2023 Leapfrog Hospital Survey Town Hall Call

April 13, 2023

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Webbinar Reminders

Accessing the Audio

- If you are using computer audio, please select that option in the audio options pop up.

- If you are joining by phone, please dial in using the Toll Free 800 number provided. Then enter the Meeting ID when prompted, then your Participant ID.

    – The Meeting ID can be found in the confirmation email or in the Zoom meeting by clicking the audio button in the bottom left-hand corner.

    – The Participant ID can be found in the audio options in the bottom left-hand corner.

    – If you forgot to enter the Participant ID when dialing in, please dial # then your Participant ID again followed by #.

Use of the Zoom Chat Function

- The Town Hall Call includes a live Q&A during the presentation; therefore, we do not monitor the chat for questions. Please reserve the Zoom Chat Function for reporting technical issues only.

Accessing the Slides & Recording

- Following each session, a copy of the slides and recording will be posted and available for download on the Leapfrog website here: https://www.leapfroggroup.org/survey-materials/town-hall-calls

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Q & A

Participants will be able to ask questions during the presentation. Please select the Q&A icon at the bottom of your screen:
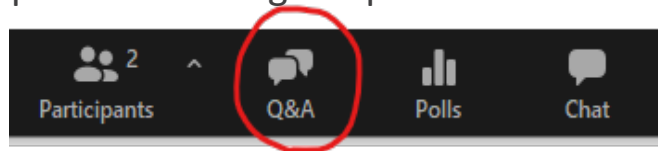
- Once the icon has been selected a Q&A box will appear for you to type your questions.
- All participants will be able to view the questions and answers during the duration of the webinar.
  - You will be receiving responses in real time from a member of our team.
  - We will include a transcript of the Q&A on the Leapfrog website here: https://www.leapfroggroup.org/survey-materials/town-hall-calls
  - Some questions may be answered live – please pay close attention.

Following the presentation we will have a live Q&A session. Please use the Raise Hand icon at the bottom of your screen:

- Once the icon has been selected you will be placed in the queue. When it is your turn to ask your question, you will receive a prompt from the host asking you to unmute yourself.

Leapfrog Hospital Survey Overview

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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 nearly 200 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.

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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 9 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
3 Adult and Pediatric Complex Surgery
4 Maternity Care
5 ICU Physician Staffing
6 Patient Safety Practices
7 Managing Serious Errors
8 Pediatric Care
9 Outpatient Procedures

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Submission Guidelines

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Submission Requirements for 2023

Section 1 Basic Hospital Information, as well as Section 2 Medication Safety (which now includes CPOE, BCMA, and Med Rec), Section 4 Maternity Care, Section 5 ICU Physician Staffing, Section 6 Patient Safety Practices, and Section 7 Managing Serious Errors are required to submit a Survey via the Online Hospital Survey Tool.

Hospitals are strongly urged to submit **all** sections of the Leapfrog Hospital Survey and can indicate within a section if a measure does not apply.

The CPOE Evaluation Tool is included in Section 2 of the Leapfrog Hospital Survey for adult and general hospitals and will be accessible from the Survey Dashboard once a hospital has completed the **Profile section**.

Deadlines

June 22 First NHSN Group Deadline

Hospitals that join Leapfrog's NHSN Group by June 22, provide a valid NHSN ID in the Profile, and submit the Leapfrog Hospital Survey by June 30, will have data available prior to public reporting on their Hospital Details Page starting on July 12. Results will be publicly reported on July 25.

More information about deadlines to join Leapfrog's NHSN Group is available on the Join NHSN Group webpage.

June 30 Submission Deadline

Hospitals that submit a Survey by June 30 will have their Survey Results publicly reported on July 25. After July, Survey Results are updated on the fifth business day of the month to reflect Surveys (re)submitted by the end of the previous month.

Hospitals that do not submit a Survey by June 30 will be publicly reported as "Declined to Respond" until a Survey has been submitted.

Deadlines

July 12 Hospital Details Page Live

Hospitals that submit a Survey by June 30 will be able to view their Survey Results on their confidential [Hospital Details Page](#) on July 12. This includes NHSN Data for the five HAI measures, VON data for the Death or Morbidity measure (if applicable), and CMS outpatient data for OP-32 (if applicable).

