Summary of Changes to the 2025 Leapfrog Hospital Survey and Responses to Public Comments

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THELEAPFROGGROUP

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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 the 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 received over 800 public comments in response to its proposed changes for the 2025 Leapfrog Hospital Survey. Those comments, as well as the results from the pilot test, were incorporated into the final content and scoring algorithms for the Survey. We have summarized the changes in this document and included responses to public comments.

We offer our sincere gratitude to all commenters for the time and thought they gave to the 2025 Leapfrog Hospital Survey. The submitted comments were invaluable to the development of a high-quality Survey that serves our many constituents, including purchasers and payors, as well as hospitals and the public at large.

The 2025 Leapfrog Hospital Survey will open on April 1 and a PDF of the Survey will be available for download here. Leapfrog has scheduled two Town Hall Calls – hospitals and other stakeholders can register here.

DEADLINES AND REPORTING PERIODS FOR 2025

Review the 2025 Leapfrog Hospital Survey deadlines and reporting periods in Appendix I and II.

SCORING AND PUBLIC REPORTING FOR 2025

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.

In 2025, Leapfrog will add a new performance category, "Did Not Measure," for hospitals reporting that they did not measure and therefore cannot report on select measures on the Leapfrog Hospital Survey. These measures include:

- 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. The updated performance category will be reflected for applicable measures in the 2025 Leapfrog Hospital Survey Scoring Algorithms document published on April 1.

NEW REPORTING POLICY FOLLOWING CYBERSECURITY EVENTS AND NATURAL DISASTERS

In response to feedback from hospitals and further review with our experts, Leapfrog is handling its new reporting policy following cybersecurity events and natural disasters via its Help Desk instead of asking hospitals to report on these events via the Survey. In addition, we will no longer ask hospitals to report on mergers and acquisitions. These hospitals will still be required to report on all applicable measures using data as outlined in the Survey reporting periods.

Hospitals with a cybersecurity event or natural disaster that impacts data availability during one or more Survey reporting periods will need to contact the Help Desk and provide their hospital name, CMS Certification Number, description of the event including dates and duration, supporting evidence, and date in which they will be able to resume reporting. If approved by Leapfrog, 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." This revised policy closely aligns with the Extraordinary Circumstances Exception policy from the Centers for Medicare and Medicaid Services (CMS) but will only be applied to cybersecurity events and natural disasters.

For the purposes of 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 following footnote: "Results are based on limited data due to a reported cybersecurity event or natural disaster."

STRUCTURAL CHANGES

Leapfrog is renaming Section 5: ICU Physician Staffing (IPS) to Section 5: Physician and Nurse Staffing and moving Section 6C: Nursing Workforce to Section 5C: Nursing Workforce. Section 5: Physician and Nurse Staffing will include the following subsections:

- Section 5A: Adult ICU Physician Staffing
- Section 5B: Pediatric ICU Physician Staffing
- Section 5C: Nursing Workforce (previously Section 6C)

Section 6: Patient Safety Practices will include the following subsections:

- Section 6A: NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems
- Section 6B: NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention
- Section 6C: Hand Hygiene (previously Section 6D)
- Section 6D: Diagnostic Excellence (previously Section 6E)
- Section 6E: Hospital Boarding in the Emergency Department (ED)

CONTENT CHANGES

GENERAL

For greater ease of reporting, Leapfrog is updating and aligning some of the unit definitions used throughout the Survey (which are provided in endnotes) and including a table summarizing these unit types in the 2025 Survey.

Leapfrog will also remind hospitals throughout the Survey to only report on units that are currently open and that were consistently open during the entire reporting period.

The units table and updated endnotes can be reviewed in Appendix III.

HOSPITAL PROFILE

There are no changes to the Hospital Profile.

SECTION 1: PATIENT RIGHTS AND ETHICS

SECTION 1A: BASIC HOSPITAL INFORMATION

In response to comments collected during the public comment period and through the national pilot, Leapfrog is making additional updates to Section 1A: Basic Hospital Information to ask hospitals that do not operate dedicated general medical, surgical, medical/surgical, or neuro ICUs 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.

The updated questions can be reviewed in Appendix IV.

Additionally, as noted above, Leapfrog is updating the unit description endnotes in Section 1A: Basic Hospital Information to add further clarification and alignment with reporting in other sections of the Survey.

The endnotes defining licensed acute-care beds and licensed ICU beds are also being updated to instruct hospitals to report the number of staffed beds if beds are currently staffed higher than licensed. The endnote for acute-care beds will also instruct hospitals to include telemetry, as well as step-down/progressive beds, and exclude observation and swing beds. The endnote for licensed ICU beds will instruct hospitals to exclude beds used for step-down/progressive care.

The updated endnotes can be reviewed in Appendix III.

Leapfrog is also clarifying the reporting period used for Section 1A: Basic Hospital Information questions #13-16 which ask about board certification, inclusion of Leapfrog performance in performance reviews, rapid response teams, and patient-reported concerns, and is instructing hospitals to answer the questions based on the practices currently in place at the time they submit the section of the Survey.

In addition, Leapfrog is adding two new FAQs to this section, to offer hospitals additional guidance in implementing a policy to empower patients to activate rapid response teams, and to follow up on patient-reported concerns:

- **Regarding clinicians' role in the rapid response team, can we require that activation of the rapid response team be mediated by a clinical professional, such as a nurse? What training do clinicians need to have to respond to a request for a rapid response team?**
  The rapid response team should be able to be directly activated by the patient themselves, as opposed to through a clinical staff intermediary. Regarding the training program, Leapfrog only requires that clinicians be trained to recognize when a patient or family caregiver is asking for an evaluation by a rapid response team and be trained on how to conduct the evaluation if they are part of the rapid response team. Program examples include Condition Help at the University of Pittsburgh Medical Center and a program at MonHealth Medical Center.
- **What are some examples of a protocol to follow-up on patient-reported concerns? What kinds of concerns are we supposed to be capturing?**
  Leapfrog's goal is to capture how hospitals are encouraging the submission of, and following up on, issues or complaints from patients that are specific to the care they received at the hospital.

  Examples of opportunities to report would include any of the following:

  - Notifying patients on admission about their right to report concerns as part of their rights and responsibilities;
  - A patient experience department that can be contacted by telephone, e-mail, and in-person;
  - A reporting system available to patients through the patient portal, e.g., a specific function or message in the application that prompts patients to report concerns, including through messaging the provider directly;
  - A patient survey administered to patients soliciting concerns with their care; or
  - The free text fields of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey.

SECTION 1B: BILLING ETHICS

In response to feedback from hospitals participating in the Survey, Leapfrog is making the following updates to Section 1B: Billing Ethics:

- Question #1, regarding the itemized billing statement, will continue to ask that the itemized billing statement be provided either by mail or electronically (via email or the patient portal), however, Leapfrog is no longer adding patient preference in 2025.

Additionally, Leapfrog is retaining the optional, fact-finding questions regarding presumptive screening of patients for financial assistance and patient notification when financial assistance has been applied, for a second year with plans to incorporate into the national Billing Ethics Standard in 2026, but is making the following updates:

- Question #4, regarding the presumptive screening of patients for financial assistance, is being updated to clarify that ALL patients should be included in the screening process. We are also adding a response option for hospitals that only screen uninsured patients.

Two additional fact-finding questions will also be added regarding whether all clinicians are included in the hospital's financial assistance program as well as a notification that some services may be billed separately. We are also adding a FAQ with further information:

1) Does your hospital's financial assistance program apply to ALL clinician fees, in addition to facility fees, for clinicians with privileges at your hospital?	○ Yes ○ No ○ No, but we include a list of covered providers and services in our financial assistance application
2) Does your hospital's financial assistance application include notification that some services, including physician services, may be billed separately?	○ Yes ○ No

What does Leapfrog mean when asking if the hospital's financial assistance program includes ALL clinicians with privileges at the hospital?

Hospitals that offer a financial assistance program (FAP) or "charity care" should provide a list of any clinicians delivering emergency or other medically necessary care in the hospital, that specifies which clinicians and services are covered by the FAP and which are not to ensure that the patient is aware that they may receive a separate bill that they will be responsible for from any clinician who is not covered. More information about what should be included in your financial assistance policy is available here: https://www.irs.gov/charities-non-profits/financial-assistance-policy-and-emergency-medical-care-policy-section-501r4

The optional, fact-finding questions will not be used in scoring or public reporting in 2025. There are no changes to the scoring algorithm for Section 1B: Billing Ethics.

SECTION 1C: HEALTH CARE EQUITY

Leapfrog will continue to score and publicly report the Health Care Equity standard and will be making the following updates to Section 1C: Health Care Equity:

- Question #1, regarding patient self-identified demographic data, will be updated to include a new response option for ability status. We will also add a new FAQ which will provide more information about ability status and examples of questions to ask patients:

  What does Leapfrog mean by "ability status"?
  As described by the CDC, a disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). More information is available on the CDC website at https://www.cdc.gov/disability-and-health/about/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html. Examples of questions that determine one's ability status can be found here:

  - https://www.cdc.gov/dhds/datasets/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html

- https://torontohealthequity.ca/wp-content/uploads/2018/03/Measuring-Health-Equity-Participant-Manual-2018.pdf

- Leapfrog will add a new question asking hospitals to provide a link to where they publicly share their efforts to identify and reduce health care disparities. Only hospitals that answer "yes" to question #6 will be asked to provide the URL. This question, and the provided URL, will be used as part of Leapfrog's Data Verification Protocols and will be publicly reported. The new question is available for review below:

1) Webpage URL where efforts to identify and reduce health care disparities and the impact of those efforts (based on the self-identified demographic data collected directly from patients (or patient's legal guardian) are displayed:	_____

Based on feedback that the Office of Management and Budget (OMB) implementation is not required until 2029, Leapfrog is not moving forward with the proposal to add an optional, fact-finding question to determine if hospitals have implemented (or have plans to implement) the new OMB standards for maintaining, collecting and presenting data on race and ethnicity:

There are no changes to the scoring algorithm for Section 1C: Health Care Equity.

SECTION 1D: INFORMED CONSENT

Based on the fact that health care facilities in Georgia and Texas have a statutory protection facilitated by using consent forms at a ninth-grade reading level, Leapfrog will maintain the current scoring algorithm giving hospitals the ability to earn "Considerable Achievement" by having all consent forms written at a ninth-grade reading level, when additional criteria in the section are met. However, since 54% of Americans between the ages of 16 and 74 read below the equivalent of a sixth-grade level, hospitals will continue to be required to have all applicable consent forms written at a sixth-grade reading level or lower to "Achieve the Standard."

In response to questions and feedback from hospitals participating in the Survey, Leapfrog is updating question #1 to clarify that the question about training only concerns individuals employed by the hospital:

Updates are highlighted in yellow.

1) Does your hospital train employed staff on informed consent and tailor different training topics to different staff roles, including hospital leaders, MD/NP/PA, nurses and other clinical staff, administrative staff, and interpreters, and has your hospital made the training: • a required component of onboarding for the appropriate newly hired staff, and • required for the appropriate existing staff who were not previously trained?	○ Yes ○ No

We are also updating the FAQ regarding training:

> **What roles and staff levels need to be included in the training program on informed consent included in question #1? What types of training can we use?**

As described on page 98 of the AHRQ's Making Informed Consent an Informed Choice – Training for Health Care Leaders, the appropriate roles for training include all the following: hospital leaders, physicians/independent nurse practitioners/independent physician assistants, nurses or other clinical staff, administrative staff in a patient-facing role, and interpreters. The training may be tailored to only include relevant materials based on the staff role. The goal is for each responsible staff person to be trained in their applicable domains. For example:

- For hospital leaders, training on the definition and principles of informed consent and specifics on the hospital's informed consent policy is appropriate.
- Clinical staff such as physicians and nurses should also be trained in strategies for clear communication, for presenting choices, and for documentation, if they are responsible for directly conducting the informed consent process.
- For administrative staff in a patient-facing role and interpreters, participating in the informed consent process should also be trained in reviewing and completing documentation.

Staff that are not directly employed by the hospital (e.g., medical interpreters who are employed by a contractor) do not need to be trained by the hospital.

Training does not need to be exclusive to informed consent and can be included as a component or module in other trainings. Examples of training include computer-based training, one-on-one precepting, webinars, and staff meeting presentations, as well as other modalities where learning can be assessed after the content is delivered to the trainee.

There are no changes to the scoring algorithm for Section 1D: Informed Consent.

SECTION 2: MEDICATION SAFETY

SECTION 2A: COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

In response to comments collected during the public comment period and in consultation with Leapfrog's CPOE Expert Panel, Leapfrog is updating the measure specifications for question #3 to include medications ordered via a secure texting platform in the denominator only. Medications ordered via a secure texting platform should be excluded from question #4, the numerator, since these orders are not entered through the CPOE system.

There are no changes to the scoring algorithm for Section 2A: CPOE.

SECTION 2B: EHR APPLICATION INFORMATION (FOR ADULT AND GENERAL HOSPITALS ONLY)

Leapfrog is adding optional, fact-finding questions about Artificial Intelligence (AI) vendors. The responses will be used to research AI vendor influence on a hospital's CPOE Test score. The questions are included below:

1) Does your hospital currently use an Artificial Intelligence (AI) application as part of your medication ordering decision support system?	○ Yes ○ No

If "no" to question #1, skip the remaining questions in Section 2B, and continue to Section 2C.	
2) Which Artificial Intelligence (AI) vendor source is your hospital currently using as part of your medication ordering decision support system? *Select all that apply.* *If "Other AI Vendor" or "Other Homegrown AI Application" is selected, continue to question #3. Otherwise, skip question #3 and continue to the next subsection.*	**EHR Vendors** ☐ Epic ☐ Cerner ☐ Allscripts (Altera) ☐ Meditech ☐ Quadramed ☐ CPSI **Medication Safety Vendors** ☐ First Databank ☐ Medi-Span ☐ Multum ☐ Lexicomp ☐ Elsevier **Other** ☐ Other AI Vendor ☐ Other Homegrown AI Application
3) What are the names of the Other AI Vendors or Other Homegrown AI Applications that your hospital is currently using as part of your medication ordering decision support system? *If entering multiple Other AI Vendors or Other Homegrown AI Applications, separate each by a comma.*	_____

Additionally, we are adding an FAQ to define Artificial Intelligence:

> **What is the definition of Artificial Intelligence?**
> Artificial Intelligence (AI) includes advanced analytics and logic-based techniques, including machine learning, that are used to interpret events, support and automate decisions, and take actions.

These optional, fact-finding questions will not be used in scoring or public reporting in 2025. As a reminder, Section 2B: EHR Application Information is not scored or publicly reported.

CPOE EVALUATION TOOL (FOR ADULT AND GENERAL HOSPITALS ONLY)

The CPOE Evaluation Tool developers will update the test medication scenarios to reflect changes to clinical guidelines and to address medications that hospitals frequently reported as not being in their medication formulary.

Due to unforeseen operational challenges, the Test Patients PDF will not include the date of birth for each patient. Hospitals will need to calculate the date of birth based on the age provided. To make this easier for hospitals, Leapfrog will include a Date of Birth Calculator on the Survey and CPOE Materials webpage starting on April 1.

Additionally, patient allergies will not be removed, as the CPOE test is designed to simulate a real-life environment where allergy information is typically included in patient profiles.

Previously, the Excessive Dosing and Drug Route Order Checking Categories were indicated as scenario-specific clinical decision support, meaning that advice or information presented to the prescriber is related to the Test Order and the Test Patient, which includes specific patient demographics and clinical information. For the 2025 CPOE Test, the Excessive Dosing and Drug Route Order Checking Categories will be updated to indicate that the type of clinical decision support in these Order Checking Categories is medication-specific, meaning that it is specific to the medication and might appear any time the medication is ordered for any patient and is not specifically related to the Test Patient. This change will be reflected in the Orders and Observations Sheet.

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

There are no changes to the scoring algorithm for the CPOE Evaluation Tool.

SECTION 2C: BAR CODE MEDICATION ADMINISTRATION (BCMA)

Leapfrog will continue to ask hospitals about their utilization of BCMA in the following adult and/or pediatric units: medical, surgical, and medical/surgical units; intensive care units (including neonatal); labor and delivery units; and pre-operative and post-anesthesia care units, but as described above, we are updating the unit definitions to further align with other sections of the Survey, including specifying the inclusion of both single and mixed acuity units when reporting on medical, surgical, and medical/surgical units. Previously, step-down/progressive units were included when reporting on medical, surgical, and medical/surgical units. For 2025, Leapfrog is adding new questions to assess the utilization of step-down/progressive units separately. Hospitals without a dedicated step-down/progressive unit will continue to report on any medical, surgical, and medical/surgical units and include any medications administered to step-down/progressive patients in these units. This has been clarified in the corresponding endnote for medical, surgical, and medical/surgical units which can be reviewed in Appendix III. Telemetry units will continue to be reported with medical, surgical, and medical/surgical units.

