



Sen. Mattie Hunter

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09900HB2706sam001

LRB099 09933 RPS 35298 a

1 AMENDMENT TO HOUSE BILL 2706

2 AMENDMENT NO. _____. Amend House Bill 2706 as follows:

3 on page 1, line 5, by replacing "Section 30" with "Sections 25
4 and 30"; and

5 on page 1, immediately below line 5, by inserting the
6 following:

7 "(210 ILCS 86/25)

8 Sec. 25. Hospital reports.

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

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

14 (2) Infection-related measures for the facility for
15 the specific clinical procedures and devices determined by

1 the Department by rule under 2 or more of the following
2 categories:

3 (A) Surgical procedure outcome measures.

4 (B) Surgical procedure infection control process
5 measures.

6 (C) Outcome or process measures related to
7 ventilator-associated pneumonia.

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

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

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

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.); and

9 on page 2, immediately below line 11, by inserting the
10 following:

11 "Section 99. Effective date. This Act takes effect upon
12 becoming law.".