



Sen. Jacqueline Y. Collins

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10100HB0003sam002

LRB101 03006 CPF 60602 a

1 AMENDMENT TO HOUSE BILL 3

2 AMENDMENT NO. _____. Amend House Bill 3 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 mortality
19 within the reporting period, including the racial and
20 ethnic information of the mothers of those infants.

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

24 The infection-related measures developed by the Department
25 shall be based upon measures and methods developed by the
26 Centers for Disease Control and Prevention, the Centers for

1 Medicare and Medicaid Services, the Agency for Healthcare
2 Research and Quality, the Joint Commission on Accreditation of
3 Healthcare Organizations, or the National Quality Forum. The
4 Department may align the infection-related measures with the
5 measures and methods developed by the Centers for Disease
6 Control and Prevention, the Centers for Medicare and Medicaid
7 Services, the Agency for Healthcare Research and Quality, the
8 Joint Commission on Accreditation of Healthcare Organizations,
9 and the National Quality Forum by adding reporting measures
10 based on national health care strategies and measures deemed
11 scientifically reliable and valid for public reporting. The
12 Department shall receive approval from the State Board of
13 Health to retire measures deemed no longer scientifically valid
14 or valuable for informing quality improvement or infection
15 prevention efforts. The Department shall notify the Chairs and
16 Minority Spokespersons of the House Human Services Committee
17 and the Senate Public Health Committee of its intent to have
18 the State Board of Health take action to retire measures no
19 later than 7 business days before the meeting of the State
20 Board of Health.

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

25 The Department shall collect the information reported
26 under paragraphs (5) and (6) and shall use it to illustrate the

1 disparity of those occurrences across different racial and
2 ethnic groups.

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; 99-326, eff. 8-10-15.)

17 Section 99. Effective date. This Act takes effect upon
18 becoming law."