2018 LEAPFROG HOSPITAL SURVEY
TOWN HALL CALL

April 25 & May 9

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Leapfrog Hospital Survey Overview

Annual Survey Process

Behind the Changes

How did we do?

Content Overview

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. This year we received over 150 comments.

☐   January:
Pilot test the new Survey with ~30 hospitals nationwide. 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 1:
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 applicable registries).

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 2018 Survey are in use by other national measurement groups (see National Measures Crosswalk).

- ☐ Have maintained performance targets to "Fully Meet" Leapfrog's standard for many measures so that hospitals can track improvements.

- ☐ Enhancements:
    - ▫ CPOE Evaluation Tool v3.5 was released on April 1
    - ▫ NHSN Group expanded

- ☐ Removed:
    - ▫ Pressure Ulcers and Injuries measures
    - ▫ Safe Practice element 4.3c

- ☐ Added:
    - ▫ Additional processes to prevent workarounds added to BCMA standard
    - ▫ Updated reporting requirements for Med Rec and CAHPS Child Hospital Survey

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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 Tool, 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 Medication Safety - CPOE
3 Inpatient Surgery
4 Maternity Care
5 ICU Physician Staffing
6 NQF Safe Practices
7 Managing Serious Errors
8 Medication Safety
9 Pediatric Care

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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 30. Hospitals that do not submit a Survey by June 30 will be reported as "Declined to respond" for each measure when Survey Results are published on July 25.

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

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

- More information about deadlines is available at http://www.leapfroggroup.org/survey-materials/deadlines/.

- Please carefully review additional deadlines for joining Leapfrog's NHSN Group at http://www.leapfroggroup.org/survey-materials/join-nhsn.

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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.

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Ensuring Data Accuracy (Cont.)

Electronic Data Review Warnings in the Online Survey Tool -

Leapfrog's 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.

Ensuring Data Accuracy (Cont.)

Monthly Data Review -

Beginning with Surveys submitted by June 30, 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.

Ensuring Data Accuracy (Cont.)

Monthly Requests for Documentation -

In addition to the pre- and post-submission data review described above, Leapfrog also randomly selects hospitals to submit documentation to verify the accuracy of various responses from Sections 2 CPOE, 4 Maternity Care, 5 ICU Physician Staffing, 6 NQF Safe Practices, 7 Managing Serious Errors, and others. Hospitals must respond to the documentation request within 30 days or risk having the section decertified.

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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. Since 2016, Leapfrog has partnered with DHG Healthcare to implement an on-site data verification protocol.

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.

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What's New in 2018

Profile

- In order to start the 2018 Survey, you will be asked to complete the Profile
- NHSN ID will be prepopulated into the 2018 Survey for hospitals who successfully joined Leapfrog's NHSN Group in 2017.
- Otherwise hospitals will need to complete the instructions so that Leapfrog can obtain teaching status, HAI data, and ABX stewardship practices
- Instructions at http://www.leapfroggroup.org/survey-materials/join-nhsn

- Important reminder about providing contact information:
  - Only the Primary Survey Contact (as well as the System Contact, if applicable) will receive the monthly Data Review Notices
  - Hospitals should periodically review their Profile and update contact information as appropriate
  - Leapfrog uses contact information to email Summary Reports, Hospital Safety Grade information, etc.

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Section 1:
Basic Hospital Information

- ☐ Leapfrog updated the endnote describing the criteria for pediatric admissions to include pediatric admissions (i.e. <18 years of age) to any inpatient unit, not just dedicated pediatric units.

  - ❑ Exclude normal newborn admissions to the nursery and pediatric patients admitted for maternity care, behavioral health, or discharged to hospice.

- ☐ To ensure consistency with other national data sources, Leapfrog will obtain teaching hospital status directly from the 2017 NHSN Annual Hospital Survey - Patient Safety Component.

