SUMMARY OF CHANGES TO THE 2021 LEAPFROG HOSPITAL SURVEY & RESPONSES TO PUBLIC COMMENTS

PUBLISHED MARCH 8, 2021

TABLE OF CONTENTS

UPDATES TO THE 2021 LEAPFROG HOSPITAL SURVEY DUE TO THE CONTINUED IMPACT OF COVID-19 ON AMERICA'S HEALTH CARE WORKFORCE

Over the past year, The Leapfrog Group has watched and admired our hospital and ambulatory surgery center colleagues as they have heroically cared for their communities amidst the COVID-19 pandemic, first with testing and treating affected patients and now working to vaccinate those who need it most. As this novel infection has ravaged our country, prioritizing patient safety has never been more important. The mission of The Leapfrog Group to promote safety, quality, and transparency in health care resonates more now than ever before in our 20-year history.

As we enter year two of the pandemic, we fully recognize the strain the health care system continues to endure. However, now is not the time to relax our standards that call for every patient to receive safe, high quality care regardless of the circumstances. While some communities remain inundated with cases and face challenges with vaccine distribution, others have largely returned to pre-pandemic operations and are ready to resume full participation in the Leapfrog Surveys. As a result, we are announcing changes to the 2021 Leapfrog Hospital Survey and Leapfrog Ambulatory Surgery Center (ASC) Survey that offer flexibility to facilities across the country at varied stages of COVID-19 recovery. The 2021 Leapfrog Hospital Survey changes are detailed below. **Leapfrog will continue to monitor the COVID-19 situation very closely, and if additional changes are warranted for the 2021 Survey, they will be announced prior to April 1.**

The pandemic has reminded us how much we depend on the courage and care of America's health care workforce. We thank them for the commitment they demonstrate to their patients by participating in the Leapfrog Surveys and for striving to achieve the highest standards of care.

SUBMISSION DEADLINE EXTENDED BY 30 DAYS

Leapfrog will extend the deadline for submission of the Leapfrog Hospital Survey by 30 days as part of our pandemic response. The Submission Deadline for the 2021 Leapfrog Hospital Survey will be July 31, 2021, with results publicly reported within the first five business days of August. The Late Submission Deadline will continue to be November 30, 2021. All deadlines for the 2021 Hospital Survey are available on our [website](#).

UPDATED REPORTING PERIODS

Due to COVID-19 and changes to the services provided at hospitals during the pandemic, hospitals submitting a survey prior to September 1 can report using either calendar year 2019 or calendar year 2020 data. This means that hospitals submitting a Survey prior to September 1 will have the option of reusing data already collected for the 2020 Leapfrog Hospital Survey for the following sections:

- 1A Basic Hospital Information

- 3A Hospital and Surgeon Volume

- 4A-4F Maternity Care

- 9B Pediatric Computed Tomography Radiation Dose

- 10A Basic Outpatient Department Information

- 10C Volume of Procedures

- 10E Medication Safety for Outpatient Procedures

We have also adjusted reporting periods for each of the National Quality Forum (NQF) Safe Practices:

- 6A NQF Safe Practice 1 Leadership, Structures, and Systems: reporting period updated from the last 12 months to the last 24 months.
- 6B NQF Safe Practice 2 Culture of Safety Measurement, Feedback, and Intervention: hospitals can report on culture of safety surveys administered in the last 36 months and additional practice elements that were implemented in the past 24 months.
- 6C NQF Safe Practice 9 Nursing Workforce: reporting period updated from the last 12 months to the last 24 months.

A complete list of reporting periods for the 2021 Leapfrog Hospital Survey is available in Appendix I.

UPDATED SCORING FOR CPOE

We recognize the staffing and logistical challenges that participating in the Computerized Physician Order Entry (CPOE) Evaluation Tool may pose for some hospitals. Simultaneously, Leapfrog received strong feedback from some hospitals advocating for the opportunity to take the CPOE Evaluation Tool. As a result, the CPOE Evaluation Tool will be included in Section 2 of the Hospital Survey for adult and general hospitals, but Leapfrog is making a one-time only update to the scoring algorithm, giving hospitals two options to Achieve the Standard. The first option includes implementation status only and the second option includes both implementation status and results from the CPOE Evaluation Tool. **Please note, hospitals that choose to take the Adult Inpatient Test via the CPOE Evaluation Tool <u>will</u> have their score from the Test included in their Overall CPOE Score,** *regardless of the score and without exception***.**

The updated scoring algorithms can be reviewed below.

UPDATED SCORING AND PUBLIC REPORTING FOR HAND HYGIENE

In 2021, hospitals in all four performance categories for the Hand Hygiene Practices measure will be publicly reported accordingly. This is a change from 2020 when hospitals in the bottom two performance categories were publicly reported as "Not Available".

REDUCED SAMPLE SIZE FOR MATERNITY CARE AND OUTPATIENT MEDICATION SAFETY MEASURES

In 2021, Leapfrog will maintain the reduced sample size of 30 cases for each of the following measures: Early Elective Deliveries, Cesarean Birth, Bilirubin Screening, deep vein thrombosis (DVT) Prophylaxis, and Medication Safety for Outpatient Procedures.

2021 LEAPFROG TOP HOSPITAL RECOGNITION

To be eligible for the 2021 Leapfrog Top Hospital Recognition, hospitals must submit a 2021 Leapfrog Hospital Survey by August 31, 2021. As in previous years, hospitals must submit all applicable sections of the Survey.

SUMMARY OF CHANGES

Each year, The Leapfrog Group's team of researchers, in conjunction with the Johns Hopkins Armstrong Institute for Patient Safety and Quality, 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 2021 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 2021 Leapfrog Hospital Survey. The submitted comments were invaluable to the development of a high-quality Survey that serves our many constituents, including purchasers and payors, as well as hospitals and the public at large.

The 2021 Leapfrog Hospital Survey will open on April 1, 2021 and a PDF 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.

CONTENT AND SCORING CHANGES

GENERAL

In 2021, Leapfrog will decertify the entire Survey if hospitals do not respond to Category A Data Verification messages by the January 31 Corrections Deadline. Please refer to our website for more information.

SECTION 1: BASIC HOSPITAL INFORMATION

SECTION 1A: BASIC HOSPITAL INFORMATION

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 2021 Survey on our website.

Leapfrog has added two additional fact-finding questions. One question assesses board eligibility or board certification among physicians and other providers who are privileged to provide care. Another question assesses whether hospitals include performance on the Leapfrog Hospital Safety Grade or Leapfrog Top Hospital Recognition in performance reviews and/or compensation incentives for senior administrative leadership. As per Leapfrog's policy for questions appearing on the Survey for the first time, these two new sets questions will not be used in scoring or public reporting in 2021.

SECTION 1B: PERSON-CENTERED CARE: BILLING ETHICS AND MONITORING HEALTH CARE INEQUITY (OPTIONAL - NOT SCORED OR PUBLICLY REPORTED IN 2021)

Multiple stakeholder groups advising Leapfrog (including patients, families, and caregivers as well as employers and purchasers) and recent literature have highlighted the importance of a hospital's billing practices and their focus on health inequity on ensuring the best patient outcomes and patient experience. As a result, Leapfrog has added two new sets of questions to Section 1 in 2021. The first set of questions assesses whether hospitals have ethical billing practices in place. The second set of questions assesses what actions hospitals are taking to identify and reduce health care disparities.

Based on valuable feedback received during the public comment period and via the pilot test of the 2021 Leapfrog Hospital Survey, Leapfrog has made updates to both the questions and response options in Section 1B to address many of the comments received.

As per Leapfrog's policy for questions appearing on the Survey for the first time, these two new sets of questions will not be used in scoring or public reporting in 2021.

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

Leapfrog has further refined the measure specifications for question #3 (total number of inpatient medication orders) to exclude medications ordered in an operating room or procedural area after receiving feedback that many hospitals use a different CPOE system in these areas. Leapfrog has also included a definition of medications which will be applied to Section 2 CPOE, Section 8A BCMA, and Section 10E Medication Safety for Outpatient Procedures.

As announced above, Leapfrog is making a one-time only update to the scoring algorithm, giving hospitals two options to Achieve the Standard. **Please note, hospitals that choose to take the Adult Inpatient Test via the CPOE Evaluation Tool will** have their score from the Test included in their Overall CPOE Score, *regardless of the score and without exception*.

The updated scoring algorithms can be reviewed below.

OPTION 1 – BASED ON IMPLEMENTATION STATUS ONLY

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.

OPTION 2 – BASED ON IMPLEMENTATION STATUS AND SCORE ON ADULT INPATIENT TEST VIA THE CPOE EVALUATION TOOL

Implementation Status (from Leapfrog Hospital Survey Questions #3-4)	Score on Adult Inpatient Test via the CPOE Evaluation Tool (see Appendix III for details on the CPOE Evaluation Tool Scoring Algorithm)					
	Full Demonstration of National Safety Standard for Decision Support *(60% or greater of test orders correct)*	**Substantial Demonstration of National Safety Standard for Decision Support** *(50-59% of test orders correct)*	**Some Demonstration of National Safety Standard for Decision Support** *(40-49% of test orders correct)*	**Completed the Evaluation** *(Less than 40% of test orders correct)*	**Insufficient Evaluation** *(Hospital was not able to test at least 50% of test orders)*	**Incomplete Evaluation** *(Failed deception analysis or timed out)*
85% or greater of all inpatient medication orders entered through CPOE System	**Achieved the Standard**	**Considerable Achievement**	**Considerable Achievement**	**Some Achievement**	**Unable to Calculate Score**	**Limited Achievement**
75-84% of all inpatient medication orders entered through CPOE System	**Achieved the Standard**	**Considerable Achievement**	**Some Achievement**	**Some Achievement**	**Unable to Calculate Score**	**Limited Achievement**
50-74% of all inpatient medication orders entered through CPOE System	**Considerable Achievement**	**Considerable Achievement**	**Some Achievement**	**Limited Achievement**	**Unable to Calculate Score**	**Limited Achievement**
CPOE implemented in at least one inpatient unit but **<50%** of all inpatient medication orders entered through CPOE System	**Considerable Achievement**	**Some Achievement**	**Some Achievement**	**Limited Achievement**	**Unable to Calculate Score**	**Limited Achievement**
CPOE not implemented in at least one inpatient unit	Cannot take CPOE Evaluation Tool; hospital will be scored as "Limited Achievement"					

Declined to respond: The hospital did not submit a Survey.

