THELEAPFROGGROUP

PROPOSED CHANGES TO THE 2023 LEAPFROG ASC SURVEY

OPEN FOR PUBLIC COMMENT
Comments Accepted until COB on December 21, 2022

Since the inaugural launch of the 2019 Leapfrog Ambulatory Surgery Center (ASC) Survey, Leapfrog has worked with ASCs, its Board of Directors, Regional Leaders, our national expert panel, the research team at Johns Hopkins, and purchaser members to develop Survey content. We also work with and rely upon our Ambulatory Surgery Center Advisory Committee, launched in March 2022, to advise on key issues related to ASC safety, quality, and efficiency.

Leapfrog's experts review the latest evidence and literature to refine the current measures included in the Survey and propose changes for each upcoming year. We then seek public comment on the proposed changes and use stakeholder feedback to finalize the Survey content.

Through participation in the Leapfrog ASC Survey, and by extension the public comment process, surgery centers continue to demonstrate their commitment to transparency and empower employers and purchasers to find the highest-value care while giving consumers the lifesaving information they need to make informed decisions. Hospital and ASC Survey Results are publicly reported so stakeholders can compare hospital outpatient departments and surgery centers side-by-side.

The Proposed Changes are based on feedback from participating ASCs, an analysis of 2022 Leapfrog ASC Survey responses and results, 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 outcome measures for urology and orthopedic patients
- Proposed scoring and public reporting on Leapfrog's new Informed Consent standard
- Proposed scoring and public reporting on NQF Safe Practice #4 Risks and Hazards

To provide public comment, please respond by completing the public comment form here. Comments will be accepted until COB on December 21, 2022.

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 2022 Leapfrog ASC Survey, visit https://www.leapfroggroup.org/asc.

DEADLINES AND REPORTING PERIODS FOR 2023

ASCs can review the 2023 Leapfrog ASC Survey Deadlines and anticipated reporting periods in Appendix I and Appendix II. ASCs that do not submit a Survey by June 30 will be publicly reported as "Declined to Respond" until a Survey has been submitted.

PROPOSED CONTENT CHANGES

PROFILE

There are no proposed changes to these questions.

SECTION 1: BASIC FACILITY INFORMATION

SECTION 1A: BASIC FACILITY INFORMATION

In recognition of the published evidence and guidelines documenting the importance of environmental hygiene on infection prevention, Leapfrog is exploring the development of a new standard around environmental hygiene and will be consulting with experts in advance of the 2024 Leapfrog ASC Survey. Environmental hygiene under consideration includes cleaning and disinfecting, as well as air-handling, ventilation, and water quality. For the 2023 Leapfrog ASC Survey, we are proposing to add an optional, fact-finding question to 1A: Basic Facility Information to assess how ASCs are integrating environmental services and facilities engineering into their quality and safety structures:

1) How are environmental services (EVS) and facilities engineering integrated into your ASC's quality and safety structures? *Select all that apply.*	☐ The individual responsible for EVS directly reports to, or has a dotted line, to the individual responsible for patient safety and quality ☐ The individual responsible for facilities engineering directly reports to, or has a dotted line, to the individual responsible for patient safety and quality ☐ EVS and facilities engineering staff are surveyed as part of the ASC's Culture of Safety Survey and leaders conduct debriefings with the EVS and facilities engineering staff around the team's survey results ☐ EVS and facilities engineering leaders are included in the ASC's daily patient safety huddles ☐ Other ☐ Not applicable; EVS and facilities engineering are not integrated into the ASC's quality and safety structures

This optional, fact-finding question will not be used in scoring or public reporting in 2023.

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

BILLING ETHICS

In response to facility feedback and an analysis of responses submitted to the 2022 Leapfrog ASC Survey, Leapfrog will make several revisions to the questions in Section 1B: Billing Ethics:

- Question #3, regarding a master itemized bill, will be updated to clarify that facilities must provide instructions on how to obtain a written translation or oral interpretation of the bill in the patient's preferred language.
- Question #4, regarding access to billing representatives and timely resolution of billing issues, will be updated to give billing representatives 10 days, rather than 5 days, to initiate an investigation into errors on a bill, review, negotiate, and offer a price adjustment or debt forgiveness based on facility policy, and establish a payment plan. Question #2 will also be updated to require that billing representatives have access to a translation service to help communicate information in the patient's preferred language.
- Facilities that respond "yes" to question #2 will be asked to report on an additional question about whether their billing representatives are resolving patient inquiries within 10 business days at least 95% of the time based on a random audit. Responses to this question will not be scored or publicly reported until 2024.

