

# The Leapfrog Hospital Survey Scoring Algorithms

**Scoring Details for Sections 2 – 10 of the  
2020 Leapfrog Hospital Survey**



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# 2020 Leapfrog Hospital Survey Scoring Algorithms

<http://leapfroggroup.org/hospital>

This document includes the scoring algorithms for the 2020 Leapfrog Hospital Survey. The scoring algorithms are organized by section:

- [What's New in 2020](#)
- [Change Summary Since Release](#)
- [Section 2 Medication Safety - Computerized Physician Order Entry \(CPOE\)](#)
- [Section 3 Inpatient Surgery](#)
- [Section 4 Maternity Care](#)
- [Section 5 ICU Physician Staffing](#)
- [Section 6 Patient Safety Practices](#)
- [Section 7 Managing Serious Errors](#)
- [Section 8 Medication Safety](#)
- [Section 9 Pediatric Care](#)
- [Section 10 Outpatient Procedures](#)

For a hard copy of the Leapfrog Hospital Survey, which includes measure specifications, endnotes, and FAQs, please visit the [Survey and CPOE Materials webpage](#).

**Leapfrog is committed to data accuracy. Please carefully review Leapfrog's data accuracy protocols on our [website](#).**

<b>Scoring and Public Reporting Overview</b>
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Once a hospital submits a Leapfrog Hospital Survey via the [Online Hospital Survey Tool](#), the submitted responses will be scored using the algorithms detailed in this document. Only those responses that have been submitted will be scored and publicly reported; saved responses will not be scored or publicly reported.

Generally, Leapfrog [publicly reports](#) Survey Results beginning on July 25 for hospitals that submit by June 30, and these hospitals are able to preview their Survey Results on the [Hospital Details page](#) beginning on July 12. However, in 2020, as part of Leapfrog's [COVID-19 response](#), Leapfrog will not publicly report Survey Results until **September** for hospitals that submit by **August 31**. The Hospital Details page will be available on the same day that Survey Results are published.

Beginning in October, the Hospital Details page and public reporting website will be refreshed monthly within the first five (5) business days of each month to reflect new and updated Survey submissions until the Survey closes for the year on December 31, 2020 (updated from November 30 as part of Leapfrog's [COVID-19 response](#)). More information about Survey submission deadlines is available on our [website](#).

**Hospitals should review their Survey Results following their submission to ensure accuracy and completeness.**

For the purposes of public reporting, performance on each measure on the Leapfrog Hospital Survey is placed into one of four performance categories:






- **Achieved the Standard** (displayed as four filled bars)
- **Considerable Achievement** (displayed as three filled bars)
- **Some Achievement** (displayed as two filled bars)
- **Limited Achievement** (displayed as one filled bar)

Additional scoring terms include:

- **Does Not Apply:** This term is used for hospitals that report not performing a particular procedure (e.g., SSI Colon), not having a particular unit (e.g., ICU), or are not applicable for a particular measure (e.g., facility doesn't deliver newborns).
- **Unable to Calculate Score:** This term is used for hospitals that report a sample size that does not meet Leapfrog's minimum reporting requirements. For the healthcare-associated infections, this term is used if the hospital reported too small of a sample size to calculate their results reliably (i.e. the number of predicted infections across all locations is <1) or the number of observed MRSA or CDI infections present on admission (community-onset prevalence) was above a pre-determined cut-point.
- **Not Available:** This term is used for hospitals that submitted the minimum requirements for submission, but some data was not available due to the COVID-19 crisis. *This term is new and will only be used for publicly reporting 2020 Leapfrog Hospital Survey Results.*
- **Declined to Respond:** This term is used for hospitals that do not submit a Survey or a section of the Survey. *This term will not be used for publicly reporting 2020 Leapfrog Hospital Survey Results for hospitals that do not submit a particular section of the Survey.*
- **Pending Leapfrog Verification:** This term is used for hospitals that have Survey responses that are undergoing Leapfrog's standard verification process.

See the example legend from Leapfrog's public reporting website below:

## Progress towards meeting Leapfrog standards:

	Achieved the Standard
	Considerable Achievement
	Some Achievement
	Limited Achievement
 NOT AVAILABLE	Due to the COVID-19 pandemic, data for this measure is not available
DOES NOT APPLY	This measure is not applicable to this facility
UNABLE TO CALCULATE	Sample size too small to calculate score
PENDING LEAPFROG VERIFICATION	This facility's responses are undergoing Leapfrog's standard data verification process

For the purposes of [public reporting](#), measures are grouped together under ten main groups. The following measures are included in each group:

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
<b>Preventing and Responding to Patient Harm</b>	Subsection 6A	NQF Safe Practice #1 Culture of Safety Leadership Structures and Systems	<i>Effective Leadership to Prevent Errors</i>
	Subsection 6B	NQF Safe Practice #2 Culture Measurement, Feedback, and Intervention	<i>Staff Work Together to Prevent Errors</i>
	Subsection 6C	NQF Safe Practice #9 Nursing Workforce	<i>Support for Nursing Workforce</i>
	Subsection 6D	Hand Hygiene	<i>Handwashing</i>
	Subsection 7A	Never Events Policy	<i>Never Events Management</i>
	Subsection 7C	Antibiotic Stewardship Practices	<i>Appropriate Use of Antibiotics</i>
<b>Medication Safety</b>	Section 2	Medication Safety - Computerized Physician Order Entry (CPOE)	<i>Safe Medication Ordering</i>
	Subsection 8A	Bar Code Medication Administration (BMCA)	<i>Safe Medication Administration</i>
	Subsection 8B	Medication Reconciliation	<i>Medication Reconciliation</i>
	Subsection 10E	Medication Safety for Outpatient Procedures- Medication and Allergy Documentation	<i>Medication Documentation for Routine Surgery Patients</i>

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
<b>Healthcare Associated Infections</b>	Subsection 7B	Central Line-Associated Blood Stream Infections (CLABSI) in ICUs and Select Wards	<i>Infection in the Blood</i>
	Subsection 7B	Catheter-Associated Urinary Tract Infections (CAUTI) in ICUs and Select Wards	<i>Infection in the Urinary Tract</i>
	Subsection 7B	Facility-wide inpatient MRSA Blood Laboratory-identified Events	<i>MRSA Infection</i>
	Subsection 7B	Facility-wide inpatient C. Diff. Laboratory-identified Events	<i>C. difficile Infection</i>
	Subsection 7B	Surgical Site Infection: Colon	<i>Surgical Site Infection after Colon Surgery</i>
<b>Maternity Care</b>	Subsection 4B	Elective Delivery	<i>Early Elective Deliveries</i>
	Subsection 4C	Cesarean Birth	<i>Cesarean Sections</i>
	Subsection 4D	Episiotomy	<i>Episiotomies</i>
	Subsection 4E	Maternity Care Processes	<i>Maternity Care Processes</i>
	Subsection 4F	High-Risk Deliveries	<i>High-Risk Deliveries</i>
<b>Pediatric Care</b>	Subsection 9A	CAHPS Child Hospital Survey	<i>Experience of Children and their Parents</i>
	Subsection 9B	Pediatric Computed Tomography (CT) Radiation Dose – Head Scans	<i>Radiation Dose for Head Scans</i>
	Subsection 9B	Pediatric Computed Tomography (CT) Radiation Dose – Abdomen/Pelvis Scans	<i>Radiation Dose for Abdomen/Pelvis Scans</i>
<b>Critical Care</b>	Section 5	ICU Physician Staffing	<i>Specially Trained Doctors Care for Critical Care Patients</i>
<b>Complex Adult Surgery</b>	Section 3A and 3B	Carotid Endarterectomy	<i>Carotid Artery Surgery</i>
	Section 3A and 3B	Mitral Valve Repair and Replacement	<i>Mitral Valve Repair and Replacement</i>
	Section 3A and 3B	Open Aortic Procedures	<i>Open Aortic Procedures</i>
	Section 3A and 3B	Bariatric Surgery for Weight Loss	<i>Bariatric Surgery for Weight Loss</i>
	Section 3A and 3B	Esophageal Resection for Cancer	<i>Esophageal Resection for Cancer</i>
	Section 3A and 3B	Lung Resection for Cancer	<i>Lung Resection for Cancer</i>
	Section 3A and 3B	Pancreatic Resection for Cancer	<i>Pancreatic Resection for Cancer</i>
	Section 3A and 3B	Rectal Cancer Surgery	<i>Rectal Cancer Surgery</i>

