



# SUMMARY OF CHANGES TO THE 2023 LEAPFROG ASC SURVEY AND RESPONSES TO PUBLIC COMMENTS

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Through participation in the Leapfrog ASC Survey, and by extension the public comment process, ambulatory surgery centers (ASCs) continue to demonstrate their commitment to transparency and empower employers and purchasers to find the highest-value care while giving consumers the lifesaving information they need to make informed decisions. Hospital and ASC Survey Results are [publicly reported](#) so stakeholders can compare hospital outpatient departments (HOPDs) and ASCs side-by-side. Participating ASCs are also eligible for consideration for awards programs including the Money.com list of [Best Surgery Centers](#) and the [Leapfrog Top ASCs](#) designation.

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

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

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. These comments, as well as results from the pilot test, are incorporated into the final ASC Survey and scoring algorithms. A final summary of changes and a summary of public comments and [responses to public comments](#) are included in this document.

The 2023 Leapfrog ASC Survey will open on April 1 and a PDF of the Survey will be available for download on the [Leapfrog ASC Survey webpage](#). ASCs and other stakeholders interested in learning more and participating in the 2023 Leapfrog ASC Survey can register to attend free informational sessions on the Town Hall Calls [webpage](#).

## DEADLINES AND REPORTING PERIODS FOR 2023

Review the 2023 Leapfrog ASC Survey deadlines and reporting periods in [Appendix I](#) and [Appendix II](#). As a reminder, ASCs that do not submit a Survey by June 30 will be publicly reported as “Declined to Respond” until a Survey has been submitted.

## SUMMARY OF STRUCTURAL CHANGES FOR 2023

The CPT Code Workbooks used to report on the volume of procedures will now be accessible directly from the Survey Dashboard in Section 3: Volume and Safety of Procedures. As in previous years, facilities are required to complete the American Medical Association’s Terms of Use before downloading the CPT Code Workbooks, and in 2023, facilities will not be able to access Section 3: Volume and Safety of Procedures without doing so. Facilities are only required to complete the American Medical Association’s Terms of Use once per Survey Cycle (April 1 – November 30).

## SUMMARY OF CONTENT AND SCORING CHANGES

### ASC PROFILE

There are no changes to the ASC Profile.

## SECTION 1: BASIC FACILITY INFORMATION

### SECTION 1A: BASIC FACILITY INFORMATION

In recognition of the published evidence and guidelines documenting the importance of environmental hygiene on infection prevention, Leapfrog is exploring the development of a new standard around environmental hygiene and will be consulting with experts in advance of the 2024 Leapfrog ASC Survey. Environmental hygiene topics under consideration include cleaning and disinfecting surfaces, air-handling, ventilation, and water quality. For the 2023 Leapfrog ASC Survey, we are adding an optional, fact-finding question to 1A: Basic Facility Information to assess how ASCs are integrating environmental services and facilities engineering into their quality and safety structures. Based on public comments and feedback received from 2023 Leapfrog ASC Survey Pilot participants, the response options to this question have been significantly updated.

<p>1) How are environmental services (EVS) and facilities engineering integrated into your ASC’s quality and safety structures?</p> <p><i>Select all that apply.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> EVS (employed or contracted) reports data and relevant information to the primary point of contact for the ASC’s integrated patient safety program (i.e., risk manager)</li> <li><input type="checkbox"/> Facilities engineering (employed or contracted) reports data and relevant information to the primary point of contact for the ASC’s integrated patient safety program (i.e., risk manager)</li> <li><input type="checkbox"/> Other</li> <li><input type="checkbox"/> Not applicable; EVS and facilities engineering are not integrated into the ASC’s quality and safety structures</li> </ul>
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This optional, fact-finding question will not be used in scoring or public reporting in 2023.

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

### BILLING ETHICS

In response to feedback from participating ASCs, an analysis of responses submitted to the 2022 Leapfrog ASC Survey, and feedback from researchers in the field, Leapfrog is making the following updates to Section 1B: Billing Ethics:

- Updating question #3, regarding a master itemized bill, to clarify that facilities must provide instructions on how to obtain a written translation or oral interpretation of the bill in the patient’s preferred language.
- Updating question #4, regarding access to billing representatives and timely resolution of billing issues, to give billing representatives 10 days, rather than 5 days, to initiate an investigation into errors on a bill, offer a price adjustment or debt forgiveness based on facility policy, or offer a payment plan. We are also updating question #4 to require that billing representatives have access to a translation service to help communicate information in the patient’s preferred language.
- Leapfrog is also adding two optional fact-finding questions regarding additional aspects of facilities’ billing practices that will not be used in scoring or public reporting in 2023.

Additionally, we are adding Frequently Asked Questions (FAQs) regarding alternatives to taking legal action against patients and defining a “good faith estimate.” The questions and FAQs for Section 1B: Billing Ethics are detailed in [Appendix III](#).



There are no changes to the scoring algorithm.

## HEALTH EQUITY

To date, Leapfrog has focused questions in this subsection on the collection of patient self-reported demographic information. Based on feedback from Leapfrog’s National Advisory Committee and an analysis of responses submitted to the 2022 Leapfrog ASC Survey, Leapfrog is revising the questions to focus on methods that facilities are using to stratify measures by race, ethnicity, preferred language, sexual orientation, and gender identity. These questions are required, but responses will not be scored or publicly reported in 2023. The updated questions can be found in [Appendix IV](#).

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### SECTION 2: MEDICAL, SURGICAL, AND CLINICAL STAFF

Leapfrog is removing questions #5 and #6, which asked for the percent of physicians and anesthesia professionals that are board certified or board eligible. We are replacing these two questions with a single yes/no question asking whether an ASC’s medical staff by-laws or facility-wide policies require all physicians and anesthesia providers to be board certified or board eligible. This question will not be scored but will be publicly reported.

<p>1) To help ensure that patients are cared for by well-trained physicians and anesthesia providers (e.g., anesthesiologists and certified registered nurse anesthetists), do your medical staff by-laws or facility-wide policies require all physicians and anesthesia providers who have privileges to provide care at your facility to be board certified or board eligible?</p>	<p>Yes No</p>
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### SECTION 3: VOLUME AND SAFETY OF PROCEDURES

#### SECTION 3A: VOLUME OF PROCEDURES

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There are changes to this subsection.

#### SECTION 3B: FACILITY AND SURGEON VOLUME

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Based on feedback from participating ASCs and guidance from Leapfrog’s [Complex Surgery Expert Panel](#), Leapfrog is adding Bariatric Surgery for Weight Loss to Section 3B: Facility and Surgeon Volume. Leapfrog is asking facilities that perform the procedures to report facility volume, whether the facility’s process for privileging includes the surgeon meeting or exceeding Leapfrog’s minimum annual surgeon volume standard, and whether they have developed and implemented appropriateness criteria for Bariatric Surgery for Weight Loss. Leapfrog’s minimum facility volume standard for this procedure is 50 cases and the minimum annual surgeon volume standard is 20 cases. However, Leapfrog will not score or publicly report Bariatric Surgery for Weight Loss until 2024.



