

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 LEE R. CRAIN IN SUPPORT OF THE COMMUNITY
HOSPITALS' RESPONSE TO DEFENDANT'S STATEMENT OF MATERIAL FACTS,
AND THE COMMUNITY HOSPITALS' ADDITIONAL FACTS IN RESPONSE TO
DEFENDANT'S STATEMENT OF MATERIAL FACTS**

I, Lee R. Crain, declare and state as follows:

1. I am a partner at the law firm of Gibson, Dunn & Crutcher LLP. I am an attorney and admitted to practice law in the State of New York. I have been granted permission by the Court to participate *pro hac vice* in this case. ECF 14. I represent the Community Hospitals in this matter and submit this declaration in support of the Community Hospitals' Response to Defendant's Statement of Material Facts, and the Community Hospitals' Additional Facts in Response to Defendant's Statement of Material Facts, filed contemporaneously herewith.

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

3. Attached as **Exhibit A** is a true and correct excerpt of the book *To Err is Human: Building a Safer Health System* by the Institute of Medicine, published in 2000.

4. Attached as **Exhibit B** is a true and correct copy of an email thread ending with a May 15, 2024 email from Patrick Romano to Bruce Hall, Gregory Maynard, and Brenda Inman, bearing the Bates stamp UCDAVISTLG0000683.

5. Attached as **Exhibit C** is a true and correct copy of an email thread ending with a May 14, 2024 email from Peter Pronovost to Matt Austin, Missy Danforth, and Alexandra Campione bearing the Bates stamp LEAPFROG00202258.

6. Attached as **Exhibit D** is a true and correct copy of an email thread ending with a January 30, 2023 email from Missy Danforth to Patrick Romano and Matt Austin bearing the Bates stamp LEAPFROG00234804.

7. Attached as **Exhibit E** is a true and correct copy of an academic research article by Shawna N. Smith et al. titled “Dissecting Leapfrog: How well do Leapfrog Safe Practices Scores correlate with Hospital Compare ratings and penalties, and how much do they matter?”, published in *Medical Care* 55(6) in June 2017, bearing the Bates stamp PBHN000009338.

8. Attached as **Exhibit F** is a true and correct copy of Leapfrog’s Fall 2019 Scoring Methodology bearing the Bates stamp LEAPFROG00026697.

9. Attached as **Exhibit G** is a true and correct copy of the Leapfrog Facebook webpage showing a March 17, 2022 video about the Leapfrog Greenlight Gala, which was downloaded from the following website: <https://www.facebook.com/TheLeapfrogGroup/videos/666741131320731/> and last accessed on November 26, 2025.

10. Attached as **Exhibit G-1** is a true and correct copy of the video downloaded from Leapfrog’s Facebook webpage, which was downloaded from the following website: <https://www.facebook.com/TheLeapfrogGroup/videos/666741131320731/> (Exhibit G) and last accessed on November 25, 2025. This video will be lodged with the Court pursuant to the Community Hospitals’ forthcoming motion to conventionally file a video document.

11. Attached as **Exhibit H** is a true and correct copy of the “Contract for Consulting Services” between Leapfrog and MetaStar, dated October 1, 2023 and bearing the Bates stamp LEAPFROG00155945.

12. Attached as **Exhibit I** is a true and correct copy of “Amendment 1” to the “Contract for Consulting Services” between Leapfrog and MetaStar, dated March 5, 2025 and bearing the Bates stamp LEAPFROG00635514.

13. Attached as **Exhibit J** is a true and correct copy of April 12, 2024 Slack messages between Alexandra Campione and Melissa (also known as “Missy”) Danforth, bearing the Bates stamp LEAPFROG00139558.

14. Attached as **Exhibit K** is a true and correct copy of a May 23, 2024 email from Missy Danforth to Alexandra Campione, bearing the Bates stamp LEAPFROG00205986.

15. Attached as **Exhibit K-1** is a true and correct copy of the attachment to Exhibit K, titled “Leapfrog Hospital Safety Grade Expert Panel Meeting Notes 041224.docx,” bearing the Bates stamp LEAPFROG00205989.

16. Attached as **Exhibit L** is a true and correct copy of a “Palm Beach Net Patient Revenue” report, reflecting the Community Hospitals’ individual net revenue for calendar year 2024.

17. Attached as **Exhibit M** is a true and correct copy of a June 12, 2025 email from Noah Shelgren to Nate Longmore, Lauren Bailey, Adrian Dipple, and Karen Jupiter, bearing the Bates stamp LEAPFROG01041873.

18. Attached as **Exhibit N** is a true and correct copy of a November 13, 2025 press release from Leapfrog, titled “The Leapfrog Group Announces Its Fall 2025 Hospital Safety Grades,” which was downloaded from the following website: <https://www.leapfroggroup.org/news-events/leapfrog-group-announces-its-fall-2025-hospital-safety-grades> and last accessed on November 24, 2025.

19. Attached as **Exhibit O** is a true and correct copy of a November 20, 2025 article from the South Florida Hospital News and Healthcare Report, titled “Jupiter Medical Center Again Earns Highest Safety Rating from The Leapfrog Group,” which was downloaded from the following website: <https://southfloridahospitalnews.com/jupiter-medical-center-again-earns-highest-safety-rating-from-the-leapfrog-group/> and last accessed on November 24, 2025.

20. Attached as **Exhibit P** is a true and correct copy of a November 14, 2025 press release from HCA Florida Trinity Hospital, titled “An ‘A’ Hospital Safety Grade from The Leapfrog Group is earned by HCA Florida Trinity Hospital,” which was downloaded from the following website: <https://www.hcafloridahealthcare.com/about-us/newsroom/trinity-hospital-earns-an-a-hospital-safety-grade-from-the-leapfrog-group-2025> and last accessed on November 24, 2025.

21. The following exhibits reflect changes that Leapfrog made to representations on its webpage that were the focus of the Community Hospitals’ Motion For Summary Judgment (ECF 86):

22. Available at **ECF 88–59** is a true and correct copy of Leapfrog’s “Frequently Asked Questions About The Leapfrog Hospital Safety Grade” webpage, which was downloaded from the following website: <https://www.hospitalsafetygrade.org/frequently-asked-questions> and last accessed on October 24, 2025.

23. Attached as **Exhibit Q** is a true and correct copy of Leapfrog’s “Frequently Asked Questions About The Leapfrog Hospital Safety Grade” webpage, which was downloaded from the following website: <https://www.hospitalsafetygrade.org/frequently-asked-questions> and last accessed on November 26, 2025.

24. Attached as **Exhibit R** is a true and correct copy of a redline of Leapfrog’s “Frequently Asked Questions About the Leapfrog Hospital Safety Grade” webpage, comparing versions of the webpage downloaded from the following website: <https://www.hospitalsafetygrade.org/frequently-asked-questions> on October 24, 2025 (ECF 88–59) and November 26, 2025 (Exhibit Q).

25. Attached as **Exhibit S** is a true and correct copy of Leapfrog’s “Lives Lost and Lives Saved” webpage, which was downloaded from the following website: <https://www.hospitalsafetygrade.org/LivesLost> and last accessed on November 26, 2025.

26. These changes do not appear to have been in response to any invitation for public comment by Leapfrog reflected in any of the following websites, which I reviewed on November 26, 2025.

- a. <https://www.leapfroggroup.org/news-events>, also available on <https://www.hospitalsafetygrade.org/> upon clicking on “Newsroom” under “About Our Movement,” for years 2025 and 2024;
- b. <https://www.hospitalsafetygrade.org/for-hospitals/key-dates-and-information>;
- c. <https://www.leapfroggroup.org/survey-materials/deadlines>;
- d. <https://publiccomments.leapfroggroup.org/forms/safety-grade>;

27. Attached as **Exhibit U** is a true and correct copy of a November 24, 2025 email from helpdesk@leapfrog-group.org to Ricardo Ramirez, Chief Nursing Officer at West Boca Medical Center, with the subject “Update to Proposed Changes to 2026 Leapfrog Surveys - Comments Accepted until 12/18.”

28. Attached as **Exhibit V** is a true and correct copy of Leapfrog’s “Proposed Changes to the 2026 Leapfrog Hospital Survey” webpage, which was downloaded from the following

website: <https://www.leapfroggroup.org/survey-materials/proposed-changes-2026-leapfrog-hospital-survey> and last accessed on November 25, 2025.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 26, 2025, in New York, New York.



Lee R. Crain

EXHIBIT A

TO ERR IS HUMAN

Building a Safer Health System

Linda T. Kohn, Janet M. Corrigan, and
Molla S. Donaldson, *Editors*

Committee on Quality of Health Care in America

INSTITUTE OF MEDICINE

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NOTICE: The project that is the subject of this report was approved by the Governing Board of the National Research Council, whose members are drawn from the councils of the National Academy of Sciences, the National Academy of Engineering, and the Institute of Medicine. The members of the committee responsible for the report were chosen for their special competences and with regard for appropriate balance.

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Donaldson, Molla S.

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For more information about the Institute of Medicine, visit the IOM home page at www.iom.edu.

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The serpent has been a symbol of long life, healing, and knowledge among almost all cultures and religions since the beginning of recorded history. The serpent adopted as a logotype by the Institute of Medicine is a relief carving from ancient Greece, now held by the Staatliche Museen in Berlin.



Contents

EXECUTIVE SUMMARY	1
1 A COMPREHENSIVE APPROACH TO IMPROVING PATIENT SAFETY	17
Patient Safety: A Critical Component of Quality, 18	
Organization of the Report, 21	
2 ERRORS IN HEALTH CARE: A LEADING CAUSE OF DEATH AND INJURY	26
Introduction, 27	
How Frequently Do Errors Occur?, 29	
Factors That Contribute to Errors, 35	
The Cost of Errors, 40	
Public Perceptions of Safety, 42	
3 WHY DO ERRORS HAPPEN?	49
Why Do Accidents Happen?, 51	
Are Some Types of Systems More Prone to Accidents?, 58	
Research on Human Factors, 63	
Summary, 65	

xx

CONTENTS

4	BUILDING LEADERSHIP AND KNOWLEDGE FOR PATIENT SAFETY	69
	Recommendations, 69	
	Why a Center for Patient Safety Is Needed, 70	
	How Other Industries Have Become Safer, 71	
	Options for Establishing a Center for Patient Safety, 75	
	Functions of the Center for Patient Safety, 78	
	Resources Required for a Center for Patient Safety, 82	
5	ERROR REPORTING SYSTEMS	86
	Recommendations, 87	
	Review of Existing Reporting Systems in Health Care, 90	
	Discussion of Committee Recommendations, 101	
6	PROTECTING VOLUNTARY REPORTING SYSTEMS FROM LEGAL DISCOVERY	109
	Recommendation, 111	
	Introduction, 112	
	The Basic Law of Evidence and Discoverability of Error-Related Information, 113	
	Legal Protections Against Discovery of Information About Errors, 117	
	Statutory Protections Specific to Particular Reporting Systems, 121	
	Practical Protections Against the Discovery of Data on Errors, 124	
	Summary, 127	
7	SETTING PERFORMANCE STANDARDS AND EXPECTATIONS FOR PATIENT SAFETY	132
	Recommendations, 133	
	Current Approaches for Setting Standards in Health Care, 136	
	Performance Standards and Expectations for Health Care Organizations, 137	
	Standards for Health Professionals, 141	
	Standards for Drugs and Devices, 148	
	Summary, 151	
8	CREATING SAFETY SYSTEMS IN HEALTH CARE ORGANIZATIONS	155
	Recommendations, 156	
	Introduction, 158	

CONTENTS

xxi

Key Safety Design Concepts, 162	
Principles for the Design of Safety Systems in Health Care Organizations, 165	
Medication Safety, 182	
Summary, 197	
APPENDIXES	
A Background and Methodology	205
B Glossary and Acronyms	210
C Literature Summary	215
D Characteristics of State Adverse Event Reporting Systems	254
E Safety Activities in Health Care Organizations	266
INDEX	273



2 Errors in Health Care: A Leading Cause of Death and Injury

Health care is not as safe as it should be. A substantial body of evidence points to medical errors as a leading cause of death and injury.

- Sizable numbers of Americans are harmed as a result of medical errors. Two studies of large samples of hospital admissions, one in New York using 1984 data and another in Colorado and Utah using 1992 data, found that the proportion of hospital admissions experiencing an adverse event, defined as injuries caused by medical management, were 2.9 and 3.7 percent,¹ respectively. The proportion of adverse events attributable to errors (i.e., preventable adverse events) was 58 percent in New York, and 53 percent in Colorado and Utah.²

- Preventable adverse events are a leading cause of death in the United States. When extrapolated to the over 33.6 million admissions to U.S. hospitals in 1997, the results of these two studies imply that at least 44,000 and perhaps as many as 98,000 Americans die in hospitals each year as a result of medical errors.³ Even when using the lower estimate, deaths in hospitals due to preventable adverse events exceed the number attributable to the 8th-leading cause of death.⁴ Deaths due to preventable adverse events exceed the deaths attributable to motor vehicle accidents (43,458), breast cancer (42,297) or AIDS (16,516).⁵

EXHIBIT B

Message

From: Patrick Romano [psromano@ucdavis.edu]
Sent: 5/15/2024 11:13:45 PM
To: Bruce Hall [blhall@ucdavis.edu]; Gregory A Maynard [gmaynard@UCDAVIS.EDU]; Brenda L Inman [bdejarosa@UCDAVIS.EDU]
Subject: RE: Leapfrog Announcements for Hospitals - May 2024

Understood. The value of the designation (i.e., getting at least a B, possibly an A) must be weighed against the cost. I have been encouraging them to reduce the cost, but not sure that message has been heard.

However, I will push back on Greg's point a bit... you can call it blackmail if you want but "pay for reporting" or "penalty for nonreporting" is a common theme across many programs... Leapfrog has no choice but to use the only carrots and sticks available to them. This strategic choice by Leapfrog is entirely rational and should not trigger a more negative response.

From my perspective on their expert panel, I am asking them (and they have agreed) to be honest and transparent... i.e., don't say you are "imputing" missing scores, just say that you are penalizing nonparticipants by assuming that they have "Limited Achievement" on these domains.

Patrick S. Romano, MD MPH FAAP FACP
Professor of Medicine and Pediatrics, UC Davis Division of General Medicine
Co-Editor in Chief, AHRQ *Patient Safety Network* (PSNet and WebM&M)
4150 V Street, PSSB Suite 2400
Sacramento, CA 95817
Telephone: (916) 734-7005 or -7237
E-mail: psromano@ucdavis.edu
Website: <https://health.ucdavis.edu/team/pediatrics/122/patrick-romano---internal-medicine---pediatrics-general-sacramento>

From: Bruce Hall <blhall@ucdavis.edu>
Sent: Wednesday, May 15, 2024 3:20 PM
To: Gregory A Maynard <gmaynard@UCDAVIS.EDU>; Patrick Romano <psromano@ucdavis.edu>; Brenda L Inman <bdejarosa@UCDAVIS.EDU>
Subject: Re: Leapfrog Announcements for Hospitals - May 2024

Thanks Patrick,
I agree with Greg and wouldn't change course on this today. Can we ask ourselves this question again in January 2025?
Bruce

From: Gregory A Maynard <gmaynard@UCDAVIS.EDU>
Date: Wednesday, May 15, 2024 at 1:42 PM
To: Patrick Romano <psromano@ucdavis.edu>, Brenda L Inman <bdejarosa@UCDAVIS.EDU>
Cc: Bruce Hall <blhall@ucdavis.edu>
Subject: RE: Leapfrog Announcements for Hospitals - May 2024

Patrick,

I have brought this up with Dr. Hall. We are both ambivalent about the value of Leapfrog. And I think that ambivalence tilts even more negative when our lack of participation guarantees a lower grade which they still publish, effectively blackmailing centers to participate.

I copied Dr. Hall. Given our competing priorities and staff shortages, I am not sure we should take this on given short timeline for this year's submission, but Dr. Hall, please weigh in, we can follow your guidance.

GM

From: Patrick Romano <psromano@ucdavis.edu>

Sent: Wednesday, May 15, 2024 9:27 AM

To: Brenda L Inman <bdelarosa@UCDAVIS.EDU>; Gregory A Maynard <gmaynard@UCDAVIS.EDU>

Subject: Fwd: Leapfrog Announcements for Hospitals - May 2024

Your opportunity to reconsider... they are changing their imputation approach so hospitals can get away with responding in alternate years, but if you skip more than one year, you will never get above a C... might even drop to D.

Patrick S. Romano, MD MPH
Co-Editor in Chief, AHRQ Patient Safety Network (PSNet and WebM&M)
Professor of Internal Medicine and Pediatrics
UC Davis Division of General Medicine
4150 V Street, PSSB Suite 2400
Sacramento, CA 95817
Telephone (916) 734-7005 or -7237
Psromano@ucdavis.edu

From: The Leapfrog Group <helpdesk@leapfrog-group.org>

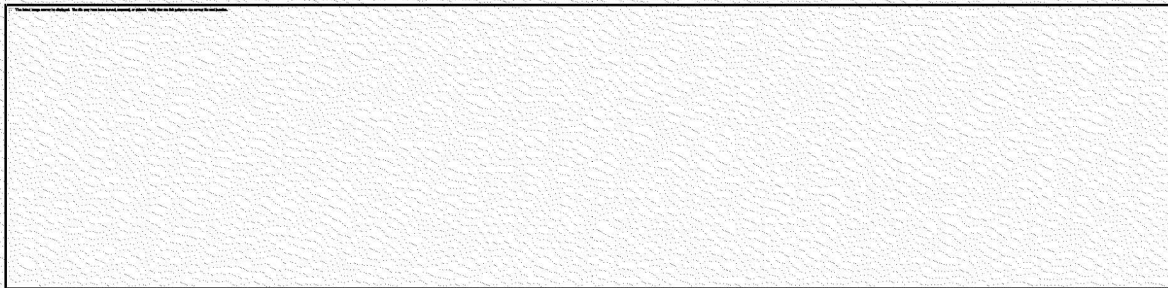
Sent: Wednesday, May 15, 2024 8:24 AM

To: Patrick Romano <psromano@ucdavis.edu>

Subject: Leapfrog Announcements for Hospitals - May 2024

Informational Updates for Hospitals

[View this email in your browser](#)



2024 Hospital Survey is Open

GET STARTED ON THE 2024 HOSPITAL SURVEY

The 2024 Leapfrog Hospital Survey opened on April 1. Download a hard copy of the Survey and scoring algorithms, request a 1:1 orientation call, and review deadlines on our website at www.leapfroggroup.org/hospital.

CHANGE SUMMARY ISSUED MAY 14

Section 9C Volume of Procedures: Added four CPT Codes to the Outpatient Procedure CPT Code workbook for Adult General Surgery - Lumpectomy or Quadrantectomy of Breast Procedures. Hospitals are not required to make updates to data already collected and/or reported but have the option to include these additional CPT Codes in their volume if they wish. As a reminder, these data are not used in scoring, but volume of procedures are publicly reported.

You can download an updated copy of the Outpatient Procedure CPT Code workbook from the [Survey Dashboard](#). Instructions for downloading the workbook are available on page 297 of the [Survey](#).

Educational Opportunities

MONTHLY SUPPORT AND GUIDANCE FOR HOSPITAL SURVEY PARTICIPATION

The [2024 Leapfrog Hospital Survey Webinar Series](#), which is held monthly from March to December, is designed for hospitals that would benefit from more regular support and an interactive presentation of Survey materials and information.

Hospitals that join the Webinar Series will have access to:

- **Monthly office hours with Leapfrog's subject matter experts:** 30-minute sessions to get real-time technical assistance, answers to your questions and help staying on top of upcoming deadlines. Staffed by Leapfrog's subject matter experts.
- **Monthly webinars:** Timely and focused presentations on Survey measures and specifications, scoring information, frequently asked questions and public reporting. Each webinar focuses on a specific topic (e.g., nurse staffing and workforce, barcode medication administration, preparing for data verification, etc.) and concludes with a 20-minute open Q&A session.
- **Archive library:** Slides and recordings from each webinar are archived in an online portal that participants can access from March to January.

[Review the 2024 Webinar Series schedule and register now.](#)

In addition to the Webinar Series, Leapfrog offers **free** technical and content-related support to all participating facilities via our electronic [Help Desk](#), which is staffed by dedicated subject matter experts.

Important Dates

JUNE 30 SUBMISSION DEADLINE

The 2024 Leapfrog Hospital Survey Submission Deadline is June 30. Hospitals submitting by June 30 will be able to preview their results on their Hospital Details Page starting July 12 and will have results [publicly reported](#) on July 25. Hospitals will also receive a free [Competitive Benchmarking Summary Report](#).

[Review key deadlines.](#)

HELP DESK HOLIDAY SCHEDULE

The Leapfrog Help Desk is staffed from 9:00 a.m. to 5:00 p.m. ET on all regular business days. The Help Desk is not staffed on federal holidays. Please take note of the following upcoming closures.

Staff Training

May 22 - closed

Memorial Day

May 24 - closing at 2 pm ET

May 27 - closed

Juneteenth

June 19 - closed

Independence Day

July 4 - closed

Other Announcements

RECOGNIZED LEADER APPLICATION OPENS JULY 1

Look out for the next round of applications for the [Recognized Leader in Caring for People Living with Diabetes](#) program! The application to be a 2025 Recognized Leader opens July 1, 2024, to all hospitals who have submitted a 2024 Leapfrog Hospital Survey. Details on updates to the program will be available in late June. Applications will be open until November 30, 2024, with Recognized Leaders announced in Spring 2025.

A joint effort from The Leapfrog Group and the American Diabetes Association, this first-ever national inpatient diabetes recognition program honors hospitals providing safe and high-quality health care for people living with diabetes, taking steps such as:

- Making it a policy to work with patients to safely self-manage their diabetes medications
- Implementing blood glucose testing and hypoglycemia protocols as well as additional testing and monitoring before and during inpatient surgeries
- Supporting patients with education they need to manage their care, and connecting them with health care providers after they leave the hospital

[Find more information here.](#)



LEARN FROM OTHER LEAPFROG REPORTING HOSPITALS

Earlier this month Leapfrog held a webinar with the Michigan Health Improvement Alliance (MiHIA). MiHIA partnered with The Leapfrog Group and used Leapfrog data to identify hospitals with sustained highest performance in CLABSI, CAUTI, and Falls/Trauma. Leaders at MiHIA and participants in their consortium shared four best practices based on the shared learnings from a collaboration formed between these high performing hospitals and a team of regional safety and quality experts.

[View the recording here.](#)

[Download a Summary of the Findings here.](#)

SURVEY SUPPORT FOR HEALTH SYSTEMS

Are you responsible for coordinating the Leapfrog Hospital Survey submission for all the hospitals in your health system? Want to make it easier to track submission status, review responses and scored results, and track performance from year to year?

Subscribe to Health System Support and receive all your hospital's 16-digit security codes, Survey responses, and scored Survey Results in an Excel file three times a year: following the June 30 deadline,

following August 31 (the deadline for Top Hospital and the Snapshot Date for the fall 2024 Hospital Safety Grade), and following the January 31 year-end deadline.

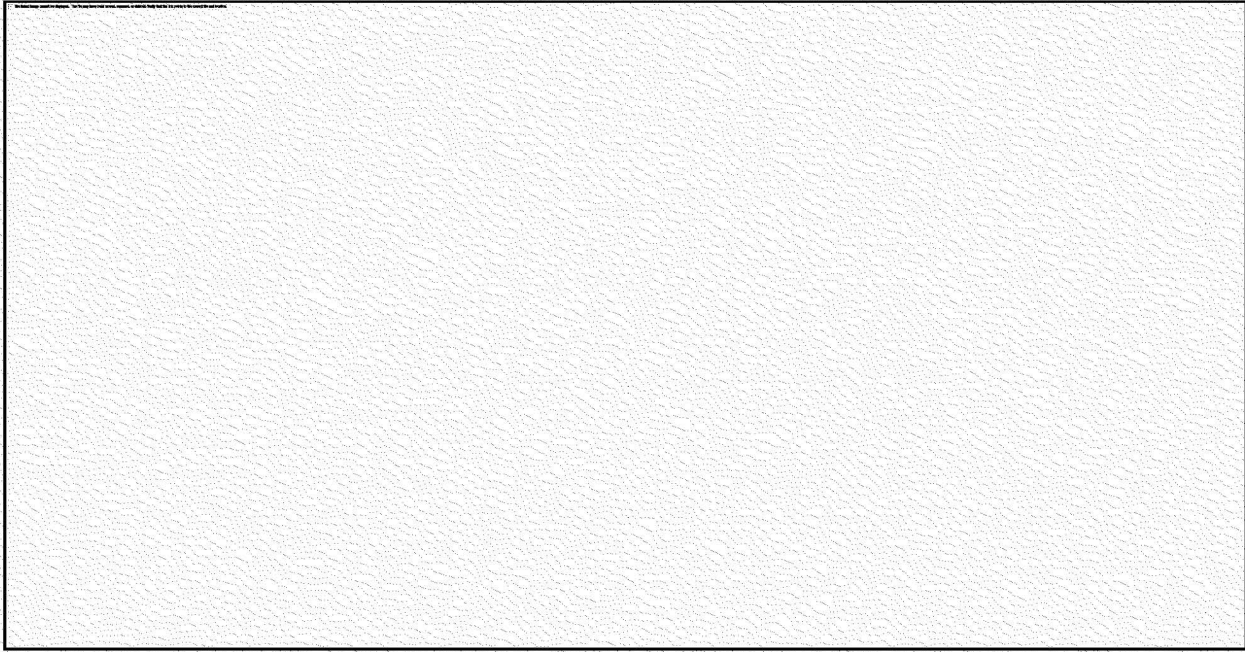
Subscribers also receive a free registration for Leapfrog's [monthly webinar series](#).

