



BlueCross BlueShield of Illinois

2010 Annual BCBSIL Hospital Profile Peer Groups 1 - 6 Scoring Criteria

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 (Reported for Peer Groups 1 – 5)
 - B. Appropriate ICU Staffing (Reported for Peer Groups 1 – 5)
 - C. Steps to Avoid Harm
 - D. Managing Serious Errors
 - E. Transparency Indicator
 - F. Reduce Pressure Ulcers *
 - G. Reduce In-Hospital Injuries *
2. Reporting on Near Misses
3. HCAHPS Survey *
4. Efficiency
 - A. Utilization Efficiency
 - B. Administrative Efficiency
5. AHRQ Indicators
 - A. Patient Safety Indicators
 - B. Inpatient Quality Indicators
6. Hospital Quality Alliance (HQA) Indicators
 - A. Acute Myocardial Infarction
 - B. Heart Failure
 - C. Pneumonia
 - D. Surgical Infection Prevention (two measures added) *
7. Structural Indicators
 - A. Board Certification
 - B. Accreditation Status
8. Participation in State and National Quality Improvement Initiatives (Extra Credit)
9. Hospital-Based Physicians †

For Information Only in 2010

- iExchange
- Utilization Efficiency: Admissions for Maternity and Newborns with Major and Minor Problems
- Leapfrog: Reduce ICU Infections
- Hospital Quality Alliance: Surgical Infection Prevention – “Surgery Patients on a Beta Blocker Prior to Arrival Who Received a Beta Blocker During the Perioperative Period”
- “Central Line-Associated Blood Stream Infections” from the Illinois Department of Public Health (IDPH) Hospital Report Card and Consumer Guide to Health Care

* New scored indicator for 2010.

† Non-scored indicator; Blue Star indicator only.

	2010 Maximum Points Possible
1. Leapfrog Data source: Leapfrog Web site (www.leapfroggroup.org), 1/15/2010.	
A. Prevent Medication Errors [formerly Leapfrog Computer Physician Order Entry (CPOE)] (Reported for Peer Groups 1 – 5)	
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog Prevent Medication Errors standard <ul style="list-style-type: none"> ▪ Fully meets the standard = 7 points ▪ Substantial progress = 5 points ▪ Some progress = 3 points ▪ Willing to report = 2 points ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010 = 0 points 	7
B. Appropriate ICU Staffing [formerly Leapfrog ICU Physician Staffing (IPS)] (Reported for Peer Groups 1 – 5)	
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog Appropriate ICU Staffing standard <ul style="list-style-type: none"> ▪ Fully meets the standard = 7 points ▪ Substantial progress = 5 points ▪ Some progress = 3 points ▪ Willing to report = 2 points ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010 = 0 points 	7
C. Steps to Avoid Harm [formerly National Quality Forum – Safe Practices (NQF – SP)]	
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog Steps to Avoid Harm standard <ul style="list-style-type: none"> ▪ Fully meets the standard = 7 points ▪ Substantial progress = 5 points ▪ Some progress = 3 points ▪ Willing to report = 2 points ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010 = 0 points 	7
D. Managing Serious Errors (formerly Adherence to Never Events Policy)	
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog Managing Serious Errors standard <ul style="list-style-type: none"> ▪ Fully meets the standard = 7 points ▪ Substantial progress = 5 points ▪ Some progress = 3 points ▪ Willing to report = 2 points ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010 = 0 points 	7
E. Transparency Indicator	
<ul style="list-style-type: none"> ▪ Hospital participates in other reporting efforts as reported on Leapfrog Web site = 3 points ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010 = 0 points 	3
F. Reduce Pressure Ulcers *	
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog Reduce Pressure Ulcers standard <ul style="list-style-type: none"> ▪ Fully meets the standard = 7 points ▪ Substantial progress = 5 points ▪ Some progress = 3 points ▪ Willing to report = 2 points ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010 = 0 points 	7
G. Reduce In-Hospital Injuries *	
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog Reduce In-Hospital Injuries standard <ul style="list-style-type: none"> ▪ Fully meets the standard = 7 points ▪ Substantial progress = 5 points ▪ Some progress = 3 points ▪ Willing to report = 2 points ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010 = 0 points 	7
Leapfrog TOTAL	Up to 45 points

