

2025 Leapfrog Hospital Survey Town Hall Call

April 15 and May 8, 2025



Webinar Reminders

Accessing the Audio

- If you are using computer audio, please select that option in the audio options pop up.
- If you are joining by phone, please dial in using the Toll Free 800 number provided. Then enter the Meeting ID when prompted, then your Participant ID.
 - The Meeting ID can be found in the confirmation email or in the Zoom meeting by clicking the audio button in the bottom left-hand corner.
 - The Participant ID can be found in the audio options in the bottom left-hand corner.
 - If you forgot to enter the Participant ID when dialing in, please dial # then your Participant ID again followed by #.

Use of the Zoom Chat Function

- The Town Hall Call includes a live Q&A during the presentation; therefore, we do not monitor the chat for questions. **Please reserve the Zoom Chat Function for reporting technical issues only.**

Accessing the Slides & Recording

- Following each session, a copy of the slides and recording will be posted and available for download on the Leapfrog website here: <https://www.leapfroggroup.org/survey-materials/town-hall-calls>

Q & A

Participants will be able to ask questions throughout the presentation. Please select the Q&A icon at the bottom of your screen:



- Once the icon has been selected a Q&A box will appear for you to type your questions.
- All participants will be able to view the questions and answers during the duration of the webinar.
 - You will be receiving responses in real time from a member of our team.
 - We will include a transcript of the Q&A on the Leapfrog website here: <https://www.leapfroggroup.org/survey-materials/town-hall-calls>
 - Some questions may be answered live – please pay close attention.

Following the presentation, we will have a live Q&A session. Please use the Raise Hand icon at the bottom of your screen:



- Once the icon has been selected you will be placed in the queue. When it is your turn to ask your question, you will receive a prompt from the host asking you to unmute yourself.



Leapfrog Hospital Survey Overview

Annual Survey Process

August - September:

Survey team and expert panelists set goals, review latest measures, review changes to endorsement status, consider member and hospital recommendations from the previous year.

November:

Publish proposed changes for a 30-day public comment period. Hospitals and other stakeholders are invited to share comments and feedback on the proposed changes for the new Survey. This year we received over 800 comments.

January:

Pilot test the new Survey with ~30 hospitals and health systems nationwide. Participating hospitals are asked to test a draft of the Survey and scoring algorithms (hard copies only) and provide feedback.

February – March:

Online Survey Tool is programmed, and Survey materials are updated. Leapfrog publishes a [Summary of Changes](#).

April 1:

Survey launches at leapfroggroup.org/hospital.

Goals for the Hospital Survey

Expand the Survey to more hospitals by including measures that are relevant to rural, urban, and pediatric hospitals.

Keep the reporting burden as low as possible by continuing to align with other [national performance measurement initiatives](#) (such as the CDC/NHSN, CMS, The Joint Commission, and applicable registries such as STS and VON).

Include cutting-edge measures that improve the safety, quality, and efficiency of care delivery.

Maintain a consistent measurement structure so hospitals can use their Survey Results for benchmarking and for improvement purposes.

Work to ensure that Survey Results are used by employers, purchasers, and payors in value-based payment programs.

Content Overview

The Survey includes 9 sections, and each of the sections is organized in the same format in the hard copy of the Survey and the Online Hospital Survey Tool, unless otherwise noted:

- **General information** about The Leapfrog Group standard [hard copy only].
- **Reporting periods** to provide hospitals with specific periods of time for each set of questions.
- **Survey questions** which may include references to endnotes. The Survey questions and endnotes match the Online Hospital Survey Tool exactly.
- **Affirmation of accuracy** by your hospital's CEO/Chief Administrative Officer or by an individual that has been designated by the hospital CEO. These statements affirm the accuracy of your hospital's responses.
- **Reference Information** which includes 'What's New' and 'Change Summaries,' important measure specifications, answers to frequently asked questions, and other notes that must be carefully reviewed before providing responses to any of the Survey questions [hard copy only].

