



LEAPFROG VALUE-BASED PURCHASING PROGRAM

2020 SCORING METHODOLOGY



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OVERVIEW OF THE LEAPFROG VALUE-BASED PURCHASING PROGRAM

The Leapfrog Value-Based Purchasing (VBP) Program™ is a comprehensive hospital pay-for-performance program that creates composite scores from the measures on the Leapfrog Hospital Survey and focuses on the most important national patient safety, quality, and resource use standards. This program allows users to benchmark hospital performance nationally, state-wide, and regionally against other hospitals and with hospitals that have similar characteristics, such as bed size, teaching status, type, etc. Performance can be compared by:

- [VBP Measure Scores](#)
- [VBP Domain Scores](#)
- [VBP Value Score](#)

VBP Measure Scores, VBP Domain Scores, and the VBP Value Score are used by employers, purchasers, and health plans to inform network design, recognition programs, and value-based payment programs. VBP data are used by hospitals for internal benchmarking, board and staff engagement, and to inform quality improvement efforts.

SCORING OVERVIEW

Hospitals are assigned a numerical VBP Measure Score for each individual measure on the Leapfrog Hospital Survey, ranging from 0 (worst performance) to 100 (best performance). These individual VBP Measure Scores are each assigned to one of six domains, weighted, and then used to calculate VBP Domain Scores and a VBP Value Score.

The domains and measures included are:

- **Medication Safety:** Computerized Physician Order Entry (CPOE) and Bar Code Medication Administration (BCMA)
- **Inpatient Care Management:** ICU Physician Staffing (IPS), NQF Safe Practice #1 - Culture of Safety Leadership Structures and Systems, NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention, NQF Safe Practice #9 - Nursing Workforce, Hand Hygiene, Never Events Policy, and Antibiotic Stewardship Practices
- **Infections:** Central-Line Associated Blood Stream Infections (CLABSI) in ICUs and Select Wards, Catheter-Associated Urinary Tract Infections (CAUTI) in ICUs and Select Wards, Surgical Site Infections from Colon Surgery (SSI: Colon), Facility-wide inpatient Methicillin-resistant *Staphylococcus Aureus* (MRSA) Blood Laboratory-identified Events, and Facility-wide inpatient *Clostridium difficile* (C.Diff.) Laboratory-identified Events
- **Maternity Care:** Elective Deliveries, Cesarean Birth, Episiotomy, Maternity Care Processes (including Newborn Bilirubin Screening and DVT Prophylaxis for Women Undergoing Cesarean Section), and High-Risk Deliveries
- **Inpatient Surgery:** Carotid Endarterectomy, Mitral Valve Repair and Replacement, Open Aortic Procedures, Lung Resection for Cancer, Esophageal Resection for Cancer, Pancreatic Resection for Cancer, Rectal Cancer Surgery, and Bariatric Surgery for Weight Loss
- **Pediatric Care:** CAHPS Child Hospital Survey, Pediatric Computed Tomography (CT) Radiation Dose for Head Scans, Pediatric Computed Tomography (CT) Radiation Dose for Abdomen/Pelvis Scans



WHAT'S NEW IN 2020

In 2020, Leapfrog is using the term [“Not Available”](#) in public reporting for hospitals that submitted the minimum required sections of the Survey (i.e., Sections 1, 2, 4, 5, and 6), but due to the COVID-19 crisis, were not able to submit a complete Survey. *This term is new and will only be used for publicly reporting 2020 Leapfrog Hospital Survey Results.* In the Leapfrog VBP Methodology, the standard weight assigned to a measure that is “Not Available” is distributed to other applicable measures in the VBP Domain. More information can be found on page 9.

In addition, the Inpatient Care Management Domain has been updated to reflect changes to the scoring and public reporting for the NQF Safe Practices and the addition of the new Hand Hygiene standard. In 2020, the following VBP Measures will be included in the Inpatient Care Management Domain: NQF Safe Practice #1 - Culture of Safety Leadership Structures and Systems, NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention, NQF Safe Practice #9 - Nursing Workforce, and the new Hand Hygiene standard. Previously, the NQF Safe Practices were included as one VBP Measure (NQF Safe Practices). More information can be found on pages 10-11.

As a result of the updates to the Inpatient Care Management Domain, the [missing measure thresholds](#) for calculating a VBP Value Score have been updated and the standard VBP Measure Weights have been updated for all VBP Measures within the Inpatient Care Management Domain (see [Appendix I](#)). More information can be found on pages 20-21.

Leapfrog has also updated the weighting rationale for assigning the Resource Use Weight Factor. Measures that address topics for which there are very high cost implications for events that occur very rarely are now assigned a reduced Resource Use Weight Factor of 2 (previously a 3). As a result, both the Elective Deliveries and High-Risk Deliveries measures have an updated Resource Use Weight Factor and Total Weight Factor, and the standard VBP Measure Weights for all VBP Measures within the Maternity Care Domain have been updated. The standard VBP Measure Weights and the weighting methodology can be reviewed in [Appendix I](#) and [Appendix II](#).

Lastly, four measures included in the Leapfrog VBP Program have updated specifications and/or scoring changes in the Leapfrog Hospital Survey, which means results should not be compared with the prior year’s results. These measures include CPOE, Maternity Care Processes, CAHPS Child Hospital Survey, Pediatric CT Radiation Dose for Head Scans, and Pediatric CT Radiation Dose for Abdomen/Pelvis Scans.