After July 12, the Hospital Details Pages are updated on the fifth business day of the month to reflect Surveys (re)submitted by the end of the previous month.

July 25 Survey Results Publicly Reported

Hospitals that submit a Survey by June 30 will have their Survey Results [publicly reported](#) on July 25. After July, Survey Results are updated on the fifth business day of the month to reflect Surveys (re)submitted by the end of the previous month.

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Deadlines

August 31 Top Hospital Deadline

Hospitals that would like to be eligible to receive a Leapfrog Top Hospital Award must submit a Survey, including all applicable sections, by August 31.

August 31 Data Snapshot Date for the Fall 2023 Safety Grade

This is the date that Leapfrog will obtain the public data (i.e., download data published by CMS or submitted via the Leapfrog Hospital Survey) to calculate the fall 2023 Hospital Safety Grades. All data, including Survey Results, must be finalized by this date.

Deadlines

November 30 Late Submission & Performance Update Deadline

The 2023 Leapfrog Hospital Survey will close to new submissions, and re-submissions that reflect updates to performance, at midnight ET on November 30. No new Surveys, new Survey sections, or performance updates to previously submitted Surveys can be submitted after this deadline. In addition, the CPOE Evaluation Tool will go offline at midnight ET on November 30.

Only hospitals that have submitted a Survey by November 30 will be able to log in to the Online Survey Tool to make data entry corrections (i.e., correct data entry errors) or reporting corrections (i.e., in response to Leapfrog's Extensive Monthly Data Review) to previously submitted sections during the months of December and January. Performance updates submitted after November 30 will not be scored or publicly reported.

January 31 Corrections Deadline

Hospitals that need to make data entry corrections (i.e., correct data entry errors) or reporting corrections (i.e., in response to Leapfrog's Extensive Monthly Data Verification) to previously submitted 2023 Leapfrog Hospital Surveys must make necessary updates and re-submit the entire Survey by January 31, 2024. Hospitals will not be able to make changes or re-submit their Survey after this date.

More information is available on the Deadlines webpage.

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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 2023: Key Updates

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Structural Updates

Section Updates

Availability of Take CPOE Tool Button

Download CPT Code Workbook

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Section Updates

We moved all inpatient medication safety measures to Section 2: Medication Safety. The updated section now includes the following subsections:

- Section 2A: Computerized Physician Order Entry (CPOE)
- Section 2B: EHR Application Information
- Section 2C: Bar Code Medication Administration (BCMA)
- Section 2D: Medication Reconciliation

We moved the Nurse Staffing and Skill Level measures (Total Nursing Care Hours per Patient Day, RN Hours per Patient Day, Nursing Skill Mix, and Percentage of RNs who are BSN-Prepared) to Section 6C: Nursing Workforce. Section 6: Patient Safety Practices now includes the following subsections:

- Section 6A: NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems
- Section 6B: NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention
- Section 6C: Nursing Workforce (which includes Total Nursing Care Hours per Patient Day, RN Hours per Patient Day, Nursing Skill Mix, Percentage of RNs who are BSN-Prepared, and NQF Safe Practice #9 – Nursing Workforce)
- Section 6D: Hand Hygiene

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Availability of Take CPOE Tool Button

With the change to the structure of Section 2, we are making the CPOE Evaluation Tool available immediately upon completion of the Hospital Profile.

This allows adult and general hospitals to complete a CPOE Test at their earliest convenience, without having to first complete and affirm Section 2.

Although hospitals may complete the CPOE Evaluation Tool early, CPOE Test results will continue to be scored and publicly reported only once the Survey has been submitted.

Download CPT Code Workbook

Hospitals will first need to accept the AMA's Terms of Use and download the CPT Code Workbook before accessing Section 9: Outpatient Procedures.

Look for the CPT workbook button on the Survey Dashboard next to Section 9.

Hospitals are still only required to complete the Terms of Use once per Survey Cycle (April 1 – November 30).