SURVEY SECTION

Profile

1 Patient Rights and Ethics

2 Medication Safety

3 Adult and Pediatric Complex Surgery

4 Maternity Care

5 Physician and Nurse Staffing

6 Patient Safety Practices

7 Managing Serious Errors

8 Pediatric Care

9 Outpatient Procedures



Submission Guidelines

Submission Requirements

Hospitals participating in the Leapfrog Hospital Survey **must complete these six sections** of the Survey that constitute Leapfrog's minimum requirements for submission:

- **Section 1:** Patient Rights & Ethics
- **Section 2:** Medication Safety (for adult hospitals, this includes the CPOE Evaluation Tool)
- **Section 4:** Maternity Care
- **Section 5:** Physician and Nurse Staffing
- **Section 6:** Patient Safety Practices
- **Section 7:** Managing Serious Errors

Hospitals are *strongly encouraged* to submit all sections of the Leapfrog Hospital Survey and can indicate within a section if a measure does not apply.

The submit button will not activate on the Survey Dashboard until these six sections are completed and affirmed.

Deadlines

June 19 First NHSN Group Deadline

Hospitals that join Leapfrog's NHSN Group by June 19, provide a valid NHSN ID in the Profile, and submit the Leapfrog Hospital Survey by June 30, will have data available prior to public reporting on their Hospital Details Page starting on July 12. Results will be publicly reported on July 25.

More information about deadlines to join Leapfrog's NHSN Group is available on the [Join NHSN Group webpage](#).

June 30 Submission Deadline

Hospitals that submit a Survey by June 30 will have their Survey Results [publicly reported](#) on July 25. After July, Survey Results are updated on the seventh business day of the month to reflect Surveys (re)submitted by the end of the previous month.

Hospitals that do not submit a Survey by June 30 will be publicly reported as "Declined to Respond" until a Survey has been submitted.

Deadlines

July 12 Hospital Details Page Live

Hospitals that submit a Survey by June 30 will be able to view their Survey Results on their confidential [Hospital Details Page](#) on July 12. This includes NHSN Data for the five HAI measures, confidential stratified C-section benchmarking, VON data for the Death or Morbidity measure (if applicable), and CMS outpatient data for OP-32 (if applicable).

After July 12, the Hospital Details Pages are updated on the seventh (7) business day of the month to reflect Surveys (re)submitted by the end of the previous month.

July 25 Survey Results Publicly Reported

Hospitals that submit a Survey by June 30 will have their Survey Results [publicly reported](#) on July 25. After July, Survey Results are updated on the seventh (7) business day of the month to reflect Surveys (re)submitted by the end of the previous month.

Deadlines

August 31 Top Hospital Deadline

Hospitals that would like to be eligible to receive a Leapfrog Top Hospital Award must submit a Survey, including all applicable sections, by August 31.

August 31 Data Snapshot Date for the fall 2025 Safety Grade

This is the date that Leapfrog will obtain the public data (i.e., download data published by CMS or submitted via the Leapfrog Hospital Survey) to calculate the fall 2025 Hospital Safety Grades. All data, including Survey Results, must be finalized by this date.

Deadlines

November 30 Late Submission & Performance Update Deadline

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 Surveys can be submitted after this deadline. In addition, the CPOE Evaluation Tool will go offline at midnight ET on November 30.

Only hospitals that have submitted a Survey by November 30 will be able to log in to the Online Survey Tool to make data entry corrections (i.e., correct data entry errors) or reporting corrections (i.e., in response to Leapfrog's Extensive Monthly Data Verification) to previously submitted sections during the months of December and January. Performance updates submitted after November 30 will not be scored or publicly reported.

January 31 Corrections Deadline

Hospitals that need to make data entry corrections (i.e., correct data entry errors) or reporting corrections (i.e., in response to Leapfrog's Extensive Monthly Data Verification) to previously submitted 2025 Leapfrog Hospital Surveys must make necessary updates and re-submit the entire Survey by January 31, 2026. Hospitals will not be able to make changes or re-submit their Survey after this date.

More information is available on the Deadlines [webpage](#).

Ensuring Data Accuracy

Leapfrog has several protocols in place to ensure the accuracy of the Survey responses submitted via the Online Survey Tool, including:

- Affirmations
- Warnings in the Online Survey Tool
- Extensive Monthly Data Verification
- Monthly Documentation Requirements
- On-Site Data Verification

Review Leapfrog's protocols on the Data Accuracy [webpage](#).



What's New in 2025: Key Updates

On-Site Verification

On-Site Verification for 2025

We will continue our On-Site Data Verification program in 2025 with MetaStar.

MetaStar is a nonprofit organization based in Wisconsin with a wide breadth of experience and accomplishment in external quality review, healthcare quality consulting, and performance measurement. MetaStar works with organizations such as the CDC, CMS, and the Wisconsin Department of Health Services and is also a part of the Superior Health Quality Alliance, a Quality Innovation Network working on quality improvement for Medicare beneficiaries.

