THELEAPFROGGROUP

SUMMARY OF CHANGES TO THE 2020 LEAPFROG ASC SURVEY & RESPONSES TO PUBLIC COMMENTS

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IMPORTANT ANNOUNCEMENT FROM LEAPFROG REGARDING COVID-19

On behalf of the Board of Directors, Regional Leaders, and staff of The Leapfrog Group, we express our gratitude for the dedication of America's health care workforce. The pandemic threat reminds us all how much we depend on your courage and caring at our most vulnerable moments. Our respect for the role you play in American life is why Leapfrog cares so deeply about safety and quality.

Given the pressure on the health care system, we are taking some steps to be helpful:

First, we are extending the deadline for submission of the Leapfrog Hospital Survey by 60 days and removing the CPOE Evaluation Tool requirement for general hospitals. We are also extending the deadline for submission of the Leapfrog ASC Survey by 60 days. The deadline for both Surveys will now be **August 31**, with results publicly reported in September.

Next, we are developing and posting videos for hospitals and ASCs, as well as our core constituency of employer, purchaser, and business coalition leaders to share timely information on preparedness strategies.

Lastly, we will continue to share data and work closely with key officials, as well as our friends and colleagues, to support public health efforts around the country. We will continue to share updates and information about online events through email, our electronic newsletter, and on our website.

We thank all of you for the guidance, support, and resources you have given Leapfrog over our 20-year history. We hope in this moment of national need we can give back.

As always, if you have any questions or concerns, please contact the Help Desk.

SUMMARY OF CHANGES

A central part of Leapfrog's annual Survey process is our Public Comment Period and the publication of the final Summary of Changes. 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 pilot tested in January. Then, each March, Leapfrog publishes a Summary of Changes for the upcoming Survey which reflects comments received during the Public Comment Period and the national pilot test.

Leapfrog received over 20 public comments in response to its proposed changes for the 2020 Leapfrog ASC Survey. Those comments, as well as results from the pilot test, were incorporated into the final content and scoring algorithms for the Survey. We have summarized the changes in this document and included summaries and response to public comments in the next section.

We offer our sincere gratitude to all commenters for the time and thought they gave to the 2020 Leapfrog ASC Survey, and the many ASCs that participated in the national pilot test. Your comments were invaluable to the development of a high-quality Survey that serves our many constituents, including purchasers and payors, as well as healthcare facilities and the public at large.

The 2020 Leapfrog ASC Survey will open on April 1, 2020 and a hard copy of the Survey will be available for download here. Leapfrog has already scheduled a number of informative Town Hall Calls. ASCs and other stakeholders can register on the Town Hall Calls webpage.

STRUCTURAL CHANGES

PUBLIC REPORTING

Leapfrog will use the following icons and descriptions to publicly report Leapfrog ASC and Hospital Survey Results. Based on comments received, Leapfrog ASC and Hospital Survey Results and indicate a facility's progress towards meeting Leapfrog's standards:

- Four filled bars - Achieved the Standard
- Three filled bars - Considerable Achievement
- Two filled bars - Some Achievement
- One filled bar - Limited Achievement

Additionally, Leapfrog will use the terms "Unable to Calculate Score," "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.

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

In addition, Leapfrog will have a new public reporting website available in September, which will show 2020 Survey Results for both ASCs and hospitals: https://ratings.leapfroggroup.org/.

CONTENT AND SCORING CHANGES

In order to score both ASCs and hospitals on each of the measures included on the Leapfrog ASC Survey and Leapfrog Hospital 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 ASCs and hospitals should strive to reach. Leapfrog uses the following to set standards: 1) peer reviewed literature and expert opinion, 2) peer comparisons that reveal variation and excellence, and 3) existing national standards or targets.

Results will be publicly reported by facility in 2020 as described below for each subsection/measure. Not all measures will be scored and/or publicly reported in 2020. An example of how 2020 Survey Results will be displayed on our public reporting website is available in Appendix I.

PROFILE

Leapfrog added 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:

Gastroenterology
Upper GI endoscopies
Other upper GI procedures
Small intestine and stomal endoscopies
Lower GI endoscopies

General Surgery
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*

Ophthalmology
Anterior segment eye procedures
Posterior segment eye procedures*

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

Otolaryngology
Ear procedures
Mouth procedures
Nasal/ sinus procedures
Pharynx/ adenoid/ tonsil procedures

Urology
Circumcisions
Cystourethroscopies
Male genital procedures
Male sterilization procedures*
Urethra procedures
Vaginal repair procedures

Dermatology
Complex skin repairs*

Neurological Surgery
Spinal fusion procedures*

Obstetrics and Gynecology
Cervix procedures*
Hysteroscopies*
Uterus and adnexa laparoscopies*

Plastic and Reconstructive Surgery
Breast repair or reconstructive procedures*
Musculoskeletal graft or implant procedures*

*Survey includes procedures performed on adult (18 years of age or older) patients only.

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.

SECTION 1: BASIC FACILITY INFORMATION

In response to public comments and pilot test feedback, Leapfrog has updated the questions regarding written transfer policies to only assess written transfer policies for emergent transfers.

