2019 Leapfrog Hospital Survey
Town Hall Call

April and May 2019

Presented by: Missy Danforth, Vice President of Health Care Ratings
Leapfrog Hospital Survey Overview
Annual Survey Process

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 100 comments.

January:
Pilot test the new Survey with ~30 hospitals and health systems 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. Leapfrog publishes a Summary of Changes.

April 1:
Goals for the Hospital Survey

Expand the Survey to more hospitals by including measures that are relevant to rural, urban, and pediatric hospitals.

Keep the reporting burden as low as possible by continuing to align with other national performance measurement initiatives (such as the CDC/NHSN, CMS, The Joint Commission, and applicable registries).

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

Maintain a consistent measurement structure so hospitals can use their Survey Results for benchmarking and for improvement purposes.

Work to ensure that Survey Results are used by employers, purchasers, and payors in value-based payment programs.
Content Overview

The Survey includes 10 sections, and each of the sections is organized in the same format in the hard copy of the Survey and the Online Hospital 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 Hospital 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].

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<th>SURVEY SECTION</th>
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Submission Guidelines
Deadlines

June 30 is the Submission Deadline for the Leapfrog Hospital Survey – For hospitals that do not submit a Survey by June 30, they will be publicly reported as “Declined to Respond” for each measure when we publish the 2019 Survey Results on July 25.

August 31 is the Top Hospital Deadline – Surveys submitted by August 31 will be used to determine Top Hospitals. Updates or corrections submitted after August 31 are not considered when determining Top Hospitals.

August 31 is the Data Snapshot Date for the Fall 2019 Hospital Safety Grade – Surveys submitted by August 31 will be used to calculate Fall 2019 Hospital Safety Grades for eligible hospitals (i.e. general acute-care hospitals). Updates or corrections submitted after August 31 are not used to calculate Fall 2019 Hospital Safety Grades.

November 30 is the Late Submission Deadline for the Leapfrog Hospital Survey – No new Surveys or CPOE Evaluation Tool Tests can be submitted after this date.

January 31 is the Correction Deadline – Any corrections to Surveys submitted by November 30 must be submitted by January 31. The Survey goes offline at midnight on January 31.

As always, we aim to have Surveys submitted by June 30 so they can be included in Leapfrog’s first Data Review, and so hospitals have ample time to make necessary updates to data entry and/or reporting errors that are identified.

Please refer to Leapfrog’s website for a full list of all deadlines related to the 2019 Leapfrog Hospital Survey: http://www.leapfroggroup.org/survey-materials/deadlines.
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 Online Hospital 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, sections that have been completed and affirmed 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 Hospital 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

Upon the receipt of a hospital’s submitted Leapfrog Hospital Survey, The Leapfrog Group conducts an extensive Data Review of the each response submitted in the Survey. The Leapfrog Group conducts this Data Review monthly beginning with June 30 submissions until the Survey is taken offline on January 31. Data Review messages are emailed to the primary Survey Contact and System Contact (if applicable) within the first 5 business days of the month AFTER Leapfrog receives a Survey submission beginning with June 30 submissions.

To identify potential data entry or reporting errors, quantitative responses are assessed using empirically driven, normative data quality thresholds. 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. The Data Review also includes assessing qualitative responses for potential data entry errors and inconsistencies.
Ensuring Data Accuracy (Cont.)

Monthly Data Review

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; Leapfrog will not contact the hospital.
- **Category B**: The response provided is plausible, but it falls outside the data quality thresholds; Leapfrog will contact the hospital and action from the hospital is requested.
- **Category A**: The response provided is considered implausible, given that the response falls far outside of the data quality thresholds and appears to have been provided with the intent to mislead; Leapfrog will contact the hospital and action from the hospital is required.

Hospitals that receive a **Category B** Data Review message at the beginning of the month for any measure will be asked to review the associated Survey questions and measure specifications to ensure the submitted responses are correct. Hospitals are asked to (1) contact the Help Desk to confirm the original responses are correct so we can discontinue the Monthly Data Review message or (2) to update and resubmit the Survey if a correction is needed.
“Pending Leapfrog Verification”

Hospitals that receive a Category A Data Review message at the beginning of the month for any measure will have until the end of that same month to contact the Help Desk to either (1) document that the original response was correct or (2) correct the data entry or reporting error, or they will be publicly reported as “Pending Leapfrog Verification” for that measure. This term is used to indicate that the hospital has self-reported Survey responses that are under further review by Leapfrog.

