



Background

Since 2001, The Leapfrog Group has measured and publicly reported on the safety and quality of inpatient hospital care. In 2019, Leapfrog launched two new initiatives to measure and publicly report on the safety and quality of same day surgery in ambulatory surgery centers (ASCs) and hospital outpatient departments (HOPDs): the Leapfrog ASC Survey and the Outpatient Procedures section of the Leapfrog Hospital Survey.

The information Leapfrog is collecting from both Surveys will be used to assist consumers in their decision-making and to assist purchasers and payors in network design, direct contracting, bundled payment models, and other value-based payment strategies.

Why is Outpatient Surgery Important?

Outpatient surgery, often referred to as same-day or ambulatory surgery, now accounts for the majority of surgeries in the U.S. These procedures, ranging from cataracts surgery to total joint replacements, are now often performed in hospital outpatient departments or ambulatory surgery centers. With these outpatient settings likely offering an improved patient experience and greater cost-efficiency, the trend of moving surgeries from the inpatient setting to outpatient settings is growing rapidly. In 1982, outpatient surgeries represented just 4.7% of Medicare surgical billings¹. Today, 53% of all surgeries are done in an outpatient setting².

Most of the surgeries done in outpatient settings are scheduled, which enables patients to “shop” for their care in advance of treatment. However, there is currently little information on the quality and safety of surgery done in outpatient settings. There is also significant cost variation and virtually no other information to inform provider choice.

What is the difference between a hospital outpatient department and an ambulatory surgery center?

An **ASC** is a distinct entity that exclusively provides same-day surgical services to patients not requiring

hospitalization. Important characteristics of ASCs include the following:

- If certified by Medicare, the facility is certified as an ASC (not all ASCs are certified by Medicare) and has been assigned a 10-digit CMS Certification Number (nn-Cnnnnnnn)
- Provides surgical services that do not exceed 24 hours
- May or may not be affiliated with a hospital
- Often are specialty-specific

ASCs should complete and submit the [Leapfrog ASC Survey](#).

An **HOPD** is a location that provides outpatient hospital services and operates under the licensure/approval of a hospital. Important characteristics of HOPDs include the following:

- If certified by Medicare, the facility is certified as a hospital (not all hospitals are certified by Medicare) and has been assigned a 6-digit CMS Certification Number (nn-nnnn)
- Provides outpatient hospital services, meaning preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished to outpatients
- May be co-located with a hospital (e.g., a unit within the building or building connected to the main hospital) or separately located (e.g., a separate on/off campus surgical center)

HOPDs should complete and submit the [Leapfrog Hospital Survey](#).

Outpatient Surgery Measures

Through its two Surveys, Leapfrog is asking facilities about outpatient surgery in both ASCs and HOPDs. The list of procedures for which Leapfrog is currently collecting data is reflected in the table below. The procedures included in the list reflect the most common procedures done in outpatient settings as paid for by commercial insurers.

The data collected through both Surveys includes:

- basic information about the ASC/HOPD;
- medical, surgical, and clinical staff;
- volume and safety of procedures;
- patient safety practices; and,
- the experience of patients who had an outpatient surgery

Outpatient Surgery Standards

Hospitals achieving the Outpatient Surgery Standards have ensured the following processes or structures are in place:

1. An ACLS certified clinician, plus a second clinician, is present at all times and immediately available in the building until all adult patients are physically discharged from the hospital outpatient department.
2. A PALS certified clinician, plus a second clinician, is present at all times and immediately available in the building until all pediatric patients (infant through 12 years old) are physically discharged from the hospital outpatient department.
3. A safe surgery checklist, which is used on all patients undergoing an applicable procedure (reported on in Section 9C), and a documented adherence rate to the checklist of at least 90% based on an audit of 15 sampled patients.
4. A process to document home medications, visit medications, and allergies/adverse reactions and has met the 90% target for documenting all three components in the clinical record.

Hospitals achieving the standard for the patient follow-up measure report their volume of procedures in Section 9C, and score in the top quartile of performance for OP-32 – Rate of Unplanned Hospital Visits After Colonoscopy (per 1,000 colonoscopies).

Hospitals achieving the standard for patient experience of patients undergoing outpatient procedures, performed in the top quartile for the 4 OAS CAHPS domains: a) Facilities and Staff; b) Communication About Your Procedure; c) Patients' Rating of the Facility; and d) Patients Recommending the Facility.

Download the complete Leapfrog Hospital Survey scoring algorithms document at [Hospital Scoring and Results webpage](#).

Why Purchasers Need to Get Involved

As the movement of surgeries and procedures from the inpatient setting to outpatient settings holds the possibility of reduced costs for patients and purchasers, and greater convenience for patients, it becomes even more important for there to be publicly available data about the quality and safety of care in these settings.

Through conversations with healthcare providers and payers, purchasers can play a key role in requesting that facilities, both hospitals and ASCs, report their quality and safety data on outpatient surgeries through Leapfrog's Surveys. With greater transparency, purchasers and consumers will be able to better understand how different facilities compare.

References

1. Fisher CR. Impact of the prospective payment system on physician charges under Medicare. *Health Care Financ Rev.* 1987;8(4):101–103. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4192857/>
2. Steiner CA, Karaca Z, Moore BJ, Imshaug MC, Pickens G. Surgeries in Hospital-Based Ambulatory Surgery and Hospital Inpatient Settings, 2014. HCUP Statistical Brief #223. May 2017. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb223-Ambulatory-Inpatient-Surgeries-2014.pdf.