

# The Leapfrog ASC Survey Scoring Algorithms

## Scoring Details for the 2022 Leapfrog ASC Survey



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# 2022 Leapfrog ASC Survey Scoring Algorithms

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

This document includes the scoring algorithms for the 2022 Leapfrog ASC Survey. The scoring algorithms are organized by section:

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

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

**Leapfrog is committed to data accuracy. Please carefully review Leapfrog's data accuracy protocols on the [Data Accuracy webpage](#).**

## Scoring and Public Reporting Overview

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

Those facilities that submit a Survey by the [June 30 Submission Deadline](#) will be able to view their Survey Results on Leapfrog's [public reporting website](#) on **July 25**. In addition, those facilities will be able to preview their Survey Results, including their CMS data for ASC-11 and ASC-12 (if applicable), on the [ASC Details Page](#) on **July 12**, about two weeks prior to the public release.

After July 25, 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 1 and November 30 and previously submitted Surveys that were corrected before January 31. Survey Results are frozen from February to July 25 of the following year. More information is available on the [Survey Deadlines webpage](#).

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

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

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

Additional scoring terms include:

- **Does Not Apply**: This term is used for facilities that report not performing a particular procedure or not having applicable patients for a particular measure.
- **Unable to Calculate Score**: This term is used for facilities that report a sample size that does not meet Leapfrog's minimum reporting requirements. For the CMS measures (ASC-11 and ASC-12), the term is used for facilities that do not participate with CMS or do not have a measure score published by CMS.
- **Declined to Respond**: This term is used for facilities that do not submit a Survey.
- **Pending Leapfrog Verification**: This term is used for facilities that have Survey responses that are undergoing Leapfrog's standard verification process.

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

**Progress towards meeting Leapfrog standards:**

	Achieved the Standard
	Considerable Achievement
	Some Achievement
	Limited Achievement
 <b>DECLINED TO RESPOND</b>	Did not respond to this measure
<b>DOES NOT APPLY</b>	This measure is not applicable to this facility
<b>UNABLE TO CALCULATE</b>	Sample size too small to calculate score
<b>PENDING LEAPFROG VERIFICATION</b>	This facility’s responses are undergoing Leapfrog’s standard data verification process

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

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
Person-Centered Care	Subsection 1B	Billing Ethics	<i>Billing Ethics</i>
	Subsection 4D	NQF Safe Practice #1 Culture of Safety Leadership Structures and Systems	<i>Effective Leadership to Prevent Errors</i>
Preventing and Responding to Patient Harm	Subsection 4D	NQF Safe Practice #2 Culture Measurement, Feedback, and Intervention	<i>Staff Work Together to Prevent Errors</i>
	Subsection 4C	Hand Hygiene	<i>Handwashing</i>
	Subsection 4E	Never Events Policy	<i>Responding to Never Events</i>
	Subsection 4B	NHSN Outpatient Procedure Component Module – Same Day Outcome Measures and Surgical Site Infections	<i>Tracking and Reporting Accidents and Infections</i>
	Subsection 4A	Medication and Allergy Documentation	<i>Medication Documentation for Elective Outpatient Surgery Patients</i>
Elective Outpatient Surgery - Adult	Subsection 3A*	Gastroenterology	<i>Gastroenterology (Stomach and Digestive)</i>
	Subsection 3A*	General Surgery	<i>General Surgery</i>
	Subsection 3A*	Ophthalmology	<i>Ophthalmology (Eyes)</i>
	Subsection 3A*	Orthopedic	<i>Orthopedic (Bones and Joints)</i>
	Subsection 3A*	Otolaryngology	<i>Otolaryngology (Ear, Nose, Mouth, and Throat)</i>
	Subsection 3A*	Urology	<i>Urology (Urinary Tract, Male Reproductive)</i>
	Subsection 3A*	Neurological Surgery	<i>Neurosurgery</i>
	Subsection 3A*	Obstetrics and Gynecology	<i>Obstetrics and Gynecology</i>
Elective Outpatient Surgery - Pediatric*	Subsection 3A*	Gastroenterology	<i>Gastroenterology (Stomach and Digestive)</i>
	Subsection 3A*	General Surgery	<i>General Surgery</i>
	Subsection 3A*	Ophthalmology	<i>Ophthalmology (Eyes)</i>
	Subsection 3A*	Orthopedic	<i>Orthopedic (Bones and Joints)</i>
	Subsection 3A*	Otolaryngology	<i>Otolaryngology (Ear, Nose, Mouth, and Throat)</i>
Complex Adult Surgery	Subsection 3B	Total Hip Replacement Surgeries	<i>Total Hip Replacement Surgery</i>
	Subsection 3B	Total Knee Replacement Surgeries	<i>Total Knee Replacement Surgery</i>

