

# Leapfrog Ambulatory Surgery Center Survey Hard Copy

**QUESTIONS & REPORTING PERIODS**

**MEASURE SPECIFICATIONS**

**ENDNOTES**

**FAQS**



# Table of Contents

Table of Contents .....	2
Welcome to the 2019 Leapfrog ASC Survey .....	5
Important Notes about the 2019 Leapfrog ASC Survey .....	5
Overview of the 2019 Leapfrog ASC Survey .....	6
Pre-Submission Checklist .....	8
Instructions for Submitting a Leapfrog ASC Survey .....	9
Verifying Survey Submission .....	10
Updating or Correcting a Previously Submitted Survey .....	10
Updating a Survey after Receiving a Help Desk Email or Following On-Site Data Verification .....	10
Making General Updates to the Survey (for ASCs that have not received a Help Desk Email) .....	11
Deadlines .....	12
Deadlines for the 2019 Leapfrog ASC Survey .....	12
Deadlines to Join Leapfrog's NHSN Group .....	12
Technical Assistance and Support .....	13
Help Desk .....	13
Reporting Periods .....	14
PROFILE .....	16
Profile .....	17
Profile .....	18
Facility Information .....	18
Demographic Information .....	18
Contact Information .....	19
Affiliation or Management Company Information .....	19
SECTION 1: BASIC FACILITY INFORMATION .....	22
Section 1: Basic Facility Location .....	23
1: Basic Facility Information .....	24
General Information .....	24
Accreditation .....	25
Transfer Policies and Agreements .....	25
Section 1: Basic Facility Information Reference Information .....	28
Change Summary Since Release .....	28
SECTION 2: MEDICAL, SURGICAL, AND CLINICAL STAFF .....	29
Section 2: Medical, Surgical, and Clinical Staff .....	30

2: Medical, Surgical, and Clinical Staff .....	31
Section 2: Medical, Surgical, and Clinical Staff Reference Information .....	34
Change Summary Since Release .....	34
Medical, Surgical, and Clinical Staff Frequently Asked Questions (FAQs) .....	35
SECTION 3: VOLUME AND SAFETY OF PROCEDURES.....	37
Section 3: Volume and Safety of Procedures.....	38
3A: Volume of Procedures .....	39
Gastroenterology .....	41
General Surgery .....	42
Ophthalmology .....	42
Orthopedics .....	43
Otolaryngology .....	43
Urology .....	44
Dermatology .....	44
Neurological Surgery.....	44
Obstetrics and Gynecology .....	45
Plastic and Reconstructive Surgery .....	45
3B: Patient Follow-up and After-Hours Communication .....	46
3C: Patient Selection and Consent to Treat .....	47
Patient Selection .....	47
Patient Consent to Treat .....	47
3D: Safe Surgery Checklist.....	49
Section 3: Volume and Safety of Procedures Reference Information.....	52
Change Summary Since Release .....	52
Volume of Procedures Measure Specifications .....	53
Volume of Procedures Frequently Asked Questions (FAQs) .....	73
Patient Selection and Consent to Treat Frequently Asked Questions (FAQs).....	74
Safe Surgery Checklist Frequently Asked Questions (FAQs) .....	75
SECTION 4: PATIENT SAFETY PRACTICES .....	77
Section 4: Patient Safety Practices .....	78
4A: Medication Safety.....	79
Medication and Allergy Documentation.....	79
Antimicrobial Stewardship Practices .....	80
4B: NHSN Outpatient Procedure Component Module .....	82
4C: Hand Hygiene Practices.....	84
4D: National Quality Forum (NQF) Safe Practices .....	90

NQF Safe Practice #1 - Culture of Safety Leadership Structures and Systems..... 90

NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention ..... 92

NQF Safe Practice #4 - Risks and Hazards..... 94

4E: Never Events Policy ..... 96

Section 4: Patient Safety Practices Reference Information ..... 98

    Change Summary Since Release ..... 98

Medication Safety Measure Specifications ..... 99

    Medication and Allergy Documentation..... 99

NHSN Outpatient Procedure Component Module Measure Specifications ..... 101

Medication Safety Frequently Asked Questions (FAQs) ..... 102

Hand Hygiene Practices Frequently Asked Questions (FAQs) ..... 103

NQF Safe Practices Frequently Asked Questions (FAQs) ..... 106

    General..... 106

    Safe Practice # 1 Leadership Structures and Systems..... 107

    Safe Practice # 2 Culture Measurement, Feedback, and Intervention ..... 108

    Safe Practice #4 Identification & Mitigation of Risks and Hazards ..... 109

    Never Events Frequently Asked Questions (FAQs) ..... 112

SECTION 5: PATIENT EXPERIENCE..... 115

Section 5: Patient Experience ..... 116

    5: Patient Experience (OAS CAHPS) ..... 117

Section 5: Patient Experience Reference Information ..... 120

    Change Summary Since Release ..... 120

    Patient Experience (OAS CAHPS) Measure Specifications..... 121

    Patient Experience Frequently Asked Questions (FAQs)..... 123

Endnotes ..... 125

# Welcome to the 2019 Leapfrog ASC Survey

<http://www.leapfroggroup.org/asc>

## **Important Notes about the 2019 Leapfrog ASC Survey**

1. The Leapfrog ASC Survey is for ambulatory surgery centers, and is not applicable to hospital outpatient departments. Most ambulatory surgery centers are certified by Medicare and assigned a 10-digit CMS Certification Number (nn-Cnnnnnnn). Surgery centers that operate as an outpatient department of a hospital and share a CMS Certification Number (nn-nnnn) with a hospital should submit a [2019 Leapfrog Hospital Survey](#). If you have questions about which Survey to submit, please contact the Leapfrog [Help Desk](#).
2. Ambulatory surgery centers reporting on Section 4B NHSN Outpatient Procedure Component Module are required to join Leapfrog's NHSN Group. More information, including instructions and important deadlines, is available on the [Join NHSN Group webpage](#).
3. Leapfrog will not score Survey responses or publicly report individual ASC Survey Results in 2019. However, participating ASCs will receive a free individual ASC Benchmarking Report. For ASCs that submit a Survey by June 30, this Benchmarking Report will be available to view in September and February via the ASC Details Page link on the Survey Dashboard. Leapfrog plans to score Survey responses and publicly report individual ASC Survey Results in 2020.
4. All questions regarding the Leapfrog ASC Survey should be submitted to the Help Desk at <https://leapfroghelpdesk.zendesk.com>. Please bookmark this URL. Questions submitted to the Help Desk will receive a response within 24-48 hours.
5. Leapfrog is committed to ensuring the accuracy of Leapfrog ASC Survey Results. Please review the information on the [Data Accuracy webpage](#).
6. The [Submission Deadline](#) for the 2019 Leapfrog ASC Survey is June 30, 2019 and the Late Submission Deadline is November 30, 2019. ASCs that do not submit a Survey before midnight Eastern Time on November 30, 2019 will have to wait until the launch of the 2020 Leapfrog Hospital Survey on April 1, 2020.

## **Overview of the 2019 Leapfrog ASC Survey**

The Leapfrog ASC Survey is divided into five sections. A description of each section is listed below. For a more detailed overview of the 2019 Leapfrog ASC Survey visit the [Get Started webpages](#).

Section #	Section Title	Brief Description
	<a href="#">Profile</a>	The profile section includes questions about demographic and contact information. The profile section can be accessed and updated anytime throughout the year by logging into the <a href="#">Survey Dashboard</a> with your facility's security code.
1	<a href="#">Basic Facility Information</a>	Section 1 includes questions about your facility's operating and procedure rooms, adult and pediatric patient discharges, teaching status, ownership, accreditation, and transfer policies.
2	<a href="#">Medical, Surgical, and Clinical Staff</a>	Section 2 includes questions about your facility's medical, surgical, and clinical staff, including certification maintenance.
3	<a href="#">Volume and Safety of Procedures</a>	Section 3 includes questions about your facility's volumes of adult and pediatric procedures, patient follow-up, patient selection and consent, and use of a Safe Surgery Checklist.
4	<a href="#">Patient Safety Practices</a>	Section 4 includes questions about medication safety (medication and allergy documentation, and antimicrobial stewardship practices), the NHSN Outpatient Procedure Component Module reporting, hand hygiene, NQF Safe Practices, and the Never Events Policy at your facility.
5	<a href="#">Patient Experience</a>	Section 5 includes questions about patient experience (OAS CAHPS).

**All five sections must be completed in order to submit the Leapfrog ASC Survey via the Online Survey Tool.** Each of the five Survey sections is organized in the same format in the hard copy of the Survey and the Online Survey Tool:

- **General information** about The Leapfrog Group standard (included in the hard copy only).
- **Reporting periods** to provide facilities with specific periods of time for each set of questions.
- **Survey questions** which may include references to endnotes. The Survey questions and endnotes match the Online Survey Tool exactly.
- **Affirmation of accuracy** by your facility's administrator or by an individual that has been designated by the administrator. These statements affirm the accuracy of your facility's responses.
- **Reference information** which includes 'What's New' and 'Change Summaries,' important measure specifications, answers to frequently asked questions, and other notes that must be carefully reviewed before providing responses to any of the Survey questions (included in the hard copy only).

Any changes made to the measure specifications after April 1 will be reflected in the hard copy of the Survey in the Reference Information sections under the “Change Summary” header (see [Table of Contents](#)). In addition, the updates to the specifications will be highlighted in yellow. If the changes are substantial, we will email the Primary Survey Contact your facility indicated in the Profile Section of the Survey.

The Leapfrog Group and its participating members are committed to presenting information that is as current as possible and therefore allow facilities to update and resubmit their Survey until November 30. Please carefully review the reporting periods in each section before updating your Survey.

Leapfrog will not score Survey responses or publicly report individual ASC Survey Results in 2019. However, participating ASCs will receive a free individual ASC Benchmarking Report. This ASC Benchmarking Report will be available for ASCs to view in mid-September and February via the ASC Details Page link on the Survey Dashboard. Leapfrog plans to score Survey responses and publicly report individual ASC Survey Results in 2020.

## **Pre-Submission Checklist**

Before you complete and submit the Survey via the Online Survey Tool, there are a number of steps you should complete:

- Visit the ASC Survey website pages at <http://www.leapfroggroup.org/asc>.**
- Make sure you have a 16-digit security code.** If you don't, download a [Security Code Request form](#).
- Download a hard copy of the Survey** on the [Survey Materials webpage](#). Read through the entire Survey document to ensure that you understand what information is required.
- Review the reference information** in each section of the Survey document and **download other supporting materials** for each section. These documents and tools contain information that you will need to accurately respond to the Survey questions.
- Join Leapfrog's NHSN Group.** Joining Leapfrog's NHSN Group for ASCs is one of two options for authenticating your facility for the purposes of requesting a security code to access to Online Survey Tool. Additionally, Ambulatory Surgical Centers (ASCs) are required to join Leapfrog's NHSN Group (The Leapfrog Group – ASCs Group ID: 57193) in order for Leapfrog to pull data that we collect in Section 4B: NHSN Outpatient Procedure Component Module. Download the instructions and review information about deadlines on the [Join NHSN Group webpage](#).
- Identify individuals from your ASC to help you** gather the data you will need to complete the various sections of the Survey.
- Complete a hard copy of the Survey before you log in to the Online Survey Tool.** This will expedite the online completion and help to avoid the Online Survey Tool from "timing out" after 20 minutes of idle time (a security precaution). Once all of the information has been collected and recorded in the hard copy of the Survey, the Administrator or his/her designee can typically complete the Survey online in less than 60 minutes from the hard copy record. Please note, responses can only be submitted using the Online Survey Tool.
- Download and review a copy of the Quick Start Guide** on the [Get Started webpage](#). This document includes important instructions on how to navigate the Online Survey Tool.
- Check Survey deadlines.** Carefully review Survey [deadlines](#) before you begin. Ensure that you have enough time to collect the data, complete a hard copy of the Survey, and complete and submit via the Online Survey Tool. Make sure you have joined Leapfrog's NHSN Group by the appropriate [deadline](#).
- Review Leapfrog's policies and procedures regarding data accuracy.** Detailed information can be found on the [Data Accuracy webpage](#).

## **Instructions for Submitting a Leapfrog ASC Survey**

### **Important Notes:**

**Note 1:** Please carefully review these instructions and the [Quick Start Guide](#) before you begin.

**Note 2:** Each section of the Survey must be completed before it can be affirmed in the Online Survey Tool. Only sections that are affirmed can be submitted. Facilities are responsible for ensuring that each submitted section is accurate.

- 1) Log into the [Survey Dashboard](#) using your 16-digit security code.
- 2) The first time you log into the 2019 Leapfrog ASC Survey, you will need to complete and save your facility's Profile. The Profile includes demographic and contact information. The Profile should be updated throughout the year if any information changes. **Failure to maintain current contact information could result in important, time-sensitive information being sent to the wrong person.**
- 3) Once the Profile has been completed and saved, you will be taken to the Survey Dashboard.
- 4) You can navigate to sections of the Online Survey Tool using the links on the Survey Dashboard. More information about navigating within the Online Survey Tool is available in the [Quick Start Guide](#).
- 5) Enter responses to each section. The Online Survey Tool will automatically save your responses as you enter them. There is no 'save' button.
- 6) Once you have completed each section of the Online Survey Tool, you will need to return to the Survey Dashboard to affirm each section of the Survey.
- 7) Before you are able to select the "submit affirmed sections" button on the Survey Dashboard, you will need to "check for data review warnings." When you select the "check for data review warnings" button, the sections of your Survey that have been affirmed will be scanned for potential reporting errors. If any errors are identified, a data review warning message will be generated and will appear on the Survey Dashboard.
- 8) If any [data review warnings](#) are generated, you will still be able to submit your Survey. However, you will need to address the potential reporting errors identified during the scan or risk having related sections of your Survey decertified.
- 9) Once you have checked for data review warnings, you can select the "submit affirmed sections" button. Remember that all five sections of the Survey must be completed and affirmed, before you can submit the Survey.
- 10) Use the "Print Last Submitted Survey" button on the Survey Dashboard to print a copy of your submitted Survey and review it for accuracy and completeness.
- 11) Leapfrog is committed to ensuring the accuracy of Leapfrog ASC Survey responses. Please review our data accuracy protocols on the [Data Accuracy webpage](#).
- 12) Responses can be updated or corrected, and the Survey can be re-submitted at any point during the Survey Cycle (April 1 – November 30). Please remember that if you are making updates, all updated sections must be re-affirmed.

## **Verifying Survey Submission**

Use the following tips to help verify that your submission was completed and that the appropriate sections were submitted:

- **Check the Survey Dashboard:** Refer to the “Section Status” column on the Survey Dashboard. All submitted sections will be marked as “Submitted.”
- **Check your email:** You will receive a survey submission confirmation email within five minutes of submitting a Survey. Please Note: This email will not specify what sections were submitted – you will need to use the other tips to determine which of the sections were submitted.
- **Print Last Submitted Survey:** The Survey submission date will be listed at the top of the page under the heading “Submitted Survey.” Be sure to check the submission date, review each section for accuracy and completeness, and check that each affirmation is complete (Sections 1-5).

## **Updating or Correcting a Previously Submitted Survey**

Facilities have the opportunity to update or correct previously submitted Survey responses at any point during the Survey Cycle (April 1 – November 30). Most updates or corrections are made:

- At the request of Leapfrog:
  - Following Leapfrog’s monthly data review, the Primary Survey Contact and Affiliation or Management Company Survey Contact received an email from the Help Desk detailing potential reporting errors
- Following on-site data verification:
  - Facilities selected for on-site data verification will receive a findings report at the end of the scheduled visit that will indicate any responses that need to be updated or corrected.
- At the discretion of the ASC:
  - To correct a data entry error identified by the facility
  - To reflect a change in status or performance on a measure (e.g., closed a unit or stopped performing a procedure)
  - To provide more current responses based on the stated reporting periods for each section

## **Updating a Survey after Receiving a Help Desk Email or Following On-Site Data Verification**

Leapfrog conducts [Monthly Data Reviews](#) of responses submitted to the Leapfrog ASC Survey starting with Surveys submitted on or before June 30 and monthly thereafter until the Survey is taken offline on January 31. Following the Monthly Data Review, the **Primary Survey Contact and the Affiliation or Management Company Contact** are notified by email of any Survey responses that need to be reviewed and/or updated by the facility.

If you receive a data review notification by email, you are required to update/correct your previously submitted Leapfrog ASC Survey by the end of the month using the **original** reporting period that was used for that section of the Survey for the original submission. For example, if a facility submitted a

Survey for the first time on August 20, 2019 and then received a data review notification email at the beginning of September, they would update their responses based on the reporting period used in the August 20, 2019 submission.

### ***Making General Updates to the Survey (for ASCs that have not received a Help Desk Email)***

Leapfrog offers two reporting periods so that facilities have the opportunity to report the most current data. Updating a Survey is optional. However, we do recommend that if your performance or if a structure has changed significantly, you update your Survey within 30 days. In addition, facilities should update their Surveys if they become aware of any reporting errors or data inaccuracies in their previous submission. Facilities may update one or more sections of the Survey, without updating the entire Survey.

ASCs that are submitting general updates should use:

- The stated [reporting period](#) at the top of each section selected based on the date of your resubmission.
- When updating a section, you must update responses to ALL questions within that section using the same reporting period. For example, if you submitted a Survey for the first time in June and then wanted to update the responses for the Volume of Procedures questions in sub-section 3A in October, you would update the entire Section 3 Volume and Safety of Procedures Section based on the updated resubmission date of October.

**Quick Tip:** Remember to re-affirm any section of the Survey that has been updated, and then resubmit the Survey. Print a copy of your Last Submitted Survey and review it for accuracy and completeness.

## **Deadlines**

### ***Deadlines for the 2019 Leapfrog ASC Survey***

The 2019 Leapfrog ASC Survey opens on April 1 and has a Submission Deadline of June 30, 2019. The Late Submission Deadline is November 30, 2019. Surveys must be submitted before midnight Eastern Time on November 30.

Corrections to Surveys submitted by November 30 must be submitted by the January 31, 2019 Correction Deadline. The Online ASC Survey Tool will not be available after January 31. Find detailed information about the 2019 Leapfrog ASC Survey Deadlines, including deadlines for receiving free ASC Benchmarking Reports on the Deadlines [webpage](#).

### ***Deadlines to Join Leapfrog's NHSN Group***

ASC reporting on Section 4B NHSN Outpatient Procedure Component Module are required to join Leapfrog's NHSN Group. More information, including instructions and important deadlines, is available on the Join NHSN Group [webpage](#).

## **Technical Assistance and Support**

### ***Help Desk***

Leapfrog operates an online Help Desk to provide facilities with technical assistance and answers to content-related Survey questions. The Help Desk is staffed Monday-Friday from 9:00 am to 5:00 pm ET. Help Desk support staff typically respond to inquiries within 24-48 hours, but we do ask that facilities plan ahead and allow ample time to fulfill Security Code requests and other urgent tickets before Survey deadlines.

ASCs can also submit feedback regarding the questions, measure specifications, and FAQs to the Help Desk.

To review the Help Desk holiday schedule, visit the [Get Help webpage](#).

Tickets can be submitted electronically at <https://leapfroghelpdesk.zendesk.com>. You will receive a confirmation email and response from [support@leapfroghelpdesk.zendesk.com](mailto:support@leapfroghelpdesk.zendesk.com). **To ensure that you receive our emails, please:**

- 1) Add the @leapfroggroup.org and @leapfroghelpdesk.zendesk.com domains to your email's safe sender list
- 2) Whitelist the following IP addresses (these are the IP addresses for our database that other emails are sent from):
  - i. 67.212.170.242
  - ii. 67.212.170.243
  - iii. 67.212.170.244

## **Reporting Periods**

**Important Note:** The reporting periods listed below should be selected based on the date of your Survey submission. If no reporting period is listed, you should respond to the questions in that section based on the current structure or process your facility has in place at the time of the 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
1 Basic Facility Information	12-months ending 12/31/2018	12-months ending 06/30/2019
2 Medical, Surgical, and Clinical Staff	N/A	N/A
3A Volume of Procedures	12-months ending 12/31/2018	12-months ending 06/30/2019
3B Patient Follow-up and After-Hours Communication	N/A	N/A
3C Patient Selection	N/A	N/A
3D Safe Surgery Checklist	Latest 3-months prior to Survey submission	Latest 3-months prior to Survey submission
4A Medication Safety	12-months ending 12/31/2018	12-months ending 06/30/2019
4B NHSN Outpatient Procedure Component Module	12-months ending 12/31/2018	12-months ending 06/30/2019
4C Hand Hygiene Practices	N/A	N/A
4D National Quality Forum (NQF) Safe Practices	Latest 12- or 24- months prior to Survey submission (see individual Safe Practice for specific reporting period)	Latest 12- or 24- months prior to Survey submission (see individual Safe Practice for specific reporting period)
4E Never Events Policy	N/A	N/A
5 Patient Experience (OAS CAHPS)	Latest 12-months prior to Survey submission	Latest 12-months prior to Survey submission

# Page Intentionally Left Blank

# PROFILE

Facilities must first complete and submit a Profile on the Survey Dashboard before accessing the Online Survey Tool for the first time. The Profile is available year round and should be updated as necessary

## Profile

The Profile asks you to provide certain demographic and contact information. The Profile can be accessed and updated anytime throughout the year by logging into the Survey Dashboard with your facility's security code.

The Profile must be completed and submitted before you can access the Online Survey Tool.

## Profile

### Important Notes:

Note 1: Leapfrog uses an administration system that links contacts shared by facilities (i.e. Administrators, Survey Contacts, etc.). Only one phone number and email address will be maintained for each contact, meaning that if this shared contact's information is updated in one facility's Profile, it will be updated for all facilities associated with the contact.

Note 2: The Primacy Contact and Network Contact will be notified at the beginning of each month if Leapfrog finds any error in your Survey that needs to be corrected.

