

LETTER TO THE EDITOR

It's Safety, Not the Score, That Needs Improvement

Neil I. Goldfarb, BA

Greater Philadelphia Business Coalition on Health, Philadelphia, Pennsylvania.

As the Executive Director of a purchaser coalition that has been promoting hospital participation in the Leapfrog Hospital Survey in our region, I found the brief report from Hwang and colleagues, "Hospital Patient Safety Grades May Misrepresent Hospital Performance,"¹ troubling. Putting aside the methodological vagaries and the lack of statistical significance to the findings, the authors have a clear bias against the work of the Leapfrog Group. As acknowledged in the disclosures, their institution does not participate in the Leapfrog Hospital Survey. What is not acknowledged is that their institution has not performed particularly well on the hospital safety score.

The authors note in their introduction that "according to Leapfrog, 4 to 6 days are required for a hospital to compile the necessary survey data" with an additional 90-minute time commitment to enter the data, and state that "this is a significant time commitment for many hospitals." Although it undoubtedly is a significant time commitment, apparently more than 1400 hospitals have found the time and made a commitment to measuring and publicly disclosing information that will help consumers, purchasers, and health plans identify and select safer, higher-quality care providers. In addition, many studies have

shown that public reporting helps to drive providers to improve. In the 12 years since *To Err Is Human*² was published, nothing suggests that the number of deaths associated with medical errors has diminished; in fact, a recent study suggested that over 400,000 deaths may occur annually due to errors.³ In light of these ongoing safety concerns, is a commitment of 4 to 6 days really too large an investment?

It is time that America's hospitals stopped whining about the burden of public reporting and recognized that their customers have a right to, and are starting to demand, better data on quality, safety, and costs of care. If the Hospital Safety Score is indeed biased against nonreporting hospitals (and I remain unconvinced from this poorly designed study that it is), the main message of the article should have been that hospitals need to start reporting their data, not that the Leapfrog Group needs to change its methodology.

References

1. Hwang W, Derk J, LaClair M, et al. Hospital patient safety grades may misrepresent hospital performance. *J Hosp Med.* 2014;9(2):111–115.
2. Kohn LT, Corrigan JM, Donaldson MS, eds; Institute of Medicine. *To Err Is Human: Building a Safer Health System.* Washington, DC: National Academy Press; 2000.
3. James JT. A new, evidence-based estimate of patient harms associated with hospital care. *J Patient Saf.* 2013;9:122–128.

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

2014 Society of Hospital Medicine DOI 10.1002/jhm.2179
Published online in Wiley Online Library (Wileyonlinelibrary.com).