IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
WEST PALM BEACH DIVISION

CASE NO. 9:25-CV-80526-DMM

GOOD SAMARITAN MEDICAL CENTER, INC., et al.,	)
Plaintiffs,	)
v.	)
THE LEAPFROG GROUP,	)
Defendant.	)

DECLARATION OF KIMBERLY BLAIR IN SUPPORT OF THE LEAPFROG GROUP'S RESPONSE TO PLAINTIFFS' STATEMENT OF FACTS IN SUPPORT OF THEIR MOTION FOR SUMMARY JUDGMENT, AND IN SUPPORT OF LEAPFROG'S ADDITIONAL STATEMENT OF FACTS

I, Kimberly E. Blair, declare and state as follows:

I am a partner at the law firm of Wilson Elser Moskowitz Edelman & Dicker LLP. I am an attorney and admitted to practice law in the State of Illinois. I have been granted permission by the Court to participate *pro hac vice* in this case. [ECF Dkt. No. 29]. I represent the Leapfrog Group in this matter, and I submit this Declaration in support of the Leapfrog Group's Response to Plaintiffs' Statement of Facts and Declaration/Exhibits in Support [ECF Dkt. Nos. 87-88] and in support of Leapfrog's Additional Statement of Facts in Response thereto.

I am over the age of eighteen and make this Declaration from personal knowledge based on the information and documents referenced in this Declaration.

1. Attached as **Exhibit 1** is a true and accurate copy of a December 12, 2024 email from Ricardo Ramirez of Tenet Health to Maggie Gill and Regina West of Tenet Health,

produced by Plaintiffs in this litigation and bearing the Bates stamp of Plaintiffs' production, specifically PBHN000006465-PBHN000006466.

2. Attached as **Exhibit 2** is a true and accurate copy of Leapfrog's Spring 2024 Methodology ("last updated 4/22/2024") produced in this litigation and bearing the Bates stamps LEAPFROG00039273-LEAPFROG00039301.

3. Attached as **Exhibit 3** is a true and accurate copy of a Leapfrog document compiling public comments on its proposed, Fall 2024 methodology change produced by Leapfrog in this litigation and bearing the Bates stamps LEAPFROG00178624-00178627.

4. Attached as **Exhibit 4** is a true and correct copy Leapfrog's "History," page downloaded from the following website: https://www.leapfroggroup.org/about/history, and which was last accessed on November 12, 2025.

5. Attached as **Exhibit 5** is a true and correct copy of the "Full Score Landing Page" for Safety Grade, with "practices to prevent errors" selected and downloaded from https://www.hospitalsafetygrade.org/h/west-boca-medical-center?findBy=hospital&hospital=west+boca&rPos=0&rSort=grade , last accessed November 12, 2025.

6. Attached as **Exhibit 6** is a true and correct copy of the "Detailed Table View" page for Safety Grade, accessed from https://www.hospitalsafetygrade.org/table-details/west-boca-medical-center?findBy=hospital&hospital=west%20boca&rPos=0&rSort=grade and screenshotted, November 12, 2025.

7. Attached as **Exhibit 7** are true and correct copies of historical (Spring 2023 – Spring 2025) Safety Grades for the Plaintiffs, accessible publicly upon clicking "see full score" on each Hospitals' Safety Grade landing page, and then choosing the option to "Order 2 ½ years

of detailed scoring for this hospital for $2.95" and then ordering, marked

LEAPFROG000005334-6359

Dated: November 12, 2025

Signed:

Kimberly E. Blair

EXHIBIT 1

Message

From: Ramirez, Ricardo [Ricardo.Ramirez@tenethealth.com]
Sent: 12/12/2024 4:10:51 PM
To: Gill, Maggie [maggie.gill@tenethealth.com]
CC: West, Regina [Regina.West@tenethealth.com]
Subject: Request to Reintroduce Leapfrog Reporting

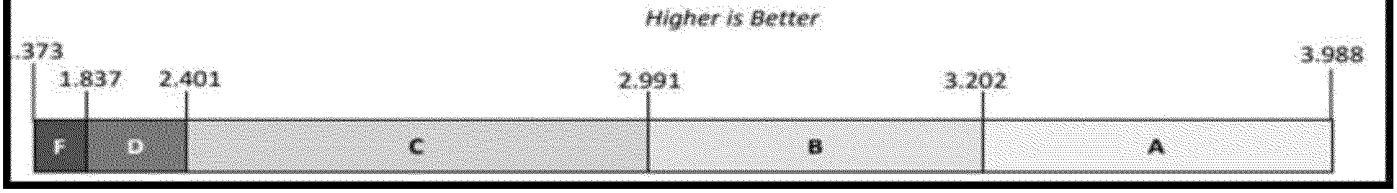
Good morning,

PBHN would like to resume Leapfrog reporting.

Rationale:
With minimal effort and no cost, we can submit our data and our leapfrog scores are projected to increase to C across all 5 facilities. The projected scores are listed below. Due to the negative media coverage of the recent letter grade release it has started to impact our volumes as some surgical patients are requesting their procedures to be done at competing facilities.

	Fall 2024 with Imputed Scores		What if: No Imputed Scores	
Hospital	Current Score Fall 2024	Current Grade Fall 2024	Potential Score Fall 2024	Potential Grade Fall 2024
Delray	1.4600	F	2.4034	C
Good Samaritan	1.7650	F	2.4166	C
PB Gardens	1.7766	F	2.5072	C
St. Mary's	2.2445	D	2.8699	C
West Boca	1.9889	D	2.7446	C

Grade	Safety Grade Criteria *(at or above cut point)*	Percentage of Hospitals
A	≥ 3.202	32%
B	≥ 2.991	24%
C	≥ 2.401	36%
D	≥ 1.837	7%
F	< 1.837	<1%



Negative Press and MD Feedback:
https://www.beckershospitalreview.com/rankings-and-ratings/where-are-leapfrogs-14-f-hospitals.html
https://stetnews.org/2024/12/09/tenet-hospitals-at-bottom-of-local-safety-grades/

- Multiple surgeons have called because their patients want their surgery done at other facilities due to the leapfrog letter grade rating. While the current letter grades don't reflect our care, they struggle to convince their patients otherwise.

Thank you,

Ricky Ramirez, MSN, RN, CCRN-K, CENP, NEA-BC
CNO West Boca Medical Center & PBHN
Ricardo.Ramirez@tenethealth.com
Cell: 561-235-8310

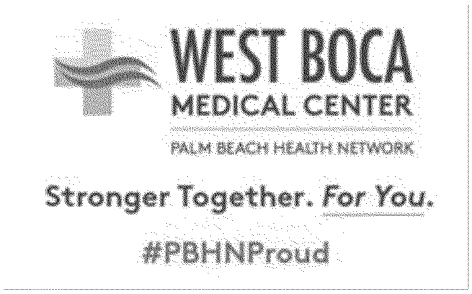


EXHIBIT 2

LEAPFROG
HOSPITAL
SAFETY GRADE

Scoring Methodology

SPRING 2024 SAFETY GRADE

HOSPITAL SAFETY GRADE

CONTENTS

HOSPITAL SAFETY GRADE

WHAT IS THE HOSPITAL SAFETY GRADE?

Leapfrog Hospital Safety Grades are assigned to nearly 3,000 general acute-care hospitals across the nation twice annually. The Safety Grade uses up to 22 national patient safety measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey, and information from other supplemental data sources, to produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. The Safety Grade methodology has been peer reviewed and published in the Journal of Patient Safety.[1]

With the Safety Grade, The Leapfrog Group aims to educate and encourage consumers to consider safety when selecting a hospital for themselves or their families. In addition, we believe the Safety Grade will foster strong market incentives for hospitals to make safety a priority. Safety Grades are publicly reported at www.HospitalSafetyGrade.org.

ELIGIBLE HOSPITALS

Due to the limited availability of public data, Leapfrog is not able to calculate a Safety Grade for every hospital in the U.S., including the following types of hospitals:

- Critical access hospitals (CAH)
- Long-term care and rehabilitation facilities
- Mental health facilities
- Federal hospitals (e.g., Veterans Affairs, Indian Health Services, etc.)
- Some specialty hospitals, such as surgery centers and cancer hospitals
- Free-standing pediatric hospitals
- Hospitals in U.S. territories
- Hospitals that are missing scores for **more than six** (6) process/structural measures, or **more than five** (5) outcome measures, or **missing PSI 90**

[1] The Leapfrog Hospital Safety Grade uses the below-described data and reflects expert opinion as to the relative importance of each category.

MEASURES

The Safety Grade utilizes up to 22 national patient safety measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey, and information from other supplemental data sources.

The measure set is divided into two domains: (1) Process/Structural Measures and (2) Outcome Measures. Each domain represents 50% of the Safety Grade. The following table lists the 22 measures included in the Safety Grade, as well as the data source and reporting period for each measure. In some cases where a hospital's information is not available for a certain measure, Leapfrog uses a secondary data source (as indicated in the table). 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.

PROCESS/STRUCTURAL MEASURES (12)

Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Computerized Physician Order Entry (CPOE)	2023 Leapfrog Hospital Survey	2023	Imputation Model Applied*	N/A
Bar Code Medication Administration (BCMA)	2023 Leapfrog Hospital Survey	2023	Imputation Model Applied*	N/A
ICU Physician Staffing (IPS)	2023 Leapfrog Hospital Survey	2023	Imputation Model Applied*	N/A
Safe Practice 1: Culture of Leadership Structures and Systems	2023 Leapfrog Hospital Survey	2023	N/A	N/A
Safe Practice 2: Culture Measurement, Feedback & Intervention	2023 Leapfrog Hospital Survey	2023	N/A	N/A

LEAPFROG HOSPITAL SAFETY GRADE

PROCESS/STRUCTURAL MEASURES (12)

Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Total Nursing Care Hours per Patient Day	2023 Leapfrog Hospital Survey	2023	N/A	N/A
Hand Hygiene	2023 Leapfrog Hospital Survey	2023	Imputation Model Applied*	N/A
H-COMP-1: Nurse Communication	CMS	04/01/2022 - 03/31/2023	N/A	N/A
H-COMP-2: Doctor Communication	CMS	04/01/2022 - 03/31/2023	N/A	N/A
H-COMP-3: Staff Responsiveness	CMS	04/01/2022 - 03/31/2023	N/A	N/A
H-COMP-5: Communication about Medicines	CMS	04/01/2022 - 03/31/2023	N/A	N/A
H-COMP-6: Discharge Information	CMS	04/01/2022 - 03/31/2023	N/A	N/A

*See Leapfrog's Imputation Method for CPOE, BCMA, IPS and Hand Hygiene for more information on the imputation methodology used for hospitals that did not submit a Leapfrog Hospital Survey by the Data Snapshot Date (January 31, 2024).

LEAPFROG HOSPITAL SAFETY GRADE

OUTCOME MEASURES (10)

Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Foreign Object Retained	CMS	07/01/2020 - 06/30/2022	N/A	N/A
Air Embolism	CMS	07/01/2020 - 06/30/2022	N/A	N/A
Falls and Trauma	CMS	07/01/2020 - 06/30/2022	N/A	N/A
CLABSI	2023 Leapfrog Hospital Survey	07/01/2022 - 06/30/2023	CMS	04/01/2022 - 03/31/2023
CAUTI	2023 Leapfrog Hospital Survey	07/01/2022 - 06/30/2023	CMS	04/01/2022 - 03/31/2023
SSI: Colon	2023 Leapfrog Hospital Survey	07/01/2022 - 06/30/2023	CMS	04/01/2022 - 03/31/2023
MRSA	2023 Leapfrog Hospital Survey	07/01/2022 - 06/30/2023	CMS	04/01/2022 - 03/31/2023
C. Diff.	2023 Leapfrog Hospital Survey	07/01/2022 - 06/30/2023	CMS	04/01/2022 - 03/31/2023
PSI 4: Death rate among surgical inpatients with serious treatable complications	CMS	07/01/2020 - 06/30/2022	N/A	N/A
CMS Medicare PSI 90: Patient safety and adverse events composite*	CMS	07/01/2020 - 06/30/2022	N/A	N/A

* CMS calculates PSI 90 using the ten (10) component PSIs. While scores for each of the 10 component PSIs are not used to calculate spring 2024 Hospital Safety Grades, they will be publicly reported on the Hospital Safety Grade website.

****COMPONENT PSIs (SCORES NOT USED TO CALCULATE THE HOSPITAL SAFETY GRADE)**

Component PSI	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
PSI 3: Pressure ulcer rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 6: Iatrogenic pneumothorax rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 8: In-hospital fall with hip fracture rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 9: Perioperative hemorrhage or hematoma rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 10: Postoperative acute kidney injury requiring dialysis rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 11: Postoperative respiratory failure rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 12: Perioperative pulmonary embolism or deep vein thrombosis rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 13: Postoperative sepsis rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 14: Postoperative wound dehiscence rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A
PSI 15: Abdominopelvic accidental puncture or laceration rate	CMS	07/01/2020 - 06/30/2022	N/A	N/A

Note: CMS calculates PSI 90 using the ten (10) component PSIs listed above. While scores for each of the 10 component PSIs are not used to calculate spring 2024 Hospital Safety Grades, they will be publicly reported on the Hospital Safety Grade website.

PROCESS/STRUCTURAL MEASURES

For Process/Structural Measures, a higher score is always better because these are measures of compliance with best practices in patient care.

COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

The CPOE measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital's progress toward implementing a CPOE system to reduce medication ordering errors. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement," or "Unable to Calculate Score." For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	70
Some Achievement	40
Limited Achievement	15
Unable to Calculate Score	Not Available (See Scoring Terms)

For hospitals that did not submit a 2023 Leapfrog Hospital Survey by November 30, see Using Secondary Data Sources for more information on Leapfrog's imputation methodology.

BAR CODE MEDICATION ADMINISTRATION (BCMA)

The BCMA measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital's progress toward 1) implementation of BCMA throughout the hospital, 2) compliance with patient and medication scans during administration, 3) use of decision support, and 4) structures to monitor and reduce workarounds. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement," or "Does Not Apply." For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	75
Some Achievement	50
Limited Achievement	25
Does Not Apply	Not Available (See Scoring Terms)

For hospitals that did not submit a 2023 Leapfrog Hospital Survey by November 30, see Using Secondary Data Sources for more information on Leapfrog's imputation methodology.

ICU PHYSICIAN STAFFING (IPS)

The IPS measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital's use of intensivists in ICUs. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement," or "Does Not Apply." For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	50
Some Achievement	15
Limited Achievement	5
Does Not Apply	Not Available (See Scoring Terms)

For hospitals that did not submit a 2023 Leapfrog Hospital Survey by November 30, see Using Secondary Data Sources for detailed information on Leapfrog's imputation methodology.

