

# SUMMARY OF CHANGES TO THE 2025 LEAPFROG ASC SURVEY AND RESPONSES TO PUBLIC COMMENTS

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Through participation in the Leapfrog ASC Survey and engaging in the public comment process, ambulatory surgery centers (ASCs) continue to demonstrate their commitment to transparency. This empowers employers and purchasers to find the highest-value care while giving consumers the lifesaving information they need to make informed decisions. Hospital and ASC Survey Results are [publicly reported](#) on Leapfrog’s website so stakeholders can compare hospital outpatient departments (HOPDs) and ASCs side-by-side. Participating ASCs are also eligible to be considered for awards programs including the [Leapfrog Top ASC](#) designation.

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

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

We are grateful to those who take the time to submit comments each year. These comments bring enormous value to Leapfrog’s team and help ensure the Survey is beneficial to ASCs, purchasers and consumers. These comments, as well as results from the pilot test, are incorporated into the final ASC Survey and scoring algorithms. A final summary of changes as well as a summary of public comments and [responses to public comments](#) are included in this document.

The 2025 Leapfrog ASC Survey will open on April 1 and a PDF of the Survey will be available for download on the [Leapfrog ASC Survey webpage](#). ASCs and other stakeholders interested in learning more and participating in the 2025 Leapfrog ASC Survey can register to attend free informational sessions on the Town Hall Calls [webpage](#).

## DEADLINES AND REPORTING PERIODS FOR 2025

Review the 2025 Leapfrog ASC Survey Deadlines and reporting periods in [Appendix I](#) and [Appendix II](#). As a reminder, ASCs that do not submit a Leapfrog ASC Survey by the June 30 Submission Deadline will be publicly reported as “Declined to Respond” until a Survey has been submitted.

## SCORING AND PUBLIC REPORTING FOR 2025

As in prior years, ASCs that submit a Leapfrog ASC Survey by the June 30 Submission Deadline will have Survey Results available on their [ASCs Details Page](#) on July 12 and publicly reported at <https://ratings.leapfroggroup.org/> on July 25. After July, Leapfrog will update the Survey Results within the first seven (7) business days of the month to reflect Surveys (re)submitted by the end of the previous month. Previously, results were published within the first five (5) business days of the month.

In 2025, Leapfrog will add a new performance category, “Did Not Measure,” for ASCs reporting that they did not measure and therefore cannot report on select measures on the Leapfrog ASC Survey. These measures include:

- Section 4A: Medication and Allergy Documentation
- Section 4F: Nursing Workforce
- Section 5: Patient Experience (OAS CAHPS)



## NEW REPORTING POLICY FOLLOWING CYBERSECURITY EVENTS AND NATURAL DISASTERS

In response to feedback from ASCs and further review with our experts, Leapfrog is handling its new reporting policy following cybersecurity events and natural disasters via its Help Desk instead of asking for facilities to report on these events via the Survey. In addition, we will no longer ask facilities to report on mergers and acquisitions. These facilities will still be required to report on all applicable measures using data as outlined in the Survey reporting periods.

Facilities with a cybersecurity event or natural disaster that impacts data availability during one or more Survey reporting periods will need to contact the [Help Desk](#) and provide their facility name, CMS Certification Number (if applicable), description of the event including dates and duration, supporting evidence, and date in which they will be able to resume reporting. If approved by Leapfrog, facilities will report on the impacted measures using the data available and exclude data from the month(s) impacted by the cybersecurity event or natural disaster. Results will still be calculated if minimum reporting requirements are met and will be displayed on the [Survey Results website](#) with the following footnote: "Results are based on limited data due to a reported cybersecurity event or natural disaster." This revised policy closely aligns with the Extraordinary Circumstances Exception policy from the Centers for Medicare and Medicaid Services (CMS) but will only be applied to cybersecurity events and natural disasters.

## SUMMARY OF CONTENT AND SCORING CHANGES

### ASC PROFILE

There are no changes to the ASC Profile.

### SECTION 1: PATIENT RIGHTS AND ETHICS

#### SECTION 1A: BASIC FACILITY INFORMATION

In response to feedback from ASCs participating in the Survey and an analysis of responses submitted in 2024, Leapfrog is making the following update to Section 1A: Basic Facility Information:

- Question #7, regarding an ASC’s ownership status, will be updated to include “private equity” as a new response option. ASCs should continue to select a response that best describes their ownership. The updated question is provided below.

