

# The Leapfrog ASC Survey Scoring Algorithms

## Scoring Details for the 2024 Leapfrog ASC Survey



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# 2024 Leapfrog ASC Survey Scoring Algorithms

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

This document includes the scoring algorithms for the 2024 Leapfrog ASC Survey. The scoring algorithms are organized by section:

- [What's New in 2024](#)
- [Change Summary Since Release](#)
- [Section 1 Patient Rights and Ethics](#)
- [Section 2 Medical, Surgical, and Clinical Staff](#)
- [Section 3 Volume and Safety of Procedures](#)
- [Section 4 Patient Safety Practices](#)
- [Section 5 Patient Experience](#)

For a hard copy of the Leapfrog ASC Survey, which includes measure specifications, endnotes, and FAQs, please visit the [Survey Materials webpage](#).

**Leapfrog is committed to data accuracy. Please carefully review Leapfrog's data accuracy protocols on the [Data Accuracy webpage](#).**

<b>Scoring and Public Reporting Overview</b>
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Once a facility submits a Leapfrog ASC Survey via the [Online ASC Survey Tool](#), the submitted responses will be scored using the algorithms detailed in this document. Only those responses that have been submitted will be scored and publicly reported; saved responses will not be scored or publicly reported.

Facilities that submit a Survey by the [June 30 Submission Deadline](#) will be able to view their Survey Results on Leapfrog's [public reporting website](#) on **July 25**. In addition, these facilities will be able to preview their Survey Results, including their CMS data for ASC-12, ASC-17, and ASC-18 (if applicable) on the [ASC Details Page](#) on **July 12**, about two weeks prior to the public release.

After July 25, the ASC Details Page and [public reporting website](#) will be refreshed monthly within the first five business days of each month to reflect Surveys submitted or re-submitted between July 1 and November 30 and previously submitted Surveys that were corrected by January 31. Survey Results are frozen from February to July 25 of the following year. More information is available on the [Survey Deadlines webpage](#).

**ASCs should review their Survey Results following their submission to ensure accuracy and completeness.**

For the purposes of [public reporting](#), performance on each measure on the Leapfrog ASC Survey is placed into one of four performance categories:

- **Achieved the Standard** (displayed as four filled bars)
- **Considerable Achievement** (displayed as three filled bars)
- **Some Achievement** (displayed as two filled bars)
- **Limited Achievement** (displayed as one filled bar)

Additional scoring terms include:

- **Does Not Apply:** This term is used for facilities that report not performing a particular procedure or not having applicable patients for a particular measure.
- **Unable to Calculate Score:** This term is used for facilities that report a sample size that does not meet Leapfrog's minimum reporting requirements. For the CMS measures (ASC-12, ASC-17, and ASC-18), the term is used for facilities that do not participate with CMS or do not have a measure score published by CMS.
- **Declined to Respond:** This term is used for facilities that do not submit a Survey.
- **Pending Leapfrog Verification:** This term is used for facilities that have Survey responses that are undergoing Leapfrog's standard verification process.

Figure 1: Legend from Leapfrog’s public reporting [website](#).

**Progress towards meeting Leapfrog standards:**

	Achieved the Standard
	Considerable Achievement
	Some Achievement
	Limited Achievement
 <b>DECLINED TO RESPOND</b>	Did not respond to this measure
<b>DOES NOT APPLY</b>	This measure is not applicable to this facility
<b>UNABLE TO CALCULATE</b>	Sample size too small to calculate score
<b>PENDING LEAPFROG VERIFICATION</b>	This facility’s responses are undergoing Leapfrog’s standard data verification process

For the purposes of [public reporting](#), measures are organized into eight groups. The following measures are included in each group:

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
<b>Patient Rights and Ethics</b>	Subsection 1B	Billing Ethics	<i>Billing Ethics</i>
	Subsection 1C	Health Care Equity	<i>Health Care Equity</i>
	Subsection 3D	Informed Consent	<i>Informed Consent</i>
	Subsection 4E	Never Events	<i>Responding to Never Events</i>
<b>Preventing Patient Harm</b>	Subsection 4D	NQF Safe Practice #1 - Culture of Safety Leadership Structures and Systems	<i>Effective Leadership to Prevent Errors</i>
	Subsection 4D	NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention	<i>Staff Work Together to Prevent Errors</i>
	Subsection 4D	NQF Safe Practice #4 – Risks and Hazards	<i>Staff Identify and Mitigate Risks Associated with Errors</i>
	Subsection 4F	Percentage of RNs who are BSN-Prepared	<i>Percentage of Registered Nurses (RNs) who have a Bachelor's Degree in Nursing</i>
	Subsection 4C	Hand Hygiene	<i>Handwashing</i>
<b>Healthcare-Associated Infections</b>	Subsection 4B	NHSN Outpatient Procedure Component Module – Same Day Outcome Measures and Surgical Site Infections	<i>Tracking and Reporting Accidents and Infections</i>
<b>Medication Safety</b>	Subsection 4A	Medication and Allergy Documentation	<i>Medication Documentation for Elective Outpatient Surgery Patients</i>
<b>Total Joint Replacement</b>	Subsection 3B	Total Knee Replacement Surgeries	<i>Total Knee Replacement Surgery</i>
	Subsection 3B	Total Hip Replacement Surgeries	<i>Total Hip Replacement Surgery</i>
<b>Weight Loss Surgery</b>	Subsection 3B	Bariatric Surgery for Weight Loss	<i>Bariatric Surgery for Weight Loss</i>
<b>Elective Outpatient Surgery – Adult*</b>	Subsection 3A*	Gastroenterology	<i>Gastroenterology (Stomach and Digestive)</i>
	Subsection 3A*	General Surgery	<i>General Surgery</i>
	Subsection 3A*	Ophthalmology	<i>Ophthalmology (Eyes)</i>
	Subsection 3A*	Orthopedic	<i>Orthopedic (Bones and Joints)</i>
	Subsection 3A*	Otolaryngology	<i>Otolaryngology (Ear, Nose, Mouth, and Throat)</i>
	Subsection 3A*	Urology	<i>Urology (Urinary Tract, Male Reproductive)</i>