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
<b>Care for Elective Outpatient Surgery Patients</b>	Section 2	Clinicians Present While Adult Patients are Recovering	<i>Elective Outpatient Surgery Recovery Staffing - Adult</i>
	Section 2	Clinicians Present While Pediatric Patients are Recovering	<i>Elective Outpatient Surgery Recovery Staffing - Pediatric</i>
	Subsection 3E	Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures	<i>Safe Surgery Checklist – Elective Outpatient Surgery</i>
	Section 5	Patient Experience (OAS CAHPS)	<i>Experience of Patients Undergoing Elective Outpatient Surgery</i>
	Subsection 3D*	Patient Selection	<i>Patient Selection</i>
	Subsection 3C	Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	<i>Improvement in Visual Function Following Cataract Surgery</i>
	Subsection 3C	Rate of Unplanned Hospital Visits Colonoscopy	<i>Unplanned Hospital Visits After Colonoscopy</i>

\*Note: These data are not scored but are displayed on Leapfrog's public reporting website.

<b>Summary of Changes to the 2022 Leapfrog ASC Survey</b>
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For details on all changes to the 2022 Leapfrog ASC Survey, visit the [Survey Materials webpage](#).

Changes to scoring and public reporting for the 2022 Leapfrog ASC Survey are highlighted below:

- **[Section 1B Billing Ethics](#)**
  - Leapfrog will remove the Network Matching and Out-of-Network Services domains from Section 1B, Billing Ethics. However, the questions in the Price Transparency and Billing Ethics domains will be retained, required, and scored and publicly reported in 2022.
- **[Section 3A Volume of Procedures](#)**
  - Leapfrog has removed the following procedures from Section 3A:
    - Dermatology – all procedures, adult and pediatric
    - Gastroenterology – small intestine and stomal endoscopy procedures, adult and pediatric
    - Orthopedics – spine and hip procedures, pediatric only
    - Urology – all procedures, pediatric only

The remainder of the procedures will continue to be publicly reported in 2022.
- **[Section 3B Facility and Surgeon Volume](#)**
  - Leapfrog will score and publicly report facility’s responses to Section 3B, Facility and Surgeon Volume, for facilities that perform total hip or total knee replacement surgery. Questions regarding surgical appropriateness will not be scored but will be publicly reported.
- **[Section 3C Patient Follow-up](#)**
  - Leapfrog is removing the fact-finding questions regarding patient follow-up and replacing them with two outcome measures calculated and published by the Centers for Medicare and Medicaid Services (CMS): ASC-11, Percentage of Patients Who Had Cataract Surgery and Had Improvement in Visual Function within 90 Days Following the Surgery, and ASC-12, Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy. The data will only be scored and publicly reported for facilities that have provided an accurate CMS Certification Number (CCN) and National Provider Identifier (NPI) in the Profile Section, reported volume for the applicable procedures in Section 3A, and have submitted a Leapfrog ASC Survey.
- **[Section 3E Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures](#)**
  - Leapfrog is asking facilities to report on the use of a safe surgery checklist for the adult and pediatric outpatient procedures included in Leapfrog’s Volume of Procedures subsection (Section 3A) and to perform an audit on a sample of cases to measure implementation of the checklist. This measure will be scored and publicly reported alongside the Care for Elective Outpatient Surgery Patients results on Leapfrog’s public reporting website.
- **[Section 4C Hand Hygiene](#)**
  - Leapfrog is offering an alternative path to achieve the Hand Hygiene standard that requires facilities to monitor 100 hand hygiene opportunities (rather than 200) per month and meet all other elements for the remaining domains: Monitoring and Feedback, Training and Education, Infrastructure, and Culture. The historic path to achieve the Hand Hygiene standard remains in place.

