Illinois Hospital Association

The Institute for Innovations in Care and Quality

Key Laws Impacting Nursing Practice in Illinois

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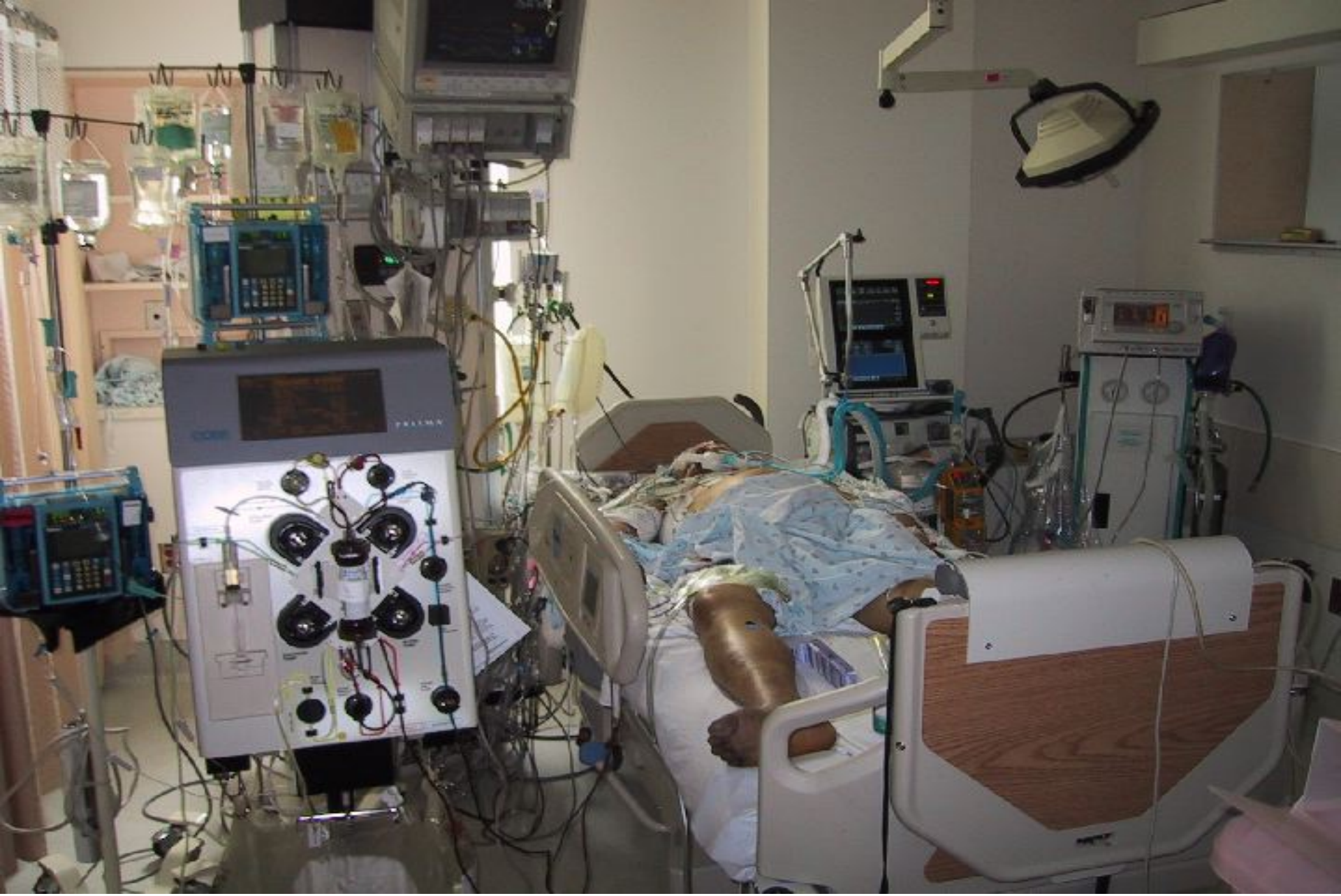
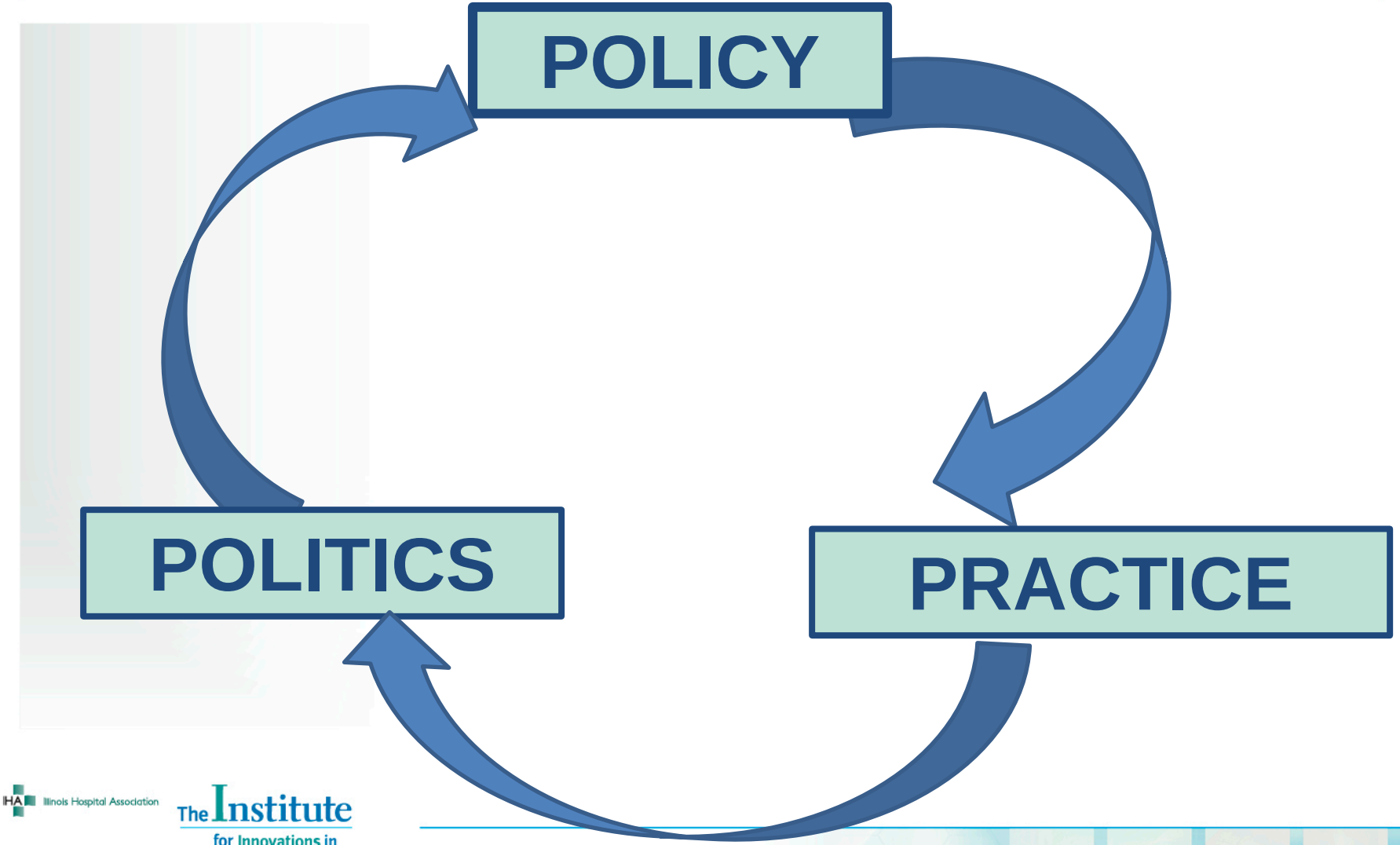
Vice President

