SUMMARY OF CHANGES TO THE 2022 LEAPFROG ASC SURVEY & RESPONSES TO PUBLIC COMMENTS

PUBLISHED MARCH 14, 2022

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A central part of Leapfrog's annual Survey process is our Public Comment period. Held each fall, ASCs, employee leaders involved with Leapfrog, and other stakeholders are urged to review the proposed changes to the upcoming Survey and provide formal comments to Leapfrog, our research team at Johns Hopkins, and our national expert panel. The comments received during the public comment period are reviewed and used to refine the Survey before it is finalized. The Survey is then pilot tested with a diverse group of ASCs across the country. Following the pilot test, Survey content and scoring are finalized for launch on April 1.

Leapfrog received nearly 40 public comments in response to its proposed changes for the 2022 Leapfrog ASC Survey. Those comments, as well as the 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 responses to public comments in the next section.

The Leapfrog Group, its Board of Directors, Regional Leaders, and purchaser members would like to thank those ambulatory surgery centers (ASCs) that participated in previous years of the Leapfrog ASC Survey. Facilities that participated have demonstrated their commitment to transparency and are now better prepared to participate in the 2022 Leapfrog ASC Survey. In addition, as a result of your participation in the Survey, consumers, payers, and purchasers are now able to compare the safety and quality of ASCs side by side with hospital outpatient departments (HOPDs), using a comparable and standardized set of national patient safety and quality measures.

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

The 2022 Leapfrog ASC Survey will open on April 1, 2022 and a PDF of the Survey will be available for download here. Leapfrog has already scheduled an informative Town Hall Call. ASCs and other stakeholders can register on the Town Hall Calls webpage.

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

In March 2021, Leapfrog announced a series of significant one-time-only changes to the 2021 Leapfrog ASC Survey due to COVID-19. Leapfrog is extending three of those changes through the 2022 Survey cycle:

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

Otherwise, Leapfrog is discontinuing all other changes that were made to the 2021 Leapfrog ASC Survey to accommodate the COVID-19 pandemic, including the following:

- Submission Deadline
  - For the 2021 Survey, Leapfrog extended the Submission Deadline from June 30 to July 31. In 2022, the Submission Deadline will be June 30, with results first publicly reported on July 25. The Late Submission Deadline will continue to be November 30. See the 2022 Leapfrog ASC Survey Timeline in Appendix I.

- Reporting periods
  - For some sections of the 2021 Survey, Leapfrog allowed ASCs to report using data from either the prior calendar year (2020) or older calendar year 2019 data. In 2022, Leapfrog is reverting to current reporting periods. See the Reporting Periods for the 2022 Leapfrog ASC Survey in Appendix II.
  - In the 2021 Survey, Leapfrog adjusted the reporting period for Section 4D NQF Safe Practice 1 Leadership, Structures, and Systems to allow ASCs to report on safe practice elements that were implemented within the last 24 months. In 2022, Leapfrog is reverting to current reporting periods. See the Reporting Periods for the 2022 Leapfrog ASC Survey in Appendix II.
  - In the 2021 Survey, Leapfrog adjusted the reporting period for Section 4D NQF Safe Practice 2 Culture of Safety Measurement, Feedback, and Intervention to allow for ASCs to report on culture of safety surveys administered within the last 36 months and additional safe practice elements that were implemented in the last 24 months. In 2022, Leapfrog is reverting to current reporting periods. See the Reporting Periods for the 2022 Leapfrog ASC Survey in Appendix II.

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

SUMMARY OF CHANGES

PROFILE

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

SECTION 1: BASIC FACILITY INFORMATION

SECTION 1A: BASIC FACILITY INFORMATION

There are no changes to these questions.

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

BILLING ETHICS

Leapfrog is removing the Network Matching and Out-of-Network Services domains from Billing Ethics since new legislation and federal rulemaking has addressed some of these questions. Leapfrog is retaining and requiring the questions in the Price Transparency and Billing Ethics domains, which were updated based on public comments and feedback received from ASCs that participated in the pilot.

Review the final questions and scoring algorithm in Appendix III. Responses to this subsection will be scored and publicly reported in 2022.

HEALTH EQUITY

Leapfrog is making the Health Equity questions required for all ASCs. The updated questions do a better job of assessing an ASC's specific actions regarding the collection of patient self-identified demographic data (race, ethnicity, primary language, sexual orientation, and gender identify) and the use of that data. Review the final questions in Appendix III. Responses will not be scored or publicly reported in 2022.

SECTION 2: MEDICAL, SURGICAL, AND CLINICAL STAFF

Leapfrog is removing questions that ask about which medical, surgical, and clinical staff are required to maintain Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification, respectively. Neither question has been previously used in scoring or public reporting.

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

SECTION 3: VOLUME AND SAFETY OF PROCEDURES

SECTION 3A: VOLUME OF PROCEDURES

Leapfrog is removing procedures that ambulatory surgery centers identified as not requiring sedation or a nerve block and making minor updates to the procedure groupings. We are also removing dermatology from the list of surgical specialties based on the low volume of procedures being performed in both hospital outpatient departments and ambulatory surgery centers. An updated CPT code workbook will be available when the Survey opens on April 1. Facilities are still required to accept the American Medical Association's Terms of Use Agreement before downloading the Excel file and using the individual CPT codes to count procedure volume.

The volumes of adult and pediatric procedures will continue to be displayed on Leapfrog's public reporting website.

SECTION 3B: FACILITY AND SURGEON VOLUME

Leapfrog is scoring and publicly reporting performance on the Facility and Surgeon Volume Standards for ASCs that perform total hip replacement surgery and/or total knee replacement surgery. Scoring is based on whether the facility meets Leapfrog's minimum facility volume standard (50 procedures) and whether the facility's process for privileging its surgeons includes meeting or exceeding Leapfrog's minimum surgeon volume standard (25 procedures). Review the scoring algorithm in Appendix IV.