<b>Change Summary Since Release</b>
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This section will be updated if changes are made to scoring after April 1, 2022.

<b>Section 1: Basic Facility Information Scoring Algorithms</b>
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## **Basic Facility Information**

This section will not be scored in 2022. However, some responses will be shown on Leapfrog's public reporting [website](#). For example, Leapfrog will display the number of operating and/or procedure rooms.

## **Person-Centered Care: Billing Ethics and Health Equity**

### ***Billing Ethics***

Facilities will be scored on whether they provide either payer-specific negotiated charges and/or cash prices on their website for each of the procedures they perform, billing statements and/or master itemized bills within 30 days after all insurance payments have been adjudicated that include sufficient information, and instructions for how to contact a billing representative who has the authority do the following within five business days: investigate errors on a bill; review, negotiate, and offer a price adjustment or debt forgiveness; and establish a payment plan. Facilities will also be scored on whether they take legal action against patients for late or insufficient payment in cases where the facility did not have a written agreement in place specifying a set price for a medical service.

Billing Ethics Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>The facility provides <b>either</b> payer-specific negotiated charges or cash prices on their website for commonly performed procedures <b>and</b></li> <li>The facility provides every patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3 <b>and</b></li> <li>The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within five business days <b>and</b></li> <li>The facility does <b>not</b> take legal action against patients for late or insufficient payment of a medical bill</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>The facility does <b>not</b> provide <b>either</b> payer-specific negotiated charges or cash prices on their website for commonly performed procedures <b>but</b></li> <li>The facility provides every patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3 <b>and</b></li> <li>The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within five business days <b>and</b></li> <li>The facility does <b>not</b> take legal action against patients for late or insufficient payment of a medical bill</li> </ul>

Billing Ethics Score (Performance Category)	Meaning that...
<b>Considerable Achievement (Alternative)</b>	<ul style="list-style-type: none"> <li>• The facility provides <b>either</b> payer-specific negotiated charges or cash prices on their website for commonly performed procedures <b>and</b></li> <li>• The facility provides patients <u>that request it</u> with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3 <b>and</b></li> <li>• The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within five business days <b>and</b></li> <li>• The facility does <b>not</b> take legal action against patients for late or insufficient payment of a medical bill</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>• The facility does <b>not</b> provide <b>either</b> payer-specific negotiated charges or cash prices on their website for commonly performed procedures <b>but</b></li> <li>• The facility provides patients <u>that request it</u> with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3 <b>and</b></li> <li>• The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within five business days <b>and</b></li> <li>• The facility does <b>not</b> take legal action against patients for late or insufficient payment of a medical bill</li> </ul>
<b>Limited Achievement</b>	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

### Health Equity

This section is required for all ASCs, but in 2022, responses will not be scored or publicly reported.

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

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

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

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

Certified Clinicians Present While Patients Are Recovering Score (Performance Category)	Meaning that while adult patients are recovering, the ASC ensures that...	Meaning that while pediatric patients are recovering, the ASC ensures that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are present at all times and immediately available in the building while an adult patient is present in the facility; <b>AND</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b> adult patients are physically discharged from the facility</li> </ul>	<ul style="list-style-type: none"> <li>A PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility; <b>AND</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b> pediatric patients are physically discharged from the facility</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are present at all times and immediately available in the building while an adult patient is present in the facility; <b>OR</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b> adult patients are physically discharged from the facility</li> </ul>	<ul style="list-style-type: none"> <li>A PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility; <b>OR</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b> pediatric patients are physically discharged from the facility</li> </ul>

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

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

Information regarding board certification for clinicians will not be scored in 2022. However, responses will be publicly reported on Leapfrog's public reporting [website](#) (i.e., Leapfrog will display whether or not 100% of physicians and anesthesiologists/certified registered nurse anesthetists (CRNAs) authorized to performed procedures at the facility are board certified or board eligible).

