



PROPOSED CHANGES TO THE 2022 LEAPFROG ASC SURVEY

OPEN FOR PUBLIC COMMENT
Comments Accepted until COB on December 18, 2021

A central part of Leapfrog's annual Survey process is our Public Comment period. Held each fall, ASCs, employee leaders involved with Leapfrog, 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 received during the public comment period 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 those ambulatory surgery centers (ASCs) that participated in the 2019, 2020, and 2021 Leapfrog ASC Surveys. Facilities that participated have demonstrated their commitment to transparency and are now better prepared to participate in the 2022 Leapfrog ASC Survey. For the first time, as a result of your participation in the Survey, consumers, payers, and purchasers are now able to compare the safety and quality of ASCs side by side with 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 hospital outpatient departments or ASCs, Leapfrog launched both the Leapfrog ASC Survey and the Outpatient Procedures section of the Leapfrog Hospital Survey on April 1, 2019. The Survey questions were developed by national experts at the behest of employers and other payers, and extensively tested with ASCs and HOPDs. They examine basic facility resources, medical, surgical, and clinical staff, volume and safety of procedures, patient safety practices, and patient experience.

The Proposed Changes to the 2022 Leapfrog ASC Survey include proposed updates to the questions included on the 2021 Survey, removal of certain questions, new measures for inclusion in 2022, and changes to the way measures are scored for the purposes of public reporting. The Proposed Changes are based on feedback from participating ASCs, an analysis of 2021 Survey responses, extensive review of clinical literature, 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](#):

- [Important Note on Changes Made in 2021 Due to COVID-19](#)
- [Proposed Scoring on Billing Ethics questions \(Section 1B\)](#)
- [Proposed Scoring on Facility and Surgeon Volume for Total Hip and Total Knee Replacement Surgery \(Section 3B\)](#)
- [New questions on Informed Consent \(Section 3D\)](#)
- [Updated Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures \(Section 3E\)](#)
- [New NQF Safe Practice #4 – Identification and Mitigation of Risks and Hazards in \(Section 4D\)](#)

To provide public comment, please respond by completing the public comment form [here](#). Comments will be accepted until COB on **December 18, 2021**.



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 2021 Leapfrog ASC Survey, visit <https://www.leapfroggroup.org/asc>.

IMPORTANT NOTE ON CHANGES MADE IN 2021 DUE TO COVID-19

In March 2021, Leapfrog [announced](#) a series of significant one-time-only changes to the 2021 Leapfrog ASC Survey due to COVID-19. Leapfrog will extend three of those changes through the 2022 Survey cycle:

- Leapfrog will maintain the reporting period for ASC participation in NHSN's Outpatient Procedure Component (OPC) Module (Section 4B). ASCs will be able to report on the latest 6 months prior to Survey submission rather than the latest 12 months.
- Leapfrog will maintain the updated sample size of 30 cases for Section 4A Medication Safety – Medication and Allergy Documentation for the 2022 Survey and future Surveys.
- Leapfrog will continue its [Virtual On-Site Data Verification](#) program in 2022 but plans to resume On-Site Data Verification in 2023. ASCs selected for Virtual Data Verification will be contacted prior to April 1.

Otherwise, all changes made in the 2021 Survey cycle related to COVID-19 special circumstances will be discontinued for the 2022 Survey cycle, including the following:

- Submission Deadline Extension
 - For the 2021 Survey, Leapfrog extended the Submission Deadline from June 30 to July 31. In 2022, the Submission Deadline will be June 30, 2022, with results first publicly reported on July 25, 2022. The Late Submission Deadline will continue to be November 30. See the 2022 Leapfrog ASC Survey Timeline in [Appendix I](#).
- Reporting periods
 - For some sections of the 2021 Survey, Leapfrog allowed ASCs to report using data from either the prior calendar year (2020) or older calendar year 2019 data. In 2022, this will not be maintained. See the Reporting Periods for the 2022 Leapfrog ASC Survey in [Appendix II](#).
 - In the 2021 Survey, Leapfrog adjusted the reporting period for Section 4D NQF Safe Practice 1 Leadership, Structures, and Systems to allow ASCs to report on safe practice elements that were implemented within the last 24 months. In 2022, ASCs will be asked to report on practices implemented within the last 12 months.
 - In the 2021 Survey, Leapfrog adjusted the reporting period for Section 4D NQF Safe Practice 2 Culture of Safety Measurement, Feedback, and Intervention to allow for ASCs to report on culture of safety surveys administered within the last 36 months and additional safe practice elements that were implemented in the last 24 months. In 2022, ASCs will be asked to report on culture of safety surveys administered within the last 24 months and additional safe practice elements that were implemented within the last 12 months.

Leapfrog will continue to monitor the COVID-19 situation very closely, and if additional changes are warranted for the 2022 Survey, they will be announced prior to April 1.



PROPOSED CONTENT CHANGES

PROFILE

In 2022, Leapfrog is updating the eligibility section of the ASC Profile to remove dermatology from the list of surgical specialties due to both hospitals and ambulatory surgery centers reporting low volumes of dermatology procedures. ASCs will continue to be asked if they perform procedures within the remaining nine surgical specialties to determine eligibility to submit a Survey.

