



2009 Annual Hospital Profile for 9999999999
 ABC
 Peer Group: 6

2009 Annual BCBSIL Hospital Profile Score: 65.7% 137 90.0

Measures	Hospital Results	Maximum Points Possible	Points Earned
1. Leapfrog		21	13
A. Steps to Avoid Harm			
1. Public Reporting on Leapfrog website regarding Steps to Avoid Harm	Yes	2	2
2. Progress towards meeting the Leapfrog Steps to Avoid Harm standard	Substantial Progress	10	7
B. Managing Serious Errors			
1. Public Reporting on Leapfrog website regarding Managing Serious Errors	Yes	2	2
2. Progress towards meeting the Leapfrog Managing Serious Errors standard	Willing to Report	5	0
C. Transparency Indicator			
1. Hospital participates in other reporting efforts as reported on Leapfrog website	Yes	2	2
2. Reporting on Near Misses		5	5
A. Report data on all "near misses"			
B. Perform root-cause analysis			
C. Have non-retaliation/non-retribution policy related to reporting of "near misses"	Yes	5	5

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	Median	Hospital Results	Maximum Points Possible	Points Earned	
3. Efficiency	Peer Group		20	20	
A. Utilization Efficiency	1.19	1.09	15	15	
The ratio of actual ALOS to predicted ALOS (based on Milliman USA Well Managed Model [Model C] for the hospital's case mix) is reported. A ratio less than 1 indicates that the hospital's ALOS was shorter than predicted by Model C. A ratio greater than 1 indicates that the hospital's ALOS was longer than predicted by Model C. The point score is based on a comparison with other hospitals in the same peer group.					
B. Administrative Efficiency	Mean				
BCBSIL claims received 1/1/08 - 12/31/08					
Number of Electronic Claims Received in 2008:	11,980	All Hospitals			
Percent of claims submitted electronically	94.1%	95.5%	5	5	
Measures	Top 10 Percentile	Mean	Hospital Results	Maximum Points Possible	Points Earned
4. AHRQ Indicators	Peer Group	Peer Group		45	14
Since AHRQ Indicator rates are for complications, lower rates are better. If a hospital did not have an adequate number of admissions that met eligibility criteria for a given indicator, results for that indicator are not reported and the score is reported as NA.					
A. Patient Safety Indicators - Maximum of 5 points each					
1. Selected Infections Due to Medical Care	0.00	0.09	0.04	5	4
2. Postoperative Pulmonary Embolism or Deep Vein Thrombosis	0.28	0.95	0.61	5	4
3. Postoperative Respiratory Failure	0.00	0.58	0.23	5	3
4. Postoperative Septicemia	0.00	2.45	4.33	5	0
5. Obstetric Trauma - Vaginal Delivery Without Instrument	0.79	3.04	4.36	5	0
6. Decubitus Ulcer	1.30	2.22	2.58	5	1
7. Accidental Puncture or Laceration	0.05	0.25	0.28	5	2
8. Obstetric Trauma - Cesarean Delivery	NA	0.49	0.00	Not Scored	Not Scored
9. Obstetric Trauma - Vaginal Delivery With Instrument	NA	17.07	20.36	Not Scored	Not Scored
B. Inpatient Quality Indicators - Maximum of 10 points					
Mortality Rates for Conditions (acute myocardial infarction, congestive heart failure, acute stroke, gastrointestinal hemorrhage, hip fracture, pneumonia)	5.74	9.00	9.28	10	0

Measures	Mean	90th Percentile	Hospital Results	Maximum Points Possible	Points Earned
5. Hospital Quality Alliance Indicators	State Mean (%)	National (%)	(%)	38	21
A. Acute Myocardial Infarction					
1. Aspirin at arrival	92	100	98	2	1
2. Aspirin prescribed at discharge	90	100	100	2	2
3. ACE inhibitor for left ventricular systolic dysfunction	86	100	NA	NA	0
4. Beta blocker at arrival	89	100	100	2	2
5. Beta blocker prescribed at discharge	93	100	100	2	2
6. PCI within 90 minutes of arrival	67	93	NA	NA	0
7. Adult smoking cessation advice/counseling	90	100	NA	NA	0
B. Heart Failure					
1. Left ventricular function assessment	92	100	96	2	1
2. ACE inhibitor for left ventricular systolic dysfunction	87	100	93	2	1
3. Discharge instructions	77	97	94	2	1
4. Adult smoking cessation advice/counseling	92	100	NA	NA	0
C. Pneumonia					
1. Oxygenation assessment	99	100	100	2	2
2. Pneumococcal vaccination status	77	97	96	2	1
3. Blood culture performed before first antibiotic received in hospital	91	99	95	2	1
4. Adult smoking cessation advice/counseling	88	100	98	2	1
5. Initial antibiotic(s) within 6 hrs after arrival	93	100	92	2	0
6. Most appropriate initial antibiotic(s)	87	97	86	2	0
7. Influenza vaccination status	76	97	76	2	1
D. Surgical Infection Prevention					
1. Preventative antibiotic(s) 1 hr before incision	86	98	96	2	1
2. Preventative antibiotic(s) stopped within 24 hrs after surgery	81	98	86	2	1
3. Appropriate preventative antibiotic(s) received for surgery	93	99	98	2	1
4. Treatment received to prevent blood clots within 24 hours before or after selected surgeries	80	96	90	2	1
5. Treatments ordered to prevent blood clots (venous thromboembolism) for certain types of surgeries	84	97	91	2	1
6. Structural Indicators				8	8
A. Percentage of Physicians on Medical Staff Who Are Board Certified			97%	3	3
B. Accreditation status as of 2/13/09			Joint Comm	5	5
Measures	Participation Self Reported on BCBSIL Hospital Survey		Extra Credit Points Possible	Extra Credit Points Earned	
7. Participation in State and National Quality Improvement Initiatives (Extra Credit)	Yes		10	9	

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