



# BlueCross BlueShield of Illinois

## Urban Hospital Scoring Criteria for 2009 Annual BCBSIL Hospital Profile

The Blue Cross and Blue Shield of Illinois Hospital Profile summarizes performance for selected quality-related indicators. The profile includes indicators in the following categories:

1. Leapfrog
  - A. Prevent Medication Errors
  - B. Appropriate ICU Staffing
  - C. Steps to Avoid Harm
  - D. Managing Serious Errors
  - E. Transparency Indicator
2. Reporting on Near Misses
3. Hospital Member Survey
  - A. Overall Satisfaction
  - B. Patient Education and Coordination of Care
  - C. Advice to Quit Smoking
4. Efficiency
  - A. Utilization Efficiency
  - B. Administrative Efficiency
5. AHRQ Indicators
  - A. Patient Safety Indicators
  - B. Inpatient Quality Indicators
6. Physician Survey
7. Hospital Quality Alliance Indicators
  - A. Acute Myocardial Infarction
  - B. Heart Failure
  - C. Pneumonia
  - D. Surgical Infection Prevention
8. Structural Indicators
  - A. Board Certification
  - B. Accreditation Status
9. Participation in State and National Quality Improvement Initiatives (Extra Credit)

	Maximum Points Possible
<b>1. Leapfrog</b>	
Data source: Leapfrog website ( <a href="http://www.leapfroggroup.org">www.leapfroggroup.org</a> ), 02/13/2009.	
<b>A. Prevent Medication Errors [formerly Leapfrog Computer Physician Order Entry (CPOE)]</b>	
Public Reporting on Leapfrog website regarding Prevent Medication Errors	2
<ul style="list-style-type: none"> <li>▪ Progress towards meeting the Leapfrog Prevent Medication Errors standard <ul style="list-style-type: none"> <li>▪ Fully meets the Leapfrog Prevent Medication Errors = 10 points</li> <li>▪ Substantial progress in implementing the Leapfrog Prevent Medication Errors = 7 points</li> <li>▪ Some progress in implementing the Leapfrog Prevent Medication Errors = 5 points</li> <li>▪ Criteria for some progress not met, or data not available on Leapfrog website as of 02/13/09 = 0 points</li> </ul> </li> </ul>	10
<b>B. Appropriate ICU Staffing [formerly Leapfrog ICU Physician Staffing (IPS)]</b>	
Public Reporting on Leapfrog website regarding Appropriate ICU Staffing	2
<ul style="list-style-type: none"> <li>▪ Progress towards meeting the Leapfrog Appropriate ICU Staffing standard <ul style="list-style-type: none"> <li>▪ Fully meets the Leapfrog Appropriate ICU Staffing = 10 points</li> <li>▪ Substantial progress in implementing the Leapfrog Appropriate ICU Staffing = 7 points</li> <li>▪ Some progress in implementing the Leapfrog Appropriate ICU Staffing = 5 points</li> <li>▪ Criteria for some progress not met, or data not available on Leapfrog website as of 02/13/09 = 0 points</li> </ul> </li> </ul>	10
<b>C. Steps to Avoid Harm [formerly National Quality Forum – Safe Practices (NQF – SP)]</b>	
Public Reporting on Leapfrog website regarding Steps to Avoid Harm	2
<ul style="list-style-type: none"> <li>▪ Progress towards meeting the Leapfrog Steps to Avoid Harm standard <ul style="list-style-type: none"> <li>▪ Fully meets the Leapfrog Steps to Avoid Harm = 10 points</li> <li>▪ Substantial progress in implementing the Leapfrog Steps to Avoid Harm = 7 points</li> <li>▪ Some progress in implementing the Leapfrog Steps to Avoid Harm = 5 points</li> <li>▪ Criteria for some progress not met, or data not available on Leapfrog website as of 02/13/09 = 0 points</li> </ul> </li> </ul>	10
<b>D. Managing Serious Errors (formerly Adherence to Never Events Policy)</b>	
Public Reporting on Leapfrog website regarding Managing Serious Errors	2
<ul style="list-style-type: none"> <li>▪ Progress towards meeting the Leapfrog Managing Serious Errors standard <ul style="list-style-type: none"> <li>▪ Fully meets the Leapfrog Managing Serious Errors = 5 points</li> <li>▪ Substantial progress in implementing the Leapfrog Managing Serious Errors = 3 points</li> <li>▪ Some progress in implementing the Leapfrog Managing Serious Errors = 2 points</li> <li>▪ Criteria for some progress not met, or data not available on Leapfrog website as of 02/13/09 = 0 points</li> </ul> </li> </ul>	5
<b>E. Transparency Indicator</b>	
Hospital participates in other reporting efforts as reported on Leapfrog website	2
<ul style="list-style-type: none"> <li>▪ Leapfrog TOTAL</li> </ul>	45

