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HARVARD STUDY IN JOINT COMMISSION JOURNAL: MORTALITY RATES LOWER IN LEAPFROG HOSPITALS

WASHINGTON DC – A study published this month finds that hospitals that perform well on the Leapfrog Hospital Survey have lower mortality and better quality of care than those who either didn't perform as well on the survey or who chose not to complete the survey. The study was published in the June 2008 issue of the Joint Commission Journal on Quality and Patient Safety.

"This study is cause for celebration. Leapfrog works. Organizations and individuals who pay for health care know that hospitals that participate in the Leapfrog Hospital Survey are the ones who also deliver better results. This makes it clear that before you choose a hospital, you need to check out their Leapfrog rating," stated Jill Berger, Chair of The Leapfrog Group and Vice President, Health & Welfare for Marriott International, Inc.

Each year, The Leapfrog Group, which represents some of the country's largest employers and over 32 million people, asks over 2,000 hospitals to participate in the Leapfrog Hospital Survey. Leapfrog rates over 1,300 hospitals that together serve over half the US population. The results of individual hospitals on an array of quality, safety and efficiency measures endorsed by the National Quality Forum are available for free to the public at www.leapfroggroup.org.

"Does the Leapfrog Program Help Identify High-Quality Hospitals?" was authored by Dr. Ashish K. Jha and his colleagues at the Harvard School of Public Health. The study concluded that "Consumers who choose hospitals identified by Leapfrog as having begun to implement patient safety practices will likely find hospitals with better process [of care] quality and lower mortality rates."

"This study affirms Leapfrog, but more importantly it affirms the many hospitals that voluntarily participate in the Leapfrog survey and have made impressive strides in improving patient safety," said Leah Binder, CEO of The Leapfrog Group and a former hospital administrator.

Researchers used 2006 Leapfrog Hospital Survey and 2006 Hospital Quality Alliance data to make findings about three common conditions – acute myocardial infarction (AMI), congestive heart failure (CHF) and pneumonia. They found that hospitals that had begun to implement Leapfrog safety practices had better process quality for AMI and CHF. (Most Leapfrog safety practices are broken down into component parts so that a hospital might meet some aspects of a practice, but not necessarily all.)

Hospitals that had begun to implement Leapfrog safety practices also had lower mortality rates. Pneumonia and AMI patients admitted to hospitals that had begun or finished implementing a computerized system for ordering medication were less likely to die within 30 days than those admitted to hospitals without computer systems. Nearly identical results were found among hospitals that had begun or completed implementing the employment of intensivists (physicians specially trained in ICU care) in intensive care units.

“I’m heartened to find that health care quality and safety efforts like the Leapfrog Hospital Survey are proven to serve the needs of patients. Our findings reinforce the fact that public reporting, or transparency, has become a permanent feature of American health care,” said Ashish K. Jha, MD, MPH, of the Harvard School of Public Health and Veterans Health Administration.

The Leapfrog Group

On behalf of the millions of Americans for whom many of the nation’s largest corporations and public agencies buy health benefits, The Leapfrog Group (www.leapfroggroup.org) aims to use its members’ collective leverage to initiate breakthrough improvements in the safety, quality, and affordability of health care. Leapfrog is a leading actor in the national movement to advance value in health care. Founded in November 2000 by the Business Roundtable, Leapfrog secures its support from major corporations, business coalitions and public agencies that purchase health care benefits, and from products and services that support value-based purchasing.

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