

# Leapfrog Ambulatory Surgery Center Survey 2.0 Hard Copy

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- ▶ QUESTIONS & REPORTING PERIODS
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## Overview of the Leapfrog ASC Public Reporting Program

Leapfrog launched a major redesign of the Leapfrog ASC Survey, now known as the ASC Public Reporting Program, to vastly increase safety and quality ratings available to the public. By July we will report on thousands of ASCs.

There are three elements of the new public reporting. First, we will report and score 13 performance measures from CMS. Second, we will report achievement on five additional measures for ASCs that provide us with their accreditation certificate from either of two accrediting bodies. Finally, we will report on the results of a revised and shortened ASC Survey 2.0.

Visitors to our public reporting [website](#) will be able to see and compare ASCs' progress towards achieving these robust, evidence-based patient safety and quality standards; identify ASCs that have earned Leapfrog's prestigious Top ASC Award; and quickly identify those ASCs that have demonstrated full transparency through voluntary reporting.

Leapfrog's ASC Public Reporting Program is the result of a year of intense engagement with our Ambulatory Surgery Center Advisory Committee, outreach to ASC networks and health systems, meetings with leading accrediting organizations including the Accreditation Association for Ambulatory Health Care (AAAHC) and Joint Commission (JC), and close consultation with Leapfrog's community of authoritative experts in performance improvement, including our national expert panels, the research team at Johns Hopkins Armstrong Institute for Patient Safety and Quality and, above all, our constituency of purchasers, employers, and consumer advocates.

Key components to the new program:

- **Make CMS ASCQR Data More Accessible to Consumers and Purchasers** - Leapfrog will score and publicly report thirteen (13) measures from the CMS Ambulatory Surgery Center Quality Reporting (ASCQR) Program on our [public reporting website](#) to ensure that patients and family caregivers have a place to easily search for and compare facilities. ASCs will be scored using benchmarks established in previous years of the Leapfrog ASC Survey and their progress will be publicly reported on a four-level scale ranging from Achieved the Standard (best score) to Limited Achievement (worst score). Visitors to Leapfrog's public reporting [website](#) will be able to select up to three facilities to compare side-by-side.
- **Highlight National Accreditation Standards and Replace Some Reporting Requirements** - ASCs with active accreditation through AAAHC or JC will be scored and publicly reported as Achieved the Standard (best score) for five (5) measures that previously required additional data collection to report performance via the Leapfrog ASC Survey. Visitors to Leapfrog's public reporting [website](#) will be able to see achievement of these important patient safety standards that ASCs have earned through their rigorous accreditation process.
- **Maintain Measures of Utmost Importance to Consumers and Purchasers** – ASCs will continue to be urged to voluntarily submit the **Leapfrog ASC Survey 2.0** via the free and secure ASC Dashboard by Leapfrog's [purchaser and employer members](#), so that Leapfrog can score and publicly report on eight (8) measures not nationally available by any other source. Visitors to our public reporting [website](#) will be able to see and compare ASC's progress towards achieving these robust, evidence-based patient safety and quality standards, identify ASCs that have earned Leapfrog's prestigious Top ASC Award, and quickly identify those ASCs that have demonstrated full transparency through voluntary reporting.

For more information about the Leapfrog ASC Public Reporting Program, visit our website at <https://www.leapfroggroup.org/asc-program/new-asc-public-reporting-program>

# Leapfrog's ASC Public Reporting Program: A Journey of Progressive Transparency to Improve Patient Outcomes



## Submit the Leapfrog ASC Survey 2.0

Finally, ASCs that commit to voluntary reporting on evidence-based measures of critical importance to consumers and purchasers, can demonstrate their commitment to full transparency and earn recognition on Leapfrog's public reporting website and through Leapfrog's Top ASC designation.

## Upload Accreditation Certificate for Public Reporting

Next, ASCs that upload documentation of their AAAHC or Joint Commission accreditation can additionally build trust by having even more patient safety information on Leapfrog's public reporting website.

## CMS Public Reporting

As a starting point, ASCs that participate in the CMS ASCQR program can point to Leapfrog's public reporting website for patients, employers, purchasers, and health plans who have questions about their safety and quality.

## Important Notes about the Leapfrog ASC Survey 2.0

1. The Leapfrog ASC Survey 2.0 is for ambulatory surgery centers (ASCs) and is not applicable to hospital outpatient departments (HOPDs). Only ASCs certified by Medicare and assigned a 10-digit CMS Certification Number (nn-Cnnnnnnn) are eligible to participate in the [Leapfrog ASC Public Reporting Program](#) and submit the Leapfrog ASC Survey 2.0. Surgery centers that operate as an outpatient department of a hospital and share a CMS Certification Number (nn-nnnn) with a hospital should include their data in that hospital's submission of the [2026 Leapfrog Hospital Survey](#). If you have questions about which Survey to submit, please contact the Leapfrog Help Desk.
2. Facilities that experience a cybersecurity event or natural disaster or have an Extraordinary Circumstances Exception approved by the Centers for Medicare and Medicaid Services (CMS) (i.e., CMS Footnote 28) that impacts data availability during one or more Survey reporting periods can complete and submit a request form to participate in the Leapfrog ASC Survey 2.0. If approved, facilities will report on the impacted measures using the data available and exclude data from the month(s) impacted by the cybersecurity event, natural disaster, or CMS Extraordinary Circumstance. Results will still be calculated if minimum reporting requirements are met and will be displayed on Leapfrog's [public reporting website](#) with the following footnote: "Results are based on limited data due to a reported cybersecurity event, natural disaster, or a CMS Extraordinary Circumstance exception." ASCs will still be eligible for Leapfrog Top ASC pending committee review and subject to meeting all criteria.
3. ASCs reporting on Section 3A: Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures are required to join Leapfrog's NHSN Group. More information, including instructions and important deadlines, is available on the [Join NHSN Group webpage](#).
4. Leapfrog ASC Survey Results will be available on the ASC Details Page beginning July 12 and publicly reported on our [public reporting website](#) on July 25. After July, the ASC Details Page and public reporting website will be refreshed monthly within the first seven (7) business days of each month to reflect Surveys submitted or resubmitted between July 1 and November 30 and previously submitted Surveys corrected before January 31. Survey Results are frozen from February to July 25.
5. All questions regarding the Leapfrog ASC Survey 2.0 should be submitted to the Help Desk at <https://leapfroghelpdesk.zendesk.com>. Questions submitted to the Help Desk will receive a response within 1-2 business days (see [Help Desk Holiday Schedule](#) on the Get Help webpage for planned closures).
6. Leapfrog is committed to verifying the accuracy of Leapfrog ASC Survey 2.0 Results. Please review the information on the [Data Accuracy webpage](#).
7. The [Submission Deadline](#) for the Leapfrog ASC Survey 2.0 is **June 30, 2026**, and the Late Submission and Performance Update Deadline is **November 30, 2026**. ASCs that do not submit a Survey before 11:59 pm Eastern Time on **November 30, 2026**, will have to wait until the launch of the 2027 Leapfrog ASC Survey 2.0 on April 1, 2027.

## Overview of the Leapfrog ASC Survey 2.0

The Leapfrog ASC Survey 2.0 is divided into four sections. A description of each section is listed below.

For a more detailed overview of the Leapfrog ASC Public Reporting Program, including a crosswalk of nationally endorsed measures and a description of how measures are publicly reported, visit the [ASC Public Reporting Program Overview webpage](#).

Section Number	Section Title	Brief Description
	<a href="#">Profile</a>	The ASC Profile includes questions about demographic and contact information. The Profile can be accessed and updated anytime throughout the year by logging into the ASC Dashboard. The ASC Profile must be completed and submitted before you can access the Online Survey Tool. In addition, you can upload your facility's proof of accreditation in the Profile.
1	<a href="#">Basic Facility Information</a>	Section 1 includes questions about your facility's operating and procedure rooms, adult and pediatric patient discharges, ownership, use of an electronic health record, and dealing with patient-reported concerns.
2	<a href="#">Patient Rights and Ethics</a>	Section 2 includes questions about your facility's billing ethics, health care equity, informed consent processes, and taking responsibility for never events.
3	<a href="#">Patient Safety Practices</a>	Section 3 includes questions about your facility's infection surveillance following breast surgeries, laminectomies, herniorrhaphies, or knee prosthesis procedures, hand hygiene, and culture of safety.
4	<a href="#">Volume of Procedures</a>	Section 4 includes questions about your facility's volume of adult and pediatric procedures. Section 4A is required for facilities that perform total knee procedures, total hip procedures, or bariatric surgery for weight loss. If your facility does not perform these procedures, you can indicate that and move on. Section 4B is optional, allowing facilities to report the volumes of select adult and pediatric procedures.

**All four sections must be completed and affirmed to submit the Leapfrog ASC Survey 2.0 via the Online ASC Survey Tool.**

The hard copy of the Survey and the Online ASC Survey Tool are organized in the same format for all four sections:

- **General information** about The Leapfrog Group's standard (included in the hard copy only).
- **Reporting periods** to provide facilities with specific periods of time for each set of questions.
- **Survey questions** which may include references to endnotes. The Survey questions and endnotes match the Online ASC Survey Tool exactly.
- **Affirmation of accuracy** by your facility's administrator or by an individual that has been designated by the administrator. These statements affirm the accuracy of your facility's responses.
- **Reference information** which includes "What's New" and "Change Summaries," important measure specifications, answers to frequently asked questions, and other notes that must be carefully reviewed before providing responses to any of the Survey questions (included in the hard copy only). ASCs must download the CPT Code Excel Workbook on the ASC Dashboard **prior** to completing Section 4 of the Leapfrog ASC Survey 2.0. Please note that facilities that do

not perform the select procedures listed can select “none of the above” and will be reported as “Does Not Apply.”

Any changes made to the measure specifications after April 1 will be reflected in the hard copy of the Survey in the Reference Information sections under the “Change Summary” header (see [Table of Contents](#)). In addition, the updates to the specifications will be highlighted in yellow. If the changes are substantial, we will email the Primary Survey Contact your facility indicated in the ASC Profile. If the notification is sent before your facility submits the Leapfrog ASC Survey 2.0, the email will go to the Primary Survey Contact provided in the previous year’s Survey (if available).

The Leapfrog Group and its participating members are committed to presenting information that is as current as possible and therefore we allow facilities to update and resubmit their Survey until the **November 30** Late Submission and Performance Update Deadline. Please carefully review the reporting periods in each section before updating your Survey. Leapfrog ASC Survey 2.0 Results are updated monthly beginning in July on Leapfrog’s [public reporting website](#). Facilities are required to update the information in their Survey within 30 days of any change in status. We reserve the right to decertify information that is not current. More information on updating your Survey is available on the [Updating Your ASC Survey webpage](#).

Download a copy of the Leapfrog ASC Public Reporting Program Scoring Algorithms, which includes the scoring algorithms for the Leapfrog ASC Survey 2.0, on the [Scoring and Public Reporting webpage](#).

## Pre-Submission Checklist

Before you complete and submit the Survey via the Online ASC Survey Tool, there are several steps you should complete:

- Visit the Leapfrog ASC Survey 2.0 website pages** at <http://www.leapfroggroup.org/asc>.
- Make sure you have a 16-digit security code.** If you don't, download a [Security Code Request](#) form.
- Download a hard copy of the Survey** (PDF or Word document) on the [ASC Survey 2.0 webpage](#). Read through the [entire Survey document](#) to ensure that you understand what information is required.
- Review the reference information** in each section of the Survey document and **download [other supporting materials](#)**. These documents and tools contain information that you will need to accurately respond to the Survey questions.
- Accept the American Medical Association's Terms of Use and Download the CPT Code Workbook.** While volume reporting in Section 4B is optional, ASCs must report on Section 4A: National Volume Standards for Total Hip Replacements, Total Knee Replacements, and Bariatric Surgery for Weight Loss, if applicable. Prior to completing Section 4, ASCs must accept the American Medical Association's Terms of Use and download the CPT Code Workbook via the button in Section 4 of the Online Survey Tool. Please note, if you are part of a network, each ASC will need to individually complete the Terms of Use. This is a requirement of the American Medical Association.
- Join Leapfrog's NHSN Group.** ASCs reporting on Section 3A: Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures are required to join Leapfrog's NHSN Group (The Leapfrog Group – ASCs Group ID: 57193) in order for Leapfrog to download the data used in scoring. Download the instructions and review information about deadlines on the [Join NHSN Group webpage](#).
- Identify individuals from your ASC to help you** gather the data you will need to complete the various sections of the Survey.
- Complete a hard copy of the Survey before you enter responses into the Online ASC Survey Tool.** This will expedite data entry into the Online ASC Survey Tool and help to avoid the Tool "timing out" after 20 minutes of idle time (a security precaution). Once all the information has been collected and recorded in the hard copy of the Survey, the Administrator or the Administrator's designee can typically complete the data entry online in less than an hour. Please note, responses must be entered into the Online Survey Tool to be submitted.
- Download and review a copy of the ASC Dashboard Guide** on the [Get Started webpage](#). This document includes important instructions on how to navigate the ASC Dashboard and Online ASC Survey Tool, including instructions on how to upload your accreditation certification, verify your ASC has successfully submitted the Survey, and update contact information for your facility.
- Check Submission deadlines.** Carefully review submission [deadlines](#) before you begin. Ensure that you have enough time to collect the data, complete a hard copy of the Survey, and complete and

submit via the Online ASC Survey Tool. Make sure you have joined Leapfrog's NHSN Group by the appropriate [deadline](#).

- Download and review the Leapfrog ASC Public Reporting Program [Scoring Algorithms](#)**, which include the scoring algorithms that apply to measures in the Leapfrog ASC Survey 2.0.
- Review Leapfrog's policies and procedures regarding data accuracy.** Detailed information can be found on the [Data Accuracy webpage](#).
- Review Accreditation Standards and upload accreditation certificate on ASC Dashboard.** ASCs are required to respond to the accreditation questions in the ASC Profile. ASCs that select "Yes" and upload proof of their AAAHC or JC accreditation will be reported as "Achieved the Standard" for the five measures. ASCs that select "No" or "Other" or do not upload proof of accreditation from one of these two organizations will be reported as "Not Available" for the five measures.

**The Leapfrog ASC Survey 2.0 Binder** can be used to organize the documentation used to complete the Survey. Download a copy of the binder on the [ASC Survey 2.0 webpage](#).

## Instructions for Submitting the Leapfrog ASC Survey 2.0

### Important Notes:

Note 1: Please carefully review these instructions and the [ASC Dashboard Guide](#) before you begin.

Note 2: Each section of the Survey must be completed before it can be affirmed in the Online ASC Survey Tool. Only sections that are affirmed can be submitted. Facilities are responsible for ensuring that each submitted section is accurate.

- 1) Log into the [ASC Dashboard](#) using your 16-digit security code.
- 2) The first time you log into the Leapfrog ASC Survey 2.0, you will need to complete and save your facility's Profile. The ASC Profile includes demographic and contact information. The ASC Profile should be updated throughout the year if any information changes. **Failure to maintain current contact information could result in important, time-sensitive information being sent to the wrong person.** Additionally, facilities uploading proof of their AAAHC or Joint Commission accreditation certification will be able to do so in the ASC Profile. More information, including instructions, is available [here](#).

Please note that ASCs are required to respond to the accreditation questions in the ASC Profile. ASCs that select "Yes" and upload proof of their AAAHC or JC accreditation will be reported as "Achieved the Standard" for the five measures. ASCs that select "No" or "Other" or do not upload proof of accreditation from one of these two organizations will be reported as "Not Available" for the five measures.

- 3) Once the ASC Profile has been completed and saved, you will be taken to the ASC Dashboard.
- 4) You can navigate to sections of the Online ASC Survey Tool using the links on the ASC Dashboard. More information about navigating within the Online ASC Survey Tool is available in the [ASC Dashboard Guide](#).
- 5) Enter responses to each section. The Online ASC Survey Tool will automatically save your responses as you enter them. There is no 'save' button.
- 6) Once you have completed each section of the Online ASC Survey Tool, you will need to return to the ASC Dashboard to affirm each section of the Survey.
- 7) Before you can select the "*submit affirmed sections*" button on the ASC Dashboard, you will need to "*check for data review warnings*." When you select the "*check for data review warnings*" button, the sections of your Survey that have been affirmed will be scanned for potential reporting errors. If any errors are identified, a data review warning message will be generated and will appear on the ASC Dashboard.
- 8) If any [data review warnings](#) are generated, you will still be able to submit your Survey. However, you will need to address the potential reporting errors identified during the scan or risk having related sections of your Survey decertified. Please note that additional data review warnings may be sent via email.
- 9) Once you have checked for data review warnings, you can select the "*submit affirmed sections*" button. Remember that all four sections of the Survey must be completed and affirmed before you can submit the Survey.
- 10) To verify your Survey was successfully submitted:
  - a. Check the ASC Dashboard and verify all sections are marked as "Submitted."
  - b. Ensure you receive the Survey submission confirmation e-mail (typically sent within five minutes of submission).

- 11) Use the “*Print Last Submitted Survey*” button on the ASC Dashboard to print a copy of your submitted Survey and review it for accuracy and completeness.
- 12) Review the Leapfrog ASC Public Reporting Program [Scoring Algorithms](#) to see how your Survey responses will be scored and publicly reported by Leapfrog.
- 13) Review your Survey Results on the [ASC Details Page](#) or [public reporting website](#). Facilities that submit by June 30 can preview their Survey Results on the ASC Details Page beginning July 12 before Leapfrog [publicly reports](#) Survey Results beginning on July 25. After July, the ASC Details Page and public reporting website will be refreshed monthly within the first seven (7) business days of each month following your (re)submission.
- 14) Leapfrog is committed to ensuring the accuracy of Leapfrog ASC Survey 2.0 responses. Please review our data accuracy protocols on the [Data Accuracy webpage](#).
- 15) Responses can be [updated or corrected](#), and the Survey can be resubmitted at any point during the Survey Cycle (April 1 – November 30). Please remember that if you are making updates, all updated sections must be re-affirmed.

## Deadlines

### ***Deadlines for the Leapfrog ASC Survey 2.0***

The Leapfrog ASC Survey 2.0 opens on April 1 and has a Submission Deadline of **June 30, 2026**. The Late Submission and Performance Update Deadline is **November 30, 2026**. Surveys must be submitted before 11:59 pm Eastern Time on **November 30**.

Corrections to Surveys submitted by **November 30** must be submitted by the **January 31, 2027** Corrections Deadline. The Online ASC Survey Tool will not be available after **January 31, 2027**.

Find detailed information about the Leapfrog ASC Survey 2.0 Deadlines on the [Deadlines webpage](#).

### ***Deadline for Leapfrog's Top ASC Designation***

ASCs that would like to be eligible for Leapfrog's Top ASC designation must upload their accreditation certificate and submit a Leapfrog ASC Survey 2.0 by August 31, 2026. More information about the designation is available on the [Top ASC webpage](#).

### ***Deadline to Receive Free ASC Benchmarking Report***

ASCs that submit a Leapfrog ASC Survey 2.0 by August 31, 2026, will receive a free ASC Benchmarking Report. This report is an opportunity to compare your ASC's performance on Leapfrog's nationally standardized measures of safety and quality to that of other ASCs, as well as HOPDs.

The report includes a summary of overall performance, as well as detailed information on each of the measures included in the Leapfrog ASC Survey 2.0, and an appendix that includes surgical volume benchmarks. Scores and benchmarking information included in the report are not publicly reported by Leapfrog, but ASCs may choose to share this report internally with staff and leadership. More information is available here: <https://www.leapfroggroup.org/asc-program/benchmarking>.

