Using the Leapfrog Group Hospital Survey to Drive Quality Improvement

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USING THE LEAPFROG HOSPITAL SURVEY FOR QUALITY IMPROVEMENT

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The Leapfrog Group

- National, not-for-profit organization
- Founded by large purchasers in 2000 in response to 1999 IOM Report *To Err is Human*
- Collect and publicly report information about the safety and quality of inpatient hospital care
- Our hospital ratings are used by all national health plans, many regional health plans, and transparency vendors

**Leapfrog’s mission** is to trigger giant leaps forward in the safety, quality and affordability of U.S. health care by using transparency to support informed health care decisions and promote high-value care.
A Regional Approach to Participation in Our National Survey
Leapfrog’s Programs:
How We Measure Safety & Quality

Survey: Hospitals Submit to Us

Composite Score: Leapfrog Assigns to Hospitals
Leapfrog Hospital Survey

- Annual, voluntary national survey

- **Includes measures that matter most to health care purchasers and consumers**

- Evidence-based and aligned with other national measurement organizations such as The Joint Commission, NHSN/CDC, and CMS, as well as national registries such as ACR and VON

- Results are publicly reported by hospital at [www.leapfroggroup.org/compare-hospitals](http://www.leapfroggroup.org/compare-hospitals)
22 National Measures of Safety & Quality

- Inpatient Care Management
  - ICU Physician Staffing
  - NQF Safe Practices
  - Never Events Policy
  - Antibiotic Stewardship

- Medication Safety
  - Computerized Prescriber Order Entry (CPOE)
  - Bar Code Medication Administration (BCMA)
  - Medication Reconciliation

- Injuries & Infections
  - Hospital-Acquired Pressure Ulcers
  - Hospital-Acquired Injuries
  - CLABSI
  - CAUTI
  - SSI Colon
  - MRSA
  - C. Diff.

- Maternity Care
  - Elective Deliveries
  - Cesarean Births
  - Episiotomies
  - Bilirubin Screening for Newborns
  - DVT Prophylaxis for Women Undergoing Cesarean Section
  - High Risk Deliveries (very-low birth weight newborns)

- Pediatric Care
  - CT Radiation Dose
  - CAHPS Child Hospital Survey

- Inpatient Surgery
  - Hospital & Surgeon Volume for 10 High-Risk Procedures
  - Surgical Appropriateness
Who participates

Nationally, 1,861 hospitals have already submitted a 2017 Leapfrog Hospital Survey which represents about 50% of eligible hospitals and about 61% of all hospital beds – we are expecting 2000 submissions by the end of the year.
Quality Improvement Case Studies

How Hospitals Use The Leapfrog Hospital Survey for Quality Improvement

- Episiotomy
- NTSV Cesarean Births
- Early Elective Deliveries
American College of Obstetricians and Gynecologists (ACOG) has called for the restricted use of episiotomy, which has been firmly linked to lower rates of perineal injury.
Episiotomy Measurement

- NQF-endorsed measure (NQF 0470)
- Added to the Leapfrog Hospital Survey in 2012

**Denominator:**
Total number of vaginal deliveries during the reporting period (12 months) with cases of obstructed labor due to shoulder dystocia excluded

**Numerator:**
Total number of mothers included in the denominator, with an episiotomy procedure performed
## Progress in Lowering Rates of Episiotomy

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017 (as of July 31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=</td>
<td>833</td>
<td>950</td>
<td>991</td>
<td>1220</td>
<td>1321</td>
<td>1198</td>
</tr>
<tr>
<td>Average rate</td>
<td>13</td>
<td>12.1</td>
<td>11.3</td>
<td>10.2</td>
<td>9.7</td>
<td>7.9</td>
</tr>
<tr>
<td>Leapfrog’s Target Rate</td>
<td>12%</td>
<td>12%</td>
<td>12%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>% Hospitals Meeting Leapfrog’s Target Rate</td>
<td>44% (n=366)</td>
<td>63% (n=602)</td>
<td>66% (n=650)</td>
<td>32% (n=393)</td>
<td>36% (n=481)</td>
<td>44% (n=524)</td>
</tr>
</tbody>
</table>
Progress in Lowering Rates of Episiotomy (cont.)