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

In addition, Leapfrog plans to incorporate the surgical appropriateness questions into scoring and public reporting beginning in 2024 for all three procedures in this subsection: Total Hip Replacement Surgery, Total Knee Replacement Surgery, and Bariatric Surgery for Weight Loss. We also plan to add a new question in 2024 to assess the extent to which an ASC's appropriateness criteria are being utilized by asking ASCs to report on their findings from the retrospective reviews completed in question #7. An updated scoring algorithm will be published with the Proposed Changes to the 2024 Leapfrog ASC Survey. There are no changes to the public reporting of the surgical appropriateness questions for Total Hip Replacement Surgery or Total Knee Replacement Surgery for 2023.

There are no changes to the questions or scoring algorithm for Total Knee Replacement Surgery or Total Hip Replacement Surgery.

### SECTION 3C: PATIENT SELECTION AND PATIENT FOLLOW-UP

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#### PATIENT SELECTION

There are no changes to these questions.

#### PATIENT FOLLOW-UP

Leapfrog is removing ASC-11 Improvement in Patients Visual Function Following Cataract Surgery since CMS has made this measure voluntary through the 2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule. We are adding two new outcome measures published by CMS: ASC-17 Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures and ASC-18 Hospital Visits After Urology Ambulatory Surgical Center Procedures. Leapfrog will score and publicly report both measures in 2023. The scoring algorithm is available in [Appendix V](#).

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

Data download dates and reporting periods for ASC 12, ASC-17, and ASC-18, are available in [Appendix VI](#).

### SECTION 3D: INFORMED CONSENT

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Based on an analysis of responses submitted to the 2022 Leapfrog ASC Survey and consultation with Leapfrog's [Patient and Family Caregiver Expert Panel](#), Leapfrog will score and publicly report Section 3D: Informed Consent in 2023. We are updating Section 3D as follows:

First, the following six questions, identified by the expert panel as being the most relevant to patients and family caregivers, will be scored and publicly reported in 2023:



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

Based on public comments and feedback received from ASCs that participated in the pilot, Leapfrog is making several updates to the originally proposed questions. The final questions and scoring algorithm are detailed in [Appendix VII](#).

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

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

The full list of optional, fact-finding questions is available in [Appendix VII](#).

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

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

Second, for ASCs conducting the audit to assess compliance with the Safe Surgery Checklist, Leapfrog is adding a question asking if the ASC performed an in-person observational audit, a retrospective audit of medical records or EHR data, or both.

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

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## SECTION 4: PATIENT SAFETY PRACTICES

### SECTION 4A: MEDICATION SAFETY

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#### MEDICATION AND ALLERGY DOCUMENTATION

Leapfrog is updating the specifications to clarify that only medications *newly* prescribed at discharge should be counted as medications prescribed at discharge and/or administered during the visit. We are also adding intra-op irrigation solutions to





the list of excluded medications and updating the measure specifications to exclude the dose requirement for lidocaine jelly.

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

#### SECTION 4B: NHSN OUTPATIENT PROCEDURE COMPONENT MODULE

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The deadlines to join Leapfrog's NHSN Group and associated reporting periods for all four NHSN data downloads for the 2023 Survey Cycle are available in [Appendix VIII](#).

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

#### SECTION 4C: HAND HYGIENE

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There are no changes to this subsection.

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

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

There are no changes to this subsection.

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

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

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

##### NQF SAFE PRACTICE #4 – RISKS AND HAZARDS

Leapfrog will score and publicly report NQF Safe Practice #4, which asks ASCs if they have implemented six key elements outlined in the National Quality Forum's [Safe Practices for Better Healthcare – 2010 Update](#). ASCs will be scored based on how many elements they have adhered to within the last 12 months. The scoring algorithm for this measure is available in [Appendix IX](#).

#### SECTION 4E: NEVER EVENTS POLICY

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Leapfrog is clarifying question #4, which asks if facilities waive all costs related to all [never events](#), by stating that costs must be waived to both the patient and the payor.



## SECTION 4F: NURSING WORKFORCE

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Leapfrog will score responses and publicly report results for the Percentage of RNs who are BSN-prepared measure. The scoring algorithm is available in [Appendix X](#).

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## SECTION 5: PATIENT EXPERIENCE (OAS CAHPS)

Leapfrog is clarifying that ASCs must currently be administering the OAS CAHPS Survey to respond “yes” to question #3, which asks if the ASC administers, or has started to administer, the OAS CAHPS Survey.

There are no changes to the scoring algorithm for Section 5: Patient Experience (OAS CAHPS).



More information about the 2023 Leapfrog ASC Survey is available on our website at

[www.leapfroggroup.org/ASC](http://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 2023 Leapfrog ASC Survey and through the national pilot test of the 2023 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.

## GENERAL COMMENTS

**One commenter supported all proposed changes to the 2023 Leapfrog ASC Survey and noted they were well thought out.**

We appreciate this feedback.

**One commenter requested that Leapfrog include details related to the reasons for the proposed changes and suggested a comment period of no less than thirty days.**

Thank you for your feedback. Leapfrog does include a rationale for each change. Changes are often guided by feedback received from participating ASCs, recommendations from our national expert panels, the emergence of new relevant measures, or changes in the availability of the measures (i.e., ASC- 11 Improvement in Patients Visual Function Following Cataract Surgery). In addition, we make every effort to hold 30-day public comment periods. However, this year's comment period was shortened by the timing of holidays.

## SECTION 1: BASIC FACILITY INFORMATION

### BASIC FACILITY INFORMATION

**Some ASCs supported the addition of a new fact-finding question on environmental hygiene, but raised concerns about the different structures in ASCs, particularly the use of contracted environmental and facilities engineering workers.**

We appreciate this feedback and have significantly revised the question and response options for based on feedback received during the comment period and from 2023 Leapfrog ASC Survey pilot participants. Please see [above](#) for updates.

### BILLING ETHICS

**Some commenters recommended removing the requirement that facilities provide patients with a billing statement even when there is no balance due.**

After consideration of this feedback, Leapfrog has removed this requirement. Facilities will no longer be required to provide billing statements to patients with no balance due to respond "yes" to question #3 in Section 1B.