	2010 Maximum Points Possible
2. Reporting on Near Misses Data source: BCBSIL survey sent to hospitals in November 2009. Hospitals that did not return the survey received 0 points for Reporting on Near Misses.	
Hospitals responding “Yes” to all three items below receive 5 points: 1. Report data on all “near misses” 2. Perform root-cause analysis 3. Have non-retaliation/non-retribution policy related to reporting of “near misses”	5
Reporting on Near Misses TOTAL	5 points

	2010 Maximum Points Possible
3. Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) * Data source: Hospital Compare (http://www.hospitalcompare.hhs.gov) as of 1/12/2010. Data utilized is for April 2008 – March 2009.	
Patient Hospital Experience Composite Score a. How often did nurses communicate well with patients (Always) b. How often did doctors communicate well with patients (Always) c. How often did patients receive help quickly from the hospital staff (Always) d. How often was patients’ pain well controlled (Always) e. How often did staff explain about medicines before giving them to patients (Always) f. How often the patients’ rooms and bathrooms were kept clean (Always) g. How often the area around the patients’ rooms was kept quiet at night (Always) h. Were patients given information about what to do during their recovery at home (Yes)	16
i. How do patients rate the hospital overall (High) j. Would patients recommend the hospital to friends and family (Definitely Recommend)	6
For indicators A - H, hospital score ≥ state average = 2 points For indicators I and J, hospital score ≥ state average = 3 points	
HCAHPS Survey TOTAL	22 points

	2010 Maximum Points Possible
4. Efficiency	
A. Utilization Efficiency Data Source: 10/1/2008 - 9/30/2009 BCBSIL claims data For each hospital, the ratio of actual to predicted utilization was calculated. For scoring, hospitals were compared to other hospitals within their peer group. Predicted ALOS is based upon the Milliman USA Well Managed Model (Model C) and the hospital’s own case mix. Exclusions were as follows: <ul style="list-style-type: none"> • Transplants • Rehabilitation admissions • Behavioral Health admissions • Newborns with major, extreme, or minor problems • Admissions for maternity care 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.	16

* New scored indicator for 2010

<p>Points were assigned within each peer group based upon the amount of spread (standard deviation, SD) from the mean as follows:</p> <ul style="list-style-type: none"> ▪ Hospitals with a Ratio C \leq [Peer group mean - 1 SD] = 16 points ▪ Hospitals with a Ratio C $>$ [Peer group mean - 1 SD] and \leq [Peer group mean - 0.5 SD] = 12 points ▪ Hospitals with a Ratio C $>$ [Peer group mean - 0.5 SD] and \leq [Peer group mean] = 8 points ▪ Hospitals with a Ratio C $>$ [Peer group mean] and \leq [Peer group mean + 0.5 SD] = 4 points ▪ Hospitals with a Ratio C $>$ [Peer group mean + 0.5 SD] = 0 points 	
<p>B. Administrative Efficiency Data Source: BCBSIL claims received from 1/1/2009 to 12/31/2009.</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>	5
<p>Electronic Claims Submission</p> <ul style="list-style-type: none"> ▪ $\geq 95\%$ of claims are sent electronically = 5 points ▪ $\geq 92\%$ but $< 95\%$ of claims are sent electronically = 3 points ▪ $\geq 88\%$ but $< 92\%$ of claims are sent electronically = 1 point ▪ $< 88\%$ of claims are sent electronically = 0 points 	
Efficiency TOTAL	21 points
	2010 Maximum Points Possible
<p>5. Agency for Healthcare Research and Quality (AHRQ) Indicators Data source: The data source used is the Federal Fiscal Year 2008 Illinois All Payor data (10/1/2007 – 9/30/2008 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 in from another acute care facility were excluded. Risk adjustment is performed using MS-DRGs 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>A. Patient Safety Indicators</p> <ol style="list-style-type: none"> 1. Selected Infections Due to Medical Care (PSI 7) 2. Postoperative Pulmonary Embolism or Deep Vein Thrombosis (PSI 12) 3. Postoperative Respiratory Failure (PSI 11) 4. Postoperative Sepsis (PSI 13) 5. Obstetric Trauma – Vaginal Delivery Without Instrument (PSI 19) 6. Decubitus Ulcer (PSI 3) 7. Death Among Surgical Inpatients with Serious Treatable Complications (PSI 4) 8. Accidental Puncture or Laceration (PSI 15) 	40
<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 10th percentile. Using the standard normal distribution (bell curve), the percentiles for each of the indicator rates were computed by peer group.</p>	
<ul style="list-style-type: none"> ▪ For each indicator, the scoring is as follows: <ul style="list-style-type: none"> ▪ Hospitals with rates $\leq 10^{\text{th}}$ percentile = 5 points ▪ Hospitals with rates $> 10^{\text{th}}$ and $\leq 25^{\text{th}}$ percentile = 4 points ▪ Hospitals with rates $> 25^{\text{th}}$ and $\leq 40^{\text{th}}$ percentile = 3 points ▪ Hospitals with rates $> 40^{\text{th}}$ and $\leq 60^{\text{th}}$ percentile = 2 points ▪ Hospitals with rates $> 60^{\text{th}}$ and $\leq 75^{\text{th}}$ percentile = 1 point ▪ Hospitals with rates $> 75^{\text{th}}$ percentile = 0 points 	

