

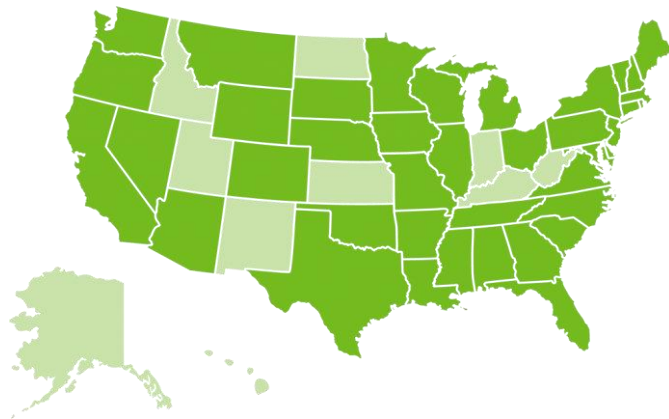
Disclosures

- The Quality Institute serves as the Regional Leader for The Leapfrog Group for New Jersey and New York. We do not receive any funding from The Leapfrog Group for our work.
- Linda Schwimmer is Vice-Chair for The Leapfrog Group Board of Directors, a volunteer position.
- Linda Schwimmer chairs The Leapfrog Group's Ambulatory Surgery Center (ASC) Committee, a volunteer position.



Leapfrog Hospital Survey Data

- Leapfrog is a national nonprofit founded by large, self-insured purchasers in 2000 in response to 1999 IOM Report *To Err is Human*.
- Mission: Trigger giant leaps forward in the safety, quality, and affordability of U.S. health care by using transparency to support informed decision-making and value-based purchasing.
- Leapfrog's data is publicly reported; used by consumers, purchasers and employers, health plans, providers, researchers, and others.
- The Leapfrog Group has regional partners, called Regional Leaders, in over 38 states and communities across the country.



Leapfrog's Ratings Programs

Leapfrog Hospital Survey

- For over 20 years, Leapfrog has asked hospitals to voluntarily report on the safety, quality, and efficiency of inpatient care they provide.
- In New Jersey, 100% of hospitals participate in the Hospital Survey.



Leapfrog ASC Survey

- In 2019, Leapfrog launched their Ambulatory Surgery Center (ASC) survey to assess ASC performance on national measures of safety, quality, and efficiency of patient care.
- Only 4% of ASCs in New Jersey participate.



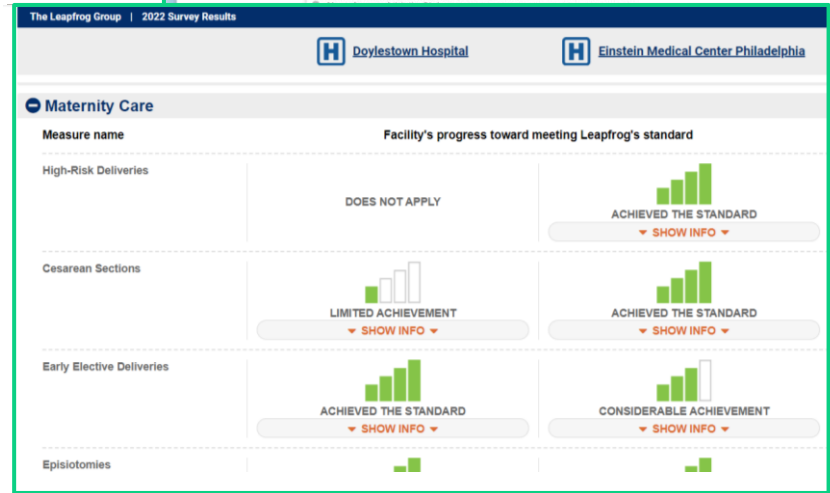
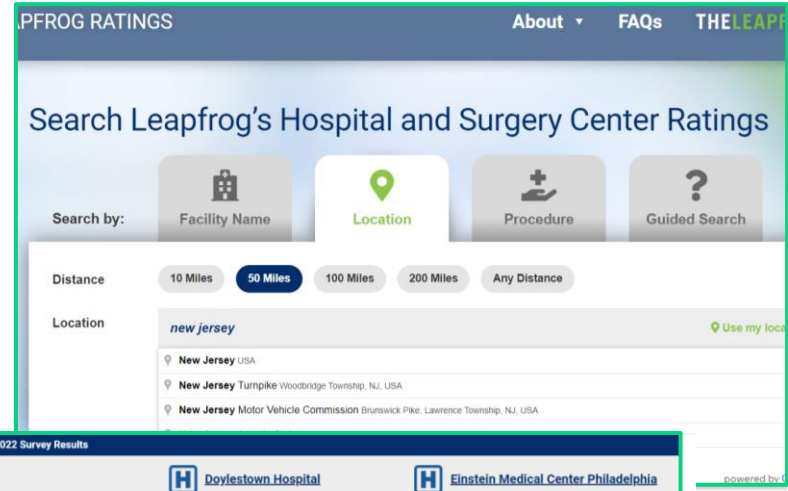
Leapfrog Safety Grade