All facilities will be asked to report on an additional, optional fact-finding question about whether they notify patients within 30 days that an unpaid balance has been closed (e.g., due to the bill written off as unrecoverable debt).

Additionally, Frequently Asked Questions (FAQs) will be added regarding alternatives to legal action against patients and requirements regarding billing statements. Updates to the questions and new FAQs for Section 1B: Billing Ethics are detailed in Appendix III. There are no proposed changes to the scoring algorithm.

HEALTH EQUITY

To date, Leapfrog has focused questions in this subsection on the collection of patient self-reported demographic information. Based on feedback from Leapfrog's national Advisory Committee and an analysis of responses submitted to the 2022 Leapfrog ASC Survey, Leapfrog will revise the questions to focus on methods that facilities are using to stratify measures by race, ethnicity, preferred language, sexual orientation, and gender identify. These questions will continue to be required, but responses will not be scored or publicly reported in 2023.

SECTION 2: MEDICAL, SURGICAL, AND CLINICAL STAFF

Leapfrog will remove question #5 and #6, which ask for the percent of physicians and anesthesia professionals that are board certified or board eligible. We will replace these questions with a single yes/no question asking whether an ASC's policy requires all physicians and anesthesia providers to be board certified or board eligible.

1) To help ensure that patients are cared for by well-trained physicians and anesthesia providers (e.g., anesthesiologists and certified registered nurse anesthetists), do your medical staff by-laws or facility-wide policies require all physicians and anesthesia providers who have privileges to provide care at your facility to be board certified or board eligible?	*Yes* *No*

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

There are no proposed changes to this subsection.

SECTION 3B: FACILITY AND SURGEON VOLUME

Based on feedback from participating ASCs and guidance from Leapfrog's Complex Surgery Expert Panel, Leapfrog will add Bariatric Surgery for Weight Loss to Section 3B: Facility and Surgeon Volume. Leapfrog will ask facilities that perform the procedures to report facility volume, whether the facility's process for privileging includes the surgeon meeting or exceeding Leapfrog's minimum annual surgeon volume standard, and whether they have appropriateness criteria for Bariatric Surgery for Weight Loss. Leapfrog's facility volume standard for this procedure is 50 and the annual surgeon volume is 25. However, Leapfrog will not score or publicly report Bariatric Surgery for Weight Loss until 2024.

The Current Procedural Terminology (CPT) codes used to calculate the facility volume for this procedure will be available via the Online Survey Tool when the Survey opens on April 1, 2023. Due to the American Medical Association's Terms of Use, ASCs must complete the Terms of Use via the Online Survey Tool to access the CPT Codes.

There are no proposed changes to the scoring algorithm for total knee replacement surgery or total hip replacement surgery.

SECTION 3C: PATIENT SELECTION AND PATIENT FOLLOW-UP

PATIENT SELECTION

There are no proposed changes to these questions.

PATIENT FOLLOW-UP

Leapfrog will remove the outcome measure ASC-11 Improvement in Patients Visual Function Following Cataract Surgery since CMS has made this measure voluntary through the 2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule. We will add two new outcome measures published by CMS: ASC-17 Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures and ASC-18 Hospital Visits After Urology Ambulatory Surgical Center Procedures. Both measures will be scored and publicly reported in 2023. The proposed scoring algorithm is available in Appendix IV.

There are no proposed changes to the scoring algorithm for ASC-12 Rate of Unplanned Hospital Visits after an Outpatient Colonoscopy.

Data download dates and reporting periods for ASC 12 Rate of Unplanned Hospital Visits after an Outpatient Colonoscopy, as well as ASC-17 and ASC-18, are available in Appendix V.

SECTION 3D: INFORMED CONSENT

In response to facility feedback and an analysis of responses submitted to the 2022 Leapfrog ASC Survey, as well as expert consultation with the Patient and Family Caregiver Expert Panel, Leapfrog is proposing to score and publicly report Section 3D: Informed Consent in 2023. In preparation for scoring and public reporting, we are proposing the following updates to the subsection:

First, the following six questions were identified by the expert panel as being most relevant for use in scoring and public reporting:

- One (1) question from the Policies and Training domain that focuses on staff training on the facilities' informed consent policies
- Three (3) questions from the Content of the Informed Consent Forms domain that focus on detailing expected difficulties with the procedure; naming individuals who will be involved with the procedure, including trainees; and ensuring informed consent forms are at a 6th grade reading level
- Two (2) questions from the Processing for Gaining Informed Consent domain that focus on providing medical interpretation in the patient/legal guardian's preferred language, where needed, when discussing informed consent and using the "teach back method" with patients to ensure they understand what is being explained to them.

