

Proposed Changes to the 2024 Leapfrog Hospital Survey

Presented by Missy Danforth

Senior Vice President, Health Care Ratings

February 1, 2024



On-Site Verification

On-Site Verification is back for 2024

Since the onset of the COVID-19 public health emergency in 2020, Leapfrog has performed its On-Site Data Verification virtually. We are pleased to announce the return of in-person visits in 2024 with a new partner, MetaStar.

MetaStar is a nonprofit organization based in Wisconsin with a wide breadth of experience and accomplishment in external quality review, healthcare quality consulting, and performance measurement. MetaStar works with organizations such as the CDC, CMS, and the Wisconsin Department of Health Services and is also a part of the Superior Health Quality Alliance, a Quality Innovation Network working on quality improvement for Medicare beneficiaries.

Hospitals and **ASCs** that participated in the 2023 Surveys will be eligible for On-Site Data Verification in 2024. Facilities selected for On-site Data Verification will be contacted by MetaStar in June 2024. Scheduled half-day visits will take place in September and October 2024.

Unscored Question Sets Removed

Question Sets Proposed for Removal

- Section 1B: Billing Ethics – all fact-finding questions **removed**
- Section 1C: Informed Consent – one question moved to scoring; all other fact-finding questions **removed**
- Section 2C: BCMA – pre-op and post-anesthesia units moved to scoring; all other fact-finding questions **removed**
- Section 3B: Surgical Appropriateness – all questions **removed** (historically, these questions have not been scored but had been publicly reported)
- Section 8B: Pediatric CT Radiation Dose – all fact-finding questions **removed**
- Section 9D: Safety of Procedures – all patient selection questions **removed** (historically, these questions have not been scored but had been publicly reported)

Section 1: Patient Rights & Ethics

Health Care Equity

After three years of fact-finding and based on an analysis of responses submitted to the 2022 and 2023 Surveys, Leapfrog is proposing to score and publicly report both hospital and ambulatory surgery center performance on a set of health care equity questions focused on: (1) the collection of patient self-reported demographic data, (2) staff training on best practices for collecting those data, (3) stratifying quality and safety measures by patient self-reported demographic data, (4) efforts to identify disparities and address any that are found, (5) board accountability, and (6) public transparency.

Our goal in scoring and publicly reporting performance in 2024 is to continue to urge hospitals and ambulatory surgery centers to address health care equity by implementing the fundamental practices and protocols captured in the question set. Our hope is to further advance this new standard over time as new research emerges on best practices to ensure that all patients receive safe, high-quality care.

Health Care Equity Scoring Algorithm

Health Care Equity Score (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none">• The hospital collects, at a minimum, patient self-reported race, ethnicity, <u>and</u> preferred written or spoken language data as described in question #1,• Trains staff responsible for registering patients as described in question #2,• Uses the patient self-reported demographic data to stratify at least one quality measure as described in question #3,• If disparities were identified in Question #4, has updated a policy or procedure to address the disparity or developed a written action plan as described in question #5,• Shares information about efforts to identify and reduce health care disparities on its website as described in question #6, and• Reports out and discusses efforts to reduce health care disparities with the board as described in question #7. <p><i>For hospitals that responded "No, disparities were not identified" or "Inadequate data available to determine if disparities exist" to question #4, question #5 is not used in scoring.</i></p>

Section 2: Medication Safety

Section 2C: Bar Code Medication Administration (BCMA)

- After two years of fact-finding, Leapfrog is proposing to expand its Bar Code Medication Administration (BCMA) standard to include pre-operative units and post-anesthesia care units (PACUs).
- The updated questions will ask about implementation and compliance in these newly included units.
- All other fact-finding questions will be removed.
- There are no proposed changes to the questions regarding decision support functionality or mechanisms used by hospitals to reduce and understand potential BCMA system “workarounds.”

BCMA Scoring Algorithm

BCMA Score (Performance Category)	% Units	% Compliance	Decision Support	Processes & Structures to Prevent Workarounds
Achieved the Standard	100%	95%	5 out of 5	6 out of 8

Section 4: Maternity Care

Section 4C: Cesarean Birth

- Leapfrog will continue to include questions on the collection of cesarean birth data (NTSV C-section measure) by race/ethnicity and will ask hospitals to provide numerators and denominators for the NTSV C-section measure for each of the following races/ethnicities: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian or Alaska Native, Non-Hispanic Asian or Pacific Islander, Hispanic, and Non-Hispanic Other (including two or more races).
- In 2024, these questions will be required, but not used in scoring or public reporting by hospital on the Survey Results website.
- However, cesarean birth rates stratified by race/ethnicity will be confidentially shared with reporting hospitals on their Hospital Details Page and aggregated for use in benchmarking and reporting at the state and national level.

Section 4C: Cesarean Birth (continued)

- We are proposing to update the reporting period from 12-months to 24-months to increase the reported cases since the data will be used for benchmarking in 2024.
- Hospitals that collected and reported this data for the 2023 Leapfrog Hospital Survey can use that data for reporting on the 24-month reporting period for the 2024 Leapfrog Hospital Survey.
- In addition, hospitals participating in the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center may continue to use the data provided in their CMQCC reports and hospitals reporting to the U.S. News & World Report Maternity Services Survey may use the data provided to U.S. News & World Report when responding to these questions.
- Otherwise, hospitals will continue to use TJC's PC-02 Cesarean Birth measure specifications and Leapfrog instructions to retrospectively review all cases and stratify by race/ethnicity.

Section 6: Patient Safety Practices

6C: Nursing Workforce

- In 2023, only hospital operating adult and/or pediatric **single acuity** medical, surgical, and/or med-surg units were asked to report on the total nursing care hours per patient day, RN hours per patient day, and nursing skill mix measures
- In 2024, we are proposing to have hospitals that do NOT operate single acuity adult or pediatric medical, surgical, or med-surg units, but that do operate **mixed acuity** adult or pediatric medial, surgical, or med-surg units, report on those units.
- For the purposes of establishing benchmarks used in scoring, hospitals reporting on mixed acuity units will be placed in their own unique cohort and will not be compared to hospitals reporting on single-acuity units.

6C: Nursing Workforce (continued)

- Leapfrog will continue to align with NDNQI's unit definitions, where single acuity units are defined as units where at least 90% of patients are receiving the same level of general care and mixed acuity units are defined as units where more than 10% of patients are receiving varying levels of care, for example half the patients are receiving progressive or step-down care.
- We are also making significant updates to the measure specifications to clarify: (1) the difference between single and mixed acuity units, (2) units that are categorically excluded from the measure (i.e., intensive care units, labor and delivery units, etc.), and (3) units that were closed for at least one quarter during the reporting period and units with fewer than 15 patient days/month for all 3 months in a quarter should be excluded.

2024 Deep Dive Series for Hospitals

The 2024 Leapfrog Deep Dive Series for Hospitals will feature three different sessions focused on aspects of the Leapfrog Hospital Survey and Leapfrog Hospital Safety Grade.

These sessions are designed to help survey coordinators, quality directors, patient safety officers, nurse and physician leaders, hospital executives, and other hospital and health system leaders gain an in-depth understanding of various aspects Leapfrog's two national ratings programs: the [Leapfrog Hospital Survey](#) and [Leapfrog Hospital Safety Grade](#).

Session 1: 2024 Survey Bootcamp

Session 2: Survey Measures Used to Calculate the Safety Grade

Section 3: Hospital Safety Grade

<https://www.leapfroggroup.org/2024-leapfrog-hospital-survey-deep-dive-sessions>