- Since 2012, Leapfrog has been assigning A, -B, C, D, or F grades to general acute care hospitals across the U.S., regardless of whether or not they submit a Hospital Survey.
- Hospitals are scored on how safe they keep their patients from *preventable* errors, injuries, accidents, and infections.



How Can Consumers Access Leapfrog Survey Data?

- Leapfrog Survey Results are publicly reported to educate consumers about the safety and quality of hospitals in their community so that **they can choose the best place for their care.**
- View Survey results at www.leapfroggroup.org.
- Leapfrog publishes findings from the Leapfrog Hospital Survey starting in July each year, and monthly through February. (Hospitals have multiple opportunities to submit their annual Survey, with opportunities to update their data monthly.)



Leapfrog Hospital Survey Data

- The Survey includes a variety of nationally standardized and endorsed measures pertaining to the safety and quality of inpatient care, including maternity care, high-risk surgical procedures, Computerized Physician Order Entry (CPOE) system implementation, ICU physician staffing, and more.
- Included measures are predicated on the latest science and selected with guidance from scientific advisors at the Armstrong Institute for Patient Safety at Johns Hopkins Medicine as well as Leapfrog's volunteer Expert Panels.
 - The Maternity Expert Panel includes representation from: the Institute for Perinatal Quality Improvement, the California Maternal Quality Care Collaborative, MetroHealth Medical Center, Massachusetts General Hospital, Cedars-Sinai Medical Center, and Yale University School of Nursing.
- Measures are reviewed and updated annually to reflect the current evidence.
- Hospitals provide all data for the Leapfrog Hospital Survey directly.
- The definitions and instructions for completing the Survey are publicly available on Leapfrog's website.

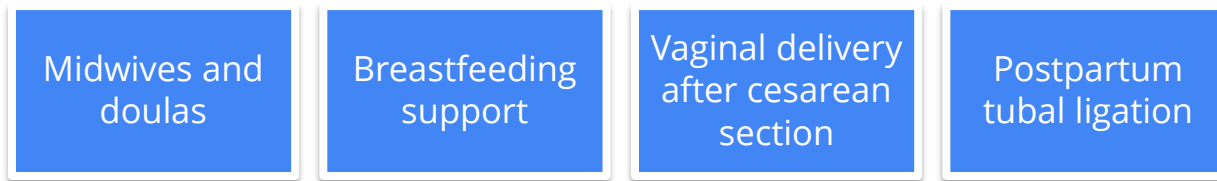


Survey Section 4: Maternity Care

- The maternity care section currently includes 6 measures:



- Additional questions proposed for the 2023 Survey, which will not be scored but will be required and publicly reported, focus on the availability of:



How is New Jersey Doing?

- Leapfrog chose to focus on the following 3 maternity measures because they are medical interventions. Their overuse poses unnecessary increased risks to the mother and baby.
 - **Early Elective Deliveries:** scheduled C-sections or medical inductions performed prior to 39 completed weeks gestation without a medical reason
 - **Episiotomies:** an incision made in the perineum to make the vaginal opening larger during childbirth
 - **Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth rate:** C-sections for mothers with first-time pregnancies (nulliparous) that have reached at least 37 weeks of gestation (term) and have a single baby (singleton) in the head-down position (vertex)