### Facility Information

<b>Facility Name</b>	<b>CMS Certification Number (CCN)<sup>1</sup></b> If the CCN displayed in the Online Survey Tool is not correct, contact the Leapfrog Help Desk immediately.
	<b>Does your facility share this CCN with another facility?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<b>NHSN ID<sup>2</sup></b>
	<b>Federal Tax Identification Number (TIN)<sup>3</sup></b>
	<b>National Provider Identifier (NPI)<sup>4</sup></b>
	<b>Does your facility share this NPI with another facility?</b>
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

### Demographic Information

<b>Physical Address</b>	<b>Mailing Address</b> (used to send important communications)
<b>Street Address</b>	<b>Street Address or P.O. Box</b>
<b>City</b>	<b>City</b>
<b>State</b>	<b>State</b>
<b>Zip Code</b>	<b>Zip Code</b>
<b>Zip Code Suffix</b>	<b>Zip Code Suffix</b>
<b>Main Phone Number</b>	<b>Facility <a href="#">Website</a> Address<sup>5</sup></b>

**Contact Information**

<b>Administrator</b>	<b>Chairperson of the Board</b>
<b>First Name</b>	<b>First Name</b>
<b>Last Name</b>	<b>Last Name</b>
<b>Title</b>	
<b>Email Address</b>	

<b>Primary Contact</b>	<b>Secondary Contact</b>
<b>First Name</b>	<b>First Name</b>
<b>Last Name</b>	<b>Last Name</b>
<b>Title</b>	<b>Title</b>
<b>Phone Number</b>	<b>Phone Number</b>
<b>Phone Number Extension</b>	<b>Phone Number Extension</b>
<b>Email Address</b>	<b>Email Address</b>

<b>Public Relations Contact</b>
<b>First Name</b>
<b>Last Name</b>
<b>Phone Number</b>
<b>Phone Number Extension</b>
<b>Email Address</b>

**Affiliation or Management Company Information**

<p>Is your facility affiliated with a hospital or management company?</p> <p>If so, and you would like to designate a contact who may be organizing Survey submissions for several facilities, select "yes" and complete the fields below. <sup>6?</sup></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>If 'yes', provide contact information.</p>	<p>Affiliation/Management Company <b>Public Relations Contact First Name</b></p>
---	--

<b>Name of the Affiliation/ Management Company</b>	<b>Affiliation/Management Company Public Relations Contact Last Name</b>
<b>Affiliation/Management Company Contact First Name</b>	<b>Affiliation/Management Company Public Relations Contact Phone Number</b>
<b>Affiliation/Management Company Contact Last Name</b>	<b>Affiliation/Management Company Public Relations Contact Phone Number Extension</b>
<b>Affiliation/Management Company Contact Email Address</b>	<b>Affiliation/Management Company Public Relations Contact Email Address</b>
<b>Additional Contact Information</b> Please provide the email address for your facility's general inbox (e.g., info@facility.com).	

# Page Intentionally Left Blank

## **SECTION 1: BASIC FACILITY INFORMATION**

This section includes questions and reference information for Section 1: Basic Facility Information. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

## **Section 1: Basic Facility Location**

Section 1 includes questions about your facility's operating and procedure rooms, adult and pediatric patient discharges, teaching status, ownership, accreditation, and transfer policies.

Leapfrog will not score Survey responses or publicly report individual ASC Survey Results in 2019. However, participating ASCs will receive a free individual ASC Benchmarking Report. For ASCs that submit a Survey by June 30, this ASC Benchmarking Report will be available to view in September and February via the ASC Details Page link on the Survey Dashboard. Leapfrog plans to score Survey responses and publicly report individual ASC Survey Results in 2020.

## 1: Basic Facility Information

**Reporting Time Period: 12 months**

- Surveys submitted prior to September 1: 01/01/2018 – 12/31/2018
- Surveys (re)submitted on or after September 1: 07/01/2018 – 06/30/2019

1) 12-month reporting time period used:	<input type="checkbox"/> 01/01/2018 – 12/31/2018 <input type="checkbox"/> 07/01/2018 – 06/30/2019
---	--

### General Information

2) Total number of <a href="#">operating rooms</a> <sup>7</sup> .	_____
3) Total number of <a href="#">endoscopic procedure rooms</a> <sup>8</sup> .	_____
4) Total number of adult patient discharges from your facility during the reporting period.	_____
5) Total number of pediatric patient discharges (ages 17 years of age and younger) from your facility during the reporting period.	_____
6) Does your facility have a formal teaching agreement with a training institution (e.g., academic medical center)?	Yes No
7) Which best describes your facility's ownership status?  <i>Select one.</i>	Single Physician Owner Multiple Physician Owner Management Company Hospital Owner Physician and Management Company Joint Venture Physician and Hospital Joint Venture Physician and Management Company and Hospital Joint Venture Management Company and Hospital Joint Venture Government Other

<p>8) If your facility is wholly or in part owned by physician(s), does the facility have a written policy to ensure disclosure of potential conflicts of interest?</p>	<p>Yes No <i>Not wholly or in part owned by physician(s)</i></p>
---	--

**Accreditation**

<p>9) Is your facility nationally accredited by one of the following organizations?  <i>Select one.</i></p>	<p>The Accreditation Association for Ambulatory Health Care (AAAHC)  The American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)  Healthcare Facilities Accreditation Program (HFAP)  Institute for Medical Quality (IMQ)  The Joint Commission (TJC)  Not nationally accredited  Other _____</p>
---	--

**Transfer Policies and Agreements**

<p>10) Does your facility have a <a href="#">written transfer agreement</a><sup>9</sup> with a pediatric or general acute care hospital for patients who require a higher level of care?  <i>If “no,” skip question #11 and continue on to question #12.</i></p>	<p>Yes No</p>
<p>11) What is the name of the hospital with which you have a <a href="#">written transfer agreement</a><sup>9</sup>?</p>	<p>_____</p>
<p>12) Whether or not your facility has a written transfer agreement in place for patients who require a higher level of care, please provide information on your facility’s <a href="#">written transfer policies</a><sup>10</sup> related to the transfer of:  <i>Select all that apply or “no written transfer policies.”</i></p>	<p><input type="checkbox"/> Emergent transfers <input type="checkbox"/> Urgent transfers <input type="checkbox"/> Non-urgent transfers <input type="checkbox"/> No written transfer policies</p>

<p><i>If “no written transfer policies,” skip questions #13-15 and continue on to the Affirmation of Accuracy.</i></p>	
<p>13) In emergent transfers, when there is an immediate threat to life or limb, our facility has a <a href="#">written transfer policy</a><sup>10</sup> that includes the following components:</p> <p><i>Select all that apply or “none of the above.”</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient is transferred to the nearest hospital</li> <li><input type="checkbox"/> Receiving facility must have an ED and/or ICU</li> <li><input type="checkbox"/> Patient must be transferred within an established period of time</li> <li><input type="checkbox"/> Patient’s medication information must be transferred within an established period of time</li> <li><input type="checkbox"/> None of the above</li> </ul>
<p>14) In urgent transfers, when care is required within 24 hours, but there is no immediate threat to life or limb, our facility has a <a href="#">written transfer policy</a><sup>10</sup> that includes the following components:</p> <p><i>Select all that apply or “none of the above.”</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient is transferred to the nearest hospital</li> <li><input type="checkbox"/> Receiving facility must have an ED and/or ICU</li> <li><input type="checkbox"/> Patient must be transferred within an established period of time</li> <li><input type="checkbox"/> Patient’s medication information must be transferred within an established period of time</li> <li><input type="checkbox"/> None of the above</li> </ul>
<p>15) In non-urgent transfers, when treatment is required, but time is not a factor, our facility has a <a href="#">written transfer policy</a><sup>10</sup> that includes the following components:</p> <p><i>Select all that apply or “none of the above.”</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient is transferred to the nearest hospital</li> <li><input type="checkbox"/> Receiving facility must have an ED and/or ICU</li> <li><input type="checkbox"/> Patient must be transferred within an established period of time</li> <li><input type="checkbox"/> Patient’s medication information must be transferred within an established period of time</li> <li><input type="checkbox"/> None of the above</li> </ul>

**Affirmation of Accuracy**

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Basic Facility Information Section at our ASC, and I hereby certify that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this certification on behalf of our ASC.

The ASC and I understand that The Leapfrog Group is relying on the truth and accuracy of this information. The ASC and I understand that The Leapfrog Group will make this information and/or analyses of this information public through a national report that does not identify individual ASCs.

This information and/or analyses and all intellectual property rights therein shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. This information does not infringe upon any third party's intellectual property rights or any other third party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may use this information in a commercial manner for profit. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by \_\_\_\_\_, the ASC's \_\_\_\_\_,  
*(First Name, Last Name)* *(Title)*

On \_\_\_\_\_.  
*(Date)*

<b>Section 1: Basic Facility Information Reference Information</b>
--

***Change Summary Since Release***

None. If substantive changes are made to this section of the Survey after release on April 1, 2019, they will be documented in this Change Summary section.

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

This section includes questions and reference information for Section 2: Medical, Surgical, and Clinical Staff. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

## Section 2: Medical, Surgical, and Clinical Staff

### **Outpatient Procedures Bibliography (Medical, Surgical, and Clinical Staff):**

<http://www.leapfroggroup.org/outpatient-procedures>

Section 2 includes questions about your facility's medical, surgical, and clinical staff, including certification maintenance.

Leapfrog will not score Survey responses or publicly report individual ASC Survey Results in 2019. However, participating ASCs will receive a free individual ASC Benchmarking Report. For ASCs that submit a Survey by June 30, this ASC Benchmarking Report will be available to view in September and February via the ASC Details Page link on the Survey Dashboard. Leapfrog plans to score Survey responses and publicly report individual ASC Survey Results in 2020.

## **2: Medical, Surgical, and Clinical Staff**

<p>1) Is there an Advanced Cardiovascular Life Support (ACLS) trained <a href="#">clinician</a><sup>11</sup>, as well as a second <a href="#">clinician</a><sup>11</sup> (regardless of ACLS training), present at all times in the facility while an adult patient is recovering?</p> <p><i>If “no” or “not applicable; pediatric patients only,” skip question #2 and continue on to question #3.</i></p>	<p>Yes</p> <p>No</p> <p><i>Not applicable; pediatric patients only</i></p>
<p>2) Which of the following medical, surgical, and clinical staff are required to maintain ACLS certification?</p> <p><i>Select all that apply.</i></p>	<p><input type="checkbox"/> Anesthesiologists</p> <p><input type="checkbox"/> Nurse Anesthetists (CRNAs)</p> <p><input type="checkbox"/> Physicians</p> <p><input type="checkbox"/> Nurses (RN or MSN)</p> <p><input type="checkbox"/> Physician Assistants (PAs)</p> <p><input type="checkbox"/> Nurse Practitioners (NPs)</p> <p><input type="checkbox"/> Surgical Technicians</p> <p><input type="checkbox"/> First Assists</p>
<p>3) Is there a Pediatric Advanced Life Support (PALS) trained <a href="#">clinician</a><sup>11</sup>, as well as a second <a href="#">clinician</a><sup>11</sup>(regardless of PALS training), present at all times in the facility while a pediatric patient is recovering?</p> <p><i>If “no” or “not applicable; adult patients only,” skip question #4 and continue on to question #5.</i></p>	<p>Yes</p> <p>No</p> <p><i>Not applicable; adult patients only</i></p>
<p>4) Which of the following medical, surgical, and clinical staff are required to maintain PALS certification?</p> <p><i>Select all that apply.</i></p>	<p><input type="checkbox"/> Anesthesiologists</p> <p><input type="checkbox"/> Nurse Anesthetists (CRNAs)</p> <p><input type="checkbox"/> Physicians</p> <p><input type="checkbox"/> Nurses (RN or MSN)</p> <p><input type="checkbox"/> Physician Assistants (PAs)</p> <p><input type="checkbox"/> Nurse Practitioners (NPs)</p> <p><input type="checkbox"/> Surgical Technicians</p> <p><input type="checkbox"/> First Assists</p>
<p>5) To help ensure that patients are cared for by adequately trained physicians, are <b>those physicians</b> who are authorized to perform procedures at your facility board certified or board eligible:</p>	<p><i>All are board certified or board eligible (100%)</i></p> <p><i>Most are board certified or board eligible (&gt;=50%)</i></p> <p><i>Some are board certified or board eligible (&lt;50%)</i></p>

	<p><i>None are board certified or board eligible</i></p>
<p>6) To help ensure that patients are cared for by adequately trained anesthesiologists and/or certified nurse anesthetists, <b>are those providing anesthesia</b> at your facility board certified or board eligible:</p>	<p><i>All are board certified or board eligible (100%)</i></p> <p><i>Most are board certified or board eligible (&gt;=50%)</i></p> <p><i>Some are board certified or board eligible (&lt;50%)</i></p> <p><i>None are board certified or board eligible</i></p>

**Affirmation of Accuracy**

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Medical, Surgical, and Clinical Staff Section at our ASC, and I hereby certify that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this certification on behalf of our ASC.

The ASC and I understand that The Leapfrog Group is relying on the truth and accuracy of this information. The ASC and I understand that The Leapfrog Group will make this information and/or analyses of this information public through a national report that does not identify individual ASCs.

This information and/or analyses and all intellectual property rights therein shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. This information does not infringe upon any third party's intellectual property rights or any other third party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may use this information in a commercial manner for profit. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by \_\_\_\_\_, the ASC's \_\_\_\_\_,  
(First Name, Last Name) (Title)

On \_\_\_\_\_.  
(Date)

## Section 2: Medical, Surgical, and Clinical Staff Reference Information

### ***Change Summary Since Release***

None. If substantive changes are made to this section of the Survey after release on April 1, 2019, they will be documented in this Change Summary section.

## **Medical, Surgical, and Clinical Staff Frequently Asked Questions (FAQs)**

- 1) If a pediatric ASC has clinicians trained in PALS, but a small percentage of the patient population is over 18, should these clinicians also have ACLS training or would the PALS training be sufficient?**

If your facility is performing procedures on both adult and pediatric patients, there should be at least one clinician with ACLS training when adult patients are recovering and one clinician with PALS training when pediatric patients are recovering. This could mean that some clinicians maintain both certifications or some maintain ACLS and others maintain PALS.

- 2) In Section 2 questions #1-4, what staff should be included when reviewing ACLS/PALS certification?**

Questions #1-4 refer to the staff that are present when patients are recovering from the outpatient procedures specified in Section 3A Volume of Procedures. In questions #2 and #4, you should select the types of staff that are required to maintain ACLS/PALS certification and that are present when patients are recovering, even if all staff of that type (i.e. staff that do not care for recovering patients) are not required to be ACLS/PALS certified. The intent of these questions is to ensure that there is an ACLS/PALS certified clinician present on-site (and one additional clinician to assist) in the event a patient in recovery needs a lifesaving intervention.

- 3) How does Leapfrog define board certified and board eligible?**

For physicians:

- **Board certified** means that the physician has been awarded certification from the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA).
- **Board eligible** indicates that the physician has completed their initial training/ fellowship, but has not yet passed an existing board-certifying exam in a specialty. Leapfrog adheres to the ABMS and AOA Board Eligibility Policies for all specialties, which may be reviewed here: <https://www.abms.org/media/176507/abms-board-eligibility-overview-and-faqs-abmsorg-20180511.pdf> and <https://certification.osteopathic.org/about/>, respectively. These eligibility periods provide the physician with an adequate window to take her/his boards and re-take if necessary.

For CRNAs:

- **Board certified** means that the RN has been awarded certification from The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).
- **Board eligible** indicates that the registered nurse (RN) has completed their nurse anesthesia education program accredited by the Council on Accreditation of Nurse Anesthesia Education Programs (COA), but has not yet passed their board-certifying exam. Leapfrog adheres to the NBCRNA Board Eligibility Policy, which states that RNs are eligible to take the National Certification Exam (NCE) within 2-years of completing their accredited nurse anesthesia education program. This policy may be reviewed here (p.8): [https://www.nbcna.com/docs/default-source/initial-certification/program-administration/nce\\_hb.pdf](https://www.nbcna.com/docs/default-source/initial-certification/program-administration/nce_hb.pdf). These eligibility periods provide RNs with an adequate window to take her/his boards and re-take if necessary.

# Page Intentionally Left Blank

## **SECTION 3: VOLUME AND SAFETY OF PROCEDURES**

This section includes questions and reference information for Section 3: Volume and Safety of Procedures. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

### Section 3: Volume and Safety of Procedures

**Outpatient Procedures Bibliography (Patient Selection, Safe Surgery Checklist):**

<http://www.leapfroggroup.org/outpatient-procedures>

Section 3 includes questions about your facility's volumes of adult and pediatric procedures, patient follow-up and after-hours communication, patient selection and consent, and use of a safe surgery checklist.

Leapfrog will not score Survey responses or publicly report individual ASC Survey Results in 2019. However, participating ASCs will receive a free individual ASC Benchmarking Report. For ASCs that submit a Survey by June 30, this ASC Benchmarking Report will be available to view in September and February via the ASC Details Page link on the Survey Dashboard. Leapfrog plans to score Survey responses and publicly report individual ASC Survey Results in 2020.

### 3A: Volume of Procedures

**Specifications:** See [Volume of Procedures Measure Specifications](#) in the Reference Information on pages 53-72.

<p><b>Reporting Time Period: 12 months</b></p> <ul style="list-style-type: none"> <li>• Surveys submitted prior to September 1: 01/01/2018 – 12/31/2018</li> <li>• Surveys (re)submitted on or after September 1: 07/01/2018 – 06/30/2019</li> </ul>
--

1) 12-month reporting time period used:	<input type="checkbox"/> 01/01/2018 – 12/31/2018 <input type="checkbox"/> 07/01/2018 – 06/30/2019
---	--

<p>2) During the reporting period, were one or more of the following <b>gastroenterology</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Upper GI endoscopy</li> <li>• Other upper GI procedures</li> <li>• Small intestine and stomal endoscopy</li> <li>• Lower GI endoscopy</li> </ul> <p><i>If “no” or “yes, but no longer perform these procedures,” skip question #12 below.</i></p>	<p>Yes</p> <p><i>Yes, but no longer perform these procedures</i></p> <p>No</p>
<p>3) During the reporting period, were one or more of the following <b>general surgery</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Cholecystectomy and common duct exploration</li> <li>• Excision of skin lesion</li> <li>• Hemorrhoid procedures</li> <li>• Inguinal and femoral hernia repair</li> <li>• Other hernia repair</li> <li>• Laparoscopy</li> <li>• Lumpectomy or quadrantectomy of breast</li> <li>• Mastectomy</li> <li>• Skin graft</li> </ul> <p><i>If “no” or “yes, but no longer perform these procedures,” skip question #13 below.</i></p>	<p>Yes</p> <p><i>Yes, but no longer perform these procedures</i></p> <p>No</p>
<p>4) During the reporting period, were one or more of the following <b>ophthalmology</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Anterior segment eye procedures</li> <li>• Posterior segment eye procedures</li> </ul>	<p>Yes</p> <p><i>Yes, but no longer perform these procedures</i></p> <p>No</p>

<p><i>If “no” or “yes, but no longer perform these procedures,” skip question #14 below.</i></p>	
<p>5) During the reporting period, were one or more of the following <b>orthopedic</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Finger, hand, wrist, forearm, and elbow procedures</li> <li>• Shoulder procedures</li> <li>• Spine procedures</li> <li>• Hip procedures</li> <li>• Knee procedures</li> <li>• Toe, foot, ankle, and leg procedures</li> <li>• General orthopedic procedures</li> </ul> <p><i>If “no” or “yes, but no longer perform these procedures,” skip question #15 below.</i></p>	<p style="text-align: center;">Yes Yes, but no longer perform these procedures No</p>
<p>6) During the reporting period, were one or more of the following <b>otolaryngology</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Ear procedures</li> <li>• Mouth procedures</li> <li>• Nasal/ sinus procedures</li> <li>• Pharynx/ adenoid/ tonsil procedures</li> </ul> <p><i>If “no” or “yes, but no longer perform these procedures,” skip question #16 below.</i></p>	<p style="text-align: center;">Yes Yes, but no longer perform these procedures No</p>
<p>7) During the reporting period, were one or more of the following <b>urology</b> procedures performed at your facility on <u>adult</u> or <u>pediatric</u> patients:</p> <ul style="list-style-type: none"> <li>• Circumcision</li> <li>• Cystourethroscopy</li> <li>• Male genital procedures</li> <li>• Male sterilization procedures</li> <li>• Urethra procedures</li> <li>• Vaginal repair procedures</li> </ul> <p><i>If “no” or “yes, but no longer perform these procedures,” skip question #17 below.</i></p>	<p style="text-align: center;">Yes Yes, but no longer perform these procedures No</p>
<p>8) During the reporting period, was the following <b>dermatology</b> procedure performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Complex skin repairs</li> </ul> <p><i>If “no” or “yes, but no longer perform this procedure,” skip question #18 below.</i></p>	<p style="text-align: center;">Yes Yes, but no longer perform this procedure No</p>

<p>9) During the reporting period, was the following <b>neurological surgery</b> procedure performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Spinal fusion procedures</li> </ul> <p><i>If “no” or “yes, but no longer perform this procedure,” skip question #19 below.</i></p>	<p style="text-align: center;">Yes <i>Yes, but no longer perform this procedure</i> No</p>
<p>10) During the reporting period, were one or more of the following <b>obstetrics and gynecology</b> procedures performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Cervix procedures</li> <li>• Hysteroscopy</li> <li>• Uterus and adnexa laparoscopies</li> </ul> <p><i>If “no” or “yes, but no longer perform these procedures,” skip question #20 below.</i></p>	<p style="text-align: center;">Yes <i>Yes, but no longer perform these procedures</i> No</p>
<p>11) During the reporting period, were one or more of the following <b>plastic and reconstructive surgery</b> procedures performed at your facility on <u>adult</u> patients:</p> <ul style="list-style-type: none"> <li>• Breast repair or reconstruction</li> <li>• Musculoskeletal grafts or implants</li> </ul> <p><i>If “no” or “yes, but no longer perform these procedures,” skip question #21 below.</i></p>	<p style="text-align: center;">Yes <i>Yes, but no longer perform these procedures</i> No</p>

**Gastroenterology**

<p>12) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #2 and update your response from “yes” to “no.”</i></p>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Upper GI endoscopies</b>	_____	_____
<b>Other upper GI procedures</b>	_____	_____
<b>Small intestine and stomal endoscopies</b>	_____	_____
<b>Lower GI endoscopies</b>	_____	_____

**General Surgery**

13) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.

