

2008 Leapfrog Top Hospitals Description and Methodology

The 2008 Top Hospitals list is based on 1,220 hospitals that responded to the Leapfrog Hospital Survey as of August 31, 2008.

Top Hospitals (both adult acute and pediatric) fully meet Leapfrog's standard for CPOE, fully meet Leapfrog's standard for ICU Physician Staffing (IPS), fully meet *or* have made Substantial Progress on the Safe Practices Score (SPS) and if any EBHRs are applicable to the hospital, then the hospital must fully meet the standards for at least one.

Differences Between the 2007 and 2008 Top Hospitals Lists

Due to significant differences in how Top Hospitals were identified in the 2007 and 2008 Surveys, the two lists should not be compared.

Since Leapfrog added new measures to the 2008 Survey and made necessary modifications to the Top Hospitals criteria, some of last year's Top Hospitals do not satisfy the 2008 criteria.

- Top Hospitals in 2008 were required to test their CPOE system in order to obtain the Survey's highest CPOE rating. Developed in partnership with First Consulting Group and the Institute for Safe Medication Practices, Leapfrog's CPOE Evaluation Tool enables hospitals to determine how well their system alerts users to common, serious prescribing errors. Due to these changes, many of the hospitals that fully met the standard for the CPOE leap last year didn't meet the standard this year.
- Neuro ICUs were added to the IPS standard this year and as a result, a number of hospitals do not have the required intensivist or neurointensivist staffing requirements in their neuro ICUs.
- The Leapfrog Hospital Survey asked hospitals to report their progress on only 13 of the 27 Safe Practices (SPS) this year. Nationwide, performance on these 13 Safe Practices improved quite dramatically year-over-year (increase of almost 10% in the average score). Hospitals that have not taken active steps in the last year to improve their performance on those 13 Safe Practices, most likely saw a reduction in their overall ranking.

These survey items are not included in Top Hospital evaluations.

- Added risk-adjusted efficiency measures to evaluate how efficiently hospitals use resources for coronary artery bypass graft (CABG), percutaneous coronary interventions (PCI) (such as angioplasty), acute myocardial infarction (AMI), and pneumonia.
- New quality measures for AMI and pneumonia based on CMS/Joint Commission Process Measures of Quality.
- Addition of pressure ulcers and "injuries occurring during the stay" – two hospital-acquired conditions on the list of conditions for which the Centers for Medicare & Medicaid Services (CMS) has said it will no longer pay.