If any Category A Data Review messages are not resolved by January 31 (when the Online Hospital Survey Tool is taken offline), the entire section in which the flagged responses were included will be decertified and all measures within the section will be publicly reported as “Declined to Respond.”

In the interim (that is, prior to Leapfrog's receipt of a hospital’s response to a Category B Data Review message or prior to the end of the month for Category A Data Review messages), the original Survey Results are publicly reported on Leapfrog’s website.
Ensuring Data Accuracy (Cont.)

Monthly Requests for Documentation -

In addition to the pre- and post-submission Monthly Data Review described above, Leapfrog also randomly selects hospitals to submit documentation to verify the accuracy of various responses from each Section of the Leapfrog Hospital Survey. Hospitals must respond to the documentation request within 30 days or risk having the section publicly reported as "Pending Leapfrog Verification."
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 Online 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 on our website.

Hospitals selected for On-Site Data Verification for 2019 have already been contacted. If you were not contacted, you have not been selected for 2019.
What’s new in 2019
Section 1 Basic Hospital Information

Endnotes

New question on NICU admissions
Based on feedback received during the public comment period and national pilot of the 2019 Hospital Survey, Leapfrog has updated the endnotes defining licensed acute-care beds, adult acute-care admissions, and pediatric acute-care admissions for clarity and consistency. Hospitals should review the endnotes before responding to Section 1.

To more accurately identify hospitals that are eligible to report on Section 9A Patient Experience (CAHPS Child Hospital Survey), Leapfrog added a new question regarding the total number of admissions to any level neonatal ICU (NICU) to Section 1. In addition, the endnote defining NICU admissions excludes patients that were transferred to another facility.

- Hospitals must have at least 100 pediatric acute-care admissions to inpatient units other than a neonatal ICU (NICU).
- Question #5 (pediatric admissions) – Question #11 (NICU admissions) >=100
Section 2 Medication Safety - CPOE

Measure specifications for questions #3 and #4

CPOE Evaluation Tool
Medication Safety - CPOE

In 2019, Leapfrog has added new exclusion criteria to the denominator which indicates that medications ordered verbally during a “code” (i.e., urgent medication orders) should not be included in the denominator.

Additional refinements have been made to the measure specifications to further clarify which inpatient medication orders to include when responding to questions #3 and #4. Hospitals should review the measure specifications before responding to Section 2.
Leapfrog has updated the CPOE Evaluation Tool to incorporate feedback that we received from participating hospitals:

• Test Patients and Test Orders will render on the webpage in HTML, but hospitals will then download them as a PDF, eliminating any formatting issues. Previously, the Test Patients and Test Orders were rendered on the webpage in an Adobe Acrobat viewer causing print issues for many hospitals.

• The Test Order library has been updated to resolve commonly reported formulary issues.

• The Orders and Observation Sheet has been updated to resolve the confusion between the Drug-Lab and Drug Monitoring order checking categories and the Online Answer Form has been updated to incorporate feedback received from hospitals regarding how Drug-Age and Drug-Lab alerts are displayed to licensed prescribers.

• The Order Checking Category descriptions and examples have been updated to provide further clarity on types of scenarios included in the Adult Inpatient Test.
Section 3 Inpatient Surgery

Minimum Hospital and Surgeon Volume Standards for 2019

Open aortic procedures

New diagnosis codes for cancer procedures

Surgical appropriateness criteria for cancer surgeries
## Minimum Hospital and Surgeon Volume Standards for 2019

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Hospital Volume (minimum per 12-months or 24-month annual average)</th>
<th>Surgeon Volume (minimum per 12-months or 24-month annual average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric surgery for weight loss</td>
<td>50</td>
<td>20</td>
</tr>
<tr>
<td>Esophageal resection for cancer</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>Lung resection for cancer</td>
<td>40</td>
<td>15</td>
</tr>
<tr>
<td>Pancreatic resection for cancer</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Rectal cancer surgery</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Carotid endarterectomy</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td><strong>Open aortic procedures</strong></td>
<td><strong>10</strong></td>
<td><strong>7</strong></td>
</tr>
<tr>
<td>Mitral valve repair and replacement</td>
<td>40</td>
<td>20</td>
</tr>
</tbody>
</table>
Open Aortic Procedures

Leapfrog has aligned with the Society for Vascular Surgery’s (SVS) definition of open aortic procedures and we have adopted their hospital volume standard.

