2016 LEAPFROG HOSPITAL SURVEY
TOWN HALL CALL

May 19, 2016

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2

Leapfrog Hospital Survey Overview

Annual Survey Process

Behind the Changes

How did we do?

Content Overview

Housekeeping Notes

New Survey Webpages

Annual Survey Process

Steps in the process to revise the survey have included:

☐ August - September:
Survey team and expert panelists set goals, review latest measures, review changes to endorsement status, consider member and hospital recommendations from the previous year.

☐ November:
Publish proposed changes for a 30-day public comment period. Hospitals and other stakeholders are invited to share comments and feedback on the proposed changes for the new survey.

☐ January:
Pilot test of the new survey. Participating hospitals are asked to test a draft of the survey and scoring algorithms (hard copies only) and provide feedback.

☐ February – March:
Online survey tool is programmed and survey materials are updated.

☐ April 1st:
Survey launches at http://leapfroggroup.org/survey.

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Behind the Changes

1. Expand the survey to more hospitals.

2. Keep the reporting burden as low as possible.

3. Continue alignment with other performance measurement groups (such as the CDC/NHSN, CMS, The Joint Commission, and others).

4. Include cutting-edge measures that improve the safety, quality, and efficiency of care delivery.

5. Maintain consistent measurement structure for benchmarking and for improvement purposes.

6. Update measures and specifications based on changes to the evidence or guidelines.

7. Add new performance measures that are meaningful to purchasers and consumers.

8. Maintain measures that meaningful to purchasers and consumers.

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How did we do?

- ☐ About one-third of the measures on the 2016 survey are in use by other national measurement groups (see National Measures Crosswalk).

- ☐ Have maintained performance targets required to "fully meet" Leapfrog's standard for measures that were on the 2015 survey so hospitals can track improvements.

- ☐ Have provided updated measure specification to reflect transition to ICD-10 administrative coding.

- ☐ Enhancements:
  - ❑ Section 9B is now pre-populated with CMS volume and readmission rates for AHI, HF, PN, CABG, COPD, and THA/TKA
  - ❑ Working on pre-populating Section 7 with NHSN data and Section 4 with VON data for 2017

- ☐ Removed:
  - ❑ Removed the length of stay for common acute conditions measure.

- ☐ Added:
  - ❑ Three infection measures and Antibiotic Stewardship. All of the information hospitals need to respond to these new measures comes directly from the NHSN and does not require additional data collection.

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Content Overview

The survey includes nine sections, and each of the sections is organized in the same format in the hard copy of the survey and the online survey, unless otherwise noted:

- **General information** about The Leapfrog Group standard [hard copy only].

- **Reporting periods** to provide hospitals with specific periods of time for each set of questions.

- **Survey questions** which may include references to endnotes. The survey questions and endnotes match the online survey tool exactly.

- **Affirmation of accuracy** by your hospital's CEO/Chief Administrative Officer or by an individual that has been designated by the hospital CEO. These statements affirm the accuracy of your hospital's responses.

- **Reference Information** which includes 'What's New' and 'Change Summaries,' important measure specifications, answers to frequently asked questions, and other notes that must be carefully reviewed before providing responses to any of the survey questions [hard copy only].

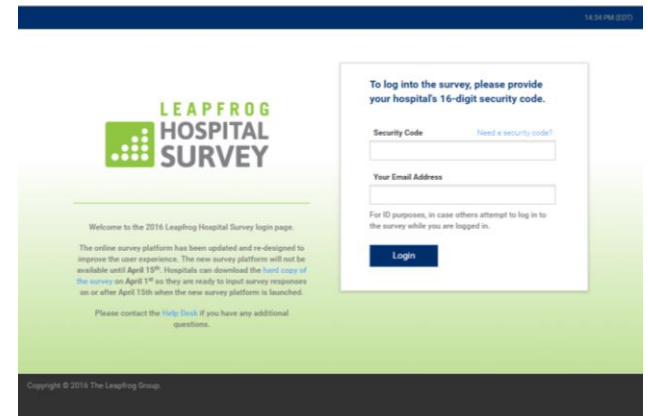| SURVEY SECTION |
|---|
| Profile |
| 1 Basic Hospital Information |
| 2 Computerized Physician Order Entry (CPOE) |
| 3 Evidence-Based Hospital Referral (EBHR) |
| 4 Maternity Care |
| 5 ICU Physician Staffing |
| 6 NQF Safe Practices |
| 7 Managing Serious Errors |
| 8 Bar Code Medication Administration |
| 9 Readmission for Common Acute Conditions & Procedures |

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Housekeeping Notes

☐ The Leapfrog Hospital Survey webpages have moved from www.leapfroghospitalsurvey.org to http://leapfroggroup.org/survey. Please bookmark this new URL.

