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Dear Colleague:

I would like to bring to your attention important new responsibilities of your facility mandated by rules recently adopted by the Illinois Department of Public Health (IDPH) under the Hospital Report Card Act (Public Act 094-0275) regarding nurse staffing and infection-related data. The Hospital Report Card Code was adopted on March 28, 2007, finalizing the legislative component of these activities and signaling the beginning of the initial steps in the implementation of the data collection and public reporting system. The rule containing the reporting requirements can be found either at the State of Illinois Register web site (http://ilsos.net/departments/index/register/register_volume31_issue15.pdf) or on the Department's web site (<http://www.idph.state.il.us/rulesregs/proposedrules.htm#Adopted>). The nurse staffing and infection data reporting requirements are summarized here for you information. More detail will be presenting during the weeks to follow.

Nurse Staffing Reporting Requirements

In addition to existing requirements for providing nurse-staffing information to consumers upon request, the new rules establish some additional timelines and requirements:

- Effective March 28, 2007 – Hospitals should notify the public of the right to access nurse staffing information, including posting on their web site and disseminating patient education materials on how to obtain nurse staffing information.
- July 1 – September 30, 2007 – IDPH and IHA will coordinate training sessions for member and non-member hospital staff on reporting requirements for nurse staffing.
- October 1 – December 31, 2007 – Hospitals will participate in a pilot submission of data using a standardized submission approach
- January 1 – March 31, 2008 – First set of nurse staffing information to be gathered by hospitals and submitted by April 20th with any updates by July 1 2008
- July 2 – September 30, 2008 – First set of comparative nurse staffing information to be released to the public

Please note that all hospitals are required to submit nurse-staffing information. When the actual results are released to the public, comparative data will be adjusted by types of hospitals and service areas and units.

Infection Reporting Requirements.

Infection reporting requirements have various phase-in dates beginning with July 1, 2007 and extending to July 1, 2008.

- Starting with July 1, 2007 for PPS inpatient hospital discharges and October 1, 2007 for non-PPS inpatient hospital discharges according to CMS Hospital Quality Alliance reporting guidelines:
 - o SCIP-Inf 1 – Prophylactic antibiotic received within one hour prior to surgical incision
 - o SCIP- Inf 2 – Prophylactic antibiotic selection for surgical patients
 - o SCIP- Inf 3 – Prophylactic antibiotics discontinued within 24 hours after surgery end time
 - o Surgical outcome measures by reporting postoperative wound infection diagnosed during index hospitalization

- October 1, 2007 for both PPS and non-PPS hospitals according to CMS Hospital Quality Alliance reporting guidelines:
 - o SCIP Inf – 3b, 3c - Cardiac surgery patients with prophylactic antibiotics discontinued within 48 hours after surgery
 - o SCIP-Inf-4 - Cardiac surgery patients with controlled 6 a.m. postoperative serum glucose

- July 1, 2008 for both PPS and non-PPS hospitals:
 - o Central vascular catheter-related bloodstream infection rates in designated critical care units
 - o Patients diagnosed with postoperative ventilator-associated pneumonia (VAP) during index hospitalization as set forth in SCIP

- PPS hospitals will be required to report the first quarter of data covering third quarter 2007 patient discharges by October 31, 2007 and to make all corrections by January 1, 2008. It is anticipated that this first set of quarterly information could be reported publicly during 1st quarter 2008 if the number of cases is sufficient to make the reported information meaningful to consumers.

The Department will work closely with the Illinois Hospital Association [IHA] in the coming months to assist you in successfully completing the tasks necessary to comply with the legislative mandate to provide comparative hospital information related to important patient safety related activities in Illinois hospitals. The IHA will serve as the Department's agent in the collection of the nurse staffing and infection-related data and will be helping to coordinate education, training, and support on both the infection and nurse staffing information reporting requirements. Within a couple of weeks, IHA will have more details on the webinars, conference calls, educational meetings and material, and a combined effort and process to quickly address and respond to questions or issues by hospitals on reporting requirements. Please ensure that appropriate staff at your facility are taking part in the training opportunities. Note that nurse staffing and infection-related data training will be available from IHA for non-member hospitals along with member facilities.

To the extent possible, the rules include nationally adopted measurements currently reported by hospitals to CMS so as to reduce the reporting burden on hospitals. Please be aware of the

following when you are reviewing the infection reporting SCIP requirements:

- Sampling can be used in reporting as long as the hospital follows CMS Hospital Quality Alliance rules on sampling and the volume meets the criteria established by CMS for sampling
- Hospitals may find that they do not provide the surgical services under SCIP and therefore are not required to report the SCIP measurements. Surgical services currently covered under SCIP include: CABG, Hip Arthroplasty, Knee Arthroplasty, Colon Surgery, Hysterectomy, Vascular Surgery, and other Cardiac Surgery procedures.
- Patients included in reporting are those 18 years and older. For patients in specialty pediatric hospitals who, due to condition, care and treatment requirements, continue to be considered pediatric, reporting is excluded.

Technical and submission related questions should be directed to the COMPData Help Desk staff at 630-276-5889. In addition, IDPH staff will be available to assist you in any way necessary during the implementation of this data gathering and submission process. Please call Rich Forshee at 217-786-6942 with any questions related to this correspondence.

Sincerely,



Eric E. Whitaker M.D., M.P.H

Director

Illinois Department of Public Health