NATIONAL QUALITY FORUM (NQF) SAFE PRACTICES

Two (2) NQF Safe Practice measures are collected by The Leapfrog Group on the Leapfrog Hospital Survey. They measure a hospital's progress toward implementing endorsed processes and protocols to reduce and prevent adverse events. Through participation in the Leapfrog Hospital Survey, hospitals can earn up to 120 points for each NQF Safe Practice. For the purposes of calculating the Safety Grade, individual scores for each NQF Safe Practice are used:

NQF Safe Practice	Possible Measure Score
Safe Practice 1: Culture of Safety Leadership Structures and Systems	0 - 120
Safe Practice 2: Culture Measurement, Feedback and Intervention	0 - 120

There is no secondary data source for the NQF Safe Practices. Therefore, hospitals that did not submit a 2023 Leapfrog Hospital Survey by November 30 will not have these measures included in their Safety Grade and the measure will be reported as "Declined to Report." See Dealing with Missing Data for more information.

TOTAL NURSING CARE HOURS PER PATIENT DAY

The Total Nursing Care Hours per Patient Day measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures the hospital's total number of productive hours worked by employee or contract nursing staff (i.e., RNs, LPNs, and UAPs) with direct patient care responsibilities per patient day across three unit types: medical, surgical, and med/surg. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement," or "Does Not Apply." For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	70
Some Achievement	40
Limited Achievement	15
Does Not Apply	Not Available (See Scoring Terms)

There is no secondary data source for the Total Nursing Care Hours per Patient Day measure. Therefore, hospitals that did not submit a 2023 Leapfrog Hospital Survey by November 30 will not have these measures included in their Safety Grade and the measure will be reported as "Declined to Report." See Dealing with Missing Data for more information.

HAND HYGIENE

The Hand Hygiene measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures processes and protocols that hospitals have in place regarding monitoring hand hygiene practices, fostering a culture of good hand hygiene, offering training and education, and providing equipment. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement." For the purposes of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	70
Some Achievement	40
Limited Achievement	15

For hospitals that did not submit a 2023 Leapfrog Hospital Survey by November 30, see Using Secondary Data Sources for detailed information on Leapfrog's imputation methodology.

HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) COMPOSITES

The Hospital HCAHPS survey responses are collected by CMS via the Inpatient Quality Reporting Program. Linear mean scores calculated by CMS incorporate the full range of survey response categories into a single metric for each HCAHPS composite. Five of the six composites are used in the Safety Grade. For the purposes of calculating the Safety Grade, a hospital's linear mean score for each of the five composites is used:

HCAHP Composite	Possible Measure Score
H-COMP-1: Nurse Communication	0 - 100
H-COMP-2: Doctor Communication	0 - 100
H-COMP-3: Staff Responsiveness	0 - 100
H-COMP-5: Communication about Medicines	0 - 100
H-COMP-6: Discharge Information	0 - 100

LEAPFROG HOSPITAL SAFETY GRADE

OUTCOME MEASURES

For Outcome Measures, a lower score is always better because these are measures of harm experienced by patients (e.g., central line-associated blood stream infections).

HOSPITAL-ACQUIRED CONDITIONS

Three hospital-acquired condition measures are calculated by CMS through the DRA HAC Reporting Program: Foreign Object Retained after Surgery, Air Embolism, and Falls and Trauma. Hospital-acquired condition rates are calculated by CMS based on Part A Medicare Fee-for-service (FFS) claims and publicly reported as a rate per 1,000 Part A Medicare FFS discharges. No age restrictions are applied. For the purposes of calculating the Safety Grade, the rate is used. More information is available in the DRA HAC methodology.

HEALTHCARE-ASSOCIATED INFECTIONS

Five healthcare-associated infection measures are collected by The Leapfrog Group on the Leapfrog Hospital Survey: Central line-associated bloodstream infections (CLABSI) in ICUs and select wards, Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards, Surgical site infections from colon surgery (SSI: Colon), Facility-wide inpatient MRSA Blood Laboratory-identified Events, and Facility-wide inpatient C.diff. Laboratory-identified Events. Through participation in the Leapfrog Hospital Survey, hospitals were required to 1) join Leapfrog's NHSN group, 2) provide an accurate NHSN ID in the Profile section of the Online Survey Tool, and 3) submit a Survey by November 30. For the purposes of calculating the Safety Grade, the standardized infection ratio (SIR) is used:

As Reported by Leapfrog	Measure Score	Notes
Standardized Infection Ratio (SIR)	SIR	Measure is **included** in calculating the Safety Grade
Does Not Apply	Not Available (See Scoring Terms)	Measure is **not included** in calculating the Safety Grade. No use of Secondary Data.
Unable to Calculate Score	Not Available (See Scoring Terms)	Measure is **not included** in calculating the Safety Grade. No use of Secondary Data.
Declined to Respond	See Using Secondary Data	Secondary Data source is used.

For hospitals that did not join Leapfrog's NHSN group, provide an accurate NHSN ID, or submit a 2023 Leapfrog Hospital Survey by November 30, see Using Secondary Data Sources for more information on Leapfrog's use of CMS data.

LEAPFROG HOSPITAL SAFETY GRADE

AHRQ PATIENT SAFETY INDICATORS (PSI)

Two AHRQ Patient Safety Indicators are calculated by CMS through the Inpatient Quality Reporting Program and the HAC Reduction Program: PSI 4 Death Rate among Surgical Inpatients with Serious Treatable Conditions and PSI 90 Patient Safety and Adverse Events Composite. PSI rates are calculated by CMS based on Medicare Fee-for-Service claims and publicly reported as a rate per 1,000 inpatient discharges. CMS only includes claims from patients 18 years or older. For the purpose of calculating the Safety Grade, the smoothed rate is used for both measures. More information on calculating PSIs is available on the Patient Safety Indicators (PSI) 2024 Resources website.

Note: CMS calculates PSI 90 using the ten (10) component PSIs that are listed in the PSI 90 Components table above. While scores for each of the 10 component PSIs are NOT used to calculate spring 2024 Hospital Safety Grades, they will be publicly reported on the Hospital Safety Grade website. Additional information about the PSI 90 measure and how it is calculated by CMS can be found here.

LEAPFROG HOSPITAL SAFETY GRADE

USING SECONDARY DATA SOURCES

Twelve (12) of the 22 measures included in the Safety Grade are derived from the Leapfrog Hospital Survey. The Leapfrog Hospital Survey is voluntary, and as such, hospitals may choose not to submit a Survey. To address this gap in available data, the Safety Grade methodology utilizes secondary data when available. For information on how to complete a free Leapfrog Hospital Survey, visit www.leapfroggroup.org/survey.

IMPUTATION METHOD FOR CPOE, BCMA, IPS, AND HAND HYGIENE

Leapfrog has worked closely with statisticians at Mathematica, Leapfrog's National Expert Panel, and our scientific partners at Johns Hopkins Medicine to develop a new two-step imputation approach for determining scores for CPOE, BCMA, IPS, and Hand Hygiene if they are missing from our publicly reported Survey Results.

STEP 1: USE A HOSPITAL'S MOST RECENT SCORE ON THE MEASURE

If the hospital had a score assigned by Leapfrog in the previous four rounds of grades (i.e., fall 2023, spring 2023, fall 2022, spring 2022), excluding imputed scores, the hospital is assigned the most recent score on that measure in the current Hospital Safety Grade (i.e., spring 2024).

STEP 2: USE THE MEAN OF THE SCORES ASSIGNED TO OTHER SIMILAR HOSPITALS IN THE U.S. (APPLIES TO CPOE, BCMA, AND HAND HYGIENE ONLY)

The hospital is assigned to a cohort of other similar hospitals using three or four hospital characteristics obtained from the most recent CMS Impact File and the 2023 Leapfrog Hospital Survey: urban/rural status, safety net status, number of beds, and teaching status (urban cohorts only). The CMS Impact File is the data source for urban/rural status, safety net status, and number of beds. The 2023 Leapfrog Hospital Survey Results are the primary data source for teaching status and the CMS impact file is the secondary data source.

The hospital is then assigned the **lower** of two possible mean scores for CPOE, BCMA, and Hand Hygiene based on their cohort's performance:

- **Mean of current and recent scores**: The mean score of the cohort is calculated based on the hospital scores in the current round (i.e., spring 2024) from either Leapfrog's publicly reported Survey Results or Step 1 of the imputation model.

- **Mean of scores obtained in each hospital's first year of reporting on Leapfrog's CPOE, BCMA, or Hand Hygiene standards via the Leapfrog Hospital Survey**: The mean score of the cohort is calculated based on the score (i.e., performance category from the Leapfrog Hospital Survey) each hospital in the cohort obtained the first year they reported on Leapfrog's CPOE, BCMA, or Hand Hygiene standards, starting with the 2018 Leapfrog Hospital Survey (the year the CPOE and BCMA standards were last significantly updated) or the 2020 Leapfrog Hospital Survey (the year the Hand Hygiene standard was first scored). CPOE Scores from the 2020 Leapfrog Hospital Survey are excluded as the CPOE Evaluation Tool was not included on the Leapfrog Hospital Survey due to COVID-19.

To determine a hospital's cohort and mean score:

1. Download the latest IMPACT Zip file here.
    a. Open the Microsoft Excel Worksheet in that Zip file named "FY 2024 IPPS Final Rule Impact File"
    b. Select the "FY 2024 Final" tab
    c. Filter for the hospital's CMS Certification Number (CCN) under the "Provider Number" column
    d. Refer to criteria in Table 1: Cohort Criteria
2. View 2023 Leapfrog Hospital Survey Results here.
    a. Search for the hospital by name or location
    b. If the hospital submitted a 2023 Leapfrog Hospital Survey, select "More Information" at the bottom of the webpage to view teaching status
    c. Refer to the criteria in Table 1: Cohort Criteria
3. Find the cohort's scores for CPOE, BCMA, and Hand Hygiene in Table 2: Cohort Scores

LEAPFROG HOSPITAL SAFETY GRADE

Table 1: Cohort Criteria

Characteristic	2023 Leapfrog Hospital Survey Results	Column in CMS Impact File	Criteria
Urban/rural status	N/A	URGEO (Column I)	**CMS Impact File:** Urban: LURBAN or OURBAN Rural: RURAL
Safety net status	N/A	DSHPCT (Column Y)	**CMS Impact File:** Safety net: DSHPCT is greater than or equal to 0. 3993* * 0.3993 is the 80th percentile of the IMPACT file
Number of Beds	N/A	Beds (Column U)	**CMS Impact File** Fewer than 100 beds 100 or more beds
Teaching status	Teaching Status	Resident to Bed Ratio (Column S)	**2023 Leapfrog Hospital Survey Results (primary source):** Non-teaching Teaching **CMS Impact File (secondary source):** Non-teaching: Resident to bed Ratio equals 0 Teaching: Resident to bed ratio is greater than 0

Table 2: Cohort Scores

Cohort #	Urban/Rural Status	Safety Net Status	Number of Beds	Teaching Status	Step 2 CPOE Score (Mean of Cohort)	Step 2 BCMA Score (Mean of Cohort)	Step 2 Hand Hygiene Score (Mean of Cohort)
Cohort 1	Rural	Non-Safety Net	Fewer than 100 beds	N/A	75	79	50
Cohort 2	Rural	Non-Safety Net	100 or more beds	N/A	79	82	52
Cohort 3	Rural	Safety Net	Fewer than 100 beds	N/A	85	81	45
Cohort 4	Rural	Safety Net	100 or more beds	N/A	72	80	62
Cohort 5	Urban	Non-Safety Net	Fewer than 100 beds	Non-Teaching	84	85	58
Cohort 6	Urban	Non-Safety Net	100 or more beds	Non-Teaching	86	84	59
Cohort 7	Urban	Non-Safety Net	Fewer than 100 beds	Teaching	79	86	61
Cohort 8	Urban	Non-Safety Net	100 or more beds	Teaching	88	85	56
Cohort 9	Urban	Safety Net	Fewer than 100 beds	Non-Teaching	76	82	63
Cohort 10	Urban	Safety Net	100 or more beds	Non-Teaching	76	81	59
Cohort 11	Urban	Safety Net	Fewer than 100 beds	Teaching	82	81	50
Cohort 12	Urban	Safety Net	100 or more beds	Teaching	89	81	56

STEP 2: USE THE CMS COST REPORT (APPLIES TO IPS ONLY)

A hospital's ICU designation (i.e., operating a medical ICU, surgical ICU, or pediatric ICU) is based on the number of medical, surgical and/or pediatric ICU beds reported in Worksheet S-3 Part 1 of the hospital's most recent CMS Cost Report. Hospitals that reported one or more medical, surgical, and/or pediatric ICU beds are assigned 5 points, which is equivalent to those hospitals that earned Limited Achievement on Leapfrog's IPS Standard, meaning that they operate an adult or pediatric medical and/or surgical ICU or neuro ICU but do not meet other aspects of Leapfrog's national standard for ICU staffing.

LEAPFROG HOSPITAL SAFETY GRADE

CMS DATA FOR HAIS

CMS is **the secondary data** source for healthcare-associated infections. For the purposes of calculating the Safety Grade, the standardized infection ratio (SIR) published by CMS is used:

Hospitals That Did Not Join Leapfrog's NHSN Group and Submit Section 7: Managing Serious Errors of the 2023 Leapfrog Hospital Survey by November 30, 2023

As Reported by CMS	Measure Score	Notes
Not Available (no locations or low volume)	Not Available (See Scoring Terms)	Measure is **not included** in calculating the Leapfrog Hospital Safety Grade.
Standard Infection Ratio (SIR)	SIR	Measure is **included** in calculating the Leapfrog Hospital Safety Grade.

If a hospital does not have available data from the Leapfrog Hospital Survey or CMS (e.g., no locations or low volume), the hospital is reported as Not Available "Not Available." See Dealing with Missing Data for more information.

WEIGHTING INDIVIDUAL MEASURES

Each measure included in the Leapfrog Hospital Safety Grade is assigned a standard weight. The methodology to assign standard weights includes four criteria: (1) Impact, (2) Evidence, (3) Opportunity, and (4) Number of Component Measures. These four criteria are then combined using the equation below, which results in a standard weight for each measure that represents the measure's relative importance within the Hospital Safety Grade.

[Evidence + (Impact x Opportunity x Number of Component Measures)]

EVIDENCE

The Evidence Score for each individual measure is assigned a value of one (1) or two (2) using the following criteria:

- 1 = Supported by either suggestive clinical or epidemiological studies or theoretical rationale
- 2 = Supported by experimental, clinical, or epidemiological studies and strong theoretical rationale

OPPORTUNITY

The Opportunity Score for each individual measure is based on the Coefficient of Variation (Standard Deviation/Mean) of that measure, using the following formula: **[1 + (Standard Deviation/Mean)]**. The Opportunity Score is on a continuous scale that is capped at three (3). Any measure with an Opportunity Score above three (3) is assigned a three (3).

