Spring 2024 Hospital Safety Grade Town Hall Call

The slides and recording will be posted after the presentation at: https://www.hospitalsafetygrade.org/for-hospitals/key-dates-and-information

February 20, 2024

THELEAPFROGGROUP

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 and Fall. This fall will be the 25th release.

More information is available at <u>www.HospitalSafetyGrade.org</u>



Who is eligible for a Leapfrog Hospital Safety Grade?

General acute care hospitals with enough publicly reported data (regardless of Leapfrog Hospital Survey Participation)

 Hospitals missing measure scores for more than 6 process/structural measures OR more than 5 outcome measures or PSI 90 do not receive a grade. A measure score for PSI 90 is required.

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 or Pediatric hospitals



Military Treatment Facilities (MTF) will be eligible for Leapfrog Hospital Safety Grades

- Only those located in the United States
- Includes about 30 hospitals





Measures used in the Leapfrog Hospital Safety Grade



Measure Selection Criteria

Measures are publicly-reported from national data sources, which reflect individual hospital performance, including:

- Leapfrog Hospital Survey
- Centers for Medicare and Medicaid Services data sets

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



Spring 2024 Process and Structural Measures

Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Computerized Physician Order Entry (CPOE)	2023 Leapfrog Hospital Survey	2023	Imputation Model Applied	N/A
Bar Code Medication Administration (BCMA)	2023 Leapfrog Hospital Survey	2023	Imputation Model Applied	N/A
ICU Physician Staffing (IPS)	2023 Leapfrog Hospital Survey	2023	Imputation Model Applied	N/A
Safe Practice 1: Culture of Leadership Structures and Systems	2023 Leapfrog Hospital Survey	2023	N/A	N/A
Safe Practice 2: Culture Measurement, Feedback & Intervention	2023 Leapfrog Hospital Survey	2023	N/A	N/A
Total Nursing Care Hours per Patient Day	2023 Leapfrog Hospital Survey	2023	N/A	N/A
Hand Hygiene	2023 Leapfrog Hospital Survey	2023	Imputation Model Applied	N/A
H-COMP-1: Nurse Communication	CMS	04/01/2022 - 03/31/2023	N/A	N/A
H-COMP-2: Doctor Communication	CMS	04/01/2022 - 03/31/2023	N/A	N/A
H-COMP-3: Staff Responsiveness	CMS	04/01/2022 - 03/31/2023	N/A	N/A
H-COMP-5: Communication about Medicines	CMS	04/01/2022 - 03/31/2023	N/A	N/A
H-COMP-6: Discharge Information	CMS	04/01/2022 - 03/31/2023	N/A	N/A



Spring 2024 Outcome Measures

Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Foreign Object Retained	CMS	07/01/2020 - 06/30/2022	N/A	N/A
Air Embolism	CMS	07/01/2020 - 06/30/2022	N/A	N/A
Falls and Trauma	CMS	07/01/2020 - 06/30/2022	N/A	N/A
CLABSI	2023 Leapfrog Hospital Survey	07/01/2022 - 06/30/2023	CMS	04/01/2022 - 03/31/2023
CAUTI	2023 Leapfrog Hospital Survey	07/01/2022 - 06/30/2023	CMS	04/01/2022 - 03/31/2023
SSI: Colon	2023 Leapfrog Hospital Survey	07/01/2022 - 06/30/2023	CMS	04/01/2022 - 03/31/2023
MRSA	2023 Leapfrog Hospital Survey	07/01/2022 - 06/30/2023	CMS	04/01/2022 - 03/31/2023
C. Diff.	2023 Leapfrog Hospital Survey	07/01/2022 - 06/30/2023	CMS	04/01/2022 - 03/31/2023
PSI 4: Death rate among surgical inpatients with serious treatable conditions	h CMS	07/01/2020 - 06/30/2022	N/A	N/A
CMS Medicare PSI 90: Patient safety and adverse events composite*	CMS	07/01/2020 - 06/30/2022	N/A	N/A



*Note: CMS calculates PSI 90 using the ten (10) component PSIs listed above. While scores for each of the 10 component PSIs are NOT used to calculate Hospital Safety Grades, they will be publicly reported on the Hospital Safety Grade <u>website</u>.

