <p><i>If “no, disparities were not identified” or “inadequate data to determine if disparities exist,” skip questions #17-18 and continue on to question #19.</i></p>	<p><i>Yes, disparities were identified</i>  <i>No, disparities were not identified</i>  <i>Inadequate data available to determine if disparities exist</i></p>
<p>17) In the past 12 months, has your facility used the data and information obtained through question #16 to implement any quality improvement projects</p> <p>OR</p> <p>In the past 12 months, has your facility used the data and information obtained through question #16 to monitor a previously implemented quality improvement project?</p> <p>If “no” to question #17, skip question #18 and continue on to question #19.</p>	<p>Yes No</p>
<p>18) In the past 12 months, has your facility evaluated the results of the quality improvement projects from question #17 and demonstrated that these projects have reduced the health care disparities identified in question #16</p> <p>OR</p> <p>In the past 12 months, has your facility evaluated the results of the quality improvement projects from question #17 and maintained reductions in health care disparities identified in question #16?</p>	<p>Yes No</p>
<p>19) Does your facility share data on its efforts to understand health care disparities and the impact of those efforts on its public website?</p>	<p>Yes No</p>
<p>20) Does your facility report and discuss data on health care disparities with your facility’s governance and leadership at least annually?</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 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 2021 Survey***

Leapfrog removed question #11 which asked about elements of transfer policies. However, Leapfrog continues to ask ASCs whether they have a transfer agreement in place with a pediatric or general acute care hospital (question #10) for patients who require a higher level of care.

The basic facility questions in Section 1A (questions #2-10) will not be scored in 2021. However, the responses will continue to be shown on Leapfrog's public reporting [website](#). For example, Leapfrog will display the number of operating and/or procedure rooms.

Multiple stakeholder groups advising Leapfrog (including patients, families, and caregivers as well as employers and purchasers) and recent [literature](#) have highlighted the impact of an ASC's billing practices and their focus on health equity on ensuring the best patient outcomes and patient experience. As a result, Leapfrog added two new sets of questions to Section 1 in 2021. The first set of questions assesses whether ASCs have ethical billing practices in place. The second set of questions assesses what actions ASCs are taking to identify and reduce health care disparities. As per Leapfrog's policy for questions appearing on the Survey for the first time, these two new sets of questions will not be used in scoring or public reporting in 2021.

### ***Change Summary Since Release***

None. If substantive changes are made to this section of the Survey after release on April 1, 2021, 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 at <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.

## **Person-Centered Billing Ethics Frequently Asked Questions (FAQs)**

### **1) What does Leapfrog mean by “payer-specific negotiated charges?”**

The “payer-specific negotiated charge” is the rate that an ASC has negotiated with a third-party payer for the shoppable service. Each payer-specific negotiated charge must be clearly associated with the name of the third-party payer. ASCs can consult their rate sheets or rate tables within which the payer-specific negotiated charges are often found. Such rate sheets typically contain a list of common billing codes for items and services provided by the ASC along with the associated payer-specific negotiated charge or rate (84 FR 65559). More information is available at <https://www.cms.gov/files/document/steps-making-public-standard-charges-shoppable-services.pdf>. This is NOT the “chargemaster” price.

### **2) What does Leapfrog mean by “discounted cash prices?”**

The charge that applies to an individual who pays cash, or cash equivalent, for the shoppable service. If the facility offers a discounted cash price for a shoppable service, the facility can list both discounted and undiscounted gross charges for the shoppable service (and any corresponding ancillary services).

### **3) What does Leapfrog mean by “common shoppable services?”**

For the purposes of responding to the questions in Section 1B, the term “common shoppable services” includes any service that a patient can schedule in advance. The list of common shoppable services must include, at a minimum, any of the 70 services that are provided at the facility and [selected by CMS](#). The list must have plain language descriptions of the shoppable services and group them with ancillary services.

### **4) What does Leapfrog mean by “healthcare professionals?”**

For the purposes of responding to the questions in Section 1B, the term “healthcare professional” includes the following individuals:

- Physicians, including both general practitioners and specialists
- Physician assistants
- Nursing professionals
- Midwives
- Dentists
- Pharmacists
- Laboratory technicians
- Physiotherapists or other therapists
- Dieticians and nutritionists
- Surgical technologists or surgical first assists

### **5) What does Leapfrog mean by “out-of-network services?”**

A health insurance network is a group of doctors and other healthcare professionals across multiple specialties that have a contract to provide health care services to members of a health plan. Out-of-network means that a doctor or other healthcare professional does not have a contract with the health plan. This often results in significantly higher prices as some health plans paid by consumers. In addition, some health plans, such as an HMO plan, will not cover care from out-of-network providers at all. Healthcare professionals, staffing services, or other entities operating within the facility that are not “in-network” are considered “out-of-network.”

**6) What does Leapfrog mean by balance bill?**

When a healthcare professional bills a patient for the difference between the healthcare professional's charge and the amount allowed by the patient's health plan.

**7) What does Leapfrog mean by legal action?**

Legal action can include, but is not limited to, a lawsuit, wage garnishment, filing to take a patient's money out of their tax return, seizing or placing a lien on a patient's personal property.

Patients with whom your facility has entered into a written agreement specifying a set price (not a range or estimate) for a medical service would not be included in this question.

**8) Why are questions about billing practices included on the Leapfrog ASC Survey?**

These questions are designed to collect information on billing practices that may be harmful to patients. Please refer to the JAMA article "Billing quality is medical quality" (Mathews and Makary, 2020) for additional information. These questions are consistent with other national efforts that recognize the impact of billing practices on health care quality, including efforts advanced by The Lown Institute and Costs of Care.

## **Monitoring Health Care Inequity Frequently Asked Questions (FAQs)**

### **1) What types of demographic data should facilities be collecting?**

Regarding patient self-identified race and ethnicity, at a minimum, facilities should collect ethnic and racial categories as outlined by the Office of Management and Budget (OMB) in their Standards for the Classification of Federal Data on Race and Ethnicity. Ethnic categories include Hispanic or Other Latino. Racial categories include American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White.

The race and ethnic categories should be presented as separate questions, and patients should be able to select multiple racial categories. More information is available at <https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf>.

Regarding patient self-identified gender identity and sexual orientation, the Centers for Disease Control and Prevention has issued helpful guidance for providers and facilities, including a list of questions that can be asked at registration. More information is available at <https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/collecting-sexual-orientation.html>.

### **2) What are some ways in which facilities can ensure the accuracy of the demographic data they collect from patients?**

One method to ensure accuracy of demographic data is to compare a patient's self-reported demographic information in the "About You" of OAS CAHPS to the patient's demographic data collected by the facility. Facilities that offer patients self-check-in available through "kiosks" can ask the patient to confirm their demographic data and offer the opportunity to update it. In addition, CAHPS vendors such as Press Ganey offer free tools and resources to their clients. More information is available at <http://healthcare.pressganey.com/LP=1395>

### **3) How does Leapfrog define "health care disparities?"**

Leapfrog defines a health care disparity as differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention. More information is available at <http://www.ih.org/communities/blogs/making-sense-of-health-equity-terminology#:~:text=Health%20care%20disparity%3A%20%E2%80%9CRacial%20or,by%20the%20Institute%20of%20Medicine>.

### **4) In question #16, what does Leapfrog mean by "inadequate data available to determine if disparities exist"?**

Facilities may find that they cannot determine if a health care disparity exists due to small sample size (i.e., fewer than 25 patients able to be measured) or not enough additional data such as data on income or education.

### **5) In question #19, is Leapfrog asking whether or not our facility is publicly reporting the measures we stratify in question #15 on our website?**

No. We are trying to assess the extent to which facilities are sharing any data on their efforts to understand health care disparities and the impact of those efforts. This may take the form of sharing quantitative or qualitative data. It may also include a description of types of demographic data collected and the analysis performed, which in some cases demonstrated no apparent health care disparities.

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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/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

Download the 2021 Leapfrog ASC Survey Scoring Algorithms on the [Scoring and Results webpage](#).

## **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](#) (December 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 November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

<p>1) Is there an Advanced Cardiovascular Life Support (ACLS) trained <a href="#">clinician</a><sup>10</sup>, as well as a second <a href="#">clinician</a><sup>10</sup> (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.</i></p> <p><i>If “not applicable; pediatric patients only,” skip questions #2-3 and continue on to question #4. These facilities will be scored as “Does Not Apply”.</i></p>	<p>Yes</p> <p>No</p> <p><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>	<p><input type="checkbox"/> Anesthesiologists</p> <p><input type="checkbox"/> Certified Registered Nurse Anesthetists (CRNAs)</p> <p><input type="checkbox"/> Physicians</p> <p><input type="checkbox"/> Nurses (RN or MSN)</p> <p><input type="checkbox"/> Physician Assistants (PAs)</p> <p><input type="checkbox"/> Nurse Practitioners (NPs)</p> <p><input type="checkbox"/> Surgical Technicians</p> <p><input type="checkbox"/> First Assists</p>
<p>3) Is there a physician or CRNA present at all times and immediately available in the building until <b>all</b> adult patients are physically discharged from the facility?</p>	<p>Yes</p> <p>No</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>4) Is there a Pediatric Advanced Life Support (PALS) trained <a href="#">clinician</a><sup>10</sup>, as well as a second <a href="#">clinician</a><sup>10</sup>(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.</i>  <i>If “not applicable; adult patients only,” skip questions #5-6 and continue on to question #7. These facilities will be scored as “Does Not Apply”.</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"> <li><input type="checkbox"/> Anesthesiologists</li> <li><input type="checkbox"/> Certified Registered Nurse Anesthetists (CRNAs)</li> <li><input type="checkbox"/> Physicians</li> <li><input type="checkbox"/> Nurses (RN or MSN)</li> <li><input type="checkbox"/> Physician Assistants (PAs)</li> <li><input type="checkbox"/> Nurse Practitioners (NPs)</li> <li><input type="checkbox"/> Surgical Technicians</li> <li><input type="checkbox"/> First Assists</li> </ul>
<p>6) Is there a physician or CRNA present at all times and immediately available in the building until <b>all</b> 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 <b>those physicians</b> 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 (&gt;=75%)</i></p> <p><i>Some are board certified or board eligible (&gt;=50%)</i></p> <p><i>Few are board certified or board eligible (&lt;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, <b>are those providing anesthesia</b> 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 (&gt;=75%)</i></p> <p><i>Some are board certified or board eligible (&gt;=50%)</i></p> <p><i>Few are board certified or board eligible (&lt;50%)</i></p> <p><i>None are board certified or board eligible</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 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 2021 Survey***

There are no substantive changes to this section.

### ***Change Summary Since Release***

None. If substantive changes are made to this section of the Survey after release on April 1, 2021, 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 3 Volume and Safety 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) If an ASC did not perform any pediatric procedures during the reporting period selected in Section 3, should they still report on PALS trained clinicians in Section 2 questions #4-5?**

No. If your facility did not report any pediatric discharges for the procedures listed in Section 3 during the reporting period, then you should select “Not applicable; adult patients only” in question #4. You will then skip question #5 and continue on to question #6.

### **5) Is the PEARS certification the equivalent of PALS certification for the purposes of responding to question #4?**

No. PEARS is not the equivalent of or substitution for PALS certification. The PEARS curriculum is focused on recognition of and steps to mitigate pediatric respiratory emergencies, whereas the PALS curriculum informs clinicians how to manage these emergencies, with emphasis on leadership of the care team, and how to perform key air management techniques. Additionally, the PALS curriculum instructs providers on multiple ways to obtain IV access to improve circulatory issues.

