

**LEAPFROG HOSPITAL RECOGNITION PROGRAM
2015 SCORING METHODOLOGY**

Please review the [Scoring Overview](#) for an explanation of the Leapfrog Hospital Recognition Program, the measure set, and inclusion/exclusion criteria related to measure scoring. The [Reference Measure Charts](#) provide a comprehensive picture of all included measures and their corresponding weights. Or, click on the links below to view the scoring specifications for each measure:

Quality Measures
Computer Physician Order Entry (CPOE)
Evidence-Based Hospital Referrals <ol style="list-style-type: none"> 1. AVR 2. AAA 3. Pancreatectomy 4. Esophagectomy
Maternity Care <ol style="list-style-type: none"> 1. Early Elective Deliveries 2. NTSV Cesarean Section 3. Episiotomy 4. Maternity Care Quality (Processes of Care) 5. High-Risk Newborn Delivery
ICU Physician Staffing (IPS)
NQF Safe Practices
Managing Serious Errors <ol style="list-style-type: none"> 1. Never Events Policy 2. Central-Line Associated Bloodstream Infections 3. Catheter-Associated Urinary Tract Infections (CAUTI) 4. Hospital-Acquired Pressure Ulcers 5. Hospital-Acquired Injuries

Resource Utilization Measures
Computer Physician Order Entry (CPOE)
Early Elective Deliveries
NTSV Cesarean Section
ICU Physician Staffing
Managing Serious Errors <ol style="list-style-type: none"> 1. Central-Line Associated Bloodstream Infection 2. Catheter-associated Urinary Tract Infections(CAUTI) 3. Hospital-Acquired Pressure Ulcers 4. Hospital-Acquired Injuries
Readmission Composite for Common Acute Conditions <ol style="list-style-type: none"> 1. AMI 2. Heart Failure 3. Pneumonia
Length of Stay Composite for Common Acute Conditions <ol style="list-style-type: none"> 1. AMI 2. Heart Failure 3. Pneumonia

Please note: Section 8 Bar Code Medication Administration of the Leapfrog Hospital Survey is not included in the 2015 Leapfrog Hospital Recognition Program.

SCORING OVERVIEW

The Leapfrog Hospital Recognition Program™ (LHRP) is a comprehensive hospital pay-for-performance program that focuses on the most important national patient safety, quality, and resource use standards. These standards are taken directly from the Leapfrog Hospital Survey, the results of which serve as the database for the Leapfrog Hospital Recognition Program.

Through LHRP, a hospital is scored for its performance on each of Leapfrog’s national standards. Individual scores, which range from 0 (lowest performance) to 100 (highest performance), are then compared against state and national averages. Scores for each hospital are calculated using the scoring methodology described in this document, and then rolled up into three composite scores: Quality, Resource Use, and Value.

LHRP uses data collected through the Leapfrog Hospital Survey each year to evaluate hospital performance in numerous clinical focus areas:

- Computerized Physician Order Entry (CPOE)
- Outcomes of High Risk Procedures (AAA, AVR, Pancreatectomy, and Esophagectomy)
- Maternity Care (Early Elective Deliveries, NTSV C-Section, Episiotomy, Maternity Quality, and High Risk Deliveries)
- ICU Physician Staffing (IPS)
- NQF Safe Practices
- Managing Serious Errors (Never Events Policy, Central-line Associated Blood Stream Infections, Catheter-associated Urinary Tract Infections, Hospital-Acquired Pressure Ulcers, and Hospital-Acquired Injuries)
- Readmission and Length of Stay for Common Acute Conditions (AMI, Heart Failure, and Pneumonia)

HOW ARE LHRP SCORES CALCULATED FOR EACH MEASURE?

Each measure of the Leapfrog Hospital Survey is converted to a 0-100 scale so the measures can be combined into overall scores. Zero always denotes poor performance and 100 always denotes excellent performance. Leapfrog developed methods to convert each survey measure to the 0-100 scale. As described below, the method varies depending on whether the measure is “categorical” or “continuous.”

Categorical Measures

A categorical measure utilizes Leapfrog’s performance categories: “fully meets standards,” “substantial progress,” “some progress,” “willing to report,” “does not apply,” or “declined to respond.” These are the same performance categories used to determine the number of bars displayed on Leapfrog’s public reporting website, www.leapfroggroup.org/cp. For the LHRP Scoring Methodology, however, Leapfrog converts these performance categories into numerical values.