Summary of Spring 2024 Reporting Periods

2023 Leapfrog Hospital Results

- CPOE, BCMA, IPS, the 2 NQF Safe Practices, Total Nursing Care Hours per Patient Day, and Hand Hygiene will be displayed as "2023"
- CLABSI, CAUTI, MRSA, C. Diff, and SSI Colon will be: 07/01/2022 06/30/2023

CMS Data

- 5 Patient Experience measures and 5 infection measures (*for hospitals that did not report via the Leapfrog Hospital Survey*): 04/01/2022 03/31/2023
- 3 HAC measures (same data used in fall 2023 Safety Grade): 07/01/2020 06/30/2022
- PSI 4 and PSI 90 (updated since fall 2023 Safety Grade): 07/01/2020 06/30/2022





Imputation Model

Used for Hospitals that did not submit a Leapfrog Hospital Survey by November 30, 2023



Overview

- Imputation Method for CPOE, BCMA, Hand Hygiene, and IPS
 - **STEP 1:** Use A Hospital's Most Recent Score on the Measure from past four rounds of Safety Grade (i.e., fall 2023, spring 2023, fall 2022, spring 2022)
 - **STEP 2:** Use the Mean of the Scores Assigned to Other Similar Hospitals in the U.S. (does not apply to IPS)



Step 1: Impute the hospital's most recent score on the measure Applies to CPOE, BCMA, HH and IPS

If the hospital had a score assigned by Leapfrog in the previous four rounds of grades, the hospital is assigned the most recent score on that measure in the current Hospital Safety Grade.

Example of Step 1 (from spring 2024):

A hospital did not submit a 2023 Leapfrog Hospital Survey by the Data Snapshot Date. The hospital's most recent measure scores for the four measures come from the spring 2022 Hospital Safety Grade, where the hospital's scores for CPOE, BCMA, HH, and IPS were assigned by Leapfrog based on their 2021 Leapfrog Survey. In the spring 2022 Hospital Safety Grade, the hospital's CPOE score was 70, BCMA score was 50, Hand Hygiene was 100, and IPS score was 100. For the spring 2024 Hospital Safety Grade, the score of 70 is used for CPOE, 50 is used for BCMA, 100 is used for Hand Hygiene and 100 is used for IPS.



Step 2: Use of the mean of the scores assigned to similar hospitals Applies to CPOE, BCMA, and HH (not IPS)

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 and Leapfrog Hospital Survey:

- 1. Urban/rural status (CMS Impact File)
- 2. Safety net status (CMS Impact File)
- 3. Number of beds (CMS Impact File)
- 4. Teaching status (only used for urban cohorts; Leapfrog Hospital Survey Results are the primary data source and CMS Impact File is the secondary data source)



Step 2 (continued)

The hospital is then assigned the lower of two possible mean scores based on their cohort's performance:

- Mean of current and recent scores
- Mean of scores obtained in each hospital's first year of reporting via the Leapfrog Hospital Survey

The mean current and recent scores are calculated based on hospitals that have a score in the current round (i.e., spring 2024) from either Leapfrog's <u>publicly reported</u> Survey Results or Step 1 of the imputation model. The first means score only includes past and current performance on the Leapfrog Hospital Survey, without imputation.

Example of Step 2 (from spring 2024):

The hospital is missing scores for CPOE, BCMA, and HH because they have never submitted a Leapfrog Hospital Survey. In fact, due to missing HCAHPS measures and the IPS measure in past rounds, they have never been eligible for a Hospital Safety Grade in past rounds. Therefore, in the spring 2024 Hospital Safety Grade, the hospital will be assigned scores based on the mean CPOE, HH and BCMA scores of other similar hospitals in the U.S. and may receive a Hospital Safety Grade for the first time.



Cohort Scores

Mean scores for each of the 12 cohorts are published in the Safety Grade Methodology document each round (fall 2023 example in the table below – all cohort scores will be updated for spring 2024).

Table 2: Cohort Scores

Cohort #	Urban/Rural Status	Safety Net Status	Number of Beds	Teaching Status	Step 2 CPOE Score (Mean of Cohort)	Step 2 BCMA Score (Mean of Cohort)	Step 2 Hand Hygiene Score (Mean of Cohort)
Cohort 1	Rural	Non-Safety Net	Fewer than 100 beds	N/A	75	79	49
Cohort 2	Rural	Non-Safety Net	100 or more beds	N/A	79	82	52
Cohort 3	Rural	Safety Net	Fewer than 100 beds	N/A	85	81	45
Cohort 4	Rural	Safety Net	100 or more beds	N/A	71	80	62
Cohort 5	Urban	Non-Safety Net	Fewer than 100 beds	Non-Teaching	84	85	57
Cohort 6	Urban	Non-Safety Net	100 or more beds	Non-Teaching	86	84	59
Cohort 7	Urban	Non-Safety Net	Fewer than 100 beds	Teaching	79	87	61
Cohort 8	Urban	Non-Safety Net	100 or more beds	Teaching	88	85	56
Cohort 9	Urban	Safety Net	Fewer than 100 beds	Non-Teaching	76	81	62
Cohort 10	Urban	Safety Net	100 or more beds	Non-Teaching	77	80	58
Cohort 11	Urban	Safety Net	Fewer than 100 beds	Teaching	82	81	48
Cohort 12	Urban	Safety Net	100 or more beds	Teaching	88	81	56