Updates highlighted in **yellow**

	<ul style="list-style-type: none"> <li><input type="radio"/> Single Physician Owner</li> <li><input type="radio"/> Multiple Physician Owner</li> <li><input type="radio"/> Management Company</li> <li><input type="radio"/> Hospital Owner</li> <li><input type="radio"/> Physician and Management Company Joint Venture</li> <li><input type="radio"/> Physician and Hospital Joint Venture</li> </ul>
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<p>1) Which best describes your facility's ownership status?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Physician and Management Company and Hospital Joint Venture</li> <li><input type="radio"/> Management Company and Hospital Joint Venture</li> <li><input type="radio"/> Government</li> <li><input checked="" type="radio"/> Private Equity</li> <li><input type="radio"/> Other</li> </ul>
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Finally, Leapfrog is adding a new FAQ to this section, to offer facilities additional guidance in implementing a policy to follow up on patient-reported concerns:

**What are some examples of a protocol to follow-up on patient-reported concerns? What kinds of concerns are we supposed to be capturing?**

Leapfrog's goal is to capture how facilities are encouraging the submission of, and following up on, issues or complaints from patients that are specific to the care they received at your facility. Examples of opportunities to report would include any of the following:

- Notifying patients on arrival at the facility about their right to report concerns as part of their [rights and responsibilities](#);
- A contact person responsible for patient experience who can be contacted by telephone, e-mail, and in-person;
- A reporting system available to patients through the patient portal, e.g. a specific function or message in the application that prompts patients to report concerns, including through messaging the provider directly;
- A patient survey administered to patients soliciting concerns with their care; or
- The free text fields of the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

**SECTION 1B: BILLING ETHICS**

In response to feedback from ASCs participating in the Survey, Leapfrog is making the following updates to Section 1B: Billing Ethics:

- Question #1, regarding what pricing information is available on your facility's website, will include a new response option of "Department of Defense medical and dental reimbursement rates." This response option is only applicable to Military Treatment Facilities (MTFs). We are also updating the scoring algorithm to incorporate the new response option for scoring and public reporting in 2025.
- Question #2, regarding a website URL where prices are displayed, is being updated to ask about displayed prices and "Department of Defense medical and dental reimbursement rates."
- Question #3, regarding the itemized billing statement, will continue to ask that the itemized billing statement be provided either by mail or electronically (via email or the patient portal), however Leapfrog is no longer adding patient preference in 2025.

The updated questions and scoring algorithm are available in [Appendix III](#) for Section 1B: Billing Ethics.



## SECTION 1C: HEALTH CARE EQUITY

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Leapfrog will continue to score and publicly report the Health Care Equity standard. We are making the following two updates:

- Question #1, regarding patient self-identified demographic data, will include a new response option for ability status. We will also add a new FAQ which will provide more information about ability status and examples of questions to ask patients:

### What does Leapfrog mean by “ability status”?

As described by the [CDC](#), a disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). More information is available on the CDC website at

[https://www.cdc.gov/disability-and-health/about/?CDC\\_AAref\\_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html](https://www.cdc.gov/disability-and-health/about/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html).

Examples of questions that determine one’s ability status can be found here:

- [https://www.cdc.gov/dhds/datasets/?CDC\\_AAref\\_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html](https://www.cdc.gov/dhds/datasets/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html)
  - <https://torontohealthequity.ca/wp-content/uploads/2018/03/Measuring-Health-Equity-Participant-Manual-2018.pdf>
- Leapfrog is adding a new question asking ASCs to provide a link to where they publicly share their efforts to identify and reduce health care disparities. Only ASCs that answer “yes” to question #6 will be asked to provide the URL. This question, and the provided URL, will be used as part of Leapfrog’s [Data Verification Protocols](#) and the URL may be publicly reported. The new question is available for review below:

2) Webpage URL where efforts to identify and reduce health care disparities and the impact of those efforts based on the self-identified demographic data collected directly from patients (or patient’s legal guardian) are displayed:	<hr/>
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Based on public comment feedback and that OMB implementation is not required until 2029, Leapfrog is not moving forward with the proposal to add an optional, fact-finding question to determine if ASCs have implemented (or have plans to implement) the new [Office of Management and Budget standards](#) for maintaining, collecting and presenting data on race and ethnicity.

There are no changes to the scoring algorithm for Section 1C: Health Care Equity.

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

In response to feedback from ASCs participating in the Survey, Leapfrog is making the following update to Section 2: Medical, Surgical, and Clinical Staff:

- Question #2, regarding the presence of clinicians trained in Pediatric Advanced Life Support (PALS), will include a new response option of “Not applicable; pediatric patients are all aged 13-17” to clarify that all pediatric



procedures reported on in Section 3 during the reporting period were performed on patients 13 years and older. The updated question is available for review below:

Updates highlighted in yellow

<p>1) Is there a Pediatric Advanced Life Support (PALS) trained clinician, as well as a second clinician (regardless of PALS training), present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility?</p> <p><i>Facilities that do not care for pediatric patients should select "Not applicable; adult patients only" and facilities that only performed applicable pediatric procedures on pediatric patients 13 years and older during the reporting period should select "Not applicable; pediatric patients are all aged 13-17," regardless of the presence of clinicians trained in PALS. The facility will be scored as "Does Not Apply".</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Not applicable; adult patients only</li> <li><input type="radio"/> Not applicable; pediatric patients are all aged 13-17</li> </ul>
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There are no changes to the scoring algorithm for Section 2: Medical, Surgical, and Clinical Staff.

