



# **Summary of Changes to the 2024 Leapfrog Hospital Survey and Responses to Public Comments**

**Published March 14, 2024**



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Each year, The Leapfrog Group's research team reviews the literature and convenes national 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, the Survey is pilot tested with a diverse group of hospitals across the country, and content and scoring are finalized for launch on April 1.

Leapfrog received nearly 200 public comments in response to its proposed changes for the 2024 Leapfrog Hospital Survey. Those comments, as well as the feedback collected during the pilot test, were incorporated into the final content and scoring algorithms for the Survey. We have summarized the final changes in this document and included [responses to public comments](#).

**We offer our sincere gratitude to all commenters for the time and thought they gave to the 2024 Leapfrog Hospital Survey. The submitted comments were invaluable to the development of a high-quality Survey that serves our many constituents, including patients and family caregivers, purchasers and payors, as well as hospitals and the public at large.**

The 2024 Leapfrog Hospital Survey will open on April 1 and a PDF of the Survey will be available for download [here](#). Leapfrog has scheduled two Town Hall Calls – hospitals and other stakeholders can register [here](#).

## DEADLINES AND REPORTING PERIODS FOR 2024

Review the 2024 Leapfrog Hospital Survey deadlines and reporting periods in [Appendix I](#) and [II](#).

## ON-SITE DATA VERIFICATION

Since the onset of the COVID-19 public health emergency in 2020, Leapfrog has performed its On-Site Data Verification virtually. We are pleased to announce the return of in-person visits in 2024 with a new partner, MetaStar.

MetaStar is a nonprofit organization based in Wisconsin with a wide breadth of experience and accomplishment in external quality review, healthcare quality consulting, and performance measurement. MetaStar works with organizations such as the CDC, CMS, and the Wisconsin Department of Health Services and is also a part of the Superior Health Quality Alliance, a Quality Innovation Network working on quality improvement for Medicare beneficiaries. MetaStar has worked with a variety of facilities over the last 50 years, including hospitals and ambulatory surgery centers, and brings valuable expertise to support Leapfrog in its on-site data verification efforts.

On-Site Data Verification builds on Leapfrog's robust protocols for verifying Survey responses submitted via the Leapfrog Hospital and ASC Surveys. Hospitals and ASCs that participated in the 2023 Surveys will be eligible for On-Site Data Verification in 2024. Facilities selected for On-site Data Verification will be contacted by MetaStar in June 2024. Scheduled half-day visits will take place in September and October 2024.

## CONTENT CHANGES

### HOSPITAL PROFILE

There are no changes to the Hospital Profile.

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## SECTION 1: PATIENT RIGHTS AND ETHICS

Section 1: Basic Hospital Information is being renamed Section 1: Patient Rights and Ethics to reflect the content of the section more accurately. Section 1 will include the following subsections:

- 1A: Basic Hospital Information
- 1B: Billing Ethics
- 1C: Health Care Equity
- 1D: Informed Consent

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### SECTION 1A: BASIC HOSPITAL INFORMATION

Leapfrog is removing the optional, fact-finding question on how hospitals are integrating environmental services and facilities engineering into their quality and safety structures. We appreciate the hospitals that provided information on this question. Leapfrog continues to work with experts and partners to explore the development of a new standard around environmental hygiene.

Leapfrog is adding two new required questions on the availability of rapid response teams and the hospital's process for following-up on patient-reported concerns. These questions will not be scored but will be publicly reported. Both questions are available in [Appendix III](#).

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### SECTION 1B: BILLING ETHICS

In response to feedback from hospitals participating in the Survey, an analysis of responses submitted in 2023, and new insights from researchers in the field, Leapfrog is making the following updates to Section 1B: Billing Ethics:

- This subsection will now concentrate on billing ethics exclusively and will be renamed Section 1B: Billing Ethics. Health Care Equity questions are moving to Section 1C.
- Question #1, regarding the itemized billing statement, is being updated to clarify that hospitals can provide the required information to patients either by mail or electronically (via email or the patient portal). We are also adding a clarification that information about providing financial assistance need only be included if applicable.
- Question #3, regarding taking legal action against patients for late or insufficient payment of a medical bill, will include a new response option for Military Treatment Facilities who are required by federal law to turn delinquent debt over to a federal agency.
- Question #4, regarding the quantified analysis of billing representatives' response times, is being removed.
- Leapfrog is retaining two optional, fact-finding questions regarding presumptive screening of patients for financial assistance and patient notification when financial assistance has been applied.
- Leapfrog is adding a new FAQ clarifying that information provided to patients at admission, or as part of the "conditions of admission," does not meet the intent of providing patients with information on the billing statement.

The questions and new FAQ are available in [Appendix IV](#).



## SECTION 1C: HEALTH CARE EQUITY

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After three years of fact-finding and based on an analysis of responses submitted to the 2022 and 2023 Surveys, Leapfrog is scoring and publicly reporting both hospital and ambulatory surgery center performance on a set of health care equity questions focused on: (1) the collection of patient self-reported demographic data, (2) training for staff responsible for collecting those data, (3) stratifying quality measures using patient self-reported demographic data, (4) efforts to identify disparities and address any that are found, (5) board accountability, and (6) public transparency. Our goal in scoring and publicly reporting performance in 2024 is to continue to urge hospitals and ambulatory surgery centers to address health care equity by implementing the fundamental practices and protocols captured in the question set. Our hope is to further advance this new standard over time as new research emerges on best practices to ensure that all patients receive safe, high-quality care.

The questions and scoring algorithm are available in [Appendix V](#).

## SECTION 1D: INFORMED CONSENT

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In response to feedback from hospitals participating in the Survey, an analysis of responses submitted in 2023, close consultation with our [Patient and Family Caregiver Expert Panel](#), and comments collected during the public comment period and through the national pilot, Leapfrog is making the following updates to Section 1D: Informed Consent:

- We are narrowing the focus of the Informed Consent Standard from all tests, treatments, and procedures, to ONLY those procedures where general and regional anesthesia is used, or where monitored anesthesia care is administered. This update will be reflected in Important Note 1 prior to the questions and in the question text. The anesthesia consent process and consent forms continue to be excluded from Leapfrog's standard.
- We are adding a new response option to question #5, regarding the reading level of applicable consent forms, to account for consent forms written at a 9<sup>th</sup> grade reading level or lower.
- Question #5, regarding the availability of the medical interpreter, is being updated to clarify that when needed, the patient/legal guardian has access to a qualified medical interpreter, NOT a family caregiver.
- Question #14, regarding the solicitation of feedback from patients/legal guardians about the informed consent process, which was optional and for fact-finding in 2023, is moving to the set of required questions, but will not be used in scoring and public reporting.
- Optional, fact-finding questions #7-13, and 15, concerning additional aspects of the informed consent process are being removed.
- We are making the following updates to the FAQs:
  - FAQ #28, regarding methods for assessing the reading level of the consent form, is being updated to include the [SMOG readability measure](#), and to indicate that Readable.com and other similar online tools that use either the Flesch-Kincaid or SMOG readability standard to evaluate the readability of written language are appropriate tools for assessing consent forms.
  - A new FAQ is being added to clarify that information intended to be read by the provider, information that is written in by an individual provider to give that patient information specific to their condition, and any words where a sixth-grade reading level definition is included with the term, can be excluded from the reading level assessment.
  - A new FAQ is being added to clarify that assistants and trainees do not need to be named on the consent form.
  - A new FAQ is being added to define a qualified medical interpreter.



- A new FAQ is being added regarding methods for soliciting feedback on the informed consent process from patients.

Leapfrog would like to extend special gratitude to the many commenters who offered their perspectives on the reading level element of Leapfrog's Informed Consent Standard, and detailed explanations of the impact of the standard on hospitals in states like Texas, where optional consent form language is provided by the state. The scoring algorithm is being updated to account for the new response option to Question #5 described above, where hospitals reporting that all applicable consent forms are written at a 9<sup>th</sup> grade reading level or lower will be able to earn more credit than they could in the 2023 Survey, up to "Considerable Achievement," if additional criteria are met as well. However, because 54% of Americans between the ages of 16 and 74 read below the equivalent of a sixth-grade level, hospitals will continue to be required to have all applicable consent forms written at a 6<sup>th</sup> grade reading level or lower to "Achieve the Standard."

The updated questions, FAQs, and scoring algorithm are available in [Appendix VI](#).

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## SECTION 2: MEDICATION SAFETY

### SECTION 2A: COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

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There are no changes to this subsection.

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

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There are no changes to this subsection.

### CPOE EVALUATION TOOL (FOR ADULT AND GENERAL HOSPITALS ONLY)

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The CPOE Evaluation Tool developers are updating the test medication scenarios to reflect changes to clinical guidelines and to address medications that hospitals frequently reported as not being in their medication formulary. Additionally, the developers are adding a new response option to the Orders and Observation Sheet for the Drug Monitoring Order Checking Category so that prescribers can note if they are not able to enter a particular test medication order because the medication, when ordered by a prescriber, is always monitored via the pharmacy without exception. This new response option will be added to the Online Answer Form as well.

There are no changes to the scoring algorithm for the CPOE Evaluation Tool.

### SECTION 2C: BAR CODE MEDICATION ADMINISTRATION (BCMA)

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After two years of fact-finding, Leapfrog is updating its Bar Code Medication Administration (BCMA) standard to include pre-operative units and post-anesthesia care units (PACUs). The expansion of the standard is based on an analysis of responses to the fact-finding questions submitted to the 2023 Leapfrog Hospital Survey and in consultation with Leapfrog's [Bar Code Medication Administration Expert Panel](#).

When reporting on BCMA compliance, hospitals will report on all scannable medications that were administered in the units indicated in the questions, including intensive care units, medical and/or surgical units (including



telemetry/step-down/progressive units), labor and delivery units, and pre-operative and post-anesthesia care units that utilize a BCMA system that is linked to the electronic medication administration record (eMAR). In response to comments collected during the public comment period and through the national pilot, Leapfrog is adding an endnote to define pre-operative units and PACUs:

*For the purposes of reporting on Section 2C: BCMA, all adult and pediatric pre-operative and post-anesthesia care units (PACUs) located in or co-located with your hospital should be included. This includes combined pre-operative and post-anesthesia care units as well. If the hospital distinguishes between [post-anesthesia phases](#) within its PACU(s) (i.e., Phase I, Phase II, and Phase III recovery), all phases must be included when reporting.*

*Pre-operative units include areas where patients are prepared for surgery or a procedure (i.e., where patients have their medical histories reviewed with their care team and receive physical examinations to determine risk factors and other information relevant to the surgery or procedure).*

*PACUs include areas where patients are watched after a surgery or procedure that required anesthesia or sedation and where hospital staff (e.g., nurses, anesthesiologists, and other support services) monitor patient recovery from anesthesia or sedation by keeping track of vitals and providing pain management.*

There are no changes to the questions regarding decision support functionality or mechanisms used by hospitals to reduce and understand potential BCMA system “workarounds.”

The updated questions and scoring algorithm are available in [Appendix VII](#).

## SECTION 2D: MEDICATION RECONCILIATION (FOR ADULT AND GENERAL HOSPITALS ONLY)

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There are no changes to this subsection.

## SECTION 3: ADULT AND PEDIATRIC COMPLEX SURGERY

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### SECTION 3A: HOSPITAL AND SURGEON VOLUME

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Leapfrog is adding four diagnosis codes to bariatric surgery for weight loss to identify cases done explicitly for weight loss purposes.

ICD-10 Diagnosis Code	Code Description
E66.1	Drug induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.9	Obesity, unspecified

There are no additional changes to the procedure or diagnosis codes used to count volume of cases and no changes to the scoring algorithm for Section 3A: Hospital and Surgeon Volume.





## SURGICAL APPROPRIATENESS

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Leapfrog is removing the subsection on Surgical Appropriateness. This subsection was originally developed as part of Leapfrog's hospital and surgeon volume standards, to address concerns about surgical overutilization, a well-established problem recounted in research, and a top concern of purchasers, employers, and payors. To date, responses to these questions have not been scored, but have been used in public reporting. However, after several years of data collection and analysis it remains unclear that the questions in Section 3B are effectively capturing the right data to identify surgical overuse and therefore we will remove them. We will examine new approaches for identifying and measuring surgical overuse and welcome feedback from hospitals on alternative measures.

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

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Leapfrog is making three updates to Section 3C: Safe Surgery Checklist for Adult and Pediatric Complex Surgery.

First, Leapfrog is updating the reporting period for Section 3C: Safe Surgery Checklist for Adult and Pediatric Complex Surgery from 6 months to 12 months to align with the reporting period for Section 3A: Hospital and Surgeon Volume. Hospitals should continue to sample patients who had a procedure performed in Section 3A in the 12 months prior to Survey submission if performing retrospective audits of medical records or other EHR data. Otherwise, hospitals may perform in-person observational audits at any time during the reporting period.

Second, to ensure that hospitals perform the required 30 audits if only reporting on Section 3: Adult and Pediatric Complex Surgery, we are adding a new question to capture the sample size for Section 3C audits. This question will be used as part of Leapfrog's [Data Verification Protocols](#). Hospitals reporting on **both** Sections 3 and 9 are only required to perform 15 audits for the procedures in Section 3A and 15 audits for outpatient procedures in Section 9C.

Finally, Leapfrog is updating the pre-anesthesia checklist to clarify that the "availability of devices on-site" element is only apply to endoscopy procedures to align with the [AHRQ Endoscopy Checklist](#).

There are no changes to the scoring algorithm for Section 3C: Safe Surgery Checklist for Adult and Pediatric Complex Surgery.

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## SECTION 4: MATERNITY CARE

Leapfrog is updating the measure specifications from The Joint Commission (TJC) for PC-02 Cesarean Birth (Section 4B) for those hospitals that do not already submit data to TJC and therefore need to retrospectively collect data. We will also continue to accept both data for the chart-abstracted PC-02 measure and data collected using TJC'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 the data reported to TJC when responding to this subsection of the Survey.

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: 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

Leapfrog is maintaining questions about maternity care services but removing question #7, which asks whether a hospital has received a Baby-Friendly designation based on the World Health Organization/UNICEF Baby-Friendly Hospital Initiative given the cost associated with the designation.

Leapfrog is also adding a new question to assess whether hospitals have a policy in place to limit early elective deliveries:

<p>Has your hospital adopted a policy that prevents nonmedically indicated early elective deliveries (before 39 completed weeks gestation) that includes all the following:</p> <ul style="list-style-type: none"><li>• Written standards for when an early elective delivery is, and is not, appropriate based on ACOG and national guidelines (i.e., The Joint Commission);</li><li>• Written protocols for the medical director, or other designated clinician, to review and approve an early elective delivery when medically indicated based on ACOG and national guidelines; and</li><li>• Written protocols for staff to follow when scheduling an early elective delivery if approved by the medical director or other designated clinician?</li></ul>	<ul style="list-style-type: none"><li><input type="radio"/> Yes</li><li><input type="radio"/> No</li></ul>
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This question will not be scored in 2024 but will be publicly reported along with the other maternity care volume and services questions in 2024 and used in Leapfrog's updated [Maternity Care Search Tool](#).

## ELECTIVE DELIVERIES

Reluctantly, Leapfrog will remove the elective deliveries measure (PC-01) from the 2024 Leapfrog Hospital Survey due to Centers for Medicare and Medicaid Services' (CMS) decision to retire the measure from the Inpatient Quality Reporting (IQR) and The Joint Commission's (TJC) decision to remove the measure from their accreditation requirements starting January 1, 2024.

