

Leapfrog Patient Safety Learning Collaborative Applicant Informational Webinar

April 29, 2026



Welcome & Agenda

- Welcome and introductions
- Why this collaborative?
- Who should apply?
- The Program
 - Goals and structure
 - Schedule
 - Walk-thru and discussion
- Next Steps



Our Goals

Project Overview

Aim: Lead a virtual learning collaborative to reduce differences in rates of harm from preventable errors, blood clots, and injuries among hospitalized patients in the United States, focused on hospitals that care for a disproportionate share of low-income patients.

Key Features of the Collaborative:

- No cost to participate
- Interdisciplinary teams work to interrogate and prevent patient safety events that impact all patients, in particular minoritized patients and older adults
- Learn about best practices to address the harm most effectively
- Learn quality improvement techniques
- Receive support from leading patient safety experts
- Bring focus to a heavily weighted component of CMS' PSI-90 measure included in the HAC Reduction Program

Why Focus on PE/DVT Prevention?

- PE/DVT: serious, costly, and largely preventable
 - Responsible for about 60,000–100,000 deaths each year and is associated with about \$10 billion in yearly healthcare costs.
- Vulnerable populations at higher risk
 - Non-Hispanic Black patients have a higher incidence of venous thromboembolism (VTE), which includes both PE and DVT, compared to other racial groups.
 - The incidence of VTE increases with age. Individuals aged 80 years or older have the highest incidence rate at 13.16 per 1,000 people. The death rate within 30 days of a VTE diagnosis also increases with age, reaching 3.07 per 1,000 among those aged 80 years or older
- Disparities in prevention and outcomes are evident in national analysis of the Leapfrog Hospital Safety Grade, which includes CMS' PSI-90

Hospital Context

- We anticipate that hospitals that disproportionately care for low-income patients will benefit from safety improvement approaches that take into account shared challenges:
 - Serve high-risk, under-resourced populations
 - Face capacity and staffing challenges
 - May find traditional fee-based learning collaborative cost prohibitive

Collaborative Goals

- Reduce perioperative PE/DVT (component of Leapfrog Safety Grade and other quality ratings)
- Reduce disparities by implementing new processes to drive improved outcomes
- Build capacity and expertise in quality improvement and patient safety
- Foster peer learning

2025 Cohort

- **50+ applicants across roughly 30 different health systems**
 - Some applied as individual hospitals, some as health systems with multiple hospitals, some as both
 - Size range from 33 to >1,000 staffed beds
 - 38 met Leapfrog's criteria as Safety Net hospitals (40.05% Medicaid, which represents the 80th percentile nationally)
 - According to performance on Leapfrog's Health Equity Score, all but 4 were able to stratify quality measures based on patient self-reported demographic data

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	<ul style="list-style-type: none">• 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. <p><i>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.</i></p>

2025 Cohort Results

More than half of participating teams achieved significant improvements in timely assessment and prophylaxis and/or significant reductions in PSI-12 incidence from baseline.

High-Leverage Change Ideas: Implementation was guided by a Perioperative VTE Prophylaxis Driver Diagram focusing on risk screening, prophylaxis ordering and administration, patients and family caregivers engagement, data stratification by race, ethnicity, age, and surgical type, and leadership and champion involvement.

Standardized Workflows: Teams mapped the entire perioperative pathway—from pre-admission testing to post-discharge—to clarify ownership of assessment, prophylaxis, and documentation.

EMR Hardwiring: Hospitals refined evidence-based order sets, automated prompts, and decision support tools to close gaps in risk assessment and timely and appropriate prophylaxis administration.

Continuous Learning: Successful teams actively engaged in the monthly webinars, monthly coaching sessions, and improvement cycles.

