**Frequently Asked Questions**

**About The Leapfrog Hospital Safety Grade**

**Who is The Leapfrog Group?**

Founded in 2000 by large employers and other purchasers, The Leapfrog Group is a national nonprofit organization driving a movement for giant leaps forward in the quality and safety of American health care. For nearly 20 years we have collected, analyzed, and published hospital data on safety, quality, and resource use. That means purchasers can find high-value care, and it means real people are empowered with the information they need to make better decisions.

**What is The Leapfrog Hospital Safety Grade?**

The Leapfrog Hospital Safety Grade is an “A,” “B,” “C,” “D” or “F” assigned to all general hospitals in the U.S., rating how safe they are for their patients. The grade uses 28 measures including rates of preventable errors, injuries and infections, and whether hospitals have systems in place to prevent them. Grades are updated twice annually, in the fall and spring. The Safety Grades are based on a peer-reviewed methodology, calculated by top patient safety experts and are 100 percent transparent and free to the public.

**What is the difference between The Leapfrog Hospital Survey and The Leapfrog Hospital Safety Grade?**

The Leapfrog Hospital Survey is an annual voluntary survey in which Leapfrog asks hospitals to report quality and safety data and then publicly reports that information by hospital. The Leapfrog Hospital Safety Grade is a letter grade Leapfrog bi-annually assigns to all general hospitals in the United States, whether they report to the Survey or not. If a hospital does not report to the Survey, the Safety Grade uses publicly available data from numerous secondary sources. The majority of data used to calculate the Safety Grade comes from the Centers for Medicare and Medicaid Services.

**How many hospitals were graded in fall 2018?**

More than 2,600 hospitals were graded in the fall 2018 Leapfrog Hospital Safety Grade.

**What are the main takeaways to know about the latest Hospital Safety Grades?**

Patient safety requires a health system-wide discipline of putting patients first – night and day, year-round. Any exceptions can immediately harm patients. With this in mind, The Leapfrog Hospital Safety Grade is updated twice annually – each spring and fall – with the latest possible data to accurately identify hospitals that improve, as well as those that lapse, over the course of the year.

In fall 2018:

* 32% of hospitals earned an “A”
* 24%, a “B”
* 37%, a “C”
* 6%, a “D”
* Less than 1%, an “F”

This fall 2018 release of The Leapfrog Hospital Safety Grade used safety data predominantly from 2017 and 2018.

**Were there any changes to the fall grading compared to the spring?**

The Leapfrog Group published changes to the scoring methodology for The Leapfrog Hospital Safety Grade that took effect for the fall 2018 grades.

The methodology changes include the following, effecting two of the 28 measures in the Hospital Safety Grade:

1. Changes to the scoring for Computerized Physician Order Entry (CPOE)
2. Addition of a measure on Bar Code Medication Administration (BCMA)

**Does a hospital get a better Safety Grade if it reports to The Leapfrog Hospital Survey?**

The more information Leapfrog has about a hospital’s safety, the more opportunity hospitals have to tell their story and improve their grade. Participation in The Leapfrog Hospital Survey gives hospitals the opportunity to report additional information about their safety measures. If a hospital performs well on certain measures on The Leapfrog Hospital Survey, they have the opportunity to earn more points in their Hospital Safety Grade for those certain measures than they would if they did not report to The Leapfrog Hospital Survey. This is because the data hospitals report to Leapfrog is much more comprehensive than data available from other publicly available sources.

**Which hospitals are included?**

The Leapfrog Hospital Safety Grade is calculated predominantly with data from the Centers for Medicare and Medicaid Services, which has certain limitations. The Leapfrog Group is exploring opportunities to include more categories of hospitals in future iterations of The Leapfrog Hospital Safety Grade.

Excluded from The Leapfrog Hospital Safety Grade are:

* Critical access hospitals
* Specialty hospitals, such as children’s hospitals or cancer hospitals
* Government hospitals, such as VA and military hospitals
* Long-term care facilities, rehab facilities and ambulatory care centers
* Hospitals for which there isn’t enough publicly reported data
* Hospitals in U.S. territories such as Guam and Puerto Rico

**Why don’t I see my hospital?**

Not all hospitals have data publicly available on the full list of 28 measures. In these instances, grades are calculated only for the available measures. As per Expert Panel guidance, The Leapfrog Group has minimum data thresholds for hospitals to receive a grade. Hospitals missing more than seven of 13 process measures or more than five of 15 outcome measures are not graded.

This means some general hospitals that should be graded are not. Many rural or small hospitals are unable to report substantial data to the federal government because of low patient volumes or fewer services. For instance, hospitals without an intensive care unit (ICU) cannot report on ICU-specific measures.

**What are you measuring in The Leapfrog Hospital Safety Grade?**

The Leapfrog Hospital Safety Grade assesses hospitals strictly on patient safety: i.e., inpatient injuries, infections, and medical and medication errors.

Under the guidance of an Expert Panel, The Leapfrog Group identified 28 measures of patient safety data publicly reported at the national level that they deemed the most significant and reliable of all available measures. This includes measures reported by the federal government via the Centers for Medicare & Medicaid Services, measures reported on the annual Leapfrog Hospital Survey and data from the American Hospital Association’s annual survey.

The final 28 measures calculated in The Leapfrog Hospital Safety Grade cover:

* Five infections, including central line-associated bloodstream infections, catheter associated urinary tract infections, surgical site infections for colon surgeries, MRSA and C.diff
* Hospital-wide safety problems, including falls and trauma, and very severe pressure ulcers
* Preventable complications from surgery, such as foreign objects retained in the body, postoperative hazards, and accidental punctures or lacerations
* Use of bar code medication administration at the bedside

The Leapfrog Hospital Safety Grade also credits hospitals for having the procedures and protocols known to prevent infections, errors and accidents, such as:

* Strong nursing leadership and engagement
* Computerized physician order entry systems to prevent medication errors
* Hand hygiene policies
* Adherence to medical protocols that prevent complications
* The right staffing in the ICU
* Patient experience (HCAHP) measures that have a direct correlation with patient safety outcomes

The Leapfrog Hospital Safety Grade does NOT measure:

* Issues commonly considered quality measures, such as mortality rates for certain procedures
* Measures of hospital quality, such as ratings by specialty or procedure
* Readmission rates

**How is the data assessed?**

The Expert Panel regularly convenes to reassess and recommend a weighting formula for each measure in the Hospital Safety Grade. The assessment is made on three main criteria: strength of the evidence, opportunity for improvement nationally, and impact on patient well-being. The scoring methodology is published in detail, and hospitals are given tools to analyze how their own grade was derived.

**Where does the data come from?**

The Leapfrog Hospital Safety Grade primarily consists of measures collected and publicly reported by the Centers for Medicare & Medicaid Services, and also includes some measures from The Leapfrog Hospital Survey for hospitals that report to Leapfrog. If a hospital does not submit a Leapfrog Hospital Survey, Leapfrog uses data from the American Hospital Association’s annual survey and IT supplement instead.