



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

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Each year, The Leapfrog Group’s research team reviews the literature and convenes expert panels to ensure the Leapfrog Hospital Survey aligns with the latest science and the public reporting needs of purchasers and consumers. Once the list of proposed changes is assembled for the next year’s Survey, Leapfrog releases that list for public comment. The public comments received are then reviewed by Leapfrog’s research team and used to refine the Survey before it is finalized. The Survey is then pilot tested with a diverse group of hospitals across the country. Following the pilot test, Survey content and scoring are finalized for launch on April 1.

Leapfrog received nearly 100 public comments in response to its proposed changes for the 2022 Leapfrog Hospital 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](#).

**We offer our sincere gratitude to all commenters for the time and thought they gave to the 2022 Leapfrog Hospital Survey. The submitted comments were invaluable to the development of a high-quality Survey that serves our many constituents, including purchasers and payors, as well as hospitals and the public at large.**

The 2022 Leapfrog Hospital Survey will open on April 1 and a PDF of the Survey will be available for download [here](#). Leapfrog has scheduled the first two Town Hall Calls. Hospitals and other stakeholders can register on [the Town Hall Calls webpage](#).

## REVISIONS PUBLISHED ON MARCH 15

This document includes the following corrections:

- The scoring algorithm for Section 1B Billing Ethics referenced a billing statement being issued within 60 days of service. The scoring algorithm has been corrected to refer to a billing statement being issued within 30 days after final claims adjudication.
- The description and scoring algorithms for Section 10D Patient Follow-Up referenced Leapfrog matching CMS data to hospitals using their CMS Certification Number and National Provider Identifier. The description and scoring algorithms have been corrected. Leapfrog is matching CMS data to hospitals using their CMS Certification Number only.
- The questions for Section 10D Safe Surgery Checklist referenced incorrect question numbers in the question “*help text*.” The question numbers have been updated.

## UPDATE PUBLISHED ON MARCH 24

This document includes the following update:

- Leapfrog is postponing the CPOE Evaluation Tool platform update. On April 1, adult and general hospitals will access the same version of the CPOE Evaluation Tool they have used in previous years with one exception: questions on the EHR application (i.e., vendor, product, formulary, etc.) will be included in Section 2B of the Online Survey Tool and NOT in the CPOE Evaluation Tool.

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

For the 2021 Leapfrog Hospital Survey, Leapfrog made several changes to accommodate the continued impact of the COVID-19 pandemic. Some of those changes will be continued through the 2022 Survey Cycle and others will be discontinued.

### Continued for the 2022 Survey Cycle

- Leapfrog is continuing its Virtual [On-Site Data Verification Program](#) in 2022, in place of the On-Site Verification Program we've implemented in previous years, but plans to resume On-Site Data Verification in 2023.
- Leapfrog is permanently reducing the sample size requirements that were first introduced in 2020 due to the impact of COVID-19. For future Surveys, 30 cases will be sampled for the following maternity care and medication safety measures:
  - Early Elective Deliveries,
  - Cesarean Birth,
  - Bilirubin Screening,
  - Deep Vein Thrombosis (DVT) Prophylaxis, and
  - Medication Safety for Outpatient Procedures

### COVID-19 Related Changes DISCONTINUED for the 2022 Survey Cycle

- Submission Deadline
  - For the 2021 Survey, Leapfrog extended the Submission Deadline from June 30 to July 31. For the 2022 Survey Cycle, the Submission Deadline will revert to the traditional deadline of June 30, with Survey Results publicly reported on July 25. The Late Submission Deadline will continue to be November 30. See the 2022 Leapfrog Hospital Survey Timeline in [Appendix I](#).
- Reporting Periods
  - For some sections of the 2021 Survey, due to known disruptions in services, Leapfrog allowed hospitals to report using either their 2020 or 2019 data. In 2022, this accommodation will not be continued. See the Reporting Periods for the 2022 Leapfrog Hospital Survey in [Appendix II](#).
  - In the 2021 Survey, Leapfrog adjusted the reporting periods for Section 6A NQF Safe Practice #1 Leadership, Structures, and Systems and Section 6C NQF Safe Practice #9 Nursing Workforce to allow hospitals to report on safe practice elements that were implemented within the last 24 months. In 2022, hospitals will be asked to report on practices implemented within the last 12 months.
  - In the 2020 and 2021 Surveys, Leapfrog adjusted the reporting period for Section 6B NQF Safe Practice #2 Culture of Safety Measurement, Feedback, and Intervention to allow for hospitals 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 the 2022 Survey, this accommodation will be discontinued. Hospitals will be asked to report on culture of safety surveys administered within the last 24 months and additional safe practice elements that were implemented within the last 12 months.
  - In the 2021 Survey, Leapfrog aligned its reporting period for Healthcare-Associated Infections (Section 7B) with CMS and excluded the first two quarters of 2020. In 2022, Leapfrog will report 12 months of continuous data including all four quarters of 2021 in the June and August data downloads and the last



two quarters of 2021 and the first two quarters of 2022 in the October and December data downloads. See additional details in [Appendix III](#).

- Scoring for CPOE for Adult and General Hospitals
  - In 2021, Leapfrog gave adult and general hospitals two options to achieve the CPOE standard, allowing hospitals to be scored based on implementation status only (option #1) or implementation status and results from the CPOE Evaluation Tool (option #2). In 2022, we will revert to the historical standard and score all adult and general hospitals on both implementation status and results from the CPOE Evaluation Tool. See the 2022 CPOE Scoring Algorithm for adult and general hospitals in [Appendix IV](#). There are not changes to the CPOE Scoring Algorithm for pediatric hospitals.

**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 CONTENT AND SCORING CHANGES FOR 2022

### HOSPITAL PROFILE

In 2022, hospitals that participate in Vermont Oxford Network (VON) and report on the VON Death or Morbidity outcome measure can enter their VON Transfer Code in the Profile Section of the Survey, and this field will be pre-populated in future Survey Cycles. For hospitals that provided an accurate VON Transfer Code on the 2021 Leapfrog Hospital Survey, that code will be pre-populated in the Profile for 2022. More information about the use of VON’s Death or Morbidity outcome measure is available [below](#).

### SECTION 1: BASIC HOSPITAL INFORMATION

#### SECTION 1A: BASIC HOSPITAL INFORMATION

Leapfrog is requiring responses to two fact-finding questions that were optional in the 2021 Survey. Responses to both questions, while not scored, will displayed on Leapfrog’s public reporting [website](#) under the hospital’s facility information in 2022.

13) To help ensure that patients are cared for by well-trained physicians and other providers (e.g., certified registered nurse anesthetists, certified midwives, or nurse midwives, etc.), do your medical staff by-laws or hospital-wide policies require all physicians and providers who have privileges to provide care at your hospital to be board certified or board eligible?	<p style="text-align: center;"><i>Yes</i></p> <p style="text-align: center;"><i>No</i></p>
14) Does your hospital include performance on the Leapfrog Hospital Survey, Leapfrog Hospital Safety Grade, or Leapfrog Top Hospital in performance reviews and/or compensation incentives for senior administrative leadership?	<p style="text-align: center;"><i>Yes</i></p> <p style="text-align: center;"><i>No</i></p>

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



## BILLING ETHICS

Leapfrog is removing the Price Transparency, Network Matching, and Out-of-Network Services domains from Billing Ethics since new legislation and federal rulemaking has set legal standards that supersede Leapfrog standards. Leapfrog is retaining and requiring the three questions in the Billing Ethics domain, which were updated based on public comments and feedback received from hospitals that participated in the pilot.

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

### Section 1B: Billing Ethics Questions

<p>1) Within 30 days of the final claims adjudication, does your hospital provide every patient 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</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 on how to obtain a copy of the bill in the patient’s primary language</li> <li>j. Notification that physician services will be billed separately, if applicable</li> </ul>	<p>Yes No <i>Only upon request</i></p>
<p>2) Does your hospital 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?</p> <ul style="list-style-type: none"> <li>a. Initiate an investigation into errors on a bill</li> <li>b. Review, negotiate, and offer a price adjustment or debt forgiveness based on hospital policy</li> <li>c. Establish a payment plan</li> </ul>	<p>Yes No</p>
<p>3) Does your hospital take legal action against patients for late payment or insufficient payment of a medical bill?</p>	<p>Yes No</p>

**Section 1B: Billing Ethics Scoring Algorithm**

Billing Ethics Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>• The hospital provides every patient with a billing statement within 30 days after final claims adjudication that includes all 10 required elements <b>and</b></li> <li>• The hospital gives patients instructions for contacting a billing representative who has the authority to do all three required elements within 5 business days <b>and</b></li> <li>• The hospital does <b>not</b> take legal action against patients for late or insufficient payment of a medical bill</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>• Upon request, the hospital provides every patient with a billing statement within 30 days after final claims adjudication that includes all 10 required elements <b>and</b></li> <li>• The hospital gives patients instructions for contacting a billing representative who has the authority to do all three required elements within 5 business days <b>and</b></li> <li>• The hospital does <b>not</b> take legal action against patients for late or insufficient payment of a medical bill</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>• The hospital does <b>not</b> provide every patient with a billing statement within 30 days after final claims adjudication that includes all 10 required elements <b>and</b></li> <li>• The hospital gives patients instructions for contacting a billing representative who has the authority to do all three required elements within 5 business days <b>and</b></li> <li>• The hospital does <b>not</b> take legal action against patients for late or insufficient payment of a medical bill</li> </ul>
<b>Limited Achievement</b>	The hospital responded to all the questions in this section but does not yet meet the criteria for Some Achievement.

**HEALTH EQUITY**

Leapfrog is requiring responses to Health Equity questions. The updated questions do a better job of assessing a hospital’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 below. Responses will not be scored or publicly reported in 2022.

**Section 1B: Health Equity Questions**

<p>4) Which of the following <b>patient self-identified</b> demographic data does your hospital collect <b>directly from its patients (or patient’s legal guardian) during patient registration prior to or during a hospital visit?</b></p>	<p><input type="checkbox"/> <i>Race</i></p> <p><input type="checkbox"/> <i>Ethnicity</i></p> <p><input type="checkbox"/> <i>Spoken language preferred for healthcare (patient or legal guardian)</i></p>
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<p><i>Select all that apply.</i></p> <p><i>If “none of the above” or “none currently, but plan to do so in the next 12 months,” skip the remaining questions in Section 1B and continue on to the next subsection.</i></p>	<input type="checkbox"/> <i>Written language preferred for healthcare (patient or legal guardian)</i> <input type="checkbox"/> <i>Sexual orientation</i> <input type="checkbox"/> <i>Gender identity</i> <input type="checkbox"/> <i>None currently, but plan to do so in the next 12 months</i> <input type="checkbox"/> <i>None of the above</i>
<p>5) Which of the following methods does your hospital use to collect the demographic data in question #4 directly from patients (or patient’s legal guardian)?</p> <p><i>Select all that apply.</i></p>	<input type="checkbox"/> <i>Online Patient Portals</i> <input type="checkbox"/> <i>Paper Registration Forms</i> <input type="checkbox"/> <i>Over the Phone</i> <input type="checkbox"/> <i>At Registration (in-person)</i> <input type="checkbox"/> <i>U.S. Standard Certificate of Live Birth</i>
<p>6) Does your hospital train staff responsible for registering patients either in-person or over the phone on how to collect self-identified demographic data in question #4 from its patients (or patient’s legal guardian) at both:</p> <ul style="list-style-type: none"> <li>• the time of onboard; and</li> <li>• annually thereafter?</li> </ul>	<p style="text-align: center;">Yes No</p>
<p>7) Which of the following patient self-identified demographic data collected directly from its patients (or patient’s legal guardian) is your hospital able to extract in a usable format?</p> <p><i>If “none of the above” skip questions #8-13 and continue on to question #14.</i></p>	<input type="checkbox"/> <i>Race</i> <input type="checkbox"/> <i>Ethnicity</i> <input type="checkbox"/> <i>Spoken language preferred for healthcare (patient or legal guardian)</i> <input type="checkbox"/> <i>Written language preferred for healthcare (patient or legal guardian)</i> <input type="checkbox"/> <i>Sexual orientation</i> <input type="checkbox"/> <i>Gender identity</i> <input type="checkbox"/> <i>None of the above</i>
<p>8) Does your hospital routinely take any of the following steps to ensure the accuracy of the patient self-reported demographic data collected directly from its patients (or patient’s legal guardian) in question #4?</p> <p><i>Select all that apply.</i></p>	<input type="checkbox"/> <i>Ensure appropriate data collection fields are available in EHR</i> <input type="checkbox"/> <i>Use analytic tools to assess completion rates of data collection fields in EHR</i> <input type="checkbox"/> <i>Compare data collected from patient experience surveys with EHR data</i> <input type="checkbox"/> <i>Compare data collected through patient portals with EHR data</i> <input type="checkbox"/> <i>Compare data collected with community data provided by state or county or Community Health Needs Assessment (CHNA)</i>