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 Cardiovascular Life Support (ACLS) trained clinician, plus a second clinician, are always present and immediately available in the building while adult patients are present in the facility and whether a Pediatric Advanced Life Support (PALS) trained clinician, plus a second clinician, are always present and immediately available in the building while pediatric patients are present in the facility. However, on the recommendation of Leapfrog's national expert panel, and to further ensure appropriate staffing while patients are recovering, Leapfrog has added questions to Section 2 to assess whether a physician or certified registered nurse anesthetist (CRNA) is present at all times and immediately available in the building until all adult and pediatric patients are physically discharged from the facility. 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 present in the facility.

The 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 CRNAs 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 certified registered nurse anesthetists on individual ASC Summary Pages).

Scoring Algorithm

Note: Facilities that have a physician or CRNA serving as their ACLS or PALS trained clinician are not required to have a third clinician present while patients are present in the facility.

Certified Clinicians Present While Patients Are Recovering Score (Performance Category)	Meaning that while <u>adult</u> patients are recovering, the ASC ensures that…	Meaning that while <u>pediatric</u> patients are recovering, the ASC ensures that…
Achieved the Standard	• An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are present at all times and immediately available in the building while an adult patient is present in the facility; **AND** • A physician or CRNA is present at all times and immediately available in the building until **<u>all</u>** adult patients are physically discharged from the facility	• A PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility; **AND** • A physician or CRNA is present at all times and immediately available in the building until **<u>all</u>** pediatric patients are physically discharged from the facility
Some Achievement	• An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are present at all times and immediately available in the building while an adult patient is present in the facility; **OR** • A physician or CRNA is present at all times and immediately available in the building until **<u>all</u>** adult patients are physically discharged from the facility	• A PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility; **OR** • A physician or CRNA is present at all times and immediately available in the building until **<u>all</u>** pediatric patients are physically discharged from the facility
Limited Achievement	• An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are <u>NOT</u> present at all times and immediately available in the building while an adult patient is present in the facility; **AND** • A physician or CRNA is <u>NOT</u> present at all times and immediately available in the building until **<u>all</u>** adult patients are physically discharged from the facility	• A PALS trained clinician, as well as a second clinician (regardless of PALS training), are <u>NOT</u> present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility; **AND** • A physician or CRNA is <u>NOT</u> present at all times and immediately available in the building until **<u>all</u>** pediatric patients are physically discharged from the facility
Does Not Apply	The facility does not perform procedures on adult patients.	The facility does not perform procedures on pediatric patients.
Declined to Respond	The facility did not submit a Survey.	The facility did not submit a Survey.
Pending Leapfrog Verification	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 (e.g., Leapfrog will display the number of procedures performed on individual ASC summary pages).

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

In 2020, procedure definitions will 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 added new fact-finding 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) Registry, the Reg-ent[SM] ENT Clinical Data Registry, and the American Academy of Ophthalmology IRIS® Registry (Intelligent Research in Sight). Clinical registry questions will not be scored or publicly reported in 2020.

SECTION 3B: PATIENT FOLLOW-UP

Leapfrog has updated these questions to ask ASCs to report on whether they collect documentation of patient complications and documentation of clinical visits or admissions. The intent of these questions is to assess whether documentation on patient complications, specifically those that were identified and/or treated outside the facility, as well as follow-up clinical care, 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. In 2020, Leapfrog has updated 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

Leapfrog has removed frailty assessment from the list.

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 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

The questions regarding the use of a safe surgery checklist have been updated in 2020 so that Leapfrog can better assess whether ASCs are ensuring that that every element of the checklist is being used on every patient undergoing an applicable procedure. In addition, in response to comments to proposed changes and pilot test feedback that use of a safe surgery checklist is not applicable in endoscopy centers, Leapfrog has identified elements that may not be applicable to all endoscopy procedures. 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 and/or before the procedure begins	Before patient leaves operating room and/or procedure room
☐ Patient ID ☐ Confirmation of procedure ☐ Patient Consent ☐ Site Marked ☐ Anesthesia/medication check ☐ Pulse Ox functioning ☐ Allergies assessed ☐ Difficult airway/aspiration risk ☐ Risk of blood loss, if applicable ☐ Availability of devices on-site, if applicable	☐ Clinical team introduction ☐ Confirm: patient name, procedure, and surgical/incision site, if applicable ☐ 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 ☐ Device representative in the OR, if applicable	☐ Confirmation of procedure performed ☐ Instrument/supply counts ☐ Specimen labeling, if applicable ☐ Equipment concerns ☐ Patient recovery/ management concerns

The elements required for each stage of the safe surgery checklist in the questions below are adapted from the WHO Surgical Safety Checklist and the AHRQ Endoscopy Checklist. The scoring algorithm for the safe surgery checklist standard may be reviewed below.

