

## The Leapfrog Safe Practices Score Leap

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There are many aspects of a hospital's operations that contribute to overall quality and safety of care. In an effort to recognize a more expansive set of hospitals' quality and safety activities, and bring information to consumers about the level of safety they can expect, The Leapfrog Group has based this leap on the National Quality Forum's (NQF) *Safe Practices for Better Healthcare: A Consensus Report*.<sup>1</sup>

The National Quality Forum is a not-for-profit organization created to develop and implement a national strategy for health care quality measurement and reporting. It makes recommendations for improving health care quality through a rigorous consensus development process. The NQF published *Safe Practices for Better Healthcare: A Consensus Report* in May 2003 and an updated version in October of 2006. The report endorsed 30 practices that should be universally used in applicable clinical care settings to reduce the risk of harm to patients. Included in the 30 practices are the original 3 Leapfrog leaps: Computerized Physician Order Entry, ICU Physician Staffing and Evidence-based Hospital Referral for certain high-risk procedures. For the fourth leap, hospitals' progress on a targeted subset of the remaining 27 safe practices is assessed. After completion of the Leapfrog hospital survey, each hospital's relative ranking, compared with other hospitals, will be displayed on the Leapfrog Web site, along with their results for the initial 3 Leaps. Hospitals may choose to update their survey monthly, to reflect progress on the Safe Practices.

Leapfrog's Computerized Physician Order Entry (CPOE) and ICU Physician Staffing (IPS) Leaps are targeted toward urban hospitals. Non-urban hospitals are now targeted to complete the survey for the Evidence-based Hospital Referral (EBHR) Leap and the Safe Practices Score. They may also choose to complete the survey for the other two Leaps. Results of submitted surveys will be posted on The Leapfrog Group Web site. Special exceptions and specific instructions for pediatric and rural hospitals are included in the Safe Practices FAQs that are provided with the survey.

### What are the NQF Safe Practices?

The National Quality Forum-endorsed 30 Safe Practices cover a range of practices that, if utilized, would reduce the risk of harm in certain processes, systems or environments of care. One practice composed of four

elements relates to leadership and to creating and sustaining a culture of safety, three to matching care needs to service capability, six to improving information transfer and communication, four to medication management, five to healthcare associated infections, and seven to specific care processes.

The updated practices have specificity and provide implementation approaches that will assist hospitals in a number of areas, including imaging and laboratory services.

The original 2003 set was endorsed following a formal Consensus Development Process undertaken by a diverse group of health care stakeholders, who then recommended that the practices be universally adopted. Throughout 2005 and 2006, the original set was carefully updated, through combining some and adding three new practices. These were again taken through the formal Consensus Development Process.

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The Texas Medical Institute of Technology (TMIT)<sup>2</sup>, on behalf of The Leapfrog Group, consulted more than 260 clinical, administrative, and scientific experts to assess the NQF-endorsed Safe Practices Score and to develop the survey and hospital ranking system. The relative weightings for each individual safe practice were developed by the TMIT Medical Advisory Board, which consisted of 10 internationally recognized patient safety leaders. Rural and Pediatric Task Forces were established to address the unique aspects of these hospitals. TMIT has undertaken a national research initiative, through its national research test bed, to assess the adoption of the practices, which provided significant input to the subject matter experts.

In the 2008 Hospital Survey, Leapfrog scores hospitals' progress on 13 of the 27 NQF Safe Practice areas for a total of 707 points. Each practice area is assigned an individual weight, which is factored into the overall score. Hospitals are then ranked by quartiles. The final ranking will be defined by one of four categories to be publicly displayed on the Leapfrog Group Web site.

The practices and the survey have been updated with input from research undertaken with more than 300 hospitals that were original submitters to this Leap over 2005 and 2006 (TMIT)<sup>3-4</sup>. Leapfrog identified those practices that have the strongest evidence, were auditable, and did not overlap with measures in other sections of the survey, to include in the targeted subset

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in the 2008 Safe Practices Leap. Hospitals are asked to report on 13 of the 27 NQF Safe Practice areas in the 2008 survey. Hospitals that wish to publicly report on the other 14 Safe Practices can do so through TMIT's High Performance Improvement Program ([www.tmit1.org](http://www.tmit1.org)).

A hospital's total score will be used to initially rank hospitals into one of four groups:

- Fully meets progress goal
- Making good progress
- Good early stage effort
- Willingness to report

In order to achieve the highest level of recognition, a hospital must be in the top quartile of respondents reflecting real progress in those practices considered most significant by the expert panels. Full details regarding the survey, relative weighting, and ranking method is on The Leapfrog Group Web site at [www.leapfroggroup.org](http://www.leapfroggroup.org)

## Challenges to Implementation

It is unlikely that any hospitals will fully satisfy all practice requirements, including the most sophisticated and well-resourced. Some hospitals do not have the financial and staff resources to direct at every safe practice. Other hospitals simply have not directed their resources toward these patient safety practices at all. It is expected that completion of the survey will help to initiate a change process through the four dimensions of progress: awareness, ability, accountability and action that, if followed, will increase a hospital's investment in structural, process and clinical improvement aimed at patient safety.

A major challenge for hospitals has been the lack of national standards and measures, resulting in duplicative or widely scattered efforts to meet slightly different standards for each quality and safety organization. This Leap utilizes consensus-based nationally endorsed standards, increasing the efficiency and coordination of hospital reporting. The Leapfrog Group has pilot tested the new survey and received and incorporated input from hospitals into the survey, instructions, and FAQs. Pilot tests indicate that hospitals can gather survey information within a one- to two- day period, and complete this section of the on-line survey in approximately one hour.

## Why Purchasers Need to Get Involved

Using their leverage as purchasers, Leapfrog members can recognize and reward hospitals that meet NQF-endorsed Safe Practices standards. The addition of this fourth leap gives more tools with which to measure and reward hospital performance, and extends the reach of the survey to rural as well as urban hospitals, covering more of the hospitals which provide services to purchasers and plans.

Purchasers and health plans can promote the Safe Practices Score by educating employees and consumers and calling attention to the importance of choosing the right hospital.

Purchasers, through their community involvement in healthcare settings (as board members, volunteers, donors), can also be persuasive with health care providers about the need to extend their efforts in safety and quality. Purchasers can also contract for specific safety and quality improvements with their health care providers and health plans.

Public reporting of the results of The Leapfrog Group survey can serve to both inform and motivate improvements in the safety of care.

## Benefits

Unfortunately, there is continued evidence of problems in patient safety and the quality of care in inpatient settings. The practices included in the Safe Practices Score were endorsed by a broad group of stakeholders to provide high-impact improvements in patient safety. The criteria used to select these practices included reduction in mortality, experiential data from clinical practice and transferable evidence from other industries where research had shown efficacy. The implementation of these practices can reduce harm and save lives. Making hospital results available on the level of implementation will provide important information to consumers, enabling them to make more informed hospital choices.

## References

<sup>1</sup> National Quality Forum. *Safe Practices for Better Healthcare: A Consensus Report- Updated*. 2006.

<sup>2</sup> Charles Denham, M.D., (Chairman) and, Franck Guilloteau (C.T.O) led the TMIT program.

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<sup>3</sup> Denham CR. From Harmony to Healing: Join the Quality Choir. Journal Patient Saf. 2006 Dec;2(4):225-232.

<sup>4</sup> Denham CR. The New Patient Safety Officer: A Lifeline for Patients, A Life Jacket for CEO's. Journal Patient Saf. 2007 Mar;3(1): PENDING