Section 1 Basic Hospital Information

Scoring and Public Reporting for Informed Consent

Informed Consent – Only Six (6) Questions Used in Scoring and Public Reporting

The following six questions, identified by the expert panel as being the most relevant to patients and family caregivers, will be scored and publicly reported in 2023:

- One (1) question from the Policies and Training domain that focuses on staff training on the hospital's informed consent policies.

- Three (3) questions from the Content of the Informed Consent Forms domain that focus on: detailing expected difficulties with the procedure; naming individuals who will be involved with the procedure, including trainees and assistants; and ensuring consent forms are at a 6th grade reading level.

- Two (2) questions from the Process for Gaining Informed Consent domain that focus on providing medical interpretation in the patient/legal guardian's preferred language, where needed, when discussing informed consent and using the "teach back method" with patients to ensure they understand what is being explained to them.

Informed Consent – Optional and Removed Questions

We are **removing** questions focused on the hospital having a written policy on informed consent, the hospital explicitly offering patients the opportunity for a care partner to participate in the informed consent process, and the use of high-quality decision aids when discussing treatment options.

We are **retaining** several questions from the 2022 Leapfrog Hospital Survey but making them optional and for fact finding purposes only; they will not be scored or publicly reported in 2023. As we conduct additional research on these and other important, evidence-based practices related to the informed consent process, additional questions may be scored and publicly reported in the future.

Informed Consent – Scoring

Informed Consent Score (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	The hospital responded "yes, **all** forms are written at a 6th grade reading level or lower" to question #4 and then "yes" to the remaining **five** questions in Policies and Training (question #1), Content of Informed Consent Forms (questions #2-3), and Process for Gaining Informed Consent (questions #5-6).
Considerable Achievement (3 bars)	The hospital responded "yes, **all** forms are written at a 6th grade reading level or lower" **and** then "yes" to at least **four** additional questions in Policies and Training (question #1), Content of Informed Consent Forms (questions #2-3), and Process for Gaining Informed Consent (questions #5-6). **OR** The hospital responded that "at least **one** form is written at a 6th grade reading level or lower" and then "yes" to the **five** remaining questions in Policies and Training (question #1), Content of Informed Consent Forms (questions #2-3), and Process for Gaining Informed Consent (questions #5-6).

Some Achievement (2 bars)	The hospital responded "yes, **all** forms are written at a 6th grade reading level or lower" **OR** "at least **one** form is written at a 6th grade reading level or lower" and then "yes" to at least **three** additional questions in Policies and Training (question #1), Content of Informed Consent Forms (questions #2-3), and Process for Gaining Informed Consent (questions #5-6). **OR** The hospital responded "No forms are written at a 6th grade reading level or lower" but responded "yes" to **at least four** questions in Policies and Training (question #1), Content of Informed Consent Forms (questions #2-4), and Process for Gaining Informed Consent (questions #5-6).
Limited Achievement (1 bar)	The hospital responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.

Section 2 Medication Safety

CPOE Evaluation Tool

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CPOE Evaluation Tool – Adult Inpatient Test

Leapfrog moved the CPOE Tool to a new platform in September 2022. As a result, all hospitals are urged to take a Sample Test before attempting an Adult Inpatient Test.

Additionally, several content updates have been implemented:

- We updated the Test Order library based on the latest published literature
- We are removing the Drug Allergy Order Checking Category due to sustained high performance in this category across all hospitals over multiple years
- We combined the Drug Dose (Single) and Drug Dose (Daily) Order Checking Categories into a single Order Checking Category renamed Excessive Dose which includes both single and daily dose testing scenarios

Although the total number of Test Orders is decreasing, there are no changes to the scoring algorithm for the Adult Inpatient Test.

Section 3 Adult and Pediatric Complex Surgery

New Procedure Codes for Outpatient Bariatric Surgery

Updating Sampling Instructions for the Safe Surgery Checklist Measure

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New Procedure Codes for Outpatient Bariatric Surgery

Leapfrog expanded the list of procedure codes for Bariatric Surgery for Weight Loss to include **outpatient procedures** captured using Current Procedural Terminology (CPT) codes.

Due to the American Medical Association's Terms of Use, hospitals must complete the Terms of Use via the Online Survey Tool to access the CPT Codes.

There are no updates to the hospital (50 cases per year) or surgeon volume (20 cases per year) standards.

