SPECIAL REQUEST FOR COMMENTS ON PROPOSED CHANGES TO THE 2026 LEAPFROG HOSPITAL SURVEY

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OPEN FOR PUBLIC COMMENT
Comments Accepted until midnight ET on October 13, 2026

Leapfrog requests public comments for two proposed updates to Section 7B Healthcare-Associated Infections on the **2026 Leapfrog Hospital Survey.** Changes are necessary due to an update to the Standardized Infection Ratio (SIR) model used by NHSN:

1. Updates to the scoring algorithm used to place hospitals into performance categories (e.g., Achieved the Standard, Considerable Achievement, Some Achievement, and Limited Achievement; symbolized in public reporting as four, three, two, or one out of four bars)
2. Updates to the reporting period used for small hospitals (<=50 beds)

Finalized changes will be implemented when scoring and publicly reporting 2026 Leapfrog Hospital Survey Results in November for hospitals that have:

- Joined Leapfrog's NHSN Group and reviewed/accepted Leapfrog's Data Rights Template by October 21, 2026*
- Entered a valid NHSN ID in the Hospital Profile of their 2026 Leapfrog Hospital Survey, and
- Responded "Yes" to Section 7B and submitted the 2026 Leapfrog Hospital Survey by October 31.

*This includes hospitals that have completed the steps above prior to October 31.

Comments on these proposed changes may be submitted through **October 13, 2026,** using the directions below. Leapfrog will publish final updates to the 2026 Leapfrog Hospital Survey and responses to public comments prior to October 31**.**

SECTION 7B: HEALTHCARE-ASSOCIATED INFECTIONS

BACKGROUND

For scoring and publicly reporting performance on five healthcare-associated infection (HAI) measures (CLABSI, CAUTI, MRSA, CDI, and SSI Colon) for the Leapfrog Hospital Survey, Leapfrog, like CMS, uses a standardized infection ratio (SIR) calculated by the CDC's National Healthcare Surveillance Network (NHSN), which compares a hospital's observed number of infections to a predicted number of infections. The number of predicted infections for each measure is based on the standard population (i.e., NHSN Baseline) and adjusted based on patient population, hospital characteristics, and other factors. A SIR greater than 1.0 indicates that the facility had more observed infections than predicted infections whereas a SIR less than 1.0 indicates the facility had less observed infections than predicted infections. A SIR of 1.0 indicates the facility had the same number of infections as predicted.

Based on NHSN's model, a SIR is not calculated if the predicted number of infections is less than 1. Currently, Leapfrog and CMS are utilizing SIRs that use the 2015 Baseline (i.e., Standard Population Data Year) to calculate the predicted number of infections.

Find resources from NHSN on the calculation of the SIR here.

2022 REBASELINE AND IMPACT ON LEAPFROG HOSPITAL SURVEY PARTICIPANTS

Due to improvements in surveillance and prevention, NHSN updated its SIR models to use a 2022 Baseline and risk-adjustment model. NHSN SIR reports with the 2022 baseline have been available to hospitals within NHSN since 2024. Starting in October 2026, CMS plans to publicly report SIRs calculated using NHSN's new 2022 Baseline on the Care Compare website.

As previously announced, to align with NHSN and CMS, Leapfrog will download and use the 2022 Baseline SIRs for the final two NHSN data downloads of the 2026 Survey Cycle (October 22 and December 17, 2026).

An initial Leapfrog analysis and discussion with experts at NHSN revealed that using the 2022 Baseline and updated risk-adjustment models results in fewer predicted infections for hospitals. This is good news, because it reflects continued reduction in healthcare-associated infections in hospitals nationwide.

For scoring and publicly reporting SIRs, the impact of the change is twofold. First, even if a hospital has no change in observed infections, they will still have a change in their SIR, because there will be fewer predicted infections to compare to their observed infections. This will change most hospitals' SIRs and necessitate an update to the cut-points used by Leapfrog to determine its four performance categories: Achieved the Standard (4-filled bars), Considerable Achievement (3-filled bars), Some Achievement (2-filled bars), and Limited Achievement (1-filled bar).

