



2009 Annual Hospital Profile for 149999 NPI #: 9999999999

ABC Hospital
Peer Group: 3

2009 Annual BCBSIL Hospital Profile Score: 67.2% 204 137.0

Measures	Mean	90th Percentile	Hospital Results	Maximum Points Possible	Points Earned
7. Hospital Quality Alliance Indicators	State Mean (%)	National (%)	(%)	46	38
A. Acute Myocardial Infarction				14	10
1. Aspirin at arrival	92	100	100	2	2
2. Aspirin prescribed at discharge	90	100	100	2	2
3. ACE inhibitor for left ventricular systolic dysfunction	86	100	99	2	1
4. Beta blocker at arrival	89	100	99	2	1
5. Beta blocker prescribed at discharge	93	100	100	2	2
6. PCI within 90 minutes of arrival	67	93	83	2	1
7. Adult smoking cessation advice/counseling	90	100	99	2	1
B. Heart Failure				8	6
1. Left ventricular function assessment	92	100	100	2	2
2. ACE inhibitor for left ventricular systolic dysfunction	87	100	96	2	1
3. Discharge instructions	77	97	97	2	2
4. Adult smoking cessation advice/counseling	92	100	99	2	1
C. Pneumonia				14	12
1. Oxygenation assessment	99	100	100	2	2
2. Pneumococcal vaccination status	77	97	98	2	2
3. Blood culture performed before first antibiotic received in hospital	91	99	98	2	1
4. Adult smoking cessation advice/counseling	88	100	100	2	2
5. Initial antibiotic(s) within 6 hrs after arrival	93	100	99	2	1
6. Most appropriate initial antibiotic(s)	87	97	98	2	2
7. Influenza vaccination status	76	97	98	2	2
D. Surgical Infection Prevention				10	10
1. Preventative antibiotic(s) 1 hr before incision	86	98	98	2	2
2. Preventative antibiotic(s) stopped within 24 hrs after surgery	81	98	98	2	2
3. Appropriate preventative antibiotic(s) received for surgery	93	99	99	2	2
4. Treatment received to prevent blood clots within 24 hours before or after selected surgeries	80	96	99	2	2
5. Treatments ordered to prevent blood clots (venous thromboembolism) for certain types of surgeries	84	97	99	2	2

8. Structural Indicators			8	8
A. Percentage of Physicians on Medical Staff Who Are Board Certified		100%	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
9. Participation in State and National Quality Improvement Initiatives (Extra Credit)	Yes	10	10

Measures	Hospital Results	Maximum Points Possible	Points Earned
1. Leapfrog		45	25
A. Prevent Medication Errors			
1. Public Reporting on Leapfrog website regarding Prevent Medication Errors	Yes	2	2
2. Progress towards meeting the Leapfrog Prevent Medication Errors standard	Willing to Report	10	0
B. Appropriate ICU Staffing			
1. Public Reporting on Leapfrog website regarding Appropriate ICU Staffing	Yes	2	2
2. Progress towards meeting the Leapfrog Appropriate ICU Staffing standard	Fully Meets Standards	10	10
C. 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
D. Managing Serious Errors			
1. Public Reporting on Leapfrog website regarding Managing Serious Errors	No	2	0
2. Progress towards meeting the Leapfrog Managing Serious Errors standard	Declined To Respond	5	0
E. 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"	Yes	5	5
B. Perform root-cause analysis			
C. Have non-retaliation/non-retribution policy related to reporting of "near misses"			

