Leapfrog measures

HAIs

This section of the survey contains rates for five types of HAIs:

* Central line-associated bloodstream infections (CLABSI)
* Catheter-associated urinary tract infections (CAUTI)
* Hospital-acquired MRSA infections
* Hospital-acquired C. diff infections
* Surgical site infections for colon surgeries

This section of the survey also includes two types **of Hospital Acquired Conditions (HACs**):

* Hospital-acquired pressure ulcers
* Hospital-acquired injuries

Maternity Care

* Early elective delivery rate
* Rate of C-sections
* Rate of episiotomy
* Performance on standard processes of care
* Delivery outcomes for high-risk births

Medication Safety

* Computerized physician order entry (CPOE)
* Bar code medication administration (BCMA)
* Medication Reconciliation

Inpatient Care Management

* Safe Practices
  + Culture of Safety Leadership Structures and Systems,
  + Culture Measurement,
  + Feedback, and Intervention,
  + Risks and Hazards,
  + Nursing Workforce, and
  + Hand Hygiene.

Never Events Management

Does the hospital conform to Leapfrog’s Never Events Policy for handling never events after they occur?

1. apologize to the patient and family,
2. waive all costs related to the event and follow-up care,
3. report the event to an external agency,
4. conduct a root-cause analysis of how and why the event occurred,
5. interview patients and families, who are willing and able, to gather evidence for the root cause analysis,
6. inform the patient and family of the action(s) that the hospital will take to prevent future recurrences of similar events based on the findings from the root cause analysis,
7. have a protocol in place to provide support for caregivers involved in never events, and make that protocol known to all caregivers and affiliated clinicians,
8. perform an annual review to ensure compliance with each element of Leapfrog’s Never Events Policy for each Never Event that occurred.

Antibiotic Stewardship

1. Does the hospital conform with the U.S. CDCs principles of antibiotic stewardship?
2. Leadership Commitment: Dedicating necessary human, financial and information technology resources
3. Accountability: Appointing a single leader responsible for program outcomes. Experience with successful programs show that a physician leader is effective
4. Drug Expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use.
5. Action: Implementing at least one recommended action, such as systemic evaluation of ongoing treatment need after a set period of initial treatment (i.e. “antibiotic time out” after 48 hours)
6. Tracking: Monitoring antibiotic prescribing and resistance patterns
7. Reporting: Regular reporting information on antibiotic use and resistance to doctors, nurses and relevant staff
8. Education: Educating clinicians about resistance and optimal prescribing

ICU Physician Staffing

Does the hospital have specially trained doctors (Intensivists) care for ICU patients?