SECTION 1: BASIC FACILITY INFORMATION

SECTION 1A: BASIC FACILITY INFORMATION

There are no proposed changes to these questions.

SECTION 1B: PERSON-CENTERED BILLING ETHICS AND HEALTH EQUITY

BILLING ETHICS

Since the release of the 2021 Leapfrog ASC Survey, new legislation and federal rulemaking has pre-empted some of the newly added billing ethics questions. Specifically, the [No Surprises Act](#), with federal rulemaking slated to take effect in 2022, sets new standards for out-of-network billing, and prohibits balance billing without prior written notice and consent. Since Leapfrog's ASC Survey is designed to measure achievement of national standards and not compliance with federal regulations, Leapfrog will remove the Network Matching and Out-of-Network Services question domains from Section 1B: Billing Ethics and Health Equity.

However, the questions in the Price Transparency and Billing Practices domains will be retained, will be required, and will be scored and publicly reported in 2022. The following questions will be included in Section 1B: Billing Ethics and Health Equity for 2022:

1) What pricing information is displayed on your facility's website for commonly performed procedures? Select all that apply. <i>If "None of the Above," skip question #2 and move on to question #3.</i>	<i>Payer-specific negotiated charges</i> <i>Cash prices</i> <i>None of the Above</i>
2) Webpage URL where payer-specific negotiated charges or cash prices are displayed for consumers:	_____

<p>3) Does your facility provide every patient with a billing statement and/or master itemized bill for both facility and professional services within 60 days from date of service that includes ALL the following?</p> <ul style="list-style-type: none"> a. Name and address of the facility where billed services occurred b. Name(s) of healthcare professionals who billed services c. Date(s) of service d. An individual line item for each service or bundle of services performed e. Description of services billed, including facility fees, that accompanies each line item or bundle of services f. Amount of any principal, interest, or fees (e.g., late or processing fees) g. Amount of any adjustment to the bill (e.g., health plan payment or discounts) h. Amount of any payments already received (from the patient or any other party) i. Instructions on how to apply for financial assistance j. Instructions on how to obtain a copy of the bill in the patient's primary language 	<p>Yes</p> <p>No</p> <p><i>Only upon request</i></p>
<p>4) Does your facility give patients instructions for contacting a billing representative who has the authority to do the following within 5 business days of being contacted by the patient or patient representative?</p> <ul style="list-style-type: none"> a. Initiate an investigation into errors on a bill b. Review, negotiate, and offer a price adjustment or debt forgiveness based on facility policy c. Establish a payment plan 	<p>Yes</p> <p>No</p>
<p>5) Does your facility take legal action against patients for late payment or insufficient payment of a medical bill?</p>	<p>Yes</p> <p>No</p>



In addition, Leapfrog will add to its Frequently Asked Questions (FAQ) guidance on when ASCs should provide instructions to obtain a bill in the patient's primary language to meet the standard in Section 1B question #3, item j, which requires a written copy of the bill in the patient's primary language 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 be encountered. Information detailing a patient's right to receive competent oral interpretation of written materials free of cost must be provided to **all** patients in writing in their primary language.

Finally, Leapfrog will update the FAQ defining "legal action" to include selling the patient's debt to a debt collection agency that takes legal action against the patient.

Proposed Scoring Algorithm

Billing Ethics Score (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> • The facility provides EITHER payer-specific negotiated charges or cash prices on their website for commonly performed procedures and • The facility provides every patient with a billing statement within 60 days of the procedure being performed that includes all 10 required elements listed in question #3 and • The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within 5 business days and • The facility does not take legal action against patients for late or insufficient payment
Considerable Achievement (3 bars)	<ul style="list-style-type: none"> • The facility DOES NOT provide EITHER payer-specific negotiated charges or cash prices on their website for each procedure performed and • The facility provides every patient with a billing statement within 60 days of the procedure being performed that includes all 10 required elements listed in question #3 and • The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within 5 business days and • The facility does NOT take legal action against patients for late or insufficient payment <p>OR</p> <ul style="list-style-type: none"> • The facility provides EITHER payer-specific negotiated charges or cash prices on their website for each procedure performed and • The facility provides patients that request it with a billing statement within 60 days of the procedure being performed that includes all 10 required elements listed in question #3 and • The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within 5 business days and <p>The facility does NOT take legal action against patients for late or insufficient payment</p>

<p>Some Achievement (2 bars)</p>	<ul style="list-style-type: none"> • The facility DOES NOT provide EITHER payer-specific negotiated charges or cash prices on their website for each procedure performed and • The facility provides patients that request it with a billing statement within 60 days of the procedure being performed that includes all 10 required elements listed in question #3 and • The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within 5 business days and • The facility does NOT take legal action against patients for late or insufficient payment
<p>Limited Achievement (1 bar)</p>	<p>The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.</p>
<p>Pending Leapfrog Verification</p>	<p>The facility's responses are undergoing Leapfrog's standard verification process.</p>

HEALTH EQUITY

In response to feedback received during the 2021 Survey Cycle, Leapfrog is planning several updates to the Health Equity questions to better assess ASCs' specific actions regarding the collection of patient self-identified demographic data (race, ethnicity, primary language, sexual orientation, and gender identify) and use of those data. In addition, beginning in 2022, the Health Equity questions will be required for all ASCs. However, they will not be scored or publicly reported until 2023.

