

2023 Leapfrog Hospital Survey

February 1, 2023



Breaking Records in 2022!

2,312 hospital submissions

62% of hospitals on our roster

74% inpatient beds in the U.S.

100% of NJ Hospitals!

8 Nationally Recognized Top Hospitals!

Background and Timeline

November 2022: Leapfrog published [Proposed Changes to the 2023 Leapfrog Hospital Survey](#) and held a 30-day public comment period.

December 2022: Leapfrog reviewed public comments and made some refinements to proposed changes.

January 2023: Leapfrog launched the national pilot of the 2023 Survey with over 35 hospitals and health systems and published a [Nurse Staffing and Skill Mix benchmarking report](#).

February 2023: Leapfrog will review pilot feedback and made any additional refinements to the Survey, measure specifications, FAQs, and scoring algorithms.

March 2023: Leapfrog will publish the Summary of Changes to the 2023 Leapfrog Hospital Survey.

April 1: 2023 Survey and CPOE Tool open!



Proposed Changes for 2023

Structural Changes

All Inpatient Medication Safety Measures Now in Section 2

- We are moving the medication safety measures from Section 8 to Section 2. Now all inpatient medication safety measures will be organized in the same section of the hard copy of the Survey and Online Tool.
- The updated Section 2: Medication Safety will include the following subsections:
 - Section 2A: Computerized Physician Order Entry (CPOE)
 - Section 2B: EHR Application Information
 - **Section 2C: Bar Code Medication Administration (BCMA)**
 - **Section 2D: Medication Reconciliation**

CPOE Test Immediately Available

With the change to the structure of Section 2, we will make the CPOE Evaluation Tool available immediately **upon completion of the Hospital Profile**.

This will allow adult and general hospitals to complete a CPOE Test at their earliest convenience starting on April 1, without having to first complete and affirm Section 2.

Although hospitals may now complete the Evaluation Tool early, CPOE Test results will continue to be scored and publicly reported only once the Survey has been submitted.

All Nursing Measures Now in Section 6C

The Nurse Staffing and Skill Level measures (total nursing care hours per patient day, RN hours per patient day, nursing skill mix, and proportion of RNs that are BSN-prepared) from Section 6E will be added to Section 6C.

The updated Section 6: Patient Safety Practices will include the following subsections:

- Section 6A: Practice #1 - Culture of Safety Leadership Structures and Systems
- Section 6B: Practice #2 - Culture Measurement, Feedback, and Intervention
- **Section 6C: Nursing Workforce (total nursing care hours per patient day, RN hours per patient day, nursing skill mix, proportion of RNs who are BSN-prepared, and NQF Safe Practice #9)**
- Section 6D: Hand Hygiene

Minimum Submission Requirements Increased

Starting in 2023, the list of sections that are required to be completed and affirmed before the Survey can be submitted has been expanded to include:

- Section 1: Basic Hospital Information
- Section 2: Medication Safety (which includes **BCMA and Medication Reconciliation**)
- Section 4: Maternity Care
- Section 5: ICU Physician Staffing
- Section 6: Patient Safety Practices
- **Section 7: Managing Serious Errors (which includes Never Events and HAIs)**

As always, hospitals are urged to submit all sections of the Survey and can indicate within a section if a measure does not apply.

Content Changes

New Informed Consent Standard Publicly Reported

In preparation for scoring and public reporting, we proposed the following updates to the subsection:

1. Only six questions will be used in scoring and public reporting: one question from the Policies and Training domain, three questions from the Content of the Informed Consent Forms domain, and two questions from the Processing for Gaining Informed Consent domain.
2. We are removing questions focused on the hospital having a written policy on informed consent, the hospital explicitly offering patients the opportunity for a care partner to participate in the informed consent process, and the use of high-quality decision aids when discussing treatment options.
3. We are retaining several questions from the 2022 Leapfrog Hospital Survey but making them optional for fact finding purposes only; they will not be scored or publicly reported in 2023.

Informed Consent Score (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	The hospital responded "Yes" to all questions in the following three domains: <ul style="list-style-type: none">• Policies and Training Domain: question #1• Content of Informed Consent Forms Domain: questions #2-4• Process for Gaining Informed Consent Domain: questions #5-6
Considerable Achievement (3 bars)	The hospital responded "Yes" to 5 out of 6 questions in the three domains.
Some Achievement (2 bars)	The hospital responded "Yes" to 4 out of 6 questions in the three domains.
Limited Achievement (1 bar)	The hospital responded "Yes" to 3 or fewer questions in the three domains.

New Maternity Care Services Publicly Reported

Based on feedback from employers, consumers, and other stakeholders, Leapfrog is adding new questions regarding service offerings that will be used for public reporting only.