### **6) 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 at <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 the 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/asc-survey-measures>

Section 3 includes questions about your facility's volumes of adult and pediatric procedures, patient follow-up, patient selection and consent to treat, and use of a safe surgery checklist. In 2021, a new set of questions on facility and surgeon volumes of total hip and knee replacements was added. This subsection (3B) will not be scored or publicly reported in 2021.

Procedure Volume information from Section 3A will not be scored but will be publicly reported. Section 3C Patient Follow-up will not be scored or publicly reported.

Information from Section 3D 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 3E 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 Sections 3A); and
- 2) Has documented that **all** safe surgery checklist elements listed were completed for each patient.

Download the 2021 Leapfrog ASC Survey Scoring Algorithms on the [Scoring and Results webpage](#).

## **3A: Volume of Procedures**

### **Important Notes:**

Note 1: As described in the Measure Specifications, ASCs must download the CPT code Excel workbook for the 2021 Leapfrog ASC Survey from the Survey Dashboard **prior** to answering the questions in Section 3A.

Note 2: 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).

**Specifications:** See [Volume of Procedures Measure Specifications](#) in the Reference Information on pages 75-81.

#### **Reporting Time Period: 12 months**

- Surveys submitted prior to September 1: 01/01/2019 – 12/31/2019 **OR** 01/01/2020 – 12/31/2020
- Surveys (re)submitted on or after September 1: 07/01/2020 – 06/30/2021

Note: As a reminder, the [Corrections Period](#) (December 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 November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 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"/> 01/01/2020 – 12/31/2020 <input type="checkbox"/> 07/01/2020 – 06/30/2021
2) During the reporting period, were one or more of the following <b>gastroenterology</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients: <ul style="list-style-type: none"> <li>• Upper GI endoscopy</li> <li>• Other upper GI procedures</li> <li>• Small intestine and stomal endoscopy</li> <li>• Lower GI endoscopy</li> </ul> <p><i>If "no" or "yes, but no longer performs these procedures," skip question #12 below.</i></p>	<p style="text-align: center;">Yes  <i>Yes, but no longer performs these procedures</i>            No</p>
3) During the reporting period, were one or more of the following <b>general surgery</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients: <ul style="list-style-type: none"> <li>• Cholecystectomy and common duct exploration</li> <li>• Hemorrhoid procedures</li> <li>• Inguinal and femoral hernia repair</li> </ul>	<p style="text-align: center;">Yes  <i>Yes, but no longer performs these procedures</i>            No</p>

<ul style="list-style-type: none"> <li>• Other hernia repair</li> <li>• Laparoscopy</li> <li>• Lumpectomy or quadrantectomy of breast</li> <li>• Mastectomy</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #13 below.</i></p>	
<p>4) During the reporting period, were one or more of the following <b>ophthalmology</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Anterior segment eye procedures</li> <li>• Posterior segment eye procedures</li> <li>• Ocular adnexa and other eye procedures</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #14 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 <b>orthopedic</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Finger, hand, wrist, forearm, and elbow procedures</li> <li>• Shoulder procedures</li> <li>• Spine procedures</li> <li>• Hip procedures</li> <li>• Knee procedures</li> <li>• Toe, foot, ankle, and leg procedures</li> <li>• General orthopedic procedures</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #15 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 <b>otolaryngology</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Ear procedures</li> <li>• Mouth procedures</li> <li>• Nasal/sinus procedures</li> <li>• Pharynx/adenoid/tonsil procedures</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #16 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 <b>urology</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Circumcision</li> <li>• Cystourethroscopy</li> <li>• Male genital procedures</li> </ul>	<p style="text-align: center;">Yes Yes, but no longer performs these procedures No</p>

<ul style="list-style-type: none"> <li>• Urethra procedures</li> <li>• Vaginal repair procedures</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #17 below.</i></p>	
<p>8) During the reporting period, was the following <b>dermatology</b> procedure performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Complex skin repairs</li> </ul> <p><i>If “no” or “yes, but no longer performs this procedure,” skip question #18 below.</i></p>	<p>Yes Yes, but no longer performs this procedure No</p>
<p>9) During the reporting period, was the following <b>neurological surgery</b> procedure performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Spinal fusion procedures</li> </ul> <p><i>If “no” or “yes, but no longer performs this procedure,” skip question #19 below.</i></p>	<p>Yes Yes, but no longer performs this procedure No</p>
<p>10) During the reporting period, were one or more of the following <b>obstetrics and gynecology</b> procedures performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Cervix procedures</li> <li>• Hysteroscopy</li> <li>• Uterus and adnexa laparoscopies</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #20 below.</i></p>	<p>Yes Yes, but no longer performs these procedures No</p>
<p>11) During the reporting period, were one or more of the following <b>plastic and reconstructive surgery</b> procedures performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Breast repair or reconstruction</li> <li>• Skin graft/reconstruction procedures</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #21 below.</i></p>	<p>Yes Yes, but no longer performs these procedures No</p>

**Gastroenterology**

<p>12) 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 <b>all</b> procedures, go back to question #2 and update your response from “yes” to “no.”</i></p>		
	(a) Adult Volume	(b) Pediatric Volume

<b>Upper GI endoscopies</b>	_____	_____
<b>Other upper GI procedures</b>	_____	_____
<b>Small intestine and stomal endoscopies</b>	_____	_____
<b>Lower GI endoscopies</b>	_____	_____

### General Surgery

<p>13) 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 <b>all</b> procedures, go back to question #3 and update your response from "yes" to "no."</i></p>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Cholecystectomies and common duct explorations</b>	_____	
<b>Hemorrhoid procedures</b>	_____	
<b>Inguinal and femoral hernia repairs</b>	_____	_____
<b>Other hernia repairs</b>	_____	_____
<b>Laparoscopies</b>	_____	
<b>Lumpectomies or quadrantectomy of breast procedures</b>	_____	
<b>Mastectomies</b>	_____	

### Ophthalmology

<p>14) 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 <b>all</b> procedures, go back to question #4 and update your response from "yes" to "no."</i></p>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Anterior segment eye procedures</b>	_____	_____
<b>Posterior segment eye procedures</b>	_____	
<b>Ocular Adnexa and Other Eye Procedures</b>	_____	_____

**Orthopedics**

15) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.

*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."*

	(a) Adult Volume	(b) Pediatric Volume
<b>Finger, hand, wrist, forearm, and elbow procedures</b>	_____	_____
<b>Shoulder procedures</b>	_____	_____
<b>Spine procedures</b>	_____	_____
<b>Hip procedures</b>	_____	_____
<b>Knee procedures</b>	_____	_____
<b>Toe, foot, ankle, and leg procedures</b>	_____	_____
<b>General orthopedic procedures</b>	_____	_____

**Otolaryngology**

16) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.

*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."*

	(a) Adult Volume	(b) Pediatric Volume
<b>Ear procedures</b>	_____	_____
<b>Mouth procedures</b>	_____	_____
<b>Nasal/sinus procedures</b>	_____	_____
<b>Pharynx/adenoid/tonsil procedures</b>	_____	_____

**Urology**

17) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.

*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."*

	(a) Adult Volume	(b) Pediatric Volume
<b>Circumcisions</b>	_____	
<b>Cystourethroscopies</b>	_____	_____
<b>Male genital procedures</b>	_____	_____
<b>Urethra procedures</b>	_____	_____
<b>Vaginal repair procedures</b>	_____	_____

### ***Dermatology***

<p>18) 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>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Complex skin repairs</b>	_____	

### ***Neurological Surgery***

<p>19) 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>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Spinal fusion procedures</b>	_____	

### ***Obstetrics and Gynecology***

<p>20) 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 <b>all</b> procedures, go back to question #10 and update your response from "yes" to "no."</i></p>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Cervix procedures</b>	_____	
<b>Hysteroscopies</b>	_____	
<b>Uterus and adnexa laparoscopies</b>	_____	

**Plastic and Reconstructive Surgery**

<p>21) 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 <b>all</b> procedures, go back to question #11 and update your response from "yes" to "no."</i></p>		
	<i>(a) Adult Volume</i>	<i>(b) Pediatric Volume</i>
<b>Breast repair or reconstructive procedures</b>	_____	
<b>Skin Graft/Reconstruction Procedures</b>	_____	

### **3B: Facility and Surgeon Volume**

**Important Notes:**

Note 1: This subsection is new in 2021. Responses will not be scored or publicly reported.

Note 2: As described in the Measure Specifications, ASCs must download the CPT code Excel workbook for the 2021 Leapfrog ASC Survey from the Survey Dashboard **prior** to answering the questions in Section 3B.

**Specifications:** See [Facility and Surgeon Volume Measure Specifications](#) in the Reference Information on page 82.

**Reporting Time Period: 12 months or *optionally* 24 months (annual average)**

- Surveys submitted prior to September 1:
  - 01/01/2019 – 12/31/2019 (12-month count)
  - 01/01/2018 – 12/31/2019 (24-month annual average)
  - 01/01/2020 – 12/31/2020 (12-month count)
  - 01/01/2019 – 12/31/2020 (24-month annual average)
- Surveys (re)submitted on or after September 1:
  - 07/01/2020 – 06/30/2021 (12-month count)
  - 07/01/2019 – 06/30/2021 (24-month annual average)

Note: As a reminder, the Corrections Period (December 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 November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

<p>1) 12-month or 24-month reporting time period used:</p>	<p><input type="checkbox"/> 01/01/2019 – 12/31/2019 (12-month count)</p> <p><input type="checkbox"/> 01/01/2018 – 12/31/2019 (24-month annual average)</p> <p><input type="checkbox"/> 01/01/2020 – 12/31/2020 (12-month count)</p> <p><input type="checkbox"/> 01/01/2019 – 12/31/2020 (24-month annual average)</p> <p><input type="checkbox"/> 07/01/2020 – 06/30/2021 (12-month count)</p> <p><input type="checkbox"/> 07/01/2019 – 06/30/2021 (24-month annual average)</p>
<p>2) Check all procedures that your facility performs?</p> <p><i>If “none of the above,” skip the remaining questions in Section 3B and continue onto the next subsection.</i></p>	<p><input type="checkbox"/> Total Knee Replacement</p> <p><input type="checkbox"/> Total Hip Replacement</p> <p><input type="checkbox"/> None of the above</p>

Facility will only respond to questions #3-9 based on the procedures selected in question #2.