VBP MEASURE SCORES

The Leapfrog Hospital Survey includes process, structural, and outcome measures. Process measures assess adherence to evidence-based clinical guidelines. Structural measures assess whether hospitals have certain evidence-based structures in place to improve patient safety and quality. Outcome measures represent what happens to a patient while receiving care.

For the purposes of publicly reporting [Leapfrog Hospital Survey Results](#), performance on each measure is placed into one of four main performance categories:

- Achieved the Standard (four-filled bars)



- Considerable Achievement (three-filled bars)
- Some Achievement (two-filled bars)
- Limited Achievement (one-filled bar)

However, for the purposes of the Leapfrog VBP Program, instead of using performance categories, each measure is placed on a zero (0) to 100 scale so that all VBP Measure Scores can be combined into VBP Domain Scores and a VBP Value Score.

To convert the performance category for each of the process and structural measures to a VBP Measure Score of zero (0) to 100, Leapfrog uses two different methods:

1. **Scores Assigned by Leapfrog’s National Steering Committee** – VBP Measure Scores for each performance category are determined by Leapfrog’s national, multi-stakeholder Steering Committee.
2. **Peer Comparison Methodology** – VBP Measure Scores for each performance category represent the percentage of other hospitals that the individual hospital scored equal to or better than, based on an analysis of all Leapfrog reporting hospitals.

To convert the performance category for each of the outcome measures to a VBP Measure Score of zero (0) to 100, Leapfrog uses a single method:

1. **Continuous Measure Methodology** - VBP measure scores are assigned based on an analysis of the rate of performance on the measure, e.g., numerical rates. Top and bottom deciles are calculated and hospitals in the bottom decile receive a VBP Measure Score of 0. Hospitals in the top decile receive a VBP Measure Score of 100. For hospitals that fall in between the top and bottom deciles, Leapfrog applies the following calculation:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

For measures where the rate of performance across all hospitals is clustered, the **Peer Comparison Methodology** is used to ensure that all hospitals that “Achieved the Standard” receive a VBP Measure Score of 100. This is the case for the Elective Deliveries measure.

For measures where a measure is publicly reported as “Declined to Respond,” meaning that the hospital did not submit a particular section of the Survey, the measure receives a VBP Measure Score of zero (0) and the standard measure weight is applied to calculate the VBP Domain Score and VBP Value Score. *This term will not be used for publicly reporting 2020 Leapfrog Hospital Survey Results for hospitals that do not submit a particular section of the Survey. Instead, results will be publicly reported as “Not Available.”* “Declined to Respond” will continue to be used in year-end [Competitive Benchmarking Reports](#) for hospitals that do not resolve a [Category A Data Verification](#) message by January 31.



WHEN A VBP MEASURE SCORE CANNOT BE ASSIGNED

Sometimes performance on a Leapfrog Hospital Survey measure cannot be determined. When this occurs, results are publicly reported using one of the following terms, which are each treated differently in the Leapfrog VBP methodology.

- **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., the facility doesn't deliver newborns). In the Leapfrog VBP Methodology, the standard weight assigned to the measure is distributed to other applicable measures in the VBP Domain.
- **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. In the Leapfrog VBP Methodology, the standard weight assigned to the measure is distributed to other applicable measures in the VBP Domain.
- **Not Available (For 2020 Only):** This term is used for hospitals that submitted the minimum required sections of the Survey (i.e., Sections 1, 2, 4, 5, and 6), but due to the COVID-19 crisis, were not able to submit a complete Survey. *This term is new and will only be used for publicly reporting 2020 Leapfrog Hospital Survey Results.* In the Leapfrog VBP Methodology, the standard weight assigned to the measure is distributed to other applicable measures in the VBP Domain.
- **Pending Leapfrog Verification:** This term is used for hospitals that have Survey responses that are undergoing Leapfrog's standard verification process. In the Leapfrog VBP Methodology, the standard weight assigned to the measure is distributed to other applicable measures in the VBP Domain. However, a VBP Value Score is not calculated.

MEDICATION SAFETY DOMAIN MEASURES

COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

Computerized Physician Order Entry (CPOE) measures hospitals' use and effectiveness of CPOE systems that include electronic clinical decision support, which reduces adverse drug events.

VBP Measure Scores are [assigned by Leapfrog's National Steering Committee](#) for each performance category:

- Achieved the Standard receives a score of 100
- Considerable Achievement receives a score of 70
- Some Achievement receives a score of 40
- Limited Achievement receives a score of 15



- Declined to Respond receives a score of 0

BAR CODE MEDICATION ADMINISTRATION (BCMA)

Bar Code Medication Administration (BCMA) measures hospitals' use of BCMA in inpatient units, including medical/surgical units, adult, pediatric, and/or neonatal ICUs, and labor and delivery units, which reduces medication administration errors.

VBP Measure Scores are [assigned by Leapfrog's National Steering Committee](#) for each performance category:

- Achieved the Standard receives a score of 100
- Considerable Achievement receives a score of 75
- Some Achievement receives a score of 50
- Limited Achievement receives a score of 25
- Declined to Respond receives a score of 0

INPATIENT CARE MANAGEMENT DOMAIN MEASURES

ICU PHYSICIAN STAFFING (IPS)

ICU Physician Staffing (IPS) measures the use of critical care-certified physicians to manage/co-manage critical care patients in adult and pediatric medical and/or surgical ICUs and neuro ICUs, which significantly reduces mortality.