SECTION 3C: PATIENT SELECTION AND PATIENT FOLLOW-UP

PATIENT SELECTION

There are no changes to this subsection.

PATIENT FOLLOW-UP

Leapfrog is removing the fact-finding questions regarding patient follow-up and replacing them with two outcomes measures calculated and published by the Centers for Medicare and Medicaid Services (CMS) for both hospital outpatient departments and ambulatory surgery centers: ASC-11 (OP-31) Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery and ASC-12 (OP-32) Rate of unplanned hospital visits after an outpatient colonoscopy.

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

Leapfrog will download data for the most recent 12-month reporting period available on the CMS website for ASC-11 Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery and the most recent 24-month reporting period for ASC-12 Rate of unplanned hospital visits after an outpatient colonoscopy based on the data pull dates in the table below.

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

Based on public comments and feedback from facilities that participated in the pilot, Leapfrog has updated the scoring algorithm for ASC-11 Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery. Review the scoring algorithms in Appendix V.

SECTION 3D: INFORMED CONSENT

Leapfrog is adding a new evidence-based standard that assesses an ASC's informed consent forms and process. This new standard is made-up of three domains: (1) internal training and education around informed consent, (2) the content of informed consent forms, and (3) the process of gaining informed consent. Based on public comments and feedback received from ASCs that participated in the pilot, Leapfrog made several updates to the questions. Review the final set of questions in Appendix VI. These questions are optional and will not be scored or publicly reported in 2022.

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

Leapfrog is asking ASCs to report on their use of a safe surgery checklist for the adult and pediatric outpatient procedures included in Leapfrog's Volume of Procedures subsection (Subsection 3A) and to perform an audit on a sample of cases to measure the implementation of the checklist. Review the questions and scoring algorithm, which have been updated based on public comments and feedback received from ASCs that participated in the pilot, in Appendix VII

This measure will be scored and publicly reported alongside the Care for Elective Outpatient Surgery Patients results on Leapfrog's public reporting website.

SECTION 4: PATIENT SAFETY PRACTICES

SECTION 4A: MEDICATION SAFETY

MEDICATION AND ALLERGY DOCUMENTATION

Leapfrog is updating the question and measure specifications regarding medications prescribed or administered during the visit to clarify that ASCs should report on all medications prescribed **at discharge** and/or administered during the visit. We are also updating the definition of medications used in Section 4A to exclude chlorhexidine and alcohol prep pads.

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

OPIOID PRESCRIBING

Due to the variation in state-based regulations and the emergence of electronic clinical quality measures focused on opioid prescribing, Leapfrog is removing this subsection from the 2022 Leapfrog ASC Survey.

SECTION 4B: NHSN OUTPATIENT PROCEDURE COMPONENT MODULE

Leapfrog is maintaining the reporting period of the latest 6-months prior to Survey submission for Section 4B NHSN Outpatient Procedure Component (OPC) Module.

There are no changes to the scoring algorithm for Section 4B.

The NHSN reporting periods for all four NHSN Data Downloads on the 2022 Leapfrog ASC Survey are available in Appendix VIII

SECTION 4C: HAND HYGIENE

Based on public comments and feedback received from ASCs that participated in the pilot, Leapfrog is offering an alternative path to ASCs to achieve its Hand Hygiene Standard. The alternative path for achieving the standard requires ASCs to monitor 100 hand hygiene opportunities per month (a reduction from 200 per month) and meet all other elements in all the remaining domains: Monitoring and Feedback, Training and Education, Infrastructure, and Culture. Review the updated scoring algorithm in Appendix IX

In addition, Leapfrog is offering facilities two options for measuring the volume of alcohol-based hand sanitizer dispensed with each activation (referenced in questions #6 and #7): a volume-based measurement (each activation needs to produce at least 1.0 mL) or the "15-seconds to dry" method. This change will reduce the reporting burden for many facilities, while continuing to offer flexibility to those that use hand sanitizer formats such as foam. As a reminder, to meet the criteria to respond "yes" to questions #6 and #7, facilities are required to conduct their own audits independent of any information provided by the vendor on the volume of alcohol-based hand sanitizer dispensed with each activation.

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

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

See the Reporting Periods for the 2022 Leapfrog ASC Survey in Appendix II.

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

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

See the Reporting Periods for the 2022 Leapfrog ASC Survey in Appendix II.

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

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

To ensure ASCs have implemented the basic structures and processes needed to identify and mitigate risks and hazards to patients, Leapfrog is adding an additional safe practice to the Survey: National Quality Forum's Safe Practices for Better Healthcare Safe Practice #4. See the final set of questions in Appendix X. These questions are optional and will not be scored or publicly reported in 2022.

SECTION 4E: NEVER EVENTS POLICY

There are no changes to this subsection.

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

These questions are optional and will not be scored or publicly reported in 2022.

SECTION 5: PATIENT EXPERIENCE (OAS CAHPS)

Leapfrog is removing the following fact-finding questions from Section 5:

Q14: Did your doctor or anyone from the facility prepare you for what to expect during your recovery?	_____ *Format: Whole numbers only*
Q19: Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?	_____ *Format: Whole numbers only*
Q21: Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?	_____ *Format: Whole numbers only*

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

More information about the 2022 Leapfrog ASC Survey is available on our website at
https://www.leapfroggroup.org/asc-survey-materials/survey-materials.

RESPONSES TO PUBLIC COMMENTS

Leapfrog was grateful to receive several valuable public comments in response to the proposed

changes to the 2022 Leapfrog ASC Survey and through the national pilot test of the 2022 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.

COMMENTS RELATED TO DISCONTINUING COVID-19 CHANGES

No comments were submitted.

GENERAL COMMENTS

One commenter questioned why Leapfrog would remove dermatology from the list of surgical specialties included on the Leapfrog ASC Survey.

