THELEAPFROGGROUP

2026 LEAPFROG TOP HOSPITAL METHODOLOGY

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For the purpose of determining Top Hospitals, hospitals are first placed into one of the following categories:

- Children's Top Hospital
  - Pediatric defined Hospitals
- General Top Hospital
  - Non-Teaching Hospitals (includes hospitals that do not join Leapfrog's NHSN Group)
- Rural Top Hospital
  - Critical Access Hospitals or those in a Rural defined census area
- Teaching Top Hospital
  - Hospitals at the Major or Graduate teaching level (per the NHSN Annual Survey)
  - Small Teaching Hospitals are defined as having less than 500 staffed beds and Large Teaching Hospitals will have 500 or more staffed beds.

Criteria for Top Hospital recognition is specific to each category but similar across all categories.

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TOP CHILDREN'S HOSPITAL METHODOLOGY

Within the **Children's Hospital** category, the following criteria were applied:

I. A hospital must achieve Leapfrog's Computerized Physician Order Entry (CPOE) Standard.

For pediatric hospitals to achieve Leapfrog's Computerized Physician Order Entry (CPOE) standard, prescribers must enter at least 85% of inpatient medication orders through a CPOE system.

II. A hospital must achieve Leapfrog's Pediatric ICU Physician Staffing (IPS) Standard.

To achieve Leapfrog's Pediatric IPS Standard, hospitals operating and caring for pediatric critical care patients in pediatric general medical, surgical, medical/surgical, neuro ICUs and in mixed acuity units must ensure that all pediatric ICU patients are managed or co-managed by physicians who are board certified in critical care medicine ("intensivists") and dedicated to the ICU for at least 8 hours a day, 7 days a week, and at other times ensures the intensivists are immediately available by phone and have another highly trained clinician able to reach the patient and carry out their orders. Alternatively, hospitals can achieve the standard using a qualified 24/7 tele-intensivist service, with some daily on-site intensivist presence.

Pediatric hospitals that do not operate or care for pediatric critical care patients are not assessed on this standard for the purpose of determining Top Hospitals.

III. A hospital must achieve Leapfrog's Never Events Policy Standard.

To achieve Leapfrog's Never Events Policy Standard, hospitals must have a written policy that outlines nine basic acts the hospital will take if one of the National Quality Forum's serious reportable events, otherwise known as "never events," occurs: apologize to the patient and family, waive all costs related to the event, report the event to an external agency, conduct a root-cause analysis, interview patients/families to inform the root cause analysis, inform patient/families of actions taken by hospital to prevent similar never events in the future, have a protocol to provide support for caregivers involved in never events, make a copy of this policy available to patients and payers, and perform an annual review to ensure compliance with the policy for each Never Event that occurred.

IV. A hospital must achieve, or make some or considerable progress towards achieving, Leapfrog's Billing Ethics Standard.

To achieve Leapfrog's Billing Ethics Standard, hospitals must 1) provide every patient with a billing statement or itemized bill within 30 days of final claims adjudication (that includes all 10 required elements by Leapfrog), 2) give patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to initiate investigations into errors on the bill, offer price adjustments or debt forgiveness, or offer a payment plan within 10 business days of being contacted, and 3) does not take legal action against patients for late

or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service. Other facilities must meet these same requirements but may be required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action.

V. A hospital must achieve, or make some or considerable progress towards achieving, Leapfrog's Informed Consent Standard.

To achieve Leapfrog's Informed Consent Standard, hospitals must indicate that all applicable forms are written at a 6th grade reading level or lower and meet the following criteria: 1) operate a training program on informed consent that tailors different training topics to different staff roles and the trainings are a required component of onboarding for newly hired staff, as well as required for the appropriate existing staff who were not previously trained, 2) during the informed consent process the hospital has the clinician explain expected difficulties, recovery time, etc. following discharge, give the patient time to ask questions, and have the informed consent form document that explanation, 3) all applicable consent forms used by the hospital contain the name(s) of the clinician(s) performing the procedure, whether the clinician is expected to be absent from portions of the procedure, and whether any assistants or trainees will be involved in the procedure, 4) prior to the informed consent discussion, the hospital asks what the patient/legal guardian's preferred language is, if needed provides the patient/legal guardian access to a qualified medical interpreter who is not a family caregiver, document via notation or a form that a qualified medical interpreter was used, and have the medical interpreter sign the consent form, and 5) clinicians at the hospital use the "teach back method" with patients/legal guardians wherein they are asked to describe in their own words what they understand will be performed, why it will be performed, and what are the primary risks.

VI. A hospital must achieve, or make some or considerable progress towards achieving, Leapfrog's Pediatric Patient Experience Standard.

To achieve Leapfrog's Pediatric Patient Experience Standard, hospitals must score in the top quartile of reporting hospitals based on their Top Box Scores for five domains from the CAHPS Child Hospital Survey: 1) Communication with Parent – Communication about your child's medicines, 2) Communication with Parent – Keeping you informed about your child's care, 3) Communication with Child – How well nurses communicate with your child, 4) Communication with Child – How well doctors communicate with your child, and 5) Attention to Safety and Comfort – Preventing mistakes and helping you report concerns. Hospitals with fewer than 100 returned surveys during the reporting period, fewer than 500 pediatric admissions during the reporting period, or fewer than 100 non-NICU admissions during the reporting period are not required to administer the CAHPS Child Hospital Survey.