VBP Measure Scores are [assigned by Leapfrog's National Steering Committee](#) for each performance category:

- Achieved the Standard receives a score of 100
- Considerable Achievement receives a score of 50
- Some Achievement receives a score of 15
- Limited Achievement receives a score of 5
- Declined to Respond receives a score of 0

NQF SAFE PRACTICE #1 – CULTURE OF SAFETY LEADERSHIP STRUCTURES AND SYSTEMS

NQF Safe Practice #1 measures hospitals' implementation of evidence-based practices for Culture of Safety Leadership Structures and Systems endorsed by the National Quality Forum, which reduce adverse events.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 22 (hospital did as well or better than 22% of all hospitals)
- Some Achievement receives a score of 4 (hospital did as well or better than 4% of all hospitals)
- Limited Achievement receives a score of 1 (hospital did as well or better than 1% of all hospitals)
- Declined to Respond receives a score of 0



NQF SAFE PRACTICE #2 - CULTURE MEASUREMENT, FEEDBACK, AND INTERVENTION

NQF Safe Practice #2 measures hospitals' implementation of evidence-based practices for Culture Measurement, Feedback, and Intervention endorsed by the National Quality Forum, which reduce adverse events.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 15 (hospital did as well or better than 15% of all hospitals)
- Some Achievement receives a score of 4 (hospital did as well or better than 4% of all hospitals)
- Limited Achievement receives a score of 1 (hospital did as well or better than 1% of all hospitals)
- Declined to Respond receives a score of 0

NQF SAFE PRACTICE #9 - NURSING WORKFORCE

NQF Safe Practice #9 measures hospitals' implementation of evidence-based practices for Nursing Workforce endorsed by the National Quality Forum, which reduce adverse events.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 13 (hospital did as well or better than 13% of all hospitals)
- Some Achievement receives a score of 4 (hospital did as well or better than 4% of all hospitals)
- Limited Achievement receives a score of 1 (hospital did as well or better than 1% of all hospitals)
- Declined to Respond receives a score of 0

HAND HYGIENE

Hand Hygiene measures hospitals' adherence to best practices for Hand Hygiene identified by Leapfrog's [National Hand Hygiene Expert Panel](#) and adopted in part from the [World Health Organization's Hand Hygiene Self-Assessment Framework](#).

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 89 (hospital did as well or better than 89% of all hospitals)
- Declined to Respond receives a score of 0

NEVER EVENTS POLICY

Leapfrog's Never Events Policy measures hospitals' commitment to nine different actions if a never event, e.g., an adverse event that experts say should never happen, were to occur.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:



- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 29 (hospital did as well or better than 29% of all hospitals)
- Some Achievement receives a score of 24 (hospital did as well or better than 24% of all hospitals)
- Limited Achievement receives a score of 23 (hospital did as well or better than 23% of all hospitals)
- Declined to Respond receives a score of 0

ANTIBIOTIC STEWARDSHIP PRACTICES

Antibiotic Stewardship Practices measure hospitals' commitment to the Center for Disease Control and Prevention's Seven Core Elements of Antibiotic Stewardship Programs.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Limited Achievement receives a score of 12 (hospital did as well or better than 12% of all hospitals)
- Declined to Respond receives a score of 0

INFECTIONS DOMAIN MEASURES

CENTRAL-LINE ASSOCIATED BLOOD STREAM INFECTIONS (CLABSI)

Central-Line Associated Blood Stream Infections (CLABSI) in ICUs and Select Wards is an outcome measure that compares the actual number of infections to an expected number of infections (which is based on national benchmarks), resulting in a standardized infection ratio (SIR). A lower SIR is always better.

VBP Measure Scores are assigned using a hospital's SIR and the [continuous measure methodology](#):

- Top decile (SIR of 0.000) receives a score of 100.
- Bottom decile (SIR of 1.462 or higher) receives a score of 0
- SIRs in-between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Respond receives a score of 0

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CAUTI)

Catheter-Associated Urinary Tract Infections (CAUTI) in ICUs and Select Wards is an outcome measure that compares the actual number of infections to an expected number of infections (which is based on national benchmarks), resulting in a standardized infection ratio (SIR). A lower SIR is always better.

VBP Measure Scores are assigned using a hospital's SIR and the [continuous measure methodology](#):



- Top decile (SIR of 0.000) receives a score of 100
- Bottom decile (SIR of 1.397 or higher) receives a score of 0
- SIRs in-between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Respond receives a score of 0

SURGICAL SITE INFECTIONS FROM COLON SURGERY (SSI: COLON)

Surgical Site Infections from Colon Surgery (SSI: Colon) is an outcome measure that compares the actual number of infections to an expected number of infections (which is based on national benchmarks), resulting in a standardized infection ratio (SIR). A lower SIR is always better.

VBP Measure Scores are assigned using a hospital's SIR and the [continuous measure methodology](#):

- Top decile (SIR of 0.000) receives a score of 100
- Bottom decile (SIR of 1.717 or higher) receives a score of 0
- SIRs in-between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Respond receives a score of 0

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Facility-Wide inpatient Methicillin-Resistant Staphylococcus Aureus (MRSA) Blood Laboratory-Identified Events is an outcome measure that compares the actual number of infections to an expected number of infections (which is based on national benchmarks), resulting in a standardized infection ratio (SIR). A lower SIR is always better.