Scoring Algorithm

Safe Surgery Checklist Score (Performance Category)	Meaning that…
Achieved the Standard	• The facility uses a safe surgery checklist on **all** patients undergoing an applicable procedure; **AND** • Facility has documented that **all** safe surgery checklist elements listed were completed for each patient, by responding "yes" to all of the following: question #3, question #5, and question #7.
Considerable Achievement	• The facility uses a safe surgery checklist on **all** patients undergoing an applicable procedure; **AND** • Facility has documented that **most** of the safe surgery checklist elements listed were completed for each patient, by responding "yes" to 2 of the following: question #3, question #5, and question #7.
Some Achievement	• The facility uses a safe surgery checklist on **all** patients undergoing an applicable procedure; **AND** • Facility has documented that **few or none** of the safe surgery checklist elements listed were completed for each patient, by responding "yes" to 1 or 0 of the following: question #3, question #5, and question #7.
Limited Achievement	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 has made make minor updates to the wording of the questions to specify that all home medications, medications ordered, prescribed, or administered during the visit, and allergies and adverse reaction(s) 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. The measure specifications have also been refined for better clarify.

While Leapfrog had initially proposed to score and publicly report ASCs as "Declined to Measure" if they did not complete a medication and allergy documentation audit, Leapfrog has decided, based on comments received, to score and publicly report these facilities as "Limited Achievement." The scoring algorithm for the medication and allergy documentation standard may be reviewed below.

Scoring Algorithm

Medication and Allergy Documentation Score (Performance Category)	Meaning that…
Achieved the Standard	The facility met the 90% target for documenting all three components: home medications, visit medications, and allergies/ adverse reaction(s) in the clinical record.
Considerable Achievement	The facility met the 90% target for documenting two of the three components.
Some Achievement	The facility met the 90% target for documenting one of the three components.
Limited Achievement	The facility did not meet the 90% target for documenting any of the three components or the facility did not measure.
Unable to Calculate	The facility did not meet the minimum reporting requirements for clinical record documentation (n < 60).
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

ANTIMICROBIAL STEWARDSHIP PRACTICES

There are no changes to the Antimicrobial Stewardship Practice questions in 2020. In response to public and pilot test comments, Leapfrog has added some clarifying FAQs to the hard copy of the 2020 Leapfrog ASC Survey. Results from this section will not be scored or publicly reported in 2020.

SAFE OPIOID PRESCRIBING

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 focus on two areas of opioid prescribing: prescription monitoring via state-based prescription drug monitoring programs (PDPMs) 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 or regional prescription drug monitoring program, whether all licensed prescribers, who are authorized to prescribe scheduled drugs, are required to check the database before writing a new prescription, and whether facilities retain a copy of all discharge instructions, including discharge medications, for patients who underwent a procedure listed in Section 3A. 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.

Leapfrog has specified that the questions in this section are not applicable to single-specialty facilities that only perform endoscopies and whose providers do not provide opioids.

SECTION 4B: NHSN OUTPATIENT PROCEDURE COMPONENT MODULE

There are no changes to this subsection. Leapfrog will continue to obtain the following data on participating ASCs 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 score on this measure will reflect 1) whether they completed the NHSN OPC Annual Facility Survey, 2) whether they participated in surveillance and reporting for (4) Same Day Outcome Measures, and 3) whether they participated in surveillance and reporting for all applicable Surgical Site Infection Measures. In future years, outcomes for the measures reported to NHSN will be publicly reported.

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

Scoring Algorithm

NHSN Outpatient Procedure Component Module Score (Performance Category)	Meaning that…
Achieved the Standard	Facility is enrolled in NHSN OPC Module, completed the OPC Annual Facility Survey, and completed **both** of the following: • Participated in 12-months of surveillance and reporting for all 4 Same Day Outcome Measures • Participated in 12-months of surveillance and reporting for all applicable Surgical Site Infection Measures
Considerable Achievement	Facility enrolled in NHSN OPC Module, completed 2019 OPC Annual Facility Survey, and completed **one** of the following: • Participated in 12-months of surveillance and reporting for all 4 Same Day Outcome Measures • Participated in 12-months of surveillance and reporting for all applicable Surgical Site Infection Measures
Some Achievement	Facility enrolled in NHSN OPC Module and completed the OPC Annual Facility Survey, and completed **both** of the following: • Participated in <12-months of surveillance and reporting for all 4 Same Day Outcome Measures • Participated in <12-months of surveillance and reporting for all applicable Surgical Site Infection Measures
Limited Achievement	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.

SECTION 4C: HAND HYGIENE

Leapfrog has made 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 and others. 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.

The updated Hand Hygiene questions for the 2020 Leapfrog ASC Survey are available in Appendix III. The scoring algorithm for the hand hygiene standard may be reviewed below.

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: questions #8-10
   a. Electronic: questions #11-12
   b. Direct Observation: questions #13-14
2. Feedback: questions #15-18
3. Training and Education: questions #1-3
4. Infrastructure: questions #4-7
5. Culture: questions #19-20

Hand Hygiene (Performance Category)	Meaning that...

