

## Attachment 2

### Michigan Health and Safety Coalition Joint Hospital Survey 2006

#### **Hospital A Sample Report** **For MH&SC Survey Questions Only** *(Report will not include responses to questions specific to The Leapfrog Group)*

Individual hospital reports will show only individual hospital responses and corresponding scores for each guideline. All additional comments given for each section will be shown at the MH&SC Web site, but will not be included in individual hospital reports. Aggregate peer group and geographic region mean and median total points will be calculated for each guideline, and will be accessible via the MH&SC Web site. Each hospital's corresponding aggregate peer group and region results will also be shown within each hospital's report.

Summary scores reflect only the non-volume activities recommended in the MH&SC's guidelines. They do not take into consideration procedure volume, which is shown separately.

#### Hospital A Profile

Respondent ID	
Hospital Name	
Geographic Region	
Peer Group Designation	

Number of licensed medical, surgical and obstetrics beds	
Number of staffed medical, surgical and obstetrics beds	
Number of licensed Intensive Care Unit (ICU) beds	
Number of staffed Intensive Care Unit (ICU) beds	
Number of licensed Neonatal Intensive Care Unit (NICU) beds	
Time period in months for volume and census data (12 or 24 months)	
Date of time period ending (12 or 24 months ending)	

**Attachment 2 (Continued)**

**Michigan Health and Safety Coalition  
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**Open Heart Surgery Guideline**

Element	Hospital A (Point Allocation)		
	Volume (X)		
Structure/Process	Yes	In Prog	No
B1. Possession of appropriateness criteria	25	12.5	0
B2. Use of appropriateness criteria	25	12.5	0
C1. Possession of a risk-adjusted system	5	2.5	0
C1a. Collection of hospital-specific risk-adjusted mortality	10	5	0
C1b. Collection of hospital-specific risk-adjusted morbidity	10	5	0
C2. Submission of clinical data to a comprehensive statewide database (STS)	25	19	0
C2a. Willingness to submit clinical data to a comprehensive statewide database (STS)	12.5	NA	0
(Total Points Possible=100)	Total Points (Sum of above points for each selected response)		
Number of Bullets	Ranges from 1-5 Bullets		

## Attachment 2 (Continued)

### Michigan Health and Safety Coalition Joint Hospital Survey 2006

#### Percutaneous Coronary Intervention Guideline

Element	Hospital A (Point Allocation)		
	Volume (X)		
Structure/Process	Yes	In Prog	No
A2. Collection of volume data for credentialing	2	1	0
B1. Possession of appropriateness criteria	25	12.5	0
B2. Use of appropriateness criteria	25	12.5	0
C1. Possession of a risk-adjusted system	3	1.5	0
C1a. Collection of hospital-specific risk-adjusted mortality	5	2.5	0
C1b. Collection of physician-specific risk-adjusted mortality	5	2.5	0
C1c. Collection of hospital-specific risk-adjusted morbidity	5	2.5	0
C1d. Collection of physician-specific risk-adjusted morbidity	5	2.5	0
C2. Submission of clinical data to a comprehensive statewide database	25	19	0
C2a. Willingness to submit clinical data to a comprehensive statewide database	12.5	NA	0
(Total Points Possible=100)	Total Points (Sum of above points for each selected response)		
Number of Bullets	Ranges from 1-5 Bullets		

**Attachment 2 (Continued)**

**Michigan Health and Safety Coalition  
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**Abdominal Aortic Aneurysm Repair Guideline**

<b>Element</b>	<b>Hospital A (Point Allocation)</b>		
<b>Volume</b>	<b>Volume (X)</b>		
<b>Structure/Process</b>	<b>Yes</b>	<b>In Prog</b>	<b>No</b>
B1. Possession of appropriateness criteria for open/closed AAA repairs	25	12.5	0
B2. Use of appropriateness criteria for open/closed AAA repairs	25	12.5	0
C1. Possession of a risk-adjusted system for open/closed AAA repairs	7	3.5	0
C1a. Collection of hospital-specific risk-adjusted mortality for open/closed AAA repairs	14	7	0
C1b. Collection of hospital-specific risk-adjusted morbidity for open/closed AAA repairs	14	7	0
C2. Submission of clinical data to a comprehensive statewide database for open/closed AAA repairs	15	10	0
C2a. Willingness to submit clinical data to a comprehensive statewide database for open/closed AAA repairs	10	NA	0
(Total Points Possible=100)	Total Points (Sum of above points for each selected response)		
Number of Bullets	Ranges from 1-5 Bullets		

## Attachment 2 (Continued)

### Michigan Health and Safety Coalition Joint Hospital Survey 2006

#### Carotid Endarterectomy Surgery Guideline

Element	Hospital A (Point Allocation)		
	Volume (X)		
Structure/Process	Yes	In Prog	No
B1. Possession of appropriateness criteria for procedures	25	12.5	0
B2. Use of appropriateness criteria for procedures	25	12.5	0
C1. Possession of a risk-adjusted system for procedures	7	3.5	0
C1a. Collection of hospital-specific risk-adjusted mortality for procedures	14	7	0
C1b. Collection of hospital-specific risk-adjusted morbidity for procedures	14	7	0
C2. Submission of clinical data to a comprehensive statewide database for procedures	15	10	0
C2a. Willingness to submit clinical data to a comprehensive statewide database for procedures	10	NA	0
(Total Points Possible=100)	Total Points (Sum of above points for each selected response)		
Number of Bullets	Ranges from 1-5 Bullets		