	Maximum Points Possible
<b>2. Reporting on Near Misses</b>	
Data source: BCBSIL survey sent to hospitals in December 2008. Hospitals that did not return the survey received 0 points for Reporting on Near Misses.	
Hospitals responding “Yes” to all three items below receive full credit: <ol style="list-style-type: none"> <li>1. Report data on all “near misses”</li> <li>2. Perform root-cause analysis</li> <li>3. Have non-retaliation/non-retribution policy related to reporting of “near misses”</li> </ol>	5
<b>Reporting on Near Misses TOTAL</b>	5

	Maximum Points Possible
<p><b>3. Hospital Member Survey</b>            Data Source: BCBSIL Hospital Member Survey mailed to a sample of BCBSIL members with a hospital discharge between January 1, 2008 and September 30, 2008. Members with multiple admissions were surveyed only once. The survey identified the final hospital discharge for members who were transferred.</p> <p>Points were assigned based upon the Overall Satisfaction, Patient Education and Coordination of Care and Advice to Quit Smoking composite scores for hospitals for which <math>\geq 20</math> responses were received. (For hospitals for which <math>&lt; 20</math> responses were received, a score was not calculated.)</p>	
<p><b>A. Overall Satisfaction Composite Score</b>            This score was calculated based upon the following three questions on the BCBSIL Hospital Member Survey:</p> <ol style="list-style-type: none"> <li>1. Overall, how would you rate the quality of care you received in the hospital during your stay? (<i>Excellent or Very Good</i>)</li> <li>2. Would you return to this hospital for care in the future? (<i>Definitely Yes or Probably Yes</i>)</li> <li>3. How likely would you be to recommend this hospital to a friend or relative? (<i>Definitely Recommend or Probably Recommend</i>)</li> </ol> <p>Hospitals with a composite score of <math>\geq 96\%</math> = 6 points            Hospitals with a composite score of <math>\geq 92\%</math> but <math>&lt; 96\%</math> = 5 points            Hospitals with a composite score of <math>\geq 88\%</math> but <math>&lt; 92\%</math> = 4 points            Hospitals with a composite score of <math>\geq 84\%</math> but <math>&lt; 88\%</math> = 2 points            Hospitals with a composite score of <math>\geq 80\%</math> but <math>&lt; 84\%</math> = 1 point            Hospitals with a composite score of <math>&lt; 80\%</math> = 0 points</p>	<p><b>6</b></p> <p><b>NA if &lt; 20 surveys returned</b></p>
<p><b>B. Patient Education and Coordination of Care Composite Score</b>            This score was calculated based upon the following nine questions on the BCBSIL Hospital Member Survey:</p> <ol style="list-style-type: none"> <li>1. Rate your involvement with decision making about your care. (<i>Excellent or Very Good</i>)</li> <li>2. Rate the education you were given about your medical condition. (<i>Excellent or Very Good</i>)</li> <li>3. For members receiving medication: Rate the education you received about your medications. (<i>Excellent or Very Good</i>)</li> <li>4. For members who received diagnostic tests: Rate the explanation of what would happen during your tests. (<i>Excellent or Very Good</i>)</li> <li>5. For members who had a surgical procedure: Rate the education you received about the purpose and risks of your surgery. (<i>Excellent or Very Good</i>)</li> <li>6. Before you left the hospital, were you given: a complete list of medications? (<i>Yes</i>)</li> <li>7. Before you left the hospital, were you given: information about any new medications prescribed? (<i>Yes</i>)</li> <li>8. Before you left the hospital, were you given: instructions for a follow-up visit with your physician? (<i>Yes</i>)</li> <li>9. For members who received written discharge instructions: Rate your understanding of these instructions. (<i>Excellent or Very Good</i>)</li> </ol> <p>Hospitals with a composite score of <math>\geq 90\%</math> = 15 points            Hospitals with a composite score of <math>\geq 85\%</math> but <math>&lt; 90\%</math> = 12 points            Hospitals with a composite score of <math>\geq 80\%</math> but <math>&lt; 85\%</math> = 9 points            Hospitals with a composite score of <math>\geq 75\%</math> but <math>&lt; 80\%</math> = 6 points            Hospitals with a composite score of <math>\geq 70\%</math> but <math>&lt; 75\%</math> = 3 points            Hospitals with a composite score of <math>&lt; 70\%</math> = 0 points</p>	<p><b>15</b></p> <p><b>NA if &lt; 20 surveys returned</b></p>

