PROPOSED CHANGES TO THE 2020 LEAPFROG HOSPITAL SURVEY

OPEN FOR PUBLIC COMMENT
Comments Accepted until COB on December 20, 2019

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

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

- Online Submission Requirements
- Section 3A: Hospital and Surgeon Volume
- Section 6: NQF Safe Practices
- Section 8C: Opioid Prescribing (Not Scored or Publicly Reported in 2020)
- Section 10: Outpatient Procedures
- Request for Information from Hospitals that Operate Surgery Centers

The proposed changes to the 2020 Leapfrog Hospital Survey are outlined below. To provide public comment, please respond by completing the public comment form here. Comments will be accepted until COB on December 20, 2019.

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 2019 Leapfrog Hospital Survey, visit www.leapfroggroup.org/survey.

PROPOSED STRUCTURAL CHANGES

ONLINE SUBMISSION REQUIREMENTS

In 2020, in order to submit a 2020 Leapfrog Hospital Survey via the Online Hospital Survey Tool, hospitals will be required to complete and affirm all of the following five sections:

- Section 1 Basic Hospital Information
- Section 2 Medication Safety – Computerized Physician Order Entry (CPOE)
- Section 4 Maternity Care
- Section 5 ICU Physician Staffing
- Section 6 Patient Safety Practices (previously named NQF Safe Practices)
In previous years, hospitals were able to submit a Survey via the Online Hospital Survey Tool, by completing and affirming Section 1 Basic Hospital Information, as well as one of the following sections: Section 2 Medication Safety – CPOE, Section 4 Maternity Care, Section 5 ICU Physician Staffing, OR Section 6 NQF Safe Practices. As always, hospitals are expected to submit all sections of the Leapfrog Hospital Survey that are applicable to their facility.

The CPOE Evaluation Tool button will be available on the Survey Dashboard once a hospital has completed and affirmed Section 2, but submitting the Survey, including submitting the results from the Adult Inpatient CPOE Test, will not be an option on the Survey Dashboard until all five of the sections listed above have been completed and affirmed.

**PUBLIC REPORTING**

Leapfrog will continue to use four performance categories in the scoring and public reporting of Survey Results. However, we will discontinue the use of the performance category descriptions (e.g., “Fully Meets the Standard,” “Substantial Progress,” “Some Progress,” and “Willing to Report”) as the descriptions have been misunderstood as progress a hospital has made since their last Survey, rather than current progress towards meeting Leapfrog’s standards. Instead, Leapfrog will only use the “cell-phone bar” icons (e.g., four out of four bars, three out of four bars, two out of four bars, and one out of four bars) to more clearly communicate performance on each measure.

In addition, Leapfrog will add the scoring category “Declined to Measure,” which will be used when a hospital reports not measuring their performance on specific measures. For example, a hospital that reports not measuring their adherence to the clinical guidelines regarding newborn bilirubin screening will be scored and publicly reported as “Declined to Measure.”

Leapfrog will continue to use the scoring terms “Unable to Calculate Score,” “Does Not Apply,” and “Declined to Respond.”

An example of how 2020 Survey Results will be displayed on our public reporting website is available in Appendix I.

**PROPOSED CONTENT CHANGES**

**SECTION 1: BASIC HOSPITAL INFORMATION**

There are no proposed changes to this section. Leapfrog will continue to obtain teaching status data directly from the CDC’s National Healthcare Safety Network (NHSN) Patient Safety Component – Annual Hospital Survey. Find instructions on how to join Leapfrog’s NHSN Group and deadlines for the 2020 Survey on our website.

**SECTION 2: MEDICATION SAFETY – COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)**

There are no proposed changes to this section.

**SECTION 2: CPOE EVALUATION TOOL (FOR ADULT HOSPITALS ONLY)**

The Therapeutic Duplication order-checking category will be renamed Duplicate Medication to better reflect test scenarios included in the category: Medication combinations that overlap therapeutically (same agent or same class). As always, the Test Order library will be updated to remove medications that are commonly reported as not being in hospitals’ formularies.
There are no proposed changes to the scoring algorithm for the CPOE Evaluation Tool.

SECTION 3: INPATIENT SURGERY (APPLICABLE TO PEDIATRIC HOSPITALS IN 2020)

SECTION 3A: HOSPITAL AND SURGEON VOLUME

NEW IN 2020: PEDIATRIC PROCEDURE, ORTHOPEDIC PROCEDURES, AND VOLUME + OUTCOMES

PEDIATRIC PROCEDURE (ADDING NORWOOD PROCEDURE)

For the past several years, Leapfrog has worked with our national Inpatient Surgery Expert Panel to review the literature on the volume-outcome relationship for certain high-risk pediatric surgical procedures. In 2020, we will add Norwood Procedures to Section 3A of the Leapfrog Hospital Survey. The Norwood procedure is a life-saving procedure performed shortly after birth on infants with hypoplastic left heart syndrome. The Norwood procedure is the first of a three-stage heart surgery to create a new functional systemic circuit in these patients. The Norwood procedure was selected for inclusion on the Survey for two primary reasons: (1) it is a high-risk surgery, categorized by The Society of Thoracic Surgeons (STS) in their highest risk category for congenital heart surgery (STAT Mortality Category 5) and; (2) the peer-reviewed literature has identified a strong volume-outcome relationship for the procedure. Leapfrog’s proposed minimum volume standard is 10 cases for hospitals and 5 cases for surgeons.

While the peer-reviewed literature has identified a strong relationship between both a hospital’s volume and surgeon’s volume with better patient outcomes, Leapfrog recognizes that for many high-risk surgeries, like for the Norwood procedure, there are additional measures that would help paint a more complete picture of a hospital’s quality with the procedure. Therefore, in addition to reporting on hospital volume, and whether the hospital’s privileging process includes the surgeon meeting or exceeding Leapfrog’s minimum surgeon volume standard, hospitals who perform the Norwood procedure will also be asked to report on:

- Participation in The Society of Thoracic Surgeons’ (STS) Congenital Heart Surgery Database (CHSD)
- 30-day mortality rate for patients undergoing the procedure (from the STS database)
- 1-year survival rate for patients undergoing the procedure (from the STS database)

Leapfrog will not score or publicly report any information on the Norwood procedure in 2020.

ADDITIONAL MEASURES FOR MITRAL VALVE REPAIR AND REPLACEMENT (MVRR)

Beginning in 2020, hospitals that electively perform Mitral Valve Repair and Replacement (MVRR) procedures will be asked to report additional information about their quality, including:

- Participation in The Society of Thoracic Surgeons’ (STS) Adult Cardiac Surgery Database (ACSD)
- One/Two/Three star ratings for their STS Mitral Valve Repair/Replacement (MVRR) domain scores (Absence of Operative Mortality and Absence of Major Morbidity) and their Overall Composite Score

This additional information for Mitral Valve Repair and Replacement will not be scored or publicly reported in 2020. Hospitals will continue to be scored on hospital volume and surgeon privileging processes only.
ORTHOPEDIC PROCEDURES (TOTAL HIP AND TOTAL KNEE REPLACEMENT)

Leapfrog announced in 2018 a delay in adding Total Hip Replacement and Total Knee Replacement procedures to Section 3A to allow our national expert panel additional time in finalizing their recommendations for minimum hospital and surgeon volume standards. The recommendations have been finalized and the procedures will be added to the Survey in 2020.

Hospitals will be asked to report on their volume of these two procedures and whether the hospital’s privileging process includes surgeons meeting or exceeding Leapfrog’s minimum surgeon volume standard. The proposed minimum volume standards for Total Knee Replacement are 50 cases for hospitals and 25 cases for surgeons. The proposed minimum volume standards for Total Hip Replacement are 50 cases for hospitals and 25 cases for surgeons. Leapfrog will not score or publicly report any information on Total Hip Replacement or Total Knee Replacement procedures in 2020.

Leapfrog is seeking recommendations from stakeholders regarding fully developed and tested clinical quality measures that could be added in 2021 that would provide purchasers and consumers with a more complete assessment of a hospital’s experience and their quality with these procedures (additional measures that would be similar to those we have listed above for the Norwood procedure and MVRR).

