

Leaping Ahead with Patient Safety

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by Jill Burrington-Brown, MS, RHIA

These days Leapfrog is more than just a child's game. Since 1998, the Leapfrog Group, made up of more than 90 Fortune 500 companies and other large private and public healthcare purchasers, has worked toward improving the safety of healthcare for US consumers.

A 1999 report by the Institute of Medicine estimated that between 44,000 and 98,000 Americans die each year due to medical error. The Leapfrog Group's mission is to improve healthcare quality by targeting three hospital practices that can potentially reduce the numbers of mistakes made in hospitals.

Following is a description of those three hospital practices, as well as an example of a study conducted by the Leapfrog Group that reveals whether a certain group of hospitals does or does not meet certain standards and how consumers can use this information for their benefit.

Computerized Order Entry

A 1999 study found that serious prescribing errors could be reduced by more than 50 percent when a computerized system with an intercept capability is used in a hospital setting.¹ Such a system reduces the errors attributed to drug interactions and misinterpretations of handwriting.

Evidence-based Hospital Referral

Patients should be referred to the hospitals and clinical teams that are more likely to produce better outcomes for certain procedures. The number of procedures performed per year is one way to measure this. The procedures (and the Leapfrog Group's minimum per year standard) currently reported on the Leapfrog Web site are:

- coronary artery bypass (500 per year)
- coronary angioplasty (400 per year)
- abdominal aortic aneurysm repair (30 per year)
- carotid endarterectomy (100 per year)
- esophageal cancer surgery (7 per year)
- high-risk deliveries and neonatal ICUs (average daily census (ADC) is greater than 15)

ICU Physician Staffing

Physicians certified in critical care medicine should manage or co-manage patients in the ICU. The Leapfrog Group's standard requires the physician to be present during daytime hours a minimum of eight hours a day, seven days per week, and to be available for 95 percent of ICU pages within five minutes during other hours. The Leapfrog Group believes this will reduce the risk of death by more than 10 percent.

The Study

Initially, the Leapfrog Group invited urban acute care facilities in Michigan, Minnesota, California, Washington, Tennessee, Missouri, and Georgia to participate. Hospitals in other regions have volunteered their information, and all the data is presented by state at www.leapfroggroup.org.

A review of the information presented there is of interest and requires thoughtful evaluation. For example, 22 of 24 hospitals in the Seattle/Tacoma/Everett region responded to the invitation to submit information on the hospital practice measures. Seven of

the hospitals report good progress in implementing computerized drug orders, while none report being fully compliant. Three of those seven hospitals report full compliance with ICU staffing of critical care-certified physicians.

However, none of these three facilities meet the standard for number of procedures for coronary artery bypass or carotid endarterectomy. (See “Minimum Procedure Standards,” below.) A patient requiring one of these procedures might choose to go to hospital D, where the numbers of procedures performed are met, but the progress toward ICU staffing or computerized order entry isn’t as advanced as is the case with hospitals A, B, and C. The patient will have to choose among these measures of quality if his or her employer has not already done so through contracting.

<i>Minimum Procedure Standards</i>			
Condition/Procedure (number required by the Leapfrog Group)	Hospital A	Hospital B	Hospital C
Coronary artery bypass (500 per year)	Does not meet standard	Does not meet standard	Does not meet standard
Coronary angioplasty (400 per year)	Exceeds standard	Does not meet standard	Does not meet standard
Abdominal aortic aneurysm repair (30 per year)	Exceeds standard	Does not meet standard	Does not meet standard
Carotid endarterectomy (100 per year)	Does not meet standard	Does not meet standard	Does not meet standard
Esophageal cancer surgery (7 per year)	Does not meet standard	Exceeds standard	Does not meet standard
High-risk deliveries and neonatal ICUs (ADC>15)	Exceeds standard	Exceeds standard	Does not meet standard

Using the Information

What kind of assumptions can the consumer make about the quality of medical care at a particular facility based on the numbers of procedures performed in the six conditions above? For instance, the designation of a level III trauma center is not mentioned as a measure of quality. If a facility has that designation, there is no way for the consumer to know this based on the information provided. This data provides only a snapshot of an organization and perhaps misses its strength. It would be a mistake for an employer to extrapolate quality from these few measures and make contracting decisions.

There is no question, however, that the Leapfrog initiatives will impact hospitals and drive them toward greater quality through public reporting. The Centers for Medicare and Medicaid Services, and Verizon Communications have plans to either link or make Leapfrog data available on their Web sites. Smart consumers will use this data carefully.

Notes

1. Ringhold, D.J., J.P. Santell, and P.J. Schneider. “ASHP National Survey of Pharmacy Practice in Acute Care Settings: Dispensing and Administration-1999.” *The American Journal of Health-System Pharmacy* 57, no. 19 (2000): 1759-75.

References

Leapfrog Web Site at www.leapfroggroup.org.

Lovern, Ed. “Wave of the Future: Leapfrog’s Release of Hospital Information Sets Off Swell of Activity. *Modern Healthcare* 32, no. 3 (2002): 4-6.

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