



# PROPOSED CHANGES TO THE 2020 LEAPFROG ASC SURVEY

**OPEN FOR PUBLIC COMMENT**  
**Comments Accepted until COB on December 20, 2019**

A central part of Leapfrog's annual Survey process is our Public Comment Period. Held each fall, ASCs and other stakeholders are urged to review the proposed changes to the upcoming Survey and provide formal comments to Leapfrog, our research team at Johns Hopkins, and our [national expert panel](#). The comments are reviewed and used to refine the Survey before it is finalized.

The Leapfrog Group, its Board of Directors, [Regional Leaders](#), and purchaser members would like to thank the over 340 ambulatory surgery centers (ASCs) that participated in the inaugural 2019 Leapfrog ASC Survey. You made history, demonstrated your commitment to transparency, and are now better prepared to participate in the 2020 Leapfrog ASC Survey. Starting in July of next year, participating facilities, consumers, payers, purchasers, and others will be able to compare the safety and quality of ASCs and hospital outpatient departments (HOPDs) using a comparable and standardized set of national patient safety and quality measures.

In recognition of the fact that more than 60 percent of surgeries in the United States are being performed in outpatient units or ASCs, Leapfrog launched both the Leapfrog ASC Survey and the Outpatient Procedures section of the Leapfrog Hospital Survey on April 1, 2019. The Outpatient Procedures section and the Leapfrog ASC Survey closely align to provide purchasers and consumers with information to compare the same procedure, whether offered at a hospital or an ASC. The Survey questions were developed by national experts, extensively tested with ASCs and HOPDs, and include information on basic facility resources, medical, surgical and clinical staff, volume and safety of procedures, patient safety practices, and patient experience.

The Proposed Changes to the 2020 Leapfrog ASC Survey focus on two main areas: updates to the questions included on the Survey and proposed scoring algorithms that Leapfrog will use to calculate and publicly report Survey Results. The Proposed Changes are based on feedback from participating ASCs, an analysis of 2019 Survey responses, and recommendations from our research team and national expert panel.

We urge ASCs and other stakeholders to pay special attention to the following Proposed Changes:

- New questions regarding [participation in national clinical quality registries](#)
- New questions regarding [Safe Opioid Prescribing](#)
- Proposed scoring algorithms that will be used for public reporting starting in July 2020

An overview of the 2020 Leapfrog ASC Survey content, proposed plans for scoring and public reporting in 2020, and a crosswalk to the 2020 Leapfrog Hospital Survey Outpatient Procedures section may be found in [Appendix I](#).

**To provide public comment, please respond by completing the public comment form [here](#). Comments will be accepted until COB on **December 20, 2019**.**



We are grateful to those who take the time to submit comments each year. These comments bring enormous value to Leapfrog’s team and help ensure the Survey is valuable to ASCs, purchasers, and consumers.

For information on the 2019 Leapfrog ASC Survey, visit <https://www.leapfroggroup.org/asc>.

## PROPOSED SCORING ALGORITHMS FOR 2020

### LEAPFROG ASC SURVEY SCORING AND PUBLIC REPORTING

In order to score both hospitals and ASCs on each of the measures included on the Leapfrog Hospital Survey and Leapfrog ASC Survey, Leapfrog works with its research team and expert panels to set national standards that represent top performance. Standard setting creates a goal post for which all participating hospitals and ASCs should strive to reach. Leapfrog uses the following strategies to set standards: 1) peer reviewed literature and expert opinion, 2) peer comparisons, and 3) alignment with existing national standards or targets.

In order to publicly report Leapfrog ASC and Hospital Survey Results, we will use “cell-phone bar” icons (e.g., four out of four bars, three out of four bars, two out of four bars, and one out of four bars) to communicate a facility’s current progress towards meeting Leapfrog’s standards. Four out of four bars represents top performance and one out of four bars represents low performance. Additionally, Leapfrog will use the terms “Unable to Calculate Score,” “Declined to Measure,” “Does Not Apply,” and “Declined to Respond” in scoring and public reporting for those facilities who do not meet the criteria for one of the four performance categories.

As described below, for some measures Leapfrog will not score an ASCs responses to the Survey, but will publicly report the information for the benefit of purchasers and consumers (i.e. percentage of physicians and anesthesiologists that are board certified or board eligible from Section 2 Medical, Surgical, and Clinical Staff). In addition, Leapfrog will often add new fact-finding questions to inform future standards. When new fact-finding questions are added (i.e. documentation of complications in Section 3B Patient Follow-Up), the responses are not scored or publicly reported.

An example of the legend that will be used on Leapfrog’s public reporting website for both Hospital and ASC Survey Results is available in [Appendix II](#).

## PROPOSED CONTENT CHANGES

### PROFILE

Leapfrog will add a new question to the Profile Section of the Survey to determine an ASC’s eligibility to participate in the 2020 Leapfrog ASC Survey. As previously described, the Survey is designed for adult and/or pediatric ASC that perform at least one of the following procedures:

<b>Gastroenterology</b> Upper GI endoscopies Other upper GI procedures Small intestine and stomal endoscopies Lower GI endoscopies	<b>Urology</b> Circumcisions Cystourethroscopies Male genital procedures Male sterilization procedures* Urethra procedures
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<p><b>General Surgery</b>  Cholecystectomies and common duct explorations*  Excisions of skin lesions*  Hemorrhoid procedures*  Inguinal and femoral hernia repairs  Other hernia repairs  Laparoscopies*  Lumpectomies or quadrantectomy of breast procedures*  Mastectomies*  Skin grafts*</p> <p><b>Ophthalmology</b>  Anterior segment eye procedures  Posterior segment eye procedures*</p> <p><b>Orthopedics</b>  Finger, hand, wrist, forearm, and elbow procedures  Shoulder procedures  Spine procedures  Hip procedures  Knee procedures  Toe, foot, ankle, and leg procedures  General orthopedic procedures</p> <p><b>Otolaryngology</b>  Ear procedures  Mouth procedures  Nasal/ sinus procedures  Pharynx/ adenoid/ tonsil procedures</p>	<p>Vaginal repair procedures</p> <p><b>Dermatology</b>  Complex skin repairs*</p> <p><b>Neurological Surgery</b>  Spinal fusion procedures*</p> <p><b>Obstetrics and Gynecology</b>  Cervix procedures*  Hysteroscopies*  Uterus and adnexa laparoscopies*</p> <p><b>Plastic and Reconstructive Surgery</b>  Breast repair or reconstructive procedures*  Musculoskeletal graft or implant procedures*</p>
<p>*Survey includes procedures performed on adult (18 years of age or older) patients only.</p>	

Leapfrog has currently limited the Survey to these surgical specialties in order to target the procedures most often paid for by employers and other purchasers. Leapfrog worked with the Healthcare Cost Institute (HCCI) to identify this list of the most commonly billed surgical procedures requiring monitored anesthesia care (MAC), general anesthesia, or a nerve block in ASCs for commercially insured adult and pediatric patients. Facilities that are not performing one or more of these procedures should not complete the 2020 Leapfrog ASC Survey. In the future, Leapfrog will consider additional procedures including procedures typically not covered by commercial insurance and paid for by consumers, such as cosmetic surgery and LASIK eye surgery. We welcome comments on procedures for future consideration.

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## SECTION 1: BASIC FACILITY INFORMATION

There are no proposed changes to this section.

Information from Section 1 will not be scored, but will be used in public reporting (e.g., Leapfrog will display the number of operating and/or procedure rooms on individual ASC Summary Pages).



**SECTION 2: MEDICAL, SURGICAL, AND CLINICAL STAFF**

Leapfrog will continue to ask questions to assess whether an Advanced Cardiac Life Support (ACLS) trained clinician, plus a second clinician, are always present and immediately available while adult patients are recovering and whether a Pediatric Advanced Life Support (PALS) trained clinician, plus a second clinician, are always present and immediately available while pediatric patients are recovering. However, on the recommendation of Leapfrog’s national expert panel, and to further ensure appropriate staffing while patients are recovering, Leapfrog will add a question to Section 2 to assess whether a physician or CRNA is present at all times and immediately available in the facility until all adult and pediatric patients meet discharge criteria. Facilities who have a physician or CRNA serving as their ACLS or PALS trained clinician are not required to have a third clinician present while patients are recovering. The proposed scoring algorithm for the clinicians present while patients are recovering standard may be reviewed below.

In addition, Leapfrog will continue to ask questions to assess the proportion of physicians and nurse anesthetists who are board certified or board eligible. This information will not be scored but will be used in public reporting (e.g., Leapfrog will display the percentage of board certified/board eligible physicians and nurse anesthetists on individual ASC Summary Pages).

**Proposed Scoring Algorithm**

Note: facilities who have a physician or CRNA serving as their ACLS or PALS trained clinician are not required to have a third clinician present while patients are recovering.

Certified Clinicians Present While Patients Are Recovering Score (Performance Category)	Means that while <u>adult</u> patients are recovering, the ASC ensures that...	Means that while <u>pediatric</u> patients are recovering, the ASC ensures that...
4 out of 4 bars	<ul style="list-style-type: none"> <li>An ACLS certified clinician, plus a second clinician, are present in the facility and immediately available while adult patients are recovering; <b>AND</b></li> <li>A physician or CRNA is present in the facility and immediately available until the patient meets discharge criteria</li> </ul>	<ul style="list-style-type: none"> <li>A PALS certified clinician, plus a second clinician, are present in the facility and immediately available while pediatric patients are recovering; <b>AND</b></li> <li>A physician or CRNA is present in the facility and immediately available until the patient meets discharge criteria</li> </ul>
2 out of 4 bars	<ul style="list-style-type: none"> <li>An ACLS certified clinician, plus a second clinician, are present in the facility and immediately available while adult patients are recovering; <b>OR</b></li> <li>A physician or CRNA is present in the facility and immediately available until the patient meets discharge criteria</li> </ul>	<ul style="list-style-type: none"> <li>A PALS certified clinician, plus a second clinician, are present in the facility and immediately available while pediatric patients are recovering; <b>OR</b></li> <li>A physician or CRNA is present in the facility and immediately available until the patient meets discharge criteria</li> </ul>
1 out of 4 bars	<ul style="list-style-type: none"> <li>An ACLS certified clinician, plus a second clinician, are present in the facility and</li> </ul>	<ul style="list-style-type: none"> <li>A PALS certified clinician, plus a second clinician, are present in the facility and</li> </ul>



	<p>immediately available while adult patients are recovering; <b>AND</b></p> <ul style="list-style-type: none"> <li>A physician or CRNA is NOT present in the facility and immediately available until the patient meets discharge criteria</li> </ul>	<p>immediately available while pediatric patients are recovering; <b>AND</b></p> <ul style="list-style-type: none"> <li>A physician or CRNA is NOT present in the facility and immediately available until the patient meets discharge criteria</li> </ul>
<b>Does Not Apply</b>	The facility does not perform procedures on adult patients.	The facility does not perform procedures on pediatric patients.
<b>Declined to Respond</b>	The facility did not submit a Survey.	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.	

