SUMMARY OF CHANGES TO THE 2020 LEAPFROG HOSPITAL SURVEY & RESPONSES TO PUBLIC COMMENTS

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IMPORTANT ANNOUNCEMENT FROM LEAPFROG REGARDING COVID-19

On behalf of the Board of Directors, Regional Leaders, and staff of The Leapfrog Group, we express our gratitude for the dedication of America's health care workforce. The pandemic threat reminds us all how much we depend on your courage and caring at our most vulnerable moments. Our respect for the role you play in American life is why Leapfrog cares so deeply about safety and quality.

Given the pressure on the health care system, we are taking some steps to be helpful:

First, we are extending the deadline for submission of the Leapfrog Hospital Survey by 60 days and removing the CPOE Evaluation Tool requirement for general hospitals. We are also extending the deadline for submission of the Leapfrog ASC Survey by 60 days. The deadline for both Surveys will now be **August 31**, with results publicly reported in September.

Next, we are posting videos for hospitals and ASCs, as well as our core constituency of employer, purchaser, and business coalition leaders. Leapfrog's new senior medical advisor Vice Admiral (Ret.) Raquel Bono, MD, and Johns Hopkins Medicine's Marty Makary, MD will present up to the minute information on preparedness strategies.

Lastly, we are consulting with our national experts on some temporary changes to the Leapfrog Hospital Safety Grade in 2020, which will be announced shortly.

We will continue to share data and work closely with key officials, as well as our friends and colleagues, to support public health efforts around the country. We will continue to share updates and information about online events through email, our electronic newsletter, and on our website.

We thank all of you for the guidance, support, and resources you have given Leapfrog over our 20-year history. We hope in this moment of national need we can give back.

As always, if you have any questions or concerns, please contact the Help Desk.

SUMMARY OF CHANGES

Each year, The Leapfrog Group's team of researchers, in conjunction with the Armstrong Institute for Patient Safety and Quality at Johns Hopkins Medicine, review literature and convene national expert panels to ensure the Leapfrog Hospital Survey aligns with the latest science as well the public reporting needs of purchasers and consumers. We assemble a list of proposed changes for the next year's Survey and release those changes for a 30-day public comment period. Comments are reviewed carefully and used to further refine the Survey. The Survey is then pilot tested with a diverse group of hospitals across the country. Following the pilot test, Survey content and scoring are finalized for launch on April 1.

Leapfrog received over 150 public comments in response to its proposed changes for the 2020 Leapfrog Hospital Survey. Those comments, as well as the results from the pilot test, were incorporated into the final content and scoring algorithms for the Survey. We have summarized the changes in this document and included summaries and responses to public comments in the next section.

We offer our sincere gratitude to all commenters for the time and thought they gave to the 2020 Leapfrog Hospital Survey. The submitted comments were invaluable to the development of a high-quality8 Survey that serves our many constituents, including purchasers and payors, as well as hospitals and the public at large.

The 2020 Leapfrog Hospital Survey will open on April 1, 2020 and a hard copy of the Survey will be available for download here. Leapfrog has already scheduled a number of informative Town Hall Calls. Hospitals and other stakeholders can register on the Town Hall Calls webpage.

STRUCTURAL CHANGES

ONLINE SUBMISSION REQUIREMENTS

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

- Section 1 Basic Hospital Information
- Section 2 Medication Safety – Computerized Physician Order Entry (CPOE)
- Section 4 Maternity Care
- Section 5 ICU Physician Staffing
- Section 6 Patient Safety Practices (previously named NQF Safe Practices)

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

As explained above, Leapfrog has removed the CPOE Evaluation Tool requirement for general hospitals in 2020 and therefore the CPOE Evaluation Tool will not be available.

PUBLIC REPORTING

While Leapfrog originally proposed discontinuing the use of performance category descriptions, based on feedback received we will continue to use descriptions in the scoring and public reporting of Survey Results, but will update to the following terms:

- Achieved the Standard (previously "Fully Meets the Standard"): 4 out of 4 bars
- Considerable Achievement (previously "Substantial Progress"): 3 out of 4 bars
- Some Achievement (previously "Some Progress"): 2 out of 4 bars
- Limited Achievement (previously "Willing to Report"): 1 out of 4 bars

Leapfrog originally proposed adding a new scoring category "Declined to Measure," which would be used when a hospital reports not measuring their performance on specific measures. Based on the feedback received, Leapfrog has decided to instead report these hospitals as "Limited Achievement" (the category previously used for "Willing to Report"). This will impact the reporting for the two maternity care process measures (newborn bilirubin screening prior to discharge and appropriate DVT prophylaxis in women undergoing cesarean delivery), NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention, medication reconciliation, patient experience (CAHPS Child Hospital Survey and OAS CAHPS Survey), pediatric CT radiation dose, and medication and allergy documentation.

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

In addition, Leapfrog will have a new public reporting website available in September 2020, which will show 2020 Survey Results for both hospitals and ASCs: https://ratings.leapfroggroup.org/. 2019 Leapfrog Hospital Survey Results are still available at https://www.leapfroggroup.org/compare.

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

CONTENT AND SCORING CHANGES

SECTION 1: BASIC HOSPITAL INFORMATION

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

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

Leapfrog has further refined the measure specifications for question #4 (total number of inpatient medication orders included in question #3 that were entered via a qualified CPOE system) to clarify the types of orders which should be included.

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

As announced above, Leapfrog has removed the CPOE Evaluation Tool requirement for adult and general hospitals as part of our response to the COVID-19 pandemic. In 2020, all hospitals will be scored based on their implementation status only and the CPOE Evaluation Tool will not available. A copy of the updated Scoring Algorithm can be reviewed in Appendix II.

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

SECTION 3A: HOSPITAL AND SURGEON VOLUME

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

Leapfrog added three new procedures to this section, including one pediatric procedure. The new procedures are: Norwood procedure (for pediatric patients), total knee replacement (for adult patients), and total hip replacement (for adult patients). Pediatric facilities will now need to report on Section 3, as appropriate.

Leapfrog added new questions to this section on board certification and board eligibility for surgeons performing the high-risk procedures and anesthesia providers. Leapfrog is also asking hospitals to report on outcome measures for mitral valve repair and replacement procedures from the Society of Thoracic Surgeons' (STS) Adult Cardiac Surgery Database.

PEDIATRIC PROCEDURE (NORWOOD PROCEDURE)

The Norwood procedure was selected for inclusion on the Survey for two reasons: (1) it is a high-risk surgery, categorized by The Society of Thoracic Surgeons (STS) in their highest risk category for congenital heart surgery (STAT Mortality Category 5) and; (2) the peer-reviewed literature has identified a strong volume-outcome relationship for the procedure. Leapfrog originally proposed a minimum volume standard of 10 cases for hospitals and 5 cases for surgeons, but based on expert recommendation, has updated the minimum volume standard to 8 cases for hospitals and 5 cases for surgeons. Leapfrog will not score or publicly report any information on the Norwood procedure in 2020.

In the Proposed Changes to the 2020 Leapfrog Hospital Survey, Leapfrog proposed including outcome measures from The Society of Thoracic Surgeons' (STS) Congenital Heart Surgery Database (CHSD). Since then, Leapfrog has been informed that STS is updating their congenital heart surgery measures in 2020 and will soon begin reporting on ten benchmark procedures, including Norwood. Therefore, Leapfrog will wait until the Norwood-specific measures have been finalized and then review them for appropriateness for inclusion on the Survey.

ORTHOPEDIC PROCEDURES (TOTAL HIP AND TOTAL KNEE REPLACEMENT)

Leapfrog's national expert panel has finalized their recommendations for minimum hospital and surgeon volume standards for total knee replacement and total hip replacement procedures. The minimum volume standards for total knee replacement are 50 cases for hospitals and 25 cases for surgeons. The minimum volume standards for total hip replacement are 50 cases for hospitals and 25 cases for surgeons. Leapfrog will not score or publicly report any information on total knee replacement or total hip replacement procedures in 2020.

Leapfrog remains open to recommendations from stakeholders regarding fully developed and tested clinical quality measures that could be added to the 2021 Leapfrog Hospital Survey to provide purchasers and consumers with a more complete assessment of a hospital's experience and quality with these procedures (additional measures that would be similar to those we have listed below for MVRR).

BOARD CERTIFICATION

While not included in the Proposed Changes, Leapfrog added two new questions to Section 3A to assess the proportion of physicians authorized to perform the high-risk procedures at the hospital who are board certified or board eligible, as well as the proportion of anesthesiologists and/or certified registered nurse anesthetists providing anesthesia for the high-risk procedures at the hospital who are board certified or board eligible. These questions are aligned with those already included in Section 10 Outpatient Procedures and in the Leapfrog ASC Survey. This information will not be scored or publicly reported in 2020.

ADDITIONAL MEASURES FOR MITRAL VALVE REPAIR AND REPLACEMENT (MVRR)

Beginning in 2020, hospitals that electively perform mitral valve repair and replacement (MVRR) procedures are asked to report additional information about their quality, including:

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

This additional information for mitral valve repair and replacement will not be scored or publicly reported in 2020. Hospitals will continue to be scored on hospital volume and surgeon privileging processes only.

UPDATES TO EXISTING MEASURES

Based on recommendations from our national expert panel and our technical coding expert, Leapfrog has updated the list of mitral valve repair and replacement procedure codes to reflect only procedures that use an "open" approach, removing those procedures that use a "percutaneous endoscopic" approach.

Based on recommendations from hospitals, Leapfrog added additional diagnosis codes for identifying hospital volume for lung resection for cancer and pancreatic resection for cancer.

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

SECTION 3B: SURGICAL APPROPRIATENESS

Total knee replacement and total hip replacement have been added to the list of procedures for questions regarding surgical appropriateness but will not be publicly reported in 2020. Given the evidence around appropriateness regarding Norwood procedure cases, this procedure will not be included in Section 3B Surgical Appropriateness in 2020.

SECTION 4: MATERNITY CARE

Measure specifications have been updated for hospitals that do not submit data to The Joint Commission (TJC) or do not participate in the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center and need to retrospectively collect data for the TJC measures included in Section 4: Elective Deliveries (PC-01), Cesarean Births (PC-02), and Antenatal Steroids (PC-03). Hospitals measuring these quality indicators and reporting results to The Joint Commission should continue to use the data reported to TJC when responding to these subsections of the Survey.

Hospitals participating in the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center may continue to use the data provided in their CMQCC reports when responding to subsections 4B Elective Deliveries, 4C Cesarean Birth, 4D Episiotomy, 4E Process Measures of Quality, and Antenatal Steroids within Section 4F High-Risk Deliveries.

SECTION 4A: MATERNITY VOLUME

While not included in the Proposed Changes, Leapfrog added two new questions to Section 4A to assess the proportion of board certification or board eligibility among physicians and other individuals, such as midwives, who are authorized to deliver newborn babies at the hospital, as well as anesthesiologists and/or certified registered nurse anesthetists who provide anesthesia to mothers delivering newborn babies at the hospital. These questions are aligned with those already included in Section 10 Outpatient Procedures and in the Leapfrog ASC Survey. This information will not be scored or publicly reported in 2020.

SECTION 4B: ELECTIVE DELIVERIES

There are no changes to this subsection.

SECTION 4C: CESAREAN BIRTH

There are no changes to this subsection.

SECTION 4D: EPISIOTOMY

To align with the other measures in Section 4 Maternity Care, Leapfrog added minimum reporting criteria for reporting on episiotomies in Section 4D. Hospitals will only report a numerator in Section 4D question #3 if they have at least 10 qualifying cases in the denominator (question #2). Hospitals with less than 10 cases will be publicly reported as "Unable to Calculate Score."

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

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

These MS-DRG codes were retired as of October 2018 discharges and should no longer be used for reporting on Section 4D Episiotomy in the 2020 Leapfrog Hospital Survey.

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

SECTION 4E: PROCESS MEASURES OF QUALITY

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

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

These MS-DRG codes were retired as of October 2018 discharges and should no longer be used for reporting on the DVT prophylaxis measure in Section 4E Process Measure of Quality in the 2020 Leapfrog Hospital Survey.

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

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

In addition, Leapfrog originally proposed publicly reporting performance on each maternity care process measure as "Declined to Measure" if a hospital indicates that they did not perform a medical record audit and measure adherence to the clinical guideline in Section 4E. However, based on the feedback received, Leapfrog has decided to instead report these hospitals as "Limited Achievement" (the category previously used for "Willing to Report").

The scoring algorithms for the two maternity care process standards may be reviewed below.

Scoring Algorithms

Newborn Bilirubin Screening Prior to Discharge

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

Newborn Bilirubin Screening Score (Performance Category)	Newborn Bilirubin Screening Rate
Achieved the Standard	>= 90%
Limited Achievement	< 90% or the hospital did not measure.
Unable to Calculate Score	The hospital did not meet the minimum reporting size (n < 10).
Does Not Apply	The hospital did not deliver newborns during the reporting period or the labor and delivery unit is now closed.
Declined to Respond	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery

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

Appropriate DVT Prophylaxis Score (Performance Category)	Appropriate DVT Prophylaxis Rate
Achieved the Standard	>= 90%
Limited Achievement	< 90% or the hospital did not measure.
Unable to Calculate Score	The hospital did not meet the minimum reporting size (n < 10).
Does Not Apply	The hospital did not deliver newborns during the reporting period or the labor and delivery unit is now closed.
Declined to Respond	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

SECTION 4F: HIGH-RISK DELIVERIES

Section 4F High-Risk Deliveries includes the NQF-endorsed PC-03 Antenatal Steroids measure from The Joint Commission (TJC). TJC has announced that they will be retiring this measure as of January 1, 2020 because they have found that most hospitals are performing well on the measure. Despite TJC's decision to remove the antenatal steroids measure, Leapfrog continues to see in its Survey data opportunity for hospitals to improve. As a result, Leapfrog will continue to include

adherence to the antenatal steroids process measure when assessing a hospital's performance on high-risk deliveries for Section 4F of the 2020 Leapfrog Hospital Survey.

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

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

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

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

SECTION 5: ICU PHYSICIAN STAFFING (IPS)

There are no changes to this section.

SECTION 6: PATIENT SAFETY PRACTICES

Section 6 NQF Safe Practices has been renamed Section 6 Patient Safety Practices.

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

In 2020, Section 6 Patient Safety Practices includes three NQF-endorsed Safe Practices and the new Hand Hygiene standard:

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

All four subsections will be scored and publicly reported in 2020 using updated scoring algorithms. The scoring algorithm for NQF Safe Practice #1, Practice #2, and Practice #9 may be reviewed below and has been updated from what was originally proposed to provide hospitals with the opportunity to achieve all four performance categories. The scoring algorithm for the hand hygiene standard may be reviewed in the next section and has been updated significantly from what was originally proposed.

The two practices being removed from this section (Practices #4 and #19) **ARE** included in the Spring 2020 Leapfrog Hospital Safety Grades©, as data from the 2019 Survey was used for that round of Safety Grades. The practices being removed from the 2020 Survey will no longer appear in the Safety Grade starting in Fall 2020. In Fall 2020, Leapfrog intends to start

including the new Hand Hygiene standard (from Section 6D of the 2020 Leapfrog Hospital Survey) in the Leapfrog Hospital Safety Grade.

Scoring Algorithm

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

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

Each will be scored and performance will be publicly reported individually at https://ratings.leapfroggroup.org/.

NQF Safe Practice Score (Performance Category)	Overall Points Earned
Achieved the Standard	100% of Points
Considerable Achievement	80% to 99% of Points
Some Achievement	50% to 79% of Points
Limited Achievement	0% to 49% of Points
Declined to Respond	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

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

The questions and scoring for Section 6D Hand Hygiene have been significantly updated from what was originally proposed based on feedback from participating hospitals and guidance from Leapfrog's national Hand Hygiene Expert Panel and others. The questions and scoring algorithm encourage a multimodal approach and emphasize the importance of monitoring and feedback, which are both required in order to meet Leapfrog's standard.

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

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

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

Scoring Algorithm

Hand Hygiene (Performance Category)	Meaning that…
Achieved the Standard	The hospital responded "yes" to **all** applicable questions in the Monitoring and Feedback Domains and meets the **monthly** sample size of **200** observations (or 1.7% of all possible hand hygiene opportunities) for monitoring hand hygiene opportunities:

	• **Monitoring Domain**:
	    ○ Question #8:
	       Hospital collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 1.7% of all possible hand hygiene opportunities, **each month in each patient care unit**
	    ○ Question #10:
	       Hospital uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene
	    ○ The hospital responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8):
	       ▪ *Electronic Compliance Monitoring*: questions #11-12
	       ▪ *Direct Observation:* questions #13-14
	• **Feedback Domain:** questions #15-18
	
	              AND
	
	The hospital responded "yes" to **all** questions in any **2** of the following domains:
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #19-20

Considerable Achievement	The hospital responded "yes" to **all** applicable questions in the Monitoring and Feedback Domains and meets the **quarterly** sample size of **100** observations for monitoring hand hygiene opportunities:
	
	• **Monitoring Domain**:
	    ○ Question #9:
	       Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities **each quarter in each patient care unit**
	    ○ Question #10:
	       Hospital uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene
	    ○ The hospital responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #9):
	       ▪ *Electronic Compliance Monitoring*: questions #11-12
	       ▪ *Direct Observation:* questions #13-14
	• **Feedback Domain:** questions #15-18
	
	              AND
	
	The hospital responded "yes" to **all** questions in any **2** of the following domains:
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #19-20

Some Achievement	The hospital responded "yes" to **all** applicable questions in any **2** of the following domains: • **Monitoring Domain:**

	o **Question #8 or #9:**
	    ▪ Hospital collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 1.7% of all possible hand hygiene opportunities, **each <u>month</u> in each patient care unit**;
	    ▪ Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities **each <u>quarter</u> in each patient care unit**
	o **Question #10:**
	Hospital uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene
	o The hospital responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8 or #9):
	    ▪ *Electronic Compliance Monitoring*: questions #11-12
	    ▪ *Direct Observation:* questions #13-14
	• **Feedback Domain:** questions #15-18
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #19-20

Limited Achievement	The hospital responded "yes" to **all** applicable questions in any **1** of the following domains:
	• **Monitoring Domain:**
	o **Question #8 or #9:**
	    ▪ Hospital collects hand hygiene compliance data on at least 200 hand hygiene opportunities, or 1.7% of all possible hand hygiene opportunities, **each <u>month</u> in each patient care unit**;
	    ▪ Hospital collects hand hygiene compliance data on at least 100 hand hygiene opportunities **each <u>quarter</u> in each patient care unit**
	o **Question #10:**
	Hospital uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene
	o The hospital responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #8 or #9):
	    ▪ *Electronic Compliance Monitoring*: questions #11-12
	    ▪ *Direct Observation:* questions #13-14
	• **Feedback Domain:** questions #15-18
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** questions #4-7
	• **Culture Domain:** questions #19-20
	
	OR
	
	The hospital met **0** domains.

Declined to Respond	The hospital did not submit a Survey.

SECTION 7: MANAGING SERIOUS ERRORS

SECTION 7A: NEVER EVENTS POLICY STATEMENT

There are no changes to this subsection.

SECTION 7B: HEALTHCARE-ASSOCIATED INFECTIONS

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

SECTION 7C: ANTIBIOTIC STEWARDSHIP PRACTICES

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

SECTION 8: MEDICATION SAFETY

SECTION 8A: BAR CODE MEDICATION ADMINISTRATION

In 2020, based on feedback from hospitals and Leapfrog's national [BCMA Expert Panel](#), Leapfrog updated the definition of Labor and Delivery units in question #9 to exclude operating rooms and procedural areas. The updated definition is included below and reflects minor changes from what was originally proposed:

Labor and delivery units should include all antepartum and postpartum units. Nursery units, OR units, and procedural areas should be excluded.

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

SECTION 8B: MEDICATION RECONCILIATION

There are no changes to this subsection.

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

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

The subsection will focus on two areas of opioid prescribing: prescription monitoring via state or regional prescription drug monitoring programs (PDMPs) and adherence to national evidence-based prescribing guidelines for surgical patients.

First, to assess participation in what the Centers for Disease Control and Prevention have identified as a promising practice to improve opioid prescribing and to protect patients, Leapfrog is asking hospitals about their participation in their state or regional prescription drug monitoring program (PDMP) and whether prescribers are required to check the database before writing a new prescription. While Leapfrog originally proposed only including state PDMPs, based on the feedback received, we have updated the questions to include state and regional PDMPs since Missouri does not have a statewide PDMP. These questions are applicable to adult and pediatric hospitals and have also been added to the 2020 Leapfrog ASC Survey.

Second, Leapfrog is asking hospitals to report on their adherence to national evidence-based prescribing guidelines for surgical patients and how they monitor adherence to these guidelines. These measures are not applicable to pediatric hospitals but have been added to the 2020 Leapfrog ASC Survey.

Leapfrog originally proposed including questions on concurrent prescriptions at discharge, but based on the feedback received and the CMS delay in implementing the measure as part of the Inpatient Quality Reporting Program, Leapfrog will delay the addition of these questions until 2021 when CMS will start including the CMS eCQM Concurrent Safe Use of Opioids - Concurrent Prescribing in voluntary reporting and will have finalized the measure specifications.

SECTION 9: PEDIATRIC CARE

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

Leapfrog revised the scoring algorithm for Section 9A Patient Experience (CAHPS Child Hospital Survey) to align with the scoring algorithm for Section 10F Patient Experience (OAS CAHPS Survey). The revised scoring algorithm assesses the number of domains where the hospital is performing in the top quartile. The quartiles for each domain will be updated based on 2020 Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog's COVID-19 response).