SECTION 2: MEDICAL, SURGICAL, AND CLINICAL STAFF

Leapfrog will remove the fact-finding questions #2 and #5 from Section 2 which ask which medical, surgical, and clinical staff are required to maintain Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification, respectively. These questions have never been used in scoring or public reporting.

There are no proposed changes to the scoring algorithm for Section 2 Medical, Surgical, and Clinical Staff.

SECTION 3: VOLUME AND SAFETY OF PROCEDURES

SECTION 3A: VOLUME OF PROCEDURES

In 2022, Leapfrog will continue to ask ASCs to report on their annual volumes of select procedures and this information will be used in public reporting. Leapfrog will be removing those procedures that ambulatory surgery centers and hospitals have identified as not requiring sedation or a nerve block and will make minor updates to the procedure groupings. An updated CPT code workbook will be available when the Survey opens on April 1. Facilities will still be required to accept the American Medical Association's Terms of Use Agreement before downloading the Excel file and using the individual CPT codes to query their EHR or billing system.

In addition, Leapfrog will be removing dermatology from the list of surgical specialties based on the low volume of procedures being performed in both ambulatory surgery centers and hospital outpatient departments. ASCs will continue



to report on the other nine surgical specialties and the volumes of adult and pediatric procedures will continue to be displayed on Leapfrog's public reporting [website](#).

SECTION 3B: FACILITY AND SURGEON VOLUME

Beginning in 2022, ASCs that perform total hip replacement surgery and/or total knee replacement surgery will be scored and publicly reported for the first time based on whether they meet Leapfrog's minimum facility volume standard and whether the facility's process for privileging its surgeons includes meeting or exceeding the minimum surgeon volume standard for:

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

Scoring Algorithm

Facility and Surgeon Volume Standard Score (Performance Category)	For each of the procedures performed by the facility...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> The facility <u>met</u> the minimum facility volume standard for the procedure; and The facility's process for privileging surgeons <u>does</u> include meeting or exceeding the minimum surgeon volume standard.
Considerable Achievement (3 bars)	<ul style="list-style-type: none"> The facility <u>met</u> the minimum facility volume standard for the procedure; but The facility's process for privileging surgeons <u>does not</u> include meeting or exceeding the minimum surgeon volume standard.
Some Achievement (2 bars)	<ul style="list-style-type: none"> The facility <u>did not meet</u> the minimum facility volume standard for the procedure; but The facility's process for privileging surgeons <u>does</u> include meeting or exceeding the minimum surgeon volume standard.
Limited Achievement (1 bar)	<ul style="list-style-type: none"> The facility <u>did not meet</u> the minimum facility volume standard for the procedure; and The facility <u>does not</u> include the minimum surgeon volume standard in its privileging process.
Does Not Apply	The facility does not perform the procedure.



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

SECTION 3C: PATIENT FOLLOW-UP

In 2022, Leapfrog will remove the fact-finding questions regarding patient follow-up and replace them with two outcomes measures published by the Centers for Medicare and Medicaid Services for both ambulatory surgery centers and hospital outpatient departments: ASC-11 (OP-31) Percentage of Patients Who Had Cataract Surgery and Had Improvement in Visual Function within 90 Days Following the Surgery and ASC-12 (OP-32) Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy.

Leapfrog will obtain data for both ambulatory surgery centers and hospitals by downloading the data on the data pull dates included in the table below, and matching it with the CMS Certification Number (CCN) provided in the ASC Profile Section of the Leapfrog ASC Survey. ASCs will be able to review these data on the Details Pages beginning on July 12, 2022. The data will only be scored and publicly reported for ASCs that have provided an accurate CMS Certification Number in the Profile Section and submit the 2022 Leapfrog ASC Survey.

The reporting period for ASC-11 Percentage of Patients Who Had Cataract Surgery and Had Improvement in Visual Function within 90 Days Following the Surgery will be the most recent 12-month reporting period available on the CMS [website](#) based on the data pull dates in the table below. The reporting period for ASC-12 Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy will be the most recent 24-month reporting period available on the CMS website based on the data pull dates in the table below.

CMS data will be scored and publicly reported for ASCs that have submitted a Survey by	CMS Reporting Period	Available on ASC Details Page	Available on the Public Reporting Website
June 30, 2022	ASC-11 most recent 12-month reporting period; ASC-12 most recent 24-month reporting period	July 12, 2022	July 25, 2022
August 31, 2022	ASC-11 most recent 12-month reporting period; ASC-12 most recent 24-month reporting period	September 7, 2022	September 7, 2022



November 30, 2022	ASC-11 most recent 12-month reporting period; ASC-12 most recent 24-month reporting period	December 7, 2022	December 7, 2022
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Proposed Scoring Algorithm for ASC-11: Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery

Performance Category	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> The ASC provided an accurate CCN in the Profile Section Reported volume for anterior segment eye procedures in Section 3A Had a measure score published by CMS for the measure*
Limited Achievement (1 bar)	<ul style="list-style-type: none"> The ASC provided an accurate CCN in the Profile Section Reported volume for anterior segment eye procedures in Section 3A But did not have a measure score published by CMS for the measure (i.e., not available due to sample size being too small)
Does Not Apply	The ASC does not perform anterior segment eye procedures.
Unable to Calculate Score	The ASC did not provide an accurate CNN in the Profile Section.
Declined to Respond	The ASC did not submit a Survey.