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Section 2:
Medication Safety - CPOE

- Leapfrog has added measure specifications for:
  - Question #3 - total number of inpatient medication orders across all units, including those without CPOE
  - Question #4 - total number of those inpatient medication orders included in question #3 that were entered via a qualified CPOE system

- New scoring:
  - Increased implementation status from 75% to 85%
  - Increased target for score on Adult Inpatient Test from 50% to 60%
  - Overall score - emphasize the efficacy of the CPOE system in alerting prescribers to ordering errors over implementation status

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2018 CPOE Scoring Algorithm

Implementation Status (from Leapfrog Hospital Survey Questions #3-4)	Score on Adult Inpatient Test via the CPOE Evaluation Tool					
	Full Demonstration of National Safety Standard for Decision Support (60% or greater of test orders correct)	**Substantial Demonstration of National Safety Standard for Decision Support** (50-59% of test orders correct)	**Some Demonstration of National Safety Standard for Decision Support** (40-49% of test orders correct)	**Completed The Evaluation** (Less than 40% of test orders correct)	**Insufficient Evaluation** (Hospital was not able to test at least 50% of test orders)	**Incomplete Evaluation** (Failed deception analysis or timed out) -or- **Did not complete an evaluation**
85% or greater of all inpatient medication orders entered through CPOE System	**Fully Meets the Standard**	**Substantial Progress**	**Substantial Progress**	**Some Progress**	**Unable to Calculate Score**	**Willing to Report**
75-84% of all inpatient medication orders entered through CPOE System	**Fully Meets the Standard**	**Substantial Progress**	**Some Progress**	**Some Progress**	**Unable to Calculate Score**	**Willing to Report**
50-74% of all inpatient medication orders entered through CPOE System	**Substantial Progress**	**Substantial Progress**	**Some Progress**	**Willing to Report**	**Unable to Calculate Score**	**Willing to Report**
CPOE implemented in at least one inpatient unit but <50% of all inpatient medication orders entered through CPOE System	**Substantial Progress**	**Some Progress**	**Some Progress**	**Willing to Report**	**Unable to Calculate Score**	**Willing to Report**
CPOE not implemented in at least one inpatient unit	Cannot take CPOE Evaluation Tool; hospital will be scored as "Willing to Report"					

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Section 3A:
Hospital and Surgeon Volume

☐ Leapfrog will have the following hospital and surgeon volume standards for 2018:

Procedure	Hospital Volume (minimum per 12-months or 24-month average)	Surgeon Volume (minimum per 12-months or 24-month average)
Carotid endarterectomy	20	10
Mitral valve repair and replacement	40	20
Open abdominal aortic aneurysm repair	15	10
Lung resection for cancer	40	15
Esophageal resection for cancer	20	7
Pancreatic resection for cancer	20	10
Rectal cancer surgery	16	6
Bariatric surgery for weight loss	50	20

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Section 3A:
Hospital and Surgeon Volume

- The list of high-risk procedures has been reduced from ten to eight (sidelined knee and hip replacement).

- Hospitals will be asked to report on their total hospital volume over a 12-month period or their annual average over a 24-month period (volume in year one + volume in year two/2)

- Removed total surgeon volume questions. Instead hospitals will be asked whether their process to privilege surgeons includes the surgeon meeting or exceeding the recommended minimum volume standards.

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Section 3A:
Hospital and Surgeon Volume

- Updates to procedures and diagnosis codes to identify total hospital volume:
  - **Bariatric surgery for weight loss** – no changes to procedure or diagnosis codes; diagnosis code must be primary OR hospital can perform chart review to ensure procedure was done for weight loss
  - **Esophageal resection for cancer, pancreatic resection for cancer, lung resection for cancer, and rectal cancer surgery** – added diagnosis and procedure codes based on recommendations from hospitals, AHRQ IQIs, and review by certified coding expert
  - **Carotid endarterectomy** – no changes to diagnosis codes; several additional procedure codes
  - **Open abdominal aortic aneurysm repair** – added diagnosis codes and procedure codes
  - **Mitral valve repair and replacement** – no changes to diagnosis codes; several additional procedure codes

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Hospital and Surgeon Volume Scoring Algorithm

