

# How We Made Leaps in Our Leapfrog Performance

A system-wide, collaborative approach to the Leapfrog survey

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**Background**  
 CHI Franciscan is an 8-hospital system (2 tertiary medical centers, 5 community hospitals, 1 critical access hospital)  
 In Spring 2017, our Leapfrog safety grades were (3) Cs, (3) Ds, and (1) F  
 Following those unacceptable grades CHI Franciscan initiated a system-wide approach to understanding and closing our gaps for the Leapfrog standards

**Strategies**  
 Increase system-wide focus on Leapfrog performance  
 Educate leaders on reasons why Leapfrog is important  
 Gain full understanding of the scoring methodology  
 Maximize performance by developing plans for improvement  
 Provide increased education on the Leapfrog standards throughout the organization

**Team**  
 System-level Quality Program Manager and Clinical Data Analyst as leads  
 Facility-based Executives and Quality Program Managers  
 Subject-matter experts and stakeholders  
 Total staff involved in collaboration on the Leapfrog survey, across the hospitals, was ~ 90+ people

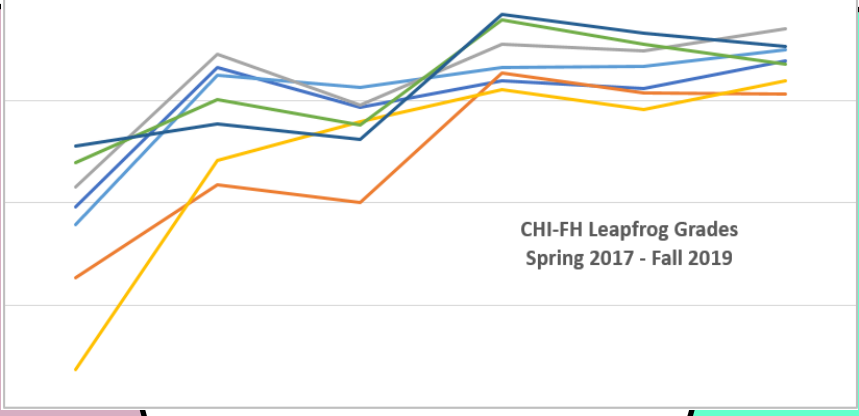
## AIM To achieve Leapfrog safety grades of A's and B's at all facilities within 2 years

**Communication**  
 Improved broad communication regarding Leapfrog and its standards to all stakeholders up and down the organization (from Board of Directors to frontline staff and providers)  
 Addressed gaps through SBAR communication to leaders and stakeholders  
 Provided executive summaries on progress of work to Quality leaders and Executives  
 Developed Quality page for each facility on the external-facing website to increase transparency to our community  
 Relayed the importance that Leapfrog had to the organization and its alignment with other internal / external initiatives and on-going work  
 Collaborated with Marketing for internal / external

**Leadership**  
 CHI Franciscan CEO Identification of Leapfrog as a strategic priority, consistent with our mission and values  
 Increased focus / attention to Leapfrog performance by system and facility-based executives as well as facility-based Quality Program Managers  
 Improved management of Leapfrog by assignment of system-level operational resources  
 Collaboration between system and facility-based leaders and Quality Program Managers to ensure that there was an understanding on how their facility was meeting each standard  
 Developed increased focus on meeting the AHRQ Safe Practices used by Leapfrog – 64 different standards  
 Developed gap analysis and action plans to address each opportunity

Putting together a complex puzzle, through collaboration, for patient safety

**Miscellaneous**  
 Bi-directional relationship building with Leapfrog  
 Addition of patient/family members to Quality Improvement committees across all facilities  
 Reviewed CPOE testing results for consistency in responses  
 Discovered system opportunities through CPOE testing to improve the clinical decision support for medication ordering by providers. Collaborated with pharmacy to make corrections (e.g. fatal drug combination did not trigger an alert; added geriatric alerts to some medications)  
 Intense focus on coding and provider documentation / education for PSI and HAC fall-outs  
 Identified Patient Safety Officer at each facility  
 Collaborated with Human Resources to add performance review addendums addressing patient safety issues for the identified job classes (executives to frontline staff)



**ICU Physician Staffing**  
 Collaborated with executive leadership and Intensivist physician group for increased coverage (24/7) by Critical Care Medicine-certified physicians  
 Achieved co-management of ICU patients by Intensivists and language added to Medical Staff Rules and Regulations  
 The ICU changes had the largest impact to our performance. There was a dramatic improvement in APACHE IV scores at one of our tertiary hospitals. The Critical Care division was actively involved in improving patient care through the use of the virtual ICU (vICU) and inter-professional team model in both the vICU and at the bedside among other initiatives. Meeting the ICU standard prompted thoughtful conversations for improvement related to ICU physician staffing & FCCS certification for ICU Charge Nurses.

**Risk / Infection Prevention**  
 Continued focus on achieving zero harms at each facility (HAI / PSI / HAC)  
 Collaboration by facility-based Quality & Risk Managers in conducting a yearly Failure Modes Effect Analysis (FMEA)  
 Expanded Never Event policy, including publicizing resources for second victim support for our caregivers

**Lessons Learned**  
 Success required collaboration and commitment from all levels of the organization  
 Continued focus on patient safety / decreasing harms required by entire organization for multiple CMS and Leapfrog programs  
 Identified the need to have supporting documentation for responses on the survey. We learned that “meeting the intent” of the standard was not enough.  
 Required a deep dive into the Leapfrog requirements to maximize opportunities

**Overall Improvements**  
 Standardized management of survey  
 Improved processes  
 Engagement of stakeholders  
 Decrease in patient harms

**Outcome**  
**Achieved (5) A and (2) B grades at our hospitals for the Fall 2019 Safety Grade**  
 (relative improvement of 17.5% - 83.5% in numerical scores)

**Thank you to the leaders, providers, and staff at CHI Franciscan for their dedication to our patients and to their safety**