

Letter head

Date

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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

HOSPITAL REPORT CARD ACT IMPLEMENTATION: Focus on Infection and Nurse Staff Reporting Requirements

Illinois Hospital Association
June 28, 2007



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OBJECTIVES

- ✓ Understand Background of Hospital Report Card Act
- ✓ Discuss Collaborative Approach Among Project Partners
 - Illinois Department of Public Health (IDPH), Illinois Hospital Association (IHA), and Hospitals
- ✓ Understand Reporting Requirements and Time Frames
- ✓ Highlight Critical Importance of Timely, Accurate, and Complete Data
- ✓ Getting Started
- ✓ Hospital Support Services
 - ✓ Manuals
 - ✓ Conference Calls, Webinars, and Training Programs
 - ✓ Helpline Support

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Hospital Report Card Act



- Existing Requirements
 - Nurse Staff Information at Unit Level – Publicly Accessible
 - Whistleblower Protections
- New Requirements – Effective March 28, 2007
 - SCIP Measurements Following National HQA and Joint Commission Reporting Requirements
 - VAP and Central Vascular Catheter-Related Bloodstream Infection Rates
 - Nurse Staff Measurements

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HRCA Existing Requirements

- Nursing Staff Schedules For Each Patient Care Unit
- Whistleblower Protections
 - No Retaliatory Action Against Employees That Disclose or Participate in Activities or Discussions (per HRCA) “That Employee Reasonably Believes Poses a Risk to the Health, Safety, or Welfare of Patient Or the Public”

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HRCA Infection Reporting

- Infection Measurements
 - SCIP 1 - Prophylactic Antibiotic Within One Hour of Surgery
 - SCIP 2 – Prophylactic Antibiotic Selection for Surgical Patients
 - SCIP 3 – Prophylactic Antibiotic Discontinued After 24 Hours After Surgery End Time*
 - Post Op Wound Infection During Index Hospitalization
 - PPS Hospitals – July 1, 2007 Discharges
 - Non-PPS Hospitals – October 1, 2007 Discharges
 - Surgeries: CABG, Hip Arthroplasty, Knee Arthroplasty, Hysterectomy, Colon Surgery, Vascular Surgery, Other Cardiac

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Infection Reporting Continued

- Required Reporting July 1, 2008 for PPS and Non-PPS Hospitals
- Detailed Specifications To Be Available in Early 2008
- Central vascular catheter-related bloodstream infection rates in designated critical care units
- Patients diagnosed with postoperative ventilator-associated pneumonia (VAP) during index hospitalization as set forth in SCIP

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Information To Be Reported

- Must Submit Patient Level Data From Vendor
 - IDPH Will Receive Statistics and Data
 - Hospitals Must Arrange for Transmission of Data with Their Vendor Starting with July 1, 2007 Patient Discharges
 - Hospitals NOT Reporting Electronically Must Contact COMPdata Helpline for:
 - Manual for Electronic File Transmission
 - Submission ID Number and Access to Account
 - Helpline Number: 630-276-5889

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Existing Reporting

- Hospitals Already Reporting SCIP Under Hospital Quality Alliance Reporting Requirements for Medicare and Core Measurements for Joint Commission
- Hospitals Submit From Own System or Vendor System Using Standardized XML Format
- All Data Edited Through Extensive Algorithms By Vendor
- Technical Specifications On www.jointcommission.org web site as Result of Collaborative Effort by CMS and Joint Commission

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Infection Reporting Timelines

- Quarterly Reporting
- Final Edited Data Due 90 Days After Close of Quarter
 - May Cause Providers To Adjust Time Frames with Vendors
 - IDPH Will NOT Accept Data After Close Dates – No 'Late Loads'
 - Ensure IDPH Data Submission Consistent with CMS Hospital Quality Alliance and For Joint Commission Accredited Hospitals, Consistent with Core Measurement Data Reporting

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Infection Requirements

- Currently Applicable to Only Patients
- Hospitals May Use CMS and Joint Commission Sampling Methodology
 - Strict Adherence to Sampling Guidance
 - Must Report Total and Sample Size To IHA
 - Instructions on Reporting Will Be Available in July

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SCIP Sample Size Each "ICD" or Stratum

Table 10: Sample Size Based on ICD Population Size for the Surgical Care Improvement Project (SCIP) Measure Set

| <i>Hospital's Measure</i> | |
|---|---|
| Average Monthly Stratum ICD Population Size "N" | Minimum Required Stratum Sample Size "n" |
| ≥ 160 | 16 |
| 60 - 159 | 10% of ICD population size |
| 6 - 59 | 6 |
| < 6 | No sampling, 100% ICD population required |

