2024 Leapfrog Hospital Survey Town Hall Call

April 25 and May 9, 2024

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Webinar Reminders

Accessing the Audio

- If you are using computer audio, please select that option in the audio options pop up.
- If you are joining by phone, please dial in using the Toll Free 800 number provided. Then enter the Meeting ID when prompted, then your Participant ID.
  - The Meeting ID can be found in the confirmation email or in the Zoom meeting by clicking the audio button in the bottom left-hand corner.
  - The Participant ID can be found in the audio options in the bottom left-hand corner.
  - If you forgot to enter the Participant ID when dialing in, please dial # then your Participant ID again followed by #.

Use of the Zoom Chat Function

- The Town Hall Call includes a live Q&A during the presentation; therefore, we do not monitor the chat for questions. Please reserve the Zoom Chat Function for reporting technical issues only.

Accessing the Slides & Recording

- Following each session, a copy of the slides and recording will be posted and available for download on the Leapfrog website here: https://www.leapfroggroup.org/survey-materials/town-hall-calls

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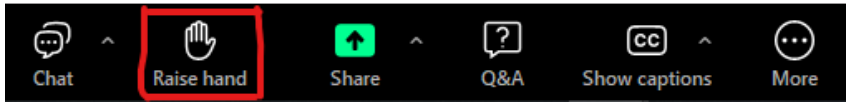
Q & A

Participants will be able to ask questions throughout the presentation. Please select the Q&A icon at the bottom of your screen:

- Once the icon has been selected a Q&A box will appear for you to type your questions.
- All participants will be able to view the questions and answers during the duration of the webinar.
  - You will be receiving responses in real time from a member of our team.
  - We will include a transcript of the Q&A on the Leapfrog website here: https://www.leapfroggroup.org/survey-materials/town-hall-calls
  - Some questions may be answered live – please pay close attention.

Following the presentation, we will have a live Q&A session. Please use the Raise Hand icon at the bottom of your screen:



- Once the icon has been selected you will be placed in the queue. When it is your turn to ask your question, you will receive a prompt from the host asking you to unmute yourself.

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Leapfrog Hospital Survey Overview

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Annual Survey Process

August - September:
Survey team and expert panelists set goals, review latest measures, review changes to endorsement status, consider member and hospital recommendations from the previous year.

November:
Publish proposed changes for a 30-day public comment period. Hospitals and other stakeholders are invited to share comments and feedback on the proposed changes for the new Survey. This year we received nearly 200 comments.

January:
Pilot test the new Survey with ~30 hospitals and health systems nationwide. Participating hospitals are asked to test a draft of the Survey and scoring algorithms (hard copies only) and provide feedback.

February – March:
Online Survey Tool is programmed, and Survey materials are updated. Leapfrog publishes a Summary of Changes.

April 1:
Survey launches at leapfroggroup.org/hospital.

Goals for the Hospital Survey

Expand the Survey to more hospitals by including measures that are relevant to rural, urban, and pediatric hospitals.

Keep the reporting burden as low as possible by continuing to align with other national performance measurement initiatives (such as the CDC/NHSN, CMS, The Joint Commission, and applicable registries such as STS and VON).

Include cutting-edge measures that improve the safety, quality, and efficiency of care delivery.

Maintain a consistent measurement structure so hospitals can use their Survey Results for benchmarking and for improvement purposes.

Work to ensure that Survey Results are used by employers, purchasers, and payors in value-based payment programs.

Content Overview

The Survey includes 9 sections, and each of the sections is organized in the same format in the hard copy of the Survey and the Online Hospital Survey Tool, unless otherwise noted:

- **General information** about The Leapfrog Group standard [hard copy only].
- **Reporting periods** to provide hospitals with specific periods of time for each set of questions.
- **Survey questions** which may include references to endnotes. The Survey questions and endnotes match the Online Hospital Survey Tool exactly.
- **Affirmation of accuracy** by your hospital's CEO/Chief Administrative Officer or by an individual that has been designated by the hospital CEO. These statements affirm the accuracy of your hospital's responses.
- **Reference Information** which includes 'What's New' and 'Change Summaries,' important measure specifications, answers to frequently asked questions, and other notes that must be carefully reviewed before providing responses to any of the Survey questions [hard copy only].

SURVEY SECTION
Profile
1 Patient Rights and Ethics
2 Medication Safety
3 Adult and Pediatric Complex Surgery
4 Maternity Care
5 ICU Physician Staffing
6 Patient Safety Practices
7 Managing Serious Errors
8 Pediatric Care
9 Outpatient Procedures

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Submission Guidelines

Submission Requirements for 2024

Section 1 Patient Rights and Ethics, as well as Section 2 Medication Safety (which includes CPOE, BCMA, and Med Rec), Section 4 Maternity Care, Section 5 ICU Physician Staffing, Section 6 Patient Safety Practices, and Section 7 Managing Serious Errors are required to submit a Survey via the Online Hospital Survey Tool.

Hospitals are strongly urged to submit **all** sections of the Leapfrog Hospital Survey and can indicate within a section if a measure does not apply.

The CPOE Evaluation Tool is included in Section 2 of the Leapfrog Hospital Survey for adult and general hospitals and will be accessible from the Survey Dashboard once a hospital has completed the **Profile section**.