The updated unit definitions can be found in Appendix III, including updated definitions for pre-operative and post-anesthesia care units (PACUs). Updated questions can be found in Appendix V. These questions have been refined for more clarity based on comments collected during the public comment period and national pilot.

Leapfrog is also updating the measure specifications to note that hospitals should continue to count units as they do internally (i.e., 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). When reporting on compliance, Leapfrog will also clarify that medication administrations performed during a procedure should be excluded (i.e., if the hospital combines their procedural areas with their pre-operative or post-anesthesia care units and is able to distinguish between these medication administrations).

Leapfrog is making two updates to assist hospitals reporting on their mechanisms used to reduce and understand potential BCMA system “workarounds.” First, Leapfrog is updating one of the questions to ask about “back-up equipment (e.g., extra scanners, portable computers, batteries, and mice)” for BCMA hardware failures, instead of “back-up systems.” Second, we are adding a FAQ reminding hospitals that they should still implement or monitor a quality improvement program even if they are at 95% compliance to ensure that they can continue to improve and maintain high compliance.

There are no changes to the Scoring Algorithm for Section 2C: BCMA.

SECTION 2D: MEDICATION RECONCILIATION

There are no changes to this subsection. As a reminder, hospitals can continue to use 2024 Leapfrog Hospital Survey Measure Specifications for Section 2D: Medication Reconciliation to perform data collection in preparation for the 2025 Leapfrog Hospital Survey.

SECTION 3: ADULT AND PEDIATRIC COMPLEX SURGERY

SECTION 3A: HOSPITAL AND SURGEON VOLUME

For mitral valve repair and replacement, Leapfrog is updating the questions and measure specifications to clarify that hospitals can only report on their Mitral Valve Repair/Replacement Composite Score if the score is publicly reported on the STS website at https://publicreporting.sts.org/search/acsd.

For Bariatric Surgery for Weight Loss, Leapfrog is making two updates:

- First, we are removing three procedure codes from the list of CPT codes used to count same-day bariatric procedures as they do not meet the criteria for inclusion in our volume standards since they are used for the placement of gastric banding rather than bypass of the stomach.
- Second, we are adding several ICD-10-CM procedure codes that bring greater alignment with the Centers for Medicare and Medicaid's payment policies for bariatric surgery. These additional codes expand on the current procedure code list, with a continued focus on the bypass of the stomach but reflect additional tissue types and approach types. The additions can be reviewed in Appendix VI.

SECTION 3B: SAFE SURGERY CHECKLIST FOR ADULT AND PEDIATRIC COMPLEX SURGERY

To address hospital feedback, Leapfrog will add a new response option to question #6 (which asks if the hospital performed an audit on patients who underwent a procedure included in Section 3A), for hospitals that perform fewer than 30 inpatient procedures under general anesthesia. Hospitals selecting this response option will be scored and publicly reported as "Unable to Calculate Score."

The updated scoring algorithm is available in Appendix VII.

SECTION 4: MATERNITY CARE

Leapfrog is updating the measure specifications from The Joint Commission for PC-02 Cesarean Birth (Section 4B) for those hospitals that do not already submit data to TJC and therefore need to retrospectively collect data. We will also continue to accept both data for the chart-abstracted measure (PC-02) and data collected using TJC's electronic clinical quality measure (eCQM) specifications (ePC-02). Hospitals measuring this quality indicator and reporting results to The Joint Commission should continue to use the data reported to TJC when responding to the questions in Section 4B: Cesarean Birth.

Hospitals participating in the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center may continue to use the data provided in their CMQCC reports when responding to subsections 4B: Cesarean Birth,

4C: Episiotomy, and 4D: Process Measures of Quality. Hospitals participating in the Michigan Obstetrics Initiative (OBI) may also continue to use the data provided in their OBI reports to report on Section 4B: Cesarean Birth.

SECTION 4A: MATERNITY CARE VOLUME AND SERVICES

Leapfrog will continue to include and require questions regarding service offerings and use them in public reporting only. For clarification, Leapfrog is adding a reporting period for these questions which will instruct hospitals to report on the services that are currently offered.

In addition, Leapfrog is updating the policy question regarding the prevention of nonmedically indicated early elective deliveries to specify that the written protocols must be approved by the medical director or other designated physician (previously this was noted as other designated "clinician").

SECTION 4B: CESAREAN BIRTH

Leapfrog is continuing to include questions on the collection of cesarean birth data (NTSV C-section measure) by race/ethnicity and is asking hospitals to provide numerators and denominators for the NTSV C-section measure for each of the following races/ethnicities, which were also used in 2024 reporting: Non-Hispanic White, Non-Hispanic Black, Non-Hispanic American Indian or Alaska Native, Non-Hispanic Asian or Pacific Islander, Hispanic, and Non-Hispanic Other (including two or more races). Reporting this information requires that hospitals collect ethnicity and race, including if a patient identifies with multiple races. As in 2024, these questions are required but will not be used in scoring or public reporting by hospital on the Survey Results website. Instead, cesarean birth rates stratified by race/ethnicity will continue to be confidentially shared with reporting hospitals on their Hospital Details Pages.

Hospitals participating in the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center may use the data provided in their CMQCC reports and hospitals reporting to the U.S. News & World Report Maternity Services Survey may use the data provided to U.S. News & World Report when responding to these questions. An updated crosswalk will be provided in the measure specifications available in Appendix VIII. Otherwise, hospitals will continue to use TJC's PC-02 Cesarean Birth measure specifications and Leapfrog instructions to retrospectively review all cases and stratify by race/ethnicity.

There are no changes to the scoring algorithm for Section 4B: Cesarean Birth.

SECTION 4C: EPISIOTOMY

There are no changes to this subsection.

SECTION 4D: PROCESS MEASURES OF QUALITY

In response to feedback and consultation with our Maternity Care Expert Panel, Leapfrog is updating the measure specifications for Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery to add further clarification regarding the timing of the prophylaxis. The numerator will continue to include women undergoing cesarean delivery that received either pneumatic compression devices prior to surgery or fractionated or unfractionated heparin or heparinoid. Beginning in 2026, Leapfrog plans to remove the inclusion of patients receiving heparin or heparinoid, unless they also received a pneumatic compression device prior to surgery. As a reminder, the target for this measure is 90%. The updated measure specifications are available in Appendix IX.

There are no changes to the scoring algorithm for Section 4D: Process Measures of Quality.

SECTION 4E: HIGH-RISK DELIVERIES

There are no changes to this subsection.

Neonatal Intensive Care Unit(s) – National Performance Measurement

Leapfrog is continuing to obtain data directly from the Vermont Oxford Network (VON) for those hospitals that electively admit high-risk deliveries and opt to use VON's Death or Morbidity Outcome Measure when reporting on Section 4E: High-Risk Deliveries. Hospitals will still need to complete the following steps:

1. Complete a Data Sharing Authorization letter and submit it to VON by the dates listed in Appendix X. (hospitals that successfully submitted a Data Sharing Authorization letter in prior years will not be required to submit another letter in 2025),
2. Select "VON National Performance Measure" in Section 4E: High-Risk Deliveries question #3,
3. Provide an accurate VON Transfer Code in the Hospital Profile of the Leapfrog Hospital Survey (this will be pre-populated if previously provided); and,
4. Submit the Leapfrog Hospital Survey by the dates listed in Appendix X.

Hospitals that select "VON National Performance Measure" in question #3 of Section 4E: High-Risk Deliveries, but do not complete all the steps listed above will be scored and publicly reported as "Declined to Respond" for the High-Risk Deliveries measure.

SECTION 5: PHYSICIAN AND NURSE STAFFING

SECTION 5A: ADULT ICU PHYSICIAN STAFFING AND SECTION 5B: PEDIATRIC ICU PHYSICIAN STAFFING

To ensure that consumers, employers and purchasers, health plans, and other stakeholders can clearly identify hospitals that have adult critical care units and/or pediatric critical care units, Leapfrog is separating Section 5: ICU Physician Staffing into two subsections: Section 5A: Adult ICU Physician Staffing and Section 5B: Pediatric ICU Physician Staffing. The questions themselves will only be updated to reference adult or pediatric units. There are no other updates to the questions. As always, hospitals are instructed to report on the applicable unit with the lowest level of staffing for both subsections.

The subsections 5A and 5B will be scored and publicly reported separately, but there are no changes to the scoring algorithm and the standard for adult and pediatric medical, surgical, medical/surgical, and neuro intensive care units will remain the same. See the 2024 Scoring Algorithm for more information. While both the adult and pediatric measures will be scored and publicly reported on Leapfrog's public reporting website and used in Leapfrog's Value-Based Purchasing Program, only the adult ICU Physician Staffing measure will be used in the Hospital Safety Grade methodology.

Leapfrog is also making the following updates to relevant endnotes for Section 5:

- The definition of co-management for critical care patients will be updated to provide more clarity and specificity.

- The definition of “Certified in Critical Care Medicine” will be updated to include those who are awarded certification by the American Osteopathic Association (AOA).
- The definition of “Certified in Critical Care Medicine” will also be updated to exclude physicians with certificates awarded from the Committee on Advanced Subspecialty Training (CAST) as the three-year grace period since CAST certificates have ceased being issued has expired.
- The specifics on audits of response times will be 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.

The updated questions and endnotes are available in Appendix XI.

SECTION 5C: NURSING WORKFORCE

In response to feedback from hospitals participating in the Survey, an analysis of responses submitted in 2024, and close consultation with our Nursing Workforce Expert Panel, Leapfrog is making several updates to Section 5C: Nursing Workforce.

Updates to Applicable Units and Measure Specifications

Leapfrog is updating question #3 to clarify that hospitals should only respond to the questions about mixed acuity units if the hospital does not operate any of the applicable single acuity units. Further clarification on single acuity medical, surgical, and med-surg units to include or exclude, as well as additional clarification on the definition of acuity (i.e., level of care), will be added. Critical Access Units, defined as units where more than 10% of beds are for skilled nursing (swing beds), will be added as an exclusion for both single acuity and mixed acuity units.

The Midnight Census method for calculating the total number of patient days for each unit will include a clarification in the measure specifications that observation patients must be included and short stay patients (who are in and out of the unit before the census is taken) must be included; otherwise, this method cannot be used for calculating patient days.

Leapfrog is also updating the measure specifications for total productive hours worked by employed and contracted nursing staff with direct patient care responsibilities to clarify that sitter hours can only be included if the sitter is authorized to physically touch the patient when providing direct patient care (i.e., does not need to call another staff member if physical intervention of any type is required).

Additionally, Press Ganey is waiving 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.

For NQF Safe Practice #9 on the 2025 Leapfrog Hospital Survey, Leapfrog will continue to accept 2020 American Nurses Credentialing Center (ANCC) Pathway to Excellence® criteria and will add 2024 ANCC Pathway to Excellence® criteria.

There are no changes to the scoring algorithm for Section 5C: Nursing Workforce.

Request for Information

As part of our request for public comments, Leapfrog included a request for information on the Practice Environment Scale – Nursing Work Index (PES-NWI), specifically the 5-item version of the instrument (known as PES-5), as well as feedback on additional nurse staffing and nurse leadership-related structural measures that

could help reflect distinct elements of high quality, safe care. Leapfrog appreciates all the comments that were received on future areas of measurement for the Nursing Workforce standard. Several comments noted that hospitals are already conducting surveys of their nurses and that some of those surveys ask similar questions to the PES-5. These hospitals urged Leapfrog to consider the impact of the potential burden/duplication of asking hospitals to administer the PES-5. A number of the comments received also noted concerns with the proposed structural measures. All comments will be reviewed with Leapfrog's Nursing Workforce Expert Panel as part of Leapfrog's regular standard review process.

SECTION 6: PATIENT SAFETY PRACTICES

SECTION 6A: NQF SAFE PRACTICE #1 – CULTURE OF SAFETY LEADERSHIP STRUCTURES AND SYSTEMS

Leapfrog is updating the FAQ for Safe Practice 1.1b to clarify the requirement of having patients and/or families of patients as active participants in the hospital-wide safety and quality committee for hospitals that utilize a system-wide safety and quality committee instead of a local committee:

> **1.1b: What is meant by "patients and/or families of patients are active participants in the hospital-wide safety and quality committee?"**
> To meet the intent of this element, hospitals must have patients and/or families of patients participate on the hospital-wide safety and quality committee. The safety and quality committee should have influence over hospital-wide quality and safety issues, not just a particular department or service line. Hospitals with a system-wide safety and quality committee must have one patient representative per campus on the system-wide safety and quality committee.
>
> Meetings should be formal, and minutes should be taken. Topics covered should be related to broad oversight of hospital-wide patient safety and quality issues and what is being done to effect changes. An example would be tracking and preventing adverse events.
>
> In most hospitals, due to the scope of issues discussed at Patient and Family Advisory Council (PFAC) meetings, having a PFAC would not meet the criteria for a safety and quality committee. If your hospital has a PFAC member on the hospital-wide patient safety and quality committee, then your hospital is meeting the intent of this safe practice.
>
> Patients and/or families of patients can participate in these meetings in person, via conference call, or via video conference. Hospitals do not meet the intent of this element if the patients and/or families of patients are invited but do not regularly attend. It is the responsibility of the hospital to ensure that patients and/or families of patients can provide their perspectives to other committee members during meetings. The patient serving on that committee should have the experience, orientation or training needed to understand and effectively contribute to safety and quality committee issues. Hospitals should identify people who are not Board members or employees to serve on the committee so the participant can represent the views of patients and without conflict. Board members have a fiduciary responsibility to the organization, and therefore may have a potential conflict representing the views of patients and/or families of patients.

Hospitals can document adherence to this element by maintaining committee rosters and meeting minutes with attendance and participation noted. Patients and/or families of patients should have the opportunity to present or co-present a topic, lead or co-lead a discussion, or co-chair the committee, and this should be noted in the meeting minutes. Patients and/or families should have attended at least one meeting prior to Survey submission.

Hospitals in the process of adding patients/families of patients to the hospital-wide safety and quality committee can refer to AHRQ's toolkit for engaging patients and families in hospital improvement work for more information at https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/index.html.

Additionally, the definition of Board has been updated to clarify that a system-wide board that governs hospitals in the system would meet the criteria.

There are no changes to the scoring algorithm for Section 6A: NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems.

SECTION 6B: NQF SAFE PRACTICE #2 – CULTURE MEASUREMENT, FEEDBACK, AND INTERVENTION

There are no changes to this subsection.

SECTION 6C: HAND HYGIENE

Leapfrog is adding further clarification in the measure specifications regarding the units included when reporting on Section 6C: Hand Hygiene, including reminding hospitals to exclude units that are not currently open and/or were not open consistently throughout the entire reporting period (i.e., most recent month or past three months based on responses selected in monitoring questions #8-10). As described above, the units are being updated to add further clarification and alignment with reporting in other sections of the Survey, including specifying the inclusion of both single acuity and mixed acuity units when reporting on medical, surgical, and medical/surgical units. In addition, hospitals will need to include any pre-operative and post-anesthesia care units that are located in or co-located with their hospital (previously hospitals were asked to only include those used for inpatient procedures and those used for outpatient procedures listed in Section 9: Outpatient Procedures), as well as those located in free-standing hospital outpatient departments that perform the outpatient procedures listed in Section 9: Outpatient Procedures and that share the hospital's license or CMS Certification Number. Updated unit definitions can be reviewed in Appendix III.

After a year of fact-finding, Leapfrog is removing the optional question asking about practices followed when a patient is suspected or confirmed with *C. difficile* given that the vast majority of hospitals were following all of the SHEA/IDSA/APIC Practice Recommendations.

There are no changes to the scoring algorithm for Section 6C: Hand Hygiene.

SECTION 6D: DIAGNOSTIC EXCELLENCE (OPTIONAL – NOT SCORED OR PUBLICLY REPORTED IN 2025)

Based on an analysis of responses submitted to the 2024 Leapfrog Hospital Survey and consultation with Leapfrog's Diagnostic Excellence Expert Panel, Leapfrog will not score or publicly report Section 6D: Diagnostic Excellence in 2025. Instead, Leapfrog will make several revisions to the question set, and add new FAQs, to ensure responses accurately reflect the intent of the new subsection.