[Find more information here.](#)

STRENGTHEN YOUR ORGANIZATION'S CRP WITH THE PACT COLLABORATIVE

Communication and Resolution Programs (CRPs) are gaining support and traction on the national stage. Ensure your organization is ready for the changing health care landscape by joining the [PACT Collaborative](#), a groundbreaking learning community supporting the implementation of highly reliable CRPs founded by Ariadne Labs, the Collaborative for Accountability & Improvement, and the Institute for Healthcare Improvement.

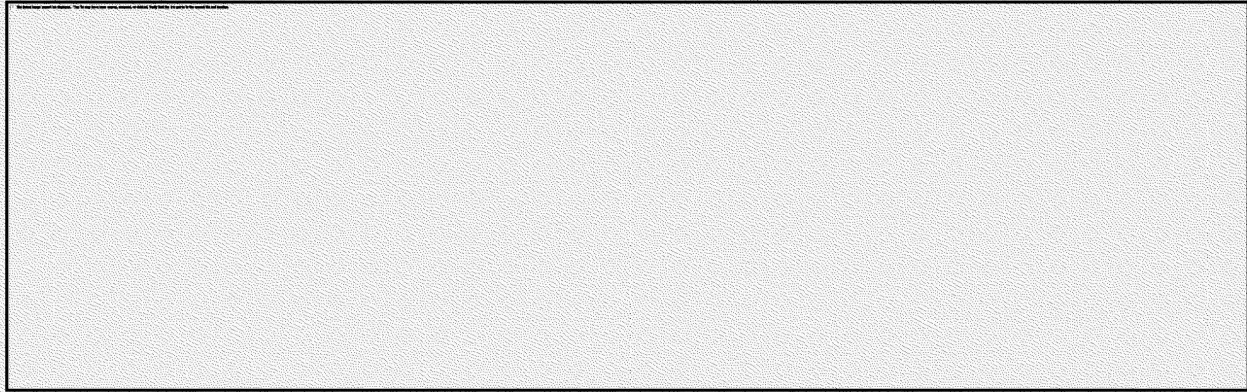
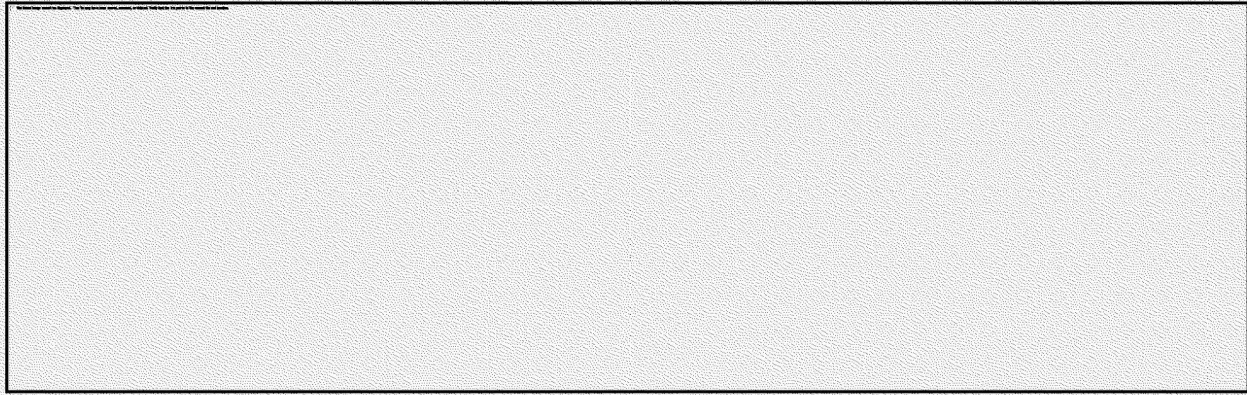
[Learn more here.](#)



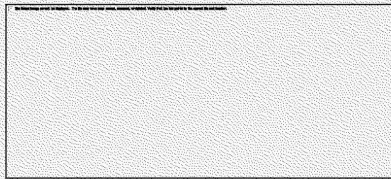
COME SEE US AT APIC 2024!

The Leapfrog Group will be at booth 638 at the Association for Professionals in Infection Control and Epidemiology (APIC) conference June 5-8. The conference brings together health care professionals, researchers, educators, and industry leaders to connect, collaborate, and shape the future of infection prevention.

[Visit us at APIC.](#)

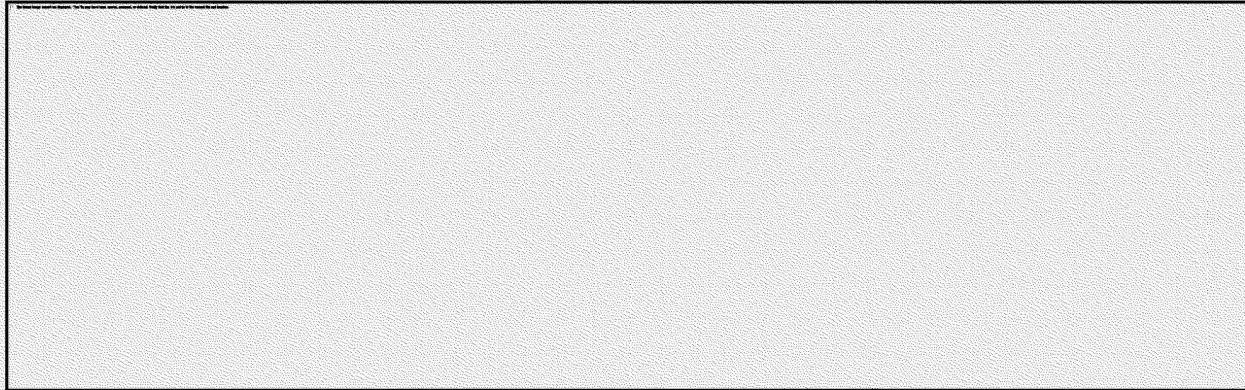
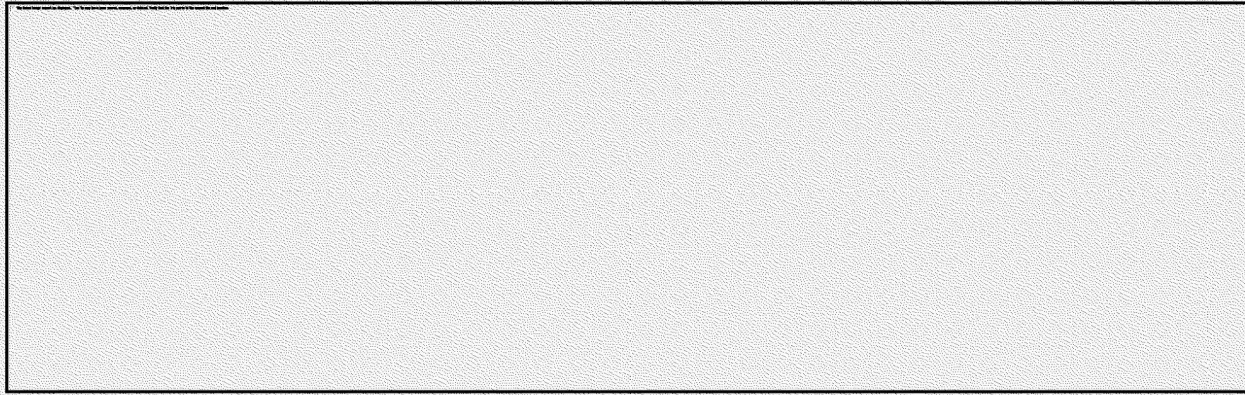


Panelists from two large healthcare systems will discuss how their organizations have aligned employee experience to patient safety culture. They'll discuss internal research demonstrating a link between the two and the steps each organization took to demonstrate this link in a practical way for front-line leaders. They'll also share how they've used new tools and technology to measure, understand, and drive a culture of safety.



This webinar is a program of the Partners Advisory Committee and is sponsored by Microsoft. While The Leapfrog Group does not endorse the products, services, and/or technology showcased on this webinar, we encourage you to explore these offerings that support Leapfrog's work.

Register Now



Exploring the benefits of standardization of chemicals, surveillance for transmittible infections, staff education, and infection prevention basis that apply to all areas to reduce the risk of infections. Reviewing the methods of cleaning and disinfection throughout healthcare, to include acute care, ambulatory surgical centers, long-term acute care, skill nursing, rehab, and senior facilities. Discussing the role of surveillance and changes in regulatory requirements for prevention of healthcare and community-based infection and the importance of communication between staff and care sites. Explore common themes of patient safety and staff engagement to drive better satisfaction results.



This webinar is a program of the Partners Advisory Committee and is sponsored by Steriliz, LLC. While The Leapfrog Group does not endorse the products, services, and/or technology showcased on this webinar, we encourage you to explore these offerings that support Leapfrog's work.

Register Now

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EXHIBIT C

Message

From: Pronovost, Peter [Peter.Pronovost@UHhospitals.org]
Sent: 5/14/2024 10:28:53 AM
To: Matt Austin [jausti17@jhmi.edu]
CC: Missy Danforth [mdanforth@leapfrog-group.org]; Alexandra Campione [ACampione@leapfrog-group.org]
Subject: RE: Leapfrog: Proposed Text for Imputation Change
Attachments: HSG Proposed Imputation Change Fall 2024.docx

External Email - Use Caution

Sorry for delay.
Some small edits to try to link message of imputation.
As many may not know what that word means.
Also matt any updates on paper. would love to finalize.
With gratitude
peter

From: Matt Austin <jausti17@jhmi.edu>
Sent: Tuesday, May 7, 2024 1:04 PM
To: Pronovost, Peter <Peter.Pronovost@UHhospitals.org>
Cc: Missy Danforth <mdanforth@leapfrog-group.org>; Alexandra Campione <ACampione@leapfrog-group.org>
Subject: FW: Leapfrog: Proposed Text for Imputation Change

Peter, resending for your input and advice.
Best,
Matt

From: Matt Austin
Sent: Monday, April 29, 2024 5:11 PM
To: peter.pronovost@uhhospitals.org
Cc: Missy Danforth <mdanforth@leapfrog-group.org>; Alexandra Campione <ACampione@leapfrog-group.org>
Subject: Leapfrog: Proposed Text for Imputation Change

Peter:
Thanks for your offer to provide input on the language that Leapfrog will use to communicate changes to the imputation methodology for the Hospital Safety Grade. Attached is a draft of the communication.

If it would be easier to discuss by phone, please feel free to call myself (832.816.5618) or Missy (202.222.8344) to discuss.
Thanks

Best,
Matt

Visit us at www.UHhospitals.org.

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EXHIBIT D

Message

From: Missy Danforth [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=4683A8779F00462DA5B93E906384DB1A-MDANFORTH]
Sent: 1/30/2023 8:17:49 AM
To: Patrick Romano [psromano@ucdavis.edu]
CC: Matt Austin [jausti17@jhmi.edu]
Subject: Re: Just Published: 2023 Hospital Safety Grade Methodology

You didn't miss a thing. We are planning a spring Metting to discuss IPS and a handful of other issues. Was contemplating in-person but unfortunately I think it's going to be zoom. If you have a few minutes this week, happy to catch you up on some of agenda items we are thinking about.

Sent from my iPhone

On Jan 30, 2023, at 2:54 AM, Patrick Romano <psromano@ucdavis.edu> wrote:

External Email - Use Caution

Congratulations on another release of the Hospital Safety Grade!

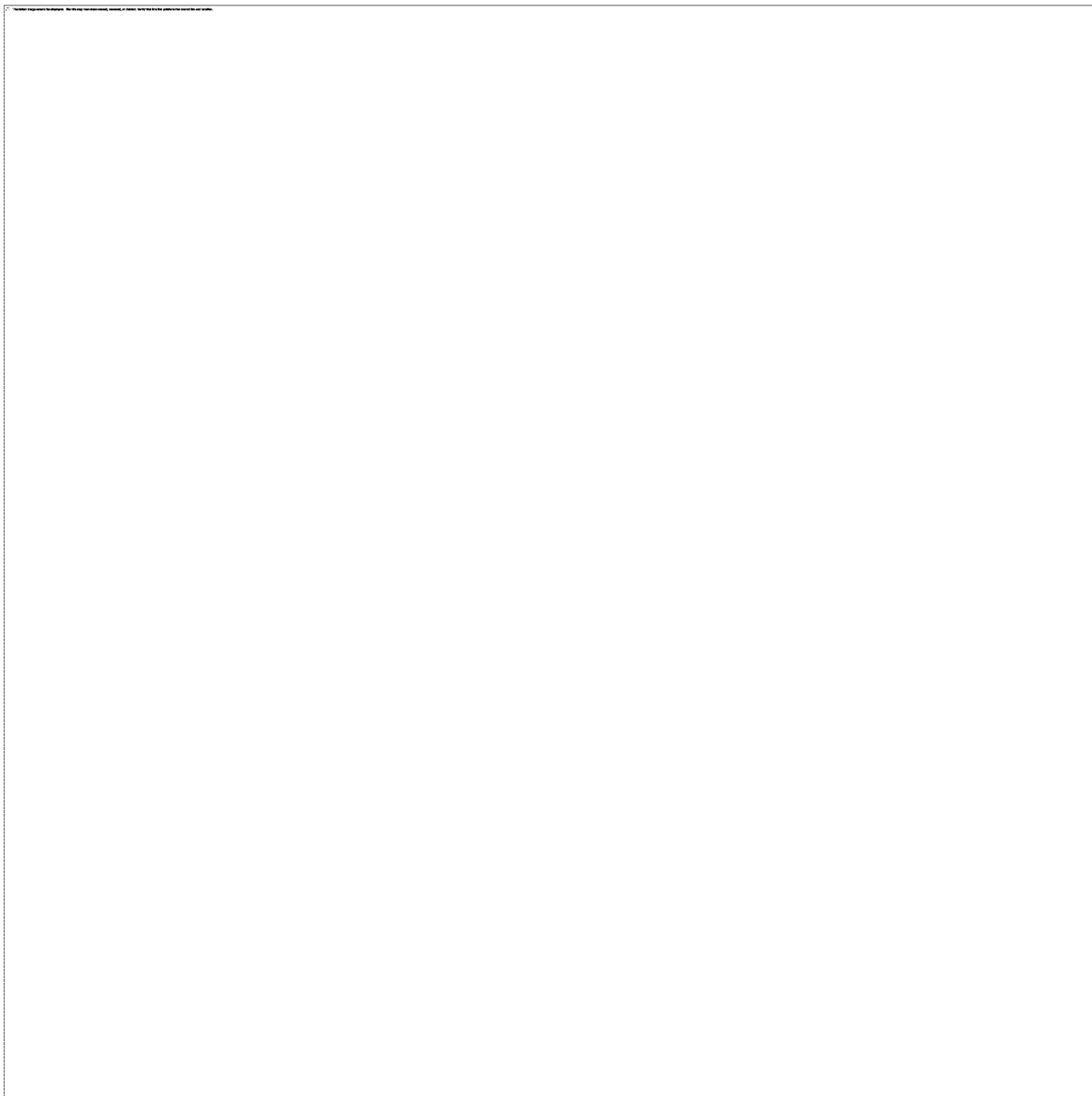
Your announcement prompts a question, however, in that our expert panel seems to have gone dormant, unless some emails went to spam. I don't recall any discussion of the 2023 changes described in this announcement, but perhaps they were deemed too minor to require expert input? I also understand if it is time for me to rotate off the expert panel... just let me know :-)

Patrick S. Romano, MD MPH
Co-Editor in Chief, AHRQ Patient Safety Network (PSNet and WebM&M)
Professor of Internal Medicine and Pediatrics
UC Davis Division of General Medicine
4150 V Street, PSSB Suite 2400
Sacramento, CA 95817
Telephone (916) 734-7005 or -7237
Psromano@ucdavis.edu

From: The Leapfrog Group <helpdesk@leapfrog-group.org>
Sent: Thursday, January 26, 2023 11:15 AM
To: Patrick Romano <psromano@ucdavis.edu>
Subject: Just Published: 2023 Hospital Safety Grade Methodology

Leapfrog Hospital Survey Updates from The Leapfrog Group

[View this email in your browser](#)



JANUARY UPDATES FOR HOSPITALS

In this newsletter, you'll read about: [Final 2023 Hospital Safety Grade Methodology](#) | [Webinar on Leapfrog's Never Event Policy and Resources](#) | [New Nursing Benchmarks](#) | [2023 Leapfrog Hospital Survey Webinar Series](#) | [Chicago Hospital Hospital Safety Grade Improvement](#) | [CAHPS Child Hospital Survey Opportunity](#) | [2022 Leapfrog Annual Meeting & Awards Dinner Recap](#) | [Leah Binder in the News](#)

FINAL 2023 LEAPFROG HOSPITAL SAFETY GRADE METHODOLOGY PUBLISHED

Leapfrog has published the [final changes](#) to the spring and fall 2023 Hospital Safety Grade methodology along with responses to public comments received by January 15. The methodology changes come under the guidance of Leapfrog's national expert panel and research team at Johns Hopkins Medicine and in response to stakeholder feedback.

Final changes include a temporary adjustment to the spring 2023 imputation model for ICU Physician Staffing, followed by a permanent methodology change in fall 2023, as well as plans to replace NQF Safe Practice 9: Nursing Workforce with two nurse staffing measures from the 2023 Leapfrog Hospital Survey beginning in fall 2023.

The Data Snapshot Date for the upcoming spring 2023 Safety Grade is January 31. Anticipated reporting periods can be found in the document linked below and a full timeline is available [here](#).

REVIEW THE CHANGES

WEBINAR: LEAPFROG'S NEVER EVENT POLICY AND THE PACT COLLABORATIVE RESOURCES AND TOOLS

Join Leapfrog experts for an [upcoming webinar](#) on February 14, 2022 at 3:00 PM ET on Leapfrog's Never Events Policy, including the individual elements with a planned update for 2023, and a review of scoring and national performance on this measure. Additionally, Tom Gallagher, MD, Executive Director of the Collaborative for Accountability and Improvement and co-lead of the Pathway to Accountability, Compassion, and Transparency (PACT) Collaborative will introduce participants to new publicly available tools to guide hospitals as they design and implement communication and resolution programs (CRP).

These tools include a process map and driver diagram, an evidence-based tip sheet for having initial conversations with patients and families about harm events, and a model handout for patients describing a CRP program. These tools can serve as a resource for hospitals looking to continually improve their responses to serious safety events.

REGISTER

NEW BENCHMARKS AVAILABLE FOR NURSING

Leapfrog has published new benchmarking information based on 2022 Leapfrog Hospital Survey responses in advance of scoring and publicly reporting four new nurse staffing and skill mix measures in 2023:

- Total Nursing Hours per Patient Day
- RN Nursing Hours per Patient Day
- Nursing Skill Mix
- Percentage of RNs who are BSN-prepared

Benchmarking information is provided so hospitals can better understand their current performance and see how they compare nationally. See how your hospital compares [here](#).

REGISTER NOW: 2023 LEAPFROG HOSPITAL SURVEY WEBINAR SERIES

Registration is now open for the 2023 Leapfrog Hospital Survey Webinar Series which is held monthly from March to December. 2023 enhancements include monthly office hours in addition to our monthly webinar session. The Webinar Series is designed for hospitals that would benefit from a more interactive presentation of Survey materials and information. Find more information and register [here](#).

REGISTER

FRONT PAGE CHICAGO TRIBUNE STORY FEATURES ST. BERNARD HOSPITAL THAT WENT FROM AN F TO B ON HOSPITAL SAFETY GRADE



In December, Chicago Tribune featured a lead story and a positive editorial board statement about a safety net hospital, St. Bernard Hospital and Health Care Center, that transformed patient safety after Leapfrog gave them an "F" Hospital Safety Grade in spring 2021. St.

Bernard received a "B," in fall 2022, an extraordinary achievement in a short time. St. Bernard hired a chief clinical quality and patient safety officer and began a systemwide focus on safety, including fixing their bar code medication administering system, installing hand hygiene monitoring technology, and introducing a "just culture model." Read the [full article](#) and make sure to check out the subsequent article by the [Chicago Tribune Editorial Board](#).

AHRQ DATABASE FOR CHILD HCAHPS WELCOMES SUBMISSIONS STARTING ON MARCH 13

The Agency for Healthcare Research and Quality (AHRQ) is launching the second year of its new database for the [Child HCAHPS Survey](#). The [Child HCAHPS Survey Database](#) facilitates comparisons of Child HCAHPS survey results voluntarily submitted by children's hospitals and pediatric departments. Participation is free and open to all users of the Child HCAHPS Survey.

The Child HCAHPS Database provides a value-added service to users of Child HCAHPS that is different from The Leapfrog Group's public ratings. Hospitals that participate receive a ***private, customized feedback report*** that compares their case-mix adjusted survey results to overall findings aggregated across all Child HCAHPS Database participants. These reports

can be used to support quality improvement. De-identified summary results are compiled into an annual [Chartbook](#) and respondent-level data files can also be requested for research purposes.

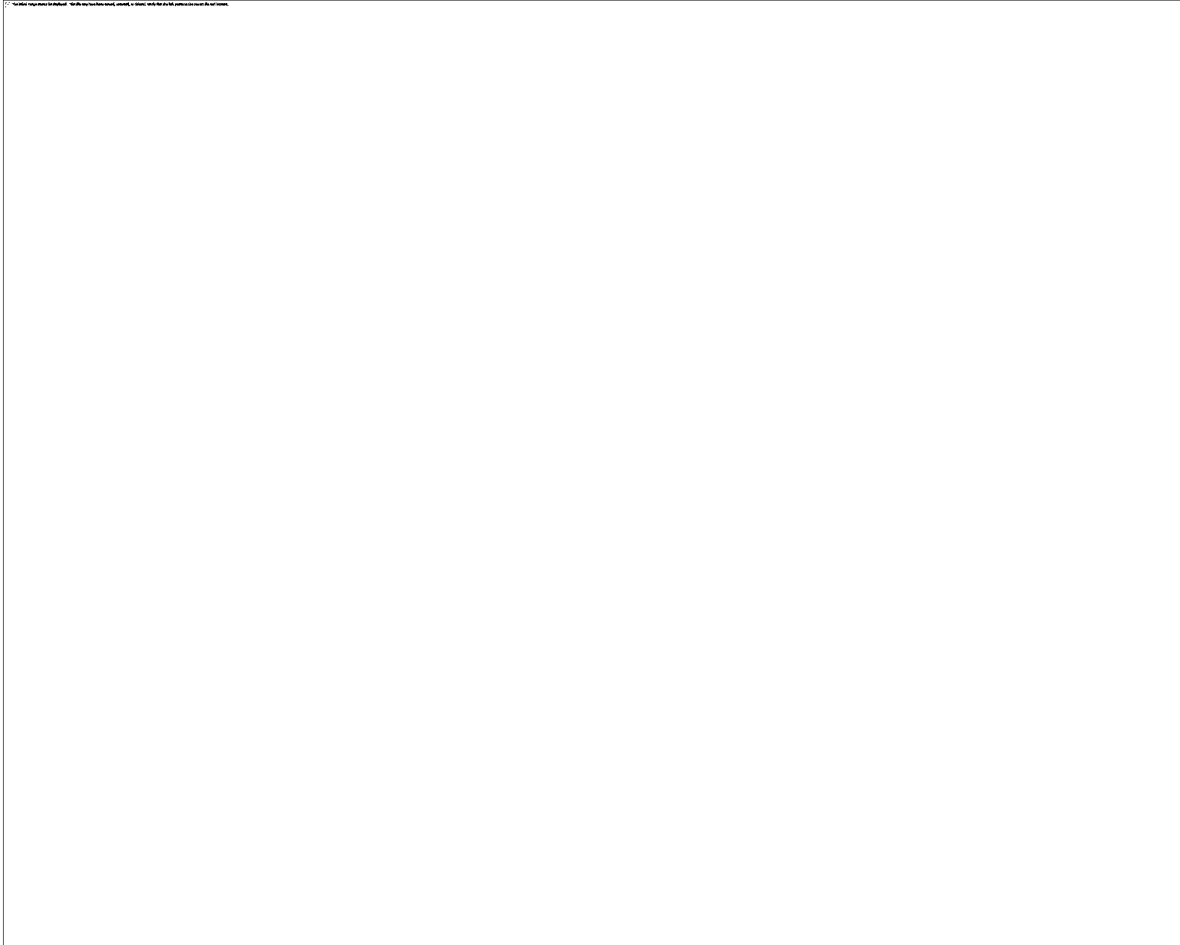
The Child HCAHPS Database operates on an [annual submission and reporting cycle](#). The submission period for data collected in calendar year 2022 will open on **March 13** and close on **April 14, 2023**. Reporting products will be made available in the summer of 2023.