## Attachment 2 (Continued)

### Michigan Health and Safety Coalition Joint Hospital Survey 2006

#### Esophagectomy Guideline

Element	Hospital A (Point Allocation)		
Volume	Volume (X)		
Structure/Process	Yes	In Prog	No
B1. Possession of appropriateness criteria	25	12.5	0
B2. Use of appropriateness criteria for clinical case reviews	25.	12.5	0
C1. Possession of a risk-adjusted system	2	1	0
C1a. Collection of hospital-specific risk-adjusted mortality	4	2	0
C1b. Collection of hospital-specific risk-adjusted morbidity	4	2	0
C2. Submission of clinical data to a comprehensive statewide database (STS)	15	10	0
C2a. Willingness to submit clinical data to a comprehensive statewide database (STS)	7.5	NA	0
C3. Board certification of surgeons who perform procedures	8	4	0
C4. Established Tumor Board in Hospital	8	4	0
C5. Use of chemotherapy in post-operative care	6	3	0
C6. Use of radiation therapy in post-operative care	3	1.5	0
(Total Points Possible=100)	Total Points (Sum of above points for each selected response)		
Number of Bullets	Ranges from 1-5 Bullets		

## Attachment 2 (Continued)

### Michigan Health and Safety Coalition Joint Hospital Survey 2006

#### Low Birth-Weight Infants Guideline

Element	Hospital A (Point Allocation)		
Volume	Volume (X)		
Structure/Process	Yes	In Prog	No
B1. Possession of appropriateness criteria	25	12.5	0
B2. Use of appropriateness criteria	25	12.5	0
D1. Possession of a risk-adjusted system for low-birthweight infants	3	1.5	0
D1a. Collection of hospital-specific risk-adjusted mortality	6	3	0
D1b. Collection of hospital-specific risk-adjusted morbidity	6	3	0
D2. Submission of clinical data to a comprehensive statewide database	15	10	0
D2a. Willingness to submit clinical data to a comprehensive statewide database	6	NA	0
D3. Board certified/eligible neonatologist who directs neonatal ICU	5	2.5	0
D4. 24 hour in-house coverage by a board certified/eligible neonatologist	5	2.5	0
D5. 24 hour in-house coverage by a nurse practitioner or physician extender	5	2.5	0
D6. On-site physician back-up to nurse practitioner or physician extender available within 30 minutes	5	2.5	0
(Total Points Possible=100)	Total Points (Sum of above points for each selected response)		
Number of Bullets	Ranges from 1-5 Bullets		

## Attachment 2 (Continued)

### Michigan Health and Safety Coalition Joint Hospital Survey 2006

#### Infants with Congenital Anomalies Guideline

Element	Hospital A (Point Allocation)		
Volume	Volume (X)		
Structure/Process	Yes	In Prog	No
B1. Possession of appropriateness criteria	25	12.5	0
B2. Use of appropriateness criteria	25	12.5	0
E7. Possession of a risk-adjusted system	3	1.5	0
E7a. Collection of hospital-specific risk-adjusted mortality	6	3	0
E7b. Collection of hospital-specific risk-adjusted morbidity	6	3	0
E8. Submission of clinical data to a comprehensive statewide database	20	15	0
E8a. Willingness to submit clinical data to a comprehensive statewide database	10	NA	0
E9. Established networks for rapid referral to medical subspecialists	5	2.5	0
E10. Established networks for rapid referral to surgical subspecialists	5	2.5	0
E11. Established networks for rapid referral to pediatric subspecialists	5	2.5	0
(Total Points Possible=100)	Total Points (Sum of above points for each selected response)		
Number of Bullets	Ranges from 1-5 Bullets		

**Attachment 2 (Continued)**

**Michigan Health and Safety Coalition  
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**Intensive Care Unit Physician Staffing**

Element	Hospital A (Point Allocation)		
	Yes	In Prog	No
Adult or Pediatric Medical/Surgical ICUs			
Number of ICUs			
B1. Managed/ Co- managed by physician(s) certified in critical care	20	15	0
B1b. Concurrent care	10	7.5	0
B1c. Admission/ discharge criteria	10	7.5	0
B1d. Implementation of care protocols	10	7.5	0
B2. Presence of physician(s) during daytime hours for at least 8 hours everyday, providing exclusive care	20	15	0
B3. Physicians return at least 95% of pages within 5 minutes, when not present	20	15	0
B4. When physician not present, availability of qualified physician or FCCS-certified non- physician "effectors", within 5 minutes in at least 95% of cases	10	7.5	0
(Total Points Possible=100)	Total Points (Sum of above points for each selected response)		
Number of Bullets	Ranges from 1-5 Bullets		

## Attachment 2 (Continued)

### Michigan Health and Safety Coalition Joint Hospital Survey 2006

#### Root Cause Analysis (RCA) and Healthcare Failure Mode and Effect Analysis (HFMEA)

Responses will be shown, but this section will not be scored and will not be released publicly or to health plans.