IMPACT

The Impact Score for each individual measure is comprised of two (2) parts, each of which is assigned a value from one (1) to three (3):

1. Number of patients affected
2. Severity of harm

The *number of patients affected* score is determined by the following:

- 0 = Extremely rare event (e.g., Air Embolism)
- 1 = Rare event (e.g., Foreign Object Retained After Surgery)
- 2 = Some patients in hospital affected (e.g., ICU Physician Staffing)
- 3 = All patients in hospital affected (e.g., Hand Hygiene)

The *severity of harm* score is determined by the following:

- 1 = No direct evidence of harm or harm reduction (e.g., Patient Experience)
- 2 = Clear documentation of harm or harm reduction; adverse events (e.g., Foreign Object Retained After Surgery)
- 3 = Significant mortality reduction (more than 1,000 deaths or a 10% reduction in hospital wide mortality) (e.g., ICU Physician Staffing)

The values from each part are then added together to arrive at the overall Impact Score using the following criteria:

- 1 = Score of 2 (Low Impact) (e.g., Air Embolism)
- 2 = Score of 3-4 (Medium Impact) (e.g., Patient Experience)
- 3 = Score of 5-6 (High Impact) (e.g., ICU Physician Staffing)

NUMBER OF COMPONENT MEASURES

The number of component measures refers to how many measures are included within the measure. For PSI 90, the number of component measures is 10 (PSI 3, PSI 6, PSI 8, PSI 9, PSI 10, PSI 11, PSI 12, PSI 13, PSI 14, and PSI 15). For all other measures included in the Hospital Safety Grade, the number of component measures within the measure is one (1).

LEAPFROG HOSPITAL SAFETY GRADE

STANDARD MEASURE WEIGHTS

Measure	Evidence Score	Opportunity Score	Impact Score	Number of Component Measures	Standard Measure Weight
Process/Structural Measure Domain (50%)					
CPOE	2	1.16	3	1	5.6%
BCMA	2	1.11	3	1	5.4%
IPS	2	1.70	3	1	7.2%
SP 1	1	1.05	2	1	3.2%
SP 2	1	1.10	2	1	3.3%
Total Nursing Care Hours per Patient Day	2	1.41	2	1	4.9%
Hand Hygiene	2	1.33	2	1	4.7%
H-COMP-1	1	1.03	2	1	3.1%
H-COMP-2	1	1.03	2	1	3.1%
H-COMP-3	1	1.05	2	1	3.2%
H-COMP-5	1	1.06	2	1	3.2%
H-COMP-6	1	1.04	2	1	3.1%
Outcome Measure Domain (50%)					
Foreign Object Retained	1	3.00	2	1	4.3%
Air Embolism	1	3.00	1	1	2.4%
Falls and Trauma	2	2.00	3	1	4.9%
CLABSI	2	1.81	3	1	4.5%
CAUTI	2	1.85	3	1	4.6%
SSI: Colon	2	1.80	2	1	3.4%
MRSA	2	1.77	3	1	4.4%
C. Diff.	2	1.77	3	1	4.5%
PSI 4	1	1.13	2	1	2.0%
PSI 90	1	1.19	2	10	15.0%

LEAPFROG HOSPITAL SAFETY GRADE

CALCULATING Z-SCORES

Z-Scores are used to standardize data from measures with different performance scales and allow for comparisons (e.g., a linear mean score of 90 on H-COMP-1: Nurse Communication and a CLABSI SIR of 0.870). In addition, Z-Scores can indicate to a hospital whether their measure score is above, below, or equal to the average hospital.

In the Scoring Methodology, a Z-Score is calculated for each available measure score. A Z-Score is calculated using a hospital's actual measure score, the national mean for that measure, and the standard deviation for that measure. The Z-Score for each measure is calculated using the following formulas:

- **For Process/Structural Measures: [Hospital Score – Mean) / Standard Deviation]**
- **For Outcome Measures: [(Mean – Hospital Score) / Standard Deviation]**

The following table includes the national mean and standard deviation for each measure used to calculate a hospital's Z-Score. For display, means and standard deviations are displayed rounded to two or three decimal places. For scoring, these values are not rounded.

Process and Structural Measures	Mean	Standard Deviation
CPOE	91.81	14.36
BMCA	93.42	10.47
IPS	63.29	44.05
SP 1	117.59	6.43
SP 2	117.08	11.32
Total Nursing Care Hours per Patient Day	74.69	30.66
Hand Hygiene	78.65	26.10
H-COMP-1	89.67	2.59
H-COMP-2	89.52	2.51
H-COMP-3	81.14	4.46
H-COMP-5	74.09	4.15
H-COMP-6	84.90	3.78

Outcome Measures	Mean	Standard Deviation
Foreign Object Retained	0.014	0.05
Air Embolism	0.001	0.01
Falls and Trauma	0.428	0.43
CLABSI	0.730	0.59
CAUTI	0.627	0.53
SSI: Colon	0.845	0.68
MRSA	0.793	0.61
C. Diff.	0.455	0.35
PSI 4	168.38	21.92
PSI 90	1.01	0.19

LEAPFROG HOSPITAL SAFETY GRADE

A NOTE ABOUT EXTREME VALUES

For hospitals that have an "extreme" value for a particular measure (i.e., a value that exceeds the 99th percentile) Leapfrog "trims" the reported value to the 99th percentile. For example, a rate of 0.500 per 1,000 patient discharges for Foreign Object Retained after Surgery is "trimmed" to 0.336 (e.g., the 99th percentile). Only "trimmed" rates are displayed on the Leapfrog Hospital Safety Grade website. The table below includes the "trim" values for the spring 2024 Leapfrog Hospital Safety Grade. The PSI 90 measure score represents an observed to expected ratio that has already been risk adjusted at both the component PSI level and at the composite level; therefore, the measure is not "trimmed" by Leapfrog.

Measure	99th Percentile
Foreign Object Retained	0.336
Air Embolism	0.308
Falls and Trauma	2.006
CLABSI	2.944
CAUTI	2.482
SSI: Colon	3.207
MRSA	2.908
C. Diff.	1.791
PSI 4	222.70

Note: Percentiles are rounded to reflect the precision of the raw data.

DEALING WITH MISSING DATA

Due to a variety of reasons, a hospital may not have a measure score for all 22 measures. If a hospital is missing a measure score for any measure (except PSI 90; hospitals missing PSI 90 are not graded), the standard weight of that measure is redistributed to the other measures in the same measure domain. The new weight for each measure within the domain is calculated by re-apportioning the standard weight assigned to the measure with the missing score to other measures within the same domain.

For example, if a hospital is missing a measure score for ICU Physician Staffing because the hospital does not operate an adult or pediatric medical and/or surgical ICU, the standard weight of 7.2% will be re-apportioned to the remaining 11 measures within the process/structural measure domain.

To calculate the new weight of each of the remaining 11 measures in the process/structural measure domain, hospitals can use the formula below or use the Leapfrog Hospital Safety Grade Calculator©, which can be found on the Safety Grade Review Website. Note that each domain contributes to 50% of the overall letter grade.

*[Standard measure weight / (sum of standard weights for the remaining 11 measures in the process/structural measure domain)]*50% = updated measure weight*

For more information about how the measure weight redistribution is calculated and affects the overall score, please see the Leapfrog Hospital Safety Grade Calculator, which can be found on the last page of the Safety Grade Review Website.

CALCULATING WEIGHTED MEASURE SCORES

To calculate a hospital's numerical safety score, multiply the Z-Score of each process/structural measure by the standard weight assigned to that measure to get the weighted process/structural measure score. If a hospital is missing any process/structural measure scores, see Dealing with Missing Data to determine the updated measure weight. Then, sum all weighted process/structural measure scores. This is the hospital's overall weighted process/structural measures score.

Multiply the Z-Score of each outcome measure by the standard weight assigned to that measure to get the weighted outcome measure score. If a hospital is missing any outcome measure scores, see Dealing with Missing Data to determine the updated measure weight. Then, sum all weighted outcome measure scores. This is the hospital's overall weighted outcome measures score.

To calculate the overall Safety Grade for a hospital, add the overall weighted process/structural measure score and the overall weighted outcome measures score. Add 3.0 to your score; this is done to normalize scores to a positive distribution. This final numerical score (typically between 1.0 and 4.0) is then assigned to a letter grade. To assist hospitals in calculating their numerical score, a calculator is available on the Safety Grade Review Website. Letter grade cut-points are published during the Letter Grade Embargo Period.

LEAPFROG HOSPITAL SAFETY GRADE

ADDITIONAL SCORING INFORMATION

TERMS USED IN SCORING AND PUBLIC REPORTING

"**Not Available**" means that the hospital does not have a score for this measure. This could be because the measure is related to a service the hospital does not provide or because the hospital had too few patients or cases to report data for a condition or procedure. A "Not Available" result does not mean that the hospital withheld information from the public.

In the case of healthcare-associated infections, a SIR is reported as "Not Available" if one of the following applies:

- The number of predicted infections is less than 1.
- The number of observed infections present on admission (community-onset prevalence) was above a pre-determined cut-point.

For more information about NHSN's SIR models, please visit https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf.

"**Declined to Report**" means that a hospital did not voluntarily provide information to the Leapfrog Hospital Survey. Measures scored as "Declined to Report" will not be used in calculating the overall score (see Dealing with Missing Data).

SHARED CMS CERTIFICATION NUMBERS

All hospitals that share a CMS Certification Number (CCN) will be assigned the same source data as reported by CMS. Affected measures include the HCAHPS, Hospital-Acquired Conditions, Healthcare-Associated Infections (if secondary data source is used), and Patient Safety Indicators.

LEAPFROG HOSPITAL SAFETY GRADE

UPDATES TO DATA USED IN THE LEAPFROG HOSPITAL SAFETY GRADE

The Leapfrog Hospital Safety Grade relies on publicly available data that hospitals have had the opportunity to review for accuracy. Therefore, Leapfrog does not allow hospitals to make updates to their data following the Data Snapshot Date. In January of each year, Leapfrog publishes the Data Snapshot Dates for each of the two Leapfrog Hospital Safety Grade public releases at https://www.hospitalsafetygrade.org/for-hospitals/key-dates-and-information. Leapfrog publishes these dates to give hospitals and other stakeholders advance notice so they can be prepared to submit a Leapfrog Hospital Survey and monitor their performance on CMS measures used in the Safety Grade.

In addition, Leapfrog holds a Courtesy Review Period to give hospitals an additional opportunity to review the data that will be used to calculate their hospital's Safety Grade. The Review Period is an opportunity for hospitals to review the data for accuracy (i.e., identify recording errors, hospital name and address changes, etc.) on a secure website and review changes to the scoring algorithm.

DATA FROM THE LEAPFROG HOSPITAL SURVEY

During the Safety Grade Review Period (February 26 – March 15), Leapfrog will only make corrections to a hospital's data from the 2023 Leapfrog Hospital Survey if a recording error is identified (i.e., we have recorded a different measure score than what is posted on our Survey Results website) or a scoring error is identified (i.e., Leapfrog has calculated an incorrect measure score based on the submitted responses and Leapfrog's published scoring algorithms). Updates to Leapfrog Hospital Survey data that are submitted after the Data Snapshot Date will **not** be included in the current Leapfrog Hospital Safety Grade. Hospitals submitting a Leapfrog Hospital Survey are urged to take advantage of the opportunity to review their Survey Results for accuracy and completeness prior to each of the two published Data Snapshot Dates.

HOW HOSPITALS CAN REVIEW LEAPFROG HOSPITAL SURVEY RESULTS PRIOR TO THE DATA SNAPSHOT DATE

The Leapfrog Hospital Survey is open from April 1 to November 30 of each year. Following the Submission Deadline (June 30), Survey Results are published monthly on a secure 'Hospital Details' page and a public website (ratings.leapfroggroup.org). Hospitals are urged to review their Survey Results immediately. Hospitals that identify any reporting errors are instructed to log back into the Survey to submit a correction. Hospitals can correct and re-submit a previously submitted Survey until the Survey closes for the year. Note that corrections submitted after the Data Snapshot Date are not included in the current Leapfrog Hospital Safety Grade. Leapfrog has several automated processes in place to prevent hospitals from making data entry errors in the Online Survey Tool and to enhance the overall accuracy of the Survey Results. Learn more at http://www.leapfroggroup.org/survey-materials/data-accuracy.

LEAPFROG HOSPITAL SAFETY GRADE

DATA FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

During the Safety Grade Review Period (February 26 – March 15), Leapfrog will only make corrections to a hospital's data from CMS if the correction is issued by CMS and posted on either the Data.Medicare.Gov website or the Data.CMS.Gov website. If a hospital has identified an error with a measure score published by CMS, and CMS cannot post a correction within the review period, the measure score will not be used in calculating the hospital's Safety Grade, provided that the hospital can document that CMS has agreed to publicly issue a correction or remove the measure score from public reporting. Hospitals participating with CMS are urged to take advantage of the opportunity to participate in the CMS 30-day review periods.

CMS FOOTNOTE 23 POLICY

Leapfrog will notify hospitals that have CMS footnote 23 present for one or more claims-based measure scores (e.g., DRA HAC Rate, PSI 4 rate, or PSI 90 rate) at the start of the Courtesy Review Period. Footnote 23 indicates that "The data are based on claims that the hospital or facility submitted to CMS. The hospital or facility has reported discrepancies in their claims data." Hospital CEOs can request that Leapfrog use the measure score that is accompanied by the footnote. Written requests must be received prior to the close of the Safety Grade Review Period. If written requests are not received by the close of the Review Period, the measure will not be used to calculate the Hospital Safety Grade.

For hospitals that submit a Leapfrog Hospital Survey by the Data Snapshot Date, the CEO, Primary Survey Contact, and Secondary Survey Contact will be notified at the email addresses included in the Hospital's Survey Profile. For hospitals that do not submit a Leapfrog Hospital Survey by the Data Snapshot Date, the CEO will be contacted by certified letter.

HOW HOSPITALS CAN REVIEW CMS DATA PRIOR TO THE DATA SNAPSHOT DATE

CMS administers several hospital-based reporting and payment programs including the Inpatient Quality Reporting Program, HAC Reduction Program, and Value-based Purchasing Program. Several measures collected and calculated by CMS via its various hospital-based programs are used in the Leapfrog Hospital Safety Grade. CMS provides hospitals with a 30-day preview period before publishing measure scores on the Data.Medicare.Gov website and the Data.CMS.Gov website. More information is available at https://qualitynet.org.

