

**2010 Annual BCBSIL Hospital Profile**  
**ABC Hospital**  
**Peer Group: 3**  
**BCBSIL Provider ID: 00999**  
**NPI: 149999**

**2010 Annual BCBSIL Hospital Profile Score: 74.1% 197 146**

Measures	Hospital Results	Maximum Points Possible	Points Earned
<b>1. Leapfrog</b>		<b>45</b>	<b>22</b>
<b>A. Prevent Medication Errors [formerly Leapfrog Computer Physician Order Entry (CPOE)]</b>			
Progress towards meeting the Leapfrog Prevent Medication Errors standard	Willing to Report	7	2
<b>B. Appropriate ICU Staffing [formerly Leapfrog ICU Physician Staffing (IPS)]</b>			
Progress towards meeting the Leapfrog Appropriate ICU Staffing standard	Willing to Report	7	2
<b>C. Steps to Avoid Harm [formerly National Quality Forum - Safe Practices (NQF - SP)]</b>			
Progress towards meeting the Leapfrog Steps to Avoid Harm standard	Some Progress	7	3
<b>D. Managing Serious Errors (formerly Adherence to Never Events Policy)</b>			
Progress towards meeting the Leapfrog Managing Serious Errors standard	Fully Meets Standards	7	7
<b>E. Transparency Indicator</b>			
Hospital participates in other reporting efforts as reported on Leapfrog Web site	Yes	3	3
<b>F. Reduce Pressure Ulcers</b>			
Progress towards meeting the Leapfrog Reducing Pressure Ulcers	Willing to Report	7	2
<b>G. Reduce In-Hospital Injuries</b>			
Progress towards meeting the Leapfrog Reducing In-House Injuries	Some Progress	7	3

Measures	Hospital Results	Maximum Points Possible	Points Earned
<b>2. Reporting on Near Misses</b>		<b>5</b>	<b>5</b>
A. Report data on all "near misses"	Yes	5	5
B. Perform root-cause analysis			
C. Have non-retaliation/non-retribution policy related to reporting of "near misses"			

Measures	State Average	Hospital Results	Maximum Points Possible	Points Earned
<b>3. Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)</b>	<b>(%)</b>	<b>(%)</b>	<b>22</b>	<b>20</b>
1. How often did nurses communicate well with patients (Always)	73	77	2	2
2. How often did doctors communicate well with patients (Always)	79	80	2	2
3. How often did patients receive help quickly from the hospital staff (Always)	59	60	2	2
4. How often was patients' pain well controlled (Always)	67	72	2	2
5. How often did staff explain about medicines before giving them to patients (Always)	57	66	2	2
6. How often the patients' rooms and bathrooms were kept clean (Always)	68	66	2	0
7. How often the area around the patients' rooms was kept quiet at night (Always)	53	54	2	2
8. Were patients given information about what to do during their recovery at home (Yes)	80	83	2	2
9. How do patients rate the hospital overall (High)	63	69	3	3
10. Would patients recommend the hospital to friends and family (Definitely Recommend)	65	75	3	3

Measures	Peer Group Mean	Hospital Results	Maximum Points Possible	Points Earned
<b>4. Efficiency</b>			<b>21</b>	<b>17</b>
<b>A. Utilization Efficiency</b>	1.17	1.09	16	12
The ratio of actual to predicted utilization was used to rank and evaluate the hospitals within their peer group. A ratio less than one indicates ALOS shorter than predicted by Milliman USA Well Managed Model (Model C).				
<b>B. Administrative Efficiency</b>	<b>All Hospitals</b>			
BCBSIL claims received 1/1/09 - 12/31/09				
Number of electronic claims received in 2009: <u>47,300</u>				
Percent of claims submitted electronically	95.16%	96.70%	5	5

