Overview of the Spring 2020 Leapfrog Hospital Safety Grade

Presented by:
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February 24, 2020
Presentation Overview

About the Leapfrog Hospital Safety Grade

Measure Highlights

Scoring Overview

Details of the Courtesy Safety Grade Review Period

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ABOUT THE LEAPFROG HOSPITAL SAFETY GRADE
What is the Leapfrog Hospital Safety Grade?

The Safety Grade uses up to 28 national patient safety measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey, and information from other supplemental data sources, to produce a single letter grade (A, B, C, D, or F) representing a hospital’s overall performance in keeping patients safe from preventable harm and medical errors.

The Leapfrog Hospital Safety Grade launched in June 2012.

The Grade is issued two times per year: Spring (April/May) and Fall (October/November). This spring will be the 17th 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 available data

- Hospitals missing measure scores for more than 7 process measures OR more than 5 outcome measures do not receive a grade

Due to the limited availability of public data, The Leapfrog Group is not able to calculate a Safety Grade for the following types of hospitals:

- Critical access hospitals (CAH)
- Long-term care and rehabilitation facilities
- Mental health facilities
- Federal hospitals (e.g., Veterans Affairs, Indian Health Services, etc.)
- Some specialty hospitals, such as surgery centers and cancer hospitals
- Free-standing pediatric hospitals
- Hospitals in U.S. territories
MEASURE HIGHLIGHTS
Measure Selection Criteria

Measures are publicly available from national data sources, reflecting individual hospital results

- Leapfrog Hospital Survey
- Centers for Medicare and Medicaid Services data sets
- Supplemental data from the American Hospital Association’s Annual Survey and IT Supplement

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
# 13 Process and Structural Measures

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Primary Data Source</th>
<th>Secondary Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computerized Physician Order Entry (CPOE)</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>2018 AHA Annual Survey IT Supplement ii</td>
</tr>
<tr>
<td>Bar Code Medication Administration (BCMA)</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>2018 AHA Annual Survey IT Supplement ii</td>
</tr>
<tr>
<td>ICU Physician Staffing (IPS)</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>2018 AHA Annual Survey</td>
</tr>
<tr>
<td>Safe Practice 1: Leadership Structures and Systems</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>N/A</td>
</tr>
<tr>
<td>Safe Practice 2: Culture Measurement, Feedback &amp; Intervention</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>N/A</td>
</tr>
<tr>
<td>Safe Practice 4: Identification and Mitigation of Risks and Hazards</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>N/A</td>
</tr>
<tr>
<td>Safe Practice 9: Nursing Workforce</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>N/A</td>
</tr>
<tr>
<td>Safe Practice 19: Hand Hygiene</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>N/A</td>
</tr>
<tr>
<td>H-COMP-1: Nurse Communication</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>H-COMP-2: Doctor Communication</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>H-COMP-3: Staff Responsiveness</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>H-COMP-5: Communication about Medicines</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>H-COMP-6: Discharge Information</td>
<td>CMS</td>
<td>N/A</td>
</tr>
</tbody>
</table>

1 AHA Annual Survey, Health Forum, LLC, a subsidiary of the American Hospital Association
2 AHA Annual Survey © 2018 Health Forum, LLC
## 15 Outcome Measures

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Primary Data Source</th>
<th>Secondary Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Object Retained</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>Air Embolism</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>Falls and Trauma</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>CLABSI (ICU and select wards)</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>CMS</td>
</tr>
<tr>
<td>CAUTI (ICU and select wards)</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>CMS</td>
</tr>
<tr>
<td>SSI: Colon</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>CMS</td>
</tr>
<tr>
<td>MRSA</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>CMS</td>
</tr>
<tr>
<td>C. Diff.</td>
<td>2019 Leapfrog Hospital Survey</td>
<td>CMS</td>
</tr>
<tr>
<td>PSI 3: Pressure Ulcer Rate</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>PSI 4: Death Rate among Surgical Inpatients with Serious Treatable Complications</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>PSI 6: Iatrogenic Pneumothorax Rate</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>PSI 11: Postoperative Respiratory Failure Rate</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>PSI 12: Perioperative PE/DVT Rate</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>PSI 14: Postoperative Wound Dehiscence Rate</td>
<td>CMS</td>
<td>N/A</td>
</tr>
<tr>
<td>PSI 15: Unrecognized Abdominopelvic Accidental Puncture or Laceration</td>
<td>CMS</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Reporting Periods by Data Source for January 31 Data Snapshot Date