For more information on the [Child HCAHPS Survey Database](#) and how to participate, please contact the Child HCAHPS Survey Database Team by phone at 888-808-7108 or email at CAHPSDatabase@westat.com

2022 LEAPFROG ANNUAL MEETING AND AWARDS DINNER RECAP

Hundreds gathered in Washington, D.C. last month to reflect on the urgency of patient safety at the 2022 Leapfrog Annual Meeting. Leapfrog president and CEO Leah Binder offered perspectives on the RaDonda Vaught/Vanderbilt case and its implications for patient safety, and a powerful closing keynote address by Health Transformation Alliance CEO Rob Andrews reinforced that large employers are determined to improve the quality of care and focused on Leapfrog. The meeting panels reflected on the tenth anniversary of the Leapfrog Hospital Safety Grade and recommitted to the urgency of patient safety on the national agenda. To top it off, patient safety champions were celebrated, first with the Steven Schroeder Award for Outstanding Healthcare CEO presented to Inova President and CEO J. Stephen Jones, MD and then 2022 Leapfrog Top Hospitals and ASCs.

[Watch recorded sessions from the Annual Meeting](#), and check out the highlights below and on Twitter with [#LFGAnnualMeeting](#).



LEAPFROG PRESIDENT AND CEO LEAH BINDER IN THE NEWS



Leah Binder, Leapfrog president and CEO, was recognized and appointed to a number of critical roles in the patient safety space which will help elevate patient safety and transparency to the national stage:

- Recognized by Modern Healthcare 100 Most Influential People 2022 list, ranking at #28, for being an unrelenting champion for patient safety. [Learn more.](#)
- Joined the National Quality Forum (NQF) Board of Directors. The NQF Board of Directors play a pivotal role providing strategic direction to the organization. [Learn more.](#)
- Named co-chair of the the Centers for Medicare & Medicaid Services Innovation Center's Accountable Care Action Collaborative (ACAC), a multi-stakeholder initiative aiming to find solutions for quality-driven payment reform. [Learn more.](#)

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EXHIBIT E



HHS Public Access

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Dissecting Leapfrog: How well do Leapfrog Safe Practices Scores correlate with Hospital Compare ratings and penalties, and how much do they matter?

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Abstract

Background—Voluntary Leapfrog Safe Practices Scores (SPS) were among the first public reports of hospital performance. Recently, Medicare's Hospital Compare website has reported compulsory measures. Leapfrog's Hospital Safety Score grades incorporate SPS and Medicare measures. We evaluate associations between Leapfrog SPS and Medicare measures, and the impact of SPS on Hospital Safety Score grades.

Methods—Using 2013 hospital data, we linked Leapfrog Hospital Safety Score data with central line-associated bloodstream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI) Standardized Infection Ratios (SIRs), and Hospital Readmission and Hospital-Acquired Condition (HAC) Reduction Program penalties incorporating 2013 performance. For SPS-providing hospitals, we used linear and logistic regression models to predict CLABSI/CAUTI SIRs and penalties as function of SPS. For hospitals not reporting SPS, we simulated change in Hospital Safety Score grades after imputing a range of SPS.

Results—1,089 hospitals reported SPS; >50% self-reported perfect scores for all but one measure. No SPS were associated with SIRs. One SPS (feedback) was associated with lower odds of HAC penalization (OR=0.86, 95% confidence interval=0.76, 0.97). Amongst hospitals not reporting SPS (N=1,080), 98% and 54% saw grades decline by 1+ letters with 1st and 10th

Correspondence to: Shawna N. Smith.

Funding disclosure: Agency for Healthcare Research and Quality K08HS19767, 2R01HS018334

Dr. Smith, Ms. Reichert, and Ms. Ameling have no conflicts of interest to disclose.

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percentile SPS imputed, respectively; 49% and 54% saw grades improve by 1+ letter with median and highest SPS imputed.

Conclusions—Voluntary Leapfrog SPS skew towards positive self-report with little association with compulsory Medicare outcomes and penalties. SPS significantly impact Hospital Safety Score grades, particularly when lower SPS is reported. With increasing compulsory reporting, Leapfrog SPS appear limited for comparing hospital performance.

Keywords

Health policy; safety; hospital-acquired conditions; readmission

Introduction

Available metrics for comparing hospital safety have expanded in recent years. These measures have transitioned from voluntary self-report to compulsory national collection of standardized instruments, such as those on the Centers for Medicare and Medicaid Services (CMS) Hospital Compare website.¹

Figure 1 illustrates the timeline of hospital and patient safety measure development. The Leapfrog Group, founded in 2000 by employers to encourage transparency of hospital performance, provided the earliest measures.² In 2001, they launched the Leapfrog Hospital Survey, a voluntary instrument covering hospital and patient safety process and outcome measures. In 2004, Leapfrog added self-reported Safe Practices Scores (SPS) measures³ built from 34 National Quality Forum-endorsed practices to reduce risk of patient harm in acute care hospitals.⁴ Leapfrog SPS measures focus on implementing structures or protocols reflective of accountability, rather than objective outcomes. SPS initially included 27 measures, and trimmed to 8 in 2013 (Supplemental Table 1). In 2012, the SPS was bundled with other process and outcome measures to inform a more consumer-friendly composite Hospital Safety Score (HSS) rating hospitals on a scale ranging from 0 to 4, and providing a single corresponding letter grade of “A” (Best), “B”, “C”, “D” or “F” (Worst) (Supplemental Table 2).⁵ Hospital self-reports on the eight SPS measures are available for consumers to compare across hospitals on the HSS website;⁶ they also account for a substantial portion of the HSS (22.6% of total score; 45% of ‘Process and Structural Measures’ domain).

Over time, compulsory measures of hospital quality and patient safety were developed. In 2002, the Hospital Quality Alliance, a public-private partnership, formed to support hospital quality improvement and improve consumer healthcare decision-making.⁷ Their efforts created the Hospital Compare website,¹ a consumer-facing website focused on improving consumer decision-making by providing hospital performance and safety metrics. Hospital Compare first mandated reporting in 2008, requiring hospitals to report patient satisfaction and mortality measures or face a 2% reduction in CMS annual payment update.⁸ Hospital Compare measures now include hospital-associated infections and complications, including central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI).

In 2012, Hospital Compare began reporting data from two new CMS value-based purchasing programs. The Hospital Readmission Reduction Program (HRRP) aims to decrease unplanned 30-day readmissions following select procedures for certain conditions.⁹ The Hospital-Acquired Conditions Reduction Program (HACRP) targets reduction in incidence of hospital-acquired conditions (**HACs**) including CLABSI, CAUTI and serious complications of treatment.¹⁰ In 2015, hospitals whose HACs or readmissions during the evaluation period exceeded expected values could be penalized up to 1% (under HACRP) or 3% (under HRRP) of total hospital Medicare reimbursement.

It is unclear how well Leapfrog's voluntary SPS correlate with more recent compulsory Medicare metrics displayed by Hospital Compare. Prior work demonstrated Leapfrog's voluntary nature over-represents 'high quality' hospitals,¹¹ and tied Leapfrog-led implementation efforts with improved process quality and decreased mortality rates¹² and surgical death;¹³ however SPS measures have shown no relationship with all-cause or surgical mortality^{14, 15} or trauma outcomes, including hospital-associated infections.¹⁶ Given these mixed findings, this paper addresses two objectives: first, amongst hospitals reporting SPS, evaluate how well Leapfrog's SPS correlate with compulsory outcomes and penalties for readmission and complications publicly-reported on Medicare's Hospital Compare; and second, amongst hospitals not reporting SPS, evaluate the potential impact of SPS on Leapfrog's HSS grades using imputed SPS to simulate new HSS.

Methods

Data sources

For all analyses, we combined data from four sources: (1) the Spring 2014 Leapfrog HSS dataset, which includes hospital grades, SPS measures as reported in the 2013 Leapfrog Hospital Survey, and all other HSS components listed in Supplemental Table 2; (2) Hospital Compare data on CLABSI and CAUTI in 2013;¹⁷ (3) Hospital Compare data on penalties assessed under the HRRP and HACRP in 2015;¹⁷ and (4) hospital characteristics from the 2013 American Hospital Association (AHA) Survey Database.

Objective 1: Do Leapfrog SPS measures predict publicly-reported outcomes and penalties?

Predictor variables—Our predictor variables were Leapfrog SPS measures (Supplemental Table 1) for hospitals that reported SPS measures. We selected five individual SPS measures as representative of direct pathways from standards of care to study outcomes, as well as Total SPS. AHA data was used to control for hospital characteristics: bed size (< 50, 50-200, and > 200 beds); ownership (public, private non-profit, private for-profit); Council of Teaching Hospitals membership; and safety net status, defined as ≥ 1 standard deviation more Medicaid patients than state average.

Dependent variables—We examined 4 publicly-reported outcome variables: CLABSI and CAUTI Standardized Infection Ratios (SIRs), and penalization under HRRP or HACRP.

CLABSI and CAUTI SIRs: Hospital Compare CLABSI and CAUTI SIRs were reported to the National Health and Safety Network (NHSN) from April 1, 2012-March 31, 2013. SIRs are risk-adjusted measures dividing the number of observed infections by the number of predicted infections calculated from CLABSI or CAUTI rates from a standard population throughout a baseline time period.¹⁸⁻²⁰ SIRs greater than 1.0 indicate more infections observed than predicted, while SIRs less than 1.0 indicate fewer observed than predicted.²¹

Penalties: 2015 HRRP penalties covered readmissions from July 1, 2010-June 30, 2013. Readmissions penalties are calculated via the Readmissions Adjustment Factor (**RAF**), which incorporates a risk-adjusted excess readmission ratio and diagnosis-related group payments for all included conditions.²² 2015 HAC penalties used CLABSI and CAUTI rates from January 1, 2012-December 31, 2013, and PSI-90 from July 1, 2011-June 30, 2013. HAC penalties were computed from the average decile of performance for the NHSN CAUTI and CLABSI rates, weighted at 65%, plus the decile of performance for the PSI-90, weighted at 35%.¹⁰ For both programs we examined a binary measure of penalization.

Analysis strategy—To examine the relationship between Leapfrog SPS measures (individual and total) and CLABSI and CAUTI SIRs, we looked at bivariate correlations and used linear regression to evaluate the effect of SPS on outcomes, controlling for hospital characteristics. For penalties, we computed point-biserial correlations between SPS measures and penalty indicators, and then used binary logistic regression to evaluate effect of SPS on odds of penalization, controlling for hospital characteristics. All analyses were performed using Stata MP Version 14.1²³ and a 0.05 two-sided significance level.

Objective 2: How much can voluntary SPS measures impact HSS grades?

Predictor variables—Imputed SPS measures were our main predictors of interest. Because we were interested in their impact on HSS grades for hospitals that did not report them, four sets of SPS measures were imputed for hospitals, based on the distribution of SPS measures for hospital that did report: lowest SPS measures (1st percentile); low (10th percentile); median (50th percentile); and highest (100th percentile). As control inputs, we also included hospital data as observed for all other HSS components listed in Supplemental Table 1, as provided in the HSS database.

Dependent variable—Our dependent variable was overall HSS, which ranges from 0-4; and corresponding HSS grades, which range from “A”-“F”.

Analysis strategy—We simulated change in HSS and grades after imputing SPS measures using the methodology reported by Leapfrog for their Spring 2014 HSS.²⁴ HSS comprise weighted Z-scores (trimmed at 99th percentile, or $Z=\pm 5$) across two domains: Process and Structural Measures (50% of total HSS); and Outcomes (remaining 50%). SPS measures account for 8 of 15 Process measures, or 22.6% of the total score. Hospitals that do not report SPS have other Process measures upweighted proportionally by Leapfrog. To simulate new scores imputing missing SPS measures at lowest, low, median, and highest levels, we converted the 8 SPS measures into Z-scores, trimmed as appropriate, and recalculated weights for Process measure scores including SPS measures, before

recalculating the Process domain score and subsequent total HSS. No changes were made to Outcome domain scores. Simulated scores for different values of SPS were then compared to original scores to evaluate change in score and letter grade.

Study population

Supplemental Figure 1 illustrates the study flow diagram. 2,530 hospitals were included in the Spring 2014 HSS database. 2,178 had AHA data; either CLABSI or CAUTI SIR; and either HRRP or HACRP penalty data. 1,098 hospitals (50.4%) provided SPS and were included in our Objective 1 analyses; 1,080 (49.6%) declined to report SPS and were used for Objective 2 analyses.

The University of Michigan Institutional Review Board deemed this study exempt from oversight.

Results

Summary statistics

Distributional statistics for SPS measures (Table 1) show highly skewed distributions for all individual measures. For all but one measure (SPS #1), the median score is also the highest score, indicating that at least 50% of hospitals self-report perfect data. 1st percentile values generally correspond to receipt of 1/3 of possible points for an individual measure; and 10th percentile values to 3/4 of possible points. Mean total SPS was 444.40; 213 hospitals (19.4%) reported a perfect 485.

With respect to hospital characteristics, outcomes and grades (Table 2), the 2,178 hospitals included 279 (12.8%) teaching hospitals and 305 (14.0%) safety-net hospitals. Ownership was predominantly private, not-for-profit (70.3%); the majority had > 200 beds (60.7%). Average CLABSI SIR across all hospitals was 0.55, similar to the national baseline of 0.54, and average CAUTI SIR was 1.03 compared to the national baseline of 1.07.²⁵ Of note, NHSN SIRs analyzed here had baselines from 2008, with declines reflecting both improvements in care and NHSN definition changes. NHSN will use 2015 data to re-baseline SIRs in January 2017.²⁶ 1,875 hospitals (86.1%) received a penalty under HRRP in 2015, and 582 (26.7%) were penalized for HAC. Compared to hospitals declining SPS, those providing SPS were larger ($p<0.001$) and more for-profit ($p=0.001$). CAUTI and CLABSI SIRs and penalization rates did not vary significantly by SPS provision. However, hospitals that provided SPS scores were graded significantly higher than hospitals that **declined**; 510 (46.5%) hospitals providing SPS received an “A” grade, compared to 193 (17.9%) hospitals **declining** SPS ($p<0.001$).

Objective 1: Do Leapfrog SPS measures predict publicly-reported outcomes and penalties?—Bivariate correlations between SPS measures and outcomes were consistently weak (range -0.05 to 0.05, Supplemental Table 3).

CLABSI and CAUTI SIRs

Figure 2, left panel presents standardized regression coefficients and 95% confidence intervals from linear regression models predicting CAUTI and CLABSI SIRs, controlling for hospital characteristics (full model results in Supplemental Table 4). Neither individual nor Total SPS were significant predictors of CLABSI or CAUTI SIRs.

As sensitivity analyses, negative binomial models **of observed infections** were also estimated with an exposure for number of catheter days. These models also revealed no associations. We also compared the CAUTI/CLABSI SIRs **self-reported** in Leapfrog Hospital Survey with these same hospitals' CAUTI/CLABSI SIRs reported on Medicare's Hospital Compare. Note that Leapfrog uses CLABSI and CAUTI SIRs reported in the Leapfrog Hospital Survey as the primary data source for the HSS, and Hospital Compare SIRs as a secondary data source. This analysis revealed similar CLABSI SIRs, but significantly lower CAUTI SIRs, even after accounting for Leapfrog's trimming of extreme values, with a mean CAUTI rate 0.47 reported in the Leapfrog Hospital Survey, compared to 1.05 in Hospital Compare (Supplemental Figure 2).

Penalties

Figure 2, right panel presents odds ratios and 95% confidence intervals from binary logit models predicting penalization under HRRP or HACRP, controlling for hospital characteristics (full model results in Supplemental Table 5). No SPS were significantly associated with penalization under HRRP, net hospital characteristics. One SPS (Culture of Measurement, Feedback and Intervention) was significantly associated with penalization under HACRP, with a standard deviation increase in measure score decreasing odds of penalization by a factor of 0.87 (CI: 0.76, 0.97). **On** average, this equates to a 2.7 percentage point decrease in probability of penalization. Sensitivity analyses used censored linear regression models to examine associations between SPS and HRRP RAF (range: 0.97-1.00) and HACRP Total HAC Score (range: 1-10). Correlations remained very small (range: -0.01-0.06) and only one SPS measure showed a significant association in either model (Supplemental Table 6).

Objective 2: How much can voluntary SPS measures impact Leapfrog's HSS

grades?—With lowest SPS (1st percentile; Figure 3, Panel A) imputed, hospitals saw grades decline by 0.8 points (out of 4), on average. 1,062 (98%) of hospitals' grades declined by one or more letter grades and very few hospitals (N=16; 1.5%) received a grade higher than D. Imputing 10th percentile grades for SPS (Figure 3, Panel B) resulted in a 0.25-point decline in score, with 588 (54%) of hospitals' grades declining by one or more letter grade. Alternatively, 9 hospitals' (8%) grades improved by one letter grade.

Imputing median SPS (Figure 3, Panel C) resulted in a small improvement of 0.16 points, on average, in HSS, which improved grades for 528 hospitals (49%) by one or more letter. Imputing highest SPS (Figure 3, Panel D) resulted in only marginally more improvement, improving scores by 0.18 points, on average, and improving grades by one or more letter grades for 586 hospitals (54%).

Discussion

The Leapfrog Group has been a vanguard in developing and publicizing novel measures to inform patient choice. As the market of measures has grown more crowded, their niche is increasingly delineated by two proprietary measures: eight NQF-inspired SPS measures; and the HSS and grade, **with** Leapfrog SPS as its sole proprietary component. This study reports two major findings. First, there is a lack of meaningful association between voluntary SPS measures and compulsory-reported patient outcomes and Medicare penalties for complications and readmissions. Second, the highly positively-skewed voluntary SPS measures strongly impact the Leapfrog HSS beyond compulsory scores, so that imperfect SPS scores often result in lower grades.

Several mechanisms could underlie the lack of association between SPS and outcomes and penalties, yet lack of variation within these measures (Table 1) is responsible for much of the limited predictive ability. The observed lack of variation, meanwhile, could be due to selection effects; hospitals able to reliably report high scores may be more likely to volunteer. Alternatively, and given that hospitals have a clear incentive to score themselves highly, participating hospitals may inflate their SPS reports, resulting in the skewed distributions and undermining the measures' predictive value. As Leapfrog's SPS' focus on processes and protocols linked to accountability (e.g., protocols for handwashing for SP #19) rather than hard outcomes (e.g., handwashing compliance), hospitals also have a strong incentive to produce minimal protocols that signal compliance but may do little to impact clinical practice.

Even with accurate data, however, SPS measures may not reflect the outcomes highlighted in this study. Although prior work has argued that SPS measures are more likely to be associated with complications than mortality,¹⁴ hospital variation in validity of CLABSI and CAUTI reports potentially correlates meaningfully with SPS measures. For example, hospitals with better reporting might also have higher SPS, which could cancel out more conventional negative associations.

Our analyses also show that Leapfrog SPS measures, when provided, can substantially impact a hospital's HSS and grade—however, again due to the highly skewed distributions of the SPS measures, on average, there is more potential for low scores to negatively impact a hospital's grade than for high scores to improve a grade. Indeed, as most hospitals report perfect scores for **most** SPS measures, hospitals accurately reporting scores that fall in the lower half of the potential distribution end up with z-scores for these measures that are strongly negative (up to the trim point of -5). Given the composite weight of these measures—nearly ¼ of the total HSS—low (or even lower than perfect) SPS can take a hospital's grade from “A” to “B”, or even “C”. For hospitals that are uncomfortable with or unable to report very high SPS, *the current Leapfrog methodology thus presents a strong incentive against reporting SPS.*

Alternatively, hospitals that improve SPS and/or report high, or even **perfect**, scores gain relatively modest advantages in their HSS. Perversely, there were 24 hospitals whose HSS *declined* after the highest SPS were imputed. This result is a function of the Leapfrog

methodology converting highly skewed distributions into z-scores—in these cases, the most positive z-scores allowable by the SPS distribution were lower than the positive z-scores they had received for other Process measures; including SPS resulted in downweighting of these larger z-scores, and thus a lower **grade**. Leapfrog's methodology, in tandem with the highly skewed SPS, results in a system that punishes hospitals whose scores fall at the lower end of the distribution far more significantly than it rewards those hospitals falling at the highest end.

Our study has several important limitations. First, we assess associations only amongst hospitals with all metrics of interest available; **broad**er inclusion may have revealed more associations between SPS and outcomes. Second, we assess relationships between SPS and outcomes at one time point, thus ignoring potential for association over time, or correspondence between change in SPS and change in patient safety outcomes. Third, our simulations rely on an implied counterfactual that all other observed process and outcome measures would remain the same in presence of imputed levels of SPS.

Leapfrog has faced prior criticism for employing methods that advantage HSS for hospitals participating in the Leapfrog Hospital Survey in ways unrelated to representations of valid hospital safety.²⁷ This study revealed another way that Leapfrog Hospital Survey participation potentially advantaged hospitals. Rather than use Hospital Compare's publicly-reported CLABSI and CAUTI SIRs for the HSS for all hospitals, these SIRs were only used for hospitals who *did not complete* the 2013 Leapfrog Hospital Survey; **participating** hospitals were allowed to use self-reported rates instead. Our comparisons of these self-reported SIRs with the Hospital Compare SIRs found that **while** CLABSI SIRs were largely similar across data sources for hospitals participating in the Leapfrog Hospital Survey, self-reported CAUTI SIRs were substantially lower than Hospital Compare CAUTI SIRs. This resulted in an advantage for hospitals that participated in the Leapfrog Hospital Survey, as they received credit for a lower SIR; it also disadvantaged hospitals that did not participate in the Leapfrog Hospital Survey by artificially deflating the mean of the distribution with which these hospitals' SIRs were compared.

Improving the Leapfrog HSS

Leapfrog's mission to grade hospitals in a manner that is both methodologically rigorous and results in accessible comparisons is undoubtedly laudable. However, the lack of association between Leapfrog's proprietary, and voluntary, SPS and the compulsory metrics reported on Medicare's Hospital Compare website raises questions about the internal consistency of Leapfrog's HSS. Recent press releases highlighting Fall 2016 Leapfrog grades^{28, 29} illustrate the Score's two audiences: for consumers attempting reconciliation of safety-related metrics, the HSS offers a comprehensive measure incorporating proprietary process measures and important outcomes; for hospital administrators, an “A” grade from Leapfrog offers consumer-friendly marketing opportunities. For both groups, however, the composite is only meaningful if it is internally consistent—i.e., if process measures correlate in meaningful ways with important outcomes. For consumers, important outcomes reflect personal health needs and concerns; if SPS' do not provide a direct pathway from experience to outcome, its value is unclear. For administrators, important outcomes are increasingly defined by policies

that incentivize or penalize certain metrics; SPS that add more noise than signal to composite measures undermine any value-added proposition.

Some of the deficiencies of the Leapfrog HSS have straightforward remedies. For example, Leapfrog should use Hospital Compare's CLABSI and CAUTI SIRs for all hospitals, rather than self-reported rates. Other deficiencies will require Leapfrog to align broader incentive structures with reporting accuracy, rather than opportunity for leniency. In the context of the HSS, where nearly all inputs now stem from compulsory, standardized measures, voluntary SPS self-reports represent a rare locus of hospital control.

Although Leapfrog currently incorporates methods for encouraging data accuracy, including requiring a letter of affirmation and flagging potentially erroneous or misleading reports,³⁰ auditing processes are crucial for ensuring that variation in these measures reflects true differences in process best practice. Just as we would not expect drivers to turn themselves in for speeding, we should not expect hospitals to accurately self-report failure to **protocolize** safe practices. Leapfrog has recently implemented new efforts to externally validate data,³⁰ which may help to incentivize accurate reporting. As a further step, Leapfrog should consider asking hospitals to report information about the survey completion process, including potential conflicts of interest—for example, which administrators spearheaded Leapfrog survey response? What direct access to clinical practice do they have? And what stake (if any) do they have in the hospital's grade? To the extent that mechanisms of safe practices go beyond minimally-implemented protocols, Leapfrog may also want to consider adding more objective safe practice measures to their survey.

Finally, Leapfrog should ensure that 'honest' hospitals are not unfairly disincentivized to report less-than-ideal SPS measures. Given the strongly skewed distributions observed in recent SPS data, methods other than z-scores should be considered for making data commensurate.