Hospital and Surgeon Volume Standard Score (Performance Category)	For each of the surgeries performed by the hospital…
Fully Meets the Standard	• The hospital met the minimum hospital volume standard for the surgery; **and** • The hospital's process for privileging surgeons includes meeting or exceeding the minimum surgeon volume standard.
Substantial Progress	• The hospital met the minimum hospital volume standard for the surgery; **and** • The hospital's process for privileging surgeons does not include meeting or exceeding the minimum surgeon volume standard, but the hospital is committed to doing so within the next 12 months.
Some Progress	• The hospital did not meet the minimum hospital volume standard for the surgery, but the hospital's process for privileging surgeons includes meeting or exceeding the minimum surgeon volume standard; **OR** • The hospital met the minimum hospital volume standard for the surgery, but the hospital's process for privileging surgeons does not include the minimum surgeon volume standard, and the hospital is not committed to doing so within the next 12 months.
Willing to Report	• The hospital did not meet the minimum hospital volume standard for the surgery; **and** • The hospital does not include the minimum surgeon volume standard in its privileging policy, whether or not they are committed to doing so in the next 12 months.
Does Not Apply	The hospital does not perform the surgery.
Declined to Respond	The hospital did not respond to the questions in this section of the survey or did not submit a survey.

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Section 3B:
Surgical Appropriateness

- ☐ Will not be scored in 2018, but will be used in public reporting.

- ☐ When visitors to Leapfrog's public reporting website click into the score icon (i.e. four filled bars, three filled bars, etc.), they will see a statement indicating whether the hospital has processes and protocols in place to ensure surgical appropriateness.

- ☐ Hospitals that respond "Yes" to all five questions specific to that surgery will be reported as "Yes" and hospitals that respond "No" to any one of the five questions will be reported as "Not Yet."

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Section 4B, 4C, and 4F:

Maternity Care

- For hospitals that do not submit data to The Joint Commission (TJC) and need to retrospectively collect data using the TJC specifications provided, two of the three TJC measures included in Section 4, Early Elective Deliveries (PC-01) and NTSV C-sections (PC-02), will use multiple TJC measure specifications based on the discharge dates of included cases due to updates between each version:
    - v2016B1: Discharges between 01/01/2017 – 06/30/2017
    - v2017A1: Discharges between 07/01/2017 – 12/31/2017
    - v2017B1: Discharges between 01/01/2018 – 06/30/2018

- Please be sure that you refer to the correct specification manual for the discharge date if using TJC measure specifications as there have been updates to the ICD-10 tables and data elements between releases, including the addition of "history of stillbirth" in v2017A1 and v2017B1 as an exclusion for Early Elective Deliveries (PC-01).

- The Antenatal Steroids (PC-03) measure will only use one set of TJC measure specifications (v2017A1) for both reporting periods since there were no updates between the releases.

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Section 5:

ICU Physician Staffing

- Leapfrog has made minor updates to the wording of some of the questions and response options in Section 5 ICU Physician Staffing to better understand hospitals' use of tele-intensivists.

- In addition, we are implementing a minor update to the scoring algorithm for hospitals to earn "Some Progress" (i.e. two-filled bars).

  - It is not possible for hospitals to respond "No" to Question #3, which asks if all patients in these ICUs are managed or co-managed by one or more physicians certified in critical care medicine, while also responding "Yes" to Questions #7 and/or #8 which requires that all patients are managed or co-managed by intensivists either on-site or via telemedicine.

  - Therefore, Questions #7 and #8 will be removed from the scoring algorithm for "Some Progress."

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Section 6:
NQF Safe Practices

- Safe Practice 4.3c:
  - In regard to developing the ability to appropriately assess risk and hazards to patients, the organization has done the following or had in place during the last 12 months:
    - Senior managers have received training in the integration of risk and hazard information across the organization. Training was documented. (pp. 107-108)

- Instructions for reporting on Section 6 have been updated to include information about collecting key documentation to support each answer, as Leapfrog does a random review of safe practices documentation every month during the survey cycle (April 1 to December 31).

- The questions in Section 6 have been enhanced and now include hyperlinks throughout each subsection to refer to practice-specific FAQs. These hyperlinks are not included in the online version of the survey.