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
	Subsection 3A*	Neurological Surgery	<i>Neurosurgery</i>
	Subsection 3A*	Obstetrics and Gynecology	<i>Obstetrics and Gynecology</i>
	Subsection 3A*	Plastic and Reconstructive Surgery	<i>Plastic and Reconstructive Surgery</i>
<b>Elective Outpatient Surgery - Pediatric*</b>	Subsection 3A*	Ophthalmology	<i>Ophthalmology (Eyes)</i>
	Subsection 3A*	Orthopedic	<i>Orthopedic (Bones and Joints)</i>
	Subsection 3A*	Otolaryngology	<i>Otolaryngology (Ear, Nose, Mouth, and Throat)</i>
<b>Care for Elective Outpatient Surgery Patients</b>	Section 2	Clinicians Present While Adult Patients are Recovering	<i>Elective Outpatient Surgery Recovery Staffing - Adult</i>
	Section 2	Clinicians Present While Pediatric Patients are Recovering	<i>Elective Outpatient Surgery Recovery Staffing - Pediatric</i>
	Subsection 3E	Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures	<i>Safe Surgery Checklist – Elective Outpatient Surgery</i>
	Section 5	Patient Experience (OAS CAHPS)	<i>Experience of Patients Undergoing Elective Outpatient Surgery</i>
	Subsection 3C	Rate of Unplanned Hospital Visits After a Colonoscopy	<i>Unplanned Hospital Visits After Colonoscopy</i>
	Subsection 3C	Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures	<i>Unplanned Hospital Visits After Orthopedic Procedures</i>
	Subsection 3C	Hospital Visits After Urology Ambulatory Surgical Center Procedures	<i>Unplanned Hospital Visits After Urology Procedures</i>

\*Note: These data are not scored but are displayed on Leapfrog's public reporting website.

<b>Summary of Changes to the 2024 Leapfrog ASC Survey</b>
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For details on all changes to the 2024 Leapfrog ASC Survey, visit the [Survey Materials webpage](#).

Changes to scoring and public reporting for the 2024 Leapfrog ASC Survey are highlighted below:

- **[Section 1C - Health Care Equity](#)**
  - After three years of fact finding and based on an analysis of responses submitted to the 2022 and 2023 surveys, Leapfrog is scoring and publicly reporting both ambulatory surgery center and hospital performance on a set of health care equity questions.
- **[Section 2 - Medical, Surgical, and Clinical Staff](#)**
  - Leapfrog has removed the requirement to have a physician or CRNA present at all times and immediately available in the building until all patients are physically discharged from the facility. ASCs will only be scored on whether they ensure an ACLS/PALS trained clinician, as well as a second clinician (regardless of ACLS/PALS training) are present at all times and immediately available in the building while an adult/pediatric patient is present in the facility.
- **[Section 3A - Volume of Procedures](#)**
  - Leapfrog has removed the following procedures from public reporting due to historically reported low volumes:
    - **[Gastroenterology](#)**: Adult and Pediatric Other Upper GI Endoscopy; Pediatric Upper GI Endoscopy and Lower GI Endoscopy
    - **[General Surgery](#)**: Pediatric Inguinal and Femoral Hernia Repair and Other Hernia Repair
    - **[Ophthalmology](#)**: Pediatric Anterior Segment Eye Procedures and Posterior Segment Eye Procedures
- **[Section 3B - Facility and Surgeon Volume](#)**
  - ASCs that perform bariatric surgery for weight loss procedures will be scored and publicly reported for the first time based on whether they meet Leapfrog's minimum facility volume standard of 50 and whether the facility's process for privileging its surgeons includes meeting or exceeding the minimum surgeon volume standard of 20.
  - Leapfrog has removed questions regarding surgical appropriateness. Therefore, responses on surgical appropriateness will no longer be publicly reported.
- **[Section 3C - Patient Follow-up](#)**
  - Leapfrog has removed questions regarding patient selection. Therefore, responses on patient selection will no longer be publicly reported.
- **[Section 3D - Informed Consent](#)**
  - Leapfrog updated the response options to the reading level question to give facilities the opportunity to earn "Considerable Achievement" if all applicable consent forms are written at a 9<sup>th</sup> grade reading level and all other criteria are met.

<b>Change Summary Since Release</b>
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This section will be updated if changes are made to scoring after this document's initial release on April 1, 2024.

Section 1: Patient Rights and Ethics Scoring Algorithms

### 1A: Basic Facility Information

This section will not be scored in 2024. However, some responses will be shown on Leapfrog’s public reporting [website](#). For example, Leapfrog will display the number of operating and/or procedure rooms.

### 1B: Billing Ethics

Facilities are scored on four aspects of their billing practices, including whether they provide payer-specific negotiated charges or cash prices on their website, the quality and timeliness of the billing statement or master itemized bill, the availability of a billing representative to negotiate a patient’s bill within 10 business days, and whether or not the facility takes 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.