VII. A hospital must achieve, or make some or make considerable progress towards achieving, Leapfrog's Pediatric CT Radiation Dose Standard for Head and Abdomen/Pelvis Scans.

To achieve Leapfrog's Pediatric CT Radiation Dose Standard for Head and Abdomen/Pelvis Scans, hospitals must ensure their average median dose for each of the five pediatric age strata are at or below the national median for head scans and abdomen/pelvis scans. Hospitals that do not perform pediatric CT scans on pediatric patients are not assessed on this standard for the purpose of determining Top Hospital.

Given that doses of radiation used for Computed Tomography (CT) are far higher than conventional radiographs (x-rays), it is important for hospitals to review the dosage exposure for their patients, especially pediatric patients given their smaller size and lower body weights.

VIII. A hospital must report on all applicable measures and achieve Leapfrog's standards on at least 50% of applicable measures.

Twenty-nine measures from the 2026 Leapfrog Hospital Survey were used to determine Top Children's Hospitals. See Appendix I for the list of measures.

The measures on the Survey are predicated on the latest science and are selected with guidance from scientific advisors at the Johns Hopkins' Armstrong Institute for Patient Safety as well as Leapfrog's volunteer Expert Panels. Hospitals are only assessed on measures related to services and procedures they perform. Reporting on all measures and achieving Leapfrog's standards on at least 50% of the measures demonstrates a strong commitment to transparency on safety and quality.

TOP GENERAL HOSPITAL METHODOLOGY

Within the **General Hospital** category, the following criteria were applied:

I. A hospital must achieve Leapfrog's Computerized Physician Order Entry (CPOE) Standard.

To achieve Leapfrog's Computerized Physician Order Entry (CPOE) standard, prescribers must enter at least 85% of inpatient medication orders through a CPOE system *and* demonstrate via a timed evaluation that their CPOE system alerts prescribers to at least 60% of common, serious medication ordering errors.

II. A hospital must achieve Leapfrog's Adult ICU Physician Staffing (IPS) Standard.

To achieve Leapfrog's Adult IPS Standard, hospitals operating and caring for adult critical care patients in adult general medical, surgical, medical/surgical, neuro ICUs and in mixed acuity units must ensure that all adult ICU patients are managed or co-managed by physicians who are board certified in critical care medicine ("intensivists") and dedicated to the ICU for at least 8 hours a day, 7 days a week, and at other times ensures the intensivists are immediately available by phone and have another highly trained clinician able to reach the patient and carry out their orders. Alternatively, hospitals can achieve the standard using a qualified 24/7 tele-intensivist service, with some daily on-site intensivist presence.

Hospitals that do not operate or care for adult critical care patients in adult general medical, surgical, medical/surgical, neuro ICUs or in mixed acuity units are not assessed on this standard for the purpose of determining Top Hospitals.

III. A hospital must achieve Leapfrog's Never Events Policy Standard.

To achieve Leapfrog's Never Events Policy Standard, hospitals must have a written policy that outlines nine basic acts the hospital will take if one of the National Quality Forum's serious reportable events, otherwise known as "never events," occurs: apologize to the patient and family, waive all costs related to the event, report the event to an external agency, conduct a root-cause analysis, interview patients/families to inform the root cause analysis, inform patient/families of actions taken by hospital to prevent similar never events in the future, have a protocol to provide support for caregivers involved in never events, make a copy of this policy available to patients and payers, and perform an annual review to ensure compliance with the policy for each Never Event that occurred.

IV. A hospital must achieve, or make some or considerable progress towards achieving, Leapfrog's Billing Ethics Standard.

To achieve Leapfrog's Billing Ethics Standard, hospitals must 1) provide every patient with a billing statement or itemized bill within 30 days of final claims adjudication (that includes all 10 required elements by Leapfrog), 2) give patients instructions for contacting a billing representative who has access to an interpretation service and has the

authority to initiate investigations into errors on the bill, offer price adjustments or debt forgiveness, or offer a payment plan within 10 business days of being contacted, and 3) does not take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service. Other facilities must meet these same requirements but may be required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action.

V. A hospital must achieve, or make some or considerable progress towards achieving, Leapfrog's Informed Consent Standard.

To achieve Leapfrog's Informed Consent Standard, hospitals must indicate that all applicable forms are written at a 6th grade reading level or lower and meet the following criteria: 1) operate a training program on informed consent that tailors different training topics to different staff roles and the trainings are a required component of onboarding for newly hired staff, as well as required for the appropriate existing staff who were not previously trained, 2) during the informed consent process the hospital has the clinician explain expected difficulties, recovery time, etc. following discharge, give the patient time to ask questions, and have the informed consent form document that explanation, 3) all applicable consent forms used by the hospital contain the name(s) of the clinician(s) performing the procedure, whether the clinician is expected to be absent from portions of the procedure, and whether any assistants or trainees will be involved in the procedure, 4) prior to the informed consent discussion, the hospital asks what the patient/legal guardian's preferred language is, if needed provides the patient/legal guardian access to a qualified medical interpreter who is not a family caregiver, document via notation or a form that a qualified medical interpreter was used, and have the medical interpreter sign the consent form, and 5) clinicians at the hospital use the "teach back method" with patients/legal guardians wherein they are asked to describe in their own words what they understand will be performed, why it will be performed, and what are the primary risks.