Leapfrog is making the following updates to Section 6D: Diagnostic Excellence:

- Question #1, regarding the CEO's commitment to diagnostic excellence, will be updated to specify that the commitment must specifically focus on errors in diagnosis, and to indicate that the commitment must have been made by the hospital's current CEO or CMO.
- Questions #3 and #4, regarding patient engagement, will be updated to specify a timeframe for Patient and Family Advisory Council (PFAC) meetings and clarify that PFAC activities should focus on diagnosis in the hospital.
- Question #5 and #6, regarding risk assessment and mitigation, will be updated to specify that hospitals should use the Safer Dx Checklist to identify at least one practice not currently fully implemented and to clarify the specific steps the hospital is taking to close those gaps.
- Questions #7-15, regarding convening a multidisciplinary team focused on diagnostic excellence, will be updated to confirm that the multidisciplinary team should be a distinct entity at the hospital, not the established patient safety committee, as well as specifying specific timeframes for activities. A new FAQ will clarify that multidisciplinary teams should be hospital-specific, not system-level.
- Question #16, regarding training and education, will be updated to specify that the AHRQ's TeamSTEPPS for Diagnosis Improvement program is the training hospitals should be using to improve communication among members of the care team within the context of the diagnostic process.
- Questions #17-22, regarding closing the loop on cancer diagnosis, will include new FAQs to clarify which reports should be included, and how patients should be tabulated.

The updated questions and new FAQs are available for review in Appendix XII.

SECTION 6E: HOSPITAL BOARDING IN THE EMERGENCY DEPARTMENT (ED) (OPTIONAL – NOT SCORED OR PUBLICLY REPORTED IN 2025)

Over the next few years, Leapfrog plans to grow its hospital reporting to include emergency department (ED) safety. This is consistent with our expansion of ratings beyond the inpatient setting to include outpatient surgery in hospitals and ambulatory surgery centers. Our first approach to measuring and establishing standards of performance for ED safety began with our focus on harm to patients from diagnostic errors on the 2024 Leapfrog Hospital Survey, where a new subsection focused on Diagnostic Excellence included a set of fact-finding questions to assess hospital's adoption of targeted best practices.

In consultation with subject matter experts and our own independent literature review, an urgent patient safety risk has been identified: inpatients boarding in the emergency department (ED).

Boarding patients in the ED after the decision to admit them to an inpatient bed is a long-standing yet increasingly common, quality and safety issue.[1] Studies suggest boarding patients in the ED is associated with delayed and missed care, medication errors, higher morbidity, in-hospital mortality, extended hospital length of stay, and poor patient satisfaction.[2-11] According to the Association of Academic Chairs of Emergency Medicine, inpatients boarding in the ED rose nearly 130% from 2012 to 2019, and further increased after COVID-19.[12]

We recognize that this problem is complex and often difficult for hospitals to address. But for patients and payors, the risk of inpatients boarding in the ED would be a critical factor in evaluating the safety of a hospital. As such, Leapfrog will ask hospitals to report on three measures which will be used for fact-finding only in 2025:

- 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)

Based on responses received during the public comment period and further input from our Emergency Department Boarding Expert Panel, Leapfrog is making the following updates to the originally proposed questions:

- To better recognize the underlying systems issues that are key drivers of admitted inpatients boarding in the ED, Leapfrog will rename the subsection “Hospital Boarding in the Emergency Department (ED)” instead of “ED Boarding.”
- Leapfrog will include patients admitted to observation status, as well as those admitted to the hospital’s inpatient setting.
- Leapfrog will ask hospitals to report the median ED length of stay instead of the average ED length of stay for patients with an ED visit that are admitted to the hospital given that the average can be skewed by outliers.
- Leapfrog will also ask hospitals to report the 90th percentile ED length of stay for patients with an ED visit that are admitted to the inpatient setting to better understand a “bad” day in the ED.
- To address differences in boarding times among certain populations, such as behavioral health patients and pediatric patients, hospitals will be asked to stratify their data in two different ways: (1) separating adult patients from pediatric patients; and (2) separating patients admitted to an inpatient psychiatric bed from those admitted to an inpatient non-psychiatric bed. Leapfrog will monitor the use of admission to an inpatient psychiatric bed as the stratification decision moving forward, to understand if there are more accurate and/or more feasible approaches to capturing patients with a behavioral health diagnosis.

The questions and measure specifications are available for review in Appendix XIII and will not be scored or publicly reported in 2025.

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SECTION 7: MANAGING SERIOUS ERRORS

SECTION 7A: NEVER EVENTS

There are no changes to this subsection.

SECTION 7B: HEALTHCARE-ASSOCIATED INFECTIONS

Leapfrog will continue to obtain healthcare-associated infection (HAI) data directly from the CDC's National Healthcare Safety Network (NHSN). Additionally, Leapfrog will add one new question to Section 7B to confirm that hospitals have completed all the required steps in order for their HAI data to be scored and publicly reported, which include: joining Leapfrog's NHSN Group, entering a valid NHSN ID in the Profile of the Leapfrog Hospital Survey, and submitting the 2025 Leapfrog Hospital Survey.

The new question and deadlines to join Leapfrog's NHSN Group are available in Appendix XIV.

SECTION 8: PEDIATRIC CARE

SECTION 8A: PATIENT EXPERIENCE (CAHPS CHILD HOSPITAL SURVEY)

There are no changes to this subsection.

SECTION 8B: PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE

There are no changes to this subsection.

SECTION 9: OUTPATIENT PROCEDURES

SECTION 9A: BASIC OUTPATIENT DEPARTMENT INFORMATION

There are no changes to this subsection.

SECTION 9B: MEDICAL, SURGICAL, AND CLINICAL STAFF

In response to feedback from participating hospitals and ASCs, Leapfrog is making the following update to Section 9B: Medical, Surgical, and Clinical Staff:

- Question #2, regarding the presence of clinicians trained in Pediatric Advanced Life Support (PALS), will be updated to include a new response option of "Not applicable; pediatric patients are all aged 13-17" to clarify that all pediatric procedures reported on in Section 9C: Volume of Procedures during the reporting period were performed on patients 13 years and older. The updated question is available for review below:

  Updates highlighted in yellow

1) Is there a Pediatric Advanced Life Support (PALS) trained clinician, as well as a second clinician (regardless of PALS training), present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the hospital outpatient department? *Hospitals that do not care for pediatric patients should select "Not Applicable; adult patients only" and hospitals that only performed applicable pediatric procedures on pediatric patients 13 years and older during the reporting period should select "Not applicable; pediatric patients are all aged 13-17," regardless of the presence of clinicians trained in PALS. These hospitals will be scored as "Does Not Apply".*	○ Yes ○ No ○ Not applicable; adult patients only ○ Not applicable; pediatric patients are all aged 13-17

There are no changes to the scoring algorithm for Section 9B: Medical, Surgical, and Clinical Staff.

SECTION 9C: VOLUME OF PROCEDURES

Leapfrog is adding 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. In addition, Leapfrog is adding 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.

SECTION 9D: SAFETY OF PROCEDURES

Patient Follow-Up

There are no changes to these questions.

Data download dates for OP-32 Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy are available in Appendix XV.

Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures

There are no changes to these questions.

SECTION 9E: MEDICATION SAFETY FOR OUTPATIENT PROCEDURES

There are no changes to this subsection.

SECTION 9F: PATIENT EXPERIENCE (OAS CAHPS)

There are no changes to this subsection. However, Leapfrog would like to inform hospitals that they will still be required to report OAS CAHPS results in the Online Survey Tool, despite the data being publicly reported by CMS at data.cms.gov. Current benchmarks used by Leapfrog to score Top Box Scores from four domains included on the OAS CAHPS Survey are based on data from both ASCs and HOPDs. ASCs are not yet required to report their OAS CAHPS results to CMS. Leapfrog plans to incorporate the CMS publicly reported datasets in the future once ASCs are fully included in adjustments of the Top Box Scores.

More information about the 2025 Leapfrog Hospital Survey is available on our website at http://www.leapfroggroup.org/hospital.

RESPONSES TO PUBLIC COMMENTS

Leapfrog was grateful to receive over 800 public comments in response to the proposed changes to the 2025 Leapfrog Hospital Survey. This is a record number of comments from a diverse range of stakeholders, including health care organizations, as well as health care experts, patient advocates, purchasers, and patients themselves.

As a result of this robust set of comments, Leapfrog was able to make a significant number of meaningful improvements to our planned changes to the 2025 Survey, and we are grateful to commenters for their insights.

Responses to the public comments are organized by Survey section below. If you submitted a comment and do not see a response, or if you have additional questions, please contact the Help Desk at https://leapfroghelpdesk.zendesk.com.

SCORING AND PUBLIC REPORTING FOR 2025

One commenter supported Leapfrog's proposal to update the Survey Results within the first seven (7) business days of the month instead of the first five (5) business days of the month.

We appreciate the feedback.

NEW REPORTING POLICY FOLLOWING CYBERSECURITY EVENTS AND NATURAL DISASTERS

A couple commenters supported Leapfrog's policy updates.

We appreciate this feedback.

One commenter supported Leapfrog's proposal to report on cybersecurity events but encouraged Leapfrog to consider expanding the questions to determine the impact of the event and what is being done to prevent recurrence.

We appreciate this feedback. As noted above, Leapfrog will be reviewing circumstances on a case by case basis via its Help Desk and will apply the new policy accordingly.

One commenter suggested that cybersecurity events could not always be shared publicly due to concerns about security. Instead, they suggested Leapfrog work with facilities directly instead of requiring the new questions.

As noted above, Leapfrog will be reviewing circumstances on a case by case basis via its Help Desk and will apply the new policy accordingly. In addition, the footnote applied to results will not specify the event that occurred but instead will note "Results are based on limited data due to a reported cybersecurity event or natural disaster."

Some commenters expressed concerns that hospitals with limited data would be penalized in the Safety Grade due to the proposal to report measures as "Declined to Respond" and apply the imputation methodology. A few encouraged Leapfrog to apply the same policy to the Leapfrog Hospital Safety Grade.

In response to feedback from hospitals and further review with our experts, we have revised our policy to allow hospitals to report using the data that they have available. Hospitals will still need to contact the Help Desk and provide information regarding the cybersecurity event or natural disaster, but once approved, they will be able to use the data available to report on the Leapfrog Hospital Survey. 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." For the purposes of 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 following footnote: "Results are based on limited data due to a reported cybersecurity event or natural disaster."

One commenter suggested that Leapfrog align with CMS and include a note alongside results that the "hospital was granted an Extraordinary Circumstance Exception."

Leapfrog has revised its policy to align more with CMS and their Extraordinary Circumstance Exception policy. However, Leapfrog's policy will be restricted to just cybersecurity events and natural disasters. Similar to CMS, we will include a footnote alongside impacted results indicating "Results are based on limited data due to a reported cybersecurity event or natural disaster."

SECTION 1: PATIENT RIGHTS AND ETHICS

BASIC HOSPITAL INFORMATION

One commenter appreciated Leapfrog's update to allow hospitals to report a higher number of staffed than licensed beds since many of their hospitals need to operate over their licensure amount to accommodate community needs.

We appreciate this feedback.

One commenter expressed strong support for the continued maintenance and clarification of questions on the Leapfrog Hospital Survey about creating a structure for hospitals to activate rapid response teams, as well as following-up on patient-reported concerns.

We appreciate this feedback.

One commenter asked for clarification on what would constitute an acceptable system for patients to report concerns via a patient portal.

Leapfrog has updated the FAQ to clarify that a specific function or message in the application that prompts patients to report concerns, including through messaging the provider directly, are acceptable modalities for patients to report errors through the patient portal.

BILLING ETHICS

Many commenters expressed strong support for Leapfrog's Billing Ethics Standard.

We appreciate this feedback.

One commenter suggested that hospitals that only screen for financial assistance for uninsured patients should get full credit as this is consistent with 501R requirements.

As a reminder, these questions will not be scored or publicly reported in 2025, and they are included for fact-finding only. While we understand the minimum government requirement, Leapfrog strives to maintain the highest standard pertaining to billing ethics, and we will consider this feedback when developing the scoring criteria for the Billing Ethics Standard in 2026.

One commenter expressed that the presumptive screening of all patients would be a resource burden on many organizations to manage.

While we understand the burden this may place on some hospitals, experts advised Leapfrog that healthcare organizations have access to a wide range of products that make it easier to conduct these eligibility screenings. Screening all patients will help ensure that hospitals can provide necessary medical services to patients who might otherwise delay care due to financial concerns.

Several commenters expressed concern regarding whether or not their financial assistance program (FAP) applied to all clinician fees, in addition to facility fees, for clinicians with privileges at their hospital and the services included.

Leapfrog is committed to transparency and federal regulation requires a hospital facility's FAP to include a list of all providers, other than the hospital facility itself, delivering emergency or medically necessary care in the hospital. It must specify which providers are covered by the hospital's FAP and which are not. Notice 2015-46 describes how a hospital should specify the providers and care covered by the FAP, update the FAP, and address errors and omissions in the provider list. Additionally, Leapfrog has included a response option for hospitals that include this information in their financial assistance applications.

One commenter expressed concern about providing the itemized billing statement to the patient by their preference of mail or electronically.

Thank you for this feedback. Leapfrog has decided to no longer move forward with including patient preference in 2025 and has reverted the question back to its original wording.

One commenter supported Leapfrog's update that all patients should be included in the screening process for financial assistance needs, not just uninsured patients.

We appreciate this feedback.

One commenter supported Leapfrog's fact-finding question to determine if all the hospital's physicians with privileges are included in a hospital's financial assistance program, citing it as a thoughtful step in helping patients assess whether any of the physicians they see may issue a separate bill for services.

We appreciate this feedback.

HEALTH CARE EQUITY

One commenter asked if Leapfrog would change their Health Care Equity standard based on the incoming administration's view on Diversity, Equity, and Inclusion (DEI).

Leapfrog's mission is to reduce harm to all patients through an intense focus on the safety and quality of care delivered in American hospitals and ambulatory surgery centers. Since a strong body of evidence suggests there are disparities in the quality and safety of care delivered, Leapfrog continues to set a standard that hospitals monitor for such disparities so they can effectively modify how they deliver care and improve quality.

A few commenters continued to express support for Leapfrog's Health Care Equity standard and encouraged the addition of "ability status" to the list of demographic data that hospitals should be collecting.

We appreciate this feedback and will consider this for future Surveys.

One commenter suggested Leapfrog publicly report the question level responses to the Health Care Equity Standard.

Thank you for this feedback. Leapfrog will publicly report hospital and ASC responses to the Health Care Equity question set alongside overall performance, as we currently do for our Billing Ethics and Informed Consent standards.

One commenter cautioned Leapfrog against publicly displaying webpage URLs that show a hospital's efforts to identify and reduce health care disparities. They also suggested updates to the wording of the question to capture other activities that demonstrate the hospital is working to identify and reduce health care disparities.

If a hospital responds affirmatively to question #6, that they publicly share their efforts to identify and reduce health care disparities, Leapfrog will ask the hospital to provide the URL in order to verify the hospital's response to question #6. We will consider further updates to the question in future Surveys.

Many commenters suggested Leapfrog delay the proposal to add a fact-finding question to determine if hospitals have implemented or have plans to implement the OMB's standards for maintaining, collecting and presenting data on race and ethnicity as it is premature, and many hospitals are in the process of working with their EHR vendors to build new functionality for data collection.

As mentioned above, after consideration of this feedback and that OMB implementation is not required until 2029, Leapfrog will not add a fact-finding question to assess whether hospitals and ASCs have implemented or have plans to implement the OMB's standards for maintaining, collecting and presenting data on race and ethnicity.

INFORMED CONSENT

Commenters were divided in their feedback on Leapfrog's proposal to continue to require that all applicable consent forms be written at a sixth-grade reading level or lower to "Achieve the Standard." While some, especially those from a patient advocacy background, strongly supported the standard, others recommended a holistic evaluation of the process to communicate information to a patient.

Leapfrog concurs that the process for communicating information about a procedure is not limited to the consent form. Hospitals can only "Achieve the Standard" if they also require clinicians at their hospital to use the "teach back method" to have a patient explain, in their own words, critical facts about the procedure to check for understanding. The reading level of the consent form is an important aspect of communication, as the consent form itself is the durable record of the conversation with the patient. Studies suggest that more than 50% of adults read at a sixth-grade level or below.

SECTION 2: MEDICATION SAFETY

COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

Several commenters had questions about how to operationalize the use of a secure text messaging system for ordering medications.

After further review, Leapfrog is adjusting the measure specifications to include medications ordered via a secure texting platform to the denominator for CPOE. However, the measure specifications for the numerator will specify that medications ordered via a secure texting platform must be excluded as our understanding is that these orders are transmitted directly to the EHR and do not go through CPOE. We are adding these clarifications to the measure specifications based on CMS' February 2024 communication from the Center for Clinical Standards and Quality/Quality, Safety & Oversight Group about texting patient information for hospitals and CAHs. The communication noted that secure texting platforms can be used but still conveyed a preference for the use of CPOE.

EHR APPLICATION INFORMATION

A few commenters suggested clarification around the intent of the new Artificial Intelligence (AI) vendor questions.

The fact-finding questions about AI are specific to medication ordering. Leapfrog is updating question #7 in Section 2B: EHR Application Information to clarify that it is asking specifically about medication ordering.