As noted above, hospitals that take the Adult Inpatient Test via the CPOE Evaluation Tool will have the score from the Test included in their Overall CPOE Score, *regardless of the score and without exception***.** Once a hospital starts the CPOE Evaluation Tool, the score from the Test will be used in scoring for the measure. Hospitals will not have the option to discard the test score if they are not satisfied with their score.

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

The CPOE Evaluation Tool is included in Section 2 of the Leapfrog Hospital Survey for adult and general hospitals and will be accessible from the Survey Dashboard once a hospital has completed and affirmed Section 2 CPOE. As a reminder, hospitals will not be able to submit the Survey, including the results from the Adult Inpatient CPOE Test, until all five required sections (1 Basic Hospital Information, 2 CPOE, 4 Maternity Care, 5 ICU Physician Staffing, and 6 Patient Safety Practices) are completed and affirmed.

In response to feedback received during the 2019 Survey Cycle, four updates have been made to the CPOE Evaluation Tool. First, the CPOE Evaluation Tool developers have combined the Therapeutic Duplication Order Checking Category and Drug-Drug Interaction Order Checking Category into a single Order Checking Category titled "Inappropriate Drug Combinations." See the complete list of all Order Checking Categories in Appendix II. Second, the CPOE Evaluation Tool developers have provided alternatives for statins and ACE inhibitors that are commonly reported as not being in hospitals' formularies. An example of an alternative for a statin is atorvastatin instead of lovastatin. An example of an alternative for an ACE inhibitor is enalapril maleate instead of lisinopril. This update is designed to reduce the number of test medication orders that hospitals are reporting as "not electronically orderable in any formulation." Third, the developers have made updates to the Orders and Observation Sheet to help eliminate confusion between the response options (i.e., radio buttons) on the Online Answer Form by clearly differentiating the specific advice/information that should be received in the Single and Daily Dose Order Checking Categories.

Finally, the Alert Fatigue Order Checking Category, which has been renamed "Excessive Alerts," to better reflect test scenarios included in the category (i.e., inconsequential, or low-severity medication safety problems such as drug-drug interactions or therapeutic duplications, that if alerted on, could contribute to over-alerting), will be used in the CPOE Tool scoring effective with the 2021 Survey. The CPOE Evaluation Tool Guidance for Leapfrog Reporting Hospitals document has been updated to include information regarding Excessive Alerts and is available for review on the Survey website. See the updated scoring algorithm for the Adult Inpatient Test in Appendix III.

SECTION 3: ADULT AND PEDIATRIC COMPLEX SURGERY

Section 3 Inpatient Surgery has been renamed Adult and Pediatric Complex Surgery to reflect the inclusion of both adult and pediatric procedures, as well as outpatient procedures for total hip replacements and total knee replacements.

SECTION 3A: HOSPITAL AND SURGEON VOLUME

As announced above, for 2021 only, hospitals submitting a Survey prior to September 1 can report on Section 3A Hospital and Surgeon Volume using a 12-month or 24-month reporting period ending 12/31/2019 or 12/31/2020.

Leapfrog has removed the fact-finding questions about board certification or board eligibility for physicians performing the procedures and anesthesiologists authorized to provide anesthesia for the procedures in Section 3A Hospital and Surgeon Volume.

In addition to the below updates, Leapfrog is still reviewing several ICD-10 procedure code additions for the following procedures:

- Open aortic procedures
- Lung resection for cancer

NORWOOD PROCEDURES

Beginning in 2021, hospitals that perform the Norwood procedure will be scored and publicly reported based on whether they meet Leapfrog's minimum hospital volume standard of 8 cases per year and whether they include Leapfrog's minimum surgeon volume standard of 5 cases per year in their process for privileging surgeons.

In addition, Leapfrog has added fact-finding questions in the following areas:

- Participation in The Society of Thoracic Surgeons' (STS) Congenital Heart Surgery Database (CHSD)
- Operative Mortality Rate and 95% Confidence Interval
- Median Postoperative Length of Stay and Interquartile Range (days)

The new fact-finding questions on the Norwood procedure will not be used in scoring or public reporting in 2021.

TOTAL HIP REPLACEMENT PROCEDURES

Beginning in 2021, hospitals that perform total hip replacements will be scored and publicly reported based on whether they meet Leapfrog's minimum hospital volume standard of 50 cases per year and whether they include Leapfrog's minimum surgeon volume standard of 25 cases per year in their process for privileging surgeons.

Leapfrog added one CPT code to allow hospitals to include outpatient procedures (in addition to inpatient procedures) in their total hospital volume and when determining if their surgeons met the minimum surgeon volume standard.

In addition, Leapfrog added six ICD-10 codes for total hip replacements that use Oxidized Zirconium on Polyethylene Synthetic Substitute.

ICD-10 Code	Description
0SR9069	Replacement of Right Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SR906A	Replacement of Right Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SR906Z	Replacement of Right Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach
0SRB069	Replacement of Left Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SRB06A	Replacement of Left Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SRB06Z	Replacement of Left Hip Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach

TOTAL KNEE REPLACEMENT PROCEDURES

Beginning in 2021, hospitals that perform total knee replacements will be scored and publicly reported based on whether they meet Leapfrog's minimum hospital volume standard of 50 cases per year and whether they include Leapfrog's minimum surgeon volume standard of 25 cases per year in their process for privileging surgeons.

Leapfrog added one CPT procedure code so that hospitals will be able to include outpatient procedures (in addition to inpatient procedures) in their total hospital volume and when determining if their surgeons met the minimum surgeon volume standard.

In addition, Leapfrog added six ICD-10 codes for total knee replacements that use Oxidized Zirconium on Polyethylene Synthetic Substitute.

ICD-10 Code	Description
0SRC069	Replacement of Right Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SRC06A	Replacement of Right Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SRC06Z	Replacement of Right Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach
0SRD069	Replacement of Left Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Cemented, Open Approach
0SRD06A	Replacement of Left Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Uncemented, Open Approach
0SRD06Z	Replacement of Left Knee Joint with Oxidized Zirconium on Polyethylene Synthetic Substitute, Open Approach

MITRAL VALVE REPAIR AND REPLACEMENT

Leapfrog will continue to ask hospitals to report on their Mitral Valve Repair/Replacement Composite Score from the STS Adult Cardiac Surgery Database (ACSD), but we removed questions about the absence of operative mortality and absence of major morbidity.

In addition, Leapfrog is still reviewing several ICD-10 procedure code additions for the mitral valve repair and replacement procedure for the 2021 Survey Cycle.

Beginning in 2021, hospitals that perform mitral valve repair and replacement will be scored using four criteria: total hospital volume, whether their surgeon privileging process incorporates Leapfrog's minimum surgeon volume standards, participation in the STS ACSD, and outcomes from the ACSD. The points assigned to each criterion reflects the expert panel's opinion on its importance to patient outcomes. The updated scoring algorithm is detailed below.

First, hospitals are assigned points based on whether or not they meet each of the three criteria:

Mitral Valve Repair and Replacement Criteria	Leapfrog's Standard	Points Assigned
The hospital met the minimum hospital volume standard	Hospital has experience with 40 cases per year	• 50 points, if met • 0 points, if not met
The hospital's process for privileging surgeons includes meeting or exceeding the minimum surgeon volume standard	Hospital's privileging process requires a surgeon to have experience with at least 20 cases per year	• 25 points, if met • 0 points, if not net

Mitral Valve Repair and Replacement Criteria	Leapfrog's Standard	Points Assigned
The hospital participates in the Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database (ACSD)	Hospital participates in STS ACSD	• 25 points, if participates • 0 points, if does not participate
The hospital's Mitral Valve Repair/Replacement Composite Score	The hospital's performance on the STS mitral valve repair/replacement composite score that looks at both mortality and absence of morbidity	• 75 points for 3 Stars • 25 points for 2 Stars OR did not meet the data completeness requirement • 0 points for 1 Star

The points on each criterion are totaled together to assign an overall Performance Category for public reporting:

Mitral Valve Repair and Replacement Score (Performance Category)	Point Total
Achieved the Standard	100 or more points
Considerable Achievement	75 points
Some Achievement	50 points
Limited Achievement	25 or fewer points
Does Not Apply	The hospital does not perform the procedure or is a pediatric facility.
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.

ESOPHAGEAL RESECTION FOR CANCER

Leapfrog added the following three ICD-10 codes for esophageal resection for cancer to align with the Agency for Healthcare Research and Quality (AHRQ):

ICD-10 Code	Description
0DB14ZZ	Excision of Upper Esophagus, Percutaneous Endoscopic Approach
0DB24ZZ	Excision of Middle Esophagus, Percutaneous Endoscopic Approach
0DB34ZZ	Excision of Lower Esophagus, Percutaneous Endoscopic Approach

In addition, Leapfrog is still reviewing several ICD-10 procedure code additions for the esophageal resection for cancer for the 2021 Survey Cycle.

PANCREATIC RESECTION FOR CANCER

Leapfrog added the following ICD-10 code for pancreatic resection for cancer to align with AHRQ:

ICD-10 Code	Description
0FBG8ZZ	Excision of Pancreas, Via Natural or Artificial Opening Endoscopic

BARIATRIC SURGERY FOR WEIGHT LOSS

Leapfrog added one additional ICD-10 code for bariatric surgery for weight loss:

ICD-10 Code	Description
0DB64ZZ	Excision of Stomach, Percutaneous Endoscopic Approach

OTHER CHANGES TO THE INPATIENT SURGERY SCORING ALGORITHM

Beginning in 2021, hospitals are no longer able to report that they plan to implement Leapfrog's minimum surgeon volume standards as part of their process for privileging surgeons within the next 12 months. The scoring algorithm for each procedure in Section 3 has been updated to reflect this change.

