

2021 Leapfrog Hospital Survey Town Hall Call

April 22 and May 19, 2021





Leapfrog's Continued Response to COVID-19

One-time-only changes to the 2021 Leapfrog Hospital Survey

As we enter year two of the pandemic, we fully recognize the continued strain on the health care system. However, while some communities remain inundated with cases and face challenges with vaccine distribution, others are ready to resume full participation in the Leapfrog Hospital Survey. Therefore, we are implementing changes to the 2021 Survey that offer flexibility to hospitals across the country at varied stages of COVID-19 recovery:

- Submission Deadline Extended by 30 Days
- Updated Reporting Periods
- Updated Scoring Options for CPOE (for Adult and General Hospitals)
- Reduced Sample Size for Maternity Care and Medication & Allergy Documentation Measures
- Virtual On-Site Data Verification

Review the complete Summary of Changes on the [Survey and CPOE Materials webpage](#).

Submission Deadline Extended by 30 Days

- The Submission Deadline for the 2021 Leapfrog Hospital Survey will be July 31, 2021, with results publicly reported within the first five business days of August.
- The Late Submission Deadline will continue to be November 30, 2021.
- All deadlines for the 2021 Hospital Survey are available on the Hospital Survey [Deadlines webpage](#).

Updated Reporting Periods

Due to COVID-19 and changes to the services provided at hospitals during the pandemic, hospitals submitting a Survey **prior to September 1** can report using either calendar year 2019 or calendar year 2020 data for some measures. This means that hospitals submitting a Survey prior to September 1 will have the option of reusing data already collected for the 2020 Leapfrog Hospital Survey for the following sections:

- 1A Basic Hospital Information
- 3A Hospital and Surgeon Volume
- 4A-4F Maternity Care
- 9B Pediatric Computed Tomography Radiation Dose
- 10A Basic Outpatient Department Information
- 10C Volume of Procedures
- 10E Medication Safety for Outpatient Procedures

Updated Reporting Periods

We have also adjusted reporting periods for each of the National Quality Forum (NQF) Safe Practices:

- 6A NQF Safe Practice 1 Leadership, Structures, and Systems: reporting period updated from the last 12 months to the last 24 months.
- 6B NQF Safe Practice 2 Culture of Safety Measurement, Feedback, and Intervention: hospitals can report on culture of safety surveys administered in the last 36 months and additional practice elements that were implemented in the past 24 months.
- 6C NQF Safe Practice 9 Nursing Workforce: reporting period updated from the last 12 months to the last 24 months.

Updated Scoring Options for CPOE (for adult and general hospitals)

The CPOE Evaluation Tool will be included in Section 2 of the Hospital Survey for adult and general hospitals, but Leapfrog is making a one-time only update to the scoring algorithm, giving hospitals two options to Achieve the Standard.

- The first option includes implementation status only.
- The second option includes both implementation status and results from the CPOE Evaluation Tool. **Please note, hospitals that choose to take the Adult Inpatient Test via the CPOE Evaluation Tool will have their score from the Test included in their Overall CPOE Score, regardless of the score and without exception.**

Reduced Sample Size for Some Measures

Leapfrog will maintain the reduced sample size of 30 cases for each of the following measures:

- Section 4B Early Elective Deliveries
- Section 4C Cesarean Birth
- Section 4E Bilirubin Screening and Deep Vein Thrombosis (DVT) Prophylaxis
- Section 10E Medication Safety for Outpatient Procedures

Virtual On-Site Data Verification

DHG Healthcare, who administers the On-Site Data Verification Program for the Leapfrog Hospital and ASC Surveys, is updating the verification protocol to be administered virtually (e.g., via Zoom).



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 150 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:

Survey launches at leapfroggroup.org/hospital.

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 such as STS and VON).

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].

SURVEY SECTION

Profile

1 Basic Hospital Information

2 Medication Safety - CPOE

3 Adult and Pediatric Complex Surgery

4 Maternity Care

5 ICU Physician Staffing

6 Patient Safety Practices

7 Managing Serious Errors

8 Medication Safety

9 Pediatric Care

10 Outpatient Procedures



Submission Guidelines

Deadlines for the 2021 Survey

- **July 31** is the Submission Deadline – Hospitals that submit a Survey by July 31 will have their Survey Results publicly reported within the first 5 business days of August at ratings.leapfroggroup.org. Hospitals that do not submit a 2021 Survey by July 31 will be publicly reported as “Declined to Respond.”
- **November 30** is the Late Submission Deadline – No new Surveys can be submitted after this date. Updates made to reflect a change in performance after November will not be scored or publicly reported.
- **January 31** is the Corrections Deadline – Data entry or reporting corrections to Surveys submitted by November 30 must be submitted by January 31. The Survey goes offline at midnight on January 31.