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

In 2022, responses to the annual volume of each procedure performed will not be scored. However, responses will be used to facilitate the search functionality on Leapfrog’s public reporting [website](#) (e.g., allowing users to search for facilities that perform the procedure they need) and the information will be publicly reported to inform purchasers and consumers about the facility’s experience with the procedure.

## Facility and Surgeon Volume

Information on facility and surgeon volume for total hip replacement surgery and total knee replacement surgery will be scored and publicly reported in 2022. Facilities will be scored on whether they met the minimum facility volume standard and whether the facility’s process for privileging its surgeons includes meeting or exceeding the minimum annual surgeon volume standards in the table below.

Procedure	Facility Volume	Surgeon Volume
Total hip replacement surgery	50	25
Total knee replacement surgery	50	25

Leapfrog then assigns a performance category based on whether the minimum facility volume standard was met and whether the facility’s process for privileging surgeons includes the surgeons meeting or exceeding the minimum surgeon volume standard. Performance categories are assigned for each procedure as follows:

Facility and Surgeon Volume Standard Score (Performance Category)	For each of the procedures performed by the facility...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>The facility <b>met</b> the minimum facility volume standard for the procedure; <b>and</b></li> <li>The facility’s process for privileging surgeons <b>does</b> include meeting or exceeding the minimum annual surgeon volume standard.</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>The facility <b>met</b> the minimum facility volume standard for the procedure; <b>but</b></li> <li>The facility’s process for privileging surgeons <b>does not</b> include meeting or exceeding the minimum annual surgeon volume standard.</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>The facility <b>did not</b> meet the minimum facility volume standard for the procedure, <b>but</b></li> <li>The facility’s process for privileging surgeons <b>does</b> include meeting or exceeding the minimum annual surgeon volume standard.</li> </ul>
<b>Limited Achievement</b>	<ul style="list-style-type: none"> <li>The facility <b>did not</b> meet the minimum facility volume standard for the procedure; <b>and</b></li> <li>The facility <b>does not</b> include the minimum annual surgeon volume standard in its privileging process.</li> </ul>
<b>Does Not Apply</b>	The facility does not perform the procedure.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility’s responses are undergoing Leapfrog’s standard verification process.

### Appropriateness Criteria

Responses to this subsection will not be scored. However, the responses are used in public reporting. For each procedure performed by the facility, Leapfrog displays the facility’s overall score, which is based on the facility’s ability to meet the facility volume standard and inclusion of the minimum annual surgeon volume standard in its privileging process.

When visitors to Leapfrog’s public reporting website click “Show More on This ASC’s Performance” below the score icon (i.e., four filled bars, three filled bars, etc.) indicating the performance category for the procedure, they will see a statement indicating whether the facility “does” or “does not” have protocols in place to ensure surgeries are only performed on patients that meet defined criteria for the following two procedures: total hip replacement surgery and total knee replacement surgery.

Surgical Appropriateness	For each of the procedures performed by the ASC...
<b>Does</b>	<p>The ASC indicates having <b>all five</b> of the following regarding surgical appropriateness (questions #5-9):</p> <ul style="list-style-type: none"> <li>• Has appropriateness criteria for the procedure</li> <li>• Has processes or structures in place to promote ongoing adherence to the appropriateness criteria</li> <li>• Conducts regular retrospective reviews of surgical cases to evaluate the extent to which the appropriateness criteria are met or not met by each surgeon</li> <li>• Has 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 the facility’s appropriateness criteria and works to understand potential barriers to meeting the criteria</li> <li>• Reports annually to its governance and leadership the findings from the retrospective reviews and plans to improve adherence to the appropriateness criteria</li> </ul>
<b>Does Not</b>	ASC indicates that they do not have <b>all</b> the above.