3) Total facility volume for each selected procedure during the reporting period:	
<i>Procedure</i>	<i>Number of Procedures Performed (12-month count or 24-month annual average)</i>
Total Knee Replacement	_____
Total Hip Replacement	_____

4) Does your facility's privileging process include the surgeon meeting or exceeding the minimum surgeon volume standard listed below?		
<i>Procedure</i>	<i>Surgeon Volume Standard</i>	
Total Knee Replacement	25	Yes No
Total Hip Replacement	25	Yes No

5) Does your facility have <a href="#">appropriateness criteria</a> <sup>11</sup> for <u>any</u> of the following procedures:  <i>If "none of the above," skip questions #5b-9 and continue on to the Affirmation of Accuracy.</i>	<input type="checkbox"/> Total knee replacement <input type="checkbox"/> Total hip replacement <input type="checkbox"/> None of the above
5b) Did your facility do <u>any</u> of the following in developing the appropriateness criteria:	<input type="checkbox"/> Use the latest evidence and clinical guidelines <input type="checkbox"/> Solicit input from employed surgeons, and if applicable, non-employed surgeons <input type="checkbox"/> Incorporate relevant <a href="#">Choosing Wisely lists</a> <input type="checkbox"/> Review, and if appropriate, update the criteria on an annual basis <input type="checkbox"/> None of the above
6) Does your facility have processes or structures in place to promote ongoing adherence to the appropriateness criteria for <u>any</u> of the following procedures:	<input type="checkbox"/> Total knee replacement <input type="checkbox"/> Total hip replacement <input type="checkbox"/> None of the above
7) Does your facility conduct regular retrospective reviews of surgical cases to evaluate the extent to which your appropriateness criteria are met or not met by each surgeon for <u>any</u> of the following procedures:	<input type="checkbox"/> Total knee replacement <input type="checkbox"/> Total hip replacement <input type="checkbox"/> None of the above
8) Does your facility have a process in place for communicating with surgeons, surgical leadership, and administrative leadership when a surgeon's trend or pattern suggests challenges to adhering to your appropriateness criteria and work to understand potential barriers to meeting the criteria for <u>any</u> of the following procedures:	<input type="checkbox"/> Total knee replacement <input type="checkbox"/> Total hip replacement <input type="checkbox"/> None of the above

9) Does your facility report annually to its governance and leadership the findings from the retrospective reviews and plans to improve adherence to the appropriateness criteria for <u>any</u> of the following procedures:	<input type="checkbox"/> Total knee replacement <input type="checkbox"/> Total hip replacement <input type="checkbox"/> None of the above
---	---

### **3C: Patient Follow-up**

#### **Important Notes:**

Note 1: Information from Section 3C 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](#) (December 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 November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

<p>1) Does your facility use an electronic surveillance system or have a formal process in place for facility staff to follow up with <b>physicians</b> 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"/> Deep Vein Thrombosis (DVT) <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;">&lt; 5% &gt; 5%, but &lt; 10% &gt; 10%, but &lt; 25% &gt; 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><input type="checkbox"/> ER admission <input type="checkbox"/> OR admission <input type="checkbox"/> Other hospital admission <input type="checkbox"/> Urgent care visit</p>

<p>Select all that apply or "none of the above." If "none of the above," skip question #6 and continue on to the next subsection.</p>	<p><input type="checkbox"/> Other  <input type="checkbox"/> None of the above</p>
<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>	<p>&lt; 5%  &gt; 5%, but &lt; 10%  &gt; 10%, but &lt; 25%  &gt; 25%</p>

## **3D: Patient Selection and Consent to Treat**

### **Important Notes:**

Note 1: Information from Section 3D 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 3D 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](#) (December 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 November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 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>Yes</p> <p>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"> <li><input type="checkbox"/> History of difficult intubation</li> <li><input type="checkbox"/> Difficult airway/aspiration risk</li> <li><input type="checkbox"/> Body Mass Index (BMI)</li> <li><input type="checkbox"/> American Society of Anesthesiologists (ASA) Physical Status Classification</li> <li><input type="checkbox"/> Recent Medical History (within 30 days of scheduled procedure)</li> <li><input type="checkbox"/> Cognitive Assessment</li> <li><input type="checkbox"/> Sleep Apnea Assessment</li> <li><input type="checkbox"/> Availability of transportation following discharge</li> <li><input type="checkbox"/> Availability of a caregiver following discharge</li> </ul>
<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"> <li><input type="checkbox"/> Anesthesiologist</li> <li><input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA)</li> <li><input type="checkbox"/> Physician</li> </ul>

	<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>

## **3E: 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 3E 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](#) (December 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 November 30 Late Submission Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

<p>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>	<p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Format: MM/YYYY</i></p>
<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?</p> <p><i>If “no” to question #2, skip the remaining questions in Section 3E and go to the Affirmation of Accuracy. The facility will be scored as “Limited Achievement.”</i></p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>
<p>3) <b>Before the induction of anesthesia</b>, is a safe surgery checklist that includes <u>all</u> of the following elements read aloud in the presence of the anesthesia professional and nursing personnel:</p> <ul style="list-style-type: none"> <li>• Patient ID</li> <li>• Confirmation of procedure</li> <li>• Patient consent</li> <li>• Site marked, if applicable</li> <li>• Anesthesia/medication check</li> <li>• Pulse ox functioning</li> <li>• Allergies assessed</li> <li>• Difficult airway/aspiration risk</li> <li>• Risk of blood loss, if applicable</li> <li>• Availability of devices on-site, if applicable?</li> </ul> <p><i>If “no” to question #3, skip question #4 and continue on to question #5.</i></p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>
<p>4) Who leads the checklist <b>before the induction of anesthesia</b>?</p> <p><i>Select all that apply.</i></p>	<p><input type="checkbox"/> Anesthesiologist</p> <p><input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA)</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Nurse (RN or MSN)</p>

	<input type="checkbox"/> Physician Assistant (PA) <input type="checkbox"/> Nurse Practitioner (NP) <input type="checkbox"/> Surgical Technician <input type="checkbox"/> First Assist
<p>5) <b>Before the skin incision and/or before the procedure begins, is a safe surgery checklist that includes <u>all</u> of the following elements read aloud in the presence of the <a href="#">whole surgical team</a>:</b></p> <ul style="list-style-type: none"> <li>• Clinical team introduction</li> <li>• Confirmation of patient name, procedure, and, if applicable, surgical/incision site</li> <li>• Antibiotic prophylaxis, if applicable</li> <li>• Anticipated Critical Events (non-routine steps, length of procedure, blood loss, patient-specific concerns, sterility)</li> <li>• Equipment check/concerns</li> <li>• Essential imaging available, if applicable</li> <li>• Device representative in the OR, if applicable?</li> </ul> <p><i>If “no” to question #5, skip question #6 and continue on to question #7.</i></p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>
<p>6) Who leads the checklist <b>before the skin incision and/or before the procedure begins?</b></p> <p style="text-align: center;"><i>Select all that apply.</i></p>	<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) <b>Before the patient leaves the operating room and/or procedure room, is a safe surgery checklist that includes <u>all</u> of the following elements read aloud in the presence of the <a href="#">whole surgical team</a> :</b></p> <ul style="list-style-type: none"> <li>• Confirmation of procedure performed</li> <li>• Instrument/supply counts</li> <li>• Specimen labeling, if applicable</li> <li>• Equipment concerns</li> <li>• Patient recovery/management concerns?</li> </ul> <p><i>If “no” to question #7, skip question #8 and go to the Affirmation of Accuracy.</i></p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>
<p>8) Who leads the checklist <b>before the patient leaves the operating room and/or procedure room?</b></p> <p style="text-align: center;"><i>Select all that apply.</i></p>	<input type="checkbox"/> Anesthesiologist

	<ul style="list-style-type: none"><li><input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA)</li><li><input type="checkbox"/> Physician</li><li><input type="checkbox"/> Nurse (RN or MSN)</li><li><input type="checkbox"/> Physician Assistant (PA)</li><li><input type="checkbox"/> Nurse Practitioner (NP)</li><li><input type="checkbox"/> Surgical Technician</li><li><input type="checkbox"/> First Assist</li></ul>
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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 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 2021 Survey***

In 2021, Leapfrog removed those procedures that we have identified as not requiring sedation or anesthesia and made minor updates to the procedure groupings. An updated CPT code workbook will be available when the Survey opens on April 1. Facilities are required to accept the American Medical Association's Terms of Use Agreement before downloading the Excel file and using the individual CPT codes to respond to Section 3A. The annual volume reported for the procedures listed below will be publicly reported.

Leapfrog removed the fact-finding questions regarding national clinical quality registries in 2021. We will use the information collected on the 2020 Survey to try to identify fully developed and tested quality measures that could be added to the 2022 Survey that would provide purchasers and consumers with a more complete assessment of the quality of these procedures in ASCs and Hospital Outpatient Departments (HOPDs). Possible measures could include facility and/or surgeon volume standards, patient-reported outcomes, quality and efficiency measures, and appropriateness measures.

Beginning in 2021, Leapfrog added questions regarding the minimum facility volume and surgeon volume of total hip replacement procedures and total knee replacement procedures. ASCs will have the option to report based on a 12-month count or a 24-month annual average. Leapfrog will also ask questions about appropriateness criteria for the procedures, if applicable. These questions will not be scored or publicly reported in 2021; responses will be publicly reported beginning in 2022.

Leapfrog made minor changes to the wording of the patient follow-up questions regarding documentation of patient complications in Section 3C in response to questions and comments from ASCs on the 2020 Leapfrog ASC Survey. We also added deep vein thrombosis (DVT) to the list of complications in question #3. These questions will continue to not be scored or publicly reported in 2021.

There are no changes to the Patient Selection and Consent to Treat questions in Section 3D. These questions will not be scored but will continue to be used in public reporting in 2021 (e.g., Leapfrog will display the components of a facility's patient screening tool on individual facilities' publicly reported [Survey Results](#)).

Leapfrog made minor updates to the questions regarding the use of a safe surgery checklist to clarify Leapfrog's interest in the timing and overall process of use of the safe surgical checklist(s). These questions will continue to be scored and publicly reported in 2021.

### ***Change Summary Since Release***

If substantive changes are made to this section of the Survey after release on April 1, 2021, 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 3A: 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. Instructions for downloading the Outpatient Procedure CPT Codes are available on page 11 of the [How to Use the Online Survey Tool Guide](#).

<p><b>Source:</b> The Leapfrog Group, American Medical Association, The Health Care Cost Institute</p>
<p><b>Reporting Time Period: 12 months</b></p> <ul style="list-style-type: none"> <li>• Surveys submitted prior to September 1: 01/01/2019 – 12/31/2019 <b>OR</b> 01/01/2020 – 12/31/2020</li> <li>• Surveys (re)submitted on or after September 1: 07/01/2020 – 06/30/2021</li> </ul>
<p><b>Questions #2-11:</b> 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><b>Adult Procedures</b></p> <p><a href="#">Gastroenterology procedures:</a> upper GI endoscopy; other upper GI procedures; small intestine and stomal endoscopy; and lower GI endoscopy</p> <p><a href="#">General surgery procedures:</a> cholecystectomy and common duct exploration; hemorrhoid procedures; inguinal and femoral hernia repairs; other hernia repairs; laparoscopy; lumpectomy or quadrantectomy of breast; and mastectomy</p> <p><a href="#">Ophthalmology procedures:</a> anterior segment eye procedures; posterior segment eye procedures; and ocular adnexa and other eye procedures</p> <p><a href="#">Orthopedic procedures:</a> 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><a href="#">Otolaryngology procedures:</a> ear procedures; mouth procedures; and nasal/sinus procedures</p> <p><a href="#">Urology procedures:</a> circumcision; cystourethroscopy; male genital procedures; urethra procedures; and vaginal repair procedures</p> <p><a href="#">Dermatology procedures:</a> complex skin repairs</p> <p><a href="#">Neurological surgery procedures:</a> spinal fusion procedures</p> <p><a href="#">Obstetrics and gynecology procedures:</a> cervix procedures; hysteroscopy; and uterus and adnexa laparoscopies</p> <p><a href="#">Plastic and reconstructive surgery procedures:</a> breast repair or reconstructive procedures; and skin graft/reconstruction 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; and ocular adnexa and other 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](#): 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 #12-21:** 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; hemorrhoid procedures; inguinal and femoral hernia repair; other hernia repair; laparoscopy; lumpectomy or quadrantectomy of breast; and mastectomy

[Ophthalmology procedures](#): anterior segment eye procedures; posterior segment eye procedures; and ocular adnexa and other 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; and nasal/sinus procedures

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

[Dermatology procedures](#): complex skin repair

[Neurological surgery procedures](#): spinal fusion procedures

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

[Plastic and reconstructive surgery procedures](#): breast repair or reconstructive procedures; and skin graft/reconstruction 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; and ocular adnexa and other 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; and pharynx/adenoid/tonsil procedures

[Urology procedures](#): 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 the 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 kneecap (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 the [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.

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.

### **General Surgery Measure Specifications**

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

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

- Cholecystectomy and Common Duct Exploration
- Hemorrhoid Procedure
- Laparoscopy
- Lumpectomy or Quadrantectomy of Breast
- Mastectomy

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.

