PROPOSED CHANGES TO THE 2019 LEAPFROG HOSPITAL SURVEY

OPEN FOR PUBLIC COMMENT
Comments Accepted until COB on December 14, 2018

Each year, The Leapfrog Group's team of researchers reviews the literature and convenes expert panels to ensure the Leapfrog Hospital Survey aligns with the latest science as well the public reporting needs of purchasers and consumers. Once a list of proposed changes is assembled for the next year's Survey, Leapfrog releases those changes for public comment. The comments are then reviewed by Leapfrog's research team and used to refine the Survey before it is finalized.

This year, we are requesting that commenters pay special attention to the following:

- Proposed change to the Survey Deadline
- New Hand Hygiene Practices
- Section 8B Medication Reconciliation
- New Outpatient Procedure Section

The proposed changes to the 2019 Leapfrog Hospital Survey are outlined below. To provide public comment, please respond by completing the public comment form here. Comments will be accepted until COB on **December 14, 2018**.

We are grateful to those who take the time to submit comments each year. These comments bring enormous value to Leapfrog's team and help ensure the Survey is valuable to hospitals, purchasers, and consumers.

For information on the 2018 Leapfrog Hospital Survey, visit www.leapfroggroup.org/survey.

PROPOSED STRUCTURAL CHANGES

LEAPFROG HOSPITAL SURVEY DEADLINE

Leapfrog is proposing to change the Last Submission Deadline for the Survey and CPOE Evaluation Tool from December 31 to **November 30**. This proposed change to the Last Submission Deadline would give hospitals a two-month Verification and Correction Period to resolve any data entry and reporting errors identified during the Monthly Data Review or Monthly Documentation Requests before the Survey Results are finalized for the year. With this proposed change to the Last Submission Deadline, the CPOE Evaluation Tool would be taken offline on November 30. Therefore, hospitals participating in the 2019 Leapfrog Hospital Survey that would like the opportunity to take two CPOE Tests during the Survey Cycle would need to complete their first test prior to June 30, as there is a 120-day waiting period between tests. As in previous years, the Online Survey Tool will not be accessible to hospitals after midnight ET on January 31.

Leapfrog continues to expect all hospitals to submit a Leapfrog Hospital Survey and CPOE Evaluation Tool by the First Reporting Deadline of June 30. As always, hospitals that miss the First Reporting Deadline will be publicly reported as "Declined to Respond" when Leapfrog publishes its first set of 2019 Leapfrog Hospital Survey Results in July.

This is a significant change to the Survey Cycle, and therefore Leapfrog is seeking extensive comments on the impact of this change to new and participating hospitals.

Please refer to Appendix I for a copy of the proposed timeline for the 2019 Leapfrog Hospital Survey.

PROPOSED CONTENT CHANGES

PROFILE

Leapfrog will update the terminology used for the Medicare Provider Number (MPN) to the CMS Certification Number (CCN) to align with the terminology used by the Centers for Medicare and Medicaid Services (CMS). This information will continue to be pre-populated in the Profile Section of the Online Survey Tool, and hospitals will need to contact the Help Desk if updates are required.

SECTION 1: BASIC HOSPITAL INFORMATION

Leapfrog will continue to obtain teaching status data directly from the CDC's National Healthcare Safety Network (NHSN) Patient Safety Component – Annual Hospital Survey. Find instructions on how to join Leapfrog's NHSN Group and deadlines for the 2019 Survey in Appendix II.

In addition, to accurately identify hospitals that are eligible to report on Section 9A Patient Experience (CAHPS Child Hospital Survey), Leapfrog will add a new question regarding the total number of admissions to any level NICU to Section 1. Furthermore, the endnotes defining pediatric acute-care and NICU admissions will be further refined to only include patients who are both admitted and discharged from the facility. Patients admitted, then transferred and discharged from another facility will be excluded.

Lastly, to ensure standardized reporting of "licensed medical, surgical, and obstetric beds," Leapfrog will update the endnote describing the criteria for licensed beds to include short-term, inpatient rehabilitation beds, and will further clarify that beds licensed or used for psychiatric care should be excluded.

SECTION 2: MEDICATION SAFETY - COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

No proposed changes to this section.

There are no proposed changes to the Scoring Algorithm for Section 2 Medication Safety - CPOE.

SECTION 2: CPOE EVALUATION TOOL (FOR ADULT HOSPITALS ONLY)

The CPOE Evaluation Tool will be updated to incorporate feedback that we have received from hospitals. First, in 2019, the CPOE Evaluation Tool will render Test Patients and Test Medication Orders in HTML, thereby eliminating technical issues some hospitals experienced in 2018 when the Test Patients and Test Medication Orders were rendered in PDF format. Next,

the test medication order database has been updated to resolve commonly reported formulary issues, and the Orders and Observation Sheet has been updated to resolve the confusion between the Drug-Lab and Drug Monitoring order checking categories. In addition, the Online Answer Form has been updated to incorporate feedback we have received from hospitals regarding how Drug-Age and Drug-Lab alerts are displayed to licensed prescribers.

