

LETTER TO THE EDITOR

In Response to “It’s Safety, Not the Score, That Needs Improvement”

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After reading the letter to the editor from Neil Goldfarb, we are concerned that the focus of our study¹ was misinterpreted. Upon reviewing the methodology for Leapfrog’s Hospital Safety Score in May 2013, we were surprised to find that Leapfrog uses 2 separate scoring methodologies, depending on whether the hospital participates in the Leapfrog Hospital Survey. Survey participants are scored from 26 measures, whereas nonparticipants are scored from only 18 measures—3 of which are imputed from other data sources—with recalibrated weightings for each measure. Measuring and publicly disclosing hospital information are paramount to improving safety and quality, and we applaud Leapfrog for taking a leading role in this. However, our report demonstrated that Leapfrog’s Hospital Safety Score, which was attained through 2 separate methodologies, may result in unintended inconsistency or misinterpretation.

We believe Mr. Goldfarb misunderstood our notion of statistical significance. In the report, we acknowledged that the mean score differences between participating and nonparticipating hospitals in our sample were not statistically significant, possibly due to small sample size. However, this was not the focus of our report. Utilizing a mean imputation approach, we rescored the nonparticipating hospitals in our sample as if they had participated in the Leapfrog Hospital Survey. The differences between the original nonparticipant scores and their respective participant estimations were not statistically significant. However, due to the cutoff points Leapfrog uses to assign letter

grades, these differences resulted in a letter grade change for many of the nonparticipating hospitals in our sample.

We wish to clarify that a hospital’s choice to participate or not to participate in the Leapfrog Hospital Survey is not a reflection of their willingness to promote patient safety. Hospitals voluntarily report data to numerous private organizations and are required to report hundreds of quality and safety measures to government agencies. The 26 (or 18) measures included in Leapfrog’s Hospital Safety Score are merely a fraction of the measures hospitals already report.

Finally, we regret that our brief report has been mischaracterized by Neil Goldfarb as being “clearly biased against the work of the Leapfrog Group.” This is far from our intent. Throughout the manuscript, we repeatedly acknowledge Leapfrog’s contribution in patient safety improvement; our work does not intend to discredit Leapfrog’s hard-earned reputation. We provide a recommendation that Leapfrog produce 2 separate reports for participating and nonparticipating hospitals to maintain clarity. Our research has followed academic protocol, has undergone a stringent peer-review process, and included full disclosure of any potential conflicts of interest. We hope our analysis will contribute to the continuing improvement of Leapfrog’s hospital patient safety reporting.

Reference

1. Hwang W, Derk J, Laclair M, Paz H. Hospital patient safety grades may misrepresent hospital performance. *J Hosp Med.* 2014;9(2):111–115.

Additional Supporting Information may be found in the online version of this article.

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