

The 2022 Leapfrog Hospital Survey & Focus on Health Equity

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February 2, 2022



Anticipated Changes to the 2022 Leapfrog Hospital Survey

COVID-19 Changes Extended for the 2022 Survey

- Leapfrog will continue its Virtual On-Site Data Verification Program in but plans to resume On-Site Data Verification in 2023.
- Leapfrog will make permanent the reduced sample size requirements that were first introduced in 2020 as a result of the impact of COVID-19. For future Surveys, 30 cases will be sampled for the following measures:
 - Early Elective Deliveries
 - Cesarean Birth
 - Bilirubin Screening
 - Deep Vein Thrombosis (DVT) Prophylaxis
 - Medication Safety for Outpatient Procedures

COVID-19 Changes Discontinued for the 2022 Survey

- Submission Deadline Extension
 - For the 2021 Survey, Leapfrog extended the Submission Deadline from June 30 to July 31. For the 2022 Survey cycle, the Submission Deadline will be June 30, 2022, with Survey Results publicly reported on July 25, 2022. The Late Submission Deadline will continue to be November 30, 2022.

COVID-19 Changes Discontinued for the 2022 Survey

- Updated Reporting Periods
 - For some sections of the 2021 Survey, due to known disruptions in services, Leapfrog allowed hospitals to report using either their 2020 or 2019 data. In 2022, this accommodation will not be continued.
 - In the 2021 Survey, Leapfrog adjusted the reporting periods for Section 6A NQF Safe Practice 1 Leadership, Structures, and Systems and Section 6C NQF Safe Practice 9 Nursing Workforce to allow hospitals to report on safe practice elements that were implemented within the last 24 months. In 2022, hospitals will be asked to report on practices implemented within the last 12 months.
 - In the 2020 and 2021 Surveys, Leapfrog adjusted the reporting period for Section 6B NQF Safe Practice 2 Culture of Safety Measurement, Feedback, and Intervention to allow for hospitals to report on culture of safety surveys administered within the last 36 months and additional safe practice elements that were implemented in the last 24 months. In the 2022 Survey, hospitals will be asked to report on culture of safety surveys administered within the last 24 months and additional safe practice elements that were implemented within the last 12 months.
 - In the 2021 Survey, Leapfrog aligned its reporting period for Section 7B Healthcare-Associated Infections with CMS and excluded the first two quarters of 2020. In 2022, Leapfrog will report 12 months of continuous data including all four quarters of 2021 in the June and August data downloads and the last two quarters of 2021 and the first two quarters of 2022 in the October and December data downloads.

COVID-19 Changes Discontinued for 2022 Survey

- Updated Scoring for CPOE
 - In 2021, Leapfrog gave adult and general hospitals two options to achieve the CPOE standard, allowing hospitals to be scored based on implementation status only (option #1) or implementation status and results from the CPOE Evaluation Tool (option #2). In 2022, all adult and general hospitals will be scored based on both implementation status and results from the CPOE Evaluation Tool.

Billing Ethics – Scored and Publicly Reported

Since the release of the 2021 Leapfrog Hospital Survey, new legislation and federal rulemaking has pre-empted some of the newly added billing ethics questions.

Specifically, the [No Surprises Act](#), with federal rulemaking slated to take effect in 2022, sets new standards for out-of-network billing, and prohibits balance billing without prior written notice and consent. In addition, the [Hospital Price Transparency](#) rulemaking requires hospitals to provide clear, accessible pricing information online for their services, and recent updates to these rules have increased penalties for non-compliance.

Since Leapfrog's Hospital Survey is designed to measure achievement of national standards and not compliance with federal regulations, Leapfrog will remove the Price Transparency, Network Matching, and Out-of-Network Services question domains from Section 1B: Billing Ethics and Health Equity.

However, the questions in the Billing Practices domain will be retained, will be required, and will be scored and publicly reported in 2022.

Informed Consent – Optional; Not Scored or Publicly Reported

Over the past year, the [Patient and Family Caregiver Expert Panel](#) has advised Leapfrog and our researchers to develop a new standard assessing three domains of informed consent: (1) internal training and education around informed consent, (2) the content of informed consent forms, and (3) the process of gaining informed consent.

