

SUMMARY OF CHANGES TO THE 2021 LEAPFROG ASC SURVEY & RESPONSES TO PUBLIC COMMENTS

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UPDATES TO THE 2021 LEAPFROG ASC SURVEY DUE TO THE CONTINUED IMPACT OF COVID-19 ON AMERICA'S HEALTH CARE WORKFORCE

Over the past year, The Leapfrog Group has watched and admired our hospital and ambulatory surgery center colleagues as they have heroically cared for their communities amidst the COVID-19 pandemic, first with testing and treating affected patients and now working to vaccinate those who need it most. As this novel infection has ravaged our country, prioritizing patient safety has never been more important. The mission of The Leapfrog Group to promote safety, quality, and transparency in health care resonates more now than ever before in our 20-year history.

As we enter year two of the pandemic, we fully recognize the strain the health care system continues to endure. However, now is not the time to relax our standards that call for every patient to receive safe, high-quality care regardless of the circumstances. While some communities remain inundated with cases and face challenges with vaccine distribution, others have largely returned to pre-pandemic operations and are ready to resume full participation in the Leapfrog Surveys. As a result, we are announcing changes to the 2021 Leapfrog Hospital Survey and Leapfrog Ambulatory Surgery Center (ASC) Survey that offer flexibility to facilities across the country at varied stages of COVID-19 recovery. The 2021 Leapfrog ASC Survey changes are detailed below. **Leapfrog will continue to monitor the COVID-19 situation very closely, and if additional changes are warranted for the 2021 Survey, they will be announced prior to April 1.**

The pandemic has reminded us how much we depend on the courage and care of America's health care workforce. We thank them for the commitment they demonstrate to their patients by participating in the Leapfrog Surveys and for striving to achieve the highest standards of care.

SUBMISSION DEADLINE EXTENDED BY 30 DAYS

Leapfrog will extend the deadline for submission of the Leapfrog ASC Survey by 30 days as part of our pandemic response. The Submission Deadline for the 2021 Leapfrog ASC Survey will be July 31, 2021, with results publicly reported within the first five business days of August. The Late Submission Deadline will continue to be November 30, 2021. All deadlines for the 2021 ASC Survey are available on our [website](#).

UPDATED REPORTING PERIODS

Due to COVID-19 and interruptions to the services provided at ASCs during the pandemic, ASCs submitting a survey prior to September 1 can report using either calendar year 2019 or calendar year 2020 data. This means that ASCs submitting a Survey prior to September 1 will have the option of reusing data already collected for the 2020 Leapfrog ASC Survey for the following sections:

- 1A Basic Facility Information
- 3A Volume of Procedures
- 4A Medication Safety

We have also reduced the reporting period for the CDC's National Healthcare Safety Network (NHSN) Outpatient Procedure Component (OPC) measure from the last 12-months prior to Survey submission to the last 6-months prior to Survey submission and adjusted reporting periods for each of the National Quality Forum (NQF) Safe Practices:



- 4D NQF Safe Practice #1 Leadership, Structures, and Systems: reporting period updated from the last 12 months to the last 24 months.
- 4D NQF Safe Practice #2 Culture of Safety Measurement, Feedback, and Intervention: ASCs can report on culture of safety surveys administered in the last 36 months and additional practice elements that were implemented in the past 24 months.

A complete list of reporting periods for the 2021 Leapfrog ASC Survey is available in [Appendix I](#).

UPDATED SCORING AND PUBLIC REPORTING FOR HAND HYGIENE

In 2021, ASCs in all four performance categories for the Hand Hygiene Practices measure will be publicly reported accordingly. This is a change from 2020 when ASCs in the bottom two performance categories were publicly reported as “Not Available”.

REDUCED SAMPLE SIZE FOR MEDICATION SAFETY MEASURE

In 2020, Leapfrog reduced the sample size for the Medication and Allergy Documentation measure from 60 to 30. In 2021, Leapfrog will maintain the reduced sample size of 30 cases.