One commenter expressed support for collecting data on AI vendors but suggested additional questions as it relates to evaluating a hospital's use after deployment for efficacy, drift, and bias.

Leapfrog appreciates the supportive feedback on this change. We have received recommendations to ensure that hospitals are transparent with patients regarding the use of AI. As we learn more about the use of AI regarding clinical decision support in medication ordering, we will consider adding additional questions to the Survey.

CPOE EVALUATION TOOL

A few commenters recommended that Leapfrog develop a single CPOE Test for a whole healthcare system.

Leapfrog is exploring opportunities for health systems to consolidate testing, but no changes will be currently implemented for the 2025 Leapfrog Hospital Survey. Our research frequently found variation in performance of individual hospitals within systems, so it remains important for health systems to monitor individual hospital safety even when electronic systems are perceived as standardized.

One commenter requested the Sample Test to be scored.

A score is not provided for the Sample Test so that there is no confusion between the Sample Test score (no score) and the Adult Inpatient score (which is scored and publicly reported). Additionally, the Sample Test score

should not be used to predict how well the hospital will score on the Adult Inpatient Test as it is not designed to assess decision support safety, but to orient hospital teams to the test-taking process prior to the scored test.

BAR CODE MEDICATION ADMINISTRATION (BCMA)

Two commenters supported the proposed updates to Section 2C: Bar Code Medication Administration and appreciated Leapfrog's focus on the measure.

We appreciate this feedback.

One commenter asked Leapfrog to revisit the wording for question #2 to make it clear that Leapfrog is asking hospitals to report if they operate any of the ICUs listed.

Leapfrog has updated question #2 to ask hospitals if they operate adult and/or pediatric General Medical, Surgical, Medical/Surgical, Neuro, Neonatal, or Specialty ICUs. The updated questions are available in Appendix V.

Two commenters requested additional clarification about reporting for hospitals that do not have dedicated step-down/progressive units but instead have step-down/progressive beds located within a medical/surgical unit.

Hospitals with step-down/progressive beds in medical, surgical, or medical/surgical units should report on their medical, surgical, or medical/surgical unit when reporting on Section 2C: BCMA. Leapfrog has updated the endnote describing medical, surgical, and medical/surgical units available in Appendix III.

One commenter asked that Leapfrog clarify how hospitals with mixed acuity units should report.

Hospitals should include both single and mixed acuity units when reporting on medical, surgical, and medical/surgical units in Section 2C: BCMA. This is noted in the endnote describing medical, surgical, and medical/surgical units available in Appendix III.

MEDICATION RECONCILIATION

No comments were submitted.

SECTION 3: ADULT AND PEDIATRIC COMPLEX SURGERY

HOSPITAL AND SURGEON VOLUME

No comments were submitted.

SAFE SURGERY CHECKLIST FOR ADULT AND PEDIATRIC COMPLEX SURGERY

No comments were submitted.

SECTION 4: MATERNITY CARE

MATERNITY CARE VOLUME AND SERVICES

One commenter supported Leapfrog's continued commitment to reducing non-medically indicated early elective deliveries and its public reporting of maternity care services offered by hospitals.

We appreciate this feedback.

CESAREAN BIRTH

CESAREAN BIRTH STRATIFIED BY RACE/ETHNICITY

One commenter supported Leapfrog's proposal to continue to collect NTSV C-section data stratified by race/ethnicity and encouraged Leapfrog to eventually score and publicly report the results.

We appreciate this feedback. In 2025, we plan to publish a report highlighting the findings on a national level and will continue confidential reporting to hospitals on their Hospital Details pages. Leapfrog will continue to discuss plans for scoring and publicly reporting the stratified data with its Maternity Care Expert Panel for future Survey Cycles.

EPISIOTOMY

No comments were submitted.

PROCESS MEASURES OF QUALITY

No comments were submitted.

HIGH-RISK DELIVERIES

No comments were submitted.

SECTION 5: PHYSICIAN AND NURSE STAFFING

One commenter suggested that Leapfrog update the proposed name for Section 5 since "Staffing and Workforce" were both similar words and not very descriptive.

We have updated the name for Section 5 to "Physician and Nurse Staffing" to more aptly describe the measures included.

ADULT ICU PHYSICAN STAFFING

One commenter raised concerns about the current Leapfrog Adult ICU Physician Staffing standard being too difficult to meet as a rural hospital and urged Leapfrog to include rural-based hospital ICU related questions.

Leapfrog appreciates this comment but will still be holding all hospitals to a high standard for ICU Physician Staffing because it is so clearly in the interest of their patients. There is significant evidence that board-certified critical care physicians and adequate staffing time are related to reductions in patient mortality and morbidity.

While we recognize it is often more challenging for rural hospitals to achieve this standard, all patients deserve the same standard protection from avoidable death, whether they are in a rural community or not.

One commenter suggested updating the specifications regarding audits of response times to improve clarity and combat fatigue against the constant auditing of times every three months.

After reviewing this comment, Leapfrog has updated the ICU Physician Staffing Response Time Audit endnote to include details on the number of response time audits that need to be conducted for both hospitals who are submitting the section for the first time in the year and those who are re-submitting based on updating staffing protocols.

PEDIATRIC ICU PHYSICAN STAFFING

Several commenters supported the separation of Adult and Pediatric ICU Physician Staffing and noted the separation will increase consumer awareness, display accurate pediatric ICU information, and ensure that ICU staffing levels at the pediatric level meet the highest professional standards.

We appreciate this feedback.

NURSING WORKFORCE

TOTAL NURSING CARE HOURS PER PATIENT DAY, RN HOURS PER PATIENT DAY, AND NURSING SKILL MIX

Several comments were supportive of the continued requirement to report on the Total Nursing Care Hours, RN Hours per Patient Day, and Nursing Skill Mix measures.

We appreciate this feedback.

One commenter suggested that Leapfrog align with NDNQI's definition of a Critical Access Unit.

Leapfrog is continuing to align with NDNQI's definition of a Critical Access Unit, i.e., units where more than 10% of beds are for skilled nursing (swing beds).

A few commenters expressed difficulty in using the Midnight Census method if the unit includes observation and short stay patients and expressed concern that this guidance does not align with NDNQI.

Leapfrog aligns its measure specifications with the endorsed measures and with NDNQI guidance, a national nursing database that has collected data on these same measures for over a decade.

The clarification on when to use the Midnight Census method for counting patient days is not a change, but rather a clarification made to the measure specifications. This clarification aligns with the guidance that NDNQI provides to hospitals as it relates to using the midnight census methodology in units with short stay/observation patients: if a unit ever has short stay patients, hospitals cannot use Midnight Census as their method of data collection. If a unit does not normally have short stay patients, but one needs to be admitted to this unit due to some extenuating circumstance, then hospitals can continue to use Midnight Census, but the short stay patients need to be included in the census.

Alternatives for calculating patient days are described on page 210 of the 2024 Leapfrog Hospital Survey and include:

- Patient Days from Actual Hours: The sum of the actual hours for all patients during the reporting period divided by 24; typically obtained from an accounting system that tracks the actual time spent in the hospital by each patient.
- Patient Days from Multiple Census Reports: The sum of the daily average censuses collected during the reporting period; typically collected multiple times per day (e.g., every 4 hours or each shift).
- Midnight Census and Patient Days from Actual Hours for Short Stay Patients: A combination of Midnight Census and Patient Days from Actual Hours collected during the reporting period.

A few commenters expressed concern about excluding sitter hours if the sitter is not authorized to physically touch the patient when providing direct patient care.

The clarification that sitter hours can only be included if the sitter is authorized to physically touch the patient when providing direct patient care aligns with NDNQI's guidance, a national nursing database that has collected data on these same measures for over a decade.

Several commenters suggested that hospitals be allowed to include hours worked by "virtual nurses" in the nurse staffing and skill mix measures.

Leapfrog has discussed this issue with its national Nursing Expert Panel, and they noted that it is not yet clear whether an hour worked by a virtual nurse is equivalent, in terms of a patient care benefit, to that of an on-site nurse. This is a rapidly evolving concept, however, and Leapfrog and its national expert panel will continue to closely monitor the research and literature around this issue and will adjust the measure specifications as needed to ensure innovative, evidence-based nurse staffing models are recognized.

PERCENTAGE OF RNS WHO ARE BSN-PREPARED

No comments were submitted.

SECTION 6: PATIENT SAFETY PRACTICES

NQF SAFE PRACTICE #1 – CULTURE OF SAFETY LEADERSHIP STRUCTURES AND SYSTEM

One commenter expressed support for continuing to require patients or family as active participants in the hospital-wide patient safety and quality committee.

We appreciate this feedback.

One commenter suggested that Leapfrog update the FAQ for Safe Practice 1.1b related to patient and family engagement to convey that the patient serving on the committee should have the experience, orientation or training needed to understand and effectively contribute to safety and quality issues.

Leapfrog has updated the FAQ for Safe Practice 1.1b to specify that the patient serving on the hospital-wide or system-wide patient safety and quality committee should have the experience, orientation or training needed to understand and effectively contribute to safety and quality committee issues.

A few commenters requested clarification around the requirement for system-wide safety and quality committees to have one patient representative per campus.

The first option is to have a local hospital-wide patient safety and quality committee, and this has historically been the requirement to meet the intent of Safe Practice 1.1b. The clarification that Leapfrog is adding for 2025 is that if a hospital does not have a local committee but instead has a system-wide safety and quality committee, it must have one patient representative per campus on that committee.

One commenter suggested that patient representatives also serve on a hospital or system-wide patient experience committee, as these directly impact patients and are integrated with quality and safety.

Leapfrog will continue to align with NQF-endorsed Safe Practice, which calls for patients and/or families of patients to be active participants in the hospital-wide safety and quality committee. The committee must have broad oversight of hospital-wide patient safety and quality issues and what is being done to effect changes. An example would be tracking and preventing adverse events.

One commenter suggested that Leapfrog should add a requirement to assess the diversity of patient representatives to ensure they reflect the demographics of the populations they serve.

Leapfrog will review this recommendation with its experts for the 2026 Leapfrog Hospital Survey.

Several commenters suggested that Safe Practice #1 and #2 Culture Measurement, Feedback, and Intervention be updated to align with the CMS Patient Safety Structural Measure.

Leapfrog always looks for opportunities for alignment and thus completed a crosswalk between the CMS Patient Safety Structural Measure and related measures on the Leapfrog Hospital Survey, including NQF endorsed Safe Practice #1 and Safe Practice #2. There was significant alignment between the two. However, Leapfrog's current Safe Practice #1and Safe Practice #2 are based on the NQF-endorsed practices and at this time will not be replaced with the CMS Patient Safety Structural Measure.

HAND HYGIENE

Several commenters asked that Leapfrog revisit its requirement of monitoring 200 hand hygiene opportunities each month in each patient care unit due to a new study by the Association for Professionals in Infection Control and Epidemiology (APIC) published in the American Journal of Infection Control which suggests that hospitals could monitor as few as 50 hand hygiene opportunities per unit per month.

As we do each year in advance of launching a new annual survey, Leapfrog researchers and expert panelists review all the latest science on every standard in the Leapfrog Hospital Survey, including hand hygiene. Early in 2025 our team is analyzing the APIC study and discussing it with our Hand Hygiene Expert Panel.

One aspect of our analysis we consider is the statistical significance of data from monitoring activities, an important part of the Leapfrog hand hygiene standard, which is derived from the World Health Organization (WHO) standard. This analysis informs our standard for the number of observations a hospital should perform to reliably gauge significant improvements or declines in hand hygiene compliance. According to our statistical experts, detecting a 10% change in compliance requires at least 200 observations per month. Without this level of observation, efforts to improve quality may be misdirected, as important levels of progress cannot be accurately assessed.

The publication of this study highlights the need for further research on hand hygiene monitoring. Specifically, more research is needed on the number of observations required for valid and effective compliance monitoring, as well as the quality and accuracy of different monitoring protocols. For example, what observation techniques are most effective in ensuring accurate results? What are the pros and cons of electronic monitoring versus human observation alone?

Leapfrog remains committed to working in partnership with APIC and other organizations to advance research and best practices in infection prevention and control. We value peer-reviewed research as a cornerstone in shaping the standards and content of our Surveys, and we look forward to continuing to collaborate with APIC and other organizations on these critical issues.

We continue to study the issue and review research on the topic of hand hygiene. We will announce any future modifications in the Proposed Changes to the 2026 Leapfrog Hospital and ASC Surveys published in November 2025.

Reference: Reese S, Knepper B, Crapanzano-Sigafoos R. Right-Sizing Expectations for Hand Hygiene Observations Collection. Am J Infect Control. 2024. -- Release date December 19, 2024.

One commenter supported Leapfrog's removal of the fact-finding question asking about practices followed when a patient is suspected or confirmed with *C. difficile.*

We appreciate this feedback.

DIAGNOSTIC EXCELLENCE

Several commenters expressed strong support for the Diagnostic Excellence section, recognizing the importance of this aspect of patient safety and the value that a focused effort on diagnosis brings to quality of care.

We appreciate this feedback.

Several commenters were concerned at the level of effort called for in full implementation of the practices evaluated in this subsection of the Hospital Survey, finding it to be too resource intensive.

Although Leapfrog is sensitive to the many competing priorities confronting hospital administrators, patient safety research and calls to action by respected authorities like the National Academies of Medicine, as well as Leapfrog's own studies, show that diagnosis has been under-targeted as a source of medical errors and remains an urgent priority for hospital-based healthcare. To focus efforts on the highest-impact areas, Leapfrog removed several additional questions from the prior year to offer hospitals a more limited set of practices, with removals including a risk assessment specific to clinical expertise or new technologies, as well as paid protected time for staff.

One commenter recommended that Leapfrog add an additional element to the question about the activities that a hospital has engaged in with their PFAC pertaining to diagnosis: sharing diagnostic data with PFAC members.

We appreciate the suggestion of a novel way that hospitals can choose to engage with PFACs and agree that there are many circumstances in which this would be a fruitful approach, especially in empowering the PFAC to lead initiatives aimed at reducing errors in diagnosis. However, our understanding from the field is that as a

practical matter sharing data with the PFAC presents legal obstacles to hospitals. Therefore, at least in the 2025 Hospital Survey, we are not planning to incorporate this as a nationwide standard.

Some commenters suggested that Leapfrog permit hospitals to organize multidisciplinary committees to reduce errors in diagnosis at the system level, instead of requiring that these be specific to individual hospital campuses.

Leapfrog's goal in requiring a multidisciplinary committee solely focused on diagnosis at the individual hospital campus is to ensure that data analysis, case reviews, and initiatives aimed at reducing errors in diagnosis are specific to the circumstances of that individual campus. This approach is consistent with Leapfrog's Multi-Campus Reporting Policy, which requires hospitals within a system and hospitals with multiple campuses to each submit their own Survey, with responses specific to the individual facility.

Several commenters recommended that Leapfrog permit hospitals to allow existing patient safety or other committees currently in place at hospitals to serve as the multidisciplinary committee focused on reducing errors in diagnosis.

The direction of the literature and Leapfrog's Diagnostic Excellence Expert Panel is to convene a committee that is solely focused on diagnosis. Committees with concurrent responsibilities may not be able to dedicate time and resources commensurate with the challenge diagnostic errors currently pose to hospital-based medicine. As with other practices evaluated in this subsection focused on diagnosis, the primary goal is to elevate diagnostic errors to the top of the list of patient safety priorities.

Some commenters recommended that Leapfrog include other possible evidence-based programs to improve communication among members of the care team, in addition to AHRQ's TeamSTEPPS for Diagnosis Improvement.

Leapfrog is committed to continuing our research into possible resources and models in this area. To date, only AHRQ's TeamSTEPPS for Diagnosis Improvement has distinguished itself as an appropriate resource. However, researchers and clinicians are strongly encouraged to contact the Leapfrog Help Desk with alternative resources or models of effective team-based communication training with a specific emphasis on the diagnostic process for consideration as possible resources.

Some commenters cautioned that without a standard set of ICD-10 codes to identify cancer diagnoses, equitable comparisons between hospitals would not be feasible.

Because this section is not scored or publicly reported in 2025, Leapfrog's goal is not to collect data for evaluating hospital performance; rather, our goal is fact-finding. If this section is scored and publicly reported in future iterations of the Hospital Survey, we will develop a specific list of ICD-10 codes to ensure data collection processes are consistent between facilities.

Several commenters suggested that Leapfrog include a sampling methodology in the specifications for the Closing the Loop on Cancer Diagnosis measure, in order to offer hospitals without the flexibility in their electronic health records an opportunity to collect and report data on this measure without having to manually review all possible records.

Leapfrog appreciates the recommendation and has added a new sampling methodology that will permit hospitals to report on a random sample of 30 cases of cancer diagnosis, to establish whether the diagnosis was

communicated to the patient and uploaded to the patient portal in the specified timeframe. This represents a minimum sample, however, hospitals can continue to elect to report on all applicable cases.