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.

### **Ophthalmology Measure Specifications**

For ophthalmology procedures, use the CPT codes available in the Library on the [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

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

- Anterior Segment Eye Procedures
- Ocular Adnexa and Other 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.

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.

### **Orthopedic Measure Specifications**

For orthopedic procedures, use the CPT codes available in the Library on the [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.

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.

### **Otolaryngology Measure Specifications**

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

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

- Ear Procedure
- Mouth Procedure
- Nasal/Sinus Procedure

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

- 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.

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.

### **Urology Measure Specifications**

For urology procedures, use the CPT codes available in the Library on the [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**:

- Circumcision

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

- 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.

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.

### **Dermatology Measure Specifications**

For dermatology procedures, use the CPT codes available in the Library on the [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 Repairs

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.

### **Neurological Surgery Measure Specifications**

For neurological surgery procedures, use the CPT codes available in the Library on the [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 Procedures

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.

### **Obstetrics and Gynecology Measure Specifications**

For obstetrics and gynecology procedures, use the CPT codes available in the Library on the [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 Procedures
- Hysteroscopy
- Uterus and Adnexa Laparoscopies

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.

### **Plastic and Reconstructive Surgery Measure Specifications**

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

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

- Breast Repair or Reconstruction
- Skin Graft/Reconstruction Procedures

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.

## **Section 3B: Facility and Surgeon Volume Measure Specifications**

**Important Note:** For each of the procedures included in Section 3B: Facility and Surgeon Volume, Leapfrog has provided a CPT code 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.

<b>Source:</b> The Leapfrog Group, American Medical Association
<p><b>Reporting Time Period: 12 months or optionally 24 months (annual average)</b></p> <ul style="list-style-type: none"> <li>• Surveys submitted prior to September 1: <ul style="list-style-type: none"> <li>○ 01/01/2019 – 12/31/2019 (12-month count)</li> <li>○ 01/01/2018 – 12/31/2019 (24-month annual average)</li> <li>○ 01/01/2020 – 12/31/2020 (12-month count)</li> <li>○ 01/01/2019 – 12/31/2020 (24-month annual average)</li> </ul> </li> <li>• Surveys (re)submitted on or after September 1: <ul style="list-style-type: none"> <li>○ 07/01/2020 – 06/30/2021 (12-month count)</li> <li>○ 07/01/2019 – 06/30/2021 (24-month annual average)</li> </ul> </li> </ul>
<p><b>Question #2:</b> Check all procedures that your facility has performed during the reporting period on adult patients (ages 18 years or older).</p> <p style="padding-left: 40px;">Total knee replacement</p> <p style="padding-left: 40px;">Total hip replacement</p>
<p><b>Question #3:</b> Total facility volume of patients discharged with the listed CPT code for each selected procedure (from question #2) during the reporting period. Please see CPT code Excel workbook linked above for applicable CPT codes.</p> <p>Using the “tot_knee_replace” sheet, count the total number of adult (18 years of age or older) patients discharged for a total knee replacement procedure with the CPT code listed. The CPT code can be in any procedure field.</p> <p>Using the “tot_hip_replace” sheet, count the total number of adult (18 years of age or older) patients discharged for a total hip replacement procedure with the CPT code listed. The CPT code can be in any procedure field.</p>
<p><b>Question #4:</b> Does your facility's privileging process include the surgeon meeting or exceeding the minimum surgeon volume standard listed below?</p> <p style="padding-left: 40px;">Total knee replacement: 25</p> <p style="padding-left: 40px;">Total hip replacement: 25</p>

## **Volume and Safety of Procedures Frequently Asked Questions (FAQs)**

### ***Volume of Procedures***

**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) Should we count patients discharged with a G code for colonoscopy?**

No. A "G" (HCPCS II) code is used to differentiate between colonoscopies performed for screening purposes rather than for a diagnostic or therapeutic procedure. The Survey only includes major diagnostic and therapeutic procedures.

### ***Facility and Surgeon Volume***

**3) How should facilities calculate volume using a 24-month annual average?**

To report on a 24-month annual average, calculate the total volume over the past 24 months, and then divide by 2 (i.e., the volume of year one plus the volume of year 2 divided by two equals the 24-month annual average).

**4) If an ASC elects to begin a new service line of procedures, how should the facility report its volume and surgeon volumes while establishing the new line?**

To not penalize ASCs that start new service lines, ASCs will receive an 18-month grace period before having to report on the facility and surgeon volume for a new procedure. From the day that the ASC performs the procedure for the first time, the ASC and its surgeons will have 18 months to reach the annual volume standard. During this period, the ASC does not have to report its procedure volumes for the ASC or surgeons. However, once the ASC reaches the end of the 18-month grace period, it must report its facility and surgeon procedure volume.

**5) How should we deal with a temporary drop in volume due to losing a surgeon's service?**

To accommodate fluctuations in facility volumes, ASCs have the option of reporting on their average case volumes over a 24-month period.

**6) When counting surgeon volume for the purposes of privileging, should we consider procedures performed by the surgeon at other facilities?**

When determining whether a surgeon has met or has exceeded Leapfrog's minimum surgeon volume standard, we expect that ASCs will consider total experience in the privileging process - this would include procedures performed within the reporting period at the ASC and at any hospitals with which the surgeon is also affiliated.

**7) For determining surgeon volume for the purposes of our ASC's privileging policy, how should we count procedures that involve surgeons who have just finished training and are building up their experience?**

Surgeons who have just finished their training should receive a 24-month grace period to build up their experience. After that point, the surgeon's volume should be tracked and included in privileging decisions. The procedures performed by this surgeon during the reporting period should still be

counted towards the facility's volume total, as the broader staff still had the experience with the procedure.

**8) When counting surgeon volume for the purposes of privileging, if a procedure is completed by two surgeons (i.e., an assistant or co-surgeon) would they both be able to count the case?**

If a surgeon assists another surgeon or is a co-surgeon during a procedure, the procedure should NOT count for both surgeons' procedure totals. The case should be applied to a single surgeon.

**9) If a surgeon was not 'active' during the entire reporting period (e.g., just hired, sabbatical, illness, etc.), how should this surgeon's procedures be reported?**

If a surgeon was absent for an extended time during the reporting period, the procedures performed by this surgeon during the reporting period should still be counted towards the ASC's procedure total (question #3). However, the surgeon would not need to be considered when responding to question #4 regarding whether or not your ASC's process for privileging includes the surgeon having to meet Leapfrog's minimum surgeon volume standards until they have been active again for an entire reporting period (likely the next year).

**10) Does the specific procedure and minimum surgeon volume standard listed, need to be included in our process for privileging surgeons?**

Yes. ASCs must ensure that the specific procedure and minimum surgeon volume standard are included in your process for privileging surgeons.

**11) Does our privileging process for surgeons have to include the surgeon volume standard for initial privileging only or ongoing/renewal of privileging as well?**

Both. Leapfrog's minimum surgeon volume standards should be fully integrated into your hospital's process for privileging surgeons, including both initial and ongoing privileging. There are two exceptions:

- a. Surgeons who have just finished training: see [FAQ #5](#) above.
- b. Surgeons who were not active for the entire reporting period: see [FAQ #7](#) above.

### ***Surgical Appropriateness***

**12) What documents can be used as supporting evidence of an ASC's implementation of surgical appropriateness?**

ASCs may use facility meeting minutes, centers of excellence criteria, retrospective reviews of surgical cases, or any other materials that show that there are surgical appropriateness standards of care for each of the two joint replacement procedures.

**13) How often do we need to perform "regular retrospective reviews" as described in question #6 in Section 3B?**

More than once per year. Some ASCs may decide to do review quarterly or even monthly, depending on the size of the service.

### ***Patient Follow-Up***

**14) Are there specific complication codes that should be used to calculate the percentage in Section 3C question #4?**

Question #1 in Section 3C is asking whether your facility uses an electronic surveillance system or has a regular process in place to follow-up with physicians, who perform the procedures in Section 3A, within 30 days of discharge of a patient undergoing one or more procedures in Section 3A to document whether the patient had any complications from surgery (not based on specific complication codes). Complications may include surgical site infections, excessive bleeding, excessive pain, readmission, etc.

If you do not have a regular process in place to follow-up with physicians to document whether the patient had any complications, you would respond 'no' and not answer any additional questions. We are NOT asking if the facility documents patient complications when they go to the ER, etc. We are specifically asking about communications between the ASC and physicians to obtain this information.

If your facility is able to respond 'yes' to question #1, then you should complete questions #2-6 regarding where the information from physicians is documented by the facility, what types of complications occurred, and a general estimate of the percentage of patients with complications. There is no need to query your complication codes or get an exhaustive list of complications for the 2021 Leapfrog ASC Survey. Additionally, we are not asking ASCs to follow-up with patients directly.

### ***Patient Selection and Consent to Treat***

**15) Regarding the patient consent questions, does the patient need to be given a copy of the procedure and/or anesthesia materials to retain or is it acceptable to make it available to the patients and have a copy retained by the facility only?**

Questions #5-6 specifically refer to when procedure and anesthesia consent materials are provided to patients. The expectation is that patients are given a physical copy of the paperwork and sign it prior to the procedure.

**16) What does Leapfrog mean by “policy” in Section 3D questions #5-6?**

When we ask if your facility has a policy, we are referring to whether your facility has written policy that outlines a standard practice of providing consent materials at least 3 days prior, 1 day prior, etc. If you do not have a written policy on this, you should select "not at all." If your facility's practice regarding the timing of when consent materials are provided to patients varies depending on the procedure, please select the response that represents when consent materials are provided to patients at least 50% of the time.

**17) 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 at [https://www.americangeriatrics.org/sites/default/files/inline-files/kkaycee\\_sink.pdf](https://www.americangeriatrics.org/sites/default/files/inline-files/kkaycee_sink.pdf), as well as at <https://www.aafp.org/patient-care/public-health/cognitive-care/cognitive-evaluation.html>

**18) 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***

**19) Does the safe surgery checklist referenced in Section 3E 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.

**20) How is “whole surgical team” defined?**

“Whole surgical team” is comprised of the surgeons, anesthesia professionals, nurses, technicians and other operating room personnel involved in surgery.

(Based off the World Alliance for Patient Safety “Implementation Manual Surgical Safety Checklist (First Edition)”:

[https://www.who.int/patientsafety/safesurgery/tools\\_resources/SSSL\\_Manual\\_finalJun08.pdf](https://www.who.int/patientsafety/safesurgery/tools_resources/SSSL_Manual_finalJun08.pdf)).

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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

**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 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 opioid prescribing will not be scored or publicly reported in 2021.

In 2021, a new set of questions on the proportion of nurses that are BSN-prepared was added. This subsection (4F) is optional and will not be publicly reported in 2021.

### **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 6 months of surveillance and reporting for all 4 Same Day Outcome Measures; **and**
- 4) Participated in 6 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.