We are also adding this procedure to Leapfrog's Ambulatory Surgery Center (ASC) Survey and in 2024, Bariatric Surgery will be added to the Procedure Search on Leapfrog's Rating's Website.

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Updating Sampling Instructions for the Safe Surgery Checklist Measure

Leapfrog increased the audit requirement from 15 sampled cases to 30 sampled cases for hospitals only submitting Section 3 and not also submitting Section 9: Outpatient Procedures.

Hospitals that submit **both** Sections 3 and 10 should continue to audit 15 complex surgical cases and 15 outpatient surgical cases.

For hospitals conducting the audit to assess compliance with the Safe Surgery Checklist, Leapfrog is adding a question asking if the hospital performed an in-person observational audit, a retrospective audit of medical records or EHR data, or both.

We will be sending out monthly documentation requests for this measure –
maintain copies of your Checklist Workbooks and other documentation.

Section 4 Maternity Care

Maternity Services Questions

Optional, Stratified C-Section Rate Questions

Maternity Service Questions

Leapfrog has added new questions regarding service offerings that will be used for **public reporting** in 2023.

The new questions focus on the availability of midwives and doulas, breastfeeding support, vaginal delivery after cesarean section, and postpartum tubal ligation.

Optional, Stratified C-Section Rate Questions

Leapfrog has added a set of **optional fact-finding questions** to this subsection to collect cesarean birth rates stratified by racial and ethnic category.

Hospitals are asked to provide numerators and denominators for the cesarean birth measure for each of the following racial and ethnic categories:

- Non-Hispanic White
- Non-Hispanic Black
- Non-Hispanic American Indian or Alaska Native
- Non-Hispanic Asian or Pacific Islander
- Hispanic
- Non-Hispanic Other (including two or more races)
- Unknown

Hospitals that are already stratifying this data for US News and World Reports or the California Maternal Quality Care Collaborative can use those data when responding to the Survey. See measure specifications for more information.

Section 6 Patient Safety Practices

Scoring and Public Reporting of Nurse Staffing and Skill Mix Measures

Scoring and Public Reporting of Nurse Staffing and Skill Mix Measures

Leapfrog is scoring and publicly reporting results for four Nurse Staffing and Skill Level measures:

- Total Nursing Care Hours per Patient Day

- RN Hours per Patient Day

- Nursing Skill Mix

- Percentage of RNs who are BSN-Prepared

All four measures will be publicly reported on the Survey Results Website at https://ratings.leapfroggroup.org.

ONLY Total Nursing Care Hours per Patient Day and RN Hours per Patient Day will be added to the Hospital Safety Grade methodology and the Value-Based Purchasing Program methodology this year.

Scoring and Public Reporting of Nurse Staffing and Skill Mix Measures

Leapfrog is only maintaining five (5) of the seventeen (17) NQF Safe Practice 9 elements not directly captured through the Nurse Staffing and Skill Level measures:

- 9.2a: held nursing leadership directly accountable for improvements in performance through performance reviews or compensation.

- 9.2b: included nursing leadership as part of the hospital senior administrative leadership team.

- 9.2d: held the board (governance) and senior administrative leadership accountable for the provision of financial resources to ensure adequate nurse staffing levels.

- 9.3d: budgeted financial resources for balancing staffing levels and skill levels to improve performance.

- 9.4a: developed a staffing plan, with input from nurses, to ensure that adequate nursing staff-to-patient ratios are achieved.

Hospitals recognized as an American Nurses Credentialing Center (ANCC) Magnet® hospital or a 2020 Pathway to Excellence® hospital will receive full credit for the five practice elements.

However, NQF Safe Practice #9 is not being scored and publicly reported as a stand-alone measure.

Instead, the NQF Safe Practice #9 – Nursing Workforce measure will only be used in scoring if the hospital scores in the bottom performance category ("Limited Achievement") on the Nurse Staffing and Skill Mix measures (Total Nursing Care Hours per Patient Day, RN Hours per Patient Day, and Nursing Skill Mix) to bump the hospital's performance category up from "Limited Achievement" to "Some Achievement."