See Appendix III for a complete description of each Order Checking Category.

There are no proposed changes to the Scoring Algorithm for the CPOE Evaluation Tool.

SECTION 3: INPATIENT SURGERY (APPLICABLE TO ADULT/GENERAL HOSPITALS ONLY)

Leapfrog would like to thank those hospitals that provided recommendations on the diagnosis and procedure codes used in the hospital and surgeon volume subsection, as well as feedback on the surgical appropriateness subsection. All of the information received was taken into consideration and used to inform the panel's final recommendations for 2019, as detailed below.

SECTION 3A: HOSPITAL AND SURGEON VOLUME STANDARD

In 2019, Leapfrog will continue to ask hospitals to report on Leapfrog's minimum hospital volume standards for eight high-risk surgical procedures and whether or not their process for privileging surgeons includes the surgeons meeting or exceeding Leapfrog's minimum surgeon volume standards.

However, in response to feedback received from hospitals in 2018, we are proposing the following refinements to the measure specifications. First, we will clarify that hospitals that would **schedule** a patient for any one of the eight high-risk surgical procedures should report on that procedure, even if they had zero cases performed during the reporting period. Next, Leapfrog will add the following 'carcinoma in situ' diagnosis codes to be used in identifying hospital volume for:

Lung Resection for Cancer (Additional ICD-10 Diagnosis Codes proposed for 2019)

ICD 10 CM	Description
D0220	Carcinoma in situ of unspecified bronchus and lung
D0221	Carcinoma in situ of right bronchus and lung
D0222	Carcinoma in situ of left bronchus and lung

Esophageal Resection for Cancer (Additional ICD-10 Diagnosis Codes proposed for 2019)

ICD 10 CM	Description
D001	Carcinoma in situ of esophagus

Rectal Cancer Surgery (Additional ICD-10 Diagnosis Codes proposed for 2019)

ICD 10 CM	Description
D011	Carcinoma in situ of rectosigmoid junction
D012	Carcinoma in situ of rectum
D013	Carcinoma in situ of anus and anal canal

Next, Leapfrog will align with the Society for Vascular Surgery (SVS) definition of and hospital volume standard for open aortic procedures. The new definition will include additional ICD-10 procedure codes for hospitals to use in counting open aortic procedures of any type. In addition, the minimum hospital volume standard for open aortic procedures will be updated to 10 cases and the new minimum surgeon volume standard will be updated to seven cases.

See the complete list of minimum hospital and surgeon volume standards for 2019 in Appendix IV.

Lastly, Leapfrog will add an FAQ to clarify that when determining surgeon volume for the purposes of surgeon privileging (question #4) diagnosis codes included in the procedure specifications can be ignored. Diagnosis codes need only be used when determining hospital volume.

There are no proposed changes to the Scoring Algorithm for Section 3A Hospital and Surgeon Volume.

SECTION 3B: SURGICAL APPROPRIATENESS

In 2019, Leapfrog will continue to ask hospitals to report on the steps they have taken to ensure surgical appropriateness for the following four high-risk procedures: carotid endarterectomy, mitral valve repair and replacement, open aortic procedures, and bariatric surgery for weight loss.

However, for the four cancer surgeries, lung resection for cancer, pancreatic resection for cancer, esophageal resection for cancer, and rectal cancer surgery, Leapfrog will ask a single question regarding whether or not the hospital has a multidisciplinary tumor board that prospectively reviews cancer cases to ensure surgical appropriateness.

See a draft of the updated questions for Section 3B in Appendix V.

There are no proposed changes to the Scoring Algorithm for Section 3B Surgical Appropriateness.

SECTION 4: MATERNITY CARE

Leapfrog will provide updated measure specifications from The Joint Commission (TJC) for PC-01 Elective Deliveries (Section 4B), PC-02 Cesarean Birth (Section 4C), and PC-03 Antenatal Steroids (Section 4F) for those hospitals that do not already submit data to TJC and therefore need to retrospectively collect data. Hospitals measuring these quality indicators and reporting results to The Joint Commission should continue to use the data reported to TJC when responding to these subsections of the Survey.

In addition, hospitals participating in the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center may use the data provided in CMQCC reports when responding to subsections 4B Elective Deliveries, 4C Cesarean Birth, 4D Episiotomy, and 4E Process Measures of Quality.

There are no proposed changes to the Scoring Algorithm for any measures in Section 4 Maternity Care.