The categorical measures are scored in two ways—using pre-determined scores for each category (i.e. CPOE or IPS) or determining scores based on peer performance within a measure.

1. The pre-determined scores were assigned by Leapfrog's national, multi-stakeholder Steering Committee. CPOE is an example of a categorical measure (a hospital "fully meets standards," "substantial progress," etc.) that uses pre-determined scores.
2. The peer comparison scores were determined by analyzing all hospitals' survey data for a particular measure. In this method, an individual hospital's score represents the percentage of other hospitals that the individual hospital scored equal to or better than. AAA is an example of a categorical measure (a hospital "fully meets standards," "substantial progress," etc.) that uses peer comparison scores. In essence, these scores show a hospital's performance as a numerical percentage compared to its peers.

Continuous Measures

A continuous measure is quantitative, and is measured through a counting process, or an interval continuum. For these measures, Leapfrog takes the values produced by all reporting hospitals and then determines the cut-off points for the top decile and the bottom decile. Hospitals in the bottom decile receive a score of 0 and hospitals in the top decile receive a score of 100. For hospitals that fall in between the top and bottom deciles, Leapfrog applies the following calculation:

$$100 \times (\text{hospital's score} - \text{the bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$$

CLABSI Standard Infection Ratio (SIR) is an example of a continuous measure. SIRs may fall anywhere along a continuum (i.e., 0.02, 1.27, 2.01, etc.). To compare SIRs in a consistent manner, Leapfrog ranks SIRs using cut-points for the top and bottom deciles. SIRs of 0.000 represent the top decile (for a point value of 100) and SIRs of .900 or higher represent the bottom decile (for a point value of 0). Hospitals with data results in between the 0.000 and 0.900 cut-points are ranked in the deciles between the top and the bottom. To determine the decile in which a hospital ranks, Leapfrog applies the following calculation:

$$100 \times (\text{hospital's score} - \text{the bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$$

"Does Not Apply" Results

In the LHRP Scoring Methodology, hospitals are not penalized if they do not perform certain procedures or are not applicable for certain measures, indicated by "N/A" on the Leapfrog Hospital Survey. When hospitals are not applicable for a measure, the score for that measure is deducted from both the numerator and denominator of the overall score. This process allows hospitals to only be scored based on measures that are applicable. As a result, the remainder of hospitals' applicable measures will receive slightly higher weights, because the weights from the non-applicable measures are allocated across the applicable measures.

"Declined to Report" Results

Hospitals that are able to report on measures, but chose not to, receive a score of "declined to report." Leapfrog scores "declined to report" with a 0 in this methodology in order to be consistent with our goal of advancing transparency. A score of 0 for "declined to report" will negatively affect hospitals' overall scores.

“Unable to Calculate Score” Results

Hospitals that receive a measure score of “unable to calculate score,” will not be penalized. “Unable to calculate score” will be treated as “Does Not Apply” in the LHRP Scoring Methodology (see details above).

New in 2015 – Summary Score Criteria

Leapfrog is not able to calculate a summary Quality, Resource Use, or Value score for hospitals that have reported on too few of the applicable measures. Leapfrog has established the following missing measure thresholds detailed below:

	# of Applicable Measures (n= 19)	Not applicable measures by hospital type	Missing measure thresholds	Leapfrog is not able to calculate summary scores for hospitals reporting on...
Adult hospitals	19	-	1/3 must apply	5 or fewer measures (14 or more N/A)
Children's hospitals	6	EBHR, Maternity, Pressure Ulcers, Injuries, LOS, Readmission	1/2 must apply	3 or fewer measures (3 or more N/A)
Critical access hospitals	9	EBHR, High Risk Deliveries, IPS, Pressure Ulcers, Injuries, CLABSI, CAUTI	1/2 must apply	4 or fewer measures (5 or more N/A)

QUALITY MEASURES

Computer Physician Order Entry (CPOE)

Computer Physician Order Entry (CPOE) measures hospitals’ progress toward implementing a CPOE system, which has been proven to reduce errors and therefore mortalities. CPOE is a [categorical measure](#)—hospitals are scored on their performance category of “fully meets standard,” “substantial progress,” “some progress,” “willing to report,” or “declined to report.”