Conclusion

In dissecting Leapfrog's Safe Practice Scores and HSS and grades, our study finds little association between self-reported SPS measures and publicly-reported outcomes and penalties data. Further, we find that **Leapfrog's** current methodologies, in combination with strongly positively skewed self-reports of SPS measures, punish low SPS reports substantially more than they reward high SPS. These concerns cast doubt on the utility of SPS and, more generally, the HSS and grades.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Acknowledgments

Conflict disclosure: Dr. Meddings has reported receiving honoraria from hospitals and professional societies devoted to complication prevention for lectures and teaching related to prevention and value-based purchasing policies involving catheter-associated urinary tract infection and hospital-acquired pressure ulcers. Dr. Meddings's research has also been recently supported by AHRQ grant P30HS024385, a pilot grant from the University of Michigan's Claude D. Pepper Older Americans Independence Center funded by the National Institute on Aging, and

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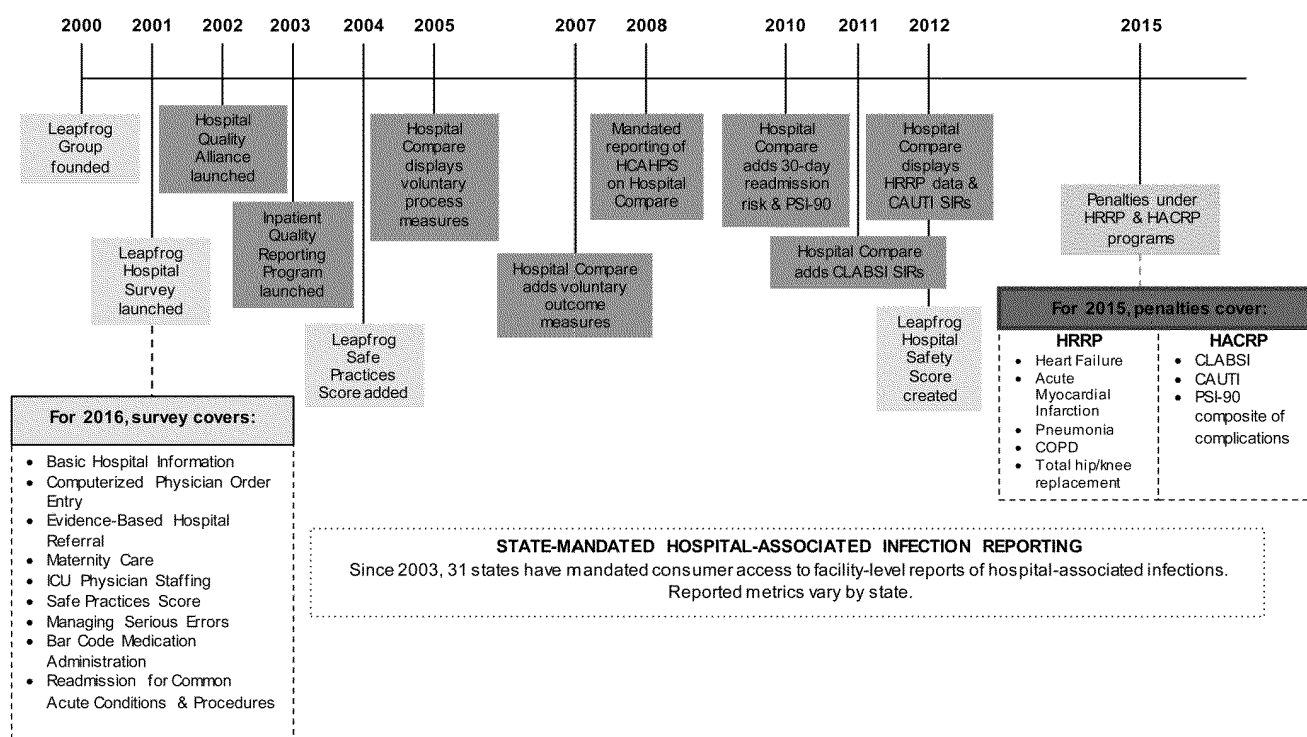


Figure 1.

Timeline for collection of voluntary and compulsory patient safety metrics and content overview.

CLABSI: Central line-associated bloodstream infections; CAUTI: Catheter-associated urinary tract infections; HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems; HRRP: Hospital Readmission Reduction Program; HACRP: Hospital-Acquired Condition Reduction Program; PSI-90: Patient Safety Indicators #90; SIR: Standardized infection ratio

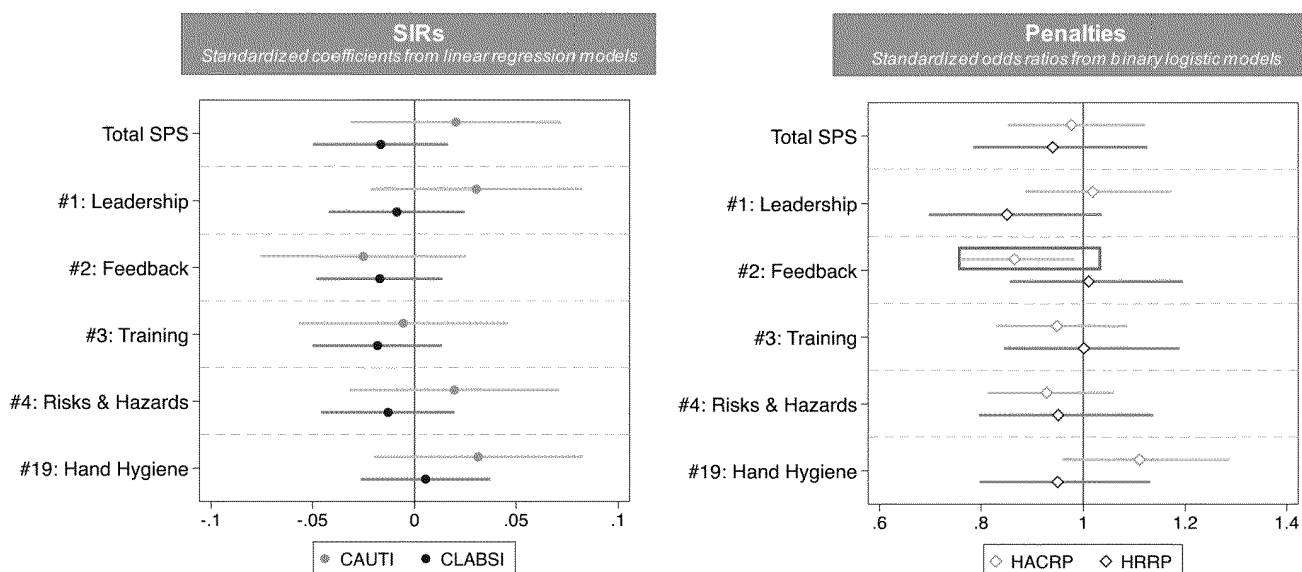


Figure 2.

Is there an association between Leapfrog Safe Practices Score (SPS) and rates of CLABSI and CAUTI reported by Hospital Compare, or penalization for excessive readmission or hospital-acquired conditions? Coefficients and 95% confidence intervals from multivariate regression models, by individual and total SPS

SIR = Standardized Infection Ratio; CAUTI = Catheter-associated urinary tract infection;

CLABSI = Central line-associated bloodstream infection; HACRP = Hospital-acquired Complication Reduction Program; HRRP = Hospital Readmission Reduction Program.

Standardized coefficients presented for all SPS measures, indicating the change in dependent variable for a standard-deviation change in SPS measure. SIR models estimated as linear regression models. Penalty models estimated as binary logistic models, with odds ratios presented here. All models include controls for hospital size, ownership, teaching status, and safety net status.

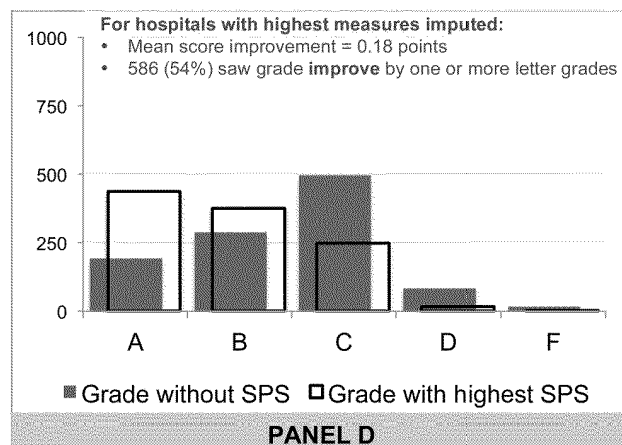
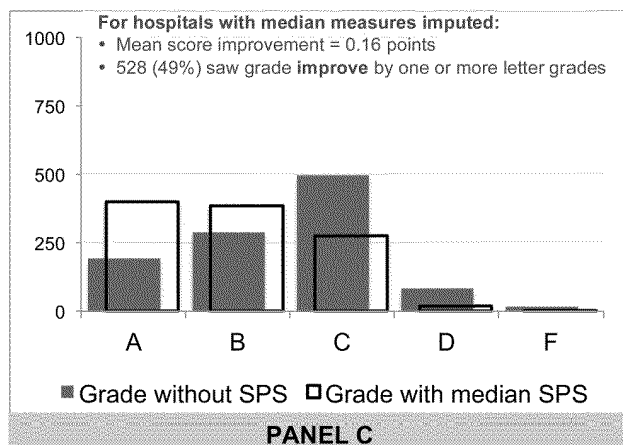
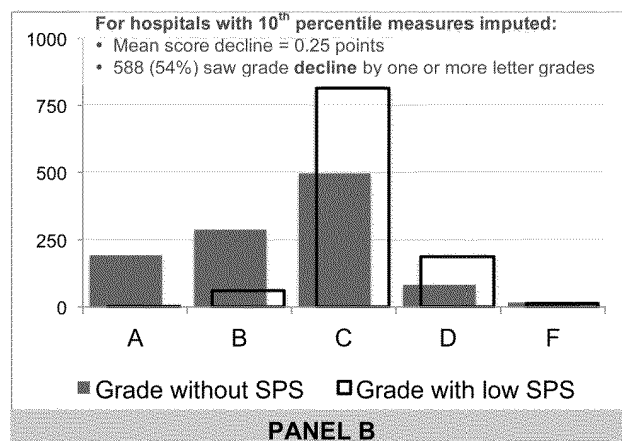
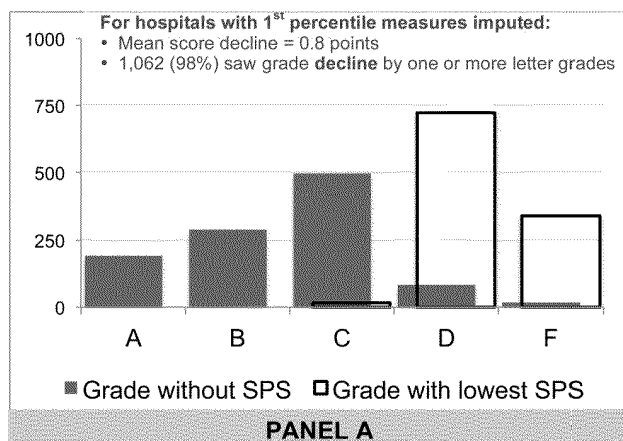


Figure 3.
How much impact do voluntary SPS have on Leapfrog Hospital Safety Score Grades?
Change in grades after imputing 1st percentile, 10th percentile, median and highest SPS scores

Table 1
Descriptive statistics and distributions for Leapfrog Safe Practices Score measures

Safe Practices Score (SPS) Measures			Distribution (Scores used for imputation in Objective 2)
	Mean (SD)	Potential Range	
#1: Culture of Safety <u>Leadership</u> Structures & Systems	111.28 (12.72)	0-120	
#2: Culture Measurement, <u>Feedback</u> & Intervention	18.09 (4.56)	0-20	
#3: Teamwork <u>Training</u> & Skill Building	34.97 (8.55)	0-40	
#4: <u>Risks</u> & Hazards	110.30 (17.31)	0-120	
#9: Nursing Workforce	92.31 (14.02)	0-100	
#17: Medication Reconciliation	31.93 (5.34)	0-35	
#19: <u>Hand Hygiene</u>	27.65 (4.54)	0-30	
#23: Healthcare-Associated Complications in Ventilated Patients	18.42 (2.88)	0-20	
Total SPS	444.40 (54.47)	0-485	Total score not used in imputations

Note: Measures in **red** are examined as predictors or publicly-reported outcomes and penalties under Objective 1; all SPS measures except Total are used for simulating new Hospital Safety Scores under Objective 2. Underlined terms correspond to SPS measure descriptors displayed in Figure 2.

Table 2
Descriptive statistics for hospital characteristics, Hospital Compare CLABSI & CAUTI
SIRs, penalization, and Hospital Safety Score grades for Spring 2014, overall and by
provision of Leapfrog Safe Practices Scores

	Overall (N=2,178)	Provided Safe Practices Score (N=1,098) N (%) or Mean (SD)	Declined Safe Practices Score (N=1,080) N (%) or Mean (SD)	Test statistics & p-value for difference
American Hospital Association Hospital Characteristics				
Teaching hospital? (I=Yes)	279 (12.8)	150 (13.7)	129 (11.9)	$X^2(1)=1.43$ $p=0.23$
Bed size				$X^2(2)=21.09$ $p<0.001$
<50	18 (0.8)	9 (0.8)	9 (0.9)	
50-200	837 (38.4)	370 (33.7)	467 (43.2)	
>200	1363 (60.7)	719 (65.5)	604 (55.9)	$X^2(2)=34.31$ $p=0.001$
Ownership				
Public	249 (11.4)	94 (8.6)	155 (14.3)	
Private, not for profit	1,531 (70.3)	761 (69.3)	770 (71.3)	$X^2(1)=0.92$ $p=0.34$
Private, for profit	398 (18.3)	243 (22.1)	155 (14.4)	
Safety net hospital? (I=Yes)	305 (14.0)	146 (13.3)	159 (14.7)	
OUTCOME VARIABLES				
Hospital Compare Standardized Infection Ratios (SIR)				
Central Line-Associated Bloodstream Infections (CLABSI)	0.55 (0.51)	0.55 (0.50)	0.56 (0.52)	$t=-0.23$ $p=0.82$
Catheter-Associated Urinary Tract Infections (CAUTI)	1.03 (0.88)	1.05 (0.87)	1.01 (0.89)	$t=1.08$ $p=0.28$
Penalized in 2015 under...				
Hospital Readmissions Reduction Program (HRRP)	1,875 (86.1)	942 (85.8)	933 (86.4)	$X^2(1)=0.16$ $p=0.69$
Hospital Acquired Conditions Reduction Program (HACRP)	582 (26.7)	306 (28.0)	276 (25.7)	$X^2(1)=1.45$ $p=0.23$
HOSPITAL SAFETY SCORE GRADES ASSIGNED IN SPRING 2014				
A	703 (32.3)	510 (46.5)	193 (17.9)	$z=15.79$ $p<0.001$
B	588 (27.0)	299 (27.2)	289 (26.8)	
C	748 (34.3)	251 (22.9)	497 (46.0)	
D	119 (5.5)	35 (3.2)	84 (7.8)	
F	20 (0.9)	3 (0.3)	17 (1.6)	

Note: Test statistics include X^2 (with degrees of freedom) for nominal variables, t-tests for continuous variables, and nonparametric trend tests (z-distribution) for ordinal variables.

EXHIBIT F



Scoring Methodology

FALL 2019

LEAPFROG
HOSPITAL
 SAFETY GRADE

CONTENTS

What is the Hospital Safety Grade?	4
Eligible Hospitals	4
Measures	5
Measure Descriptions	8
Process/Structural Measures	8
Computerized Physician Order Entry (CPOE)	8
Bar Code Medication Administration (BCMA)	9
ICU Physician Staffing (IPS)	10
NQF Safe Practice scores	10
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Linear Mean Scores	11
Outcome Measures	11
Healthcare-Associated Infections	11
Hospital-Acquired Condition (HAC) Rates	12
AHRQ Patient Safety Indicator (PSI) Rates	12
Using Secondary Data Sources	13
Computerized Physician Order Entry (CPOE)	13
Bar Code Medication Administration (BCMA)	13



ICU Physician Staffing (IPS)	14
Healthcare-Associated Infections	15
Weighting Individual Measures	16
Evidence.....	16
Opportunity	16
Impact.....	16
Fall 2019 Standard Measure Weights.....	18
Scoring Methodology	19
Calculating Z-Scores.....	19
A Note About Negative Z-Scores	21
A Note About Extreme Values	21
Dealing With Missing Data	22
Calculating Weighted Measure Scores.....	22
Additional Scoring Information	23
Terms Used in Scoring and Public Reporting.....	23
Shared CMS Certification Numbers	23
Updates to Data Used in the Leapfrog Hospital Safety Grade.....	24
Data From the Leapfrog Hospital Survey	24



How Hospitals Can Review Leapfrog Hospital Survey Results Prior to the Data Snapshot Date.....	25
Data From the AHA Annual Survey or AHA Annual Survey IT Supplement	25
How Hospitals Can Review AHA Annual Survey and IT Supplement Submissions Prior to the Data Snapshot Date	26
Data From the Centers for Medicare & Medicaid Services (CMS).....	26
How Hospitals Can Review CMS Data Prior to the Data Snapshot Date	26
How to Participate in the Leapfrog Hospital Survey.....	27
Leapfrog Help Desk.....	27



WHAT IS THE HOSPITAL SAFETY GRADE?

Leapfrog Hospital Safety Grades (formerly known as Hospital Safety Scores) are assigned to over 2,600 general acute-care hospitals across the nation twice annually. The Safety Grade is becoming the gold standard measure of patient safety, cited in [MSNBC](#), [The New York Times](#), and [AARP The Magazine](#).

The Leapfrog Hospital Safety Grade uses national performance measures from the Centers for Medicare & Medicaid Services (CMS), the Leapfrog Hospital Survey and other supplemental data sources.

Taken together, those performance measures produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. The Safety Grade includes 28 measures, all currently in use by national measurement and reporting programs. The Leapfrog Hospital Safety Grade methodology has been peer reviewed and published in the [Journal of Patient Safety](#).¹

With the Leapfrog Hospital 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 grade will foster strong market incentives for hospitals to make safety a priority. Leapfrog Hospital Safety Grades are publicly reported at www.HospitalSafetyGrade.org.

ELIGIBLE HOSPITALS

The Leapfrog Group calculates a Safety Grade for over 2,600 general acute care hospitals for which there is sufficient publicly available data. Because publicly available data is limited for a variety of reasons, Leapfrog is not able to calculate a Safety Grade for every hospital in the U.S.

The Leapfrog Group is not able to calculate a Leapfrog Hospital Safety Grade for the following types of hospitals due to missing data:

- Critical access hospitals (CAH)
- Long-term care and rehabilitation facilities
- Mental health facilities
- Federal hospitals (e.g., Veterans Affairs, Indian Health Services, etc.)
- Specialty hospitals, including surgical centers and cancer hospitals

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



- Free-standing pediatric hospitals
- Hospitals in U.S. territories
- Hospitals that are missing measure scores for **more than seven** (7) process/structural measures or **more than five** (5) outcome measures

MEASURES

The Leapfrog Hospital Safety Grade utilizes 28 national performance measures of patient safety that are collected and publicly reported by The Leapfrog Group and the Centers for Medicare & Medicaid Services (CMS) to produce a single composite score that represents a hospital's overall performance in keeping patients safe from preventable harm and medical errors. In addition, supplemental data from a secondary data source, the American Hospital Association (AHA), is used to give hospitals as much credit as possible towards their Safety Grades.

The measure set is divided into two domains: (1) Process/Structural Measures and (2) Outcome Measures. Each domain represents 50% of the Leapfrog Hospital Safety Grade. The following table lists the 28 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 AND STRUCTURAL MEASURES (13)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Computerized Physician Order Entry (CPOE)	2019 Leapfrog Hospital Survey	2019	2018 AHA Annual Survey Information Technology Supplement ²	2019
Bar Code Medication Administration (BCMA)	2019 Leapfrog Hospital Survey	2019	2018 AHA Annual Survey Information Technology Supplement ²	2019
ICU Physician Staffing (IPS)	2019 Leapfrog Hospital Survey	2019	2017 AHA Annual Survey Database ³	2017

² Source AHA Annual Survey IT Supplement, Health Forum, LLC, a subsidiary of the American Hospital Association

³ Source AHA Annual Survey, Health Forum, LLC, a subsidiary of the American Hospital Association

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SAFETY GRADE

PROCESS AND STRUCTURAL MEASURES (13)

Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Safe Practice 1: Leadership Structures and Systems	2019 Leapfrog Hospital Survey	2019	N/A	N/A
Safe Practice 2: Culture Measurement, Feedback & Intervention	2019 Leapfrog Hospital Survey	2019	N/A	N/A
Safe Practice 4: Identification and Mitigation of Risks and Hazards	2019 Leapfrog Hospital Survey	2019	N/A	N/A
Safe Practice 9: Nursing Workforce	2019 Leapfrog Hospital Survey	2019	N/A	N/A
Safe Practice 19: Hand Hygiene	2019 Leapfrog Hospital Survey	2019	N/A	N/A
H-COMP-1: Nurse Communication	CMS	10/01/2017 - 09/30/2018	N/A	N/A
H-COMP-2: Doctor Communication	CMS	10/01/2017 - 09/30/2018	N/A	N/A
H-COMP-3: Staff Responsiveness	CMS	10/01/2017 - 09/30/2018	N/A	N/A
H-COMP-5: Communication about Medicines	CMS	10/01/2017 - 09/30/2018	N/A	N/A
H-COMP-6: Discharge Information	CMS	10/01/2017 - 09/30/2018	N/A	N/A

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OUTCOME MEASURES (15)				
Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Foreign Object Retained	CMS	07/01/2016 - 06/30/2018	N/A	N/A
Air Embolism	CMS	07/01/2016 - 06/30/2018	N/A	N/A
Falls and Trauma	CMS	07/01/2016 - 06/30/2018	N/A	N/A
CLABSI	2019 Leapfrog Hospital Survey	01/01/2018 - 12/31/2018	CMS	10/01/2017 - 09/30/2018
CAUTI	2019 Leapfrog Hospital Survey	01/01/2018 - 12/31/2018	CMS	10/01/2017 - 09/30/2018
SSI: Colon	2019 Leapfrog Hospital Survey	01/01/2018 - 12/31/2018	CMS	10/01/2017 - 09/30/2018
MRSA	2019 Leapfrog Hospital Survey	01/01/2018 - 12/31/2018	CMS	10/01/2017 - 09/30/2018
C. Diff.	2019 Leapfrog Hospital Survey	01/01/2018 - 12/31/2018	CMS	10/01/2017 - 09/30/2018
PSI 3: Pressure Ulcer Rate	CMS	07/01/2016 - 06/30/2018	N/A	N/A
PSI 4: Death Rate among Surgical Inpatients with Serious Treatable Conditions	CMS	07/01/2016 - 06/30/2018	N/A	N/A
PSI 6: Iatrogenic Pneumothorax Rate	CMS	07/01/2016 - 06/30/2018	N/A	N/A
PSI 11: Postoperative Respiratory Failure Rate	CMS	07/01/2016 - 06/30/2018	N/A	N/A
PSI 12: Perioperative PE/DVT Rate	CMS	07/01/2016 - 06/30/2018	N/A	N/A
PSI 14: Postoperative Wound Dehiscence Rate	CMS	07/01/2016 - 06/30/2018	N/A	N/A
PSI 15: Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	CMS	07/01/2016 - 06/30/2018	N/A	N/A



MEASURE DESCRIPTIONS

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 (1) implementing a CPOE system and (2) the efficacy of that system in alerting prescribers to common medication errors such as drug-drug interactions and drug-allergy interactions via the CPOE Evaluation Tool. CPOE is a categorical measure: hospitals receive either "Fully Meets the Standard," "Substantial Progress," "Some Progress," "Willing to Report," "Declined to Respond," or "Unable to Calculate Score" based on the information they submit via the Leapfrog Hospital Survey. A numerical score is assigned to each performance category from the Leapfrog Hospital Survey for the purposes of calculating a Hospital Safety Grade:

Leapfrog Performance Category	Measure Score
Fully Meets the Standard	100
Substantial Progress	70
Some Progress	40
Willing to Report	15
Declined to Respond	See Uses of Secondary Data
Unable to Calculate Score	Not Available (See Scoring Terms)
Pending Leapfrog Verification	Contact Leapfrog Help Desk

For hospitals that did not submit a Leapfrog Hospital Survey by August 31, see [Using Secondary Data Sources](#) for detailed information on assigning a CPOE score to hospitals using the 2018 AHA Annual Survey IT Supplement² as a secondary data source.



