The Leapfrog ASC Survey Scoring Algorithms

Scoring Details for the 2023 Leapfrog ASC Survey

LEAPFROG
ASC SURVEY
PATIENT SAFETY AND QUALITY

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2023 Leapfrog ASC Survey Scoring Algorithms

https://www.leapfroggroup.org/asc

This document includes the scoring algorithms for the 2023 Leapfrog ASC Survey. The scoring algorithms are organized by section:

- What's New in 2023
- Change Summary Since Release
- 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.

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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-12, ASC-17, and ASC-18 (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 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-12, ASC-17, and ASC-18), 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.

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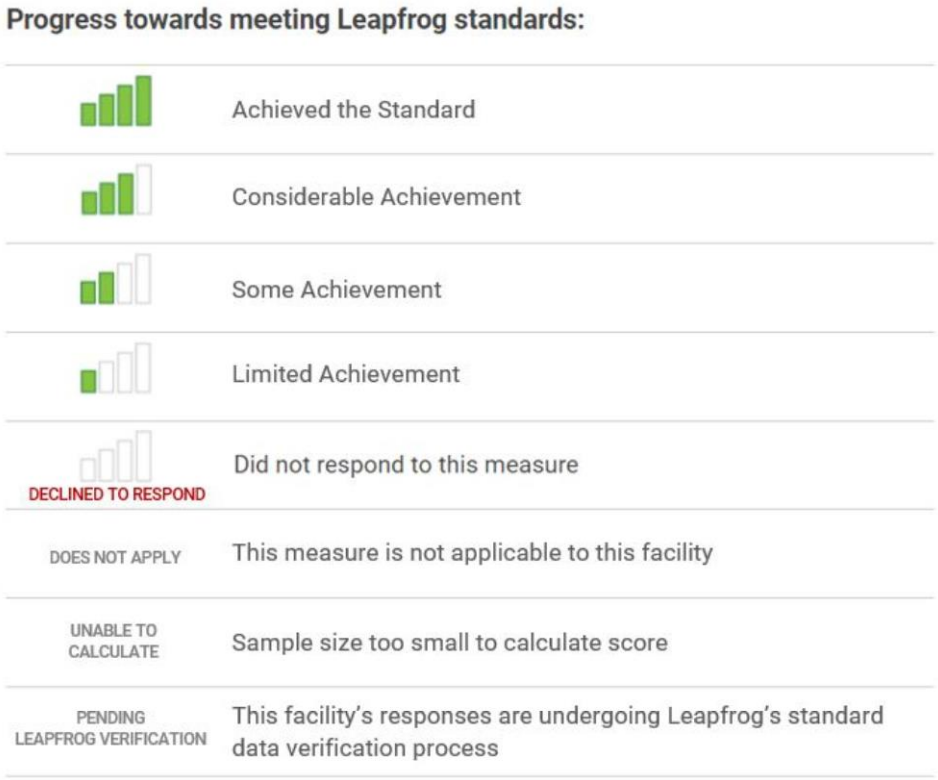
Figure 1: Legend from Leapfrog's public reporting website.



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For the purposes of public reporting, measures are organized into eight groups. The following measures are included in each group:

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
Patient-Centered Care	Subsection 1B	Billing Ethics	*Billing Ethics*
	Subsection 3D	Informed Consent	*Informed Consent*
	Subsection 4E	Never Events	*Responding to Never Events*
Preventing Patient Harm	Subsection 4D	NQF Safe Practice #1 - Culture of Safety Leadership Structures and Systems	*Effective Leadership to Prevent Errors*
	Subsection 4D	NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention	*Staff Work Together to Prevent Errors*
	Subsection 4D	NQF Safe Practice #4 – Risks and Hazards	*Staff Identify and Mitigate Risks Associated with Errors*
	Subsection 4F	Percentage of RNs who are BSN-Prepared	*Percentage of Registered Nurses (RNs) who have a Bachelor's Degree in Nursing*
	Subsection 4C	Hand Hygiene	*Handwashing*
Healthcare-Associated Infections	Subsection 4B	NHSN Outpatient Procedure Component Module – Same Day Outcome Measures and Surgical Site Infections	*Tracking and Reporting Accidents and Infections*
Medication Safety	Subsection 4A	Medication and Allergy Documentation	*Medication Documentation for Elective Outpatient Surgery Patients*
Total Joint Replacement	Subsection 3B	Total Knee Replacement Surgeries	*Total Knee Replacement Surgery*
	Subsection 3B	Total Hip Replacement Surgeries	*Total Hip Replacement Surgery*
Elective Outpatient Surgery – Adult*	Subsection 3A*	Gastroenterology	*Gastroenterology (Stomach and Digestive)*
	Subsection 3A*	General Surgery	*General Surgery*
	Subsection 3A*	Ophthalmology	*Ophthalmology (Eyes)*
	Subsection 3A*	Orthopedic	*Orthopedic (Bones and Joints)*
	Subsection 3A*	Otolaryngology	*Otolaryngology (Ear, Nose, Mouth, and Throat)*
	Subsection 3A*	Urology	*Urology (Urinary Tract, Male Reproductive)*
	Subsection 3A*	Neurological Surgery	*Neurosurgery*
	Subsection 3A*	Obstetrics and Gynecology	*Obstetrics and Gynecology*
	Subsection 3A*	Plastic and Reconstructive Surgery	*Plastic and Reconstructive Surgery*
Elective Outpatient	Subsection 3A*	Gastroenterology	*Gastroenterology (Stomach and Digestive)*
	Subsection 3A*	General Surgery	*General Surgery*

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Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
Surgery - Pediatric*	Subsection 3A*	Ophthalmology	*Ophthalmology (Eyes)*
	Subsection 3A*	Orthopedic	*Orthopedic (Bones and Joints)*
	Subsection 3A*	Otolaryngology	*Otolaryngology (Ear, Nose, Mouth, and Throat)*
Care for Elective Outpatient Surgery Patients	Section 2	Clinicians Present While Adult Patients are Recovering	*Elective Outpatient Surgery Recovery Staffing - Adult*
	Section 2	Clinicians Present While Pediatric Patients are Recovering	*Elective Outpatient Surgery Recovery Staffing - Pediatric*
	Subsection 3E	Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures	*Safe Surgery Checklist – Elective Outpatient Surgery*
	Section 5	Patient Experience (OAS CAHPS)	*Experience of Patients Undergoing Elective Outpatient Surgery*
	Subsection 3C	Rate of Unplanned Hospital Visits After a Colonoscopy	*Unplanned Hospital Visits After Colonoscopy*
	Subsection 3C	Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures	*Unplanned Hospital Visits After Orthopedic Procedures*
	Subsection 3C	Hospital Visits After Urology Ambulatory Surgical Center Procedures	*Unplanned Hospital Visits After Urology Procedures*
	Subsection 3C*	Patient Selection	*Patient Selection*

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

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Summary of Changes to the 2023 Leapfrog ASC Survey

For details on all changes to the 2023 Leapfrog ASC Survey, visit the Survey Materials webpage.

Changes to scoring and public reporting for the 2023 Leapfrog ASC Survey are highlighted below:

- **Section 1B Billing Ethics**
  - Leapfrog updated several questions in Section 1B Billing Ethics regarding ASCs' practices around billing statements and their policies for billing representatives. Billing Ethics will continue to be scored and publicly reported in 2023.
- **Section 2: Medical, Surgical, and Clinical Staff**
  - Leapfrog revised the two questions that ask for the percent of physicians and anesthesia professionals that are board certified or board eligible and replaced them with a single yes/no question asking whether an ASC's policy requires all physicians and anesthesia providers to be board certified or board eligible. Board certification will continue to be publicly reported in 2023.
- **Section 3B Facility and Surgeon Volume**
  - Leapfrog added bariatric surgery for weight loss as a procedure in Section 3B. Leapfrog is asking facilities that perform the procedure to report facility volume, whether the facility's process for privileging includes the surgeon meeting or exceeding Leapfrog's minimum annual surgeon volume standard, and whether they have appropriateness criteria for the procedure. Questions regarding facility and surgeon volume for bariatric surgery for weight loss will not be scored or publicly reported until 2024. Facility and surgeon volume for total knee and total hip replacement procedures will continue to be scored and publicly reported in 2023.
- **Section 3C Patient Follow-up**
  - Leapfrog removed the outcome measure ASC-11 Improvement in Patients Visual Function Following Cataract Surgery, since CMS has made this measure voluntary through the 2023 Ambulatory Surgical Center Payment System Final Rule. We have added two new outcome measures published by CMS: ASC-17 Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures, and ASC-18 Hospital Visits After Urology Ambulatory Surgical Center Procedures. Both measures will be scored and publicly reported in 2023.
- **Section 3D Informed Consent**
  - Leapfrog will score and publicly report the responses in Section 3D Informed Consent based on ASCs' policies and training, content of informed consent forms, and processes for gaining informed consent.
- **Section 4D NQF Safe Practice #4 - Risks and Hazards**
  - Leapfrog will score and publicly report NQF Safe Practice #4, which asks ASCs if they have implemented six key elements outlined in the National Quality Forum's Safe Practices for Better Healthcare Safe Practice #4.
- **Section 4F Percentage of RNs who are BSN-Prepared**
  - Leapfrog will score and publicly report the percentage of RNs who are BSN-prepared.

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Change Summary Since Release

This section will be updated if changes are made to scoring after this document's initial release on April 1, 2023.

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Section 1: Basic Facility Information Scoring Algorithms

Basic Facility Information

This section will not be scored in 2023. 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.

Patient-Centered Care: Billing Ethics and Health Equity

Billing Ethics

Facilities are scored on four aspects of their billing practices, including whether they provide payer-specific negotiated charges or cash prices on their website, the quality of their billing statements, the availability of a billing representative to negotiate a patient's bill on a timely basis, and 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 good faith estimate for a medical service.

Billing Ethics Score (Performance Category)	**Meaning that…**
Achieved the Standard	• The facility provides **either** payer-specific negotiated charges or cash prices on their website for commonly performed procedures **and** • 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 **and** • The facility gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days **and** • The facility does **not** take legal action against patients for late or insufficient payment of a medical bill
Considerable Achievement	• The facility does **not** provide either payer-specific negotiated charges or cash prices on their website for commonly performed procedures **but** • 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 **and** • The facility gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days **and** • The facility does **not** take legal action against patients for late or insufficient payment of a medical bill

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Billing Ethics Score (Performance Category)	**Meaning that…**
Considerable Achievement (Alternative)	• The facility provides **either** payer-specific negotiated charges or cash prices on their website for commonly performed procedures **and** • **Upon request**, the facility provides patients 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 **and** • The facility gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days **and** • The facility does **not** take legal action against patients for late or insufficient payment of a medical bill
Some Achievement	• The facility does **not** provide either payer-specific negotiated charges or cash prices on their website for commonly performed procedures **and** • **Upon request,** the facility provides patients 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 **and** • The facility gives patients instructions for contacting a billing representative who has access to an interpretation services and has the authority to do all three required elements in question #4 within 10 business days **and** • The facility does **not** take legal action against patients for late or insufficient payment of a medical bill
Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

Health Equity

This section is required for all ASCs, but in 2023, responses will not be scored or publicly reported.

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Certified Clinicians Present While Patients Are Recovering

Facilities are 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 …**	**Meaning that …**
Achieved the Standard	While **adult** patients are recovering, the ASC ensures: • 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 (13 years and older) is present in the facility; **AND** • A physician or CRNA is present at all times and immediately available in the building until **all** adult patients are physically discharged from the facility	While **pediatric** patients are recovering, the ASC ensures: • A PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility; **AND** • A physician or CRNA is present at all times and immediately available in the building until **all** pediatric patients are physically discharged from the facility
Some Achievement	While **adult** patients are recovering, the ASC ensures: • 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 (13 years and older) is present in the facility; **OR** • A physician or CRNA is present at all times and immediately available in the building until **all** adult patients are physically discharged from the facility	While **pediatric** patients are recovering, the ASC ensures: • A PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility; **OR** • A physician or CRNA is present at all times and immediately available in the building until **all** pediatric patients are physically discharged from the facility