Leapfrog Hospital Survey Measures

• The 2019 Leapfrog Hospital Survey includes several reporting periods. Because the data snapshot was January 31, 2020, the reporting periods will be displayed as follows:
  − CPOE, BCMA, ICU Physician Staffing, and the 5 NQF Safe Practices will be displayed as “2019”
  − CLABSI, CAUTI, MRSA, C. Diff, and SSI Colon will be displayed as 07/01/2018 - 06/30/2019

AHA Annual Survey and IT Supplement Measures

• The reporting period for the 2018 AHA Annual Survey will be displayed as “2018” (only used for hospitals that did not report via the Leapfrog Hospital Survey)
• The reporting period for the 2018 AHA Annual Survey IT Supplement will be displayed as “2019” (only used for hospitals that did not report via the Leapfrog Hospital Survey)

CMS Measures

• The reporting period for the Patient Experience measures will be displayed as 04/01/2018 - 03/31/2019
• The reporting period for the 5 infection measures will be displayed as 04/01/2018 - 03/31/2019 (only used for hospitals that did not report via the Leapfrog Hospital Survey)
• The reporting period for the three HAC measures and seven PSI measures will be displayed as 07/01/2016 - 06/30/2018
Measure Updates Since Fall 2019 – Process/Structural Measure Domain

CPOE
- Updated for hospitals that submitted/re-submitted a Leapfrog Hospital Survey after August 31, 2019
- No updates to AHA IT Supplement

BCMA
- Updated for hospitals that submitted/re-submitted a Leapfrog Hospital Survey after August 31, 2019
- No updates to AHA IT Supplement

ICU Physician Staffing
- Updated for hospitals submitted/re-submitted a Leapfrog Hospital Survey after August 31, 2019
- Updated for hospitals that use the 2018 AHA Annual Survey data

5 NQF Safe Practices
- Updated for hospitals that submitted/re-submitted a Leapfrog Hospital Survey after August 31, 2019
- Other hospitals will be reported as “Declined to Report”

5 Patient Experience Domains
- Updated for all hospitals receiving a Spring 2020 Hospital Safety Grade
Measure Updates Since Fall 2019 – Outcome Measure Domain

3 HAC Measures
- No updates for any hospital; HAC measures are updated annually by CMS in July

5 HAI Measures
- Updated for all hospitals receiving a Spring 2020 Hospital Safety Grade
  - 2019 Leapfrog Hospital Survey Results from Section 7B submitted by November 30
  - CMS Hospital Compare data published in January 2020

7 PSIs
- No updates for any hospital; PSIs are updated annually by CMS in July
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 = \[\text{Evidence} + (\text{Opportunity} \times \text{Impact})\]
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
Overall Numerical Score

Sum the z-score for each measure multiplied by the weight for each measure

If a measure score is missing, 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

\[ 3.0 + \text{CPOE z-score} \times \text{CPOE weight} + \text{IPS z-score} \times \text{IPS weight} + \text{CLABSI z-score} \times \text{CLABSI weight} \ldots \text{etc.} \]
DETAILS OF THE COURTESY SAFETY GRADE REVIEW PERIOD
Secure Website for Hospitals to Review their Safety Grade Data

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

- Is the hospital name and address displayed above correct?
  - Info above is correct
  - Info above is NOT correct

- Is your hospital’s CMS Certification Number (CCN) correct?
  - CCN is correct
  - CCN is NOT correct (If the CCN is not correct, please contact the Help Desk immediately)

CEOs:
- CEO First Name
- CEO Last Name
- CEO Email Address

Contacts:
- Contact First Name
- Contact Last Name
- Contact Title
- Contact Email Address
- Contact Phone Number
Hospital Source Data

Information About Source Data

The information in the table below represents your hospital’s performance on each of the 28 measures used in the Hospital Safety Grade as of January 31, 2020 (the Data Snapshot Date). Please review this information to ensure that Leapfrog recorded the correct measure score from each publicly available data source.