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## SECTION 3: VOLUME AND SAFETY OF PROCEDURES

### SECTION 3A: VOLUME OF PROCEDURES

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Leapfrog is adding back five anterior segment eye procedure CPT codes and four lumpectomy or quadrantectomy of breast CPT codes for adult patients that were previously removed in 2024, due to feedback that the procedures continue to be performed in both ASCs and hospital outpatient departments. In addition, Leapfrog is adding three new CPT codes for spinal fusion for adult patients, two new CPT codes for nasal/sinus procedures for both adult and pediatric patients, and one new CPT code for cystourethroscopy for adult patients.

### SECTION 3B: FACILITY AND SURGEON VOLUME

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Leapfrog is removing three procedure codes from the list of CPT codes used to count same-day bariatric procedures as they do not meet the criteria for inclusion in our volume standards since they are used for the placement of gastric banding rather than bypass of the stomach.

### SECTION 3C: CMS OUTCOME MEASURES

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Leapfrog will add four new measures to this subsection, formally titled "Patient Follow-up," that are publicly reported on the CMS Care Compare website, as part of the Ambulatory Surgical Center Quality Reporting (ASCQR) program:

- ASC-1: Number of patients who experience a burn prior to discharge from the ASC
- ASC-2: Number of patients who experience a fall within the ASC



- ASC-3: Number of patients who experience a wrong site, side, patient, procedure, or implant
- ASC-4: Percentage of ASC patients who are transferred or admitted to a hospital upon discharge from the ASC

These four measures were first publicly reported on Care Compare in October 2024. Collecting these data from this publicly available source allows Leapfrog to remove the requirement for reporting same-day outcome measures in Section 4B: NHSN Outpatient Procedure Component Module.

These measures are in addition to the three CMS ASCQR measures collected in prior years:

- ASC-12: Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy
- ASC-17: Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures
- ASC-18: Hospital Visits After Urology Ambulatory Surgical Center Procedures

Because the distribution of scores from the CY2023 dataset for ASCs nationwide indicates that for ASC-1, ASC-2 and ASC-3 most reporting ASCs had no patients that experienced a burn, fall, or wrong site, side, patient, procedure or implant event, surgery centers will be scored based on whether they had any events in the calendar year. Facilities with no events will be scored as “Achieved the Standard,” others will be scored as “Considerable Achievement,” recognizing that they voluntarily reported these data.

However, Leapfrog will score ASC-4 using a similar model as the quartile-based determination for ASC-12, 17, and 18. Leapfrog proposes calculating a scoring cut-point for the top quartile based on the CY2023 dataset for ASCs nationwide. Facilities in the top quartile will be scored as “Achieved the Standard,” others will be scored as “Considerable Achievement.”

For Leapfrog to obtain the data for each applicable ASCQR measure, facilities must provide a valid CMS Certification Number (CCN) and National Provider Identifier (NPI) in the Profile Section of the Online Survey Tool and submit the Leapfrog ASC Survey.

For ASC-12, 17, and 18, facilities that do not perform the applicable procedures will be scored and publicly reported as “Does Not Apply.” ASC-1, 2, 3 and 4 apply to all ASCs. Facilities that do not provide an accurate CCN and NPI in the Profile or do not report applicable data to CMS will be scored and publicly reported as “Unable to Calculate Score.”

The scoring algorithm is available in [Appendix IV](#).

The table below indicates when Leapfrog will download data from the CMS provider catalog, when it will be available to ASCs for review on their Details Page, and when it will be publicly reported.





CMS data will be scored and publicly reported for ASCs that have submitted a Survey by	CMS Reporting Period	Available on ASC Details Page	Available on the Public Reporting Website
June 30, 2025	ASC 1-4: Most recent 12 months ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	July 12, 2025	July 25, 2025
August 31, 2025	ASC 1-4: Most recent 12 months ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	September 10, 2025	September 10, 2025
November 30, 2025	ASC 1-4: Most recent 12 months ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	December 9, 2025	December 9, 2025

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

### SECTION 3D: INFORMED CONSENT

Based on the fact that health care facilities in Georgia and Texas have a statutory protection facilitated by using consent forms at a ninth-grade reading level, Leapfrog will maintain the current scoring algorithm giving surgery centers the ability to earn “Considerable Achievement” by having all consent forms written at a ninth-grade reading level, when additional criteria in the section are met. However, because 54% of Americans between the ages of 16 and 74 read below the equivalent of a sixth-grade level, surgery centers will continue to be required to have all applicable consent forms written at a sixth-grade reading level or lower to “Achieve the Standard.”