ASCs provided feedback to Leapfrog that collecting data on low volume procedures is overly burdensome and following an analysis of Survey submissions from 2019 to 2021 we confirmed that both hospital outpatient departments and ASCs were reporting low to no volume of the same-day dermatology procedures included on the ASC Survey and the Outpatient Procedures section of the Hospital Survey. Leapfrog's approach to selecting surgical specialties to include on the ASC Survey is to focus on those procedures that are being performed frequently and present some risk to patients as these are the procedures where variation in facility performance is most meaningful to consumers.

Some commenters were questioned the value of including questions on the Leapfrog ASC Survey that are not scored or publicly reported and voiced concern over the burden this data collection puts on ASCs.

Historically, the first year Leapfrog adds a new set of questions, measure specifications, and FAQs onto the Survey, we do not start scoring and publicly reporting for a year. This gives facilities the opportunity to provide us feedback on the questions, measure specifications, and FAQs and implement refinements based on feedback before moving to public reporting. Facilities have expressed that this is helpful, rather than burdensome, and have been pleased with Leapfrog's responses to their feedback received in that fact-finding year overall.

One commenter expressed concern over Leapfrog publicly reporting ASCs that do not participate in the Survey as "Declined to Respond" on its public reporting website.

Leapfrog and its Regional Leaders, local business health coalitions whose employer members represent the largest purchasers of healthcare in markets across the country, use several sources to identify ambulatory surgery centers that are eligible to submit a Leapfrog ASC Survey. Market transparency is critically important to consumers, employers, and purchasers. Part of market transparency is reporting when hospitals or ASCs declined to respond.

SECTION 1:

BILLING ETHICS

Some commenters noted that billing statements or master itemized bills should not be sent to patients until payments from insurers has been received.

In response to these comments, and in consultation with our subject matter experts, Leapfrog updated the question to assess whether the billing statement or master itemized bill was provided to the patient within 30 days of claim adjudication. For patients who are uninsured, billing statements or master itemized bills should be sent within 30 days from date of service.

Some commenters noted that referring patients to debt collection and taking legal action against patients was a last resort and requested a revision to the question or scoring algorithm to allow for rare exceptions.

Leapfrog has outlined an exception for patients with whom a facility has entered into a written agreement specifying a set price (not a range or estimate) for a medical service. However, taking legal action against patients harms patients and recent evidence indicates it contributes to increased health care disparities, so no further exceptions are included..

SECTION 2:

No comments were submitted.

SECTION 3:

FACILITY AND SURGEON VOLUME

One commenter questioned why Leapfrog would remove select procedures from the Volume of Procedures Section (3A), noting that this decision might skew volume reporting for an ASC compared to a whole hospital.

First, Leapfrog asks both hospitals and ASCs to report on the identical same-day procedures using the same criteria. Therefore, neither hospitals nor ASCs will report on the procedures that Leapfrog removed. Next, the procedures that Leapfrog is removing are those that don't meet our criteria of being performed frequently and presenting elevated risk to patients (i.e., don't require moderate to general anesthesia or a nerve block), as these are the procedures where variation in facility performance is most meaningful to consumers. Leapfrog's commitment to ASCs is to ensure that the resources they are dedicating to submitting the Survey are being used to collect data that has been identified has high value to consumers, employers, purchasers, and other stakeholders.

One commenter requested that Leapfrog publish its rationale for the facility and surgeon volume standards for total hip replacement surgery and total knee replacement surgery.

Decades of published literature support the volume-outcome relationship and recently, U.S. News conducted an analysis looking at the volume-outcome relationship, and found that knee replacement patients who had their surgery in the lowest-volume centers were nearly 70% more likely to die than patients treated at centers in the top quintile. Based on the published literature, Leapfrog's national expert panel recommended a facility volume standard of 50 for total hip replacement surgery and 50 for total knee replacement surgery and a surgeon volume standard of 25 for total hip replacement surgery and 25 for total knee replacement surgery. Leapfrog has compiled a bibliography of additional citations, available on our website.

PATIENT FOLLOW UP

Some commenters applauded Leapfrog for adding two new CMS outcomes measures to the Survey but was concerned that facilities that do not participate with Medicare and therefore not have measure scores available by CMS, would be penalized in public reporting.

Leapfrog understands that not all ASCs (or hospitals) participate in the Medicare Program. Therefore, facilities that perform cataract surgery or colonoscopies, but do not have a CMS certification number, will be scored and publicly reported as 'unable to calculate score.' Review the scoring algorithm for both CMS outcomes measures in Appendix V.

INFORMED CONSENT

Some commenters noted that some information shared during the informed consent process, such as the explanation of the severity and probability of the risks and benefits of alternative tests, treatments, or procedures, may not be written on the form; rather, the form would be used to document that the patient heard and understood the explanation.

Leapfrog updated questions #4, #5, and #6 to refer to both the facilities' informed consent process and the consent form documenting that the process has taken place. The updated questions are available in Appendix VI.

Some commenters noted that providing the clinician's years of experience on the consent form may be too burdensome to be kept continually updated.

Leapfrog removed the clinician's years of experience from the required components of the consent form. However, as indicated in question #12, as part of the discussion of risks, the clinician must discuss their experience performing the test, treatment, or procedure with the patients. The updated questions are available in available in Appendix VI.

SAFE SURGERY CHECKLIST

One commenter noted that Leapfrog's Safe Surgery Checklist Standard is more rigorous than what is currently required by some accreditation organizations and noted that the implementation of a safe surgery checklist is not the only indication of a high-quality procedure.

Leapfrog's national, evidence-based standards of care are developed by leading researchers and subject matter experts. They are designed as the gold standard, with the goal of moving both hospitals and ambulatory surgery centers towards providing the safest, highest quality care to patients. Frequently this results in our standards being more stringent than state or federal regulations, licensure requirements, or accreditation.