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

Proposed Scoring Algorithm for ASC-12: Rate of unplanned hospital visits after an outpatient colonoscopy

Performance Category	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> The ASC provided an accurate CCN in the Profile Section, Reported volume for lower GI endoscopy in Section 3A, and Is in the top quartile of performance*
Considerable Achievement (3 bars)	<ul style="list-style-type: none"> The ASC provided an accurate CCN in the Profile Section, Reported volume for lower GI endoscopy in Section 3A, and Is in the second quartile of performance*
Some Achievement (2 bars)	<ul style="list-style-type: none"> The ASC provided an accurate CCN in the Profile Section, Reported volume for lower GI endoscopy in Section 3A, and Is in the third quartile of performance*
Limited Achievement (1 bar)	<ul style="list-style-type: none"> The ASC provided an accurate CCN in the Profile Section, Reported volume for lower GI endoscopy in Section 3A, and Is in the bottom quartile of performance*
Does Not Apply	The ASC does not perform lower GI endoscopy.



Unable to Calculate Score	The ASC is scored as 'not available' by CMS
Declined to Respond	The ASC did not respond to the questions in this section of the Survey or did not submit a Survey.

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

SECTION 3D: PATIENT SELECTION AND INFORMED CONSENT

Over the past year, the [Patient and Family Caregiver Expert Panel](#) has advised Leapfrog and our researchers to develop a new standard assessing three domains of informed consent: (1) internal training and education around informed consent, (2) the content of informed consent forms, and (3) the process of gaining informed consent. The question set, available in [Appendix III](#), is based on published literature reflecting patient preferences for informed consent content and processes. Key resources used to develop the questions include the [Agency for Healthcare Research and Quality's "Making Informed Consent an Informed Choice: Training for Health Care Leaders,"](#) [patient survey findings published in 2019 in the British Medical Journal](#), [a 2020 study](#) of informed consent documents in use for elective procedures, and [the National Quality Forum's 2010 Safe Practice 5: Informed Consent](#). A more comprehensive bibliography will be provided with the release of the new question set.

These questions apply to the informed consent process for all tests, treatments, and procedures for which the facility's state requires written consent.

These questions will be optional in 2022 and will not be used in scoring or public reporting.

SECTION 3E: SAFE SURGERY CHECKLIST FOR ADULTS AND PEDIATRIC OUTPATIENT PROCEDURES

Under the guidance of Leapfrog's national experts, Leapfrog is proposing updates to the safe surgery checklist questions and scoring algorithm for 2022. First, we will ask ASCs to report on the use of a safe surgery checklist for the adult and pediatric outpatient procedures included in Section 3A. Next, we are proposing to update the scoring algorithm based on the updated questions and include the ASCs documented adherence to the safe surgery checklist. This measure will continue to be scored and publicly reported alongside the Care for Elective Outpatient Surgery Patients results on Leapfrog's public reporting [website](#).

The updated questions and scoring algorithm can be found in [Appendix IV](#).

SECTION 4: PATIENT SAFETY PRACTICES

SECTION 4A: MEDICATION SAFETY

MEDICATION AND ALLERGY DOCUMENTATION



Leapfrog will clarify that ASCs should report on all medications prescribed at discharge or administered during the visit. Question #5 in this section will ask ASCs for:

“Number of cases in question #3 (number of cases measured) with a list of all medications prescribed at discharge or administered during the visit, including the strength, dose, route, date, and time of administration, documented in the clinical record.”

We will also update the definition of medications used in Section 10E to exclude chlorhexidine and alcohol prep pads.

There are no proposed changes to the scoring algorithm for Section 4A: Medication Safety.

OPIOID PRESCRIBING

For the past several years, Leapfrog has included a series of fact-finding questions regarding opioid prescribing in Section 4A. Due to the variation in state-based regulations and the emergence of electronic clinical quality measures focused on opioid prescribing, Leapfrog is removing this subsection from the 2022 Leapfrog ASC Survey.

SECTION 4B: NHSN OUTPATIENT PROCEDURE COMPONENT MODULE

In 2022, Leapfrog will maintain the reporting period for ASC participation in NHSN’s Outpatient Procedure Component (OPC) Module (Section 4B). ASCs will be able to report on the latest 6 months prior to Survey submission rather than the latest 12 months.

There are no proposed changes to the scoring algorithm for Section 4B. An ASC’s performance category will continue to be determined based on their 1) inclusion in Leapfrog’s NHSN group, 2) enrollment in the NHSN Outpatient Procedure Component (OPC) Module, 3) completion of the 2021 Annual Facility Survey, 4) participation in up to six months of surveillance and reporting for the four Same Day Outcome Measures (SDOM), and 5) participation in up to six months of surveillance and reporting for any applicable Surgical Site Infection (SSI) measures.

The NHSN reporting periods for all four NHSN Data Downloads on the 2022 Leapfrog ASC Survey are available in [Appendix V](#).