More information, including NHSN group deadlines, on the Deadlines [webpage](#).

Ensuring Data Accuracy

Leapfrog has several protocols in place to ensure the accuracy of the Survey responses submitted via the Online Survey Tool, including:

- Affirmations
- Warnings in the Online Survey Tool
- Extensive Monthly Data Verification
- Monthly Documentation Requirements
- Virtual On-Site Data Verification

Review Leapfrog's protocols on the Data Accuracy [webpage](#).



What's New in 2021: Key Updates

General Updates

Public Reporting

Data Accuracy

Public Reporting

Hospitals will not be able to maintain 2019 or 2020 Survey Results on Leapfrog's public reporting website. Hospitals that do not submit a 2021 Survey by July 31 will be scored and publicly reported as "Declined to Respond" for all measures.

Hospitals will not be scored and publicly reported as "Not Available (due to COVID)" for any measure in 2021. Sections of the Survey that are not submitted by the published deadlines will be scored and publicly reported as "Declined to Respond."

Hospitals and ASC Survey Results will be published at <https://ratings.leapfroggroup.org> within the first 5 business days of August.

Data Accuracy

As part of Leapfrog's Extensive Monthly Data Verification, hospitals that receive a **Category A** Data Verification message at the beginning of the month for any measure 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.

In 2021, if any Category A Data Verification messages are not resolved by January 31 (when the Online Hospital Survey Tool is taken offline), the entire Survey will be de-certified and all measures will be publicly reported as "Declined to Respond."

Section 2 Medication Safety - CPOE

Scoring Algorithm for Adult and General Hospitals

Updates to CPOE Evaluation Tool

Option 1 for Achieving Leapfrog's CPOE Standard – Implementation Status Only

CPOE Score (Performance category)	Implementation Status (from Leapfrog Hospital Survey Questions #3-4)
Achieved the Standard	85% or greater of all inpatient medication orders entered through CPOE System
Considerable Achievement	75-84% of all inpatient medication orders entered through CPOE System
Some Achievement	50-74% of all inpatient medication orders entered through CPOE System
Limited Achievement	CPOE implemented in at least one inpatient unit but <50% 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.

Option 2 for Achieving Leapfrog's CPOE Standard – Implementation Status + CPOE Test Score

Hospitals that take the Adult Inpatient Test via the CPOE Evaluation Tool will have the score from the Test included in their Overall CPOE Score, *regardless of the score and without exception*. Once a hospital starts the CPOE Evaluation Tool, the score from the Test will be used in scoring for the measure. Hospitals will not have the option to discard the test score if they are not satisfied with their score.

Implementation Status (from Leapfrog Hospital Survey Questions #3-4)	Score on Adult Inpatient Test via the CPOE Evaluation Tool (see Appendix I for details on the CPOE Evaluation Tool Scoring Algorithm)					
	<i>Full Demonstration of National Safety Standard for Decision Support</i> (60% or greater of test orders correct)	<i>Substantial Demonstration of National Safety Standard for Decision Support</i> (50-59% of test orders correct)	<i>Some Demonstration of National Safety Standard for Decision Support</i> (40-49% of test orders correct)	<i>Completed the Evaluation</i> (Less than 40% of test orders correct)	<i>Insufficient Evaluation</i> (Hospital was not able to test at least 50% of test orders)	<i>Incomplete Evaluation</i> (Failed deception analysis or timed out)
85% or greater of all inpatient medication orders entered through CPOE System	Achieved the Standard	Considerable Achievement	Considerable Achievement	Some Achievement	Unable to Calculate Score	Limited Achievement
75-84% of all inpatient medication orders entered through CPOE System	Achieved the Standard	Considerable Achievement	Some Achievement	Some Achievement	Unable to Calculate Score	Limited Achievement
50-74% of all inpatient medication orders entered through CPOE System	Considerable Achievement	Considerable Achievement	Some Achievement	Limited Achievement	Unable to Calculate Score	Limited Achievement
CPOE implemented in at least one inpatient unit but <50% of all inpatient medication orders entered through CPOE System	Considerable Achievement	Some Achievement	Some Achievement	Limited Achievement	Unable to Calculate Score	Limited Achievement
CPOE not implemented in at least one inpatient unit	Cannot take CPOE Evaluation Tool; hospital will be scored as "Limited Achievement"					

Accessing the CPOE Tool from the Survey Dashboard

The CPOE Evaluation Tool will be accessible from the Survey Dashboard once a hospital has **completed and affirmed** Section 2 CPOE.