Billing Ethics Score (Performance Category)	Meaning that...
<p><b>Achieved the Standard</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 <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 but is required by federal law to transfer delinquent payments to the Department of Treasury for action.</li> </ul>

Billing Ethics Score (Performance Category)	Meaning that...
Considerable Achievement	<ul style="list-style-type: none"> <li>• The facility does <b>not</b> provide either payer-specific negotiated charges or cash prices 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>
Considerable Achievement (Alternative)	<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>• <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>
Some Achievement	<ul style="list-style-type: none"> <li>• The facility does <b>not</b> provide either payer-specific negotiated charges or cash prices 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>
Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

### 1C: Health Care Equity

Facilities are scored on whether they meet the requirements for collecting patient self-reported demographic data, training staff responsible for collecting demographic data, stratifying at least one quality measure, and additional steps the facility takes once this data is collected and analyzed.

Health Care Equity Score (Performance Category)	Meaning that...
<p><b>Achieved the Standard</b></p>	<ul style="list-style-type: none"> <li>• The facility collects, at a minimum, patient self-reported <b>race, ethnicity, and preferred written or spoken language</b> data as described in question #1,</li> <li>• Trains staff responsible for collecting data from patients as described in question #2,</li> <li>• Uses the patient self-reported demographic data to stratify at least one quality measure as described in question #3,</li> <li>• And has done at least <b>two</b> of the three remaining elements:                             <ul style="list-style-type: none"> <li>○ Has updated a policy or procedure to address the disparity or developed a written action plan as described in question #5 (if disparities were identified in question #4) OR</li> <li>○ Shares information about efforts to identify and reduce health care disparities on its website as described in question #6 OR</li> <li>○ Reports out and discusses efforts to reduce health care disparities with the facility’s leadership and governance as described in question #7.</li> </ul> </li> </ul> <p><i>Question #5 is not used in scoring for facilities that responded “No, disparities were not identified” or “Inadequate data available to determine if disparities exist” to question #4.</i></p>
<p><b>Considerable Achievement</b></p>	<ul style="list-style-type: none"> <li>• The facility collects, at a minimum, patient self-reported <b>race, ethnicity, and preferred written or spoken language</b> data as described in question #1,</li> <li>• Trains staff responsible for collecting data from patients as described in question #2,</li> <li>• Uses the patient self-reported demographic data to stratify at least one quality measure as described in question #3,</li> <li>• And has done <b>one</b> of the three remaining elements:                             <ul style="list-style-type: none"> <li>○ Has updated a policy or procedure to address the disparity or developed a written action plan as described in question #5 (if disparities were identified in question #4) OR</li> <li>○ Shares information about efforts to identify and reduce health care disparities on its website as described in question #6 OR</li> <li>○ Reports out and discusses efforts to reduce health care disparities with the facility’s leadership and governance as described in question #7.</li> </ul> </li> <li>• <i>Question #5 is not used in scoring for facilities that responded “No, disparities were not identified” or “Inadequate data available to determine if disparities exist” to question #4.</i></li> </ul>

Health Care Equity Score (Performance Category)	Meaning that...
Some Achievement	<ul style="list-style-type: none"> <li>• The facility collects, at a minimum, patient self-reported <b>race, ethnicity, and preferred written or spoken language</b> data as described in question #1,</li> <li>• Trains staff responsible for collecting data from patients as described in question #2,</li> <li>• Uses the patient self-reported demographic data to stratify at least one quality measure as described in question #3,</li> <li>• But has not yet done any of the remaining elements:                             <ul style="list-style-type: none"> <li>○ Updated a policy or procedure to address the disparity or developed a written action plan as described in question #5 (if disparities were identified in question #4) OR</li> <li>○ Shared information about efforts to identify and reduce health care disparities on its website as described in question #6 OR</li> <li>○ Reported out and discusses efforts to reduce health care disparities with the facility’s leadership and governance as described in question #7.</li> </ul> </li> </ul> <p><i>Question #5 is not used in scoring for facilities that responded “No, disparities were not identified” or “Inadequate data available to determine if disparities exist” to question #4.</i></p>
Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

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

**2: Medical, Surgical, and Clinical Staff****Certified Clinicians Present While Patients Are Recovering**

Facilities are scored on whether an Advanced Cardiac Life Support (ACLS) trained clinician, plus a second clinician, are always present and immediately available while adult patients are recovering and whether a Pediatric Advanced Life Support (PALS) trained clinician, plus a second clinician, are always present and immediately available while pediatric patients are recovering.

Certified Clinicians Present While Patients Are Recovering Score (Performance Category)	Meaning that ...	Meaning that ...
<b>Achieved the Standard</b>	While <b>adult</b> patients are recovering, the facility ensures that an ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are present at all times and immediately available in the building while an adult patient (13 years and older) is present in the facility.	While <b>pediatric</b> patients are recovering, the facility ensures that a PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility.
<b>Limited Achievement</b>	While <b>adult</b> patients are recovering, an ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are <b>NOT</b> present at all times and immediately available in the building while an adult patient (13 years and older) is present in the facility.	While <b>pediatric</b> patients are recovering, a PALS trained clinician, as well as a second clinician (regardless of PALS training), are <b>NOT</b> present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility.
<b>Does Not Apply</b>	The facility does not perform procedures on <b>adult</b> patients.	The facility does not perform procedures on <b>pediatric</b> patients.
<b>Declined to Respond</b>	The facility did not submit a Survey.	
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.	

**Board Certified/Board Eligible Physicians and Certified Registered Nurse Anesthetists**

Information regarding board certification for clinicians is not scored in 2024. However, responses are publicly reported on Leapfrog's public reporting [website](#) (i.e., Leapfrog displays whether or not all physicians and anesthesia providers authorized to perform procedures at the facility are board certified or board eligible).