HOSPITAL BOARDING IN THE EMERGENCY DEPARTMENT (ED)

Over 500 commenters voiced support for Leapfrog measuring inpatient boarding in the ED, with particularly strong support from patients, families, and ED clinicians. The comments consistently recognized the patient safety risks that are associated with the current ED boarding crisis in U.S. hospitals.

We appreciate this feedback.

Several commenters noted that inpatient boarding in the ED is often influenced by systemic factors, such as inpatient bed shortages, staffing constraints in post-acute care, and regional patient surges (e.g., during flu seasons or pandemics) and that these issues may be beyond a hospital's immediate control.

Leapfrog fully recognizes that the causes of inpatient boarding in the ED are multi-factorial, and the solutions needed to address the issue will require efforts at all levels of the healthcare system as well as the community at large (from local hospitals to policymakers). Leapfrog's goal with collecting (and eventually publicly reporting) data on patient boarding in the ED is to "shine a light" on the current crisis and its associated patient safety risks and give patients and families guidance in choosing among hospitals. The current lack of publicly available data makes this critical issue invisible to patients who entrust their lives to hospitals, and to the leaders, clinicians, purchasers, and policymakers who have a role to play in the solution.

To better recognize the underlying systems issues that are key drivers of admitted inpatients boarding in the ED, Leapfrog's Emergency Department Boarding Expert Panel recommended Leapfrog refer to this subsection as "Hospital Boarding in the ED" instead of "ED Boarding."

Several commenters suggested that in lieu of collecting data on boarding times and length of stay, Leapfrog should ask hospitals about the processes they have put in place to minimize patient boarding in the ED or to minimize the risks associated with boarding.

Leapfrog will consider this suggestion as we work to further develop this subsection and as the U.S. healthcare system learns more about what the "best practices" are in managing boarded patients in the ED. Leapfrog's goal with collecting (and eventually publicly reporting) data on patient boarding in the ED is to "shine a light" on the current crisis and its associated patient safety risks and give patients critical information to decide among hospitals. Reporting on actual levels of boarding is more useful to patients than how hospitals are managing the problem. At the same time, we recognize that hospitals can benefit from data from Leapfrog on how other hospitals are reducing boarding, and we will work to give hospitals access to those insights.

A few commenters noted it will be important for Leapfrog to risk-adjust the data for patient acuity when reporting out these data.

When Leapfrog moves from collection to public reporting of these data, it will work with its Emergency Department Boarding Expert Panel to ensure the data are reported out in a way that is fair to hospitals of different sizes, types, and locations. For other public reporting efforts, Leapfrog has stratified hospitals by size, teaching status, and urbanicity.

One commenter noted that reporting out the number of patients who boarded greater than 4 hours may unintentionally under or over-represent the true boarding situation of any particular ED.

When Leapfrog moves from collection to public reporting of these data, Leapfrog will report out the percentage of ED visits that had long boarding times, not the absolute number of long visits. This will make for a fairer comparison between high capacity EDs and lower capacity EDs.

One commenter noted that hospitals might adopt practices to artificially reduce reported boarding times, such as expediting admissions to inappropriate inpatient units or discharging patients prematurely.

Leapfrog is keeping a close eye on potential unintended consequences of measuring patient boarding in the ED, including issues of gaming and potential exacerbation of disparities in care. One advantage of measuring both boarding times and length of stay of patients in the ED is that it makes it more difficult for hospitals to "game" their data.

Three commenters suggested that the boarding time definition should start 1 or 2 hours after a patient is admitted or bed is requested to account for nursing and provider handoff time, patient transport coordination, communication with the patient and family, etc.

Leapfrog is aligning its boarding time definition with other national measurement efforts, including those of the Centers for Medical and Medicaid Services (CMS). The CMS definition starts boarding at the point of the order for admission and also measures whether admitted patients are in an inpatient bed within four hours of the admission order.

One commenter suggested Leapfrog collect additional data points about ED care, mirroring those that are captured in the Equity of Emergency Care Capacity and Quality (ECCQ) measure developed by CMS.

Leapfrog will consider expanding its future data collection efforts but initially will keep a focus on the issue of patients boarding in the ED given its clear connection to patient safety.

Numerous commenters suggested that Leapfrog stratify for specific types of patients when measuring boarding in the ED, specifically patients with behavioral health-related admissions and pediatric patients.

Leapfrog will ask hospitals to stratify their boarding data by patients that are admitted to an inpatient psychiatric bed vs. an inpatient non-psychiatric bed. Leapfrog will also ask hospitals to stratify adult patients vs. pediatric patients. Leapfrog will monitor the use of admission to an inpatient psychiatric bed as the stratification choice for patients with a behavioral health diagnosis, to understand if there are more accurate and/or more feasible approaches to capturing differences in boarding times for patients with a behavioral health-related diagnosis.

SECTION 7: MANAGING SERIOUS ERRORS

NEVER EVENTS

No comments were submitted.

HEALTHCARE-ASSOCIATED INFECTIONS

One commenter suggested that Section 7B: Healthcare-Associated Infections be updated to align with the CMS Patient Safety Structural Measure.

Leapfrog completed a crosswalk between the CMS Patient Safety Structural Measure and the Leapfrog Hospital Survey and found that it does not overlap with Section 7B: Healthcare-Associated Infections. Therefore, Leapfrog is continuing to require hospitals to report on Section 7B: Healthcare-Associated Infections.

SECTION 8: PEDIATRIC CARE

PATIENT EXPERIENCE (CAHPS CHILD HOSPITAL SURVEY)

No comments were submitted.

PEDIATRIC COMPUTED TOMOGRAPHY (CT) RADIATION DOSE

No comments were submitted.

SECTION 9: OUTPATIENT PROCEDURES

BASIC OUTPATIENT DEPARTMENT INFORMATION

No comments were submitted.

MEDICAL, SURGICAL, AND CLINICAL STAFF

No comments were submitted.

VOLUME OF PROCEDURES

No comments were submitted.

SAFETY OF PROCEDURES

PATIENT FOLLOW-UP

No comments were submitted.

SAFE SURGERY CHECKLIST FOR ADULT AND PEDIATRIC OUTPATIENT PROCEDURES

No comments were submitted.

MEDICATION SAFETY FOR OUTPATIENT PROCEDURES

No comments were submitted.

PATIENT EXPERIENCE (OAS CAHPS)

No comments were submitted.

APPENDIX I: TIMELINE FOR THE 2025 LEAPFROG HOSPITAL SURVEY

Date	Deadline
March	Summary of Changes to the 2025 Leapfrog Hospital Survey and Responses to Public Comments will be published at www.leapfroggroup.org/hospital.
April 1	**2025 LEAPFROG HOSPITAL SURVEY LAUNCH** The hard copy of the 2025 Leapfrog Hospital Survey and supporting materials are available for download on the Survey Materials webpage. The Online Hospital Survey Tool is available.
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. Please see Appendix XIV for instructions and other 2025 NHSN deadlines.
June 30	**SUBMISSION DEADLINE:** Hospitals that submit a Survey (and CPOE Evaluation Tool if applicable) by June 30 will have their Leapfrog Hospital Survey Results available prior to public reporting on their Hospital Details Page starting July 12. Results will be publicly reported on Leapfrog's website starting on July 25. Hospitals that do not submit a Survey by June 30 will be publicly reported as "Declined to Respond" until a Survey has been submitted. Competitive Benchmarking Reports: Hospitals that would like to receive a free Summary Report must submit a Survey by June 30. The free Summary Report will be emailed to each hospital's CEO and Primary Survey Contact in September.
July 12	The first set of Leapfrog Hospital Survey Results, which reflect Surveys submitted by June 30, will be privately available for hospitals to view on July 12 via the Hospital Details Page link on the Survey Dashboard. In addition, Leapfrog will send out its first round of monthly data verification emails and documentation requests.
July 25	The first set of Leapfrog Hospital Survey Results, which reflect Surveys submitted by June 30, are published. 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.
August 31	**TOP HOSPITAL DEADLINE:** Submission deadline for hospitals to be eligible to receive a Leapfrog Top Hospital Award. Hospitals are encouraged to submit their Survey by June 30 in order to resolve any data entry or reporting errors identified by Leapfrog through its monthly data verification and documentation requests. **DATA SNAPSHOT DATE FOR THE FALL 2025 HOSPITAL SAFETY GRADE:** Adult and general hospitals that would like Leapfrog Hospital Survey Results included in the fall 2025 Leapfrog Hospital Safety Grade must submit a Survey and CPOE Evaluation Tool by August 31. Hospitals are encouraged to submit their Survey by June 30 in order to resolve any data entry or reporting errors identified by Leapfrog through its monthly data verification and documentation requests. Find more information about the Leapfrog Hospital Safety Grade here.

Date	Deadline
November 30	**LATE SUBMISSION DEADLINE:** The 2025 Leapfrog Hospital Survey will close to new submissions at 11:59 pm ET on November 30. No new Surveys, new Survey sections, or CPOE Evaluation Tool Tests can be submitted after this deadline. Only hospitals that have submitted a Survey by November 30 will be able to log into the Online Survey Tool to make corrections to previously submitted sections during the months of December and January. Survey updates reflecting a change in performance must be made prior to November 30. Performance updates made after November 30 will not be scored or publicly reported. Adult and general hospitals that would like Leapfrog Hospital Survey Results included in the spring 2026 Leapfrog Hospital Safety Grade must submit a Survey and CPOE Evaluation Tool by November 30 to have Leapfrog Hospital Survey Results available for the January 31 Data Snapshot Date. Find more information about the Leapfrog Hospital Safety Grade here.
January 31, 2026	**CORRECTIONS DEADLINE:** Hospitals that need to make corrections 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. Survey updates reflecting a change in performance must be made prior to November 30. Performance updates made after November 30 will not be scored or publicly reported. **DATA SNAPSHOT DATE FOR THE SPRING 2026 HOSPITAL SAFETY GRADE:** Adult and general hospitals that would like Leapfrog Hospital Survey Results included in the spring 2026 Leapfrog Hospital Safety Grade must submit a Survey and CPOE Evaluation Tool by November 30 to have Leapfrog Hospital Survey Results available for the January 31 Data Snapshot Date. Find more information about the Leapfrog Hospital Safety Grade here.

APPENDIX II: REPORTING PERIODS FOR THE 2025 LEAPFROG HOSPITAL SURVEY

	Survey Submitted Prior to September 1	Survey (Re)Submitted on or after September 1
Survey Section	**Reporting Period**	**Reporting Period**
1A Basic Hospital Information	12 months ending 12/31/2024	12 months ending 06/30/2025
1B Billing Ethics	N/A	N/A
1C Health Care Equity	N/A	N/A
1D Informed Consent	N/A	N/A
2A Computerized Physician Order Entry (CPOE)	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
2B EHR Application Information	N/A	N/A
2C Bar Code Medication Administration (BCMA)	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
2D Medication Reconciliation	Latest 6 months prior to survey submission	Latest 6 months prior to survey submission
3A Hospital and Surgeon Volume	Volume: 12 months or 24-month annual average ending 12/31/2024	Volume: 12 months or 24-month annual average ending 06/30/2025
	STS MVRR Composite Score: Latest 36-month report	STS MVRR Composite Score: Latest 36-month report
3B Safe Surgery Checklist for Adult and Pediatric Complex Surgery	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
4A Maternity Care Volume and Services	Volume: 12 months ending 12/31/2024	Volume: 12 months ending 06/30/2025
	Services: N/A	Services: N/A
4B Cesarean Birth	12 months ending 12/31/2024	12 months ending 06/30/2025
	Cesarean Birth Stratified by Race/Ethnicity: 24 months ending 12/31/2024	Cesarean Birth Stratified by Race/Ethnicity: 24 months ending 06/30/2025
4C Episiotomy	12 months ending 12/31/2024	12 months ending 06/30/2025
4D Process Measures of Quality	12 months ending 12/31/2024	12 months ending 06/30/2025
4E High-Risk Deliveries	Volume: 12 months ending 12/31/2024	Volume: 12 months ending 06/30/2025
	VON: 2023 report	VON: 2024 report
5A Adult ICU Physician Staffing	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
5B Pediatric ICU Physician Staffing	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission

Survey Section	Survey Submitted Prior to September 1 Reporting Period	Survey (Re)Submitted on or after September 1 Reporting Period
5C Nursing Workforce	Nurse Staffing and Skill Mix: 12 months ending 12/31/2024	Nurse Staffing and Skill Mix: 12 months ending 06/30/2025
	NQF Safe Practice #9: Latest 12 months prior to Survey submission	NQF Safe Practice #9: Latest 12 months prior to Survey submission
	Percentage of RNs who are BSN-Prepared: N/A	Percentage of RNs who are BSN-Prepared: N/A
6A NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
6B NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention	Latest 12 or 24 months prior to Survey submission (see individual safe practice for specific reporting period)	Latest 12 or 24 months prior to Survey submission (see individual safe practice for specific reporting period)
6C Hand Hygiene	N/A	N/A
6D Diagnostic Excellence	CEO Commitment to Diagnostic Excellence, Patient Engagement, Risk Assessment and Mitigation, Convening a Multidisciplinary Team Focused on Diagnostic Excellence, Training and Education: N/A	CEO Commitment to Diagnostic Excellence, Patient Engagement, Risk Assessment and Mitigation, Convening a Multidisciplinary Team Focused on Diagnostic Excellence, Training and Education: N/A
	Closing the Loop on Cancer Diagnosis: 12 months ending 12/31/2024	Closing the Loop on Cancer Diagnosis: 12 months ending 06/30/2025
6E Hospital Boarding in the Emergency Department (ED)	12 months ending 12/31/2024	12 months ending 06/30/2025
7A Never Events	N/A	N/A
7B Healthcare-Associated Infections (HAIs)	June and August Data Downloads: 01/01/2024 – 12/31/2024	October and December Data Downloads: 07/01/2024 – 06/30/2025
8A Patient Experience (CAHPS Child Hospital Survey)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
8B Pediatric Computed Tomography (CT) Radiation Dose	12 months ending 12/31/2024	12 months ending 06/30/2025
9A Basic Outpatient Department Information	12 months ending 12/31/2024	12 months ending 06/30/2025
9B Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
9C Volume of Procedures	12 months ending 12/31/2024	

	Survey Submitted Prior to September 1	Survey (Re)Submitted on or after September 1
Survey Section	**Reporting Period**	**Reporting Period**
9D Safety of Procedures	Patient Follow-up: Latest 24 months prior to Survey submission	Patient Follow-up: Latest 24 months prior to Survey submission
	Safe Surgery Checklist: Latest 12 months prior to Survey submission	Safe Surgery Checklist: Latest 12 months prior to Survey submission
9E Medication Safety for Outpatient Procedures	12 months ending 12/31/2024	12 months ending 06/30/2025
9F Patient Experience (OAS CAHPS)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission

APPENDIX III: UNITS BY SURVEY SECTION

General: Units by Survey Section

Hyperlinks to unit definitions are provided below in the General – Endnotes for 2025 Units

Survey Section/ Measure	Units
1A Basic Hospital Information	• Acute-Care Units(adult and/or pediatric) • General Medical, Surgical, Medical/Surgical, and Neuro ICUs (adult and/or pediatric) • Specialty ICUs (adult and/or pediatric) • Neonatal ICUs
1B Billing Ethics	N/A
1C Health Care Equity	N/A
1D Informed Consent	N/A
2A Computerized Physician Order Entry (CPOE)	N/A
2B EHR Application Information	N/A
2C Bar Code Medication Administration (BCMA)	• General Medical, Surgical, Medical/Surgical, and Neuro ICUs (adult and/or pediatric) • Neonatal ICUs • Specialty ICUs (adult and/or pediatric) • Medical, Surgical, and Medical/Surgical Units (including telemetry units) (adult and/or pediatric) • Step-down/Progressive Units (adult and/or pediatric) • Labor and Delivery Units • Pre-operative and Post-anesthesia Care Units (adult and/or pediatric)
2D Medication Reconciliation	• Medical and Medical/Surgical Units (including telemetry units) (adult only) • Step-down/Progressive Units (adult only)
3A Hospital and Surgeon Volume	N/A

Survey Section/ Measure	Units
3B Safe Surgery Checklist for Adult and Pediatric Complex Surgery	N/A
4A Maternity Care Volume and Services	N/A
4B Cesarean Birth	N/A
4C Episiotomy	N/A
4D Process Measures of Quality	N/A
4E High-Risk Deliveries	• Neonatal ICUs
5A Adult ICU Physician Staffing	• General Medical, Surgical, Medical/Surgical, and Neuro ICUs (adult)
5B Pediatric ICU Physician Staffing	• General Medical, Surgical, Medical/Surgical, and Neuro ICUs (pediatric)
5C Nursing Workforce	Nurse Staffing and Skill Level: • Single Acuity Medical Units (adult and/or pediatric) • Single Acuity Surgical Units (adult and/or pediatric) • Single Acuity Med-Surg Combined Units (adult and/or pediatric) • Mixed Acuity Medical, Surgical and Med-Surg Units (adult and/or pediatric) Percentage of RNs who are BSN-Prepared: • N/A For more information, refer to the Section 5C: Nursing Workforce Measure Specifications.
6A NQF Safe Practice #1 – Culture of Safety Leadership Structures and Systems	N/A

Survey Section/ Measure	Units
6B NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention	N/A
6C Hand Hygiene	• Medical, Surgical, and Medical/Surgical Units (including telemetry units) (adult and/or pediatric) • Step-down/Progressive Units (adult and/or pediatric) • Obstetrical Units (Labor and Delivery Units, nursery, etc., excluding procedural areas) • General Medical, Surgical, Medical/Surgical, and Neuro ICUs (adult and/or pediatric) • Neonatal ICUs • Specialty ICUs (adult and/or pediatric) • Pre-operative and Post-anesthesia Care Units (adult and/or pediatric) • Observation units (adult and/or pediatric) • Dedicated Emergency Departments (adult and/or pediatric)
6D Diagnostic Excellence	N/A
6E Hospital Boarding in the Emergency Department (ED) Boarding	• Dedicated Emergency Departments (adult and/or pediatric)
7A Never Events	N/A
7B Healthcare-Associated Infections (HAIs)	N/A
8A Patient Experience (CAHPS Child Hospital Survey)	N/A
8B Pediatric Computed Tomography (CT) Radiation Dose	N/A
9A Basic Outpatient Department Information	N/A
9B Medical, Surgical, and Clinical Staff	N/A

Survey Section/ Measure	Units
9C Volume of Procedures	N/A
9D Safety of Procedures***	N/A
9E Medication Safety for Outpatient Procedures	N/A
9F Patient Experience (OAS CAHPS)	N/A

General – Endnotes for 2025 Units

Updates highlighted in yellow

Acute-Care Units

Include units used for short-term, acute-care medical, surgical, medical/surgical (including telemetry), as well as obstetrical, intensive, and step-down/progressive care.