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
<b>Care for Elective Outpatient Surgery Patients</b>	Subsection 10B	Clinicians Present While Adult Patients are Recovering	<i>Elective Outpatient Surgery Recovery Staffing - Adult</i>
	Subsection 10B	Clinicians Present While Pediatric Patients are Recovering	<i>Elective Outpatient Surgery Recovery Staffing - Pediatric</i>
	Subsection 10D	Safe Surgery Checklist	<i>Safe Surgery Checklist – Elective Outpatient Surgery</i>
	Subsection 10F	Patient Experience (OAS CAHPS)	<i>Experience of Patients Undergoing Elective Outpatient Surgery</i>
<b>Elective Outpatient Surgery - Adult*</b>	Subsection 10C	Gastroenterology	<i>Gastroenterology (Stomach and Digestive)</i>
	Subsection 10C	General Surgery	<i>General Surgery</i>
	Subsection 10C	Ophthalmology	<i>Ophthalmology (Eyes)</i>
	Subsection 10C	Orthopedic	<i>Orthopedic (Bones and Joints)</i>
	Subsection 10C	Otolaryngology	<i>Otolaryngology (Ear, Nose, Mouth, and Throat)</i>
	Subsection 10C	Urology	<i>Urology (Urinary Tract, Male Reproductive)</i>
	Subsection 10C	Dermatology	<i>Dermatology (Skin)</i>
	Subsection 10C	Neurological Surgery	<i>Neurosurgery</i>
	Subsection 10C	Obstetrics and Gynecology	<i>Obstetrics and Gynecology</i>
	Subsection 10C	Plastic and Reconstructive Surgery	<i>Plastic and Reconstructive Surgery</i>
<b>Elective Outpatient Surgery – Pediatric*</b>	Subsection 10C	Gastroenterology	<i>Gastroenterology (Stomach and Digestive)</i>
	Subsection 10C	General Surgery	<i>General Surgery</i>
	Subsection 10C	Ophthalmology	<i>Ophthalmology (Eyes)</i>
	Subsection 10C	Orthopedic	<i>Orthopedic (Bones and Joints)</i>
	Subsection 10C	Otolaryngology	<i>Otolaryngology (Ear, Nose, Mouth, and Throat)</i>
	Subsection 10C	Urology	<i>Urology (Urinary Tract, Male Reproductive)</i>

\*Note: These data will not be scored, but volumes will be displayed on Leapfrog’s public reporting website.



<b>What's New in 2020</b>
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In response to COVID-19, Leapfrog announced several changes to the 2020 Leapfrog Hospital Survey, including an option for hospitals to maintain their 2019 Survey Results in lieu of reporting to the 2020 Leapfrog Hospital Survey. Hospitals that submitted a 2019 Leapfrog Hospital Survey may choose to maintain last year's Leapfrog Hospital Survey Results on our public reporting website. To select this option, no action is required. Hospitals that submitted a 2019 Leapfrog Hospital Survey will automatically have their 2019 Survey Results maintained on our public reporting website. These 2019 Survey Results will also automatically be used in the Fall 2020 Leapfrog Hospital Safety Grade. However, hospitals that would like to update their 2019 Leapfrog Hospital Survey Results (i.e. report a change in performance) or have Survey Results publicly reported for the first time, must submit a 2020 Leapfrog Hospital Survey by the appropriate deadlines.

**For those hospitals choosing to submit a 2020 Leapfrog Hospital Survey, please carefully review the scoring and public reporting information below:**

- Hospitals choosing to submit the 2020 Leapfrog Hospital Survey must complete the five sections of the Survey that constitute Leapfrog's minimum requirements for submission (Sections 1, 2, 4, 5, and 6). Hospitals submitting the minimum required sections will **not** be scored or publicly reported as "Declined to Respond" for any additional Survey sections that are not submitted. Leapfrog will score and publicly report the remaining sections of the Survey as "Not Available," which will be described on our public reporting website as unavailable data due to the COVID-19 crisis. Hospitals are still encouraged to submit all applicable sections of the Survey.
- The Late Submission Deadline will be extended by 30 days from November 30 to December 31, 2020 to give hospitals even more time to submit a 2020 Survey. This also applies to hospitals that initially decide to continue reporting their 2019 results and wish to update by submitting the 2020 Leapfrog Hospital Survey later in the year. As previously announced, public reporting will begin in September with Surveys submitted by August 31.
- Leapfrog will continue to use performance category descriptions in the scoring and public reporting of [Survey Results](#). However, we have discontinued the use of the performance category descriptions "Fully Meets the Standard," "Substantial Progress," "Some Progress," and "Willing to Report". Instead, Leapfrog will use the following terms below to more clearly communicate performance on each measure:
  - Achieved the Standard (previously "Fully Meets the Standard"): 4 out of 4 bars
  - Considerable Achievement (previously "Substantial Progress"): 3 out of 4 bars
  - Some Achievement (previously "Some Progress"): 2 out of 4 bars
  - Limited Achievement (previously "Willing to Report"): 1 out of 4 bars

Please refer to the [Scoring and Public Reporting Overview](#) for a list of all scoring terms.

- Updates to the following scoring algorithms have been made for the 2020 Leapfrog Hospital Survey:
  - [Section 2 CPOE](#) – As part of Leapfrog's [COVID-19 response](#), the CPOE Evaluation Tool is not included in the 2020 Leapfrog Hospital Survey and therefore not included in the CPOE Scoring Algorithm. Leapfrog will score hospitals based on their CPOE utilization. This is the same scoring algorithm used for pediatric hospitals. Leapfrog fully expects the CPOE Evaluation Tool to be included in the 2021 Leapfrog Hospital Survey.
  - [Section 4D Episiotomy](#) – Leapfrog is adding minimum reporting criteria for reporting on episiotomies in Section 4D. Hospitals will only report a numerator in Section 4D question #3 if they have at least 10 qualifying cases in the denominator (question #2). Hospitals with less than 10 cases will be publicly reported as "Unable to Calculate Score."

- [Section 4E Process Measures of Quality](#) – Leapfrog will publicly report performance on the Maternity Care Process measures as “Limited Achievement” if a hospital indicates that they did not measure both measures in Section 4E.
- [Section 6 Patient Safety Practices \(formerly Section 6 NQF Safe Practices\)](#)
  - Leapfrog removed NQF Safe Practice #4 – Risks and Hazards and NQF Safe Practice #19 – Hand Hygiene.
  - The three remaining NQF Safe Practices (NQF Safe Practice #1, NQF Safe Practice #2, NQF Safe Practice #9) will be scored and publicly reported individually according to updated scoring algorithms.
  - All hospitals submitting a 2020 Leapfrog Hospital Survey will be required to respond to the new Hand Hygiene subsection. However, only hospitals that are scored as “Achieved the Standard” (or four out of four bars) or “Considerable Achievement” (or three out of four bars) will have their Results publicly reported. Hospitals that report on the subsection and score less than “Considerable Achievement” will be publicly reported as “Not Available,” which will be described on our public reporting website as unavailable data due to the COVID-19 crisis.
- [Section 8C Opioid Prescribing](#) – In 2020, responses to Section 8C Opioid Prescribing are optional and will not be scored or publicly reported.
- [Section 9A Patient Experience](#) – Leapfrog revised the scoring algorithm for Section 9A Patient Experience (CAHPS Child Hospital Survey) to align with the scoring algorithm for Section 10E Patient Experience (OAS CAHPS Survey). The revised scoring algorithm will assess the number of domains where the hospital is performing in the top quartile. The quartiles for each domain will be updated based on 2020 Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog’s [COVID-19 response](#)). In addition, hospitals that were eligible, but did not administer the CAHPS Child Hospital Survey, will be scored and publicly reported as “Limited Achievement,” instead of “Declined to Respond.”
- [Section 9B Pediatric Computed Tomography \(CT\) Radiation Dose](#) – Leapfrog is revising the scoring algorithm to update benchmarks for each age stratum and anatomic area based on Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog’s [COVID-19 response](#)). Hospitals are asked to limit reporting on head and abdomen/pelvis scans to routine scans only and to standardize head scans to 16cm phantom dose and abdomen/pelvis to 32cm dose to align with the American College of Radiology (ACR). In addition, hospitals that perform pediatric CT scans, but did not calculate their distribution of CT radiation doses for the Survey, will be scored and publicly reported as “Limited Achievement,” instead of “Declined to Respond.”
- [Section 10A Basic Outpatient Department Information](#) – Leapfrog will not score responses from this section, but responses will be used in public reporting.
- [Section 10B Medical, Surgical, and Clinical Staff](#) – Leapfrog will score and publicly report responses from hospitals on whether clinicians are present while patients are recovering. Leapfrog will continue to ask questions to assess the proportion of physicians and nurse anesthetists who are board certified or board eligible. This information will not be scored but will be used in public reporting.
- [Section 10C Volume of Procedures](#) – In 2020, Leapfrog will continue to ask hospitals to report on their annual volume for each outpatient procedure in this section. The volume of procedures will not be scored in 2020, but the information will be publicly reported. New fact-finding questions in this Section to determine whether facilities and/or the physicians performing procedures at the facility are currently participating in a national clinical quality registry that provides opportunities for individual and/or facility-level benchmarking on quality measures will not be scored or publicly reported in 2020.
- [Section 10D Safety of Procedures](#)
  - [Patient Follow-up](#): Leapfrog will ask hospitals to report on whether they collect documentation of patient complications. These questions will not be scored or publicly reported in 2020.
  - [Patient Selection and Consent to Treat](#): Leapfrog will continue to ask hospitals to report on their use of standardized patient screening tools to ensure that a

patient's procedure can be safely performed on an outpatient basis. This information will not be scored but will be used in public reporting.

