Overview of the Fall 2019 Leapfrog Hospital Safety Grade

Presented by: Kathryn Stewart, Director of Health Care Ratings, The Leapfrog Group

September 24, 2019
Presentation Overview

About the Leapfrog Hospital Safety Grade

Measure Highlights

Scoring Overview

Details of the Courtesy Safety Grade Review Period

Public Reporting

Important Dates

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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: Spring (April/May) and Fall (October/November). This fall will be the 16th 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 7 process measures OR more than 5 outcome measures do not receive a grade

The Leapfrog Group is not able to calculate a Hospital Safety Grade for certain types of hospitals due to missing data:

- Critical access hospitals
- PPS-exempt hospitals (i.e. cancer)
- VA Hospitals
- Indian Health Services
- Specialty hospitals
MEASURE HIGHLIGHTS
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
  - Supplemental data from the American Hospital Association’s Annual Survey and HIT 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
## 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>Process and Structural Measures (13)</td>
<td></td>
<td></td>
</tr>
<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>2017 AHA Annual Survey i</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>
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<tr>
<td>Safe Practice 19: Hand Hygiene</td>
<td>2019 Leapfrog Hospital Survey</td>
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</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>
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</tr>
<tr>
<td>H-COMP-6: Discharge Information</td>
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1. AHA Annual Survey, Health Forum, LLC, a subsidiary of the American Hospital Association
2. AHA Annual Survey © 2018 Health Forum, LLC
## Outcome Measures

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<thead>
<tr>
<th>Measure Name</th>
<th>Primary Data Source</th>
<th>Secondary Data Source</th>
</tr>
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<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

Leapfrog Hospital Survey Measures

- The 2019 Leapfrog Hospital Survey includes several reporting periods. Because the data snapshot was August 31, 2019 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 01/01/2018 – 12/31/2018

AHA Annual Survey and IT Supplement Measures

- The reporting period for the 2017 AHA Annual Survey will be displayed as “2017” (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 10/01/2017 - 09/30/2018
- The reporting period for the 5 infection measures will be displayed as 10/01/2017 - 09/30/2018 (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 Spring 2019 –
Process/Structural Measure Domain

CPOE
• Updated for all hospitals receiving a Fall 2019 Hospital Safety Grade
  - 2019 Leapfrog Hospital Survey Results from Section 2 submitted by August 31
  - 2018 AHA Annual Survey IT Supplement

BCMA
• Updated for all hospitals receiving a Fall 2019 Hospital Safety Grade
  - 2019 Leapfrog Hospital Survey Results from Section 8A submitted by August 31
  - 2018 AHA Annual Survey IT Supplement

ICU Physician Staffing
• Updated for hospitals that submitted Section 5 of the 2019 Leapfrog Hospital Survey by August 31
• 2017 AHA Annual Survey has not been updated

5 NQF Safe Practices
• Updated for hospitals that submitted Section 6 of the 2019 Leapfrog Hospital Survey by August 31
• Other hospitals will be reported as ‘declined to report’

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

3 HAC Measures
- Updated for all hospitals receiving a Fall 2019 Hospital Safety Grade
- CMS has returned to a 24-month reporting period

5 HAI Measures
- Updated for all hospitals receiving a Fall 2019 Hospital Safety Grade
  - 2019 Leapfrog Hospital Survey Results from Section 7B submitted by August 31
  - CMS Hospital Compare data published in July 2019

7 PSI Measures
- Updated for all hospitals receiving a Fall 2019 Hospital Safety Grade
- CMS has returned to a 24-month reporting period
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)

\[
\text{Weight Score} = [\text{Evidence} + (\text{Opportunity} \times \text{Impact})]
\]
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

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

If 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

$$3.0 + \text{CPOE z-score} \times \text{CPOE weight} + \text{IPS z-score} \times \text{IPS weight} + \text{CLABSI z-score} \times \text{CLABSI weight} \ldots \text{etc.}$$
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.)

CEO First Name
CEO Last Name
CEO Email Address
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 August 31, 2019 (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
- Fall 2019 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.
## 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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<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="#">Supplemental Data Source</a></td>
<td>2017</td>
<td>5</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 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

