

#ptsafety  
#patientsafety

# New Jersey Health Care Quality Institute Quarterly Quality Breakfast

January 30, 2018

NEW JERSEY  
HEALTH CARE  
QUALITY  
INSTITUTE



*Quality  
powered.*

@NJHCQI  
@LeapfrogGroup  
@AtlanticHealth  
@CarePointHealth

@InspiraHN  
@KennedyHealth  
@RWJBarnabas  
@VituaHealth

# 2018 LEAPFROG HOSPITAL SURVEY: SUMMARY OF CHANGES

January 30, 2018

NJHCQI Breakfast

# Record Participation in 2017

3

- 2017 Leapfrog Hospital Survey Submissions: 1,947
  - 51% of hospitals on our roster
  - 65% of inpatient beds
  - 93% (67/72) of NJ hospitals submitted a survey

# Pediatric Care

# Section 9A: CAHPS Child Hospital Survey

5

- In the 2017 Survey, Leapfrog asked general, acute-care hospitals and free-standing pediatric hospitals with at least 1,000 pediatric inpatient admissions to dedicated pediatric inpatient units, including NICUs, during the 12-month reporting time period to report their results from the CAHPS Child Hospital Survey, if available.
  
- For the 2018 Survey:
  - Hospitals with 500 or more pediatric inpatient admissions to any unit (adult or pediatric, including any level ICU) during the 12-month reporting period will be required to administer the CAHPS Child Hospital Survey or be publicly reported as 'declined to respond.'
  - Hospitals with 100 or more returned CAHPS Child Hospital surveys during the 12-month reporting period will report their Top Box Score on each of the domains (see next slide for details on scoring and public reporting).
  - Hospitals with 500 or more pediatric inpatient admissions to any unit, but fewer than 100 returned surveys will be reported as 'unable to calculate score.'

# Section 9A: CAHPS Child Hospital Survey Scoring and Public Reporting

6

- Only 5 of the 18 domains will be used in scoring. However, all domains will be publicly reported.
- This approach will ensure that hospital's are able to focus their improvement efforts on a limited number of domains, while ensuring that consumers have information not publicly reported elsewhere.
- Surveys submitted by June 30<sup>th</sup> will be used to calculate quartile values for each domain, to which hospitals will be compared. These cut-points will remain static for the remainder of the Survey year.
- Hospitals will receive points for each domain based on how they compare to the quartile cut-points:
  - Hospitals that perform in the top quartile will receive 4 points for that domain
  - Hospitals that perform in the 2<sup>nd</sup> quartile will receive 3 points for that domain
  - Hospitals that perform in the 3<sup>rd</sup> quartile will receive 2 points for that domain
  - Hospitals that perform in the bottom quartile will receive 1 points for that domain
- Then the percentage of points earned across all domains included in scoring (i.e. 9 out of 18 domains) is calculated to determine the overall performance category. The percentage of points required will be determined by the quartile values of June 30, 2018 survey submissions (see example on next slide).

# Section 9A: Example of CAHPS Child Hospital Survey Performance Categories

<b>Performance Category</b>	<b>% of Points Received</b>
Fully Meets Standard	$\geq 75\%$ of total possible points
Substantial Progress	$\geq 66.67\%$ and $< 75\%$ of total possible points
Some Progress	$\geq 47.22\%$ and $< 66.67\%$ of total possible points
Willing to Report	$< 47.22\%$ of total possible points
Unable to Calculate Score	Less than 100 returned CAHPS Surveys
Does Not Apply	Less than 500 pediatric inpatient admissions during reporting period
Declined to Respond	$> 500$ pediatric inpatient admissions, but did not administer the CAHPS Child Hospital Survey or did not submit a survey

# Section 9B: Pediatric CT Radiation Dose

8

- In 2017, Leapfrog asked hospitals that performed CT scans on pediatric patients to report radiation dose (DLP) among consecutive pediatric patients, who have undergone a CT of one of four anatomic regions: head, chest, abdomen/pelvis, or chest/abdomen/pelvis. This included scans of pediatric patients that were not admitted as an inpatient.
- Hospitals were asked to report the distribution of doses for scans of four anatomic regions and 5 age stratum by calculating the 25<sup>th</sup>, 50<sup>th</sup>, and 75<sup>th</sup> percentile DLP.
- For the 2018 Survey:
  - Hospitals will only report on head scans and abdomen/pelvis scans, given the low frequency of chest and chest/abdomen/pelvis scans observed in the 2017 Survey.