SECTION 4A: MATERNITY VOLUME

Leapfrog is proposing to add a response option to Question #2 in Section 4A Maternity Volume so that hospitals can indicate if they delivered newborn babies during the reporting period, but now have a closed labor and delivery unit. The question and response options would appear as follows:

2) Did the hospital deliver newborn babies during the reporting time period? *If "no" or "yes, but unit is now closed," please skip remaining questions for Section 4 including all subsections, and go on to the Affirmation of Accuracy. The hospital will be scored as "Does not apply." Otherwise, continue on to question #3.*	*Yes* *No* *Yes, but unit is now closed*

Hospitals selecting "No" or "Yes, but unit is now closed" will skip the remaining questions in Section 4 and will be scored as "Does Not Apply" for all maternity care measures. Historically, Leapfrog has advised hospitals to report "No" if they do not currently deliver newborn babies and scored them as "Does Not Apply" so there will be no change to how this is publicly reported. Results are publicly reported at www.leapfroggroup.org/compare-hospitals and Leapfrog does not want to misdirect consumers to a hospital for delivery if they may no longer provide this service.

SECTION 4B: ELECTIVE DELIVERIES

There are no proposed changes to this subsection.

SECTION 4C: CESAREAN BIRTH

There are no proposed changes to this subsection.

SECTION 4D: EPISIOTOMY

To further clarify cases that should be included in the episiotomy denominator, Leapfrog will provide APR-DRG codes that can be used in addition to the MS-DRG codes for identifying vaginal deliveries for those facilities that use APR-DRG coding instead of or in addition to MS-DRG coding.

For the purposes of this measure, use the following MS-DRGs to identify a vaginal delivery:

- 767: Vaginal delivery with sterilization and/or D&C
- 768: Vaginal delivery with O.R. procedure except sterilization and/or D&C
- 774: Vaginal delivery with complicating diagnoses
- 775: Vaginal delivery without complicating diagnoses

The following APR-DRGs should also be used to identify a vaginal delivery if your facility uses APR-DRG coding:

- 541: Vaginal delivery with sterilization and/or D&C
- 542: Vaginal delivery with complicating procedures excluding sterilization and/or D&C
- 560: Vaginal delivery

Leapfrog will maintain the denominator exclusion for cases of obstructed labor due to shoulder dystocia, which are coded with ICD-10-CM diagnostic code O66.0 in a primary or secondary code.

There are no changes to the numerator specifications.

SECTION 4E: PROCESS MEASURES OF QUALITY

There are no proposed changes to this subsection.

SECTION 4F: HIGH RISK DELIVERIES

There are no proposed changes to this subsection.

SECTION 5: ICU PHYSICIAN STAFFING (IPS)

Leapfrog is proposing to make minor updates to the wording of some of the questions and response options in Section 5 ICU Physician Staffing to clarify what criteria must be met in order to answer each question in the affirmative.

The updated questions are listed below:

Question 3: Do physicians certified in critical care medicine, when present on-site or via telemedicine, manage or co-manage all critical care patients in these ICUs?

Question 4: Are all critical care patients in each of these ICUs managed or co-managed by one or more physicians certified in critical care medicine who meet all of the following criteria:

- present via telemedicine, in combination with on-site intensivist coverage, for a total of 24 hours per day, 7 days per week
- meet all of Leapfrog's ICU requirements for intensivist presence in the ICU via telemedicine
- an on-site intensivist establishes and revises the daily care plan for each ICU patient

Additionally, Leapfrog is updating the criteria regarding the availability of clinical pharmacists (question #12). On previous Surveys, Leapfrog required rounding by a clinical pharmacist 7 days per week. However, the National Expert Panel recommended updating the criteria to five days a week with an additional response time. The National Expert Panel continues to believe in the important role that clinical pharmacists play within the ICU care team and, therefore, the scoring for ICU Physician Staffing in regards to the use of clinical pharmacists to round on ICU patients will remain the same (as a component of "Substantial Progress"). The draft updated question is listed below:

Question 12: Does an on-site clinical pharmacist make daily rounds on all critical care patients in each of these ICUs at least 5 days/week, and is the clinical pharmacist available within 5 minutes at all other times (either on-site or via telemedicine)?

Lastly, to ensure that those tasked with carrying out the intensivists' instructions when the intensivist is not present on-site in the ICU or not able to physically reach an ICU patient within 5 minutes (question #7), Leapfrog is proposing to specify the minimum requirements of the Physician, Physician Assistant (PA), or Nurse Practitioner (NP) who is serving as the responder. Specifically, these responders must meet the following requirements, beginning on the 2019 Survey:

1. Have an active state license to practice as a physician, nurse practitioner, or physician assistant in the state in which the patient is located.

2. Been granted privileges to provide medical services in the unit (i.e. ICU) and for patients of the age range approved in advance by the hospital's governing body (e.g., Medical staff committee, chief medical officer, chief nursing officer, etc.), as specified by the institution's internal policies (bylaws).
3. The intensivist directs the work of the Physician/PA/NP's when they are serving in a responder role.

FCCS-certified nurses can continue to act as responders for the purposes of question #7.

There are no proposed changes to the Scoring Algorithm for Section 5 ICU Physician Staffing.

SECTION 6: NQF SAFE PRACTICES

There are no proposed changes to Subsections 6A to 6E.

