PROPOSED CHANGES TO THE 2027 LEAPFROG HOSPITAL SURVEY

OPEN FOR PUBLIC COMMENT
Comments Accepted until midnight ET on December 17, 2026

Each year, The Leapfrog Group's research team reviews the literature and convenes expert panels to ensure the Leapfrog Hospital Survey aligns with the latest science and the public reporting needs of purchasers and consumers. Once the list of proposed changes is assembled for next year's Survey, Leapfrog releases that list for public comment. The public comments received are then reviewed by Leapfrog's research team and used to refine the Survey before it is finalized.

The proposed changes to the 2027 Leapfrog Hospital Survey are outlined below. To provide a public comment, please respond by completing the public comment form **here**. Comments will be accepted until midnight ET on **December 17, 2026.**

This year, we are requesting that commenters pay special attention to the following:

- Section 1B: Billing Ethics: Proposal to maintain questions regarding presumptive eligibility and financial assistance programs and use in scoring and public reporting for 2027.
- CPOE Evaluation Tool: Proposal to revise the definition of 'relevant' advice/information to ensure that clinical decision support systems reflect best practices, which includes use of interruptive alerts for advanced medication ordering categories such as drug-lab, drug-monitoring, drug-age, and drug-diagnosis.
- Section 6D: Diagnostic Safety Foundations (previously Section 6D: Diagnostic Excellence): Proposal to begin scoring and publicly reporting this subsection in 2027.
- Section 6E: Hospital Boarding in the Emergency Department (ED): Proposal to begin scoring and publicly reporting this subsection in 2027.
- Section 7B: Healthcare Associated Infections: Proposal to update the criteria for the 24-month reporting period used for small hospitals.

We are grateful to those who take the time to submit comments each year. These comments bring enormous value to Leapfrog's team and our expert panel deliberations, and help ensure the Survey is valuable to hospitals, purchasers, and consumers.

For information on the 2026 Leapfrog Hospital Survey, visit www.leapfroggroup.org/survey.

DEADLINES AND REPORTING PERIODS FOR 2027

Review the 2027 Leapfrog Hospital Survey deadlines and anticipated reporting periods in Appendix I and II.

UPDATE TO REPORTING POLICY FOLLOWING CYBERSECURITY EVENTS AND NATURAL DISASTERS OR CMS EXTRAORDINARY CIRCUMSTANCES EXCEPTION

Leapfrog will update its current "Reporting Policy Following Cybersecurity Events and Natural Disasters or CMS Extraordinary Circumstances Exception" to include the Centers for Medicare and Medicaid Services' (CMS) Footnote 29 in addition to previously included CMS Footnote 28. These footnotes are used by CMS when publicly reporting results on CMS Care Compare for hospitals that have an approved exception from reporting to various CMS programs. They are defined as follows:

- CMS Footnote 28: The results are based on the hospital or facility's data submissions. CMS approved the hospital or facility's Extraordinary Circumstances Exception request suggesting that results may be impacted.
- CMS Footnote 29: This measure was calculated using partial performance period data due to a CMS-approved exception.

For Leapfrog Hospital Survey measures, hospitals will continue to be required to submit a request form (2027 request form will be available on April 1, 2027) with additional details and be approved by Leapfrog in order to have the following note displayed on Leapfrog's public reporting website for those measures impacted by limited data availability: "Results are based on limited data due to a reported cybersecurity event, natural disaster, or a CMS Extraordinary Circumstance exception." For the two CMS measures included on the Leapfrog Hospital Survey, OP-32 Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy and Patient Experience (OAS CAHPS), Leapfrog will obtain Footnote 28 or 29 directly from the Provider Data Catalog and no additional action by hospitals is required.

PROPOSED CONTENT CHANGES

HOSPITAL PROFILE

There are no proposed changes to the Hospital Profile.

SECTION 1: PATIENT RIGHTS AND ETHICS

SECTION 1A: BASIC HOSPITAL INFORMATION

Leapfrog will update question #9 and question #12 in Section 1A: Basic Hospital Information in response to feedback from hospitals that operate an adult ICU that occasionally admits pediatric patients and hospitals that operate a pediatric ICU that occasionally admits adult patients. Based on the updated questions, hospitals will be asked to report on their ICU admissions to these units based on bed/unit type, regardless of the patients' age.

Leapfrog will also add one new question in Section 1A: Basic Hospital Information, asking hospitals to report on their operation of different types of neonatal units (including both nurseries and neonatal ICUs). The purpose of this new question is to better identify hospitals that are eligible to report on applicable neonatal ICUs in Section 4E: High-Risk Deliveries. The endnote defining neonatal ICUs will also be updated to provide further clarification.

The proposed new and updated questions are available in Appendix III.

SECTION 1B: BILLING ETHICS

In response to emerging best practices from Undue Medical Debt, Healthcare Financial Management Association (HFMA), and Academy Health, Leapfrog is proposing several updates to the Billing Ethics standard for hospitals as described below.

Leapfrog will maintain the questions regarding presumptive eligibility screening and financial assistance programs (which were previously required but included as fact-finding) and will make updates to these questions, including further clarification on when screening should occur (i.e., before the bill is sent). These updated questions from 2026 will be included in scoring and public reporting for the 2027 Leapfrog Hospital Survey.

Leapfrog is also proposing to add a new fact-finding question asking hospitals if they train staff in billing and financial assistance. This question will be required in 2027, but will not be used in scoring or public reporting.

Lastly, Leapfrog will update one FAQ related to question #3, which asks about taking legal action, to further clarify the definition of a "good faith estimate." We will also add a new FAQ for question #3 to provide additional guidance regarding turning over past due balances to collection agencies.

The proposed updated questions and scoring algorithm are available in Appendix IV. The updated and new FAQs can also be reviewed in Appendix IV.

SECTION 1C: HEALTH CARE EQUITY

There are no proposed changes to this subsection.

SECTION 1D: INFORMED CONSENT

Leapfrog will add a new question to Section 1D: Informed Consent to identify hospitals that do not perform any procedures where general anesthesia, regional anesthesia, or monitored anesthesia care is used. Hospitals that respond "no" will skip the remaining questions in this subsection and will be scored as "Does Not Apply."

1) Does your hospital perform any procedures where general anesthesia, regional anesthesia, or monitored anesthesia care is used? *If "no," skip the remaining questions in Section 1D and go to the Affirmation of Accuracy. The hospital will be scored as "Does Not Apply."*	○ Yes ○ No

In addition, Leapfrog will update question #4, which asks if all applicable consent forms include specific information, such as the name(s) of the clinician(s) performing the procedure, to additionally ask if the names of any assistants or trainees who will be involved in the procedure are also included.

Updates highlighted in yellow.

4) Do ALL applicable consent forms used by your hospital include: a. the name(s) of the clinician(s) performing the procedure; b. whether the clinician is expected to be absent from portions of the procedure (e.g., opening, closing), if applicable; c. whether any assistants or trainees will be involved in the procedure; d. the names(s) of any assistants or trainees involved in the procedure (if applicable)	○ Yes ○ No

Lastly, Leapfrog will update question #6 to further clarify the timing of when each item should occur during the informed consent process (i.e., prior to or during/immediately following the informed consent discussion).

Updates highlighted in yellow.

6) As part of the process for gaining informed consent, does your hospital do **all** the following: **Prior to the informed consent discussion:** • ask what the patient/legal guardian's preferred language for medical decision-making is; • as needed, provide the patient/legal guardian access to a qualified medical interpreter who is NOT a family caregiver; **AND** **During or immediately following the informed consent discussion:** • use a consent form or notation in the medical record to document whether a qualified medical interpreter was used to conduct the informed consent process; and • have the medical interpreter sign the consent form (either in-person, electronically, or by documenting the use of an interpreter in the medical record)?	○ Yes ○ No

There are no proposed changes to the scoring algorithm for Section 1D: Informed Consent.

SECTION 2: MEDICATION SAFETY

SECTION 2A: COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

There are no proposed changes to this subsection.

SECTION 2B: EHR APPLICATION INFORMATION (FOR ADULT AND GENERAL HOSPITALS ONLY)

There are no proposed changes to this subsection.

CPOE EVALUATION TOOL (FOR ADULT AND GENERAL HOSPITALS ONLY)

The developers of the CPOE Evaluation Tool and Leapfrog's Computerized Physician Order Entry (CPOE) Expert Panel are proposing updates to the definition of "relevant" advice/information that can be recorded during the Adult Inpatient Test to ensure clinical decision support systems are aligned with published best practices. Specifically, beginning in 2027, hospitals will no longer receive credit during the Adult Inpatient Test if the advice or information is displayed to the prescriber (e.g., color-coded lab values, side display, generic information not specific to the patient) and **does not require** prescriber acknowledgement (via a click or button).

The CPOE Evaluation Tool is specifically designed to assess the ability of clinical decision support (CDS) systems to prevent high-severity medication errors that have the potential to result in significant patient harm. The testing scenarios within the CPOE Evaluation Tool are grounded in real-world patient cases and represent clinically significant prescribing errors with the potential to cause severe adverse drug events or even patient fatalities. The exception is the Excessive Alerts category, which evaluates the potential for alert fatigue resulting from low-priority medication alerts.

Given the clinical severity of the medication errors assessed by the CPOE Evaluation Tool, beginning in 2027, credit will only be given to CDS interventions that either prevent the prescriber from proceeding with the medication order (i.e., hard stop) or require an explicit response or acknowledgment before proceeding. Such interactions may include acknowledging the alert through a click or button, selecting or documenting an override reason, or canceling the medication order. The Computerized Physician Order Entry (CPOE) Expert Panel recognizes the importance of presenting lower-priority CDS alerts non-interruptively to minimize workflow disruptions, cognitive burden, and alert fatigue. However, the benefits of presenting lower-priority alerts passively should not be extended to alerts intended to prevent severe adverse drug events or potentially fatal medication errors.

Evidence from the literature[1-3] highlights the limitations of non-interruptive CDS in capturing clinicians' attention and eliciting action. In an analysis[2] of more than 50,000 drug–drug interaction alerts, researchers found that interruptive alerts were an important predictor of alert acceptance, with clinicians accepting only 1.4% of non-interruptive alerts. Findings from randomized studies[4-5] further illustrate these limitations, including a recent study[5] which found that alerts requiring a clinician response elicited meaningful responses at nearly five times the rate of optional, non-interruptive alerts. Collectively, these findings suggest that the absence of a required interaction increases the likelihood that clinically important CDS recommendations may go unnoticed or unaddressed. Furthermore, there is evidence[6-8] that converting interruptive alerts to non-interruptive alerts does not necessarily eliminate alert fatigue or cognitive burden. One systematic review[8] highlighted the limitations of passive alerts in preventing high-severity medical errors and the importance of implementing hard-stop alerts judiciously given their potential for unintended consequences. Effective interruptive CDS should be supported by clinically relevant information, appropriately timed within the prescribing workflow, and accompanied by suitable override mechanisms when clinically warranted.

Taken together, the literature supports a severity-based approach to CDS delivery that balances minimizing unnecessary interruptions with maintaining effective safeguards against serious medication errors. By limiting credit to interruptive CDS interventions for high-severity medication errors, the CPOE Evaluation Tool seeks to reinforce this balance while encouraging hospitals to continuously evaluate and optimize the appropriateness, usability, and effectiveness of their CDS systems. As such, the CPOE Evaluation Tool does not seek to encourage interruptive alerts for all potential medication errors, but rather ensure that the appropriate safeguards are in place for high-severity errors in which an adverse patient event could occur.

Updated guidance regarding what can be recorded in the CPOE Evaluation Tool as "relevant" advice/information will be provided in the 2027 CPOE Tool Instructions. Additionally, Leapfrog will revise the Orders and Observations Sheet to help clarify decision support that should be recorded as "relevant" advice/information.

The proposed updates to the CPOE Tool Instructions and Orders and Observations Sheet are available in Appendix V.

References:

1. Paterno MD, Maviglia SM, Gorman PN, et al. Tiering drug-drug interaction alerts by severity increases compliance rates. J Am Med Inform Assoc JAMIA. 2009;16(1):40-46. doi:10.1197/jamia.M2808
2. Seidling HM, Phansalkar S, Seger DL, et al. Factors influencing alert acceptance: a novel approach for predicting the success of clinical decision support. J Am Med Inform Assoc JAMIA. 2011;18(4):479-484. doi:10.1136/amiajnl-2010-000039
3. Blecker S, Pandya R, Stork S, et al. Interruptive Versus Noninterruptive Clinical Decision Support: Usability Study. JMIR Hum Factors. 2019;6(2):e12469. doi:10.2196/12469
4. Adusumalli S, Westover JE, Jacoby DS, et al. Effect of Passive Choice and Active Choice Interventions in the Electronic Health Record to Cardiologists on Statin Prescribing. JAMA Cardiol. 2021;6(1):40-48. doi:10.1001/jamacardio.2020.4730
5. Musser RC, Senior R, Havrilesky LJ, et al. Randomized Comparison of Electronic Health Record Alert Types in Eliciting Responses about Prognosis in Gynecologic Oncology Patients. Appl Clin Inform. 2024;15(02):204-211. doi:10.1055/a-2247-9355
6. Kizzier-Carnahan V, Artis KA, Mohan V, Gold JA. Frequency of Passive EHR Alerts in the ICU: Another Form of Alert Fatigue? J Patient Saf. 2019;15(3):246-250. doi:10.1097/PTS.0000000000000270
7. Arthurs BJ, McGrath K, Scholl G, Mohan V, Gold JA. Unintended consequences of passive alerts in the electronic health records of critically ill patients. Am J Respir Crit Care Med. 2017;195((Arthurs B.J., arthurs@ohsu.edu; McGrath K.; Scholl G.; Gold J.A.) Oregon Health anmd Science University, Portland, OR, United States). doi:10.1164/ajrccm-conference.2017.A25
8. Powers EM, Shiffman RN, Melnick ER, Hickner A, Sharifi M. Efficacy and unintended consequences of hard-stop alerts in electronic health record systems: a systematic review. J Am Med Inform Assoc JAMIA. 2018;25(11):1556-1566. doi:10.1093/jamia/ocy112

SECTION 2C: BAR CODE MEDICATION ADMINISTRATION (BCMA)

In response to feedback from hospitals participating in the Survey and consultation with our Bar Code Medication Administration (BCMA) Expert Panel, Leapfrog will make minor updates to the definition provided for medications to further clarify which medications should be included, as well as those that can be excluded. As a reminder, the BCMA standard only includes "scannable" medications, i.e., medications that have a bar code and could be scanned to an electronic medication administration record (eMAR) if BCMA were in use.

The proposed updated definition of medications is provided in Appendix VI.

Request For Information

In 2022 and 2023, Leapfrog added fact-finding questions to the Leapfrog Hospital Survey regarding the use of and compliance with scanning medications administered in emergency departments (EDs) using a BCMA system linked to the eMAR. Based on the feedback that was received, an analysis of responses to the fact-finding questions, and consultation with Leapfrog's Bar Code Medication Administration (BCMA) Expert Panel, the

standard was not expanded to include EDs as there were concerns regarding achieving 95% scanning compliance in EDs and potential difficulties in reporting due to EDs using a different electronic health record (EHR), eMAR, or BCMA system than other units included in Leapfrog's BCMA standard. Based on updated practices and guidance from the Institute for Safe Medication Practices (ISMP), Leapfrog and its Expert Panel would like to revisit the potential inclusion of EDs in the BCMA standard and is once again requesting information on the use of BCMA for scanning medications to the eMAR in EDs, particularly as it relates to achieving 95% scanning compliance, as well as any operational challenges in reporting data.