# Section 9B: Pediatric CT Radiation Dose Scoring and Public Reporting

9

- Hospitals will be scored and publicly reported on head scans and abdomen/pelvis scans separately.
- Scores for this measure will be calculated by comparing the hospital's median dose for each anatomic region and age strata to two benchmarks:
  - The national median dose – this will be calculated based on the median dose reported across all Leapfrog-reporting hospitals as of June 30, 2018.
  - The national median of the 75<sup>th</sup> percentile dose - this is calculated based on the 75<sup>th</sup> percentile dose reported across all Leapfrog-reporting hospitals as of June 30, 2018
- Hospitals will receive points based on their median dose compared to the benchmarks:
  - If the hospital's reported median dose is less than the Median Benchmark, then they receive 2 points.
  - If the hospital's reported median dose is between the Median Benchmark and the 75th Percentile Benchmark, then they receive 1 point.
  - Otherwise, they don't receive any points for that category.
- Therefore, for each anatomic region, there are at most 10 possible points. If a hospital had fewer than 10 CT scans for an age stratum, then the age stratum is not included in scoring.

# Section 9B: Example of Pediatric CT Radiation Dose Performance Categories for Head and Abdomen/Pelvis

- For each anatomic region, the percentage of points awarded is calculated by summing together the points earned and dividing by the total points possible (e.g., 2 x number of age strata). This percentage is used to assign a performance category according to the table below:

<b>Performance Category</b>	<b>% of Points Received</b>
Fully Meets Standard	$\geq 75\%$ of total possible points
Substantial Progress	$\geq 50\%$ and $< 75\%$ of total possible points
Some Progress	$\geq 25\%$ and $< 50\%$ of total possible points
Willing to Report	$< 25\%$ of total possible points
Unable to Calculate Score	Fewer than 10 scans for all age ranges
Does Not Apply	Does not perform CT scans on pediatric patients
Declined to Respond	Did not measure pediatric scan doses or did not submit a survey

# Never Events

# Section 7A: Never Events Policy

- Leapfrog will maintain 9 policy elements in Section 7A Never Events Policy, including the 4 new elements added in 2017:
  - We will interview patients and/or families who are willing and able, to gather evidence for the root cause analysis.
  - We will inform the patient and/or his/her family of the action(s) that our hospital will take to prevent future recurrences of similar events based on the findings from the root cause analysis.
  - We will have a protocol in place to provide support for caregivers involved in never events, and make that protocol known to all caregivers and affiliated clinicians.
  - We will perform an annual review to ensure compliance with each element of Leapfrog's Never Events Policy for each never event that occurred.

# Section 7A: Never Events Scoring

13

- Leapfrog will score and publicly report results from Section 7A in 2018

Never Events Score (Performance Category)	Description
Fully Meets the Standard	The hospital has implemented a policy that adheres to all 9 principles of the Leapfrog Group Policy Statement on Serious Reportable Events/ "Never Events."
Substantial Progress	The hospital has implemented a policy that adheres to all of the original 5 principles of the Leapfrog Group Policy Statement on Serious Reportable Events/ "Never Events", as well as at least 2 additional principles.
Some Progress	The hospital has implemented a policy that adheres to all of the original 5 principles of the Leapfrog Group Policy Statement on Serious Reportable Events/ "Never Events."
Willing to Report	The hospital responded to the Leapfrog survey questions pertaining to adoption of this policy, but does not yet meet the criteria for "Some Progress."
Declined to Respond	The hospital did not respond to the questions in this section of the survey or did not submit a survey.

# Raising the Bar for Medication Safety

# Section 2: CPOE Scoring Algorithm

15

- Leapfrog proposes three changes to the CPOE scoring algorithm:
  - The standard for utilization of CPOE (i.e. % of inpatient orders entered through an eligible CPOE system) will increase from 75% to 85%
  - The standard for the Adult Inpatient CPOE Test (i.e. clinical decision support efficacy) will increase from 50% to 60% - in other words, hospitals must respond correctly to at least 60% of test orders across all order checking categories (i.e. drug:drug, drug:allergy, etc.)
  - The two elements of the standard (i.e. utilization and CPOE test score) will be combined differently to result in an Overall CPOE Score (see next slide)