There are no proposed changes to the scoring algorithm for Section 4B: NHSN Outpatient Procedure Component Module.

SECTION 4C: HAND HYGIENE

Based on feedback from facilities on the challenges of executing Leapfrog’s current requirements for auditing the volume of alcohol-based hand sanitizer from wall-mounted dispensers (referenced in questions #6 and #7), we are proposing to allow facilities to measure the volume using either a volume-based measurement (each activation needs to produce at least 1.0 mL) or the “15-seconds to dry” method. This change will reduce the reporting burden for many ASCs, while continuing to offer flexibility to facilities that use hand sanitizer formats such as foam. As a reminder, in order to meet the criteria to respond ‘yes’ to questions #6 and #7, facilities are required to conduct their own audits independent of any information provided by the vendor on the volume of alcohol-based hand sanitizer dispensed with each activation.

There are no proposed changes to the scoring algorithm for Section 4C Hand Hygiene.



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

NQF SAFE PRACTICE #1 - CULTURE OF SAFETY LEADERSHIP STRUCTURES AND SYSTEMS

See the Reporting Periods for the 2022 Leapfrog ASC Survey in [Appendix II](#).

There are no proposed changes to the scoring algorithm for Section 4D National Quality Forum (NQF) Safe Practices.

NQF SAFE PRACTICE #2 - CULTURE MEASUREMENT, FEEDBACK, AND INTERVENTION.

See the Reporting Periods for the 2022 Leapfrog ASC Survey in [Appendix II](#).

There are no proposed changes to the scoring algorithm for Section 4D National Quality Forum (NQF) Safe Practices.

NQF SAFE PRACTICE #4 - IDENTIFICATION AND MITIGATION OF RISKS AND HAZARDS (OPTIONAL - NOT SCORED OR PUBLICLY REPORTED)

To ensure ASCs have implemented the basic structures and processes needed to identify and mitigate risks and hazards to patients, Leapfrog proposes asking ASCs if they have implemented six key elements outlined in the [National Quality Forum's Safe Practices for Better Healthcare Safe Practice #4](#). ASCs will be asked which of the following have they done within the last 12 months:

4.1	<p>Within the last 12 months our organization has done the following:</p> <p>a <input type="checkbox"/> Assessed risks and hazards to patients by reviewing multiple retrospective sources, such as:</p> <ul style="list-style-type: none"> • serious and sentinel event reporting; • root cause analyses for adverse events; • ASC accreditation surveys; • risk management and filed litigation; • anonymous internal complaints, including complaints of abusive and disruptive caregiver behavior; and • complaints filed with state/federal authorities; <p>and based on those findings, documented recommendations for improvement.</p> <p>b <input type="checkbox"/> assessed risks and hazards to patients using prospective identification methods: Failure Modes and Effects Analysis (FMEA) and/or Probabilistic Risk Assessment, and has documented recommendations for improvement.</p> <p>c <input type="checkbox"/> combined results of (a) and (b) above to develop their risk profile, and used that profile to identify priorities and develop risk mitigation plans.</p> <p>d <input type="checkbox"/> shared results from the two assessments, noted in (a), (b), and the risk mitigation plan noted in (c) above widely across the organization, from the Board (governance) to front-line caregivers.</p> <p>This item may not be checked unless all items 4.1a, b, c are checked.</p>
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4.2	<p>Leadership is accountable for identification of risks and hazards to patients, and mitigation efforts in the past year, as evidenced by:</p> <p>a <input type="checkbox"/> incorporation of the identification and mitigation of risks into performance reviews</p>
4.3	<p>In regard to developing the ability to appropriately assess risk and hazards to patients, the organization has done the following or had in place during the last 12 months:</p> <p>a <input type="checkbox"/> resourced patient safety program budgets sufficiently to support ongoing risk and hazard assessments and programs for reduction of risk.</p>
4.4	<p><input type="checkbox"/> Review of this Safe Practice is complete.</p> <p><i>This check box is in the online survey tool to ensure that your facility has reviewed data entry for the above questions. This question must be marked, even if no items are checked.</i></p>

SECTION 4E: NEVER EVENTS POLICY

There are no proposed changes to this subsection.

SECTION 4F: NURSING WORKFORCE (OPTIONAL – NOT SCORED OR PUBLICLY REPORTED)

In 2021, Leapfrog added a new optional subsection focused on nursing workforce. This subsection will continue to be optional for 2022, and responses will not be used in scoring or public reporting for ASCs. However, we are adding response options to allow ASCs to respond that they are not currently collecting the data.

SECTION 5: PATIENT EXPERIENCE (OAS CAHPS)

Leapfrog will remove the following fact-finding questions from Section 5:

Q14: Did your doctor or anyone from the facility prepare you for what to expect during your recovery?	<p>_____</p> <p><i>Format: Whole numbers only</i></p>
Q19: Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?	<p>_____</p> <p><i>Format: Whole numbers only</i></p>



Q21: Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?

Format: Whole numbers only

There are no proposed changes to the scoring algorithm for Section 5 Patient Experience.



