

1 AN ACT concerning health.

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

4 Section 5. The Mental Health and Developmental  
5 Disabilities Administrative Act is amended by adding Section  
6 10.5 as follows:

7 (20 ILCS 1705/10.5 new)

8 Sec. 10.5. Prevention and control of Multidrug-Resistant  
9 Organisms. The Department, in consultation with the Department  
10 of Public Health, shall adopt rules that may require one or  
11 more of the facilities described in Section 4 of this Act to  
12 implement comprehensive interventions to prevent and control  
13 multidrug-resistant organisms (MDROs), including  
14 methicillin-resistant Staphylococcus aureus (MRSA),  
15 vancomycin-resistant enterococci (VRE), and certain  
16 gram-negative bacilli (GNB), pursuant to updated prevention  
17 and control interventions recommended by the U.S. Centers for  
18 Disease Control and Prevention. The Department shall also  
19 require facilities to submit reports to the Department that  
20 contain substantially the same information contained in the  
21 related infection reports required to be submitted by hospitals  
22 to the Department of Public Health under Section 25 of the  
23 Hospital Report Card Act. The Department shall provide that

1 information to the Department of Public Health upon the  
2 Department of Public Health's request.

3 Section 10. The Department of Public Health Powers and  
4 Duties Law of the Civil Administrative Code of Illinois is  
5 amended by adding Section 2310-312 as follows:

6 (20 ILCS 2310/2310-312 new)

7 Sec. 2310-312. Multidrug-Resistant Organisms. The  
8 Department shall perform the following functions in relation to  
9 the prevention and control of Multidrug-Resistant Organisms  
10 (MDROs), including methicillin-resistant Staphylococcus aureus  
11 (MRSA), vancomycin-resistant (VRE) and certain gram-negative  
12 bacilli (GNB), as these terms are referenced by the United  
13 States Centers for Disease Control and Prevention:

14 (1) Except with regard to hospitals, for which  
15 administrative rules shall be adopted in accordance with  
16 Section 6.23 of the Hospital Licensing Act and Section 7 of  
17 the University of Illinois Hospital Act, the Department  
18 shall adopt administrative rules for health care  
19 facilities subject to licensure, certification,  
20 registration, or other regulation by the Department that  
21 may require one or more types of those facilities to (i)  
22 perform an annual infection control risk assessment, (ii)  
23 develop infection control policies for MDROs that are based  
24 on this assessment and incorporate, as appropriate,

1 updated recommendations of the U.S. Centers for Disease  
2 Control and Prevention for the prevention and control of  
3 MDROs, and (iii) enforce hand hygiene requirements.

4 (2) The Department shall:

5 (A) publicize guidelines for reducing the  
6 incidence of MDROs to health care providers, health  
7 care facilities, public health departments, prisons,  
8 jails, and the general public; and

9 (B) provide periodic reports and updates to public  
10 officials, health professionals, and the general  
11 public statewide regarding new developments or  
12 procedures concerning prevention and management of  
13 infections due to MDROs.

14 (3) The Department shall publish a yearly report  
15 regarding MRSA and Clostridium difficile infections based  
16 on the Hospital Discharge Dataset. The Department is  
17 authorized to require hospitals, based on guidelines  
18 developed by the National Center for Health Statistics,  
19 after October 1, 2007, to submit data to the Department  
20 that is coded as "present on admission" and "occurred  
21 during the stay".

22 (4) Reporting to the Department under the Hospital  
23 Report Card Act shall include organisms, including but not  
24 limited to MRSA, that are responsible for central venous  
25 catheter-associated bloodstream infections and  
26 ventilator-associated pneumonia in designated hospital

1 units.

2 (5) The Department shall implement surveillance for  
3 designated cases of community associated MRSA infections  
4 for a period of at least 3 years, beginning on or before  
5 January 1, 2008.

6 Section 15. The University of Illinois Hospital Act is  
7 amended by adding Section 7 as follows:

8 (110 ILCS 330/7 new)

9 Sec. 7. Prevention and control for Multidrug-Resistant  
10 Organisms. The University of Illinois Hospital shall develop  
11 and implement comprehensive interventions to prevent and  
12 control multidrug-resistant organisms (MDROs), including  
13 methicillin-resistant Staphylococcus aureus (MRSA),  
14 vancomycin-resistant enterococci (VRE), and certain  
15 gram-negative bacilli (GNB), that take into consideration  
16 guidelines of the U.S. Centers for Disease Control and  
17 Prevention for the management of MDROs in healthcare settings.  
18 The Department of Public Health shall adopt administrative  
19 rules that require the University of Illinois Hospital to  
20 perform an annual facility-wide infection control risk  
21 assessment and enforce hand hygiene and contact precaution  
22 requirements.