# Section 2: CPOE Scoring Algorithm (Adult/General Hospitals)

16

	Score on CPOE Evaluation Tool					
<b>Implementation Status (from Leapfrog Hospital Survey Questions #3-4)</b>	Full Demonstration of National Safety Standard for Decision Support 60% or greater test orders correct	Substantial Demonstration of National Safety Standard for Decision Support 50-59% of test orders correct	Some Demonstration of National Safety Standard for Decision Support 40-49% of test orders correct	Completed The Evaluation Less than 40% of test orders correct	Insufficient Evaluation	Incomplete Evaluation (Failed deception analysis or timed out) -or- Did not complete an evaluation
85% or greater of all inpatient medication orders entered through CPOE System	Fully Meets the Standard	Substantial Progress	Substantial Progress	Some Progress	Unable to Calculate Score	Willing to Report
75-84% of all inpatient medication orders entered through CPOE System	Fully Meets Standard	Substantial Progress	Some Progress	Some Progress	Unable to Calculate Score	Willing to Report
50-74% of all inpatient medication orders entered through CPOE System	Substantial Progress	Substantial Progress	Some Progress	Willing to Report	Unable to Calculate Score	Willing to Report
CPOE implemented in at least one inpatient unit but <50% of all inpatient medication orders entered through CPOE System	Substantial Progress	Some Progress	Some Progress	Willing to Report	Unable to Calculate Score	Willing to Report
CPOE not implemented in at least one inpatient unit	Cannot take CPOE Evaluation Tool; hospital will be scored as "Willing to Report"					



# Section 2: CPOE Scoring Algorithm (Pediatric Hospitals)

17

<b>CPOE Score (Performance category)</b>	<b>Implementation Status (from Leapfrog Hospital Survey Questions #3-4)</b>
Fully Meets the Standard	85% or greater of all inpatient medication orders entered through CPOE System
Substantial Progress	75-84% of all inpatient medication orders entered through CPOE System
Some Progress	50-74% of all inpatient medication orders entered through CPOE System
Willing to Report	CPOE implemented in at least one inpatient unit but <50% of all inpatient medication orders entered through CPOE System OR CPOE not implemented in at least one inpatient unit
Declined to Respond	The hospital did not respond to this section of the survey, or did not complete the survey.

# Inpatient Surgery

# Section 3A: Hospital & Surgeon Volume

19

- In 2017, hospitals were asked to report on hospital volume, surgeon volume, and appropriateness criteria for 10 high-risk surgical procedures.
- In 2018, Leapfrog is proposing to eliminate total hip and total knee replacement from the list of surgeries.
- Hospitals will be asked to report on total hospital volume from a 12-month period or 24-month annual average for 8 high-risk procedures.
- Questions about individual surgeon volume will be removed due to challenges of obtaining data for surgeons privileged to perform the surgery at multiple facilities. Instead, hospitals will be asked whether their process to privilege surgeons includes the surgeon meeting or exceeding the recommended volume standards.

# Section 3A: Hospital & Surgeon Volume

Procedure	Hospital Volume (minimum per 12-months or 24-month average)	Surgeon Volume (minimum per 12-months or 24-month average)
Bariatric surgery for weight loss	50	20
Esophageal resection	20	7
Lung resection	40	15
Pancreatic resection	20	10
Rectal cancer surgery	16	6
Carotid endarterectomy	20	10
Open abdominal aortic aneurysm repair	15	10
Mitral valve repair and replacement	40	20

# Section 3A: Hospital & Surgeon Volume

<p><b>1) Check all procedures that your hospital performs as defined in the Inpatient Surgery Reference Information.</b></p> <p><i>If your hospital does not perform the procedure or ONLY does so when a patient is too unstable for safe transfer, do not check the box next to that procedure.</i></p> <p><i>If "None of the above," please skip remaining questions in Section 3A and 3B, and go to the Affirmation of Accuracy.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Carotid endarterectomy</li> <li><input type="checkbox"/> Mitral valve repair and replacement</li> <li><input type="checkbox"/> Open abdominal aortic aneurysm repair</li> <li><input type="checkbox"/> Lung resection</li> <li><input type="checkbox"/> Esophageal resection</li> <li><input type="checkbox"/> Pancreatic resection</li> <li><input type="checkbox"/> Rectal cancer surgery</li> <li><input type="checkbox"/> Bariatric surgery for weight loss</li> <li><input type="checkbox"/> None of the above</li> </ul>
--	--

<b>2) Total hospital volume for each selected procedure during the reporting period:</b>	
<i>Procedure</i>	<i>Number of Procedures Performed (12-month count or 24-month annual average)</i>
Carotid endarterectomy	
Mitral valve repair and replacement	
Open abdominal aortic aneurysm repair	
Lung resection	
Esophageal resection	
Pancreatic resection	
Rectal cancer surgery	
Bariatric surgery for weight loss	

