



June 27, 2012

Richard J. Umbdenstock  
President and Chief Executive Officer  
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Washington, DC 20004-2802

Dear Mr. Umbdenstock:

I appreciate your letter and your thorough review of Leapfrog's new initiative, the Hospital Safety Score. Your comments will be helpful to the Blue Ribbon Expert Panel on the Hospital Safety Score and the Leapfrog Board of Directors as we move forward with the next round of Hospital Safety Scores to be issued in November.

Before I address your comments, I'd like to make one point of clarification. Although your letter is entitled "Comments on the Leapfrog Hospital Survey," based on the substance of your comments I believe your letter actually addresses the Hospital Safety Score. The Hospital Safety Score is a different initiative from the Leapfrog Hospital Survey, in which we have assigned letter grades assessing the safety of general hospitals in the United States. My response below concerns the Hospital Safety Score.

The purpose of the Hospital Safety Score is to give healthcare consumers information they can use to identify the safest hospitals in their community. We hope consumers will use the score as one source of information among others in choosing a hospital, and as a platform for important conversations with their doctor and other clinicians about improving patient safety in the hospitals in their community.

Although the main purpose of the Hospital Safety Score is to engage consumers, we also aim to work constructively with hospital leaders to improve the safety of hospitals nationwide, so I appreciate the engagement and thoughts of the American Hospital Association as reflected in your letter. We have been pleased with the general response from individual hospitals that received Hospital Safety Scores. Obviously, hospitals that earned an "A" have been gratified as this score highlights their safety achievements nationally and in their communities. However, the responses from hospital that earned grades below an "A," have been equally impressive. We have received over a hundred calls from hospital leaders who want to talk about how they can improve their Hospital Safety Score. The commitment and courage of these hospital leaders has been inspiring to all of us on the Leapfrog Board of Directors and staff.

With that clarification, below I briefly address each of your comments on the methodology in turn.

**Concern: The Hospital Safety Score is biased toward hospitals that voluntarily report to the Leapfrog Hospital Survey.**

If data for one of the measures on the Leapfrog Hospital Survey was not available for an individual hospital, those measures were not included when calculating that hospital's score. The Hospital Safety Score scoring methodology was developed under the guidance of an unbiased panel of the nation's foremost patient safety experts. These experts volunteered their time over nine months to recommend to Leapfrog the measures and scoring principles used in the Hospital Safety Score. When the file scoring methodology was applied to the source data, 146 hospitals that did not report to the Leapfrog Hospital Survey were among those earning an "A." Furthermore, hospitals that did complete a Leapfrog Hospital Survey appear in all grade categories, from highest to lowest.

Specifically, you criticized the Hospital Safety Score's weighting of AHA Annual Survey data related to the presence of computerized provider order-entry (CPOE) systems and intensivists in the intensive care unit (ICU). The information that hospitals report to AHA for both CPOE and ICU Staffing is far less information than what is required of hospitals that report to the Leapfrog Hospital Survey. For example, in the case of CPOE, in order to earn full-credit towards Leapfrog's CPOE standard, hospitals not only have to demonstrate a high level of adoption, but also take a 6-hour simulation test to prove their system works safely (i.e. properly alerts prescribers to medication errors).

Nonetheless, hospitals that reported to AHA through the Annual Survey they were "fully implemented" for CPOE earned a positive z-score score for that measure, and that positive z-score was applied to the measure weight. If that hospital's performance on other measures included in the score was average or above average, the hospital could have earned an "A." It seems your criticism is a misreading of the use of AHA Annual Survey data in the scoring algorithm. Because there are 26 measures included in the Hospital Safety Score, the impact of a single measure may be difficult to interpret. Our staff would be glad to brief your staff on the details of the scoring methodology.

I've attached a bibliography that explores some of the evidence around Leapfrog's CPOE and ICU Physician Staffing standards. I encourage AHA to consider revising the Annual Survey to reflect a higher standard for these two areas. We would also encourage you to publicly report information from the AHA Annual Survey by hospital. We would be glad to work with you to accomplish this.

**Concern: One hospital was unfairly graded as "C"**

Your letter calls out one hospital as an example of a "C" hospital you believe should have earned a higher grade because of the information it provided through the AHA Annual Survey on regarding CPOE and ICU Physician Staffing. I hesitate to respond in detail about that one hospital, because Leapfrog has been careful to avoid pointing fingers at individual hospitals. So rather than provide a detailed analysis here of that hospital's score, I will note that hospital's score was enhanced by their CPOE score, but hurt by its lower than average adherence to surgical care guidelines, rates of hospital-acquired conditions, and lower than average performance on other measures included in the Hospital Safety Score. We

would be glad to review this hospital's scores and findings by phone. The score details are also available for each hospital at [www.HospitalSafetyScore.org](http://www.HospitalSafetyScore.org).

