LEAPFROG
HOSPITAL
SAFETY GRADE

Scoring Methodology

FALL 2026

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11/09/2026

LEAPFROG HOSPITAL SAFETY GRADE

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LEAPFROG HOSPITAL SAFETY GRADE

WHAT IS THE HOSPITAL SAFETY GRADE?

Leapfrog Hospital Safety Grades are calculated for most general acute-care hospitals across the nation twice annually. The Safety Grade uses up to 22[1] evidence-based measures of patient safety, including the CMS Medicare PSI 90 Patient Safety and Adverse Events composite which includes 10 component measures, and some measures from the Leapfrog Hospital Survey. Taken together, these measures are used to produce a single letter grade representing Leapfrog's perspective on a hospital's overall performance in keeping patients safe from preventable harm and medical errors.

Leapfrog works under the guidance of an Expert Panel to select appropriate measures and develop a scoring methodology.

[1] CMS paused the public reporting of Staff Responsiveness (H-COMP-3) on Care Compare. In response to the pause, Leapfrog temporarily removed Staff Responsiveness (H-COMP-3) and increased the weight of Nurse Communication (H-COMP-1) in fall 2026. The measure is expected to be available for the spring 2027 Safety Grade.

LEAPFROG HOSPITAL SAFETY GRADE

ELIGIBLE HOSPITALS

Due to the limited availability of public data, Leapfrog is not able to calculate a Safety Grade for every hospital in the U.S., including the following types of hospitals:

- Critical access hospitals (CAH)
- Rural emergency hospitals (REH)
- Long-term care and rehabilitation facilities
- Mental health facilities
- Federal hospitals (e.g., Veterans Affairs, Indian Health Services, etc.)
- Some specialty hospitals, such as surgery centers and cancer hospitals
- Free-standing pediatric hospitals
- Hospitals in U.S. territories
- Hospitals that are missing scores for **more than six** (6) process/structural measures, or **more than five** (5) outcome measures, or **missing PSI 90**

Leapfrog is not assigning fall 2026 Safety Grades to hospitals that did not submit a 2025 Leapfrog Hospital Survey or 2026 Leapfrog Hospital Survey by August 31, 2026.

LEAPFROG HOSPITAL SAFETY GRADE

MEASURES

The Safety Grade utilizes patient safety measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey.

The measure set is divided into two domains: (1) Process/Structural Measures and (2) Outcome Measures. Each domain represents 50% of the Safety Grade. The following tables list the measures included in the Safety Grade, as well as the data source and reporting period for each measure. In some cases, Leapfrog uses a secondary data source (as indicated in the table) if a measure score is not available via the primary data source. In cases where a hospital's information is not available from any data source, Leapfrog has outlined a methodology for dealing with the missing data.

PROCESS/STRUCTURAL MEASURES (12)

Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Computerized Physician Order Entry (CPOE)	2026 Leapfrog Hospital Survey	2026	Imputation Model*	N/A
Bar Code Medication Administration (BCMA)	2026 Leapfrog Hospital Survey	2026	Imputation Model*	N/A
ICU Physician Staffing (IPS)	2026 Leapfrog Hospital Survey	2026	Imputation Model*	N/A
Safe Practice 1: Culture of Leadership Structures and Systems	2026 Leapfrog Hospital Survey	2026	N/A	N/A
Safe Practice 2: Culture Measurement, Feedback & Intervention	2026 Leapfrog Hospital Survey	2026	N/A	N/A
Total Nursing Care Hours per Patient Day	2026 Leapfrog Hospital Survey	01/01/2025 - 12/31/2025	N/A	N/A
Hand Hygiene	2026 Leapfrog Hospital Survey	2026	Imputation Model*	N/A

LEAPFROG HOSPITAL SAFETY GRADE

PROCESS/STRUCTURAL MEASURES (12)				
Measure Name	**Primary Data Source**	**Reporting Period**	**Secondary Data Source**	**Reporting Period**
H-COMP-1: Nurse Communication	CMS	10/01/2024 - 09/30/2025	N/A	N/A
H-COMP-2: Doctor Communication	CMS	10/01/2024 - 09/30/2025	N/A	N/A
H-COMP-3: Staff Responsiveness†	CMS	10/01/2024 - 09/30/2025	N/A	N/A
H-COMP-5: Communication about Medicines	CMS	10/01/2024 - 09/30/2025	N/A	N/A
H-COMP-6: Discharge Information	CMS	10/01/2024 - 09/30/2025	N/A	N/A

* See Imputation Method for CPOE, BCMA, IPS, and Hand Hygiene for more information on the imputation methodology used for hospitals that did not submit a Leapfrog Hospital Survey by August 31, 2026. Leapfrog is not assigning fall 2026 Safety Grades to hospitals that did not participate in the 2025 or 2026 Leapfrog Hospital Survey. Hospitals with Step 1 imputation will be publicly reported as having a secondary data source of "2025 Leapfrog Hospital Survey" and reporting period of "2025".