SECTION 4:

One commenter suggested that rather than remove Leapfrog's questions on Safe Opioid Prescribing, we should consider updating them and suggested the AAAHC's "Core Elements Checklist" and "Primary Care Considerations" from its' Antimicrobial Stewardship Toolkit could be adapted for opioid prescribing.

Leapfrog appreciates this recommendation. We are removing the current questions for 2022 but will take the recommendation under advisement for future versions of the Leapfrog ASC Survey.

One commenter suggested that Leapfrog not require ASCs to measure and audit the volume of alcohol-based hand sanitizer dispensed with each activation as the WHO does not prescribe a specific volume.

Leapfrog's national expert panel has noted several instances where facilities have adjusted down the volume of alcohol-based hand sanitizer dispensed from an automatic dispenser to an amount that is insufficient for killing pathogens on hands. Insufficient volume of ABHR has been a noted contributor to infection outbreaks in a number of healthcare facilities. Leapfrog recognizes that a best-practice hand hygiene standard includes ensuring facilities are monitoring this important aspect of the process.

One commenter expressed concern that Leapfrog is requiring both the use of soap and water and alcohol-based hand sanitizer concomitantly, which is not consistent with WHO or guidelines.

Leapfrog current Hand Hygiene standard does not require or recommend that facilities have their staff use both soap and water and alcohol-based hand sanitizer concomitantly. Rather, facilities are required to provide training on proper hand hygiene technique, including the appropriate use of soap and water versus alcohol-based hand sanitizer, and ensure that proper technique is being used through direct observations of hand hygiene opportunities throughout the facility.

Some commenters suggested, regarding the addition of National Quality Forum-endorsed Safe Practice #4 Risks and Hazards, that Leapfrog allow ASCs to use prospective risk identification tools other than a Failure Modes and Effects Analysis or Probabilistic Risk Assessment.

The National Quality Forum report, Safe Practices for Better Healthcare, has identified Safe Practice 4 as being relevant to ambulatory surgery centers and includes two evidence-based prospective risk identification tools, which are included in the practice. As 2022 is the first year that this practice will be included on the Leapfrog ASC Survey, we would welcome facilities to submit additional prospective risk identification tools via our Help Desk portal for consideration for 2023. This is is whyLeapfrog does not score or publicly report measures like this one in the first year they appear on the Survey.

Once commenter noted that the reference to "float staff" in the Proportion of Nurses that are BSN-Prepared was confusing and that the measure itself seems to favor large centers and Magnet designated hospitals.

Based on this feedback, Leapfrog re-examined the measure specifications, agreed with the commenter, and removed the reference to float staff rom the measure specifications. In regard to the measure favoring larger ASCs and Magnet designated hospitals, Leapfrog's national expert panel has affirmed that the evidence supporting the impact of BSN-preparation in patients outcomes is strong in both hospital and ASC settings. While it may be more difficult for small or rural ASCs and hospitals to attract BSN-prepared nurses, their importance in caring for patients in those settings is nonetheless important in reporting the quality and safety of a facility.

SECTION 5:

No comments were submitted.

APPENDIX I

Timeline of the 2022 Leapfrog ASC Survey

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

Reporting Periods for the 2022 Leapfrog ASC Survey

Survey Section/ Measure	Survey Submitted **Prior** to September 1	Survey (Re-)Submitted **On or After** September 1
	Reporting Period	Reporting Period
1A Basic Facility Information	12 months ending 12/31/2021	12 months ending 06/30/2022
1B Person-Centered Billing Ethics and Health Equity	N/A	N/A
2 Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
3A Volume of Procedures	12 months ending 12/31/2021	12 months ending 06/30/2022
3B Facility and Surgeon Volume	Volume: 12 months or 24 months ending 12/31/2021	Volume: 12 months or 24 months ending 06/30/2022
3C Patient Selection and Patient Follow-up	Patient Selection: N/A	Patient Selection: N/A
	Patient Follow-up: Latest 12 or 24 months prior to Survey submission	Patient Follow-up: Latest 12 or 24 months prior to Survey submission
3D Informed Consent	N/A	N/A
3E Safe Surgery Checklist	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
4A Medication and Allergy Documentation	12 months ending 12/31/2021	12 months ending 06/30/2022
4B NHSN Outpatient Procedure Component Module	Latest 6 months prior to Survey submission	Latest 6 months prior to Survey submission
4C Hand Hygiene	N/A	N/A
4D National Quality Forum (NQF) Safe Practices	Latest 12, or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)	Latest 12, or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)

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

APPENDIX III

Section 1B: Patient Centered Care - Billing Ethics Questions

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

3) Within 30 days of the final claims adjudication, does your facility provide every patient with a billing statement and/or master itemized bill for facility services that includes ALL the following?
 	
   a.   Name and address of the facility where billed services occurred
   b.   Date(s) of service
   c.   An individual line item for each service or bundle of services performed
   d.   Description of services billed, including facility fees, that accompanies each line item or bundle of services
   e.   Amount of any principal, interest, or fees (e.g., late or processing fees), if applicable
   f.   Amount of any adjustment to the bill (e.g., health plan payment or discounts), if applicable
   g.   Amount of any payments already received (from the patient or any other party), if applicable
   h.   Instructions on how to apply for financial assistance
   i.   Instructions on how to obtain a copy of the bill in the patient's primary language
   j.   Notification that physician services will be billed separately, if applicable
	Yes
	
	No
	
	Only upon request

4) Does your facility give patients instructions for contacting a billing representative who has the authority	

to do the following within 5 business days of being contacted by the patient or patient representative? a. Initiate an investigation into errors on a bill b. Review, negotiate, and offer a price adjustment or debt forgiveness based on facility policy c. Establish a payment plan	*Yes* *No*
5) Does your facility take legal action against patients for late payment or insufficient payment of a medical bill?	*Yes* *No*

