

The Leapfrog Safe Practices Score Leap

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There are many aspects of a hospital's operations that contribute to overall quality and safety of care. In an effort to recognize a more expansive set of hospitals' quality and safety activities, and bring information to consumers about the level of safety they can expect, The Leapfrog Group initially based this leap on the National Quality Forum's (NQF) *Safe Practices for Better Healthcare: A Consensus Report*.¹ Since that initial report Leapfrog has utilized NQF updated reports to keep this leap current.

The National Quality Forum is a not-for-profit organization created to develop and implement a national strategy for health care quality measurement and reporting. It makes recommendations for improving health care quality through a rigorous consensus development process. The NQF published *Safe Practices for Better Healthcare: A Consensus Report* in May 2003, and updated the report in October 2006, March 2009 and the 2010 updated report. The most recent version of the report endorsed 34 practices that should be universally used in applicable clinical care settings to reduce the risk of harm to patients. Included in the 34 practices are two of the original 3 Leapfrog leaps: Computerized Physician Order Entry and ICU Physician Staffing. For the fourth leap, hospitals' progress on a targeted subset of 17 of the 34 safe practices is assessed. After completion of the Leapfrog hospital survey, each hospital's relative ranking, compared with other hospitals, will be displayed on the Leapfrog Web site, along with their results for the initial 3 Leaps. Hospitals may choose to update their survey monthly, to reflect progress on the Safe Practices.

Leapfrog's Computerized Physician Order Entry (CPOE) and ICU Physician Staffing (IPS) Leaps are targeted toward urban hospitals. Non-urban hospitals are now targeted to complete the survey for the Evidence-based Hospital Referral (EBHR) Leap and the Safe Practices Score. They may also choose to complete the survey for the other two Leaps. Results of submitted surveys will be posted on The Leapfrog Group Web site. Special exceptions and specific instructions for pediatric and rural hospitals are included in the Safe Practices FAQs that are provided with the survey.

What are the NQF Safe Practices?

The National Quality Forum-endorsed 34 Safe Practices cover a range of practices that, if utilized, would reduce

the risk of harm in certain processes, systems or environments of care. There are practices aimed at: leadership and teamwork; preventing illness and infections; creating and sustaining a culture of safety; at matching care needs to service capability, improving information transfer and communication; improving medication management; healthcare associated infections, at specific care processes.

The updated practices have specificity and provide implementation approaches that will assist hospitals in a number of areas, including imaging and laboratory services.

The original 2003 set was endorsed following a formal Consensus Development Process undertaken by a diverse group of health care stakeholders, who then recommended that the practices be universally adopted. The original set of Safe Practices has been carefully updated several times, combining some practices and adding new practices. These were again taken through the formal Consensus Development Process in 2005, 2008 and 2009.

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The Texas Medical Institute of Technology (TMIT)², on behalf of The Leapfrog Group, consulted more than 260 clinical, administrative, and scientific experts to assess the NQF-endorsed Safe Practices Score and to develop the survey and hospital ranking system. The relative weightings for each individual safe practice were developed by the TMIT Medical Advisory Board, which consisted of 10 internationally recognized patient safety leaders. Rural and Pediatric Task Forces were established to address the unique aspects of these hospitals. TMIT has undertaken a national research initiative, through its national research test bed, to assess the adoption of the practices, which provided significant input to the subject matter experts.

In the 2010 Hospital Survey, Leapfrog scores hospitals' progress on 17 of the 34 NQF Safe Practice areas for a total of 737 points. Each practice area is assigned an individual weight, which is factored into the overall score. Hospitals are then ranked by quartiles. The final ranking will be defined by one of four categories to be publicly displayed on the Leapfrog Group Web site.

The practices and the survey have been updated with input from research undertaken with more than 300 hospitals that were original submitters to this Leap over 2005 and 2006 (TMIT)³⁻⁴. Leapfrog identified those

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practices that have the strongest evidence, were auditable, and did not overlap with measures in other sections of the survey, to include in the targeted subset in the 2009 Safe Practices Leap. Hospitals are asked to report on 17 of the 34 NQF Safe Practice areas in the 2009 survey.

A hospital's total score will be used to initially rank hospitals into one of four groups:

- Fully meets standards
- Substantial progress towards standards
- Some progress towards standards
- Willing to report

In order to achieve the highest level of recognition, a hospital must be in the top quartile of respondents reflecting real progress in those practices considered most significant by the expert panels. Full details regarding the survey, relative weighting, and ranking method is on The Leapfrog Group Web site at www.leapfroggroup.org

Challenges to Implementation

It is unlikely that any hospitals will fully satisfy all practice requirements, including the most sophisticated and well-resourced. Some hospitals do not have the financial and staff resources to direct at every safe practice. Other hospitals simply have not directed their resources toward these patient safety practices at all. It is expected that completion of the survey will help to initiate a change process through the four dimensions of progress: awareness, ability, accountability and action that, if followed, will increase a hospital's investment in structural, process and clinical improvement aimed at patient safety.

A major challenge for hospitals has been the lack of national standards and measures, resulting in duplicative or widely scattered efforts to meet slightly different standards for each quality and safety organization. This Leap utilizes consensus-based nationally endorsed standards, increasing the efficiency and coordination of hospital reporting. The Leapfrog Group has pilot tested the new survey and received and incorporated input from hospitals into the survey, instructions, and FAQs. Pilot tests indicate that hospitals can gather survey information within a one- to two- day period, and complete this section of the on-line survey in approximately one hour.

Why Purchasers Need to Get Involved

Using their leverage as purchasers, Leapfrog members can recognize and reward hospitals that meet NQF-endorsed Safe Practices standards. The fourth leap gives more tools with which to measure and reward hospital performance, and extends the reach of the survey to rural as well as urban hospitals, covering more of the hospitals which provide services to purchasers and plans.

Purchasers and health plans can promote the Safe Practices Score by educating employees and consumers and calling attention to the importance of choosing the right hospital.

Purchasers, through their community involvement in healthcare settings (as board members, volunteers, donors), can also be persuasive with health care providers about the need to extend their efforts in safety and quality. Purchasers can also contract for specific safety and quality improvements with their health care providers and health plans.

Public reporting of the results of The Leapfrog Group survey can serve to both inform and motivate improvements in the safety of care.

Benefits

Benefits of implementation have been difficult to document in reducing medical errors in the ten years since the issue of the IOM "To Error is Human Report, according to a Consumers Union report (2009).⁵

Yet, the practices included in the Safe Practices Score were endorsed by a broad group of stakeholders to provide high-impact improvements in patient safety. The criteria used to select these practices included potential reduction in mortality, experiential data from clinical practice and transferable evidence from other industries where research had shown efficacy. The implementation of these practices can reduce harm and save lives. Continuing to make hospital results available on the level of implementation of the Safe Practices will provide important information to consumers, enabling them to make more informed hospital choices.

References

¹ National Quality Forum. *Safe Practices for Better Healthcare: A Consensus Report- Updated*. 2009.

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² Charles Denham, M.D., (Chairman) and, Franck Guilloteau (C.T.O) led the TMIT program.

³ Denham CR. From Harmony to Healing: Join the Quality Choir. *Journal Patient Saf.* 2006 Dec;2(4):225-232.

⁴ Denham CR. The New Patient Safety Officer: A Lifeline for Patients, A Life Jacket for CEO's. *Journal Patient Saf.* 2007 Mar;3(1):43-54.

5. Patient Safety At Ten: Unmistakable Progress, Troubling Gaps," *Health Affairs*, published online Dec. 1, 2009
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