



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB0302

by Rep. William Davis

SYNOPSIS AS INTRODUCED:

210 ILCS 86/25

Amends the Hospital Report Card Act. Requires hospitals to include in their quarterly reports additional infection measures mandated by the Centers for Medicare and Medicaid Services that are reported by hospitals to the Centers for Disease Control and Prevention's National Healthcare Safety Network surveillance system and deemed relevant to patient safety by the Department of Public Health. Provides that the Department may align the infection-related measures that are required to be reported by hospitals with the measures and methods developed by the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Agency for Healthcare Research and Quality, the Joint Commission on Accreditation of Healthcare Organizations, and the National Quality Forum by adding and retiring reporting measures based on national health care strategies and measures deemed scientifically reliable and valid for public reporting.

LRB099 00335 RPS 20341 b

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 The infection-related measures developed by the Department
12 shall be based upon measures and methods developed by the
13 Centers for Disease Control and Prevention, the Centers for
14 Medicare and Medicaid Services, the Agency for Healthcare
15 Research and Quality, the Joint Commission on Accreditation of
16 Healthcare Organizations, or the National Quality Forum. The
17 Department may align the infection-related measures with the
18 measures and methods developed by the Centers for Disease
19 Control and Prevention, the Centers for Medicare and Medicaid
20 Services, the Agency for Healthcare Research and Quality, the
21 Joint Commission on Accreditation of Healthcare Organizations,
22 and the National Quality Forum by adding and retiring reporting
23 measures based on national health care strategies and measures
24 deemed scientifically reliable and valid for public reporting.

25 The Department shall include interpretive guidelines for
26 infection-related indicators and, when available, shall

1 include relevant benchmark information published by national
2 organizations.

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

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

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

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

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

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

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

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

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

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

1 (9) Effective safeguards to protect against the
2 dissemination of inconsistent, incomplete, invalid,
3 inaccurate, or subjective hospital data shall be developed
4 and implemented.

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

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

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

25 (e) If the hospital is a division or subsidiary of another
26 entity that owns or operates other hospitals or related

1 organizations, the annual public disclosure report shall be for
2 the specific division or subsidiary and not for the other
3 entity.

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

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

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

16 (Source: P.A. 98-463, eff. 8-16-13.)