2021 LEAPFROG TOP ASC RECOGNITION

In 2021, Leapfrog will recognize top ambulatory surgery centers via a new, national [Leapfrog Top ASC](#) program modeled after Leapfrog’s Top Hospital Program. ASCs must submit a 2021 Leapfrog ASC Survey by August 31, 2021, to be considered.

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 Armstrong Institute for Patient Safety and Quality, 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 several public comments in response to its proposed changes for the 2021 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 2021 Leapfrog ASC Survey, and the many ASCs that participated in the 2021 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 health care facilities and the public at large.



The 2021 Leapfrog ASC Survey will open on April 1, 2021 and all Survey materials will be available on our website at www.leapfroggroup.org/asc. ASCs and other stakeholders can register now for the 2021 Leapfrog ASC Survey Town Hall Call on our [website](#).

As always, if you have any questions or concerns, please contact the [Help Desk](#).

CONTENT AND SCORING CHANGES

PROFILE

There are no changes to this subsection.

SECTION 1: BASIC FACILITY INFORMATION

SECTION 1A: BASIC FACILITY INFORMATION

As announced [above](#), for 2021 only, ASCs submitting their Survey prior to September 1 can report using either calendar year 2019 or calendar year 2020 data. In addition, Leapfrog removed question #11 which asked about elements of transfer policies. However, Leapfrog continues to ask ASCs whether they have a transfer agreement in place with a pediatric or general acute care hospital (question #10) for patients who require a higher level of care.

The basic facility questions in Section 1A (questions #2-10) will not be scored in 2021. However, the responses will continue to be shown on Leapfrog's public reporting [website](#). For example, Leapfrog will display the number of operating and/or procedure rooms.

SECTION 1B: PERSON-CENTERED CARE: BILLING ETHICS AND MONITORING HEALTH CARE INEQUITY (OPTIONAL - NOT SCORED OR PUBLICLY REPORTED IN 2021)

Multiple stakeholder groups advising Leapfrog (including patients, families, and caregivers as well as employers and purchasers) and recent [literature](#) have highlighted the impact of an ASC's billing practices and their focus on health equity on ensuring the best patient outcomes and patient experience. As a result, Leapfrog added two new sets of questions to Section 1 in 2021. The first set of questions assesses whether ASCs have ethical billing practices in place. The second set of questions assesses what actions ASCs are taking to identify and reduce health care disparities. As per Leapfrog's policy for questions appearing on the Survey for the first time, these two new set of questions will not be used in scoring or public reporting in 2021.

Based on valuable feedback received during the public comment period and via the pilot test of the 2021 Leapfrog ASC Survey, Leapfrog has made updates to both the questions and response options in Section 1B to address many of the comments received.

SECTION 2: MEDICAL, SURGICAL, AND CLINICAL STAFF

There are no changes to this section.



SECTION 3: VOLUME AND SAFETY OF PROCEDURES

SECTION 3A: VOLUME OF PROCEDURES

As announced [above](#), for 2021 only, ASCs submitting their Survey prior to September 1 can report using either calendar year 2019 or calendar year 2020 data.

In 2021, Leapfrog removed those procedures that we have identified as not requiring sedation or anesthesia and made minor updates to the procedure groupings. An updated CPT code workbook will be available when the Survey opens on April 1. Facilities are required to accept the American Medical Association’s Terms of Use Agreement before downloading the Excel file and using the individual CPT codes to respond to Section 3A. The annual volume reported for the procedures listed below will be publicly reported.

Leapfrog removed the fact-finding questions regarding national clinical quality registries in 2021. We will use the information collected on the 2020 Survey to try to identify fully developed and tested quality measures that could be added to the 2022 Survey that would provide purchasers and consumers with a more complete assessment of the quality of these procedures in ASCs and Hospital Outpatient Departments (HOPDs). Possible measures could include facility and/or surgeon volume standards, patient-reported outcomes, quality and efficiency measures, and appropriateness measures.

