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70 PERCENT OF ALL AMERICANS CAN NOW GET LEAPFROG PATIENT SAFETY INFORMATION FOR HOSPITALS IN THEIR AREA

Rapid Expansion Of Program Aids Consumers In Making More Informed Health Care Choices; Demonstrates That Hospitals See Benefit Of Sharing Data With Public

(WASHINGTON, D.C.) Seventy percent of all U.S. health care consumers now have at their fingertips vital patient safety data for one or more hospitals in their area. Voluntary reporting by hospitals on key safety practices has led to rapid expansion of an effort led by The Leapfrog Group -- an organization driven by major corporations and other large private and public health care purchasers -- to help consumers make more informed health care choices. Leapfrog was launched in 2000, the same year an Institute of Medicine report revealed that between 44,000 and 98,000 deaths due to preventable medical errors occur each year in U.S. hospitals.

The Leapfrog Group began collecting data last year by querying urban and suburban hospitals in six regions, and expanded to 12 more regions this year. These 18 regions account for almost half of the U.S. population, and encompass 948 urban and suburban hospitals. Fifty-five percent (517) of those hospitals have responded thus far. In addition, more than 155 hospitals outside of the 18 regions have responded to the survey on their own initiative, without a formal request from Leapfrog.

The data cover three proven safety practices including computerized physician order entry (CPOE) in which physicians submit patient prescriptions and other orders by computer linked to error prevention software, and staffing of the Intensive Care Unit (ICU) with trained specialists (intensivists). For the third practice, evidence-based hospital referral, the survey queried hospitals about how many times a year they perform five high-risk surgeries and asked those with neonatal ICUs (NICU) about how many infants they typically care for each day.

Research shows that if urban and suburban hospitals implement these three safety practices, nearly 60,000 lives could be saved and more than a half a million serious medication errors could be prevented each year. In addition, approximately \$9.7 billion could be saved annually.

“Consumers deserve to know what steps hospitals are taking to keep them safe,” said Suzanne Delbanco, executive director, The Leapfrog Group. “With 70 percent of consumers able to gain access to this information, we are well on our way to giving all consumers the power to make more informed health care choices. The fact that 155 hospitals outside of the 18 geographic regions Leapfrog targeted have taken part is a clear sign that hospitals see benefits in sharing patient safety information with their communities. We are very pleased with the hospital community’s participation.”

Delbanco added, “Although we’ve started with safety practices, Leapfrog’s goal from the beginning has been to share all measures of healthcare quality with consumers. We’re working closely with doctors, quality experts, and consumers to identify additional scientifically-valid measures that consumers care about.”

The Leapfrog Group rolled out its initiatives in 2001 in Atlanta, Ga., California, Michigan, Minnesota, East Tennessee, Seattle, Wash., and St. Louis, Mo. The 12 new regions include Colorado; Central Florida; Dallas-

Forth Worth, Texas; Kansas City, Mo.; Massachusetts; Memphis, Tenn.; Metro New York, N.Y.; New Jersey; Rochester, N.Y.; Savannah, Ga.; Wichita, Kan.; and South Central Wisconsin.

From the invited hospitals, four of the regions have 100% response rates (Rochester, N.Y., Savannah, Ga., Seattle, Wash., and Wichita, Kan.) and twelve have 60% or greater response rates.

Latest Survey Results

Below are the combined survey results for the hospitals that have responded in these 18 regions.

CPOE—Just 5 percent of the responding hospitals have fully implemented CPOE. However, an additional 25 percent have indicated specific plans to implement such systems by 2004 – 5 times the number that have such systems today. Studies show that CPOE systems can be remarkably effective in reducing the rate of serious medication errors—at least 55 percent.¹

ICU Staffing—21 percent of responding hospitals have intensivists overseeing care in the ICU at least eight hours a day. An additional sixteen percent of responding hospitals plan to enlist intensivists by 2004. Studies show that approximately three in 10 patients who die every year in ICUs would have an increased chance to live if intensivists managed their care during their stay.²

Evidenced-based Hospital Referral—The third practice, evidence-based hospital referral, indicates the likely success a hospital will have with a particular high-risk surgery or condition by how often the hospital performs or treats it. Measuring actual outcomes is the preferred way, but outcomes data are rarely available to the public. The next best method is level of experience. More than a hundred studies have shown a strong correlation between high annual volume and good outcomes.