LEAPFROG HOSPITAL SAFETY GRADE

HOW TO PARTICIPATE IN THE LEAPFROG HOSPITAL SURVEY

If a hospital did **not** complete a 2023 Leapfrog Hospital Survey by November 30, Survey Results were not used to calculate the spring 2024 Leapfrog Hospital Safety Grade. Hospitals that would like Survey Results included in the fall 2024 Hospital Safety Grade must submit a 2024 Leapfrog Hospital Survey (including the CPOE Evaluation) by June 30, 2024. Hospitals will be able to review their publicly reported Survey Results in July and respond to any issues identified by Leapfrog's Extensive Monthly Data Verification before the Data Snapshot Date for the fall 2024 Safety Grade of August 31. More information is available at https://leapfroggroup.org/survey.

LEAPFROG HELP DESK

If you have any questions regarding the scoring methodology, please contact the Help Desk at https://leapfroghelpdesk.zendesk.com.

EXHIBIT 3

Fall 2024 Proposed Changes Public Comments

Proponents

Cleveland Clinic-David Orr

I think the imputation change makes a lot of sense. It is painful to see folks who don't submit get more points than those who are transparently submitting. I think this takes care of that issue.

Providence St. Jude Medical Center- Lisa Michelle DuPree

Positive feedback for the proposed changes - the new method will encourage participation & cease to allow lesser performing hospitals from absorbing the positive performance of surrounding hospitals (or vice versa) from previous imputation model.

FHN Memorial Hospital- Doreen Timm

I agree with the new calculations for BCMA and hand hygiene if a hospital does not choose to submit a hospital survey. I believe this change would better reflect a hospital's commitment to an overall patient safety program

CommonSpirit Health- Tamra O'Bryan

The proposed changes to the imputation method for CPOE, BCMA, IPS and Hand Hygiene seem logical and appropriate. Thank you for the opportunity to comment. Tamra

Against Themes and Color Coding

- **Misrepresents performance**
- **More time**

[redacted]

Allina Health- Becky Wenthold

These changes will penalize hospitals that do not submit a Leapfrog Survey. The public will not understand nor dig into the methodology of these grades, and hospitals will be falsely represented with a lower grade, because they chose to not complete a survey. The survey is extremely time intensive and, in a time, when hospitals are barely breaking even financially, they do not have the resources to commit to this survey. Additionally, there is no option to submit a survey for a health system, where process measures apply to several hospitals in that system. A hospital with excellent outcomes, will no longer be able to receive an A grade because limited achievement is assigned to process measures that actually may be in place.

Cedars-Sinai Medical Center- Gail Grant

The timing of your proposed changes to the Hospital Safety Grade seems unduly short with implementation proposed for Fall 2024. That short time to implementation leaves little time for hospitals who had not planned on participating in the Leapfrog Annual Hospital Survey to complete and submit the survey. Could the implementation be pushed to the Spring 2025 Safety Grade? That way, hospitals will have until the November 2024 deadline to complete the survey. If not, is there a specific reason why implementation is planned to occur so soon?

Mount Sinai Health System- Alana Noble

We strongly disagree with the proposed Fall 2024 Step 2 Imputation. If Leapfrog is going to implement this change, they need to offer hospitals an option to [redacted] The survey is very resource intensive outside of existing regulatory, quality operations and quality improvement efforts. Hospitals who do not have the resources to do the survey annually should not be so adversely punished especially in the post-Covid era where resources are increasingly hard to come by and retain.

Piedmont Healthcare- Zubin Momin

[redacted] It is a large administrative burden to get all tests scheduled and completed in a short amount of time from April 1st to June 30th. The time commitment to complete the test for each hospital is extensive and requires numerous hours of high-salaried FTEs. The frequency requirement should also be re-evaluated as it is unlikely hospitals are changing their EMR significantly each year or every other year.

Imputation Step 1 Model:
Is Leapfrog willing to re-evaluate the decision on the point assignment for the BCMA measure? [redacted] this year if they have just submitted one last year. The impact of adding a few units to the BCMA measure is unlikely to drop performance from 100 to 25 for hospitals. Even if compliance was low, pre-op and PACU areas do not typically administer a volume of medications that would yield a drop from 100 to 25 points. Leapfrog should consider using N/A or a higher point assignment for this measure. The current proposal is causing hospitals to allocate unplanned hours and resources to complete the annual survey to avoid a negative impact to their Safety Grades.
Leapfrog should also consider announcing changes to imputation models at least one year in advance. The last-minute notice of changes that negatively impact hospitals that do not submit requires rapid shifting of priorities for the FTEs heavily involved in survey submission. The completion of the survey requires a great deal of coordination between various departments across the hospital including Informatics, Physicians, Pharmacy, Women's Services, Quality & Safety, and Nursing. The brief time period does not allow us to have all required sections completed without the addition of unplanned supplementary resources.

Imputation Step 2 Model:
[redacted] The FTE resource commitment to complete the survey is already significant. There is no value added by completing a survey every year or every other year when practices in our hospitals have not changed.

Ascension- Peter M. Leibold (Executive Vice President and Chief Advocacy Officer)

Ascension cannot support Leapfrog's proposed update and strongly encourages Leapfrog to refrain from implementing it. We fundamentally believe that the Hospital Safety Grade and the Hospital Survey should remain separate: the Survey should not affect the grades. We believe this is not in the best interest of public policy, as not all hospitals have the information and/or capabilities to complete the Hospital Survey. Further, we believe it is unreasonable for an optional Survey to have such a significant impact.

Providence System- Susan Boardman

The proposed changes to the Imputation Method would result in an inaccurate portrayal of the actual status of the patient safety structures and processes in place for the Leapfrog grade measures CPOE, BCMA, IPS, and Hand Hygiene at hospitals [redacted]. Under "Step 2" of the proposed new imputation method, the points assigned for these measures would be the same that earned for "Limited Achievement" if the 2024 Survey were submitted. This is not a like to like comparison between hospitals. Rather, if 2023 or 2024 were not submitted, more accurate options include: 1) [redacted] for hospitals that did not submit either a 2023 or a 2024 survey, or at least allowing these hospitals to [redacted] of the Fall 2024 Leapfrog Hospital Safety Grade; 2) Publishing [redacted] not including the survey based measures so there is no penalty for not submitting a survey. For the proposed new Imputation Method, if a hospital has completed a survey in the past where the measure section has not substantially changed, allowing the hospital to attest that there has not been changes to reduce the number of Medication Alerts for the CPOE measure, to save the resources required for retaking the CPOE evaluation test. And for the BCMA, IPS and Hand Hygiene measures, allow hospitals to just submit any of these sections if there have been changes on the Leapfrog questions, or if the hospital cannot attest that there have not been changes to their previous response.

EXHIBIT 4

Mission and Vision

Health care is big business. Employers and other purchasers spend billions of dollars on health care every year. But nearly one-third of health care spending is wasteful—think unnecessary procedures, administrative costs, medical errors, and even fraud.

For many years, purchasers have struggled to provide high-quality health care to their employees, simply because they didn't know which providers were safe, or had the best patient outcomes. In no other industry do we encounter this lack of transparency and accountability.

That has to change.

In a country where more than 200,000 lives are lost every year because of preventable medical errors, Leapfrog is fighting to build a movement for transparency. We serve as a voice for health care purchasers, using their collective influence to foster radical, positive change in U.S. health care.

Preventable medical errors kill more than 200,000 people every year.

For over 20 years we have collected, analyzed, and published health care data on safety, quality, and resource use. That means purchasers can find high-value care. And it means that real people are empowered with the information they need to make better decisions.

Our Mission:

To trigger giant leaps forward in the safety, quality and affordability of U.S. health care by using transparency to support informed health care decisions and promote high-value care.

Our Vision:

We envision a future where purchasers will tie health care investment to excellence and educate their employees on choosing the best care. Health plans will support purchasers in their efforts to reward high performance and empower employees. Consumers will fight for the best care for themselves and their families. Providers will be courageous in championing transparency and leading groundbreaking improvements.

By living the vision, all of us will work to give the next generation the safest, highest-quality health care system in the world.

EXHIBIT 5

LEAPFROG HOSPITAL SAFETY GRADE

A program of THELEAPFROGGROUP

West Boca Medical Center

21644 State Road 7
Boca Raton, FL 33428-1899

View this hospital's Leapfrog Hospital Survey Results

This Hospital's Grade

F

SPRING 2025

▶ Show Recent Past Grades

Detailed table view

NEW Order 2½ years of detailed scoring for this hospital for $2.95

Learn how to use the Leapfrog Hospital Safety Grade

Infections | Problems with Surgery | Safety Problems | **Practices to Prevent Errors** | Doctors, Nurses & Hospital Staff

- Doctors order medications through a computer
- Safe medication administratio
- Handwashing
- Communicati about Medicines
- Communicati about Discharge
- Staff work together to prevent errors (Declined to Report[1])

Hospital Performs:

Worse Than Average — Better Than Average

This Hospital's Score:

15 *

Best Hospital's Score:

100

Average Hospital's Score:

80.23

Worst Hospital's Score:

15

Doctors order medications through a computer

Hospitals can use Computerized Physician Order Entry (CPOE) systems to order medications for patients in the hospital, instead of writing out prescriptions by hand. Good CPOE systems alert the doctor if they try to order a medication that could cause harm, such as prescribing an adult dosage for a child. CPOE systems help to reduce medication errors in the hospital.

Hospitals can earn up to 100 points for using a well-functioning CPOE system in most areas of the hospital. *For details on sources, click here.*

What safer hospitals do:

Hospitals use CPOE systems in all areas of the hospital and regularly test those systems to ensure they are alerting doctors to potential ordering errors.

Notes and Definitions

1. Declined to Report: The hospital was asked to provide this information to the public, but did not.

2. Not Available: "Not Available" means that the hospital does not have data for this measure. This could be because the measure is related to a service the hospital does not provide. For example, a hospital that does not have an ICU would not be able to report data about ICUs. It could also be because the hospital had too few patients or cases to report data for a particular condition or procedure. A "Not Available" result does not mean that the hospital withheld information from the public.

3. Straight A: The hospital has earned an 'A' Grade for five consecutive grading rounds or more, qualifying it for recognition as a "Straight A" hospital.

4. * The hospital declined to report their performance on this measure, so a score was assigned to reflect the lack of information available.

THE LEAPFROG GROUP

The Leapfrog Hospital Safety Grade is a public service provided by The Leapfrog Group, an independent nonprofit organization committed to driving quality, safety, and transparency in the U.S. health system.

EXHIBIT 6

This Hospital's Grade

F

SPRING 2025

West Boca Medical Center

21644 State Road 7
Boca Raton, FL 33428-1899
Map and Directions

Outcomes measures include errors, accidents, and injuries that this hospital has publicly reported.

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source	Time Period Covered
Dangerous object left in patient's body What's This?	0.000	0.327	0.014	0.000	CMS	07/01/2021 - 06/30/2023
Air or gas bubble in the blood What's This?	0.000	2.890	0.002	0.000	CMS	07/01/2021 - 06/30/2023
Patient falls and injuries What's This?	0.652	1.926	0.384	0.000	CMS	07/01/2021 - 06/30/2023
Infection in the blood What's This?	1.144	2.782	0.651	0.000	CMS	01/01/2023 - 12/31/2023
Infection in the urinary tract What's This?	0.622	2.512	0.540	0.000	CMS	01/01/2023 - 12/31/2023
Surgical site infection after colon surgery What's This?	2.922	3.094	0.831	0.000	CMS	01/01/2023 - 12/31/2023
MRSA Infection What's This?	1.318	2.850	0.719	0.000	CMS	01/01/2023 - 12/31/2023
C. diff. Infection What's This?	0.198	1.607	0.401	0.000	CMS	01/01/2023 - 12/31/2023
Death from treatable serious complications What's This?	Not Available	235.51	177.45	84.66	CMS	07/01/2021 - 06/30/2023
Harmful Events What's This?	0.92	3.10	1.00	0.53	CMS	07/01/2021 - 06/30/2023
Dangerous bed sores What's This? *	0.32	7.50	0.64	0.05	CMS	07/01/2021 - 06/30/2023
Collapsed lung What's This? *	0.23	0.65	0.25	0.10	CMS	07/01/2021 - 06/30/2023
Falls causing broken hips What's This? *	0.34	0.56	0.29	0.15	CMS	07/01/2021 - 06/30/2023
Blood Leakage What's This? *	2.24	5.53	2.42	1.01	CMS	07/01/2021 - 06/30/2023
Kidney injury after surgery What's This? *	Not Available	4.60	1.69	0.74	CMS	07/01/2021 - 06/30/2023
Serious breathing problem What's This? *	Not Available	57.80	10.53	1.94	CMS	07/01/2021 - 06/30/2023
Dangerous blood clot What's This? *	4.02	8.15	3.90	1.56	CMS	07/01/2021 - 06/30/2023
Sepsis infection after surgery What's This? *	Not Available	12.56	5.63	1.95	CMS	07/01/2021 - 06/30/2023
Surgical wound splits open What's This? *	1.82	4.00	1.87	1.13	CMS	07/01/2021 - 06/30/2023
Accidental cuts and tears What's This? *	0.81	2.41	0.89	0.28	CMS	07/01/2021 - 06/30/2023

* This measure is a part of the Harmful Events Composite and is not used for scoring.

Process measures include the management structures and procedures a hospital has in place to protect patients from errors, accidents, and injuries.

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source	Time Period Covered

Measure	The Hospital's Score	Worst Performing Hospital	Avg. Performing Hospital	Best Performing Hospital	Data Source	Time Period Covered
Doctors order medications through a computer What's This?	15	15	80.23	100	Imputation Model Applied	Not Applicable
Safe medication administration What's This?	25	25	81.87	100	Imputation Model Applied	Not Applicable
Specially trained doctors care for ICU patients What's This?	5	5	65.15	100	Imputation Model Applied	Not Applicable
Effective leadership to prevent errors What's This?	Declined to Report	9.23	117.49	120.00	2024 Leapfrog Hospital Survey	2024
Staff work together to prevent errors What's This?	Declined to Report	0.00	116.85	120.00	2024 Leapfrog Hospital Survey	2024
Nursing and Bedside Care for Patients What's This?	Declined to Report	15	77.07	100	2024 Leapfrog Hospital Survey	01/01/2023 - 12/31/2023
Handwashing What's This?	15	15	74.40	100	Imputation Model Applied	Not Applicable
Communication with nurses What's This?	82	73	90.19	97	CMS	01/01/2023 - 12/31/2023
Communication with doctors What's This?	85	73	89.91	97	CMS	01/01/2023 - 12/31/2023
Responsiveness of hospital staff What's This?	66	55	81.63	95	CMS	01/01/2023 - 12/31/2023
Communication about medicines What's This?	64	55	74.42	93	CMS	01/01/2023 - 12/31/2023
Communication about discharge What's This?	78	67	85.25	97	CMS	01/01/2023 - 12/31/2023

For a full description of the methodology, click here.