Step 2 Imputation for IPS

- The CMS Cost Report is used as a secondary data source for the ICU Physician Staffing (IPS) measure among hospitals eligible for Step 2 Imputation
- This applies to hospitals that have not submitted a 2023, 2022, or 2021 Leapfrog Hospital Survey
- ICU designation (i.e., operating a medical ICU, surgical ICU, or pediatric ICU) is determined by Leapfrog based on the number of medical, surgical and/or pediatric ICU beds reported in Worksheet S-3 Part 1 of the hospital's most recent CMS Cost Report. Hospitals that are determined to have one or more medical, surgical, and/or pediatric ICU beds are assigned the same point value (5 points) as those hospitals that earned Limited Achievement on Leapfrog's IPS Standard.





Scoring Overview



Calculating Z-Scores

- Standardizes data from individual measures with different scales to allow for comparisons (e.g., a linear mean score of 90 on H-COMP-1: Nurse Communication and a CLABSI SIR of 0.870).
- Indicate to a hospital whether their measure score is above, below, or equal to the average hospital.
- To calculate each measure's Z-Score:
 - Process/structural measures:

Hospital's Measure Score – Mean

Standard Deviation

Outcome Measures:

Mean – Hospital's Measure Score

Standard Deviation



Calculating Standard Measure Weights

Each measure included in the Safety Grade is assigned a standard measure weight using four criteria:

- Strength of evidence (rating of 1 or 2)
- Opportunity (rating of 1-3), 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)
- Number of measures (number of measures equals 1 for all measures except for PSI 90 where the number of measures equals 10)

Measure Weight Score = [Evidence + (Opportunity x Impact x Number of Measures)]



Dealing with Missing Data

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 will be re-apportioned to the remaining 11 measures within the process/structural measure domain.

To calculate the new weight of each of the remaining 11 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 11 measures in the process/structural measure domain)]*50% = updated measure weight



Calculating the Overall Numerical Score

- 1. Measure Weights are calculated
 - If a measure score is missing, the weight for that measure is re-apportioned to other measures within the same domain
- 2. Measure weights are multiplied by the z-score
- 3. All weighted z-scores are added together
- 4. Add 3.0 to the numerical score (which avoids possible confusion with negative scores)

3.0 + CPOE z-score X CPOE weight + IPS z-score X IPS weight + CLABSI z-score X CLABSI weight ... etc.

Each round, letter grade cut-points are reassessed and are not released until the Letter Grade Embargo Period.





Important Dates



Data Snapshot Dates

The data snapshot date is the date that Leapfrog will download the data published by CMS or submitted to Leapfrog via the Hospital Survey to calculate Leapfrog Hospital Safety Grades. All data must be finalized by these dates:

- Spring Data Snapshot Date: January 31
- Fall Data Snapshot Date: August 31

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.



Reviewing Leapfrog Hospital Survey Results

- The Leapfrog Hospital Survey is open from April 1 to November 30 of each year.
- Following the Submission Deadline on June 30, Survey Results are published monthly on a secure 'Hospital Details' <u>page</u> and a public <u>website</u>.
 - Hospitals are urged to review their Survey Results immediately (starting July 12)
 - Corrections: Hospitals that identify any data entry or reporting errors are instructed to log back into the Survey to submit a correction.
 - Resolve Data Verification Messages
- Leapfrog has four NHSN data download dates per Survey Cycle. We do not download NHSN data outside of these dates.
 - June 23
 - August 24
 - October 24
 - December 21*

*Due to a technical error impacting all NHSN Group Administrators, Leapfrog was not able to download the HAI data on December 21, 2023, as scheduled, and instead, used the HAI data that was downloaded on Oct 24 in the 2023 Hospital Survey year-end results.



Reviewing CMS Data

CMS administers several hospital-based reporting and payment programs including the Inpatient Quality Reporting Program, HAC Reduction Program, the DRA HAC 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 (HAIs, HCAHPS, HAC, and PSI measures).

CMS provides hospitals with a 30-day confidential preview period <u>before</u> publishing performance data at <u>https://data.cms.gov/provider-data</u>.

More information is available at <u>https://qualitynet.org</u>.