The complete list of procedures included in Section 3A is available below:

| | |
|---|--|
| <p>Gastroenterology Upper GI endoscopies Other upper GI procedures Small intestine and stomal endoscopies Lower GI endoscopies</p> <p>General Surgery Cholecystectomies and common duct explorations* Hemorrhoid procedures* Inguinal and femoral hernia repairs Other hernia repairs Laparoscopies* Lumpectomies or quadrantectomy of breast procedures* Mastectomies*</p> <p>Ophthalmology Anterior segment eye procedures Posterior segment eye procedures* Ocular adnexa and other eye procedures</p> <p>Orthopedics Finger, hand, wrist, forearm, and elbow procedures Shoulder procedures Spine procedures Hip procedures Knee procedures</p> | <p>Otolaryngology Ear procedures Mouth procedures Nasal/ sinus procedures Pharynx/ adenoid/ tonsil procedures**</p> <p>Urology Circumcisions* Cystourethroscopies Male genital procedures Urethra procedures Vaginal repair procedures</p> <p>Dermatology Complex skin repairs*</p> <p>Neurological Surgery Spinal fusion procedures*</p> <p>Obstetrics and Gynecology Cervix procedures* Hysteroscopies* Uterus and adnexa laparoscopies*</p> <p>Plastic and Reconstructive Surgery Breast repair or reconstructive procedures* Skin graft/reconstruction procedures*</p> |
|---|--|



| | |
|--|--|
| Toe, foot, ankle, and leg procedures General orthopedic procedures | |
| *Survey includes procedures performed on adult (18 years of age or older) patients only. **Survey includes procedures performed on pediatric (17 years or younger) patients only. | |

SECTION 3B: FACILITY AND SURGEON VOLUME (NEW IN 2021 – NOT PUBLICLY REPORTED)

Beginning in 2021, Leapfrog added questions regarding the minimum facility volume and surgeon volume of total hip replacement procedures and total knee replacement procedures. ASCs will have the option to report based on a 12-month count or a 24-month annual average. Leapfrog will also ask questions about appropriateness criteria for the procedures, if applicable. These questions will not be scored or publicly reported in 2021; responses will be publicly reported beginning in 2022.

SECTION 3C: PATIENT FOLLOW-UP

Leapfrog made minor changes to the wording of the patient follow-up questions regarding documentation of patient complications in Section 3C in response to questions and comments from ASCs on the 2020 Leapfrog ASC Survey. We also added deep vein thrombosis (DVT) to the list of complications in question #3. These questions will continue to not be scored or publicly reported in 2021.

SECTION 3D: PATIENT SELECTION AND CONSENT TO TREAT (PREVIOUSLY SECTION 3C)

There are no changes to the Patient Selection and Consent to Treat questions in Section 3D. These questions will not be scored but will continue to be used in public reporting in 2021 (e.g., Leapfrog will display the components of a facility’s patient screening tool on individual facilities’ publicly reported [Survey Results](#)).

SECTION 3E: SAFE SURGERY CHECKLIST (PREVIOUSLY SECTION 3D)

Leapfrog made minor updates to the questions regarding the use of a safe surgery checklist to clarify Leapfrog’s interest in the timing and overall process of use of the safe surgical checklist(s). These questions will continue to be scored and publicly reported in 2021.

SECTION 4: PATIENT SAFETY PRACTICES

SECTION 4A: MEDICATION SAFETY

MEDICATION AND ALLERGY DOCUMENTATION

As announced [above](#), for 2021 only, the minimum sample size has been reduced to 30 patients. In addition, Leapfrog has adjusted the specifications for visit medications (question #5) to exclude those medications that were ordered but never administered.

Leapfrog added an FAQ and clarifying language to the measure specifications regarding the exclusion of “food allergies” and how to treat allergies and adverse reaction statuses documented as “unknown” in the clinical record.