The question set is based on published literature reflecting patient preferences for informed consent content and processes.

The questions initially published with the Proposed Changes in November 2021 have undergone significant updates based on the public comments we received and may undergo further changes based on pilot feedback. The final questions will be published in the summary of Changes in early March.

CPOE for Adult and General Hospitals

The CPOE Evaluation Tool will be accessible for adult and general hospitals from the Survey Dashboard once a hospital has completed and affirmed Section 2 CPOE.

Hospitals will not be able to submit the Survey, including the results from the Adult Inpatient CPOE Test, until all five required sections (1 Basic Hospital Information, 2 CPOE, 4 Maternity Care, 5 ICU Physician Staffing, and 6 Patient Safety Practices) are completed and affirmed.

Safe Surgery Checklist for Adult and Pediatric Complex Surgery

Under the guidance of Leapfrog's national [expert panels](#), Leapfrog is proposing updates to the safe surgery checklist questions and scoring algorithm for 2022:

- First, we are proposing to ask hospitals to report on the use of a safe surgery checklist for all the adult and pediatric complex procedures included in Leapfrog's Hospital and Surgeon Volume Standard (Section 3A). These are the same questions currently asked about outpatient procedures (in Section 10).
- Second, we are proposing to update the scoring algorithm to include the hospital's documented adherence to the safe surgery checklist.
- This measure would be scored and publicly reported alongside the Adult and Pediatric Complex Surgery results on Leapfrog's public reporting [website](#).

Nurse Staffing and Skill Mix – Optional; Not Scored or Publicly Reported

In 2021, Leapfrog added a new optional subsection focused on nurse staffing and skill level.

This subsection will continue to be optional for 2022, and responses will not be scored or publicly reported.

In 2023, Leapfrog anticipates scoring and publicly reporting the three new nursing measures from Section 6E: RN Hours Per Patient Day, Nursing Skill Mix, and Proportion of Nurses that are BSN-prepared.

As previously shared, when Leapfrog starts to score and publicly report the Nurse Staffing and Skill Level subsection, hospitals will likely be stratified into groups based on hospital type (general acute care, CAH, Peds), number of beds, and teaching status.

Nurse Staffing and Skill Mix (Continued)

In addition, in 2023 Leapfrog plans to maintain five of the seventeen elements currently included Section 6C Safe Practice #9 – Nursing Workforce. The five Safe Practice elements proposed for continuation on the 2023 Leapfrog Hospital Survey include:

- Organization has held nursing leadership directly accountable for improvements in performance through performance reviews or compensation
- Organization has included nursing leadership as part of the hospital senior administrative leadership team
- Organization has held the board (governance) and senior administrative leadership accountable for the provision of financial resources to ensure adequate nurse staffing levels
- Organization has budgeted financial resources for balancing staffing and skill levels to improve performance
- Organization has implemented a staffing plan, with input from nurses, to ensure that adequate nursing staff-to-patient ratios are achieved

Hospitals indicating that they have current Magnet status designation or Pathways to Excellent designation, as determined by the American Nurses Credentialing Center (ANCC), will continue to receive credit for these five elements listed above from Safe Practice #9 beginning in 2023, but these hospitals will still need to complete, and will be scored on the staffing and skill mix questions.

Reporting Period for Five HAI Measures

Leapfrog will continue to obtain healthcare-associated infection (HAI) data directly from the CDC's National Healthcare Safety Network (NHSN) and in 2022, we will use two continuous 12-month reporting periods for the five HAI measures:

- 01/01/2021 – 12/31/2021 for the June and August data pulls
- 07/01/2021 – 06/30/2022 for the October and December data pulls

Hospital must continue to complete the following steps:

- Provide a valid NHSN ID in the Profile Section of the Survey
- Join Leapfrog's NHSN Group by the published deadlines
- Submit Section 7 by the published deadlines

Summary of Changes

The Proposed Changes to the 2022 Leapfrog Hospital Survey can be downloaded on our website at <https://www.leapfroggroup.org/survey-materials/proposed-changes-2022-leapfrog-hospital-survey>

The Summary of Changes will be published in early March, and many include an additional update to the scoring algorithm for Hand Hygiene not originally included in the Proposed Changes.