*You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for **all** procedures, go back to question #3 and update your response from "yes" to "no."*

	(a) Adult Volume	(b) Pediatric Volume
<b>Cholecystectomies and common duct explorations</b>	_____	
<b>Excisions of skin lesions</b>	_____	
<b>Hemorrhoid procedures</b>	_____	
<b>Inguinal and femoral hernia repairs</b>	_____	_____
<b>Other hernia repairs</b>	_____	_____
<b>Laparoscopies</b>	_____	
<b>Lumpectomies or quadrantectomy of breast procedures</b>	_____	
<b>Mastectomies</b>	_____	
<b>Skin grafts</b>	_____	

**Ophthalmology**

14) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.

*You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for **all** procedures, go back to question #4 and update your response from "yes" to "no."*

	(a) Adult Volume	(b) Pediatric Volume
<b>Anterior segment eye procedures</b>	_____	_____
<b>Posterior segment eye procedures</b>	_____	

**Orthopedics**

<p>15) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #5 and update your response from "yes" to "no."</i></p>		
	<i>(a) Adult Volume</i>	<i>(b) Pediatric Volume</i>
<b>Finger, hand, wrist, forearm, and elbow procedures</b>	_____	_____
<b>Shoulder procedures</b>	_____	_____
<b>Spine procedures</b>	_____	_____
<b>Hip procedures</b>	_____	_____
<b>Knee procedures</b>	_____	_____
<b>Toe, foot, ankle, and leg procedures</b>	_____	_____
<b>General orthopedic procedures</b>	_____	_____

**Otolaryngology**

<p>16) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #6 and update your response from "yes" to "no."</i></p>		
	<i>(a) Adult Volume</i>	<i>(b) Pediatric Volume</i>
<b>Ear procedures</b>	_____	_____
<b>Mouth procedures</b>	_____	_____
<b>Nasal/ sinus procedures</b>	_____	_____
<b>Pharynx/ adenoid/ tonsil procedures</b>	_____	_____

**Urology**

<p>17) Total adult and/or pediatric volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below, enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #7 and update your response from "yes" to "no."</i></p>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Circumcisions</b>	_____	_____
<b>Cystourethroscopies</b>	_____	_____
<b>Male genital procedures</b>	_____	_____
<b>Male sterilization procedures</b>	_____	
<b>Urethra procedures</b>	_____	_____
<b>Vaginal repair procedures</b>	_____	_____

**Dermatology**

<p>18) Total adult volume for the following procedure performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform the procedure listed below, go back to question #8 and update your response from "yes" to "no."</i></p>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Complex skin repairs</b>	_____	

**Neurological Surgery**

<p>19) Total adult volume for the following procedure performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform the procedure listed below, go back to question #9 and update your response from "yes" to "no."</i></p>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Spinal fusion procedures</b>	_____	

**Obstetrics and Gynecology**

<p>20) Total adult volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #10 and update your response from "yes" to "no."</i></p>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Cervix procedures</b>	_____	
<b>Hysteroscopies</b>	_____	
<b>Uterus and adnexa laparoscopies</b>	_____	

**Plastic and Reconstructive Surgery**

<p>21) Total adult volume for each of the following applicable procedures performed at your facility during the reporting period.</p> <p><i>You cannot leave any blank. If you did not perform one or more of the procedures listed below enter 0 (zero). If you had zero volume for <b>all</b> procedures, go back to question #11 and update your response from "yes" to "no."</i></p>		
	(a) Adult Volume	(b) Pediatric Volume
<b>Breast repair or reconstructive procedures</b>	_____	
<b>Musculoskeletal graft or implant procedures</b>	_____	

**3B: Patient Follow-up and After-Hours Communication**

1) Does your facility have a process in place for facility staff to follow up by phone with <b>patients</b> who have undergone any one of the procedures in Section 3A within 24-hours of discharge?	Yes No
2) Does your facility have a process in place for facility staff to follow up with <b>physicians</b> who perform any one of the procedures in Section 3A to document complications (i.e., surgical site infections, excessive bleeding, ER admissions, return to OR, etc.) among those patients undergoing procedures within 30 days of discharge?	Yes No
3) Does your facility have a process in place to ensure that patients who have undergone any one of the procedures in Section 3A know whom to contact after hours (e.g., written after-hours instructions shared at discharge, email sent to patient with instructions after discharge, etc.)?	Yes No

### **3C: Patient Selection and Consent to Treat**

#### ***Patient Selection***

<p>1) Does your facility have a standard, written screening protocol to determine whether a patient's procedure can safely be performed at the facility?</p> <p><i>If "no," skip questions #2-4 and continue on to question #5.</i></p>	<p>Yes</p> <p>No</p>
<p>2) Which of the following components are included in your facility's standard, written screening protocol:</p> <p><i>Select all that apply.</i></p>	<p><input type="checkbox"/> Body Mass Index (BMI)</p> <p><input type="checkbox"/> American Society of Anesthesiologists (ASA) Physical Status Classification</p> <p><input type="checkbox"/> Recent Medical History (within 30 days of scheduled procedure)</p> <p><input type="checkbox"/> Frailty Assessment</p> <p><input type="checkbox"/> Cognitive Assessment</p> <p><input type="checkbox"/> Sleep Apnea Assessment</p> <p><input type="checkbox"/> Availability of transportation following discharge</p> <p><input type="checkbox"/> Availability of a caregiver following discharge</p>
<p>3) Who completes the standard, written screening protocol to determine whether a patient's procedure can safely be performed at the facility?</p> <p><i>Select all that apply.</i></p>	<p><input type="checkbox"/> Anesthesiologist</p> <p><input type="checkbox"/> Nurse Anesthetist (CRNA)</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Nurse (RN, MSN)</p> <p><input type="checkbox"/> Physician Assistant (PA)</p> <p><input type="checkbox"/> Nurse Practitioner (NP)</p> <p><input type="checkbox"/> Other</p>
<p>4) When patients are identified through your facility's screening protocol as high-risk, does an anesthesiologist, CRNA, or Medical Director complete an additional medical review to determine whether the patient's procedure can safely be performed at the facility?</p>	<p>Yes</p> <p>No</p>

#### ***Patient Consent to Treat***

<p>5) To help ensure that patients and their families have adequate time to review and ask questions about written surgical consent materials, it's our facility's policy to provide these materials to patients:</p>	<p><i>At least 3 days prior</i></p> <p><i>1-3 days prior</i></p> <p><i>Same day</i></p> <p><i>Not sure</i></p> <p><i>Not at all</i></p>
---	---

<p>6) To help ensure that patients and their families have adequate time to review and ask questions about written anesthesia consent materials, it's our facility's policy to provide these materials to patients:</p>	<p><i>At least 3 days prior</i></p> <p><i>1-3 days prior</i></p> <p><i>Same day</i></p> <p><i>Not sure</i></p> <p><i>Not at all</i></p>
---	---

### **3D: Safe Surgery Checklist**

**Reporting Time Period: 3 months**

Answer questions #1-7 for the latest 3-month period prior to submission of this section of the Survey.

1) What is the latest 3-month reporting period for which your facility is submitting responses to this section? 3-month reporting time period ending:	_____ <i>Format: MM/YYYY</i>
2) Does your facility utilize a safe surgery checklist when performing each of the applicable procedures reported on in Sections 3A?  <i>If "no," skip the remaining questions in Section 3D and go to the Affirmation of Accuracy.</i>	Yes  No
3) Who leads the safe surgery checklist?  <i>Select one.</i>	Anesthesiologist Nurse Anesthetist (CRNA) Physician Nurse (RN, MSN) Physician Assistant (PA) Nurse Practitioner (NP) Surgical Technician First Assist
4) Who leads the pre-operative briefing or the sign-in (if using the <a href="#">WHO checklist</a> )?  <i>Select one.</i>	Anesthesiologist Nurse Anesthetist (CRNA) Physician Nurse (RN, MSN) Physician Assistant (PA) Nurse Practitioner (NP) Surgical Technician First Assist
5) Who calls the ' <a href="#">time-out</a> ' <sup>12</sup> before the procedure begins?  <i>Select one.</i>	Anesthesiologist Nurse Anesthetist (CRNA) Physician Nurse (RN, MSN) Physician Assistant (PA) Nurse Practitioner (NP) Surgical Technician First Assist

<p>6) Who leads the post-operative debriefing or the sign-out (if using the <a href="#">WHO checklist</a>)?</p> <p><i>Select one.</i></p>	<p>Anesthesiologist                  Nurse Anesthetist (CRNA)                  Physician                  Nurse (RN, MSN)                  Physician Assistant (PA)                  Nurse Practitioner (NP)                  Surgical Technician                  First Assist</p>
<p>7) Who has spoken up about potential patient safety issues during the safe surgery checklist process in the past?</p> <p><i>Select all that apply.</i></p>	<p><input type="checkbox"/> Anesthesiologist  <input type="checkbox"/> Nurse Anesthetist (CRNA)  <input type="checkbox"/> Physician  <input type="checkbox"/> Nurse (RN, MSN)  <input type="checkbox"/> Physician Assistant (PA)  <input type="checkbox"/> Nurse Practitioner (NP)  <input type="checkbox"/> Surgical Technician  <input type="checkbox"/> First Assist  <input type="checkbox"/> Do not document</p>

**Affirmation of Accuracy**

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Volume and Safety of Procedures Section at our ASC, and I hereby certify that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this certification on behalf of our ASC.

The ASC and I understand that The Leapfrog Group is relying on the truth and accuracy of this information. The ASC and I understand that The Leapfrog Group will make this information and/or analyses of this information public through a national report that does not identify individual ASCs.

This information and/or analyses and all intellectual property rights therein shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. This information does not infringe upon any third party's intellectual property rights or any other third party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may use this information in a commercial manner for profit. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by \_\_\_\_\_, the ASC's \_\_\_\_\_,  
(First Name, Last Name) (Title)

On \_\_\_\_\_.  
(Date)

## Section 3: Volume and Safety of Procedures Reference Information

### **Change Summary Since Release**

If substantive changes are made to this section of the Survey after release on April 1, 2019, they will be documented in this Change Summary section.

May 29, 2019- Updated the [Measure Specifications](#) for identifying the following orthopedic procedures for both adult and pediatric patients: *Finger, Hand, Wrist, Forearm, and Elbow Procedures* and *Toe, Foot, Ankle, and Leg Procedures*. CPT Code Range 28192-28250 (CCS 160) was removed from *Finger, Hand, Wrist, Forearm, and Elbow Procedure CPT Codes* and added to *Toe, Foot, Ankle, and Leg Procedure CPT Codes*. See pages 60-61 of the hard copy of the Survey for the updated Measure Specifications for *Finger, Hand, Wrist, Forearm, and Elbow Procedures*, for both adult and pediatric patients. See page 63 of the hard copy of the Survey for the updated Measure Specifications for *Toe, Foot, Ankle, and Leg Procedures*, for both adult and pediatric patients.

## **Volume of Procedures Measure Specifications**

**Important Note:** For each of the procedures included in Section 3A: Volume of Procedures, Leapfrog has provided a set of CPT code ranges for counting **patients**. These CPT code ranges are provided below and also in an Excel Document under “Other Supporting Materials” for Section 3 on the [Survey Materials webpage](#).

<p><b>Source:</b> The Leapfrog Group, The Health Care Cost Institute</p>
<p><b>Reporting Time Period: 12-months</b></p> <ul style="list-style-type: none"> <li>• Surveys submitted prior to September 1: 01/01/2018 - 12/31/2018</li> <li>• Surveys (re)submitted on or after September 1: 07/01/2018 - 06/30/2019</li> </ul>
<p><b>Questions #2-11:</b> Respond “yes” or “no” based on whether or not your facility performed any of the procedures during the reporting period on adult and/or pediatric patients. The procedures fall within 10 specialty areas:</p> <p><b>Adult Procedures</b></p> <p><a href="#">Gastroenterology procedures:</a> upper GI endoscopy; other upper GI procedures; small intestine and stomal endoscopy; and lower GI endoscopy</p> <p><a href="#">General surgery procedures:</a> cholecystectomy and common duct exploration; excision of skin lesion; hemorrhoid procedures; inguinal and femoral hernia repairs; other hernia repairs; laparoscopy; lumpectomy or quadrantectomy of breast; mastectomy; and skin grafts</p> <p><a href="#">Ophthalmology procedures:</a> anterior segment eye procedures; and posterior segment eye procedures</p> <p><a href="#">Orthopedic procedures:</a> finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; spine procedures; hip procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures</p> <p><a href="#">Otolaryngology procedures:</a> ear procedures; mouth procedures; nasal/ sinus procedures; pharynx/ adenoid/ tonsil procedures</p> <p><a href="#">Urology procedures:</a> circumcision; cystourethroscopy; male genital procedures; male sterilization procedures; urethra procedures; and vaginal repair procedures</p> <p><a href="#">Dermatology procedures:</a> complex skin repairs</p> <p><a href="#">Neurological surgery procedures:</a> spinal fusions</p> <p><a href="#">Obstetrics and gynecology procedures:</a> cervix procedures; hysteroscopy; and uterus and adnexa laparoscopies</p> <p><a href="#">Plastic and reconstructive surgery procedures:</a> breast repair or reconstructive procedures; musculoskeletal graft or implant procedures</p> <p><b>Pediatric Procedures</b></p> <p><a href="#">Gastroenterology procedures:</a> upper GI endoscopy; other upper GI procedures; small intestine and stomal endoscopy; and lower GI endoscopy</p>

[General surgery procedures](#): inguinal and femoral hernia repairs; and other hernia repairs

[Ophthalmology procedures](#): anterior segment eye procedures

[Orthopedic procedures](#): finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; spine procedures; hip procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures

[Otolaryngology procedures](#): ear procedures; mouth procedures; nasal/ sinus procedures; pharynx/ adenoid/ tonsil procedures

[Urology procedures](#): circumcisions; cystourethroscopies; male genital procedures; urethra procedures; and vaginal repair procedures

Respond "yes" if:

- Your facility performed the procedure for the entire reporting period (12 months) and continues to do so
- Your facility performed the procedure during part of the reporting period (less than 12 months), and continues to perform the procedure

Respond "yes, but no longer perform these procedures" if:

- Your facility performed the procedure for all or some of the reporting period, but NO longer performs the procedure

Respond "no" if:

- Your facility does not perform the procedure.

**Questions #12-21:** Based on your responses to questions #2-11, report on the total (a) adult and/or (b) pediatric volume for each procedure (from questions #2-11) during the reporting period:

**Adult Procedures**

[Gastroenterology procedures](#): upper GI endoscopy; other upper GI procedures; small intestine and stomal endoscopy; and lower GI endoscopy

[General surgery procedures](#): cholecystectomy and common duct exploration; excision of skin lesion; hemorrhoid procedures; inguinal and femoral hernia repair; other hernia repair; laparoscopy; lumpectomy or quadrantectomy of breast; mastectomy; and skin graft

[Ophthalmology procedures](#): anterior segment eye procedures; and posterior segment eye procedures

[Orthopedic procedures](#): finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; spine procedures; hip procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures

[Otolaryngology procedures](#): ear procedures; mouth procedures; nasal/ sinus procedures; pharynx/ adenoid/ tonsil procedures

[Urology procedures](#): circumcisions; cystourethroscopy; male genital procedures; male sterilization procedures; urethra procedures; and vaginal repair procedures

[Dermatology procedures](#): complex skin repair

[Neurological surgery procedures](#): spinal fusion

[Obstetrics and gynecology procedures](#): cervix procedures; hysteroscopy; and uterus and adnexa laparoscopy

[Plastic and reconstructive surgery procedures](#): breast repair or reconstructive procedures; musculoskeletal graft or implant procedures

**Pediatric Procedures**

[Gastroenterology procedures](#): upper GI endoscopy; other upper GI procedures; small intestine and stomal endoscopy; and lower GI endoscopy

[General surgery procedures](#): inguinal and femoral hernia repair; and other hernia repair

[Ophthalmology procedures](#): anterior segment eye procedures

[Orthopedic procedures](#): finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; spine procedures; hip procedures; knee procedures; toe, foot, ankle, and leg procedures; and general orthopedic procedures

[Otolaryngology procedures](#): ear procedures; mouth procedures; nasal/ sinus procedures; pharynx/ adenoid/ tonsil procedures

[Urology procedures](#): circumcision; cystourethroscopy; male genital procedures; urethra procedures; and vaginal repair procedures

When calculating total **facility volume for (a) adult and/or (b) pediatric patients**:

- Count the number of **patients** discharged from your facility within the reporting period with any one or more of the codes specified for each procedure, subject to the criteria below:
  - Only the procedure codes provided by Leapfrog should be used to report on questions in Section 3A.
  - If a patient had more than one of the listed procedures performed on the same visit (i.e., repair of dislocating knee cap (CPT: 27422) and repair of superior labrum anterior/posterior (SLAP) lesion (CPT: 29807)), include the patient in the total volume for both procedures

See [FAQs](#) for additional information about responding to questions in this section.

### **Gastroenterology Measure Specifications**

For gastroenterology procedures, use the following sets of CPT code ranges to count **patients** discharged from your facility who have undergone any of the 4 procedures during the reporting period.

All four procedures apply to **both adult and pediatric patients**:

- Upper GI Endoscopy
- Other Upper GI Procedure
- Small Intestine and Stomal Endoscopy
- Lower GI Endoscopy

For gastroenterology procedures there is one set of codes for each procedure that should be used to count:

- a. The total number of adult (18 years of age or older) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).
- b. The total number of pediatric (17 years of age and younger) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).

#### ***Upper GI Endoscopy CPT Codes for ADULT AND PEDIATRIC PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
43248-43249	69	Esophageal dilatation
43234-43242	70	Upper gastrointestinal endoscopy, biopsy
43250-43259	70	Upper gastrointestinal endoscopy, biopsy

#### ***Other Upper GI Procedure CPT Codes for ADULT AND PEDIATRIC PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
43450-43460	69	Esophageal dilatation

#### ***Small Intestine and Stomal Endoscopy CPT Codes for ADULT AND PEDIATRIC PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
44360-44361	70	Upper gastrointestinal endoscopy, biopsy

#### ***Lower GI Endoscopy CPT Codes for ADULT AND PEDIATRIC PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
45355-45378	76	Colonoscopy and biopsy
45380-45393	76	Colonoscopy and biopsy
45308-45331	77	Proctoscopy and anorectal biopsy

### **General Surgery Measure Specifications**

For general surgery procedures, use the following sets of CPT code ranges to count **patients** discharged from your facility who have undergone any of the 9 procedures during the reporting period.

Seven procedures apply to **adult patients only**:

- Cholecystectomy and Common Duct Exploration
- Excision of Skin Lesion
- Hemorrhoid Procedure
- Laparoscopy
- Lumpectomy or Quadrantectomy of Breast
- Mastectomy
- Skin Graft

Two procedures apply to **both adult and pediatric patients**:

- Inguinal and Femoral Hernia Repair
- Other Hernia Repair

For general surgery procedures there is one set of codes for each procedure that should be used to count:

- a. The total number of adult (18 years of age or older) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).
- b. The total number of pediatric (17 years of age and younger) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).

#### ***Cholecystectomy and Common Duct Exploration CPT Codes for ADULT PATIENTS***

CPT Code Range	CCS	CCS Description
47562-47564	84	Cholecystectomy and common duct exploration

#### ***Excision of Skin Lesion CPT Codes for ADULT PATIENTS***

CPT Code Range	CCS	CCS Description
11200-11646	170	Excision of skin lesion
17000-17380	170	Excision of skin lesion
24071-24071	170	Excision of skin lesion
26111-26111	170	Excision of skin lesion
26115-26115	170	Excision of skin lesion
28039-28039	170	Excision of skin lesion
28043-28043	170	Excision of skin lesion
29893-29893	170	Excision of skin lesion

#### ***Hemorrhoid Procedure CPT Codes for ADULT PATIENTS***

CPT Code Range	CCS	CCS Description
46221-46262	81	Hemorrhoid procedures

**Inguinal and Femoral Hernia Repair CPT Codes for ADULT AND PEDIATRIC PATIENTS**

CPT Code Range	CCS	CCS Description
49491-49535	85	Inguinal and femoral hernia repair
49650-49651	85	Inguinal and femoral hernia repair

**Other Hernia Repair CPT Codes for ADULT AND PEDIATRIC PATIENTS**

CPT Code Range	CCS	CCS Description
43281-43282	86	Other hernia repair
49560-49611	86	Other hernia repair

**Laparoscopy CPT Codes for ADULT PATIENTS**

CPT Code Range	CCS	CCS Description
49320-49322	87	Laparoscopy

**Lumpectomy or Quadrantectomy of Breast CPT Codes for ADULT PATIENTS**

CPT Code Range	CCS	CCS Description
19120-19126	166	Lumpectomy, quadrantectomy of breast
19301-19302	166	Lumpectomy, quadrantectomy of breast

**Mastectomy CPT Codes for ADULT PATIENTS**

CPT Code Range	CCS	CCS Description
19303-19307	167	Mastectomy

**Skin Graft CPT Codes for ADULT PATIENTS**

CPT Code Range	CCS	CCS Description
14000-15738	172	Skin graft

### **Ophthalmology Measure Specifications**

For ophthalmology procedures, use the following sets of CPT code ranges to count **patients** discharged from your facility who have undergone either of the 2 procedures during the reporting period.

One procedure applies to **adult patients only**:

- Posterior Segment Eye Procedures

One procedure applies to **both adult and pediatric patients**:

- Anterior Segment Eye Procedures

For ophthalmology procedures there is one set of codes for each procedure that should be used to count:

- The total number of adult (18 years of age or older) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).
- The total number of pediatric (17 years of age and younger) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).