Hospital and Surgeon Volume Standard Score (Performance Category)	For each of the procedures performed by the hospital…
Achieved the Standard	• The hospital met the minimum hospital volume standard for the procedure; **and** • The hospital's process for privileging surgeons **does** include meeting or exceeding the minimum surgeon volume standard.
Considerable Achievement	• The hospital met the minimum hospital volume standard for the procedure, but • The hospital's process for privileging surgeons **does not** include meeting or exceeding the minimum surgeon volume standard.
Some Achievement	• The hospital **did not** meet the minimum hospital volume standard for the procedure, but • The hospital's process for privileging surgeons **does** include meeting or exceeding the minimum surgeon volume standard.
Limited Achievement	• The hospital **did not** meet the minimum hospital volume standard for the procedure; **and** • The hospital **does not** include the minimum surgeon volume standard in its privileging process.
Does Not Apply	The hospital does not perform the 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 3B: SURGICAL APPROPRIATENESS

To align with our public reporting of Survey Results for carotid endarterectomy, mitral valve repair and replacement, open aortic procedures, and bariatric surgery for weight loss, beginning in 2021, Leapfrog will publicly report whether a hospital **does** or **does not** meet all five surgical appropriateness criteria for total hip replacements and total knee replacements.

SECTION 4: MATERNITY CARE

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

To align with TJC's recent change to the Perinatal Care Core Measure Set, Leapfrog has removed PC-03 Antenatal Steroids (a component of Section 4F High-Risk Deliveries) from the 2021 Leapfrog Hospital Survey.

SECTION 4A: MATERNITY VOLUME

As announced above, for 2021 only, hospitals submitting a Survey prior to September 1 can report on Section 4A Maternity Volume using either calendar year 2019 or calendar year 2020 data.

SECTION 4B: ELECTIVE DELIVERIES

As announced above, for 2021 only, the minimum sample size has been reduced to 30 cases and hospitals submitting a Survey prior to September 1 can report on Section 4B Elective Deliveries using either calendar year 2019 or calendar year 2020 data.

SECTION 4C: CESAREAN BIRTH

As announced above, for 2021 only, the minimum sample size has been reduced to 30 cases and hospitals submitting a Survey prior to September 1 can report on the Section 4C Cesarean Birth using either calendar year 2019 or calendar year 2020 data.

Leapfrog has updated the scoring algorithm for Section 4C Cesarean Birth to align with the Healthy People 2030 target of reducing cesarean births among low-risk women with no prior births to 23.6%. All other performance categories have also been adjusted based on the distribution of performance on the 2019 and 2020 Leapfrog Hospital Surveys. The scoring algorithm may be reviewed below.

Scoring Algorithm

NTSV Cesarean Section Score (Performance Category)	NTSV Cesarean Section Rate
Achieved the Standard	<= 23.6%
Considerable Achievement	> 23.6% and <= 25.2%
Some Achievement	> 25.2% and <= 29.5%
Limited Achievement	> 29.5%

NTSV Cesarean Section Score (Performance Category)	NTSV Cesarean Section Rate
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 4D: EPISIOTOMY

As announced above, for 2021 only, hospitals submitting a Survey prior to September 1 can report on Section 4D Episiotomy using either calendar year 2019 or calendar year 2020 data.

SECTION 4E: PROCESS MEASURES OF QUALITY

As announced above, for 2021 only, the minimum sample size has been reduced to 30 cases and hospitals submitting a Survey prior to September 1 can report on Section 4E Process Measures of Quality using calendar year 2019 or calendar year 2020 data.

In 2021, Leapfrog will score and publicly report the two maternity care process measures, newborn bilirubin screening prior to discharge and appropriate DVT prophylaxis in women undergoing cesarean delivery, separately. Previously these two measures were scored and publicly reported together. Hospitals will need to achieve a rate of 90% or greater to meet Leapfrog's standard for each measure.

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)	Meaning that…
Achieved the Standard	The hospital met the 90% target for Newborn Bilirubin Screening Prior to Discharge.
Limited Achievement	The hospital did not meet the 90% target for Newborn Bilirubin Screening Prior to Discharge or 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:

DVT Prophylaxis Score (Performance Category)	Meaning that…
Achieved the Standard	The hospital met the 90% target for Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery.
Limited Achievement	The hospital did not meet the 90% target for Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery or 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

To align with TJC's recent decision to retire PC-03 Antenatal Steroids from their Perinatal Care Core Measure Set, Leapfrog has removed the antenatal steroids measure from the 2021 Leapfrog Hospital Survey. Hospitals will continue to report on high-risk deliveries using either their neonatal intensive care unit (NICU) volume or the Vermont Oxford Network's (VON) Death or Morbidity Outcome Measure. The scoring algorithm for the High-Risk Deliveries measure has been updated to reflect this change (see below).

As announced above, for 2021 only, hospitals that elect to report on their NICU volume can report using either calendar year 2019 or calendar year 2020 data if submitting their Survey prior to September 1. Hospitals reporting using the VON Death or Morbidity Measure will have results from their 2019 or 2020 reports included.

In addition, new for 2021, Leapfrog will obtain data directly from VON for the Death or Morbidity Outcome Measure. This data will no longer be collected on the Survey. In order for Leapfrog to obtain the data from VON, hospitals must complete the following steps:

    1. Complete a Data Sharing Template and submit it to VON by the July 31 Submission Deadline.

    2. Select "VON National Performance Measure" in Section 4F question #3.

    3. Provide an accurate VON Transfer Code in question Section 4F question #6.

    4. Submit Section 4 Maternity Care.

Hospitals that select "VON National Performance Measure" in question #3, but do not adhere to the other steps will be scored and publicly reported as "Declined to Respond" for the High-Risk Deliveries measure.

Scoring Algorithm

High-Risk Deliveries

Scoring for this measure will be based on either (a) a hospital's annual volume of very-low birth weight (VLBW) infants <u>or</u> (b) a hospital's performance on the VON outcome measure.

For hospitals reporting on Volume:

High-Risk Deliveries Score (Performance Category)	NICU annual patient count (volume)
Achieved the Standard	>= 50 VLBW infants
Considerable Achievement	25-49 VLBW infants
Some Achievement	10-24 VLBW infants
Limited Achievement	< 10 VLBW infants or No NICU

For hospitals reporting on VON's Death or Morbidity Outcome Measure:

If the **upper bound** of the shrunken standardized mortality ratios (SMR) is less than 1, the center is performing **better than expected** (e.g., SMR: 0.7; lower bound: 0.3; upper bound: 0.9).

If the **lower bound** of the shrunken SMR is greater than 1, the center is performing **worse than expected**. (e.g., SMR: 1.6; lower bound: 1.2; upper bound: 2.1).

If the **lower and upper bounds** include 1, then the center is performing **as expected**. (e.g., SMR: 1.0; lower bound: 0.8; upper bound: 1.2)

High-Risk Deliveries Score (Performance Category)	Death or Morbidity (VON Outcome Measure)
Achieved the Standard	Hospital's outcomes are **better** than expected.
Considerable Achievement	Hospital's outcomes are **equal** to what is expected.
Limited Achievement	Hospital's outcomes are **worse** than expected or No NICU.
Does Not Apply	The hospital does not electively admit high-risk deliveries.
Declined to Respond	The hospital did not elect to share their VON data with Leapfrog, did not provide a valid VON Transfer Code, or did not submit a Survey.
Pending Leapfrog Verification	The hospital's responses are undergoing Leapfrog's standard verification process.

SECTION 5: ICU PHYSICIAN STAFFING (IPS)

There are no changes to this section.

SECTION 6: PATIENT SAFETY PRACTICES

SECTION 6A: PRACTICE #1 - CULTURE OF SAFETY LEADERSHIP STRUCTURES AND SYSTEMS

As announced above, for 2021 only, Leapfrog has adjusted the reporting period for Safe Practice #1 so hospitals can report based on practices implemented within the last 24 months.

SECTION 6B: PRACTICE #2 - CULTURE MEASUREMENT, FEEDBACK, AND INTERVENTION

As announced above, for 2021 only, Leapfrog will maintain the updated reporting period for Safe Practice #2 so hospitals can report based on culture of safety surveys administered within the last 36 months and additional practices implemented within the last 24 months.

SECTION 6C: PRACTICE #9 – NURSING WORKFORCE

As announced above, for 2021 only, Leapfrog has adjusted the reporting period for Safe Practice #9 so hospitals can report based on practices implemented within the last 24 months.

Leapfrog has added subsection 6E (described below), Nurse Staffing and Skill Level, with the intention of replacing the current subsection in the 2022 Survey. For the 2021 Survey, hospitals will need to continue to report on this subsection, Section 6C, Nursing Workforce, which will be scored, publicly reported, and included in the Fall 2021 and Spring 2022 Leapfrog Hospital Safety Grades.

SECTION 6D: HAND HYGIENE

Based on feedback from hospitals that participated in the 2020 Survey, as well as the 2021 pilot and public comment period, Leapfrog made several updates to the questions and reference information provided for Section 6D Hand Hygiene.

First, while monitoring hand hygiene compliance throughout the hospital is critical, Leapfrog updated the patient care units included in the standard to focus only on the following units:

- Inpatient units:
  - medical and/or surgical units (including telemetry/step-down/progressive units)
  - pediatric
  - labor and delivery
  - mother/baby (e.g., nursery etc.)
  - intensive care units (adult, pediatric, and/or neonatal)
  - pre-operative and post-operative units (e.g., PACUs, etc.)
- Outpatient units, including free-standing hospital outpatient departments and surgery centers that are reported on in Section 10 Outpatient Procedures:
  - pre-operative units/areas
  - post-operative units/areas
- Observation units
- Emergency department units

Second, Leapfrog updated question #5 regarding the accessibility of alcohol-based hand sanitizer dispensers as follows:

#5: Do all rooms and bed spaces in your patient care units have:
- an alcohol-based hand sanitizer dispenser located at the entrance to the room or bed space; and
- alcohol-based hand sanitizer dispenser(s) located inside the room or bed space that are equally accessible to the location of all patients in the room or bed space?

In addition, Leapfrog updated question #6 to clarify the requirements for hospitals that have not had any changes to their alcohol-based hand sanitizer dispensers:

#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 either **all** of the following times:
- upon installation;
- whenever the brand of product or system changes; and
- whenever adjustments are made to the dispensers;

OR, on a sample of your hospital's existing dispensers if there have been no recent changes to any dispensers?

Leapfrog also adjusted questions #8 and #9 to make it clear how hospitals using an electronic compliance monitoring system in all applicable units should respond.