Second, because NHSN does not calculate a SIR for hospitals with less than 1 predicted infection, fewer hospitals (approximately 100-150 hospitals fewer hospitals compared to the 2025 Baseline) will have at least one reportable SIR for the purposes of scoring and publicly reporting Leapfrog Hospital Survey Results. Some hospitals that previously had a SIR scored and publicly reported with their 2026 Leapfrog Hospital Survey Results using the 2015 Baseline for Leapfrog's June and August NHSN downloads would have their individual HAI results updated to "Unable to Calculate Score" mid-Survey Cycle for the October and December NHSN downloads. This exacerbates an already existing problem where small hospitals are automatically excluded from any reporting on their healthcare-associated infections because they do not have at least one predicted infection. This does a disservice

to consumers, employers, purchasers, and hospitals themselves, who deserve publicly available insight into performance on these critical measures.

Thus, in addition to updating the cut-points used in scoring, Leapfrog and its experts are also proposing to update the reporting period for the HAI measures from 12- to 24-months for hospitals that report 50 or fewer beds on the 2025 NHSN Patient Safety Component – Annual Hospital Survey. This will reduce the impact of the 2022 Baseline on small hospitals, while maintaining the reliability and comparability of the SIR across hospitals of all sizes.

PROPOSED CHANGES TO SCORING THE HAI MEASURES USING THE 2022 BASELINE

Currently, the healthcare-associated infections are scored and publicly reported based on cut points established using the distribution of results from the 2017 Leapfrog Hospital Survey, which was reflective of the last time NHSN data was re-baselined. Using 2022 Baseline CMS IPPS Reports, Leapfrog will reestablish cut-points used for the four performance categories for each of the five HAI measures in Section 7B: Healthcare-Associated Infections (HAIs).

Leapfrog is proposing to update the scoring algorithm using the distribution of performance (e.g., 2022 Baseline SIRs for each of the five HAI measures for CY2025) for hospitals that submitted a 2026 Leapfrog Hospital Survey by August 31.

Performance will continue to be reported in four performance categories: Achieved the Standard (4-filled bars), Considerable Achievement (3-filled bars), Some Achievement (2-filled bars), and Limited Achievement (1-filled bar). A SIR of 1.0 (i.e., the national mean) will serve as the cut-point between "Some Achievement" and "Limited Achievement." For hospitals performing better than the national mean for each measure (i.e., a SIR between 0 and 1.0), cut-points for the top two categories will be set at the 27.5th and 50th percentiles. This results in approximately 27.5% of hospitals earning "Achieved the Standard" and 22.5% of hospitals earning "Considerable Achievement." These cut points will be maintained for the 2027 Leapfrog Hospital Survey unless there is a compelling reason to revise them.

The proposed scoring algorithm can be reviewed below:

HAI Score (Performance Category)	**CLABSI SIR**	**CAUTI SIR**	**MRSA SIR**	**CDI SIR**	**SSI Colon SIR**
Achieved the Standard	<= 0.247	<= 0.236	<= 0.381	<= 0.302	<= 0.453
Considerable Achievement	> 0.247 and <=0.563	> 0.236 and <=0.542	> 0.381 and <=0.663	> 0.302 and <=0.567	> 0.453 and <=0.809
Some Achievement	> 0.563 and <=1.000	> 0.542 and <=1.000	> 0.663 and <=1.000	> 0.567 and <=1.000	> 0.809 and <=1.000
Limited Achievement	> 1.000	> 1.000	> 1.000	> 1.000	> 1.000
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,				

HAI Score (Performance Category)	CLABSI SIR	CAUTI SIR	MRSA SIR	CDI SIR	SSI Colon SIR
	answered “no” to question #1 in Section 7B, or did not submit a Leapfrog Hospital Survey.				
Pending Leapfrog Verification	The hospital’s responses are undergoing Leapfrog’s standard verification process.				

Note: Cut-points are based on the distribution of SIRs from 2022 Baseline SIRs for hospitals that submitted a 2026 Leapfrog Hospital Survey by August 31, 2026, using CY 2025 data.

Hospitals are encouraged to download their CMS IPPS Reports using the 2022 Baseline to help understand their updated performance. New HAI data and performance will be available for review within the first seven (7) business days of November. For instructions on downloading reports, see our NHSN Guidance document.