Achieved the Standard	The facility responded "yes" to **all** applicable questions in the Monitoring and Feedback Domains and meets the **monthly** sample size of **200** observations (or 6% of all possible hand hygiene opportunities) for monitoring hand hygiene opportunities:
	
	• **Monitoring Domain**:
	    ○ Question #8:
	        Facility collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 6% of all possible hand hygiene opportunities, **each month in the facility**
	    ○ Question #10:
	        Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene
	    ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8):
	        ▪ *Electronic Compliance Monitoring*: questions #11-12
	        ▪ *Direct Observation:* questions #13-14
	• **Feedback Domain:** questions #15-18
	
	AND
	
	The facility responded "yes" to **all** questions in any **2** of the following domains:
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #19-20

Considerable Achievement	The facility responded "yes" to **all** applicable questions in the Monitoring and Feedback Domains and meets the **quarterly** sample size of **100** observations for monitoring hand hygiene opportunities:

Hand Hygiene (Performance Category)	Meaning that…

	• **Monitoring Domain**:
	  ○ Question #9:
	  Facility collects hand hygiene compliance data on at least 100 hand hygiene opportunities **each quarter in the facility**
	  ○ Question #10:
	  Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene
	  ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #9):
	    ▪ *Electronic Compliance Monitoring*: questions #11-12
	    ▪ *Direct Observation:* questions #13-14
	• **Feedback Domain:** questions #15-18
	
	AND
	
	The facility responded "yes" to **all** questions in any **2** of the following domains:
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #19-20

Some Achievement	The facility responded "yes" to **all** applicable questions in any **2** of the following domains:
	• **Monitoring Domain:**
	  ○ Question #8 **or** #9:
	    ▪ Facility collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 6% of all possible hand hygiene opportunities, **each month in the facility**;
	    ▪ Facility collects hand hygiene compliance data on at least 100 hand hygiene opportunities **each quarter in the facility**
	  ○ Question #10:
	  Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene
	  ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8 or #9):
	    ▪ *Electronic Compliance Monitoring*: questions #11-12
	    ▪ *Direct Observation:* questions #13-14
	• **Feedback Domain:** questions #15-18
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #19-20

Limited Achievement	The facility responded "yes" to **all** applicable questions in any **1** of the following domains: • **Monitoring Domain:** ○ Question #8 **or** #9:

Hand Hygiene (Performance Category)	Meaning that…
	- Facility collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 6% of all possible hand hygiene opportunities, **each <u>month</u> in the facility**; - Facility collects hand hygiene compliance data on at least 100 hand hygiene opportunities **each <u>quarter</u> in the facility** - Question #10: Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene - The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8 or #9): *Electronic Compliance Monitoring*: questions #11-12 *Direct Observation:* questions #13-14 **Feedback Domain:** questions #15-18 **Training and Education Domain:** questions #1-3 **Infrastructure Domain:** questions #4-7 **Culture Domain:** questions #19-20 ***OR*** The facility met **0** domains.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

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. Minor text changes have been made to NQF Safe Practice elements for clarity and consistency.

Leapfrog has removed 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.

Leapfrog had initially proposed to score and publicly report ASCs as 'Declined to Measure' if they did not administer a culture of safety survey for NQF Safe Practice #2 in Section 4D. Based on commented received, however, Leapfrog has decided to score and publicly report these facilities as "Limited Achievement," and these facilities will score zero points. The scoring algorithm for the NQF Safe Practices standard is available below.

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

NQF Safe Practices Score (Performance Category)	Overall Points Earned
Achieved the Standard	100% of Points
Considerable Achievement	80% to 99% of Points
Some Achievement	50% to 79% of Points
Limited Achievement	0% to 49% of Points
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

Scoring details are described below:

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

NQF Safe Practice	Maximum Points
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 changes to the questions in this subsection. The scoring algorithm for the Never Events Policy standard may be reviewed below.

Scoring Algorithm

Never Events Policy Score (Performance Category)	Meaning that…
Achieved the Standard	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").
Considerable Achievement	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.
Some Achievement	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").
Limited Achievement	The facility responded to the Leapfrog Survey questions pertaining to adoption of this policy but does not yet meet the criteria for "Some Achievement."
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

SECTION 5: PATIENT EXPERIENCE (OAS CAHPS)

There are no changes to the questions in this section. While Leapfrog had initially proposed to score and publicly report ASCs as 'Declined to Measure' if they did not administer the OAS CAHPS Survey in Section 5, Leapfrog has decided, based on comments received, to score and publicly report these facilities as "Limited Achievement." The scoring algorithm for the Patient Experience (OAS CAHPS) standard may be reviewed below.

Scoring Algorithm

Facilities will be scored based on Top Box Scores from four domains included on the Outpatient and Ambulatory Surgery (OAS) CAHPS Survey:

- Facilities and Staff
- Communication About Your Procedure
- Patients' Rating of the Facility
- Patients Recommending the Facility

Quartile values for each of the domains listed above will be calculated based on the distribution of ASC and hospital performance from 2020 Leapfrog ASC Surveys and Section 10 of the 2020 Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog's COVID-19 response). Facilities will be scored based on the number of domains where the facility is performing in the top quartile.

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

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

Note: The top quartiles are based on the distribution of ASC and HOPD performance from 2020 Leapfrog ASC Surveys and Section 10 of the 2020 Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of

Leapfrog's COVID-19 response). 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.

RESPONSES TO PUBLIC COMMENTS

Leapfrog received over 20 public comments in response to the proposed changes to the 2020 Leapfrog ASC Survey. Comments were submitted from health care organizations, as well as participating ASCs.