† CMS temporarily paused the public reporting of Staff Responsiveness (H-COMP-3) on Care Compare. Therefore, Staff Responsiveness (H-COMP-3) was not used in calculating fall 2026 Safety Grades and is reported as "Not Available" for all hospitals. The measure is expected to be available for the spring 2027 Safety Grade.

LEAPFROG HOSPITAL SAFETY GRADE

OUTCOME MEASURES (10)

Measure Name	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
Foreign Object Retained	CMS	07/01/2022 - 06/30/2024	N/A	N/A
Air Embolism	CMS	07/01/2022 - 06/30/2024	N/A	N/A
Falls and Trauma	CMS	07/01/2022 - 06/30/2024	N/A	N/A
CLABSI	2026 Leapfrog Hospital Survey	01/01/2025 - 12/31/2025	CMS	10/01/2024 - 09/30/2025
CAUTI	2026 Leapfrog Hospital Survey	01/01/2025 - 12/31/2025	CMS	10/01/2024 - 09/30/2025
SSI: Colon	2026 Leapfrog Hospital Survey	01/01/2025 - 12/31/2025	CMS	10/01/2024 - 09/30/2025
MRSA	2026 Leapfrog Hospital Survey	01/01/2025 - 12/31/2025	CMS	10/01/2024 - 09/30/2025
C. Diff.	2026 Leapfrog Hospital Survey	01/01/2025 - 12/31/2025	CMS	10/01/2024 - 09/30/2025
PSI 4: Death rate among surgical inpatients with serious treatable complications	CMS	07/01/2022 - 06/30/2024	N/A	N/A
CMS Medicare PSI 90: Patient safety and adverse events composite*	CMS	07/01/2022 - 06/30/2024	N/A	N/A

* CMS calculates PSI 90 using the ten (10) component PSIs. While scores for each of the 10 component PSIs are not directly used to calculate fall 2026 Hospital Safety Grades, they were used to calculate PSI 90 and will be publicly reported on the Hospital Safety Grade website.

****COMPONENT PSIs (SCORES NOT DIRECTLY USED TO CALCULATE THE HOSPITAL SAFETY GRADE)**

Component PSI	Primary Data Source	Reporting Period	Secondary Data Source	Reporting Period
PSI 3: Pressure ulcer rate	CMS	07/01/2022 - 06/30/2024	N/A	N/A
PSI 6: Iatrogenic pneumothorax rate	CMS	07/01/2022 - 06/30/2024	N/A	N/A
PSI 8: In-hospital fall with hip fracture rate	CMS	07/01/2022 - 06/30/2024	N/A	N/A
PSI 9: Postoperative hemorrhage or hematoma rate	CMS	07/01/2022 - 06/30/2024	N/A	N/A
PSI 10: Postoperative acute kidney injury requiring dialysis rate	CMS	07/01/2022 - 06/30/2024	N/A	N/A
PSI 11: Postoperative respiratory failure rate	CMS	07/01/2022 - 06/30/2024	N/A	N/A
PSI 12: Perioperative pulmonary embolism or deep vein thrombosis rate	CMS	07/01/2022 - 06/30/2024	N/A	N/A
PSI 13: Postoperative sepsis rate	CMS	07/01/2022 - 06/30/2024	N/A	N/A
PSI 14: Postoperative wound dehiscence rate	CMS	07/01/2022 - 06/30/2024	N/A	N/A
PSI 15: Abdominopelvic accidental puncture or laceration rate	CMS	07/01/2022 - 06/30/2024	N/A	N/A

**CMS calculates PSI 90 using the ten (10) component PSIs listed above. While scores for each of the 10 component PSIs are not directly used to calculate fall 2026 Hospital Safety Grades, they were used to calculate PSI 90 and will be publicly reported on the Hospital Safety Grade website.

LEAPFROG HOSPITAL SAFETY GRADE

MEASURE & SCORING DESCRIPTIONS

PROCESS/STRUCTURAL MEASURES

For Process/Structural Measures, a higher score is always better because these are measures of compliance with best practices in patient care.

COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)

The CPOE measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital's progress toward implementing a CPOE system to reduce medication ordering errors. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement," or "Unable to Calculate Score." For the purpose of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	70
Some Achievement	40
Limited Achievement	15
Unable to Calculate Score	Not Available (See Scoring Terms)

For hospitals that did not submit a 2026 Leapfrog Hospital Survey by August 31, see Using Secondary Data Sources for more information on Leapfrog's imputation methodology.

BAR CODE MEDICATION ADMINISTRATION (BCMA)

The BCMA measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital's progress toward 1) implementation of BCMA throughout the hospital, 2) compliance with patient and medication scans during administration, 3) use of decision support, and 4) structures to monitor and reduce workarounds. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," or "Limited Achievement." For the purpose of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	75
Some Achievement	50
Limited Achievement	25

For hospitals that did not submit a 2026 Leapfrog Hospital Survey by August 31, see Using Secondary Data Sources for more information on Leapfrog's imputation methodology.

ICU PHYSICIAN STAFFING (IPS)

The IPS measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures a hospital's use of intensivists in adult ICUs. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement," or "Does Not Apply." For the purpose of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	50
Some Achievement	15
Limited Achievement	5
Does Not Apply	Not Available (See Scoring Terms)

For hospitals that did not submit a 2026 Leapfrog Hospital Survey by August 31, see Using Secondary Data Sources for detailed information on Leapfrog's imputation methodology.