We were vocally opposed to moving the measure from CMS and TJC requirements, but it is clear from hospital feedback that it would be too burdensome for hospitals to continue to report with lack of vendor support. We are deeply disappointed with this decision, because until Leapfrog began collecting and publicly reporting this measure in 2010, the rate of early elective deliveries was unacceptably high despite a decade of prior effort to address it. Once public reporting began, the rate dropped quickly across the country, thanks to the diligence and leadership of hospitals, policymakers, and advocates like March of Dimes. Employers, who pay for half the births in the United States were also vocal in addressing elective deliveries and many structured contracts around avoiding them.

We do not agree with TJC or CMS' rationale to remove the measure from mandated reporting because it has 'topped out.' Our data indicates some hospitals have continued to experience high rates, putting thousands of newborns at risk for complications. As a result, Leapfrog will continue to advocate for restoration of the measure by CMS and/or TJC, and for new ways for hospitals to report this measure without undue burden.

As noted above, Leapfrog will add a question in 2024 about whether hospitals have a policy in place to in place policies to prevent early elective deliveries, a critical factor in reducing the rates since 2010.



Additionally, we are evaluating two measures from The Joint Commissions Perinatal Care Measure set with our national expert panel for possible inclusion on the 2025 Leapfrog Hospital Survey: PC-06 Unexpected Complications in Term Newborns and PC-07: Severe Obstetric Complications.

## SECTION 4B: CESAREAN BIRTH

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Leapfrog is continuing to include questions on the collection of cesarean birth data (NTSV C-section measure) by race/ethnicity and is asking hospitals to provide numerators and denominators for the NTSV C-section measure for each of the following races/ethnicities: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian or Alaska Native, Non-Hispanic Asian or Pacific Islander, Hispanic, and Non-Hispanic Other (including two or more races).

While these questions are required, they will not be used in scoring or public reporting. Hospitals will have the option of reporting that they are not able to stratify their data. Additionally, stratified cesarean birth rates will be confidentially shared with reporting hospitals on their secure Hospital Details Page and aggregated for use in benchmarking and reporting at the state and national level.

Under the guidance of [Leapfrog's Maternity Care Expert Panel](#) and based on comments received in 2023 from reporting hospitals, we are asking hospitals to report using a 24-month reporting period rather than a 12-month reporting period to increase the reported cases, since the data will be used to help identify differences in NTSV C-sections rates within a hospital's different populations and for national and state-level benchmarking in 2024.

Hospitals that collected and reported this data for the 2023 Leapfrog Hospital Survey can use that data for reporting on the 24-month reporting period for the 2024 Leapfrog Hospital 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 and hospitals reporting to the U.S. News & World Report Maternity Services Survey may use the data provided to U.S. News & World Report when responding to these questions. Otherwise, hospitals will use TJC's PC-02 Cesarean Birth measure specifications and Leapfrog instructions to retrospectively review all cases and stratify by race/ethnicity.

## SECTION 4C: EPISIOTOMY

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There are no changes to this subsection.

## SECTION 4D: PROCESS MEASURES OF QUALITY

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There are no changes to this subsection.

## SECTION 4E: HIGH-RISK DELIVERIES

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There are no changes to this subsection.

### **Neonatal Intensive Care Unit(s) – National Performance Measurement**

Leapfrog is continuing 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 2024),
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 Respond” for the High-Risk Deliveries measure.

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## SECTION 5: ICU PHYSICIAN STAFFING (IPS)

There are no changes to this section.

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## SECTION 6: PATIENT SAFETY PRACTICES

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

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To ensure that hospitals are not inadvertently leaving boxes unchecked when responding to this subsection, Leapfrog will replace the checkbox response option for each Safe Practice element with “yes” or “no” radio buttons.

There are no changes to the scoring algorithm for Section 6A: NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems.

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

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To ensure that hospitals are not inadvertently leaving boxes unchecked when responding to this subsection, Leapfrog is replacing the checkbox response option for each Safe Practice element with “yes” or “no” radio buttons.

Second, hospitals that use the SCORE culture of safety survey, which is an approved Option 1 survey based on the [Guidelines for a Culture of Safety Survey](#), may continue to use SCORE for the purposes of reporting on the Leapfrog Hospital Survey through 2025. Starting in 2026, only SCORE II may be used.

Similarly, hospitals that use Version 1.0 of the AHRQ Hospital Survey on Patient Safety Culture, which is an approved Option 1 survey, may continue to use Version 1.0 for the purposes of reporting on the Leapfrog Hospital Survey through 2025. Starting in 2026, only Version 2.0 may be used.

There are no changes to the scoring algorithm for Section 6B: NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention.



## SECTION 6C: NURSING WORKFORCE

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In response to feedback from hospitals participating in the Survey, an analysis of responses submitted in 2023, and close consultation with our [Nursing Workforce Expert Panel](#), Leapfrog is making several updates to Section 6C: Nursing Workforce.

### Updates to Applicable Units and Measure Specifications

First, Leapfrog has limited the types of inpatient units included in the total nursing care hours per patient day, RN hours per patient day, and nursing skill mix measures to single acuity adult and pediatric medical, surgical, and med-surg units. In 2024, hospitals that do NOT operate single acuity adult or pediatric medical, surgical, or med-surg units, but that do operate mixed acuity adult or pediatric medical, surgical, or med-surg units, will report on those units. As in previous years, Leapfrog is aligning with the National Database of Nursing Quality Indicators' (NDNQI) unit definitions, where single acuity units are defined as units where at least 90% of patients are receiving the same level of general care and mixed acuity units are defined as units where more than 10% of patients are receiving varying levels of care, for example half the patients are receiving progressive or step-down care.

Next, Leapfrog is making significant updates to the measure specifications to clarify: (1) the difference between single and mixed acuity units, (2) units that are categorically excluded from the measure (i.e., intensive care units, labor and delivery units, etc.), and (3) that units with fewer than 15 patient days/month for all 3 months in any quarter of the reporting period should be excluded.

Lastly, Leapfrog is removing "Other" as a response option for the method used to calculate the total number of patient days.

The updated questions are available in [Appendix IX](#).

### Updates to Scoring and Public Reporting

Leapfrog is not moving forward with its proposal to develop a nursing workforce composite. Instead, we will continue to score and publicly report total nursing hours per patient day, RN hours per patient day, and nursing skill mix separately and report all three measures individually as we did in 2023. We will also continue to score and publicly report hospitals that respond 'did not measure' as Limited Achievement. And, as we did last year, we will increase the score of hospitals that perform in the bottom 10th percentile (where higher is better) for any of the three measures, but that have achieved Magnet Status, the 2020 Pathway to Excellence designation, or responded 'yes' to all the Safe Practice #9 questions from Limited Achievement to Some Achievement.

This decision is based on significant feedback from hospitals, employers, and other stakeholders collected during the public comment period, through the pilot, guidance from our national expert panel, and consultation with experts from the nation's largest national nursing quality database, the National Database of Nursing Quality Indicators (NDNQI), who consistently pointed to the lack of endorsement for a composite (though the measures are endorsed), and the need for transparency on all three underlying measures sought by employers and other stakeholders.

Many hospitals raised important questions about the evidence for the measures. Our re-examination of the evidence as well as consultations with experts found compelling correlation between performance on the measures and patient outcomes in published, peer-reviewed literature as well as experience reported by NDNQI.



Similar examinations have been part of the endorsement and endorsement maintenance process that all three measures have undergone over the past decade.

Many hospital leaders offered insights on the emergence of new innovative nurse staffing models that include expanded utilization of LPNs and tele-nursing models, and expressed concern that these new models were not recognized in the endorsed measures. We agree that these are promising models, and we will watch for literature supporting their benefits to patient safety and patient outcomes. As new peer-reviewed evidence becomes available we can move quickly to provide hospitals with updated guidance when reporting on the Survey. As always, we closely monitor the endorsement process and make it a priority to use endorsed measures when feasible.

Also, we thank the leaders and researchers at NDNQI, for the significant amount of time they have dedicated to helping Leapfrog align with their measure specifications, compare data, and share the significant portfolio of evidence they have accumulated over the years that consistently highlights the correlation between high performance on these measures and patient safety and patient outcomes.

In addition to the decision to not move forward with the composite, we plan to establish new cut-points for hospitals reporting for the first time on mixed-acuity adult and/or pediatric medical, surgical, and med-surg units based on Surveys submitted by June 30, 2024 and publish those cut-points in an update to the scoring algorithm on July 12, 2024. As a reminder, hospitals reporting on mixed acuity units will be placed in their own cohort and only compared to each other for the purposes of scoring. The 2023 Leapfrog Hospital Survey algorithm is available on our website.

## SECTION 6D: HAND HYGIENE

Leapfrog is removing question #22 which asks about the accessibility of sinks for hand washing and is adding a new fact-finding question regarding evidence-based precautions to reduce the spread of *C. difficile*. To date, the question about sinks has not been used in scoring or public reporting due to challenges interpreting conflicting evidence for preventing the spread of *C. difficile*. The new *C. difficile* question can be reviewed below:

<p>1) Which of the following recommended infrastructure guidelines from the <a href="#">SHEA/IDSA/APIC Practice Recommendations</a> does your hospital follow when a patient is suspected or confirmed with <i>C. difficile</i>?</p> <p><i>Select all that apply.</i></p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Patients are placed in a private room (preferred) or placed in a semi-private room with other patients that are suspected or confirmed with <i>C. difficile</i></li><li><input type="checkbox"/> Supplies necessary for adherence with contact precautions (e.g., personal protective equipment such as gowns and gloves) are placed in an easily accessible space outside of the patient room</li><li><input type="checkbox"/> Hand washing sinks are easily accessible to individuals who touch patients or who touch items that will be used by patients following the removal of personal protective equipment and/or care of patients with suspected or confirmed <i>C. difficile</i></li><li><input type="checkbox"/> A sign written in both English and other language(s) commonly spoken in the hospital among patients and staff is posted outside the</li></ul>
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	patient's door indicating that the patient is on contact precautions <input type="checkbox"/> None of the above
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This optional, fact-finding question will not be used in scoring or public reporting in 2024.

There are no changes to the remaining questions or the scoring algorithm for Section 6D: Hand Hygiene.

## SECTION 6E: DIAGNOSTIC EXCELLENCE (OPTIONAL – NOT SCORED OR PUBLICLY REPORTED IN 2024)

With funding from the Gordon and Betty Moore Foundation, Leapfrog has led a multiyear initiative, [Recognizing Excellence in Diagnosis](#), with the goal of identifying evidence-based practices that hospitals should implement to reduce harm to patients from errors in diagnosis, including delayed, wrong, and missed diagnoses, and diagnoses not communicated to the patient. More information about the initiative is available on our website, including the [Recognizing Excellence in Diagnosis: Recommended Practices for Hospitals](#) report and the [Diagnostic Safety and Quality Webinar Series](#). In 2022, Leapfrog conducted a pilot of 95 hospitals to assess their implementation of the 29 recommended practices described in the [Recognizing Excellence in Diagnosis: Recommended Practices for Hospitals](#) report.

As a result of what we learned from the pilot, the 2024 Hospital Survey Leapfrog includes a new subsection to assess hospital implementation of five evidence-based practices and one process measure aimed at reducing harm to patients from diagnostic errors including delayed, wrong, and missed diagnoses, and diagnoses not communicated to the patient. The five evidence-based practice measures will focus on 1) CEO commitment, 2) patient engagement, 3) risk assessment and mitigation, 4) convening a multidisciplinary team, and 5) staff training and education. The one process measure will focus on closed loop communication of cancer diagnoses to patients or their ordering physician.

Based on comments collected during the public comment period and through the pilot, we have made significant updates to the questions and response options. The full set of questions is available in [Appendix X](#).

These questions are optional and will not be used in scoring or public reporting in 2024.

## SECTION 7: MANAGING SERIOUS ERRORS

### SECTION 7A: NEVER EVENTS

There are no changes to this subsection.

### SECTION 7B: HEALTHCARE-ASSOCIATED INFECTIONS

There are no changes to this subsection.

The deadlines to join Leapfrog's NHSN Group are available in [Appendix XI](#).



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## SECTION 8: PEDIATRIC CARE

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

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There are no changes to this subsection.

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

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Following an analysis of responses to the fact-finding questions in 2022 and 2023, which did not indicate any clear relationship between the responses to the questions and performance on the measure, Leapfrog is removing all fact-finding questions from this subsection.

There are no additional changes to the questions or scoring algorithm for Section 8B: Pediatric CT Radiation Dose.

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## SECTION 9: OUTPATIENT PROCEDURES

### SECTION 9A: BASIC OUTPATIENT DEPARTMENT INFORMATION

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There are no changes to this subsection.

### SECTION 9B: MEDICAL, SURGICAL, AND CLINICAL STAFF

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We are removing the additional requirement to have a physician or CRNA present until all patients have been physically discharged from the building. Hospitals will only be scored on whether they ensure an ACLS/PALS trained clinician, as well as a second clinician (regardless of ACLS/PALS training) are present at all times and immediately available in the building while an adult/pediatric patient is present in the facility.

The updated questions and scoring algorithm are available in [Appendix XII](#).

### SECTION 9C: VOLUME OF PROCEDURES

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Following an analysis of facility volume reported by both hospitals and ambulatory surgery centers in 2023, Leapfrog is removing the following procedures from both the Leapfrog Hospital and ASC Surveys due to the procedures not widely being performing in either setting.

- Gastroenterology: Adult and Pediatric Other Upper GI Endoscopy; Pediatric Upper GI Endoscopy and Lower GI Endoscopy
- General Surgery: Pediatric Inguinal and Femoral Hernia Repair and Other Hernia Repair
- Ophthalmology: Pediatric Anterior Segment Eye Procedures and Posterior Segment Eye Procedures

### SECTION 9D: SAFETY OF PROCEDURES

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#### **Patient Follow-Up**

There are no changes to these questions.





Data download dates for OP-32 Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy are available in [Appendix XIII](#).

## **Patient Selection**

Given the lack of variation in the types of patient screenings performed at hospitals and ASCs prior to scheduled outpatient surgery, Leapfrog is removing questions about those screenings. To date, responses to these questions have not been scored but have been used in public reporting. With this change, the responses will be removed from public reporting. Leapfrog will continue to evaluate the need for patient screening criteria as procedures moving to the outpatient space become longer and more complex in hospitals and ambulatory surgery centers as these questions may prove useful again.

## **Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures**

Leapfrog is making three updates to Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures.

First, Leapfrog is updating the reporting period for Section 9D: Safety of Procedures from 6 months to 12 months to align with the reporting period for Section 9C: Volume of Procedures. Hospitals should continue to sample patients who had a procedure performed in Section 9C in the 12 months prior to Survey submission if performing retrospective audits of medical records or other EHR data. Otherwise, hospitals may perform in-person observational audits throughout the reporting period.

Second, to ensure that hospitals perform the required 30 audits if they are only reporting on Section 9: Outpatient Procedures, we are asking hospitals to report the sample size for their Section 9D audits. This question will only be used as part of [Leapfrog's Data Verification Protocols](#). Hospitals reporting on BOTH Sections 3 and 9 are only required to perform 15 audits for the procedures in Section 3A and 15 audits for outpatient procedures in Section 9C.

Finally, Leapfrog is updating the pre-anesthesia checklist to clarify that the “availability of devices on-site” element is only apply to endoscopy procedures to align with the [AHRQ Endoscopy Checklist](#).

There are no changes to the scoring algorithm for Section 9D: Safety of Procedures.

