Leapfrog’s NQF Safe Practices Score

There are many aspects of a hospital’s operations that contribute to overall quality and safety of care. In an effort to recognize a more expansive set of hospitals’ practices, and bring information to consumers about the level of safety they can expect, The Leapfrog Group initially based this set of measures on the National Quality Forum’s (NQF) Safe Practices for Better Healthcare: A Consensus Report. Since that initial report, Leapfrog has utilized NQF updated reports to keep this data collection current.

The National Quality Forum is a not-for-profit organization created to develop and implement a national strategy for health care quality measurement and reporting. It makes recommendations for improving health care quality through a rigorous consensus development process. The NQF published Safe Practices for Better Healthcare: A Consensus Report in May 2003 and updated the report in October 2006, March 2009 and 2010. The most recent version of the report endorsed 34 practices that should be used universally in applicable clinical care settings to reduce the risk of harm to patients. Included in the 34 practices are two of the original Leapfrog Hospital Survey measures: Computerized Physician Order Entry and ICU Physician Staffing. For the Leapfrog Hospital Survey, hospitals’ progress on a targeted subset of five of the 34 safe practices is assessed.

What are the NQF Safe Practices?

The National Quality Forum-endorsed Safe Practices cover a range of practices that, if utilized, would reduce the risk of harm in certain processes, systems or environments of care. There are practices aimed at: leadership and teamwork; preventing illness and infections; creating and sustaining a culture of safety; matching care needs to service capability, improving information transfer and communication; improving medication management; healthcare associated infections; and specific care processes.

The original 2003 set was endorsed following a formal Consensus Development Process undertaken by a diverse group of health care stakeholders, who then recommended that the practices be universally adopted. The original set of Safe Practices has been carefully updated several times, combining some practices and adding new ones. These were taken through the formal Consensus Development Process again in 2005, 2008 and 2009. The updated practices provide implementation approaches that will assist hospitals in a number of areas, including imaging and laboratory services.

On the 2017 Leapfrog Hospital Survey, hospitals will be asked to report on five Safe Practices including:

1) Safe Practice 1 Culture of Safety Leadership Structures and Systems
2) Safe Practice 2 Culture Measurement, Feedback, and Intervention
3) Safe Practice 4 Risks and Hazards
4) Safe Practice 9 Nursing Workforce
5) Safe Practice 19 Hand Hygiene

NQF Safe Practices Score

More than 260 clinical, administrative, and scientific experts were consulted to assess the NQF Safe Practices Score and to develop the hospital ranking system for the Leapfrog Hospital Survey. The relative weights for each individual safe practice were developed by a group of ten internationally recognized patient safety leaders. Rural and Pediatric Task Forces were also established to address the unique aspects of these hospitals.

For the 2017 Leapfrog Hospital Survey, Leapfrog scores hospitals’ progress on the five NQF Safe Practices listed above. Each practice area is assigned an individual weight, which is factored into the overall score. Hospitals are then assigned to performance categories which are publicly reported on The Leapfrog Group website at http://leapfroggroup.org/compare-hospitals.

Why Purchasers Need to Get Involved

Using their leverage as purchasers, Leapfrog members can recognize and reward hospitals that meet NQF-endorsed Safe Practices standards. Purchasers and health plans can educate employees and consumers and call attention to the importance of choosing a hospital that has recommended structures and processes in place to support the safest care. Purchasers, through their community involvement in health care settings (as board members, volunteers, donors), can also be persuasive with health care providers about the need to adopt recommended safety structures, such as engaged

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leadership, measuring and improving the culture of safety, and enhancing the role of the nursing workforce. Purchasers should continue to push on hospitals to make sure they are doing all they can to provide consistently safe care for every patient.

References
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