	<input type="checkbox"/> Compare data collected to census data for the hospital's service area <input type="checkbox"/> Other <input type="checkbox"/> None of the above
<p>9) Does your hospital use the patient self-identified demographic data it collects directly from patients (or patient's legal guardian) in question #4 to stratify <u>any</u> quality measure(s) with the aim of identifying health care disparities?</p> <p><i>If "no", "no, hospital data was not found to be accurate or usable", or "not currently, but plan to do so in the next 12 months" to question #9, skip questions #10-13 and continue on to question #14.</i></p>	<p>Yes</p> <p>No</p> <p><i>No, hospital data was not found to be accurate or usable</i></p> <p><i>Not currently, but plan to do so in the next 12 months</i></p>
<p>10) Which type(s) of quality measure(s) does your hospital 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"/> CAHPS measures (i.e., Adult HCAHPS, OAS CAHPS, CAHPS Child Hospital Survey, etc.) <input type="checkbox"/> Other patient experience measures <input type="checkbox"/> Other
<p>11) What types of patient self-reported demographic data selected in question #4 did your hospital use to stratify the quality measures selected in question #10?</p> <p><i>Select all that apply.</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>12) By stratifying the measure(s) selected in question #10, has your hospital identified any disparities among its patients based on the demographic data selected in question #11?</p> <p><i>If "no, disparities were not identified" or "inadequate data available to determine if disparities exist," skip question #13 and continue on to question #14.</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>13) In the past 12 months, has your hospital used the data and information obtained through question #11 to update or revise its policies or procedures?</p> <p>OR</p> <p>In the past 12 months, has your hospital used the data and information obtained through question #11 to update or revise its patient safety or quality improvement goals?</p>	<p>Yes</p> <p>No</p>
<p>14) Does your hospital share information on its efforts to identify and reduce health care disparities based on race, ethnicity, spoken language preferred for healthcare (patient or caregiver), written language preferred for healthcare (patient or caregiver), sexual orientation, gender identity and the impact of those efforts on its public website?</p>	<p>Yes</p> <p>No</p>
<p>15) Does your hospital 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 hospital’s Board at least annually?</p>	<p>Yes</p> <p>No</p>

**SECTION 1C: INFORMED CONSENT (OPTIONAL – NOT SCORED OR PUBLICLY REPORTED IN 2022)**

Leapfrog is adding a new evidence-based standard that assesses a hospital’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 hospitals that participated in the pilot, Leapfrog made several updates to the proposed questions. Review the final set of questions in [Appendix V](#). These questions are optional and will not be scored or publicly reported in 2022.

**SECTION 2: MEDICATION SAFETY – COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)**

**For Adult and General Hospitals Only**

Leapfrog is once again requiring adult and general hospitals to complete the CPOE Evaluation Tool to achieve the CPOE standard. The CPOE Evaluation Tool is accessible from the Survey Dashboard once Section 2 CPOE is completed and affirmed. The Survey cannot be submitted, including the results from the Adult Inpatient Test, until all five required sections (1 Basic Hospital Information, 2 CPOE, 4 Maternity Care, 5 ICU Physician Staffing, and 6 Patient Safety Practices) are completed and affirmed. See the CPOE scoring algorithm for adult and general hospitals in [Appendix IV](#).

Questions about various aspects of a hospital’s EHR formerly included in the CPOE Evaluation Tool are moving to Section 2: Medication Safety – CPOE of the Online Survey Tool. See the final set of questions in [Appendix VI](#). As in previous years, responses to these questions are not scored or publicly reported.

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## SECTION 3: ADULT AND PEDIATRIC COMPLEX SURGERY

### SECTION 3A: HOSPITAL AND SURGEON VOLUME

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Leapfrog is making several updates to the ICD-10 procedure codes used to calculate total hospital and surgeon volume for the following Adult Complex Surgeries:

- Open Aortic Procedures - Leapfrog is adding 54 ICD-10 procedure codes that meet our definition of an Open Aortic Procedure. An Open Aortic Procedure is defined as: *A procedure where the surgeon exposes the aorta (thoracic or abdominal), clamps it, and sews on the aorta.* We are removing four procedure codes for Open Aortic Procedures that do not meet the definition provided above and one code that is no longer used by CMS.
- Total Hip Replacement Surgery and Total Knee Replacement Surgery - Leapfrog is removing 30 ICD-10 codes for partial hip or partial knee replacement. Our expert panel has clarified that any ICD-10 procedure code for hip or knee replacement surgeries where anatomy other than the joint itself or the acetabular surface is mentioned indicates a partial hip or partial knee replacement and should not be included when counting total hip or total knee replacements.
- Esophageal Resection for Cancer - Leapfrog is adding six ICD-10 procedure codes identified by our coding expert.
- Carotid Endarterectomy - Leapfrog is removing six ICD-10 procedure codes that are no longer used by CMS.

All the ICD-10 code additions and removals can be reviewed in [Appendix VII](#).

Leapfrog will continue to ask hospitals to report their data from the Society of Thoracic Surgeons (STS) Congenital Heart Surgery Database (CHSD) for Norwood Participant Operative Mortality and Postoperative Length of Stay. These data will not be used for scoring or public reporting in 2022.

There are no changes to the scoring algorithm for Section 3A: Hospital and Surgeon Volume.

### SECTION 3B: SURGICAL APPROPRIATENESS

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There are no changes to this subsection.

## SECTION 3C: SAFE SURGERY CHECKLIST FOR ADULT AND PEDIATRIC COMPLEX SURGERY

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Leapfrog is asking hospitals to report on their use of a safe surgery checklist for all the adult and pediatric complex procedures included in Leapfrog's Hospital and Surgeon Volume Standards (Section 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 hospitals that participated in the pilot, in [Appendix VIII](#).

This measure will be scored and publicly reported alongside the Adult and Pediatric Complex Surgery results on Leapfrog's public reporting [website](#).

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## SECTION 4: MATERNITY CARE

Leapfrog is updating the measure specifications from The Joint Commission (TJC) for PC-01 Elective Deliveries (Section 4B) and PC-02 Cesarean Birth (Section 4C) for those hospitals that do not already submit data to TJC and therefore need to retrospectively collect data. Hospitals measuring these quality indicators and reporting results to The Joint Commission should continue to use the data reported to TJC when responding to these subsections of the Survey. Hospitals participating in the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center may continue to use the data provided in their CMQCC reports when responding to subsections 4B Elective Deliveries, 4C Cesarean Birth, 4D Episiotomy, and 4E Process Measures of Quality. Hospitals participating in the Michigan Obstetrics Initiative (OBI) may use the data provided in OBI reports when responding to this subsection 4C Cesarean Birth.

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### SECTION 4A: MATERNITY VOLUME

There are no changes to this subsection.

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### SECTION 4B: ELECTIVE DELIVERIES

There are no changes to this subsection.

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### SECTION 4C: CESAREAN BIRTH

There are no changes to this subsection.

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### SECTION 4D: EPISIOTOMY

There are no changes to this subsection.

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### SECTION 4E: PROCESS MEASURES OF QUALITY

There are no changes to this subsection.

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### SECTION 4F: HIGH-RISK DELIVERIES

There are no changes to the scoring algorithm for Section 4F: High-Risk Deliveries. However, as described in the Hospital Profile section [above](#), hospitals that participate in the Vermont Oxford Network (VON) and report on the VON Death or Morbidity outcome measure can enter their VON Transfer Code in the Profile section of the Survey and this field will be pre-populated in future Survey Cycles. For hospitals that provided an accurate VON Transfer Code on the 2021 Leapfrog Hospital Survey, that code will be pre-populated in the Profile for 2022.

Leapfrog will obtain data directly from VON for the Death or Morbidity Outcome Measure for hospitals that complete the following steps:

1. Provide an accurate [VON Transfer Code](#) in the Hospital Profile Section of the Survey,
2. Complete a [Data Sharing Authorization](#) letter and submit it to [VON](#) by **June 15**. Hospitals that submitted their Data Sharing Authorization letter to VON in 2021 will NOT have to re-submit a new letter in 2022.



3. Select “VON National Performance Measure” in question #3, and
4. Submit Section 4 Maternity Care by the June 30 Submission Deadline.

Hospitals that select “VON National Performance Measure” in question #3 of Section 4F: High-Risk Deliveries, but do not complete the additional steps 1, 2, and 4 listed above will be scored and publicly reported as “Declined to Respond” for the High-Risk Deliveries measure.

Complete and submit Data Sharing Authorization to VON by*	VON data will be scored and publicly reported for hospitals that have submitted Section 4 by	VON Reporting Period	Available on Hospital Details Page and Public Reporting Website
<b>June 15, 2022</b>	June 30, 2022	2020	July 12, 2022 Hospital Details Page July 25, 2022 Public Reporting Website
<b>August 15, 2022</b>	August 31, 2022	2021**	September 7, 2022
<b>November 15, 2022</b>	November 30, 2022	2021	December 7, 2022

\* Hospitals that successfully submitted a Data Sharing Authorization letter in 2021 will not be required to submit another letter in 2022.

\*\*Anticipated release of 2021 VON data.

## SECTION 5: ICU PHYSICIAN STAFFING (IPS)

Leapfrog is updating two endnotes that describe Leapfrog’s criteria for intensivist presence in the ICU via telemedicine. These updates clarify the requirements for patient visualization, including ensuring that patients are continuously monitored and that a tele-intensivist can perform a routine review of the patient that includes visualization of the patient using cameras that the teleintensivist can turn on themselves. The endnotes have been updated based on public comments and feedback received from hospitals participating in the pilot. Review the final endnotes in [Appendix IXI](#).

There are no changes to the scoring algorithm for Section 5: ICU Physician Staffing (IPS).

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## SECTION 6: PATIENT SAFETY PRACTICES

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### SECTION 6A: NQF SAFE PRACTICE #1 - CULTURE OF SAFETY LEADERSHIP, STRUCTURES, AND SYSTEMS

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For NQF Safe Practice #1, Leapfrog is reverting to historic reporting periods and asking hospital to report on practice elements implemented within the last 12 months. Review the Reporting Periods for the 2022 Leapfrog Hospital Survey in [Appendix II](#).

There are no changes to the scoring algorithm for Section 6A: NQF Safe Practice #1 – Culture of Safety Leadership, Structures, and Systems.

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### SECTION 6B: NQF SAFE PRACTICE #2 - CULTURE MEASUREMENT, FEEDBACK, AND INTERVENTION

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For NQF Safe Practice #2, Leapfrog is reverting to historic reporting periods and asking hospital to report on a culture of safety survey administered in the past 24 months and additional practice elements implemented within the last 12 to 24 months (depending on the practice). Review the Reporting Periods for the 2022 Leapfrog Hospital Survey in [Appendix II](#).

Leapfrog offers hospitals eight different options for a culture of safety survey, plus a ninth option that is currently under review. Information about culture of safety survey options is available in the Guidelines for a Culture of Safety Survey document under [Other Supporting Materials](#) for Section 6: Patient Safety Practices. Moving forward, Leapfrog will only review and approve additional surveys that are novel or innovative from what currently exists in the marketplace. Effective immediately, vendors or hospitals who would like to submit a culture of safety survey for expert panel review, must complete a form available from the [Help Desk](#).

There are no changes to the scoring algorithm for Section 6B: NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention.

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### SECTION 6C: NQF SAFE PRACTICE #9 – NURSING WORKFORCE

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Leapfrog is maintaining NQF Safe Practice #9 Nursing Workforce in 2022, which will continue to be scored, publicly reported, and used to calculate the Hospital Safety Grade. For NQF Safe Practice #9, Leapfrog is reverting to historic reporting periods and asking hospitals to report on practice elements implemented in the past 12 months. The new questions in Section 6E will continue to be optional and will not be scored or publicly reported, to give hospitals additional time to put data collection processes in place.

In 2022, hospitals indicating that they have earned the American Nurses Credentialing Center’s (ANCC’s) [2020 Pathway to Excellence®](#) designation will receive full points for this Safe Practice. Hospitals indicating that they have current Magnet status, as determined by the American Nurses Credentialing Center (ANCC), will continue to receive full points for this Safe Practice. For hospitals that have not earned 2020 Pathway to Excellence designation or Magnet status, there are no proposed changes to the scoring algorithm for Section 6C: NQF Safe Practice #9 – Nursing Workforce.