### Patient Selection

This section will not be scored in 2022. However, responses will be shown on Leapfrog’s public reporting [website](#). Leapfrog will display the components of a facility’s patient screening tool.

### Patient Follow-up

Facilities will be scored based on their performance on two outcome measures collected and published by the Centers for Medicare and Medicaid Services for both hospital outpatient departments and ambulatory surgery centers: ASC-11 (OP-31) Percentage of Patients Who Had Cataract Surgery and Had Improvement in Visual Function within 90 Days Following the Surgery, and ASC-12 (OP-32) Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy.

Leapfrog will obtain data for both hospitals and ambulatory surgery centers by downloading the data on the data download dates indicated on page 81 in the hard copy of the Survey and matching it with the CMS Certification Number (CCN) and National Provider Identifier (NPI) provided in the ASC Profile Section of the Leapfrog ASC Survey. The CMS data will only be scored and publicly reported for facilities

that have provided an accurate CCN and NPI in the Profile Section, reported volume for the procedures, and submitted the Leapfrog ASC Survey. Facilities that submit a Survey by the June 30 Submission Deadline will be able to review these data on the Details Pages beginning on July 12, 2022.

**Scoring Algorithm for ASC-11: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery**

Patient Follow-up Score (Performance Category)	Meaning that the ASC...
Achieved the Standard	<ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the Profile Section</li> <li>• Reported volume for anterior segment eye procedures in Section 3A</li> <li>• Had a measure score published by CMS for the measure*</li> </ul>
Does Not Apply	The ASC does not perform anterior segment eye procedures.
Unable to Calculate Score	The ASC is not participating with CMS, is scored as “not available” by CMS, or did not provide an accurate CCN and NPI in the Profile Section.
Declined to Respond	The ASC did not submit a Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

\*In 2022, to encourage greater administration of the visual function survey among ASCs, facilities will be able to earn full credit for having a measure score published by CMS regardless of performance on the measure.

**Scoring Algorithm for ASC-12: Rate of Unplanned Hospital Visits after an Outpatient Colonoscopy (per 1,000 colonoscopies)**

Patient Follow-up Score (Performance Category)	Meaning that the ASC...
Achieved the Standard	<ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the Profile Section,</li> <li>• Reported volume for lower GI endoscopy in Section 3A, and</li> <li>• Is in the top quartile of performance*</li> </ul>
Considerable Achievement	<ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the Profile Section,</li> <li>• Reported volume for lower GI endoscopy in Section 3A, and</li> <li>• Is in the second quartile of performance*</li> </ul>
Some Achievement	<ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the Profile Section,</li> <li>• Reported volume for lower GI endoscopy in Section 3A, and</li> <li>• Is in the third quartile of performance*</li> </ul>
Limited Achievement	<ul style="list-style-type: none"> <li>• Provided an accurate CCN in the Profile Section,</li> <li>• Reported volume for lower GI endoscopy in Section 3A, and</li> <li>• Is in the bottom quartile of performance*</li> </ul>
Does Not Apply	The ASC does not perform lower GI endoscopy.
Unable to Calculate Score	The ASC is not participating with CMS, is scored as “not available” by CMS, or did not provide an accurate CCN and NPI in the Profile Section.
Declined to Respond	The ASC did not submit a Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

\*The quartiles will be based on the distribution of ASC and hospital performance from 2022 Leapfrog ASC Surveys and 2022 Leapfrog Hospital Surveys submitted as of June 30, 2022. These cut-points will remain in place for the entire 2022 Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

## Informed Consent

This section is optional and will not be scored or publicly reported in 2022.

## Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures

Facilities will be scored on the use of a safe surgery checklist and whether elements of the checklist are documented and used on every patient undergoing an applicable procedure (those listed in Section 3A and 3B, if applicable) based on an audit of a sample of patients.

