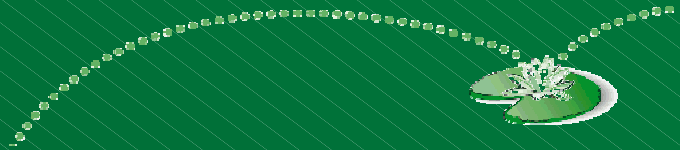**THE LEAPFROG GROUP**
for **Patient Safety**
Rewarding **Higher Standards**
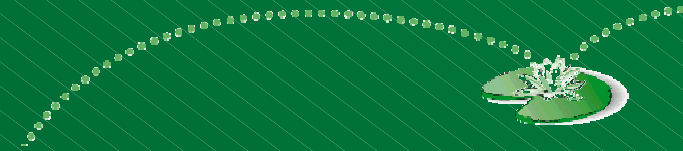
**Founded by the Business Roundtable
with support from NHCPI**

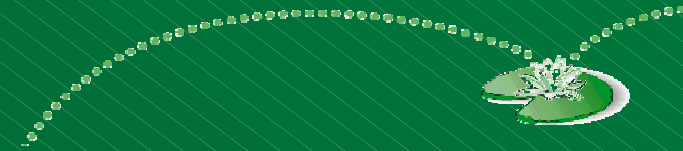*Update from the Lily Pad*

**Suzanne Delbanco, Ph.D.
September 10, 2002**

What's Leapfrog?

Elements of Gridlock

- **Purchasers —** *Not Buying Right*
- **Plans —** *Not Letting Provider Value Show Through*
- **Providers —** *Not Seeing Business Case for Reengineering*
- **Consumers/Patients —** *Not In the Quality Game*

New thinking needed to "leapfrog" gridlock in the health care marketplace

The Silent Calamity

- **Needless mortality and morbidity**

- **44,000-98,000 plus deaths each year from medical errors during hospitalizations (IOM, 1999)**

- **7,000 deaths from medication errors alone**

- **Number of avoidable deaths in ambulatory care unknown**

Preventable Deaths Personalized

Preventable deaths per year: **98,000**

US Population: **250,000,000**

Preventable deaths per 100,000 per year: **39**

General Motors preventable deaths
per year: **488**
per day: *1.3!*

Leapfrog Purchaser Strategy

- **Organized effort to buy right**
  - **Purchasing principles that strongly reward higher provider value**
  - **Purchaser accountability**
  - **Push via plans or directly**

→ **Create a Business Case for Providers**

- **Emphasize tangible safety leaps**

→ **Mobilize Consumers and Patients**

Purchasing Principles

- **Educate and inform enrollees**

- **Compare at the provider level**

- **Reward superior provider value**
  - **Patient volume (select/deselect/freeze, consumer incentives, consumer decision support)**
  - **Unit price (pay for performance)**
  - **Public recognition**

- **Initially highlight 3 tangible safety Leaps**

- **Annually increase provider rewards**

Initial Safety 'Leap' Summary

- **An Rx for Rx**
  - Computer Physician Order Entry (CPOE)
  - Up to 8 in 10 serious drug errors prevented

- **Sick People Need Special Care**
  - ICU Daytime Staffing with CCM Trained M.D. *or* risk-adjusted outcomes comparison
  - > 10% mortality reduction

- **Practice Makes Perfect**
  - Evidence-based Hospital Referral (EHR) *or* risk-adjusted outcomes comparison
 - > 20% mortality reduction for 7 complex treatments

Leap Refinement –
Creating more sophisticated measures

- **CPOE: Online evaluation tool developed by First Consulting Group**

- **ICU Staffing: Joint project with JCAHO to develop risk-adjustment methodologies and reporting program**