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Certified Clinicians Present While Patients Are Recovering Score (Performance Category)	**Meaning that …**	**Meaning that …**
Limited Achievement	While **adult** patients are recovering, the ASC ensures: • An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are **NOT** present at all times and immediately available in the building while an adult patient (13 years and older) is present in the facility; **AND** • A physician or CRNA is **NOT** present at all times and immediately available in the building until **all** adult patients are physically discharged from the facility	While **pediatric** patients are recovering, the ASC ensures: • A PALS trained clinician, as well as a second clinician (regardless of PALS training), are **NOT** present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility; **AND** • A physician or CRNA is **NOT** present at all times and immediately available in the building until **all** pediatric patients are physically discharged from the facility
Does Not Apply	The facility does not perform procedures on adult patients.	The facility does not perform procedures on pediatric patients.
Declined to Respond	The facility did not submit a Survey.	
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 is not scored in 2023. However, responses are publicly reported on Leapfrog's public reporting website (i.e., Leapfrog displays whether or not all physicians and anesthesia providers authorized to perform procedures at the facility are board certified or board eligible).

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Section 3: Volume and Safety of Procedures Scoring Algorithms

Volume of Procedures

Responses to the annual volume of each procedure performed are not scored. However, responses are 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 is 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 knee replacement surgery and total hip replacement surgery will continue to be scored and publicly reported in 2023. Facilities are 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.

Questions on facility and surgeon volume for bariatric surgery for weight loss are required in 2023 but will not be scored until 2024.

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

For total knee replacement surgeries and total hip replacement surgeries, Leapfrog 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)	**Meaning that…**
Achieved the Standard	• The facility **met** the minimum facility volume standard for the procedure, **and** • The facility's process for privileging surgeons **does** include meeting or exceeding the minimum annual surgeon volume standard.
Considerable Achievement	• The facility **met** the minimum facility volume standard for the procedure, **but** • The facility's process for privileging surgeons **does not** include meeting or exceeding the minimum annual surgeon volume standard.
Some Achievement	• The facility **did not** meet the minimum facility volume standard for the procedure, **but** • The facility's process for privileging surgeons **does** include meeting or exceeding the minimum annual surgeon volume standard.
Limited Achievement	• The facility **did not** meet the minimum facility volume standard for the procedure, **and** • The facility **does not** include the minimum annual surgeon volume standard in its privileging process.
Does Not Apply	The facility does not perform the procedure.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

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Appropriateness Criteria

Responses to this subsection are not scored. However, the responses are used in public reporting. For each procedure performed (total knee replacement surgeries and/or total hip replacement surgeries) 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 knee replacement surgery and total hip replacement surgery**.

Surgical Appropriateness	Meaning that…
Does	The facility indicates having **all five** of the following regarding surgical appropriateness (questions #5-9): • Appropriateness criteria for the procedure • Processes or structures in place to promote ongoing adherence to the appropriateness criteria • Regular retrospective reviews of surgical cases to evaluate the extent to which the appropriateness criteria are met or not met by each surgeon • 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 • Reports annually to its governance and leadership the findings from the retrospective reviews and plans to improve adherence to the appropriateness criteria
Does Not	The facility **does not** indicate they have **all five** of the above (does not select a box in questions #5-9).

Patient Selection

This section is not scored in 2023. However, responses are shown on Leapfrog's public reporting website. Leapfrog displays the components of a facility's patient screening tool.

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Patient Follow-up

Facilities are scored based on their performance on three outcome measures collected and published by the Centers for Medicare and Medicaid Services (CMS): ASC-12 Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy; ASC-17 Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures; and ASC-18 Hospital Visits After Urology Ambulatory Surgical Center Procedures.

Leapfrog will obtain data for ASCs by downloading the CMS datasets on the date indicated on page 84 in the hard copy of the Survey and by matching it with the CMS Certification Number (CCN) and National Provider Identifier (NPI) provided in the ASC Profile. The CMS data will only be scored and publicly reported for facilities that have provided an accurate CCN and NPI in the ASC Profile, reported volume for the applicable 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 Page on July 12, 2023.