Updates to the questions listed above and the proposed scoring algorithm is detailed in Appendix VI.

Second, we are removing questions focused on the facility having a written policy on informed consent, the facility explicitly offering patients the opportunity for a care partner to participate in the informed consent process, and the use of high-quality decision aids when discussing treatment options.

Finally, we are retaining several questions from the 2022 Leapfrog ASC Survey but making them optional for fact finding purposes only; they will not be scored or publicly reported in 2023. As we conduct additional research on these and other important, evidence-based practices related to the informed consent process, additional questions may be scored and publicly reported in the future.

The full list of optional, fact-finding questions is available in Appendix VI.

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

Leapfrog is proposing two updates to Section 3E: Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures. First, Leapfrog will increase the audit requirement in question #6 from 15 sampled cases to 30 sampled cases for facilities who perform any of the procedures included in Section 3A Volume of Procedures or 3B Facility and Surgeon Volume. Facilities should randomly sample 30 cases across all the procedures reported in Sections 3A and 3B.

Second, for those ASCs that conducted a random sample audit to assess compliance with the Safe Surgery Checklist, Leapfrog will ask if the audit was completed by real-time observations, or a retrospective review of medical records or EHR data.

There are no proposed changes to the scoring algorithm for Section 3E: Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures.

SECTION 4: PATIENT SAFETY PRACTICES

SECTION 4A: MEDICATION SAFETY

MEDICATION AND ALLERGY DOCUMENTATION

Leapfrog will clarify that only medications newly prescribed at discharge should be counted as medications prescribed at discharge and/or administered during the visit. We will also add intra-op irrigation solutions to the list of excluded medications and will update the measure specifications to exclude the dose requirement for lidocaine jelly.

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

SECTION 4B: NHSN OUTPATIENT PROCEDURE COMPONENT MODULE

The NHSN reporting periods for all four NHSN data downloads for the 2023 Survey Cycle are available in Appendix VII.

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

SECTION 4C: HAND HYGIENE

There are no proposed changes to this subsection.

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

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

There are no proposed changes to this subsection.

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

Leapfrog will add the Safety, Communication, Organizational Reliability, Physician & Employee Burnout and Engagement (SCORE) Survey, developed by Safe & Reliable, to the list of valid and reliable culture of safety surveys ASCs can administer to meet the requirement of practice element 2.2a.

There are no proposed changes to the scoring algorithm for Section 4D: NQF Safe Practice #2.

NQF SAFE PRACTICE #4 - RISKS AND HAZARDS

Leapfrog will score and publicly report NQF Safe Practice #4, which asks ASCs if they have implemented six key elements outlined in the National Quality Forum's Safe Practices for Better Healthcare Safe Practice #4. ASCs will be scored based on how many elements they have adhered to within the last 12 months. The scoring algorithm for this measure is available in Appendix VIII.

SECTION 4E: NEVER EVENTS POLICY

Leapfrog will update the wording to question #4, which asks if facilities waive all costs related to all never events, to clarify that this includes costs to both the patient and the payor.

SECTION 4F: NURSING WORKFORCE

Leapfrog is proposing to score and publicly report results for the Nursing Workforce measure, proportion of RNs that are BSN-prepared. The scoring algorithm is available in Appendix IX.

SECTION 5: PATIENT EXPERIENCE (OAS CAHPS)

Leapfrog will clarify that ASCs must currently be administering the OAS CAHPS Survey to respond "yes" to question #3, which asks if your ASC administers, or has started to administer, the OAS CAHPS Survey.

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

Thank you for your interest in the Leapfrog ASC Survey. The Leapfrog Group and our experts will consider comments carefully in finalizing the 2023 Leapfrog ASC Survey. Leapfrog will publish responses to public comments and a summary of changes in March 2023.