UPDATES TO EXISTING MEASURES

Based on recommendations from our national expert panel and our technical coding expert, Leapfrog will update the list of Mitral Valve Repair and Replacement procedures codes to only reflect procedures that use an “open” approach, removing those procedures that use a “percutaneous endoscopic” approach.

Based on recommendations from hospitals, Leapfrog will add additional diagnosis codes for identifying hospital volume for two of the high-risk cancer procedures (i.e., Lung Resection for Cancer and Pancreatic Resection for Cancer):

- Lung Cancer Surgery: Malignant Carcinoid Tumor of the Bronchus and Lung and Malignant Neuroendocrine Tumor
- Pancreatic Cancer Surgery: Malignant Neuroendocrine Tumor, Pancreas and Intraductal Papillary Mucinous Neoplasm

A complete list of minimum hospital and surgeon volume standards for 2020 is available in Appendix II.

SECTION 3B: SURGICAL APPROPRIATENESS

Total Hip Replacement and Total Knee Replacement will be added to the list of procedures for questions regarding surgical appropriateness, but will not be publicly reported in 2020. Given the evidence around appropriateness with regard to Norwood procedure cases, this procedure will not be included in Section 3B Surgical Appropriateness in 2020.

SECTION 4: MATERNITY CARE

Leapfrog will provide updated measure specifications from The Joint Commission (TJC) for PC-01 Elective Deliveries (Section 4B), PC-02 Cesarean Birth (Section 4C), and PC-03 Antenatal Steroids (Section 4F) for those hospitals that do not already submit data to TJC and therefore need to retrospectively collect data. Hospitals measuring these quality indicators and reporting results to The Joint Commission should continue to use the data reported to TJC when responding to these subsections of the Survey.
In addition, 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 4B Elective Deliveries, 4C Cesarean Birth, 4D Episiotomy, 4E Process Measures of Quality, and Antenatal Steroids within Section 4F High-Risk Deliveries.

SECTION 4A: MATERNITY VOLUME

There are no proposed changes to this subsection.

SECTION 4B: ELECTIVE DELIVERIES

There are no proposed changes to this subsection.

SECTION 4C: CESAREAN BIRTH

There are no proposed changes to this subsection.

SECTION 4D: EPISIOTOMY

To align with the other measures in Section 4 Maternity Care, Leapfrog is adding minimum reporting criteria for reporting on episiotomies in Section 4D. Hospitals will only report a numerator in Section 4D question #3 if they have at least 10 qualifying cases in the denominator (question #2). Hospitals with less than 10 cases will be publicly reported as “Unable to Calculate Score.” This should affect very few hospitals given the denominator specifications and the requirement that hospitals need at least 10 live births in order to report on any measure in Section 4 Maternity Care.

Due to CMS’ FY 2019 update to the national MS-DRG codes, Leapfrog has removed the following MS-DRG codes that were previously used in identifying vaginal deliveries for the purposes of reporting on the episiotomy denominator (question #2):

- 767: Vaginal delivery with sterilization and/or D&C
- 774: Vaginal delivery with complicating diagnoses
- 775: Vaginal delivery without complicating diagnoses

These MS-DRG codes were retired as of October 2018 discharges and should no longer be used for reporting on Section 4D Episiotomy in the 2020 Leapfrog Hospital Survey, which will use a 12-month reporting period ending 12/31/2019 or 06/30/2020 based on the date of submission. The episiotomy measure is endorsed by the National Quality Forum (NQF) and the measure steward has removed these MS-DRGs in their most recent annual update completed on January 9, 2019.

For the purposes of this measure, the following MS-DRGs should be used to identify a vaginal delivery:

- 768: Vaginal delivery with O.R. procedure except sterilization and/or D&C
- 796: Vaginal delivery with sterilization/D&C with MCC
- 797: Vaginal delivery with sterilization/D&C with CC
- 798: Vaginal delivery with sterilization/D&C without CC/MCC
- 805: Vaginal delivery without sterilization/D&C with MCC
- 806: Vaginal delivery without sterilization/D&C with CC
• 807: Vaginal delivery without sterilization/D&C without CC/MCC

The following APR-DRGs should continue to be used to identify a vaginal delivery if your facility uses APR-DRG coding:

• 541: Vaginal delivery with sterilization and/or D&C
• 542: Vaginal delivery with complicating procedures excluding sterilization and/or D&C
• 560: Vaginal delivery

There are no changes to the numerator specifications or the scoring algorithm for Section 4D Episiotomy.

SECTION 4E: PROCESS MEASURES OF QUALITY

Due to CMS' FY 2019 update to the national MS-DRG codes, Leapfrog has removed the following MS-DRG codes that were previously used in identifying women undergoing cesarean delivery for the purposes of reporting on the denominator for appropriate DVT prophylaxis (question #7):

• 765: Cesarean section with CC/MCC
• 766: Cesarean section without CC/MCC

These MS-DRG codes were retired as of October 2018 discharges and should no longer be used for reporting on the DVT prophylaxis measure in Section 4E Process Measure of Quality in the 2020 Leapfrog Hospital Survey, which will use a 12-month reporting period ending 12/31/2019 or 06/30/2020 based on the date of submission.

For the purposes of this measure, the following MS-DRGs should be used to identify a cesarean delivery:

• 783: Cesarean section with sterilization with MCC
• 784: Cesarean section with sterilization with CC
• 785: Cesarean section with sterilization without CC/MCC
• 786: Cesarean section without sterilization with MCC
• 787: Cesarean section without sterilization with CC
• 788: Cesarean section without sterilization without CC/MCC

There are no changes to the numerator specifications for appropriate DVT prophylaxis in women undergoing cesarean delivery and no changes to the measure specifications for reporting on newborn bilirubin screening prior to discharge in Section 4E Process Measures of Quality.

In 2020, Leapfrog will score and publicly report the two maternity care process measures separately, which include newborn bilirubin screening prior to discharge and appropriate DVT prophylaxis in women undergoing cesarean delivery. Previously these two measures were evaluated together and overall performance was publicly reported. Hospitals will still need to achieve a rate of 90% or greater to meet Leapfrog’s standard for each measure.

In addition, Leapfrog will publicly report performance on each maternity care process measure as “Declined to Measure” if a hospital indicates that they did not perform a medical record audit and measure adherence to the clinical guideline in Section 4E.

The proposed scoring algorithms for the two maternity care process standards may be reviewed below.
### Proposed Scoring Algorithms

#### Newborn Bilirubin Screening Prior to Discharge

A hospital's adherence to the newborn bilirubin screening prior to discharge clinical guideline is used to determine in which performance category a hospital is placed:

<table>
<thead>
<tr>
<th>Maternity Care Process Measures Score (Performance Category)</th>
<th>Meaning that...</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 out of 4 bars</td>
<td>The hospital met the 90% target for Newborn Bilirubin Screening Prior to Discharge.</td>
</tr>
<tr>
<td>1 out of 4 bars</td>
<td>The hospital did not meet the 90% target for Newborn Bilirubin Screening Prior to Discharge.</td>
</tr>
<tr>
<td>Unable to Calculate Score</td>
<td>The hospital did not meet the minimum reporting size (n &lt; 10).</td>
</tr>
<tr>
<td>Does Not Apply</td>
<td>The hospital did not deliver newborns during the reporting period or the labor and delivery unit is now closed.</td>
</tr>
<tr>
<td>Declined to Measure</td>
<td>The hospital did not collect data on this measure.</td>
</tr>
<tr>
<td>Declined to Respond</td>
<td>The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.</td>
</tr>
<tr>
<td>Pending Leapfrog Verification</td>
<td>The hospital's responses are undergoing Leapfrog’s standard verification process.</td>
</tr>
</tbody>
</table>

#### Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery

A hospital's adherence to the appropriate DVT prophylaxis in women undergoing cesarean delivery clinical guideline is used to determine in which performance category a hospital is placed:

<table>
<thead>
<tr>
<th>Maternity Care Process Measures Score (Performance Category)</th>
<th>Meaning that...</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 out of 4 bars</td>
<td>The hospital met the 90% target for Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery.</td>
</tr>
<tr>
<td>1 out of 4 bars</td>
<td>The hospital did not meet the 90% target for Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery.</td>
</tr>
<tr>
<td>Unable to Calculate Score</td>
<td>The hospital did not meet the minimum reporting size (n &lt; 10).</td>
</tr>
<tr>
<td>Does Not Apply</td>
<td>The hospital did not deliver newborns during the reporting period or the labor and delivery unit is now closed.</td>
</tr>
<tr>
<td>Declined to Measure</td>
<td>The hospital did not collect data on this measure.</td>
</tr>
<tr>
<td>Declined to Respond</td>
<td>The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.</td>
</tr>
<tr>
<td>Pending Leapfrog Verification</td>
<td>The hospital’s responses are undergoing Leapfrog’s standard verification process.</td>
</tr>
</tbody>
</table>
SECTION 4F: HIGH-RISK DELIVERIES

Section 4F High-Risk Deliveries includes the NQF-endorsed PC-03 Antenatal Steroids measure from The Joint Commission (TJC). TJC has announced that they will be retiring this measure as of January 1, 2020 because they have found that most hospitals are performing well on the measure. However, Leapfrog has found significant opportunity for hospital improvement on this measure. As a result, Leapfrog will continue to include this measure in Section 4F High-Risk Deliveries of the 2020 Leapfrog Hospital Survey. Adherence to this antenatal steroids process measure will still be used to assess a hospital’s performance on High-Risk Deliveries, where there is still opportunity for many hospitals to improve.

Leapfrog will update the measure specifications to reflect TJC’s latest update to the specifications. Hospitals reporting using data from calendar 2019 (for Surveys submitted before September 1, 2020) should still report using the 2019 PC-03 data that was reported to TJC before the measure was retired, which can be found in their vendor report.

In addition, hospitals will continue to have several different options for reporting on the measure and can use any of the following:

- Data from their Vermont Oxford Network (VON) Report
- Data from their California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center Report
- Data collected (either all cases or sample of at least 60) by following the measure specifications provided in the 2020 Leapfrog Hospital Survey

There are no proposed changes to the scoring algorithm for Section 4F High-Risk Deliveries.

SECTION 5: ICU PHYSICIAN STAFFING (IPS)

There are no proposed changes to this section.

SECTION 6: NQF SAFE PRACTICES

Section 6 NQF Safe Practices will be renamed Section 6 Patient Safety Practices.

Leapfrog will remove NQF Safe Practice #4 – Risks and Hazards (Section 6C of the 2019 Leapfrog Hospital Survey) due to the changing evidence supporting the impact of this practice on reducing adverse events. We will also remove NQF Safe Practice #19 – Hand Hygiene (Section 6E of the 2019 Leapfrog Hospital Survey) and replace it with the new subsection on Hand Hygiene that was added in 2019.

In summary, in 2020, Section 6 of the Leapfrog Hospital Survey will include the following subsections:

- Section 6A: NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems
- Section 6B: NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention
- Section 6C: NQF Safe Practice #9 – Nursing Workforce
- Section 6D: Hand Hygiene

The following two NQF Safe Practices will be removed from the 2020 Leapfrog Hospital Survey:

- NQF Safe Practice #4 – Risks and Hazards (Section 6C of the 2019 Leapfrog Hospital Survey)
- NQF Safe Practice #19 – Hand Hygiene (Section 6E of the 2019 Leapfrog Hospital Survey)
The two practices being removed from this section (Practices #4 and #19) **WILL** be included in the Spring 2020 Leapfrog Hospital Safety Grades©, as data from the 2019 Survey will still be used for that round of Safety Grades. The practices being removed from the 2020 Survey will no longer appear in the Safety Grade starting in Fall 2020. In Fall 2020, Leapfrog intends to start including the new Hand Hygiene standard (from Section 6D of the 2020 Leapfrog Hospital Survey) in the Leapfrog Hospital Safety Grade.

In 2020, the four patient safety practices in Section 6 will be scored and publicly reported individually. Hospitals will be assigned to a performance category (e.g., four out of four bars, three out of four bars, etc.) for each of the four patient safety practices using updated scoring algorithms and results for each practice will be publicly reported at [www.leapfroggroup.org/compare](http://www.leapfroggroup.org/compare).

The proposed scoring algorithm for NQF Safe Practice #1, Practice #2, and Practice #9 may be reviewed below. The proposed scoring algorithm for the hand hygiene standard may be reviewed in the next section.

Leapfrog plans to update its Nursing Workforce standard for the 2021 Leapfrog Hospital Survey to reflect the latest research on the impact of nurse staffing and the nurse work environment on providing high quality, safe patient care. Research continues to demonstrate that having the right nursing staffing models and creating an environment in which nurses have the support and resources to provide the highest quality care results in better outcomes for patients. Leapfrog has formed a national Nursing Workforce Expert Panel to help develop a new nursing workforce standard. Initial conversations with the expert panel about the updated standard have explored having hospitals report on a number of structural measures, including measures related to: nursing hours, skill mix, education, perceptions of the work environment, and burnout. Hospitals recognized as an American Nurses Credentialing Center (ANCC) Magnet® organization are likely to have a reduced reporting burden as a result of the alignment with some of these concepts. Hospitals that participate in the National Database of Nursing Quality Indicators (NDNQI) will likely be able to re-purpose their data from that database, reducing their survey reporting burden as well. Leapfrog is seeking feedback from stakeholders on asking hospitals to conduct biennial surveys of their nurses around perceptions of the work environment (e.g., the Practice Environment Scale of the Nursing Work Index (PES-NWI), Job Satisfaction Scale for Clinical Nurses (JSS-CN)) and burnout (e.g., Well-being Index).

**Proposed Scoring Algorithm**

The following scoring algorithm applies to each of the following NQF Safe Practices:

- Section 6A: NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems
- Section 6B: NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention
- Section 6C: NQF Safe Practice #9 – Nursing Workforce

<table>
<thead>
<tr>
<th>Score (Performance Category)</th>
<th>Overall Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 out of 4 bars</td>
<td>100% of Points</td>
</tr>
<tr>
<td>3 out of 4 bars</td>
<td>80% to 99% of Points</td>
</tr>
<tr>
<td>1 out of 4 bars</td>
<td>&lt;80% of Points</td>
</tr>
<tr>
<td>Declined to Respond</td>
<td>The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.</td>
</tr>
</tbody>
</table>
Pending Leapfrog Verification

The hospital’s responses are undergoing Leapfrog’s standard verification process.

Scoring details are described below.

1. **Maximum Points:** Each of the three NQF Safe Practices has a maximum number of points.

<table>
<thead>
<tr>
<th>NQF Safe Practice</th>
<th>Maximum Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Culture of Safety Leadership Structures and Systems</td>
<td>120</td>
</tr>
<tr>
<td>2. Culture Measurement, Feedback, and Intervention</td>
<td>120</td>
</tr>
<tr>
<td>9. Nursing Workforce*</td>
<td>100</td>
</tr>
</tbody>
</table>

*Hospitals indicating in NQF Safe Practice #9 that they have current Magnet status designation, as determined by the American Nurses Credentialing Center (ANCC), will receive full points for this Safe Practice.

2. **Point values per checkbox:** Within an NQF Safe Practice, each question has an equal point value, computed as the Maximum Points for that Practice divided by the number of checkboxes within that Practice.

3. **Points Earned:** Total points earned for each NQF Safe Practice is the sum of the points for each checkbox marked in that respective Safe Practice (the exception being NQF Safe Practice #9, whereby hospitals indicating that they have current Magnet status designation, as determined by the American Nurses Credentialing Center (ANCC), will automatically receive full credit).

4. **Performance Category cut-points** are based on a percentage of the Maximum Points achievable for each NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut-points further. However, there are no current plans or commitments to change the cut-points during the 2020 Survey Cycle.

5. **Updated submissions:** Hospitals may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas. Hospitals submitting new information will have new results replace the posted results from the prior submission to reflect this progress, consistent with Leapfrog’s monthly update of Survey Results.