Section 1B: Patient-Centered Care - Billing Ethics Scoring Algorithm

Billing Ethics Score (Performance Category)	Meaning that…
Achieved the Standard	• The facility provides EITHER payer-specific negotiated charges or cash prices on their website for commonly performed procedures **and** • The facility provides every patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3 **and** • The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within 5 business days **and** • The facility does **not** take legal action against patients for late or insufficient payment of a medical bill
Considerable Achievement	• The facility DOES NOT provide EITHER payer-specific negotiated charges or cash prices on their website for each procedure performed **and** • The facility provides every patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication of the procedure being performed that includes all 10 required elements listed in question #3 **and** • The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within 5 business days **and** • The facility does NOT take legal action against patients for late or insufficient payment of a medical bill OR • The facility provides EITHER payer-specific negotiated charges or cash prices on their website for each procedure performed **and** • The facility provides patients that request it with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3 **and**

	• The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within 5 business days **and** The facility does NOT take legal action against patients for late or insufficient payment of a medical bill
Some Achievement	• The facility DOES NOT provide EITHER payer-specific negotiated charges or cash prices on their website for each procedure performed **and** • The facility provides patients that request it with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3 **and** • The facility gives patients instructions for contacting a billing representative who has the authority to do all three required elements in question #4 within 5 business days **and** • The facility does NOT take legal action against patients for late or insufficient payment of a medical bill
Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.

Section 1B: Patient-Centered Care - Health Equity Questions

1) Which of the following **patient self-identified** demographic data does your facility collect **directly from its patients during patient registration prior to or during the facility visit**? *Select all that apply.* *If "none of the above" or "none currently, but plan to do so in the next 12 months" skip the remaining questions in Section 1 and go to the Affirmation of Accuracy.*	☐ *Race* ☐ *Ethnicity* ☐ *Spoken language preferred for healthcare (patient or legal guardian)* ☐ *Written language preferred for healthcare (patient or legal guardian)* ☐ *Sexual orientation* ☐ *Gender identity* ☐ *None currently, but plan to do so in the next 12 months* ☐ *None of the above*
2) Which of the following methods does your facility use to collect the demographic data in question #1 directly from patients? *Select all that apply.*	☐ *Online Patient Portals* ☐ *Paper Registration Forms* ☐ *Over the Phone* ☐ *At Registration (in-person)*
3) Does your facility train staff responsible for registering patients either in-person or over the phone on how to collect patient self-identified demographic data in question #1 at both: • the time of onboard; and • annually thereafter?	*Yes* *No*

4) Which of the following patient self-identified demographic data collected directly from its patients is your facility able to extract in a usable format? *If "none of the above" skip questions #5-10 and continue on to question #11.*	☐ *Race* ☐ *Ethnicity* ☐ *Spoken language preferred for healthcare (patient or legal guardian)* ☐ *Written language preferred for healthcare (patient or legal guardian)* ☐ *Sexual orientation* ☐ *Gender identity* ☐ *None of the above*
5) Does your facility routinely take any of the following steps to ensure the accuracy of the patient self-reported demographic data collected directly from its patients in question #1? *Select all that apply.*	☐ *Ensure appropriate data collection fields are available in EHR (if applicable)* ☐ *Use analytic tools to assess completion rates of data collection fields in EHR* ☐ *Compare data collected from patient experience surveys with EHR data (if applicable)* ☐ *Compare data collected through patient portals with EHR data (if applicable)* ☐ *Compare data collected with community data provided by state or county or Community Health Needs Assessment (CHNA)* ☐ *Compare data collected to census data for the facility's service area* ☐ *Other* ☐ *None of the above*
6) Does your facility use the patient self-identified demographic data it collects directly from patients in question #1 to stratify <u>any</u> quality measure(s) with the aim of identifying health care disparities? *If "no," "no, facility data was not found to be accurate or usable," or "not currently, but plan to do so in the next 12 months" to question #6, skip questions #7-10, and continue on to question #11.*	*Yes* *No* *No, facility data was not found to be accurate or usable* *Not currently, but plan to do so in the next 12 months*
7) Which type(s) of quality measure(s) does your facility stratify?	☐ *Clinical process measures*

Select all that apply.	☐ *Clinical outcome measures* ☐ *OAS CAHPS* ☐ *Other patient experience measures* ☐ *Other*
8) What types of patient self-reported demographic data collected directly from patients (and selected in question #1) did your facility use to stratify the quality measures selected in question #7? *Select all that apply.*	☐ *Race* ☐ *Ethnicity* ☐ *Spoken language preferred for healthcare (patient or legal guardian)* ☐ *Written language preferred for healthcare (patient or legal guardian)* ☐ *Sexual orientation* ☐ *Gender identity*
9) By stratifying the measure(s) selected in question #7, has your facility identified any disparities among its patients based on the demographic data selected in question #8? *If "no, disparities were not identified" or "inadequate data available to determine if disparities exist," skip question #10 and continue on to question #11.*	*Yes, disparities were identified* *No, disparities were not identified* *Inadequate data available to determine if disparities exist*
10) In the past 12 months, has your facility used the data and information obtained through question #8 to update or revise its policies or procedures? OR In the past 12 months, has your facility used the data and information obtained through question #8 to update or revise its patient safety or quality improvement goals?	*Yes* *No* *Not currently, but plan to do so in the next 12 months*
11) Does your facility share information on its efforts to identify and reduce health care disparities based on *race, ethnicity, spoken language preferred for healthcare (patient or legal guardian), written language preferred for healthcare (patient or legal guardian), sexual orientation, and gender identity and* the impact of those efforts on its public website?	*Yes* *No*
12) Does your facility report out and discuss efforts to collect patient self-identified demographic data directly from patients, ensure the accuracy of the data, and/or use the data to stratify quality measures with your facility's governance and leadership at least annually?	*Yes* *No*

