The Leapfrog Hospital Survey Scoring Algorithms

Scoring Details for Sections 1 – 9 of the 2026 Leapfrog Hospital Survey

LEAPFROG HOSPITAL SURVEY

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2026 Leapfrog Hospital Survey Scoring Algorithms

http://leapfroggroup.org/hospital

This document includes the scoring algorithms for the 2026 Leapfrog Hospital Survey. The scoring algorithms are organized by section:

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 the Data Accuracy webpage.

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Scoring and Public Reporting Overview

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.

Hospitals that submit by the June 30 Submission Deadline will be able to view their Survey Results on Leapfrog's public reporting website on **July 25**. In addition, these hospitals can preview results on their VON data for Section 4E High-Risk Deliveries (if applicable), NHSN data for Section 7B Healthcare-Associated Infections, and CMS outpatient data for Section 9F CMS Measures (if applicable) on the Hospital Details Page on **July 12**, about two weeks prior to the public release.

After July 25, the Hospital Details Page and public reporting website will be refreshed monthly within the first seven (7) business days of each month to reflect Surveys submitted or re-submitted between July 1 and November 30 and previously submitted Surveys that were corrected by January 31. Survey Results are frozen from February to July 25 of the following year. 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., hospital does not deliver newborns).
- **Did Not Measure**: This term is used for hospitals that report not measuring certain measures on the Leapfrog Hospital Survey (e.g. Medication Reconciliation, DVT Prophylaxis, Bilirubin Screening and Nurse Staffing and Skill Mix, etc.)
- **Not Available**: This term is used for CMS Measures (e.g., OAS CAHPS, etc.) for hospitals that did not provide an accurate CCN or are exempt from the CMS IQR program (e.g., Military Treatment Facilities, etc.).
- **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. For CMS measures, the term is used for hospitals that have a denominator too low to report a score.
- **Declined to Report**: This term is used for hospitals that do not submit a Survey or a section of the Survey or for hospitals that did not report on an applicable CMS measure.
- **Pending Leapfrog Verification**: This term is used for hospitals that have Survey responses that are undergoing Leapfrog's standard verification process.

Additionally, for hospitals that have obtained approval from Leapfrog to participate in the 2026 Leapfrog Hospital Survey using limited data due to a cybersecurity event or natural disaster or have Extraordinary Circumstances Exception approved by CMS (i.e., CMS Footnote 28), the following footnote will be

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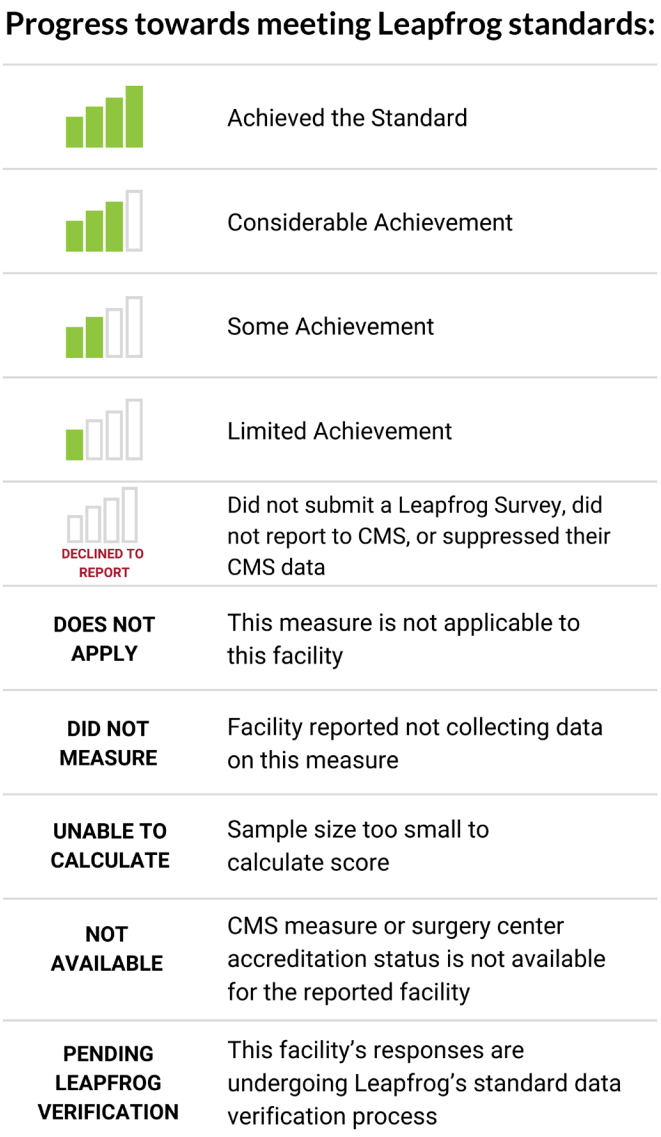
included alongside impacted Survey Results: "Results are based on limited data due to a reported cybersecurity event, natural disaster, or a CMS Extraordinary Circumstance exception." For more information, please visit our webpage.

Figure 1: Legend from Leapfrog's public reporting website.



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For the purposes of public reporting, measures are organized into twelve groups. The following measures are included in each group:

Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
Patient Rights and Ethics	Subsection 1B	Billing Ethics	*Billing Ethics*
	Subsection 1C	Health Care Equity	*Health Care Equity*
	Subsection 1D	Informed Consent	*Informed Consent*
	Subsection 7A	Never Events	*Responding to Never Events*
Preventing Patient Harm	Subsection 5C	Total Nursing Care Hours per Patient Day	*Nursing and Bedside Care for Patients*
	Subsection 5C	RN Hours per Patient Day	*Nursing for Patients*
	Subsection 5C	Percentage of RNs who are BSN-Prepared	*Percentage of Registered Nurses (RNs) who have a Bachelor's Degree in Nursing*
	Subsection 6A	NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems	*Effective Leadership to Prevent Errors*
	Subsection 6B	NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention	*Staff Work Together to Prevent Errors*
	Subsection 6C	Hand Hygiene	*Handwashing*
Medication Safety	Subsection 2A	Computerized Physician Order (CPOE)	*Safe Medication Ordering*
	Subsection 2D	Medication Reconciliation	*Medication Reconciliation*
	Subsection 2C	Bar Code Medication Administration (BMCA)	*Safe Medication Administration*
	Subsection 9E	Medication Safety for Outpatient Procedures	*Medication Documentation for Elective Outpatient Surgery Patients*
Healthcare-Associated Infections	Subsection 7B	Facility-wide inpatient *C. diff.* Laboratory-identified Events	*C. difficile Infection*
	Subsection 7B	Central Line-Associated Blood Stream Infections (CLABSI) in ICUs and Select Wards	*Infection in the Blood*
	Subsection 7B	Catheter-Associated Urinary Tract Infections (CAUTI) in ICUs and Select Wards	*Infection in the Urinary Tract*
	Subsection 7B	Facility-wide inpatient MRSA Blood Laboratory-identified Events	*MRSA Infection*
	Subsection 7B	Surgical Site Infection: Colon	*Surgical Site Infection after Colon Surgery*
Critical Care	Subsection 5A	Adult ICU Physician Staffing	*Specially Trained Doctors Care for Adult Critical Care Patients*

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Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
Pediatric Care	Subsection 8A	Patient Experience (CAHPS Child Hospital Survey)	*Experience of Children and Their Parents*
	Subsection 8B	Pediatric Computed Tomography (CT) Radiation Dose – Abdomen/Pelvis Scans	*Radiation Dose for Abdomen/Pelvis Scans*
	Subsection 8B	Pediatric Computed Tomography (CT) Radiation Dose – Head Scans	*Radiation Dose for Head Scans*
	Subsection 3A	Norwood Procedure	*Congenital Heart Surgery for Infants (Norwood Procedure)*
	Subsection 5B	Pediatric ICU Physician Staffing	*Specially Trained Doctors Care for Pediatric Critical Care Patients*
Maternity Care	Subsection 4E	High-Risk Deliveries	*High-Risk Deliveries*
	Subsection 4B	Cesarean Birth	*Cesarean Sections*
	Subsection 4C	Episiotomy	*Episiotomies*
	Subsection 4D	Newborn Bilirubin Screening Prior to Discharge	*Screening Newborns for Jaundice before Discharge*
	Subsection 4D	Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	*Preventing Blood Clots in Women Undergoing Cesarean Section*
	Subsection 4A*	Maternity Care Volume	*Number of Live Births*
	Subsection 4A*	Maternity Care Services	*Maternity Care Services*
Complex Adult and Pediatric Surgery	Subsection 3A	Carotid Endarterectomy	*Carotid Endarterectomy*
	Subsection 3A	Mitral Valve Repair and Replacement	*Mitral Valve Repair and Replacement*
	Subsection 3A	Open Aortic Procedures	*Open Aortic Procedures*
	Subsection 3A	Bariatric Surgery for Weight Loss	*Bariatric Surgery for Weight Loss*
	Subsection 3A	Esophageal Resection for Cancer	*Esophageal Resection for Cancer*
	Subsection 3A	Lung Resection for Cancer	*Lung Resection for Cancer*
	Subsection 3A	Pancreatic Resection for Cancer	*Pancreatic Resection for Cancer*
	Subsection 3A	Rectal Cancer Surgery	*Rectal Cancer Surgery*
	Subsection 3B	Safe Surgery Checklist for Adult and Pediatric Complex Surgery	*Safe Surgery Checklist – Complex Surgery*
Total Joint Replacement	Subsection 3A	Total Knee Replacement	*Total Knee Replacement Surgery*
	Subsection 3A	Total Hip Replacement	*Total Hip Replacement Surgery*

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Group Name	Section/ Subsection	Measure Name	Shown on public reporting website as:
Elective Outpatient Surgery – Adult*	Subsection 9C*	Ophthalmology	*Ophthalmology (Eyes)*
	Subsection 9C*	Orthopedic	*Orthopedic (Bones and Joints)*
	Subsection 9C*	Otolaryngology	*Otolaryngology (Ear, Nose, Mouth, and Throat)*
	Subsection 9C*	Gastroenterology	*Gastroenterology (Stomach and Digestive)*
	Subsection 9C*	General Surgery	*General Surgery*
	Subsection 9C*	Urology	*Urology (Urinary Tract, Male Reproductive)*
	Subsection 9C*	Neurological Surgery	*Neurosurgery*
	Subsection 9C*	Obstetrics and Gynecology	*Obstetrics and Gynecology*
	Subsection 9C*	Plastic and Reconstructive Surgery	*Plastic and Reconstructive Surgery*
Elective Outpatient Surgery – Pediatric*	Subsection 9C*	Ophthalmology	*Ophthalmology (Eyes)*
	Subsection 9C*	Orthopedic	*Orthopedic (Bones and Joints)*
	Subsection 9C*	Otolaryngology	*Otolaryngology (Ear, Nose, Mouth, and Throat)*
Care for Elective Outpatient Surgery Patients	Subsection 9B	Clinicians Present While Adult Patients are Recovering	*Elective Outpatient Surgery Recovery Staffing – Adult*
	Subsection 9B	Clinicians Present While Pediatric Patients are Recovering	*Elective Outpatient Surgery Recovery Staffing – Pediatric*
	Subsection 9D	Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures	*Safe Surgery Checklist – Elective Outpatient Surgery*
	Subsection 9F	Patient Experience (OAS CAHPS)	*Experience of Patients Undergoing Elective Outpatient Surgery*
	Subsection 9F	Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy	*Unplanned Hospital Visits After Colonoscopy*

*Note: These data will not be scored but are displayed on Leapfrog's public reporting website.