APPENDIX I

Timeline for the 2023 Leapfrog ASC Survey

Date	Deadline
March	Summary of Changes to the 2023 Leapfrog ASC Survey and Responses to Public Comments will be available for download at https://www.leapfroggroup.org/asc-survey-materials/survey-materials. All commenters will be notified.
April 1	**2023 LEAPFROG ASC SURVEY LAUNCH:** The hard copy of the 2023 Leapfrog ASC Survey and supporting materials are available for download on the Survey Materials webpage. The Online ASC Survey Tool is available.
June 30	**SUBMISSION DEADLINE:** ASCs that submit a Survey by June 30 will have their Leapfrog ASC Survey Results publicly reported starting on July 25. ASCs that do not submit a Survey by June 30 will be publicly reported as "Declined to Respond" until a Survey has been submitted.
July 12	**ASC DETAILS PAGE AVAILABLE:** 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. In addition, Leapfrog will send out its first round of monthly data verification emails and documentation requests.
July 25	**ASC SURVEY RESULTS PUBLICLY AVAILABLE:** The first set of Leapfrog ASC Survey Results, which reflect Surveys submitted by June 30 will be published on Leapfrog's public reporting website. ASCs that do not submit a Survey by June 30 will be publicly reported as "Declined to Respond" until a Survey has been submitted. 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.
August 31	**TOP ASC DEADLINE:** ASCs that would like to be eligible to receive a Leapfrog Top ASC Award must submit a Survey by August 31. Facilities are encouraged to submit their Survey by June 30 in order to resolve any data entry or reporting errors identified by Leapfrog through its monthly data verification and documentation requests.
November 30	**LATE SUBMISSION DEADLINE:** The 2023 Leapfrog ASC Survey will close to new submissions at 11:59 pm ET on November 30. No new Survey can be submitted after this deadline. Only ASCs that have submitted a Survey by November 30 will be able to log in to the Online ASC Survey Tool during the months of December and January to make corrections to previously submitted sections. Performance updates submitted after November 30 will not be scored or publicly reported.
January 31	**CORRECTIONS DEADLINE:** ASCs that need to make corrections to previously submitted 2023 Leapfrog ASC Surveys must make necessary updates and re-submit the entire Survey by January 31, 2024. ASCs will not be able to make changes or submit their Survey after this date.

APPENDIX II

Anticipated 2023 Leapfrog ASC Survey Reporting Periods

	Survey Submitted <u>Prior</u> to September 1	Survey (Re)Submitted <u>On or After</u> September 1
Survey Section	**Reporting Period**	**Reporting Period**
1A Basic Facility Information	12 months ending 12/31/2022	12 months ending 06/30/2023
1B Person-Centered Care: 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 12/31/2022	12 months ending 06/30/2023
3B Facility and Surgeon Volume	Volume: 12 months or 24 months ending 12/31/2022	Volume: 12 months or 24 months ending 06/30/2023
3C Patient Selection and Patient Follow-up	Patient Selection: N/A Patient Follow-up: Latest 24 or 36 months prior to Survey submission	Patient Selection: N/A Patient Follow-up: Latest 24 or 36 months prior to Survey submission
3D 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 12/31/2022	12 months ending 06/30/2023
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	N/A	N/A

	Survey Submitted **Prior** to September 1	Survey (Re)Submitted **On or After** September 1
5 Patient Experience (OAS CAHPS)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission

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Section 1B: Billing Ethics – Questions for 2023

Updates highlighted in <mark>yellow</mark>

New questions highlighted in <mark>blue</mark>

1) What pricing information is displayed on your facility's website for commonly performed procedures? Select all that apply.	*Payer-specific negotiated charges* *Cash prices* *None of the above*
2) Webpage URL where payer-specific negotiated charges or cash prices are displayed for consumers: *The http:// prefix needs to be included.*	_____

3) Within 30 days of the final claims adjudication, does your facility provide **every patient**, <mark>either by mail or electronically</mark>, with a billing statement and/or master itemized bill for facility services that includes ALL the following?
   a. Name and address of the facility where billed services occurred
   b. Date(s) of service
   c. An individual line item for each service or bundle of services performed
   d. Description of services billed that accompanies each line item or bundle of services
   e. Amount of any principal, interest, or fees (e.g., late or processing fees), if applicable
   f. Amount of any adjustments to the bill (e.g., health plan payment or discounts), if applicable
   g. Amount of any payments already received (from the patient or any other party), if applicable
   h. Instructions on how to apply for financial assistance
   i. Instructions in the patient's preferred language on how to obtain a written translation or oral interpretation of the bill
   j. Notification that physician services will be billed separately, if applicable
 	