SECTION 2D: MEDICATION RECONCILIATION

Based on an analysis of the rates of unintentional medical discrepancies per medication from 2021 to 2026, and in consultation with the Medication Reconciliation measure developer, Leapfrog will update the 50th and 75th percentile cut-points used for placing hospitals into performance categories (i.e., Achieved the Standard, Considerable Achievement, etc.) for the measure. These cut-points, last updated in 2021, will be re-established based on the distribution of hospital performance from 2026 Leapfrog Hospital Surveys submitted as of August 31, 2026. These cut-points will remain in place for the entire 2027 Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

The proposed updated scoring algorithm is available in Appendix VII.

Additionally, to address feedback from hospitals that have been unable to meet the minimum sample size criteria by sampling from medical units, med-surg units, and step-down/progressive units Leapfrog will expand the list of units to include surgical units and mixed acuity units. The measure specifications will be updated to include the expanded list of units. Maternity care, critical care, and psychiatric care units will continue to be excluded.

SECTION 3: ADULT AND PEDIATRIC COMPLEX SURGERY

SECTION 3A: HOSPITAL AND SURGEON VOLUME

Based on an analysis of the data collected in the 2026 Leapfrog Hospital Survey, Leapfrog will remove the optional fact-finding question asking hospitals if they have surgeons that perform both total knee replacement and total hip replacement procedures as nearly all surgeons perform both procedures. However, the Complex Surgery Expert Panel is not recommending making any changes to the surgeon volume standards at this time.

There are no other changes to this subsection.

Request for Information

Leapfrog is engaged in a multi-year effort to evaluate safety and quality standards for both inpatient and outpatient surgery (performed in hospitals and ambulatory surgery centers). Historically, and aligned with our core constituency of patients and purchasers, Leapfrog has favored having facilities report on outcome measures, but uses evidence-based process or structural measures if outcome measures are not available or cannot be feasibly collected on our Surveys.

Because of the scarcity of nationally standardized outcome measures for surgical mortality and morbidity, Leapfrog has collected data on evidence-based hospital and surgeon volume measures, specifically for eleven surgical procedures where decades of peer reviewed literature strongly support a volume-outcome relationship. These measures have been both feasible for hospitals and meaningful to patients and purchasers.

Leapfrog, along with our Complex Surgery Expert Panel, our research team at Johns Hopkins Armstrong Institute for Patient Safety and Quality, and the American College of Surgeons, are interested in new and innovative process or structural measures that may enhance or eventually replace our current hospital and surgeon volume standards and apply to a broader range of inpatient and outpatient procedures. We are seeking comments and recommendations, including measures from national registries that may be available and suitable for this purpose.

SECTION 3B: SAFE SURGERY CHECKLIST FOR ADULT AND PEDIATRIC COMPLEX SURGERY

There are no proposed changes to this subsection.

SECTION 4: MATERNITY CARE

Leapfrog will provide updated measure specifications from The Joint Commission for PC-02 Cesarean Birth (Section 4B) for those hospitals that do not already submit data to The Joint Commission and therefore need to retrospectively collect data. We will also continue to accept both data for the chart-abstracted measure (PC-02) and data collected using The Joint Commission's electronic clinical quality measure (eCQM) specifications (ePC-02). Hospitals measuring this quality indicator and reporting results to The Joint Commission should continue to use that data when responding to the questions in Section 4B: Cesarean Birth.

Hospitals participating in the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center may continue to use the data provided in their CMQCC reports when responding to subsections 4A: Maternity Care Volume and Services (volume only), 4B: Cesarean Birth, 4C: Episiotomy, and 4D: Process Measures of Quality. Hospitals participating in the Michigan Obstetrics Initiative (OBI) may also continue to use the data provided in their OBI reports to report on Section 4B: Cesarean Birth.

SECTION 4A: MATERNITY CARE VOLUME AND SERVICES

Maternity Care Volume

There are no proposed changes to this subsection.

Maternity Care Services

There are no proposed changes to this subsection.

SECTION 4B: CESAREAN BIRTH

There are no proposed changes to this subsection.

SECTION 4C: EPISIOTOMY

There are no proposed changes to this subsection.

SECTION 4D: PROCESS MEASURES OF QUALITY

Newborn Bilirubin Screening Prior to Discharge

There are no proposed changes to this subsection.

Appropriate DVT Prophylaxis in Women Undergoing Cesarean Section

There are no proposed changes to this subsection.

SECTION 4E: HIGH-RISK DELIVERIES

There are no proposed changes to this subsection.

Neonatal Intensive Care Unit(s) – National Performance Measurement

Leapfrog will continue to obtain data directly from the Vermont Oxford Network (VON) for those hospitals that electively admit high-risk deliveries and opt to use VON's Death or Morbidity Outcome Measure when reporting on Section 4E: High-Risk Deliveries. Hospitals will still need to complete the following steps:

1. Complete a Data Sharing Authorization letter and submit it to VON by the dates listed in Appendix VIII. (hospitals that successfully submitted a Data Sharing Authorization letter in prior years will not be required to submit another letter in 2027),
2. Select "VON National Performance Measure" in Section 4E: High-Risk Deliveries question #3,
3. Provide an accurate VON Transfer Code in the Hospital Profile of the Leapfrog Hospital Survey (this will be pre-populated if previously provided); and,
4. Submit the Leapfrog Hospital Survey by the dates listed in Appendix VIII.

Hospitals that select "VON National Performance Measure" in question #3 of Section 4E: High-Risk Deliveries, but do not complete all the steps listed above will be scored and publicly reported as "Declined to Report" for the High-Risk Deliveries measure.

SECTION 5: PHYSICIAN AND NURSE STAFFING

SECTION 5A: ADULT ICU PHYSICIAN STAFFING AND SECTION 5B: PEDIATRIC ICU PHYSICIAN STAFFING

In consultation with Leapfrog's ICU Physician Staffing Expert Panel, Leapfrog will update the endnote defining "certified in critical care medicine" to account for the end of the ABPN Practice Pathway which expired in 2026. Beginning in 2027, the eligibility for future ABPN exams requires completion of an AGME-accredited neurocritical care fellowship.

The updated endnote, which applies to both Section 5A: Adult ICU Physician Staffing and Section 5B: Pediatric ICU Physician Staffing, is available in Appendix IX.

SECTION 5C: NURSING WORKFORCE

First, in response to feedback from hospitals participating in the 2026 Leapfrog Hospital Survey and consultation with our Nursing Workforce Expert Panel, Leapfrog will update the questions in Section 5C: Nursing Workforce and require hospitals that operate both single acuity medical, surgical, and/or medical-surgical (med-surg) and mixed acuity units to report data for both types of units (single acuity and mixed acuity). After a year of fact-finding

and optional reporting in 2026, the Nursing Workforce Expert Panel believes it may be appropriate to include staffing data from both single and mixed acuity units in scoring and public reporting for hospitals that operate both types of units. However, the sample size from the 2026 Leapfrog Hospital Survey was too small to complete a reliable analysis. The data reported in 2027 will inform a final recommendation from the Expert Panel that would be implemented in 2028.

In the meantime, there are no proposed changes to the scoring algorithm for Section 5C: Nursing Workforce for 2027. Hospitals that operate both types of units will continue to be scored only on their single acuity unit(s). Hospitals that operate only mixed acuity units, or that operate only one single acuity unit but had fewer than 15 patient days per month in that unit for all three months of any quarter during the reporting period, will continue to be scored based on their mixed acuity unit(s).

The proposed updated questions are available in Appendix X.

Next, the measure specifications for single acuity Medical, Surgical and Med-Surg Units will be updated to clarify that Obstetric Units, where the patient census is greater than 50% obstetric, should be excluded. The definition for mixed acuity units will also be expanded to encompass Cardiac, Neurology, Hematology/Oncology, and Infectious Disease specialty units, thereby ensuring alignment with NDNQI unit definitions.

Lastly, in consultation with our Nursing Workforce Expert Panel, Leapfrog will remove the optional fact-finding question to assess hospital's use of virtual nursing models after review of an approved recommendation from the 2023 ANA Membership Assembly that states virtual nursing should support, not supplant, nurse staffing in nursing ratios, matrices, or other measures of staffing levels. Virtual or remote hours will continue to be excluded from the Total Nursing Care Hours per Patient Day and Total RN Hours per Patient Day measures.

For the 2027 Leapfrog Hospital Survey, Leapfrog will continue to collaborate with NDNQI to explore opportunities to streamline the reporting process for hospitals that participate in both programs, including the possibility of having NDNQI provide reports directly to Leapfrog. This approach could help reduce the reporting burden for participating hospitals. However, a direct connection between NDNQI and Leapfrog will not be established for the 2027 Leapfrog Hospital Survey as NDNQI evaluates a broader approach to sharing data with external partners. Hospitals should continue to obtain their reports from NDNQI and submit them to Leapfrog following the current process.

SECTION 6: PATIENT SAFETY PRACTICES

SECTION 6A: NQF SAFE PRACTICE #1 – CULTURE OF SAFETY LEADERSHIP STRUCTURES AND SYSTEMS

There are no proposed changes to this subsection.

SECTION 6B: NQF SAFE PRACTICE #2 – CULTURE MEASUREMENT, FEEDBACK, AND INTERVENTION

There are no proposed changes to this subsection. As a reminder, the AHRQ Hospital Survey on Patient Safety Culture Version 1.0 can no longer be used for the purposes of reporting on the 2027 Leapfrog Hospital Survey. Only Version 2.0 may be used. Similarly, SCORE can no longer be used for the purposes of reporting on the

2027 Leapfrog Hospital Survey. Only SCORE II may be used. Please reference the Guidelines for a Culture of Safety Survey document available on our website.

SECTION 6C: HAND HYGIENE

Leapfrog will update the Section 6C: Hand Hygiene Measure Specifications to clarify that to meet the criteria for reporting on Leapfrog's Hand Hygiene Standard, electronic compliance monitoring systems must monitor opportunities throughout patient care units, including in both hallways and patient rooms.

In addition, Leapfrog will also add two optional, fact-finding questions to determine what methods hospitals are using to review unit-level hand hygiene compliance data and to develop strategies for improvement with unit-level staff. These questions expand on the current questions included in the Feedback domain with the goal of determining how hand hygiene compliance data is reviewed and used to drive improvement strategies.

1) What methods does your hospital use to review unit-level hand hygiene compliance data and to develop strategies for improvement with unit-level staff: *Select all that apply.* *If "none of the above" or only "daily unit safety huddles" and/or "weekly unit safety huddles" are selected, skip question #2 and continue to the next subsection.*	☐ ***Daily*** unit safety huddles to review and discuss the unit's hand hygiene compliance data and to produce improvement strategies ☐ ***Weekly*** unit safety huddles to review and discuss the unit's hand hygiene compliance data and to produce improvement strategies ☐ ***Weekly*** meeting or call (in-person or virtual) with unit-level staff (e.g., unit nursing managers, hand hygiene champions) from all units not meeting hand hygiene compliance goals to discuss forward-looking strategies and unit-level action plans for improvement ☐ ***Monthly*** meeting or call (in-person or virtual) with unit-level staff (e.g., unit nursing managers, hand hygiene champions) from all units not meeting hand hygiene compliance goals to discuss forward-looking strategies and unit-level action plans for improvement ☐ ***Quarterly*** meeting or call (in-person or virtual) with unit-level staff (e.g., unit nursing managers, hand hygiene champions) from all units not meeting hand hygiene compliance goals to discuss forward-looking strategies and unit-level action plans for improvement ☐ None of the above
2) Who leads the weekly, monthly, or quarterly meetings or calls (from question #1) with unit-level staff? *Select all that apply.*	☐ Physician leader(s) (e.g., Chief Medical Officer) ☐ Nursing leader(s) (e.g., Chief Nursing Officer) ☐ Quality leader(s) (e.g., Patient Safety Officer, Quality Officer, Risk Manager) ☐ Unit manager(s) (e.g., Nurse Manager) ☐ Infection preventionist(s) ☐ Other

These optional, fact-finding questions will not be used in scoring or public reporting in 2027. There are no proposed changes to the scoring algorithm for Section 6C: Hand Hygiene.

SECTION 6D: DIAGNOSTIC SAFETY FOUNDATIONS

Since 2024, Leapfrog has fielded and refined a set of fact-finding questions in this subsection. Based on an analysis of the responses collected in 2026 and in consultation with our Diagnostic Excellence Expert Panel, Leapfrog is proposing to score and publicly report this subsection for this first time in 2027.

In preparation for scoring and public reporting, Leapfrog proposes renaming this subsection to "Diagnostic Safety Foundations" to more accurately describe what is being measured. The questions in this subsection assess foundational structures and processes for reducing harm to patients from errors in the diagnostic process, such as convening a multidisciplinary team, using the Safer Dx Checklist, and training staff using AHRQ's TeamSTEPPS for Diagnosis Improvement. These practices are a starting point for hospitals, and Leapfrog anticipates strengthening the standard as the evidence evolves.

Additionally, Leapfrog will reframe five questions as "yes" or "no" questions:

- Question #1, regarding whether the hospital has a multidisciplinary team focused on reducing harm to patients from errors in the diagnostic process:

  Leapfrog will remove the response option "yes, but our multidisciplinary team does not yet include a patient and/or care partner." Including at least one patient and/or care partner will be a requirement for the multidisciplinary team, consistent with Leapfrog's longstanding expectation that patients and/or care partners serve on the hospital-wide safety and quality committee (Section 6A: NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems). Hospitals with a multidisciplinary team that does not yet include a patient and/or care partner must respond "no" to question #1 and skip questions #2-5.

  Leapfrog will also clarify that representatives from service lines that are not offered at the hospital do not need to be included in the multidisciplinary team.

  Finally, Leapfrog will clarify that the multidisciplinary team can be sponsored by the Chief Quality Officer at the hospital, in addition to the CEO or CMO roles that were included in prior years.

- Questions #3 and #4, regarding initiatives implemented by emergency medicine staff and protocols developed or implemented by pathologists and radiologists:

  Leapfrog will revise each question to ask whether this work was presented to the multidisciplinary team or whether the multidisciplinary team convened the staff involved, with either option allowing for a "yes" response.

  Presenting this work to the multidisciplinary team ensures it is coordinated with the hospital's broader efforts to reduce errors in the diagnostic process. Leapfrog will also add a "does not apply" response option for hospitals that do not provide emergency medicine services (question #3) or pathology and radiology services (question #4) on campus.

- Question #6, regarding use of the Safer Dx Checklist:

  Leapfrog will no longer distinguish between whether the multidisciplinary team or a different team at the hospital led this work. The two "yes, led by…" response options will be combined into a single "yes" response option, and "yes, but all practices are currently fully implemented" will be revised to "all practices are currently fully implemented."

  A new FAQ related to question #6 will also be added to clarify that the specific scenarios included in the Safer Dx Checklist need be implemented to meet Leapfrog's standard.

- Question #7, regarding steps taken to implement one or more practices listed in the Safer Dx Checklist:

  Leapfrog will replace the "select all that apply" response options with a single question asking whether the hospital has taken all three of the following steps: allocated a budget, appointed an individual or team responsible for its implementation, and set a date for full implementation. A new FAQ will also be included to define how hospitals can meet the intent of "allocating a budget."

There are no proposed changes to questions #2, #5, and #8. The proposed updated questions are available in Appendix XI.

Hospitals will be scored and publicly reported based on the number of questions to which they respond "yes." The proposed scoring algorithm is available in Appendix XI.