In addition, Leapfrog originally proposed publicly reporting hospitals that were eligible, but did not administer the CAHPS Child Hospital Survey, as "Declined to Measure." However, based on the feedback received, Leapfrog has decided to instead report these hospitals as "Limited Achievement" (the category previously used for "Willing to Report").

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

Scoring Algorithm

Hospitals are scored based on Top Box Scores from a subset of the domains (5 out of 18) included on the CAHPS Child Hospital Survey. These domains were selected for use in scoring due to having the lowest median performance and the largest variation in performance across hospitals.

- Communication with Parent – Communication about your child's medicines
- Communication with Parent – Keeping you informed about your child's care
- Communication with Child – How well nurses communicate with your child
- Communication with Child – How well doctors communicate with your child
- Attention to Safety and Comfort – Preventing mistakes and helping you report concerns

Quartile values for each of the 5 domains listed above will be calculated based on the distribution of hospital performance reported in 2020 Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog's COVID-19 response). Hospitals are scored based on the number of domains where the hospital is performing in the top quartile.

Top Quartile for CAHPS Child Hospital Survey Domains (Quartiles [Q])	Communication about child's medicines (%)	Keeping you informed about child's care (%)	Child Communication with nurses (%)	Child Communication with doctors (%)	Preventing mistakes and reporting concerns (%)
Top Quartile (>= Q3)	>= TBD	>= TBD	>= TBD	>= TBD	>= TBD

Patient Experience (CAHPS Child Hospital Survey) Score (Performance Category)	Meaning that the hospital…
Achieved the Standard	Scored in top quartile of hospitals on at least **4 out of 5** Child CAHPS domains
Considerable Achievement	Scored in top quartile of hospitals on **3 out of 5** Child CAHPS domains
Some Achievement	Scored in top quartile of hospitals on **2 out of 5** Child CAHPS domains
Limited Achievement	Scored in top quartile of hospitals on **1 or fewer** Child CAHPS domains or the hospital did not measure.
Unable to Calculate Score	The hospital did not meet the minimum reporting requirements for the measure (<100 returned CAHPS Child Hospital Surveys).
Does Not Apply	The hospital had too few pediatric inpatient admissions (n < 500) to administer the CAHPS Child Hospital Survey, or had fewer than 100 non-NICU pediatric inpatient admissions
Declined to Respond	The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

Note: The top quartiles are based on the distribution of points earned from 2020 Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog's COVID-19 response). These cut-points will remain in place for the entire Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

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

Hospitals will continue to be scored on their performance for head scans and abdomen/pelvis scans separately by comparing the median radiation dose length product (DLP) for each anatomic region and age stratum. However, instead of asking hospitals to report on the phantom dose used for the highest volume of scans as originally proposed, hospitals are asked to report on all applicable scans, with head scans standardized to 16cm phantoms and abdomen/pelvis scans standardized to 32cm phantoms. This change aligns with how the American College of Radiology (ACR) reports on scans. Hospitals can obtain scans standardized to specific phantoms in one of three ways: (1) specialized Leapfrog reports from ACR will already have scans standardized to these phantoms; (2) the CT Dose Workbook developed by Leapfrog has been updated to automatically standardize scans for hospitals obtaining scan data through manual data collection; and (3) the use of dose monitoring software. Leapfrog will update the benchmarks for each age stratum and anatomic area based on

Leapfrog Hospital Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog's COVID-19 response).

In addition, Leapfrog originally proposed publicly reporting hospitals that perform pediatric CT radiation scans but did not calculate their distribution of CT radiation doses for the Survey as "Declined to Measure." However, based on the feedback received, Leapfrog has decided to instead report these hospitals as "Limited Achievement" (the category previously used for "Willing to Report").

Lastly, in order to ensure standardized reporting, Leapfrog has revised the measure specifications to include a list of routine head and abdomen/pelvis scans that hospitals should use for reporting on these measures. The list of routine scans noted in the measure specifications account for over 85% of all head CT scans and over 95% of all abdomen/pelvis CT scans for pediatric patients.

SECTION 10: OUTPATIENT PROCEDURES

SCORING AND PUBLIC REPORTING

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

Results for Section 10 Outpatient Procedures will be publicly reported by hospital in 2020 as described below for each subsection/measure. Not all measures will be scored and/or publicly reported in 2020. An example of how 2020 Survey Results will be displayed on our public reporting website is available in Appendix I.

CONTENT

SECTION 10A: BASIC OUTPATIENT DEPARTMENT INFORMATION

Leapfrog is no longer asking hospitals to report on a single location (their hospital and co-located hospital outpatient departments or a surgery center/free-standing hospital outpatient department). Instead, hospitals will report on all hospital outpatient departments that perform the procedures listed in Section 10C Volume of Procedures and that share their hospital's license and CMS Certification Number (CCN). If processes/structures differ between locations, hospitals are asked to report on the hospital outpatient department with the least adherence to the standard.

In response to public comments from ASCs and pilot test feedback, Leapfrog has updated the questions regarding written transfer policies to only assess written transfer policies for emergent transfers.

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

SECTION 10B: MEDICAL, SURGICAL, AND CLINICAL STAFF

In addition to refining the questions regarding the presence of Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS) trained clinicians while patients are present in the hospital outpatient department, Leapfrog added questions to Section 10B to assess whether a physician or certified registered nurse anesthetist (CRNA) is present at all times and immediately available in the building until all adult and pediatric patients are physically discharged from the hospital outpatient department. Hospital outpatient departments that have a physician or CRNA serving as their ACLS or PALS trained clinician are not required to have a third clinician present while patients are present in the hospital outpatient department.

The questions regarding the presence of an ACLS/PALS trained clinician, as well as a physician or CRNA, in the building will be scored and publicly reported in 2020 in accordance with the 2020 Leapfrog Hospital Survey Scoring Algorithm, which may be reviewed below.

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

Scoring Algorithm

Note: Facilities that have a physician or CRNA serving as their ACLS or PALS trained clinician are not required to have a third clinician present while patients are present in the hospital outpatient department.

Clinicians Present While Patients are Recovering Score (Performance Category)	Means that while <u>adult</u> patients are recovering from an outpatient procedure, the hospital ensures that…	Means that while <u>pediatric</u> patients are recovering from an outpatient procedure, the hospital ensures that…
Achieved the Standard	• 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 is present in the hospital outpatient department; **AND** • A physician or CRNA is present at all times and immediately available in the building until **all** adult patients are physically discharged from the hospital outpatient department	• 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; **AND** • A physician or CRNA is present at all times and immediately available in the building until **all** pediatric patients are physically discharged from the hospital outpatient department
Some Achievement	• 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 is present in the hospital outpatient department; **OR**	• 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; **OR**

	• A physician or CRNA is present at all times and immediately available in the building until **all** adult patients are physically discharged from the hospital outpatient department	• A physician or CRNA is present at all times and immediately available in the building until **all** pediatric patients are physically discharged from the hospital outpatient department
Limited Achievement	• An ACLS trained clinician, as well as a second clinician (regardless of ACLS training), are NOT present at all times and immediately available in the building while an adult patient is present in the hospital outpatient department; **AND** • A physician or CRNA is NOT present at all times and immediately available in the building until **all** adult patients are physically discharged from the hospital outpatient department	• A PALS trained clinician, as well as a second clinician (regardless of PALS training), are NOT 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; **AND** • A physician or CRNA is NOT present at all times and immediately available in the building until **all** pediatric patients are physically discharged from the hospital outpatient department
Does Not Apply	The hospital does not perform outpatient procedures on adult patients.	The hospital does not perform outpatient procedures on pediatric patients.
Declined to Respond	The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.	
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.	

SECTION 10C: VOLUME OF PROCEDURES

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

Gastroenterology Upper GI endoscopies Other upper GI procedures Small intestine and stomal endoscopies Lower GI endoscopies **General Surgery** Cholecystectomies and common duct explorations* Excisions of skin lesions* Hemorrhoid procedures* Inguinal and femoral hernia repairs Other hernia repairs Laparoscopies*	**Urology** Circumcisions Cystourethroscopies Male genital procedures Male sterilization procedures* Urethra procedures Vaginal repair procedures **Dermatology** Complex skin repairs* **Neurological Surgery** Spinal fusion procedures*

Lumpectomies or quadrantectomy of breast procedures* Mastectomies* Skin grafts* **Ophthalmology** Anterior segment eye procedures Posterior segment eye procedures* **Orthopedics** Finger, hand, wrist, forearm, and elbow procedures Shoulder procedures Spine procedures Hip procedures Knee procedures Toe, foot, ankle, and leg procedures General orthopedic procedures **Otolaryngology** Ear procedures Mouth procedures Nasal/ sinus procedures Pharynx/ adenoid/ tonsil procedures	**Obstetrics and Gynecology** Cervix procedures* Hysteroscopies* Uterus and adnexa laparoscopies* **Plastic and Reconstructive Surgery** Breast repair or reconstructive procedures* Musculoskeletal graft or implant procedures*
*Survey includes procedures performed on adult (18 years of age or older) patients only.	

The procedure definitions have been updated to include additional CPT codes from several hospitals and ASCs that provided recommendations in 2019. Additionally, Leapfrog has obtained a license with the American Medical Association (AMA) that enables us to list individual CPT codes and descriptions rather than CPT code ranges. The CPT codes used to define each of the 39 procedures will be available on April 1 in a downloadable Excel file in the Library on the Survey Dashboard. Hospitals are required to accept the AMA's Terms of Use Agreement before downloading the Excel file and using the individual CPT codes to query their EHR or billing system.

Leapfrog has added fact-finding questions to Section 10C to determine whether hospitals and/or the physicians performing procedures at the hospital outpatient departments are currently participating in a national clinical quality registry that provides opportunities for individual and/or hospital-level benchmarking on quality measures. Examples of national clinical quality registries include the American Academy of Orthopaedic Surgeons (AAOS) Registry, the Reg-ent[SM] ENT Clinical Data Registry, and the American Academy of Ophthalmology IRIS® Registry (Intelligent Research in Sight). Procedure volume information will not be scored but will be used in public reporting in 2020. Clinical registry questions will not be scored or publicly reported.

SECTION 10D: SAFETY OF PROCEDURES

Leapfrog has moved the questions pertaining to Patient Selection and Consent to Treat, as well as the questions regarding the use of a Safe Surgery Checklist, to a new subsection titled 10D Safety of Procedures.

PATIENT FOLLOW-UP

Leapfrog has added fact-finding questions asking hospitals whether they collect documentation of patient complications and admissions/office visits. This data will not be scored or publicly reported.

PATIENT SELECTION AND CONSENT TO TREAT

Leapfrog has updated the list of patient screening tool components to include history of difficult intubation and difficult airway/aspiration risk, and has removed frailty assessment. This information will not be scored but will be used in public reporting (e.g., Leapfrog will display the components of a hospital outpatient department's patient screening tool on individual hospital Summary Pages).