**Some commenters asked about whether billing representatives who are asked to do each of the three elements described in question #4 in Section 1B: Billing Ethics can be allowed exceptions for cases that are not conclusively resolved due to considerations outside of their control.**



Leapfrog has revised question #4 to clarify that billing representatives do not need to conclusively resolve patient inquiries within 10 days; instead, the billing representative only needs to have initiated the resolution. For example, this might mean beginning the investigation into errors, or offering a payment plan or price adjustment. The billing representative is not intended to be held accountable for time delays introduced during an error investigation or in the negotiation over a price adjustment with a patient.

**Some commenters asked for specific definitions for two terms used in this section, the quantified analysis of response times and for the good faith estimate.**

Leapfrog has added two FAQs to the Survey to define each of these terms. Both FAQs are available in [Appendix III](#). Note that the response to question #5 about the quantified analysis of response times will not be scored or publicly reported in 2023.

## HEALTH EQUITY

**One commenter expressed that it was difficult to provide feedback without seeing specific updates to the Health Equity questions.**

Thank you for your feedback. Leapfrog noted in the Proposed Changes that the Health Equity questions would once again be used for fact-finding purposes, and that they would not be scored or publicly reported in 2023. The updated questions were finalized and then tested during the national pilot test of the 2023 ASC Survey, and subsequent feedback submitted via the national pilot test was used to further refine the questions. The updated questions are detailed in [Appendix IV](#).

## SECTION 2: MEDICAL, SURGICAL AND CLINICAL STAFF

**One commenter noted that board certification requirements are generally addressed in facility bylaws and policies, with such decisions being made based on the procedures performed. They raised concerns that the survey question regarding board eligibility and certification does not account for alternate situations, such as the use of CRNAs who are not eligible for Board Certification and stated that the American Medical Association only requires that each facility follows their bylaws and policies, including provisions related to staffing and privileging.**

Thank you for your feedback regarding question #5 in Section 2, which asks if a facility's medical staff by-laws or facility-wide policies require all physicians and anesthesia providers to be board certified or board eligible. Note that this question is not a new addition to the Leapfrog ASC Survey; rather, we've combined two questions into one.

Board certification is one of the only indicators publicly available to patients that reliably signifies a physician's expertise and up-to-date educational background in their field. Leapfrog consulted directly with the American Board of Medical Specialties (ABMS) on the development of this question, and we link to the ABMS website directly so patients can check the board certification status of their doctors.

Additionally, CRNAs can be board certified by [The National Board of Certification and Recertification for Nurse Anesthetists \(NBCRNA\)](#).

## SECTION 3: VOLUME AND SAFETY OF PROCEDURES

### FACILITY AND SURGEON VOLUME

**One commenter questioned why Leapfrog uses minimum volume standards and suggested that minimum volume standards might present difficulties for smaller or rural facilities. This commenter also inquired about how new facilities should report.**

Leapfrog's facility and surgeon volume standards are based on published literature and often align with national medical society recommendations with the patient's safety as the focus.

Three decades of research have consistently demonstrated that patients that have their high-risk surgery at a facility and by a surgeon that have more experience with the procedure have better outcomes, including lower mortality rates and lower complication rates. The three procedures that facilities are asked to report on in the Facility and Surgeon Volume section of the Leapfrog ASC Survey are those that have a strong, evidence-based relationship between volume and patient outcomes.

As detailed in [the hard copy of the Leapfrog ASC Survey](#), ASCs have an 18-month grace period before having to report on facility volume and the process for privileging surgeons for new service lines. In addition, surgeons who have just finished their training receive a 24-month grace period to build up their experience. To accommodate fluctuations in facility volumes, ASCs have the option of reporting on their average case volumes over a 24-month period. Additionally, facilities are instructed to count all the cases performed by surgeons at any facility when determining whether they have met the minimum surgeon volume standard for the purposes of surgeon privileging.

While Leapfrog recognizes the challenges certain facilities may face meeting minimum volume standards, the safety of patients is the priority. Leapfrog advocates for facilities that cannot meet the minimum volume standards to refer patients to facilities that do.

### PATIENT FOLLOW-UP

**One commenter stated their support for the alignment of the Leapfrog ASC Survey with federal and state requirements, such as the measures published by CMS.**

Thank you for your feedback regarding the addition of CMS outcome measures ASC-17 and ASC-18, as well as the removal of ASC-11.

### INFORMED CONSENT

**Some commenters recommended that Leapfrog wait an additional year to score and publicly report Section 1C: Informed Consent.**

While Leapfrog appreciates that some facilities may need more time to achieve this standard, it is our practice to allow one year of fact-finding on the Survey for any new standard, and if that period is successful, move forward with scoring and public reporting the following year. Based on an analysis of Survey responses submitted in 2022, over 50% of ASCs responded "yes" to each of the six questions slated for scoring and public reporting in 2023, and over 40% of facilities would achieve the standard.



**Some commenters asked whether ASCs could indicate “N/A” where they may not have information about the informed consent process.**

Leapfrog has included an FAQ in the 2023 ASC Survey to clarify that facilities that do not have input over the consent form or visibility into the informed consent process for tests, treatments, and procedures performed at their facility, should respond “no” to the questions in this section.

If the facility does have input over the consent form and visibility into the informed consent process for tests, treatments, and procedures performed at their facility, but the consent forms and the consent process are being completed at the clinician(s)'s office, the facility can work with those offices to implement the requirements outlined in the questions and, via an annual audit, verify that the forms and process meet the criteria to respond “yes” to the questions in this section. All documentation should be maintained throughout the Survey Cycle.

**Some commenters asked for additional detail about the training program described in question #1.**

As described in the FAQ in the hard copy of the Survey, the components of the training program should be based on the domains outlined in the AHRQ resource [Making Informed Consent an Informed Choice – Training for Health Care Leaders](#) and include training on the definition and principles of informed consent, specifics on the facility’s informed consent policy, and, for patient-facing roles like doctors and nurses, strategies for clear communication, for presenting choices, and for documentation. Administrative staff and interpreters participating in the informed consent process should also be trained on documentation. Examples of trainings include computer-based training, one-on-one precepting, webinars, and staff meeting presentations, as well as other modalities where learning can be assessed after the content is delivered to the trainee.

Training does not need to be exclusive to informed consent, and can be included as components or modules in other training; the goal is for each responsible staff person to be trained in their applicable domains. Staff that are not directly employed by the facility (e.g., medical interpreters who are employed by a contractor) do not need to be trained by the facility.

**Some commenters recommended that Leapfrog reconsider the requirement that re-training be required at least every five years in question #1.**

Leapfrog has removed this requirement from question #1 in Section 3D. In future iterations of the Survey, we will revisit whether an interval for re-training is necessary to include in the Survey.