SECTION 6E: HOSPITAL BOARDING IN THE EMERGENCY DEPARTMENT (ED)

In 2025, Leapfrog began collecting fact-finding data on hospital boarding in the Emergency Department (ED). Based on an analysis of responses collected in 2026 and in consultation with Leapfrog's Emergency Department Boarding Expert Panel, we are proposing to score and publicly report this subsection for the first time in 2027.

In preparation for scoring and public reporting, Leapfrog is proposing several updates to the questions:

- Update questions #5 and #6, which ask about ED visits with an admission to an adult or pediatric inpatient non-psychiatric or psychiatric bed (including ED visits where the patient was placed in hospital observation status) to remove total boarding time (in hours) for these ED visits and the 90th percentile of hours spent in the ED for these visits.
- Update the minimum reporting size from 10 patients admitted to psychiatric or non-psychiatric beds to 30 patients. Hospitals reporting fewer than 30 ED patients with an admission to an adult or pediatric psychiatric or non-psychiatric bed will not respond to the remainder of those questions and will be scored and publicly reported as "Unable to Calculate Score."
- Add one new question to determine whether the hospital has collected and chooses to share their data via the Survey. Hospitals that respond "no" will be scored and publicly reported as "Did Not Measure."

Leapfrog will also make minor updates to the measure specifications based on hospital feedback and clarify the definition of "boarding time" to include additional examples of how to obtain the initial decision to admit timestamp.

The proposed updated questions and measure specifications are available in Appendix XII.

Leapfrog is proposing to score and publicly report hospitals based on a combination of (a) the percentage of patients admitted to adult or pediatric non-psychiatric beds that boarded more than four hours and (b) the median ED length of stay for admitted patients. Additionally, Leapfrog is proposing to score and publicly report adult and pediatric admissions to non-psychiatric beds separately (e.g., Adult Hospital Boarding in the ED and Pediatric Hospital Boarding in the ED). Both standards will utilize the same scoring algorithm. Finally, Leapfrog is proposing to continue to collect data on adult and pediatric admissions from the ED to psychiatric beds but will not score and publicly report these data until 2028.

The proposed scoring algorithm is available in Appendix XII.

To help hospitals prepare for 2027, Leapfrog has provided benchmarking data based on responses to 2026 Leapfrog Hospital Surveys submitted as of August 31, 2026, in Appendix XII.

Request For Information

Leapfrog and its' Emergency Department Boarding Expert Panel are requesting information and feedback regarding two additional data points we are considering including for future Survey Cycles. These data would help provide a more complete picture of hospital boarding in the ED:

1. The number of ED patients transferred to another acute care hospital
2. The number of ED patients placed in ED observation status

Leapfrog welcomes input from hospitals and other stakeholders on reliable sources for reporting these data, particularly standardized sources for tracking ED patients transferred to another hospital.

SECTION 7: MANAGING SERIOUS ERRORS

SECTION 7A: NEVER EVENTS

To earn credit for the questions in Section 7A: Never Events, hospitals must have a policy in place that addresses the National Quality Forum's list of Serious Reportable Events. Beginning with the 2027 Leapfrog Hospital Survey, Leapfrog will no longer use the National Quality Forum's (NQF) 2011 Serious Reportable Events (SRE) list and will instead start using the 2025 Sentinel Events and Serious Reportable Events list, which was published in January 2026 (revised May 2026) jointly by NQF and Joint Commission and will be adopted by the Joint Commission in January 2027. The updated list has 28 patient safety events in four categories: Procedural Events (SRE 1-7), Product or Device Events (SRE 8-11), Patient Protection Events (SRE 12-16), and Care Provision Events (SRE 17-28). Of these, 23 events are updated or consolidated from the 2011 list and 5 are new. Two 2011 events will be retired. A crosswalk is available in Appendix XIII which maps each 2025 patient safety event to its 2011 counterpart.

For the nine events on the 2025 list identified as occurring "regardless of the outcome," the event must reach the patient to qualify as a Never Event for the purpose of reporting on the Leapfrog Hospital Survey. The nine events are SRE 1, 2, 4, 5, 7, 11, 12, 14, and 16, which are marked with an asterisk (*) in the crosswalk.

"Near misses" are important for every hospital to account for and address, and Leapfrog supported their inclusion in NQF's new Sentinel Events and Serious Reportable Events list. However, Leapfrog's standard focuses on taking accountability following events where patients were harmed, such as not charging for the event and apologizing to the patient, and these actions may not apply to a "near miss" situation as a "near miss" is defined by NQF as an event that was caught before it reached the individual.

There are no proposed changes to the scoring algorithm for Section 7A: Never Events.

SECTION 7B: HEALTHCARE-ASSOCIATED INFECTIONS

Leapfrog adopted the National Healthcare Safety Network (NHSN) 2022 Baseline for calculating the five healthcare-associated infection (HAI) measures (CLABSI, CAUTI, MRSA, CDI, and SSI Colon) in the Leapfrog Hospital Survey in October 2026 alongside CMS, which publicly reports HAI data on Care Compare.

As part of that transition, Leapfrog updated the HAI reporting period from **12 months to 24 months for hospitals reporting 50 or fewer beds** on the NHSN Patient Safety Component – Annual Hospital Survey. The 24-month reporting period was intended to be responsive to the feedback and concerns of small hospitals who are often

missing reportable standardized infection ratios (SIRs) using a 12-month reporting period. Additionally, Leapfrog aimed to address the decreasing availability of HAI performance data for patients and purchasers under the NHSN 2022 Baseline, while maintaining the reliability and comparability of HAI results across hospitals of different sizes.

During Leapfrog's public comment period that ran from September 14 through October 13, 2026, several commenters suggested that Leapfrog consider different methods for determining when the 24-month reporting period is applied, including using a higher bed threshold (e.g., 100 beds or more), using patient days, or using a hospital's average daily census.

Following an analysis of these different approaches suggested during the public comment period, Leapfrog determined that patient days, reported on the NHSN Patient Safety Component – Annual Hospital Survey, are a more reliable indicator of data availability than the number of beds for two reasons: (1) there is a stronger relationship between patient days and data availability, compared to bed size, and; (2) patient days are used directly in the CDI and MRSA SIR models to calculate the predicted number of infections and indirectly in the other SIR models. Additionally, moving from the number of beds to patient days significantly reduces the number of hospitals with an available SIR based on a 12-month reporting period that would unnecessarily have the 24-month reporting period applied.

For 2027, Leapfrog is proposing to discontinue using bed size as an indicator for applying the 24-month reporting period and instead use patient days. Under the proposed approach, the 24-month reporting period would be applied to hospitals reporting 9,125 patient days or fewer (equivalent to an average daily census of 25 or fewer) on their NHSN Patient Safety Component – Annual Hospital Survey. Hospitals meeting this threshold ranged in bed size from 6 to 108 beds, further demonstrating that bed size is not a reliable indicator.

Lastly, Leapfrog will update the instructions and guidance document to clarify data downloads and the data verification process. The new annual instructions and deadlines to join Leapfrog's NHSN Group are available in Appendix XIV.

There are no proposed changes to the scoring algorithm for Section 7B: Healthcare-Associated Infections.

SECTION 8: PEDIATRIC CARE

SECTION 8A: PATIENT EXPERIENCE (CAHPS CHILD HOSPITAL SURVEY)

There are no proposed changes to this subsection. However, please note that AHRQ is pilot testing a shorter Child Hospital CAHPS Survey that is expected to become available in 2027. Leapfrog's national Pediatric Care Expert Panel will reevaluate the subsection and standard for the CAHPS Child Hospital Survey for the 2028 Leapfrog Hospital Survey and announce any proposed changes in November 2027 when we publish Proposed Changes to the 2028 Leapfrog Hospital Survey.

SECTION 8B: PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE

There are no proposed changes to this subsection.

SECTION 9: OUTPATIENT PROCEDURES

SECTION 9A: BASIC OUTPATIENT DEPARTMENT INFORMATION

To address hospital feedback, Leapfrog will add a new response option to question #2 for hospitals that perform the procedures listed in Section 9C: Volume of Procedures on an outpatient basis but have fewer than 30 outpatients discharged during the reporting period. This response option will clarify which hospitals are eligible to report on Section 9: Outpatient Procedures. This subsection is not scored.

Updates highlighted in yellow.

1) Does your hospital perform any of the procedures listed in Section 9C on an outpatient basis: • **in the hospital** or at a **hospital outpatient department** co-located with the hospital and/or • at a **surgery center or free-standing hospital outpatient department** that shares your hospital's license or CMS Certification Number? *If "Yes, but fewer than 30 outpatients discharged for the reporting period" to question #1, skip the remaining questions in Section 9, including all subsections, and go to the Affirmation of Accuracy. The hospital will be scored as "Unable to Calculate Score" for all measures in Section 9.*	○ Yes ○ Yes, but fewer than 30 outpatients discharged for the reporting period ○ No

SECTION 9B: MEDICAL, SURGICAL, AND CLINICAL STAFF

Leapfrog proposes to remove the "Clinicians Certified in Adult Advanced Life Support Always Present" measure from both the Leapfrog Hospital Survey and ASC Public Reporting Program, and the "Clinicians Certified in Pediatric Advanced Life Support Always Present" from the Leapfrog Hospital Survey (it is not used in the ASC Public Reporting Program). Both hospitals and ASCs have demonstrated achievement of this standard for several consecutive years.

SECTION 9C: VOLUME OF PROCEDURES (OPTIONAL – NOT SCORED BUT PUBLICLY REPORTED)

There are no proposed changes to this subsection.

SECTION 9D: SAFETY OF PROCEDURES

Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures

There are no proposed changes to this subsection.

SECTION 9E: MEDICATION SAFETY FOR OUTPATIENT PROCEDURES

There are no proposed changes to this subsection.

SECTION 9F: CMS MEASURES

OP-32: Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy

Leapfrog will continue to obtain data for OP-32 from the CMS Provider Data Catalog. Anticipated reporting periods and data download dates are available in Appendix XV.

Patient Experience Top Box Score (OAS CAHPS)

In anticipation of CMS reintroducing the "Preparations for Discharge and Recovery" OAS CAHPS domain, Leapfrog proposes updating its Patient Experience Standard to incorporate the reintroduced domain. In 2027, Leapfrog will obtain Top Box Scores for the OAS CAHPS domain "Preparations for Discharge and Recovery" from the CMS Provider Data Catalog and the following five domains will be scored and publicly reported:

Patient Experience Domains (OAS CAHPS):

1. Facilities and Staff
2. Communication About Your Procedure
3. Patients' Rating of the Facility
4. Patients Recommending the Facility
5. Preparations for Discharge and Recovery (***NEW***)

Hospitals will continue to be scored based on the number of domains where the facility is performing in the top quartile. The threshold to "Achieve the Standard" will increase from 3 out of 4 domains (2026) to 4 out of 5 domains (2027). The top quartiles will be calculated using results published by CMS for both Ambulatory Surgery Centers (ASCs) and hospitals on June 30, 2027. These cut-points will remain in place for the entire 2027 Survey Cycle, unless it is determined that there are compelling reasons to make revisions.

Anticipated reporting periods and data download dates for OP-32 Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy and OAS CAHPS Top Box Scores are available in Appendix XV.

The proposed updated scoring algorithm is also available in Appendix XV.



Thank you for your interest in the Leapfrog Hospital Survey. The Leapfrog Group and our experts will consider comments carefully in finalizing the 2027 Leapfrog Hospital Survey. Leapfrog will publish responses to public comments and a summary of changes in March 2027.

APPENDIX I

Timeline for the 2027 Leapfrog Hospital Survey

Date	Deadline
March	Summary of Changes to the 2027 Leapfrog Hospital Survey and Responses to Public Comments will be published at www.leapfroggroup.org/hospital.
April 1	**2027 LEAPFROG HOSPITAL SURVEY OPENS** The hard copy of the 2027 Leapfrog Hospital Survey and supporting materials are available for download on the Survey Materials webpage. The Online Hospital Survey Tool and CPOE Evaluation Tool are available.
June 21	**FIRST NHSN GROUP DEADLINE:** Hospitals that join Leapfrog's NHSN Group by June 21, provide a valid NHSN ID in the Profile, and submit the Leapfrog Hospital Survey by June 30, will have data available prior to public reporting on their Hospital Details Page starting on July 12. Results will be publicly reported on July 25. Please see Appendix XIV for instructions and other 2027 NHSN deadlines.
June 30	**SUBMISSION DEADLINE:** Hospitals that submit a Survey (and CPOE Evaluation Tool if applicable) by June 30 will have their Leapfrog Hospital Survey Results available prior to public reporting on their Hospital Details Page starting July 12. Results will be publicly reported on Leapfrog's website starting on July 25. Hospitals that do not submit a Survey by June 30 will be publicly reported as "Declined to Report" until a Survey has been submitted. **CUSTOM BENCHMARKING REPORTS:** Hospitals that would like to receive a free Custom Benchmarking Summary Report must submit a Survey by June 30. The free Summary Report will be emailed to each hospital's CEO and Primary Survey Contact in September/October. **HOSPITAL SAFETY GRADE REMINDER:** Adult and general hospitals that would like 2027 Leapfrog Hospital Survey Results included in the fall 2027 Leapfrog Hospital Safety Grade are urged to submit a Survey by June 30. This will allow Leapfrog to perform its Extensive Monthly Data Verification, which must be completed before the Survey Results are used in the Hospital Safety Grade. It also ensures that hospitals have adequate time to correct data entry and reporting errors prior to the August 31 Data Snapshot Date. More information is available on the Hospital Safety Grade website.
July 1	**RECOGNIZED HOSPITAL IN INPATIENT DIABETES CARE APPLICATION OPENS:** The hard copy of the Application and supporting materials are available for download on the Application Materials page. The Application can be accessed through the Online Survey Tool by adult and general acute care hospitals and specialty hospitals that care for adult inpatients and have submitted a 2027 Leapfrog Hospital Survey.
July 12	**HOSPITAL DETAILS PAGE LIVE:** Hospitals that submit a Leapfrog Hospital Survey by June 30 will be able to view their Survey Results on their confidential Hospital Details Page on July 12. This includes NHSN

Date	Deadline
	Data for the five HAI measures, VON data for the Death or Morbidity measure (if applicable), and CMS outpatient data for OP-32 and OAS CAHPS (if applicable). After July 12, the Hospital Details Pages are updated within the first seven (7) business days of the month to reflect Surveys (re)submitted by the end of the previous month. **DATA VERIFICATION REMINDER:** Leapfrog will send out its first round of monthly data verification emails and documentation requests for Leapfrog Hospital Surveys submitted by June 30. More information about Leapfrog's pre- and post-submission data accuracy protocols is available on the Data Accuracy webpage.
July 25	**PUBLIC REPORTING WEBSITE LIVE WITH LEAPFROG HOSPITAL SURVEY RESULTS:** Hospitals that submit a Leapfrog Hospital Survey by June 30 will have their Survey Results publicly reported on July 25 at ratings.leapfroggroup.org. After July, Survey Results are updated within the first seven (7) business days of the month to reflect Surveys (re)submitted by the end of the previous month. Hospitals that do not submit a Survey by June 30 will be publicly reported as "Declined to Report" until a Survey has been submitted.
August 31	**TOP HOSPITAL DEADLINE:** To be eligible for a Leapfrog Top Hospital Award, hospitals must submit all sections of the Leapfrog Hospital Survey by August 31. **DATA SNAPSHOT DATE FOR THE FALL 2027 HOSPITAL SAFETY GRADE:** This is the date that Leapfrog will obtain the public data (i.e., download data published by CMS or submitted via the Leapfrog Hospital Survey) used to calculate the fall 2027 Hospital Safety Grades. All data, including Survey Results, must be finalized by this date. More information is available on the Hospital Safety Grade website.
November 30	**LATE SUBMISSION AND PERFORMANCE UPDATE DEADLINE:** The 2027 Leapfrog Hospital Survey will close to new submissions and re-submissions that reflect updates to performance at midnight ET on November 30. No new Surveys, new Survey sections, or performance updates to previously submitted sections of the Survey can be submitted after this deadline. **In addition, the CPOE Evaluation Tool will go offline at 11:59 pm ET on November 30.** Hospitals should print a copy of their CPOE Test Results prior to November 30. Only hospitals that have submitted a Survey by November 30 will be able to log in to the Online Survey Tool to correct data entry or reporting errors (i.e., in response to Leapfrog's Extensive Monthly Data Verification) to previously submitted sections during the months of December and January. **Updates made to reflect a change in performance after November 30 will not be scored or publicly reported. New sections of the Survey submitted after November 30 will not be scored or publicly reported.** **HOSPITAL SAFETY GRADE REMINDER:** Adult and general hospitals that would like 2027 Leapfrog Hospital Survey Results included in the spring 2028 Leapfrog Hospital Safety Grade must submit a Survey and CPOE Evaluation Tool by **November 30** in order to have 2027 Leapfrog Hospital Survey Results available for the January 31 Data Snapshot Date. More information is available on the Hospital Safety Grade website.

Date	Deadline
January 31, 2028	**CORRECTIONS DEADLINE:** Hospitals that need to correct data entry or reporting errors (i.e., in response to Leapfrog's Extensive Monthly Data Verification) to previously submitted sections of the 2027 Leapfrog Hospital Survey must make necessary corrections and re-submit the entire Survey by January 31, 2028. Hospitals will not be able to make changes or re-submit their Survey after this date. **DATA SNAPSHOT DATE FOR THE SPRING 2028 HOSPITAL SAFETY GRADE:** This is the date that Leapfrog will obtain the public data (i.e., download data published by CMS or submitted via the Leapfrog Hospital Survey) to calculate the spring 2028 Hospital Safety Grades. All data, including Survey Results, must be finalized by this date. More information is available on the Hospital Safety Grade website. **RECOGNIZED HOSPITAL IN INPATIENT DIABETES CARE APPLICATION DEADLINE:** The Recognized Hospital in Inpatient Diabetes Care application will close. No applications can be submitted after **January 31, 2028**. Hospitals that do not submit an Application by this date will need to wait until the 2028 Application Cycle.

APPENDIX II

Anticipated Reporting Periods for the 2027 Leapfrog Hospital Survey

	Survey Submitted Prior to September 1	Survey (Re)Submitted on or After September 1
Survey Section	**Reporting Period**	**Reporting Period**
1A Basic Hospital Information	12 months ending 12/31/2026	12 months ending 06/30/2027
1B Billing Ethics	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
1C Health Care Equity	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
1D Informed Consent	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
2A Computerized Physician Order Entry (CPOE)	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
2B EHR Application Information	Based on the EHR application currently in place at the time of Survey submission	Based on the EHR application currently in place at the time of Survey submission
2C Bar Code Medication Administration (BCMA)	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
2D Medication Reconciliation	Latest 6 months prior to Survey submission	Latest 6 months prior to Survey submission
3A Hospital and Surgeon Volume	Volume: 12 months or 24 months ending 12/31/2026	Volume: 12 months or 24 months ending 06/30/2027
	STS MVRR Composite Score: Latest 36-month report	STS MVRR Composite Score: Latest 36-month report
3B Safe Surgery Checklist for Adult and Pediatric Complex Surgery	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
4A Maternity Care Volume and Services	Volume: 12 months ending 12/31/2026	Volume: 12 months ending 06/30/2027
	Services: Based on the practices currently in place at the time of Survey submission	Services: Based on the practices currently in place at the time of Survey submission
4B Cesarean Birth	12 months ending 12/31/2026	12 months ending 06/30/2027
	Cesarean Birth Stratified by Race/Ethnicity: 24 months ending 12/31/2026	Cesarean Birth Stratified by Race/Ethnicity: 24 months ending 06/30/2027
4C Episiotomy	12 months ending 12/31/2026	12 months ending 06/30/2027

Survey Section	Survey Submitted Prior to September 1 Reporting Period	Survey (Re)Submitted on or After September 1 Reporting Period
4D Process Measures of Quality	12 months ending 12/31/2026	12 months ending 06/30/2027
4E High-Risk Deliveries*	Volume: 12 months ending 12/31/2026	Volume: 12 months ending 06/30/2027
	VON: 2025 report	VON: 2026 report
5A Adult ICU Physician Staffing	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
5B Pediatric ICU Physician Staffing	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
5C Nursing Workforce	Nurse Staffing: 12 months ending 12/31/2026	Nurse Staffing: 12 months ending 06/30/2027
	NQF Safe Practice #9: Latest 12 months prior to Survey submission	NQF Safe Practice #9: Latest 12 months prior to Survey submission
	Percentage of RNs who are BSN-Prepared: Based on the most recent day within the last 12 months for which you have complete data	Percentage of RNs who are BSN-Prepared: Based on the most recent day within the last 12 months for which you have complete data
6A NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
6B NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention	Latest 12 or 24 months prior to Survey submission (see individual safe practice for specific reporting period)	Latest 12 or 24 months prior to Survey submission (see individual safe practice for specific reporting period)
6C Hand Hygiene	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
6D Diagnostic Safety Foundations	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
6E Hospital Boarding in the Emergency Department (ED)	12 months ending 12/31/2026	12 months ending 06/30/2027
7A Never Events	Based on the principles currently included in your hospital's never events policy at the time of Survey submission	Based on the principles currently included in your hospital's never events policy at the time of Survey submission
7B Healthcare-Associated Infections**	June and August Data Downloads:	October and December Data Downloads:

Survey Section	Survey Submitted Prior to September 1 Reporting Period	Survey (Re)Submitted on or After September 1 Reporting Period
	01/01/2026 – 12/31/2026 (for hospitals that reported >9,125 patient days) 01/01/2025 – 12/31/2026 (for hospitals that reported <=9,125 patient days)	07/01/2026 – 06/30/2027 (for hospitals that reported >9,125 patient days) 07/01/2025 – 06/30/2027 (for hospitals that reported <=9,125 patient days)
8A Patient Experience (CAHPS Child Hospital Survey)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
8B Pediatric Computed Tomography (CT) Radiation Dose	12 months ending 12/31/2026	12 months ending 06/30/2027
9A Basic Outpatient Department Information	12 months ending 12/31/2026	12 months ending 06/30/2027
9B Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
9C Volume of Procedures	12 months ending 12/31/2026	
9D Safety of Procedures	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
9E Medication Safety for Outpatient Procedures	12 months ending 12/31/2026	12 months ending 06/30/2027
9F CMS Measures***	June CMS Data Download: OP-32: 01/01/2023 - 12/31/2025 OAS CAHPS: 07/01/2025 - 06/30/2026 August CMS Download: OP-32: 01/01/2023 - 12/31/2025 OAS CAHPS: 10/1/2025 - 9/30/2026	November CMS Data Download: OP-32: 01/01/2023 - 12/31/2025 OAS CAHPS: 01/01/2026 - 12/31/2026

APPENDIX III

Section 1A: Basic Hospital Information – Proposed Questions for 2027

Updates highlighted in yellow. Removed question text shown in ~~strikethrough~~.

General Information

1) Reporting period used:	○ 01/01/2026 – 12/31/2026 ○ 07/01/2026 – 06/30/2027
2) Total number of licensed acute-care beds.	_____
3) Total number of staffed acute-care beds.	_____
4) Total number of adult acute-care admissions to your hospital during the reporting period.	_____
5) Total number of pediatric acute-care admissions to your hospital during the reporting period.	_____
6) Does your hospital operate any adult and/or pediatric general medical, surgical, medical/surgical, or neuro ICUs? *If "yes, adult ICU(s) only" to question #6, skip questions #10-13 below.* *If "yes, pediatric ICU(s) only" to question #6, skip questions #7-9 and #13 below.* *If "yes, adult and pediatric ICUs" to question #6, skip question #13 below.* *If "no" to question #6, skip questions #7-12 and continue to question #13.*	○ Yes, adult ICU(s) only ○ Yes, pediatric ICU(s) only ○ Yes, adult and pediatric ICUs ○ No
7) Total number of licensed adult general medical, surgical, medical/surgical, and neuro ICU beds.	_____
8) Total number of staffed adult general medical, surgical, medical/surgical, and neuro ICU beds.	_____
9) Total number of admissions to your adult general medical, surgical, medical/surgical, and neuro ICUs during the reporting period. *Include pediatric admissions to an adult ICU.*	_____
10) Total number of licensed pediatric general medical, surgical, medical/surgical, and neuro ICU beds.	

11) Total number of staffed pediatric general medical, surgical, medical/surgical, and neuro ICU beds.	
12) Total number of admissions to your pediatric general medical, surgical, medical/surgical, and neuro ICUs during the reporting period. *Include adult admissions to a pediatric ICU.*	
13) If your hospital does not operate dedicated adult or pediatric general medical, surgical, medical/surgical, or neuro ICUs, does your hospital admit adult and/or pediatric general medical, surgical, medical/surgical or neuro ICU patients to mixed acuity units?	○ Yes ○ No
14) Does your hospital operate any of the following specialty ICUs: medical cardiac, respiratory, surgical cardiothoracic, burn, trauma, pediatric cardiothoracic, or oncology~~, Level II/III neonatal ICU, Level III neonatal ICU, or Level IV neonatal~~ ICU? ~~*If "no" to question #14, skip question #15 and continue to question #16.*~~	○ Yes ○ No
15) Which of the following neonatal units does your hospital operate? *Select all that apply.* *If "Level II/III, Level III, or Level IV Neonatal Critical Care" is selected, continue to question #16. Otherwise, skip question #16 and continue to question # 17.*	☐ Level I Well Newborn Nursery ☐ Level II Special Care Nursery ☐ Level II/III Neonatal Critical Care (i.e., Level II/III NICU) ☐ Level III Neonatal Critical Care (i.e., Level III NICU) ☐ Level IV Neonatal Critical Care (i.e., Level IV NICU) ☐ None of the above
16) Total number of admissions to a Level II/III, Level III, or Level IV neonatal ICU (NICU) during the reporting period.	_____
17) Is your hospital a Major or Graduate teaching hospital (based on NHSN's definitions) for physicians and/or physicians-in-training or nursing students?	*No response required here. Determined automatically based on NHSN 2026 Patient Safety Component – Annual Hospital Survey.*

APPENDIX IV

Section 1B: Billing Ethics – Proposed Questions for 2027

Updates highlighted in yellow. Removed question text shown in ~~strikethrough~~.

1) Within 30 days of the final claims adjudication (or within 30 days from date of service for patients without insurance), does your hospital provide every patient with a billing statement and/or master itemized bill for facility services, either by mail or electronically (via email or the patient portal), that includes ALL the following: a. Name and address of the facility where billed services occurred; b. Date(s) of service; c. An individual line item for each service or bundle of services performed; d. Description of services billed that accompanies each line item or bundle of services performed; e. Amount of any principal, interest, or fees (e.g., late or processing fees), if applicable; f. Amount of any adjustments to the bill (e.g., health plan payment or discounts), if applicable; g. Amount of any payments already received (from the patient or any other party), if applicable; h. Instructions on how to apply for financial assistance, if applicable; i. Instructions in the patient's preferred language on how to obtain a written translation or oral interpretation of the bill; and j. Notification that physician services will be billed separately, if applicable? *If any one of the elements above is only provided upon request, select "only upon request." If any one of the elements above is not ever provided, select "no."*	○ Yes ○ No ○ Only upon request
2) Does your hospital give patients instructions for contacting a billing representative: • Who has access to an interpretation service to communicate in the patient's preferred language, and • Who has the authority to do all the following within 10 business days of being contacted by the patient or patient representative: i. initiate an investigation into errors on the bill, ii. offer a price adjustment or debt forgiveness based on hospital policy, and iii. offer a payment plan?	○ Yes ○ No
3) Does your hospital take legal action against patients for late payment or insufficient payment of a medical bill? *This question does not include patients with whom your hospital has entered into a written agreement specifying a good faith estimate for a medical service.*	○ Yes ○ No ○ No, but required by state or federal law to transfer delinquent payments to a state or federal agency

	(e.g., Department of Treasury, Attorney General, etc.) for action
4) Before the bill is sent, does your hospital screen ALL patients to determine if they are eligible for your hospital's financial assistance program, regardless of whether they apply for financial assistance? *If "no, we only screen uninsured patients for financial assistance eligibility" or "no, we only screen patients who have applied for financial assistance," skip question #5 and continue to question #6.* *If "does not apply, our hospital does not have a financial assistance program," skip questions #5-7 and continue to the next subsection.*	~~o Yes, using a presumptive eligibility tool licensed from a third-party~~ ~~o Yes, using our hospital's own approach to assessing financial assistance eligibility~~ o Yes, we screen all patients o No, we only screen uninsured patients for financial assistance eligibility o No, we only screen patients who have applied for financial assistance o ~~No~~ Does not apply, our hospital does not have a financial assistance program
5) Which method is your hospital using to screen all patients for financial assistance eligibility? *Select all that apply.*	☐ Presumptive Eligibility Tool ☐ Vendor ☐ Financial Counselor ☐ Other (please specify): _____
6) Does your hospital notify ALL patients who were determined to be eligible for your hospital's financial assistance program that they have qualified for the program within 30 days of the determination?	o Yes o No

7) Does your hospital's financial assistance program apply to ALL clinician fees, in addition to facility fees, for clinicians with privileges at your hospital?	○ Yes ○ No ○ No, but we include a list of covered clinicians and services in our financial assistance application ○ Does not apply, our hospital does not allow clinicians to bill separately
8) Does your hospital's financial assistance application include notification that some services, including physician services, may be billed separately?	○ Yes ○ No ○ Does not apply, our hospital uses a state-mandated form

Additional Question (Fact-Finding Only)

9) Does your hospital train billing and financial counseling staff on the financial assistance policy, understanding components of itemized bills, and connecting patients to interpreters at both: • the time of onboarding, and • annually thereafter?	○ Yes ○ No

Section 1B: Billing Ethics – FAQ Updates for 2027

Updates highlighted in yellow.

1. **What is a "good faith estimate" as referred to in question #3?**
   A good faith estimate includes an itemized list of expected charges for the primary item or service the patient will receive and any other items or services provided as part of the same scheduled episode of care. The final bill must be no more than $400 over the amount of the good faith estimate. The Centers for Medicare and Medicaid Services have published an example template for providing good faith estimates: https://www.cms.gov/files/document/nsa-sample-good-faith-estimate.pdf.

   The Good Faith Estimate is based on information known at the time the estimate was created and does not include any unknown or unexpected costs that may arise during treatment. If complications or special circumstances occur, a patient could be charged more resulting in a bill that is $400 or more than the Good Faith Estimate previously provided by the provider or facility. If this happens, the patient would be expected to pay the higher amount on the bill unless the hospital is willing to do any of the following:

   - Update the bill to match the Good Faith Estimate
   - Negotiate the bill
   - Offer financial assistance

   Please note that federal law does allow patients to dispute the bill if it is $400 or more than the Good Faith Estimate provided by the provider or facility. During the dispute process, the provider or facility can't do the following:

- Move a patients bill into collections, or threaten to do so
- Collect any existing late fees on unpaid bills until the dispute process ends
- Take legal action against a patient because they are disputing their bill
- If the bill is already in collections, the provider or facility must stop pursuing payment until the dispute is resolved

For more information about the dispute process, please visit https://www.cms.gov/medical-bill-rights/help/dispute-a-bill.

