



BlueCross BlueShield of Illinois

**2008 HOSPITAL SURVEY**

**DEADLINE: JANUARY 18, 2009**

10b) If yes, please check below **ALL** that apply and indicate any award status.

**Heart Failure (HF)**  
 Bronze Performance Award (90 days)     Silver Performance Award (12 months)     Gold Performance Award (24 months)

**Coronary Artery Disease (CAD)**  
 Bronze Performance Award (90 days)     Silver Performance Award (12 months)     Gold Performance Award (24 months)

**Stroke**  
 Bronze Performance Award (90 days)     Silver Performance Award (12 months)     Gold Performance Award (24 months)

11) Does your hospital have Disease-Specific Care Certification (DSCC) from The Joint Commission that can be verified on The Joint Commission website as of 12/31/2008?  Yes  No  
**(1 point for each certification for up to 6 points)**

12) Since 1/1/07, was your hospital a recipient of the Lincoln Award (The Lincoln Foundation for Performance Excellence)?  Yes  No  
**(2 points)**

13) Since 1/1/07, was your hospital a recipient of the Baldrige Award (The Baldrige National Quality Program)?  Yes  No  
**(2 points)**

**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)*

During 2008, did your hospital participate 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

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.

December 3, 2008

Dear Sir or Madam:

Enclosed is a copy of the 2008 Blue Cross Blue Shield of Illinois (BCBSIL) Hospital Survey. The results from this survey will be incorporated into the 2009 Annual BCBSIL Hospital Profile, to be released early in 2009.

**2008 BCBSIL Hospital Survey**

The 2008 Hospital Survey includes brief questions about the number of physicians who are members of your active medical staff and the numbers who are board certified, the hospital's accreditation status, and participation in state and/or national quality improvement initiatives. Please return your **2008 BCBSIL Hospital Survey** in the enclosed postage-paid blue envelope by **January 16, 2009**.

Please note, the BCBSIL Hospital Survey is the **only** data source for some indicators on the BCBSIL Hospital Profile. **Therefore, hospitals that do not respond to the survey or do not provide the necessary information will automatically receive zero points on the Profile for those indicators for which BCBSIL does not obtain data from another source. In addition, hospitals that have not responded will not have information available for BCBSIL transparency initiatives.**

One focus of the survey is your hospital's progress towards implementing the patient safety practices targeted by Leapfrog. The Leapfrog Group is a consortium of major national employers seeking to advance the quality of patient care. Points will be awarded for progress on selected indicators as publicly reported on the Leapfrog website ([www.leapfroggroup.org](http://www.leapfroggroup.org)). **Please note that only hospitals that publicly report on the Leapfrog website will receive Leapfrog points on the Profile.**

BCBSIL recognizes specified state and national quality improvement initiatives by giving "extra credit" for those hospitals that report participation via the 2008 BCBSIL Hospital Survey. Points for these initiatives are added to the points earned (numerator) only, and have the ability to raise the hospital's overall score, without affecting the total possible points (denominator). If you are participating in any state or national quality improvement initiatives not listed on the BCBSIL Hospital Survey that you would like us to consider, please complete Section 5 of the survey.

If this survey should be completed by someone other than you, please direct it to the attention of the correct individual(s). Responses to the survey will be incorporated into the 2009 Annual BCBSIL Hospital Profile. Some of the survey information will also be included in the 2009 BlueStar<sup>SM</sup> Hospital Report, which is provided to BCBSIL members and is publicly available on the BCBSIL website ([www.bcbsil.com](http://www.bcbsil.com)) and may be reported through other BCBSIL transparency initiatives.

Thank you in advance for your response. Your time and cooperation in completing this survey are appreciated. If you have any questions, please contact Teonna Ingram, Quality Research Analyst, at 312-653-3861 or via email at [teonna\\_ingram@bcbsil.com](mailto:teonna_ingram@bcbsil.com).

Sincerely,

Quality Improvement Department  
 Health Care Management Quality & Research  
 Blue Cross and Blue Shield of Illinois

Enclosures:

- Postage-Paid Reply Envelope

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Hospital Name:

Hospital Address :

**ATTESTATION**

This section must be completed and signed in order for the information provided to be included in the BCBSIL 2009 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 2009 Hospital Profile and BCBSIL transparency initiatives. 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  DNV/NIAHO  None  
(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**

- 1) Has your hospital submitted the online 2008 Leapfrog Group Hospital Quality and Safety Survey to Leapfrog for public reporting since 5/1/2008?  Yes  No

**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):
- 1a) National Cardiovascular Data Registry  Yes  No  
(2 points for participation in one or more registries)
- 1b) D2B (Door-to-Balloon) Alliance  Yes  No  
(2 points for participation in one or more registries)
- 2) Does your hospital participate in the Society of Thoracic Surgeons (STS) National Database?  Yes  No  
(2 points)
- 3) Does your hospital participate in the Vermont Network NIC/Q Collaborative?  Yes  No  
(2 points)
- 4) Is your hospital participating in the Illinois Hospital Association's (IHA) 2007 Patient Safety Learning Collaborative, "Working As One: Patients, Families and Caregivers"?  Yes  No  
(2 points)
- 5) As of 12/31/08, does your hospital have Magnet status from the American Nurses Credentialing Center (ANCC) Magnet Recognition Program for excellence in nursing services?  Yes  No  
(2 points)
- 6) Does your hospital contract with an outside vendor [e.g., MedMined, TheraDoc, etc.] to assist in reducing hospital infection rates?  Yes  No  
(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.]  Yes  No  
(1 point)
- CarePages  
 Other (Please list the program): \_\_\_\_\_
- 8) Did your hospital complete the AHRQ Hospital Survey on Patient Safety Culture in 2007 or 2008?  Yes  No  
(3 points)
- 9) 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 12/31/2008?  Yes  No  
(2 points)
- 10a) Is your hospital participating in any of the American Heart Association (AHA) Get With the Guidelines programs?  Yes  No  
(Maximum of 6 points:  
1 point for participating or Initial Performance Award,  
2 points for Annual or Sustained Performance Award)

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Please be sure all applicable questions are completed

