

**HB0003**



**101ST GENERAL ASSEMBLY**

**State of Illinois**

**2019 and 2020**

**HB0003**

Introduced 1/9/2019, by Rep. Mary E. Flowers

**SYNOPSIS AS INTRODUCED:**

210 ILCS 86/25

Amends the Hospital Report Card Act to require that each hospital include in its quarterly report instances of preterm infants, infant mortality, and maternal mortality. Requires the reporting of racial and ethnic information of the infants' mothers, along with the disparity of occurrences across different racial and ethnic groups. Effective immediately.

LRB101 03006 CPF 48014 b

**A BILL FOR**

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Hospital Report Card Act is amended by  
5 changing Section 25 as follows:

6 (210 ILCS 86/25)

7 Sec. 25. Hospital reports.

8 (a) Individual hospitals shall prepare a quarterly report  
9 including all of the following:

10 (1) Nursing hours per patient day, average daily  
11 census, and average daily hours worked for each clinical  
12 service area.

13 (2) Infection-related measures for the facility for  
14 the specific clinical procedures and devices determined by  
15 the Department by rule under 2 or more of the following  
16 categories:

17 (A) Surgical procedure outcome measures.

18 (B) Surgical procedure infection control process  
19 measures.

20 (C) Outcome or process measures related to  
21 ventilator-associated pneumonia.

22 (D) Central vascular catheter-related bloodstream  
23 infection rates in designated critical care units.

1           (3) Information required under paragraph (4) of  
2 Section 2310-312 of the Department of Public Health Powers  
3 and Duties Law of the Civil Administrative Code of  
4 Illinois.

5           (4) Additional infection measures mandated by the  
6 Centers for Medicare and Medicaid Services that are  
7 reported by hospitals to the Centers for Disease Control  
8 and Prevention's National Healthcare Safety Network  
9 surveillance system, or its successor, and deemed relevant  
10 to patient safety by the Department.

11           (5) Each instance of preterm birth and infant mortality  
12 within the reporting period, including the racial and  
13 ethnic information of the mothers of those infants, and the  
14 disparity of such occurrences across different racial and  
15 ethnic groups.

16           (6) Each instance of maternal mortality within the  
17 reporting period, including the racial and ethnic  
18 information of those mothers, and the disparity of such  
19 occurrences across different racial and ethnic groups.

20           The infection-related measures developed by the Department  
21 shall be based upon measures and methods developed by the  
22 Centers for Disease Control and Prevention, the Centers for  
23 Medicare and Medicaid Services, the Agency for Healthcare  
24 Research and Quality, the Joint Commission on Accreditation of  
25 Healthcare Organizations, or the National Quality Forum. The  
26 Department may align the infection-related measures with the

1 measures and methods developed by the Centers for Disease  
2 Control and Prevention, the Centers for Medicare and Medicaid  
3 Services, the Agency for Healthcare Research and Quality, the  
4 Joint Commission on Accreditation of Healthcare Organizations,  
5 and the National Quality Forum by adding reporting measures  
6 based on national health care strategies and measures deemed  
7 scientifically reliable and valid for public reporting. The  
8 Department shall receive approval from the State Board of  
9 Health to retire measures deemed no longer scientifically valid  
10 or valuable for informing quality improvement or infection  
11 prevention efforts. The Department shall notify the Chairs and  
12 Minority Spokespersons of the House Human Services Committee  
13 and the Senate Public Health Committee of its intent to have  
14 the State Board of Health take action to retire measures no  
15 later than 7 business days before the meeting of the State  
16 Board of Health.

17 The Department shall include interpretive guidelines for  
18 infection-related indicators and, when available, shall  
19 include relevant benchmark information published by national  
20 organizations.

21 (b) Individual hospitals shall prepare annual reports  
22 including vacancy and turnover rates for licensed nurses per  
23 clinical service area.