#### ***Anterior Segment Eye Procedures CPT Codes for ADULT AND PEDIATRIC PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
65710-65757	13	Corneal transplant
65820-65855	14	Glaucoma procedures
66150-66185	14	Glaucoma procedures
66700-66761	14	Glaucoma procedures
66820-66986	15	Lens and cataract procedures
15820-15823	19	Other therapeutic procedures on eyelids, conjunctiva, cornea
65270-65286	19	Other therapeutic procedures on eyelids, conjunctiva, cornea
65400-65400	19	Other therapeutic procedures on eyelids, conjunctiva, cornea
65420-65426	19	Other therapeutic procedures on eyelids, conjunctiva, cornea
66250-66250	19	Other therapeutic procedures on eyelids, conjunctiva, cornea
67700-67808	19	Other therapeutic procedures on eyelids, conjunctiva, cornea
67820-68040	19	Other therapeutic procedures on eyelids, conjunctiva, cornea
68110-68505	19	Other therapeutic procedures on eyelids, conjunctiva, cornea
68530-68840	19	Other therapeutic procedures on eyelids, conjunctiva, cornea
67311-67345	21	Other extraocular muscle and orbit therapeutic procedures
67405-67414	21	Other extraocular muscle and orbit therapeutic procedures
67420-67445	21	Other extraocular muscle and orbit therapeutic procedures
67500-67560	21	Other extraocular muscle and orbit therapeutic procedures

#### ***Posterior Segment Eye Procedures CPT Codes for ADULT PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
67039-67040	16	Repair of retinal tear, detachment
67101-67113	16	Repair of retinal tear, detachment
66990-67038	20	Other intraocular therapeutic procedures
67041-67043	20	Other intraocular therapeutic procedures
67115-67121	20	Other intraocular therapeutic procedures

### **Orthopedic Measure Specifications**

For orthopedic procedures, use the following sets of CPT code ranges to count **patients** discharged from your facility who have undergone any of the 7 procedures during the reporting period.

All 7 procedures apply to **both adult and pediatric patients**:

- Finger, Hand, Wrist, Forearm, and Elbow Procedures
- Shoulder Procedures
- Spine Procedures
- Hip Procedures
- Knee Procedures
- Toe, Foot, Ankle, and Leg Procedures
- General Orthopedic Procedures

For 3 of the orthopedic procedures (i.e. finger, hand, wrist, forearm, and elbow procedures; shoulder procedures; and general orthopedic procedures), there are **two** different sets of codes (one for adult patients only and one for pediatric patients only) that should be used to count:

- a. The total number of adult (18 years of age or older) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).
- b. The total number of pediatric (17 years of age and younger) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).

For 4 of the orthopedic procedures (spine procedures; hip procedures; knee procedures; and toe, foot, ankle, and leg procedures) there is **one** set of codes for each procedure that should be used to count:

- a. The total number of adult (18 years of age or older) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).
- b. The total number of pediatric (17 years of age and younger) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).

#### ***Finger, Hand, Wrist, Forearm, and Elbow Procedure CPT Codes for ADULT PATIENTS ONLY***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
29848-29848	6	Decompression peripheral nerve
64702-64727	6	Decompression peripheral nerve
24583-24685	145	Treatment, fracture or dislocation of radius and ulna
25500-25620	145	Treatment, fracture or dislocation of radius and ulna
25622-25645	148	Other fracture and dislocation procedure
25670-25670	148	Other fracture and dislocation procedure
26600-26785	148	Other fracture and dislocation procedure
25441-25449	154	Arthroplasty other than hip or knee
24105-24105	160	Other therapeutic procedures on muscles and tendons
24301-24342	160	Other therapeutic procedures on muscles and tendons
25000-25031	160	Other therapeutic procedures on muscles and tendons
25109-25116	160	Other therapeutic procedures on muscles and tendons
25260-25318	160	Other therapeutic procedures on muscles and tendons

CPT Code Range	CCS	CCS Description
26035-26060	160	Other therapeutic procedures on muscles and tendons
26113-26113	160	Other therapeutic procedures on muscles and tendons
26116-26125	160	Other therapeutic procedures on muscles and tendons
26160-26180	160	Other therapeutic procedures on muscles and tendons
26350-26510	160	Other therapeutic procedures on muscles and tendons
24343-24352	162	Other OR therapeutic procedures on joints
24357-24359	162	Other OR therapeutic procedures on joints
25320-25320	162	Other OR therapeutic procedures on joints
25800-25830	162	Other OR therapeutic procedures on joints
26540-26545	162	Other OR therapeutic procedures on joints
26820-26863	162	Other OR therapeutic procedures on joints
29835-29838	162	Other OR therapeutic procedures on joints
29844-29846	162	Other OR therapeutic procedures on joints

**NOTE:** CPT Code Range 28192-28250 (CCS 160) was removed and added to *Toe, Foot, Ankle, and Leg Procedure CPT Codes for ADULT AND PEDIATRIC PATIENTS.*

**Finger, Hand, Wrist, Forearm, and Elbow Procedure CPT Codes for PEDIATRIC PATIENTS ONLY**

CPT Code Range	CCS	CCS Description
28035-28035	6	Decompression peripheral nerve
29848-29848	6	Decompression peripheral nerve
64702-64727	6	Decompression peripheral nerve
24583-24685	145	Treatment, fracture or dislocation of radius and ulna
25500-25620	145	Treatment, fracture or dislocation of radius and ulna
25622-25645	148	Other fracture and dislocation procedure
25670-25670	148	Other fracture and dislocation procedure
26600-26785	148	Other fracture and dislocation procedure
25441-25449	154	Arthroplasty other than hip or knee
24105-24105	160	Other therapeutic procedures on muscles and tendons
24301-24342	160	Other therapeutic procedures on muscles and tendons
25000-25031	160	Other therapeutic procedures on muscles and tendons
25109-25116	160	Other therapeutic procedures on muscles and tendons
25260-25318	160	Other therapeutic procedures on muscles and tendons
26035-26060	160	Other therapeutic procedures on muscles and tendons
26113-26113	160	Other therapeutic procedures on muscles and tendons
26116-26125	160	Other therapeutic procedures on muscles and tendons
26160-26180	160	Other therapeutic procedures on muscles and tendons
26350-26510	160	Other therapeutic procedures on muscles and tendons
24343-24352	162	Other OR therapeutic procedures on joints
24357-24359	162	Other OR therapeutic procedures on joints
25320-25320	162	Other OR therapeutic procedures on joints
25800-25830	162	Other OR therapeutic procedures on joints
26540-26545	162	Other OR therapeutic procedures on joints
26820-26863	162	Other OR therapeutic procedures on joints
29835-29838	162	Other OR therapeutic procedures on joints
29844-29846	162	Other OR therapeutic procedures on joints

**NOTE:** CPT Code Range 28192-28250 (CCS 160) was removed and added to *Toe, Foot, Ankle, and Leg Procedure CPT Codes for ADULT AND PEDIATRIC PATIENTS.*

**Shoulder Procedure CPT Codes for ADULT PATIENTS**

CPT Code Range	CCS	CCS Description
23500-23680	148	Other fracture and dislocation procedure
24498-24582	148	Other fracture and dislocation procedure
25431-25440	148	Other fracture and dislocation procedure
29825-29825	150	Division of joint capsule, ligament or cartilage
23470-23474	154	Arthroplasty other than hip or knee
29826-29826	154	Arthroplasty other than hip or knee
23073-23073	160	Other therapeutic procedures on muscles and tendons
23405-23412	160	Other therapeutic procedures on muscles and tendons
23430-23440	160	Other therapeutic procedures on muscles and tendons
29827-29828	160	Other therapeutic procedures on muscles and tendons
29806-29807	162	Other OR therapeutic procedures on joints

**Shoulder Procedure CPT Codes for PEDIATRIC PATIENTS**

CPT Code Range	CCS	CCS Description
23120-23156	142	Partial excision bone
29824-29824	142	Partial excision bone
23500-23680	148	Other fracture and dislocation procedure
24498-24582	148	Other fracture and dislocation procedure
25431-25440	148	Other fracture and dislocation procedure
29825-29825	150	Division of joint capsule, ligament or cartilage
23470-23474	154	Arthroplasty other than hip or knee
29826-29826	154	Arthroplasty other than hip or knee
23073-23073	160	Other therapeutic procedures on muscles and tendons
23405-23412	160	Other therapeutic procedures on muscles and tendons
23430-23440	160	Other therapeutic procedures on muscles and tendons
29827-29828	160	Other therapeutic procedures on muscles and tendons
29806-29807	162	Other OR therapeutic procedures on joints
29820-29823	162	Other OR therapeutic procedures on joints

**Spine Procedure CPT Codes for ADULT AND PEDIATRIC PATIENTS**

CPT Code Range	CCS	CCS Description
63265-63308	9	Other OR therapeutic nervous system procedures

**Hip Procedure CPT Codes for ADULT AND PEDIATRIC PATIENTS**

CPT Code Range	CCS	CCS Description
27125-27138	153	Hip replacement, total and partial
29914-29916	153	Hip replacement, total and partial
29861-29868	162	Other OR therapeutic procedures on joints

**Knee Procedure CPT Codes for ADULT AND PEDIATRIC PATIENTS**

CPT Code Range	CCS	CCS Description
29870-29871	149	Arthroscopy
29888-29889	149	Arthroscopy
29873-29873	150	Division of joint capsule, ligament or cartilage
29884-29884	150	Division of joint capsule, ligament or cartilage
27403-27409	151	Excision of semilunar cartilage of knee
29880-29883	151	Excision of semilunar cartilage of knee
27420-27424	152	Arthroplasty knee
27427-27429	152	Arthroplasty knee
27437-27447	152	Arthroplasty knee
27570-27580	162	Other OR therapeutic procedures on joints
29874-29879	162	Other OR therapeutic procedures on joints
29885-29887	162	Other OR therapeutic procedures on joints

**Toe, Foot, Ankle, and Leg Procedure CPT Codes for ADULT AND PEDIATRIC PATIENTS**

CPT Code Range	CCS	CCS Description
27750-27848	147	Treatment, fracture or dislocation of lower extremity (other than hip or femur)
28320-28322	147	Treatment, fracture or dislocation of lower extremity (other than hip or femur)
28400-28675	147	Treatment, fracture or dislocation of lower extremity (other than hip or femur)
29850-29856	147	Treatment, fracture or dislocation of lower extremity (other than hip or femur)
27600-27606	160	Other therapeutic procedures on muscles and tendons
27650-27692	160	Other therapeutic procedures on muscles and tendons
28008-28011	160	Other therapeutic procedures on muscles and tendons
28086-28092	160	Other therapeutic procedures on muscles and tendons
28192-28250	160	Other therapeutic procedures on muscles and tendons
27695-27698	162	Other OR therapeutic procedures on joints
28740-28750	162	Other OR therapeutic procedures on joints
29891-29892	162	Other OR therapeutic procedures on joints
29894-29899	162	Other OR therapeutic procedures on joints

**General Orthopedic Procedure CPT Codes for ADULT PATIENTS**

CPT Code Range	CCS	CCS Description
29815-29819	149	Arthroscopy
29830-29834	149	Arthroscopy
29999-29999	149	Arthroscopy

**General Orthopedic Procedure CPT Codes for PEDIATRIC PATIENTS**

CPT Code Range	CCS	CCS Description
29815-29819	149	Arthroscopy
29830-29834	149	Arthroscopy
29999-29999	149	Arthroscopy
20665-20697	161	Other OR therapeutic procedures on bone
23480-23491	161	Other OR therapeutic procedures on bone

### **Otolaryngology Measure Specifications**

For otolaryngology procedures, use the following sets of CPT code ranges to count **patients** discharged from your facility who have undergone any of the 4 procedures during the reporting period.

All four procedures apply to **both adult and pediatric patients**:

- Ear Procedure
- Mouth Procedure
- Nasal/ Sinus Procedure
- Pharynx/ Adenoid/ Tonsil Procedure

For otolaryngology procedures there is one set of codes for each procedure that should be used to count:

- a. The total number of adult (18 years of age or older) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).
- b. The total number of pediatric (17 years of age and younger) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).

#### ***Ear Procedure CPT Codes for ADULT AND PEDIATRIC PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
69610-69637	22	Tympanoplasty
69420-69421	23	Myringotomy
69433-69440	23	Myringotomy
69110-69155	26	Other therapeutic ear procedures
69205-69210	26	Other therapeutic ear procedures
69424-69424	26	Other therapeutic ear procedures
21230-21235	164	Other OR therapeutic procedures on musculoskeletal system

#### ***Mouth Procedure CPT Codes for ADULT AND PEDIATRIC PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
40810-40816	33	Other OR therapeutic procedures on nose, mouth and pharynx
41500-41599	33	Other OR therapeutic procedures on nose, mouth and pharynx
42104-42340	33	Other OR therapeutic procedures on nose, mouth and pharynx
42408-42510	33	Other OR therapeutic procedures on nose, mouth and pharynx
42810-42815	33	Other OR therapeutic procedures on nose, mouth and pharynx

#### ***Nasal/ Sinus Procedure CPT Codes for ADULT AND PEDIATRIC PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
30400-30545	28	Plastic procedures on nose
30110-30117	33	Other OR therapeutic procedures on nose, mouth and pharynx
30130-30160	33	Other OR therapeutic procedures on nose, mouth and pharynx
30310-30310	33	Other OR therapeutic procedures on nose, mouth and pharynx
30801-30802	33	Other OR therapeutic procedures on nose, mouth and pharynx
31239-31240	33	Other OR therapeutic procedures on nose, mouth and pharynx
31251-31259	33	Other OR therapeutic procedures on nose, mouth and pharynx
31261-31269	33	Other OR therapeutic procedures on nose, mouth and pharynx

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
31271-31299	33	Other OR therapeutic procedures on nose, mouth and pharynx
21300-21495	144	Treatment, facial fracture or dislocation
30930-30930	144	Treatment, facial fracture or dislocation

***Pharynx/Adenoid/Tonsil Procedure CPT Codes for ADULT AND PEDIATRIC PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
42820-42836	30	Tonsillectomy and/or adenoidectomy

### **Urology Measure Specifications**

For urology procedures, use the following sets of CPT code ranges to count **patients** discharged from your facility who have undergone any of the 6 procedures during the reporting period.

One procedure applies to **adult patients only**:

- Male Sterilization Procedures

Five procedures apply to **both adult and pediatric patients**:

- Circumcision
- Cystourethroscopy
- Male Genital Procedures
- Urethra Procedures
- Vaginal Repair Procedures

For urology procedures there is one set of codes for each procedure that should be used to count:

- The total number of adult (18 years of age or older) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).
- The total number of pediatric (17 years of age and younger) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).

#### ***Circumcision CPT Codes for ADULT AND PEDIATRIC PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
54150-54161	115	Circumcision
54162-54162	115	Circumcision
54163-54163	115	Circumcision

#### ***Cystourethroscopy CPT Codes for ADULT AND PEDIATRIC PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
52000-52000	100	Endoscopy and endoscopic biopsy of the urinary tract
52007-52204	100	Endoscopy and endoscopic biopsy of the urinary tract
52351-52351	100	Endoscopy and endoscopic biopsy of the urinary tract
52214-52240	101	Transurethral excision, drainage, or removal urinary obstruction
52300-52315	101	Transurethral excision, drainage, or removal urinary obstruction
52352-52352	101	Transurethral excision, drainage, or removal urinary obstruction
52353-52353	107	Extracorporeal lithotripsy, urinary
52356-52356	107	Extracorporeal lithotripsy, urinary
52277-52285	109	Procedures on the urethra
52287-52287	112	Other OR therapeutic procedures of urinary tract
52355-52355	112	Other OR therapeutic procedures of urinary tract

**Male Genital Procedures CPT Codes for ADULT AND PEDIATRIC PATIENTS**

CPT Code Range	CCS	CCS Description
54300-54304	118	Other OR therapeutic procedures, male genital
54322-54440	118	Other OR therapeutic procedures, male genital
54510-54692	118	Other OR therapeutic procedures, male genital
55040-55060	118	Other OR therapeutic procedures, male genital
55150-55180	118	Other OR therapeutic procedures, male genital

**Male Sterilization Procedures CPT Codes for ADULT PATIENTS**

CPT Code Range	CCS	CCS Description
55200-55250	117	Other non-OR therapeutic procedures, male genital

**Urethra Procedures CPT Codes for ADULT AND PEDIATRIC PATIENTS**

CPT Code Range	CCS	CCS Description
53000-53060	109	Procedures on the urethra
53450-53665	109	Procedures on the urethra

**Vaginal Repair Procedures CPT Codes for ADULT AND PEDIATRIC PATIENTS**

CPT Code Range	CCS	CCS Description
57287-57288	106	Genitourinary incontinence procedures

**Dermatology Measure Specifications**

For dermatology procedures, use the following set of CPT code ranges to count **patients** discharged from your facility who have undergone the procedure during the reporting period.

One procedure applies to **adult patients only**:

- Complex Skin Repair

For dermatology procedures there is one set of codes for each procedure that should be used to count:

- The total number of adult (18 years of age or older) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).

***Complex Skin Repair CPT Codes for ADULT PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
12001-13133	171	Suture of skin and subcutaneous tissue

**Neurological Surgery Measure Specifications**

For neurological surgery procedures, use the following sets of CPT code ranges to count **patients** discharged from your facility who have undergone the procedure during the reporting period.

One procedure applies to **adult patients only**:

- Spinal Fusion

For neurological surgery procedures there is one set of codes for each procedure that should be used to count:

- a. The total number of adult (18 years of age or older) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).

***Spinal Fusion Procedure CPT Codes for ADULT PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
22532-22812	158	Spinal fusion
22840-22855	158	Spinal fusion

### **Obstetrics and Gynecology Measure Specifications**

For obstetrics and gynecology procedures, use the following sets of CPT code ranges to count **patients** discharged from your facility who have undergone any of the 3 procedures during the reporting period.

Three procedures apply to **adult patients only**:

- Cervix Procedure
- Hysteroscopy
- Uterus and Adnexa Laparoscopy

For obstetrics and gynecology procedures there is one set of codes for each procedure that should be used to count:

- a. The total number of adult (18 years of age or older) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).

#### ***Cervix Procedure CPT Codes for ADULT PATIENTS***

CPT Code Range	CCS	CCS Description
57510-57550	125	Other excision of cervix and uterus

#### ***Hysteroscopy CPT Codes for ADULT PATIENTS***

CPT Code Range	CCS	CCS Description
58559-58561	125	Other excision of cervix and uterus
58563-58563	125	Other excision of cervix and uterus
58555-58558	130	Other diagnostic procedures, female organs

#### ***Uterus and Adnexa Laparoscopies CPT Codes for ADULT PATIENTS***

CPT Code Range	CCS	CCS Description
58661-58661	119	Oophorectomy, unilateral and bilateral
58670-58671	121	Ligation of fallopian tubes
58662-58662	132	Other OR therapeutic procedures, female organs

### **Plastic and Reconstructive Surgery Measure Specifications**

For plastic and reconstructive surgery procedures, use the following sets of CPT code ranges to count **patients** discharged from your facility who have undergone either of the 2 procedures during the reporting period.

Two procedure applies to **adult patients only**:

- Breast Repair or Reconstruction
- Musculoskeletal Grafts or Implants

For plastic and reconstructive surgery procedures there is one set of codes for each procedure that should be used to count:

- a. The total number of adult (18 years of age or older) patients discharged with any of the following CPT codes listed in the range below. The CPT code can be in any procedure field (primary or secondary).

#### ***Breast Repair or Reconstruction CPT Codes for ADULT PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
19316-19380	175	Other OR therapeutic procedures on skin and breast

#### ***Musculoskeletal Grafts or Implants CPT Codes for ADULT PATIENTS***

<b>CPT Code Range</b>	<b>CCS</b>	<b>CCS Description</b>
20926-20926	175	Other OR therapeutic procedures on skin and breast

## **Volume of Procedures Frequently Asked Questions (FAQs)**

### **1) How did Leapfrog select these 10 specialties and the procedures in this section of the survey?**

Leapfrog worked with the Healthcare Cost Institute (HCCI) to identify the most commonly billed surgical procedures in Ambulatory Surgery Centers and Hospital Outpatient Departments for commercially insured adult and pediatric patients. Leapfrog's technical experts then assessed the list of procedures based on their frequency and type of anesthesia used during the procedure. Those selected for the Survey represent the highest volume procedures nationally requiring moderate to general anesthesia (including nerve blocks). The procedure codes are grouped into CPT Code Ranges based on the Agency for Healthcare Research and Quality's (AHRQs) Clinical Classification Software (CCS), which groups procedures together based on their similarities.

Please reach out to the [Leapfrog Help Desk](#) if you believe additional CPT Codes Ranges from the AHRQs CCS should be added to the Survey; Leapfrog will take these suggestions to our technical experts.

## **Patient Selection and Consent to Treat Frequently Asked Questions (FAQs)**

### **1) What are examples of appropriate tools for assessing frailty and cognition as part of patient screening and selection?**

Examples of tools that may be used to assess frailty include the Physical Frailty Phenotype (PFP), Deficit Accumulation Index (DAI), FRAIL Scale.

More information on these assessments of frailty may be reviewed here:

[https://www.americangeriatrics.org/sites/default/files/inline-files/ravi\\_varadhan.pdf](https://www.americangeriatrics.org/sites/default/files/inline-files/ravi_varadhan.pdf)

Examples of tools that may be used to assess cognition include the Montreal Cognitive Assessment (MOCA), Mini-Mental State Exam (MMSE), and Mini-Cog.

More information on these cognitive assessments, as well as other commonly used tools, may be found here: [https://www.americangeriatrics.org/sites/default/files/inline-files/kkaycee\\_sink.pdf](https://www.americangeriatrics.org/sites/default/files/inline-files/kkaycee_sink.pdf), as well as here: <https://www.aafp.org/patient-care/public-health/cognitive-care/cognitive-evaluation.html>

### **2) Why does a Medical Director need to perform a second screening of high-risk patients?**

If an anesthesiologist and/or CRNA performs the initial screening for high-risk patients, then the second screening should be conducted by a Medical Director, as the Medical Director should take ownership for how the facility screens patients. The Medical Director should also have the clinical expertise to determine whether it is safe and appropriate for a patient to have an invasive procedure or surgery performed at the facility.

