THE LEAPFROG GROUP: 
THE YEAR IN REVIEW AND THE 
YEAR AHEAD
3 Core Leapfrog Programs

Survey: Hospitals Submit to Us

1. The Leapfrog Hospital Survey

Composite Scores: Leapfrog Assigns to Hospitals

2. Hospital Safety Grade
3. Value-Based Purchasing Platform
1. The Leapfrog Hospital Survey: Record Hospital Participation
How hospitals use the Survey

- Show commitment to regional purchasers
- Benchmark performance
- Drive highest levels of quality improvement & excellence
- Practice transparency
- Predict performance on value programs (Leapfrog benchmarking nationally is at least 1 year ahead of CMS)
How Purchasers Use Leapfrog Survey Results

- Pay for value programs
- Contract negotiations
- Benefits design strategies
- Employee engagement
- Used by all national health plans for public reporting and P4P
- Used by many transparency programs
2. Leapfrog Hospital Safety Grade
Choosing a hospital for you and your family? Make sure you know the facts about patient safety, and use the Hospital Safety Grade to find the safest possible care in your area.

Newsroom October 31, 2016
New Hospital Safety Grades Released, Revealing How Prioritizing Safety Can Save Lives

Newsroom October 31, 2016
How safe is your state? See the state ranking for the Fall 2016 Leapfrog Hospital Safety Grade.
Media Coverage

- Social media: Up over 100% on Twitter & Facebook
- Website traffic:
  - up 16% for Fall release
  - Web hits over 2.5 million YTD
Hospitals tout their safety!
3. Leapfrog Value-Based Purchasing Platform
Domains of hospital performance from the Leapfrog Hospital Survey

- Medication Safety
- Inpatient Care Management
- High-Risk Surgeries
- Maternity Care
- Infections & Injuries

The Platform then calculates an overall composite score, the **Value Score**.
The Leapfrog Board, 2016

- Laurel Pickering, Northeast Business Group on Health, Chairperson
- Five new board members since September 2015
  - Gov. John Engler, Business Roundtable
  - G. Richard Wagoner, GM (Ret.)
  - John G. Zern, Aon
  - Arnold Milstein, MD, Stanford
  - Marleece Barber, MD, Lockheed Martin
3 Fellows in the 2016

7 Fellows for 2017
COMING SOON: A New Never Events Campaign

- Since 2007, Leapfrog has asked hospitals to agree to all of the following principles if a never event occurs within their facility:
  - Apologize to the patient and/or family
  - Report to external agencies
  - Perform a root cause analysis
  - Waive all costs
New Never Events Policy Elements (Out for public comment)

- **Communicate right away**: We will advise the patient and/or family that an adverse event may have occurred within 60 minutes after the event is identified.

- **Caregiver support**: We will have a protocol in place to provide support for caregivers involved in never events, and make that protocol known to all employees and affiliated clinicians.

- **Involve patients & families at every stage**: We will meet with the patient and/or family, if willing and able, to (a) gather evidence for the root cause analysis, (b) review conclusions from the root cause analysis, and (c) share the actions we will take to prevent future recurrences of similar events.

- **Verify compliance**: We will perform an annual review to ensure compliance with each element of Leapfrog’s Never Events Policy for each never event that occurred.
## Minimum Volume Standards for Safety

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Hospital (minimum per 12-months or 24-month average)</th>
<th>Surgeon (minimum per 12-months or 24-month average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric surgery for weight loss</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>Esophagus resections</td>
<td>20</td>
<td>TBD</td>
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<tr>
<td>Lung resections</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>Pancreas resections</td>
<td>20</td>
<td>TBD</td>
</tr>
<tr>
<td>Rectal cancer surgery</td>
<td>15</td>
<td>TBD</td>
</tr>
<tr>
<td>Carotid artery stenting</td>
<td>10</td>
<td>TBD</td>
</tr>
<tr>
<td>Complex abdominal aortic aneurysm repair</td>
<td>20</td>
<td>TBD</td>
</tr>
<tr>
<td>Mitral valve repair</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Hip replacement</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Knee replacement</td>
<td>50</td>
<td>25</td>
</tr>
</tbody>
</table>
Surgical Necessity Monitoring Policy

- Shared decision making used to educate patients/families on harms, benefits, alternatives

- Surgeons are aware of specialty society’s clinical practice guidelines, including relevant Choosing Wisely

- We monitor the necessity of surgery at our hospital and periodically report results to the hospital Board alongside other quality and safety reports

- We have a pre-defined, formal plan of action that includes accountability for surgeons, surgical leadership, as well as administrative leadership when an inappropriate surgery is identified
Medication Reconciliation

- NQF Measure #2456

- Hospitals will be asked to report on the number of unintentional medication discrepancies per medication per adult patient
Pediatric Care

- Two new measures:
  - Pediatric CT Radiation Dose (NQF 2820)
  - CAHPS Child Hospital Survey (Child HCAHPS)
New CPOE Tool

- Vast upgrade of the test
- Multi-year project funded by AHRQ and led by Drs. David Bates and David Classen
NEXT:

Expanding beyond inpatient care

- FUNDING APPROVED AND UNDERWAY: Ambulatory Surgical Centers & Hospital Outpatient Surgical Units
- Health Networks
- Individual surgeons/physicians
Welcoming the New Neighbors
Where everything is going: What we know

1. Consumerism will prevail.
2. Value Movement here to stay.
3. Transparency is king.
Key national advocate:
Consumer empowerment, transparency, value
Today:
Shaping Health Care, Not Just Coverage

- ePatient Dave: Patients first
- Neel Shah: The Cutting Edge on Quality
- Political roundup media panel: Where we are going with and why it matters
- Patients’ View Institute Impact Awards
True North

- Patients and Families Empowered
- Transparency
- Highest Standards for Quality