The ASC-12 quartiles are 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 2023 Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

Rate of Unplanned Hospital Visits After Colonoscopy	2022 Survey Results
Minimum	9.2
75th percentile	13.0
50th percentile	13.7
25th percentile	14.6
Maximum	18.5

ASC-12: Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy (per 1,000 colonoscopies)

Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy (Performance Category)	Meaning that the ASC…
Achieved the Standard	• Provided an accurate CCN and NPI in the ASC Profile, • Reported volume for lower GI endoscopy in Section 3A, and • Is in the top quartile of performance (where lower scores are better)*
Considerable Achievement	• Provided an accurate CCN and NPI in the ASC Profile, • Reported volume for lower GI endoscopy in Section 3A, and • Is in the second quartile of performance*
Some Achievement	• Provided an accurate CCN and NPI in the ASC Profile, • Reported volume for lower GI endoscopy in Section 3A, and • Is in the third quartile of performance*
Limited Achievement	• Provided an accurate CCN in the ASC Profile, • Reported volume for lower GI endoscopy in Section 3A, and • Is in the bottom quartile of performance*
Does Not Apply	The ASC does not perform adult 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 ASC Profile.
Declined to Respond	The ASC did not submit a Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

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ASC-17: Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures (per 100 procedures)

The ASC-17 quartiles will be based on the distribution of ASC performance among all ASCs with scores published by CMS by June 30, 2023, for this measure. These cut-points will remain in place for the entire 2023 Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures	2023 Survey Results
Minimum	TBD
75th percentile	TBD
Maximum	TBD

Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures (Performance Category)	Meaning that…
Achieved the Standard	The ASC**:** • Provided an accurate CCN and NPI in the ASC Profile, • Reported volume for adult orthopedic procedures in Section 3A and/or Section 3B, and • Is in the top quartile of performance (where lower scores are better)*
Considerable Achievement	The ASC: • Provided an accurate CCN and NPI in the ASC Profile, • Reported volume for adult orthopedic procedures in Section 3A and/or Section 3B, and • Has a score published by CMS, but is not in the top quartile of performance*
Does Not Apply	The ASC does not perform adult orthopedic 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 ASC Profile.
Declined to Respond	The ASC did not submit a Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

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ASC-18: Hospital Visits After Urology Ambulatory Surgical Center Procedures (per 100 procedures)

The ASC-18 quartiles will be based on the distribution of ASC performance among all ASCs with scores published by CMS by June 30, 2023, for this measure. These cut-points will remain in place for the entire 2023 Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

Hospital Visits After Urology Ambulatory Surgical Center Procedures	2023 Survey Results
Minimum	TBD
75th percentile	TBD
Maximum	TBD

Hospital Visits After Urology Ambulatory Surgical Center Procedures (Performance Category)	Meaning that…
Achieved the Standard	The ASC: • Provided an accurate CCN and NPI in the ASC Profile, • Reported volume for adult urology procedures in Section 3A, and • Is in the top quartile of performance (where lower scores are better)*
Considerable Achievement	The ASC: • Provided an accurate CCN and NPI in the ASC Profile, • Reported volume for adult urology procedures in Section 3A, and • Has a score published by CMS, but is not in the top quartile of performance*
Does Not Apply	The ASC does not perform adult urology 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 ASC Profile.
Declined to Respond	The ASC did not submit a Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

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Informed Consent

Facilities are scored on whether they meet the requirements for their informed consent policies and training, the content of their informed consent forms, and their processes for gaining informed consent.

Informed Consent Score (Performance Category)	**Meaning that…**

Achieved the Standard	• The facility responded "yes, **all** forms are written at a 6th grade reading level or lower" to question #4 **and**
	• The facility responded "yes" to the remaining **five** questions in
	  ○ Policies and Training (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).

Considerable Achievement	• The facility responded "yes, **all** forms are written at a 6th grade reading level or lower" **and**
	• The facility responded "yes" to at least **four** additional questions in
	  ○ Policies and Training (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).
	OR
	• The facility responded that "at least **one** form is written at a 6th grade reading level or lower" **and**
	• The facility responded "yes" to the **five** remaining questions in
	  ○ Policies and Training (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).