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### SECTION 6D: HAND HYGIENE

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Based on public comments and feedback received from hospitals that participated in the pilot, Leapfrog is offering an alternative path to achieve the Hand Hygiene Standard that requires hospitals to monitor 100 hand hygiene opportunities

(rather than 200) per unit per month and meet all other elements for the remaining domains: Monitoring and Feedback, Training and Education, Infrastructure, and Culture. The historic path to achieve the Hand Hygiene Standard remains in place. Review the updated scoring algorithm below.

In addition, Leapfrog is offering hospitals two options for measuring the volume of alcohol-based hand sanitizer dispensed with each activation (references 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 hospitals, while continuing to offer flexibility to hospitals that use hand sanitizer formats such as foam. As a reminder, to meet the criteria to respond “yes” to questions #6 and #7, hospitals 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 6D: Hand Hygiene Scoring Algorithm**

Hand Hygiene (Performance Category)	Meaning that...
<p><b>Achieved the Standard</b></p>	<p>The hospital responded “yes” to <b>all</b> applicable questions in the Monitoring and Feedback Domains and meets the <b>monthly</b> sample size of <b>200</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 1-3 of the <a href="#">2022 Hospital Survey</a> (FAQ #44, Section 6), for monitoring hand hygiene opportunities, <b>each month in each patient care unit</b>:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #8: Hospital collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 1-3 of the <a href="#">2022 Hospital Survey</a> (FAQ #44, Section 6), <b>each month in each patient care unit</b></li> <li>○ Question #11: Hospital 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</li> <li>○ The hospital responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8): <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring</i>: questions #12-13</li> <li>▪ <i>Direct Observation</i>: questions #14-15</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain:</b> questions #16-19</li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The hospital responded “yes” to <b>all</b> questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul>



Hand Hygiene (Performance Category)	Meaning that...
<p><b>Achieved the Standard (alternative)</b></p>	<p>Hospitals that collect hand hygiene compliance data on a <b>monthly</b> sample size of <b>100</b> hand hygiene opportunities per unit per month, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 4-6 of the <a href="#">2022 Hospital Survey</a> (FAQ #44, Section 6), can achieve the standard if they meet the following:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #9: Hospital collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 4-6 of the 2022 Hospital Survey (FAQ #44, Section 6), <b>each month in each patient care unit</b></li> <li>○ Question #11: Hospital 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</li> <li>○ The hospital responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #9): <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> <li>▪ <i>Direct Observation:</i> questions #14-15</li> </ul> </li> </ul> </li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The hospital responded “yes” to <b>all</b> questions in the other four domains:</p> <ul style="list-style-type: none"> <li>• <b>Feedback Domain:</b> questions #16-19</li> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul>
<p><b>Considerable Achievement</b></p>	<p>The hospital responded “yes” to <b>all</b> applicable questions in the Monitoring and Feedback Domains and meets the <b>quarterly</b> sample size of <b>100</b> for monitoring hand hygiene opportunities, <b>each quarter in each patient care unit:</b></p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #10: Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities <b>each quarter in each patient care unit</b></li> <li>○ Question #11: Hospital 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</li> <li>○ The hospital responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #10): <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> </ul> </li> </ul> </li> </ul>

Hand Hygiene (Performance Category)	Meaning that...
	<ul style="list-style-type: none"> <li>▪ <i>Direct Observation</i>: questions #14-15</li> <li>• <b>Feedback Domain</b>: questions #16-19</li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The hospital responded “yes” to <b>all</b> questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Training and Education Domain</b>: questions #1-3</li> <li>• <b>Infrastructure Domain</b>: questions #4-7</li> <li>• <b>Culture Domain</b>: questions #20-21</li> </ul>
<b>Some Achievement</b>	<p>The hospital responded “yes” to <b>all</b> applicable questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain</b>: <ul style="list-style-type: none"> <li>○ Question #8, #9, or #10: <ul style="list-style-type: none"> <li>▪ Hospital collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 1-3 of the <a href="#">2022 Hospital Survey</a> (FAQ #44, Section 6), <b>each month in each patient care unit</b></li> <li>▪ Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 4-6 of the <a href="#">2022 Hospital Survey</a> (FAQ #44, Section 6), <b>each month in each patient care unit</b></li> <li>▪ Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities <b>each quarter in each patient care unit</b></li> </ul> </li> <li>○ Question #11: Hospital 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</li> <li>○ The hospital responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8, #9, or #10): <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring</i>: questions #12-13</li> <li>▪ <i>Direct Observation</i>: questions #14-15</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain</b>: questions #16-19</li> <li>• <b>Training and Education Domain</b>: questions #1-3</li> <li>• <b>Infrastructure Domain</b>: questions #4-7</li> <li>• <b>Culture Domain</b>: questions #20-21</li> </ul>
<b>Limited Achievement</b>	<p>The hospital responded “yes” to <b>all</b> applicable questions in any <b>1</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain</b>: <ul style="list-style-type: none"> <li>○ Question #8, #9, or #10: <ul style="list-style-type: none"> <li>▪ Hospital collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables</li> </ul> </li> </ul> </li> </ul>

Hand Hygiene (Performance Category)	Meaning that...
	<p>1-3 of the <a href="#">2022 Hospital Survey</a> (FAQ #44, Section 6), <b>each month in each patient care unit</b></p> <ul style="list-style-type: none"> <li>▪ Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 4-6 of the <a href="#">2022 Hospital Survey</a> (FAQ #44, Section 6), <b>each month in each patient care unit</b></li> <li>▪ Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities <b>each quarter in each patient care unit</b></li> </ul> <ul style="list-style-type: none"> <li>○ Question #11: Hospital 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</li> <li>○ The hospital responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8, #9, or #10): <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring</i>: questions #12-13</li> <li>▪ <i>Direct Observation</i>: questions #14-15</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>• <b>Feedback Domain</b>: questions #16-19</li> <li>• <b>Training and Education Domain</b>: questions #1-3</li> <li>• <b>Infrastructure Domain</b>: questions #4-7</li> <li>• <b>Culture Domain</b>: questions #20-21</li> </ul> <p style="text-align: center;"><u><b>OR</b></u></p> <p style="text-align: center;">The hospital met <b>0</b> domains.</p>

**SECTION 6E: NURSE STAFFING AND SKILL LEVEL (OPTIONAL - NOT SCORED OR PUBLICLY REPORTED IN 2022)**

In 2022, hospitals can respond to the nurse staffing and skill mix questions if they do not have the data to respond to the proportion of nurses that are BSN-prepared questions. All of the nurse staffing and skill mix questions in this section are optional and will not be scored or publicly reported in 2022.

In the 2023 Survey cycle, Leapfrog anticipates scoring and publicly reporting the three new nursing measures from Section 6E: RN Hours Per Patient Day, Nursing Skill Mix, and Proportion of Nurses that are BSN-prepared. As previously shared, when Leapfrog starts to score and publicly report the Nurse Staffing and Skill Level subsection, hospitals will likely be stratified into groups based on hospital type (general acute care, CAH, Peds), number of beds, and teaching status.

In addition, in the 2023 Survey cycle, Leapfrog plans to maintain five of the seventeen elements that are currently included Section 6C Safe Practice #9 – Nursing Workforce. The five Safe Practice elements proposed for continuation on the 2023 Leapfrog Hospital Survey include:



- Organization has held nursing leadership directly accountable for improvements in performance through performance reviews or compensation
- Organization has included nursing leadership as part of the hospital senior administrative leadership team
- Organization has held the board (governance) and senior administrative leadership accountable for the provision of financial resources to ensure adequate nurse staffing levels
- Organization has budgeted financial resources for balancing staffing and skill levels to improve performance
- Organization has implemented a staffing plan, with input from nurses, to ensure that adequate nursing staff-to-patient ratios are achieved

Hospitals indicating that they have current Magnet status designation or Pathway to Excellence® designation, as determined by the American Nurses Credentialing Center (ANCC), will continue to receive credit for these five elements listed above from Safe Practice #9 beginning in 2023, but these hospitals will still need to complete, and will be scored on the staffing and skill mix questions.

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## SECTION 7: MANAGING SERIOUS ERRORS

### SECTION 7A: NEVER EVENTS POLICY STATEMENT

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There are no changes to this subsection.

### SECTION 7B: HEALTHCARE-ASSOCIATED INFECTIONS

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Leapfrog will continue to obtain healthcare-associated infection (HAI) data directly from the CDC's National Healthcare Safety Network (NHSN) and in 2022, use two continuous 12-month reporting periods for the five HAI measures:

- 01/01/2021 – 12/31/2021 for the June and August data pulls
- 07/01/2021 – 06/30/2022 for the October and December data pulls

Find additional information on deadlines to join Leapfrog's NHSN group in [Appendix III](#).

There are no changes to the scoring algorithm for Section 7B: Healthcare-Associated Infections.

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## SECTION 8: MEDICATION SAFETY

### SECTION 8A: BAR CODE MEDICATION ADMINISTRATION

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Leapfrog is adding a short set of optional fact-finding questions regarding the use of Bar Code Medication Administration (BCMA) for medication administration in emergency departments, operating rooms, catheterization labs, endoscopy suites, and other units. No additional data collection should be necessary. Review the optional fact-finding question in [Appendix X](#). These fact-finding questions are optional and will not be scored or publicly reported in 2022.

There are no changes to the scoring algorithm for Section 8A: Bar Code Medication Administration (BMCA).



## SECTION 8B: MEDICATION RECONCILIATION

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Hospitals that report fewer than 30 adult admissions to medical and med/surg units during the reporting period will be scored and publicly reported as “Does Not Apply.”

There are no additional changes to the scoring algorithm for Section 8B: Medication Reconciliation.

## SECTION 8C: OPIOID PRESCRIBING

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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 Hospital Survey.

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## SECTION 9: PEDIATRIC CARE

### SECTION 9A: PATIENT EXPERIENCE (CAHPS CHILD HOSPITAL SURVEY)

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There are no changes to this subsection.

### SECTION 9B: PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE

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Leapfrog is adding short set of optional fact-finding questions regarding age-based pediatric CT protocols. These questions were developed in collaboration with the American College of Radiology (ACR) with the goal of identifying practices that hospitals have in place to ensure both appropriate radiation dose and image quality.

Review the final questions in [Appendix XI](#). These fact-finding questions are optional and will not be scored or publicly reported in 2022.

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## SECTION 10: OUTPATIENT PROCEDURES

### SECTION 10A: BASIC OUTPATIENT DEPARTMENT INFORMATION

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Leapfrog is no longer asking hospitals if their free-standing hospital outpatient departments have a transfer agreement with a receiving hospital. The remaining questions in Section 10A will not be scored, but responses will continue to be displayed on Leapfrog’s public reporting [website](#) under Facility Information.

### SECTION 10B: MEDICAL, SURGICAL, AND CLINICAL STAFF

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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 10B: Medical, Surgical, and Clinical Staff.



## SECTION 10C: VOLUME OF PROCEDURES

Leapfrog is removing procedures that hospitals and 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 outpatient 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 10D: SAFETY OF PROCEDURES

### 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: OP-31 (ASC-11) Percentage of Patients Who Had Cataract Surgery and Had Improvement in Visual Function within 90 Days Following the Surgery and OP-32 (ASC-12) 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) provided in the Hospital Profile Section of the Leapfrog Hospital Survey. Hospitals can review these data on the Details Pages beginning on July 12, 2022. The data will only be scored and publicly reported for hospitals that have provided an accurate CMS Certification Number in the Profile Section and submitted the Section 10 Outpatient Procedures of the Leapfrog Hospital Survey.

Leapfrog will download data for the most recent 12-month reporting period available on the CMS [website](#) for OP-31 Percentage of Patients Who Had Cataract Surgery and the most recent 24-month reporting period for OP-32 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 hospitals that have submitted Section 10 by	CMS Reporting Period	Available on Hospital Details Page	Available on the Public Reporting Website
June 30, 2022	OP-31 most recent 12-month reporting period; OP-32 most recent 24-month reporting period	July 12, 2022	July 25, 2022



August 31, 2022	OP-31 most recent 12-month reporting period; OP-32 most recent 24-month reporting period	September 7, 2022	September 7, 2022
November 30, 2022	OP-31 most recent 12-month reporting period; OP-32 most recent 24-month reporting period	December 7, 2022	December 7, 2022

Based on public comments and feedback from hospitals that participated in the pilot. Leapfrog has updated the scoring algorithm for OP-31 (ASC-11) Improving in a Patient Visual Function within 90 Days Following Cataract Surgery. Review the scoring algorithm in [Appendix XII](#).