## Section 3: Volume and Safety of Procedures Scoring Algorithms

**3A: Volume of Procedures**

Responses to the annual volume of each procedure performed are not scored. However, responses are used to facilitate the search functionality on Leapfrog's public reporting [website](#) (e.g., allowing users to search for facilities that perform the procedure they need) and the information is publicly reported to inform purchasers and consumers about the facility's experience with the procedure.

**3B: Facility and Surgeon Volume**

Facilities are scored on whether they met the minimum facility volume standards and whether the facility's process for privileging its surgeons includes meeting or exceeding the minimum annual surgeon volume standards in the table below.

Procedure	Facility Volume	Surgeon Volume
Total knee replacement surgery	50	25
Total hip replacement surgery	50	25
Bariatric surgery for weight loss	50	20

Performance categories are assigned for each procedure as follows:

Facility and Surgeon Volume Score (Performance Category)	Meaning that for each of the procedures performed...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>The facility <b>met</b> the minimum facility volume standard for the procedure, <b>and</b></li> <li>The facility's process for privileging surgeons <b>does</b> include meeting or exceeding the minimum annual surgeon volume standard.</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>The facility <b>met</b> the minimum facility volume standard for the procedure, <b>but</b></li> <li>The facility's process for privileging surgeons <b>does not</b> include meeting or exceeding the minimum annual surgeon volume standard.</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>The facility <b>did not</b> meet the minimum facility volume standard for the procedure, <b>but</b></li> <li>The facility's process for privileging surgeons <b>does</b> include meeting or exceeding the minimum annual surgeon volume standard.</li> </ul>
<b>Limited Achievement</b>	<ul style="list-style-type: none"> <li>The facility <b>did not</b> meet the minimum facility volume standard for the procedure, <b>and</b></li> <li>The facility <b>does not</b> include the minimum annual surgeon volume standard in its privileging process.</li> </ul>
<b>Does Not Apply</b>	The facility does not perform the procedure.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

**3C: Patient Follow-up**

Facilities are scored based on their performance on three outcome measures collected and published by the Centers for Medicare and Medicaid Services (CMS): ASC-12 Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy; ASC-17 Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures; and ASC-18 Hospital Visits After Urology Ambulatory Surgical Center Procedures.

Leapfrog will download the CMS on the dates indicated in the Section 3C measure specifications in the hard copy of the Survey and match it with the CMS Certification Number (CCN) and National Provider Identifier (NPI) provided in the ASC Profile. The CMS data will only be scored and publicly reported for facilities that have provided an accurate CCN and NPI in the ASC Profile, reported volume for the applicable procedures in Section 3A, and submitted the Leapfrog ASC Survey. Facilities that submit a Survey by the [June 30 Submission Deadline](#) can review these data on the [ASC Details Page](#) as of July 12, 2024.

**ASC-12:** Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy (per 1,000 colonoscopies)

ASCs' performance is divided into quartiles. The ASC-12 quartiles are based on the distribution of ASC and hospital performance from 2022 Leapfrog ASC Surveys and 2022 Leapfrog Hospital Surveys submitted as of June 30, 2022. These cut-points will remain in place for the entire 2024 Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

	2022 Cut-points for Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy
Minimum	9.2
Top quartile	13.0
Second quartile	13.7
Third quartile	14.6
Maximum	18.5

Rate of Unplanned Hospital Colonoscopy Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile,</li> <li>Reported volume for adult lower GI endoscopy in Section 3A, and</li> <li>Is in the top quartile of performance (where lower scores are better).</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile,</li> <li>Reported volume for adult lower GI endoscopy in Section 3A, and</li> <li>Is in the second quartile of performance.</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile,</li> <li>Reported volume for adult lower GI endoscopy in Section 3A, and</li> <li>Is in the third quartile of performance.</li> </ul>
<b>Limited Achievement</b>	<ul style="list-style-type: none"> <li>The facility provided an accurate CCN and NPI in the ASC Profile,</li> <li>Reported volume for adult lower GI endoscopy in Section 3A, and</li> <li>Is in the bottom quartile of performance.</li> </ul>
<b>Does Not Apply</b>	The facility does not perform adult lower GI endoscopy.
<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.
<b>Declined to Respond</b>	The facility did not submit a Survey.

Rate of Unplanned Hospital Colonoscopy Score (Performance Category)	Meaning that...
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

**ASC-17: Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures (per 100 procedures)**

ASCs' performance is divided into quartiles. The ASC-17 quartiles are based on the distribution of ASC performance among all ASCs with scores [published by CMS](#) by June 30, 2023, for this measure. These cut-points will remain in place for the entire 2024 Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

	2023 Cut-points for Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures
Minimum	1.4
Top quartile	2.0
Maximum	3.5

Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures Score (Performance Category)	Meaning that...
Achieved the Standard	The facility: <ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the ASC Profile,</li> <li>• Reported volume for adult orthopedic procedures in Section 3A and/or Section 3B, and</li> <li>• Is in the top quartile of performance (where lower scores are better).</li> </ul>
Considerable Achievement	The facility: <ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the ASC Profile,</li> <li>• Reported volume for adult orthopedic procedures in Section 3A and/or Section 3B, and</li> <li>• Has a score published by CMS but is not in the top quartile of performance.</li> </ul>
Does Not Apply	The facility does not perform adult orthopedic procedures.
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.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

**ASC-18:** Hospital Visits After Urology Ambulatory Surgical Center Procedures (per 100 procedures)

ASCs’ performance is divided into quartiles. The ASC-18 quartiles are based on the distribution of ASC performance among all ASCs with scores [published by CMS](#) by June 30, 2023, for this measure. These cut-points will remain in place for the entire 2024 Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