The Institute for Innovations in Care and Quality

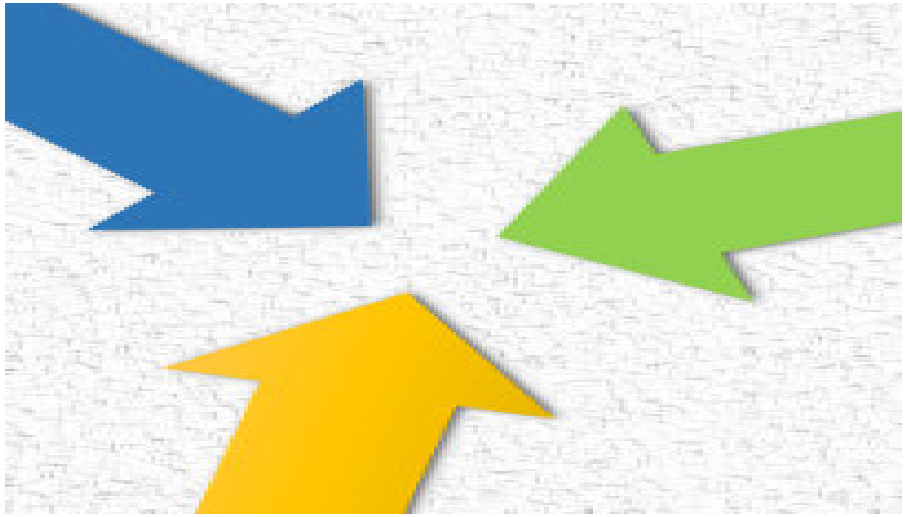


Legislative/Regulatory Environment



The provision of health care services is not the same as the experience of care

Converging Forces



- **Transparency/Public Reporting**

- **Advocacy**
  - Adverse Event Reporting, Observation Care, Opioids, CARE Act, HC POA & POLST, Medical Marijuana, Sepsis

- **CMS**
  - Value-based purchasing, Partnership for Safety (HEN & HIIN) Cultural Transformation - High Reliable Organizations

Numerous Views

CMS Hospital Compare

US News & World Report

Agency for Healthcare Research & Quality

Facility Specific

The Joint Commission Quality Check®

Tribune

Commercial Payers

National Quality Forum

Consumer Reports

MAGNET RECOGNITION
AMERICAN NURSES CREDENTIALING CENTER

Health Grades

IL Hospital Report Card

THELEAPFROGGROUP
Informing Choices. Rewarding Excellence.
Getting Health Care Right.

Why Not the Best? Commonwealth Fund

Legal/Regulatory Mandates

Sample

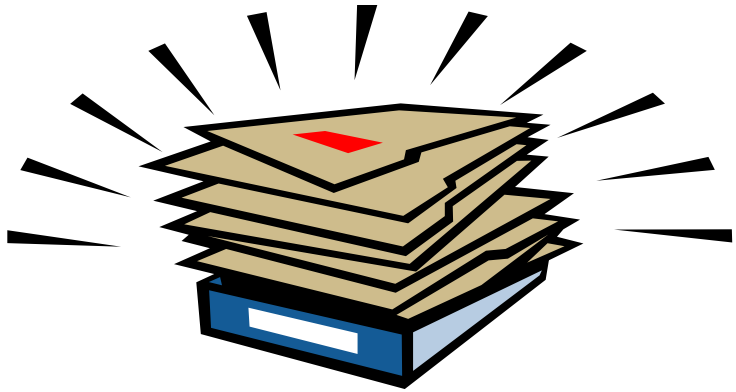
IDFPR: HC Professional Licensure Acts

HFS: Medicaid Program

DHS: Prescription Monitoring Program

IDPH:

- ✓ Hospital Licensing Act
- ✓ Communicable Disease Code
- ✓ HC Employee Vaccination Code
- ✓ EMS/Trauma Centers/Stroke Centers
- ✓ Adverse Event Reports



15Years……

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Hospital Report Card Act (2004)

First law of its kind (PA93-0563)

- Provides public a picture of each hospital's staffing process as it relates to patient outcomes
- Profiles RN/LPN/assistive nursing personnel by clinical service area & vacancy/turnover
- Mandates sharing current unit schedules, nurse-pt assignments and methodologies for staffing levels upon request

http://www.healthcarereportcard.illinois.gov/

Hospital Report Card Act

Consumer Guide to Health Care & Hospital Report Card Act (www.healthcarereportcard.illinois.gov)

- Volume & cost of services in hospitals & ASTCs
- Nurse Staffing
- Quality
  - ✓ *process of care, readmission rates, 30 day mortality, inpatient mortality, inpatient utilization*
- Safety
  - ✓ *surgical care improvement, CLABSI/CDI/MRSA, patient safety (e-codes)*
- Patient Satisfaction
  - ✓ HCAHPS

Illinois Department of Public Health Pat Quinn, Governor

Illinois Hospital Report Card

and Consumer Guide to Health Care

Return to IDPH Online | Report Card Home | Map Home | About | Glossary | Contact | Methodology | Help

Find Your Health Care Facility

Welcome!