**Concern: The Hospital Safety Score incorporates data that is self-reported and not sufficiently validated.**

The Blue Ribbon Expert Panel chose to include some of the measures on the Leapfrog Hospital Survey in the Hospital Safety Score. Like all other measures in the score, these were weighted according to strength of evidence, opportunity for improvement, and impact to the patient. (Leapfrog data is only used in the Hospital Safety Score for hospitals that voluntarily reported to the Leapfrog Hospital Survey in 2011). Leapfrog's Hospital Survey is as reliable and documented a data collection and public reporting tool as any health data collection effort in the United States short of a full-scale accreditation process. As part of Leapfrog's data collection process an intensive review of all submitted surveys is performed annually.

**Concern: Leapfrog should not have assigned weight to the Hospital-Acquired Conditions measures reported by CMS.**

The HAC measures are an important indication of hospital safety. The measures were considered carefully by the Blue Ribbon Expert Panel and not all of the HAC measures were included in the Hospital Safety Score. Those that did make the cut had strong evidence behind them, ample opportunity for hospital improvement, and tremendous impact to the patient. If these measures are retired in the future, or if the Blue Ribbon Expert Panel reconsiders their value to consumers, they will be removed from subsequent editions of the Hospital Safety Score. Currently, Leapfrog and the Blue Ribbon Expert Panel believe these measures provide useful information to consumers.

**Concern: Too much weight is assigned to CMS measures when other measures are missing. For instance, half of a hospital's grade could be calculated on just 5 process measures**

Your analysis is incorrect, and I invite you and your staff to revisit Leapfrog's document on the scoring methodology which we sent to you prior to the public release of the Hospital Safety Score. It is available to the public at [www.HospitalSafetyScore.org](http://www.HospitalSafetyScore.org). Your chart details a scenario for scoring that is not possible in the methodology. There was a minimum threshold for the number of measures Leapfrog required in order to issue a score for a hospital, and your chart details scenarios that would not qualify for scoring. Indeed, hundreds of hospitals did not meet that threshold this year and were not scored. We would urge those hospitals to be more transparent in the future.

**Concern: There are errors in the data and Leapfrog manipulated data.**

With regard to making errors: we freely admit human error. Any organization that takes part in data collection and calculation has to anticipate that errors will inevitably arise, and we have done so with the highest standards of integrity and transparency. Indeed, that is why we sent all 2600+ hospitals a copy of the source data used in calculating their score, as well as the scoring methodology, five weeks prior to making the score public. We have corrected the handful of errors reported to us, but the vast majority of what we have reported has been substantiated and stands as originally reported. For the

hospitals that were not scored (as mentioned above) this was typically because they did not provide enough publicly available data to meet our criteria for issuing a score.

With regard to the idea that Leapfrog deliberately manipulated data: this is a very serious charge for you to make without offering a single example to support it. We will launch a full investigation of any such example should you find one. You can also investigate this for yourself, as Leapfrog is transparent and makes 100% of the data used to calculate each hospital's safety score available to the public at [HospitalSafetyScore.org](http://HospitalSafetyScore.org).

The fact AHA would level this charge against Leapfrog, which has an unrivaled record for integrity and a panel of experts and advisors second to none, suggests you are expressing something beyond sincere concerns about the methodology. So to be clear on the issue of "manipulation of data": disappointing though many of these grades may be to many of your member hospitals, Leapfrog, along with our expert advisors, members, advocates, and supporters, did not make these scores up. The Hospital Safety Score grades reflect real problems threatening the lives of people who depend on America's hospitals. We urge you to address those problems quickly.

Once again, I appreciate your comments. We are sharing them with the Blue Ribbon Expert Panel for their further deliberations and guidance prior to releasing the new Hospital Safety Score in November. Any further comments are most welcome, and we are as always interested in meeting with your staff or members.

I know AHA has demonstrated a strong commitment toward advancing patient safety. We believe many of the positive results reflected in Hospital Safety Scores are directly related to this work, and that translates into lives saved. We truly commend you for this leadership. We look forward to your continued leadership to improve the transparency of patient safety data, and to make progress in patient safety and quality in our hospitals.

Sincerely,



Leah Binder

Enclosure

CC: Leapfrog Board of Directors, Blue Ribbon Expert Panel, Leapfrog Members

## Bibliography: Computer Physician Order Entry (CPOE)

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## Bibliography: ICU Physician Staffing (IPS)

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## Additional Reference Articles

Health Affairs, "Mixed Results in the Safety Performance of Computerized Physician Order Entry," (<http://content.healthaffairs.org/content/29/4/655.abstract>)

2012 Leapfrog Hospital Survey (which includes measure specifications)  
<https://leapfroghospitalsurvey.org/download-survey-materials/>.

2012 Leapfrog Hospital Survey Reference Book (which includes scoring algorithms)  
<https://leapfroghospitalsurvey.org/download-survey-materials/>

Information on the National Quality Forum Safe Practices  
<https://leapfroghospitalsurvey.org/download-survey-materials/>