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) types of decision support that the hospital's BCMA system offers and 4) structures to monitor and reduce workarounds. BCMA is a categorical measure: hospitals receive either "Fully Meets the Standard," "Substantial Progress," "Some Progress," "Willing to Report," "Declined to Respond," or "Does Not Apply" based on the information they submit via the Leapfrog Hospital Survey. A numerical score is assigned to each performance category from the Leapfrog Hospital Survey for the purposes of calculating a Hospital Safety Grade:

Leapfrog Performance Category	Measure Score
Fully Meets the Standard	100
Substantial Progress	75
Some Progress	50
Willing to Report	25
Declined to Respond	See Uses of Secondary Data
Pending Leapfrog Verification	Contact Leapfrog Help Desk

For hospitals that did not submit a Leapfrog Hospital Survey by August 31, see [Using Secondary Data Sources](#) for detailed information on assigning a BCMA score to hospitals using the 2018 AHA Annual Survey IT Supplement² as a secondary data source.

LEAPFROG
HOSPITAL
SAFETY GRADE

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. IPS is a categorical measure: hospitals receive either "Fully Meets the Standard," "Substantial Progress," "Some Progress," "Willing to Report," "Declined to Respond," or "Does Not Apply" based on the information they submit via the Leapfrog Hospital Survey. A numerical score is assigned to each performance category from the Leapfrog Hospital Survey for the purposes of calculating a Hospital Safety Grade:

Leapfrog Performance Category	Measure Score
Fully Meets the Standard	100
Substantial Progress	50
Some Progress	15
Willing to Report	5
Declined to Respond	See Uses of Secondary Data
Does Not Apply	Not Available (See Scoring Terms)
Pending Leapfrog Verification	Contact Leapfrog Help Desk

For hospitals that did not submit a Leapfrog Hospital Survey by August 31, see [Using Secondary Data Sources](#) for detailed information on assigning an IPS score to hospitals using the 2017 AHA Annual Survey³ as a secondary data source.

NQF SAFE PRACTICE SCORES

Five (5) NQF Safe Practice measures are collected by The Leapfrog Group on the Leapfrog Hospital Survey. They measure a hospital's progress in implementing NQF-endorsed processes and protocols that promote safe patient care. The maximum possible score for each NQF Safe Practices ranges from 60 – 120. Individual scores for each Safe Practice are used to calculate the Leapfrog Hospital Safety Grade.

Leapfrog Performance Category	Possible Measure Score
SP 1: Culture of Safety Leadership, Structures and Systems	0 - 120
SP 2: Culture Measurement, Feedback and Intervention	0 - 120
SP 4: Risks and Hazards	0 - 100
SP 9: Nursing Workforce	0 - 100
SP 19: Hand Hygiene	0 - 60



There is no secondary data source for the NQF Safe Practice Scores. Therefore, hospitals that did not submit a 2019 Leapfrog Hospital Survey by August 31 will not have these measures included in their Safety Grade and the measure will be scored as “Declined to Report”.

HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) LINEAR MEAN SCORES

The Centers for Medicare & Medicaid Services (CMS), along with the Agency for Healthcare Research and Quality (AHRQ), developed the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey, also known as Hospital CAHPS®, to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. The HCAHPS Survey is administered to a random sample of patients continuously throughout the year. CMS cleans, adjusts and analyzes the data, then publicly reports the results. Five of the seven composite topics are used in the Leapfrog Hospital Safety Grade. The composite topic linear mean score for each measure is calculated by CMS.

HCAHP Composite Topic	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

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).

HEALTHCARE-ASSOCIATED INFECTIONS

The Leapfrog Hospital Safety Grade includes five (5) healthcare-associated infection measures collected 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. 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 Section 7 Managing Serious Errors by August 31.

LEAPFROG
HOSPITAL
 SAFETY GRADE

The standardized infection ratio (SIR) for each infection measure is used to calculate the Leapfrog Hospital Safety Grade. Information regarding the CDC's SIR methodology can be found at <http://www.cdc.gov/nhsn/acute-care-hospital/index.html>.

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

HOSPITAL-ACQUIRED CONDITION (HAC) RATES

The Leapfrog Hospital Safety Grade contains three (3) measures of Hospital-Acquired Conditions: Foreign Object Retained after Surgery, Air Embolism, and Falls/Trauma. CMS calculates these rates based on the claims it receives from hospitals that participate in the Inpatient Prospective Payment System (IPPS). The HAC measures are reported as a rate per 1,000 inpatient discharges by CMS, where zero is the best possible rate. This rate is used to calculate the Leapfrog Hospital Safety Grade.

AHRQ PATIENT SAFETY INDICATOR (PSI) RATES

The Leapfrog Hospital Safety Grade contains seven (7) AHRQ Patient Safety Indicators: PSI 3 Pressure Ulcer Rate; PSI 4 Death Rate among Surgical Inpatients with Serious Treatable Conditions; PSI 6 Iatrogenic Pneumothorax Rate; PSI 11 Postoperative Respiratory Failure Rate; PSI 12 Perioperative PE/DVT Rate; PSI 14 Postoperative Wound Dehiscence Rate; and PSI 15 Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate.

CMS calculates these rates based on the claims it receives from hospitals that participate in the Inpatient Prospective Payment System (IPPS). The PSIs are reported as a rate per 1,000 patient discharges by CMS. This rate is used to calculate the Hospital Safety Grade.



USING SECONDARY DATA SOURCES

Thirteen (13) of the 28 measures that make up the Leapfrog Hospital Safety Grade are derived from the 2019 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 Leapfrog Hospital Safety Grade Methodology utilizes secondary data when available. This section describes the methods developed for using secondary data sources and dealing with missing data. For information on how to complete a free Leapfrog Hospital Survey, visit www.leapfroggroup.org/survey

COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

The Leapfrog Hospital Survey is the **primary data source** for CPOE. Hospitals that report their progress in meeting the CPOE Standard on the 2019 Leapfrog Hospital Survey by August 31, 2019 will receive a measure score based on their Leapfrog performance for the CPOE measure.

The 2018 AHA Annual Survey IT Supplement² is the **secondary data source** for CPOE. A hospital's response to the question regarding the use of Computerized Provider Order Entry (CPOE) for medications is used to assign the following score (refer to Table 1.1).

Table 1.1 Points Earned for Hospitals That Did Not Submit a 2019 Leapfrog Hospital Survey by August 31, 2019

2018 AHA Annual Survey IT Supplement Response	Measure Score	Notes
1 – Yes	45	Score reflects the information regarding CPOE available from the secondary data source when compared to the Leapfrog Hospital Survey. <u>See details regarding Leapfrog's CPOE standard.</u>
2 – No	5	
3 – Do Not Know	Declined to Report	

If a hospital did not report to the Leapfrog Hospital Survey or AHA Annual Survey IT Supplement² on their CPOE implementation, the hospital receives a score of, and is publicly reported as, "Declined to Report." This measure is then **not included** in calculating the Leapfrog Hospital Safety Grade.

BAR CODE MEDICATION ADMINISTRATION (BCMA)

The Leapfrog Hospital Survey is the **primary data source** for BCMA. Hospitals that report their progress in meeting the BCMA Standard on the 2019 Leapfrog Hospital Survey by August 31, 2019 will receive a measure score based on their Leapfrog performance for the BCMA measure.

LEAPFROG
HOSPITAL
SAFETY GRADE

The 2018 AHA Annual Survey IT Supplement² is the **secondary data source** for BCMA. A hospital's response to the question regarding the use of Bar Coding or Radio Frequency Identification (RFID) for Closed-loop Medication Tracking is used to assign the following score (refer to table 2.1).

Table 2.1 Points Earned for Hospitals That Did Not Submit a 2018 Leapfrog Hospital Survey by August 31, 2019

2018 AHA Annual Survey IT Supplement Response	Measure Score	Notes
1 – Yes	45	Score reflects the information regarding BCMA available from the secondary data source when compared to the Leapfrog Hospital Survey. <u>See details regarding Leapfrog's CPOE standard.</u>
2 – No	5	
3 – Do Not Know	Declined to Report	

If a hospital did not report to the Leapfrog Hospital Survey or AHA Annual Survey IT Supplement² on their BCMA implementation, the hospital receives a score of, and is publicly reported as, "Declined to Report." This measure is then **not included** in calculating the Leapfrog Hospital Safety Grade.

ICU PHYSICIAN STAFFING (IPS)

The Leapfrog Hospital Survey data is the **primary data source** for IPS. Hospitals that report their progress in meeting the IPS Standard on the 2019 Leapfrog Hospital Survey by August 31, 2019, will receive a measure score based on their Leapfrog performance for the IPS measure.

The 2017 AHA Annual Survey³ is the **secondary data source** for IPS. A hospital's responses to the 2017 AHA Annual Survey³ questions on the number of Med/Surg and/or Pediatric ICU beds, the closed/open status of the Med/Surg ICU and/or Pediatric ICUs, and number of FTEs of intensivists in Med/Surg and/or Pediatric ICUs are used to assign the following measure score (refer to Table 3.1).

Note 1: If a hospital reported zero (0) Med/Surg **AND** zero (0) Pediatric ICU beds, the hospital will receive a score of "Not Available" and this measure will not be included in calculating the Leapfrog Hospital Safety Grade.

Table 3.1 Points Earned for IPS for Hospitals That Did Not Submit a 2019 Leapfrog Hospital Survey by August 31, 2019

2017 AHA Annual Survey Response	Measure Score	Notes
If Med/Surg ICU is "Closed" and the number of intensivist FTEs is >6	85	Score was imputed based on an analysis comparing hospital performance on Leapfrog and AHA surveys
If Med/Surg ICU is "Closed" and the number of intensivist FTEs is <=6 and >0	65	Score was imputed based on an analysis comparing hospital performance on Leapfrog and AHA surveys
If Med/Surg ICU is "Open"	5	
If Pediatric ICU is "Closed" and the number of intensivist FTEs is >6	85	Score was imputed based on an analysis comparing hospital performance on Leapfrog and AHA surveys

LEAPFROG
HOSPITAL
SAFETY GRADE

If Pediatric ICU is "Closed" and the number of intensivist FTEs is ≤ 6 and > 0	65	Score was imputed based on an analysis comparing hospital performance on Leapfrog and AHA surveys
If Pediatric ICU is "Open"	5	
If Med/Surg ICU beds and Pediatric ICU beds is 0	Not Available (See Scoring Terms)	Measure is not included in calculating the Leapfrog Hospital Safety Grade.

EXAMPLE 1:

Med/Surg ICU is closed and staffed with 10 FTEs = 85

Pediatric ICU is open and staffed with 6 FTEs = 5

Overall IPS Score calculation: $85 + 5 = 90 / 2 = 45$

Overall IPS Score used to calculate Leapfrog Hospital Safety Grade = 45

EXAMPLE 2:

Med/Surg ICU is closed and staffed with 20 FTEs = 85

Pediatric ICU is closed and staffed with 5 FTEs = 65

Overall IPS Score calculation: $85 + 65 = 150 / 2 = 75$

Overall IPS Score used to calculate Leapfrog Hospital Safety Grade = 75

If a hospital did not report to the Leapfrog Hospital Survey or AHA Annual Survey³ on ICU Physician Staffing, the hospital receives a score of, and is publicly reported as, "Declined to Report." This measure is **not included** in calculating the Leapfrog Hospital Safety Grade.

HEALTHCARE-ASSOCIATED INFECTIONS

The Leapfrog Hospital Survey data is the **primary data source** for CLABSI, CAUTI, MRSA, C. Diff., and SSI: Colon. Leapfrog will use standardized infection ratios (SIRs) obtained directly from the CDC's National Healthcare Safety Network (NHSN) application for hospitals that 1) joined Leapfrog's NHSN group, 2) provided an accurate NHSN ID in the Profile section of the Online Survey Tool, and 3) submitted Section 7 Managing Serious Errors Leapfrog by August 31, 2019. If a hospital did not report to Leapfrog for this measure, CMS data will be used as a secondary data source.

Table 4.1 Hospitals That Did Not Submit a 2019 Leapfrog Hospital Survey by August 31, 2019

As Reported by CMS	Measure Score	Notes
Not Available (no locations or low volume)	Not Available	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.



WEIGHTING INDIVIDUAL MEASURES

Each measure included in the Leapfrog Hospital Safety Grade is assigned a standard weight. The methodology to assign standard weights includes three criteria that reflect the quality of the measure. These criteria are: (1) Impact, (2) Evidence, and (3) Opportunity. These three (3) criteria are then combined using the following equation to compute a standard weight for each measure that represents the measure's relative importance within the composite score: **[Evidence + (Opportunity x Impact)]**.

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 Safe Practice)

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

- 1 = No direct evidence of harm or harm reduction (e.g., Hand Hygiene Safe Practice)
- 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)
- 2 = Score of 3-4 (Medium Impact) (e.g., Foreign Object Retained After Surgery; Hand Hygiene Safe Practice)
- 3 = Score of 5-6 (High Impact) (e.g., ICU Physician Staffing)



FALL 2019 STANDARD MEASURE WEIGHTS

Measure	Evidence Score	Opportunity Score	Impact Score	Measure Weight
Process/Structural Measure Domain (50%)				
CPOE	2	1.35	3	5.7%
BCMA	2	1.31	3	5.6%
IPS	2	1.80	3	7.0%
SP 1	1	1.07	2	3.0%
SP 2	1	1.11	2	3.0%
SP 4	1	1.10	2	3.0%
SP 9	1	1.08	3	4.0%
SP 19	2	1.15	2	4.1%
H-COMP-1	1	1.02	2	2.9%
H-COMP-2	1	1.02	2	2.9%
H-COMP-3	1	1.04	2	2.9%
H-COMP-5	1	1.04	2	2.9%
H-COMP-6	1	1.04	2	2.9%
Outcome Measure Domain (50%)				
HAC: Foreign Object	1	3.00	2	4.3%
HAC: Air Embolism	1	3.00	1	2.5%
HAC: Falls and Trauma	2	1.80	3	4.6%
CLABSI	2	1.81	3	4.6%
CAUTI	2	1.74	3	4.4%
SSI: Colon	2	1.80	2	3.5%
MRSA	2	1.80	3	4.6%
C. Diff.	2	1.53	3	4.1%
PSI 3	1	1.87	3	4.1%
PSI 4	1	1.12	2	2.0%
PSI 6	1	1.21	2	2.1%
PSI 11	1	1.35	2	2.3%
PSI 12	1	1.26	2	2.2%
PSI 14	1	1.17	2	2.1%
PSI 15	1	1.25	3	2.9%



SCORING METHODOLOGY

Once all data elements have been collected for a given hospital, the Leapfrog Hospital Safety Grade can be calculated using the methodology described below.

CALCULATING Z-SCORES

Z-Scores are used to standardize data from individual measures with different scales. This allows for the comparison of individual scores from different types of data. For example, a score of 90 on H-COMP-1: Nurse Communication cannot be compared to a CLABSI SIR of 0.87, as they are reported on different scales. In addition, Z-Scores can indicate to a hospital whether their score on a particular measure is above, below, or equal to the average hospital.

In the Scoring Methodology, a Z-Score is calculated for each measure that is applicable to a hospital. 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:** $[\text{Hospital Score} - \text{Mean}] / \text{Standard Deviation}$
- **For Outcome Measures:** $[(\text{Mean} - \text{Hospital Score}) / \text{Standard Deviation}]$

The following table includes the national mean and standard deviation for each measure. These values are used to calculate your hospital's Z-Score using the formulas above. Please note, for display, means and standard deviations shown below are rounded to two or three decimal places. For scoring, these values are not rounded.

Process and Structural Measures	Mean	Standard Deviation
Computerized Physician Order Entry (CPOE)	77.10	27.13
Bar Code Medication Administration (BCMA)	80.28	24.93
ICU Physician Staffing (IPS)	55.61	44.33
Safe Practice 1: Leadership Structures and Systems	117.20	7.91
Safe Practice 2: Culture Measurement, Feedback & Intervention	116.65	12.55
Safe Practice 4: Identification and Mitigation of Risks and Hazards	97.05	9.87
Safe Practice 9: Nursing Workforce	97.91	7.82

LEAPFROG
HOSPITAL
SAFETY GRADE

Process and Structural Measures	Mean	Standard Deviation
Safe Practice 19: Hand Hygiene	56.97	8.50
H-COMP-1: Nurse Communication	90.90	2.18
H-COMP-2: Doctor Communication	90.89	2.00
H-COMP-3: Staff Responsiveness	84.34	3.48
H-COMP-5: Communication about Medicines	77.94	3.38
H-COMP-6: Discharge Information	86.60	3.08

Outcome Measures	Mean	Standard Deviation
Foreign Object Retained	0.02	0.06
Air Embolism	0.001	0.02
Falls and Trauma	0.44	0.35
CLABSI	0.73	0.59
CAUTI	0.79	0.58
SSI: Colon	0.84	0.67
MRSA	0.84	0.67
C. Diff.	0.69	0.37
PSI 3: Pressure Ulcer Rate	0.49	0.42
PSI 4: Death Rate among Surgical Inpatients with Serious Treatable Conditions	162.89	19.33
PSI 6: Iatrogenic Pneumothorax Rate	0.27	0.06
PSI 11: Postoperative Respiratory Failure Rate	7.65	2.67
PSI 12: Perioperative PE/DVT Rate	3.83	0.99
PSI 14: Postoperative Wound Dehiscence Rate	0.95	0.16
PSI 15: Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	1.29	0.32

LEAPFROG
HOSPITAL
 SAFETY GRADE

A NOTE ABOUT NEGATIVE Z-SCORES

To ensure that a single measure does not dominate a hospital's overall score in an unintended way, Leapfrog truncates negative Z-scores at -5.00. Hospitals that have a calculated Z-score below -5.00 on a measure will receive a modified Z-score of -5.00 on that measure.

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, if CMS has reported a rate of 0.50 per 1,000 patient discharges for the Foreign Object Retained measure for your hospital, Leapfrog has "trimmed" this rate to 0.36 (e.g. the 99th percentile). Therefore, on the Leapfrog Hospital Safety Grade website, you'll see the measure score for Foreign Object Retained displayed as 0.36. Please see the table below for a list of the "trim" values for the Fall 2019 Leapfrog Hospital Safety Grade.

Measure	99 th Percentile
Foreign Object Retained	0.36
Falls and Trauma	1.625
CLABSI	2.952
CAUTI	2.849
SSI: Colon	2.922
MRSA	3.265
C. Diff.	1.953
PSI 3: Pressure Ulcer Rate	2.35
PSI 4: Death Rate among Surgical Inpatients with Serious Treatable Conditions	215.45
PSI 6: Iatrogenic Pneumothorax Rate	0.47
PSI 11: Postoperative Respiratory Failure Rate	16.32
PSI 12: Perioperative PE/DVT Rate	7.24
PSI 14: Postoperative Wound Dehiscence Rate	1.51
PSI 15: Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate	2.4

Note 1: Percentiles are rounded to reflect the precision of the raw data.



DEALING WITH MISSING DATA

The weight of any measure that is missing for a hospital is redistributed to the other measures in the same measure domain. The new weight for each measure is determined by summing the weights of all available measures in the domain and then dividing each measure weight by the total weight. The result is the new measure weight within that domain. Note that each domain contributes to 50% of the overall letter grade and therefore must be divided in half to find the final 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 your hospital's numerical safety score, multiply the Z-Score of each process measure by the weight assigned for that measure to get the weighted process measure score. (Remember, if your hospital had other process measures that were not available, your hospital's weight on any given process or structural measure may differ from the standard weight). Then, find the total process score by adding the weighted process measure scores of each process measure together. This is your hospital's overall weighted process score.

Then, multiply the Z-Score of each outcome measure by the weight assigned to that measure to get the weighted outcome measure score. (Remember, if your hospital had other outcome measures that were not available, your hospital's weight on any given outcome measure may differ from the standard weight). Then, find the total outcome score by adding the weighted outcome measure scores of each outcome measure together. This is your hospital's overall weighted outcome score.

To calculate the overall Leapfrog Hospital Safety Grade for your hospital, add the weighted process score and the weighted outcome score calculated in the previous step. Add 3.0 to your score; this is done to normalize scores to a positive distribution.

To assist hospitals in calculating their numerical score, a calculator is available on the [Safety Grade Review Website](#).



ADDITIONAL SCORING INFORMATION

TERMS USED IN SCORING AND PUBLIC REPORTING

“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.

“Declined to Report” means that a hospital was targeted to submit a Leapfrog Hospital Survey and did not. Therefore, the hospital is indicated as “Declined to Report” for that measure. For example, if a hospital did not report on its progress in implementing the Safe Practices, it will receive a score of “Declined to Report.” Measures scored as “Declined to Report” will not be used in calculating the overall score. As a result, the remainder of a hospital’s applicable measures will receive higher weights. This is because the weights from measures that the hospital did not report are allocated across the other measures.

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 measures, Hospital-Acquired Condition measures, Healthcare-Associated Infection measures, and Patient Safety Indicators.



UPDATES TO DATA USED IN THE LEAPFROG HOSPITAL SAFETY GRADE

The Leapfrog Hospital Safety Grade relies on publicly reported 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 <http://www.hospitalsafetygrade.org/for-hospitals/updates-and-timelines-for-hospitals>. Leapfrog publishes these dates to give hospitals and other stakeholders advance notice so they can be prepared to submit a Leapfrog Hospital Survey, submit an AHA Annual Survey³ and/or AHA Annual Survey IT Supplement², and track and review their performance on CMS measures used in the Leapfrog Hospital Safety Grade.

In addition, Leapfrog holds a courtesy three-week Safety Grade Review Period to give hospitals an additional opportunity to review the data that will be used to calculate their hospital's Safety Grade. During the three-week review period, if a hospital finds a data discrepancy (i.e. the measure score on the public report does not match the measure score on the review website) the hospital should contact the Help Desk immediately. Hospitals should double check the data source, measure name, and reporting period before contacting the Help Desk. The Help Desk will need to know which measure and score are in question and will need a copy of the public report that shows a different score than the one Leapfrog has recorded on the [Safety Grade Review Website](#).

Please review the details below which describe Leapfrog's policy for accepting corrections from data sources used in the Leapfrog Hospital Safety Grade after the Data Snapshot Date.

DATA FROM THE LEAPFROG HOSPITAL SURVEY

During the three-week Safety Grade Review Period (September 18 – October 8), Leapfrog will only make corrections to a hospital's data from the 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.

LEAPFROG
HOSPITAL
 SAFETY GRADE

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 first reporting deadline (June 30), Survey Results are published monthly on a secure 'Hospital Details' page and a public website (www.leapfroggroup.org/compare-hospitals). Hospitals are urged to review their Survey Results. Hospitals that identify any reporting errors are instructed to log back into the Survey to submit a correction. Hospitals are able to 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>

DATA FROM THE AHA ANNUAL SURVEY OR AHA ANNUAL SURVEY IT SUPPLEMENT

During the three-week Safety Grade Review Period (September 18 – October 8), Leapfrog will only make corrections to a hospital's data from the AHA Health Forum if the correction is issued to all individuals and organizations who license the AHA Annual Survey³ and/or AHA Annual Survey IT Supplement² data. Hospitals submitting an Annual Survey or IT supplement to the AHA Health Forum are urged to take advantage of the opportunity to review their survey results for accuracy and completeness prior to and immediately following survey submission.

In addition, if Leapfrog identifies reporting scenarios which are logically inconsistent and therefore a likely reporting error with respect to a hospital's ICU Physician Staffing data from the AHA Annual Survey³, this data will not be used in calculating the Leapfrog Hospital Safety Grade. Examples of reporting scenarios that will result in ICU Physician Staffing data not being used are listed below:

EXAMPLES OF REPORTING ERRORS THAT WILL NOT BE USED IN THE LEAPFROG HOSPITAL SAFETY GRADE

Med/Surg ICU Data	Pediatric ICU Data
Zero (0) Med/Surg ICU beds and greater than zero (0) Med/Surg Intensivist FTE	Zero (0) Pediatric ICU beds and greater than zero (0) Pediatric Intensivist FTE
Zero (0) Med/Surg ICU beds and a 'closed' Med/Surg ICU	Zero (0) Pediatric ICU beds and a 'closed' Pediatric ICU
A 'closed' Med/Surg ICU and zero (0) Med/Surg Intensivist FTEs	A 'closed' Pediatric ICU and zero (0) Pediatric Intensivist FTEs



HOW HOSPITALS CAN REVIEW AHA ANNUAL SURVEY AND IT SUPPLEMENT SUBMISSIONS PRIOR TO THE DATA SNAPSHOT DATE

The American Hospital Association's (AHA) Annual Survey and AHA Annual Survey IT Supplement² are administered by the AHA Health Forum. Both online and paper submissions are accepted. Online surveys are run through electronic data evaluation routines designed to test the reliability and validity of reported survey values prior to the electronic submission of the completed survey to the AHA. Error checks fall into two categories: (a) compares the hospital's current year response against its response to the same question last year and (b) tests for the internal consistency of related questions across the survey. Where a value fails any test, an error message is immediately returned to the respondent requesting that it either corrects the questionable value or explains in text format why the value is correct. A participant hospital can review its response and make as many changes as many times as deemed necessary prior to final submission. In addition, AHA data analysts apply an even larger version of the routine error checks to all submitted data regardless of online or paper submission. The AHA data analysts review potential problems in the last processing step prior to finalization. A responding hospital is free to modify its submitted survey up until the close of the data collection and data evaluation phases of the Annual Survey process. To correct a survey, hospitals must contact the Health Forum survey support facility.