2. Does selling or transferring a patient's debt to a collection agency constitute legal action?
It depends on the collection agency's contractual authority.

If the hospital's contract with the collection agency prohibits the agency from taking legal action against patients, selling or transferring a patient's debt to that agency is not considered legal action.

If the collection agency is permitted to take legal action against patients to collect the debt, selling or transferring the debt to that agency is considered legal action.

Hospitals should review their agreements with collection agencies to determine whether the agency is contractually prohibited from pursuing legal action against patients.

Section 1B: Billing Ethics – Proposed Scoring Algorithm for 2027

Updates highlighted in yellow.

Billing Ethics Score (Performance Category)	Meaning that…
Achieved the Standard (4 bars)	• The hospital provides **every** patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #1, • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #2 within 10 business days, • Does **not** take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service, • Screens **every** patient for financial assistance eligibility, • Notifies **every** patient who was determined to be eligible for the hospital's financial assistance program within 30 days of the determination, • And either: o The financial assistance program applies to all clinician and facility fees (Question #7) OR o The financial assistance application includes notification that some services, including physician services, may be billed separately (Question #8). **OR**

Billing Ethics Score (Performance Category)	Meaning that…
	• The hospital provides **every** patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #1, • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #2 within 10 business days, • Does **not** take legal action against patients but is required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action, and • Screens **every** patient for financial assistance eligibility, • Notifies **every** patient who was determined to be eligible for the hospital's financial assistance program within 30 days of the determination, • And either: ○ The financial assistance program applies to all clinician and facility fees (Question #7) OR The financial assistance application includes notification that some services, including physician services, may be billed separately (Question #8)
Considerable Achievement **(3 bars)**	• **Upon request**, the hospital provides patients with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #1, • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #2 within 10 business days, • Does **not** take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service, or the hospital does **not** take legal action against patients but is required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., the Department of Treasury, Attorney General, etc.) for action, and • Screens **every** patient for financial assistance eligibility, • Notifies **every** patient who was determined to be eligible for the hospital's financial assistance program within 30 days of the determination, • And either: ○ The financial assistance program applies to all clinician and facility fees (Question #7) OR ○ The financial assistance application includes notification that some services, including physician services, may be billed separately (Question #8).
Some Achievement **(2 bars)**	• The hospital does **not** provide patients with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #1, **but**

Billing Ethics Score (Performance Category)	Meaning that…

	• Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #2 within 10 business days,
	• Does **not** take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service, or the hospital does **not** take legal action against patients but is required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., the Department of Treasury, Attorney General, etc.) for action, and
	• Screens **every** patient for financial assistance eligibility,
	• Notifies **every** patient who was determined to be eligible for the hospital's financial assistance program within 30 days of the determination,
	• And either:
	  ○ The financial assistance program applies to all clinician and facility fees (Question #7)
	  OR
	  ○ The financial assistance application includes notification that some services, including physician services, may be billed separately (Question #8).

Limited Achievement **(1 bar)**	The hospital responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.

APPENDIX V

CPOE Evaluation Tool – Proposed Updates to CPOE Test Instructions

Updates highlighted in yellow.

Appendix A: Order Checking Categories

Seven of the eight order checking categories included in the CPOE Evaluation Tool represent an area where a serious adverse drug event (ADE) could occur if the CPOE system's clinical decision support fails to alert the prescriber. The eighth order checking category includes Test Orders that, if presented interruptively, could contribute to over-alerting, which has been shown to contribute to alert fatigue and physician burnout.

Recording information that doesn't meet the criteria below may result in a 'Potentially Inaccurate Test Results' score, which is publicly reported as 'Incomplete Evaluation' and prevents retesting for 120 days.

The CPOE Evaluation Tool is designed to assess two types of clinical decision support:

1. **Scenario-Specific Advice/Information**: Relevant advice or information specific to the Test Patient details, such as patient demographics (e.g. age), and relevant clinical data (problems/diagnosis, laboratory values), as well as the Test Order, including the medication dose and frequency (e.g., Drug Diagnosis, Drug Age, and Drug Laboratory).

2. **Medication-Specific Advice/Information**: Relevant advice or information specific to how a medication is ordered. There are two types:
    a. **Type A**: Relevant advice or information specific to the **dose, route, or frequency** being ordered, but not specific to the Test Patient (e.g., Excessive Dosing and Drug Route).
    b. **Type B**: Relevant advice or information specific to the medication(s) being ordered, but **not specific** to the dose, route, or frequency, and not specific to the Test Patient (e.g., Inappropriate Medication Combinations, Drug Monitoring, and Excessive Alerts).

In both types of clinical decision support, the relevant advice/information must be delivered in one of the following five ways to be recorded on the Orders and Observation Sheet:

1. **Absolute hard stop**: Prescriber cannot proceed with Test Medication Order.
2. **Per protocol hard stop**: Prescriber cannot proceed with the Test Medication Order because dosing, along with new lab orders and monitoring for this medication, is always managed by pharmacy. *(Only relevant for Drug Monitoring)*
3. **Overridable hard stop**: Prescriber can proceed with the Test Medication Order but must enter additional data or select an override reason to proceed via a click or button.
4. **Cautionary alert**: Prescriber must acknowledge a warning or alert via a click or button; this includes selecting the option to cancel the order due to the alert.
5. **Paired lab or monitoring order**: Prescriber can proceed with the Test Medication Order, which is paired with an **automatic** lab or monitoring order (e.g., INR/PT order always paired with warfarin medication order) that is directly visible (e.g., within the direct line of sight) to the prescriber. *(Only relevant for Drug Monitoring)*

Advisory Information that is displayed to the prescriber (e.g., color-coded lab values, side display, generic information not specific to the patient) and **does not require** prescriber acknowledgement (via a click or button)

before proceeding is **not considered** relevant advice or information and **cannot** be recorded on the Orders and Observation Sheet or the Online Answer Form.

The table below includes descriptions of each Order Checking Category included in the CPOE Evaluation Tool, as well as examples and the type of clinical decision support (i.e., scenario-specific advice/information or medication-specific advice/information) being tested, and examples of relevant advice/information.

Order Checking Category	Description	Example	Type of Clinical Decision Support	Relevant Advice/Information to Record on Orders and Observation Sheet
Inappropriate Medication Combinations	Medication combinations to avoid ordering together or ones to use with caution	Using clonazepam and lorazepam together	Medication-Specific Advice/Information (Type B)	Absolute hard stop, overridable hard stop, or cautionary alert
Excessive Dosing	Specified dose of medication or frequency of administration exceeds safe range for single or daily dose	Tenfold overdose of digoxin	Medication-Specific Advice/Information (Type A)	Absolute hard stop, overridable hard stop, or cautionary alert
Drug Route	Specified route of administration is inappropriate and potentially harmful	Use of hydroxyzine intravenously	Medication-Specific Advice/Information (Type A)	Absolute hard stop, overridable hard stop, or cautionary alert
Drug Diagnosis	Medication is inappropriate/contraindicated based on documented problem/diagnosis	Non-selective beta-blocker in patient with asthma	Scenario-Specific Advice/Information	Absolute hard stop, overridable hard stop, or cautionary alert *Cannot record if the information displays regardless of the test patient's diagnosis.*
Drug Age	Medication dose inappropriate/contraindicated based on patient age	Prescribing diazepam for a patient over 65 years old	Scenario-Specific Advice/Information	Absolute hard stop, overridable hard stop, or cautionary alert *Cannot record if the information displays regardless of the test patient's age.*
Drug Laboratory	Medication dose inappropriate/contraindicated based on documented laboratory test results (includes renal status)	Use of nitrofurantoin in patient with severe renal failure or ordering digoxin for a patient with hypokalemia	Scenario-Specific Advice/Information	Absolute hard stop, overridable hard stop, or cautionary alert
Drug Monitoring	Medication for which the standard of care includes subsequent monitoring of the drug level or lab value including baseline labs to avoid harm	Prompt to monitor drug levels when ordering aminoglycosides or INR/PT when ordering warfarin or checking baseline LFTs when starting a statin	Medication-Specific Advice/Information (Type B)	Absolute hard stop, per protocol hard stop, overridable hard stop, cautionary alert, or paired lab or monitoring order
Excessive Alerts	Low-priority medication combinations, such as drug interactions or therapeutic	Concurrent use of hydrochlorothiazide and captopril	Medication-Specific Advice/Information (Type B)	Absolute hard stop, overridable hard stop, or cautionary alert

Order Checking Category	Description	Example	Type of Clinical Decision Support	Relevant Advice/Information to Record on Orders and Observation Sheet
	duplications, that should not trigger decision support warnings			*As a reminder, this category should not trigger relevant advice and information.*

CPOE Evaluation Tool – Proposed Updates to Orders and Observations Sheet

Updates highlighted in yellow. Removed response options shown in ~~strikethrough~~.

Pt # **Order #**	<Medication dose route frequency>
Notes:	
☐ **(A) Medication not electronically orderable in any formulation**	
☐ **(B) Could not enter order with specified:** ☐ **Dose** ☐ **Route** ☐ **Frequency**	
☐ **(C) Received relevant scenario-specific advice/information concerning:**	
Labs	☐ ~~Notification/display of relevant lab results~~ ☐ ~~Renal dosing advice~~ ☐ Medication or dose inappropriate/contraindicated based on lab results
Age	☐ ~~Age (including inappropriate dose due to age)~~ Medication or dose inappropriate/contraindicated based on age
Diagnosis	☐ ~~Diagnosis (including inappropriate dose due to diagnosis)~~ Medication or dose inappropriate/contraindicated based on diagnosis
☐ **(D) Received relevant medication-specific advice/information concerning:**	
Monitoring:	☐ Need to monitor via new lab order(s), or new lab order was provided ☐ Per protocol, new lab order(s) and monitoring for this medication are always managed by pharmacy
Medication Combination:	☐ Inappropriate medication combination (e.g., drug-drug interaction or therapeutic duplication)
Excessive Dosing	☐ ~~Suggested dose/dose calculator~~ ☐ Excessive dosing
Route	☐ Route of administration
☐ **(E) Order entered and signed, no relevant advice/information received**	

APPENDIX VI

Section 2C: Bar Code Medication Administration – Proposed Medication Definition for 2027

Updates highlighted in yellow. Removed text shown in ~~strikethrough~~.

Important Note: Where applicable, updates apply to the medication definition provided for Section 2A: Computerized Physician Order Entry, Section 2C: Bar Code Medication Administration, and Section 9E: Medication Safety for Outpatient Procedures.

Medications: For the purposes of this measure, a **medication** is a substance that is taken into, or placed onto, the body of a person for one or more of the following reasons:

- as a placebo
- to prevent a disease (e.g., flu vaccine)
- to make a diagnosis (e.g., contrast dye)
- to test for the possibility of an adverse effect
- to modify a physiological, biochemical or anatomical function or abnormality (e.g., heparin/heparin flushes, statins, antihypertensives, etc.)
- to replace a missing factor (e.g., ~~blood product~~, clotting factor concentrates, cryoprecipitate, prothrombin complex concentrate, desmopressin, etc.)
- to ameliorate a symptom (e.g., aspirin)
- to treat a disease or condition (including topicals, nasal sprays, eye drops, compounds, inhalants, injectables, patches, etc.)
- to induce anesthesia
- to stabilize or hydrate during medical treatment or procedures (e.g., IV fluids, normal saline, lactated ringers, etc.)
- to provide nutrition (e.g., enteral nutrition products, parenteral nutrition products~~, breast milk [breast milk applies to BCMA measure only]~~)
- as a supplement (e.g., iron for a patient with iron deficiency anemia or calcium/vitamin D for a patient with osteoporosis)

For the purposes of this measure, the following are **not** considered medications:

- Pre-filled saline flushes and pre-filled heparin flushes (i.e., saline and heparin flushes that come from the manufacturer already filled and are not filled by the hospital's pharmacy)
- Chlorhexidine and alcohol preparation pads
- Intra-op irrigation solutions
- Blood products used in general transfusion for cellular and/or volume replacement (e.g., packed red blood cells, platelet concentrates, whole blood, albumin, etc.)
- Breast milk

APPENDIX VII

Section 2D: Medication Reconciliation – Proposed Scoring Algorithm for 2027

Updates highlighted in yellow.

	Benchmarks Used 2021 - 2026 *Rate of Unintentional Medication Discrepancies per Medication*	Proposed Benchmarks for 2027* *Rate of Unintentional Medication Discrepancies per Medication*
Minimum	0	0
50th percentile	0.119	0.078
75th percentile	0.213	0.143
Maximum	1.065	0.824

**Based on the distribution of hospital performance from 2026 Leapfrog Hospital Surveys submitted as of August 31, 2026.*

Medication Reconciliation Score (Performance Category)	**Meaning that…**
Achieved the Standard **(4 bars)**	• The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, • Sampled at least 30 patients, and • Based on the sample, the rate of unintentional medication discrepancies per medication is **lower than or equal to the 50th percentile** (where lower performance is better).
Considerable Achievement **(3 bars)**	• The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, • Sampled at least 30 patients, and • Based on the sample, the rate of unintentional medication discrepancies per medication is **higher than the 50th percentile, but lower than or equal to the 75th percentile** (where lower performance is better).

Medication Reconciliation Score (Performance Category)	Meaning that…
Some Achievement **(2 bars)**	• The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, • Sampled at least 30 patients, but • Based on the sample, the rate of unintentional medication discrepancies per medication is **higher than the 75th percentile** (where lower performance is better).
Limited Achievement **(1 bar)**	• The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, but • Did not sample at least 30 patients.
Did Not Measure	The hospital reported not collecting data on this measure.
Unable to Calculate Score	More than 10 out of 30 patients (or one-third) included in the sample had zero Gold Standard Medications.
Does Not Apply	The hospital is a pediatric facility or had too few adult admissions to medical or medical/surgical units.

APPENDIX VIII

VON Reporting Periods and Deadlines for 2027

VON Deadline	VON Reporting Period	Leapfrog Survey Submission Date	Review Results
*Hospitals must complete and submit their Data Sharing Authorization letter to VON before this date**		*VON data will not be publicly reported if hospitals have not submitted by this date*	*Data received from VON will be available to review on the Hospital Details Page or Public Reporting Website by these dates*
June 15, 2027	2025	June 30, 2027	July 12, 2027**
August 16, 2027	2026***	August 31, 2027	September 10, 2027
November 15, 2027	2026	November 30, 2027	December 9, 2027

* Hospitals that successfully submitted a Data Sharing Authorization letter in previous years will not be required to submit another letter in 2027.
**Data will be published on the Public Reporting Website starting on July 25, 2027.
***Anticipated release of 2026 VON data.

APPENDIX IX

Section 5A: Adult ICU and Section 5B: Pediatric ICU – Updated Endnote for 2027

Updates highlighted in yellow.

Certified in Critical Care Medicine (endnote #36 in the 2026 Leapfrog Hospital Survey)

Certified in Critical Care Medicine

A physician who is "certified in Critical Care Medicine" is a board-certified physician who is additionally certified in the subspecialty of Critical Care Medicine. Certification in Critical Care Medicine is awarded by the American Boards of Internal Medicine, Surgery, Anesthesiology, Pediatrics, and Emergency Medicine, as well as the American Osteopathic Board (AOS).