Deadlines

June 20 First NHSN Group Deadline

Hospitals that join Leapfrog's NHSN Group by June 20, provide a valid NHSN ID in the Profile, and submit the Leapfrog Hospital Survey by June 30, will have data available prior to public reporting on their Hospital Details Page starting on July 12. Results will be publicly reported on July 25.

More information about deadlines to join Leapfrog's NHSN Group is available on the Join NHSN Group webpage.

June 30 Submission Deadline

Hospitals that submit a Survey by June 30 will have their Survey Results publicly reported on July 25. After July, Survey Results are updated on the fifth business day of the month to reflect Surveys (re)submitted by the end of the previous month.

Hospitals that do not submit a Survey by June 30 will be publicly reported as "Declined to Respond" until a Survey has been submitted.

Deadlines

July 12 Hospital Details Page Live

Hospitals that submit a Survey by June 30 will be able to view their Survey Results on their confidential Hospital Details Page on July 12. This includes NHSN Data for the five HAI measures, confidential stratified C-section benchmarking, VON data for the Death or Morbidity measure (if applicable), and CMS outpatient data for OP-32 (if applicable).

After July 12, the Hospital Details Pages are updated on the fifth business day of the month to reflect Surveys (re)submitted by the end of the previous month.

July 25 Survey Results Publicly Reported

Hospitals that submit a Survey by June 30 will have their Survey Results publicly reported on July 25. After July, Survey Results are updated on the fifth business day of the month to reflect Surveys (re)submitted by the end of the previous month.

Deadlines

August 31 Top Hospital Deadline

Hospitals that would like to be eligible to receive a Leapfrog Top Hospital Award must submit a Survey, including all applicable sections, by August 31.

August 31 Data Snapshot Date for the fall 2024 Safety Grade

This is the date that Leapfrog will obtain the public data (i.e., download data published by CMS or submitted via the Leapfrog Hospital Survey) to calculate the fall 2024 Hospital Safety Grades. All data, including Survey Results, must be finalized by this date.

Deadlines

November 30 Late Submission & Performance Update Deadline

The 2024 Leapfrog Hospital Survey will close to new submissions, and re-submissions that reflect updates to performance, at midnight ET on November 30. No new Surveys, new Survey sections, or performance updates to previously submitted Surveys can be submitted after this deadline. In addition, the CPOE Evaluation Tool will go offline at midnight ET on November 30.

Only hospitals that have submitted a Survey by November 30 will be able to log in to the Online Survey Tool to make data entry corrections (i.e., correct data entry errors) or reporting corrections (i.e., in response to Leapfrog's Extensive Monthly Data Verification) to previously submitted sections during the months of December and January. Performance updates submitted after November 30 will not be scored or publicly reported.

January 31 Corrections Deadline

Hospitals that need to make data entry corrections (i.e., correct data entry errors) or reporting corrections (i.e., in response to Leapfrog's Extensive Monthly Data Verification) to previously submitted 2024 Leapfrog Hospital Surveys must make necessary updates and re-submit the entire Survey by January 31, 2025. Hospitals will not be able to make changes or re-submit their Survey after this date.

More information is available on the Deadlines webpage.

Ensuring Data Accuracy

Leapfrog has several protocols in place to ensure the accuracy of the Survey responses submitted via the Online Survey Tool, including:

- Affirmations
- Warnings in the Online Survey Tool
- Extensive Monthly Data Verification
- Monthly Documentation Requirements
- On-Site Data Verification

Review Leapfrog's protocols on the Data Accuracy webpage.

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What's New in 2024: Key Updates

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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.

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Question Sets Removed

- 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)

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Section 1 Patient Rights & Ethics

Health Equity Standard

Update to Informed Consent

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Health Care Equity Standard for Hospitals and ASCs

After three years of fact-finding and based on an analysis of responses submitted to the 2022 and 2023 Surveys, Leapfrog is scoring and publicly reporting 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.

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Health Care Equity Scoring Algorithm

Health Equity Score (Performance Category)	Meaning that…
Achieved the Standard	• The hospital collects, at a minimum, patient self-reported **race**, **ethnicity**, **and** **preferred written or spoken language** data as described in question #1, • Trains staff responsible for collecting the self-identified demographic data from 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. *Question #5 is not used in scoring for hospitals that responded "No, disparities were not identified" or "Inadequate data available to determine if disparities exist" to question #4.*

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Informed Consent – Reading Level

Added a new response option to question #5, regarding the reading level of applicable consent forms, to account for consent forms written at a 9th grade reading level or lower

Informed Consent Score (Performance Category)	Meaning that…

Achieved the Standard	• The hospital responded "yes, **all** applicable forms are written at a 6th grade reading level or lower" to question #5, **and**
	• The hospital responded "yes" to the remaining **five** questions in
	  ○ Policies and Training (question #1),
	  ○ Content of Informed Consent Forms (questions #3-4), and
	  ○ Process for Gaining Informed Consent (questions #6-7).