**Some commenters recommended that Leapfrog recognize facilities who have taken an intermediate step towards ensuring all consent forms are written at a 6<sup>th</sup> grade reading level or lower.**

Leapfrog has added a third response option to question #4, which asks if all of a facility’s consent forms are written at a 6th grade reading level or lower, to allow facilities to earn partial credit if “at least one form is written at a 6th grade reading level or lower.” The updated question is available for review in [Appendix VII](#).

**Some commenters noted that there may be specific terms required by the facility legal department, such as the technical name for the test, treatment, or procedure, that will not pass the requirement for a 6<sup>th</sup> grade reading level.**

Leapfrog has added help text to question #4 to clarify that the procedure name and description can be excluded from the reading level assessment. The updated question can be reviewed in [Appendix VII](#).



**Some commenters noted that qualified medical interpreters may not be able to sign a consent form if they are not present in-person; for example, if a remote or videoconference translation service is used.**

Leapfrog has updated question #5 to clarify that medical interpreters can electronically sign the consent form or have another person in the room attest to the fact that a medical interpreter was used. This documentation could be in the consent form, or in the patient’s electronic health record. The updated question can be reviewed in [Appendix VII](#).

**Some commenters recommended that Leapfrog rephrase question #11 about whether clinicians specifically address the number of times per year that they conduct the test, treatment, or procedure.**

Note that this question is for fact-finding only, and responses will not be scored or publicly reported. Our understanding from the [Patient and Family Caregiver Expert Panel](#) is that experience with the procedure is a valuable touchstone for patients going through the informed consent process, and the number of procedures performed is a specific indicator of that experience. Leapfrog has revised the question to clarify that the number of procedures shared with patients can be an average figure based on prior history and does not need to be an exact count. Leapfrog will continue to review and revise this question in future iterations of the Survey. The updated question can be reviewed in [Appendix VII](#).

## SAFE SURGERY CHECKLIST FOR ADULT AND PEDIATRIC OUTPATIENT PROCEDURES

**One commenter expressed concern with the audit sample size requirement, and wanted to know why the sample size was increased.**

The increased audit requirement is a direct response to ASCs that noted the small sample size (formerly 15 cases) resulted in too much sensitivity, meaning that if just one or two cases fell short of meeting the criteria to be included in the numerator, the facility could not achieve the standard. The increased sample size will give surgery centers greater opportunity to demonstrate that they achieve the standard.

## SECTION 4: PATIENT SAFETY PRACTICES

### NQF SAFE PRACTICES

**One commenter stated their support for the addition of an alternate culture of safety survey for employees, noting that it allows ASCs to select the survey best suited to their goals and needs.**

Thank you for your feedback regarding the addition of the SCORE Survey as an acceptable culture of safety survey in Section 4D NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention.

**One commenter stated that NQF incorporates retrospective, real-time, near real-time, and prospective risk analysis in Safe Practice #4, whereas Leapfrog includes only prospective risk analysis within the Survey questions.**

Historically, Leapfrog has focused the assessment of risks and hazards for hospitals and surgery centers on retrospective and prospective sources. We will meet with our technical experts to determine what additional information could be gleaned from real-time reports, investigate how surgery centers are documenting and maintaining those reports, and assess the burden of adding this additional component. However, no changes will be made to Safe Practice #4 for 2023. Changes to fact-finding questions from the 2022 Leapfrog ASC Survey that are slated for scoring and public reporting in 2023 are typically not substantively changed so that ASCs know what to expect in terms of data collection and performance. This allows ASCs to use their 2022 Survey responses and the scoring algorithm published in the Proposed Changes to the





2023 Leapfrog ASC Survey to estimate the score that will be publicly reported and gives them several months to put additional practice elements in place prior to submission in 2023.

**One commenter provided feedback that the tools listed for prospective risk analysis in NQF Safe Practice #4 are suggestions, and NQF allows for other tools and methods to be used as deemed appropriate by the organization.**

While Leapfrog acknowledges that the wording in the original NQF report allows for more flexibility around the types of prospective risk analysis tools that are acceptable, we feel that the FMEA and Probabilistic Risk Assessment tools are key to identifying and mitigating risks and encourage ASCs to use them over other prospective risk analysis tools.

**One commenter indicated that NQF Safe Practice #4 requires targeted performance improvement projects, system solutions, and senior leadership/governance engagement, but The Leapfrog Group also requires incorporation of risk identification and mitigation into performance reviews.**

Senior administrative leaders and leaders of clinical service lines and units should be held accountable for closing patient safety performance gaps. Performance should be documented using methods such as performance reviews and/or compensation incentives.

**One commenter noted that NQF does not mention budgeting in NQF Safe Practice #4, but The Leapfrog Group does in its Survey questions.**

Specific budget allocations for initiatives that drive patient safety should be evaluated by governance boards and senior administrative leaders. Such evaluations should include the detailed context of information from the activities defined in the Identification and Mitigation of Risks and Hazards safe practice.

## NURSING WORKFORCE

**Some commenters expressed concern that the Percentage of RNs who are BSN-prepared measure does not reflect the current environment of the nursing profession and asked that Leapfrog delay scoring and publicly reporting the BSN-prepared measures to a future cycle of the Leapfrog ASC Survey given the current challenges of attracting nurses to work in facilities.**

The Percentage of RNs who are BSN-prepared measure is supported by decades of published evidence demonstrating a relationship with patient safety outcomes. The strength of the evidence is why the [IOM's Future of Nursing report](#) includes the goal that 80% of RNs in the United States be educated to a Bachelor of Science in Nursing level or higher. Additionally, based on two years of fact-finding, approximately one-quarter of reporting facilities are currently achieving the standard, which indicates that the target is achievable in surgery centers.