<p>B. Inpatient Quality Indicators Mortality Rates for Conditions (acute myocardial infarction, congestive heart failure, acute stroke, gastrointestinal hemorrhage, hip fracture, pneumonia)</p> <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>	10
<ul style="list-style-type: none"> ▪ For each indicator, the scoring is as follows: <ul style="list-style-type: none"> ▪ Hospitals with rate $\leq 10^{\text{th}}$ percentile = 10 points ▪ Hospitals with rate $> 10^{\text{th}}$ and $\leq 25^{\text{th}}$ percentile = 8 points ▪ Hospitals with rate $> 25^{\text{th}}$ and $\leq 40^{\text{th}}$ percentile = 6 points ▪ Hospitals with rate $> 40^{\text{th}}$ and $\leq 60^{\text{th}}$ percentile = 4 points ▪ Hospitals with rate $> 60^{\text{th}}$ and $\leq 75^{\text{th}}$ percentile = 2 points ▪ Hospitals with rate $> 75^{\text{th}}$ percentile = 0 points 	
AHRQ TOTAL	Up to 50

	2010 Maximum Points Possible
<p>6. Hospital Quality Alliance Indicators Data source: Hospital Compare (http://www.hospitalcompare.hhs.gov) as of 2/1/2010. Data utilized is from April 2008 – March 2009. For each indicator, hospitals at or above the state mean but less than the national 90th percentile receive 1 point per measure. Hospitals at or above the national 90th 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.</p>	
<p>A. Heart Attack (Acute Myocardial Infarction or AMI)</p> <ol style="list-style-type: none"> 1. Aspirin at Arrival 2. Aspirin at Discharge 3. Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) for Left Ventricular Systolic Dysfunction (LVSD) 4. Beta Blocker at Discharge 5. Percutaneous Coronary Intervention (PCI) Received Within 90 Minutes of Hospital Arrival 6. Smoking Cessation Advice/Counseling 	Up to 12 NA if <25 cases
<p>B. Heart Failure</p> <ol style="list-style-type: none"> 1. Evaluation of Left Ventricular Systolic (LVS) Function 2. ACE inhibitor or ARB for LVSD 3. Discharge Instructions 4. Smoking Cessation Advice/Counseling 	Up to 8 NA if <25 cases
<p>C. Pneumonia</p> <ol style="list-style-type: none"> 1. Initial Antibiotic Timing 2. Pneumococcal Vaccination 3. Influenza Vaccination 4. Blood Culture Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital 5. Appropriate Initial Antibiotic Selection 6. Smoking Cessation Advice/Counseling 	Up to 12 NA if <25 cases
<p>D. Surgical Infection Prevention</p> <ol style="list-style-type: none"> 1. Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision 2. Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time 3. Prophylactic Antibiotic Selection 4. Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose * 5. Surgery Patients with Appropriate Hair Removal * 6. Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered 7. Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery 	Up to 14 NA if <25 cases
<p>Hospital \geq national 90th percentile = 2 points Hospital \geq state mean and $<$ national 90th percentile = 1 point</p>	
Hospital Quality Alliance TOTAL	Up to 46

* New scored indicator for 2010

	2010 Maximum Points Possible
7. Structural Indicators Data sources: The BCBSIL survey sent to hospitals in November 2009 (for board certification) and The Joint Commission, HFAP or DNV/NIAHO Web sites (for accreditation). Hospitals that did not return the survey received 0 points for board certification.	
A. Board Certification <ul style="list-style-type: none"> ▪ % of physicians on medical staff who are board certified $\geq 85\%$ = 3 points ▪ % of physicians on medical staff who are board certified $\geq 80\%$ but $< 85\%$ = 2 points 	3
B. Accreditation Status <ul style="list-style-type: none"> ▪ The Joint Commission, HFAP or DNV/NIAHO accreditation as of 1/15/2010 = 5 points 	5
Structural Indicator TOTAL	Up to 8

Total Possible Points	Up to 197
For hospitals for which some indicators could not be reported, the total possible points will be less than 197. 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).	