23 Section 20. The Hospital Licensing Act is amended by adding

1 Section 6.23 as follows:

2 (210 ILCS 85/6.23 new)

3 Sec. 6.23. Prevention and control of Multidrug-Resistant  
4 Organisms. Each hospital shall develop and implement  
5 comprehensive interventions to prevent and control  
6 multidrug-resistant organisms (MDROs), including  
7 methicillin-resistant Staphylococcus aureus (MRSA),  
8 vancomycin-resistant enterococci (VRE), and certain  
9 gram-negative bacilli (GNB), that take into consideration  
10 guidelines of the U.S. Centers for Disease Control and  
11 Prevention for the management of MDROs in healthcare settings.  
12 The Department shall adopt administrative rules that require  
13 hospitals to perform an annual facility-wide infection control  
14 risk assessment and enforce hand hygiene and contact precaution  
15 requirements.

16 Section 25. The Hospital Report Card Act is amended by  
17 changing Section 25 as follows:

18 (210 ILCS 86/25)

19 Sec. 25. Hospital reports.

20 (a) Individual hospitals shall prepare a quarterly report  
21 including all of the following:

22 (1) Nursing hours per patient day, average daily  
23 census, and average daily hours worked for each clinical

1 service area.

2 (2) Infection-related measures for the facility for  
3 the specific clinical procedures and devices determined by  
4 the Department by rule under 2 or more of the following  
5 categories:

6 (A) Surgical procedure outcome measures.

7 (B) Surgical procedure infection control process  
8 measures.

9 (C) Outcome or process measures related to  
10 ventilator-associated pneumonia.

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

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

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

23 The Department shall include interpretive guidelines for  
24 infection-related indicators and, when available, shall  
25 include relevant benchmark information published by national  
26 organizations.

1           (b) Individual hospitals shall prepare annual reports  
2 including vacancy and turnover rates for licensed nurses per  
3 clinical service area.

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

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

20           (2) The entire methodology for collecting and  
21 analyzing the data shall be disclosed to all relevant  
22 organizations and to all hospitals that are the subject of  
23 any information to be made available to the public before  
24 any public disclosure of such information.

25           (3) Data collection and analytical methodologies shall  
26 be used that meet accepted standards of validity and

1 reliability before any information is made available to the  
2 public.

3 (4) The limitations of the data sources and analytic  
4 methodologies used to develop comparative hospital  
5 information shall be clearly identified and acknowledged,  
6 including but not limited to the appropriate and  
7 inappropriate uses of the data.

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

12 (6) Comparative hospital information and other  
13 information that the Department has compiled regarding  
14 hospitals shall be shared with the hospitals under review  
15 prior to public dissemination of such information and these  
16 hospitals have 30 days to make corrections and to add  
17 helpful explanatory comments about the information before  
18 the publication.

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

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

25 (9) Effective safeguards to protect against the  
26 dissemination of inconsistent, incomplete, invalid,



1           inaccurate, or subjective hospital data shall be developed  
2           and implemented.

3           (10) The quality and accuracy of hospital information  
4           reported under this Act and its data collection, analysis,  
5           and dissemination methodologies shall be evaluated  
6           regularly.

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

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

23          (e) If the hospital is a division or subsidiary of another  
24          entity that owns or operates other hospitals or related  
25          organizations, the annual public disclosure report shall be for  
26          the specific division or subsidiary and not for the other

1 entity.

2 (f) The Department shall disclose information under this  
3 Section in accordance with provisions for inspection and  
4 copying of public records required by the Freedom of  
5 Information Act provided that such information satisfies the  
6 provisions of subsection (c) of this Section.

7 (g) Notwithstanding any other provision of law, under no  
8 circumstances shall the Department disclose information  
9 obtained from a hospital that is confidential under Part 21 of  
10 Article 8 of the Code of Civil Procedure.

11 (h) No hospital report or Department disclosure may contain  
12 information identifying a patient, employee, or licensed  
13 professional.

14 (Source: P.A. 93-563, eff. 1-1-04; 94-275, eff. 7-19-05.)

15 Section 99. Effective date. This Act takes effect upon  
16 becoming law.