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

During the three-week Safety Grade Review Period (September 18 – October 8), 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](https://data.medicare.gov) website or the [Data.CMS.Gov](https://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 three-week 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.

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](https://data.medicare.gov) website and the [Data.CMS.Gov](https://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 your hospital did **not** complete a 2019 Leapfrog Hospital Survey by August 31, results from the Survey were not used to calculate your Leapfrog Hospital Safety Grade. Leapfrog will update Leapfrog Hospital Safety Grades again in the spring of 2020. If your hospital would like Leapfrog Hospital Survey Results included in the next Leapfrog Hospital Safety Grade, a 2019 Leapfrog Hospital Survey **must be submitted by November 30, 2019**. For more information about the Leapfrog Hospital Survey, visit <https://www.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 G

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March 17, 2022 ·

The Institute will provide transformational education and programming that advances patient safety and empowers real, measurable progress.

Our work is far from over. Donate now to support leaps for #patientsafety <https://bit.ly/3w8YyC>
See less

The Leapfrog Greenlight Gala was an incredible night of celebration and action. We raised over \$200,000 to support the new Leapfrog Judie...



3 · 579 views

0:37



The Leapfrog Group
122 views · November 7 at 1:51 PM



The Leapfrog Group
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25 years of impact! Hear from Bruce Bradley, Co-Founder of The Leapfrog Group, as he...

The Leapfrog Group

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Col. Steven Coffee, a powerful voice for patients and last year's Leapfrog Annual...

The Leapfrog Group

37 views · August 6

0:06

We're bringing back our popular poster session at the 2025 Leapfrog Annual Meeting! The...

The Leapfrog Group

97 views · July 31

In the next installment of our 25th anniversary video series, Leapfrog Board Chair Linda...

The Leapfrog Group

65 views · July 28

1:12

To kick off our 25th anniversary video series, Leapfrog President and CEO Leah Binder...

The Leapfrog Group

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https://www.facebook.com/TheLeapfrogGroup/videos/666741131320731/ 2/2

EXHIBIT H

CONTRACT FOR CONSULTING SERVICES:
MetaStar & The Leapfrog Group: On-site Verification for Hospitals and Ambulatory Surgery Centers

LEAPFROG PROJECT CONTRACT

PREAMBLE:

This Agreement ("Agreement") dated October 1, 2023, is between The Leapfrog Group ("Client"), located at 1775 K Street, N.W., Suite 400, Washington DC 20006, and MetaStar, Inc. ("Contractor"), located at 2909 Landmark Place, Madison, WI 53713.

1. Purpose

Client wishes to engage the services of Contractor to develop and test on-site verification protocols for five (total) hospitals and ambulatory surgery centers.

2. Scope of Work

Consultant shall perform the following scope of work. The scope of work shall include, but not be limited to the following tasks:

- Design and innovate on-site verification protocol
- Prioritize Measures for on-site verification
- Design and finalize Critical Element Pathway survey protocol for hospitals and ambulatory surgery centers
- Host virtual learning event or recorded training
- Complete on-site facility selection, scheduling, and orientation
- Conduct on-site verification using developed Critical Element Pathways for
 - Three (3) hospitals
 - Two (2) ambulatory surgery centers
- Develop and send feedback reports for on-site facilities
- See Attachment A Workplan (v2) and Attachment B Timeline (v2) for further details
- Other tasks as mutually agreed upon

3. Period of Performance

The period of performance for this Agreement shall be from October 1, 2023, through November 30, 2024.

4. Fees and Payment

A. Payment: After the close of each month, Contractor shall invoice Client for allowable costs incurred as outlined in Attachment C of this agreement to fulfill the Scope of Work described in this Agreement. Contractor shall invoice Client on a monthly basis. Payments will be due to the Contractor within thirty (30) days of receipt of the invoice by the Client. Total fees shall not exceed \$114,307.06 without written permission of the Client.

B. Other Expenses: The Client will provide reimbursement of transportation, lodging, meals, and other direct expenses that are reasonable and necessary to complete the Scope of Work, as long as they are directly allocable to the Scope of Work and receipts are submitted to the Client together with the invoices submitted in subsection (C) below. All travel expenses must be approved in advance by Client.

C. Invoices: The Contractor will invoice the Client as described above. Invoices shall be addressed to Ben Choi, Senior Advisor, Finance, The Leapfrog Group, 1775 K St. NW, Suite 400, Washington, DC 20006 and emailed to accounting@leapfrog-group.org. The contractor will not invoice for greater than \$100,000 total costs prior to June 30, 2024.

5. Personnel

A. Representatives: For the Client, Missy Danforth (VP of Health Care Ratings) , shall represent the Client's interests under this Agreement, and is responsible for supervision of all aspects of this Agreement. For the Contractor, Emily Nelson shall represent the Contractor's interests and shall manage this project in accordance with this Agreement.

B. Project Staff: The personnel assigned to this project by Contractor shall include Toni Kettner, Mona Mathews, Emily Nelson, Cory Steinmetz. He/she may not delegate his responsibilities under this Agreement without the prior written approval of the Client's representative.

6. Record Retention

Contractor shall maintain the records relating to its performance of the Scope of Work in its files for a period of not less than four (4) years following the expiration of this Agreement or any termination. Contractor agrees to promptly furnish the Client with copies at Client's expense of such documents upon the Client's request and agrees to make its books and records available to the Client at reasonable times. Client, at its expense, may audit or have audited the books and records of the Contractor insofar as they relate to the disposition of the funds paid to Contractor in connection with this Agreement, and Client shall provide all necessary assistance in connection therewith.

7. Intellectual Property Rights

Contractor agrees that all materials, including without limitation, data, information, Critical Element Pathways, feedback reports, communication materials for on-site verification (the "materials") produced or developed (whether finished or unfinished) and all Intellectual Property Rights (as defined below) therein under the terms of this Agreement become, are and shall remain the property of Client. Contractor shall not reproduce, republish, distribute, modify, reverse engineer or otherwise exploit the materials in whole or in part, in any manner not expressly permitted by this Agreement and must not remove or modify any copyright, service mark, trade name or trademark notice or other notice of ownership. This prohibition applies to oral presentations or research results that use material that (1) have not been publicly released, or (2) are from prior years and have not been made public. Client retains exclusive ownership of the materials and the ideas embodied therein, and if Contractor makes any modification of the materials in violation of this Agreement, Contractor will, and hereby does, assign to Client, Contractor's rights, title and interest in and to such modifications and all Intellectual Property Rights therein. Contractor acknowledges that the materials constitute the proprietary trade secrets of Client.

Contractor may not allow anyone other than itself to access or use the materials and must not repost, retransmit or otherwise distribute the materials, in whole or in part, to any entity or individual, except as expressly permitted in this Agreement. In consideration for Client's entering into this Agreement, Contractor agrees that all improvements, inventions, works of authorship, or any other suggestions Contractor or any of Contractor's personnel provides to Client relating to this Agreement or the materials will be, and are hereby, assigned to Client and shall be the sole and exclusive property of Client.

The materials are and will be considered a work made for hire for Client within the meaning of Title 17 of the United States Code. To the extent the materials are not a work made for hire, Contractor irrevocably assigns to Client all rights, title, and interests in and to the materials and all Intellectual Property Rights therein.

"Intellectual Property Rights" means all intellectual property rights of any kind or nature however denominated throughout the world, including without limitation, all copyrights, patents, patent applications, trade secrets, inventions, proprietary know-how, registered and unregistered trademarks, registered and unregistered service marks, domain names, registered and unregistered trade names, rights of privacy and publicity, moral rights and database rights.

Client and Contractor agree that these provisions shall survive termination of this Agreement.

8. Confidentiality

Contractor acknowledges that Contractor may receive or be exposed to the materials that Client has designated as or that a reasonable party under the circumstances would consider to be confidential or proprietary. Contractor agrees to respect and maintain the confidentiality of the materials. Neither Contractor nor its directors, officers, employees or agents shall use or disclose, or cause to be used or disclosed, at any time during or after the term of this Agreement, the materials except as may be specifically authorized by Client. Any and all uses of Client's confidential or proprietary materials shall be subject to advance review and approval by Client. Client may immediately terminate this Agreement for any violation of this provision. All provisions of this Agreement shall be treated as confidential information and shall not be shared with any third party without the prior written consent of Client. Client and Contractor agree that these provisions shall survive termination of this Agreement. In the event that Contractor breaches the confidentiality provisions of this Agreement, Client shall be entitled to bring suit to recover damages that may be sustained, and, in addition Client shall be entitled, in addition to all other rights and remedies, to obtain specific performance of Contractor's obligations hereunder or injunctive relief and to obtain immediate relief without having to post a bond. Contractor agrees that Contractor will not urge as a defense to any proceeding for specific performance or injunctive relief, that Client has an adequate remedy at law.

9. Prohibited Activities

Contractor agrees and understands that in performing the above Scope of Work its activities shall not include: (a) carrying on propaganda or otherwise attempting to influence legislation (within the meaning of Section 4945(d)(1) of the Internal Revenue Code); (b) attempting to influence the outcome of any specific public election or to carry on, directly or

indirectly, any voter registration drive (within the meaning of Section 4945(d)(2) of the Internal Revenue Code); (c) failing to comply with the requirements of Sections 4945(g) of the Internal Revenue Code (if applicable); and (d) carrying on, if Contractor is a nonprofit organization, any activity other than religious, charitable, scientific, literary, educational, or the preventing cruelty to animals (within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code).

10. General Provisions

A. Termination: Client may terminate this Agreement at any time without cause with thirty (30) calendar days prior written notice to Contractor. Client may terminate this Agreement upon Contractor's failure to cure a breach of any term of this Agreement within thirty (30) days of Client's written notice to Contractor of such breach. Contractor may terminate this Agreement upon Client's failure to cure a breach of any term of this Agreement within thirty (30) days of Contractor's written notice to Client of such breach. In the event of termination by Contractor for breach, Client's liability shall be limited to the reimbursement of Contractor's reasonable expenses, incurred by Contractor prior to the effective date of the termination pursuant to Section 4B plus the fees due and owing to the Contractor pursuant to section 4A pro-rated to the effective date of termination. Client agrees to pay Contractor the monthly fee for a minimum period of sixty (60) days following notification of termination by the Client without cause.

B. Survival of Obligations: Expiration of the term or termination of this Agreement shall not affect any rights or obligations of the parties which have accrued prior thereto except as limited by Section 10A.

C. Relationship Between Parties: This Agreement is not transferable and may not be encumbered or assigned nor the duties of Contractor hereunder delegated or assigned without prior written consent of Client. Contractor shall engage in the performance of the services hereunder as an independent contractor and shall not be deemed an agent or representative of Client. Nothing contained herein shall be construed in any manner to imply or create a relationship as partners, joint venturers, or of agency between the parties hereto.

Leapfrog and Consultant are separate and distinct from one another. This Agreement is not intended to, nor shall it be deemed or construed to, establish either party as the agent or legal representative of the other for any purpose whatsoever, except as is expressly stated in this Agreement. Neither party is granted any express or implied right or authority by the other party to assume or create any obligation or responsibility on behalf of or in the name of the other party or to bind the other party in any manner whatsoever, except as expressly stated in this Agreement. Each party retains its own authority and responsibility, except as expressly stated herein. Leapfrog shall have no responsibility or obligation for the payment of any taxes or benefits or any other indicia of employment on to or on behalf of Consultant.

D. Indemnification and Insurance: Contractor shall indemnify and hold harmless Client and its directors, officers, employees, and agents from and against any and all liabilities, damages, demands, claims, causes of action, fines, or penalties (including without limitation reasonable attorney's fees) arising from the acts or omissions of Contractor, its directors, officers, employees or agents in connection with the performance of Contractor's duties and

obligations under this Agreement. The provisions of this indemnification paragraph shall survive termination of this Agreement.

Each of the Client and Contractor shall carry and maintain during the term of this Agreement comprehensive general liability insurance coverage in amounts prudent and customary for entity's performing the functions of Client and Contractor which in no event shall be less than \$1 million per occurrence and \$1 million in the aggregate.

E. Publicity: Contractor shall issue no press release or other public announcement concerning this Agreement or materials produced hereunder without the prior written permission of the Client's representative.

F. Warranties by Contractor: Contractor represents and warrants to Client (a) that it has the experience and ability to perform the services required by this Agreement; (b) that it will perform said services in a professional, competent and timely manner; (c) that it has the power to enter into and perform this Agreement; and (d) that its performance of this Agreement shall not infringe upon or violate the rights of any third party or violate any federal, state and municipal laws.

G. Severability: If any part, term, or provision of this Agreement shall be held void, illegal, unenforceable, or in conflict with any law of a federal, state, or local government having jurisdiction over this Agreement, the validity of the remaining portions or provisions shall not be affected thereby.

H. Entire Agreement: This Agreement constitutes the entire agreement between the parties and supersedes any prior or contemporaneous understanding or agreement, oral or written, with respect to matters herein.

I. Amendment: This Agreement and the rights and obligations under it may not be modified, amended, or waived, whether in whole or in part, except by a writing signed by authorized representatives of both parties.

J. Construction: This Agreement shall be construed without regard for which party was primarily responsible for the drafting of its terms.

K. Notice: Any notice given by either party shall be in writing and shall be deemed given upon actual delivery to the other party at the following addresses:

TO CLIENT:

The Leapfrog Group
ATTN: Missy Danforth
1775 K Street, N.W.
Suite 400
Washington, D.C. 20006

TO CONTRACTOR:

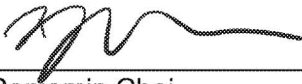
MetaStar, Inc.
ATTN: Emily Nelson
2909 Landmark Place
Madison, WI 53713

L. Governing Law: This Agreement, the rights and obligations hereunder, and any claims or disputes relating thereto, shall be governed by and construed in accordance with the laws of the District of Columbia without regard to the principles of conflicts of laws.

IN WITNESS WHEREOF, Client and Contractor have caused this Agreement to be executed by their duly authorized representatives as of the date first written above.

FOR CLIENT: **THE LEAPFROG GROUP**

FOR CONTRACTOR: **METASTAR, INC.**



Benjamin Choi
Senior Advisor, Finance

Printed Name:
Title:
Federal Tax ID#/SSN #: 39-1332612

EXHIBIT I

AMENDMENT 1

CONTRACT FOR CONSULTING SERVICES: METASTAR & THE LEAPFROG GROUP - ON-SITE VERIFICATION FOR HOSPITALS AND AMBULATORY SURGERY CENTERS

1. Update to Section 1. Purpose

Client wishes to engage the services of Contractor to update and execute on-site data verification protocols for six (total) hospitals and ambulatory surgery centers. The original contract from year one is attached as **Exhibit A** which is incorporated in this Agreement by reference in its entirety (the "**Contract**").

2. Update to Section 2. Scope of Work

Consultant shall perform the following scope of work. The scope of work shall include, but not be limited to the following tasks:

- Review and update on-site verification protocol
- Update and finalize Critical Element Pathway survey protocol for hospitals and ambulatory surgery centers
- Complete on-site facility selection, scheduling, and orientation
- Conduct on-site verification using developed Critical Element Pathways for
 - Four (4) hospitals
 - Two (2) ambulatory surgery centers
- Develop and send feedback reports for on-site facilities
- Prepare and deliver executive summary report highlighting the findings of the on-site verification program
- See Attachment A Workplan and Attachment B Timeline for further details
- Other tasks as mutually agreed upon

3. Update to Section 3. Period of Performance

The period of performance for this Agreement shall commence on December 1, 2024 and terminate on November 30, 2025, unless earlier terminated in accordance with the provisions of Section 10.A. (the "**Term**").

4. Update to Section 4. Fees and Payment

- A. Payment: After the close of each month, Contractor shall invoice Client for allowable costs incurred as outlined in this agreement to fulfill the Scope of Work described in this Agreement. Contractor shall invoice Client on a monthly basis. Payments will be due to the Contractor within thirty (30) days of receipt of the invoice by the Client. Total fees shall not exceed \$75,000 without written permission of the Client.
- B. Other Expenses: The Client will provide reimbursement of transportation, lodging, meals, and other direct expenses that are reasonable and necessary to complete the Scope of Work, as long as they are directly allocable to the Scope of Work and

receipts are submitted to the Client together with the invoices submitted in subsection (C) below. All travel expenses must be approved in advance by Client.

- C. Invoices: The Contractor will invoice the Client as described above. Invoices shall be addressed to Angela Hopkins, The Leapfrog Group, 1775 K St. NW, Suite 400, Washington, DC 20006 and emailed to accounting@leapfrog-group.org. The contractor will not invoice for greater than \$20,000 total costs prior to June 30, 2025.

IN WITNESS WHEREOF, Client and Contractor have caused this Amendment to be executed by their duly authorized representatives as of the date first written above.

FOR CLIENT: THE LEAPFROG GROUP

Signature: Leah Binder
Leah Binder (Mar 5, 2025 10:06 EST)

Email: lbinder@leapfrog-group.org

Leah Binder
President and CEO

Mar 5, 2025

Date

FOR CONTRACTOR: METASTAR, INC.

Signature: Jessica L. Wang
Jessica L. Wang (Feb 27, 2025 09:22 CST)

Email: jwang@metastar.com

Jessica L. Wang
President and CEO

Feb 27, 2025

Date

Federal Tax ID#/SSN #: 39-1332612

Leapfrog Consultant Contract_MetaStar Amendment

Final Audit Report

2025-03-05

Created:	2025-02-27
By:	Mallory Fries (mfries@leapfrog-group.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAAdDHemjYbEgZySi9RF12aAW5_o4j2onod

"Leapfrog Consultant Contract_MetaStar Amendment" History

-  Web Form created by Mallory Fries (mfries@leapfrog-group.org)
2025-02-26 - 3:14:54 PM GMT
-  Web Form filled in by Jessica L. Wang (jwang@metastar.com)
2025-02-27 - 2:22:13 PM GMT
-  Email verification link emailed to Jessica L. Wang (jwang@metastar.com)
2025-02-27 - 2:22:16 PM GMT
-  Email viewed by Jessica L. Wang (jwang@metastar.com)
2025-02-27 - 2:22:30 PM GMT
-  E-signature verified by Jessica L. Wang (jwang@metastar.com)
2025-02-27 - 2:22:30 PM GMT
-  Document emailed to lbinder@leapfrog-group.org for signature
2025-02-27 - 2:22:31 PM GMT
-  Email viewed by lbinder@leapfrog-group.org
2025-03-05 - 3:06:02 PM GMT
-  Signer lbinder@leapfrog-group.org entered name at signing as Leah Binder
2025-03-05 - 3:06:24 PM GMT
-  Document e-signed by Leah Binder (lbinder@leapfrog-group.org)
Signature Date: 2025-03-05 - 3:06:26 PM GMT - Time Source: server
-  Agreement completed.
2025-03-05 - 3:06:26 PM GMT

EXHIBIT J

Short Message Report

Conversations: 1	Participants: 3
Total Messages: 41	Date Range: 4/12/2024

Outline of Conversations

	D034UC6RZUN • 41 messages on 4/12/2024 • Alex Campione <acampione@leapfrog-group.org> • Slackbot (Bot) • missy <mdanforth@leapfroggroup.org>
---	---

Messages in chronological order (times are shown in GMT -04:00)

 **D034UC6RZUN**

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 11:02 AM
what type of media interviews do you want to take for SG?

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 11:02 AM
none? or trade? cura is asking

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 11:04 AM
just any that you/katie/leah can't do

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 11:04 AM
so i would be backup
👍 1 • Alex Campione <acampione@leapfrog-group.org>

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 11:04 AM
or topics you aren't comfortable with
👍 1 • Alex Campione <acampione@leapfrog-group.org>

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 11:06 AM
okay great i let them know

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 2:24 PM
i can only be on the phone during the SG panel call - do you think that will be an issue

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 2:26 PM
I don't think so. matt will be leading and is making the case for the imputation change. I'm assuming he brushed up on the new measures

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 2:28 PM
ok

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 2:28 PM
and i know the slides

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 2:29 PM
and will be able to see them
👍 1 • Alex Campione <acampione@leapfrog-group.org>

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 3:03 PM
i love your top!!!

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 3:23 PM
Thank you!

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 4:42 PM
Sarah Ans Peter sold this for us

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 4:42 PM
I wish Patrick was on this call

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 4:42 PM
Arjun too!!

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 4:42 PM
Pushing the bottom 25% idea
👍 1 • Alex Campione <acampione@leapfrog-group.org>

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 4:42 PM
yes very different reactions

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 4:42 PM
I secretly love that!!!!

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 4:42 PM
i think you convinced patrick at the end tho

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 4:43 PM
lol we'll see

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 4:43 PM
He said 1000 hours

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 4:43 PM
I hope he keeps that to himself

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 4:43 PM
honestly this meeting has me second guessing the step 2 imputation at all!

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 4:44 PM
the mean is so high for cpoe and bcma

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 4:44 PM
I know but I hope hope hope it goes down for BCBS this year
👍 1 • Alex Campione <acampione@leapfrog-group.org>

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 4:44 PM
BCMA

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 4:45 PM
if we made step 1 just the previous survey, it would atleast make the lapse in survey participation short term and they cant fall back on step 2

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 5:00 PM
Oh so like step 1 or 0?

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 5:03 PM
the step 2 means are so high. what if we used step 1 (limited to only say 2 round), then assigned them to the bottom performance category

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 5:03 PM
That would be drastic but let's talk about it lol
👍 1 • Alex Campione <acampione@leapfrog-group.org>

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 5:05 PM
it would be drastic. im just afraid we're going to keep running into this problem of the step 2 means creeping up! we have to assume at some point that hospitals not reporting likely have poor or lapse in performance

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 5:06 PM
honestly we didnt have very much pushback when we did the CMS cost report for step 2 imputation, so thats what im basing it on

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 5:06 PM
so to peter's point- we would just have to very carefully push our justification and messaging

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 5:07 PM
Well let's think about it

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 5:07 PM
I'm open

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 5:07 PM
sounds good. overall everyone was so amenable in the last meeting

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 5:07 PM
I am just recovered from the nursing death threats why not 🤔 🤔
👍 1 • Alex Campione <acampione@leapfrog-group.org>

M missy <mdanforth@leapfroggroup.org> 4/12/2024, 5:08 PM
Have a great weekend

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 5:08 PM
i honestly think this might somehow be less controversial haha

A Alex Campione <acampione@leapfrog-group.org> 4/12/2024, 5:08 PM
you too!

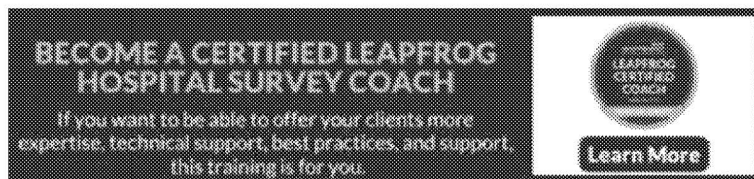
EXHIBIT K

Message

From: Missy Danforth [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=4683A8779F00462DA5B93E906384DB1A-MDANFORTH]
Sent: 5/23/2024 1:35:15 PM
To: Alexandra Campione [ACampione@leapfrog-group.org]
Subject: FW: Meeting Notes: Leapfrog Hospital Safety Grade Expert Panel Call
Attachments: Leapfrog Hospital Safety Grade Expert Panel Meeting Notes 041224.docx

Can you save in expert panel folder

Missy Danforth (she/her/hers)
Senior Vice President, Health Care Ratings
(202) 292-6713
1775 K St. NW, Suite 400
Washington, DC 20006



LeapfrogGroup.org | HospitalSafetyGrade.org | [Twitter](#) | [Donate](#)

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From: Preeti Joshi <pjoshi23@jh.edu>
Sent: Wednesday, May 15, 2024 4:40 PM
To: Arnold Milstein <amilstein@stanford.edu>; peter.pronovost@uhhospitals.org; Sara Singer <sara.singer@stanford.edu>; psromano@ucdavis.edu; timothy.vogus@owen.vanderbilt.edu; mchughm@gmail.com; Srinivasan, Arjun (CDC/DDID/NCEZID/DHQP) <beu8@cdc.gov>; dbates@bwh.harvard.edu; Kathy McDonald <kmcdonald@jhu.edu>; doris.l.peter@gmail.com; Missy Danforth <mdanforth@leapfrog-group.org>; Alexandra Campione <ACampione@leapfrog-group.org>
Cc: Vogus, Timothy <timothy.j.vogus@Vanderbilt.Edu>; Matt Austin <jausti17@jhmi.edu>
Subject: Meeting Notes: Leapfrog Hospital Safety Grade Expert Panel Call

External Email - Use Caution

Hi all,

Apologies for the delay in sharing the meeting notes from the Leapfrog Hospital Safety Grade expert panel call. If you notice any glaring errors or omissions with the attached notes, please let us know.