Hospitals and **ASCs** that participated in the 2024 Surveys will be eligible for On-Site Data Verification in 2025 and will be notified in June.

Submission Update

Scoring and Public Reporting for 2025

- **No change to initial reporting:** As in prior years, hospitals that submit a Leapfrog Hospital Survey by the June 30 Submission Deadline will have Survey Results available on their Hospital Details Page on July 12 and publicly reported at <https://ratings.leapfroggroup.org> on July 25.
- **After July,** Leapfrog will update the Survey Results within the first seven (7) business days of the month to reflect Surveys (re)submitted by the end of the previous month.
- Previously, results were published within the first five (5) business days of the month.

New “Did Not Measure” Performance Category

- Leapfrog is adding a new performance category for hospitals reporting they did not measure and therefore cannot report on select measures on the Survey:
 - Section 2D: Medication Reconciliation
 - Section 4D: Newborn Bilirubin Screening Prior to Discharge
 - Section 4D: Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery
 - Section 5C: Total Nursing Care Hours per Patient Day
 - Section 5C: RN Hours per Patient Day
 - Section 5C: Nursing Skill Mix
 - Section 5C: Percentage of RNs who are BSN-Prepared
 - Section 8A: Patient Experience (CAHPS Child Hospital Survey)
 - Section 8B: Pediatric CT Radiation Dose for Head Scans
 - Section 8B: Pediatric CT Radiation Dose for Abdomen/Pelvis Scans
 - Section 9E: Medication Safety for Outpatient Procedures
 - Section 9F: Patient Experience (OAS CAHPS)
- For the purposes of the Safety Grade and Leapfrog’s Value Based Purchasing Program, results will be treated as “Limited Achievement” and the same score as those with “Limited Achievement” will be assigned.

New Reporting Policy Following Cybersecurity Events and Natural Disasters

- Hospitals that have experienced a cybersecurity event or natural disaster that impacts data availability during one or more Survey reporting periods can complete and submit a request [form](#).
- If approved, hospitals will report on the impacted measures using the data available and exclude data from the month(s) impacted by the cybersecurity event or natural disaster.
- Results will still be calculated if minimum reporting requirements are met and will be displayed on the Survey Results [website](#) with the following footnote:
 - "Results are based on limited data due to a reported cybersecurity event or natural disaster."
- **Use in the Safety Grade:** A letter grade will still be calculated based on the data available, but any underlying measures impacted by the event will have results reported along with the above footnote
- **Use in Leapfrog Top Hospital:** Hospitals will still be eligible for Top Hospital pending committee review and subject to meeting all criteria.

Structural Changes

Structural Updates to Section 5 and Section 6

- Section 5: Staffing and Workforce (~~ICU Physician Staffing~~)
 - 5A: Adult ICU Physician Staffing
 - 5B: Pediatric ICU Physician Staffing - **NEW**
 - 5C: Nursing Workforce
- Section 6: Patient Safety Practices
 - 6A: NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems
 - 6B: NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention
 - 6C: Hand Hygiene (previously Section 6D)
 - 6D: Diagnostic Excellence (previously Section 6E) *Optional; fact-finding only*
 - Section 6E: Hospital Boarding in the Emergency Department (ED) *Optional; fact-finding only* - **NEW**

Section 1A: Basic Hospital Information

Admission of ICU Patients to Mixed Acuity Units

Hospitals that do not operate dedicated general medical, surgical, medical/surgical, or neuro ICUs will be asked if they admit adult and/or pediatric general medical, surgical, medical/surgical, or neuro ICU patients to mixed acuity units.

The purpose of this new question is to identify hospitals without a dedicated ICU that are eligible to report on ICU Physician Staffing in Sections 5A: Adult ICU Physician Staffing and 5B: Pediatric ICU Physician Staffing.

Leapfrog is also asking hospitals to report on adult and pediatric admissions to their general medical, surgical, medical/surgical, and neuro ICUs separately to help identify what types of ICUs hospitals are eligible to report on.

Section 2A: CPOE Evaluation Tool

CPOE Sample Test

The Sample Test content has been updated to include one Test Order from each of the eight Order Checking Categories included in the Adult Inpatient Test to give hospitals a preview of the response options that they will see on the Online Answer Form in the Adult Inpatient Test.