NATIONAL QUALITY FORUM (NQF) SAFE PRACTICES

Two (2) NQF Safe Practice measures are collected by The Leapfrog Group on the Leapfrog Hospital Survey. They measure a hospital's progress toward implementing endorsed processes and protocols to reduce and prevent adverse events. Through participation in the Leapfrog Hospital Survey, hospitals can earn up to 120 points for each Safe Practice. For the purpose of calculating the Safety Grade, individual scores for each Safe Practice are used:

NQF Safe Practice	Possible Measure Score
Safe Practice 1: Culture of Safety Leadership Structures and Systems	0 - 120
Safe Practice 2: Culture Measurement, Feedback and Intervention	0 - 120

There is no secondary data source for the NQF Safe Practices. Therefore, hospitals that did not submit a 2026 Leapfrog Hospital Survey by August 31 will not have these measures included in their Safety Grade and the measure will be reported as "Declined to Report." See Dealing with Missing Data for more information.

TOTAL NURSING CARE HOURS PER PATIENT DAY

The Total Nursing Care Hours per Patient Day measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures the hospital's total number of productive hours worked by employee or contract nursing staff (i.e., RNs, LPNs, and UAPs) with direct patient care responsibilities per patient day across three unit types: medical, surgical, and med/surg. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," "Limited Achievement," "Did Not Measure," "Unable to Calculate Score," or "Does Not Apply." For the purpose of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	70
Some Achievement	40
Limited Achievement	15
Did Not Measure	15
Unable to Calculate Score	Not Available (See Scoring Terms)
Does Not Apply	Not Available (See Scoring Terms)

There is no secondary data source for the Total Nursing Care Hours per Patient Day measure. Therefore, hospitals that did not submit a 2026 Leapfrog Hospital Survey by August 31 will not have these measures included in their Safety Grade and the measure will be reported as "Declined to Report." See Dealing with Missing Data for more information.

HAND HYGIENE

The Hand Hygiene measure is collected by The Leapfrog Group on the Leapfrog Hospital Survey. It measures processes and protocols that hospitals have in place regarding monitoring hand hygiene practices, fostering a culture of good hand hygiene, offering training and education, and providing equipment. Through participation in the Leapfrog Hospital Survey, hospitals are placed in one of several performance categories: "Achieved the Standard," "Considerable Achievement," "Some Achievement," or "Limited Achievement." For the purpose of calculating the Safety Grade, a numerical score is assigned to each performance category:

Leapfrog Performance Category	Measure Score
Achieved the Standard	100
Considerable Achievement	70
Some Achievement	40
Limited Achievement	15

For hospitals that did not submit a 2026 Leapfrog Hospital Survey by August 31, see Using Secondary Data Sources for detailed information on Leapfrog's imputation methodology.

HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (HCAHPS) COMPOSITES

The Hospital HCAHPS survey responses are collected by CMS via the Inpatient Quality Reporting Program. Linear mean scores calculated by CMS incorporate the full range of survey response categories into a single metric for each HCAHPS composite. For the purpose of calculating the Safety Grade, a hospital's linear mean score for each of the composites is used:

HCAHP Composite	Possible Measure Score
H-COMP-1: Nurse Communication	0 - 100
H-COMP-2: Doctor Communication	0 - 100
H-COMP-3: Staff Responsiveness†	Not Available
H-COMP-5: Communication about Medicines	0 - 100
H-COMP-6: Discharge Information	0 - 100

†CMS temporarily paused the public reporting of Staff Responsiveness (H-COMP-3) on Care Compare. Therefore, Staff Responsiveness (H-COMP-3) will not be used in calculating fall 2026 Safety Grades and will be reported as "Not Available" for all hospitals. The measure is expected to be available for the spring 2027 Safety Grade.

LEAPFROG HOSPITAL SAFETY GRADE

OUTCOME MEASURES

For Outcome Measures, a lower score is always better because these are measures of harm experienced by patients (e.g., central line-associated blood stream infections).

HOSPITAL-ACQUIRED CONDITIONS

Three hospital-acquired condition measures are calculated by CMS through the DRA HAC Reporting Program: Foreign Object Retained after Surgery, Air Embolism, and Falls and Trauma. Hospital-acquired condition rates are calculated by CMS based on Part A Medicare Fee-for-service (FFS) claims and publicly reported as a rate per 1,000 Part A Medicare FFS discharges. No age restrictions are applied. For the purposes of calculating the Safety Grade, the rate is used. More information is available in the DRA HAC methodology.