## **SECTION 9E: MEDICATION SAFETY FOR OUTPATIENT PROCEDURES**

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Leapfrog is updating question #5 regarding visit medication to clarify that only medications *newly* prescribed at discharge should be counted as medications prescribed during the visit.

We are also updating the list of excluded medications to include medications prescribed for the purpose of operative preparation prior to a colonoscopy.

There are no changes to the scoring algorithm for Section 9E: Medication Safety for Outpatient Procedures.

## **SECTION 9F: PATIENT EXPERIENCE (OAS CAHPS)**

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There are no changes to this subsection.



More information about the 2024 Leapfrog Hospital Survey is available on our website at <http://www.leapfroggroup.org/hospital>.



## RESPONSES TO PUBLIC COMMENTS

Leapfrog was grateful to receive nearly 200 public comments in response to the proposed changes to the 2024 Leapfrog Hospital Survey. Comments were submitted from health care organizations, as well as health care experts, patient advocates, purchasers, and patients themselves. As described in the content changes detailed above, the comments significantly influenced the proposed changes that were published in November 2023.

Responses to the public comments are organized by Survey section below. If you submitted a comment and do not see a response, or if you have additional questions, please contact the Help Desk at <https://leapfroghelpdesk.zendesk.com>.

### SECTION 1: PATIENT RIGHTS AND ETHICS

#### BASIC HOSPITAL INFORMATION

**One commenter supported Leapfrog's removal of the environmental services and facilities engineering fact-finding question as it asked about standard practice and did not illuminate any new directions for their patient safety work.**

We appreciate this perspective. Leapfrog continues to research the extent to which standards for environmental services can help improve patient safety.

#### BILLING ETHICS

**Many commenters expressed support for the updates to the billing ethics questions and removal of previous year's fact-finding questions.**

We appreciate this feedback.

**One commenter asked about the rationale for limiting the responses to question #5 to "yes" or "no" for notifying all patients who were determined to be eligible for financial assistance, as opposed to a graded response where hospitals could notify all patients, only patients who apply for financial assistance, or indicate that they do not notify all patients who qualify for financial assistance.**

The goal of the question is to assess whether hospitals are proactively notifying patients who qualify for financial assistance based on a presumptive eligibility determination; limiting the notification only to patients who applied for assistance does not appear to be a useful demarcation, because all hospitals that accept applications for financial assistance will notify patients of their status. The benefits to patients of being prompted to consider applying for financial assistance are [well documented](#).

**One commenter asked about the tradeoffs between the costs of implementing a screen for presumptive eligibility, against the benefit to patients, and whether those tradeoffs undermined the case for a performance measure in this area.**

As a reminder, these questions will not be scored or publicly reported, and they are included in the 2024 Survey for fact-finding only. Our understanding from experts is that healthcare organizations have access to a wide range



of products to conduct the eligibility screening, and that the benefits to patients of being considered for financial assistance they might not otherwise have known they were eligible to apply for are considerable, as noted above.

## HEALTH CARE EQUITY

**Many commenters expressed support for Leapfrog’s efforts to focus on Health Care Equity.**

We appreciate this feedback.

**One commenter did not support the proposal to score and publicly report the Health Care Equity measure and encouraged Leapfrog to examine the populations hospitals serve, as not all disparities can be addressed through hospital policies and procedures (e.g., socioeconomic challenges).**

Leapfrog is committed to measuring and reporting on hospital efforts to improve health equity. Leapfrog recognizes that some of the contributing factors to health inequities (e.g., a patient’s social determinants of health) may require hospitals to identify new and existing community and government partners to help address these disparities in care (e.g., housing insecurity, food insecurity, etc.).

**Several commenters suggested that Leapfrog delay scoring and publicly report Section 1C: Health Care Equity for another year.**

While Leapfrog acknowledges that health care equity efforts may vary, these questions have been fact-finding for three years, which is longer than the typical one year of fact-finding. An analysis of 2022 and 2023 Survey responses indicates that most hospitals participating in the Survey have in place multiple elements of Leapfrog’s standard, in most cases for at least two years. Specifically, almost 90% of hospitals are collecting patient self-reported demographic data, training registration staff responsible for collecting demographic data from patients, using the demographic data to stratify at least one quality measure, and updating or revising a policy or procedures based on identified disparities. Additionally, over half of participating hospitals reported sharing information on their efforts to identify and reduce health care disparities on their public facing website and most hospitals (80%) report and discuss efforts to identify and address disparities with their board annually.

Our goal in scoring and publicly reporting performance in 2024 is to continue to urge hospitals and ambulatory surgery centers to address health care equity by implementing the fundamental practices and protocols captured in the question set. Our hope is to further advance this new standard over time as new research emerges on best practices to ensure that all patients receive safe, high-quality care.

**Several commenters encouraged Leapfrog to obtain information about a hospital’s health care equity efforts from the Centers for Medicare and Medicaid Services’ (CMS) measure Hospital Commitment to Health Equity to reduce the reporting burden and discrepancies between facilities or to align closely with those standards.**

The timing and content of all three standards is closely aligned. The Joint Commission’s equity standards for accreditation went into effect on January 1, 2023, Leapfrog will publicly report performance on our Health Equity Standard in July 2024, and we are anticipating that CMS will publicly report the Hospital Commitment to Health Equity measure in [October 2024](#).

We agree with the importance of alignment to reduce unnecessary reporting burden. The Leapfrog standard closely aligns with the standards from CMS and The Joint Commission with one exception. The Leapfrog



standard focuses specifically on disparities related to race, ethnicity, and language – immutable patient characteristics – and does not include social risk factors such as income and education.

**One commenter identified that the Health Care Equity questions do not factor or consider insurance status or social determinants of health, so hospitals whose primary population is under/uninsured may be scored lower. They encouraged Leapfrog to examine the payer mix of hospitals to identify the types of patients who are cared for by hospitals.**

Leapfrog appreciates this feedback. We have conducted research around payor mix and did find disparities among patients with commercial versus public coverage. While Leapfrog does not ask hospitals if they collect their patient's insurance status or social determinants of health, this topic is something we may look at in the future. Additionally, regardless of the payor mix, hospitals should collect patient self-identified demographic data, train staff collecting those data, stratify quality and safety measures by patient self-reported demographic data, and report efforts to identify disparities and address any that are found.

**One commenter noted that hospital efforts to address health care equity may not center around the demographic data outlined in question #1 and that there are other ways to focus on disparities, such as healthcare access and use, workplace conditions, education, income and wealth gaps, and insurance status, which should be reflected in the question set.**

Leapfrog recognizes there are many levers to combat disparities in health care. However, Leapfrog's focus for this first of its kind national standard is on hospital efforts to reduce differences in outcomes for their patients based on race, ethnicity, and language.

**One commenter cautioned Leapfrog against including the Health Equity Standard on the Leapfrog ASC Survey since many hospitals are not yet implementing these practices.**

Thank you for this feedback. Leapfrog has included questions about health care equity on the Leapfrog ASC Survey for three years, giving ambulatory surgery centers (ASCs) ample time to familiarize themselves with the requirements and found that more than half of reporting ASCs were collecting patient self-reported demographic data and training staff responsible for collecting those data, and almost one-third stratifying at least one quality measure. However, Leapfrog recognizes ASCs provide a different level of care from hospitals, with patients being discharged the same day of their procedure, therefore, we have developed a slightly different set of criteria for scoring ASCs on the Health Care Equity standard.

**Several commenters encouraged Leapfrog to add ability status to the list of demographic data that hospitals should collect from patients in question #1.**

We thank commenters for their encouragement and feedback to add ability status to the list of demographic data that hospitals should be collecting. Leapfrog recognizes that people living with disabilities are an important and vulnerable population that experience disparate treatment in the health care system. Therefore, after consideration of this feedback Leapfrog will consider adding this to the 2025 Hospital and Ambulatory Surgery Center Surveys.



## INFORMED CONSENT

**Many commenters expressed support for the updates to the Informed Consent questions and removal of the fact-finding questions.**

We appreciate the feedback.

**One commenter recommended that Leapfrog replace the term “legal guardian” with “legal surrogate decision-maker.”**

Leapfrog will include a new FAQ clarifying that the term “legal guardian” can include the “legal surrogate decision-maker.”

**Several commenters requested that Leapfrog wait an additional year before adding the question (question #2) regarding solicitation of feedback from patients on the informed consent process to scoring and publicly reporting and requested additional clarification on appropriate methods to solicit feedback from patients.**

Based on the feedback collected during the public comment period and through the pilot, Leapfrog has decided to wait an additional year before including the question regarding soliciting feedback from patients on the informed consent process in scoring and public reporting. The question will still be required, and responses will be used to inform an eventual scoring approach in subsequent years of the Hospital Survey. Leapfrog has also added an FAQ to provide examples of methods for soliciting feedback from patients on their consent process, or specific questions to ask patients.

**Some commenters requested additional clarification about when patients might choose to have a family member act as their interpreter.**

To reduce confusion, Leapfrog has removed the question text that read “If anyone other than a qualified medical interpreter is ever used to translate (e.g., caregiver or family member), select ‘No.’” The goal of the question is to ensure that, where needed, patients are provided access to a qualified medical interpreter, and family members are not relied on as translators. However, if a patient would prefer to use a family member as a translator, they may do so, and facilities are encouraged to recognize that choice.

**Several commenters expressed concern about holding hospitals in Texas accountable for ensuring their consent forms are at a 6<sup>th</sup> grade reading level, given that the state’s recommended consent template is at a 9<sup>th</sup> grade reading level. Other commenters supported a common national standard.**

Leapfrog would like to extend special gratitude to the many commenters who offered background and their perspectives on state-developed consent forms. Based on the significant feedback we received, we are updating the response options to the reading level question to give hospitals and ambulatory surgery centers the opportunity to earn “Considerable Achievement” if all applicable consent forms are written at a ninth-grade reading level and additional criteria are also met.

Although we recognize that the informed consent process involves much more than the form, the consent form itself is the durable permanent record of the process that the patient signs to indicate their consent to undergo their procedure and therefore should be readable by all patients. Roughly half of Americans cannot read at a sixth grade reading level, therefore creating a structural inequity in hospitals where consent forms are written beyond



the patient's comprehension. We encourage hospitals to advocate in their states for appropriate consent forms that are accessible to their patients.

**Some commenters suggested that hospitals be allowed to exclude complex words from the reading level assessment if those words are defined within the text itself.**

Leapfrog has updated the FAQ on the reading level assessment to indicate that this is an acceptable approach. For example, if a consent form included the phrase “administering anesthesia (putting you to sleep),” hospitals could exclude “administering anesthesia” from the assessment of reading level.

## SECTION 2: MEDICATION SAFETY

### CPOE EVALUATION TOOL

**Two commenters expressed support for the proposed changes to the CPOE Test.**

Leapfrog appreciates this feedback.

**One commenter recommended replacing specific medications (i.e., Lisinopril) with classes of medications (i.e., ACE inhibitors) to account for specific medications that are not in a hospital's formulary and therefore not able to be tested.**

The CPOE Evaluation Tool developers are updating the test medication scenarios to reflect changes to clinical guidelines and to address medications that hospitals frequently reported as not being in their medication formulary. However, as noted in the CPOE Tool Instructions, except for generic and brand names, the CPOE Evaluation Tool is not designed to recognize substitutions unless specifically listed in the Test Order (e.g., enalapril maleate 10 mg po twice daily or lisinopril 10 mg po daily or ramipril 10 mg po daily).

### BAR CODE MEDICATION ADMINISTRATION (BCMA)

**Some commenters supported the inclusion of pre-operative and post-anesthesia care units in the BCMA standard and noted that they already include or plan to include these areas when utilizing BCMA and that this is best practice.**

We appreciate this feedback.

**Two commenters recommended that Leapfrog wait an additional year to include pre-operative units and post-anesthesia care units in the overall scoring and public reporting for BCMA so there is more time to improve compliance and implement the technology in these units.**

While Leapfrog appreciates that some hospitals may need more time to achieve the standard in these additional units, it is our practice to allow one year of fact-finding on the Survey for any new or updated standard, and if that period is successful, move forward with scoring and public reporting the following year. Based on analysis of Survey responses submitted in 2023, over 80% of reporting hospitals had 100% utilization of BCMA in their pre-operative and post-anesthesia care units and more than 60% of hospitals reported 95% or greater scanning compliance in these units.



**Two commenters asked Leapfrog to adjust the scanning compliance target for pre-operative and post-anesthesia care units due to the unique challenges of the type of care provided in these units such as the urgency of orders/treatment and use of verbal orders.**

Leapfrog's target rate for BCMA scanning compliance is 95% to allow for emergent medication administrations. As noted above, an analysis of fact-finding data from the 2023 Leapfrog Hospital Survey showed that 95% or greater compliance was achievable in these units with approximately more than 60% of hospitals achieving this compliance target in their pre-operative and post-anesthesia care units. As such, it was determined that there were no compelling reasons to change this compliance target for these unit types.

**Some commenters asked whether scanning compliance would include inpatient medication administrations only or both inpatient and outpatient medication administrations, as well as medications administered to patients with an observation status.**

When reporting on BCMA compliance, no distinction will be made between the admission status of patients. The questions have been updated to remove the use of the term "inpatient" as noted in [Appendix VII](#). Hospitals will report on all scannable medication administrations (including inpatient, outpatient, observation etc.) that were administered in the units indicated in the questions, including intensive care units (adult, pediatric, and/or neonatal), medical and/or surgical units (including telemetry/step-down/progressive units) (adult and/or pediatric), labor and delivery units, and pre-operative and post-anesthesia care units (adult and/or pediatric) that utilize a BCMA system that is linked to the electronic medication administration record (eMAR).

## SECTION 3: ADULT AND PEDIATRIC COMPLEX SURGERY

### HOSPITAL AND SURGEON VOLUME

**Several commenters supported the code additions for bariatric surgery for weight loss.**

We appreciate this feedback.

### SURGICAL APPROPRIATENESS

**Many comments were in support of the removing of the surgical appropriateness section.**

We appreciate this feedback.

## SECTION 4: MATERNITY CARE

**A couple commenters supported the overall proposed changes to Section 4: Maternity Care.**

We appreciate this feedback.

### MATERNITY CARE VOLUME AND SERVICES

**One commenter supported the removal of the question regarding whether a hospital is designated as a Baby-Friendly hospital given the costs associated with this designation.**

We appreciate this feedback.





## ELECTIVE DELIVERY

**Many commenters suggested that Leapfrog remove PC-01 Early Elective Deliveries from the Survey to align with CMS and The Joint Commission due to loss of vendor support for reporting on the measure and raised concerns about continued use due to differences between rates obtained from the chart-abstracted and electronic clinical quality measure (eCQM).**

As noted [above](#), Leapfrog reviewed these and other comments received with our experts, and although we do not support removal of this measure from CMS or The Joint Commission, we will remove reporting on PC-01 Early Elective Deliveries from the 2024 Leapfrog Hospital Survey. Instead, we are adding a question to assess whether hospitals have a policy in place to limit early elective deliveries.

## CESAREAN BIRTH

**One commenter asked if Leapfrog would include questions about birth complication following low-risk pregnancies as a balancing measure for the NTSV C-section measure.**

As noted [above](#), Leapfrog is currently reviewing PC-06 Unexpected Newborn Complications with our national expert panel for possible inclusion in a future Survey.

### CESAREAN BIRTH STRATIFIED BY RACE/ETHNICITY

**Some commenters supported the stratification of NTSV C-section data by race/ethnicity and noted that while it requires additional reporting, reducing disparities in C-sections is a goal for their hospital/system.**

We appreciate this feedback.

**Two commenters indicated that while understanding differences in outcomes by race/ethnicity is important, requiring retrospective review of all cases and reporting of the NTSV C-section data would be burdensome. One suggested that Leapfrog consider using eCQM files from CMS and stratify the data via electronic means.**

For the 2024 Leapfrog Hospital Survey, hospitals will still be able to indicate that they did not stratify their hospital's NTSV cesarean births by race/ethnicity and/or do not choose to report the data to the Survey. As a reminder, stratified NTSV C-section rates will not be scored or publicly reported by hospital but will be shared confidentially with hospitals on their Hospital Details Page for the purposes of quality improvement and used in aggregate for national and state-level benchmarking. While hospitals can continue to report using the chart-abstracted or eCQM data, Leapfrog is not currently able to obtain these data files directly.

**One commenter disagreed with Leapfrog's plan to continue to include questions on NTSV C-section data stratified by race/ethnicity because it implies that hospitals have control over cultural issues that determine C-section rates. They also raised concerns about Leapfrog reporting raw rates without risk-adjustment which could be misleading to the public.**

Studies that have looked at disparities in cesarean delivery rates across different patient subgroups by focusing on patient characteristics such as education, age, and comorbidities such as obesity and hypertensive disorders have found even after risk-adjustment for these factors, significant inequities remain unexplained. Hospital-level variation in NTSV cesarean delivery rates is striking, with 4- to 6-fold higher rates among Black patients, which are only minimally explained by patient and hospital characteristics. Previous studies have found a substantial



portion of NTSV cesarean delivery rates are driven by unit culture and clinician attitudes. It is now well documented that the large variation among hospitals appears to be spread among the major primary cesarean delivery indications: fetal intolerance of labor and failure to progress in labor. Each involves clinical decisions with high degrees of subjectivity with the potential for high provider variation.

Further, as described [above](#), in 2024 Leapfrog does not plan to score or publicly report the stratified rates. Instead, we will be providing confidential benchmarking back to hospitals on their password protected Hospital Details page and plan to aggregate data at the state and/or national level in a report.

Reference: Main EK, Chang SC, Tucker CM, Sakowski C, Leonard SA, Rosenstein MG. Hospital-level variation in racial disparities in low-risk nulliparous cesarean delivery rates. Am J Obstet Gynecol MFM. 2023 Dec;5(12):101145.)

**One commenter supported Leapfrog’s update to have hospitals report using a 24-month reporting period vs. a 12-month reporting period for the stratified data.**

We appreciate this feedback.

## SECTION 5: ICU PHYSICIAN STAFFING (IPS)

No comments were submitted.

## SECTION 6: PATIENT SAFETY PRACTICES

### NQF SAFE PRACTICE #2 – CULTURE MEASUREMENT, FEEDBACK, AND INTERVENTION

**One commenter recommended that Leapfrog specify the survey version for the AHRQ Hospital Survey on Patient Safety Culture and require Version 2.0.**

Hospitals that use Version 1.0 of the AHRQ Hospital Survey on Patient Safety Culture, which is an approved Option 1 survey, may continue to use Version 1.0 for the purposes of reporting on the Leapfrog Hospital Survey through 2025. Starting in 2026, only Version 2.0 may be used. This information will be posted under Other Supporting Materials for Section 6 in the [Guidelines for a Culture of Safety Survey](#) on April 1.

## NURSING WORKFORCE

TOTAL NURSING CARE HOURS PER PATIENT DAY, RN HOURS PER PATIENT DAY, AND NURSING SKILL MIX

**Several commenters suggested that hospitals be allowed to include hours worked by “virtual nurses” in the nurse staffing and skill mix measures.**

Leapfrog has discussed this issue with its national expert panel, and they noted that it is not yet clear whether an hour worked by a virtual nurse is equivalent, in terms of a patient care benefit, to that of an on-site nurse. This is a rapidly evolving concept, however, and Leapfrog and its national expert panel will continue to closely monitor the research and literature around this issue and will adjust the measure specifications as needed to ensure innovative, evidence-based nurse staffing models are recognized.



**Several commenters expressed concerns about Leapfrog’s continued use of “traditional” staffing measures, which do not recognize the innovation that hospitals are having to employ given the challenges of attracting and retaining nurses (e.g., using more LPNs than RNs, introduction of virtual nurses).**

The nursing measures Leapfrog uses in its survey are nationally endorsed, reflecting that the measures are supported by evidence and were found to be scientifically valid, reliable, and feasible. In addition, these “traditional” staffing measures are used by NDNQI, a national nursing database, and used by a number of states for public reporting.

We appreciate that hospitals are innovating their staffing models, and to the extent those innovations improve patient care outcomes we will make every effort to recognize them. However, to date we have not identified published, peer-reviewed evidence correlating new staffing models with outcomes for patients. Leapfrog and its national expert panel will continue to monitor the research and literature around this issue and will adjust the measurement approach in the future, as appropriate.

**Two commenters expressed concern about the accuracy of the nurse staffing and skill mix data submitted by other hospitals.**

Leapfrog aligns its measure specifications with the endorsed measures and with NDNQI, a national nursing database that has collected data on these same measures for over a decade. Our researchers compared the data submitted by Leapfrog-participating hospitals to NDNQI-participating hospitals (an overlap of about 50%) and the data show strong correlation at the individual hospital level as well as the aggregate level. Leapfrog also employs a multi-tiered approach to verifying all the data submitted to its surveys, including monthly documentation requests, an extensive monthly verification protocol, and on-site data verification. More information about Leapfrog’s approach can be found on our [website](#).

**While some commenters supported Leapfrog’s proposal to create a composite score of four of the five nursing workforce measures (total nursing hours per patient day, RN hours per patient day, nursing skill mix, and Safe Practice #9), several other commenters expressed concerns with the proposal, nothing there is not a clear case for combining the four measures and that it could disadvantage hospitals that are performing well on one, but not all four measures. Additionally, employers and purchasing groups opposed the composite as it would obscure important data for the individual measures.**

After reviewing the comments collected during the public comment period, through the pilot, and after additional discussions with Leapfrog’s national expert panel, Leapfrog has decided against creating a composite score. For the 2024 survey, Leapfrog will continue to score and publicly report out each nurse staffing and skill mix measure individually.

Additionally, as described above, Leapfrog will include adult and pediatric mixed acuity medical, surgical, and med-surg units next year and will calculate total nursing hours per patient day, RN hours per patient day, and nursing skill mix for hospitals that report on these mixed acuity units.

**One commenter had suggested wording changes for Safe Practice #9.**

The language Leapfrog uses in Safe Practice #9 aligns with the text of the National Quality Forum’s Safe Practices for Better Healthcare report.



**Several commenters noted that nurse staffing levels should be determined by patient acuity, not by patient days.**

Leapfrog's national expert panel offered two recommendations to address the patient acuity concern: (1) They recommended Leapfrog stratify hospitals into cohorts, so "like" hospitals are being compared to other "like" hospitals; (2) They recommended Leapfrog restrict reporting to medical, surgical, and med/surg units, as to minimize the variation of patient acuity that can be seen in other units. Leapfrog has implemented both recommendations in its approach to scoring and public reporting.

**Several comments were supportive about the inclusion of mixed acuity units for those hospitals that do not operate medical, surgical, or med/surg units, but urged Leapfrog to be clearer on how the units would be stratified.**

Leapfrog appreciates the supportive feedback on this change. Leapfrog is currently working with NDNQI to ensure full alignment with their definition of the different types of mixed acuity units. As a reminder, Leapfrog will calculate cut-points for scoring for those hospitals reporting on mixed acuity units. No hospital reporting on single-acuity units will be compared to hospitals reporting on mixed acuity units. Hospitals with mixed acuity units will be placed in a new cohort and only be compared to each other.

**A few commenters identified that the unit types included in the nurse staffing and skill mix measures are generic and do not capture every unit type in the hospital (e.g., ICU, Labor and Delivery, behavioral health).**

The exclusion of specialty care units such as ICUs, Labor and Delivery, and behavioral health units is intentional. Leapfrog's national expert panel recommended that Leapfrog restrict reporting on the nurse staffing and skill mix measures to medical, surgical, and med/surg units. At least one of these unit types is found in almost all U.S. hospitals, while other unit types (e.g., behavioral health) are not as widely found.

#### PERCENTAGE OF RNS WHO ARE BSN-PREPARED

**Several commenters expressed difficulty in hiring BSN-prepared nurses, making the 80% target for BSN-prepared nurses difficult to achieve.**

Leapfrog notes there are many online RN-to-BSN programs that could be used to support a hospital's current nurses in obtaining this additional education.

#### HAND HYGIENE

**One commenter supported Leapfrog's decision to remove the question in Section 6D Hand Hygiene regarding the accessibility of sinks.**

We appreciate this feedback.



## DIAGNOSTIC EXCELLENCE

**Some commenters supported the addition of a new set of questions focused on diagnostic excellence, while others were concerned about the potential additional burden of undertaking a new set of activities focused on this emerging area of patient safety.**

Leapfrog appreciates the support for this new initiative and concurs that this is a high-priority area for quality improvement. Note that Leapfrog has selected a limited set of practices from the series of [29 Recommended Practices](#) for Hospitals to reduce diagnostic errors. However, this area will be optional, and as such, not scored or publicly reported in 2024. Responses will be used for fact-finding only. Also, Leapfrog has endeavored to provide as much support as possible for hospitals planning to adopt the practices identified in Section 6E: Diagnostic Excellence. This includes a [webinar series](#) identifying resources and tools for implementing these practices, as well as the forthcoming 2024 publication of two toolkits co-created with the Society to Improve Diagnosis in Medicine and Dr. Mark Graber. Our goal is to ensure hospitals seeking to implement these practices are well-supported with additional resources.

**One commenter recommended additional resources that hospitals could use to implement the structures and processes Leapfrog is asking about in the new Section 6E focused on diagnosis.**

Leapfrog appreciates the recommendations and is planning to expand the resources listed in the "Other Supporting Materials" on the Survey [homepage](#) to include a variety of additional resources specific to reducing diagnostic errors in hospitals.

**Some commenters recommended that health equity principles be formally incorporated into the Survey questions on diagnosis in Section 6E, such as stratifying performance measures of diagnosis by race/ethnicity or incorporating health equity into training and education activities.**

Errors in diagnosis disproportionately affect people from historically vulnerable populations, as has been documented by the Society to Improve Diagnosis in Medicine, among others, and was recognized as a component of our measurement framework in the [Recommended Practices Report](#). In 2024, Leapfrog will be scoring and publicly reporting on the Health Equity section of the Hospital Survey, which will incentivize the kinds of equity-focused activities recommended by commenters.

**One commenter recommended that principles and activities described in the new section focused on diagnosis, such as convening a Patient and Family Caregiver Advisory Council (PFAC) and conducting a risk assessment, be broadened to include other areas of patient safety.**

Leapfrog's goal with this new section focused on reducing diagnostic safety is to prioritize these initiatives and this specific area of reducing harm to patients. We concur that many of the activities we are asking about in this section have valuable analogues in other areas of patient safety, but for the time being we are focusing on diagnosis to reflect the high prevalence and severity of diagnostic errors.

**One commenter recommended that Leapfrog not require the hospital CEO to make a formal commitment (verbal or in writing) to reduce errors in diagnosis, but instead allow any senior leader, such as the Chief Medical Officer (CMO), to make the formal commitment.**

In the Agency for Healthcare Research and Quality's "Leadership to Improve Diagnosis: A Call to Action," the hospital's CEO is specifically cited as taking a critical role in establishing diagnostic improvement goals. However,



recognizing that the hospital's CMO is an equally important leader in matters of prioritizing patient safety, the question has been updated to accept a commitment on the part of either the CEO or the CMO.

**Some commenters recommended that Leapfrog list additional, and more specific, actions that hospitals can take in question #2 to indicate a specific action communicated by their hospital's CEO as part of the formal commitment to reduce harm to patients from diagnostic errors, including training and staff development programs, or a new chart review program, or case conference guidelines. Likewise, commenters recommended listing specific technological interventions that hospitals could deploy in question #6, where we ask about steps taken in response to a risk assessment.**

Leapfrog, together with our national expert panel, has authored the response options such that a variety of individualized programs put together at various hospitals would fall under the existing structures identified in the question, if they were allocated financial resources, staff time, or were tied to our specific quality improvement project. Additionally, we have included an "Other" option to reflect programs that do not fall into these areas and will plan to follow-up with hospitals that select this option. The goal of these questions is not to establish a specific standard program all hospitals should be doing, such as a case conference, but to establish a specific hospital action all hospitals should do, such as allocated financial resources and staff time towards working on diagnostic error.

**One commenter recommended that Leapfrog allow hospitals to work with a variety of patients, rather than the hospitals' Patient and Family Caregiver Advisory Councils (PFAC), on initiatives aimed at reducing errors in diagnosis.**

The Society to Improve Diagnosis in Medicine has specifically identified PFACs as "key partners in addressing diagnostic safety and quality" and have published a guide for hospital and health system leaders to leverage the PFAC structure for improvement to safety and quality of care. Additionally, the Agency for Healthcare Research and Quality recommends working with PFACs as a critical part of patient and family engagement. Therefore, Leapfrog will not make any updates to the question at this time.

**Some commenters noted that there is no timeframe given for the activities Leapfrog is asking about in questions #5-6 and #16-18.**

Leapfrog has added a reporting period of the prior 36 months; hospitals who have completed the activity described in the question in the past 36 months can answer affirmatively to the question.

**One commenter recommended that Leapfrog expand the response options for question #6, which asks what step hospitals have taken to gain access to the additional clinical expertise or technologies needed to reduce errors in diagnosis.**

Leapfrog included an "other" response option to capture additional actions hospitals have taken.

**Some commenters recommended that Leapfrog expand the activities that would meet the intent of questions #8-15 to include activities related to reducing errors in diagnosis that are not overseen by the multistakeholder committee identified in question #7, or that are a natural result of the hospital's existing patient safety structure.**

Leapfrog has added a response option to these questions to give hospitals an opportunity to report activities conducted independent of the multidisciplinary team.



A synthesis of the literature, as well as experience by hospitals implementing this model in the field, strongly support a multidisciplinary team specifically focused on diagnosis be convened to rapidly address opportunities to reduce errors in diagnosis.

Singh, Hardeep MD, MPH; Upadhyay, Divvy K. MBBS, MPH; Torretti, Dennis MD. Developing Health Care Organizations That Pursue Learning and Exploration of Diagnostic Excellence: An Action Plan. *Academic Medicine* 95(8):p 1172-1178, August 2020. | DOI: 10.1097/ACM.0000000000003062

Singh H, Mushtaq U, Marinez A, Shahid U, Huebner J, McGaffigan P, Upadhyay DK. Developing the Safer Dx Checklist of Ten Safety Recommendations for Health Care Organizations to Address Diagnostic Errors. *Jt Comm J Qual Patient Saf.* 2022 Nov;48(11):581-590. doi: 10.1016/j.jcjq.2022.08.003. Epub 2022 Aug 11. PMID: 36109312.

**One commenter questioned whether including representatives from every department for the multidisciplinary team was necessary if they will not be explicitly concerned with every intervention.**

Leapfrog's national expert panel recommended these departments be specifically included to facilitate making changes across the entire system as part of a unified quality of care framework. This approach has been described by the Institute for Healthcare Improvement (IHI) as the Whole System Quality approach.