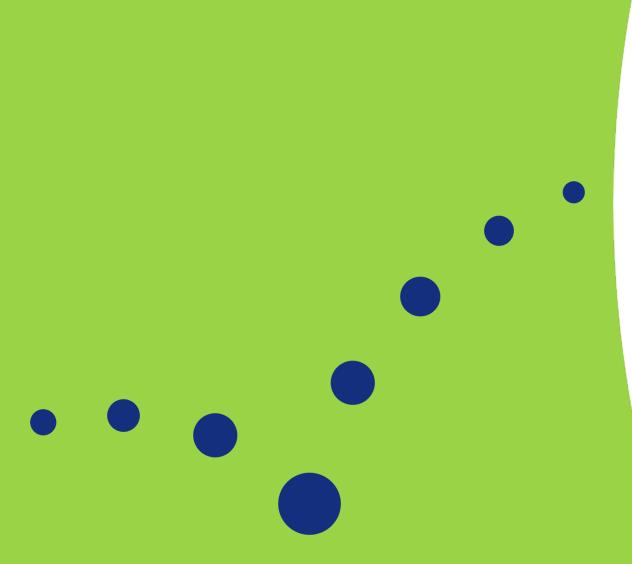


Safety Grade Timeline

Following each Data Snapshot Date:

- <u>Free Town Hall Call</u>: Hospitals and other stakeholders are invited to a free Town Hall Call to hear about changes to the measures and scoring methodology, as well as details of the Courtesy Safety Grade Review Period and important deadlines.
- <u>**Courtesy Review Period</u>**: As a courtesy to hospitals, Leapfrog will hold a Courtesy Safety Grade Review Period before the public release of each Leapfrog Hospital Safety Grade update. 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.</u>
 - Spring 2024: February 26 March 15
- <u>1-Week Letter Grade Embargo Period</u>: Following the close of the Courtesy Safety Grade Review Period, Leapfrog finalizes the data and establishes letter grade cut-points. The Safety Grade Review <u>website</u> is refreshed, and hospitals can participate in a Letter Grade Embargo Period in which they can preview their letter grade prior to the public announcement.
 - The dates are announced after the close of the Review Period.
 - Spring 2024: April
- **Public Announcement**: Following the Embargo Period, Safety Grades are published on Leapfrog's public website.





Participating in the Courtesy Review Period

Screenshots taken from spring 2023 Safety Grade Review Website



Secure Website for Hospitals to Review their Safety Grade Data

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

Usernames and passwords are emailed to Leapfrog Hospital Survey participants and mailed to hospital CEO's. You can also retrieve your username and password via the Help Desk.

Safety Grade Review Website for Hospitals

The spring 2023 Leapfrog Hospital Safety Grade Review Period will be open from February 21 – March 12. By accessing the Review Website, you will be able to:

- 1. Provide contact information for your hospital so we can send you important announcements about the Leapfrog Hospital Safety Grade.
- 2. Update your hospital's name, address, and CMS Certification Number.
- 3. Review the source data used to calculate your hospital's preliminary numerical score and validate that we have recorded the correct information using the Review Instructions and Scoring Methodology.
- 4. Download a copy of the Leapfrog Hospital Safety Grade Calculator[®].
- 5. Preview your hospital's preliminary numerical score.

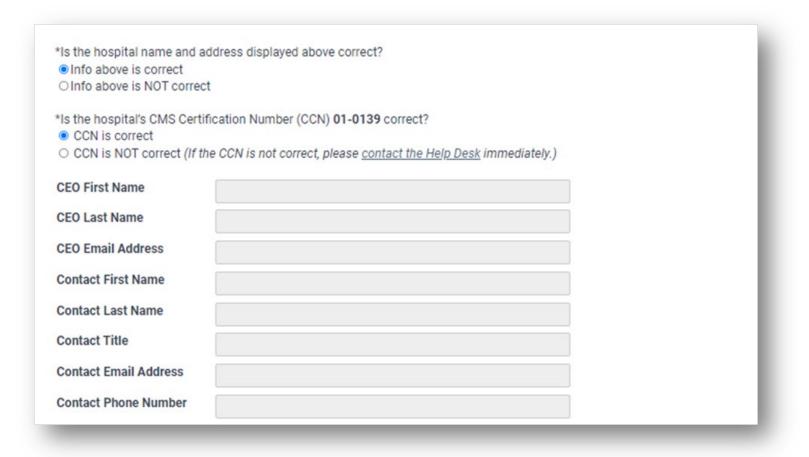
Following the Review Period, we will refresh this website to reflect any changes that occurred during the Review Period and finalize numerical scores. Hospital letter grades will be available during the Letter Grade Embargo Period following the close of the Review Period.