As a reminder, all hospitals, regardless of their experience with the CPOE Evaluation Tool, are encouraged to take the quick Sample Test prior to taking the Adult Inpatient Test.

Only results from the Adult Inpatient Test are used in scoring and public reporting.

Section 2C: Bar Code Medication Administration

Units Included In the BCMA Standard

- Leapfrog will continue to ask hospitals about their utilization of BCMA in the following units:
 - Medical, surgical, and med/surg units (adult and pediatric)
 - Intensive care units (adult, pediatric, and/or neonatal)
 - Labor and delivery units
 - Pre-operative and post-anesthesia care units (adult and/or pediatric)

Unit Update

- Step-down/progressive units:
 - Previously combined with medical, surgical, and med/surg units.
 - In 2025, will be reported out separately and defined as: A single acuity unit in which at least 90% of the patients are at a lower level of acuity than patients in a critical care unit, yet at a higher level of acuity than that which is provided in a general care unit. These units may be called progressive care, intermediate care, direct observation, or transitional care units. Telemetry alone is not an indicator of acuity level. To classify as a step-down unit, telemetry patients must require a higher level of nursing intensity than is available on medical, surgical, and medical/surgical units.
- Telemetry units will continue to be reported with medical, surgical, and med/surg units.

Clarifications and Reminders

- Continue to count units as you do internally: if units are considered separate units despite sharing a space, report the units as two; if they are considered a single combined unit, report the unit as one
- Medications administered during a procedure should be excluded (for example, if your procedural area medication administrations are combined with your pre-operative and post-anesthesia care units, and you can distinguish procedural medications and exclude them).
- Workarounds:
 - Will ask about “back-up equipment” instead of “back-up systems” to clarify
 - New FAQ to remind that quality improvement programs are still necessary at 95% compliance to ensure maintenance of strong compliance

Section 5: Physician and Nurse Staffing

New Section 5B: Pediatric ICU Physician Staffing

- Our goal is to help consumers, employers and purchasers, health plans, and other stakeholders identify whether a hospital has adult, pediatric, or both ICUs.
- No updates to questions, other than to reference adult and pediatric ICUs as distinct entities.
- Section 5A (Adult) and 5B (Pediatric) will be scored and publicly reported separately, but with no changes to the scoring algorithm.
 - **Only the Adult ICU Physician Staffing performance category will be used in the Hospital Safety Grade Methodology**
- Endnotes will remain the same for 5A and 5B; however, limited changes to definitions of terms applicable to both:
 - Co-management for critical care patients updated to include examples
 - “Certified in Critical Care Medicine” definition:
 - updated to include those who are awarded certification by the American Osteopathic Association (AOA)
 - updated to exclude physicians with certificates awarded from the Committee on Advanced Subspecialty Training (CAST)
 - Specifics on audits of response times have been updated to provide additional clarity on the number of audits to conduct over a period of time for both first time submissions and survey re-submissions.

Section 5C: Nursing Workforce – Updates to the Specifications

- Clarification on reporting on mixed units only if there are no applicable single acuity units and adding an exclusion of Critical Access Units where more than 10% of beds are for skilled nursing.
- Reminder that when reporting on patient days, if using the Midnight Census method, hospitals must include observation and short stay patients.
- Update to exclude sitter hours unless the sitter is authorized to physically touch the patient and physically intervene when providing direct patient care.

--Press Ganey will waive custom report fees starting in 2025 for active National Database of Nursing Quality Indicators (NDNQI) clients with eligible data. Hospitals participating in NDNQI **will be able to request reports to complete the Survey free of charge.** --

Section 6D: Diagnostic Excellence

Diagnostic Excellence Will Not Be Scored or Publicly Reported in 2025

- After an analysis of 2024 Hospital Survey responses, and consultation with the Diagnostic Excellence Expert Panel, Leapfrog will be doing an additional year of fact-finding.
- Several questions have been updated for clarity, to address issues with reporting accuracy in 2024:
 - Commitment to diagnostic excellence must specifically focus on errors in diagnosis and be made by current CEO or CMO.
 - Patient engagement: updated to specify a timeframe for PFAC meetings and clarify that PFAC activities should focus on diagnosis in the hospital.
 - Risk assessment and mitigation: updated to specify that hospitals should use the Safer Dx Checklist to identify and close gaps.
 - Multidisciplinary team: updated to clarify that the multidisciplinary team should be a distinct entity at the hospital (not system), not the established patient safety committee, as well as specifying specific timeframes for activities.
 - Training and education: will specify that the AHRQ TeamSTEPPS for Diagnosis Improvement program should be used to improve communication among members of the care team.
 - Closing the loop on cancer diagnosis will include new FAQs to clarify which reports should be included, and how patients should be tabulated.