Sampath B, Rakover J, Baldoza K, Mate K, Lenoci-Edwards J, Barker P. Whole System Quality: A Unified Approach to Building Responsive, Resilient Health Care Systems. IHI White Paper. Boston: Institute for Healthcare Improvement; 2021. (Available at [ihi.org](https://www.ihi.org))

**Some commenters recommended extending the timeline for conducting analyses or case reviews beyond four weeks.**

Published literature on root cause analyses is clear that these should be conducted as soon as possible after the event. This "as soon as possible" timeframe is also consistent with the Communication and Optimal Resolution (CANDOR) timeframe, among others.

**One commenter recommended that Leapfrog generalize the "one hour a month of paid protected time" described in question #18 to a more general approach that leaves room for hospitals to choose an appropriate interval.**

Although Leapfrog understands that hospitals need to exercise discretion in staffing decisions, guidance from the literature and our national expert panel is clear that no less than one hour a month is sufficient to meaningfully engage in the training, education, and learning activities described in this subsection.

## SECTION 7: MANAGING SERIOUS ERRORS

No comments were submitted.

## SECTION 8: PEDIATRIC CARE

### PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE

**One commenter expressed support for removing the fact-finding questions in this subsection.**

We thank you for your comment.

## SECTION 9: OUTPATIENT PROCEDURES

### VOLUME OF PROCEDURES

**Leapfrog received several comments in support of removing procedures where low or no volume was being reported.**

Leapfrog thanks these commenters for their feedback.

### SAFETY OF PROCEDURES

#### PATIENT SELECTION

**A few commenters supported the removal of the Patient Selection screening criteria question set from Section 9D: Safety of Procedures – Patient Selection.**

We appreciate this feedback.

### MEDICATION SAFETY FOR OUTPATIENT PROCEDURES

**One commenter supported Leapfrog's proposal to update the list of excluded medications in this section.**

We appreciate this feedback.



## APPENDIX I: TIMELINE FOR THE 2024 LEAPFROG HOSPITAL SURVEY

Date	Deadline
March	Summary of Changes to the 2024 Leapfrog Hospital Survey and Responses to Public Comments will be published at <a href="http://www.leapfroggroup.org/hospital">www.leapfroggroup.org/hospital</a> .
April 1	<b>2024 LEAPFROG HOSPITAL SURVEY LAUNCH</b>
June 20	<p><b>FIRST NHSN GROUP DEADLINE:</b> Hospitals that join Leapfrog's NHSN Group by June 20, 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.</p> <p>Please see <a href="#">Appendix XI</a> for instructions and other 2024 NHSN deadlines.</p>
June 30	<p><b>SUBMISSION DEADLINE:</b> 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 starting on July 25.</p> <p>Hospitals that do not submit a Survey by June 30 will be publicly reported as “Declined to Respond” until a Survey has been submitted.</p> <p>Competitive Benchmarking Reports: Hospitals that would like to receive a free 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.</p>
July 12	The first set of Leapfrog Hospital Survey Results, which reflect Surveys submitted by June 30, will be privately available for hospitals to view on July 12 via the Hospital Details Page link on the Survey Dashboard. In addition, Leapfrog will send out its first round of <a href="#">monthly data verification</a> emails and documentation requests.
July 25	<p>The first set of Leapfrog Hospital Survey Results, which reflect Surveys submitted by June 30 are published.</p> <p>After July, results are updated on the fifth business day of the month to reflect Surveys (re)submitted by the end of the previous month.</p>
August 31	<p><b>TOP HOSPITAL DEADLINE:</b> Submission deadline for hospitals to be eligible to receive a Leapfrog Top Hospital Award. Hospitals are encouraged to submit their Survey by June 30 in order to resolve any data entry or reporting errors identified by Leapfrog through its <a href="#">monthly data verification</a> and documentation requests.</p> <p><b>DATA SNAPSHOT DATE FOR THE FALL 2024 HOSPITAL SAFETY GRADE:</b> Adult and general hospitals that would like Leapfrog Hospital Survey Results included in the fall 2024 Leapfrog Hospital Safety Grade must submit a Survey and CPOE Evaluation Tool by August 31. Hospitals are encouraged to submit their Survey by June 30 in order to resolve any data entry or reporting errors identified by Leapfrog through its <a href="#">monthly data verification</a> and documentation requests. Find more information about the Leapfrog Hospital Safety Grade <a href="#">here</a>.</p>



Date	Deadline
November 30	<p><b>LATE SUBMISSION DEADLINE:</b>  The 2024 Leapfrog Hospital Survey will close to new submissions at 11:59 pm ET on November 30. No new Surveys, new Survey sections, or CPOE Evaluation Tool Tests can be submitted after this deadline.</p> <p>Only hospitals that have submitted a Survey by November 30 will be able to log into the Online Survey Tool to make corrections to previously submitted sections during the months of December and January. Survey updates reflecting a change in performance must be made prior to November 30. Performance updates made after November 30 will not be scored or publicly reported.</p> <p>Adult and general hospitals that would like Leapfrog Hospital Survey Results included in the spring 2025 Leapfrog Hospital Safety Grade must submit a Survey and CPOE Evaluation Tool by November 30. Hospitals that submitted a Survey by August 31 are strongly urged to review their Last Submitted Survey to ensure it is accurate and complete. Find more information about the Leapfrog Hospital Safety Grade <a href="#">here</a>.</p>
January 31, 2025	<p><b>CORRECTIONS DEADLINE:</b>  Hospitals that need to make corrections to previously submitted 2024 Leapfrog Hospital Surveys must make necessary updates and re-submit the entire Survey by January 31, 2025. Hospitals will not be able to make changes or submit their Survey after this date.</p> <p>Survey updates reflecting a change in performance must be made prior to November 30. Performance updates made after November 30 will not be scored or publicly reported.</p> <p><b>DATA SNAPSHOT DATE FOR THE SPRING 2025 HOSPITAL SAFETY GRADE:</b>  Adult and general hospitals that would like Leapfrog Hospital Survey Results included in the spring 2025 Leapfrog Hospital Safety Grade must submit a Survey and CPOE Evaluation Tool by November 30 to have Leapfrog Hospital Survey Results available for the January 31 Data Snapshot Date. Find more information about the Leapfrog Hospital Safety Grade <a href="#">here</a>.</p>

## APPENDIX II: REPORTING PERIODS FOR THE 2024 LEAPFROG HOSPITAL SURVEY

	Survey Submitted <u>Prior to</u> September 1	Survey (Re)Submitted <u>on or</u> <u>After</u> September 1
Survey Section/ Measure	Reporting Period	Reporting Period
<b>1A</b> Basic Hospital Information	12 months ending 12/31/2023	12 months ending 06/30/2024
<b>1B</b> Billing Ethics	N/A	N/A
<b>1C</b> Health Care Equity	N/A	N/A
<b>1D</b> Informed Consent	N/A	N/A
<b>2A</b> Computerized Physician Order Entry (CPOE)	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>2B</b> EHR Application Information	N/A	N/A
<b>2C</b> Bar Code Medication Administration (BCMA)	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>2D</b> Medication Reconciliation	Latest 6 months prior to Survey submission	Latest 6 months prior to Survey submission
<b>3A</b> Hospital and Surgeon Volume	Volume: 12 months or 24-month annual average ending 12/31/2023	Volume: 12 months or 24-month annual average ending 06/30/2024
	STS MVRRC Composite Score: Latest 36-month report	STS MVRRC Composite Score: Latest 36-month report
<b>3B</b> Safe Surgery Checklist for Adult and Pediatric Complex Surgery	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
<b>4A</b> Maternity Care Volume and Services	12 months ending 12/31/2023	12 months ending 06/30/2024
<b>4B</b> Cesarean Birth	12 months ending 12/31/2023	12 months ending 06/30/2024
	Cesarean Birth Stratified by Race/Ethnicity: 24 months ending 12/31/2023	Cesarean Birth Stratified by Race/Ethnicity: 24 months ending 06/30/2024
<b>4C</b> Episiotomy	12 months ending 12/31/2023	12 months ending 06/30/2024

	Survey Submitted <u>Prior to</u> September 1	Survey (Re)Submitted <u>on or</u> <u>After</u> September 1
Survey Section/ Measure	Reporting Period	Reporting Period
<b>4D</b> Process Measures of Quality	12 months ending 12/31/2023	12 months ending 06/30/2024
<b>4E</b> High-Risk Deliveries*	Volume: 12 months ending 12/31/2023	Volume: 12 months ending 06/30/2024
	VON: 2022 report	VON: 2023 report
<b>5</b> ICU Physician Staffing (IPS)	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>6A</b> 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
<b>6B</b> 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)
<b>6C</b> Nursing Workforce	Nurse Staffing and Skill Level: 12 months ending 12/31/2023	Nurse Staffing and Skill Level: 12 months ending 06/30/2024
	Percentage of RNs who are BSN-Prepared: N/A	Percentage of RNs who are BSN-Prepared: N/A
	NQF Safe Practice #9: Latest 12 months prior to Survey submission	NQF Safe Practice #9: Latest 12 months prior to Survey submission
<b>6D</b> Hand Hygiene	N/A	N/A
<b>6E</b> Diagnostic Excellence	Structural Measures: N/A	Structural Measures: N/A
	Closing the Loop on Cancer Diagnosis: 12 months ending 12/31/2023	Closing the Loop on Cancer Diagnosis: 12 months ending 06/30/2024
<b>7A</b> Never Events	N/A	N/A
<b>7B</b> Healthcare-Associated Infections**	June and August Data Downloads: 01/01/2023 – 12/31/2023	October and December Data Downloads: 07/01/2023 – 06/30/2024
<b>8A</b> Patient Experience (CAHPS Child Hospital Survey)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission



	Survey Submitted <u>Prior to</u> September 1	Survey (Re)Submitted <u>on or</u> <u>After</u> September 1
Survey Section/ Measure	Reporting Period	Reporting Period
<b>8B</b> Pediatric Computed Tomography (CT) Radiation Dose	12 months ending 12/31/2023	12 months ending 06/30/2024
<b>9A</b> Basic Outpatient Department Information	12 months ending 12/31/2023	12 months ending 06/30/2024
<b>9B</b> Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
<b>9C</b> Volume of Procedures	12 months ending 12/31/2023	
<b>9D</b> Safety of Procedures***	Patient Follow-up: Latest 24 months prior to Survey submission	Patient Follow-up: Latest 24 months prior to Survey submission
	Safe Surgery Checklist: Latest 12 months prior to Survey submission	Safe Surgery Checklist: Latest 12 months prior to Survey submission
<b>9E</b> Medication Safety for Outpatient Procedures	12 months ending 12/31/2023	12 months ending 06/30/2024
<b>9F</b> Patient Experience (OAS CAHPS)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission

\*Leapfrog will update VON data 3 times per Survey Cycle for all hospitals that have provided an accurate VON Transfer Code in the Hospital Profile, submitted a [Data Sharing Authorization](#) letter to VON, selected “VON National Performance Measure” in Section 4E, and submitted the 2024 Leapfrog Hospital Survey.

\*\*Adult and pediatric hospitals reporting on Section 7B: Healthcare-Associated Infections are required to join Leapfrog’s NHSN Group. More information, including important deadlines, is available on the [Join NHSN Group webpage](#). Leapfrog will update data 4 times for all members of our NHSN group that have provided an accurate NHSN ID in the Hospital Profile and submitted the 2024 Leapfrog Hospital Survey.

\*\*\*Adult and pediatric hospitals reporting on Section 9D: Patient Follow-up are required to provide an accurate CMS Certification Number (CCN) in the Hospital Profile. Leapfrog will update data 3 times per Survey Cycle for all hospitals that have provided an accurate CCN in the Hospital Profile and submitted Section 9: Outpatient Procedures.

## APPENDIX III: RAPID RESPONSE TEAMS AND PATIENT-REPORTED CONCERNS QUESTIONS

<p>1) Does your hospital have a policy and protocol that empowers patients, or their family caregivers, to activate a rapid response team (RRT) to evaluate the patient for possible escalation of care, that includes <b>all</b> the following elements:</p> <ul style="list-style-type: none"> <li>• A process to notify patients and family caregivers, verbally or in writing, about how to activate the rapid response team;</li> <li>• A process to ensure clinicians are trained to recognize when a patient or family caregiver is asking for an evaluation by a rapid response team; and</li> <li>• A process to ensure clinicians are trained on how to conduct the evaluation if they are part of the rapid response team?</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>2) Does your hospital have a protocol to follow-up on patient-reported concerns about their care that includes <b>all</b> the following elements:</p> <ul style="list-style-type: none"> <li>• All patients and family caregivers are <u>notified</u> of at least one method to report concerns with their care,</li> <li>• All patients and family caregivers who report a concern are <u>contacted</u> by a hospital representative within 30 days of making the report, and</li> <li>• All concerns reported by patients and family caregivers are <u>logged</u> in an incident reporting system?</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>

## APPENDIX IV: BILLING ETHICS QUESTIONS AND NEW FAQ

### Section 1B: Billing Ethics – Questions for 2024

Updates highlighted in **yellow**.

<p>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, <b>either by mail or electronically (via email or the patient portal)</b>, with a billing statement and/or master itemized bill for facility services that includes ALL the following:</p> <ul style="list-style-type: none"> <li>a. Name and address of the facility where billed services occurred</li> <li>b. Date(s) of service</li> <li>c. An individual line item for each service or bundle of services performed</li> <li>d. Description of services billed that accompanies each line item or bundle of services performed</li> <li>e. Amount of any principal, interest, or fees (e.g., late or processing fees), if applicable</li> <li>f. Amount of any adjustments to the bill (e.g., health plan payment or discounts), if applicable</li> <li>g. Amount of any payments already received (from the patient or any other party), if applicable</li> <li>h. Instructions on how to apply for financial assistance, if applicable</li> <li>i. Instructions in the patient's preferred language on how to obtain a written translation or oral interpretation of the bill</li> <li>j. Notification that physician services will be billed separately, if applicable?</li> </ul> <p><i>If any one of the elements above are only provided upon request, select "Only upon request." If any one of the elements above are not ever provided, select "No."</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Only upon request</li> </ul>
<p>2) Does your hospital give patients instructions for contacting a billing representative with:</p> <ul style="list-style-type: none"> <li>• access to an interpretation service to communicate in the patient's preferred language, <b>and</b></li> <li>• the authority to (a) initiate an investigation into errors on the bill, (b) offer a price adjustment or debt forgiveness based on hospital policy, and (c) offer a payment plan within 10 business days of being contacted by the patient or patient representative?</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>3) Does your hospital take legal action against patients for late payment or insufficient payment of a medical bill?</p> <p><i>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.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> <b>No, but required by federal law to transfer delinquent payments to the</b></li> </ul>

Only Military Treatment Facilities should respond “No, but required by federal law to transfer delinquent payments to the Department of Treasury for action.”	Department of Treasury for action
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#### Additional Questions (Optional – Fact Finding Only)

<p>4) Does your hospital screen patients to determine if they are eligible for your hospital's financial assistance program, regardless of whether they apply for financial assistance?</p> <p><i>If “No, we do not screen patients for eligibility for financial assistance unless the patient applies for financial assistance” or “No, our hospital does not have a financial assistance program,” skip question #5 and continue to the next subsection.</i></p>	<ul style="list-style-type: none"> <li>○ Yes, using a presumptive eligibility tool licensed from a third-party</li> <li>○ Yes, using our hospital's own approach to assessing presumptive eligibility for financial assistance based on other factors</li> <li>○ No, we do not screen patients for eligibility for financial assistance unless the patient applies for financial assistance</li> <li>○ No, our hospital does not have a financial assistance program</li> </ul>
<p>5) 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?</p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>

#### Section 1B: Billing Ethics – New FAQ for 2024

**Can we consider information provided to patients at admission, or as part of the “conditions of admission” packet of material, as information that meets one or more of the elements of the billing statement in question #1?**

No. Only information provided to the patient either by mail or electronically (via email or the patient portal) can be considered.