Responses to the public comments are organized by Survey section below. If you submitted a comment and do not see a response, or if you have additional questions, please contact the Help Desk at https://leapfroghelpdesk.zendesk.com.

SECTION 1 BASIC FACILITY INFORMATION

One commenter was in favor of, while a second commenter was opposed to, updating Leapfrog's standard regarding transfer agreement(s) and policies given that CMS removed the provisions requiring ASCs to have a written transfer agreement with a hospital meeting certain Medicare requirements.

While CMS establishes minimum requirements for the purposes of participation in the Medicare Program, on behalf of employers, Leapfrog aims to establish the highest national standards that help healthcare consumers identify excellence. Healthcare consumers and employers need reassurance that the facility is prepared in case of an emergency. Leapfrog will not be scoring or publicly reporting this information on the 2020 Leapfrog ASC Survey and has not yet determined its standard regarding this measure. Leapfrog will review CMS's standard regarding transfer agreements, as well as the standards of other data collection and public reporting agencies, in developing our standard in future iterations of the Leapfrog ASC Survey. Leapfrog has made minor changes to these questions on the 2020 Leapfrog ASC Survey to align with accreditation standards.

SECTION 2 MEDICAL, SURGICAL, AND CLINICAL STAFF

One commenter expressed concern that the definition of pediatric patients in the Leapfrog ASC Survey (17 years and younger) was not aligned with the PALS age requirements.

In response to comments, and upon review of the American Heart Association PALS guidelines, Leapfrog has updated the definition of pediatric patients to 'infant through 12 years' in the Section 2 questions about PALS trained clinicians. Age is used as a proxy for body size in these guidelines.

Several commenters requested clarification on the definition of patients "meeting discharge criteria," as it pertains to the questions on having a physician or CRNA in the facility until all patients were discharged.

In order to clarify these questions and align with accreditation requirements, Leapfrog updated these questions in Section 2 to ask whether a physician or CRNA is present at all time and immediately available in the building until all patients are physically discharged from the facility.

One commenter expressed concern that the board certification answer options are too broad and result in facilities appearing to have an artificially low percentage of board-certified physicians and anesthesiologists/CRNAs.

Leapfrog has updated the answer options to include more narrow ranges to more precisely capture the number of board certified clinicians providing care at participating facilities. The answer options are now as follows: All are board certified or board eligible (100%); Most are board certified or board eligible (>=75%); Some are board certified or board eligible (>=50%); Few are board certified or board eligible (<50%); None are board certified or board eligible.

Leapfrog received feedback that the question referring to board certification and board eligibility for anesthesiologists and/or CRNAs may be confusing as CRNAs are license certified and would not have a period of being "board eligible."

Leapfrog will not be updating the wording of this question on the 2020 Leapfrog ASC Survey, but has added a note to clarify this in the existing FAQ on the board certification questions.

SECTION 3 VOLUME AND SAFETY OF PROCEDURES

One commenter suggested that Leapfrog be less prescriptive about facilities reporting to national quality registries and rather allow for broader participation in benchmarking opportunities.

Leapfrog is specifically seeking opportunities to include fully developed and tested quality measures that are not currently being publicly reported in Leapfrog ASC Survey responses. Additionally, national quality registries are frequently linked to EHRs to accurately capture procedure information without redundant reporting. For these reasons, Leapfrog is specifically interested in ASCs participating outpatient procedure information and outcomes to national quality registries.

Leapfrog received feedback that a recent medical history within 30 days is no longer a CMS requirement related to patient selection and should be removed from Leapfrog's patient selection questions as well.

Leapfrog reviews requirements of other national reporting entities, however Leapfrog's Outpatient Procedures Expert Panel identified having a recent medical history as essential to assessing risk factors that determine whether it is appropriate and safe to have an outpatient procedure performed in an ASC. Additionally, Leapfrog's patient selection measure, including a recent medical history, is aligned with the requirements of accreditation organizations, including AAAHC. Therefore, Leapfrog will continue to include recent medical history within 30 days as a component of patient selection on the 2020 Leapfrog ASC Survey. This measure will not be scored or publicly reporting in 2020.

One commenter suggested that Leapfrog add "if applicable" to antibiotic prophylaxis and specimen labeling on the Safe Surgery Checklist questions, as these elements are not applicable to every procedure.

In response this feedback, as well as pilot test feedback, Leapfrog has updated the "antibiotic prophylaxis" element under "Beginning of skin incision" and the "specimen labeling" element of the "Before patient leaves operating room," as well as several other elements, to specify that the elements are not applicable to every patient and/or procedure.

SECTION 4 PATIENT SAFETY PRACTICES

Leapfrog has received feedback regarding Leapfrog's Medication and Allergy Documentation questions asking why a case must be excluded from the numerator if a single element of one medication for a patient's clinical record is missing.

As a single medication can cause a fatal overdose or reaction with anesthesia, Leapfrog requires that all elements listed for each home medication and of each medication ordered, prescribed, or administered be documented in the clinical record in order to count that record in the numerator of Leapfrog's clinical record audit for Section 4A. Each piece of the required documentation is critical to ensuring patient safety and to ensure complete and accurate documentation of the patient visit and outpatient procedure performed.

