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 to Quality leaders and Executives
Developed Quality pages for each facility on the external-facing site to increase transparency to the 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

**Miscellaneous**
Bidirectional 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)
Continuous 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)

**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

**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.

**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