### SECTION 3: VOLUME AND SAFETY OF PROCEDURES

#### SECTION 3A: VOLUME OF PROCEDURES

In 2020, Leapfrog will continue to ask ASCs to report on their annual volume for each procedure listed below. While the volume of procedures will not be scored in 2020, the information will be used to facilitate the search functionality on Leapfrog's public reporting website (e.g., allowing users to search for facilities that perform the procedure they need) and the information will be publicly reported to inform purchasers and consumers about the facility's experience with the procedure.

<p><b>Gastroenterology</b>  Upper GI endoscopies  Other upper GI procedures  Small intestine and stomal endoscopies  Lower GI endoscopies</p> <p><b>General Surgery</b>  Cholecystectomies and common duct explorations*  Excisions of skin lesions*  Hemorrhoid procedures*  Inguinal and femoral hernia repairs  Other hernia repairs  Laparoscopies*  Lumpectomies or quadrantectomy of breast procedures*  Mastectomies*  Skin grafts*</p> <p><b>Ophthalmology</b>  Anterior segment eye procedures  Posterior segment eye procedures*</p> <p><b>Orthopedics</b>  Finger, hand, wrist, forearm, and elbow procedures</p>	<p><b>Urology</b>  Circumcisions  Cystourethroscopies  Male genital procedures  Male sterilization procedures*  Urethra procedures  Vaginal repair procedures</p> <p><b>Dermatology</b>  Complex skin repairs*</p> <p><b>Neurological Surgery</b>  Spinal fusion procedures*</p> <p><b>Obstetrics and Gynecology</b>  Cervix procedures*  Hysteroscopies*  Uterus and adnexa laparoscopies*</p> <p><b>Plastic and Reconstructive Surgery</b>  Breast repair or reconstructive procedures*  Musculoskeletal graft or implant procedures*</p>
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Shoulder procedures Spine procedures Hip procedures Knee procedures Toe, foot, ankle, and leg procedures General orthopedic procedures  <b>Otolaryngology</b> Ear procedures Mouth procedures Nasal/ sinus procedures Pharynx/ adenoid/ tonsil procedures	
*Survey includes procedures performed on adult (18 years of age or older) patients only.	

There are several important updates planned for this section. First, the procedure definitions will be updated to include additional CPT codes thanks to several facilities that provided recommendations in 2019. Next, to assist facilities in reporting on their annual volume of procedures, Leapfrog has obtained a license with the American Medical Association (AMA) that enables us to list individual CPT codes and descriptions rather than CPT code ranges. In 2020, the CPT codes used to define each of the 27 procedures will be available in a downloadable Excel file in the Library on the Survey Dashboard. Facilities will be required to accept the AMA’s Terms of Use Agreement before downloading the Excel file and using the individual CPT codes to query their EHR or billing system.

Lastly, Leapfrog will add new fact-finding (neither scored nor publicly reported) questions to Section 3A to determine whether facilities and/or the physicians performing procedures at the facility are currently participating in a national clinical quality registry that provides opportunities for individual and/or facility-level benchmarking on quality measures. Examples of national clinical quality registries include the American Academy of Orthopaedic Surgeons (AAOS), the Reg-ent ENT Clinical Data Registry, and American Academy of Ophthalmology IRIS® Registry (Intelligent Research in Sight). These questions will not be scored or publicly reported in 2020.

**In addition, Leapfrog is seeking recommendations from stakeholders regarding fully developed and tested quality measures that could be added in 2021 that would provide purchasers and consumers with a more complete assessment of the quality of these procedures in ASCs and HOPDs. Recommendations may include facility and/or surgeon volume standards, as well as patient reported outcomes measures, quality and efficiency measures, and appropriateness measures. We are especially interested in measures used by national accreditation organizations, state or federal regulatory agencies, and/or national clinical quality registries that do not publicly report the data.**

### SECTION 3B: PATIENT FOLLOW-UP

Leapfrog will ask ASCs to report on whether they collect documentation of patient complications. The intent of these questions is to assess whether documentation on patient complications, specifically those that were identified and/or treated outside the facility, is included in the clinical record and available for review and improvement initiatives at the ASC.

These questions will not be scored or publicly reported in 2020.



### SECTION 3C: PATIENT SELECTION AND CONSENT TO TREAT

Leapfrog will continue to ask ASCs to report on their use of standardized patient screening tools to ensure that a patient’s procedure can be safely performed at the facility. However, we are proposing to update the list of recommended components to:

- History of difficult intubation
- Difficult airway/aspiration risk
- Body Mass Index (BMI)
- Recent Medical History (within 30 days of scheduled procedure)
- Cognitive Assessment
- Sleep Apnea Assessment
- American Society of Anesthesiologists (ASA) Physical Status Classification
- Availability of a caregiver following discharge
- Availability of transportation following discharge

We are proposing to remove:

- Frailty Assessment

This information will not be scored but will be used in public reporting (e.g., Leapfrog will display the components of a facility’s patient screening tool on individual ASC Summary Pages).

There are no proposed changes to the Patient Consent to Treat questions in Section 3C. Responses to these questions will not be scored but will be used in public reporting in 2020 alongside information about procedure volume.