Information that you will need to complete the review process is available in the following documents:
- Review Instructions
- Spring 2020 Calculator
- Scoring Methodology

Important Notes:

1. Only select the “No” radio button if the measure score Leapfrog has recorded for your hospital does not match the public report after you’ve completed the steps noted in item 4 of the “Complete the Review Process” section of the Review Instructions.

2. An asterisk next to a measure score means that data for the measure has been trimmed. Please refer to “A Note about Extreme Values” in the Review Instructions.

3. If “Supplemental Data Source” is listed for Computerized Physician Order Entry (CPOE), Bar Code Medication Administration (BCMA), and/or ICU Physician Staffing (IPS), review the “Using Secondary Data Sources” section in the Scoring Methodology document for more information about this source.

4. The Spring 2020 Safety Grade Town Hall Call will be held on February 24 at 1:00 PM ET. The purpose of the call will be to provide hospitals and other stakeholders with information on changes to the measures and Scoring Methodology. Register for the meeting using this link.
## Source Data

<table>
<thead>
<tr>
<th>Name of the Measure</th>
<th>Type of Measure</th>
<th>Data Source/Links</th>
<th>Reporting Period</th>
<th>Measure Score</th>
<th>Does the measure score match the public report?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computerized Physician Order Entry (CPOE)</td>
<td>Structure/Process</td>
<td><a href="#">Supplemental Data Source</a></td>
<td>2019</td>
<td>45</td>
<td>Yes</td>
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<tr>
<td>Bar Code Medication Administration (BCMA)</td>
<td>Structure/Process</td>
<td><a href="#">Supplemental Data Source</a></td>
<td>2019</td>
<td>45</td>
<td>Yes</td>
</tr>
<tr>
<td>ICU Physician Staffing (IPS)</td>
<td>Structure/Process</td>
<td><a href="#">2019 Leapfrog Hospital Survey</a></td>
<td>2019</td>
<td>Declined to Report</td>
<td>Yes</td>
</tr>
<tr>
<td>Safe Practice 1: Leadership Structures and Systems</td>
<td>Structure/Process</td>
<td><a href="#">2019 Leapfrog Hospital Survey</a></td>
<td>2019</td>
<td>Declined to Report</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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.

Please double check the following information before contacting the Help Desk:

- **Data source** - the data source listed on the Safety Grade Review Website is what you are referring to when verifying your measure score. For example, if Leapfrog Hospital Survey is listed as the data source for the HAI measures, and you are referring to the CMS HAI data when verifying your measure score, it will not match because that data was not used.

- **Measure** - the measure listed on the Safety Grade Review Website is what you are referring to when verifying your measure score.

- **Reporting period** - the reporting period listed on the Safety Grade Review website is what you are referring to when verifying your measure score.

- The Help Desk will need to know which measure and score you are inquiring about. We will also need and a copy of the public report (screen shot) that shows a different score for the measure. Please be sure the data source, measure name, and reporting period are visible in the screen shot.
# Hospital Safety Grade Calculator

