

BCBSM Hospital Pay-for-Performance Program
Peer Group 1 - 4 Hospitals
2011 Quality Indicators Performance Report
Reporting Period: 1st through 3rd Quarter, 2011
Due January 16, 2012

	Numerator	Denominator (B)	Perf. Rate (A/B)
Active Clinical Quality Indicators			
Acute Myocardial Infarction			
AMI "Perfect Care" *			
* measures included: Aspirin on arrival (AMI-1) Aspirin at discharge (AMI-2) ACEI or ARB for LVSD (AMI-3) Beta blocker at discharge (AMI-5)			
AMI-Percutaneous Coronary Intervention			
PCI within 90 minutes of arrival (AMI-8a)			
Pneumonia			
PN "Perfect Care" *			
* measures included: Pneumococcal vaccination screening (PN-2) Non-ICU recommended antibiotic (PN-6b)			
Surgical Care Infection Prevention			
CABG & Cardiac "Perfect Care" (SCIP-INF-1b, 1c & 3b, 3c) *			
Hip & Knee Arthroplasty "Perfect Care" (SCIP-INF-1d, 1e & 3d, 3e) *			
Colon "Perfect Care" (SCIP-INF-1f & 3f) *			
Hysterectomy "Perfect Care" (SCIP-INF-1g & 3g) *			
* measures included: Initiate antibiotic within 1 hr. prior to surgery Discontinue antibiotic within appropriate time			
Sustained Clinical Quality Indicators			
AMI-Percutaneous Coronary Intervention			
PCI within 90 minutes of arrival (AMI-8a)			
Test/New Clinical Quality Indicators (credit will be earned for reporting only)			
Surgical Care Infection Prevention			
CABG & Cardiac "Perfect Care" *			
Hip & Knee Arthroplasty "Perfect Care" *			
Colon "Perfect Care" *			
Hysterectomy "Perfect Care" *			
* measures included: Initiate antibiotic within 1 hr. prior to surgery (SCIP-INF-1bc, 1de, 1f, 1g) Discontinue antibiotic within appropriate time (SCIP-INF-3bc, 3de, 3f, 3g) Beta-blocker during the preoperative period (SCIP-CARD-2) Venous thromboembolism prophylaxis ordered (SCIP-VTE-1) VTE received with 24 hours before or after surgery (SCIP-VTE-2)			
Elective Induction of Delivery			
Elective Induction of Delivery			
Indicate on this form whether you reported the elective delivery numbers to the party previously indicated on the Quality Indicator Elective Delivery Form	Reported	Did Not Report	If reported = 100% if not = 0% (see note below*)
Elective deliveries between 37 and 39 weeks *			
* All hospitals with an OB department are eligible to participate and must report on the measure to receive credit. The numbers should be reported directly to BCBSM (lmcintee@bcbsm.com) or reported via Keystone OB initiative by November 15th, 2011. Keystone data represents Jan. - Sept. 2011 and data reported from Leapfrog 2011 Survey will represent Jan. - Dec. 2010.			

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“Perfect Care” Scoring Methodology	
The “Perfect Care” scoring methodology requires that all applicable measures for each patient be met. If one or more of the measures are not met, and the measure was not contraindicated, credit for that patient should not be given.	
Hospital Name:	BCBSM Facility Code:
Contact Person:	Telephone:

Submit to Eric Kropfreiter, Health Care Analyst, via fax at 877-282-1496, or email to:
p4phospital@bcbsm.com, or mail to the following address by **January 16, 2012:**

Provider Contracting Department - MC 513E
Blue Cross Blue Shield of Michigan
600 Lafayette Blvd
Detroit, Michigan 48226

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