To provide comments, please respond by completing the public comment form [here](#). Comments will be accepted until **COB December 18**. 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 2022 Leapfrog ASC Survey. Leapfrog will publish a summary of comments and final changes the month prior to the April 2022 launch of the Survey.

APPENDIX I

Timeline of the 2022 Leapfrog ASC Survey

Date	Deadline
March	Summary of Changes to the 2022 Leapfrog ASC Survey and Responses to Public Comments will be available on the Survey and CPOE Materials webpage .
April 1	<p>2022 LEAPFROG ASC SURVEY OPENS</p> <p>The hard copy of the 2022 Leapfrog ASC Survey and supporting materials will be available on the Survey and CPOE Materials webpage.</p> <p>See Appendix V for 2022 NHSN deadlines.</p>
June 30	<p>SUBMISSION DEADLINE</p> <p>ASCs that submit a Survey by June 30 will have their Leapfrog ASC Survey Results publicly reported starting on July 25.</p> <p>ASCs that do not submit a Survey by June 30 will be publicly reported as “Declined to Respond” until a Survey has been submitted.</p>
July 12	<p>ASC DETAILS PAGE AVAILABLE</p> <p>The first set of Leapfrog ASC Survey Results, which reflect Surveys submitted by June 30, will be privately available for ASCs to view on July 12 via the ASC Details Page link on the Survey Dashboard.</p>
July 25	<p>ASC SURVEY RESULTS PUBLICLY AVAILABLE</p> <p>The first set of Leapfrog ASC Survey Results, which reflect Surveys submitted by June 30 will be published on Leapfrog’s public reporting website.</p> <p>After July, results are updated on the fifth business day of the month to reflect Surveys (re)submitted by the end of the previous month.</p>
August 31	<p>TOP ASC DEADLINE</p> <p>ASCs that would like to be eligible to receive a Leapfrog Top ASC Award must submit a Survey, including all applicable sections, by August 31.</p>
November 30	<p>LATE SUBMISSION AND PERFORMANCE UPDATE DEADLINE</p> <p>The 2022 Leapfrog ASC Survey will close to new submissions at midnight ET on November 30. No new Surveys, or new Survey sections can be submitted after this deadline.</p> <p>Only ASCs that have submitted a Survey by November 30 will be able to log into the Online Survey Tool to make corrections to previously submitted sections during the months of December and January. Survey updates reflecting a change in performance must be made prior to November 30. Performance updates made after November 30 will not be scored or publicly reported.</p>
January 31 2023	<p>CORRECTIONS DEADLINE</p> <p>ASCs that need to make corrections to previously submitted 2022 Leapfrog ASC Surveys must make necessary updates and re-submit the entire Survey by January 31, 2023. ASCs will not be able to make changes or resubmit their Survey after this date.</p> <p>Survey updates reflecting a change in performance must be made prior to November 30. Performance updates made after November 30 will not be scored or publicly reported.</p>

APPENDIX II

Anticipated Reporting Periods for the 2022 Leapfrog ASC Survey

	Survey Submitted <u>Prior to September 1</u>	Survey (Re-)Submitted <u>On or After September 1</u>
Survey Section/ Measure	Reporting Period	Reporting Period
1A Basic Facility Information	12 months ending 12/31/2021	12 months ending 06/30/2022
1B Person-Centered Billing Ethics and Health Equity	N/A	N/A
2 Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
3A Volume of Procedures	12 months ending 12/31/2021	12 months ending 06/30/2022
3B Facility and Surgeon Volume	Volume: 12 months or 24 months ending 12/31/2021	Volume: 12 months or 24 months ending 06/30/2022
3C Patient Follow-up	Latest 12, or 24 months prior to Survey submission (see individual CMS Measures for specific reporting period)	Latest 12, or 24 months prior to Survey submission (see individual CMS Measures for specific reporting period)
3D Patient Selection and Informed Consent	N/A	N/A
3E Safe Surgery Checklist	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
4A Medication and Allergy Documentation	12 months ending 12/31/2021	12 months ending 06/30/2022
4B NHSN Outpatient Procedure Component Module	Latest 6 months prior to Survey submission	Latest 6 months prior to Survey submission
4C Hand Hygiene	N/A	N/A
4D National Quality Forum (NQF) Safe Practices	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)
4E Never Events Policy	N/A	N/A
4F Nursing Workforce	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission



	Survey Submitted <u>Prior</u> to September 1	Survey (Re-)Submitted <u>On or After</u> September 1
5 Patient Experience (OAS CAHPS)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission

APPENDIX III

New Subsection 3D: Informed Consent Questions (Optional – Not Scored or Publicly Reported)