### SECTION 3D: SAFE SURGERY CHECKLIST

Questions regarding the use of a safe surgery checklist will be updated in 2020 so that Leapfrog can better assess whether ASCs are ensuring that every element of the checklist is being used on every patient undergoing an applicable procedure. In addition, on the recommendation of our national expert panel, we have refined these questions to ensure that ASCs are using standardized, evidence-based checklists that include the following elements:

Before the induction of anesthesia	Before skin incision	Before patient leaves operating room
<input type="checkbox"/> Patient ID <input type="checkbox"/> Procedure confirmed <input type="checkbox"/> Patient Consent <input type="checkbox"/> Site Marked <input type="checkbox"/> Anesthesia/medication check <input type="checkbox"/> Pulse Ox functioning <input type="checkbox"/> Allergies assessed <input type="checkbox"/> Difficult airway/aspiration risk <input type="checkbox"/> Risk of blood loss <input type="checkbox"/> Availability of devices on-site, if applicable	<input type="checkbox"/> Clinical team introduction <input type="checkbox"/> Confirm: patient name, procedure, and surgical/incision site <input type="checkbox"/> Antibiotic prophylaxis <input type="checkbox"/> Anticipated Critical Events (non-routine steps, length of procedure, blood loss, patient-specific concerns, sterility) <input type="checkbox"/> Equipment check/ concerns <input type="checkbox"/> Essential imaging available Device representative in the OR, if applicable	<input type="checkbox"/> Confirm procedure performed <input type="checkbox"/> Instrument/supply counts <input type="checkbox"/> Specimen labeling <input type="checkbox"/> Equipment concerns <input type="checkbox"/> Patient recovery/ management concerns



The proposed scoring algorithm for the safe surgery checklist standard may be reviewed below.

**Proposed Scoring Algorithm**

Safe Surgery Checklist Score (Performance Category)	Meaning that...
4 out of 4 bars	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure; <b>AND</b></li> <li>Facility has documented that <b>all</b> safe surgical checklist elements listed were completed for each patient</li> </ul>
3 out of 4 bars	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure; <b>AND</b></li> <li>Facility has documented that <b>most</b> of the safe surgical checklist elements listed were completed for each patient</li> </ul>
2 out of 4 bars	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure; <b>AND</b></li> <li>Facility has documented that <b>few or none</b> of the safe surgical checklist elements listed were completed for each patient</li> </ul>
1 out of 4 bars	The facility does not use a safe surgery checklist on all patients undergoing an applicable procedure.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

SECTION 4: PATIENT SAFETY PRACTICES

SECTION 4A: MEDICATION SAFETY

MEDICATION AND ALLERGY DOCUMENTATION

With regard to medication and allergy documentation, Leapfrog is proposing to make minor updates to the wordings of the questions to specify that all home medications, medications ordered, prescribed, or administered during the visit, and allergies and adverse reaction types should be documented in the clinical record for each patient in order for that patient to be counted in the numerator during your medication documentation audit. We are also refining the measure specifications for greater clarity based on feedback received from ASCs in 2019.

The proposed scoring algorithm for the medication and allergy documentation standard may be reviewed below.





**Proposed Scoring Algorithm**

Medication and Allergy Documentation Score (Performance Category)	Means that the facility helps to ensure medication safety by documenting the following information in the clinical record: home medications, medications administered/ordered/prescribed during the visit, and allergy/adverse reaction type...
<b>4 out of 4 bars</b>	The facility met the 90% target for documenting all three components: home medications, visit medications, and allergies/ adverse reaction type in the clinical record.
<b>3 out of 4 bars</b>	The facility met the 90% target for documenting two of the three components.
<b>2 out of 4 bars</b>	The facility met the 90% target for documentation in one of the three components.
<b>1 out of 4 bars</b>	The facility did not meet the 90% target for documentation in any of the three components.
<b>Unable to Calculate</b>	The facility did not meet the minimum reporting requirements for clinical record documentation (n < 60).
<b>Declined to Measure</b>	The facility did not collect data on this measure.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility’s responses are undergoing Leapfrog’s standard verification process.

**ANTIMICROBIAL STEWARDSHIP PRACTICES**

With regard to the Antimicrobial Stewardship Practices, Leapfrog is not proposing any changes to the questions. Results from this section will not be scored or publicly reported in 2020.

**SAFE OPIOID PRESCRIBING**

Additionally, in 2020, Leapfrog will add questions focused on safe opioid prescribing. Responses to these questions will not be scored or publicly reported in 2020. The questions will focus on two areas of opioid prescribing: prescription monitoring via state-based prescription drug monitoring programs (PDPs) and adherence to national evidence-based prescribing [guidelines](#) for surgical patients.

To assess participation in what the Centers for Disease Control and Prevention have identified as a promising practice to improve opioid prescribing and protect patients, Leapfrog will ask ASCs about participation in their statewide [prescription drug monitoring program](#) and whether prescribers are required to check the database before writing a new prescription. Leapfrog will also ask ASCs to report on their adherence to national evidence-based prescribing guidelines for surgical patients, if applicable, and how they monitor adherence to these guidelines.

**SECTION 4B: NHSN OUTPATIENT PROCEDURE COMPONENT MODULE**

There are no proposed changes to this subsection. Leapfrog will continue to obtain the following data directly from the CDC’s National Healthcare Safety Network (NHSN) Outpatient Procedure Component (OPC) Module:

- Outpatient Procedure Component- Annual Facility Survey
- Same Day Outcome Measures (SDOM) Module
- Breast Surgery (BRST) Procedure SSI Outcome Measure
- Herniorrhaphy (HER) Procedure SSI Outcome Measure



- Knee Prosthesis (KPRO) Procedure SSI Outcome Measure
- Laminectomy (LAM) Procedure SSI Outcome Measure

Instructions on how to join Leapfrog’s NHSN Group for ASCs and deadlines for the 2020 Survey are available in the PDF “2020 Leapfrog ASC Survey NHSN Deadlines and Reporting Periods,” which may be found [here](#).