Considerable Achievement	• The hospital responded "yes, **all** applicable forms are written at a 6th grade reading level or lower" to question #5 **and**
	• The hospital responded "yes" to at least **four** additional questions in
	  ○ Policies and Training (question #1),
	  ○ Content of Informed Consent Forms (questions #3-4), and
	  ○ Process for Gaining Informed Consent (questions #6-7).
	OR
	• The hospital responded "no, but at least **one** form is written at a 6th grade reading level or lower" OR "no, all applicable forms are written at a 9th grade reading level or lower" to question #5 **and**
	• The hospital responded "yes" to the **five** remaining questions in
	  ○ Policies and Training (question #1),
	  ○ Content of Informed Consent Forms (questions #3-4), and
	  ○ Process for Gaining Informed Consent (questions #6-7).

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Section 2 Medication Safety

Updates to CPOE Evaluation Tool Content

Update to BCMA Standard

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CPOE Evaluation Tool – Adult Inpatient Test

Updated test medication scenarios to reflect changes to clinical guidelines and address medications that hospitals frequently reported as not being in their medication formulary.

Added a new response option to the Orders and Observation Sheet and Online Answer Form for the Drug Monitoring Order Checking Category so that prescribers can note if they are not able to enter a particular test medication order because the medication, when ordered by a prescriber, is always monitored via the pharmacy without exception.

No changes to the scoring algorithm for the CPOE Evaluation Tool.

Section 2C: Bar Code Medication Administration (BCMA)

- After two years of fact-finding, Leapfrog is updating its Bar Code Medication Administration (BCMA) standard to include pre-operative units and post-anesthesia care units (PACUs).
- The updated questions ask about implementation and compliance in these newly included units.
- When reporting on BCMA compliance, hospitals will report on all scannable medications that were administered in the units indicated in the questions, including intensive care units, medical and/or surgical units (including telemetry/step-down/progressive units), labor and delivery units, and pre-operative and post-anesthesia care units that utilize a BCMA system that is linked to the electronic medication administration record (eMAR).
- All other fact-finding questions have been removed.
- There are no 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 3 Adult and Pediatric Complex Surgery

Outpatient Surgery for Weight Loss

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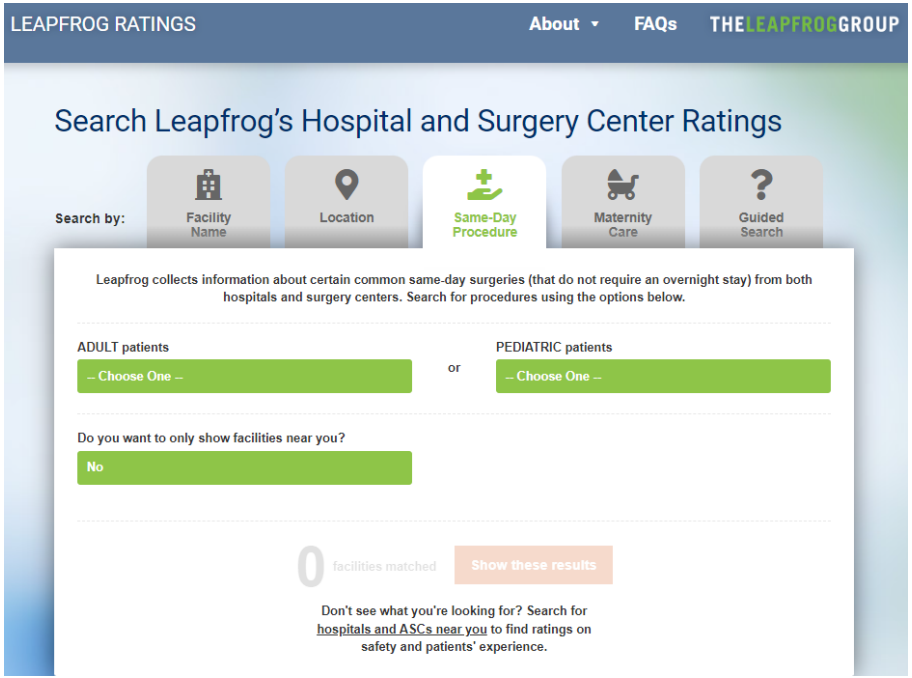
Outpatient Bariatric Surgery

Adding outpatient bariatric surgery to the procedure search at ratings.leapfroggroup.org since volume will now be publicly reported for ASCs as well.



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Section 4 Maternity Care

Update to Elective Deliveries

Stratified NTSV C-Section Rates

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Elective Deliveries

- **Leapfrog has removed the elective deliveries measure (PC-01) due to Centers for Medicare and Medicaid Services' (CMS) decision to retire the measure from the Inpatient Quality Reporting (IQR) and The Joint Commission's (TJC) decision to remove the measure from their accreditation requirements starting January 1, 2024.**

- **We have added a question about whether hospitals have a policy in place to prevent early elective deliveries, a critical factor in reducing the rates since 2010.**

Has your hospital adopted a policy that prevents nonmedically indicated early elective deliveries (before 39 completed weeks gestation) that includes all the following: • Written standards for when an early elective delivery is, and is not, appropriate based on ACOG and national guidelines (i.e., The Joint Commission); • Written protocols for the medical director, or other designated clinician, to review and approve an early elective delivery when medically indicated based on ACOG and national guidelines; and • Written protocols for staff to follow when scheduling an early elective delivery if approved by the medical director or other designated clinician?	○ Yes ○ No

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Stratified Cesarean Birth Data for Hospitals

- Leapfrog is continuing to include questions on the collection of cesarean birth data (NTSV C-section measure) by race/ethnicity and asking 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 are 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.