24 (c) None of the information the Department discloses to the  
25 public may be made available in any form or fashion unless the  
26 information has been reviewed, adjusted, and validated

1 according to the following process:

2 (1) The Department shall organize an advisory  
3 committee, including representatives from the Department,  
4 public and private hospitals, direct care nursing staff,  
5 physicians, academic researchers, consumers, health  
6 insurance companies, organized labor, and organizations  
7 representing hospitals and physicians. The advisory  
8 committee must be meaningfully involved in the development  
9 of all aspects of the Department's methodology for  
10 collecting, analyzing, and disclosing the information  
11 collected under this Act, including collection methods,  
12 formatting, and methods and means for release and  
13 dissemination.

14 (2) The entire methodology for collecting and  
15 analyzing the data shall be disclosed to all relevant  
16 organizations and to all hospitals that are the subject of  
17 any information to be made available to the public before  
18 any public disclosure of such information.

19 (3) Data collection and analytical methodologies shall  
20 be used that meet accepted standards of validity and  
21 reliability before any information is made available to the  
22 public.

23 (4) The limitations of the data sources and analytic  
24 methodologies used to develop comparative hospital  
25 information shall be clearly identified and acknowledged,  
26 including but not limited to the appropriate and

1 inappropriate uses of the data.

2 (5) To the greatest extent possible, comparative  
3 hospital information initiatives shall use standard-based  
4 norms derived from widely accepted provider-developed  
5 practice guidelines.

6 (6) Comparative hospital information and other  
7 information that the Department has compiled regarding  
8 hospitals shall be shared with the hospitals under review  
9 prior to public dissemination of such information and these  
10 hospitals have 30 days to make corrections and to add  
11 helpful explanatory comments about the information before  
12 the publication.

13 (7) Comparisons among hospitals shall adjust for  
14 patient case mix and other relevant risk factors and  
15 control for provider peer groups, when appropriate.

16 (8) Effective safeguards to protect against the  
17 unauthorized use or disclosure of hospital information  
18 shall be developed and implemented.

19 (9) Effective safeguards to protect against the  
20 dissemination of inconsistent, incomplete, invalid,  
21 inaccurate, or subjective hospital data shall be developed  
22 and implemented.

23 (10) The quality and accuracy of hospital information  
24 reported under this Act and its data collection, analysis,  
25 and dissemination methodologies shall be evaluated  
26 regularly.

1           (11) Only the most basic identifying information from  
2           mandatory reports shall be used, and information  
3           identifying a patient, employee, or licensed professional  
4           shall not be released. None of the information the  
5           Department discloses to the public under this Act may be  
6           used to establish a standard of care in a private civil  
7           action.

8           (d) Quarterly reports shall be submitted, in a format set  
9           forth in rules adopted by the Department, to the Department by  
10          April 30, July 31, October 31, and January 31 each year for the  
11          previous quarter. Data in quarterly reports must cover a period  
12          ending not earlier than one month prior to submission of the  
13          report. Annual reports shall be submitted by December 31 in a  
14          format set forth in rules adopted by the Department to the  
15          Department. All reports shall be made available to the public  
16          on-site and through the Department.

17          (e) If the hospital is a division or subsidiary of another  
18          entity that owns or operates other hospitals or related  
19          organizations, the annual public disclosure report shall be for  
20          the specific division or subsidiary and not for the other  
21          entity.

22          (f) The Department shall disclose information under this  
23          Section in accordance with provisions for inspection and  
24          copying of public records required by the Freedom of  
25          Information Act provided that such information satisfies the  
26          provisions of subsection (c) of this Section.

1           (g) Notwithstanding any other provision of law, under no  
2 circumstances shall the Department disclose information  
3 obtained from a hospital that is confidential under Part 21 of  
4 Article VIII of the Code of Civil Procedure.

5           (h) No hospital report or Department disclosure may contain  
6 information identifying a patient, employee, or licensed  
7 professional.

8           (Source: P.A. 98-463, eff. 8-16-13; 99-326, eff. 8-10-15.)

9           Section 99. Effective date. This Act takes effect upon  
10 becoming law.