



Scoring Methodology

SPRING 2021

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WHAT IS THE HOSPITAL SAFETY GRADE?

Leapfrog Hospital Safety Grades are assigned to over 2,700 general acute-care hospitals across the nation twice annually. The Safety Grade uses up to 27 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 representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. The Safety Grade methodology has been peer reviewed and published in the [Journal of Patient Safety](#).¹

With the Safety Grade, The Leapfrog Group aims to educate and encourage consumers to consider safety when selecting a hospital for themselves or their families. In addition, we believe the Safety Grade will foster strong market incentives for hospitals to make safety a priority. Safety Grades are publicly reported at www.HospitalSafetyGrade.org.

ELIGIBLE HOSPITALS

Due to the limited availability of public data, Leapfrog is not able to calculate a Safety Grade for every hospital in the U.S., including 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
- Hospitals that are missing scores for **more than six** (6) process/structural measures or **more than five** (5) outcome measures

¹ The Leapfrog Hospital Safety Grade uses the below-described data and reflects expert opinion as to the relative importance of each category.

MEASURES

The Safety Grade utilizes up to 27 national patient safety measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey, and information from other supplemental data sources.

The measure set is divided into two domains: (1) Process/Structural Measures and (2) Outcome Measures. Each domain represents 50% of the Safety Grade. The following table lists the 27 measures included in the Safety Grade, as well as the data source and reporting period for each measure. In some cases where a hospital's information is not available for a certain measure, Leapfrog uses a [secondary data source](#) (as indicated in the table). In cases where a hospital's information is not available from any data source, Leapfrog has outlined a methodology for dealing with the [missing data](#).

PROCESS/STRUCTURAL MEASURES (12)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Computerized Physician Order Entry (CPOE)	2019 Leapfrog Hospital Survey or 2020 Leapfrog Hospital Survey	2019 or 2020	Imputation Model Applied*	N/A
Bar Code Medication Administration (BCMA)	2019 Leapfrog Hospital Survey or 2020 Leapfrog Hospital Survey	2019 or 2020	Imputation Model Applied*	N/A
ICU Physician Staffing (IPS)	2019 Leapfrog Hospital Survey or 2020 Leapfrog Hospital Survey	2019 or 2020	Imputation Model Applied*	N/A
Safe Practice 1: Leadership Structures and Systems	2019 Leapfrog Hospital Survey or 2020 Leapfrog Hospital Survey	2019 or 2020	N/A	N/A
Safe Practice 2: Culture Measurement, Feedback & Intervention	2019 Leapfrog Hospital Survey or 2020 Leapfrog Hospital Survey	2019 or 2020	N/A	N/A
Safe Practice 9: Nursing Workforce	2019 Leapfrog Hospital Survey or 2020 Leapfrog Hospital Survey	2019 or 2020	N/A	N/A

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PROCESS/STRUCTURAL MEASURES (12)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Hand Hygiene	2019 Leapfrog Hospital Survey or 2020 Leapfrog Hospital Survey	2019 or 2020	N/A	N/A
H-COMP-1: Nurse Communication	CMS	01/01/2019 – 12/31/2019	N/A	N/A
H-COMP-2: Doctor Communication	CMS	01/01/2019 – 12/31/2019	N/A	N/A
H-COMP-3: Staff Responsiveness	CMS	01/01/2019 – 12/31/2019	N/A	N/A
H-COMP-5: Communication about Medicines	CMS	01/01/2019 – 12/31/2019	N/A	N/A
H-COMP-6: Discharge Information	CMS	01/01/2019 – 12/31/2019	N/A	N/A

*See [Leapfrog's Imputation Method for CPOE, BCMA and IPS](#) for more information on Leapfrog's imputation methodology for hospital's missing measure scores for CPOE, BCMA, and/or IPS.

OUTCOME MEASURES (15)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Foreign Object Retained	CMS	07/01/2017 – 06/30/2019	N/A	N/A
Air Embolism	CMS	07/01/2017 – 06/30/2019	N/A	N/A
Falls and Trauma	CMS	07/01/2017 – 06/30/2019	N/A	N/A
CLABSI	2019 Leapfrog Hospital Survey or 2020 Leapfrog Hospital Survey	07/01/2018 – 06/30/2019 or 01/01/2019 – 12/31/2019	CMS	01/01/2019 - 12/31/2019