Thanks so much for your continued service on the expert panel; your input is always very much appreciated. We're lucky to have all of you help guide this work.

Best,
Preeti Joshi, MPH
Research Data Analyst
Armstrong Institute for Patient Safety and Quality
750 E Pratt St, 15th Floor

Baltimore, MD 21202
pjoshi23@jh.edu



-----Original Appointment-----

From: Matt Austin <jausti17@jhmi.edu>

Sent: Thursday, April 4, 2024 2:09 PM

To: Matt Austin; amilstein@stanford.edu; peter.pronovost@uhhospitals.org; sara.singer@stanford.edu; psromano@ucdavis.edu; timothy.vogus@owen.vanderbilt.edu; mchughm@gmail.com; Srinivasan, Arjun (CDC/DDID/NCEZID/DHQP); dbates@bwh.harvard.edu; Kathy McDonald; doris.l.peter@gmail.com; Missy Danforth; Alexandra Campione; Preeti Joshi

Cc: Vogus, Timothy

Subject: Leapfrog Hospital Safety Grade Expert Panel Call

When: Friday, April 12, 2024 4:00 PM-5:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: Zoom link: <https://leapfroggroup.zoom.us/j/83658572446?pwd=AfezDiAVhywaqGtKPbYDpapQo6ffBe.1>

Join Zoom Meeting

<https://leapfroggroup.zoom.us/j/83658572446?pwd=AfezDiAVhywaqGtKPbYDpapQo6ffBe.1>

Meeting ID: 836 5857 2446

Passcode: 958512

One tap mobile

+13092053325,,83658572446# US

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Dial by your location

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- +1 312 626 6799 US (Chicago)
- +1 646 931 3860 US
- +1 929 436 2866 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 346 248 7799 US (Houston)
- +1 360 209 5623 US
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 669 444 9171 US
- +1 669 900 6833 US (San Jose)
- +1 689 278 1000 US
- +1 719 359 4580 US

- +1 253 205 0468 US
- +1 253 215 8782 US (Tacoma)
- 877 853 5247 US Toll-free
- 888 788 0099 US Toll-free

Meeting ID: 836 5857 2446

Find your local number: <https://leapfroggroup.zoom.us/j/kcicFXsG2Q>

EXHIBIT K-1

Meeting Notes

Leapfrog Hospital Safety Grade Expert Panel Call

Friday, April 12th, 2024

4:00-5:00 pm EST

On the call:

Expert Panelists: Arjun Srinivasan, Sara Singer, Kathy McDonald, Peter Pronovost, Doris Peter, Arnold Milstein, Tim Vogus

Leapfrog: Missy Danforth, Alex Campione

Johns Hopkins/Armstrong Institute: Matt Austin, Preeti Joshi

Notes:

- Matt welcomed everyone on the call and invited the panelists to introduce themselves and offer any relevant disclosures.

- 1. Grading the military treatment facilities:**
 - Alex provided an update on the work the Leapfrog Group has done over the last year, in conjunction with DHA, to issue letter grades to the larger MTFs
 - Sara asked whether VA hospitals were included in the MTFs
 - o Missy replied that Leapfrog does not grade any VA hospitals, but Leapfrog plans to use this announcement about the MTFs as an entry to restart the conversation about VA hospitals

- 2. Proposed changes to the imputation model:**
 - Matt provided the expert panel with a quick overview of the current imputation model approaches Leapfrog has been using and some of the challenges those approaches have created for issuing accurate grades
 - The current imputation model has used two steps when data are missing:
 - o "Step 1" has been to use a hospital's historical data (up to 4 rounds old)
 - o "Step 2" has been to assign a hospital the mean score of their assigned cohort
 - Leapfrog's proposal was to retire "Step 1" of the model and use only "Step 2", assigning hospitals the mean score for their cohort
 - Arjun mentioned one of the concerns with the current Step 2 imputation method is if a hospital is performing very poorly, they could choose to not submit a survey and get a better score than their actual performance by just being a part of a certain cohort.
 - o Peter asked whether Leapfrog has a way to keep the low-performing hospitals in the lowest quartile using this step 2 imputation model.
 - The expert panel were in support of having hospitals share their current performance, so liked the idea of imputing the equivalent of "Willing to Report" to hospitals that do not submit a survey

- Peter noted that Leapfrog's message on this change will be critical because, if done correctly, it can help enhance focus on safety; otherwise, it has the potential to backfire.
 - o Missy asked the expert panel to what extent the health systems that wanted to partner with Leapfrog could help deliver this message.
 - o Peter liked that idea and said hospitals could offer help with delivering this message. He also offered help in reviewing the message.

3. Severe Hypo/Hyperglycemia – Possible measures for future Hospital Safety Grades:

- Consensus: Both the measures have face validity and should be included for future Hospital Safety Grades.
- The timing of when these measures will be publicly reported for all hospitals is still unclear

EXHIBIT L



Palm Beach Net Patient Revenue

Source : Hyperion GL

Selection : Year 2024 YTD Dec , Same Store

2024	2024	2024
Dec	Dec	Dec
Actual	Actual	Actual
Net Patient Revenue	Provision for doubtful accounts and valuation expense	Net Patient Revenue Before Bad Debt
YTD	YTD	YTD
504,124,627	39,644,176	543,768,803
273,186,704	32,284,221	305,470,925
248,775,335	21,532,498	270,307,832
514,652,637	48,393,175	563,045,812
254,936,654	16,500,628	271,437,282
1,795,675,957	158,354,697	1,954,030,653

EXHIBIT M

Message

From: Noah Shelgren [noah.shelgren@nonprofitmegaphone.com]
Sent: 6/12/2025 7:22:10 PM
To: Nate Longmore [nlongmore@leapfrog-group.org]
CC: Lauren Bailey [LBailey@leapfrog-group.org]; adrian.dipple@curastrategies.com; Karen Jupiter [kjupiter@leapfrog-group.org]
Subject: Re: Collaboration Call: Nonprofit Megaphone + The Leapfrog Group

External Email - Use Caution

Hi Nate, thanks for checking in. We've started to see some traction on the ads related to the hospitals listed, with 75 impressions and 5 clicks in the last 30 days. These ads have been slower to ramp up than some, but seeing movement is promising and it's likely that they will continue to increase as we move forward.



Noah Shelgren

Impact Advisor

Nonprofit Megaphone

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On Thu, Jun 12, 2025 at 11:31 AM Nate Longmore <nlongmore@leapfrog-group.org> wrote:

Hi Noah,

Just checking in to see if you have any updates about the individual hospital searches showing the Hospital Safety Grade ads.

Thanks!

Nate Longmore (he/him)

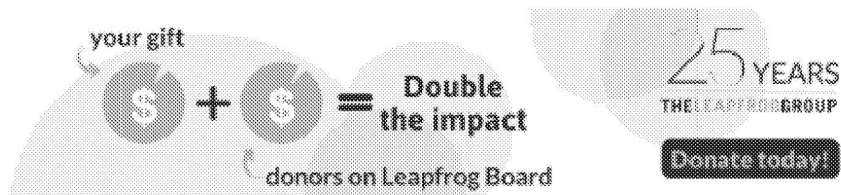
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From: Nate Longmore
Sent: Tuesday, May 13, 2025 1:59 PM
To: Noah Shelgren <noah.shelgren@nonprofitmegaphone.com>
Cc: Lauren Bailey <LBailey@leapfrog-group.org>; adrian.dipple@curastrategies.com; Karen Jupiter <kjupiter@leapfrog-group.org>
Subject: RE: Collaboration Call: Nonprofit Megaphone + The Leapfrog Group

Great, thanks!

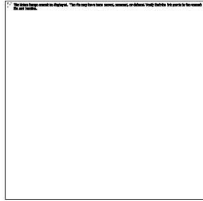
From: Noah Shelgren <noah.shelgren@nonprofitmegaphone.com>
Sent: Tuesday, May 13, 2025 1:11 PM
To: Nate Longmore <nlongmore@leapfrog-group.org>
Cc: Lauren Bailey <LBailey@leapfrog-group.org>; adrian.dipple@curastrategies.com; Karen Jupiter <kjupiter@leapfrog-group.org>
Subject: Re: Collaboration Call: Nonprofit Megaphone + The Leapfrog Group

External Email - Use Caution

Hi Nate,

I believe we should be able to do this. It's possible that Google might flag specific hospital names but as far as I know this wouldn't break any of their regulations for the Grant. We'll get started on this and I'll update you if we run into any issues.

Best,



Noah Shelgren

Impact Advisor

Nonprofit Megaphone

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On Mon, May 12, 2025 at 12:26 PM Nate Longmore <nlongmore@leapfrog-group.org> wrote:

Hi Noah,

We'd also like to set it up so that when someone searches for any of the five specific hospitals, it shows an ad displaying their Hospital Safety Grade. Is this something you can get started as well? Here are the individual links to each one:

- [Delray Medical Center](#) (Hospital Safety Grade: F)
- [Good Samaritan Medical Center](#) (Hospital Safety Grade: D)
- [Palm Beach Gardens Medical Center](#) (Hospital Safety Grade: F)
- [West Boca Medical Center](#) (Hospital Safety Grade: F)
- [St. Mary's Medical Center](#) (Hospital Safety Grade: D)

Thanks!

Nate

From: Noah Shelgren <noah.shelgren@nonprofitmegaphone.com>

Sent: Wednesday, May 7, 2025 6:16 PM

To: Lauren Bailey <LBailey@leapfrog-group.org>

Cc: adrian.dipple@curastrategies.com; Nate Longmore <nlongmore@leapfrog-group.org>; Karen Jupiter <kjupiter@leapfrog-group.org>

Subject: Re: Collaboration Call: Nonprofit Megaphone + The Leapfrog Group

External Email - Use Caution

Thanks, Lauren! We'll make sure to promote this donation page and apply the geotarget for the legal response to the areas you listed.



Noah Shelgren
Impact Advisor
Nonprofit Megaphone
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On Wed, May 7, 2025 at 12:44 PM Lauren Bailey <LBailey@leapfrog-group.org> wrote:
And here's the new donation page: <https://www.leapfroggroup.org/donate-leapfrog-and-double-your-impact>

Thanks!

From: Lauren Bailey
Sent: Wednesday, May 7, 2025 2:21 PM
To: Noah Shelgren <noah.shelgren@nonprofitmegaphone.com>; adrian.dipple@curastrategies.com; Nate Longmore <nlongmore@leapfrog-group.org>; Karen Jupiter <kjupiter@leapfrog-group.org>
Subject: RE: Collaboration Call: Nonprofit Megaphone + The Leapfrog Group

Here's all the cities/states:

City	State	Zip
Tucson	AZ	85745-2682
Glendale	AZ	85308-5722
Phoenix	AZ	85015-2443
Phoenix	AZ	85032-2196
Goodyear	AZ	85395
Tucson	AZ	85711-2678
Palm Springs	CA	92262-4872
Joshua Tree	CA	92252-6601
Indio	CA	92201-6799
Turlock	CA	95382-2016
San Ramon	CA	94583-5400

Manteca	CA	95336-4900
Modesto	CA	95350-4418
West Palm Beach	FL	33401-3499
West Palm Beach	FL	33407-2495
Delray Beach	FL	33484-6580
Palm Beach Gardens	FL	33410-4304
Boca Raton	FL	33428-1899
Framingham	MA	01702-6342
Worcester	MA	01608
Commerce Township	MI	48382-2201
Detroit	MI	48201-2194
Detroit	MI	48201-9027
Detroit	MI	48235-2679
Rock Hill	SC	29732-1952
Bartlett	TN	38133-4003
Memphis	TN	38119-5198
San Antonio	TX	78205-1230
San Antonio	TX	78235
San Antonio	TX	78258
San Antonio	TX	78217
New Braunfels	TX	78130
San Antonio	TX	78229
Brownsville	TX	78520-5829
Nacogdoches	TX	75965
El Paso	TX	79902-5044
El Paso	TX	79911
El Paso	TX	79938
El Paso	TX	79902-3368
Harlingen	TX	78550-8307

-----Original Appointment-----

From: Noah Shelgren <noah.shelgren@nonprofitmegaphone.com>

Sent: Thursday, March 6, 2025 11:56 AM

To: Noah Shelgren; adrian.dipple@curastrategies.com; Lula Hailesilassie; Nate Longmore; Karen Jupiter; Lauren Bailey; Kush Banerjee

Subject: Collaboration Call: Nonprofit Megaphone + The Leapfrog Group

When: Wednesday, May 7, 2025 3:00 PM-4:00 PM America/New_York.

Where: <https://us06web.zoom.us/j/89192920726>

External Email - Use Caution

IMAGE ALT="Placeholder for a missing image or logo." data-bbox="101 296 128 301"/>

Join Zoom Meeting

<https://us06web.zoom.us/j/89192920726>

GG Data Studio Report

MS Data Studio Report

Client in Eastern time zone

When

Wednesday May 7, 2025 · 12pm – 1pm (Pacific Time - Los Angeles)

Location

<https://us06web.zoom.us/j/89192920726>

[View map](#)

Guests

Noah Shelgren - organizer

adrian.dipple@curastrategies.com

lula.hailesilassie@curastrategies.com

nlongmore@leapfrog-group.org

kjupiter@leapfrog-group.org

lbailey@leapfrog-group.org

kbanerjee@leapfrog-group.org

[View all guest info](#)

Reply for lbailey@leapfrog-group.org

Maybe

No

Yes

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EXHIBIT N

The Leapfrog Group Announces Its Fall 2025 Hospital Safety Grades

November 13, 2025



WASHINGTON, DC – The Leapfrog Group today released its fall 2025 Hospital Safety Grade. The biannual Safety Grade is an “A,” “B,” “C,” “D” or “F” assigned to all general hospitals in the United States based on their ability to protect patients from medical errors, accidents, injuries and infections. These largely preventable problems harm one in four hospital inpatients and cause as many as 250,000 deaths each year.

Systems Analysis of "A" Hospitals

“The Leapfrog Group was founded 25 years ago to improve American health care through transparency, and the Safety Grade has been a cornerstone of that effort,” said Leah Binder, president and CEO of The Leapfrog Group. “As we mark this milestone year, for the first time we’re looking at how consolidation impacts patient safety. We want to understand if system leadership accelerates patient safety or not.”

The Leapfrog analysis found that 90% of hospitals with a fall 2025 Safety Grade are part of a health system. Among A hospitals, the chance of being system affiliated is slightly higher, at 94%. (“Health System” is defined as a network of health care facilities that are owned or managed under a single parent organization). This also holds true for “Straight A” hospitals—hospitals earning an A grade for more than two years in a row—with 95% of the 358 Straight A hospitals part of health systems.

All 11 hospitals that have earned an A for every grading round since 2012 are affiliated with health systems. The 10 health systems with the highest total number of A hospitals and Straight A hospitals are:

Health System Name	# of A Hospitals	# of Straight A Hospitals
HCA Healthcare	51	18
CommonSpirit Health	49	24
AdventHealth	29	21
Kaiser Permanente	27	12
AdvocateHealth	24	1
Prime Healthcare Services	24	11
Defense Health Agency*	18	N/A*
Lifepoint Health	16	2
Northwell Health	15	3
Sutter Health	15	3

**Defense Health Agency is N/A for the Straight A recognition because they haven't been eligible for a Safety Grade for five rounds or more. In 2026, military hospitals will be eligible to earn a Straight A.*

State Rankings

Every grading round, Leapfrog ranks states based on the percentage of hospitals that earned an A in the current Leapfrog Hospital Safety Grade. Findings from the fall 2025 state rankings include:

- The top five states for percentage of A hospitals are Utah, Virginia, New Jersey, Connecticut and North Carolina.
- Utah ranks #1 for the fifth consecutive Safety Grade round.
- Iowa, North Dakota, Vermont and Wyoming have no A hospitals.

See full state rankings for fall 2025 at hospitalsafetygrade.org.

About the Leapfrog Hospital Safety Grade

The Leapfrog Hospital Safety Grade is the only ratings program focused exclusively on accidents, errors, injuries and infections that harm or kill patients in hospitals. It is updated twice a year in the fall and spring, offering the public a reliable, independent assessment of hospital safety. The Grades are determined by public, peer-reviewed methodology, calculated by top patient safety experts under the guidance of a National Expert Panel. The grading system is fully transparent and always freely available to the public at hospitalsafetygrade.org. The Safety Grade is published by The Leapfrog Group, an independent national nonprofit organization celebrating 25 years of driving a movement for giant leaps for patient safety. For more from Leapfrog, follow us on [X/Twitter](#), [LinkedIn](#), [Facebook](#) and [Instagram](#) and [sign up for our newsletter](#).

Press interested in interviews about the Leapfrog Hospital Safety Grade can email leapfrogpr@curastrategies.com.

Leapfrog is requesting public comments on proposed updates to two Safety Grade policies through December 14. [View the planned policy changes and submit a public comment here.](#)

Leapfrog also just finalized its planned updated to the 2026 and 2027 Safety Grade methodology, incorporating insights from the recent public comment period. [View the final updates and response to public comments here.](#)

EXHIBIT O

TRENDING: Dr. Mehmet Oz Shares Vision for CMS

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JUPITER MEDICAL CENTER AGAIN EARNS HIGHEST SAFETY RATING FROM THE LEAPFROG GROUP

Posted by cfelixcpa | Nov 20, 2025 | SF STAT! | 0  |

★★★★★



RECENT POSTS



Advent Health DeLand receive \$500,000 county grant to launch program for opioid recovery and support
Nov 23, 2025 | SF STAT!

November 13, 2025 – Jupiter Medical Center (JMC) has once again earned an “A” Hospital Safety Grade, the highest safety grade, from The Leapfrog Group, an independent national nonprofit watchdog focused on patient safety. This is the 14th consecutive “A” rating for the hospital, and JMC is also the only hospital in the Palm Beach and Martin County region to receive the “A” rating.

The Leapfrog Group evaluates over 2,600 general hospitals nationwide by assigning a grade from “A” to “F.” This assessment is based on more than 30 performance measures that reflect incidents such as errors, accidents, injuries, and infections, as well as the preventive systems that hospitals have implemented.

“Patient safety is central to our mission,” said Amit Rastogi, MD, MHCM, President and CEO of Jupiter Medical Center. “This recognition reflects the unwavering commitment of our entire team to deliver care that is not only exceptional but also the safest in our region.”

Jupiter Medical Center is one of the only health care systems in southeast Florida to consistently receive an “A” rating from The Leapfrog Group. The independent not-for-profit health care system continues to make significant investments in state-of-the-art technology and the latest patient care models and procedures, resulting in the highest quality care in the region. The hospital’s ongoing commitment to quality, safety, and patient experience has led to local, national, and international recognition, including from Newsweek, Forbes, and U.S. News & World Report.

“Achieving an ‘A’ Hospital Safety Grade reflects enormous dedication to patient safety,” said Leah Binder, president and CEO of The Leapfrog Group. “I extend my congratulations to Jupiter Medical Center, its leadership, clinicians, staff and volunteers for creating a culture where patients come first.” The Leapfrog Hospital Safety Grade is the only hospital ratings program that focuses solely on preventable medical errors,



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adopts
new
public
health
policies
to
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infections, and injuries. This program is peer-reviewed, fully transparent, and available to the public at no cost. Grades are updated twice annually, in the fall and spring. To explore Jupiter Medical Center's full grade details and to find valuable tips for staying safe in the hospital, visit HospitalSafetyGrade.org.

For more information about Jupiter Medical Center, visit jupitermed.com, call (561) 263-2234, or follow Jupiter Medical Center on Facebook and Instagram @jupitermedicalcenter or on 'X' @JupiterMedCtr.

ABOUT JUPITER MEDICAL CENTER

Rated #1 in the region for quality, safety and patient experience, Jupiter Medical Center is the leading destination for world-class health care in Palm Beach County and across the Treasure Coast. Jupiter Medical Center's state-of-the-art facilities and leading-edge technologies enable its award-winning physicians to provide a comprehensive continuum of inpatient and outpatient health care services. Jupiter Medical Center's specialty centers of excellence include: comprehensive cancer care, cardiovascular care, orthopedics, neurosciences, and women's and children's services. For more information about Jupiter Medical Center, please call 561-263-2234 or visit www.jupitermed.com.

ABOUT THE LEAPFROG GROUP

Founded in 2000 by large employers and other purchasers, The Leapfrog Group is a national nonprofit organization driving a movement for giant leaps for patient safety. The Leapfrog Hospital Safety Grade, Leapfrog's other main initiative, assigns letter grades to hospitals based on their record of patient safety, helping consumers protect themselves and their families from errors, injuries, accidents and infections. For more, follow them on Twitter, Facebook, LinkedIn and Instagram and sign up for their newsletter.

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ABOUT THE AUTHOR



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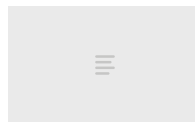
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announces
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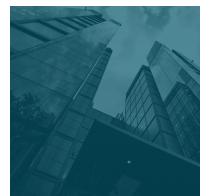
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EXHIBIT P

An 'A' Hospital Safety Grade from The Leapfrog Group is earned by HCA Florida Trinity Hospital

Hospital nationally recognized for commitment to patient safety.

Share   

November 14, 2025

HCA Florida Trinity Hospital earned an “A” [Hospital Safety Grade](#) from The Leapfrog Group, an independent national nonprofit watchdog focused on patient safety. Leapfrog assigns an “A,” “B,” “C,” “D” or “F” grade to general hospitals across the country using evidence-based measures of patient safety focused exclusively on errors, accidents, injuries and infections.

“We are proud to have earned an “A” Hospital Safety Grade once again,” said Mike Irvin, CEO of HCA Florida Trinity Hospital.

“Demonstrating clinical excellence and a safe experience for our patients is a top priority for our caregivers.”

“Earning an ‘A’ Grade means HCA Florida Trinity Hospital made a true commitment to put patient safety first,” said Leah Binder, president and CEO of The Leapfrog Group. “We congratulate the leadership, Board, clinicians, staff and volunteers that all had a role to play in this achievement.”

The Leapfrog Hospital Safety Grade stands as the only hospital ratings program focused solely on preventable medical errors, infections and injuries that kill more than 500 patients a day in the United States. This program is peer-reviewed, fully transparent and free to the public. Grades are updated twice annually, in the fall and spring.

To explore HCA Florida Trinity Hospital's full grade details and to find valuable tips for staying safe in the hospital, visit HospitalSafetyGrade.org. Connect with [The Leapfrog Group](#) on Twitter, Facebook, LinkedIn and Instagram and stay informed through The Leapfrog Group newsletter.

Published:

November 14, 2025

Location:

HCA Florida Trinity Hospital

Share:



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HCA Florida Healthcare's national recognition meets consumer demand for high-quality, convenient care >



November 21, 2025



Statewide network's numerous quality awards mean patients can feel confident choosing care that is focused on



EXHIBIT Q



Frequently Asked Questions About The Leapfrog Hospital Safety Grade

What is the Leapfrog Hospital Safety Grade?

The Leapfrog Hospital Safety Grade is an "A," "B," "C," "D," or "F" assigned to general hospitals in the U.S., the only ratings program focused exclusively on how safe hospitals are for patients. The Safety Grade uses evidence-based patient safety measures including rates of preventable errors, injuries and infections, and whether hospitals have systems in place to prevent them. Safety Grades are updated twice annually, in the fall and spring, and are freely available to the public at [hospitalsafetygrade.org](https://www.hospitalsafetygrade.org). The Hospital Safety Grade uses a public, peer-reviewed methodology, calculated by top patient safety experts under the guidance of a National Expert

Panel, and is 100% transparent and free to the public.

Why should people worry about a hospital's safety? Aren't all hospitals the same?

It is critical to monitor safety before choosing a hospital. Preventable medical errors, accidents, injuries and infections in hospitals kill upwards of 200,000 people every year, the third leading cause of death in the United States. One in four people admitted to a hospital suffers some form of avoidable harm. And all hospitals are not the same; some hospitals are much safer than others.

What is the difference between the Leapfrog Hospital Survey and the Leapfrog Hospital Safety Grade?

The Leapfrog Hospital Survey is an annual voluntary survey in which Leapfrog asks hospitals to report quality and safety data and then publicly reports that information by hospital. The Leapfrog Hospital Safety Grade is a letter grade Leapfrog bi-annually assigns to general hospitals in the United States, whether they voluntarily report data to Leapfrog or not. Most of

the data used to calculate the Grade comes from the Centers for Medicare and Medicaid Services (CMS), the federal agency that runs Medicare. If a hospital voluntarily reports to the Leapfrog Hospital Survey, some of that data is used to calculate a Safety Grade.

