A DEEP DIVE INTO THE LEAPFROG HOSPITAL SURVEY AND LEAPFROG HOSPITAL SAFETY GRADE

Today's Speakers

Matt Austin, PhD

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Agenda

- Introductions and Overview of The Leapfrog Group (5 mins)
- Deep Dive into the Leapfrog Hospital Survey (1 hr)
- Break (10 mins)
- Breakout Sessions (30 mins)
  - Matt – Measures (Sections 1-9)
  - Missy – Anything not specifically related to measures
- Deep Dive into the Leapfrog Hospital Safety Grade (45 mins)
- Break (10 mins)
- Breakout Sessions (30 mins)
  - Matt – Scoring methodology
  - Missy – Measures, including primary and secondary data sources and how the Leapfrog Hospital Survey impacts the Safety Grade
- Performance Improvement on Leapfrog's Measures Can Influence Payment (30 mins)
- Final Q&A Session (20 mins)

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ABOUT THE LEAPFROG GROUP

The Leapfrog Group

- National, not-for-profit organization
- Founded by large purchasers in 2000 in response to 1999 IOM Report *To Err is Human*
- Collect and publicly report information about the safety and quality of inpatient hospital care
- Our hospital ratings are used by all national health plans, many regional health plans, and transparency vendors

Leapfrog's mission is to trigger giant leaps forward in the safety, quality and affordability of U.S. health care by using transparency to support informed health care decisions and promote high-value care.

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A Regional Approach to Participation in Our National Survey

Leapfrog's Focus

- Measurement and public reporting
- Educating consumers
- Purchasing strategies that recognize and reward hospitals for transparency, improvement, and high performance
- We are not consultants and do not provide hospitals with any services. We will:
  - Connect hospitals to improvement initiatives (i.e. HENs, etc.)
  - Provide examples of best practices (i.e. CEO rounding tool)
  - Provide tips and tools for completing the survey

Leapfrog's Programs:
How We Measure Safety & Quality

Survey: Hospitals Submit to Us

- Introduced in 2000
- Annual (April 1 – December 31)
- Rolling submissions
- Originally designed for purchasers, now also used by consumers and others
- Focus is inpatient care – safety, quality, and efficiency
- General, pediatric, and specialty hospitals can participate
- Hospitals are scored against national targets
- Results are publicly reported at www.leapfroggroup.org/compare-hospitals

Composite Score: Leapfrog Assigns to Hospitals

- Introduced in 2012
- Bi-annual (April and October)
- Data Snapshot Dates
- Originally designed for consumers, now also used by purchasers and others
- Focus is inpatient care - patient safety only (errors, injuries, accidents, infections, etc.)
- Only applicable to general, acute care hospitals
- Hospitals are scored compared to each other (i.e. relative performance)
- Results are publicly reported at www.hospitalsafetygrade.org

THE LEAPFROG HOSPITAL SURVEY

About the Leapfrog Hospital Survey

- Free and open to all hospitals in the U.S. from April 1 to December 31
- Assesses hospital safety, quality, and efficiency based on national performance measures that are of specific interest to health care purchasers and consumers
- Gives hospitals with the opportunity to benchmark their progress in improving the safety, quality, and efficiency of the care they deliver
- Results are free to the public at www.leapfroggroup.org/compare-hospitals

Who Participates

- **Nationally**, as of August 31, 1,847 hospitals have already submitted a 2017 Leapfrog Hospital Survey which represents 50% of eligible hospitals and about 61% of all hospitals beds – we are expecting 2,000 submissions by the end of the year.

	Submissions by Area
Urban	1523
Rural	324
Total	1847

	Submissions by Type
Adult	1801
Pediatric	46
Total	1847

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Polling Question

- Which of the following is NOT true about Leapfrog's expert panelists?
  A. They are leading national experts in their field
  B. The time the panelists provide to Leapfrog is done pro bono
  C. They are required to declare any possible conflicts of interest
  D. They have to complete a talent portion as part of the application process

Leapfrog Survey Expert Panels

- National expert panels help guide measurement and scoring activities
- Expert panel for almost all survey sections
- Panels are made-up of the national experts in quality and safety
- Experts serve voluntarily
- Complete list available at http://www.leapfroggroup.org/about/expert-panelists

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Goals for the Survey

- Keep the reporting burden as low as possible.
  - NHSN Group to automatically pull healthcare associated infection data.
- Continue alignment with other performance measurement groups (such as the CDC/NHSN, CMS, The Joint Commission, and applicable registries).
  - About one-third of the measures on the 2017 survey are in use by other national measurement groups (see National Measures Crosswalk).
- Include cutting-edge measures not publicly reported by any other national organization
  - CPOE Evaluation Tool, Maternity Care Measures, Pediatric Measures
- Maintain consistent measurement structure for benchmarking and for improvement purposes.
- Maintain measures that are meaningful to purchasers and consumers.

Content Overview

- The survey includes 9 sections; the format of each section is identical:
  - **Reporting periods** to provide hospitals with specific periods of time for each set of questions.
  - **Survey questions** which may include references to endnotes.
  - **Affirmation of accuracy** by your hospital's CEO/Chief Administrative Officer or by an individual that has been designated by the hospital CEO
  - **Reference Information** which includes 'What's New' and 'Change Summaries,' important measure specifications, answers to FAQs

Polling Question

- What were Leapfrog's original three (3) "Leaps"?
  A. Computerized Prescriber Order Entry (CPOE), Maternity Care, Never Events
  B. Evidence-Based Hospital Referral (EBHR), ICU Physician Staffing, and CPOE
  C. ICU Physician Staffing, Never Events, and NQF Safe Practices
  D. None of the above

Survey Sections

SURVEY SECTION
1 Basic Hospital Information
2 Computerized Physician Order Entry (CPOE)
3 Inpatient Surgery
4 Maternity Care
5 ICU Physician Staffing
6 NQF Safe Practices
7 Managing Serious Errors
8 Medication Safety
9 Pediatric Care

Section 1: Basic Hospital Information

- Demographic information that is used by researchers and displayed on the Leapfrog Hospital Survey Results website
- These data are not used in scoring
- Hospitals are asked to provide information on:
  - Number of hospital beds
  - Number of admissions
  - Teaching status
  - ICUs operated

Section 2: Computerized Physician Order Entry (CPOE)

- More than 1M serious medication errors occur every year in US hospitals (e.g., wrong drug, wrong dose, drug-drug interactions, drug allergies)[1]
- Many serious medication errors result in preventable adverse drug events (ADEs), approximately 20% of which are life-threatening[2]
- Studies of hospital implementation of Computerized Physician Order Entry (CPOE) have demonstrated medication error rates reduced by 55-70%[2,3]

[1]Birkmeyer J, Dimick J. Leapfrog safety standards: potential benefits of universal adoption. The Leapfrog Group. Washington, DC: 2004.

[2]Bates D, Leape L, Cullen D, et al. Effect of computerized physician order entry and a team intervention on prevention of serious medication errors. JAMA. 1998;280:1311-1316.

[3]Evans R, Pestotnik S, Classen D, et al . A computer assisted management program for antibiotics and other antiinfective agents. N Engl J Med. 1997;338(4):232-238.

Section 2: Computerized Physician Order Entry (CPOE)

- Leapfrog's CPOE Standard:
  - Assure that prescribers enter at least 75% of inpatient medication orders via a computer system that includes clinical decision support *(proposed to be updated to 85% in 2018)*
  - Adult hospitals must additionally demonstrate, via a test, that their inpatient CPOE system can alert prescribers to at least 50% of common, serious prescribing errors *(proposed to be updated to 60% in 2018)*

Section 3: Inpatient Surgery

- Three decades of evidence has shown that patients treated in higher-volume hospitals by well-practiced surgeons are less likely to die or experience complications than those treated by low-volume surgeons or in low-volume hospitals[1,2]
- Leapfrog's initial focus is to have hospitals report their volumes for 10 of the most challenging, high-risk procedures
- As health care purchasers, Leapfrog's members are also concerned about surgical overuse

[1]Birkmeyer JD, Stukel TA, Siewers AE, Goodney PP, Wennberg DE, Lucas FL. Surgeon volume and operative mortality in the United States. N Engl J Med. 2003 Nov 27;349(22):2117-27.

[2]Finks JF, Osborne NH, Birkmeyer JD. Trends in hospital volume and operative mortality for high-risk surgery. New England Journal of Medicine. 2011 Jun 2;364(22):2128-37.

