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SAME–DAY SURGERY IN THE U.S.:

FINDINGS OF TWO INAUGURAL LEAPFROG SURVEYS

2019

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Same–Day Surgery in the U.S.:

Findings of Two Inaugural Leapfrog Surveys

Executive Summary

About the Surveys: Purpose and Methodology

This is a report on findings of two Surveys conducted by The Leapfrog Group, a national nonprofit organization formed nearly twenty years ago by large employers and other purchasers of health benefits. Leapfrog's goal is to publicly report the quality and safety of health care delivered to Americans, allowing people to make informed decisions about where to seek care, and giving employers insights they need to tie their investment in health services to the outcomes for employees and their families. For most of its history, on behalf of hundreds of employers across the country, Leapfrog has focused its collection and reporting on inpatient care at acute care hospitals. That data has been used by employers, national and regional health plans, and publishers to inform consumers as well as structure contracts and other purchasing incentives.

In 2019, Leapfrog expanded its public reporting beyond inpatient care and began collecting information on the safety and quality of ambulatory surgery centers (ASCs) and hospital outpatient surgery departments (HOPDs). As more than 60 percent of surgical procedures can now be performed same–day, Leapfrog and its board and members are committed to publicly comparing those settings on the quality and safety of care they deliver.

On April 1, 2019, Leapfrog began collecting the information on same–day surgery summarized in this report through two annual Surveys: an expanded version of the flagship Leapfrog Hospital Survey and a new Leapfrog Survey for ASCs. Both Surveys were developed with guidance from national experts and include standardized, evidence–based measures of care specific to places that perform ambulatory and outpatient procedures. Members of the Leapfrog Ambulatory Surgery Center/Hospital Outpatient Department Expert Panel include:

- Lee A. Fleisher, MD, University of Pennsylvania Perelman School of Medicine (Chair)
- Lynn J. Reede, DNP, MBA, CRNA, FNAP, American Association of Nurse Anesthetists
- Elizabeth C. Wick, MD, University of California San Francisco

- Linda Groah, MSN, RN, CNOR, NEA–BC, FAAN, Association of periOperative Registered Nurses
- Adolph J. Yates Jr., MD, University of Pittsburgh
- Oliver D. Schein, MD, MPH, Johns Hopkins Medicine
- Lisa Ishii, MD, Johns Hopkins Medicine (Advisor)

This report includes preliminary findings from the 321 ASCs and 1,141 HOPDs that submitted either the Leapfrog ASC Survey or expanded Leapfrog Hospital Survey by August 31, 2019. It is Leapfrog policy to publicly report only aggregate national findings when launching a new instrument or measure on a Survey. Both hospitals and ASCs can make late Survey submissions until November 30, 2019. New Surveys will launch for 2020 on April 1, 2020. It is always free for hospitals and ASCs to participate. In future years, Leapfrog will report performance for ASCs and HOPDs by facility, as Leapfrog currently does for inpatient hospitals.

Both ASCs and HOPDs are eligible to submit a Survey if they perform at least one of 27 procedures across the following 10 specialties: Gastroenterology, General Surgery, Ophthalmology, Orthopedic, Otolaryngology, Urology, Dermatology, Neurological Surgery, Obstetrics and Gynecology, and Plastic and Reconstructive Surgery.

This report summarizes the national results from the 2019 Surveys. Results are organized in five sections:
1. Basic Facility Information
2. Medical, Surgical, and Clinical Staff
3. Volume and Safety of Procedures
4. Patient Safety Practices
5. Patient Experience

This Executive Summary accompanies the complete 2019 Leapfrog Ambulatory Surgery Report available on our website. Additionally, individual facilities that completed the Surveys received benchmarking reports highlighting their performance. Beginning with the 2020 Surveys, results will be publicly reported by facility on The Leapfrog Group's website.

Summary of Basic Facility Information – ASCs

A diverse cohort of ASCs participated in Leapfrog's inaugural Survey, representing a wide variety of geographic service areas, sizes, and ownership models. Thirty–eight percent of participating ASCs represent a joint venture among physicians and a management company. Less common ownership structures include the 29 percent that are owned by either a single physician or multiple physicians and the 18 percent that are owned by a combination of physicians and/or a hospital joint venture (Figure A). Additionally, it is important to note that 95 percent of participating ASCs are accredited by a national organization.

Figure A: ASCs – Ownership Status
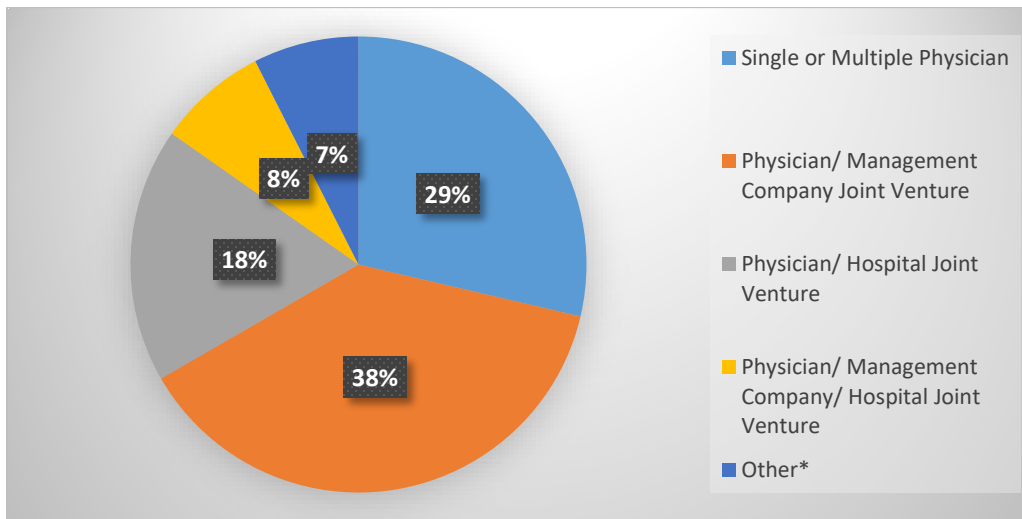
*Other includes Management Company, Hospital Owner, Management Company/ Hospital Owner Joint Venture, and other.

Summary of Medical, Surgical and Clinical Staff – ASCs and HOPDs

Facilities should ensure that medical, surgical, and clinical staff have the appropriate education, training, and national certifications known to contribute to safe, high quality patient care. Leapfrog asked ASCs and HOPDs if they always have a clinician who is certified in Advanced Cardiovascular Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) present while patients are undergoing procedures and while recovering. This is critical if complications arise during or following a procedure. While almost all ASCs and HOPDs have a clinician present who is certified for adult life support, pediatric certification is not universal, with 89 percent of ASCs and 96 percent of HOPDs with pediatric patients reporting always having a clinician present who is PALS certified (Figure B). This displays a potential gap in ability to perform life–saving actions if complications arise for pediatric patients.

Figure B: ASCs and HOPDs – Percentage of Facilities with ACLS and PALS Certified Clinicians On–Site while Adult and Pediatric Patients are Recovering
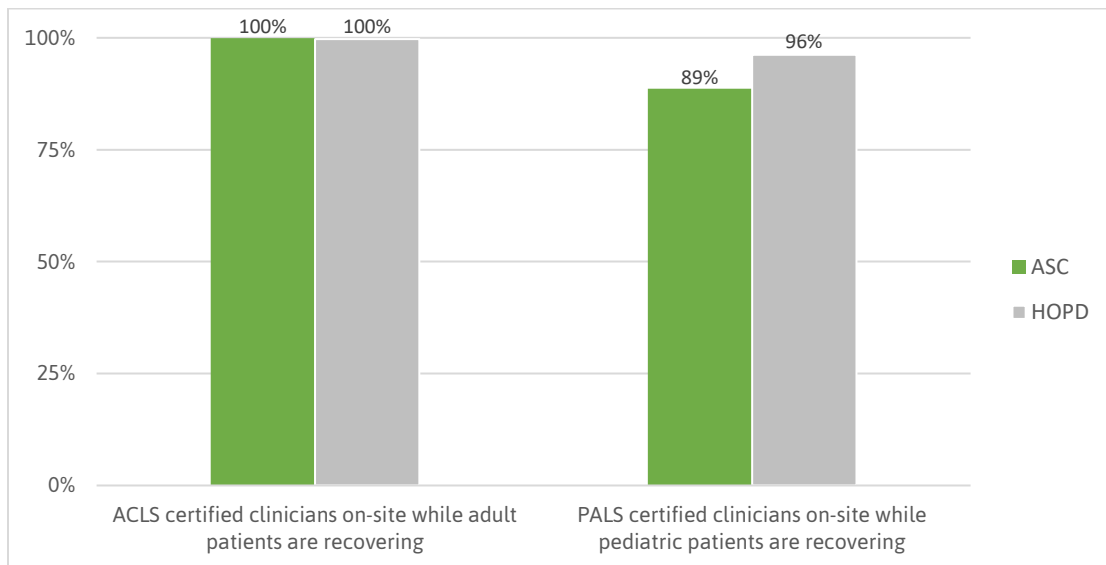
Leapfrog also asked whether all individuals performing procedures and administering anesthesia are board–certified. Board certification is the premier designation clinicians can earn to demonstrate they are experts in their chosen specialty area. As shown in Figure C, more than a third of participating facilities report that not all individuals performing procedures are board certified. Though 71 percent of ASCs and 83 percent of HOPDs report that all individuals who administer anesthesia are board–certified, there is still significant room for improvement.

Figure C: ASCs and HOPDs – Percentage of Facilities with Board–Certified Physicians and Anesthesiologists/ Nurse Anesthetists

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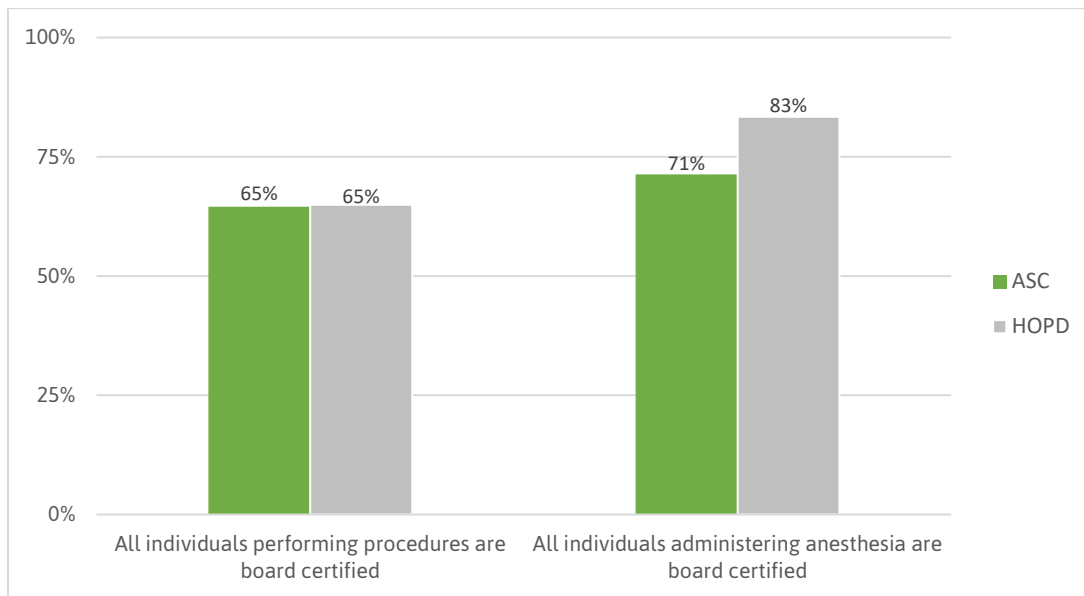
Summary of Volume and Safety of Procedures—ASCs and HOPDs

A significant body of evidence suggests a strong relationship between surgical volume and outcomes. This section of the Survey collects information on volume for procedures commonly performed on an outpatient basis, including both adult and pediatric procedures. Leapfrog collected volume data on 27 procedures across the following 10 specialties: Gastroenterology, General Surgery, Ophthalmology, Orthopedic, Otolaryngology, Urology, Dermatology, Neurological Surgery, Obstetrics and Gynecology, and Plastic and Reconstructive Surgery. There are currently no published standards for minimum surgical volumes for outpatient procedures. Leapfrog will use the data collected on the Surveys, in addition to published literature, to inform the development of standards in the future.