Safe Surgery Checklist Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure</li> <li>The facility's checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., the facility responded "yes" to questions #3, #4, and #5)</li> <li>The facility completed an audit of at least 15 patients and documented adherence to the checklist</li> <li>The facility has documented adherence to the checklist for <b>at least 90%</b> of the patients included in the audit</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure</li> <li>The facility's checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., the facility responded "yes" to questions #3, #4, and #5)</li> <li>The facility completed an audit of at least 15 patients and documented adherence to the checklist</li> <li>The facility has documented adherence to the checklist for <b>at least 75%</b> of the patients included in the audit</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure</li> <li>The facility's checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., the facility responded "yes" to questions #3, #4, and #5)</li> <li>The facility completed an audit of at least 15 patients and documented adherence to the checklist</li> <li>The facility has documented adherence to the checklist for <b>at least 50%</b> of the patients included in the audit</li> </ul>
<b>Limited Achievement</b>	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

<b>Section 4: Patient Safety Practices Scoring Algorithms</b>
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## Medication and Allergy Documentation

Facilities will be scored based on their rates of documentation for home medications, visit medications, and allergies/adverse reaction(s).

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

## NHSN Outpatient Procedure Component Module

Data from the NHSN Outpatient Procedure Component Module will be downloaded by Leapfrog for all facilities who 1) [join Leapfrog's NHSN Group for ASCs](#), 2) enter a valid NHSN ID in the Profile Section, and 3) submit a 2022 Leapfrog ASC Survey.

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

- 2021 Outpatient Procedure Component - Annual Facility Survey (available January 1, 2022)\*
- Same Day Outcome Measures (SDOM) Module\*
- Breast Surgery (BRST) Procedure SSI Outcome Measure
- Herniorrhaphy (HER) Procedure SSI Outcome Measure
- Knee Prosthesis (KPRO) Procedure SSI Outcome Measure
- Laminectomy (LAM) Procedure SSI Outcome Measure

\*Applicable to all ASCs.

Facilities will be scored based on their enrollment in the NHSN OPC Module and having 1) completed the 2021 OPC Annual Facility Survey, 2) had a Monthly Reporting Plan in place for the 4 Same Day Outcome Measures, and 3) had a Monthly Reporting Plan in place for all applicable Surgical Site Infection Measures, as follows:

For facilities that have one or more applicable Surgical Site Infection Measure(s):

NHSN Outpatient Procedure Component Module Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	Facility is enrolled in NHSN OPC Module, completed the 2021 OPC Annual Facility Survey, and completed <b>both</b> of the following: <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan in place for each month of the reporting period (6 months) for all 4 Same Day Outcome Measures</li> <li>• Has a Monthly Reporting Plan in place for each month of the reporting period (6 months) for all applicable Surgical Site Infection Measures</li> </ul>
<b>Considerable Achievement</b>	Facility enrolled in NHSN OPC Module, completed 2021 OPC Annual Facility Survey, and completed <b>one</b> of the following: <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan in place for each month of the reporting period (6 months) for all 4 Same Day Outcome Measures</li> <li>• Has a Monthly Reporting Plan in place for each month of the reporting period (6 months) for all applicable Surgical Site Infection Measures</li> </ul>
<b>Some Achievement</b>	Facility enrolled in NHSN OPC Module, completed the 2021 OPC Annual Facility Survey, and completed <b>both</b> of the following: <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan in place for &lt;6 months for all 4 Same Day Outcome Measures</li> <li>• Has a Monthly Reporting Plan in place for &lt;6 months for all applicable Surgical Site Infection Measures</li> </ul>
<b>Limited Achievement</b>	Facility has not enrolled in the NHSN OPC Module, has not completed the 2021 OPC Annual Facility Survey, has not had a Monthly Reporting Plan in place for all 4 Same Day Outcome Measures or applicable Surgical Site Infection Measures, has not provided a valid NHSN ID in the Profile Section, or has not joined Leapfrog's NHSN Group.
<b>Declined to Respond</b>	Facility did not submit a Leapfrog ASC Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