As a reminder, hospitals will not be able to submit the Survey, including the results from the Adult Inpatient CPOE Test, until all five required sections (1 Basic Hospital Information, 2 CPOE, 4 Maternity Care, 5 ICU Physician Staffing, and 6 Patient Safety Practices) are completed and affirmed.

Updates to the CPOE Evaluation Tool

- Therapeutic Duplication and Drug-Drug Interaction have been combined into a single Order Checking Category titled “Inappropriate Drug Combinations.”
- The Test Medication Orders include alternatives for statins and ACE inhibitors that are commonly reported as not being in hospitals’ formularies. An example of an alternative for a statin is atorvastatin instead of lovastatin. An example of an alternative for an ACE inhibitor is enalapril maleate instead of lisinopril.
- The Orders and Observation Sheet has been updated to help eliminate confusion between the response options (i.e., radio buttons) on the Online Answer Form by clearly differentiating the specific advice/information that should be received in the Single and Daily Dose Order Checking Categories.
- The Alert Fatigue Order Checking Category, which has been renamed “Excessive Alerts,” to better reflect test scenarios included in the category (i.e., inconsequential, or low-severity medication safety problems such as drug-drug interactions or therapeutic duplications, that if alerted on, could contribute to over-alerting), will be used in the CPOE Tool scoring.

CPOE Evaluation Tool Scoring

Order Checking Category	Description	Example	Type of Clinical Decision Support
Inappropriate Drug Combinations	Medication combinations to avoid ordering together or ones to use with caution	Using clonazepam and lorazepam together	Scenario-specific advice/information
Drug Dose (Single)	Specified dose of medication exceeds safe range for single dose	Tenfold overdose of digoxin	Scenario-specific advice/information
Drug Dose (Daily)	Specified frequency of administration results in daily dose that exceeds safe range for daily dose	Ordering ibuprofen regular dose every three hours	Scenario-specific advice/information
Drug Allergy	Medication (or medication class) is one for which patient allergy has been documented	Penicillin prescribed for patient with documented penicillin allergy	Scenario-specific advice/information
Drug Route	Specified route of administration is inappropriate and potentially harmful	Use of hydroxyzine intravenously	Scenario-specific advice/information
Drug Diagnosis	Medication dose inappropriate/contraindicated based on documented problem/diagnosis	Non-selective beta-blocker in patient with asthma	Scenario-specific advice/information
Drug Age	Medication dose inappropriate/contraindicated based on patient age	Prescribing diazepam for a patient over 65 years old	Scenario-specific advice/information
Drug Laboratory	Medication dose inappropriate/contraindicated based on documented laboratory test results (includes renal status)	Use of nitrofurantoin in patient with severe renal failure	Scenario-specific advice/information
Drug Monitoring	Medication for which the standard of care includes subsequent monitoring of the drug level or lab value to avoid harm	Prompt to monitor drug levels when ordering aminoglycosides or INR/PT when ordering warfarin	Medication-specification advice/information
Excessive Alerts	Inconsequential or low-severity medication safety problems such as drug-drug interactions or therapeutic duplications, that if alerted on, could contribute to over-alerting.	Concurrent use of hydrochlorothiazide and captopril	Scenario-specific advice/information

The Tool also includes a “Deception Analysis” test category, which checks for “false positives” (e.g., hospitals reporting advice/information for Test Orders that should not generate any warning in the hospital’s CPOE system). Hospital’s that “fail” the Deception Analysis are scored as “Incomplete Evaluation” and will not be able to retake an Adult Inpatient Test for 120 days.

Section 3 Adult and Pediatric Complex Surgery

Scoring and Public Reporting for Norwood Procedure, Total Hip Replacement, Total Knee Replacement

Scoring Algorithm for Mitral Valve Repair & Replacement

Scoring and Public Reporting for 3 Additional Procedures

- Hospitals that perform the Norwood procedure, total hip replacements, and/or total knee replacements will be scored and publicly reported based on whether they meet Leapfrog's minimum hospital volume standard and whether they include Leapfrog's minimum surgeon volume standard in their process for privileging surgeons.
- Hospitals performing total hip replacements and/or total knee replacements will be able to include outpatient procedures in their total hospital volume counts and include outpatient procedures when determining whether surgeons have met the minimum surgeon volume standard.