Leapfrog also collects information on follow–up and after–hours communication, as well as appropriateness of patient selection and use of a safe surgery checklist. Nearly 100 percent of both ASCs and HOPDs ensure patient awareness of who to contact after hours, while only 78 percent of ASCs and 86 percent of HOPDs follow up directly with patients by phone within 24 hours of discharge. With regard to patient selection, among ASCs, 97 percent use a standardized screening tool to ensure the procedure can safely be performed in an ASC setting and 75 percent of HOPDs have this process in place. This shows room for improvement among HOPDs. Almost all ASCs and HOPDs use a safe surgery checklist; these facilities report that nurses are most likely to speak up during the safe surgery checklist process.

Finally, Leapfrog collects information about the process for obtaining patient consent. As shown in Figures D and E, the majority of patients having procedures performed in ASCs and HOPDs do not receive consent materials in advance. Providing consent materials prior to the day of the procedure gives patients the opportunity to adequately consider the risks involved.

Figure D: ASCs and HOPDs – Percentage of Facilities Providing <u>Surgery</u> Consent Materials to Patients at Least 3 Days Prior to, 1–3 Days Prior to, or on the Same Day of Surgery
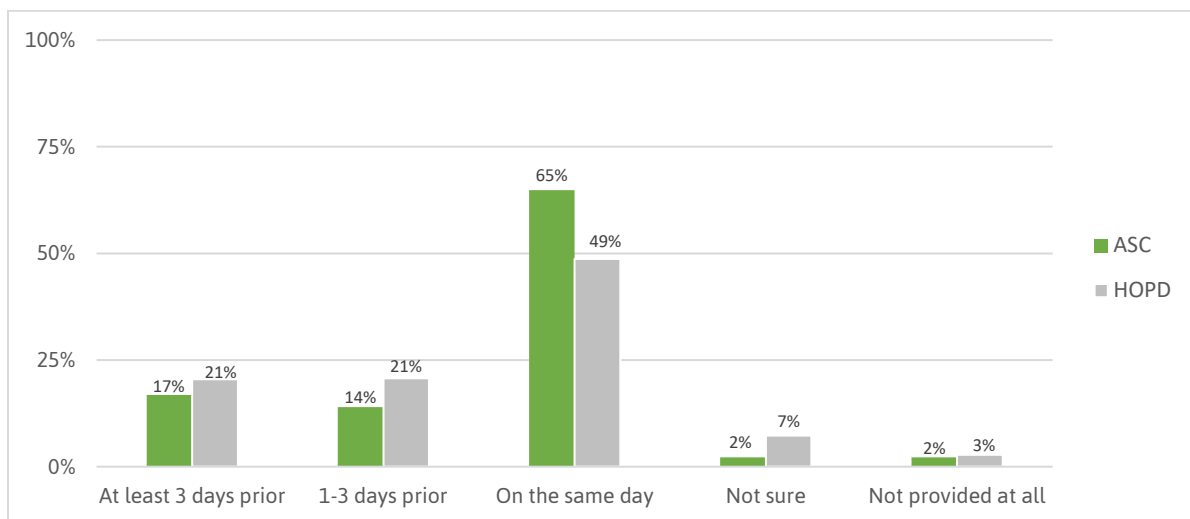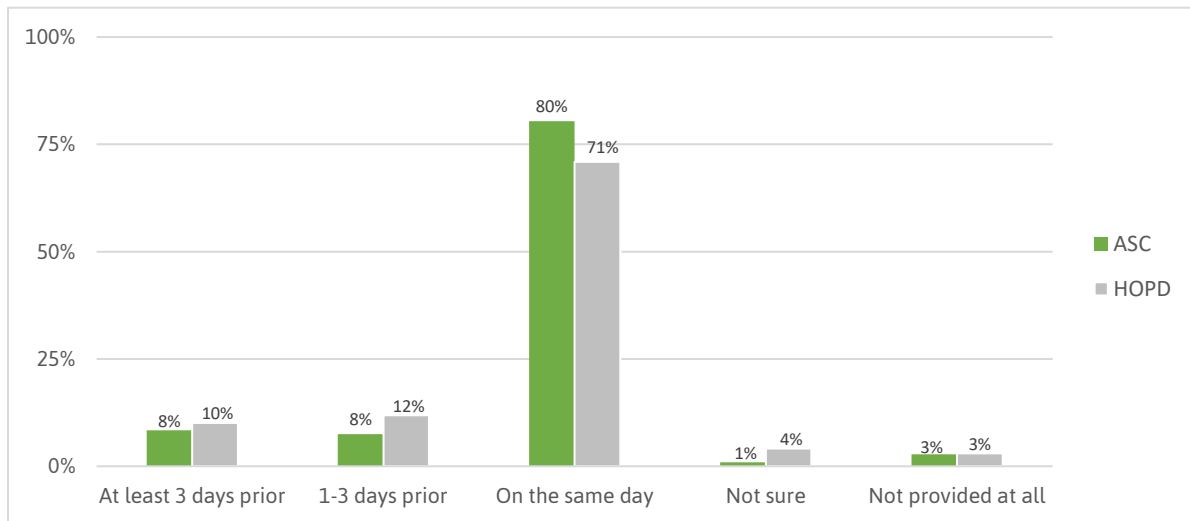
Figure E: ASCs and HOPDs – Percentage of Facilities Providing <u>Anesthesia</u> Consent Materials to Patients at Least 3 Days Prior to, 1–3 Days Prior to, or on the Same Day of Surgery

Summary of Patient Safety Practices—ASCs and HOPDs

In order to provide the safest possible care to their patients, ASCs and HOPDs should adhere to a number of evidence–based patient safety practices that are endorsed and/or recommended by the National Quality Forum, the Centers for Disease Control and Prevention, accreditation agencies, and other national organizations. In this section of the Surveys, facilities were asked to report on the steps they take regarding medication safety including antimicrobial stewardship, surgical site infection reporting, safe practices including hand hygiene, and compliance with Leapfrog's Never Events policy.

Antimicrobial stewardship: ASCs are encouraged to adopt a program to promote the appropriate use of antimicrobials (including antibiotics), which can in turn improve patient outcomes, reduce microbial resistance, and ultimately decrease the spread of infections. The results from the Leapfrog ASC Survey shows that less than one in five ASCs reported that they have adopted such a program (Figure F). Though this information is not available for HOPDs, hospitals are asked about antimicrobial stewardship relative to their inpatient population. In stark contrast to similar data from ASCs, the vast majority (93%) of hospitals are in compliance.

Figure F: ASCs – Percentage of Facilities that have an Antimicrobial Stewardship Program in Place
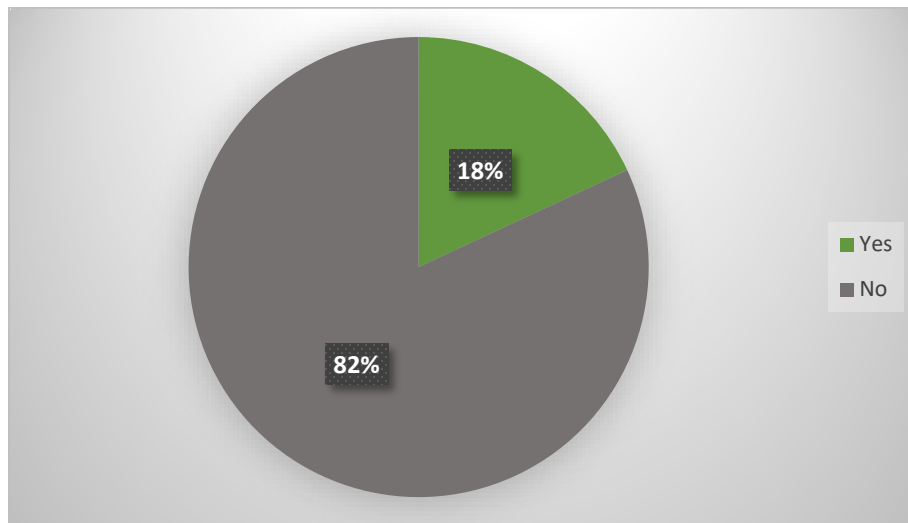
Infections: Leapfrog plans to report on infections in outpatient settings and ASCs in the future. To facilitate this, ASCs will need to join the CDC National Healthcare Safety Network (NHSN)'s Outpatient Procedure Component Module. Participation with NHSN will ease the reporting burden on ASCs while enabling robust reporting to consumers, purchasers, and payors on infection rates.

Safe Practices: For most of its nearly 20–year history, Leapfrog asked hospitals reporting to the Leapfrog Hospital Survey to comply with practices for safer health care endorsed by the National Quality Forum (NQF) that, if adopted, can prevent or reduce adverse events in health care settings. Each Safe Practice is divided into four components (awareness, accountability, ability, and action) and includes a list of evidence–based practices that every ASC and hospital should implement. Likely because hospitals have been asked to comply with these practices for many years, HOPDs reported higher adoption than ASCs in 2019. Leapfrog expects that ASC adoption will grow in future years.

Hand Hygiene: One key safe practice is the use of effective hand hygiene protocols to prevent infections in health care facilities. ASCs and HOPDs are using a number of different methods to monitor and provide feedback on hand hygiene practices in their centers. While nearly all ASCs and HOPDs are using direct observation to assess hand hygiene compliance, very few have implemented electronic monitoring, technology designed to more accurately capture the frequency with which staff are cleaning their hands prior to interacting with patients (Figure G).