- **EHR: Process indicators being developed by Zynx Health, and outcomes reporting programs being considered by LF for national relevance**
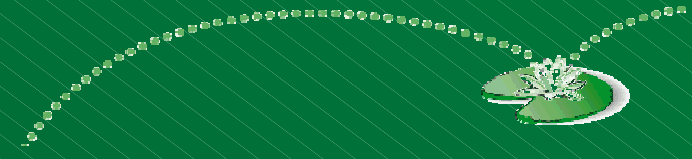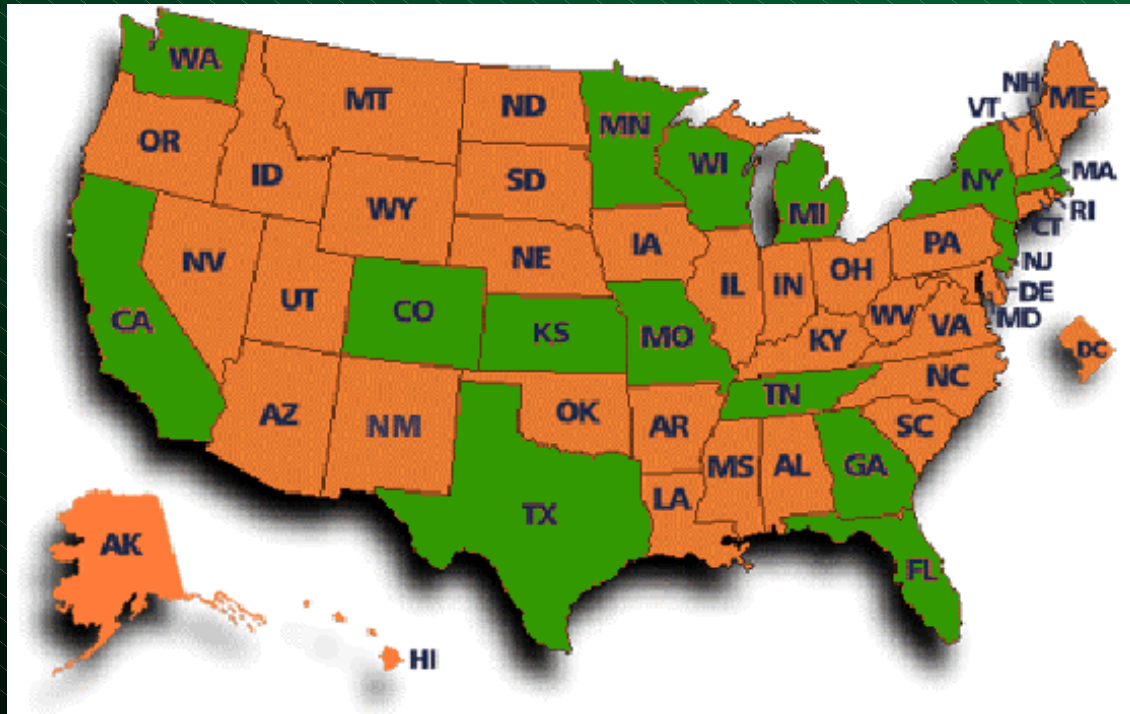
How do we make it happen?

Leaping in Unison
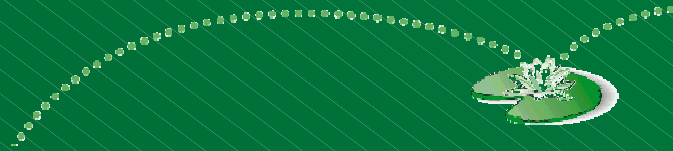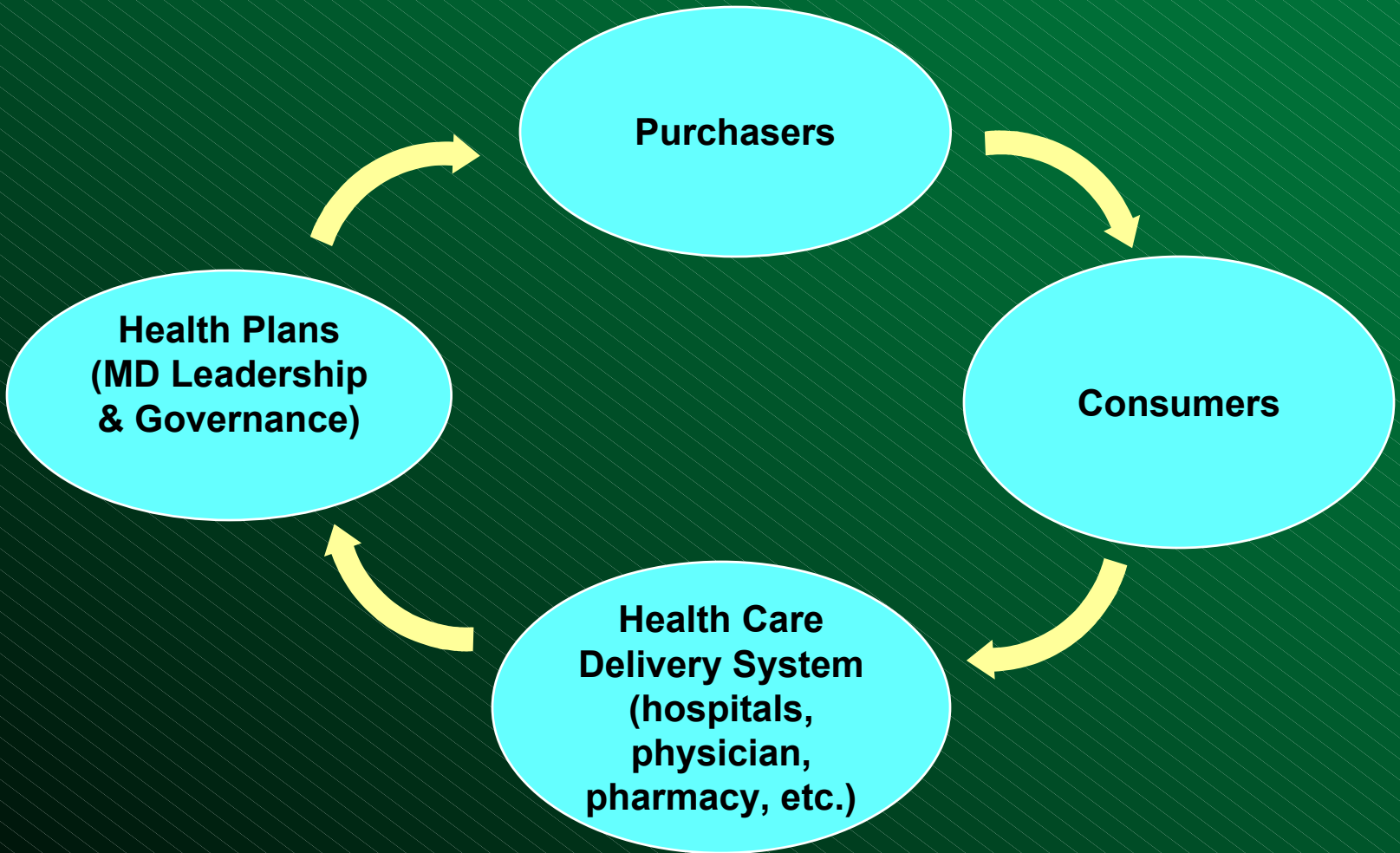
Regional Roll-Out Strategy