## Technical Assistance and Support

### **Help Desk**

Connect with Leapfrog's in-house subject matter experts via our dedicated Help Desk to get timely support for:

- Survey content and scoring questions,
- Data verification messages and requests for documentation, and
- Technical issues related to the ASC Dashboard or the Hospital and Surgery Center Ratings [website](#).

You can also schedule a 1:1 ASC Survey Orientation and submit feedback on any of Leapfrog's ratings programs, including [Top ASCs](#).

To quickly get you to the right in-house expert for the right level of support, submit your inquiry in writing through the Zendesk ticketing portal at <https://leapfroghelpdesk.zendesk.com>. You'll receive a reply within 1-2 business days, if not sooner. More information on submitting and managing Help Desk tickets can be found in the [Help Desk Guide](#).

The Help Desk is staffed Monday through Friday from 9:00 a.m. to 5:00 p.m. ET, except on federal holidays. Please review the Help Desk Holiday [Schedule](#) for closures and allow ample time for staff to respond to time sensitive requests before any program deadlines.

You can manage your open tickets through email and/or create an account with Zendesk to manage open and archived tickets.

To ensure that you receive our emails, please work with your IT department to add the following to your safe sender list:

- @leapfrog-group.org
- @leapfroghelpdesk.zendesk.com
- @em8434.leapfrog-group.org
- IP address: 159.183.167.150

### **Orientation and Technical Assistance Calls**

Leapfrog offers 1:1 Orientation/Technical Assistance Calls for ASCs throughout the Survey Cycle (April 1 – November 30). To request an orientation or technical assistance call, contact the [Leapfrog Help Desk](#).

## Reporting Periods

**Important Note:** Reporting periods should be selected based on the date of Survey or section submission. If no reporting period is listed, you should respond to the questions in that section based on the current structure or process your facility has in place at the time of the Survey submission.

	<b>Survey Submitted Prior to September 1</b>	<b>Survey (Re-)Submitted on or After September 1</b>
<b>Survey Section</b>	<b>Reporting Period</b>	<b>Reporting Period</b>
<b>1</b> Basic Facility Information	12 months ending 12/31/2025	12 months ending 06/30/2026
<b>2A</b> Billing Ethics	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
<b>2B</b> Health Care Equity	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
<b>2C</b> Informed Consent	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
<b>2D</b> Taking Responsibility for Never Events	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
<b>3A</b> Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures *	June and August Data Downloads: 01/01/2025 – 12/31/2025	October and December Data Downloads: 07/01/2025 – 06/30/2026
<b>3B</b> Hand Hygiene	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
<b>3C</b> Culture of Safety	Latest 12 or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)	Latest 12 or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)
<b>4A</b> National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss	Volume: 12 months or 24-month annual average ending 12/31/2025	Volume: 12 months or 24-month annual average ending 06/30/2026
<b>4B</b> Facility Volume for Select Procedures (Optional)	12 months ending 12/31/2025	

\*Facilities reporting on Section 3A: Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures are required to join Leapfrog's NHSN Group for ASCs. More information, including important deadlines, is available on the [Join NHSN Group webpage](#). Leapfrog will download data four (4) times per Survey Cycle for all current members of our NHSN Group for ASCs that have provided an accurate NHSN ID in the Profile and submitted a Leapfrog ASC Survey 2.0.

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## ASC PROFILE

Facilities must complete and submit an ASC Profile via the Online Survey Tool before accessing the ASC Dashboard for the first time. The Profile is available year-round and should be updated as needed.

The ASC Profile includes questions about demographic and contact information. The Profile can be accessed and updated anytime throughout the year by logging into the [ASC Dashboard](#) with your facility's security code. You can also upload your facility's accreditation documentation in the Profile.

The ASC Profile must be completed and submitted before you can access the Online Survey Tool.

## ASC Profile

### Important Notes:

Note 1: Leapfrog uses an administration system that links contacts shared by facilities (i.e., Administrators, Survey Contacts, etc.). Only one phone number and email address will be maintained for each contact, meaning that if this shared contact’s information is updated in one facility’s Profile, it will be updated for all facilities associated with the contact.

Note 2: Following Leapfrog’s [Extensive Monthly Data Verification](#), the Primary Survey Contact, Secondary Survey Contact and Affiliation or Management Company Survey Contact will receive an email from the Help Desk detailing potential reporting errors.

### Facility Information

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

### Demographic Information

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

(so consumers can learn more about your facility's efforts in the area of patient safety and quality improvement)

**Contact Information**

<b>Administrator</b>	<b>Chairperson of the Board</b>
<b>Prefix</b> (e.g., Mr., Ms., Mrs., Dr., etc.)	<b>First Name</b>
<b>First Name</b>	<b>Last Name</b>
<b>Last Name</b>	
<b>Title</b> (e.g., Administrator, Director, etc.)	
<b>E-mail Address</b> (required for emailing of security codes and Top ASC notification)	

<b>Primary Survey Contact</b>	<b>Secondary Survey Contact</b>
<b>First Name</b>	<b>First Name</b>
<b>Last Name</b>	<b>Last Name</b>
<b>Title</b>	<b>Title</b>
<b>Phone Number</b>	<b>Phone Number</b>
<b>Phone Number Extension</b>	<b>Phone Number Extension</b>
<b>E-mail Address</b>	<b>E-mail Address</b>

<b>Public Relations Contact</b> (required so that Leapfrog may provide information on Leapfrog accolades, such as Top ASC notification, and announcements)
<b>First Name</b>
<b>Last Name</b>
<b>Phone Number</b>
<b>Phone Number Extension</b>
<b>E-mail Address</b>

**Affiliation/Management Company Information**

<p><b>Name of <a href="#">Affiliation/Management Company</a></b><sup>6</sup>                  If the name displayed in the ASC Profile is not correct, contact the Leapfrog <a href="#">Help Desk</a> immediately.</p>
<p><b>Affiliation/Management Company Contact First Name</b>                  If your facility does not have an Affiliation/Management Company Contact, input your Primary or Secondary Survey Contact information.</p>
<p><b>Affiliation/Management Company Contact Last Name</b></p>
<p><b>Affiliation/Management Company Contact E-mail Address</b></p>

<p><b>Affiliation/Management Company Public Relations Contact</b>                  (required so that Leapfrog may provide information on Leapfrog accolades, such as Top ASC notification, and announcements)</p>
<p><b>Affiliation/Management Company Public Relations Contact First Name</b></p>
<p><b>Affiliation/Management Company Public Relations Contact Last Name</b></p>
<p><b>Affiliation/Management Company Public Relations Contact Phone Number</b></p>
<p><b>Affiliation/Management Company Public Relations Contact Phone Number Extension</b></p>
<p><b>Affiliation/Management Company Public Relations Contact E-mail Address</b></p>

<p><b>Opt-Out</b>                  Opt-out of having information in the "Contact Information" subsection shared with third parties.</p>	<p><input type="checkbox"/> Opt-out</p>
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**Specialty**

<p>Which types of procedures does your facility currently perform?</p> <p><i>Select all that apply.</i></p> <p><i>Cardiothoracic Surgery, Oral and Maxillofacial Surgery, Pain Management, Podiatry, and</i></p>
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*Vascular Surgery apply to adult patients only. All other surgical specialties apply to adult or adult/pediatric patients.*

*Your selection(s) of procedure categories below will be used in our procedure-based search tool at ratings.leapfroggroup.org.*

- Cardiothoracic Surgery
- Gastroenterology
- General Surgery
- Neurological Surgery
- Obstetrics and Gynecology
- Ophthalmology
- Oral and Maxillofacial Surgery
- Orthopedics
- Otolaryngology
- Pain Management
- Plastic and Reconstructive Surgery
- Podiatry
- Urology
- Vascular Surgery

**Accreditation**

ASCs with active accreditation through the AAAHC or JC can be scored and publicly reported as Achieved the Standard (best score) for the five (5) measures listed below:

- Clinicians Certified in Advanced Life Support Always Present
- Use of a Safe Surgery Checklist
- Medication and Allergy Documentation
- Leadership Structures and Systems to Support Patient Safety
- Identification and Mitigation of Patient Safety Risks

ASCs are required to respond to the questions below and upload proof of AAAHC or JC accreditation.

ASCs that do not upload proof of accreditation from one of these two organizations will be reported as “Not Available” for the five measures.

<p>Which accreditation does your facility currently have?</p> <p><i>If “other,” your facility will be scored and publicly reported as “Not Available” for the five applicable measures.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> The Accreditation Association for Ambulatory Health Care (AAAHC)</li> <li><input type="radio"/> Joint Commission (JC)</li> <li><input type="radio"/> Other</li> </ul>
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<p>Is your facility uploading a copy of your accreditation certificate from The Accreditation Association for Ambulatory Health Care (AAAHC) or Joint Commission (JC) in the ASC Profile?</p> <p><i>Instructions:</i></p> <ol style="list-style-type: none"> <li>1. Select the "Upload File" button in the ASC Profile.</li> <li>2. In the "Upload File" prompt window, click "Choose File" and select your accreditation certificate in the File Explorer.</li> <li>3. After selecting your file, click "Open" in the File Explorer, complete affirmation, then click "Upload."</li> <li>4. After selecting "Upload" confirm that your accreditation certificate has been uploaded successfully by verifying <u>a green banner and check box are shown in the prompt window indicating "File for Facility Name has been uploaded" and your accreditation certificate can be downloaded by clicking the hyperlinked file name.</u></li> <li>5. Close out of the "Upload File" prompt window by clicking the "X" in the top right corner.</li> </ol> <p><i>Note: Files can be replaced by following steps 1-2 to open the "Upload File" prompt window, clicking "Replace" and then following steps 3, 4, and 5 to select and upload a new file.</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**Affirmation of Accuracy**

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to Accreditation Status at our ASC, and I hereby affirm that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this affirmation on behalf of our ASC.

The ASC and I acknowledge that The Leapfrog Group, its members, the public and entities and persons who contract or have other business dealings with The Leapfrog Group are relying on the truth and accuracy of this information. The ASC and I also acknowledge that analyses and ratings The Leapfrog Group derives from this information will be made public on the Survey Results public reporting website and/or other Leapfrog Group published works, products and services. The ASC and I acknowledge that analyses and ratings derived from this information and all intellectual property rights related to those analyses and ratings shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. I hereby affirm that this information does not infringe upon any third-party intellectual property rights or any other third-party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may license analyses and ratings derived from this information to other entities including researchers, not-for-profit entities, and for-profit entities, and the revenue from such licensure will be used solely to support The Leapfrog Group's not-for-profit mission. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract or have other

business dealings with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by \_\_\_\_\_, the ASC's \_\_\_\_\_,  
(First Name, Last Name) (Title)

On \_\_\_\_\_.  
(Date)

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## SECTION 1: BASIC FACILITY INFORMATION

This section includes questions and reference information for Section 1: Basic Facility Information. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

## 1: Basic Facility Information

**Important Note:** This subsection will not be scored but will be used in public reporting (e.g., Leapfrog may display the number of operating and/or procedure rooms on individual ASC Summary Pages).

**Reporting Period: 12 months**

- Surveys submitted prior to September 1:
  - 01/01/2025 – 12/31/2025
- Surveys (re)submitted on or after September 1:
  - 07/01/2025 – 06/30/2026

Note: As a reminder, the [Corrections Period](#) (December 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

1) 12-month reporting period used:	<ul style="list-style-type: none"> <li>○ 01/01/2025 – 12/31/2025</li> <li>○ 07/01/2025 – 06/30/2026</li> </ul>
2) Total number of <a href="#">operating rooms</a> <sup>7</sup> .	_____
3) Total number of <a href="#">endoscopic procedure rooms</a> <sup>8</sup> .	_____
4) Total number of adult patient discharges (18 years of age and older) from your facility during the reporting period.	_____
5) Total number of pediatric patient discharges (17 years of age and younger) from your facility during the reporting period.	_____
6) Which best describes your facility’s ownership status?	<ul style="list-style-type: none"> <li>○ Single Physician Owner</li> <li>○ Multiple Physician Owner</li> <li>○ Management Company</li> <li>○ Hospital Owner</li> <li>○ Physician and Management Company Joint Venture</li> <li>○ Physician and Hospital Joint Venture</li> <li>○ Physician and Management Company and Hospital Joint Venture</li> <li>○ Management Company and Hospital Joint Venture</li> <li>○ Government</li> <li>○ Private Equity</li> <li>○ Other</li> </ul>

<p>7) If your facility is wholly or in part owned by physician(s), does the facility have a written policy to ensure disclosure of potential conflicts of interest?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Not wholly or in part owned by physician(s)</li> </ul>
<p>8) Does your facility use an electronic health record (EHR) for any of the following functions?</p> <p><i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Electronic charting</li> <li><input type="checkbox"/> Billing and payment processing</li> <li><input type="checkbox"/> Scheduling and patient communication</li> <li><input type="checkbox"/> Financial management</li> <li><input type="checkbox"/> Data and analytics</li> <li><input type="checkbox"/> None of the above; facility does not use an EHR</li> </ul>

***Patient-Reported Concerns***

<p>9) Does your facility have a protocol to follow up on patient-reported concerns about their care that includes <b>all</b> the following elements:</p> <ul style="list-style-type: none"> <li>• All patients and family caregivers are <u>notified</u> of at least one method to report concerns with their care,</li> <li>• All patients and family caregivers who report a concern are <u>contacted</u> by a facility representative within 30 days of making the report, and</li> <li>• All concerns reported by patients and family caregivers are <u>logged</u> in an incident reporting system?</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
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## **Section 1: Basic Facility Information Reference Information**

### ***What's New in the 2026 Survey***

Leapfrog is adding a new question regarding the use of an electronic health record (EHR).

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

None. If substantive changes are made to this section of the Survey after release on April 1, 2026, they will be documented in this Change Summary section.

## Section 1: Basic Facility Information Frequently Asked Questions (FAQs)

### 1) What are some examples of a protocol to follow-up on patient-reported concerns? What kinds of concerns are we supposed to be capturing?

Leapfrog's goal is to capture how facilities are encouraging the submission of, and following up on, issues or complaints from patients that are specific to the care they received at your facility. Examples of opportunities to report would include any of the following:

- Notifying patients on arrival at the facility about their right to report concerns as part of their [rights and responsibilities](#);
- A contact person responsible for patient experience who can be contacted by telephone, e-mail and in-person;
- A reporting system available to patients through the patient portal, e.g. a specific function or message in the application that prompts patients to report concerns, including through messaging the provider directly;
- A patient survey administered to patients soliciting concerns with their care; or
- The free text fields of the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

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## SECTION 2: PATIENT RIGHTS AND ETHICS

This section includes questions and reference information for Section 2: Patient Rights and Ethics. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

## Section 2: Patient Rights and Ethics

**Billing Ethics Fact Sheet and Bibliography:** <https://ratings.leapfroggroup.org/measure/asc/2026/billing-ethics>

**Health Care Equity Fact Sheet and Bibliography:**  
<https://ratings.leapfroggroup.org/measure/asc/2026/health-care-equity>

**Informed Consent Fact Sheet and Bibliography:**  
<https://ratings.leapfroggroup.org/measure/asc/2026/informed-consent>

**Taking Responsibility for Never Events Fact Sheet:**  
<https://ratings.leapfroggroup.org/measure/asc/2026/responding-never-events>

Section 2 includes questions about your facility's billing ethics, health care equity, informed consent processes, and taking responsibility for never events.

### Each facility achieving the standard for Billing Ethics:

- 1) Provides EITHER payer-specific negotiated charges, cash prices, or Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures, **and**
- 2) 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**
- 3) Gives patients instructions for contacting a billing representative with access to an interpretation service to communicate in the patient's preferred language and has the authority to do all three required elements in question #4, **and**
- 4) Does NOT take legal action against patients for late or insufficient payment of a medical bill.

### Each facility achieving the standard for Health Care Equity:

- 1) Collects patient self-identified **race, ethnicity and preferred written or spoken language** data, **and**
- 2) Trains staff responsible for collecting self-identified demographic data from patients, **and**
- 3) Uses the patient self-identified demographic data to stratify at least one quality measure, **and**
- 4) EITHER
  - a. If disparities were identified, has an updated or revised policy or procedure to address the disparity or has developed a written action plan, **OR**
  - b. Shares information about efforts to identify and reduce health care disparities on its public website, **OR**
  - c. Reports out and discusses efforts to identify and address health care disparities with the facility's governance and leadership.

### Each facility achieving the standard for Informed Consent:

- 1) Has a training program on informed consent that tailors different training topics to different staff roles and has made the training required for newly hired staff and existing staff who were not trained, **and**
- 2) Ensures that as part of the process for obtaining informed consent, clinicians explain expected difficulties, recovery time, pain management and restrictions after a procedure, and give the patient an opportunity to ask questions, **and**

- 3) Ensures every applicable consent form used by the facility includes the name of the clinician performing the procedure, whether the clinician is expected to be absent, and whether any assistants or trainees will be involved, **and**
- 4) Ensures every applicable consent form is written at a 6<sup>th</sup>-grade reading level or lower, **and**
- 5) Prior to conducting the informed consent discussion, identifies the patient/legal guardian's preferred language and provides a medical interpreter, and has a place in the consent form or electronic medical record that indicates whether an interpreter was used, **and**
- 6) Requires clinicians at the facility to use the “teach back method” with patients/legal guardians.

**Each facility achieving the standard for Taking Responsibility for Never Events:**

Has a policy that includes the nine principles of Leapfrog's Never Events Policy and will implement this policy if a “never event” occurs within their facility.

**Download the Leapfrog ASC Public Reporting Program Scoring Algorithms on the [Scoring and Public Reporting webpage](#).**

## 2A: Billing Ethics

**Important Note:** Hyperlinks throughout this subsection refer to the [Billing Ethics FAQs](#) beginning on page 48 not to endnotes. These hyperlinks are not included in the Online Survey Tool.