	2023 Cut-points for Hospital Visits After Urology Ambulatory Surgical Center Procedures
<b>Minimum</b>	3.3
<b>Top quartile</b>	4.8
<b>Maximum</b>	8.7

Hospital Visits After Urology Ambulatory Surgical Center Procedures Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	The facility: <ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the ASC Profile,</li> <li>• Reported volume for adult urology procedures in Section 3A, and</li> <li>• Is in the top quartile of performance (where lower scores are better).</li> </ul>
<b>Considerable Achievement</b>	The facility: <ul style="list-style-type: none"> <li>• Provided an accurate CCN and NPI in the ASC Profile,</li> <li>• Reported volume for adult urology procedures in Section 3A, and</li> <li>• Has a score published by CMS, but is not in the top quartile of performance.</li> </ul>
<b>Does Not Apply</b>	The facility does not perform adult urology procedures.
<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.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility’s responses are undergoing Leapfrog’s standard verification process.

**3D: Informed Consent**

Facilities are scored on whether they meet the requirements for their informed consent policies and training, the content of their informed consent forms, and their processes for gaining informed consent for all procedures where general and regional anesthesia are used, or where monitored anesthesia care is administered.

Informed Consent Score (Performance Category)	Meaning that...
Achieved the Standard	<ul style="list-style-type: none"> <li>• The facility responded “yes, <b>all</b> applicable forms are written at a 6th grade reading level or lower” to question #5, <b>and</b></li> <li>• The facility responded “yes” to the remaining <b>five</b> questions in               <ul style="list-style-type: none"> <li>○ Policies and Training (question #1),</li> <li>○ Content of Informed Consent Forms (questions #3-4), and</li> <li>○ Process for Gaining Informed Consent (questions #6-7).</li> </ul> </li> </ul>
Considerable Achievement	<ul style="list-style-type: none"> <li>• The facility responded “yes, <b>all</b> applicable forms are written at a 6th grade reading level or lower” to question #5 <b>and</b></li> <li>• The facility responded “yes” to at least <b>four</b> additional questions in               <ul style="list-style-type: none"> <li>○ Policies and Training (question #1),</li> <li>○ Content of Informed Consent Forms (questions #3-4), and</li> <li>○ Process for Gaining Informed Consent (questions #6-7).</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• The facility responded that “no, but at least <b>one</b> form is written at a 6th grade reading level or lower” <b>OR</b> “no, all applicable forms are written at a 9<sup>th</sup> grade reading level or lower” to question #5 <b>and</b></li> <li>• The facility responded “yes” to the <b>five remaining</b> questions in               <ul style="list-style-type: none"> <li>○ Policies and Training (question #1),</li> <li>○ Content of Informed Consent Forms (questions #3-4), and</li> <li>○ Process for Gaining Informed Consent (questions #6-7).</li> </ul> </li> </ul>
Some Achievement	<ul style="list-style-type: none"> <li>• The facility responded “yes, <b>all</b> applicable forms are written at a 6th grade reading level or lower” <b>OR</b> “no, but at least <b>one</b> form is written at a 6th grade reading level or lower” <b>OR</b> “no, all applicable forms are written at a 9<sup>th</sup> grade reading level or lower” to question #5 <b>and</b></li> <li>• The facility responded “yes” to at least <b>three</b> additional questions in               <ul style="list-style-type: none"> <li>○ Policies and Training (question #1),</li> <li>○ Content of Informed Consent Forms (questions #3-4), and</li> <li>○ Process for Gaining Informed Consent (questions #6-7).</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• The facility responded “no forms are written at a 6th grade reading level or lower” to question #5 <b>and</b></li> <li>• The facility responded “yes” to <b>at least four</b> additional questions in               <ul style="list-style-type: none"> <li>○ Policies and Training (question #1),</li> <li>○ Content of Informed Consent Forms (questions #3-4), and</li> <li>○ Process for Gaining Informed Consent (questions #6-7).</li> </ul> </li> </ul>
Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Respond	The facility did not submit a Survey.

Informed Consent Score (Performance Category)	Meaning that...
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

### 3E: Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures

Facilities are scored based on their use of a safe surgery checklist and whether elements of the checklist are verbalized in the presence of the appropriate personnel for every patient undergoing an applicable procedure (those listed in Section 3A and 3B, if applicable) based on an audit of a sample of patients.

Safe Surgery Checklist Score (Performance Category)	Meaning that...
Achieved the Standard	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure,</li> <li>The checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., the facility responded “yes” to questions #3, #4, and #5),</li> <li>The facility completed an audit of at least 30 patients and documented adherence to the checklist, and</li> <li>Based on the audit, has documented adherence to the checklist for <b>at least 90%</b> of the patients included in the audit.</li> </ul>
Considerable Achievement	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure,</li> <li>The checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., the facility responded “yes” to questions #3, #4, and #5),</li> <li>The facility completed an audit of at least 30 patients and documented adherence to the checklist, and</li> <li>Based on the audit, has documented adherence to the checklist for <b>at least 75%</b> of the patients included in the audit.</li> </ul>
Some Achievement	<ul style="list-style-type: none"> <li>The facility uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure,</li> <li>The checklist includes <b>all</b> safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., the facility responded “yes” to questions #3, #4, and #5),</li> <li>The facility completed an audit of at least 30 patients and documented adherence to the checklist, and</li> <li>Based on the audit, has documented adherence to the checklist for <b>at least 50%</b> of the patients included in the audit.</li> </ul>
Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

## Section 4: Patient Safety Practices Scoring Algorithms

**4A: Medication and Allergy Documentation**

Facilities are scored based on their rates of documentation for home medications, visit medications, and allergies/adverse reaction(s).