Leapfrog is a national movement using targeted regions to develop Best Practices, creating early successes and learning from all Stakeholders
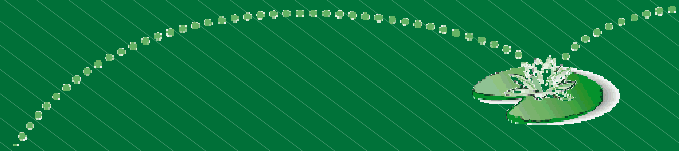

Regions must have:
- **Effective leadership**
- **Competitive HC market**
- **Concentration of Leapfrog lives**

12 2nd Wave Regional Roll-Outs announced April 25, 2002

Hospitals as Beacons

- **Dialogue about what makes a business case**

- **Stand up and be noticed (self-report available via The MEDSTAT Group)**
  - **Ongoing voluntary Web survey**
  - **Outreach to hospitals in 6 Roll-Out areas to date, but nationally available**
  - **Survey captures hospitals on the path**
  - **Data publicly reported, format based on feedback from consumers and hospitals (survey and results: www.leapfroggroup.org)**

- **Impressive hospital response!**

On the Web NOW!

The Leapfrog Group - Microsoft Internet Explorer provided by The MEDSTAT Intranet

File Edit View Favorites Tools Help   Links

Address: ttp://linux.diamondbullet.com/~aric/medstat/leapfrog_survey/main.cgi?function=show_screen&screen=section3&session_var=141988640   Go

Additional Information about the Standard:
Fact Sheet: FactSheetICU.pdf
Bibliography: BiblioICU.pdf

1)	Does your hospital operate any ICU beds?	○ Yes ○ No
2)	Is care in your adult ICU(s) managed by one or more physicians who are certified (or eligible for certification) in critical care medicine?	○ Yes ○ No
3)	Is one or more of these physicians present in the ICU for at least 8 hours per day, 7 days per week, and do they provide clinical care exclusively in the ICU during these hours?	○ Yes ○ No
4)	When these physicians are not present in the ICU, does one of them return more than 95% of the ICU pages within five minutes (or 95% of urgent pages if the paging system distinguishes these)?	○ Yes ○ No
5)	In addition, when these ICU physicians are not present, can they also rely on a FCCS certified "effector" (physician or physician extender) who is in the hospital and able to reach the ICU patients within five (5) minutes in 95% of the cases? (more information)	○ Yes ○ No