**Reporting Period:** Answer questions #1-5 based on the practices currently in place at the time you submit this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (December 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

<b>Price Transparency</b>	
<p>1) What pricing information is displayed on your facility’s website for commonly performed procedures?</p> <p><i>Select all that apply.</i></p> <p><i>Only Military Treatment Facilities should select “Department of Defense medical and dental reimbursement rates.”</i></p> <p><i>If “none of the above,” skip question #2 and continue to question #3.</i></p>	<p><input type="checkbox"/> Payer-specific negotiated charges</p> <p><input type="checkbox"/> Cash prices</p> <p><input type="checkbox"/> Department of Defense medical and dental reimbursement rates</p> <p><input type="checkbox"/> None of the above</p>
<p>2) <a href="#">Webpage</a><sup>5</sup> URL where <a href="#">payer-specific negotiated charges</a>, <a href="#">cash prices</a>, or Department of Defense medical and dental reimbursement rates are displayed for consumers:</p> <p><i>The http:// prefix needs to be included.</i></p> <p><i>Please note that the webpage URL should be a direct link to pricing information on your website and not the facility’s main webpage.</i></p>	<p>_____</p>
<b>Billing Ethics</b>	
<p>3) Within 30 days of the final claims adjudication (or within 30 days from date of service for patients without insurance), does your facility provide every patient with a billing statement and/or master itemized bill for facility services, either by mail or electronically (via email or the patient portal), that includes ALL the following:</p> <ul style="list-style-type: none"> <li>a) Name and address of the facility where billed services occurred;</li> <li>b) Date(s) of service;</li> <li>c) An individual line item for each service or bundle of services performed;</li> <li>d) Description of services billed that accompanies each line item or bundle of services performed;</li> <li>e) Amount of any principal, interest, or fees (e.g., late or processing fees), if applicable;</li> <li>f) Amount of any adjustments to the bill (e.g., health plan payment or discounts), if applicable;</li> <li>g) Amount of any payments already received (from the patient or any other party), if applicable;</li> </ul>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Only upon request</p>

<p>h) Instructions on how to apply for financial assistance, if applicable;</p> <p>i) <a href="#">Instructions in the patient’s preferred language on how to obtain a written translation or oral interpretation of the bill; and</a></p> <p>j) Notification that physician services will be billed separately, if applicable?</p> <p><i>If any one of the elements above is only provided upon request, select “only upon request.” If any one of the elements above is not ever provided, select “no.”</i></p>	
<p>4) Does your facility give patients instructions for contacting a billing representative:</p> <ul style="list-style-type: none"> <li>• Who has access to an interpretation service to communicate in the patient’s preferred language, <b>and</b></li> <li>• Who has the authority to do all the following within 10 business days of being contacted by the patient or patient representative:             <ul style="list-style-type: none"> <li>i. initiate an investigation into errors on the bill,</li> <li>ii. offer a price adjustment or debt forgiveness based on facility policy, and</li> <li>iii. offer a payment plan?</li> </ul> </li> </ul>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>5) Does your facility take <a href="#">legal action</a> against patients for late payment or insufficient payment of a medical bill?</p> <p><i>This question does not include patients with whom your facility has entered into a written agreement specifying a <a href="#">good faith estimate</a> for a medical service.</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No, but required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action</p>

## 2B: Health Care Equity

### Important Notes:

Note 1: Question #5 will not be used in scoring for ASCs that do not identify disparities or if there is inadequate data to determine if disparities exist in question #4. All other questions will be used in scoring and public reporting.

Note 2: Hyperlinks throughout this subsection refer to the [Health Care Equity FAQs](#) beginning on page 49, not to endnotes. These hyperlinks are not included in the Online Survey Tool.

**Reporting Period:** Answer questions #1-7 based on the practices currently in place at the time you submit this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (December 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

<p>1) Which of the following <b>patient self-identified</b> demographic data does your facility collect <a href="#">directly from its patients</a> (or <b>patient’s legal guardian</b>) prior to or while registering a patient for a facility visit?</p> <p><i>Select all that apply.</i></p> <p><i>If “none of the above,” skip the remaining questions in Section 2B and continue to the next subsection. The facility will be scored as “Limited Achievement.”</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Race</li> <li><input type="checkbox"/> Ethnicity</li> <li><input type="checkbox"/> Spoken language preferred for health care (patient or legal guardian)</li> <li><input type="checkbox"/> Written language preferred for health care (patient or legal guardian)</li> <li><input type="checkbox"/> Sexual orientation</li> <li><input type="checkbox"/> Gender identity</li> <li><input type="checkbox"/> <a href="#">Ability status</a></li> <li><input type="checkbox"/> None of the above</li> </ul>
<p>2) Does your facility train staff responsible for collecting the self-identified demographic data either in-person or over the phone from patients (or patient’s legal guardian) in question #1 at both:</p> <ul style="list-style-type: none"> <li>• the time of onboarding, and</li> <li>• annually thereafter?</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>3) Does your facility use the patient self-identified demographic data it collects directly from patients (or patient’s legal guardian) in question #1 to stratify <u>any</u> quality measure(s) with the aim of identifying <a href="#">health care disparities</a>?</p> <p><i>If “no” to question #3, skip questions #4-5 and continue to question #6.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>4) By stratifying the quality measure(s) from question #3, has your facility identified any health care disparities among its patients?</p> <p><i>If “no, disparities were not identified” or “inadequate data available to determine if disparities exist” to question #4, skip question #5 and continue to question #6.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes, disparities were identified</li> <li><input type="radio"/> No, disparities were not identified</li> <li><input type="radio"/> Inadequate data available to determine if disparities exist</li> </ul>

<p>5) In the past 12 months, has your facility used the data and information obtained through question #4 to update or revise its policies or procedures</p> <p>OR</p> <p>In the past 12 months, has your facility developed a written action plan that describes how it will address at least one of the health care disparities identified through question #4?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>6) Does your facility share information on its efforts to identify and reduce health care disparities and the impact of those efforts on its public website based on <i>race, ethnicity, spoken language preferred for health care (patient or legal guardian), written language preferred for health care (patient or legal guardian), sexual orientation, gender identity, or ability status</i>?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>7) Does your facility report out and discuss efforts related to identifying and addressing disparities with the facility's governance and leadership at least annually?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

## 2C: Informed Consent

### Important Notes:

Note 1: New optional fact-finding questions (questions #7-8), will not be scored or publicly reported.

Note 2: In this subsection, questions regarding the informed consent process and consent forms ONLY apply to those procedures where general anesthesia, regional anesthesia or monitored anesthesia care is used. The questions do NOT apply to anesthesia care; they only apply to the consent process and consent forms for applicable procedures.

Note 3: Hyperlinks throughout this subsection refer to the [Informed Consent FAQs](#) beginning on page 51, not to endnotes. These hyperlinks are not included in the Online Survey Tool.

**Reporting Period:** Answer questions #1–8 based on the practices currently in place at the time you submit this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (December 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

### Training on Informed Consent

<p>1) Does your facility train employed staff on informed consent and tailor different training topics to <a href="#">different staff roles</a>, including facility leaders, MD/NP/PA, nurses and other clinical staff, administrative staff and interpreters, and has your facility made the training:</p> <ul style="list-style-type: none"> <li>• a required component of onboarding for the appropriate newly hired staff, and</li> <li>• required for the appropriate existing staff who were not previously trained?</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
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### Content of Informed Consent Forms

<p>2) As part of your facility’s process for obtaining informed consent, does:</p> <ul style="list-style-type: none"> <li>• the clinician explain expected difficulties, recovery time, pain management and restrictions after a procedure that may be experienced by the patient either in the facility or post-discharge, if applicable;</li> <li>• the patient have the opportunity to ask questions; and</li> <li>• the consent form document that these two elements of the process have taken place?</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
<p>3) Do ALL applicable consent forms used by your facility include the name(s) of the clinician(s) performing the procedure?</p>	<input type="radio"/> Yes <input type="radio"/> No
<p>4) Are ALL applicable consent forms used by your facility written at a 6<sup>th</sup>-grade reading level or lower?</p> <p><i>The procedure name and description, and any words accompanied by a plain language definition can be excluded from the <a href="#">reading level assessment</a>.</i></p>	<input type="radio"/> Yes, all applicable forms are written at a 6 <sup>th</sup> -grade reading level or lower <input type="radio"/> No, but at least one form is written at a 6 <sup>th</sup> -grade reading level or lower

	<ul style="list-style-type: none"> <li>○ No forms are written at a 6<sup>th</sup>-grade reading level or lower</li> <li>○ No, all applicable forms are written at a 9<sup>th</sup>-grade reading level or lower</li> </ul>
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**Process for Gaining Informed Consent**

<p>5) Prior to the informed consent discussion, does your facility:</p> <ul style="list-style-type: none"> <li>• ask what the patient/legal guardian’s preferred language for medical decision-making is;</li> <li>• where needed, provide the patient/legal guardian access to a <a href="#">qualified medical interpreter</a>, <b>NOT a family member or caregiver</b>;</li> <li>• use a consent form or notation in the medical record to document whether a qualified medical interpreter was used to conduct the informed consent process; and</li> <li>• have the medical interpreter sign the consent form (either in-person, electronically, or by documenting the use of an interpreter in the medical record)?</li> </ul>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<p>6) As part of the informed consent discussion, do clinicians at your facility use the “teach back method” with patients/legal guardians, where patients/legal guardians are asked to describe in their own words what they understand will be performed, why it will be performed, and what are the primary risks?</p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>

**Additional Questions (Optional – Fact Finding Only)**

<p>7) Where does the informed consent discussion take place for the majority of the procedures performed at your facility?</p> <p><i>Select all that apply.</i></p> <p><i>The informed consent discussion is the conversation between a clinician and the patient/legal guardian, not the signing of the consent form itself.</i></p> <p><i>If “at an office or other location located separately from the facility,” skip question #8 and continue to the next subsection.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> At the facility where the procedure is performed</li> <li><input type="checkbox"/> At an office or other location located separately from the facility</li> </ul>
<p>8) Who is responsible for leading the informed consent discussion for the majority of procedures performed at your facility?</p>	<ul style="list-style-type: none"> <li>○ The attending surgeon</li> <li>○ A physician on the surgical team</li> <li>○ A physician assistant or nurse practitioner on the surgical team</li> <li>○ A registered nurse</li> <li>○ Other (please specify): _____</li> </ul>

## 2D: Taking Responsibility for Never Events

**Important Note:** To earn credit for these questions, facilities must have a policy in place that addresses the National Quality Forum’s list of 25 Serious Reportable Events that are applicable to Ambulatory Practice Settings/Office-based Practices. All references to “never event” or “serious reportable event” are specific to the National Quality Forum list available at

<https://digitalassets.jointcommission.org/api/public/content/4534bbaeee4f4bd280c2054765f37f4b?v=a60f8f9a>.

**Reporting Period:** Answer questions #1-9 based on the principles currently included in your facility’s never events policy at the time you submit this section of the Survey.

Note: As a reminder, the [Corrections Period](#) (December 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

Below are the nine elements which make up The Leapfrog Group’s Policy Statement regarding <a href="#">never events</a> <sup>9</sup> . Indicate which of the following principles are included in your facility’s current never events policy.	
1) We <a href="#">apologize to the patient</a> <sup>10</sup> and/or family affected by the <a href="#">never event</a> <sup>9</sup> .	<input type="radio"/> Yes <input type="radio"/> No
2) We report the event to at least one of the following <a href="#">external agencies</a> <sup>11</sup> within 15 business days of becoming aware that the <a href="#">never event</a> <sup>9</sup> has occurred: <ul style="list-style-type: none"> <li>• State reporting program for medical errors</li> <li>• Patient Safety Organization (as defined in The Patient Safety and Quality Improvement Act of 2005)</li> <li>• Accreditation Organizations (i.e., JC, AAAHC, AAAASF, HFAP, etc.)</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
3) We perform a <a href="#">root cause analysis</a> <sup>12</sup> which at a minimum, includes the elements required by the chosen external reporting agency.  <i>If “no,” skip questions #6-7. The facility will be scored as “Limited Achievement.”</i>	<input type="radio"/> Yes <input type="radio"/> No
4) We waive all costs directly related to the <a href="#">never event</a> <sup>9</sup> .  <i>In order to respond “yes” to this question, all costs directly related to the never event must be waived to both the patient and the payor.</i>	<input type="radio"/> Yes <input type="radio"/> No
5) We make a copy of this policy available to patients, patients’ family members, and payers upon request.	<input type="radio"/> Yes <input type="radio"/> No
6) We interview patients and/or families who are willing and able, to gather evidence for the <a href="#">root cause analysis</a> <sup>12</sup> .	<input type="radio"/> Yes <input type="radio"/> No

<p>7) We inform the patient and/or the patient’s family of the action(s) that our facility will take to prevent future recurrences of similar events based on the findings from the <a href="#">root cause analysis</a><sup>12</sup>.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>8) We have a protocol in place to provide support for caregivers involved in <a href="#">never events</a><sup>9</sup> and make that protocol known to all caregivers and affiliated clinicians.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>9) We perform an annual review to ensure compliance with each element of Leapfrog’s Never Events Policy for each <a href="#">never event</a><sup>9</sup> that occurred.</p> <p><i>If “no” to any questions #1-8, skip this question, and go to the Affirmation of Accuracy.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**Affirmation of Accuracy**

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Patient Rights and Ethics Section at our ASC, and I hereby affirm that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this affirmation on behalf of our ASC.

The ASC and I acknowledge that The Leapfrog Group, its members, the public and entities and persons who contract or have other business dealings with The Leapfrog Group are relying on the truth and accuracy of this information. The ASC and I also acknowledge that analyses and ratings The Leapfrog Group derives from this information will be made public on the Survey Results public reporting website and/or other Leapfrog Group published works, products and services. The ASC and I acknowledge that analyses and ratings derived from this information and all intellectual property rights related to those analyses and ratings shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. I hereby affirm that this information does not infringe upon any third-party intellectual property rights or any other third-party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may license analyses and ratings derived from this information to other entities including researchers, not-for-profit entities, and for-profit entities, and the revenue from such licensure will be used solely to support The Leapfrog Group's not-for-profit mission. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract or have other business dealings with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by \_\_\_\_\_, the ASC's \_\_\_\_\_,  
*(First Name, Last Name)* *(Title)*

On \_\_\_\_\_.  
*(Date)*

## Section 2: Patient Rights and Ethics Reference Information

### **What's New in the 2026 Survey**

#### **Section 2A: Billing Ethics**

Leapfrog is updating the response options in question #5, which asks if facilities take legal action against patients for late or insufficient payments, to include an option for facilities that are required by state law to transfer unpaid medical bills to a state or federal agency, similar to federal law requirements for Military Treatment Facilities. We anticipate that this updated response option will only apply to public ASCs in limited states (e.g., Illinois or New York). Leapfrog will also add a FAQ with further information.

There are no changes to the scoring algorithm for Section 2A: Billing Ethics.

#### **Section 2B: Health Care Equity**

There are no changes to this section.

#### **Section 2C: Informed Consent**

Leapfrog is removing question #2, which asks if facilities solicit feedback from patients/legal guardians about their facility's informed consent process, as the current resources available to health care organizations to collect this feedback are extremely limited. As this question was neither scored nor publicly reported, there are no changes to the scoring algorithm for Section 2C: Informed Consent.

In addition, Leapfrog has removed two elements of question #4, that asks if the facility includes certain information on consent forms, like the name of the physician performing the procedure. We are proposing to remove the elements that ask about (a) disclosure of whether the clinician is expected to be absent from portions of the procedure and (b) whether any assistants or trainees will be involved in the procedure. These considerations are most commonly at issue in the hospital setting, and rare in ASCs.

Leapfrog has added two optional fact-finding questions regarding where the informed consent discussion takes place for majority of the procedures at your facility and who is responsible for leading that discussion.

After additional research and consideration of public comments, Leapfrog is adding a new FAQ with guidance on how ASCs can assess the reading level of their Spanish-language consent forms. The reading level of consent forms in languages other than English is an important consideration for improving the accessibility of the informed consent process to all patients, so Leapfrog created an online calculator (available at: <https://readability.leapfroggroup.org/>) to assist ASCs in evaluating the reading level of their Spanish-language consent forms. In 2026, Leapfrog's standard will continue to focus on consent forms written in the English language, but we expect to extend the standard to Spanish as early as 2027.

Leapfrog has added a new FAQ to describe the standard and the process for verifying the reading level.

In addition, Leapfrog has updated FAQ #24 in Section 2C to add additional information regarding strategies for simplifying consent forms using Large Language Models.

#### **Section 2D: Taking Responsibility for Never Events**

There are no changes to this section.

### **Change Summary Since Release**

None. If substantive changes are made to this section of the Survey after release on April 1, 2026, they will be documented in this Change Summary section.

## Section 2: Patient Rights and Ethics Frequently Asked Questions (FAQs)

### Billing Ethics FAQs

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

The “payer-specific negotiated charge” is the rate that an ASC has negotiated with a third-party payer. Each payer-specific negotiated charge should be clearly associated with the name of the third-party payer if charges differ by payer. Payer-specific negotiated charges are often found in rate sheets. Such rate sheets typically contain a list of common billing codes for items and services provided by the ASC along with the associated payer-specific negotiated charge or rate. This is NOT the “chargemaster” price.

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

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

**3) If our facility has a price calculator on our website that lists prices for a specific procedure after a user inputs some parameters to calculate the cost, what should we select?**

Select either “cash prices,” “payer-specific negotiated charges,” or “both,” depending on what values your online price calculator outputs.

**4) To meet the criteria for item “i” in question #3, does our facility have to translate the billing statement and/or master itemized bill to every language spoken by our patients?**

Facilities must provide instructions, in the patient’s primary language, on how to obtain a written translation or oral interpretation of the bill if the language constitutes 5% (and at least 50 patients) or 1,000 patients (whichever is less) of the population eligible to be served or likely to receive care at the facility.

**5) If our facility does not offer financial assistance, price adjustments, debt forgiveness or payment plans as described in questions #1 and #4, how can we provide information to patients about these in the billing statement or via the billing statement?**

If your facility does not offer financial assistance, price adjustments, debt forgiveness or payment plans, then the elements of questions #1 and #4 that refer to these items do not apply to your facility. For example, if your facility does not offer price adjustments, item (b) in question #4 that refers to price adjustments does not need to be under the authority of your billing representatives to offer.

**6) What does Leapfrog mean by “legal action” in question #5?**

Legal action can include, but is not limited to, a lawsuit, wage garnishment, filing to take a patient’s money out of their tax return, seizing or placing a lien on a patient’s personal property and selling or transferring a patient’s debt to a debt collection agency that will take legal action against the patient. If, through their contract with the facility, the debt collection agency is prevented from taking legal action against patients, selling or transferring a patient’s debt to that debt collection agency would not be considered legal action.

Patients with whom your facility has entered into a written agreement specifying a good faith estimate for a medical service are not included in this question. A patient’s insurance being accepted by the

facility, or publicly available prices for a procedure, do NOT constitute a written agreement specifying a set price for a procedure.

In addition, other legal proceedings where patients may be named as defendants for causes other than late or non-payment of a medical bill are not included in this standard (e.g., filing a lien after an auto accident, or misappropriation of an insurance reimbursement).

**7) What are alternatives to legal action against patients?**

To ensure that patients are not being pursued when they no longer have the means to pay, some health care providers partner with organizations such as Undue Medical Debt, a nonprofit that uses philanthropically raised funds to acquire bad debt from health systems solely for the purpose of debt relief. They use credit analytics to locate patients with financial hardship and help notify the patient that the debt is abolished. Facilities can contact Undue Medical Debt here:

<https://unduemedicaldebt.org/contact/>.

**8) What is a “good faith estimate” as referred to in question #5?**

A good faith estimate includes an itemized list of expected charges for the primary item or service the patient will receive, and any other items or services provided as part of the same scheduled episode of care. The final bill must be no more than \$400 over the amount of the good faith estimate. The Centers for Medicare and Medicaid Services have published an example template for providing good faith estimates: <https://www.cms.gov/files/document/good-faith-estimate-example.pdf>.

**9) How do I know if a state or federal law requires my facility to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, Department of Health, etc.)?**

These requirements generally apply to public or state-owned health care facilities, including ASCs operated by public university or state health systems, in certain states (e.g., Illinois or New York). The obligation is tied to the facility’s public ownership or operation, rather than its status as an ASC.

Private ASCs are generally not required under state or federal law to transfer delinquent patient accounts to a state or federal agency for collection.

## **Health Care Equity FAQs**

**10) Our facility is just starting to explore the collection and use of demographic data. What are some resources or tools we can use to collect demographic data?**

Facilities can refer to [the Toronto Measuring Health Equity website](#) which includes training videos, manuals and presentations on how to collect demographic data from patients, including the modeling of interactions between health care staff and patients. Additionally, CMS also has some free tools available on their website at: <https://www.cms.gov/priorities/health-equity/minority-health/research-data/research-data/tools>.

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

At a minimum, facilities should collect ethnicity and race data from patients. While the Office of Management and Budget (OMB) has revised their standards for maintaining, collecting, and presenting federal data on race and ethnicity, facilities may not have implemented those updates. However, the following minimum categories should be used: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Pacific Islander and White.