Domain 1: Internal Training and Education Around Informed Consent	<p>At the time of Survey submission, our facility has done the following:</p> <ul style="list-style-type: none"> a. Created a workflow document describing the informed consent process, and made the document available to all roles and staff levels involved in the informed consent process b. Created a formal training program on informed consent that tailors different training topics to different staff roles, and made the training a required component of onboarding for newly hired staff c. Created list of tests, treatments, and procedures that state law requires patient consent for, with any exceptions noted
Domain 2: The Content of Informed Consent Forms	<p>At the time of Survey submission, our facility has created a standard consent form that includes the following elements:</p> <ul style="list-style-type: none"> a. An overview of all of the patient’s treatment choices, with an explanation of the severity and probability of the risks and benefits for each alternative b. The expected difficulties, recovery time, pain management, and restrictions after the procedure in the facility and post-discharge c. The name(s) of the clinician(s) actually performing the test, treatment, or procedure; his/her/their years of experience; and if any trainees or other clinicians will be involved in the patient’s care d. Written in plain English and is understandable (i.e., at an 6th grade reading level or lower) e. The clinical rationale (i.e., condition-specific justification) for why the procedure is being performed
Domain 3: The Process of Gaining Informed Consent	<p>At the time of Survey submission, our facility has created a policy describing the process for informed consent, and that policy includes the following:</p> <ul style="list-style-type: none"> a. Prior to conducting the informed consent process, our facility identifies the patient’s preferred language for medical decision-making, and where needed, provides the patient access to a qualified medical interpreter b. Prior to signing the consent form, patients are provided with high-quality decision aids (if available) and patient education materials to inform their medical care decisions c. Prior to signing the consent form, a patient’s care partner (family/friend/advocate) is offered the opportunity to listen in and participate in the informed consent process d. The consent form is shared with the patient at least three calendar days before the procedure e. The consent form is discussed with the patient, including the risks, at least one calendar day before the patient’s procedure and the patient is provided with an opportunity to ask questions

	<ul style="list-style-type: none"> f. In conducting the informed consent process, our facility uses the “teach back method” with patients, where we ask them to repeat back, in their own words, what they understand what will be done to them, why it will be done, and what are the primary risks g. As part of the discussion of risks, the clinician discusses with the patient his/her/their experience performing the test, treatment, or procedure h. At least once a year, solicitation of formal feedback from patients about our facility’s informed consent process so we can understand how it might be improved over time i. At least once a year, an audit of our informed consent process to evaluate its efficacy and provides feedback to staff on opportunities for improvement
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Frequently Asked Questions

1) What are the roles and staff levels involved in the informed consent process in Domain 1, Item B?

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 of the following: facility leaders, physicians/independent nurse practitioners/independent physician assistants, nurses or other clinical staff, administrative staff, and interpreters. The training may be tailored to only include relevant materials based on the staff role.

2) What clinicians must have their names specified in Domain 2, Item C?

These should include, at a minimum, physicians, independent nurse practitioners, and independent physician assistants.

3) What are the criteria for determining where a decision aid is “high quality” in Domain 3, Item C?

To qualify as “high quality”, the decision aid must meet ALL of the following elements:

- Describe the health condition
- Identify the target audience
- Explicitly state the decision(s) at hand
- Describe each option the patient may choose, with the tradeoffs (i.e., “pros” an “cons”) of each
- Clarifies how a patient’s values might influence their experience of each option
- Portrays the options in a balanced and equitable manner
- Discloses funding sources that contributed to the development or dissemination of the tool
- Written at a 6th-grade reading level or lower

4) What are examples of exceptions in Domain 1, Item C?

One common example is an exception for obtaining consent when the patient is a minor, and the procedure concerns reproductive health.

APPENDIX IV

Section 3E Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures

1) What is the latest 3-month reporting period for which your facility is submitting responses to questions #2-7? 3-month reporting time period ending:	<p>_____</p> <p>Format: MM/YYYY</p>
<p>2) Does your facility utilize a safe surgery checklist on <u>every</u> patient <u>every</u> time one of the applicable procedures in Section 3A and 3B (if applicable) is performed?</p> <p><i>If “no” to question #2, skip questions #3-7 and go to the Affirmation of Accuracy. The facility will be scored as “Limited Achievement.”</i></p>	<p>Yes</p> <p>No</p>
<p>3) Before the induction of anesthesia, is a safe surgery checklist that includes <u>all</u> the following elements <u>read aloud</u> in the presence of the anesthesia professional and nursing personnel:</p> <ul style="list-style-type: none"> • Patient ID • Confirmation of procedure • Patient consent • Site marked, if applicable • Anesthesia/medication check • Allergies assessed • Difficult airway/aspiration risk • Risk of blood loss, if applicable • Availability of devices on-site, if applicable? 	<p>Yes</p> <p>No</p>
<p>4) Before the skin incision and/or before the procedure begins, is a safe surgery checklist that includes <u>all</u> the following elements <u>read aloud</u> in the presence of the <u>whole surgical team</u>:</p> <ul style="list-style-type: none"> • Clinical team introduction • Confirmation of patient name, procedure, and, if applicable, surgical/incision site • Antibiotic prophylaxis, if applicable • Anticipated Critical Events (non-routine steps, length of procedure, blood loss, patient-specific concerns, sterility) • Equipment check/concerns • Essential imaging available, if applicable • Device representative in the OR, if applicable? 	<p>Yes</p> <p>No</p>
<p>5) Before the patient leaves the operating room and/or procedure room, is a safe surgery checklist that includes <u>all</u> the following elements <u>read aloud</u> in the presence of the <u>whole surgical team</u>:</p> <ul style="list-style-type: none"> • Confirmation of procedure performed • Instrument/supply counts 	<p>Yes</p> <p>No</p>