**SECTION 6D: HAND HYGIENE (WILL REPLACE NQF SAFE PRACTICE #19 – HAND HYGIENE)**

In 2019, Leapfrog added a new subsection to Section 6 of the Leapfrog Hospital Survey, which focused on adherence to “best practice” Hand Hygiene practices identified by a national Hand Hygiene Expert Panel and adopted in part from the World Health Organization’s Hand Hygiene Self-Assessment Framework. As was announced in the 2019 Survey proposed changes, this new subsection will replace NQF Safe Practice #19 – Hand Hygiene (Section 6E of the 2019 Leapfrog Hospital Survey) for the 2020 Survey.

Leapfrog would like to thank the over 1,600 hospitals that responded to this new subsection in the 2019 Survey and to thank those that provided feedback. All of the feedback was taken into consideration and helped inform the panel’s final recommendations for the 2020 Survey, as detailed below:

The questions will be significantly updated for the 2020 Survey and will focus on five domains:

- Training and education
- Infrastructure
- Monitoring
• Feedback
• Culture

In 2020, Leapfrog will score and publicly report responses using a scoring algorithm developed with guidance from Leapfrog’s national Hand Hygiene Expert Panel. The questions and scoring algorithm encourage a multimodal approach and emphasize the importance of monitoring and feedback, which are both required in order to meet Leapfrog’s standard.

Results from this subsection will be included in the Hospital Safety Grade starting with the Fall 2020 release and will replace NQF Safe Practice #19 – Hand Hygiene.

A draft of the Hand Hygiene questions for the 2020 Leapfrog Hospital Survey is available in Appendix III.

The proposed scoring algorithm for the hand hygiene standard may be reviewed below.

**Proposed Scoring Algorithm**

Hospitals will be scored based on their performance on five domains of hand hygiene. In order to meet each domain, the hospital must respond in the affirmative to all applicable questions.

1. Monitoring
   a. Electronic: questions #8-10
   b. Direct Observation: question #11-13
2. Feedback: questions #14-17
3. Training: questions #1-3
4. Infrastructure: questions #4-7
5. Culture: questions #18-19

<table>
<thead>
<tr>
<th>Hand Hygiene (Performance Category)</th>
<th>DOMAINS THAT NEED TO BE MET</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monitoring</strong></td>
<td>1</td>
</tr>
<tr>
<td>Electronic</td>
<td>✓</td>
</tr>
<tr>
<td>Direct Observation</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Feedback</strong></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>Infrastructure</td>
<td></td>
</tr>
<tr>
<td>Culture</td>
<td></td>
</tr>
</tbody>
</table>

- **4 of 4 bars**
  - Electronic Monitoring Path: Meet 1 of 3 domains
  - Direct Observation Path: Meet 2 of 3 domains

- **3 of 4 bars**
  - Electronic Monitoring Path: Meet 1 of 4 domains
  - Alternate Path: Meet 3 of 5 domains

- **2 of 4 bars**
  - Meet 2 of 5 domains

- **1 of 4 bars**
  - Meet zero or 1 of 5 domains

- **Declined to Respond**
  - The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.

- **Pending Leapfrog Verification**
  - The hospital’s responses are undergoing Leapfrog’s standard verification process.
SECTION 7: MANAGING SERIOUS ERRORS

SECTION 7A: NEVER EVENTS POLICY STATEMENT

There are no proposed changes to this subsection.

SECTION 7B: HEALTHCARE-ASSOCIATED INFECTIONS

There are no proposed changes to this subsection. Leapfrog will continue to obtain healthcare-associated infection data directly from the CDC’s National Healthcare Safety Network (NHSN). Find instructions on how to join Leapfrog’s NHSN Group and deadlines for the 2020 Survey on our website.

SECTION 7C: ANTIBIOTIC STEWARDSHIP PRACTICES

There are no proposed changes to this subsection. Leapfrog will continue to obtain antibiotic stewardship practices data directly from the CDC’s National Healthcare Safety Network (NHSN). Find instructions on how to join Leapfrog’s NHSN Group and deadlines for the 2020 Survey on our website.

SECTION 8: MEDICATION SAFETY

SECTION 8A: BAR CODE MEDICATION ADMINISTRATION

In 2020, based on feedback from hospitals and Leapfrog’s national BCMA Expert Panel, Leapfrog will update the definition of Labor and Delivery units in question #9 to exclude operating rooms. The updated definition is included below:

Labor and delivery units should include all antepartum and postpartum units. Additionally, other procedural areas should be included as labor/delivery units. Nursery units and OR units should be excluded.

There are no proposed changes to the scoring algorithm for Section 8A Bar Code Medication Administration.

SECTION 8B: MEDICATION RECONCILIATION

There are no proposed changes to this subsection.

SECTION 8C: OPIOID PRESCRIBING (NOT SCORED OR PUBLICLY REPORTED IN 2020)

In 2020, Leapfrog will add a new subsection focused on safe opioid prescribing. This new subsection will be optional in 2020, and responses will not be scored or publicly reported.

The subsection will focus on three areas of opioid prescribing: concurrent prescriptions at discharge, prescription monitoring via state-based prescription drug monitoring programs (PDMPs), and adherence to national evidence-based prescribing guidelines for surgical patients.
First, to assess the proportion of adult inpatients prescribed, or continued on, two or more opioids or an opioid and benzodiazepine concurrently at discharge, which is a known risk for opioid overdose, Leapfrog will ask adult and general hospitals to report their results from the CMS eCQM Concurrent Safe Use of Opioids - Concurrent Prescribing measure. Hospitals will be able to use their CMS eCQM report in 2020 to report on this measure. For those hospitals that do not participate in CMS’ Inpatient Quality Reporting Program, Leapfrog will make measure specifications available for retrospective data collection. These questions are not applicable to pediatric hospitals and will also not be added to the 2020 Leapfrog ASC Survey.

Second, to assess participation in what the Centers for Disease Control and Prevention have identified as a promising practice to improve opioid prescribing and to protect patients, Leapfrog will ask hospitals about their participation in their statewide prescription drug monitoring program and whether prescribers are required to check the database before writing a new prescription. These questions will be applicable to adult and pediatric hospitals and will also be added to the 2020 Leapfrog ASC Survey.

Lastly, Leapfrog will ask hospitals to report on their adherence to national evidence-based prescribing guidelines for surgical patients and how they monitor adherence to these guidelines. These measures are not applicable to pediatric hospitals, but will be added to the 2020 Leapfrog ASC Survey.

SECTION 9: PEDIATRIC CARE

SECTION 9A: PATIENT EXPERIENCE (CAHPS CHILD HOSPITAL SURVEY)

Leapfrog will revise the scoring algorithm for Section 9A Patient Experience (CAHPS Child Hospital Survey) to align with the scoring algorithm for Section 10E Patient Experience (OAS CAHPS Survey). The revised scoring algorithm will assess the number of domains where the hospital is performing in the top quartile. The quartiles for each domain will be updated based on 2020 Leapfrog Hospital Surveys submitted by June 30, 2020.

In addition, hospitals that were eligible, but did not administer the CAHPS Child Hospital Survey, will be scored and publicly reported as “Declined to Measure,” instead of “Declined to Respond.”

The proposed scoring algorithm for the patient experience (CAHPS Child Hospital Survey) standard may be reviewed below.

**Proposed Scoring Algorithm**

<table>
<thead>
<tr>
<th>Patient Experience (Performance Category)</th>
<th>Total Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 out of 4 bars</td>
<td>Scored in top quartile of hospitals on at least <strong>4 out of 5</strong> Child CAHPS domains</td>
</tr>
<tr>
<td>3 out of 4 bars</td>
<td>Scored in top quartile of hospitals on <strong>3 out of 5</strong> Child CAHPS domains</td>
</tr>
<tr>
<td>2 out of 4 bars</td>
<td>Scored in top quartile of hospitals on <strong>2 out of 5</strong> Child CAHPS domains</td>
</tr>
<tr>
<td>1 out of 4 bars</td>
<td>Scored in top quartile of hospitals on <strong>1 or fewer</strong> Child CAHPS domains</td>
</tr>
<tr>
<td>Unable to Calculate Score</td>
<td>The hospital did not meet the minimum reporting requirements for the measure (&lt;100 returned CAHPS Child Hospital Surveys).</td>
</tr>
<tr>
<td>Does Not Apply</td>
<td>The hospital had too few pediatric inpatient admissions (n &lt; 500) to administer the CAHPS Child Hospital Survey, or had fewer than 100 non-NICU pediatric inpatient admissions</td>
</tr>
</tbody>
</table>
DECLINED TO MEASURE
The hospital did not collect data on this measure.