There are no changes to the Patient Consent to Treat questions in Section 10D. Responses to these questions will not be scored in 2020 but will be publicly reported alongside information about procedure volume.

SAFE SURGERY CHECKLIST

Questions regarding the use of a Safe Surgery Checklist were updated in 2020 so that Leapfrog can better assess whether hospital outpatient departments are ensuring that that every element of the checklist is being used on every patient undergoing an applicable procedure. The elements required for each stage of the safe surgery checklist are adapted from the WHO Surgical Safety Checklist and the AHRQ Endoscopy Checklist. In addition, in response to comments to the proposed changes and pilot test feedback that use of a safe surgery checklist is not applicable for endoscopy procedures, Leapfrog has identified elements that may not be applicable to all endoscopy procedures. Responses will be scored and publicly reported in 2020.

The scoring algorithm for the safe surgery checklist standard may be reviewed below.

Scoring Algorithm

Safe Surgery Checklist (Performance Category)	Meaning that…
Achieved the Standard	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure; **AND** • Hospital has documented that **all** safe surgery checklist elements listed were completed for each patient, by responding "yes" to all of the following: question #15, question #17, and question #19.
Considerable Achievement	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure; **AND** • Hospital has documented that **most** of the safe surgery checklist elements listed were completed for each patient, by responding "yes" to 2 of the following: question #15, question #17, and question #19.
Some Achievement	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure; **AND** • Hospital has documented that **few or none** of the safe surgery checklist elements listed were completed for each patient, by responding "yes" to 1 or 0 of the following: question #15, question #17, and question #19.
Limited Achievement	The hospital does not use a safe surgery checklist on all patients undergoing an applicable procedure**.**

Declined to Respond	The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

SECTION 10E: MEDICATION AND ALLERGY DOCUMENTATION

Leapfrog has made minor updates to the wording of the questions to specify that **all** home medications, medications ordered, prescribed, or administered during the visit, and allergies and adverse reaction types should be documented in the clinical record for each patient in order for that patient to be counted in the numerator during your medication documentation audit. The measure specifications have also been refined for further clarification.

In addition, Leapfrog originally proposed publicly reporting hospitals that did not perform an audit of their clinical records and measure their adherence to medication documentation guidelines as "Declined to Measure." However, based on the feedback received, Leapfrog has decided to instead report these hospitals as "Limited Achievement" (the category previously used for "Willing to Report").

This measure will be scored and publicly reported in 2020.

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

Scoring Algorithm

Medication and Allergy Documentation Score (Performance Category)	Meaning that …
Achieved the Standard	The hospital met the 90% target for documenting all three components: home medications, visit medications, and allergies/ adverse reaction(s) in the clinical record.
Considerable Achievement	The hospital met the 90% target for documenting two of the three components.
Some Achievement	The hospital met the 90% target for documenting one of the three components.
Limited Achievement	The hospital did not meet the 90% target for documenting any of the three components or the hospital did not measure.
Unable to Calculate Score	The hospital did not meet the minimum reporting requirements for clinical record documentation (n < 60).
Declined to Respond	The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

SECTION 10F: PATIENT EXPERIENCE (OAS CAHPS)

There are no changes to the questions in this subsection.

Responses to these questions will be scored and publicly reported. Leapfrog originally proposed publicly reporting hospitals that were eligible but did not administer the CAHPS Child Hospital Survey as "Declined to Measure." However, based on the feedback received, Leapfrog has decided to instead report these hospitals as "Limited Achievement" (the category previously used for "Willing to Report").

The scoring algorithm for the patient experience (OAS CAHPS) standard may be reviewed below.

Scoring Algorithm

Hospitals will be scored based on Top Box Scores from four domains included on the Outpatient and Ambulatory Surgery (OAS) CAHPS Survey:
- Facilities and Staff
- Communication About Your Procedure
- Patients' Rating of the Facility
- Patients Recommending the Facility

Quartile values for each of the domains listed above will be calculated based on the distribution of hospital and ASC performance from 2020 Leapfrog Hospital Surveys and 2020 Leapfrog ASC Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog's COVID-19 response). Hospitals will be scored based on the number of domains where the hospital is performing in the top quartile.

Top Quartile for OAS CAHPS Domains (Quartiles [Q])	Facilities and Staff (%)	Communication About Your Procedure (%)	Patients' Rating of the Facility (%)	Patients Recommending the Facility (%)
Top Quartile (>= Q3)	>= TBD	>= TBD	>= TBD	>= TBD

Patient Experience (OAS CAHPS Survey) Score (Performance Category)	Meaning that the hospital…
Achieved the Standard	Scored in top quartile of facilities on **4 out of 4** OAS CAHPS domains
Considerable Achievement	Scored in top quartile of facilities on **3 out of 4** OAS CAHPS domains
Some Achievement	Scored in top quartile of facilities on **2 out of 4** OAS CAHPS domains
Limited Achievement	Scored in top quartile of facilities on **1 or fewer** OAS CAHPS domains or the hospital did not measure.
Unable to Calculate Score	The hospital did not meet the minimum reporting requirements for the measure (<100 returned OAS CAHPS Surveys).
Does Not Apply	The hospital had too few eligible discharges (n < 300) to administer the OAS CAHPS Survey.
Declined to Respond	The hospital did not respond to the questions in this section of the Survey or did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

Note: The top quartiles are based on the distribution of hospital and ASC performance from 2020 Leapfrog Hospital Surveys and 2020 Leapfrog ASC Surveys submitted by August 31, 2020 (updated from June 30, 2020 as part of Leapfrog's COVID-19 response). These cut-points will remain in place for the entire Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

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RESPONSES TO PUBLIC COMMENTS

Leapfrog was grateful to receive over 150 public comments in response to the proposed changes to the 2020 Leapfrog Hospital Survey. Comments were submitted from health care organizations, as well as health care experts, patient advocates, and purchasers.

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. Comments are extremely helpful to the development of high-quality surveys, and we thank commenters for their insights.

ONLINE SUBMISSION REQUIREMENTS

One commenter had concerns about the updated requirements for submitting a Survey due to the lack of flexibility it gives small hospitals who would like to dedicate their resources to those areas in the Leapfrog Hospital Survey where they need to improve the most.

The updated online submission requirements are an incremental change from the historically required sections. No additional changes will be made. In 2020, in order to submit a Survey, sections, 1, 2, 4, 5 and 6 will be required. As always, all hospitals are urged to report on all applicable sections of the Survey.

PUBLIC REPORTING

Two commenters had concerns with the proposed changes to public reporting. These commenters felt that not including descriptors may confuse consumers and could also potentially reflect their performance more negatively.

Based on the feedback received, Leapfrog will be updating the terms instead of eliminating the performance category descriptions. Please see Appendix I for an example of how results will be publicly reported. Additionally, next to a hospital's performance on each measure, website users will be able to click into details on a hospital's performance on that measure as well as access a link to Leapfrog's full scoring algorithm.

Some commenters felt that the use of the terms "Declined to Measure" and "Declined to Respond" was not accurate, potentially misleading, and has a punitive connotation. One recommended they be eliminated and replaced with the use of the term "Does Not Apply."

Based on the feedback received, Leapfrog has decided to instead report hospitals that "declined to measure" as "Limited Achievement" (the category previously used for "Willing to Report"). Please see the Public Reporting section above for more information.

Leapfrog will continue to use the term "Declined to Respond" to show that a hospital declined to provide important information on their safety and quality which Leapfrog has requested. Hospitals that do not wish to be publicly reported as "Declined to Respond" are encouraged to collect the data requested and report it to Leapfrog. "Does Not Apply" is reserved for measures that are not applicable to a hospital (e.g., the hospital does not have an ICU, so they are reported as "Does Not Apply" for ICU Physician Staffing).

SECTION 1: BASIC HOSPITAL INFORMATION

No comments were submitted.

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

Two commenters expressed concerns about the impact on scoring of having a limited formulary and suggested that Leapfrog provide substitutions.

As announced above, Leapfrog has removed the CPOE Evaluation Tool requirement for general hospitals in response to the COVID-19 pandemic. In 2020, all hospitals will be scored based on their implementation status only and the CPOE Evaluation Tool will not available. A copy of the updated Scoring Algorithm can be reviewed in Appendix II. For the 2021 Leapfrog Hospital Survey, we anticipate updating the CPOE Test Library to provide alternatives for statins and ACE inhibitors that are commonly reported as not being in hospitals' formularies.

SECTION 3: INPATIENT SURGERY

Some commenters felt that Leapfrog's minimum hospital and/or surgeon volumes are too high or that volume should not be used to measure quality at all.

Leapfrog's surgical volume standards are based on three decades of research that have consistently demonstrated that patients that have their high-risk surgery at a hospital and by a surgeon that have more experience with the procedure have better outcomes, including lower mortality rates, lower complication rates, and a shorter length of stay than for patients who have their surgery done at a hospital or by a surgeon with less experience. This research has identified that better patient outcomes are influenced by both the hospital's recent experience with the procedure (e.g., the whole surgical team and other providers) and the surgeon's recent experience.

Leapfrog's Inpatient Surgery Expert Panel has made clear that volume, while not a perfect proxy for outcomes, can actually be a better measure of performance than outcome measures themselves (e.g., mortality), especially when sample sizes are small. For example, if your hospital only does 5 cases of a particular surgery a year, it would take 6 years of data to get a sample size of 30 – an often-used rule of thumb to distinguish an adequate sample size.

Leapfrog also evaluates the number of hospitals that meet the standard for each procedure and believes that the number of hospitals that are currently able to meet the standard further emphasizes that these minimum volume standards are appropriate and attainable.

One commenter questioned whether two surgeons performing a surgery together could both receive credit for the procedure.

Based on the advice of Leapfrog's Inpatient Surgery Expert Panel, Leapfrog asks that cases such as these be applied to a single surgeon. This information is provided in the Inpatient Surgery FAQs in the hard copy of the Survey.

One commenter felt that the Norwood Procedure should not be included on the Leapfrog Hospital Survey at all because it would poorly represent the true performance of an entire pediatric program.

Leapfrog's public reporting of inpatient surgery procedures is not meant to reflect an entire program; rather, it is meant to reflect the safety of having that specific procedure at a particular hospital. Currently, we publicly report information on eight high-risk adult procedures at www.leapfroggroup.org/compare.

In addition, Leapfrog will not score or publicly report any information on the Norwood Procedure in 2020.

Two commenters expressed concerns about being asked to report on only one of the STAT 5 mortality category procedures from STS.

Leapfrog's goal in the Inpatient Surgery section of the Survey remains capturing volume for procedures where a clear volume-outcome relationship is established in the evidence. Based on review of the evidence and guidance from the Inpatient Surgery Expert Panel, Leapfrog determined that within the STAT 5 mortality category of procedures, Norwood Procedure demonstrates the strongest volume-outcome relationship.