"Neurointensivists" include any physician that meets at least one of the following paths:

Physicians who are board-certified in their primary specialty and who are additionally certified in the subspecialty of Neurocritical Care Medicine. Certification in Neurocritical Care Medicine is awarded by the United Council for Neurologic Subspecialties (UCNS) or by the American Board of Psychiatry and Neurology, Inc. (ABPN). Physicians who have not yet passed a certifying exam, either through UCNS or ABPN, are considered to be equivalent to a physician "certified in Neurocritical Care Medicine" for up to 3 years after they are eligible to take either: (1) the UCNS exam (UCNS currently offers a "grandfathering" option for their "Practice Track" for exam eligibility) or (2) the ABPN exam ~~(ABPN currently offers a "grandfathering" or practice pathway track for exam eligibility, which will last until 2026)~~. These options provide a 3-year grace period for clinicians to take and pass the necessary exams. To qualify for the grace period, hospitals and/or clinicians will need to provide clear documentation of what their eligibility dates were to sit for one or both of these exams.

Physicians who are board-certified in their primary specialty and who are additionally credentialed by the American Board of Neurological Surgery (ABNS) through their Recognition of Focused Practice in Neurocritical Care. Physicians who have not yet passed the ABNS Neurocritical Care RFP exam are considered to be equivalent to a physician "certified in Neurocritical Care Medicine" for up to 3 years after they are eligible to take the exam. This provides a 3-year grace period for clinicians to take and pass the necessary exam. To qualify for the grace period, hospitals and/or clinicians will need to provide clear documentation of what their eligibility dates were to sit for the exam.

Expanded Definition of Certified in Critical Care Medicine

On an interim basis, three other categories of physicians are considered by Leapfrog to be equivalent to a physician "certified in Critical Care Medicine" for the purpose of meeting the standard:

Physicians who completed training prior to availability of subspecialty certification in critical care in their specialty (1987 for Internal Medicine, Surgery, Anesthesiology, Pediatrics and 2013 for Emergency Medicine), who are board-certified in their specialty, and who have provided at least six weeks of full-time ICU care annually. (The weeks need not be consecutive weeks.)

Physicians who have finished their fellowship in Critical Care Medicine, but have not yet passed an existing board-certifying exam, are considered to be equivalent to a physician "Certified in Critical Care Medicine" for up to

three years after completion of the fellowship. This provides the physician an adequate window to take her/his boards and re-take if necessary.

Physicians who are board-certified in their primary specialty and have completed a critical care fellowship at an ACGME-accredited program, but are ineligible to sit for a board-certifying exam in Critical Care in either their primary specialty or subspecialty because their training occurred under two separate certifying boards, are considered to be equivalent to a physician “Certified in Critical Care Medicine” if they are board-certified in their primary specialty and have provided at least six weeks of full-time ICU care annually. (The weeks need not be consecutive weeks.)

Physicians who have let their board certification lapse are not considered to be “Certified in Critical Care Medicine.”

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APPENDIX X

Section 5C: Nursing Workforce – Proposed Questions for 2027

Updates highlighted in yellow.

Total Nursing Care Hours per Patient Day and RN Hours per Patient Day

Important Notes:

Note 1: All hospitals must respond to all questions about both single acuity units (questions #4–9) and mixed acuity units (questions #10–15), regardless of whether the hospital operates single acuity units, mixed acuity units, or both. Responses to all of these questions are required even though only one set will be used for scoring (see Note 2).

Note 2: Hospitals are scored and publicly reported based on the types of units they operate:

- Hospitals that operate **at least one** adult or pediatric single acuity Medical, Surgical, or Med-Surg Unit will be scored and publicly reported based on questions #5, #7, and/or #9, as applicable, even if they also operate mixed acuity units.
- Hospitals that operate **only** adult or pediatric mixed acuity units (High Acuity, Moderate Acuity or Blended Acuity Units) will be scored and publicly reported based on questions #11, #13, and/or #15, as applicable.
- If a hospital operates adult or pediatric single acuity Medical, Surgical, or Med-Surg units, but all of these units had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period, then the hospital should respond "yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period" in questions #4, #6 and #8, and then report on mixed acuity units, if applicable. These hospitals will be scored and publicly reported in the same way as hospitals that operate only mixed acuity units.

1) 12-month reporting period used:	○ 01/01/2026 – 12/31/2026 ○ 07/01/2026 – 06/30/2027
2) Did your hospital calculate total number of patient days, total number of productive hours worked by employed and contracted nursing staff with direct patient care responsibilities (RN, LPN/LVN, and UAP), and total number of productive hours worked by RN nursing staff with direct patient care responsibilities for the reporting period in the applicable units, and do you choose to report those data to this Survey? The applicable adult or pediatric units include: • Single Acuity Medical Units, Surgical Units, and Med-Surg Units • Mixed Acuity High Acuity Units, Moderate Acuity Units, and Blended Acuity Units *If "no" to question #2, skip questions #3-15 and continue to question #16. The hospital will be scored as "Did Not Measure."* *If "does not apply; hospital does not operate applicable units," skip questions #3-15 and continue to question #16. The hospital will be scored as "Does Not Apply."*	○ Yes ○ No ○ Does not apply; hospital does not operate applicable units

3) Which method did your hospital use to calculate the total number of patient days for each applicable unit in question #2?	○ Midnight census (including observation patients) ○ Midnight census and patient days from actual hours for short stay patients ○ Patient days from actual hours ○ Patient days from multiple census reports

All hospitals must respond to all questions about both adult or pediatric single acuity units (questions #4-9) and adult or pediatric mixed acuity units (questions #10-15), regardless of whether the hospital operates single acuity units, mixed acuity units, or both.

Hospitals that operate adult or pediatric single acuity Medical, Surgical, or Med-Surg Units will be scored and publicly reported based on questions #5, #7, and/or #9.

Hospitals that operate **only** adult or pediatric mixed acuity High Acuity, Moderate Acuity or Blended Acuity Units will be scored and publicly reported based on questions #11, #13, and/or #15, as applicable.

Adult or Pediatric Single Acuity Medical, Surgical, or Med-Surg Units

4) Does your hospital operate any adult or pediatric single acuity **Medical Units**? *A single acuity unit is defined as a unit where at least 90% of the patients receive the same level of care.* *If "no" or "yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period" to question #4, skip question #5 and continue to question #6.*	○ Yes ○ No ○ Yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period

5) Enter your hospital's responses for each quarter for all adult and pediatric single acuity **Medical Units** for the reporting period selected in question #1:

	(a) Total number of patient days:	**(b)** Total number of productive hours worked by employed and contracted **nursing staff (RN, LPN/LVN, and UAP)** with direct patient care responsibilities:	**(c)** Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities:
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

6) Does your hospital operate any adult or pediatric single acuity **Surgical Units**? *A single acuity unit is defined as a unit where at least 90% of the patients receive the same level of care.*	○ Yes ○ No ○ Yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period

If "no" or "yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period" to question #6, skip question #7 and continue to question #8.	

7) Enter your hospital's responses for each quarter for all adult and pediatric single acuity **Surgical Units** for the reporting period selected in question #1:

	(a) Total number of patient days:	**(b)** Total number of productive hours worked by employed and contracted **nursing staff (RN, LPN/LVN, and UAP)** with direct patient care responsibilities:	**(c)** Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities:
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

8) Does your hospital operate any adult or pediatric single acuity **Med-Surg Units**? *A single acuity unit is defined as a unit where at least 90% of the patients receive the same level of care.* *If "no" or "yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period" to question #8, skip question #9 and continue to question #10.*	○ Yes ○ No ○ Yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period

9) Enter your hospital's responses for each quarter for all adult and pediatric single acuity **Med-Surg Units** for the reporting period selected in question #1:

	(a) Total number of patient days:	**(b)** Total number of productive hours worked by employed and contracted **nursing staff (RN, LPN/LVN, and UAP)** with direct patient care responsibilities:	**(c)** Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities:
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

Adult or Pediatric Mixed Acuity High Acuity, Moderate Acuity or Blended Acuity Units

10) Does your hospital operate any adult or pediatric mixed acuity **High Acuity Units**? *A High Acuity Unit is a mixed acuity unit in which:* • *50-89% of the patients are critical care and* • *the remaining 11-49% can be any other acuity level.* *If "no" or "yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period" to question #10, skip question #11 and continue to question #12.*	○ Yes ○ No ○ Yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period

11) Enter your hospital's responses for each quarter for all adult and pediatric mixed acuity **High Acuity Units** for the reporting period selected in question #1:

	(a) Total number of patient days:	**(b)** Total number of productive hours worked by employed and contracted **nursing staff (RN, LPN/LVN, and UAP)** with direct patient care responsibilities:	**(c)** Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities:
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

12) Does your hospital operate any adult or pediatric mixed acuity **Moderate Acuity Units**? *A Moderate Acuity Unit is a mixed acuity unit in which:* • *25-49% of the patients are critical care **OR*** • *50-89% of the patients are step down care.* • *The remaining percentage can be any other acuity level.* *If "no" or "yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period" to question #12, skip question #13 and continue to question #14.*	○ Yes ○ No ○ Yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period

13) Enter your hospital's responses for each quarter for all adult and pediatric mixed acuity **Moderate Acuity Units** for the reporting period selected in question #1:

	(a) Total number of patient days:	**(b)** Total number of productive hours worked by employed and contracted **nursing staff (RN, LPN/LVN, and UAP)** with direct patient care responsibilities:	**(c)** Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities:

Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

14) Does your hospital operate any adult or pediatric mixed acuity **Blended Acuity Units**? *A Blended Acuity Unit is a mixed acuity acute care unit in which:* • *less than 90% of the patients receive a single acuity level of care,* • *less than 50% receive step down care, and* • *less than 25% receive critical care.* ○ *At least 50% of the 25% of patients that receive critical care must be general level care.* ○ *The remaining 10-49% may include skilled nursing, hospice, or rehabilitation patients.* *If "no" or "yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period" to question #14, skip question #15 and continue to question #16.*	○ Yes ○ No ○ Yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period

15) Enter your hospital's responses for each quarter for all adult and pediatric mixed acuity **Blended Acuity Units** for the reporting period selected in question #1:

	(a) Total number of patient days:	**(b)** Total number of productive hours worked by employed and contracted **nursing staff (RN, LPN/LVN, and UAP)** with direct patient care responsibilities:	**(c)** Total number of productive hours worked by **RN nursing staff** with direct patient care responsibilities:
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

NQF Safe Practice #9 – Nursing Workforce

16) Is your hospital currently recognized as an American Nurses Credentialing Center (ANCC) Magnet® organization or a 2020 or 2024 Pathway to Excellence® organization? *If "yes, our hospital is a current American Nurses Credentialing Center (ANCC) Magnet® organization" or "yes, our hospital is a 2020 or 2024 Pathway to Excellence® organization," skip question #17 and continue to question #18.* *Pathway to Excellence® hospitals that have not received either the 2020 or 2024 designation must select "no."*	○ Yes, our hospital is a current American Nurses Credentialing Center (ANCC) Magnet® organization ○ Yes, our hospital is a 2020 or 2024 Pathway to Excellence® organization ○ No
17) Within the last 12 months, to ensure adequate and competent nursing staff service and nursing leadership at all levels, our organization has:	
a. held nursing leadership directly accountable for improvements in performance through performance reviews or compensation.	○ Yes ○ No
b. included nursing leadership as part of the hospital senior administrative leadership team.	○ Yes ○ No
c. held the board (governance) and senior administrative leadership accountable for the provision of financial resources to ensure adequate nurse staffing levels.	○ Yes ○ No
d. budgeted financial resources for balancing staffing levels and skill levels to improve performance.	○ Yes ○ No
e. developed a staffing plan, with input from nurses, to ensure that adequate nursing staff-to-patient ratios are achieved.	○ Yes ○ No

Percentage of RNs who are BSN-Prepared

18) Did your hospital calculate the Percentage of RNs who are BSN-Prepared measure for the reporting period, and do you choose to report those data to this Survey? *If "no" to question #18, skip the remaining questions in Section 5C and go to the Affirmation of Accuracy. The hospital will be scored as "Did Not Measure."*	○ Yes ○ No
19) Total number of employed RN nursing staff at the hospital with direct patient care responsibilities:	_____

20) Total number of employed RN nursing staff at the hospital with direct patient care responsibilities who have a BSN degree or higher (e.g., MSN, DNP, PhD):	_____

APPENDIX XI

Section 6D: Diagnostic Safety Foundations – Proposed Questions for 2027

Updates highlighted in yellow.

Convening a Multidisciplinary Team Focused on Reducing Errors in the Diagnostic Process

1) Does your hospital have a multidisciplinary team that meets all the following requirements: • Focused on reducing harm to patients from errors in the diagnostic process; • Sponsored by either the CEO, CMO, or CQO; • Includes, at a minimum, representatives from nursing, pharmacy, laboratory medicine, radiology, pathology, hospital medicine or inpatient care specialists, emergency medicine, and quality or risk management; does not apply to service lines that are not offered at the hospital • Meets at least quarterly; • Reports to senior leaders quarterly; • Reports to the Board annually; and • Includes at least one patient and/or care partner? *The multidisciplinary team can be the established hospital-wide safety and quality committee if the committee has a dedicated agenda item at least quarterly to review efforts focused on reducing harm to patients from errors in the diagnostic process.* *If "no" to question #1, skip questions #2-5 and continue to question #6.*	○ Yes ○ No
2) As a standing agenda item of at least quarterly meetings, has the multidisciplinary team reviewed any clinical or administrative data, patient experience or patient reported data, or incident reports to identify or track errors in the diagnostic process?	○ Yes ○ No
3) In the past 24 months, has the multidisciplinary team engaged emergency medicine staff around diagnostic improvement in one of the following ways: • convened the emergency medicine staff to develop or implement at least one initiative aimed at improving accurate and timely diagnosis of commonly misdiagnosed conditions **OR** • had the emergency medicine staff present to the multidisciplinary team at least one initiative aimed at improving accurate and timely diagnosis of commonly misdiagnosed conditions that the emergency medicine staff have independently implemented?	○ Yes ○ No ○ Does not apply; our hospital does not provide emergency medicine services on campus

4) In the past 24 months, has the multidisciplinary team engaged pathologists and/or radiologists around diagnostic improvement in one of the following ways: • convened pathologists and/or radiologists to develop or implement protocols to ensure timely review and resolution of discrepancies, and timely communication of diagnoses to patients and their families **OR** • had pathologists and/or radiologists present to the multidisciplinary team at least one protocol aimed at ensuring timely review and resolution of discrepancies and timely communication of diagnoses to patients and their families that pathologists and/or radiologists independently developed?	○ Yes ○ No ○ Does not apply; our hospital does not provide pathology and/or radiology services on campus
5) In the past 24 months, has the multidisciplinary team encouraged all staff (verbally or in writing), including all clinicians who participate in the diagnostic process, to report errors in the diagnostic process via the hospital's incident or event reporting system?	○ Yes ○ No
6) In the past 36 months, has your hospital's multidisciplinary team or another team at the hospital used the Safer Dx Checklist to identify at least one high-priority practice that is not currently at "Full" implementation? *If "no" or "all practices are currently fully implemented" to question #6, skip question #7 and continue to question #8.*	○ Yes ○ No ○ All practices are currently fully implemented
7) Has your hospital taken all the following steps to implement at least one practice listed in the Safer Dx Checklist: • Allocated a budget, • Appointed an individual or team responsible for its implementation, and • Set a date for full implementation?	○ Yes ○ No

Training on Communication to Reduce Errors in the Diagnostic Process

8) In the past 36 months, has your hospital trained any staff using AHRQ's TeamSTEPPS for Diagnosis Improvement program to improve communication among members of the care team (including nurses, pharmacists, and other allied health professionals), within the context of the diagnostic process or in reducing errors in the diagnostic process?	○ Yes ○ No

Section 6D: Diagnostic Safety Foundations – Proposed Scoring Algorithm for 2027

Hospitals will be scored on the number of questions in Section 6D: Diagnostic Safety Foundations to which they respond "yes," including convening a multidisciplinary team focused on reducing harm to patients from errors in the diagnostic process, using the Safer Dx Checklist, and training staff using AHRQ's TeamSTEPPS for Diagnosis Improvement program. Questions #1-8 are each worth an equal number of points.