Procedure	Hospital Volume Standard	Surgeon Volume Standard
Norwood Procedure	8	5
Total Hip Replacement	50	25
Total Knee Replacement	50	25

Scoring Algorithm for Mitral Valve Repair and Replacement

Hospitals that perform mitral valve repair and replacement will be scored using four criteria: total hospital volume, whether their surgeon privileging process incorporates Leapfrog's minimum surgeon volume standards, participation in the STS ACSD, and outcomes from the ACSD. The points assigned to each criterion reflects the expert panel's opinion on its importance to patient outcomes.

Mitral Valve Repair and Replacement Criteria	Leapfrog's Standard	Points Assigned
The hospital met the minimum hospital volume standard	Hospital has experience with 40 cases per year	<ul style="list-style-type: none">50 points, if met0 points, if not met
The hospital's process for privileging surgeons includes meeting or exceeding the minimum surgeon volume standard	Hospital's privileging process requires a surgeon to have experience with at least 20 cases per year	<ul style="list-style-type: none">25 points, if met0 points, if not met
The hospital participates in the Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD)	Hospital participates in STS ACSD	<ul style="list-style-type: none">25 points, if participates0 points, if does not participate
The hospital's Mitral Valve Repair/Replacement Composite Score	The hospital's performance on the STS mitral valve repair/replacement composite score that looks at both mortality and absence of morbidity	<ul style="list-style-type: none">75 points for 3 Stars25 points for 2 Stars OR did not meet the data completeness requirement0 points for 1 Star

Scoring Algorithm for Mitral Valve Repair and Replacement

The points on each criterion are totaled together to assign an overall Performance Category for public reporting.

Mitral Valve Repair and Replacement Score (Performance Category)	Point Total
Achieved the Standard	100 or more points
Considerable Achievement	75 points
Some Achievement	50 points
Limited Achievement	25 or fewer points
Does Not Apply	The hospital does not perform the procedure or is a pediatric facility.
Declined to Respond	The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

Section 4 Maternity Care

Scoring Algorithm for High-Risk Deliveries

VON Data Share Agreement

Scoring Algorithm for High-Risk Deliveries

- To align with TJC's recent decision to retire PC-03 Antenatal Steroids from their Perinatal Care Core Measure Set, Leapfrog has removed the antenatal steroids measure from the 2021 Leapfrog Hospital Survey.
- Hospitals will continue to report on high-risk deliveries using either their neonatal intensive care unit **(NICU) volume** or the **Vermont Oxford Network's (VON) Death or Morbidity Outcome Measure**.

Scoring Algorithm for High-Risk Deliveries

For hospitals reporting on **volume**

High-Risk Deliveries Score (Performance Category)	NICU annual patient count (volume)
Achieved the Standard	>= 50 VLBW infants
Considerable Achievement	25-49 VLBW infants
Some Achievement	10-24 VLBW infants
Limited Achievement	< 10 VLBW infants or No NICU

For hospitals reporting on **VON measure**

High-Risk Deliveries Score (Performance Category)	Death or Morbidity (VON Outcome Measure)
Achieved the Standard	Hospital's outcomes are better than expected.
Considerable Achievement	Hospital's outcomes are equal to what is expected.
Limited Achievement	Hospital's outcomes are worse than expected or No NICU.
Does Not Apply	The hospital does not electively admit high-risk deliveries.
Declined to Respond	The hospital did not elect to share their VON data with Leapfrog, did not provide a valid VON Transfer Code, or did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

VON Data Share Agreement

- Leapfrog will obtain data directly from VON for the Death or Morbidity Outcome Measure. This data will no longer be collected on the Survey.
- Like NHSN data, VON data will be displayed on the Hospital Details Page.
- In order for Leapfrog to obtain the data from VON, hospitals must complete the following steps:
 - Complete a [Data Sharing Authorization](#) letter and submit it to VON by **July 15**,
 - Select “VON National Performance Measure” in Section 4F question #3,
 - Provide an accurate VON Transfer Code in Section 4F question #6, and
 - Submit Section 4 Maternity Care by the July 31 Submission Deadline.
- Hospitals that select “VON National Performance Measure” in question #3, but do not adhere to the other steps will be scored and publicly reported as “Declined to Respond” for the High-Risk Deliveries measure.