Login

Username		
Password		
	Submit	



Contact Information





Source Data

Safety Grade Review Website for Hospitals

Hospital Source Data

Information About Source Data

The information in the table below represents your hospital's performance on each of the 22 measures used in the Hospital

Safety Grade as of January 31, 2023 (the Data ² the correct measure score from each publicly

Information that you will need to complete the

- Review Instructions and Scoring Methodolog
- Spring 2023 Hospital Safety Grade Calculator

C. Diff.	Outcome	2022 Leapfrog Hospital Survey	07/01/2021 - 06/30/2022	2.066*
PSI 4: Death rate among surgical inpatients with serious treatable conditions	Outcome	<u>CMS</u>	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021	Not Available
CMS Medicare PSI 90: Patient safety and adverse events composite	Outcome	<u>CMS</u>	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021	1.06

***Trim value**: The measure score has been trimmed to the 99th percentile. Refer to A Note About Extreme Values in the <u>Review</u> <u>Instructions and Scoring Methodology</u>.

**Imputed score: The measure score has been imputed based on historical data or data from similar hospitals. Refer to Using Secondary Data Sources in the <u>Review Instructions and Scoring Methodology</u>.



PSI 90 Components – NOT used in scoring

PSI 90 Components

CMS calculates PSI 90 using the ten (10) component PSIs that are listed in the table below. While the scores for each of the 10 component PSIs will NOT be used to calculate spring 2023 Hospital Safety Grades, they will be publicly reported on the Hospital Safety Grade <u>website</u>. To verify your hospital's PSI 90 Component scores, use the text links in the Data Source/Links column.

Component PSI	Data Source/Links	Reporting Period	Component Score (not used in numerical score)
PSI 3: Pressure ulcer rate	<u>CMS</u>	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021	0.42
PSI 6: latrogenic pneumothorax rate	<u>CMS</u>	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021	0.22
PSI 8: In-hospital fall with hip fracture rate	<u>CMS</u>	07/01/2019 - 12/31/2019 and 07/01/2020	0.07



What if the Measure Score Doesn't Match the Public Report?

Hospitals must contact the Help Desk immediately if they suspect a measure score is incorrect.

However, they should double check the following information **before** contacting the <u>Help Desk</u>:

- **Data source** the data source listed on the Safety Grade Review Website is what you are referring to when verifying your measure score. You should be using the direct links provided in your Source Data table. 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.

When you contact the Help Desk about a potential discrepancy, you must include a copy of the public report or a screenshot 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.

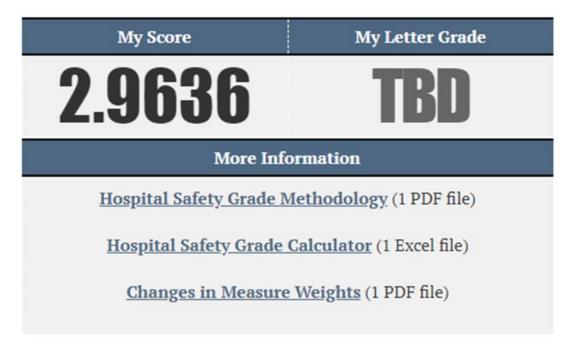


Preview Preliminary Numerical Score

Remember that the numerical scores posted during the Safety Grade Review Period are **preliminary** as changes do occur during the Safety Grade Review Period.

Final numerical scores will be posted, along with the letter grade, at least 1 week prior to the public announcement.

Hospitals will be alerted via an email sent to the addresses provided in the Contact and Reviewer Information fields.