**12) To select any of the patient self-identified demographic data in question #1, does a facility need to collect the data in a particular way?**

Facilities should be regularly collecting the information via registration directly from the patient or, for pediatric and other patients who cannot communicate the information themselves, the patient's legal guardian. Patients or their legal guardians should have the opportunity to provide the information either verbally (in-person or over the phone) or via a paper form or online patient portal. Information should NOT be collected through observation or other documents (e.g., state-issued ID).

**13) Does Leapfrog have an example of how to collect patient self-identified “sexual orientation” or “gender identity” in question #1?**

The Centers for Disease Control and Prevention (CDC) has issued helpful guidance for providers and facilities on their website at <https://www.cdc.gov/sti/hcp/clinical-guidance/taking-a-sexual-history.html>. This webpage includes guidance about discussing sexual health, sexual orientation, and gender identity. Additionally, they provide some helpful tips on what questions to ask to collect the data.

Another great resource is The Nuts and Bolts of SOGI Data Implementation: *A Troubleshooting Toolkit* created by The Fenway Institute: [https://fenwayhealth.org/wp-content/uploads/TFI-54\\_SOGI-Data-Collection-Series-of-3-Tip-Sheets-for-pride-month\\_NutsAndBolts.pdf](https://fenwayhealth.org/wp-content/uploads/TFI-54_SOGI-Data-Collection-Series-of-3-Tip-Sheets-for-pride-month_NutsAndBolts.pdf).

**14) What does Leapfrog mean by “ability status”?**

As described by the [CDC](https://www.cdc.gov), a disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). More information is available on the CDC website at [https://www.cdc.gov/disability-and-health/about/?CDC\\_AAref\\_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html](https://www.cdc.gov/disability-and-health/about/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html).

Examples of questions that determine one's ability status can be found here:

- o [https://www.cdc.gov/dhds/datasets/?CDC\\_AAref\\_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html](https://www.cdc.gov/dhds/datasets/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html)
- o <https://torontohealthequity.ca/wp-content/uploads/2018/03/Measuring-Health-Equity-Participant-Manual-2018.pdf>

**15) How does Leapfrog define “health care disparities”?**

Leapfrog defines health care disparities as differences in the quality of health care that are not due to access-related factors or clinical needs, preferences and appropriateness of intervention. More information is available at <https://www.ihl.org/insights/words-matter-making-sense-health-equity-terminology>.

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

Facilities may find that they cannot determine if a health care disparity exists due to small sample sizes (e.g., fewer than 25 patients are able to be measured).

**17) Can we report on network level data in question #4 if we do not have adequate data to determine if disparities exist?**

Yes, individual facilities that do not have enough data to identify disparities among their patients based on the demographic data selected in question #1 can respond “yes” to question #4 if they are aggregating their data for the purposes of analysis with other facilities that are part of their affiliation or management company.

**18) In question #6, is Leapfrog asking whether our facility is publicly reporting the measures we stratify from question #3 on our website?**

No. We are trying to assess the extent to which facilities are sharing any information on their efforts to identify and reduce health care disparities based on the self-identified demographic data collected

directly from the patient or legal guardian present and the impact of those efforts. This may take the form of sharing quantitative or qualitative data. It may also include a description of the types of demographic data collected and the analyses performed, which in some cases demonstrated no apparent health care disparities. Please note that the information on your webpage should be easily accessible.

## **Informed Consent FAQs**

**19) In cases where facilities do not have information about informed consent processes that take place at a clinician’s (e.g., surgeon’s) office and/or informed consent processes are conducted by clinicians that are not employed by the facility, or in other cases where the facility does not have visibility into the informed consent process, how should facilities respond to questions in this section?**

Facilities that do not have input over the consent form or visibility into the informed consent process for procedures performed at a facility, should select “No” for the questions in this section.

If the facility does have input over the consent form and visibility into the informed consent process for procedures performed at the facility, such as through the privileging process to allow clinicians to practice at their facility, but the consent forms and the consent process are being completed at the clinician(s)’s office, the facility can work with those offices to implement the requirements outlined in the questions and, via an annual audit, verify that the forms and process meet the criteria to respond “Yes” to the questions in this section. All documentation should be maintained throughout the Survey Cycle.

**20) Are there any examples of patients for whom the informed consent questions would not apply?**

When responding to the questions in this subsection, you can exclude patients who are unable to communicate and for whom no legal guardian or medical proxy has been identified at least one week prior to the procedure being performed.

**21) Should we consider the term “legal guardian” to be equivalent to the term “legal surrogate decision-marker”?**

Yes. For the purposes of the Leapfrog ASC Survey 2.0, these terms are equivalent.

**22) What roles and staff levels need to be included in the training program on informed consent included in question #1? What types of training can we use?**

As described on page 98 of the [AHRQ’s Making Informed Consent an Informed Choice – Training for Health Care Leaders](#), the appropriate roles for training include all the following: facility leaders, physicians/independent nurse practitioners/independent physician assistants, nurses or other clinical staff, administrative staff in a patient-facing role, and interpreters. The training may be tailored to only include relevant materials based on the staff role. The goal is for each responsible staff person to be trained in their applicable domains. For example:

- For facility leaders, training on the definition and principles of informed consent and specifics on the facility’s informed consent policy is appropriate.
- Clinical staff such as physicians and nurses should also be trained in strategies for clear communication, for presenting choices and for documentation, if they are responsible for directly conducting the informed consent process.
- For administrative staff in a patient-facing role and interpreters, participating in the informed consent process should also be trained in reviewing and completing documentation.

Staff that are not directly employed by the facility (e.g., medical interpreters who are employed by a contractor) do not need to be trained by the facility.

Training does not need to be exclusive to informed consent and can be included as a component or module in other trainings. Examples of trainings include computer-based training, one-on-one precepting, webinars, and staff meeting presentations, as well as other modalities where learning can be assessed after the content is delivered to the trainee.

**23) Should each consent form be customized to include patient- and procedure-specific details to explain expected difficulties and recovery time (question #2)?**

No. Instead, the consent form must document that the conversation between the patient and the clinician took place, and that the patient had the opportunity to ask questions. For example, such language might read: “I confirm that the choices for my treatment were explained to me. I understand the risks I may face and the benefits that may happen. I also know about the issues I might face from having the procedure. I understand how long I will take to recover, how I can manage my pain, and any rules to follow while I am in the surgery center and after I leave. I also understand why the procedure is being done.”

**24) Why has Leapfrog selected a 6th-grade reading level target for consent forms, and what are some strategies we can use to meet this?**

Just over half of U.S. adults have a reading level that permits them to understand and synthesize information from a complex text. According to [a Gallup analysis](#), 54% of Americans between the ages of 16 and 74 read below the equivalent of a sixth-grade level. A [more recent survey by the Organization for Economic Development and Cooperation \(OECD\)](#) indicates that literacy in the U.S. has gradually declined since that Gallup analysis, suggesting a still-greater proportion of the population reads below a sixth-grade level today.

Leapfrog hosted two Town Hall Calls led by AHRQ describing techniques for reducing the written complexity of consent forms. The slides are available on Leapfrog’s [Town Hall Calls webpage](#); please refer to slides 40-47 for more information in the “Informed Consent” slide deck and slides 40-45 in the “Health Literacy” deck. Additional resources include:

- [AHRQ Training Module](#)
- The Patient Education Materials Assessment Tool ([PEMAT](#))
- Clear Communication Index ([CCI](#))
- [CMS Toolkit for Making Written Material Clear and Effective](#)

In addition, recent research suggests that Large Language Models (e.g. ChatGPT) can be leveraged to reduce the reading level of consent forms, while retaining the accuracy and completeness of the medical terminology and descriptions used.

Ramanathan, Rahul & Kelly, Ryan & Shaw, Jeremy & Gopakumar, Adway & Shannon, Michael & Gonzalez, Christopher & Weinberg, Jacob & Bonamer, John & Wawrose, Richard & Spitnale, Michael & Lee, Joon & Weddle, John. (2026). Reducing Complexity in Surgical Consents: The Role of AI in Patient Communication. Medical Research Archives. 13. 10.18103/mra.v13i12.7178.

**25) How should the reading level of the consent form be assessed?**

There are software tools available to assess reading level. For example, consent forms can be edited in Microsoft Word 365, where a readability tool can be used to make this assessment by: (1) on the “File” tab, click the “Options” button; (2) on the “Proofing” tab, under “When correcting spelling and grammar in Word,” select the “Show readability statistics” check box. Exit the window. Then, under

the “Review” tab in your Word document, click the “Editor” button in the far left corner of the ribbon, then click “Insights – Document Stats” on the “Editor” sidebar. Word displays a message box showing you the Flesch-Kincaid readability grade-level: any value less than or equal to 6.9 is considered a sixth-grade reading level. Reading level can also be assessed using online tools, such as those provided at [Readable.com](https://readable.com), provided those tools use either the Flesch-Kincaid or SMOG readability standard to evaluate the readability of written language.

**26) How should the reading level of consent forms be assessed in languages other than English?**

For the Spanish language, Leapfrog considers a score of 55 or above on the INFLESZ Scale to be written at a sixth-grade reading level or below. The INFLESZ Scale, developed and validated in 2008 by Barrio-Cantalejo et al, is the most widely used in academic research on readability of Spanish-language consent forms (Aponte 2025). The INFLESZ scale is calculated as  $206.835 - 62.35 \times (\text{total syllables}/\text{total words}) - (\text{total words}/\text{total sentences})$ . A minimum threshold of 55 and above on the INFLESZ scale is considered to be readable by most patients.

To calculate an INFLESZ score, Leapfrog has provided an online calculator (available at: <https://readability.leapfroggroup.org/>). You may paste in the text of your consent form or upload a Microsoft Word 365 file: the calculator will provide a score, an indication of pass/fail, and details on the calculation.

For languages other than Spanish, Leapfrog has not yet established a scoring methodology.

Barrio-Cantalejo IM, Simón-Lorda P, Melguizo M, Escalona I, Marijuán MI, Hernando P. Validación de la Escala INFLESZ para evaluar la legibilidad de los textos dirigidos a pacientes [Validation of the INFLESZ scale to evaluate readability of texts aimed at the patient]. *An Sist Sanit Navar*. 2008;31(2):135-152. doi:10.4321/s1137-66272008000300004

Aponte J, Tejada K, Figueroa K. Readability Level of Spanish Language Online Health Information: A Systematic Review. *Hisp Health Care Int*. 2025;23(2):107-122. doi:10.1177/15404153241286720

**27) What information on the consent form can be excluded from the reading level assessment?**

The procedure name and description can be excluded from the reading level assessment. In addition, information intended to be read by the provider or administrative staff ONLY, such as instructions for signing and returning the consent form, and information that is written in by an individual provider to give that patient information specific to their condition, can also be excluded. Finally, any words where a sixth-grade reading level definition is included with the term can be excluded from the reading level assessment. For example, in the sentence “anesthesia (putting you to sleep),” only “putting you to sleep” needs to be considered in the reading level assessment.

**28) What is a qualified medical interpreter?**

In the [U.S. Department of Health and Human Services 2023 Language Access Plan](#), a qualified medical interpreter is defined as “A bilingual/multilingual person who has the appropriate training and experience or demonstrated ability to fully understand, analyze, and process and then faithfully render a spoken, written, or signed message in one language into a second language and who abides by a code of professional practice and ethics.” Leapfrog adheres to this definition for the purposes of reporting on the Leapfrog ASC Survey 2.0.

## **Taking Responsibility for Never Events FAQs**

### **29) When reporting never events, what “state reporting program for medical errors” applies in my state?**

Congress has passed legislation requiring all states to develop a reporting program for medical errors. At this time, many states have already enacted or adopted some requirement that facilities report serious medical errors or similar adverse events to a state agency. Others are still implementing legislation or regulations that define that requirement. States that have developed programs may also define reportable events differently.

### **30) What if there is no “state reporting program for medical errors” in my state? Do we still have to report never events to meet Leapfrog principles for this policy? To whom?**

Facilities in states that do not have a state reporting program or requirement in effect can meet the reporting requirement of Leapfrog’s principles for implementation of a Never Events policy by reporting all never events voluntarily to either an accrediting organization or a Patient Safety Organization.

If there is no state-required reporting program in effect, no available Patient Safety Organization to which your facility can report and your facility is not accredited, the Leapfrog requirement for reporting to an external agency is amended. Facilities must report the never event to their governance board. Facilities must still perform a root-cause analysis internally of each never event to meet Leapfrog’s principle for full implementation of its Never Events Policy.

### **31) The reportable adverse events defined by our state’s reporting program don’t include all 25 Never Events endorsed by the National Quality Forum (NQF) and adopted in the Leapfrog policy. Will reporting only the state-required reportable events to the state agency suffice for meeting Leapfrog’s requirement for reporting never events to an external agency? Does our facility have to report other never events, as defined by NQF/Leapfrog, to that state agency even though not required by our state’s reporting program?**

Facilities should report all their state-required reportable events to the state agency. All other never events, as defined by NQF’s list of Serious Reportable Events, which cannot be reported to the state agency, should be reported to another external agency (e.g., accreditor, Patient Safety Organization), if possible. If reporting those events to another external agency is not possible, the final option is to report those events to the facility’s governance board.

### **32) Won’t Leapfrog’s request to have facilities apologize to the patient put the facility at risk for liability?**

Not necessarily. Research indicates that malpractice suits are often the result of a failure on the facility’s part to communicate openly with the patient and apologize for its error. Patients feel the most anger when they perceive that no one is willing to take responsibility for the adverse event that has occurred. A sincere apology from the responsible facility staff can help to heal the breach of trust between doctor/facility and patient (When Things Go Wrong: Responding to Adverse Events. Boston, 2006. Mass Coalition for the Prevention of Medical Errors).

### **33) How does Leapfrog define “waive cost”?**

At its core, Leapfrog’s approach to never events is about improving patient care. While the policy asks facilities to refrain from billing either the patient or a third-party payer, such as a health plan or employer company, for any costs directly related to a serious reportable adverse event, Leapfrog understands that, due to the wide array of circumstances surrounding never events, specific details of what constitutes “waiving cost” should be handled on a case-by-case basis by the parties involved. For an example, please see “Lessons learned from implementing a principled approach to resolution following patient harm” by Smith et al.

### **34) Does Leapfrog recommend any resources for facilities looking to adhere to Leapfrog’s Never Events principles?**

Yes, the Agency for Healthcare Research and Quality (AHRQ) has developed and tested the [Communication and Optimal Resolution \(CANDOR\) Toolkit](#), which outlines a process for facilities and practitioners to respond to unexpected events in a timely, thorough, and just way. The National Patient Safety Foundation (NPSF) has issued a report titled [RCA<sup>2</sup>: Improving Root Cause Analyses and Actions to Prevent Harm](#), which examines best practices and provides guidelines to help standardize and improve Root Cause Analysis. In addition, facilities can download tips and tools for interviewing patients and families for the Root Cause Analysis on the [ASC Survey 2.0 webpage](#).

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## SECTION 3: PATIENT SAFETY PRACTICES

This section includes questions and reference information for Section 3: Patient Safety Practices. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

## Section 3: Patient Safety Practices

### Hand Hygiene Fact Sheet and Bibliography:

<https://ratings.leapfroggroup.org/measure/asc/2026/handwashing>

**NQF Safe Practices Fact Sheet:** <https://ratings.leapfroggroup.org/measure/asc/2026/effective-leadership-prevent-errors>

Section 3 includes questions about your facility's infection surveillance following breast surgeries, laminectomies, herniorrhaphies, or knee prosthesis procedures, hand hygiene, and culture of safety.

### Each facility achieving the Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures standard:

- 1) Has joined Leapfrog's NHSN group
- 2) Has provided a valid NHSN ID in the Profile Section
- 3) Is enrolled in the NHSN OPC Module
- 4) Completed the 2025 OPC Annual Facility Survey
- 5) Has a Monthly Reporting Plan in place for each month of the reporting period (12 months) for all applicable Surgical Site Infection Measures.

### Each facility achieving the Hand Hygiene standard:

Has met all elements for the Monitoring domain, including collecting compliance data on at least 200 hand hygiene opportunities\* each month. Has also met all elements for the Feedback domain, as well as **2 of the 3** remaining domains for hand hygiene:

- Training and Education Domain
- Infrastructure Domain
- Culture Domain

\*or at least the number of hand hygiene opportunities outlined based on [Table 1](#).

OR

Has met all elements for the Monitoring domain, including collecting compliance data on at least 100 hand hygiene opportunities\*\* each month, as well as **all 4** remaining domains for hand hygiene:

- Feedback Domain
- Training and Education Domain
- Infrastructure Domain
- Culture Domain

\*\*or at least the number of hand hygiene opportunities based on [Table 2](#).

### Each facility achieving the Culture of Safety standard:

Has earned 100% of points (adopted all elements) for NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention.

**Download the Leapfrog ASC Public Reporting Program Scoring Algorithms on the [Scoring and Public Reporting webpage](#).**

### 3A: Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures

**Important Note:** For facilities that perform breast surgery, herniorrhaphy, knee prosthesis, and/or laminectomies, reporting to the CDC’s National Healthcare Safety Network (NHSN) – Outpatient Procedure Component (OPC) is a **requirement** to Achieve Leapfrog’s Standard for infection surveillance. Facilities that do not perform any of the four procedures should respond “no, facility does not perform any applicable procedures” to question #1 below. Facilities that perform any of the four procedures, but do not participate in the OPC should respond “no” to question #1 below.

Please be sure you have followed the instructions provided online and have joined Leapfrog’s NHSN group for ASCs by the specified deadlines. In addition to joining Leapfrog’s NHSN group, facilities must provide an accurate NHSN ID in the Profile Section of the ASC Dashboard and submit a Leapfrog ASC Survey 2.0. ASCs that join Leapfrog’s NHSN group, but do not provide an accurate NHSN ID in their Profile or do not submit the Leapfrog ASC Survey 2.0 by June 30 will not have their NHSN data scored and publicly reported on Leapfrog’s [public reporting website](#) when results first become available in July.

Leapfrog downloads data from NHSN for all current ASC group members four times over the Survey cycle and provides step-by-step instructions for facilities to download the same reports that Leapfrog downloads for each of the NHSN data downloads. Refer to the “Deadlines and Reporting Periods” table provided in the [Section 3A Measure Specifications](#), as well as [online](#).

**Specifications:** See [Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures Measure Specifications](#) in the Reference Information beginning on page 70.

**Reporting Period: 12 months**

- June and August Data Downloads: 01/01/2025 – 12/31/2025
- October and December Data Downloads: 07/01/2025 – 06/30/2026

Visit the [Join NHSN Group](#) webpage for important information on deadlines for joining Leapfrog’s NHSN Group.

Note: As a reminder, the [Corrections Period](#) (December 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

Facilities that join Leapfrog’s NHSN Group by the join-by dates, enter a valid NHSN ID in the Profile of the ASC Dashboard, and submit the Leapfrog ASC Survey 2.0 will have their data scored and publicly reported.