In response to questions and feedback from surgery centers participating in the Survey, Leapfrog is updating question #1 to clarify that the question about training only concerns individuals employed by the ASC:

Updates highlighted in **yellow**

<p>1) Does your facility train <b>employed</b> staff on informed consent and tailor different training topics to <a href="#">different staff roles</a>, including facility leaders, MD/NP/PA, nurses and other clinical staff, administrative staff, and interpreters, and has your facility made the training:</p> <ul style="list-style-type: none"> <li>• a required component of onboarding for the appropriate newly hired staff, and</li> <li>• required for the appropriate existing staff who were not previously trained?</li> </ul>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
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We are also updating the FAQ regarding training:

**What roles and staff levels need to be included in the training program on informed consent included in question #1? What types of training can we use?**

As described on page 98 of the [AHRQ's Making Informed Consent an Informed Choice – Training for Health Care Leaders](#), the appropriate roles for training include all the following: facility leaders, physicians/independent nurse practitioners/independent physician assistants, nurses or other clinical staff, administrative staff in a patient-facing role, and interpreters. The training may be tailored to only include relevant materials based on the staff role. The goal is for each responsible staff person to be trained in their applicable domains. For example:

- For facility leaders, training on the definition and principles of informed consent and specifics on the facility's informed consent policy is appropriate.
- Clinical staff such as physicians and nurses should also be trained in strategies for clear communication, for presenting choices, and for documentation, if they are responsible for directly conducting the informed consent process.
- For administrative staff in a patient-facing role and interpreters, participating in the informed consent process should also be trained in reviewing and completing documentation.

Staff that are not directly employed by the facility (e.g., medical interpreters who are employed by a contractor) do not need to be trained by the facility.

Training does not need to be exclusive to informed consent and can be included as a component or module in other trainings. Examples of trainings include computer-based training, one-on-one precepting, webinars, and staff meeting presentations, as well as other modalities where learning can be assessed after the content is delivered to the trainee.

There are no changes to the scoring algorithm for Section 3D: Informed Consent.

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

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In response to public comments, Leapfrog has added a new FAQ clarifying that introductions do not need to be repeated after the first procedure of the day unless an individual in the team turns over.

**Do we need to perform a “clinical team introduction” if the team already knows each other and/or will be in the operating room together all day?**

Yes. Even if a clinical team knows each other they must perform an introduction stating their name and role at the first procedure of the day. They do not need to reintroduce themselves for the remaining procedures but should confirm everyone was introduced beforehand. However, if any team members change between operations, introductions must be performed again.

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## SECTION 4: PATIENT SAFETY PRACTICES

### SECTION 4A: MEDICATION SAFETY

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#### MEDICATION AND ALLERGY DOCUMENTATION



There are no changes to this subsection.

## SECTION 4B: NHSN OUTPATIENT PROCEDURE COMPONENT MODULE

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Leapfrog is making the following updates to Section 4B: NHSN Outpatient Procedure Component Module:

- Leapfrog is updating the reporting period for SSI outcome measure reporting plans from a 6-month reporting period to a 12-month reporting period. We are also updating the scoring algorithm to reflect these changes. Facilities will be required to have reporting plans in place for the full 12-month reporting period in order to “Achieve the Standard” if they perform any of the following procedures:
  - breast surgery (BRST),
  - laminectomy (LAM),
  - herniorrhaphy (HER), or
  - knee prosthesis (KPRO)
- SDOM reporting plan data will no longer be collected through NHSN OPC. Instead, the four SDOM measures that are publicly reported on the CMS Care Compare website as part of the ASCQR program will be collected as described above in [Section 3C](#). Therefore, Leapfrog is removing the following questions from Section 4B:
  - Question #4: “During the reporting period, did your facility have a Monthly Reporting Plan in place with NHSN for the Same Day Outcome Measures (SDOM) Module and submit associated Summary Data?”
  - Question #5: “For how many months during the reporting period did your facility have a Monthly Reporting Plan and Summary Data in place with NHSN for the Same Day Outcome Measures (SDOM) Module?”

The updated scoring algorithm is available in [Appendix V](#) for Section 4B: NHSN Outpatient Procedure Component Module.