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Cesarean Birth (continued)

- We updated 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.

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Section 6 Patient Safety Practices

Updates to Nursing Workforce Questions and Measure Specs

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Total Nursing Care Hours per Patient Day, RN Hours per Patient Day, and Nursing Skill Mix Updates

- In 2023, only hospitals 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, hospitals that do NOT operate single acuity adult or pediatric medical, surgical, or med-surg units, but do operate **mixed acuity** adult or pediatric medical, surgical, or med-surg units, will 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.

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Total Nursing Care Hours per Patient Day, RN Hours per Patient Day, and Nursing Skill Mix Updates (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 have also made 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.

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Total Nursing Care Hours per Patient Day, RN Hours per Patient Day, and Nursing Skill Mix Updates (continued)

- Leapfrog is not moving forward with its proposal to develop a nursing workforce composite.
- Instead, we are continuing to score and publicly report total nursing hours per patient day, RN hours per patient day, and nursing skill mix separately and report all three measures individually as we did in 2023.
- We will also continue to score and publicly report hospitals that respond ‘did not measure’ as Limited Achievement.
- And, as we did last year, we will increase the score of hospitals that perform in the bottom 10th percentile (where higher is better) for any of the three measures, but that have achieved Magnet Status, the 2020 Pathway to Excellence designation, or responded ‘yes’ to all the Safe Practice #9 questions from Limited Achievement to Some Achievement.

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6E Diagnostic Excellence

- With funding from the Gordon and Betty Moore Foundation, Leapfrog has led a multiyear initiative, Recognizing Excellence in Diagnosis, with the goal of identifying evidence-based practices that hospitals should implement to reduce harm to patients from errors in diagnosis, including delayed, wrong, and missed diagnoses, and diagnoses not communicated to the patient.
- Leapfrog has added a new subsection to assess hospital implementation of **five** evidence-based practices focused on CEO commitment, patient engagement, risk assessment and mitigation, convening a multidisciplinary team, and staff training and education.
- We have also added **one** process measure focused on closed loop communication of cancer diagnoses to patients or their ordering physician.
- These questions are optional and will not be used in scoring or public reporting in 2024.

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How Survey Results are Used

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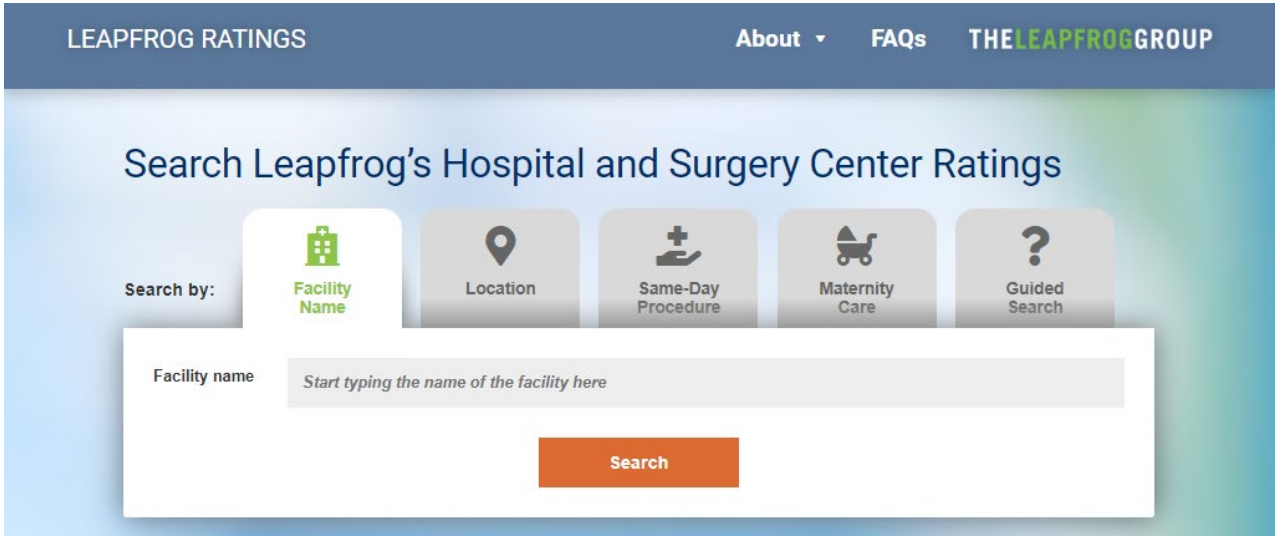
Public reporting

- Leapfrog's purchaser and employer members use the Survey Results to:
  - Educate and inform their health plan enrollees
  - Recognize and acknowledge hospitals and ASCs that achieve our national standards
  - Negotiate contracts with their health plans (i.e., ensure Survey Results will be embedded in member tools) and hospitals and ASCs (i.e., direct contracting)
- Consumers use Leapfrog's free public reporting website to compare hospitals and ambulatory surgery centers.
- Health plans, transparency vendors, and others that use Survey Results to design consumer education tools, perform market analysis, or inform contracting decisions, must license the data from The Leapfrog Group for a fee.
- The revenue from data licenses is used to support the ongoing administration of the Leapfrog Surveys and Leapfrog's data dissemination efforts.