# Section 3A: Hospital & Surgeon Volume

3) Does your hospital's process for privileging surgeons include the surgeon meeting or exceeding the minimum surgeon volume standard listed below?		
<i>Procedure</i>	<i>Surgeon Volume Standard</i>	
Carotid endarterectomy	10	Yes No <i>Plan to implement within 12 months</i>
Mitral valve repair and replacement	20	Yes No <i>Plan to implement within 12 months</i>
Open abdominal aortic aneurysm repair	10	Yes No <i>Plan to implement within 12 months</i>
Lung resection	15	Yes No <i>Plan to implement within 12 months</i>
Esophageal resection	7	Yes No <i>Plan to implement within 12 months</i>
Pancreatic resection	10	Yes No <i>Plan to implement within 12 months</i>
Rectal cancer surgery	6	Yes No <i>Plan to implement within 12 months</i>
Bariatric surgery for weight loss	20	Yes No <i>Plan to implement within 12 months</i>



# Section 3A: Hospital & Surgeon Volume

Hospital and Surgeon Volume Standard Score (Performance Category)	For each of the surgeries performed by the hospital...
<b>Fully Meets the Standard</b> (four-filled bars)	<ul style="list-style-type: none"> <li>The hospital met the minimum hospital volume standard for the surgery</li> <li>The hospital's process for privileging surgeons includes meeting or exceeding the minimum surgeon volume standard</li> </ul>
<b>Substantial Progress</b> (three-filled bars)	<ul style="list-style-type: none"> <li>The hospital met the minimum hospital volume standard for the surgery</li> <li>The hospital's process for privileging surgeons does not include meeting or exceeding the minimum surgeon volume standard, but the hospital is committed to doing so within the next 12 months</li> </ul>
<b>Some Progress</b> (two-filled bars)	<ul style="list-style-type: none"> <li>The hospital did not meet the minimum hospital volume standard for the surgery, but the hospital's process for privileging surgeons includes meeting or exceeding the minimum surgeon volume standard</li> <li>OR</li> <li>The hospital met the minimum hospital volume standard for the surgery, but the hospital's process for privileging surgeons does not include the minimum surgeon volume standard, and the hospital is not committed to doing so within the next 12 months</li> </ul>
<b>Willing to Report</b> (one-filled bar)	<ul style="list-style-type: none"> <li>The hospital did not meet the minimum hospital volume standard for the surgery</li> <li>The hospital does not include the minimum surgeon volume standard in its privileging policy, whether or not they are committed to doing so in the next 12 months</li> </ul>
<b>Does Not Apply</b>	Means the hospital does not perform the surgery.
<b>Declined to Respond</b>	Means the hospital did not respond to the questions in this section of the survey or did not submit a survey.

# Section 3B: Surgical Appropriateness

- In 2018 Hospitals will still be asked to report on their implementation of processes aimed at monitoring surgical appropriateness and preventing overuse.
- Responses to these questions will not be scored, but will be used in public reporting.
- For each surgery performed, Leapfrog will display a hospital's overall score which will be based on the hospital's ability to meet the hospital volume standard and including the minimum surgeon volume standard in its privileging process. When visitors to Leapfrog's public reporting website click into the score icon, they will see a statement indicating whether the hospital has processes and protocols in place to ensure surgical appropriateness.
- Hospitals that respond "Yes" to all five questions specific to that surgery will be reported as "Yes" and hospitals that respond "No" to any one of the five questions will be reported as "Not Yet."



# Balancing Reporting Burden

# Section 7C: Hospital-Acquired Conditions – Pressure Ulcers and Injuries

26

- Due to feasibility issues with the ICD-10 measure specifications, Leapfrog will remove both the hospital-acquired pressure ulcers and injuries measures from the survey.

# Section 7D: Antibiotic Stewardship

- Currently in Section 7D Antibiotic Stewardship, hospitals are asked to report on their adoption of NHSN core elements.
- In 2018, Leapfrog plans to remove Section 7D from the online survey and instead obtain the responses to these questions, which come directly from the NHSN Annual Patient Safety Survey, directly from CDC's National Healthcare Safety Network (NHSN).
- In order for Leapfrog to access hospital data, hospitals will need to:
  - Join Leapfrog's NHSN Group
  - Provide a valid NHSN ID in the Profile Section of the survey
  - Complete, affirm, and submit Section 7 of the Leapfrog Hospital Survey
- Hospitals that submit a survey by June 30 will be able to review their data by accessing their Hospital Details page prior to the first publication of 2018 Leapfrog Hospital Survey Results.
- Instructions to join Leapfrog's NHSN Group are available at <http://www.leapfroggroup.org/survey-materials/join-nhsn>.
- No changes to scoring.

Questions?

#ptsafety  
#patientsafety

# New Jersey Health Care Quality Institute Quarterly Quality Breakfast January 30, 2018

NEW JERSEY  
HEALTH CARE  
QUALITY  
INSTITUTE



*Quality  
powered.*

@NJHCQI  
@LeapfrogGroup  
@AtlanticHealth  
@CarePointHealth

@InspiraHN  
@KennedyHealth  
@RWJBarnabas  
@VituaHealth