



Frequently Asked Questions About the Leapfrog Hospital Safety Grade

Web address: hospitalsafetygrade.org

Who is The Leapfrog Group?

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

What is The Leapfrog Hospital Safety Grade?

The Leapfrog Hospital Safety Grade is an “A,” “B,” “C,” “D,” or “F” assigned to general hospitals in the U.S., rating how safe they are for their patients. The grade uses up to 27 measures including rates of preventable errors, injuries and infections, and whether hospitals have systems in place to prevent them. Grades are updated twice annually, in the fall and spring. The Safety Grades are based on a peer-reviewed methodology, calculated by top patient safety experts and are 100% transparent and free to the public.

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

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

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

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

Which hospitals are excluded?

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

Excluded from The Leapfrog Hospital Safety Grade are:

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

Why don't I see my hospital?

Not all hospitals have data publicly available on the full list of 27 measures. In these instances, grades are calculated only for the available measures. As per Expert Panel guidance, The Leapfrog Group has minimum data thresholds for hospitals to receive a grade. Hospitals missing more than six of 12 process measures or more than five of 15 outcome measures are not graded.

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

What are you measuring in The Leapfrog Hospital Safety Grade?

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

Under the guidance of an Expert Panel, The Leapfrog Group identified 27 measures of patient safety data publicly reported at the national level that they deemed the most significant and reliable of all available measures. This includes measures reported by the federal government via the Centers for Medicare & Medicaid Services and measures reported on the annual Leapfrog Hospital Survey.

The 27 measures calculated in The Leapfrog Hospital Safety Grade cover:

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

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

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



The Leapfrog Hospital Safety Grade does NOT measure:

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

A full list of the measures and their respective weights is available on [HospitalSafetyGrade.org](https://www.hospitalgrade.org)

How is the data assessed?

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

Have there been any changes in the data sources for the Safety Grade?

Beginning with the spring 2021 Safety Grade, the Leapfrog Group will begin using a new imputation model to calculate measure scores for Computerized Prescriber Order Entry (CPOE), Bar Code Medication Administration (BCMA), and/or ICU Physician Staffing (IPS) in lieu of data from the AHA Annual Survey and Health Information Technology Supplement. If a hospital is missing a publicly reported score from the Leapfrog Hospital Survey on CPOE, BCMA, and/or IPS, the following methodology will be used to calculate a measure score for each of the three applicable measures:

- Step 1: Use a hospital's most recent score on the measure if available within previous four rounds of grades (applies to CPOE, BCMA, and IPS)
- Step 2: Use the mean of the scores assigned to other "like" hospitals in the U.S. (applies to CPOE and BCMA only)

Does the spring 2021 Hospital Safety Grade reflect a COVID time period?

Data in the spring 2021 Safety Grades are mainly from a pre-COVID time period. Still, some measures used in this spring's Grade can be a proxy for the safety of care provided to COVID patients in many ways. For example, staffing ICUs with intensivists and monitoring hand hygiene compliance have been shown to significantly reduce harm to patients, regardless of their condition. Hospitals must have a strong culture of patient safety as the basis for everything they do in order to provide the safest environment for care, during a pandemic or not. Data from the timeframe of COVID-19 will be included the fall 2021 and spring 2022 Hospital Safety Grades.

If sick, should patients avoid a “C,” “D,” or “F” hospital? What should people do if the only hospital in their community is a “C,” “D,” or “F?”

Patients, including COVID patients, should never refuse care or avoid a hospital in an emergency because of the Leapfrog Hospital Safety Grade. But when they have a choice, the Hospital Safety Grade offers important information and people should be discerning, because not all hospitals are the same. Leapfrog offers guidance and resources on our website for patients and family members to protect themselves during a hospital stay, which are important no matter the hospital’s grade. As patients seek care, we encourage patients to be their own advocate, and involve a family member or loved one, including via phone or video conferencing when possible, who may also be able to advocate on their behalf.

Isn’t poor performance (“D” or “F” letter grade) easily explained by a hospital being required to redirect their focus to caring for COVID-19 cases?

Effective response to COVID-19 requires meticulous attention to patient safety. The spring 2021 Leapfrog Hospital Safety Grades are based on data mainly collected prior to the COVID-19 outbreak, but they are still a good indicator of a hospital’s was pandemic preparedness.