- Leapfrog will not add two unscored, fact-finding questions in Safe Practice 19 Hand Hygiene related to the use of electronic hand hygiene and/or video monitoring systems in 2018.

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Section 7A:
Never Events

- Leapfrog has made two changes to Section 7A which were not originally proposed:
  - Updated the wording of each practice statement to indicate fact rather than intent. For example, "we will apologize to the patient and/or family effected by the never event" will be updated to "we apologize to the patient and/or family effected by the never event."
  - Updated the number of days that hospitals are required to report the never event from 10 days to 15 business days. This is consistent with the Minnesota Department of Health's Adverse Event Reporting Systems which is a national model for reporting adverse events.

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Section 7A:
Never Events

☐ Leapfrog is updating the scoring algorithm for Section 7A Never Events to include the principles added to the 2017 Survey, according to the table below:

Never Events Score (Performance Category)	Meaning that...
Fully Meets the Standard	The hospital has implemented a policy that adheres to all 9 principles of The Leapfrog Group's Policy Statement on Serious Reportable Events/ "Never Events."
Substantial Progress	The hospital has implemented a policy that adheres to all of the original 5 principles* of The Leapfrog Group's Policy Statement on Serious Reportable Events/ "Never Events," as well as at least 2 additional principles.
Some Progress	The hospital has implemented a policy that adheres to all of the original 5 principles* of The Leapfrog Group's Policy Statement on Serious Reportable Events/ "Never Events."
Willing to Report	The hospital responded to the Leapfrog survey questions pertaining to adoption of this policy, but does not yet meet the criteria for "Some Progress."
Declined to Respond	The hospital did not respond to the questions in this section of the survey or did not submit a survey.

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Section 7B:
Join our NHSN Group

- ☐ Hospitals will still be required to join Leapfrog's NHSN Group, provide a valid NHSN ID in their Leapfrog Survey Profile, and submit Section 7 of the Leapfrog Hospital Survey by the designated deadlines in order to be scored and publicly reported on the five infection measures: CLABSI, CAUTI, MRSA, C. Diff. and SSI Colon.

- ☐ Hospitals that joined Leapfrog's NHSN Group and provided a valid NHSN ID for the 2017 Leapfrog Hospital Survey will not need to re-join Leapfrog's NHSN Group in 2018.
  - ▣ They will find their NHSN ID prepopulated in their Hospital Profile when they log into the 2018 Survey.
  - ▣ They will still need to submit Section 7 of the 2018 Leapfrog Hospital Survey in order to be scored and publicly reported on these five infection measures: CLABSI, CAUTI, MRSA, C. Diff. and SSI Colon.

- ☐ Hospitals that did not join Leapfrog's NHSN Group in 2017 can find instructions on how to join Leapfrog's NHSN Group and deadlines for the 2018 Survey here.

- ☐ No scoring changes to this Section 7B.

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Section 7C:
Antibiotic Stewardship Practices

- In 2018, Leapfrog will remove the questions from Section 7D of the online survey and instead obtain the responses to these questions directly from CDC's National Healthcare Safety Network (NHSN).

- Hospitals will be required to join Leapfrog's NHSN Group, provide a valid NHSN ID in their Leapfrog Survey Profile, and submit Section 7 of the Leapfrog Hospital Survey by the designated deadlines in order to be scored and publicly reported on the Antibiotic Stewardship Practices measure.

- Hospitals that joined Leapfrog's NHSN Group and provided a valid NHSN ID for the 2017 Leapfrog Hospital Survey will not need to re-join Leapfrog's NHSN Group in 2018.
  - They will find their NHSN ID prepopulated in their Hospital Profile when they log into the 2018 Survey.
  - They will still need to submit Section 7 of the 2018 Leapfrog Hospital Survey in order to be scored and publicly reported on this measure.

- Hospitals that did not join Leapfrog's NHSN Group in 2017 can find instructions on how to join Leapfrog's NHSN Group and deadlines for the 2018 Survey here.

- There are no changes to the scoring algorithm for this section.