THE LEAPFROG GROUP

The Leapfrog Hospital Safety Grade

The Leapfrog Hospital Safety Grade is a public service provided by The Leapfrog Group, an independent nonprofit organization committed to driving quality, safety, and transparency in the U.S. health system.

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EXHIBIT 7

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

What is the Hospital Safety Grade?

Leapfrog Hospital Safety Grades are assigned to nearly 3,000 general acute-care hospitals across the nation twice annually. The Safety Grade uses up to 22 national patient safety measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey, and information from other supplemental data sources, to produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. The Safety Grade methodology has been peer reviewed and published in the Journal of Patient Safety (https://www.hospitalsafetygrade.org/media/file/JournalofPatientSafety_HospitalSafetyScore.pdf)

With the Safety Grade, The Leapfrog Group aims to educate and encourage consumers to consider safety when selecting a hospital for themselves or their families. In addition, we believe the Safety Grade will foster strong market incentives for hospitals to make safety a priority. Safety Grades are publicly reported at www.HospitalSafetyGrade.org.

Delray Medical Center **LF-MPN:** **10-0258**

5352 Linton Boulevard

Delray Beach **FL** **33484-6580**

Your Hospital Safety Grade	**Spring 2025**	F
	Fall 2024	F
	Spring 2024	D
	Fall 2023	C
	Spring 2023	C

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Computerized Physician Order Entry (CPOE)	Spring 2025	15	-1.910	80.23	Imputation Model Applied
	Fall 2024	15	-1.850	74.04	Imputation Model Applied
	Spring 2024	100	0.571	91.81	Imputation Model Applied
	Fall 2023	100	0.609	90.58	Imputation Model Applied
	Spring 2023	100	0.540	91.77	Imputation Model Applied
Barcode Medication Administration (BCMA)	Spring 2025	25	-1.867	81.87	Imputation Model Applied
	Fall 2024	25	-1.789	80.51	Imputation Model Applied
	Spring 2024	100	0.628	93.42	Imputation Model Applied
	Fall 2023	100	0.660	92.67	Imputation Model Applied
	Spring 2023	100	0.704	91.22	Imputation Model Applied
ICU Physician Staffing (IPS)	Spring 2025	5	-1.375	65.15	Imputation Model Applied
	Fall 2024	5	-1.352	64.45	Imputation Model Applied
	Spring 2024	100	0.833	63.29	Imputation Model Applied
	Fall 2023	100	0.851	62.31	Imputation Model Applied
	Spring 2023	100	0.771	67.47	Imputation Model Applied

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Safe Practice 1: Culture of Leadership Structures and Systems	Spring 2025	Declined to Report	*	117.49	*
	Fall 2024	Declined to Report	*	117.40	*
	Spring 2024	Declined to Report	*	117.59	*
	Fall 2023	Declined to Report	*	117.49	*
	Spring 2023	Declined to Report	*	116.86	*
Safe Practice 2: Culture Measurement, Feedback and Intervention	Spring 2025	Declined to Report	*	116.85	*
	Fall 2024	Declined to Report	*	116.60	*
	Spring 2024	Declined to Report	*	117.08	*
	Fall 2023	Declined to Report	*	116.99	*
	Spring 2023	Declined to Report	*	115.87	*
Safe Practice 9: Nursing Workforce	Spring 2025	Not Included	*	*	*
	Fall 2024	Not Included	*	*	*
	Spring 2024	Not Included	*	*	*
	Fall 2023	Not Included	*	*	*
	Spring 2023	Declined to Report	*	97.86	*
Total Nursing Care Hours per Patient Day	Spring 2025	Declined to Report	*	77.07	*
	Fall 2024	Declined to Report	*	76.10	*
	Spring 2024	Declined to Report	*	74.69	*
	Fall 2023	Declined to Report	*	71.00	*
	Spring 2023	Not Included	*	*	*
Hand Hygiene	Spring 2025	15	-1.643	74.40	Imputation Model Applied
	Fall 2024	15	-1.569	72.43	Imputation Model Applied
	Spring 2024	100	0.818	78.65	Imputation Model Applied
	Fall 2023	100	0.851	77.32	Imputation Model Applied
	Spring 2023	100	1.021	71.64	Imputation Model Applied

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Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
H-COMP-1: Nurse Communication	Spring 2025	79	-4.454	90.19	CMS
	Fall 2024	78	-4.709	90.04	CMS
	Spring 2024	78	-4.499	89.67	CMS
	Fall 2023	80	-3.710	89.55	CMS
	Spring 2023	81	-3.503	89.81	CMS
H-COMP-2: Doctor Communication	Spring 2025	81	-3.591	89.91	CMS
	Fall 2024	80	-3.944	89.80	CMS
	Spring 2024	79	-4.193	89.52	CMS
	Fall 2023	80	-3.732	89.45	CMS
	Spring 2023	81	-3.552	89.70	CMS
H-COMP-3: Staff Responsiveness	Spring 2025	64	-4.045	81.63	CMS
	Fall 2024	64	-3.961	81.48	CMS
	Spring 2024	64	-3.842	81.14	CMS
	Fall 2023	65	-3.661	80.97	CMS
	Spring 2023	66	-3.661	81.30	CMS
H-COMP-5: Communication about Medicines	Spring 2025	58	-3.979	74.42	CMS
	Fall 2024	57	-4.167	74.33	CMS
	Spring 2024	56	-4.356	74.09	CMS
	Fall 2023	58	-4.006	73.85	CMS
	Spring 2023	61	-3.374	74.21	CMS
H-COMP-6: Discharge Information	Spring 2025	71	-3.847	85.25	CMS
	Fall 2024	69	-4.274	85.14	CMS
	Spring 2024	68	-4.466	84.90	CMS
	Fall 2023	69	-4.154	84.80	CMS
	Spring 2023	71	-3.729	85.07	CMS

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Outcome Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Foreign Object Retained After Surgery	Spring 2025	0.000	0.275	0.014	CMS
	Fall 2024	0.000	0.274	0.014	CMS
	Spring 2024	0.068	-1.048	0.014	CMS
	Fall 2023	0.068	-1.040	0.014	CMS
	Spring 2023	0.086	-1.257	0.015	CMS
Air Embolism	Spring 2025	0.000	0.035	0.002	CMS
	Fall 2024	0.000	0.035	0.002	CMS
	Spring 2024	0.000	0.073	0.001	CMS
	Fall 2023	0.000	0.073	0.001	CMS
	Spring 2023	0.000	0.062	0.001	CMS
Falls and Trauma	Spring 2025	0.479	-0.235	0.384	CMS
	Fall 2024	0.479	-0.233	0.385	CMS
	Spring 2024	0.473	-0.106	0.428	CMS
	Fall 2023	0.473	-0.102	0.429	CMS
	Spring 2023	0.345	0.198	0.437	CMS
CLABSI	Spring 2025	1.477	-1.496	0.651	CMS
	Fall 2024	1.335	-1.146	0.687	CMS
	Spring 2024	0.889	-0.269	0.730	CMS
	Fall 2023	0.225	0.939	0.888	CMS
	Spring 2023	0.107	1.107	1.077	CMS
CAUTI	Spring 2025	0.271	0.545	0.540	CMS
	Fall 2024	0.344	0.460	0.577	CMS
	Spring 2024	0.293	0.629	0.627	CMS
	Fall 2023	0.331	0.654	0.735	CMS
	Spring 2023	0.506	0.493	0.862	CMS

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Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Outcome Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
SSI: Colon	Spring 2025	2.073	-1.803	0.831	CMS
	Fall 2024	1.965	-1.541	0.852	CMS
	Spring 2024	1.450	-0.889	0.845	CMS
	Fall 2023	0.726	0.162	0.832	CMS
	Spring 2023	0.244	0.855	0.822	CMS
MRSA	Spring 2025	0.922	-0.343	0.719	CMS
	Fall 2024	1.003	-0.438	0.746	CMS
	Spring 2024	1.044	-0.413	0.793	CMS
	Fall 2023	1.261	-0.459	0.927	CMS
	Spring 2023	1.300	-0.254	1.095	CMS
C. diff	Spring 2025	0.284	0.357	0.401	CMS
	Fall 2024	0.349	0.208	0.418	CMS
	Spring 2024	0.267	0.533	0.455	CMS
	Fall 2023	0.234	0.691	0.488	CMS
	Spring 2023	0.261	0.610	0.489	CMS
PSI 4: Death rate among surgical inpatients with serious treatable conditions	Spring 2025	108.94	2.852	177.45	CMS
	Fall 2024	91.65	3.510	168.34	CMS
	Spring 2024	91.65	3.501	168.38	CMS
	Fall 2023	73.88	3.976	143.25	CMS
	Spring 2023	73.88	3.970	143.23	CMS
CMS Medicare PSI-90: Patient safety and adverse events composite**	Spring 2025	1.03	-0.142	1.00	CMS
	Fall 2024	1.09	-0.437	1.01	CMS
	Spring 2024	1.09	-0.440	1.01	CMS
	Fall 2023	1.04	-0.352	0.98	CMS
	Spring 2023	1.04	-0.356	0.98	CMS

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Component PSIs (scores not used to calculate the Hospital Safety Grade)**

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
PSI 3: Pressure ulcer rate	Spring 2025	0.56			CMS
	Fall 2024	0.70			CMS
	Spring 2024	0.70			CMS
	Fall 2023	0.62			CMS
	Spring 2023	0.62			CMS
PSI 6: Iatrogenic pneumothorax rate	Spring 2025	0.20			CMS
	Fall 2024	0.17			CMS
	Spring 2024	0.17			CMS
	Fall 2023	0.14			CMS
	Spring 2023	0.14			CMS
PSI 8: In-hospital fall with hip fracture rate	Spring 2025	0.31			CMS
	Fall 2024	0.09			CMS
	Spring 2024	0.09			CMS
	Fall 2023	0.07			CMS
	Spring 2023	0.07			CMS
PSI 9: Perioperative hemmorhage and hematoma rate	Spring 2025	2.22			CMS
	Fall 2024	2.86			CMS
	Spring 2024	2.86			CMS
	Fall 2023	2.18			CMS
	Spring 2023	2.18			CMS
PSI 10: Postoperative acute kidney injury rate	Spring 2025	1.61			CMS
	Fall 2024	1.49			CMS
	Spring 2024	1.49			CMS
	Fall 2023	0.90			CMS
	Spring 2023	0.90			CMS

**CMS calculates PSI 90 using the ten (10) component PSIs listed on pages 7-8. While scores for each of the 10 component PSIs are NOT used to calculate Hospital Safety Grades, they are publicly reported on the Hospital Safety Grade website (https://www.hospitalsafetygrade.org)

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#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Component PSIs (scores not used to calculate the Hospital Safety Grade)**

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
PSI 11: Postoperative respiratory failure rate	Spring 2025	9.54			CMS
	Fall 2024	8.14			CMS
	Spring 2024	8.14			CMS
	Fall 2023	5.06			CMS
	Spring 2023	5.06			CMS
PSI 12: Perioperative pulmonary embolism or deep vein thrombosis rate	Spring 2025	5.06			CMS
	Fall 2024	5.03			CMS
	Spring 2024	5.03			CMS
	Fall 2023	5.25			CMS
	Spring 2023	5.25			CMS
PSI 13: Postoperative sepsis rate	Spring 2025	6.71			CMS
	Fall 2024	6.30			CMS
	Spring 2024	6.30			CMS
	Fall 2023	3.84			CMS
	Spring 2023	3.84			CMS
PSI 14: Postoperative wound dehiscence rate	Spring 2025	1.60			CMS
	Fall 2024	2.07			CMS
	Spring 2024	2.07			CMS
	Fall 2023	0.64			CMS
	Spring 2023	0.64			CMS
PSI 15: Unrecognized abdominopelvic accidental puncture/laceration rate	Spring 2025	1.03			CMS
	Fall 2024	0.73			CMS
	Spring 2024	0.73			CMS
	Fall 2023	1.06			CMS
	Spring 2023	1.06			CMS

**CMS calculates PSI 90 using the ten (10) component PSIs listed on pages 7-8. While scores for each of the 10 component PSIs are NOT used to calculate Hospital Safety Grades, they are publicly reported on the Hospital Safety Grade website (https://www.hospitalsafetygrade.org)

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Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

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Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

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Good Samaritan Medical Center			**LF-MPN:** **10-0287**
1309 N. Flagler Drive			
West Palm Beach	**FL**	**33401-3499**	

Your Hospital Safety Grade	**Spring 2025**	D
	Fall 2024	F
	Spring 2024	C
	Fall 2023	C
	Spring 2023	C

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Computerized Physician Order Entry (CPOE)	Spring 2025	15	-1.910	80.23	Imputation Model Applied
	Fall 2024	15	-1.850	74.04	Imputation Model Applied
	Spring 2024	100	0.571	91.81	Imputation Model Applied
	Fall 2023	100	0.609	90.58	Imputation Model Applied
	Spring 2023	100	0.540	91.77	Imputation Model Applied
Barcode Medication Administration (BCMA)	Spring 2025	25	-1.867	81.87	Imputation Model Applied
	Fall 2024	25	-1.789	80.51	Imputation Model Applied
	Spring 2024	100	0.628	93.42	Imputation Model Applied
	Fall 2023	100	0.660	92.67	Imputation Model Applied
	Spring 2023	100	0.704	91.22	Imputation Model Applied
ICU Physician Staffing (IPS)	Spring 2025	5	-1.375	65.15	Imputation Model Applied
	Fall 2024	5	-1.352	64.45	Imputation Model Applied
	Spring 2024	100	0.833	63.29	Imputation Model Applied
	Fall 2023	100	0.851	62.31	Imputation Model Applied
	Spring 2023	100	0.771	67.47	Imputation Model Applied

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#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals
Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Safe Practice 1: Culture of Leadership Structures and Systems	Spring 2025	Declined to Report	*	117.49	*
	Fall 2024	Declined to Report	*	117.40	*
	Spring 2024	Declined to Report	*	117.59	*
	Fall 2023	Declined to Report	*	117.49	*
	Spring 2023	Declined to Report	*	116.86	*
Safe Practice 2: Culture Measurement, Feedback and Intervention	Spring 2025	Declined to Report	*	116.85	*
	Fall 2024	Declined to Report	*	116.60	*
	Spring 2024	Declined to Report	*	117.08	*
	Fall 2023	Declined to Report	*	116.99	*
	Spring 2023	Declined to Report	*	115.87	*
Safe Practice 9: Nursing Workforce	Spring 2025	Not Included	*	*	*
	Fall 2024	Not Included	*	*	*
	Spring 2024	Not Included	*	*	*
	Fall 2023	Not Included	*	*	*
	Spring 2023	Declined to Report	*	97.86	*
Total Nursing Care Hours per Patient Day	Spring 2025	Declined to Report	*	77.07	*
	Fall 2024	Declined to Report	*	76.10	*
	Spring 2024	Declined to Report	*	74.69	*
	Fall 2023	Declined to Report	*	71.00	*
	Spring 2023	Not Included	*	*	*
Hand Hygiene	Spring 2025	15	-1.643	74.40	Imputation Model Applied
	Fall 2024	15	-1.569	72.43	Imputation Model Applied
	Spring 2024	100	0.818	78.65	Imputation Model Applied
	Fall 2023	100	0.851	77.32	Imputation Model Applied
	Spring 2023	100	1.021	71.64	Imputation Model Applied