<p>1) Has your facility joined Leapfrog’s NHSN Group, completed the OPC annual survey, and entered a valid NHSN ID in the Profile so that a summary of your monthly SSI reporting plans for the following applicable procedures can be downloaded directly from NHSN for scoring and public reporting?</p> <ul style="list-style-type: none"> <li>• Breast Surgery (BRST)</li> <li>• Herniorrhaphy (HER)</li> <li>• Knee Prosthesis (KPRO)</li> <li>• Laminectomy (LAM)</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> No, facility does not perform any applicable procedures</li> </ul>
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<p><i>If “no” to question #1, skip question #2 and continue to the next subsection. The facility will be scored as “Limited Achievement.” If “no, facility does not perform any applicable procedures,” skip question #2 and continue to the next subsection. The facility will be scored as “Does Not Apply.”</i></p>	
<p>2) Select all procedures your facility offered during the full 12-month reporting period:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Breast Surgeries</li> <li><input type="checkbox"/> Herniorrhaphy</li> <li><input type="checkbox"/> Knee Prothesis</li> <li><input type="checkbox"/> Laminectomies</li> </ul>

### 3B: Hand Hygiene

**Important Notes:**

Note 1: Hyperlinks, not followed by a superscript, throughout this subsection refer to the [Patient Safety Practices FAQs](#) beginning on page 77. These hyperlinks are not included in the Online Survey Tool.

Note 2: The framework and questions in this subsection are modeled after the World Health Organization’s [Hand Hygiene Self-Assessment Framework](#).

Note 3: Facility responses should include surgical and treatment areas, which include pre-operative rooms, operating and procedure rooms and post-operative rooms.

**Specifications:** See [Hand Hygiene Measure Specifications](#) in the Reference Information beginning on page 72.

**Reporting Period:** Answer questions #1-18 based on the practices currently in place at the time you submit this section of the Survey.

Note: For monitoring, this means that the monthly sample size (or quarterly sample size if answering question #10) would need to be met at least once the month (or quarter) preceding the time of the submission of the Survey and there must be a process in place to meet the monthly (or quarterly) sample size thereafter every month/quarter.

Note: As a reminder, the [Corrections Period](#) (December 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

**Training and Education**

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

<p>hands with alcohol-based hand sanitizer and soap and water as to ensure they cover all surfaces of hands and fingers, including thumbs and fingernails;</p> <ul style="list-style-type: none"> <li>• The minimum time that should be spent performing hand hygiene with soap and water and alcohol-based hand sanitizer; and</li> <li>• How hand hygiene compliance is monitored?</li> </ul>	
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**Infrastructure**

<p>4) Do <b>all</b> rooms and bed spaces in your surgical and treatment areas have:</p> <ul style="list-style-type: none"> <li>• an alcohol-based hand sanitizer dispenser located at the entrance to the room or bed space, and</li> <li>• alcohol-based hand sanitizer dispenser(s) located inside the room or bed space that are equally accessible to the location of all patients in the room or bed space?</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
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**Monitoring**

<p>5) Does your facility collect 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, <b>each month</b>?</p> <p><i>If “yes” to question #5, skip questions #6-7 and continue to question #8.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes, using an electronic compliance monitoring system throughout the facility</li> <li><input type="radio"/> Yes, using an electronic compliance monitoring system throughout some areas and only direct observation in all other areas</li> <li><input type="radio"/> Yes, using only direct observation throughout the facility</li> <li><input type="radio"/> No</li> </ul>
<p>6) Does your facility collect 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, <b>each month</b>?</p> <p><i>If “yes” to question #6, skip question #7 and continue to question #8.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes, using an electronic compliance monitoring system throughout the facility</li> <li><input type="radio"/> Yes, using an electronic compliance monitoring system throughout some areas and only direct observation in all other areas</li> <li><input type="radio"/> Yes, using only direct observation throughout the facility</li> <li><input type="radio"/> No</li> </ul>
<p>7) Does your facility collect hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities <b>each quarter</b>?</p> <p><i>If “no” to question #7, skip questions #8-16 and continue to question #17.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes, using an electronic compliance monitoring system throughout the facility</li> <li><input type="radio"/> Yes, using an electronic compliance monitoring system throughout some areas and only direct observation in all other areas</li> </ul>

	<input type="radio"/> Yes, using only direct observation throughout the facility <input type="radio"/> No
8) Does your facility use hand hygiene coaches or compliance observers to provide <a href="#">individuals who touch patients or who touch items that will be used by patients</a> <sup>13</sup> with feedback on both when they are and are not compliant with performing hand hygiene?	<input type="radio"/> Yes <input type="radio"/> No

**Direct Monitoring – Electronic Compliance Monitoring System**

*If “yes, using an electronic compliance monitoring system throughout the facility” or “yes, using an electronic compliance monitoring system throughout some areas and only direct observation in all other areas” to question #5, question #6 or question #7, answer questions #9-10 based on the surgical or treatment areas that use an electronic compliance monitoring system.*

9) In those surgical or treatment areas where an electronic compliance monitoring system is used, does the monitoring system used meet <b>both</b> of the following criteria: <ul style="list-style-type: none"> <li>• The system can identify both opportunities for hand hygiene and that hand hygiene was performed, and</li> <li>• The facility itself has validated the accuracy of the data collected by the electronic compliance monitoring system?</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
10) In those surgical or treatment areas where an electronic compliance monitoring system is used, are direct observations also conducted for coaching and intervention purposes that meet <b>all</b> the following criteria: <ul style="list-style-type: none"> <li>• Observers immediately intervene prior to any harm occurring to provide non-compliant individuals with immediate feedback;</li> <li>• Observations identify both opportunities for hand hygiene and compliance with those opportunities;</li> <li>• Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct;</li> <li>• Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> on duty for that shift; and</li> <li>• Observations capture a representative sample of the different roles of <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> (e.g., nurses, physicians, techs, environmental services workers)?</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No

**Direct Monitoring – Direct Observation**

*If “yes, using an electronic compliance monitoring system throughout some areas and only direct observation in all other areas” or “yes, using only direct observation throughout the facility” to question #5, question #6, or question #7, answer questions #11-12 based on the surgical or treatment areas that do NOT use an electronic compliance monitoring system.*

<p>11) In those surgical or treatment areas where an electronic compliance monitoring system is NOT used, do the direct observations meet <b>all</b> the following criteria:</p> <ul style="list-style-type: none"> <li>• Observations identify both opportunities for hand hygiene and compliance with those opportunities;</li> <li>• Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct;</li> <li>• Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> on duty for that shift; and</li> <li>• Observations are conducted to capture a representative sample of the different roles of <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> (e.g., nurses, physicians, techs, environmental services workers)?</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>12) Does your facility have a system in place for both the initial and recurrent training and validation of hand hygiene compliance observers?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**Feedback**

<p>13) Are hand hygiene compliance data fed back to <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> at least monthly for improvement work?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>14) Are hand hygiene compliance data used for creating action plans?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>15) Is regular (at least every 6 months) feedback of hand hygiene compliance data, with demonstration of trends over time, given to:</p> <ul style="list-style-type: none"> <li>• <a href="#">ASC leadership</a>, and</li> <li>• <a href="#">ASC governance</a>?</li> </ul> <p><i>If “no” to question #15, skip question #16 and continue to question #17.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>16) If “yes” to question #15, is <a href="#">ASC leadership</a> held directly accountable for hand hygiene performance through performance reviews or compensation?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

**Culture**

<p>17) Are patients and visitors invited to remind <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup> to perform hand hygiene?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>18) Has ASC leadership <a href="#">demonstrated a commitment</a> to support hand hygiene improvement in the last year (e.g., a written or verbal commitment delivered to those <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>13</sup>)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

### 3C: Culture of Safety

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

**Important Notes:**

Note 1: Page numbers in this subsection refer to the [NQF Safe Practices for Better Healthcare – 2010 Update](#) report, not this document.

Note 2: Hyperlinks throughout this subsection refer to [practice-specific FAQs](#) beginning on page 80, not to endnotes. These hyperlinks are not included in the Online Survey Tool.

<p>2.1) Does your facility currently have 20 or more employees?</p> <p><i>If “no” to question #2.1, skip the remaining questions in NQF Safe Practice #2. The facility will be scored as “Does Not Apply.”</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**Awareness**

<p>2.2) Within the last 24 months, in regard to culture measurement, our facility has done the following:</p>	
<p>a. Administered one of the following <a href="#">culture of safety surveys</a> to employees:</p> <ul style="list-style-type: none"> <li>• AHRQ Survey on Patient Safety (SOPS);</li> <li>• Glint Patient Safety Pulse;</li> <li>• Press Ganey Safety Culture Survey;</li> <li>• Safety, Communication, Organizational Reliability, Physician &amp; Employee Burnout and Engagement (SCORE) Survey; or</li> <li>• Gallup Patient Safety Culture Survey</li> </ul> <p><i>If “no” to question 2.2a, skip the remaining questions in NQF Safe Practice #2. The facility will be scored as “Limited Achievement.”</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>b. <a href="#">Risk Manager</a>, <a href="#">Quality Coordinator</a>, or <a href="#">leadership</a> used the results of the culture of safety survey to debrief staff using semi-structured approaches for the debriefings and presenting results in aggregate form to ensure the anonymity of survey respondents.</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

**Accountability**

<p>2.3) Within the last 24 months, in regard to accountability for improvements in culture measurement, our facility has done the following:</p>	
<p>a. shared the results of the culture of safety survey with <a href="#">governance and leadership</a> in a formal <a href="#">report</a> and discussion. (p.88)</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

**Ability**

2.4) Within the last 12 months, in regard to culture measurement, the facility has done the following (or has had the following in place):	
a. conducted staff <a href="#">education program</a> (s) on methods to improve the culture of safety, tailored to the facility’s culture of safety survey results.	<input type="radio"/> Yes <input type="radio"/> No

**Action**

2.5) Within the last 12 months, in regard to culture measurement, feedback, and interventions, our facility has done the following (or has had the following in place):	
a. developed or implemented explicit, facility-wide organizational policies and procedures for regular culture measurement. (p.88)	<input type="radio"/> Yes <input type="radio"/> No
b. identified performance improvement interventions based on the culture of safety survey results, which were <a href="#">shared</a> with <a href="#">leadership</a> and subsequently measured and monitored. (p.88)	<input type="radio"/> Yes <input type="radio"/> No

**Additional Question (Optional – Fact Finding Only)**

2.6) What was the response rate (i.e., rate of returned surveys) among employees that were administered the culture of safety survey within the past 36 months?	<input type="radio"/> >= 75% <input type="radio"/> 50%-74% <input type="radio"/> 25%-49% <input type="radio"/> < 25%
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**Affirmation of Accuracy**

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Patient Safety Practices Section at our ASC, and I hereby affirm that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this affirmation on behalf of our ASC.

The ASC and I acknowledge that The Leapfrog Group, its members, the public and entities and persons who contract or have other business dealings with The Leapfrog Group are relying on the truth and accuracy of this information. The ASC and I also acknowledge that analyses and ratings The Leapfrog Group derives from this information will be made public on the Survey Results public reporting website and/or other Leapfrog Group published works, products and services. The ASC and I acknowledge that analyses and ratings derived from this information and all intellectual property rights related to those analyses and ratings shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. I hereby affirm that this information does not infringe upon any third-party intellectual property rights or any other third-party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may license analyses and ratings derived from this information to other entities including researchers, not-for-profit entities, and for-profit entities, and the revenue from such licensure will be used solely to support The Leapfrog Group's not-for-profit mission. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract or have other business dealings with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by \_\_\_\_\_, the ASC's \_\_\_\_\_,  
*(First Name, Last Name)* *(Title)*

On \_\_\_\_\_.  
*(Date)*

## Section 3: Patient Safety Practices Reference Information

### What's New in the 2026 Survey

#### Section 3A: Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures

Leapfrog will standardize the reporting period for this measure. Rather than have ASCs report on the most recent 12 months, Leapfrog will score applicable ASCs based on the number of SSI monthly reporting plans they entered within the standardized reporting periods of:

- 01/01/2025 – 12/31/2025 for June and August Data Downloads
- 07/01/2025 – 06/30/2026 for October and December Data Downloads

ASCs that performed breast surgeries, laminectomies, herniorrhaphies, or knee prosthesis procedures, for the full 12- month reporting period will also continue to be asked to join Leapfrog's NHSN Group and complete the OPC annual survey.

In addition, Leapfrog is adding a FAQ with additional information on how facilities should respond if they did not perform one of the four procedures for the full 12-month reporting period.

#### Section 3B: Hand Hygiene

Based on feedback from Leapfrog's [Outpatient Surgery Expert Panel](#), Leapfrog will update the Hand Hygiene Standard to better reflect best practices based on the type of care being provided in an ASC setting. These include:

- In question #3, Leapfrog is removing the requirement that hand hygiene training include a topic concerning "when gloves should be used in addition to hand washing". This element will be removed because it is specific to bedside care, instead of typical outpatient procedures.
- Questions #4, #6, and #7, concerning audits of dispensers and audits of the volume of hand sanitizer, will be removed. Based on the size of the facility, many ASCs do not have enough dispensers for regular statistically sampled audits to be necessary.

Leapfrog is updating the scoring algorithm to reflect updated question numbering; however, the algorithm itself will not change.

#### Section 3C: Culture of Safety

Based on feedback from Leapfrog's [Outpatient Surgery Expert Panel](#), Leapfrog will align expectations for culture measurement, feedback, and intervention based on an ASC setting. Experts concluded that the ASCs are sufficiently varied (single vs multi-specialty, single room to multi-room, etc.) to challenge conventional benchmarking for the Culture of Safety Survey results. Likewise, because ASCs vary considerably in size and staffing arrangement, a response rate benchmark may not always be appropriate for use in performance evaluation criteria, nor specifically included in a specific patient safety program budget. Leapfrog is removing the following elements from the standard:

- 2.2b., concerning benchmarking the results of the culture of safety survey against external organizations.
- 2.3b, concerning including the response rate to the culture of safety survey in performance evaluation criteria for leadership
- 2.4b, concerning including the cost of culture measurement in the patient safety program budget.

The scoring algorithm for this section will not change as a result of these removals: ASCs will continue to be scored based on the percentage of possible points earned, and the percentage minimums for each scoring category will not change. Each of the six remaining questions will have a point value of 20, with a maximum number of points of 120.

***Change Summary Since Release***

None. If substantive changes are made to this section of the Survey after release on April 1, 2026, they will be documented in this Change Summary section.

## Section 3A: Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures Measure Specifications

### Important Note:

In order to be scored and publicly reported on this measure, facilities must provide an accurate NHSN ID in the Profile Section of the ASC Dashboard and complete the following steps:

1. Join Leapfrog’s NHSN Group for ASCs by the dates below,
2. Submit the NHSN Annual Survey and applicable SSI Monthly Reporting Plans,
3. Enter a valid NHSN ID in the Profile Section of the ASC Dashboard, and
4. Complete, affirm, and submit the Leapfrog ASC Survey 2.0 by the dates below.

For facilities that complete the steps above, Leapfrog will download the following data from NHSN:

- 2025 Outpatient Procedure Component – Annual Facility Survey
- Outpatient Procedure Component (OPC) Monthly Reporting Plans for Breast Surgery (BRST) Procedures, Herniorrhaphy (HER) Procedures, Knee Prosthesis (KPRO) Procedures, and Laminectomy (LAM) Procedure SSI Outcome Measure

For instructions and all other deadlines and release dates, please refer to the “ASC NHSN Guidance: Join the Group, Review/Accept Data Rights Template, and Download Reports” and the “Deadlines and Reporting Periods” table (below), which are provided on the [Join NHSN Group webpage](#).

<b>NHSN Download Date</b> <i>(ASCs must be in the Leapfrog NHSN Group before this date)</i>	<b>Data downloaded from NHSN will be scored and publicly reported for ASCs that have submitted a Survey by</b>	<b>SSI Reporting Period</b>	<b>Available on ASC Details Page and Public Reporting Website on</b>
<b>June 22, 2026</b>	June 30, 2026	01/01/2025 – 12/31/2025	July 12, 2026 ASC Details Page July 25, 2026 Public Reporting Website
<b>August 20, 2026</b>	August 31, 2026	01/01/2025 – 12/31/2025	September 10, 2026*
<b>October 22, 2026</b>	October 31, 2026	07/01/2025 – 06/30/2026	November 10, 2026*
<b>December 17, 2026</b>	November 30, 2026	07/01/2025 – 06/30/2026	January 12, 2027*

Instructions for ASCs to download and review the same reports that Leapfrog downloads for each of the NHSN data downloads are available in the “ASC NHSN Guidance: Join the Group, Review/Accept Data Rights Template, and Download Reports” document on our [website](#).

\* Available on ASC Details Page on the same date as public release of Survey Results.

\*\* The Leapfrog ASC Survey 2.0 closes on November 30, 2026. The last NHSN data download is on December 17, 2026, to incorporate any facilities and corrections from facilities that joined by the last join date.

## Section 3B: Hand Hygiene Measure Specifications

**Source:** The framework and questions in this subsection are modeled after the World Health Organization's [Hand Hygiene Self-Assessment Framework](#).

**Reporting Period:** Answer questions #1-18 based on the practices currently in place at the time you submit this section of the Survey.

Note: For monitoring, this means that the monthly sample size (or quarterly sample size if answering question #7) would need to be met at least once the month (or quarter) preceding the time of the submission of the Survey and there must be a process in place to meet the monthly (or quarterly) sample size thereafter every month/quarter.

If the monitoring sample size is not met at any point after submission, the Survey must be updated and re-submitted. More information about updating a Survey can be found at <https://www.leapfroggroup.org/asc-program/updating-your-asc-survey>.

As a reminder, Leapfrog randomly requests [documentation](#) on a monthly basis and key documentation must be collected and maintained to support responses to all questions. Facilities are urged to regularly review their documentation, including reports supporting their monitoring of hand hygiene, and maintain copies throughout the Survey Cycle. Please refer to the [Survey Binder](#) for examples.

**Areas:** Facility responses should reflect surgical and treatment areas, which include pre-operative rooms, operating and procedure rooms and post-operative rooms.

**Hand hygiene opportunities:** Hand hygiene opportunities are the number of times that an individual who touches patients or who touches items used by patients should have cleaned their hands given the hand hygiene framework your ASC has adopted (e.g., WHO's "5 moments", Ontario's 4 moments, CDC's guidelines, etc.). In terms of determining opportunities to monitor, this would depend on the guidelines the ASC chooses to follow.

For example, many facilities choose to audit before and after patient contact or room entry and exit because this is operationally the simplest method. Auditing opportunities before and after dirty tasks is operationally difficult. There is some evidence that measuring adherence on room entry and exit may be an acceptable stand-in for other opportunities within the patient encounter.

**Electronic compliance monitoring system:** Electronic compliance monitoring systems would include door minder or activity monitoring systems, systems that include the wearing of electronic badges and camera-based systems that are used to monitor hand hygiene compliance.

**Question #5:** Does your facility collect hand hygiene compliance data on at least **200 hand hygiene opportunities**, or at least the number of hand hygiene opportunities outlined in Table 1, **each month**?

In order to respond "yes" to question #5, your facility must monitor at least **200 hand hygiene opportunities**, or at least the number of hand hygiene opportunities outlined in Table 1, **each month** using either:

- An electronic compliance monitoring system throughout the facility
- An electronic compliance monitoring system throughout some areas and only direct observation in all other areas
- Only direct observation throughout the facility

Refer to the following table to determine how many hand hygiene opportunities must be monitored throughout the facility on a monthly basis for question #5. **Historical data** (e.g., past 3 months, 6 months, 12 months, etc.) on the monthly procedure/patient volume should be used.

**Table 1:**

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

**Question #6:** Does your facility collect hand hygiene compliance data on at least **100 hand hygiene opportunities**, or at least the number of hand hygiene opportunities outlined in Table 2, **each month**?

In order to respond “yes” to question #6, your facility must monitor at least **100 hand hygiene opportunities**, or at least the number of hand hygiene opportunities outlined in Table 2, **each month** using either:

- An electronic compliance monitoring system throughout the facility
- An electronic compliance monitoring system throughout some areas and only direct observation in all other areas
- Only direct observation throughout the facility

Refer to the following table to determine how many hand hygiene opportunities must be monitored throughout the facility on a monthly basis for question #6. **Historical data** (e.g., past 3 months, 6 months, 12 months, etc.) on the monthly procedure/patient volume should be used.