The Leapfrog survey has good news on evidence-based hospital referral; consumers in most urban and suburban areas have a choice of hospitals with extensive experience treating patients needing select high-risk surgeries or neonatal intensive care. The survey found the following percentages of participating hospitals meet Leapfrog’s recommended annual volume thresholds:

- Coronary artery bypass—12 percent;
- Coronary angioplasty—30 percent;
- Abdominal aortic aneurysm repair—21 percent;
- Carotid endarterectomy—19 percent;
- Esophageal cancer surgery—12 percent; and
- NICUs —23 percent have NICUs that meet Leapfrog’s specifications for select high-risk deliveries.³

It is important to note that not all hospitals choose to perform these procedures or have a NICU, and therefore refer patients elsewhere.

Notable Achievements

The Leapfrog Group effort is making a significant impact at hospitals and in health care purchasing practices. Recently the Robert Wood Johnson Health Network, a partnership of seven New Jersey hospitals, announced it would invest \$40 million to implement the Leapfrog safety practices by 2005. In addition, Blue Shield of California announced that it would include the Leapfrog practices in its hospital “network choice” tiered program to determine hospital quality efforts.

“Fighting medical errors is essential to the safety of our patients and to our long-term success,” said Harvey A. Holzberg, chairman, the Robert Wood Johnson Health Network, and president, Robert Wood Johnson University Hospital, New Brunswick, N.J. “It’s essential to publicly share our efforts in this regard to maintain

the trust that we have built within the community. And by investing in measures to improve patient safety, we're building on that trust.”

Leapfrog Member Efforts

Companies and organizations in the rollout regions are building community-wide collaboration among public and private health care purchasers, hospitals, health plans, physicians, labor unions, consumer groups and others to reduce the number of patients harmed or killed by preventable medical mistakes. The initial activities urge urban and suburban, acute care hospitals to fill out the online survey voluntarily to share their progress toward implementing Leapfrog's three recommended patient safety practices. Leapfrog companies and organizations also are working to recognize and reward hospitals that implement these practices, and are educating and informing employees, retirees and their families about preventable medical mistakes and the importance of Leapfrog's recommended patient safety practices.

Patient Safety Information

Survey information is available to consumers online at www.leapfroggroup.org. Information is updated on a monthly basis. Leapfrog corporations and organizations also make survey information available to employees through corporate Web sites and employee health care benefits materials. In addition, many health plans and the following Web-based vendors also disseminate the data: doctorquality.com; subimo.com; selectqualitycare.com; healthgrades.com; and healthscope.org (for California only), developed by the Pacific Business Group on Health.

Leapfrog's Safety Practices

The Leapfrog practices are on the cutting edge of quality improvement, and very few hospitals have implemented all of them to date. Leapfrog chose these practices not only because of their great potential to reduce preventable medical mistakes, but also because they are easily understood by consumers and feasible to implement in the near future. Many hospitals also are implementing other practices to improve safety. These three targeted practices are part of a larger patient safety strategy hospitals might employ, and do not assure patient outcomes.

About The Leapfrog Group

The Leapfrog Group was founded in November 2000 with support from the Business Roundtable and the National Health Care Purchasing Institute. More than 120 Fortune 500 corporations and other large private and public sector health benefits purchasers have joined The Leapfrog Group, representing more than 33 million enrollees.

Partnering in this effort are The MEDSTAT Group and HealthGrades. The MEDSTAT Group (www.medstat.com) is providing data collection, analysis and support services for this effort. This includes designing and developing the online hospital survey, fielding the survey via the Web and reporting the results to The Leapfrog Group. HealthGrades is Leapfrog's technology partner providing data analysis and a consumer ratings system of the results. HealthGrades also will display the data on its own Web site (www.healthgrades.com).

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1. Bates DW, Leape L, Cullen DJ, et al. Effect of computerized physician order entry and a team intervention on prevention of serious medication errors. JAMA. 1998; 280:1311-16.

2. Pronovost PJ, Angus DC, Dorman T, et al. Physician staffing patterns and clinical outcomes in critically ill patients: a systematic review. JAMA. 2002;288:2151-2162.

3. Hospitals were asked for the average daily census of the NICU for consideration by women with a prenatal diagnosis of an expected low birth weight infant (< 1500 grams), premature infant (> 32 weeks gestation), or delivery of an infant with a potentially correctable congenital anomaly.