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

NHSN Outpatient Procedure Component Module Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	Facility is enrolled in NHSN OPC Module, completed the 2021 OPC Annual Facility Survey, and completed the following: <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan in place for each month of the reporting period (6 months) for all 4 Same Day Outcome Measures</li> </ul>
<b>Some Achievement</b>	Facility enrolled in NHSN OPC Module, completed the 2021 OPC Annual Facility Survey, and completed the following: <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan in place for &lt;6 months for all 4 Same Day Outcome Measures</li> </ul>
<b>Limited Achievement</b>	Facility has not enrolled in the NHSN OPC Module, has not completed the 2021 OPC Annual Facility Survey, has not had a Monthly Reporting Plan in place for all 4 Same Day Outcome Measures, has not provided a valid NHSN ID in the Profile Section, or has not joined Leapfrog's NHSN Group.
<b>Declined to Respond</b>	Facility did not submit a Leapfrog ASC Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

## Hand Hygiene

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

1. Monitoring: questions #8-11
  - a. Electronic: questions #12-13
  - b. Direct Observation: questions #14-15
2. Feedback: questions #16-19
3. Training and Education: questions #1-3
4. Infrastructure: questions #4-7
5. Culture: questions #20-21

**Please note: In 2022, facilities have two options to Achieve the Standard. Both options are included in the table below.**

Hand Hygiene (Performance Category)	Meaning that...
<p><b>Achieved the Standard</b></p>	<p>The facility responded “yes” to <b>all</b> applicable questions in the Monitoring and Feedback Domains and meets the <b>monthly</b> sample size of <b>200</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 13, Section 4 of the <a href="#">2022 Leapfrog ASC Survey</a>), <b>each month</b> for monitoring hand hygiene opportunities:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #8: Facility collects hand hygiene compliance data on at least <b>200</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 13, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b></li> <li>○ Question #11: Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> <li>▪ <i>Direct Observation:</i> questions #14-15</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain:</b> questions #16-19</li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The facility responded “yes” to <b>all</b> questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul>

Hand Hygiene (Performance Category)	Meaning that...
<p><b>Achieved the Standard (Alternative)</b></p>	<p>Facilities that collect hand hygiene compliance data on a sample size of <b>100</b> hand hygiene opportunities per <b>month</b>, or at least the number of hand hygiene opportunities outlined in Table 2 (FAQ 14, Section 4 of the <a href="#">2022 Leapfrog ASC Survey</a>), can Achieve the Standard if they meet the following:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #9: Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (FAQ #14, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b></li> <li>○ Question #11: Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #9):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> <li>▪ <i>Direct Observation:</i> questions #14-15</li> </ul> </li> </ul> </li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The facility responded “yes” to <b>all</b> questions in the other four domains:</p> <ul style="list-style-type: none"> <li>• <b>Feedback Domain:</b> questions #16-19</li> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul>

Hand Hygiene (Performance Category)	Meaning that...
<p><b>Considerable Achievement</b></p>	<p>The facility responded “yes” to <b>all</b> applicable questions in the Monitoring and Feedback Domains and meets the <b>monthly or quarterly</b> sample size of <b>100</b> for monitoring hand hygiene opportunities:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #9 or #10:                             <ul style="list-style-type: none"> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (FAQ 14, Section 4 of the <a href="#">ASC Survey</a>), each <b>month</b></li> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities <b>each quarter</b></li> </ul> </li> <li>○ Question #11:                             <ul style="list-style-type: none"> <li>▪ Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</li> </ul> </li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #10):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> <li>▪ <i>Direct Observation:</i> questions #14-15</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain:</b> questions #16-19</li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The facility responded “yes” to <b>all</b> questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul>

Hand Hygiene (Performance Category)	Meaning that...
<p><b>Some Achievement</b></p>	<p>The facility responded “yes” to <b>all</b> applicable questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #8, #9, or #10:                             <ul style="list-style-type: none"> <li>▪ Facility collects hand hygiene compliance data on at least <b>200</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 13, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b></li> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (FAQ 14, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b></li> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities <b>each quarter</b></li> </ul> </li> <li>○ Question #11:                             <p>Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</p> </li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8, #9, or #10):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> <li>▪ <i>Direct Observation:</i> questions #14-15</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain:</b> questions #16-19</li> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul>