Figure G: ASCs and HOPDs – Adoption of Monitoring and Feedback Hand Hygiene Practices
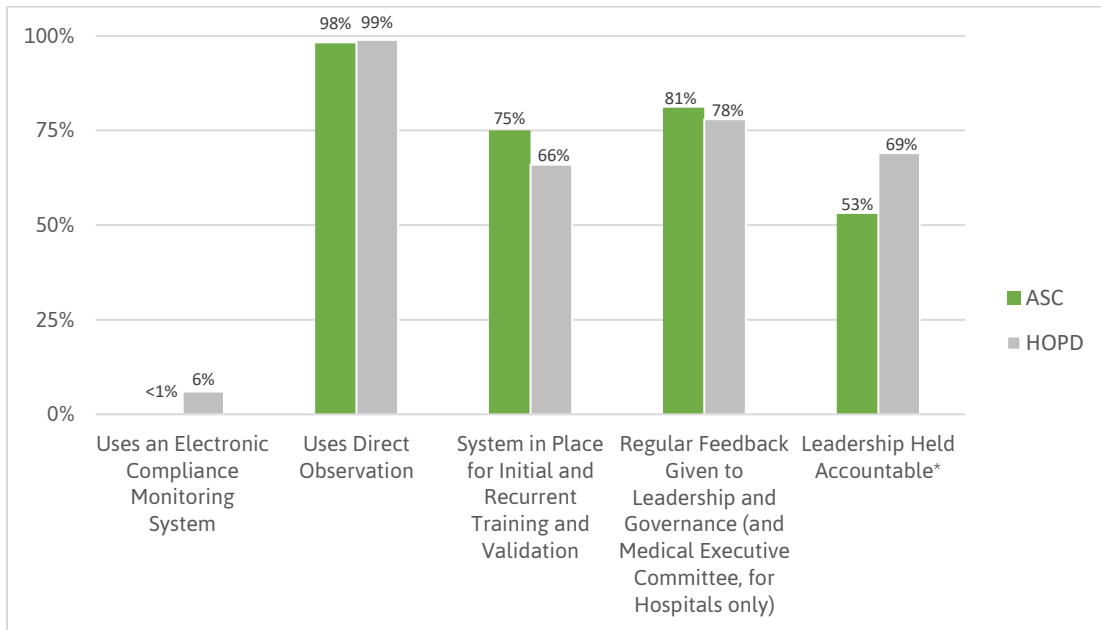
* Includes ASCs (n=280) and HOPDs (n=1,037) that reported giving hand hygiene compliance data feedback to facility leadership.

Never Events: Since 2007, Leapfrog has been asking hospitals to adopt its Never Events Policy, committing to a series of actions they will take if a never event occurs within their facility, including apologizing to the patient and not charging for the event. ASCs reporting to the Leapfrog ASC Survey were asked if they have a never events policy in place that complies with all nine elements of Leapfrog's policy. In 2019, reporting ASCs showed lower compliance with each element than HOPDs.

Summary of Patient Experience – ASCs and HOPDs

Leapfrog asks ASCs and HOPDs to use a standardized and tested tool for collecting feedback from their patients: The Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS).

Leapfrog monitors patients' reported experience in several domains including facilities and staff, communication about the patient's procedure, patients' overall rating of the facility, and patients' overall recommendation of the facility.

Fewer ASCs than HOPDs reported administering OAS CAHPS to collect this patient–reported data. Among those ASCs that administered the patient experience survey, patients tended to report better experiences in ASCs than HOPDs (Figure H). Because patient experience is one of the metrics most valued by consumers, ASCs and HOPDs are advised to put a priority on administering the OAS CAHPS as a means of quality improvement and market differentiation.

Figure H: ASCs and HOPDs – Mean OAS CAHPS Top Box Scores*
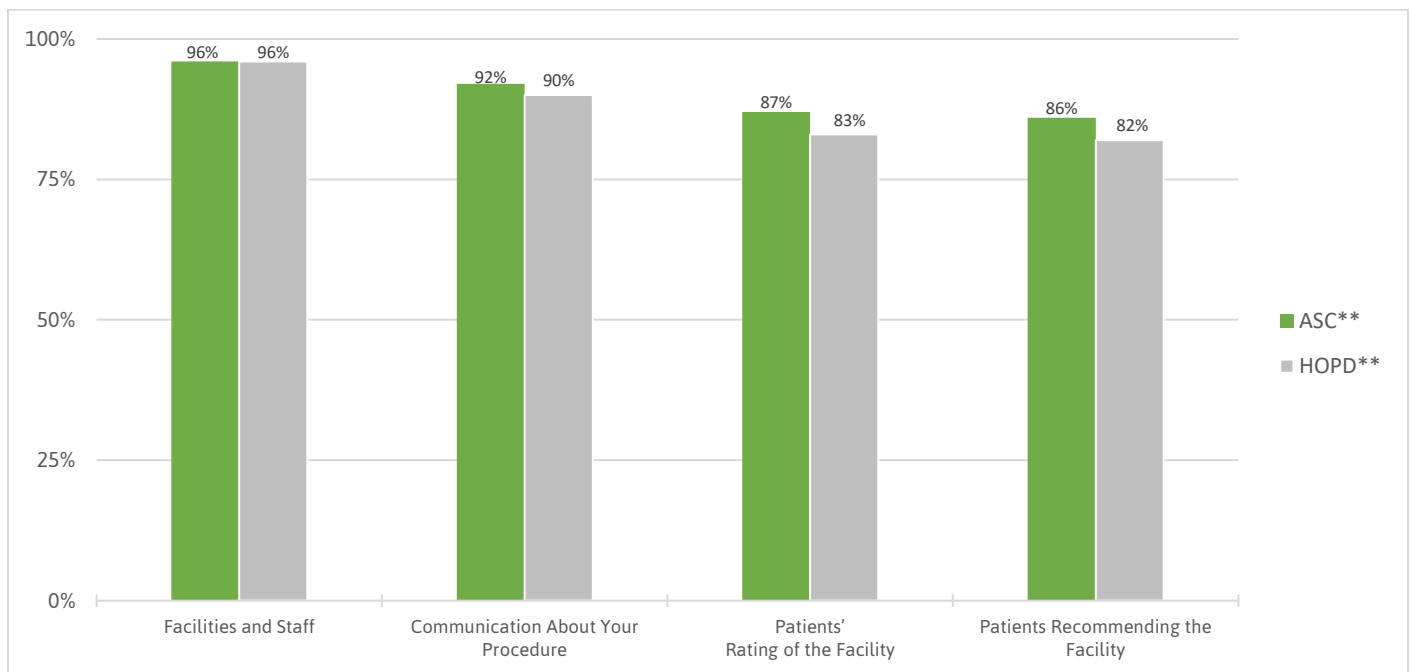
*The top box score is the percent of survey respondents who chose the most positive score for a given item. Looking at the top box is an approach to understand the number of responses with a strong sentiment.

**Responses based on ASCs (n=175) or HOPDs (n=715) that reported having at least 100 returned surveys during the reporting period (12–months prior to Leapfrog Survey submission).

*** This concludes the Executive Summary. The full report below includes expanded details on the findings referenced above. **

Same−Day Surgery in the U.S.:

Detailed Findings of Two Inaugural Leapfrog Surveys

2019

FULL REPORT

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1. BASIC FACILITY INFORMATION

This report includes data from 321 ASCs and 1,141 HOPDs that submitted either the Leapfrog ASC Survey or the Outpatient Procedures section of the Leapfrog Hospital Survey by August 31.

Not all of the questions included in the Leapfrog ASC Survey were included in the Outpatient Procedures section of the Leapfrog Hospital Survey. For those questions where there is not comparable information from HOPDs, we have used the term 'Not available.'

A summary of the demographics and characteristics of participating facilities is displayed below in the following tables and figures:

- Table 1.1 ASCs and HOPDs – Basic Facility Information
- Figure 1.2 ASCs – Teaching Status
- Figure 1.3 ASCs – Ownership Status
- Figure 1.4 ASCs – Accreditation Status
- Figure 1.5 ASCs and HOPDs – Percentage of Facilities that are Single– vs. Multi– Specialty
- Figure 1.6 ASCs and HOPDs – Percentage of Facilities Performing Each Surgical Specialty
- Figure 1.7 ASCs and Off–Campus HOPDs – Percentage of Facilities with Transfer Agreements and Policies for Patients who Require a Higher Level of Care

Table 1.1 ASCs and HOPDs – Basic Facility Information

	All ASCs			All HOPDs		
	Minimum	**Mean**	**Maximum**	**Minimum**	**Mean**	**Maximum**
Number of Operating Rooms	0	3	11	0	9	72
Number of Procedures Rooms	0	1	6	0	3	21
Number of Adult Discharges	24	4,637	19,969	Not available	Not available	Not available
Number of Pediatric Discharges	0	254	6,059	Not available	Not available	Not available

*Number of discharges is not available for HOPDs because surgical discharges cannot be distinguished from non–surgical discharges.

Figure 1.2 ASCs – Teaching Status

- Formal teaching agreement: 26%
- No formal teaching agreement: 74%

Figure 1.3 ASCs – Ownership Status

Legend:
- Single or Multiple Physician — 29%
- Physician/ Management Company Joint Venture — 38%
- Physician/ Hospital Joint Venture — 18%
- Physician/ Management Company/ Hospital Joint Venture — 8%
- Other* — 7%

*Other includes Management Company, Hospital Owner, Management Company/ Hospital Owner Joint Venture, and other.

Figure 1.4 ASCs – Accreditation Status

Legend:
- The Accreditation Association for Ambulatory Health Care (AAAHC) — 78%
- The Joint Commission (TJC) — 12%
- Other* — 5%
- Not accredited — 5%
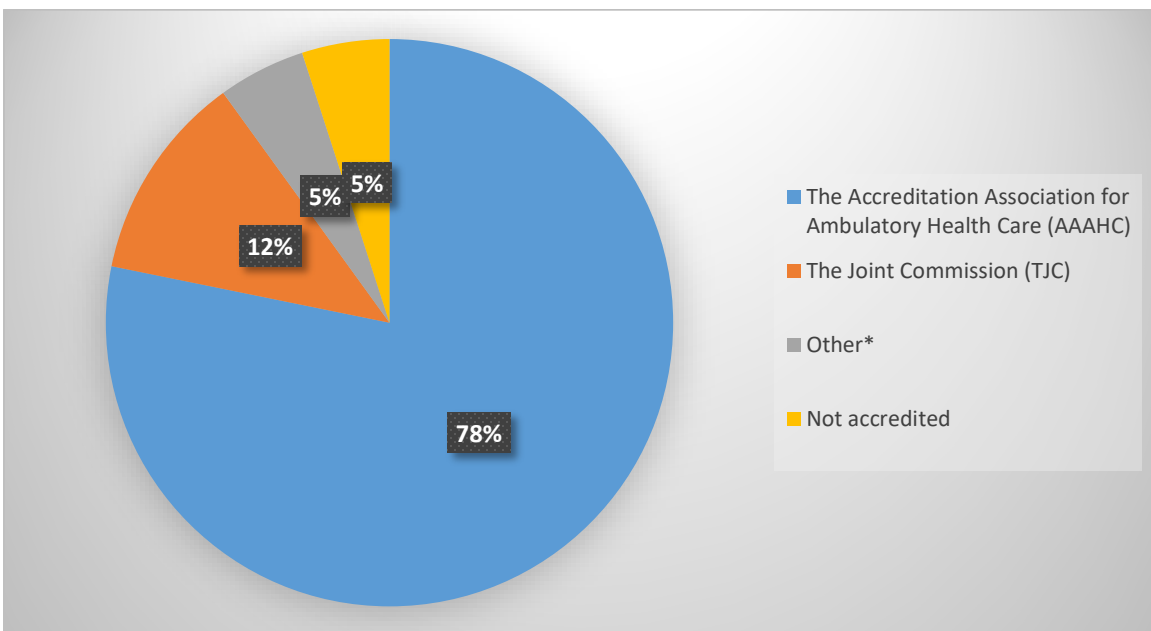
*Other includes The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), Healthcare Facilities Accreditation Program (HFAP), Institute for Medical Quality (IMQ), and others.