In addressing allergies and adverse reaction statuses noted as “unknown” in the clinical record, facilities should assess if:

- 1) “unknown” is used to indicate that the patient (or patient’s family) was asked for the adverse reaction status, but they indicated it was not known, in which situation the case should be included in the numerator (question #6); or
- 2) “unknown” is used in the clinical record to indicate that the information is not available because it was not requested or documented by the clinician, in which situation the case should be excluded from the numerator (question #6)

Responses to this subsection will continue to be scored and publicly reported in 2021.

ANTIMICROBIAL STEWARDSHIP PRACTICES

Based on feedback from participating ASCs and Leapfrog’s national expert panel regarding the applicability of the antimicrobial stewardship questions in Section 4A, we removed these questions from the 2021 Leapfrog ASC Survey.

SAFE OPIOID PRESCRIBING

In 2020, Leapfrog added a new subsection focused on safe opioid prescribing practices. Responses to this subsection will continue to not be scored or used in public reporting for ASCs or hospitals in 2021.

However, we made two changes. First, we added a question to assess whether ASCs monitor use of their regional or statewide prescription drug monitoring programs among prescribers. Second, we expanded the list of national opioid guidelines that ASCs can use to inform prescriptions at discharge to include both the [Surgical Opioid Guidelines](#) and [Michigan OPEN Guidelines](#) and [Bree Collaborative Opioid Prescribing Guidelines](#).

SECTION 4B: NHSN OUTPATIENT PROCEDURE COMPONENT MODULE

Leapfrog will continue to obtain the following data directly from the NHSN OPC Module:

- Outpatient Procedure Component - Annual Facility Survey
- Same Day Outcome Measures (SDOM) Module (Patient burns, falls, “wrong” event, and all-cause hospital transfer/admission)
- Breast Surgery (BRST) Procedure Surgical Site Infection (SSI) Outcome Measure
- Herniorrhaphy (HER) Procedure SSI Outcome Measure
- Knee Prosthesis (KPRO) Procedure SSI Outcome Measure
- Laminectomy (LAM) Procedure SSI Outcome Measure

As described [above](#), Leapfrog adjusted the reporting period for all questions in Section 4B regarding ASC participation in SDOM and, if applicable, SSI reporting in NHSN to the **latest 6 months prior to Leapfrog ASC Survey submission**.

ASCs will still be required to join Leapfrog’s NHSN Group for ASCs and complete the 2020 OPC Annual Facility Survey by the join by dates indicated below. Instructions on how to join Leapfrog’s NHSN Group for ASCs and deadlines for the 2021 Survey are available on our [website](#), as well as in the table below.



| Join by | Leapfrog will download data from NHSN for all current group members on | 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 |
|-------------------|--|---|--|---|
| July 21, 2021 | July 22, 2021 | July 31, 2021 | Latest 6 months prior to Survey submission | August 6, 2021 |
| August 23, 2021 | August 24, 2021 | August 31, 2021 | Latest 6 months prior to Survey submission | September 8, 2021 |
| October 21, 2021 | October 22, 2021 | October 31, 2021 | Latest 6 months prior to Survey submission | November 5, 2021 |
| November 30, 2021 | December 21, 2021* | November 30, 2021 | Latest 6 months prior to Survey submission | January 7, 2022 |

* The Leapfrog ASC Survey closes on November 30, 2021. The last NHSN data pull is on December 21, 2021 to incorporate any new facilities and updated data from facilities that joined by the last join date of November 30, 2020.