DECLINED TO RESPOND
The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.

PENDING LEAPFROG VERIFICATION
The hospital’s responses are undergoing Leapfrog’s standard verification process.

SECTION 9B: PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE

Based on the recommendation of the measure developer, Leapfrog will ask hospitals to report on what phantom dose was used for head and abdomen/pelvis scans (e.g., 16cm or 32cm phantom dose). For hospitals with more than one CT machine using both 16cm and 32cm phantom doses, Leapfrog will ask them to report on the machine that was used for the highest volume of head scans and abdomen/pelvis scans.

This new information will allow Leapfrog to revise the scoring algorithm by calculating benchmarks based on the reported phantom dose for each anatomic area. The benchmark for each age stratum and anatomic area will be updated based on Leapfrog Hospital Surveys submitted by June 30, 2020.

In addition, hospitals that perform pediatric CT scans, but did not calculate their distribution of CT radiation doses for the Survey, will be scored and publicly reported as “Declined to Measure,” instead of “Declined to Respond.”

Lastly, in order to ensure standardized reporting, Leapfrog plans to include revised measure specifications that include a list of codes to identify head or abdomen/pelvis scans.

SECTION 10: OUTPATIENT PROCEDURES

BACKGROUND

The Leapfrog Group, its Board of Directors, Regional Leaders, and purchaser members would like to thank the over 1,200 hospitals that submitted the inaugural Section 10 Outpatient Procedures of the 2019 Leapfrog Hospital Survey. Starting in July of next year, participating facilities, consumers, payers, purchasers, and others will be able to compare the safety and quality of hospital outpatient departments (HOPDs) and Ambulatory Surgery Centers (ASCs) using a comparable and standardized set of national patient safety and quality measures.

In recognition of the fact that more than 60 percent of surgeries in the United States are being performed in outpatient units or ASCs, Leapfrog launched both the Leapfrog ASC Survey and the Outpatient Procedures section of the Leapfrog Hospital Survey on April 1, 2019. The Outpatient Procedures section and the Leapfrog ASC Survey closely align to provide purchasers and consumers with information to compare the same procedure, whether offered at a hospital or an ASC. The Survey questions were developed by national experts, extensively tested with ASCs and HOPDs, and include information on basic facility resources, medical, surgical and clinical staff, volume and safety of procedures, patient safety practices, and patient experience.

The Proposed Changes to Section 10 Outpatient Procedures of the 2020 Leapfrog Hospital Survey focus on two main areas: updates to the questions included on the Survey and proposed scoring algorithms that Leapfrog will use to calculate and
publicly report Survey Results. The Proposed Changes are based on feedback from participating hospitals, an analysis of 2019 Survey responses, and recommendations from our research team and national expert panel.

REQUEST FOR INFORMATION FROM HOSPITALS THAT OPERATE SURGERY CENTERS

In 2020, we intend to give hospitals that operate surgery centers (e.g., off-site hospital outpatient departments that share their hospital’s CMS Certification Number) the opportunity to report on which of the 27 procedures included in Section 10C are performed at these centers to inform purchasers and consumers. In order to facilitate this type of public reporting, we are seeking more information from hospitals that operate one or more surgery centers that are located separately from their hospital (i.e., endoscopy center down the street that shares a CCN with the hospital; orthopedic surgery center across campus that shares a CCN with the hospital, etc.) on the following questions:

- Are patients given a choice on where their outpatient procedure is performed? For example, can a patient choose if they would like their outpatient procedure done at a specific surgery center or is this choice dictated by the surgeon/facility?
- Are the surgery centers branded or named so they can be easily identified by patients?
- Are the surgery centers and their locations listed on the hospital’s website?
- For hospitals with multiple surgery centers, are the same procedures performed at more than one center or do the centers each focus on a different specialty?

SCORING AND PUBLIC REPORTING

In order to score both hospitals and ASCs on each of the measures included on the Leapfrog Hospital Survey and Leapfrog ASC Survey, Leapfrog works with its research team and expert panels to set national standards that represent top performance. Standard setting creates a goal post for which all participating hospitals and ASCs should strive to reach. Leapfrog uses the following strategies to set standards: 1) peer reviewed literature and expert opinion, 2) peer comparisons, and 3) alignment with existing national standards or targets.

CONTENT

SECTION 10A: BASIC OUTPATIENT DEPARTMENT INFORMATION

There are no proposed changes to this subsection.

Information from Section 10A will not be scored, but will be used in public reporting (e.g., Leapfrog will display the number of operating and/or endoscopic procedure rooms on individual hospital Summary Pages).

SECTION 10B: MEDICAL, SURGICAL, AND CLINICAL STAFF

Leapfrog will continue to ask questions to assess whether an Advanced Cardiac Life Support (ACLS) trained clinician, plus a second clinician, are always present and immediately available while adult patients are recovering and whether a Pediatric Advanced Life Support (PALS) trained clinician, plus a second clinician, are always present and immediately available while pediatric patients are recovering. However, on the recommendation of Leapfrog’s national expert panel, and to further ensure appropriate staffing while patients are recovering, Leapfrog will add a question to Section 10B to assess whether a physician or CRNA is present at all times and immediately available in the facility until all adult and pediatric patients meet
discharge criteria. Hospitals who have a physician or CRNA serving as their ACLS or PALS trained clinician are not required to have a third clinician present while patients are recovering. The proposed scoring algorithm for the medical, surgical, and clinical staff standard may be reviewed below.

In addition, Leapfrog will continue to ask questions to assess the proportion of physicians and nurse anesthetists who are board certified or board eligible. This information will not be scored but will be used in public reporting (e.g., Leapfrog will display the percentage of board certified/board eligible physicians and nurse anesthetists on individual hospital Summary Pages).

**Proposed Scoring Algorithm**

Note: facilities who have a physician or CRNA serving as their ACLS or PALS trained clinician are not required to have a third clinician present while patients are recovering.

<table>
<thead>
<tr>
<th>Clinicians Present While Patients are Recovering Score (Performance Category)</th>
<th>Means that while adult patients are recovering from an outpatient procedure, the hospital ensures that...</th>
<th>Means that while pediatric patients are recovering from an outpatient procedure, the hospital ensures that...</th>
</tr>
</thead>
</table>
| **4 out of 4 bars** | • An ACLS certified clinician, plus a second clinician, are present in the facility and immediately available while adult patients are recovering; **AND**  
• A physician or CRNA is present in the facility and immediately available until the patient meets discharge criteria | • A PALS certified clinician, plus a second clinician, are present in the facility and immediately available while pediatric patients are recovering; **AND**  
• A physician or CRNA is present in the facility and immediately available until the patient meets discharge criteria |
| **2 out of 4 bars** | • An ACLS certified clinician, plus a second clinician, are present in the facility and immediately available while adult patients are recovering; **OR**  
• A physician or CRNA is present in the facility and immediately available until the patient meets discharge criteria | • A PALS certified clinician, plus a second clinician, are present in the facility and immediately available while pediatric patients are recovering; **OR**  
• A physician or CRNA is present in the facility and immediately available until the patient meets discharge criteria |
| **1 out of 4 bars** | • An ACLS certified clinician, plus a second clinician, are present in the facility and immediately available while adult patients are recovering; **AND**  
• A physician or CRNA is NOT present in the facility and immediately available until the patient meets discharge criteria | • A PALS certified clinician, plus a second clinician, are present in the facility and immediately available while pediatric patients are recovering; **AND**  
• A physician or CRNA is NOT present in the facility and immediately available until the patient meets discharge criteria |
| **Does Not Apply** | The hospital does not perform outpatient procedures on adult patients. | The hospital does not perform outpatient procedures on pediatric patients. |
| **Declined to Respond** | The hospital did not respond to the questions in this section of the Survey or did not submit a Survey. |
SECTION 10C: VOLUME AND SAFETY OF PROCEDURES

VOLUME OF PROCEDURES

In 2020, Leapfrog will continue to ask hospitals to report on their annual volume for each outpatient procedure listed below. While the volume of procedures will not be scored in 2020, the information will be used to facilitate the search functionality on Leapfrog’s public reporting website (e.g., allowing users to search for facilities that perform the procedure they need) and the information will be publicly reported to inform purchasers and consumers about the facility’s experience with the procedure.