VBP Measure Scores are assigned using a hospital's SIR and the [continuous measure methodology](#):

- Top decile (SIR of 0.000) receives a score of 100
- Bottom decile (SIR of 1.655 or higher) receives a score of 0
- SIRs in-between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Respond receives a score of 0



CLOSTRIDIUM DIFFICILE INFECTION (C. DIFF.)

Facility-Wide Inpatient Clostridium Difficile Infection (C. Diff.) Laboratory-Identified Events is an outcome measure that compares the actual number of infections to an expected number of infections (which is based on national benchmarks), resulting in a standardized infection ratio (SIR). A lower SIR is always better.

VBP Measure Scores are assigned using a hospital's SIR and the [continuous measure methodology](#):

- Top decile (SIR of 0.165 or lower) receives a score of 100
- Bottom decile (SIR of 0.973 or higher) receives a score of 0
- SIRs in-between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Respond receives a score of 0

MATERNITY CARE DOMAIN MEASURES

ELECTIVE DELIVERIES

Elective Deliveries measures the rate of patients with elective vaginal deliveries or elective cesarean births at ≥ 37 and < 39 weeks of gestation completed, which can carry risks to both babies and mothers.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 8 (hospital did as well or better than 8% of all hospitals)
- Some Achievement receives a score of 2 (hospital did as well or better than 2% of all hospitals)
- Limited Achievement receives a score of 1 (hospital did as well or better than 1% of all hospitals)
- Declined to Respond receives a score of 0

CESAREAN BIRTH

Cesarean Birth measures the rate of first time mothers having C-sections when delivering a single newborn who is full term and in the vertex position, which can carry risks to both babies and mothers.

VBP Measure Scores are assigned to each decile using a hospital's cesarean birth rate and the [continuous measure methodology](#):

- Top decile (rate of 16.4% or lower) receives a score of 100
- Bottom decile (rate of 33.6% or higher) receives a score of 0
- Rates in-between top and bottom deciles receive a score based on the following formula:



$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Respond receives a score of 0

EPISIOTOMY

Episiotomy measures the rate of episiotomy in vaginal deliveries, which can cause long-term complications among mothers.

VBP Measure Scores are assigned to each decile using a hospital's episiotomy rate and the [continuous measure methodology](#):

- Top decile (rate of 1.0% or lower) receives a score of 100
- Bottom decile (rate of 11.4% or higher) receives a score of 0
- Rates in-between top and bottom deciles receive a score based on the following formula:

$$\text{VBP Measure Score} = 100 \times \frac{\text{hospital's score} - \text{bottom decile score}}{\text{top decile score} - \text{bottom decile score}}$$

- Declined to Respond receives a score of 0

MATERNITY CARE PROCESSES

The Maternity Care Processes measure a hospital's adherence to two evidence-based clinical guidelines, newborn bilirubin screening and appropriate DVT prophylaxis for women undergoing cesarean section, which can improve the standard of care for newborns and mothers.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 18 (hospital did as well or better than 18% of all hospitals)
- Some Achievement receives a score of 18 (hospital did as well or better than 18% of all hospitals)
- Limited Achievement receives a score of 5 (hospital did as well or better than 5% of all hospitals)
- Declined to Respond receives a score of 0

HIGH-RISK DELIVERIES

High-Risk Deliveries measures the volume or outcome of very-low-birth-weight deliveries at hospitals with neonatal intensive care units (NICUs), as well as adherence to an evidence-based clinical guideline for the administration of antenatal steroids prior to delivery, which improves outcomes for these newborns.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)



- Considerable Achievement receives a score of 80 (hospital did as well or better than 80% of all hospitals)
- Some Achievement receives a score of 47 (hospital did as well or better than 47% of all hospitals)
- Limited Achievement receives a score of 18 (hospital did as well or better than 18% of all hospitals)
- Declined to Respond receives a score of 0

INPATIENT SURGERY DOMAIN MEASURES

CAROTID ENDARTERECTOMY

Carotid Endarterectomy measures whether or not hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 85 (hospital did as well or better than 85% of all hospitals)
- Some Achievement receives a score of 82 (hospital did as well or better than 82% of all hospitals)
- Limited Achievement receives a score of 58 (hospital did as well or better than 58% of all hospitals)
- Declined to Respond receives a score of 0

MITRAL VALVE REPAIR AND REPLACEMENT

Mitral Valve Repair and Replacement measures whether or not hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 94 (hospital did as well or better than 94% of all hospitals)
- Some Achievement receives a score of 93 (hospital did as well or better than 93% of all hospitals)
- Limited Achievement receives a score of 80 (hospital did as well or better than 80% of all hospitals)
- Declined to Respond receives a score of 0

OPEN AORTIC PROCEDURES

Open Aortic Procedures measures whether or not hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)



- Considerable Achievement receives a score of 93 (hospital did as well or better than 93% of all hospitals)
- Some Achievement receives a score of 92 (hospital did as well or better than 92% of all hospitals)
- Limited Achievement receives a score of 74 (hospital did as well or better than 74% of all hospitals)
- Declined to Respond receives a score of 0

LUNG RESECTION FOR CANCER

Lung Resection for Cancer measures whether or not hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 95 (hospital did as well or better than 95% of all hospitals)
- Some Achievement receives a score of 94 (hospital did as well or better than 94% of all hospitals)
- Limited Achievement receives a score of 78 (hospital did as well or better than 78% of all hospitals)
- Declined to Respond receives a score of 0