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OUTCOME MEASURES (15)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
CAUTI	2019 Leapfrog Hospital Survey	07/01/2018 – 06/30/2019	CMS	01/01/2019 - 12/31/2019
	or 2020 Leapfrog Hospital Survey	or 01/01/2019 – 12/31/2019		
SSI: Colon	2019 Leapfrog Hospital Survey	07/01/2018 – 06/30/2019	CMS	01/01/2019 - 12/31/2019
	or 2020 Leapfrog Hospital Survey	or 01/01/2019 – 12/31/2019		
MRSA	2019 Leapfrog Hospital Survey	07/01/2018 – 06/30/2019	CMS	01/01/2019 - 12/31/2019
	or 2020 Leapfrog Hospital Survey	or 01/01/2019 – 12/31/2019		
C. Diff.	2019 Leapfrog Hospital Survey	07/01/2018 – 06/30/2019	CMS	01/01/2019 - 12/31/2019
	or 2020 Leapfrog Hospital Survey	or 01/01/2019 – 12/31/2019		
PSI 3: Pressure Ulcer Rate	CMS	07/01/2017 – 06/30/2019	N/A	N/A
PSI 4: Death Rate among Surgical Inpatients with Serious Treatable Conditions	CMS	07/01/2017 – 06/30/2019	N/A	N/A
PSI 6: Iatrogenic Pneumothorax Rate	CMS	07/01/2017 – 06/30/2019	N/A	N/A
PSI 11: Postoperative Respiratory Failure Rate	CMS	07/01/2017 – 06/30/2019	N/A	N/A
PSI 12: Perioperative PE/DVT Rate	CMS	07/01/2017 – 06/30/2019	N/A	N/A
PSI 14: Postoperative Wound Dehiscence Rate	CMS	07/01/2017 – 06/30/2019	N/A	N/A
PSI 15: Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	CMS	07/01/2017 – 06/30/2019	N/A	N/A

MEASURE & SCORING DESCRIPTIONS

PROCESS/STRUCTURAL MEASURES

For Process/Structural Measures, a higher score is always better because these are measures of compliance with best practices in patient care.

COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

The CPOE measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital’s progress toward implementing a CPOE system to reduce medication ordering errors. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: “Achieved the Standard,” “Considerable Achievement,” “Some Achievement,” “Limited Achievement,” “Declined to Respond,” or “Unable to Calculate Score.” For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	70
Some Achievement	40
Limited Achievement	15
Declined to Respond	See Using Secondary Data
Unable to Calculate Score	Not Available (See Scoring Terms)

For hospitals that did not submit a 2019 Leapfrog Hospital Survey or a 2020 Leapfrog Hospital Survey by December 31, see [Using Secondary Data Sources](#) for more information on Leapfrog’s imputation methodology.

BAR CODE MEDICATION ADMINISTRATION (BCMA)

The BCMA measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital’s progress toward 1) implementation of BCMA throughout the hospital, 2) compliance with patient and medication scans during administration, 3) use of decision support, and 4) structures to monitor and reduce workarounds. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: “Achieved the Standard,” “Considerable Achievement,” “Some Achievement,” “Limited Achievement,” or “Declined to Respond. For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

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Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	75
Some Achievement	50
Limited Achievement	25
Declined to Respond	See Using Secondary Data

For hospitals that did not submit a 2019 Leapfrog Hospital Survey or a 2020 Leapfrog Hospital Survey by December 31, see [Using Secondary Data Sources](#) for more information on Leapfrog’s imputation methodology.

ICU PHYSICIAN STAFFING (IPS)

The IPS measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital’s use of intensivists in ICUs. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: “Achieved the Standard,” “Considerable Achievement,” “Some Achievement,” “Limited Achievement,” or “Declined to Respond.” For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	50
Some Achievement	15
Limited Achievement	5
Declined to Respond	See Using Secondary Data
Does Not Apply	Not Available (See Scoring Terms)

For hospitals that did not submit a 2019 Leapfrog Hospital Survey or a 2020 Leapfrog Hospital Survey by December 31, see [Using Secondary Data Sources](#) for detailed information on Leapfrog’s imputation methodology.

NQF SAFE PRACTICES

Three (3) NQF Safe Practice measures are collected by The Leapfrog Group on the Leapfrog Hospital Survey. They measure a hospital’s progress toward implementing NQF-endorsed processes and protocols to reduce and prevent adverse events. Through participation in the Leapfrog Hospital Survey, hospitals

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are able to earn up to 100 – 120 points for each Safe Practice. For the purposes of calculating the Safety Grade, individual scores for each Safe Practice are used:

NQF Safe Practice	Possible Measure Score
SP 1: Culture of Safety Leadership, Structures and Systems	0 - 120
SP 2: Culture Measurement, Feedback and Intervention	0 - 120
SP 9: Nursing Workforce	0 - 100

There is no secondary data source for the NQF Safe Practices. Therefore, hospitals that did not submit a 2019 Leapfrog Hospital Survey or a 2020 Leapfrog Hospital Survey by December 31 will not have these measures included in their Safety Grade and the measure will be reported as “Declined to Report.” See [Dealing with Missing Data](#) for more information.