SECTION 6F: NEW HAND HYGIENE PRACTICES (OPTIONAL FOR ALL HOSPITALS IN 2019 – WILL NOT BE SCORED OR PUBLICLY REPORTED)

In 2019, Leapfrog is adding a new subsection to Section 6 of the Leapfrog Hospital Survey, which will focus on adherence to "best practice" Hand Hygiene practices identified by a National Hand Hygiene Expert Panel and adopted in part from the World Health Organization's Hand Hygiene Self-Assessment Framework. As per Leapfrog's standard practice, this new subsection will not be publicly reported for hospitals in the first year it appears on the Survey, 2019, but will be reported in subsequent years.

These practices will focus on five main topics:

- Infrastructure for supporting hand hygiene
- Training and education
- Monitoring, incentives, and feedback
- Hospital-wide safety climate for hand hygiene
- Identifying gaps and developing action plans

Hospitals should continue to report on the existing NQF Hand Hygiene Safe Practice 19 in Subsection 6E, which will continue to be scored, publicly reported, and included in the Fall 2019 and Spring 2020 Leapfrog Hospital Safety Grades. Beginning in 2020, Leapfrog anticipates this new Hand Hygiene Practice measure will be scored and publicly reported, and will replace Safe Practice 19 in the Leapfrog Hospital Survey and the Hospital Safety Grade.

SECTION 7: MANAGING SERIOUS ERRORS

SECTION 7A: NEVER EVENTS POLICY STATEMENT

There are no proposed changes to this subsection.

SECTION 7B: HEALTHCARE-ASSOCIATED INFECTIONS

There are no proposed changes to this subsection. Leapfrog will continue to obtain healthcare-associated infection data directly from the CDC's National Healthcare Safety Network (NHSN). Find instructions on how to join Leapfrog's NHSN Group and deadlines for the 2019 Survey in Appendix II.

SECTION 7C: ANTIBIOTIC STEWARDSHIP PRACTICES

There are no proposed changes to this subsection. Leapfrog will continue to obtain antibiotic stewardship practices data directly from the CDC's National Healthcare Safety Network (NHSN). Find instructions on how to join Leapfrog's NHSN Group and deadlines for the 2019 Survey in Appendix II.

SECTION 8: MEDICATION SAFETY

SECTION 8A: BAR CODE MEDICATION ADMINISTRATION

In 2019, based on feedback from hospitals, health systems, and Leapfrog's National Expert Panel, as well as a review of the current literature, Leapfrog is proposing to remove the patient-specific allergy check and vital sign check from the list of required types of decision-support. The 2019 BCMA standard would require five types of decision-support: Wrong patient, wrong medication, wrong dose, wrong time, and second nurse check needed.

The 2019 Scoring Algorithm for the BCMA Standard would be updated to reflect this change. See below.

BCMA Score (Performance Category)	**% Units**	**% Compliance**	**Decision Support**	**Processes & Structures to Prevent Workarounds**
Fully Meets the Standard	100%	95%	5 out of 5	6 out of 8
Substantial Progress	The hospital meets 3 of the 4 components			
Some Progress	The hospital meets 2 of the 4 components			
Willing to Report	The hospital meets 1 or 0 of the 4 components			
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.			

SECTION 8B: MEDICATION RECONCILIATION

Evidence suggests that medication discrepancies (i.e., discrepancies between a patient's home medications and what they were prescribed on admission to or discharge from a hospital) occur in up to 70% of patients at hospital admission or discharge, and almost one-third of these discrepancies have the potential to cause patient harm. Despite the severity of the patient safety risk, until recently Leapfrog had no endorsed measures to use in evaluating hospital performance. With the endorsement of a new measure, the Number of Unintentional Medication Discrepancies per Patient (NQF 2456), Leapfrog was finally able to add a medication reconciliation measure to the Leapfrog Hospital Survey in 2017.

Since that time, Leapfrog has used valuable feedback provided by hospitals, health systems, and the measure developer to refine the questions and measure specifications. Currently, hospitals that submit this section of the Leapfrog Hospital Survey, and whose responses are not flagged during Leapfrog's Monthly Data Review, are scored as "Fully Meets the Standard" for having a protocol in place to collect data on the accuracy of the hospital's medication reconciliation process. Still, some reporting hospitals decline to respond to this subsection.

We are seeking general comments about this subsection of the Survey from hospitals that submitted and those that declined to respond. In particular, we are interested in understanding how hospitals currently assess the accuracy of their medication reconciliation process if they do not use the protocols outlined in this endorsed measure.

For 2019, based on valuable feedback that we received in 2018, we are proposing the following additional refinements to the measure specifications and data collection tools:

- Update the definition of "Admission Orders" to include all orders written from the time of admission until 8am the following morning or until 12 hours after the time of admission, whichever comes first.
- Refer hospitals to an electronic REDCap form developed by the measure developer, which may reduce the time needed by the pharmacist for data collection. The electronic REDCap form can be used by pharmacists when (1) entering each gold standard medication (2) recording unintentional additional medications (3) identifying unintentional discrepancies on admission and (4) identifying unintentional discrepancies on discharge. The measure developer plans to charge each hospital an annual fee of $100 for use of the electronic REDCap form. It would be an optional resource for hospitals reporting to the Survey.
- The Medication Reconciliation Workbook (Excel) will be updated to visually display alerts resulting from data entry errors (i.e. cells will be displayed as red if a data entry error is present) to help hospitals identify errors prior to submission.