Continue

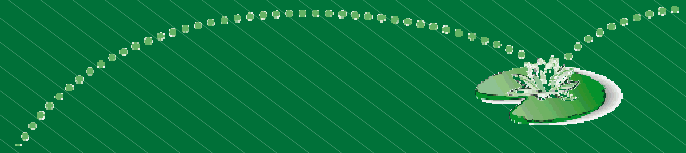Internet

Survey Participants
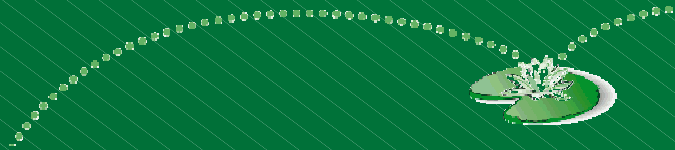
As of August 31, 2002:

- **Six Roll-Out Regions reporting : Atlanta, California, East Tennessee, Minnesota, St. Louis and Seattle-Tacoma-Everett**

- **497 urban hospitals invited to submit results voluntarily**

- **More than half, 260 hospitals (54%) submitted responses**

- **55 percent meet at least one of Leapfrog's standards for the safety practices**

- **Seattle-Tacoma-Everett – 100% participation from 25 invited hospitals**

Other Key Partners

- **Health plans as navigators**

- **Physicians as pilots**

- **Consumers as drivers**

Survey Results for Hospitals Submitting Responses

Hospital Name	City	Computerized Drug Orders	ICU Staffing	Number of Procedures
Hospital Name	City	◔	●	Click here for number of procedures.
Hospital Name	City	◔	◐	Click here for number of procedures.
Hospital Name	City	◔	◕	Click here for number of procedures.

● : Fully implemented Leapfrog's recommended safety practice

◕ : Good progress in implementing Leapfrog's recommended safety practice

◐ : Good early stage effort in implementing Leapfrog's recommended safety practice

◔ : Willing to report publicly; did not yet meet Leapfrog's criteria for a good early stage effort

○ : Did Not Submit This Information

N/A : Not Applicable
(e.g. IPS Standard does not apply because hospital does not have an ICU.)

Please note: Hospitals voluntarily submitted the information presented on this site. Hospitals that implement Leapfrog's recommended safety practices have reported that their internal processes of care include safeguards that may decrease a patient's probability of being exposed to a preventable medical mistake. However, no specific representation is made, nor should be implied, with respect to any individual patient's potential outcome by having a procedure performed at these hospitals.

Hospital Name

Condition/ Procedure	Number of Procedures/ Patients	Leapfrog Standard	Legend
			Hospital Name ■ (green) Leapfrog Standards ■ (blue)
Coronary Artery Bypass	502/year	500/year	502 / 500
Coronary Angioplasty	720/year	400/year	720 / 400
Abdominal Aortic Aneurysm Repair	40/year	30/year	40 / 30
Carotid Endarterectomy	126/year	100/year	126 / 100
Esophageal Cancer Surgery	3/year	7/year	3 / 7
Average daily census of neonatal ICU	24/day	Average daily census greater than or equal to 15	24 / 15

Done   Internet

Lily Pads: Opportunities to Shape the Movement

PHYSICIANS

HEALTH PLANS

HOSPITAL INCENTIVES

REGIONAL LEADERS

BENEFITS CONSULTANTS

STEERING COMMITTEE

LEAPS AND MEASURES

ENROLLEE COMMUNICATIONS

More on the Web

- **Hospital specific information (via HealthGrades)**
- **Enrollee communications toolkit (via FACCT) and consumer materials clearinghouse**
- **Cost and savings information on the 3 leaps**
- **CPOE reports**
- **Common RFI questions (V-8 2002)**
- **Fact Sheets and FAQs about the safety leaps**
- **Hospital survey (via MEDSTAT)**

And more…

www.leapfroggroup.org

Today

- **More than 110 large health care purchasers**

- **More than 32 million Americans**

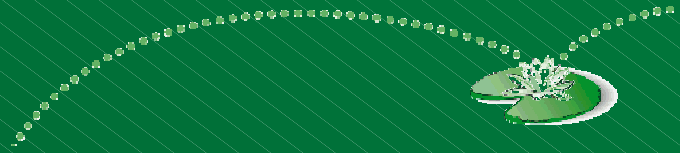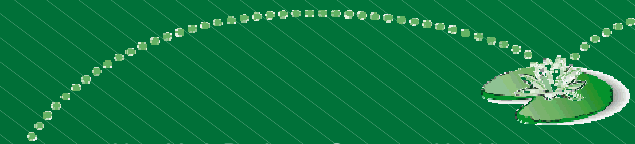- **More than $54 billion in health care expenditures**