HAND HYGIENE

The Hand Hygiene measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures processes and protocols that hospitals have in place regarding monitoring hand hygiene practices, fostering a culture of good hand hygiene, offering training and education, and providing equipment. For hospitals maintaining their 2019 Leapfrog Hospital Survey Results, Safe Practice 19 Hand Hygiene is used.

Data Source	Publicly reported score from the Leapfrog Hospital Survey	Possible assigned for the purposes of calculating the Fall 2020 Hospital Safety Grade
2019 Leapfrog Hospital Survey	0 - 60	0 - 60
2020 Leapfrog Hospital Survey	Achieved the Standard	60
2020 Leapfrog Hospital Survey	Considerable Achievement	60
2020 Leapfrog Hospital Survey	Not Available	Not Available (See Scoring Terms)

There is no secondary data source for the Hand Hygiene measure. Therefore, hospitals that did not submit a 2019 Leapfrog Hospital Survey or a 2020 Leapfrog Hospital Survey by December 31 will not have this measure included in their Safety Grade and the measure will be reported as “Declined to Report.” See [Dealing with Missing Data](#) for more information.

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HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) COMPOSITES

The Hospital HCAHPS survey responses are collected by CMS via the Inpatient Quality Reporting Program. Linear mean scores [calculated by CMS](#) incorporate the full range of survey response categories into a single metric for each HCAHPS composite. Five of the six composites are used in the Safety Grade. For the purposes of calculating the Safety Grade, a hospital’s linear mean score for each of the five composites is used:

HCAHP Composite	Possible Measure Score
H-COMP-1: Nurse Communication	0 - 100
H-COMP-2: Doctor Communication	0 - 100
H-COMP-3: Staff Responsiveness	0 - 100
H-COMP-5: Communication about Medicines	0 - 100
H-COMP-6: Discharge Information	0 - 100

OUTCOME MEASURES

For Outcome Measures, a lower score is always better because these are measures of harm experienced by patients (e.g., central line-associated blood stream infections).

HOSPITAL-ACQUIRED CONDITIONS

Three hospital-acquired condition measures are calculated by CMS through the [DRA HAC Reporting Program](#): Foreign Object Retained after Surgery, Air Embolism, and Falls and Trauma. Hospital-acquired condition rates are calculated by CMS based on Medicare Fee-for-Service claims and publicly reported as a rate per 1,000 inpatient discharges. For the purposes of calculating the Safety Grade, the rate is used.

HEALTHCARE-ASSOCIATED INFECTIONS

Five healthcare-associated infection measures are collected by The Leapfrog Group on the Leapfrog Hospital Survey: Central line-associated bloodstream infections (CLABSI) in ICUs and select wards, Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards, Surgical site infections from colon surgery (SSI: Colon), Facility-wide inpatient MRSA Blood Laboratory-identified Events, and Facility-wide inpatient C.diff. Laboratory-identified Events. Through participation in the Leapfrog Hospital Survey, hospitals were required to 1) join Leapfrog’s NHSN group, 2) provide an accurate NHSN ID in the Profile section of the Online Survey Tool, and 3) submit Section 7 Managing Serious Errors by the December 31. For the purposes of calculating the Safety Grade, the [standardized infection ratio \(SIR\)](#) is used:

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As Reported by Leapfrog	Measure Score	Notes
Standardized Infection Ratio (SIR)	SIR	Measure is included in calculating the Safety Grade
Does Not Apply	Not Available (See Scoring Terms)	Measure is not included in calculating the Safety Grade. No use of Secondary Data.
Unable to Calculate Score	Not Available (See Scoring Terms)	Measure is not included in calculating the Safety Grade. No use of Secondary Data.
Declined to Respond	See Using Secondary Data	Secondary Data source is used .

For hospitals that did not submit a 2019 Leapfrog Hospital Survey or a 2020 Leapfrog Hospital Survey by December 31, see [Using Secondary Data Sources](#) for more information on Leapfrog’s use of CMS data.