Figure 1.5 ASCs and HOPDs – Percentage of Facilities that are Single– vs. Multi– Specialty
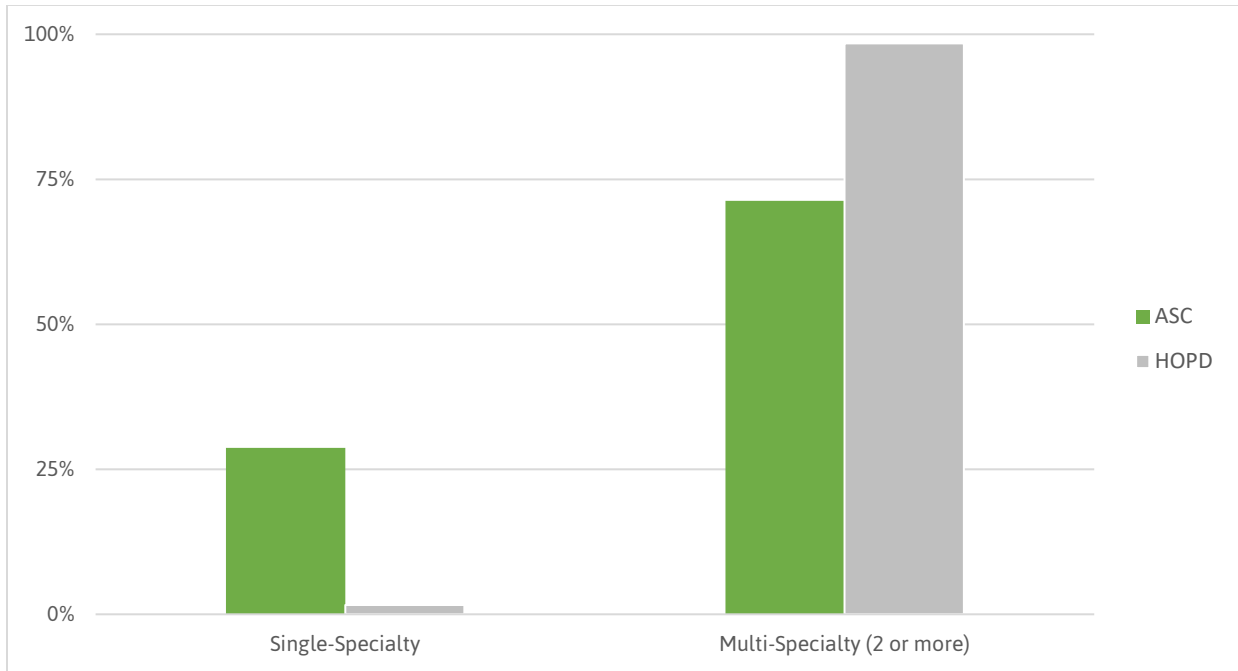
Figure 1.6 ASCs and HOPDs – Percentage of Facilities Performing Each Surgical Specialty
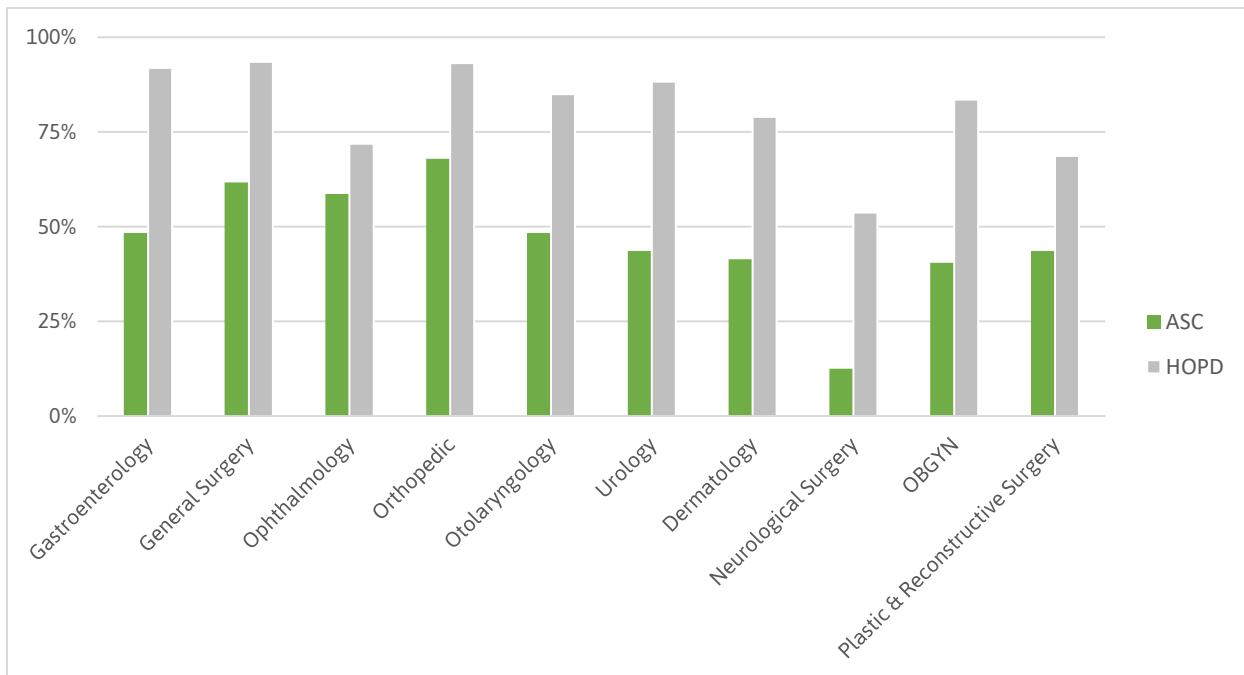
Figure 1.7 ASCs and Off–Campus HOPDs – Percentage of Facilities with Transfer Agreements and Policies for Patients who Require a Higher Level of Care
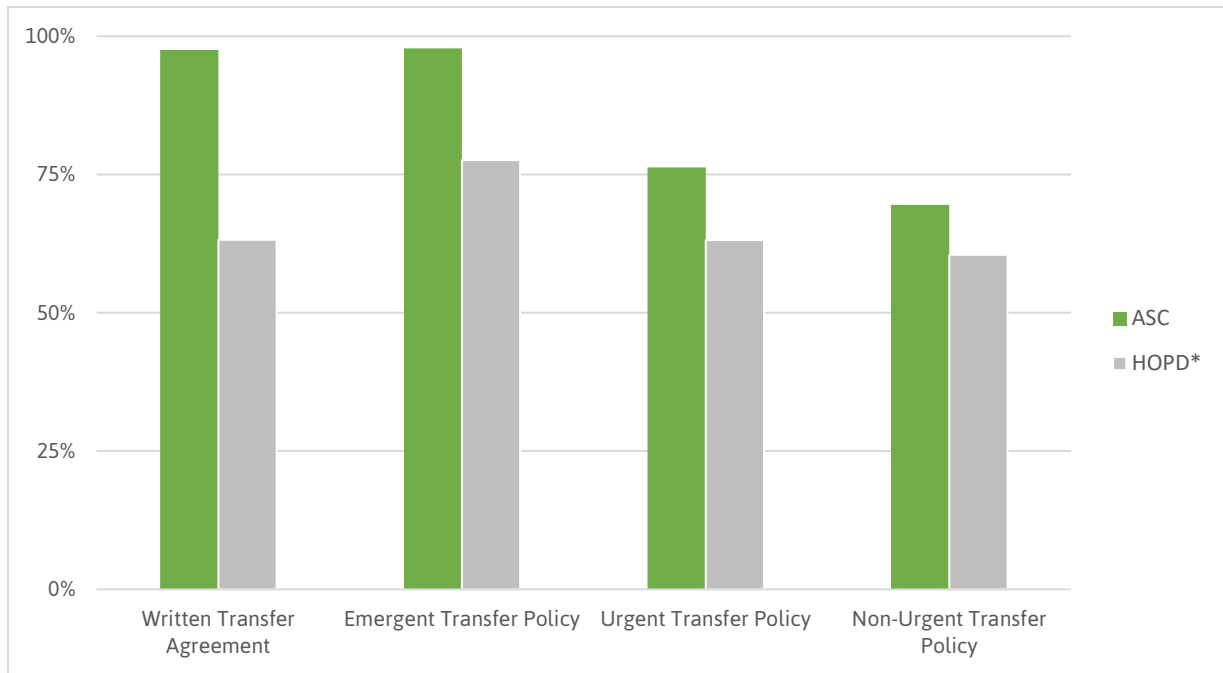
*Responses based on 76 hospitals that reported on an off–campus HOPD.

2. MEDICAL, SURGICAL, AND CLINICAL STAFF IN ASCs & HOPDs

Facilities should ensure that medical, surgical, and clinical staff have the appropriate education, training, and national certifications that are known to contribute to safe, high quality patient care.

In 2019, Leapfrog asked ASCs and HOPDs if clinicians certified in Advanced Cardiovascular Life Support (ACLS) for adult patients and Pediatric Advanced Life Support (PALS) for pediatric patients were present in the facility while patients were recovering in case something went wrong. In addition, Leapfrog asked if all physicians and nurse anesthetists involved in surgical procedures were board certified. Board certification is a voluntary process that is separate from medical licensure. Obtaining a medical license sets the minimum competency requirements to diagnose and treat patients, and is not specialty specific. Board certification helps to ensure a physician's expertise in a particular specialty and/or subspecialty of medical practice, such as orthopedics or dermatology or anesthesia.

A comparison of national certifications for staff is displayed below in Figure 2.1 and Figure 2.2.