Medication and Allergy Documentation Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	The facility met the 90% target for documenting <b>all three components</b> : home medications, visit medications, and medication allergies/adverse reaction(s) in the clinical record.
<b>Considerable Achievement</b>	The facility met the 90% target for documenting <b>two of the three</b> components.
<b>Some Achievement</b>	The facility met the 90% target for documenting <b>one of the three</b> components.
<b>Limited Achievement</b>	The facility <b>did not meet</b> the 90% target for documenting any of the three components <b>OR</b> the facility did not measure.
<b>Unable to Calculate</b>	The facility did not meet the minimum reporting requirements for clinical record documentation (n < 30).
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

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

Data from the NHSN Outpatient Procedure Component Module is downloaded by Leapfrog for all facilities who 1) [join Leapfrog's NHSN Group for ASCs](#), 2) enter a valid NHSN ID in the ASC Profile, and 3) submit a 2024 Leapfrog ASC Survey.

Leapfrog downloads available data from NHSN for each facility for the following:

- 2023 Outpatient Procedure Component - Annual Facility Survey (available January 1, 2024)\*
- Same Day Outcome Measures (SDOM) Module\*
- Breast Surgery (BRST) Procedure SSI Outcome Measure
- Herniorrhaphy (HER) Procedure SSI Outcome Measure
- Knee Prosthesis (KPRO) Procedure SSI Outcome Measure
- Laminectomy (LAM) Procedure SSI Outcome Measure

\*Applicable to all ASCs.

Facilities are scored based on their enrollment in the NHSN OPC Module and having 1) completed the 2023 OPC Annual Facility Survey, 2) had a Monthly Reporting Plan and Summary Data in place for the four Same Day Outcome Measures, and 3) had a Monthly Reporting Plan in place for all applicable Surgical Site Infection Measures, as follows:

For facilities that have one or more applicable Surgical Site Infection Measure(s):

NHSN Outpatient Procedure Component Module Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	Facility is enrolled in the NHSN OPC Module, completed the 2023 OPC Annual Facility Survey, and completed <b>both</b> of the following: <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan and Summary Data in place for each month of the reporting period (six months) for all four Same Day Outcome Measures, <b>and</b></li> <li>• Has a Monthly Reporting Plan in place for each month of the reporting period (six months) for all applicable Surgical Site Infection Measures.</li> </ul>
<b>Considerable Achievement</b>	Facility is enrolled in the NHSN OPC Module, completed the 2023 OPC Annual Facility Survey, and completed <b>one</b> of the following: <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan and Summary Data in place for each month of the reporting period (six months) for all four Same Day Outcome Measures, <b>or</b></li> <li>• Has a Monthly Reporting Plan in place for each month of the reporting period (six months) for all applicable Surgical Site Infection Measures.</li> </ul>
<b>Some Achievement</b>	Facility is enrolled in the NHSN OPC Module, completed the 2023 OPC Annual Facility Survey, and completed <b>both</b> of the following: <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan and Summary Data in place for less than 6 months for all four Same Day Outcome Measures, <b>and</b></li> <li>• Has a Monthly Reporting Plan in place for less than 6 months for all applicable Surgical Site Infection Measures.</li> </ul>
<b>Limited Achievement</b>	Facility has not enrolled in the NHSN OPC Module, has not completed the 2023 OPC Annual Facility Survey, has not had a Monthly Reporting Plan and Summary Data in place for all four Same Day Outcome Measures, 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.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

For facilities that do not have any applicable Surgical Site Infection Measures (because they do not perform breast surgeries, herniorrhaphies, knee replacements, or laminectomies):

NHSN Outpatient Procedure Component Module Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	Facility is enrolled in the NHSN OPC Module, completed the 2023 OPC Annual Facility Survey, and completed the following: <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan and Summary Data in place for each month of the reporting period (six months) for all four Same Day Outcome Measures.</li> </ul>
<b>Some Achievement</b>	Facility is enrolled in NHSN OPC Module, completed the 2023 OPC Annual Facility Survey, and completed the following: <ul style="list-style-type: none"> <li>• Has a Monthly Reporting Plan and Summary Data in place for less than 6 months for all four Same Day Outcome Measures.</li> </ul>
<b>Limited Achievement</b>	Facility has not enrolled in the NHSN OPC Module, has not completed the 2023 OPC Annual Facility Survey, has not had a Monthly Reporting Plan and Summary Data in place for all four Same Day Outcome Measures, has not provided a valid NHSN ID in the ASC Profile, or has not joined Leapfrog's NHSN Group.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

### 4C: Hand Hygiene

Facilities are scored based on their performance in five domains of hand hygiene. To meet the requirements of each domain, the facility must respond in the affirmative to all applicable questions.

1. Monitoring: questions #8-11
  - a. Electronic: questions #12-13
  - b. Direct Observation: questions #14-15
2. Feedback\*: questions #16-19
3. Training and Education: questions #1-3
4. Infrastructure: questions #4-7
5. Culture: questions #20-21

\*Facilities must respond “yes” to question #8, #9, or #10 in the Monitoring Domain to access the questions in the Feedback Domain.