Public Reporting – ratings.leapfroggroup.org

- Users can search for hospitals and surgery centers by name, location, procedure type, maternity care services/performance, or use the guided search function
- As a reminder, hospitals and ASCs that don't submit a Survey by June 30 will be publicly reported as Declined to Respond starting in July



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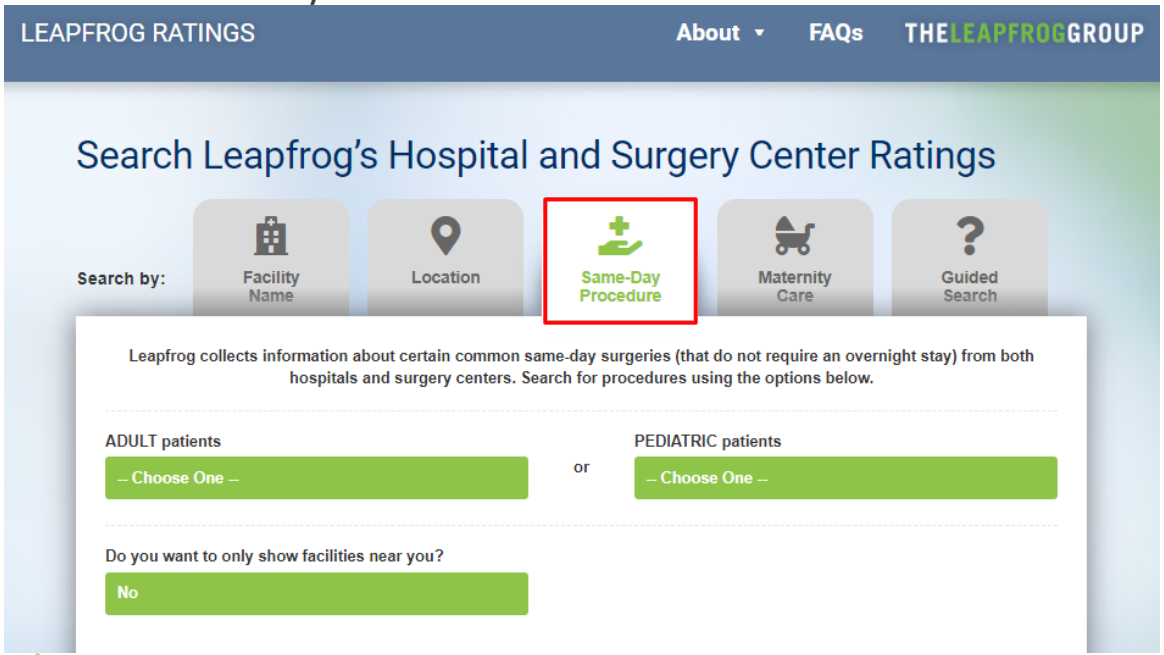
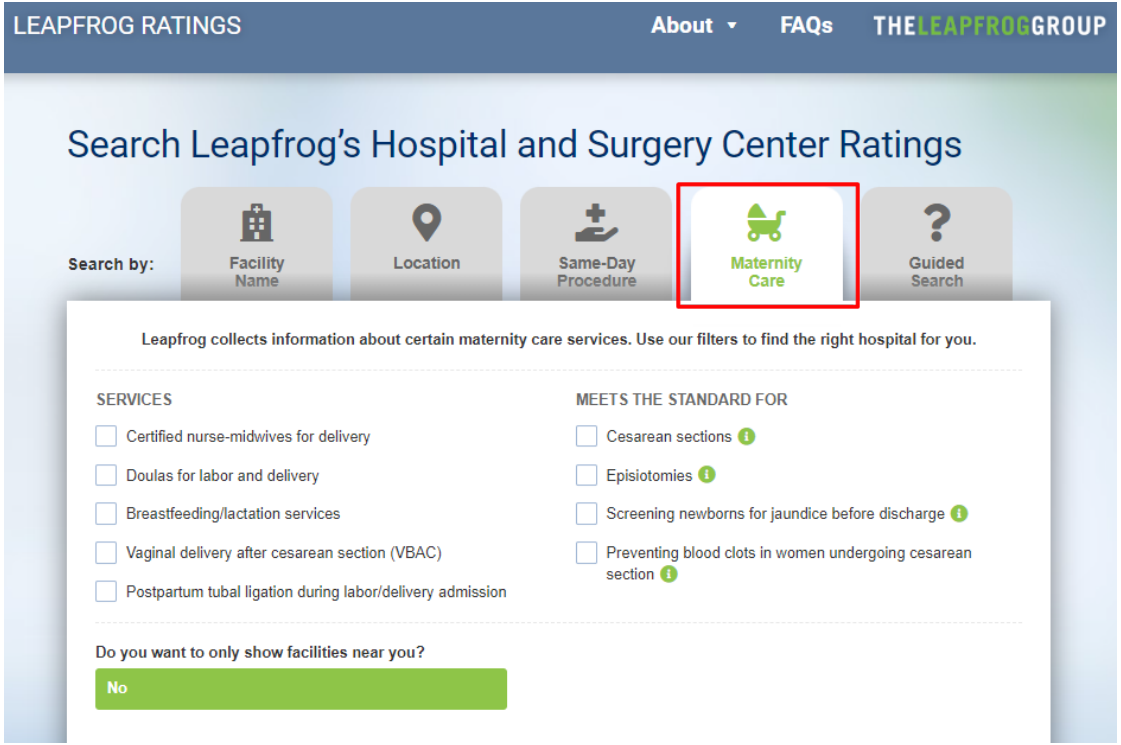
Public Reporting – Procedure Search