VI. A hospital must achieve Leapfrog's Adult and Pediatric Complex Surgery Standards.
(Hospitals must achieve the standard or earn "Considerable Achievement" for at least 70% of applicable procedures.)

To achieve Leapfrog's Adult and Pediatric Complex Surgery Standards, hospitals must ensure they are meeting Leapfrog's minimum facility volume standards, and that as part of their process for privileging surgeons, surgeons are required to meet Leapfrog's minimum surgeon volume standards for the following procedures: Carotid Endarterectomy, Mitral Valve Repair and Replacement, Open Aortic Procedures, Lung Resection for Cancer, Esophageal Resection for Cancer, Pancreatic Resection for Cancer, Rectal Cancer Surgery, Bariatric Surgery for Weight Loss, Total Hip Replacement, and Total Knee Replacement. Additionally, Leapfrog incorporates outcomes for Mitral Valve Repair and Replacement and registry participation for Norwood procedures.

Three decades of research have consistently demonstrated that patients that have their high-risk surgery at a hospital and by a surgeon that have more experience with the procedure have better outcomes, including lower mortality rates, lower complication rates, and a shorter length of stay than for patients who have their surgery done at a hospital or by a surgeon with less experience.

VII. A hospital must report on all applicable measures and achieve Leapfrog's standards on at least 60% of applicable measures.

Forty-five measures from the 2026 Leapfrog Hospital Survey were used to determine Top Hospitals. See Appendix II for the list of measures.

The measures on the Survey are predicated on the latest science and are selected with guidance from scientific advisors at the Johns Hopkins' Armstrong Institute for Patient Safety as well as Leapfrog's volunteer Expert Panels. Hospitals are only assessed on measures related to services and procedures they perform. Reporting on all measures and achieving Leapfrog's standards on at least 60% of the measures demonstrates a strong commitment to transparency on safety and quality.

VIII. If a hospital is eligible for a Leapfrog Hospital Safety Grade, they must have an A grade at the time of the Top Hospital public announcement.

The Leapfrog Hospital Safety Grade uses up to 22 national performance measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey. Taken together, those performance measures produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. Currently, we are unable to calculate Safety Grades for certain hospitals including VA hospitals, critical access hospitals, specialty hospitals, or children's hospitals. Hospital Safety Grades are publicly reported at www.HospitalSafetyGrade.org.

IX. A hospital must demonstrate that it embodies the highest standards of excellence worthy of the Leapfrog Top Hospital designation.

A hospital that meets the quantitative criteria (I-VIII) outlined above must also meet the Top Hospital Selection Committee's qualitative requirements for excellence, which includes a review of publicly reported data from the Centers for Medicare & Medicaid Services (CMS) and other publicly available information. Among those requirements, a hospital that performs worse than the national rate on CMS' mortality measures for heart attack, heart failure, stroke, pneumonia, COPD, or CABG are excluded from receiving a Top Hospital award.

TOP RURAL HOSPITAL METHODOLOGY

Within the **Rural Hospital** category, the following criteria were applied:

I. A hospital must achieve Leapfrog's Computerized Physician Order Entry (CPOE) Standard.

To achieve Leapfrog's Computerized Physician Order Entry (CPOE) standard, prescribers must enter at least 85% of inpatient medication orders through a CPOE system *and* demonstrate via a timed evaluation that their CPOE system alerts prescribers to at least 60% of common, serious medication ordering errors.

II. A hospital must achieve, or make considerable progress towards achieving, Leapfrog's Adult ICU Physician Staffing (IPS) Standard.

To achieve Leapfrog's Adult IPS Standard, hospitals operating and caring for adult critical care patients in adult general medical, surgical, medical/surgical, neuro ICUs and in mixed acuity units must ensure that all adult ICU patients are managed or co-managed by physicians who are board certified in critical care medicine ("intensivists") and dedicated to the ICU for at least 8 hours a day, 7 days a week, and at other times ensures the intensivists are immediately available by phone and have another highly trained clinician able to reach the patient and carry out their orders. Alternatively, hospitals can achieve the standard using a qualified 24/7 tele-intensivist service, with some daily on-site intensivist presence.

Hospitals that do not operate or care for adult critical care patients in adult general medical, surgical, medical/surgical, neuro ICUs or in mixed acuity units are not assessed on this standard for the purpose of determining Top Hospitals.

III. A hospital must achieve Leapfrog's Never Events Policy Standard.

To achieve Leapfrog's Never Events Policy Standard, hospitals must have a written policy that outlines nine basic acts the hospital will take if one of the National Quality Forum's serious reportable events, otherwise known as "never events," occurs: apologize to the patient and family, waive all costs related to the event, report the event to an external agency, conduct a root-cause analysis, interview patients/families to inform the root cause analysis, inform patient/families of actions taken by hospital to prevent similar never events in the future, have a protocol to provide support for caregivers involved in never events, make a copy of this policy available to patients and payers, and perform an annual review to ensure compliance with the policy for each Never Event that occurred.