- **[Safe Surgery Checklist](#)**: The questions have been updated in 2020 so that Leapfrog can better assess whether hospitals are ensuring that every element of the checklist is being used on every patient undergoing an applicable procedure and the questions have been refined to ensure that hospitals are using standardized, evidence-based checklists. This information will be scored and publicly reported.
- **[Section 10E Medication Safety for Outpatient Procedures](#)** – Leapfrog will continue to ask hospitals about their medication and allergy documentation for patients with outpatient procedures. This section will be scored and publicly reported.
- **[Section 10F Patient Experience \(OAS CAHPS\)](#)** – This section will be scored and publicly reported. Cut-points are based on the distribution of points earned from 2020 Leapfrog ASC Surveys and Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog's [COVID-19 response](#)). These cut-points will remain in place for the entire Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

<b>Change Summary Since Release</b>
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**May 18, 2020 – [Section 4E Process Measures of Quality](#) Scoring Change**

Leapfrog originally announced scoring and publicly reporting Newborn Bilirubin Screening Prior to Discharge and Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery separately in 2020. However, this change has been delayed to allow for easier comparison between 2019 and 2020 Leapfrog Hospital Survey Results, which will both be publicly reported as part of Leapfrog's response to COVID-19. The two maternity care process measures will be scored and publicly reported together as they have been in previous years. Please refer to the updated scoring algorithm on page 16.

**April 13, 2020 – [Section 10E Medication Safety for Outpatient Procedures](#) Scoring Change**

Scoring updated to reflect change in definition of a 'sufficient sample size' from 60 to 30 cases. This update is intended to ease the burden of data abstraction while facilities are responding to COVID-19.

**September 8, 2020 – Added Scoring Cut-Points to [Sections 9A Patient Experience](#) (CAHPS Child Hospital Survey), [9B Pediatric CT Radiation Dose](#), and [10F Patient Experience](#) (OAS CAHPS)**

Leapfrog published cut-points for the following measures using Surveys submitted by August 31, 2020: 9A Patient Experience (CAHPS Child Hospital Survey) on page 35, 9B Pediatric CT Radiation Dose on pages 36-37, and 10F Patient Experience (OAS CAHPS) on pages 41-42.

Section 2: 2020 Medication Safety - Computerized Physician Order Entry (CPOE) Scoring Algorithms
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## CPOE Scoring Algorithm for Adult/General and Pediatric Hospitals

As part of Leapfrog's [COVID-19 response](#), the CPOE Evaluation Tool is not included in the 2020 Leapfrog Hospital Survey for Adult/General Hospitals and therefore not included in the CPOE Scoring Algorithm. Leapfrog fully expects to bring back the CPOE Evaluation Tool for the 2021 Leapfrog Hospital Survey and include it in the CPOE Scoring Algorithm for Adult/General Hospitals.

CPOE Score (Performance category)	Implementation Status (from Leapfrog Hospital Survey Questions #3-4)
Achieved the Standard	<b>85% or greater</b> of all inpatient medication orders entered through CPOE System
Considerable Achievement	<b>75-84%</b> of all inpatient medication orders entered through CPOE System
Some Achievement	<b>50-74%</b> of all inpatient medication orders entered through CPOE System
Limited Achievement	CPOE implemented in at least one inpatient unit but <b>&lt;50%</b> of all inpatient medication orders entered through CPOE System OR CPOE not implemented in at least one inpatient unit
Declined to Respond	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

<b>Section 3: 2020 Inpatient Surgery Scoring Algorithms</b>
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## Hospital and Surgeon Volume

For each procedure, Leapfrog assesses whether the hospital met the minimum hospital volume standard and whether the hospital's process for privileging its surgeons includes meeting or exceeding the minimum surgeon volume standard detailed below:

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
Total hip replacement*	50	25
Total knee replacement*	50	25
Norwood procedure*	8	5

\*Note: These procedures will not be scored in 2020 and results will not be shown on Leapfrog's public reporting [website](#).

Leapfrog then assigns a performance category based on whether the minimum hospital volume standard was met and whether the hospital's process for privileging surgeons includes the surgeons meeting or exceeding the minimum surgeon volume standard. Performance categories are assigned for each procedure as follows:

Hospital and Surgeon Volume Standard Score (Performance Category)	For each of the procedures performed by the hospital...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>The hospital met the minimum hospital volume standard for the procedure; <b>and</b></li> <li>The hospital's process for privileging surgeons includes meeting or exceeding the minimum surgeon volume standard.</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>The hospital met the minimum hospital volume standard for the procedure; <b>and</b></li> <li>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.*</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>The hospital did not meet the minimum hospital volume standard for the procedure, but the hospital's process for privileging surgeons includes meeting or exceeding the minimum surgeon volume standard; <b>OR</b></li> <li>The hospital met the minimum hospital volume standard for the procedure, 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.</li> </ul>
<b>Limited Achievement</b>	<ul style="list-style-type: none"> <li>The hospital did not meet the minimum hospital volume standard for the procedure; <b>and</b></li> </ul>

	<ul style="list-style-type: none"> <li>The hospital does not include the minimum surgeon volume standard in its privileging process, whether or not they are committed to doing so in the next 12 months.</li> </ul>
<b>Does Not Apply</b>	The hospital does not perform the procedure or is a pediatric facility.
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.
<b>Declined to Respond</b>	The hospital did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The hospital’s responses are undergoing Leapfrog’s standard verification process.

\*If a hospital indicated on the 2019 Leapfrog Hospital Survey that they were committed to including Leapfrog’s minimum surgeon volume standards in their privileging process within the next 12 months, they will **not** receive credit for selecting that same response option on the 2020 Leapfrog Hospital Survey. For the purposes of scoring, hospitals that respond “Plan to implement within 12 months” in both 2019 and 2020, will be scored as though they had responded “No.”

## Surgical Appropriateness

In 2020, responses to this subsection will not be scored. However, the responses are used in public reporting. For each procedure performed by the hospital, Leapfrog displays the hospital's overall score, which is based on the hospital's ability to meet the hospital volume standard and inclusion of the minimum surgeon volume standard in its privileging process.

When visitors to Leapfrog's public reporting [website](#) click into the score icon (i.e. four filled bars, three filled bars, etc.) indicating the performance category for the procedure, they will see a statement indicating whether the hospital "does" or "does not" have processes and protocols in place 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.**

Surgical Appropriateness	For each of the procedures performed by the hospital...
<b>Does</b>	Hospital indicates having <u>all five</u> of the following regarding surgical appropriateness: <ul style="list-style-type: none"> <li>• Has appropriateness criteria for the procedure</li> <li>• Has processes or structures in place to promote ongoing adherence to the appropriateness criteria</li> <li>• Conducts regular retrospective reviews of surgical cases to evaluate the extent to which the appropriateness criteria are met or not met by each surgeon</li> <li>• Has 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 the hospital's appropriateness criteria and works to understand potential barriers to meeting the criteria</li> <li>• Reports annually to its Board the findings from the retrospective reviews and plans to improve adherence to the appropriateness criteria</li> </ul>
<b>Does Not</b>	Hospital indicates that they do not have all the above.

When visitors to Leapfrog's public reporting [website](#) click into the score icon (i.e. four filled bars, three filled bars, etc.) indicating the performance category for the procedure, they will see a statement indicating whether the hospital "does" or "does not" have national accreditation from the American College of Surgeons (rectal cancer surgery only) or a multidisciplinary tumor board that prospectively reviews cancer cases to ensure surgical appropriateness for the following four cancer procedures: **lung resection for cancer, esophageal resection for cancer, pancreatic resection for cancer, and rectal cancer surgery.**

Surgical Appropriateness	For each of the procedures performed by the hospital...
<b>Does</b>	Hospital indicates having national accreditation from the American College of Surgeons (rectal cancer surgery only) or a multidisciplinary tumor board that prospectively reviews cancer cases to ensure surgical appropriateness
<b>Does Not</b>	Hospital indicates that they do not have national accreditation from the American College of Surgeons (rectal cancer surgery only) or a multidisciplinary tumor board that prospectively reviews cancer cases to ensure surgical appropriateness



<b>Section 4: 2020 Maternity Care Scoring Algorithms</b>
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## Elective Deliveries

A hospital's early elective deliveries rate prior to 39 weeks completed gestation is used to determine in which performance category a hospital is placed:

Early Elective Deliveries Score (Performance Category)	Early Elective Deliveries Rate
Achieved the Standard	≤ 5%
Considerable Achievement	> 5% and ≤ 10%
Some Achievement	> 10% and ≤ 15%
Limited Achievement	> 15%
Unable to Calculate Score	The hospital did not meet the minimum reporting size (n < 10).
Does Not Apply	The hospital did not deliver newborns during the reporting period or the labor and delivery unit is now closed.
Declined to Respond	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

## Cesarean Birth

A hospital's unadjusted NTSV cesarean section rate is used to determine in which performance category a hospital is placed:

NTSV Cesarean Section Score (Performance Category)	NTSV Cesarean Section Rate
Achieved the Standard	≤ 23.9%
Considerable Achievement	> 23.9% and ≤ 27.0%
Some Achievement	> 27.0% and ≤ 33.3%
Limited Achievement	> 33.3%
Unable to Calculate Score	The hospital did not meet the minimum reporting size (n < 10).
Does Not Apply	The hospital did not deliver newborns during the reporting period or the labor and delivery unit is now closed.
Declined to Respond	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

## Episiotomy

A hospital's rate of episiotomy is used to determine in which category a hospital is placed:

Episiotomy Score (Performance Category)	Episiotomy Rate
Achieved the Standard	$\leq 5\%$
Considerable Achievement	$> 5\%$ and $\leq 10\%$
Some Achievement	$> 10\%$ and $\leq 15\%$
Limited Achievement	$> 15\%$
Unable to Calculate Score	The hospital did not meet the minimum reporting size ( $n < 10$ ).
Does Not Apply	The hospital did not deliver newborns during the reporting period or the labor and delivery unit is now closed.
Declined to Respond	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

## Maternity Care Process Measures

A hospital's adherence to the two maternity care process measures is used to determine in which performance category the hospital is placed. Leapfrog's target for each process measure is  $\geq 90\%$ .