### NHSN Reporting Periods and Deadlines for 2025

ASCs are required to join Leapfrog’s NHSN Group for ASCs for Leapfrog to download data on the following measures included in Section 4B: NHSN Outpatient Procedure Module of the 2025 Leapfrog ASC Survey:

- Surgical site infections for breast surgery (BRST), laminectomy (LAM), herniorrhaphy (HER), and knee prosthesis (KPRO) using an All-SSI SIR model.

Leapfrog will also download a copy of your facility’s 2024 Outpatient Procedure Component (OPC) ASC Annual Facility Survey.

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

- 1) Join Leapfrog's NHSN Group for ASCs by the dates below,
- 2) Submit SSI Monthly Reporting Plans and applicable Summary Data,
- 3) Enter a valid NHSN ID in the Profile Section of their 2025 Leapfrog ASC Survey, and
- 4) Complete, affirm, and submit the 2025 Leapfrog ASC Survey by the dates below:



Join Leapfrog’s NSHN Group by	Leapfrog will download data from NHSN for all current group members	Data downloaded from NHSN will be scored and publicly reported for ASCs that have submitted a Survey by	SSI Reporting Period	Available on ASC Details Page and Public Reporting Website
<b>June 19, 2025</b>	June 20, 2025	June 30, 2025	Latest 12 months prior to Survey submission	July 12, 2025 Details Page July 25, 2025 Public Reporting Website
<b>August 21, 2025</b>	August 22, 2025	August 31, 2025	Latest 12 months prior to Survey submission	September 10, 2025*
<b>October 22, 2025</b>	October 23, 2025	October 31, 2025	Latest 12 months prior to Survey submission	November 12, 2025*
<b>December 17, 2025</b>	December 18, 2025**	November 30, 2025	Latest 12 months prior to Survey submission	January 12, 2026*

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

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

\*\* The Leapfrog ASC Survey closes on November 30, 2025. The last NHSN data download is on December 18, 2025 to incorporate any ASCs and corrections from ASCs that joined by the last join date of December 17, 2025.

#### SECTION 4C: HAND HYGIENE

There are no changes to this subsection.

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

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

There are no changes to these questions.

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

There are no changes to these questions.



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

There are no changes to these questions.

#### SECTION 4E: NEVER EVENTS

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There are no changes to this subsection.

#### SECTION 4F: NURSING WORKFORCE

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There are no changes to this subsection.

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#### SECTION 5: PATIENT EXPERIENCE (OAS CAHPS)

There are no changes to this section.



More information about the 2025 Leapfrog ASC Survey is available on our website at

[www.leapfroggroup.org/ASC](http://www.leapfroggroup.org/ASC).



## RESPONSES TO PUBLIC COMMENTS

Leapfrog was grateful to receive several valuable public comments in response to the proposed changes to the 2025 Leapfrog ASC Survey and through the national pilot test of the 2025 Leapfrog ASC Survey. Comments were submitted from health care organizations, as well as health care experts, patient advocates and purchasers.

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

## SCORING AND PUBLIC REPORTING FOR 2025

**No comments were submitted.**

## NEW REPORTING POLICY FOLLOWING CYBERSECURITY EVENTS AND NATURAL DISASTERS

**No comments were submitted.**

## SECTION 1: PATIENT RIGHTS AND ETHICS

### BASIC FACILITY INFORMATION

**One commenter supported Leapfrog’s update to add “private equity” as a response option to the ownership status question in Section 1A.**

We appreciate this feedback.

**One commenter asked for clarification on what would constitute an acceptable system for patients to report concerns via the portal.**

Leapfrog has updated the [FAQ](#) to clarify that a specific function or message in the application that prompts patients to report concerns, including through messaging the provider directly, are acceptable modalities for patients to report errors through the patient portal.

### BILLING ETHICS

**No comments were submitted.**

### HEALTH CARE EQUITY

**No comments were submitted.**

## SECTION 2: MEDICAL, SURGICAL AND CLINICAL STAFF

**No comments were submitted.**

## SECTION 3: VOLUME AND SAFETY OF PROCEDURES

### VOLUME OF PROCEDURES

**No comments were submitted.**

### FACILITY AND SURGEON VOLUME

**No comments were submitted.**

### CMS OUTCOME MEASURES

**No comments were submitted.**

### INFORMED CONSENT

**Commenters were divided in their feedback on Leapfrog's proposal to continue to require that all applicable consent forms be written at a sixth-grade reading level or lower to "Achieve the Standard." While some, especially those from a patient advocacy background, strongly supported the standard, others recommended a holistic evaluation of the process to communicate information to a patient.**

Leapfrog concurs that the process for communicating information about a procedure is not limited to the consent form. Surgery centers can only Achieve the Standard if they also require clinicians with practicing privileges to use the "teach back method" to have patient explain, in their own words, critical facts about the procedure to check for understanding. The reading level of the consent form is an important aspect of communication, as the consent form itself is the durable record of the conversation with the patient.