Source: Castlight Health Analysis
Texas Children’s Hospital Pavilion for Women (Houston, TX)

- Reduced rate of episiotomy from 9.0% to 4.4%

- Keys to success were:
  - Having a stretch goal (when Leapfrog changed the target from 12% to 5%)
  - Having the professional society guidelines support the desired practice
  - Physicians knowing that their performance was being monitored
An Initiative to Reduce the Episiotomy Rate: Association of Feedback and the Hawthorne Effect With Leapfrog Goals

Zhang-Rutledge, Kathy MD; Clark, Steven L, MD; Deming, Stacie RN; Timmins, Audra MD; Dildy, Gary A, MD; Gandhi, Manisha MD

Obstetrics & Gynecology: July 2017 - Volume 130 - Issue 1 - p 146-150

OBJECTIVE: To assess the association of education, performance feedback, and the Hawthorne effect with a reduction in the episiotomy rate in a large academic institution.

METHODS: We describe a prospective observational study of a project conducted between March 2012 and February 2017 to assist clinicians in meeting the Leapfrog Group (www.leapfroggroup.org) target rates for episiotomy. Phases of this project included preintervention (phase 1, March 2012 to April 2014), education and provision of collective department episiotomy rates (phase 2, May 2014 to December 2014), ongoing education with emphasis on a revised Leapfrog target rate (phase 3, January 2015 to February 2016), and provision of individual episiotomy rates to practitioners on a monthly basis (phase 4, March 2016 to February 2017). We analyzed the department episiotomy rates before, during, and after these efforts. Cases of shoulder dystocia were excluded from this analysis. Statistical analysis was performed using a two-tailed Student t test and \( \chi^2 \) test with \( P < .05 \) considered significant.

RESULTS: During the study period, 1,176 episiotomies were performed in 16,441 vaginal deliveries (7.2%). In phase 2 (2,552 vaginal deliveries), there was a nonsignificant drop in the episiotomy rate with education alone (9.0–8.2%, \( P = .21 \)). In phase 3 (4,379 vaginal deliveries), the episiotomy rate demonstrated an additional, significant drop to 5.9% (\( P < .001 \)), but this reduction did not reach the new Leapfrog goal of 5%. In phase 4 (3,160 vaginal deliveries), the hospital episiotomy rate again dropped significantly from 5.9% to 4.37% (\( P = .007 \)) and met the target rate of 5%. This reduction was sustained over a 12-month time period. During this same time period, the rate of operative vaginal delivery among vaginal births increased (4.3–5.4%, \( P = .003 \)) and there was no significant change in the rates of third- and fourth-degree perineal laceration (3.8–3.3%, \( P = .14 \)).

CONCLUSION: Education, performance feedback, and the Hawthorne effect were associated with a reduction in the episiotomy rate in a large academic institution without a reduction in the rate of operative vaginal delivery or an increase in the rate of third- and fourth-degree lacerations.
Leapfrog’s Target aligns with that proposed by the HealthyPeople.gov 2020 initiative
NTSV C-Section Measurement

- NQF-endorsed measure (NQF 0471)
- Leapfrog started publicly reporting in 2015

**Denominator:**
Nulliparous (first baby) patients that delivered a live term singleton newborn in the vertex presentation with **Excluded populations** removed

**Numerator:**
Total number of patients included in the denominator with cesarean births
Progress in Reducing NTSV C-Sections

- In 2016, the average rate of NTSV C-section was 25.8%
- Minimal improvement from the rate of 26.4% in 2015, when Leapfrog first started publicly reporting.