IV. A hospital must achieve, or make some or considerable progress towards achieving, Leapfrog's Billing Ethics Standard.

To achieve Leapfrog's Billing Ethics Standard, hospitals must 1) provide every patient with a billing statement or itemized bill within 30 days of final claims adjudication (that includes all 10 required elements by Leapfrog), 2) give

patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to initiate investigations into errors on the bill, offer price adjustments or debt forgiveness, or offer a payment plan within 10 business days of being contacted, and 3) does not take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service. Other facilities must meet these same requirements but may be required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action.

V. A hospital must achieve, or make some or considerable progress towards achieving, Leapfrog's Informed Consent Standard.

To achieve Leapfrog's Informed Consent Standard, hospitals must indicate that all applicable forms are written at a 6th grade reading level or lower and meet the following criteria: 1) operate a training program on informed consent that tailors different training topics to different staff roles and the trainings are a required component of onboarding for newly hired staff, as well as required for the appropriate existing staff who were not previously trained, 2) during the informed consent process the hospital has the clinician explain expected difficulties, recovery time, etc. following discharge, give the patient time to ask questions, and have the informed consent form document that explanation, 3) all applicable consent forms used by the hospital contain the name(s) of the clinician(s) performing the procedure, whether the clinician is expected to be absent from portions of the procedure, and whether any assistants or trainees will be involved in the procedure, 4) prior to the informed consent discussion, the hospital asks what the patient/legal guardian's preferred language is, if needed provides the patient/legal guardian access to a qualified medical interpreter who is not a family caregiver, document via notation or a form that a qualified medical interpreter was used, and have the medical interpreter sign the consent form, and 5) clinicians at the hospital use the "teach back method" with patients/legal guardians wherein they are asked to describe in their own words what they understand will be performed, why it will be performed, and what are the primary risks.

VI. A hospital must achieve Leapfrog's Adult and Pediatric Complex Surgery Standards.
(Hospitals must achieve the standard or earn "Considerable Achievement" for at least 70% of applicable procedures.)

To achieve Leapfrog's Adult and Pediatric Complex Surgery Standards, hospitals must ensure they are meeting Leapfrog's minimum facility volume standards, and that as part of their process for privileging surgeons, surgeons are required to meet Leapfrog's minimum surgeon volume standards for the following procedures: Carotid Endarterectomy, Mitral Valve Repair and Replacement, Open Aortic Procedures, Lung Resection for Cancer, Esophageal Resection for Cancer, Pancreatic Resection for Cancer, Rectal Cancer Surgery, Bariatric Surgery for Weight Loss, Total Hip Replacement, and Total Knee Replacement. Additionally, Leapfrog incorporates outcomes for Mitral Valve Repair and Replacement and registry participation for Norwood procedures.

Three decades of research have consistently demonstrated that patients that have their high-risk surgery at a hospital and by a surgeon that have more experience with the procedure have better outcomes, including lower

mortality rates, lower complication rates, and a shorter length of stay than for patients who have their surgery done at a hospital or by a surgeon with less experience.

VII. A hospital must report on all applicable measures and achieve Leapfrog's standards on at least 50% of applicable measures.

Forty-five measures from the 2026 Leapfrog Hospital Survey were used to determine Top Hospitals. See Appendix II for the list of measures.

The measures on the Survey are predicated on the latest science and are selected with guidance from scientific advisors at the Johns Hopkins' Armstrong Institute for Patient Safety as well as Leapfrog's volunteer Expert Panels. Hospitals are only assessed on measures related to services and procedures they perform. Reporting on all measures and achieving Leapfrog's standards on at least 50% of the measures demonstrates a strong commitment to transparency on safety and quality.

VIII. If a hospital is eligible for a Leapfrog Hospital Safety Grade, they must have an A grade at the time of the Top Hospital public announcement.

The Leapfrog Hospital Safety Grade uses up to 22 national performance measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey. Taken together, those performance measures produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. Currently, we are unable to calculate Safety Grades for certain hospitals including VA hospitals, critical access hospitals, specialty hospitals, or children's hospitals. Hospital Safety Grades are publicly reported at www.HospitalSafetyGrade.org.

IX. A hospital must demonstrate that it embodies the highest standards of excellence worthy of the Leapfrog Top Hospital designation.

A hospital that meets the quantitative criteria (I-VIII) outlined above must also meet the Top Hospital Selection Committee's qualitative requirements for excellence, which includes a review of publicly reported data from the Centers for Medicare & Medicaid Services (CMS) and other publicly available information. Among those requirements, a hospital that performs worse than the national rate on CMS' mortality measures for heart attack, heart failure, stroke, pneumonia, COPD, or CABG are excluded from receiving a Top Hospital award.

TOP LARGE TEACHING (500 OR MORE STAFFED BEDS) HOSPITAL METHODOLOGY

Within the **Large Teaching Hospital** category (500 or more staffed beds), the following criteria were applied:

I. A hospital must achieve Leapfrog's Computerized Physician Order Entry (CPOE) Standard.

To achieve Leapfrog's Computerized Physician Order Entry (CPOE) standard, prescribers must enter at least 85% of inpatient medication orders through a CPOE system *and* demonstrate via a timed evaluation that their CPOE system alerts prescribers to at least 60% of common, serious medication ordering errors.