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Measures	Mean	Hospital Results	Maximum Points Possible	Points Earned
3. Hospital Member Survey	All Hospitals		23	17
If <20 surveys were returned, this section is not scored and results are listed as NA.				
A. Overall Satisfaction Composite Score	88.9%	91.8%	6	5
This composite score is based on the following questions: 1. Overall how would you rate the quality of care you received in the hospital during your stay? (Excellent or Very Good) 2. Would you return to this hospital for care in the future? (Definitely Yes or Probably Yes) 3. How likely would you be to recommend this hospital to a friend or relative? (Definitely Recommend or Probably Recommend)				
B. Patient Education and Coordination of Care Composite Score	83.0%	85.6%	15	12
This composite score is based on the following questions: 1. Rate your involvement with decision making about your care. (Excellent or Very Good) 2. Rate the education you were given about your medical condition. (Excellent or Very Good) 3. For members receiving medication: Rate the education you received about your medications. (Excellent or Very Good) 4. For members that received diagnostic tests: Rate the explanation of what would happen during your tests. (Excellent or Very Good) 5. For members that had a surgical procedure: Rate the education you received about the purpose and risks of your surgery. (Excellent or Very Good) 6. Were you given a complete list of medications? (Yes) 7. Did you receive education about any new medications prescribed? (Yes) 8. Did you receive instructions for a follow-up visit to your physician? (Yes) 9. For members that received written discharge instructions: Rate your understanding of these instructions. (Excellent or Very Good)				
C. Advice to Quit Smoking	78.0%	66.7%	2	0
If <10 smokers' responses were received, results are not reported. For members who responded that they smoke every day or some days: During this hospital admission were you advised to quit smoking by a doctor or other health care professional? (Yes)				
	Median			
4. Efficiency	Peer Group		20	20
A. Utilization Efficiency	1.54	1.40	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				
BCBSIL claims received 1/1/08 - 12/31/08				
Number of Electronic Claims Received in 2008:	21,158	All Hospitals		
Percent of claims submitted electronically	95.3%	96.5%	5	5

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Measures	Top 10 Percentile	Mean	Hospital Results	Maximum Points Possible	Points Earned
5. AHRQ Indicators	Peer Group	Peer Group		50	9
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	0.10	0.17	0.33	5	0
2. Postoperative Pulmonary Embolism or Deep Vein Thrombosis	0.83	1.39	1.47	5	1
3. Postoperative Respiratory Failure	0.38	0.76	0.84	5	2
4. Postoperative Sepsis	1.27	2.35	2.01	5	3
5. Obstetric Trauma - Vaginal Delivery Without Instrument	2.93	4.55	4.11	5	2
6. Decubitus Ulcer	1.73	2.77	3.79	5	0
7. Death among surgical patients with treatable complications	6.70	10.07	10.11	5	1
8. Accidental Puncture or Laceration	0.11	0.22	0.34	5	0
9. Obstetric Trauma - Cesarean Delivery	NA	0.50	0.27	Not Scored	Not Scored
10. Obstetric Trauma - Vaginal Delivery With Instrument	NA	18.94	12.55	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)	4.61	6.26	7.74	10	0
6. Physician Survey		All Hospitals		7	5
If <10 surveys were returned, this section is not scored and results are listed as NA.					
A. Overall quality of care		84%	89%	1	1
B. Pharmacy providing meds correctly		86%	85%	0.5	0
C. Adequacy of number of nurses		67%	70%	0.5	0.5
D. Competence of the nursing staff		75%	78%	0.5	0.5
E. Accuracy of processing doctor orders		79%	81%	0.5	0.5
F. Quality of discharge plans		78%	81%	0.5	0.5
G. Frequency of hospital discharges delayed (% Rarely or Never)		77%	75%	0.5	0
H. Timely implementation of orders		91%	96%	0.5	0.5
I. Timeliness of image/lab reports meets needs for clinical decisions		92%	93%	0.5	0.5
J. Hospital takes appropriate steps to protect safety of patients		92%	93%	0.5	0.5
K. Received timely ER reports		64%	85%	0.5	0.5
L. RN staff has necessary clinical skills to provide appropriate care for the specific units in which they work		90%	89%	0.5	0
M. Recommend this facility to family or friends		95%	93%	0.5	0

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