<p><b>C. Advice to Quit Smoking</b> Points were assigned for hospitals for which <math>\geq 10</math> smokers' responses were received. (For hospitals for which <math>&lt; 10</math> smokers' responses were received, a score was not calculated.)</p> <p>For members who responded that they smoke Every day or Some days:</p> <ul style="list-style-type: none"> <li>During this hospital admission were you advised to quit smoking by a doctor or other health care professional? (Yes)</li> </ul> <p>Hospitals with a composite score of <math>\geq 90\%</math> = 2 points Hospitals with a composite score of <math>\geq 78\%</math> but <math>&lt; 90\%</math> = 1 point</p>	<p><b>2</b></p> <p><b>NA if &lt; 10 smokers responded</b></p>
<b>Member Survey TOTAL</b>	<b>23</b>

	Maximum Points Possible
<b>4. Efficiency</b>	
<p><b>A. Utilization Efficiency</b> Data Source: 10/1/2007 - 9/30/2008 BCBSIL claims data</p> <p>For each hospital, the ratio of actual to predicted utilization was calculated. For scoring, hospitals were compared to other hospitals within their peer group.</p> <p>Predicted ALOS is based upon the Milliman USA Well Managed Model (Model C) and the hospital's own case mix. Adjustments to the Milliman USA model include setting ALOS at 2 days for vaginal delivery and 4 days for cesarean section. Transplants, rehabilitation admissions, behavioral health admissions, and two Milliman USA diagnostic groups for Newborns with Major Problems and Newborns with Extreme Problems were excluded.</p> <p>The ratio of actual to predicted utilization was used to rank the hospitals within their peer group. A ratio less than one indicates ALOS shorter than predicted by Milliman USA. Using the standard normal distribution (bell curve), the percentiles for the ratio were computed by each peer group. Points were assigned within each peer group as follows:</p>	<b>15</b>
<p>Hospitals with ratio <math>\leq 25^{\text{th}}</math> percentile = 15 points Hospitals with ratio <math>&gt; 25^{\text{th}}</math> and <math>\leq 50^{\text{th}}</math> percentile = 10 points Hospitals with ratio <math>&gt; 50^{\text{th}}</math> and <math>\leq 75^{\text{th}}</math> percentile = 5 points Hospitals with ratio <math>&gt; 75^{\text{th}}</math> percentile = 0 points</p>	
<p><b>B. Administrative Efficiency</b> Data Source: BCBSIL claims received from 1/1/2008 to 12/31/2008.</p> <p>For both the hospital and the health plan, electronic claims are more efficient to process than paper claims. Claims submitted electronically are received more promptly and finalized sooner after the date of service.</p>	<b>5</b>
<b>Electronic Claims Submission</b>	
<p><math>\geq 92\%</math> of claims are sent electronically = 5 points <math>\geq 87\%</math> but <math>&lt; 92\%</math> of claims are sent electronically = 3 points <math>\geq 85\%</math> but <math>&lt; 87\%</math> of claims are sent electronically = 1 point <math>&lt; 85\%</math> of claims are sent electronically = 0 points</p>	
<b>Efficiency TOTAL</b>	<b>20</b>