The new definition includes additional ICD-10 procedure codes for hospitals to use in counting open aortic procedures of any type.

Given the change from open abdominal aortic aneurysm repair (AAA) to open aortic procedures, Leapfrog has removed the diagnosis codes previously associated with open AAA. Hospitals will only use the provided procedure codes when determining hospital volume for open aortic procedures.

In addition, the minimum hospital volume standard for open aortic procedures was updated to ten cases and the minimum surgeon volume standard was updated to seven cases.
New Diagnosis Codes for Cancer Procedures

When reporting on hospital volume, Leapfrog has included additional ‘carcinoma in situ’ diagnosis codes that should be used in identifying hospital volume for Lung Resection for Cancer, Esophageal Resection for Cancer, and Rectal Cancer Surgery.

As a reminder, for the purposes of reporting on a hospital’s privileging process for all eight procedures included in Section 3, diagnosis codes should be ignored when determining surgeon volume for the purposes of surgeon privileging.
Surgical Appropriateness for Cancer Surgeries

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 is asking a single question regarding national accreditation status from the American College of Surgeons (applies to rectal cancer surgery only) OR regarding whether or not the hospital has a multidisciplinary tumor board that prospectively reviews cancer cases to ensure surgical appropriateness.

These questions will not be scored in 2019, but will be used in public reporting as they were in 2018. See examples at www.leapfroggroup.org/compare.
Section 4 Maternity Care

Updated Joint Commission measure specifications for hospitals not already using a certified vendor

Accepting data from the California Maternal Quality Care Collaborative (CMQCC)

New MS-DRGs to identify vaginal deliveries when reporting on the episiotomy rate measure
Updated Joint Commission Measure Specifications for Hospitals Not Already Using a Certified Vendor

Leapfrog has provided 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.
Accepting Data from the California Maternal Quality Care Collaborative (CMQCC)

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

In 2019, hospitals can continue to report on High-Risk Deliveries using reports from the Vermont Oxford Network (VON) as well.
New MS-DRGs to Identify Vaginal Deliveries when Reporting on the Episiotomy Rate Measure

Leapfrog has included additional MS-DRG codes that should be used in identifying vaginal deliveries for the purposes of reporting on the episiotomy rate denominator (question #2). Hospitals should review the measure specifications carefully before responding to this section.

Furthermore, Leapfrog has provided 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.
Section 5 ICU Physician Staffing

Requirements for ‘effectors’

Requirements for clinical pharmacists
Requirements for “Effectors”

To ensure that those tasked with carrying out the intensivist’s 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 has updated the minimum requirements of the physician, physician assistant (PA), or nurse practitioner (NP) who is serving as the responder/ “effector”. Specifically, those acting as “effector” must meet the following requirements:

• Be a graduate with a training license from an ACGME accredited training program or have an active state license to practice as a physician, nurse practitioner (NP), or physician assistant (PA) in the state in which the patient is located.

• Have 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).

• Be able to carry out the intensivist’s orders and instructions, under the intensivist’s guidance, when they are serving in an “effector” role.

FCCS-certified nurses continue to meet Leapfrog’s criteria for responders/ “effector” for the purposes of question #7 and Leapfrog has added an FAQ to clarify that FCCS-certified interns can also serve as the responder/ “effector”.

Requirements for Clinical Pharmacists

Leapfrog has updated the criteria regarding the availability of clinical pharmacists (question #12) in adult and pediatric general medical and/or surgical ICUs and neuro ICUs.

On previous Surveys, Leapfrog required rounding, on-site, by a clinical pharmacist seven days per week.

However, the National ICU Physician Staffing Expert Panel recommended updating the criteria to include either:

- 7 days per week

OR

- 5 days a week with an additional response time requirements.