Some commenters expressed concern about Leapfrog's inclusion of outcomes from the Society of Thoracic Surgeons (STS) registry for Norwood Procedure in 2020.

Leapfrog will not be asking about outcomes for Norwood Procedure in 2020. Leapfrog has been advised by STS that they are planning to update their outcome measures for the Norwood Procedure in 2020, so Leapfrog will wait until these measures have been finalized and then review them for appropriateness for inclusion on the Survey.

Leapfrog's longer-term intent is to incorporate a hospital's results from STS in with volume to create an overall composite. We have had conversations with STS about having hospitals report their results and STS noted they are in the process of restructuring their reporting and will be report outing 10 benchmark procedures later this year. Our understanding is one of those procedures will be Norwood. For the 2021 Survey, Leapfrog's intent is to incorporate in the STS reporting for Norwood.

One commenter noted that there are other surgeries that comprise many components of the Norwood and these should be taken in account for hospital and surgeon volume.

The expert panel did discuss having hospitals report "hybrid" procedures in addition to Norwood. The panel expressed concern that early results have shown the mortality rate associated with 'hybrid' procedures is generally higher than Norwood for similar patients and therefore should not be combined.

SECTION 4: MATERNITY CARE

One commenter supported Leapfrog publicly reporting results for the maternity care process measures separately. However, a few commenters disagreed with the proposed scoring for each process measure since hospitals can only achieve two of four main performance categories. They suggested using all four categories and updated thresholds for each, including setting Leapfrog's target at 100%.

Leapfrog will maintain the proposed scoring for the maternity care process measures but will also publicly report each hospital's rate of adherence.

Some commenters expressed concerns about an increased reporting burden for the antenatal steroids process measure included in Section 4F since their vendor used for reporting to The Joint Commission (TJC) will stop collecting the data once it is retired by TJC.

Given continued variation in performance by reporting hospitals, Leapfrog will continue to include the antenatal steroids process measures on the 2020 Leapfrog Hospital Survey. Hospitals will have three choices for reporting on PC-03 Antenatal Steroids:

- Use their TJC vendor report from calendar year 2019.
- Use their VON report if they participate in the Vermont Oxford Network.
- Use Leapfrog's specifications (which mirror the specifications provided by The Joint Commission) to report on all cases or sample 60 cases.

SECTION 5: ICU PHYSICIAN STAFFING

No comments were submitted.

SECTION 6: PATIENT SAFETY PRACTICES

One commenter asked how Leapfrog determined the thresholds for the updated scoring algorithms for the three NQF-endorsed Safe Practices, and felt that not providing an opportunity for hospitals to achieve all four performance categories could be misleading for consumers.

Leapfrog has updated the scoring algorithms for the three NQF-endorsed Safe Practices to include all four performance categories. Please review the updates in Section 6 Patient Safety Practices above.

Two commenters asked what types of documentation would be required to show adherence to the different questions within Section 6D Hand Hygiene, and asked if Leapfrog could provide best practices.

Leapfrog will provide examples of documentation in the 2020 Leapfrog Hospital Survey Binder which will be available on April 1 at https://www.leapfroggroup.org/survey-materials/survey-and-cpoe-materials. In addition, Leapfrog has provided updated FAQs in the 2020 Leapfrog Hospital Survey to further clarify what is required. All materials will be available on April 1.

A few commenters suggested Leapfrog allow for partial credit within a question or domain to help hospitals identify areas for improvement within Section 6D Hand Hygiene.

Leapfrog has adjusted the requirements for the monitoring domain to allow hospitals to earn partial credit if they are collecting compliance data on 100 opportunities on a quarterly basis instead of achieving the Leapfrog standard of 200 opportunities on a monthly basis. To achieve Leapfrog's monitoring standard, hospitals can use either direct observation or electronic compliance monitoring supplemented with some direct observation for coaching purposes only. Otherwise, the elements included in each question and in each of the five domains (monitoring, feedback, training and education, infrastructure, and culture) represent the minimum standards set by Leapfrog based on input from its national Hand Hygiene Expert Panel and other research. The scoring algorithm (see above) is designed so that hospitals can earn partial credit if they are not meeting all domains. Leapfrog would encourage hospitals to make a list of the elements within each

question and/or domain for which they cannot currently answer "yes" and meet with their hospital leadership to discuss those opportunities.

A couple commenters felt that Leapfrog was not providing enough time for hospitals to adopt the standard and suggested Leapfrog score, but not publicly report, the information from the updated hand hygiene standard in 2020.

Leapfrog's new hand hygiene standard was first announced in the 2019 Leapfrog Hospital Survey Proposed Changes in November 2018 and added to the 2019 Leapfrog Hospital Survey, which launched on April 1, 2019. As per Leapfrog's standard practice, this subsection was not publicly reported in the first year it appeared on the Survey, but as announced last fall, it will be scored and publicly reported starting in 2020. Over 1,600 hospitals responded to the new subsection in the 2019 Survey.

Additionally, Leapfrog included the proposed scoring algorithm and updated questions in the Proposed Changes to the 2020 Leapfrog Hospital Survey and piloted the questions and scoring algorithm among selected hospitals and ASCs in January. All of the feedback was taken into consideration and helped inform the final standard for the 2020 Survey, as outlined above.

Starting in September 2020, Leapfrog will score and publicly report performance on the hand hygiene standard for both hospitals and ASCs at https://ratings.leapfroggroup.org/. This spring, we will announce plans for the hand hygiene standard's inclusion in the Leapfrog Hospital Safety Grade, starting in Fall 2020.

One commenter felt that the hand hygiene standard was too prescriptive, including the topics for training, infrastructure requirements, auditing of dispensers, monitoring requirements, and validation of hand hygiene compliance observers and that some items, like how hand hygiene compliance data is used for performance improvement, should be at the discretion of the hospital. Additionally, some commenters felt that the new standard does not align with other national organizations, such as the WHO, The Joint Commission (TJC), and the Centers for Disease Control and Prevention (CDC).

Several of the measures included on Leapfrog's annual survey are aligned with other national agencies and organizations such as The Joint Commission (TJC), the Centers for Disease Control and Prevention (CDC), and the Centers for Medicare and Medicaid Services (CMS). The new hand hygiene standard is modeled after the World Health Organization's (WHO) Hand Hygiene Self-Assessment Framework, but has been adapted for use in U.S. hospitals and ambulatory surgery centers (ASCs) and also significantly updated based on existing evidence, models from other organizations such as the CDC and TJC, and expert opinion from our national Hand Hygiene Expert Panel.

In this case the Leapfrog standard is modeled on other standards but is more stringent. While the WHO, CDC, etc. have set out basic guidelines for hand hygiene practices, evidence shows that there is still great opportunity for healthcare facilities to improve their hand hygiene practices. Leapfrog's intent was to set a standard that drives facilities toward a higher bar of performance, not simply to replicate what other organizations have done. Furthermore, Leapfrog's standards do need to be prescriptive in order to ensure consistent responses across facilities and to allow for the verification of results.

A few commenters asked if online training would be acceptable for the purposes of answering the training and monitoring questions in Section 6D Hand Hygiene.

For the purposes of question #1, question #3, and question #13 in Section 6D Hand Hygiene (see questions in Appendix IV), Leapfrog has added a FAQ to clarify that online training modules are acceptable as long as they meet all requirements outlined in the question. For question #13, while online training modules can be used for the initial and recurrent training

of hand hygiene compliance observers, the validation of these observers would still need to be conducted in person. Physical demonstration (question #2) cannot be done using an online training module.

Some commenters felt it is too labor and resource intensive to require physical demonstration of hand hygiene and asked if it could be done for only select staff or via an online simulation.

As outlined in the question, physical demonstration is only required for **new** hires at their initial training (Leapfrog is not asking hospitals to retroactively train individuals). Physical demonstration can be done as part of other onboarding activities, during occupational health activities as part of the TB test, during department orientations, in small groups, etc. While this still may require new resources, Leapfrog and its national Hand Hygiene Expert Panel feel that before new staff have contact with patients and the patient care space, they need to demonstrate proper hand hygiene with soap and water and alcohol-based hand sanitizer. Resources spent on infrastructure and monitoring are ineffective if hospitals cannot ensure that individuals are trained properly on hand hygiene and are using correct technique. An online or in-person simulation would not be sufficient for this purpose.

Some commenters had concerns about the hand hygiene infrastructure requirements for alcohol-based hand sanitizer dispensers and sinks for hand washing given fire codes, hospital regulations, older hospital infrastructure, etc.

The specificity included in the hand hygiene questions is required in order to ensure consistent responses across hospitals and to allow for the verification of results. Based on the feedback received, Leapfrog and its national Hand Hygiene Expert Panel worked to define easily accessible for both alcohol-based hand sanitizer dispensers and sinks for hand washing. The definitions differ based on the different use cases and restrictions for dispensers and sinks. Leapfrog and its experts recognize that fire codes, hospital regulations, and older infrastructure may prohibit the placement of dispensers and sinks in all cases. In addition, there is some evidence to suggest that sinks may introduce risks of multidrug-resistant organisms (MDRO). To that effect, Leapfrog has clarified in a FAQ that individuals may carry alcohol-based hand sanitizer on their person in order to meet the "5 steps" requirement for alcohol-based hand sanitizer dispensers in question #5. In addition, Leapfrog has removed the sink question from scoring and public reporting and will be collecting infrastructure information for sinks for fact finding purposes only.

One commenter supported the updated hand hygiene standard and auditing of alcohol-based hand sanitizer dispensers but suggested the frequency of the audits on the volume of alcohol-based hand sanitizer should be updated and that additional clarification should be made in the question. Several other commenters had concerns about the lack of evidence and the resources required for the auditing of paper towel dispensers, soap dispensers, alcohol-based hand sanitizer dispensers, and the volume of alcohol-based hand sanitizer that is delivered.

While all hospitals have a regular process to ensure that its dispensers are filled and operational, Leapfrog and its national Hand Hygiene Expert Panel designed the auditing questions to encourage hospitals to sample dispensers to ensure that their internal processes are being followed. The auditing of the volume of alcohol-based hand sanitizer that is delivered is in direct response to hospitals that adjust their volumes down to an amount that is no longer effective. The requirement of having enough volume of alcohol-based hand sanitizer to cover the hands completely and that requires 15 or more seconds for hands to dry (on average) is based on recommendations from the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. The question has been updated to clarify that this based on one activation of the dispenser.

Per this commenter's recommendation, as well as concerns from other commenters about the resources required for these audits, Leapfrog has updated the frequency of audits of the volume of alcohol-based hand sanitizer to all of the following

times as is outlined in question #6 (see questions in [Appendix IV](#)): upon installation (e.g., when new dispensers are installed); whenever the brand of product changes or system changes; and whenever adjustments are made to the dispensers. These audits, as well as the audits required in question #4 for paper towel dispensers, soap dispensers, and alcohol-based hand sanitizer dispensers, need to only be conducted on a sample of dispensers and Leapfrog has provided additional clarification with the questions, as well as instructions in new FAQs. For the auditing of the volume of alcohol-based hand sanitizer that is delivered (question #6 and question #7), audits will no longer be required annually. Instead, the emphasis is on auditing when changes occur to an existing system or when a new system is installed. Leapfrog encourages hospitals to review the updated infrastructure questions in [Appendix IV](#) as the questions have been updated for clarity.