<table>
<thead>
<tr>
<th>Measure Domain</th>
<th>Measure</th>
<th>Enter Your Hospital’s Score Here (Do NOT leave blank)</th>
<th>Z-Score</th>
<th>Inputs to Weighting Individual Measures</th>
<th>Weight</th>
<th>Weighted Measure Score (Modified Z-Score Final Weight)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process/Structural Measures</td>
<td>Computerized Physician Order Entry (CPOE)</td>
<td>79.13</td>
<td>26.59</td>
<td>-2.9910</td>
<td>2</td>
<td>1.34</td>
</tr>
<tr>
<td>Hospital Safety Grade Calculator</td>
<td>Bar Code Medication Administration (BCMA)</td>
<td>82.30</td>
<td>24.21</td>
<td>-3.9999</td>
<td>2</td>
<td>1.29</td>
</tr>
<tr>
<td>ICU Physician Staffing (IPS)</td>
<td>57.54</td>
<td>41.14</td>
<td>-1.3029</td>
<td>-1.3022</td>
<td>2</td>
<td>1.77</td>
</tr>
<tr>
<td>SP 1: Culture of Safety Leadership, Structures &amp; Systems</td>
<td>117.44</td>
<td>7.31</td>
<td>-16.0769</td>
<td>-5.0000</td>
<td>2</td>
<td>1.06</td>
</tr>
<tr>
<td>SP 2: Culture Measurement, Feedback &amp; Intervention</td>
<td>117.54</td>
<td>11.00</td>
<td>-10.5891</td>
<td>-5.0000</td>
<td>2</td>
<td>1.09</td>
</tr>
<tr>
<td>SP 4: Identification &amp; Mitigation of Risks &amp; Hazards</td>
<td>97.86</td>
<td>7.94</td>
<td>-12.3321</td>
<td>-5.0000</td>
<td>2</td>
<td>1.08</td>
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<tr>
<td>SP 5: Nursing Workforce</td>
<td>88.21</td>
<td>7.16</td>
<td>-13.7099</td>
<td>-5.0000</td>
<td>2</td>
<td>1.07</td>
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<tr>
<td>SP 10: Hand Hygiene</td>
<td>57.59</td>
<td>7.05</td>
<td>-8.1444</td>
<td>-5.0000</td>
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<td>1.12</td>
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<tr>
<td>H-COMP-1: Nurse Communication</td>
<td>91.04</td>
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<tr>
<td>H-COMP-2: Doctor Communication</td>
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<td>1.97</td>
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<td>H-COMP-3: Staff Responsiveness</td>
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<td>H-COMP-5: Communication about Adverse Events</td>
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<td>-5.0000</td>
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<td>1.04</td>
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<tr>
<td>H-COMP-6: Discharge Information</td>
<td>86.53</td>
<td>8.16</td>
<td>-27.9310</td>
<td>-5.0000</td>
<td>2</td>
<td>1.04</td>
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<tr>
<td>Outcome Measures</td>
<td>Foreign Object Retained</td>
<td>0.02</td>
<td>0.06</td>
<td>0.3189</td>
<td>0.3189</td>
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<td></td>
<td>Air Embolism</td>
<td>0.001</td>
<td>0.011</td>
<td>0.0881</td>
<td>0.0881</td>
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<tr>
<td></td>
<td>Falls and Trauma</td>
<td>0.44</td>
<td>0.35</td>
<td>1.2502</td>
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<tr>
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<td>CLABSI</td>
<td>0.70</td>
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<td></td>
<td>CAUTI</td>
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<td>0.57</td>
<td>1.3617</td>
<td>1.3617</td>
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<tr>
<td></td>
<td>SSI: Cision</td>
<td>0.81</td>
<td>0.65</td>
<td>1.3490</td>
<td>1.3490</td>
<td>2</td>
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<tr>
<td></td>
<td>MRSA</td>
<td>0.82</td>
<td>0.66</td>
<td>1.2590</td>
<td>1.2590</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>C. Diff.</td>
<td>0.63</td>
<td>0.36</td>
<td>1.7376</td>
<td>1.7376</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PSI 3: Pressure Ulcer Rate</td>
<td>0.49</td>
<td>0.42</td>
<td>1.5256</td>
<td>1.5256</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>PSI 4: Death Rate, Surg. Inpts w/ Serious Treatable Complications</td>
<td>162.89</td>
<td>15.36</td>
<td>8.4517</td>
<td>8.4517</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>PSI 6: Intravenous Pneumococcal</td>
<td>0.27</td>
<td>0.06</td>
<td>4.6982</td>
<td>4.6982</td>
<td>1</td>
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<td>PSI 11: Postoperative Respiratory Failure Rate</td>
<td>7.67</td>
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<td>2.8564</td>
<td>2.8564</td>
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<tr>
<td></td>
<td>PSI 12: Perioperative IV/VT Rate</td>
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<td>1.00</td>
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<tr>
<td></td>
<td>PSI 14: Postoperative Wound Dehiscence Rate</td>
<td>0.95</td>
<td>0.16</td>
<td>5.8076</td>
<td>5.8076</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>PSI 15: Abdominal/pelvic Accidental Puncture/laceration Rate</td>
<td>1.29</td>
<td>0.32</td>
<td>4.0034</td>
<td>4.0034</td>
<td>1</td>
</tr>
</tbody>
</table>