ESOPHAGEAL RESECTION FOR CANCER

Esophageal Resection for Cancer measures whether or not hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 99 (hospital did as well or better than 99% of all hospitals)
- Some Achievement receives a score of 99 (hospital did as well or better than 99% of all hospitals)
- Limited Achievement receives a score of 88 (hospital did as well or better than 88% of all hospitals)
- Declined to Respond receives a score of 0

PANCREATIC RESECTION FOR CANCER

Pancreatic Resection for Cancer measures whether or not hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 96 (hospital did as well or better than 96% of all hospitals)
- Some Achievement receives a score of 96 (hospital did as well or better than 96% of all hospitals)



- Limited Achievement receives a score of 84 (hospital did as well or better than 84% of all hospitals)
- Declined to Respond receives a score of 0

RECTAL CANCER SURGERY

Rectal Cancer Surgery measures whether or not hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 94 (hospital did as well or better than 94% of all hospitals)
- Some Achievement receives a score of 93 (hospital did as well or better than 93% of all hospitals)
- Limited Achievement receives a score of 74 (hospital did as well or better than 74% of all hospitals)
- Declined to Respond receives a score of 0

BARIATRIC SURGERY FOR WEIGHT LOSS

Bariatric Surgery for Weight Loss measures whether or not hospitals are meeting Leapfrog's minimum hospital volume standard for the procedure and including Leapfrog's minimum surgeon volume standard in their process for privileging surgeons, which have been associated with better outcomes.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 76 (hospital did as well or better than 76% of all hospitals)
- Some Achievement receives a score of 75 (hospital did as well or better than 75% of all hospitals)
- Limited Achievement receives a score of 60 (hospital did as well or better than 60% of all hospitals)
- Declined to Respond receives a score of 0

PEDIATRIC CARE DOMAIN MEASURES

CAHPS CHILD HOSPITAL SURVEY

The CAHPS Child Hospital Survey measures patient experience among children and their parents at each hospital.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 98 (hospital did as well or better than 98% of all hospitals)
- Some Achievement receives a score of 96 (hospital did as well or better than 96% of all hospitals)
- Limited Achievement receives a score of 95 (hospital did as well or better than 95% of all hospitals)
- Declined to Respond receives a score of 0



PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE FOR HEAD SCANS

Pediatric Computed Tomography (CT) Radiation Dose for Head Scans measures hospitals' radiation doses for CT scans of the head among pediatric patients and compares those doses to national benchmarks.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 75 (hospital did as well or better than 75% of all hospitals)
- Some Achievement receives a score of 65 (hospital did as well or better than 65% of all hospitals)
- Limited Achievement receives a score of 59 (hospital did as well or better than 59% of all hospitals)
- Declined to Respond receives a score of 0

PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE FOR ABDOMEN/PELVIS SCANS

Pediatric Computed Tomography (CT) Radiation Dose for Abdomen/Pelvis Scans measures hospitals' radiation doses for CT scan of the abdomen and pelvis among pediatric patients and compares those doses to national benchmarks.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 75 (hospital did as well or better than 75% of all hospitals)
- Some Achievement receives a score of 61 (hospital did as well or better than 61% of all hospitals)
- Limited Achievement receives a score of 54 (hospital did as well or better than 54% of all hospitals)
- Declined to Respond receives a score of 0

VBP DOMAIN SCORES

In order to provide employers, purchasers, health plans, and hospitals opportunities for benchmarking, ranking, and comparisons, Leapfrog calculates VBP Domain Scores which provide summary level performance scores across six domains: Medication Safety, Inpatient Care Management, Infections, Maternity Care, Inpatient Surgery, and Pediatric Care.

VBP Domain Scores are calculated for each domain based on the performance and relative weights (See [Appendix I](#) and [Appendix II](#)) of the measures within the domain using the following formula:

VBP Domain Score =

$$\frac{(\text{VBP Measure 1 Score} * \text{VBP Measure 1 Weight}) + (\text{VBP Measure 2 Score} * \text{VBP Measures 2 Weight}) + \dots}{\text{VBP Domain Weight}}$$

If VBP Measure Scores are not available for all measures within a domain, a VBP Domain Score is not assigned and the weight from that domain is redistributed to the other domains.



VBP VALUE SCORE

Leapfrog also calculates a VBP Value Score which summarizes performance on up to 30 national measures of safety, quality, and efficiency from the Leapfrog Hospital Survey.

The VBP Value Score is calculated as the sum of the weighted (see [Appendix I](#) and [Appendix II](#)) VBP Measure Scores for all available measures using the following formula:

VBP Value Score =

$$(CPOE \text{ VBP Measure Score} \times CPOE \text{ VBP Measure Weight}) + (BCMA \text{ VBP Measure Score} \times BCMA \text{ VBP Measure Weight}) + \dots + (CT \text{ Dose Abdomen/Pelvis VBP Measure Score} \times CT \text{ Dose Abdomen/Pelvis VBP Measure Weight})$$

WHEN A VBP VALUE SCORE CANNOT BE CALCULATED

Leapfrog is not able to calculate a VBP Value Score for hospitals that have too few scored and applicable measures. Leapfrog has established the following missing measure thresholds detailed below:

	# of Expected Measures (n= 30)	Expected Measures	Missing Measure Thresholds	Leapfrog is not able to calculate the VBP Value Score for hospitals with scores for...
Adult Hospitals	21	All (at least 1 Inpatient Surgery and 1 Pediatric Care measure)	1/2 must apply	10 or fewer measures (11 or more N/A)
Children's Hospitals	14	CPOE, IPS, NQF Safe Practice #1 - Culture of Safety Leadership Structures and Systems, NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention, NQF Safe Practice #9 - Nursing Workforce, Hand Hygiene, Never Events, CLABSI, CAUTI, Antibiotic Stewardship, BCMA, CAHPS Child Hospital Survey, CT Dose Head, CT Dose Abdomen/Pelvis	1/2 must apply	6 or fewer of the expected measures (7 or more N/A)
Critical Access Hospitals	12	CPOE, Elective Deliveries, C-Section, Episiotomy, Maternity Care Process, NQF Safe Practice #1 - Culture of Safety Leadership Structures and Systems, NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention, NQF Safe Practice #9 - Nursing Workforce, Hand Hygiene, Never Events, Antibiotic Stewardship, BCMA	1/2 must apply	5 or fewer of the expected measures (6 or more N/A)

In addition, Leapfrog does not calculate a VBP Value Score for any hospital with one or more measures that are publicly reported as [“Pending Leapfrog Verification.”](#)



APPENDIX I: 2020 STANDARD MEASURE AND DOMAIN WEIGHTS

The 2020 weight factors, VBP Domain Weights, and VBP Measure Weights (assuming all domains and weights are applicable) are displayed in the table below. Weights and weight factors are determined using the Weighting Methodology outlined in [Appendix II](#).

Domain	Measures	Volume Weight Factor	Harm Weight Factor	Resource Use Weight Factor	Weight Factor (Total)	VBP Domain Weight	VBP Measure Weight
Medication Safety	CPOE	3	3	3	9	15%	7.94%
	BCMA	2	3	3	8		7.06%
Inpatient Care Management	ICU Physician Staffing	2	3	2	7	18%	3.60%
	NQF Safe Practice #1	3	1	1	5		2.57%
	NQF Safe Practice #2	3	1	1	5		2.57%
	NQF Safe Practice #9	3	1	1	5		2.57%
	Hand Hygiene	3	1	1	5		2.57%
	Never Events Policy	1	1	1	3		1.54%
	Antibiotic Stewardship Practices	3	1	1	5		2.57%
Infections	CLABSI	2	3	3	8	25%	5.13%
	CAUTI	3	3	2	8		5.13%
	SSI Colon	1	2	2	5		3.21%
	MRSA	3	3	3	9		5.77%
	C. Diff.	3	3	3	9		5.77%
Maternity Care	Elective Deliveries	1	2	2	5	15%	2.88%
	Cesarean Birth	1	2	3	6		3.46%
	Episiotomy	1	2	2	5		2.88%
	Process Measures of Quality	1	2	2	5		2.88%
	High-Risk Deliveries	1	2	2	5		2.88%
Inpatient Surgery	Carotid Endarterectomy	1	2	2	5	16%	2.00%
	Mitral Valve Repair and Replacement	1	2	2	5		2.00%
	Open Aortic Procedures	1	2	2	5		2.00%
	Lung Resection for Cancer	1	2	2	5		2.00%
	Esophageal Resection for Cancer	1	2	2	5		2.00%
	Pancreatic Resection for Cancer	1	2	2	5		2.00%
	Rectal Cancer Surgery	1	2	2	5		2.00%
	Bariatric Surgery for Weight Loss	1	2	2	5		2.00%
Pediatric Care	CAHPS Child Survey	3	1	1	5	11%	4.23%
	CT Dose Head	1	2	1	4		3.38%
	CT Dose Abdomen/Pelvis	1	2	1	4		3.38%



APPENDIX II: WEIGHTING METHODOLOGY

Each measure included in the Leapfrog VBP Program is assigned to one of six domains, which are each weighted based on recommendations from Leapfrog’s national, multi-stakeholder Steering Committee (see [Appendix I](#)). If all VBP Measure Scores within a domain are missing, the weight from that domain is redistributed to the other domains.

Each measure included in the Leapfrog VBP Program is also assigned a standard weight based on three criteria:

1. [Volume](#) - the number of patients impacted by the measure
2. [Harm](#) – the severity of harm being measured or resulting from hospitals not adhering to the clinical guidelines being measured
3. [Resource Use](#) – the excess costs or avoidance of costs related to the measure

The three criteria, along with the overall VBP Domain Weight, are combined in the following way to result in a VBP Measure Weight:

$$\text{VBP Domain Weight} \times \frac{\text{Volume Weight Factor} + \text{Harm Weight Factor} + \text{Resource Use Weight Factor}}{\text{Sum of Weight Factors for Available Measures in VBP Domain}}$$

If a VBP Measure Score is not available for one or more measures within a domain (e.g., measures that are publicly reported as “Does Not Apply,” “Unable to Calculate Score,” “Pending Leapfrog Verification,” or “Not Available”) then the weight for that measure is redistributed to the other measures within that domain using the formula noted above.

See [Appendix I](#) for a list of 2020 weight factors and standard VBP Domain Weights and VBP Measure Weights.

VOLUME WEIGHT FACTOR

Measures that affect larger populations of patients are weighted more heavily than those for smaller, specific populations.

- 3= Measure assesses outcomes, processes, or structures that potentially benefit most patients (e.g. applies to the whole inpatient or outpatient hospital setting)
- 2= Measure assesses outcomes, processes or structures that apply to a hospital department or large population in the hospital
- 1= Measure only applies to relatively small populations or rare occurrences

HARM WEIGHT FACTOR

Measures that protect patients against more severe harm are weighted more heavily than those that do not directly address patient harm.



- 3= Measure assesses or directly prevents mortality or severe physical injury
- 2= Measure of patient harm not including mortality or severe physical injury
- 1= Measure does not directly assess patient harm

RESOURCE USE WEIGHT FACTOR

Measures that correlate with excess cost or avoidance of costs are weighted more heavily than those that do not.

- 3= Measures that have strong resource use implications for patients (for example, measures that assess non-recommended procedures with a high incremental cost or long hospital stays, or structures tied to evidence that shows that they directly help patients avoid excess costs)
- 2= Measures that assess process or outcomes that have resource use implications for patients; this includes measures that address topics for which there are very high cost implications for events that occur very rarely
- 1= Measures that may be met without having any impact on costs



APPENDIX III: COMPETITIVE BENCHMARKING REPORTS

BACKGROUND

Individual hospital data and comparative data from the Leapfrog VBP Program are provided in [Competitive Benchmarking Reports](#). Competitive Benchmarking Reports include each hospital's VBP Measure Scores, VBP Domain Scores, and VBP Value Score, along with benchmarks and comparisons to put the scores in context. Users of the reports can benchmark hospital performance nationally, state-wide, and regionally against other hospitals and with hospitals that have similar characteristics, such as bed size, teaching status, type, etc.

TYPES OF REPORTS

All hospitals that complete a Survey by the August 31 Submission Deadline are eligible to receive a Free Summary Report with their VBP Domain Scores and VBP Value Score compared to national averages. Free Summary Reports are e-mailed to all hospital CEOs in September.

Premium [Competitive Benchmarking Reports](#) are available for hospitals that are interested in using their Leapfrog Hospital Survey Results for targeted quality improvement and for engaging with their hospital leadership and staff.

PREMIUM REPORT

The Premium Report includes:

- An overview of the Leapfrog VBP Program
- VBP Measure Scores compared to national and state benchmarks
- VBP Domain Scores compared to national benchmarks
- VBP Value Score compared to national and state benchmarks
- VBP Measure Scores compared to custom cohort (e.g., bed size cohort, hospital type cohort, region cohort, etc.) benchmarks
- VBP Value Score compared to custom cohort (e.g., bed size cohort, hospital type cohort, region cohort, etc.) benchmarks
- 2020 VBP Measure Scores compared to VBP Measure Scores from the previous year
- New in 2020: VBP Measure Scores and VBP Domain Score for the new Outpatient Procedures Domain, including VBP Measure Scores compared to national, state, and custom cohort (e.g., bed size cohort, hospital type cohort, region cohort, etc.) benchmarks and VBP Domain Score compared to national benchmarks



STATE AND CUSTOM COHORT AVAILABILITY

MINIMUM REPORTING REQUIREMENTS FOR STATES AND CUSTOM COHORTS

For state or custom cohort data to be available for benchmarking in the report, there must be a minimum of 7 or more hospitals included for comparison.

INFORMATION PROVIDED

PAGE 2: BREAKDOWN BY MEASURE

Displays the VBP Measure Scores and benchmarks (national, state, and custom cohort, where applicable), as well as the VBP Measure Weights and VBP Domain Weights. VBP Measure Scores, VBP Measure Weights, and VBP Domain Weights are rounded for display purposes only.

PAGES 3-4: BREAKDOWN BY DOMAIN

Displays VBP Domain Scores and national benchmarks by quartile and by average. VBP Domain Scores are rounded for display purposes only.

PAGE 5: YOUR VBP VALUE SCORE

Displays the VBP Value Score along with national, state, and custom cohort benchmarks. The VBP Value Score is also displayed as a histogram curve of all the VBP Value Scores in the nation, with the hospital's VBP Value Score and national benchmarks indicated on the curve. VBP Value Scores are rounded to the nearest whole number.

A national decile ranking is also shown. Decile thresholds are calculated using unrounded VBP Value Scores for all hospitals receiving a VBP Value Score nationally and then are rounded based on standard rounding rules (deciles $\geq .50$ rounded up, $< .50$ rounded down).

Note: Some hospitals may not receive a VBP Value Score if they are missing too much data or if they have any measures that are publicly reported as "Pending Leapfrog Verification."

PAGE 6: PAST PERFORMANCE

Current VBP Measure Scores are shown compared to VBP Measures Scores from the previous year.

Note: Comparisons are not made for measures that are new to the Leapfrog Hospital Survey or for measures that had a significant change to their specifications and/or scoring.

PAGE 7: OUTPATIENT PROCEDURES DOMAIN (NEW IN 2020)

Displays the following for informational purposes only for the Outpatient Procedures Domain:



- VBP Measure Scores and benchmarks (national, state, and custom cohort, where applicable), as well as the VBP Measure Weights
- VBP Domain Score and national benchmarks by quartile and by average

VBP Measure Scores, VBP Measure Weights, and VBP Domain Score are rounded for display purposes only.

In the 2020 Leapfrog VBP Program Methodology, the Outpatient Procedures Domain and corresponding VBP Measure Scores will not be included in the calculation of the VBP Value Score but are provided to those that purchase a Premium Competitive Benchmarking Report. The Scoring Methodology for the Outpatient Procedures Domain can be reviewed in [Appendix IV](#). Beginning in 2021, Leapfrog plans to include the Outpatient Procedures Domain in the calculation of the VBP Value Score.