## **Safe Surgery Checklist Frequently Asked Questions (FAQs)**

### **1) What are examples of Safe Surgery Checklists that are appropriate to use?**

- a. World Health Organization (WHO) Surgical Safety Checklist:  
<https://www.who.int/patientsafety/safesurgery/checklist/en/>
- b. The Joint Commission (TJC) Universal Protocol:  
[https://www.jointcommission.org/standards\\_information/up.aspx](https://www.jointcommission.org/standards_information/up.aspx)
- c. Association of periOperative Registered Nurses (AORN) Comprehensive Surgical Checklist:  
<https://www.aorn.org/guidelines/clinical-resources/tool-kits/correct-site-surgery-tool-kit/aorn-comprehensive-surgical-checklist>

### **2) Does the safe surgery checklist referenced in Section 3D apply to all procedures, including colonoscopies, endoscopies, etc.?**

Yes, it applies to all procedures in Section 3A questions #2-11. If your facility does not utilize a safe surgery checklist for colonoscopy and/or endoscopy, respond “no” to question #2.

### **3) What if the terms ‘sign-in’ and ‘sign-out’ in Section 3D Questions #4 and 6 don’t apply to my facility because we are not using the WHO Surgical Safety Checklist?**

In Section 3D: Safe Surgery Checklist, the terms ‘sign-in’ and ‘sign-out’ apply specifically to facilities utilizing the WHO Surgical Safety Checklist. The terms ‘pre-operative briefing’ and ‘post-operative briefing’ apply to facilities using a different safe surgery checklist. Please see FAQ #1 for a list of suggested safe surgery checklists to be used in ASCs and HOPDs.

### **4) In Section 3D Safe Surgery Checklist, how does Leapfrog define, “before the procedure begins?”**

“Before the procedure” is defined as prior to skin incision for the purpose of responding to question #5 in Section 3D.

### **5) If we are not currently using one of the nationally recognized Safe Surgery Checklists (see examples in FAQ #1), how should we respond to Section 3D questions #1-7?**

In 2019, please answer the questions in Section 3D regarding the Safe Surgery Checklist according to the checklist you are currently using. If you are unable to answer the questions because your checklist does not include the steps we are asking about, please go back to question #2 and answer “no.” Leapfrog is currently accepting examples of modified Safe Surgery Checklists via our [Leapfrog Help Desk](#) and will be reviewing them for the 2020 Surveys with the national Expert Panel.

# Page Intentionally Left Blank

## **SECTION 4: PATIENT SAFETY PRACTICES**

This section includes questions and reference information for Section 4: Patient Safety Practices. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

## Section 4: Patient Safety Practices

**Outpatient Procedures Bibliography (Antimicrobial Stewardship Practices, Hand Hygiene Practices, NQF Safe Practices, and Never Events Policy):** <http://www.leapfroggroup.org/outpatient-procedures>

Section 4 includes questions about medication safety (medication and allergy documentation, and antimicrobial stewardship practices), the NHSN Outpatient Procedure Component Module reporting, Hand Hygiene Practices, NQF Safe Practices, and the Never Events Policy at your facility.

Leapfrog will not score Survey responses or publicly report individual ASC Survey Results in 2019. However, participating ASCs will receive a free individual ASC Benchmarking Report. For ASCs that submit a Survey by June 30, this ASC Benchmarking Report will be available to view in September and February via the ASC Details Page link on the Survey Dashboard. Leapfrog plans to score Survey responses and publicly report individual ASC Survey Results in 2020.

## **4A: Medication Safety**

### ***Medication and Allergy Documentation***

**Specifications:** See [Medication Safety](#) in the Patient Safety Practices Measure Specifications on pages 99-100.

#### **Reporting Time Period: 12 months**

Answer questions #2-7 based on all cases (or a sufficient sample of them)

- Surveys submitted prior to September 1: 01/01/2018 – 12/31/2018
- Surveys (re)submitted on or after September 1: 07/01/2018 – 06/30/2019

**Sufficient Sample:** See Medication Safety Reference Information for instructions on identifying a sufficient sample for Questions #2-7.

1) 12-month reporting time period used:	<input type="checkbox"/> 01/01/2018 – 12/31/2018 <input type="checkbox"/> 07/01/2018 – 06/30/2019
2) Did your facility perform an audit of clinical records for all patients (or a <a href="#">sufficient sample</a> of them) discharged for the reporting period selected <b>and</b> measure adherence to medication documentation guidelines regarding home medications, medications ordered during the visit, and medication allergies?  <i>If “no” or “yes, but there were fewer than 60 patients discharged for the reporting period,” skip questions #3-7 and continue on to question #8.</i>	<p style="text-align: center;">Yes No</p> <p style="text-align: center;"><i>Yes, but there were fewer than 60 patients discharged for the reporting period</i></p>
3) Number of cases measured (either all cases or a sufficient sample of them).	_____
4) Number of cases in question #3 with a list of <a href="#">home medication(s)</a> , including dose, route, and frequency, documented in the clinical record.	_____
5) Number of cases in question #3 with a list of <b>any medication(s) ordered, prescribed, or administered during the visit</b> , including the strength, dose, route, date, and time of administration, documented in the clinical record.	_____
6) Number of cases in question #3 with a list of <b>allergies and adverse reaction status</b> documented in the clinical record.	_____
7) Do the responses in questions #3-6 represent a sample of cases?	<p style="text-align: center;">Yes No</p>

## Antimicrobial Stewardship Practices

### Reporting Time Period:

Answer Questions #8-19 based on the current structure or process your facility has in place at the time of the Survey submission.

**Note 1:** The following questions comprise the Antimicrobial Stewardship Checklist for Ambulatory Surgery Centers created by the Health Services Advisory Group (HSAG) and describe five (5) Core Elements of Antimicrobial Stewardship: Leadership Support, Accountability, Policies, Interventions to Improve Antibiotic Use, and Education. The checklist may also be reviewed here:

<https://www.hsag.com/contentassets/98d1e68f70bc4240832eb3545b6050f6/rbrndcdchsagaschecklistforascscs.pdf>.

Checklist reference: The Centers for Disease Control and Prevention (CDC). Checklist for Core Elements of Hospital Antibiotic Stewardship Programs. Available at: <https://www.cdc.gov/antibiotic-use/healthcare/implementation/checklist.html>. Accessed on: February 28, 2018

**Note 2:** Hyperlinks throughout this subsection refer to FAQs on page 102, not to endnotes. These hyperlinks are not included in the online version of the Survey.

8) Does your facility have an antimicrobial stewardship program?  <i>If "no," skip the remaining questions in Section 4A and continue on to Section 4B.</i>	Yes No
---	-----------

Please respond to each element of the Antimicrobial Stewardship Checklist as it applies to your facility.	
<b>Leadership Support</b>	
9) Does your facility have a formal, written statement of support from <a href="#">leadership</a> that supports efforts to improve antimicrobial use (antimicrobial stewardship)?	Yes No
10) Does your facility receive any budgeted financial support for antimicrobial stewardship activities (e.g., support for salary, training, or IT support)?	Yes No
<b>Accountability</b>	
11) Is there a physician leader responsible for program outcomes of stewardship activities at your facility?	Yes No
12) Is there a pharmacist leader responsible for working to improve antimicrobial use at your facility?	Yes No
<b>Policies</b>	
13) Does your facility have a policy that requires prescribers to document in the medical record or during order entry a dose, duration, and indication for all antimicrobial prescriptions?	Yes No

14) Does your stewardship program monitor adherence to the policy (such as by monitoring dose, duration, and indication)?	Yes No
15) Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antimicrobial selection for common clinical conditions?	Yes No
16) Does your stewardship program monitor adherence to facility-specific treatment recommendations?	Yes No
<b>Interventions to Improve Antibiotic Use</b>	
17) Do specified antimicrobial agents need to be approved by a physician or pharmacist prior to dispensing (i.e., pre-authorization) at your facility?	Yes No
18) Does a physician or pharmacist review courses of therapy for specified antimicrobial agents (i.e., prospective audit with feedback) at your facility?	Yes No
<b>Education</b>	
19) Does your stewardship program provide education to clinicians and other relevant staff members on improving antimicrobial prescribing?	Yes No

## **4B: NHSN Outpatient Procedure Component Module**

Specifications: See [NHSN Outpatient Procedure Component Module Measure Specifications](#) on the Measure Specifications on page 101.

**Reporting Time Period: 12 months**

- Surveys submitted prior to September 1: 01/01/2018 – 12/31/2018
- Surveys (re)submitted on or after September 1: 07/01/2018 – 06/30/2019

*Leapfrog will update data 4 times per Survey cycle for all current members of our NHSN group that have provided an accurate NHSN ID in the Profile and submitted Section 4: Patient Safety Practices. Before September 1, Leapfrog will use calendar year 2018 data. On or after September 1, Leapfrog will use 2018 Quarter 3 data through 2019 Quarter 2 data.*

*Visit the [Join NHSN Group](#) webpage for important information on deadlines for joining Leapfrog’s NHSN Group.*

**Note:** Leapfrog will be obtaining data for the Outpatient Procedure Component (OPC) modules listed below directly from the CDC’s National Healthcare Safety Network (NHSN).

Please be sure you have followed the instructions provided online and have joined Leapfrog’s NHSN group for ASCs by the specified deadlines. In addition to joining Leapfrog’s NHSN group, facilities must provide an accurate NHSN ID in the Profile section of the Online Survey Tool and submit Section 4: Patient Safety Practices. ASCs that join Leapfrog’s NHSN group, but do not provide an accurate NHSN ID in their Profile or do not submit Section 4: Patient Safety Practices, will not have their NHSN data included in Leapfrog’s aggregate Benchmarking Reports for ASCs in 2019. The join deadline for the first NHSN pull date will be June 20 and NHSN data will be pulled on June 21.

For all other deadlines, please refer to the “Deadlines and Reporting Periods” table provided in the [Section 4B Measure Specifications](#), as well as [online](#).

1) 12-month reporting time period used:	<input type="checkbox"/> 01/01/2018 – 12/31/2018 <input type="checkbox"/> 07/01/2018 – 06/30/2019
2) Does your facility participate in NHSN's Outpatient Procedure Component (OPC)?  <i>If “no,” skip the remaining questions in Section 4B and continue on to Section 4C.</i>	Yes  No

3) What information is your facility currently reporting into NHSN's OPC?  <i>Check all that apply.</i>	<input type="checkbox"/> Outpatient Procedure Component- Annual Facility Survey  <input type="checkbox"/> Same Day Outcome Measures (SDOM) Module
---	---

	<input type="checkbox"/> Breast Surgery (BRST) Procedure SSI Outcome Measure <input type="checkbox"/> Herniorrhaphy (HER) Procedure SSI Outcome Measure <input type="checkbox"/> Knee Prosthesis (KPRO) Procedure SSI Outcome Measure <input type="checkbox"/> Laminectomy (LAM) Procedure SSI Outcome Measure
--	---

4) How many months during the reporting period did your facility report data to the NHSN OPC modules checked in question #3?	
a) Outpatient Procedure Component - Annual Facility Survey	_____ <i>Format: Whole numbers only</i>
b) Same Day Outcome Measures (SDOM) Module	_____ <i>Format: Whole numbers only</i>
c) Breast Surgery (BRST) Procedure SSI Outcome Measure	_____ <i>Format: Whole numbers only</i>
d) Herniorrhaphy (HER) Procedure SSI Outcome Measure	_____ <i>Format: Whole numbers only</i>
e) Knee Prosthesis (KPRO) Procedure SSI Outcome Measure	_____ <i>Format: Whole numbers only</i>
f) Laminectomy (LAM) Procedure SSI Outcome Measure	_____ <i>Format: Whole numbers only</i>

## 4C: Hand Hygiene Practices

**Note 1:** Hyperlinks, not followed by a superscript, throughout this subsection refer to FAQs on page 103-105. These hyperlinks are not included in the online version of the Survey.

**Note 2:** The framework and questions in Section 4C are modeled after the World Health Organization's [Hand Hygiene Self-Assessment Framework](#).

**Note 3:** Facility responses should reflect surgical or treatment areas, which include pre-operative rooms, operating and procedure rooms, post-operative rooms).

**Reporting Time Period:** Answer questions #1-24 based on the current status of the facility at the time you submit this section of the Survey, unless otherwise noted.

### Training and Education

1) Does your facility use a <a href="#">professional with appropriate training and skills</a> <sup>13</sup> to serve as its trainer for hand hygiene educational programs?	Yes No
2) How frequently do <a href="#">individuals who touch patients or who touch items that will be used by patients</a> receive training regarding hand hygiene in your facility?  <i>Select all that apply.</i>  <i>If "never," skip questions #3-5 and continue on to question #6.</i>	<input type="checkbox"/> Never <input type="checkbox"/> At the time of hire <input type="checkbox"/> Regular training, at least annually <input type="checkbox"/> Regular training, but less frequently than annually <input type="checkbox"/> None of the above
3) Is your facility able to provide documentation that confirms that <b>all</b> <a href="#">individuals who touch patients or who touch items that will be used by patients</a> complete the hand hygiene training indicated in question #2 above?	Yes No
4) Does each <a href="#">individual who touches patients or who touches items that will be used by patients</a> need to <b>physically demonstrate</b> proper hand hygiene with soap and water and alcohol-based hand sanitizer in order to pass their initial hand hygiene training?	Yes No

5) Which of the following topics are included in your facility's hand hygiene training?  <i>Do not leave any questions blank.</i>	
a)	Evidence linking hand hygiene and infection prevention  Yes No
b)	When <a href="#">individuals who touch patients or who touch items that will be used by patients</a> should perform hand hygiene (e.g., <a href="#">WHO's 5 Moments for Hand Hygiene</a> , <a href="#">CDC's Guideline for Hand Hygiene</a> )  Yes No
c)	How <a href="#">individuals who touch patients or who touch items that will be used by patients</a> should clean their hands with both  Yes

	alcohol-based hand sanitizer and soap and water as to ensure they cover all surfaces of hands and fingers, including thumbs and fingernails	No
d)	When gloves should be used in addition to hand washing (e.g., caring for <i>C.difficile</i> patients) and how hand hygiene should be performed when gloves are used	Yes No
e)	The minimum time that should be spent performing hand hygiene with soap and water and alcohol-based hand sanitizer	Yes No
f)	How hand hygiene compliance is monitored	Yes No

### Infrastructure for Supporting Hand Hygiene

6)	Does your facility have a process in place to ensure that <b>all</b> of the following are done, as necessary, and <a href="#">quarterly audits</a> are conducted to ensure that the process is followed? <ul style="list-style-type: none"> <li>• Refill paper towels, soap dispensers, and alcohol-based hand sanitizer dispensers when they are empty or near empty</li> <li>• Replace batteries in automated paper towel dispensers, soap dispensers, and alcohol-based hand sanitizer dispensers (if automated dispensers are used in the facility)</li> </ul>	Yes No
7)	What percentage of the rooms or bed spaces in your surgical or treatment areas have <b>both</b> : <ul style="list-style-type: none"> <li>• one alcohol-based hand sanitizer dispenser per patient; <b>and</b></li> <li>• an alcohol-based hand sanitizer dispenser accessible at their entrance?</li> </ul>	None (0%) Some (1-50%) Most (51-99%) All (100%)
8)	Does your facility conduct <a href="#">audits of the volume of alcohol-based hand sanitizer</a> <sup>14</sup> that is delivered with each activation of a wall-mounted dispenser (manual and automated) at <b>all</b> of the following times: <ul style="list-style-type: none"> <li>• upon installation;</li> <li>• whenever the brand of product changes; and</li> <li>• annually throughout the facility?</li> </ul> <p><i>If “no” or “does not apply, wall-mounted dispensers are not used,” skip question #9 and continue on to question #10.</i></p>	Yes No <i>Does not apply, wall-mounted dispensers are not used</i>
9)	Do all of the dispensers deliver a volume of alcohol-based hand sanitizer that covers the hands completely and requires 15 or more seconds for hands to dry (ideally 1.0-1.1 mls per dose)?	Yes No

**Monitoring and Feedback****Indirect Monitoring**

<p>10) Does your facility use indirect monitoring methods for assessing hand hygiene compliance?</p> <p><i>Indirect monitoring methods would include monitoring the facility-wide consumption of alcohol-based hand sanitizer and soap on a regular basis (at least every 3 months).</i></p>	<p>Yes</p> <p>No</p>
--	----------------------

**Direct Monitoring – Electronic Compliance Monitoring System**

<p>11) Does your facility use an electronic compliance monitoring system for assessing hand hygiene compliance?</p> <p><i>Electronic compliance monitoring systems would include door minder or activity monitoring systems, systems that include the wearing of electronic badges, and camera-based systems.</i></p> <p><i>If “no” or “plan to implement within 3 years,” skip question #12 and continue on to question #13.</i></p>	<p>Yes</p> <p>No</p> <p><i>Plan to implement within 3 years</i></p>
---	---

<p>12) Which of the following describe your facility’s electronic compliance monitoring system and how it is used?</p> <p><i>Do not leave any questions blank.</i></p>		
a)	The facility itself has validated the accuracy of the data collected by the electronic compliance monitoring system	Yes No
b)	The system can identify both opportunities for hand hygiene and that hand hygiene was performed	Yes No
c)	The system can determine who practiced hand hygiene and verify when they practiced it, which is dependent upon the facility measuring compliance with wearing badges/tags; the facility provides feedback to individuals about their compliance based on this tracking	Yes No
d)	Data collected from the system are fed back to staff at least monthly for improvement work	Yes No
e)	The data are used for creating action plans	Yes No

**Direct Monitoring – Direct Observation**

<p>13) Does your facility use direct observation methods for assessing hand hygiene compliance?</p> <p><i>This may be in addition to or instead of using an electronic compliance monitoring system.</i></p> <p><i>If “no,” skip questions #14-15 and continue on to question #16.</i></p>	<p>Yes</p> <p>No</p>
--	----------------------

14) Which of the following describe your facility's direct observation methods?		
<i>Do not leave any questions blank.</i>		
a)	Observers immediately intervene prior to any harm occurring to provide non-compliant individuals with immediate feedback	Yes No
b)	Observations are conducted weekly or monthly across all shifts and on all days of the week proportional to staff on duty for that shift	Yes No
c)	The monthly sample size of observations reflects at least 200 observations or 6% of all possible <a href="#">hand hygiene opportunities</a> in the facility, whichever number is less.	Yes No
d)	The observations identify both opportunities for hand hygiene and compliance with those opportunities	Yes No
e)	The observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct	Yes No
f)	The observations identify <a href="#">individuals who touch patients or who touch items that will be used by patients</a> that are wearing artificial nails, nail extenders, and jewelry and monitor that they are practicing proper hand hygiene	Yes No
g)	Data are fed back to staff at least monthly for improvement work	Yes No
h)	The data are used for creating action plans	Yes No

15) Is a system in place for both the initial and recurrent training and <a href="#">validation of hand hygiene compliance observers</a> ?	Yes No
--	-----------

**Feedback**

16) Do "just-in-time" coaches approach non-compliant individuals prior to any harm occurring to provide them with real-time feedback on the missed opportunity and to seek to understand the causes of the failure?	Yes No
17) Does your facility have a written protocol in place for communicating with <a href="#">individuals who touch patients or who touch items that will be used by patients</a> when their trend or pattern suggests they have challenges to adhering to the facility's established hand hygiene practices and working to understand the potential barriers to adhering to these practices?	Yes No

18) Is regular (at least every 3 months) feedback of hand hygiene compliance data with demonstration of trends over time given to:		
<i>Do not leave any questions blank.</i>		
a)	ASC <a href="#">leadership</a> ?	Yes No
b)	ASC's <a href="#">governance</a> ?	Yes No
19) If "yes" to question #18a, is ASC <a href="#">leadership</a> held directly accountable for hand hygiene performance through <a href="#">performance reviews or compensation</a> ?		Yes No

**Additional Questions (Fact Finding Only)**

20) What percentage of the rooms or bed spaces in your surgical or treatment areas have a sink for hand washing?	None (0%) Some (1-50%) Most (51-99%) All (100%)
21) What methods are used by your facility to educate patients and visitors about how to properly perform hand hygiene?  <i>Select all that apply.</i>	<input type="checkbox"/> Verbal instruction at admission <input type="checkbox"/> Video review at admission <input type="checkbox"/> Posters in surgical or treatment areas <input type="checkbox"/> Pamphlet provided at admission <input type="checkbox"/> Other <input type="checkbox"/> No standard patient education
22) How are patients and visitors invited to remind <a href="#">individuals who touch patients or who touch items that will be used by patients</a> to perform hand hygiene?  <i>Select all that apply.</i>	<input type="checkbox"/> Posters in surgical or treatment areas <input type="checkbox"/> Bedside placards <input type="checkbox"/> Staff wearing buttons <input type="checkbox"/> Other <input type="checkbox"/> Patients are not invited
23) Has <a href="#">leadership demonstrated a commitment</a> to support hand hygiene improvement in the last year (e.g., a written or verbal commitment delivered to those individuals who touch patients or who touch items that will be used by patients)?	Yes No

24) Which initiatives does your facility use to support continuous improvement?  <i>Do not leave any questions blank.</i>	
a)	Hand hygiene <a href="#">E-learning tools</a> <sup>15</sup> for <a href="#">individuals who touch patients or who touch items that will be used by patients</a>
	Yes

		No
b)	A facility-wide target for hand hygiene compliance is established each year	Yes No
c)	A regular dedicated group meets at least quarterly to plan and conduct active hand hygiene promotion (e.g., teaching, monitoring hand hygiene performance, organizing new activities, etc.) and <b>not</b> just infection control	Yes No
d)	Explicit action plans have been developed to address identified gaps or deficiencies	Yes No