Figure 2.1 ASCs and HOPDs – Percentage of Facilities with ACLS and PALS Certified Clinicians On–Site while Adult and Pediatric Patients are Recovering

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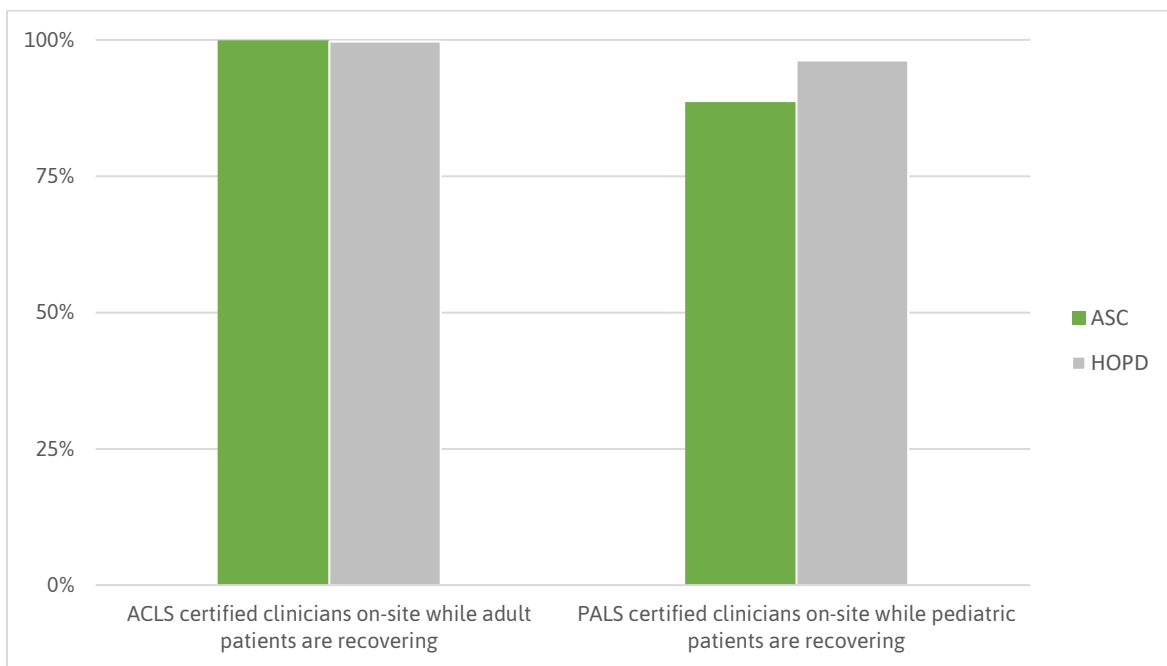
Figure 2.2 ASCs and HOPDs – Percentage of Facilities with Board Certified Physicians and Anesthesiologists/ Nurse Anesthetists
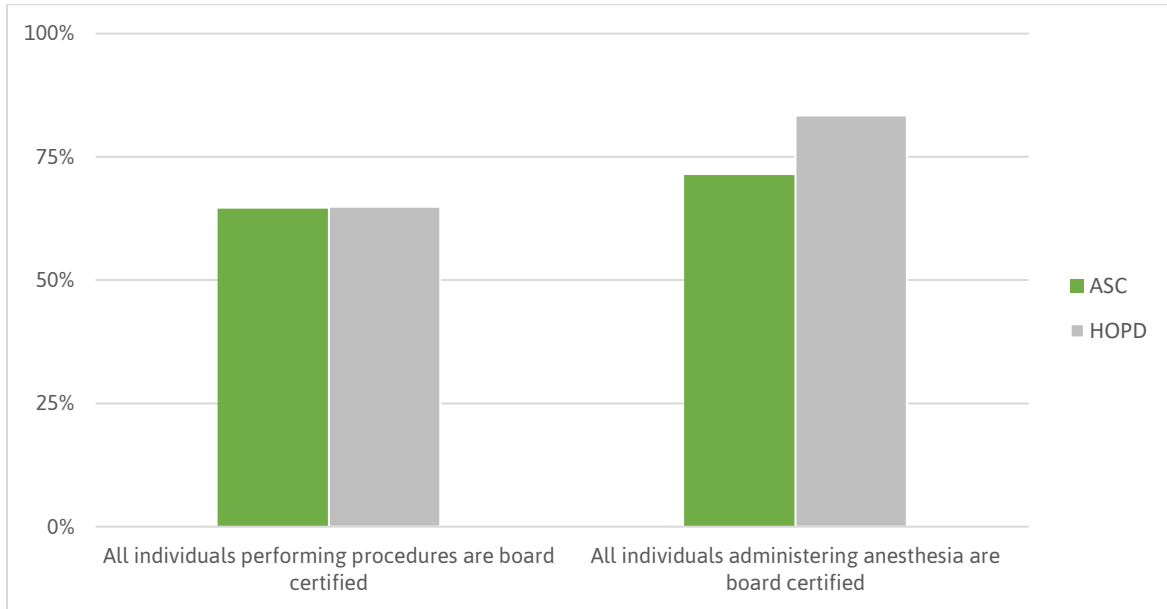
3. VOLUME AND SAFETY OF PROCEDURES

Leapfrog worked with the Health Care Cost Institute (HCCI) to identify the most commonly billed surgical procedures in ASCs and HOPDs for commercially insured adult and pediatric patients.

Leapfrog's technical experts then assessed the list of procedures based on their frequency and the type of anesthesia used during the procedure. Those procedures selected for the Survey represent the highest volume procedures nationally requiring moderate to general anesthesia (including nerve blocks).

Facilities were asked to report on their adult and pediatric volume across 27 procedures (Appendix A) within 10 surgical specialties for calendar year 2018. A summary of the volume of adult and pediatric procedures performed within each surgical specialty at participating facilities is listed below in Figure 3.1 and Table 3.2.

Figure 3.1 HOPDs – Percentage of HOPDs Reporting on HOPDs in the Hospital vs Off–Campus HOPDs
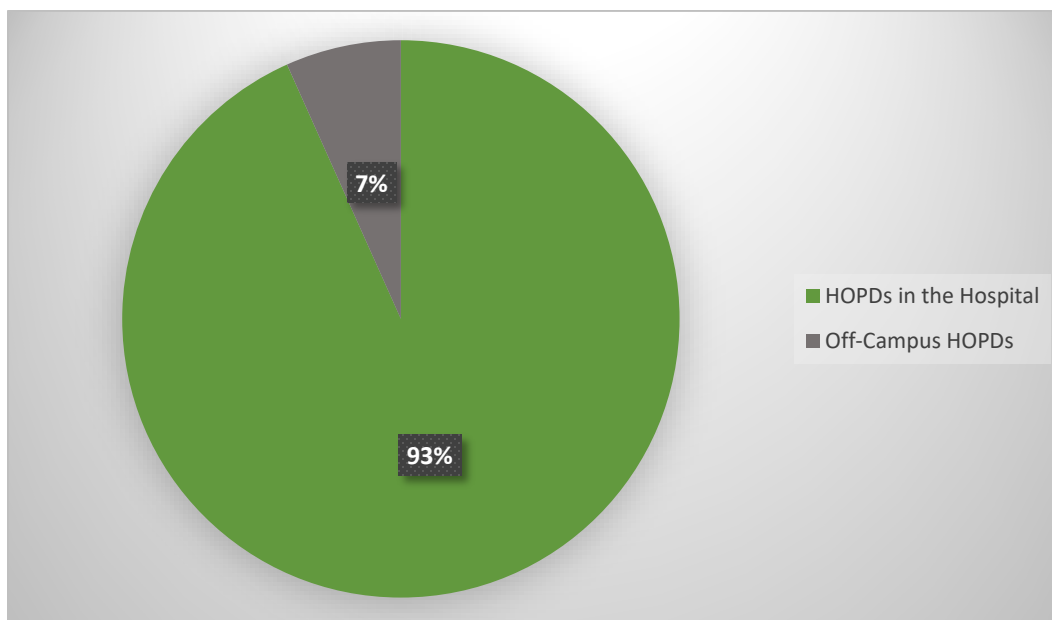
Table 3.2 ASCs and HOPDs – Average Annual Volume of Adult and Pediatric Procedures by Surgical Specialty (CY2018)

	ASCs		HOPDs	
	Adult Procedures	**Pediatric Procedures**	**Adult Procedures**	**Pediatric Procedures**
Gastroenterology Procedures	3,591	83	2,132	121
General Surgery Procedures	304	14	819	37
Ophthalmology Procedures	1,890	65	483	52
Orthopedic Procedures	1,242	60	760	104
Otolaryngology Procedures	518	353	247	275
Urology Procedures	305	64	326	84
Dermatology Procedures	36	Not available	410	Not available
Neurological Surgery Procedures	44	Not available	90	Not available
Obstetrics and Gynecology Procedures	195	Not available	291	Not available
Plastic and Reconstructive Surgery Procedures	180	Not available	101	Not available

In addition to volume of procedures, ASCs and HOPDs were also asked to report on process and protocols they have in place to ensure that a patient's procedure can be safely performed at the facility.

A summary of information reported by participating facilities is displayed below in the following tables and figures:

- Figure 3.3 ASCs and HOPDs – Percentage of ASCs and HOPDs with Processes in Place to Ensure Appropriate Post–Discharge Follow–Up and Communication
- Figure 3.4 ASCs and HOPDs – Percentage of Facilities Using a Standardized Screening Tool to Ensure a Patient's Procedure can be Safety Scheduled at the Facility
- Table 3.5 ASCs and HOPDs – Elements Included in the Standardized Screening Tool
- Figure 3.6 ASCs and HOPDs – Percentage of Facilities Providing Surgery Consent Materials to Patients at Least 3 Days Prior to, 1–3 Days Prior to, or on the Same Day of Surgery
- Figure 3.7 ASCs and HOPDs – Percentage of Facilities Providing Anesthesia Consent Materials to Patients at Least 3 Days Prior to, 1–3 Days Prior to, or on the Same Day of Surgery
- Figure 3.8 ASCs and HOPDs – Percentage of Facilities Using a Safe Surgery Checklist
- Table 3.9 ASCs and HOPDs – Individuals that have Spoken Up During the Safe Surgery Checklist Process