Points assigned to each performance category:

- Fully meets standard receives a score of 100
- Substantial progress receives a score of 50
- Some progress receives a score of 15
- Willing to report receives a score of 5
- Declined to report receives a score of 0

CPOE is a quality measure and receives a weight of 12.59% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital’s score by 12.59% and adds this value to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your

hospital is [not applicable](#) for other Quality measures. The CPOE measure score is also included as part of the Resource Utilization score (see [Resource Utilization](#)).

Evidence-Based Hospital Referrals (EBHR)

Evidence-Based Hospital Referrals are also known as high-risk surgeries in the Leapfrog Hospital Survey. Each procedure is scored as a [categorical](#) measure and receives its own measure weight.

Aortic Valve Replacement (AVR)

AVR is a [categorical measure](#)—hospitals received either “fully meets standards,” “substantial progress,” “some progress,” “willing to report,” or “declined to report” based on their reported data.

Leapfrog applied the [peer comparison group methodology](#) for this categorical measure. The following scores correlate to each category:

- Fully meets standards receives a score of 100 (this means that hospitals with “fully meets standards” for this measure did as well or better than 100% of all hospitals)
- Substantial progress receives a score of 84 (this means that hospitals with “substantial progress” for this measure did as well or better than 84% of all hospitals)
- Some progress receives a score of 47 (this means that hospitals with “some progress” for this measure did as well or better than 47% of all hospitals)
- Willing to report receives a score of 37 (this means that hospitals with “willing to report” for this measure did as well or better than 37% of all hospitals)
- Declined to report receives a score of 0

AVR is a quality measure and receives a weight of 3.50% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital’s score (from above) by 3.50% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

Abdominal Aortic Aneurysm Repair (AAA)

AAA is a [categorical measure](#)—hospitals received either “fully meets standards,” “substantial progress,” “some progress,” “willing to report,” or “declined to report” based on their reported data.

Leapfrog applied the [peer comparison group methodology](#) for this categorical measure. The following scores correlate to each category:

- Fully meets standards receives a score of 100 (this means that hospitals with “fully meets standards” for this measure did as well or better than 100% of all hospitals)
- Substantial progress receives a score of 73 (this means that hospitals with “substantial progress” for this measure did as well or better than 73% of all hospitals)
- Some progress receives a score of 47 (this means that hospitals with “some progress” for this measure did as well or better than 47% of all hospitals)
- Willing to report receives a score of 28 (this means that hospitals with “willing to report” for this measure did as well or better than 28% of all hospitals)
- Declined to report receives a score of 0

AAA is a quality measure and receives a weight of 3.50% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 3.50% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

Pancreatotomy

Pancreatotomy is a [categorical measure](#)—hospitals received either “fully meets standards,” “substantial progress,” “some progress,” “willing to report,” or “declined to report” based on their reported data.

Leapfrog applied the [peer comparison group methodology](#) for this categorical measure. The following scores correlate to each category:

- Fully meets standards receives a score of 100 (this means that hospitals with “fully meets standards” for this measure did as well or better than 100% of all hospitals)
- Substantial progress receives a score of 64 (this means that hospitals with “substantial progress” for this measure did as well or better than 64% of all hospitals)
- Some progress receives a score of 50 (this means that hospitals with “some progress” for this measure did as well or better than 50% of all hospitals)
- Willing to report receives a score of 38 (this means that hospitals with “willing to report” for this measure did as well or better than 38% of all hospitals)
- Declined to report receives a score of 0

Pancreatotomy receives a weight of 4.20% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 4.20% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

Esophagectomy

Esophagectomy is a [categorical measure](#)—hospitals received either “fully meets standards,” “substantial progress,” “some progress,” “willing to report,” or “declined to report” based on their reported data.