CMS and Joint Commission Specifications and Requirements if Using Sampling Methodology

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Time Lines for Reporting

- Approximately 90 Days After Close of Quarter
- 3rd Quarter 2007 Infection Reporting – Final Edited and Complete Data Due January 1, 2008
- IDPH Is Not Allowing Late Submissions or Updates Past January 1, 2008
- Publication of Results Is Targeted to Occur in 1st Quarter 2008

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Resources for Infection Reporting

- Specifications Manual Used for Infection Reporting of SCIP
 - Go to www.jointcommission.org and click on "Performance Measurement" Icon and then click on Specifications Manual
 - Please Utilize Appropriate Date Specific Manual
- IHA Submission Manuals, Training, and Helpline
 - Helpline – compdata@ihastaff.org or 630-276-5889

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Example of Dashboard

Hospital: Hospital IHA COMPARATIVE PERFORMANCE INITIATIVE DASHBOARD July 1, 2006 through September 30, 2006

| MEASUREMENT ID AND TITLE | Num. Cases | Den. Cases | Hosp. Rat. | State Rat. | Nat. Rat. |
|--|------------|------------|------------|------------|-----------|
| After Myocardial Infarction | | | | | |
| AMS-1 Aspirin at arrival | 18 | 18 | 100 | 97 | 97 |
| AMS-2 Aspirin prescribed at discharge | 10 | 12 | 83 | 97 | 89 |
| AMS-3 ACEI or ARB for LVSD | 2 | 2 | 100 | 87 | 91 |
| AMS-4 Adult smoking cessation advice counseling | 3 | 3 | 100 | 100 | 81 |
| AMS-5 Beta Blocker prescribed at discharge | 12 | 14 | 86 | 97 | 89 |
| AMS-6 Beta Blocker at arrival | 12 | 13 | 92 | 84 | 88 |
| AMS-7 Statin use in 30 days prior to surgery | 34 | 2 | 27.50 | 12.40 | 10.00 |
| AMS-8 Fluoride therapy started within 30 minutes of hospital arrival | 0 | 0 | 0 | 0 | 30 |
| AMS-9 Median time to primary PCI in ischemia | 0 | 0 | — | 97.35 | — |
| AMS-10 Primary PCI received within 90 minutes of hospital arrival | 0 | 0 | — | 5.54 | 87 |
| AMS-11 Angiogram completion | 0 | 15 | 0.00 | 0.00 | 0.00 |
| AMS-12 T-Stat Bundle | 14 | 20 | 70 | 83 | — |
| Heart Failure | | | | | |
| HF-1 Discharge instructions | 28 | 39 | 72 | 73 | 57 |
| HF-2 Evaluation of LVV function | 47 | 13 | 89 | 84 | 82 |
| HF-3 ACEI or ARB for LVSD | 11 | 13 | 85 | 85 | 81 |
| HF-4 Adult smoking cessation advice counseling | 9 | 9 | 100 | 92 | 79 |
| HF-5 UPU/T-Stat Bundle | 43 | 59 | 73 | 73 | — |

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Example of Dashboard

Surgical Care Improvement Project

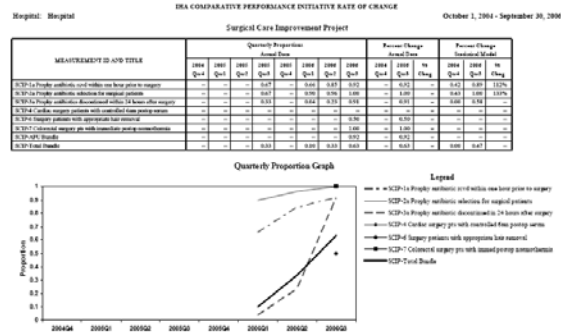
| MEASUREMENT ID AND TITLE | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 | |
|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--|
| SCIP-1 Prophylactic antibiotics received within one hour prior to surgical incision | 23 | 25 | 0.92 | 0.87 | 0.75 | | | | | | | | | | | | | | | | | | | | | | | |
| SCIP-2 Prophylactic antibiotics selection for surgical patients | 26 | 26 | 100 | 82 | | | | | | | | | | | | | | | | | | | | | | | | |
| SCIP-3 Prophylactic antibiotics discontinued within 24 hours after surgery end time | 21 | 23 | 91 | 75 | 0.70 | | | | | | | | | | | | | | | | | | | | | | | |
| SCIP-4 Catheter insertion patients with compressed H1A postoperative status | 0 | 0 | 0 | 88 | | | | | | | | | | | | | | | | | | | | | | | | |
| SCIP-5 Surgery system with appropriate hair removal | 16 | 32 | 69 | 52 | | | | | | | | | | | | | | | | | | | | | | | | |
| SCIP-6 Colorectal surgery patients with appropriate postoperative anticoagulation | 5 | 5 | 100 | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| SCIP-APU/T-Stat Bundle | 40 | 52 | 92 | 77 | | | | | | | | | | | | | | | | | | | | | | | | |
| SCIP-T-Stat Bundle | 13 | 52 | 69 | 67 | | | | | | | | | | | | | | | | | | | | | | | | |