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Summary of Changes to the 2026 Leapfrog Hospital Survey Scoring Algorithms

For details on all changes to the 2026 Leapfrog Hospital Survey, visit the Survey and CPOE Materials webpage. Changes to scoring and public reporting for the 2026 Leapfrog Hospital Survey are highlighted below:

- **Section 1B – Billing Ethics**
  - Leapfrog updated a response option regarding legal action for hospitals that are required by state law to transfer delinquent payments to the Department of Treasury for action. The scoring algorithm has been updated to incorporate the updated response option.
- **Section 2C – Bar Code Medication Administration (BCMA)**
  - Leapfrog has updated two elements which ask about mechanisms used to reduce and understand potential BCMA system "workarounds". A new response option of "Does not apply, hospital has achieved 95% BCMA scanning compliance in all applicable units" has been added for question #21f. Selecting this option will give credit for both #21f and #21g for the purposes of scoring and public reporting.
- **Section 5C - Nursing Workforce**
  - Nursing Skill Mix will not be publicly reported or scored for 2026 as the Nursing Workforce Expert Panel further examines the relationship between this measure and the other Nursing Workforce measures.
- **Section 7B – Healthcare-Associated Infections**
  - Leapfrog has updated question #1 for 2026. If a hospital responds "No…", the hospital will be automatically scored as "Declined to Report" for all five infections regardless of NHSN group status.
  - Beginning in fall 2026, CMS plans to report standardized infection ratios (SIRs) for HAI measures using NHSN's new 2022 Baseline. Leapfrog anticipates transitioning midway through 2026 from the 2015 NHSN Baseline to the new 2022 NHSN Baseline to align with CMS. An updated scoring algorithm reflecting the 2022 Baseline for the five HAI measures will be released this summer for public comment in anticipation of this change.
- **Section 9F: CMS Measures**
  - Leapfrog has updated this subsection to include CMS Measures: OP-32 Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy and four domains (see below) from the OAS CAHPS (Patient Experience Top Box Score).
    - Facilities and Staff
    - Communication About Your Procedure
    - Patients' Rating of the Facility
    - Patients Recommending the Facility
  - In 2026, this data will be obtained directly from the CMS Provider Data Catalog for hospitals that submit Section 9 Outpatient Procedures.

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Change Summary Since Release

This section will be updated if changes are made to scoring after this document's initial release on April 1, 2026.

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Section 1: 2026 Patient Rights and Ethics Scoring Algorithms

1A: Basic Hospital Information

This section will not be scored in 2026. However, the responses will be shown on Leapfrog's public reporting website. For example, Leapfrog will display the number of ICU beds.

1B: Billing Ethics

Hospitals are scored on three aspects of their billing practices, including the quality and timeliness of the billing statement or master itemized bill, the availability of a billing representative to negotiate a patient's bill within 10 business days, and whether or not the facility takes legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service.

Billing Ethics Score (Performance Category)	**Meaning that…**
Achieved the Standard	• The hospital provides **every** patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #1**,** • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #2 within 10 business days**,** and • Does **not** take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service. OR • The hospital provides **every** patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #1**,** • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #2 within 10 business days, and • Does **not** take legal action against patients but is required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action.
Considerable Achievement	• **Upon request**, the hospital provides patients with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #1**,** • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #2 within 10 business days, and • Does **not** take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service, or the hospital does **not** take legal action against

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	patients but is required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., the Department of Treasury, Attorney General, etc.) for action.
Some Achievement	• The hospital does **not** provide patients with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #1**, but** • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #2 within 10 business days**,** and • Does **not** take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service, or the hospital does **not** take legal action against patients but is required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., the Department of Treasury, Attorney General, etc.) for action.
Limited Achievement	The hospital responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

1C: Health Care Equity

Hospitals are scored on whether they meet the requirements for collecting patient self-reported demographic data, training staff responsible for collecting demographic data, stratifying at least one quality measure, and additional steps the hospital takes once this data is collected and analyzed.

Health Equity Score (Performance Category)	**Meaning that…**
Achieved the Standard	• The hospital collects, at a minimum, patient self-identified **race**, **ethnicity**, **and preferred written and/or spoken language** data as described in question #1, • Trains staff responsible for collecting the self-identified demographic data from patients as described in question #2, • Uses the patient self-identified demographic data to stratify at least one quality measure as described in question #3, • If disparities were identified in question #4, has updated or revised a policy or procedure to address the disparity or developed a written action plan as described in question #5, • Shares information about efforts to identify and reduce health care disparities on its public website as described in question #6, and • Reports out and discusses efforts to identify and address health care disparities with the board as described in question #7. *Question #5 is not used in scoring for hospitals that responded "No, disparities were not identified" or "Inadequate data available to determine if disparities exist" to question #4.*

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Considerable Achievement	• The hospital collects, at a minimum, patient self-identified **race**, **ethnicity**, **and preferred written or spoken language** data as described in question #1, • Trains staff responsible for collecting the self-identified demographic data from patients as described in question #2, • Uses the patient self-identified demographic data to stratify at least one quality measure as described in question #3, • If disparities were identified in question #4, has updated or revised a policy or procedure to address the disparity or developed a written action plan as described in question #5, • And either: o Shares information about efforts to identify and reduce health care disparities on its public website as described in question #6, OR o Reports out and discusses efforts to identify and address health care disparities with the board as described in question #7. *Question #5 is not used in scoring for hospitals that responded "No, disparities were not identified" or "Inadequate data available to determine if disparities exist" to question #4.*
Some Achievement	• The hospital collects, at a minimum, patient self-identified **race, ethnicity, and preferred written or spoken language** data as described in question #1, • Trains staff responsible for collecting the self-identified demographic data from patients as described in question #2, • Uses the patient self-identified demographic data to stratify at least one quality measure as described in question #3, • And either: o Has updated or revised a policy or procedure to address the disparity or developed a written action plan as described in question #5 (if disparities were identified in question #4). OR o Shares information about efforts to identify and reduce health care disparities on its public website as described in question #6, OR o Reports out and discusses efforts to identify and address health care disparities with the board as described in question #7. *Question #5 is not used in scoring for hospitals that responded "No, disparities were not identified" or "Inadequate data available to determine if disparities exist" to question #4.*
Limited Achievement	The hospital responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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1D: Informed Consent

Hospitals are scored on whether they meet the requirements for their informed consent policies and training, the content of their informed consent forms, and their processes for gaining informed consent for all procedures where general and regional anesthesia are used, or where monitored anesthesia care is administered.

Informed Consent Score (Performance Category)	**Meaning that…**

Achieved the Standard	• The hospital responded "yes, **all** applicable forms are written at a 6th grade reading level or lower" to question #4, **and**
	• The hospital responded "yes" to the remaining **five** questions in
	  ○ Training on Informed Consent (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).

Considerable Achievement	• The hospital responded "yes, **all** applicable forms are written at a 6th grade reading level or lower" to question #4, **and**
	• The hospital responded "yes" to at least **four** additional questions in
	  ○ Training on Informed Consent (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).
	OR
	• The hospital responded "no, but at least **one** form is written at a 6th grade reading level or lower" OR "no, all applicable forms are written at a 9th grade reading level or lower" to question #4, **and**
	• The hospital responded "yes" to the **five** remaining questions in
	  ○ Training on Informed Consent (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).

Some Achievement	• The hospital responded "yes, **all** applicable forms are written at a 6th grade reading level or lower" **OR** "no, but at least **one** form is written at a 6th grade reading level or lower" **OR** "no, all applicable forms are written at a 9th grade reading level or lower" to question #4 **and**
	• The hospital responded "yes" to at least **three** additional questions in
	  ○ Training on Informed Consent (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" to question #4, **and**
	• The hospital responded "yes" to at least **four** additional questions in
	  ○ Training on Informed Consent (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).

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Limited Achievement	The hospital responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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Section 2: 2026 Medication Safety Scoring Algorithms

2A: CPOE Scoring Algorithm for Adult/General Hospitals

Adult and general hospitals are scored on both their implementation and the efficacy of an inpatient CPOE system.

CPOE Test results are available within the CPOE Evaluation Tool from April 1 to November 30. See "Step 7 of 7: View Results" in the CPOE Tool Instructions for more information.

	Score on Adult Inpatient Test via the CPOE Evaluation Tool (see Appendix I for details on the CPOE Evaluation Tool Scoring Algorithm)					
Implementation Status (from Leapfrog Hospital Survey Questions #3-4)	***Full Demonstration of National Safety Standard for Decision Support*** *(60% or greater of test orders correct)*	***Substantial Demonstration of National Safety Standard for Decision Support*** *(50-59% of test orders correct)*	***Some Demonstration of National Safety Standard for Decision Support*** *(40-49% of test orders correct)*	***Completed the Evaluation*** *(Less than 40% of test orders correct)*	***Insufficient Evaluation*** *(Hospital was not able to test at least 50% of test orders)*	***Incomplete Evaluation*** *(Potentially inaccurate test results or timed out)* ***-or-*** ***Did not complete an evaluation***
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"					

Declined to Report:
The hospital did not submit a Survey.

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

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2A: CPOE Scoring Algorithm for Pediatric Hospitals

Pediatric hospitals are scored on their implementation of an inpatient CPOE system.

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 Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's reported responses are undergoing Leapfrog's standard verification process.

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2C: Bar Code Medication Administration (BCMA)

Hospitals are scored on their performance on four components of BCMA use:

- **% Units**: A hospital's implementation of BCMA throughout the hospital, as measured by the percentage of adult and/or pediatric units with a focus on general medical, surgical, medical/surgical, neuro, neonatal, or specialty ICUs, medical, surgical, or medical/surgical units (including telemetry units), step-down/progressive units, labor and delivery units, and pre-operative and post-anesthesia care 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. Having a formal committee that meets routinely to review data reports on BCMA system use
    2. Having back-up equipment for hardware failures
    3. Having a help desk that provides timely responses to urgent BCMA issues in real-time
    4. Conducting real-time observations of users at the unit level using the BCMA system
    5. Engaging nursing leadership at the unit level on BCMA use
    6. For those hospitals with less than 95% compliance in one or more units based on quarterly monitoring:
       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. For those hospitals with less than 95% compliance in one or more units based on quarterly monitoring:
       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 the 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 the hospital's standard medication administration process
    8. Communicated to end users the resolution of any system deficiencies and/or problems that may have contributed to the workarounds

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BCMA Score (Performance Category)	% Units	% Compliance	Decision Support	Processes & Structures to Prevent Workarounds
Achieved the Standard	100%	95%	5 out of 5	6 out of 8*
Considerable Achievement	The hospital meets **three of the four** standards.			
Some Achievement	The hospital meets **two of the four** standards.			
Limited Achievement	The hospital meets **one or zero of the four** standards.			
Declined to Report	The hospital did not submit a Survey.			
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.			