Leapfrog applied the [peer comparison group methodology](#) for this categorical measure. The following scores correlate to each category:

- Fully meets standards receives a score of 100 (this means that hospitals with “fully meets standards” for this measure did as well or better than 100% of all hospitals)
- Substantial progress receives a score of 74 (this means that hospitals with “substantial progress” for this measure did as well or better than 74% of all hospitals)
- Some progress receives a score of 54 (this means that hospitals with “some progress” for this measure did as well or better than 54% of all hospitals)
- Willing to report receives a score of 38 (this means that hospitals with “willing to report” for this measure did as well or better than 38% of all hospitals)
- Declined to report receives a score of 0

Esophagectomy receives a weight of 4.90% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 4.90% and adds this calculation to the remaining quality

measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

Maternity Care

The Maternity Care section of the Leapfrog Hospital Survey includes Early Elective Deliveries, Episiotomy, Newborn Bilirubin Screening, and Appropriate DVT Prophylaxis, which are classified as either as categorical measures or as continuous measures. The Survey collects data for these clinical areas to evaluate a hospital's care provided by a hospital for normal newborn deliveries.

Early Elective Deliveries

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (rate of 0%) receives a score of 100
- Bottom decile (rate of 7% or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$
- Declined to report receives a score of 0

Early elective deliveries receive a weight of 6.99% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 6.99% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

NTSV Cesarean Section

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The follow scores correlate to each decile:

- Top decile (rate of 17%) receives a score of 100
- Bottom decile (rate of 37% or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$
- Declined to report receives a score of 0

NTSV C-Section receives a weight of 5.59% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 5.59% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

Episiotomy

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (rate of 2%) receives a score of 100
- Bottom decile (rate of 21% or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$
- Declined to report receives a score of 0

Episiotomy receives a weight of 5.59% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 5.59% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

Maternity Care Quality (Processes of Care)

The Processes of Care Measure include Newborn Bilirubin Screening and Appropriate DVT Prophylaxis, which are [categorical measures](#)—hospitals received either “fully meets standards,” “substantial progress,” “some progress,” “willing to report,” or “declined to report” based on their reported data.

Leapfrog applied the [peer comparison group methodology](#) for this categorical measure. The following scores correlate to each category:

- Fully meets standards receives a score of 100 (this means that hospitals with “fully meets standards” for this measure did as well or better than 100% of all hospitals)
- Some progress receives a score of 26 (this means that hospitals with “some progress” for this measure did as well or better than 26% of all hospitals)
- Willing to report receives a score of 15 (this means that hospitals with “willing to report” for this measure did as well or better than 15% of all hospitals)
- Declined to report receives a score of 0

The Processes of Care Measure receive a weight of 2.80% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 2.80% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

High-Risk Newborn Delivery

High-Risk Newborn Delivery is a [categorical measure](#)—hospitals received either “fully meets standards,” “substantial progress,” “some progress,” “willing to report,” or “declined to report.”

Leapfrog applied the [peer comparison group methodology](#) for this categorical measure. The following scores correlate to each category:

- Fully meets standards receives a score of 100 (this means that hospitals with “fully meets standards” for this measure did as well or better than 100% of all hospitals)
- Substantial progress receives a score of 81 (this means that hospitals with “substantial progress” for this measure did as well or better than 81% of all hospitals)
- Some progress receives a score of 59 (this means that hospitals with “some progress” for this measure did as well or better than 59% of all hospitals)
- Willing to report receives a score of 43 (this means that hospitals with “willing to report” for this measure did as well or better than 43% of all hospitals)
- Declined to report receives a score of 0

High-Risk Newborn Delivery receives a weight of 4.20% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 4.2% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

ICU Physician Staffing (IPS)

ICU Physician Staffing (IPS) is one of Leapfrog’s “leaps” and measures hospitals’ intensivist coverage, which significantly reduces mortality rates when implemented. IPS is a [categorical measure](#) in the Survey—hospitals received either “fully meets standards,” “substantial progress,” “some progress,” “willing to report,” or “declined to report” based on their reported data.

Leapfrog’s expert Steering Committee determined the score for each level of achievement:

- Fully meets standards receives a score of 100
- Substantial progress receives a score of 50
- Some progress receives a score of 15
- Willing to report receives a score of 5
- Declined to report receives a score of 0

IPS is a quality measure and receives a weight of 9.79% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital’s score (from above) by 9.79% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures. The IPS measure score is also included as part of the Resource Utilization score (see [Resource Utilization](#)).

NQF Safe Practices

The Safe Practices are treated as a continuous measure. The Leapfrog Hospital Survey contains 8 Safe Practices measures, which are classified as quality measures in the LHRP Scoring Methodology.