One commenter supported Leapfrog's new hand hygiene standard and its emphasis on electronic compliance monitoring considering the limited progress in hand hygiene compliance and the inadequacy of direct observation alone. Another commenter supported the addition of a path for direct observation in the scoring methodology. Many commenters objected to the standard of 200 observations per unit per month and felt it was too high. However, several other commenters had concerns about the proposed scoring algorithm for the hand hygiene standard and its emphasis on electronic compliance monitoring systems. Commenters cited some systems with technological deficiencies and/or costs beyond their budgets. Some commenters said they were not persuaded by evidence that they are more accurate than direct observation.

The questions in the new hand hygiene standard ask about a variety of strategies that can be used to monitor and improve hand hygiene. Leapfrog is encouraging hospitals to take a multimodal approach. With regard to monitoring, while hospitals can achieve the Leapfrog standard with direct observation alone, Leapfrog is communicating a strong preference for use of electronic monitoring (implemented according to evidence-based principles). In addition to literature suggesting electronic monitoring works better to pinpoint compliance issues, sheer numbers of observations covered by the two monitoring strategies represent powerful evidence in favor of electronic monitoring. Electronic monitoring allows facilities to monitor virtually every patient encounter, while direct observation monitors a selection. Based on the evidence, our standard calls for 200 direct observations per unit per month, which many commenters said was higher than their typical practice even though that is a small subset of overall hand hygiene opportunities. Even beyond capturing more encounters aligned with the evidence, electronic monitoring alleviates the ethical quandary of an observer watching patient harm without intervening.

As with Computerized Physician Order Entry (CPOE) systems and Bar Code Medication Administration (BCMA) systems, we anticipate that electronic compliance monitoring technology will improve over time and become an important component of a comprehensive hand hygiene program. Electronic monitoring is a routine component of public safety in other industries where compliance is critical, so health care can and should achieve those standards for its patients.

All items included in Section 6D are based on the evidence review and recommendations from Leapfrog's national [Hand Hygiene Expert Panel](#) and others. We have included in the Hand Hygiene bibliography a number of peer-reviewed studies that have examined the benefits of using electronic monitoring systems over direct observation. The bibliography is available at http://www.leapfroggroup.org/ratings-reports/hand-hygiene.

Two commenters had concerns about the requirements for an electronic compliance monitoring system and asked if certain group monitoring systems would apply. Also, the validation requirement seemed ambiguous.

In order to qualify, an electronic compliance monitoring system must be able to identify both opportunities for hand hygiene and that hand hygiene was performed. For example, an electronic monitoring system that records when an individual (not identified) enters and exits a room and also records if a dispenser was used within the same time frame,

would qualify as the entry and exit is used as a proxy for a hand hygiene opportunity (before and after touching a patient) and the dispenser use is used as a proxy for a hand hygiene event. This data can be adjusted to take visitors into account and used to estimate hand hygiene compliance. Another example would be a badge-based system where individuals or their roles can be identified.

In terms of validation, hospitals are investing significant resources in electronic compliance monitoring systems and should have a process to ensure that hand hygiene compliance data are being collected accurately. Validation should ideally be performed by hospital personnel or independent third-party personnel, in addition to any validation conducted by the manufacturer. It should include both a "planned path" phase where the researcher(s) make timed observations of room entries and exits and use of dispensers and compare their results to data recorded by the electronic compliance monitoring system. Followed by a "behavioral path" phase where observers record the same variables when individuals who touch patients or who touch items that will be used by patients are performing their usual duties, as this tends to be more chaotic and variable. A general validation protocol that can be used for both group monitoring systems and badge-based systems has been described in a fair amount of detail in the 2016 article by Limper H et al. Similar methods for conducting validation studies of badge-based system have been described by Pineles LL, Morgan Dan, et al in 2014, and by Doll ME et al. in 2019.

Both items have been clarified in new FAQs in the 2020 Leapfrog Hospital Survey.

References:

Limper HM, Garcia-Houchins S, Slawsky L, Hershow RC, Landon E. A validation protocol: assessing the accuracy of hand hygiene monitoring technology. infection control & hospital epidemiology. 2016 Aug;37(8):1002-4.

Limper HM, Slawsky L, Garcia-Houchins S, Mehta S, Hershow RC, Landon E. Assessment of an aggregate-level hand hygiene monitoring technology for measuring hand hygiene performance among healthcare personnel. infection control & hospital epidemiology. 2017 Mar;38(3):348-52.

Pineles LL, Morgan DJ, Limper HM, Weber SG, Thom KA, Perencevich EN, Harris AD, Landon E. Accuracy of a radiofrequency identification (RFID) badge system to monitor hand hygiene behavior during routine clinical activities. American journal of infection control. 2014 Feb 1;42(2):144-7.

Doll ME, Masroor N, Cooper K, Trimmer T, Pryor R, Auricchio J, Armstrong-Novak JD, Stevens MP, Bearman G. A comparison of the accuracy of two electronic hand hygiene monitoring systems. Infection Control & Hospital Epidemiology. 2019 Oct;40(10):1194-7.

Several commenters had concerns about the required sample size for direct observation of 200 observations or 1.7% of all possible hand hygiene opportunities in each unit per month and felt that this was not achievable. Some hospitals explained that they are currently doing 30-50 observations and that Leapfrog's new standard does not align with other national organizations, such as the WHO, The Joint Commission (TJC), and the Centers for Disease Control and Prevention (CDC).

As explained in the comment above, the new hand hygiene standard is modeled after the World Health Organization's (WHO) Hand Hygiene Self-Assessment Framework, but has been adapted for use in U.S. hospitals and ambulatory surgery centers (ASCs), is significantly updated based on existing evidence and models from other organizations as well as expert opinion, and is designed to drive improvement in hand hygiene performance.

Leapfrog's Expert Panel has identified that hospitals are currently under-sampling the number of hand hygiene observations given the large number of hand hygiene opportunities in a unit per month. A biostatistician's guidance was that the number of observations that a unit needs to collect to understand a statistically significant difference in performance is independent of the number of patients in the unit. 200 observations was chosen as the sample size based on a study by Yin et. al which showed that 180-195 observations would be needed to accurately observe a 10% change in hand hygiene compliance (Yin et al.).

Based on comments received, we have provided an opportunity for hospitals to earn partial credit if they are collecting compliance data on at least 100 hand hygiene opportunities on a quarterly basis in each patient care unit if they are unable to achieve the monthly requirement of 200 at this time. This provides hospitals with the opportunity to scale up their hand hygiene observation counts over time. However, full achievement on this standard requires a higher number of observations and/or electronic monitoring, as well as adherence to a number of policies and procedures. The requirement of 200 observations is only for those units not using an electronic compliance monitoring system.

In addition, Leapfrog has provided calculations for estimating hand hygiene opportunities in both units where occupancy rate can and cannot be determined, such as inpatient units, hospital outpatient departments, and emergency departments. The goal of these calculations is to provide an appropriate sample size for small units where 200 observations may not be attainable. Furthermore, hospitals are able to choose their own sampling methodology, such as simple random sampling, stratified random sampling, etc. as long as it meets the criteria outlined (i.e., observations within a unit are conducted weekly or monthly across all shifts on all days of the week proportional to the number of individuals on duty for that shift, observations are conducted to capture a representative sample of different roles of individuals, etc.).

Reference:

Jun Yin MS, Heather Schacht Reisinger PhD, Mark Vander Weg PhD, Marin L. Schweizer PhD, Andrew Jesson, Daniel J. Morgan MD MS, Graeme Forrest MD, Margaret Graham, Lisa Pineles MA and Eli N. Perencevich MD MS Infection Control and Hospital Epidemiology Vol. 35, No. 9 (September 2014), pp. 1163-1168

A couple commenters had concerns about the requirement to give immediate feedback (prior to patient harm) when conducting direct observations since staff may not be comfortable doing this. Some commenters disagreed with this component of the hand hygiene standard since it does not allow for "secret shopping" and it would not be appropriate to combine data collection with intervention and commingle the use of observers and coaches, which are used for different purposes.

Leapfrog feels strongly that the use of direct observation without immediate intervention raises concerns about the ethics of observing an act know to harm patients without intervening and coaching. However, Leapfrog also recognizes that direct observation (i.e., "secret shopping") is still the technique used by many hospitals for collecting hand hygiene compliance data and that many hospitals treat compliance observers and coaches differently. To that effect, Leapfrog has updated the requirements for hospitals using direct observation and is no longer requiring that compliance observers always immediately intervene when performing direct observations. Instead, hospitals using either electronic compliance monitoring systems or direct observation are asked if their hospital uses hand hygiene coaches or compliance observers to provide individuals with feedback on both when they are and are not compliant with performing hand hygiene. Hospitals that use electronic compliance monitoring systems will still be required to have observers immediately intervene prior to any patient harm occurring (e.g., intervene before an individual who has not performed proper hand hygiene touches a patient) for **all** observations since the observations are being collected for coaching and intervention purposes only. Hospitals using direct observation only are not required to intervene for all observations. Hospitals are encouraged to move

toward a more comprehensive and ethical means of monitoring hand hygiene, and this safe practice will be upgraded over time as progress ensues. Hospitals are encouraged to review the updates to question #10, question #12, and question #13 in Appendix IV.

One commenter had questions about what should be documented when conducting direct observations of hand hygiene.

Leapfrog will provide a FAQ in Section 6D of the 2020 Leapfrog Hospital Survey to provide hospitals with guidance on what should be documented when conducting direct observations. For example, while direct observations should capture "who" practiced hand hygiene, the hospitals could decide to have hand hygiene compliance observers only note the role of the individual instead of the name of the individual.

A few commenters had concerns about requiring direct observers to monitor hand hygiene technique as it can be difficult since clinicians will often have their backs to the observers.

While additional research on monitoring hand hygiene technique is needed, recent studies by Didier Pires's group and Sarah Tschudin-Sutter et al. offer some suggested solutions:

- Observe the individual performing hand hygiene with alcohol-based hand sanitizer and record the amount of time they spend rubbing their hands together. Appropriate technique should take 15 or more seconds of rubbing with alcohol-based hand sanitizer before hands are dry.
- Observe the individual performing hand hygiene with alcohol-based hand sanitizer and see if almost all surfaces of the hands are covered (rubbed) when using alcohol-based hand sanitizer.
- Observe the individual performing hand hygiene with alcohol-based hand sanitizer and see if they rub their fingertips and their thumbs with alcohol-based hand sanitizer, as these are areas of the hands that are often missed.

Leapfrog has added a FAQ to the 2020 Leapfrog Hospital Survey with these suggestions.