APU/T-Stat Bundle – The measurement that are used as part of the Medication Modernization Act of 2003 program, including:
 - AMU/APU/T-Stat - AMS-1, AMS-2, AMS-3, AMS-4, AMS-5, AMS-6, AMS-7, AMS-8
 - Heart Failure APU/T-Stat - HF-1, HF-2, HF-3, HF-4
 - Pneumonia - P1-1, P1-2, P1-3, P1-4, P1-5, P1-6, P1-7
 - Surgical Care Improvement Project - SCIP-1, SCIP-2

T-Stat Bundle – The measurements that are used in public reporting by Hospital Quality Alliance, including:
 - Pneumonia - P1-1, P1-2, P1-3, P1-4, P1-5, P1-6, P1-7
 - Surgical Care Improvement Project - SCIP-1, SCIP-2, SCIP-3, SCIP-4, SCIP-5, SCIP-6, SCIP-7

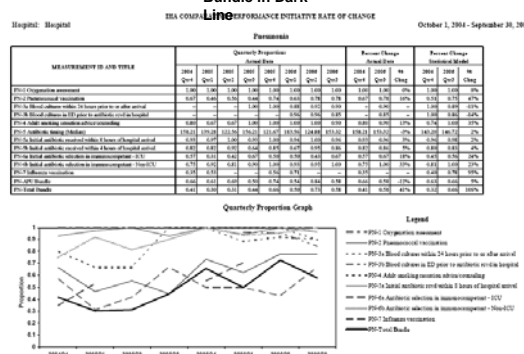
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Example of Trend Bundle in Dark Line



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Example of Trend Bundle in Dark



HRCA: New Rule Requirements

- Nurse Staff Reporting by Unit
 - Includes Inpatient Care and Optional Observation Care and Outpatient
- Educational Component On Reporting
 - July 1, 2007 through September 30, 2007
 - Actually Starting in June with Webinars
- Pilot Testing on Reporting
 - October 1, 2007 – December 31, 2007
 - All Hospitals Encouraged To Submit
 - Pilot Only – No Public Reporting or Sharing of Data or Results
- Actual Implementation
 - 1st Quarter 2008 Data With Submissions Final and Edited by July 1, 2008

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Nurse Staff Reporting Getting Started

- ✓ Determine Nurse Staff Reporting Requirements for Your Organization
- ✓ Identify Primary and Secondary Contact for Your Organization
- ✓ Identify Quarterly and Annual Reporting
- ✓ Identify Required and Optional Reporting
- ✓ Ensure All Data is Accurate and Complete
- ✓ Ensure All Data That Are Public

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HRCA: New Rule Requirements

- Nurse Staffing
 - Direct Care
 - Indirect Care
 - Inpatient and Optional Observation and Outpatient
 - Vacancy
 - Turnover

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Required Quarterly Reporting Inpatient Care

- Total Number Inpatient Days
- Hospital Employed Hours
 - RN
 - LPN
- Contracted Hours
 - RN
 - LPN
- Assistive Nursing Hours
 - Combined Total of Employed & Contracted
- Patient Service Hours
 - Applies to Perioperative care only

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Direct Patient Care – Definitions

- Direct patient care responsibilities
 - The activities of direct care nurses and direct care assistive nursing personnel who are assigned to a patient or patients.
- Direct-care nurse and direct-care nursing staff
 - Include any registered nurse, licensed practical nurse, or assistive nursing personnel with direct responsibility to oversee or carry out medical regimens or nursing care for one or more patients. (Section 10 of the Act)

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Quarterly Nurse Staff Reporting

- Clinical Service Areas (If applicable)
 - Medical-Surgical
 - Critical Care
 - Telemetry
 - Maternal-Child Care
 - Pediatrics
 - Behavioral Health
 - Perioperative