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Section 3: Inpatient Surgery

10 Procedures:

- □Carotid endarterectomy
- □Mitral valve repair and replacement
- □Open abdominal aortic aneurysm repair
- □Lung resection
- □Esophageal resection
- □Pancreatic resection
- □Rectal cancer surgery
- □Hip replacement *(proposed to remove from 2018 survey)*
- □Knee replacement *(proposed to remove from 2018 survey)*
- □Bariatric surgery for weight loss

Note: All procedures are defined using ICD-10-CM procedure codes (and where appropriate, restricted to specific ICD-10-CM diagnosis codes)

Measure	2017 Leapfrog Hospital Survey	Proposed for 2018 Leapfrog Hospital Survey
Hospital Volume	Hospital's experience during 12-month period	Hospital's experience during 12- or annual average during 24-month period
Surgeon Volume	Surgeon experience by volume strata	If surgeon privileging requires meeting the min recommended volume standard
Surgical Appropriateness	Implemented processes aimed at monitoring surgical appropriateness	Implementation status will be publicly reported, but not included in scoring

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Polling Question

- What is the #1 reason for hospitalization in the United States?
  A. Congestive heart failure
  B. Childbirth
  C. Pneumonia
  D. None of the above

Section 4: Maternity Care

- Childbirth is the most common reason for hospitalization, accounting for more than 3.9 million stays in 2010 (10 percent of all stays)[1]
- Leapfrog's purchaser members have many 'covered lives' that are of a childbearing age
- The cumulative costs of approximately four million annual births is well over $50 billion
- Adherence to maternity care "best practices" vary across hospitals and the results are often poorer outcomes for both the mom and newborn[2,3]

[1]Pfuntner, A (Truven Health Analytics), Wier, LM (Truven Health Analytics), Stocks, C (AHRQ). Most Frequent Conditions in U.S. Hospitals, 2010. HCUP Statistical Brief #148. January 2013. Agency for Healthcare Research and Quality, Rockville, MD. Available at http://www.hcup-us.ahrq.gov/reports/statbriefs/sb148.pdf.

[2]Kozhimannil KB, Karaca-Mandic P, Blauer-Peterson CJ, Shah NT, Snowden JM. Uptake and Utilization of Practice Guidelines in Hospitals in the United States: the Case of Routine Episiotomy. The Joint Commission Journal on Quality and Patient Safety. 2017 Jan 31;43(1):41-8.

[3]Main EK, Morton CH, Melsop K, Hopkins D, Giuliani G, Gould JB. Creating a public agenda for maternity safety and quality in cesarean delivery. Obstetrics & Gynecology. 2012 Nov 1;120(5):1194-8.

Section 4: Maternity Care

- Rate of early elective deliveries before 39th completed week of gestation
- Nulliparous, term, singleton, vertex (NTSV) cesarean section rate
- Incidence of episiotomy
- Newborn bilirubin screening
- Appropriate DVT prophylaxis for women undergoing cesarean delivery
- High-Risk Newborn Deliveries
  - Volume/VON outcomes
  - Adherence to antenatal steroids

Section 5: ICU Physician Staffing

- Evidence suggests that quality of care in hospital ICUs is strongly influenced by: (i) whether "intensivists" are providing care; and (ii) how the staff is organized in the ICU
- Intensivists are familiar with the complications that can occur in the ICU and, thus, are better equipped to minimize errors
- ICUs where intensivists manage or co-manage all patients versus low intensity staffing (where intensivists manage or co-manage some or none of the patients) is associated with a 30% reduction in hospital mortality and a 40% reduction in ICU mortality[1]

[1]Pronovost PJ, Young T, Dorman T, Robinson K, Angus DC. Association between ICU physician staffing and outcomes: a systematic review. Crit Care Med. 1999; 27:A43.

Section 5: ICU Physician Staffing

- Leapfrog's standard:
  - All patients in adult or pediatric general medical and/or surgical ICUs and neuro ICUs are managed or co-managed by board-certified intensivists -and-
  - These intensivists are present during daytime hours (8 hrs/7 days a week) and provide clinical care exclusively in the ICU -and-
  - When not present on-site or via telemedicine:
    - Return notification alerts within five minutes at least 95% of the time -and-
    - A physician, physician assistant, nurse practitioner, or a FCCS-certified nurse can reach patient within five minutes at least 95% of the time
- Hospitals can earn partial credit (many paths)
  - One path is hospitals having teleintensivist coverage 24 hours per day, 7 days per week with onsite care planning done by an intensivist, hospitalist, anesthesiologist, or a physician trained in emergency medicine

Section 6: NQF Safe Practices

- The National Quality Forum is a not-for-profit organization created to develop and implement a national strategy for health care quality measurement and reporting.
- The National Quality Forum-endorsed Safe Practices cover a range of practices that, if utilized, would reduce the risk of harm in certain processes, systems or environments of care.
- The most recent version of the report endorsed 34 practices that should be used universally in applicable clinical care settings to reduce the risk of harm to patients.

Section 6: NQF Safe Practices

- In the Leapfrog Hospital Survey, hospitals are asked to report on five Safe Practices
  - 1) Safe Practice 1: Culture of Safety Leadership Structures and Systems
  - 2) Safe Practice 2: Culture Measurement, Feedback, and Intervention
  - 3) Safe Practice 4: Risks and Hazards
  - 4) Safe Practice 9: Nursing Workforce
  - 5) Safe Practice 19: Hand Hygiene

Important Tips for Responding for Section 6

- **Prepare**
  - Download and review a copy of the National Quality Forum's *Safe Practices for Better Healthcare – 2010 Update* report (see link on http://leapfroggroup.org/survey-materials/survey-and-cpoe-materials)
  - Print and review a hard copy of (1) the survey questions, (2) practice-specific FAQs, and (3) the scoring algorithm
- **Identify Individuals to Assist**
  - Decide who should participate on your team to assist in collection of the documentation for assessment.
- **Plan:** We suggest that a team be formed that might just be a couple of individuals in some hospitals or a much larger group for larger organizations. That team should be briefed and assigned duties to help capture the key information necessary for submission.
- **Collect:** Key documentation should be collected to support answering the survey. It will be helpful to archive it for future reference as Leapfrog does a random review of safe practices documentation every year. In addition, the documentation can be helpful when the survey is updated or re-submitted by the hospital.
- **Assess:** When all of the supporting documents are assembled, it is recommended that hospitals review their final responses to Section 6 with the CEO and/or responsible leadership. Hospitals should update their answers online as they adopt additional practices.
- **Submit:** Section 6 must be completed and affirmed before it can be submitted with the survey.

Section 7: Managing Serious Errors

- This section of the survey addresses:
  - The occurrence of serious errors in hospitals
    - HAIs affect 5 to 10 percent of hospitalized patients in the U.S. per year.
    - Approximately 1.7 million HAIs occur in U.S. hospitals each year, resulting in 99,000 deaths and an estimated $20 billion in healthcare costs.
  - The steps hospitals take when a serious error or "never event" occurs
    - Based on NQF's list of 28 "serious reportable events"

Section 7: Managing Serious Errors

- Rates of healthcare-associated infections:
  - CLABSI (ICU and wards)
  - CAUTI (ICU and wards)
  - Surgical Site Infection: Major Colon Surgery
  - MRSA
  - C. Diff.
- Adoption and implementation of the CDC's Core Elements of Antibiotic Stewardship Programs
- Nine (9) principles of Leapfrog's Never Events policy when a serious error or "never event" occurs within their facility

Leapfrog's NHSN Group

- Beginning in 2017, hospitals no longer enter their infection data into the online survey tool.

- Instead, Leapfrog obtains standardized infection ratios (SIRs) for each of the five applicable infection measures (CLABSI in ICUs and select wards, CAUTI in ICUs and select wards, Facility-wide inpatient MRSA Blood Laboratory-identified Events, Facility-wide inpatient C. Diff. Laboratory-identified Events, and SSI: Colon) directly from the CDC's National Healthcare Safety Network (NHSN) application.

- Hospitals are required to:
  - Join Leapfrog's NHSN Group by the published deadlines
  - Provide a valid NHSN ID in the Profile
  - Submit Section 7 of the Leapfrog Hospital Survey

(Leapfrog is proposing to obtain ABX Stewardship and Teaching Status in this way in 2018.)

Section 8: Medication Safety

- Focus #1: Hospital use of bar code medication administration (BCMA) systems in administering medications at the bedside
  - A study of BCMA-eMAR implementation demonstrated a 41.1% relative reduction in non-timing errors in medication administration, resulting in a 50.8% relative reduction in potential ADEs due to such errors[1]

[1]Poon EG, Keohane CA, Yoon CS, et al. Effect of bar-code technology on the safety of medication administration. N Engl J Med. 2010;362(18):1698-1707.

- Focus #2: Assessing the accuracy of the hospital's medication reconciliation process
  - Medication discrepancies occur in up to 70% of patients at hospital admission or discharge[2]
  - Almost one-third of these discrepancies have the potential to cause patient harm (i.e. potential ADEs)[2]

[2]Wong JD, Bajcar JM, Wong GG, et al. Medication reconciliation at hospital discharge: evaluating discrepancies. Ann Pharmacother. 2008;42(10):1373-1379.