## September 2019

### Measure Domain | Measure | Enter Your Hospital’s Score Here (Do Not Score Here) | Mean | Standard Deviation | Original 2- Score | Modified 2- Score | Evidence | Opportunity | Impact |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Computerized Physician Order Entry (CPOE)</td>
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<td>100</td>
<td>77.00</td>
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<td>0.8466</td>
<td>0.8446</td>
<td>2</td>
<td>1.35</td>
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<tr>
<td>Bar Code Medication Administration (BCMA)</td>
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<td>2</td>
<td>1.31</td>
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<tr>
<td>ICU Physician Staffing (IPS)</td>
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<td>15</td>
<td>51.63</td>
<td>44.33</td>
<td>-0.9131</td>
<td>-0.9171</td>
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<td>1.80</td>
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<tr>
<td>SF 1: Culture of Safety Leadership Structures &amp; Systems</td>
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<td>150</td>
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<td>7.99</td>
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<td>1.87</td>
<td>2</td>
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<tr>
<td>SF 2: Culture Measurement, Feedback, &amp; Intervention</td>
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<td>150</td>
<td>114.40</td>
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<td>0.2875</td>
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<td>1.11</td>
<td>2</td>
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<tr>
<td>SF 4: Identification &amp; Mitigation of Risks &amp; Hazards</td>
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<td>H-QOMP 1: Nurse Communication</td>
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<td>85</td>
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<td>H-QOMP 2: Doctor Communication</td>
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<td>90</td>
<td>90.89</td>
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<td>H-QOMP 5: Communication about Medications</td>
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<td>77.93</td>
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<td>CERRSE</td>
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<td>0.71</td>
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<td>1.1999</td>
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<tr>
<td>CAUTI</td>
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<td>0.79</td>
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<tr>
<td>SSI, Colon</td>
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<td>0.848</td>
<td>0.84</td>
<td>0.67</td>
<td>0.4960</td>
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<td>1.80</td>
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<tr>
<td>MSSA</td>
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<td>0.870</td>
<td>0.84</td>
<td>0.63</td>
<td>0.1070</td>
<td>0.1070</td>
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<tr>
<td>C. Diff.</td>
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<td>3.203</td>
<td>0.89</td>
<td>0.37</td>
<td>-1.7395</td>
<td>-1.7395</td>
<td>2</td>
<td>1.53</td>
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<tr>
<td>PSI 1: Inpatient 30-Day Mortality Rate</td>
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<td>0.412</td>
<td>0.97</td>
<td>0.42</td>
<td>0.3765</td>
<td>0.3765</td>
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<td>1.87</td>
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<tr>
<td>PSI 2: Inpatient 30-Day Readmission Rate</td>
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<td>0.629</td>
<td>1.67</td>
<td>1.38</td>
<td>0.1554</td>
<td>0.1554</td>
<td>1</td>
<td>1.12</td>
<td>2</td>
</tr>
<tr>
<td>PSI 3: Inpatient 30-Day Readmission Rate</td>
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<td>0.880</td>
<td>0.57</td>
<td>0.62</td>
<td>-0.8452</td>
<td>-0.8452</td>
<td>1</td>
<td>1.21</td>
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<tr>
<td>PSI 11: Postoperative Respiratory Failure Rate</td>
<td></td>
<td>0.975</td>
<td>0.51</td>
<td>0.51</td>
<td>-0.0947</td>
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<td>2</td>
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<tr>
<td>PSI 33: Postoperative Respiratory Failure Rate</td>
<td></td>
<td>0.803</td>
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<td>0.99</td>
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<td>-0.1878</td>
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<td>1.62</td>
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<tr>
<td>PSI 34: Postoperative Readmission Risk Rate</td>
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<td>0.99</td>
<td>0.99</td>
<td>0.26</td>
<td>-0.2579</td>
<td>-0.2579</td>
<td>1</td>
<td>1.17</td>
<td>2</td>
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<tr>
<td>PSI 35: Inpatient 30-Day Readmission Rate</td>
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<td>0.737</td>
<td>1.29</td>
<td>0.32</td>
<td>-1.4859</td>
<td>-1.4859</td>
<td>1</td>
<td>1.25</td>
<td>3</td>
</tr>
</tbody>
</table>

### Process Measure Domain Scores

- **Total Score:** 6.1013
- **Domain Score:** 0.8373
- **Composite Score:** 0.0395

**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)
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
Hospital Details

**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

[TABULAR DATA]

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

A

SPRING 2019

Hide Recent Past Grades

2018
AAA
FALL 2018 SPRING 2018

2017
AAA
FALL 2017 SPRING 2017

2016
AAA
FALL 2016 SPRING 2016

More about past grades

Detailed table view
Detailed Table View for Hospitals

Remember to print a copy of your Spring 2019 data and letter grade.

<table>
<thead>
<tr>
<th>Measure</th>
<th>The Hospital’s Score</th>
<th>Worst Performing Hospital</th>
<th>Avg. Performing Hospital</th>
<th>Best Performing Hospital</th>
<th>Data Source</th>
<th>Time Period Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dangerous object left in patient’s body</td>
<td>0.000</td>
<td>0.957</td>
<td>0.321</td>
<td>0.000</td>
<td>CMG</td>
<td>10/01/2015 - 06/30/2017</td>
</tr>
<tr>
<td>Air or gas bubble in the blood</td>
<td>0.000</td>
<td>0.045</td>
<td>0.001</td>
<td>0.000</td>
<td>CMS</td>
<td>10/01/2015 - 06/30/2017</td>
</tr>
<tr>
<td>Patient falls and injuries</td>
<td>0.000</td>
<td>1.747</td>
<td>0.435</td>
<td>0.000</td>
<td>CMS</td>
<td>10/01/2015 - 06/30/2017</td>
</tr>
<tr>
<td>Infection in the blood</td>
<td>0.000</td>
<td>2.943</td>
<td>0.765</td>
<td>0.000</td>
<td>CMS</td>
<td>04/01/2017 - 08/31/2018</td>
</tr>
</tbody>
</table>
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 this data,
Important Dates

August 31 – Data Snapshot Date
- For hospitals that have submitted a Leapfrog Hospital Survey by August 31 –
  - On or around September 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 August 31 –
  - On or around September 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

September 18 – October 8 – Courtesy 3-week Hospital Safety Grade Review Period

September 24 – Hospital Safety Grade Town Hall Call

End of October – 2-week Letter Grade Embargo Period

Beginning of November – 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