## SECTION 5: PATIENT EXPERIENCE

**No comments were submitted.**



## APPENDIX I: 2023 LEAPFROG ASC SURVEY DEADLINES

Date	Deadline
March	Summary of Changes to the 2023 Leapfrog ASC Survey and Responses to Public Comments will be published at <a href="https://www.leapfroggroup.org/asc">https://www.leapfroggroup.org/asc</a> .
April 1	<b>2023 LEAPFROG ASC SURVEY LAUNCH</b>
June 22	<p><b>FIRST NHSN GROUP DEADLINE:</b>            ASCs that join Leapfrog's NHSN Group by June 22, provide a valid NHSN ID in the Profile, and submit the Leapfrog ASC Survey by June 30, will have data available prior to public reporting on their ASC Details Page starting on July 12. Results will be publicly reported on July 25.</p> <p>Please see <a href="#">Appendix VIII</a> for instructions and other 2023 NHSN deadlines.</p>
June 30	<p><b>SUBMISSION DEADLINE:</b>            ASCs that submit a Survey by June 30 will have their Leapfrog ASC Survey Results available prior to public reporting on their ASC Details Page starting July 12. Results will be <a href="#">publicly reported</a> starting on July 25.</p> <p>ASCs that do not submit a Survey by June 30 will be publicly reported as “Declined to Respond” until a Survey has been submitted.</p>
July 12	<p><b>ASC DETAILS PAGE AVAILABLE:</b>            The first set of Leapfrog ASC Survey Results, which reflect Surveys submitted by June 30, will be privately available for ASCs to view on July 12 via the ASC Details Page link on the Survey Dashboard. In addition, Leapfrog will send out its first round of <a href="#">monthly data verification</a> emails and documentation requests.</p>
July 25	<p><b>ASC SURVEY RESULTS PUBLICLY AVAILABLE:</b>            The first set of Leapfrog ASC Survey Results, which reflect Surveys submitted by June 30 are published. ASCs that do not submit a Survey by June 30 will be publicly reported as “Declined to Respond” until a Survey has been submitted.</p> <p>After July, results are updated on the fifth business day of the month to reflect Surveys (re)submitted by the end of the previous month.</p>
August 31	<p><b>TOP ASC DEADLINE:</b>            Submission deadline for ASCs to be eligible to receive a Leapfrog <a href="#">Top ASC Award</a>. Facilities are encouraged to submit their Survey by June 30 in order to resolve any data entry or reporting errors identified by Leapfrog through its <a href="#">monthly data verification</a> and documentation requests.</p>
November 30	<p><b>LATE SUBMISSION DEADLINE:</b>            The 2023 Leapfrog ASC Survey will close to new submissions at 11:59 pm ET on November 30. No new Survey can be submitted after this deadline.</p> <p>Only ASCs that have submitted a Survey by November 30 will be able to log into the Online Survey Tool to make corrections to previously submitted Surveys during the months of December and January. Survey updates reflecting a change in performance must be made prior to November 30. Performance updates made after November 30 will not be scored or publicly reported.</p>
January 31, 2024	<p><b>CORRECTIONS DEADLINE:</b>            ASCs that need to make corrections to previously submitted 2023 Leapfrog ASC Surveys must make necessary updates and re-submit the entire Survey by January 31, 2024. ASCs will not be able to make changes or submit their Survey after this date.</p>



	Survey updates reflecting a change in performance must be made prior to November 30. Performance updates made after November 30 will not be scored or publicly reported.
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**APPENDIX II: 2023 LEAPFROG ASC SURVEY REPORTING PERIODS**

	Survey Submitted Prior to September 1	Survey (Re)Submitted on or after September 1
Survey Section	Reporting Period	Reporting Period
<b>1A</b> Basic Facility Information	12 months ending 12/31/2022	12 months ending 06/30/2023
<b>1B</b> Person-Centered Care: Billing Ethics and Health Equity	N/A	N/A
<b>2</b> Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>3A</b> Volume of Procedures	12 months ending 12/31/2022	12 months ending 06/30/2023
<b>3B</b> Facility and Surgeon Volume	Volume: 12 months or 24 months ending 12/31/2022	Volume: 12 months or 24 months ending 06/30/2023
<b>3C</b> Patient Selection and Patient Follow-up	Patient Selection: N/A	Patient Selection: N/A
	Patient Follow-up: Latest 24 or 36 months prior to Survey submission	Patient Follow-up: Latest 24 or 36 months prior to Survey submission
<b>3D</b> Informed Consent	N/A	N/A
<b>3E</b> Safe Surgery Checklist	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>4A</b> Medication and Allergy Documentation	12 months ending 12/31/2022	12 months ending 06/30/2023
<b>4B</b> NHSN Outpatient Procedure Component Module	Latest 6 months prior to Survey submission	Latest 6 months prior to Survey submission
<b>4C</b> Hand Hygiene	N/A	N/A
<b>4D</b> 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)
<b>4E</b> Never Events Policy	N/A	N/A
<b>4F</b> Nursing Workforce	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
<b>5</b> Patient Experience (OAS CAHPS)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission



**APPENDIX III: BILLING ETHICS QUESTIONS AND FAQs FOR 2023**

**Section 1B: Billing Ethics – Questions for 2023**

<p>1) What pricing information is displayed on your facility’s website for commonly performed procedures? Select all that apply.</p> <p><i>If “none of the above,” skip question #2 and continue to question #3.</i></p>	<p><input type="checkbox"/> Payer-specific negotiated charges</p> <p><input type="checkbox"/> Cash prices</p> <p><input type="checkbox"/> None of the above</p>
<p>2) Webpage URL where payer-specific negotiated charges or cash prices are displayed for consumers:</p> <p><i>The http:// prefix needs to be included.</i></p>	<p>_____</p>
<p>3) Within 30 days of the final claims adjudication (or within 30 days from date of service for patients without insurance), does your facility provide every patient, either by mail or electronically, with a billing statement and/or master itemized bill for facility services that includes ALL the following?</p> <ul style="list-style-type: none"> <li>a. Name and address of the facility where billed services occurred</li> <li>b. Date(s) of service</li> <li>c. An individual line item for each service or bundle of services performed</li> <li>d. Description of services billed that accompanies each line item or bundle of services performed</li> <li>e. Amount of any principal, interest, or fees (e.g., late or processing fees), if applicable</li> <li>f. Amount of any adjustments to the bill (e.g., health plan payment or discounts), if applicable</li> <li>g. Amount of any payments already received (from the patient or any other party), if applicable</li> <li>h. Instructions on how to apply for financial assistance</li> <li>i. Instructions in the patient’s preferred language on how to obtain a written translation or oral interpretation of the bill</li> <li>j. Notification that physician services will be billed separately, if applicable</li> </ul> <p><i>If any one of the elements indicated above are only provided upon request, select “Only upon request.” If any one of the elements are not ever provided, select “No.”</i></p>	<p>Yes No <i>Only upon request</i></p>
<p>4) Does your facility give patients instructions for contacting a billing representative with:</p> <ul style="list-style-type: none"> <li>• access to an interpretation service to communicate in the patient’s preferred language, <b>and</b></li> <li>• the authority to do all the following within 10 business days of being contacted by the patient or patient representative?</li> </ul>	<p>Yes No</p>



<p>a. Initiate an investigation into errors on a bill  b. Offer a price adjustment or debt forgiveness based on facility policy  c. Offer a payment plan</p> <p><i>If “no” to question #4, skip question #6 and continue to question #7.</i></p>	
<p>5) Does your facility take legal action against patients for late payment or insufficient payment of a medical bill?</p> <p><i>This question does not include patients with whom your facility has entered into a written agreement specifying a good faith estimate for a medical service.</i></p>	<p>Yes  No</p>

