

The Leapfrog Hospital Survey

What's New in the 2009 Survey (Version 5.1)

Welcome to the 2009 Leapfrog Hospital Survey.

The content changes to the prior year's survey (2008 v5.0) are as follows:

1. In the Computerized Physician Order Entry (CPOE) section, hospitals must have their CPOE system implemented in at least one inpatient unit to receive credit towards CPOE implementation and to access Leapfrog's CPOE Evaluation Tool. Hospitals will no longer receive implementation credit for CPOE systems that are only implemented in their emergency department (ED) or outpatient units.

Scored results from the CPOE Evaluation Tool test will be combined with a hospital's CPOE implementation status to determine their overall score on the CPOE Leap. The testing of a hospital's CPOE system against the Leapfrog CPOE Evaluation Tool is a key part of the Leapfrog Hospital Survey and all survey timelines apply to the CPOE Evaluation Tool as well.
2. To fully meet the IPS Leap in 2009, critical care intensivists and neurointensivists can rely on a physician, physician assistant, nurse practitioner, or FCCS-certified nurse "effector" to reach ICU patients in their absence.
3. In the EBHR section 3, the following changes have been made:
 - The predicted mortality composite measures that Leapfrog introduced in the 2008 survey (i.e. "Survival Predictors") for esophagectomy and pancreatectomy, that combine a hospital's historical mortality and case volume for that procedure to forecast their future mortality rate, have been expanded to all of the EBHR high-risk surgeries, except for Bariatric surgery. A Survival Predictor will be calculated for each high-risk surgery for which a hospital does not report a risk-adjusted outcome.
 - For hospitals in states with robust statewide public risk-adjusted mortality reports (CA-CABG; MA-CABG, PCI; NJ-CABG; NY-CABG, PCI; PA-CABG), they are asked to report their observed and expected mortality rates from those reports to the survey. The reporting of observed and expected mortality rates from the statewide reports replaces Leapfrog's previous requirement of having hospitals report their quartile ranking. Hospitals in these states will now be scored in a similar manner to hospitals that report results from a national performance measurement system (i.e.. STS and ACC's NCDR CathPCI Registry).
 - Credit for adherence to the PCI process measures (historically, 80% performance on at least two of three) now requires a hospital at have at least 80% adherence on PCI-1 ("Patients with AMI receiving PTCA within 90 minutes of arrival") and 80% adherence on one of the other two process measures.
 - Hospitals in Michigan that participate in the Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2), can report their observed and expected PCI mortality rates from their most recent BMC2 report.
 - Questions related to surgeon volume have been dropped for Bariatric surgery.
4. In section 6, the NQF Safe Practices, hospitals are asked to report on the 13 Safe Practices they reported on in the 2008 survey, plus one new practice from the NQF's *Safe Practices for Better Healthcare 2009 Update*. The added practice is the prevention of catheter-related urinary tract infections. The *Safe Practices for Better Healthcare 2009 Update* also includes material changes to seven of the 13 practices included in the 2008 survey and appropriate updates to this section have been made to reflect those 2009 material changes.

5. A third condition – normal deliveries - was added to the Common Acute Conditions section of the survey. Hospitals that perform deliveries are asked to report on four perinatal care measures – two process measures and two outcome measures – that focus on:
 - cesarean section rates for low-risk first time moms,
 - elective deliveries before 39 weeks gestation;
 - appropriate DVT prophylaxis for women undergoing cesarean section; and
 - bilirubin screening for newborns before discharge.
6. The oxygenation assessment and beta blocker at arrival process measures have been removed from the Pneumonia and AMI conditions, respectively, in the Common Acute Conditions section.
7. Questions related to The Leapfrog Group Serious Reportable Events “Never Events” Policy Statement have been moved and merged with those for Hospital-Acquired Conditions into a relabeled section 7, Managing Serious Errors.
8. A fifth principle has been added to the Leapfrog Group’s “Never Events” Policy for which hospitals are asked to implement if a Never Event occurs within their facility. The new principle asks the hospital to provide patients, patients’ families, and payers, a copy of their Never Events policy upon request.
9. In section 7, Managing Serious Errors, hospitals are now asked to report their rates of central-line associated bloodstream infection rates (CLABSI) stratified by ICU type. This becomes the third hospital-acquired condition for which hospitals are asked to report.
10. Only the hospital’s organizational and contact information from the 2008 survey is retained in the online survey. **Review answers** in the first section of the survey and update as needed, paying particular attention to hospital name and contact person.
11. Hospitals are required to review, update, affirm and submit their survey responses by June 30, 2009. After that date, Leapfrog will no longer report results based on 2008 surveys submitted prior to April 1, 2009.
12. As a reminder, any hospital submitting a completed 2009 Leapfrog survey now meets all the reporting requirements for participation and eligibility in The Leapfrog Group’s Leapfrog Hospital Rewards Program (LHRP). No separate registration, authorizations, or data submissions are needed. To qualify for rewards, a current survey must be submitted by June 30th and an updated survey must be re-submitted between November 1st and December 31st. For full LHRP details, see:
http://www.leapfroggroup.org/for_hospitals/fh-incentives_and_rewards/hosp_rewards_prog

You should also order a copy of the full report of the **National Quality Forum’s Safe Practices for Better Healthcare 2009 Update**, if you don’t already have one. It is needed to complete Section 6 of the survey. See the ordering links on the home page of the online survey for electronic or hardcopy versions of the report. Please allow sufficient time for hardcopy delivery from NQF.

In response to hospital feedback, The Leapfrog Group is attempting to make potential changes to the Leapfrog Hospital Survey known well in advance of the actual release of the survey. A preview of the potential changes to the 2010 Leapfrog Hospital Survey can be found at:
http://leapfroggroup.org/media/file/2010_Potential_Survey_Changes.pdf

All 16-digit security codes from the 2008 survey are still valid. Use just the 16-digit security code to access your survey. If you no longer have a valid 16-digit security code, see the home page of the online survey for more instructions about getting a security code.