

# Leapfrog Hospital & ASC Surveys

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February 6, 2025



# 2024 Year in Review

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## Hospital Survey

- **2,433** submissions (66% of targeted hospitals), including all 45 Military Treatment Centers in the U.S. and abroad
- Hospitals range in size from <10 staffed acute care beds to <1200
- Care for over 23M adult admissions, 1M pediatric admissions, and 3M ICU admissions

## ASC Survey

- 104 submissions
- About 1/3 of submissions from single specialty ASCs and 2/3 of submissions from multi-specialty ASCs
- Care for over 475,000 adult discharges and over 20,000 pediatric discharges

# Key Hospital Survey Results in 2024

## Hospitals excel in some but not all areas of medication safety

- 90% of hospitals achieved Leapfrog's CPOE Standard
- 88% achieved Leapfrog's BCMA standard
- Only 50% of hospitals achieved Leapfrog's standards for medication reconciliation and medication documentation for same-day surgery patients

## Hospitals continue to struggle in reducing rates of cesarean births and report wide variation in the use of midwives and doulas

- This year 40% of hospitals achieved Leapfrog's NTSV C-Section Standard, meaning they reported a rate of 23.6% or less, this is down from 42% last year
- Only 60% of hospitals reported offering midwives
- Fewer than 50 hospitals reported employing doulas, but another 85% of hospitals reported allowing patients to bring a doula with them to the hospital

## Hospitals continue to improve on hand hygiene

- Since 2020, the percentage of hospitals meeting Leapfrog's standard has soared from 11% to 80% in 2024
- The use of electronic compliance monitoring has doubled in only four years
- The percentage of hospital leaders being held accountable for performance on hand hygiene has doubled since 2020, with over 86% of hospitals reporting their leaders are held directly accountable through performance reviews or compensation

# Key ASC Survey Results in 2024

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ASCs are outperforming hospital outpatient departments in medication safety

- 82% of ASCs report documenting all home medications, visit medications, and allergies for same-day surgery patients, compared to only 50% of hospital outpatient departments

ASCs have more work to do on implementing foundational patient safety practices

- Only 40% of ASCs report administering a biannual culture of safety survey and implementing improvements initiatives
- Only 46% of ASC report have processes and structures in place to identify and mitigate patient safety hazards such as medication errors and falls

ASCs are also showing improvement on hand hygiene

- 69% of ASCs met Leapfrog's standard in 2024, up from 60% in 2023

# Proposed Changes to the 2025 Leapfrog Hospital & ASC Surveys

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# On-Site Verification for 2025

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We plan to continue our On-Site Data Verification program in 2025 with MetaStar.

MetaStar is a nonprofit organization based in Wisconsin with a wide breadth of experience and accomplishment in external quality review, healthcare quality consulting, and performance measurement. MetaStar works with organizations such as the CDC, CMS, and the Wisconsin Department of Health Services and is also a part of the Superior Health Quality Alliance, a Quality Innovation Network working on quality improvement for Medicare beneficiaries.

**Hospitals** and **ASCs** that participated in the 2024 Surveys will be eligible for On-Site Data Verification in 2025.

# Scoring and Public Reporting for 2025

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- **No change to initial reporting:** As in prior years, Leapfrog Hospital and ASC Survey Results will be publicly reported and available to data licensees on July 25.
- **After July,** Hospital and ASC Results will be available within the first seven **(7) business days** of the month to reflect Surveys (re)submitted by the end of the previous month.
- Previously, results were published within the first five (5) business days of the month.

# New Standard on Pediatric ICU Physician Staffing in Hospitals

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- Our goal is to help consumers, employers and purchasers, health plans, and other stakeholders identify whether a hospital has adult, pediatric, or both ICUs.
- No updates to questions, other than to reference adult and pediatric ICUs as distinct entities.
- Section 5A (Adult) and 5B (Pediatric) will be scored and publicly reported separately, but with no changes to the scoring algorithm.
  - **Only the Adult ICU Physician Staffing performance category will be used in the Hospital Safety Grade Methodology**
  - **Both Adult and Pediatric ICU Staffing measures will be included on Leapfrog's public reporting website and in the Value-based Purchasing Program**



# New Measures on Hospital Boarding in the Emergency Department

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- Leapfrog’s goal is to grow hospital reporting to include safety in the emergency department, as with our expansion beyond inpatient care into outpatient surgeries, and follows our efforts in measuring the quality and safety of diagnostic care, which is heavily focused on the emergency department
- “ED Boarding” (admitting patients without immediately moving them to an inpatient bed in an inpatient unit) has surfaced as a top concern about patient safety experts, and in the published literature
- ED Boarding leads to worse outcomes for patients, ranging from increases in medication errors to increases in mortality.
- ED Boarding is also increasingly common, with estimates of a 130% increase from 2012-2019, and further increases in the post-pandemic period.