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
H-COMP-1: Nurse Communication	Spring 2025	84	-2.464	90.19	CMS
	Fall 2024	84	-2.362	90.04	CMS
	Spring 2024	84	-2.186	89.67	CMS
	Fall 2023	84	-2.156	89.55	CMS
	Spring 2023	84	-2.310	89.81	CMS
H-COMP-2: Doctor Communication	Spring 2025	86	-1.576	89.91	CMS
	Fall 2024	86	-1.529	89.80	CMS
	Spring 2024	86	-1.403	89.52	CMS
	Fall 2023	86	-1.362	89.45	CMS
	Spring 2023	87	-1.103	89.70	CMS
H-COMP-3: Staff Responsiveness	Spring 2025	72	-2.209	81.63	CMS
	Fall 2024	72	-2.148	81.48	CMS
	Spring 2024	73	-1.825	81.14	CMS
	Fall 2023	73	-1.827	80.97	CMS
	Spring 2023	73	-1.986	81.30	CMS
H-COMP-5: Communication about Medicines	Spring 2025	63	-2.768	74.42	CMS
	Fall 2024	63	-2.724	74.33	CMS
	Spring 2024	66	-1.949	74.09	CMS
	Fall 2023	65	-2.237	73.85	CMS
	Spring 2023	64	-2.608	74.21	CMS
H-COMP-6: Discharge Information	Spring 2025	76	-2.497	85.25	CMS
	Fall 2024	74	-2.950	85.14	CMS
	Spring 2024	75	-2.617	84.90	CMS
	Fall 2023	77	-2.051	84.80	CMS
	Spring 2023	76	-2.404	85.07	CMS

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Outcome Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Foreign Object Retained After Surgery	Spring 2025	0.000	0.275	0.014	CMS
	Fall 2024	0.000	0.274	0.014	CMS
	Spring 2024	0.000	0.280	0.014	CMS
	Fall 2023	0.000	0.278	0.014	CMS
	Spring 2023	0.000	0.269	0.015	CMS
Air Embolism	Spring 2025	0.000	0.035	0.002	CMS
	Fall 2024	0.000	0.035	0.002	CMS
	Spring 2024	0.000	0.073	0.001	CMS
	Fall 2023	0.000	0.073	0.001	CMS
	Spring 2023	0.000	0.062	0.001	CMS
Falls and Trauma	Spring 2025	0.789	-1.005	0.384	CMS
	Fall 2024	0.789	-1.001	0.385	CMS
	Spring 2024	1.145	-1.683	0.428	CMS
	Fall 2023	1.145	-1.673	0.429	CMS
	Spring 2023	1.300	-1.862	0.437	CMS
CLABSI	Spring 2025	0.538	0.204	0.651	CMS
	Fall 2024	1.185	-0.881	0.687	CMS
	Spring 2024	1.495	-1.293	0.730	CMS
	Fall 2023	1.100	-0.300	0.888	CMS
	Spring 2023	1.110	-0.038	1.077	CMS
CAUTI	Spring 2025	1.567	-2.080	0.540	CMS
	Fall 2024	1.468	-1.764	0.577	CMS
	Spring 2024	1.105	-0.900	0.627	CMS
	Fall 2023	0.000	1.190	0.735	CMS
	Spring 2023	0.741	0.168	0.862	CMS

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.

#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals
Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Outcome Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
SSI: Colon	Spring 2025	1.679	-1.231	0.831	CMS
	Fall 2024	1.415	-0.779	0.852	CMS
	Spring 2024	0.323	0.768	0.845	CMS
	Fall 2023	0.000	1.265	0.832	CMS
	Spring 2023	0.000	1.216	0.822	CMS
MRSA	Spring 2025	0.000	1.216	0.719	CMS
	Fall 2024	0.306	0.748	0.746	CMS
	Spring 2024	1.103	-0.511	0.793	CMS
	Fall 2023	1.472	-0.749	0.927	CMS
	Spring 2023	1.203	-0.134	1.095	CMS
C. diff	Spring 2025	0.250	0.462	0.401	CMS
	Fall 2024	0.234	0.557	0.418	CMS
	Spring 2024	0.452	0.007	0.455	CMS
	Fall 2023	0.547	-0.162	0.488	CMS
	Spring 2023	0.401	0.235	0.489	CMS
PSI 4: Death rate among surgical inpatients with serious treatable conditions	Spring 2025	156.08	0.890	177.45	CMS
	Fall 2024	160.69	0.350	168.34	CMS
	Spring 2024	160.69	0.351	168.38	CMS
	Fall 2023	145.74	-0.143	143.25	CMS
	Spring 2023	145.74	-0.144	143.23	CMS
CMS Medicare PSI-90: Patient safety and adverse events composite**	Spring 2025	1.00	0.011	1.00	CMS
	Fall 2024	1.21	-1.076	1.01	CMS
	Spring 2024	1.21	-1.080	1.01	CMS
	Fall 2023	1.20	-1.286	0.98	CMS
	Spring 2023	1.20	-1.293	0.98	CMS

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Component PSIs (scores not used to calculate the Hospital Safety Grade)**

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
PSI 3: Pressure ulcer rate	Spring 2025	0.42			CMS
	Fall 2024	0.91			CMS
	Spring 2024	0.91			CMS
	Fall 2023	1.04			CMS
	Spring 2023	1.04			CMS
PSI 6: Iatrogenic pneumothorax rate	Spring 2025	0.36			CMS
	Fall 2024	0.24			CMS
	Spring 2024	0.24			CMS
	Fall 2023	0.19			CMS
	Spring 2023	0.19			CMS
PSI 8: In-hospital fall with hip fracture rate	Spring 2025	0.35			CMS
	Fall 2024	0.09			CMS
	Spring 2024	0.09			CMS
	Fall 2023	0.13			CMS
	Spring 2023	0.13			CMS
PSI 9: Perioperative hemmorhage and hematoma rate	Spring 2025	3.03			CMS
	Fall 2024	2.90			CMS
	Spring 2024	2.90			CMS
	Fall 2023	2.80			CMS
	Spring 2023	2.80			CMS
PSI 10: Postoperative acute kidney injury rate	Spring 2025	1.69			CMS
	Fall 2024	1.56			CMS
	Spring 2024	1.56			CMS
	Fall 2023	0.91			CMS
	Spring 2023	0.91			CMS

**CMS calculates PSI 90 using the ten (10) component PSIs listed on pages 7-8. While scores for each of the 10 component PSIs are NOT used to calculate Hospital Safety Grades, they are publicly reported on the Hospital Safety Grade website (https://www.hospitalsafetygrade.org)

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Component PSIs (scores not used to calculate the Hospital Safety Grade)**

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
PSI 11: Postoperative respiratory failure rate	Spring 2025	9.96			CMS
	Fall 2024	10.85			CMS
	Spring 2024	10.85			CMS
	Fall 2023	10.10			CMS
	Spring 2023	10.10			CMS
PSI 12: Perioperative pulmonary embolism or deep vein thrombosis rate	Spring 2025	4.95			CMS
	Fall 2024	5.03			CMS
	Spring 2024	5.03			CMS
	Fall 2023	4.32			CMS
	Spring 2023	4.32			CMS
PSI 13: Postoperative sepsis rate	Spring 2025	5.51			CMS
	Fall 2024	5.16			CMS
	Spring 2024	5.16			CMS
	Fall 2023	3.98			CMS
	Spring 2023	3.98			CMS
PSI 14: Postoperative wound dehiscence rate	Spring 2025	1.70			CMS
	Fall 2024	2.24			CMS
	Spring 2024	2.24			CMS
	Fall 2023	0.71			CMS
	Spring 2023	0.71			CMS
PSI 15: Unrecognized abdominopelvic accidental puncture/laceration rate	Spring 2025	0.64			CMS
	Fall 2024	0.98			CMS
	Spring 2024	0.98			CMS
	Fall 2023	1.36			CMS
	Spring 2023	1.36			CMS

**CMS calculates PSI 90 using the ten (10) component PSIs listed on pages 7-8. While scores for each of the 10 component PSIs are NOT used to calculate Hospital Safety Grades, they are publicly reported on the Hospital Safety Grade website (https://www.hospitalsafetygrade.org)

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

What is the Hospital Safety Grade?

Leapfrog Hospital Safety Grades are assigned to nearly 3,000 general acute-care hospitals across the nation twice annually. The Safety Grade uses up to 22 national patient safety measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey, and information from other supplemental data sources, to produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. The Safety Grade methodology has been peer reviewed and published in the Journal of Patient Safety (https://www.hospitalsafetygrade.org/media/file/JournalofPatientSafety_HospitalSafetyScore.pdf)

With the Safety Grade, The Leapfrog Group aims to educate and encourage consumers to consider safety when selecting a hospital for themselves or their families. In addition, we believe the Safety Grade will foster strong market incentives for hospitals to make safety a priority. Safety Grades are publicly reported at www.HospitalSafetyGrade.org.

Palm Beach Gardens Medical Center			**LF-MPN: 10-0176**
3360 Burns Road			
Palm Beach Gardens	**FL**	**33410-4304**	

Your Hospital Safety Grade	**Spring 2025**	F
	Fall 2024	F
	Spring 2024	C
	Fall 2023	C
	Spring 2023	C

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Computerized Physician Order Entry (CPOE)	Spring 2025	15	-1.910	80.23	Imputation Model Applied
	Fall 2024	15	-1.850	74.04	Imputation Model Applied
	Spring 2024	100	0.571	91.81	Imputation Model Applied
	Fall 2023	100	0.609	90.58	Imputation Model Applied
	Spring 2023	100	0.540	91.77	Imputation Model Applied
Barcode Medication Administration (BCMA)	Spring 2025	25	-1.867	81.87	Imputation Model Applied
	Fall 2024	25	-1.789	80.51	Imputation Model Applied
	Spring 2024	100	0.628	93.42	Imputation Model Applied
	Fall 2023	100	0.660	92.67	Imputation Model Applied
	Spring 2023	100	0.704	91.22	Imputation Model Applied
ICU Physician Staffing (IPS)	Spring 2025	5	-1.375	65.15	Imputation Model Applied
	Fall 2024	5	-1.352	64.45	Imputation Model Applied
	Spring 2024	100	0.833	63.29	Imputation Model Applied
	Fall 2023	100	0.851	62.31	Imputation Model Applied
	Spring 2023	100	0.771	67.47	Imputation Model Applied

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.

#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals
Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Safe Practice 1: Culture of Leadership Structures and Systems	Spring 2025	Declined to Report	*	117.49	*
	Fall 2024	Declined to Report	*	117.40	*
	Spring 2024	Declined to Report	*	117.59	*
	Fall 2023	Declined to Report	*	117.49	*
	Spring 2023	Declined to Report	*	116.86	*
Safe Practice 2: Culture Measurement, Feedback and Intervention	Spring 2025	Declined to Report	*	116.85	*
	Fall 2024	Declined to Report	*	116.60	*
	Spring 2024	Declined to Report	*	117.08	*
	Fall 2023	Declined to Report	*	116.99	*
	Spring 2023	Declined to Report	*	115.87	*
Safe Practice 9: Nursing Workforce	Spring 2025	Not Included	*	*	*
	Fall 2024	Not Included	*	*	*
	Spring 2024	Not Included	*	*	*
	Fall 2023	Not Included	*	*	*
	Spring 2023	Declined to Report	*	97.86	*
Total Nursing Care Hours per Patient Day	Spring 2025	Declined to Report	*	77.07	*
	Fall 2024	Declined to Report	*	76.10	*
	Spring 2024	Declined to Report	*	74.69	*
	Fall 2023	Declined to Report	*	71.00	*
	Spring 2023	Not Included	*	*	*
Hand Hygiene	Spring 2025	15	-1.643	74.40	Imputation Model Applied
	Fall 2024	15	-1.569	72.43	Imputation Model Applied
	Spring 2024	70	-0.331	78.65	Imputation Model Applied
	Fall 2023	70	-0.275	77.32	Imputation Model Applied
	Spring 2023	70	-0.059	71.64	Imputation Model Applied

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
H-COMP-1: Nurse Communication	Spring 2025	84	-2.464	90.19	CMS
	Fall 2024	84	-2.362	90.04	CMS
	Spring 2024	84	-2.186	89.67	CMS
	Fall 2023	85	-1.768	89.55	CMS
	Spring 2023	86	-1.515	89.81	CMS
H-COMP-2: Doctor Communication	Spring 2025	84	-2.382	89.91	CMS
	Fall 2024	85	-1.931	89.80	CMS
	Spring 2024	84	-2.200	89.52	CMS
	Fall 2023	86	-1.362	89.45	CMS
	Spring 2023	87	-1.103	89.70	CMS
H-COMP-3: Staff Responsiveness	Spring 2025	71	-2.439	81.63	CMS
	Fall 2024	70	-2.601	81.48	CMS
	Spring 2024	71	-2.273	81.14	CMS
	Fall 2023	73	-1.827	80.97	CMS
	Spring 2023	73	-1.986	81.30	CMS
H-COMP-5: Communication about Medicines	Spring 2025	62	-3.010	74.42	CMS
	Fall 2024	63	-2.724	74.33	CMS
	Spring 2024	65	-2.189	74.09	CMS
	Fall 2023	66	-1.984	73.85	CMS
	Spring 2023	67	-1.842	74.21	CMS
H-COMP-6: Discharge Information	Spring 2025	76	-2.497	85.25	CMS
	Fall 2024	76	-2.421	85.14	CMS
	Spring 2024	75	-2.617	84.90	CMS
	Fall 2023	75	-2.577	84.80	CMS
	Spring 2023	76	-2.404	85.07	CMS

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.

#This hospital did not recieve a Hospital Safety Grade for this round.