Section 6 Patient Safety Practices

Calculating Monthly Hand Hygiene Opportunities in Applicable Units

Public Reporting

Applicable Units for reporting on Hand Hygiene

Leapfrog updated the patient care units included in the Hand Hygiene standard to focus only on the following units:

- Inpatient units:
 - medical and/or surgical units (including telemetry/step-down/progressive units)
 - Pediatric
 - labor and delivery
 - mother/baby (e.g., nursery etc.)
 - intensive care units (adult, pediatric, and/or neonatal)
 - pre-operative and post-operative units (e.g., PACUs, etc.)
- Outpatient units, including free-standing hospital outpatient departments and surgery centers that are reported on in Section 10 Outpatient Procedures:
 - pre-operative and pre-procedural units/areas
 - post-operative and post-procedural units/areas
- Observation units
- Emergency department units

Calculating Monthly Hand Hygiene Opportunities

New tables replace the formula for calculating the required observation size in units with fewer than 200 hand hygiene opportunities per month. The new tables are based on the historical inpatient unit's average daily census, outpatient unit's average number of procedures in a month, or emergency department's average number of visits in a month.

Table 1: Units where the monthly occupancy rate can be calculated

If your unit's average daily census is....	Your patient care unit needs to collect hand hygiene compliance data for <u>at least</u> this number of hand hygiene opportunities per month...
13 patients or higher	200
10-12 patients	150
7-9 patients	100
5-6 patients	75
3-4 patients	45
1-2 patients	15

Table 2: Units where the monthly occupancy rate cannot be calculated (e.g., PACU, labor and delivery, outpatient units)

If your unit's average number of procedures in a month is....	Your patient care unit needs to collect hand hygiene compliance data for <u>at least</u> this number of hand hygiene opportunities per month...
400 procedures or greater	200
320-399 procedures	150
240-319 procedures	100
160-239 procedures	75
120-159 procedures	50
60-119 procedures	30
30-59 procedures	15
<30 procedures	5

Table 3: Emergency department units

If your emergency department's average number of visits in a month is....	Your patient care unit needs to collect hand hygiene compliance data for <u>at least</u> this number of hand hygiene opportunities per month...
2000 visits or greater	200
1500-1999 visits	150
1000-1499 visits	100
750-999 visits	75
500-749 visits	50
250-499 visits	25
150-249 visits	15
<150 visits	5

Public Reporting

- Hospitals in the bottom two performance categories for the Hand Hygiene Standard (“Some Achievement” and “Limited Achievement”) will be publicly reported accordingly.
- All four performance categories for the Hand Hygiene Standard will be used in calculating the fall 2021 Hospital Safety Grade.

Section 7 Managing Serious Errors

Reporting Periods for NHSN Infection Measures

Reporting Periods for NHSN Infection Measures

Join by	Leapfrog will download data from NHSN for all current group members	Data downloaded from NHSN will be scored and publicly reported for hospitals that have submitted Section 7 by	HAI Reporting Period	Available on Hospital Details Page and Public Reporting Website
July 21, 2021	July 22, 2021 (grouped by quarter)	July 31, 2021	07/01/2019 – 12/31/2019 AND 07/01/2020 – 12/31/2020	August 6, 2021
August 23, 2021	August 24, 2021 (grouped by quarter)	August 31, 2021	07/01/2019 – 12/31/2019 AND 07/01/2020 – 12/31/2020	September 8, 2021
October 21, 2021	October 22, 2021 (cumulative report)	October 31, 2021	07/01/2020 – 06/30/2021	November 5, 2021
November 30, 2021	December 21, 2021* (cumulative report)	November 30, 2021	07/01/2020 – 06/30/2021	January 7, 2022

** The Leapfrog Hospital Survey closes on November 30, 2021. The last NHSN data pull is on December 21, 2021 to incorporate any corrections facilities that joined by the last join date of November 30, 2021 may have made to their NHSN data since the last NHSN data pull.