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Hospital-Acquired Pressure Ulcers and Injuries

- Due to feedback Leapfrog received from hospitals in 2017 regarding the feasibility of using the updated ICD-10 measure specifications to report on the hospital-acquired pressure ulcers and injuries measures, Leapfrog is removing Section 7C Hospital-Acquired Conditions – Pressure Ulcers and Injuries from the 2018 Survey.

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Section 8A:
Bar Code Medication Administration

☐ Three additional Processes and Structures to Prevent Workarounds in Question 15:

Which of the following has your hospital done with the data and information identified through items a-e:

▫ f. In the past 12 months used the data and information obtained through items a-e to implement quality improvement projects that have focused on improving the hospital's BCMA performance OR *In the past 12 months used the data and information obtained through items a-e to monitor a previously implemented quality improvement project focused on improving the hospital's BCMA performance*

▫ g. In the past 12 months evaluated the results of the quality improvement projects (from f) and demonstrated that these projects have resulted in higher adherence to our hospital's standard medication administration process OR *In the past 12 months evaluated the results of the quality improvement projects (from f) and demonstrated continued adherence to your hospital's standard medication administration process*

▫ h. Communicated back to end users the resolution of system deficiencies and/or problems that may have contributed to the workaround.

☐ To meet the Processes and Structures to Prevent Workarounds component of the BCMA standard, hospitals would need to respond "yes" to 6 out of 8 questions.

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BCMA Scoring Algorithm

BCMA Score (Performance Category)	% Units	% Compliance	Decision Support	Processes & Structures to Prevent Workarounds
Fully Meets the Standard	100%	95%	7 out of 7	6 out of 8
Substantial Progress	The hospital meets 3 of the 4 standards			
Some Progress	The hospital meets 2 of the 4 standards			
Willing to Report	The hospital meets 1 or 0 of the 4 standards			
Declined to Respond	The hospital did not respond to the questions in this section of the survey or did not submit a survey.			
Does Not Apply	The hospital does not operate an ICU, medical/surgical unit, or labor and delivery unit.			

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Section 8B:
Medication Reconciliation

☐ Leapfrog will give hospitals two options for meeting the data collection requirements for this measure:

- ◘ Hospitals that started and have continued to sample 10 patients on a quarterly basis using the 2017 Leapfrog Hospital Survey measure specifications, can use those data when reporting on this section of the Survey.

- ◘ Hospitals that did not start sampling patients in 2017, can sample in real-time (i.e. sampling occurs after April 1) and start data collection anytime during the survey cycle from 15 patients if using a 3-month reporting time period.

☐ Limiting sampling to patients admitted to medical/surgical units only (though hospitals may elect to sample additional units).

☐ Updates to data collection:

- ◘ Standard language for pharmacists to introduce themselves to patients while collecting the gold standard medication history

- ◘ Instructions on recording unintentional discrepancies that are corrected prior to discharge

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Med Rec Scoring

- Hospitals who submit this section of the 2018 Leapfrog Hospital Survey will be scored as:
  - "Fully Meets the Standard" – if responses are not flagged during data review for having a protocol in place to collect data on the accuracy of the hospital's medication reconciliation process
  - "Willing to Report" – if responses are flagged during data review for beginning to put a protocol in place to collect data on the accuracy of the hospital's medication reconciliation process

- Hospitals that do not submit this section will be scored as "Declined to Respond."

- In 2018, Leapfrog does not intend to publicly report a hospital's rate of unintentional medication discrepancies per patient or measure that rate against a national benchmark.

- In 2019, Leapfrog does intend to score and publicly report a hospital's rate of unintentional medication discrepancies per patient measured against a national benchmark. This offers hospitals an additional year to refine or implement data collection protocols based on the updated instructions.

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Section 9A:
CAHPS Child Hospital Survey

- ☐ Hospitals with at least 500 annual pediatric inpatient admissions to any unit will be asked to administer the CAHPS Child Hospital Survey or be publicly reported as "Declined to Respond."

- ☐ Hospitals with at least 100 returned CAHPS Child Hospital Surveys will be asked to report their Top Box Score for each of the 18 domains of patient experience.