Outcome Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Foreign Object Retained After Surgery	Spring 2025	0.000	0.275	0.014	CMS
	Fall 2024	0.000	0.274	0.014	CMS
	Spring 2024	0.000	0.280	0.014	CMS
	Fall 2023	0.000	0.278	0.014	CMS
	Spring 2023	0.000	0.269	0.015	CMS
Air Embolism	Spring 2025	0.000	0.035	0.002	CMS
	Fall 2024	0.000	0.035	0.002	CMS
	Spring 2024	0.000	0.073	0.001	CMS
	Fall 2023	0.000	0.073	0.001	CMS
	Spring 2023	0.000	0.062	0.001	CMS
Falls and Trauma	Spring 2025	0.439	-0.136	0.384	CMS
	Fall 2024	0.439	-0.134	0.385	CMS
	Spring 2024	0.144	0.666	0.428	CMS
	Fall 2023	0.144	0.667	0.429	CMS
	Spring 2023	0.181	0.552	0.437	CMS
CLABSI	Spring 2025	0.596	0.099	0.651	CMS
	Fall 2024	0.901	-0.379	0.687	CMS
	Spring 2024	0.714	0.026	0.730	CMS
	Fall 2023	0.621	0.378	0.888	CMS
	Spring 2023	1.200	-0.141	1.077	CMS
CAUTI	Spring 2025	0.758	-0.441	0.540	CMS
	Fall 2024	0.867	-0.575	0.577	CMS
	Spring 2024	0.275	0.663	0.627	CMS
	Fall 2023	0.752	-0.028	0.735	CMS
	Spring 2023	0.845	0.024	0.862	CMS

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Outcome Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
SSI: Colon	Spring 2025	0.511	0.465	0.831	CMS
	Fall 2024	1.075	-0.308	0.852	CMS
	Spring 2024	1.204	-0.527	0.845	CMS
	Fall 2023	0.000	1.265	0.832	CMS
	Spring 2023	0.000	1.216	0.822	CMS
MRSA	Spring 2025	0.278	0.746	0.719	CMS
	Fall 2024	0.315	0.733	0.746	CMS
	Spring 2024	1.085	-0.481	0.793	CMS
	Fall 2023	0.980	-0.073	0.927	CMS
	Spring 2023	1.164	-0.085	1.095	CMS
C. diff	Spring 2025	0.395	0.017	0.401	CMS
	Fall 2024	0.485	-0.203	0.418	CMS
	Spring 2024	0.502	-0.135	0.455	CMS
	Fall 2023	0.477	0.029	0.488	CMS
	Spring 2023	0.549	-0.161	0.489	CMS
PSI 4: Death rate among surgical inpatients with serious treatable conditions	Spring 2025	165.31	0.505	177.45	CMS
	Fall 2024	141.03	1.250	168.34	CMS
	Spring 2024	141.03	1.248	168.38	CMS
	Fall 2023	127.88	0.881	143.25	CMS
	Spring 2023	127.88	0.879	143.23	CMS
CMS Medicare PSI-90: Patient safety and adverse events composite**	Spring 2025	1.34	-1.725	1.00	CMS
	Fall 2024	1.33	-1.714	1.01	CMS
	Spring 2024	1.33	-1.721	1.01	CMS
	Fall 2023	1.17	-1.111	0.98	CMS
	Spring 2023	1.17	-1.118	0.98	CMS

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.

#This hospital did not recieve a Hospital Safety Grade for this round.

Component PSIs (scores not used to calculate the Hospital Safety Grade)**

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
PSI 3: Pressure ulcer rate	Spring 2025	1.96			CMS
	Fall 2024	1.70			CMS
	Spring 2024	1.70			CMS
	Fall 2023	0.98			CMS
	Spring 2023	0.98			CMS
PSI 6: Iatrogenic pneumothorax rate	Spring 2025	0.26			CMS
	Fall 2024	0.24			CMS
	Spring 2024	0.24			CMS
	Fall 2023	0.16			CMS
	Spring 2023	0.16			CMS
PSI 8: In-hospital fall with hip fracture rate	Spring 2025	0.33			CMS
	Fall 2024	0.08			CMS
	Spring 2024	0.08			CMS
	Fall 2023	0.04			CMS
	Spring 2023	0.04			CMS
PSI 9: Perioperative hemmorhage and hematoma rate	Spring 2025	1.97			CMS
	Fall 2024	3.19			CMS
	Spring 2024	3.19			CMS
	Fall 2023	3.20			CMS
	Spring 2023	3.20			CMS
PSI 10: Postoperative acute kidney injury rate	Spring 2025	1.60			CMS
	Fall 2024	Not Available			*
	Spring 2024	Not Available			*
	Fall 2023	Not Available			*
	Spring 2023	Not Available			*

**CMS calculates PSI 90 using the ten (10) component PSIs listed on pages 7-8. While scores for each of the 10 component PSIs are NOT used to calculate Hospital Safety Grades, they are publicly reported on the Hospital Safety Grade website (https://www.hospitalsafetygrade.org)

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Component PSIs (scores not used to calculate the Hospital Safety Grade)**

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
PSI 11: Postoperative respiratory failure rate	Spring 2025	10.91			CMS
	Fall 2024	Not Available			*
	Spring 2024	Not Available			*
	Fall 2023	Not Available			*
	Spring 2023	Not Available			*
PSI 12: Perioperative pulmonary embolism or deep vein thrombosis rate	Spring 2025	3.87			CMS
	Fall 2024	4.06			CMS
	Spring 2024	4.06			CMS
	Fall 2023	4.56			CMS
	Spring 2023	4.56			CMS
PSI 13: Postoperative sepsis rate	Spring 2025	5.35			CMS
	Fall 2024	Not Available			*
	Spring 2024	Not Available			*
	Fall 2023	Not Available			*
	Spring 2023	Not Available			*
PSI 14: Postoperative wound dehiscence rate	Spring 2025	1.74			CMS
	Fall 2024	1.85			CMS
	Spring 2024	1.85			CMS
	Fall 2023	0.74			CMS
	Spring 2023	0.74			CMS
PSI 15: Unrecognized abdominopelvic accidental puncture/laceration rate	Spring 2025	0.90			CMS
	Fall 2024	0.79			CMS
	Spring 2024	0.79			CMS
	Fall 2023	0.80			CMS
	Spring 2023	0.80			CMS

**CMS calculates PSI 90 using the ten (10) component PSIs listed on pages 7-8. While scores for each of the 10 component PSIs are NOT used to calculate Hospital Safety Grades, they are publicly reported on the Hospital Safety Grade website (https://www.hospitalsafetygrade.org)

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

What is the Hospital Safety Grade?

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West Boca Medical Center **LF-MPN: 10-0268**

21644 State Road 7

Boca Raton **FL** **33428-1899**

Your Hospital Safety Grade	**Spring 2025**	F
	Fall 2024	D
	Spring 2024	D
	Fall 2023	C
	Spring 2023	C

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Computerized Physician Order Entry (CPOE)	Spring 2025	15	-1.910	80.23	Imputation Model Applied
	Fall 2024	15	-1.850	74.04	Imputation Model Applied
	Spring 2024	100	0.571	91.81	Imputation Model Applied
	Fall 2023	100	0.609	90.58	Imputation Model Applied
	Spring 2023	100	0.540	91.77	Imputation Model Applied
Barcode Medication Administration (BCMA)	Spring 2025	25	-1.867	81.87	Imputation Model Applied
	Fall 2024	25	-1.789	80.51	Imputation Model Applied
	Spring 2024	75	-1.759	93.42	Imputation Model Applied
	Fall 2023	75	-1.592	92.67	Imputation Model Applied
	Spring 2023	75	-1.301	91.22	Imputation Model Applied
ICU Physician Staffing (IPS)	Spring 2025	5	-1.375	65.15	Imputation Model Applied
	Fall 2024	5	-1.352	64.45	Imputation Model Applied
	Spring 2024	5	-1.323	63.29	Imputation Model Applied
	Fall 2023	5	-1.294	62.31	Imputation Model Applied
	Spring 2023	5	-1.480	67.47	Imputation Model Applied

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.

#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals
Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Safe Practice 1: Culture of Leadership Structures and Systems	Spring 2025	Declined to Report	*	117.49	*
	Fall 2024	Declined to Report	*	117.40	*
	Spring 2024	Declined to Report	*	117.59	*
	Fall 2023	Declined to Report	*	117.49	*
	Spring 2023	Declined to Report	*	116.86	*
Safe Practice 2: Culture Measurement, Feedback and Intervention	Spring 2025	Declined to Report	*	116.85	*
	Fall 2024	Declined to Report	*	116.60	*
	Spring 2024	Declined to Report	*	117.08	*
	Fall 2023	Declined to Report	*	116.99	*
	Spring 2023	Declined to Report	*	115.87	*
Safe Practice 9: Nursing Workforce	Spring 2025	Not Included	*	*	*
	Fall 2024	Not Included	*	*	*
	Spring 2024	Not Included	*	*	*
	Fall 2023	Not Included	*	*	*
	Spring 2023	Declined to Report	*	97.86	*
Total Nursing Care Hours per Patient Day	Spring 2025	Declined to Report	*	77.07	*
	Fall 2024	Declined to Report	*	76.10	*
	Spring 2024	Declined to Report	*	74.69	*
	Fall 2023	Declined to Report	*	71.00	*
	Spring 2023	Not Included	*	*	*
Hand Hygiene	Spring 2025	15	-1.643	74.40	Imputation Model Applied
	Fall 2024	15	-1.569	72.43	Imputation Model Applied
	Spring 2024	100	0.818	78.65	Imputation Model Applied
	Fall 2023	100	0.851	77.32	Imputation Model Applied
	Spring 2023	100	1.021	71.64	Imputation Model Applied

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
H-COMP-1: Nurse Communication	Spring 2025	82	-3.260	90.19	CMS
	Fall 2024	81	-3.535	90.04	CMS
	Spring 2024	80	-3.728	89.67	CMS
	Fall 2023	84	-2.156	89.55	CMS
	Spring 2023	85	-1.912	89.81	CMS
H-COMP-2: Doctor Communication	Spring 2025	85	-1.979	89.91	CMS
	Fall 2024	84	-2.334	89.80	CMS
	Spring 2024	83	-2.599	89.52	CMS
	Fall 2023	84	-2.152	89.45	CMS
	Spring 2023	85	-1.920	89.70	CMS
H-COMP-3: Staff Responsiveness	Spring 2025	66	-3.586	81.63	CMS
	Fall 2024	65	-3.734	81.48	CMS
	Spring 2024	64	-3.842	81.14	CMS
	Fall 2023	66	-3.432	80.97	CMS
	Spring 2023	70	-2.704	81.30	CMS
H-COMP-5: Communication about Medicines	Spring 2025	64	-2.526	74.42	CMS
	Fall 2024	63	-2.724	74.33	CMS
	Spring 2024	62	-2.912	74.09	CMS
	Fall 2023	66	-1.984	73.85	CMS
	Spring 2023	67	-1.842	74.21	CMS
H-COMP-6: Discharge Information	Spring 2025	78	-1.957	85.25	CMS
	Fall 2024	75	-2.685	85.14	CMS
	Spring 2024	75	-2.617	84.90	CMS
	Fall 2023	76	-2.314	84.80	CMS
	Spring 2023	76	-2.404	85.07	CMS

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#This hospital did not recieve a Hospital Safety Grade for this round.

Hospital Safety Grade Report for Hospitals
Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Outcome Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Foreign Object Retained After Surgery	Spring 2025	0.000	0.275	0.014	CMS
	Fall 2024	0.000	0.274	0.014	CMS
	Spring 2024	0.000	0.280	0.014	CMS
	Fall 2023	0.000	0.278	0.014	CMS
	Spring 2023	0.000	0.269	0.015	CMS
Air Embolism	Spring 2025	0.000	0.035	0.002	CMS
	Fall 2024	0.000	0.035	0.002	CMS
	Spring 2024	0.000	0.073	0.001	CMS
	Fall 2023	0.000	0.073	0.001	CMS
	Spring 2023	0.000	0.062	0.001	CMS
Falls and Trauma	Spring 2025	0.652	-0.665	0.384	CMS
	Fall 2024	0.652	-0.662	0.385	CMS
	Spring 2024	0.321	0.251	0.428	CMS
	Fall 2023	0.321	0.253	0.429	CMS
	Spring 2023	0.000	0.943	0.437	CMS
CLABSI	Spring 2025	1.144	-0.893	0.651	CMS
	Fall 2024	1.027	-0.602	0.687	CMS
	Spring 2024	0.763	-0.056	0.730	CMS
	Fall 2023	0.355	0.755	0.888	CMS
	Spring 2023	1.030	0.053	1.077	CMS
CAUTI	Spring 2025	0.622	-0.166	0.540	CMS
	Fall 2024	0.624	-0.094	0.577	CMS
	Spring 2024	1.110	-0.910	0.627	CMS
	Fall 2023	1.442	-1.146	0.735	CMS
	Spring 2023	1.530	-0.924	0.862	CMS

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Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Outcome Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
SSI: Colon	Spring 2025	2.922	-3.036	0.831	CMS
	Fall 2024	0.735	0.162	0.852	CMS
	Spring 2024	0.000	1.243	0.845	CMS
	Fall 2023	Not Available	*	0.832	*
	Spring 2023	Not Available	*	0.822	*
MRSA	Spring 2025	1.318	-1.013	0.719	CMS
	Fall 2024	0.630	0.197	0.746	CMS
	Spring 2024	0.558	0.386	0.793	CMS
	Fall 2023	0.000	1.272	0.927	CMS
	Spring 2023	1.212	-0.145	1.095	CMS
C. diff	Spring 2025	0.198	0.621	0.401	CMS
	Fall 2024	0.100	0.962	0.418	CMS
	Spring 2024	0.238	0.616	0.455	CMS
	Fall 2023	0.360	0.348	0.488	CMS
	Spring 2023	0.337	0.407	0.489	CMS
PSI 4: Death rate among surgical inpatients with serious treatable conditions	Spring 2025	Not Available	*	177.45	*
	Fall 2024	Not Available	*	168.34	*
	Spring 2024	Not Available	*	168.38	*
	Fall 2023	Not Available	*	143.25	*
	Spring 2023	Not Available	*	143.23	*
CMS Medicare PSI-90: Patient safety and adverse events composite**	Spring 2025	0.92	0.420	1.00	CMS
	Fall 2024	0.93	0.414	1.01	CMS
	Spring 2024	0.93	0.414	1.01	CMS
	Fall 2023	0.97	0.056	0.98	CMS
	Spring 2023	0.97	0.054	0.98	CMS

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Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Component PSIs (scores not used to calculate the Hospital Safety Grade)**