Hand Hygiene Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	<p>The facility responded “yes” to <b>all</b> applicable questions in the Monitoring and Feedback Domains and meets the <b>monthly</b> sample size of <b>200</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (measure specifications, Section 4 of the <a href="#">2024 Leapfrog ASC Survey</a>), <b>each month</b> for monitoring hand hygiene opportunities:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #8: Facility collects hand hygiene compliance data on at least <b>200</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (measure specifications, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b>.</li> <li>○ Question #11: Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene.</li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> <li>▪ <i>Direct Observation:</i> questions #14-15</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain:</b> questions #16-19</li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The facility responded “yes” to <b>all</b> questions in any <b>two</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul>
<b>Achieved the Standard (Alternative)</b>	<p>Facilities that collect hand hygiene compliance data on a <b>monthly</b> sample size of <b>100</b> hand hygiene opportunities per <b>month</b>, or at least the number of hand hygiene opportunities outlined in Table 2 (measure specifications, Section 4 of the <a href="#">2024 Leapfrog ASC Survey</a>), can Achieve the Standard if they meet the following:</p>

Hand Hygiene Score (Performance Category)	Meaning that...
	<ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #9: Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (measure specifications, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b>.</li> <li>○ Question #11: Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene.</li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #9):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> <li>▪ <i>Direct Observation:</i> questions #14-15</li> </ul> </li> </ul> </li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The facility responded “yes” to <b>all</b> questions in the other four domains:</p> <ul style="list-style-type: none"> <li>• <b>Feedback Domain:</b> questions #16-19</li> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul>
<p style="text-align: center;"><b>Considerable Achievement</b></p>	<p>The facility responded “yes” to <b>all</b> applicable questions in the Monitoring and Feedback Domains and meets the <b>monthly or quarterly</b> sample size of <b>100</b> for monitoring hand hygiene opportunities:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #9 or #10:                             <ul style="list-style-type: none"> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (measure specifications, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b>.</li> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities <b>each quarter</b>.</li> </ul> </li> <li>○ Question #11: Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene.</li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #10):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> <li>▪ <i>Direct Observation:</i> questions #14-15</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain:</b> questions #16-19</li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The facility responded “yes” to <b>all</b> questions in any <b>two</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Training and Education Domain:</b> questions #1-3</li> </ul>

Hand Hygiene Score (Performance Category)	Meaning that...
	<ul style="list-style-type: none"> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul>
<p><b>Some Achievement</b></p>	<p>The facility responded “yes” to <b>all</b> applicable questions in any <b>two</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #8, #9, or #10:                             <ul style="list-style-type: none"> <li>▪ Facility collects hand hygiene compliance data on at least <b>200</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (measure specifications, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b>.</li> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (measure specifications, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b>.</li> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities <b>each quarter</b>.</li> </ul> </li> <li>○ Question #11:                             <p>Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene.</p> </li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8, #9, or #10):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> <li>▪ <i>Direct Observation:</i> questions #14-15</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain:</b> questions #16-19</li> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul>

Hand Hygiene Score (Performance Category)	Meaning that...
<b>Limited Achievement</b>	<p>The facility responded “yes” to <b>all</b> applicable questions in any <b>one</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #8, #9, or #10:                             <ul style="list-style-type: none"> <li>▪ Facility collects hand hygiene compliance data on at least <b>200</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (measure specifications, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b>.</li> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on Table 2 (measure specifications, Section 4 of the <a href="#">ASC Survey</a>), <b>each month</b>.</li> <li>▪ Facility collects hand hygiene compliance data on at least <b>100</b> hand hygiene opportunities <b>each quarter</b>.</li> </ul> </li> <li>○ Question #11: Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene.</li> <li>○ The facility responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8, #9, or #10):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #12-13</li> <li>▪ <i>Direct Observation:</i> questions #14-15</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain:</b> questions #16-19</li> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #20-21</li> </ul> <p style="text-align: center;"><b><u>OR</u></b></p> <p style="text-align: center;">The facility met <b>0</b> domains.</p>
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility’s responses are undergoing Leapfrog’s standard verification process.

## 4D: National Quality Forum (NQF) Safe Practices

### NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems

Facilities are scored based on their progress in implementing elements of the National Quality Forum’s (NQF) Safe Practice #1 – Culture of Safety Leadership Structures and Systems.

NQF Safe Practice #1 Score (Performance Category)	Meaning that the facility earned...
<b>Achieved the Standard</b>	100% of Points
<b>Considerable Achievement</b>	80% to 99% of Points
<b>Some Achievement</b>	50% to 79% of Points
<b>Limited Achievement</b>	0% to 49% of Points
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility’s responses are undergoing Leapfrog’s standard verification process.

Scoring details are described below.

- Maximum Points:** NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems has a maximum number of points of 120.
- Point Values per Safe Practice Element:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of elements within this NQF Safe Practice (n=11).
- Points Earned:** Total points earned for this NQF Safe Practice is the sum of the elements for which the facility responded “yes” for this NQF Safe Practice.
- Performance Category Cut Points** are based on a percentage of the Maximum Points achievable for this NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut-points further. However, there are no current plans or commitments to change the cut points during the 2024 Survey Cycle.
- Updated Submissions:** Facilities may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas up until **November 30**. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

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

Facilities are scored based on their progress in implementing elements of the National Quality Forum’s (NQF) Safe Practice #2 – Culture Measurement, Feedback, and Intervention.

<b>NQF Safe Practice #2 Score</b> (Performance Category)	<b>Meaning that the facility earned...</b>
<b>Achieved the Standard</b>	100% of Points
<b>Considerable Achievement</b>	80% to 99% of Points
<b>Some Achievement</b>	50% to 79% of Points
<b>Limited Achievement</b>	0% to 49% of Points
<b>Does Not Apply</b>	The facility had too few employees (<20) to administer the AHRQ Surveys on Patient Safety Culture (SOPS).
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility’s responses are undergoing Leapfrog’s standard verification process.

Scoring details are described below.