Figure 3.3 ASCS and HOPDs – Percentage of ASCs and HOPDs with Processes in Place to Ensure Appropriate Post–Discharge Follow–Up and Communication
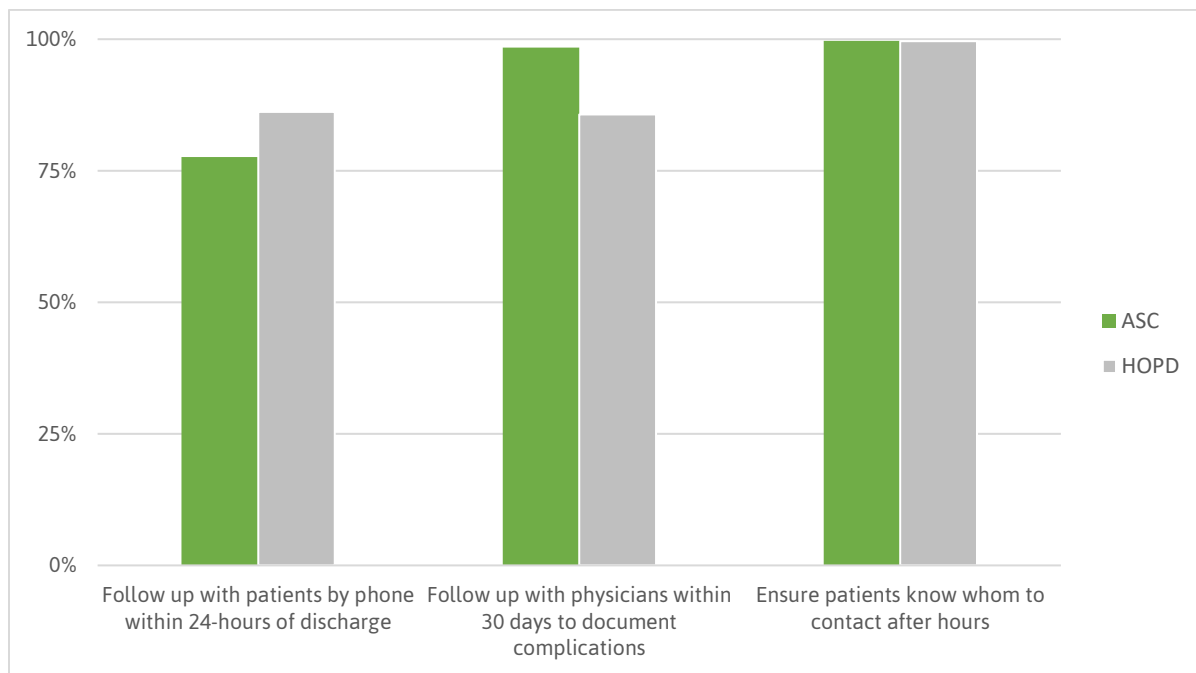
Figure 3.4 ASCs and HOPDs – Percentage of Facilities Using a Standardized Screening Tool to Ensure a Patient's Procedure can be Safety Scheduled at the Facility
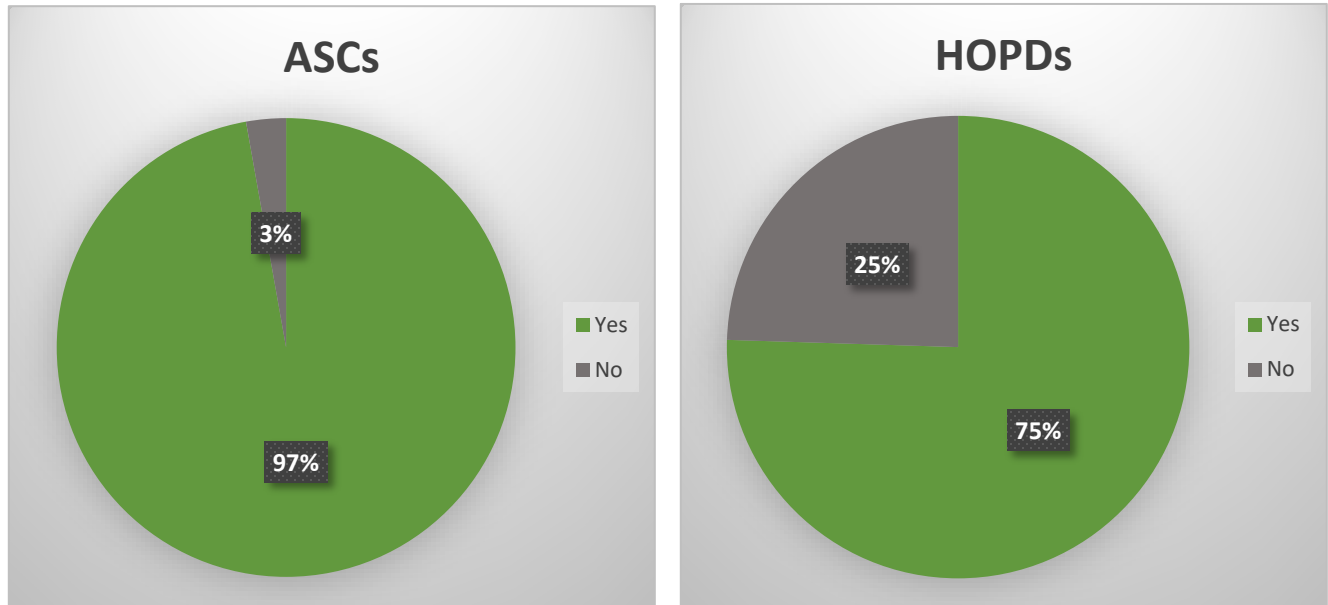
Table 3.5 ASCs and HOPDs – Elements Included in the Standardized Screening Tool

	ASCs	HOPDs
	% Responding 'Yes'	% Responding 'Yes'
Body Mass Index (BMI)	84%	65%
American Society of Anesthesiologists (ASA) Physical Status Classification	90%	69%
Recent Medical History (within 30 days of scheduled procedure)	93%	70%
Frailty Assessment	25%	26%
Cognitive Assessment	40%	43%
Sleep Apnea Assessment	64%	56%
Availability of transportation following discharge	93%	66%
Availability of a caregiver following discharge	81%	64%

Figure 3.6 ASCs and HOPDs – Percentage of Facilities Providing <u>Surgery</u> Consent Materials to Patients at Least 3 Days Prior to, 1–3 Days Prior to, or on the Same Day of Surgery

Figure 3.7 ASCs and HOPDs – Percentage of Facilities Providing <u>Anesthesia</u> Consent Materials to Patients at Least 3 Days Prior to, 1–3 Days Prior to, or on the Same Day of Surgery

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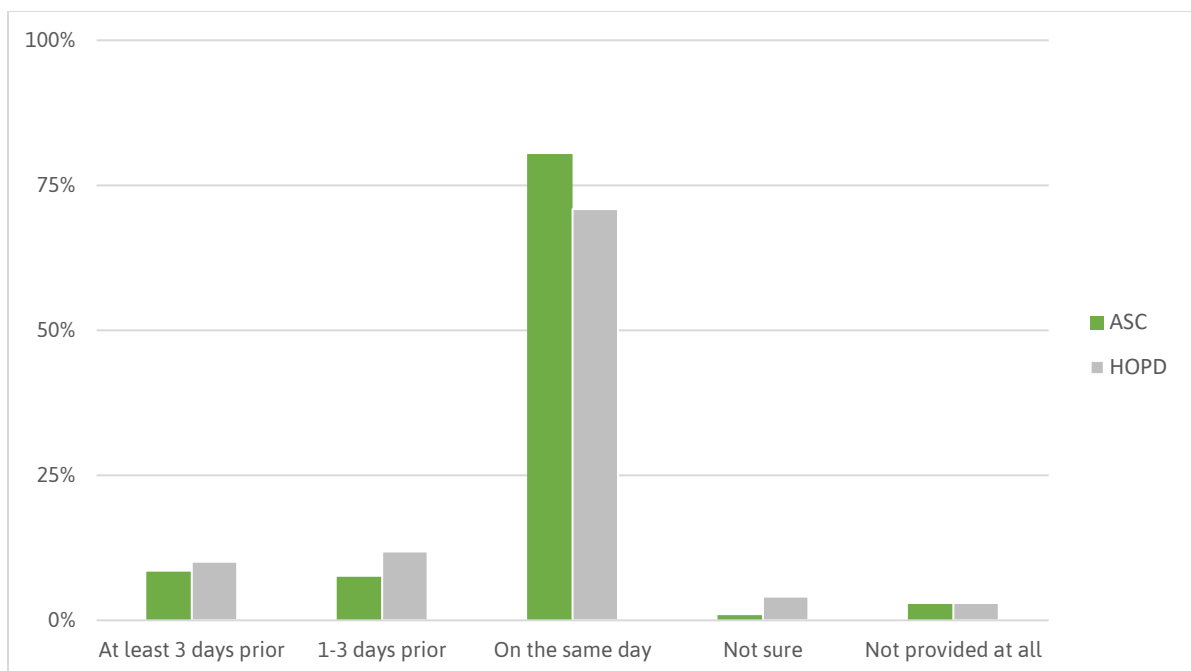
Figure 3.8 ASCs and HOPDs – Percentage of Facilities Using a Safe Surgery Checklist

Table 3.9 ASCs and HOPDs – Individuals that have Spoken Up During the Safe Surgery Checklist Process

	ASCs	HOPDs
	% Responding 'Yes'	% Responding 'Yes'
Anesthesiologist	59%	71%
Nurse Anesthetist (CRNA)	46%	64%
Physician	70%	76%
Nurse (RN or MSN)	85%	85%
Physician Assistant (PA)	16%	46%
Nurse Practitioner (NP)	6%	34%
Surgical Technician	59%	72%
First Assist	10%	49%
Do not document	11%	10%

4. PATIENT SAFETY PRACTICES

Leapfrog asked ASCs and HOPDs to report their adherence to a number of evidence–based patient safety practices that are endorsed by the National Quality Forum, the Centers for Disease Control and Prevention, national accreditation agencies, and other national organizations.

Not all of the questions in this section of the Leapfrog ASC Survey apply to HOPDs. For example, only ASCs are able to participate in the CDC/NHSNs Outpatient Procedures Component. The Health Service Advisory Group's Antimicrobial Stewardship Checklist for ASCs is focused on ASC patients only, while the CDC's Core Elements of Hospital Antibiotic Stewardship Programs mostly apply to hospital inpatients. Therefore, for some questions, we have not provided information that includes HOPDs. However, the National Quality Forum's Safe Practices for Better Healthcare are very similar for hospitals and ASCs.

