

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.

14 (6) Each instance of maternal mortality within the
15 reporting period, including the racial and ethnic
16 information of those mothers.

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. The
23 Department may align the infection-related measures with the
24 measures and methods developed by the Centers for Disease
25 Control and Prevention, the Centers for Medicare and Medicaid
26 Services, the Agency for Healthcare Research and Quality, the

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

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

18 The Department shall collect the information reported
19 under paragraphs (5) and (6) and shall use it to illustrate the
20 disparity of those occurrences across different racial and
21 ethnic groups.

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

25 (c) None of the information the Department discloses to the
26 public may be made available in any form or fashion unless the

1 information has been reviewed, adjusted, and validated
2 according to the following process:

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

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

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

24 (4) The limitations of the data sources and analytic
25 methodologies used to develop comparative hospital
26 information shall be clearly identified and acknowledged,

1 including but not limited to the appropriate and
2 inappropriate uses of the data.

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

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

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

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

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

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

1 regularly.

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

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

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

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

1 provisions of subsection (c) of this Section.

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

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

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

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