**Process Measure Domain Score:** Will populate after entering all data.

**Outcome Measure Domain Score:** Will populate after entering all data.

**Processes/Outcome Domains - Combined Score:** Will populate after entering all data.

**Normalized Numerical Score:** Will populate after entering all data.

**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.
## Preview Preliminary Numerical Score

<table>
<thead>
<tr>
<th>My Score</th>
<th>My Letter Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.9636</td>
<td>TBD</td>
</tr>
</tbody>
</table>

### 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

How Safe is Your Hospital?

Search below to find the Spring 2019 Leapfrog Hospital Safety Grade of your general hospital.

Aren't all hospitals safe? Sadly, no. The Hospital Safety Grade scores hospitals on how safe they keep their patients from errors, injuries, accidents, and infections.

Newsroom May 15, 2019
New Report Finds Risk of Death Nearly Doubles for Patients Using Hospitals Graded As "D" or "F"

Newsroom May 15, 2019
How safe is your state? See the state rankings for the Spring 2019 Leapfrog Hospital Safety Grade

THE LEAPFROG GROUP
Search by Hospital Name and Location
HSHS St. Mary's Hospital of Green Bay

1726 Shawano Avenue
Green Bay, WI 54303-3282
Map and Directions

Learn how to use the Leapfrog Hospital Safety Grade

Show Recent Past Grades
Detailed table view
Past Grades

HSHS St. Mary's Hospital of Green Bay

1726 Shawano Avenue
Green Bay, WI 54303-3282
Map and Directions

Learn how to use the Leapfrog Hospital Safety Grade

This Hospital's Grade

SPRING 2019

Hide Recent Past Grades

2018 2017 2016

AAA AAA AAA


More about past grades

Detailed table view
Remember to print a copy of your Fall 2019 data and letter grade.
Measure Scores

This Hospital's Score: 0.000
Best Hospital's Score: 0.000
Average Hospital's Score: 0.021
Worst Hospital's Score: 0.357

Dangerous object left in patient's body
A surgeon can accidentally leave an object inside a patient’s body during surgery. Most times the object is a surgical sponge, which can quickly get infected. This problem doesn’t happen often, but if it does happen it can be extremely dangerous. Many patients become severely ill, disabled, or even die.

What safer hospitals do:
The hospital team follows a strict procedure to count sponges and tools in the operating room. The hospital may use an electronic scanning system where each object is scanned before and after surgery to ensure they haven’t left any objects inside the patient.

This number represents the number of times dangerous objects were left inside patients for every 1,000 people discharged. Timing of the data.
Important Dates

January 31 – Data Snapshot Date

- For hospitals that have submitted a Leapfrog Hospital Survey by November 30 –
  - On or around February 18 – E-mail sent to the hospital CEO and primary survey contact listed in the profile section of the online Leapfrog Hospital Survey.
- For Hospitals that have not submitted a Leapfrog Hospital Survey by November 30 –
  - On or around February 18 – Letter will arrive to CEOs of hospitals receiving a Leapfrog Hospital Safety Grade.
- Both e-mails and letters will include:
  - Information about the Leapfrog Hospital Safety Grade
  - Username/password to a secure website where hospitals can review the source data that Leapfrog used to calculate their numerical score
  - Links to the Hospital Safety Grade Help Desk and other helpful documents

February 18 – March 9 – Courtesy 3-week Hospital Safety Grade Review Period

February 24 – Hospital Safety Grade Town Hall Call

Mid-April – 2-week Letter Grade Embargo Period

End of April/Beginning of May – Letter grades will be published at www.HospitalSafetyGrade.org

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

Leapfrog Help Desk: https://leapfroghelpdesk.zendesk.com

Hospital Safety Grade Website: www.HospitalSafetyGrade.org

Important Dates:

http://www.hospitalsafetygrade.org/for-hospitals/updates-and-timelines-for-hospitals