☐ Note the word "hospital" used throughout this survey refers to an individual hospital. If your hospital is part of a multi-hospital healthcare system, you will need to complete the survey for each individual hospital within the system. Please refer to Leapfrog's Multi-Campus Hospital Reporting Policy.

New Survey Webpages

http://leapfroggroup.org/survey

- ☐ Get Started

- ☐ Deadlines

- ☐ Survey and CPOE Materials

- ☐ Scoring and Results

- ☐ Get Help

- ☐ Compare Hospitals

Watch a demo video at http://www.leapfroggroup.org/survey-materials/survey-tool-demos.

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Submission Guidelines

Deadlines

Ensuring Data Accuracy

Deadlines

- ☐ Only surveys that have been affirmed and submitted via the online survey tool will be accepted.

- ☐ The first reporting deadline is June 30th. Hospitals that do not submit a survey by June 30th will be reported as "Declined to respond" when results are published on July 25th.

- ☐ Hospitals can continue to submit/re-submit surveys (including CPOE test) until December 31st.

- ☐ The month of January is a correction period reserved for hospitals that submit a survey by December 31st. No new surveys or CPOE tests can be submitted after December 31st.

- ☐ For more information, visit http://www.leapfroggroup.org/survey-materials/deadlines/

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Ensuring Data Accuracy

Affirmation –

At the end of each section of the survey, the hospital's CEO, or their designee, completes an Affirmation of Accuracy, affirming that the information the hospital has submitted in that section of the survey is indeed accurate.

Leapfrog reserves the right to require documentation before certifying and/or publishing any hospital's survey results and does exercise this right at random.

Ensuring Data Accuracy (Cont.)

Electronic Data Review Warnings in the Online Survey Tool -

Leapfrog's new online survey tool requires hospitals to "check for data review warnings" before they are able to submit a survey. When a hospital clicks this button on the survey dashboard, their responses will be scanned for potential data entry errors and inconsistencies.

For example, if a hospital reports licensed and staffed ICU beds in Section 1 Basic Hospital Information, and then reports not caring for patients in an ICU in Section 5 ICU Physician Staffing, a "data review warning" will be generated. The hospital will still be able to submit their survey, but will be contacted via email by the Help Desk to either (1) correct the error or (2) document that the original response was correct. The data review warning system gives hospitals an opportunity to correct potential errors immediately – while they are still in the online survey tool.

If a hospital receives a "data review warning," they can either:

☐ Review their response and make corrections on the spot. Hospitals will need to re-affirm any updated sections before they attempt to submit them again.

☐ Print their "data review warning" and investigate the issue. Hospitals are encouraged to contact the Help Desk if they have any questions.

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Ensuring Data Accuracy (Cont.)

Monthly Data Review -

Beginning with surveys submitted by June 30th, Leapfrog conducts a monthly data review. Quantitative responses are assessed using empirically driven, normative data quality standards. The data quality thresholds are constructed with both high and low benchmarks of acceptability. Data quality thresholds for each question are determined from both external data sources (e.g., state quality reports, other national performance measurement entities) and historical Leapfrog Hospital Survey data.

Applying this review methodology, The Leapfrog Group assigns each response into one of three categories:

☐ **Category C:** The response provided is plausible and within the data quality thresholds; no follow-up with the hospital is needed on this response.

☐ **Category B:** The response provided is plausible, but it falls outside the data quality thresholds; follow-up with the hospital is needed on this response.

☐ **Category A:** The response provided is considered implausible, given that the response falls outside of the data quality thresholds and appears to have been provided with the intent to mislead; follow-up with the hospital is needed on this response.

If a response is categorized in either category B or category A, an e-mail is sent to the **hospital's primary survey contact** and system contact (if listed) from the Help Desk.

The e-mail:

☐ Details responses that Leapfrog would like the hospital to review; and

☐ Asks the hospital to re-read the associated survey questions and specifications, and provide updated responses, if needed. Hospitals with category A (likely implausible or intentionally misleading) responses are required to either update their initial response with a plausible response or provide a written explanation of their initial response within 30 days. Otherwise, the section containing the category A response is decertified and removed from public reporting.

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Ensuring Data Accuracy

On-Site Data Verification –

The on-site data verification protocol builds on Leapfrog's already robust process for reviewing survey responses, and, at the same time, answers hospitals' requests for more information on using the survey tool and survey results for quality improvement.