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”).
Section 6 NQF Safe Practices

New Hand Hygiene Practices (Optional in 2019)
Hand Hygiene Practices (Optional in 2019)

Leapfrog has added a new subsection focused on adherence to Hand Hygiene “best 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 scored or publicly reported for hospitals in the first year it appears on the Survey, 2019, but will be reported in subsequent years. However, those hospitals that do respond to the new subsection and submit feedback on the new questions, will help inform the questions and scoring for 2020.

The hand hygiene practices in this subsection will focus on four main topics:

• Training and education
• Infrastructure for supporting hand hygiene
• Monitoring and feedback
• Additional questions (for fact finding only)

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

No substantive changes
Section 8 Medication Safety

Updates to the BCMA standard

Updates to the Medication Reconciliation questions and scoring algorithm
Leapfrog has removed the patient-specific allergy check and vital sign check from the list of required types of decision-support.

The 2019 BCMA standard will require five types of decision-support: Wrong patient, wrong medication, wrong dose, wrong time, and second nurse check needed. The 2019 Scoring Algorithm for BCMA Standard been updated to reflect this change.

<table>
<thead>
<tr>
<th>BCMA Score (Performance Category)</th>
<th>% Units</th>
<th>% Compliance</th>
<th>Decision Support</th>
<th>Processes &amp; Structures to Prevent Workarounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully Meets the Standard</td>
<td>100%</td>
<td>95%</td>
<td>5 out of 5</td>
<td>6 out of 8</td>
</tr>
<tr>
<td>Substantial Progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some Progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willing to Report</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Declined to Respond</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does Not Apply</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

The hospital meets 3 of the 4 standards

The hospital meets 2 of the 4 standards

The hospital meets 1 or 0 of the 4 standards

The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.

The hospital does not operate an ICU, medical/surgical unit, or labor and delivery unit.
BCMA – Calculating % Compliance

Based on guidance from the National Expert Panel, Leapfrog has updated question #12 so that hospitals will ONLY include inpatient medication administrations ordered and scannable during the reporting period from **those units that utilize BCMA**.

• For example, if your adult med/surg ICU utilizes BCMA for medication administration at the bedside, but our pediatric ICU does not, you will ONLY include medication administrations from the adult med/surg ICU when responding to question #12. You will continue to report on the number units that are NOT utilizing BCMA in questions 3-11.

The target for compliance within units that utilize BCMA will be 95%.
Medication Reconciliation

In an effort to understand what hospitals are doing to ensure the accuracy of their existing medication reconciliation process, Leapfrog is implementing the following changes to the questions and scoring algorithm for this subsection:

• Hospitals will be asked if they have implemented ANY process or protocol to measure the accuracy of the existing medication reconciliation process.

• Hospitals will then be asked if they have implemented the endorsed process of measuring the accuracy of the existing medication reconciliation process (same questions as previous years).

• The scoring algorithm will be updated to allow hospitals to earn partial credit (“Willing to Report”) if they are least implementing some process or protocol to measure the accuracy of their existing medication reconciliation process.

• To “Fully Meet the Standard,” hospitals must continue to implement the endorsed process and report the data collected to Leapfrog.
Section 9 Pediatric Care

Reporting requirement for CAHPS Child Hospital Survey
Reporting Requirement for CAHPS Child Hospital Survey

To more accurately identify hospitals that are eligible to report on Section 9A Patient Experience (CAHPS Child Hospital Survey), Leapfrog added a new question regarding the total number of admissions to any level neonatal ICU (NICU) to Section 1. In addition, the endnote defining NICU admissions excludes patients that were transferred to another facility.

- Hospitals required to report on the this subsection, must have at least 100 pediatric acute-care admissions to inpatient units other than a neonatal ICU (NICU).

- Question #5 (pediatric admissions) – Question #11 (NICU admissions) >=100
  - Example: 1500 pediatric admissions and, of those, 500 were NICU admissions, for a total of 1000 non-NICU admissions – **Yes, must report on the section**
  - Example: 600 pediatric admissions and, of those, 550 were NICU admissions, for a total of 50 non-NICU admissions – **No, you can select the response indicating your sample of non-NICU admission was not large enough** – **DO NOT SKIP THE SECTION**
Section 10 Outpatient Procedures

New in 2019
New in 2019 – Outpatient Procedures

For the first time in its history, the Leapfrog Hospital Survey will include a section on outpatient procedures.