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Section 8: Medication Safety

- BCMA Standard:
  - Implemented BCMA systems in 100% of their medical and/or surgical units (adult and pediatric) and intensive care units (adult, pediatric, and neonatal)
  - 95% compliance with med administrations having both patient and medication scans
  - Have a BCMA system that includes all 7 elements of “best practice” decision support
  - Have implemented all 5 best-practice processes and structures to prevent workarounds *(increases to 8 in 2018)*
- Medication reconciliation measure
  - NQF-endorsed measure
  - Measures the total number of unintentional medication discrepancies identified between the patient’s gold standard medication history and the patient’s admission and discharge orders

Polling Question

- Approximately what fraction of hospital stays are for pediatric patients?
  A. 1/2 (50%)
  B. 1/3 (33%)
  C. 1/6 (16%)
  D. 1/12 (8%)

Section 9: Pediatric Care

- There are roughly six million hospital stays for children in the United States, representing nearly 1 out of 6 discharges from U.S. hospitals
- Despite the significant health and financial impact of pediatric care, little information is publicly available to compare the quality of pediatric care in hospitals

Section 9: Pediatric Care

- Pediatric Computed Tomography (CT) Radiation Dose
  - NQF-endorsed measure
  - Compares hospital's median CT radiation dose length product (DLP) in head and abdomen/pelvis scans to national benchmarks *(Chest and chest/abdomen/pelvis scans will be removed in 2018)*
- CAHPS Child Hospital Survey
  - NQF-endorsed measure
  - Hospital are asked to report their "Top Box" score for each of the 18 domains and measures of patient experience

Proposed Changes for 2018

- Each year, The Leapfrog Group's team of researchers reviews the literature and convenes expert panels to ensure the Leapfrog Hospital Survey aligns with the latest science as well the public reporting needs of purchasers and consumers.

- Comments are reviewed by Leapfrog's team of researchers and used to further refine the survey before it is finalized.

- The public comment period for the Proposed Changes to the 2018 Leapfrog Hospital Survey is open until December 27, 2017. Comments can be submitted online.

  View the proposed changes to the 2018 Leapfrog Hospital Survey (PDF)

Submission Overview

Survey Webpages

http://leapfroggroup.org/survey

- Get Started
- Deadlines
- Survey and CPOE Materials
- Scoring and Results
- Get Help
- Compare Hospitals

Multi-Campus Hospital Reporting

- Note the word "hospital" used throughout this survey refers to an individual hospital.

- If your hospital is part of a multi-hospital healthcare system, you will need to complete the survey for each individual hospital within the system.
  - This applies to hospitals that share a Medicare Provider Number
  - Each hospital will need its own 16-digit security code
  - Each adult hospital that has an inpatient CPOE system will need to take its own test

- Please refer to Leapfrog's Multi-Campus Hospital Reporting Policy.

Reporting Periods

- Clinical Measures (i.e. maternity care measures)
  - 12-month reporting period
  - Submissions prior to Sept. 1: previous CY
  - Submissions on or after Sept. 1: last 2Qs of previous CY and first 2Qs of current CY
- Structural Measures (i.e. ICU Physician Staffing, NQF Safe Practices)
  - Most recent 3-months prior to survey submission
  - Within the last 12/24 months prior to survey submission
- Policy Measures (i.e. Never Events)
  - As of the date of submission

Deadlines

- Only surveys that have been affirmed and submitted via the online survey tool will be accepted.
- The first reporting deadline is June 30. Hospitals that do not submit a survey by June 30 will be reported as "Declined to Respond" for each measure when survey results are published on July 25.
- Hospitals can continue to submit/re-submit surveys (including CPOE test) until December 31.
- The month of January is a correction period reserved for hospitals that submit a survey by December 31. No new surveys or CPOE tests can be submitted after December 31.
- More information about deadlines is available at http://www.leapfroggroup.org/survey-materials/deadlines/.
- Please carefully review additional deadlines for joining Leapfrog's NHSN Group at http://www.leapfroggroup.org/survey-materials/join-nhsn.

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Ensuring Data Accuracy

- Affirmation
  - The CEO, or their designee, completes an Affirmation of Accuracy for each section, affirming that the information the hospital has submitted is indeed accurate.
  - Leapfrog reserves the right to require documentation before certifying and/or publishing any hospital's survey results and does exercise this right at random.
- Electronic Data Review Warnings
  - The online Survey Tool requires hospitals to "check for data review warnings" before they are able to submit a survey. This gives hospitals an opportunity to correct potential errors before submission.
- Monthly Data Review
  - Quantitative responses are assessed using empirically driven, normative data quality standards.
  - An e-mail is sent to the **hospital's primary survey contact** and system contact (if listed) from the Help Desk with any potential issues. Any serious reporting issues must be corrected within 30 days or risk the applicable section's results removal from public reporting.
- Requests for Documentation
  - In addition to the pre- and post-submission data review described above, Leapfrog also randomly selects hospitals to submit documentation that demonstrates adherence to the NQF Safe Practices and Never Events Policy principles.
- Onsite Data Verification
  - In 2017, DHG Healthcare randomly selected a small number of hospitals for on-site data verification. The selected hospitals have already been notified. Hospitals that have not received notification will not be selected for on-site data verification this year.

  - More information about these programs can be found at http://www.leapfroggroup.org/survey-materials/data-accuracy.

Technical Assistance

- Help Desk
  - If you have any questions regarding the survey, the CPOE Evaluation Tool, or need general assistance, Leapfrog offers an electronic Help Desk.
  - The Help Desk is staffed from 9:00 am to 5:00 pm ET on all regular business days. Help Desk tickets are responded to within 24-48 hours.
  - Hospitals should plan ahead to ensure they have a security code and are able to access the survey well in advance of any survey deadlines.
  - If you are in a CPOE Evaluation Tool, and have a related question, please be sure to select "CPOE" from the survey section drop down box when opening a new ticket on Zendesk.
- Town Hall Calls
- Monthly Users Group
- More information at http://www.leapfroggroup.org/survey-materials/get-help

How Results are Used

Leapfrog Hospital Survey Results Website

- www.leapfroggroup.org/hospital-compare
- Updated monthly from July to January
- Displays hospitals results and those that “declined to respond” to the survey

Leapfrog Top Hospitals

- Leapfrog recognizes the highest performers on the Leapfrog Hospital Survey through its annual Top Hospital designation.
- Top Hospital awards are given in four categories: Top General Hospitals, Top Teaching Hospitals, Top Rural Hospitals, and Top Children's Hospitals.
- To be considered for a Top Hospital award, hospitals must submit a survey by **August 31**.
- Hospitals receiving the award are notified in late October, and are announced publicly at Leapfrog's Annual Meeting in December.
- The criteria for the Top Hospital awards are determined each year by a committee evaluating hospital performance across all areas of the Leapfrog Hospital Survey. For more information visit http://www.leapfroggroup.org/ratings-reports/top-hospitals.

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Competitive Benchmarking Reports

- Hospitals that submit a Leapfrog Hospital Survey by the **June 30** first reporting deadline will receive a free Summary Competitive Benchmarking Report.

- These Summary Reports illustrate how a hospital compares to others in the nation on those measures included in the Leapfrog Hospital Survey.

- The reports are generated by applying the Leapfrog Value Based Purchasing Platform Methodology to 2017 Leapfrog Hospital Survey responses.

- The Summary Reports are emailed to the hospital CEO using the contact information provided by the hospital in the profile section of their survey.

- Obtain more information about Competitive Benchmarking Reports, the Leapfrog Value Based Purchasing Platform Methodology, and more detailed performance reports at http://www.leapfroggroup.org/ratings-reports/competitive-benchmarking.

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Hospital Safety Grade

- The Hospital Safety Grade is a letter grade that represents a hospital's performance on 27 different measures of patient safety (i.e. measure of accidents, injuries, harm, and errors).

- Only general, acute care hospitals are eligible to receive a Hospital Safety Grade.

- While the Hospital Safety Grade is a separate program administered by Leapfrog, it does use some data from the Leapfrog Hospital Survey, in addition to data from other publicly available sources such as, the American Hospital Association and Centers for Medicare and Medicaid Services.

- For more information on the measures included and to download a copy of the methodology, visit http://www.hospitalsafetyscore.org/for-hospitals.

Hospitals that would like Leapfrog Hospital Survey Results included in the Fall 2017 Hospital Safety Grade should plan to submit a survey by June 30.