	Maximum Points Possible
<p><b>5. AHRQ Indicators</b></p> <p>Data source: The data source used is the Federal Fiscal Year 2007 Illinois All Payor data (10/1/06 – 9/30/07 hospital discharges) from the Illinois Department of Public Health (IDPH).</p>	
<p>WebMD Quality Services Select Quality Care (SQC) Professional data analysis tools are used to report the AHRQ indicators. Medicaid admissions and admissions involving a transfer from another acute care facility were excluded. Risk adjustment is performed using RDRGs and age adjustment. If a hospital did not have an adequate number of admissions that meet eligibility criteria for a given indicator, results for that indicator are not reported. Scores are based upon a comparison to other hospitals in the same peer group.</p>	
<p><b>A. Patient Safety Indicators</b></p> <ol style="list-style-type: none"> <li>1. Selected Infections Due to Medical Care (PSI 7)</li> <li>2. Postoperative Pulmonary Embolism or Deep Vein Thrombosis (PSI 12)</li> <li>3. Postoperative Respiratory Failure (PSI 11)</li> <li>4. Postoperative Sepsis (PSI 13)</li> <li>5. Obstetric Trauma – Vaginal Delivery Without Instrument (PSI 19)</li> <li>6. Decubitus Ulcer (PSI 3)</li> <li>7. Death Among Surgical Inpatients with Serious Treatable Complications (PSI 4)</li> <li>8. Accidental Puncture or Laceration (PSI 15)</li> </ol> <p>Results of “Obstetric Trauma – Cesarean Delivery” (PSI 20) and “Obstetric Trauma – Vaginal Delivery With Instrument” (PSI 18) are provided for informational purposes but are not scored in the Profile.</p>	<b>40</b>
<p>Hospitals are compared to other hospitals within their peer group. (Peer groups 1 and 2 were combined for this analysis.) Since AHRQ Indicator rates are for complications, lower rates are better, and the best scores are for hospitals with rates in the lowest 10 percentile. Using the standard normal distribution (bell curve), the percentiles for each of the indicator rates were computed by peer group.</p>	
<p>Hospitals with rates <math>\leq 10^{\text{th}}</math> percentile = 5 points  Hospitals with rates <math>&gt; 10^{\text{th}}</math> and <math>\leq 25^{\text{th}}</math> percentile = 4 points  Hospitals with rates <math>&gt; 25^{\text{th}}</math> and <math>\leq 40^{\text{th}}</math> percentile = 3 points  Hospitals with rates <math>&gt; 40^{\text{th}}</math> and <math>\leq 60^{\text{th}}</math> percentile = 2 points  Hospitals with rates <math>&gt; 60^{\text{th}}</math> and <math>\leq 75^{\text{th}}</math> percentile = 1 point  Hospitals with rates <math>&gt; 75^{\text{th}}</math> percentile = 0 points</p>	
<p><b>B. Inpatient Quality Indicators</b></p> <p>Mortality Rates for Conditions (acute myocardial infarction, congestive heart failure, acute stroke, gastrointestinal hemorrhage, hip fracture, pneumonia)</p>	<b>10</b>
<p>For scoring purposes, the mortality rates were aggregated by combining all numerators and combining all denominators. Using the standard normal distribution (bell curve), the percentiles for the aggregated mortality rates were computed by peer group.</p>	
<p>Hospitals with rate <math>\leq 10^{\text{th}}</math> percentile = 10 points  Hospitals with rate <math>&gt; 10^{\text{th}}</math> and <math>\leq 25^{\text{th}}</math> percentile = 8 points  Hospitals with rate <math>&gt; 25^{\text{th}}</math> and <math>\leq 40^{\text{th}}</math> percentile = 6 points  Hospitals with rate <math>&gt; 40^{\text{th}}</math> and <math>\leq 60^{\text{th}}</math> percentile = 4 points  Hospitals with rate <math>&gt; 60^{\text{th}}</math> and <math>\leq 75^{\text{th}}</math> percentile = 2 points  Hospitals with rate <math>&gt; 75^{\text{th}}</math> percentile = 0 points</p>	
<b>AHRQ TOTAL</b>	<b>Up to 50</b>