Focus on Health Equity

Efforts Underway to Focus on Health Equity and Catalyze Action

- Leapfrog received a [grant](#) from the ABIM Foundation to explore data sources and methodologies to enhance our Dollars and Lives Saved calculator – can we quantify dollars and lives lost due to health inequity and use this information to spur action from employers, purchasers, healthcare leaders, and others?
- Leaders from Leapfrog, CMS, and other national organizations collaborated to author and publish a National Academy of Medicine Discussion Paper “[An Equity Agenda for the Field of Health Care Quality Improvement](#)” - this paper serves as a call to action to combat health inequity head on
- Leapfrog dedicated its 2021 [annual meeting](#), titled “Excellence for Everyone: The Path Forward for Patient Care,” to the topic of health equity – featuring panels on disparities in maternal care and morbidity and in rural communities
- Leapfrog’s CEO recently published a [blog](#) on the ABIM Foundations “Building Trust” website - sharing a personal story of discrimination

Our most power vehicles to promote change

In 2021, Leapfrog added a new set of unscored questions to both the Leapfrog Hospital and ASC Surveys.

The questions focused on:

- Data collection (patient self-identified race, ethnicity, primary language, sexual orientation, and gender identity)
- Data accuracy
- Measure stratification
- Quality improvement
- Internal and external transparency

Data Collection

Which of the following demographic data does your hospital collect from its patients?

- Patient self-identified race
- Patient self-identified ethnicity
- Patient (or, if appropriate, parent or caregiver) self-identified primary language
- Patient self-identified sexual orientation
- Patient self-identified gender identify

Data Accuracy

Has your hospital taken any of the following steps to ensure the accuracy of the demographic data collected from its patients?

- Train staff responsible for registering patients
- Ensure appropriate data collection fields are available in EHR
- Compare data collected from patient experience surveys with EHR data
- Compare data collected through patient portals with EHR data
- Other
- None of the Above

Measure Stratification

- Does your hospital use the demographic data it collects from patients to stratify any quality measure(s) with the aim of identifying health care disparities?
 - Yes
 - No
- Which type(s) of quality measure(s) does your hospital stratify?
 - Clinical process measures
 - Clinical outcome measures
 - CAHPS measures
 - Other patient experience measures

Quality Improvement

- By stratifying the measure(s), has your hospital identified any disparities among its patients based on the demographic data being collected?
 - Yes, disparities were identified
 - No, disparities were not identified
 - Inadequate data to determine if disparities exist
- Has your hospital used the data and information obtained through stratifying measures to implement any quality improvement projects?
 - Yes
 - No
- Has your hospital evaluated the results of the quality improvement projects and demonstrated that these projects have reduced the health care disparities identified?

- Yes

- No

Internal and External Transparency

- Does your hospital share data on its efforts to understand health care disparities and the impact of those efforts on its public website?
 - Yes
 - No
- Does your hospital report and discuss the data on health care disparities with your hospital's Board at least annually?
 - Yes
 - No

Leapfrog Advisory Committee

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2021 Preliminary Analysis of Hospital Responses – Participation

As of August 31, 1,085 out of 2,202 hospitals (49%) that had submitted the Surveys responded to the new health equity questions.

What we've learned

- Hospitals often confuse efforts based on a patient's self-identified demographics (i.e., REAL and SOGI data) with social risk factors (i.e., access, income, education, etc.)
- Hospitals often confused CMS' efforts to provide performance measures stratified by dual-eligible status with their own efforts to stratify measures based on data they are collecting directly from patients

What's around the corner?

Significant refinements to the questions for 2022, which will be published in the Summary of Changes in early March

Emphasis on patient self-reported demographic data

Additional key informant interviews

More Information

Leapfrog Hospital Survey webpages – www.leapfroggroup.org/hospital

Help Desk – <https://leapfroghelpdesk.Zendesk.com>