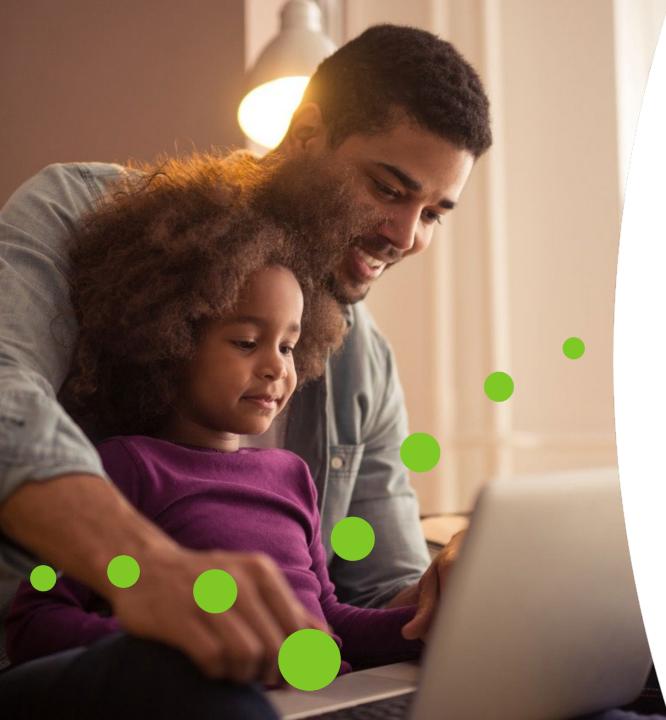




Hospital Safety Grade Calculator

		Enter Your			Z-So	core1	Inp	uts to Weighting I	ndividual Measu	ures ²	We	ight ³	Weighted
Measure Domain	Measure	Hospital's Score Here (Do NOT Leave Blanks)	Mean	Standard Deviation	Original Z- Score	Modified Z- Score	Evidence	Opportunity	Impact	Number of Component Measures ⁴	Standard Weight	Final Weight (N/A redistributes)	Measure Score (Modified Z- Score x Final Weight)
	Computerized Physician Order Entry (CPOE)		90.56	15.49	-5.8451	-5.0000	2	1.17	3	1	5.578%	5.6%	-0.2789
	Bar Code Medication Administration (BCMA)		92.65	11.13	-8.3230	-5.0000	2	1.12	3	1	5.424%	5.4%	-0.2712
res	ICU Physician Staffing (IPS)		62.23	44.29	-1.4049	-1.4049	2	1.71	3	1	7.220%	7.2%	-0.1014
nse	Safe Practice 1: Culture of Leadership Structures and Systems		117.46	6.50	-18.0689	-5.0000	1	1.06	2	1	3.147%	3.1%	-0.1574
Me	Safe Practice 2: Culture Measurement, Feedback, & Intervention		115.71	16.61	-6.9672	-5.0000	1	1.14	2	1	3.326%	3.3%	-0.1663
ē	Total Nursing Care Hours per Patient Day		70.88	31.91	-2.2213	-2.2213	2	1.45	2	1	4.958%	5.0%	-0.1101
Ð	Hand Hygiene		77.29	26.65	-2.9003	-2.9003	2	1.34	2	1	4.745%	4.7%	-0.1376
Str	H-COMP-1: Nurse Communication		89.55	2.57	-34.7935	-5.0000	1	1.03	2	1	3.094%	3.1%	-0.1547
ss/ss	H-COMP-2: Doctor Communication		89.45	2.54	-35.2588	-5.0000	1	1.03	2	1	3.093%	3.1%	-0.1546
e e	H-COMP-3: Staff Responsiveness		80.97	4.36	-18.5564	-5.0000	1	1.05	2	1	3.145%	3.1%	-0.1572
Ĕ	H-COMP-5: Communication about Medicines		73.85	3.96	-18.6502	-5.0000	1	1.05	2	1	3.144%	3.1%	-0.1572
	H-COMP-6: Discharge Information		84.80	3.80	-22.2860	-5.0000	1	1.04	2	1	3.126%	3.1%	-0.1563
	Foreign Object Retained		0.014	0.05	0.2768	0.2768	1	3.00	2	1	4.276%	4.3%	0.0118
	Air Embolism		0.001	0.01	0.0717	0.0717	1	3.00	1	1	2.443%	2.4%	0.0018
S	Falls and Trauma		0.430	0.43	0.9985	0.9985	2	2.00	3	1	4.890%	4.9%	0.0488
Inse	CLABSI		0.889	0.71	1.2575	1.2575	2	1.80	3	1	4.512%	4.5%	0.0567
Mea	CAUTI		0.734	0.62	1.1895	1.1895	2	1.84	3	1	4.595%	4.6%	0.0547
e	SSI: Colon		0.833	0.66	1.2653	1.2653	2	1.79	2	1	3.409%	3.4%	0.0431
D C	MRSA		0.926	0.73	1.2714	1.2714	2	1.79	3	1	4.496%	4.5%	0.0572
ő	C. Diff.		0.488	0.37	1.3282	1.3282	2	1.75	3	1	4.434%	4.4%	0.0589
Ĭ	PSI 4: Death rate among surgical inpatients with serious treatable conditions		143.28	17.45	8.2123	8.2123	1	1.12	2	1	1.981%	2.0%	0.1627
	CMS Medicare PSI 90: Patient safety and adverse events composite		0.98	0.17	5.7185	5.7185	1	1.17	2	10	14.964%	15.0%	0.8557
Process Me	asure Domain Score:	Will populate after entering all data.											
Outcome M	leasure Domain Score:	Will populate	after entering a	all data.									
Process/Ou	tcome Domains - Combined Score:	Will populate	after entering a	all data.									
Normalized	Numerical Score:	Will populate	after entering a	all data.									
Hospital Sa	fety Grade (Letter Grade):	Will not be cal	culated until a	fter the Safety (Grade Review P	eriod. Hospital	s will be notifi	ed via email wh	en the letter gr	rades are poste	d.		