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Example - Vacancy

| Vacancy Rate | A | | B | | C | | D | | E | | F | |
|-------------------------------|--|-----|----|-----|--|-----|----|-----|--------------|-----|----|-----|
| | FTE Openings - January 1 of Current Year | | | | FTE Budgeted Positions - January 1 of Current Year | | | | Vacancy Rate | | | |
| | RN | LPN | RN | LPN | RN | LPN | RN | LPN | A/C | B/D | RN | LPN |
| CLINICAL SERVICE AREAS | | | | | | | | | | | | |
| Medical-Surgical | | | | | | | | | | | | |
| Critical Care | | | | | | | | | | | | |
| Telemetry (Optional) | | | | | | | | | | | | |
| Maternal-Child Care | | | | | | | | | | | | |
| Pediatrics | | | | | | | | | | | | |
| Behavioral Health | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | |

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Required Annual Reporting Turnover Rate

- Prior Year
- Separated Employees January 1 to December 31
- Employees on Payroll on January 1

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Turnover Rate – Definition

- The turnover rate submitted for licensed nurses per clinical service area must equal the number of separated employees for licensed nursing personnel for the calendar year preceding January 1, divided by the number of employees for licensed nursing personnel on the hospital's payroll for the same clinical service area as of the preceding January 1.

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Turnover Rate Exclusions

- Turnover rate does not include those licensed nursing employees who are on family, medical, or disability leave or who provide per diem services to the hospital.

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Example - Turnover

Reporting Period: January 1

Current Year: Prior Year:

| Turnover Rate | A | | B | | C | | D | | E | | F | |
|-------------------------------|--|-----|----|-----|---|-----|----|-----|---------------|-----|----|-----|
| | Separated Employees January 1 to December 31 of Prior Year | | | | Employees on Payroll on January 1 of Prior Year | | | | Turnover Rate | | | |
| | RN | LPN | RN | LPN | RN | LPN | RN | LPN | A/C | B/D | RN | LPN |
| CLINICAL SERVICE AREAS | | | | | | | | | | | | |
| Medical-Surgical | | | | | | | | | | | | |
| Critical Care | | | | | | | | | | | | |
| Telemetry (Optional) | | | | | | | | | | | | |
| Maternal-Child Care | | | | | | | | | | | | |
| Pediatrics | | | | | | | | | | | | |
| Behavioral Health | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | |

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Optional Quarterly Reporting

- Indirect Patient Care Clinical Service Areas (if applicable)
 - Medical-Surgical
 - Critical Care
 - Telemetry
 - Maternal-Child Care
 - Pediatrics
 - Behavioral Health
 - Perioperative
- Outpatient Care
- Observation Care

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Example – Input Observation and Outpatient Care

| | PSH | A | B | C | D | E | F |
|-------------------------------|-------------------------------------|----------------------|-------------------|------------|-------------------|------------|-------------------------|
| | Paid, Productive Nursing Care Hours | | | | | | |
| OUTPATIENT & OBSERVATION CARE | Patient Service Hours | Total Inpatient Days | RN Hours | | LPN Hours | | Assistive Nursing Hours |
| | | | Hospital Employed | Contracted | Hospital Employed | Contracted | |
| Outpatient Care | | Calc: PSH24 | | | | | |
| Observation Care | | Calc: PSH24 | | | | | |

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Example – Output Observation and Outpatient Care

| G | H | I | J | K | L | M | N | O | P |
|-------------------------------|--|------------|---------------------------|------------|-------------------------------|-------------------------|--------------------------------|-------------------------|-------------------------|
| Nursing Hours Per Patient Day | Licensed Nursing Hours Per Patient Day | | | | Average Daily Hours Worked | | | | Average Daily Census |
| | RN Hours Per Patient Day | | LPN Hours Per Patient Day | | Average RN Daily Hours Worked | | Average LPN Daily Hours Worked | | |
| | Hospital Employed | Contracted | Hospital Employed | Contracted | Hospital Employed | Contracted | Hospital Employed | Contracted | |
| B/C=O&E*P1 # | B / A | C / A | D / A | E / A | B / Days in the Quarter | C / Days in the Quarter | D / Days in the Quarter | E / Days in the Quarter | A / Days in the Quarter |

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Resources

- Infection Reporting Questions:
 - ubhelp@ihastaff.org
 - UB Helpline: 630-276-5889
- Nurse Staff Reporting questions:
 - Will be announced at a later training date

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Questions

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