Maternity Care Process Measures Score (Performance Category)	Meaning that...
Achieved the Standard	The hospital met the 90% target for both Newborn Bilirubin Screening Prior to Discharge and Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery.
Considerable Achievement	The hospital met the 90% target for one of the process measures and did not meet the minimum reporting requirement for the other process measure ( $n < 10$ ).
Some Achievement	The hospital met the 90% target for one of the process measures, but did not measure the other process measure or did not meet the 90% target for the other process measure.
Limited Achievement	The hospital did not meet the 90% target on both process measures or did not measure both process measures.
Unable to Calculate Score	The hospital did not meet the minimum reporting requirements for both process measures ( $n < 10$ ).
Does Not Apply	The hospital did not deliver newborns during the reporting period or the labor and delivery unit is now closed.
Declined to Respond	The hospital did not submit a Survey
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

## High-Risk Deliveries

Scoring for this measure is based on either (a) a hospital's annual volume of very-low birth weight (VLBW) infants **and** adherence to the antenatal steroids process measure **or** (b) a hospital's performance on the VON outcome measure **and** adherence to the antenatal steroids process measure. Leapfrog's target for the antenatal steroids process measure is  $\geq 90\%$ .

**For hospitals reporting on Volume:**

High-Risk Deliveries Score (Performance Category)	NICU annual patient count (volume)	Antenatal steroids process measure
<b>Achieved the Standard</b>	$\geq 50$ VLBW infants	Met target
<b>Considerable Achievement</b>	$\geq 50$ VLBW infants	Did not meet target or did not measure or unable to calculate score ( $n < 10$ )
<b>Some Achievement</b>	$< 50$ VLBW infants or No NICU	Met target
<b>Limited Achievement</b>	$< 50$ VLBW infants or No NICU	Did not meet target or did not measure or unable to calculate score ( $n < 10$ )

**For hospitals reporting on VON's Death or Morbidity Outcome Measure:**

If the **upper bound** of the shrunken standardized mortality ratios (SMR) is less than 1, the center is performing **better than expected**. (e.g., SMR: 0.7; lower bound: 0.3; upper bound: 0.9)

If the **lower bound** of the shrunken SMR is greater than 1, the center is performing **worse than expected**. (e.g., SMR: 1.6; lower bound: 1.2; upper bound: 2.1)

If the **lower and upper bounds include 1**, then the center is performing **as expected**. (e.g., SMR: 1.0; lower bound: 0.8; upper bound: 1.2)

High-Risk Deliveries Score (Performance Category)	Death or Morbidity (VON Outcome Measure)	Antenatal steroids process measure
<b>Achieved the Standard</b>	Hospital's outcomes are <b>better</b> than expected	Met target
<b>Considerable Achievement</b>	Hospital's outcomes are <b>better</b> than expected	Did not meet target or did not measure or unable to calculate score ( $n < 10$ )
	Hospital's outcomes are <b>equal</b> to what is expected	Met target
<b>Some Achievement</b>	Hospital's outcomes are <b>equal</b> to what is expected	Did not meet target or did not measure or unable to calculate score ( $n < 10$ )
<b>Limited Achievement</b>	Hospital's outcomes are <b>worse</b> than expected	Whether a hospital met target or did not meet target

### **Does Not Apply:**

The hospital does not electively admit high-risk deliveries.

### **Declined to Respond:**

The hospital did not submit a Survey.

### **Pending Leapfrog Verification:**

The hospital's responses are undergoing Leapfrog's standard verification process.

## Section 5: 2020 ICU Physician Staffing (IPS) Scoring Algorithm

**ICU Physician Staffing**

Hospitals are scored for the ICU Physician Staffing section of the Survey based on their answers to a set of 14 questions related to the staffing structures they have in place to care for ICU patients in adult and pediatric general medical and/or surgical intensive care units and neuro intensive care units.

IPS Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	<p>The hospital responded “Yes” or “Not applicable, intensivists are present 24/7” to <b>all</b> the following questions:</p> <ul style="list-style-type: none"> <li>• Question #3: Physicians certified in critical care medicine (i.e. “intensivists”), when present on-site or via telemedicine, manage or co-manage all critical care patients in adult and pediatric general medical and/or surgical ICU(s) and neuro ICUs</li> <li>• Question #4 or #5: One or more intensivist(s) is/are <ul style="list-style-type: none"> <li>○ Present via telemedicine, in combination with on-site intensivist coverage, for a total of 24 hours per day, 7 days per week; meets all of Leapfrog’s ICU requirements; and supported by an on-site intensivist who establishes and revises the daily care plan for each ICU patient;</li> <li>○ present in each ICU during daytime hours for at least 8 hours per day, 7 days per week, providing clinical care exclusively in one ICU during these hours</li> </ul> </li> <li>• Question #6: When intensivists are not present (on-site or via telemedicine) in these ICUs, one of them returns more than 95% of calls/pages/texts from these units within five minutes</li> <li>• Question #7: When intensivists are not present (on-site or via telemedicine) in the ICU or not able to physically reach an ICU patient within 5 minutes, another physician, physician assistant, nurse practitioner or FCCS-certified nurse “effector” is on-site at the hospital and able to reach ICU patients within five minutes in more than 95% of the cases</li> </ul> <p>Note: When telemedicine is employed as a substitute for on-site intensivist coverage, it must meet all ten requirements detailed in endnote #27 (in the <a href="#">hard copy of the Survey</a>), which includes some on-site intensivist time to manage the ICU patients’ admissions, discharges, and care planning.</p>
<b>Considerable Achievement</b>	<p>The hospital responded “Yes” or “Clinical pharmacist rounds 7 days per week” to <b>all</b> the following questions:</p> <ul style="list-style-type: none"> <li>• Question #3: Physicians certified in critical care medicine (i.e. “intensivists”), when present on-site or via telemedicine, manage or co-manage all critical care patients in adult and pediatric general medical and/or surgical ICU(s) and neuro ICUs</li> <li>• Question #8 or #12: <ul style="list-style-type: none"> <li>○ One or more intensivist(s) is/are present in each ICU during daytime hours for at least 8 hours per day, 4 days per week or 4 hours per day, 7 days per week; providing clinical care exclusively in one ICU during these hours</li> <li>○ On-site clinical pharmacist makes daily rounds on all critical care patients in adult and pediatric medical and/or surgical and neuro ICUs at least 5 days/week, and on the other 2 days/week, a clinical</li> </ul> </li> </ul>