Value-Based Purchasing Platform

- Comprehensive value-based purchasing program
- Helps payers identify and reward hospitals for improvement and attainment of high performance
- Only uses measures from the Leapfrog Hospital Survey
- Generates scores from 0-100 on each measure AND an overall value score
- Scores individual hospital performance relative to peers for each measure
- Differential weighting of measures for Value Score calculation

Quality Improvement Case Study

How Hospitals Use The Leapfrog Hospital Survey for Quality Improvement

Episiotomy Measurement

- NQF-endorsed measure (NQF 0470)
- Added to the Leapfrog Hospital Survey in 2012

Denominator:

Total number of vaginal deliveries during the reporting period (12 months) with cases of obstructed labor due to shoulder dystocia excluded

Numerator:

Total number of mothers included in the denominator, with an episiotomy procedure performed

Progress in Lowering Rates of Episiotomy

	2012	2013	2014	2015	2016	2017 (as of July 31)
N=	833	950	991	1220	1321	***1198***
Average rate	13	12.1	11.3	10.2	9.7	***7.9***
Leapfrog's Target Rate	12%	12%	12%	5%	5%	***5%***
% Hospitals Meeting Leapfrog's Target Rate	44% (n=366)	63% (n=602)	66% (n=650)	32% (n=393)	36% (n=481)	***44% (n=524)***

Texas Children's Hospital Pavilion for Women (Houston, TX)

- Reduced rate of episiotomy from 9.0% to 4.4%

- Keys to success were:
  - Having a stretch goal (when Leapfrog changed the target from 12% to 5%)
  - Having the professional society guidelines support the desired practice
  - Physicians knowing that their performance was being monitored

An Initiative to Reduce the Episiotomy Rate: Association of Feedback and the Hawthorne Effect With Leapfrog Goals

Zhang-Rutledge, Kathy MD; Clark, Steven L. MD; Denning, Stacie RN; Timmins, Audra MD; Dildy, Gary A. MD; Gandhi, Manisha MD

Obstetrics & Gynecology: July 2017 - Volume 130 - Issue 1 - p 146–150

OBJECTIVE: To assess the association of education, performance feedback, and the Hawthorne effect with a reduction in the episiotomy rate in a large academic institution.

METHODS: We describe a prospective observational study of a project conducted between March 2012 and February 2017 to assist clinicians in meeting the Leapfrog Group (www.leapfroggroup.org) target rates for episiotomy. Phases of this project included preintervention (phase 1, March 2012 to April 2014), education and provision of collective department episiotomy rates (phase 2, May 2014 to December 2014), ongoing education with emphasis on a revised Leapfrog target rate (phase 3, January 2015 to February 2016), and provision of individual episiotomy rates to practitioners on a monthly basis (phase 4, March 2016 to February 2017). We analyzed the department episiotomy rates before, during, and after these efforts. Cases of shoulder dystocia were excluded from this analysis. Statistical analysis was performed using a two-tailed Student *t* test and χ^2 test with $P<.05$ considered significant.

RESULTS: During the study period 1,176 episiotomies were performed in 16,441 vaginal deliveries (7.2%). In phase 2 (2,352 vaginal deliveries), there was a nonsignificant drop in the episiotomy rate with education alone (9.0–8.2%, $P=.21$). In phase 3 (4,379 vaginal deliveries), the episiotomy rate demonstrated an additional, significant drop to 5.9% ($P<.001$), but this reduction did not reach the new Leapfrog goal of 5%. In phase 4 (3,160 vaginal deliveries), the hospital episiotomy rate again dropped significantly from 5.9% to 4.37% ($P=.007$) and met the target rate of 5%. This reduction was sustained over a 12-month time period. During this same time period, the rate of operative vaginal delivery among vaginal births increased (4.5–5.4%, $P=.003$) and there was no significant change in the rates of third- and fourth-degree perineal laceration (3.8–3.3%, $P=.19$).

CONCLUSION: Education, performance feedback, and the Hawthorne effect were associated with a reduction in the episiotomy rate in a large academic institution without a reduction in the rate of operative vaginal delivery or an increase in the rate of third- and fourth-degree lacerations.

Other Groups Using Leapfrog Data to Drive Quality Improvement

Health Plans

Employers/Purchasers

Consumer Groups

Health Plans: Value Based Purchasing

CAREPOINT HEALTH NEWS

CAREPOINT HEALTH HOSPITALS AWARDED $350,000 BY BLUE CROSS BLUE SHIELD FOR SAFETY ACHIEVEMENTS

CarePoint Health hospitals awarded $350,000 by Blue Cross Blue Shield for safety achievements

Capital BlueCross New Hospital Recognition Program Improves Quality of Care for Customers

HARRISBURG (March 14, 2016) - Capital BlueCross announced an agreement with The Leapfrog Group, a national nonprofit organization focused on health care quality and safety, that will establish a regional hospital recognition program to help employers and consumers in central Pennsylvania and the Lehigh Valley make more informed health care decisions.

Capital BlueCross is the first health insurer in Pennsylvania, and the second health insurer nationwide, to partner with The Leapfrog Group on this type of health care quality recognition program. The company will work with the organization to evaluate hospital performance and provide consumer-friendly results.

“Our number-one priority is to ensure our customers have access to the highest quality care possible,” said Dr. Jennifer Chambers, Capital BlueCross senior vice president and chief medical officer. “Working with The Leapfrog Group will enable us to better measure hospital quality, reward high-performing hospitals, and help customers make informed decisions for themselves and their families. This partnership is another way Capital BlueCross is doing more for our customers so they can live healthy.”

Tom Croyle, president of the Lehigh Valley Business Coalition on Healthcare, said “The LVBCH is a Leapfrog Group member and a Regional Rollout Partner of Leapfrog’s Annual Hospital Survey of Hospital Quality in Pennsylvania. We are certainly pleased to see Capital BlueCross align with employers to adopt measures to improve quality, transparency and patient safety in the region. The efforts to reward health care providers based on quality and outcomes certainly will enhance the value that Capital BlueCross and those providers bring to our communities.”

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Health Plans: Member Education

Hospital Profile

carefirst.sqctool.com/Profile.aspx?page=ProfileReport_Safety&id=XX360016

CHOOSE REPORT — CHOOSE HOSPITALS — VIEW REPORT

The Jewish Hospital

General | Services | Safety | Patient Experience

Leapfrog Hospital Survey | Leapfrog Hospital Safety Grade | Hospital Quality Initiative(CMS)

Leapfrog Patient Safety Overview

Leapfrog ranks hospitals based upon a set of criteria shown below. Additional Leapfrog information is available at http://www.leapfroggroup.org/cp.

Patient Safety Standards

Score	Description
	ICU Physician Staffing Staffing ICU's with physicians who have credentials in critical care medicine to reduce serious errors.
	Computer Physician Order Entry Using electronic prescribing systems to reduce serious medical errors.
	Leapfrog Safe Practices Score Implementing the 8 practices to reduce preventable medical mistakes.
	Never Events Implementing a policy on Never Events (medical errors that should never occur).

Evidence Based Hospital Referral

Referring patients who require certain high-risk treatments to hospitals with high surgical volumes.

Procedure	Quality Score	Leapfrog Patients/yr		
		Leapfrog Recommended Minimum	Hospital Volume	Met Recommended Minimum
High Risk Delivery	D/R	50	0	No

Ratings: Progress toward meeting Leapfrog standards

- Fully meets standards
- Substantial progress
- Some progress
- Willing to report
- D/R Declined to respond
- N/A Not applicable
- N/R Response not required
- U/C Unable to calculate score

Aetna @Aetna — Follow

Comparing hospitals? Safety measures are as important as you! Check @LeapfrogGroup #PatientSafety ratings: leapfroggroup.org

9:56 AM - 17 Jul 2017

1 Retweet 2 Likes

1 2

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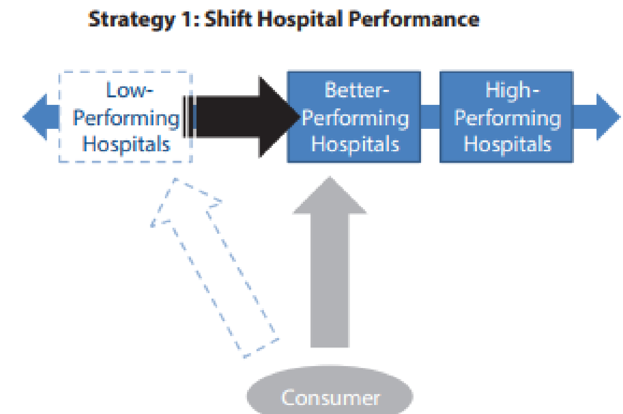
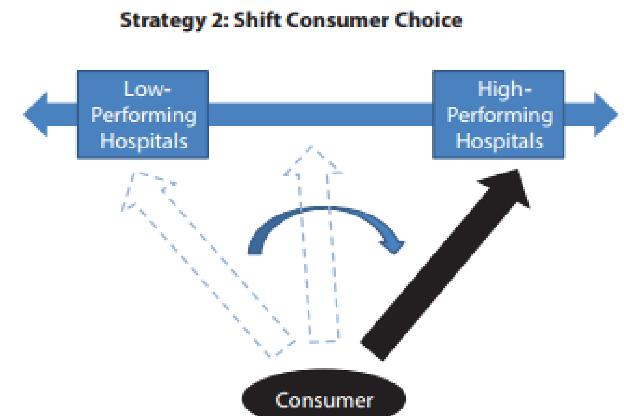
Employers/Purchasers