	Maximum Points Possible
<p><b>6. Physician Survey</b>  Data sources: BCBSIL 2008 HMO PCP Survey and 2008 PPO Practitioner Survey. Physicians identified their primary hospital and answered questions about the hospital. If a physician responded more than once for the same hospital, only one of the responses (the HMO survey) was included in the results.</p> <p>Results are reported for hospitals with at least 10 survey responses.</p>	
<p>Physician Survey Indicators: Points are awarded to hospitals with a survey score at or above the overall network rate for each question.</p> <ul style="list-style-type: none"> <li>A. Overall quality of care: 1 point (<math>\geq 84\%</math>)</li> <li>B. Pharmacy providing meds correctly: 0.5 points (<math>\geq 86\%</math>)</li> <li>C. Adequacy of number of nurses: 0.5 points (<math>\geq 67\%</math>)</li> <li>D. Competence of the nursing staff: 0.5 points (<math>\geq 75\%</math>)</li> <li>E. Accuracy of processing doctor orders: 0.5 points (<math>\geq 79\%</math>)</li> <li>F. Quality of discharge plans: 0.5 points (<math>\geq 78\%</math>)</li> <li>G. Frequency of hospital discharges delayed: 0.5 points (<math>\geq 77\%</math>)</li> <li>H. Timely implementation of orders: 0.5 points (<math>\geq 91\%</math>)</li> <li>I. Timeliness of imaging/lab reports meets needs for clinical decisions: 0.5 points (<math>\geq 92\%</math>)</li> <li>J. Hospital takes appropriate steps to protect safety of patients: 0.5 points (<math>\geq 92\%</math>)</li> <li>K. Received timely ER reports: 0.5 points (<math>\geq 64\%</math>)</li> <li>L. RN staff has necessary clinical skills to provide appropriate care for the specific units in which they work: 0.5 points (<math>\geq 90\%</math>)</li> <li>M. Recommend this facility to family or friends: 0.5 points (<math>\geq 95\%</math>)</li> </ul>	<p style="text-align: center;"><b>7</b></p> <p style="text-align: center;"><b>NA if &lt;10 surveys returned</b></p>
<p><b>Physician Survey TOTAL</b></p>	<p style="text-align: center;"><b>7</b></p>

	Maximum Points Possible
<b>7. Hospital Quality Alliance Indicators</b> Data source: Hospital Compare ( <a href="http://www.hospitalcompare.hhs.gov">http://www.hospitalcompare.hhs.gov</a> ) as of 1/02/09. Data utilized is 4/1/07 – 3/31/08. For each indicator, hospitals at or above the state mean but less than the national 90 <sup>th</sup> percentile receive 1 point per measure. Hospitals at or above the national 90 <sup>th</sup> percentile receive 2 points per measure. Indicators for which a hospital did not have at least twenty five cases are scored as NA, not applicable.	
<b>A. Acute Myocardial Infarction</b> 1. Aspirin at arrival 2. Aspirin prescribed at discharge 3. ACE inhibitor for left ventricular systolic dysfunction 4. Beta blocker at arrival 5. Beta blocker prescribed at discharge 6. PCI within 90 minutes of arrival 7. Adult smoking cessation advice/counseling	<b>Up to 14 NA if &lt;25 cases</b>
<b>B. Heart Failure</b> 1. Left ventricular function assessment 2. ACE inhibitor for left ventricular systolic dysfunction 3. Discharge instructions 4. Adult smoking cessation advice/counseling	<b>Up to 8 NA if &lt;25 cases</b>
<b>C. Pneumonia</b> 1. Oxygenation assessment 2. Pneumococcal vaccination status 3. Blood culture performed before first antibiotic received in hospital 4. Adult smoking cessation advice/counseling 5. Initial antibiotic(s) within 6 hours after arrival 6. Most appropriate initial antibiotic(s) 7. Influenza vaccination status	<b>Up to 14 NA if &lt;25 cases</b>
<b>D. Surgical Infection Prevention</b> 1. Preventative antibiotic(s) 1 hour before incision 2. Preventative antibiotic(s) stopped within 24 hours after surgery 3. Appropriate preventative antibiotic(s) received for surgery 4. Treatment received to prevent blood clots within 24 hours before or after selected surgeries 5. Treatments ordered to prevent blood clots (Venous Thromboembolism) for certain types of surgeries	<b>Up to 10 NA if &lt;25 cases</b>
Hospital $\geq$ national 90 <sup>th</sup> percentile = 2 points Hospital $>$ state mean and $<$ national 90 <sup>th</sup> percentile = 1 point	
<b>Hospital Quality Alliance TOTAL</b>	<b>Up to 46</b>