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Total Nursing Care Hours per Patient Day

The sum of the "Total number of productive hours worked by **employee or contract nursing staff** with direct patient care responsibilities" across all medical, surgical, and med/surg and all four quarters divided by the sum of the "Total number of patient days" across all medical, surgical, and med/surg and all four quarters.

To calculate the 50th, 25th, and 10th percentiles used in scoring, hospitals will be placed in one of five cohorts based on Teaching Designation reported on the 2022 Patient Safety Component - Annual Hospital Survey in NHSN and the number of staffed beds reported in Section 1A Basic Hospital Information:

- Small Teaching (< 500 staffed beds)
- Large Teaching (> 499 staffed beds)
- Non-teaching (includes hospitals that do not join Leapfrog's NHSN Group)
- Pediatric
- Critical access hospital

For the purposes of scoring, hospitals are only compared to other hospitals within the same cohort.

Percentiles will be calculated based on the results from 2023 Leapfrog Hospital Surveys submitted as of June 30, 2023.

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Total Nursing Care Hours per Patient Day

Total Nursing Care Hours per Patient Day Score (Performance Category)	Meaning that…
Achieved the Standard	The hospital's total nursing care hours per patient day is **greater than or equal to the 50th percentile** (where higher is better) for that hospital's cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital).
Considerable Achievement	The hospital's total nursing care hours per patient day **is less than the 50th percentile but greater than or equal to the 25th percentile** (where higher is better) for that's hospital cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital).
Some Achievement	The hospital's total nursing care hours per patient day is **less than the 25th percentile but greater than or equal to the 10th percentile** (where higher is better) for that's hospital cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital). **OR** The hospital's responses did not pass Leapfrog's Extensive Monthly Data Verification Process.

Some Achievement (alternative)	The hospital's total nursing care hours per patient day is **less than the 10th percentile** (where higher is better) for that's hospital cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital). **AND** The hospital achieved Leapfrog's standard for National Quality Forum (NQF) Safe Practice #9 – Nursing Workforce.
Limited Achievement	The hospital's total nursing care hours per patient day is **less than the 10th percentile** (where higher is better) for that's hospital cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital). **OR** The hospital did not measure.
Does Not Apply	The hospital does not have any Medical, Surgical, or Med-Surg Units.

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RN Hours per Patient Day

The sum of the "Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities" across all medical, surgical, and med/surg and all four quarters divided by the sum of the "Total number of patient days" across all medical, surgical, and med/surg and all four quarters.

To calculate the 50th, 25th, and 10th percentiles used in scoring, hospitals will be placed in one of five cohorts based on Teaching Designation reported on the 2022 Patient Safety Component - Annual Hospital Survey in NHSN and the number of staffed beds reported in Section 1A Basic Hospital Information:

- Small Teaching (< 500 staffed beds)
- Large Teaching (> 499 staffed beds)
- Non-teaching (includes hospitals that do not join Leapfrog's NHSN Group)
- Pediatric
- Critical access hospital

For the purposes of scoring, hospitals are only compared to other hospitals within the same cohort.

Percentiles will be calculated based on the results from 2023 Leapfrog Hospital Surveys submitted as of June 30, 2023.

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RN Hours per Patient Day

RN Hours per Patient Day Score (Performance Category)	Meaning that…
Achieved the Standard	The hospital's RN hours per patient day is **greater than or equal to the 50th percentile** (where higher is better) for that hospital's cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital).
Considerable Achievement	The hospital's RN hours per patient day is **less than the 50th percentile but greater than or equal to the 25th percentile** (where higher is better) for that's hospital cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital).
Some Achievement	The hospital's RN hours per patient day **is less than the 25th percentile but greater than or equal to the 10th percentile** (where higher is better) for that's hospital cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital). **OR** The hospital's responses did not pass Leapfrog's Extensive Monthly Data Verification Process.

Some Achievement (alternative)	The hospital's RN hours per patient day is **less than the 10th percentile** (where higher is better) for that's hospital cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital). **AND** The hospital achieved Leapfrog's standard for National Quality Forum (NQF) Safe Practice #9 – Nursing Workforce.
Limited Achievement	The hospital's RN hours per patient day is **less than the 10th percentile** (where higher is better) for that's hospital cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital). **OR** The hospital did not measure.
Does Not Apply	The hospital does not have any Medical, Surgical, or Med-Surg Units.