There are no proposed changes to the Scoring Algorithm for Section 8B Medication Reconciliation.

SECTION 9: PEDIATRIC CARE

SECTION 9A: PATIENT EXPERIENCE (CAHPS CHILD HOSPITAL SURVEY)

There are no proposed changes to the questions in Section 9A Patient Experience (CAHPS Child Hospital Survey). However, Leapfrog will add the following new FAQs.

1. *Why does Leapfrog refer to two different reporting periods in Section 9A, Question #2: one reporting period which refers to the number of pediatric admissions during the 12-months from Section 1 and one reporting period which refers to the results of our CAHPS Child Hospital Survey?*
   These two reporting periods are different because hospitals that have not historically had 500 pediatric admissions annually may not have begun to administer the CAHPS Survey to their patients and therefore it would not be appropriate to ask these facilities to report on their current results in Section 9A.

2. *If my hospital's total number of acute care pediatric admissions is mostly made up of admissions to our NICU, do we need to administer the CAHPS Child Hospital Survey?*
   Hospitals with fewer than 100 non-NICU admissions out of the total number of acute care pediatric admissions do

not have to administer the CAHPS Child Hospital Survey. Respond "no" to question #2 and move on to Section 9B. Once you affirm and submit Section 9, your hospital will be scored as "Does Not Apply."

There are no proposed changes to the Scoring Algorithm for Section 9A Patient Experience (CAHPS Child Hospital Survey).

SECTION 9B: PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE

In order to ensure standardized reporting, hospitals that report using "manual data collection" for CT radiation dose length product (DLP) will be asked whether or not the responses represent a sample of cases. For those hospitals that did sample, this will help ensure that the minimum number of sampled cases is being reported in the Survey: 30 encounters per anatomic area and age stratum combination.

There are no proposed changes to the Scoring Algorithm for Section 9B Pediatric Computed Tomography (CT) Radiation Dose.

SECTION 10: OUTPATIENT PROCEDURES (OPTIONAL FOR ALL HOSPITALS IN 2019 – WILL NOT BE SCORED OR PUBLICLY REPORTED)

BACKGROUND

As announced on October 16, 2018, Leapfrog will be adding a new section to the 2019 Leapfrog Hospital Survey focused on measuring the safety and quality of outpatient procedures performed in Hospital Outpatient Departments. Leapfrog will also launch a new Ambulatory Surgery Center (ASC) Survey. The goal of this new initiative is to give purchasers and consumers the information they need when choosing a setting for procedures and surgeries that do not require a hospital stay. This section of the Leapfrog Hospital Survey as well as the new ASC Survey will obtain parallel and comparable information from target facilities.

Across both Surveys, Leapfrog will gather data on several important areas including basic facility information, medical and nursing staff, volume and safety of procedures performed, patient safety practices, and patient experience. In 2019 responses to this Section of the Survey will not be scored or publicly reported. ASCs and hospital outpatient surgery departments that participate will receive detailed benchmarking reports they can use with purchasers and payors in their markets. In addition, Leapfrog plans to publish a national, aggregate report based on our findings. Beginning in 2020, Leapfrog will score and publicly report Survey Results from this new section of the Leapfrog Hospital Survey and the new ASC Survey.

ELIGIBILITY

In 2019, Section 10 Outpatient Procedures will only apply to hospital outpatient departments that perform same-day procedures (imaging and emergency services are not included), that function as part of the hospital, and are operationally and administratively dependent on the hospital. This would include surgical centers and outpatient departments that share a CMS certification number (CCN) with a hospital, but are located separately from the hospital (i.e. an off-campus hospital outpatient department or ambulatory surgery unit). Hospitals with multiple outpatient locations (i.e. hospitals that perform outpatient procedures both in the hospital and at an off-campus location) will be asked to provide information on these locations in the Basic Outpatient Department Information Subsection.

CONTENT

This new section will consist of five subsections focused on:

- Section 10A: Basic Outpatient Department Information. Leapfrog plans to ask hospitals if they perform outpatient (or same day) procedures within the hospital, at a location separate (off-campus hospital outpatient department or ambulatory surgery unit), or in multiple locations. Hospitals will be able to provide facility information for any hospital outpatient departments that are not co-located with their hospital. Hospitals will be asked to select the department with the highest outpatient volume and answer the remainder of the questions in Section 10 based on that specific department. Leapfrog will use information collected in 2019 to make determinations for reporting on multiple off-campus outpatient departments in 2020.

- Section 10B: Medical and Nursing Staff. Leapfrog plans to ask hospitals about the training and education of their medical and nursing staff to ensure they are properly trained in resuscitation.