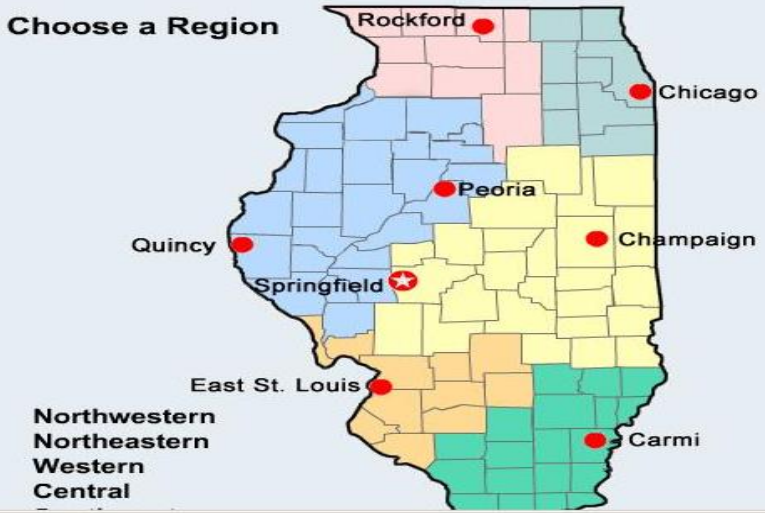
Consumers have a right to access information about the quality of health care provided in Illinois. This Web site can help you to become a more informed consumer and to make better health care choices. You can access information on quality and safety data, nurse staffing, patient satisfaction and costs of services in hospitals and surgery centers.

This Web site will continue to grow as the department compiles new information and implements regular updates; your comments and suggestions for improving the site are welcomed. Read more about the Report Card and Consumer Guide.

View the Illinois Public Health Community Map for information about potentially avoidable hospitalizations and emergency room use in your community.

New!! Illinois Hospitals Reduce Surgical Site Infections: Heart Surgery, Knee Surgery.

Find facilities by county



Search by ZIP code

ZIP code

Radius: 5 miles

Find facilities

Search by facility

Facility Name

Find facilities

Search by county

----- Select county -----

Advanced search...

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Prohibit Mandated Overtime (2005)

11th State

Only in the event of an emergent circumstance may nurses be required to work overtime and then only for four hours beyond a nurse's predetermined, agreed work shift.

Nurses may choose to work extra hours.

(PA94-0242)

Nurse Staffing by Patient Acuity (2007)

Staffing in the acute care setting should be based on the complexity of patient care needs all aligned with available nursing skills to promote quality patient care that is consistent with professional nursing standards

(210 ILCS 85, Subpart I, Section 250.1130)

Nurse Staffing by Patient Acuity (2007)

Committee requirements

- ✓ An existing or newly created hospital-wide committee or committees.
- ✓ Contribute to development, recommendation & review of the hospital's staffing plan.
- ✓ Hospital shall **appoint** members of a committee, w/at least 50% are RNs providing direct patient care.
- ✓ RN members must be broadly representative of clinical service areas, as reasonable, e.g., surgery, critical care, pediatrics.
- ✓ When not practical to include representative from each clinical service area at one time – may schedule for rotating representation, for a defined period of time, to achieve input from all clinical service areas, every three years.

Additional

- *Adverse Event Reporting*

  (SB 157/Public Act 094-0242 / 410 ILCS 522)

  ✓ 2005 – 3rd State

  ✓ SI or Death - 6 Key Categories

  ✓ 2014 Legislative HLA update – NQF alignment

- *APN & PA*

  ✓ Amended MPA, NPA, PA Practice Acts & Illinois Controlled Substance Act *(2011, 2012, 2014, 2015)*

  ✓ Hospital/ASTC privileging in lieu of WCA, broader prescriptive authority

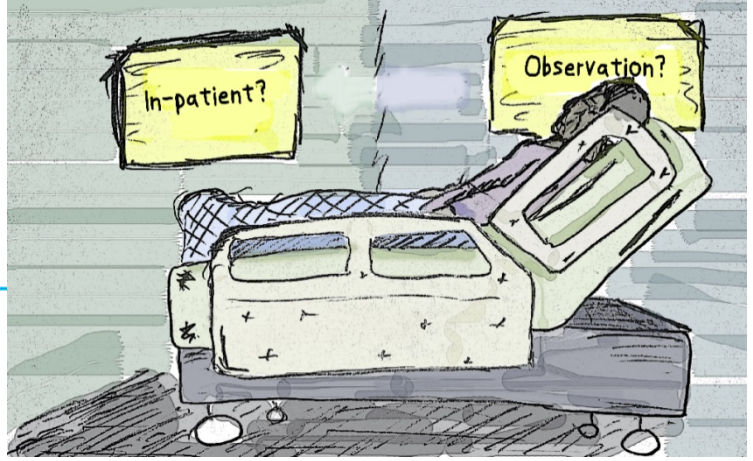

Mary Washington
Home Health and Hospice
MediCorp

Respiratory Therapy

HB 408 – Rep. Zalewski

- Update to 10 year old Practice Act
- Patient safety issues - connect & disconnect activities
- Revised what is NOT basic respiratory activities
  - ✓ Transfer of devices for anyone less than 12 years and any adult w/6L oxygen or more – only licensed hands