Nursing Skill Mix

The "Total number of productive hours worked by RN nursing staff with direct patient care responsibilities" across all medical, surgical, and med/surg units and all four quarters divided by the "Total number of productive hours worked by employee or contract nursing staff with direct patient care responsibilities" across all medical, surgical, and med/surg units and all four quarters.

To calculate the 50th, 25th, and 10th percentiles used in scoring, Leapfrog places hospitals into one of five cohorts based on teaching designation reported in the 2022 Patient Safety Component - Annual Hospital Survey in NHSN and number of staffed beds reported in Section 1A Basic Hospital Information:

- Small Teaching (< 500 staffed beds)
- Large Teaching (> 499 staffed beds)
- Non-teaching (includes hospitals that do not join Leapfrog's NHSN Group)
- Pediatric
- Critical access hospital

Hospitals are only compared to hospitals within the same cohort.

Percentiles will be calculated based on the results from 2023 Leapfrog Hospital Surveys submitted as of June 30, 2023.

Nursing Skill Mix

Nursing Skill Mix Score (Performance Category)	Meaning that…
Achieved the Standard	The hospital's percentage of total productive nursing hours worked by RN nursing staff is **greater than or equal to the 50th percentile** (where higher is better) for that hospital's cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital).
Considerable Achievement	The hospital's percentage of total productive nursing hours worked by RN nursing staff is **less than the 50th percentile but greater than or equal to the 25th percentile** (where higher is better) for that hospital's cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital).
Some Achievement	The hospital's percentage of total productive nursing hours worked by RN nursing staff is **less than the 25th percentile but greater than or equal to the 10th percentile** (where higher is better) for that hospital's cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital). **OR** The hospital's responses did not pass Leapfrog's Extensive Monthly Data Verification Process.

Some Achievement (alternative)	The hospital's percentage of total productive nursing hours worked by RN nursing staff is **less than the 10th percentile** (where higher is better) for that hospital's cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital) **AND** The hospital achieved Leapfrog's standard for National Quality Forum (NQF) Safe Practice #9 - Nursing Workforce.
Limited Achievement	The hospital's percentage of total productive nursing hours worked by RN nursing staff is **less than the 10th percentile** (where higher is better) for that hospital's cohort (small teaching, large teaching, non-teaching, pediatric, or critical access hospital). **OR** The hospital did not measure.
Does Not Apply	The hospital does not have any Medical, Surgical, or Med-Surg Units.

Percentage of RNs who are BSN-Prepared

The "Total number of employed RN nursing staff at the hospital with direct patient care responsibilities" divided by the "Total number of employed RN nursing staff at the hospital with direct patient care responsibilities who have a BSN degree or higher (e.g., MSN, DNP, and PhD)."

Percentage of RNs who are BSN-prepared Score (Performance Category)	Percentage of BSN-prepared RNs
Achieved the Standard	>= 80%
Considerable Achievement	> 50% and <= 79%
Some Achievement	> 20% and <= 49%
Limited Achievement	<= 20% or the hospital did not measure

How Survey Results are Used

Public reporting

- Leapfrog's purchaser and employer members use the Survey Results to:
  - Educate and inform their health plan enrollees
  - Recognize and acknowledge hospitals and ASCs that achieve our national standards
  - Negotiate contracts with their health plans (i.e., ensure Survey Results will be embedded in member tools) and hospitals and ASCs (i.e., direct contracting)

- Consumers use Leapfrog's free public reporting website to compare hospitals and ambulatory surgery centers.

- Health plans, transparency vendors, and others that use Survey Results to design consumer education tools, perform market analysis, or inform 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 Surveys and Leapfrog's data dissemination efforts.