	<p>b <input type="checkbox"/> a <a href="#">Risk Manager or Quality Coordinator</a> has been appointed and <a href="#">communicates regularly</a> with <a href="#">governance and leadership</a>; the <a href="#">Risk Manager or Quality Coordinator</a> is the primary point of contact of the integrated, patient safety program. (p.76)</p> <p>c <input type="checkbox"/> performance has been documented in <a href="#">performance reviews and/or compensation incentives</a> for <a href="#">leadership</a> and ASC-employed caregivers. (p.76)</p> <p>d <input type="checkbox"/> the patient safety <a href="#">team, Risk Manager, or Quality Coordinator</a> <a href="#">communicated regularly</a> with <a href="#">leadership</a> regarding <b>all</b> three of the following:</p> <ul style="list-style-type: none"> <li>• root cause analyses (as defined by <i>Safe Practice #4, Risks and Hazards</i>);</li> <li>• progress in meeting safety goals;</li> <li>• provide <a href="#">team training</a> to caregivers; and,</li> <li>• documented these <a href="#">communications</a> in meeting minutes. (pp.76-77)</li> </ul> <p>e <input type="checkbox"/> the facility <a href="#">reported</a> adverse events to external mandatory or voluntary programs. (p.77)</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">1.3 ABILITY</p>	<p><b>In regard to implementation of the <a href="#">patient safety program, governance and leadership</a> have provided resources to cover the implementation during the last 12 months, and:</b></p> <p>a <input type="checkbox"/> dedicated patient safety program <a href="#">budgets</a> to support the program, staffing, and technology investment. (p.77)</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">1.4 ACTION</p>	<p><b>Structures and systems for assuring that <a href="#">leadership</a> is taking direct and specific actions have been in place for the past 12 months, as evidenced by:</b></p> <p>a <input type="checkbox"/> <a href="#">leadership</a> is personally engaged in reinforcing patient safety improvements (e.g., holding patient safety meetings and <a href="#">reporting</a> to <a href="#">governance</a>). Calendars reflect allocated time. (p.78)</p> <p>b <input type="checkbox"/> facility has established a <a href="#">structure</a> for input into the <a href="#">patient safety program</a> by licensed independent practitioners and the organized medical staff and physician <a href="#">leadership</a>. Input documented in meeting minutes or materials. (p.79)</p>
<p>1.5</p>	<p>Review of this Safe Practice is complete.</p> <p><i>This check box is in the Online ASC Survey Tool to ensure that your facility has reviewed data entry for the above questions. This question must be marked, even if no items are checked.</i></p>

**NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention**

2.1	Does your facility currently have 20 or more employees?  <i>If "no," skip the remaining questions in NQF Safe Practice 2 and continue on to NQF Safe Practice #4 –Risks and Hazards.</i>	Yes  No
-----	--	---------------

**Check all boxes that apply.**

2.2	AWARENESS	<p><b>In regard to Culture Measurement, our facility has done the following within the last 24 months:</b></p> <p>a <input type="checkbox"/> the AHRQ Surveys on Patient Safety Culture (SOPS), a nationally recognized tool that has demonstrated validity, consistency, and reliability, was administered to <a href="#">employees</a>.</p> <p style="color: red;"><b><i>If item 'a' is not checked, no other items in Practice #2 may be checked.</i></b></p> <p>b <input type="checkbox"/> benchmarked results of the AHRQ SOPS against <a href="#">external organizations</a>, such as "like" ASCs or other comparable facilities within the same health system.</p> <p>c <input type="checkbox"/> <a href="#">Risk Manager, Quality Coordinator</a>, or <a href="#">leadership</a> used the results of the AHRQ SOPS to debrief staff using semi-structured approaches for the debriefings and presenting results in aggregate form to ensure the anonymity of survey respondents.</p>
2.3	ACCOUNTABILITY	<p><b>In regard to accountability for improvements in the measurement of the culture of safety, our facility has done the following within the last 24 months:</b></p> <p>a <input type="checkbox"/> shared the results of AHRQ SOPS with <a href="#">governance and leadership</a> in a formal <a href="#">report</a> and discussion. (p.88)</p> <p>b <input type="checkbox"/> included in <a href="#">performance evaluation criteria</a> for <a href="#">leadership</a>, both the response rates to the survey and the use of the survey results in the improvement efforts.</p>
2.4	ABILITY	<p><b>In regard to the culture of safety measurement, the facility has done the following (or has had the following in place) within the last 12 months:</b></p> <p>a <input type="checkbox"/> conducted staff <a href="#">education program</a>(s) on methods to improve the culture of safety, tailored to the facility's AHRQ SOPS results.</p>

	<p>b <input type="checkbox"/> included the costs of annual culture measurement/follow-up activities in the patient safety program <a href="#">budget</a>.</p>
<p>2.5</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">ACTION</p>	<p><b>In regard to culture measurement, feedback, and interventions, our facility has done the following or has had the following in place within the last 12 months:</b></p> <p>a <input type="checkbox"/> developed or implemented explicit, facility-wide organizational policies and procedures for regular culture measurement. (p.88)</p> <p>b <input type="checkbox"/> identified performance improvement interventions based on the AHRQ SOPS results, which were <a href="#">shared</a> with <a href="#">leadership</a> and subsequently measured and monitored. (p.88)</p>
<p>2.6</p>	<p><input type="checkbox"/> Review of this Safe Practice is complete.</p> <p><i>This check box is in the Online ASC Survey Tool to ensure that your facility has reviewed data entry for the above questions. This question must be marked, even if no items are checked.</i></p>

### NQF Safe Practice #4 - Risks and Hazards

Check all boxes that apply.

AWARENESS	<p>4.1 <b>Within the last 12 months our facility has done the following:</b></p> <p>a <input type="checkbox"/> assessed <a href="#">risks and hazards</a> to patients by reviewing multiple retrospective sources, such as:</p> <ul style="list-style-type: none"> <li>• serious and sentinel event reporting;</li> <li>• root cause analyses for adverse events;</li> <li>• independent comparative mortality and morbidity information with the ASC's performance;</li> <li>• <a href="#">trigger tools</a>;</li> <li>• ASC accreditation surveys;</li> <li>• risk management and filed litigation;</li> <li>• anonymous internal complaints, including complaints of abusive and disruptive caregiver behavior; and,</li> <li>• complaints filed with state/federal authorities;</li> <li>• <b>and</b> based on those findings, documented <a href="#">recommendations</a> for improvement. (p.105)</li> </ul> <p>b <input type="checkbox"/> assessed risks and hazards to patients using <a href="#">prospective identification methods</a>: Failure Modes and Effects Analysis (FMEA) and/or Probabilistic Risk Assessment, and has documented recommendations for improvement. (p.106)</p> <p>c <input type="checkbox"/> combined results of (a) and (b) above to develop their <a href="#">risk profile</a> and used that profile to identify priorities and develop risk mitigation plans. (p.107)</p> <p>d <input type="checkbox"/> <a href="#">shared results</a> from the two assessments, noted in (a), (b), and the <a href="#">risk mitigation plan</a> noted in (c) above widely across the facility, from <a href="#">governance</a> to frontline caregivers. (p.107)</p> <p style="color: red;"><b><i>This item may not be checked unless all items 4.1a, b, c are checked.</i></b></p>
ACCOUNTABILITY	<p>4.2 <b><a href="#">Leadership</a> is accountable for identification of risks and hazards to patients, and mitigation efforts in the past year, as evidenced by:</b></p> <p>a <input type="checkbox"/> approval of an action plan by <a href="#">governance</a> for undertaking the assessments of risks, hazards, and for the mitigation of risk for patients. (p.106)</p>

	<p>b <input type="checkbox"/> incorporation of the identification and mitigation of risks to patients into <a href="#">performance reviews</a> for <a href="#">leadership</a> and the <a href="#">Risk Manager or Quality Coordinator</a> as identified in the approved action plan</p> <p><b>OR</b></p> <p>outlined <a href="#">financial incentives</a> for <a href="#">leadership</a> and the <a href="#">Risk Manager or Quality Coordinator</a> for identifying and mitigating risks to patients as identified in the approved action plan.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">ABILITY</p>	<p>4.3 <b>In regard to developing the ability to appropriately assess risk and hazards to patients, the facility has done the following or had in place during the last 12 months:</b></p> <p>a <input type="checkbox"/> resourced patient safety program <a href="#">budgets</a> sufficiently to support ongoing risk and hazard assessments and programs for reduction of risk.</p> <p>b <input type="checkbox"/> provided managers at all levels with training on the prospective identification tools for <a href="#">monitoring risk</a> in their areas. Training was documented. (pp.107-108)</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">ACTION</p>	<p>4.4 <b>Structures and systems for assuring that direct and specific actions have taken place to mitigate risks to patients for the past 12 months, include:</b></p> <p>a <input type="checkbox"/> provided <a href="#">risk identification training</a> to management and frontline caregivers working in operating and procedure rooms.</p> <p>b <input type="checkbox"/> established or already had in place a structure, developed by <a href="#">governance and leadership</a>, for gathering all information related to risks, hazards, and mitigation efforts within the facility, with input from all levels of staff. (p.110)</p> <p>c <input type="checkbox"/> evidence of high-performance or actions taken for the following two patient safety risk areas: falls and aspiration. (p.108)</p>
<p>4.5</p>	<p><input type="checkbox"/> Review of this Safe Practice is complete.</p> <p><i>This check box is in the Online ASC Survey Tool to ensure that your facility has reviewed data entry for the above questions. This question must be marked, even if no items are checked.</i></p>

## 4E: Never Events Policy

Important Note: To earn credit for these questions, facilities must have a policy in place that addresses the National Quality Forum's list of 25 Serious Reportable Events that are applicable to Ambulatory Practice Settings/Office-based Practices. All references to "never event" or "serious reportable event" are specific to the National Quality Forum list available at

<http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=69573>.

Below are the nine elements which make up The Leapfrog Group's Policy Statement regarding <a href="#">never events</a> <sup>16</sup> . Indicate which of the following principles are included in your facility's never events policy.	
1) We <a href="#">apologize to the patient</a> <sup>17</sup> and/or family affected by the <a href="#">never event</a> <sup>16</sup> .	Yes No
2) We report the event to at least one of the following <a href="#">external agencies</a> <sup>18</sup> within 15 business days of becoming aware that the <a href="#">never event</a> <sup>16</sup> has occurred: <ul style="list-style-type: none"> <li>√ State reporting program for medical errors</li> <li>√ Patient Safety Organization (as defined in The Patient Safety and Quality Improvement Act of 2005)</li> <li>√ Accreditation Organizations (i.e., TJC, AAAHC, AAAASF, HFAP, etc.)</li> </ul>	Yes No
3) We perform a <a href="#">root cause analysis</a> <sup>19</sup> , which at a minimum, includes the elements required by the chosen external reporting agency.	Yes No
4) We waive all costs directly related to the <a href="#">never event</a> <sup>16</sup> .	Yes No
5) We make a copy of this policy available to patients, patients' family members, and payers upon request.	Yes No
6) We interview patients and/or families who are willing and able, to gather evidence for the root cause analysis.	Yes No
7) We inform the patient and/or his/her family of the action(s) that our facility will take to prevent future recurrences of similar events based on the findings from the root cause analysis.	Yes No
8) We have a protocol in place to provide support for caregivers involved in <a href="#">never events</a> <sup>16</sup> and make that protocol known to all caregivers and affiliated clinicians.	Yes No
9) We perform an annual review to ensure compliance with each element of Leapfrog's Never Events Policy for each <a href="#">never event</a> <sup>16</sup> that occurred.	Yes No

**Affirmation of Accuracy**

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Patient Safety Practices Section at our ASC, and I hereby certify that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this certification on behalf of our ASC.

The ASC and I understand that The Leapfrog Group is relying on the truth and accuracy of this information. The ASC and I understand that The Leapfrog Group will make this information and/or analyses of this information public through a national report that does not identify individual ASCs.

This information and/or analyses and all intellectual property rights therein shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. This information does not infringe upon any third party's intellectual property rights or any other third party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may use this information in a commercial manner for profit. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by \_\_\_\_\_, the ASC's \_\_\_\_\_,  
(First Name, Last Name) (Title)

On \_\_\_\_\_.  
(Date)

<b>Section 4: Patient Safety Practices Reference Information</b>
--

***Change Summary Since Release***

None. If substantive changes are made to this section of the Survey after release on April 1, 2019, they will be documented in this Change Summary section.

## **Medication Safety Measure Specifications**

### ***Medication and Allergy Documentation***

<p><b>Source:</b> The Leapfrog Group</p>
<p><b>Reporting Time Period: 12 months</b></p> <ul style="list-style-type: none"> <li>• Surveys submitted prior to September 1: 01/01/2018 - 12/31/2018</li> <li>• Surveys (re)submitted on or after September 1: 07/01/2018 - 06/30/2019</li> </ul>
<p><b>Sampling:</b> If you have <u>fewer than 60 cases</u> that meet the criteria for inclusion in the denominator of the process measure during the time period of the clinical record audit, include ALL of these cases in measuring adherence to the documentation guidelines. You need NOT use more than 12 months of historical data to increase the eligible cases beyond 60; just measure and report on ALL eligible cases that you have in that reporting time period.</p> <p>If you have <u>more than 60 cases</u> that meet the criteria for inclusion in the denominator of the process measures during the time period of the clinical record audit, you may randomly sample 60 of them for the denominator of each documentation guideline, and measure and report adherence based on that sample. When sampling from a larger population of cases, this is the minimum number of cases needed to make a statistically reliable statement of percentage adherence to the process guidelines.</p>
<p><b>Question #3 (denominator): Number of cases measured (either all cases or a sufficient sample of them).</b></p> <p>Your facility should perform a clinical record audit of either all patients discharged during the reporting period or a sufficient sample of patients discharged during the reporting period as described above.</p> <p>This audit of clinical records can be done retrospectively (anytime during the Survey Cycle of April 1 – November 30).</p> <p>The total number of clinical records included in your audit is reported for question #3.</p> <p><b>Excluded cases:</b></p> <ul style="list-style-type: none"> <li>• Patients discharged from the facility without having a procedure or surgery performed.</li> </ul>
<p><b>Question #4 (numerator): Number of cases in question #3 with a list of home medication(s), including dose, route, and frequency, documented in the clinical record.</b></p> <p>Determine the total number of clinical records included in the audit (in question #3), where a list of home medication(s), including dose, route, and frequency, was documented in the clinical record on the day of the procedure.</p> <p>“Home medications” are defined as medications that the patient was taking prior to admission.</p> <p>The following home medications may be excluded from the clinical record unless they are clinically relevant:</p>

- as needed (PRN) medications, except inhalers, nitroglycerin, opioids, muscle relaxants, sedatives, and non-opioid analgesics (opioid analgesics must be included)
- topical lotions/creams
- saline nasal spray and artificial tear eye drops
- herbals and supplements and vitamins

**Question #5 (numerator): 5) Number of cases in question #3 with a list of any medication(s) ordered, prescribed, or administered during the visit, including the strength, dose, route, date, and time of administration, documented in the clinical record.**

Determine the total number of clinical records included in the audit (question #3), where a list of any medication(s) ordered, prescribed, or administered during the visit, including the strength, dose, route, date, and time of administration, was documented in the clinical record on the day of the procedure.

**Question #6 (numerator): 6) Number of cases in question #3 with a list of allergies and adverse reaction status documented in the clinical record.**

Determine the total number of clinical records included in the audit (question #3), where a list of allergies and adverse reaction status was documented in the clinical record.

**Included cases:**

- The clinical record includes documentation that the patient reported no known allergies.

**Excluded cases:**

- The clinical record does **not** include either a list of allergies and adverse reaction status **nor** documentation of no known allergies.
- The clinical record does include a list of allergies, but does not include documentation of the adverse reaction status for each allergy.

## NHSN Outpatient Procedure Component Module Measure Specifications

### Important Notes:

**Note 1:** Facilities must provide an accurate NHSN ID in the Profile section of their Survey.

**Note 2:** Leapfrog **strongly recommends** that facilities follow the instructions provided on the “Join NHSN Group for ASCs” webpage and **save copies** of the NHSN 2018 Outpatient Procedure Component – Annual Facility Survey and NHSN OPC SDOM and SSI Reports **on the same day** that Leapfrog will be downloading the data from NHSN for all current group members. Leapfrog’s NHSN pull-dates are published at the beginning of the Survey Cycle and may be reviewed in the table (‘Deadlines and Reporting Periods’) here: <http://www.leapfroggroup.org/asc-survey-materials/join-asc-nhsn-group>.

NHSN has not yet developed instructions for pulling from these OPC Modules. Once available, Leapfrog will provide instructions to pull the same reports as Leapfrog from NHSN for the purposes of verifying your data. These instructions will be available on the [Join NHSN Group for ASCs webpage](#) by the June 20 NHSN join-by deadline.

**Note 3:** Data is obtained directly from CDC’s National Healthcare Safety Network (NHSN). Facilities that join Leapfrog’s NHSN Group for ASCs by June 20 and submit the Leapfrog ASC Survey by June 30 will be able to view the data obtained directly from NHSN in the September Benchmarking Reports for ASCs. For instructions and all other deadlines and release dates, please refer to the “Instructions for Joining Leapfrog’s NHSN Group” and the “Deadlines and Reporting Periods” table (below), which is also provided on the [Join NHSN Group for ASCs webpage](#).

Join by	Leapfrog will download data from NHSN for all current group members	NHSN data will be included in ASC Benchmarking Reports for ASCs that have submitted a Survey by	Reporting Period	Available on ASC Details Page via ASC Benchmarking Report
June 20, 2019	June 21, 2019	June 30, 2019	01/01/2018 – 12/31/2018	September
August 22, 2019	August 23, 2019	June 30, 2019	01/01/2018 – 12/31/2018	September
October 23, 2019	October 24, 2019	November 30, 2019	07/01/2018 – 06/30/2019	February
November 21, 2019	November 22, 2019	November 30, 2019	07/01/2018 – 06/30/2019	February

## **Medication Safety Frequently Asked Questions (FAQs)**

### **1) Do all medications documented in the clinical records need to have all of the elements listed in Section 4A Questions #4, 5 and #6?**

Yes, when responding to Section 4A Questions #4, 5 and 6, with the count of qualifying cases (the numerators), all elements listed must be documented in the clinical record in order to count a case.

For Question #4, home medications must have dose, route, and frequency documented, with the exception of 'route' in cases where a home medication only has one possible route of administration. If no home medications were taken, the clinical record should have 'no home medications,' or similar, documented.

For Question #5, all ordered, prescribed, and administered medications should have the strength, dose, route, date, and time of administration documented in the clinical record ('time of administration' may be omitted if the medication was not administered at the facility).

For Question #6, all allergies and adverse reactions should be documented in the clinical record, unless there is documentation that the case has 'no known allergies.'

More information on included/excluded medications may be reviewed in the Section 4A Measure Specifications on pages 99-100.

### **2) For the purposes of reporting on Section 4A: Medication Safety – Antimicrobial Stewardship Practices:**

- **Governance** should be considered to be the person or persons who:
  - Are fully and legally responsible, either directly or by appropriate professional delegation, for the operations and performance of the facility
  - Identify and hold accountable those responsible for planning, management, and operational activities, including the provision of care, treatment, or services
- **Leadership** should be considered to be the person or persons who:
  - Are responsible for planning, management, and operational activities
  - Are a physician leader, nurse leader, or administrative leader
  - Guide the facility on a day-to-day basis
- **Risk Manager or Quality Coordinator** refers to the patient safety leader (who may or may not have these titles) who has responsibility for multiple and integrated areas of patient safety.
  - The facility may appoint a Risk Manager or Quality Coordinator who may have other assigned duties or may specifically employ a Risk Manager or Quality Coordinator designated with this responsibility.
  - Multiple executives who are responsible for individual areas (i.e. risk, quality, infection prevention, etc.), but do not assess the integrated safety issues, would not qualify.

### **3) Are there any resources to better understand what Leapfrog means by antimicrobial stewardship practices and to learn more about nationwide antimicrobial standards?**

The Infectious Diseases Society of America (IDSA) and the Society for Healthcare Epidemiology of America (SHEA) generally set the nationwide prescribing standards for antimicrobial stewardship practices. Additional key resources are as follows:

- IDSA Clinical Practice Guidelines, 2018: <https://www.idsociety.org/globalassets/idsa/practice-guidelines/2018-opat-ciy745.pdf>
- IDSA Practice Guidelines (we recommend clicking the “view alphabetical list of guidelines” link): [https://www.idsociety.org/PracticeGuidelines/?q=&ref=journalyear%3B%5B2018+TO+2018%5D%3BYear%2C#/date\\_na\\_dt/DESC/0/+/](https://www.idsociety.org/PracticeGuidelines/?q=&ref=journalyear%3B%5B2018+TO+2018%5D%3BYear%2C#/date_na_dt/DESC/0/+/)
- IDSA and SHEA Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship, 2007: <https://academic.oup.com/cid/article/44/2/159/328413>
- Johns Hopkins Antibiotics Guidelines: [https://www.hopkinsguides.com/hopkins/index/Johns\\_Hopkins\\_ABX\\_Guide/Antibiotics](https://www.hopkinsguides.com/hopkins/index/Johns_Hopkins_ABX_Guide/Antibiotics)
- Sanford Guide: <https://www.sanfordguide.com/>

## **Hand Hygiene Practices Frequently Asked Questions (FAQs)**

### **4) For the purposes of reporting on Section 4C: Hand Hygiene Practices:**

- **Governance** should be considered to be the person or persons who:
  - Are fully and legally responsible, either directly or by appropriate professional delegation, for the operations and performance of the facility
  - Identify and hold accountable those responsible for planning, management, and operational activities, including the provision of care, treatment, or services
- **Leadership** should be considered to be the person or persons who:
  - Are responsible for planning, management, and operational activities
  - Are a physician leader, nurse leader, or administrative leader
  - Guide the facility on a day-to-day basis
- **Risk Manager or Quality Coordinator** refers to the patient safety leader (who may or may not have these titles) who has responsibility for multiple and integrated areas of patient safety.
  - The facility may appoint a Risk Manager or Quality Coordinator who may have other assigned duties or may specifically employ a Risk Manager or Quality Coordinator designated with this responsibility.
  - Multiple executives who are responsible for individual areas (i.e. risk, quality, infection prevention, etc.), but do not assess the integrated safety issues, would not qualify.

### **5) What areas of an ASC do the questions in Section 4C: Hand Hygiene Practices apply to?**

Please see [Note 3](#). Facility responses should reflect surgical or treatment areas, which include pre-operative rooms, operating and procedure rooms, post-operative rooms).

### **6) How would facilities demonstrate adherence to the questions in Section 4C Hand Hygiene Practices?**

In the first year of reporting, Leapfrog does not want to be overly prescriptive by specifying the documentation required to demonstrate adherence to each question. We instead ask facilities to submit feedback to our Help Desk so we can develop FAQs and guidelines for the 2020 Leapfrog ASC Survey. In 2019, facilities are still expected to be able to demonstrate adherence to the practices they select either through documentation.

**7) Who would be included in “individuals who touch patients or who touch items that will be used by patients?”**

This would include individuals who are formally engaged by the facility to help support the patient care process and specifically those working in surgical or treatment areas. This would include: doctors, mid-levels, nurses, environmental services staff, etc. **This would also include students and volunteers.** Patients and their visitors would not be included in this definition. While patients and their visitors are important parts of the patient care process, they are not formally engaged by the facility for this work.