Hand Hygiene (Performance Category)	Meaning that...
<p><b>Limited Achievement</b></p>	<p>The facility responded “yes” to <b>all</b> applicable questions in any <b>1</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #8, #9, or #10:                             <ul style="list-style-type: none"> <li>▪ Facility collects hand hygiene compliance data on at least <b>200</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 13, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b></li> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on Table 2 (FAQ 14, Section 4 of the <a href="#">ASC Survey</a>), each <b>month</b></li> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities <b>each quarter</b></li> </ul> </li> <li>○ Question #11:                             <p>Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</p> </li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8, #9, or #10):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> <li>▪ <i>Direct Observation:</i> questions #14-15</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain:</b> questions #16-19</li> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul> <p style="text-align: center;"><b><u>OR</u></b></p> <p>The facility met <b>0</b> domains.</p>
<p><b>Declined to Respond</b></p>	<p>The facility did not submit a Survey.</p>
<p><b>Pending Leapfrog Verification</b></p>	<p>The facility’s responses are undergoing Leapfrog’s standard verification process.</p>

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

Facilities will be scored based on their progress in implementing elements of the National Quality Forum (NQF) Safe Practice #1 – Culture of Safety Leadership Structures and Systems.

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

Scoring details are described below.

- Maximum Points:** NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems has a maximum number of points of 120.
- Point Values per Checkbox:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of checkboxes within this NQF Safe Practice.
- Points Earned:** Total points earned for this NQF Safe Practice is the sum of the points for each checkbox marked for this NQF Safe Practice.
- Performance Category Cut-points** are based on a percentage of the Maximum Points achievable for this NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut-points further. However, there are no current plans or commitments to change the cut-points during the 2022 Survey Cycle.
- Updated Submissions:** Facilities may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas up until **November 30**. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

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

Facilities will be scored based on their progress in implementing elements of the National Quality Forum (NQF) Safe Practice #2 – Culture Measurement, Feedback.

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

Scoring details are described below.

- Maximum Points:** NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention has a maximum number of points of 120.
- Point Values per Checkbox:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of checkboxes within this NQF Safe Practice.
- Points Earned:** Total points earned for this NQF Safe Practice is the sum of the points for each checkbox marked for this NQF Safe Practice.
- Performance Category Cut-points** are based on a percentage of the Maximum Points achievable for this NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut-points further. However, there are no current plans or commitments to change the cut-points during the 2022 Survey Cycle.
- Updated Submissions:** Facilities may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas up until **November 30**. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

## National Quality Forum (NQF) Safe Practice #4

This section is optional and will not be scored or publicly reported in 2022.

## Never Events Policy

Facilities will be scored based on their adoption of the nine principles of The Leapfrog Group's Policy Statement on Serious Reportable Events ("Never Events").

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

\*The Leapfrog Group's original five principles include: apologizing to the patient, performing a root cause analysis, reporting to an external agency within 15 days, waiving all associated costs, and making a copy of the policy available to patients and payers upon request. More information is available at <https://ratings.leapfroggroup.org/measure/asc/responding-never-events>.

## Nursing Workforce

This section is optional and will not be scored or publicly reported in 2022.

<b>Section 5: Patient Experience Scoring Algorithm</b>
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## **Patient Experience (OAS CAHPS)**

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

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

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

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

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

Note: The top quartiles are based on the distribution of ASC and hospital performance from 2020 Leapfrog ASC Surveys and Section 10 of the 2020 Leapfrog Hospital Surveys submitted by August 31, 2020. These cut-points will remain in place for the entire Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

Results from the 2022 Leapfrog ASC Survey will be available at <http://ratings.leapfroggroup.org/> in July 2022.

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

Find more information about the 2022 Leapfrog ASC Survey at: <https://www.leapfroggroup.org/asc-survey-materials/asc>.