APPENDIX IV

Section 3B: Facility and Surgeon Volume Scoring Algorithm

Facility and Surgeon Volume Standard Score (Performance Category)	For each of the procedures performed by the facility…
Achieved the Standard	• The facility <u>met</u> the minimum facility volume standard for the procedure; **and** • The facility's process for privileging surgeons <u>does</u> include meeting or exceeding the minimum surgeon volume standard.
Considerable Achievement	• The facility <u>met</u> the minimum facility volume standard for the procedure; **but** • The facility's process for privileging surgeons <u>does not</u> include meeting or exceeding the minimum surgeon volume standard.
Some Achievement	• The facility <u>did not meet</u> the minimum facility volume standard for the procedure, **but** • The facility's process for privileging surgeons <u>does</u> include meeting or exceeding the minimum surgeon volume standard.
Limited Achievement	• The facility <u>did not meet</u> the minimum facility volume standard for the procedure; **and** • The facility <u>does not</u> include the minimum surgeon volume standard in its privileging process.
Does Not Apply	The facility does not perform the procedure.

Section 3C: Patient Follow-up - ASC-11: Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery scoring algorithm

Patient Follow-up Score (Performance Category)	Meaning that the ASC…
Achieved the Standard	• Provided an accurate CCN and NPI in the Profile Section • Reported volume for anterior segment eye procedures in Section 3A • **Had** a measure score published by CMS for the measure*
Does Not Apply	The ASC does not perform anterior segment eye procedures.
Unable to Calculate Score	The ASC is not participating with CMS, is scored as "not available" by CMS, or did not provide an accurate CCN and NPI in the Profile Section.

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

Section 3C: Patient Selection - ASC-12: Rate of unplanned hospital visits after an outpatient colonoscopy Scoring Algorithm

Patient Follow-up Score (Performance Category)	Meaning that the ASC…
Achieved the Standard	• Provided an accurate CCN and NPI in the Profile Section • Reported volume for lower GI endoscopy in Section 3A • Is in the top quartile of performance*
Considerable Achievement	• Provided an accurate CCN and NPI in the Profile Section • Reported volume for lower GI endoscopy in Section 3A • Is in the second quartile of performance*
Some Achievement	• Provided an accurate CCN and NPI in the Profile Section • Reported volume for lower GI endoscopy in Section 3A • Is in the third quartile of performance*
Limited Achievement	• Provided an accurate CCN and NPI in the Profile Section • Reported volume for lower GI endoscopy in Section 3A • Is in the bottom quartile of performance*
Does Not Apply	The ASC does not perform lower GI endoscopy.

Unable to Calculate Score	The ASC is not participating with CMS, is scored as "not available" by CMS, or did not provide an accurate CCN and NPI in the Profile Section.

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

APPENDIX VI

New Subsection 3D: Informed Consent Questions (Optional – Not Scored or Publicly Reported in 2022)

Internal Training and Education

1) Does your facility have a written policy that describes the informed consent process, and has your facility made the written policy available to all roles and staff levels involved in the informed consent process?	*Yes* *No*
2) Does your facility have a training program on informed consent that tailors different training topics to different staff roles, and has your facility made the training: • a required component of onboarding for the appropriate newly hired staff, and • required for the appropriate existing staff who were not previously trained?	*Yes* *No*
3) Does your facility have a list, or a defined set of guidelines, so the appropriate staff know which tests, treatments, and procedures require patient/legal guardian consent, with any exceptions noted?	*Yes* *No*

Content of Informed Consent Forms

4) As part of your facility's process for obtaining informed consent, does: • the clinician explain all of the patient's treatment choices, including the severity and probability of the risks and benefits of each choice, if applicable; • the patient have the opportunity to ask questions; and, • the consent form document that this element of the process has taken place?	*Yes* *No*
5) As part of your facility's process for obtaining informed consent, does: • the clinician explain expected difficulties, recovery time, pain management, and restrictions after a test, treatment, or procedure, in the facility and post-discharge, if applicable; • the patient have the opportunity to ask questions; and, • the consent form document that this element of the process has taken place?	*Yes* *No*
6) As part of your facility's process for obtaining informed consent, does: • the clinician explain the clinical rationale (i.e., condition-specific justification) for why the test, treatment, or procedure is being performed • the patient have the opportunity to ask questions; and, • the consent form document that this element of the process has taken place?	*Yes* *No*
7) Does your facility's consent form include: • the name(s) of the clinician(s) performing the test, treatment, or procedure;	*Yes* *No*

• whether the clinician is expected to be absent from portions of the test, treatment, or procedure (e.g., opening, closing); and, • if any assistants or trainees will be involved in the test, treatment, or procedure?	
8) Is your facility's consent form written in plain language and at a 6th grade reading level or lower?	*Yes* *No*

Process for Gaining Informed Consent

9) Prior to signing the consent form, does your facility identify the patient/legal guardian's preferred language for medical decision-making, and, where needed, provide the patient/legal guardian access to a qualified medical interpreter?	*Yes* *No*
10) Prior to signing the consent form, does your facility offer the opportunity for a care partner (i.e., the patient's family, or a chosen friend or advocate) to participate in the review of the form?	*Yes* *No*
11) Prior to signing the consent form, do clinicians at your facility use the "teach back method" with patients/legal guardians, where patients/legal guardians are asked to repeat back, in their own words, what they understand will be done, why it will be done, and what are the primary risks?	*Yes* *No*
12) Prior to signing the consent form, do clinicians at your facility discuss their experience performing the test, treatment, or procedure with the patient/legal guardian?	*Yes* *No*
13) For tests, treatments, and procedures that are scheduled a week (i.e., seven calendar days) or more in advance, does your facility share the consent form with the patient at least three calendar days before the patient's test, treatment, or procedure?	*Yes* *No*
14) For tests, treatments, and procedures that are scheduled a week (i.e., seven calendar days) or more in advance, do clinicians at your facility discuss the consent form with the patient/legal guardian, at least one calendar day before the patient's procedure, and is the patient /legal guardian provided with an opportunity to ask questions?	*Yes* *No*
15) At least once a year, does your facility solicit feedback from patients/legal guardians about your facility's informed consent process to understand how it can be improved over time?	*Yes* *No*
16) At least once a year, does your facility complete an audit of the informed consent process to evaluate its efficacy and provide feedback to staff on opportunities for improvement?	*Yes* *No*