Below we have summarized ASC and HOPD (when available) responses to a number of safe practices, including:

Medication Safety

- Figure 4.1 ASCs and HOPDs – Percentage of Facilities that Performed an Audit of Clinical Records to Ensure Appropriate Documentation of Medications and Allergies
- Table 4.2 ASCs and HOPDs – Adherence to Medication and Allergy Documentation Guidelines
- Figure 4.3 ASCs – Percentage of Facilities that have an Antimicrobial Stewardship Program in Place
- Table 4.4 ASCs – Implementation of the Antimicrobial Stewardship Checklist

NHSN Outpatient Procedure Component Module for ASCs

- Figure 4.5 ASCs – Percentage of Facilities Currently Participating in the NHSN OPC Module
- Table 4.6 ASCs – Summary of Participation in each OPC Module

Hand Hygiene Practices

- Table 4.7 ASCs and HOPDs – Adoption of Evidence–Based Hand Hygiene Practices

National Quality Forum's Safe Practices

- Table 4.8 ASCs and HOPDs – Adoption of National Quality Forum Endorsed Safe Practices

Leapfrog's Never Events Policy

- Table 4.9 ASCs and HOPDs – Adoption of Leapfrog's Never Events Policy

Figure 4.1 ASCs and HOPDs – Percentage of Facilities that Performed an Audit of Clinical Records to Ensure Appropriate Documentation of Medications and Allergies
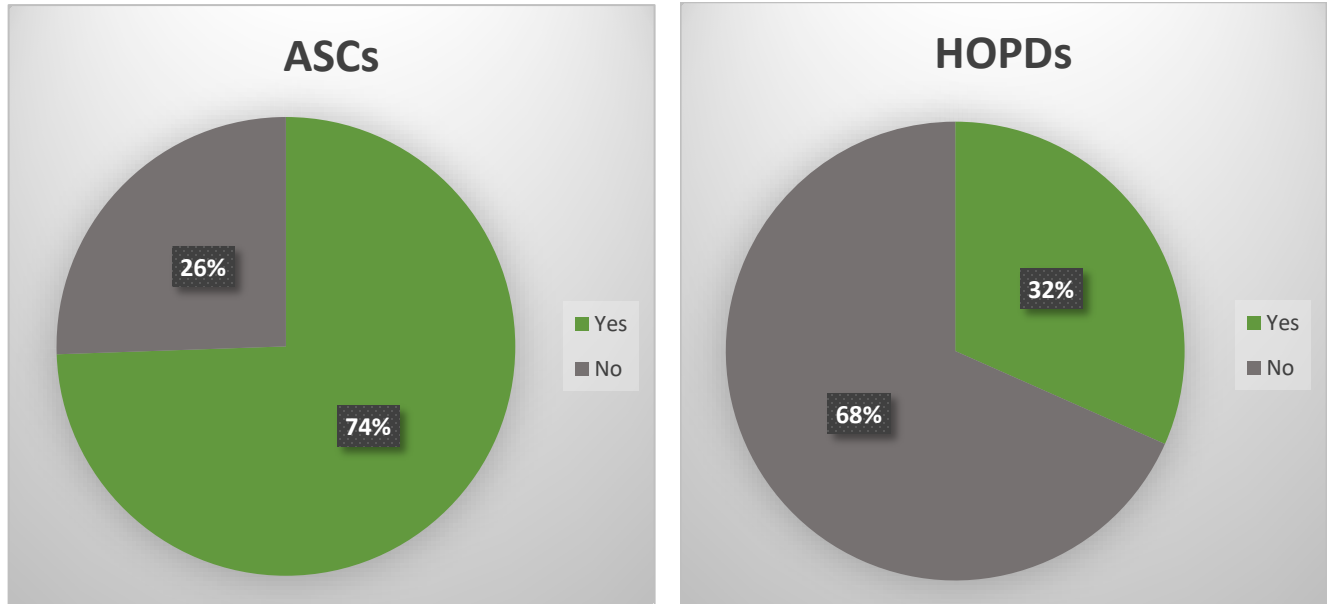
Table 4.2 ASCs and HOPDs – Adherence to Medication and Allergy Documentation Guidelines

	ASCs*			HOPDs*		
	Minimum	**Mean**	**Maximum**	**Minimum**	**Mean**	**Maximum**
Percentage of cases where home medications were documented	20%	96%	100%	3%	92%	100%
Percentage of cases where medications ordered/ administered/ prescribed were documented	0%	96%	100%	0%	96%	100%
Percentage of cases where allergy and adverse reactions status were documented	8%	98%	100%	0%	96%	100%

* Responses based on 231 ASCs and 340 HOPDs that reported performing an audit of at least 60 clinical records.

Figure 4.3 ASCs − Percentage of Facilities that have an Antimicrobial Stewardship Program in Place
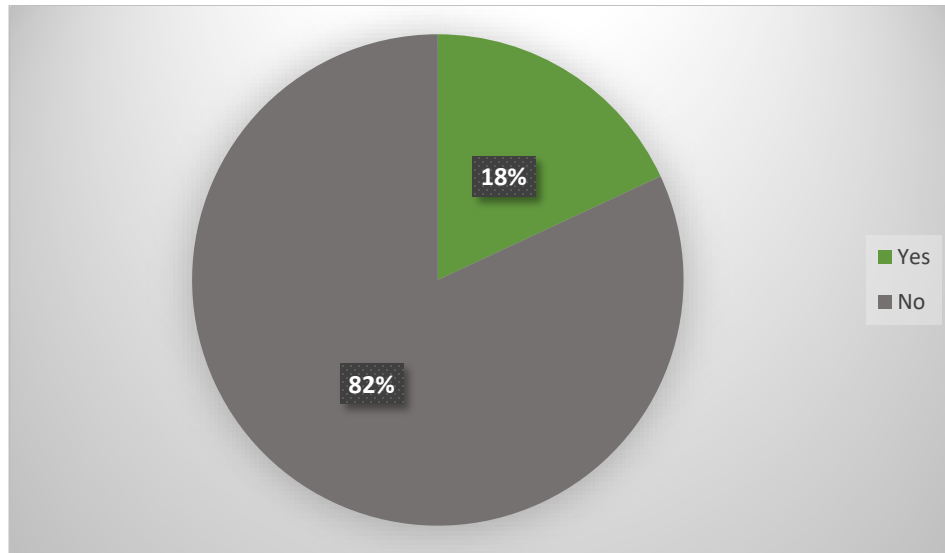
Table 4.4 ASCs – Implementation of the Antimicrobial Stewardship Checklist

	ASCs*	HOPDs
	% Responding "Yes"	% Responding "Yes"
Leadership Support – Written Statement	84%	Not available
Leadership Support – Budget	53%	Not available
Accountability – Physician Leader	72%	Not available
Accountability – Pharmacist Leader	72%	Not available
Policies – Documentation	78%	Not available
Policies – Monitoring	78%	Not available
Policies – Treatment	90%	Not available
Policies – Adherence to Treatment	72%	Not available
Interventions – MD/RPH Approval	71%	Not available
Interventions – MD/RPH Review	62%	Not available
Education for Clinicians and Staff	83%	Not available

*Responses based on 58 ASCs that reported having an antimicrobial stewardship program.

NHSN Outpatient Procedure Component Module for ASCs

The Outpatient Procedure Component (OPC) Module is a new reporting platform that launched on November 1, 2018 for ASCs in NHSN. The OPC allows ASCs to report adverse events using one reporting system within NHSN. It contains two distinct modules: OPC–SDOM and OPC–SSI.

> **OPC–SDOM** Same Day Outcome Measures are serious adverse events and include Patient Burn, Patient Fall, "Wrong" Event, and All–cause Hospital Transfer/admission.

> **OPC–SSI** Surgical Site Infection surveillance includes select outpatient operative procedures. The following four SSI Outcome Measures are currently included on the Leapfrog ASC Survey: Breast Surgery (BRST) Procedure, Herniorrhaphy (HER) Procedure, Knee Prosthesis (KPRO) Procedure, and Laminectomy (LAM) Procedure.

Figure 4.5 ASCs – Percentage of Facilities Currently Participating in the NHSN OPC Module

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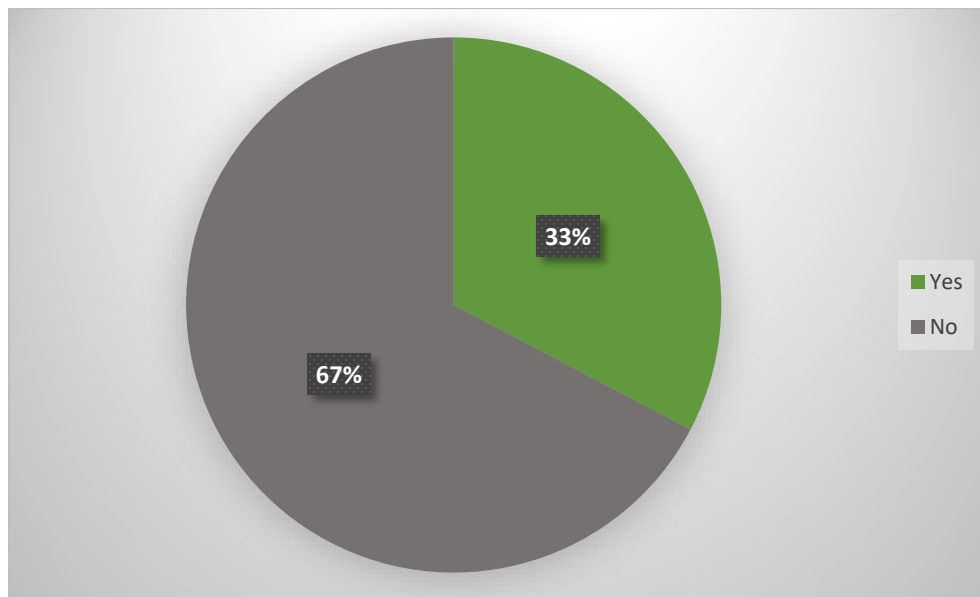
Table 4.6 ASCs – Summary of Participation in each OPC Module

	ASCs*	HOPDs
	% Participating	% Participating
Same Day Outcome Measures (SDOM) Module	19%	Not available
Breast Surgery (BRST) Procedure SSI Outcome Measure	21%	Not available
Herniorrhaphy (HER) Procedure SSI Outcome Measure	11%	Not available
Knee Prosthesis (KPRO) Procedure SSI Outcome Measure	11%	Not available
Laminectomy (LAM) Procedure SSI Outcome Measure	12%	Not available

*Responses based on 105 ASCs that reported participating in NHSN OPC Module.

Hand Hygiene Practices

Leapfrog asks ASCs and hospitals to report their adherence to a number of evidence–based hand hygiene practices that are known to reduce healthcare–associated infections. The practices are modeled after the World Health Organization's Hand Hygiene Self–Assessment. The practices focus on the following evidence–based elements: training and education, infrastructure for supporting hand hygiene, and monitoring and feedback. Both ASCs and hospitals, including HOPDs, were asked the same set of questions in 2019. For ASCs, the questions refer to their facility. For hospitals, the questions refer to their facility, including inpatient and outpatient areas, surgical and treatment areas, and the emergency department. The table below summarizes the progress that ASCs and hospitals are making in the implementation of these evidence–based elements.

Table 4.7 ASCs and HOPDs – Adoption of Evidence–Based Hand Hygiene Practices

	ASCs	Hospitals*
	% Responding "Yes"	% Responding "Yes"
Training and Education		
Uses a Professional to Serve as Trainer	93%	99%
Hand Hygiene Training Frequency (Annually and At Hire)	60%	72%
Requires Physical Demonstration of Proper Hand Hygiene[1]	49%	32%
All 6 Topics Included in Facility's Hand Hygiene Training[1]	83%	87%
Infrastructure for Supporting Hand Hygiene		
Process in Place to Refill Dispensers and Replace Batteries in Automated Dispensers	77%	67%
All Rooms/Bed Spaces Have at least 1 Dispenser per Patient and Accessible at Entrance	62%	47%
Conduct Audits of Volume of Hand Sanitizer[2]	16%	31%
Hand Sanitizer Dispenser Delivers Volume Requiring 15 or More Seconds to Dry[3]	100%	99%
Monitoring and Feedback		
Uses an Electronic Compliance Monitoring System	<1%	6%
Uses Direct Observation	98%	99%
System in Place for Initial and Recurrent Training and Validation[4]	75%	66%
Regular Feedback Given to Leadership and Governance (and Medical Executive Committee, for Hospitals only)	81%	78%
Leadership Held Accountable[5]	53%	69%
Additional Questions (Fact Finding Only)		
All Rooms/Bed Spaces Have a Sink for Hand Washing	37%	58%
Patients/Visitors Invited to Remind Staff to Perform Hand Hygiene[6]	62%	84%
All Leadership Committed to Hand Hygiene Improvement	80%	73%

*This section was optional for hospitals on the 2019 Leapfrog Hospital Survey. Responses based on 1,088 hospitals that completed this section.