Some Achievement	• The facility responded "yes, **all** forms are written at a 6th grade reading level or lower" **OR** "at least **one** form is written at a 6th grade reading level or lower" **and**
	• The facility responded "yes" to at least **three** additional questions in
	  ○ Policies and Training (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).
	OR
	• The facility responded "**no** forms are written at a 6th grade reading level or lower" **and**
	• The facility responded "yes" to **at least four** questions in
	  ○ Policies and Training (question #1),
	  ○ Content of Informed Consent Forms (questions #2-4), and
	  ○ Process for Gaining Informed Consent (questions #5-6).

Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Respond	The ASC did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

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Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures

Facilities are scored based 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…**
Achieved the Standard	• The facility uses a safe surgery checklist on **all** patients undergoing an applicable procedure. • The facility's checklist includes **all** 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). • The facility completed an audit of at least 30 patients and documented adherence to the checklist. • The facility has documented adherence to the checklist for **at least 90%** of the patients included in the audit.
Considerable Achievement	• The facility uses a safe surgery checklist on **all** patients undergoing an applicable procedure. • The facility's checklist includes **all** 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). • The facility completed an audit of at least 30 patients and documented adherence to the checklist. • The facility has documented adherence to the checklist for **at least 75%** of the patients included in the audit.
Some Achievement	• The facility uses a safe surgery checklist on **all** patients undergoing an applicable procedure. • The facility's checklist includes **all** 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). • The facility completed an audit of at least 30 patients and documented adherence to the checklist. • The facility has documented adherence to the checklist for **at least 50%** of the patients included in the audit.
Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

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Section 4: Patient Safety Practices Scoring Algorithms

Medication and Allergy Documentation

Facilities are 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…**
Achieved the Standard	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.
Considerable Achievement	The facility met the 90% target for documenting **two of the three** components.
Some Achievement	The facility met the 90% target for documenting **one of the three** components.
Limited Achievement	The facility **did not meet** the 90% target for documenting any of the three components or the facility did not measure.
Unable to Calculate	The facility did not meet the minimum reporting requirements for clinical record documentation (n < 30).
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

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 ASC Profile, and 3) submit a 2023 Leapfrog ASC Survey.

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

- 2022 Outpatient Procedure Component - Annual Facility Survey (available January 1, 2023)*
- 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 2022 OPC Annual Facility Survey, 2) had a Monthly Reporting Plan and Summary Data in place for the four Same Day Outcome Measures, and 3) had a Monthly Reporting Plan in place for all applicable Surgical Site Infection Measures, as follows:

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

NHSN Outpatient Procedure Component Module Score (Performance Category)	**Meaning that…**
Achieved the Standard	Facility is enrolled in the NHSN OPC Module, completed the 2022 OPC Annual Facility Survey, and completed **<u>both</u>** of the following: • Has a Monthly Reporting Plan and Summary Data in place for each month of the reporting period (six months) for all four Same Day Outcome Measures, **and** • Has a Monthly Reporting Plan in place for each month of the reporting period (six months) for all applicable Surgical Site Infection Measures
Considerable Achievement	Facility is enrolled in the NHSN OPC Module, completed 2022 OPC Annual Facility Survey, and completed **<u>one</u>** of the following: • Has a Monthly Reporting Plan and Summary Data in place for each month of the reporting period (six months) for all four Same Day Outcome Measures, **or** • Has a Monthly Reporting Plan in place for each month of the reporting period (six months) for all applicable Surgical Site Infection Measures
Some Achievement	Facility is enrolled in the NHSN OPC Module, completed the 2022 OPC Annual Facility Survey, and completed **both** of the following: • Has a Monthly Reporting Plan and Summary Data in place for <6 months for all four Same Day Outcome Measures, **and** • Has a Monthly Reporting Plan in place for <6 months for all applicable Surgical Site Infection Measures
Limited Achievement	Facility has not enrolled in the NHSN OPC Module, has not completed the 2022 OPC Annual Facility Survey, has not had a Monthly Reporting Plan and Summary Data in place for all four Same Day Outcome Measures, has not had a Monthly Reporting plan in place for applicable Surgical Site Infection Measures, has not provided a valid NHSN ID in the ASC Profile, or has not joined Leapfrog's NHSN Group.
Declined to Respond	Facility did not submit a Leapfrog ASC Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