Leapfrog replaced the calculation that hospitals used for determining the number of hand hygiene opportunities that each unit must observe with a table that lists the required observation size based on an inpatient unit's average daily census, an outpatient unit's average number of procedures in a month, or an emergency department's average number of visits in a month. Please refer to Appendix IV for the new table of observation sizes.

Lastly, as announced above, hospitals in the bottom two performance categories for the Hand Hygiene Practices measure ("Some Achievement" and "Limited Achievement") will be publicly reported accordingly. This is a change from 2020 when hospitals in the bottom two performance categories were publicly reported as "Not Available".

SECTION 6E: NURSE STAFFING AND SKILL LEVEL (OPTIONAL - NOT SCORED OR PUBLICLY REPORTED IN 2021)

Over the last 18 months, Leapfrog has worked with a national expert panel to identify three evidence-based nursing measures linked to patient safety and patient outcomes that will comprise this new subsection in 2021. As per Leapfrog policy for questions appearing on the Survey for the first time, this new subsection will not be scored or publicly reported in 2021.

Each of the three new measures is described below:

Measure Title	Measure Description	Measure Definition	National Use
RN hours per patient day	The number of productive hours worked by RN nursing staff with direct patient care responsibilities per patient day in all inpatient medical, surgical, or med-surgical units	***Denominator:*** Total number of inpatient days in all medical, surgical, or med-surg units ***Numerator:*** Total number of productive hours worked by RN nursing staff with direct patient care responsibilities in all hospital inpatient medical, surgical, or med-surg units	Endorsed by the National Quality Forum (NQF#0205; link to specification and latest evaluation); Collected by NDNQI

Nursing skill mix	Percentage of total productive nursing hours worked by RN (employee and contract) nursing staff with direct patient care responsibilities in all inpatient medical, surgical, or med-surgical units	**Denominator:** Total number of productive hours worked by employee or contract nursing staff with direct patient care responsibilities (RN, LPN/LVN, and UAP) in all hospital inpatient medical, surgical, or med-surg units **Numerator:** Total number of productive hours worked by RN nursing staff with direct patient care responsibilities in all hospital inpatient medical, surgical, or med-surg units	Endorsed by the National Quality Forum (NQF#0204; link to specification and latest evaluation); Collected by NDNQI
Proportion of nurses that are BSN-prepared	Percentage of RN nursing staff with direct care responsibilities that are BSN-prepared	**Denominator:** Total number of employed RN nursing staff at the facility with direct patient care responsibilities **Numerator:** Total number of RN nursing staff at the facility with direct patient care responsibilities that have a BSN degree or higher (e.g., MSN, DNP, and PhD)	Recommendation by National Academy of Medicine; Collected by NDNQI

For the 2021 Survey, hospitals should continue to report on the existing Safe Practice #9 – Nursing Workforce in subsection 6C, which will continue to be scored, publicly reported, and included in the Fall 2021 and Spring 2022 Leapfrog Hospital Safety Grades. Beginning in 2022, Leapfrog anticipates that these three new nursing measures will be scored and publicly reported and will replace Safe Practice #9 in the Leapfrog Hospital Survey and the Leapfrog Hospital Safety Grade.

Based on recommendations from the national expert panel, when Leapfrog starts to score and publicly report the RN hours per patient day and Nursing Skill Mix measures in 2022, hospitals will be stratified into "like" groups, using hospital characteristics such as facility type (general acute-care, critical access, and free-standing pediatric), number of beds, and teaching status.

SECTION 7: MANAGING SERIOUS ERRORS

SECTION 7A: NEVER EVENTS POLICY STATEMENT

There are no changes to this subsection.

SECTION 7B: HEALTHCARE-ASSOCIATED INFECTIONS

In response to COVID-19, CMS announced that hospital reporting of healthcare-associated infection (HAI) data to NHSN was optional from January 1 to June 30, 2020. Because the absence of six months of data may result in missing standardized infection ratios for many hospitals, Leapfrog adjusted the reporting periods for the 2021 Leapfrog Hospital Survey to exclude these two quarters of HAI data. The NHSN reporting periods for all four NHSN Data Downloads on the 2021 Leapfrog Hospital Survey are available on our website.

Leapfrog will continue to obtain healthcare-associated infection data directly from the NHSN. Find instructions on how to join Leapfrog's NHSN Group and deadlines for the 2021 Survey on our website.

For the **June and August NHSN Data Downloads**, Leapfrog will download NHSN data **grouped by quarter** for 2019Q3, 2019Q4, 2020Q3, and 2020Q4; thereby excluding 2020Q1 and 2020Q2 data. We will then sum the observed number of

infections and the predicted number of infections for each of the 4 quarters to calculate an SIR (sum of observed # of infections / sum of predicted # of infections). Leapfrog will provide hospitals with step-by-step instructions on how to download the same reports (grouped by quarter) and to calculate the SIR that Leapfrog will be using. Additionally, Leapfrog plans to include the combined number of observed infections and combined number of predicted infections for the reporting period on the Hospital Detail Pages for hospitals to verify their data more easily.

For the **October and December NHSN Data Downloads**, Leapfrog will download **cumulative** data for the full reporting period (2020Q3-2021Q2) as we have done in previous Survey Cycles and will obtain the SIR directly from NHSN.

SECTION 7C: ANTIBIOTIC STEWARDSHIP PRACTICES

Leapfrog removed Section 7C Antibiotic Stewardship Practices from the 2021 Survey due to the lack of variation in hospital performance. Leapfrog will no longer obtain this data from NHSN.

SECTION 8: MEDICATION SAFETY

SECTION 8A: BAR CODE MEDICATION ADMINISTRATION

There are no changes to this subsection.

SECTION 8B: MEDICATION RECONCILIATION

Leapfrog made several updates to Section 8B Medication Reconciliation for the 2021 Survey. First, Leapfrog updated the sample size and reporting period from 15 sampled patients over a 3-month reporting period to 30 sampled patients over a 6-month reporting period (i.e., the most current 6-months prior to submitting this section of the Survey). Second, on the recommendation of the measure developer, pharmacy technicians that have earned either the American Society of Health-System Pharmacists (ASHP) Medication Reconciliation Certification or the Pharmacy Technicians Certification Board's (PTCB) Medication History Certificate are able to obtain the Gold Standard Medication History from each sampled patient for the purposes of this measure (rather than just the pharmacist). Finally, in 2021, Leapfrog will begin scoring and publicly reporting a hospital's rate of unintentional medication discrepancies. The scoring algorithm is detailed below, and Leapfrog has also provided benchmarking information from the 2019 and 2020 Leapfrog Hospital Surveys in Appendix V. These benchmarks will not be used in scoring but are provided to help hospitals understand relative performance based on historical data.

Scoring Algorithm

Medication Reconciliation

Medication Reconciliation Score (Performance Category)	Meaning that…
Achieved the Standard	• The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, • The hospital sampled at least 30 patients, and • The hospital's rate of unintentional medication discrepancies is lower than the 50th percentile (where lower performance is better).

Medication Reconciliation Score (Performance Category)	Meaning that…
Considerable Achievement	• The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, • The hospital sampled at least 30 patients, and • The hospital's rate of unintentional medication discrepancies is higher than the 50th percentile, but lower than the 75th percentile (where lower performance is better).
Some Achievement	• The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, but • The hospital did not sample at least 30 patients **OR** • The hospital uses a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process, • The hospital sampled 30 patients, but • The hospital's rate of unintentional medication discrepancies is higher than the 75th percentile (where lower performance is better) **OR** • The hospital's responses did not pass Leapfrog's Extensive Monthly Verification Process.
Limited Achievement	The hospital did not measure.
Unable to Calculate Score	More than 10 out of 30 patients (or one-third) included in the sample had zero (0) Gold Standard Medications.
Does Not Apply	The hospital is a pediatric facility.
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 50th and 75th percentiles will be based on the distribution of hospital performance from 2021 Leapfrog Hospital Surveys submitted as of July 31, 2021. These cut-points will remain in place for the entire 2021 Survey reporting cycle, unless it is determined that there are compelling reasons to make revisions.

SECTION 8C: OPIOID PRESCRIBING (OPTIONAL - NOT SCORED OR PUBLICLY REPORTED IN 2021)

In 2020, Leapfrog added a new optional subsection focused on safe opioid prescribing practices. This subsection will continue to be optional for 2021, and responses will not be used in scoring or public reporting for hospitals or ASCs. However, two changes were made. First, Leapfrog added a question to assess how hospitals monitor their prescribers' use of regional or statewide prescription drug monitoring programs. Second, we expanded the list of national opioid guidelines that hospitals can use to inform prescriptions at discharge to include the Surgical Opioid Guidelines, Michigan OPEN Guidelines, and Bree Collaborative Opioid Prescribing Guidelines.

SECTION 9: PEDIATRIC CARE

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

Beginning in 2021, hospitals can choose to administer and report on a modified version of the CAHPS Child Hospital Survey that truncates the CAHPS Child Hospital Survey after the last question that Leapfrog uses in scoring and public reporting. Leapfrog uses the following 5 domains (out of 13 available domains) for scoring and public reporting:

- 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

The additional 8 domains, which are not used in scoring, will be removed from public reporting. There are no changes to the scoring algorithm.

Hospitals can choose to administer a truncated CAHPS Child Hospital Survey, but they cannot remove questions that are not part of the five scored domains (i.e., demographic or filter questions). The impact of removing ad hoc questions from the survey on the survey's psychometric properties has not been tested or established.

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

As announced above, for 2021 only, hospitals submitting a Survey prior to September 1 can report on Section 9B Pediatric CT Radiation Dose using either calendar year 2019 or calendar year 2020 data.

SECTION 10: OUTPATIENT PROCEDURES

GENERAL

Leapfrog has clarified the definition for "hospital outpatient department" to note the inclusion of outpatient clinics, as well as inpatient areas of the hospital where outpatient procedures are performed. Please see below for a full definition:

> The term "hospital outpatient department" is used to refer to all hospital outpatient departments or areas of the hospital, including areas that are used for **both** inpatient and outpatient procedures, that perform the outpatient procedures listed in Section 10C and that share your hospital's license and CMS Certification Number (CCN). This would include, but is not limited to surgery centers, free-standing hospital outpatient departments, as well as outpatient departments and clinics that are located in your hospital or are co-located with your hospital. Hospitals should only include those hospital outpatient departments or areas that perform the procedures listed in Section 10C.