Leapfrog has updated the Section 4B scoring algorithm to reflect this reporting period update. In 2021, an ASC’s performance category for this measure will be calculated based on enrollment in the NHSN OPC Module and 1) completion of the 2020 OPC Annual Facility Survey, 2) participation in surveillance and reporting for the four Same Day Outcome Measures, and 3) participation in surveillance and reporting for all applicable Surgical Site Infection Measures, as follows:

For facilities that have one or more applicable Surgical Site Infection Measure(s):

| NHSN Outpatient Procedure Component Module Score (Performance Category) | Meaning that... |
|---|--|
| Achieved the Standard | Facility is enrolled in NHSN OPC Module, completed the 2020 OPC Annual Facility Survey, and completed both of the following: <ul style="list-style-type: none"> Participated in 6 months of surveillance and reporting for all 4 Same Day Outcome Measures Participated in 6 months of surveillance and reporting for all applicable Surgical Site Infection Measures |
| Considerable Achievement | Facility enrolled in NHSN OPC Module, completed 2020 OPC Annual Facility Survey, and completed one of the following: <ul style="list-style-type: none"> Participated in 6 months of surveillance and reporting for all 4 Same Day Outcome Measures Participated in 6 months of surveillance and reporting for all applicable Surgical Site Infection Measures |
| Some Achievement | Facility enrolled in NHSN OPC Module and completed the 2020 OPC Annual Facility Survey, and completed both of the following: <ul style="list-style-type: none"> Participated in <6 months of surveillance and reporting for all 4 Same Day Outcome Measures Participated in <6 months of surveillance and reporting for all applicable Surgical Site Infection Measures |
| Limited Achievement | Facility has not enrolled in the NHSN OPC Module, has not completed the 2020 OPC Annual Facility Survey, or has not joined Leapfrog’s NHSN Group. |
| Declined to Respond | Facility did not submit a Leapfrog ASC Survey. |



| | |
|--------------------------------------|---|
| Pending Leapfrog Verification | The facility's responses are undergoing Leapfrog's standard verification process. |
|--------------------------------------|---|

For facilities that **do not** have any applicable Surgical Site Infection Measures (because they do not perform breast surgeries, herniorrhaphies, knee replacements, and laminectomies):

| NHSN Outpatient Procedure Component Module Score (Performance Category) | Meaning that... |
|---|---|
| Achieved the Standard | Facility is enrolled in NHSN OPC Module, completed the 2020 OPC Annual Facility Survey, and completed the following: <ul style="list-style-type: none"> Participated in 6 months of surveillance and reporting for all 4 Same Day Outcome Measures |
| Some Achievement | Facility enrolled in NHSN OPC Module and completed the 2020 OPC Annual Facility Survey, and completed the following: <ul style="list-style-type: none"> Participated in <6 months of surveillance and reporting for all 4 Same Day Outcome Measures |
| Limited Achievement | Facility has not enrolled in the NHSN OPC Module, has not completed the 2020 OPC Annual Facility Survey, or has not joined Leapfrog's NHSN Group. |
| Declined to Respond | Facility 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

Based on feedback received from participating facilities, Leapfrog made several updates to the questions and reference information provided for Section 4C Hand Hygiene.

First, Leapfrog updated question #5 regarding the accessibility of alcohol-based hand sanitizer dispensers as follows:

#5: Do all rooms and bed spaces in your surgical and treatment areas have:

- an alcohol-based hand sanitizer dispenser located at the entrance to the room or bed space; and
- alcohol-based hand sanitizer dispenser(s) located inside the room or bed space that are equally accessible to the location of all patients in the room or bed space?

Second, Leapfrog updated question #6 to clarify the requirements for ASCs that have not had any changes to their alcohol-based hand sanitizer dispensers:

#6: Does your ASC 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 either all of the following times:

- upon installation;
- whenever the brand of product or system changes; and
- whenever adjustments are made to the dispensers;

OR, on a sample of your ASC's existing dispensers if there have been no recent changes to any dispensers?



Leapfrog also adjusted questions #8 and #9 to make it clear how facilities using an electronic compliance monitoring system throughout the ASC should respond.

Leapfrog replaced the calculation that facilities used for determining the number of hand hygiene opportunities that must be observed with a table that lists the required observation size based on a facility's average number of procedures in a month. Please refer to [Appendix II](#) for the new table of observations sizes.