**Table 2:**

If your facility's average number of procedures/patient volume in a month is...	Your facility needs to collect hand hygiene compliance data for <u>at least</u> this number of hand hygiene opportunities <b>per month</b> for question #6...
400 procedures/patients or greater	100
320-399 procedures/patients	75
240-319 procedures/patients	50
160-239 procedures/patients	37
120-159 procedures/patients	25
60-119 procedures/patients	15
30-59 procedures/patients	7
<30 procedures/patients	2

**Question #7:** Does your facility collect hand hygiene compliance data on at least **100 hand hygiene opportunities each quarter**?

In order to respond “yes” to question #7, your facility must monitor at least **100 hand hygiene opportunities each quarter** using either:

- An electronic compliance monitoring system throughout the facility

- An electronic compliance monitoring system throughout some areas and only direct observation in all other areas
- Only direct observation throughout the facility

There are no alternate sample sizes for the quarterly requirement. Facilities trying to meet the quarterly requirement in question #7 will need to still monitor 100 hand hygiene opportunities a quarter.

**Question #9:** In those surgical or treatment areas where an electronic compliance monitoring system is used, does the monitoring system used meet **both** of the following criteria?

- The system can identify both opportunities for hand hygiene and that hand hygiene was performed
- The facility itself has validated the accuracy of the data collected by the electronic compliance monitoring system

In order to respond “yes” to question #9, the electronic monitoring system in use must identify both opportunities and that hand hygiene was performed, which could include both group monitoring systems and badge-based systems.

For example, an electronic monitoring system that records when an individual (not identified) enters and exits a room and also records if a dispenser was used within the same time frame, would qualify as the entry and exit is used as a proxy for a hand hygiene opportunity (before and after touching a patient) and the dispenser use is used as a proxy for a hand hygiene event. This data can be adjusted to take visitors into account and used to estimate hand hygiene compliance. Another example would be a badge-based system where individuals or their roles can be identified.

In addition, validation of the accuracy of the data collected by the electronic compliance monitoring system must be performed by ASC personnel or independent third-party personnel, in addition to any validation conducted by the manufacturer. It needs to include both a “planned path” phase where the researcher(s) make timed observations of room entries and exits and use of dispensers and compare their results to data recorded by the electronic compliance monitoring system. Followed by a “behavioral path” phase where observers record the same variables when individuals who touch patients or who touch items that will be used by patients are performing their usual duties, as this tends to be more chaotic and variable. A general validation protocol that can be used for both group monitoring systems and badge-based systems has been described in a fair amount of detail in the 2016 article by Limper H et al. Similar methods for conducting validation studies of badge-based system have been described by Pineles LL, Morgan Dan, et al in 2014, and by Doll ME et al. in 2019.

**Question #10:** In those surgical or treatment areas where an electronic compliance monitoring system is used, are direct observations also conducted for coaching and intervention purposes that meet **all** the following criteria?

- Observers immediately intervene prior to any harm occurring to provide non-compliant individuals with immediate feedback
- Observations identify both opportunities for hand hygiene and compliance with those opportunities
- Observations determine who practiced hand hygiene, verify when they practiced it and whether their technique was correct
- Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of [individuals who touch patients or who touch items that will be used by patients](#)<sup>13</sup> on duty for that shift
- Observations capture a representative sample of the different roles of [individuals who touch patients or who touch items that will be used by patients](#)<sup>13</sup> (e.g., nurses, physicians, techs, environmental services workers)

In order to respond “yes” to question #10, direct observations must be conducted for coaching and intervention purposes and meet the following sample sizes at a minimum:

**In facilities with low hand hygiene compliance\*:**

- On a monthly basis, the facility will need to perform 20 direct observations.
- If after collecting those observations, more than 50% of the observations were NOT compliant and/or did NOT demonstrate proper technique, the facility will need to perform an additional 20 observations the following month (40 total observations).
- The facility must continue to collect 40 observations per month until the number of observations that are NOT compliant and/or did not demonstrate proper technique is reduced to less than 50%.

Compliance rates must be assessed at least quarterly and additional observations need to be collected on a monthly basis for the entire quarter if warranted based on the above rules.

*\*Low hand hygiene compliance is defined as two or more standard deviations below the facility’s historical mean hand hygiene compliance rate, i.e., average from the prior 12 months.*

**In all other facilities:**

- On a quarterly basis, facilities using ECM need to perform 10% of the observations noted in Table 1 (e.g., if the facility would require 200 direct observations without ECM, then with the use of ECM, they need to collect 20 direct observations).
- Facilities in which direct observation data is being collected monthly (i.e., facilities with low hand hygiene compliance rates) do not require the additional quarterly data collection.

All direct observations conducted must meet the following criteria:

- Observers immediately intervene prior to any harm occurring to provide non-compliant individuals with immediate feedback
- Observations identify both opportunities for hand hygiene and compliance with those opportunities
- Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct
- Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of individuals who touch patients or who touch items that will be used by patients<sup>13</sup> on duty for that shift
- Observations capture a representative sample of the different roles of individuals who touch patients or who touch items that will be used by patients<sup>13</sup> (e.g., nurses, physicians, techs, environmental services workers)

Observers must record at least the following:

- The date as well as the start and end time of the observation session (or the date and shift being observed)
- The surgical or treatment area where the observation session is being conducted
- The role of the individual being observed (e.g., nurse, physician, etc.)
- The indication (or moment) for performing hand hygiene (e.g., before/after touching a patient, before/after a procedure, before/after touching patient surroundings, etc.)
- Whether hand hygiene was performed or not performed based on the indication noted and if the technique was correct

**Question #11:** In those surgical or treatment areas where an electronic monitoring system is NOT used, do the direct observations meet all the following criteria?

- Observations identify both opportunities for hand hygiene and compliance with those opportunities
- Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct
- Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of [individuals who touch patients or who touch items that will be used by patients](#)<sup>13</sup> on duty for that shift
- Observations capture a representative sample of the different roles of [individuals who touch patients or who touch items that will be used by patients](#)<sup>13</sup> (e.g., nurses, physicians, techs, environmental services workers)

In order to respond “yes” to question #11, direct observations must be conducted in areas that do not use an electronic compliance system and must meet the following criteria:

- Observations identify both opportunities for hand hygiene and compliance with those opportunities
- Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct
- Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of [individuals who touch patients or who touch items that will be used by patients](#)<sup>13</sup> on duty for that shift
- Observations capture a representative sample of the different roles of [individuals who touch patients or who touch items that will be used by patients](#)<sup>13</sup> (e.g., nurses, physicians, techs, environmental services workers)

Observers must record at least the following:

- The date as well as the start and end time of the observation session (or the date and shift being observed)
- The surgical or treatment area where the observation session is being conducted
- The role of the individual being observed (e.g., nurse, physician, etc.)
- The indication (or moment) for performing hand hygiene (e.g., before/after touching a patient, before/after a procedure, before/after touching patient surroundings, etc.)
- Whether hand hygiene was performed or not performed based on the indication noted and if the technique was correct

**Question #12:** Does your facility have a system in place for both the initial and recurrent training and validation of hand hygiene compliance observers?

In order to respond “yes” to question #12, your facility must regularly monitor the quality and accuracy of observations that are collected by each observer through initial and recurrent validation (at least once a year) of hand hygiene compliance observers. This would include having an individual trained in infection control simultaneously collecting data with the hand hygiene compliance observers and comparing results. Alternatively, videos which include an interactive assessment and completion of an observation form, such as the [WHO Hand Hygiene Training Film](#) and [Slides Accompanying the Training Films, Videos from Hand Hygiene Australia](#), or internally developed videos with assessment, would also be sufficient for validating hand hygiene compliance observers. ASCs must expand the testing scenarios that are included in the videos (i.e., the videos should be expanded to include: various types of individuals who touch patients or who touch items that will be used by patients, a larger number of scenarios where individuals are adherent and non-adherent, the inclusion of all moments observed, etc.).

See [FAQs](#) for additional information about responding to questions in this section.

## Section 3: Patient Safety Practices Frequently Asked Questions (FAQs)

### Infection Surveillance FAQs

**1) How should an ASC respond if they didn't perform one of the four procedures in section 3A for the full 12-month reporting period?**

Facilities should select procedures that they *offered* during the 12-month reporting period even if they did not perform them during every month of the reporting period. If the procedure was offered, they should have a monthly reporting plan in place in the NSHN OPC module.

### Hand Hygiene FAQs

#### General

**2) For the purposes of reporting on Section 3B Hand Hygiene Practices of the Leapfrog ASC Survey 2.0:**

- **Governance** should be considered to be the person or persons who:
  - Are fully and legally responsible, either directly or by appropriate professional delegation, for the operations and performance of the facility
  - Identify and hold accountable those responsible for planning, management and operational activities, including the provision of care, treatment or services
- **Leadership** should be considered to be the person or persons who:
  - Are responsible for planning, management and operational activities
  - Are a physician leader, nurse leader or administrative leader
  - Guide the facility on a day-to-day basis

#### Training and Education

**3) Are online training modules acceptable for the purposes of question #1 and question #3?**

Online training modules are acceptable for the purposes of answering question #1 and question #3 if they meet all requirements outlined in the question.

For question #1, the online training must be done at the frequency specified and would need to be delivered and/or developed by a [professional with appropriate training and skills](#)<sup>14</sup>. For question #3, the online training must meet all five topics outlined in the question.

Physical demonstration (question #2) **cannot** be done using an online training module.

**4) Can an ASC answer “yes” to the training and education questions #1-3 if the training and education for medical/nursing/pharmacy students is done by the medical/nursing/pharmacy school?**

Yes, you can answer “yes” to questions #1-3 if your ASC, alone, or in combination with other facilities, has developed a standard orientation/on-boarding curriculum for students that meets all requirements outlined in the training and education questions. Your ASC will need to have continued and ongoing input into the curriculum, but the administration of the training and education for students, including physical demonstration of proper hand hygiene technique, could be conducted by the school.

**5) What are examples of what can count as “physically demonstrating” proper hand hygiene during the initial hand hygiene training?**

Before new individuals to your facility have contact with patients and the patient care space, they will need to demonstrate proper hand hygiene with soap and water and alcohol-based hand sanitizer. This demonstration could be done as part of other onboarding activities, during occupational health activities as part of the TB test, during facility orientations, in small groups, etc. A group “teach-back” would be acceptable, but with no more than 10 students per one trainer/monitor. An online or in-person “simulation” would not be sufficient for this purpose. Computer-based assessments of technique are acceptable if the assessment is done without providing instructions to the individual during the assessment and feedback is given to them at the end.

Facilities that are starting to implement this component should add physical demonstration to their **initial** training for any **new** individuals who touch patients or who touch items that will be used by patients. Leapfrog is not asking facilities to retroactively train individuals.

### Infrastructure

**6) What does Leapfrog mean by “equally accessible to the location of all patients in the room or bed space” for the purposes of question #4?**

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

### Monitoring

**7) Why did Leapfrog select 200 hand hygiene opportunities for monthly monitoring in question #5?**

200 hand hygiene opportunities were chosen as the sample size based on a study by Yin et. al which showed that 180-195 opportunities would need to be monitored to accurately observe a 10% change in hand hygiene compliance (Yin et al.). The additional sample sizes outlined in the measure specifications are for smaller facilities where monitoring 200 opportunities may not be feasible.

References:

Steed C, Kelly JW, Blackhurst D, Boeker S, Diller T, Alper P, Larson E. Hospital hand hygiene opportunities: where and when (HOW2)? The HOW2 Benchmark Study. American journal of infection control. 2011 Feb 1;39(1):19-26.

Jun Yin MS, Heather Schacht Reisinger PhD, Mark Vander Weg PhD, Marin L. Schweizer PhD, Andrew Jesson, Daniel J. Morgan MD MS, Graeme Forrest MD, Margaret Graham, Lisa Pineles MA and Eli N. Perencevich MD MS Infection Control and Hospital Epidemiology Vol. 35, No. 9 (September 2014), pp. 11631168

**8) My facility uses an electronic compliance monitoring system, but it does not meet all the criteria outlined in question #9-10. Can I report on the hand hygiene compliance data we collect via direct observation instead?**

Yes. If your facility also uses direct observation to collect hand hygiene compliance data (not just for coaching/intervention) throughout the facility, you can select “yes, using only direct observation” in either question #5, question #6, or question #7 and report on your adherence to the direct observation criteria only. Otherwise, you will need to respond “no” to question #9.

**9) Is Leapfrog encouraging facilities to implement electronic compliance monitoring? These systems can be costly and the technology still needs to advance.**

The questions in the Leapfrog Hand Hygiene Standard ask about a variety of strategies that can be used to monitor and improve hand hygiene. Leapfrog is encouraging facilities to take a multimodal

approach. Regarding monitoring, while facilities can achieve the Leapfrog standard with direct observation alone, Leapfrog is communicating a strong preference for use of electronic monitoring (implemented according to evidence-based principles). In addition to literature suggesting electronic monitoring works better to pinpoint compliance issues, sheer numbers of hand hygiene opportunities covered by the two monitoring strategies represent powerful evidence in favor of electronic monitoring. Electronic monitoring allows facilities to monitor virtually every patient encounter, while direct observation monitors a selection. Based on the evidence, our standard calls for monitoring 200 hand hygiene opportunities per month, which is a small subset of overall hand hygiene opportunities. Even beyond capturing more encounters aligned with the evidence, electronic monitoring alleviates the ethical quandary of an observer watching patient harm without intervening.

We anticipate that electronic compliance monitoring technology will improve over time and become an important component of a comprehensive hand hygiene program. Electronic monitoring is a routine component of public safety in other industries where compliance is critical, so health care can and should achieve those standards for its patients.

All items included in Section 3B are based on the evidence review and recommendations from Leapfrog’s national [Hand Hygiene Expert Panel](#) and others. We have included in the Hand Hygiene bibliography several peer-reviewed studies that have examined the benefits of using electronic monitoring systems over direct observation. The bibliography is available at <https://ratings.leapfroggroup.org/measure/asc/2026/handwashing>.

**10) How does reporting the number of hand hygiene opportunities monitored in questions #5-7 impact our facility’s scoring?**

Facilities can earn “Achieved the Standard” by either answering “yes” to question #5 and monitoring 200 hand hygiene opportunities (or at least the number of hand hygiene opportunities outlined in Table 1 in the [Hand Hygiene Measure Specifications](#)) each month and also meeting all other elements of the Monitoring and Feedback domains, as well as meeting all elements in 2 of the 3 remaining domains OR by answering “yes” to question #6 and monitoring at least 100 hand hygiene opportunities (or at least the number of hand hygiene opportunities outlined in Table 2 in the [Hand Hygiene Measure Specifications](#)) each month and also meeting all other elements of the Monitoring domain and all elements in the remaining four domains. Facilities that answer “yes” to question #7 and only monitor 100 hand hygiene opportunities a quarter are only eligible to earn a maximum performance category of “Considerable Achievement” based on their adherence to the elements in the other domains. Facilities should review the Hand Hygiene scoring algorithm in the [Leapfrog ASC Public Reporting Program Scoring Algorithms](#) document for more details.

**11) Are online training modules acceptable for the purposes of training hand hygiene compliance observers in question #12?**

Online training can be used for the initial and recurrent training of hand hygiene compliance observers. Please refer to the [Hand Hygiene Measure Specifications](#) for more information on the requirements for the validation of hand hygiene compliance observers.

## Feedback

**12) For the purposes of responding to question #16, what are some examples of how facility leadership can be held accountable through performance reviews or compensation?**

A performance review or compensation plan should include specific language about hand hygiene performance. A list of hand hygiene practices and related goals may be incorporated into the performance review and/or compensation plan or formalized programs whereby a measure of success of those activities or programs is tied to individual performance reviews or compensation

incentive plans of executives. Examples include meeting targets for hand hygiene compliance rates, having bonuses tied to structural changes like the implementation of electronic compliance monitoring systems, etc. Language pertaining solely to infection control practices and performance would NOT be sufficient.

## Culture

### 13) What are some examples of how patients and visitors can be invited to remind individuals who touch patients or who touch items that will be used by patients to perform hand hygiene?

Patients and visitors can be invited to remind individuals who touch patients or who touch items that will be used by patients to perform hand hygiene with posters placed in surgical or treatment areas, bedside placards, buttons worn by the staff, etc.

### 14) What are some examples of demonstrating a commitment to hand hygiene improvement as referenced in question #18?

Some examples of how individuals can demonstrate a commitment to support hand hygiene improvement are written or verbal commitments given during town hall meetings, videos, e-mails from leadership, public comments to staff, etc. This needs to be a verbal or written commitment that is delivered to those individuals who touch patients or who touch items that will be used by patients.

## Culture of Safety FAQs

### 15) For the purposes of reporting on Section 3C: Culture of Safety of the Leapfrog ASC Survey 2.0:

- **Governance** should be the person or persons who:
  - Are fully and legally responsible, either directly or by appropriate professional delegation, for the operations and performance of the facility
  - Identify and hold accountable those responsible for planning, management and operational activities, including the provision of care, treatment or services
- **Leadership** should be the person or persons who:
  - Are responsible for planning, management and operational activities
  - Are a physician leader, nurse leader or administrative leader
  - Guide the facility on a day-to-day basis
- **Risk Manager or Quality Coordinator** refers to the patient safety leader (who may or may not have these titles) who has responsibility for multiple and integrated areas of patient safety.
  - The facility may appoint a Risk Manager or Quality Coordinator who may have other assigned duties or may specifically employ a Risk Manager or Quality Coordinator designated with this responsibility.
  - Multiple executives who are responsible for individual areas (i.e., risk, quality, infection prevention, etc.), but do not assess the integrated safety issues, would not qualify.

### 16) 2.2a: Why does Leapfrog require that we administer one of these five culture of safety surveys: 1) AHRQ Survey on Patient Safety (SOPS), 2) the Glint Patient Safety Pulse, 3) the Press Ganey Safety Culture Survey, 4) the Safety, Communication, Organizational Reliability, Physician & Employee Burnout and Engagement (SCORE) Survey or 5) the Gallup Patient Safety Culture Survey?

These five culture of safety surveys have demonstrated validity, consistency, and reliability. If your facility does not administer one of these five surveys, then you should not respond yes to 2.2a.

More information on these Surveys may be found here:

- 1) AHRQ Survey on Patient Safety (SOPS): <https://www.ahrq.gov/sops/index.html>
- 2) Glint Patient Safety Pulse: <https://www.glintinc.com/resource/datasheet-glint-patient-safety-pulse/>
- 3) Press Ganey Safety Culture Survey: <https://www.pressganey.com/solutions/patient-workforce-safety/>
- 4) SCORE Survey: <https://www.safeandreliablecare.com/score-survey>
- 5) Gallup Patient Safety Culture Survey: <https://www.gallup.com/workplace/229832/culture.aspx>

**17) 2.2a: For purposes of culture safety measurement, who should we consider to be “employees”?**

The survey should be administered to all staff (clinical and nonclinical) who have worked at the ASC at least four times in the past month AND have been working at the ASC for at least six months. All staff asked to complete the survey should have enough knowledge about your ASC and its operations to provide informed answers to the survey questions. In general, include staff and doctors who interact with others working at the facility and do so often enough to be able to report on the topics assessed in the survey. Overall, when considering who should complete the survey, ask:

- Does this person know about day-to-day activities at this ASC?
- Does this person interact regularly with staff working at this ASC?