- Section 10C: Volume and Safety of Procedures. Leapfrog plans to ask hospitals to report information on the procedures performed in their highest volume HOPD including, volume, processes to ensure that patients are selected appropriately for the outpatient setting, and structures to ensure that procedures are performed safely.

- Section 10D: Medication Safety in Outpatient Departments. Leapfrog plans to ask hospitals to report on medication safety processes specific to outpatients.

- Section 10E: Patient Experience. Leapfrog plans to ask hospitals to report on domain scores and selected aggregated responses from the Outpatient and Ambulatory Surgery CAHPS (OAS CAHPS) Survey.

Surgical centers that are a distinct entity and that are operationally and administratively independent from a hospital should report using the new Ambulatory Surgery Center Survey. This would include surgical centers that are separately certified by Medicare and have their own CCN (i.e. nnCnnnnnnn). For a list of Ambulatory Surgery Centers certified by Medicare, visit https://www.medicare.gov/hospitalcompare/asc-ascqr.html.

OPPORTUNITIES FOR FEEDBACK

Leapfrog will be putting out the 2019 Leapfrog Hospital Survey for pilot testing in January 2019. Hospitals participating in the pilot test will have the opportunity to provide feedback on the hard copy of the Survey, including questions and measure specifications. The new Section 10 Outpatient Procedures will be included in the pilot test.

In addition, when the 2019 Leapfrog Hospital Survey opens on April 1, all participating hospitals will have the opportunity to review questions and measures specifications, and provide detailed feedback to the Leapfrog Help Desk at https://leapfroghelpdesk.zendesk.com. Feedback collected in 2019, will be used to make updates to the 2020 Survey. As a reminder, in 2019 responses to this Section of the Survey will not be scored or publicly reported. ASCs and hospital outpatient surgery departments that participate will receive detailed benchmarking reports they can use with purchasers and payors in their markets. In addition, Leapfrog plans to publish a national, aggregate report based on our findings. For 2020, Leapfrog will score and publicly report Survey Results from this new section of the Leapfrog Hospital Survey and the new ASC Survey.

To provide public comment, please respond by completing the public comment form here. Comments will be accepted until **COB December 14**. Thank you for your interest in the Leapfrog Hospital Survey. The Leapfrog Group and our experts will consider comments carefully in testing and finalizing the 2019 Leapfrog Hospital Survey. Leapfrog will publish a summary of comments and final changes the month prior to the April 2019 launch of the Survey.

APPENDIX I

Proposed Deadlines for the 2019 Leapfrog Hospital Survey

Date	Deadline
April 1	The hard copy of the 2019 Leapfrog Hospital Survey and supporting materials will be available for download at http://www.leapfroggroup.org/survey-materials/survey-and-cpoe-materials. The Online Survey Tool will be available at https://survey.leapfroggroup.org/login.
June 20	**First NHSN Group Deadline:** Hospitals that join Leapfrog's NHSN Group by June 20, have a valid NHSN ID provided in their Profile, and have completed, affirmed, and submitted Section 7 of the 2019 Leapfrog Hospital Survey by June 30, will have data available prior to public reporting on their Hospital Details Page starting on July 12. Results will be publicly reported on July 25. Please see Appendix II for instructions and other 2019 NHSN deadlines.
June 30	**First Reporting Deadline:** Hospitals that submit a Survey (and CPOE Evaluation Tool if applicable) by June 30 will have their Leapfrog Hospital Survey Results publicly reported starting July 25. Hospitals that do not submit a Survey by June 30 will be publicly reported as 'Declined to Respond' until a Survey has been submitted. Competitive Benchmarking Reports: Hospitals that would like to receive a free Summary Report must submit a Survey by June 30. The free Summary Report will be emailed to each hospital's CEO in early September.
July 12	The first set of Leapfrog Hospital Survey Results, which reflect Surveys submitted by June 30, will be privately available for hospitals to view on July 12 via the Hospital Details Page link on the Survey Dashboard.
July 25	The first set of Leapfrog Hospital Survey Results, which reflect Surveys submitted by June 30 are published. After July, results are updated on the fifth business day of the month to reflect Surveys (re)submitted by the end of the previous month.
August 31	**TOP HOSPITAL DEADLINE:** Submission deadline for hospitals to be eligible to receive a Leapfrog Top Hospital Award. **DATA SNAPSHOT DATE FOR THE FALL 2019 HOSPITAL SAFETY GRADE:** Adult and general hospitals that would like Leapfrog Hospital Survey Results included in the Fall 2019 Leapfrog Hospital Safety Grade must submit a Survey and CPOE Evaluation Tool by August 31. Find more information about the Leapfrog Hospital Safety Grade here.
November 30	**LAST SUBMISSION DEADLINE:** The 2019 Leapfrog Hospital Survey will close at midnight ET on November 30. No new Surveys, new Survey sections, or CPOE Evaluation Tool Tests can be submitted after this deadline. Only hospitals that have submitted a Survey by November 30 will be able to log into the Online Survey Tool to make corrections to previously submitted sections during the months of December and January. Adult and general hospitals that would like Leapfrog Hospital Survey Results included in the Spring 2020 Leapfrog Hospital Safety Grade must submit a Survey and CPOE Evaluation Tool by November 30. Hospitals that submitted a Survey by August 31 are strongly urged to review their Last Submitted Survey to ensure it is accurate and complete. Find more information about the Leapfrog Hospital Safety Grade here.