**Additional Question (Optional – Fact Finding Only)**

<p>6) Based on a quantified analysis of response times, do the billing representatives (a) initiate investigations into errors on the bill, (b) offer a price adjustment or debt forgiveness based on facility policy, and (c) offer payment plans within 10 business days at least 95% of the time?</p>	<p>Yes  No  <i>Not applicable, our facility did not conduct a quantified analysis of response times</i></p>
<p>7) Does your facility notify patients when their outstanding unpaid balance is closed (e.g., due to the facility’s charity care program, or the bill having been written off as unrecoverable debt), within 30 days?</p>	<p>Yes  No  <i>Not applicable, our facility does not close outstanding unpaid balances</i></p>

**Section 1B: Billing Ethics – FAQs for 2023**

**1. What does Leapfrog mean by “payer-specific negotiated charges?”**

The “payer-specific negotiated charge” is the rate that an ASC has negotiated with a third-party payer. Each payer-specific negotiated charge should be clearly associated with the name of the third-party payer if charges differ by payer. Payer-specific negotiated charges are often found in rate sheets. Such rate sheets typically contain a list of common billing codes for items and services provided by the ASC along with the associated payer-specific negotiated charge or rate. This is NOT the “chargemaster” price.

**2. What does Leapfrog mean by “cash prices?”**

The charge that applies to an individual who pays cash, or cash equivalent, for the procedure. If the facility offers a discounted cash price for any procedures, the facility can list both discounted and undiscounted prices for the procedure (and any corresponding ancillary services).

**3. If our facility has a price calculator on our website that lists prices for a specific procedure after a user inputs some parameters to calculate the cost, what should we select?**

Select either “cash prices,” “payer-specific negotiated charges,” or “both,” depending on what values your online price calculator outputs.



**4. To meet the criteria for item “1” in question #3, does our facility have to translate the billing statement and/or master itemized bill to every language spoken by our patients?**

Facilities must provide instructions, in the patient’s primary language, on how to obtain a written translation or oral interpretation of the bill if the language constitutes 5% (and at least 50 patients) or 1,000 patients (whichever is less) of the population eligible to be served or likely to receive care at the ASC.

**5. What does Leapfrog mean by “legal action” in question #5?**

Legal action can include, but is not limited to, a lawsuit, wage garnishment, filing to take a patient’s money out of their tax return, seizing or placing a lien on a patient’s personal property, and selling or transferring a patient’s debt to a debt collection agency that will take legal action against the patient. If the debt collection agency is prevented from taking legal action against patients by their contract with the facility, selling or transferring a patient’s debt to that debt collection agency would not be considered legal action.

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

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

**6. What are alternatives to legal action against patients?**

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

<https://ripmedicaldebt.org/hospitals/>.

**7. What is a “good faith estimate” as referred to in question #5?**

A good faith estimate includes an itemized list of expected charges for the primary item or service the patient will receive, and any other items or services provided as part of the same scheduled episode of care. The final bill must be no more than \$400 over the amount of the good faith estimate. The Centers for Medicare and Medicaid Services have published an example template for providing good faith estimates: <https://www.cms.gov/files/document/good-faith-estimate-example.pdf>.

**8. What procedure should we follow to conduct the quantified analysis of response times for billing representatives as described in question #6?**

Although this question is not scored or publicly reported this year, Leapfrog has identified preliminary parameters for conducting the audit of response times. First, a minimum of 30 patient contacts with the billing department should be evaluated against the standard. Facilities can begin logging patient contacts (either by phone or email) with the billing department until at least 30 contacts from patients have been identified. Exclude patient contacts that are unrelated to errors on the bill, or where the patient is not asking for a payment plan or a price adjustment or debt forgiveness. Also exclude contacts where the patient was determined to be ineligible for any price adjustment or payment plan, or if the patient withdrew their request.



To calculate whether the timeframe was met, count the number of business days in between when the patient first contacted the billing department, and when an investigation was initiated into errors on the bill, or when a payment plan, price adjustment, or debt forgiveness was first offered to the patient, as applicable. If the interval is under 10 days, the billing representative met the required timeframe.





**APPENDIX IV: HEALTH EQUITY QUESTIONS FOR 2023 (NOT SCORED OR PUBLICLY REPORTED)**

**Section 1B: Health Equity – Questions for 2023**

<p>1) Which of the following <b>patient self-identified</b> demographic data does your facility collect <b>directly from its patients (or patient’s legal guardian)</b> prior to or while registering a patient for a facility visit?</p> <p><i>Select all that apply.</i></p> <p><i>If “none of the above” skip the remaining questions in Section 1 and go to the Affirmation of Accuracy.</i></p>	<input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Spoken language preferred for healthcare (patient or legal guardian) <input type="checkbox"/> Written language preferred for healthcare (patient or legal guardian) <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Gender identity <input type="checkbox"/> None of the above
<p>2) Which of the following methods does your facility use to collect the demographic data in question #1 directly from patients (or patient’s legal guardian)?</p> <p><i>Select all that apply.</i></p>	<input type="checkbox"/> Online Patient Portal <input type="checkbox"/> Paper Registration Forms <input type="checkbox"/> Over the Phone <input type="checkbox"/> At Registration (in-person)
<p>3) Does your facility train staff responsible for registering patients either in-person or over the phone on how to collect self-identified demographic data in question #1 from its patients (or patient’s legal guardian) at both:</p> <ul style="list-style-type: none"> <li>• the time of onboarding, and</li> <li>• annually thereafter?</li> </ul>	<p style="text-align: center;">Yes No</p>
<p>4) Does your facility routinely take any of the following steps to ensure the accuracy of the patient self-identified demographic data collected directly from its patients (or patient’s legal guardian) in question #1?</p> <p><i>Select all that apply.</i></p>	<input type="checkbox"/> Ensure appropriate data collection fields are available in EHR (if applicable) <input type="checkbox"/> Use analytic tools to assess completion rates of data collection fields in EHR <input type="checkbox"/> Compare data collected from patient experience surveys with EHR data (if applicable) <input type="checkbox"/> Compare data collected through patient portals with EHR data (if applicable) <input type="checkbox"/> Compare data collected with community data provided by state or county or Community Health Needs Assessment (CHNA)