II. A hospital must achieve Leapfrog's Adult ICU Physician Staffing (IPS) Standard.

To achieve Leapfrog's Adult IPS Standard, hospitals operating and caring for adult critical care patients in adult general medical, surgical, medical/surgical, neuro ICUs and in mixed acuity units must ensure that all adult ICU patients are managed or co-managed by physicians who are board certified in critical care medicine ("intensivists") and dedicated to the ICU for at least 8 hours a day, 7 days a week, and at other times ensures the intensivists are immediately available by phone and have another highly trained clinician able to reach the patient and carry out their orders. Alternatively, hospitals can achieve the standard using a qualified 24/7 tele-intensivist service, with some daily on-site intensivist presence.

Hospitals that do not operate or care for adult critical care patients in adult general medical, surgical, medical/surgical, neuro ICUs or in mixed acuity units are not assessed on this standard for the purpose of determining Top Hospitals.

III. A hospital must achieve Leapfrog's Never Events Policy Standard.

To achieve Leapfrog's Never Events Policy Standard, hospitals must have a written policy that outlines nine basic acts the hospital will take if one of the National Quality Forum's serious reportable events, otherwise known as "never events," occurs: apologize to the patient and family, waive all costs related to the event, report the event to an external agency, conduct a root-cause analysis, interview patients/families to inform the root cause analysis, inform patient/families of actions taken by hospital to prevent similar never events in the future, have a protocol to provide support for caregivers involved in never events, make a copy of this policy available to patients and payers, and perform an annual review to ensure compliance with the policy for each Never Event that occurred.

IV. A hospital must achieve, or make some or considerable progress towards achieving, Leapfrog's Billing Ethics Standard.

To achieve Leapfrog's Billing Ethics Standard, hospitals must 1) provide every patient with a billing statement or itemized bill within 30 days of final claims adjudication (that includes all 10 required elements by Leapfrog), 2) give patients instructions for contacting a billing representative who has access to an interpretation service and has the

authority to initiate investigations into errors on the bill, offer price adjustments or debt forgiveness, or offer a payment plan within 10 business days of being contacted, and 3) does not take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service. Other facilities must meet these same requirements but may be required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action.

V. A hospital must achieve, or make some or considerable progress towards achieving, Leapfrog's Informed Consent Standard.

To achieve Leapfrog's Informed Consent Standard, hospitals must indicate that all applicable forms are written at a 6th grade reading level or lower and meet the following criteria: 1) operate a training program on informed consent that tailors different training topics to different staff roles and the trainings are a required component of onboarding for newly hired staff, as well as required for the appropriate existing staff who were not previously trained, 2) during the informed consent process the hospital has the clinician explain expected difficulties, recovery time, etc. following discharge, give the patient time to ask questions, and have the informed consent form document that explanation, 3) all applicable consent forms used by the hospital contain the name(s) of the clinician(s) performing the procedure, whether the clinician is expected to be absent from portions of the procedure, and whether any assistants or trainees will be involved in the procedure, 4) prior to the informed consent discussion, the hospital asks what the patient/legal guardian's preferred language is, if needed provides the patient/legal guardian access to a qualified medical interpreter who is not a family caregiver, document via notation or a form that a qualified medical interpreter was used, and have the medical interpreter sign the consent form, and 5) clinicians at the hospital use the "teach back method" with patients/legal guardians wherein they are asked to describe in their own words what they understand will be performed, why it will be performed, and what are the primary risks.

VI. A hospital must achieve Leapfrog's Adult and Pediatric Complex Surgery Standards.
(Hospitals must achieve the standard or earn "Considerable Achievement" for at least 70% of applicable procedures.)

To achieve Leapfrog's Adult and Pediatric Complex Surgery Standards, hospitals must ensure they are meeting Leapfrog's minimum facility volume standards, and that as part of their process for privileging surgeons, surgeons are required to meet Leapfrog's minimum surgeon volume standards for the following procedures: Carotid Endarterectomy, Mitral Valve Repair and Replacement, Open Aortic Procedures, Lung Resection for Cancer, Esophageal Resection for Cancer, Pancreatic Resection for Cancer, Rectal Cancer Surgery, Bariatric Surgery for Weight Loss, Total Hip Replacement, and Total Knee Replacement. Additionally, Leapfrog incorporates outcomes for Mitral Valve Repair and Replacement and registry participation for Norwood procedures.

Three decades of research have consistently demonstrated that patients that have their high-risk surgery at a hospital and by a surgeon that have more experience with the procedure have better outcomes, including lower mortality rates, lower complication rates, and a shorter length of stay than for patients who have their surgery done at a hospital or by a surgeon with less experience.

VII. A hospital must report on all applicable measures and achieve Leapfrog's standards on at least 40% of applicable measures.

Forty-five measures from the 2026 Leapfrog Hospital Survey were used to determine Top Hospitals. See Appendix II for the list of measures.