Since the inception of the Leapfrog Hospital Survey, Leapfrog has administered a data review process of pre- and post-submission survey responses, as is described above. In 2015, Leapfrog partnered with DHG Healthcare to complete both a feasibility study and national pilot of an on-site data verification protocol.

In 2016, DHG Healthcare randomly selected a small number of hospitals for on-site data verification. The hospitals selected for 2016 have been notified. Hospitals that have not received notification will not be selected for on-site data verification this year.

More information, including an organization binder that can be used by all hospitals is available at:
http://www.leapfroggroup.org/survey-materials/ensuring-data-accuracy.

What's New in 2016

Profile and Section 1:
Basic Hospital Information

☐ Profile

- ◘ Users can now enter a Primary and Secondary Survey Contact

- ◘ Only the Primary Survey Contact (as well as the system contact, if applicable) will receive the monthly Data Review Notices

☐ Section 1

- ◘ Elements that used to be reported in the Profile will now be reported in Section 1, which is required for a survey submission

Survey Section/ Measure	Survey (Re)Submitted **Prior to** September 1, 2016 Reporting Period	Survey (Re)Submitted **On or After** September 1, 2016 Reporting Period
Section 1 Basic Hospital Information	12-months ending 12/31/2015	12-months ending 06/30/2016

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Section 3:
Evidence-Based Hospital Referral (EBHR)

Survey Section/ Measure	Survey (Re)Submitted Prior to September 1, 2016		Survey (Re)Submitted On or After September 1, 2016	
	Reporting Period	Use of ICD 9 or ICD 10 codes	Reporting Period	Use of ICD 9 or ICD 10 codes
Section 3 Evidence-Based Hospital Referral (AVR, AAA, Pancreatectomy, Esophagectomy)	12-months or 24-months ending 09/30/2015	ICD-9	12-months or 24-months ending 09/30/2015	ICD-9

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Section 4:
Maternity Care

Survey Section/ Measure	Survey (Re)Submitted Prior to September 1, 2016		Survey (Re)Submitted On or After September 1, 2016	
	Reporting Period	Use of ICD 9 or ICD 10 codes	Reporting Period	Use of ICD 9 or ICD 10 codes
4A Maternity Care	9-months ending 09/30/2015	N/A	9-months ending 06/30/2016	N/A
4B Early Elective Deliveries	9-months ending 09/30/2015	ICD-9	9-months ending 06/30/2016	ICD-10
4C NTSV Cesarean Section	9-months ending 09/30/2015	ICD-9	9-months ending 06/30/2016	ICD-10
4D Incidence of Episiotomy	9-months ending 09/30/2015	ICD-9	9-months ending 06/30/2016	ICD-10
4E Bilirubin Screening & DVT Prophylaxis	9-months ending 09/30/2015	N/A	9-months ending 06/30/2016	N/A
4F High-Risk Newborn Deliveries	Volume: 12-months ending 09/30/2015	ICD-9	Volume: 12-months ending 09/30/2015	ICD-9
	VON: Latest 12- or 36-month report	N/A	VON: Latest 12- or 36-month report	N/A
	Antenatal Steroids: 9-months ending 09/30/2015	ICD-9	Antenatal Steroids: 9-months ending 06/30/2016	ICD-10

Section 5:
ICU Physician Staffing

☐ The new response type will give hospitals the opportunity to report 24/7 intensivist coverage in an applicable ICU.

☐ There are no proposed changes to the scoring algorithm for this standard. Hospitals that respond 'Not applicable, Intensivists are present 24/7' to both question #5 and question #6 will be scored in the same way as hospitals that respond 'yes' to those questions.

Question #5: When these physicians are not present in these ICUs on-site or via telemedicine, do they return more than 95% of calls/pages from these units within five minutes, based on a quantified analysis of notification device response time?	Yes No ***Not applicable, Intensivists are present 24/7***
Question #6: When these physicians are not present on-site in the ICU or not able to reach an ICU patient within 5 minutes, can they rely on a physician, physician assistant, nurse practitioner, or FCCS-certified nurse "effector" who is in the hospital and able to reach these ICU patients within five minutes in more than 95% of the cases, based on a quantified analysis of notification device response time?	Yes No ***Not applicable, Intensivists are present 24/7***

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Section 6:
NQF Safe Practices

☐ Last year, Leapfrog convened a national expert panel to update the wording of the safe practice elements included in Section 6 NQF Safe Practices Score to provide greater clarity to hospitals, and ensure accurate, standard responses across all hospitals.