Observation Care



Public Act 099-0383

- Addresses pt/family confusion regarding hospital bed/meals stay
- Mandates oral & written notice re: status

  - ✓ Clarifies that coverage for OBV care may differ from coverage for inpatient stay
  - ✓ Subsequent d/c to SNF also impacted
  - ✓ Encourage patient/family to contact insurer

Opioids

HB #1 (Rep. Lou Lang)

- Comprehensive initiative
- Prevent heroin use & abuse of prescriptive substances
- Source reduction & proper waste management
- Increase awareness, education & access to opioid antagonists
  - ✓ Schools, law enforcement, EMS, public
- Enhance PMP and automated access for prescribers

AARP CARE Act

Caregiver Advise, Record, Enable (CARE) Act (Public Act 99-0222)

Recognizes the critical role family caregivers play in keeping their loved ones safe at home after hospitalization and out of costly institutions.

The law features three key provisions:

- **Identification: Offers inpatients the opportunity to identify a family member or friend as caregiver for post-discharge assistance, and if one is designated, then hospital must record the name,**
- **Notification: Family caregiver is notified if the loved one is to be discharged home or transferred to another facility; and,**
- **Training: Hospital must make an effort to provide an explanation and instructions of after-care tasks , e.g. medication management, injections, wound care, and transfers - that family caregiver may perform at home.**

Illinois POLST Initiative

State-recognized advance directive

- HB 3134 (Rep. Sarah Feigenholz & Robyn Gabel)
  - ✓Passed unanimously
  - ✓Models 13 other POLST states – addresses more life-sustaining options than CPR

- 2014 SB 3228 – Updated HC POA

Sepsis (Public Act 99-0828)

Gabby's Law

- **Requires hospitals to employ screening protocols for early recognition, severe sepsis & septic shock**
- **Protocols need to address broad criteria for child & adult**
- **Mandates initial & updated staff training**
- **Requires collection & utilization of QI metrics for internal improvement**

2017 Preview of Coming Attractions

APN Full Practice Authority

- Last session - Shell bill (HB 421)
- Nurse Practice Act - Sunset Activity
- Likely "transition to practice" for new grads
  - 2 years with WCA and/or privileges w/physician in same specialty
  - Documentation to IDFPR w/request to practice w/out WCA, signed by both physician or APN & new grad APN

PFE = Active Partnership

- Offer unique perspective on current systems and processes within the hospital & points of transition
- Identify gaps in understanding
- Generate new approaches to improve care delivery
- Act as advocates to integrate patient-centered care across delivery system

CMS: Priority Objective

Active patient & family partnership

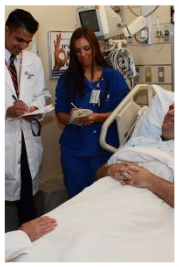
at 3 key organizational levels:

- **Point of Care**
- **Policy and Protocol**
- **Governance**

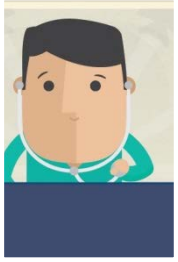
CMS Patient and Family Engagement Metrics

POC: Planning checklists for patients with planned admissions

P & P: Has active PFAC or at least one former patient serving on Pt Safety/QI team or workgroup



POC: Include families in rounds, huddles and bedside reporting



P & P: Hospital has dedicated person or functional area that is proactively responsible for PFE & systemically evaluates PFE activities (goals, open chart, trainings)

Gov: Has at least 1 or more patients serving on Governing or Leadership Board – or a Board member designated to provide and work with Pt/Family perspective

Advocacy/Quality Showcase

- Inaugural Launch – April 2016
- Advocacy & Best Practice Networking
- Selected Categories Aligned w/Public & Legislator Interests
- 2017 IHA Triple Play Strategy
  - ✓ Feb: Legislative Reception
  - ✓ April: Improvement Showcase
  - ✓ May: State Advocacy Day

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