AHRQ PATIENT SAFETY INDICATORS (PSIS)

Seven AHRQ Patient Safety Indicators are calculated by CMS through the [HAC Reduction Program](#): PSI 3 Pressure Ulcer Rate; PSI 4 Death Rate among Surgical Inpatients with Serious Treatable Conditions; PSI 6 Iatrogenic Pneumothorax Rate; PSI 11 Postoperative Respiratory Failure Rate; PSI 12 Perioperative PE/DVT Rate; PSI 14 Postoperative Wound Dehiscence Rate; and PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate. PSI rates are calculated by CMS based on Medicare Fee-for-Service claims and publicly reported as a rate per 1,000 inpatient discharges. For the purposes of calculating the Safety Grade, the smoothed rate is used.

USING SECONDARY DATA SOURCES

Twelve (12) of the 27 measures included in the Safety Grade are derived from the Leapfrog Hospital Survey. The Leapfrog Hospital Survey is voluntary, and as such, hospitals may choose not to submit a Survey. To address this gap in available data, the Safety Grade methodology utilizes secondary data when available. For information on how to complete a free Leapfrog Hospital Survey, visit www.leapfroggroup.org/survey.

IMPUTATION METHOD FOR CPOE, BCMA, AND IPS

Leapfrog has worked closely with statisticians at Mathematica, Leapfrog’s National [Expert Panel](#), and our scientific partners at Johns Hopkins Medicine to develop a new two-step imputation approach for determining scores for CPOE, BCMA, and IPS if they are missing from our [publicly reported](#) Survey Results.

STEP 1: USE A HOSPITAL’S MOST RECENT SCORE ON THE MEASURE (APPLIES TO CPOE, BCMA AND IPS)

If the hospital had a score assigned by Leapfrog in the previous four rounds of grades (i.e., fall 2020, spring 2020, fall 2019, spring 2019), the hospital is assigned the most recent score on that measure in the current Hospital Safety Grade (i.e., spring 2021).

Example of Step 1:

A hospital did not submit a Leapfrog Hospital Survey in 2019 or 2020. Therefore, in the fall 2020 Hospital Safety Grade, the hospital’s scores for CPOE, BCMA, and IPS were assigned by Leapfrog based on other supplemental data sources. In the fall 2020 Hospital Safety Grade, the hospital’s CPOE score was 45, BCMA score was 45, and IPS score was 85. For the spring 2021 Hospital Safety Grade, the score of 45 is used for CPOE, 45 is used for BCMA, and 85 is used for IPS.

STEP 2: USE THE MEAN OF THE SCORES ASSIGNED TO OTHER “LIKE” HOSPITALS IN THE U.S. (APPLIES TO CPOE AND BCMA ONLY)

The hospital is assigned to a cohort of other similar hospitals using three or four hospital characteristics obtained from the most recent CMS Impact file: (1) urban/rural status, (2) safety net status (determined by disproportionate share hospital patient percentage), (3) number of beds, and (4) teaching status (determined by Resident to Bed Ratio). Teaching Status is only used for urban cohorts.

The hospital is assigned the mean score of that cohort. The mean score is calculated based on hospitals that have a score in the current round (i.e., spring 2021) from either Leapfrog’s [publicly reported](#) Survey Results or Step 1 of the imputation model.

Determining a hospital’s cohort and cohort means

1. Download the latest IMPACT Zip file [here](#).
2. Open the Microsoft Excel Worksheet in that Zip file named “FY2021 FR and CN Impact File”.
3. Click to tab “CN 2021”.
4. Filter for the hospital’s CMS Certification Number (CCN) under the “Provider Number” column.
5. Determine the hospital’s cohort using the below table:

Characteristic	Column in CMS Impact File	Criteria
Urban/rural status	URGEO (Column I)	Urban Rural

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Characteristic	Column in CMS Impact File	Criteria
Safety net status	DSHPCT (Column Y)	Non-safety net: DSHPCT is less than 0.4031* Safety net: DSHPCT is greater than or equal to 0.4031* *0.4031 is the 80 th percentile of the Impact file.
Number of Beds	Beds (Column U)	Fewer than 100 beds 100 or more beds
Teaching status	Resident to Bed Ratio (Column S)	Non-teaching: Resident to bed Ratio equals 0 Teaching: Resident to bed ratio is greater than 0