IPS Score (Performance Category)	Meaning that...
	<p>pharmacist returns more than 95% of calls/pages/texts from these units within five minutes; or on-site clinical pharmacist rounds 7 days per week</p> <ul style="list-style-type: none"> <li>• Question #13 or #14:               <ul style="list-style-type: none"> <li>○ An intensivist leads daily, interprofessional rounds on-site on all critical care patients in adult and pediatric medical and/or surgical and neuro ICUs 7 days per week;</li> <li>○ When intensivists are on-site in adult and pediatric medical and/or surgical and neuro ICUs, they make all admission and discharge decisions</li> </ul> </li> </ul>
<p><b>Considerable Achievement (alternative for hospitals)</b></p>	<p>The hospital responded “Yes” to <b>all</b> the following questions:</p> <ul style="list-style-type: none"> <li>• Question #3: Physicians certified in critical care medicine (i.e. “intensivists”), when present on-site or via telemedicine, manage or co-manage all critical care patients in adult and pediatric general medical and/or surgical ICU(s) and neuro ICUs</li> <li>• Question #9: One or more intensivist(s) is/are present via telemedicine 24 hours per day, 7 days per week, meet all of Leapfrog’s modified ICU requirements, with on-site care planning done by an intensivist, hospitalist, anesthesiologist, or a physician trained in emergency medicine</li> </ul> <p>Note: When telemedicine is employed as a substitute for on-site intensivist coverage, it must meet all nine requirements detailed in endnote #32 (in the <a href="#">hard copy of the Survey</a>).</p>
<p><b>Some Achievement</b></p>	<p>The hospital responded “Yes” to <b>all</b> the following questions:</p> <ul style="list-style-type: none"> <li>• Question #3: Physicians certified in critical care medicine (i.e. “intensivists”), when present on-site or via telemedicine, manage or co-manage all critical care patients in adult and pediatric general medical and/or surgical ICU(s) and neuro ICUs</li> <li>• Question #10: One or more intensivist(s) is/are present on-site at least 4 days per week to establish or revise daily care plans for all critical care patients</li> <li>• Question #13 or #14:               <ul style="list-style-type: none"> <li>○ An intensivist leads daily, interprofessional rounds on-site on all critical care patients in adult and pediatric medical and/or surgical and neuro ICUs 7 days per week;</li> <li>○ When intensivists are on-site in adult and pediatric medical and/or surgical and neuro ICUs, they make all admission and discharge decisions</li> </ul> </li> </ul> <p>Or the hospital responded “Yes” to <b>all</b> the following questions:</p> <ul style="list-style-type: none"> <li>• Question #11: If not all, at least some critical care patients are managed or co-managed by physicians who are certified in critical care medicine (i.e. “intensivists”), either on-site or via telemedicine</li> <li>• Question #13 or #14:               <ul style="list-style-type: none"> <li>○ An intensivist leads daily, interprofessional rounds on-site on all critical care patients in adult and pediatric medical and/or surgical and neuro ICUs 7 days per week;</li> </ul> </li> </ul>

IPS Score (Performance Category)	Meaning that...
	<ul style="list-style-type: none"> <li>○ When intensivists are on-site in adult and pediatric medical and/or surgical and neuro ICUs, they make all admission and discharge decisions</li> </ul> <p>Note: When telemedicine is employed as a substitute for on-site intensivist coverage, it must meet all nine requirements detailed in endnote #32 (in the <a href="#">hard copy of the Survey</a>).</p>
<b>Limited Achievement</b>	The hospital responded to all the questions in this section, but it does not yet meet the criteria for <b>Some Achievement</b> .
<b>Does Not Apply</b>	The hospital does not operate an adult or pediatric general medical or surgical intensive care unit or a neuro intensive care unit.
<b>Declined to Respond</b>	The hospital did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The hospital's responses are undergoing Leapfrog's standard verification process.

## Section 6: 2020 Patient Safety Practices Scoring Algorithms

**National Quality Forum (NQF) Safe Practice #1**

A hospital's progress for the National Quality Forum's (NQF) Safe Practice #1 – Culture of Safety Leadership Structures and Systems will be measured and scored based on the number of points earned.

NQF Safe Practice #1 Score (Performance Category)	Overall Points Earned
Achieved the Standard	100% of Points
Considerable Achievement	80% to 99% of Points
Some Achievement	50% to 79% of Points
Limited Achievement	0% to 49% of Points
Declined to Respond	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

Scoring details are described below.

- 1. Maximum Points:** NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems has a maximum number of points of 120.
- 2. Point Values per Checkbox:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of checkboxes within this NQF Safe Practice.
- 3. Points Earned:** Total points earned for this NQF Safe Practice is the sum of the points for each checkbox marked for this NQF Safe Practice.
- 4. Performance Category Cut-points** are based on a percentage of the Maximum Points achievable for this NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut-points further. However, there are no current plans or commitments to change the cut-points during the 2020 Survey Cycle.
- 5. Updated Submissions:** Hospitals may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas up until **December 31** (updated from November 30 as part of Leapfrog's [COVID-19 response](#)). Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

## National Quality Forum (NQF) Safe Practice #2

A hospital's progress for the National Quality Forum's (NQF) Safe Practice #2 – Culture Measurement, Feedback, and Intervention will be measured and scored based on the number of points earned.

NQF Safe Practice #2 Score (Performance Category)	Overall Points Earned
Achieved the Standard	100% of Points
Considerable Achievement	80% to 99% of Points
Some Achievement	50% to 79% of Points
Limited Achievement	0% to 49% of Points
Declined to Respond	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

Scoring details are described below.

- Maximum Points:** NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention has a maximum number of points of 120.
- Point Values per Checkbox:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of checkboxes within this NQF Safe Practice.
- Points Earned:** Total points earned for this NQF Safe Practice is the sum of the points for each checkbox marked for this NQF Safe Practice.
- Performance Category Cut-points** are based on a percentage of the Maximum Points achievable for this NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut-points further. However, there are no current plans or commitments to change the cut-points during the 2020 Survey Cycle.
- Updated Submissions:** Hospitals may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas up until **December 31** (updated from November 30 as part of Leapfrog's [COVID-19 response](#)). Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.



## National Quality Forum (NQF) Safe Practice #9

A hospital's progress for the National Quality Forum's (NQF) Safe Practice #9 – Nursing Workforce, will be measured and scored based on the number of points earned

NQF Safe Practice #9 Score (Performance Category)	Overall Points Earned
Achieved the Standard	100% of Points
Considerable Achievement	80% to 99% of Points
Some Achievement	50% to 79% of Points
Limited Achievement	0% to 49% of Points
Declined to Respond	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

Scoring details are described below.

- Maximum Points:** NQF Safe Practice #9 – Nursing Workforce\* has a maximum number of points of 100.  
  
\*Hospitals indicating in NQF Safe Practice #9 that they have current Magnet status designation, as determined by the American Nurses Credentialing Center (ANCC), will receive full points for this Safe Practice.
- Point values per checkbox:** Each question has an equal point value, computed as the Maximum Points divided by the number of checkboxes within this NQF Safe Practice.
- Points Earned:** Total points earned for this NQF Safe Practice is the sum of the points for each checkbox marked for this NQF Safe Practice OR hospitals indicating that they have current Magnet status designation, as determined by the American Nurses Credentialing Center (ANCC), will automatically receive full credit.
- Performance Category cut-points** are based on a percentage of the Maximum Points achievable for this NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut-points further. However, there are no current plans or commitments to change the cut-points during the 2020 Survey Cycle.
- Updated Submissions:** Hospitals may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas up until **December 31** (updated from November 30 as part of Leapfrog's [COVID-19 response](#)). Updates made to reflect a change in performance after December 31 will not be scored or publicly reported.

## Hand Hygiene

Hospitals will be scored based on their performance on five domains of hand hygiene. In order to meet the requirements of each domain, the hospital must respond in the affirmative to all applicable questions.

1. Monitoring: questions #8-10
  - a. Electronic: questions #11-12
  - b. Direct Observation: questions #13-14
2. Feedback: questions #15-18
3. Training and Education: questions #1-3
4. Infrastructure: questions #4-7
5. Culture: questions #19-20

Hand Hygiene (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	<p>The hospital responded “yes” to <b>all</b> applicable questions in the Monitoring and Feedback Domains and meets the <b>monthly</b> sample size of <b>200</b> (or 1.7% of all possible hand hygiene opportunities) for monitoring hand hygiene opportunities:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #8: Hospital collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 1.7% of all possible hand hygiene opportunities, <b>each <u>month</u> in each patient care unit</b></li> <li>○ Question #10: Hospital uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</li> <li>○ The hospital responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring:</i> questions #11-12</li> <li>▪ <i>Direct Observation:</i> questions #13-14</li> </ul> </li> </ul> </li> <li>• <b>Feedback Domain:</b> questions #15-18</li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The hospital responded “yes” to <b>all</b> questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>• <b>Training and Education Domain:</b> questions #1-3</li> <li>• <b>Infrastructure Domain:</b> questions #4-7</li> <li>• <b>Culture Domain:</b> questions #19-20</li> </ul>
<b>Considerable Achievement</b>	<p>The hospital responded “yes” to <b>all</b> applicable questions in the Monitoring and Feedback Domains and meets the <b>quarterly</b> sample size of <b>100</b> for monitoring hand hygiene opportunities:</p> <ul style="list-style-type: none"> <li>• <b>Monitoring Domain:</b> <ul style="list-style-type: none"> <li>○ Question #9: Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities <b>each <u>quarter</u> in each patient care unit</b></li> <li>○ Question #10: Hospital uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will</li> </ul> </li> </ul>

