



BlueCross BlueShield of Illinois

2007 HOSPITAL SURVEY

DEADLINE: JANUARY 18, 2008

If your hospital has accumulated at least 10 points from the Extra Credit Section (Section 4), please skip Section 5.

SECTION 5 (OPTIONAL): ADDITIONAL PROGRAMS TO BE CONSIDERED FOR EXTRA CREDIT
(Points to be determined)

Is your hospital participating in other state and/or national quality improvement initiatives that are not listed on the previous pages? Yes No

If YES, provide information about the program(s). Please report only state and national programs in which **ANY** Illinois hospital may choose to participate.

Name of Quality Improvement (QI) Initiative: _____

Name of Organization Sponsoring QI Initiative: _____

Type of QI Initiative (select one): State Initiative National Initiative

Purpose of the QI Initiative:
(Please limit response to 25 words or less).

Is there a Website available that describes the QI initiative or provides more information about the initiative? Yes No

If Yes, please provide the Website address: _____

Please photocopy page when submitting additional projects. Supporting documentation may be included with your submission. Please limit the information to a maximum of two (2) pages.

Thank you for your cooperation.

Hospital Name:

Hospital Address :

ATTESTATION

This section must be completed and signed in order for the information provided to be included in the BCBSIL 2008 Hospital Profile.

I attest that the statements are accurate and reflect current normal operating circumstances at our hospital. I understand that information provided in this survey will be used by BCBSIL for the 2008 Hospital Profile and BCBSIL transparency initiatives to support Secretary Leavitt's Four Cornerstones. I am authorized to make these statements on behalf of our hospital.

Print Name

Title

Signature

Date

Email Address

Phone Number

SECTION 1: HOSPITAL INFORMATION

1a) What is the number of physicians (MD and DO) on your active medical staff?

1b) What is the number of physicians (MD and DO) on your active medical staff who are board certified?

2) Is your hospital a Critical Access Hospital? Yes No Not Applicable

3a) Are you currently accredited by? The Joint Commission HFAP Neither (Skip to Section 2)

3b) Give the effective date of your most current accreditation status:

Month Year
 /

Example: /

SECTION 2: LEAPFROG GROUP HOSPITAL QUALITY AND SAFETY SURVEY INFORMATION

1a) Has your hospital submitted the online 2007 Leapfrog Group Hospital Quality and Safety Survey to Leapfrog for public reporting since 4/1/2007? Yes No

1b) If YES, please check the Leapfrog initiatives for which your hospital is publicly reporting (check all that apply).

ICU Physician Staffing (IPS)

Adherence to Never Events Policy

Computer Physician Order Entry (CPOE)

Transparency Indicator

National Quality Forum Safe Practices (NQF-SP)

Proceed to next page

SECTION 3: PATIENT SAFETY

1) Is your hospital collecting **and** reporting data on all "near misses"? Yes No

If YES, please answer the following questions:

1a) Please provide the title of the individual or the name of the committee receiving the data (**please print**):

1b) Does your hospital perform root-cause analysis for at least some "near misses"? Yes No

1c) Do you have a non-retaliation or non-retribution policy regarding the reporting of "near misses"? Yes No

SECTION 4: PROGRAMS RECOGNIZED FOR EXTRA CREDIT

In the Hospital Profile, BCBSIL recognizes participation in select state and national quality improvement initiatives with "extra credit" points. Hospitals can earn a maximum of 10 extra credit points.

1) Does your hospital participate in the American College of Cardiology (ACC): **(2 points each)**

1a) National Cardiovascular Data Registry Yes No

1b) D2B (Door-to-Balloon) Alliance Yes No

2) Does your hospital participate in the Society of Thoracic Surgeons (STS) National Database? **(2 points)** Yes No

3) Does your hospital participate in the Vermont Network NIC/Q Collaborative? **(2 points)** Yes No

4) Is your hospital participating in the Illinois Hospital Association's (IHA) 2007 Patient Safety Learning Collaborative, "Working As One: Patients, Families and Caregivers"? **(2 points)** Yes No

5) As of 12/31/07, does your hospital have Magnet status from the American Nurses Credentialing Center (ANCC) Magnet Recognition Program for excellence in nursing services? **(2 points)** Yes No

6) Does your hospital contract with an outside vendor [e.g., MedMined, TheraDoc, etc.] to assist in reducing hospital infection rates? **(2 points)**

MedMined TheraDoc Other (Please list the program): _____

7) Does your hospital provide a web-based communication system that allows families and their friends to post messages regarding a patient's condition? [e.g., CarePages, etc.] **(1 point)**

Care Pages

Other (Please list the program): _____

8) Did your hospital complete the AHRQ Hospital Survey on Patient Safety Culture in 2006 or 2007? **(3 points)** Yes No

9) Is your hospital participating in the Surgical Care Improvement Project (SCIP)? **(2 points)** Yes No

10) Has your hospital fully committed and submitted data to the Institute for Health Care Improvement (IHI) 5 Million Lives Campaign so that your hospital name is posted on the IHI website as of 12/31/2007? **(2 points)** Yes No

11a) Is your hospital participating in any of the American Heart Association (AHA) Get With the Guidelines Programs? **(Maximum of 6 points: 1 point for participating or Initial Performance Award, 2 points for Annual or Sustained Performance Award)** Yes No

11b) If yes, please check below **ALL** that apply and indicate any award status.

Congestive Heart Failure (CHF)

Initial Performance Award
(90 days)

Annual Performance Award
(12 months)

Sustained Performance Award
(24 months)

Coronary Artery Disease (CAD)

Initial Performance Award
(90 days)

Annual Performance Award
(12 months)

Sustained Performance Award
(24 months)

Stroke

Initial Performance Award
(90 days)

Annual Performance Award
(12 months)

Sustained Performance Award
(24 months)

12) Does your hospital have Disease-Specific Care Certification (DSCC) from The Joint Commission that can be verified on The Joint Commission website as of 12/31/2007? **(1 point for each certification for up to 6 points)** Yes No

13) Since 1/1/06, was your hospital a recipient of the Lincoln Award (The Lincoln Foundation for Performance Excellence)? **(2 points)** Yes No

14) Since 1/1/06, was your hospital a recipient of the Baldrige Award (The Baldrige National Quality Program)? **(2 points)** Yes No

Proceed to next page 

Please be sure all applicable questions are completed 