References:

Pires D, Soule H, Bellissimo-Rodrigues F, Gayet-Ageron A, Pittet D. Hand hygiene with alcohol-based hand rub: how long is long enough? infection control & hospital epidemiology. 2017 May;38(5):547-52.

Pires D, Soule H, Bellissimo-Rodrigues F, de Kraker ME, Pittet D. Antibacterial efficacy of handrubbing for 15 versus 30 seconds: EN 1500-based randomized experimental study with different loads of Staphylococcus aureus and Escherichia coli. Clinical Microbiology and Infection. 2019 Jul 1;25(7):851-6.

Tschudin-Sutter S, Rotter ML, Frei R, Nogarth D, Häusermann P, Stranden A, Pittet D, Widmer AF. Simplifying the WHO 'how to hand rub' technique: three steps are as effective as six—results from an experimental randomized crossover trial. Clinical Microbiology and Infection. 2017 Jun 1;23(6):409-e1.

Tschudin-Sutter S, Kuijper EJ, Durovic A, Vehreschild MJ, Barbut F, Eckert C, Fitzpatrick F, Hell M, Norén T, O'Driscoll J, Coia J. Guidance document for prevention of Clostridium difficile infection in acute healthcare settings. Clinical Microbiology and Infection. 2018 Oct 1;24(10):1051-4.

Two commenters disagreed with the frequency of the feedback of hand hygiene compliance data to leadership and requiring senior administrative leadership, physician leadership, and nursing leadership to be held accountable through performance reviews or compensation.

Given the feedback received, Leapfrog has updated the frequency from "at least every 3 months" to "at least every 6 months" to align with the WHO's recommendation of at least 6 months (see 3.5b.ii within the World Health Organization's Hand Hygiene Self-Assessment Framework). While the WHO framework states that compliance data should be given to facility leadership, Leapfrog has added more specificity to ensure that responses can be verified, and, based on expert opinion, has included senior administrative leadership, physician leadership, nursing leadership, the board (governance), and the medical executive committee in this definition. The scope of who is included in "leadership" aligns with the other safe practices within Section 6 Patient Safety Practices. This would not apply to individuals that are not employed by the hospital, which should be rare for the leadership roles included.

The National Quality Forum has identified accountability as a key element of safe practices for better healthcare: "Structures and systems should be established to ensure that there is direct accountability of the governance board, senior administrative management, midlevel management, physician leaders (independent and employed by the organization), and frontline caregivers to close certain performance gaps and to adopt certain patient safety practices." Including performance on a safe practice in performance reviews or tying it to compensation is one method of holding hospital leadership accountable.

One commenter had concerns about requiring hospitals to invite patient and visitors to remind individuals to perform hand hygiene since it may not be feasible in some units and patients may not feel comfortable doing so.

Leapfrog and its national Hand Hygiene Expert Panel feel that involving patient and visitors is an important component of a hospital's hand hygiene culture. Leapfrog is not requiring this to be done for all units, nor have we restricted the methods used which could include posters placed in patient care units, bedside placards, buttons worn by the staff, etc.

A few commenters provided feedback on the proposed new nursing workforce standards for the 2021 Leapfrog Hospital Survey, including asking hospitals to conduct biennial surveys of nurses to assess perceptions of the work environment and burnout. Commenters expressed strong support for the measure concepts, cautioned against reporting burden, and made recommendations to adopt a consistent survey instrument in order to facilitate comparability of measure results across facilities.

Leapfrog appreciates the strong support for measuring nurse perceptions of their work environment and burnout, and will continue to pursue new measures in these areas for adoption on the 2021 Leapfrog Hospital Survey. Leapfrog concurs that new measures added to the Leapfrog Hospital Survey must be reliable and valid metrics of the underlying concepts being measured, and will continue to work with the members of the Nursing Workforce Expert Panel to ensure the scientific acceptability of proposed measures of nursing work environments and burnout. Pursuant to this priority, Leapfrog will minimize the reporting effort by aligning measures with existing standards captured by survey instruments in widespread use. Likewise, any changes to the Nursing Workforce standard for 2021 will account for the existing requirements of obtaining and renewing the Magnet® designation, including those standards around perceptions of the work environment and burnout, and only require additional surveys to obtain information not otherwise certified by the designation.

In the proposed changes published in 2020 in the lead-up to the 2021 Leapfrog Hospital Survey, Leapfrog will advance clear standards for measuring these concepts and publish these for public comment, including clarifying which nursing roles should be included in the denominator, reporting periods, and other essential measure specifications.

SECTION 7: MANAGING SERIOUS ERRORS

No comments were submitted.

SECTION 8: MEDICATION SAFETY

Several commenters had questions or concerns about Leapfrog's proposed addition of questions related to concurrent prescriptions at discharge given that CMS has delayed implementation of the measure to 2021.

Based on the feedback received and the CMS delay, Leapfrog will delay the addition of these questions until 2021 when CMS will start including the CMS eCQM Concurrent Safe Use of Opioids - Concurrent Prescribing in voluntary reporting and will have finalized measure specifications available. Please review the final measures included in Section 8C above.

One commenter had concerns about Leapfrog's new questions on prescription monitoring via state prescription drug monitoring programs (PDMPs) because their state does not have a statewide PDMP.

Leapfrog has updated the questions to include state, as well as regional PDMPs. Please find more information in Section 8C above.

One commenter requested additional details about the national evidence-based opioid prescribing guidelines against which adherence would be measured, including how adherence itself can be measured, and suggested adherence measures should include weaning protocols as applicable.

In the 2020 Leapfrog Hospital Survey, Leapfrog will include an FAQ to address these specific questions and others concerning the definition of the opioid guidelines adherence measure. Leapfrog would like to clarify that the ideal opioid prescribing patterns advanced by the Center for Opioid Research and Education are only intended to apply to narcotic naive patients at discharge; thus, a weaning protocol either would not apply to these guidelines, or would only be introduced in cases where an exception to the guideline was warranted. Leapfrog appreciates the suggestion for additional measurement in the safe prescribing of opioids and will investigate potential guidelines in appropriate dosage reduction or other clinical cases where opioids are prescribed. Leapfrog would also like to note that "adherence" to guidelines includes the possibility of exceptions to these guidelines by licensed prescribers choosing to account for individual patient and clinical characteristics.

SECTION 9: PEDIATRIC CARE

One commenter asked for the rationale for including the list of scans to identify head and abdomen/pelvis scans for the purposes of reporting on Section 9B Pediatric Computed Tomography (CT) Radiation Dose.

Based on feedback from hospitals and stakeholders, Leapfrog was urged to refine the measure specifications used on the 2019 Survey to ensure more standardized reporting among hospitals. Therefore, in 2020, Leapfrog is asking hospitals to limit reporting on head and abdomen/pelvis scans to routine scans only. Focusing on routine scans will reduce the variability in the data reported by hospitals and lessen the data collection burden for hospitals. The list of routine scans noted in the measure specifications account for over 85% of all head CT scans and over 95% of all abdomen/pelvis CT scans for pediatric patients.

Several commenters recommended that Leapfrog use weight or patient size, rather than age stratums, when asking hospitals to report on their doses for pediatric head and abdomen/pelvis CT scans.

The pediatric CT radiation dose measure is an NQF-endorsed measure, developed so that all hospitals in the country who do pediatric CT scans can report. Its known limitation is that it does not consider patient size but instead uses age as a proxy for size. Part of the reason is that unless hospitals use dose monitoring software, which not all hospitals currently do due to cost, they would not have this information readily available to them.

One commenter suggested having hospital report the CTDIvol rather than the DLP.

The CTDIvol does not quantify how much radiation any specific patient receives, but rather indicates the intensity of the radiation being directed at that patient. The DLP accounts for both radiation intensity (i.e., CTDIvol) and scan length in the CT examination. DLP data, therefore, indicate the total amount of radiation (i.e., intensity × scan length) used to perform the CT scan.

Several commenters expressed support for standardizing the dose reporting for head scans to 16cm reference phantom and abdomen/pelvis scans to 32cm phantoms.

Leapfrog has outlined three different ways in which hospitals can obtain the standardized data: (1) specialized Leapfrog reports from ACR will already have scans standardized to these phantoms; (2) the CT Dose Workbook developed by Leapfrog has been updated to automatically standardize scans for hospitals obtaining scan data through manual data collection; and (3) dose monitoring software.

One commenter noted that Leapfrog should provide further specificity related to the inclusion criteria for CT scans to account for known dose variability related to the type of scan (i.e. hospitals whose head scans are mostly facial bones or sinuses would have lower doses due to type of scan not performance on the measure).

As described above, Leapfrog has worked with American College of Radiology (ACR) to identify the routine head and abdomen/pelvis scans that represent more than 85% of head and abdomen/pelvis scans performed on pediatric patients. The updated list of routine head scans excludes scans of facial bones and sinuses. Updated measure specifications will be published in the hard copy of the Survey on April 1.

Several commenters expressed concerns regarding the scoring methodology and rewarding low doses without regard for image quality.

Given the number of refinements to the measure specifications that will be implemented in 2020, Leapfrog will be updating the benchmarks used in scoring based on Surveys submitted by August 31, 2020. Any additional changes to the scoring algorithm will only be made after examining the updated distribution of CT doses.

One commenter suggested that Leapfrog move from a dose driving scoring algorithm to a quality improvement model that includes process and/or structural components such as regular CT quality assurance meetings, hospital mechanisms for reporting of image quality/patient dose issues, etc.

Thank you for this recommendation. Leapfrog will explore these concepts and is open to working with the measure developer and our national expert panel to develop new questions for 2021.

SECTION 10: OUTPATIENT PROCEDURES

One commenter quested why in Section 10B Clinicians Present While Patients are Recovering, there is no option in the scoring algorithm to earn "substantial achievement."

The use of each performance category is not appropriate for every measure. For example, for Antibiotic Stewardship, hospitals are only able to earn "Achieved the Standard," "Some Achievement," or "Limited Achievement." Given the importance of having the appropriate staff available to perform life-saving measures should they be needed, hospitals and ASCs that do not have the appropriate staff will not be able to earn "Considerable Achievement."

One commenter suggested that Leapfrog exclude any patients with outpatient procedures that end up being admitted when reporting on volume in Section 10C Volume of Procedures. Because the procedures are defined with CPT codes, these patients cannot be identified.

Leapfrog has updated the FAQ regarding admitted patients. Patients with a scheduled outpatient procedure who are admitted as an inpatient or for observation should be excluded when determining the volume for Section 10C since these procedures are coded using ICD-10 codes, not CPT codes.

One commenter asked if Leapfrog would still allow facilities to use their "unofficial" OAS CAHPS Survey results from their vendor, instead of the CMS publicly reported data since reporting is not mandated by CMS. Others suggested that Leapfrog delay the public reporting of these patient experience results since OAS CAHPS is still not mandated by CMS and there may be inconsistencies in risk-adjustment for those hospitals reporting vendor vs. CMS data.

