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Filed: 5/14/2021

10200HB0068sam001

LRB102 03824 CPF 26520 a

1 AMENDMENT TO HOUSE BILL 68

2 AMENDMENT NO. _____. Amend House Bill 68 by replacing
3 everything after the enacting clause with the following:

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:

1 (A) Surgical procedure outcome measures.

2 (B) Surgical procedure infection control process
3 measures.

4 (C) Outcome or process measures related to
5 ventilator-associated pneumonia.

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

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

12 (4) Additional infection measures mandated by the
13 Centers for Medicare and Medicaid Services that are
14 reported by hospitals to the Centers for Disease Control
15 and Prevention's National Healthcare Safety Network
16 surveillance system, or its successor, and deemed relevant
17 to patient safety by the Department.

18 (5) Each instance of preterm birth and infant
19 mortality within the reporting period, including the
20 racial and ethnic information of the mothers of those
21 infants.

22 (6) Each instance of maternal mortality within the
23 reporting period, including the racial and ethnic
24 information of those mothers.

25 (7) The number of female patients who have died within
26 the reporting period.

1 (8) The number of female patients admitted to the
2 hospital with a diagnosis of COVID-19 and at least one
3 known underlying condition identified by the United States
4 Centers for Disease Control and Prevention as a condition
5 that increases the risk of mortality from COVID-19 who
6 subsequently died at the hospital within the reporting
7 period.

8 The infection-related measures developed by the Department
9 shall be based upon measures and methods developed by the
10 Centers for Disease Control and Prevention, the Centers for
11 Medicare and Medicaid Services, the Agency for Healthcare
12 Research and Quality, the Joint Commission on Accreditation of
13 Healthcare Organizations, or the National Quality Forum. The
14 Department may align the infection-related measures with the
15 measures and methods developed by the Centers for Disease
16 Control and Prevention, the Centers for Medicare and Medicaid
17 Services, the Agency for Healthcare Research and Quality, the
18 Joint Commission on Accreditation of Healthcare Organizations,
19 and the National Quality Forum by adding reporting measures
20 based on national health care strategies and measures deemed
21 scientifically reliable and valid for public reporting. The
22 Department shall receive approval from the State Board of
23 Health to retire measures deemed no longer scientifically
24 valid or valuable for informing quality improvement or
25 infection prevention efforts. The Department shall notify the
26 Chairs and Minority Spokespersons of the House Human Services

1 Committee and the Senate Public Health Committee of its intent
2 to have the State Board of Health take action to retire
3 measures no later than 7 business days before the meeting of
4 the State Board of Health.

5 The Department shall include interpretive guidelines for
6 infection-related indicators and, when available, shall
7 include relevant benchmark information published by national
8 organizations.

9 The Department shall collect the information reported
10 under paragraphs (5) and (6) and shall use it to illustrate the
11 disparity of those occurrences across different racial and
12 ethnic groups.

13 (b) Individual hospitals shall prepare annual reports
14 including vacancy and turnover rates for licensed nurses per
15 clinical service area.

16 (c) None of the information the Department discloses to
17 the public may be made available in any form or fashion unless
18 the information has been reviewed, adjusted, and validated
19 according to the following process:

20 (1) The Department shall organize an advisory
21 committee, including representatives from the Department,
22 public and private hospitals, direct care nursing staff,
23 physicians, academic researchers, consumers, health
24 insurance companies, organized labor, and organizations
25 representing hospitals and physicians. The advisory
26 committee must be meaningfully involved in the development

1 of all aspects of the Department's methodology for
2 collecting, analyzing, and disclosing the information
3 collected under this Act, including collection methods,
4 formatting, and methods and means for release and
5 dissemination.

6 (2) The entire methodology for collecting and
7 analyzing the data shall be disclosed to all relevant
8 organizations and to all hospitals that are the subject of
9 any information to be made available to the public before
10 any public disclosure of such information.

11 (3) Data collection and analytical methodologies shall
12 be used that meet accepted standards of validity and
13 reliability before any information is made available to
14 the public.

15 (4) The limitations of the data sources and analytic
16 methodologies used to develop comparative hospital
17 information shall be clearly identified and acknowledged,
18 including but not limited to the appropriate and
19 inappropriate uses of the data.

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

24 (6) Comparative hospital information and other
25 information that the Department has compiled regarding
26 hospitals shall be shared with the hospitals under review

1 prior to public dissemination of such information and
2 these hospitals have 30 days to make corrections and to
3 add helpful explanatory comments about the information
4 before the publication.

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

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

11 (9) Effective safeguards to protect against the
12 dissemination of inconsistent, incomplete, invalid,
13 inaccurate, or subjective hospital data shall be developed
14 and implemented.

15 (10) The quality and accuracy of hospital information
16 reported under this Act and its data collection, analysis,
17 and dissemination methodologies shall be evaluated
18 regularly.

19 (11) Only the most basic identifying information from
20 mandatory reports shall be used, and information
21 identifying a patient, employee, or licensed professional
22 shall not be released. None of the information the
23 Department discloses to the public under this Act may be
24 used to establish a standard of care in a private civil
25 action.

26 (d) Quarterly reports shall be submitted, in a format set

1 forth in rules adopted by the Department, to the Department by
2 April 30, July 31, October 31, and January 31 each year for the
3 previous quarter. Data in quarterly reports must cover a
4 period ending not earlier than one month prior to submission
5 of the report. Annual reports shall be submitted by December
6 31 in a format set forth in rules adopted by the Department to
7 the Department. All reports shall be made available to the
8 public on-site and through the Department.

9 (e) If the hospital is a division or subsidiary of another
10 entity that owns or operates other hospitals or related
11 organizations, the annual public disclosure report shall be
12 for the specific division or subsidiary and not for the other
13 entity.

14 (f) The Department shall disclose information under this
15 Section in accordance with provisions for inspection and
16 copying of public records required by the Freedom of
17 Information Act provided that such information satisfies the
18 provisions of subsection (c) of this Section.

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

23 (h) No hospital report or Department disclosure may
24 contain information identifying a patient, employee, or
25 licensed professional.

26 (Source: P.A. 101-446, eff. 8-23-19.)".