Exclude units used for short and long-term psychiatric care, rehabilitation, observation, or sub-acute care (e.g., skilled nursing facility, hospice extended care, sub-acute eating disorder treatment, extended care facility, or residential substance abuse treatment), and swing bed units.

General Medical, Surgical, Medical/Surgical, and Neuro ICUs

Include general medical, surgical, medical/surgical, and neuro ICUs (medical and surgical). Exclude ICUs "dedicated exclusively" to patients with specialized conditions (e.g., cardiac, burn, trauma, neonatal, etc.) unless the same ICU is used for both specialized intensive care patients as well as general medical, surgical, medical/surgical, or neuro intensive care patients. "Dedicated exclusively" means that general medical, surgical, medical/surgical, or neuro intensive care patients are not also cared for in these specialized units (except in rare overflow situations). Exclude intermediate care or telemetry/step-down/progressive units.

For the purposes of reporting on adult and pediatric ICU admissions in Section 1A: Basic Hospital Information questions #9 and #10, include admissions to general medical, surgical, medical/surgical, and neuro ICUs (medical and surgical), whether directly admitted to the unit or transferred to the unit from another area of your hospital (e.g., post-operatively). Include transfers from other hospitals as admissions to your hospital. Include the number of admissions that include an ICU stay, not the number of patient trips to the ICU.

Neonatal ICUs

Include any level neonatal ICU (NICU), i.e., Level II/III, Level III, or Level IV. Exclude neonatal nurseries (Level I and Level II). For more information about what is considered a NICU, please refer to the CDC's definitions of

Neonatal Units on p. 15-12 to 15-15 of the following document: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf.

For the purposes of reporting on NICU admissions in Section 1A: Basic Hospital Information, question #13, include admissions to any level NICU, even if counted in question #5. Include transfers from other hospitals as admissions to your hospital. Exclude admissions for patients that were transferred to another facility.

Medical, Surgical, and Medical/Surgical Units

An exact definition on which units would be included in general medical, surgical, or medical/surgical cannot be provided because each hospital is laid out differently. For information about what is considered a general medical, surgical, or medical/surgical unit, please refer to the CDC's definitions of Medical Ward, Medical/Surgical Ward, and Surgical Ward on p. 15-17 to 15-20 of the following document: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf. The flowchart on p. 15-3 can also be used to help define units in your hospital. Units for patients from a specific service type (e.g., burn, cardiac) and observation units must be excluded. Include telemetry units.

For the purposes of reporting on Sections 2C: BCMA and 6C: Hand Hygiene, include both single and mixed acuity medical, surgical, medical/surgical, and telemetry units, as well as step-down/progressive beds in a dedicated medical, surgical, or medical/surgical unit.

For the purposes of reporting on Section 5C: Nursing Workforce, hospitals must reference the unit definitions and acuity definitions in the measure specifications.

Step-Down/Progressive Units

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, the telemetry patients must require a higher level of nursing intensity than is available on medical, surgical, and medical/surgical units.

Labor and Delivery Units

Include all antepartum and postpartum units. Nursery units, OR units, and procedural areas must be excluded.

Pre-Operative or Post-Anesthesia Care Units

For reporting on Section 2C: BCMA, include all pre-operative and post-anesthesia care units (PACUs) located in or co-located with your hospital. For reporting on Section 6C: Hand Hygiene, include all pre-operative and post-anesthesia care units (PACUs) located in or co-located with your hospital, as well as those located in free-standing hospital outpatient departments that perform the outpatient procedures listed in Section 9: Outpatient Procedures and that share your hospital's license or CMS Certification Number. This includes combined pre-operative and post-anesthesia care units as well. If the hospital distinguishes between post-anesthesia phases within its PACU(s) (i.e., Phase I, Phase II, and Phase III recovery), all phases must be included when reporting.

Pre-operative units include areas where patients are prepared for an inpatient or outpatient surgical or diagnostic procedure, (i.e., where patients have their medical histories reviewed with their care team and receive physical examinations to determine risk factors and other information relevant to the surgery or procedure).

PACUs include areas where patients are watched after an inpatient or outpatient surgical or diagnostic procedure that required anesthesia or sedation and where hospital staff (e.g., nurses, anesthesiologists, and other support services) monitor patient recovery from anesthesia or sedation by keeping track of vitals and providing pain management.

Dedicated Emergency Department

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.

APPENDIX IV: BASIC HOSPITAL INFORMATION QUESTIONS

General Information

1)	Reporting period used:	○ 01/01/2024 – 12/31/2024 ○ 07/01/2024 – 06/30/2025
2)	Total number of licensed acute-care beds.	_____
3)	Total number of staffed acute-care beds.	_____
4)	Total number of adult acute-care admissions to your hospital during the reporting period.	_____
5)	Total number of pediatric acute-care admissions to your hospital during the reporting period.	_____
6)	Does your hospital operate any adult and/or pediatric general medical, surgical, medical/surgical, or neuro ICUs? *If "yes" to question #6, skip question #11 below.* *If "no" to question #6, skip questions #7-10 and continue to question #11.*	○ Yes ○ No
7)	Total number of licensed adult and/or pediatric general medical, surgical, medical/surgical, and neuro ICU beds.	_____
8)	Total number of staffed adult and/or pediatric general medical, surgical, medical/surgical, and neuro ICU beds.	_____
9)	Total number of adult general medical, surgical, medical/surgical, and neuro ICU admissions during the reporting period.	_____
10)	Total number of pediatric general medical, surgical, medical/surgical, and neuro ICU admissions during the reporting period.	_____
11)	If your hospital does not operate dedicated adult or pediatric general medical, surgical, medical/surgical, or neuro ICUs, does your hospital admit adult and/or pediatric general medical, surgical, medical/surgical, or neuro ICU patients to mixed acuity units?	○ Yes ○ No
12)	Does your hospital operate any of the following specialty ICUs: medical cardiac, respiratory, surgical cardiothoracic, burn, trauma, pediatric cardiothoracic, oncology, or any level neonatal ICU? *If "no" to question #12, skip question #13 and continue to question #14.*	○ Yes ○ No
13)	Total number of admissions to any level neonatal ICU during the reporting period.	_____
14)	Is your hospital a Major or Graduate teaching hospital (based on NHSN definitions) for physicians and/or physicians-in-training or nursing students?	*No response required here. Determined automatically based on NHSN 2024 Patient Safety Component – Annual Hospital Survey.*

APPENDIX V: BAR CODE MEDICATION ADMINISTRATION (BCMA) QUESTIONS

Updates highlighted in yellow.

1) What is the latest 3-month reporting period for which your hospital is submitting responses to questions #2-21? 3-month reporting period ending:	_____ *Format: Month/Year*
2) Does your hospital use a Bar Code Medication Administration (BCMA) system that is linked to the electronic medication administration record (eMAR) when administering medications at the bedside in at least one of the following adult and/or pediatric units: • General Medical, Surgical, Medical/Surgical, Neuro, Neonatal, or Specialty ICUs; • Medical, Surgical, or Medical/Surgical Units (including telemetry units); • Step-down/Progressive Units; • Labor and Delivery Unit; or • Pre-operative and Post-anesthesia Care Units? *If "no" to question #2, skip questions #3-21 and continue to the next subsection. The hospital will be scored as "Limited Achievement."*	○ Yes ○ No
3) Does your hospital operate adult and/or pediatric General Medical, Surgical, Medical/Surgical, Neuro, Neonatal, or Specialty ICUs? *If "no" to question #3, skip questions #4-5 and continue to question #6.*	○ Yes ○ No
4) If "yes," how many of this type of unit are open and staffed in the hospital?	_____
5) How many of the units in question #4 utilized the BCMA/eMAR system when administering medications at the bedside?	_____
6) Does your hospital operate adult and/or pediatric Medical, Surgical, or Medical/Surgical Units (including telemetry units)? *If "no" to question #6, skip questions #7-8 and continue to question #9.*	○ Yes ○ No
7) If "yes," how many of this type of unit were open and staffed in the hospital?	_____
8) How many of the units in question #7 utilized the BCMA/eMAR system when administering medications at the bedside?	_____
9) Does your hospital operate adult and/or pediatric Step-down/Progressive Units? *If "no" to question #9, skip questions #10-11 and continue to question #12.*	○ Yes ○ No
10) If "yes," how many of this type of unit were open and staffed in the hospital?	_____

11) How many of the units in question #10 utilized the BCMA/eMAR system when administering medications at the bedside?	_____
12) Does your hospital operate a Labor and Delivery Unit? *If "no" to question #12, skip questions #13-14 and continue to question #15.*	○ Yes ○ No
13) If "yes," how many of this type of unit were open and staffed in the hospital?	_____
14) How many of the units in question #13 utilized the BCMA/eMAR system when administering medications at the bedside?	_____
15) Does your hospital operate adult and/or pediatric Pre-operative and Post-anesthesia Care Units? *If "no" to question #15, skip questions #16-17 and continue to question #18.*	○ Yes ○ No
16) If "yes," how many of this type of unit are open and staffed in the hospital?	_____
17) How many of the units in question #16 utilized the BCMA/eMAR system when administering medications at the bedside?	_____

If "no" to questions #3, #6, #9, #12, and #15 above, update your response to question #2.

18) The number of scannable medication administrations during the reporting period in those units that utilize BCMA as indicated in questions #5, #8, #11, #14, and #17 above:	_____
19) The number of medication administrations from question #18 that had both the patient and the medication scanned during administration with a BCMA system that is linked to the electronic medication administration record (eMAR):	_____

20) What types of decision support does your hospital's BCMA system provide to users of the system?		
a)	Wrong patient	○ Yes ○ No
b)	Wrong medication	○ Yes ○ No
c)	Wrong dose	○ Yes ○ No
d)	Wrong time (e.g., early/late warning; warning that medication cannot be administered twice within a given window of time)	○ Yes ○ No

e)	Second nurse check needed	○ Yes ○ No

21)	Which of the following mechanisms does your hospital use to reduce and understand potential BCMA system "workarounds"?	
a)	Has a formal committee that meets routinely to review data reports on BCMA system use	○ Yes ○ No
b)	Has back-up equipment (e.g., extra scanners, portable computers, batteries, and mice) for BCMA hardware failures	○ Yes ○ No
c)	Has a Help Desk that provides timely responses to urgent BCMA issues in real-time	○ Yes ○ No
d)	Conducts real-time observations of users at the unit level using the BCMA system	○ Yes ○ No
e)	Engages nursing leadership at the unit level on BCMA use	○ Yes ○ No
f)	In the past 12 months used the data and information obtained through items a-e to implement quality improvement projects that have focused on improving the hospital's BCMA performance **OR** In the past 12 months used the data and information obtained through items a-e to monitor a previously implemented quality improvement project focused on improving the hospital's BCMA performance *Cannot respond "yes" to this question, unless "yes" to either 21a, 21d or 21e.*	○ Yes ○ No
g)	In the past 12 months evaluated the results of the quality improvement projects (from f) and demonstrated that these projects have resulted in higher adherence to your hospital's standard medication administration process **OR** In the past 12 months evaluated the results of the quality improvement projects (from f) and demonstrated continued adherence to your hospital's standard medication administration process *Cannot respond "yes" to this question, unless "yes" to 21f.*	○ Yes ○ No

h)	Communicated back to end users the resolution of any system deficiencies and/or problems that may have contributed to workarounds *Cannot respond "yes" to this question, unless "yes" to either 21a, 21d or 21e.*	○ Yes ○ No

APPENDIX VI: ADULT AND PEDIATRIC COMPLEX SURGERY ADDITIONAL CODES FOR BARIATRIC SURGERY FOR WEIGHT LOSS

ICD-10 CM Procedure Code	Description
0D164J9	Bypass Stomach to Duodenum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D164K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D160J9	Bypass Stomach to Duodenum with Synthetic Substitute, Open Approach
0D160K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Open Approach
0D16879	Bypass Stomach to Duodenum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D168J9	Bypass Stomach to Duodenum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D168K9	Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D168Z9	Bypass Stomach to Duodenum, Via Natural or Artificial Opening Endoscopic
0D164JA	Bypass Stomach to Jejunum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D164KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D160JA	Bypass Stomach to Jejunum with Synthetic Substitute, Open Approach
0D160KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Open Approach
0D1687A	Bypass Stomach to Jejunum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D168JA	Bypass Stomach to Jejunum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D168KA	Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D168ZA	Bypass Stomach to Jejunum, Via Natural or Artificial Opening Endoscopic
0D164JB	Bypass Stomach to Ileum with Synthetic Substitute, Percutaneous Endoscopic Approach
0D164KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0D160JB	Bypass Stomach to Ileum with Synthetic Substitute, Open Approach

ICD-10 CM Procedure Code	Description
0D160KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Open Approach
0D1687B	Bypass Stomach to Ileum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D168JB	Bypass Stomach to Ileum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic
0D168KB	Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic
0D168ZB	Bypass Stomach to Ileum, Via Natural or Artificial Opening Endoscopic

APPENDIX VII: SAFE SURGERY CHECKLIST FOR ADULT AND PEDIATRIC COMPLEX SURGERY SCORING ALGORITHM

Updates highlighted in yellow.

Safe Surgery Checklist Score (Performance Category)	Meaning that…
Achieved the Standard **(4 bars)**	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure, • The checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., hospital responded "yes" to questions #3, #4, and #5), • The hospital completed an audit of 15 or 30 patients, as applicable, and documented adherence to the checklist, and • Based on the audit, has documented adherence to the checklist for **at least 90%** of the patients included in the audit.
Considerable Achievement **(3 bars)**	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure, • The checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., hospital responded "yes" to questions #3, #4, and #5), • The hospital completed an audit of 15 or 30 patients, as applicable, and documented adherence to the checklist, and • Based on the audit, has documented adherence to the checklist for **at least 75%** of the patients included in the audit.
Some Achievement **(2 bars)**	• The hospital uses a safe surgery checklist on **all** patients undergoing an applicable procedure, • The checklist includes **all** safe surgery checklist elements, and these elements were verbalized in the presence of the appropriate personnel (i.e., hospital responded "yes" to questions #3, #4, and #5), • The hospital completed an audit of 15 or 30 patients, as applicable, and documented adherence to the checklist, and • Based on the audit, has documented adherence to the checklist for **at least 50%** of the patients included in the audit.
Limited Achievement **(1 bar)**	The hospital responded to the questions in this section, but it does not yet meet the criteria for Some Achievement.
Unable to Calculate Score	The hospital performs fewer than 30 total inpatient procedures under general anesthesia.

Does Not Apply	The hospital does not perform any of the adult or pediatric complex procedures.