Users can search for hospitals and/or ASCs that perform the adult and pediatric same day surgeries included on the Surveys

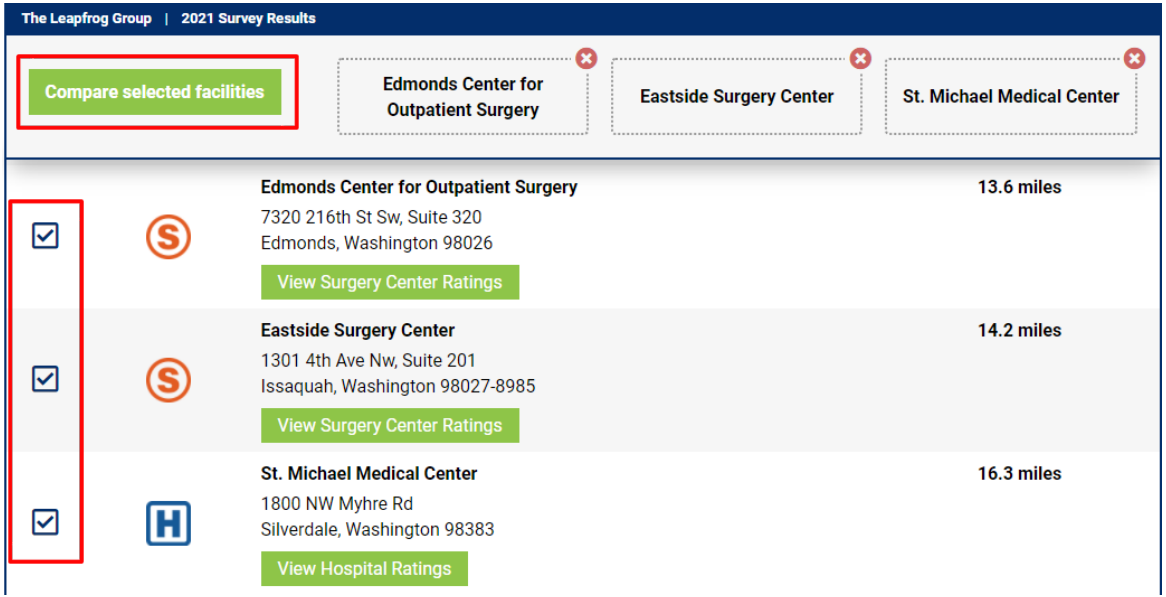


Public Reporting – Maternity Care Search

Users can search for hospitals based on the maternity care services offered and their performance on select maternity care metrics