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The maximum possible value for Safe Practices is 485 points across the 8 measures. The following scores correlate to each decile:

- Hospitals receiving 485.00 points are considered top performers for this measure and receive a score of 100.
- Hospitals receiving 398.76 points or lower are considered the bottom decile for this measure and receive a score of 0.
- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (485.00 - \text{bottom decile score})$
- Declined to report receives a score of 0

Safe Practices is a quality measure and receives a weight of 4.20% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital’s score (from above) by 4.20% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

Managing Serious Errors

Managing Serious Errors includes Central-Line Associated Blood Stream Infections, Catheter-associated Urinary Tract Infections, Leapfrog’s Never Events policy, and Pressure Ulcer and Injuries.

Never Events Policy

Managing Serious Errors also includes Leapfrog's Never Events policy which focuses on the process of reporting serious errors when they occur in hospitals. Never Events is a [categorical measure](#)—hospitals received either “fully meets standards,” “willing to report,” or “declined to report”—and represents 1.40% of the Quality Score.

Leapfrog's expert Steering Committee determined the score for each level of achievement:

- Fully meets standards receives a score of 100
- Willing to report receives a score of 26
- Declined to report receives a score of 0

Never Events is a quality measure and receives a weight of 1.40% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 1.40% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

Central-Line Associated Bloodstream Infections (CLABSI)

Central-Line Associated Blood Stream Infections are reported as a Standard Infection Ratio (SIR) on the Leapfrog Hospital Survey. This is a continuous measure that assesses hospitals' level of performance for minimizing this hospital-acquired condition. The LHRP score is based on the hospital's [Standardized Infection Ratio \(SIR\)](#).

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (SIR of 0.00) receives a score of 100. In other words, hospitals must achieve a CLABSI SIR of zero to score 100 points.
- Bottom decile (SIR of 0.900 or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$
- Declined to report receives a score of 0

Central-Line Associated Bloodstream Infection Rates is a quality measure and receives a weight of 9.79% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 9.79% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

Catheter-Associated Urinary Tract Infections (CAUTI) Rates

Catheter-associated Urinary Tract Infection Rate is a continuous measure that assesses hospitals' level of performance for minimizing this hospital-acquired condition.

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (SIR of 0.00) receives a score of 100
- Bottom decile (SIR of 2.140 or higher) receives a score of 0

- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$
- Declined to report receives a score of 0

Catheter-associated Urinary Tract Infection is a quality measure and receives a weight of 6.99% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 6.99% and adds this calculation to the remaining resource utilization measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Resource Utilization measures.

Hospital-Acquired Pressure Ulcers

Managing Serious Errors also include tracking Hospital-Acquired Pressure Ulcers which focus on the process of reporting serious errors when they occur in hospitals. Hospital-Acquired Pressure Ulcers is a [continuous measure](#)—and represents 6.99% of the Quality Score.

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (rate of 0.00) receives a score of 100
- Bottom decile (rate of 0.28 or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$
- Declined to report receives a score of 0

Hospital-Acquired Pressure Ulcers is a quality measure and receives a weight of 6.99% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 6.99% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

Hospital-Acquired Injuries

Managing Serious Errors also include tracking Hospital-Acquired Injuries which focuses on the process of reporting serious errors when they occur in hospitals. Hospital-Acquired Injuries is a [continuous measure](#)—and represents 6.99% of the Quality Score.

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (rate of 0.00) receives a score of 100
- Bottom decile (rate of 0.85 or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$
- Declined to report receives a score of 0

Hospital-Acquired Injuries is a quality measure and receives a weight of 6.99% of the total Quality Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 6.99% and adds this calculation to the remaining quality measure scores to derive the overall Quality Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Quality measures.

RESOURCE UTILIZATION MEASURES

Computer Physician Order Entry (CPOE)

Computer Physician Order Entry (CPOE) measures hospitals' progress toward implementing a CPOE system, which has been proven to reduce errors and therefore mortalities. CPOE is a [categorical measure](#) in the Survey—hospitals received either “fully meets standard,” “substantial progress,” “some progress,” “willing to report,” or “declined to report” based on their reported data.