APPENDIX VIII: INSTRUCTIONS FOR HOSPITALS USING USNEWS OR CMQCC DATA TO REPORT TO LEAPFROG ON STRATIFIED NTSV C-SECTIONS

Updates highlighted in yellow.

Hospitals reporting to U.S. News can use the below crosswalk when reporting to Leapfrog. Hospitals using CMQCC can use the below crosswalk or information provided directly in their Leapfrog CMQCC report:

CMQCC Race/Ethnicity	**U.S. News Race/Ethnicity**	**Leapfrog Race/Ethnicity**
Hispanic-US Born	Hispanic or Latino	Hispanic
Hispanic Non-US Born		
White	White	Non-Hispanic White
	Middle Eastern or North African	
Black	Black or African American	Non-Hispanic Black
Asian	Asian	Non-Hispanic Asian or Pacific Islander
Pacific Islander	Native Hawaiian or Pacific Islander	
Native American (American Indian or Alaska Native)	American Indian or Alaska Native	Non-Hispanic American Indian or Alaska Native
Other	N/A	Non-Hispanic Other (including two or more races)
Multiracial	Multiracial and/or Multiethnic	
Unknown	Unknown	Unknown

APPENDIX IX: APPROPRIATE DVT PROPHYLAXIS IN WOMEN UNDERGOING CESAREAN DELIVERY MEASURE SPECIFICATIONS

Updates highlighted in yellow.

Source: National Quality Forum #0473

Reporting Period: 12 months

- Surveys submitted prior to September 1:
  - 01/01/2024 – 12/31/2024
- Surveys (re)submitted on or after September 1:
  - 07/01/2024 – 06/30/2025

Note: The discharge date must be used to determine whether a case falls within the reporting period specified.

Hospitals participating in the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center may use the data provided in CMQCC reports when responding to this subsection of the Survey. Download instructions for using the CMQCC reports on the Survey and CPOE Materials webpage.

Sampling: If you have fewer than 30 cases that meet the criteria for inclusion in the denominator of the process measure during the time period of the medical record audit, include ALL of these cases in measuring adherence to the process guidelines. You need NOT use more than 12 months of historical data to increase the eligible cases beyond 30; just measure and report on ALL eligible cases that you have in that reporting period.

If you have more than 30 cases that meet the criteria for inclusion in the denominator of the process measure during the time period of the medical record audit, you may randomly sample at least 30 of them for the denominator of each guideline, and measure and report adherence based on that sample.

Question #7 (denominator): Eligible cases include all women undergoing cesarean delivery during the reporting period.

Include cases with one of the following MS-DRG codes:

- 783: Cesarean section with sterilization with MCC
- 784: Cesarean section with sterilization with CC
- 785: Cesarean section with sterilization without CC/MCC
- 786: Cesarean section without sterilization with MCC
- 787: Cesarean section without sterilization with CC
- 788: Cesarean section without sterilization without CC/MCC

The following APR-DRGs should also be used to identify a cesarean delivery if your hospital uses APR-DRG coding:

- 539: Cesarean section with sterilization
- 540: Cesarean section without sterilization

The following Tricare DRGs should also be used to identify a cesarean delivery if your hospitals uses Tricare DRG coding:

- 771 Cesarean section without sterilization with MCC
- 772 Cesarean section without sterilization with CC
- 773 Cesarean section without sterilization without CC/MCC
- 783 Cesarean section with sterilization with MCC
- 784 Cesarean section with sterilization with CC
- 785 Cesarean section with sterilization without CC/MCC

Excluded Populations: None.

Question #8 (numerator) Number of eligible cases included in the denominator who received either:

- fractionated or unfractionated heparin or heparinoid, or
- pneumatic compression devices prior to surgery.

Note: Use of a pneumatic compression device may be documented in the OR log but must be placed pre-operatively to qualify for inclusion in the numerator.

For a list of approved pneumatic compression devices, see the devices listed under “Intermittent Pneumatic Compression Device (IPC)” in Table 2.1 VTE Prophylaxis Inclusion Table.

APPENDIX X: VON REPORTING PERIODS AND DEADLINES FOR 2025

Complete and submit Data Sharing Authorization to VON by*	VON data will be scored and publicly reported for hospitals that have submitted Section 4 by	VON Reporting Period	Available on Hospital Details Page and Public Reporting Website on
June 16, 2025	June 30, 2025	2023	July 12, 2025 Hospital Details Page July 25, 2025 Public Reporting Website
August 15, 2025	August 31, 2025	2024**	September 10, 2025***
November 14, 2025	November 30, 2025	2024	December 9, 2025***

* Hospitals that successfully submitted a Data Sharing Authorization letter in previous years are not be required to submit another letter in 2025.
**Anticipated release of 2024 VON data.
*** Available on Hospital Details Page on the same date as public release of Survey Results

APPENDIX XI: PEDIATRIC ICU PHYSICIAN STAFFING QUESTIONS AND ADULT AND PEDIATRIC ICU PHYSICIAN STAFFING ENDNOTES

Section 5B: Pediatric ICU Physician Staffing – Questions for 2025

Updates highlighted in yellow.

1) What is the latest 3-month reporting period for which your hospital is submitting responses to this section? 3 months ending:	_____ *Format: Month/Year*
2) Does your hospital operate any pediatric General Medical, Surgical, Medical/Surgical, or Neuro ICUs? *If your hospital has more than one applicable pediatric ICU, respond to all questions in this section based on the pediatric ICU that has the lowest level of staffing by physicians certified in critical care medicine (More Information).* *If your hospital does not operate an applicable pediatric ICU but regularly admits critical care pediatric patients to non-critical care or mixed acuity units, select "yes" and respond to the remaining questions in Section 5B.* *If "no" to question #2, skip the remaining questions in Section 5B and continue to the next subsection. The hospital will be scored as "Does Not Apply."*	○ Yes ○ No
3) Is the ICU staffed with physicians who are certified in critical care medicine and present on-site or via telemedicine? *If "no" to question #3, skip the remaining questions in Section 5B and continue to the next subsection. This hospital will be scored as "Limited Achievement."*	○ Yes, the ICU is staffed with physicians certified in critical care medicine ○ Yes, the ICU is staffed with physicians certified in critical care medicine based on Leapfrog's expanded definition ○ No, the ICU is not staffed with any physicians certified in critical care medicine
4) Do the physicians who are certified in critical care medicine (whether present on-site or via telemedicine) manage or co-manage all critical care patients in the ICU? *If "no" to question #4, skip questions #5-11 and continue to question #12.*	○ Yes, all patients are managed or co-managed by a physician certified in critical care medicine when the physician is present (on-site or via telemedicine) ○ No, not all patients are managed or co-managed by a physician certified in

	critical care medicine when the physician is present (on-site or via telemedicine)
5) Are all critical care patients in the ICU managed or co-managed by one or more physicians certified in critical care medicine who meet **all** the following criteria: • ordinarily present **on-site** in the ICU during daytime hours; • for at least **8 hours per day, 7 days per week**; and • providing clinical care exclusively in the ICU during these hours? *If "yes" to question #5, skip question #6 and continue to question #7.*	○ Yes ○ No
6) Are all critical care patients in the ICU managed or co-managed by one or more physicians certified in critical care medicine who meet **all** the following criteria: • present via telemedicine, in combination with on-site intensivist coverage, for a total of **24 hours per day, 7 days per week**; • meet all of Leapfrog's ICU requirements for intensivist presence in the ICU via telemedicine (More Information); and • supported by an on-site intensivist who establishes and revises the daily care plan for each ICU patient?	○ Yes ○ No
7) When the physicians (from question #3) are not present in the ICU on-site or via telemedicine, do they return more than 95% of calls/pages/texts from these units within five minutes, based on a quantified analysis of notification device response time? (More information on the use of telemedicine to cover calls)	○ Yes ○ No ○ Not applicable; intensivists are present on-site 24/7
8) When the physicians (from question #3) are not present on-site in the ICU or not able to physically reach an ICU patient within 5 minutes, can they rely on a physician, physician assistant, nurse practitioner, or FCCS-certified nurse or intern "effector" who is in the hospital and able to reach these ICU patients within five minutes in more than 95% of the cases, based on a quantified analysis of response time of the effector reaching the patient?	○ Yes ○ No Not applicable; intensivists are present on-site 24/7
9) Are all critical care patients in the ICU managed or co-managed by one or more physicians certified in critical care medicine who meet all the following criteria: • ordinarily present on-site in the ICU during daytime hours; • for at least 8 hours per day, 4 days per week or 4 hours per day, 7 days per week; and • providing clinical care exclusively in the ICU during these hours?	○ Yes ○ No

10) Are all critical care patients in the ICU managed or co-managed by one or more physicians certified in critical care medicine who meet all the following criteria: • present via telemedicine for 24 hours per day, 7 days per week; • meet all of Leapfrog's modified ICU requirements for intensivist presence in the ICU via telemedicine (More Information); and • supported in the establishment and revision of daily care planning for each ICU patient by an on-site intensivist, hospitalist, anesthesiologist, or physician trained in emergency medicine?	○ Yes ○ No
11) Are all critical care patients in the ICU managed or co-managed by one or more physicians certified in critical care medicine who are: • on-site at least 4 days per week to establish or revise daily care plans for each critical care patient in the ICU?	○ Yes ○ No
12) If not all critical care patients are managed or co-managed by physicians certified in critical care medicine, either on-site or via telemedicine, are some critical care patients managed or co-managed by these physicians who are: • ordinarily present on-site in the ICU during daytime hours; • for at least 8 hours per day, 4 days per week or 4 hours per day, 7 days per week; and • providing clinical care exclusively in the ICU during these hours?	○ Yes ○ No
13) Does an on-site clinical pharmacist do all the following: • at least 5 days per week, makes daily on-site rounds on all critical care patients in the ICU; and • on the other 2 days per week, returns more than 95% of calls/pages/texts from the unit within 5 minutes, based on a quantified analysis of notification device response time; OR • makes daily on-site rounds on all critical care patients in the ICU 7 days per week?	○ Yes ○ No ○ Clinical pharmacist rounds 7 days per week
14) Does a physician certified in critical care medicine lead daily interprofessional rounds on-site on all critical care patients in the ICU 7 days per week?	○ Yes ○ No
15) Are physicians certified in critical care medicine responsible for all ICU admission and discharge decisions when they are: • present on-site for at least 8 hours per day, 4 days per week or 4 hours per day, 7 days per week?	○ Yes ○ No

Section 5A: Adult ICU and Section 5B: Pediatric ICU – Endnotes for 2025

Updates highlighted in yellow.

Managed or Co-Managed

The intensivist, when present (whether on-site or via telemedicine), is authorized to diagnose, treat, and write orders for a patient in the ICU on the intensivist's own authority. Examples of co-management include, but are not limited to, communication on patient status between the intensivist and hospitalist on a daily basis, intensivists co-develop care plans for all ICU patients, etc. Mandatory consults or daily rounds by an intensivist are not sufficient to meet the managed/co-managed requirement. However, an ICU need not be closed to meet this requirement.

Certified in Critical Care Medicine

A physician who is "certified in Critical Care Medicine" is a board-certified physician who is additionally certified in the subspecialty of Critical Care Medicine. Certification in Critical Care Medicine is awarded by the American Boards of Internal Medicine, Surgery, Anesthesiology, Pediatrics, and Emergency Medicine, as well as the American Osteopathic Board (AOS).

"Neurointensivists" include any physician that meets at least one of the following paths:

- Physicians who are board-certified in their primary specialty and who are additionally certified in the subspecialty of Neurocritical Care Medicine. Certification in Neurocritical Care Medicine is awarded by the United Council for Neurologic Subspecialties (UCNS) or by the American Board of Psychiatry and Neurology, Inc. (ABPN). Physicians who have not yet passed a certifying exam, either through UCNS or ABPN, are considered to be equivalent to a physician "certified in Neurocritical Care Medicine" for up to 3 years after they are eligible to take either: (1) the UCNS exam (UCNS currently offers a "grandfathering" option for their "Practice Track" for exam eligibility) or (2) the ABPN exam (ABPN currently offers a "grandfathering" or practice pathway track for exam eligibility, which will last until 2026). These options provide a 3-year grace period for clinicians to take and pass the necessary exams. To qualify for the grace period, hospitals and/or clinicians will need to provide clear documentation of what their eligibility dates were to sit for one or both of these exams.
- Physicians who are board-certified in their primary specialty and who are additionally credentialed by the American Board of Neurological Surgery (ABNS) through their Recognition of Focused Practice in Neurocritical Care. Physicians who have not yet passed the ABNS Neurocritical Care RFP exam are considered to be equivalent to a physician "certified in Neurocritical Care Medicine" for up to 3 years after they are eligible to take the exam. This provides a 3-year grace period for clinicians to take and pass the necessary exam. To qualify for the grace period, hospitals and/or clinicians will need to provide clear documentation of what their eligibility dates were to sit for the exam.

Quantified Analysis of Response Times

Hospitals can monitor the response times of intensivists, "effectors," and clinical pharmacists in multiple ways, as long as the data collection process is non-biased and scientific.

As an example, hospitals can have the ICU staff maintain an exception log in the ICU(s) on six randomly sampled days per year. On those days, ICU nurses could record:

- For question #7, the number of calls/pages/texts made to the intensivist when they were not present in the unit (whether on-site or via telemedicine) and the number of times the intensivist's response time exceeded 5 minutes

- For question #8, the number of calls/pages/texts made to a physician, physician assistant, nurse practitioner, or FCCS-certified nurse or intern “effector” and the number of times these individuals did not reach the patient at the bedside within 5 minutes
- For question #13, the number of calls/pages/texts made to the clinical pharmacist on days when they were not rounding on-site in the unit and the number of times the clinical pharmacist’s response time exceeded 5 minutes

Hospitals can then estimate whether they meet the 95% timely response standards by dividing the total number of log exceptions by the total number of calls/pages/texts per day.

Hospitals may exclude low-urgency calls/pages/texts, if the notification device system can designate low-urgency calls/pages/texts, or if the hospital has an alternative scientific method for documenting high-urgency calls/pages/texts that are not returned within 5 minutes.

The six randomly selected days can be conducted over the course of a year prior to submission of Section 5 of the Survey. If resubmitting responses to Section 5, six new randomly selected days must be sampled in the three-month reporting period prior to resubmission.

Hospitals that use telemedicine to cover ‘call’ for the on-site intensivist should review endnote #41.

Hospitals that have an effector that is dedicated 24/7 to the ICU (as defined as being within a 5 min walk to the ICU) should review endnote #42.