The questions in this section will be closely aligned with Leapfrog’s first ever Ambulatory Surgery Center (ASC) Survey.

The goal of this new initiative is to give purchasers and consumers the information they need when choosing a place for procedures and surgeries that do not require a hospital stay.
Section 10 Outpatient Procedures

Section 10A: Basic Outpatient Department Information

Section 10B: Medical, Surgical, and Clinical Staff

Section 10C: Volume and Safety of Procedures

Section 10D: Medication Safety in Outpatient Departments

Section 10: Patient Experience (OAS CAHPS)

Section 10 Outpatient Procedures Town Hall Call – May 21, 3:00 – 4:00 PM ET

Hospitals are invited to the Section 10 Outpatient Procedures Town Hall Call to learn more about this new section added to the Leapfrog Hospital Survey in 2019, including how to report on multiple outpatient locations, how to differentiate between an ambulatory surgery center and hospital outpatient department, an overview of the five sub-sections, and plans for public reporting in 2020.

Register here.
Get Ready for 2019
Upcoming Town Hall Calls

2019 Leapfrog Hospital Survey Town Hall Call – May 8, 3:00 – 4:00 PM ET

Hospitals are invited to the 2019 Leapfrog Hospital Survey Town Hall Calls to learn more about changes to the 2019 Hospital Survey, including updated measure specifications for Section 2 CPOE, changes to reporting on aortic procedures and cancer procedures in Section 3 Inpatient Surgery, updates to Section 5 ICU Physician Staffing and Section 8A BCMA, as well as new sections that are being added in 2019: Section 6F Hand Hygiene and Section 10 Outpatient Procedures. The call will conclude with 20 minutes for Q&A.

Register here.

Medication Reconciliation Town Hall Call – May 13, 1:30 – 2:30 PM ET

Hospitals are invited to the Medication Reconciliation Town Hall Call to learn more about the Medication Reconciliation Measure in Section 8B, including common challenges that hospitals face in collecting the data and how to overcome them. The call will conclude with 20 minutes for Q&A.

Register here.

Section 10 Outpatient Procedures Town Hall Call – May 21, 3:00 – 4:00 PM ET

Hospitals are invited to the Section 10 Outpatient Procedures Town Hall Call to learn more about this new section added to the Leapfrog Hospital Survey in 2019, including how to report on multiple outpatient locations, how to differentiate between an ambulatory surgery center and hospital outpatient department, an overview of the five sub-sections, and plans for public reporting in 2020.

Register here.
In-Person Training and Orientation – June 4 and 5

The Leapfrog Group, in partnership with DHG Healthcare, will be holding an in-person training and orientation for hospital and ambulatory surgery center leaders during the 2019 DHG Symposium on June 4 and 5. This in-person training and orientation is designed to provide participants with interactive sessions to increase their knowledge and understanding of Leapfrog’s ratings programs. Participants have the opportunity to engage directly with Leapfrog’s senior executives, network with each other, and share best practices.

In addition to The Leapfrog Group Deep Dive, you are automatically registered to attend the DHG Healthcare Symposium general and breakout sessions. The 21st DHG Healthcare Symposium is an exclusive, invite-only, 2-day event where healthcare leaders from across the country gather to discuss emerging challenges, new trends and exchange experiences and ideas to navigate the profound changes impacting our industry.

Download the Agenda - Register now.
Questions

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


Review 2019 Hospital Survey deadlines at http://www.leapfroggroup.org/survey-materials/deadlines

Submit a question to the Help Desk at https://leapfroghelpdesk.zendesk.com
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.”
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](http://www.leapfroggroup.org/ratings-reports/top-hospitals).
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 2019 Leapfrog Hospital Survey responses.

The Summary Reports are emailed in mid-September 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](http://www.leapfroggroup.org/ratings-reports/competitive-benchmarking).
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](http://www.hospitalsafetyscore.org/for-hospitals).

Hospitals that would like Leapfrog Hospital Survey Results included in the Fall 2019 Hospital Safety Grade should plan to submit a Survey by June 30.
Questions?