### PATIENT SELECTION AND CONSENT TO TREAT

Leapfrog is removing the Patient Consent to Treat questions from this section of the Survey and instead is asking hospitals to respond to the new set of informed consent questions described above in [subsection 1C: Informed Consent](#). Leapfrog is continuing to ask about Patient Selection. Responses to the Patient Selection questions, while not scored, will be displayed on Leapfrog’s public reporting [website](#)

### SAFE SURGERY CHECKLIST FOR ADULT AND PEDIATRIC OUTPATIENT PROCEDURES

As described above in [Section 3C: Safe Surgery Checklist for Adult and Pediatric Complex Surgery](#), Leapfrog is asking hospitals to report on the use of a safe surgery checklist for all the adult and pediatric outpatient procedures included in Leapfrog’s Volume of Outpatient Procedures subsection (Subsection 10C) and to perform an audit on a sample of cases to measure implementation of the checklist. Review the questions and scoring algorithm, which have been updated based on public comments and feedback received from hospitals that participated in the pilot, in [Appendix XIII](#).

This measure will be scored and publicly reported alongside the Care for Elective Outpatient Surgery Patients results on Leapfrog’s public reporting [website](#).

### SECTION 10E: MEDICATION SAFETY FOR OUTPATIENT PROCEDURES

Leapfrog is updating the question and measure specifications regarding medications prescribed or administered during the visit to clarify that hospitals 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 10E to exclude chlorhexidine and alcohol prep pads.

There are no changes to the scoring algorithm for Section 10E: Medication Safety for Outpatient Procedures.

### SECTION 10F: PATIENT EXPERIENCE (OAS CAHPS)

Leapfrog is removing three optional fact-finding questions from this subsection.

There are no changes to the scoring algorithm for Section 10F: Patient Experience (OAS CAHPS).



More information about the 2022 Leapfrog Hospital Survey is available on our website at <http://www.leapfroggroup.org/hospital>.





## RESPONSES TO PUBLIC COMMENTS

Leapfrog was grateful to receive nearly 100 public comments in response to the proposed changes to the 2022 Leapfrog Hospital Survey. Comments were submitted from health care organizations, as well as health care experts, patient advocates, and purchasers.

Responses to the public comments are organized by Survey section below. If you submitted a comment and do not see a response, or if you have additional questions, please contact the Help Desk at <https://leapfroghelpdesk.zendesk.com>. Comments are extremely helpful to the development of high-quality surveys, and we thank commenters for their insights.

## COMMENTS RELATED TO UPDATES TO THE 2022 SURVEY AND COVID-19

**Leapfrog received several comments regarding the end of one-time only updates to the Leapfrog Hospital Survey made in 2020 and 2021 due to COVID-19. These comments ranged from requests to maintain older reporting periods to requests to continue to make the CPOE Evaluation Tool optional for adult and general hospitals to requests to exclude specific quarters of 2021 in our reporting periods due to a third wave of COVID-19. We also received requests to lower our standards due to challenges in maintaining compliance with patient safety processes and structures such as barcode medication administration and ICU Physician Staffing.**

Leapfrog sympathizes with the enormous pressures faced by the health care community as the pandemic continues. But to achieve our shared mission for patient safety and quality in the U.S., we must not compromise standards for patient care. That mission is more urgent the longer COVID-19 persists. CMS and CDC leaders have stated that patient safety and [infection prevention](#) eroded significantly in hospitals during the pandemic. This is information the public deserves to know, which is why Leapfrog requires the most current data publicly available on how hospitals are performing on Leapfrog's national standards. We continue to work with our colleagues in health care to overcome the challenges of the pandemic and at the same time ensure that patient safety is the priority.

## SECTION 1: BASIC HOSPITAL INFORMATION

### BILLING ETHICS

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

Taking legal action against patients [harms patients](#) and recent [evidence](#) indicates it contributes to increased health care disparities. Leapfrog has previously outlined an exception for patients with whom a hospital has entered into a written



agreement specifying a set price (not a range or estimate) for a medical service. At this time, no additional exceptions will be added.

**INFORMED CONSENT (THE UPDATED INFORMED CONSENT QUESTIONS AND FAQs ARE AVAILABLE IN [APPENDIX V](#))**

**Some commenters noted that the term "workflow document" was unclear.**

Leapfrog replaced the term "workflow document" with "written policy that describes the informed consent process" in question #1.

**Some commenters questioned why other staff, not just the clinicians obtaining informed consent, need to be trained in the informed consent process.**

The Agency for Healthcare Research and Quality (AHRQ) has published a best practice guide that emphasizes "training all levels of hospital staff about their roles in the informed consent process." For example, hospital leaders should be familiar with the hospital informed consent policy, and nurses or other clinical staff should be trained on teach back methods, and preparation for the informed consent process. More information is available in the [AHRQ's Training for Health Care Leaders](#).

**Some commenters noted that it would not be feasible to maintain a comprehensive list of tests, treatments, and procedures requiring informed consent.**

Leapfrog updated question #3 to refer to a "defined set of guidelines" to identify which tests, treatments, and procedures require patient consent, as an alternative to a complete list.

**Some commenters noted that the use of the term "standard consent form" was confusing.**

Leapfrog replaced the term "standard consent form" with "consent form." Only those elements applicable to the patient's particular test, treatment, or procedure need to be included in the form.

**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 hospital's informed consent process and the consent form documenting that the process has taken place.

**Some commenters noted that the "other clinicians" originally noted as being required for inclusion in the consent form was too broad, and the various clinicians involved may not be identified with enough time before the procedure to be included. Additionally, commenters recommended adding a component to the consent form to indicate if the clinician performing the test, treatment, or procedure is expected to be absent during the test, treatment, or procedure.**

Leapfrog removed "other clinicians" from the required components of the consent form. However, hospitals are still required to indicate if any trainees or assistants will be involved in the test, treatment, or procedure, in question #7. Leapfrog has also updated question #7 to include an indication of whether the clinician performing the test, treatment, or procedure is expected to be absent during the test, treatment, or procedure.



**Some commenters noted that in some cases, patients may not want family members or other care partners to be involved in the discussion part of the informed consent process.**

Leapfrog updated question #10 to refer to patients who chose to involve a family member or care partner.

**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 part of the discussion of risks included in question #12, the clinician must discuss their experience performing the test, treatment, or procedure with the patients.

**Some commenters indicated that it would be difficult to provide consent forms at least three calendar days before the procedure and follow-up on any patient concerns.**

Leapfrog is asking two questions regarding opportunities for patients to review and discuss the consent form prior to the test, treatment, or procedure. One question includes a 3-day prior interval, and one question includes a 1-day prior interval. We are using this fact-finding year to learn more about hospital practices.

**Some commenters indicated that elements of the informed consent process could not be completed for anesthesia. Commenters also asked for a more specific definition of “emergent procedures.”**

Leapfrog added an FAQ to clarify that 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, to answer “Yes” to questions #13 and #14. Leapfrog has also updated questions #13 and #14 to refer to tests, treatments, and procedures that are scheduled a week (i.e., seven calendar days) in advance.

**Some commenters asked if there were any parameters for the audit of the informed consent process.**

Leapfrog added an FAQ to clarify that, at this time, we have not established any specific requirements or forms for either the process audit, or the solicitation of patient feedback. Results from both activities can be used to improve processes.

**Some commenters requested additional information about the applicability of the standard for patients unable to communicate and with no medical proxy.**

Leapfrog added an FAQ to clarify that patients who are unable to communicate and for whom no family member or medical proxy has been identified are excluded from these questions.

The updated Informed Consent questions and FAQs are available in [Appendix V](#).

## SECTION 2: MEDICATION SAFETY – COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

**No comments were submitted.**

### SECTION 3: ADULT AND PEDIATRIC COMPLEX SURGERY

**Several commenters supported Leapfrog’s addition of the Safe Surgery Checklist for Adult and Pediatric Complex Surgery.**

We appreciate this feedback.

### SECTION 4: MATERNITY CARE

**No comments were submitted.**

### SECTION 5: ICU PHYSICIAN STAFFING (IPS)

**No comments were submitted.**

### SECTION 6: PATIENT SAFETY PRACTICES

#### NURSE STAFFING AND SKILL LEVEL

**One commenter expressed concerns about recruiting BSN-prepared nurses and suggested an associate degree in nursing or progress towards BSN as suitable alternatives to BSN attainment.**

Leapfrog is not planning any updates to the Percentage of BSN-Prepared Nurses measure. The 2011 National Academy of Medicine [report](#), “The Future of Nursing 2020-2030,” outlines the advantages to safety and quality associated with a BSN-prepared workforce. According to the report, “BSN graduates reported significantly higher levels of preparation in evidence-based practice, research skills, and assessment of gaps in areas such as teamwork, collaboration, and practice ... and other important competencies for a future nursing workforce.”

### SECTION 7: MANAGING SERIOUS ERRORS

**No comments were submitted.**

### SECTION 8: MEDICATION SAFETY

**Several commenters provided feedback on the new fact-finding questions designed to assess the use of BCMA for medication administration in other areas of the hospital such as the emergency department and operating rooms.**

Leapfrog sent the feedback to the National Expert Panel for their review. As a reminder, these questions are optional, for fact-finding only, and will not be scored or publicly reported.

### SECTION 9: PEDIATRIC CARE

**No comments were submitted.**

## SECTION 10: OUTPATIENT PROCEDURES

**Several commenters expressed concern with adding OP-31: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery to the Survey as it is still a voluntary CMS measure, and as such, there is limited support from CMS-approved vendors to sample patients, administer the survey, calculate results and submit the data to CMS.**

Leapfrog appreciates the feedback regarding the implications of the lack of vendor support in administering the visual function surveys and has revised the scoring algorithm so that hospitals that provide an accurate CCN and NPI in the Profile Section of the Survey, report volume for the procedure in Section 10C, but do not have a score from CMS are publicly reported by Leapfrog as “Unable to Calculate Score.” Leapfrog’s consumer and purchaser stakeholders strongly support the addition of OP-31 to the Survey and believe that the inclusion of OP-31 on the 2022 Hospital and ASC Surveys will spark early adoption of the measure prior to it becoming required by CMS in calendar year 2025. Review the updated scoring algorithm in [Appendix XII](#).



## APPENDIX I 2022 LEAPFROG HOSPITAL SURVEY TIMELINE

Date	Deadline
March	Summary of Changes to the 2022 Leapfrog Hospital Survey and Responses to Public Comments will be available on the Survey and CPOE Materials <a href="#">webpage</a> .
April 1	<p><b>2022 LEAPFROG HOSPITAL SURVEY LAUNCH</b></p> <p>The hard copy of the 2022 Leapfrog Hospital Survey and supporting materials will be available on the Survey and CPOE Materials <a href="#">webpage</a>. The Online Survey Tool and CPOE Evaluation Tool will be available <a href="#">here</a>.</p> <p>See <a href="#">Appendix III</a> for 2022 NHSN deadlines.</p>
June 30	<p><b>SUBMISSION DEADLINE</b></p> <p>Hospitals that submit a Survey (and CPOE Evaluation Tool if applicable) by June 30 will have their Leapfrog Hospital Survey Results publicly reported starting on July 25. Hospitals 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>HOSPITAL DETAILS PAGE AVAILABLE</b></p> <p>The first set of Leapfrog Hospital Survey Results, which reflect Surveys submitted by June 30, will be privately available for hospitals to view on July 12 via the Hospital Details Page link on the Survey Dashboard.</p>
July 25	<p><b>HOSPITAL SURVEY RESULTS PUBLICLY AVAILABLE</b></p> <p>The first set of Leapfrog Hospital Survey Results, which reflect Surveys submitted by June 30 will be published on Leapfrog’s public reporting <a href="#">website</a>.</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 HOSPITAL DEADLINE</b></p> <p>Hospitals that would like to be eligible to receive a Leapfrog Top Hospital Award must submit a Survey, including all applicable sections, by August 31.</p>
November 30	<p><b>LATE SUBMISSION AND PERFORMANCE UPDATE DEADLINE:</b></p> <p>The 2022 Leapfrog Hospital Survey will close to new submissions at midnight ET on November 30. No new Surveys, new Survey sections, or CPOE Evaluation Tool Tests can be submitted after this deadline.</p> <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.</p> <p>Only hospitals that have submitted a Survey by November 30 will be able to log into the Online Survey Tool to make corrections (i.e., correct data entry or reporting errors or respond to Leapfrog’s monthly data verification messages) to previously submitted sections during the months of December and January.</p>
January 31, 2023	<p><b>CORRECTIONS DEADLINE:</b></p> <p>Hospitals that need to make corrections (i.e., correct data entry or reporting errors or respond to Leapfrog’s monthly data verification messages) to previously submitted 2022 Leapfrog Hospital Surveys must make necessary updates and re-submit the entire Survey by January 31, 2023. Hospitals will not be able to make changes or resubmit their Survey after this date.</p> <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.</p>