Section 6E: Hospital Boarding in the Emergency Department (ED)

A New Concept for Measuring Quality of Care in the Emergency Department

- Will not be scored or publicly reported in 2025: optional and for fact-finding only.
- Includes patients that are placed in hospital observation status, as well as admitted to the inpatient setting.
- Reporting will be stratified by adult/pediatric patients and admission to inpatient non-psychiatric and psychiatric beds (including those placed in hospital observation status).
- Three measures:
 - The percentage of ED patients that are admitted to the hospital that had a boarding time in the ED of more than 4 hours (where lower percentages are desirable)
 - The median length of stay in the ED for patients admitted to the hospital (where lower values are desirable)
 - The 90th percentile length of stay in the ED for patients admitted to the hospital (where lower values are desirable)

Key Definitions

- A dedicated emergency department is an area of the hospital that meets any one of the following criteria:
 - Licensed by the state as an emergency department,
 - Holds itself out to the public as providing emergency care, or
 - During the preceding calendar year, at least one-third of its outpatient visits were for the treatment of emergency medical conditions.
- For the purposes of reporting on the Survey, only include emergency departments that are located in or co-located with your hospital. Exclude free-standing emergency departments.
- Boarding time is defined as the difference between the “time from the admission order” to “patient departure from the ED for admitted patients”
- Hours spent in the ED is defined as the difference between the “patient arrival time at the ED” to “patient departure from the ED” for admitted patients.
- A patient can have multiple ED visits with a hospital admission during the performance period so each patient ED visit with an inpatient admission placement in hospital observation status is included in the denominator.

Section 9: Outpatient Procedures

Updated Codes for Reporting on Volume of Outpatient Procedures

- Leapfrog has added back five anterior segment eye procedure CPT codes and four lumpectomy or quadrantectomy of breast CPT codes for adult patients that were previously removed in 2024, due to feedback that the procedures continue to be performed in both ambulatory surgery centers and hospital outpatient departments.
- Also added:
 - Three new CPT codes for spinal fusion for adult patients
 - Two new CPT codes for nasal/sinus procedures for both adult and pediatric patients, and
 - One new CPT code for cystourethroscopy for adult patients.