Leapfrog Members to Date

American Federation of Teachers
AT&T
Aetna Inc.
American Medical Systems
American Re-Insurance Company
ArvinMeritor, Inc.
Aventis Pharmaceuticals Inc.
Barry-Wehmiller Group, Inc.
Bath Iron Works Corporation
Bemis Company, Inc.
Bethlehem Steel Corporation
Board of Pensions of the
    Presbyterian Church (U.S.A.)
The Boeing Company
Buyers Health Care Action Group
Cargill, Inc.
Carlson Companies
Caterpillar Inc.
Ceridian Corporation
Cerner Corporation
Chicago Business Group on Health
Colorado Business Group on Health
Comerica
The Commonwealth of Massachusetts
    Group Insurance Commission
Coors Brewing Company
DaimlerChrysler Corporation
Dallas-Fort Worth Business Group on Health
Delta Airlines, Inc.
The Department of Employee Trust Funds
    and State of Wisconsin Group Insurance
    Board
The Doe Run Company
The Dow Chemical Company
Eastman Kodak Company
Eclipsys Corporation
Electronic Data Systems
Eli Lilly and Company
Empire Blue Cross and Blue Shield
Employer Health Care Alliance Cooperative
    (The Alliance)
Employers' Health Coalition
Excellus Inc.
Exxon Mobil Corporation
FedEx Corporation
Fidelity Investments
First National Bank

Fisher Scientific International
Flint Ink
Fleet Boston Financial
Ford Motor Company
Gateway Purchasers for Health
General Electric Company
General Mills, Inc.
General Motors Corporation
Georgia Health Care Leadership Council
Georgia-Pacific Corporation
GlaxoSmithKline
Greater Milwaukee Business Group on
    Health and the Health Care Network of
    Wisconsin
Hannaford Bros. Co.
Healthcare21 Business Coalition
HealthPartners
Health Care Payers Coalition of New Jersey
Health Language
Health Net Inc.
Honeywell Inc.
HCA - Hospital Corporation of America
Indiana Employers Quality Health Alliance
International Association of Machinists and
    Aerospace Workers
IBM
IDX Systems Corporation
International Paper Company
Jostens
Kellogg Company
LG&E Energy Corporation
LTV Steel Company
Land O' Lakes
Lockheed Martin Corporation
Lucent Technologies
Maine State Employee Health Commission
Marriott International, Inc.
Massachusetts Healthcare Purchaser Group
McKesson Corporation
The Mead Corporation
Merck & Co., Inc.
Meridian Automotive Systems, Inc.
Microsoft Corporation
Midwest Business Group on Health
Minnesota Life
Minnesota Mining & Manufacturing Company (3M)
Motorola, Inc.
National Education Association

New York Business Group on Health
Northwest Airlines, Inc.
Olin Corporation, Brass & Winchester Divisions
Pacific Business Group on Health
PepsiCo
Pillsbury Company
Pitney Bowes Inc.
The Procter & Gamble Company
Promina Health System, Inc.
Quality Systems Inc.
Qwest Communications International Inc.
Ramsey County
Reliant Energy, Incorporated
Rosemount Engineering
Ryder System, Inc.
Savannah Business Group
Schering-Plough Corporation
Siemens Corporation
Solutia, Inc.
Southern California Schools Voluntary
    Employees Benefits Association
Sprint Corporation
State of Kansas Division of Personnel Services
SUPERVALU INC.
TCF Financial Corporation
TRW Inc.
Target Corporation
Tennant Company
Textron Inc.
Tri-State Business Group on Health
Tufts Health Plan
Union Pacific Railroad
Union Pacific Railroad Employes Health
    Systems
United Parcel Service
University of Maine System
Verizon Communications
Washington State Health Care Authority
Wausau Benefits, Inc.
Wells Fargo
Xcel Energy
Xerox Corporation

The U.S. Office of Personnel Management
(OPM); Centers for Medicare and Medicaid
Services (CMS); the Department of Defense;
and Minnesota Departments of Human
Services and Employee Relations also
participate as liaison members.
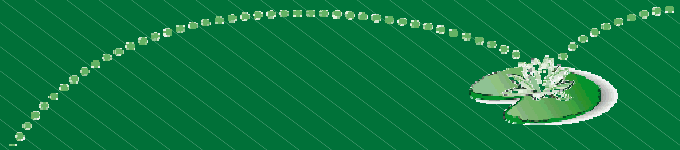
What do we have to gain?

What are the Three Leaps Worth?

Annual Gain Projected by Dartmouth:
- ↓ 522,000 serious med errors
- ↓ 58,300 deaths
- ↓ 58,300 X disabilities

(if fully implemented in U.S. urban hospitals)

One small step for all of us is a giant leap for patient safety.