January 31 **CORRECTIONS DEADLINE:**
Hospitals that need to make corrections to previously submitted 2019 Leapfrog Hospital Surveys must make necessary updates and re-submit the entire Survey by January 31, 2020. Hospitals will not be able to make changes or submit their Survey after this date.

DATA SNAPSHOT DATE FOR THE SPRING 2020 HOSPITAL SAFETY GRADE:
Adult and general hospitals that would like Leapfrog Hospital Survey Results included in the Spring 2020 Leapfrog Hospital Safety Grade must submit a Survey and CPOE Evaluation Tool by November 30 in order to have Leapfrog Hospital Survey Results available for the January 31 Data Snapshot Date. Find more information about the Leapfrog Hospital Safety Grade here.

APPENDIX II

General Information for Joining Leapfrog's NHSN Group

Hospitals are required to join Leapfrog's NHSN Group in order to be scored and publicly reported on the following measures from Section 7 Managing Serious Errors:

- Central line-associated blood stream infections (CLABSI) in ICUs and select wards
- Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards
- Facility-wide inpatient Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Laboratory-identified Events
- Facility-wide inpatient Clostridium difficile (C.Diff.) Laboratory-identified Events
- Surgical Site Infections from Colon Surgery (SSI: Colon)
- Antibiotic Stewardship Practices (via the NHSN Patient Safety Component – Annual Hospital Survey)

In addition, Leapfrog will obtain teaching status from the 2018 NHSN Patient Safety Component - Annual Hospital Survey. Hospitals that are designated as "Major Teaching" or "Graduate" will be designated as teaching hospitals for the purposes of the Leapfrog Hospital Survey. As a reminder, this designation is not used in scoring, but is used to designate hospitals for the purposes of the Top Hospital Program and is also displayed on Leapfrog's public reporting website. Hospitals are urged to ensure that they have reported their status correctly on the 2018 NHSN Patient Safety Component – Annual Hospital Survey once it is available.

Data will be available for hospital review prior to public reporting on the Hospital Details Page starting on July 12, 2019 for hospitals that:

- Join Leapfrog's NHSN Group by June 20*,
- Enter a valid NHSN ID in the Profile Section of their 2019 Leapfrog Hospital Survey, and
- Complete, affirm, and submit Section 7 of the 2019 Leapfrog Hospital Survey by June 30.

For all other data pulls, NHSN data will be available on the Hospital Details Page on the same date as public release.

*Hospitals that joined Leapfrog's NHSN Group, provided a valid NHSN ID, and submitted Section 7 of the 2018 Leapfrog Hospital Survey will not need to re-join Leapfrog's NHSN Group in 2019. They will find their NHSN ID pre-populated in their Survey Profile when they log into the 2019 Survey. They will still need to submit Section 7 of the 2019 Leapfrog Hospital Survey by the dates below in order to be scored and publicly reported on the five infection measures and their antibiotic stewardship practices.

Deadlines and Reporting Periods

Join by	Leapfrog will download data from NHSN for all current group members	Data downloaded from NHSN will be scored and publicly reported for hospitals that have submitted Section 7 by	HAI Reporting Period	Antibiotic Stewardship Reporting Period (Patient Safety Component – Annual Hospital Survey)	Available on Hospital Details Page
June 20	June 21	June 30	01/01/2018 – 12/31/2018	2018	July 12
August 22	August 23	August 31	01/01/2018 – 12/31/2018	2018	September 9*
October 23	October 24	October 31	07/01/2018 – 06/30/2019	2018	November 7*
December 19	December 20	December 31	07/01/2018 – 06/30/2019	2018	January 8*

*Same date as public release of Survey Results.

Leapfrog will update data four times per Survey Cycle, according to the dates and reporting periods listed above, for all current members of our NHSN group that have provided an accurate NHSN ID in the Profile and have submitted Section 7: Managing Serious Errors.

Hospitals that fail to join Leapfrog's NHSN Group and/or provide a valid NHSN ID in the Profile Section of their 2019 Leapfrog Hospital Survey and/or complete, affirm, and submit Section 7 of their 2019 Leapfrog Hospital Survey will be publicly reported as "Declined to Respond" for all five infection measures and for the antibiotic stewardship practices.

Instructions for joining Leapfrog's NHSN Group:

Detailed instructions on joining the group and accepting the data requested are available here: http://www.leapfroggroup.org/survey-materials/join-nhsn. Please note that dates referenced on this website and in the instructions document reflect 2018 deadlines, but the steps for joining Leapfrog's NHSN Group remain the same. This webpage will be updated with 2019 deadlines after the close of the 2018 Leapfrog Hospital Survey.