- Educate their employees on choosing a hospital
- Leverage purchasing power to structure value-based purchasing and contracting with health plans
- Benefits design
- Encourage transparency and accountability in hospitals in their community



Source: Altarum Institute



Source: Altarum Institute

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Consumer Groups

Your Biggest C-Section Risk May Be Your Hospital

Consumer Reports finds that your risk of a cesarean section can be more than nine times higher depending on the hospital you choose

Ratings: WORSE <<<<>>>> BETTER

CR Safety Score	Hospital Name	Avoiding C.difficile Infections	Avoiding MRSA Infections	Avoiding C-sections	Overall heart bypass surgery	Avoiding Readmissions	Overall patient experience
67 (Add to Compare)	Good Samaritan Hospital, Cincinnati, OH				Not Yet Rated		
65 (Add to Compare)	Christ Hospital, Cincinnati, OH			Does Not Report			
64 (Add to Compare)	Bethesda North Hospital, Cincinnati, OH				Not Yet Rated		
61 (Add to Compare)	Mercy Health - Anderson Hospital, Cincinnati, OH			Does Not Report			

LEAPFROG'S HOSPITAL SAFETY GRADE

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ABOUT THE LEAPFROG HOSPITAL SAFETY GRADE

What is the Leapfrog Hospital Safety Grade?

- The Leapfrog Hospital Safety Grade is an A, B, C, D, or F letter grade reflecting how safe hospitals are for patients.
- The Leapfrog Hospital Safety Grade launched in June 2012.
- The grade is issued two times per year: April and October. This fall was the 12th release.
- More information is available at www.HospitalSafetyGrade.org

Who is eligible for a Leapfrog Hospital Safety Grade?

- General acute care hospitals with enough publicly reported data
  - Hospitals missing measure scores for more than 6 process measures OR more than 5 outcome measures do not receive a grade

- Certain types of hospitals cannot receive a grade because they do not participate in the CMS Inpatient Quality Reporting Program (the data source for ½ of the measures used in the Grade):
  - Critical access hospitals
  - PPS-exempt hospitals (i.e. cancer)
  - VA Hospitals
  - Indian Health Services
  - Specialty hospitals

Expert Panel

- Panel task: To help identify a scientifically sound scoring methodology and to ensure the science behind the score is as solid as possible
  - David Bates, MD (Harvard University)
  - Andrew Bindman, MD (University of California, San Francisco)
  - Jennifer Daley, MD (former hospital CMO and COO)
  - Matthew McHugh, PhD, JD, MPH (University of Pennsylvania)
  - Arnold Milstein, MD, MPH (Stanford University)
  - Peter Pronovost, MD, PhD (Johns Hopkins University)
  - Patrick Romano, MD, MPH (University of California, Davis)
  - Sara Singer, PhD (Harvard University)
  - Arjun Srinivasan, MD (Centers for Disease Control and Prevention)
  - Timothy Vogus, PhD (Vanderbilt University)

Guidance Provided by Panel

- Expert panel provided Leapfrog guidance on the mechanics of developing a composite score, including:
  - defining a conceptual framework for the score
  - identifying and recommending measures for inclusion/removal
  - assigning relative weights to each measure
  - standardizing scores across different measure types
  - identifying approaches for dealing with missing data

Conceptual Framework

- Panel discussed what the composite score intended to measure
- Consensus was patient safety, defined as "freedom from harm"
- Panel agreed that this focus was a narrower construct than hospital quality
- Panel recommended that Leapfrog include publicly-reported measures from national data sources
- The panel debated whether the Hospital Safety Grade should recognize hospital efforts toward patient safety (process and structural measures), achievements in patient safety (outcome measures), or both; ultimately recommended that process and structural measures and outcome measures carry equal weights of 50% in the composite score

Measure Selection Criteria

- Measures are publicly-reported from national data sources, reflecting individual hospital results
  - Leapfrog Hospital Survey
  - Centers for Medicare and Medicaid Services data sets
  - American Hospital Association's Annual Survey and HIT Supplement
  - For hospitals in MD only, Maryland Healthcare Commission Data is utilized for the 3 HAC and 7 PSI measures

- Measures are endorsed or in use by a national measurement entity

- Measures are linked to patient safety ("freedom from harm")
  - Directly quantifying patient safety events
  - Assessing processes that lead to better outcomes
  - Identified by experts as important to patient safety

Polling Question

- The two domains in the Hospital Safety Grade are:
  A. Process and Outcomes
  B. Process and Structures
  C. Process/Structures and Outcomes
  D. Structures and Outcomes

Process and Structural Measures

Measure Name	Primary Data Source	Secondary Data Source
Process and Structural Measures (12)		
Computerized Physician Order Entry (CPOE)	2017 Leapfrog Hospital Survey	2016 HIT Supplement [ii]
ICU Physician Staffing (IPS)	2017 Leapfrog Hospital Survey	2015 AHA Annual Survey [i]
Safe Practice 1: Leadership Structures and Systems	2017 Leapfrog Hospital Survey	N/A
Safe Practice 2: Culture Measurement, Feedback & Intervention	2017 Leapfrog Hospital Survey	N/A
Safe Practice 4: Identification and Mitigation of Risks and Hazards	2017 Leapfrog Hospital Survey	N/A
Safe Practice 9: Nursing Workforce	2017 Leapfrog Hospital Survey	N/A
Safe Practice 19: Hand Hygiene	2017 Leapfrog Hospital Survey	N/A
H-COMP-1: Nurse Communication	CMS	N/A
H-COMP-2:Doctor Communication	CMS	N/A
H-COMP-3: Staff Responsiveness	CMS	N/A
H-COMP-5: Communication about Medicines	CMS	N/A
H-COMP-6: Discharge Information	CMS	N/A

[i] AHA Annual Survey, Health Forum, LLC, a subsidiary of the American Hospital Association
[ii] AHA Annual Survey © 2016 Health Forum, LLC

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Outcome Measures

Measure Name	Primary Data Source	Secondary Data Source
Outcome Measures (15)		
Foreign Object Retained	CMS	MHCC*
Air Embolism	CMS	MHCC*
Falls and Trauma	CMS	MHCC*
CLABSI (ICU Only)	2016 Leapfrog Hospital Survey	CMS
CAUTI (ICU Only)	2016 Leapfrog Hospital Survey	CMS
SSI: Colon	2017 Leapfrog Hospital Survey	CMS
MRSA	2017 Leapfrog Hospital Survey	CMS
C. Diff.	2017 Leapfrog Hospital Survey	CMS
PSI 3: Pressure Ulcer	CMS	MHCC*
PSI 4: Death Among Surgical Inpatients	CMS	MHCC*
PSI 6: Iatrogenic Pneumothorax	CMS	MHCC*
PSI 11: Postoperative Respiratory Failure	CMS	MHCC*
PSI 12: Postoperative PE/DVT	CMS	MHCC*
PSI 14: Postoperative Wound Dehiscence	CMS	MHCC*
PSI 15: Accidental Puncture or Laceration	CMS	MHCC*

* The Maryland Health Care Commission will provide HAC and PSI rates for Maryland hospitals only

SCORING OVERVIEW

Weighting Process

- Two measure domains, each weighted 50%:
  - Process/structural measures
  - Outcome measures

- Three criteria for weighting individual measures:
  - Strength of evidence (rating of 1 or 2)
  - Opportunity (rating of 1, 2, 3), based on coefficient of variation
  - Impact (rating of 1, 2, 3) based on:
    - number of patients possibly affected by the event (0, 1, 2, 3)
    - severity of harm to individual patients (1, 2, 3)

- Weight Score = **[Evidence + (Opportunity x Impact)**

Polling Question

- Leapfrog's Hospital Safety Grade uses a z-score methodology for calculating hospital performance on each measure. The concept of a "z-score" is:
  A. Old hat. My middle name is z-score.
  B. It sounds sort of familiar, but please don't ask me to explain it.
  C. What??

Z-Score Methodology

- Standardizes data from individual measures with different scales
- Counts how many standard deviations a hospital's score on the measure is away from the mean
- Mean is set to 0
  - Negative z-score: worse than the mean
  - Positive z-score: better than the mean
- How to Calculate Z-Score from Raw Measure Score:
  - Process/structural measures:
    - (Raw Measure Score – Mean)/Standard Deviation
  - Outcome Measures:
    - (Mean – Raw Measure Score)/Standard Deviation

Polling Question

- When a hospital is missing data for a measure in the Hospital Safety Grade:
  A. The hospital does not receive a Grade.
  B. The measure is ignored and the weight associated with that measure is redistributed to the other measures
  C. This situation does not apply; missing data is not possible with the Hospital Safety Grade.
  D. The hospital has to pay a $200 fine and can't pass Go.