**8) What are examples of what can count as “physically demonstrating” proper hand hygiene during the initial hand hygiene training?**

Before new individuals to your facility have contact with patients and the patient care space, they will need to demonstrate proper hand hygiene with soap and water and alcohol-based hand sanitizer. This demonstration could be done: through Occupational Health, as part of the TB test; or at new-hire orientation. A group “teach-back” would be acceptable, but with no more than 10 students per one trainer/monitor.

**9) What would need to be the extent of a quarterly audit that checks that paper towels, soap, and alcohol-based hand sanitizer dispensers are refilled?**

The audit should include checking the paper towels, soap, and alcohol-based sanitizer in a sample of dispensers throughout the facility. The sample should be based on a random or systematic sampling procedure, where the sampling plan assures wide sampling (i.e., the same places would not always be monitored). A reasonable goal would be to audit 5% of the dispensers. The quarterly audit should ideally be a supplement to a system that checks these supplies on a routine basis (e.g., environmental services checks with their regular cleaning).

**10) Is Leapfrog encouraging facilities to implement electronic compliance monitoring? These systems can be expensive and the technology still needs to advance.**

In an expert review of the literature, a common theme that was identified is the use of multimodal strategies to improve hand hygiene, including observations, training/education, and electronic compliance monitoring. The questions in Section 4C Hand Hygiene Practices ask about a variety of strategies that can be used to monitor and improve hand hygiene, and while responses will not be scored or publicly reported in 2019, Leapfrog is encouraging facilities to take a multimodal approach. We anticipate that electronic compliance monitoring technology will improve over time and become an important component of a comprehensive hand hygiene program.

Evidence for this measure can be found in the Outpatient Procedures and ASCs bibliography available at <http://www.leapfroggroup.org/outpatient-procedures>.

**11) How do we estimate the number of hand hygiene opportunities in a month?**

To estimate the number of HHOs in a month, facilities should use the following formula:

*=number of patients with a procedure in a month x number of staff per patient (can assume 2) \* 4 HHOs per patient (one of the 5 moments is “after body fluid exposure/risk” which may not apply to every patient) x 6%*

The monthly sample size of hand hygiene observations should be at least 200 observations of 6% of all possible hand hygiene opportunities (based on formula above).

Facilities should be conducting regular quality monitoring of the accuracy of observations that are collected by each observer.

**12) What would the validation of hand hygiene compliance observers include?**

Facilities should be conducting regular quality monitoring of the accuracy of observations that are collected by each observer.

**13) The phrase “performance reviews or compensation” is used throughout Section 4. Do performance reviews and compensation plans need to have specific language about the Safe Practice, or can a set of patient safety goals related to the specific Safe Practice be attached?**

A performance review or compensation plan should include specific language about hand hygiene performance. A list of hand hygiene practices and related goals may be incorporated into the performance review and/or compensation plan or formalized programs whereby a measure of success of those activities or programs is tied to individual performance reviews or compensation incentive plans of executives. Examples include meeting targets for hand hygiene compliance rates, having bonuses tied to structural changes like the implementation of electronic compliance monitoring systems, etc. Language pertaining solely to infection control practices and performance would NOT be sufficient.

**14) What are some examples of demonstrating a commitment to hand hygiene improvement as referenced in question #23?**

Some examples of how individuals can demonstrate a commitment to support hand hygiene improvement are written or verbal commitments given during town hall meetings, videos, e-mails from leadership, public comments to staff, etc. This needs to be a verbal or written commitment that is delivered to those individuals who touch patients or who touch items that will be used by patients.

## **NQF Safe Practices Frequently Asked Questions (FAQs)**

### **General**

#### **15) For the purposes of reporting on Section 4D: NQF Safe Practices of the Leapfrog ASC Survey:**

- **Governance** should be considered to be the person or persons who:
  - Are fully and legally responsible, either directly or by appropriate professional delegation, for the operations and performance of the facility
  - Identify and hold accountable those responsible for planning, management, and operational activities, including the provision of care, treatment, or services
- **Leadership** should be considered to be the person or persons who:
  - Are responsible for planning, management, and operational activities
  - Are a physician leader, nurse leader, or administrative leader
  - Guide the facility on a day-to-day basis
- **Risk Manager or Quality Coordinator** refers to the patient safety leader (who may or may not have these titles) who has responsibility for multiple and integrated areas of patient safety.
  - The facility may appoint a Risk Manager or Quality Coordinator who may have other assigned duties or may specifically employ a Risk Manager or Quality Coordinator designated with this responsibility.
  - Multiple executives who are responsible for individual areas (i.e. risk, quality, infection prevention, etc.), but do not assess the integrated safety issues, would not qualify.

#### **16) There are several references to communicating and reporting to the governance throughout Section 4. How can ASCs meet the intent of these elements?**

Reporting on each specific Safe Practice element as described in the Safe Practice should occur and be documented within the reporting period. Communications and reporting must occur to the facility's governance, and reporting to internal staff committees (i.e. performance improvement committee, risk mitigation committee, safety team meeting, etc.) would not meet the intent of these elements.

#### **17) The phrase "performance reviews or compensation" is used throughout Section 4. Do performance reviews and compensation plans need to have specific language about the Safe Practice, or can a set of patient safety goals related to the specific Safe Practice be attached?**

A performance review or compensation plan should include specific language about a Safe Practice. A list of Safe Practices and related goals may be incorporated into the performance review and/or compensation plan or formalized programs whereby a measure of success of those activities or programs is tied to individual performance reviews or compensation incentive plans of leaders.

Every employee should have a patient safety component to their annual review. Another option is to include in the employee's competency review (OPPE, FPPE).

#### **18) There are several references to ASC budgets throughout Section 4. How can ASCs meet the intent of these elements?**

The intent of these elements is to verify that actions specific to the Safe Practices have been included in ASC budgets. To meet the intent of these elements, ASCs should ensure that these actions can be identified within the facility's budget. If the budget includes categories which address the Safe Practice, but do not specifically name the Safe Practice, then the intent of the element is met.

Further, if a facility has not allocated budget dollars for activities tied to a Safe Practice, but can document expenses specific to the Safe Practice during the reporting period, the intent of the element is met. Plans to allocate specific budget dollars for a Safe Practice should be incorporated into the next upcoming budget year as an ongoing process.

ASCs may also document training or education expenditures specific to the Safe Practice or expenditures on educational materials that are specific to the Safe Practice.

ASCs that have invested in in-house staff educators' and who include in their job descriptions the coordination and delivery of training and education to appropriate facility staff on specific Safe Practices meet the intent of this element. For example, if the position description for the Clinical Nurse Educator includes the coordination and delivery of in-service training and educational sessions related to preventing infections by improving hand hygiene, the intent of this practice is met.

### **Safe Practice # 1 Leadership Structures and Systems**

#### **19) 1.1a, 1.2b, and 1.2d: Several elements within Safe Practice 1 mention that “regular communication” is required. How does Leapfrog define “regular communication?”**

Regular communication means more than once a year. Some facilities may discuss these items quarterly or even monthly. ASCs can document these communications took place through dated meeting minutes. We would urge ASCs to improve the detail of their governance and other meeting minutes to ensure they are able to clearly document that the issues were discussed.

The discussion of these items can be a general note in the minutes, without specific details. However, ASCs should maintain copies of dated presentations and reports related to these agenda items in order to document adherence these elements.

#### **20) 1.1b: How can an ASC document the steps that it has taken to report to the community ongoing efforts and results of these efforts to improve safety and quality?**

ASCs can utilize several communication vehicles, including: webpages that are prominent from the facility's homepage, electronic newsletters, mailings or annual reports, or an ad in the local paper. The communication must include both efforts the ASC is taking to improve and the results of those efforts.

#### **21) 1.1c: How can an ASC document that all staff and independent practitioners were “made aware” of ongoing efforts to reduce risks and hazards and to improve patient safety and quality?**

ASCs can share information via email or intranet, reports or presentations at meetings with meeting attendance recorded. If utilizing an intranet, ASCs must ensure that non-employed practitioners have access to the information.

#### **22) 1.2a, 1.3a, 1.4b: What are the minimum requirements to qualify as a “patient safety program?”**

As part of accreditation through The Joint Commission, ASCs are required to meet standard LD.03.09.01, which identifies the elements that must be included in an integrated patient safety program (see pages PS-32 to PS-33 in Patient Safety Systems chapter of the CAMAC). ASCs that are not accredited by The Joint Commission can use these elements as a guide as well.

**23) 1.2d: What is the role of an interdisciplinary patient safety committee?**

An interdisciplinary patient safety committee is an internal ASC committee that oversees the activities defined in the NQF Safe Practice 1 Practice Element Specifications and develops action plans to create solutions and changes in performance.

**24) 1.2d: What is an example of team training that is appropriate for caregivers?**

ASCs can utilize TeamSTEPPS, a comprehensive, evidence-based training program for healthcare professionals.

**25) 1.2e: How can ASCs that have not had any adverse events during the reporting period earn credit for this element?**

First, we urge your ASC to reassess its conclusion that no adverse events occurred. Following the reassessment, if no adverse events were identified and the ASC can document that it has policies in place to report such events when they do occur (to a mandatory or voluntary program), the facility would meet the intent of this element.

**26) 1.4b: What are some examples of how ASCs can engage the medical staff as direct contributors to the patient safety program?**

Examples may include:

- Leadership requests time on Medical Staff standing agendas to provide patient safety updates and elicit direct feedback on specific areas.
- Medical staff are invited and encouraged to be active participants on clinical meetings where patient safety is addressed.
- Governance appoints a community-based active medical staff member to represent the facility on a regional patient safety initiative.

**27) 1.4b: In an ASC where all medical staff is employed, how do we answer this question?**

The intent of this element is to ensure that physicians and medical staff have the opportunity to provide input on the ASC's patient safety plan because often they do not have a significant position in the hierarchal structure of a facility, but carry a great deal of influence over how the facility is run. Thus, they are informal leaders who can be change agents and "accelerators or barriers for improvement." If the facility's governance and leadership seek and document input from physicians and medical staff regarding patient safety programs, the intent of this element has been met.

***Safe Practice # 2 Culture Measurement, Feedback, and Intervention*****28) 2.2a: For purposes of culture safety measurement, who should we consider to be "employees?"**

The survey should be administered to all staff (clinical and nonclinical) who have worked at the ASC at least four times in the past month AND have been working at the ASC for at least six months. All staff asked to complete the survey should have enough knowledge about your ASC and its operations to provide informed answers to the survey questions. In general, include staff and doctors who interact with others working at the facility and do so often enough to be able to report on the topics assessed in the survey. Overall, when considering who should complete the survey, ask yourself: • Does this person know about day-to-day activities at this ASC? • Does this person interact regularly with staff working at this ASC?

The survey should be administered to full- or part-time employees, per diem employees, and those who work in the facility on a contract basis but may not be employees. Include doctors, nurses, certified registered nurse anesthetists (CRNAs), physician assistants (PAs), nurse practitioners (NPs), technicians, management staff (facility directors, medical directors, nurse managers, office managers, etc.), and administrative, clerical, or business staff (schedulers, billing staff, receptionists, medical records, etc.). Some doctors or staff may work at more than one ASC, so distribute the survey in the facility where they spend most of their time and instruct them to answer about that ASC only. If they spend an equal amount of time at multiple ASCs, choose one facility and instruct them to answer the survey only for that facility.

**29) 2.2b: What would constitute an “external organization” for benchmarking culture of safety survey results?**

Although ASCs can have a variety of ownership and management arrangements, the patient safety culture survey was designed to measure patient safety at a single ASC facility. We consider each unique facility to be a separate facility for purposes of survey administration and providing facility-specific feedback. The survey has been developed and tested for ASCs, only. It has not been tested in office-based surgery settings. Hospital outpatient surgery departments should complete the HSOPS.

**30) 2.3b: Does performance evaluation criteria for leadership need to include the actual targeted response rate to the culture of safety survey?**

Yes. The facility’s targeted response rate to the culture of safety survey should be included in performance evaluation criteria for senior administrative leadership. Criteria for using the survey results in improvement efforts should also be included to meet the intent of this element.

**31) 2.4a: Which employees should be included in the staff education program?**

Staff education needs to include education for all levels of staff, from leadership to frontline caregivers.

***Safe Practice #4 Identification & Mitigation of Risks and Hazards***

**32) 4.1a: What is considered to be a risk or hazard?**

This would include any threat to a patient’s safety that is related to the provision of care (e.g., errors in electronic medical record systems), but not to the physical infrastructure that would impact an individual, whether or not that individual is a patient (e.g., handicap ramps to enter building).

**33) 4.1a: What are “trigger tools?”**

As described in the NQF Safe Practices for Better Healthcare 2010 Update, facilities should employ various tools that assist them in identification of risks and hazards as close to or at the time that they may occur. Some of these may include Trigger Tools that send “flags” or messaging electronically that something could or already has transpired that needs immediate attention, direct observations of potential or real safety-related instances, as well as immediate identification through “stop the line” actions that are further evaluated. To document your facility’s use of trigger tools, you might include the number of charts reviewed using a Trigger Tool performed manually or on an automated basis in a report.

**34) 4.1a: Do ASCs need to have a list of recommendations for improvement based on the analysis of multiple retrospective sources?**

Yes, after assessing risks and hazards to patient safety by reviewing multiple retrospective sources, ASCs should develop a list of recommendations for improvement. ASCs may find it helpful to use a severity/frequency/risk assessment grid to identify which risks and hazards the facility needs to focus on.

**35) 4.1b: What is meant by “prospective identification methods?”**

Proactive identification of risks and hazards to patient safety involves the use of Failure Modes and Effects Analysis (FMEA) and/or Probabilistic Risk Assessment (PRA). Facilities are most likely most familiar and have some experience with the FMEA process in conjunction with current Joint Commission standards requirements. The NQF Safe Practices for Better Healthcare 2010 Update includes several references that further illustrate how to employ use of these tools as a means to systematically identify possible failure areas before these events occur.

**36) 4.1c: What is an example of how an ASC can create a risk profile based on both retrospective and prospective sources?**

An example of how to create a risk profile based on both retrospective and prospective sources is described in the International Journal for Quality in Healthcare: Integration of prospective and retrospective methods for risk analysis in hospitals.

**37) 4.1d: What are the minimum requirements for a “risk mitigation plan?”**

For each patient safety risk identified from retrospective sources (4.1a) and prospective sources (4.1b), the ASC should:

- Determine the action(s) needed to decrease the effect of and potential occurrence of the event, and
- Determine the response(s) to the event. An example of a risk mitigation plan is described in the article Healthcare Risk Mitigation Plan: Overview, Components & Sample.

**38) 4.2b: To meet the intent of this element, do financial incentives need to be outlined for ALL members of the leadership team?**

Yes, financial incentives for identifying and mitigating risks to patients, as identified in the approved action plan, would need to be for ALL leadership and the Risk Manager or Quality Coordinator.

**39) 4.3b: What type of training can ASCs provide to managers on “tools for monitoring risk” to meet the intent of this element?**

One example is the Tinetti Balance Assessment. Training on the use of risk monitoring tools, such as the Tinetti Balance Assessment, may be performed by in-house or external educators.

**40) 4.4a: Is it acceptable for an ASC to provide risk identification training on one specific risk?**

No. Training would need to be on a broader set of risks. Ideally, ASCs would emphasize training on a generalizable set of skills that could help with the mitigation of all risks.

An example of appropriate training: AHRQ’s Toolkit To Improve Safety in Ambulatory Surgery Centers, which may be reviewed here: <https://www.ahrq.gov/professionals/quality-patient-safety/hais/tools/ambulatory-surgery/index.html>.

**41) 4.4c: What does Leapfrog consider “evidence of high performance or actions taken” in regards to risk mitigation for falls and aspiration?**

The rate of compliance for process measures evaluating risk mitigation for falls and aspiration should be at least 90% in order to check the box for Safe Practice 4.4c

Documentation for risk mitigation for **falls** should include, “[monitoring] the effectiveness of fall reduction programs, including risk reduction strategies, in-services, patient/family education, and environment of care redesign. [JCR, 2010]” (Source: p. 108, NQF Safe Practices for Better Healthcare 2010)

Example of appropriate monitoring: assess facility rate of falls (e.g, using the NHSN Outpatient Procedure Component Module Same Day Outcomes Measure (OPC-SDOM) for Patient Fall), create a falls risk mitigation program, and determine the effectiveness of fall reduction program. Effectiveness of falls risk mitigation program should be above 90% to check the box for Safe Practice 4.4c.

Fall reduction program specifications (Source: p. 164, NQF Safe Practices for Better Healthcare 2010):

- The facility or healthcare organization must establish a fall reduction program.
- The fall reduction program includes an evaluation appropriate to the patient population, settings, and services provided.
- An organization may consider individual patient assessments for what the organization deems to be the high-risk groups in its patient population.
- The fall reduction program includes interventions to reduce the patient’s fall risk factors.
- Staff receive education and training about the fall reduction program. Education occurs upon hire and annually thereafter. [Dempsey, 2009]
- The patient, and family as needed, is educated about fall reduction program and any individualized fall reduction strategies.
- The organization evaluates the fall reduction program to determine its effectiveness.

In order to assess risk mitigation for **aspiration**, “upon admission and regularly thereafter, each patient should be screened for the risk of aspiration, [and] an aspiration risk and prevention plan should be documented in the patient’s record.” (Source: p. 108, NQF Safe Practices for Better Healthcare 2010)

Example of appropriate monitoring: reviewing all patient records for documentation of screening and determined risk level, as well as a prevention plan, where appropriate. Rate of documentation should be recorded and should be above 90% to check the box for Safe Practice 4.4c.

The plan to prevent aspiration could include:

- To prevent aspiration in adults, maintain patients in semi-recumbent position, with a 30- to 45-degree elevation of the head of the bed (unless medically contraindicated). For pediatric patients, elevate airway opening between 15 to 30 degrees for neonates, and 30 to 45 degrees for infants through pediatric ages, unless clinically inappropriate for the patient. [Resar, 2005; Tablan, 2004; Kollef, 2004; Dellinger, 2005; Drakulovic, 1999; Helman, 2003; Orozco-Levi, 1995] (Source: p. 289, NQF Safe Practices for Better Healthcare 2010)
- Avoid gastric overdistention. [Niederman, 1997; Heyland, 2001; Ibrahim, 2002; Kollef, 2004] (Source: p. 289, NQF Safe Practices for Better Healthcare 2010)
- Avoid unplanned extubation and reintubation. [Torres, 1995; Elward, 2002; Erhart, 2004] (Source: p. 289, NQF Safe Practices for Better Healthcare 2010)
- Consider a cuffed endotracheal tube with in-line and subglottic suctioning for all eligible patients. [Mahul, 1992; Vallés, 1995; Rello, 1996; Cook, 1998b; Kollef, 1999; Kollef, 2004; Tablan, 2004; Dezfulian, 2005] (Source: p. 289, NQF Safe Practices for Better Healthcare 2010)

## **Never Events Frequently Asked Questions (FAQs)**

**42) When reporting Never Events, what “state reporting program for medical errors” applies in my state?** Congress has passed legislation requiring all states to develop a reporting program for medical errors. At this time, many states have already enacted or adopted some requirement that facilities report serious medical errors or similar adverse events to a state agency. Others are still implementing legislation or regulations that define that requirement. States that have developed programs may also define reportable events differently.

**43) What if there is no “state reporting program for medical errors” in my state? Do we still have to report Never Events to meet Leapfrog principles for this policy? To whom?**

Facilities in states that do not have a state reporting program or requirement in effect can meet the reporting requirement of Leapfrog’s principles for implementation of a Never Events policy by reporting all Never Events voluntarily to either an accrediting organization or a Patient Safety Organization.

If there is no state-required reporting program in effect, no available Patient Safety Organization to which your facility can report, and your facility is not accredited, the Leapfrog requirement for reporting to an external agency is amended. Facilities must report the Never-Event to their governance board. And, facilities must still perform a root-cause analysis internally of each Never Event to meet Leapfrog’s principle for full implementation of its Never Events policy.

**44) The reportable adverse events defined by our state’s reporting program don’t include all twenty-five (25) Never Events endorsed by the National Quality Forum (NQF) and adopted in the Leapfrog policy. Will reporting only the state-required reportable events to the state agency suffice for meeting Leapfrog’s requirement for reporting Never Events to an external agency? Does our facility have to report other Never Events, as defined by NQF/Leapfrog, to that state agency even though not required by our state’s reporting program?**

Facilities should report all of their state-required reportable events to the state agency. All other Never Events, as defined by NQF’s list of Serious Reportable Events, that cannot be reported to the state agency, should be reported to another external agency (e.g., accreditor, Patient Safety Organization), if possible. If reporting those events to another external agency is not possible, the final option is to report those events to the facility’s governance board.

**45) Won’t Leapfrog’s request to have facilities apologize to the patient put the facility at risk for liability?**

Not necessarily. Research indicates that malpractice suits are often the result of a failure on the facility’s part to communicate openly with the patient and apologize for its error. Patients feel the most anger when they perceive that no one is willing to take responsibility for the adverse event that has occurred. A sincere apology from the responsible facility staff can help to heal the breach of trust between doctor/facility and patient. (When Things Go Wrong: Responding to Adverse Events. Boston, 2006. Mass Coalition for the Prevention of Medical Errors)

**46) How does Leapfrog define “waive cost”?**

At its core, Leapfrog’s approach to never events is about improving patient care. While the policy asks facilities to refrain from billing either the patient or a third party payer, such as a health plan or employer company, for any costs directly related to a serious reportable adverse event, Leapfrog understands that, due to the wide array of circumstances surrounding never events, specific details of what constitutes “waiving cost” should be handled on a case-by-case basis by the parties involved.

**47) Does Leapfrog recommend any resources for facilities looking to adhere to Leapfrog's Never Events principles?**

Yes, the Agency for Healthcare Research and Quality (AHRQ) has developed and tested the [Communication and Optimal Resolution \(CANDOR\) Toolkit](#), which outlines a process for facilities and practitioners to respond to unexpected events in a timely, thorough, and just way. The National Patient Safety Foundation (NPSF) has issued a report titled [RCA<sup>2</sup>: Improving Root Cause Analyses and Actions to Prevent Harm](#), which examines best practices and provides guidelines to help standardize and improve Root Cause Analysis. In addition, facilities can download tips and tools for interviewing patients and families for the Root Cause Analysis on the [Survey and CPOE Materials webpage](#).