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

**One commenter expressed concern with documenting and completing staff introductions for every new case given the small size of ASCs and likelihood staff remain the same throughout the day.**

Thank you for this feedback. Leapfrog will add a new FAQ clarifying that clinical teams must introduce each other at the first procedure of the day, but do not need to reintroduce themselves for the remaining operations, unless staff changes.

## SECTION 4: PATIENT SAFETY PRACTICES

### MEDICATION SAFETY

**No comments were submitted.**

### NHSN OUTPATIENT PROCEDURE COMPONENT MODULE





**One commenter requested that Leapfrog remove the NHSN Outpatient Procedure Module reporting requirement since it has resulted in hours of increased administrative work without adding substantive value.**

We appreciate this feedback. Starting this year, SDOM measures will be reported through CMS. This means that in the 2025 Leapfrog Survey only SSIs will need to be reported to the NHSN OPC module. This should reduce the amount of administrative work required to report to the NHSN OPC.

#### HAND HYGIENE

**No comments were submitted.**

#### NATIONAL QUALITY FORUM (NQF) SAFE PRACTICES

**No comments were submitted.**

#### NEVER EVENTS

**No comments were submitted.**

#### NURSING WORKFORCE

**No comments were submitted.**

### SECTION 5: PATIENT EXPERIENCE (OAS CAHPS)

**No comments were submitted.**



**APPENDIX I: TIMELINE FOR THE 2025 LEAPFROG ASC SURVEY**

Date	Deadline
<b>March</b>	Summary of Changes to the 2025 Leapfrog ASC Survey and Responses to Public Comments will be available for download at <a href="https://www.leapfroggroup.org/asc-survey-materials/survey-materials">https://www.leapfroggroup.org/asc-survey-materials/survey-materials</a> .
<b>April 1</b>	<b>2025 LEAPFROG ASC SURVEY LAUNCH:</b> The hard copy of the 2025 Leapfrog ASC Survey and supporting materials are available for download on the <a href="#">Survey Materials webpage</a> . The <a href="#">Online ASC Survey Tool</a> is available.
<b>June 30</b>	<b>SUBMISSION DEADLINE:</b> ASCs that submit a Survey by June 30 will have their Leapfrog ASC Survey Results <a href="#">publicly reported</a> starting on July 25.  ASCs that do not submit a Survey by June 30 will be publicly reported as “Declined to Respond” until a Survey has been submitted.
<b>July 12</b>	<b>ASC DETAILS PAGE AVAILABLE:</b> The first set of Leapfrog ASC Survey Results, which reflect Surveys submitted by June 30, will be privately available for ASCs to view on July 12 via the ASC Details Page link on the Survey Dashboard. In addition, Leapfrog will send out its first round of <a href="#">monthly data verification</a> emails and documentation requests.
<b>July 25</b>	<b>ASC SURVEY RESULTS PUBLICLY AVAILABLE:</b> The first set of Leapfrog ASC Survey Results, which reflect Surveys submitted by June 30 will be published on Leapfrog’s <a href="#">public reporting website</a> .  ASCs that do not submit a Survey by June 30 will be publicly reported as “Declined to Respond” until a Survey has been submitted. After July, results are updated on the seventh (7) business day of the month to reflect Surveys (re)submitted by the end of the previous month.
<b>August 31</b>	<b>TOP ASC DEADLINE:</b> ASCs that would like to be eligible to receive a Leapfrog <a href="#">Top ASC Award</a> must submit a Survey by August 31. Facilities are encouraged to submit their Survey by June 30 in order to resolve any data entry or reporting errors identified by Leapfrog through its <a href="#">monthly data verification</a> and documentation requests.
<b>November 30</b>	<b>LATE SUBMISSION DEADLINE:</b> The 2025 Leapfrog ASC Survey will close to new submissions at 11:59 pm ET on November 30. No new Surveys can be submitted after this deadline.  Only ASCs that have submitted a Survey by November 30 will be able to log into the Online ASC Survey Tool to make corrections to previously submitted sections during the months of December



and January. Survey updates reflecting a change in performance must be made prior to November 30. Performance updates made after November 30 will not be scored or publicly reported.

**January 31**

**CORRECTIONS DEADLINE:**

ASCs that need to make corrections to previously submitted 2025 Leapfrog ASC Surveys must make necessary updates and re-submit the entire Survey by January 31, 2026. ASCs will not be able to make changes or re-submit their Survey after this date.