**Download the 2021 Leapfrog ASC Survey Scoring Algorithms on the [Scoring and Results webpage](#).**

## 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 113-115.

#### Reporting Time Period: 12 months

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

- Surveys submitted prior to September 1: 01/01/2019 – 12/31/2019 **OR** 01/01/2020 – 12/31/2020
- Surveys (re)submitted on or after September 1: 07/01/2020 – 06/30/2021

Note: As a reminder, the [Corrections Period](#) (December 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 November 30 Late Submission Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

**Sufficient Sample:** See [Medication Safety Measure Specifications](#) 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"/> 01/01/2020 – 12/31/2020 <input type="checkbox"/> 07/01/2020 – 06/30/2021
2) Did your facility perform an audit of clinical records for all patients (or a <a href="#">sufficient sample</a> of them) discharged for the reporting period selected <b>and</b> measure adherence to medication documentation guidelines regarding home medications, medications ordered during the visit, and medication allergies?  <i>If “no” to question #2, skip questions #3-7 and continue on to question #8. The facility will be scored as “Limited Achievement.”</i>  <i>If “yes, but there were fewer than 30 patients discharged for the reporting period,” skip questions #3-7 and continue on to question #8. The facility will be scored as “Unable to Calculate Score.”</i>	<p style="text-align: center;">Yes No</p> <p style="text-align: center;"><i>Yes, but there were fewer than 30 patients discharged for the reporting period</i></p>
3) Number of cases measured (either all cases or a <a href="#">sufficient sample</a> of them).	_____
4) Number of cases in question #3 with a list of <b>all home medication(s)</b> , including dose, route, and frequency, <a href="#">documented</a> in the clinical record.	_____
5) Number of cases in question #3 with a list of <b>all medication(s) prescribed or administered during the visit</b> , including the	_____

<p>strength, dose, route, date, and time of administration, <a href="#">documented</a> in the clinical record.</p>	
<p>6) Number of cases in question #3 with a list of <b>all medication allergies and adverse reaction(s)</b> <a href="#">documented</a> in the clinical record.</p>	<p>_____</p>
<p>7) Do the responses in questions #3-6 represent a sample of cases?</p>	<p>Yes No</p>

## Opioid Prescribing

### Important Notes:

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

#### Reporting Time Period:

Answer questions #8-14 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](#) (December 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 November 30 Late Submission Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

<p>8) 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 <b>only</b> perform endoscopies and whose providers do not prescribe opioids should respond "not applicable" to question #8.</i></p> <p><i>If "no" to question #8, skip questions #9-11 and continue on to question #12. If "not applicable," skip questions #9-14 and continue on to the next subsection.</i></p>	<p>Yes</p> <p>No</p> <p>Not applicable</p>
<p>9) 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 consistent with state medical board and/or PDMP requirements?</p>	<p>Yes</p> <p>No</p> <p>Not applicable; state law prohibits facility access to PDMP</p>
<p>10) How does your facility track that <u>all</u> licensed prescribers, who are authorized to prescribe scheduled drugs, query and assess the state or regional PDMP prior to prescribing an opioid pain medication to a patient consistent with state medical board and/or PDMP requirements?</p>	<p>EHR-generated report</p> <p>Request report from PDMP</p> <p>Other (please specify)</p> <p>Not applicable; state law prohibits facility access to PDMP</p> <p>Not applicable; do not track</p>
<p>11) 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 (&gt;=75%)</p> <p>Some patients (&gt;=50%)</p> <p>Few patients (&lt;50%)</p> <p>Discharge instructions are not retained for any patients</p>

<p>12) Does your facility require that <u>all</u> licensed prescribers, who are authorized to prescribe scheduled drugs, adhere to national, evidence-based <a href="#">Surgical Opioid Guidelines</a><sup>12</sup> for new prescriptions at discharge?</p> <p><i>If “no” or “not applicable; do not perform any of the procedures included in the guidelines,” skip questions #13-14 and continue on to the next subsection.</i></p>	<p>Yes</p> <p>No</p> <p><i>Not applicable; do not perform any of the procedures included in the guidelines</i></p>
<p>13) Does your facility conduct regular retrospective reviews of licensed prescribers to identify the extent to which they adhere to the <a href="#">Surgical Opioid Guidelines</a><sup>12</sup>?</p>	<p>Yes</p> <p>No</p>
<p>14) 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 <a href="#">Surgical Opioid Guidelines</a><sup>12</sup> to understand barriers and improve adherence?</p>	<p>Yes</p> <p>No</p>

## **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 a 2021 Leapfrog ASC Survey. ASCs that join Leapfrog's NHSN group, but do not provide an accurate NHSN ID in their Profile or do not submit the 2021 Leapfrog ASC Survey by July 31 will not have their NHSN data scored and publicly reported on Leapfrog's public reporting website when results first become available in August. The join deadline for the first June NHSN data download date is July 21 and NHSN data will be downloaded on July 22.

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 page 93.

### **Reporting Time Period: Latest 6 months prior to Survey submission.**

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

1) What is the latest 6-month reporting period for which your facility is submitting responses to this section? 6-month reporting time period ending:	<u>          </u> Format: MM/YYYY
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
3) Did your facility complete the 2020 Outpatient Procedure Component – Annual Facility Survey?	Yes  No
4) During the reporting period, did your facility participate in the Same Day Outcome Measures (SDOM) Module within NHSN?  <i>The SDOM Module includes information on patient burns, falls, "wrong" event, and all-cause hospital transfer/admission.</i>	Yes  No

<i>If "no" to question #4, skip question #5 and continue on to question #6.</i>	
5) For how many months during the reporting period did your facility report data to the Same Day Outcome Measures (SDOM) Module in NHSN?	<i>Format: _____ Whole numbers only</i>
6) During the reporting period, did your facility perform breast surgeries?  <i>If "no" to question #6, skip questions #7-8 and continue on to question #9.</i>	Yes  No
7) During the reporting period, did your facility report data to NHSN on the Breast Surgery (BRST) Procedure SSI Outcome Measure?  <i>If "no" to question #7, skip question #8 and continue on to question #9.</i>	Yes  No
8) For how many months during the reporting period did your facility report data to NHSN on the Breast Surgery (BRST) Procedure SSI Outcome Measure?	<i>Format: _____ Whole numbers only</i>
9) During the reporting period, did your facility perform herniorrhaphy procedures?  <i>If "no" to question #9, skip questions #10-11 and continue on to question #12.</i>	Yes  No
10) During the reporting period, did your facility report data to NHSN on the Herniorrhaphy (HER) Procedure SSI Outcome Measure?  <i>If "no" to question #10, skip question #11 and continue on to question #12.</i>	Yes  No
11) For how many months during the reporting period did your facility report data to NHSN on the Herniorrhaphy (HER) Procedure SSI Outcome Measure?	<i>Format: _____ Whole numbers only</i>
12) During the reporting period, did your facility perform knee prosthesis procedures?  <i>If "no" to question #12, skip questions #13-14 and continue on to question #15.</i>	Yes  No
13) During the reporting period, did your facility report data to NHSN on the Knee Prosthesis (KPRO) Procedure SSI Outcome Measure?  <i>If "no" to question #13, skip question #14 and continue on to question #15.</i>	Yes  No
14) For how many months during the reporting period did your facility report data to NHSN on the Knee Prosthesis (KPRO) Procedure SSI Outcome Measure?	<i>Format: _____ Whole numbers only</i>

<p>15) During the reporting period, did your facility perform laminectomies?</p> <p><i>If “no” to question #15, skip questions #16-17 and continue on to the next subsection.</i></p>	<p>Yes</p> <p>No</p>
<p>16) During the reporting period, did your facility report data to NHSN on the Laminectomy (LAM) Procedure SSI Outcome Measure?</p> <p><i>If “no” to question #16, skip question #17 and continue on to the next subsection.</i></p>	<p>Yes</p> <p>No</p>
<p>17) How many months during the reporting period did your facility report data to NHSN on the 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 119-123. 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 include 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](#) (December 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 November 30 Late Submission Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

### Training and Education

<p>1) Do <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> in your facility receive hand hygiene training from a <a href="#">professional with appropriate training and skills</a><sup>14</sup> at <b>both</b>:</p> <ul style="list-style-type: none"> <li>• the time of onboarding; and</li> <li>• annually thereafter?</li> </ul> <p><i>If "no" to question #1, skip questions #2-3 and continue on to question #4.</i></p>	<p style="text-align: center;">Yes No</p>
<p>2) In order to pass the <b>initial</b> hand hygiene training, do <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> need to <a href="#">physically demonstrate</a> proper hand hygiene with soap and water and alcohol-based hand sanitizer?</p>	<p style="text-align: center;">Yes No</p>
<p>3) Are <b>all</b> six of the following topics included in your facility's initial and annual hand hygiene training?</p> <ul style="list-style-type: none"> <li>• Evidence linking hand hygiene and infection prevention</li> <li>• When <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> above should perform hand hygiene (e.g., <a href="#">WHO's 5 Moments for Hand Hygiene</a>, <a href="#">CDC's Guideline for Hand Hygiene</a>)</li> <li>• How <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> 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</li> <li>• When gloves should be used in addition to hand washing (e.g., caring for <i>C. diff.</i> patients) and how</li> </ul>	<p style="text-align: center;">Yes No</p>

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

<p>4) Does your facility have a process in place to ensure that <b>all</b> of the following are done, as necessary, and <a href="#">quarterly audits</a> are conducted on a sample of dispensers to ensure that the process is followed?</p> <ul style="list-style-type: none"> <li>• Refill paper towels, soap dispensers, and alcohol-based hand sanitizer dispensers when they are empty or near empty</li> <li>• Replace batteries in automated paper towel dispensers, soap dispensers, and alcohol-based hand sanitizer dispensers (if automated dispensers are used in the facility)</li> </ul>	<p>Yes No</p>
<p>5) Do <b>all</b> rooms and bed spaces in your surgical and treatment areas have</p> <ul style="list-style-type: none"> <li>• an alcohol-based hand sanitizer dispenser located at the entrance to the room or bed space; and</li> <li>• alcohol-based hand sanitizer dispenser(s) located inside the room or bed space that are equally accessible to all patients?</li> </ul>	<p>Yes No</p>
<p>6) Does your facility conduct <a href="#">audits of the volume of alcohol-based hand sanitizer</a> that is delivered with each activation of a wall-mounted dispenser (manual and automated) on a sample of dispensers in your patient care units at <b>all</b> of the following times:</p> <ul style="list-style-type: none"> <li>• upon installation;</li> <li>• whenever the brand of product or system changes; and</li> <li>• whenever adjustments are made to the dispensers;</li> </ul> <p>OR</p> <p>Has your facility conducted an <a href="#">audit of the volume of alcohol-based hand sanitizer</a> that is delivered with each activation of a wall-mounted dispenser (manual and automated) on a sample of your facility's <u>existing</u> dispensers <i>if there have been no recent changes to any dispensers?</i></p> <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 <a href="#">200 hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1</a>, <b>each month</b>?</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 throughout the facility</i>  <i>Yes, using an electronic compliance monitoring system throughout some areas and only direct observation in all other areas</i>  <i>Yes, using only direct observation throughout the facility</i>  <i>No</i></p>
<p>9) Does your facility collect hand hygiene compliance data on at least 100 <a href="#">hand hygiene opportunities</a> <b>each quarter</b>?</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 throughout the facility</i>  <i>Yes, using an electronic compliance monitoring system throughout some areas and only direct observation in all other areas</i>  <i>Yes, using only direct observation throughout the facility</i>  <i>No</i></p>
<p>10) Does your facility use hand hygiene coaches or compliance observers to provide <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> 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 throughout the facility” or “yes, using an electronic compliance monitoring system throughout some areas and only direct observation in all other areas” to question #8 or question #9, answer questions #11-12 based on the surgical or treatment areas that use an electronic compliance monitoring system.*

<p>11) In those surgical or treatment areas where an electronic compliance monitoring system is used, does the monitoring system used meet <b>both</b> of the following criteria?</p> <ul style="list-style-type: none"> <li>• The system can <a href="#">identify both opportunities for hand hygiene and that hand hygiene was performed</a></li> <li>• The facility itself has <a href="#">validated the accuracy</a> of the data collected by the electronic compliance monitoring system</li> </ul>	<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 <b>all</b> of the following criteria?</p>	<p>Yes No</p>