**APPENDIX II 2022 LEAPFROG HOSPITAL SURVEY REPORTING PERIODS**

	Survey Submitted <u>Prior to</u> September 1	Survey (Re)Submitted <u>on or</u> <u>After</u> September 1
Survey Section/ Measure	Reporting Period	Reporting Period
<b>1A</b> Basic Hospital Information	12 months ending 12/31/2021	12 months ending 06/30/2022
<b>1B</b> Person-Centered Care: Billing Ethics and Health Equity	N/A	N/A
<b>1C</b> Informed Consent	N/A	N/A
<b>2</b> Medication Safety - Computerized Physician Order Entry (CPOE)	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
	EHR Application Information: N/A	EHR Application Information: N/A
<b>3A</b> Hospital and Surgeon Volume	Volume: 12 months or 24 months ending 12/31/2021	Volume: 12 months or 24 months ending 06/30/2022
	STS MVRR Composite: Latest 36-month report	STS MVRR Composite: Latest 36-month report
	STS Norwood Report: Latest 48-month report	STS Norwood Report: Latest 48-month report
<b>3B</b> Surgical Appropriateness	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
<b>3C</b> Safe Surgery Checklist for Adult and Pediatric Complex Surgery	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>4A</b> Maternity Care Volume	12 months ending 12/31/2021	12 months ending 06/30/2022
<b>4B</b> Elective Deliveries	12 months ending 12/31/2021	12 months ending 06/30/2022
<b>4C</b> Cesarean Birth	12 months ending 12/31/2021	12 months ending 06/30/2022
<b>4D</b> Episiotomy	12 months ending 12/31/2021	12 months ending 06/30/2022
<b>4E</b> Process Measures of Quality	12 months ending 12/31/2021	12 months ending 06/30/2022
<b>4F</b> High-Risk Deliveries*	Volume: 12 months ending 12/31/2021	Volume: 12 months ending 06/30/2022
	VON: 2020 report	VON: 2021 report
<b>5</b> ICU Physician Staffing	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission

	<b>Survey Submitted Prior to September 1</b>	<b>Survey (Re)Submitted on or After September 1</b>
Survey Section/ Measure	Reporting Period	Reporting Period
<b>6A</b> Practice #1 – Culture of Safety Leadership Structures and Systems	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
<b>6B</b> Practice #2 – Culture Measurement, Feedback, and Intervention	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>6C</b> Practice #9 – Nursing Workforce	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
<b>6D</b> Hand Hygiene	N/A	N/A
<b>6E</b> Nurse Staffing and Skill Level	12 months ending 12/31/2021	12 months ending 12/31/2021
<b>7A</b> Never Events Policy	N/A	N/A
<b>7B</b> Healthcare-Associated Infections**	June and August Data Downloads: 01/01/2021 – 12/31/2021	October and December Data Downloads: 07/01/2021 – 06/30/2022
<b>8A</b> Bar Code Medication Administration (BCMA)	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>8B</b> Medication Reconciliation	Latest 6 months prior to Survey submission	Latest 6 months prior to Survey submission
<b>9A</b> CAHPS Child Hospital Survey	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
<b>9B</b> Pediatric Computed Tomography (CT) Radiation Dose	12 months ending 12/31/2021	12 months ending 06/30/2022
<b>10A</b> Basic Outpatient Department Information	12 months ending 12/31/2021	12 months ending 06/30/2022
<b>10B</b> Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>10C</b> Volume of Procedures	12 months ending 12/31/2021	12 months ending 06/30/2022
<b>10D</b> Safety of Procedures***	Patient Follow-up: Latest 12 or 24 months prior to Survey submission	Patient Follow-up: Latest 12 or 24 months prior to Survey submission
	Patient Selection: N/A	Patient Selection: N/A
	Safe Surgery Checklist: Latest 3 months prior to Survey submission	Safe Surgery Checklist: Latest 3 months prior to Survey submission





	Survey Submitted <u>Prior to</u> September 1	Survey (Re)Submitted <u>on or</u> <u>After</u> September 1
Survey Section/ Measure	Reporting Period	Reporting Period
<b>10E</b> Medication Safety for Outpatient Procedures	12 months ending 12/31/2021	12 months ending 06/30/2022
<b>10F</b> Patient Experience (OAS CAHPS)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission

## APPENDIX III NHSN REPORTING PERIODS AND DEADLINES

The NHSN reporting periods and deadlines for the 2022 Leapfrog Hospital 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 hospitals that have submitted Section 7 by	HAI Reporting Period	Available on Hospital Details Page and Public Reporting Website
June 21, 2022	June 22, 2022	June 30, 2022	01/01/2021 – 12/31/2021	July 12, 2022 Details Page July 25, 2022 Public Reporting Website
August 22, 2022	August 23, 2022	August 31, 2022	01/01/2021 – 12/31/2021	September 7, 2022*
October 20, 2022	October 21, 2022	October 31, 2022	07/01/2021 – 06/30/2022	November 7, 2022*
December 20, 2022	December 21, 2022**	November 30, 2022	07/01/2021 – 06/30/2022	January 6, 2023*

Leapfrog will provide step-by-step instructions for hospitals to download the same reports that Leapfrog downloads for each of the NHSN data downloads on our [website](#) by April 1.

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

\*\* The Leapfrog Hospital 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 IV SECTION 2: CPOE SCORING ALGORITHM FOR ADULT AND GENERAL HOSPITALS**

Score on Adult Inpatient Test via the CPOE Evaluation Tool						
<b>Implementation Status</b>  (from Leapfrog Hospital Survey questions #3-4)	<i>Full Demonstration of National Safety Standard for Decision Support</i>  (60% or greater of test orders correct)	<i>Substantial Demonstration of National Safety Standard for Decision Support</i>  (50-59% of test orders correct)	<i>Some Demonstration of National Safety Standard for Decision Support</i>  (40-49% of test orders correct)	<i>Completed the Evaluation</i>  (Less than 40% of test orders correct)	<i>Insufficient Evaluation</i>  (Hospital was not able to test at least 50% of test orders)	<i>Incomplete Evaluation</i>  (Failed deception analysis or timed out)
85% or greater of all inpatient medication orders entered through CPOE System	<b>Achieved the Standard</b>	<b>Considerable Achievement</b>	<b>Considerable Achievement</b>	<b>Some Achievement</b>	<b>Unable to Calculate Score</b>	<b>Limited Achievement</b>
75-84% of all inpatient medication orders entered through CPOE System	<b>Achieved the Standard</b>	<b>Considerable Achievement</b>	<b>Some Achievement</b>	<b>Some Achievement</b>	<b>Unable to Calculate Score</b>	<b>Limited Achievement</b>
50-74% of all inpatient medication orders entered through CPOE System	<b>Considerable Achievement</b>	<b>Considerable Achievement</b>	<b>Some Achievement</b>	<b>Limited Achievement</b>	<b>Unable to Calculate Score</b>	<b>Limited Achievement</b>
CPOE implemented in at least one inpatient unit but <50% of all inpatient medication orders entered through CPOE System	<b>Considerable Achievement</b>	<b>Some Achievement</b>	<b>Some Achievement</b>	<b>Limited Achievement</b>	<b>Unable to Calculate Score</b>	<b>Limited Achievement</b>
CPOE not implemented in at least one inpatient unit	Cannot take CPOE Evaluation Tool; hospital will be scored as "Limited Achievement"					

**APPENDIX V SECTION 1C: INFORMED CONSENT QUESTIONS AND FAQs (OPTIONAL – NOT SCORED OR PUBLICLY REPORTED)**

**1C: Informed Consent Questions**

***Internal Training and Education***

1) Does your hospital have a written policy that describes the informed consent process, and has your hospital made the written policy available to all roles and staff levels involved in the informed consent process?	Yes No
2) Does your hospital have a training program on informed consent that tailors different training topics to different staff roles, and has your hospital made the training both: <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>	Yes No
3) Does your hospital 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 hospital’s process for obtaining informed consent, does: <ul style="list-style-type: none"> <li>• 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;</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>	Yes No
5) As part of your hospital’s process for obtaining informed consent, does: <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 hospital 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>	Yes No
6) As part of your hospital’s process for obtaining informed consent, does: <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>	Yes No
7) Does your hospital’s consent form include:	Yes No

<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>	
8) Is your hospital’s consent form written in plain language and at a 6 <sup>th</sup> grade reading level or lower?	<p>Yes</p> <p>No</p>

**Process for Gaining Informed Consent**

9) Prior to signing the consent form, does your hospital 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?	<p>Yes</p> <p>No</p>
10) Prior to signing the consent form, does your hospital 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?	<p>Yes</p> <p>No</p>
11) Prior to signing the consent form, do clinicians at your hospital 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?	<p>Yes</p> <p>No</p>
12) Prior to signing the consent form, do clinicians at your hospital discuss their experience performing the test, treatment, or procedure with the patient/legal guardian?	<p>Yes</p> <p>No</p>
13) For tests, treatments, and procedures that are scheduled a week (i.e., seven calendar days) or more in advance, does your hospital share the consent form with the patient at least three calendar days before the patient’s test, treatment, or procedure?	<p>Yes</p> <p>No</p>
14) For tests, treatments, and procedures that are scheduled a week (i.e., seven calendar days) or more in advance, do clinicians at your hospital 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?	<p>Yes</p> <p>No</p>
15) At least once a year, does your hospital solicit feedback from patients/legal guardians about your hospital’s informed consent process to understand how it can be improved over time?	<p>Yes</p> <p>No</p>
16) At least once a year, does your hospital complete an audit of the informed consent process to evaluate its efficacy and provide feedback to staff on opportunities for improvement?	<p>Yes</p> <p>No</p>

**Additional Questions**

<p>17) For procedures that are scheduled a week (i.e., seven calendar days) or more in advance, does your hospital provide patients/legal guardians with high-quality decision aids (if available for the procedure), and patient education materials, to inform their medical care decisions?</p>	<p>Yes No</p>
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**Section 1C: Informed Consent FAQs**

- 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: hospital 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.
- 5. What are the criteria for determining whether a decision aid is “high quality” as part of the process for gaining informed consent?**  
To qualify as “high quality”, the decision aid must meet ALL of the following elements:

  - a. Describe the health condition
  - b. Identify the target audience
  - c. Explicitly state the decision(s) at hand
  - d. Describe each option the patient may choose, with the tradeoffs (i.e., “pros” and “cons”) of each
  - e. Portrays the options in a balanced and equitable manner
  - f. Discloses funding sources that contributed to the development or dissemination of the tool
  - g. Written at a 6<sup>th</sup>-grade reading level or lower

**APPENDIX VI – SECTION 2B: EHR APPLICATION INFORMATION QUESTIONS (NOT SCORED OR PUBLICLY REPORTED)**

<p>1) Which EHR source is your hospital currently using?</p> <p><i>If your hospital purchased a third-party vendor system and substantially altered it on implementation, select “Homegrown Application,” skip questions #2-4, and continue on to question #5.</i></p>	<p><i>Vendor Application</i> <i>Homegrown Application</i></p>
<p>2) Which EHR vendor is your hospital currently using?</p>	<p><i>Allscripts/Eclipsys</i> <i>CareCast</i> <i>Cerner</i> <i>CPSI</i> <i>Epic</i> <i>McKesson</i> <i>MEDHOST</i> <i>MEDITECH</i> <i>Quadramed</i> <i>Siemens</i> <i>Other (please specify):</i></p>
<p>3) What EHR version is your hospital currently using?</p>	<p>_____</p>
<p>4) What is the name of the EHR product that your hospital is currently using?</p>	<p>_____</p>
<p>5) When was the EHR initially installed at the hospital?</p> <p><i>Enter the month and year the EHR was installed at the hospital.</i></p>	<p>_____</p> <p><i>Format: MM/YYYY</i></p>
<p>6) Which EHR Medication Reference Database is your hospital currently using?</p>	<p><i>Homegrown</i> <i>First Databank (FDB)</i> <i>Gold Standard/Elsevier</i> <i>Lexicomp</i> <i>Medi-Span</i> <i>Multum</i> <i>Other (please specify):</i></p>
<p>7) 2021 Medicare Promoting Interoperability Program Score for the <b>Electronic Prescribing Exchange</b> objective:</p> <p><i>“Not Applicable” should only be selected if your hospital submitted a hardship exception or did not attest.</i></p>	<p><i>Not Applicable</i> <i>Enter Score 0 - 15 _____</i></p>