Diagnostic Safety Foundations Score (Performance Category)	Meaning that the hospital responded "yes" or "does not apply" to…
Achieved the Standard (4 bars)	7 or 8 of the 8 questions*
Considerable Achievement (3 bars)	5 or 6 of the 8 questions*
Some Achievement (2 bars)	2, 3, or 4 of the 8 questions*
Limited Achievement (1 bar)	1 or fewer of the 8 questions*

* Hospitals that respond "all practices are currently fully implemented" to question #6 earn credit for both question #6 and question #7.

APPENDIX XII

Section 6E: Hospital Boarding in the Emergency Department (ED) – Proposed Questions for 2027

Updates highlighted in yellow.

Hospitals that share a CMS Certification Number are required to report by facility. Please carefully review Leapfrog's Multi-Campus Reporting Policy.

Important Notes:

Note 1: While hospitals are asked to report on both admissions to non-psychiatric and psychiatric beds, for 2027, only boarding time and median emergency department length of stay for admissions to non-psychiatric beds will be scored and publicly reported.

Note 2: Only include units that were open for the entire reporting period and that remain currently open.

Note 3: When reporting on questions #5 and/or #6, pediatric patients admitted to an adult bed should be included in question #5. Pediatric patients admitted to a pediatric bed should be included in question #6. Hospitals that do not operate dedicated pediatric inpatient or observation units, but admit pediatric patients, should only respond to question #5.

1) 12-month reporting period used:	○ 01/01/2026 – 12/31/2026 ○ 07/01/2026 – 06/30/2027
2) Did your hospital operate a dedicated emergency department (ED) during the reporting period? *If "no" or "yes, but ED is now closed or wasn't open for the entire reporting period," skip questions #3-6 and go to the Affirmation of Accuracy.*	○ Yes ○ No ○ Yes, but ED is now closed or wasn't open for the entire reporting period
3) Has your hospital collected the total number of ED visits with an inpatient admission or where the patient was placed in hospital observation status, the number of those ED visits with a boarding time greater than 4 hours, and the median number of hours spent in the ED for those ED visits during the reporting period, and do you choose to report those data to this Survey? *If "no" to question #3, skip questions #4-6 and go to the Affirmation of Accuracy. The hospital will be scored as "Did Not Measure."*	○ Yes ○ No
4) What type(s) of dedicated emergency department(s) did your hospital operate? *Select all that apply.*	☐ Adult only ☐ Pediatric only ☐ Adult/Pediatric combined

If "Adult only" or "Adult/Pediatric combined" to question #4, answer question #5 based on the patients admitted to adult inpatient non-psychiatric and psychiatric beds (including ED visits where the patient was placed in hospital observation status).

5) Enter your hospital's total number of emergency department (ED) visits with an admission to an adult inpatient non-psychiatric or psychiatric bed (including ED visits where the patient was placed in hospital observation status) in column (a), the number of those ED visits with a boarding time greater than 4 hours in column (b), and the median number of hours spent in the ED for those ED visits in column (c).

If the number of visits for an adult admission type is less than 30 (in column a), skip columns b and c and then move to the next admission type. The hospital will be scored as "Unable to Calculate Score."

For column c, enter hours and minutes up to one decimal place (e.g., enter 1.5 to denote 1 hour and 30 minutes).

	ED Visits, Boarding Time, and Time Spent in the ED		
Admission Type	**(a) Total number of ED visits with an inpatient admission or where the patient was placed in hospital observation status**	**(b) Number of ED visits indicated in column (a) with a boarding time greater than 4 hours**	**(c) Median number of hours spent in the ED for ED visits indicated in column (a)**
Admitted to an adult inpatient **non-psychiatric bed**			
Admitted to an adult inpatient **psychiatric bed**			

If "Pediatric only" or "Adult/Pediatric combined" to question #4, answer question #6 based on the patients admitted to pediatric inpatient non-psychiatric and psychiatric beds (including ED visits where the patient was placed in hospital observation status).

6) Enter your hospital's total number of emergency department (ED) visits with an admission to a pediatric inpatient non-psychiatric or psychiatric bed (including ED visits where the patient was placed in hospital observation status) in column (a), the number of those ED visits with a boarding time greater than 4 hours in column (b), and the median number of hours spent in the ED for those ED visits in column (c).

If the number of visits for a pediatric admission type is less than 30 (in column a), skip columns b and c and then move to the next admission type. The hospital will be scored as "Unable to Calculate Score."

For column c, enter hours and minutes up to one decimal place (e.g., enter 1.5 to denote 1 hour and 30 minutes).

	ED Visits, Boarding Time, and Time Spent in the ED

Admission Type	(a) Total number of ED visits with an inpatient admission or where the patient was placed in hospital observation status	(b) Number of ED visits indicated in column (a) with a boarding time greater than 4 hours	(c) Median number of hours spent in the ED for ED visits indicated in column (a)
Admitted to a pediatric inpatient **non-psychiatric bed**			
Admitted to a pediatric inpatient **psychiatric bed**			

Section 6E: Hospital Boarding in the Emergency Department (ED) – Proposed Scoring Algorithm for 2027 for Adult Hospital Boarding in the ED and Pediatric Hospital Boarding in the ED

	Percentage of Adult or Pediatric Patients Admitted to a Non-Psychiatric Bed Boarding over 4 Hours (questions #5a-5b or 6a-6b)			
Median ED Length of Stay *(question #5c or 6c)*	***10% or less of Patients Boarding over 4 hours***	***11-20% of Patients Boarding over 4 hours***	***21-40% of Patients Boarding over 4 hours***	***Over 40% of Patients Boarding over 4 hours***
Median Length of Stay 8 hours or less	**Achieved the Standard**	**Considerable Achievement**	**Some Achievement**	**Limited Achievement**
Median Length of Stay over 8 hours	**Considerable Achievement**	**Some Achievement**	**Limited Achievement**	**Limited Achievement**
Hospital Reported not collecting data on this measure	Hospital will be scored as “Did Not Measure”			
Number of Admissions is less than 30	Hospital will be scored as “Unable to Calculate Score”			
Hospital did not operate a dedicated ED	Hospital will be scored as “Does Not Apply”			

Section 6E: Hospital Boarding in the Emergency Department (ED) – Benchmarking Data

In Section 6E: Hospital Boarding in the Emergency Department (ED) of the 2026 Leapfrog Hospital Survey, hospitals were asked to report on the total number of ED admissions with an inpatient admission (including hospital observation) to an adult or pediatric psychiatric or non-psychiatric bed. Additionally, hospitals were asked to report on the number of those patients with a boarding time greater than 4 hours, total boarding time for those patients, and total time in the ED (both median and 90th percentile). These responses were not scored or publicly reported, but were used to inform updates to the questions and to develop the proposed scoring algorithm for the 2027 Leapfrog Hospital Survey. The 2026 Leapfrog Hospital Survey questions, measure specifications, and FAQs for Section 6E: Hospital Boarding in the ED start on page 229 of the 2026 Leapfrog Hospital Survey, available for download here.

Over 700 hospitals voluntarily reported data for this subsection by August 31, 2026, which were used to calculate the summary statistics below. Of the hospitals that reported, 308 hospitals reported admitting ED patients to pediatric non-psychiatric beds. Therefore, benchmarking data is provided for both ED admissions to adult and pediatric non-psychiatric beds separately. In 2027, Leapfrog is proposing to remove questions about total boarding time and the 90th percentile ED length of stay. Therefore, summary statistics for these questions are not included below. Finally, while Leapfrog collected data on ED admissions to adult and pediatric psychiatric beds in 2026, we are not proposing to score and publicly report these data in 2027. Therefore, the summary statistics are limited to ED admissions to adult and pediatric non-psychiatric beds only.

Percentage of ED Patients Admitted to Adult or Pediatric Non-Psychiatric Beds Boarding > 4 Hours

Hospitals were asked to report on the total number of ED patients admitted to an adult or pediatric non-psychiatric bed for an inpatient stay or for observation. Based on these reported values, Leapfrog calculated the percentage of patients boarding greater than 4 hours (where a lower percentage is better), shown in the tables below. 28% of the 741 hospitals reported that <=10% of patients admitted to adult non-psychiatric beds had boarding times greater than 4 hours and 60% of 308 hospitals reported that <=10 of patients admitted to pediatric non-psychiatric beds had boarding times great then 4 hours (where a lower percentage of patient boarding greater than 4 hours is better).

Percentage of Patients Boarding Greater Than 4 Hours	Number (%) of Hospitals reporting on Admissions to ADULT Non-Psych Beds (n=741)	Number (%) of Hospitals reporting on Admissions to PEDIATRIC Non-Psych Beds (n=308)
<=10%	209 (28%)	184 (60%)
>10%-<=20%	131 (18%)	54 (18%)
>20%-<=30%	102 (14%)	24 (8%)
>30%-<=40%	87 (12%)	20 (6%)
>40%-<=50%	75 (10%)	11 (4%)
>50%-<=60%	57 (8%)	3 (1%)
>60%	80 (11%)	12 (4%)

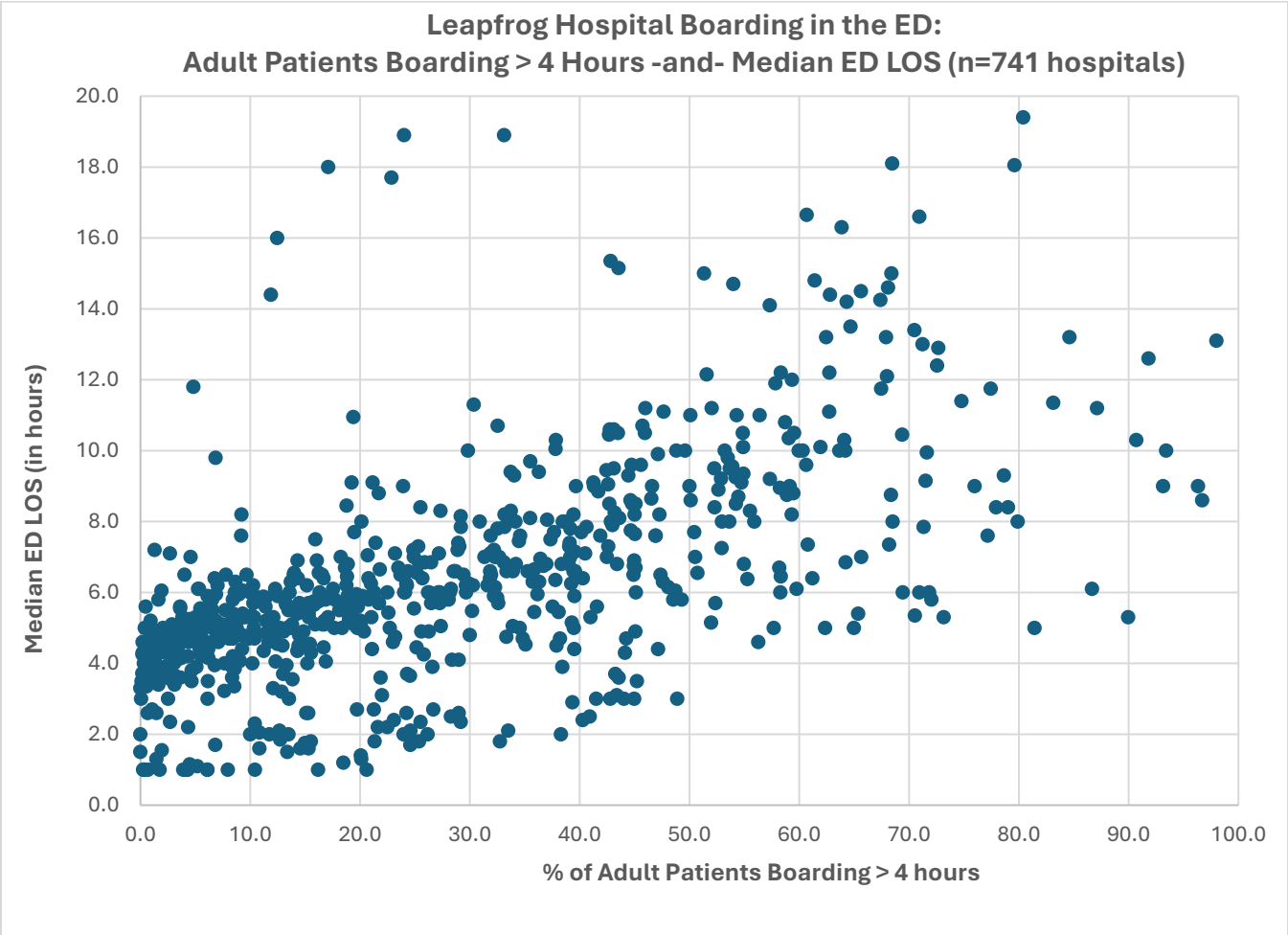
Median Emergency Department LOS for Admitted Patients

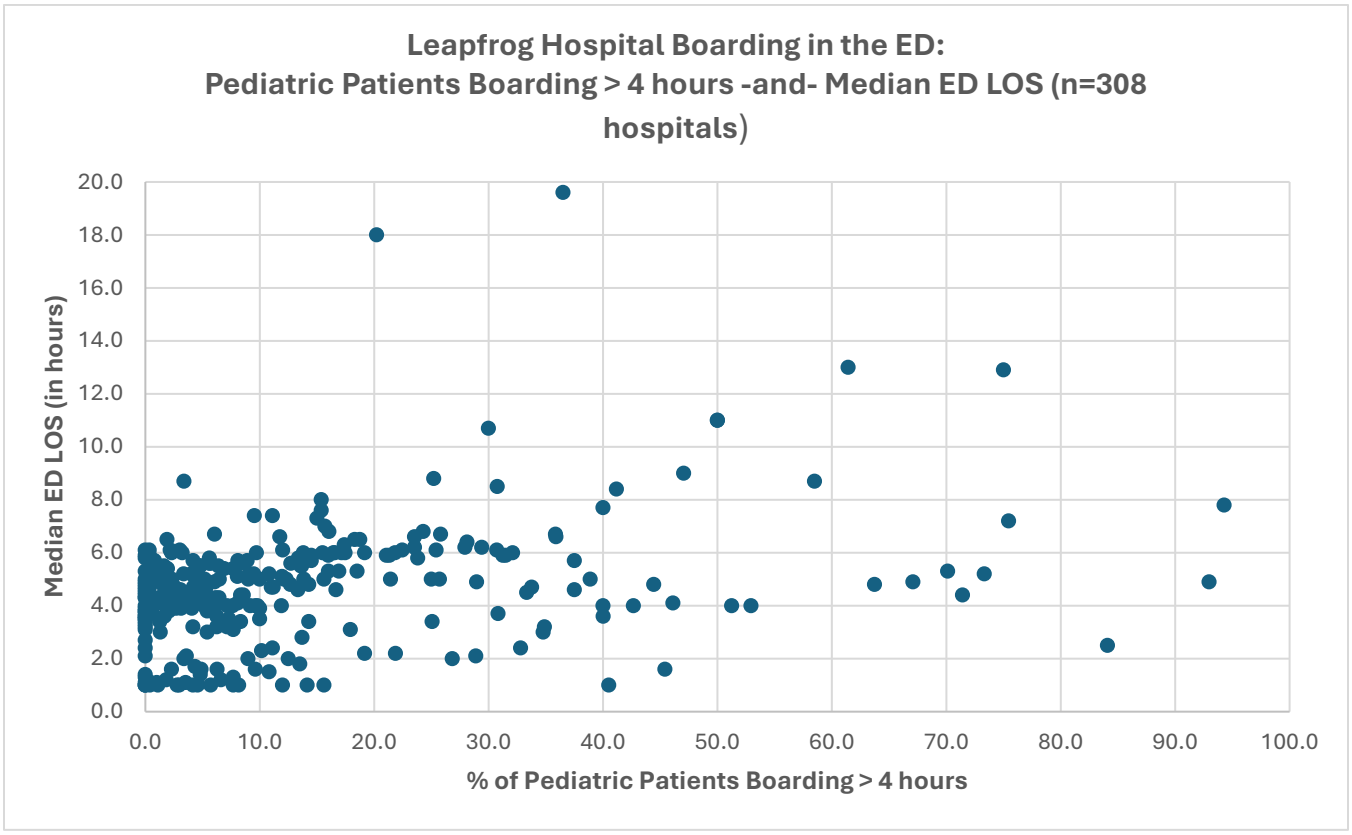
Hospitals were also asked to report on the median ED length of stay for ED patients admitted to an adult or pediatric non-psychiatric bed for an inpatient stay or for observation. Based on these reported values, Leapfrog calculated the percentage of hospitals reporting various median ED length of stay times, shown in the tables below. More than 75% of the 741 hospitals reported a median ED LOS <=8 hours for patients admitted to adult non-psychiatric beds and more than 90% of the 308 hospitals reported a median ED LOS <=8 hours for patients admitted to pediatric non-psychiatric beds (where a lower median ED LOS is better).