Missing Data

- Although the panel selected nationally-reported measures, some data are missing for hospitals
- Panel discussed several possible approaches for assessing hospital performance when data were missing, including:
  1. Impute the hospital's performance at the national median/mean.
  2. Impute the hospital's performance on the missing measures using other available data.
  3. Impute a score above or below the median/mean (e.g., -1 standard deviation).
  4. Give the hospital zero credit for the measure (e.g., when the hospital chose not to report data to Leapfrog).
  5. Exclude the measure and re-calibrate the weights for the affected hospital(s), using only those measures for which data are available.
- The panel recommended approach #5 for dealing with missing data, except for two measures

Using Secondary Data Sources for Imputation

- Imputation using alternative data is used for two Leapfrog survey-based measures
- Data on Computerized Physician Order Entry (CPOE) and ICU Physician Staffing (IPS) is available from the American Hospital Association's (AHA) annual survey
- For the first round of scores, hospitals were given a score that was equivalent to what they would have earned had they reported that same limited data to the Leapfrog Hospital Survey
- For the second round of scores, calculated expected values based on hospital scores on both data sets; expected values have been used in future rounds of the score

Overall Numerical Score

- Summation of z-score for each measure multiplied by the weight for each measure

- If a measure has missing data, then the weight for that measure is re-apportioned to other measures within the same domain

- 3.0 is added to each hospital's final numerical score to avoid possible confusion with interpreting negative patient safety scores

3.0 + CPOE z-score × CPOE weight + IPS z-score x IPS weight + CLABSI z-score × CLABSI weight . . . . etc.

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DETAILS OF THE COURTESY SAFETY GRADE REVIEW PERIOD

Secure Website for Hospitals to Review their Safety Grade Data

- http://www.HospitalSafetyGrade.org/data-review

LEAPFROG HOSPITAL SAFETY GRADE

Click to Logout

Safety Grade Review Website for Hospitals

The Fall 2017 Safety Grade Review Period will be open from September 13 – October 3, 2017. By accessing the Review Website, you will be able to:

1. Provide contact information for your hospital so we can send you important announcements about the Leapfrog Hospital Safety Grade.
2. Update your hospital's name, address, and Medicare Provider Number.
3. Review the source data used to calculate your hospital's numerical score and validate that we have recorded the correct information. Download review instructions here.
4. Download a copy of the calculator and the scoring methodology.
5. Preview your hospital's **preliminary** numerical score.

Following the review period, we will refresh this website to reflect any changes that occurred during the review period and finalize numerical scores. Hospital letter grades will not be available until October 2017.

Login

User Name

Password

Submit

Please download and review a copy of the Review Instructions and Tips before you begin by clicking here.

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Contact Information

*Is the hospital name and address displayed above correct?
Yes
No

*Is your hospital's Medicare Provider Number (MPN) **34-0037** correct?
MPN is Correct
MPN is NOT Correct *(If the MPN is not correct, please contact the Help Desk immediately.)*

CEO First Name
CEO Last Name
CEO Email Address
Contact First Name
Contact Last Name
Contact Title
Contact Email Address
Contact Phone Number

*Is the hospital name and address displayed above correct?
Yes
No

Please provide the correct hospital name and address below. Information provided will be used to update your hospital's profile in our database. Your hospital's name and address will appear exactly as you indicate below on the public reporting website.

Hospital Name
Hospital Address
Hospital City
Hospital State
Hospital ZIP

Click here to continue

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Source Data

Safety Grade Review Website for Hospitals

Hospital Source Data

Information about Source Data

The information in the table below represents your hospital's performance on each of the 27 measures used in the Hospital Safety Grade as of August 31, 2017 (the Data Snapshot Date). Please review this information to ensure that Leapfrog recorded the correct measure score from each publicly available data source.

You will need the following documents to complete the review process:
- Review Instructions
- Fall 2017 Calculator
- Policy on Correcting Data Used in the Hospital Safety Grade
- Scoring Methodology
- Changes to the Fall 2017 Hospital Safety Grade

If you find a data discrepancy (i.e. the measure score listed below does not match the public report as described in the Review Instructions), please contact the Help Desk.

Source Data

Name of the Measure	Type of Measure	Data Source/Links	Reporting Period	Measure Score	Does the measure score match the public report?
Computerized Physician Order Entry (CPOE)	Structure/ Process	2017 Leapfrog Hospital Survey	2017	Declined to Report	Yes (selected) / No
ICU Physician Staffing	Structure/ Process	AHA Annual Survey	2015	5	Yes (selected) / No
SP1 - Leadership Structures and Systems	Structure/ Process	2017 Leapfrog Hospital Survey	2017	Declined to Report	Yes (selected) / No
SP 2 - Culture Measurement, Feedback and Intervention	Structure/ Process	2017 Leapfrog Hospital Survey	2017	Declined to Report	Yes (selected) / No
SP 4 - Identification and Mitigation of Risks and Hazards	Structure/ Process	2017 Leapfrog Hospital Survey	2017	Declined to Report	Yes (selected) / No
SP 9 - Nursing Workforce	Structure/ Process	2017 Leapfrog Hospital Survey	2017	Declined to Report	Yes (selected) / No
SP 19 - Hand Hygiene	Structure/ Process	2017 Leapfrog Hospital Survey	2017	Declined to Report	Yes (selected) / No
Communication with Nurse	Structure/ Process	CMS	10/01/2015 - 09/30/2016	85	Yes (selected) / No
Communication with Doctor	Structure/ Process	CMS	10/01/2015 - 09/30/2016	85	Yes (selected) / No
Staff Responsiveness	Structure/ Process	CMS	10/01/2015 - 09/30/2016	85	Yes (selected) / No

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What if the Measure Score Doesn't Match the Public Report?

- Hospitals are asked to **contact the help desk immediately** once they have confirmed the data source, measure, and reporting period.

- Hospitals must provide a copy of the public report that shows the different score.

- If we find a recording error, we will update the score and re-issue a numerical score and safety grade.

Hospital Safety Grade Calculator

September/October 2017

Measure Domain	Measure	Your Hospital's Score	Mean	Standard Deviation	Original Z-Score	Modified Z-Score	Evidence	Opportunity	Impact	Standard Weight	Your Final Weight	Weighted Measure Score
Process/Structural Measures	CPOE		78.07	26.44	-2.9525	-2.9525	2	1.34	3	6.3%	6.3%	-0.1875
	IPS		45.39	43.77	-1.0369	-1.0369	2	1.96	3	8.3%	8.3%	-0.0864
	SP 1		116.33	7.20	-16.1535	-5.0000	1	1.06	2	3.3%	3.3%	-0.1648
	SP 2		114.20	18.05	-6.3259	-5.0000	1	1.16	2	3.5%	3.5%	-0.1750
	SP 4		96.24	9.89	-9.7349	-5.0000	1	1.10	2	3.4%	3.4%	-0.1692
	SP 9		97.16	7.80	-12.4571	-5.0000	1	1.08	3	4.5%	4.5%	-0.2238
	SP 19		57.36	7.07	-8.1095	-5.0000	2	1.12	2	4.5%	4.5%	-0.2241
	H-COMP-1		90.94	2.17	-41.8614	-5.0000	1	1.02	2	3.2%	3.2%	-0.1608
	H-COMP-2		91.26	1.93	-47.3600	-5.0000	1	1.02	2	3.2%	3.2%	-0.1605
	H-COMP-3		84.02	3.54	-23.7019	-5.0000	1	1.04	2	3.3%	3.3%	-0.1628
	H-COMP-5		77.79	3.40	-22.8584	-5.0000	1	1.04	2	3.3%	3.3%	-0.1629
	H-COMP-6		86.81	3.07	-28.2666	-5.0000	1	1.04	2	3.2%	3.2%	-0.1620
Outcome Measures	Foreign Object Retained		0.02	0.06	0.3122	0.3122	1	3.00	2	4.2%	4.2%	0.0131
	Air Embolism		0.002	0.01	0.1411	0.1411	1	3.00	1	2.4%	2.4%	0.0034
	Falls and Trauma		0.37	0.38	0.9595	0.9595	2	2.04	3	4.9%	4.9%	0.0468
	CLABSI		0.49	0.47	1.0490	1.0490	2	1.95	3	4.7%	4.7%	0.0495
	CAUTI		0.55	0.49	1.1350	1.1350	2	1.88	3	4.6%	4.6%	0.0521
	SSI: Colon		0.86	0.70	1.2260	1.2260	2	1.82	2	3.4%	3.4%	0.0414
	MRSA		0.95	0.75	1.2597	1.2597	2	1.79	3	4.4%	4.4%	0.0558
	C. Diff		0.90	0.42	2.1460	2.1460	2	1.47	3	3.8%	3.8%	0.0824
	PSI 3		0.44	0.41	1.0682	1.0682	1	1.94	3	4.1%	4.1%	0.0436
	PSI 4		137.02	18.76	7.3018	7.3018	1	1.14	2	2.0%	2.0%	0.1435
	PSI 6		0.41	0.09	4.6475	4.6475	1	1.22	2	2.1%	2.1%	0.0957
	PSI 11		13.91	4.64	2.9984	2.9984	1	1.33	2	2.2%	2.2%	0.0660
	PSI 12		5.12	1.88	2.7169	2.7169	1	1.37	2	2.2%	2.2%	0.0609
	PSI 14		2.32	0.38	6.1541	6.1541	1	1.16	2	2.0%	2.0%	0.1228
	PSI 15		1.43	0.49	2.9086	2.9086	1	1.34	3	3.0%	3.0%	0.0878
Process Measure Score:		-2.0398										
Outcome Measure Score:		0.9648										
Process/Outcome Combined Score:		-1.0750										
Normalized Numerical Score:		1.9250										
Hospital Safety Grade (Letter Grade):		Will not be calculated until after the Safety Grade Review Period. Hospitals will be notified via email when the letter grades are posted.										