## APPENDIX V: HEALTH CARE EQUITY QUESTIONS AND SCORING ALGORITHM

### Section 1C: Health Care Equity – Questions for 2024

<p>1) Which of the following <b>patient self-identified</b> demographic data does your hospital collect <b>directly from its patients (or patient's legal guardian)</b> prior to or while registering a patient for a hospital visit?</p> <p><i>Select all that apply.</i></p> <p><i>If “none of the above,” skip the remaining questions in Section 1C and continue to the next subsection. The hospital will be scored as “Limited Achievement.”</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Race</li> <li><input type="checkbox"/> Ethnicity</li> <li><input type="checkbox"/> Spoken language preferred for healthcare (patient or legal guardian)</li> <li><input type="checkbox"/> Written language preferred for healthcare (patient or legal guardian)</li> <li><input type="checkbox"/> Sexual orientation</li> <li><input type="checkbox"/> Gender identity</li> <li><input type="checkbox"/> None of the above</li> </ul>
<p>2) Does your hospital train staff responsible for collecting the self-identified demographic data either in-person or over the phone from patients (or patient's legal guardian) in question #1 at both:</p> <ul style="list-style-type: none"> <li>• the time of onboarding, and</li> <li>• annually thereafter?</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>3) Does your hospital use the patient self-identified demographic data it collects directly from patients (or patient's legal guardian) in question #1 to stratify <u>any</u> quality measure(s) with the aim of identifying health care disparities?</p> <p><i>If “no” to question #3, skip questions #4-5 and continue to question #6.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p>4) By stratifying the quality measure(s) from question #3, has your hospital identified any health care disparities among its patients?</p> <p><i>If “no, disparities were not identified” or “inadequate data available to determine if disparities exist” to question #4, skip question #5 and continue to question #6.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes, disparities were identified</li> <li><input type="radio"/> No, disparities were not identified</li> <li><input type="radio"/> Inadequate data available to determine if disparities exist</li> </ul>
<p>5) In the past 12 months, has your hospital used the data and information obtained through question #4 to update or revise its policies or procedures?</p> <p>OR</p> <p>In the past 12 months, has your hospital developed a written action plan that describes how it will address at least one of the health care disparities identified through question #4?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>

6) Does your hospital share information on its efforts to identify and reduce health care disparities based on <i>race, ethnicity, spoken language preferred for healthcare (patient or legal guardian), written language preferred for healthcare (patient or legal guardian), sexual orientation, or gender identity</i> and the impact of those efforts on its public website?	<input type="radio"/> Yes <input type="radio"/> No
7) Does your hospital report out and discuss efforts related to identifying and addressing health care disparities with the Board at least annually?	<input type="radio"/> Yes <input type="radio"/> No

### Section 1C: Health Care Equity – Scoring Algorithm for 2024

Health Equity Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>The hospital collects, at a minimum, patient self-reported <b>race, ethnicity, <u>and</u> preferred written or spoken language</b> data as described in question #1,</li> <li>Trains staff responsible for collecting the self-identified demographic data from patients as described in question #2,</li> <li>Uses the patient self-reported demographic data to stratify at least one quality measure as described in question #3,</li> <li>If disparities were identified in question #4, has updated a policy or procedure to address the disparity or developed a written action plan as described in question #5,</li> <li>Shares information about efforts to identify and reduce health care disparities on its website as described in question #6, and</li> <li>Reports out and discusses efforts to reduce health care disparities with the board as described in question #7.</li> </ul> <p><i>Question #5 is not used in scoring for hospitals that responded “No, disparities were not identified” or “Inadequate data available to determine if disparities exist” to question #4.</i></p>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>The hospital collects, at a minimum, patient self-reported <b>race, ethnicity, <u>and</u> preferred written or spoken language</b> data as described in question #1,</li> <li>Trains staff responsible for collecting the self-identified demographic data from patients as described in question #2,</li> <li>Uses the patient self-reported demographic data to stratify at least one quality measure as described in question #3,</li> <li>If disparities were identified in question #4, has updated a policy or procedure to address the disparity or developed a written action plan as described in question #5,</li> <li>And either:               <ul style="list-style-type: none"> <li>Shares information about efforts to identify and reduce health care disparities on its website as described in</li> </ul> </li> </ul>

	<p>question #6 OR</p> <ul style="list-style-type: none"> <li>○ Reports out and discusses efforts to reduce health care disparities with the board as described in question #7.</li> </ul> <p><i>Question #5 is not used in scoring for hospitals that responded “No, disparities were not identified” or “Inadequate data available to determine if disparities exist” to question #4.</i></p>
<b>Some Achievement</b>	<ul style="list-style-type: none"> <li>• The hospital collects, at a minimum, patient self-reported <b>race, ethnicity, <u>and</u> preferred written or spoken language</b> data as described in question #1,</li> <li>• Trains staff responsible for collecting the self-identified demographic data from patients as described in question #2,</li> <li>• Uses the patient self-reported demographic data to stratify at least one quality measure as described in question #3,</li> <li>• And either: <ul style="list-style-type: none"> <li>○ Has updated a policy or procedure to address the disparity or developed a written action plan as described in question #5 (if disparities were identified in question #4) OR</li> <li>○ Shares information about efforts to identify and reduce health care disparities on its website as described in question #6 OR</li> <li>○ Reports out and discusses efforts to reduce health care disparities with the board as described in question #7.</li> </ul> </li> </ul> <p><i>Question #5 is not used in scoring for hospitals that responded “No, disparities were not identified” or “Inadequate data available to determine if disparities exist” to question #4.</i></p>
<b>Limited Achievement</b>	<p>The hospital responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.</p>

## APPENDIX VI: INFORMED CONSENT QUESTIONS, FAQs, AND SCORING ALGORITHM

### Section 1D: Informed Consent – Questions for 2024

Updates highlighted in **yellow**.

#### Policies and Training

1) Does your hospital have a training program on informed consent that tailors different training topics to different staff roles, including hospital leaders, MD/NP/PA, nurses and other clinical staff, administrative staff, and interpreters, and has your hospital made the training: <ul style="list-style-type: none"> <li>a required component of onboarding for the appropriate newly hired staff, and</li> <li>required for the appropriate existing staff who were not previously trained?</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
2) At least once a year, does your hospital solicit feedback from patients/legal guardians about your hospital's informed consent process to understand how it can be improved over time?  <i>This question is required but response will not be scored or publicly reported in 2024.</i>	<input type="radio"/> Yes <input type="radio"/> No

#### Content of Informed Consent Forms

3) As part of your hospital's process for obtaining informed consent, does: <ul style="list-style-type: none"> <li>the clinician explain expected difficulties, recovery time, pain management, and restrictions after a test, treatment, or procedure that may be experienced by the patient either in the facility and post-discharge, if applicable;</li> <li>the patient have the opportunity to ask questions; and</li> <li>the consent form document that these two elements of the process have taken place?</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
4) Do ALL applicable consent forms used by your hospital: <ul style="list-style-type: none"> <li>the name(s) of the clinician(s) performing the test, treatment, or procedure;</li> <li>whether the clinician is expected to be absent from portions of the test, treatment, or procedure (e.g., opening, closing), if applicable; and</li> <li>whether any assistants or trainees will be involved in the test, treatment, or procedure, if applicable?</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No

<p>5) Are ALL applicable consent forms used by your hospital written at a 6<sup>th</sup> grade reading level or lower?</p> <p><i>The procedure name and description, and any words accompanied by a plain language definition can be excluded from the reading level assessment.</i></p>	<ul style="list-style-type: none"> <li>○ Yes, all applicable forms are written at a 6<sup>th</sup> grade reading level or lower</li> <li>○ No, but at least one form is written at a 6<sup>th</sup> grade reading level or lower</li> <li>○ No forms are written at a 6<sup>th</sup> grade reading level or lower</li> <li>○ No, all applicable forms are written at a 9<sup>th</sup> grade reading level or lower</li> </ul>
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## Process for Gaining Informed Consent

<p>6) Prior to the informed consent discussion, does your hospital:</p> <ul style="list-style-type: none"> <li>• ask what the patient/legal guardian's preferred language for medical decision-making is;</li> <li>• where needed, provide the patient/legal guardian access to a qualified medical interpreter, <b>NOT a family caregiver</b>;</li> <li>• 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</li> <li>• have the medical interpreter sign the consent form (either in-person, electronically, or by documenting the use of an interpreter in the medical record)?</li> </ul>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>
<p>7) As part of the informed consent discussion, do clinicians at your hospital use the “teach back method” with patients/legal guardians, where patients/legal guardians are asked to describe, in their own words, what they understand will be performed, why it will be performed, and what are the primary risks?</p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul>

## Section 1C: Informed Consent – New and Updated FAQs for 2024

### Should we consider the term “legal guardian” to be equivalent to the term “legal surrogate decision-maker”?

Yes, for the purposes of the Leapfrog Hospital Survey, these terms are equivalent.

### Regarding the process for soliciting patient feedback in question #2, what parameters should this process follow? Is there a specific patient feedback evaluation form that should be used?

Any method of soliciting feedback from patients who have gone through your informed consent process would be acceptable. One example would be surveying patients after discharge; another example would be asking the hospital's Patient and Family Caregiver Advisory Council (PFAC), if the PFAC includes at least one person who has experience with consenting to a procedure at the hospital in the past 24 months, either for themselves or on behalf of a patient as a caregiver. Asking about the specific verbiage used in the consent form, as well as more general questions about the consent process itself, would both be acceptable areas of inquiry. It is Leapfrog's



goal to encourage hospitals to ensure their process is working well for patients by being as flexible as possible in allowing for differing methods.

For an example of a survey of patient's experience with the informed consent process, see: Hallock JL, Rios R, Handa VL. Patient satisfaction and informed consent for surgery. *Am J Obstet Gynecol*. 2017 Aug;217(2):181.e1-181.e7. doi: 10.1016/j.ajog.2017.03.020. Epub 2017 Mar 28. PMID: 28363439.

**Does the consent form need to specifically name the assistants and trainees who will be involved in the procedure, the same way the consent form needs to name the clinician performing the procedure?**

No. The consent form only needs to indicate that assistants or trainees may be involved, if this applies to the specific procedure the patient is signing the consent form for.

**Why has Leapfrog selected a 6th-grade reading level target for consent forms, and what are some strategies we can use to meet this?**

Just over half of U.S. adults have a reading level that permits them to understand and synthesize information from a complex text. According to [a Gallup analysis](#), 54% of Americans between the ages of 16 and 74 read below the equivalent of a sixth-grade level. A [more recent survey by the Organization for Economic Development and Cooperation \(OECD\)](#) indicates that literacy in the U.S. has gradually declined since that Gallup analysis, suggesting a still-greater proportion of the population reads below a sixth-grade level today. Leapfrog has included an exemption in the standard for the procedure name and description, that may include highly technical language that would affect the reading level.

Leapfrog hosted two Town Hall Calls last year led by AHRQ describing techniques for reducing the written complexity of consent forms. The slides are available on Leapfrog's [Town Hall Calls webpage](#); please refer to slide 40-47 for more information in the "Informed Consent" slide deck and slides 40-45 in the "Health Literacy" deck. Additional resources include:

- [AHRQ Training Module](#)
- The Patient Education Materials Assessment Tool ([PEMAT](#))
- Clear Communication Index ([CCI](#))
- [CMS Toolkit for Making Written Material Clear and Effective](#)

**How should the reading level of the consent form be assessed?**

There are software tools available to assess reading level. For example, consent forms can be edited in Microsoft Word 365, where a readability tool can be used to make this assessment by: (1) on the "File" tab, click the "Options" button; (2) on the "Proofing" tab, under "When correcting spelling and grammar in Word", select the "Show readability statistics" check box. Exit the window. Then, under the Review tab in your Word document, click the "Editor" button in the far-left corner of the ribbon, then click "Insights – Document Stats" on the "Editor" sidebar: Word displays a message box showing you the Flesch-Kincaid readability grade-level: any value less than or equal to 6.9 is considered a "sixth grade" reading level. Reading level can also be assessed using online tools, such as those provided at [Readable.com](#), provided those tools use either the Flesch-Kincaid or SMOG readability standard to evaluate the readability of written language.

**What information on the consent form can be excluded from the reading level assessment?**

The procedure name and description can be excluded from the reading level assessment. In addition, information intended to be read by the provider or administrative staff ONLY, such as instructions for signing and returning the consent form, and information that is written in by an individual provider to give that patient information specific to their condition, can also be excluded. Finally, any words where a sixth-grade reading level definition is included with the term can be excluded from the reading level assessment. For example, in the sentence "anesthesia (putting you to sleep)," only "putting you to sleep" needs to be considered in the reading level assessment.



### What is a qualified medical interpreter?

In the [U.S. Department of Health and Human Services 2023 Language Access Plan](#), a qualified medical interpreter is defined as “A bilingual/multilingual person who has the appropriate training and experience or demonstrated ability to fully understand, analyze, and process and then faithfully render a spoken, written, or signed message in one language into a second language and who abides by a code of professional practice and ethics.” Leapfrog adheres to that definition for the purposes of reporting on the Hospital Survey.