	Maximum Points Possible
<b>8. Structural Indicators</b> Data sources: The BCBSIL survey sent to hospitals in December, 2008 (for board certification) and The Joint Commission and HFAP websites (for accreditation). Hospitals that did not return the survey received 0 points for board certification.	
<b>A. Board Certification</b> <ul style="list-style-type: none"> <li>▪ % of physicians on medical staff who are board certified <math>\geq</math>85% = 3 points</li> <li>▪ % of physicians on medical staff who are board certified <math>\geq</math>80% but <math>&lt;</math>85% = 2 points</li> </ul>	<b>3</b>
<b>B. Accreditation Status</b> <ul style="list-style-type: none"> <li>▪ The Joint Commission or HFAP accreditation as of 2/13/09 = 5 points</li> </ul>	<b>5</b>
<b>Structural Indicator TOTAL</b>	<b>Up to 8</b>

<b>Total Possible Points</b>	<b>Up to 204</b>
For hospitals for which some indicators could not be reported, the total possible points will be less than 204. Therefore, also reported is the percentage of possible points that were earned (the hospital points earned divided by the maximum points possible for that hospital).	
<b>Maximum Eligible Extra Credit points = 10</b>	
<b>9. Participation in State and National Quality Improvement Initiatives (Extra Credit)</b> Data source: BCBSIL Hospital Survey sent to hospitals in December 2008.	
BCBSIL recognizes specified state and national quality improvement initiatives by giving “extra credit” for those hospitals that report participation via the BCBSIL Hospital Survey. Points for these initiatives are added to the points possible (numerator) only, and have the ability to raise the hospital’s overall score, without affecting the total possible points (denominator).	
<b>A. American College of Cardiology National Cardiovascular Data Registry (ACC Database)</b> ▪ Hospital participates = 2 points	<b>2</b>
<b>B. American College of Cardiology D2B (Door-to-Balloon) Alliance</b> ▪ Hospital participates = 2 points	<b>2</b>
<b>C. Society of Thoracic Surgeons National Database (STS Database)</b> ▪ Hospital participates = 2 points	<b>2</b>
<b>D. Vermont Network NIC/Q Collaborative</b> ▪ Hospital participates = 2 points	<b>2</b>
<b>E. Illinois Hospital Association (IHA) 2008 Patient Safety Collaborative: “Targeting Hospital Acquired Conditions: Keeping Patients Safe”</b> ▪ Hospital participates = 2 points	<b>2</b>
<b>F. American Nurses Credentialing Center (ANCC) Magnet Recognition</b> ▪ Hospital recognized = 2 points	<b>2</b>
<b>G. National Surgical Infection Monitoring &amp; Reduction Program</b> ▪ Hospital has program = 2 points	<b>2</b>
<b>H. Web-based Patient Communication System</b> ▪ Hospital has web-based system = 1 point	<b>1</b>
<b>I. AHRQ Hospital Survey on Patient Safety Culture</b> ▪ Hospital participates = 3 points	<b>3</b>
<b>J. Institute for Healthcare Improvement (IHI) 5 Million Lives Campaign</b> ▪ Fully Committed and submitted data to IHI for IHI website posting as of 12/31/08 = 2 points	<b>2</b>
<b>K. American Heart Association (AHA) Get with the Guidelines Program</b> <b>For each GWTG Program (Coronary Artery Disease, Heart Failure, Stroke)</b> ▪ Hospital participates or Bronze Performance Award = 1 point OR ▪ Silver or Gold Performance Award = 2 points (Up to a maximum of 6 points)	<b>Up to 6</b>
<b>L. Disease Specific Care Certification from The Joint Commission</b> ▪ Each certification as posted on The Joint Commission website as of 12/31/08= 1 point (Maximum of 6 points)	<b>Up to 6</b>
<b>M. Recipient of any of the following awards since January 2007</b> ▪ Lincoln Award = 2 points ▪ Baldrige Award = 2 points	<b>Up to 4</b>
<b>N. Blue Distinction Centers</b> ▪ Hospital received recognition as a Blue Distinction Center for Cardiac, Bariatric, Transplants, and/or Complex & Rare Cancers as of 3/1/09 = 2 points	<b>2</b>
<b>O. Other State or National Quality Improvement Initiatives</b> ▪ Each qualifying initiative = 1 point (Scored only if “Extra Credit” total < 10 points)	<b>Up to 10</b>
<b>Extra Credit TOTAL</b>	
<b>Maximum Eligible Extra Credit Points = 10</b>	