Leapfrog's expert Steering Committee determined the score for each level of achievement:

- Fully meets standard receives a score of 100
- Substantial progress receives a score of 50
- Some progress receives a score of 15
- Willing to report receives a score of 5
- Declined to report receives a score of 0

CPOE is a resource utilization measure and receives a weight of 13.04% of the total Resource Utilization Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 13.04% and adds this calculation to the remaining Resource Utilization measure scores to derive the overall Resource Utilization Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Resource Utilization measures. The CPOE measure score is also included as part of the Resource Utilization Measure score.

Early Elective Deliveries

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (rate of 0%) receives a score of 100
- Bottom decile (rate of 7% or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$
- Declined to report receives a score of 0

Early elective deliveries receive a weight of 10.87% of the total Resource Utilization Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 10.87% and adds this calculation to the remaining Resource Utilization measure scores to derive the overall Resource Utilization Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Resource Utilization measures.

NTSV Cesarean Section

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (rate of 17%) receives a score of 100
- Bottom decile (rate of 37% or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$

- Declined to report receives a score of 0

NTSV C-Section receives a weight of 6.52% of the total Resource Utilization Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 6.52% and adds this calculation to the remaining Resource Utilization measure scores to derive the overall Resource Utilization Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Resource Utilization measures.

ICU Physician Staffing (IPS)

ICU Physician Staffing (IPS) measures hospitals' intensivist coverage, which significantly reduces mortality rates when implemented. IPS is a [categorical measure](#) in the Survey—hospitals received either “fully meets standards,” “substantial progress,” “some progress,” “willing to report,” or “declined to report” based on their reported data.

Leapfrog's expert Steering Committee determined the score for each level of achievement:

- Fully meets standards receives a score of 100
- Substantial progress receives a score of 50
- Some progress receives a score of 15
- Willing to report receives a score of 5
- Declined to report receives a score of 0

IPS is a resource utilization measure and receives a weight of 8.70% of the total Resource Utilization Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 8.70% and adds this calculation to the remaining Resource Utilization measure scores to derive the overall Resource Utilization Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Resource Utilization measures. The IPS measure score is also included as part of the Resource Utilization score.

Central-Line Associated Bloodstream Infection (CLABSI) Rates

Central-Line Associated Bloodstream Infection Rate is a continuous measure that assesses hospitals' level of performance for minimizing this hospital-acquired condition. The LHRP score is based on the hospital's [Standardized Infection Ratio \(SIR\)](#) for CLABSI.

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (SIR of 0.00) receives a score of 100. In other words, hospitals must achieve a CLABSI SIR of zero to score 100 points.
- Bottom decile (SIR of 0.900 or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:

$$100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$$
- Declined to report receives a score of 0

Central-Line Associated Bloodstream Infection Rates is a resource utilization measure and receives a weight of 10.87% of the total Resource Utilization Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 10.87% and adds this calculation to the remaining resource utilization

measure scores to derive the overall Resource Utilization Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Resource Utilization measures.

Catheter-Associated Urinary Tract Infections (CAUTI) Rates

Catheter-associated Urinary Tract Infections Rate is a continuous measure that assesses hospitals' level of performance for minimizing this hospital-acquired condition.

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (SIR of 0.00) receives a score of 100.
- Bottom decile (SIR of 2.140 or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$
- Declined to report receives a score of 0

Catheter-associated Urinary Tract Infection is a resource utilization measure and receives a weight of 6.52% of the total Resource Utilization Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 6.52% and adds this calculation to the remaining resource utilization measure scores to derive the overall Resource Utilization Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Resource Utilization measures.

Hospital-Acquired Pressure Ulcers

Managing Serious Errors also include tracking Hospital-Acquired Pressure Ulcer which focuses on the process of reporting serious errors when they occur in hospitals. Hospital-Acquired Pressure Ulcer is a [continuous measure](#)—and represents 13.04% of the Resource Utilization Score.

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (rate of 0.00) receives a score of 100.
- Bottom decile (rate of 0.28 or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:
 $100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$
- Declined to report receives a score of 0

Hospital-Acquired Pressure Ulcer is a Resource Utilization measure and receives a weight of 13.04% of the total Resource Utilization Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 13.04% and adds this calculation to the remaining Resource Utilization measure scores to derive the overall Resource Utilization Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other total Resource Utilization measures.

Hospital-Acquired Injuries

Managing Serious Errors also include tracking Hospital-Acquired Injuries which focuses on the process of reporting serious errors when they occur in hospitals. Hospital-Acquired Injuries is a [continuous measure](#)—and represents 10.87% of the Resource Utilization Score.