Hand Hygiene (Performance Category)	Meaning that...
	<p>be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</p> <ul style="list-style-type: none"> <li>○ The hospital responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #9):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring</i>: questions #11-12</li> <li>▪ <i>Direct Observation</i>: questions #13-14</li> </ul> </li> <li>● <b>Feedback Domain</b>: questions #15-18</li> </ul> <p style="text-align: center;"><b><u>AND</u></b></p> <p>The hospital responded “yes” to <b>all</b> questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>● <b>Training and Education Domain</b>: questions #1-3</li> <li>● <b>Infrastructure Domain</b>: questions #4-7</li> <li>● <b>Culture Domain</b>: questions #19-20</li> </ul>
<p><b>Some Achievement*</b></p>	<p>The hospital responded “yes” to <b>all</b> applicable questions in any <b>2</b> of the following domains:</p> <ul style="list-style-type: none"> <li>● <b>Monitoring Domain</b>:                             <ul style="list-style-type: none"> <li>○ Question #8 or #9:                                     <ul style="list-style-type: none"> <li>▪ Hospital collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 1.7% of all possible hand hygiene opportunities, <b>each month in each patient care unit</b>;</li> <li>▪ Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities <b>each quarter in each patient care unit</b></li> </ul> </li> <li>○ Question #10: Hospital uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</li> <li>○ The hospital responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8 or #9):                                     <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring</i>: questions #11-12</li> <li>▪ <i>Direct Observation</i>: questions #13-14</li> </ul> </li> </ul> </li> <li>● <b>Feedback Domain</b>: questions #15-18</li> <li>● <b>Training and Education Domain</b>: questions #1-3</li> <li>● <b>Infrastructure Domain</b>: questions #4-7</li> <li>● <b>Culture Domain</b>: questions #19-20</li> </ul>
<p><b>Limited Achievement*</b></p>	<p>The hospital responded “yes” to <b>all</b> applicable questions in any <b>1</b> of the following domains:</p> <ul style="list-style-type: none"> <li>● <b>Monitoring Domain</b>:                             <ul style="list-style-type: none"> <li>○ Question #8 or #9:                                     <ul style="list-style-type: none"> <li>▪ Hospital collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 1.7% of all possible hand hygiene opportunities, <b>each month in each patient care unit</b>;</li> <li>▪ Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities <b>each quarter in each patient care unit</b></li> </ul> </li> <li>○ Question #10: Hospital uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will</li> </ul> </li> </ul>

Hand Hygiene (Performance Category)	Meaning that...
	<p>be used by patients with feedback on both when they are and are not compliant with performing hand hygiene</p> <ul style="list-style-type: none"> <li>○ The hospital responded “yes” to all questions pertaining to the monitoring method used (as indicated in question #8 or #9):                             <ul style="list-style-type: none"> <li>▪ <i>Electronic Compliance Monitoring</i>: questions #11-12</li> <li>▪ <i>Direct Observation</i>: questions #13-14</li> </ul> </li> <li>● <b>Feedback Domain</b>: questions #15-18</li> <li>● <b>Training and Education Domain</b>: questions #1-3</li> <li>● <b>Infrastructure Domain</b>: questions #4-7</li> <li>● <b>Culture Domain</b>: questions #19-20</li> </ul> <p style="text-align: center;"><b><u>OR</u></b></p> <p style="text-align: center;">The hospital met <b>0</b> domains.</p>
<b>Declined to Respond</b>	The hospital did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The hospital’s responses are undergoing Leapfrog’s standard verification process.

**\*Note: Hospitals scored as “Some Achievement” or “Limited Achievement” will be publicly reported as “Not Available.”**

**Section 7: 2020 Managing Serious Errors Scoring Algorithms**

## **Never Events Policy**

Adoption of the nine principles of The Leapfrog Group’s Policy Statement on Serious Reportable Events (“Never Events”) will be scored and publicly reported based on the criteria below.

Never Events Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	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”).
<b>Considerable Achievement</b>	The hospital has implemented a policy that adheres to all 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.
<b>Some Achievement</b>	The hospital has implemented a policy that adheres to all the original 5 principles* of The Leapfrog Group’s Policy Statement on Serious Reportable Events (“Never Events”).
<b>Limited Achievement</b>	The hospital responded to the Leapfrog Survey questions pertaining to adoption of this policy but does not yet meet the criteria for “Some Achievement.”
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.
<b>Declined to Respond</b>	The hospital did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The hospital’s responses are undergoing Leapfrog’s standard verification process.

\*The Leapfrog Group’s original five principles include: apologizing to the patient, performing a root cause analysis, reporting to an external agency within 15 days, waiving all associated costs, and making a copy of the policy available to patients and payers upon request. More information is available at <http://www.leapfroggroup.org/ratings-reports/never-events-management>.

## **Healthcare-Associated Infections**

The **standardized infection ratios (SIRs)** for CLABSI, CAUTI, MRSA, C. Diff., and SSI Colon are calculated by [NHSN](#), and will be scored and publicly reported for each hospital that joins Leapfrog’s NHSN group, provides a valid NHSN ID in their Leapfrog Survey Profile, and submits Section 7 of the 2020 Leapfrog Hospital Survey.

As described in the hard copy of the [Survey](#), All hospitals in Leapfrog’s NHSN Group are required (a) generate datasets within NHSN, (b) download CMS IQR reports, and (c) and download a copy of your 2019 Patient Safety Component - Annual Hospital Survey from NHSN on the **same day** that Leapfrog will be downloading the data from NHSN for all current group members.

By generating datasets and downloading reports within NHSN on the same day as Leapfrog, hospitals will be ensured that the data matches what Leapfrog has obtained. If hospitals do not generate datasets and download reports on the same day as Leapfrog, the Help Desk will not review any discrepancies.

A hospital’s standardized infection ratio is used to determine in which performance category a hospital is placed for each healthcare-associated infection. Note that the MRSA and C. Diff. measures apply to all hospitals:

Score (Performance Category)	CLABSI SIR	CAUTI SIR	MRSA SIR	CDI SIR	SSI Colon SIR
<b>Achieved the Standard</b>	<= 0.413	<= 0.427	<= 0.496	<= 0.621	<= 0.349
<b>Considerable Achievement</b>	> 0.413 and <=0.788	> 0.427 and <=0.823	> 0.496 and <=0.901	> 0.621 and <=0.885	> 0.349 and <=0.783
<b>Some Achievement</b>	> 0.788 and <=1.184	> 0.823 and <=1.281	> 0.901 and <=1.516	> 0.885 and <=1.161	> 0.783 and <=1.302
<b>Limited Achievement</b>	> 1.184	> 1.281	> 1.516	> 1.161	> 1.302
<b>Unable to Calculate Score</b>	The hospital reported too small of a sample size to calculate their results reliably (i.e. the number of predicted infections across all locations is <1) or the number of observed MRSA or CDI infections present on admission (community-onset prevalence) was above a pre-determined cut-point.				
<b>Does Not Apply</b>	The measure did not apply to the hospital during the reporting period (e.g. zero device days or procedures, no applicable locations, etc.).				
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.				
<b>Declined to Respond</b>	The hospital did not submit a Survey.				
<b>Pending Leapfrog Verification</b>	The hospital's responses are undergoing Leapfrog's standard verification process.				

Note: Cut-points are based on the distribution of results from 2017 Leapfrog Hospital Surveys submitted as of July 31, 2017, which included data pulled from NHSN on July 25, 2017. These cut-points will remain in place for the entire Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

## **Antibiotic Stewardship Practices**

The 2019 Patient Safety Component Annual Hospital Survey was released on January 1, 2020.

In this section of the Survey, hospitals will be scored on their adoption and implementation of the [CDC's Core Elements of Antibiotic Stewardship Programs](#). The number of Core Elements Met is calculated by NHSN and will be scored and publicly reported for each hospital that joins Leapfrog's NHSN group, provides a valid NHSN ID in their Leapfrog Survey Profile, and submits Section 7 of the 2020 Leapfrog Hospital Survey.

As described in the hard copy of the [Survey](#), all hospitals in Leapfrog's NHSN Group are required to download a copy of your 2019 Patient Safety Component - Annual Hospital Survey from NHSN on the [same day](#) that Leapfrog will be downloading the data from NHSN for all current group members.

By downloading the Annual Hospital Survey from NHSN on the same day as Leapfrog, hospitals will be ensured that the data matches what Leapfrog has obtained. If hospitals do not download reports on the same day as Leapfrog, the Help Desk will not review any discrepancies.

Hospitals that have adopted all seven of the Core Elements will be scored as "Achieved the Standard." Hospitals that have adopted fewer than seven of the Core Elements will be scored as "Limited Achievement."

Antibiotic Stewardship Practices Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	The hospital has implemented all seven Core Elements identified by the CDC for a successful Antibiotic Stewardship Program.
<b>Limited Achievement</b>	The hospital has implemented fewer than seven Core Elements identified by the CDC for a successful Antibiotic Stewardship Program.
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.
<b>Declined to Respond</b>	The hospital did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The hospital's responses are undergoing Leapfrog's standard verification process.