The measures on the Survey are predicated on the latest science and are selected with guidance from scientific advisors at the Johns Hopkins' Armstrong Institute for Patient Safety as well as Leapfrog's volunteer Expert Panels. Hospitals are only assessed on measures related to services and procedures they perform. Reporting on all measures and achieving Leapfrog's standards on at least 40% of the measures demonstrates a strong commitment to transparency on safety and quality.

VIII. If a hospital is eligible for a Leapfrog Hospital Safety Grade, they must have an A grade at the time of the Top Hospital public announcement.

The Leapfrog Hospital Safety Grade uses up to 22 national performance measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey. Taken together, those performance measures produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. Currently, we are unable to calculate Safety Grades for certain hospitals including VA hospitals, critical access hospitals, specialty hospitals, or children's hospitals. Hospital Safety Grades are publicly reported at www.HospitalSafetyGrade.org.

IX. A hospital must demonstrate that it embodies the highest standards of excellence worthy of the Leapfrog Top Hospital designation.

A hospital that meets the quantitative criteria (I-VIII) outlined above must also meet the Top Hospital Selection Committee's qualitative requirements for excellence, which includes a review of publicly reported data from the Centers for Medicare & Medicaid Services (CMS) and other publicly available information. Among those requirements, a hospital that performs worse than the national rate on CMS' mortality measures for heart attack, heart failure, stroke, pneumonia, COPD, or CABG are excluded from receiving a Top Hospital award.

TOP SMALL TEACHING (LESS THAN 500 STAFFED BEDS) HOSPITAL METHODOLOGY

Within the **Small Teaching Hospital** category (less than 500 staffed beds), the following criteria were applied:

I. A hospital must achieve Leapfrog's Computerized Physician Order Entry (CPOE) Standard.

To achieve Leapfrog's Computerized Physician Order Entry (CPOE) standard, prescribers must enter at least 85% of inpatient medication orders through a CPOE system *and* demonstrate via a timed evaluation that their CPOE system alerts prescribers to at least 60% of common, serious medication ordering errors.

II. A hospital must achieve Leapfrog's Adult ICU Physician Staffing (IPS) Standard.

To achieve Leapfrog's Adult IPS Standard, hospitals operating and caring for adult critical care patients in adult general medical, surgical, medical/surgical, neuro ICUs and in mixed acuity units must ensure that all adult ICU patients are managed or co-managed by physicians who are board certified in critical care medicine ("intensivists") and dedicated to the ICU for at least 8 hours a day, 7 days a week, and at other times ensures the intensivists are immediately available by phone and have another highly trained clinician able to reach the patient and carry out their orders. Alternatively, hospitals can achieve the standard using a qualified 24/7 tele-intensivist service, with some daily on-site intensivist presence.

Hospitals that do not operate or care for adult critical care patients in adult general medical, surgical, medical/surgical, neuro ICUs or in mixed acuity units are not assessed on this standard for the purpose of determining Top Hospitals.

III. A hospital must achieve Leapfrog's Never Events Policy Standard.

To achieve Leapfrog's Never Events Policy Standard, hospitals must have a written policy that outlines nine basic acts the hospital will take if one of the National Quality Forum's serious reportable events, otherwise known as "never events," occurs: apologize to the patient and family, waive all costs related to the event, report the event to an external agency, conduct a root-cause analysis, interview patients/families to inform the root cause analysis, inform patient/families of actions taken by hospital to prevent similar never events in the future, have a protocol to provide support for caregivers involved in never events, make a copy of this policy available to patients and payers, and perform an annual review to ensure compliance with the policy for each Never Event that occurred.

IV. A hospital must achieve, or make some or considerable progress towards achieving, Leapfrog's Billing Ethics Standard.

To achieve Leapfrog's Billing Ethics Standard, hospitals must 1) provide every patient with a billing statement or itemized bill within 30 days of final claims adjudication (that includes all 10 required elements by Leapfrog), 2) give patients instructions for contacting a billing representative who has access to an interpretation service and has the

authority to initiate investigations into errors on the bill, offer price adjustments or debt forgiveness, or offer a payment plan within 10 business days of being contacted, and 3) does not take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service. Other facilities must meet these same requirements but may be required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action.

V. A hospital must achieve, or make some or considerable progress towards achieving, Leapfrog's Informed Consent Standard.

To achieve Leapfrog's Informed Consent Standard, hospitals must indicate that all applicable forms are written at a 6th grade reading level or lower and meet the following criteria: 1) operate a training program on informed consent that tailors different training topics to different staff roles and the trainings are a required component of onboarding for newly hired staff, as well as required for the appropriate existing staff who were not previously trained, 2) during the informed consent process the hospital has the clinician explain expected difficulties, recovery time, etc. following discharge, give the patient time to ask questions, and have the informed consent form document that explanation, 3) all applicable consent forms used by the hospital contain the name(s) of the clinician(s) performing the procedure, whether the clinician is expected to be absent from portions of the procedure, and whether any assistants or trainees will be involved in the procedure, 4) prior to the informed consent discussion, the hospital asks what the patient/legal guardian's preferred language is, if needed provides the patient/legal guardian access to a qualified medical interpreter who is not a family caregiver, document via notation or a form that a qualified medical interpreter was used, and have the medical interpreter sign the consent form, and 5) clinicians at the hospital use the "teach back method" with patients/legal guardians wherein they are asked to describe in their own words what they understand will be performed, why it will be performed, and what are the primary risks.