Leapfrog received feedback from several commenters that electronic compliance monitoring of hand hygiene is not a recognized standard of care and is expensive in an ASC setting, especially compared to direct observation.

The questions in the new hand hygiene standard ask about a variety of strategies that can be used to monitor and improve hand hygiene. Leapfrog is encouraging facilities to take a multimodal approach. Nonetheless, by upgrading our hand hygiene safe practice, Leapfrog is communicating a strong preference for use of electronic monitoring (implemented according to evidence-based principles). Electronic monitoring allows facilities to monitor virtually every patient encounter, which is not typically possible with direct observation, and it alleviates the ethical quandary of an employee observing patient harm without intervention. However, the scoring algorithm for Section 4C Hand Hygiene now allows facilities to meet the standard using either the electronic compliance monitoring or the direct observation path.

One commenter suggested that, for hand hygiene, a monthly sample size of 200 observations or 6% of all hand hygiene opportunities is excessive and that the standard should be updated to 200 observations or 6% of opportunities on a <u>quarterly</u> basis.

Based on comments received for both the Leapfrog ASC and Hospital Surveys, Leapfrog updated the scoring algorithm for Hand Hygiene, such that collecting hand hygiene data on at least 100 hand hygiene opportunities each quarter would allow a facility to score "Considerable Achievement," assuming the other scoring criteria were met. However, meeting Leapfrog's standard for this measure requires a higher number of observations and/or electronic monitoring, as well as adherence to a number of hand hygiene policies and procedures.

Please see [Section 4C Hand Hygiene](#) in the main summary of changes document for the updated 2020 scoring algorithm for Hand Hygiene.

Leapfrog received a question regarding the development of the NQF Safe Practice scoring algorithm.

Scoring is based on the percent of boxes checked for each of the NQF Safe Practices, as well as the distribution of boxes checked in 2019 Leapfrog ASC Survey and 2019 Leapfrog Hospital Survey responses. The thresholds were determined to reflect the distribution between facilities that did not check 100% of the boxes. Based on comments to the proposed changes and feedback from pilot facilities, Leapfrog added a fourth scoring category, where earning 50-79% of overall points will be scored as "Some Achievement." Additionally, Leapfrog had initially proposed to score and publicly report ASCs as 'Declined to Measure' if they did not administer a culture of safety survey for NQF Safe Practice #2 in Section 4D. Based on commented received, however, Leapfrog has decided to score and publicly report these facilities as "Limited Achievement," as these facilities will score zero points. The updated scoring algorithm may be reviewed [here](#).

SECTION 5 PATIENT EXPERIENCE (OAS CAHPS)

One commenter asked if Leapfrog would still allow facilities to use their "unofficial" OAS CAHPS Survey results from their vendor, instead of the CMS publicly reported data since reporting is not mandated by CMS. Others suggested that Leapfrog delay the public reporting of these patient experience results since OAS CAHPS is still not mandated by CMS and there may be inconsistencies in risk-adjustment for those facilities reporting vendor vs. CMS data.

While we understand that facilities are not universally administering the official OAS CAHPS Survey and that it is still a voluntary component of the CMS ASC Quality Reporting Program, the OAS CAHPS Survey is the only nationally standardized instrument designed and tested to compare patient experience in both HOPDs and ASCs. No other publicly available survey

has been validated for the purpose of national comparisons. The instrument is also selected because of its importance to consumers, employers, and other purchasers.

Leapfrog clarified in the 2020 Leapfrog ASC Survey and Leapfrog Hospital Survey measure specifications that if facilities are administering an "unofficial" OAS CAHPS Survey, on adult discharges, that is identical to the official OAS CAHPS Survey in terms of domains/questions, but is administered in a non-CMS approved mode (e.g., electronically administered), these OAS CAHPS results may still be used for the purposes of responding to Section 10 of the Leapfrog Hospital Survey. Additionally, facilities can report OAS CAHPS results to Leapfrog even if they are not reporting OAS CAHPS results to CMS.

Leapfrog has also clarified in the measure specifications that facilities should NOT use risk-adjusted OAS CAHPS Top Box Scores (i.e. facilities should NOT use the OAS CAHPS data publicly reported by CMS). Currently risk-adjustment is universally performed only by CMS and is not generally performed by vendors unless hospitals and ASCs specifically request this service. Therefore, for comparability, all hospitals and ASCs should be reporting their unadjusted OAS CAHPS data.

One commenter asked if results from the Press Ganey Proprietary Survey could be used to report on Section 5 if the facility was not currently administering the OAS CAHPS Survey.

As the domain names and questions are not a one-to-one match between the OAS CAHPS Survey and the Press Ganey Proprietary Survey, and Leapfrog needs more information on the similarities and differences between the OAS CAHPS and Press Ganey surveys, facilities can only report the results of the official OAS CAHPS Survey (administered in an official or unofficial mode) in Section 5 of the 2020 Leapfrog ASC Survey.

While Leapfrog had initially proposed to score and publicly report ASCs as "Declined to Measure" if they did not administer the OAS CAHPS Survey, Leapfrog has decided, based on comments received, to score and publicly report these facilities as "Limited Achievement."