Responses to Subsection 4C will continue to be scored and publicly reported in 2021. As announced [above](#), ASCs in the bottom two performance categories for the Hand Hygiene Practices measure (“Some Achievement” and “Limited Achievement”) will be publicly reported accordingly. This is a change from 2020 when ASCs in the bottom two performance categories were publicly reported as “Not Available”.

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

In 2021, 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, with one update.

As announced [above](#), for 2021 only, Leapfrog has adjusted the reporting period for Safe Practice #1 so ASCs can report based on practices implemented within the last 24 months. In addition, Leapfrog will maintain the updated reporting period for Safe Practice #2 so ASCs can report based on culture of safety surveys administered within the last 36 months and additional practices implemented within the last 24 months.

In addition to the AHRQ Survey on Patient Safety (SOPS) Culture, Leapfrog will allow ASCs to administer alternative culture of safety surveys, including the Glint Patient Safety Pulse and the Press Ganey Safety Culture survey. If your facility administers a culture of safety survey that you would like Leapfrog to consider for future iterations of the Leapfrog ASC Survey, please send a copy of the survey to our [Help Desk](#) so that Leapfrog may identify which culture of safety surveys are commonly being utilized by ASCs. See Reporting Periods for the 2021 Leapfrog ASC Survey in [Appendix I](#).

Responses to NQF Safe Practice #1 and NQF Safe Practice #2 will continue to be scored and publicly reported in 2021.

SECTION 4E: NEVER EVENTS POLICY

There are no changes to this subsection. Responses to Subsection 4E will continue to be scored and publicly reported in 2021.

SECTION 4F: NURSING WORKFORCE (NEW IN 2021 – OPTIONAL, NOT PUBLICLY REPORTED)

Over the last 18 months, Leapfrog has worked [with a national expert panel](#) to identify evidence-based nursing measures linked to patient safety and patient outcomes. The panel has identified one measure applicable to ASCs that will be added to this new subsection in 2021: Proportion of nurses that are Bachelor of Science in Nursing (BSN)-prepared. As per Leapfrog policy for questions appearing on the Survey for the first time, this new subsection will be optional and will not be scored or publicly reported in 2021.



| Measure Title | Measure Description | Measure Definition | National Use |
|---|--|---|---|
| Proportion of nurses that are BSN-prepared | Percentage of nurses with direct care responsibilities that are BSN-prepared | <p>Denominator: Total number of employed nurses at the facility with direct patient care responsibilities</p> <p>Numerator: Total number of employed nurses at the facility with direct patient care responsibilities that have a BSN degree or higher (e.g., MSN, DNP)</p> | <p>Recommendation by National Academy of Medicine;</p> <p>Collected by National Database of National Quality Indicators</p> |

Leapfrog anticipates adding additional nursing workforce measures to this subsection overtime.

SECTION 5: PATIENT EXPERIENCE (OAS CAHPS)

There are no changes to this section. Responses to Section 5 will continue to be scored and publicly reported in 2021.

More information about the 2021 Leapfrog ASC Survey is available on our website at www.leapfroggroup.org/asc.



RESPONSES TO PUBLIC COMMENTS

Leapfrog was grateful to receive several valuable public comments in response to the proposed changes to the 2021 Leapfrog ASC Survey and through the national pilot test of the 2021 Leapfrog ASC Survey. Comments were submitted from health care organizations, as well as health care experts, patient advocates, and purchasers.

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>. Comments are extremely helpful to the development of high-quality Surveys, and we thank commenters for their insights.

While some commenters strongly supported the addition of questions pertaining to ethical billing practices and monitoring health inequity as they have direct implications for safety and quality of care, some commenters did not support the additional questions added to the Leapfrog ASC Survey given limited resources during the COVID-19 pandemic and/or questioned their alignment with the focus on the Survey.

These new billing ethics questions are designed to collect information on billing practices that may be harmful to patients. These questions are consistent with other national efforts that recognize the impact of billing practices on health care quality, including efforts advanced by The Lown Institute and Costs of Care. Please refer to the JAMA article "[Billing Quality is Medical Quality](#)" for additional background.