HEALTHCARE-ASSOCIATED INFECTIONS

Five healthcare-associated infection measures are collected by The Leapfrog Group on the Leapfrog Hospital Survey: Central line-associated bloodstream infections (CLABSI) in ICUs and select wards, Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards, Surgical site infections from colon surgery (SSI: Colon), Facility-wide inpatient MRSA Blood Laboratory-identified Events, and Facility-wide inpatient C.diff. Laboratory-identified Events. Through participation in the Leapfrog Hospital Survey, hospitals were required to 1) join Leapfrog's NHSN group, 2) provide an accurate NHSN ID in the Profile section of the Online Survey Tool, and 3) submit a Survey by August 31. For the purposes of calculating the Safety Grade, the standardized infection ratio (SIR) is used:

As Reported by Leapfrog	Measure Score	Notes
Standardized Infection Ratio (SIR)	SIR	Measure is **included** in calculating the Safety Grade
Does Not Apply	Not Available (See Scoring Terms)	Measure is **not included** in calculating the Safety Grade. No use of Secondary Data.
Unable to Calculate Score	Not Available (See Scoring Terms)	Measure is **not included** in calculating the Safety Grade. No use of Secondary Data.
Declined to Report	See Using Secondary Data	Secondary Data source is used.

For hospitals that did not join Leapfrog's NHSN group, provide an accurate NHSN ID, or submit a 2026 Leapfrog Hospital Survey by August 31, see Using Secondary Data Sources for more information on Leapfrog's use of CMS data.

AHRQ PATIENT SAFETY INDICATORS (PSI)

Two AHRQ Patient Safety Indicators are calculated by CMS through the Inpatient Quality Reporting Program and the HAC Reduction Program: PSI 4 Death Rate among Surgical Inpatients with Serious Treatable Conditions and PSI 90 Patient Safety and Adverse Events Composite. PSI rates are calculated by CMS based on Medicare Fee-for-Service claims and publicly reported as a rate per 1,000 inpatient discharges. CMS only includes claims from patients 18 years or older and publicly reports smoothed rates. More information on calculating PSIs is available in the QualityNet Patient Safety Indicators (PSI) Resources.

Note: CMS calculates PSI 90 using the ten (10) component PSIs that are listed in the PSI 90 Components table above. While scores for each of the 10 component PSIs are NOT directly used to calculate fall 2026 Hospital Safety Grades, they will be publicly reported on the Hospital Safety Grade website. Additional information about the PSI 90 measure and how it is calculated by CMS can be found here.

LEAPFROG HOSPITAL SAFETY GRADE

USING SECONDARY DATA SOURCES

Twelve (12) of the 22[2] measures included in the fall 2026 Safety Grade are derived from the Leapfrog Hospital Survey. The Leapfrog Hospital Survey is voluntary, and as such, hospitals may choose not to submit a current Survey. To address this gap in available data, the Safety Grade methodology utilizes secondary data when available. For information on how to complete a free Leapfrog Hospital Survey, visit www.leapfroggroup.org/survey.

IMPUTATION METHOD FOR CPOE, BCMA, IPS, AND HAND HYGIENE

Leapfrog worked closely with statisticians at Mathematica, Leapfrog's National Expert Panel, and our scientific partners at Johns Hopkins Medicine to develop a two-step imputation approach for determining scores for CPOE, BCMA, IPS, and Hand Hygiene if they are missing from our publicly reported Survey Results.

STEP 1: USE HOSPITAL'S MOST RECENT SCORE ON THE MEASURE

If the hospital had a score in the previous two rounds of Hospital Safety Grades (i.e., spring 2026, fall 2025), excluding imputed scores, the hospital is assigned the most recent score on that measure in the current Hospital Safety Grade (i.e., fall 2026).

STEP 2: USE IMPUTATION POINT ASSIGNMENT

Leapfrog is not assigning fall 2026 Safety Grades to hospitals that did not submit the 2025 Leapfrog Hospital Survey or 2026 Leapfrog Hospital Survey by August 31, 2026.

[2] CMS paused the public reporting of Staff Responsiveness (H-COMP-3) on Care Compare. In response to the pause, Leapfrog temporarily removed Staff Responsiveness (H-COMP-3) and increased the weight of Nurse Communication (H-COMP-1) in fall 2026.

CMS DATA FOR HEALTHCARE-ASSOCIATED INFECTIONS

CMS is **the secondary data** source for healthcare-associated infections. This includes hospitals that did not provide Healthcare-Associated Infections data through the 2026 Leapfrog Hospital Survey by August 31. For the purpose of calculating the Safety Grade, the standardized infection ratio (SIR) published by CMS is used:

As Reported by CMS	Measure Score	Notes
Not Available (no locations or low volume)	Not Available (See Scoring Terms)	Measure is **not included** in calculating the Leapfrog Hospital Safety Grade.
Standard Infection Ratio (SIR)	SIR	Measure is **included** in calculating the Leapfrog Hospital Safety Grade.

If a hospital does not have available data from the Leapfrog Hospital Survey or CMS (e.g., no locations or low volume), the hospital is reported as "Not Available." See Dealing with Missing Data for more information.

LEAPFROG HOSPITAL SAFETY GRADE

SCORING METHODOLOGY

WEIGHTING INDIVIDUAL MEASURES

Each measure included in the Leapfrog Hospital Safety Grade is assigned a standard weight. The methodology to assign standard weights includes four criteria: (1) Impact, (2) Evidence, (3) Opportunity, and (4) Number of Component Measures. These four criteria are then combined using the equation below, which results in a standard weight for each measure that represents the measure's relative importance within the Hospital Safety Grade.