*Or hospital responded "Does Not Apply" to question #21f and earned credit for both 21f and 21g due to achieving 95% scanning compliance in all applicable units based on quarterly monitoring.

2D: Medication Reconciliation

Hospitals are scored on their use of a nationally endorsed protocol to collect data on the accuracy of their medication reconciliation process and the rate of unintentional medication discrepancies per medication based on a sample of at least 30 patients. The rate of unintentional medication discrepancies per medication is calculated by dividing the total number of discrepancies by the total number of medications, using the following formula:

$$= \frac{Unintent.\ discrepancies\ among\ GSMs\S\ (\boldsymbol{Q6}) + Discrepancies\ due\ to\ unintent.\ ordered\ meds\ (\boldsymbol{Q8})}{Meds\ from\ the\ GSM\S\ history\ (\boldsymbol{Q5}) + Unintent.\ ordered\ additional\ meds\ (\boldsymbol{Q7})}$$

§ GSM = gold standard medication(s)

The 50th and 75th percentiles are 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 Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

	2021 Survey Results for Rate of Unintentional Medication Discrepancies per Medication
Minimum	0
50th percentile	0.119
75th percentile	0.213
Maximum	1.065

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Medication Reconciliation Score (Performance Category)	**Meaning that…**
Achieved the Standard	• The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, • Sampled at least 30 patients, and • Based on the sample, the rate of unintentional medication discrepancies per medication is **lower than or equal to the 50th percentile** (where lower performance is better).
Considerable Achievement	• The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, • Sampled at least 30 patients, and • Based on the sample, the rate of unintentional medication discrepancies per medication is **higher than the 50th percentile, but lower than or equal to the 75th percentile** (where lower performance is better).
Some Achievement	• The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, • Sampled at least 30 patients, but • Based on the sample, the rate of unintentional medication discrepancies per medication is **higher than the 75th percentile** (where lower performance is better).
Limited Achievement	• The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, but • Did not sample at least 30 patients.
Did Not Measure	The hospital reported not collecting data on this measure.
Unable to Calculate Score	More than 10 out of 30 patients (or one-third) included in the sample had zero Gold Standard Medications.
Does Not Apply	The hospital is a pediatric facility or had too few adult admissions to medical or medical/surgical units.
Declined to Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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Section 3: 2026 Adult and Pediatric Complex Surgery Scoring Algorithms

3A: Hospital and Surgeon Volume

Leapfrog's minimum hospital and surgeon volume standards:

Procedure	Hospital Volume	Surgeon Volume
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 knee replacement surgery	50	25
Total hip replacement surgery	50	25
Norwood Procedure	8	5

For the procedures listed above, other than mitral value repair and replacement and Norwood procedures, hospitals are scored on whether they met the minimum hospital volume standards and whether the hospital's process for privileging its surgeons includes meeting or exceeding the minimum annual surgeon volume standards in the table above.

Hospital and Surgeon Volume Score (Performance Category)	Meaning that for each of the procedures performed…
Achieved the Standard	• The hospital **met** the minimum hospital volume standard for the procedure, **and** • The hospital's process for privileging surgeons **does** include meeting or exceeding the minimum annual surgeon volume standard.
Considerable Achievement	• The hospital **met** the minimum hospital volume standard for the procedure, **but** • The hospital's process for privileging surgeons **does not** include meeting or exceeding the minimum annual surgeon volume standard.
Some Achievement	• The hospital **did not** meet the minimum hospital volume standard for the procedure, **but** • The hospital's process for privileging surgeons **does** include meeting or exceeding the minimum annual surgeon volume standard.
Limited Achievement	• The hospital **did not** meet the minimum hospital volume standard for the procedure, **and** • The hospital **does not** include the minimum annual surgeon volume standard in its privileging process.
Does Not Apply	The hospital does not perform the procedure or is a pediatric facility.
Declined to Report	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.

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For mitral valve repair and replacement:

Hospitals that perform mitral valve repair and replacements and have a Mitral Valve Repair/Replacement Composite Score publicly reported on the STS website will be scored using four criteria: total hospital volume, whether their surgeon privileging process incorporates Leapfrog's minimum annual surgeon volume standards, participation in The Society of Thoracic Surgeons' (STS) Adult Cardiac Surgery Database (ACSD), and outcomes from the STS ACSD.

First, hospitals are assigned points based on whether they meet each of the four criteria:

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.	• 50 points, if met • 0 points, if not met
The hospital's process for privileging surgeons includes meeting or exceeding the minimum annual surgeon volume standard	Hospital's privileging process requires a surgeon to have experience with at least 20 cases per year.	• 25 points, if met • 0 points, if not met
The hospital participates in the Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD)	Hospital participates in STS ACSD.	• 25 points, if participates • 0 points, if does not participate
The hospital's Mitral Valve Repair/Replacement Composite Score	The hospital's performance on the publicly reported STS mitral valve repair/replacement composite score that looks at both mortality and absence of mortality.	• 75 points for 3 Stars • 25 points for 2 Stars OR did not meet the data completeness requirement • 0 points for 1 star OR did not publicly report performance

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

Mitral Valve Repair and Replacement Score (Performance Category)	Meaning that the hospital earned…
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 Report	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.

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For the Norwood procedure:

Hospitals that perform the Norwood procedure will be scored using three criteria: total hospital volume, whether their surgeon privileging process incorporates Leapfrog's minimum annual surgeon volume standards, and participation in The Society of Thoracic Surgeons' (STS) Congenital Heart Surgery Database (CHSD).

First, hospitals are assigned points based on whether they meet each of the three criteria:

Norwood Procedure Criteria	Leapfrog's Standard	Points Assigned
The hospital met the minimum hospital volume standard	Hospital has experience with eight cases per year.	• 50 points, if met • 0 points, if not met
The hospital's process for privileging surgeons includes meeting or exceeding the minimum annual surgeon volume standard	Hospital's privileging process requires a surgeon to have experience with at least five cases per year.	• 25 points, if met • 0 points, if not met
The hospital participates in the Society of Thoracic Surgeons (STS) Congenital Heart Surgery Database (CHSD)	Hospital participates in STS CHSD.	• 50 points, if participates • 0 points, if does not participate

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

Norwood Procedure Score (Performance Category)	**Meaning that the hospital earned…**
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.
Declined to Report	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.

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3B: Safe Surgery Checklist for Adult and Pediatric Complex Surgery

Hospitals are scored on their use of a safe surgery checklist and whether all elements of the checklist are verbalized in the presence of the appropriate personnel for every patient undergoing an applicable procedure based on an audit of a sample of patients.

Safe Surgery Checklist Score (Performance Category)	**Meaning that…**
Achieved the Standard	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure, • The checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., hospital responded "yes" to questions #3, #4, and #5), • The hospital completed an audit of 15 or 30 patients, as applicable, and documented adherence to the checklist, and • Based on the audit, has documented adherence to the checklist for **at least 90%** of the patients included in the audit.
Considerable Achievement	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure, • The checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., hospital responded "yes" to questions #3, #4, and #5), • The hospital completed an audit of 15 or 30 patients, as applicable, and documented adherence to the checklist, and • Based on the audit, has documented adherence to the checklist for **at least 75%** of the patients included in the audit.
Some Achievement	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure, • The checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., hospital responded "yes" to questions #3, #4, and #5), • The hospital completed an audit of 15 or 30 patients, as applicable, and documented adherence to the checklist, and • Based on the audit, has documented adherence to the checklist for **at least 50%** of the patients included in the audit.
Limited Achievement	The hospital responded to the questions in this section, but it does not yet meet the criteria for Some Achievement.
Unable to Calculate Score	The hospital performs fewer than 30 total inpatient procedures under general anesthesia.
Does Not Apply	The hospital does not perform any of the adult or pediatric complex procedures.
Declined to Report	The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.

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

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Section 4: 2026 Maternity Care Scoring Algorithms

4A: Maternity Care Volume and Services

Responses to this subsection are not scored but are publicly reported. Leapfrog will report on volume of deliveries, as well as the availability of midwives and doulas, breastfeeding support, postpartum contraceptive offered, and whether the hospital has a policy in place to limit early elective deliveries.

4B: Cesarean Birth

Hospitals are scored on their nulliparous, term, singleton, vertex (NTSV) cesarean section rate.

NTSV Cesarean Section Score (Performance Category)	**Meaning that the hospital's NTSV Cesarean Section Rate is…**
Achieved the Standard	<= 23.6%
Considerable Achievement	> 23.6% and <= 25.2%
Some Achievement	> 25.2% and <= 29.5%
Limited Achievement	> 29.5%
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 Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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4C: Episiotomy

Hospitals are scored on their rate of episiotomy.

Episiotomy Score (Performance Category)	**Meaning that the hospital's Episiotomy Rate is…**
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 Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

4D: Newborn Bilirubin Screening Prior to Discharge

Hospitals are scored on their adherence to the newborn bilirubin screening prior to discharge clinical guideline.

Newborn Bilirubin Screening Score (Performance Category)	**Meaning that…**
Achieved the Standard	The hospital **met** the 90% target for Newborn Bilirubin Screening Prior to Discharge.
Limited Achievement	The hospital **did not meet** the 90% target for Newborn Bilirubin Screening Prior to Discharge.
Did Not Measure	The hospital reported not collecting data on this measure.
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 Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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4D: Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery

Hospitals are scored on their adherence to the appropriate deep vein thrombosis (DVT) prophylaxis in women undergoing cesarean delivery clinical guideline.

DVT Prophylaxis Score (Performance Category)	**Meaning that…**
Achieved the Standard	The hospital **met** the 90% target for Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery.
Limited Achievement	The hospital **did not meet** the 90% target for Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery.
Did Not Measure	The hospital reported not collecting data on this measure.
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 Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

4E: High-Risk Deliveries

Hospitals are scored on either (a) their annual volume of very-low birth weight (VLBW) infants **or** (b) their performance on the VON's Death or Morbidity outcome measure.

For hospitals reporting on Volume:

High-Risk Deliveries Score (Performance Category)	**Meaning that the hospital's annual volume of very-low birth weight infants is…**
Achieved the Standard	>= 50 VLBW infants
Considerable Achievement	25-49 VLBW infants
Some Achievement	10-24 VLBW infants
Limited Achievement	< 10 VLBW infants **OR** The hospital does not operate a NICU.
Does Not Apply	The hospital does not admit high-risk deliveries or only admits on an emergency basis or if a patient is too unstable for safe transfer.
Declined to Report	The hospital did not report on volume and 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.

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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)	**Meaning that the hospital's Death or Morbidity standardized ratio is…**
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** The hospital does not operate a NICU.
Does Not Apply	The hospital does not electively admit high-risk deliveries.
Declined to Report	The hospital did not report on volume and did not elect to share their VON data with Leapfrog, or 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.

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Section 5: 2026 Physician and Nurse Staffing Scoring Algorithms

5A: Adult ICU Physician Staffing

Hospitals are scored on the staffing structures they have in place to care for adult intensive care patients in adult general medical, surgical, medical/surgical, neuro intensive care units, and in mixed acuity units.