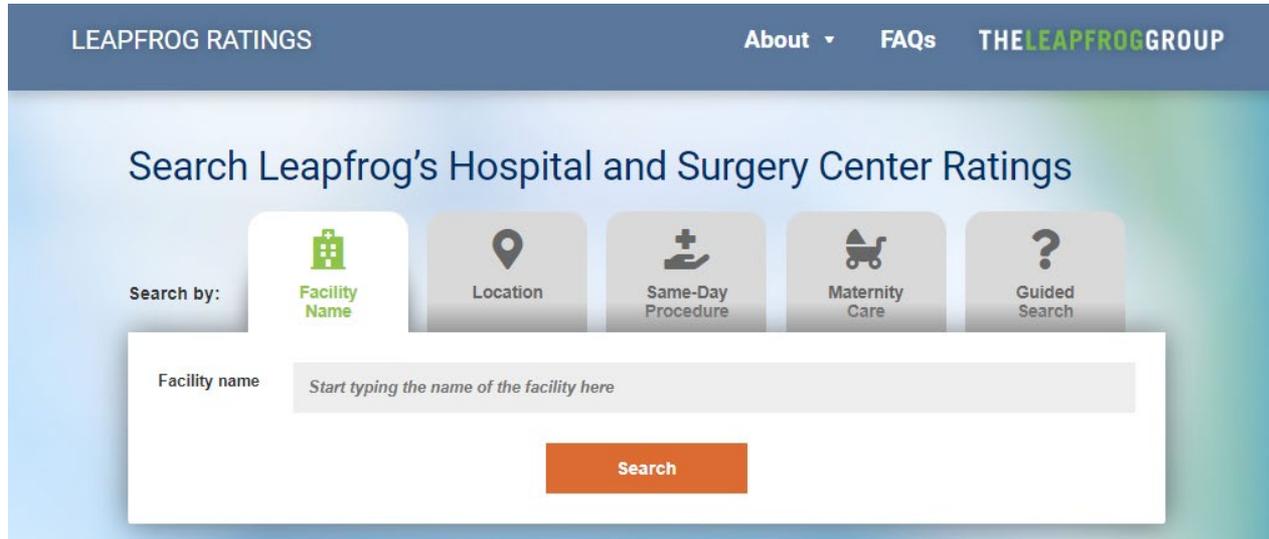
How Survey Results are Used

Public reporting

- Leapfrog’s purchaser and employer members use the Survey Results to:
 - Educate and inform their health plan enrollees
 - Recognize and acknowledge hospitals and ASCs that achieve our national standards
 - Negotiate contracts with their health plans (i.e., ensure Survey Results will be embedded in member tools) and hospitals and ASCs (i.e., direct contracting)
- Consumers use Leapfrog’s free public reporting website to compare hospitals and ambulatory surgery centers.
- Health plans, transparency vendors, and others that use Survey Results to design consumer education tools, perform market analysis, or inform contracting decisions, must license the data from The Leapfrog Group for a fee.
- The revenue from data licenses is used to support the ongoing administration of the Leapfrog Surveys and Leapfrog’s data dissemination efforts.

Public Reporting – ratings.leapfroggroup.org

- Users can search for hospitals and surgery centers by name, location, procedure type, maternity care services/performance, or use the guided search function
- As a reminder, hospitals and ASCs that don't submit a Survey by June 30 will be publicly reported as Declined to Respond starting in July



The screenshot shows the Leapfrog Ratings website interface. At the top, there is a dark blue navigation bar with the text "LEAPFROG RATINGS" on the left, and "About", "FAQs", and "THELEAPFROGGROUP" on the right. Below the navigation bar, the main heading reads "Search Leapfrog's Hospital and Surgery Center Ratings". Underneath this heading, there are five search options presented as buttons with icons: "Facility Name" (with a building icon), "Location" (with a location pin icon), "Same-Day Procedure" (with a plus sign and hand icon), "Maternity Care" (with a stroller icon), and "Guided Search" (with a question mark icon). The "Facility Name" option is currently selected. Below these options is a search form with a text input field labeled "Facility name" containing the placeholder text "Start typing the name of the facility here". Below the input field is an orange "Search" button.

Public Reporting – Procedure Search

Users can search for hospitals and/or ASCs that perform the adult and pediatric same day surgeries included on the Surveys

Search Leapfrog's Hospital and Surgery Center Ratings

Search by:

- Facility Name
- Location
- Same-Day Procedure
- Maternity Care
- Guided Search

Leapfrog collects information about certain common same-day surgeries (that do not require an overnight stay) from both hospitals and surgery centers. Search for procedures using the options below.

ADULT PATIENTS

- Bariatric Surgery for Weight Loss
- Gastroenterology (Stomach and Digestive)
- General Surgery
- Neurological Surgery
- Plastic and Reconstructive Surgery
- Obstetrics and Gynecology
- Ophthalmology (Eyes)
- Orthopedic (Bones and Joints)
- Otolaryngology (Ear, Nose, Mouth, and Throat)
- Total Joint Replacements (Knee or Hip)
- Urology (Urinary Tract, Male Reproductive)

PEDIATRIC PATIENTS

- Ophthalmology (Eyes)
- Orthopedic (Bones and Joints)
- Otolaryngology (Ear, Nose, Mouth, and Throat)

Do you want to only show facilities near you?

No

Public Reporting – Maternity Care Search

Users can search for hospitals based on the maternity care services offered and their performance on select maternity care metrics

Search Leapfrog's Hospital and Surgery Center Ratings

Search by:

- Facility Name
- Location
- Same-Day Procedure
- Maternity Care**
- Guided Search

Leapfrog collects information about certain maternity care services. Use our filters to find the right hospital for you.

SERVICES	MEETS THE STANDARD FOR
<input type="checkbox"/> Certified nurse-midwives for delivery	<input type="checkbox"/> Cesarean sections i
<input type="checkbox"/> Doulas for labor and delivery	<input type="checkbox"/> Episiotomies i
<input type="checkbox"/> Breastfeeding/lactation services	<input type="checkbox"/> Screening newborns for jaundice before discharge i
<input type="checkbox"/> Vaginal delivery after cesarean section (VBAC)	<input type="checkbox"/> Preventing blood clots in women undergoing cesarean section i
<input type="checkbox"/> Postpartum tubal ligation during labor/delivery admission	<input type="checkbox"/> Protecting women and newborns from early elective deliveries i

Do you want to only show facilities near you?