<table>
<thead>
<tr>
<th>Gastroenterology</th>
<th>Urology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper GI endoscopies</td>
<td>Circumcisions</td>
</tr>
<tr>
<td>Other upper GI procedures</td>
<td>Cystourethroscopies</td>
</tr>
<tr>
<td>Small intestine and stomal endoscopies</td>
<td>Male genital procedures</td>
</tr>
<tr>
<td>Lower GI endoscopies</td>
<td>Male sterilization procedures*</td>
</tr>
<tr>
<td></td>
<td>Urethra procedures</td>
</tr>
<tr>
<td></td>
<td>Vaginal repair procedures</td>
</tr>
<tr>
<td><strong>General Surgery</strong></td>
<td></td>
</tr>
<tr>
<td>Cholecystectomies and common duct explorations*</td>
<td></td>
</tr>
<tr>
<td>Excisions of skin lesions*</td>
<td></td>
</tr>
<tr>
<td>Hemorrhoid procedures*</td>
<td></td>
</tr>
<tr>
<td>Inguinal and femoral hernia repairs</td>
<td></td>
</tr>
<tr>
<td>Other hernia repairs</td>
<td></td>
</tr>
<tr>
<td>Laparoscopies*</td>
<td></td>
</tr>
<tr>
<td>Lumpectomies or quadrantectomy of breast procedures*</td>
<td></td>
</tr>
<tr>
<td>Mastectomies*</td>
<td></td>
</tr>
<tr>
<td>Skin grafts*</td>
<td></td>
</tr>
<tr>
<td><strong>Ophthalmology</strong></td>
<td></td>
</tr>
<tr>
<td>Anterior segment eye procedures</td>
<td></td>
</tr>
<tr>
<td>Posterior segment eye procedures*</td>
<td></td>
</tr>
<tr>
<td><strong>Orthopedics</strong></td>
<td></td>
</tr>
<tr>
<td>Finger, hand, wrist, forearm, and elbow procedures</td>
<td></td>
</tr>
<tr>
<td>Shoulder procedures</td>
<td></td>
</tr>
<tr>
<td>Spine procedures</td>
<td></td>
</tr>
<tr>
<td>Hip procedures</td>
<td></td>
</tr>
<tr>
<td>Knee procedures</td>
<td></td>
</tr>
<tr>
<td>Toe, foot, ankle, and leg procedures</td>
<td></td>
</tr>
<tr>
<td>General orthopedic procedures</td>
<td></td>
</tr>
<tr>
<td><strong>Otolaryngology</strong></td>
<td></td>
</tr>
<tr>
<td>Ear procedures</td>
<td></td>
</tr>
<tr>
<td>Mouth procedures</td>
<td></td>
</tr>
<tr>
<td>Nasal/ sinus procedures</td>
<td></td>
</tr>
<tr>
<td>Pharynx/ adenoid/ tonsil procedures</td>
<td></td>
</tr>
</tbody>
</table>
*Survey includes procedures performed on adult (18 years of age or older) patients only.

There are several important updates planned for Section 10C. First, the procedure definitions will be updated to include additional CPT codes thanks to several facilities that provided recommendations in 2019. Next, to assist facilities in reporting on their annual volume of procedures, Leapfrog has obtained a license with the American Medical Association (AMA) that enables us to list individual CPT codes and descriptions rather than CPT code ranges. In 2020, the CPT codes used to define each of the 27 procedures will be available in a downloadable Excel file in the Library on the Survey Dashboard. Facilities will be required to accept the AMA’s Terms of Use Agreement before downloading the Excel file and using the individual CPT codes to query their EHR or billing system.

Lastly, Leapfrog will add new fact-finding (neither scored nor publicly reported) questions to Section 10C to determine whether facilities and/or the physicians performing procedures at the facility are currently participating in a national clinical quality registry that provides opportunities for individual and/or facility-level benchmarking on quality measures. Examples of national clinical quality registries include the American Academy of Orthopaedic Surgeons (AAOS), the Reg-ent ENT Clinical Data Registry, and American Academy of Ophthalmology IRIS® Registry (Intelligent Research in Sight). These questions will not be scored or publicly reported in 2020.

In addition, Leapfrog is seeking recommendations from stakeholders regarding fully developed and tested quality measures that could be added in 2021 that would provide purchasers and consumers with a more complete assessment of the quality of these procedures in ASCs and HOPDs. Recommendations may include facility and/or surgeon volume standards, as well as patient reported outcomes measures, quality and efficiency measures, and appropriateness measures. We are especially interested in measures used by national accreditation organizations, state or federal regulatory agencies, and/or national clinical quality registries that do not publicly report the data.

PATIENT FOLLOW-UP

Leapfrog will ask hospitals to report on whether they collect documentation of patient complications. The intent of these questions is to assess whether documentation on patient complications, specifically those that were identified and/or treated outside the facility, is included in the clinical record and available for review and improvement initiatives at the facility.

These questions will not be scored or publicly reported in 2020.

PATIENT SELECTION AND CONSENT TO TREAT

Leapfrog will continue to ask hospitals to report on their use of standardized patient screening tools to ensure that a patient’s procedure can be safely performed on an outpatient basis. However, we are proposing to update the list of recommended components to:

- History of difficult intubation
- Difficult airway/aspiration risk
- Body Mass Index (BMI)
- Recent Medical History (within 30 days of scheduled procedure)
- Cognitive Assessment
- Sleep Apnea Assessment
- American Society of Anesthesiologists (ASA) Physical Status Classification
- Availability of a caregiver following discharge
- Availability of transportation following discharge

We are proposing to remove:

- Frailty Assessment

This information will not be scored but will be used in public reporting (e.g., Leapfrog will display the components of a facility’s patient screening tool on individual hospital Summary Pages).

There are no proposed changes to the Patient Consent to Treat questions in Section 10C. Responses to these questions will not be scored but will be used in public reporting in 2020 alongside information about procedure volume.

**SAFE SURGERY CHECKLIST**

Regarding the use of a Safe Surgery Checklist, the questions will be updated in 2020 so that Leapfrog can better assess whether hospitals are ensuring that that every element of the checklist is being used on every patient undergoing an applicable procedure. In addition, on the recommendation of our national expert panel, we have refined these questions to ensure that hospitals are using standardized, evidence-based checklists that include the following elements:

<table>
<thead>
<tr>
<th>Before the induction of anesthesia</th>
<th>Before skin incision</th>
<th>Before patient leaves operating room</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Patient ID</td>
<td>□ Clinical team introduction</td>
<td>□ Confirm procedure performed</td>
</tr>
<tr>
<td>□ Procedure confirmed</td>
<td>□ Confirm: patient name, procedure, and surgical/incision site</td>
<td>□ Instrument/supply counts</td>
</tr>
<tr>
<td>□ Patient Consent</td>
<td>□ Antibiotic prophylaxis</td>
<td>□ Specimen labeling</td>
</tr>
<tr>
<td>□ Site Marked</td>
<td>□ Anticipated Critical Events (non-routine steps, length of procedure, blood loss, patient-specific concerns, sterility)</td>
<td>□ Equipment concerns</td>
</tr>
<tr>
<td>□ Anesthesia/medication check</td>
<td>□ Equipment check/ concerns</td>
<td>□ Patient recovery/ management concerns</td>
</tr>
<tr>
<td>□ Pulse Ox functioning</td>
<td>□ Essential imaging available</td>
<td></td>
</tr>
<tr>
<td>□ Allergies assessed</td>
<td>□ Device representative in the OR, if applicable</td>
<td></td>
</tr>
<tr>
<td>□ Difficult airway/aspiration risk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Risk of blood loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Availability of devices on-site, if applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The proposed scoring algorithm for the safe surgery checklist standard may be reviewed below.
Proposed Scoring Algorithm