Additional Questions

17) For procedures that are scheduled a week (i.e., seven calendar days) or more in advance, does your facility provide patients/legal guardians with high-quality decision aids (if available for the procedure), and patient education materials, to inform their medical care decisions?	*Yes* *No*

Frequently Asked Questions

1. **Regarding the training program on informed consent, what roles and staff levels need to be trained?**
   As described on page 98 of the AHRQ's Making Informed Consent an Informed Choice – Training for Health Care Leaders, the appropriate roles for training include all of the following: facility leaders, physicians/independent nurse practitioners/independent physician assistants, nurses or other clinical staff, administrative staff, and interpreters. The training may be tailored to only include relevant materials based on the staff role.

2. **What are examples of patients for whom the informed consent standards do not apply?**

   Patients who are unable to communicate and for whom no family member or medical proxy has been identified are not included in the informed consent standard.

3. **What parameters should our audit process follow? Is there a minimum number of instances that should be audited, or an evaluation form?**
   At this time, no specific requirements or forms for an audit have been established. Results from the regular audit can be used to improve processes.

4. **Does the process for obtaining consent for tests, treatments, or procedures, as described in questions #13 and #14, also include the process for obtaining consent to undergo anesthesia?**
   No. The process for obtaining consent to undergo anesthesia is separate, and the consent form for anesthesia does not need to be sent three days in advance or discussed with the patient one day in advance, in order to answer "Yes" to questions #13 and #14.

APPENDIX VII

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

1)	What is the latest 3-month reporting period for which your facility is submitting responses to questions #2-7? 3-month reporting time ending:	——— Format: Month/Year
2)	Does your facility utilize a safe surgery checklist on every patient every time one of the applicable procedures in Section 3A and 3B (if applicable) is performed? *If "no" to question #2, skip the remaining questions in Section 3E and go to the Affirmation of Accuracy. The facility will be scored as "Limited Achievement."*	*Yes* *No*
3)	**Before the induction of anesthesia**, is a safe surgery checklist that includes all the following elements read aloud in the presence of the anesthesia professional and nursing personnel: • Patient ID • Confirmation of procedure • Patient consent • Site marked, if applicable • Anesthesia/medication check • Allergies assessed • Difficult airway/aspiration risk • Risk of blood loss, if applicable • Availability of devices on-site, if applicable?	*Yes* *No*
4)	**Before the skin incision and/or before the procedure begins**, is a safe surgery checklist that includes all the following elements read aloud in the presence of the whole surgical team**:** • Clinical team introduction • Confirmation of patient name, procedure, and, if applicable, surgical/incision site • Antibiotic prophylaxis, if applicable • Anticipated Critical Events (non-routine steps, length of procedure, blood loss, patient-specific concerns, sterility) • Equipment check/concerns • Essential imaging available, if applicable	*Yes* *No*
5)	**Before the patient leaves the operating room and/or procedure room**, is a safe surgery checklist that includes all the following elements read aloud in the presence of the whole surgical team: • Confirmation of procedure performed • Instrument/supply counts	*Yes* *No*

• Specimen labeling, if applicable • Equipment concerns • Patient recovery/management concerns?	
6) Did your facility perform an audit (either in-person or via the medical record or other EHR data) on at least 15 cases (of patients who underwent a procedure included in Section 3A and 3B, if applicable) and measure adherence to the safe surgery checklist? *To respond "yes" to question #6, facilities must measure and document whether all the elements in questions #3, #4, and #5 were verbalized in the presence of the appropriate personnel for each sampled case.* *If "no" to question #6, skip question #7 and go to the Affirmation of Accuracy. The facility will be scored as "Limited Achievement."*	*Yes* *No*
7) Based on your facility's audit (either in-person or via the medical record or other EHR data) on at least 15 cases (of patients who underwent an applicable procedure included in Section 3A and 3B), what was your facility's documented rate of adherence to the safe surgery checklist (e.g., what percentage of the sampled cases had all elements in questions #3, #4, and #5 completed)?	*90-100%* *75%-89%* *50-74%* *Less than 50%*

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

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

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 • The facility's checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., the facility responded "yes" to questions #3, #4, and #5) • The facility completed an audit of at least 15 patients and documented adherence to the checklist • The facility's documented adherence to the checklist is 90% or greater

Considerable Achievement	• The facility uses a safe surgery checklist on **all** patients undergoing an applicable procedure • The facility's checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., the facility responded "yes" to questions #3, #4, and #5) • The facility completed a medical record audit of at least 15 patients and documented adherence to the checklist • The facility's documented adherence to the checklist is at least 75%
Some Achievement	• The facility uses a safe surgery checklist on **all** patients undergoing an applicable procedure • The facility's checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., the facility responded "yes" to questions #3, #4, and #5) • The facility completed an audit of at least 15 patients and documented adherence to the checklist • The facility's documented adherence to the checklist is at least 50%
Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.