[1]Excludes ASCs (n=3) and hospitals (n=4) that reported they never received hand hygiene training.
[2]Excludes ASCs (n=17) and hospitals (n=3) that did not have a wall–mounted hand sanitizer dispenser.
[3]Includes ASCs (n=48) and hospitals (n=347) that conduct audits of the volume of hand sanitizer delivered from wall–mounted dispensers.
[4]Excludes ASCs (n=6) and hospitals (n=7) that do not use direct observation methods for assessing hand hygiene compliance.
[5]Includes ASCs (n=280) and hospitals (n=1,037) that reported giving hand hygiene compliance data feedback to facility leadership.
[6]Includes ASCs and hospitals that selected any method of reminding staff to perform hand hygiene.

National Quality Forum's Safe Practices

Leapfrog asks both ASCs and hospitals to report on their implementation of several National Quality Forum (NQF) Safe Practices that, if adopted, can prevent or reduce adverse events in health care settings.

The three NQF Safe Practices for ASCs and hospitals are Safe Practice 1 Culture of Safety Leadership Structures and Systems, Safe Practice 2 Culture Measurement, Feedback, and Intervention, and Safe Practice 4 Risks and Hazards. Each Safe Practice is divided into four components (awareness, accountability, ability, and action) and includes a list of evidence–based practices that every ASC and hospital should implement.

Table 4.8 ASCs and HOPDs – Adoption of National Quality Forum Endorsed Safe Practices

	ASCs*	Hospitals*
	% Boxes Checked	% Boxes Checked
Safe Practice 1 – Culture of Safety Leadership Structures and Systems	67%	97%
Safe Practice 2 – Culture measurement, Feedback, and Intervention[1]	32%	97%
Safe Practice 4 – Risks and Hazards	54%	96%

*ASCs can select up to 11 elements for Safe Practice 1, 9 elements for Safe Practice 2, and 11 elements for Safe Practice 4. Hospitals can select up to 13 elements for Safe Practice 1, 13 elements for Safe Practice 2, and 11 elements for Safe Practice 4

[1]Excludes ASCs (n=62) with less than 20 employees.

Leapfrog's Never Events Policy

Adverse events in health care are one of the leading causes of death and injury in the United States today. The National Quality Forum (NQF) has issued a list of 29 events that they termed "serious reportable events," which are extremely rare medical errors that should never happen to a patient. Often referred to as "never events," these include errors such as surgery performed on the wrong body part or on the wrong patient. Unfortunately, never events still occur in hospitals more often than "never". When there is a never event, Leapfrog and its constituency of employers and other purchasers expect hospitals and ASCs to respond with the highest levels of respect and compassion for patients and their families, sound business principles that apply in any industry when a serious and harmful error occurs, and system–wide actions to prevent future reoccurrences. The Leapfrog Group has asked facilities to commit to nine actions if a never event occurs within their facility, listed in the table below:

Table 4.9 ASCs and HOPDs – Adoption of Leapfrog's Never Events Policy

	ASCs	Hospitals*
	% Responding "Yes"	% Responding "Yes"
Apologize to Patient	93%	98%
Report Event to External Agency	94%	94%
Perform Root Cause Analysis	97%	100%
Waive Costs Related to Never Event	85%	96%
Make Copy of Policy Available Upon Request	82%	92%
Interview Patients and Families	88%	96%
Inform Patient/Family of Actions Facility will Take to Prevent Further Occurrence	88%	96%
Protocol in Place to Provide Support for Caregivers	76%	98%
Perform Annual Review to Ensure Compliance	38%	92%

*Responses based on 1,137 hospitals that completed this section.

# 5. OUTPATIENT AND AMBULATORY SURGERY (OAS) CAHPS

The Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS) collects information about patients' experiences of care in ASCs and HOPDs. Patients 18 years old and older who had both medically and non–medically necessary surgeries and/or procedures are eligible. The survey includes questions about patients' experiences with their preparation for the surgery or procedure, check–in processes, cleanliness of the facility, communications with the facility staff, discharge from the facility, and preparation for recovering at home.

The OAS CAHPS is in use by CMS through the ASC Quality Reporting Program and the Outpatient Quality Reporting Program. Though CMS has only approved three modes of administration (mail only, telephone only, and mail with a telephone follow–up), Leapfrog accepts survey results administered in any mode, including web. While CMS requires ASCs and hospitals to have at least 300 returned surveys to report results, Leapfrog is only requiring 100 returned surveys.

In addition, Leapfrog is requiring that ASCs and hospitals have at least 300 eligible discharges during the reporting period in order to administer the OAS CAHPS to ensure that facilities are likely to have at least 100 returned surveys to report on.

Results from those ASCs (n=311) and HOPDs (n=988) that reported having at least 300 eligible discharges during the reporting period (12–months prior to the Leapfrog Survey submission) are displayed below in Figures 5.1 and 5.2.

Figure 5.1 ASCs and HOPDs – Percentage of Facilities Administering the OAS CAHPS
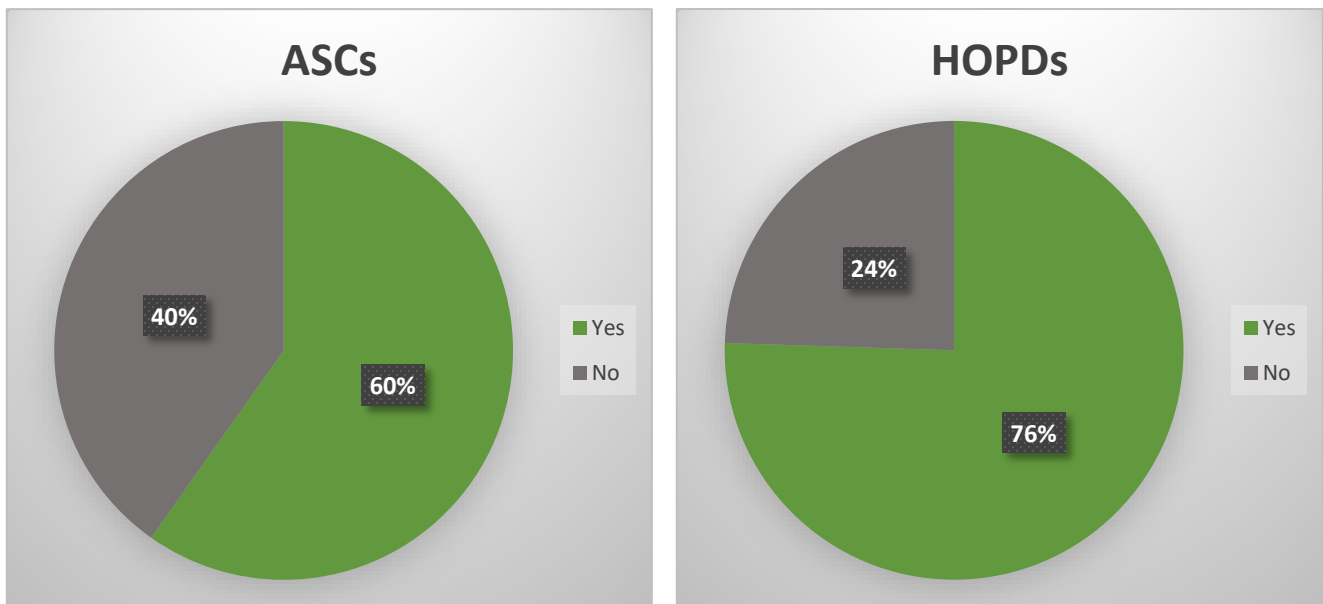
*Responses based on ASCs (n=311) or HOPDs (n=988) that reported having at least 300 eligible discharges during the reporting period (12–months prior to Leapfrog Survey submission).

Figure 5.2 ASCs and HOPDs – Distribution of OAS CAHPS Top Box Scores*

	ASCs**			HOPDs**		
	Minimum	**Mean**	**Maximum**	**Minimum**	**Mean**	**Maximum**
Facilities and Staff	9%	96%	100%	69%	96%	100%
Communication About Your Procedure	9%	92%	100%	49%	90%	100%
Patients' Rating of the Facility	10%	87%	99%	52%	83%	98%
Patients Recommending the Facility	9%	86%	100%	51%	82%	100%

*The top box score is the percent of survey respondents who chose the most positive score for a given item. Looking at the top box is an approach to understand the number of responses with a strong sentiment.

**Responses based on ASCs (n=175) or HOPDs (n=715) that reported having at least 100 returned surveys during the reporting period (12–months prior to Leapfrog Survey submission).

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NEXT STEPS

The Late Submission Deadline for the 2019 Leapfrog Surveys is November 30, so there is still time to participate this year. Participating facilities will receive a confidential, personalized benchmarking report in early 2020, and it is always free to report to Leapfrog Surveys. Beginning in 2020, Leapfrog will publicly report ASC and HOPD performance by individual facility. Results will be published in a way that allows consumers, purchasers, and payors to compare ASC and HOPD performance side by side.

On behalf of its members collectively comprising hundreds of the leading employers and purchasing organizations across the country, Leapfrog thanks the ASCs and HOPDs that reported to these inaugural Surveys, and provided important insights for future Surveys beginning in 2020. On behalf of employers and other purchasers and payors, Leapfrog encourages all ASCs and hospitals to participate in 2020, and be part of our campaign for a transparent marketplace for quality health care.

Visit Leapfrog's website to see the full 2019 Leapfrog Ambulatory Surgery Report.

APPENDIX

Procedures included in the Leapfrog ASC Survey and Outpatient Procedures section of the Leapfrog Hospital Survey

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

General Surgery
Cholecystectomies and common duct explorations
Excisions of skin lesions
Hemorrhoid procedures
Inguinal and femoral hernia repairs
Other hernia repairs
Laparoscopies
Lumpectomies or quadrantectomy of breast procedures
Mastectomies
Skin grafts

Ophthalmology
Anterior segment eye procedures
Posterior segment eye procedures

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

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

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

Dermatology
Complex skin repairs

Neurological Surgery
Spinal fusion procedures

Obstetrics and Gynecology
Cervix procedures
Hysteroscopies
Uterus and adnexa laparoscopies

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