CMS ECE Waivers

- For hospitals that have been granted ECE waivers from CMS for additional quarters of 2020 –
 - Leapfrog will still access any data that was entered into NHSN for any of the five infection measures for those additional quarters (i.e., 3Q 2020 and/or 4Q2020)
 - If there is not enough data to calculate an SIR based on Leapfrog's reporting periods, the hospital will be scored and publicly reported as "Unable to Calculate Score"
 - If there is enough data to calculate an SIR based on Leapfrog's reporting periods, the hospital will be scored and publicly reported based on the published Scoring Algorithm on the [Scoring and Results webpage](#)
 - Regardless, if hospitals have entered data into NHSN that they do not want Leapfrog to download for one or more of the 4 scheduled data downloads, please contact the Help Desk so we can send you additional guidance – <https://leapfroghelpdesk.Zendesk.com>

Section 8 Medication Safety

Sample Size for Medication Reconciliation

Scoring and Public Reporting

Sample Size for Medication Reconciliation

- The sample size and reporting period for Med Rec has been updated from 15 sampled patients over a 3-month reporting period to 30 sampled patients over a 6-month reporting period (i.e., the most current 6-months prior to submitting this section of the Survey).
- The sample can be obtained over the entire reporting period or in a shorter period (i.e., a single month)
- To assist hospitals in collecting data from the increased sample, the measure developer has recommended that pharmacy technicians that have earned either the [American Society of Health-System Pharmacists \(ASHP\) Medication Reconciliation Certification](#) or the [Pharmacy Technicians Certification Board's \(PTCB\) Medication History Certificate](#) be able to obtain the Gold Standard Medication History from each sampled patient for the purposes of this measure (rather than just the pharmacist or pharmacy resident).
- Hospitals that are not able to increase their sample size from 15-30 will be scored and publicly reported as "Some Achievement."

Scoring and Public Reporting

Now that Leapfrog is scoring and publicly reporting a hospital's rate of unintentional medication discrepancies per medication, the measure will be added to VBP for 2021.

The 50th and 75th percentiles will be based on the distribution of hospital performance from 2021 Leapfrog Hospital Surveys submitted as of July 31, 2021. These cut-points will remain in place for the entire 2021 Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

Medication Reconciliation Score (Performance Category)	Meaning that...
Achieved the Standard	<ul style="list-style-type: none"> The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, The hospital sampled at least 30 patients, and The hospital's rate of unintentional medication discrepancies is lower than the 50th percentile (where lower performance is better).
Considerable Achievement	<ul style="list-style-type: none"> The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, The hospital sampled at least 30 patients, and The hospital's rate of unintentional medication discrepancies is higher than the 50th percentile, but lower than the 75th percentile (where lower performance is better).
Some Achievement	<ul style="list-style-type: none"> The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, but The hospital did not sample at least 30 patients <p>OR</p> <ul style="list-style-type: none"> The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, The hospital sampled 30 patients, but The hospital's rate of unintentional medication discrepancies is higher than the 75th percentile (where lower performance is better) <p>OR</p> <ul style="list-style-type: none"> The hospital's responses did not pass Leapfrog's Extensive Monthly Verification Process.
Limited Achievement	The hospital did not measure.
Unable to Calculate Score	More than 10 out of 30 patients (or one-third) included in the sample had zero (0) Gold Standard Medications.
Does Not Apply	The hospital is a pediatric facility.
Declined to Respond	The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.



Get Ready for 2021

Questions

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

Download Survey Materials at <http://www.leapfroggroup.org/survey-materials/survey-and-cpoe-materials>

Download the Scoring Algorithms at <https://www.leapfroggroup.org/survey-materials/scoring-and-results>

Submit a question to the Help Desk at <https://leapfroghelpdesk.zendesk.com>



How Survey 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 <https://ratings.leapfroggroup.org/>.

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.

Public Reporting


<https://ratings.leapfroggroup.org/>


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Competitive Benchmarking Reports

Hospitals that submit a Leapfrog Hospital Survey by the **July 31** Submission 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 2021 Leapfrog Hospital Survey responses.

The Summary Reports are emailed in 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 on the [Competitive Benchmarking webpage](#).

Hospital Safety Grade

The Hospital Safety Grade is a letter grade that represents a hospital's performance on up to 27 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 that is publicly available from CMS.

For more information on the Leapfrog Hospital Survey measures included in the Hospital Safety Grade, download copy of the 2021 Leapfrog Hospital Survey Overview on the [Survey Overview webpage](#).

Hospitals that would like Leapfrog Hospital Survey Results included in the fall 2021 Hospital Safety Grade must submit a Survey by August 31. However, hospitals are urged to submit by July 31 so they can be included in the Extensive Monthly Data Verification.

Questions?