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For facilities that <u>do not</u> 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…**
Achieved the Standard	Facility is enrolled in the NHSN OPC Module, completed the 2022 OPC Annual Facility Survey, and completed the following: • Has a Monthly Reporting Plan and Summary Data in place for each month of the reporting period (six months) for all four Same Day Outcome Measures
Some Achievement	Facility enrolled in NHSN OPC Module, completed the 2022 OPC Annual Facility Survey, and completed the following: • Has a Monthly Reporting Plan and Summary Data in place for <6 months for all four Same Day Outcome Measures
Limited Achievement	Facility has not enrolled in the NHSN OPC Module, has not completed the 2022 OPC Annual Facility Survey, has not had a Monthly Reporting Plan and Summary Data in place for all four Same Day Outcome Measures, has not provided a valid NHSN ID in the ASC Profile, or has not joined Leapfrog's NHSN Group.
Declined to Respond	Facility did not submit a Leapfrog ASC Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

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Hand Hygiene

Facilities are 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

Hand Hygiene (Performance Category)	**Meaning that…**

Achieved the Standard	The facility responded "yes" to **all** applicable questions in the Monitoring and Feedback Domains and meets the **monthly** sample size of **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (measure specifications, Section 4 of the 2023 Leapfrog ASC Survey), **each month** for monitoring hand hygiene opportunities:
	
	• **Monitoring Domain**:
	  ○ Question #8:
	  Facility collects hand hygiene compliance data on at least **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (measure specifications, Section 4 of the ASC Survey), **each month**
	  ○ 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
	  ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8):
	  ▪ *Electronic Compliance Monitoring*: questions #12-13
	  ▪ *Direct Observation:* questions #14-15
	• **Feedback Domain:** questions #16-19
	
	AND
	
	The facility responded "yes" to **all** questions in any **two** of the following domains:
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #20-21

Achieved the Standard (Alternative)	Facilities that collect hand hygiene compliance data on a sample size of **100** hand hygiene opportunities per **month**, or at least the number of hand hygiene opportunities outlined in Table 2 (measure specifications, Section 4 of the 2023 Leapfrog ASC Survey), can Achieve the Standard if they meet the following:
	
	• **Monitoring Domain**:
	  ○ Question #9:
	  Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand

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Hand Hygiene (Performance Category)	**Meaning that…**
	hygiene opportunities outlined in Table 2 (measure specifications, Section 4 of the ASC Survey), **each <u>month</u>** ○ 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 ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #9): ▪ *Electronic Compliance Monitoring*: questions #12-13 ▪ *Direct Observation:* questions #14-15 ***<u>AND</u>*** The facility responded "yes" to **<u>all</u>** questions in the other four domains: • **Feedback Domain:** questions #16-19 • **Training and Education Domain:** questions #1-3 • **Infrastructure Domain:** questions #4-7 • **Culture Domain:** questions #20-21
Considerable Achievement	The facility responded "yes" to **<u>all</u>** applicable questions in the Monitoring and Feedback Domains and meets the **monthly or quarterly** sample size of **100** for monitoring hand hygiene opportunities: • **Monitoring Domain**: ○ Question #9 or #10: ▪ Facility collects hand hygiene compliance data on at least **<u>100</u>** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (measure specifications, Section 4 of the ASC Survey), each **<u>month</u>** ▪ Facility collects hand hygiene compliance data on at least **<u>100</u>** hand hygiene opportunities **each <u>quarter</u>** ○ 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 ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #10): ▪ *Electronic Compliance Monitoring*: questions #12-13 ▪ *Direct Observation:* questions #14-15 • **Feedback Domain:** questions #16-19 ***<u>AND</u>*** The facility responded "yes" to **<u>all</u>** questions in any **two** of the following domains: • **Training and Education Domain:** questions #1-3 • **Infrastructure Domain:** questions #4-7 • **Culture Domain:** questions #20-21

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Hand Hygiene (Performance Category)	**Meaning that…**

Some Achievement	The facility responded "yes" to **all** applicable questions in any **two** of the following domains:
	