VI. A hospital must achieve Leapfrog's Adult and Pediatric Complex Surgery Standards.
(Hospitals must achieve the standard or earn "Considerable Achievement" for at least 70% of applicable procedures.)

To achieve Leapfrog's Adult and Pediatric Complex Surgery Standards, hospitals must ensure they are meeting Leapfrog's minimum facility volume standards, and that as part of their process for privileging surgeons, surgeons are required to meet Leapfrog's minimum surgeon volume standards for the following procedures: Carotid Endarterectomy, Mitral Valve Repair and Replacement, Open Aortic Procedures, Lung Resection for Cancer, Esophageal Resection for Cancer, Pancreatic Resection for Cancer, Rectal Cancer Surgery, Bariatric Surgery for Weight Loss, Total Hip Replacement, and Total Knee Replacement. Additionally, Leapfrog incorporates outcomes for Mitral Valve Repair and Replacement and registry participation for Norwood procedures.

Three decades of research have consistently demonstrated that patients that have their high-risk surgery at a hospital and by a surgeon that have more experience with the procedure have better outcomes, including lower mortality rates, lower complication rates, and a shorter length of stay than for patients who have their surgery done at a hospital or by a surgeon with less experience.

VII. A hospital must report on all applicable measures and achieve Leapfrog's standards on at least 60% of applicable measures.

Forty-five measures from the 2026 Leapfrog Hospital Survey were used to determine Top Hospitals. See Appendix II for the list of measures.

The measures on the Survey are predicated on the latest science and are selected with guidance from scientific advisors at the Johns Hopkins' Armstrong Institute for Patient Safety as well as Leapfrog's volunteer Expert Panels. Hospitals are only assessed on measures related to services and procedures they perform. Reporting on all measures and achieving Leapfrog's standards on at least 60% of the measures demonstrates a strong commitment to transparency on safety and quality.

VIII. If a hospital is eligible for a Leapfrog Hospital Safety Grade, they must have an A grade at the time of the Top Hospital public announcement.

The Leapfrog Hospital Safety Grade uses up to 22 national performance measures from the Centers for Medicare & Medicaid Services (CMS) and the Leapfrog Hospital Survey. Taken together, those performance measures produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. Currently, we are unable to calculate Safety Grades for certain hospitals including military or VA hospitals, critical access hospitals, specialty hospitals, or children's hospitals. Hospital Safety Grades are publicly reported at www.HospitalSafetyGrade.org.

IX. A hospital must demonstrate that it embodies the highest standards of excellence worthy of the Leapfrog Top Hospital designation.

A hospital that meets the quantitative criteria (I-VIII) outlined above must also meet the Top Hospital Selection Committee's qualitative requirements for excellence, which includes a review of publicly reported data from the Centers for Medicare & Medicaid Services (CMS) and other publicly available information. Among those requirements, a hospital that performs worse than the national rate on CMS' mortality measures for heart attack, heart failure, stroke, pneumonia, COPD, or CABG are excluded from receiving a Top Hospital award.

APPENDIX I: LIST OF MEASURES FROM THE 2026 LEAPFROG HOSPITAL SURVEY INCLUDED IN THE TOP CHILDREN'S HOSPITALS' METHODOLOGY

	Survey Section	Measure
1	Section 1 Patient-Centered Care	Billing Ethics
2	Section 1 Patient-Centered Care	Informed Consent
3	Section 2 Medication Safety	CPOE
4	Section 2 Medication Safety	BCMA
5	Section 3 Adult and Pediatric Complex Surgery	Norwood Procedures
6	Section 3 Adult and Pediatric Complex Surgery	Safe Surgery Checklist for Inpatient Procedures
7	Section 4 Maternity Care	Cesarean Birth
8	Section 4 Maternity Care	Episiotomy
9	Section 4 Maternity Care	Newborn Bilirubin Screening Prior to Discharge
10	Section 4 Maternity Care	Appropriate DVT Prophylaxis in Women Undergoing Cesarean Section
11	Section 4 Maternity Care	High Risk Deliveries
12	Section 5 Physician and Nurse Staffing	Pediatric ICU Physician Staffing
13	Section 5 Physician and Nurse Staffing	Total Nursing Care Hours per Patient Day
14	Section 5 Physician and Nurse Staffing	RN Hours per Patient Day
15	Section 5 Physician and Nurse Staffing	Percentage of RNs who are BSN-Prepared
16	Section 6 Patient Safety Practices	NQF Safe Practice 1 Culture of Safety Leadership Structures, and Systems
17	Section 6 Patient Safety Practices	NQF Safe Practice 2 Culture Measurement, Feedback, and Interventions
18	Section 6 Patient Safety Practices	Hand Hygiene
19	Section 7 Managing Serious Errors	Never Events Policy
20	Section 7 Managing Serious Errors	Central-line Associated Blood Stream Infections (CLABSI) in ICUs and select wards
21	Section 7 Managing Serious Errors	Catheter-associated Urinary Tract Infections (CAUTI) in ICUs and select wards
22	Section 7 Managing Serious Errors	Facility-wide Inpatient Methicillin-resistant Staphylococcus aureus (MRSA) Blood Laboratory-identified Events
23	Section 7 Managing Serious Errors	Facility-wide Inpatient Clostridium difficile (CDI) Laboratory-identified Events
24	Section 8 Pediatric Care	Pediatric Patient Experience (CAHPS Child Hospital Survey)
25	Section 8 Pediatric Care	Pediatric CT Radiation Dose - Head Scans
26	Section 8 Pediatric Care	Pediatric CT Radiation Dose - Abdomen/Pelvis Scans
27	Section 9 Outpatient Procedures	Certified Clinicians Present While Pediatric Patients Are Recovering
28	Section 9 Outpatient Procedures	Safe Surgery Checklist for Outpatient Procedures
29	Section 9 Outpatient Procedures	Medication Safety for Outpatient Procedures

