

- 12) Does your hospital contract with a Patient Safety Organization (PSO) identified by the Agency for Healthcare Research and Quality (AHRQ) as a Listed PSO? **(2 points)**  Yes  No
- 13) Since 1/1/08, has your hospital received the Lincoln Award from the Lincoln Foundation for Performance Excellence? **(2 points)**  Yes  No
- 13a) Since 1/1/09, has your hospital submitted an application for the Lincoln Award? **(1 point; maximum of 2 points for Lincoln Award)**  Yes  No
- 14) Since 1/1/08, has your hospital received the Baldrige Award from the Baldrige National Quality Program? **(2 points)**  Yes  No
- 14a) Since 1/1/09, has your hospital submitted an application for the Baldrige Award? **(1 point; maximum of 2 points for Baldrige Award)**  Yes  No
- 15) Is your hospital accredited by the Society of Chest Pain Centers? **(2 points)**  Yes  No

**If your hospital has accumulated at least 15 points from the Extra Credit Section (Section 3), please skip to the Attestation.**

**SECTION 4 (OPTIONAL): ADDITIONAL PROGRAMS TO BE CONSIDERED FOR EXTRA CREDIT**  
(Points to be determined)

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

Note that the HCAHPS, HCAHPS, and participation in CMS programs do not count towards extra credit because they are included as scored items in the Profile.

During 2009, did your hospital participate in other state and/or national quality improvement initiatives that are not listed in Section 3?  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: \_\_\_\_\_

**ATTESTATION**

**This section must be completed and signed in order for the information to be included in the BCBSIL 2010 Hospital Profile.**

I attest that the statements are accurate and reflect current normal operating circumstances at the hospital. I understand that information provided in this survey will be used by BCBSIL for the 2010 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

Thank you for your cooperation.



**BlueCross BlueShield of Illinois**  
**2009 HOSPITAL SURVEY**

**DEADLINE: December 18, 2009**

November 18, 2009

**Hospital Name:**

**Hospital Address :**

This is the 2009 Blue Cross Blue Shield of Illinois (BCBSIL) Hospital Survey. The results from this survey will be incorporated into the 2010 Annual BCBSIL Hospital Profile. Some of the survey information will also be included in the 2010 BlueStar<sup>SM</sup> Hospital Report, which is publicly available on the BCBSIL website ([http://bcbsil.com/provider/blue\\_star\\_hospital\\_report.htm](http://bcbsil.com/provider/blue_star_hospital_report.htm)) and may be reported through other BCBSIL transparency initiatives.

**2009 BCBSIL Hospital Survey**

The 2009 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, patient safety, the hospital's accreditation status, and participation in state and/or national quality improvement initiatives. **Please return your 2009 BCBSIL Hospital Survey in the enclosed postage-paid envelope by December 18, 2009.**

**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 BCBSIL Hospital Profile 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)) as of January 15, 2010. If your hospital does not currently report to Leapfrog, we encourage you to do so. Please note that only hospitals that publicly report on the Leapfrog website will receive points for the Leapfrog section on the Profile.

We recognize specific state and national quality improvement initiatives by giving "extra credit" for those hospitals that report participation via the 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). Please note that the maximum score for the Extra Credit section has increased to 15 points. If your hospital is participating in state or national quality improvement initiatives not listed on the BCBSIL Hospital Survey, please complete Section 4.

If this survey should be completed by someone other than you, please direct it to the attention of the correct individual(s). Thank you in advance for your response. If you have any questions we encourage you to contact Teonna Ingram at 312-653-3861 ([teonna\\_ingram@bcbsil.com](mailto:teonna_ingram@bcbsil.com)) or Candice Scott at 312-653-8027 ([Candice\\_Scott@bcbsil.com](mailto:Candice_Scott@bcbsil.com)). Your time and cooperation in completing this survey are appreciated.

Sincerely,

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

Proceed to next page 

Hospital Name:

**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) Indicate the hospital's current accreditation (Please check all that apply)
- The Joint Commission
  - Healthcare Facilities Accreditation Program
  - National Integrated Accreditation for Healthcare Organizations (DNV/NIAHO)
  - None (Skip to Section 2)
- 3b) Give the effective date of your most current accreditation status:
- Month      Year
- /
- Example:   /

**SECTION 2: PATIENT SAFETY**

- 1) Is your hospital collecting **and** reporting data on all "near misses"?  Yes  No
- If YES, please answer the following questions:
- 1a) Provide the title of the individual or the name of the committee receiving the data:
- \_\_\_\_\_
- 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 3: 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 15 extra credit points.)**

- 1) Does your hospital participate in any state or national registries that allow participation by any hospital providing relevant services? **(2 points each)**
- 1a) American College of Cardiology (ACC)
- a) National Cardiovascular Data Registry  Yes  No
  - b) D2B (Door-to-Balloon) Alliance  Yes  No
- 1b) Society of Thoracic Surgeons (STS) National Database  Yes  No
- 1c) International Bariatric Surgery Registry  Yes  No
- 1d) Other (Please list additional registries) \_\_\_\_\_  Yes  No

- 2) Does your hospital participate in the Vermont Network Collaborative (Vermont Oxford Network)?  Yes  No **(2 points)**
- 3) Is your hospital participating in the Illinois Hospital Association's (IHA) 2009 Learning Collaborative - Central Line Associated Bloodstream Infections (CLABSI) ?  Yes  No **(2 points)**
- 4) As of 12/31/09, 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)**
- 5) Does your hospital contract with any of the following outside vendors to assist in reducing hospital infection rates? **(2 points)**
- MedMined  TheraDoc  Other (Please list the program) \_\_\_\_\_
- 6) Does your hospital provide a web-based communication system that allows families and their friends to post messages regarding a patient's condition? **(1 point)**
- Care Pages  CaringBridge  Lotsa Helping Hands  Other (Please list the program) \_\_\_\_\_
- 7) Did your hospital complete the AHRQ Hospital Survey on Patient Safety Culture in 2008 or 2009?  Yes  No **(3 points)**
- 8) Is your hospital participating in any of the following American Heart Association (AHA) programs?  Yes  No
- 8a) Mission: Lifeline program **(2 points)**
- 8b) Get With the Guidelines programs:
- Please check below **ALL** that apply and indicate any award status.
- Heart Failure (HF)**
- Participating or Bronze Award **(1 point)**  Silver or Gold Award **(2 points)**
- 
- ACTION-Get With The Guidelines Registry**
- Silver or Gold Award **(2 points)**
- 
- Stroke**
- Participating or Bronze Award **(1 point)**  Silver or Gold Award **(2 points)**
- 
- 9) Does your hospital have Disease-Specific Care Certification (DSCC) from The Joint Commission that can be verified on The Joint Commission website as of 12/31/2009?  Yes  No **(1 point for each certification for up to 6 points)**
- 10) Did your hospital participate in the Institute for Healthcare Improvement (IHI) Surgical Safety Checklist Sprint in 2009?  Yes  No **(2 points)**
- 11) Does your hospital participate in the American College of Surgeons National Surgical Quality Improvement Program (NSQIP)?  Yes  No **(2 points)**

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Please be sure all applicable questions are completed