6. Find the cohort’s means for CPOE and BCMA in the table below:

Cohort #	Urban/Rural Status	Safety Net Status	Teaching Status	Number of Beds	Step 2 CPOE Score (Mean of Cohort)	Step 2 BCMA Score (Mean of Cohort)
Cohort 1	Rural	Non-Safety Net	Not Applicable to Rural	Fewer than 100 beds	65	68
Cohort 2	Rural	Non-Safety Net	Not Applicable to Rural	100 or more beds	76	78
Cohort 3	Rural	Safety Net	Not Applicable to Rural	Fewer than 100 beds	66	68
Cohort 4	Rural	Safety Net	Not Applicable to Rural	100 or more beds	68	76
Cohort 5	Urban	Non-Safety Net	Non-Teaching	Fewer than 100 beds	80	78
Cohort 6	Urban	Non-Safety Net	Non-Teaching	100 or more beds	86	86
Cohort 7	Urban	Non-Safety Net	Teaching	Fewer than 100 beds	81	77
Cohort 8	Urban	Non-Safety Net	Teaching	100 or more beds	86	85
Cohort 9	Urban	Safety Net	Non-Teaching	Fewer than 100 beds	72	76
Cohort 10	Urban	Safety Net	Non-Teaching	100 or more beds	81	83
Cohort 11	Urban	Safety Net	Teaching	Fewer than 100 beds	73	64
Cohort 12	Urban	Safety Net	Teaching	100 or more beds	89	85

Example of Step 2:

The hospital is missing scores for CPOE, BCMA, and IPS because they have never submitted a Leapfrog Hospital Survey or had data available via other supplemental data sources. In fact, due to missing data, they have never received a Hospital Safety Grade. Therefore, in the spring 2021 Hospital Safety Grade, the hospital will be assigned scores based on the mean CPOE and BCMA scores of other similar hospitals in the U.S. based on the Table above and may receive

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a Hospital Safety Grade for the first time. The hospital’s Impact File data shows it belongs to Cohort 11 (urban, safety net, teaching, and has fewer than 100 beds). As such, the hospital’s CPOE score will be 73 and its BCMA score will be 64 which are found in the table above.

CMS DATA FOR HAIS

CMS is **the secondary data** source for healthcare-associated infections. For the purposes of calculating the Safety Grade, the standardized infection ratio (SIR) published by CMS is used:

Hospitals That Did Not Submit a 2019 Leapfrog Hospital Survey or 2020 Hospital Survey by December 31, 2020

As Reported by CMS	Measure Score	Notes
Not Available (no locations or low volume)	Not Available (See Scoring Terms)	Measure is not included in calculating the Leapfrog Hospital Safety Grade.
Standard Infection Ratio (SIR)	SIR	Measure is included in calculating the Leapfrog Hospital Safety Grade.

If a hospital does not have available data from the Leapfrog Hospital Survey or CMS (e.g., no locations or low volume), the hospital is reported as Not Available “Not Available.” See [Dealing with Missing Data](#) for more information.

SCORING METHODOLOGY

WEIGHTING INDIVIDUAL MEASURES

Each measure included in the Leapfrog Hospital Safety Grade is assigned a standard weight. The methodology to assign standard weights includes three criteria that reflect the quality of the measure. These criteria are: (1) Impact, (2) Evidence, and (3) Opportunity. These three (3) criteria are then combined using the following equation to compute a standard weight for each measure that represents the measure's relative importance within the composite score: **[Evidence + (Opportunity x Impact)]**.

EVIDENCE

The Evidence Score for each individual measure is assigned a value of one (1) or two (2) using the following criteria:

- 1 = Supported by either suggestive clinical or epidemiological studies or theoretical rationale
- 2 = Supported by experimental, clinical, or epidemiological studies and strong theoretical rationale

OPPORTUNITY

The Opportunity Score for each individual measure is based on the Coefficient of Variation (Standard Deviation/Mean) of that measure, using the following formula: **[1 + (Standard Deviation/Mean)]**. The Opportunity Score is on a continuous scale that is capped at three (3). Any measure with an Opportunity Score above three (3) is assigned a three (3).

IMPACT

The Impact Score for each individual measure is comprised of two (2) parts, each of which is assigned a value from one (1) to three (3):

1. Number of patients affected
2. Severity of harm

The *number of patients affected* score is determined by the following:

- 0 = Extremely rare event (e.g., Air Embolism)

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- 1 = Rare event (e.g., Foreign Object Retained After Surgery)
- 2 = Some patients in hospital affected (e.g., ICU Physician Staffing)
- 3 = All patients in hospital affected (e.g., Hand Hygiene)

The *severity of harm* score is determined by the following:

- 1 = No direct evidence of harm or harm reduction (e.g., Patient Experience)
- 2 = Clear documentation of harm or harm reduction; adverse events (e.g., Foreign Object Retained After Surgery)
- 3 = Significant mortality reduction (more than 1,000 deaths or a 10% reduction in hospital wide mortality) (e.g., ICU Physician Staffing)

The values from each part are then added together to arrive at the overall Impact Score using the following criteria:

- 1 = Score of 2 (Low Impact) (e.g., Air Embolism)
- 2 = Score of 3-4 (Medium Impact) (e.g., Patient Experience)
- 3 = Score of 5-6 (High Impact) (e.g., ICU Physician Staffing)

STANDARD MEASURE WEIGHTS

Measure	Evidence Score	Opportunity Score	Impact Score	Standard Measure Weight
Process/Structural Measure Domain (50%)				
CPOE	2	1.30	3	6.0%
BCMA	2	1.29	3	6.0%
IPS	2	1.72	3	7.3%
SP 1	1	1.07	2	3.2%
SP 2	1	1.10	2	3.3%
SP 9	1	1.06	3	4.3%
Hand Hygiene	2	1.06	2	4.2%
H-COMP-1	1	1.02	2	3.1%
H-COMP-2	1	1.02	2	3.1%
H-COMP-3	1	1.04	2	3.2%
H-COMP-5	1	1.04	2	3.2%
H-COMP-6	1	1.04	2	3.1%
Outcome Measure Domain (50%)				
Foreign Object Retained	1	3.00	2	4.3%
Air Embolism	1	3.00	1	2.5%
Falls and Trauma	2	1.85	3	4.6%
CLABSI	2	1.84	3	4.6%
CAUTI	2	1.75	3	4.4%
SSI: Colon	2	1.81	2	3.5%
MRSA	2	1.79	3	4.5%
C. Diff.	2	1.59	3	4.2%
PSI 3	1	1.86	3	4.0%
PSI 4	1	1.12	2	2.0%
PSI 6	1	1.20	2	2.1%
PSI 11	1	1.32	2	2.2%
PSI 12	1	1.26	2	2.2%
PSI 14	1	1.09	2	2.0%
PSI 15	1	1.25	3	2.9%

CALCULATING Z-SCORES

Z-Scores are used to standardize data from measures with different performance scales and allow for comparisons (e.g., a linear mean score of 90 on H-COMP-1: Nurse Communication and a CLABSI SIR of 0.870). In addition, Z-Scores can indicate to a hospital whether their measure score is above, below, or equal to the average hospital.

In the Scoring Methodology, a Z-Score is calculated for each available measure score. A Z-Score is calculated using a hospital's actual measure score, the national mean for that measure, and the standard deviation for that measure. The Z-Score for each measure is calculated using the following formulas:

- **For Process/Structural Measures: $[\text{Hospital Score} - \text{Mean}] / \text{Standard Deviation}$**
- **For Outcome Measures: $[(\text{Mean} - \text{Hospital Score}) / \text{Standard Deviation}]$**

The following table includes the national mean and standard deviation for each measure used to calculate a hospital's Z-Score. For display, means and standard deviations are displayed rounded to two or three decimal places. For scoring, these values are not rounded.

Process and Structural Measures	Mean	Standard Deviation
CPOE	82.18	24.61
BMCA	81.76	23.39
IPS	60.72	43.83
SP 1	117.29	7.69
SP 2	117.11	11.14
SP 9	98.38	6.15
Hand Hygiene	59.22	3.64
H-COMP-1	91.04	2.15
H-COMP-2	90.91	2.02
H-COMP-3	84.21	3.48
H-COMP-5	77.53	3.44
H-COMP-6	86.51	3.18

Outcome Measures	Mean	Standard Deviation
Foreign Object Retained	0.02	0.06
Air Embolism	0.0004	0.004
Falls and Trauma	0.43	0.37
CLABSI	0.67	0.57
CAUTI	0.72	0.54
SSI: Colon	0.81	0.65
MRSA	0.80	0.63
C. Diff.	0.57	0.34
PSI 3	0.58	0.50
PSI 4	164.58	19.98
PSI 6	0.25	0.05
PSI 11	6.36	2.04
PSI 12	3.74	0.98
PSI 14	0.91	0.08
PSI 15	1.26	0.31

A NOTE ABOUT NEGATIVE Z-SCORES

To ensure that a single measure does not dominate a hospital’s overall score in an unintended way, Leapfrog caps negative Z-scores at -5.00. Hospitals that have a calculated Z-score below -5.00 on a measure will receive a modified Z-score of -5.00 on that measure.

A NOTE ABOUT EXTREME VALUES

For hospitals that have an “extreme” value for a particular measure (i.e., a value that exceeds the 99th percentile) Leapfrog “trims” the reported value to the 99th percentile. For example, a rate of 0.50 per 1,000 patient discharges for Foreign Object Retained after Surgery is “trimmed” to 0.359 (e.g., the 99th percentile). Only “trimmed” rates are displayed on the Leapfrog Hospital Safety Grade [website](#). The following table includes the “trim” values for the spring 2021 Leapfrog Hospital Safety Grade.

