



BlueCross BlueShield of Illinois

2010 Annual BCBSIL Hospital Profile Peer Group 7 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. Steps to Avoid Harm
 - B. Managing Serious Errors
 - C. Transparency Indicator
 - D. Reduce Pressure Ulcers
 - E. Reduce In-Hospital Injuries
 - F. Reduce ICU Infections
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 (three measures added)
7. Structural Indicators
 - A. Board Certification
 - B. Accreditation Status
8. Participation in State and National Quality Improvement Initiatives

BCBSIL is providing the following additional information for your hospital

- iExchange
- “Central Line-Associated Blood Stream Infections” from the Illinois Department of Public Health (IDPH) Hospital Report Card and Consumer Guide to Health Care

1. Leapfrog
Data source: Leapfrog Web site (www.leapfroggroup.org), 1/15/2010.
A. Steps to Avoid Harm [formerly <i>National Quality Forum – Safe Practices (NQF – SP)</i>]
<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 ▪ Substantial progress ▪ Some progress ▪ Willing to report ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010
B. Managing Serious Errors (formerly <i>Adherence to Never Events Policy</i>)
<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 ▪ Substantial progress ▪ Some progress ▪ Willing to report ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010
C. Transparency Indicator
<ul style="list-style-type: none"> ▪ Hospital participates in other reporting efforts as reported on Leapfrog Web site ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010
D. 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 ▪ Substantial progress ▪ Some progress ▪ Willing to report ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010
E. 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 ▪ Substantial progress ▪ Some progress ▪ Willing to report ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010
F. Reduce ICU Infections
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog Reduce ICU Infections standard <ul style="list-style-type: none"> ▪ Fully meets the standard ▪ Substantial progress ▪ Some progress ▪ Willing to report ▪ Hospital not publicly reporting on Leapfrog Web site as of 1/15/2010

2. Reporting on Near Misses

Data source: BCBSIL survey sent to hospitals in November 2009.

Hospitals responding “Yes” to all three items below:

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”

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

- 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)
- i. How do patients rate the hospital overall (High)
- j. Would patients recommend the hospital to friends and family (Definitely Recommend)

4. Efficiency

A. Utilization Efficiency (Excluding Maternity) Utilization Efficiency (Maternity Only)

Data Source: 10/1/2008 - 9/30/2009 BCBSIL claims data

For each hospital, the ratio of actual to predicted utilization was calculated. 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:

- Transplants
- Rehabilitation admissions
- Behavioral Health admissions

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.

Maternity related admissions are reported separately from the rest of the hospital admissions.

B. Administrative Efficiency

Data Source: BCBSIL claims received from 1/1/2009 to 12/31/2009.

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.

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).

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.

A. Patient Safety Indicators

1. Postoperative Pulmonary Embolism or Deep Vein Thrombosis (PSI 12)
2. Decubitus Ulcer (PSI 3)
3. Accidental Puncture or Laceration (PSI 15)

B. Inpatient Quality Indicators

Mortality Rates for Conditions (acute myocardial infarction, congestive heart failure, acute stroke, gastrointestinal hemorrhage, hip fracture, pneumonia)

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.

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.

A. Heart Attack (Acute Myocardial Infarction or AMI)

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

B. Heart Failure

1. Evaluation of Left Ventricular Systolic (LVS) Function
2. ACE inhibitor or ARB for LVSD
3. Discharge Instructions
4. Smoking Cessation Advice/Counseling

C. Pneumonia

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

D. Surgical Infection Prevention

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
8. Surgery Patients on a Beta Blocker Prior to Arrival Who Received a Beta Blocker During the Perioperative Period

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).

A. Board Certification**B. Accreditation Status**

- The Joint Commission, HFAP or DNV/NIAHO accreditation as of 1/15/2010

8. Participation in State and National Quality Improvement Initiatives Data source: BCBSIL Hospital Survey sent to hospitals in November 2009. BCBSIL recognizes specified state and national quality improvement initiatives for those hospitals that report participation via the BCBSIL Hospital Survey.
A. American College of Cardiology National Cardiovascular Data Registry (ACC Database)
B. American College of Cardiology D2B (Door-to-Balloon) Alliance
C. Society of Thoracic Surgeons National Database (STS Database)
D. International Bariatric Surgery Registry
E. Other Registries
F. Vermont Network NIC/Q Collaborative
G. 2009 IHA Learning Collaborative: "IHA/National Initiative - Stop Central Line Associated Blood Stream Infections"
H. American Nurses Credentialing Center (ANCC) Magnet Recognition
I. Use of a vendor to assist in reducing hospital infection rates
J. Web-based patient communication system
K. AHRQ Hospital Survey on Patient Safety Culture
L. American Heart Association (AHA) Get with the Guidelines Program For each GWTG Program (Coronary Artery Disease, Heart Failure, Stroke)
M. Disease-Specific Care Certification (DSCC) from The Joint Commission
N. Institute for Healthcare Improvement (IHI) Surgical Safety Checklist Sprint
O. Recipient of any of the following awards since January 2008
P. Blue Distinction Centers
Q. American Heart Association (AHA) Mission: Lifeline program
R. Accreditation by the Society of Chest Pain Centers
S. National Surgical Quality Improvement Program (NSQIP)
T. Patient Safety Organization (PSO) identified by AHRQ as a Listed PSO
U. Other State or National Quality Improvement Initiatives

Additional Information

Efficiency
iExchange Data Source: BCBSIL Network Data iExchange is an automated notification tool. iExchange supports the direct submission and processing of pre-certifications by network physicians, professional providers and facilities within Illinois. This tool allows physicians and other professional providers to obtain approval of inpatient procedures, 24 hours a day, seven days a week. This tool is accessible via a Web-based application: (http://www.bcbsil.com/provider/ec/iexchange.htm)
Illinois Department of Public Health (IDPH) Hospital Report Card and Consumer Guide to Health Care Data source: IDPH Web site (http://www.idph.state.il.us/), 1/1/2009 - 6/30/2009.
Central Line-Associated Blood Stream Infections <ul style="list-style-type: none">▪ Central Line-Associated Bloodstream Infection (CLABSI) Rates in Adult Intensive Care Units