<ul style="list-style-type: none"> <li>• Observers immediately intervene prior to any harm occurring to provide non-compliant individuals with immediate feedback</li> <li>• Observations identify both opportunities for hand hygiene and compliance with those opportunities</li> <li>• Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct</li> <li>• Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> on duty for that shift</li> <li>• Observations capture a representative sample of the different roles of <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> (e.g., nurses, physicians, techs, environmental services workers)</li> </ul>	
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**Direct Monitoring – Direct Observation**

*If “yes, using an electronic compliance monitoring system throughout some areas and only direct observation in all other areas” or “yes, using only direct observation throughout the facility” to question #8 or question #9, answer questions #13-14 based on the surgical or treatment areas that do NOT use an electronic compliance monitoring system.*

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

**Feedback**

15) Are hand hygiene compliance data fed back to <a href="#">individuals who touch patients or who touch items that will be used by patients</a> <sup>13</sup> at least monthly for improvement work?	Yes No
16) Are hand hygiene compliance data used for creating action plans?	Yes No
17) Is regular (at least every 6 months) feedback of hand hygiene compliance data, with demonstration of trends over time, given to: <ul style="list-style-type: none"> <li>• ASC leadership; and</li> <li>• ASC governance?</li> </ul> <p><i>If “no” to question #17, skip question #18 and continue on to question #19.</i></p>	Yes No
18) If “yes” to question #17, is ASC leadership held directly accountable for hand hygiene performance through performance reviews or compensation?	Yes No

**Culture**

19) Are patients and visitors invited to remind <a href="#">individuals who touch patients or who touch items that will be used by patients</a> <sup>13</sup> to perform hand hygiene?	Yes No
20) Has ASC leadership <a href="#">demonstrated a commitment</a> to support hand hygiene improvement in the last year (e.g., a written or verbal commitment delivered to those <a href="#">individuals who touch patients or who touch items that will be used by patients</a> <sup>13</sup> )?	Yes No

**Additional Questions (Fact Finding Only)**

21) Do <b>all</b> rooms and bed spaces in your surgical and treatment areas have a sink for hand washing within 20 feet of the patient’s bed that is easily accessible to <a href="#">individuals who touch patients or who touch items that will be used by patients</a> <sup>13</sup> ?	Yes No
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## **4D: National Quality Forum (NQF) Safe Practices**

### **Instructions for Reporting on Section 4D: National Quality Forum (NQF) Safe Practices**

- Prepare**
  - Download and review a copy of the National Quality Forum's *Safe Practices for Better Healthcare – 2010 Update* report for reporting on subsection 4D (see link on <https://www.leapfroggroup.org/asc-survey-materials/survey-materials>)
  - Print and review a hard copy of (1) the Survey questions, (2) practice-specific FAQs, and (3) the scoring algorithm
- Identify Individuals to Assist:** Decide who should participate on your team to assist in collection of the documentation for assessment.
- Plan:** The team should be briefed and assigned duties to help capture the key information necessary for submission of this section.
- Collect and Maintain:** Key documentation must be collected to support answering the questions in this section of the Survey. Documentation should be maintained to ensure that your ASC can respond to Leapfrog's request for documentation should you be selected for our [random monthly review](#). Reviews are performed every month during the Survey Cycle (April 1 to November 30) and throughout the Corrections Period). In addition, the documentation can be helpful if your facility is planning to update and resubmit this section of the Survey prior to November 30.
- Assess:** When all the supporting documents are assembled, it is recommended that ASCs review their final responses to Section 4D with their responsible leadership. ASCs should update their answers online as they adopt additional practices throughout the Survey Cycle (April 1 to November 30). As a reminder, the [Corrections Period](#) (December 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 November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.
- Submit:** Section 4 must be completed and affirmed before it can be submitted with the Survey.

**Important Note:** In the Online ASC Survey Tool, make sure to click the “**Review of this Practice Complete**” checkbox at the bottom of each safe practice even if no items are checked, to mark the Safe Practice as complete. This checkbox must be checked for both NQF-endorsed Safe Practices in order to affirm Section 4 in the Online ASC Survey Tool.



	<p>c <input type="checkbox"/> performance has been documented in <a href="#">performance reviews and/or compensation incentives</a> for <a href="#">leadership</a> and ASC-employed caregivers. (p.76)</p> <p>d <input type="checkbox"/> the patient safety <a href="#">team, Risk Manager, or Quality Coordinator</a> <a href="#">communicated regularly</a> with <a href="#">leadership</a> regarding <b>both</b> of the following and documented these communications in meeting minutes (pp. 76-77).</p> <ul style="list-style-type: none"> <li>• progress in meeting safety goals; and</li> <li>• provide <a href="#">team training</a> to caregivers.</li> </ul> <p>e <input type="checkbox"/> the facility <a href="#">reported</a> adverse events to external mandatory or voluntary programs. (p.77)</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">1.3 ABILITY</p>	<p><b>Within the last 24 months, in regard to implementation of the <a href="#">patient safety program, governance and leadership</a> have provided resources to cover the implementation, as evidenced by: :</b></p> <p>a <input type="checkbox"/> dedicated patient safety program <a href="#">budgets</a> to support the program, staffing, and technology investment. (p.77)</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">1.4 ACTION</p>	<p><b>Within the last 24 months, structures and systems have been in place to ensure that <a href="#">leadership</a> is taking direct action, as evidenced by:</b></p> <p>a <input type="checkbox"/> <a href="#">leadership</a> is personally engaged in reinforcing patient safety improvements (e.g., holding patient safety meetings and <a href="#">reporting</a> to <a href="#">governance</a>). Calendars reflect allocated time. (p.78)</p> <p>b <input type="checkbox"/> facility has established a <a href="#">structure</a> for input into the <a href="#">patient safety program</a> by licensed independent practitioners and the organized medical staff and physician <a href="#">leadership</a>. Input documented in meeting minutes or materials. (p.79)</p>
<p>1.5</p>	<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 the 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	Does your facility currently have 20 or more employees?  <i>If “no” to question #2.1, skip the remaining questions in NQF Safe Practice 2 and continue on to the next subsection. The facility will be scored as “Does Not Apply.”</i>	Yes  No
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**Check all boxes that apply.**

2.2	AWARENESS	<p><b>Within the last 36 months, in regard to culture measurement, our facility has done the following:</b></p> <p>a <input type="checkbox"/> Administered one of the following <a href="#">culture of safety surveys</a> to employees:</p> <ul style="list-style-type: none"> <li>• AHRQ Survey on Patient Safety (SOPS),</li> <li>• Glint Patient Safety Pulse, or</li> <li>• Press Ganey Safety Culture Survey</li> </ul> <p style="color: red;"><b><i>If item ‘a’ is not checked, no other items in Practice #2 may be checked.</i></b></p> <p>b <input type="checkbox"/> benchmarked results of the culture of safety survey against <a href="#">external organizations</a>, such as “like” ASCs or other comparable facilities within the same health system.</p> <p>c <input type="checkbox"/> <a href="#">Risk Manager, Quality Coordinator</a>, or <a href="#">leadership</a> used the results of the culture of safety survey to debrief staff using semi-structured approaches for the debriefings and presenting results in aggregate form to ensure the anonymity of survey respondents.</p>
2.3	ACCOUNTABILITY	<p><b>Within the last 36 months, in regard to accountability for improvements in culture measurement, our facility has done the following:</b></p> <p>a <input type="checkbox"/> shared the results of the culture of safety survey with <a href="#">governance and leadership</a> in a formal <a href="#">report</a> and discussion. (p.88)</p> <p>b <input type="checkbox"/> included in <a href="#">performance evaluation criteria</a> for <a href="#">leadership</a>, both the response rates to the survey and the use of the survey results in the improvement efforts.</p>

2.4	ABILITY	<p><b>Within the last 24 months, in regard to culture measurement, the facility has done the following (or has had the following in place):</b></p> <p>a <input type="checkbox"/> conducted staff <a href="#">education program</a>(s) on methods to improve the culture of safety, tailored to the facility's culture of safety survey results.</p> <p>b <input type="checkbox"/> <b>included the costs of culture measurement/follow-up activities in the patient safety program <a href="#">budget</a>.</b></p>
2.5	ACTION	<p><b>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):</b></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 culture of safety survey results, which were <a href="#">shared</a> with <a href="#">leadership</a> 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 the data entry for the above questions. This question must be marked, even if no items are checked.</i></p>

**Additional Question (Fact Finding Only)**

2.7 What was the response rate (i.e., rate of returned surveys) among employees that were administered the culture of safety survey within the past 36 months:	>= 75%
	50-74%
	25-49%
	<25%

## 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](#) (December 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 November 30 Late Submission Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

Below are the nine elements which make up The Leapfrog Group's Policy Statement regarding <a href="#">never events</a> . <sup>15</sup> Indicate which of the following principles are included in your facility's current never events policy.	
1) We <a href="#">apologize to the patient</a> <sup>16</sup> and/or family affected by the <a href="#">never event</a> <sup>15</sup> .	Yes No
2) We report the event to at least one of the following <a href="#">external agencies</a> <sup>17</sup> within 15 business days of becoming aware that the <a href="#">never event</a> <sup>15</sup> has occurred: <ul style="list-style-type: none"> <li>√ State reporting program for medical errors</li> <li>√ Patient Safety Organization (as defined in The Patient Safety and Quality Improvement Act of 2005)</li> <li>√ Accreditation Organizations (i.e., TJC, AAAHC, AAAASF, HFAP, etc.)</li> </ul>	Yes No
3) We perform a <a href="#">root cause analysis</a> <sup>18</sup> , 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 <a href="#">never event</a> <sup>15</sup> .	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 the patient's 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
8) We have a protocol in place to provide support for caregivers involved in <a href="#">never events</a> <sup>15</sup> and make that protocol known to all caregivers and affiliated clinicians.	Yes No
9) We perform an annual review to ensure compliance with each element of Leapfrog's Never Events Policy for each <a href="#">never event</a> <sup>15</sup> that occurred.  <i>Cannot respond "yes" to this question, unless "yes" to questions #1-8.</i>	Yes No

## **4F: Nursing Workforce**

### **Important Notes:**

Note 1: Section 4F is new and **optional** in 2021. Responses will not be scored or publicly reported.

**Specifications:** See [Nursing Workforce Measure Specifications](#) on page 108.

**Reporting Time Period:** Answer questions #1-2 based on the most recent day within the last 12-months for which you have complete data.

Note: As a reminder, the [Corrections Period](#) (December 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 November 30 Late Submission Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

### ***Proportion of Nurses that are BSN-Prepared***

1) Total number of employed RN nursing staff at the ASC with direct patient care responsibilities.	_____
2) Total number of employed RN nursing staff at the ASC with direct patient care responsibilities who have a BSN degree or higher (e.g., MSN, DNP, or PhD).	_____

**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 2021 Survey***

#### **Section 4A Medication Safety**

##### **Medication and Allergy Documentation**

The minimum sample size for the Medication and Allergy Documentation measure has been reduced to 30 patients. In addition, Leapfrog has adjusted the specifications for visit medications (question #5) to exclude those medications that were ordered but never administered.

Leapfrog added clarifying language to the measure specifications regarding the exclusion of “food allergies” and how to treat allergies and adverse reaction statuses documented as “unknown” in the clinical record.

Responses to this subsection will continue to be scored and publicly reported in 2021.

##### **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.

##### **Safe Opioid Prescribing**

In 2020, Leapfrog added a new subsection focused on safe opioid prescribing practices. Responses to this subsection will continue to not be scored or used in public reporting for ASCs or hospitals in 2021. However, we made two changes. First, we added a question to assess whether ASCs monitor use of their regional or statewide prescription drug monitoring programs among prescribers. Second, we expanded the list of national opioid guidelines that ASCs can use to inform prescriptions at discharge to include both the [Surgical Opioid Guidelines](#) and [Michigan OPEN Guidelines](#) and [Bree Collaborative Opioid Prescribing Guidelines](#).