APPENDIX VIII

Section 4B: NHSN Outpatient Procedure Component (OPC) Module Reporting Periods and Deadlines

Ambulatory surgical centers (ASCs) are required to join Leapfrog's NHSN Group for ASCs in order for Leapfrog to pull data on the following measures included in Section 4B NHSN Outpatient Procedure Module of the 2022 Leapfrog ASC Survey:

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

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

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

1. Join Leapfrog's NHSN Group for ASCs by the dates below

2. Enter a valid NHSN ID in the Profile Section of their 2022 Leapfrog ASC Survey, and

3. Complete, affirm, and submit the 2022 Leapfrog ASC Survey by the dates below

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

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

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

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

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

APPENDIX IX

Section 4C: Hand Hygiene Scoring Algorithm for 2022

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** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 11, Section 4 of the 2022 Leapfrog ASC Survey), **each month** for monitoring hand hygiene opportunities:
	• **Monitoring Domain**:
	  o Question #8:
	    Facility collects hand hygiene compliance data on at least **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 11, Section 4 of the ASC Survey), **each month**
	  o Question #11:
	    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
	  o The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8):
	    ▪ *Electronic Compliance Monitoring*: questions #12-13
	    ▪ *Direct Observation:* questions #14-15
	• **Feedback Domain:** questions #16-19
	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 #20-21

Achieved the Standard (alternative)	Facilities that collect hand hygiene compliance data on a sample size of **100** hand hygiene opportunities per **month**, or at least the number of hand hygiene opportunities outlined in Table 2 (FAQ 11, Section 4 of the 2022 Leapfrog ASC Survey), can Achieve the Standard if they meet the following:
	• **Monitoring Domain**:
	  o Question #9:
	    Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (FAQ #11, Section 4 of the ASC Survey), **each month**
	  o Question #11:
	    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
	  o The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #9):

Hand Hygiene (Performance Category)	Meaning that…
	▪ *Electronic Compliance Monitoring*: questions #12-13 ▪ *Direct Observation:* questions #14-15 ***AND*** The facility responded "yes" to **all** questions in the other four domains: • **Feedback Domain:** questions #16-19 • **Training and Education Domain:** questions #1-3 • **Infrastructure Domain:** questions #4-7 • **Culture Domain:** questions #20-21

Considerable Achievement	The facility responded "yes" to **all** applicable questions in the Monitoring and Feedback Domains and meets the **quarterly** sample size of **100** for monitoring hand hygiene opportunities:
	• **Monitoring Domain**:
	  o Question #10:
	    Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities **each quarter**
	  o Question #11:
	    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
	  o The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #10):
	    ▪ *Electronic Compliance Monitoring*: questions #12-13
	    ▪ *Direct Observation:* questions #14-15
	• **Feedback Domain:** questions #16-19
	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 #20-21

Some Achievement	The facility responded "yes" to **all** applicable questions in any **2** of the following domains:
	• **Monitoring Domain:**
	  o Question #8, #9, or #10:
	    ▪ Facility collects hand hygiene compliance data on at least **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 11, Section 4 of the [ASC Survey](#)), **each month**
	    ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (FAQ 11, Section 4 of the [ASC Survey)](#), each **month**
	    ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities **each quarter**
	  o Question #11:
	    Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by

Hand Hygiene (Performance Category)	Meaning that…

	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, #9, or #10):
	     ▪ *Electronic Compliance Monitoring*: questions #12-13
	     ▪ *Direct Observation:* questions #14-15
	• **Feedback Domain:** questions #16-19
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #20-21

Limited Achievement	The facility responded "yes" to **all** applicable questions in any **1** of the following domains:
	• **Monitoring Domain:**
	  ○ Question #8, #9, or #10:
	     ▪ Facility collects hand hygiene compliance data on at least **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (FAQ 11, Section 4 of the [ASC Survey](#)), **each month**
	     ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on Table 2 (FAQ 11, Section 4 of the [ASC Survey](#)), each **month**
	     ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities **each quarter**
	  ○ Question #11:
	  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, #9, or #10):
	     ▪ *Electronic Compliance Monitoring*: questions #12-13
	     ▪ *Direct Observation:* questions #14-15
	• **Feedback Domain:** questions #16-19
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #20-21
	 OR The facility met **0** domains.

APPENDIX X

Section 4D: Safe Practice #4 – Identification and Mitigation of Risks and Hazards Questions (Optional – Not Scored or Publicly Reported in 2022)

4.1	**Within the last 12 months our organization has done the following:**
	a ☐ Assessed risks and hazards to patients by reviewing multiple retrospective sources, such as:
	• serious and sentinel event reporting;
	• root cause analyses for adverse events;
	• ASC accreditation surveys;
	• risk management and filed litigation;
	• anonymous internal complaints, including complaints of abusive and disruptive caregiver behavior; and
	• complaints filed with state/federal authorities;
	and based on those findings, documented recommendations for improvement.
AWARENESS	b ☐ assessed risks and hazards to patients using prospective identification methods: Failure Modes and Effects Analysis (FMEA) and/or Probabilistic Risk Assessment, and has documented recommendations for improvement.
	c ☐ combined results of (a) and (b) above to develop their risk profile, and used that profile to identify priorities and develop risk mitigation plans.
	d ☐ shared results from the two assessments, noted in (a), (b), and the risk mitigation plan noted in (c) above widely across the organization, from the Board (governance) to front-line caregivers.
	This item may not be checked unless all items 4.1a, b, c are checked.
4.2	**Leadership is accountable for identification of risks and hazards to patients, and mitigation efforts in the past year, as evidenced by:**
ACCOUNTABILITY	a ☐ incorporation of the identification and mitigation of risks into performance reviews
4.3	**In regard to developing the ability to appropriately assess risk and hazards to patients, the organization has done the following or had in place during the last 12 months:**
ABILITY	a ☐ resourced patient safety program budgets sufficiently to support ongoing risk and hazard assessments and programs for reduction of risk.

4.4	☐ Review of this Safe Practice is complete.
	This check box is in the online survey tool to ensure that your facility has reviewed data entry for the above questions. This question must be marked, even if no items are checked.

<u>END OF DOCUMENT</u>