Measures	Peer Group Mean	Hospital Results	Maximum Points Possible	Points Earned	
<b>5. Agency for Healthcare Research and Quality (AHRQ) Indicators</b>	<b>Peer Group Top 10th Percentile</b>		<b>50</b>	<b>30</b>	
<b>A. Patient Safety Indicators</b>		<b>Subtotal</b>	<b>40</b>	<b>26</b>	
1. Selected Infections Due to Medical Care (PSI 7)	0.045	0.119	0.099	5	3
2. Postoperative Pulmonary Embolism or Deep Vein Thrombosis (PSI 12)	0.884	1.184	0.967	5	3
3. Postoperative Respiratory Failure (PSI 11)	0.183	0.704	0.183	5	5
4. Postoperative Sepsis (PSI 13)	0.771	1.579	1.083	5	4
5. Obstetric Trauma - Vaginal Delivery Without Instrument (PSI 19)	1.012	3.435	1.012	5	5
6. Decubitus Ulcer (PSI 3)	1.834	3.446	3.110	5	2
7. Death Among Surgical Inpatients with Serious Treatable Complications (PSI 4)	7.292	12.008	13.269	5	1
8. Accidental Puncture or Laceration (PSI 15)	0.100	0.210	0.153	5	3
<b>B. Inpatient Quality Indicators</b>		<b>Subtotal</b>	<b>10</b>	<b>4</b>	
Mortality Rates for Conditions (acute myocardial infarction, congestive heart failure, acute stroke, gastrointestinal hemorrhage, hip fracture, pneumonia)	3.018	4.220	4.299	10	4

Measures	State Mean	National 90th Percentile	Hospital Results	Maximum Points Possible	Points Earned
<b>6. Hospital Quality Alliance Indicators</b>	<b>(%)</b>	<b>(%)</b>	<b>(%)</b>	<b>46</b>	<b>29</b>
<b>A. Heart Attack (Acute Myocardial Infarction or AMI)</b>			<b>Subtotal</b>	<b>12</b>	<b>7</b>
1. Aspirin at Arrival	94	100	100	2	2
2. Aspirin at Discharge	92	100	98	2	1
3. Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD)	89	100	90	2	1
4. Beta Blocker at Discharge	93	100	99	2	1
5. Percutaneous Coronary Intervention (PCI) Received Within 90 Minutes of Hospital Arrival	77	98	90	2	1
6. Smoking Cessation Advice/Counseling	94	100	99	2	1
<b>B. Heart Failure</b>			<b>Subtotal</b>	<b>8</b>	<b>7</b>
1. Evaluation of Left Ventricular Systolic (LVS) Function	93	100	100	2	2
2. ACE Inhibitor or ARB for LVSD	89	100	99	2	1
3. Discharge Instructions	79	99	99	2	2
4. Smoking Cessation Advice/Counseling	93	100	100	2	2
<b>C. Pneumonia</b>			<b>Subtotal</b>	<b>12</b>	<b>7</b>
1. Initial Antibiotic Timing	94	100	96	2	1
2. Pneumococcal Vaccination	83	99	88	2	1
3. Influenza Vaccination	83	99	88	2	1
4. Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	93	100	94	2	1
5. Appropriate Initial Antibiotic Selection	87	98	89	2	1
6. Smoking Cessation Advice/Counseling	90	100	100	2	2
<b>D. Surgical Infection Prevention</b>			<b>Subtotal</b>	<b>14</b>	<b>8</b>
1. Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision	88	99	99	2	2
2. Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	87	99	97	2	1
3. Prophylactic Antibiotic Selection	94	100	99	2	1
4. Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	90	100	97	2	1
5. Surgery Patients with Appropriate Hair Removal	95	100	99	2	1
6. Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	86	99	95	2	1
7. Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	83	98	89	2	1

Measures	Hospital Results	Maximum Points Possible	Points Earned
<b>7. Structural Indicators</b>		<b>8</b>	<b>8</b>
A. Percentage of physicians on medical staff who are board certified	92%	3	3
B. The Joint Commission, HFAP or DNV/NIAHO accreditation as of 1/15/2010	Joint Comm	5	5

8. Participation in State and National Quality Improvement Initiatives (Extra Credit)	Participation Self Reported on BCBSIL Hospital Survey	Extra Credit Points Possible	Extra Credit Points Earned
	Yes	15	15

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The Hospital Based Physicians measure below is only intended for use in the 2010 BCBSIL BlueStar<sup>SM</sup> Hospital Report. This is a non-scored measure for the 2010 BCBSIL Hospital Profile.

Hospital Based Physicians				
	Radiology	Anesthesiology	Pathology	Emergency Room Physicians
HMO	NA	NA	NA	NA
PPO	Yes	Yes	Yes	Yes