# ED Boarding for 2025

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- Two proposed measures:
  - The percentage of ED patients admitted to the hospital that had an ED Boarding time of 4 hours or less (where lower percentages are desirable)
  - The average length of stay in the ED for patients admitted to the hospital (where lower averages are desirable)
- Will not be scored or publicly reported in 2025: **optional and for fact-finding only.**
- Patients that are admitted to observation status, but not the inpatient setting, are excluded from reporting.

# New Questions in 2025

## Section 6E: ED Boarding – Proposed Questions for 2025 (Optional – Fact-Finding Only)

Questions #3 (denominator) and #4 (numerator) are used to calculate ED Boarding Longer than 4 Hours and questions #3 (denominator) and #5 (numerator) are used to calculate Average ED Length of Stay (LOS) for Admitted Patients.

1) 12-month reporting period used:	<input type="radio"/> 01/01/2024 – 12/31/2024 <input type="radio"/> 07/01/2024 – 06/30/2025
2) Did your hospital operate a dedicated emergency department (ED)* during the reporting period?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but ED is now closed or wasn't open for the entire reporting period
3) Total number of emergency department (ED) visits (of patients of any age) during the reporting period that were admitted to the hospital's inpatient setting, with <b>Excluded Populations**</b> removed:	_____
4) Total number of ED visits indicated in question #3 that had a boarding time*** that was longer than 4 hours:	_____
5) Total number of hours spent**** in the ED for ED visits indicated in question #3:	_____

# Key Definitions

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- A dedicated emergency department is an area of the hospital that meets any one of the following criteria:
  - Licensed by the state as an emergency department,
  - Holds itself out to the public as providing emergency care, or
  - During the preceding calendar year, at least one-third of its outpatient visits were for the treatment of emergency medical conditions.
- Boarding time is defined as the difference between the “time from the admission order” to “patient departure from the ED for admitted patients.”
- Hours spent in the ED is defined as the difference between the “patient arrival time at the ED” to “patient departure from the ED for admitted patients”.
- A patient can have multiple ED visits with a hospital admission during the performance period so each patient ED visit with an inpatient admission is included in the denominator (question #3).

# Four new ASC Outcome Measures

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- We are adding four new measures that are included in the CMS Ambulatory Surgical Center Quality Reporting (ASCQR) program
  - ASC-1: Number of patients who experience a burn prior to discharge from the ASC
  - ASC-2: Number of patients who experience a fall within the ASC
  - ASC-3: Number of patients who experience a wrong site, side, patient, procedure, or implant
  - ASC-4: Percentage of ASC patients who are transferred or admitted to a hospital upon discharge from the ASC
- These four measures will be scored, publicly reported, and available to ASC/HOPD data licensees starting in July 2025

# Question

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## **Is there any push to have CMS release data/metrics in a timely fashion to allow for real-time comparison?**

Each year, when submitting comments to the Proposed Hospital Inpatient Prospective Payment Systems (IPPS), Proposed ASC Quality Reporting Program (ASCQR), and Hospital Outpatient Quality Reporting Program (OQR), Leapfrog strongly advocates for CMS to adopt more current reporting periods for its publicly reported measures.

We also work to ensure the reporting periods used on the annual Leapfrog Hospital and ASC Surveys are as current as possible.

# Question

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## What are the top 3 actions that can be taken to improve a Leapfrog (safety) grade?

Hospitals can identify those measures that have contributed to a lower score by entering the measure scores from the [Safety Grade Review Website](#) into the safety grade calculator available on the website.

Anytime you see a negative z-score, that measure is negatively impacting your score. You can then review the final measure weight to identify the highest weighted measures.

Focusing your improvement efforts on measures with the lowest z-score and highest measure weights will have the greatest impact on future Safety Grades.

In some cases, it may be as simple as developing a policy or protocol (e.g., NQF Safe Practices). In other cases, it may require more time and resources. You can prioritize measures to improve based on performance gaps (distance from the mean) or by resources needed to improve (start with low-resource items and move on to high-resource items).