<mark>If your facility provides all the elements indicated above, but some are provided only upon request, select "Only upon request". If your facility provides most of the elements, but at least one is not provided to patients even upon request, select "No".</mark>
	Yes
	No
	Only upon request

4) Does your facility give patients instructions for contacting a billing representative who has the authority to do the following <mark>within 10 business days</mark> of being contacted by the patient or patient representative, and <mark>can access an interpretation service to communicate in the patient's preferred language?</mark>
    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
	Yes
	No

5) Based on a quantified analysis of response times, do your facility's billing representatives meet the required timeframes outlined in question #4 above for each of the element's a., b., and c. at least 95% of the time?	*Yes* *No* *Did not conduct a quantified analysis of response times*
6) Does your facility take legal action against patients for late payment or insufficient payment of a medical bill? *Patients with whom your facility has entered into a written agreement specifying a set price (not a range or estimate) for a medical service are not included in this question.*	*Yes* *No*

Additional Question (Optional – Fact Finding Only)

7) Does your facility notify patients who have had their outstanding unpaid balance closed (e.g., due to the facility's charity care program, or the bill having been written off as unrecoverable debt), within 30 days of the balance being closed?	*Yes* *No* *Not applicable, our facility does not close outstanding unpaid balances*

Section 1B: Billing Ethics – FAQs for 2023

Updates highlighted in yellow

1. **In answering question #3, what timeframe applies to patients that are uninsured?**
   For patients that are uninsured, a billing statement and/or master itemized bill should be provided to them by the facility within 30 days of the date of service.

2. <mark>**In answering question #3, should patients that do not have an outstanding balance be provided with a billing statement?**</mark>
   <mark>Yes, every patient must be provided with a billing statement, even if the patient does not have an outstanding balance; if the balance has already been paid, this would be indicated in "item (g) Amount of any payments already received (from the patient or any other party), if applicable".</mark>

3. **To meet the criteria for item "i" in question #3, does our facility have to translate the billing statement and/or master itemized bill to every language spoken by our patients?**
Facilities must provide instructions, in the patient's primary language, on how to obtain a written translation or oral interpretation of the bill if the language constitutes 5% (and at least 50 patients) or 1,000 patients (whichever is less) of the population eligible to be served or likely to be encountered.

4. **What does Leapfrog mean by "legal action" in question #6?**
Legal action can include, but is not limited to, a lawsuit, wage garnishment, filing to take a patient's money out of their tax return, seizing or placing a lien on a patient's personal property, and selling or transferring a patient's debt to a debt collection agency that will take legal action against the patient. If the debt collection agency is prevented from taking legal action against patients by their contract with the facility, selling or transferring a patient's debt to that debt collection agency would not be considered legal action.

Patients with whom your facility has entered into a written agreement specifying a set price (not a range or estimate) for a medical service would not be included in this question. A patient's insurance being accepted by the facility, or publicly available prices for a procedure, do NOT constitute a written agreement specifying a set price for a procedure.

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

5. **What are alternatives to legal action against patients?**
To ensure that patients are not being pursued when they no longer have the means to pay, some healthcare providers partner with nonprofits such as RIP Medical Debt, a nonprofit that uses philanthropically raised funds to acquire bad debt from health systems solely for the purpose of debt relief. They use credit analytics to locate patients with financial hardship and help notify the patient that the debt is abolished. Facilities can contact RIP Medical Debt here: https://ripmedicaldebt.org/hospitals/.

Section 3C: Patient Follow-up – Proposed Scoring Algorithm for ASC-17: Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures for 2023

Performance Category	Meaning that the ASC…
Achieved the Standard (4 bars)	• Provided an accurate CCN and NPI in the Profile Section, • Reported volume for adult orthopedic procedures in Section 3A and/or 3B, and • Is in the top quartile of performance*
Considerable Achievement (3 bars)	• Provided an accurate CCN and NPI in the Profile Section, • Reported volume for adult orthopedic procedures in Section 3A and/or 3B, and • Has a score published by CMS, but is not within the top quartile of performance*
Does Not Apply	The ASC does not perform adult orthopedic procedures.
Unable to Calculate Score	The ASC is not participating with CMS, is scored as 'not available' by CMS, or did not provide an accurate CCN and NPI in the Profile Section.