**APPENDIX II: REPORTING PERIODS FOR THE 2025 LEAPFROG ASC SURVEY**

	Survey Submitted <u>prior to</u> September 1	Survey (Re)Submitted <u>on or after</u> September 1
Survey Section	Reporting Period	Reporting Period
<b>1A</b> Basic Facility Information	12 months ending 12/31/2024	12 months ending 06/30/2025
<b>1B</b> Billing Ethics	N/A	N/A
<b>1C</b> Health Care Equity	N/A	N/A
<b>2</b> Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>3A</b> Volume of Procedures	12 months ending 12/31/2024	
<b>3B</b> Facility and Surgeon Volume	Volume: 12 months or 24-month annual average ending 12/31/2024	Volume: 12 months or 24-month annual average ending 06/30/2025
<b>3C</b> CMS Outcome Measures	Latest 12, 24 or 36 months prior to Survey submission	Latest 12, 24 or 36 months prior to Survey submission
<b>3D</b> Informed Consent	N/A	N/A
<b>3E</b> Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
<b>4A</b> Medication Safety	12 months ending 12/31/2024	12 months ending 06/30/2025
<b>4B</b> NHSN Outpatient Procedure Component Module	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
<b>4C</b> Hand Hygiene	N/A	N/A
<b>4D</b> National Quality Forum (NQF) Safe Practices	Latest 12 or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)	Latest 12 or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)
<b>4E</b> Never Events	N/A	N/A
<b>4F</b> Nursing Workforce	N/A	N/A
<b>5</b> Patient Experience (OAS CAHPS)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission

**APPENDIX III: BILLING ETHICS QUESTIONS AND SCORING ALGORITHM**

**Section 1B: Billing Ethics – Questions for 2025**

Updates highlighted in **yellow**

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

<ul style="list-style-type: none"> <li>• Who has access to an interpretation service to communicate in the patient’s preferred language, <b>and</b></li> <li>• Who has the authority to do all the following within 10 business days of being contacted by the patient or patient representative:             <ul style="list-style-type: none"> <li>i. initiate an investigation into errors on the bill,</li> <li>ii. offer a price adjustment or debt forgiveness based on facility policy, and</li> <li>iii. offer a payment plan?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>5) Does your facility take legal action against patients for late payment or insufficient payment of a medical bill?</p> <p><i>This question does not include patients with whom your facility has entered into a written agreement specifying a good faith estimate for a medical service.</i></p> <p><i>Only Military Treatment Facilities should respond “No, but required by federal law to transfer delinquent payments to the Department of Treasury for action.”</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> No, but required by federal law to transfer delinquent payments to the Department of Treasury for action</li> </ul>

**Section 1B: Billing Ethics – Scoring Algorithm for 2025**

Billing Ethics Score (Performance Category)	Meaning that...
<p><b>Achieved the Standard (4 bars)</b></p>	<ul style="list-style-type: none"> <li>• The facility provides <b>either</b> payer-specific negotiated charges or cash prices on their website for commonly performed procedures,</li> <li>• Provides <b>every</b> patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3,</li> <li>• Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days, <b>and</b></li> <li>• Does <b>not</b> take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service.</li> </ul> <p>OR (applies to Military Treatment Facilities only)</p> <ul style="list-style-type: none"> <li>• The facility provides Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures,</li> <li>• Provides <b>every</b> patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3,</li> <li>• Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days, <b>and</b></li> <li>• Does <b>not</b> take legal action against patients but is required by federal law to transfer delinquent payments to the Department of Treasury for action.</li> </ul>

<p><b>Considerable Achievement (3 bars)</b></p>	<ul style="list-style-type: none"> <li>• The facility does <b>not</b> provide either payer-specific negotiated charges or cash prices or Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures, <b>but</b></li> <li>• Provides <b>every</b> patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3,</li> <li>• Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days, and</li> <li>• Does <b>not</b> take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service or the facility does <b>not</b> take legal action against patients but is required by federal law to transfer delinquent payments to the Department of Treasury for action.</li> </ul>
<p><b>Considerable Achievement (Alternative) (3 bars)</b></p>	<ul style="list-style-type: none"> <li>• The facility provides <b>either</b> payer-specific negotiated charges or cash prices or Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures,</li> <li>• <b>Upon request</b>, provides patients with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3,</li> <li>• Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days, <b>and</b></li> <li>• Does <b>not</b> take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service or the facility does <b>not</b> take legal action against patients but is required by federal law to transfer delinquent payments to the Department of Treasury for action.</li> </ul>
<p><b>Some Achievement (2 bars)</b></p>	<ul style="list-style-type: none"> <li>• The facility does <b>not</b> provide either payer-specific negotiated charges or cash prices or Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures,</li> <li>• <b>Upon request</b>, provides patients with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3,</li> <li>• Gives patients instructions for contacting a billing representative who has access to interpretation services and has the authority to do all three required elements in question #4 within 10 business days, <b>and</b></li> <li>• Does <b>not</b> take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service or the facility does <b>not</b> take legal action against patients but is required by federal law to transfer delinquent payments to the Department of Treasury for action.</li> </ul>
<p><b>Limited Achievement (1 bar)</b></p>	<p>The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.</p>

