The Leapfrog Group recently announced its 2016 Hospital Safety Score update, assigning letter grades A through F to 2,571 hospitals in the U.S. The grades represent Leapfrog’s composite assessment of adverse outcomes, accidents, injuries, and infections.

Leapfrog was founded in 2000 by what its website describes as “bold business leaders,” who shared “a vision to transform healthcare.”

For the new report, in addition to the update, Leapfrog contracted with Johns Hopkins Medicine’s Armstrong Institute for Patient Safety and Quality to estimate the number of “avoidable deaths” at hospitals in each grade level. According to Leapfrog, the letter grades translate, in terms of patient risk, to a 9% higher risk of avoidable death in B hospitals, 35% higher in C hospitals, and 50% higher in D and F hospitals, as compared with A hospitals.

The Hopkins analysis was led by Matt Austin, PhD, Assistant Professor at the Armstrong Institute for Patient Safety and Quality and the Department of Anesthesiology and Critical Care Medicine at John Hopkins University School of Medicine. In total, Leapfrog claims, an estimated 206,021 avoidable deaths occur in U.S. hospitals each year. Also, Leapfrog asserts, of the avoidable deaths that occur in all hospitals, 162,117 occur in B, C, D, and F hospitals. The Leapfrog analysis concluded an estimated 33,439 lives could be saved each year if all hospitals had the same performance as those receiving an A.

New factors included in the analysis

The 2016 update highlights newly-added patient experience measures shown in the Leapfrog Group’s research to have a relationship to improved patient safety outcomes. These include results of patient surveys about: communication about medicines, communication about discharge, nurse communication, doctor communication, and responsiveness of hospital staff. Additionally, for the first time, the Score includes two new infection measures, MRSA bacteremia and C. difficile.

The following is a breakdown of grades earned by the 2,571 scored hospitals:

- 798 earned an A (up from 773 in 2015)
- 639 earned a B (down from 724 in 2015)
- 957 earned a C (up from 866 in 2015)
- 162 earned a D (up from 133 in 2015)
- 15 earned an F (down from 34 in 2015).

Of the 798 hospitals that earned As so far in 2016, 153 have earned an A grade in each update for the last three years, and Leapfrog has denominated these as “Straight A” hospitals. Leapfrog wants to highlight the impressive consistency of these hospitals in particular.

For 2016, at the head of the class was Vermont, where 87% of all hospitals earned an A score. Conversely, for the third year, zero hospitals in the District of Columbia received an A grade. Similarly, Arkansas and Wyoming had no hospitals with an A grade.

And Maine, which has had the highest percentage of A hospitals for the last four rounds of the Score, dipped to second behind Vermont in this assessment.
Leapfrog also tracks the relative riskiness of various surgical procedures. They conclude:

“Outcomes of high-risk surgeries can vary greatly based on the hospital’s skill at performing the procedure. This section of the Leapfrog Hospital Survey is one of The Leapfrog Group’s original quality and safety standards, and provides a predicted survival rate for four procedures: esophagectomy (surgery to remove all or part of the esophagus), pancreatectomy (surgery to remove all or part of the pancreas), abdominal aortic aneurysm (surgery to treat enlargement of a major blood vessel), and aortic valve replacement (surgery to repair heart valves).”

**What’s included in the score**

The Hospital Safety Score utilizes national performance measures from the Leapfrog Hospital Survey, the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), and the Centers for Medicare and Medicaid Services (CMS) to produce a single composite score that represents a hospital’s overall performance in keeping patients safe from preventable harm and medical errors. In addition, secondary data from the American Hospital Association’s Annual Survey and its Annual Survey—IT Supplement was used to give hospitals as much credit as possible towards their safety scores.

Overall, the Hospital Safety Score includes 30 measures, which are all publicly reported by hospitals.

The measure set is divided into two domains: (1) process/structural measures and (2) outcome measures. Each domain represents 50% of the Hospital Safety Score.

In its report, Leapfrog lists the measures included in the Hospital Safety Score (Process/Structural Measures, page 6; Outcome Measures, page 8), as well as the data source and reporting period for each measure. In some cases where a hospital’s information was not available for a certain measure, Leapfrog used a secondary data source (as indicated in the tables). In cases where a hospital’s information is not available from any data source, Leapfrog has outlined a methodology for dealing with the missing data. The full report can be found at: http://bit.ly/2anpsxx

**Validity**

Here’s what Leapfrog claims about its grade system:

“The Leapfrog Hospital Survey is the nation’s gold standard in evaluating hospital performance on quality, safety, and resource use, using national performance measures to evaluate individual facilities.”

And the grades, Leapfrog says, matter to multiple players in the healthcare environment:

“These measures and safety practices are of specific interest to health care purchasers and consumers, and cover a broad spectrum of hospital services, processes, and structures.”

Not surprisingly, entities that received lower grades have some comments about that. Here is Dr. Michael Henderson, Chief Medical Officer at the University of Mississippi Medical Center (UMMC), a surgeon by trade. In speaking with the Jackson, Mississippi, Clarion-Ledger, he stressed the fact that UMMC is the “safety net” hospital in Mississippi, treating the “sickest of the sick.”

While he questioned parts of the risk assessment on the score, Henderson attributed the failing grade, in part, to the high volume of UMMC trauma patients.

“The bit I worry about is patients being led down the wrong path in seeing an ‘F’ and thinking ‘I won’t go there’ and that’s not right,” Henderson said. “The care here is good, great in most areas, can we do better in prevention, some of the complications, yes every hospital can…We’re taking stuff that other hospitals in the state can’t or don’t want to manage. That’s our role, that’s our mission, that’s what we want to do.”

He added, “That is why you see higher numbers for us. I’m not making excuses; I’m saying there’s still work to do.”

And the American Hospital Association (AHA) has some misgivings about the scores:

“Improving quality and patient safety requires employers, health plans, hospitals and other providers to continue to work together. The business community’s active involvement in quality issues brings a vital and welcome perspective to the table.

But, we’re concerned that the Leapfrog Group’s approach over-simplifies the complex task of improving quality and seems to suggest that a one-size-fits-all solution will work for every hospital in any kind of community.”

Nancy Foster, AHA’s Vice President of Quality and Patient Safety Policy told PIAA:

“When making healthcare decisions, patients should use all available tools at their disposal such as talking with friends and family and consulting with doctors, nurses and other healthcare providers. The latest Leapfrog rating system is just one tool among many patients can use when making healthcare decisions such as choosing a hospital.”

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