

Leah Binder

Hospital Safety Grade is a simple but powerful way that Leah Binder and Leapfrog Group help make patients safer



Sometimes, the simple things are the easiest to understand. Perhaps that's one reason that the Leapfrog Group's Hospital Safety Grade has caught on in such a big way – even with hospitals, who largely weren't all that thrilled when it was initially launched five years ago.

"The response of hospitals has been one of the brightest spots for me in my career," Leapfrog President and CEO Leah Binder says.

"Hospitals are approaching their Hospital Safety Grade constructively. They're talking about what they are going to do to improve and how proud they are of this 'A.' They talk about how they're not going to stop their efforts to ensure that patients are safe, and describing what those efforts will be."

Every six months, Leapfrog assigns an A, B, C, D or F grade to 2,600 general, acute-care hospitals, rating their performance on safety. It uses standardized measures from the Centers for Medicare & Medicaid Services, its own hospital survey, the Agency for Healthcare Research

and Quality, the Centers for Disease Control and Prevention and the American Hospital Association.

"Many people – even if they're on the board of a hospital – don't realize the problem of safety," Binder says. "When they look into it, they realize how many things can go wrong in a hospital, and that makes a big difference. That's why I think it's been important for us to highlight

Binder observes. "We've found that it gets their attention, which is a good thing. In fact, we've seen hospitals just completely turn around their safety programs when they get a bad grade."

What people outside the healthcare industry don't always recognize is that the Leapfrog Group was founded by large employers and groups who

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this in a way that's easily accessible to laypeople."

While everybody wants an "A," Binder has seen unfavorable grades spur some action.

"We see boards get very upset. We see community members get upset. We see repeated articles in newspapers about poor grades,"

purchase healthcare and wanted to see some changes in the quality of the care they were paying for.

"Employers are not in the business of healthcare," says Binder. "They're in the business of doing other things. They make airplanes, and they make automobiles and they run retail

department stores. And so, they don't have a staff of 500 to figure out what's going on in healthcare, so they rely on organizations like us to try to pull all those resources together for them and help them make the right strategic decisions."

Leapfrog has some compatriots in this area, including the National Business Group on Health, regional groups, and a newcomer called Health Transformation Alliance, in which 20 major employers are

teaming up to lower prescription costs, review claims together, structure benefits and create networks.

"There's probably at least 50 organizations that represent specialties for physicians alone," Binder says. "I don't think there are nearly enough organizations that are advancing purchaser concerns about healthcare delivery. The purchasers pay for about 20 percent of the \$3 trillion healthcare industry,

which is a lot of money."

Despite the increased scrutiny, Binder says she thinks the healthcare industry has taken its eye off safety, given the myriad deaths still linked to errors each year.

"I think the industry has not been focused on patient safety enough. They've been distracted by the compliance with the Affordable Care Act, value-based purchasing, bill payments, new models for financing

Making a difference with the mundane

Hospital deaths and injuries from errors are not always obvious.

"When someone dies from an error or an accident, it's not easy to track," says Leah Binder, president and CEO of the Leapfrog Group. "It often doesn't show up in claims. It can be complicated – the death might be attributed to something else even though, say, there was clearly an infection that hastened the death. It's just kind of the course of business in the hospital."

Nearly two decades after the ground-breaking report "To Err is Human," far too many people are still being killed and injured in healthcare settings, Binder says.

"More than 200,000 people are dying every year from preventable accidents in hospitals," she says. "We believe that's a low estimate. There's lots of accidents and problems in hospitals we can't measure because no one is tracking them. An example of that would be

medication errors, which are the most common errors in hospitals. There's not a standardized way of tracking that, so we don't even know how many deaths or adverse events result."

What is especially frustrating for Binder and her team is that many injuries and deaths happen in spite of the fact the healthcare industry knows how to prevent them. "The fact is, patient safety requires a disciplined, persistent commitment to the mundane habits that save lives," she says.

"How much more mundane can it possibly be than to say, 'Everybody needs to wash their hands all the time'? 'We need to wear the right protective clothing.' 'Follow the rules – every single rule every single time.' 'We need to do the same checklist every time we do a surgery.'"

"Let's face it, these sound boring. But done systematically, they save lives. And everyone in patient care needs to be disciplined about doing them."

and delivering care, and change in state and CMS regulations. While those efforts are important, nothing is as critical as making sure people don't die from preventable errors. Safety has to come first, every minute of every day. Otherwise, patients will suffer."

Binder is doing her best to keep the priority on patients. — in fact, the organization is broadening its reach at the request of its members to take a closer look at other sticky matters in safety:

- Maternity. "Employers pay for half of all the births in this country. Childbirth is by far the number-one reason for admission to a hospital. A C-section is the number one surgical procedure performed in this country. So, we now have some incredible data on maternity care, and employers are starting to meet with hospitals and design packages that

encourage the use of hospitals with lower C-section rates based on the Leapfrog data."

- Outpatient and ambulatory care. "We're going to start rating outpatient surgical units and ambulatory surgical centers. That's a big priority for purchasers because they are sending a lot of employees to ambulatory surgical centers because they tend to be lower-priced. That's great — some of them are excellent — but we don't have enough good data nationally to compare them on safety and quality."
- Children's hospitals. "There's a lot of people who would never travel outside their community for their own healthcare, but will travel if they have a very sick child. This year, we added two new measures. We ask pediatric hospitals to do a CAP survey for

children's hospitals. The other thing we're looking at is exposure to radiation. Sometimes, children have repeated imaging and it can really add up."

Although it is Leapfrog's job to act as a watchdog for employers and patients, Binder says she does see some positive movement.

"There are bright spots," she says. "There is a Partnership for Patients program that just concluded with CMS that has demonstrated some real impact. We see reductions in certain kinds of infections and real changes in the ways that hospitals are approaching patient care to address safety. CMS has tracked some saved lives as a result of those changes, and we certainly appreciate those numbers. We're going in the right direction; we just need a lot more push." **MPI**