APPENDIX XII: DIAGNOSTIC EXCELLENCE QUESTIONS AND FAQS

Section 6D: Diagnostic Excellence Questions for 2025 (Optional – Fact-Finding Only)

Updates highlighted in yellow

CEO Commitment to Diagnostic Excellence

1) In the past 36 months, has your hospital's current CEO or CMO made a formal commitment (verbally or in writing) to all staff to make reducing harm to patients from errors in diagnosis an organizational priority, and communicated at least one specific action the hospital will take to further the commitment? **The commitment must specifically focus on errors in diagnosis.** *If "no" to question #1, skip question #2 and continue question #3.*	○ Yes ○ No
2) What specific actions were communicated by your hospital's CEO or CMO as part of their formal commitment to reducing harm to patients from errors in diagnosis? *Select all that apply.*	☐ Designated a senior leader or clinician champion ☐ Formed a committee ☐ Implemented a performance measure ☐ Implemented a QI project ☐ None of the Above

Patient Engagement

3) Has your hospital chartered a Patient and Family Advisory Council (PFAC) that meets at least quarterly? *If "no" to question #3, skip question #4 and continue to question #5.*	○ Yes ○ No
4) In the past 36 months, has your hospital's PFAC: • received education regarding errors in diagnosis in the hospital or the diagnostic process, • had input into any initiatives aimed at reducing errors in diagnosis in the hospital, or • led any initiatives aimed at reducing errors in diagnosis in the hospital?	○ Yes ○ No

Risk Assessment and Mitigation

5) In the past 36 months, has your hospital used the Safer Dx Checklist to identify at least one high-priority practice that is not currently at "Full" implementation? *If "no" to question #5, skip question #6 and continue to question #7.*	○ Yes, led by our multidisciplinary team ○ Yes, led by a different entity at the hospital (please specify): _____ ○ No
6) What steps has your hospital taken to fully implement the practice? *Select all that apply.*	☐ Allocated budget ☐ Appointed an individual or team responsible for implementation ☐ Set a date for full implementation ☐ None of the above

Convening a Multidisciplinary Team Focused on Diagnostic Excellence

7) In the past 36 months, has your hospital convened a multidisciplinary team that meets all the following requirements: • Solely focused on reducing harm to patients from errors in diagnosis; • Sponsored by either the CEO or CMO; • Includes, at a minimum, representatives from nursing, pharmacy, laboratory medicine, radiology, pathology, hospital medicine or inpatient care specialists, emergency medicine, and quality or risk management; • Meets at least quarterly; • Reports to senior leaders quarterly; and • Reports to the Board annually? *The multidisciplinary team should be a **distinct entity** at your hospital, not the established patient safety committee.* *If "no" to question #7, skip question #8 and continue to question #9.*	○ Yes ○ No
8) In the past 24 months, has the multidisciplinary team helped to educate staff on their work on reducing errors in diagnosis?	○ Yes ○ No
9) As a standing agenda item of regular meetings, has the multidisciplinary team reviewed any clinical or administrative data, patient experience or patient reported data, or incident reports to identify or track errors in diagnosis? *If "no" to question #9, skip question #10 and continue to question #11.*	○ Yes ○ No ○ No, but a different team at the hospital has reviewed data or incident reports to identify or track errors in diagnosis

10) In the past 24 months, if an error in diagnosis was identified through the review of any of the data sources used in question #9, did the team conduct any analyses or case reviews within four weeks of the error being identified and ensure the findings were communicated to the individuals involved in the patient's care and hospital leadership?	○ Yes ○ No ○ No, but a different team at the hospital has conducted at least one root cause analysis or case review of a diagnostic error
11) In the past 24 months, has the multidisciplinary team encouraged all staff (verbally or in writing), including all clinicians who participate in the diagnostic process, to report errors in diagnosis via the hospital's incident or event reporting system?	○ Yes ○ No ○ No, but a different team at the hospital has encouraged all staff to report errors in diagnosis
12) In the past 24 months, has the multidisciplinary team convened emergency medicine staff to identify commonly misdiagnosed conditions (e.g., stroke, heart attack, VTE) in the emergency department? *If "no" to question #12, skip question #13 and continue to question #14.*	○ Yes ○ No ○ No, but the emergency medicine staff independently meet to identify commonly misdiagnosed conditions
13) In the past 24 months, has the multidisciplinary team worked with the emergency medicine staff to develop or implement any initiatives aimed at improving accurate and timely diagnosis of these commonly misdiagnosed conditions?	○ Yes ○ No ○ No, but the emergency medicine staff have independently implemented at least one such initiative
14) In the past 24 months, has the multidisciplinary team convened radiologists and pathologists to discuss diagnosis related issues, including potential discrepancies, and analyze cases where there is a discrepancy between radiology and pathology findings? *If "no" to question #14, skip question #15 and continue to question #16.*	○ Yes ○ No ○ No, but radiologists and pathologists independently meet to discuss diagnosis-related issues
15) In the past 24 months, has the multidisciplinary team worked with the pathologists and radiologists to develop or implement protocols to ensure timely review and resolution of discrepancies, and timely communication of diagnoses to patients and their families?	○ Yes ○ No ○ No, but radiologists and pathologists independently developed or implemented at least one such protocol

Training and Education

16) In the past 36 months, has your hospital trained any staff using AHRQ's TeamSTEPPS for Diagnosis Improvement program to improve communication among members of the care team (including nurses, pharmacists, and other allied health professionals), within the context of the diagnostic process or in reducing errors in diagnosis)?	○ Yes ○ No

Closing the Loop on Cancer Diagnosis

17) 12-month reporting period used:	○ 01/01/2024 – 12/31/2024 ○ 07/01/2024 – 06/30/2025
18) Do pathologists at your hospital routinely document the date in which they communicate pathology reports indicating a diagnosis of colon, lung, or breast cancer to a patient or a patient's ordering physician? *If "no" or "our hospital does not operate an on-site pathology service" to question #18, skip the remaining questions in Section 6D and continue to the Affirmation of Accuracy.*	○ Yes ○ No ○ Our hospital does not operate an on-site pathology service
19) Did your hospital perform an audit on a sufficient sample of patients to calculate the proportion of colon, lung, or breast cancer diagnoses in which the patient or patient's ordering physician was notified within five business days of the report being signed by the pathologist, and do you choose to report those data to this Survey? *If "no" or "yes, but fewer than 30 cases met the inclusion criteria for the denominator," skip the remaining questions in Section 6D and continue to the Affirmation of Accuracy.*	○ Yes ○ No ○ Yes, but fewer than 30 cases met the inclusion criteria for the denominator
20) How many cases were included in the audit from question #19 with a diagnosis of colon, lung, or breast cancer:	_____
21) Total number of patients from question #20 with documented communication between the pathologist and the patient or patient's ordering physician within five business days of the report being signed by the pathologist: *Documented communication includes:* • *A documented phone call between the pathologist and patient or patient's ordering physician of the diagnosis, and* • *A timestamp, read receipt, or email response indicating that the patient or patient's ordering physician read an electronic communication of the diagnosis.*	_____
22) Total number of patients from question #20 who were notified, either by phone or electronically, that the pathology report with their diagnosis was uploaded to the patient portal and ready for review: *Hospitals that do not upload pathology reports to the patient portal or notify patients when reports are uploaded, should enter "0."*	_____

Section 6D: Diagnostic Excellence – New FAQs for 2025

1. **What are examples of a CEO or CMO commitment to reducing errors in diagnosis?**
   Examples of a CEO or CMO commitment include verbal remarks at an all-staff "town hall" or "all-hands" meeting, or a segment in an annual report or other publication disseminated to all staff that specifically mentions reducing diagnostic errors.

2. **What are examples of a PFAC having input in or leading initiatives aimed at reducing errors in diagnosis?**

Hospitals can refer to the Patient and Family Advisory Council (PFAC) Toolkit for Exploring Diagnostic Quality for detailed guidance. One common example of an initiative is to consult with the PFAC for input on materials for admitted patients pertaining to diagnosis, such as a resource developed based on needs identified in a patient survey, or a sepsis education campaign targeted at patients visiting the emergency room.

3. **Can our hospital system convene a multidisciplinary team at the system level, instead of individual hospitals assembling teams at their respective facilities?**
   Multidisciplinary teams convened to solely focus on reducing diagnostic errors should be specific to individual hospitals in order to closely oversee case analyses, review data specific to individual sites, and be responsive to the individual hospital's leadership.

4. **What pathology reports should be included in our response to question #19? Are inpatient and outpatient reports included?**
   A "pathology report" refers to any report that would be signed by a pathologist that diagnoses cancer. In other words, both the first diagnosis of malignancy reports, or a finalized report where resection specimens were examined and included in a signed report, would be included in the assessment of whether there was documented communication between the pathologist and the patient or patient's ordering physician. This applies to inpatients and outpatients alike, as long as the pathologist practicing at your hospital signed the report. If multiple signed reports are issued for a patient in a single year, they should all be included.

5. **What ICD-10 codes should we use to identify diagnoses of colon, lung, or breast cancer?**
   Leapfrog has not identified a specific set of ICD-10 codes to use to select these cases.

APPENDIX XIII: HOSPITAL BOARDING IN THE EMERGENCY DEPARTMENT (ED) QUESTIONS AND MEASURE SPECIFICATIONS

Section 6E: Hospital Boarding in the Emergency Department (ED) Questions for 2025 (Optional – Fact-Finding Only)

Questions #4a (denominator) and #4b (numerator) are used to calculate the percentage of ED patients that are admitted to the hospital that had a boarding time in the ED of more than 4 hours. Questions #4c and #4d are used to report the median and 90th percentile length of stay in the ED for ED patients admitted to the hospital (question #4a).

1) 12-month reporting period used:	○ 01/01/2024 – 12/31/2024 ○ 07/01/2024 – 06/30/2025
2) Did your hospital operate a dedicated emergency department (ED)[1] during the reporting period? *If "no" or "yes, but ED is now closed or wasn't open for the entire reporting period," skip questions #3-4 and go to the affirmation of Accuracy.*	○ Yes ○ No ○ Yes, but ED is now closed or wasn't open for the entire reporting period
3) What type(s) of dedicated emergency department(s) did your hospital operate? *Select all that apply.*	☐ Adult only ☐ Pediatric only ☐ Adult/Pediatric combined

4) Enter your hospital's total number of emergency department (ED) visits with an inpatient admission or admission to observation status, number of ED visits with a boarding time greater than 4 hours, median number of hours spent in the ED, and 90th percentile of hours spent in the ED for adult and pediatric patients admitted to inpatient non-psychiatric and psychiatric beds.

If the number of visits for an admission type is less than 10 (in column a), skip columns b, c, and d and then move to the next admission type.

	ED Visits and Time Spent in the ED			
	(a) Total number of ED visits with an inpatient admission or admission to observation status	**(b) Number of ED visits indicated in column (a) with a boarding time greater than 4 hours**	**(c) Median number of hours spent in the ED for ED visits indicated in column (a)**	**(d) 90th percentile of hours spent in the ED for ED visits indicated in column (a)**
Adult patients admitted to an inpatient **non-psychiatric bed**				

Adult patients admitted to an inpatient **psychiatric bed**				
Pediatric patients admitted to an inpatient **non-psychiatric bed**				
Pediatric patients admitted to an inpatient **psychiatric bed**				

[1] 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.

Hospital Boarding in the Emergency Department (ED) Measure Specifications

Important Note: Hospitals that share a CMS Certification Number are required to report by facility. Please carefully review Leapfrog's Multi-Campus Reporting Policy.

Source: The Leapfrog Group

Reporting Period: 12 months
• Survey submitted prior to September 1:
  ○ 01/01/2024 – 12/31/2024
• Surveys submitted on or after September 1:
  ○ 07/01/2024 – 06/30/2025

Included Units: • Dedicated Emergency Department (adult, pediatric, and adult/pediatric)
Question #4, column a (denominator): Total number of ED visits with an inpatient admission or admission to observation status. Enter the total number of emergency department (ED) visits during the reporting period for each of the following admission types: **Adult** (18 years of age or older) patients admitted to an inpatient **non-psychiatric bed** **Adult** (18 years of age or older) patients admitted to an inpatient **psychiatric bed** **Pediatric** (17 years of age or younger) patients admitted to an inpatient **non-psychiatric bed** **Pediatric** (17 years of age or younger) patients admitted to an inpatient **psychiatric bed** **Include:** • Patients with an ED visit that are admitted to the hospital's inpatient setting or admitted to observation status Note: A patient can have multiple ED visits with a hospital admission during the performance period so each patient ED visit with an inpatient admission or admission to observation status is included in the denominator (question #4a).

Question #4, column b (numerator): Number of ED visits indicated in column (a) with a boarding time greater than 4 hours.

Enter the total number of emergency department (ED) visits indicated in column (a) with a boarding time greater than 4 hours for each of the following admission types:

Adult (18 years of age or older) patients admitted to an inpatient **non-psychiatric bed**
Adult (18 years of age or older) patients admitted to an inpatient **psychiatric bed**
Pediatric (17 years of age or younger) patients admitted to an inpatient **non-psychiatric bed**
Pediatric (17 years of age or younger) patients admitted to an inpatient **psychiatric bed**

Include:

- Patients with an ED visit that are admitted to the hospital's inpatient setting or admitted to observation status with an ED boarding time that was longer than 4 hours

Boarding time is defined as the difference between the "time from the admission order" to "patient departure from the ED for admitted patients" or, for patients that are transferred to another hospital (with an ED disposition of "transferred" to an acute care hospital), the difference between "decision to transfer" order time to "ED departure time."

Question #4, column c: Median number of hours spent in the ED for ED visits indicated in column (a).

Enter the median number of hours spent in the ED for ED visits indicated in column (a) for each of the following admission types:

Adult (18 years of age or older) patients admitted to an inpatient **non-psychiatric bed**
Adult (18 years of age or older) patients admitted to an inpatient **psychiatric bed**
Pediatric (17 years of age or younger) patients admitted to an inpatient **non-psychiatric bed**
Pediatric (17 years of age or younger) patients admitted to an inpatient **psychiatric bed**

Include:

- Hours spent in the ED for patients with an ED visit that are admitted to the hospital's inpatient setting or admitted to observation status

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 or transferred patients.

Question #4, column d: 90th percentile of hours spent in the ED for ED visits indicated in column (a).

Enter the 90th percentile of hours spent in the ED for ED visits indicated in column (a) for each of the following admission types:

Adult (18 years of age or older) patients admitted to an inpatient **non-psychiatric bed**
Adult (18 years of age or older) patients admitted to an inpatient **psychiatric bed**
Pediatric (17 years of age or younger) patients admitted to an inpatient **non-psychiatric bed**
Pediatric (17 years of age or younger) patients admitted to an inpatient **psychiatric bed**

Include:

- Hours spent in the ED for patients with an ED visit that are admitted to the hospital's inpatient setting or admitted to observation status

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 or transferred patients.

APPENDIX XIV: HEALTHCARE-ASSOCIATED INFECTIONS QUESTION AND REPORTING PERIODS AND DEADLINES

Section 7B: Healthcare-Associated Infections – Question for 2025

Hospitals that join* Leapfrog's NHSN Group by the join-by dates**, enter a valid*** NHSN ID in the Profile of the Leapfrog Hospital Survey, and submit the 2025 Leapfrog Hospital Survey will have their data scored and publicly reported.

1) Has your hospital joined Leapfrog's NHSN Group and entered a valid NHSN ID in the Profile so that the standardized infection ratios (SIRs) for each of the following applicable infection measures can be downloaded directly from the CDC's National Healthcare Safety Network (NHSN) for scoring and public reporting: • CLABSI in ICUs and select wards; • CAUTI in ICUs and select wards; • Facility-wide inpatient MRSA Blood Laboratory-identified Events; • Facility-wide inpatient C. diff. Laboratory-identified Events; and • SSI: Colon?	○ Yes, the hospital has joined Leapfrog's NHSN Group, accepted Leapfrog's Rights Acceptance Report/Data Rights Template, and entered a valid NHSN ID in the Profile ○ No, the hospital has not joined Leapfrog's NHSN Group, accepted Leapfrog's Rights Acceptance Report/Data Rights Template, or entered a valid NHSN ID in the Profile and acknowledges that the hospital will be publicly reported as "Declined to Respond" for all five infection measures

* Hospitals are not required to "re-join" Leapfrog's NHSN Group if they joined and conferred rights in previous Leapfrog Hospital Survey Cycles. However, all hospitals in Leapfrog's NHSN Group must review their Rights Acceptance Report annually (by the published join-by deadlines) to ensure that Leapfrog has access to the data from all of the locations that were active during the reporting period, even if those locations are no longer active, to ensure that Leapfrog obtains the appropriate SIR. Instructions for joining or verifying that you are in Leapfrog's NHSN Group are available in the "NHSN Guidance: Join the Group, Review/Accept Data Rights Template, and Download Reports" document on our Join NHSN Group webpage.
**Join-by dates are listed in the "Deadlines and Reporting Periods" table below.
***Hospitals that share a CMS Certification Number must have a unique NHSN ID as required by NHSN. Please carefully review Leapfrog's Multi-Campus Reporting Policy on the Join NHSN Group webpage.

NHSN Reporting Periods and Deadlines for 2025

The NHSN reporting periods and deadlines for the 2025 Leapfrog Hospital Survey are as follows:

Join Leapfrog's NSHN Group by	Leapfrog will download data from NHSN for all current group members	Data downloaded from NHSN will be scored and publicly reported for hospitals that have submitted Section 7 by	HAI Reporting Period	Available on Hospital Details Page and Public Reporting Website
June 19, 2025	June 20, 2025	June 30, 2025	01/01/2024 – 12/31/2024	July 12, 2025 Hospital Details Page July 25, 2025 Public Reporting Website
August 21, 2025	August 22, 2025	August 31, 2025	01/01/2024 – 12/31/2024	September 10, 2025*
October 22, 2025	October 23, 2025	October 31, 2025	07/01/2024 – 06/30/2025	November 12, 2025*
December 17, 2025	December 18, 2025**	November 30, 2025	07/01/2024 – 06/30/2025	January 12, 2026*

Leapfrog will provide step-by-step instructions for hospitals to download the same reports that Leapfrog downloads for each of the NHSN data downloads on our website by April 1.

* Available on Hospital Details Page on the same date as public release of Survey Results

** The Leapfrog Hospital Survey closes on November 30, 2025. The last NHSN data download is on December 18, 2025 to incorporate any facilities and corrections from facilities that joined by the last join date of December 17, 2025.

APPENDIX XV: OP-32 RATE OF UNPLANNED HOSPITAL VISITS AFTER AN OUTPATIENT COLONOSCOPY REPORTING PERIODS AND DEADLINES

CMS data will be scored and publicly reported for Hospitals that have submitted Section 9 by	CMS Reporting Period	Available on Hospital Details Page	Available on the Public Reporting Website
June 30, 2025	Most recent 24-month reporting period	July 12, 2025	July 25, 2025
August 31, 2025	Most recent 24-month reporting period	September 10, 2025	September 10, 2025
November 30, 2025	Most recent 24-month reporting period	December 9, 2025	December 9, 2025

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