Hospitals with more than one applicable adult ICU, are asked to respond to all questions within the section based on the adult ICU that has the least intensive staffing structure (refer to endnote #14 in the hard copy of the 2026 Leapfrog Hospital Survey).

The term "intensivist" is used to describe physicians who are certified in critical care medicine or who meet Leapfrog's expanded definition for certified in critical care medicine (refer to endnote #36 in the heard copy of the 2026 Leapfrog Hospital Survey).

Adult ICU Physician Staffing Score (Performance Category)	**Meaning that…**

Achieved the Standard	The hospital responded "yes" or "not applicable, intensivists are present on-site 24/7" to **all** the following questions:
	
	• **Question #3:**
	The adult ICU is staffed with physicians either present on-site or via telemedicine who are either certified in critical care medicine or who meet Leapfrog's expanded definition for certification in critical care medicine.
	• **Question #4:**
	All critical care patients in the adult ICU are managed or co-managed by physicians certified in critical care medicine (when present on-site or via telemedicine).
	• **Question #5 or #6**:
	One or more intensivists are:
	  ○ Ordinarily present on-site in the adult ICU during daytime hours for at least eight hours per day, seven days per week, providing clinical care exclusively in the ICU during these hours.
	  ○ Present via telemedicine, in combination with on-site intensivist coverage, for a total of 24 hours per day, 7 days per week; meet all of Leapfrog's ICU requirements for intensivist presence in the ICU via telemedicine; and supported by an on-site intensivist who establishes and revises the daily care plan for each ICU patient.
	• **Question #7:**
	When physicians (from question #3) are not present (on-site or via telemedicine) in the adult ICU, one of them returns more than 95% of calls/pages/texts from these units within five minutes.
	• **Question #8:**
	When physicians (from question #3) are not present (on-site or via telemedicine) in the adult ICU or not able to physically reach an ICU patient within five 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.

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Adult ICU Physician Staffing Score (Performance Category)	**Meaning that…**
	Note: When telemedicine is employed as a substitute for on-site intensivist coverage, it must meet all 10 requirements detailed in endnote #38 (in the hard copy of the Survey), which includes some on-site intensivist time to manage the ICU patients' admissions, discharges, and care planning.

Considerable Achievement	The hospital responded "yes" or "clinical pharmacist rounds seven days per week" to **all** the following questions:
	• **Question #3:** The adult ICU is staffed with physicians either present on-site or via telemedicine who are either certified in critical care medicine or meet Leapfrog's expanded definition for certification in critical care medicine.
	• **Question #4:** All critical care patients in the adult ICU are managed or co-managed by physicians certified in critical care medicine (when present on-site or via telemedicine).
	• **Question #9 or #13**:
	  ○ One or more intensivists are ordinarily present in the adult ICU during daytime hours for at least eight hours per day, four days per week, OR four hours per day, seven days per week; providing clinical care exclusively in the adult ICU during these hours.
	  ○ An on-site clinical pharmacist makes daily rounds on all critical care patients in the adult ICU at least five days/week, and on the other two days/week, a clinical pharmacist returns more than 95% of calls/pages/texts from the unit within five minutes; OR the on-site clinical pharmacist rounds on all critical care patients in the adult ICU seven days per week.
	• **Question #14 or #15:**
	  ○ An intensivist leads daily, interprofessional rounds on-site on all critical care patients in the adult ICU seven days per week.
	  ○ When intensivists are on-site in the adult ICU, for at least eight hours per day, four days per week OR four hours per day, seven days a week, they make all admission and discharge decisions.

Considerable Achievement (alternative)	The hospital responded "yes" to **all** the following questions: • **Question #3:** The adult ICU is staffed with physicians either present on-site or via telemedicine who are either certified in critical care medicine or meet Leapfrog's expanded definition for certification in critical care medicine. • **Question #4:** All critical care patients in the adult ICU are managed or co-managed by physicians certified in critical care medicine (when present on-site or via telemedicine). • **Question #10:** One or more intensivists are present via telemedicine 24 hours per day, 7 days per week, meet all of Leapfrog's modified adult ICU requirements, with on-site care planning done by an intensivist, hospitalist, anesthesiologist, or a physician trained in emergency medicine.

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Adult ICU Physician Staffing Score (Performance Category)	**Meaning that…**
	Note: When telemedicine is employed as a substitute for on-site intensivist coverage, it must meet all 9 requirements detailed in endnote #43 (in the hard copy of the Survey).

Some Achievement	The hospital responded "yes" to **all** the following questions:
	
	• **Question #3:** The adult ICU is staffed with physicians either present on-site or via telemedicine who are either certified in critical care medicine or meet Leapfrog's expanded definition for certification in critical care medicine.
	• **Question #4:** All critical care patients in the adult ICU are managed or co-managed by physicians certified in critical care medicine (when present on-site or via telemedicine).
	• **Question #11:** One or more intensivists are present on-site at least four days per week to establish or revise daily care plans for all critical care patients.
	• **Question #14 or #15:**
	  ○ An intensivist leads daily, interprofessional rounds on-site on all critical care patients in the adult ICU seven days per week.
	  ○ When intensivists are on-site in the adult ICU, at least eight hours per day, four days per week OR four hours per day, seven days a week, they make all admission and discharge decisions.
	
	Or the hospital responded "yes" to **all** the following questions:
	
	• **Question #12:** If not all, at least some critical care patients are managed or co-managed by physicians who are certified in critical care medicine, either on-site or via telemedicine for at least eight hours per day, four days per week OR four hours per day, seven days per week.
	• **Question #14 or #15:**
	  ○ An intensivist leads daily, interprofessional rounds on-site on all critical care patients in the adult ICU seven days per week.
	  ○ When intensivist are on-site in the adult ICU, at least eight hours per day, four days per week OR four hours per day, seven days a week, they make all admissions and discharge decisions.
	
	Note: When telemedicine is employed as a substitute for on-site intensivist coverage, it must meet all 10 requirements detailed in endnote #38 (in the hard copy of the Survey).

Limited Achievement	The hospital responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Does Not Apply	The hospital does not operate an adult general medical, surgical, medical/surgical, or neuro intensive care unit or does not regularly admit adult critical care patients to mixed acuity units.

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Adult ICU Physician Staffing Score (Performance Category)	**Meaning that…**
Declined to Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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5B: Pediatric ICU Physician Staffing

Hospitals are scored on the staffing structures they have in place to care for pediatric intensive care patients in pediatric general medical, surgical, medical/surgical, neuro intensive care units, and in mixed acuity units.

Hospitals with more than one applicable pediatric ICU, are asked to respond to all questions within the section based on the pediatric ICU that has the least intensive staffing structure (refer to endnote #14 in the hard copy of the 2026 Leapfrog Hospital Survey).

The term "intensivist" is used to describe physicians who are certified in critical care medicine or who meet Leapfrog's expanded definition for certified in critical care medicine (refer to endnote #36 in the hard copy of the 2026 Leapfrog Hospital Survey).

Pediatric ICU Physician Staffing Score (Performance Category)	**Meaning that…**
Achieved the Standard	The hospital responded "yes" or "not applicable, intensivists are present on-site 24/7" to **all** the following questions: • **Question #3:** The pediatric ICU is staffed with physicians either present on-site or via telemedicine who are either certified in critical care medicine or who meet Leapfrog's expanded definition for certification in critical care medicine. • **Question #4:** All critical care patients in the pediatric ICU are managed or co-managed by physicians certified in critical care medicine (when present on-site or via telemedicine). • **Question #5 or #6**: One or more intensivists are: ○ Ordinarily present on-site in the pediatric ICU during daytime hours for at least eight hours per day, seven days per week, providing clinical care exclusively in the ICU during these hours. ○ Present via telemedicine, in combination with on-site intensivist coverage, for a total of 24 hours per day, 7 days per week; meet all of Leapfrog's ICU requirements for intensivist presence in the ICU via telemedicine; and supported by an on-site intensivist who establishes and revises the daily care plan for each ICU patient. • **Question #7:** When physicians (from question #3) are not present (on-site or via telemedicine) in the pediatric ICU, one of them returns more than 95% of calls/pages/texts from these units within five minutes. • **Question #8:** When physicians (from question #3) are not present (on-site or via telemedicine) in the pediatric ICU or not able to physically reach an ICU patient within five 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. Note: When telemedicine is employed as a substitute for on-site intensivist coverage, it must meet all 10 requirements detailed in endnote #38 (in the hard

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Pediatric ICU Physician Staffing Score (Performance Category)	**Meaning that…**
	copy of the Survey), which includes some on-site intensivist time to manage the ICU patients' admissions, discharges, and care planning.

Considerable Achievement	The hospital responded "yes" or "clinical pharmacist rounds seven days per week" to **all** the following questions:
	
	• **Question #3:** The pediatric ICU is staffed with physicians either present on-site or via telemedicine who are either certified in critical care medicine or meet Leapfrog's expanded definition for certification in critical care medicine.
	• **Question #4:** All critical care patients in the pediatric ICU are managed or co-managed by physicians certified in critical care medicine (when present on-site or via telemedicine).
	• **Question #9 or #13**:
	  ○ One or more intensivists are ordinarily present in the pediatric ICU during daytime hours for at least eight hours per day, four days per week, OR four hours per day, seven days per week; providing clinical care exclusively in the pediatric ICU during these hours.
	  ○ An on-site clinical pharmacist makes daily rounds on all critical care patients in the pediatric ICU at least five days/week, and on the other two days/week, a clinical pharmacist returns more than 95% of calls/pages/texts from the unit within five minutes; OR the on-site clinical pharmacist rounds on all critical care patients in the pediatric ICU seven days per week.
	• **Question #14 or #15:**
	  ○ An intensivist leads daily, interprofessional rounds on-site on all critical care patients in the pediatric ICU seven days per week.
	  ○ When intensivists are on-site in the pediatric ICU, for at least eight hours per day, four days per week OR four hours per day, seven days a week, they make all admission and discharge decisions.

Considerable Achievement (alternative)	The hospital responded "yes" to **all** the following questions: • **Question #3:** The pediatric ICU is staffed with physicians either present on-site or via telemedicine who are either certified in critical care medicine or meet Leapfrog's expanded definition for certification in critical care medicine. • **Question #4:** All critical care patients in the pediatric ICU are managed or co-managed by physicians certified in critical care medicine (when present on-site or via telemedicine). • **Question #10:** One or more intensivists are present via telemedicine 24 hours per day, 7 days per week, meet all of Leapfrog's modified pediatric ICU requirements, with on-site care planning done by an intensivist, hospitalist, anesthesiologist, or a physician trained in emergency medicine.

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Pediatric ICU Physician Staffing Score (Performance Category)	**Meaning that…**
	Note: When telemedicine is employed as a substitute for on-site intensivist coverage, it must meet all 9 requirements detailed in endnote #43 (in the hard copy of the Survey).