**Section 8: 2020 Medication Safety Scoring Algorithms****Bar Code Medication Administration**

In this section of the Survey, hospitals are scored on four components of BCMA use:

- **% Units:** A hospital's implementation of BCMA throughout the hospital, as measured by the percentage of units with a focus on adult and pediatric medical and/or surgical units, intensive care units (adult, pediatric, and neonatal), and labor and delivery units.
- **% Compliance:** A hospital's compliance with scanning the patient and medication during the administration in applicable units where BCMA is implemented.
- **Decision Support:** The types of decision support that the hospital's BCMA system offers, including:
  1. Wrong patient
  2. Wrong medication
  3. Wrong dose
  4. Wrong time (e.g., early/late warning; warning that medication cannot be administered twice within a given window of time)
  5. Second nurse check needed
- **Workarounds:** A hospital's structures to monitor and reduce workarounds, including:
  1. Has a formal committee that meets routinely to review data reports on BCMA system use
  2. Has back-up systems for hardware failures
  3. Has a help desk that provides timely responses to urgent BCMA issues in real-time
  4. Conducts real-time observations of users at the unit level using the BCMA system
  5. Engages nursing leadership at the unit level on BCMA use
  6. In the past 12 months used the data and information obtained through items 1-5 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 1-5 to monitor a previously implemented quality improvement project focused on improving the hospital's BCMA performance
  7. In the past 12 months evaluated the results of the quality improvement projects (from 6) and demonstrated that these projects have resulted in higher adherence to your hospital's standard medication administration process  
**OR**  
In the past 12 months evaluated the results of the quality improvement projects (from 6) and demonstrated continued adherence to your hospital's standard medication administration process
  8. Communicated back to end users the resolution of any system deficiencies and/or problems that may have contributed to the workarounds



BCMA Score (Performance Category)	% Units	% Compliance	Decision Support	Processes & Structures to Prevent Workarounds
<b>Achieved the Standard</b>	100%	95%	5 out of 5	6 out of 8
<b>Considerable Achievement</b>	The hospital meets 3 of the 4 standards			
<b>Some Achievement</b>	The hospital meets 2 of the 4 standards			
<b>Limited Achievement</b>	The hospital meets 1 or 0 of the 4 standards			
<b>Does Not Apply</b>	The hospital does not operate an ICU, medical/surgical unit, or labor and delivery unit.			
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.			
<b>Declined to Respond</b>	The hospital did not submit a Survey.			
<b>Pending Leapfrog Verification</b>	The hospital's responses are undergoing Leapfrog's standard verification process.			

## Medication Reconciliation

Data collection and reporting on the number of unintentional medication discrepancies identified between the Gold Standard Medication History obtained by a trained pharmacist and the admission and discharge orders, including the number of additional unintentional medications is scored and publicly reported based on the criteria below:

Medication Reconciliation Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process and reported the data collected to Leapfrog.
<b>Some Achievement</b>	The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, but did not report the data collected to Leapfrog.
<b>Limited Achievement</b>	The hospital has a protocol, but is not using the nationally endorsed protocol, to collect data on the accuracy of its medication reconciliation process or the hospital did not measure.
<b>Does Not Apply</b>	The hospital is a pediatric facility.
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.
<b>Declined to Respond</b>	The hospital did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The hospital's responses are undergoing Leapfrog's standard verification process.

Note: Hospitals are scored as "Some Achievement" if they sampled and responded to the questions in this section of the Survey, but had their responses flagged in Leapfrog's monthly [data review](#).

## **Opioid Prescribing**

This section will not be scored in 2020, and responses will not be shown on Leapfrog’s public reporting [website](#).

## Section 9: 2020 Pediatric Care Scoring Algorithms

**Patient Experience (CAHPS Child Hospital Survey)**

Hospitals are scored based on Top Box Scores from a subset of the domains (5 out of 18) included on the CAHPS Child Hospital Survey. These domains were selected for use in scoring due to having the lowest median performance and the largest variation in performance across hospitals.

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

Hospitals are scored based on the number of domains where the hospital is performing in the top quartile.

Top Quartile for CAHPS Child Hospital Survey Domains (Quartiles [Q])	Communication about child’s medicines (%)	Keeping you informed about child’s care (%)	Child Communication with nurses (%)	Child Communication with doctors (%)	Preventing mistakes and reporting concerns (%)
<b>Top Quartile (&gt;= Q3)</b>	>= 83	>= 80	>= 82	>= 78	>= 66

Patient Experience (CAHPS Child Hospital Survey) Score (Performance Category)	Meaning that the hospital...
<b>Achieved the Standard</b>	Scored in top quartile of hospitals on at least <b>4 out of 5</b> Child CAHPS domains
<b>Considerable Achievement</b>	Scored in top quartile of hospitals on <b>3 out of 5</b> Child CAHPS domains
<b>Some Achievement</b>	Scored in top quartile of hospitals on <b>2 out of 5</b> Child CAHPS domains
<b>Limited Achievement</b>	Scored in top quartile of hospitals on <b>1 or fewer</b> Child CAHPS domains or the hospital did not measure.
<b>Unable to Calculate Score</b>	The hospital did not meet the minimum reporting requirements for the measure (<100 returned CAHPS Child Hospital Surveys).
<b>Does Not Apply</b>	The hospital had too few pediatric inpatient admissions (n < 500) to administer the CAHPS Child Hospital Survey, or had fewer than 100 non-NICU pediatric inpatient admissions
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.
<b>Declined to Respond</b>	The hospital did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The hospital’s responses are undergoing Leapfrog’s standard verification process.

Note: The top quartiles are based on the distribution of performance reported from 2019 Leapfrog Hospital Surveys and 2020 Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog’s [COVID-19 response](#)). These cut-points will remain in place for the entire Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

## Pediatric Computed Tomography (CT) Radiation Dose

Hospitals are scored on their performance for head scans and abdomen/pelvis scans separately, by comparing the median radiation dose length product (DLP) for each anatomic region and age stratum by phantom dose to two benchmarks. The first benchmark is the Median Benchmark, which is the median of the median doses reported across all Leapfrog-reporting hospitals from 2020 Leapfrog Hospital Surveys submitted by August 31, 2020. The second benchmark is the 75<sup>th</sup> Percentile Benchmark, which is the median of the 75<sup>th</sup> percentile doses reported across all Leapfrog-reporting hospitals from 2020 Leapfrog Hospital Surveys submitted by August 31, 2020.

Hospitals receive points based on their reported median dose (50<sup>th</sup> percentile) compared to the benchmarks. If the hospital's reported median dose is less than the Median Benchmark, then it receives 2 points. If the hospital's reported median dose is greater than or equal to the Median Benchmark and less than the 75<sup>th</sup> Percentile Benchmark, then it receives 1 point. Otherwise, if the hospital's reported median dose is greater than or equal to the 75<sup>th</sup> Percentile Benchmark, it receives no points for that category.

Therefore, for each anatomic region, there are at most 10 possible points. If a hospital had less than 10 CT scans for an age stratum, then the age stratum is not included in scoring.

HEAD SCANS					
Point Assignment (Benchmarks)	< 1 year	1 - 4	5 - 9	10-14	15-17
<b>2 Points</b> (Median Dose < Median Benchmark)	< 272	< 377	< 479	< 624	< 769
<b>1 Point</b> (Median Dose >= Median Benchmark and < 75 <sup>th</sup> Percentile Benchmark)	>= 272 and < 318	>= 377 and < 441	>= 479 and < 564	>= 624 and < 751	>= 769 and < 860
<b>0 Points</b> (Median Dose >= 75 <sup>th</sup> Percentile Benchmark)	>= 318	>= 441	>= 564	>= 751	>= 860

ABDOMEN/PELVIS SCANS					
Point Assignment (Benchmarks)	< 1 year	1 - 4	5 - 9	10-14	15-17
<b>2 Points</b> (Median Dose < Median Benchmark)	< 74	< 76	< 127	< 274	< 388
<b>1 Point</b> (Median Dose >= Median Benchmark and < 75 <sup>th</sup> Percentile Benchmark)	>= 74 and < 86	>= 76 and < 95	>= 127 and < 176	>= 274 and < 394	>= 388 and < 565
<b>0 Points</b> (Median Dose >= 75 <sup>th</sup> Percentile Benchmark)	>= 86	>= 95	>= 176	>= 394	>= 565

Note: Cut-points are based on the distribution of median doses from 2020 Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog's [COVID-19 response](#)). These cut-points will remain in place for the entire Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

For each anatomic region, the percentage of points awarded is calculated by summing the points earned and dividing by the total number of possible points (e.g., 2 times the number of age strata with at least 10 CT scans). This percentage of points earned is used to assign a performance category according to the table below:

<b>Pediatric CT Dose Score (Performance Category)</b>	<b>Head Scans</b>	<b>Abdomen/Pelvis Scans</b>
<b>Achieved the Standard</b>	>= 75% of total possible points	>= 75% of total possible points
<b>Considerable Achievement</b>	>= 50% and < 75% of total possible points	>= 50% and < 75% of total possible points
<b>Some Achievement</b>	>=25% and < 50% of total possible points	>=25% and < 50% of total possible points
<b>Limited Achievement</b>	< 25% of total possible points or the hospital did not measure	< 25% of total possible points or the hospital did not measure
<b>Unable to Calculate Score</b>	Fewer than 10 CT scans for all age ranges	Fewer than 10 CT scans for all age ranges
<b>Does Not Apply</b>	The hospital does not perform CT scans on pediatric patients.	
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.	
<b>Declined to Respond</b>	The hospital did not submit a Survey.	
<b>Pending Leapfrog Verification</b>	The hospital's responses are undergoing Leapfrog's standard verification process.	