The Program

2026 Learning Collaborative

- 23 Interprofessional Teams
- Data-driven
- Monthly Cadence
 - Learning Sessions (90-minute webinars + Q&A) with world-class SME and Improvement Experts
 - HOMEWORK: Data-gathering, target setting, action plans, and PDSA/Rapid cycle improvement work
 - QI Collaborative Workshops for individual teams to troubleshoot persistent issues
 - Peer sharing of early success, innovative ideas
- Sustainability plans
- Resources – literature, QI tools/charts/recordings on a Collaborative Portal

Hospital Teams

Small: teams should be about five-six members

Interdisciplinary: Surgery, anesthesia, nursing, pharmacy, QI, data staff

Leadership Support



Collaborative Faculty

Ron Wyatt, MD, MHA, Senior Fellow IHI

Helen Macfie, PharmD, Fellow IHI, FABC

Frank Federico, BS, PharmD

Karen Baldoza, MSW

Gerry Hickson, MD

Jim Leo, MD, FACP, FCCP, CMO MemorialCare Physician Society

Our Program in 2026



Learning Session Dates

Sessions are planned for:

- June 16 (1:30 PM ET -3:00 PM ET),
- July 15 (2:30 PM - 4:00 PM ET),
- August 19 (2:30 PM - 4:00 PM ET),
- September 24 (2:30 PM - 4:00 PM ET),
- October 21 (2:30 PM - 4:00 PM ET), and
- November 19 (2:30 PM - 4:00 PM ET)

Coaching calls will be scheduled as the program progresses

Curriculum Walk-Thru

Focus by month:

June *Disparities and Key Drivers*

July *Equitable Risk Assessment and Protocols for VTE Prevention*

August *Building Engagement for Change / Culture*


September *Addressing Barriers to Equitable Implementation*

October *Sustaining Evidence-Based Practices*

November *Team Report Outs*

How to Apply

Visit: <https://www.leapfroggroup.org/hospital-learning-collaborative>



Join the No-Cost
Leapfrog Hospital
Learning Collaborative:
Eliminating Disparities
in PE/DVT Prevention

Reducing Perioperative Pulmonary Embolism (PE) and Deep Vein Thrombosis (DVT): A Learning Collaborative for Hospitals Focused on Care for Low-Income Patients

2026 APPLICATION DEADLINE: MAY 15

APPLY NOW

Pulmonary Embolism (PE) and Deep Vein Thrombosis (DVT) remain leading causes of hospital-associated morbidity and mortality. Despite advances in prevention, many hospitals have not yet consistently implemented evidence-based protocols, resulting in avoidable complications and disparities in outcomes. The "Eliminating Disparities in PE/DVT Prevention Collaborative" is designed to help hospitals overcome these challenges through a dynamic, structured learning environment.

Complete the Form, Upload the Signed Letter

Leapfrog Hospital Learning Collaborative Online Submission Form

Hospital or Health System Name *

Check if applying as a system

Yes

No

Hospital CCN (if system, include any CCN in system) *

Has your hospital leadership committed to support this initiative? *

Yes

Has your hospital submitted the 2025 Hospital Survey, and are you committed to submitting the 2026 Hospital Survey? *

Yes

Please upload the signed template letter. *

No file chosen

Follow this link to download the template letter of support to attach to your application: https://www.leapfroggroup.org/sites/default/files/Files/Template%20-%20LC_0.docx

[More information](#)

Please upload the signed template letter. *

No file chosen

Follow this link to download the template letter of support to attach to your application:

https://www.leapfroggroup.org/sites/default/files/Files/Template%20-%20LC_0.docx

[More information](#)

Complete the Form

Has your hospital convened a team including, at a minimum 3-5 clinicians including physician, nursing, and pharmacy personnel who will regularly participate in the collaborative and have the standing to implement or recommend changes based on findings/learnings? *

Yes

List at least four team members who have committed to supporting the initiative: *

Does your team commit to immediately begin developing a team charter, based on templates Leapfrog will send you, once we have communicated your acceptance into the Learning Collaborative? *

Yes

Are you confident your hospital has adequate technical infrastructure to support implementation of quality improvement projects, including the ability to stratify quality measures by patient self-identified demographic characteristics? *

Yes

Briefly (no more than 300 words) describe your data collection and stratification approach, and how you would prepare to report on your hospital's progress in reducing the rates of PE/DVT. Include any disparities identified in similar quality measurement/quality improvement projects or initiatives in the past five years. *

Hospital or Health System Contact Name (First and Last) *

Contact Email *

Submit



Questions?