Measure	99 th Percentile
Foreign Object Retained	0.359
Air Embolism	0.037
Falls and Trauma	1.727
CLABSI	2.716
CAUTI	2.491
SSI: Colon	2.817
MRSA	2.927
C. Diff.	1.770
PSI 3	2.76
PSI 4	215.05
PSI 6	0.43
PSI 11	12.99
PSI 12	6.91
PSI 14	1.20
PSI 15	2.35

Note: Percentiles are rounded to reflect the precision of the raw data.

DEALING WITH MISSING DATA

Due to a variety of reasons, a hospital may not have a measure score for all 27 measures. If a hospital is missing a measure score for any measure, the standard weight of that measure is redistributed to the other measures in the same measure domain. The new weight for each measure within the domain is calculated by re-apportioning the standard weight assigned to the measure with the missing score to other measures within the same domain.

For example, if a hospital is missing a measure score for ICU Physician Staffing because the hospital does not operate an adult or pediatric medical and/or surgical ICU, the standard weight of 7.3% will be re-apportioned to the remaining 12 measures within the process/structural measure domain.

To calculate the new weight of each of the remaining 12 measures in the process/structural measure domain, hospitals can use the formula below or use the Leapfrog Hospital Safety Grade Calculator[®], which can be found on the [Safety Grade Review Website](#). Note that each domain contributes to 50% of the overall letter grade.

*[Standard measure weight / (sum of standard weights for the remaining 12 measures in the process/structural measure domain)]*50% = updated measure weight*

For more information about how the measure weight redistribution is calculated and affects the overall score, please see the Leapfrog Hospital Safety Grade Calculator, which can be found on the last page of the [Safety Grade Review Website](#).

CALCULATING WEIGHTED MEASURE SCORES

To calculate a hospital's numerical safety score, multiply the Z-Score of each process/structural measure by the standard weight assigned to that measure to get the weighted process/structural measure score. If a hospital is missing any process/structural measure scores, see [Dealing with Missing Data](#) to determine the updated measure weight. Then, sum all weighted process/structural measure scores. This is the hospital's overall weighted process/structural measures score.

Multiply the Z-Score of each outcome measure by the standard weight assigned to that measure to get the weighted outcome measure score. If a hospital is missing any outcome measure scores, see [Dealing with Missing Data](#) to determine the updated measure weight. Then, sum all weighted outcome measure scores. This is the hospital's overall weighted outcome measures score.

To calculate the overall Safety Grade for a hospital, add the overall weighted process/structural measure score and the overall weighted outcome measures score. Add 3.0 to your score; this is done to normalize scores to a positive distribution. This final numerical score (typically between 1.0 and 4.0) is then

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assigned to a letter grade. To assist hospitals in calculating their numerical score, a calculator is available on the [Safety Grade Review Website](#). Letter grade cut-points are published during the [Letter Grade Embargo Period](#).

ADDITIONAL SCORING INFORMATION

TERMS USED IN SCORING AND PUBLIC REPORTING

“Not Available” means that the hospital does not have a score for this measure. This could be because the measure is related to a service the hospital does not provide or because the hospital had too few patients or cases (e.g., sample size is less than 25 for a CMS measure) to report data for a condition or procedure. A “Not Available” result does not mean that the hospital withheld information from the public.

In the case of healthcare-associated infections, a SIR is reported as "Not Available" if one of the following applies:

- The number of predicted infections is less than 1.
- The number of observed infections present on admission (community-onset prevalence) was above a pre-determined cut-point.

For more information about NHSN's SIR models, please visit <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>.

“Declined to Report” means that a hospital did not voluntarily provide information to the Leapfrog Hospital Survey. Measures scored as “Declined to Report” will not be used in calculating the overall score (see [Dealing with Missing Data](#)).

SHARED CMS CERTIFICATION NUMBERS

All hospitals that share a CMS Certification Number (CCN) will be assigned the same source data as reported by CMS. Affected measures include the HCAHPS, Hospital-Acquired Conditions, Healthcare-Associated Infections (if secondary data source is used), and Patient Safety Indicators.