<i>Question</i>	<i>Response Options</i>
1. Beyond JCAHO's requirement to conduct at least one RCA annually, does your facility use specific criteria that identifies when to perform a RCA?	Yes / In Progress / No
2. How often are the following personnel in your hospital involved in decisions to conduct an RCA? a) Chief Medical Officer b) Chief Nursing Officer c) Nursing Manager d) Staff Nurse e) Attending Physician f) Legal Department/General Counsel g) Other. Please specify	For each item, indicate how often using a five-point scale: 5-Always / 4-Usually / 3-Sometimes / 2-Rarely / 1-Never
3. How often does your organization conduct a Root Cause Analysis (RCA) following sentinel events?	a) After every sentinel event b) After specified sentinel events c) RCA varies by facility unit/department d) Rarely use RCA e) Never use RCA f) Other
4. How often does your organization conduct a Root Cause Analysis (RCA) following an adverse event or near miss that is not classified as a sentinel event?	a) After every event b) After specified events c) RCA varies by facility unit/department d) Rarely use RCA e) Never use RCA f) Other
5. How often does your facility share RCA results with the following? a) Executive leadership of your facility b) Middle management of your facility c) Staff of effected unit/department at your facility d) All staff who might be faced with a similar situation e) Other hospitals in your health system (if applicable) f) Other Michigan hospitals that are NOT in your health system g) Other(s). Please specify	For each item, indicate how often using a five-point scale: 5-Always / 4-Usually / 3-Sometimes / 2-Rarely / 1-Never

## Attachment 2 (Continued)

### Michigan Health and Safety Coalition Joint Hospital Survey 2006

#### Root Cause Analysis (RCA) and Healthcare Failure Mode and Effect Analysis (HFMEA) (Continued)

Responses will be shown, but this section will not be scored and will not be released publicly or to health plans.

<i>Question</i>	<i>Response Options</i>
6. Is an improvement or risk-reduction activity planned after EACH RCA?	Yes / In Progress / No
7. If yes to question-6, does your organization evaluate the impact of the risk-reduction activity after it has been implemented?	Yes / In Progress / No
9. For which circumstances does your hospital require that a Healthcare Failure Mode and Effect Analysis (HFMEA) be conducted?	a) When redesigning a department or unit b) When building a new facility c) To "mistake proof" a process, object, system, or equipment that has been identified as a potential source of error d) No specific requirements
10. How often does your hospital conduct a HFMEA?	a) 8 or more times annually b) 4-7 times annually c) 1-3 times annually b) Never use HFMEA
11. How often are the following personnel in your hospital involved in decisions to conduct an HFMEA? a) Chief Medical Officer b) Chief Nursing Officer c) Nursing Manager d) Staff Nurse e) Attending Physician f) Legal Department/General Counsel g) Other. Please specify	For each item, indicate how often using a five-point scale: 5-Always / 4-Usually / 3-Sometimes / 2-Rarely / 1-Never
12. Does your facility share HFMEA results with any of the following? a) Executive leadership of your facility b) Middle management of your facility c) Staff of effected unit/department at your facility d) All staff who might be faced with a similar situation e) Other hospitals in your health system (if applicable) f) Other Michigan hospitals that are NOT in your health system g) Other(s). Please specify	For each item, indicate how often using a five-point scale: 5-Always / 4-Usually / 3-Sometimes / 2-Rarely / 1-Never

Attachment 2 (Continued)

Michigan Health and Safety Coalition  
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Root Cause Analysis (RCA) and Healthcare Failure Mode and Effect Analysis (HFMEA)  
(Continued)

Responses will be shown, but this section will not be scored and will not be released publicly or to health plans.

<i>Question</i>	<i>Response Options</i>
13. Is an improvement or risk-reduction activity planned after EACH HFMEA?	Yes / In Progress / No
14. If yes to RCA-13, does your organization evaluate the impact of the risk-reduction activity after it has been implemented?	Yes / In Progress / No

Attachment 2 (Continued)

Michigan Health and Safety Coalition  
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**Future Participation in Workgroups**

*This section is not scored.*

Hospital Workgroups	Hospital A's Interest		
	Yes		No
A. Willingness to participate in workgroups			
B1. Interested in workgroup: Open Heart Surgery			
B2. Interested in workgroup: Percutaneous Coronary Intervention			
B3. Interested in workgroup: Abdominal Aortic Aneurysm Repair			
B4. Interested in workgroup: Carotid Endarterectomy Surgery			
B5. Interested in workgroup: Esophagectomy			
B6. Interested in workgroup: Low Birthweight Infants			
B7. Interested in workgroup: Infants with Congenital Anomalies			
B8. Interested in workgroup: Root Cause Analysis and Healthcare Failure Mode and Effect Analysis			
B9. Interested in workgroup: Small/Rural/Critical Access Hospitals			