# Page Intentionally Left Blank

## **SECTION 5: PATIENT EXPERIENCE**

This section includes questions and reference information for Section 5: Patient Experience. Please carefully review the questions, endnotes, and reference information (e.g., measure specifications, notes, and frequently asked questions) before you begin. Failure to review the reference information could result in inaccurate responses.

## Section 5: Patient Experience

**Outpatient Procedures Bibliography (Patient Experience):** <http://www.leapfroggroup.org/outpatient-procedures>

Section 5 includes questions about patient experience (OAS CAHPS).

Leapfrog will not score Survey responses or publicly report individual ASC Survey Results in 2019. However, participating ASCs will receive a free individual ASC Benchmarking Report for ASCs that submit a Survey by June 30, this ASC Benchmarking Report will be available to view in September and February via the ASC Details Page link on the Survey Dashboard. Leapfrog plans to score Survey responses and publicly report individual ASC Survey Results in 2020.

## 5: Patient Experience (OAS CAHPS)

Specifications: See [Patient Experience \(OAS CAHPS\) Measure Specifications](#) in the Reference Information on page 121-122.

### Reporting Time Period: 12 months

Please answer the following questions for the latest 12-month period prior to the submission of this section of the Survey.

1) What is the latest 12-month reporting period for which your facility is submitting responses to this section? 12-month reporting time period ending:	_____ Format: MM/YYYY
2) Did your facility have at least 300 <a href="#">eligible discharges</a> <sup>20</sup> during the 12-month period referenced above?  <i>If "no," skip the remaining questions in Section 5 and go to the Affirmation of Accuracy.</i>	Yes  No
3) Has your facility administered, or started to administer, the entire OAS CAHPS Survey during the reporting period?  <i>If "no," skip the remaining questions in Section 5 and continue on to the Affirmation of Accuracy.</i>	Yes  No
4) Total number of months in which your facility administered the OAS CAHPS Survey during the reporting period.	_____ Format: Whole numbers only
5) Total number of returned surveys during the reporting period.  <i>If less than 100, skip the remaining questions in Section 5 and go to the Affirmation of Accuracy.</i>	_____

In questions #6-9, report your facility's [Top Box Score](#)<sup>21</sup> from each of the following patient experience **domains** from your 12-month vendor report that matches the reporting period selected in question #1.

6) Facilities and Staff	_____ Format: Whole numbers only
7) Communication About Your Procedure	_____ Format: Whole numbers only
8) Patients' Rating of the Facility	_____ Format: Whole numbers only
9) Patients Recommending the Facility	_____ Format: Whole numbers only

In questions #10-12, report your facility's [Top Box Score](#)<sup>21</sup> from each of the following patient experience

**questions** from your 12-month vendor report that matches the reporting period selected in question #1.

<p>10) Q14: Did your doctor or anyone from the facility prepare you for what to expect during your recovery?</p>	<p>_____</p> <p><i>Format: Whole numbers only</i></p>
<p>11) Q19: Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?</p>	<p>_____</p> <p><i>Format: Whole numbers only</i></p>
<p>12) Q21: Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?</p>	<p>_____</p> <p><i>Format: Whole numbers only</i></p>

**Affirmation of Accuracy**

As the administrator of the Ambulatory Surgery Center (ASC) or as an employee of the ASC to whom the ASC administrator has delegated responsibility, I have reviewed this information pertaining to the Patient Experience (OAS CAHPS) Section at our ASC, and I hereby certify that this information is true, accurate, and reflects the current, normal operating circumstances at our ASC. I am authorized to make this certification on behalf of our ASC.

The ASC and I understand that The Leapfrog Group is relying on the truth and accuracy of this information. The ASC and I understand that The Leapfrog Group will make this information and/or analyses of this information public through a national report that does not identify individual ASCs.

This information and/or analyses and all intellectual property rights therein shall be and remain the sole and exclusive property of The Leapfrog Group in which The Leapfrog Group retains exclusive ownership. This information does not infringe on any third party's intellectual property rights or any other third party rights whatsoever and is free and clear of all encumbrances and liens of any kind. The ASC and I acknowledge that The Leapfrog Group may use this information in a commercial manner for profit. The ASC shall be liable for and shall hold harmless and indemnify The Leapfrog Group from any and all damages, demands, costs, or causes of action resulting from any inaccuracies in the information or any misrepresentations in this Affirmation of Accuracy. The Leapfrog Group and its members and entities and persons who contract with The Leapfrog Group reserve the right to omit or disclaim information that is not current, accurate or truthful.

Affirmed by \_\_\_\_\_, the ASC's \_\_\_\_\_,  
(First Name, Last Name) (Title)

On \_\_\_\_\_.  
(Date)

<b>Section 5: Patient Experience Reference Information</b>
--

***Change Summary Since Release***

None. If substantive changes are made to this section of the Survey after release on April 1, 2019, they will be documented in this Change Summary section.

## **Patient Experience (OAS CAHPS) Measure Specifications**

**Source:** Developed by Centers for Medicare and Medicaid Services (CMS) using Agency for Healthcare Quality and Research (AHRQ) guidelines. More information available at <https://oascahps.org/General-Information/About-OAS-CAHPS-Survey>.

### **Reporting Time Period: 12 months**

Report on the latest 12-month period prior to the submission of this section of the Survey.

### **Question #2: Did your facility have at least 300 eligible discharges<sup>20</sup> during the 12-month reporting period?**

This section of the Survey is designed for facilities that discharged at least 300 eligible patients during the reporting period. Facilities that discharged fewer than 300 eligible patients should respond “no,” skip the rest of the questions, and move on to the Affirmation of Accuracy.

Eligible discharges include discharges for adult patients (ages 18 years and older) who had both medically and non-medically necessary outpatient surgeries and/or procedures. A detailed description of patient sampling criteria, including a list of OAS CAHPS-eligible surgeries and procedures, is available in the Protocols and Guidelines Manual, version 3.0 at <https://oascahps.org/Survey-Materials>.

### **Question #3: Has your facility administered the OAS CAHPS Survey, or started to administer, the entire OAS CAHPS Survey, during the reporting period?**

The OAS CAHPS 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 survey also includes questions about whether patients received information about what to do if they had possible side-effects during their recovery. OAS CAHPS is designed to be national in scope and requires standardized administration protocols.

There are three approved modes of administration: mail only, telephone only, and mail with a telephone follow-up. In addition, in 2019, Leapfrog will be accepting OAS CAHPS results from ASCs who have administered the survey using unapproved modes of administration, such as electronic administration, as long as they have not altered the questions, response options, or domains.

If your facility is not currently administering the OAS CAHPS Survey, a list of approved vendors is available at <https://oascahps.org/General-Information/Approved-Survey-Vendors>.

### **Question #4: Total number of months in which your facility administered the OAS CAHPS Survey during the reporting period.**

It is recommended that facilities (or their survey vendor) sample over a 12-month period and ensure an even distribution of patients is sampled over the 12-month period. However, in 2019, Leapfrog will be accepting OAS CAHPS results from facilities that have administered the survey over a period of time less than 12 months if they have at least 100 returned surveys.

### **Question #5: Total number of returned surveys during the reporting period.**

It is recommended that facilities (or their survey vendor) administer the survey to a large enough sample in order to achieve 300 returned surveys in a 12-month reporting period. However, in 2019, Leapfrog will be accepting OAS CAHPS results from facilities that have at least 100 returned surveys.

**Questions #6-9: In questions #6-9, report your facility’s Top Box Score from each of the following patient experience domains from your 12-month vendor report that matches the reporting period selected in question #1.**

These 4 questions capture the Top Box Score for each of the 4 domains of patient experience: facilities and staff, communication about your procedure, patients' rating of the facility, and patients recommending the facility.

The following questions from the OAS CAHPS Survey are included in each domain:

#### Facilities and Staff

Q3: Did the check-in process run smoothly?

Q4: Was the facility clean?

Q5: Were the clerks and receptionists at the facility as helpful as you thought they should be?

Q6: Did the clerks and receptionists at the facility treat you with courtesy and respect?

Q7: Did the doctors and nurses treat you with courtesy and respect?

Q8: Did the doctors and nurses make sure you were as comfortable as possible?

#### Communication About Your Procedure

Q1: Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?

Q2: Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?

Q9: Did the doctors and nurses explain your procedure in a way that was easy to understand?

Q10: Anesthesia is something that would make you feel sleepy or go to sleep during your procedure. Were you given anesthesia?

Q11: (If 'Yes' to Q10) Did your doctor or anyone from the facility explain the process of giving anesthesia in a way that was easy to understand?

Q12: (If 'Yes' to Q10) Did your doctor or anyone from the facility explain the possible side effects of the anesthesia in a way that was easy to understand?

#### Patients' Rating of the Facility

Q23: Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?

#### Patients Recommending the Facility

Q24: Would you recommend this facility to your friends and family?

**Questions #10-12: In questions #10-12, report your facility's Top Box Score from each of the following patient experience questions from your 12-month vendor report that matches the reporting period selected in question #1.**

These 3 questions capture the Top Box Score for each of these 3 questions regarding patient experience following a surgery or procedure that are not included in the 4 domains above:

Q14: Did your doctor or anyone from the facility prepare you for what to expect during your recovery?

Q19: Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had bleeding as a result of your procedure?

Q21: Possible signs of infection include fever, swelling, heat, drainage or redness. Before you left the facility, did your doctor or anyone from the facility give you information about what to do if you had possible signs of infection?

Please note that question numbers are taken from the OAS CAHPS Survey, which you can download at <https://oascahps.org/Survey-Materials>.

## **Patient Experience Frequently Asked Questions (FAQs)**

### **1) Why is Leapfrog asking for results of the OAS CAHPS Survey, given that it is not required by CMS and many facilities are not currently administering it?**

While we understand that the OAS CAHPS Survey is still a voluntary component of the CMS ASC Quality Reporting Program, this survey is the only nationally standardized instrument designed to compare patient experience in both HOPDs and ASCs. No other survey has been tested and validated for this purpose. All measures included in Leapfrog's programs are predicated on the latest evidence and recommended by Leapfrog's panels of experts. They are also selected because of their importance to consumers, employers, and other purchasers.

Leapfrog will continue to include these questions on the Leapfrog Hospital Survey/Leapfrog ASC Survey and would welcome additional feedback from participating facilities.

### **2) If my facility administers a version of OAS CAHPS Survey that has not been approved by CMS, can we still use the results for reporting on the Leapfrog [Hospital/ ASC] Survey?**

If facilities are administering an 'unofficial' OAS CAHPS Survey, on adult discharges, that is identical to the official OAS CAHPS Survey in terms of domains/questions, but is administered in a non-CMS approved mode (e.g., electronically administered), these OAS CAHPS results can be used for the purposes of responding to Section 10 of the Leapfrog Hospital Survey/ Section 5 of the Leapfrog ASC Survey. Additionally, facilities can report OAS CAHPS results to Leapfrog even if they are not reporting OAS CAHPS results to CMS.

### **3) Isn't 300 returned surveys the minimum sample size recommended by CMS?**

Yes; however, Leapfrog has received feedback that many hospitals and ambulatory surgery centers have only recently started to administer the survey. In order to ensure as many hospitals and ambulatory surgery centers as possible are able to report on this subsection, we have reduced the minimum sample size for reporting results to the Leapfrog Hospital and ASC Surveys to 100 returned surveys. This will help ensure that hospitals and ASCs that have made the investment to administer the Survey are able to earn credit for doing so.

If possible, however, it is recommended that facilities (or their survey vendor) administer the survey to a large enough sample in order to achieve 300 returned surveys in a 12-month reporting period.

### **4) We administer our own patient experience survey to collect specific information about our patient's experience. Can we report the results from our facility's patient experience survey?**

No; facilities can only report the results of the official OAS CAHPS Survey on Section 5 of the Leapfrog ASC Survey.

However, according to the OAS CAHPS Protocols and Guidelines Manual, survey vendors and ASCs/HOPDs may choose to add up to 15 supplemental questions after the 'core' OAS CAHPS Survey questions that are personalized to the facility/vendor. More information on these supplemental questions, including restrictions and required approval, may be reviewed on pages 21-22 of the CMS OAS CAHPS Survey Protocols and Guidelines Manual, which is available for download here: <https://oascahps.org/Survey-Materials>. Please note, the responses to these supplemental questions will not be reported on the Leapfrog ASC Survey.

# Page Intentionally Left Blank

# Endnotes

---

## <sup>1</sup> **CMS Certification Number (CCN)**

A CMS Certification Number (CCN) is issued by the Centers for Medicare and Medicaid Services (CMS) to financial reporting entities for purposes of reimbursement. CCNs are ten digits; with the first two digits representing the state in which the facility is located. Facilities that do not receive Medicare reimbursement may not have a CMS Certification Number and should not have a CCN reported in this field. Leapfrog prepopulates this field in the Online Survey Tool. If the facility's CCN is different from the one shown online, please contact the Help Desk.

## <sup>2</sup> **National Health Safety Network (NHSN) ID**

A NHSN ID is issued by the Centers for Disease Control and Prevention and is used as a unique identifier for facilities participating in NHSN surveillance activities. Each facility within a network, even if they share a CCN, should report separately to NHSN and should have their own NHSN ID if they are located separately. Please see the NHSN instructions available at <http://www.leapfroggroup.org/asc-survey-materials/join-asc-nhsn-group>. NHSN IDs are five digits.

## <sup>3</sup> **Federal Tax Identification Number (TIN)**

Enter the TIN that your facility uses for billing purposes. The number is a nine-digit number (e.g., 098765432) and must conform precisely to this format – be sure to enter any leading 0.

## <sup>4</sup> **National Provider Identifier (NPI)**

The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard. The NPI is a unique identification number of covered health care providers. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or medical specialty. If there is more than one NPI associated with your facility, please enter the NPI associated with the highest amount of charges for the most recent year.

## <sup>5</sup> **Tips for entering Web addresses**

- Do not exit out of the Survey to go to the Web page of interest while you are entering data into the Survey or some of your Survey entries may be lost.
- Instead, minimize (but don't close) the Survey window and any other windows that are open, then open your internet browser in a separate window. Find the Web page whose address you wish to enter and Copy/Paste the entire address into the Survey entry. The http:// prefix needs to be included.
- If entering the Web page address manually, be careful to type it correctly, without embedded spaces. Forward (/) or backward (\) slashes may be used. Don't forget the "www." if that is part of the address. **The http:// prefix needs to be included.**
- Make sure to use .org, rather than .com, if that's the domain for your facility's website.

## <sup>6</sup> **Affiliation or Management Company**

For the purpose of participating in the Leapfrog ASC Survey, some hospitals or health systems, health care networks, or management companies may want to coordinate Survey submissions among several facilities or ensure that communications regarding a facility's submission are shared with someone at the hospital, health system, health care network, or management company.

Facilities should only complete this section of the Profile regarding an affiliation with a hospital or health system, or health care network, or list their management company (including joint ventures) if they want information about the Survey submission shared with those individuals.

---

Facilities that are part of a joint venture with a hospital, health system, or health care network, as well as facilities that are partly or wholly owned by a management company, may consider completing this section of the Profile.

### **<sup>7</sup> Operating Rooms**

If your state designates and licenses operating rooms, enter the number of operating rooms licensed by your state. If your state does not designate and license operating rooms, enter the number of operating rooms that meet the following definition from the 2018 FGI Guidelines: a room that meets the requirements of a restricted area, is designated and equipped for performing surgical or other invasive procedures, and has the environmental controls for an OR as indicated in ASHRAE 170. An aseptic field is required for all procedures performed in an OR.

More information about the 2018 FGI Guidelines can be found at [https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17\\_FGI\\_ExamProcedureOperatingImaging\\_170721.pdf](https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17_FGI_ExamProcedureOperatingImaging_170721.pdf).

### **<sup>8</sup> Endoscopic Procedure Rooms**

If your state designates and licenses procedure rooms, enter the number of procedure rooms licensed by your state that are used for endoscopies. If your state does not designate and license procedure rooms, enter the number of procedure rooms that are used for endoscopies that meet the following definition from the 2018 FGI Guidelines: a room designated for the performance of patient care that requires high-level disinfection or sterile instruments and some environmental controls but is not required to be performed with the environmental controls of an operating room.

More information about the 2018 FGI Guidelines can be found at [https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17\\_FGI\\_ExamProcedureOperatingImaging\\_170721.pdf](https://www.fgiguideines.org/wp-content/uploads/2017/08/SLS17_FGI_ExamProcedureOperatingImaging_170721.pdf).

### **<sup>9</sup> Written Transfer Agreement**

A written agreement between an ambulatory surgery center and a receiving hospital that describes the transfer of patients, patient care, and clinical information in circumstances of varying acuity where a higher level of care is needed by patients. The transfer agreement should be formalized in advance of any patient care being initiated at an ASC and should be applicable to and immediately enacted in any case when a higher level of patient care is necessary.

### **<sup>10</sup> Written Transfer Policies**

Written internal policies and procedures, including, but not limited to, the provisions in the written transfer agreement, for the transfer of patients to a higher level of care. These procedures should be specific to an individual ASC and may differ based on patient acuity. Transfer policies may specify qualifications of the receiving facility and timing for transfer of patients and information, among other components. Transfer policies should be internally formalized and circulated to appropriate members of the care team prior to any patient care being initiated at an ASC.

### **<sup>11</sup> Clinician**

A clinician refers to a physician, physician assistant (PA), nurse practitioner (NP), nurse anesthetist (CRNA), or nurse (RN or MSN).

### **<sup>12</sup> Time-out**

Time-outs are short meetings with the entire operating team immediately before an incision to verify, at minimum, the patient's identity, procedure site, procedure to be performed, and any anticipated concerns or critical events. The time-out should be led by a single individual on the surgical team, should be clearly documented, and all questions and/or concerns brought up during the time-out should be addressed prior to beginning the invasive procedure.

---

More information about time-outs may be reviewed in The Joint Commission's 'The Universal Protocol,' which is summarized here: [https://www.jointcommission.org/assets/1/18/UP\\_Poster1.PDF](https://www.jointcommission.org/assets/1/18/UP_Poster1.PDF), as well as in the World Health Organization's 'Surgical Safety Checklist,' which may be reviewed here: [https://www.who.int/patientsafety/safesurgery/tools\\_resources/SSSL\\_Checklist\\_finalJun08.pdf](https://www.who.int/patientsafety/safesurgery/tools_resources/SSSL_Checklist_finalJun08.pdf).

### **13 Professional with Appropriate Training and Skills**

This would include staff trained in Infection Control or Infectious Diseases, whose tasks formally include dedicated time for staff training. In some settings, this could also be medical or nursing staff involved in clinical work, with dedicated time to acquire thorough knowledge of the evidence for and correct practice of hand hygiene.

The minimum required knowledge of the trainer can be found in the [WHO Guidelines on Hand Hygiene in Health Care](#) and the [Hand Hygiene Technical Reference Manual](#).

### **14 Audits of the Volume of Alcohol-based Hand Sanitizer**

To audit the amount of alcohol-based hand sanitizer that is delivered with each activation of a wall-mounted dispenser (manual and automated), ASCs should use the following process:

1. Take a small graduated plastic medicine cup and have the dispenser deliver 10 doses of alcohol-based hand sanitizer.
2. Divide the total volume dispensed by 10 to get an average of the amount dispensed.

The audit should be a random sample comprising at least 5% of dispensers across the facility.

### **15 E-learning Tools**

Examples of E-learning tools for hand hygiene include:

- <https://ipac-canada.org/hand-hygiene-e-learning-tool.php>
- <https://www.cdc.gov/handhygiene/providers/training/index.html>

### **16 Never Event**

In 2011, the National Quality Forum released a list of 25 events that they termed "serious reportable events," extremely rare medical errors that should never happen to a patient in an ambulatory setting. Often termed "never events," these include errors such as surgery performed on the wrong body part or on the wrong patient or leaving a foreign object inside a patient after surgery. Please see NQF's "Never Events" list at <http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=69573>.

### **17 Apology to the Patient**

While Leapfrog recognizes that on very rare occasions "never events" can occur that are not the fault of care systems or clinical care staff, given the high level of trust patients place in health care providers, Leapfrog feels it is appropriate for caregivers to apologize when a patient within their care setting suffers a serious event.

As the National Quality Forum identified in their 2002, 2006, and 2011 Serious Reportable Events Report, given the serious nature of these events, it is reasonable for facilities to initially assume that the adverse event was due to the referenced course of care. And while further investigation and/or root cause analysis of the unplanned event may be needed to confirm or refute the presumed relationship, delaying an apology to the patient is not treating the patient with compassion and sympathy.

### **18 Reporting Never Events to External Agencies**

If your facility is not accredited, is located in a state without a state-wide reporting program for medical errors, AND there is no available Patient Safety Organization to which your facility can report medical errors, the facility should report the event to the Board of Trustees. Full implementation of the Never Events policy still requires the facility to conduct a root cause analysis of the event.

---

<sup>19</sup> **Root Cause Analysis**

The National Patient Safety Foundation published a set of best practices and guidelines in its report “RCA<sup>2</sup> Improving Root Cause Analysis and Action to Prevent Harm.” The report can be found at <http://www.npsf.org/?page=RCA2>.

<sup>20</sup> **Eligible Discharges**

Discharged adult patients (ages 18 years and older) who had both medically and non-medically necessary surgeries and/or procedures are eligible to complete the OAS CAHPS Survey. A detailed description of patient sampling criteria, including a list of OAS CAHPS-eligible surgeries and procedures is available in the Protocols and Guidelines Manual, version 3.0 at <https://oascahps.org/Survey-Materials>.

<sup>21</sup> **Top Box Score**

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. For the OAS CAHPS Survey “Patients’ Rating of the Facility” domain, responses of 9 or 10 are included in the top box score. For the “Patients Recommending the Facility” domain, responses of “Definitely yes” are included in the top box score. For all other domains included in Section 5, the top box score is the percent of survey respondents choosing “Yes, definitely.”