Some Achievement	The hospital responded "yes" to **all** the following questions:
	
	• **Question #3:** The pediatric ICU is staffed with physicians either present on-site or via telemedicine who are either certified in critical care medicine or meet Leapfrog's expanded definition for certification in critical care medicine.
	• **Question #4:** All critical care patients in the pediatric ICU are managed or co-managed by physicians certified in critical care medicine (when present on-site or via telemedicine).
	• **Question #11:** One or more intensivists are present on-site at least four days per week to establish or revise daily care plans for all critical care patients.
	• **Question #14 or #15:**
	  ○ An intensivist leads daily, interprofessional rounds on-site on all critical care patients in the pediatric ICU seven days per week.
	  ○ When intensivists are on-site in the pediatric ICU, at least eight hours per day, four days per week OR four hours per day, seven days a week, they make all admission and discharge decisions.
	
	Or the hospital responded "yes" to **all** the following questions:
	
	• **Question #12:** If not all, at least some critical care patients are managed or co-managed by physicians who are certified in critical care medicine, either on-site or via telemedicine for at least eight hours per day, four days per week OR four hours per day, seven days per week.
	• **Question #14 or #15:**
	  ○ An intensivist leads daily, interprofessional rounds on-site on all critical care patients in the pediatric ICU seven days per week.
	  ○ When intensivist are on-site in the pediatric ICU, at least eight hours per day, four days per week OR four hours per day, seven days a week, they make all admissions and discharge decisions.
	
	Note: When telemedicine is employed as a substitute for on-site intensivist coverage, it must meet all 10 requirements detailed in endnote #38 (in the hard copy of the Survey).

Limited Achievement	The hospital responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Does Not Apply	The hospital does not operate an adult general medical, surgical, medical/surgical, or neuro intensive care unit or does not regularly admit adult critical care patients to mixed acuity units.
Declined to Report	The hospital did not submit a Survey.

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Pediatric ICU Physician Staffing Score (Performance Category)	**Meaning that…**
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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5C: Nursing Workforce

Total Nursing Care Hours per Patient Day

A hospital's performance on the **Total Nursing Care Hours per Patient Day** measure is calculated by adding together the "Total number of productive hours worked by employed and contracted nursing staff with direct patient care responsibilities" across all unit types (either single or mixed acuity medical, surgical, and med-surg) and all four quarters, and then dividing by the sum of the "Total number of patient days" across all three unit types (either single or mixed acuity medical, surgical, and med-surg) and all four quarters.

See Appendix II for an example of these calculations.

To calculate the 50th, 25th, and 10th percentiles used in scoring, hospitals reporting on single acuity units are placed into one of five cohorts based on the teaching designation reported on their 2025 Patient Safety Component - Annual Hospital Survey in NHSN, the number of staffed beds reported in Section 1A Basic Hospital Information of the 2026 Leapfrog Hospital Survey, and the hospital type (pediatric or CAH).

Cohorts for hospitals reporting on adult or pediatric single acuity medical, surgical, or med-surg unit:

1. Small Teaching (< 500 staffed beds)
2. Large Teaching (>= 500 staffed beds)
3. Non-teaching (includes hospitals that do not join Leapfrog's NHSN Group)
4. Pediatric
5. Critical access hospital

Hospitals reporting on mixed acuity units are placed into a single cohort.

Cohort for hospitals reporting on adult or pediatric mixed acuity medical, surgical, or med-surg unit(s):

6. Mixed acuity units

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

The percentiles for cohorts 1-5 were calculated based on the responses from 2023 Leapfrog Hospital Surveys submitted as of June 30, 2023. Percentiles for cohort 6 were calculated based on the responses from submitted 2024 Leapfrog Hospital Surveys as of June 30, 2024. These cut-points will remain in place for the entire Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

	Single Acuity Units					
Total Nursing Care Hours per Patient Day	**Small Teaching Hospitals**	**Large Teaching Hospitals**	**Non-Teaching Hospitals**	**Pediatric Hospitals**	**CAH Hospitals**	**Mixed Acuity Units**
50th percentile	9.04	9.14	9.56	10.38	10.38	9.94
25th percentile	7.88	8.18	8.13	9.42	8.68	8.63
10th percentile	6.86	7.57	6.93	8.52	6.48	6.78

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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, critical access hospital, or mixed acuity units).
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 hospital's cohort (small teaching, large teaching, non-teaching, pediatric, critical access hospital, or mixed acuity units).
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 hospital's cohort (small teaching, large teaching, non-teaching, pediatric, critical access hospital, or mixed acuity units).
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 hospital's cohort (small teaching, large teaching, non-teaching, pediatric, critical access hospital, or mixed acuity units). **AND** The hospital responded "yes" to all five elements of the National Quality Forum (NQF) Safe Practice #9 – Nursing Workforce, or the hospital is currently recognized as an American Nurses Credentialing Center (ANCC) Magnet® organization, or the hospital is currently recognized as a 2020 or 2024 Pathway to Excellence® organization.
Limited Achievement	The hospital's total nursing care hours per patient day is **less than the 10th percentile** (where higher is better) for that hospital's cohort (small teaching, large teaching, non-teaching, pediatric, critical access hospital, or mixed acuity units).
Did Not Measure	The hospital reported not collecting data on this measure.
Unable to Calculate Score	The hospital operates single or mixed acuity Medical, Surgical, or Med-Surg units, but all applicable units had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period.
Does Not Apply	The hospital does not operate any single or mixed acuity Medical, Surgical, or Med-Surg Units.
Declined to Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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RN Hours per Patient Day

A hospital's performance on the **RN Hours per Patient Day** measure is calculated by adding together the "Total number of productive hours worked by RN nursing staff with direct patient care responsibilities" across all unit types (either single or mixed acuity medical, surgical, and med-surg) and all four quarters, and dividing by the sum of the "Total number of patient days" across all unit types (either single or mixed acuity medical, surgical, and med-surg) and all four quarters.

See Appendix II for an example of these calculations.

To calculate the 50th, 25th, and 10th percentiles used in scoring, hospitals reporting on single acuity units are placed into one of five cohorts based on the teaching designation reported on their 2025 Patient Safety Component - Annual Hospital Survey in NHSN, the number of staffed beds reported in Section 1A Basic Hospital Information of the 2026 Leapfrog Hospital Survey, and the hospital type (pediatric or CAH).

Cohorts for hospitals that report on adult or pediatric single acuity medical, surgical, or med-surg unit:

1. Small Teaching (< 500 staffed beds)
2. Large Teaching (>= 500 staffed beds)
3. Non-teaching (includes hospitals that do not join Leapfrog's NHSN Group)
4. Pediatric
5. Critical access hospital

Hospitals reporting on mixed acuity units are placed into a single cohort.

Cohort for hospitals that report on adult or pediatric mixed acuity medical, surgical, or med-surg unit(s):

6. Mixed acuity units

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

The percentiles for cohorts 1-5 were calculated based on the responses from 2023 Leapfrog Hospital Surveys submitted as of June 30, 2023. Percentiles for cohort 6 were calculated based on the responses from submitted 2024 Leapfrog Hospital Surveys as of June 30, 2024. These cut-points will remain in place for the entire Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

	Single Acuity Units					
RN Hours per Patient Day	**Small Teaching Hospitals**	**Large Teaching Hospitals**	**Non-Teaching Hospitals**	**Pediatric Hospitals**	**CAH Hospitals**	**Mixed Acuity Units**
50th percentile	6.03	6.16	6.30	8.84	6.63	6.62
25th percentile	5.10	5.47	5.25	8.05	4.89	5.26
10th percentile	4.26	4.85	3.77	6.54	4.30	4.01

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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, critical access hospital, or mixed acuity units).
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 hospital's cohort (small teaching, large teaching, non-teaching, pediatric, critical access hospital, or mixed acuity units).
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 hospital's cohort (small teaching, large teaching, non-teaching, pediatric, critical access hospital, or mixed acuity units).
Some Achievement (alternative)	The hospital's RN hours per patient day is **less than the 10th percentile** (where higher is better) for that hospital's cohort (small teaching, large teaching, non-teaching, pediatric, critical access hospital, or mixed acuity units). **AND** The hospital responded "yes" to all five elements of the National Quality Forum (NQF) Safe Practice #9 – Nursing Workforce, or the hospital is currently recognized as an American Nurses Credentialing Center (ANCC) Magnet® organization, or the hospital is currently recognized as a 2020 or 2024 Pathway to Excellence® organization.
Limited Achievement	The hospital's RN hours per patient day is **less than the 10th percentile** (where higher is better) for that hospital's cohort (small teaching, large teaching, non-teaching, pediatric, critical access hospital, or mixed acuity units).
Did Not Measure	The hospital reported not collecting data on this measure.
Unable to Calculate Score	The hospital operates single or mixed acuity Medical, Surgical, or Med-Surg units, but all applicable units had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period.
Does Not Apply	The hospital does not operate any single or mixed acuity Medical, Surgical, or Med-Surg Units**.**
Declined to Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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Percentage of RNs who are BSN-Prepared

Hospitals are scored on the percentage of RNs who are BSN-prepared.

Percentage of RNs who are BSN-prepared Score (Performance Category)	**Meaning that the hospital's percentage of BSN-prepared RNs is…**
Achieved the Standard	>= 80%
Considerable Achievement	>= 50% and < 80%
Some Achievement	>= 20% and < 50%
Limited Achievement	< 20%
Did Not Measure	The hospital reported not collecting data on this measure.
Declined to Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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Section 6: 2026 Patient Safety Practices Scoring Algorithms

6A: NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems

Hospitals are scored on their progress in implementing elements of the National Quality Forum's (NQF) Safe Practice #1 – Culture of Safety Leadership Structures and Systems.

NQF Safe Practice #1 Score (Performance Category)	**Meaning the hospital 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 Report	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 Safe Practice Element:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of elements within this NQF Safe Practice (n=13).

3. **Points Earned:** Total points earned for this NQF Safe Practice is the sum of the elements for which the hospital responded "yes" 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 categories cut points further. However, there are no current plans or commitments to change the cut-points during the 2026 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 **November 30.** Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

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6B: NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention

Hospitals are scored on their progress in implementing elements of the National Quality Forum's (NQF) Safe Practice #2 – Culture Measurement, Feedback, and Intervention.

NQF Safe Practice #2 Score (Performance Category)	**Meaning the hospital 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 Report	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 #2 - Culture Measurement, Feedback, and Intervention has a maximum number of points of 120.

2. **Point Values per Safe Practice Element:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of elements within this NQF Safe Practice (n=12).

3. **Points Earned:** Total points earned for this NQF Safe Practice is the sum of the elements for which the hospital responded "yes" 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 categories cut points further. However, there are no current plans or commitments to change the cut-points during the 2026 Survey Cycle.

6. **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 **November 30.** Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

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6C: Hand Hygiene

Hospitals are scored on their performance in five domains of hand hygiene. To meet the requirements of each domain, the hospital must respond in the affirmative to all applicable questions.

1. Monitoring: questions #8-11
    a. Electronic: questions #12-13
    b. Direct Observation: questions #14-15
2. Feedback*: questions #16-19
3. Training and Education: questions #1-3
4. Infrastructure: questions #4-7
5. Culture: questions #20-21

*Hospitals must respond "yes" to question #8, #9, or #10 in the Monitoring Domain to access the questions in the Feedback Domain.