APPENDICES

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
1	**Basic Facility Information**				
	General Information	NHSN OPC Annual Facility Survey	✓		Not scored but will be publicly reported in 2020
	Accreditation	NHSN OPC Annual Facility Survey	✓		
	Transfer Policies and Agreements	AAAHC	✓	✓	
2	**Medical, Surgical, and Clinical Staff**				
	Certified Clinicians Present While Patients Are Recovering	AAAHC	✓	✓	Scored and publicly reported in 2020
	Board Certification		✓	✓	Not scored but will be publicly reported in 2020
3	**Volume and Safety of Procedures**				
	Volume of Procedures Volume of commonly performed adult and pediatric outpatient surgeries and procedures in the following specialties: • Gastroenterology • General Surgery • Ophthalmology • Urology • Dermatology • Neurological Surgery • Obstetrics and Gynecology • Plastic and Reconstructive Surgery		✓	✓	Not scored but will be publicly reported in 2020
	Patient Follow-up		✓	✓	*Not scored or publicly reported in 2020*
	Patient Selection	AAAHC, TJC	✓	✓	Not scored but will be publicly reported in 2020

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
	Consent to Treat	AAAHC, TJC	✓	✓	Not scored but will be publicly reported in 2020
	Safe Surgery Checklist	WHO, AORN, TJC	✓	✓	Scored and publicly reported in 2020
4	**Patient Safety Practices**				
	Medication Safety				
	Medication and Allergy Documentation	NQF #0019 and #0020, TJC, AAAHC	✓	✓	Scored and publicly reported in 2020
	Antimicrobial Stewardship Practices		✓		*Not scored or publicly reported in 2020*
	Opioid Prescribing – Adherence to Prescribing Guidelines for Surgical Patients		✓	✓	*Not scored or publicly reported in 2020*
	Opioid Prescribing- Monitoring		✓	✓	*Not scored or publicly reported in 2020*
	NHSN Outpatient Procedure Component Module	CDC/NHSN, NQF #3025 (SSI Breast only)			Scored and publicly reported in 2020
	Hand Hygiene		✓	✓	Scored and publicly reported in 2020
	National Quality Forum (NQF) Safe Practices				
	NQF SP 1: Culture of Safety Leadership Structures and Systems	NQF Safe Practice	✓	✓	Scored and publicly reported in 2020
	NQF SP2: Culture Measurement, Feedback, and Intervention	NQF Safe Practice	✓	✓	Scored and publicly reported in 2020
	Never Events Policy		✓	✓	Scored and publicly reported in 2020
5	**Patient Experience (OAS CAHPS)**				
	Patient Experience (OAS CAHPS)	NQF #1741		✓	Scored and publicly reported in 2020
*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	
	Achieved the Standard
	Considerable Achievement
	Some Achievement
	Limited Achievement
DECLINED TO RESPOND	Did not respond to 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	This facility's responses are undergoing Leapfrog's standard data verification process

APPENDIX III

Section 4C Hand Hygiene on the 2020 Leapfrog ASC Survey

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

1) Do individuals who touch patients or who touch items that will be used by patients[1] in your facility receive hand hygiene training from a professional with appropriate training and skills[2] at **both:** • the time of onboarding; and • annually thereafter? *If "no" to question #1, skip questions #2-3 and continue on to question #4.*	*Yes* *No*
2) In order to pass the **initial** hand hygiene training, do individuals who touch patients or who touch items that will be used by patients[1] need to physically demonstrate proper hand hygiene with soap and water and alcohol-based hand sanitizer?	*Yes* *No*
3) Are **all** six of the following topics included in your facility's initial and annual hand hygiene training? • Evidence linking hand hygiene and infection prevention • When individuals who touch patients or who touch items that will be used by patients[1] above[1] above should perform hand hygiene (e.g., WHO's 5 Moments for Hand Hygiene, CDC's Guideline for Hand Hygiene) • How individuals who touch patients or who touch items that will be used by patients[1] should clean their hands with alcohol-based hand sanitizer and soap and water as to ensure they cover all surfaces of hands and fingers, including thumbs and fingernails • When gloves should be used in addition to hand washing (e.g., caring for *C. difficile* patients) and how hand hygiene should be performed when gloves are used • The minimum time that should be spent performing hand hygiene with soap and water and alcohol-based hand sanitizer • How hand hygiene compliance is monitored	*Yes* *No*

Infrastructure

4) Does your facility have a process in place to ensure that **all** of the following are done, as necessary, and quarterly audits are conducted on a sample of dispensers to ensure that the process is followed? • Refill paper towels, soap dispensers, and alcohol-based hand sanitizer dispensers when they are empty or near empty • Replace batteries in automated paper towel dispensers, soap dispensers, and alcohol-based hand sanitizer dispensers (if automated dispensers are used in the facility)	*Yes* *No*
5) Do **all** rooms or bed spaces in your surgical or treatment areas have an alcohol-based hand sanitizer within 5 steps of the patient's bed that is easily accessible to individuals who touch patients or who touch items that will be used by patients[1]?	*Yes* *No*
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) on a sample of dispensers at **all** of the following times: • upon installation; • whenever the brand of product or system changes; and • whenever adjustments are made to the dispensers? *If "no" or "does not apply, wall-mounted dispensers are not used," skip question #7 and continue on to question #8.*	*Yes* *No* *Does not apply, wall-mounted dispensers are not used*
7) Do all of the audited dispensers deliver, with one activation, a volume of alcohol-based hand sanitizer that covers the hands completely and requires 15 or more seconds for hands to dry (on average)?	*Yes* *No*