## Section 10: 2020 Outpatient Procedures Scoring Algorithms

**Basic Outpatient Department Information**

This section will not be scored in 2020. However, responses will be shown on Leapfrog's public reporting [website](#). For example, Leapfrog will display the number of operating and/or procedure rooms.

**Medical, Surgical, and Clinical Staff****Certified Clinicians Present While Patients Are Recovering**

Hospitals will be scored on whether an Advanced Cardiac Life Support (ACLS) trained clinician, plus a second clinician, are always present and immediately available while adult patients are recovering and whether a Pediatric Advanced Life Support (PALS) trained clinician, plus a second clinician, are always present and immediately available while pediatric patients are recovering.

Note: Facilities that have a physician or CRNA serving as their ACLS or PALS trained clinician are not required to have a third clinician present while patients are recovering.

Clinicians Present While Patients are Recovering Score (Performance Category)	Meaning that while <u>adult</u> patients are recovering from an outpatient procedure, the hospital ensures that...	Meaning that while <u>pediatric</u> patients are recovering from an outpatient procedure, the hospital ensures that...
Achieved the Standard	<ul style="list-style-type: none"> <li>An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are present at all times and immediately available in the building while an adult patient is present in the hospital outpatient department; <b>AND</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b> adult patients are physically discharged from the hospital outpatient department</li> </ul>	<ul style="list-style-type: none"> <li>A PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the hospital outpatient department; <b>AND</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b> pediatric patients are physically discharged from the hospital outpatient department</li> </ul>
Some Achievement	<ul style="list-style-type: none"> <li>An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are present at all times and immediately available in the building while an adult patient is present in the hospital outpatient department; <b>OR</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b> adult patients are physically</li> </ul>	<ul style="list-style-type: none"> <li>A PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the hospital outpatient department; <b>OR</b></li> <li>A physician or CRNA is present at all times and immediately available in the building until <b>all</b></li> </ul>

	discharged from the hospital outpatient department	pediatric patients are physically discharged from the hospital outpatient department
<b>Limited Achievement</b>	<ul style="list-style-type: none"> <li>An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are <u>NOT</u> present at all times and immediately available in the building while an adult patient is present in the hospital outpatient department; <b>AND</b></li> <li>A physician or CRNA is <u>NOT</u> present at all times and immediately available in the building until <b>all</b> adult patients are physically discharged from the hospital outpatient department</li> </ul>	<ul style="list-style-type: none"> <li>A PALS trained clinician, as well as a second clinician (regardless of PALS training), are <u>NOT</u> present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the hospital outpatient department; <b>AND</b></li> <li>A physician or CRNA is <u>NOT</u> present at all times and immediately available in the building until <b>all</b> pediatric patients are physically discharged from the hospital outpatient department</li> </ul>
<b>Does Not Apply</b>	The hospital does not perform outpatient procedures on adult patients.	The hospital does not perform outpatient procedures on pediatric patients.
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.	
<b>Declined to Respond</b>	The hospital did not submit a Survey.	
<b>Pending Leapfrog Verification</b>	The hospital's responses are undergoing Leapfrog's standard verification process.	

### **Board Certified/ Board Eligible Physicians and Certified Registered Nurse Anesthetists**

Information on the proportion of physicians and certified registered nurse anesthetists who are board certified or board eligible will not be scored in 2020, however, the responses will be shown on Leapfrog's public reporting [website](#).

### **Volume of Procedures**

#### ***Volume of Procedures***

In 2020, responses to the annual volume of each procedure performed will not be scored. However, responses will be used to facilitate the search functionality on Leapfrog's public reporting [website](#) (e.g., allowing users to search for facilities that perform the procedure they need) and the information will be publicly reported to inform purchasers and consumers about the facility's experience with the procedure.

Fact-finding questions regarding registry participation will not be scored in 2020, and responses will not be shown on Leapfrog's public reporting [website](#).

## Safety of Procedures

### ***Patient Follow-up***

This section will not be scored in 2020, and responses will not be shown on Leapfrog’s public reporting [website](#).

### ***Patient Selection***

This section will not be scored in 2020. However, responses will be shown on Leapfrog’s public reporting [website](#). Leapfrog will display the components of a facility’s patient screening tool.

### ***Patient Consent to Treat***

This section will not be scored in 2020. However, responses will be shown on Leapfrog’s public reporting [website](#) alongside information about procedure volume.

### ***Safe Surgery Checklist***

Hospitals will be scored on the use of a Safe Surgery Checklist and whether elements of the checklist are documented and used on every patient undergoing an applicable procedure.

Safe Surgery Checklist Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>The hospital uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure; <b>AND</b></li> <li>Hospital has documented that <b>all</b> safe surgery checklist elements listed were completed for each patient, by responding “yes” to all the following: question #15, question #17, and question #19.</li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>The hospital uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure; <b>AND</b></li> <li>Hospital has documented that <b>most</b> of the safe surgery checklist elements listed were completed for each patient, by responding “yes” to 2 of the following: question #15, question #17, and question #19.</li> </ul>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>The hospital uses a safe surgery checklist on <b>all</b> patients undergoing an applicable procedure; <b>AND</b></li> <li>Hospital has documented that <b>few or none</b> of the safe surgery checklist elements listed were completed for each patient, by responding “yes” to 1 or 0 of the following: question #15, question #17, and question #19.</li> </ul>
<b>Limited Achievement</b>	The hospital does not use a safe surgery checklist on all patients undergoing an applicable procedure.
<b>Does Not Apply</b>	The hospital does not perform outpatient procedures on adult/pediatric patients.
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.
<b>Declined to Respond</b>	The hospital did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The hospital’s responses are undergoing Leapfrog’s standard verification process.



## Medication Safety for Outpatient Procedures

A hospital's rates of documentation for home medications, visit medications, and allergies/ adverse reaction(s) will be used to determine in which performance category a facility is placed.

Medication and Allergy Documentation Score (Performance Category)	Meaning that ...
<b>Achieved the Standard</b>	The hospital met the 90% target for documenting all three components: home medications, visit medications, and allergies/ adverse reaction(s) in the clinical record.
<b>Considerable Achievement</b>	The hospital met the 90% target for documenting two of the three components.
<b>Some Achievement</b>	The hospital met the 90% target for documenting one of the three components.
<b>Limited Achievement</b>	The hospital did not meet the 90% target for documenting any of the three components or the hospital did not measure.
<b>Unable to Calculate Score</b>	The hospital did not meet the minimum reporting requirements for clinical record documentation (n < 30).
<b>Does Not Apply</b>	The hospital does not perform outpatient procedures on adult/pediatric patients.
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.
<b>Declined to Respond</b>	The hospital did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The hospital's responses are undergoing Leapfrog's standard verification process.

## Patient Experience (OAS CAHPS)

Hospitals will be scored based on Top Box Scores from four domains included on the Outpatient and Ambulatory Surgery (OAS) CAHPS Survey:

- Facilities and Staff
- Communication About Your Procedure
- Patients' Rating of the Facility
- Patients Recommending the Facility

Hospitals will be scored based on the number of domains where the hospital is performing in the top quartile.

Top Quartile for OAS CAHPS Domains (Quartiles [Q])	Facilities and Staff (%)	Communication About Your Procedure (%)	Patients' Rating of the Facility (%)	Patients Recommending the Facility (%)
<b>Top Quartile (&gt;= Q3)</b>	>= 97	>= 93	>= 88	>= 87

Patient Experience (OAS CAHPS) Score (Performance Category)	Meaning that the hospital...
<b>Achieved the Standard</b>	Scored in top quartile of facilities on <b>4 out of 4</b> OAS CAHPS domains.
<b>Considerable Achievement</b>	Scored in top quartile of facilities on <b>3 out of 4</b> OAS CAHPS domains.
<b>Some Achievement</b>	Scored in top quartile of facilities on <b>2 out of 4</b> OAS CAHPS domains.

<b>Limited Achievement</b>	Scored in top quartile of facilities on <b>1 or fewer</b> OAS CAHPS domains or the hospital did not measure.
<b>Unable to Calculate Score</b>	The hospital did not meet the minimum reporting requirements for the measure (<100 returned OAS CAHPS Surveys).
<b>Does Not Apply</b>	The hospital had too few eligible discharges (n < 300) to administer the OAS CAHPS Survey or does not perform outpatient procedures on adult patients.
<b>Not Available</b>	Due to the COVID-19 pandemic, data for this measure is not available.
<b>Declined to Respond</b>	The hospital did not submit a Survey.
<b>Pending Leapfrog Verification</b>	The hospital's responses are undergoing Leapfrog's standard verification process.

Note: The top quartiles are based on the distribution of hospital and ASC performance from 2020 Leapfrog Hospital Surveys and 2020 Leapfrog ASC Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog's [COVID-19 response](#)). These cut-points will remain in place for the entire Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

Results from the 2020 Leapfrog Hospital Survey will be available at <http://ratings.leapfroggroup.org/> in September 2020.

Beginning in October, results are then updated within the first five (5) business days of each month to reflect new Survey submissions and resubmissions.

Find more information about the 2020 Leapfrog Hospital Survey at: <http://leapfroggroup.org/hospital>.