



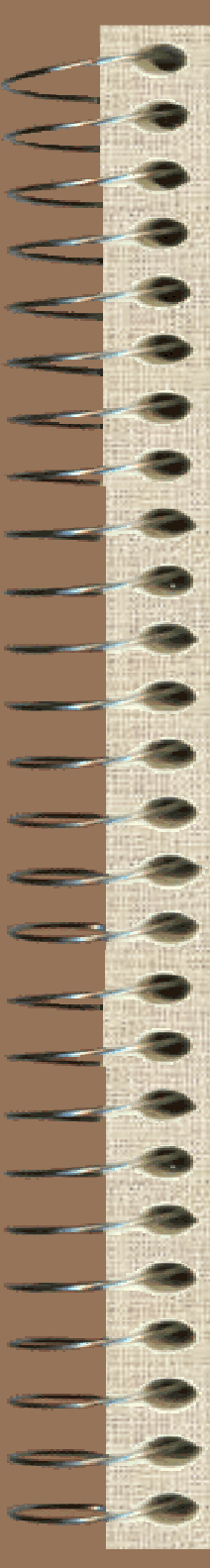
The Illinois Hospital Report Card Acts

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A decorative graphic on the left side of the slide, resembling the spiral binding of a notebook. It consists of a series of dark, teardrop-shaped elements connected by a thin, light-colored line, set against a dark brown background.

“Consumers have a right to access information about the quality of health care provided in Illinois hospitals in order to make better decisions about their choice of health care provider.”

Section 5, Senate Bill 59 (P.A. 93-563)

Roles

- Legislature – Enact
- Department – Promulgate, Disseminate, Educate
- Advisory Committee – Meaningful Involvement in Development

Environmental Context

- Media Coverage
 - IOM, Tribune series, JAMA
- Expanding Data Focus
 - Federal, state & accrediting bodies
- Consumerism/Purchaser Activism
 - Choice, comparative information, transparency

Political Landscape

- Democratic sweep of state government
 - New Governor, Democrat
 - Leadership of the General Assembly
- Largest turnover of state legislators in 25 years
 - 46 new legislators (29 in the House, 17 in the Senate)
- Union-friendly environment

SB 59 & HB 2202

- Intent:
 - Empower consumers by making quality information about hospitals available to the public
- Bipartisan measures
- Supported by organized labor, consumer and business groups
- IDPH Oversight

Time Lines

Senate Bill 59:

- Act took effect January 1, 2004
- Quarterly reports due April 30, July 31, October 31 and January 31, *once regulations are issued*

Time Lines

House Bill 2202:

- Act took effect July 10, 2003
- By July 10, 2004, Department must report to GA re “most effective methods”
- Before January 1, 2005, Department must collect data
- Before January 1, 2006, Consumer’s Guide to Health Care must be available

Senate Bill 59 Overview

- Nurse Staffing/Patient Outcomes
- Data Reporting & Disclosure
- Whistleblower Protections

SB 59 – Upon Request

Staffing Information:

- Nurse staff schedules
- Nurse staff assignment rosters
- Hospital-specific methodologies to determine and adjust nurse staffing levels
- Staff training records
- All records for five years

SB 59 – Reportable Data

Staffing/Patient Outcomes:

- Nursing hours/pt day, ADC, average hrs worked
- Nosocomial infection rates
 - Class I surgical site infections
 - Ventilator-associated pneumonia
 - Central line-related bloodstream infections
- Vacancy & turnover rates
- Mortality data

SB 59 – Reportable Data

Certain issues to be addressed in rules:

- Nosocomial Infection Rates
 - Methodology
 - Covered Procedures
 - Format

HB 2202 – Reportable Data

Consumer Guide to Health Care:

- 30 conditions and procedures that demonstrate the highest degree of variation in patient charges and quality of care
 - Volume of cases
 - Average charges
 - Risk-adjusted mortality rates
 - Nosocomial infection rates
- Available using interactive query system

Process

- Under SB 59, the Department must organize an advisory committee, including representatives from
 - the Department
 - public hospitals
 - private hospitals
 - direct care nursing staff
 - academic researchers

Process

- physicians
- consumers
- health insurance companies
- organized labor
- organizations representing hospitals
- organizations representing physicians

Advisory Committee

“meaningfully involved” in the development of all aspects of the Department’s methodology for collecting, analyzing, and disclosing the information collected under this Act, including collection methods, formatting, and methods and means for release and dissemination.



Transparency of methodology

Entire methodology for collecting and analyzing the data shall be disclosed to all relevant organizations and to all hospitals that are the subject of any information to be made available to the public before any public disclosure of such information

Validity and Reliability

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

Limitations Acknowledged

The limitations of the data sources and analytic methodologies used to develop comparative hospital information shall be clearly identified and acknowledged, including but not limited to the appropriate and inappropriate uses of the data

Standards Based Norms

Comparative hospital information initiatives shall use standard-based norms derived from widely accepted provider-developed practice guidelines.



Opportunity to Review

- Information to be shared prior to dissemination
- 30 day opportunity to review for corrections and explanatory comments

Adjustment for Risk

Comparisons among hospitals shall adjust for patient case mix and other relevant risk factors and control for provider peer groups, when appropriate

Objectives

- Rationalized data collection process
- Minimized administrative burden
- Consensus
- Not reinvent wheels
- Sensitivity to differing circumstances
- Derive from, not dictate, practice
- Track Federal/JCAHO efforts
- Education/Outreach campaign

Problem with Section 25(A)(2)

- (a) Individual hospitals shall prepare a quarterly report including all of the following . . .
 - (2) Nosocomial infection rates for the facility for the specific clinical procedures determined by the Department by rule under the following categories:
 - (A) Class I surgical site infection.
 - (B) Ventilator-associated pneumonia.
 - (C) Central line-related bloodstream infections.

Problem with Section 25(A)(2)

The Department shall only disclose Illinois hospital infection rate data according to the current benchmarks of the Centers for Disease Control's National Nosocomial Infection Surveillance Program.

Proposed Solution

(2) Infection-related measures **Nosocomial infection rates** for the facility for the specific clinical procedures and devices determined by the Department by rule under 2 or more of the following categories:

Proposed Solution

- (A) Surgical procedure outcome measures Class I surgical site infection.
- (B) Surgical procedure infection control process measures Ventilator associated pneumonia.
- (C) Outcome or process measures related to ventilator-associated pneumonia.
- (D) (C) Central vascular catheter-related line-related bloodstream infection rates in designated critical care units infections.

Proposed Solution

All measures developed by the Department shall be based upon measures and methods developed by the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, the Agency for Health Care Quality Research, the Joint Commission on Accreditation of Healthcare Organizations, or the National Quality Forum.

Proposed Solution

The Department shall include interpretative guidelines for infection-related indicators and, when available, shall include relevant benchmark information published by national organizations.