<p>8) 2021 Medicare Promoting Interoperability Program Score for the <b>Health Information Exchange</b> objective:</p> <p><i>“Not Applicable” should only be selected if your hospital submitted a hardship exception or did not attest.</i></p>	<p><i>Not Applicable</i> Enter Score 0 - 50 _____</p>
<p>9) 2021 Medicare Promoting Interoperability Program Score for the <b>Provider to Patient Exchange</b> objective:</p> <p><i>“Not Applicable” should only be selected if your hospital submitted a hardship exception or did not attest.</i></p>	<p><i>Not Applicable</i> Enter Score 0 – 50 _____</p>
<p>10) 2021 Medicare Promoting Interoperability Program Score for the <b>Public Health and Clinical Data Exchange</b> objective:</p> <p><i>“Not Applicable” should only be selected if your hospital submitted a hardship exception or did not attest.</i></p>	<p><i>Not Applicable</i> Enter Score 0 – 10 _____</p>



**APPENDIX VII SECTION 3A: HOSPITAL AND SURGEON VOLUME – ICD-10 PROCEDURE CODE UPDATES**

**Open Aortic Procedures: Additions to the 2022 Leapfrog Hospital Survey**

<b>ICD-10 Code</b>	<b>Description</b>
<b>021K0ZW</b>	Bypass Right Ventricle to Aorta, Open Approach
<b>021L0ZW</b>	Bypass Left Ventricle to Aorta, Open Approach
<b>021W08A</b>	Bypass Thoracic Aorta, Descending to Innominate Artery with Zooplastic Tissue, Open Approach
<b>021W09A</b>	Bypass Thoracic Aorta, Descending to Innominate Artery with Autologous Venous Tissue, Open Approach
<b>021W0AA</b>	Bypass Thoracic Aorta, Descending to Innominate Artery with Autologous Arterial Tissue, Open Approach
<b>021W0JA</b>	Bypass Thoracic Aorta, Descending to Innominate Artery with Synthetic Substitute, Open Approach
<b>021W0KA</b>	Bypass Thoracic Aorta, Descending to Innominate Artery with Nonautologous Tissue Substitute, Open Approach
<b>021W0ZA</b>	Bypass Thoracic Aorta, Descending to Innominate Artery, Open Approach
<b>021X08A</b>	Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Zooplastic Tissue, Open Approach
<b>021X08B</b>	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Zooplastic Tissue, Open Approach
<b>021X08D</b>	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Zooplastic Tissue, Open Approach
<b>021X08P</b>	Bypass Thoracic Aorta, Ascending/Arch to Pulmonary Trunk with Zooplastic Tissue, Open Approach
<b>021X08Q</b>	Bypass Thoracic Aorta, Ascending/Arch to Right Pulmonary Artery with Zooplastic Tissue, Open Approach
<b>021X08R</b>	Bypass Thoracic Aorta, Ascending/Arch to Left Pulmonary Artery with Zooplastic Tissue, Open Approach
<b>021X09A</b>	Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Autologous Venous Tissue, Open Approach
<b>021X09B</b>	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Autologous Venous Tissue, Open Approach
<b>021X09D</b>	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Autologous Venous Tissue, Open Approach
<b>021X09P</b>	Bypass Thoracic Aorta, Ascending/Arch to Pulmonary Trunk with Autologous Venous Tissue, Open Approach
<b>021X09Q</b>	Bypass Thoracic Aorta, Ascending/Arch to Right Pulmonary Artery with Autologous Venous Tissue, Open Approach
<b>021X09R</b>	Bypass Thoracic Aorta, Ascending/Arch to Left Pulmonary Artery with Autologous Venous Tissue, Open Approach
<b>021X0AA</b>	Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Autologous Arterial Tissue, Open Approach
<b>021X0AB</b>	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Autologous Arterial Tissue, Open Approach
<b>021X0AD</b>	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Autologous Arterial Tissue, Open Approach
<b>021X0AP</b>	Bypass Thoracic Aorta, Ascending/Arch to Pulmonary Trunk with Autologous Arterial Tissue, Open Approach
<b>021X0AQ</b>	Bypass Thoracic Aorta, Ascending/Arch to Right Pulmonary Artery with Autologous Arterial Tissue, Open Approach
<b>021X0AR</b>	Bypass Thoracic Aorta, Ascending/Arch to Left Pulmonary Artery with Autologous Arterial Tissue, Open Approach
<b>021X0JA</b>	Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Synthetic Substitute, Open Approach

<b>021X0JB</b>	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Synthetic Substitute, Open Approach
<b>021X0JD</b>	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Synthetic Substitute, Open Approach
<b>021X0JP</b>	Bypass Thoracic Aorta, Ascending/Arch to Pulmonary Trunk with Synthetic Substitute, Open Approach
<b>021X0JQ</b>	Bypass Thoracic Aorta, Ascending/Arch to Right Pulmonary Artery with Synthetic Substitute, Open Approach
<b>021X0JR</b>	Bypass Thoracic Aorta, Ascending/Arch to Left Pulmonary Artery with Synthetic Substitute, Open Approach
<b>021X0KA</b>	Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Nonautologous Tissue Substitute, Open Approach
<b>021X0KB</b>	Bypass Thoracic Aorta, Ascending/Arch to Subclavian with Nonautologous Tissue Substitute, Open Approach
<b>021X0KD</b>	Bypass Thoracic Aorta, Ascending/Arch to Carotid with Nonautologous Tissue Substitute, Open Approach
<b>021X0KP</b>	Bypass Thoracic Aorta, Ascending/Arch to Pulmonary Trunk with Nonautologous Tissue Substitute, Open Approach
<b>021X0KQ</b>	Bypass Thoracic Aorta, Ascending/Arch to Right Pulmonary Artery with Nonautologous Tissue Substitute, Open Approach
<b>021X0KR</b>	Bypass Thoracic Aorta, Ascending/Arch to Left Pulmonary Artery with Nonautologous Tissue Substitute, Open Approach
<b>021X0ZA</b>	Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery, Open Approach
<b>021X0ZB</b>	Bypass Thoracic Aorta, Ascending/Arch to Subclavian, Open Approach
<b>021X0ZD</b>	Bypass Thoracic Aorta, Ascending/Arch to Carotid, Open Approach
<b>021X0ZP</b>	Bypass Thoracic Aorta, Ascending/Arch to Pulmonary Trunk, Open Approach
<b>021X0ZQ</b>	Bypass Thoracic Aorta, Ascending/Arch to Right Pulmonary Artery, Open Approach
<b>021X0ZR</b>	Bypass Thoracic Aorta, Ascending/Arch to Left Pulmonary Artery, Open Approach
<b>02BX0ZX</b>	Excision of Thoracic Aorta, Ascending/Arch, Open Approach, Diagnostic
<b>02BX0ZZ</b>	Excision of Thoracic Aorta, Ascending/Arch, Open Approach
<b>02QX0ZZ</b>	Repair Thoracic Aorta, Ascending/Arch, Open Approach
<b>02RX07Z</b>	Replacement of Thoracic Aorta, Ascending/Arch with Autologous Tissue Substitute, Open Approach
<b>02RX08Z</b>	Replacement of Thoracic Aorta, Ascending/Arch with Zooplastic Tissue, Open Approach
<b>02RX0JZ</b>	Replacement of Thoracic Aorta, Ascending/Arch with Synthetic Substitute, Open Approach
<b>02RX0KZ</b>	Replacement of Thoracic Aorta, Ascending/Arch with Nonautologous Tissue Substitute, Open Approach
<b>02SX0ZZ</b>	Reposition Thoracic Aorta, Ascending/Arch, Open Approach
<b>02UX08Z</b>	Supplement Thoracic Aorta, Ascending/Arch with Zooplastic Tissue, Open Approach
<b>04S00ZZ</b>	Reposition Abdominal Aorta, Open Approach

**Open Aortic Procedures: Removals from the 2022 Leapfrog Hospital Survey**

<b>ICD-10 Code</b>	<b>Description</b>
<b>02CW0ZZ</b>	Extirpation of Matter from Thoracic Aorta, Descending, Open Approach
<b>02VW0ZZ</b>	Restriction of Thoracic Aorta, Descending, Open Approach
<b>04C00ZZ</b>	Extirpation of Matter from Abdominal Aorta, Open Approach
<b>04L00ZZ</b>	Occlusion of Abdominal Aorta, Open Approach
<b>04C00Z6</b>	Extirpation of Matter from Abdominal Aorta, Bifurcation, Open Approach



**Total Hip Replacement Surgery: Removals from the 2022 Leapfrog Hospital Survey**

ICD-10 Code	Description
OSRR019	Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Cemented, Open Approach
OSRR01A	Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Uncemented, Open Approach
OSRR01Z	Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Open Approach
OSRR039	Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Cemented, Open Approach
OSRR03A	Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach
OSRR03Z	Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Open Approach
OSRR0J9	Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach
OSRR0JA	Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach
OSRR0JZ	Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Open Approach
OSRS019	Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Cemented, Open Approach
OSRS01A	Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Uncemented, Open Approach
OSRS01Z	Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Open Approach
OSRS039	Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Cemented, Open Approach
OSRS03A	Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach
OSRS03Z	Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Open Approach
OSRS0J9	Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach
OSRS0JA	Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach
OSRS0JZ	Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Open Approach

**Total Knee Replacement Surgery: Removals from the 2022 Leapfrog Hospital Survey**

ICD-10 Code	Description
OSRT0J9	Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach
OSRT0JA	Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach
OSRT0JZ	Replacement of Right Knee Joint, Femoral Surface with Synthetic Substitute, Open Approach
OSRU0J9	Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach
OSRU0JA	Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach
OSRU0JZ	Replacement of Left Knee Joint, Femoral Surface with Synthetic Substitute, Open Approach
OSRV0J9	Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Cemented, Open Approach
OSRV0JA	Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Uncemented, Open Approach
OSRV0JZ	Replacement of Right Knee Joint, Tibial Surface with Synthetic Substitute, Open Approach
OSRW0J9	Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Cemented, Open Approach
OSRW0JA	Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Uncemented, Open Approach



**OSRW0JZ** Replacement of Left Knee Joint, Tibial Surface with Synthetic Substitute, Open Approach

**Esophageal Resection for Cancer: Additions to the 2022 Leapfrog Hospital Survey**

ICD-10 Code	Description
<b>0DT44ZZ</b>	Resection of Esophagogastric Junction, Percutaneous Endoscopic Approach
<b>0DB18ZZ</b>	Excision of Upper Esophagus, Via Natural or Artificial Opening Endoscopic
<b>0DB28ZZ</b>	Excision of Middle Esophagus, Via Natural or Artificial Opening Endoscopic
<b>0DB38ZZ</b>	Excision of Lower Esophagus, Via Natural or Artificial Opening Endoscopic
<b>0DB54ZZ</b>	Excision of Esophagus, Percutaneous Endoscopic Approach
<b>0DB58ZZ</b>	Excision of Esophagus, Via Natural or Artificial Opening Endoscopic

**Carotid Endarterectomy: Removals from the 2022 Leapfrog Hospital Survey**

ICD-10 Code	Description
<b>03CH0Z6</b>	Extirpation of Matter from Right Common Carotid Artery, Bifurcation, Open Approach
<b>03CJ0Z6</b>	Extirpation of Matter from Left Common Carotid Artery, Bifurcation, Open Approach
<b>03CK0Z6</b>	Extirpation of Matter from Right Internal Carotid Artery, Bifurcation, Open Approach
<b>03CL0Z6</b>	Extirpation of Matter from Left Internal Carotid Artery, Bifurcation, Open Approach
<b>03CM0Z6</b>	Extirpation of Matter from Right External Carotid Artery, Bifurcation, Open Approach
<b>03CN0Z6</b>	Extirpation of Matter from Left External Carotid Artery, Bifurcation, Open Approach

**APPENDIX VIII SECTION 3C: SAFE SURGERY CHECKLIST FOR ADULT AND PEDIATRIC COMPLEX SURGERY – QUESTIONS AND SCORING ALGORITHM**