	<input type="checkbox"/> Compare data collected to census data for the facility's service area <input type="checkbox"/> Other <input type="checkbox"/> None of the above
<p>5) Does your facility use the patient self-identified demographic data it collects directly from patients (or patient's legal guardian) in question #1 to stratify <u>any</u> quality measure(s) with the aim of identifying health care disparities?</p> <p><i>If "no" to question #5, skip questions #6-10, and continue to question #11.</i></p>	<p style="text-align: center;">Yes No</p>
<p>6) Which type(s) of quality measure(s) does your facility stratify?</p> <p><i>Select all that apply.</i></p>	<input type="checkbox"/> Clinical process measures <input type="checkbox"/> Clinical outcome measures <input type="checkbox"/> OAS CAHPS <input type="checkbox"/> Other patient experience measures <input type="checkbox"/> Other
<p>7) What types of patient self-identified demographic data selected in question #1 did your facility use to stratify the quality measures selected in question #6?</p> <p><i>Select all that apply.</i></p> <p><i>Facilities can only select items that were also selected in question #1.</i></p>	<input type="checkbox"/> Race <input type="checkbox"/> Ethnicity <input type="checkbox"/> Spoken language preferred for healthcare (patient or legal guardian) <input type="checkbox"/> Written language preferred for healthcare (patient or legal guardian) <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Gender identity
<p>8) Prior to using the patient self-identified demographic data selected in question #7 to stratify quality measures, did your facility do any of the following to ensure the quality of the data?</p> <p><i>Select all that apply.</i></p>	<input type="checkbox"/> Periodically (e.g., monthly for first six months, and quarterly thereafter) review data set to identify critical issues with data quality <input type="checkbox"/> Set targets for missing data (e.g., 10%) to use as a benchmark for performance <input type="checkbox"/> Monitor "other" response rates to identify issues with existing data collection categories or methods <input type="checkbox"/> Include the data collection team (i.e., registration team) when addressing data quality issues



	<input type="checkbox"/> None of the above
<p>9) By stratifying the measure(s) selected in question #6, has your facility identified any disparities among its patients based on the demographic data selected in question #7?</p> <p><i>If “no, disparities were not identified” or “inadequate data available to determine if disparities exist,” skip question #10 and continue to question #11.</i></p>	<p><i>Yes, disparities were identified</i></p> <p><i>No, disparities were not identified</i></p> <p><i>Inadequate data available to determine if disparities exist</i></p>
<p>10) In the past 12 months, has your facility used the data and information obtained through question #7 to update or revise its policies or procedures?</p> <p>OR</p> <p>In the past 12 months, has your facility developed a written action plan that describes how it will address at least one of the health care disparities identified through question #7?</p>	<p>Yes</p> <p>No</p>
<p>11) Does your facility share information on its efforts to identify and reduce health care disparities based on <i>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</i> and the impact of those efforts on its public website?</p>	<p>Yes</p> <p>No</p>
<p>12) Does your facility report out and discuss efforts related to identifying and addressing disparities with your facility’s governance and leadership at least annually?</p>	<p>Yes</p> <p>No</p>
<p>13) Does your facility make unconscious and implicit bias training available to all facility staff?</p>	<p>Yes</p> <p>No</p>

**APPENDIX V: PATIENT FOLLOW-UP SCORING ALGORITHMS FOR 2023**

**Section 3C: Patient Follow-up – ASC-17 Scoring Algorithm for 2023**

Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures (Performance Category)	Meaning that...
<b>Achieved the Standard (4 bars)</b>	The ASC: <ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the Profile Section,</li> <li>• Reported volume for adult orthopedic procedures in Section 3A and/or Section 3B, and</li> <li>• Is in the top quartile of performance (where lower scores are better)*.</li> </ul>
<b>Considerable Achievement (3 bars)</b>	The ASC: <ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the Profile Section,</li> <li>• Reported volume for adult orthopedic procedures in Section 3A and/or Section 3B, and</li> <li>• Has a score published by CMS, but is not in the top quartile of performance*.</li> </ul>
<b>Does Not Apply</b>	The ASC does not perform adult orthopedic procedures.
<b>Unable to Calculate Score</b>	The ASC is not participating with CMS, is scored as “not available” by CMS, or did not provide an accurate CCN and NPI in the Profile Section.

**Section 3C: Patient Follow-up – ASC-18 Scoring Algorithm for 2023**

Hospital Visits After Urology Ambulatory Surgical Center Procedures (Performance Category)	Meaning that...
<b>Achieved the Standard (4 bars)</b>	The ASC: <ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the Profile Section,</li> <li>• Reported volume for adult urology procedures in Section 3A, and</li> <li>• Is in the top quartile of performance (where lower scores are better)*.</li> </ul>
<b>Considerable Achievement (3 bars)</b>	The ASC: <ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the Profile Section,</li> <li>• Reported volume for adult urology procedures in Section 3A, and</li> <li>• Has a score published by CMS, but is not in the top quartile of performance*.</li> </ul>
<b>Does Not Apply</b>	The ASC does not perform adult urology procedures.
<b>Unable to Calculate Score</b>	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 performance among all ASCs with scores published by CMS by June 30, 2023. These cut-points will remain in place for the entire 2023 Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.



**APPENDIX VI: PATIENT FOLLOW-UP REPORTING PERIODS AND DEADLINES FOR 2023**

Data downloaded from CMS* will be scored and publicly reported for ASCs that have submitted a Survey by	CMS Reporting Period	Available on ASC Details Page	Available on the Public Reporting Website
June 30, 2023	ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	July 12, 2023	July 25, 2023
August 31, 2023	ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	September 8, 2023**	September 8, 2023
November 30, 2023	ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	December 7, 2023**	December 7, 2023

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

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

**APPENDIX VII: INFORMED CONSENT QUESTIONS AND SCORING ALGORITHM FOR 2023**

**Section 3D: Informed Consent – Questions for 2023**

***Policies and Training***

<p>1) Does your facility have a training program on informed consent that tailors different training topics to different staff roles (including facility leaders, MD/NP/PA, nurses and other clinical staff, administrative staff, and interpreters), and has your facility made the training:</p> <ul style="list-style-type: none"> <li>• a required component of onboarding for the appropriate newly hired staff, AND</li> <li>• required for the appropriate existing staff who were not previously trained.</li> </ul>	<p>Yes No</p>
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***Content of Informed Consent Forms***

<p>2) As part of your facility’s process for obtaining informed consent, does:</p> <ul style="list-style-type: none"> <li>• 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,</li> <li>• the patient have the opportunity to ask questions, AND</li> <li>• the consent form document that this element of the process has taken place?</li> </ul>	<p>Yes No</p>
<p>3) Do ALL of your facility’s consent forms include:</p> <ul style="list-style-type: none"> <li>• the name(s) of the clinician(s) performing the test, treatment, or procedure,</li> <li>• whether the clinician is expected to be absent from portions of the test, treatment, or procedure (e.g., opening, closing), AND</li> <li>• if any assistants or trainees will be involved in the test, treatment, or procedure?</li> </ul>	<p>Yes No</p>
<p>4) Are ALL of your facility’s consent forms written at a 6<sup>th</sup> grade reading level or lower?</p> <p><i>The procedure name and description can be excluded from the reading level assessment.</i></p>	<p><i>Yes, all forms are written at a 6th grade reading level or lower</i> <i>At least one form is written at a 6th grade reading level or lower</i> <i>No forms are written at a 6th grade reading level or lower</i></p>