[Evidence + (Impact x Opportunity x Number of Component Measures)]

EVIDENCE

The Evidence Score for each individual measure is assigned a value of one (1) or two (2) using the following criteria:

- 1 = Supported by either suggestive clinical or epidemiological studies or theoretical rationale
- 2 = Supported by experimental, clinical, or epidemiological studies and strong theoretical rationale

OPPORTUNITY

The Opportunity Score for each individual measure is based on the Coefficient of Variation (Standard Deviation/Mean) of that measure, using the following formula: **[1 + (Standard Deviation/Mean)]**. The Opportunity Score is on a continuous scale that is capped at three (3). Any measure with an Opportunity Score above three (3) is assigned a three (3).

IMPACT

The Impact Score for each individual measure is comprised of two (2) parts, each of which is assigned a value from one (1) to three (3):

1. Number of patients affected
2. Severity of harm

The "*number of patients affected*" score is determined by the following:

- 0 = Extremely rare event (e.g., Air Embolism)

- 1 = Rare event (e.g., Foreign Object Retained After Surgery)
- 2 = Some patients in hospital affected (e.g., ICU Physician Staffing)
- 3 = All patients in hospital affected (e.g., Hand Hygiene)

The "*severity of harm"* score is determined by the following:

- 1 = No direct evidence of harm or harm reduction (e.g., Patient Experience)
- 2 = Clear documentation of harm or harm reduction; adverse events (e.g., Foreign Object Retained After Surgery)
- 3 = Significant mortality reduction (more than 1,000 deaths or a 10% reduction in hospital wide mortality) (e.g., ICU Physician Staffing)

The values from each part are then added together to arrive at the overall Impact Score using the following criteria:

- 1 = Score of 2 (Low Impact) (e.g., Air Embolism)
- 2 = Score of 3-4 (Medium Impact) (e.g., Patient Experience)
- 3 = Score of 5-6 (High Impact) (e.g., ICU Physician Staffing)

NUMBER OF COMPONENT MEASURES

The number of component measures refers to how many measures are included within the measure. For PSI 90, the number of component measures is 10 (PSI 3, PSI 6, PSI 8, PSI 9, PSI 10, PSI 11, PSI 12, PSI 13, PSI 14, and PSI 15).

Temporary Change Impacting fall 2026 Safety Grades Only:

CMS has paused the public reporting of Staff Responsiveness (H-COMP-3) on Care Compare. In response to this change, Leapfrog temporarily removed the Staff Responsiveness (H-COMP-3) measure and introduced a temporary weighting adjustment. Removing the Staff Responsiveness (H-COMP-3) measure, with no other change to the methodology, places a greater weight on all measures in the process and structural domain. This would in turn prompt sudden and impermanent grade fluctuations. Therefore, Leapfrog and its research team, under the guidance of the national expert panel, sought to find a scoring adjustment that would most closely simulate the presence of the measure.

The analysis found that the relationship between Staff Responsiveness (H-COMP-3) and Nurse Communication (H-COMP-1) was stronger than the relationship of Staff Responsiveness (H-COMP-3) and the other HCAHPS measures included in the Safety Grade. Staff Responsiveness (H-COMP-3) linear mean scores have a strong positive correlation to Nurse Communication (H-COMP-1) linear mean scores (R^2= 0.731).

Due to this strong relationship, Leapfrog temporarily increased the standard weight of Nurse Communication (H-COMP-1) by increasing the number of component measures from one to two. This change is temporary and will revert once CMS resumes public reporting of the H-COMP-3 sub-domain.

For all other measures, excluding PSI-90 and H-COMP-1, the number of component measures within the measure is one (1).

STANDARD MEASURE WEIGHTS

Measure	Evidence Score	Opportunity Score	Impact Score	Number of Component Measures	Standard Measure Weight
Process/Structural Measure Domain (50%)					
CPOE	2	1.37	3	1	6.2%
BCMA	2	1.32	3	1	6.1%
IPS	2	1.61	3	1	7.0%
SP 1	1	1.04	2	1	3.1%
SP 2	1	1.08	2	1	3.2%
Total Nursing Care Hours per Patient Day	2	1.36	2	1	4.8%
Hand Hygiene	2	1.43	2	1	4.9%
H-COMP-1	1	1.03	2	2	5.2%
H-COMP-2	1	1.03	2	1	3.1%
H-COMP-3†	N/A	N/A	N/A	N/A	0.0%
H-COMP-5	1	1.05	2	1	3.2%
H-COMP-6	1	1.04	2	1	3.1%
Outcome Measure Domain (50%)					
Foreign Object Retained	1	3.00	2	1	4.2%
Air Embolism	1	3.00	1	1	2.4%
Falls and Trauma	2	2.09	3	1	4.9%
CLABSI	2	1.88	3	1	4.6%
CAUTI	2	1.94	3	1	4.7%
SSI: Colon	2	1.82	2	1	3.4%
MRSA	2	1.79	3	1	4.4%
C. Diff.	2	1.88	3	1	4.6%
PSI 4	1	1.14	2	1	2.0%
PSI 90	1	1.20	2	10	15.0%

†CMS paused the public reporting of Staff Responsiveness (H-COMP-3) on Care Compare. In response to the pause, Leapfrog temporarily removed Staff Responsiveness (H-COMP-3) and increased the weight of Nurse Communication (H-COMP-1) by increasing the number of component measures from one to two. The measure is expected to be available for the spring 2027 Safety Grade.

