

What's New in the 2010 Survey (Version 5.2)

The content changes to the prior year's survey (2009 v5.1) are as follows:

1. In section 3, Evidence-Based Hospital Referral (EBHR), the beta-blocker prescribed at discharge process measure for abdominal aortic aneurysm (AAA) repair patients has been removed from the survey. The recent evidence on this safety practice conflicts with the original guidelines.
2. In section 4, focusing on common acute conditions (CACs), the following changes have been made:
 - The measure specifications for the Elective Deliveries Prior to 39 Completed Weeks Gestation measure have been updated to match the specifications in The Joint Commission's perinatal care core measure set. Hospitals should continue to follow the sampling instructions in the survey reference documentation if their responses are based on the 100-case sample size. Leapfrog will be evaluating whether any modifications are needed to the current sampling methodology for the 2011 survey.
 - The smoking cessation measures for both AMI and Pneumonia patients have been removed from the survey, as a strong majority of hospitals have consistently achieved 100% adherence to the guidelines. The National Quality Forum (NQF) has recently retired these measures and the Hospital Quality Alliance (HQA) has recommended that the Centers for Medicare and Medicaid Services (CMS) no longer publicly report them.
 - Small updates have been made to the Pneumonia measure specifications, to align with the latest Joint Commission specifications. Please review the specifications carefully for these changes.
3. In section 5, the ICU Physician Staffing (IPS) Leap, hospitals classified as 'rural' in the Leapfrog Hospital Survey will now be scored as "Substantial Progress" (3 bars) if they meet all of the following:
 - 24 hour/7 day a week teleintensivist coverage;
 - The teleintensivists must manage or co-manage all patients in all adult or pediatric general medical and/or surgical ICUs or neuro ICUs.
 - Daily care planning for these ICU patients must be provided by an on-site intensivist, hospitalist, anesthesiologist, or physician trained in emergency medicine.

Note: The standards for hospitals to fully meet the IPS Leap have not changed.
4. In section 6, the NQF Safe Practices, minor wording changes have been made to a small number of Safe Practice questions, reflecting language updates made in the **National Quality Forum's Safe Practices for Better Healthcare 2010 Update**.
5. In section 7, Managing Serious Errors, the following changes have been made:
 - The opportunity for hospitals to indicate a commitment to implement Leapfrog's Never Events policy within 60 days has been removed from the survey. Leapfrog has been asking for three years for hospitals to implement the Never Events policy and publicly reporting future commitments is no longer appropriate.
 - The methodology used to aggregate a hospital's performance on central line associated bloodstream infections (CLABSI) across their different ICUs has changed with the 2010 survey. In the 2010 Leapfrog Hospital Survey, a standardized infection ratio (SIR) will be used to aggregate a hospital's performance across the different ICUs. This aggregation methodology matches the methodology recommended by the CDC and will use CDC/NHSN national averages as the benchmarks for standardization purposes.
 - Hospitals that receive an aggregated central line associated bloodstream infection (CLABSI) score of "Willing to Report" (1 bar), as calculated from their observed CLABSI rates, will earn one bar incremental credit on their aggregated score if they participate in their state's ON THE CUSP: STOP BSI prevention program (Pediatric hospitals can substitute participation in ON THE CUSP with NACHRI's Catheter-associated Blood Stream Infections Collaborative).
 - To align with the Centers for Medicare and Medicaid Services (CMS) most recent 'no pay' condition list, hospitals will be asked to report only on stage III and stage IV pressure ulcers acquired during the hospital stay. New ICD-9 codes were introduced in late 2008 that allow hospitals to identify the stage of the pressure ulcer, but were unfortunately too late for use in the 2009 Leapfrog Hospital Survey.

6. Due to the lack of differentiation in hospital responses, the Transparency Indicator section (Section 8) has been removed from the survey. Hospitals are still able to provide a web link in the demographic section of the survey that consumers and purchasers can use to find out more information about the hospital. Leapfrog urges hospitals to link site visitors to a webpage that displays information on quality and safety.
7. Only the hospital's organizational and contact information from the 2009 survey is retained in the online survey. **Review answers** in the first section of the survey and update as needed, paying particular attention to hospital name and contact person.

Hospitals are required to review, update, affirm and submit their survey responses by June 30, 2010. After that date, Leapfrog will no longer report results based on 2009 surveys submitted prior to April 1, 2010.

8. The Leapfrog Group will continue to conduct desk reviews of hospitals' survey responses in a similar fashion as has been done in previous survey cycles. In addition to the desk reviews, Leapfrog is exploring opportunities to have hospitals submit documentation that would provide greater assurance of submitted responses. Given the recent use of the Leapfrog Hospital Survey data by high-visibility data licensees, we do encourage hospitals to be extra careful in ensuring their survey responses are accurate. As a reminder, all quantitative numbers entered in response fields are considered numerical values; there are no opportunities to enter placeholders (0) or codes for missing data (9999) in the Leapfrog Hospital Survey.
9. Hospitals that submit a Leapfrog Hospital Survey by the June 30, 2010 first reporting period deadline will receive a free Leapfrog Hospital Recognition Program (LHRP) Summary Report. LHRP Summary Reports illustrate how your hospital compares to others in the state and the nation in quality, resource use, and efficiency. The reports are generated by applying the LHRP Scoring Methodology to 2010 Leapfrog Hospital Survey responses. The LHRP Summary Reports are mailed to the hospital CEO provided by your hospital in the demographics section of the survey. You can obtain more information about LHRP Reports, the LHRP Scoring Methodology, and more detailed performance reports at www.leapfroggroup.org/lhrpreports.

In some hospital markets, health care payors have licensed the Leapfrog Hospital Recognition Program and offer further recognition and rewards to hospitals that participate in the Leapfrog Survey. To be eligible for recognition or rewards in these hospital markets, hospitals must submit a survey by June 30, 2010 and an updated survey between November 1, 2010 and December 31, 2010. For questions or more information, please contact info@leapfroggroup.org.

10. Any changes made to the measure specifications in the middle of the survey cycle will be reflected in the Leapfrog Hospital Survey Reference Book, under the Change Summary header, for each impacted survey section. In addition, the updates to the specifications will be highlighted in yellow. If the changes are substantial, we will e-mail the survey contact your hospital indicated in the demographic section of the survey. If the notification is sent before your hospital submits a 2010 Leapfrog Hospital Survey, the e-mail will go to the survey contact provided in the last survey submitted in the 2009 survey cycle.

You should also order a copy of the full report of the **National Quality Forum's Safe Practices for Better Healthcare 2010 Update**, if you don't already have one. It is needed to complete Section 6 of the survey. See the ordering links on the home page of the online survey for electronic or hardcopy versions of the report. Please allow sufficient time for hardcopy delivery from NQF.

All 16-digit security codes from the 2009 survey are still valid. Use just the 16-digit security code to access your survey. If you no longer have a valid 16-digit security code, see the home page of the online survey for more instructions about getting a security code.