Section 3C: Patient Follow-up – Proposed Scoring Algorithm for ASC-18: Hospital Visits After Urology Ambulatory Surgical Center Procedures for 2023

Performance Category	Meaning that the ASC…
Achieved the Standard (4 bars)	• Provided an accurate CCN and NPI in the Profile Section, • Reported volume for adult urology procedures in Section 3A, and • Is in the top quartile of performance*
Considerable Achievement (3 bars)	• Provided an accurate CCN and NPI in the Profile Section, • Reported volume for adult urology procedures in Section 3A, and • Has a score published by CMS, but is not within the top quartile of performance*
Does Not Apply	The ASC does not perform adult urology procedures.
Unable to Calculate Score	The ASC is not participating with CMS, is scored as 'not available' by CMS, or did not provide an accurate CCN and NPI in the Profile Section.

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

APPENDIX V

Section 3C: Patient Follow-up Reporting Periods and Deadlines

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, 2023	ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	July 12, 2023	July 25, 2023
August 31, 2023	ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	September 8, 2023	September 8, 2023
November 30, 2023	ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	December 7, 2023	December 7, 2023

Data will be downloaded from the CMS provider catalog at https://data.cms.gov/provider-data/dataset/4jcv-atw7.

APPENDIX VI

Section 3D: Informed Consent – Questions for 2023

Updates highlighted in ==yellow==

==*Policies and Training*==

1) Does your facility have a training program on informed consent that tailors different training topics to different staff ==roles (including facility leaders, MD/NP/PA, nurses and other clinical staff, administrative staff, and interpreters)==, and has your facility made the training: • a required component of onboarding for the appropriate newly hired staff, and • required for the appropriate existing staff who were not previously trained, and • ==required to be re-taken at least every five years for staff already trained unless there are major changes to the informed consent policy?==	*Yes* *No*

Content of Informed Consent Forms

2) ==As part of your facility's process for obtaining informed consent==, does: • the clinician explain expected difficulties, recovery time, pain management, and restrictions after a test, treatment, or procedure, in the facility and post-discharge, if applicable; and • the patient have the opportunity to ask questions; and • the consent form document that this element of the process has taken place?	*Yes* *No*
3) Do ==ALL== of your facility's consent forms include: • the name(s) of the clinician(s) performing the test, treatment, or procedure; • whether the clinician is expected to be absent from portions of the test, treatment, or procedure (e.g., opening, closing); and • if any assistants or trainees will be involved in the test, treatment, or procedure?	*Yes* *No*
4) Are ==ALL== of your facility's consent forms written in plain language and at a 6th grade reading level or lower?	*Yes* *No*

Process for Gaining Informed Consent

==5) Prior to the informed consent discussion:== • ==Does your facility ask what the patient/legal guardian's preferred language for medical decision-making is, and== • ==where needed, your facility provides the patient/legal guardian access to a qualified medical interpreter, and==	*Yes* *No*

• your facility's consent form captures whether a qualified medical interpreter was used to conduct the informed consent process, and • your facility has the medical interpreter sign the consent form? *If anyone other than a qualified medical interpreter is ever used to translate (e.g., caregiver or family member), answer "No" to this question.*	
6) As part of the informed consent discussion, do clinicians at your facility use the "teach back method" with patients/legal guardians, where patients/legal guardians are asked to describe, in their own words, what they understand will be done, why it will be done, and what are the primary risks?	*Yes* *No*

Additional Questions (Optional – Fact Finding Only)

7) Does your facility's written policy reference a list, or a defined set of guidelines, so the appropriate staff know which tests, treatments, and procedures require patient/legal guardian consent, with any exceptions noted?	*Yes* *No*
8) As part of your facility's process for obtaining informed consent, does: • the clinician explain all of the patient's testing or treatment choices (including the choice of declining to go through with the test, treatment, or procedure), including the severity and probability of the risks and benefits of each choice, if applicable; and • the patient have the opportunity to ask questions; and • the consent form document that this element of the process has taken place?	*Yes* *No*
9) As part of your facility's process for obtaining informed consent, does: • the clinician explain the clinical rationale (i.e., condition-specific justification) for why the test, treatment, or procedure is being performed, • the patient have the opportunity to ask questions; and • the consent form document that this element of the process has taken place?	*Yes* *No*
10) Which clinician is responsible for conducting the informed consent process at your facility?	*The clinician primarily responsible for performing the procedure* *Another clinician on the procedure team* *Another clinician not involved with performing the procedure* *Other*
11) As part of the informed consent discussion, do clinicians at your facility tell patients/legal guardians how many times a year they perform the test, treatment, or procedure?	*Yes* *No*
12) For tests, treatments, and procedures that are scheduled a week (i.e., seven calendar days) or more in advance, is the consent form shared with the patient at least three calendar days before the patient's test, treatment, or procedure?	*Yes* *No*