	• **Monitoring Domain:**
	  ○ Question #8, #9, or #10:
	  ▪ Facility collects hand hygiene compliance data on at least **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (measure specifications, Section 4 of the ASC Survey), **each month**
	  ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (measure specifications, Section 4 of the ASC Survey), each **month**
	  ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities **each quarter**
	  ○ 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
	  ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8, #9, or #10):
	  ▪ *Electronic Compliance Monitoring*: questions #12-13
	  ▪ *Direct Observation:* questions #14-15
	• **Feedback Domain:** questions #16-19
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #20-21

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Hand Hygiene (Performance Category)	**Meaning that…**

Limited Achievement	The facility responded "yes" to **all** applicable questions in any **one** of the following domains:
	
	• **Monitoring Domain:**
	  ○ Question #8, #9, or #10:
	  ▪ Facility collects hand hygiene compliance data on at least **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (measure specifications, Section 4 of the ASC Survey), **each month**
	  ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on Table 2 (measure specifications, Section 4 of the ASC Survey), each **month**
	  ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities **each quarter**
	  ○ 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
	  ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8, #9, or #10):
	  ▪ *Electronic Compliance Monitoring*: questions #12-13
	  ▪ *Direct Observation:* questions #14-15
	• **Feedback Domain:** questions #16-19
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #20-21
	
	OR
	
	The facility met **zero** domains.

Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

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NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems

Facilities are 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**
Achieved the Standard	100% of Points
Considerable Achievement	80% to 99% of Points
Some Achievement	50% to 79% of Points
Limited Achievement	0% to 49% of Points
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

Scoring details are described below.

1. **Maximum Points:** NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems has a maximum number of points of 120.

2. **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.

3. **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.

4. **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 2023 Survey Cycle.

5. **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.

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NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention

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

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

Scoring details are described below.

1. **Maximum Points:** NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention has a maximum number of points of 120.

2. **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.

3. **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.

4. **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 2023 Survey Cycle.

5. **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.

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NQF Safe Practice #4 – Risks and Hazards

Facilities are scored based on their progress in implementing elements of the National Quality Forum (NQF) Safe Practice #4 – Risks and Hazards.

NQF Safe Practice #4 Score (Performance Category)	**Overall Points Earned**
Achieved the Standard	100% of Points
Considerable Achievement	70% to 99% of Points
Some Achievement	30% to 69% of Points
Limited Achievement	0% to 29% of Points
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

Scoring details are described below.

1. **Maximum Points:** NQF Safe Practice #4 – Risks and Hazards has a maximum number of points of 100.

2. **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.

3. **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.

4. **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 2023 Survey Cycle.

5. **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.

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Never Events

Facilities will be scored based on their adoption of the nine principles of The Leapfrog Group's Never Events Policy.

Never Events Score (Performance Category)	**Meaning that…**
Achieved the Standard	The facility has implemented a policy that adheres to **all nine principles** of The Leapfrog Group's Never Events Policy.
Considerable Achievement	The facility has implemented a policy that adheres to all the **original five principles*** of The Leapfrog Group's Never Events Policy, as well as **at least two additional principles**.
Some Achievement	The facility has implemented a policy that adheres to all the **original five principles*** of The Leapfrog Group's Never Events Policy.
Limited Achievement	The facility responded to all questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

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

Nursing Workforce

Percentage of RNs who are BSN-Prepared

Facilities are scored based on the percentage of RNs who are BSN-prepared.

Percentage of RNs who are BSN-prepared Score (Performance Category)	**Percentage of BSN-prepared RNs**
Achieved the Standard	>= 80%
Considerable Achievement	>= 50% and < 80%
Some Achievement	>= 20% and < 50%
Limited Achievement	< 20% or the facility did not measure
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

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Section 5: Patient Experience Scoring Algorithm

Patient Experience (OAS CAHPS)

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

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

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

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

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Results from the 2023 Leapfrog ASC Survey will be available at http://ratings.leapfroggroup.org/ in July 2023.

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

Find more information about the 2023 Leapfrog ASC Survey at: https://www.leapfroggroup.org/asc-survey-materials/asc.

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