### Section 1C: Informed Consent – Scoring Algorithm for 2024

Informed Consent Score (Performance Category)	Meaning that...
<b>Achieved the Standard</b>	<ul style="list-style-type: none"> <li>The hospital responded “yes, <b><u>all</u></b> applicable forms are written at a 6<sup>th</sup> grade reading level or lower” to question #5, <b><u>and</u></b></li> <li>The hospital responded “yes” to the remaining <b><u>five</u></b> questions in <ul style="list-style-type: none"> <li>Policies and Training (question #1),</li> <li>Content of Informed Consent Forms (questions #3-4), and</li> <li>Process for Gaining Informed Consent (questions #6-7).</li> </ul> </li> </ul>
<b>Considerable Achievement</b>	<ul style="list-style-type: none"> <li>The hospital responded “yes, <b><u>all</u></b> applicable forms are written at a 6<sup>th</sup> grade reading level or lower” to question #5 <b><u>and</u></b></li> <li>The hospital responded “yes” to at least <b><u>four</u></b> additional questions in <ul style="list-style-type: none"> <li>Policies and Training (question #1),</li> <li>Content of Informed Consent Forms (questions #3-4), and</li> <li>Process for Gaining Informed Consent (questions #6-7).</li> </ul> </li> </ul> <p><b><u>OR</u></b></p> <ul style="list-style-type: none"> <li>The hospital responded “no, but at least <b><u>one</u></b> form is written at a 6<sup>th</sup> grade reading level or lower” OR “no, all applicable forms are written at a 9<sup>th</sup> grade reading level or lower” to question #5 <b><u>and</u></b></li> <li>The hospital responded “yes” to the <b><u>five</u></b> remaining questions in <ul style="list-style-type: none"> <li>Policies and Training (question #1),</li> <li>Content of Informed Consent Forms (questions #3-4), and</li> <li>Process for Gaining Informed Consent (questions #6-7).</li> </ul> </li> </ul>

<p><b>Some Achievement</b></p>	<ul style="list-style-type: none"> <li>• The hospital responded “yes, <b><u>all</u></b> applicable forms are written at a 6<sup>th</sup> grade reading level or lower” <b><u>OR</u></b> “no, but at least <b><u>one</u></b> form is written at a 6<sup>th</sup> grade reading level or lower” <b><u>OR</u></b> “no, all applicable forms are written at a 9<sup>th</sup> grade reading level or lower” to question #5 <b><u>and</u></b></li> <li>• The hospital responded “yes” to at least <b><u>three</u></b> additional questions in <ul style="list-style-type: none"> <li>○ Policies and Training (question #1),</li> <li>○ Content of Informed Consent Forms (questions #3-4), and</li> <li>○ Process for Gaining Informed Consent (questions #6-7).</li> </ul> </li> </ul> <p><b><u>OR</u></b></p> <ul style="list-style-type: none"> <li>• The hospital responded “no forms are written at a 6<sup>th</sup> grade reading level or lower” to question #5 <b><u>and</u></b></li> <li>• The hospital responded “yes” to at least <b><u>four</u></b> additional questions in <ul style="list-style-type: none"> <li>○ Policies and Training (question #1),</li> <li>○ Content of Informed Consent Forms (questions #3-4), and</li> <li>○ Process for Gaining Informed Consent (questions #6-7).</li> </ul> </li> </ul>
<p><b>Limited Achievement</b></p>	<p>The hospital responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.</p>



## APPENDIX VII: BCMA QUESTIONS AND SCORING ALGORITHM

### Section 2C: BCMA – Questions for 2024

1) What is the latest 3-month reporting period for which your hospital is submitting responses to questions #2-18? 3-month reporting period ending:	<u>          </u> Format: Month/Year
2) Does your hospital use a Bar Code Medication Administration (BCMA) system that is linked to the electronic medication administration record (eMAR) when administering medications at the bedside in at least one or more of the following units: <ul style="list-style-type: none"> <li>• Intensive Care Unit (adult, pediatric, and/or neonatal),</li> <li>• Medical and/or Surgical Unit (including telemetry/step-down/progressive units) (adult and/or pediatric),</li> <li>• Labor and Delivery Unit,</li> <li>• Pre-operative and Post-anesthesia Care Units (adult and/or pediatric)?</li> </ul> <i>If “no” to question #2, skip questions #3-18 and continue to the next subsection. The hospital will be scored as “Limited Achievement.”</i>	<input type="radio"/> Yes <input type="radio"/> No
3) Does your hospital operate Intensive Care Units (adult, pediatric, and/or neonatal)?  <i>If “no” to question #3, skip questions #4-5 and continue to question #6.</i>	<input type="radio"/> Yes <input type="radio"/> No
4) If “yes,” how many of this type of unit are open and staffed in the hospital?	<u>          </u>
5) How many of the units in question #4 utilized the BCMA/eMAR system when administering medications at the bedside?	<u>          </u>
6) Does your hospital operate Medical and/or Surgical Units (including telemetry/step-down/progressive units) (adult and/or pediatric)?  <i>If “no” to question #6, skip questions #7-8 and continue to question #9.</i>	<input type="radio"/> Yes <input type="radio"/> No
7) If “yes,” how many of this type of unit were open and staffed in the hospital?	<u>          </u>
8) How many of the units in question #7 utilized the BCMA/eMAR system when administering medications at the bedside?	<u>          </u>
9) Does your hospital operate a Labor and Delivery Unit?  <i>If “no” to question #9, skip questions #10-11 and continue to question #12.</i>	<input type="radio"/> Yes <input type="radio"/> No
10) If “yes,” how many of this type of unit were open and staffed in the hospital?	<u>          </u>
11) How many of the units in question #10 utilized the BCMA/eMAR system when administering medications at the bedside?	<u>          </u>
12) Does your hospital operate Pre-operative and Post-anesthesia Care Units (adult and/or pediatric)?	<input type="radio"/> Yes <input type="radio"/> No



<i>If “no” to question #12, skip questions #13-14 and continue to question #15.</i>	
13) If “yes,” how many of this type of unit are open and staffed in the hospital?	_____
14) How many of the units in question #12 utilized the BCMA/eMAR system when administering medications at the bedside?	_____

*If “no” to questions #3, #6, #9, and #12 above, skip questions #15-18 and continue to the next subsection. Your hospital will be scored as “Does Not Apply.”*

15) The number of scannable medication administrations during the reporting period in those units that utilize BCMA as indicated in questions #5, #8, #11, and #14 above:	_____
16) The number of medication administrations from question #15 that had both the patient and the medication scanned during administration with a BCMA system that is linked to the electronic medication administration record (eMAR):	_____

17) What types of decision support does your hospital’s BCMA system provide to users of the system?	
a) Wrong patient	<input type="radio"/> Yes <input type="radio"/> No
b) Wrong medication	<input type="radio"/> Yes <input type="radio"/> No
c) Wrong dose	<input type="radio"/> Yes <input type="radio"/> No
d) Wrong time (e.g., early/late warning; warning that medication cannot be administered twice within a given window of time)	<input type="radio"/> Yes <input type="radio"/> No
e) Second nurse check needed	<input type="radio"/> Yes <input type="radio"/> No

18) Which of the following mechanisms does your hospital use to reduce and understand potential BCMA system “workarounds”?	
a) Has a formal committee that meets routinely to review data reports on BCMA system use	<input type="radio"/> Yes <input type="radio"/> No
b) Has back-up systems for BCMA hardware failures	<input type="radio"/> Yes <input type="radio"/> No
c) Has a Help Desk that provides timely responses to urgent BCMA issues in real-time	<input type="radio"/> Yes <input type="radio"/> No

d)	Conducts real-time observations of users at the unit level using the BCMA system	<input type="radio"/> Yes <input type="radio"/> No
e)	Engages nursing leadership at the unit level on BCMA use	<input type="radio"/> Yes <input type="radio"/> No
f)	<p>In the past 12 months used the data and information obtained through items a-e to implement quality improvement projects that have focused on improving the hospital's BCMA performance</p> <p><b>OR</b></p> <p>In the past 12 months used the data and information obtained through items a-e to monitor a previously implemented quality improvement project focused on improving the hospital's BCMA performance</p> <p><i>Cannot respond "yes" to this question, unless "yes" to either 18d or 18e.</i></p>	<input type="radio"/> Yes <input type="radio"/> No
g)	<p>In the past 12 months evaluated the results of the quality improvement projects (from f) and demonstrated that these projects have resulted in higher adherence to your hospital's standard medication administration process</p> <p><b>OR</b></p> <p>In the past 12 months evaluated the results of the quality improvement projects (from f) and demonstrated continued adherence to your hospital's standard medication administration process</p> <p><i>Cannot respond "yes" to this question, unless "yes" to 18f.</i></p>	<input type="radio"/> Yes <input type="radio"/> No
h)	<p>Communicated back to end users the resolution of any system deficiencies and/or problems that may have contributed to workarounds</p> <p><i>Cannot respond "yes" to this question, unless "yes" to either 18d or 18e.</i></p>	<input type="radio"/> Yes <input type="radio"/> No

## Section 2C: BCMA – Updated Scoring Algorithm for 2024

Hospitals are scored on their performance on four components of BCMA use:

- **% Units:** A hospital's implementation of BCMA throughout the hospital, as measured by the percentage of units with a focus on medical and/or surgical units (adult and/or pediatric), intensive care units (adult, pediatric, and/or neonatal), labor and delivery units, and pre-operative and post-anesthesia care units (adult and/or pediatric).
- **% Compliance:** A hospital's compliance with scanning the patient and medication during the administration in applicable units where BCMA is implemented.
- **Decision Support:** The types of decision support that the hospital's BCMA system offers, including:

- Wrong patient
- Wrong medication
- Wrong dose
- Wrong time (e.g., early/late warning; warning that medication cannot be administered twice within a given window of time)
- Second nurse check needed
- **Workarounds:** A hospital's structures to monitor and reduce workarounds, including:
  - Having a formal committee that meets routinely to review data reports on BCMA system use
  - Having back-up systems for hardware failures
  - Having a help desk that provides timely responses to urgent BCMA issues in real-time
  - Conducting real-time observations of users at the unit level using the BCMA system
  - Engaging nursing leadership at the unit level on BCMA use
  - In the past 12 months, used the data and information obtained through items 1-5 to implement quality improvement projects that have focused on improving the hospital's BCMA performance
  - OR
  - In the past 12 months, used the data and information obtained through items 1-5 to monitor a previously implemented quality improvement project focused on improving the hospital's BCMA performance
  - In the past 12 months, evaluated the results of the quality improvement projects (from 6) and demonstrated that these projects have resulted in higher adherence to the hospital's standard medication administration process
  - OR
  - In the past 12 months, evaluated the results of the quality improvement projects (from 6) and demonstrated continued adherence to the hospital's standard medication administration process
  - Communicated to end users the resolution of any system deficiencies and/or problems that may have contributed to the workarounds

BCMA Score (Performance Category)	% Units	% Compliance	Decision Support	Processes & Structures to Prevent Workarounds
<b>Achieved the Standard</b>	100%	95%	5 out of 5	6 out of 8
<b>Considerable Achievement</b>	The hospital meets <b><u>three of the four</u></b> standards			
<b>Some Achievement</b>	The hospital meets <b><u>two of the four</u></b> standards			
<b>Limited Achievement</b>	The hospital meets <b><u>one or zero of the four</u></b> standards			
<b>Does Not Apply</b>	The hospital does not operate any of the following units: intensive care units, medical and/or surgical units, labor and delivery units, pre-operative and post-anesthesia care units.			



## APPENDIX VIII: VON REPORTING PERIODS AND DEADLINES FOR 2024

Complete and submit Data Sharing Authorization to VON by*	VON data will be scored and publicly reported for hospitals that have submitted Section 4 by	VON Reporting Period	Available on Hospital Details Page and Public Reporting Website
June 14, 2024	June 30, 2024	2022	July 12, 2024 Hospital Details Page July 25, 2024 Public Reporting Website
August 15, 2024	August 31, 2024	2023**	September 9, 2024***
November 15, 2024	November 30, 2024	2023	December 6, 2024***

\* Hospitals that successfully submitted a Data Sharing Authorization letter in previous years will not be required to submit another letter in 2024.

\*\*Anticipated release of 2023 VON data.

\*\*\* Available on Hospital Details Page on the same date as public release of Survey Results

## APPENDIX IX: NURSE STAFFING AND SKILL MIX QUESTIONS

### Section 6C: Nurse Staffing and Skill Mix – Questions for 2024

Updates highlighted in **yellow**.

**Note 1:** Hospitals should respond to questions #1-5 and #6-11 if they operate at least one adult or pediatric **single** acuity Medical, Surgical, or Med-Surg unit, defined as a unit where at least 90% of patients in the unit receive the same level of care. If responding to questions #6-11, skip questions #12-14.

**Note 2:** Hospitals should respond to questions #1-5 and #12-14 if they:

- **do not** operate any adult or pediatric **single** acuity Medical, Surgical, or Med-Surg Units, **but**
- operate at least one adult or pediatric **mixed** acuity Medical, Surgical, or Med-Surg Unit, defined as a unit where more than 10% of the patients in the unit are receive varying levels of care (e.g., general medical care and progressive care or intensive care).

**Note 3:** Single or mixed acuity Medical, Surgical, or Med-Surg Units that had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period should be excluded in questions #6-11 or #12-14.

**Note 4:** Single or mixed acuity Medical, Surgical, or Med-Surg Units that transitioned to an excluded unit type during the reporting period should be excluded in questions #6-11 or #12-14. For example, if a single acuity Medical Unit transitioned to an ICU during the reporting period, the unit should be excluded when responding to questions #6-11.

### Total Nursing Care Hours per Patient Day, RN Hours per Patient Day, and Nursing Skill Mix

1) 12-month reporting period used:	<input type="radio"/> 01/01/2023 – 12/31/2023 <input type="radio"/> 07/01/2023 – 06/30/2024
2) Does your hospital operate at least one adult or pediatric single acuity Medical, Surgical, or Med-Surg Unit?  <i>A single acuity unit is defined as a unit where at least 90% of the patients receive the same level of care.</i>  <i>If “yes” to question #2, skip question #3 and continue to question #4.</i>	<input type="radio"/> Yes <input type="radio"/> No
3) Does your hospital operate at least one adult or pediatric mixed acuity Medical, Surgical, or Med-Surg Unit?  <i>A mixed acuity unit is defined as a unit where more than 10% of patients receive varying levels of care.</i>  <i>If “no” to question #3, skip questions #4-16 and continue to question #17. The hospital will be scored as “Does Not Apply.”</i>	<input type="radio"/> Yes <input type="radio"/> No

<p>4) 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, and do you choose to report those data to this Survey?</p> <p><i>If "no" to question #4, skip questions #5-16 and continue to question #17. The hospital will be scored as "Limited Achievement."</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>		
<p>5) Which method did your hospital use to calculate the total number of patient days for each single acuity Medical, Surgical, Med-Surg Unit or mixed acuity Medical, Surgical or Med-Surg Unit?</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Midnight census</li> <li><input type="radio"/> Patient days from actual hours</li> <li><input type="radio"/> Patient days from multiple census reports</li> <li><input type="radio"/> Midnight census and patient days from actual hours for short stay patients</li> </ul>		
<p>6) Does your hospital operate any adult or pediatric single acuity Medical Units?</p> <p><i>A single acuity unit is defined as a unit where at least 90% of the patients receive the same level of care.</i></p> <p><i>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.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period</li> </ul>		
<p>7) Enter your hospital's responses for each quarter for all adult and/or pediatric single acuity Medical Units for the reporting period selected in question #1:</p>			
	<p><b>(a)</b> Total number of patient days:</p>	<p><b>(b)</b> Total number of productive hours worked by employed and contracted nursing staff (RN, LPN/LVN, and UAP) with direct patient care responsibilities:</p>	<p><b>(c)</b> Total number of productive hours worked by RN nursing staff with direct patient care responsibilities:</p>
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

<p>8) Does your hospital operate any adult and/or pediatric single acuity Surgical Units?</p> <p><i>A single acuity unit is defined as a unit where at least 90% of the patients receive the same level of care.</i></p> <p><i>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.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period</li> </ul>
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9) Enter your hospital's responses below for each quarter for all adult and/or 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 <b>nursing staff (RN, LPN/LVN, and UAP)</b> with direct patient care responsibilities:	(c) Total number of productive hours worked by <b>RN nursing staff</b> with direct patient care responsibilities:
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

<p>10) Does your hospital operate any adult and/or pediatric single acuity Med-Surg Units?</p> <p><i>A single acuity unit is defined as a unit where at least 90% of the patients receive the same level of care.</i></p> <p><i>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 questions #11-14 and continue to question #15.</i></p> <p><i>If “yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period” to questions #6, #8, and #10, skip questions #11-16 and continue to question #17. The hospital will be scored as “Unable to Calculate Score.”</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period</li> </ul>
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11) Enter your hospital's responses for each quarter for all adult and/or 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 <b>nursing staff (RN, LPN/LVN, and UAP)</b> with	(c) Total number of productive hours worked by <b>RN nursing staff</b> with direct patient care responsibilities:



		direct patient care responsibilities:	
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			

<p>12) Was your adult and/or pediatric mixed acuity Medical, Surgical, or Med-Surg Unit(s) open for the entire reporting period?</p> <p><i>A mixed acuity unit is defined as a unit where more than 10% of patients receive varying levels of care.</i></p> <p><i>If “no” to question #12, skip questions #13-16 and continue to question #17. The hospital will be scored as “Does Not Apply.”</i></p> <p><i>If “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 questions #13-16 and continue to question #17. The hospital will be scored as “Unable to Calculate Score.”</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> <li><input type="radio"/> Yes, but had fewer than 15 patient days per month for all 3 months of any quarter of the reporting period</li> </ul>
<p>13) What type(s) of adult and/or pediatric mixed acuity Medical, Surgical or Med-Surg Units does your hospital operate?</p> <p><i>Select all that apply.</i></p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>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.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> High Acuity</li> <li><input type="checkbox"/> Moderate Acuity</li> <li><input type="checkbox"/> Blended Acuity</li> </ul>

14) Enter your hospital's responses below for each quarter for all adult and/or pediatric mixed acuity Medical, Surgical and 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			
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As a reminder, there are no changes to questions regarding NQF Safe Practice #9 – Nursing Workforce or the Percentage of RNs who are BSN-prepared.