Leapfrog applied the [continuous measure methodology](#) to derive the decile cut-point levels for this measure. The following scores correlate to each decile:

- Top decile (rate of 0.00) receives a score of 100.
- Bottom decile (rate of 0.85 or higher) receives a score of 0
- Scores in-between top and bottom deciles are calculated using the following formula:

$$100 \times (\text{your hospital's score} - \text{bottom decile score}) / (\text{top decile score} - \text{bottom decile score})$$
- Declined to report receives a score of 0

Hospital-Acquired Injuries is a Resource Utilization measure and receives a weight of 10.87% of the total Resource Utilization Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 10.87% and adds this calculation to the remaining Resource Utilization measure scores to derive the overall Resource Utilization Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other total Resource Utilization measures.

Readmissions for Common Acute Conditions

The readmissions composite, which includes three common acute conditions (AMI, HF, and PN) is included in the Resource Utilization Score. Because these measures are already combined into a composite score, Leapfrog applied the [peer comparison group methodology](#) for this categorical measure. The following scores correlate to each category:

- Fully meets standards receives a score of 100 (this means that hospitals with “fully meets standards” for this measure did as well or better than 100% of all hospitals)
- Substantial progress receives a score of 46 (this means that hospitals with “substantial progress” for this measure did as well or better than 46% of all hospitals)
- Some progress receives a score of 21 (this means that hospitals with “some progress” for this measure did as well or better than 21% of all hospitals)
- Willing to report receives a score of 13 (this means that hospitals with “willing to report” for this measure did as well or better than 13% of all hospitals)
- Declined to report receives a score of 0

The readmissions composite receives a weight of 10.87% of the total Resource Utilization Score. The LHRP Scoring Methodology multiplies a hospital's score (from above) by 10.87% and adds this calculation to the remaining Resource Utilization measure scores to derive the overall Resource Utilization Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Resource Utilization measures.

Length of Stay (LOS) for Common Acute Conditions

The LOS composite, which includes three common acute conditions (AMI, HF, and PN) is included in the Resource Utilization Score. Because these measures are already combined into a composite score, Leapfrog applied the [peer comparison group methodology](#) for this categorical measure. The following scores correlate to each category:

- Fully meets standards receives a score of 100 (this means that hospitals with “fully meets standards” for this measure did as well or better than 100% of all hospitals)
- Substantial progress receives a score of 76 (this means that hospitals with “substantial progress” for this measure did as well or better than 76% of all hospitals)

- Some progress receives a score of 49 (this means that hospitals with “some progress” for this measure did as well or better than 49% of all hospitals)
- Willing to report receives a score of 24 (this means that hospitals with “willing to report” for this measure did as well or better than 24% of all hospitals)
- Declined to report receives a score of 0

The LOS composite receives a weight of 8.70% of the total Resource Utilization Score. The LHRP Scoring Methodology multiplies a hospital’s score (from above) by 8.70% and adds this calculation to the remaining Resource Utilization measure scores to derive the overall Resource Utilization Score. Note that this standard weight may differ if your hospital is [not applicable](#) for other Resource Utilization measures.

MEASURE WEIGHT TABLE

Survey Section	Measure	2015 Quality Weight	2015 Resource Use Weight
Section 2	CPOE	12.59%	13.04%
Section 3	AVR Quality	3.50%	0.00%
	AAA Quality	3.50%	0.00%
	Pancreatectomy Quality	4.20%	0.00%
	Esophagectomy Quality	4.90%	0.00%
Section 4	Early Elective Deliveries	6.99%	10.87%
	NTSV Cesarean Section	5.59%	6.52%
	Episiotomy	5.59%	0.00%
	Maternity Care Process	2.80%	0.00%
	High-Risk Newborn Delivery Quality	4.20%	0.00%
Section 5	IPS	9.79%	8.70%
Section 6	NQF Safe Practices	4.20%	0.00%
Section 7	Never Events	1.40%	0.00%
	CLABSI Incidence Rate	9.79%	10.87%
	CAUTI Incidence Rate	6.99%	6.52%
	Pressure Ulcers Rate	6.99%	13.04%
	Hospital Injuries Rate	6.99%	10.87%
Section 9	Readmissions Composite	0.00%	10.87%
	LOS Composite	0.00%	8.70%