

**BLUE CROSS AND BLUE SHIELD ASSOCIATION  
BLUE DISTINCTION CENTERS FOR CARDIAC CARE®  
PRELIMINARY SURVEY FOR 2009 MID-POINT DESIGNATIONS**

1. Provide the legal name and address of the facility responsible for the provision of Cardiac services.

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

2. Identify the contact person for questions pertaining to your completed application. \*If fax number not available, enter N/A.

Name

Title

Street Address

City

State

Zip Code

Telephone

Fax

E-mail address

3. By which CMS-deemed accrediting body is your facility currently fully accredited? Please check all that apply:

The Joint Commission (previously known as Joint Commission on Accreditation of Healthcare Organizations [JCAHO])

Healthcare Facilities Accreditation Program (HFAP)

National Integrated Accreditation for Healthcare Organizations (NIAHO<sup>SM</sup>) of Det Norske Veritas Healthcare, Inc. (DNVHC)

My facility is not currently fully accredited without provision or condition by any CMS-deemed accrediting agency. Please Explain.

Other

3a. If your facility is not fully accredited by a CMS deemed accrediting body or if "other" is the answer for Question 3, then provide the status of accreditation and where you are in the process (e.g., provisional, conditional, preliminary denial, or denial; timeline for re-survey if applicable, submitted Evidence of Standards Compliance (ESC) and are awaiting Joint Commission review, Conditional Accreditation follow-up survey scheduled for [date]) or name the accrediting body that your facility is deemed fully accredited.

4. Does your facility have 24/7 availability of appropriate medical response teams with at least one primary team member being an in-house, certified Advanced Cardiac Life Support (ACLS) physician (e.g., intensivist, anesthesiologist)?

YES  NO

4a. Does your facility have an Emergency Room (ER) physician who is able to respond to inpatient clinical events?

YES  NO, must provide explanation

5. Does your facility provide a full range of cardiac services including but not limited to the following:

- 1) an emergency room;
- 2) intensive care services;
- 3) inpatient cardiac care for acute myocardial infarction (AMI) and heart failure;
- 4) cardiac catheterization including percutaneous coronary interventions (PCI);
- 5) have or make referrals to cardiac rehabilitation programs with these components:  
patient assessment, exercise training and other therapeutic exercise (aerobic strength),  
education/counseling?

YES  NO

6. Does your facility report PCI data to one of the following national or local registries for the indicated timeframes? Check all that apply:

National Cardiovascular Data Registry (NCDR<sup>®</sup>) CathPCI Registry April 1, 2008 through March 31, 2009 (July 1, 2008 through June 30, 2009 will also be accepted)

New York State Percutaneous Coronary Interventions Reporting System (PCIRS) for calendar year 2008 (New York state facilities only)

- Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2) registry for April 1, 2008 through March 31, 2009 (Michigan state facilities only)
- No, my facility does not report to a PCI data registry
- No, my facility did not report to a PCI data registry for the specified timeframes

7. Enter your facility's adult (at or above the age of 18) PCI procedure volume for the timeframe of July 1, 2008 through June 30, 2009.

8. Does your facility provide 24/7 primary PCI staff coverage?

YES  NO

9. Enter your facility's PCI risk-adjusted mortality rate as reported by NCDR(TM) CathPCI Registry(TM) Executive Summary Measure #2, or as reported by BMC(2) (for Michigan facilities only) for the timeframe of April 1, 2008 through March 31, 2009 (data from July 1, 2008 through June 30, 2009 will also be accepted). For New York State facilities unable to provide this data, the PCI risk-adjusted mortality rate from the NYS PCIRS (New York State PCI Reporting System) for the calendar year 2008 will be accepted. (Please express this value as a percentage, e.g., 2.00%).

10. Does your facility provide cardiac surgery including coronary artery bypass graft surgery (CABG)?

- YES
- NO, but my facility is part of a cooperative system with a nearby facility that provides emergency backup CABG for PCI
- NO, my facility does not perform cardiac surgery including CABG and is not part of a cooperative system

10a. Provide the legal name and address of the facility in the cooperative system that provides CABG services for your patients.

Facility Name	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>

IF YOUR FACILITY IS PERFORMING ON-SITE CABG, ANSWER QUESTIONS 10-12. IF NOT, CHOOSE NOT APPLICABLE (N/A).

11. Does your facility provide a 24/7 on-call surgical response team able to perform emergency cardiac surgery (CABG)?

YES  NO  N/A,  my facility does not perform cardiac surgery (CABG)

12. Do ALL cardiac surgeons with surgical privileges at your facility participate in The Society of Thoracic Surgeons (STS) Adult Cardiac Surgery Database and have data submitted on ALL CABG surgeries and/or valve surgeries performed at your facility for the timeframe of July 1, 2008 through June 30, 2009? (or the timeframe of January 1, 2008 through December 31, 2008 will be accepted).

YES  NO  N/A, my facility does not perform open heart procedures including CABG

12a. Provide all STS participant ID(s) \_\_\_\_\_

13. Enter your Facility's adult (at or above the age of 18) open heart cardiac surgical procedures for the time period of July 1, 2008 through June 30, 2009.

Enter N/A if the facility does not perform open heart cardiac surgical procedures. Do not enter commas (",") in your numeric response.

<b>Procedure</b>	<b>CABG</b>	<b>Valve</b>	<b>Simultaneous CABG + Valve TOTAL</b>
Cardiac Surgical Procedure Volume	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>

If total Cardiac Surgical Procedure Volume for this time period is between 75 and 124, you must attach The Society of Thoracic Surgeon's (STS) Composite Quality Rating (STAR) Report for EACH cardiac surgeon participant or surgical group participant with surgical privileges performing procedures at your facility, which includes the four quality domains (Avoidance of Mortality, Avoidance of Morbidity, Use of IMA, Medications) for Harvest # 3, July 1, 2008 through June 30, 2009 (or the timeframe of January 1, 2008 through December 31, 2008 will be accepted).

14. Do all cardiac surgeons and cardiologists providing care to cardiac patients at your facility have active Preferred Provider Organization (PPO) network participating provider contracts with the local Blue Cross and/or Blue Shield Plan?

YES  NO

15. In order to be eligible for designation as a Blue Distinction Center, part of the selection criteria requires the facility to be a participating provider with its local Blue Plan PPO network. Please indicate if your facility is currently participating in the PPO network:

- YES, this facility is currently participating in the local BC/BS Plan's PPO Network
- NO, this facility is currently NOT participating in the local BC/BS Plan's PPO Network
-

NO, this facility is currently NOT participating in the local BC/BS Plan's PPO, BUT is willing to participate