No

Public Reporting – Select Facilities

Users can also compare up to three hospitals and/or ASCs at a time

Compare Facilities

The Leapfrog Group | 2024 Survey Results

 [Knoxville Orthopaedic Surgery Center](#)  [Tennova - Turkey Creek Medical Center](#)  [Advanced Family Surgery Center](#)

Find a procedure or measure

X Elective Outpatient Surgery - Adult > Orthopedic (Bones and Joints)

Measures you searched for:

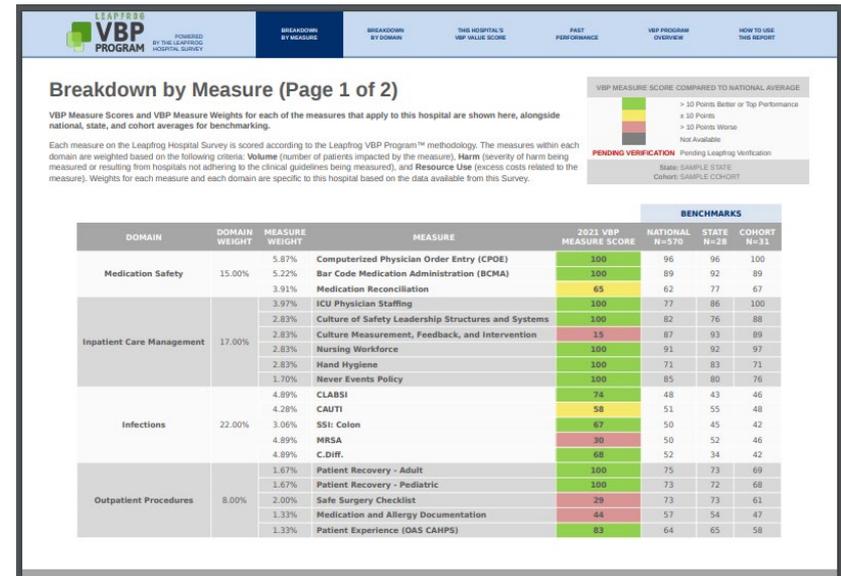
Elective Outpatient Surgery - Adult

Orthopedic (Bones and Joints)

Procedure	Number of Procedures Performed Annually		
	Knoxville Orthopaedic Surgery Center	Tennova - Turkey Creek Medical Center	Advanced Family Surgery Center
Finger, Hand, Wrist, Forearm, and Elbow Procedures	1,562	284	693
General Orthopedic Procedures	32	34	269
Hip Procedures (Does not include total hip replacements – see Total Joint Replacement)	45	116	200
Knee Procedures (Does not include total hip replacements – see Total Joint Replacement)	637	297	296

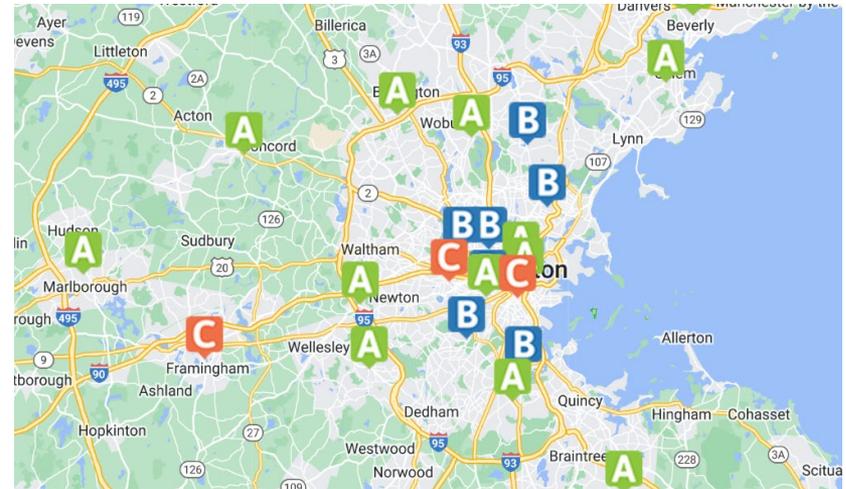
Competitive Benchmarking Reports

- Hospitals that submit a Leapfrog Hospital Survey by the **June 30** Submission Deadline will receive a Free Summary Competitive Benchmarking Report.
- Obtain more information about Competitive Benchmarking Reports, the Leapfrog Value-Based Purchasing Program Methodology, and more detailed performance reports on the [Competitive Benchmarking webpage](#).