- ☐ Hospitals that are administering the survey, but had fewer than 100 returned surveys will be reported as "Unable to Calculate Score."

- ☐ Results from this section will be scored and publicly reported in 2018.

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Section 9A:
CAHPS Child Hospital Survey

□ Leapfrog will publicly report the Top Box Scores for all 18 domains, but calculate the performance category based on five (5) of the domains, rather than the nine (9) as originally proposed.

- Communication with Parents – Communication about your child's medicines
- Communication with Parents – Keeping you informed about your child's care
- Communication with Children – How well nurses communicate with your child
- Communication with Children – How well doctors communicate with your child
- Attention to Safety and Comfort – Preventing mistakes and helping you report concerns

□ Hospitals will receive points for each of the 5 domains based on how they compare to the quartile cut-points.

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CAHPS Child Hospital Survey Scoring Algorithm

- Quartile values for each of the 5 domains listed above will be calculated based on the range of hospital performance reported in 2018 Leapfrog Hospital Surveys submitted by June 30.
  - Hospitals will receive points for each of the 5 domains based on how they compare to the quartile cut-points.
  - Hospitals that perform in the top quartile will receive 4 points for that domain; those that perform in the 3rd quartile receive 3 points; etc.
  - Then the percentage of points earned over all domains is calculated to determine the overall performance category.
  - The percentage of points required for each of the four performance categories (i.e. "Fully Meets the Standard," "Substantial Progress," etc.) will be determined by the distribution of total points earned using Surveys submitted by June 30.

Section 9B:

Pediatric CT Radiation Dose

□ Leapfrog will limit reporting to head scans and abdomen/pelvis scans

□ Leapfrog will continue to ask hospitals to report their 25th, 50th, and 75th percentile dose values (DLP)

□ Hospital responses will be scored and publicly reported for head scans and abdomen/pelvis scans separately.

   □ Two benchmarks – Median Benchmark and median of 75th percentile doses

   □ Hospitals will receive points based on their median dose compared to the benchmarks.

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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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Public reporting (cont.)

Public Reporting
www.leapfroggroup.org/compare-hospitals

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 four categories: Top General Hospitals, Top Teaching 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**.

- ☐ 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** 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 Program Methodology to 2018 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 Program Methodology, and more detailed performance reports at http://www.leapfroggroup.org/ratings-reports/competitive-benchmarking.

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Hospital Safety Grade

- The Hospital Safety Grade 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 Grade.

- While the Hospital Safety Grade 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 2018 Hospital Safety Grade should plan to submit a survey by June 30.

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Get Ready for 2018

2018 Survey Users Group

- ☐ Hospitals looking for additional information and technical support on the Leapfrog Hospital Survey should join the Users Group.

- ☐ The Users Group meets monthly from March to December for a webinar and live Q&A.

- ☐ Designed for hospitals or hospital staff new to the Leapfrog Hospital Survey.

- ☐ For more information, visit the Users Group page here: http://www.leapfroggroup.org/survey-materials/users-group

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Leapfrog Deep Dive at the DHG Healthcare Symposium

- May 16 – 18 in Orlando, Florida

- Register at https://www.eventbrite.com/e/the-leapfrog-group-deep-dive-at-symposium-2018-registration-44221642122

- 8-hour training and orientation to the Leapfrog Hospital Survey and Hospital Safety Grade

- Free registration to the rest of the DHG Healthcare Symposium

- Agenda at https://www.dhgllp.com/Portals/9/Symposium-Leapfrog-Agenda-2018.pdf

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Get Started

☐ Request a 16-digit security code at
http://www.leapfroggroup.org/survey-materials/get-security-code

☐ Review 2018 deadlines at http://www.leapfroggroup.org/survey-materials/deadlines

☐ Download Survey Materials at
http://www.leapfroggroup.org/survey-materials/survey-login-and-materials

☐ Questions about the Leapfrog Hospital Survey can go to our Help Desk at https://leapfroghospitalsurvey.zendesk.com

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51 Questions?