Hand Hygiene Score (Performance Category)	**Meaning that…**

Achieved the Standard	The hospital responded "yes" to **all** applicable questions in the Monitoring and Feedback Domains and meets the **monthly** sample size of **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 1-3 of the 2026 Hospital Survey (measure specifications, Section 6), for monitoring hand hygiene opportunities, **each month in each patient care unit:**
	
	• **Monitoring Domain**:
	  ○ Question #8:
	  Hospital collects hand hygiene compliance data on at least **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 1-3 of the 2026 Hospital Survey (measure specifications, Section 6), **each month in each patient care unit**.
	  ○ Question #11:
	  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.
	  ○ The hospital responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8):
	  ▪ *Electronic Compliance Monitoring*: questions #12-13
	  ▪ *Direct Observation:* questions #14-15
	• **Feedback Domain:** questions #16-19
	
	AND
	
	The hospital responded "yes" to **all** questions in any **two** of the following domains:
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #20-21

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Hand Hygiene Score (Performance Category)	**Meaning that…**

Achieved the Standard (alternative)	Hospitals that collect hand hygiene compliance data on a **monthly** sample size of **100** hand hygiene opportunities per unit per month, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 4-6 of the 2026 Hospital Survey (measure specifications, Section 6), can achieve the standard if they meet the following:
	
	• **Monitoring Domain**:
	  ○ Question #9:
	  Hospital collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 4-6 of the 2026 Hospital Survey (measure specifications, Section 6), **each month in each patient care unit.**
	  ○ Question #11:
	  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.
	  ○ The hospital responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #9):
	  ▪ *Electronic Compliance Monitoring*: questions #12-13
	  ▪ *Direct Observation:* questions #14-15
	
	AND
	
	The hospital responded "yes" to **all** questions in the other four domains:
	• **Feedback Domain:** questions #16-19
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #20-21

Considerable Achievement	The hospital responded "yes" to **all** applicable questions in the Monitoring and Feedback Domains and meets the **monthly or quarterly** sample size of **100** for monitoring hand hygiene opportunities, **each month or quarter in each patient care unit**:
	
	• **Monitoring Domain**:
	  ○ Question #9 or #10:
	  ▪ Hospital collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 4-6 of the 2026 Hospital Survey (measure specifications, Section 6), **each month in each patient care unit**.
	  ▪ Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities **each quarter in each patient care unit**.
	  ○ Question #11:
	  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.
	  ○ The hospital responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #10):

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Hand Hygiene Score (Performance Category)	**Meaning that…**
	▪ *Electronic Compliance Monitoring*: questions #12-13 ▪ *Direct Observation:* questions #14-15 • **Feedback Domain:** questions #16-19 ***AND*** The hospital responded "yes" to **all** questions in any **two** of the following domains: • **Training and Education Domain:** questions #1-3 • **Infrastructure Domain:** questions #4-7 • **Culture Domain:** questions #20-21
Some Achievement	The hospital responded "yes" to **all** applicable questions in any **two** of the following domains: • **Monitoring Domain:** o Question #8, #9, or #10: ▪ Hospital collects hand hygiene compliance data on at least **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 1-3 of the 2026 Hospital Survey (measure specifications, Section 6), **each month in each patient care unit**. ▪ Hospital collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 4-6 of the 2026 Hospital Survey (measure specifications, Section 6), **each month in each patient care unit**. ▪ Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities **each quarter in each patient care unit**. o Question #11: 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. o The hospital responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8, #9, or #10): ▪ *Electronic Compliance Monitoring*: questions #12-13 ▪ *Direct Observation:* questions #14-15 • **Feedback Domain:** questions #16-19 • **Training and Education Domain:** questions #1-3 • **Infrastructure Domain:** questions #4-7 • **Culture Domain:** questions #20-21
Limited Achievement	The hospital responded "yes" to **all** applicable questions in any **one** of the following domains: • **Monitoring Domain:** o Question #8, #9, or #10: ▪ Hospital collects hand hygiene compliance data on at least **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on

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Hand Hygiene Score (Performance Category)	**Meaning that…**
	the unit type in Tables 1-3 of the 2026 Hospital Survey (measure specifications, Section 6), **each <u>month</u> in each patient care unit**. ▪ Hospital collects hand hygiene compliance data on at least **<u>100</u>** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on the unit type in Tables 4-6 of the 2026 Hospital Survey (measure specifications, Section 6), **each <u>month</u> in each patient care unit**. ▪ Hospital collects hand hygiene compliance data on at least **<u>100</u>** hand hygiene opportunities **each <u>quarter</u> in each patient care unit**. o Question #11: 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. o The hospital responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8, #9, or #10): ▪ *Electronic Compliance Monitoring*: questions #12-13 ▪ *Direct Observation:* questions #14-15 • **Feedback Domain:** questions #16-19 • **Training and Education Domain:** questions #1-3 • **Infrastructure Domain:** questions #4-7 • **Culture Domain:** questions #20-21 ***<u>OR</u>*** The hospital met **0** domains.
Declined to Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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Section 7: 2026 Managing Serious Errors Scoring Algorithms

7A: Never Events

Hospitals are scored on their adoption of the nine principles of The Leapfrog Group's Never Events Policy.

Never Events Score (Performance Category)	**Meaning that…**
Achieved the Standard	The hospital has implemented a policy that adheres to **all nine principles** of The Leapfrog Group's Never Events Policy.
Considerable Achievement	The hospital has implemented a policy that adheres to all the **original five principles*** of The Leapfrog Group's Never Events Policy, as well as **at least two additional principles**.
Some Achievement	The hospital has implemented a policy that adheres to all the **original five principles*** of The Leapfrog Group's Never Events Policy.
Limited Achievement	The hospital responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Report	The hospital did not submit a Survey.
Pending Leapfrog Verification	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 payors upon request. More information is available at https://ratings.leapfroggroup.org/measure/hospital/2026/responding-never-events.

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7B: Healthcare-Associated Infections (HAIs)

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, submits a 2026 Leapfrog Hospital Survey, and responds "Yes" to question #1 in Section 7B. Hospitals that submit a Survey by the June 30 Submission Deadline are able to review these data on the Hospital Details Page as of July 12, 2026.

Beginning in fall 2026, CMS plans to report standardized infection ratios (SIRs) for HAI measures using NHSN's new 2022 Baseline. Leapfrog anticipates transitioning midway through 2026 from the 2015 NHSN Baseline to the new 2022 NHSN Baseline to align with CMS. An updated scoring algorithm reflecting the 2022 Baseline for the five HAI measures will be released this summer for public comment in anticipation of this change.

As described in the hard copy of the Survey, all hospitals in Leapfrog's NHSN Group are required to (a) generate datasets within NHSN, (b) download CMS IPPS reports, and (c) and download a copy of your 2025 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 can ensure 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. Leapfrog provides hospitals with step-by-step instructions on how to download the same reports that Leapfrog uses in our "NHSN Guidance: Join the Group, Review/Accept Data Rights Template, and Download Reports" document. Hospitals are scored on their standardized infection ratios for each of the applicable healthcare-associated infection measures.

HAI Score (Performance Category)	**CLABSI SIR**	**CAUTI SIR**	**MRSA SIR**	**CDI SIR**	**SSI Colon SIR**
Achieved the Standard	<= 0.413	<= 0.427	<= 0.496	<= 0.621	<= 0.349
Considerable Achievement	> 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
Some Achievement	> 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
Limited Achievement	> 1.184	> 1.281	> 1.516	> 1.161	> 1.302
Unable to Calculate Score	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.				
Does Not Apply	The measure did not apply to the hospital during the reporting period (e.g., zero device days or procedures, no applicable locations, etc.) or the hospital is a PPS-Exempt Cancer Hospital as classified by CMS (only applies to CLABSI and CAUTI).				
Declined to Report	The hospital did not join Leapfrog's NHSN group, did not provide a valid NHSN ID, did not complete the 2025 Patient Safety Component - Annual Hospital Survey in NHSN, answered "no" to question #1 in Section 7B, or did not submit a Leapfrog Hospital Survey.				

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HAI Score (Performance Category)	**CLABSI SIR**	**CAUTI SIR**	**MRSA SIR**	**CDI SIR**	**SSI Colon SIR**
Pending Leapfrog Verification	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 downloaded from NHSN on July 25, 2017 and reflects the last time NHSN data was rebaselined. These cut-points will remain in place while the 2015 baseline SIRs continue to be used. Cut-points will be re-released once switching over to the 2022 re-baseline SIRs.

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Section 8: 2026 Pediatric Care Scoring Algorithms

8A: Patient Experience (CAHPS Child Hospital Survey)

Hospitals are scored on their Top Box Scores from a subset of the domains (5 out of 13) 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 (%)**
Top Quartile (>= Q3)	>= 83	>= 80	>= 82	>= 78	>= 66

Patient Experience (CAHPS Child Hospital Survey) Score (Performance Category)	**Meaning that…**
Achieved the Standard	The hospital scored in top quartile of hospitals on at least **four out of five** Child CAHPS domains.
Considerable Achievement	The hospital scored in top quartile of hospitals on **three out of five** Child CAHPS domains.
Some Achievement	The hospital scored in top quartile of hospitals on **two out of five** Child CAHPS domains.
Limited Achievement	The hospital scored in top quartile of hospitals on **one or fewer** Child CAHPS domains.
Did Not Measure	The hospital reported not collecting data on this measure.
Unable to Calculate Score	The hospital did not meet the minimum reporting requirements for the measure (<100 returned CAHPS Child Hospital Surveys).
Does Not Apply	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.
Declined to Report	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.

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. These cut-points will remain in place for the entire Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

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8B: 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. The second benchmark is the 75th Percentile Benchmark, which is the median of the 75th percentile doses reported across all Leapfrog-reporting hospitals.

Hospitals receive points based on their reported median dose (50th percentile) compared to the benchmarks. If the hospital's reported median dose is less than the Median Benchmark, then it receives two points. If the hospital's reported median dose is greater than or equal to the Median Benchmark and less than the 75th Percentile Benchmark, then it receives one point. Otherwise, if the hospital's reported median dose is greater than or equal to the 75th 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**
2 Points (Median Dose < Median Benchmark)	< 265	< 338	< 479	< 615	< 736
1 Point (Median Dose >= Median Benchmark and < 75th Percentile Benchmark)	>= 265 and < 318	>= 338 and < 441	>= 479 and < 602	>= 615 and < 758	>= 736 and < 862
0 Points (Median Dose >= 75th Percentile Benchmark)	>= 318	>= 441	>= 602	>= 758	>= 862

ABDOMEN/PELVIS SCANS					
Point Assignment (Benchmarks)	**< 1 year**	**1 - 4**	**5 - 9**	**10-14**	**15-17**
2 Points (Median Dose < Median Benchmark)	< 48	< 82	< 127	< 274	< 388
1 Point (Median Dose >= Median Benchmark and < 75th Percentile Benchmark)	>= 48 and < 73	>= 82 and < 110	>= 127 and <176	>= 274 and < 394	>= 388 and < 565
0 Points (Median Dose >= 75th Percentile Benchmark)	>= 73	>= 110	>= 176	>= 394	>= 565

*Note: Cut points are based on the distribution of median doses from 2020 Leapfrog Hospital Surveys submitted by January 31, 2021. These cut-points will remain in place for the entire Survey 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 (i.e., two times the number of age strata with at least

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10 CT scans). This percentage of points earned is used to assign a performance category according to the table below:

Pediatric CT Dose Score (Performance Category)	**Meaning that for Head Scans, the hospital earned…**	**Meaning that for Abdomen/Pelvis Scans, the hospital earned…**
Achieved the Standard	>= 75% of total possible points.	>= 75% of total possible points.
Considerable Achievement	>= 50% and < 75% of total possible points.	>= 50% and < 75% of total possible points.
Some Achievement	>=25% and < 50% of total possible points.	>=25% and < 50% of total possible points.
Limited Achievement	< 25% of total possible points.	< 25% of total possible points.
Did Not Measure	The hospital did not measure.	The hospital did not measure.
Unable to Calculate Score	Fewer than 10 CT scans for all age ranges.	Fewer than 10 CT scans for all age ranges.
Does Not Apply	The hospital does not perform CT scans on pediatric patients.	
Declined to Report	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.	

