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Leapfrog: Unique and Salient Measure of Hospital Quality and Safety

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Health care reform initiatives from the public sector dominate the headlines. Lesser known, but equally dramatic, are reform initiatives grown in the private sector. In fact, many valuable lessons learned from health benefits purchasers’ initiatives have been incorporated into policy makers’ proposals for health care reform at the federal and state levels. These purchaser initiatives have had a dramatic impact on the delivery of health care in the United States.

The Leapfrog Group (Leapfrog) is the purchaser’s foremost agent of change in the health care system. Founded in the year 2000 by large employers and business groups on health, Leapfrog aims for “giant leaps forward in the quality, safety, and affordability of health care.” To accomplish this, Leapfrog collects and publishes a “dashboard” of information on hospital performance and supports purchasers in using that information to structure their purchasing decisions. Data are collected on performance measures via an annual voluntary Leapfrog Hospital Survey. Results, including comparisons of performance among hospitals, are reported publicly. The current report contains data from more than 1200 US hospitals. Leapfrog organization members (purchasers) agree to use the information in their health purchasing decisions.

Research shows that if 3 of Leapfrog’s standards (ICU staffing, electronic medication ordering systems, and use of higher performing hospitals for high-risk procedures) were implemented in all urban US hospitals, the nation could save as many as 57,000 lives, avoid as many as 3 million adverse drug events, and save up to $12 billion in health care costs each year.¹

Leapfrog measures are endorsed by the National Quality Forum (NQF) and/or are consistent with those of The Joint Commission and the Centers for Medicare and Medicaid Services. Although the measures are standardized, the information Leapfrog collects from them is not readily available elsewhere. Leapfrog publicly reports and compares the variable performance of each participating hospital on a national scale, yielding a unique report that reveals salient information about hospital quality.

Leapfrog findings from 1256 reporting hospitals include:

- Two thirds of hospitals do not have all of the NQF-endorsed safe practices in place to prevent infections.
- Fewer than 1 in 4 hospitals meet efficiency standards for heart bypass surgery or angioplasty.
- Three quarters of hospitals fail Leapfrog’s mortality standards for pancreatic resection.

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• Only one third of hospitals have ICU coverage that meets Leapfrog standards.

• Only 7% of hospitals meet Leapfrog standards for having in place the technology known to prevent medication errors.

• There is a 10-fold variation between hospitals with the lowest rates of pressure ulcers and those with the highest rates.

Overall, the survey results are disappointing; with regard to variation among hospitals, the results raise serious concerns. Depending on the measure, the highest performing hospitals’ metrics exceed those of the lowest performing hospitals by 4 to 10 times. Clearly, there is substantial opportunity for improvement by the vast majority of reporting hospitals.

Employers throughout the country use Leapfrog as a platform for conversations and contracting with hospitals. Some employers utilize Leapfrog results as a tool in benefit design and in pay-for-performance programs. In addition, Leapfrog results are commonly used by employers to inform employees about the relative value of hospitals in their regions.

On a policy level, Leapfrog is one of the nation’s pioneering champions of value-based purchasing (ie, using good data on hospital performance to set reimbursement rates). Leapfrog works with policy makers and federal agencies to help structure new value-based purchasing strategies for Medicare and for health care reform proposals.

Leapfrog’s policy on withholding payment for “never events” (28 serious adverse events defined by the NQF including objects left in after surgery or surgery on the wrong site) is consistent with its overarching principle of tying payment to performance. Leapfrog was the first national organization to issue a recommended policy on never events. In addition to calling for hospitals to waive all costs associated with the never event, Leapfrog’s policy has 3 other key features: 1) apologize to the patient, 2) report the event to qualifying agencies, and 3) conduct a root cause analysis to prevent recurrence.

The Leapfrog Survey raises serious and disturbing questions about the quality and cost-effectiveness of American hospitals. With the advent of health care reform, Leapfrog and its purchaser members seek opportunities to share lessons learned. Our national experience demonstrates the value of transparency when communicating quality and cost-efficiency information, as well as the advantage of tying reimbursement policies to performance. Collaboration among the private and public sectors to shine light on and reward the highest levels of achievement among hospitals will be essential to improve the quality and cost-effectiveness of care in the coming decades.

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References: