



BlueCross BlueShield of Illinois

Urban Hospital Scoring Criteria for 2008 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. Computer Physician Order Entry
 - B. ICU Physician Staffing
 - C. National Quality Forum – Safe Practices
 - D. Adherence to Never Events Policy
 - 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
1. Leapfrog	
Data source: Leapfrog website (www.leapfroggroup.org), 02/15/2008.	
A. Leapfrog Computer Physician Order Entry (CPOE) standard	
Public Reporting on Leapfrog website regarding CPOE	2
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog CPOE standard <ul style="list-style-type: none"> ▪ Full implementation of the Leapfrog CPOE standard = 10 points ▪ Good progress in implementing the Leapfrog CPOE standard = 7 points ▪ Good early stage effort in implementing the Leapfrog CPOE standard = 5 points ▪ Criteria for good early stage effort not met, or data not available on Leapfrog website as of 02/15/2008 = 0 points 	10
B. Leapfrog ICU Physician Staffing (IPS) standard	
Public Reporting on Leapfrog website regarding IPS	2
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog IPS standard <ul style="list-style-type: none"> ▪ Full implementation of the Leapfrog IPS standard = 10 points ▪ Good progress in implementing the Leapfrog IPS standard = 7 points ▪ Good early stage effort in implementing the Leapfrog IPS standard = 5 points ▪ Criteria for good early stage effort not met, or data not available on Leapfrog website as of 02/15/2008 = 0 points 	10
C. National Quality Forum – Safe Practices (NQF – SP)	
Public Reporting on Leapfrog website regarding NQF-SP	2
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog NQF-SP standard <ul style="list-style-type: none"> ▪ Full implementation of the Leapfrog NQF-SP standard = 10 points ▪ Good progress in implementing the Leapfrog NQF-SP standard = 7 points ▪ Good early stage effort in implementing the Leapfrog NQF-SP standard = 5 points ▪ Criteria for good early stage effort not met, or data not available on Leapfrog website as of 02/15/2008 = 0 points 	10
D. Adherence to Never Events Policy *	
Public Reporting on Leapfrog website regarding Adherence to Never Events Policy	2
<ul style="list-style-type: none"> ▪ Progress towards meeting the Leapfrog Adherence to Never Events Policy <ul style="list-style-type: none"> ▪ Full implementation of the Leapfrog Adherence to Never Events Policy = 5 points ▪ Good progress in implementing the Leapfrog Adherence to Never Events Policy = 3 points ▪ Good early stage effort in implementing the Leapfrog Adherence to Never Events Policy = 2 points ▪ Criteria for good early stage effort not met, or data not available on Leapfrog website as of 02/15/2008 = 0 points 	5
E. Transparency Indicator *	
Hospital participates in other public reporting initiatives as reported on Leapfrog website	2
▪ Leapfrog TOTAL	45

	Maximum Points Possible
2. Reporting on Near Misses	
Data source: BCBSIL survey sent to hospitals in December 2007. Hospitals that did not return the survey received 0 points for patient safety related indicators.	
Hospitals responding “Yes” to all of the three items stated below: <ol style="list-style-type: none"> 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

	Maximum Points Possible
<p>3. Hospital Member Survey Data Source: BCBSIL hospital member survey, mailed to BCBSIL members with a hospital discharge between January 1, 2007 and September 30, 2007. 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 ≥ 20 responses were received. (For hospitals for which < 20 responses were received, a score was not calculated.)</p>	
<p>A. Overall Satisfaction Composite Score This score was calculated based upon the following three questions on the BCBSIL Hospital Member Survey:</p> <ol style="list-style-type: none"> Overall, how would you rate the quality of care you received in the hospital during your stay? (<i>Excellent or Very Good</i>) Would you return to this hospital for care in the future? (<i>Definitely Yes or Probably Yes</i>) How likely would you be to recommend this hospital to a friend or relative? (<i>Definitely Recommend or Probably Recommend</i>) <p>Hospitals with a composite score of $\geq 96\%$ = 6 points Hospitals with a composite score of $\geq 92\%$ but $< 96\%$ = 5 points Hospitals with a composite score of $\geq 88\%$ but $< 92\%$ = 4 points Hospitals with a composite score of $\geq 84\%$ but $< 88\%$ = 2 points Hospitals with a composite score of $\geq 80\%$ but $< 84\%$ = 1 point Hospitals with a composite score of $< 80\%$ = 0 points</p>	<p style="text-align: center;">6</p> <p style="text-align: center;">NA if < 20 surveys returned</p>
<p>B. Patient Education and Coordination of Care Composite Score This score was calculated based upon the following nine questions on the BCBSIL Hospital Member Survey:</p> <ol style="list-style-type: none"> Rate your involvement with decision making about your care. (<i>Excellent or Very Good</i>) Rate the education you were given about your medical condition. (<i>Excellent or Very Good</i>) For members receiving medication: rate the education you received about your medications. (<i>Excellent or Very Good</i>) For members who received diagnostic tests: rate the explanation of what would happen during your tests. (<i>Excellent or Very Good</i>) 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>) Before you left the hospital, were you given: a complete list of medications? (<i>Yes</i>) * Before you left the hospital, were you given: information about any new medications prescribed? (<i>Yes</i>) Before you left the hospital, were you given: instructions for a follow-up visit with your physician? (<i>Yes</i>) For members who received written discharge instructions: rate your understanding of these instructions. (<i>Excellent or Very Good</i>) * <p>Hospitals with a composite score of $\geq 90\%$ = 15 points Hospitals with a composite score of $\geq 85\%$ but $< 90\%$ = 12 points Hospitals with a composite score of $\geq 80\%$ but $< 85\%$ = 9 points Hospitals with a composite score of $\geq 75\%$ but $< 80\%$ = 6 points Hospitals with a composite score of $\geq 70\%$ but $< 75\%$ = 3 points Hospitals with a composite score of $< 70\%$ = 0 points</p>	<p style="text-align: center;">15</p> <p style="text-align: center;">NA if < 20 surveys returned</p>

* New for BCBSIL 2008 Hospital Profile

<p>C. Advice to Quit Smoking * Points were assigned for hospitals for which ≥ 10 smokers' responses were received. (For hospitals for which < 10 smokers' responses were received, a score was not calculated.)</p> <p>This score was calculated based upon the following questions on the BCBSIL Hospital Member Survey:</p> <ol style="list-style-type: none"> 1. Do you smoke every day, some days or not at all? (Every day or Some days) 2. During this hospital admission were you advised to quit smoking by a doctor or other health care professional? (Yes) <p>Hospitals with a composite score of $\geq 85\%$ = 2 points Hospitals with a composite score of $\geq 77\%$ but $< 85\%$ = 1 point</p>	<p>2</p> <p>NA if < 10 smokers responded</p>
Member Survey TOTAL	23

	Maximum Points Possible
4. Efficiency	
<p>A. Utilization Efficiency Data Source: 10/1/2006 - 9/30/2007 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>	15
<p>Hospitals with ratio $\leq 25^{\text{th}}$ percentile = 15 points Hospitals with ratio $> 25^{\text{th}}$ and $\leq 50^{\text{th}}$ percentile = 10 points Hospitals with ratio $> 50^{\text{th}}$ and $\leq 75^{\text{th}}$ percentile = 5 points Hospitals with ratio $> 75^{\text{th}}$ percentile = 0 points</p>	
<p>B. Administrative Efficiency Data Source: BCBSIL claims received from 1/1/2007 to 12/31/2007.</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
Electronic Claims Submission	
<p>$\geq 90\%$ of claims are sent electronically = 5 points $\geq 85\%$ but $< 90\%$ of claims are sent electronically = 1 point $< 85\%$ of claims are sent electronically = 0 points</p>	
Efficiency TOTAL	20

	Maximum Points Possible
<p>5. AHRQ Indicators</p> <p>Data source: The data source used is the Federal Fiscal Year 2006 Medicare admission data (10/1/2005 – 9/30/2006 hospital admissions) plus BCBSIL admissions for the same timeframe.</p>	
<p>WebMD Quality Services Select Quality Care (SQC) Professional data analysis tools are used to report the AHRQ indicators. Admissions involving a transfer from another acute care facility are excluded. Risk adjustment is performed using ARDRGs and age adjustment. For postoperative sepsis and postoperative respiratory failure, the AHRQ specifications (inclusion of elective admissions only) could not be followed due to data limitations, so an additional adjustment is performed, based upon whether or not the admission source is the ER. 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 2. Postoperative Pulmonary Embolism or Deep Vein Thrombosis 3. Postoperative Respiratory Failure 4. Postoperative Septicemia 5. Obstetric Trauma – Vaginal Delivery Without Instrument 6. Decubitus Ulcer 7. Failure to Rescue 8. Accidental Puncture or Laceration <p>Results of “Obstetric Trauma – Cesarean Delivery” and “Obstetric Trauma – Vaginal Delivery With Instrument” are provided for informational purposes but are not scored in the Profile.</p>	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 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 $\leq 10^{\text{th}}$ 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 points Hospitals with rates $> 75^{\text{th}}$ percentile = 0 points</p>	
<p>B. Inpatient Quality Indicators</p> <p>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
<p>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</p>	
AHRQ TOTAL	Up to 50

	Maximum Points Possible
<p>6. Physician Survey</p> <p>Data sources: Surveys sent by BCBSIL in 2007 to HMO primary care physicians and PPO physicians. 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>Hospitals with less than ten survey responses were excluded.</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"> A. Overall quality of care: 1 point ($\geq 81.7\%$) B. Pharmacy providing meds correctly: 0.5 points ($\geq 83.9\%$) C. Adequacy of number of nurses: 0.5 points ($\geq 64.0\%$) D. Competence of the nursing staff: 0.5 points ($\geq 71.8\%$) * E. Accuracy of processing doctor orders: 0.5 points ($\geq 75.6\%$) F. Quality of discharge plans: 0.5 points ($\geq 74.3\%$) G. Frequency of hospital discharges delayed: 0.5 points ($\geq 78.4\%$) * H. Timely implementation of orders: 0.5 points ($\geq 89.6\%$) I. Timeliness of image/lab reports meets needs for clinical decisions: 0.5 points ($\geq 88.3\%$) J. Hospital takes appropriate steps to protect safety of patients: 0.5 points ($\geq 94.5\%$) K. Received timely ER reports: 0.5 points ($\geq 68.6\%$) * L. RN staff has necessary clinical skills to provide appropriate care for the specific units in which they work: 0.5 points ($\geq 89.1\%$) M. Recommend this facility to family or friends: 0.5 points ($\geq 94.8\%$) * 	<p style="text-align: center;">7</p> <p style="text-align: center;">NA if <10 surveys returned</p>
Physician Survey TOTAL	7

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	Maximum Points Possible
7. Hospital Quality Alliance Indicators Data source: CMS as of 2/15/08. Data utilized is 4/1/06 – 3/31/07. For each indicator, hospitals at or above the state mean but less than the national 90 th percentile receive 1 point per measure. Hospitals at or above the national 90 th percentile receive 2 points per measure. Indicators for which a hospital did not have at least twenty five cases or did not submit data to CMS are scored as NA, not applicable.	
A. Acute Myocardial Infarction 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	Up to 14 NA if <25 cases
B. Heart Failure 1. Left ventricular function assessment 2. ACE inhibitor for left ventricular systolic dysfunction 3. Discharge instructions 4. Adult smoking cessation advice/counseling	Up to 8 NA if <25 cases
C. Pneumonia 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 4 hours after arrival 6. Most appropriate initial antibiotic(s) 7. Influenza vaccination status	Up to 14 NA if <25 cases
D. Surgical Infection Prevention 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 *	Up to 10 NA if <25 cases
Hospital \geq state mean and < national 90 th percentile = 1 point Hospital \geq national 90 th percentile = 2 points	
Hospital Quality Alliance TOTAL	Up to 46

	Maximum Points Possible
8. Structural Indicators Data sources: The BCBSIL survey sent to hospitals in December, 2007 (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.	
A. Board Certification ▪ % 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 ▪ The Joint Commission or HFAP accreditation as of 2/15/08 = 5 points	5
Structural Indicator TOTAL	Up to 8

Total Possible Points	Up to 204
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).	
Maximum Eligible Extra Credit points = 10	
9. Participation in State and National Quality Improvement Initiatives (Extra Credit) Data source: BCBSIL Hospital Survey sent to hospitals in December 2007.	
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. Vermont Network NIC/Q Collaborative ▪ Hospital participates = 2 points	2
E. Illinois Hospital Association (IHA) 2007 Patient Safety Learning Collaborative: “Working As One: Patients, Families and Caregivers” ▪ Hospital participates = 2 points	2
F. American Nurses Credentialing Center (ANCC) Magnet Recognition ▪ Hospital recognized = 2 points	2
G. National Surgical Infection Monitoring & Reduction Program ▪ Hospital has program = 2 points	2
H. Web-based Patient Communication System ▪ Hospital has web-based system = 1 point	1
I. AHRQ Hospital Survey on Patient Safety Culture * ▪ Hospital participates = 3 points	3
J. Surgical Care Improvement Project (SCIP) ▪ Hospital participates = 2 points	2
K. Institute for Healthcare Improvement (IHI) 5 Million Lives Campaign ▪ Fully Committed and submitted data to IHI for IHI website posting as of 2/15/08 = 2 points	2
L. American Heart Association (AHA) Get with the Guidelines Program For each GWTG Program (Coronary Artery Disease, Congestive Heart Failure, Stroke) ▪ Hospital participates or Initial Performance Award = 1 point OR ▪ Annual or Sustained Performance Award = 2 points (Up to a maximum of 6 points)	Up to 6
M. Disease Specific Care Certification from The Joint Commission ▪ Each certification as posted on The Joint Commission website as of 2/15/08 = 1 point (Maximum of 6 points)	Up to 6
N. Recipient of any of the following awards since January 2006 ▪ Lincoln Award = 2 points ▪ Baldrige Award = 2 points	Up to 4
O. Other State or National Quality Improvement Initiatives ▪ Each qualifying initiative = 1point (Scored only if “Extra Credit” total < 10 points)	Up to 10
Extra Credit TOTAL	
Maximum Eligible Extra Credit Points = 10	

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