While we understand that facilities are not universally administering the official OAS CAHPS Survey and that it is still a voluntary component of the CMS ASC Quality Reporting Program, the OAS CAHPS Survey is the only nationally standardized instrument designed and tested to compare patient experience in both HOPDs and ASCs. No other publicly available survey has been validated for the purpose of national comparisons. The instrument is also selected because of its importance to consumers, employers, and other purchasers.

Leapfrog clarified in the 2020 Leapfrog ASC Survey and Leapfrog Hospital Survey measure specifications that if facilities are administering an "unofficial" OAS CAHPS Survey, on adult discharges, that is identical to the official OAS CAHPS Survey in terms of domains/questions, but is administered in a non-CMS approved mode (e.g., electronically administered), these OAS CAHPS results may still be used for the purposes of responding to Section 10 of the Leapfrog Hospital Survey. Additionally, facilities can report OAS CAHPS results to Leapfrog even if they are not reporting OAS CAHPS results to CMS.

Leapfrog has also clarified in the measure specifications that facilities should NOT use risk-adjusted OAS CAHPS Top Box Scores (i.e. facilities should NOT use the OAS CAHPS data publicly reported by CMS). Currently risk-adjustment is universally performed only by CMS and is not generally performed by vendors unless hospitals and ASCs specifically request this service. Therefore, for comparability, all hospitals and ASCs should be reporting their unadjusted OAS CAHPS data.

One commenter asked if results from the Press Ganey Proprietary Survey could be used to report on Section 10F if the facility was not currently administering the OAS CAHPS Survey.

As the domain names and questions are not a one-to-one match between the OAS CAHPS Survey and the Press Ganey Proprietary Survey, and Leapfrog needs more information on the similarities and differences between the OAS CAHPS and

Press Ganey surveys, facilities can only report the results of the official OAS CAHPS Survey (administered in an official or unofficial mode) in Section 10F of the 2020 Leapfrog Hospital Survey.

While Leapfrog had initially proposed to score and publicly report hospitals as "Declined to Measure" if they did not administer the OAS CAHPS Survey, Leapfrog has decided, based on comments received, to score and publicly report these facilities as "Limited Achievement" (the category previously used for "Willing to Report"). Please see the Public Reporting section above for more information.

APPENDICES

APPENDIX I: PUBLIC REPORTING FOR THE 2020 LEAPFROG HOSPITAL SURVEY

APPENDIX II: CPOE SCORING ALGORITHM

In 2020 only, the following scoring algorithm will be used for both adult/general and pediatric hospitals:

CPOE Score (Performance category)	Implementation Status (from Leapfrog Hospital Survey Questions #3-4)
Achieved the Standard	85% or greater of all inpatient medication orders entered through CPOE System
Considerable Achievement	75-84% of all inpatient medication orders entered through CPOE System
Some Achievement	50-74% of all inpatient medication orders entered through CPOE System
Limited Achievement	CPOE implemented in at least one inpatient unit but <50% of all inpatient medication orders entered through CPOE System OR CPOE not implemented in at least one inpatient unit
Declined to Respond	The hospital did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

APPENDIX III: 2020 MINIMUM HOSPITAL AND SURGEON VOLUME STANDARDS

Procedure	Hospital Volume (minimum per 12-months or 24-month average)	Surgeon Volume (minimum per 12-months or 24-month average)
Carotid endarterectomy	20	10
Mitral valve repair and replacement	40	20
Open aortic procedures	10	7
Lung resection for cancer	40	15
Esophageal resection for cancer	20	7
Pancreatic resection for cancer	20	10
Rectal cancer surgery	16	6
Bariatric surgery for weight loss	50	20
Total hip replacement*	50	25
Total knee replacement*	50	25
Norwood procedure*	8	5

*Not being scored or publicly reported in 2020.

APPENDIX IV: QUESTIONS FOR SECTION 6D HAND HYGIENE

Important Notes:

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

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

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

> **Reporting Time Period:** Answer questions #1-21 based on the practices currently in place at the time you submit this section of the Survey.
>
> Note: 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.

Training and Education

1) Do individuals who touch patients or who touch items that will be used by patients[1] in your patient care units receive hand hygiene training from a professional with appropriate training and skills[2] at **both:** • the time of onboarding; and • annually thereafter? *If "no" to question #1, skip questions #2-3 and continue on to question #4.*	*Yes* *No*
2) In order to pass the **initial** hand hygiene training, do individuals who touch patients or who touch items that will be used by patients[1] in your patient care units need to physically demonstrate proper hand hygiene with soap and water and alcohol-based hand sanitizer?	*Yes* *No*
3) Are **all** six of the following topics included in your hospital's initial and annual hand hygiene training? • Evidence linking hand hygiene and infection prevention • When individuals who touch patients or who touch items that will be used by patients[1] should perform hand hygiene (e.g., WHO's 5 Moments for Hand Hygiene, CDC's Guideline for Hand Hygiene) • How individuals who touch patients or who touch items that will be used by patients[1] should clean their hands with alcohol-based hand sanitizer and soap and water as to ensure they cover all surfaces of hands and fingers, including thumbs and fingernails	*Yes* *No*

• When gloves should be used in addition to hand washing (e.g., caring for *C. difficile* patients) and how hand hygiene should be performed when gloves are used • The minimum time that should be spent performing hand hygiene with soap and water and alcohol-based hand sanitizer • How hand hygiene compliance is monitored	

Infrastructure

4)	Does your hospital have a process in place to ensure that **all** of the following are done, as necessary, and quarterly audits are conducted on a sample of dispensers in your patient care units to ensure that the process is followed? • Refill paper towels, soap dispensers, and alcohol-based hand sanitizer dispensers when they are empty or near empty • Replace batteries in automated paper towel dispensers, soap dispensers, and alcohol-based hand sanitizer dispensers (if automated dispensers are used in the patient care units)	*Yes* *No*
5)	Do all rooms or bed spaces in your patient care units have an alcohol-based hand sanitizer within 5 steps of the patient's bed that is easily accessible to individuals who touch patients or who touch items that will be used by patients[1]?	*Yes* *No*
6)	Does your hospital conduct audits of the volume of alcohol-based hand sanitizer that is delivered with each activation of a wall-mounted dispenser (manual and automated) on a sample of dispensers in your patient care units at **all** of the following times: • upon installation; • whenever the brand of product or system changes; and • whenever adjustments are made to the dispensers? *If "no" or "does not apply, wall-mounted dispensers are not used," skip question #7 and continue on to question #8.*	*Yes* *No* *Does not apply, wall-mounted dispensers are not used*
7)	Do all of the audited dispensers deliver, with one activation, a volume of alcohol-based hand sanitizer that covers the hands completely and requires 15 or more seconds for hands to dry (on average)?	*Yes* *No*

Monitoring

8) Does your hospital collect hand hygiene compliance data on at least 200 hand hygiene opportunities, or 1.7% of all possible hand hygiene opportunities, **each <u>month</u> in each patient care unit**? *If "yes" to question #8, skip question #9 and continue on to question #10.*	*Yes, using only an electronic compliance monitoring system* *Yes, using only direct observation* *Yes, using both an electronic compliance monitoring system and direct observation* *No*
9) Does your hospital collect hand hygiene compliance data on at least 100 hand hygiene opportunities **each <u>quarter</u> in each patient care unit**? *If "no" to question #9, skip questions #10-18 and continue on to question #19.*	*Yes, using only an electronic compliance monitoring system* *Yes, using only direct observation* *Yes, using both an electronic compliance monitoring system and direct observation* *No*
10) Does your hospital use hand hygiene coaches or compliance observers to provide <u>individuals who touch patients or who touch items that will be used by patients</u>[1] in your patient care units with feedback on both when they are and are not compliant with performing hand hygiene?	*Yes* *No*

Direct Monitoring – Electronic Compliance Monitoring System

If "yes, using only an electronic compliance monitoring system" or "yes, using both an electronic compliance monitoring system and direct observation" to question #8 or question #9, answer questions #11-12.

11) In those patient care units where an electronic compliance monitoring system is used, does the monitoring system used meet **both** of the following criteria? • The system can identify both opportunities for hand hygiene and that hand hygiene was performed • The hospital itself has validated the accuracy of the data collected by the electronic compliance monitoring system	*Yes* *No*
12) In those patient care units where an electronic compliance monitoring system is used, are direct observations also conducted for coaching and intervention purposes that meet **all** of the following criteria?	*Yes* *No*

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

Direct Monitoring – Direct Observation

If "yes, using only direct observation" or "yes, using both an electronic compliance monitoring system and direct observation" to question #8 or question #9, answer questions #13-14.

13) In those patient care units where an electronic compliance monitoring system is NOT used, do the direct observations meet **all** of the following criteria? • Observations identify both opportunities for hand hygiene and compliance with those opportunities • Observations determine who practiced hand hygiene, verify when they practiced it, and whether their technique was correct • Observations within a unit are conducted weekly or monthly across all shifts and on all days of the week proportional to the number of individuals who touch patients or who touch items that will be used by patients[1] on duty for that shift • Observations are conducted to capture a representative sample of the different roles of individuals who touch patients or who touch items that will be used by patients[1] (e.g., nurses, physicians, techs, environmental services workers)	*Yes* *No*
14) Does your hospital have a system in place for both the initial and recurrent training and validation of hand hygiene compliance observers?	*Yes* *No*

Feedback

15) Are unit-level hand hygiene compliance data fed back to individuals who touch patients or who touch items that will be used by patients[1] at least monthly for improvement work?	*Yes* *No*
16) Are unit-level hand hygiene compliance data used for creating unit-level action plans?	*Yes* *No*
17) Is regular (at least every 6 months) feedback of hand hygiene compliance data, with demonstration of trends over time, given to: • senior administrative leadership, physician leadership, and nursing leadership; • the board (governance); and • the medical executive committee? *If "no" to question #17, skip question #18 and continue on to question #19.*	*Yes* *No*
18) If "yes" to question #17, is senior administrative leadership, physician leadership, and nursing leadership held directly accountable for hand hygiene performance through performance reviews or compensation?	*Yes* *No*

Culture

19) Are patients and visitors invited to remind individuals who touch patients or who touch items that will be used by patients[1] to perform hand hygiene?	*Yes* *No*
20) Have **all** of the following individuals (or their equivalents) demonstrated a commitment to support hand hygiene improvement in the last year (e.g., a written or verbal commitment delivered to those individuals who touch patients or who touch items that will be used by patients[1])? • Chief Executive Officer • Chief Medical Officer • Chief Nursing Officer	*Yes* *No*

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Additional Questions (Fact Finding Only)

21) Do **all** rooms or bed spaces in your patient care units have a sink for hand washing within 20 feet of the patient's bed that is easily accessible to individuals who touch patients or who touch items that will be used by patients[1] ?	*Yes* *No*

Endnotes

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

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

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

[2] *Professional with Appropriate Training and Skills*

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

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

END OF DOCUMENT