## APPENDIX X: DIAGNOSTIC EXCELLENCE QUESTIONS

Updates highlighted in **yellow**.

### Important Notes:

**Note 1:** A diagnostic error is an event where one or both of the following occurred, with harm or high potential of harm to the patient:

- Delayed, wrong, or missed diagnosis: At least one missed opportunity to pursue or identify an accurate and timely diagnosis based on the information that existed at the time.
- Diagnosis not communicated to the patient: An accurate diagnosis was available but was not effectively communicated to the patient or family caregiver.

All references to “errors in diagnoses” refer to both types of events.

**Note 2:** Diagnosis excellence means making and communicating a correct and timely diagnosis using appropriate resources while maximizing patient experience and managing uncertainty.

### CEO Commitment to Diagnostic Excellence

<p>1) In the past 36 months, has your hospital's CEO or <b>CMO</b> made a formal commitment (verbally or in writing) to all staff to make reducing harm to patients from errors in diagnosis an organizational priority, and communicated at least one specific action the hospital will take to further the commitment?</p> <p><i>If “no” to question #1, skip question #2 and continue to question #3.</i></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No         </p>
<p>2) What specific actions were communicated by your hospital's CEO or <b>CMO</b> as part of their formal commitment to reducing harm to patients from errors in diagnosis?</p> <p><i>Select all that apply.</i></p>	<p> <input type="checkbox"/> Allocated financial resources  <input type="checkbox"/> Allocated staff time  <input type="checkbox"/> Designated a senior leader or clinician champion  <input type="checkbox"/> Formed a committee  <input type="checkbox"/> Implemented a performance measure  <input type="checkbox"/> Implemented a QI project  <input type="checkbox"/> Other         </p>

### Patient Engagement

<p>3) Has your hospital chartered a Patient and Family Advisory Council (PFAC) that meets regularly?</p> <p><i>If “no” to question #3, skip question #4 and continue to question #5.</i></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No         </p>
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4) In the past 36 months, has your hospital's PFAC: <ul style="list-style-type: none"> <li>received education regarding errors in diagnosis or the diagnostic process,</li> <li>had input into any initiatives aimed at reducing errors in diagnosis, or</li> <li>led any initiatives aimed at reducing errors in diagnosis?</li> </ul>	<input type="radio"/> Yes <input type="radio"/> No
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### Risk Assessment and Mitigation

5) In the past 36 months, has your hospital conducted a risk assessment to identify additional clinical expertise or technologies that are needed to reduce errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient)?  <i>If "no" to question #5, skip question #6 and continue to question #7.</i>	<input type="radio"/> Yes, led by our multidisciplinary team <input type="radio"/> Yes, led by a different entity at the hospital (please specify): <input type="radio"/> No
6) What steps has your hospital taken to gain access to the additional clinical expertise or technologies needed to reduce errors in diagnosis?  <i>Select all that apply.</i>	<input type="checkbox"/> Allocated budget <input type="checkbox"/> Researched potential resources <input type="checkbox"/> Met with vendors to begin the procurement process for the resource <input type="checkbox"/> Contracted with an external resource <input type="checkbox"/> Other <input type="checkbox"/> None of the above

### Convening a Multidisciplinary Team Focused on Diagnostic Excellence

7) In the past 36 months, has your hospital convened a multidisciplinary team that meets all the following requirements: <ul style="list-style-type: none"> <li>Specifically focused on reducing harm to patients from errors in diagnosis;</li> <li>Sponsored by either the CEO or CMO;</li> <li>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;</li> <li>Meets at least quarterly;</li> <li>Reports to senior leaders quarterly; and</li> <li>Reports to the Board annually?</li> </ul> <i>If "no" to question #7, skip question #8 and continue to question #9.</i>	<input type="radio"/> Yes <input type="radio"/> No
8) Has the multidisciplinary team helped to educate staff on their work on reducing errors in diagnosis?	<input type="radio"/> Yes <input type="radio"/> No

<p>9) 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 diagnosis?</p> <p><i>If “no” to question #9, skip question #10 and continue to question #11.</i></p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ No, but a different team at the hospital has reviewed data or incident reports to identify or track errors in diagnosis</li> </ul>
<p>10) If an error in diagnosis was identified through the review of any of the data sources used in question #9, did the team conduct any analyses or case reviews within four weeks of the error being identified and ensured the findings were communicated to the individuals involved in the patient’s care and hospital leadership?</p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ No, but a different team at the hospital has conducted at least one root cause analysis or case review of a diagnostic error</li> </ul>
<p>11) Has the multidisciplinary team encouraged all staff (verbally or in writing), including all clinicians who participate in the diagnostic process, to report errors in diagnosis via the hospital’s incident or event reporting system?</p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ No, but a different team at the hospital has encouraged all staff to report errors in diagnosis</li> </ul>
<p>12) Has the multidisciplinary team convened emergency medicine staff to identify commonly misdiagnosed conditions (e.g., stroke, heart attack, VTE) in the emergency department?</p> <p><i>If “no” to question #12, skip question #13 and continue to question #14.</i></p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ No, but the emergency medicine staff independently meet to identify commonly misdiagnosed conditions</li> </ul>
<p>13) Has the multidisciplinary team worked with the emergency medicine staff to develop or implement any initiatives aimed at improving accurate and timely diagnosis of these commonly misdiagnosed conditions?</p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ No, the emergency medicine staff have independently implemented at least one such initiative</li> </ul>
<p>14) Has the multidisciplinary team convened radiologists and pathologists to discuss diagnosis related issues, including potential discrepancies and analyzed cases where there is a discrepancy between radiology and pathology findings?</p> <p><i>If “no” to question #14, skip question #15 and continue to question #16.</i></p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ No, but radiologists and pathologists meet independently to discuss diagnosis-related issues</li> </ul>
<p>15) Has the multidisciplinary team worked with the pathologists and radiologists to develop or implement protocols to ensure timely review and resolution of discrepancies, and timely communication of diagnoses to patients and their families?</p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ No, but radiologists and pathologists independently developed or implemented at least one such protocol</li> </ul>

## Training and Education

<p>16) In the past 36 months, has your hospital trained any staff in an evidence-based 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 diagnosis (e.g., <a href="#">AHRQ's TeamSTEPPS for Diagnosis Improvement</a>)?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>17) In the past 36 months, has your hospital modified any existing staff training curriculum (e.g., interdisciplinary communication, early identification of sepsis, etc.) to include content on 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 diagnosis?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>18) In the past 36 months, has your hospital allocated any of the following staff members at least one hour a month (on average) of paid protected time (with no other clinical or administrative responsibilities) to participate in any of the following activities:</p> <ul style="list-style-type: none"> <li>• Review of clinical or administrative data, patient experience or patient reported data, or incident reports to identify or track errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient);</li> <li>• Root cause analysis or case review of errors in diagnosis (including delayed, wrong, or missed diagnoses, or diagnoses not communicated to the patient);</li> <li>• Training to improve teamwork or communication for the purposes of improving the diagnostic process;</li> <li>• Participation in a multidisciplinary team or committee convened to reduce harm to patients from errors in diagnosis (including delayed, wrong, or missed diagnoses, and diagnoses not communicated to the patient); or</li> <li>• Develop, test, or implement interventions to reduce errors in diagnosis or improve the diagnostic process?</li> </ul> <p><i>Select all that apply.</i></p>	<p><input type="checkbox"/> All members of the multidisciplinary team  <input type="checkbox"/> Some members of the multidisciplinary team  <input type="checkbox"/> Clinical analytics staff supporting the multidisciplinary team  <input type="checkbox"/> Other clinicians not engaged with the multidisciplinary team  <input type="checkbox"/> Other nurses, pharmacists, and other allied health professionals not involved in the multidisciplinary team  <input type="checkbox"/> Other  <input type="checkbox"/> No staff are offered one hour a month of paid time</p>

## Closing the Loop on Cancer Diagnosis

<p>19) 12-month reporting period used:</p>	<p><input type="radio"/> 01/01/2023 – 12/31/2023  <input type="radio"/> 07/01/2023 – 06/30/2024</p>
<p>20) Do pathologists at your hospital routinely document the date in which they communicate pathology reports indicating a diagnosis of colon, lung, or breast cancer to a patient or a patient's ordering physician?</p> <p><i>If "no" to question #20, skip the remaining questions in Section 6E and continue to the Affirmation of Accuracy.</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>



<p>21) Did your hospital calculate the proportion of colon, lung, or breast cancer diagnoses in which the patient or patient's ordering physician was notified within five business days of the report being signed by the pathologist, and do you choose to report those data to this Survey?</p> <p><i>If "no" or "yes, but fewer than 30 cases met the inclusion criteria for the denominator," skip the remaining questions in Section 6E and continue to the Affirmation of Accuracy.</i></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> Yes, but fewer than 30 cases met the inclusion criteria for the denominator </p>
<p>22) Total number of patients (18 years or older) with a diagnosis of colon, lung, or breast cancer:</p>	<p>_____</p>
<p>23) Total number of patients from question #22 with documented communication between the pathologist and the patient or patient's ordering physician within five business days of the report being signed by the pathologist:</p> <p><i>Documented communication includes:</i></p> <ul style="list-style-type: none"> <li>• <i>A documented phone call between the pathologist and patient or patient's ordering physician of the diagnosis, and</i></li> <li>• <i>A timestamp, read receipt, or email response indicating that the patient or patient's ordering physician read an electronic communication of the diagnosis</i></li> </ul>	<p>_____</p>
<p>24) Total number of patients from question #22 who were notified, either by phone or electronically, that the pathology report with their diagnosis was uploaded to the patient portal and ready for review:</p> <p><i>Hospitals that do not upload pathology reports to the patient portal or notify patients when reports are uploaded, should enter "0."</i></p>	<p>_____</p>



## APPENDIX XI: NHSN REPORTING PERIODS AND DEADLINES FOR 2024

Join Leapfrog's NHSN Group by	Leapfrog will download data from NHSN for all current group members	Data downloaded from NHSN will be scored and publicly reported for hospitals that have submitted Section 7 by	HAI Reporting Period	Available on Hospital Details Page and Public Reporting Website
June 20, 2024	June 21, 2024	June 30, 2024	01/01/2023 – 12/31/2023	July 12, 2024 Details Page July 25, 2024 Public Reporting Website
August 22, 2024	August 23, 2024	August 31, 2024	01/01/2023 – 12/31/2023	September 9, 2024*
October 23, 2024	October 24, 2024	October 31, 2024	07/01/2023 – 06/30/2024	November 7, 2024*
December 18, 2024	December 19, 2024**	November 30, 2024	07/01/2023 – 06/30/2024	January 8, 2025*

Leapfrog will provide step-by-step instructions for hospitals to download the same reports that Leapfrog downloads for each of the NHSN data downloads on our [website](#) by April 1.

\* Available on Hospital Details Page on the same date as public release of Survey Results

\*\* The Leapfrog Hospital Survey closes on November 30, 2024. The last NHSN data download is on December 19, 2024 to incorporate any facilities and corrections from facilities that joined by the last join date of December 18, 2024.



## APPENDIX XII: MEDICAL, SURGICAL, AND CLINICAL STAFF QUESTIONS AND SCORING ALGORITHM

### Section 9B: Medical, Surgical, and Clinical Staff – Questions for 2024

<p>1. Is there an Advanced Cardiovascular Life Support (ACLS) trained clinician, as well as a second clinician (regardless of ACLS training), present at all times and immediately available in the building while an adult patient (13 years and older) is present in the hospital outpatient department?</p> <p><i>Hospitals with more than one hospital outpatient department, including a surgery center or free-standing hospital outpatient department, should respond based on the least intensively staffed location.</i></p> <p><i>Hospitals should report on all hospital outpatient departments or areas of the hospital that perform the outpatient procedures listed in Section 9C and that share the hospital's license or CCN.</i></p> <p><i>Hospitals that did not perform any applicable procedures on patients 13 years and older during the reporting period should select "not applicable; pediatric patients only." The hospital will be scored as "Does Not Apply."</i></p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Not applicable; pediatric patients only</li> </ul>
<p>2. Is there a Pediatric Advanced Life Support (PALS) trained clinician, as well as a second clinician (regardless of PALS training), present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the hospital outpatient department?</p> <p><i>Hospitals with more than one hospital outpatient department, including a surgery center or free-standing hospital outpatient department, should respond based on the least intensively staffed location.</i></p> <p><i>Hospitals should report on all hospital outpatient departments or areas of the hospital that perform the outpatient procedures listed in Section 9C and that share the hospital's license or CCN.</i></p> <p><i>Hospitals that did not perform any applicable procedures on pediatric patients (infant through 12 years) during the reporting period, regardless of the presence of clinicians trained in PALS, should select "not applicable; adult patients only." The hospital will be scored as "Does Not Apply."</i></p>	<ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> <li>○ Not applicable; adult patients only</li> </ul>



## Section 9B: Medical, Surgical, and Clinical Staff – Scoring Algorithm for 2024

Clinicians Present While Patients are Recovering Score (Performance Category)	Meaning that...	Meaning that...
<b>Achieved the Standard</b>	While <b>adult</b> patients are recovering from an outpatient procedure, the hospital ensures an ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are present at all times and immediately available in the building while an adult patient (13 years and older) is present in the hospital outpatient department.	While <b>pediatric</b> patients are recovering from an outpatient procedure, the hospital ensures a PALS trained clinician, as well as a second clinician (regardless of PALS training), are present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the hospital outpatient department.
<b>Limited Achievement</b>	While <b>adult</b> patients are recovering from an outpatient procedure, an ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are <b>NOT</b> present at all times and immediately available in the building while an adult patient (13 years and older) is present in the hospital outpatient department.	While <b>pediatric</b> patients are recovering from an outpatient procedure, a PALS trained clinician, as well as a second clinician (regardless of PALS training), are <b>NOT</b> present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the hospital outpatient department.
<b>Does Not Apply</b>	The hospital does not perform outpatient procedures on <b>adult</b> patients.	The hospital does not perform outpatient procedures on <b>pediatric</b> patients.

## APPENDIX XIII: OP-32 RATE OF UNPLANNED HOSPITAL VISITS AFTER AN OUTPATIENT COLONOSCOPY REPORTING PERIODS AND DEADLINES FOR 2024

CMS data will be scored and publicly reported for Hospitals that have submitted Section 9 by	CMS Reporting Period	Available on Hospital Details Page	Available on the Public Reporting Website
June 30, 2024	OP-32: Most recent 24 months	July 12, 2024	July 25, 2024
August 31, 2024	OP-32: Most recent 24 months	September 9, 2024	September 9, 2024
November 30, 2024	OP-32: Most recent 24 months	December 6, 2024	December 6, 2024



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