UPDATES TO DATA USED IN THE LEAPFROG HOSPITAL SAFETY GRADE

The Leapfrog Hospital Safety Grade relies on publicly available data that hospitals have had the opportunity to review for accuracy. Therefore, Leapfrog does not allow hospitals to make updates to their data following the Data Snapshot Date. In January of each year, Leapfrog publishes the Data Snapshot Dates for each of the two Leapfrog Hospital Safety Grade public releases at <http://www.hospitalsafetygrade.org/for-hospitals/updates-and-timelines-for-hospitals>. Leapfrog publishes these dates to give hospitals and other stakeholders advance notice so they can be prepared to submit a Leapfrog Hospital Survey and monitor their performance on CMS measures used in the Safety Grade.

In addition, Leapfrog holds a Courtesy Review Period to give hospitals an additional opportunity to review the data that will be used to calculate their hospital's Safety Grade. The Review Period is an opportunity for hospitals to review the data for accuracy (i.e., identify recording errors, hospital name and address changes, etc.) on a secure website and review changes to the scoring algorithm.

DATA FROM THE LEAPFROG HOSPITAL SURVEY

During the Safety Grade Review Period (February 22 – March 12), Leapfrog will only make corrections to a hospital's data from the 2020 Leapfrog Hospital Survey if a recording error is identified (i.e., we have recorded a different measure score than what is posted on our Survey Results website) or a scoring error is identified (i.e., Leapfrog has calculated an incorrect measure score based on the submitted responses and Leapfrog's published scoring algorithms). Updates to Leapfrog Hospital Survey data that are submitted after the Data Snapshot Date will **not** be included in the current Leapfrog Hospital Safety Grade. Hospitals submitting a Leapfrog Hospital Survey are urged to take advantage of the opportunity to review their Survey Results for accuracy and completeness prior to each of the two published Data Snapshot Dates.

HOW HOSPITALS CAN REVIEW LEAPFROG HOSPITAL SURVEY RESULTS PRIOR TO THE DATA SNAPSHOT DATE

The Leapfrog Hospital Survey is open from April 1 to December 31 of each year. Following the Submission Deadline (August 31), Survey Results are published monthly on a secure 'Hospital Details' page and a public website (ratings.leapfroggroup.org). Hospitals are urged to review their Survey Results immediately. Hospitals that identify any reporting errors are instructed to log back into the Survey to submit a correction. Hospitals are able to correct and re-submit a previously submitted Survey until the Survey closes for the year. Note that corrections submitted after the Data Snapshot Date are not included in the current Leapfrog Hospital Safety Grade. Leapfrog has several automated processes in place to prevent hospitals from making data entry errors in the Online Survey Tool and to enhance the overall accuracy of the Survey Results. Learn more at <http://www.leapfroggroup.org/survey-materials/data-accuracy>.

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DATA FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

During the Safety Grade Review Period (February 22 – March 12), Leapfrog will only make corrections to a hospital's data from CMS if the correction is issued by CMS and posted on either the [Data.Medicare.Gov](https://data.cms.gov) website or the [Data.CMS.Gov](https://data.cms.gov) website. If a hospital has identified an error with a measure score published by CMS, and CMS cannot post a correction within the review period, the measure score will not be used in calculating the hospital's Safety Grade, provided that the hospital can document that CMS has agreed to publicly issue a correction or remove the measure score from public reporting. Hospitals participating with CMS are urged to take advantage of the opportunity to participate in the CMS 30-day review periods.

HOW HOSPITALS CAN REVIEW CMS DATA PRIOR TO THE DATA SNAPSHOT DATE

CMS administers several hospital-based reporting and payment programs including the Inpatient Quality Reporting Program, HAC Reduction Program, and Value-based Purchasing Program. Several measures collected and calculated by CMS via its various hospital-based programs are used in the Leapfrog Hospital Safety Grade. CMS provides hospitals with a 30-day preview period before publishing measure scores on the [Data.Medicare.Gov](https://data.cms.gov) website and the [Data.CMS.Gov](https://data.cms.gov) website. More information is available at <https://qualitynet.org>.

HOW TO PARTICIPATE IN THE LEAPFROG HOSPITAL SURVEY

If a hospital did **not** complete a 2019 Leapfrog Hospital Survey or a 2020 Leapfrog Hospital Survey by December 31, Survey Results were not used to calculate the spring 2021 Leapfrog Hospital Safety Grade. Hospitals that would like Survey Results included in the fall 2021 Hospital Safety Grade must submit a 2021 Leapfrog Hospital Survey by August 31, 2021 (the fall [2021 Data Snapshot Date](https://www.leapfroggroup.org/survey)). For more information about the Leapfrog Hospital Survey, visit <https://www.leapfroggroup.org/survey>.

LEAPFROG HELP DESK

If you have any questions regarding the scoring methodology, please contact the Help Desk at <https://leapfroghelpdesk.zendesk.com>.