<ul style="list-style-type: none"> • Specimen labeling, if applicable • Equipment concerns • Patient recovery/management concerns? 	
<p>6) Did your facility perform an audit (either in-person or via the medical record or other EHR data) on at least 15 cases (of patients who underwent a procedure included in Section 3A and 3B, if applicable) and measure adherence to the safe surgery checklist?</p> <p><i>To respond “yes” to question #6, facilities must measure and document whether all the elements in questions #3, #4, and #5 were verbalized in the presence of the appropriate personnel for each sampled case.</i></p> <p><i>If “no” to question #6, skip question #7 and go to the Affirmation of Accuracy. The facility will be scored as “Limited Achievement.”</i></p>	<p>Yes</p> <p>No</p>
<p>7) Based on your facility’s audit (either in-person or via the medical record or other EHR data) on at least 15 cases (of patients who underwent a procedure included in Section 3A and 3B, if applicable), what was your facility’s documented rate of adherence to the safe surgery checklist (e.g., what percentage of the sampled cases had all elements in questions #3, #4, and #5 completed)?</p>	<p>100%</p> <p>75%-99%</p> <p>50-74%</p> <p>Less than 50%</p>

Section 3E Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures – Scoring Algorithm for 2022

Facilities will be scored on the use of a safe surgery checklist and whether elements of the checklist are documented and used on every patient undergoing an applicable procedure based on an audit of a sample of patients.

Safe Surgery Checklist Score (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> • The facility uses a safe surgery checklist on all patients undergoing an applicable procedure • The facility’s checklist includes all safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (e.g., facility responded “yes” to questions #3, #4, and #5) • The facility completed an audit of at least 15 patients and documented adherence to the checklist • The facility’s documented adherence to the checklist is 100%

<p>Considerable Achievement (3 bars)</p>	<ul style="list-style-type: none"> • The facility uses a safe surgery checklist on all patients undergoing an applicable procedure • The facility's checklist includes all safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (e.g., facility responded "yes" to questions #3, #4, and #5) • The facility completed an audit of at least 15 patients and documented adherence to the checklist • The facility's documented adherence to the checklist is at least 75%
<p>Some Achievement (2 bars)</p>	<ul style="list-style-type: none"> • The facility uses a safe surgery checklist on all patients undergoing an applicable procedure • The facility's checklist includes all safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (e.g., facility responded "yes" to questions #3, #4, and #5) • The facility completed an audit of at least 15 patients and documented adherence to the checklist • The facility's documented adherence to the checklist is at least 50%
<p>Limited Achievement (1 bar)</p>	<p>The facility responded to this section but does not yet meet the criteria for Some Achievement.</p>
<p>Declined to Respond</p>	<p>The facility did not submit a Survey.</p>
<p>Pending Leapfrog Verification</p>	<p>The facility's responses are undergoing Leapfrog's standard verification process.</p>

APPENDIX V

NHSN Reporting Periods and Deadlines

Ambulatory surgical centers (ASCs) are required to join Leapfrog's NHSN Group for ASCs in order for Leapfrog to pull data on the following measures included in Section 4B NHSN Outpatient Procedure Module of the 2021 Leapfrog ASC Survey:

- Same day outcome measures: patient burns, falls, "wrong" event, and all-cause hospital transfer/admission
- Surgical site infections for Infections for breast surgery (BRST), laminectomy (LAM), herniorrhaphy (HER), and knee prosthesis (KPRO) using an All SSI SIR model

Leapfrog will also be downloading a copy of your facility's 2021 Outpatient Procedure Component (OPC) Ambulatory Surgery Center (ASC) Annual Facility Survey.

Data will be available for ASCs Details Page, as well as scored and publicly reported by Leapfrog for facilities that:

1. Join Leapfrog's NHSN Group for ASCs by the dates below
2. Enter a valid NHSN ID in the Profile Section of their 2021 Leapfrog ASC Survey, and
3. Complete, affirm, and submit the 2021 Leapfrog ASC Survey by the dates below

The NHSN reporting periods and deadlines for the 2022 Leapfrog ASC Survey are as follows:

Join Leapfrog's NHSN group by	Leapfrog will download data from NHSN for all current group members	Data downloaded from NHSN will be scored and publicly reported for ASCs that have submitted a Survey by	SDOM and SSI Reporting Period	Available on ASC Details Page and Public Reporting Website on
June 21, 2022	June 22, 2022	June 30, 2022	Latest 6 months prior to Survey submission	July 12, 2022 Details Page July 25, 2022 Public Reporting Website
August 22, 2022	August 23, 2022	August 31, 2022	Latest 6 months prior to Survey submission	September 7, 2022*
October 20, 2022	October 22, 2022	October 31, 2022	Latest 6 months prior to Survey submission	November 7, 2022*
December 20, 2022	December 21, 2022**	November 30, 2022	Latest 6 months prior to Survey submission	January 6, 2023*

Leapfrog will provide step-by-step instructions for ASCs to download the same reports that Leapfrog downloads for each of the NHSN data downloads on our [website](#) by April 1.

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

** The Leapfrog ASC Survey closes on November 30, 2022. The last NHSN data pull is on December 21, 2022, to incorporate any facilities and corrections from facilities that joined by the last join date of December 20, 2022.



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