***Process for Gaining Informed Consent***

<p>5) Prior to the informed consent discussion, does your facility:</p> <ul style="list-style-type: none"> <li>• Ask what the patient/legal guardian’s preferred language for medical decision-making is,</li> <li>• Where needed, provide the patient/legal guardian access to a qualified medical interpreter,</li> <li>• Use a consent form or notation in the medical record that captures whether a qualified medical interpreter was used to conduct the informed consent process, and</li> </ul>	<p>Yes No</p>
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<ul style="list-style-type: none"> <li>Have the medical interpreter sign the consent form (either in-person, electronically, or noted in the medical record)?</li> </ul> <p><i>If anyone other than a qualified medical interpreter is ever used to translate (e.g., caregiver or family member), answer “no” to this question.</i></p>	
<p>6) As part of the informed consent discussion, do clinicians at your facility use the “teach back method” with patients/legal guardians, where patients/legal guardians are asked to describe, in their own words, what they understand will be performed, why it will be performed, and what are the primary risks?</p>	<p>Yes No</p>

**Additional Questions (Optional – Fact Finding Only)**

<p>7) Does your facility’s written policy on informed consent reference a list, or a defined set of guidelines, so the appropriate staff know which tests, treatments, and procedures require patient/legal guardian consent, with any exceptions noted?</p>	<p>Yes No</p>
<p>8) As part of your facility’s process for obtaining informed consent, does:</p> <ul style="list-style-type: none"> <li>the clinician explain all of the patient’s testing or treatment choices (including the choice of declining to go through with the test, treatment, or procedure), including the severity and probability of the risks and benefits of each choice, if applicable, and</li> <li>the patient have the opportunity to ask questions, AND</li> <li>the consent form document that this element of the process has taken place?</li> </ul>	<p>Yes No</p>
<p>9) As part of your facility’s process for obtaining informed consent, does:</p> <ul style="list-style-type: none"> <li>the clinician explain the clinical rationale (i.e., condition-specific justification) for why the test, treatment, or procedure is being performed,</li> <li>the patient have the opportunity to ask questions, AND</li> <li>the consent form document that this element of the process has taken place?</li> </ul>	<p>Yes No</p>
<p>10) Which clinician is responsible for conducting the informed consent process at your facility?</p>	<p><i>The clinician primarily responsible for performing the procedure</i> <i>Another clinician on the procedure team</i> <i>Another clinician not involved with performing the procedure</i> <i>Other</i></p>
<p>11) As part of the informed consent discussion, do clinicians at your facility tell patients/legal guardians how many times a year, on average, they perform the test, treatment, or procedure?</p>	<p>Yes No</p>
<p>12) For tests, treatments, and procedures that are scheduled a week (i.e., seven calendar days) or more in advance, is the consent form shared with the patient at least three calendar days before the patient’s test, treatment, or procedure?</p>	<p>Yes No</p>



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

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

Informed Consent Score (Performance Category)	Meaning that...
<b>Achieved the Standard (4 bars)</b>	The facility responded “yes, <b>all</b> forms are written at a 6th grade reading level or lower” to question #4 and then “yes” to the remaining <b>five</b> questions in Policies and Training (question #1), Content of Informed Consent Forms (questions #2-3), and Process for Gaining Informed Consent (questions #5-6).
<b>Considerable Achievement (3 bars)</b>	The facility responded “yes, <b>all</b> forms are written at a 6th grade reading level or lower” <b>and</b> then “yes” to at least <b>four</b> additional questions in Policies and Training (question #1), Content of Informed Consent Forms (questions #2-3), and Process for Gaining Informed Consent (questions #5-6).  <b>OR</b>  The facility responded that “at least <b>one</b> form is written at a 6 <sup>th</sup> grade reading level or lower” and then “yes” to the <b>five</b> remaining questions in Policies and Training (question #1), Content of Informed Consent Forms (questions #2-3), and Process for Gaining Informed Consent (questions #5-6).
<b>Some Achievement (2 bars)</b>	The facility responded “yes, <b>all</b> forms are written at a 6th grade reading level or lower” <b>OR</b> “at least <b>one</b> form is written at a 6 <sup>th</sup> grade reading level or lower” and then “yes” to at least <b>three</b> additional questions in Policies and Training (question #1), Content of Informed Consent Forms (questions #2-3), and Process for Gaining Informed Consent (questions #5-6).  <b>OR</b>  The facility responded “No forms are written at a 6th grade reading level or lower” but responded “yes” to <b>at least four</b> questions in Policies and Training (question #1), Content of Informed Consent Forms (questions #2-4), and Process for Gaining Informed Consent (questions #5-6).



**Limited Achievement  
(1 bar)**

The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.



**APPENDIX VIII: NHSN REPORTING PERIODS AND DEADLINES FOR 2023**

Ambulatory surgical centers (ASCs) are required to join Leapfrog’s NHSN Group for ASCs for Leapfrog to download data on the following measures included in Section 4B NHSN Outpatient Procedure Module of the 2023 Leapfrog ASC Survey:

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

Leapfrog will also download a copy of your facility’s 2022 Outpatient Procedure Component (OPC) Ambulatory Surgery Center (ASC) Annual Facility Survey.

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

1. Join Leapfrog’s NHSN Group for ASCs by the dates below
2. Submit a 2022 OPC Annual Facility Survey in NHSN,
3. Submit SDOM and SSI Monthly Reporting Plans and applicable Summary Data,
4. Enter a valid NHSN ID in the Profile Section of their 2023 Leapfrog ASC Survey,
5. Complete, affirm, and submit the 2023 Leapfrog ASC Survey by the dates below

Join Leapfrog’s NHSN Group 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
<b>June 22, 2023</b>	June 23, 2023	June 30, 2023	Latest 6 months prior to Survey submission	July 12, 2023 Details Page July 25, 2023 Public Reporting Website
<b>August 23, 2023</b>	August 24, 2023	August 31, 2023	Latest 6 months prior to Survey submission	September 8, 2023*
<b>October 23, 2023</b>	October 24, 2023	October 31, 2023	Latest 6 months prior to Survey submission	November 7, 2023*
<b>December 20, 2023</b>	December 21, 2023**	November 30, 2023	Latest 6 months prior to Survey submission	January 8, 2024*

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, 2023. The last NHSN data download is on December 21, 2023, to incorporate any facilities and corrections from facilities that joined by the last join date of December 20, 2023.



**APPENDIX IX: NQF SAFE PRACTICE #4 SCORING ALGORITHM FOR 2023**

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



**APPENDIX X: NURSING WORKFORCE SCORING ALGORITHM FOR 2023**

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

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



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