☐ In addition to wording updates, the panel also recommended the following changes to be consistent with the NQF Safe Practices for Better Healthcare – 2010 Update and the 2010 Safe Practices Audit completed by NQF in 2014.

☐ In addition, the Culture of Safety national expert panel performed a comprehensive review of Safe Practice 2 Culture Measurement, Feedback, and Intervention and has identified gaps in this practice.

☐ The panel is recommending the addition of four (4) safe practice elements. In response to questions about which safety culture surveys meet the intent of Safe Practice 2, the panel has also developed a set of Guidelines for a Culture of Safety Survey that Demonstrates Validity, Consistency, and Reliability that will be rolled out this year.

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Section 6:
Summary of Changes

	NQF Safe Practice	Weighting (total possible points)	2015 Survey - # of Safe Practice Elements	2016 Survey - # of Safe Practice Elements	Change in # of Safe Practice Elements
1	Culture of Safety Leadership Structures and Systems	120	14	13	-1
2	Culture Measurement, Feedback, and Intervention	20	9	13	+4
3	Teamwork Training and Skill Building	40	10	11	+1
4	Risks and Hazards	120	11	12	+1
9	Nursing Workforce	100	19	18	-2
17	Medication Reconciliation	35	15	15	0
19	Hand Hygiene	30	10	10	0
23	Health Care Associated Complications in Ventilated Patients	20	12	12	0

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Section 7:
Managing Serious Errors

Survey Section/ Measure	Survey (Re)Submitted Prior to September 1, 2016		Survey (Re)Submitted On or After September 1, 2016	
	Reporting Period	Use of ICD 9 or ICD 10 codes	Reporting Period	Use of ICD 9 or ICD 10 codes
7A Never Events Policy	N/A	N/A	N/A	N/A
7B CLABSI and CAUTI (ICU only)	12-months ending 12/31/2015	N/A	12-months ending 06/30/2016	N/A
7C Surgical Site Infection: Major Colon Surgery, MRSA, and C. Diff.	12-months ending 12/31/2015	N/A	12-months ending 06/30/2016	N/A
7D Hospital-acquired Injuries and Pressure Ulcers	9-months ending 09/30/2015	ICD-9	9-months ending 06/30/2016	ICD-10
7E Antibiotic Stewardship Programs**	N/A	N/A	N/A	N/A

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Section 7:
New Infection Measures

- [ ] In response to requests from hospitals, Leapfrog will include three additional infection measures on the survey: MRSA, CDI, and SSI after Major Colon Surgery.

- [ ] These measures come directly from the NHSN and are in use in one or more CMS inpatient programs.

- [ ] These measures do not require hospitals to report by specific unit or ward as they are hospital-wide inpatient or surgery-specific measures. Therefore, hospitals will report the standardized infection ratio (SIR) as calculated by NHSN for a specified 12-month reporting period; not a numerator/denominator.

- [ ] These results will be publicly reported in 2016 and used in the Fall 2016 Hospital Safety Score.

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Section 7:
New Antibiotic Stewardship Subsection

- In order to support national efforts around the responsible use of antibiotics in hospitals, Leapfrog will be publicly reporting hospital compliance with the CDC's standards for Antibiotic Stewardship Programs. The CDC has published seven Core Elements of Antibiotic Stewardship Programs:
  - Leadership commitment
  - Accountability
  - Drug Expertise
  - Action
  - Tracking
  - Reporting
  - Education

- To collect this information regarding hospital adoption of these seven Core Elements, Leapfrog will use a set of 12 questions from the NHSN Annual Hospital Survey on antibiotic stewardship programs (questions #23-34 from the NHSN Annual Hospital Survey).

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Section 8:
Bar Code Medication Administration

- ☐ The BCMA expert panel made a recommendation for Leapfrog's standard based on the results from this section of the 2015 Leapfrog Hospital Survey. The proposed standard is a composite of four components:

  - ◘ **% Units**: A hospital's implementation of BCMA throughout the hospital, as measured by the percentage of units with a focus on adult and pediatric medical and/or surgical units and intensive care units (adult, pediatric, and neonatal).

  - ◘ **% Compliance**: A hospital's compliance with patient and medication scans during med administration.