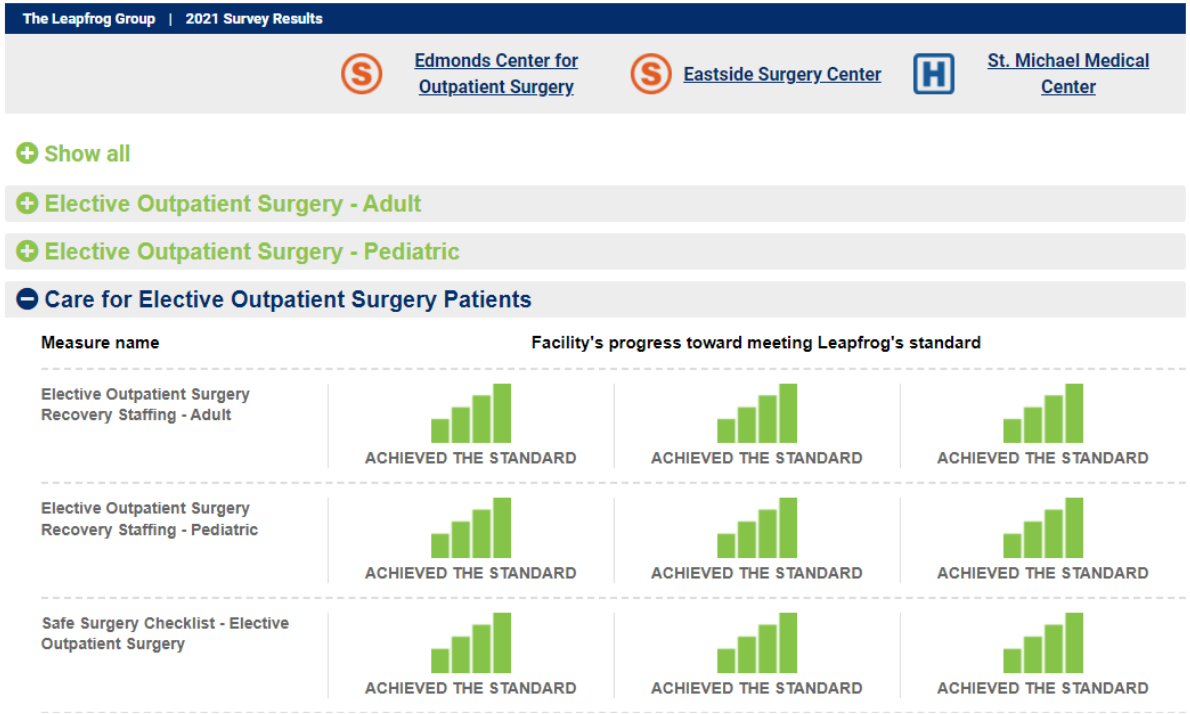


Public Reporting – Select Facilities



Users can also compare up to three hospitals and/or ASCs at a time

Public Reporting – Compare Results



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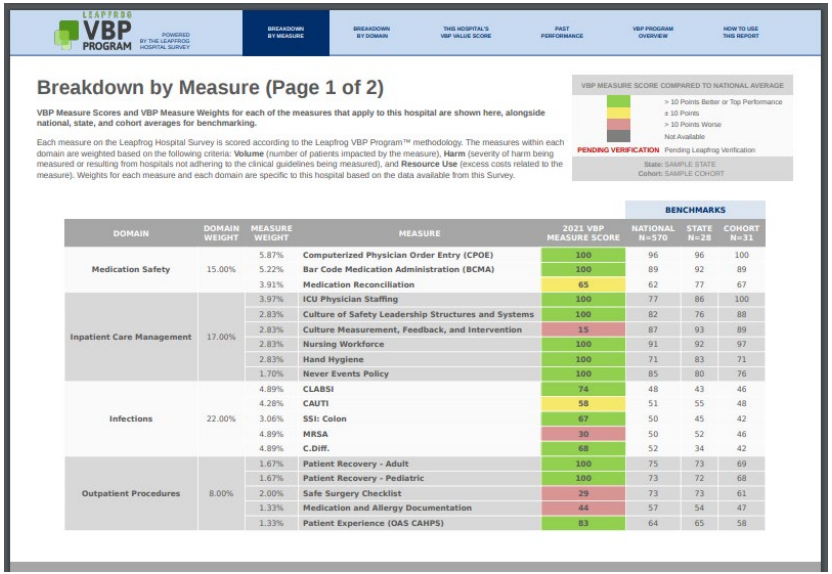
Competitive Benchmarking Reports

- Hospitals that submit a Leapfrog Hospital Survey by the **June 30** Submission Deadline will receive a Free Summary Competitive Benchmarking Report.
- Obtain more information about Competitive Benchmarking Reports, the Leapfrog Value-Based Purchasing Program Methodology, and more detailed performance reports on the [Competitive Benchmarking webpage](#).



LEAPFROG VBP PROGRAM — POWERED BY THE LEAPFROG HOSPITAL SURVEY

BREAKDOWN BY MEASURE | BREAKDOWN BY DOMAIN | THIS HOSPITAL'S VBP VALUE SCORE | PAST PERFORMANCE | VBP PROGRAM OVERVIEW | HOW TO USE THIS REPORT

Breakdown by Measure (Page 1 of 2)

VBP Measure Scores and VBP Measure Weights for each of the measures that apply to this hospital are shown here, alongside national, state, and cohort averages for benchmarking.

Each measure on the Leapfrog Hospital Survey is scored according to the Leapfrog VBP Program™ methodology. The measures within each domain are weighted based on the following criteria: **Volume** (number of patients impacted by the measure), **Harm** (severity of harm being measured or resulting from hospitals not adhering to the clinical guidelines being measured), and **Resource Use** (excess costs related to the measure). Weights for each measure and each domain are specific to this hospital based on the data available from this Survey.

VBP MEASURE SCORE COMPARED TO NATIONAL AVERAGE
- > 10 Points Better or Top Performance
- ± 10 Points
- > 10 Points Worse
- Not Available

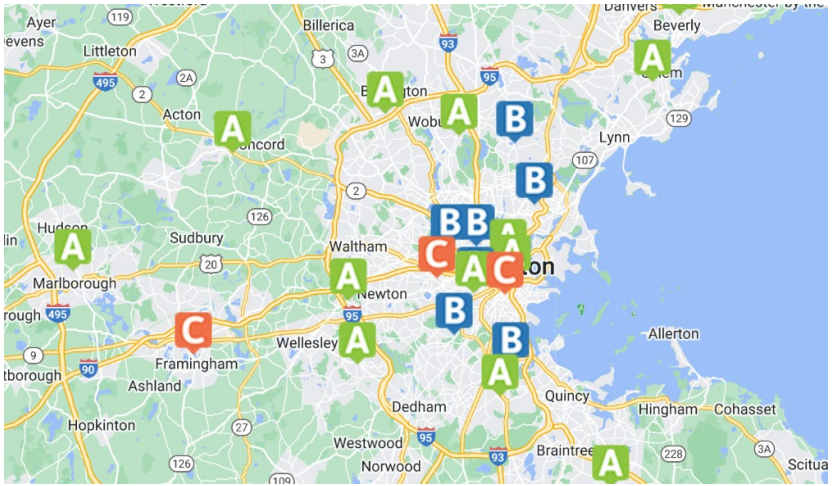
PENDING VERIFICATION — Pending Leapfrog Verification