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Section 9: 2026 Outpatient Procedures Scoring Algorithms

9A: Basic Outpatient Department Information

This section will not be scored in 2026. However, responses will be shown on Leapfrog's public reporting website. For example, Leapfrog will display the number of operating and/or procedure rooms.

9B: Medical, Surgical, and Clinical Staff

Certified Clinicians Present While Patients Are Recovering

Hospitals are 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.

Clinicians Present While Patients are Recovering Score (Performance Category)	**Meaning that…**	**Meaning that…**
Achieved the Standard	While **adult** patients are recovering from an outpatient procedure, the hospital ensures 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 (13 years and older) is present in the hospital outpatient department.	While **pediatric** patients are recovering from an outpatient procedure, the hospital ensures 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.
Limited Achievement	While **adult** patients are recovering from an outpatient procedure, an ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are **NOT** present at all times and immediately available in the building while an adult patient (13 years and older) is present in the hospital outpatient department.	While **pediatric** patients are recovering from an outpatient procedure, a PALS trained clinician, as well as a second clinician (regardless of PALS training), are **NOT** 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.
Does Not Apply	The hospital does not perform outpatient procedures on **adult** patients.	The hospital does not perform outpatient procedures on **pediatric** patients.
Declined to Report	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.	

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9C: Volume of Procedures (Optional)

Responses to the annual volume of each procedure performed are optional and not scored. However, if submitted, the information will be publicly reported to inform purchasers and consumers about the facility's experience with the procedure.

9D: Safety of Procedures

Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures

Hospitals are scored on their use of a safe surgery checklist and whether elements of the checklist are verbalized in the presence of the appropriate personnel for every patient undergoing an applicable procedure based on an audit of a sample of patients.

Safe Surgery Checklist Score (Performance Category)	**Meaning that…**
Achieved the Standard	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure, • The checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., hospital responded "yes" to questions #3, #4, and #5), • The hospital completed an audit of 15 or 30 patients, as applicable, and documented adherence to the checklist, and • Based on the audit, has documented adherence to the checklist for **at least 90%** of the patients included in the audit.
Considerable Achievement	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure, • The checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., hospital responded "yes" to questions #3, #4, and #5), • The hospital completed an audit of 15 or 30 patients, as applicable, and documented adherence to the checklist, and • Based on the audit, has documented adherence to the checklist for **at least 75%** of the patients included in the audit.
Some Achievement	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure, • The checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., hospital responded "yes" to questions #3, #4, and #5), • The hospital completed an audit of 15 or 30 patients, as applicable, and documented adherence to the checklist, and • Based on the audit, has documented adherence to the checklist for **at least 50%** of the patients included in the audit.
Limited Achievement	The hospital responded to this section but does not yet meet the criteria for Some Achievement.

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Does Not Apply	The hospital does not perform outpatient procedures on adult or pediatric patients.
Declined to Report	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.

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9E: Medication Safety for Outpatient Procedures

Hospitals are scored based on their rates of documentation for home medications, visit medications, and allergies/adverse reaction(s).

Medication and Allergy Documentation Score (Performance Category)	**Meaning that …**
Achieved the Standard	The hospital met the 90% target for documenting **all three components**: home medications, visit medications, and medication allergies/adverse reaction(s) in the clinical record.
Considerable Achievement	The hospital met the 90% target for documenting **two of the three** components.
Some Achievement	The hospital met the 90% target for documenting **one of the three** components.
Limited Achievement	The hospital **did not meet** the 90% target for documenting any of the three components.
Did Not Measure	The hospital reported not collecting data on this measure.
Unable to Calculate Score	The hospital did not meet the minimum reporting requirements for clinical record documentation (n < 30).
Does Not Apply	The hospital does not perform outpatient procedures on adult or pediatric patients.
Declined to Report	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.

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9F: CMS Measures

Leapfrog obtains data for five Hospital Outpatient Quality Reporting (OQR) program measures directly from the Centers for Medicare and Medicaid Services (CMS) Provider Data Catalog:

- OP-32: Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy
- Patient Experience Top Box Score (OAS CAHPS)
    a) Facilities and Staff
    b) Communication About Your Procedure
    c) Patients' Rating of the Facility
    d) Patients Recommending the Facility

Leapfrog will download data three times during the 2026 Leapfrog Survey (i.e., June 30, August 31, and November 30) and match it with the CMS Certification Number (CCN) provided in the Hospital Profile. If available, the CMS data will be scored and publicly reported for non-pediatric hospitals that have provided an accurate CCN in the Hospital Profile, reported performing outpatient procedures in Section 9A, and submitted Section 9 Outpatient Procedures of the Leapfrog Hospital Survey. Hospitals that submit a Survey by the June 30 Submission Deadline can review these data on the Hospital Details Page as of July 12, 2026.

Note: Any CMS data (i.e., rate or Top Box Score) accompanied by CMS footnote 28 will also have a footnote on Leapfrog's public reporting website. The footnote will be displayed with the CMS data and read, "Results are based on limited data due to a reported cybersecurity event, natural disaster, or a CMS Extraordinary Circumstance exemption."

OP-32: Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy

Hospitals are scored based on their performance for OP-32: Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy. Hospitals that report not performing adult colonoscopies on an outpatient basis in Section 9A will not be scored.

Hospital's performance is compared to quartiles based on the distribution of rates among all Hospitals and ASCs with scores published by CMS on April 1, 2026, for this measure. These cut-points will remain in place for the entire 2026 Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

	Cut-points for Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy
Minimum	7.3
Top Quartile	10.1
Second Quartile	12.4
Third Quartile	13.1
Maximum	17.0

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Scoring Algorithm for OP-32: Rate of Unplanned Hospital Visits After Colonoscopy

Rate of Unplanned Hospital Visits After Colonoscopy Score (Performance Category)	**Meaning that…**
Achieved the Standard	Scored in the top quartile of performance (where lower scores are better).
Considerable Achievement	Scored in the second quartile of performance.
Some Achievement	Scored in the third quartile of performance.
Limited Achievement	Scored in the bottom quartile of performance.
Does Not Apply	The hospital does not perform adult colonoscopies on an outpatient basis or the hospital is a pediatric facility (i.e., CMS footnote 7).
Unable to Calculate Score	The hospital had too few cases/patients to report (i.e., CMS footnote 1).
Not Available	The hospital did not provide an accurate CCN in the Hospital Profile or is exempt from the CMS Hospital OQR program (e.g., CMS footnote 19, Military Treatment Facilities, Prospective-Payment System Exempt cancer hospitals, etc.).
Declined to Report	The hospital did not respond to the questions in this section of the Survey, did not submit a Survey, or the hospital has suppressed CMS data (i.e., CMS footnote 5).

Note: See Appendix III for explanation of possible CMS footnotes

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Patient Experience (OAS CAHPS)

Hospitals are scored on their 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 are scored based on the number of domains where the hospital is performing in the top quartile. The top quartiles will be calculated using results published by CMS for both Ambulatory Surgery Centers (ASCs) and hospitals on June 30, 2026. The scoring algorithm will be re-posted with an announcement once the cut points become available.

Top Quartile for OAS CAHPS Domains (Quartiles [Q])	**Facilities and Staff (%)**	**Communication About Your Procedure (%)**	**Patients' Rating of the Facility (%)**	**Patients Recommending the Facility (%)**
Top Quartile (>= Q3)	TBD	TBD	TBD	TBD

Patient Experience (OAS CAHPS) Score (Performance Category)	**Meaning that the hospital…**
Achieved the Standard	Scored in top quartile of facilities on **4 out of 4** OAS CAHPS domains.
Considerable Achievement	Scored in top quartile of facilities on **3 out of 4** OAS CAHPS domains.
Some Achievement	Scored in top quartile of facilities on **2 out of 4** OAS CAHPS domains.
Limited Achievement	Scored in top quartile of facilities on **1 or fewer** OAS CAHPS domains.
Does Not Apply	The hospital does not perform outpatient procedures or is a pediatric facility.
Unable to Calculate Score	The hospital did not meet the minimum reporting requirements for the measure (<100 returned OAS CAHPS Surveys) or had too few cases/patients to report (i.e., CMS footnote 1, 6 or 10).
Not Available	The hospital did not provide an accurate CCN in the Hospital Profile or is exempt from the CMS Hospital OQR program (e.g., CMS footnote 19, Military Treatment Facilities, Prospective-Payment System Exempt cancer hospitals, etc.).
Declined to Report	The hospital did not respond to the questions in this section of the Survey, did not submit a Survey, the hospital has suppressed CMS data (i.e., CMS footnote 5).

Note: See Appendix III for explanation of possible CMS footnotes

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Appendix I: CPOE Evaluation Tool Scoring Algorithm

CPOE Evaluation Tool Scoring

(For Adult and General Hospitals Only)

To achieve Leapfrog's CPOE Standard, each adult and general hospital must (1) ensure that licensed prescribers enter at least 85% of inpatient medication orders via a computer system that includes decision support software to reduce prescribing errors, and (2) demonstrate, via a test, that its inpatient CPOE system can alert physicians to at least 60% of frequent serious medication errors known to cause harm to patients.

Hospitals are asked to use Leapfrog's CPOE Evaluation Tool to complete an Adult Inpatient Test to fulfill the second requirement of our standard. Upon successful completion of an Adult Inpatient Test, a hospital's responses are immediately scored and available to be viewed and printed. These CPOE Test results are available within the CPOE Evaluation Tool from April 1 to November 30. Hospitals are urged to print and save a copy of the results for their records. Results from prior year's tests are also archived and can be accessed until November 30 by logging back into the CPOE Evaluation Tool from the Hospital Survey Dashboard. See "Step 7 of 7: View Results" in the CPOE Tool Instructions for more information.

See Section 2A: CPOE Scoring Algorithm for Adult/General Hospitals for more information.

Results from the Adult Inpatient Test

The CPOE Evaluation Tool calculates the results from the Adult Inpatient Test and displays the results which include eight individual category scores and an overall score using the criteria described below. As described above, the results are only available within the CPOE Evaluation Tool from April 1 to November 30. Hospitals are urged to print and save a copy of the results for their records.