CALCULATING Z-SCORES

Z-Scores are used to standardize data from measures with different performance scales and allow for comparisons (e.g., a linear mean score of 90 on H-COMP-1: Nurse Communication and a CLABSI SIR of 0.870). In addition, Z-Scores can indicate to a hospital whether their measure score is above, below, or equal to the average hospital.

In the Scoring Methodology, a Z-Score is calculated for each available measure score. A Z-Score is calculated using a hospital's actual measure score, the national mean for that measure, and the standard deviation for that measure. The Z-Score for each measure is calculated using the following formulas:

- **For Process/Structural Measures: [Hospital Score – Mean) / Standard Deviation]**
- **For Outcome Measures: [(Mean – Hospital Score) / Standard Deviation]**

The following table includes the national mean and standard deviation for each measure used to calculate a hospital's Z-Score. For display, means and standard deviations are displayed rounded to two or three decimal places. For scoring, these values are not rounded.

Process and Structural Measures	Mean	Standard Deviation
CPOE	84.64	31.38
BMCA	86.71	27.63
IPS	69.71	42.37
SP 1	118.58	4.58
SP 2	118.45	9.20
Total Nursing Care Hours per Patient Day	81.20	29.16
Hand Hygiene	79.71	34.00
H-COMP-1	90.67	2.31
H-COMP-2	90.02	2.36
H-COMP-3†	N/A	N/A
H-COMP-5	75.66	3.83
H-COMP-6	84.89	3.65

Outcome Measures	Mean	Standard Deviation
Foreign Object Retained	0.011	0.041
Air Embolism	0.001	0.005
Falls and Trauma	0.339	0.368
CLABSI	0.530	0.468
CAUTI	0.450	0.421
SSI: Colon	0.786	0.642
MRSA	0.656	0.515
C. Diff.	0.322	0.285
PSI 4	173.21	24.06
PSI 90	1.00	0.20

†CMS paused the public reporting of Staff Responsiveness (H-COMP-3) on Care Compare. In response to the pause, Leapfrog temporarily removed Staff Responsiveness (H-COMP-3) and increased the weight of Nurse Communication (H-COMP-1) by increasing the number of component measures from one to two. The measure is expected to be available for the spring 2027 Safety Grade.

A NOTE ABOUT EXTREME VALUES

For hospitals that have an "extreme" value for a particular measure (i.e., a value that exceeds the 99th percentile) Leapfrog "trims" the reported value to the 99th percentile. For example, a rate of 0.500 per 1,000 patient discharges for Foreign Object Retained after Surgery is "trimmed" to 0.256 (e.g., the 99th percentile). Only "trimmed" rates are displayed on the Leapfrog Hospital Safety Grade website. The table below includes the "trim" values for the fall 2026 Leapfrog Hospital Safety Grade. The PSI 90 measure score represents an observed to expected ratio that has already been risk adjusted at both the component PSI level and at the composite level; therefore, the measure is not "trimmed" by Leapfrog.

Measure	99th Percentile
Foreign Object Retained	0.256
Air Embolism	0.05
Falls and Trauma	1.777
CLABSI	2.215
CAUTI	1.965
SSI: Colon	2.839
MRSA	2.4
C. Diff.	1.435
PSI 4	231.33

Note: Percentiles are rounded to reflect the precision of the raw data.

DEALING WITH MISSING DATA

Due to a variety of reasons, a hospital may not have a measure score for all 22 measures. If a hospital is missing a measure score for any measure (except PSI 90; hospitals missing PSI 90 are not graded), the standard weight of that measure is redistributed to the other measures in the same domain. The new weight for each measure within the domain is calculated by re-apportioning the standard weight assigned to the measure with the missing score to other measures within the same domain.

For example, if a hospital is missing a measure score for PSI 4 Death Rate among Surgical Inpatients with Serious Treatable Conditions because CMS indicated that the number of cases/patients is too few to report, the standard weight of 2.0% will be re-apportioned to the remaining 9 measures within the outcome measure domain.

To calculate the new weight of each of the remaining 9 measures in the outcome measure domain, hospitals can use the formula below or use the Leapfrog Hospital Safety Grade Calculator©, which can be found on the Safety Grade Review Website. Note that each domain contributes to 50% of the overall letter grade.

*[Standard measure weight / (sum of standard weights for the remaining 9 measures in the process/structural measure domain)]*50% = updated measure weight*

For more information about how the measure weight redistribution is calculated and affects the overall score, please see the Leapfrog Hospital Safety Grade Calculator, which can be found on the last page of the Safety Grade Review Website.