Median ED LOS	**Number (%) of hospitals reporting on Admissions to ADULT Non-Psych Beds (n=741)**	**Number (%) of hospitals reporting on Admissions to PEDIATRIC Non-Psych Beds (n=308)**
<=2 hours	42 (6%)	38 (12%)
> 2 hours - <= 4 hours	91 (12%)	74 (24%)
> 4 hours - <= 6 hours	287 (39%)	146 (47%)
> 6 hours - <= 8 hours	155 (21%)	33 (11%)
> 8 hours - <= 10 hours	83 (11%)	6 (2%)
> 10 hours - <= 12 hours	35 (5%)	3 (1%)
> 12 hours	48 (6%)	8 (3%)

Percentage of ED Patients Admitted to Non-Psychiatric Beds Boarding > 4 Hours and Median Emergency Department Length of Stay for Admitted Patients

The two scatterplots below illustrate the distribution of performance on both components of Leapfrog's proposed standard. The first scatterplot includes hospitals reporting on ED admissions to adult non-psychiatric beds, and the second scatterplot includes hospitals reporting on ED admissions to pediatric non-psychiatric beds.




Leapfrog Hospital Boarding in the ED:
Pediatric Patients Boarding > 4 hours -and- Median ED LOS (n=308 hospitals)
Median ED LOS (in hours)
20.0
18.0
16.0
14.0
12.0
10.0
8.0
6.0
4.0
2.0
0.0
0.0
10.0
20.0
30.0
40.0
50.0
60.0
70.0
80.0
90.0
100.0
% of Pediatric Patients Boarding > 4 hours

APPENDIX XIII

Section 7A: Never Events – Crosswalk for 2025 SRE List to 2011 SRE

2025 SRE	2011 SRE	Change
Procedural Events		
SRE 1*: Surgery or other invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong procedure, regardless of the type of procedure or the outcome	1A. Surgery or other invasive procedure performed on the wrong site; 1B. Surgery or other invasive procedure performed on the wrong patient; 1C. Wrong surgical or other invasive procedure performed on a patient	Three events consolidated
SRE 2*: Unintended retention of a medical or surgical item in a patient after surgery or other invasive procedure, regardless of the type of procedure or the outcome	1D. Unintended retention of a foreign object in a patient after surgery or other invasive procedure	Updated
SRE 3: Patient harm associated with perioperative or periprocedural anesthesia or sedation of an ASA Class I or ASA Class II patient	1E. Intraoperative or immediately postoperative/postprocedure death in an ASA Class I patient	Updated; expanded to ASA Class II
SRE 4*: Medically assisted reproduction with the wrong donor sperm or egg, regardless of the outcome	4G. Artificial insemination with the wrong donor sperm or wrong egg	Updated
SRE 5*: Introduction of an unapproved, unscreened, or inappropriately approved device, implant, or object into an MR Zone IV area, regardless of the outcome	6A. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area	Updated
SRE 6: Patient harm associated with an MRI–related thermal injury	None	**New**
SRE 7*: Administration of radiotherapy to the wrong patient, to the wrong body region, by an unintended procedure, or that is the wrong dose, regardless of the outcome	None	**New**
Product or Device Events		
SRE 8: Patient harm associated with the use of contaminated drugs, devices, or biologics	2A. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting	Updated
SRE 9: Patient harm associated with the use or function of a medical device in patient care, in which the device is used or functions other than as intended	2B. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended	Updated; absorbs part of 5A
SRE 10: Patient harm occurring when systems designated for oxygen or other gas to be delivered to a patient contain no gas, the wrong gas, or are contaminated by toxic substances	5B. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances	Updated

2025 SRE	2011 SRE	Change
SRE 11*: Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the healthcare setting, regardless of the outcome	5A. Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting	**New**; absorbs part of 5A
Patient Protection Events		
SRE 12*: Discharge or release of a patient who does not have decision-making capacity to other than an authorized person or entity, regardless of the outcome	3A. Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person.	Updated
SRE 13: Patient harm associated with the disappearance or unauthorized departure of a patient who does not have decision-making capacity	3B. Patient death or serious injury associated with patient elopement (disappearance).	Updated; absorbs 7B
SRE 14*: Patient suicide or suicide attempt that occurs after presentation for care or within seven days of discharge or release, regardless of the outcome	3C. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting	Updated; adds seven-day post-discharge window
SRE 15: Patient harm associated with the use of chemical restraints, physical restraints, or seclusion	5D. Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting	Updated
SRE 16*: Sexual abuse or sexual assault within or on the grounds of a healthcare setting, regardless of the outcome	7C. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting	Retained with prior intent
Care Provision Events		
SRE 17: Patient harm associated with a fall	4E. Patient death or serious injury associated with a fall while being cared for in a healthcare setting	Updated
SRE 18: Patient harm associated with an unintended burn from any source	5C. Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting	Updated
SRE 19: Patient harm associated with a medication error	4A. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)	Updated
SRE 20: Patient harm associated with unsafe processing or administration of blood products	4B. Patient death or serious injury associated with unsafe administration of blood products	Updated; adds processing
SRE 21: Patient harm associated with a Stage 3, Stage 4, unstageable, or deep tissue pressure injury acquired after admission	4F. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting	Updated; adds deep tissue injury
SRE 22: Patient harm associated with the irretrievable loss of a biological specimen that is irreplaceable or is only	4H. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen.	Updated

2025 SRE	2011 SRE	Change
replaceable through an invasive procedure		
SRE 23: Patient harm resulting from failure to act on clinically significant laboratory, pathology, or radiology test results	4I. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results.	Updated
SRE 24: Patient harm associated with an intravascular air embolism	2C. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting	Updated; recategorized
SRE 25: Maternal patient harm associated with labor or delivery in a low-risk pregnancy	4C. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting	Updated
SRE 26: Neonatal patient harm associated with labor or delivery in a low-risk pregnancy	4D. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy	Updated
SRE 27: Patient harm associated with the care of a neonate	None	**New**
SRE 28: Patient harm associated with unrecognized clinical deterioration	None	**New**

* The event must reach the patient to qualify as a Never Event for the purpose of reporting on the Leapfrog Hospital Survey.

2011 events retired with no 2025 equivalent:

- 7A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
- 7D. Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) within or on the grounds of a healthcare setting

APPENDIX XIV

Section 7B: Healthcare-Associated Infections Measure Specifications for 2027

Annual Requirements

For HAI data to be downloaded, scored, and publicly reported, hospitals are required to complete the following steps annually:

1. join Leapfrog's NHSN Group prior to the NHSN Download Date (provided in table below),
2. enter a valid NHSN ID in the Profile of the Leapfrog Hospital Survey,
3. respond "yes" in Section 7B, and
4. submit the 2027 Leapfrog Hospital Survey

Instructions for joining Leapfrog's NHSN group are available here in the "NHSN Guidance: Join the Group, Review/Accept Data Rights Template, and Download Reports" document. Hospitals that have previously joined Leapfrog's NHSN Group will remain in the group from year-to-year, but the other items must be completed annually. Hospitals that fail to complete any one of these steps will be publicly reported as "Declined to Report" for all five infection measures (CLABSI, CAUTI, MRSA, CDI, and SSI Colon).

Additional Requirement: Hospitals must also review and accept Leapfrog's Data Rights Template prior to the NHSN Download Date, and after any change to units. Hospitals must include all locations that were active during the reporting period **even if they are currently inactive or were recently added** to ensure that Leapfrog obtains an accurate SIR. The Data Rights Template does not automatically adjust when hospitals make updates to their mappings or add units, nor does it prompt users to review the template, so it is important to review it each year. Instructions on how to review, complete, and update the rights you confer in Leapfrog's Data Rights Template are available here in the "NHSN Guidance: Join the Group, Review/Accept Data Rights Template, and Download Reports" document.

NHSN Download Dates

Hospitals must join Leapfrog's NHSN group and finalize their HAI data submissions in NHSN **before** the NHSN download dates listed below. Corrections made by hospitals **on or after** the NHSN Download dates will not be accepted. Leapfrog will download data on the NHSN download dates using the reporting periods listed below and the 2022 Baseline. Leapfrog does not download data outside of the four data download dates.

NHSN Download Date	Reporting Period	Leapfrog Survey Submission Deadline	Verifying Leapfrog SIRs
*Hospitals must join Leapfrog's NHSN group and finalize all NHSN data **before** this date*	*Hospitals should download reports with this reporting period and the 2022 baseline on the NHSN Download Date*	*HAI data will not be publicly reported if hospitals have not submitted and provided a valid NHSN ID by this date*	*Data pulled by Leapfrog will be available to review on the Hospital Details Page or Public Reporting Website by these dates*
June 21, 2027	**9,125 or fewer patient days*:** 01/01/2025 – 12/31/2026	June 30, 2027	July 12, 2027**
	More than 9,125 patient days*: 01/01/2026 – 12/31/2026		

August 19, 2027*	**9,125 or fewer patient days*:** 01/01/2025 – 12/31/2026	Aug 31, 2027	September 10, 2027
	More than 9,125 patient days*: 01/01/2026 – 12/31/2026		
October 21, 2027	**9,125 or fewer patient days*:** 07/01/2025 – 06/30/2027	Oct 31, 2027	November 9, 2027
	More than 9,125 patient days*: 07/01/2026 – 06/30/2027		
December 16, 2027* **	**9,125 or fewer patient days*:** 07/01/2025 – 06/30/2027	Nov 30, 2027	January 11, 2028
	More than 9,125 patient days*: 07/01/2026 – 06/30/2027		

*Patient days reported via the 2026 NHSN Patient Safety Component - Annual Survey's "Number of Patient Days". Please note the criteria used for determining the application of the 24-month reporting period, is under review and open to public comment in Section 7B above.
**Data will be published to the Public Reporting Website starting on July 25, 2027.
***The Leapfrog Hospital Survey closes on November 30, 2027. The last NHSN data download is on December 16, 2027, to incorporate any facilities and corrections from facilities that joined prior to this last download date.

Verifying Leapfrog SIRs

Hospitals must regenerate datasets, save copies of the NHSN Patient Safety Component – Annual Hospital Survey, and download CMS IPPS Reports on the **same day** that Leapfrog will be downloading the data from NHSN. Instructions for generating datasets and downloading these reports from NHSN are available here in the "NHSN Guidance: Join the Group, Review/Accept Data Rights Template, and Download Reports" document. The following month, once results are scored and reported, hospitals should verify the data using their downloaded CMS IPPS Reports. If, while comparing your NHSN reports to your Leapfrog Hospital Survey Results, you find a discrepancy, you must contact Leapfrog's Help Desk immediately.

APPENDIX XV

Section 9F: CMS Measures (OAS CAHPS) – Proposed Scoring Algorithm for 2027

Hospitals are scored on their Top Box Scores from five domains included on the Outpatient and Ambulatory Surgery (OAS) CAHPS Survey:

- Facilities and Staff
- Communication About Your Procedure
- Patients' Rating of the Facility
- Patients Recommending the Facility
- Preparations for Discharge and Recovery (NEW)

Hospitals are scored based on the number of domains where the hospital is performing in the top quartile. The top quartiles will be calculated using results published by CMS for both Ambulatory Surgery Centers (ASCs) and hospitals on June 30, 2027. These cut-points will remain in place for the entire 2027 program cycle, unless it is determined that there are compelling reasons to make revisions.

Top Quartile for OAS CAHPS Domains (Quartiles [Q])	**Facilities and Staff (%)**	**Communication About Your Procedure (%)**	**Patients' Rating of the Facility (%)**	**Patients Recommending the Facility (%)**	**Preparations for Discharge and Recovery (%)**
Top Quartile (where higher scores are better)	TBD	TBD	TBD	TBD	TBD

Patient Experience (OAS CAHPS) Score (Performance Category)	**Meaning that the hospital…**
Achieved the Standard	Scored in top quartile of facilities on **4 out of 5** OAS CAHPS domains.
Considerable Achievement	Scored in top quartile of facilities on **3 out of 5** OAS CAHPS domains.
Some Achievement	Scored in top quartile of facilities on **2 out of 5** OAS CAHPS domains.
Limited Achievement	Scored in top quartile of facilities on **only 1 or no** OAS CAHPS domains.
Does Not Apply	The hospital does not perform outpatient procedures or is a pediatric facility.
Unable to Calculate Score	The hospital did not meet the minimum reporting requirements for the measure (<100 returned OAS CAHPS Surveys) or had too few cases/patients to report (i.e., CMS footnote 1, 6 or 10).
Not Available	The hospital did not provide an accurate CCN in the Hospital Profile, does not have CMS results for the reporting period (CMS footnote 5), or is exempt from the CMS Hospital OQR program (e.g., CMS footnote 19, Military Treatment Facilities, Prospective-Payment System Exempt cancer hospitals, etc.).

Section 9F: CMS Measures – Anticipated Reporting Periods and Deadlines for 2027: OP-32 Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy and OAS CAHPS Top Box Scores

CMS Download Date	CMS Reporting Period	Review Results
Leapfrog will download the dataset from the CMS Provider Data Catalog on these dates	*These reporting periods are subject to CMS data availability on the download date and may change.*	*Data pulled by Leapfrog will be available to review on the Hospital Details Page or Public Reporting Website by these dates*
June 30, 2027	OP-32: 1/1/2023 - 12/31/2025 OAS CAHPS: 7/1/2025 - 6/30/2026	July 12, 2027*
August 31, 2027	OP-32: 1/1/2023 - 12/31/2025 OAS CAHPS: 10/1/2025 - 9/30/2026	September 10, 2027
November 30, 2027	OP-32: 1/1/2023 - 12/31/2025 OAS CAHPS: 1/1/2026 - 12/31/2026	December 9, 2027

*Data will be published to the Public Reporting Website starting on July 25, 2027.

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