**Section 3C: Safe Surgery Checklist for Adult and Pediatric Complex Surgery Questions**

<p>1) What is the latest 3-month reporting period for which your hospital is submitting responses to questions #2-7? 3-month reporting time period ending:</p>	<p>_____</p> <p><i>Format: Month/Year</i></p>
<p>2) Does your hospital utilize a safe surgery checklist on <u>every</u> patient <u>every</u> time one of the applicable procedures in Section 3A is performed?</p> <p><i>If “no” to question #2, skip questions #3-7 and go to the Affirmation of Accuracy. The hospital will be scored as “Limited Achievement.”</i></p>	<p>Yes</p> <p>No</p>
<p>3) <b>Before the induction of anesthesia</b>, is a safe surgery checklist that includes <u>all</u> the following elements <u>read aloud</u> in the presence of the <u>anesthesia professional and nursing personnel</u>:</p> <ul style="list-style-type: none"> <li>• Patient ID</li> <li>• Confirmation of procedure</li> <li>• Patient consent</li> <li>• Site marked, if applicable</li> <li>• Anesthesia/medication check</li> <li>• Allergies assessed</li> <li>• Difficult airway/aspiration risk</li> <li>• Risk of blood loss, if applicable</li> <li>• Availability of devices on-site, if applicable?</li> </ul>	<p>Yes</p> <p>No</p>
<p>4) <b>Before the skin incision and/or before the procedure begins</b>, is a safe surgery checklist that includes <u>all</u> the following elements <u>read aloud</u> in the presence of the whole surgical team:</p> <ul style="list-style-type: none"> <li>• Clinical team introduction</li> <li>• Confirmation of patient name, procedure, and, if applicable, surgical/incision site</li> <li>• Antibiotic prophylaxis, if applicable</li> <li>• Anticipated Critical Events (non-routine steps, length of procedure, blood loss, patient-specific concerns, sterility)</li> <li>• Equipment check/concerns</li> <li>• Essential imaging available, if applicable?</li> </ul>	<p>Yes</p> <p>No</p>
<p>5) <b>Before the patient leaves the operating room and/or procedure room</b>, is a safe surgery checklist that includes <u>all</u> the following elements <u>read aloud</u> in the presence of the whole surgical team:</p>	<p>Yes</p>

<ul style="list-style-type: none"> <li>• Confirmation of procedure performed</li> <li>• Instrument/supply counts</li> <li>• Specimen labeling, if applicable</li> <li>• Equipment concerns</li> <li>• Patient recovery/management concerns?</li> </ul>	<p>No</p>
<p>6) Did your hospital 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 measure adherence to the safe surgery checklist?</p> <p><i>Free-standing pediatric hospitals that perform the Norwood Procedure and hospitals that reported a combined total hospital volume of less than 15 for all the procedures in Section 3A can sample any 15 patients that had a procedure performed under general anesthesia.</i></p> <p><i>To respond “yes” to question #6, hospitals 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.</i></p> <p><i>If “no” to question #6, skip question #7 and go to the Affirmation of Accuracy. The hospital will be scored as “Limited Achievement.”</i></p>	<p>Yes</p> <p>No</p>
<p>7) Based on your hospital’s 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), what was your hospital’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)?</p>	<p>90%-100%</p> <p>75%-89%</p> <p>50-74%</p> <p><i>Less than 50%</i></p>

**Section 3C: Safe Surgery Checklist for Adult and Pediatric Complex Surgery Scoring Algorithm**

<b>Safe Surgery Checklist Score</b>  (Performance Category)	<b>Meaning that...</b>
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>• The hospital uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure</li> <li>• The hospital’s checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (e.g., hospital responded “yes” to questions #3, #4, and #5)</li> <li>• The hospital completed an audit of at least 15 patients and documented adherence to the checklist</li> <li>• The hospital’s documented adherence to the checklist is at least 90%</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>• The hospital uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure</li> <li>• The hospital’s checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (e.g., hospital responded “yes” to questions #3, #4, and #5)</li> <li>• The hospital completed an audit of at least 15 patients and documented adherence to the checklist</li> <li>• The hospital’s documented adherence to the checklist is at least 75%</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>• The hospital uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure</li> <li>• The hospital’s checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (e.g., hospital responded “yes” to questions #3, #4, and #5)</li> <li>• The hospital completed an audit of at least 15 patients and documented adherence to the checklist</li> <li>• The hospital’s documented adherence to the checklist is at least 50%</li> </ul>
<b>Limited Achievement</b>	<p>The hospital responded to this section but does not yet meet the criteria for Some Achievement.</p>
<b>Does Not Apply</b>	<p>The hospital does not perform any of the adult or pediatric complex procedures</p>

## APPENDIX IX – UPDATED ENDNOTES: INTENSIVIST PRESENCE VIA TELEMEDICINE AND MODIFIED INTENSIVIST PRESENCE VIA TELEMEDICINE

### Updated Endnote: Intensivist Presence via Telemedicine

To meet the Leapfrog ICU requirement for intensivist presence in the ICU via telemedicine, a hospital be able to document that it fulfills **all** the following 10 key features based on a modification of the approach reported in *Critical Care Medicine* (Rosenfeld, B. et al. “Intensive care unit telemedicine: Alternate paradigm for providing continuous intensivist care,” *Critical Care Medicine*, Vol. 28, No. 1, pp. 3925-3931).

1. A physician certified in critical care medicine (see endnote #27) who is physically present in the ICU (“on-site intensivist”) performs a comprehensive review of each ICU patient each day and establishes and/or revises the care plan. The on-site intensivist must be available by phone to answer any questions from the tele-intensivist related to the established or revised care plan.

The tele-intensivist, who must also be a physician certified in critical care medicine (see endnote #27), has immediate access to information regarding the on-site intensivist’s care plan at the time the management responsibility is transferred to the tele-intensivist by the on-site intensivist.

When care is transferred back to the on-site intensivist, the tele-intensivist must communicate any changes to the care plan to the on-site intensivist. Hospitals relying on electronic hand-offs should ensure that physician sign-in and sign-out of reports is being recorded. In addition, these reports should be monitored as one way to audit compliance with the hand-off process described above.

2. When an intensivist is not on-site in the ICU managing or co-managing all ICU patients, a tele-intensivist is continuously monitoring and able to manage all ICU patients for the remaining 24 hours per day, 7 days per week. “Continuously monitoring” means the tele-intensivist has no other concurrent responsibilities, is immediately available to communicate with ICU staff, and is continuously in the physical presence of the tele-ICU’s patient monitoring and communications equipment. “Manage” means authorized to diagnose, treat, and write orders for a patient in the ICU on the intensivist’s own authority.
3. The tele-intensivist’s care is proactive, with routine visualization and physiological review of all patients at a frequency appropriate to their severity of illness.
4. The tele-intensivist has immediate access to key patient data, including:
  - a) physiologic bedside monitor data (in real-time);
  - b) laboratory orders and results;
  - c) medications ordered and administered; and,
  - d) notes, radiographs, ECGs, etc. on demand.
5. Bedside cameras are physically available in each ICU. If cameras are not mounted in each patient room within the unit, then at least one dedicated bedside camera must be available for every five beds in the ICU, plus a dedicated back-up camera in each ICU. If ICUs are located on different floors of the hospital, each ICU on each floor must have its own set of dedicated cameras if they are not mounted in every room. “Dedicated” means that the cameras are on the unit for the sole purpose of patient care. Personal devices (e.g., personal phones, tablets, etc.) would not meet this requirement.





6. The tele-intensivist must be able to turn on each bedside camera to visualize patients, with sufficient clarity to assess breathing pattern and communicate with on-site personnel at the bedside in real time.
7. Within five minutes of a request for assistance being initiated by hospital staff, the tele-intensivist's patient workload ordinarily permits the tele-intensivist to complete a comprehensive visual and physiological assessment of any patient.
8. Data links between the ICU and the tele-intensivist are reliable (>98% up-time) and secure (HIPAA compliant).
9. Written standards for remote care are established and include, at a minimum:
  - a) tele-intensivists are certified by a national medical specialty board in critical care medicine;
  - b) tele-intensivists are licensed to practice in the legal jurisdiction in which the ICU is located;
  - c) tele-intensivists are credentialed in each hospital to which he/she provides remote care (can be special telemedicine credentialing);
  - d) activities of the tele-intensivist are reviewed within the hospital's quality assurance committee structure;
  - e) there are explicit written policies regarding roles and responsibilities of both the on-site intensivist and the tele-intensivist;
  - f) ICU staff are educated regarding the function, roles, and responsibilities of the tele-intensivist; and
  - g) there is an established written process to ensure effective communication between the ICU staff and the tele-intensivist.
10. The tele-intensivist documents patient care activities and this documentation is incorporated into the patient record.

#### **Updated Endnote: Modified Intensivist Presence via Telemedicine**

To earn reduced credit on the Leapfrog ICU standard for intensivist presence in the ICU via telemonitoring, a hospital must affirm that its telemonitoring intensivist presence fulfills the following nine key features based on a modification of the approach reported in *Critical Care Medicine* (Rosenfeld, B. et al. "Intensive care unit telemedicine: Alternate paradigm for providing continuous intensivist care," *Critical Care Medicine*, Vol. 28, No. 1, pp. 3925-3931). Note that, as with other Leapfrog specifications, these features must be met under ordinary circumstances.

1. When an intensivist is not on-site in the ICU managing or co-managing all ICU patients, a tele-intensivist is continuously monitoring and able to manage all ICU patients for the remaining 24 hours per day, 7 days per week. "Continuously monitoring" means the tele-intensivist has no other concurrent responsibilities, is immediately available to communicate with ICU staff, and is continuously in the physical presence of the tele-ICU's patient monitoring and communications equipment. "Manage" means authorized to diagnose, treat, and write orders for a patient in the ICU on the intensivist's own authority.
2. The tele-intensivist's care is proactive, with routine visualization and physiological review of all patients at a frequency appropriate to their severity of illness.
3. The tele-intensivist has immediate access to key patient data, including:
  - a) physiologic bedside monitor data (in real-time);
  - b) laboratory orders and results;
  - c) medications ordered and administered; and,
  - d) notes, radiographs, ECGs, etc. on demand.



4. Bedside cameras are physically available in each ICU. If cameras are not mounted in each patient room within the unit, then at least one dedicated bedside camera must be available for every five beds in the ICU, plus a dedicated back-up camera in each ICU. If ICUs are located on different floors of the hospital, each ICU on each floor must have its own set of dedicated cameras if they are not mounted in every room. “Dedicated” means that the cameras are on the unit for the sole purpose of patient care. Personal devices (e.g., personal phones, tablets, etc.) would not meet this requirement.
5. The tele-intensivist must be able to turn on each bedside camera to visualize patients, with sufficient clarity to assess breathing pattern and communicate with on-site personnel at the bedside in real time.
6. Within five minutes of a request for assistance being initiated by hospital staff, the tele-intensivist’s patient workload ordinarily permits the tele-intensivist to complete a comprehensive visual and physiological assessment of any patient.
7. Data links between the ICU and the tele-intensivist are reliable (>98% up-time) and secure (HIPAA compliant).
8. Written standards for remote care are established and include, at a minimum:
  - a) tele-intensivists are certified by a national medical specialty board in critical care medicine;
  - b) tele-intensivists are licensed to practice in the legal jurisdiction in which the ICU is located;
  - c) tele-intensivists are credentialed in each hospital to which he/she provides remote care (can be special telemedicine credentialing);
  - d) activities of the tele-intensivist are reviewed within the hospital’s quality assurance committee structure;
  - e) there are explicit written policies regarding roles and responsibilities of both the on-site intensivist and the tele-intensivist;
  - f) ICU staff are educated regarding the function, roles, and responsibilities of the tele-intensivist; and
  - g) there is an established written process to ensure effective communication between the ICU staff and the tele-intensivist.
9. The tele-intensivist documents patient care activities and this documentation is incorporated into the patient record.