	2010 Maximum Eligible Extra Credit points = 15
8. Participation in State and National Quality Improvement Initiatives (Extra Credit) Data source: BCBSIL Hospital Survey sent to hospitals in November 2009. 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).	
A. American College of Cardiology National Cardiovascular Data Registry (ACC Database) ▪ Hospital participates = 2 points	2
B. American College of Cardiology D2B (Door-to-Balloon) Alliance ▪ Hospital participates = 2 points	2
C. Society of Thoracic Surgeons National Database (STS Database) ▪ Hospital participates = 2 points	2
D. International Bariatric Surgery Registry * ▪ Hospital participates = 2 points	2
E. Other Selected State or National Registry * ▪ Hospital participates in qualifying selected state or national registry = 2 points (Up to a maximum of 6 points)	Up to 6
F. Vermont Network NIC/Q Collaborative ▪ Hospital participates = 2 points	2
G. 2009 IHA Learning Collaborative: “IHA/National Initiative - Stop Central Line Associated Blood Stream Infections” ▪ Hospital participates = 2 points	2
H. American Nurses Credentialing Center (ANCC) Magnet Recognition ▪ Hospital recognized = 2 points	2
I. Use of a vendor to assist in reducing hospital infection rates ▪ Hospital has vendor = 2 points	2
J. Web-based patient communication system ▪ Hospital has Web-based system = 1 point	1
K. AHRQ Hospital Survey on Patient Safety Culture ▪ Hospital completed survey = 3 points	3
L. American Heart Association (AHA) Get with the Guidelines (GWTG) Program For each GWTG Program (Action, Heart Failure, Stroke) ▪ Hospital participates or Bronze Performance Award = 1 point OR Silver or Gold Performance Award = 2 points (Up to a maximum of 6 points)	Up to 6
M. Disease-Specific Care Certification (DSCC) from The Joint Commission ▪ Each certification as posted on The Joint Commission Web site as of 12/31/2009 = 1 point (Up to a maximum of 6 points)	Up to 6
N. Institute for Healthcare Improvement (IHI) Surgical Safety Checklist Sprint * ▪ Hospital participates = 2 points	2
O. Recipient of any of the following awards since January 2008 ▪ Submitted Lincoln Award application = 1 point, or received Lincoln Award = 2 points ▪ Submitted Baldrige Award application = 1 point, or received Baldrige Award = 2 points	Up to 4
P. Blue Distinction Centers ▪ Hospital is recognized as a Blue Distinction Center for Cardiac, Bariatric, Transplants, Complex & Rare Cancers, Spine Surgery*, and/or Knee & Hip* as of 1/10/2010 = 2 points	2
Q. American Heart Association (AHA) Mission: Lifeline program * ▪ Hospital participates = 2 points	2
R. Accreditation by the Society of Chest Pain Centers * ▪ Hospital accredited = 2 points	2
S. National Surgical Quality Improvement Program (NSQIP) * ▪ Hospital participates = 2 points	2
T. Patient Safety Organization (PSO) identified by AHRQ as a Listed PSO * ▪ Hospital is contracting = 2 points	2
U. Other qualifying state or national quality improvement initiatives ▪ Each qualifying initiative = 1 point (Scored only if “Extra Credit” total < 15 points)	Up to 15
Extra Credit TOTAL	2010 Maximum Eligible Extra Credit Points = 15

* New scored indicator for 2010

The following indicator was not scored in 2010. For Peer Groups 1 - 5, it is a Blue Star item only.

- Hospital-Based Physicians

9. Hospital-Based Physicians

Data source: BCBSIL network records (PPO) and reports from contracting Independent Physician Associations (IPAs) (HMO).

The following criteria must be met by 11/30/09 for the hospital to earn a Blue Star in 2010 for hospital-based physician contracts:

All of the hospital's radiology, anesthesiology, pathology, and emergency room physicians have contracts with the BCBSIL PPO and with each of the contracted HMO Medical Groups and IPAs that are affiliated with the hospital. The HMO requirement is only applicable if there is an affiliation between the IPA and the hospital listed in the "*HMOs of the BCBSIL Provider Directory.*"