- Maximum Points:** NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention has a maximum number of points of 120.
- Point Values per Safe Practice Element:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of elements within this NQF Safe Practice (n=9).
- Points Earned:** Total points earned for this NQF Safe Practice is the sum of the elements for which the facility responded “yes” for this NQF Safe Practice.
- Performance Category Cut Points** are based on a percentage of the Maximum Points achievable for this NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut points further. However, there are no current plans or commitments to change the cut-points during the 2024 Survey Cycle.
- Updated Submissions:** Facilities may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas up until **November 30**. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

**NQF Safe Practice #4 – Risks and Hazards**

Facilities are scored based on their progress in implementing elements of the National Quality Forum’s (NQF) Safe Practice #4 – Risks and Hazards.

NQF Safe Practice #4 Score (Performance Category)	Meaning that the facility earned...
Achieved the Standard	100% of Points
Considerable Achievement	70% to 99% of Points
Some Achievement	30% to 69% of Points
Limited Achievement	0% to 29% of Points
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility’s responses are undergoing Leapfrog’s standard verification process.

Scoring details are described below.

1. **Maximum Points:** NQF Safe Practice #4 – Risks and Hazards has a maximum number of points of 100.
7. **Point Values per Safe Practice Element:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of elements within this NQF Safe Practice (n=6).
2. **Points Earned:** Total points earned for this NQF Safe Practice is the sum of the elements for which the facility responded “yes” for this NQF Safe Practice.
3. **Performance Category Cut Points** are based on a percentage of the Maximum Points achievable for this NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut-points further. However, there are no current plans or commitments to change the cut-points during the 2024 Survey Cycle.
4. **Updated Submissions:** Facilities may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas up until **November 30**. Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

## 4E: Never Events

Facilities are scored based on their adoption of the nine principles of The Leapfrog Group's Never Events Policy.

Never Events Score (Performance Category)	Meaning that...
Achieved the Standard	The facility has implemented a policy that adheres to <b>all nine principles</b> of The Leapfrog Group's Never Events Policy.
Considerable Achievement	The facility has implemented a policy that adheres to all the <b>original five principles*</b> of The Leapfrog Group's Never Events Policy, as well as <b>at least two additional principles</b> .
Some Achievement	The facility has implemented a policy that adheres to all the <b>original five principles*</b> of The Leapfrog Group's Never Events Policy.
Limited Achievement	The facility responded to all questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

\*The Leapfrog Group's original five principles include: apologizing to the patient, performing a root cause analysis, reporting to an external agency within 15 days, waiving all associated costs, and making a copy of the policy available to patients and payors upon request. More information is available at <https://ratings.leapfroggroup.org/measure/asc/2023/responding-never-events>.

## 4F: Nursing Workforce

### *Percentage of RNs who are BSN-Prepared*

Facilities are scored based on the percentage of RNs who are BSN-prepared.

Percentage of RNs who are BSN-prepared Score (Performance Category)	Meaning that the facility's percentage of BSN-prepared RNs is...
Achieved the Standard	$\geq 80\%$
Considerable Achievement	$\geq 50\%$ and $< 80\%$
Some Achievement	$\geq 20\%$ and $< 50\%$
Limited Achievement	$< 20\%$ or the facility did not measure
Declined to Respond	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

<b>Section 5: Patient Experience Scoring Algorithm</b>
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## **5: Patient Experience (OAS CAHPS)**

Facilities are scored based on Top Box Scores from four domains included on the Outpatient and Ambulatory Surgery (OAS) CAHPS Survey:

- Facilities and Staff
- Communication About Your Procedure
- Patients' Rating of the Facility
- Patients Recommending the Facility

Facilities are scored based on the number of domains where the facility is performing in the top quartile.

Top Quartile for OAS CAHPS Domains (Quartiles [Q])	Facilities and Staff (%)	Communication About Your Procedure (%)	Patients' Rating of the Facility (%)	Patients Recommending the Facility (%)
<b>Top Quartile (&gt;= Q3)</b>	>= 97	>= 93	>= 88	>= 87

Patient Experience (OAS CAHPS) Score (Performance Category)	Meaning that the facility...
<b>Achieved the Standard</b>	Scored in top quartile of facilities on <b>4 out of 4</b> OAS CAHPS domains.
<b>Considerable Achievement</b>	Scored in top quartile of facilities on <b>3 out of 4</b> OAS CAHPS domains.
<b>Some Achievement</b>	Scored in top quartile of facilities on <b>2 out of 4</b> OAS CAHPS domains.
<b>Limited Achievement</b>	Scored in top quartile of facilities on <b>1 or fewer</b> OAS CAHPS domains or the facility did not measure.
<b>Unable to Calculate Score</b>	The facility did not meet the minimum reporting requirements for the measure (<100 returned OAS CAHPS Surveys).
<b>Does Not Apply</b>	The facility had too few eligible discharges (n < 300) to administer the OAS CAHPS Survey.
<b>Declined to Respond</b>	The facility did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The facility's responses are undergoing Leapfrog's standard verification process.

Note: The top quartiles are based on the distribution of ASC and hospital performance from 2020 Leapfrog ASC Surveys and Section 10 of the 2020 Leapfrog Hospital Surveys submitted by August 31, 2020. These cut points will remain in place for the entire Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

Results from the 2024 Leapfrog ASC Survey will be available at <http://ratings.leapfroggroup.org/> on July 25, 2024.

Beginning in August, results are updated within the first five business days of each month to reflect new Survey submissions and resubmissions.

Find more information about the 2024 Leapfrog ASC Survey at: <https://www.leapfroggroup.org/asc-survey-materials/asc>.