# Safety Grade Calculator Example

Measure Domain	Measure	Enter Your Hospital's Score Here (Do NOT Leave Blanks)	Mean	Standard Deviation	Z-Score <sup>1</sup>		Inputs to Weighting Individual Measures <sup>2</sup>				Weight <sup>3</sup>		Weighted Measure Score (Modified Z-Score x Final Weight)
					Original Z-Score	Modified Z-Score	Evidence	Opportunity	Impact	Number of Component Measures <sup>4</sup>	Standard Weight	Final Weight (N/A redistributes)	
Process/Structural Measures	Computerized Physician Order Entry (CPOE)	100	78.95	34.65	0.6077	0.6077	2	1.44	3	1	6.173%	6.2%	0.0375
	Bar Code Medication Administration (BCMA)	100	80.44	31.07	0.6296	0.6296	2	1.39	3	1	6.018%	6.0%	0.0379
	ICU Physician Staffing (IPS)	100	64.41	43.96	0.8096	0.8096	2	1.68	3	1	6.887%	6.9%	0.0558
	Safe Practice 1: Culture of Leadership Structures and Systems	120.00	117.40	6.66	0.3907	0.3907	1	1.06	2	1	3.043%	3.0%	0.0119
	Safe Practice 2: Culture Measurement, Feedback, & Intervention	120.00	116.60	15.21	0.2233	0.2233	1	1.13	2	1	3.187%	3.2%	0.0071
	Total Nursing Care Hours per Patient Day	100	76.06	31.77	0.7537	0.7537	2	1.42	2	1	4.725%	4.7%	0.0356
	Hand Hygiene	100	72.39	36.64	0.7535	0.7535	2	1.51	2	1	4.898%	4.9%	0.0369
	H-COMP-1: Nurse Communication	85	90.03	2.55	-1.9719	-1.9719	1	1.03	2	1	2.987%	3.0%	-0.0589
	H-COMP-2: Doctor Communication	85	89.80	2.48	-1.9326	-1.9326	1	1.03	2	1	2.986%	3.0%	-0.0577
	H-COMP-3: Staff Responsiveness	74	81.48	4.41	-1.6942	-1.6942	1	1.05	2	1	3.038%	3.0%	-0.0515
	H-COMP-5: Communication about Medicines	68	74.33	4.16	-1.5235	-1.5235	1	1.06	2	1	3.041%	3.0%	-0.0463
H-COMP-6: Discharge Information	80	85.14	3.78	-1.3611	-1.3611	1	1.04	2	1	3.018%	3.0%	-0.0411	
Outcome Measures	Foreign Object Retained	0.000	0.014	0.05	0.2744	0.2744	1	3.00	2	1	4.234%	4.7%	0.0130
	Air Embolism	0.000	0.002	0.06	0.0247	0.0247	1	3.00	1	1	2.420%	2.7%	0.0000
	Falls and Trauma	1.247	0.384	0.40	-2.1458	-2.1458	2	2.05	3	1	4.924%	5.1%	-0.1185
	CLABSI	2.304	0.686	0.56	-2.8653	-2.8653	2	1.82	3	1	4.519%	5.0%	-0.1452
	CAUTI	0.000	0.576	0.51	1.1406	1.1406	2	1.88	3	1	4.615%	5.2%	0.0590
	SSI: Colon	N/A	0.853	0.72	N/A	N/A	2	1.85	2	1	3.444%	0.0%	0.0000
	MRSA	0.000	0.747	0.59	1.2705	1.2705	2	1.79	3	1	4.453%	5.0%	0.0634
	C. Diff.	0.724	0.417	0.33	-0.9278	-0.9278	2	1.79	3	1	4.460%	5.0%	-0.0464
PSI 4: Death rate among surgical inpatients with serious treatable conditions	N/A	168.39	21.89	N/A	N/A	1	1.13	2	1	1.972%	0.0%	0.0000	
CMS Medicare PSI 90: Patient safety and adverse events composite	1.24	1.01	0.19	-1.2365	-1.2365	1	1.19	2	10	14.959%	16.8%	-0.2074	
<b>Process Measure Domain Score:</b>		-0.0328											
<b>Outcome Measure Domain Score:</b>		-0.3811											
<b>Process/Outcome Domains - Combined Score:</b>		-0.4139											
<b>Normalized Numerical Score:</b>		2.5861											



# Question

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## **When will doula statistics and data be available (publicly)?**

Leapfrog is planning to publish a maternity care report in March 2025, which will include state and national statistics regarding the availability of maternity care services, including midwives and doulas.

# Question

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**Safe Surgery Checklist Audit Question – there is not much room to enter text in this box. Can that be adjusted?**

Please open a ticket with our Help Desk at <https://leapfroghelpdesk.Zendesk.com>.

Include a screenshot of the field you are referencing, so we can make the appropriate update(s) for 2025.