CALCULATING WEIGHTED MEASURE SCORES

To calculate a hospital's numerical safety score, multiply the Z-Score of each process/structural measure by the standard weight assigned to that measure to get the weighted process/structural measure score. If a hospital is missing any process/structural measure scores, see Dealing with Missing Data to determine the updated measure weight. Then, sum all weighted process/structural measure scores. This is the hospital's overall weighted process/structural measures score.

Multiply the Z-Score of each outcome measure by the standard weight assigned to that measure to get the weighted outcome measure score. If a hospital is missing any outcome measure scores, see Dealing with Missing Data to determine the updated measure weight. Then, sum all weighted outcome measure scores. This is the hospital's overall weighted outcome measures score.

To calculate the overall Safety Grade for a hospital, add the overall weighted process/structural measure score and the overall weighted outcome measures score. Add 3.0 to your score; this is done to normalize scores to a positive distribution. This final numerical score (typically between 1.0 and 4.0) is then assigned to a letter grade. To assist hospitals in calculating their numerical score, a calculator is available on the Safety Grade Review Website. Letter grade cut-points are published during the Letter Grade Embargo Period.

LEAPFROG HOSPITAL SAFETY GRADE

ADDITIONAL SCORING INFORMATION

TERMS USED IN SCORING AND PUBLIC REPORTING

"**Not Available**" means that the hospital does not have a score for this measure. This could be because the measure is related to a service the hospital does not provide or because the hospital had too few patients or cases to report data for a condition or procedure. A "Not Available" result does not mean that the hospital withheld information from the public.

In the case of healthcare-associated infections, a SIR is reported as "Not Available" if one of the following applies:

- The number of predicted infections is less than 1.
- The number of observed infections present on admission (community-onset prevalence) was above a pre-determined cut-point.

For more information about NHSN's SIR models, please visit https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf.

"**Declined to Report**" means that a hospital did not voluntarily provide information to the Leapfrog Hospital Survey for calculating Total Nursing Care Hours per Patient Day, or Safe Practice 1 and 2. Measures scored as "Declined to Report" will not be used in calculating the overall score (see Dealing with Missing Data).

EXTRAORDINARY CIRCUMSTANCES FOOTNOTE

If a hospital was granted an Extraordinary Circumstances Exception by CMS (CMS footnote 28) or approved by Leapfrog to participate in the 2026 Leapfrog Hospital Survey using limited data due to a cybersecurity event or natural disaster, a footnote may appear on the Safety Grade public website for impacted measures.

If the source of the measure is CMS, then CMS footnote 28 must be present with the measure score in the CMS publicly reported dataset that was downloaded by Leapfrog on or within seven (7) days of the Data Snapshot Date. If the source of the measure is the Leapfrog Hospital Survey, the hospital must have approval from Leapfrog for a measure footnote. Currently, the only applicable measure from the Leapfrog Hospital Survey is Total Nursing Care Hours per Patient Day.

A letter grade will still be calculated based on the data available, but the underlying measure scores will be reported with the following footnote: "Results are based on limited data due to a reported cybersecurity event, natural disaster, or a CMS Extraordinary Circumstance."

SHARED CMS CERTIFICATION NUMBERS

All hospitals that share a CMS Certification Number (CCN) will be assigned the same source data as reported by CMS. Affected measures include the HCAHPS, Hospital-Acquired Conditions, Healthcare-Associated Infections (if secondary data source is used), and Patient Safety Indicators.

When hospitals are transitioning to a shared CCN (e.g., one hospital terminates their CCN and takes on the CCN of another hospital), despite the termination of their old CCN, the old CCN may continue to be included in the CMS Provider Datasets and be reported on the CMS Care Compare website after the CCN termination date. On the data download date, Leapfrog will align with CMS' public reporting of data by CCN at that time. If the terminated CCN is still present in the CMS Provider Datasets, we will use the terminated CCN to assign data. If the terminated CCN is no longer present, we will use the newly adopted CCN to assign data regardless of the data collection period and prior CCN termination date. Leapfrog continues to encourage individual hospitals within systems to maintain separate CCNs for the purpose of transparency.

LEAPFROG HOSPITAL SAFETY GRADE

UPDATES TO DATA USED IN THE LEAPFROG HOSPITAL SAFETY GRADE

The Leapfrog Hospital Safety Grade relies on publicly available data that hospitals have had the opportunity to review for accuracy. Therefore, Leapfrog does not allow hospitals to make updates to their data following the **Data Snapshot Date**. In January of each year, Leapfrog publishes the Data Snapshot Dates for the two Leapfrog Hospital Safety Grade public releases at https://www.hospitalsafetygrade.org/for-hospitals/key-dates-and-information. Leapfrog publishes these dates to give hospitals, and other stakeholders advance notice so they can be prepared to submit a Leapfrog Hospital Survey and monitor their performance on CMS measures used in the Safety Grade.

In addition, Leapfrog holds a Courtesy Review Period to give hospitals an additional opportunity to review the data that will be used to calculate their hospital's Safety Grade. The Review Period is an opportunity for hospitals to review the data for accuracy (i.e., identify recording errors, hospital name and address changes, etc.) on a secure website and review changes to the scoring algorithm.