Public Reporting – ratings.leapfroggroup.org

- Users can search for hospitals and surgery centers by name, location, procedure type, or use the guided search function

- As a reminder, hospitals and ASCs that don't submit a Survey by June 30 will be publicly reported as Declined to Respond starting in July

Public Reporting – Procedure Search

- Users can search for hospitals and/or ASCs that perform the adult and pediatric same day surgeries included on the Surveys

Public Reporting – Select Facilities

- Users can also compare up to three hospitals and/or ASCs at a time

Public Reporting – Compare Results
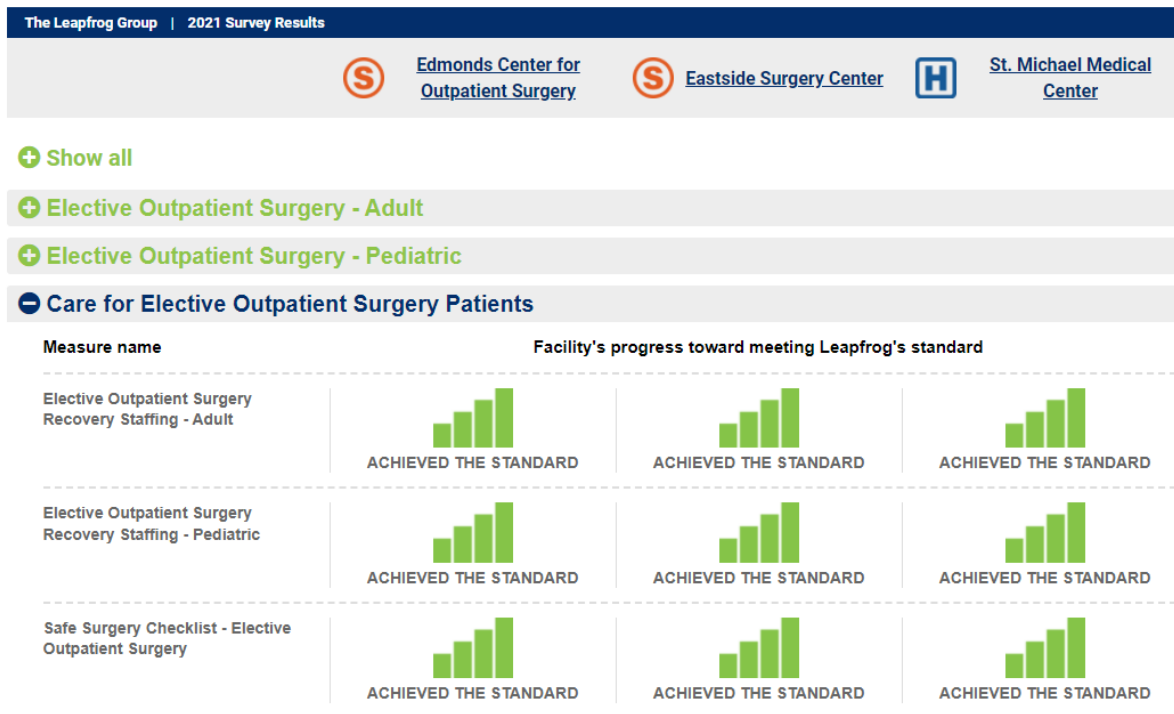
Competitive Benchmarking Reports

- Hospitals that submit a Leapfrog Hospital Survey by the **June 30** Submission Deadline will receive a Free Summary Competitive Benchmarking Report.

- Obtain more information about Competitive Benchmarking Reports, the Leapfrog Value-Based Purchasing Program Methodology, and more detailed performance reports on the [Competitive Benchmarking webpage](#).
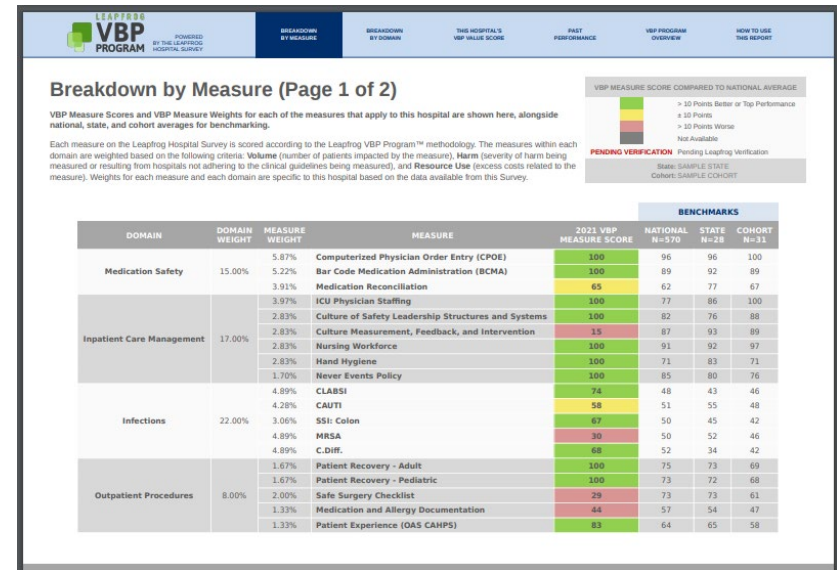
Hospital Safety Grade