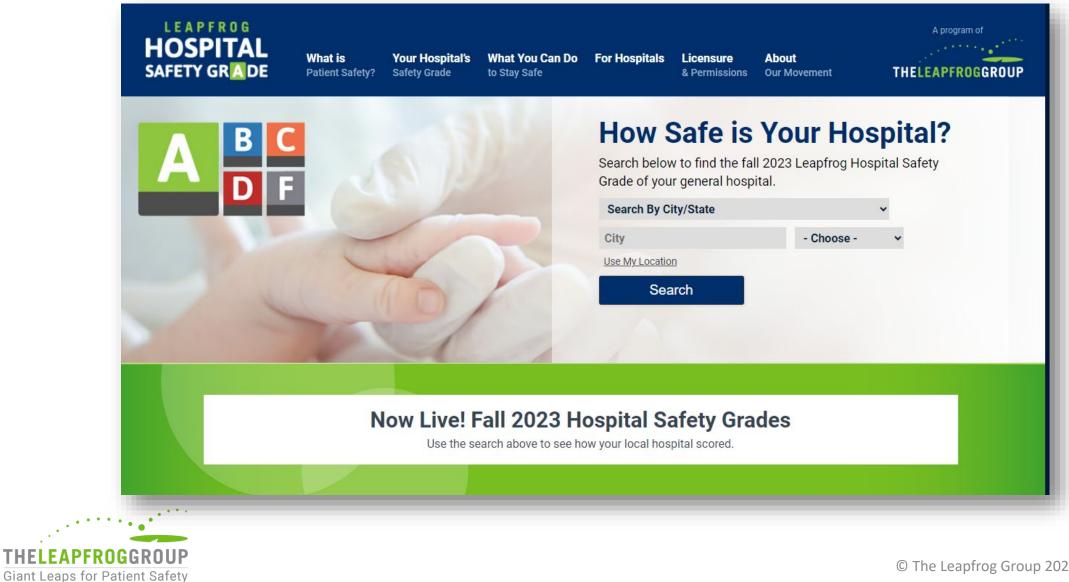


Public Reporting

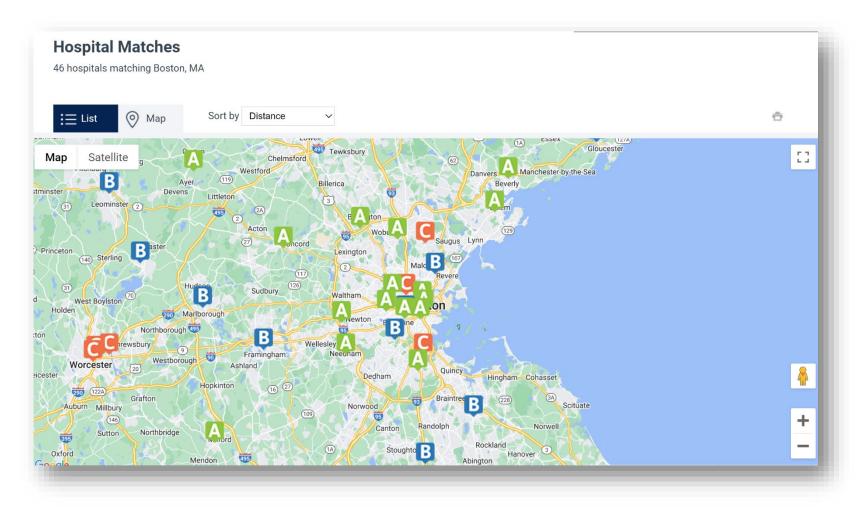
Screenshots taken from Safety Grade website reflect fall 2023 Safety Grades