APPENDIX IV: OUTPATIENT PROCEDURES DOMAIN SCORING METHODOLOGY

In 2020, Leapfrog will score and [publicly report](#) performance for select measures from the Outpatient Procedures Section of the 2020 Leapfrog Hospital Survey:

- Certified Clinicians Present While Patients are Recovering (Patient Recovery – Adult and Patient Recovery – Pediatric)
- Safe Surgery Checklist
- Medication and Allergy Documentation
- Patient Experience (OAS CAHPS)

Leapfrog will not include these measures in the calculation of the VBP Value Score but will make VBP Measure Scores and a VBP Domain Score available for the Outpatient Procedures Domain for those that order a Premium Competitive Benchmarking Report. Beginning in 2021, Leapfrog plans to include the Outpatient Procedures Domain in the Leapfrog VBP Program. The methodology used for 2020 is outlined below.

OUTPATIENT DOMAIN MEASURES

PATIENT RECOVERY – ADULT

Patient Recovery – Adult assesses whether clinicians who have national certification in life saving skills such as opening airways are present on-site while adult patients recover from surgery.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Some Achievement receives a score of 46 (hospital did as well or better than 46% of all hospitals)
- Limited Achievement receives a score of 44 (hospital did as well or better than 44% of all hospitals)
- Declined to Respond receives a score of 0

PATIENT RECOVERY – PEDIATRIC

Patient Recovery – Pediatric assesses whether clinicians who have national certification in life saving skills such as opening airways are present on-site while pediatric patients recover from surgery.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Some Achievement receives a score of 51 (hospital did as well or better than 51% of all hospitals)
- Limited Achievement receives a score of 48 (hospital did as well or better than 48% of all hospitals)
- Declined to Respond receives a score of 0



SAFE SURGERY CHECKLIST

Safe Surgery Checklist assesses whether a hospital or surgery center is using a safe surgical checklist with every procedure. A Safe Surgery Checklist is a protocol that ensures the whole surgical team is engaged in performing key safety checks at every critical phase of a procedure such as confirming the surgical site and anticipating critical events.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 50 (hospital did as well or better than 50% of all hospitals)
- Some Achievement receives a score of 46 (hospital did as well or better than 46% of all hospitals)
- Limited Achievement receives a score of 45 (hospital did as well or better than 45% of all hospitals)
- Declined to Respond receives a score of 0

MEDICATION AND ALLERGY DOCUMENTATION

Medication and Allergy Documentation assesses whether clinicians document all medications and allergies to reduce medication errors and adverse drug events. Practices and procedures ensuring medication safety can help ensure a safer procedure.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 79 (hospital did as well or better than 79% of all hospitals)
- Some Achievement receives a score of 72 (hospital did as well or better than 72% of all hospitals)
- Limited Achievement receives a score of 70 (hospital did as well or better than 70% of all hospitals)
- Declined to Respond receives a score of 0

PATIENT EXPERIENCE (OAS CAHPS)

Patient Experience (OAS CAHPS) rates hospitals and surgery centers based on the feedback from adult patients about their routine surgery including the patients' willingness to recommend the facility. Hospitals and surgery centers that perform outpatient procedures should survey patients on important issues including communication about the procedure, the patient's rating of the facility and staff, and whether the patient would recommend the facility. Leapfrog asks hospitals to survey patients using a nationally standardized survey called the OAS CAHPS.

VBP Measure Scores are assigned using the [peer comparison methodology](#) for each performance category:

- Achieved the Standard receives a score of 100 (hospital did as well or better than 100% of all hospitals)
- Considerable Achievement receives a score of 97 (hospital did as well or better than 97% of all hospitals)
- Some Achievement receives a score of 93 (hospital did as well or better than 93% of all hospitals)
- Limited Achievement receives a score of 88 (hospital did as well or better than 88% of all hospitals)
- Declined to Respond receives a score of 0



OUTPATIENT DOMAIN SCORE

The Outpatient VBP Domain Score is calculated based on the performance and relative weights (See [Outpatient Domain Standard Measure Weights](#)) of the measures within the domain using the following formula:

Outpatient VBP Domain Score =

$$(VBP \text{ Measure 1 Score} * VBP \text{ Measure 1 Weight}) + (VBP \text{ Measure 2 Score} * VBP \text{ Measures 2 Weight}) + \dots$$

If VBP Measure Scores are not available for all measures within the domain, a VBP Domain Score is not assigned.

OUTPATIENT DOMAIN STANDARD MEASURE WEIGHTS

The 2020 weight factors and VBP Measure Weights (assuming all measures are applicable) for the Outpatient Procedures Domain are displayed in the table below. Weights and weight factors are determined using the Weighting Methodology outlined in [Appendix II](#).

Domain	Measures	Volume Weight Factor	Harm Weight Factor	Resource Use Weight Factor	Weight Factor (Total)	VBP Measure Weight
Outpatient Procedures	Patient Recovery - Adult	2	2	1	5	20.83%
	Patient Recovery - Pediatric	2	2	1	5	20.83%
	Safe Surgery Checklist	2	2	2	6	25.00%
	Medication and Allergy Documentation	2	1	1	4	16.67%
	Patient Experience (OAS CAHPS)	2	1	1	4	16.67%

The Outpatient VBP Domain Score is not included the calculation of the VBP Value Score and therefore a Domain Weight is not assigned. In 2021, the anticipated VBP Domain Weight for the Outpatient Procedures Domain is 10% and the VBP Measure Weights and VBP Domain Weights will be adjusted.