

The Leapfrog Hospital Survey

What's New in the 2008 Survey (Version 5.0)

Welcome to the 2008 Leapfrog Hospital Survey. In addition to substantive content changes from the prior year's survey (2007 v4.0), the name of the survey has changed as well. In the spirit of efficiency, the survey will now be referred to as the "Leapfrog Hospital Survey," instead of the "Leapfrog Hospital Quality and Safety Survey." Please make any necessary updates to your organization's internal documents that reference the survey name.

The substantive content changes to the survey are as follows:

1. In the Computerized Physician Order Entry (CPOE) section, a new requirement for reaching either Fully Meets or Good Progress has been added. Hospitals that already have a CPOE system in place, even if only in parts of the hospital, are asked to participate in a simulation test of the implementation of their system. This test will provide feedback to participants on issues related to the implementation. Hospitals that do not take the test will not meet the Fully Meets or Good Progress requirements. The scored results from the test will not be used in the publicly reported survey results, only the fact that the hospital tested its system. However, in 2009, scores from the test will be used.

Hospitals may take the CPOE evaluation test only after completing and submitting a 2008 survey indicating that their facility has a functioning CPOE system in at least one unit of the hospital. Once the survey is submitted, hospitals will be able to access the CPOE evaluation test and all of the necessary instructions from a link on the survey home page.

2. To fully meet the IPS Leap in 2008, neuro ICUs must now meet the staffing standards that have been previously set for adult or pediatric general medical and/or surgical ICUs. Patients in a neuro ICU must be managed or co-managed by "neurointensivists" or critical care intensivists who are ordinarily present in the ICU (on-site, or via telemedicine that meets Leapfrog specifications) during daytime hours a minimum of 8 hours per day, 7 days per week, and during this time provide clinical care exclusively in the ICU. When not present, "neurointensivists" or critical care intensivists must return more than 95% of ICU pages within 5 minutes and can rely on a physician or FCCS-certified non-physician "effector" who is in the hospital and able to reach ICU patients within 5 minutes in more than 95% of cases.

"Neurointensivists" are classified as neurologists and neurological surgeons who are board-certified in their primary specialty and who have completed a UCNS-certified fellowship training program in neurocritical care, or a physician who is board certified in neurocritical care. Existing physicians must obtain certification using the grandfathering process established by UNCS to be considered a neurointensivist. This new category of intensivists applies only to neuro ICUs.

3. In the EBHR section 3, the following changes have been made:
 - Questions related to surgeon volume have been dropped except for bariatric surgery.
 - For AAA the National Quality Forum Endorsed Process Measure of Quality for beta blockers at admission has changed based on new evidence.
 - For CABG and PCI, a resource utilization measure has been added: severity-adjusted average length of stay inflated by readmission rate. For each procedure, hospitals are asked to report average length of stay, the number of cases followed by any readmission to that hospital within 14 days for any cause, and a count of cases with certain risk factors present. The clinical

information and statistics needed to report these data can be accessed from the hospital's administrative data system; no chart abstraction should be necessary.

