

2022 LEAPFROG TOP AMBULATORY SURGERY CENTERS



METHODOLOGY AND DESCRIPTION



The Leapfrog Group applied the following criteria to determine which Ambulatory Surgery Centers (ASCs) qualified for Leapfrog's 2022 Top ASC Award. All ASCs that completed a 2022 Leapfrog Ambulatory Surgery Center Survey by September 30 were eligible for consideration.

I. An ASC must achieve Leapfrog's standard for having Certified Clinicians Present while Patients are Recovering.

Leapfrog's standard for having Certified Clinicians Present while Patients are Recovering evaluates an ASC's policy regarding the presence of Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) certified clinicians while patients are recovering. To fully meet Leapfrog's standard, an ACLS trained clinician, plus a second clinician, must be present at all times and immediately available in the building while patients are recovering. Additionally, a physician or CRNA must be present at all times and immediately available until all patients have been physically discharged from the building.

ASCs that did not perform procedures on adult patients during the reporting period are not assessed on their ACLS certification status for Top ASC; similarly, ASCs that did not perform procedures on pediatric patients are not assessed on their PALS certification status.

II. An ASC must achieve, or make considerable or some progress towards achieving, Leapfrog's standard for Facility and Surgeon Volume.

Leapfrog scores ASCs based on whether they met the minimum facility volume standard and whether the ASC's process for privileging surgeons includes meeting or exceeding the minimum annual surgeon volume for total hip and total knee replacement surgeries. ASCs must perform a minimum facility volume of 50 surgeries per year for each procedure type, and they must require that surgeons complete at least 25 total hip and/or total knee procedures a year to have privileges at the facility.

Leapfrog did not assess ASCs that did not perform total knee and/or total hip replacement surgeries on this standard in the evaluation for Top ASC.

III. An ASC must achieve Leapfrog's standard for Patient Follow-Up.

ASCs achieving Leapfrog's standard for Patient Follow-Up must report data to CMS for two outcome measures: ASC-11, Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery, and ASC-12, Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy. To meet the standard for ASC-12, ASCs must also rank in the top quartile of performance among their peers for this measure.

ASCs that did not perform adult anterior segment eye procedures and/or adult lower gastrointestinal procedures were not assessed on this standard in the evaluation of Top ASCs.



IV. An ASC must achieve Leapfrog’s standard for Safe Surgery Checklists.

ASCs achieving Leapfrog’s standard for Safe Surgery Checklists must use a safe surgery checklist on all patients undergoing an applicable procedure and must read the checklist aloud in the presence of the appropriate surgical team members prior to the induction of anesthesia, before skin incision and/or before the procedure begins, and before the patient leaves the operating or procedure room. Additionally, ASCs must complete an audit of 15 or more patients and achieve at least 90% documented adherence to the checklist.

V. An ASC must achieve, or make considerable progress towards achieving, Leapfrog’s standard for Medication and Allergy Documentation.

Leapfrog’s standard for Medication and Allergy Documentation measures a facility’s rate of documentation in the clinical record for home medications, visit medications, and allergies/adverse reactions. Facilities that achieve Leapfrog’s standard meet or surpass the 90% target for each of these three components.

Leapfrog did not assess ASCs with fewer than 30 patients discharged during the reporting period on this standard in the evaluation of Top ASC.

VI. An ASC must show progress in their participation in the NHSN Outpatient Procedure Component (OPC) Module.

Leapfrog has partnered with the Centers for Disease Control and Prevention (CDC) to encourage participation in the National Healthcare Safety Network (NHSN), which is the CDC’s healthcare-associated infection tracking system. Facilities that meet Leapfrog’s standard for reporting are enrolled in the NHSN OPC Module, completed the 2021 Annual Facility Survey, reported six months of surveillance and reporting for all four Same Day Outcome Measures (SDOMs), and reported six months of surveillance and reporting for all applicable Surgical Site Infection (SSI) measures. For the purposes of the Top ASC Award, Leapfrog measures facilities based on whether they are in Leapfrog’s NHSN group, enrolled in the NHSN OPC Module, and completed the 2021 Annual Facility Survey.

VII. An ASC must achieve, or make considerable or some progress towards achieving, Leapfrog’s standard for Hand Hygiene.

Leapfrog’s Hand Hygiene standard evaluates ASCs based on five domains: monitoring, feedback, training and education, infrastructure, and culture. ASCs must adhere to the monitoring and feedback domains, as well as any two of the three remaining domains, to achieve Leapfrog’s standard. Hand hygiene compliance data must be collected monthly on at least 200 hand hygiene opportunities. Alternatively, ASCs can achieve Leapfrog’s standard by collecting hand hygiene compliance data on 100 hand hygiene opportunities a month, if they adhere to all four remaining domains.

VIII. An ASC must achieve, or make considerable progress towards achieving, Leapfrog’s standard for Safe Practice #1 – Culture of Safety Leadership Structures and Systems, and make some progress towards achieving the standard for Safe Practice #2 - Culture Measurement, Feedback, and Intervention.

Leapfrog has aligned Safe Practice #1 – Culture of Safety Leadership Structures and Systems and Safe Practice #2 – Culture Measurement, Feedback, and Intervention, with the National Quality Forum’s (NQF) Safe Practices for Better Healthcare: A Consensus Report – Updated 2010.² To meet Leapfrog’s standard, ASCs



must adhere to the Safe Practices, which include questions regarding awareness, accountability, ability, and action.

Leapfrog did not assess ASCs with less than 20 employees on the standard for Safe Practice #2 in the evaluation of Top ASC.

IX. An ASC must fully comply with the elements of Leapfrog’s Never Events policy.

Leapfrog utilizes NQF’s list of serious reportable events in asking ASCs to adopt a Never Events policy. Leapfrog’s Never Events policy asks ASCs to commit to nine basic acts if a Never Event does occur: apologize to the patient and family, waive all costs related to the event and follow-up care, report the event to an external agency, conduct a root-cause analysis of how and why the event occurred, make a copy of this policy available to patients, interview patients and families to inform them of the root cause analysis, inform patient and families of actions taken by ASCs to prevent similar Never Events in the future, have protocols to provide support for caregivers involved in Never Events, and perform an annual review to ensure compliance with Leapfrog’s Never Events Policy for each Never Event that occurred. ASCs that achieve Leapfrog’s standard have all nine elements of the policy in place and are demonstrating their commitment to treating patients, purchasers, and payors with respect when a Never Event occurs.

X. An ASC must achieve, or make considerable progress towards achieving, Leapfrog’s standard for Patient Experience (OAS CAHPS Survey).

Leapfrog assesses ASCs based on the four domains included on the Outpatient Ambulatory Surgery (OAS) CAHPS Survey: 1) Facilities and Staff, 2) Communication About Your Procedure, 3) Patients’ Rating of the Facility, 4) Patients Recommending the Facility. ASCs that achieve Leapfrog’s standard are in the top quartile of ASCs and HOPDs that administered the OAS CAHPS Survey based on their Top Box Scores from each of the four domains.

Leapfrog did not assess ASCs that had fewer than 100 returned OAS CAHPS Surveys or had too few eligible discharges (less than 300) on this standard in the evaluation of Top ASCs.

¹ Centers for Disease Control and Prevention. Guideline for hand hygiene in health-care settings. Morbidity and Mortality Weekly Report. 2002;51(RR-16):1-56.

² National Quality Forum. Safe Practices for Better Healthcare: A Consensus Report- Updated. 2010.