The survey should be administered to full- or part-time employees, per diem employees and those who work in the facility on a contract basis but may not be employees. Include doctors, nurses, certified registered nurse anesthetists (CRNAs), physician assistants (PAs), nurse practitioners (NPs), technicians, management staff (e.g., facility directors, medical directors, nurse managers, office managers, etc.) and administrative, clerical or business staff (e.g., schedulers, billing staff, receptionists, medical records, etc.). Some doctors or staff may work at more than one ASC, so distribute the survey in the facility where they spend most of their time and instruct them to answer about that ASC only. If they spend an equal amount of time at multiple ASCs, choose one facility and instruct them to answer the survey only for that facility.

**18) 2.3a: How should ASCs meet the intent of sharing the results of the culture of safety survey with governance and leadership?**

Communications and reporting must occur to the facility’s governance as described above, and reporting to internal staff committees (e.g., performance improvement committee, risk mitigation committee, safety team meeting, etc.) would not meet the intent of these elements.

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

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

**20) 2.4a: Which employees should be included in the staff education program?**

Staff education needs to include education for all levels of staff, from leadership to frontline caregivers.

**21) Why are two different reporting periods used in NQF Safe Practice #2?**

Within the *Awareness and Accountability* elements, a 24-month reporting period is used because these elements are related to conducting the culture of safety survey, which is typically conducted every other year. Within the *Ability and Action* elements, a 12-month reporting period is used because these practices are related to follow-up activities that would be completed after the results from the culture of safety survey are available.

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## SECTION 4: VOLUME OF PROCEDURES

This section includes questions and reference information for Section 4: Volume of Procedures. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

## Section 4: Volume of Procedures

### Facility and Surgeon Volume Fact Sheet and Bibliography:

<https://ratings.leapfroggroup.org/measure/asc/2026/complex-adult-surgery>

### Outpatient Procedures Fact Sheet and Bibliography:

<https://ratings.leapfroggroup.org/measure/asc/2026/care-elective-outpatient-surgery-patients>

Section 4 includes questions about your facility's volume of adult and pediatric procedures. Section 4A is required for facilities that perform total knee procedures, total hip procedures, or bariatric surgery for weight loss. If your facility does not perform these procedures, you can indicate that and move on. Section 4B is optional for facilities that perform select adult and pediatric procedures.

**ASCs will not be able to access Section 4 until the American Medical Association's Terms of Use are completed via the CPT Code Workbook button on the ASC Dashboard, and the appropriate CPT Code Workbook is downloaded.**

### Each facility achieving the Facility and Surgeon Volume standard for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss:

- 1) Meets the minimum facility volume standard for each applicable procedure; and
- 2) The facility's process for privileging surgeons includes meeting or exceeding the minimum annual surgeon volume standard for each applicable procedure.

Download the Leapfrog ASC Public Reporting Program Scoring Algorithms on the [Scoring and Public Reporting webpage](#).

## 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss

### Important Notes:

Note 1: As described in the [National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss Measure Specifications](#), ASCs must download the appropriate CPT Code Workbook via the CPT Code Workbook button on the [ASC Dashboard](#) prior to answering the questions in this subsection.

Note 2: Facilities must have been performing the procedures included in Section 4A for the entire reporting period or they should not report on the procedure.

**Specifications:** See [National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss Measure Specifications](#) in the Reference Information beginning on page 95.

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

- Surveys submitted prior to September 1:
  - 01/01/2025 – 12/31/2025 (12-month count)
  - 01/01/2024 – 12/31/2025 (24-month annual average)
- Surveys (re)submitted on or after September 1:
  - 07/01/2025 – 06/30/2026 (12-month count)
  - 07/01/2024 – 06/30/2026 (24-month annual average)

Note: As a reminder, the [Corrections Period](#) (December 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

1) 12-month or 24-month reporting period used:	<ul style="list-style-type: none"> <li>○ 01/01/2025 – 12/31/2025 (12-month count)</li> <li>○ 01/01/2024 – 12/31/2025 (24-month annual average)</li> <li>○ 07/01/2025 – 06/30/2026 (12-month count)</li> <li>○ 07/01/2024 – 06/30/2026 (24-month annual average)</li> </ul>
2) Select all procedures that your facility performs:  <i>If “none of the above,” skip the remaining questions in Section 4A and continue to the next subsection. The facility will be scored as “Does Not Apply.”</i>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Total knee replacement</li> <li><input type="checkbox"/> Total hip replacement</li> <li><input type="checkbox"/> Bariatric surgery for weight loss</li> <li><input type="checkbox"/> None of the above</li> </ul>

Respond to questions #3-4 based on the procedures selected in question #2.

3) Total facility volume for each selected procedure during the reporting period:  <i>Volume should represent a 12-month count or 24-month annual average consistent with the reporting period selected in question #1.</i>		
<i>Procedure</i>	<i>Facility Volume Standard</i>	<i>Number of Procedures Performed (12-month count or 24-month annual average)</i>

		<i>Format: Up to one decimal place (e.g., 10.5)</i>
Total knee replacement	50	_____
Total hip replacement	50	_____
Bariatric surgery for weight loss	50	_____

4) Does your facility’s privileging process include the surgeon meeting or exceeding the minimum annual surgeon volume standard listed below?		
<i>Procedure</i>	<i>Annual Surgeon Volume Standard</i>	
Total knee replacement	25	<input type="radio"/> Yes <input type="radio"/> No
Total hip replacement	25	<input type="radio"/> Yes <input type="radio"/> No
Bariatric surgery for weight loss	20	<input type="radio"/> Yes <input type="radio"/> No

**Additional Question (Optional – Fact Finding Only)**

<p>5) Does your facility have surgeons that perform both total knee replacement and total hip replacement procedures?</p> <p><i>This question only applies to facilities that perform both total knee replacement and total hip replacement procedures.</i></p> <p><i>Response will not be scored or publicly reported in 2026.</i></p>	<input type="radio"/> Yes <input type="radio"/> No
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------

## 4B: Facility Volume for Select Procedures (Optional)

### Important Notes:

Note 1: In order to access this section in the [Online Survey Tool](#), facilities must complete the American Medical Association’s Terms of Use via the CPT Code Workbook button next to Section 4 on the [ASC Dashboard](#) and download the appropriate CPT Code Workbook. Instructions for downloading the CPT Code Workbook are available in the [Facility Volume for Select Procedures \(Optional\) Measure Specifications](#). Each facility must complete these steps even if they are part of a network.

Note 2: This subsection (questions #2–19) will not be scored but will be used in public reporting to inform purchasers and consumers about the facility’s experience with the procedure.

**Specifications:** See [Facility Volume for Select Procedures \(Optional\) Measure Specifications](#) in the Reference Information beginning on page 98.

**Reporting Period: 12 months**

- 01/01/2025 – 12/31/2025

Note: As a reminder, the [Corrections Period](#) (December 1-January 31) is reserved for corrections to previously submitted Surveys only. Any updates made to reflect a change in performance must be made prior to the November 30 Late Submission and Performance Update Deadline. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

<p>1) 12-month reporting period used:</p>	<p><i>No response required here. Reporting period automatically 01/01/2025 – 12/31/2025.</i></p>
<p>2) During the reporting period, were one or more of the following <b>ophthalmology</b> procedures performed at your facility on <u>adult</u> and/or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Anterior segment eye procedures,</li> <li>• Posterior segment eye procedures, or</li> <li>• Ocular adnexa and other eye procedures?</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #11 below.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> Yes, but no longer performs these procedures</li> <li><input type="radio"/> No</li> </ul>
<p>3) During the reporting period, were one or more of the following <b>orthopedic</b> procedures performed at your facility on <u>adult</u> and/or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Finger, hand, wrist, forearm, and elbow procedures;</li> <li>• Shoulder procedures;</li> <li>• Spine procedures;</li> <li>• Hip procedures;</li> <li>• Knee procedures;</li> <li>• Toe, foot, ankle, and leg procedures; or</li> <li>• General orthopedic procedures?</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #12 below.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> Yes, but no longer performs these procedures</li> <li><input type="radio"/> No</li> </ul>

<p>4) During the reporting period, were one or more of the following <b>otolaryngology</b> procedures performed at your facility on <u>adult</u> and/or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Ear procedures;</li> <li>• Mouth procedures;</li> <li>• Nasal/sinus procedures; or</li> <li>• Pharynx/adenoid/tonsil procedures?</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #13 below.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> Yes, but no longer performs these procedures</li> <li><input type="radio"/> No</li> </ul>
<p>5) During the reporting period, were one or more of the following <b>gastroenterology</b> procedures performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Upper GI endoscopy, or</li> <li>• Lower GI endoscopy?</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #14 below.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> Yes, but no longer performs these procedures</li> <li><input type="radio"/> No</li> </ul>
<p>6) During the reporting period, were one or more of the following <b>general surgery</b> procedures performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Cholecystectomy and common duct exploration;</li> <li>• Hemorrhoid procedures;</li> <li>• Inguinal and femoral hernia repair;</li> <li>• Other hernia repair;</li> <li>• Laparoscopy;</li> <li>• Lumpectomy or quadrantectomy of breast; or</li> <li>• Mastectomy?</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #15 below.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> Yes, but no longer performs these procedures</li> <li><input type="radio"/> No</li> </ul>
<p>7) During the reporting period, were one or more of the following <b>urology</b> procedures performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Circumcision;</li> <li>• Cystourethroscopy;</li> <li>• Male genital procedures;</li> <li>• Urethra procedures; or</li> <li>• Vaginal repair procedures?</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #16 below.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> Yes, but no longer performs these procedures</li> <li><input type="radio"/> No</li> </ul>
<p>8) During the reporting period, was the following <b>neurological surgery</b> procedure performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Spinal fusion procedures?</li> </ul> <p><i>If “no” or “yes, but no longer performs this procedure,” skip question #17 below.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> Yes, but no longer performs this procedure</li> <li><input type="radio"/> No</li> </ul>

<p>9) During the reporting period, were one or more of the following <b>obstetrics and gynecology</b> procedures performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Cervix procedures,</li> <li>• Hysteroscopy, or</li> <li>• Uterus and adnexa laparoscopies?</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #18 below.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> Yes, but no longer performs these procedures</li> <li><input type="radio"/> No</li> </ul>
<p>10) During the reporting period, were one or more of the following <b>plastic and reconstructive surgery</b> procedures performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Breast repair or reconstruction, or</li> <li>• Skin graft/reconstruction procedures?</li> </ul> <p><i>If “no” or “yes, but no longer performs these procedures,” skip question #19 below.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> Yes, but no longer performs these procedures</li> <li><input type="radio"/> No</li> </ul>

**Ophthalmology**

<p>11) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #2 and update your response from “yes” to “no.”</i></p>		
	(a) <i>Adult Volume</i>	(b) <i>Pediatric Volume</i>
<b>Anterior segment eye procedures</b>	_____	
<b>Posterior segment eye procedures</b>	_____	
<b>Ocular adnexa and other eye procedures</b>	_____	_____

**Orthopedic**

<p>12) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #3 and update your response from “yes” to “no.”</i></p>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Finger, hand, wrist, forearm, and elbow procedures</b>	_____	_____
<b>Shoulder procedures</b>	_____	_____
<b>Spine procedures</b>	_____	
<b>Hip procedures</b>	_____	
<b>Knee procedures</b>	_____	_____
<b>Toe, foot, ankle, and leg procedures</b>	_____	_____
<b>General orthopedic procedures</b>	_____	_____

**Otolaryngology**

<p>13) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #4 and update your response from “yes” to “no.”</i></p>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Ear procedures</b>	_____	_____
<b>Mouth procedures</b>	_____	_____
<b>Nasal/sinus procedures</b>	_____	_____
<b>Pharynx/adenoid/tonsil procedures</b>		_____

**Gastroenterology**

<p>14) Total adult volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #5 and update your response from “yes” to “no.”</i></p>	
	Adult Volume

<b>Upper GI endoscopies</b>	_____
<b>Lower GI endoscopies</b>	_____

**General Surgery**

<p>15) Total adult volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #6 and update your response from “yes” to “no.”</i></p>	
	<i>Adult Volume</i>
<b>Cholecystectomies and common duct explorations</b>	_____
<b>Hemorrhoid procedures</b>	_____
<b>Inguinal and femoral hernia repairs</b>	_____
<b>Other hernia repairs</b>	_____
<b>Laparoscopies</b>	_____
<b>Lumpectomies or quadrantectomy of breast procedures</b>	_____
<b>Mastectomies</b>	_____

**Urology**

<p>16) Total adult volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #7 and update your response from “yes” to “no.”</i></p>	
	<i>Adult Volume</i>
<b>Circumcisions</b>	_____
<b>Cystourethroscopies</b>	_____
<b>Male genital procedures</b>	_____
<b>Urethra procedures</b>	_____
<b>Vaginal repair procedures</b>	_____

**Neurological Surgery**

<p>17) Total adult volume for the following procedure performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform the procedure listed below, go back to question #8 and update your response from “yes” to “no.”</i></p>	
	<i>Adult Volume</i>
<b>Spinal fusion procedures</b>	_____

**Obstetrics and Gynecology**

<p>18) Total adult volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #9 and update your response from “yes” to “no.”</i></p>	
	<i>Adult Volume</i>
<b>Cervix procedures</b>	_____
<b>Hysteroscopies</b>	_____
<b>Uterus and adnexa laparoscopies</b>	_____

**Plastic and Reconstructive Surgery**

<p>19) Total adult volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #10 and update your response from “yes” to “no.”</i></p>	
	<i>Adult Volume</i>
<b>Breast repair or reconstructive procedures</b>	_____
<b>Skin graft/reconstruction procedures</b>	_____

**Affirmation of Accuracy**

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Volume of Procedures Section at our ASC, and I hereby affirm that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this affirmation on behalf of our ASC.

The ASC and I acknowledge that The Leapfrog Group, its members, the public and entities and persons who contract or have other business dealings with The Leapfrog Group are relying on the truth and accuracy of this information. The ASC and I also acknowledge that analyses and ratings The Leapfrog Group derives from this information will be made public on the Survey Results public reporting website and/or other Leapfrog Group published works, products and services. The ASC and I acknowledge that analyses and ratings derived from this information and all intellectual property rights related to those analyses and ratings shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. I hereby affirm that this information does not infringe upon any third-party intellectual property rights or any other third-party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may license analyses and ratings derived from this information to other entities including researchers, not-for-profit entities, and for-profit entities, and the revenue from such licensure will be used solely to support The Leapfrog Group's not-for-profit mission. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract or have other business dealings with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by \_\_\_\_\_, the ASC's \_\_\_\_\_,  
(First Name, Last Name) (Title)

On \_\_\_\_\_.  
(Date)

## Section 4: Volume of Procedures Reference Information

### ***What's New in the 2026 Survey***

#### **Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss**

Leapfrog is adding an optional, fact-finding question to determine if the hospital has surgeons that perform both total knee replacement and total hip replacement procedures listed in Section 4A. Leapfrog is adding this question to evaluate how common it is to have the same surgeon performing both procedures given requests received from hospitals and ambulatory surgery centers to combine total hip and knee replacements into a single volume standard.

This optional, fact-finding question will not be used in scoring or public reporting in 2026. There are no changes to the scoring algorithm for Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss.

#### **Section 4B: Facility Volume for Select Procedures (Optional)**

Leapfrog will no longer require ASCs to report on their facility volume of procedures. Instead, this section will be optional, and results will not be scored but will continue to be used in public reporting for those who submit this subsection. For those ASCs opting to report their volumes, updated CPT Codes will be provided on the ASC Dashboard when the Survey opens on April 1.

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

None. If substantive changes are made to this section of the Survey after release on April 1, 2026, they will be documented in this Change Summary section.

## Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss Measure Specifications

**Important Note:** CPT codes are provided in downloadable Excel files on the ASC Dashboard. To access the files, click the CPT Code Workbook button next to Section 4. You will be required to complete the American Medical Association's Terms of Use before downloading the Excel file and using the individual CPT codes to query your EHR or billing system. You are only required to complete the Terms of Use once per Survey Cycle (April 1 – November 30).

The CPT Code Workbooks (Excel files) are labeled for Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss and Section 4B: Facility Volume for Select Procedures (Optional). Please note, if you are part of a network, each ASC will need to complete the Terms of Use. This is a requirement of the American Medical Association.

<p><b>Source:</b> The Leapfrog Group, American Medical Association</p>
<p><b>Reporting Period: 12 months or <i>optionally</i> 24 months (annual average)</b></p> <ul style="list-style-type: none"> <li>• Surveys submitted prior to September 1:             <ul style="list-style-type: none"> <li>• 01/01/2025 – 12/31/2025 (12-month count) or 01/01/2024 – 12/31/2025 (24-month annual average)</li> </ul> </li> <li>• Surveys (re)submitted on or after September 1:             <ul style="list-style-type: none"> <li>• 07/01/2025 – 06/30/2026 (12-month count) or 07/01/2024 – 06/30/2026 (24-month annual average)</li> </ul> </li> </ul>
<p><b>Question #2:</b> Select all procedures that your facility has performed during the reporting period on adult patients (ages 18 years or older).</p> <ul style="list-style-type: none"> <li>• Total knee replacement (Facility Volume Standard: 50)</li> <li>• Total hip replacement (Facility Volume Standard: 50)</li> <li>• Bariatric surgery for weight loss (Facility Volume Standard: 50)</li> </ul> <p><u>Do not</u> check the box for the procedure if your facility has started to perform the procedure in the last 18 months. Leapfrog gives ASCs an 18-month grace period before having to report on facility volume and process for privileging surgeons for new service lines.</p> <p><u>Do</u> check the box for the procedure if:</p> <ul style="list-style-type: none"> <li>• Your facility electively performs the procedure but had zero cases during the reporting period. Select the procedure and indicate a facility volume of zero in question #3. Please note that facilities can elect to report on a 24-month annual average.</li> <li>• Your facility has reached the end of the 18-month grace period for a new service line. You will now have to report on both facility volume and your process for privileging surgeons for this procedure.</li> </ul>
<p><b>Question #3:</b> Total facility volume for each selected procedure (from question #2) during the reporting period:</p> <p>When calculating total facility volume <b>for total knee replacement or total hip replacement</b>, count the number of <b>patients</b> discharged from your facility within the reporting period with the CPT codes specified for each procedure, subject to the inclusion criteria below:</p> <ul style="list-style-type: none"> <li>• Only the CPT codes provided by Leapfrog should be used to report on the questions in Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss.</li> <li>• The CPT code can be in any procedure field.</li> </ul>

When calculating total facility volume **for bariatric surgery for weight loss** count the number of **patients** discharged from your facility within the reporting period with any one or more of the CPT and ICD-10 codes specified for this procedure, subject to the inclusion criteria below:

- Only the CPT and ICD-10 codes provided by Leapfrog should be used to report on the questions in Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss. ICD-10 codes are provided below.
- This procedure includes two sets of codes (one set of CPT procedure codes and one set of ICD-10 diagnosis codes); both sets of codes must be used for counting patient discharges (e.g., at least one procedure code AND one diagnosis code must be present).
- Use one of two methods to determine the number of patients, ages 18 years and older, discharged for this procedure:
  - Count the number of patients, ages 18 years and older, discharged with the CPT codes in any procedure field AND any of the below ICD-10 codes in the **primary** diagnosis field. This method does not require chart review.
  - Count the number of patients, ages 18 years and older, discharged with the CPT codes in any procedure field AND any of the below ICD-10 codes in any diagnosis field. In addition, the procedure must have been done **explicitly for weight loss purposes** (i.e., presence of one of the diagnosis codes is necessary, but not sufficient for inclusion). This method requires chart review to ensure the procedure was performed explicitly for weight loss purposes.