The new monitoring health inequity questions are designed to assess whether facilities are stratifying their quality measures to identify possible disparities in care and what steps they are taking to prevent and reduce those disparities. We were extremely pleased to receive valuable comments during the public comment period and through the national pilot test that allowed us to make significant updates to these questions. We also learned about the work that many facilities and health systems have been doing as well as national organizations such as Press Ganey, and plan to provide examples of how others can get started in the FAQs published in the Survey.

This initial set of questions is an important first step to address two significant issues that impact patient safety and quality. As a reminder, this is a fact-finding year, and we welcome any additional suggestions to these questions once they are published on April 1.

Commenters supported Leapfrog's expansion to the list of Culture of Safety Surveys that can be used to respond to Section 4D Safe Practice #2 Culture Measurement, Feedback, and Intervention.

We appreciate this feedback.

Some commenters suggested that the proposed new measure assessing nurse skill level should be continually refined and expanded to assess other dimensions of nursing care.

Leapfrog will continue to assess additional performance measures for possible inclusion in this section and welcomes additional suggestions for measures of nursing workforce. For example, Leapfrog is considering adding the Practice Environment Scale of the Nursing Work Index (PES-NWI), or another assessment of the nursing work environment, as an additional component of the standard for assessing ASC's in this domain. Other areas under consideration include nurse well-being and nurse burnout.



Some commenters noted that prescriptions for opioids are not written at ASCs, and therefore, facilities do not have opioid monitoring and prescribing guidelines in place.

Leapfrog appreciates this feedback and reminds facilities that the Safe Opioid Prescribing Questions are for fact-finding only. As we continue to learn more information from participating facilities, we will continually refine these questions.



APPENDIX I

Reporting Periods for the 2021 Leapfrog ASC Survey

| | Survey Submitted <u>Prior</u> to September 1 | Survey (Re)Submitted <u>On or After</u> September 1 |
|--|--|--|
| Survey Section/ Measure | Reporting Period | Reporting Period |
| 1A Basic Facility Information | 12 months ending 12/31/2019 or 12/31/2020 | 12 months ending 06/30/2021 |
| 1B Person-Centered Care: Billing Ethics and Monitoring Health Care Inequity | 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 12/31/2019 or 12/31/2020 | 12 months ending 06/30/2021 |
| 3B Facility and Surgeon Volume | Volume: 12 months or 24 months ending 12/31/2019 or 12 months or 24 months ending 12/31/2020 | Volume: 12 months or 24 months ending 06/30/2021 |
| 3C Patient Follow-up | Latest 3 months prior to Survey submission | Latest 3 months prior to Survey submission |
| 3D Patient Selection and Consent to Treat | 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 12/31/2019 or 12/31/2020 | 12 months ending 06/30/2021 |
| 4A Opioid Prescribing | N/A | N/A |
| 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 24 or 36 months prior to Survey submission (see individual Safe Practice for specific reporting period) | Latest 24 or 36 months prior to Survey submission (see individual Safe Practice for specific reporting period) |



| | Survey Submitted <u>Prior</u> to September 1 | Survey (Re)Submitted <u>On or After</u> September 1 |
|---|---|--|
| 4E Never Events Policy | N/A | N/A |
| 4F Nursing Workforce | N/A | N/A |
| 5 Patient Experience (OAS CAHPS) | Latest 12 months prior to Survey submission | Latest 12 months prior to Survey submission |

APPENDIX II

Sample Sizes for Hand Hygiene Monitoring Standard

Please refer to the following table to determine how many hand hygiene opportunities should be monitored throughout the facility on a monthly basis. **Historical data** (e.g., past 3 months, 6 months, 12 months, etc.) on the monthly procedure volume should be used. Facilities trying to meet the quarterly requirement in question #9 will need to still monitor 100 hand hygiene opportunities per quarter.

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

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

References:

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

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