Category Scores

- Seven of the eight Order Checking Categories included in the CPOE Evaluation Tool represent an area where a serious adverse drug event (ADE) could occur if the CPOE system's clinical decision support fails to alert the prescriber. The eighth order checking category includes Test Orders that, if presented interruptedly, could contribute to alert fatigue and physician burnout.
- Results are calculated for each category and are displayed as a percent correct (e.g., 80% in the Drug Age category means that the hospital responded to 80% of the test orders in this category correctly).
- Test Orders that include medications that could not be electronically entered in any formulation are excluded from the overall score calculation.
- For any category for which too few orders were entered to reliably calculate a category score, "insufficient responses to evaluate performance in this category" appears instead of a percentage score. Individual orders that were able to be tested within a category are included in the overall score.

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Order Checking Category	Description	Example	Type of Clinical Decision Support
Inappropriate Medication Combinations	Medication combinations to avoid ordering together or ones to use with caution	Using clonazepam and lorazepam together	Medication-specific advice/information
Excessive Dosing	Specified dose of medication or frequency of administration exceeds safe range for single or daily dose	Tenfold overdose of digoxin	Medication-specific advice/information
Drug Route	Specified route of administration is inappropriate and potentially harmful	Use of hydroxyzine intravenously	Medication-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 or ordering digoxin for a patient with hypokalemia	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 or checking baseline LFTs when starting a statin	Medication-specific advice/information
Excessive Alerts	Low-priority medication combinations, such as drug interactions or therapeutic duplications, that should not trigger decision support warnings.	Concurrent use of hydrochlorothiazide and captopril	Medication-specific advice/information

The Adult Inpatient Test also includes a “Potentially Inaccurate Test Results” 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). Hospitals that score “Potentially Inaccurate Test Results” are scored and publicly reported as “Incomplete Evaluation” and will not be able to retake an Adult Inpatient Test for 120 days.

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Overall Score

In addition to individual category scores for each of the eight categories for which hospitals were able to test a sufficient number of orders, the results also include an overall score based on all scored orders across all categories. The overall score is used as part of Leapfrog's CPOE Standard Scoring Algorithm.

The overall score is based on the performance of the hospital's CPOE clinical decision support to alert prescribers to frequent serious medication errors known to cause harm to patients. The test includes a number of orders that could result in a fatal adverse drug event. Any of these potentially fatal orders not flagged by the clinical decision support are listed on the results page of the CPOE Evaluation Tool. In addition, the test includes a number of orders that, if alerted on, could contribute to over-alerting. Any Excessive Alerts orders for which advice or information was reported are also listed on the results page of the CPOE Evaluation Tool.

Overall Score (Combined with the hospital's % of inpatient medication orders entered via CPOE and publicly reported)	**Description**
Full Demonstration of National Safety Standard for Decision Support	This hospital's CPOE system alerts prescribers to most common serious prescribing errors. Meaning that: • The hospital responded to ≥20 test orders • The hospital responded correctly to ≥60% of test orders across all categories
Substantial Demonstration of National Safety Standard for Decision Support	This hospital's CPOE system alerts prescribers to many common serious prescribing errors. Meaning that: • The hospital responded to ≥20 test orders • The hospital responded correctly to ≥50%, but less than 60% of test orders across all categories
Some Demonstration of National Safety Standard for Decision Support	This hospital's CPOE system alerts prescribers to some common serious prescribing errors. Meaning that: • The hospital responded to ≥20 test orders • The hospital responded correctly to ≥40%, but less than 50% of test orders across all categories
Completed the Evaluation	This hospital's CPOE system alerts prescribers to few common serious prescribing errors. Meaning that: • The hospital responded to ≥20 test orders • The hospital responded correctly to less than 40% of test orders across all categories
Insufficient Evaluation	This hospital was not able to test a sufficient number of orders (<20) to receive an overall score. However, the hospital may use the category scores for local hospital quality improvement efforts. The hospital is eligible to retake the test in 120 days.
Incomplete Evaluation	This hospital did not complete the CPOE Evaluation Tool within the allotted time. The hospital is eligible to retake the test in 120 days. Note: Hospital will not be able to view results within the CPOE Evaluation Tool. The test is not scored.
Potentially Inaccurate Test Results ***(Publicly reported as Incomplete Evaluation)***	This hospital submitted responses that included potentially inaccurate results. The hospital is eligible to retake the test in 120 days.

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Appendix II: Nursing Workforce Calculation Examples

Details on how the "Total Nursing Hours per Patient Day" and "RN Nursing Hours per Patient Day" measures are calculated are available below for hospitals that operate at least one adult or pediatric single acuity unit (Medical, Surgical, or Med-surg units).

Example 1: Calculating Total Nursing Care Hours per Patient Day and RN Hours per Patient Day for hospitals that report on adult or pediatric SINGLE acuity units (medical, surgical, or med-surg)

Step 1: Sum the number of patient days, total number of productive hours worked by employed or contracted nursing staff with direct patient care responsibilities, and total number of productive hours worked by RN nursing staff with direct patient care responsibilities from all four quarters for all applicable medical units, surgical units, and med-surg units.

Question #7: Enter your hospital's responses for each quarter for all adult and pediatric single acuity **Medical Units** for the reporting period selected in question #1:			
	(a) Total number of patient days:	**(b)** Total number of productive hours worked by employed and contracted **nursing staff (RN, LPN/LVN, and UAP)** with direct patient care responsibilities:	**(c)** Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities:
Quarter 1	7,000	58,000	45,000
Quarter 2	5,000	60,000	45,000
Quarter 3	8,000	58,000	45,000
Quarter 4	7,000	60,000	45,000
TOTAL	**27,000**	**236,000**	**180,000**

Question #9: Enter your hospital's responses for each quarter for all adult and pediatric single acuity **Surgical Units** for the reporting period selected in question #1:			
	(a) Total number of patient days:	**(b)** Total number of productive hours worked by employed and contracted **nursing staff (RN, LPN/LVN, and UAP)** with direct patient care responsibilities:	**(c)** Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities:
Quarter 1	5,000	58,000	45,000
Quarter 2	6,000	60,000	45,000
Quarter 3	6,000	58,000	45,000
Quarter 4	6,000	60,000	45,000
TOTAL	**23,000**	**236,000**	**180,000**

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Question #11: Enter your hospital's responses for each quarter for all adult and pediatric single acuity **Med-Surg Units** for the reporting period selected in question #1:			
	(a) Total number of patient days:	**(b)** Total number of productive hours worked by employed and contracted **nursing staff (RN, LPN/LVN, and UAP)** with direct patient care responsibilities:	**(c)** Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities:
Quarter 1	6,300	80,000	60,000
Quarter 2	6,700	80,000	65,000
Quarter 3	7,000	78,000	60,000
Quarter 4	6,400	80,000	64,000
TOTAL	**26,400**	**318,000**	**249,000**

Step 2: Then sum the total number of patient days, total number of productive hours worked by employed or contracted nursing staff with direct patient care responsibilities, and total number of productive hours worked by RN nursing staff with direct patient care responsibilities across all units.

	(a) Total number of patient days:	**(b)** Total number of productive hours worked by employed and contracted **nursing staff (RN, LPN/LVN, and UAP)** with direct patient care responsibilities:	**(c)** Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities:
Medical Units	27,000	236,000	180,000
Surgical Units	23,000	236,000	180,000
Med-Surg Units	26,400	318,000	249,000
TOTAL	**76,400**	**790,000**	**609,000**

Step 3: Next divide the total number of productive hours worked by employed or contracted nursing staff with direct patient care responsibilities by the total number of patient days from Step 2 to calculate the total nursing care hours per patient day.

Total number of patient days:	**Total number of productive hours worked by employed and contracted nursing staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities:**	**Total Nursing Care Hours per Patient Day:**
76,400	790,000	790,000 / 76,400 = **10.34**

Step 4: Lastly, divide the total number of productive hours worked by RN nursing staff with direct patient care responsibilities by the total number of patient days from Step 2 to calculate the RN hours per patient day.

Total number of patient days:	**Total number of productive hours worked by RN nursing staff with direct patient care responsibilities:**	**RN Hours per Patient Day:**
76,400	609,000	609,000 / 76,400= **7.97**

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Example 2: Calculating Total Nursing Care Hours per Patient Day and RN Hours per Patient Day for hospitals that report on adult or pediatric MIXED acuity medical, surgical, or med-surg units

Step 1: Sum the number of patient days, total number of productive hours worked by employed and contracted nursing staff with direct patient care responsibilities, and total number of productive hours worked by RN nursing staff with direct patient care responsibilities from all four quarters for all mixed acuity medical units, surgical units, or med-surg units.

Question #13: Enter your hospital's responses for each quarter for all adult and pediatric mixed acuity **Medical, Surgical, and Med-Surg Units** for the reporting period selected in question #1:			
	(a) Total number of patient days:	**(b)** Total number of productive hours worked by employed and contracted **nursing staff (RN, LPN/LVN, and UAP)** with direct patient care responsibilities:	**(c)** Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities:
Quarter 1	18,000	151,000	83,000
Quarter 2	21,000	158,500	90,000
Quarter 3	16,000	143,000	86,000
Quarter 4	22,000	150,000	92,000
TOTAL	**77,000**	**602,500**	**351,000**

Step 2: Next divide the total number of productive hours worked by employed and contracted nursing staff with direct patient care responsibilities by the total number of patient days from Step 1 to calculate the total nursing care hours per patient day.

Total number of patient days:	**Total number of productive hours worked by employed and contracted nursing staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities:**	**Total Nursing Care Hours per Patient Day:**
77,000	602,500	602,500/ 77,000 = **7.82**

Step 3: Lastly, divide the total number of productive hours worked by RN nursing staff with direct patient care responsibilities by the total number of patient days from Step 1 to calculate the RN hours per patient day.

Total number of patient days:	**Total number of productive hours worked by RN nursing staff with direct patient care responsibilities:**	**RN Hours per Patient Day:**
77,000	351,000	351,000/ 77,000= **4.56**

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Appendix III: CMS Footnote Table

See the below table for an explanation of footnotes that may be potentially displayed with the measure score for the CMS Measures of OP-32**:** Rate of Unplanned Hospital Visits After Colonoscopy and Patient Experience (OAS CAHPS).

CMS Footnote Definitions

Footnote Number	Definition
1	The number of cases/patients is too few to report.
5	Results are not available for this reporting period.
6	Fewer than 100 patients completing the survey.
7	No cases met the criteria for this measure.
10	Very few patients eligible to complete the survey.
19	Data are shown only for hospitals that participate in the Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) programs.
28	The results are based on the hospital or facility's data submissions. CMS approved the hospital or facility's Extraordinary Circumstances Exception request suggesting that results may be impacted.

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Results from the 2026 Leapfrog Hospital Survey will be available at http://ratings.leapfroggroup.org/ on July 25, 2026.

Beginning in August, results are updated within the first seven (7) business days of each month to reflect new Survey submissions and resubmissions.

Find more information about the 2026 Leapfrog Hospital Survey at: http://leapfroggroup.org/hospital.

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