SECTION 10A: BASIC OUTPATIENT DEPARTMENT INFORMATION

As announced above, for 2021 only, hospitals submitting a Survey prior to September 1 can report on Section 10A Basic Outpatient Department Information using either calendar year 2019 or calendar year 2020 data.

Leapfrog removed question #7 which asked about elements of transfer policies. However, Leapfrog continues to ask hospitals with a surgery center or free-standing hospital outpatient department whether they have a transfer agreement in place with a pediatric or general acute care hospital for patients who require a higher level of care (question #6).

The questions in Section 10A will not be scored in 2021. However, the responses will continue to be shown on Leapfrog's public reporting website. For example, Leapfrog will display the number of operating and/or procedure rooms.

SECTION 10B: MEDICAL, SURGICAL, AND CLINICAL STAFF

Leapfrog has removed the fact-finding questions about board certification or board eligibility for physicians performing the outpatient procedures and anesthesiologists authorized to provide anesthesia for the outpatient procedures in 10B Medical, Surgical, and Clinical Staff.

Responses to Section 10B regarding ACLS and PALS trained clinicians will continue to be scored and publicly reported in 2021.

SECTION 10C: VOLUME OF PROCEDURES

As announced above, for 2021 only, hospitals submitting a Survey prior to September 1 can report on Section 10C Volume of Procedures using either calendar year 2019 or calendar year 2020 data.

In 2021, Leapfrog removed those procedures that we have identified as not requiring sedation or anesthesia and made minor updates to the procedure groupings. An updated CPT code workbook will be available when the Survey opens on April 1. Facilities are required to accept the American Medical Association's Terms of Use Agreement before downloading the Excel file and using the individual CPT codes to respond to Section 10C. The annual volume reported for the procedures listed below will be publicly reported.

Leapfrog removed the fact-finding questions regarding national clinical quality registries in 2021. We will use the information collected on the 2020 Survey to try to identify fully developed and tested quality measures that could be added to the 2022 Survey that would provide purchasers and consumers with a more complete assessment of the quality of these procedures in ASCs and HOPDs. Possible measures could include facility and/or surgeon volume standards, patient-reported outcomes, quality and efficiency measures, and appropriateness measures.

The complete list of procedures included in Section 10C is available below:

Gastroenterology	Otolaryngology
Upper GI endoscopies	Ear procedures
Other upper GI procedures	Mouth procedures
Small intestine and stomal endoscopies	Nasal/ sinus procedures
Lower GI endoscopies	Pharynx/ adenoid/ tonsil procedures**

General Surgery	Urology
Cholecystectomies and common duct explorations*	Circumcisions*
Hemorrhoid procedures*	Cystourethroscopies
Inguinal and femoral hernia repairs	Male genital procedures
Other hernia repairs	Urethra procedures
Laparoscopies*	Vaginal repair procedures
Lumpectomies or quadrantectomy of breast procedures*	
Mastectomies*	**Dermatology**
	Complex skin repairs*
Ophthalmology	**Neurological Surgery**
Anterior segment eye procedures	Spinal fusion procedures*
Posterior segment eye procedures*	
Ocular adnexa and other eye procedures	**Obstetrics and Gynecology**
	Cervix procedures*
Orthopedics	Hysteroscopies*
Finger, hand, wrist, forearm, and elbow procedures	Uterus and adnexa laparoscopies*
Shoulder procedures	
Spine procedures	**Plastic and Reconstructive Surgery**
Hip procedures	Breast repair or reconstructive procedures*
Knee procedures	Skin graft/reconstruction procedures*
Toe, foot, ankle, and leg procedures	
General orthopedic procedures	

*Survey includes procedures performed on adult (18 years of age or older) patients only.
**Survey includes procedures performed on pediatric (17 years or younger) patients only.

SECTION 10D: SAFETY OF PROCEDURES

PATIENT FOLLOW-UP

Leapfrog has adjusted question #1 regarding patient follow-up to allow hospitals to either use an electronic surveillance system or formal process for physicians to document complications and added DVT to the list of complications in question #3. These questions will continue to not be scored or publicly reported in 2021.

PATIENT SELECTION AND CONSENT TO TREAT

There are no changes to the Patient Selection and Consent to Treat questions in Section 10D. These questions will not be scored but will continue to be used in public reporting in 2021 (e.g., Leapfrog will display the components of a hospital's patient screening tool on individual hospitals' publicly reported Survey Results).

SAFE SURGERY CHECKLIST

Leapfrog made minor updates to the questions regarding the use of a safe surgery checklist to clarify Leapfrog's interest in the timing and overall process of use of the safe surgical checklist(s). These questions will continue to be scored and publicly reported in 2021.

SECTION 10E: MEDICATION SAFETY FOR OUTPATIENT PROCEDURES

As announced above, for 2021 only, the minimum sample size has been reduced to 30 patients. In addition, Leapfrog has adjusted the specifications for visit medications (question #5) to exclude those medications that were ordered, but never administered.

Leapfrog has also added an FAQ and clarifying language to the measure specifications regarding the exclusion of "food allergies" and how to treat allergies and adverse reaction statuses documented as "unknown" in the clinical record.

In addressing allergies and adverse reaction statuses noted as "unknown" in the clinical record, facilities should assess if:

> 1) "unknown" is used to indicate that the patient (or patient's family) was asked for the adverse reaction status, but they indicated it was not known, in which situation the case should be included in the numerator (question #6); or

> 2) "unknown" is used in the clinical record to indicate that the information is not available because it was not requested or documented by the clinician, in which situation the case should be excluded from the numerator (question #6)

Responses to this subsection will continue to be scored and publicly reported in 2021.

SECTION 10F: PATIENT EXPERIENCE (OAS CAHPS)

There are no changes to this subsection. Responses to Section 10F will continue to be scored and publicly reported in 2021.

**More information about the 2021 Leapfrog Hospital Survey is available on our website at
http://www.leapfroggroup.org/hospital.**

RESPONSES TO PUBLIC COMMENTS

Leapfrog was grateful to receive over 150 public comments in response to the proposed changes to the 2021 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.

UPDATES TO THE 2021 SURVEY DUE TO COVID-19

One commenter supported Leapfrog's decision to not maintain some of the exceptions made in 2020 in response to COVID-19, while others asked Leapfrog to consider additional concessions for the 2021 Survey due to the continued impact of COVID-19.

Leapfrog has tried to balance the need for complete and robust quality reporting with the challenges still posed by the COVID-19 pandemic. The changes outlined above are designed to offer flexibility to facilities across the country at varied stages of COVID-19 recovery. Leapfrog will continue to monitor the COVID-19 situation very closely, and if additional changes are warranted for the 2021 Survey, they will be announced prior to April 1.

One commenter asked if hospitals would need to select the same 2019 or 2020 calendar year reporting period for the entire Survey.

No, hospitals can select different reporting periods across the different survey sections. However, within a section, they must select the same reporting period. For example, in Section 4 Maternity Care, the same 12-month reporting period must be used when reporting on all the subsections, but Section 4 and Section 9B do not need to use the same 12-month reporting period. The reporting period selected should be based on the date the section of the Survey is completed/submitted.

One commenter asked how Leapfrog will be handling reporting periods given that some areas still had increased COVID activity in Q3 and Q4 of 2020.

With the exception of Section 7B Healthcare-Associated Infections, hospitals can select the reporting period they wish to use if submitting before September 1. For many measures, hospitals have the option of reporting using either calendar year 2019 or calendar year 2020 data.

SECTION 1: BASIC HOSPITAL INFORMATION

Some commenters opposed the addition of a question to assess whether hospitals consider the Leapfrog Hospital Safety Grade (if applicable) in determining the chief executive officer's annual performance evaluation or financial incentive.

This question will not be scored or publicly reported in 2021 and is for fact-finding purposes only. The question will be optional and is not required in order to submit a 2021 Leapfrog Hospital Survey.

While some commenters strongly supported the addition of questions pertaining to ethical billing practices and monitoring health inequity as they have direct implications for safety and quality of care, some commenters did not support the additional questions added to the Leapfrog Hospital Survey given limited resources during the COVID-19 pandemic and/or questioned their alignment with the focus on the survey.

These new billing ethics questions are designed to collect information on billing practices that may be harmful to patients. These questions are consistent with other national efforts that recognize the impact of billing practices on health care quality, including efforts advanced by The Lown Institute and Costs of Care. Please refer to the JAMA article "Billing Quality is Medical Quality" for additional background.

The new monitoring health care inequity questions are designed to assess whether hospitals are stratifying their quality measures to identify possible disparities in care and what steps they are taking to prevent and reduce those disparities. We were extremely pleased to receive valuable comments during the public comment period and through the national pilot test that allowed us to make significant updates to these questions. We also learned about the work that many hospitals and health systems have been doing as well as national organizations such as Press Ganey, and plan to provide examples of how others can get started in the FAQs published in the Survey.

This initial set of questions is an important first step to address two significant issues that impact patient safety and quality. As a reminder, this is a fact-finding year, and we welcome any additional suggestions to these questions once they are published on April 1.

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

One commenter strongly supported Leapfrog's continued evolution of its CPOE evaluation tool and encouraged Leapfrog to aggressively expand its medication safety efforts across the entire medication process. Another commenter supported the decisions and the effort to reduce confusion among reporting hospitals.

We appreciate this feedback.

One commenter expressed concerns with completing the CPOE Evaluation Tool without putting their medical personnel at risk of COVID-19 exposure. Another commenter opposed the addition of the CPOE Evaluation Tool due to limited resources because of the COVID-19 pandemic.

At outlined above, Leapfrog is making a one-time only update to the CPOE scoring algorithm, giving hospitals two options to Achieve the Standard. The first option includes implementation status only and the second option includes both implementation status and results from the CPOE Evaluation Tool. In addition, Leapfrog is developing a set of instructions for hospitals that wish to complete the CPOE Evaluation Tool using a decentralized team, which will be available on April 1 on the Survey and CPOE Materials webpage.

One commenter disagreed with Leapfrog combining the Therapeutic Duplication Order Checking Category and Drug-Drug Interaction Order Checking Category into a single Order Checking Category titled "Inappropriate Drug Combinations."