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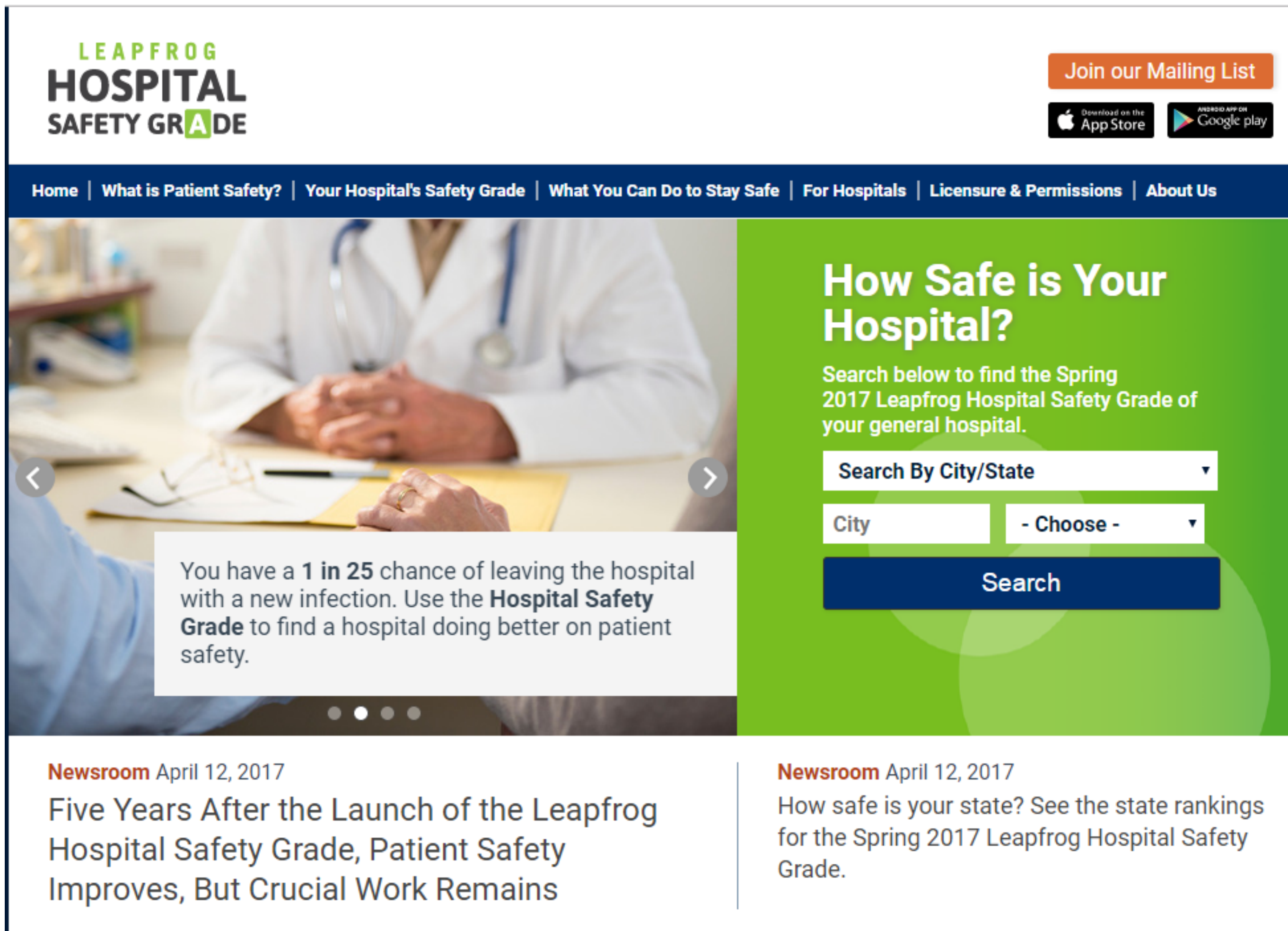
Preview Preliminary Numerical Score

My Score	My Letter Grade
3.0457	TBD

More Information
Hospital Safety Grade Methodology (1 PDF file)
Hospital Safety Grade Calculator (1 Excel file)
Changes in Measure Weights (1 PDF file)

PUBLIC REPORTING

HospitalSafetyGrade.org



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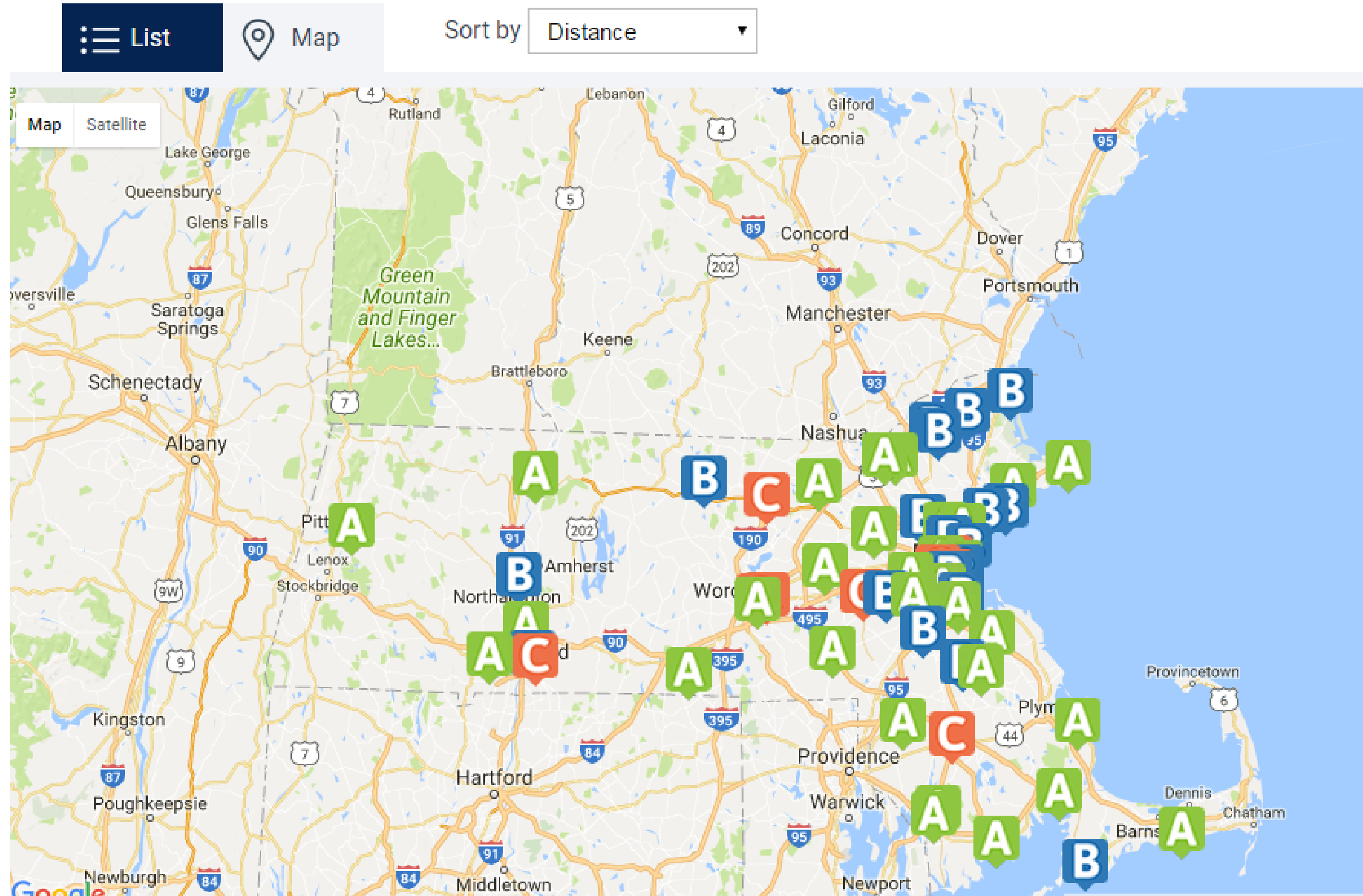
Search by Hospital Name and Location