HospitalSafetyGrade.org

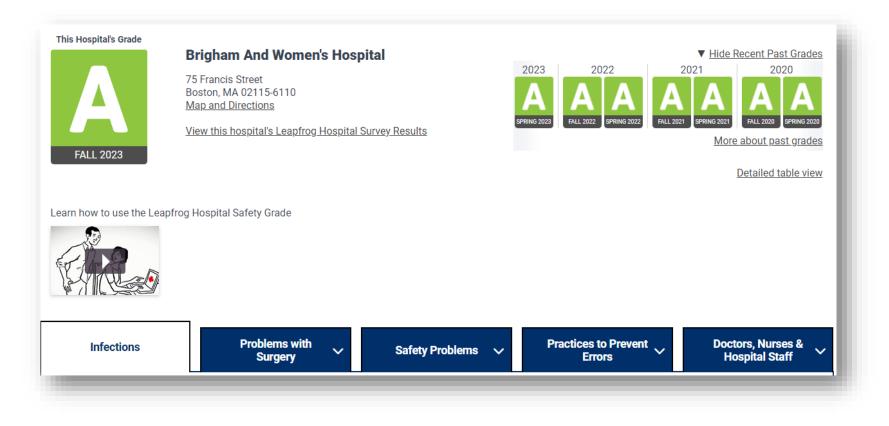


Search by Hospital Name and Location





Hospital Details and Past Grades





Measure Scores

Infections		lems with 🗸 urgery	Safety Problems	 Practices Er 	to Prevent 🗸 rors	Doctors, Nurses & Hospital Staff
MRSA Infection	C. diff Infection	Infection in the blood	Infection in the urinary tract	Surgical site infection after colon surgery	Sepsis infection after surgery	

This Hospital's Score:	MRSA infection	What safer hospitals do:
0.509	Staph bacteria are common in hospitals, but Methicillin- resistant Staphylococcus aureus (MRSA) is a type of staph	Doctors and nurses should clean their hands after caring for every patient. Hospital rooms and medical equipment should be
Best Hospital's Score: 0.000	bacteria that is resistant to (cannot be killed by) many antibiotics. MRSA can be found in bed linens or medical equipment and can be spread if providers do not properly wash their hands between patients. MRSA can cause life-threatening	thoroughly cleaned often. Safer hospitals will also keep MRSA patients separate from other patients and require providers and visitors to wear gloves and gowns around these patients.
Average Hospital's Score: 1.095	bloodstream infections, pneumonia and surgical site infections.	
Worst Hospital's Score: 3.918	This number represents a comparison of the number of infections that actually happened at this hospital to the number of infections expected for this hospital, given the number of patients they care for on a daily basis and how widespread MRSA infection is in their local community. A number lower than one means fewer infections than expected; a number more than one means more infections than expected. For details on sources, click <u>here</u> .	



Detailed Table View for Hospitals

This Hospital's Grade



75 Francis Street Boston, MA 02115-6110 <u>Map and Directions</u>

Outcomes measures include errors, accidents, and injuries that this hospital has publicly reported.

Brigham And Women's Hospital

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source	Time Period Covered
Dangerous object left in patient's body What's This?	0.039	0.340	0.014	0.000	CMS	07/01/2020 - 06/30/2022
Air or gas bubble in the blood What's This?	0.000	0.308	0.001	0.000	CMS	07/01/2020 - 06/30/2022
Patient falls and injuries What's This?	0.193	2.006	0.429	0.000	CMS	07/01/2020 - 06/30/2022
Infection in the blood What's This?	0.714	3.512	0.888	0.000	2023 Leapfrog Hospital Survey	01/01/2022 - 12/31/2022
Infection in the urinary tract What's This?	0.942	3.026	0.735	0.000	2023 Leapfrog Hospital Survey	01/01/2022 - 12/31/2022
Surgical site infection after colon surgery What's This?	1.413	2.868	0.832	0.000	2023 Leapfrog Hospital Survey	01/01/2022 - 12/31/2022
MRSA Infection What's This?	0.389	3.653	0.927	0.000	2023 Leapfrog Hospital Survey	01/01/2022 - 12/31/2022
C. diff. Infection What's This?	0.693	1.876	0.488	0.000	2023 Leapfrog Hospital Survey	01/01/2022 - 12/31/2022
Death from treatable serious complications What's This?	163.30	186.71	143.25	73.88	CMS	07/01/2019 - 12/31/2019 and 07/01/2020 - 6/30/2021



Not Graded

This Hospital's Grade



Ascension River District Hospital

4100 River Road East China, MI 48054-2909 <u>Map and Directions</u>

View this hospital's Leapfrog Hospital Survey Results





Important Dates for Spring 2024

January 31 - Data Snapshot Date

February 26 - March 15- Courtesy Hospital Safety Grade Review Period

April- <u>One week</u> Letter Grade Embargo Period

Late April- Letter grades will be published at <u>www.HospitalSafetyGrade.org</u>

For more information about important dates, visit:

https://www.hospitalsafetygrade.org/for-hospitals/key-dates-and-information