As described in the CPOE Tool Guidance for Leapfrog Reporting Hospitals, the Inappropriate Drug Combinations category in the CPOE Evaluation Tool tests for two specific types of inappropriate drug combination alerts: Drug-Drug Interaction and Therapeutic Duplication. These two order checking categories were combined to better reflect test scenarios included in the category.

In 2019, there were 12 Order Checking Categories (including the Deception Analysis category). In 2021, there will be 11 Order Checking Categories (including the Deception Analysis category). Please see Appendix II for a full list of all order checking categories.

SECTION 3: ADULT AND PEDIATRIC COMPLEX SURGERY

We received comments in support of changes to the scoring algorithm for Section 3 and the hospital volume and surgeon privileging requirements.

We appreciate this feedback.

One commenter supported the addition of CPT codes and ICD-10 codes for total hip and total knee replacement as it will provide a more accurate representation of the patient population.

We appreciate this feedback.

One commenter appreciated the change to the overall scoring algorithm, which puts a greater emphasis on hospital volume vs. surgeon privileging.

We appreciate this feedback.

SECTION 4: MATERNITY CARE

One commenter noted that The Joint Commission (TJC) suspended reporting for Q2 2020 and asked if the reduced sample size of 30 cases would be maintained as a result.

As announced above, Leapfrog will maintain the reduced sample size of 30 cases for the 2021 Leapfrog Hospital Survey. In addition, hospitals submitting a Survey prior to September 1 can report using either calendar year 2019 or calendar year 2020 data. The provided sample size only applies to those hospitals that are not using their TJC data. If hospitals did not voluntarily report this data to TJC for the reporting period, they will need to sample using the measure specifications provided in the PDF copy of the Survey.

Two commenters expressed concerns about the updated target of 23.6% for NTSV C-sections in Section 4C due to limited risk-adjustment and unintended consequences of poor complications and outcomes for newborns by placing pressure on hospitals to reduce NTSV C-sections. Others expressed that it was not fair to put forward a new benchmark when the measurement period is over (use of 2019 or 2020 data) or to use a benchmark that is not aligned with the World Health Organization or The Joint Commission.

The PC-02 NTSV C-section measure accounts for patient risk by limiting the measure to a very specific population as outlined in the measure specifications (low-risk, first time births). In addition, Leapfrog has set the target at 23.6% and not 0% recognizing that the measure does not account for all cases where a C-section may be needed.

Leapfrog tries to align with other national organizations whenever possible and was previously aligned with the Healthy People 2020 Goal of 23.9%. An analysis of Survey Results shows that over 90% of the hospitals that are currently achieving the standard will continue to do so with the updated target.

SECTION 5: ICU PHYSICIAN STAFFING

No comments were submitted.

SECTION 6: PATIENT SAFETY PRACTICES

A few commenters supported Leapfrog's plan to maintain the 36-month reporting period for Culture of Safety Surveys given the COVID-19 pandemic.

We appreciate this feedback.

Two commenters supported Leapfrog's clarification and updated requirements for the Hand Hygiene standard, including the update to the included patient care units.

We appreciate this feedback.

One commenter opposed Leapfrog's plan to publicly report all four performance categories for the hand hygiene measure in 2021.

Leapfrog will be scoring and publicly reporting all four performance categories for Hand Hygiene for the 2021 Survey. However, we are still considering the scoring methodology for this measure in Leapfrog's other programs, such as the Leapfrog Hospital Safety Grade and the Value-Based Purchasing Program.

One commenter had questions about the outpatient units that should be included when reporting on Section 6D Hand Hygiene.

Leapfrog has clarified the note at the beginning of this subsection as well as the FAQ to clarify that outpatient units, including free-standing hospital outpatient departments and surgery centers that are reported on in Section 10 Outpatient Procedures, should be included when reporting on Section 6D Hand Hygiene. Hospitals should only include those locations that share their hospital's CMS Certification Number.

Several commenters expressed continued concerns over the maintained monitoring requirements in the hand hygiene standard, particularly pertaining to sample size and the use of electronic compliance monitoring systems, given limited resources during the COVID-19 pandemic and difficulties achieving the standard using existing practices.

Leapfrog and its expert panel considered this perspective but concluded that hand hygiene is even more urgent during the pandemic and needed to protect the safety of both patients and the workforce.

Leapfrog's Expert Panel has identified that hospitals are currently under-sampling the number of hand hygiene opportunities monitored given the large number of hand hygiene opportunities that occur in a unit each month. A biostatistician's guidance was that the number of hand hygiene opportunities 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 hand hygiene opportunities were chosen as the sample size based on a study by Yin et. al which showed that 180-195 opportunities would need to be monitored to accurately observe a 10% change in hand hygiene compliance (Yin et al.).

Hospitals can earn partial credit ("Considerable Achievement") if they are collecting hand hygiene 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 monitoring 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 monitoring 200 hand hygiene opportunities via direct observation is only applicable to those units not using an electronic compliance monitoring system.

In addition, we have scaled down the required number of monthly hand hygiene opportunities monitored for smaller units where patient census may be low.

Regarding electronic compliance monitoring, Leapfrog recognizes the lag in hospital adoption of these systems and therefore continues to allow hospitals to achieve the standard without the use of an electronic compliance monitoring system. In addition, Leapfrog encourages a multi-modal approach to hand hygiene monitoring. Hospitals that do use an electronic compliance monitoring system are still required to perform some direct observations to achieve the standard.

Furthermore, we have also limited the patient care units included in the standard for 2021.

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

One commenter asked if historical data could be used for determining the sample size in Section 6D question #8.

Yes, hospitals should use historical data on the monthly occupancy rates or procedure/patient volumes and the tables provided in Appendix IV to determine the appropriate sample size. Leapfrog has tried to remain flexible in allowing hospitals to use the last 3 months, 6 months, 12 months, etc. when determining the sample size. Hospitals do not need to repeat this calculation each month unless their patient census fluctuates frequently.

Leapfrog received a comment asking for more clarification in Section 6D question #5, particularly as it relates to a double occupancy room.

We have updated this question for clarity to the following: "equally accessible to the location of all patients in the room or bed space." However, we have not specified a double occupancy room as this question would also apply to areas that have more than two beds.

One commenter supported the change to Section 6D question #5, but asked how often audits of dispenser accessibility would need to take place?

Leapfrog would recommend an initial review and then an assessment whenever dispensers are added or removed.

Two commenters asked Leapfrog to consider the presence of sinks when assessing the availability of alcohol-based hand sanitizer in rooms and bed spaces.

The CDC's guidance is alcohol-based hand sanitizers are the preferred method for healthcare workers cleaning their hands in most clinical situations. As such, the presence of a sink is not an equal substitute for having alcohol-based hand sanitizer easily accessible in a room or bed space.

A few commenters expressed concerns about the infrastructure requirements in question #5 due to fire codes which limit the number of alcohol-based hand sanitizer in a smoke compartment.

Many hospitals have not done a thorough evaluation of the location of their existing alcohol-based hand sanitizer dispensers. Some dispensers are located in places where they receive little use (e.g., next to the soap at the hand hygiene sink), which counts against the hospital's smoke compartment totals. Hospitals should evaluate the location of all their alcohol-based hand sanitizer dispensers and ensure they are optimally configured. This may require updating where existing dispensers are located.

One commenter expressed concerns about adhering to the infrastructure requirements in behavioral health units where alcohol-based hand sanitizer dispensers may be prohibited due to safety concerns.

Leapfrog has adjusted the patient care units included in the hand hygiene standard for 2021. Behavioral health/psychiatric units are no longer included. Please review a full list of the included patient care units above.

One commenter asked Leapfrog to reconsider the infrastructure requirements in Section 6D question #5 given safety concerns in pediatric units.

Leapfrog piloted these questions among free-standing pediatric hospitals and received feedback from one pilot facility that they have had alcohol-based hand sanitizer dispensers in patient rooms and bed spaces for several years without issues. Leapfrog would welcome additional feedback and will continue to review this issue with its experts.

One commenter felt that having hospitals audit the volume of alcohol-based hand sanitizer was a waste of resources at a time when product is limited due to COVID-19.

Leapfrog is asking hospitals to audit an annual sample of 5% of dispensers in 20% of units (that is somewhere around 1% of the hospital's dispensers). As inadequate volumes of hand sanitizer have been linked to MRDO outbreaks in hospitals, Leapfrog does not see this "double-check" as a waste, but as a safeguard for patient safety.

A few commenters supported Leapfrog's addition of the new questions assessing nurse staffing and skill level.

We appreciate this feedback.

Several commenters sought clarification on whether Magnet® hospitals would be required to complete the three measures in the new Nurse Staffing and Skill Level subsection. At present, Magnet® hospitals are given full credit for Section 9C Nursing Workforce.

Leapfrog will ask Magnet® hospitals to complete this new subsection of the Survey. Leapfrog's Nursing Workforce Expert Panel acknowledged that Magnet® hospitals are likely to be high performers on these measures; however, as these measures are not formal components of the Magnet certification process, performance may not be universally high achieving. Leapfrog's Nursing Workforce Expert Panel will review the results from all hospitals from this first year and will continue to evaluate whether Magnet hospitals should automatically receive full credit on these measures. In 2021, Leapfrog will continue to score and publicly report performance on Section 6C Safe Practice #9, which awards full credit to Magnet® hospitals.

Some commenters suggested that the proposed set of measures assessing the nursing workforce, nurse staffing, and nurse skill levels should be continually refined and expanded to assess other dimensions in this domain of hospital performance.

Leapfrog will continue to assess additional performance measures for possible inclusion in this section and welcomes additional suggestions for measures of nursing workforce. For example, Leapfrog is considering adding the Practice Environment Scale of the Nursing Work Index (PES-NWI), or another assessment of the nursing work environment, as an additional component of the standard for assessing hospitals in this domain. Other areas under consideration include nurse well-being and nurse burnout.

Several commenters expressed support for, or asked for additional clarification on, the ability to use the National Database of Nursing Quality Indicators (NDNQI) reporting and data to respond to questions in the new Nurse Staffing and Skill Level Section.