<table>
<thead>
<tr>
<th>Safe Surgery Checklist (Performance Category)</th>
<th>Meaning that…</th>
</tr>
</thead>
</table>
| 4 out of 4 bars                             | • The hospital uses a safe surgery checklist on all patients undergoing an applicable procedure; AND  
• Hospital has documented that all safe surgical checklist elements listed were completed for each patient |
| 3 out of 4 bars                             | • The hospital uses a safe surgery checklist on all patients undergoing an applicable procedure; AND  
• Hospital has documented that most of the safe surgical checklist elements listed were completed for each patient |
| 2 out of 4 bars                             | • The hospital uses a safe surgery checklist on all patients undergoing an applicable procedure; AND  
• Hospital has documented that few or none of the safe surgical checklist elements listed were completed for each patient |
| 1 out of 4 bars                             | The hospital does not use a safe surgery checklist on all patients undergoing an applicable procedure. |
| Declined to Respond                         | The hospital did not respond to the questions in this section of the Survey or did not submit a Survey. |
| Pending Leapfrog Verification               | The hospital’s responses are undergoing Leapfrog’s standard verification process. |

SECTION 10D: MEDICATION SAFETY FOR OUTPATIENT PROCEDURES

In regards to medication and allergy documentation, Leapfrog is proposing to make minor updates to the wording of the questions to specify that all home medications, medications ordered, prescribed, or administered during the visit, and allergies and adverse reaction types should be documented in the clinical record for each patient, in order for that patient to be counted in the numerator during your medication documentation audit. We are also refining the measure specifications for greater clarity based on feedback received from hospitals and ASCs in 2019.

The proposed scoring algorithm for the medical and allergy documentation standard may be reviewed below.

Proposed Scoring Algorithm

<table>
<thead>
<tr>
<th>Medication Audits Measure Score (Performance Category)</th>
<th>Means that the hospital helps to ensure medication safety by documenting the following information in the clinical record: home medications, medications administered/ordered/prescribed during the visit, and allergy/adverse reaction status…</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 out of 4 bars</td>
<td>The hospital met the 90% target for documenting all three components: home medications, visit medications, and allergies/ adverse reaction status in the clinical record.</td>
</tr>
<tr>
<td>3 out of 4 bars</td>
<td>The hospital met the 90% target for documenting two of the three components.</td>
</tr>
<tr>
<td>2 out of 4 bars</td>
<td>The hospital met the 90% target for documentation in one of the three components.</td>
</tr>
<tr>
<td>1 out of 4 bars</td>
<td>The hospital did not meet the 90% target for documentation in any of the three components.</td>
</tr>
<tr>
<td>Unable to Calculate Score</td>
<td>The hospital did not meet the minimum reporting requirements for clinical record audits (n &lt; 60).</td>
</tr>
</tbody>
</table>
SECTION 10E: PATIENT EXPERIENCE (OAS CAHPS)

There are no proposed changes to this subsection. The proposed scoring algorithm for the patient experience (OAS CAHPS) standard may be reviewed below.

Proposed Scoring Algorithm

<table>
<thead>
<tr>
<th>Patient Experience (Performance Category)</th>
<th>Total Points Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 out of 4 bars</td>
<td>Scored in top quartile of facilities on 4 out of 4 OAS CAHPS domains</td>
</tr>
<tr>
<td>3 out of 4 bars</td>
<td>Scored in top quartile of facilities on 3 out of 4 OAS CAHPS domains</td>
</tr>
<tr>
<td>2 out of 4 bars</td>
<td>Scored in top quartile of facilities on 2 out of 4 OAS CAHPS domains</td>
</tr>
<tr>
<td>1 out of 4 bars</td>
<td>Scored in top quartile of facilities on 1 or fewer OAS CAHPS domains</td>
</tr>
<tr>
<td>Unable to Calculate Score</td>
<td>The hospital did not meet the minimum reporting requirements for the measure (&lt;100 returned OAS CAHPS Surveys).</td>
</tr>
<tr>
<td>Does Not Apply</td>
<td>The hospital had too few eligible discharges (n &lt; 300) to administer the OAS CAHPS Survey.</td>
</tr>
<tr>
<td>Declined to Measure</td>
<td>The hospital did not collect data on this measure.</td>
</tr>
<tr>
<td>Declined to Respond</td>
<td>The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.</td>
</tr>
<tr>
<td>Pending Leapfrog Verification</td>
<td>The hospital’s responses are undergoing Leapfrog’s standard verification process.</td>
</tr>
</tbody>
</table>

Note: Cut-points are based on the distribution of points earned from 2020 Leapfrog ASC Surveys and Leapfrog Hospital Surveys submitted by June 30, 2020. These cut-points will remain in place for the entire Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

To provide public comment, please respond by completing the public comment form here. Comments will be accepted until COB December 20. Thank you for your interest in the Leapfrog Hospital Survey. The Leapfrog Group and our experts will consider comments carefully in testing and finalizing the 2020 Leapfrog Hospital Survey. Leapfrog will publish a summary of comments and final changes the month prior to the April 2020 launch of the Survey.
APPENDIX I

Proposed Public Reporting for the 2020 Leapfrog Hospital Survey

Legend

Progress towards meeting Leapfrog standards:

- Low Performance (Did Not Meet Standard)
- High Performance (Met Standard)

DECLINED TO RESPOND Did not respond to this measure
DECLINED TO MEASURE Did not collect data on this measure
DOES NOT APPLY This measure is not applicable to this facility
UNABLE TO CALCULATE Sample size too small to calculate score
PENDING LEAPFROG VERIFICATION The facility’s responses are undergoing Leapfrog’s standard verification process
# 2020 Minimum Hospital and Surgeon Volume Standards

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Hospital Volume (minimum per 12-months or 24-month average)</th>
<th>Surgeon Volume (minimum per 12-months or 24-month average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carotid endarterectomy</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Mitral valve repair and replacement</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>Open aortic procedures</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Lung resection for cancer</td>
<td>40</td>
<td>15</td>
</tr>
<tr>
<td>Esophageal resection for cancer</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>Pancreatic resection for cancer</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Rectal cancer surgery</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Bariatric surgery for weight loss</td>
<td>50</td>
<td>20</td>
</tr>
<tr>
<td>Total hip replacement*</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Total knee replacement*</td>
<td>50</td>
<td>25</td>
</tr>
<tr>
<td>Norwood procedure*</td>
<td>10</td>
<td>5</td>
</tr>
</tbody>
</table>

*Not being scored or publicly reported in 2020.
APPENDIX III

Proposed Questions for Section 6D Hand Hygiene

Important Notes:

Note 1: Leapfrog has provided several FAQs related to these questions in the 2019 Leapfrog Hospital Survey (see pages 152-154), which will be updated and revised for 2020.

Note 2: The framework and questions in Section 6F are modeled after the World Health Organization’s Hand Hygiene Self-Assessment Framework.

Note 3: Hospital responses should reflect patient care units only, including all inpatient units, outpatient units (pre-operative, operative, procedural, and post-operative), and emergency department units.

**Reporting Time Period**: Answer questions #1-19 based on the practices currently in place at the time you submit this section of the Survey.

### Training and Education

1) Do individuals who touch patients or who touch items that will be used by patients in your patient care units receive hand hygiene training from a professional with appropriate training and skills at both:
   - the time of onboarding; and
   - annually thereafter?

   If “no” to question #1, skip questions #2-3 and continue on to question #4.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

2) In order to pass the initial hand hygiene training, do individuals who touch patients or who touch items that will be used by patients need to physically demonstrate proper hand hygiene with soap and water and alcohol-based hand sanitizer?

   | Yes | No |

3) Are all six of the following topics included in your hospital’s initial and annual hand hygiene training?

