Leapfrog Top Hospitals
Leapfrog releases its list of top hospitals annually in December

Overview
Leapfrog recognizes its top hospitals for achieving high quality, patient safety, and efficiency. It evaluates all hospitals by dividing them into four categories and comparing their outcomes in six areas to their peers in that category.

2019 Category Distribution

<table>
<thead>
<tr>
<th>Category</th>
<th>Count of Hospitals Recognized</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>37</td>
</tr>
<tr>
<td>Teaching (divided into more and less than 500 beds)</td>
<td>55</td>
</tr>
<tr>
<td>Children's</td>
<td>10</td>
</tr>
<tr>
<td>Rural</td>
<td>18</td>
</tr>
</tbody>
</table>

Eligibility
Leapfrog considers all acute-care hospitals that submitted data as part of their voluntary annual Leapfrog Hospital Survey (*more information on this survey on the next page). To be eligible for being named a “Top Hospital,” hospitals must have reported on 28 individual performance measures in the survey within the six domains they evaluate: medication safety, inpatient care management, infections, maternity care, inpatient surgery and pediatric care.

Conditions to be named a ‘Top Hospital’
To be named a top hospital by Leapfrog, hospitals have to meet six criteria (which vary slightly based on the category type).

1. Have a Value-Based Purchasing score ranked within the top 10% of their category
   As part of Leapfrog’s Value-Based Purchasing Program, each hospital is provided a Value Score. The score is a composite of the hospital’s individual measure scores on six domains: medication safety, inpatient care management, infections, maternity care, inpatient surgery and pediatric care. Each of these component measures are converted to a 0-100 scale where 0 denotes poor performance and 100 denotes excellent performance. The data for the VBP Program comes from Leapfrog’s Annual Hospital Survey.

2. Must fully meet or achieve substantial progress on Computerized Physician Order Entry (CPOE)
   Leapfrog believes that CPOE systems are vital to reducing the number of serious medication errors that occur at hospitals, specifically adverse drug events. Leapfrog’s standard for CPOE measures the extent to which the hospital has adopted CPOE and whether the decision-support tools in their system work effectively. To meet this standard, physicians must enter at least 85% of their orders through a CPOE system and demonstrate that their inpatient system can alert physicians to at least 60% of all common, serious prescribing errors (through a online, timed evaluation).

3. Must fully meet the standard for ICU physician staffing
   Leapfrog notes that mortality rates are significantly lower when ICUs are managed or co-managed by board-certified intensivists. Therefore, to fulfill their ICU staffing standard, a hospital’s adult/pediatric ICUs must be managed or co-managed by intensivists who:
   • Are present during daytime hours and exclusively provide ICU clinical care or via telemicine 24/7; and
   • When not present on site or via telemicine, return pages at least 95% of the time within five minutes or arrange for a certified physician or physician extender to reach ICU patients within five minutes.

Hospitals that do not have an ICU are not assessed on this standard in the evaluation of top hospitals.

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Conditions to be named a ‘Top Hospital’, continued

4. **Must comply with Leapfrog’s never events policy**

   Leapfrog believes that, if a never event occurs, hospitals must mount a robust response. Specifically, they believe that if any one of the National Quality Forum’s [list of serious reportable events](https:// Leapfrog.org/never-event-policy) occurs, hospitals must respond with eight actions (four which were added to their policy in 2018). To be named a top hospital, hospitals must have policies to follow all five original actions and have implemented policies for at least two of the new actions. The original five actions were:
   - Apologize to the patient and family;
   - Waive all costs related to the event and follow-up care;
   - Report the event to an external agency;
   - Conduct a root-cause analysis of how and why the event occurred; and
   - Make a copy of this policy (containing the four actions above) available to patients.

   The four actions added in 2018 were:
   - Interview patients and/or families to inform root-cause analysis;
   - Inform patient and/or families of actions taken by hospital to prevent similar never events in the future;
   - Have a protocol to provide support for caregivers involved in never events; and
   - Perform an annual review to ensure compliance with Leapfrog’s never events policy for each never event that occurred.

5. **Must receive an ‘A’ Hospital Safety Grade**

   Hospitals that are eligible for Leapfrog’s Hospital Safety Grades must have received an “A” on the most recent Leapfrog Safety Grade rating (fall 2019).

   See more about the calculation of this grade and which hospitals are eligible with our [Leapfrog Hospital Safety Grade cheat sheet](https://Leapfrog.org/never-event-policy).

6. **Must satisfy the Top Hospital Selection Committee in a qualitative review**

   Hospitals must “meet the Committee’s qualitative requirements for overall excellence, which includes a review of data from the [Centers for Medicare & Medicaid Services](https://www.cms.gov) (CMS) and other publicly available information pertaining to the hospital.” This review includes many elements, including that hospitals have mortality measures below CMS’s average for heart attacks, heart failures, pneumonia, COPD, CABG, or stroke.

   *Leapfrog’s Annual Hospital Survey*

   Leapfrog’s survey is free for hospitals to complete and is open from April 1 to November 30. It includes 10 sections encompassing medication safety, safety practice adherence, response to serious errors, and staffing in the ICU/surgical units.

   In January of each year, Leapfrog publishes a timeline of when they will extract data from hospitals’ survey results as well as pull it from CMS. They also provide dates for a 3-week courtesy review, during which hospitals can review the data that’s been collected for accuracy and raise any concerns with their help desk.