APPENDIX III

2019 CPOE Evaluation Tool Order Checking Categories

Each category included in the CPOE Evaluation Tool represents an area where a serious adverse drug event (ADE) could occur if the CPOE system's clinical decision support fails to alert the prescriber. The intent of the test is to measure and improve hospitals' use of clinical decision support to reduce ADEs and improve medication safety.

Order Checking Category	Description	Example
Therapeutic Duplication	Medication combinations overlap therapeutically (same agent or same class)	Using clonazepam and lorazepam together
Drug-Dose (Single)	Specified dose of medication exceeds safe range for single dose	Tenfold overdose of digoxin
Drug-Dose (Daily)	Specified frequency of administration results in daily dose that exceeds safe range for daily dose	Ordering ibuprofen regular dose every three hours
Drug-Allergy	Medication (or medication class) is one for which patient allergy has been documented	Penicillin prescribed for patient with documented penicillin allergy
Drug-Route	Specified route of administration is inappropriate and potentially harmful	Use of vitamin K intramuscular injection
Drug-Drug	Medications in pair of orders result in known harmful interaction when used in combination	Concurrent linezolid and sumatriptan
Drug-Diagnosis	Medication contraindicated based on documented problem/diagnosis	Nonspecific beta-blocker in patient with asthma
Drug-Age	Medication contraindicated based on patient age	Prescribing diazepam for a patient over 65 years old
Drug-Lab	Medication contraindicated based on documented laboratory test results (includes renal status)	Use of enalapril in patient with severe renal failure
Drug Monitoring	Medication for which the standard of care includes subsequent monitoring of the drug level to avoid harm	Prompt to monitor drug levels when ordering aminoglycoside

The Tool also includes an "Alert Fatigue" test category, which checks if prescribers are receiving alerts or information for inconsequential medication interactions that clinicians typically ignore. An example would be alerting on the concurrent use of hydrochlorothiazide and captopril**.** This test category is not included in scoring.

The Tool also includes a "Deception Analysis" test category, which checks for "false positives" (e.g., orders that should not have generated any warning in the hospital's CPOE system). Hospital's that "fail" the Deception Analysis are scored as "incomplete evaluation" and will not be able to retake an Adult Inpatient Test for 120 days.

APPENDIX IV

2019 Minimum Hospital and Surgeon Volume Standards

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 aortic procedures*	***10****	***7****
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

*Updated for 2019

APPENDIX V

Draft Questions for Section 3B Surgical Appropriateness for the 2019 Leapfrog Hospital Survey

1) Does your hospital have appropriateness criteria for any of the following surgeries: *If "None of the above," skip the remainder of the questions in Section 3B, and go to the Affirmation of Accuracy.*	☐ Carotid endarterectomy ☐ Mitral valve repair and replacement ☐ Open aortic procedures ☐ Bariatric surgery for weight loss ☐ None of the above
1b) If "yes" to question #1, did your hospital do any of the following in developing the appropriateness criteria:	☐ Use the latest evidence and clinical guidelines ☐ Solicit input from employed surgeons, and if applicable, non-employed surgeons ☐ Incorporate relevant Choosing Wisely lists ☐ Review, and if appropriate, update the criteria on an annual basis ☐ None of the above
2) Does your hospital have processes or structures in place to promote ongoing adherence to the appropriateness criteria for any of the following surgeries:	☐ Carotid endarterectomy ☐ Mitral valve repair and replacement ☐ Open aortic procedures ☐ Bariatric surgery for weight loss ☐ None of the above
3) Does your hospital conduct regular retrospective reviews of surgical cases to evaluate the extent to which your appropriateness criteria are met or not met by each surgeon for any of the following surgeries:	☐ Carotid endarterectomy ☐ Mitral valve repair and replacement ☐ Open aortic procedures ☐ Bariatric surgery for weight loss ☐ None of the above
4) Does your hospital have a process in place for communicating with surgeons, surgical leadership, and administrative leadership when a surgeon's trend or pattern suggests challenges to adhering to your appropriateness criteria and work to understand potential barriers to meeting the criteria for any of the following surgeries:	☐ Carotid endarterectomy ☐ Mitral valve repair and replacement ☐ Open aortic procedures ☐ Bariatric surgery for weight loss ☐ None of the above
5) Does your hospital report annually to its Board the findings from the retrospective reviews and plans to improve adherence to the appropriateness criteria for any of the following surgeries:	☐ Carotid endarterectomy ☐ Mitral valve repair and replacement ☐ Open aortic procedures ☐ Bariatric surgery for weight loss ☐ None of the above
6) Does your hospital have a multidisciplinary tumor board that prospectively reviews cancer cases to ensure that surgery is the best treatment option for that specific patient, given the patient's diagnosis and goals for any of the following surgeries:	☐ Lung resection for cancer ☐ Esophageal resection for cancer ☐ Pancreatic resection for cancer ☐ Rectal cancer surgery

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