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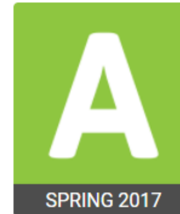
Hospital Details

Beth Israel Deaconess Hospital Plymouth

275 Sandwich Street
Plymouth, MA 02360-2196
Map and Directions

This Hospital's Grade



Learn how to use the Leapfrog Hospital Safety Grade

▶ Show Recent Past Grades

Detailed table view

Infections | Problems with Surgery | Practices to Prevent Errors | Safety Problems | Doctors, Nurses & Hospital Staff

Click Each Measure to Learn More

Hospital Performs Below Average — Above Average

MRSA Infection | C. diff Infection | Infection in the blood during ICU stay | Infection in the urinary tract during ICU stay | Surgical site infection after colon surgery

This Hospital's Score:
0.631

Best Hospital's Score:
0.000

MRSA infection

Staph bacteria are common in hospitals, but Methicillin-resistant Staphylococcus aureus (MRSA) is a type of staph bacteria that is resistant to (cannot be killed by) many antibiotics. MRSA can be found in bed linens

What safer hospitals do:

Doctors and nurses should clean their hands after caring for every patient. Hospital rooms and medical equipment should be thoroughly cleaned often. Safer hospitals will also keep MRSA patients separate from other patients

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Past Grades

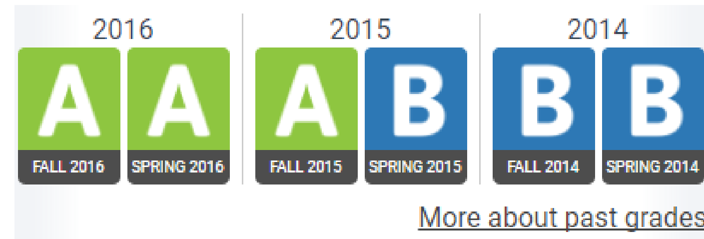
Beth Israel Deaconess Hospital Plymouth

275 Sandwich Street
Plymouth, MA 02360-2196
Map and Directions

This Hospital's Grade

Learn how to use the Leapfrog Hospital Safety Grade

▼ Hide Recent Past Grades



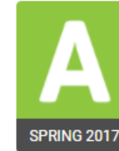
More about past grades

Detailed Table View for Hospitals

Beth Israel Deaconess Hospital Plymouth

275 Sandwich Street
Plymouth, MA 02360-2196
Map and Directions

This Hospital's Grade

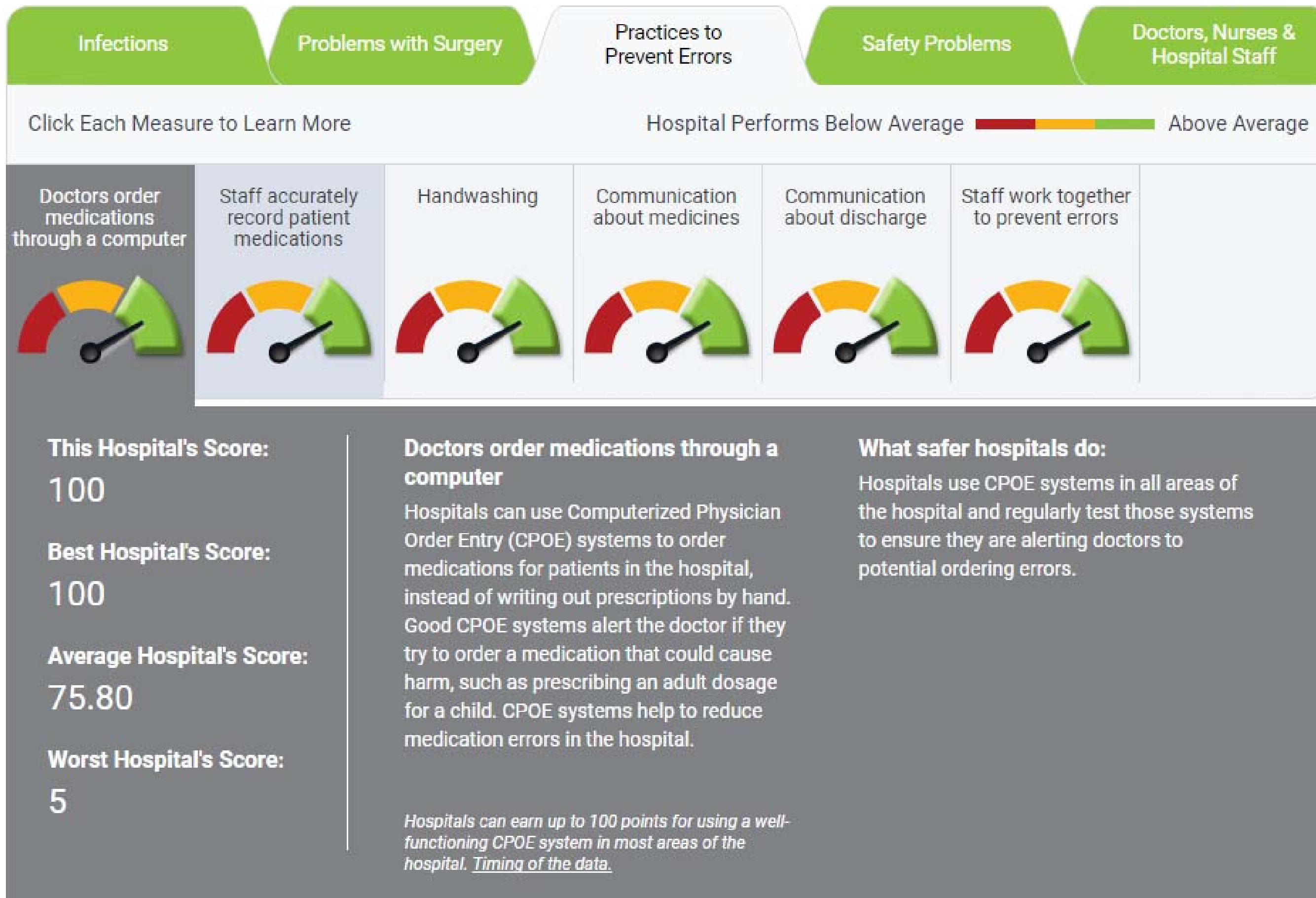


Outcomes measures include errors, accidents, and injuries that this hospital has publicly reported.

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source	Time Period Covered
Dangerous object left in patient's body What's This?	0	0.386	0.025	0.000	CMS	07/01/2013 - 06/30/2015
Air or gas bubble in the blood What's This?	0	0.093	0.002	0.000	CMS	07/01/2013 - 06/30/2015
Patient falls What's This?	0.623	1.944	0.390	0.000	CMS	07/01/2013 - 06/30/2015
Infection in the blood during ICU stay What's This?	0.000	2.393	0.486	0.000	2016 Leapfrog Hospital Survey	01/01/2015 - 06/30/2016
Infection in the urinary tract during ICU stay What's This?	0.397	2.130	0.548	0.000	2016 Leapfrog Hospital Survey	01/01/2015 - 06/30/2016
Surgical site infection after colon surgery What's This?	0.000	3.461	0.899	0.000	2016 Leapfrog Hospital Survey	01/01/2015 - 06/30/2016
MRSA Infection What's This?	0.631	3.968	0.862	0.000	2016 Leapfrog Hospital Survey	01/01/2015 - 06/30/2016
C. diff. Infection What's This?	1.172	2.386	0.893	0.000	2016 Leapfrog Hospital Survey	01/01/2015 - 06/30/2016
Dangerous bed sores What's This?	0.45	2.28	0.44	0.03	CMS	07/01/2013 - 06/30/2015
Death from treatable serious complications What's This?	138.73	184.16	136.80	70.79	CMS	07/01/2013 - 06/30/2015

Remember to print a copy of your Spring 2017 data and letter grade.

Measure Scores



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Important Dates for 2018

- **December –** 2017 Leapfrog Hospital Survey closes for the year
- **January 31 –** Data Snapshot Date for April 2018 release
- **March –** Courtesy 3-week Hospital Safety Grade Review Period
- **April –** 2-week Letter Grade Embargo Period, Public Release of Spring 2018 Safety Grades
- **August 31** – Data Snapshot Date for October 2018 release
- **September** – Courtesy 3-week Hospital Safety Grade Review Period
- **October –** 2- week Letter Grade Embargo Period, Public Release of Fall 2018 Safety Grades

For more information about important dates, visit: http://www.hospitalsafetyscore.org/for-hospitals/updates-and-timelines-for-hospitals

Questions?