In 2020, an ASC’s performance category for this measure will be calculated based on enrollment in the NHSN OPC Module and 1) completion of the OPC Annual Facility Survey, 2) participation in surveillance and reporting for (4) Same Day Outcome Measures, and 3) participation in surveillance and reporting for all applicable Surgical Site Infection Measures.

The proposed scoring algorithm for the NHSN Outpatient Procedure Component Module standard may be reviewed below.

**Proposed Scoring Algorithm**

NHSN Outpatient Procedure Component Module Score (Performance Category)	Meaning that...
4 out of 4 bars	Facility is enrolled in NHSN OPC Module, completed the OPC Annual Facility Survey, and completed <b>both</b> of the following: <ul style="list-style-type: none"> <li>• Participated in 12-months of surveillance and reporting for all 4 Same Day Outcome Measures</li> <li>• Participated in 12-months of surveillance and reporting for all applicable Surgical Site Infection Measures</li> </ul>
3 out of 4 bars	Facility enrolled in NHSN OPC Module, completed 2019 OPC Annual Facility Survey, and completed <b>one</b> of the following: <ul style="list-style-type: none"> <li>• Participated in 12-months of surveillance and reporting for all 4 Same Day Outcome Measures</li> <li>• Participated in 12-months of surveillance and reporting for all applicable Surgical Site Infection Measures</li> </ul>
2 out of 4 bars	Facility enrolled in NHSN OPC Module and completed the OPC Annual Facility Survey, and completed <b>both</b> of the following: <ul style="list-style-type: none"> <li>• Participated in &lt;12-months of surveillance and reporting for all 4 Same Day Outcome Measures</li> <li>• Participated in &lt;12-months of surveillance and reporting for all applicable Surgical Site Infection Measures</li> </ul>
1 out of 4 bars	Facility enrolled in NHSN OPC Module and completed the OPC Annual Facility Survey but has not yet started participating in surveillance or reporting activities for SDOM or SSI Measures.
Declined to Respond	Facility did not join Leapfrog’s NHSN Group for ASCs or did not submit a Leapfrog ASC Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

In addition, because infection rates are a major concern of purchasers and consumers, Leapfrog is requesting information from ASCs on barriers to participating in the NHSN OPC, as well as recommendations on how Leapfrog can support increased participation. We are also seeking recommendations for alternative measures of surgical site infections that would be applicable to both ASCs and HOPDs. We are especially interested in measures used by national accreditation organizations, state or federal regulatory agencies, and/or national clinical quality registries that do not publicly report the data.



## SECTION 4C: HAND HYGIENE

Leapfrog is proposing significant updates to Section 4C: Hand Hygiene for the 2020 Leapfrog ASC Survey, which will focus on five domains:

- Training and education
- Infrastructure
- Monitoring
- Feedback
- Culture

Additionally in 2020, Leapfrog will score and publicly report responses using a scoring algorithm developed with guidance from Leapfrog’s national [Hand Hygiene Expert Panel](#). The questions and scoring algorithm encourage a multimodal approach and emphasize the importance of monitoring and feedback, which are both required in order to meet Leapfrog’s standard.

A draft of the Hand Hygiene questions for the 2020 Leapfrog ASC Survey is available in [Appendix III](#).

The proposed scoring algorithm for the hand hygiene standard may be reviewed below.

### Proposed Scoring Algorithm

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

1. Monitoring
  - a. Electronic: questions #8-10
  - b. Direct Observation: question #11-13
2. Feedback: questions #14-17
3. Training: questions #1-3
4. Infrastructure: questions #4-7
5. Culture: questions #18-19

Hand Hygiene Score (Performance Category)		DOMAINS THAT NEED TO BE MET					
		1		2	3	4	5
		Monitoring		Feedback	Training	Infrastructure	Culture
Electronic	Direct						
4 out of 4 bars	Electronic Monitoring Path	☑	☑	☑	Meet 1 of 3 domains		
	Direct Observation Path		☑	☑	Meet 2 of 3 domains		
3 out of 4 bars	Electronic Monitoring Path	☑	☑	Meet 1 of 4 domains			
	Alternate Path	Meet 3 of 5 domains					



<b>2 out of 4 bars</b>	Meet 2 of 5 domains
<b>1 out of 4 bars</b>	Meet zero or 1 of 5 domains
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

#### SECTION 4D: NATIONAL QUALITY FORUM (NQF) SAFE PRACTICES

In 2020, Leapfrog will continue to ask ASCs to report on two NQF-endorsed Safe Practices: NQF Safe Practice #1 - Culture of Safety Leadership Structures and Systems and NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention. However, Leapfrog will remove NQF Safe Practice #4 – Risks and Hazards due to the absence of up-to-date evidence supporting the impact of the NQF Safe Practice on reducing adverse events.

Additionally, Leapfrog has formed a national expert panel to assess the development of a new nurse staffing standard for ASCs, hospitals, and hospital outpatient departments. We welcome recommendations regarding fully developed and tested nursing workforce measures and related measure concepts, as well as recommendations for national experts who have published extensively in the field of nursing workforce best practices.

The proposed scoring algorithm for the NQF Safe Practices standard is available below.

