The Leapfrog Group's 2023 corrections to Rating the Raters Statements

Iterative Improvement

Inaccuracy

Re: Hospital Safety Grade & Top Hospitals: **"**No opportunity for public comment or peer review prior to release."

Correction

Top Hospitals: The data used to determine Top Hospitals comes from the Leapfrog Hospital Survey, which is released annually for public comment and goes through extensive annual expert review.

Hospital Safety Grade: 100% of the methodology including measures, weights, and points assigned are open to public scrutiny and comment. Changes to the methodology are published for public comment and subject to guidance by the Expert Panel. Two of the "Rate the Raters" authors have been members of the expert panel.

Potential for Misclassification

Inaccuracy

Re: Hospital Safety Grade: "No peer grouping in determining safety grade"

Correction

All 30 measures used in the Safety Grade are tested and vetted as comparable across all hospitals. Either the measure has already been adjusted for hospital characteristics (i.e., HAI measures) or the measure is not appropriate for facility-specific adjustment (i.e., retained foreign objects).

Inaccuracy

Re: Hospital Safety Grade: "Peculiar measures unsupported by evidence influence grade (e.g., 200 hand hygiene audits per unit per month)"

Correction

It is not correct that measures that influence the grade are "unsupported by evidence." All measures and standards used by The Leapfrog Group for the Hospital Safety Grade and Top Hospital programs, without exception, are supported by published and cited evidence and subject to annual expert review. The particular example above came from the Hand Hygiene Expert Panel consensus based on the World Health Organization hand hygiene guidance.

200 hand hygiene opportunities were chosen as the sample size based on a study by Yin et. al which showed that 180-195 opportunities would need to be monitored to accurately observe a 10% change in hand hygiene compliance (Yin et al.). The additional sample sizes outlined in the measure specifications are for smaller patient care units where monitoring 200 opportunities may not be feasible.

References:

Steed C, Kelly JW, Blackhurst D, Boeker S, Diller T, Alper P, Larson E. Hospital hand hygiene opportunities: where and when (HOW2)? The HOW2 Benchmark Study. American Journal of Infection control. 2011 Feb 1;39(1):19-26.

Jun Yin MS, Heather Schacht Reisinger PhD, Mark Vander Weg PhD, Marin L. Schweizer PhD, Andrew Jesson, Daniel J. Morgan MD MS, Graeme Forrest MD, Margaret Graham, Lisa Pineles MA and Eli N. Perencevich MD MS. Establishing evidence-based criteria for directly observed hand hygiene compliance monitoring programs: a prospective, multicenter cohort study. Infection Control and Hospital Epidemiology Vol. 35, No. 9 2014 Sep, pp. 1163-8.

Inaccuracy
Re: Hospital Safety Grade: "Inclusion of problematic PSI and NHSN measures."

Correction
Leapfrog includes only well-tested quality and safety measures that are endorsed and/or in use by other organizations such as CMS and the CDC. PSI and NHSN measures are valid and well-supported by evidence.

Inaccuracy
Re: Hospital Safety Grade: "Use of non-risk adjusted infection measures."

Correction
The infection measures have been adjusted for hospital-level characteristics.

Inaccuracy
Re: Hospital Safety Grade: "PSI-4 is only included mortality measure (and of questionable utility)."

Correction
PSI-04 has been extensively tested and vetted as reliable. While PSI 4 is the only measure that quantifies lives lost, many of the measures included in the Hospital Safety Grade are associated with reduced mortality. For example, the ICU Physician Staffing measure is associated with 40% reductions in ICU mortality.

Citation:
Pronovost PJ, Young T, Dorman T, Robinson K, Angus DC. Association between ICU physician staffing and outcomes: a systematic review. Crit Care Med. 1999; 27:A43.

Inaccuracy
Re: Hospital Safety Grade and Top Hospitals
- "Significant potential for misclassification due to self-reported nature of Leapfrog Survey and data such as process measures."
- "Administrative data are not rigorously audited."

Correction
Survey data: Data submitted to the Leapfrog Hospital Survey undergoes extensive verification to identify reporting errors prior to, during, and following Survey submission. This is accomplished through a combination of automated algorithms, required documentation audits, and intensive staff

reviews and hospital interviews. On-site verification is performed each year for a selection of hospitals.

Administrative data: Administrative data used in the Hospital Safety Grade is rigorously audited. Violations are subject to prosecution for fraud.

Importance/Impact

Inaccuracy:
Re: Hospital Safety Grade:
- "Each year more and more new requirements and "standards" are added, making the overall score more complex and opaque to the consumer."
- "Increasing number of hospitals not participating."

Correction
It is correct that "Each year more and more new requirements and "standards" are added.

It is not correct the Grade is "more opaque to the consumer." Leapfrog tests the standards with consumers and finds the letter grade format and Leapfrog's transparency about the underlying data understandable and welcoming to consumers of varying literacy levels. Leapfrog reporting is not opaque.

It is not correct that "increasing numbers of hospitals are not participating." The number of hospitals voluntarily participating in the Leapfrog Hospital Survey has grown every year since our inception in 2000, and today numbers over 2300, representing 75% of all U.S. hospital beds. In any case this statement is not relevant to the Hospital Safety Grade. The Hospital Safety Grade is assigned to all general hospitals regardless of whether they voluntarily report to the Leapfrog Hospital Survey.

Scientific Acceptability

Inaccuracy
Re: Hospital Safety Grade: "Uses NHSN measures that may not be rigorously audited."

Correction
NHSN measures are audited at the state level by State Health Departments, which work in partnership with the CDC to vet the accuracy of the infection measures.

Inaccuracy
Re: Hospital Safety Grade: "Heavily dependent on PSIs and claims data – questions about reliability of PSIs."

Correction
Both the Hospital Safety Grade and the Top Hospitals program use a variety of measures from a variety of sources, not dependent only on PSIs and CMS claims-derived data. For instance, intensivist coverage in the ICU is a heavily weighted measure in both programs and derived from hospital reporting, which is in turn documented and verified by Leapfrog.

Inaccuracy

Re: Hospital Safety Grade: "Survey questions lack evidence of validity, reliability, and meaningfulness (nurse staffing, leadership and safety practices, billing, and other practices)."

Correction

It is incorrect to state the Survey questions lack evidence of validity and reliability. Evidence is cited extensively in the Survey documents which are freely available. All evidence is reviewed annually by expert panels which have included two of the authors on this paper.

The word "meaningfulness" is an opinion thus not subject to correction. The list of examples of Survey questions is accurate.

Transparency

Inaccuracy

Re Hospital Safety Grade and Top Hospitals:

- Access to benchmarking data is expensive.
- Hospitals must pay to access training on how to complete the survey.

Correction

These inaccuracies appear to refer to the Leapfrog Hospital Survey. Benchmarking data is extensive and available to all participating and non-participating hospitals—at no cost. All hospitals have access to our free Help Desk which routinely assists hospitals on completing the survey. Extensive resources are also provided to hospitals to assist in completion, such as a binder for organizing Survey completion, all at no cost.

Usability

Inaccuracy

Re Top Hospitals:

- "Difficult to view detailed measure scores from Top Hospitals rankings."
- "Opaque choice of final Top Hospitals for criteria beyond the data (see above)"

Correction

Detailed measure scores are freely and easily accessible for all hospitals, including Top Hospitals, on the Leapfrog website. See: https://ratings.leapfroggroup.org/

Top Hospital Methodology is published in its entirety, quantifiable, and replicable.
See: https://www.leapfroggroup.org/2022-leapfrog-top-hospital-methodology