APPENDIX II: LIST OF MEASURES FROM THE 2026 LEAPFROG HOSPITAL SURVEY INCLUDED IN THE TOP GENERAL, RURAL, & TEACHING METHODOLOGY

	Survey Section	Measure
1	Section 1 Patient-Centered Care	Billing Ethics
2	Section 1 Patient-Centered Care	Informed Consent
3	Section 2 Medication Safety	CPOE
4	Section 2 Medication Safety	BCMA
5	Section 2 Medication Safety	Medication Reconciliation
6	Section 3 Adult and Pediatric Complex Surgery	Carotid Endarterectomy
7	Section 3 Adult and Pediatric Complex Surgery	Mitral Valve Repair and Replacement
8	Section 3 Adult and Pediatric Complex Surgery	Open Aortic Procedures
9	Section 3 Adult and Pediatric Complex Surgery	Lung Resection for Cancer
10	Section 3 Adult and Pediatric Complex Surgery	Esophageal Resection for Cancer
11	Section 3 Adult and Pediatric Complex Surgery	Pancreatic Resection for Cancer
12	Section 3 Adult and Pediatric Complex Surgery	Rectal Cancer Surgery
13	Section 3 Adult and Pediatric Complex Surgery	Bariatric Surgery for Weight Loss
14	Section 3 Adult and Pediatric Complex Surgery	Knee Replacement
15	Section 3 Adult and Pediatric Complex Surgery	Hip Replacement
16	Section 3 Adult and Pediatric Complex Surgery	Norwood Procedures
17	Section 3 Adult and Pediatric Complex Surgery	Safe Surgery Checklist for Inpatient Procedures
18	Section 4 Maternity Care	Cesarean Birth
19	Section 4 Maternity Care	Episiotomy
20	Section 4 Maternity Care	Newborn Bilirubin Screening Prior to Discharge
21	Section 4 Maternity Care	Appropriate DVT Prophylaxis in Women Undergoing Cesarean Section
22	Section 4 Maternity Care	High Risk Deliveries
23	Section 5 Physician and Nurse Staffing	Adult ICU Physician Staffing
24	Section 5 Physician and Nurse Staffing	Pediatric ICU Physician Staffing
25	Section 5 Physician and Nurse Staffing	Total Nursing Care Hours per Patient Day
26	Section 5 Physician and Nurse Staffing	RN Hours per Patient Day
27	Section 5 Physician and Nurse Staffing	Percentage of RNs who are BSN-Prepared
28	Section 6 Patient Safety Practices	NQF Safe Practice 1 Culture of Safety Leadership Structures, and Systems
29	Section 6 Patient Safety Practices	NQF Safe Practice 2 Culture Measurement, Feedback, and Interventions
30	Section 6 Patient Safety Practices	Hand Hygiene
31	Section 7 Managing Serious Errors	Never Events Policy
32	Section 7 Managing Serious Errors	Central-line Associated Blood Stream Infections (CLABSI) in ICUs and select wards
33	Section 7 Managing Serious Errors	Catheter-associated Urinary Tract Infections (CAUTI) in ICUs and select wards

34	Section 7 Managing Serious Errors	Facility-wide Inpatient Methicillin-resistant Staphylococcus aureus (MRSA) Blood Laboratory-identified Events
35	Section 7 Managing Serious Errors	Facility-wide Inpatient Clostridium difficile (CDI) Laboratory-identified Events
36	Section 7 Managing Serious Errors	Surgical Site Infections from Colon Surgery (SSI: Colon)
37	Section 8 Pediatric Care	Pediatric Patient Experience (CAHPS Child Hospital Survey)
38	Section 8 Pediatric Care	Pediatric CT Radiation Dose - Head Scans
39	Section 8 Pediatric Care	Pediatric CT Radiation Dose - Abdomen/Pelvis Scans
40	Section 9 Outpatient Procedures	Certified Clinicians Present While Adult Patients Are Recovering
41	Section 9 Outpatient Procedures	Certified Clinicians Present While Pediatric Patients Are Recovering
42	Section 9 Outpatient Procedures	Unplanned Visits After Outpatient Colonoscopy
43	Section 9 Outpatient Procedures	Safe Surgery Checklist for Outpatient Procedures
44	Section 9 Outpatient Procedures	Medication Safety for Outpatient Procedures
45	Section 9 Outpatient Procedures	Outpatient Patient Experience (OAS CAHPS)