**ICD-10 Diagnosis Codes for Bariatric Surgery for Weight Loss**

ICD-10 Diagnosis Code	Code Description
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.8	Other obesity
E66.811	Obesity, class 1
E66.812	Obesity, class 2
E66.813	Obesity, class 3
E66.89	Other obesity not elsewhere classified
E66.9	Obesity, unspecified
E88.82	Obesity due to disruption of MC4R pathway
Z68.35	Body mass index (BMI) 35.0-35.9, adult
Z68.36	Body mass index (BMI) 36.0-36.9, adult
Z68.37	Body mass index (BMI) 37.0-37.9, adult
Z68.38	Body mass index (BMI) 38.0-38.9, adult
Z68.39	Body mass index (BMI) 39.0-39.9, adult
Z68.41	Body mass index (BMI) 40.0-44.9, adult
Z68.42	Body mass index (BMI) 45.0-49.9, adult
Z68.43	Body mass index (BMI) 50.0-59.9, adult
Z68.44	Body mass index (BMI) 60.0-69.9, adult
Z68.45	Body mass index (BMI) 70 or greater, adult

**Question #4:** Does your facility’s privileging process include the surgeon meeting or exceeding the minimum annual surgeon volume standard listed below?

- Total knee replacement: 25
- Total hip replacement: 25
- Bariatric surgery for weight loss: 20

When determining whether surgeons have met or exceeded Leapfrog’s minimum annual surgeon volume standards for the purposes of privileging, only refer to the CPT codes included in the CPT Code Workbooks provided by Leapfrog – **diagnosis** codes (if provided) can be ignored.

See [FAQs](#) for additional information about responding to the questions in this section.

## Section 4B: Facility Volume for Select Procedures Measure Specifications (Optional)

**Important Note:** CPT codes are provided in downloadable Excel files on the ASC Dashboard. To access the files, click the CPT Code Workbook button next to Section 4. You will be required to complete the American Medical Association’s Terms of Use before downloading the Excel file and using the individual CPT codes to query your EHR or billing system. You are only required to complete the Terms of Use once per Survey Cycle (April 1–November 30).

The CPT Code Workbooks (Excel files) are labeled for Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss and Section 4B: Facility Volume for Select Procedures (Optional). Please note, if you are part of a network, each ASC will need to complete the Terms of Use. This is a requirement of the American Medical Association.

<p><b>Source:</b> The Leapfrog Group, American Medical Association, The Health Care Cost Institute</p>
<p><b>Reporting Period: 12 months</b></p> <ul style="list-style-type: none"> <li>01/01/2025 – 12/31/2025</li> </ul>
<p><b>Questions #2-10:</b> Respond “yes” or “no” based on whether your facility performed any of the procedures during the reporting period on adult and/or pediatric patients. The procedures fall within nine specialty areas:</p> <p><b>Adult Procedures</b></p> <ol style="list-style-type: none"> <li><a href="#">Ophthalmology procedures</a>: anterior segment eye procedures; posterior segment eye procedures; ocular adnexa and other eye procedures</li> <li><a href="#">Orthopedic procedures</a>: finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; spine procedures; hip procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures</li> <li><a href="#">Otolaryngology procedures</a>: ear procedures; mouth procedures; and nasal/sinus procedures</li> <li><a href="#">Gastroenterology procedures</a>: upper GI endoscopy; and lower GI endoscopy</li> <li><a href="#">General surgery procedures</a>: cholecystectomy and common duct exploration; hemorrhoid procedures; inguinal and femoral hernia repairs; other hernia repairs; laparoscopy; lumpectomy or quadrantectomy of breast; and mastectomy</li> <li><a href="#">Urology procedures</a>: circumcisions; cystourethroscopy; male genital procedures; urethra procedures; and vaginal repair procedures</li> <li><a href="#">Neurological surgery procedures</a>: spinal fusion procedures</li> <li><a href="#">Obstetrics and gynecology procedures</a>: cervix procedures; hysteroscopy; and uterus and adnexa laparoscopies</li> <li><a href="#">Plastic and reconstructive surgery procedures</a>: breast repair or reconstructive procedures; and skin graft/reconstruction procedures</li> </ol> <p><b>Pediatric Procedures</b></p> <ol style="list-style-type: none"> <li><a href="#">Ophthalmology procedures</a>: ocular adnexa and other eye procedures</li> <li><a href="#">Orthopedic procedures</a>: finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures</li> <li><a href="#">Otolaryngology procedures</a>: ear procedures; mouth procedures; nasal/sinus procedures; and pharynx/adenoid/tonsil procedures</li> </ol> <p>Respond “yes” if:</p> <ul style="list-style-type: none"> <li>Your facility performed the procedure for the entire reporting period (12 months) and continues to do so.</li> <li>Your facility performed the procedure during part of the reporting period (less than 12 months) and continues to perform the procedure.</li> </ul>

Respond “yes, but no longer perform these procedures” if your facility performed the procedure for all or some of the reporting period, but no longer performs the procedure.

Respond “no” if your facility does not perform the procedure.

**Questions #11-19:** Based on your responses to questions #2-10, report on the total (a) adult and/or (b) pediatric volume for each procedure (from questions #2-10) during the reporting period:

#### **Adult Procedures**

1. [Ophthalmology procedures](#): anterior segment eye procedures; posterior segment eye procedures; ocular adnexa and other eye procedures
2. [Orthopedic procedures](#): finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; spine procedures, hip procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures
3. [Otolaryngology procedures](#): ear procedures; mouth procedures; and nasal/sinus procedures
4. [Gastroenterology procedures](#): upper GI endoscopy; and lower GI endoscopy
5. [General surgery procedures](#): cholecystectomy and common duct exploration; hemorrhoid procedures; inguinal and femoral hernia repairs; other hernia repairs; laparoscopy; lumpectomy or quadrantectomy of breast; and mastectomy
6. [Urology procedures](#): circumcisions; cystourethroscopy; male genital procedures; urethra procedures; and vaginal repair procedures
7. [Neurological surgery procedures](#): spinal fusion procedures
8. [Obstetrics and gynecology procedures](#): cervix procedures; hysteroscopy; and uterus and adnexa laparoscopies
9. [Plastic and reconstructive surgery procedures](#): breast repair or reconstructive procedures; and skin graft/reconstruction procedures

#### **Pediatric Procedures**

1. [Ophthalmology procedures](#): ocular adnexa and other eye procedures
2. [Orthopedic procedures](#): finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures
3. [Otolaryngology procedures](#): ear procedures; mouth procedures; nasal/sinus procedures; and pharynx/adenoid/tonsil procedures

When calculating total **facility volume for (a) adult and/or (b) pediatric patients** count the number of **patients** discharged from your facility within the reporting period with any one or more of the codes specified for each procedure, subject to the criteria below:

- Only the procedure codes provided by Leapfrog should be used to report on the questions in Section 4B.
- If a patient had more than one of the listed procedures performed on the same visit (i.e., repair of dislocating kneecap (CPT: 27422) and repair of superior labrum anterior/posterior (SLAP) lesion (CPT: 29807), include the patient in the total volume for both procedures.

See [FAQs](#) for additional information about responding to questions in this section.

### **Ophthalmology Measure Specifications**

For ophthalmology procedures, use the CPT codes available via the [ASC Dashboard](#) to count **patients** discharged from your facility who have undergone any of the three procedures during the reporting period.

One procedure applies to **both adult and pediatric patients**:

- Ocular adnexa and other eye procedures

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

- Anterior segment eye procedures
- Posterior segment eye procedures

Using the “Ophthalmology\_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field.

Using the “Ophthalmology\_ped” sheet, count the total number of pediatric (17 years of age and younger) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field.

### **Orthopedic Measure Specifications**

For orthopedic procedures, use the CPT codes available via the [ASC Dashboard](#) to count **patients** discharged from your facility who have undergone any of the seven procedures during the reporting period.

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

- Finger, hand, wrist, forearm, and elbow procedures
- Shoulder procedures
- Knee procedures
- Toe, foot, ankle, and leg procedures
- General orthopedic procedures

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

- Spine procedures
- Hip procedures

Using the “Orthopedic\_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field.

Using the “Orthopedic\_ped” sheet, count the total number of pediatric (17 years of age and younger) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field.

### **Otolaryngology Measure Specifications**

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

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

- Ear procedures
- Mouth procedures
- Nasal/sinus procedures

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

- Pharynx/adenoid/tonsil procedures

Using the “Otolaryngology\_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field.

Using the “Otolaryngology\_ped” sheet, count the total number of pediatric (17 years of age and younger) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field.

### **Gastroenterology Measure Specifications**

For gastroenterology procedures, use the CPT codes available via the [ASC Dashboard](#) to count **patients** discharged from your facility who have undergone either of the two procedures during the reporting period.

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

- Upper GI endoscopy
- Lower GI endoscopy

Using the “Gastroenterology\_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field.

### **General Surgery Measure Specifications**

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

All seven procedures apply to **adult patients only**:

- Cholecystectomy and common duct exploration
- Hemorrhoid procedures
- Laparoscopy
- Lumpectomy or quadrantectomy of breast
- Mastectomy
- Inguinal and femoral hernia repairs
- Other hernia repairs

Using the “General surgery\_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field.

### **Urology Measure Specifications**

For urology procedures, use the CPT codes available via the [ASC Dashboard](#) to count **patients** discharged from your facility who have undergone any of the five procedures during the reporting period.

All five procedures apply to **adult patients only**:

- Circumcision
- Cystourethroscopy
- Male genital procedures
- Urethra procedures

- Vaginal repair procedures

Using the “Urology\_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field.

### **Neurological Surgery Measure Specifications**

For neurological surgery procedures, use the CPT codes available via the [ASC Dashboard](#) to count **patients** discharged from your facility who have undergone the procedure during the reporting period.

This procedure applies to **adult patients only**:

- Spinal fusion procedures

Using the “Neurological surgery\_adult” sheet, count the total number of adult (18 years of age or older) patients discharged with any of the CPT codes listed. The CPT code can be in any procedure field.

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

For obstetrics and gynecology procedures, use the CPT codes available via the [ASC Dashboard](#) to count **patients** discharged from your facility who have undergone any of the three procedures during the reporting period.

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

- Cervix procedures
- Hysteroscopy
- Uterus and adnexa laparoscopies

Using the “Obstetrics and gynecology\_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field.

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

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

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

- Breast repair or reconstruction
- Skin graft/reconstruction procedures

Using the “Plastic\_reconstruct surg\_adult” sheet, count the total number of adult (18 years of age or older) patients discharged for each procedure with any of the CPT codes listed. The CPT code can be in any procedure field.

## Section 4: Volume of Procedures Frequently Asked Questions (FAQs)

### ***National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss FAQs***

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes. ASCs must ensure that the specific procedure and minimum annual surgeon volume standard are included in your process for privileging surgeons. Diagnosis codes (if provided) can be ignored.

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

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

- a. Surgeons who have just finished training: see [FAQ #5](#) above.
- b. Surgeons who were not active for the entire reporting period: see [FAQ #6](#) above.

**Facility Volume for Select Procedures FAQs****9) How did Leapfrog select the nine specialties and the procedures in this section of the survey?**

Leapfrog worked with the Health Care Cost Institute (HCCI) to identify the most commonly billed surgical procedures in ASCs and hospital outpatient departments for commercially insured adult and pediatric patients. Leapfrog's technical experts then assessed the list of procedures based on their frequency and type of anesthesia used during the procedure. Those selected for the Survey represent the highest volume procedures nationally requiring moderate to general anesthesia (including nerve blocks).

Please reach out to the [Leapfrog Help Desk](#) if you believe additional CPT codes should be added to the Survey; Leapfrog will take these suggestions to our technical experts.

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

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

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## Endnotes

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### <sup>1</sup> **CMS Certification Number (CCN)**

A CMS Certification Number (CCN) is issued by the Centers for Medicare and Medicaid Services (CMS) to financial reporting entities for the purpose of reimbursement. CCNs are ten digits; with the first two digits representing the state in which the facility is located. Facilities that do not receive Medicare reimbursement may not have a CCN and should not have a CCN reported in this field. Leapfrog pre-populates this field in the ASC Profile. If the facility's CCN is different from the one shown online, please contact the [Help Desk](#).

### <sup>2</sup> **National Health Care Safety Network (NHSN) ID**

A NHSN ID is issued by the Centers for Disease Control and Prevention and is used as a unique identifier for facilities participating in NHSN surveillance activities. Each facility within a network, even if they share a CCN, must report separately to NHSN and should have their own NHSN ID if they are located separately. Please see the NHSN instructions available at <https://www.leapfroggroup.org/asc-program/join-asc-nhsn-group>. NHSN IDs are five digits. Leapfrog pre-populates this field in the ASC Profile for facilities that provided a valid NHSN ID, joined our NHSN Group for ASCs, and submitted the Leapfrog ASC Survey in 2019 or later. If the facility NHSN ID is different from the one shown online, please update accordingly.

### <sup>3</sup> **Federal Tax Identification Number (TIN)**

Enter the TIN that your facility uses for billing purposes. *The TIN is a nine-digit number (e.g., 098765432) and must conform precisely to this format – be sure to enter any leading 0.*

### <sup>4</sup> **National Provider Identifier (NPI)**

The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number of covered health care providers. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about health care providers, such as the state in which they live or medical specialty. If there is more than one NPI associated with your facility, please enter the NPI associated with the highest amount of charges for the most recent year. Leapfrog pre-populates this field in the ASC Profile. If the facility's NPI is different from the one shown online, please contact the [Help Desk](#).

### <sup>5</sup> **Tips for entering Web addresses**

This address becomes the link attached to your facility's name in the public release of Survey Results. Enter it exactly as you wish it to be and test it.

- Do not exit out of the ASC Profile to go to the Web page of interest while you are entering data into the Survey or some of your Survey entries may be lost.
- Instead, minimize (but don't close) the Survey window and any other windows that are open, then open your internet browser in a separate window. Find the Web page whose address you wish to enter and Copy/Paste the entire address into the Survey entry. **The http:// prefix needs to be included.**
- If entering the Web page address manually, be careful to type it correctly, without embedded spaces. Forward (/) or backward (\) slashes may be used. Don't forget the "www." if that is part of the address. **The http:// prefix needs to be included.**
- Make sure to use .org, rather than .com, if that's the domain for your facility's website.

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**<sup>6</sup> Affiliation/Management Company**

For the purpose of participating in the Leapfrog ASC Survey 2.0, some hospitals or health systems, health care networks, or management companies may want to coordinate Survey submissions among several facilities or ensure that communications regarding a facility's submission are shared with someone at the hospital, health system, health care network, or management company.

If your facility is part of an Affiliation/Management Company, Leapfrog pre-populates this field in the ASC Profile. If the information shown online is not accurate, please contact the [Help Desk](#).

**<sup>7</sup> Operating Rooms**

If your state designates and licenses operating rooms, enter the number of operating rooms licensed by your state. If your state does not designate and license operating rooms, enter the number of operating rooms that meet the following definition from the 2018 FGI Guidelines: a room that meets the requirements of a restricted area, is designated and equipped for performing surgical or other invasive procedures, and has the environmental controls for an OR as indicated in ASHRAE 170. An aseptic field is required for all procedures performed in an OR.

More information about the 2018 FGI Guidelines can be found at [https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17\\_FGI\\_ExamProcedureOperatingImaging\\_170721.pdf](https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17_FGI_ExamProcedureOperatingImaging_170721.pdf).

**<sup>8</sup> Endoscopic Procedure Rooms**

If your state designates and licenses procedure rooms, enter the number of procedure rooms licensed by your state that are used for endoscopies. If your state does not designate and license procedure rooms, enter the number of procedure rooms that are used for endoscopies that meet the following definition from the 2018 FGI Guidelines: a room designated for the performance of patient care that requires high-level disinfection or sterile instruments and some environmental controls but is not required to be performed with the environmental controls of an operating room.

More information about the 2018 FGI Guidelines can be found at [https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17\\_FGI\\_ExamProcedureOperatingImaging\\_170721.pdf](https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17_FGI_ExamProcedureOperatingImaging_170721.pdf).

**<sup>9</sup> Never Event**

In 2011, the National Quality Forum released a list of 25 events that they termed "serious reportable events," extremely rare medical errors that should never happen to a patient in an ambulatory setting. Often termed "never events," these include errors such as surgery performed on the wrong body part or on the wrong patient or leaving a foreign object inside a patient after surgery. Please see NQF's "Never Events" list at

<https://digitalassets.jointcommission.org/api/public/content/4534bbaaee4f4bd280c2054765f37f4b?v=a60f8f9a>.

**<sup>10</sup> Apology to the Patient**

While Leapfrog recognizes that on very rare occasions "never events" can occur that are not the fault of care systems or clinical care staff, given the high level of trust patients place in health care providers, Leapfrog feels it is appropriate for caregivers to apologize when a patient within their care setting suffers a serious event.

As the National Quality Forum identified in their 2002, 2006, and 2011 Serious Reportable Events Report, given the serious nature of these events, it is reasonable for facilities to initially assume that the adverse event was due to the referenced course of care. And while further investigation and/or root cause analysis of the unplanned event may be needed to confirm or refute the presumed relationship, delaying an apology to the patient is not treating the patient with compassion and sympathy.

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**<sup>11</sup> Reporting Never Events to External Agencies**

If your facility is not accredited, is located in a state without a state-wide reporting program for medical errors, AND there is no available Patient Safety Organization to which your facility can report medical errors, the facility should report the event to the Board of Trustees. Full implementation of the Never Events policy still requires the facility to conduct a root cause analysis of the event.

**<sup>12</sup> Root Cause Analysis**

The National Patient Safety Foundation published a set of best practices and guidelines in its report “RCA<sup>2</sup> Improving Root Cause Analysis and Action to Prevent Harm.” The report can be found at <http://www.ihf.org/resources/Pages/Tools/RCA2-Improving-Root-Cause-Analyses-and-Actions-to-Prevent-Harm.aspx>.

**<sup>13</sup> Individuals who touch patients or who touch items that will be used by patients**

This would include individuals who are formally engaged by the facility to help support the patient care process. This would include both direct and indirect care providers that are likely to have contact with patients, enter a surgical or treatment area, touch items that will be used by patients, or interact with patient fluids (e.g., blood, specimens), such as doctors, mid-levels, nurses, pharmacists, environmental services staff, phlebotomists, laboratory techs, etc. This would also include students and volunteers. These individuals must be trained to identify and perform proper hand hygiene for the specific indications/moments (see [WHO's 5 Moments for Hand Hygiene](#), [CDC's Guideline for Hand Hygiene](#)) that are relevant to their work.

Administrative workers that only perform office duties and do not touch patients or touch items that will be used by patients would not be included in this definition. Patients and their visitors would also not be included in this definition. While patients and their loved ones are important parts of the patient care process, they are not formally engaged by the facility for this work. Vendors would also not be included.

**<sup>14</sup> Professional with Appropriate Training and Skills**

This would include staff formally trained in Infection Control or Infectious Diseases, whose tasks include dedicated time for staff training. In some settings, this could also be medical or nursing staff involved in clinical work, with dedicated time to acquire thorough knowledge of the evidence for and correct practice of hand hygiene.

At a minimum, the trainer must have an understanding of the information and concepts presented in the [WHO Guidelines on Hand Hygiene in Health Care](#) and the [Hand Hygiene Technical Reference Manual](#).

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