Monitoring

8) Does your facility collect hand hygiene compliance data on at least 200 hand hygiene opportunities, or 6% of all possible hand hygiene opportunities in the facility, **each <u>month</u>**? *If "yes" to question #8, skip question #9 and continue on to question #10.*	*Yes, using only an electronic compliance monitoring system* *Yes, using only direct observation* *Yes, using both an electronic compliance monitoring system and direct observation* *No*
9) Does your facility collect hand hygiene compliance data on at least 100 hand hygiene opportunities **each <u>quarter</u>**? *If "no" to question #9, skip questions #10-18 and continue on to question #19.*	*Yes, using only an electronic compliance monitoring system* *Yes, using only direct observation* *Yes, using both an electronic compliance monitoring system and direct observation* *No*
10) Does your facility use hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients[1] with feedback on both when they are and are not compliant with performing hand hygiene?	*Yes* *No*

Direct Monitoring – Electronic Compliance Monitoring System

If "yes, using only an electronic compliance monitoring system" or "yes, using both an electronic compliance monitoring system and direct observation" to question #8 or question #9, answer questions #11-12.

11) In those surgical or treatment areas where an electronic compliance monitoring system is used, does the monitoring system used meet **both** of the following criteria? • The system can identify both opportunities for hand hygiene and that hand hygiene was performed • The facility itself has validated the accuracy of the data collected by the electronic compliance monitoring system	*Yes* *No*
12) In those surgical or treatment areas where an electronic compliance monitoring system is used, are direct observations also conducted for coaching and intervention purposes that meet **all** of the following criteria? • Observers immediately intervene prior to any harm occurring to provide non-compliant individuals with immediate feedback • Observations identify both opportunities for hand hygiene and compliance with those opportunities • Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct • Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of individuals who touch patients or who touch items that will be used by patients[1] on duty for that shift • Observations capture a representative sample of the different roles of individuals who touch patients or who touch items that will be used by patients[1] (e.g., nurses, physicians, techs, environmental services workers)	*Yes* *No*

Direct Monitoring – Direct Observation

If "yes, using only direct observation" or "yes, using both an electronic compliance monitoring system and direct observation" to question #8 or question #9, answer questions #13-14.

13) In those surgical or treatment areas where an electronic compliance monitoring system is NOT used, do the direct observations meet **all** of the following criteria? • Observations identify both opportunities for hand hygiene and compliance with those opportunities • Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct • Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of individuals who touch patients or who touch items that will be used by patients[1] on duty for that shift	*Yes* *No*

• Observations are conducted to capture a representative sample of the different roles of individuals who touch patients or who touch items that will be used by patients[1] (e.g., nurses, physicians, techs, environmental services workers)	
14) Does your facility have a system in place for both the initial and recurrent training and validation of hand hygiene compliance observers?	*Yes* *No*

Feedback

15) Are hand hygiene compliance data fed back to individuals who touch patients or who touch items that will be used by patients[1] at least monthly for improvement work?	*Yes* *No*
16) Are hand hygiene compliance data used for creating action plans?	*Yes* *No*
17) Is regular (at least every 6 months) feedback of hand hygiene compliance data, with demonstration of trends over time, given to: • ASC leadership; and • ASC governance? *If "no" to question #17, skip question #18 and continue on to question #19.*	*Yes* *No*
18) If "yes" to question #17, is ASC leadership held directly accountable for hand hygiene performance through performance reviews or compensation?	*Yes* *No*

Culture

19) Are patients and visitors invited to remind individuals who touch patients or who touch items that will be used by patients[1] to perform hand hygiene?	*Yes* *No*
20) Has ASC leadership demonstrated a commitment to support hand hygiene improvement in the last year (e.g., a written or verbal commitment delivered to those individuals who touch patients or who touch items that will be used by patients[1])?	*Yes* *No*

Additional Questions (Fact Finding Only)

21) Do **all** rooms or bed spaces in your surgical or treatment areas have a sink for hand washing within 20 feet of the patient's bed that is easily accessible to individuals who touch patients or who touch items that will be used by patients[1]?	*Yes* *No*

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[1] *Individuals who touch patients or who touch items that will be used by patients*

This would include individuals who are formally engaged by the facility to help support the patient care process. This would include both direct and indirect care providers that are likely to have contact with patients, enter a surgical or treatment area, touch items that will be used by patients, or interact with patient fluids (e.g., blood, specimens), such as doctors, mid-levels, nurses, pharmacists, environmental services staff, phlebotomists, laboratory techs, etc. This would also include

students and volunteers. These individuals 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 are relevant to their work.

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

[2] *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.