   - Evidence linking hand hygiene and infection prevention
   - When individuals who touch patients or who touch items that will be used by patients should perform hand hygiene (e.g., WHO's 5 Moments for Hand Hygiene, CDC's Guideline for Hand Hygiene)
   - How individuals who touch patients or who touch items that will be used by patients should clean their hands with both alcohol-based hand sanitizer and soap and water as to ensure they cover all surfaces of hands and fingers, including thumbs and fingernails

   | Yes | No |
- When gloves should be used in addition to hand washing (e.g., caring for *C. difficile* patients) and how hand hygiene should be performed when gloves are used
- The minimum time that should be spent performing hand hygiene with soap and water and alcohol-based hand sanitizer
- How hand hygiene compliance is monitored

**Infrastructure**

<table>
<thead>
<tr>
<th>4) Does your hospital have a process in place to ensure that all of the following are done, as necessary, and quarterly audits are conducted to ensure that the process is followed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Refill paper towels, soap dispensers, and alcohol-based hand sanitizer dispensers when they are empty or near empty</td>
</tr>
<tr>
<td>- Replace batteries in automated paper towel dispensers, soap dispensers, and alcohol-based hand sanitizer dispensers (if automated dispensers are used in the patient care units)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
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<table>
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<tr>
<th>5) Do all rooms or bed spaces in your patient care units have both:</th>
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<tbody>
<tr>
<td>- alcohol-based hand sanitizer that is easily accessible to individuals who touch patients or who touch items that will be used by patients within 5 steps of the patient’s bed; and</td>
</tr>
<tr>
<td>- a sink for hand washing that is easily accessible to individuals who touch patients or who touch items that will be used by patients within 20 feet of the patient’s bed?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>6) Does your hospital conduct audits of the volume of alcohol-based hand sanitizer that is delivered with each activation of a wall-mounted dispenser (manual and automated) at all of the following times:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- upon installation;</td>
</tr>
<tr>
<td>- whenever the brand of product changes; and</td>
</tr>
<tr>
<td>- annually throughout the facility?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td><em>Does not apply, wall-mounted dispensers are not used</em></td>
</tr>
</tbody>
</table>

*If “no” or “does not apply, wall-mounted dispensers are not used,” skip question #7 and continue on to question #8.*

<table>
<thead>
<tr>
<th>7) Do all of the audited dispensers deliver a volume of alcohol-based hand sanitizer that covers the hands completely and requires 15 or more seconds for hands to dry?</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>
**Monitoring**

**Direct Monitoring – Electronic Compliance Monitoring System**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>8) Does your hospital use an electronic compliance monitoring system in one or more patient care units for assessing hand hygiene compliance?</td>
<td>Yes, in all units&lt;br&gt;Yes, in some units&lt;br&gt;No&lt;br&gt;Plan to implement within 3 years</td>
</tr>
<tr>
<td>Electronic compliance monitoring systems would include door minder or activity monitoring systems, systems that include the wearing of electronic badges, and camera-based systems.</td>
<td>If “no” or “plan to implement within 3 years,” skip questions #9-10 and continue on to question #11.</td>
</tr>
<tr>
<td>9) In those patient care units where an electronic compliance monitoring system is used, does the monitoring system used meet both of the following criteria?</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>• The system can identify both opportunities for hand hygiene and that hand hygiene was performed&lt;br&gt;• The hospital itself has validated the accuracy of the data collected by the electronic compliance monitoring system</td>
<td></td>
</tr>
<tr>
<td>10) In those patient care units where an electronic compliance monitoring system is used, are direct observations also conducted for coaching and intervention purposes that meet all of the following criteria?</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>• Observers immediately intervene prior to any harm occurring to provide non-compliant individuals with immediate feedback&lt;br&gt;• Observations identify both opportunities for hand hygiene and compliance with those opportunities&lt;br&gt;• Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct&lt;br&gt;• Observations within a unit are conducted weekly or monthly across all shifts and on all days of the week proportional to the individuals who touch patients or who touch items that will be used by patients on duty for that shift&lt;br&gt;• Observations capture a representative sample of the different roles of individuals who touch patients or who touch items that will be used by patients (e.g., nurses, physicians, techs, environmental services workers)</td>
<td></td>
</tr>
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</table>

*If “yes, in all units” to question #8, skip questions #11-13 and continue on to question #14.*
# Direct Monitoring – Direct Observation

## Question 11

In those patient care units where an electronic compliance monitoring system is NOT used, does your hospital use direct observation methods for assessing hand hygiene compliance?

*Yes*  
*No*

**If “no” to question #11, skip questions #12-13 and continue on to question #14.**

## Question 12

Do the direct observations meet **all** of the following criteria?

- Observers immediately intervene prior to any harm occurring to provide non-compliant individuals with immediate feedback
- Observations identify both opportunities for hand hygiene and compliance with those opportunities
- Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct
- Monthly sample size of observations in a unit reflects at least 200 observations or 1.7% of all possible hand hygiene opportunities in that unit, whichever number is less
- Observations within a unit are conducted weekly or monthly across all shifts and on all days of the week proportional to individuals who touch patients or who touch items that will be used by patients 1 on duty for that shift
- Observations are conducted to capture a representative sample of the different roles of individuals who touch patients or who touch items that will be used by patients 1 (e.g., nurses, physicians, techs, environmental services workers)

*Yes*  
*No*

## Question 13

Does your hospital have a system in place for both the initial and recurrent training and validation of hand hygiene compliance observers?

*Yes*  
*No*

**If “no” to question #8 and question #11, skip questions #14-17 and continue on to question #18.**

## Feedback

### Question 14

Are unit-level hand hygiene compliance data fed back to individuals who touch patients or who touch items that will be used by patients 1 at least monthly for improvement work?

*Yes*  
*No*

### Question 15

Are unit-level hand hygiene compliance data used for creating unit-level action plans?

*Yes*  
*No*

### Question 16

Is regular (at least every 3 months) feedback of hand hygiene compliance data, with demonstration of trends over time, given to:

- senior administrative leadership, physician leadership, and nursing leadership 2
- the board (governance); and
- the medical executive committee?

*Yes*  
*No*
If “no” to question #16, skip question #17 and continue on to question #18.

| 17) If “yes” to question #16, is senior administrative leadership, physician leadership, and nursing leadership held directly accountable for hand hygiene performance through performance reviews or compensation? | Yes | No |

**Culture**

| 18) Are patients and visitors invited to remind *individuals who touch patients or who touch items that will be used by patients* to perform hand hygiene? | Yes | No |

| 19) Have all of the following individuals (or their equivalents) demonstrated a commitment to support hand hygiene improvement in the last year (e.g., a written or verbal commitment delivered to those *individuals who touch patients or who touch items that will be used by patients*)? | Yes | No |

- Chief Executive Officer
- Chief Medical Officer
- Chief Nursing Officer

**Endnotes**

1. *Individuals who touch patients or who touch items that will be used by patients*

   This would include individuals who are formally engaged by the hospital to help support the patient care process. This would include both direct and in-direct care providers that are likely to have contact with patients, enter a patient care unit, touch items that will be used by patients, or interact with patient fluids (e.g., blood, specimens), such as doctors, mid-levels, nurses, pharmacists, environmental services staff, phlebotomists, laboratory techs, etc. This would also include students and volunteers. These individuals should be trained to identify and perform proper hand hygiene for the specific indications/moments (see [WHO’s 5 Moments for Hand Hygiene, CDC’s Guideline for Hand Hygiene](#)) that are relevant to their work.

   Administrative workers that only perform office duties and do not touch patients or who touch items that will be used by patients would not be included in this definition. Patients and their visitors would also not be included in this definition. While patients and their loved ones are important parts of the patient care process, they are not formally engaged by the hospital for this work.

2. *Professional with Appropriate Training and Skills*

   This would include staff formally trained in Infection Control or Infectious Diseases, whose tasks include dedicated time for staff training. In some settings, this could also be medical or nursing staff involved in clinical work, with dedicated time to acquire thorough knowledge of the evidence for and correct practice of hand hygiene.

   The minimum required knowledge of the trainer can be found in the [WHO Guidelines on Hand Hygiene in Health Care](#) and the [Hand Hygiene Technical Reference Manual](#).
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