**APPENDIX X SECTION 8A: BAR CODE MEDICATION ADMINISTRATION FACT-FINDING QUESTIONS  
(OPTIONAL – NOT SCORED OR PUBLICLY REPORTED)**

<p>16) Does your hospital use BCMA when administering scannable medications in a catheterization laboratory?</p> <p><i>If “no” or “does not operate,” skip question #17 and move on to question #18.</i></p>	<p>Yes</p> <p>No</p> <p><i>Does not operate a catheterization laboratory</i></p>
<p>17) What is your hospital’s estimated use of BCMA for scannable medication administrations in a catheterization laboratory?</p>	<p><i>Most scannable medication administrations (&gt;75%)</i></p> <p><i>Some scannable medication administrations (25-74%)</i></p> <p><i>Few scannable medication administrations (&lt;25%)</i></p>
<p>18) Does your hospital use BCMA when administering scannable medications in an emergency room?</p> <p><i>If “no” or “does not operate,” skip question #19 and move on to question #20.</i></p>	<p>Yes</p> <p>No</p> <p><i>Does not operate an emergency room</i></p>
<p>19) What is your hospital’s estimated use of BCMA for scannable medication administrations in the emergency room?</p>	<p><i>Most scannable medication administrations (&gt;75%)</i></p> <p><i>Some scannable medication administrations (25-74%)</i></p> <p><i>Few scannable medication administrations (&lt;25%)</i></p>
<p>20) Does your hospital use BCMA when administering scannable medications in an endoscopy suite?</p> <p><i>If “no” or “does not operate,” skip question #21 and move on to question #22.</i></p>	<p>Yes</p> <p>No</p> <p><i>Does not operate an endoscopy suite</i></p>
<p>21) What is your hospital’s estimated use of BCMA for scannable medication administrations in the endoscopy suite?</p>	<p><i>Most scannable medication administrations (&gt;75%)</i></p> <p><i>Some scannable medication administrations (25-74%)</i></p> <p><i>Few scannable medication administrations (&lt;25%)</i></p>
<p>22) Does your hospital use BCMA when administering scannable medications in an operating room?</p>	<p>Yes</p>

<p><i>If “no” or “does not operate,” skip question #23 and move on to question #24.</i></p>	<p style="text-align: center;"><i>No</i></p> <p style="text-align: center;"><i>Does not operate an operating room</i></p>
<p>23) What is your hospital’s estimated use of BCMA for scannable medication administrations in the operating room?</p>	<p style="text-align: center;"><i>Most scannable medication administrations (&gt;75%)</i></p> <p style="text-align: center;"><i>Some scannable medication administrations (25-74%)</i></p> <p style="text-align: center;"><i>Few scannable medication administrations (&lt;25%)</i></p>
<p>24) Does your hospital use BCMA when administering scannable medications in any other unit types not listed in questions #3-23?</p> <p><i>If “no,” skip question #25 and move on to the next subsection.</i></p>	<p style="text-align: center;"><i>Yes</i></p> <p style="text-align: center;"><i>No</i></p>
<p>25) What is your hospital’s estimated use of BCMA for scannable medication administrations in the other unit types referenced in question #24?</p>	<p style="text-align: center;"><i>Most scannable medication administrations (&gt;75%)</i></p> <p style="text-align: center;"><i>Some scannable medication administrations (25-74%)</i></p> <p style="text-align: center;"><i>Few scannable medication administrations (&lt;25%)</i></p>

**APPENDIX XI SECTION 9B: PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE FACT-FINDING QUESTIONS (OPTIONAL – NOT SCORED OR PUBLICLY REPORTED)**

8) For the routine head and routine abdomen/pelvis scans included in Section 9B, estimate the percent of total scans that is more than one phase (e.g., pre contrast and post contrast or multiple post contrast phases).	
a) Routine head scans that are more than one phase:	_____ <i>Format: Whole numbers only</i>
b) Routine abdomen/pelvis scans that are more than one phase:	_____ <i>Format: Whole numbers only</i>
9) For the routine <b>head</b> scans included in Section 9B, how many age or size categories has your hospital developed protocols for?  <i>If "1," continue on to question #9a and skip questions #9b and #9c.</i>  <i>If "2" or greater, skip question #9a and continue on to questions #9b and #9c.</i>	1 2 3 4 5 <i>More than 5</i>
9a) If one protocol, what kilovoltage (kV) is used for routine <b>head</b> scans?	70 80 90 100 110 120 130 140 150
9b) If two or more protocols, what is the <b>lowest</b> kilovoltage (kV) used for routine <b>head</b> scans?	70 80 90 100 110 120 130 140 150
9c) If two or more protocols, what is the <b>highest</b> kilovoltage (kV) used for routine <b>head</b> scans?	70 80 90 100 110

	<p>120</p> <p>130</p> <p>140</p> <p>150</p>
<p>10) For the routine <b>abdomen/pelvis</b> scans included in Section 9B, how many age or size categories has your hospital developed protocols for?</p> <p><i>If "1," continue on to question #10a and skip questions #10b and #10c.</i></p> <p><i>If "2" or greater, skip question #10a and continue on to questions #10b and #10c.</i></p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>More than 5</p>
<p>10a) If one protocol, what kilovoltage (kV) is used for routine <b>abdomen/pelvis</b> scans?</p>	<p>70</p> <p>80</p> <p>90</p> <p>100</p> <p>110</p> <p>120</p> <p>130</p> <p>140</p> <p>150</p>
<p>10b) If two or more protocols, what is the <b>lowest</b> kilovoltage (kV) used for routine <b>abdomen/pelvis</b> scans?</p>	<p>70</p> <p>80</p> <p>90</p> <p>100</p> <p>110</p> <p>120</p> <p>130</p> <p>140</p> <p>150</p>
<p>10c) If two or more protocols, what is the <b>highest</b> kilovoltage (kV) used for routine <b>abdomen/pelvis</b> scans?</p>	<p>70</p> <p>80</p> <p>90</p> <p>100</p> <p>110</p> <p>120</p> <p>130</p> <p>140</p> <p>150</p>
<p>11) Are CT protocols for routine head and routine abdomen/pelvis scans included in Section 9B reviewed and updated?</p>	<p>Yes</p> <p>No</p>

<p><i>If “no,” skip the remaining questions in in Section 9B, and go to the Affirmation of Accuracy.</i></p>	
<p>11a) If “yes,” how often are CT protocols reviewed and updated?</p>	<p><i>Monthly</i> <i>Quarterly</i> <i>Biannually</i> <i>Annually</i> <i>Every 2 years</i> <i>Every 3-5 years</i></p>
<p>11b) If “yes,” who is involved in the process of reviewing and updating CT protocols?</p> <p><i>Select all that apply.</i></p>	<p><input type="checkbox"/> <i>Technologist</i> <input type="checkbox"/> <i>Medical physicist</i> <input type="checkbox"/> <i>Radiologist</i> <input type="checkbox"/> <i>Other</i></p>

**APPENDIX XII SECTION 10D: PATIENT FOLLOW-UP SCORING ALGORITHM**

**OP-31 (ASC-11): Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery Scoring Algorithm**

Performance Category	Meaning that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>• The hospital provided an accurate CCN in the Profile Section,</li> <li>• Reported volume for anterior segment eye procedures in Section 10C, and</li> <li>• Had a measure score published by CMS for the measure*</li> </ul>
<b>Does Not Apply</b>	The hospital does not perform anterior segment eye procedures, or the hospital is a pediatric facility.
<b>Unable to Calculate Score</b>	The hospital is scored as 'not available' by CMS, or does not participate with CMS, or did not provide an accurate CCN in the Profile Section.

\*In 2022, to encourage greater administration of the visual function survey among hospitals and ASCs, both types of facilities will be able to earn full credit for administering the survey (as evidenced by having a score for the measure published by CMS) regardless of the performance on the measure.

**OP-32 (ASC-12): Rate of unplanned hospital visits after colonoscopy (per 1,000 colonoscopies) Scoring Algorithm**

Performance Category	Meaning that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>• The hospital provided an accurate CCN in the Profile Section,</li> <li>• Reported volume for lower GI endoscopy in Section 10C, and</li> <li>• Is in the top quartile of performance*</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>• The hospital provided an accurate CCN in the Profile Section,</li> <li>• Reported volume for lower GI endoscopy in Section 10C, and</li> <li>• Is in the second quartile of performance*</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>• The hospital provided an accurate CCN in the Profile Section,</li> <li>• Reported volume for lower GI endoscopy in Section 10C, and</li> <li>• Is in the third quartile of performance*</li> </ul>
<b>Limited Achievement</b>	<ul style="list-style-type: none"> <li>• The hospital provided an accurate CCN in the Profile Section,</li> <li>• Reported volume for lower GI endoscopy in Section 10C, and</li> <li>• Is in the bottom quartile of performance*</li> </ul>
<b>Does Not Apply</b>	The hospital does not perform lower GI endoscopy, or the hospital is a pediatric facility.
<b>Unable to Calculate Score</b>	The hospital is scored as 'not available' by CMS, or does not participate with CMS, or did not provide an accurate CCN in the Profile Section.

\*The quartiles will be based on the distribution of hospital and ambulatory surgery center performance from 2022 Leapfrog Hospital Surveys and Leapfrog ASC 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 XIII SECTION 10D: SAFE SURGERY CHECKLIST FOR ADULT AND PEDIATRIC OUTPATIENT PROCEDURES – QUESTIONS AND SCORING ALGORITHM**

**Section 10D: Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures Questions**

<p>5. What is the latest 3-month reporting period for which your hospital is submitting responses to questions #5-11? 3-month reporting time period ending:</p>	<p>_____</p> <p><i>Format: Month/Year</i></p>
<p>6. Does your hospital utilize a safe surgery checklist on <u>every</u> patient, <u>every</u> time one of the applicable procedures in Section 10C is performed?</p> <p><i>Hospitals with more than one hospital outpatient department, including a surgery center or free-standing hospital outpatient department, should respond based on the location with the fewest processes in place.</i></p> <p><i>If “no” to question #6, skip questions #7-11 and go to the Affirmation of Accuracy. The hospital will be scored as “Limited Achievement.”</i></p>	<p>Yes</p> <p>No</p>
<p>7. <b>Before the induction of anesthesia</b>, is a safe surgery checklist that includes <u>all</u> the following elements <u>read aloud</u> in the presence of the <u>anesthesia professional and nursing personnel</u>:</p> <ul style="list-style-type: none"> <li>• Patient ID</li> <li>• Confirmation of procedure</li> <li>• Patient consent</li> <li>• Site marked, if applicable</li> <li>• Anesthesia/medication check</li> <li>• Allergies assessed</li> <li>• Difficult airway/aspiration risk</li> <li>• Risk of blood loss, if applicable</li> <li>• Availability of devices on-site, if applicable?</li> </ul>	<p>Yes</p> <p>No</p>
<p>8. <b>Before the skin incision and/or before the procedure begins</b>, is a safe surgery checklist that includes <u>all</u> the following elements <u>read aloud</u> in the presence of the whole surgical team:</p> <ul style="list-style-type: none"> <li>• Clinical team introduction</li> <li>• Confirmation of patient name, procedure, and, if applicable, surgical/incision site</li> <li>• Antibiotic prophylaxis, if applicable</li> <li>• Anticipated Critical Events (non-routine steps, length of procedure, blood loss, patient-specific concerns, sterility)</li> </ul>	<p>Yes</p> <p>No</p>

<ul style="list-style-type: none"> <li>• Equipment check/concerns</li> <li>• Essential imaging available, if applicable?</li> </ul>	
<p>9. <b>Before the patient leaves the operating room and/or procedure room</b>, is a safe surgery checklist that includes <u>all</u> the following elements <u>read aloud</u> in the presence of the whole surgical team:</p> <ul style="list-style-type: none"> <li>• Confirmation of procedure performed</li> <li>• Instrument/supply counts</li> <li>• Specimen labeling, if applicable</li> <li>• Equipment concerns</li> <li>• Patient recovery/management concerns?</li> </ul>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>
<p>10. Did your hospital 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 10C) and measure adherence to the safe surgery checklist?</p> <p><i>To respond “yes” to question #10, hospitals must measure and document whether all the elements in questions #7, #8, and #9 were verbalized in the presence of the appropriate personnel for each sampled case.</i></p> <p><i>Hospitals with more than one hospital outpatient department, including a surgery center or free-standing hospital outpatient department, should select at least one case from each location.</i></p> <p><i>If “no” to question #10, skip question #11 and go to the Affirmation of Accuracy. The hospital will be scored as “Limited Achievement.”</i></p>	<p style="text-align: center;">Yes</p> <p style="text-align: center;">No</p>
<p>11. Based on your hospital’s 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 10C), what was your hospital’s documented rate of adherence to the safe surgery checklist (e.g., what percentage of the sampled cases had all elements in questions #7, #8, and #9 completed)?</p>	<p style="text-align: center;">90%-100%</p> <p style="text-align: center;">75%-89%</p> <p style="text-align: center;">50-74%</p> <p style="text-align: center;"><i>Less than 50%</i></p>

**Section 10D: Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures Scoring Algorithm**

<b>Safe Surgery Checklist Score</b>  (Performance Category)	<b>Meaning that...</b>
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>• The hospital uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure</li> <li>• The hospital’s checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (e.g., hospital responded “yes” to questions #7, #8, and #9)</li> <li>• The hospital completed an audit of at least 15 patients and documented adherence to the checklist</li> <li>• The hospital’s documented adherence to the checklist is at least 90%</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>• The hospital uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure</li> <li>• The hospital’s checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (e.g., hospital responded “yes” to questions #7, #8, and #9)</li> <li>• The hospital completed an audit of at least 15 patients and documented adherence to the checklist</li> <li>• The hospital’s documented adherence to the checklist is at least 75%</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>• The hospital uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure</li> <li>• The hospital’s checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (e.g., hospital responded “yes” to questions #7, #8, and #9)</li> <li>• The hospital completed an audit of at least 15 patients and documented adherence to the checklist</li> <li>• The hospital’s documented adherence to the checklist is at least 50%</li> </ul>
<b>Limited Achievement</b>	<p>The hospital responded to this section but does not yet meet the criteria for Some Achievement.</p>
<b>Does Not Apply</b>	<p>The hospital does not perform outpatient procedures on adult or pediatric patients.</p>

**\*END OF DOCUMENT\***