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
PSI 3: Pressure ulcer rate	Spring 2025	0.32			CMS
	Fall 2024	0.29			CMS
	Spring 2024	0.29			CMS
	Fall 2023	0.12			CMS
	Spring 2023	0.12			CMS
PSI 6: Iatrogenic pneumothorax rate	Spring 2025	0.23			CMS
	Fall 2024	0.23			CMS
	Spring 2024	0.23			CMS
	Fall 2023	0.17			CMS
	Spring 2023	0.17			CMS
PSI 8: In-hospital fall with hip fracture rate	Spring 2025	0.34			CMS
	Fall 2024	0.10			CMS
	Spring 2024	0.10			CMS
	Fall 2023	0.06			CMS
	Spring 2023	0.06			CMS
PSI 9: Perioperative hemmorhage and hematoma rate	Spring 2025	2.24			CMS
	Fall 2024	2.29			CMS
	Spring 2024	2.29			CMS
	Fall 2023	2.22			CMS
	Spring 2023	2.22			CMS
PSI 10: Postoperative acute kidney injury rate	Spring 2025	Not Available			*
	Fall 2024	Not Available			*
	Spring 2024	Not Available			*
	Fall 2023	Not Available			*
	Spring 2023	Not Available			*

**CMS calculates PSI 90 using the ten (10) component PSIs listed on pages 7-8. While scores for each of the 10 component PSIs are NOT used to calculate Hospital Safety Grades, they are publicly reported on the Hospital Safety Grade website (https://www.hospitalsafetygrade.org)

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Component PSIs (scores not used to calculate the Hospital Safety Grade)**

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
PSI 11: Postoperative respiratory failure rate	Spring 2025	Not Available			*
	Fall 2024	Not Available			*
	Spring 2024	Not Available			*
	Fall 2023	Not Available			*
	Spring 2023	Not Available			*
PSI 12: Perioperative pulmonary embolism or deep vein thrombosis rate	Spring 2025	4.02			CMS
	Fall 2024	4.03			CMS
	Spring 2024	4.03			CMS
	Fall 2023	4.01			CMS
	Spring 2023	4.01			CMS
PSI 13: Postoperative sepsis rate	Spring 2025	Not Available			*
	Fall 2024	Not Available			*
	Spring 2024	Not Available			*
	Fall 2023	Not Available			*
	Spring 2023	Not Available			*
PSI 14: Postoperative wound dehiscence rate	Spring 2025	1.82			CMS
	Fall 2024	1.96			CMS
	Spring 2024	1.96			CMS
	Fall 2023	0.78			CMS
	Spring 2023	0.78			CMS
PSI 15: Unrecognized abdominopelvic accidental puncture/laceration rate	Spring 2025	0.81			CMS
	Fall 2024	0.99			CMS
	Spring 2024	0.99			CMS
	Fall 2023	0.95			CMS
	Spring 2023	0.95			CMS

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Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

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Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

What is the Hospital Safety Grade?

Leapfrog Hospital Safety Grades are assigned to nearly 3,000 general acute-care hospitals across the nation twice annually. The Safety Grade uses up to 22 national patient safety measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey, and information from other supplemental data sources, to produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. The Safety Grade methodology has been peer reviewed and published in the Journal of Patient Safety (https://www.hospitalsafetygrade.org/media/file/JournalofPatientSafety_HospitalSafetyScore.pdf)

With the Safety Grade, The Leapfrog Group aims to educate and encourage consumers to consider safety when selecting a hospital for themselves or their families. In addition, we believe the Safety Grade will foster strong market incentives for hospitals to make safety a priority. Safety Grades are publicly reported at www.HospitalSafetyGrade.org.

St. Mary's Medical Center		**LF-MPN:**	**10-0288**
901 45th Street			
West Palm Beach	**FL**	**33407-2495**	

Your Hospital Safety Grade	**Spring 2025**	D
	Fall 2024	D
	Spring 2024	C
	Fall 2023	C
	Spring 2023	C

Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Computerized Physician Order Entry (CPOE)	Spring 2025	15	-1.910	80.23	Imputation Model Applied
	Fall 2024	15	-1.850	74.04	Imputation Model Applied
	Spring 2024	100	0.571	91.81	Imputation Model Applied
	Fall 2023	100	0.609	90.58	Imputation Model Applied
	Spring 2023	100	0.540	91.77	Imputation Model Applied
Barcode Medication Administration (BCMA)	Spring 2025	25	-1.867	81.87	Imputation Model Applied
	Fall 2024	25	-1.789	80.51	Imputation Model Applied
	Spring 2024	100	0.628	93.42	Imputation Model Applied
	Fall 2023	100	0.660	92.67	Imputation Model Applied
	Spring 2023	100	0.704	91.22	Imputation Model Applied
ICU Physician Staffing (IPS)	Spring 2025	5	-1.375	65.15	Imputation Model Applied
	Fall 2024	5	-1.352	64.45	Imputation Model Applied
	Spring 2024	100	0.833	63.29	Imputation Model Applied
	Fall 2023	100	0.851	62.31	Imputation Model Applied
	Spring 2023	100	0.771	67.47	Imputation Model Applied

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Hospital Safety Grade Report for Hospitals
Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Safe Practice 1: Culture of Leadership Structures and Systems	Spring 2025	Declined to Report	*	117.49	*
	Fall 2024	Declined to Report	*	117.40	*
	Spring 2024	Declined to Report	*	117.59	*
	Fall 2023	Declined to Report	*	117.49	*
	Spring 2023	Declined to Report	*	116.86	*
Safe Practice 2: Culture Measurement, Feedback and Intervention	Spring 2025	Declined to Report	*	116.85	*
	Fall 2024	Declined to Report	*	116.60	*
	Spring 2024	Declined to Report	*	117.08	*
	Fall 2023	Declined to Report	*	116.99	*
	Spring 2023	Declined to Report	*	115.87	*
Safe Practice 9: Nursing Workforce	Spring 2025	Not Included	*	*	*
	Fall 2024	Not Included	*	*	*
	Spring 2024	Not Included	*	*	*
	Fall 2023	Not Included	*	*	*
	Spring 2023	Declined to Report	*	97.86	*
Total Nursing Care Hours per Patient Day	Spring 2025	Declined to Report	*	77.07	*
	Fall 2024	Declined to Report	*	76.10	*
	Spring 2024	Declined to Report	*	74.69	*
	Fall 2023	Declined to Report	*	71.00	*
	Spring 2023	Not Included	*	*	*
Hand Hygiene	Spring 2025	15	-1.643	74.40	Imputation Model Applied
	Fall 2024	15	-1.569	72.43	Imputation Model Applied
	Spring 2024	100	0.818	78.65	Imputation Model Applied
	Fall 2023	100	0.851	77.32	Imputation Model Applied
	Spring 2023	100	1.021	71.64	Imputation Model Applied

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Process and Structural Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
H-COMP-1: Nurse Communication	Spring 2025	86	-1.668	90.19	CMS
	Fall 2024	85	-1.971	90.04	CMS
	Spring 2024	83	-2.571	89.67	CMS
	Fall 2023	83	-2.545	89.55	CMS
	Spring 2023	85	-1.912	89.81	CMS
H-COMP-2: Doctor Communication	Spring 2025	86	-1.576	89.91	CMS
	Fall 2024	86	-1.529	89.80	CMS
	Spring 2024	84	-2.200	89.52	CMS
	Fall 2023	83	-2.547	89.45	CMS
	Spring 2023	85	-1.920	89.70	CMS
H-COMP-3: Staff Responsiveness	Spring 2025	75	-1.521	81.63	CMS
	Fall 2024	75	-1.468	81.48	CMS
	Spring 2024	73	-1.825	81.14	CMS
	Fall 2023	74	-1.597	80.97	CMS
	Spring 2023	76	-1.268	81.30	CMS
H-COMP-5: Communication about Medicines	Spring 2025	69	-1.314	74.42	CMS
	Fall 2024	67	-1.763	74.33	CMS
	Spring 2024	66	-1.949	74.09	CMS
	Fall 2023	64	-2.490	73.85	CMS
	Spring 2023	67	-1.842	74.21	CMS
H-COMP-6: Discharge Information	Spring 2025	80	-1.418	85.25	CMS
	Fall 2024	78	-1.891	85.14	CMS
	Spring 2024	77	-2.088	84.90	CMS
	Fall 2023	77	-2.051	84.80	CMS
	Spring 2023	80	-1.345	85.07	CMS

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Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Outcome Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
Foreign Object Retained After Surgery	Spring 2025	0.000	0.275	0.014	CMS
	Fall 2024	0.000	0.274	0.014	CMS
	Spring 2024	0.000	0.280	0.014	CMS
	Fall 2023	0.000	0.278	0.014	CMS
	Spring 2023	0.000	0.269	0.015	CMS
Air Embolism	Spring 2025	0.000	0.035	0.002	CMS
	Fall 2024	0.000	0.035	0.002	CMS
	Spring 2024	0.000	0.073	0.001	CMS
	Fall 2023	0.000	0.073	0.001	CMS
	Spring 2023	0.000	0.062	0.001	CMS
Falls and Trauma	Spring 2025	0.665	-0.697	0.384	CMS
	Fall 2024	0.665	-0.694	0.385	CMS
	Spring 2024	0.940	-1.202	0.428	CMS
	Fall 2023	0.940	-1.194	0.429	CMS
	Spring 2023	0.783	-0.747	0.437	CMS
CLABSI	Spring 2025	0.229	0.764	0.651	CMS
	Fall 2024	0.426	0.461	0.687	CMS
	Spring 2024	0.874	-0.244	0.730	CMS
	Fall 2023	0.842	0.065	0.888	CMS
	Spring 2023	0.514	0.642	1.077	CMS
CAUTI	Spring 2025	1.217	-1.371	0.540	CMS
	Fall 2024	1.227	-1.287	0.577	CMS
	Spring 2024	0.657	-0.057	0.627	CMS
	Fall 2023	0.381	0.573	0.735	CMS
	Spring 2023	0.616	0.341	0.862	CMS

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Hospital Safety Grade Report for Hospitals
Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

Outcome Measures

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
SSI: Colon	Spring 2025	0.354	0.693	0.831	CMS
	Fall 2024	0.597	0.354	0.852	CMS
	Spring 2024	0.382	0.681	0.845	CMS
	Fall 2023	1.626	-1.206	0.832	CMS
	Spring 2023	3.052	-3.299	0.822	CMS
MRSA	Spring 2025	0.829	-0.186	0.719	CMS
	Fall 2024	0.357	0.661	0.746	CMS
	Spring 2024	0.563	0.378	0.793	CMS
	Fall 2023	0.509	0.573	0.927	CMS
	Spring 2023	0.396	0.868	1.095	CMS
C. diff	Spring 2025	0.370	0.094	0.401	CMS
	Fall 2024	0.448	-0.091	0.418	CMS
	Spring 2024	0.666	-0.601	0.455	CMS
	Fall 2023	0.654	-0.453	0.488	CMS
	Spring 2023	0.433	0.150	0.489	CMS
PSI 4: Death rate among surgical inpatients with serious treatable conditions	Spring 2025	152.54	1.037	177.45	CMS
	Fall 2024	133.07	1.614	168.34	CMS
	Spring 2024	133.07	1.611	168.38	CMS
	Fall 2023	112.35	1.771	143.25	CMS
	Spring 2023	112.35	1.768	143.23	CMS
CMS Medicare PSI-90: Patient safety and adverse events composite**	Spring 2025	0.91	0.471	1.00	CMS
	Fall 2024	0.92	0.467	1.01	CMS
	Spring 2024	0.92	0.468	1.01	CMS
	Fall 2023	0.99	-0.060	0.98	CMS
	Spring 2023	0.99	-0.063	0.98	CMS

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Component PSIs (scores not used to calculate the Hospital Safety Grade)**

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
PSI 3: Pressure ulcer rate	Spring 2025	0.20			CMS
	Fall 2024	0.43			CMS
	Spring 2024	0.43			CMS
	Fall 2023	0.73			CMS
	Spring 2023	0.73			CMS
PSI 6: Iatrogenic pneumothorax rate	Spring 2025	0.22			CMS
	Fall 2024	0.22			CMS
	Spring 2024	0.22			CMS
	Fall 2023	0.17			CMS
	Spring 2023	0.17			CMS
PSI 8: In-hospital fall with hip fracture rate	Spring 2025	0.26			CMS
	Fall 2024	0.09			CMS
	Spring 2024	0.09			CMS
	Fall 2023	0.06			CMS
	Spring 2023	0.06			CMS
PSI 9: Perioperative hemmorhage and hematoma rate	Spring 2025	2.44			CMS
	Fall 2024	2.68			CMS
	Spring 2024	2.68			CMS
	Fall 2023	2.37			CMS
	Spring 2023	2.37			CMS
PSI 10: Postoperative acute kidney injury rate	Spring 2025	1.69			CMS
	Fall 2024	1.57			CMS
	Spring 2024	1.57			CMS
	Fall 2023	0.91			CMS
	Spring 2023	0.91			CMS

**CMS calculates PSI 90 using the ten (10) component PSIs listed on pages 7-8. While scores for each of the 10 component PSIs are NOT used to calculate Hospital Safety Grades, they are publicly reported on the Hospital Safety Grade website (https://www.hospitalsafetygrade.org)

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Component PSIs (scores not used to calculate the Hospital Safety Grade)**

	Score Release Date	Your Hospital's Measure Score	Z-Score	National Mean for the Measure	Data Source(s)
PSI 11: Postoperative respiratory failure rate	Spring 2025	12.36			CMS
	Fall 2024	8.47			CMS
	Spring 2024	8.47			CMS
	Fall 2023	5.94			CMS
	Spring 2023	5.94			CMS
PSI 12: Perioperative pulmonary embolism or deep vein thrombosis rate	Spring 2025	3.66			CMS
	Fall 2024	2.39			CMS
	Spring 2024	2.39			CMS
	Fall 2023	2.53			CMS
	Spring 2023	2.53			CMS
PSI 13: Postoperative sepsis rate	Spring 2025	5.50			CMS
	Fall 2024	5.99			CMS
	Spring 2024	5.99			CMS
	Fall 2023	4.78			CMS
	Spring 2023	4.78			CMS
PSI 14: Postoperative wound dehiscence rate	Spring 2025	1.79			CMS
	Fall 2024	2.44			CMS
	Spring 2024	2.44			CMS
	Fall 2023	1.08			CMS
	Spring 2023	1.08			CMS
PSI 15: Unrecognized abdominopelvic accidental puncture/laceration rate	Spring 2025	0.84			CMS
	Fall 2024	1.00			CMS
	Spring 2024	1.00			CMS
	Fall 2023	0.96			CMS
	Spring 2023	0.96			CMS

**CMS calculates PSI 90 using the ten (10) component PSIs listed on pages 7-8. While scores for each of the 10 component PSIs are NOT used to calculate Hospital Safety Grades, they are publicly reported on the Hospital Safety Grade website (https://www.hospitalsafetygrade.org)

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Hospital Safety Grade Report for Hospitals

Spring 2025, Fall 2024, Spring 2024, Fall 2023, Spring 2023

*This hospital does not have this measure available or included for this round of the Hospital Safety Grade.
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