- The Hospital Safety Grade is a letter grade that represents a hospital's performance on up to 22 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 2022 Leapfrog Hospital Survey Overview on the Survey Overview webpage.
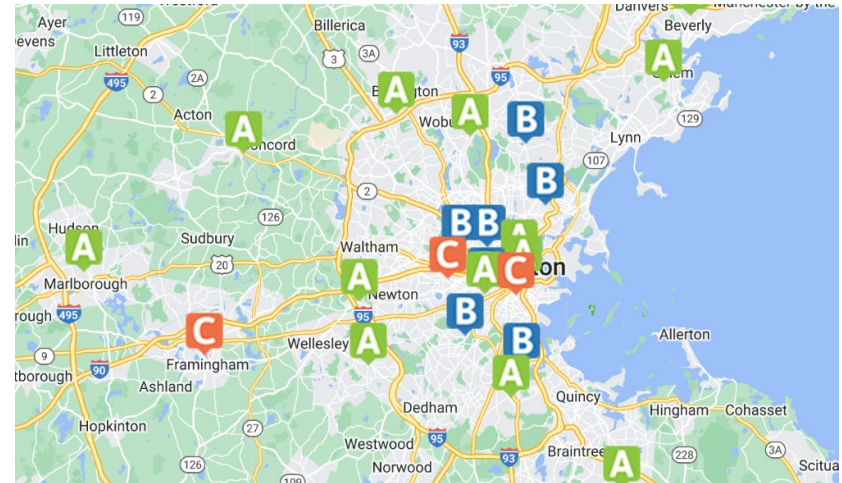
Top Hospital

- The highest performing hospitals on the Leapfrog Hospital Survey are recognized annually with the prestigious Leapfrog Top Hospital award.

- Top Hospitals are publicized in a national press announcement and invited to participate in an awards ceremony.

- Hear from 2022 Top Hospital awardees on our website.

Top General Hospitals

Top Children's Hospitals

Top Rural Hospitals

Top Teaching Hospitals

Media Partnership with Money.com

Get Ready for 2023

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Documents to Help You Get Started

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

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Resources for Hospitals

FREE RESOURCES

- **Help Desk** - The Help Desk is staffed from 9:00 a.m. to 5:00 p.m. ET on all regular business days. Help Desk tickets are responded to within 1-2 business days.

- **Town Hall Calls** - Free general information sessions offered at the beginning of each Survey Cycle. Register on our [website](#).

- **Case Studies** - Leapfrog has [published](#) a number of case studies featuring examples of how hospitals have achieved Leapfrog's standards.

- **Leapfrog Survey Binder –** Available to collect, organize, and record information during the completion of the Survey. Download [here](#).

PAID RESOURCES

- **Monthly Webinar Series** – Held monthly from March to December, the Webinar Series is designed for hospitals that would benefit from a more interactive presentation of Survey materials and information. Each month focuses on a new topic, includes a live Q&A session, and monthly office hours with Leapfrog's Help Desk. More info available [here](#).

- **Health System Support –** Data subscription designed to help Survey coordinators and health system leaders become in-house experts on the Leapfrog Hospital Survey and the Hospital Safety Grade and make it easy to monitor, compare, and analyze your hospitals' Leapfrog Hospital Survey Results, Hospital Safety Grades, and Competitive Benchmarking scores. More info available [here](#).

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Thank you for joining us today.

Questions? Contact the Help Desk at https://leapfroghelpdesk.Zendesk.com