  - ◘ **Decision Support**: The types of decision support that the hospital's BCMA system offers, including:
    - ■ Wrong patient
    - ■ Wrong medication
    - ■ Wrong dose
    - ■ Wrong time (e.g., early/late warning; warning that medication cannot be administered twice within a given window of time)
    - ■ Vital sign check
    - ■ Patient-specific allergy check
    - ■ Second nurse check needed

  - ◘ **Workarounds**: A hospital's structures to monitor and reduce workarounds, including:
    - ■ Has a formal committee that meets routinely to review data reports on BCMA system use
    - ■ Has back-up systems for hardware failures
    - ■ Has a help desk that provides timely responses to urgent BCMA issues in real-time
    - ■ Conducts real-time observations of users using the BCMA system
    - ■ Engages nursing leadership at the unit level on BCMA use

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Section 9:
Resource Use

- In 2016, due to the transition to ICD-10, we will remove the length of stay measures from the survey

- In addition to removing the length of stay measures, we are planning on several additional changes:
  - **New Measures**: We will add three additional readmission measures to this section to better align with the CMS Readmission Reduction Program: CABG, COPD, and THA/TKA.

  - **Data Entry:** Hospitals will no longer need to look up the volume and readmission rate for each measure. This information will be pre-populated in each survey based on the hospital's Medicare Provider Number. Hospitals will still need to respond to some filter questions and affirm the section before it can be submitted.

  - **Public Reporting:** Leapfrog plans to publicly report this updated readmissions composite in 2016.

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How Results are Used

Public reporting

- ☐ Leapfrog's purchaser members use the survey responses to:
  - ◘ Educate and inform enrollees about patient safety and the importance of comparing provider performance on Leapfrog's safety, quality, and resource standards, and
  - ◘ Recognize and acknowledge providers that have met the standards. This means that purchasers will share the survey results with their employees and use the survey results in their contracting discussions with health plans and providers. The Leapfrog Group will share the results from all hospitals at http://leapfroggroup.org/compare-hospitals.

- ☐ The Web display of hospitals' results is made available to aid consumers in their decisions about where to receive care.

- ☐ External organizations that wish to use the data, for other purposes such as consumer education tools, market analysis, or contracting decisions, must license the data from The Leapfrog Group for a fee.

- ☐ The revenue from data licenses is used to support the ongoing administration of the Leapfrog Hospital Survey and Leapfrog's data dissemination efforts.

- ☐ For those hospitals that choose not to respond to a request to complete the survey, the publicly reported survey results will read: "Declined to Respond."

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Leapfrog Top Hospitals

- Leapfrog recognizes the highest performers on the Leapfrog Hospital Survey through its annual Top Hospital designation.

- Top Hospital awards are given in three categories: Top Urban Hospitals, Top Rural Hospitals, and Top Children's Hospitals.

- To be considered for a Top Hospital award, hospitals must submit a survey by **August 31, 2016**.

- Hospitals receiving the award are notified in late October, and are announced publicly at Leapfrog's Annual Meeting in December.

- The criteria for the Top Hospital awards are determined each year by a committee evaluating hospital performance across all areas of the Leapfrog Hospital Survey. For more information visit http://www.leapfroggroup.org/ratings-reports/top-hospitals.

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Competitive Benchmarking Reports

☐ Hospitals that submit a Leapfrog Hospital Survey by the **June 30, 2016** first reporting deadline will receive a free Summary Competitive Benchmarking Report.

☐ These Summary Reports illustrate how a hospital compares to others in the nation on those measures included in the Leapfrog Hospital Survey.

☐ The reports are generated by applying the Leapfrog Value Based Purchasing Platform Methodology to 2016 Leapfrog Hospital Survey responses.

☐ The Summary Reports are <u>emailed</u> to the hospital CEO using the contact information provided by the hospital in the profile section of their survey.

☐ Obtain more information about Competitive Benchmarking Reports, the Leapfrog Value Based Purchasing Platform Methodology, and more detailed performance reports at http://www.leapfroggroup.org/ratings-reports/competitive-benchmarking.

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Hospital Safety Score

- The Hospital Safety Score is a letter grade that represents a hospital's performance on 30 different measures of patient safety (i.e. measure of accidents, injuries, harm, and errors).

- Only general, acute care hospitals are eligible to receive a Hospital Safety Score.

- While the Hospital Safety Score is a separate program administered by Leapfrog, it does use some data from the Leapfrog Hospital Survey, in addition to data from other publicly available sources such as, the American Hospital Association and Centers for Medicare and Medicaid Services.

- For more information on the measures included and to download a copy of the methodology, visit http://www.hospitalsafetyscore.org/for-hospitals.

Hospitals that would like Leapfrog Hospital Survey Results included in the Fall 2016 Hospital Safety Score must submit a survey by August 31, 2016. This is a firm deadline.

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Questions?