#### Proposed Scoring Algorithm

The following scoring algorithm applies to each of the following NQF Safe Practices:

- NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems
- NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention

<b>NQF Safe Practices Score</b> (Performance Category)	<b>Overall Points Earned</b>
<b>4 out of 4 bars</b>	100% of Points
<b>3 out of 4 bars</b>	80% to 99% of Points
<b>1 out of 4 bars</b>	<80% of Points
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

Scoring details are described below:

1. **Maximum Points:** Each of the two NQF Safe Practices has a maximum number of points.

<b>NQF Safe Practice</b>	<b>Maximum Points</b>
1 Culture of Safety Leadership Structures and Systems	120
2 Culture Measurement, Feedback, and Intervention	120

2. **Point values per checkbox:** Within an NQF Safe Practice, each question has an equal point value, computed as the Maximum Points for that NQF Safe Practice divided by the number of checkboxes within that NQF Safe Practice.



3. **Points Earned:** Total points earned for each NQF Safe Practice is the sum of the points for each checkbox marked in that respective NQF Safe Practice.
4. **Performance Category cut-points** are based on a percentage of the Maximum Points achievable for each NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut-points further. However, there are no current plans or commitments to change the cut-points during the 2020 Survey Cycle.
5. **Updated submissions:** Facilities may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas. Facilities submitting new information will have new Results replace the posted results from the prior submission to reflect this progress, consistent with Leapfrog’s monthly update of Survey Results.

#### SECTION 4E: NEVER EVENTS POLICY

There are no proposed changes to the question in this subsection. The proposed scoring algorithm for the never events policy standard may be reviewed below.

##### Proposed Scoring Algorithm

Never Events Policy Score (Performance Category)	Meaning that...
4 out of 4 bars	The facility has implemented a policy that adheres to all 9 principles of The Leapfrog Group’s Policy Statement on Serious Reportable Events/ “Never Events.”
3 out of 4 bars	The facility has implemented a policy that adheres to all of the original 5 principles* of The Leapfrog Group’s Policy Statement on Serious Reportable Events/ “Never Events,” as well as at least 2 additional principles.
2 out of 4 bars	The facility has implemented a policy that adheres to all of the original 5 principles* of The Leapfrog Group’s Policy Statement on Serious Reportable Events/ “Never Events.”
1 out of 4 bars	The facility responded to the Leapfrog survey questions pertaining to adoption of this policy but does not yet meet the criteria for “2 out of 4 bars.”
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

#### SECTION 5: PATIENT EXPERIENCE (OAS CAHPS)

There are no proposed changes to the questions in this section. The proposed scoring algorithm for the patient experience standard may be reviewed below.

##### Proposed Scoring Algorithm

Patient Experience (OAS CAHPS) Score (Performance Category)	Total Points Earned
4 out of 4 bars	Scored in top quartile of facilities on 4 out of 4 OAS CAHPS domains
3 out of 4 bars	Scored in top quartile of facilities on 3 out of 4 OAS CAHPS domains



<b>2 out of 4 bars</b>	Scored in top quartile of facilities on <b>2 out of 4</b> OAS CAHPS domains
<b>1 out of 4 bars</b>	Scored in top quartile of facilities on <b>1 or fewer</b> OAS CAHPS domains
<b>Unable to Calculate Score</b>	The facility did not meet the minimum reporting requirements for the measure (<100 returned OAS CAHPS Surveys).
<b>Does Not Apply</b>	The facility had too few eligible discharges (n < 300) to administer the OAS CAHPS Survey.
<b>Declined to Measure</b>	The facility did not collect data on this measure.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

Note: Cut points are based on the distribution of points earned from 2020 Leapfrog ASC Surveys and Leapfrog Hospital Surveys submitted by June 30, 2020. These cut-points will remain in place for the entire Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

To provide public comment, please respond by completing the public comment form [here](#). Comments will be accepted until **COB December 20**. Thank you for your interest in the Leapfrog ASC Survey. The Leapfrog Group and our experts will consider comments carefully in testing and finalizing the 2020 Leapfrog ASC Survey. Leapfrog will publish a summary of comments and final changes the month prior to the April 2020 launch of the Survey.

APPENDIX I

**2020 Leapfrog ASC Survey Overview\***

Survey Section	Measure	Endorsed or Aligned with other National Reporting Entities	Applicable to Pediatric Facilities?	Included in HOPD Section of Leapfrog Hospital Survey	How results are publicly reported
<b>1</b>	<b>Basic Facility Information</b>				
	General Information	NHSN OPC Annual Facility Survey	✓		<i>Not scored but will be publicly reported in 2020</i>
	Accreditation	NHSN OPC Annual Facility Survey	✓		
	Transfer Policies and Agreements	AAAHC	✓	✓	
<b>2</b>	<b>Medical, Surgical, and Clinical Staff</b>				
	Certified Clinicians Present While Patients Are Recovering	AAAHC	✓	✓	<i>Scored and publicly reported in 2020</i>
	Board Certification		✓	✓	<i>Not scored but will be publicly reported in 2020</i>
<b>3</b>	<b>Volume and Safety of Procedures</b>				
	Volume of Procedures  Volume of commonly-performed adult and pediatric outpatient surgeries and procedures in the following specialties: <ul style="list-style-type: none"> <li>• Gastroenterology</li> <li>• General Surgery</li> <li>• Ophthalmology</li> <li>• Urology</li> <li>• Dermatology</li> <li>• Neurological Surgery</li> <li>• Obstetrics and Gynecology</li> <li>• Plastic and Reconstructive Surgery</li> </ul>		✓	✓	<i>Not scored but will be publicly reported in 2020</i>
	Patient Follow-up		✓	✓	<i>Not scored or publicly reported in 2020</i>
	Patient Selection	AAAHC, TJC	✓	✓	<i>Not scored but will be publicly reported in 2020</i>
	Consent to Treat	AAAHC, TJC	✓	✓	<i>Not scored but will be publicly reported in 2020</i>