The new questions will focus on the availability of **midwives and doulas, breastfeeding support, vaginal delivery after cesarean section, and postpartum tubal ligation.**

Stratification of NTSV Cesarean Births – For Fact Finding only

Under the guidance of Leapfrog's [Maternity Care Expert Panel](#), Leapfrog will add a set of optional fact-finding questions to this subsection to collect numerators and denominators for the NTSV C-section measure for each of the following racial and ethnic categories:

- **Non-Hispanic White**
- **Non-Hispanic Black**
- **Non-Hispanic American Indian or Alaska Native**
- **Non-Hispanic Asian or Pacific Islander,**
- **Hispanic**
- **Non-Hispanic Other (including two or more races)**

These fact-finding questions will be optional and will not be used in scoring or public reporting in 2023.

Leapfrog is requesting information from hospitals on their methods for stratifying NTSV C-section rates, including sampling methodologies they are using. To respond to Leapfrog's request for information, please submit a Help Desk ticket at <https://leapfroghelpdesk.zendesk.com>.

New Nurse Staffing & Skill Mix Standards Publicly Reported

Since 2021, hospitals have been asked to report through the Leapfrog Hospital Survey on the staffing levels of their medical, surgical, and med-surg units, the skill mix of the nurse in these units, and the education levels of registered nurses (RNs) nurses throughout the hospital.

The four measures Leapfrog is using to assess hospital performance include:

- **Total Nursing Hours per Patient Day (NQF #0205)**
- **RN Nursing Hours per Patient Day (NQF #0205)**
- **Nursing Skill Mix (% of total nursing care hours provided by RNs) (NQF #0204)**
- **Percentage of RNs who are BSN-prepared (The Future of Nursing: Leading Change, Advancing Health. Washington (DC): National Academies Press (US); 2011. PMID: 24983041.)**

Some Elements of NQF Safe Practice #9 Maintained

Leapfrog will maintain the following elements of SP9:

- 9.2a: held nursing leadership directly accountable for improvements in performance through performance reviews or compensation.
- 9.2b: included nursing leadership as part of the hospital senior administrative leadership team.
- 9.2d: held the board (governance) and senior administrative leadership accountable for the provision of financial resources to ensure adequate nurse staffing levels.
- 9.3d: budgeted financial resources for balancing staffing levels and skill levels to improve performance.
- 9.4a: developed a staffing plan, with input from nurses, to ensure that adequate nursing staff-to-patient ratios are achieved.

Hospitals recognized as an American Nurses Credentialing Center (ANCC) Magnet® hospital or a 2020 Pathway to Excellence® hospital will receive full credit for the five practice elements.

However, NQF Safe Practice #9 will no longer be scored and publicly reported as a stand-alone measure. Instead, the NQF Safe Practice #9 Nursing Workforce measure will only be used if the hospital scores in the bottom performance category (Limited Achievement) on the Total Nursing Care Hours per Patient Day, RN Hours Per Patient Day, and Nursing Skill Mix measures.

Benchmarking Report Released

In January, Leapfrog published a national benchmarking report for the total nursing care hours per patient day, RN hours per patient day, nursing skill mix, and proportion of RNs who are BSN-prepared measures.

Download and review the full report on our [website](#).

Benchmarking Report Released (continued)

Table 1. Patients per Nurse (calculated from Total Nursing Care Hours per Patient Day)

	Large Teaching Hospitals	Small Teaching Hospitals	Non-Teaching Hospitals	Pediatric Hospitals	Critical Access Hospitals
50% percentile (where lower is better)	2.559	2.547	2.540	2.098	2.110
75% percentile (where lower is better)	2.832	2.921	2.917	2.404	2.343
90% percentile (where lower is better)	3.256	3.340	3.404	2.735	2.728

Example 1: Calculating Patients per Nurse and Patients per RN

Step 1: Sum the number of patient days, total number of productive hours worked by employee or contract nursing staff with direct patient care responsibilities, and total number of productive hours worked by RN nursing staff with direct patient care responsibilities from all four quarters for all applicable medical units, surgical units, and med-surg units.

Question #4: Enter your hospital's responses below by quarter across all adult and/or pediatric Medical Units (excluding telemetry/step-down/progressive units):			
	(a) Total number of patient days	(b) Total number of productive hours worked by employee or contract nursing staff with direct patient care responsibilities (RN, LPN/LVN, and UAP)	(c) Total number of productive hours worked by RN nursing staff with direct patient care responsibilities
Quarter 1	5,000	49,000	40,000
Quarter 2	6,000	48,000	40,000
Quarter 3	4,000	17,000	40,000
Quarter 4	3,000	18,000	40,000
TOTAL	18,000	132,000	160,000

Use of New Nurse Staffing and Skill Mix Measures in Other Programs

Leapfrog is planning to include the **total nursing care hours per patient day and RN hours per patient day** measures in the 2023 Leapfrog Value-Based Purchasing Program and the Hospital Safety Grade beginning with the fall 2023 Grades.

All four measures will be scored and publicly reported on Leapfrog's Survey Results website at <https://ratings.leapfroggroup.org>.

The nursing skill mix and proportion of RNs who are BSN-prepared measures will be evaluated for inclusion in Leapfrog's other programs in future years.

Questions? Need help getting ready for 2023?

Contact the Help Desk at helpdesk@leapfrog-group.org