Does a hospital get a better Safety Grade if it reports to the Leapfrog Hospital Survey?

Reporting to the Leapfrog Hospital Survey doesn't automatically improve a hospital's Safety Grade. If a hospital does well on the Leapfrog Hospital Survey that can improve their Grade, but if they do poorly it can hurt their Grade.

See fall 2025 Hospital Safety Grade methodology [here](#).

Why don't I see my hospital?

Unfortunately, not all hospitals have enough data publicly available to be eligible for a Grade. As per the National Expert Panel guidance, The Leapfrog Group has requirements for the minimum amount of data we need to issue

an accurate Grade. Most of the data Leapfrog uses comes from CMS, and in some cases, CMS does not publish adequate safety data on an individual hospital. Sometimes the hospital is too small to issue reliable numbers, or the hospital does not offer services relevant to the safety data. For instance, a hospital without an Intensive Care Unit (ICU) cannot report ICU safety measures. The absence of a Grade does not mean a hospital is unsafe; it means Leapfrog does not have enough data to assign a Grade.

How does Leapfrog determine the Grades?

Leapfrog experts and advisors at the Johns Hopkins Armstrong Institute for Patient Safety and Quality regularly review all publicly available measures of safety and the methodology to determine a hospital's Safety Grade. The National Expert Panel regularly convenes to review the methodology for validity and reliability. The scoring methodology is published in detail, and hospitals are given tools to analyze how their own grade was derived.

What is a "Straight A" hospital?

In fall 2025, there are 358 hospitals nationwide that not only achieved an “A” for fall 2025 but have sustained the Grade for more than two years, designating them “Straight A” hospitals. This select group, representing 13% of all eligible hospitals, is now highlighted

on www.hospitalsafetygrade.org.

Are hospitals more likely to earn an "A" if they are part of a health system?

A Leapfrog analysis found that 90% of hospitals with a fall 2025 Safety Grade are part of a health system. Among A hospitals, the chance of being system affiliated is slightly higher, at 94%. Further research is needed to better understand this trend, as many independent hospitals, including rural and safety net facilities, also continue to earn “A” Grades.

Should patients avoid a “C,” “D,” or “F” hospital? What should people do if the only hospital in their community is a “C,” “D,” or “F?”

The Hospital Safety Grade website gives people free access to all the information used to evaluate each hospital, so people should study the Grade as well as

other ratings and information and decide for themselves where to seek care. In some cases, the only hospitals available in a community do not have high Safety Grades. Leapfrog offers guidance and resources on our website for patients and family members to protect themselves during a hospital stay, which is important no matter the hospital's Grade. It's also important to communicate to hospital leaders, clinicians and boards your concern about the Grade and request information on what the hospital is doing to improve. Leapfrog has seen these kinds of inquiries have a significant impact in improving hospital performance.

Employers founded The Leapfrog Group in 2000 to improve patient safety. How can they use the Leapfrog Hospital Safety Grade?

Employers use the Hospital Safety Grade in two ways. First, employers can educate and inform their employees about the Hospital Safety Grade and the importance of considering patient safety when choosing a hospital. Second, employers can structure the way they pay for health care to reward excellence in safety. For instance, higher-

graded hospitals might earn contract incentives. Visit Leapfrog's free [Employer Value Toolkit website](#) for resources and information on where to start.

Who is The Leapfrog Group?

The Leapfrog Group is a national nonprofit organization driving a movement for giant leaps forward in the quality and safety of American health care. For 25 years, we have served as the nation's leading independent advocate of health care transparency to drive major improvement in patient safety, rating health care facilities to help people make informed, lifesaving decisions about where to seek services and giving purchasers tools to tie their purchasing strategy to excellence in safety and quality.



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 R



Frequently Asked Questions About The Leapfrog Hospital Safety Grade

What is ~~The~~the Leapfrog Hospital Safety Grade?

The Leapfrog Hospital Safety Grade is an "A," "B," "C," "D," or "F" assigned to general hospitals in the U.S., the only ~~such-~~ratingratings program focused exclusively on how safe ~~they~~hospitals are for ~~their-~~ patients. The ~~grade uses over-~~30Safety Grade uses evidence-based patient safety measures including rates of preventable errors, injuries and infections, and whether hospitals have systems in place to prevent them. Safety Grades are updated twice annually, in the fall and spring, and are freely available to the public at ~~www.~~www.hospitalsafetygrade.org.

The Hospital Safety Grade uses a public, peer-reviewed methodology, calculated by top

patient safety experts under the
guidance of a National Expert

Panel, and is 100% transparent and free to the public.

Why should people worry about a ~~hospital's patient~~ hospital's safety?

Aren't ~~Aren't~~ all hospitals the same?

It is critical to monitor safety before choosing a hospital. Preventable medical errors, accidents, injuries and infections in hospitals kill upwards of 200,000 people every year, the third leading cause of death in the United States. One in four people admitted to a hospital suffers some form of avoidable harm. And all hospitals are not the same; some hospitals are much safer than others. ~~Johns Hopkins Medicine researchers estimate that patients are twice as likely to die of a preventable problem at a "C," "D," or "F" hospital than an "A" hospital, and over 50,000 lives would be saved if all hospitals performed the way A hospitals did.~~

What is the difference between the Leapfrog Hospital Survey and the Leapfrog Hospital Safety Grade?

The Leapfrog Hospital Survey is an annual voluntary survey in which Leapfrog asks hospitals to

report quality and safety data
and then publicly reports that

information by hospital. The Leapfrog Hospital Safety Grade is a letter grade Leapfrog bi-annually assigns to general hospitals in the United States, whether they voluntarily report data to Leapfrog or not. ~~If a hospital does not report to~~
Most of

~~the Leapfrog Hospital Survey, other sources of data are used to calculate a Grade. The majority of data used to calculate the Safety Grade comes from the Centers for Medicare and Medicaid Services (CMS),~~ the federal agency that runs Medicare. If a hospital voluntarily reports to the Leapfrog Hospital Survey, some of that data is used to calculate a Safety Grade.

Does a hospital get a better Safety Grade if it reports to the Leapfrog Hospital Survey?

~~The Hospital Safety Grade reflects how well a hospital does on safety, not whether they complete~~ Reporting to the Leapfrog Hospital Survey. The more information Leapfrog has about a hospital's safety, the more opportunity hospitals have to tell their story. Participation in the Leapfrog Hospital Survey gives hospitals the opportunity to report additional information about their safety measures doesn't automatically improve a hospital's Safety Grade. If a hospital ~~performs~~ does well ~~on certain measures~~ on the Leapfrog Hospital Survey, ~~they~~

~~have the opportunity to earn more points in their Hospital Safety Grade for~~ that can improve their Grade, but if they do poorly it can hurt their Grade.

~~those certain measures than they would if they did not report to the Leapfrog Hospital Survey. This is because the data hospitals report to Leapfrog is more comprehensive than data available from other publicly available sources. On the other hand, hospitals that perform poorly on Leapfrog Hospital Survey measures that are included in the Safety Grade will also feel the impact of that performance on their grade.~~

See ~~the full methodology for spring 2025~~[fall 2025 Hospital Safety Grade methodology](#) here.

Why ~~don't~~[don't](#) I see my hospital?

Unfortunately, not all hospitals have enough data publicly available to be eligible for a ~~grade~~[Grade](#). As per the National Expert Panel guidance, The Leapfrog Group has requirements for the minimum amount of data we need to issue

an accurate ~~grade~~Grade. Most of the data Leapfrog uses comes from ~~the federal agency Centers for Medicare and Medicaid Services (CMS)~~, and in some cases, CMS does not publish adequate safety data on an individual hospital. Sometimes the hospital is too small to issue reliable numbers, ~~and sometimes~~or the hospital does not offer services relevant

to the safety data. For instance, a hospital without an Intensive Care Unit (ICU) cannot report ICU safety measures. The absence of a ~~grade~~Grade does not mean a hospital is unsafe; it means Leapfrog does not have enough data to assign a ~~grade~~Grade.

How does Leapfrog determine the Grades?

Leapfrog experts and advisors at the Johns Hopkins Armstrong Institute for Patient Safety and Quality regularly review all publicly available measures of safety and the methodology to determine a hospital's ~~letter-~~gradeSafety Grade. The National Expert Panel regularly convenes to review the methodology for validity and reliability. The scoring methodology is published in detail, and hospitals are given tools to analyze how their own grade was derived.

What is a "Straight A" hospital?

~~For the first time, Leapfrog is spotlighting 346~~
~~In fall 2025,~~
~~there are 358~~ hospitals
nationwide that not only
achieved an "A" for ~~spring~~fall
2025 but have sustained the
~~grade~~Grade for ~~five or~~ more
~~grading rounds~~than two years,
designating them "Straight A"
hospitals. This select group,

representing ~~12~~13% of all eligible hospitals, is now highlighted ~~on~~ ~~www.hospitalsafetygrade.org~~ on www.hospitalsafetygrade.org.

Are hospitals more likely to earn an "A" if they are part of a health system?

A Leapfrog analysis found that 90% of hospitals with a fall 2025 Safety Grade are part of a health system. Among A hospitals, the chance of being system affiliated is slightly higher, at 94%. Further research is needed to better understand this trend, as many independent hospitals, including rural and safety net facilities, also continue to earn "A" Grades.

Should patients avoid a "C," "D," or "F" hospital? What should people do if the only hospital in their community is a "C," "D," or "F?"

~~When they have a choice, the Hospital Safety Grade is the first tool patients should use to select a hospital, because safety should come first. The Hospital Safety Grade is the only public rating exclusively focused on safety—how well the hospital protects patients from medical errors, accidents, injuries and infections that kill more than 200,000~~

~~people a year in the United States. Once satisfied with the hospital's record on safety, then people should consider other aspects of hospital performance in the decision-making process, such as whether the hospital delivers a high level of care for the health concern the patient has, i.e., if the hospital has high-quality obstetrics or orthopedics.~~

The Hospital Safety Grade website gives people free access to all the information used to evaluate each hospital, so people should study the Grade as well as

other ratings and information and
decide for themselves where to
seek care. In some cases, the

only hospitals available in a
community ~~are~~do not ~~highly-~~
~~rated~~have high Safety Grades.

Leapfrog offers guidance and
resources on our website for
patients and family

members to protect themselves during a hospital stay, which is important no matter the hospital's ~~grade. It can be difficult, but patients and families must take an assertive role in managing bedside care in order to avoid many of the most common errors that routinely occur in hospitals at all grade levels.~~ Grade. It's also important to communicate to hospital leaders, clinicians and boards your concern about the Grade and request information on what the hospital is doing to improve.

Leapfrog has seen these kinds of inquiries have a significant impact in improving hospital performance.

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Who is The Leapfrog Group?

The Leapfrog Group is a national nonprofit organization driving a

movement for giant leaps forward in the quality and safety of American health care. For ~~over 20~~25 years, we have served as the nation's leading independent advocate of health care transparency to drive major improvement in patient safety, rating health care facilities to help people make informed, lifesaving decisions about where to seek services, and giving purchasers tools to tie their purchasing strategy to excellence in safety and quality.



The Leapfrog Hospital Safety Grade

The Leapfrog Hospital Safety Grade is a public service provided by The Leapfrog Group, an

10/24/25-18

Frequently Asked Questions About The Leapfrog Hospital Safety Grade

19

[independent nonprofit organization committed to driving quality, safety, and transparency in the U.S. health system.](#)

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EXHIBIT S



Lives Lost and Lives Saved

The Leapfrog Group contracted with the Johns Hopkins Armstrong Institute for Patient Safety and Quality in 2019 to update its estimate of deaths due to errors, accidents, injuries and infections at “A”, “B”, “C”, “D” and “F” hospitals.

Overall, an estimated 160,000 lives are lost annually from the avoidable medical errors that are accounted for in the Leapfrog Hospital Safety Grade, a significant improvement from 2016, when researchers estimated 205,000 avoidable deaths.

The analysis also found that D and F hospitals carry nearly twice the risk of mortality of A hospitals. **Over 50,000 lives could be saved if all hospitals performed at the level of A graded hospitals.**

For more details, [view the full white paper](#).



The Leapfrog Hospital Safety Grade

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EXHIBIT U

From: Ramirez, Ricardo <Ricardo.Ramirez@tenethealth.com>
Sent: Wednesday, November 26, 2025 11:26 AM
To: Hanlon, Jerad
Subject: FW: Update to Proposed Changes to 2026 Leapfrog Surveys - Comments Accepted until 12/18

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



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From: The Leapfrog Group <helpdesk@leapfrog-group.org>
Sent: Monday, November 24, 2025 4:19 PM
To: Ramirez, Ricardo <ricardo.ramirez@tenethealth.com>
Subject: Update to Proposed Changes to 2026 Leapfrog Surveys - Comments Accepted until 12/18

Informational Updates for Hospitals

[View this email in your browser](#)



UPDATE MADE TO THE PROPOSED CHANGES TO THE 2026 LEAPFROG HOSPITAL SURVEY

Updated Release - November 24, 2025

Each year, Leapfrog's team of researchers reviews the literature and convenes expert panels to ensure the Leapfrog Hospital Survey and the Leapfrog Ambulatory Surgery Center (ASC) Survey align with the latest science as well the public reporting needs of purchasers and consumers.

Once a list of proposed changes is assembled for the next year's Survey, Leapfrog releases those changes for public comment. The comments are then reviewed by Leapfrog's research team and used to refine the Survey before it is finalized on April 1, 2026.

Leapfrog has issued an update to the Proposed Changes which were originally published on November 18. This update specifically includes a proposal to require Section 8: Pediatric Care for pediatric hospitals submitting a 2026 Leapfrog Hospital Survey.

The updated Proposed Changes can be reviewed below. Comments will be accepted until midnight ET on **December 18, 2025**:

[**View proposed changes on the 2026 Leapfrog Hospital Survey**](#)

We are grateful to those who take the time to submit comments each year. These comments bring enormous value to Leapfrog's team and help ensure the Surveys are beneficial to hospitals, purchasers and consumers.

LEARN MORE & SUBMIT COMMENTS

Important Dates

NOVEMBER 30 SURVEY DEADLINE REMINDER

The 2025 Leapfrog Hospital Survey will close to new submissions and re-submissions that reflect updates to performance at midnight ET on November 30. No new Surveys, new Survey sections, or performance updates to previously submitted sections of the Survey can be submitted after this deadline. **In addition, the CPOE Evaluation Tool will go offline at 11:59 pm ET on November 30.** Hospitals should print a copy of their CPOE Test Results prior to November 30.

Only hospitals that have submitted a Survey by November 30 will be able to log in to the Online Survey Tool to correct data entry or reporting errors (i.e., in response to Leapfrog's Extensive Monthly Data Review) to previously submitted sections during the months of December and January. **Updates made to reflect a change in performance after November 30 will not be scored or publicly reported. New sections of the Survey submitted after November 30 will not be scored or publicly reported.**

[REVIEW ALL DEADLINES](#)

HELP DESK CLOSURES

The Leapfrog Help Desk is staffed from 9:00 a.m. to 5:00 p.m. ET on all regular business days. The Help Desk is not staffed on federal holidays. Please take note of the following upcoming closures.

Thanksgiving

November 26 closing at 2 PM ET

November 27 - 28 closed

Winter Holidays

December 24 closing at 2 PM ET

December 25 – January 1 closed

Other Announcements

REQUEST FOR PUBLIC COMMENTS AND PLANNED UPDATES TO LEAPFROG HOSPITAL SAFETY GRADE METHODOLOGY

Request for Public Comments

Leapfrog requests public comments on an amendment to the Safety Grade Data Snapshot Date policy that would take effect in spring 2026. We also invite public comments on our policy for shared CMS Certification Numbers. A full description of the policies is [available here](#). Comments may be [submitted here](#) through **December 14, 2025**. Leapfrog will publish the final policies and responses to public comments by December 31, 2025.

Planned Updates to the 2026 & 2027 Leapfrog Hospital Safety Grade Methodology

On August 14, 2025, Leapfrog published planned updates to the Hospital Safety Grade methodology and held a public comment period through October 14, 2025. We received a variety of thoughtful comments from different perspectives, which were helpful in finalizing the methodology. We thank all the commenters for their insights. [Click here](#) to download and review the final updates to the methodology as well as responses to the comments received.

[LEARN MORE & SUBMIT COMMENTS](#)

PRE-CONFERENCE DEEP DIVE: LEAPFROG HOSPITAL SAFETY GRADE

Do you have questions about how the Leapfrog Hospital Survey and Leapfrog Hospital Safety Grade differ and work together? If you want to learn more about how Safety Grades are calculated, this is the session for you.

2025 Leapfrog Annual Meeting Pre-Conference Session:

DEEP DIVE INTO THE LEAPFROG HOSPITAL SAFETY GRADE

December 15, 2025 | 8:00-11:00 AM | National Harbor, MD



Missy Danforth
Senior Vice President
of Health Care Ratings,
The Leapfrog Group



Matt Austin
Associate Professor,
*Johns Hopkins Armstrong Institute
for Patient Safety and Quality*

In this exclusive pre-conference session, you'll learn:

- Key differences between the Leapfrog Hospital Survey and Hospital Safety Grade
- How results from the Survey are used to calculate your Safety Grade, including:
 - CPOE
 - BCMA
 - ICU Physician Staffing
 - Nursing Workforce
 - NQF Safe Practices
 - NHSN infection data
- A full review of the Safety Grade methodology, important deadlines and how to use the Hospital Safety Grade calculator

Space is limited, so secure your spot today! *The pre-conference deep dive session registration is separate from the Annual Meeting.*

REGISTER FOR THE DEEP DIVE

Become a 2026 Recognized Leader in Caring for People Living with Diabetes



DEADLINE: JANUARY 31, 2026

The [Recognized Leader in Caring for People Living with Diabetes](#) program is the first national recognition initiative honoring hospitals that go the extra mile for the safety and well-being of people living with diabetes. Now in its third year, this program provides eligible adult and general acute care hospitals, as well as specialty hospitals, the opportunity to earn this prestigious designation.

To learn more, watch the [webinar recording](#) below:



Become a Recognized Leader in Caring for People with Diabetes –

A Program of The Leapfrog Group and the American Diabetes Association

10/10/2025

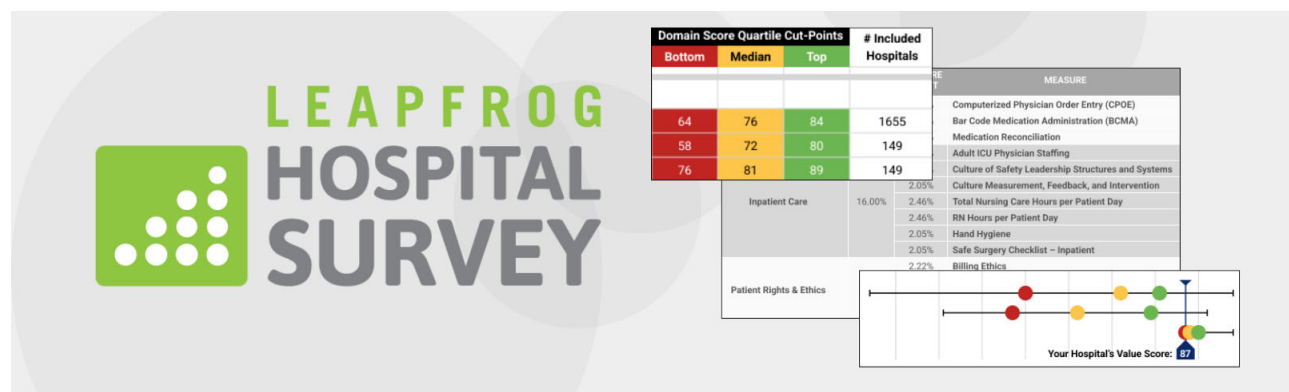
THE LEAPFROG GROUP

25 YEARS
LEAPFROG GROUP

Jean-Luc Tilly

APPLY NOW

ORDER YOUR CUSTOM BENCHMARKING REPORT



LEAPFROG HOSPITAL SURVEY

Domain Score Quartile Cut-Points			# Included Hospitals
Bottom	Median	Top	
64	76	84	1655
58	72	80	149
76	81	89	149

MEASURE	Score
Computerized Physician Order Entry (CPOE)	2.05%
Bar Code Medication Administration (BCMA)	2.46%
Medication Reconciliation	2.46%
Adult ICU Physician Staffing	2.05%
Culture of Safety Leadership Structures and Systems	2.05%
Culture Measurement, Feedback, and Intervention	2.22%
Total Nursing Care Hours per Patient Day	
RN Hours per Patient Day	
Hand Hygiene	
Safe Surgery Checklist – Inpatient	
Billing Ethics	

INPATIENT CARE 16.00%

PATIENT RIGHTS & ETHICS

Your Hospital's Value Score: 87

Leapfrog is excited to offer enhanced Custom Benchmarking Reports. This year's reports feature **new, dynamic visuals** designed to help you clearly communicate your hospital's performance and identify opportunities for improvement.

Using data submitted by more than 2,400 hospitals to the annual Leapfrog Hospital Survey, your Custom Benchmarking Report provides detailed and actionable insight into how your hospital is performing in your market and nationwide. To support your quality improvement goals, these enhanced reports include:

- Expanded metrics
- Deeper analysis
- More advanced visualizations

To view a webinar on the new reports, [click here](#). Learn more about Custom Benchmarking Reports, view a sample and place your order [here](#).

If you have any additional questions or need further assistance, please don't hesitate to reach out to the Leapfrog [Help Desk](#).

ORDER YOUR REPORT TODAY

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EXHIBIT V

Proposed Changes to the 2026 Leapfrog Hospital Survey

Each year, The Leapfrog Group's research team reviews the literature and convenes expert panels to ensure the Leapfrog Hospital Survey aligns with the latest science and the public reporting needs of purchasers and consumers. Once the list of proposed changes is assembled for next year's Survey, Leapfrog releases that list for public comment. The public comments received are then reviewed by Leapfrog's research team and used to refine the Survey before it is finalized. The Survey is then pilot tested with a diverse group of hospitals across the country. Following the pilot test, Survey content and scoring are finalized for launch on April 1.

Leapfrog is now accepting public comments on the Proposed Changes to the Leapfrog Hospital Survey (below). This year, we are requesting that commenters pay special attention to the following:

- Section 1A: Basic Hospital Information: Proposal to add two fact-finding questions on the use of the National Association for Healthcare Quality's (NAHQ) Certified Professional in Healthcare Quality (CPHQ) certification for staff.
- Section 1B: Billing Ethics: Proposal to require reporting of presumptive eligibility and financial assistance programs for patients; no scoring or public reporting.
- Section 1C: Health Care Equity: Request for information on the Office of Management and Budget standards for maintaining, collecting and presenting data on race and ethnicity.
- Section 3A: Hospital and Surgeon Volume: Proposal to add a new optional, fact-finding question to assess if the hospital has surgeons that perform both total knee and total hip replacement procedures.
- Section 4A: Maternity Care Volume and Services: Request for information on the collection of data and calculation of rates for vaginal births after cesarean section (VBACs) for inclusion in the 2027 Leapfrog Hospital Survey.
- Section 5C: Nursing Workforce: Proposal to no longer publicly report Nursing Skill Mix and include a new optional, fact-finding question to assess the use of virtual nursing.
- 6A NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems: Request for information on approaches to strengthen the participation of patients and/or care partners on hospital-wide safety and quality committees.
- Section 6C: Hand Hygiene: Discussion of a request from the Association for Professionals in Infection Control and Epidemiology's (APIC) that Leapfrog consider changes to the Leapfrog hand hygiene standard, specifically regarding the monitoring of hand hygiene opportunities, and a request for public comment on strengthening all elements of the Hand Hygiene standard.
- Section 6D: Diagnostic Excellence: Proposal to require reporting of the Diagnostic Excellence questions and the removal of several questions to focus quality improvement efforts on the most effective practices to reduce diagnostic errors. The subsection will not be scored or publicly reported in 2026.

- Section 6E: Emergency Department (ED) Boarding: Proposal to refine the existing questions to also include reporting of the total boarding time for all ED visits with an inpatient admission or where the patient was placed in hospital observation status and clarifying that the stratification by patient age is based on the type of bed the patient is waiting to be admitted to. This subsection will remain optional and will not be scored or publicly reported in 2026.
- Section 8: Pediatric Care: Proposal to require Section 8 as a minimum required section for pediatric hospitals only.
- Section 9C: Volume of Procedures: Proposal to allow hospitals to optionally report their outpatient procedure volumes.
- Section 9F: CMS Measures: Proposal to rename Section 9F, obtain OAS CAHPS results directly from the CMS Provider Data Catalog, and reorganize the section to include CMS OP-32: Rate of Unplanned Hospital Visits After An Outpatient Colonoscopy, previously included in Section 9D.

View the [Proposed Changes to the 2026 Leapfrog Hospital Survey \(PDF\)](#).

Submit a Public Comment [Here](#).

Comments will be accepted until midnight ET on December 18, 2025.