Survey Section	Measure	Endorsed or Aligned with other National Reporting Entities	Applicable to Pediatric Facilities?	Included in HOPD Section of Leapfrog Hospital Survey	How results are publicly reported
	Safe Surgery Checklist	WHO, AORN, TJC	✓	✓	<i>Scored and publicly reported in 2020</i>
<b>4</b>	<b>Patient Safety Practices</b>				
	Medication Safety				
	Medication and Allergy Documentation	NQF #0019 and #0020, TJC, AAAHC	✓	✓	<i>Scored and publicly reported in 2020</i>
	Antimicrobial Stewardship Practices		✓		<i>Not scored or publicly reported in 2020</i>
	Safe Opioid Prescribing – Adherence to Prescribing Guidelines for Surgical Patients		✓	✓	<i>Not scored or publicly reported in 2020</i>
	Safe Opioid Prescribing-Monitoring		✓	✓	<i>Not scored or publicly reported in 2020</i>
	NHSN Outpatient Procedure Component Module	CDC/NHSN, NQF #3025 (SSI Breast only)			<i>Scored and publicly reported in 2020</i>
	Hand Hygiene		✓	✓	<i>Scored and publicly reported in 2020</i>
	National Quality Forum (NQF) Safe Practices				
	NQF SP 1: Leadership Structures and Systems	NQF Safe Practice	✓	✓	<i>Scored and publicly reported in 2020</i>
	NQF SP2: Culture Measurement, Feedback, and Intervention	NQF Safe Practice	✓	✓	<i>Scored and publicly reported in 2020</i>
	Never Events Policy		✓	✓	<i>Scored and publicly reported in 2020</i>
<b>5</b>	<b>Patient Experience (OAS CAHPS)</b>				
	Patient Experience (OAS CAHPS)	NQF #1741		✓	<i>Scored and publicly reported in 2020</i>
*AAAHC= Accreditation Associated for Ambulatory Health Care; AORN= Association of periOperative Registered Nurses; CDC NHSN= Centers for Disease Control and Prevention National Healthcare Safety Network; NQF= National Quality Forum; TJC= The Joint Commission; WHO= World Health Organization					




## APPENDIX II

### Example of Public Reporting of 2020 Leapfrog ASC Survey Results

#### Legend

Progress towards meeting Leapfrog standards:



 DECLINED TO RESPOND	Did not respond to this measure
DECLINED TO MEASURE	Did not collect data on this measure
DOES NOT APPLY	This measure is not applicable to this facility
UNABLE TO CALCULATE	Sample size too small to calculate score
PENDING LEAPFROG VERIFICATION	The facility's responses are undergoing Leapfrog's standard verification process

## APPENDIX III

### Proposed Questions for Section 4C Hand Hygiene

#### Important Notes:

Note 1: Leapfrog has provided several FAQs related to these questions in the [2019 Leapfrog ASC Survey](#) (p. 103-105) which will be updated and revised for 2020.

Note 2: The framework and questions in Section 4C are modeled after the World Health Organization's [Hand Hygiene Self-Assessment Framework](#).

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

**Reporting Time Period:** Answer questions #1-19 based on the practices currently in place at the time you submit this section of the Survey.

#### **Training and Education**

<p>1) Do <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>1</sup> in your facility receive hand hygiene training from a <a href="#">professional with appropriate training and skills</a><sup>2</sup> at <b>both</b>:</p> <ul style="list-style-type: none"> <li>• the time of onboarding; and</li> <li>• annually thereafter?</li> </ul> <p><i>If "no" to question #1, skip questions #2-3 and continue on to question #4.</i></p>	<p>Yes No</p>
<p>2) In order to pass the initial hand hygiene training, do <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>1</sup> need to <b>physically demonstrate</b> proper hand hygiene with soap and water and alcohol-based hand sanitizer?</p>	<p>Yes No</p>
<p>3) Are <b>all</b> six of the following topics included in your facility's initial and annual hand hygiene training?</p> <ul style="list-style-type: none"> <li>• Evidence linking hand hygiene and infection prevention</li> <li>• When <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>1</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>1</sup> should clean their hands with both alcohol-based hand sanitizer and soap and water as to ensure they cover all surfaces of hands and fingers, including thumbs and fingernails</li> <li>• When gloves should be used in addition to hand washing (e.g., caring for <i>C. difficile</i> patients) and how hand hygiene should be performed when gloves are used</li> </ul>	<p>Yes No</p>

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

<p>4) Does your facility have a process in place to ensure that <b>all</b> of the following are done, as necessary, and quarterly audits are conducted to ensure that the process is followed?</p> <ul style="list-style-type: none"> <li>• Refill paper towels, soap dispensers, and alcohol-based hand sanitizer dispensers when they are empty or near empty</li> <li>• Replace batteries in automated paper towel dispensers, soap dispensers, and alcohol-based hand sanitizer dispensers (if automated dispensers are used in the facility)</li> </ul>	<p>Yes No</p>
<p>5) Do all rooms or bed spaces in your surgical or treatment areas have <b>both</b>:</p> <ul style="list-style-type: none"> <li>• alcohol-based hand sanitizer that is easily accessible to <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>1</sup> within 5 steps of the patient’s bed; and</li> <li>• a sink for hand washing that is easily accessible to <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>1</sup> within 20 feet of the patient’s bed?</li> </ul>	<p>Yes No</p>
<p>6) Does your facility conduct audits of the volume of alcohol-based hand sanitizer that is delivered with each activation of a wall-mounted dispenser (manual and automated) at <b>all</b> of the following times:</p> <ul style="list-style-type: none"> <li>• upon installation;</li> <li>• whenever the brand of product changes; and</li> <li>• annually throughout the facility?</li> </ul> <p><i>If “no” or “does not apply, wall-mounted dispensers are not used,” skip question #7 and continue on to question #8.</i></p>	<p>Yes No <i>Does not apply, wall-mounted dispensers are not used</i></p>
<p>7) Do all of the audited dispensers deliver a volume of alcohol-based hand sanitizer that covers the hands completely and requires 15 or more seconds for hands to dry?</p>	<p>Yes No</p>