State: SAMPLE STATE
Cohort: SAMPLE COHORT

DOMAIN	DOMAIN WEIGHT	MEASURE WEIGHT	MEASURE	2021 VBP MEASURE SCORE	BENCHMARKS: NATIONAL N=570	STATE N=28	COHORT N=31
Medication Safety	15.00%	5.87%	Computerized Physician Order Entry (CPOE)	100	96	96	100
		5.22%	Bar Code Medication Administration (BCMA)	100	89	92	89
		3.91%	Medication Reconciliation	65	62	77	67
Inpatient Care Management	17.00%	3.97%	ICU Physician Staffing	100	77	86	100
		2.83%	Culture of Safety Leadership Structures and Systems	100	82	76	88
		2.83%	Culture Measurement, Feedback, and Intervention	15	87	93	89
		2.83%	Nursing Workforce	100	91	92	97
		2.83%	Hand Hygiene	100	71	83	71
		1.70%	Never Events Policy	100	85	80	76
Infections	22.00%	4.89%	CLABSI	74	48	43	46
		4.28%	CAUTI	58	51	55	48
		3.06%	SSI: Colon	67	50	45	42
		4.89%	MRSA	30	50	52	46
		4.89%	C.Diff.	68	52	34	42
Outpatient Procedures	8.00%	1.67%	Patient Recovery - Adult	100	75	73	69
		1.67%	Patient Recovery - Pediatric	100	73	72	68
		2.00%	Safe Surgery Checklist	29	73	73	61
		1.33%	Medication and Allergy Documentation	44	57	54	47
		1.33%	Patient Experience (OAS CAHPS)	83	64	65	58

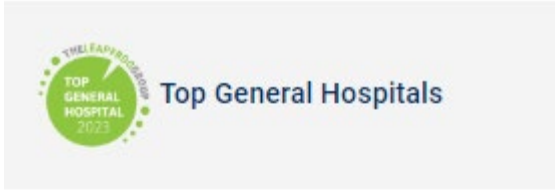
Hospital Safety Grade

- The Hospital Safety Grade is a letter grade that represents a hospital's performance on up to 22 different measures of patient safety (i.e., measure of accidents, injuries, harm, and errors).
- Only general, acute care hospitals are eligible to receive a Hospital Safety Grade.
- While the Hospital Safety Grade is a separate program administered by Leapfrog, it does use some data from the Leapfrog Hospital Survey, in addition to data that is publicly available from CMS.
- For more information on the Leapfrog Hospital Survey measures included in the Hospital Safety Grade, download a copy of the 2024 Leapfrog Hospital Survey Overview on the Survey Overview webpage.



Top Hospital

- The highest performing hospitals on the Leapfrog Hospital Survey are recognized annually with the prestigious Leapfrog Top Hospital award.
- Top Hospitals are publicized in a national press announcement and invited to participate in an awards ceremony.
- Hear from 2023 Top Hospital awardees on our website.



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Partnership with the American Diabetes Association

- Adult, general acute care, and specialty hospitals that care for adult inpatients, are eligible to apply if they have submitted a Leapfrog Hospital Survey
- Review the 2024 Recognized Leaders here
- The 2025 Application will open on **July 1**

Learn more at https://www.leapfroggroup.org/recognized-leader-diabetes

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Get Ready for 2024

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Documents to Help You Get Started

Request a 16-digit security code at http://www.leapfroggroup.org/survey-materials/get-hospital-security-code

Download Survey Materials at http://www.leapfroggroup.org/survey-materials/survey-and-cpoe-materials

Download the Scoring Algorithms at https://www.leapfroggroup.org/survey-materials/scoring-and-results

Resources for Hospitals

FREE RESOURCES

- **Help Desk** - The Help Desk is staffed from 9:00 a.m. to 5:00 p.m. ET on all regular business days. Help Desk tickets are responded to within 1-2 business days.
- **Town Hall Calls** - Free general information sessions offered at the beginning of each Survey Cycle. Register on our website.
- **Case Studies** - Leapfrog has published a number of case studies featuring examples of how hospitals have achieved Leapfrog's standards.
- **Leapfrog Survey Binder –** Available to collect, organize, and record information during the completion of the Survey. Download here.

PAID RESOURCES

- **Monthly Webinar Series** – Held monthly from March to December, the Webinar Series is designed for hospitals that would benefit from a more interactive presentation of Survey materials and information. Each month focuses on a new topic, includes a live Q&A session, and monthly office hours with Leapfrog's Help Desk. More info available here.
- **Health System Support –** Data subscription designed to help Survey coordinators and health system leaders become in-house experts on the Leapfrog Hospital Survey and the Hospital Safety Grade and make it easy to monitor, compare, and analyze your hospitals' Leapfrog Hospital Survey Results, Hospital Safety Grades, and Competitive Benchmarking scores. More info available here.

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Thank you for joining us today.

Questions? Contact the Help Desk at https://leapfroghelpdesk.Zendesk.com

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