

# LEAPFROG HOSPITAL SAFETY GRADE METHODOLOGY CHANGES FOR FALL 2018

The following changes to the Leapfrog Hospital Safety Grade methodology have been implemented for the Fall 2018 Grade, scheduled for public release on November 8, 2018: the scoring for the Computerized Physician Order Entry (CPOE) measure and the addition of a bar code medication administration (BCMA) measure. These changes were initially published in April 2018 then underwent public comment. Minor refinements were made prior to this final announcement.

All methodological changes are made in consultation with The Leapfrog Group’s team of researchers, including researchers at the Armstrong Institute for Patient Safety and Quality at Johns Hopkins Medicine, as well as the Hospital Safety Grade [National Expert Panel](#).

### **1. Changed Scoring for Computerized Physician Order Entry (CPOE) Measure**

Leapfrog uses two data sources to score hospital performance on this measure. The primary data source is the Leapfrog Hospital Survey. In the absence of Survey data for a hospital, Leapfrog uses a secondary source, the American Hospital Association’s (AHA) HIT Supplement.





Both sources of data provide information on a hospital’s implementation of CPOE, but only the Leapfrog Hospital Survey tests how well CPOE systems alert to serious, sometimes fatal medication errors. The content of the two data sources is outlined in Table 1.

**Table 1: Data Used for the CPOE Measure in the Leapfrog Hospital Safety Grade Fall 2018**

Criteria for Hospital to Demonstrate Safety Through This Measure	Primary Data Source: Leapfrog Hospital Survey	Secondary Data Source: AHA HIT Supplement
Criteria 1: At least 85% of inpatient medication orders must be entered through a CPOE system	X	X
Criteria 2: The CPOE system is tested to demonstrate it alerts prescribers to serious medication ordering errors	X	

In 2018, the Leapfrog Hospital Survey elevated its standards on this measure and put a greater weight on the effectiveness of systems in alerting to serious, sometimes fatal medication errors. The Fall 2018 Leapfrog Hospital Safety Grade changes the scoring for the CPOE measure to align with the enhanced comprehensiveness of the Leapfrog data in demonstrating how a hospital’s CPOE system correlates with its patient safety. The new scoring is outlined in Table 2.

**Table 2: New Scoring for the CPOE Measure in the Fall 2018 Leapfrog Hospital Safety Grade**

Primary Data Source: Leapfrog Hospital Survey		Secondary Data Source: AHA HIT Supplement	
Score on the Leapfrog Hospital Survey	Points assigned in the Leapfrog Hospital Safety Grade	Hospital Response from the AHA HIT Supplement	Points assigned in the Leapfrog Hospital Safety Grade
Fully Meets Standard 	<b>100 points</b>	Fully implemented across all units	<b>45 points</b>
Substantial Progress 	<b>70 points</b>	Partially implemented*	<b>15 points*</b>
Some Progress 	<b>40 points</b>	All other responses	<b>5 points</b>
Willing to Report 	<b>15 points</b>		

**2. Addition of a New Measure: Bar Code Medication Administration (BCMA)**

Leapfrog added a measure on Bar Code Medication Administration (BCMA) to the Hospital Safety Grade, because studies have suggested that the use of BCMA can reduce medication errors when implemented correctly. The measure has been added to the process/structural domain of the composite calculation that underlies the Hospital Safety Grade.

The primary data source for the BCMA measure is the Leapfrog Hospital Survey. In the absence of Survey data for a hospital, Leapfrog uses as a secondary source the American Hospital Association’s (AHA) HIT Supplement. Both data sources provide information on implementation of bar coding across all units, but the Leapfrog data provides additional information on the effective use of bar coding to improve patient safety. Table 3 outlines the differences between the information obtained from primary and secondary data sources for BCMA.





**Table 3: Data Used for the Bar Code Medication Administration (BCMA) Measure in the Leapfrog Hospital Safety Grade Fall 2018**

Criteria for Hospital to Demonstrate Safety Through This Measure	Primary Data Source: Leapfrog Hospital Survey	Secondary Data Source: AHA HIT Supplement
Criteria 1: A bar code medication administration system integrated with an electronic medication administration record must be used at the bedside in 100% of medical surgical units, intensive care units, and labor and delivery units	<b>X</b>	<b>X</b>

Criteria 2: The system must include seven clinical decision support functions	<b>X</b>	
Criteria 3: The hospital must ensure that at least 95% of the time both the patient and the medication are scanned prior to medication administration	<b>X</b>	
Criteria 4: The hospital must ensure they have at least six out of eight evidence-based processes and protocols in place to prevent workarounds	<b>X</b>	

Scoring for this measure reflects the added comprehensiveness of the Leapfrog Hospital Survey data in reporting how BCMA is used for patient safety. The scoring is outlined in Table 4.

**Table 4: Scoring for the BCMA Measure in the Fall 2018 Leapfrog Hospital Safety Grade**

Primary Data Source: Leapfrog Hospital Survey		Secondary Data Source: AHA HIT Supplement	
Score on the Leapfrog Hospital Survey	Points assigned for the Leapfrog Hospital Safety Grade	Hospital Response from the AHA HIT Supplement	Points assigned for the Leapfrog Hospital Safety Grade
Fully Meets Standard 	<b>100 points</b>	Fully implemented across all units	<b>45 points</b>
Substantial Progress 	<b>75 points</b>	Partially Implemented*	<b>15 points*</b>
Some Progress 	<b>50 points</b>	All other responses	<b>5 points</b>
Willing to Report 	<b>25 points</b>		

\* The data source replaced prior response categories of “Implemented in at least one unit” and “Beginning to implement” with “Partially implemented” and Leapfrog scoring reflects that change.