- The volume thresholds for bariatric surgery have been changed. They are now aligned with the national standard setting bodies. The SRC BOLD database has been added as a national performance measurement entity for bariatric surgery in which hospitals' participation is now recognized for scoring credit.
 - The number of VLBW babies admitted to the NICU is now the volume measure for High Risk Deliveries; NICU census is no longer reported. The change was based on new research indicating that this measure is associated with better outcomes of care. Hospitals will be able to utilize their administrative data to supply the information needed
 - Reporting for some EBHR measures has changed. See the beginning of each measure for appropriate reporting time periods, or a synopsis of them at the link to [Reporting Time Periods](#) on the home page of the online survey. Hospitals should report process measures data as submitted to the Joint Commission or CMS (or STS for some CABG measures), otherwise hospitals must report results based on a chart audit of those process measures. For risk-adjusted outcomes data, hospitals reporting to other measurement entities, such as STS, ACC, VON, will submit information from the most recent 12-month reports from these other measurement entities.
 - For hospitals in ME, NH and VT participating in the Northern New England Cardiovascular Disease Study Group, risk-adjusted mortality rates for CABG, PCI and AVR from that source may be reported.
 - For hospitals in MA, statewide public risk-adjusted mortality outcomes are now recognized by Leapfrog for CABG and PCI and hospitals should report outcomes based on those results, provided the publicly reported cases total at least 350 or 400 procedures, respectively. See the [Publicly Reported Outcomes for Coronary Procedures](#) link on the home page of the online survey.
 - A composite measure that predicts future mortality rates will be introduced for all EBHR high-risk surgeries, except for Bariatric surgery. With funding from the National Institute of Aging (NIA), Drs. Justin Dimick and John Birkmeyer from the University of Michigan and Douglas Staiger, PhD from Dartmouth Medical School, developed measures that are designed to optimally forecast hospital performance, based on prior hospital volumes and prior mortality rates. The model has been submitted for review and publication. In the interim, details of the model can be found in a [white paper](#) posted on our website. The composite measure will be displayed as an independent score on the consumer website.
4. The NQF Safe Practices section 6 of the survey has undergone substantial changes. After substantial feedback from hospitals on last year's Safe Practices section, the survey this year focuses on just 13 Safe Practices. The Safe Practices chosen for hospitals to report on in this year's survey are those that have the strongest supporting evidence and are not measured in other sections of the survey. The new Safe Practices section is focused on activities completed or in place during the past 12 months. Credit for having a system in place for the next twelve months has been eliminated. Safe Practices have been re-worded to focus on documented actions while maintaining both the 4 A Framework found in previous versions and aligning with the current National Quality Forum Safe Practices requirements updated in 2006. The weights applied to the 13 practices will remain the same as in the prior year, but the total weight will be reduced to the sum of the 13 weights. (Hospitals that wish to benchmark and publicly report their progress in achieving all the Safe Practices may do so independently, not part of this survey, at <http://www.tmit1.org>. Leapfrog will recognize hospitals that do so as part of its Transparency Indicator section.)
5. A new section 4 has been added to the survey, focused on two Common Acute Conditions -- Acute Myocardial Infarction and Pneumonia. Quality measures for these conditions are based on

CMS/Joint Commission Process Measures of Quality. Similar to CABG and PCI, a resource utilization measure is included in the AMI and Pneumonia measures; it is a severity adjusted average length of stay inflated by a 14-day all-cause readmission rate. Hospitals will be required to submit the average length of stay, a set of risk factors for AMI and Pneumonia and the number of 14-day all cause readmissions for these cases to their hospital. All information can be accessed from the hospital's administrative data system--no chart abstraction is required. If a hospital has a volume of cases less than 10 overall, the hospital will not be required to submit the resource utilization measure for that condition. Scoring thresholds for these two measures will be set based on Joint Commission experience.

6. A new section 7 has been added, focused on two Hospital Acquired Conditions --pressure ulcers and injuries occurring during the stay. These two conditions can be identified using the same codes that CMS is using for its payment reduction. Hospitals will need to rely on Present-On-Admission coding to identify which conditions occurred during the hospital stay.

Since CMS has required the collection and submission of Present-on-Admission (POA) indicators only since October 1, 2007, the Leapfrog survey reporting period for this set of questions is initially abbreviated to the most recent six months available. After October 31, 2008, for hospitals that do not have data for the required time period, results will indicate "Did not measure or report this information".

7. Because of substantial changes to the 2008 survey, only the hospital's organizational and contact information from the 2007 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.
8. Hospitals are required to review, update, affirm and submit their survey responses by June 30, 2008. After that date, Leapfrog will no longer report results based on 2007 surveys submitted prior to April 1, 2008.
9. Separately, any hospital submitting a completed 2008 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 2006 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.

All 16-digit security codes from the 2007 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.