**APPENDIX IV: CMS OUTCOME MEASURES SCORING ALGORITHM**

**Section 3C: CMS Outcome Measures - Scoring Algorithm for 2025**

Number Of Patients Who Experience a Burn Prior to Discharge from the ASC Score (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile</li> <li>Reported zero patients who experience a burn prior to discharge</li> </ul>
Considerable Achievement (3 bars)	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile</li> <li>Reported one or more patients who experience a burn prior to discharge</li> </ul>
Unable to Calculate Score	The facility is not participating with CMS, is scored as “Not Available” by CMS, or did not provide an accurate CCN and NPI in the ASC Profile.

Number Of Patients Who Experience a Fall Within the ASC (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile</li> <li>Reported zero patients who experience a fall within the ASC</li> </ul>
Considerable Achievement (3 bars)	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile</li> <li>Reported one or more patients who experience a fall within the ASC</li> </ul>
Unable to Calculate Score	The facility is not participating with CMS, is scored as “Not Available” by CMS, or did not provide an accurate CCN and NPI in the ASC Profile.

Number Of Patients Who Experience a Wrong Site, Side, Patient, Procedure, or Implant (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile</li> <li>Reported zero patients who experience a wrong site, side, patient, procedure, or implant</li> </ul>





<b>Considerable Achievement (3 bars)</b>	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile</li> <li>Reported one or more patients who experience a wrong site, side, patient, procedure, or implant</li> </ul>
<b>Unable to Calculate Score</b>	The facility is not participating with CMS, is scored as “Not Available” by CMS, or did not provide an accurate CCN and NPI in the ASC Profile.

Percentage Of ASC Patients Who Are Transferred or Admitted to a Hospital Upon Discharge from the ASC Score (Performance Category)	Meaning that...
<b>Achieved the Standard (4 bars)</b>	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile</li> <li>Is in the top quartile of performance (where lower scores are better).</li> </ul>
<b>Considerable Achievement (3 bars)</b>	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile</li> <li>Has a score published by CMS but is not in the top quartile of performance.</li> </ul>
<b>Unable to Calculate Score</b>	The facility is not participating with CMS, is scored as “Not Available” by CMS, or did not provide an accurate CCN and NPI in the ASC Profile.



**APPENDIX V: NHSN OUTPATIENT PROCEDURE COMPONENT MODULE SCORING ALGORITHM**

**Section 4B: NHSN Outpatient Procedure Component Module - Scoring Algorithm for 2025**

For facilities that perform breast surgery (BRST), laminectomy (LAM), herniorrhaphy (HER), and knee prosthesis (KPRO), and so have one or more applicable Surgical Site Infection Measure(s):

NHSN Outpatient Procedure Component Module Score (Performance Category)	Meaning that...
<p><b>Achieved the Standard (4 bars)</b></p>	<p>Facility is enrolled in the NHSN OPC Module, completed the 2024 OPC Annual Facility Survey, and completed the following:</p> <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan in place for each month of the reporting period (12 months) for all applicable Surgical Site Infection Measures.</li> </ul>
<p><b>Considerable Achievement (3 bars)</b></p>	<p>Facility is enrolled in the NHSN OPC Module, completed the 2024 OPC Annual Facility Survey, and completed the following:</p> <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan in place for 6 to 11 continuous months of the reporting period for all applicable Surgical Site Infection Measures.</li> </ul>
<p><b>Some Achievement (2 bars)</b></p>	<p>Facility is enrolled in the NHSN OPC Module, completed the 2024 OPC Annual Facility Survey, and completed the following:</p> <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan in place for less than 6 months for all applicable Surgical Site Infection Measures.</li> </ul>
<p><b>Limited Achievement (1 bar)</b></p>	<p>Facility has not enrolled in the NHSN OPC Module, has not completed the 2024 OPC Annual Facility Survey, has not had a Monthly Reporting plan in place for applicable Surgical Site Infection Measures, has not provided a valid NHSN ID in the ASC Profile, or has not joined Leapfrog’s NHSN Group.</p>
<p><b>Does Not Apply</b></p>	<p>The facility does not perform any of the following applicable procedures: breast surgeries, herniorrhaphies, knee replacements, or laminectomies.</p>



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