**Monitoring**

**Direct Monitoring – Electronic Compliance Monitoring System**

<p>8) Does your facility use an electronic compliance monitoring system in one or more surgical or treatment areas for assessing hand hygiene compliance?</p> <p><i>Electronic compliance monitoring systems would include door minder or activity monitoring systems, systems that include the wearing of electronic badges, and camera-based systems.</i></p>	<p><i>Yes, in all surgical/ treatment areas</i> <i>Yes, in some surgical/ treatment areas</i> No <i>Plan to implement within 3 years</i></p>
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<p><i>If “no” or “plan to implement within 3 years,” skip questions #9-10 and continue on to question #11.</i></p>	
<p>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?</p> <ul style="list-style-type: none"> <li>• The system can identify both opportunities for hand hygiene and that hand hygiene was performed</li> <li>• The facility itself has validated the accuracy of the data collected by the electronic compliance monitoring system</li> </ul>	<p style="text-align: center;">Yes No</p>
<p>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> of the following criteria?</p> <ul style="list-style-type: none"> <li>• Observers immediately intervene prior to any harm occurring to provide non-compliant individuals with immediate feedback</li> <li>• Observations identify both opportunities for hand hygiene and compliance with those opportunities</li> <li>• Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct</li> <li>• Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>1</sup> on duty for that shift</li> <li>• Observations capture a representative sample of the different roles of <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>1</sup> (e.g., nurses, physicians, techs, environmental services workers)</li> </ul>	<p style="text-align: center;">Yes No</p>

*If “yes, in all surgical/ treatment areas” to question #8, skip questions #11-13 and continue on to question #14.*

**Direct Monitoring – Direct Observation**

<p>11) In those surgical or treatment areas where an electronic compliance monitoring system is NOT used, does your facility use direct observation methods for assessing hand hygiene compliance?</p> <p><i>If “no” to question #11, skip questions #12-13 and continue on to question #14.</i></p>	<p style="text-align: center;">Yes No</p>
<p>12) Do the direct observations meet <b>all</b> of the following criteria?</p> <ul style="list-style-type: none"> <li>• Observers immediately intervene prior to any harm occurring to provide non-compliant individuals with immediate feedback</li> <li>• Observations identify both opportunities for hand hygiene and compliance with those opportunities</li> <li>• Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct</li> </ul>	<p style="text-align: center;">Yes No</p>

<ul style="list-style-type: none"> <li>• Monthly sample size of observations reflects at least 200 observations or 6% of all possible hand hygiene opportunities in the facility, whichever number is less</li> <li>• Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>1</sup> on duty for that shift</li> <li>• Observations are conducted to capture a representative sample of the different roles of <a href="#">individuals who touch patients or who touch items that will be used by patients</a><sup>1</sup> (e.g., nurses, physicians, techs, environmental services workers)</li> </ul>	
13) Does your facility have a system in place for both the initial and recurrent training and validation of hand hygiene compliance observers?	<p style="text-align: center;">Yes No</p>

If “no” to question #8 and question #11, skip questions #14-17 and continue on to question #18.

**Feedback**

14) 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>1</sup> at least monthly for improvement work?	<p style="text-align: center;">Yes No</p>
15) Are hand hygiene compliance data used for creating action plans?	<p style="text-align: center;">Yes No</p>
16) Is regular (at least every 3 months) feedback of hand hygiene compliance data, with demonstration of trends over time, given to: <ul style="list-style-type: none"> <li>• ASC leadership; and</li> <li>• ASC governance?</li> </ul> <p><i>If “no” to question #16, skip question #17 and continue on to question #18.</i></p>	<p style="text-align: center;">Yes No</p>
17) If “yes” to question #16, is ASC leadership held directly accountable for hand hygiene performance through performance reviews or compensation?	<p style="text-align: center;">Yes No</p>

**Culture**

18) 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>1</sup> to perform hand hygiene?	<p style="text-align: center;">Yes No</p>
19) Has leadership demonstrated a commitment 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>1</sup> )?	<p style="text-align: center;">Yes No</p>

**\*END OF DOCUMENT\***

<sup>1</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 in-direct care providers that are likely to have contact with patients, enter a surgical or treatment areas, touch items that will be used by patients, or interact with patient fluids (e.g., blood, specimens), such as doctors, mid-levels, nurses, pharmacists, environmental services staff, phlebotomists, laboratory techs, etc. This would also include students and volunteers. These individuals should be trained to identify and perform proper hand hygiene for the specific indications/moments (see WHO's 5 Moments for Hand Hygiene, CDC's Guideline for Hand Hygiene) that apply to them.

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

<sup>2</sup> ***Professional with Appropriate Training and Skills***

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

The minimum required knowledge of the trainer can be found in the [WHO Guidelines on Hand Hygiene in Health Care](#) and the [Hand Hygiene Technical Reference Manual](#).