PROPOSED CHANGES TO THE REPORTING PERIOD FOR HOSPITALS WITH 50 OR FEWER BEDS USING THE 2022 BASELINE

To reduce the impact of the 2022 Baseline on small hospitals (as described above) Leapfrog is proposing to use a 24-month reporting period, rather than a 12-month reporting period, for hospitals that reported 50 or fewer beds (<=50) on the 2025 NHSN Patient Safety Component – Annual Survey. An analysis of different numbers of staffed beds found a cut-off of 50 beds is most appropriate in terms of both reducing the number of small hospitals with no reportable SIR, while also having minimal impact on hospitals that have SIRs available using a 12-month reporting period. Hospitals with more than 50 beds will continue to utilize a 12-month reporting period. Also, even with this change to the reporting period, some small hospitals will continue to be missing a SIR for one or more infections.

This proposed solution addresses frequent concerns from smaller hospitals over the availability of SIRs for their facilities and facilitates public access to infection information on more hospitals, while allowing Leapfrog to use the most recent data available. Leapfrog anticipates that this reporting period change will impact approximately 100-150 hospitals and will have no impact on hospitals with fewer than 20 beds, meaning that those hospitals will continue to not have available SIRs. This proposed change only applies to hospitals that have:

- Joined Leapfrog's NHSN Group and reviewed/accepted Leapfrog's Data Rights Template by October 21, 2026*,
- Entered a valid NHSN ID in the Hospital Profile of their 2026 Leapfrog Hospital Survey,
- Reported 50 or fewer beds on the 2025 NHSN Patient Safety Component – Annual Survey, and
- Responded "Yes" to Section 7B and submitted the 2026 Leapfrog Hospital Survey by October 31.

*This includes hospitals that have completed the steps above prior to October 31.

PROPOSED UPDATES TO LEAPFROG’S NHSN GROUP BEGINNING IN OCTOBER

Details regarding Leapfrog’s last two join by dates, NHSN download dates, and proposed updates to reporting periods are below. The new scoring algorithm details above would be applied to the October and December NHSN downloads. A Guide to the SIR Models Available in the 2022 HAI Baseline can be found here.

Join By Date	NHSN Download Date	NHSN Baseline	HAI Reporting Period	Leapfrog Survey Submission Date	Verify Results
Hospitals must have joined and completed all required steps by this date	*Hospitals should download their reports on this date (the same date as Leapfrog)*	*Hospitals should download reports with this baseline on the NHSN Download Date*	*Hospitals should download reports with this reporting period on the NHSN Download Date*	*HAI data will not be publicly reported if hospitals have not submitted and provided a valid NHSN ID by this date*	*Data pulled by Leapfrog will be available to review on the Hospital Details Page or Public Reporting Website by these dates*
Oct 21, 2026	Oct 22, 2026	**2022 Baseline**	**50 or fewer beds*:** 07/01/2024 – 06/30/2026 **More than 50 beds*:** 07/01/2025 – 06/30/2026	Oct 31, 2026	Nov 10, 2026
Dec 16, 2026	Dec 17, 2026**	**2022 Baseline**	**50 or fewer beds*:** 07/01/2024 – 06/30/2026 **More than 50 beds*:** 07/01/2025 – 06/30/2026	Nov 30, 2026	Jan 12, 2027

*Bed size reported via the 2025 NHSN Patient Safety Component - Annual Survey's "Total Number of Beds Set Up and Staffed"
**The Leapfrog Hospital Survey closes on November 30, 2026. The last NHSN data download is on December 17, 2026, to incorporate any facilities and corrections from facilities that joined prior to this last download date.

Hospitals are encouraged to download their CMS IPPS Reports using the 2022 Baseline to help understand their updated performance. New HAI data and performance will be available for review within the first seven (7) business days of November. For instructions on downloading reports, see our NHSN Guidance document.

Instructions to Submit a Public Comment (Deadline October 13, 2026)

1. Visit https://leapfroghelpdesk.zendesk.com/
2. Click on "Submit a Request" on the top right-hand corner of the webpage
3. Select “Leapfrog Hospital Survey” as the name of the ratings program
4. Select "Hospital Survey Proposed Changes" from the Survey issue drop-down list
5. Include your public comments in the "Question” field
6. Click “Submit” after completing all required fields