DATA FROM THE LEAPFROG HOSPITAL SURVEY

During the Safety Grade Review Period (September 21 – October 9), Leapfrog will only make corrections to a hospital's data from the 2026 Leapfrog Hospital Survey if a recording error is identified (i.e., we have recorded a different measure score than what is posted on our Survey Results website) or a scoring error is identified (i.e., Leapfrog has calculated an incorrect measure score based on the submitted responses and Leapfrog's published scoring algorithms). Updates to Leapfrog Hospital Survey data that are submitted after the Data Snapshot Date will **not** be included in the current Leapfrog Hospital Safety Grade. Hospitals submitting a Leapfrog Hospital Survey are urged to take advantage of the opportunity to review their Survey Results for accuracy and completeness prior to each of the two published Data Snapshot Dates.

HOW HOSPITALS CAN REVIEW LEAPFROG HOSPITAL SURVEY RESULTS PRIOR TO THE DATA SNAPSHOT DATE

The Leapfrog Hospital Survey is open from April 1 to November 30 of each year. Following the Submission Deadline (June 30), Survey Results are published monthly on a secure 'Hospital Details' page and a public website (ratings.leapfroggroup.org). Hospitals are urged to review their Survey Results immediately. Hospitals that identify any reporting errors are instructed to log back into the Survey to submit a correction. Hospitals can correct and re-submit a previously submitted Survey until the Survey closes for the year. Note that corrections submitted after the Data Snapshot Date are not included in the current Leapfrog Hospital Safety Grade. Leapfrog has several automated processes in place to prevent hospitals from making data entry errors in the Online Survey Tool and to enhance the overall accuracy of the Survey Results. Learn more at http://www.leapfroggroup.org/survey-materials/data-accuracy.

DATA FROM THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

If CMS publishes updated data within seven (7) business days of the Data Snapshot Date, Leapfrog will utilize the updated data to calculate the Safety Grade. Hospitals are urged to participate in all CMS 30-day preview periods to identify any data discrepancies prior to Leapfrog's Data Snapshot Dates.

During the Safety Grade Review Period (September 21 – October 9), Leapfrog will only make corrections to a hospital's data from CMS if the correction is issued by CMS and posted to the Data.CMS.Gov website. If a hospital identifies an error with a measure score published by CMS, and CMS cannot post a correction within the review period, the measure score will be used in calculating the hospital's Safety Grade.

CMS FOOTNOTE 23 POLICY

CMS Footnote 23 indicates that "The data are based on claims that the hospital or facility submitted to CMS. The hospital or facility has reported discrepancies in their claims data." Leapfrog will not use a CMS measure to calculate the Hospital Safety Grade if footnote 23 is present in the publicly reported CMS dataset downloaded on Leapfrog's Data Snapshot Date, unless a written request from the hospital's CEO is received before the close of the Courtesy Review Period. Leapfrog will not consider a retroactively applied footnote 23 unless it is issued by CMS prior to the close of the Courtesy Review Period and applied to the same reporting period used to calculate the Safety Grade.

Leapfrog will notify hospitals that have CMS footnote 23 present for one or more claims-based measure scores (e.g., DRA HAC Rate, PSI 4 rate, or PSI 90 rate) at the start of the Courtesy Review Period. Hospital CEOs can request that Leapfrog use the measure score that is accompanied by the footnote. Written requests must be received prior to the close of the Safety Grade Courtesy Review Period. If written requests are not received by the close of the Courtesy Review Period, the measure will not be used to calculate the Hospital Safety Grade.

For hospitals that submit a Leapfrog Hospital Survey by the Data Snapshot Date, the CEO, Primary Survey Contact, and Secondary Survey Contact will be notified at the email addresses included in the Hospital's Survey Profile.

HOW HOSPITALS CAN REVIEW CMS DATA PRIOR TO THE DATA SNAPSHOT DATE

CMS administers several hospital-based reporting and payment programs including the Inpatient Quality Reporting Program, HAC Reduction Program, and Value-based Purchasing Program. Several measures collected and calculated by CMS via its various hospital-based programs are used in the Leapfrog Hospital Safety Grade. CMS provides hospitals with a 30-day preview period before publishing measure scores on the Data.CMS.Gov website (Provider Data Catalog). More information is available at https://qualitynet.cms.gov/.

HOW TO PARTICIPATE IN THE LEAPFROG HOSPITAL SURVEY

If a hospital did **not** complete a 2025 Leapfrog Hospital Survey or a 2026 Leapfrog Hospital Survey by August 31, Survey Results were not used to calculate the fall 2026 Leapfrog Hospital Safety Grade. Hospitals that would like Survey Results included in the spring 2027 Hospital Safety Grade must submit a 2026 Leapfrog Hospital Survey (including the CPOE Evaluation) by November 30, 2026. Hospitals will be able to review their publicly reported Survey Results in December and respond to any issues identified by Leapfrog's Extensive Monthly Data Verification before the Data Snapshot Date for the spring 2027 Safety Grade of January 31. More information is available at https://leapfroggroup.org/survey.

LEAPFROG HELP DESK

If you have any questions regarding the scoring methodology, please contact the Help Desk at https://leapfroghelpdesk.zendesk.com.