Leapfrog is working with NDNQI to facilitate ease of reporting for hospitals, so that hospitals that participate in NDNQI can refer to data provided in NDNQI reports when responding to this subsection of the Survey. Currently, standard reports available through NDNQI cannot be used when responding to this section of the Survey. Leapfrog will provide measure specifications that can be used by all hospitals regardless of whether they report to NDNQI, another registry, or no registry, to calculate the responses to each question.

For the 2021 survey, the RN hours per patient day measure and the nursing skill mix measure will both use the 12-month reporting period of 01/01/2020 - 12/31/2020. The proportion of registered nurses that are Bachelor of Science in Nursing (BSN)-prepared measure is a one-time snapshot, where hospitals will report on a time as close to Survey submission as possible.

Some commenters asked about how different types of hospitals would be compared to one another for purposes of scoring and publicly reporting the new nurse staffing measures.

When Leapfrog begins to score and publicly report the RN hours per patient day and Nursing Skill Mix measures in 2022, hospitals will be stratified into "like" groups, using hospital characteristics such as facility type (general acute-care, critical access, and free-standing pediatric), number of beds, and teaching status, in order to establish comparable benchmarks. Note that although these measures are used in the NDNQI registry, Leapfrog will develop its own scoring thresholds for hospitals based on the assessment of our Expert Panel and the data obtained in the first pilot year.

Regarding the exclusion of critical care units from the RN staffing and skill mix measures, while the Nursing Workforce Expert Panel does believe that nurse staffing in those units is important, given the reduced amount of variation in those units as compared to medical/surgical units and the need to be mindful of hospital reporting burden, the panel did not recommend including critical care units in this initial roll-out.

One commenter expressed concern that the COVID-19 pandemic would compromise the validity of the data reported in the new Section 6E Nurse Staffing and Skill Level.

Leapfrog recognizes that the pandemic has confronted hospitals with an unprecedented challenge and understands that hospitals' varied challenges based on local conditions will not be addressed in the measure specifications. Our goal in this initial year is to understand hospital's reporting capability on these metrics and get an initial sense of what may be appropriate scoring thresholds. However, no results from the 2021 Survey will be scored or publicly reported. In the 2022

Survey, we will work closely with hospitals and our Expert Panel to ensure a fair reporting period is evenly applied across hospitals that leads to comparable results for scoring.

SECTION 7: MANAGING SERIOUS ERRORS

Some commenters asked Leapfrog to allow hospitals the option of utilizing data from 2020Q1 and 2020Q2 for the healthcare-associated infection (HAI) measures.

Leapfrog's decision to exclude 2020Q1 and 2020Q2 infection data from the Leapfrog Hospital Survey aligns with CMS, which issued a blanket waiver for 2020Q1 and 2020Q2 IQR HAI reporting for all hospitals. As a result, it is likely that many hospitals will be missing HAI data for these quarters in NHSN. Hospitals will still have the opportunity to report using 2020 data for other Leapfrog Hospital Survey measures.

Two commenters expressed concerns that Q3 2020 and Q4 2020 data could also be skewed due to an increase in COVID-19 hospitalizations or impacted by CMS waivers.

Leapfrog continues to monitor the COVID-19 pandemic and will consider making additional updates to the 2021 Leapfrog Hospital Survey as they become appropriate. We have heard from some hospitals that they are applying for an Extraordinary Circumstances Exception (ECE) with CMS for Q3 2020 and/or Q4 2020 data. Leapfrog will still have access to any healthcare-associated infection data submitted to NHSN for those quarters. If hospitals do not want Leapfrog to have access to their NHSN data for Q3 and Q4 2020, they can remove their hospital's NHSN ID from the Profile of the Online Survey Tool on April 1. However, hospitals do not need to leave Leapfrog's NHSN Group.

One commenter supported the removal of Section 7C Antibiotic Stewardship Practices.

We appreciate this feedback.

SECTION 8: MEDICATION SAFETY

One hospital expressed concerns with completing the sample of 30 patients for the Medication Reconciliation measure in Section 8B.

If hospitals do not have the resources to complete 30 sample patients during the reporting period, they can still earn partial credit by having a nationally endorsed protocol to collect data on the accuracy of its medication reconciliation process and sampling less than 30 patients. Please see the Scoring Algorithm outlined above.

If hospitals are able to sample more later in the year, they can update by the November 30 Late Submission Deadline to reflect this improvement.

Two commenters expressed concerns or asked for clarification on how hospitals should report on 6 months of data if they are starting data collection in April.

While the reporting period is the latest 6-months, hospitals can collect their sample over any time period within those months. This means hospitals could use two months of 15 sample patients and that would suffice or spread them out over the 6-month period. If hospitals are just beginning to implement the process for 2021, for example, they could sample 10 in January, 10 in February, and 10 in March to report a minimum of 30 sampled patients in your Survey in April.

Hospitals can begin collecting data now and we have posted an updated medication reconciliation workbook with updated sampling instructions on the Survey website.

One commenter noted that it might be difficult to have pharmacy technicians that have earned either the ASHP Medication Reconciliation Certification or the Pharmacy Technicians Certification Board's (PTCB) Medication History Certificate to obtain the gold standard medication history due to competing priorities with the COVID-19 pandemic.

As in previous years, hospitals can continue to use pharmacists to obtain the gold standard medication history.

Two commenters expressed concerns about the public reporting of the rate of unintentional medication discrepancies given small sample sizes.

The rate of unintentional medication discrepancies will only be used in scoring and public reporting if the hospital has sampled at least 30 patients. Please refer to the Scoring Algorithm outlined above.

Two commenters expressed concern over the use of the rate of unintentional medication discrepancies in scoring and public reporting, suggesting that Leapfrog should look at structural measures to measure the quality of a hospital's medication reconciliation process.
The medication reconciliation measure is endorsed by the National Quality Forum (NQF 2456: Number of Unintentional Medication Discrepancies) for use in accountability programs including public reporting and value-based purchasing. While Leapfrog does include several meaningful structural measures on the Survey, outcome measures are preferred, particularly if they are endorsed by NQF.

One commenter supported the decision to allow certified pharmacy technicians to collect the gold standard medication history but questioned whether Leapfrog would also allow pharmacy students or pharmacy techs.

In accordance with the research and testing by measure developers as well as compliance with the NQF measure endorsement, only licensed pharmacists will be allowed to obtain the Gold Standard Medication List and identify unintentional discrepancies. Pharmacy residents who have been trained and have experience (at least several months) obtaining medication histories from patients could fill this role.

Leapfrog received a request to see benchmarks for the Medication Reconciliation measure, since we will begin scoring and publicly reporting discrepancy rates in 2021.

Leapfrog has provided benchmarking information from the 2019 and 2020 Leapfrog Hospital Surveys in Appendix V. These benchmarks will not be used in scoring but are provided to help hospitals understand relative performance based on historical data.

One commenter asked what should be in place for pediatric patients in Section 8C Opioid Prescribing.
The questions in Section 8C, which are optional for 2021, include both adult and pediatric patients. The Michigan Opiod Prescribing Engagement Network (OPEN) Guidelines do include pediatric specific recommendations for a handful of procedures. You can find more information at https://michigan-open.org/prescribing-recommendations/.

SECTION 9: PEDIATRIC CARE

One commenter expressed concerns with excluding the domain "Involve Teens in Care" from the CAHPS Child Hospital Survey domains that Leapfrog uses in scoring and public reporting.

The domains that Leapfrog selected for scoring and public reporting are those that had the lowest median performance and the largest variation in performance across hospitals. The "Involve Teens in Care" domain did not meet these criteria.

Leapfrog encourages hospitals to administer the entire CAHPS Child Hospital Survey and share their own results on the hospital's website.

SECTION 10: OUTPATIENT PROCEDURES

One commenter supported Leapfrog's updates to Section 10 Outpatient Procedures.

We appreciate this feedback.

A couple commenters asked for a clearer definition of hospital outpatient departments and asked whether outpatient clinics (i.e., physician's offices) should be included.

Leapfrog has updated the definition to provide further clarification. The inclusion of outpatient clinics is not new for the 2021 Survey, but we have tried to make the definition clearer. As a reminder, hospitals should only include outpatient clinics and other outpatient locations that perform the specific outpatient procedures included in Section 10 based on the CPT Codes provided. The procedures selected are those that require moderate to general sedation and would not be performed in a physician's office. Please refer to the full definition outlined above.

APPENDIX I

Reporting Periods for the 2021 Leapfrog Hospital Survey

Important Note: Reporting periods should be updated based on the date of Survey or section submission. Within a Section, hospitals must select the same reporting period where applicable. However, hospitals do not need to use the same reporting period throughout the Survey.

Survey Section/ Measure	Survey Submitted Prior to September 1 Reporting Period	Survey (Re)Submitted on or After September 1 Reporting Period
1A Basic Hospital Information	12 months ending 12/31/2019 or 12/31/2020	12 months ending 06/30/2021
1B Person-Centered Care: Billing Ethics and Monitoring Health Care Inequity	N/A	N/A
2 Medication Safety - Computerized Physician Order Entry (CPOE)	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
3A Hospital and Surgeon Volume	Volume: 12 months or 24 months ending 12/31/2019 or 12 months or 24 months ending 12/31/2020	Volume: 12 months or 24 months ending 06/30/2021
	STS MVRR Composite: Latest 36-month report	STS MVRR Composite: Latest 36-month report
3B Surgical Appropriateness	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
4A Maternity Care Volume	12 months ending 12/31/2019 or 12/31/2020	12 months ending 06/30/2021
4B Elective Deliveries	12 months ending 12/31/2019 or 12/31/2020	12 months ending 06/30/2021
4C Cesarean Birth	12 months ending 12/31/2019 or 12/31/2020	12 months ending 06/30/2021
4D Episiotomy	12 months ending 12/31/2019 or 12/31/2020	12 months ending 06/30/2021
4E Process Measures of Quality	12 months ending 12/31/2019 or 12/31/2020	12 months ending 06/30/2021
4F High-Risk Deliveries	Volume: 12 months ending 12/31/2019 or 12/31/2020	Volume: 12 months ending 06/30/2021
	VON: 2019 report	VON: 2020 report
5 ICU Physician Staffing	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission

Survey Section/ Measure	Survey Submitted Prior to September 1 Reporting Period	Survey (Re)Submitted on or After September 1 Reporting Period
6A Practice #1 – Culture of Safety Leadership Structures and Systems	Latest 24 months prior to Survey submission	Latest 24 months prior to Survey submission
6B Practice #2 – Culture Measurement, Feedback, and Intervention	Latest 24 or 36 months prior to Survey submission (see individual safe practice for specific reporting period)	Latest 24 or 36 months prior to Survey submission (see individual safe practice for specific reporting period)
6C Practice #9 – Nursing Workforce	Latest 24 months prior to Survey submission	Latest 24 months prior to Survey submission
6D Hand Hygiene	N/A	N/A
6E Nurse Staffing and Skill Level	12 months ending 12/31/2020	12 months ending 12/31/2020
7A Never Events Policy	N/A	N/A
7B Healthcare-Associated Infections	07/01/2019 – 12/31/2019 **AND** 07/01/2020 – 12/31/2020	12 months ending 06/30/2021
8A Bar Code Medication Administration (BCMA)	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
8B Medication Reconciliation	Latest 6 months prior to survey submission	Latest 6 months prior to survey submission
8C Opioid Prescribing	N/A	N/A
9A CAHPS Child Hospital Survey	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
9B Pediatric Computed Tomography (CT) Radiation Dose	12 months ending 12/31/2019 or 12/31/2020	12 months ending 06/30/2021
10A Basic Outpatient Department Information	12 months ending 12/31/2019 or 12/31/2020	12 months ending 06/30/2021
10B Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
10C Volume of Procedures	12 months ending 12/31/2019 or 12/31/2020	12 months ending 06/30/2021
10D Safety of Procedures	Patient Follow-up: Latest 3 months prior to Survey submission	Patient Follow-up: Latest 3 months prior to Survey submission
	Patient Selection and Consent to Treat: N/A	Patient Selection and Consent to Treat: N/A
	Safe Surgery Checklist: Latest 3 months prior to Survey submission	Safe Surgery Checklist: Latest 3 months prior to Survey submission

Survey Section/ Measure	Survey Submitted <u>Prior</u> to September 1	Survey (Re)Submitted <u>on or After</u> September 1
	Reporting Period	Reporting Period
10E Medication Safety for Outpatient Procedures	12 months ending 12/31/2019 or 12/31/2020	12 months ending 06/30/2021
10F Patient Experience (OAS CAHPS)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission

*Adult and pediatric hospitals reporting on Section 7B Healthcare-Associated Infections are required to join Leapfrog's NHSN Group. More information, including important deadlines, is available on the Join NHSN Group webpage.

Leapfrog will update data 4 times per Survey Cycle for all members of our NHSN group that have provided an accurate NHSN ID in the Profile and submitted Section 7: Managing Serious Errors.

THELEAPFROGGROUP

CPOE Evaluation Tool – Order Checking Categories

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

Order Checking Category	Description	Example	Type of Clinical Decision Support
Inappropriate Drug Combinations	Medication combinations to avoid ordering together or ones to use with caution	Using clonazepam and lorazepam together	Scenario-specific advice/information
Drug Dose (Single)	Specified dose of medication exceeds safe range for single dose	Tenfold overdose of digoxin	Scenario-specific advice/information
Drug Dose (Daily)	Specified frequency of administration results in daily dose that exceeds safe range for daily dose	Ordering ibuprofen regular dose every three hours	Scenario-specific advice/information
Drug Allergy	Medication (or medication class) is one for which patient allergy has been documented	Penicillin prescribed for patient with documented penicillin allergy	Scenario-specific advice/information
Drug Route	Specified route of administration is inappropriate and potentially harmful	Use of hydroxyzine intravenously	Scenario-specific advice/information
Drug Diagnosis	Medication dose inappropriate/contraindicated based on documented problem/diagnosis	Non-selective beta-blocker in patient with asthma	Scenario-specific advice/information
Drug Age	Medication dose inappropriate/contraindicated based on patient age	Prescribing diazepam for a patient over 65 years old	Scenario-specific advice/information
Drug Laboratory	Medication dose inappropriate/contraindicated based on documented laboratory test results (includes renal status)	Use of nitrofurantoin in patient with severe renal failure	Scenario-specific advice/information
Drug Monitoring	Medication for which the standard of care includes subsequent monitoring of the drug level or lab value to avoid harm	Prompt to monitor drug levels when ordering aminoglycosides or INR/PT when ordering warfarin	Medication-specification advice/information
Excessive Alerts	Inconsequential or low-severity medication safety problems such as drug-drug interactions or therapeutic duplications, that if alerted on, could contribute to over-alerting.	Concurrent use of hydrochlorothiazide and captopril	Scenario-specific advice/information

The Tool also includes a "Deception Analysis" test category, which checks for "false positives" (e.g., hospitals reporting advice/information for Test Orders that should not generate any warning in the hospital's CPOE system). Hospital's that "fail" the Deception Analysis are scored as "Incomplete Evaluation" and will not be able to retake an Adult Inpatient Test for 120 days.

APPENDIX III

CPOE Evaluation Tool Scoring Algorithm

CPOE Evaluation Tool Score (Combined with the hospital's % of inpatient medication orders entered via CPOE and publicly reported)	Description
Full Demonstration of National Safety Standard for Decision Support	This hospital's CPOE system alerts prescribers to most common serious prescribing errors. Meaning that: - The hospital responded to ≥20 test orders - The hospital responded correctly to ≥60% of test orders across all categories
Substantial Demonstration of National Safety Standard for Decision Support	This hospital's CPOE system alerts prescribers to many common serious prescribing errors. Meaning that: - The hospital responded to ≥20 test orders - The hospital responded correctly to ≥50%, but less than 60% of test orders across all categories
Some Demonstration of National Safety Standard for Decision Support	This hospital's CPOE system alerts prescribers to some common serious prescribing errors. Meaning that: - The hospital responded to ≥20 test orders - The hospital responded correctly to ≥40%, but less than 50% of test orders across all categories
Completed the Evaluation	This hospital's CPOE system alerts prescribers to few common serious prescribing errors. Meaning that: - The hospital responded to ≥20 test orders - The hospital responded correctly to less than 40% of test orders across all categories
Insufficient Evaluation	This hospital was not able to test a sufficient number of orders (<20) to receive an overall score. However, the hospital may use the category scores for local hospital quality improvement efforts. The hospital is eligible to retake the test in 120 days.
Incomplete Evaluation	This hospital did not complete the CPOE Evaluation Tool within the allotted time. The hospital is eligible to retake the test in 120 days.
Failed Deception Analysis *(Publicly reported as Incomplete Evaluation)*	This hospital submitted responses that included potentially inaccurate results. The hospital is eligible to retake the test in 120 days.

APPENDIX IV

Sample Sizes for Hand Hygiene Monitoring Standard

Please refer to the following tables to determine how many hand hygiene opportunities should be monitored in each patient care unit on a monthly basis. **Historical data** (e.g., past 3 months, 6 months, 12 months, etc.) on the monthly occupancy rates or procedure/patient volumes should be used. Hospitals trying to meet the quarterly requirement in question #9 will need to still monitor 100 hand hygiene opportunities a quarter.

Table 1: Units where the monthly occupancy rate can be calculated

If your unit's average daily census is…..	Your unit needs to collect hand hygiene compliance data for at least this number of hand hygiene opportunities per month…
13 patients or higher	200*
10-12 patients	150
7-9 patients	100
5-6 patients	75
3-4 patients	45
1-2 patients	15

Table 2: Units where the monthly occupancy rate cannot be calculated (e.g., PACU, outpatient units)

If your unit's average number of procedures in a month is….	Your unit needs to collect hand hygiene compliance data for at least this number of hand hygiene opportunities per month…
400 procedures or greater	200*
320-399 procedures	150
240-319 procedures	100
160-239 procedures	75
120-159 procedures	50
60-119 procedures	30
30-59 procedures	15
<30 procedures	5

Table 3: Emergency department units

If your emergency department's average number of visits in a month is….	Your unit needs to collect hand hygiene compliance data for at least this number of hand hygiene opportunities per month…
2000 visits or greater	200*
1500-1999 visits	150
1000-1499 visits	100
750-999 visits	75
500-749 visits	50
250-499 visits	25
150-249 visits	15
<150 visits	5

*The Leapfrog standard of 200 hand hygiene opportunities was chosen as the sample size based on a study by Yin et. al which showed that 180-195 opportunities would need to be monitored to accurately observe a 10% change in hand hygiene compliance. The additional sample sizes above are for smaller patient care units where monitoring 200 opportunities may not be feasible.

APPENDIX V

Medication Reconciliation Benchmarking Information

Since 2018, in Section 8B of Leapfrog Hospital Survey, hospitals have been asked to report on the total number of medications obtained by the pharmacist from the Gold Standard Medication History, the total number of unintentional discrepancies in admission and discharge among the gold standard medications, the total number of unintentionally ordered additional medications, and the total number of discrepancies due to unintentionally ordered additional medications. The questions, measure specifications, and FAQs for Section 8B can be found in the hard copy of the 2020 Leapfrog Hospital Survey beginning on page 184.

Using this information, Leapfrog has calculated a rate of unintentional medication discrepancies per medication. To date, Leapfrog has not scored or publicly reported the rate of unintentional medication discrepancies per medication. However, we have finalized plans to do so in 2021 as described above. In response to the announcement that the rate of unintentional medication discrepancies per medication would be scored and publicly reported in 2021, Leapfrog received several requests for benchmarking data related to this measure so that hospitals can better understand their current performance, and how they compare nationally.

Over 1,500 hospitals voluntarily reported data on this measure on the 2019 and 2020 Leapfrog Hospital Surveys, which were used to calculate the summary statistics below. The average number of gold standard medications per patient was 7.72 in 2019 and 7.71 in 2020.

Rate of Unintentional Medication Discrepancies Per Medication	2019 Leapfrog Hospital Survey Results	2020 Leapfrog Hospital Survey Results	Combined 2019 and 2020 Leapfrog Hospital Survey Results
Minimum	0	0	0
50th percentile (where lower is better)	0.14	0.13	0.13
75th percentile (where lower is better)	0.25	0.24	0.25
Maximum	1.63	1.27	1.63

Note: These benchmarks will not be used in scoring but are provided to help hospitals understand relative performance based on historical data.

END OF DOCUMENT