##### **Section 4B: NHSN Outpatient Procedure Component Module**

Leapfrog will continue to obtain the following data directly from the NHSN OPC Module:

- Outpatient Procedure Component - Annual Facility Survey
- Same Day Outcome Measures (SDOM) Module (Patient burns, falls, “wrong” event, and all-cause hospital transfer/admission)
- Breast Surgery (BRST) Procedure Surgical Site Infection (SSI) Outcome Measure
- Herniorrhaphy (HER) Procedure SSI Outcome Measure
- Knee Prosthesis (KPRO) Procedure SSI Outcome Measure
- Laminectomy (LAM) Procedure SSI Outcome Measure

Leapfrog adjusted the reporting period for all questions in Section 4B regarding ASC participation in SDOM and, if applicable, SSI reporting in NHSN to the **latest 6 months prior to Leapfrog ASC Survey submission**.

ASCs will still be required to join Leapfrog’s NHSN Group for ASCs and complete the 2020 OPC Annual Facility Survey by the join by dates indicated below. Instructions on how to join Leapfrog’s NHSN Group for ASCs and deadlines for the 2021 Survey are available on our [website](#).

Leapfrog has updated the Section 4B scoring algorithm to reflect this reporting period update. In 2021, an ASC’s performance category 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.

#### **Section 4C: Hand Hygiene**

Based on feedback received from participating facilities, Leapfrog made several updates to the questions and reference information provided for Section 4C Hand Hygiene.

First, Leapfrog updated question #5 regarding the accessibility of alcohol-based hand sanitizer dispensers as follows:

#5: Do all rooms and bed spaces in your surgical and treatment areas have:

- an alcohol-based hand sanitizer dispenser located at the entrance to the room or bed space; and
- alcohol-based hand sanitizer dispenser(s) located inside the room or bed space that are equally accessible to the location of all patients in the room or bed space?

Second, Leapfrog updated question #6 to clarify the requirements for ASCs that have not had any changes to their alcohol-based hand sanitizer dispensers:

#6: Does your ASC 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 either all of the following times:

- upon installation;
- whenever the brand of product or system changes; and
- whenever adjustments are made to the dispensers;

OR, on a sample of your ASC's existing dispensers if there have been no recent changes to any dispensers?

Leapfrog also adjusted questions #8 and #9 to make it clear how facilities using an electronic compliance monitoring system throughout the ASC should respond.

Leapfrog replaced the calculation that facilities used for determining the number of hand hygiene opportunities that must be observed with a table that lists the required observation size based on a facility's average number of procedures in a month. Please refer to [FAQ #15](#) for a list of observation sizes.

Responses to Subsection 4C will continue to be scored and publicly reported in 2021. As announced [above](#), ASCs in the bottom two performance categories for the Hand Hygiene Practices measure ("Some Achievement" and "Limited Achievement") 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".

#### **Section 4D: National Quality Forum (NQF) Safe Practices**

In 2021, Leapfrog will continue to 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, with one update.

Leapfrog has adjusted the reporting period for Safe Practice #1 so ASCs can report based on practices implemented within the last 24 months. In addition, Leapfrog will maintain the updated reporting period for Safe Practice #2 so ASCs can report based on culture of safety surveys administered within the last 36 months and additional practices implemented within the last 24 months.

In addition to the AHRQ Survey on Patient Safety (SOPS) Culture, Leapfrog will allow ASCs to administer alternative culture of safety surveys, including the Glint Patient Safety Pulse and the Press Ganey Safety

Culture survey. If your facility administers a culture of safety survey that you would like Leapfrog to consider for future iterations of the Leapfrog ASC Survey, please send a copy of the survey to our [Help Desk](#) so that Leapfrog may identify which culture of safety surveys are commonly being utilized by ASCs. Please see the updated [Reporting Periods](#) for the 2021 Leapfrog ASC Survey.

Responses to NQF Safe Practice #1 and NQF Safe Practice #2 will continue to be scored and publicly reported in 2021.

#### **Section 4E: Never Events Policy**

There are no changes to the Never Events Policy in Subsection 4E. Responses to Subsection 4E will continue to be scored and publicly reported in 2021.

#### **Section 4F: Nursing Workforce (New in 2021- Optional, Not publicly reported)**

Over the last 18 months, Leapfrog has worked [with a national expert panel](#) to identify evidence-based nursing measures linked to patient safety and patient outcomes. The panel has identified one measure applicable to ASCs that will be added to this new subsection in 2021: Proportion of nurses that are Bachelor of Science in Nursing (BSN)-prepared. As per Leapfrog policy for questions appearing on the Survey for the first time, this new subsection will be optional and will not be scored or publicly reported in 2021.

Leapfrog anticipates adding additional nursing workforce measures to this subsection overtime.

### ***Change Summary Since Release***

May 5, 2021 – Updated Safe Practice 2.4b in Section 4D NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention to specify that the costs of culture measurement/follow-up activities in patient safety program budgets do not need to be annual, but instead should be within the 24-month reporting period.

## **Section 4A: Medication Safety Measure Specifications**

### ***Medication and Allergy Documentation***

<p><b>Source:</b> The Leapfrog Group</p>
<p><b>Reporting Time Period: 12 months</b></p> <ul style="list-style-type: none"> <li>• Surveys submitted prior to September 1: 01/01/2019 – 12/31/2019 <b>OR</b> 01/01/2020 – 12/31/2020</li> <li>• Surveys (re)submitted on or after September 1: 07/01/2020 – 06/30/2021</li> </ul>
<p><b>Medication Safety Documentation Workbook (Excel)</b></p> <p>To complete the data collection for this subsection and respond to questions #3-7, facilities should download the Medication Safety Documentation Workbook (Excel). This workbook includes seven tabs: Instructions, 2020 and 2021 Sampling, 2019 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 <a href="#">Survey Materials webpage</a> and should be used when completing this subsection.</p>
<p><b>Sampling:</b> If you have <u>more than 30 cases</u> 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><b>Medications:</b> For the purposes of this measure, a <b>medication</b> is a substance that is taken into, or placed onto, the body of a person for one or more of the following reasons:</p> <ul style="list-style-type: none"> <li>• as a placebo</li> <li>• to prevent a disease (e.g., flu vaccine)</li> <li>• to make a diagnosis (e.g., contrast dye)</li> <li>• to test for the possibility of an adverse effect</li> <li>• to modify a physiological, biochemical or anatomical function or abnormality (e.g., heparin/heparin flushes, statins, antihypertensives, etc.)</li> <li>• to replace a missing factor (e.g., blood product)</li> <li>• to ameliorate a symptom (e.g., aspirin)</li> <li>• to treat a disease or condition (including topicals, nasal sprays, eye drops, compounds, inhalants, injectables, patches, etc.)</li> <li>• to induce anesthesia</li> <li>• to stabilize or hydrate in the course of medical treatment or procedures (e.g., IV fluids, normal saline, lactated ringers, etc.)</li> <li>• to provide nutrition (e.g., enteral nutrition products, parenteral nutrition products)</li> <li>• as a supplement (e.g., iron for a patient with iron deficiency anemia or calcium/vitamin D for a patient with osteoporosis)</li> </ul>

**Question #3 (denominator): Number of cases measured (either all cases or a sufficient sample of them).**

Your facility should perform a clinical record audit of either all adult and/or pediatric patients undergoing those procedures included in Section 3A discharged during the reporting period or a sufficient sample of those patients discharged during the reporting period as described above.

This audit of clinical records can be done retrospectively (anytime during the Survey Cycle of April 1 – November 30).

The total number of clinical records included in your audit is reported in question #3.

**Excluded cases:**

- Patients discharged from the facility without having one of the procedures included in Section 3A performed during the reporting period.

**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.**

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 either on the day of the procedure or after a pre-screening phone call (e.g., 1-2 days in advance of the procedure).

“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

**Included cases:**

- The clinical record includes documentation that the patient has no home medications.

**Excluded cases:**

- The clinical record is missing a list of all home medication(s).
- The clinical record is missing dose, route, or frequency for a home medication.

**Question #5 (numerator): Number of cases in question #3 with a list of all medication(s) 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) 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, regional, and general anesthesia medications must only have total dose, date, and time of administration documented in the clinical record to be considered complete.

IV solutions must have strength, dose, route, date, and time of administration documented in the clinical record to be considered complete. However, if the IV solution only comes in one concentration/strength

(such as the LR Injection), the strength can be entered as N/A and the start time and volume of the bag can be documented for dose in order to be considered complete.

Medications prescribed, but not administered at the facility must only have strength, dose, route, and date documented in the clinical record to be considered complete.

**Excluded cases:**

- The clinical record is missing a medication that was administered or prescribed during the visit.
- The clinical record is missing strength, dose route, date, **or** time of administration for a medication administered or prescribed during the visit except as described above for anesthesia medications, IV solutions, and prescribed medications.

**Question #6 (numerator): Number of cases in question #3 with a list of all medication 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 medication allergies and adverse reaction(s) was documented in the clinical record. Facilities should only assess medication allergies (i.e., facilities do not need to assess food or environmental allergies).

**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.

**Important Note:** In addressing allergies and adverse reaction statuses noted as “unknown” in the clinical record, facilities should assess if:

1) “unknown” is used to indicate that the patient (or patient’s family) was asked for the adverse reaction status, but they indicated it was not known, in which situation the case should be included in the numerator (question #6); or

2) “unknown” is used in the clinical record to indicate that the information is not available because it was not requested or documented by the clinician, in which situation the case should be excluded from the numerator (question #6)

## **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:** Data is obtained directly from CDC's National Healthcare Safety Network (NHSN). Data will be available for ASCs Details Page, as well as scored and publicly reported by Leapfrog, within the first five business day of August for facilities that:

1. Join Leapfrog's NHSN Group for ASCs by July 21,
2. Enter a valid NHSN ID in the Profile Section of their 2021 Leapfrog ASC Survey, and
3. Complete, affirm, and submit the 2021 Leapfrog ASC Survey by July 31.

For instructions and all other deadlines and release dates, please refer to the "NHSN Guidance: Join the Group, Data Rights Template, and Downloading Reports and the "Deadlines and Reporting Periods" table (below), which are also provided on the [Join NHSN Group for ASCs webpage](#).

<b>Join by</b>	<b>Leapfrog will download OPC Annual Facility Survey responses from NHSN for all current group members on</b>	<b>Participation in NHSN OPC Module will be scored and publicly reported for ASCs that have submitted a Survey by</b>	<b>SDOM and SSI Reporting Period</b>	<b>Available on ASC Details Page and Public Reporting Website on</b>
<b>July 21, 2021</b>	July 22, 2021	July 31, 2021	Latest 6 months prior to Survey submission	August 6, 2021
<b>August 23, 2021</b>	August 24, 2021	August 31, 2021	Latest 6 months prior to Survey submission	September 8, 2021
<b>October 21, 2021</b>	October 22, 2021	October 31, 2021	Latest 6 months prior to Survey submission	November 5, 2021
<b>November 30, 2021</b>	December 21, 2021*	November 30, 2021	Latest 6 months prior to Survey submission	January 7, 2022

\* The Leapfrog ASC Survey closes on November 30, 2021. The last NHSN data pull is on December 21, 2021 to incorporate any new facilities and updated data from facilities that joined by the last join date of November 30, 2021.