Hospital Safety Grade

- The Hospital Safety Grade is a letter grade that represents a hospital's performance on up to 22 different measures of patient safety (i.e., measures of accidents, injuries, harm, and errors).
- Only general, acute care hospitals are eligible to receive a Hospital Safety Grade.
- While the Hospital Safety Grade is a separate program administered by Leapfrog, it does use some data from the Leapfrog Hospital Survey, in addition to data that is publicly available from CMS.
- For more information on the Leapfrog Hospital Survey measures included in the Hospital Safety Grade, download a copy of the 2025 Leapfrog Hospital Survey Overview on the [Survey Overview webpage](#).



Top Hospital

- The highest performing hospitals on the Leapfrog Hospital Survey are recognized annually with the prestigious Leapfrog Top Hospital award.
- Top Hospitals are publicized in a national press announcement and invited to participate in an awards ceremony.
- Hear from 2024 Top Hospital awardees on our [website](#).



Top General Hospitals



Top Children's Hospitals



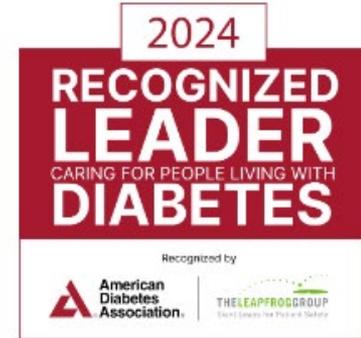
Top Rural Hospitals



Top Teaching Hospitals

Partnership with the American Diabetes Association

- Adult, general acute care, and specialty hospitals that care for adult inpatients, are eligible to apply if they have submitted a Leapfrog Hospital Survey
- 2025 Recognized Leaders will be announced in June.
- The 2026 Application will open on **July 1**



Learn more at <https://www.leapfroggroup.org/recognized-leader-diabetes>



Get Ready for 2025



Get Started

To Do:	Where:
1. Review Hospital Survey website	https://www.leapfroggroup.org/hospital
2. Request a 16-digit security code	http://www.leapfroggroup.org/survey-materials/get-hospital-security-code
3. Review Survey Deadlines	http://www.leapfroggroup.org/survey-materials/deadlines
4. Download a hard copy of the Survey	http://www.leapfroggroup.org/survey-materials/survey-and-cpoe-materials
5. Join Leapfrog's NHSN Group	http://www.leapfroggroup.org/survey-materials/join-nhsn
6. Review the Online Survey Tool Guide	http://www.leapfroggroup.org/survey-materials/get-started
7. Review Survey Scoring Algorithms	http://www.leapfroggroup.org/survey-materials/scoring-and-results
8. Questions about the Leapfrog Hospital Survey can go to our Help Desk	https://leapfroghelpdesk.zendesk.com

Resources



[Free Town Hall Calls](#)

Offered throughout the year to hospitals and stakeholders covering Survey content, background, and technical assistance on Survey measures



[Deep Dive Sessions](#)

Offered in February, March, and April to help survey coordinators, quality directors, patient safety officers, nurse and physician leaders, hospital executives, and other hospital and health system leaders gain an in-depth understanding of various aspects of the Leapfrog Hospital Survey and Hospital Safety Grade.



[Leapfrog Hospital Survey Webinar Series](#)

Held monthly from March to December for a one-hour webinar with additional Survey information, technical support and live Q&A.

Monthly office hours with the Leapfrog Help Desk – 30 minutes to get real-time assistance on questions and help stay on top of upcoming deadlines. Staffed by Leapfrog's expert Help Desk.



[Leapfrog Hospital Survey Binder](#)

Find examples of documentation required to respond affirmatively to questions on the Survey and tips for data collection.



[Leapfrog's Help Desk](#)

Connect with in-house subject matter experts on data collection, reporting, scoring, and the CPOE Test. Request a 1:1 Orientation.

Thank you for joining us today.

Questions? Contact the Help Desk at <https://leapfroghelpdesk.Zendesk.com>