Source: Castlight Health Analysis
Reduced NTSV C-section rate from 33% in 2014 to 20.9% in 2017
Quality Improvement Strategies at Virginia Hospital Center

- Defined goal and reported data to Leapfrog
- Used recommendations from ACOG and the Society for Maternal-Fetal Medicine
  - Multidisciplinary working group to track progress
  - Chart audits and educational activities
  - Encouraging transparency by posting C-section rates at department, group, and individual levels
  - Assisting practitioners in lowering their rates and incorporating corrective measures for persistent outliers
Early Elective Deliveries

Hospitals’ efforts to reduce rates of *early elective deliveries* has been a success, declining to just 1.9% compared to 17.0% in 2010.

Source: Castlight Health Analysis
Keys to Success in Reducing Early Elective Deliveries

- Supported by clinical guidelines
- Measurement and transparency
- Collaborative effort with multiple stakeholders
- Consumer education
- Payer involvement
Other Groups Using Leapfrog Data to Drive Quality Improvement

Health Plans
Employers/Purchasers
Consumer Groups
Capitol BlueCross New Hospital Recognition Program Improves Quality of Care for Customers

HARRISBURG (March 14, 2016) - Capitol BlueCross announced an agreement with The Leapfrog Group® a national nonprofit organization focused on health care quality and safety, that will establish a regional hospital recognition program to help employers and consumers in central Pennsylvania and the Lehigh Valley make more informed health care decisions.

“Capital BlueCross is the first health insurer in Pennsylvania, and the second health insurer nationwide, to partner with The Leapfrog Group on this type of health care quality recognition program. The company will work with the organization to evaluate hospital performance and provide consumer-friendly results.

“Our number-one priority is to ensure our customers have access to the highest quality care possible," said Dr. Jennifer Chambers, Capital BlueCross senior vice president and chief medical officer. “Working with The Leapfrog Group will enable us to better measure hospital quality, reward high-performing hospitals, and help customers make informed decisions for themselves and their families. This partnership is another way Capital BlueCross is doing more for our customers so they can live healthy.”

Tom Croyle, president of the Lehigh Valley Business Coalition on Healthcare® said “The LVBC is a Leapfrog Group member and a Regional Rollout Partner of Leapfrog’s Annual Hospital Survey of Hospital Quality in Pennsylvania. We are certainly pleased to see Capital BlueCross align with employers to adopt measures to improve quality, transparency and patient safety in the region. The efforts to reward health care providers based on quality and outcomes certainly will enhance the value that Capital BlueCross and those providers bring to our communities.”
Health Plans: Member Education
Employers/Purchasers

- Educate their employees on choosing a hospital
- Leverage purchasing power to structure value-based purchasing and contracting with health plans
- Benefits design
- Encourage transparency and accountability in hospitals in their community

Source: Altarum Institute
Employers/Purchasers: Education
# Consumer Groups

## Your Biggest C-Section Risk May Be Your Hospital

Consumer Reports finds that your risk of a cesarean section can be more than nine times higher depending on the hospital you choose.

| Hospital Name                  | OP Safety Score | /!
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Good Samaritan Hospital</td>
<td>67</td>
<td>Not Yet Rated</td>
</tr>
<tr>
<td>Christ Hospital</td>
<td>65</td>
<td>Not Yet Rated</td>
</tr>
<tr>
<td>Bethesda North Hospital</td>
<td>64</td>
<td>Not Yet Rated</td>
</tr>
<tr>
<td>Mercy Health - Anderson Hospital</td>
<td>61</td>
<td>Not Yet Rated</td>
</tr>
</tbody>
</table>

The Leapfrog Group
Leapfrog Hospital Survey Results Website

- [www.leapfroggroup.org/hospital-compare](http://www.leapfroggroup.org/hospital-compare)
- Updated monthly from July to January
- Displays hospitals results and those that “declined to respond” to the survey
Questions?
Speaker contact Information

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For more information about IAHQ

Web:  www.iahq.net (New website coming in early 2018)
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