## **Section 4F: Nursing Workforce Measure Specifications**

### ***Proportion of Nurses that are BSN-Prepared***

**Note 1:** In 2021, Section 4F is optional, and responses will not be scored or publicly reported.

<b>Source:</b> The Leapfrog Group
<b>Reporting Time Period:</b> Answer questions #1-2 based on the most recent day within the last 12-months for which you have complete data.
<p><b>Question 1 (denominator):</b> Total number of employed RN Nursing Staff at the ASC with direct patient care responsibilities.</p> <p><u>RN Nursing Staff</u> include staff employed by the facility, but exclude temporary staff who are not employed by the facility (i.e., contracted/agency staff). Nursing Staff also include float staff - who are assigned to a facility other than their facility of employment on an as-needed basis - if they are assigned direct patient care responsibilities.</p> <p>Included employed Nursing Staff:</p> <ul style="list-style-type: none"> <li>• Staff who are counted in the facility's staffing schedule, and</li> <li>• Are replaced if they call in sick, and</li> <li>• Work hours are included in the facility's budget</li> </ul> <p>Excluded Nursing Staff:</p> <ul style="list-style-type: none"> <li>• Temporary staff who are not employed by the facility (i.e., contracted/agency staff)</li> <li>• Persons whose primary responsibility is administrative in nature (at least 50% of their time is administrative)</li> <li>• Specialty teams, patient educators, or case managers</li> <li>• Facility secretaries or clerks, monitor technicians, and others with no direct patient care responsibilities</li> </ul> <p><u>Direct Patient Care Responsibilities</u> are defined as patient centered nursing activities by facility staff in the presence of the patient and activities that occur away from the patient that are patient related:</p> <ul style="list-style-type: none"> <li>• Medication administration</li> <li>• Nursing treatments</li> <li>• Nursing rounds</li> <li>• Admission, transfer, discharge activities</li> <li>• Patient teaching</li> <li>• Patient communication</li> <li>• Coordination of patient care</li> <li>• Documentation time</li> <li>• Treatment planning</li> <li>• Patient screening (e.g., risk) and assessment</li> </ul>
<b>Question 2 (numerator):</b> Total number of employed RN nursing staff at the facility with direct patient care responsibilities who have a BSN degree or higher (e.g., MSN, DNP, and PhD).

## **Patient Safety Practices Frequently Asked Questions (FAQs)**

### ***Medication and Allergy Documentation***

**1) 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.

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.

### ***Opioid Prescribing***

**2) 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.

**3) 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).

**4) 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 daily).

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).

- 5) **If the state or territory in which my ASC operates requires all licensed prescribers who are authorized to prescribe scheduled drugs to register for access to the state or regional PDMP, does my ASC need a separate policy requiring these prescribers to register?**

No. If your ASC operates in a state or territory that requires all licensed by law to register with the PDMP, you may respond “Yes” to Section 4A question #8. However, your facility should still respond to questions #9 and #10 in Section 4A based on the policies and structures you have in place to require and promote the use of the PDMP.

- 6) **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**

- 7) **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

- 8) **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**

- 9) **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](#).<sup>14</sup> 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.

- 10) **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**

### **11) 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 and that batteries in automated dispensers are replaced?**

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.

### **12) What does Leapfrog mean by “equally accessible to the location of all patients in the room or bed space” for the purposes of question #5?**

Equally means the same distance from any patient's bed, which can be measured in steps. Leapfrog is not looking for an exact distance, but rather the goal is to ensure that hand hygiene can be easily performed regardless of the location of the patient being cared for in the room or bed space.

### **13) 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.

## **Monitoring**

### **14) 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 their hands given the hand hygiene framework your facility has adopted (e.g., WHO's “5 moments”, Ontario's 4 moments, CDC's guidelines, etc.). 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.

**15) How do we estimate the number of hand hygiene opportunities in a month that should be monitored for question #8?**

Please refer to the following table to determine how many hand hygiene opportunities should be monitored throughout the facility on a monthly basis. Historical data (e.g., past 3 months, 6 months, 12 months, etc.) on the monthly procedure volume should be used. Facilities trying to meet the quarterly requirement in question #9 will need to still monitor 100 hand hygiene opportunities per quarter.

<b>If your facility's average number of procedures in a month is....</b>	<b>Your facility needs to collect hand hygiene compliance data for <u>at least</u> this number of hand hygiene opportunities <b>per month</b>...</b>
400 procedures or greater	200
320-399 procedures	150
240-319 procedures	100
160-239 procedures	75
120-159 procedures	50
60-119 procedures	30
30-59 procedures	15
<30 procedures	5

200 hand hygiene opportunities were 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 additional sample sizes 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

**16) 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) throughout the facility, 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.

**17) 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.

**18) 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. Regarding 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 several 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>.

**19) 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 area 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

**20) 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 #9](#) for more information on the requirements for the validation of hand hygiene compliance observers

**21) 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 Film](#) and [Slides Accompanying the Training Films, Videos from Hand Hygiene Australia](#), or internally develop videos with assessment, 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****22) 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****23) 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.

**24) 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****25) 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.

**26) 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.

**27) 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.
- **Caregivers** include, but are not necessarily limited to the following:
  - Employed physicians, mid-levels (NPs, PAs), nurses, surgical assistants, and other clinicians involved in pre-operative, intraoperative, and post-operative care of the patient.

**28) 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.

**29) 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).

**30) 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. Training can be in-person or virtual/ computer-based.

**31) How should staff education be measured?**

Educational meetings should clearly address the subject matter pertinent to adverse events and performance improvement targeted by the specific Safe Practice. ASCs should track meeting dates, frequency of training sessions provided, attendance records or completion records, and the percentage of the total staff who received the information. Training can be in-person or virtual/ computer-based.

## **Safe Practice # 1 Leadership Structures and Systems**

**32) 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 to these elements. Meetings can be in-person or virtual.

**33) 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.

**34) 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.

**35) 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.

**36) 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.

**37) 1.2d: What is an example of team training that is appropriate for caregivers?**

ASCs can utilize [TeamSTEPPS](http://www.leapfroggroup.org/survey-materials/survey-and-cpoe-materials), a comprehensive, evidence-based training program for healthcare professionals. At a minimum, the elements of basic teamwork training should be met as described on page 96 of the Safe Practices for Better Healthcare– 2010 Update, which is available for download at <http://www.leapfroggroup.org/survey-materials/survey-and-cpoe-materials>.

Team training to caregivers would need to be provided and then reported to leadership by the interdisciplinary patient safety team, Risk Manager, or Quality Coordinator to meet the intent of Safe Practice 1.2d.

**38) 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. Please see Section 4E Never Events for a list of adverse events and components of a Never Events Policy.

**39) 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 in 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.

**40) 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**

### **41) 2.2a: Why does Leapfrog require that we administer one of these three culture of safety surveys: 1) AHRQ Survey on Patient Safety (SOPS), 2) the Glint Patient Safety Pulse, and 3) the Press Ganey Safety Culture survey?**

These three culture of safety surveys have demonstrated validity, consistency, and reliability. If your facility does not administer one of these three surveys then you should not check the box for 2.2a. More information on these Surveys may be found:

- 1) AHRQ Survey on Patient Safety (SOPS): <https://www.ahrq.gov/sops/index.html>
- 2) the Glint Patient Safety Pulse: <https://www.glintinc.com/resource/datasheet-glint-patient-safety-pulse/>
- 3) the Press Ganey Safety Culture Survey: <https://www.pressganey.com/solutions/safety>

### **42) 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.

### **43) 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. ASCs should benchmark themselves against other facilities that have administered the same culture of safety survey.

### **44) 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.

**45) 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.

**46) Why are two different reporting periods used in Safe Practice 2?**

Within the *Awareness and Accountability* elements, a 36-month reporting period is used because these elements are related to conducting the culture of safety survey, which is typically conducted every other year. Within the *Ability and Action* elements, a 24-month reporting period is used because these practices are related to follow-up activities that would be completed after the results from the culture of safety survey are available.

**Never Events Frequently Asked Questions (FAQs)**

**47) 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.

**48) 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.

**49) 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.

**50) 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)

**51) 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.

**52) 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 [RCA<sup>2</sup>: 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/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

Download the 2021 Leapfrog ASC Survey Scoring Algorithms on the [Scoring and Results webpage](#).

## **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 137-138.

### **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](#) (December 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 November 30 Late Submission Deadline. Updates made to reflect a change in performance after November 30 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 <a href="#">eligible discharges</a> <sup>19</sup> 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. The facility will be scored as “Does Not Apply.”</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. The facility will be scored as “Limited Achievement.”</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. The facility will be scored as “Unable to Calculate Score.”</i>	_____

In questions #6-9, report your facility's [Top Box Score](#)<sup>20</sup> (rounded to the nearest whole number) 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
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7) Communication About Your Procedure	_____ Format: Whole numbers only
8) Patients' Rating of the Facility	_____ Format: Whole numbers only
9) Patients Recommending the Facility	_____ Format: Whole numbers only

**Additional Questions (Fact Finding Only)**

In questions #10-12, report your facility's [Top Box Score](#)<sup>20</sup> (rounded to the nearest whole number) 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?	_____ Format: Whole numbers only
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?	_____ Format: Whole numbers only
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?	_____ Format: Whole numbers only

**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 2021 Survey***

There are no substantive changes to this section.

### ***Change Summary Since Release***

None. If substantive changes are made to this section of the Survey after release on April 1, 2021, 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](#)<sup>19</sup> 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 5.0 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 2021, 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 2021, 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 2021, 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 (rounded to the nearest whole number) 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](#)<sup>20</sup> (rounded to the nearest whole number) 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](#)<sup>20</sup> 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 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 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 at <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

## <sup>1</sup> **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 the purpose 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.

## <sup>2</sup> **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 or 2020. If the facility NHSN ID is different from the one shown online, please update accordingly.

## <sup>3</sup> **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.*

## <sup>4</sup> **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.

## <sup>5</sup> **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.

## <sup>6</sup> **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.

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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.

### **<sup>7</sup> 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](https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17_FGI_ExamProcedureOperatingImaging_170721.pdf).

### **<sup>8</sup> 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](https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17_FGI_ExamProcedureOperatingImaging_170721.pdf).

### **<sup>9</sup> 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.

### **<sup>10</sup> Clinician**

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

### **<sup>11</sup> Appropriateness Criteria**

A procedure-specific set of criteria developed and implemented at the facility that surgeons use to evaluate whether the patient is appropriate for surgery. These criteria should not be surgeon-specific, but procedure-specific. These criteria should be developed by those performing the procedure at the ASC and are not solely the product of a payment or reimbursement program.

### **<sup>12</sup> Surgical Opioid Guidelines**

Examples of Surgical Opioid Guidelines include the Surgical Opioid Guidelines developed by the Center for Opioid Research and Education which describe the recommended opioid regimen upon discharge of post-surgical patients, the Michigan OPEN Guidelines, and the Bree Collaborative Opioid Prescribing Guidelines. The Surgical Opioid Guidelines may be found at <https://www.solvehthecrisis.org/best-practices>. The Michigan OPEN Guidelines may be found at <https://michigan-open.org/prescribing-recommendations/>. The BREE Collaborative Opioid Prescribing Guidelines may be found at

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<https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2018/11/FY19-217-Summary-of-opioid-prescribing-practices-for-perioperative-pain.pdf>.

<sup>13</sup> **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.

<sup>14</sup> **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](#).

<sup>15</sup> **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>.

<sup>16</sup> **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.

<sup>17</sup> **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.

<sup>18</sup> **Root Cause Analysis**

The National Patient Safety Foundation published a set of best practices and guidelines in its report “RCA<sup>2</sup> Improving Root Cause Analysis and Action to Prevent Harm.” The report can be found at

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<http://www.ih.org/resources/Pages/Tools/RCA2-Improving-Root-Cause-Analyses-and-Actions-to-Prevent-Harm.aspx>.

<sup>19</sup> **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 5.0 at <https://oascahps.org/Survey-Materials>.

<sup>20</sup> **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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