13) For tests, treatments, and procedures that are scheduled a week (i.e., seven calendar days) or more in advance, do clinicians practicing at your facility discuss the consent form with the patient/legal guardian at least one calendar day before the patient's procedure, and is the patient/legal guardian provided with an opportunity to ask questions?		*Yes* *No*
14) At least once a year, does your facility solicit feedback from patients/legal guardians about your facility's informed consent process to understand how it can be improved over time?		*Yes* *No*
15) At least once a year, does your facility complete an audit of the informed consent process to evaluate its efficacy and provide feedback to staff on opportunities for improvement?		*Yes* *No*

Section 3D: Informed Consent – Proposed Scoring Algorithm for 2023

Informed Consent Score (Performance Category)	Meaning that…
Achieved the Standard **(4 bars)**	The facility responded "Yes" to **all** questions in the following three domains: • **Policies and Training Domain**: question #1 • **Content of Informed Consent Forms Domain**: questions #2-4 • **Process for Gaining Informed Consent Domain**: questions #5-6
Considerable Achievement **(3 bars)**	The facility responded "Yes" to **5 out of 6** questions in the three domains.
Some Achievement **(2 bars)**	The facility responded "Yes" to **4 out of 6** questions in the three domains.
Limited Achievement **(1 bar)**	The facility responded "Yes" to **3 or fewer questions** in the three domains.

APPENDIX VII

NHSN Reporting Periods and Deadlines for 2023

Ambulatory surgical centers (ASCs) are required to join Leapfrog's NHSN Group for ASCs for Leapfrog to download data on the following measures included in Section 4B NHSN Outpatient Procedure Module of the 2023 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 download a copy of your facility's 2022 Outpatient Procedure Component (OPC) Ambulatory Surgery Center (ASC) Annual Facility Survey.

Data will be available on the 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. Submit SDOM and SSI Monthly Reporting Plans and applicable Summary Data,
3. Enter a valid NHSN ID in the Profile Section of their 2023 Leapfrog ASC Survey,
4. Complete, affirm, and submit the 2023 Leapfrog ASC Survey by the dates below

Join Leapfrog's NSHN 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 22, 2023	June 23, 2023	June 30, 2023	Latest 6 months prior to Survey submission	July 12, 2023 Details Page July 25, 2023 Public Reporting Website
August 23, 2023	August 24, 2023	August 31, 2023	Latest 6 months prior to Survey submission	September 8, 2023*
October 23, 2023	October 24, 2023	October 31, 2023	Latest 6 months prior to Survey submission	November 7, 2023*
December 20, 2023	December 21, 2023**	November 30, 2023	Latest 6 months prior to Survey submission	January 9, 2024*

* Available on ASC Details Page on the same date as public release of Survey Results.
** The Leapfrog ASC Survey closes on November 30, 2023. The last NHSN data download is on December 21, 2023, to incorporate any ASCs and corrections from ASCs that joined by the last join date of December 20, 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.

Section 4D: NQF Safe Practice #4 – Risks and Hazards Proposed Scoring Algorithm for 2023

NQF Safe Practice #4 Score (Performance Category)	Overall Points Earned
Achieved the Standard (4 bars)	100% of Points (6 boxes checked)
Considerable Achievement (3 bars)	70% to 99% of Points (5 boxes checked)
Some Achievement (2 bars)	30% to 69% of Points (2-4 boxes checked)
Limited Achievement (1 bar)	0% to 29% of Points (0-1 boxes checked)

APPENDIX IX

A facility's performance on **Proportion of RN's that are BSN-prepared** measure will be based on the percentage of RNs that are BSN-prepared.

Proportion of RNs that are BSN-prepared Score (Performance Category)	Percentage of BSN-prepared RNs
Achieved the Standard (4 bars)	>= 80%
Considerable Achievement (3 bars)	>50% and <= 79%
Some Achievement (2 bars)	>20% and <= 49%
Limited Achievement (1 bar)	< 20% or the ASC did not measure

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