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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2019

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A N A C T

RELATING TO HEALTH AND SAFETY - SEPSIS PROTOCOLS

Introduced By: Senators Pearson, Lynch Prata, and McCaffrey

Date Introduced: April 04, 2019

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 23-17 of the General Laws entitled "Licensing of Health-Care  
2 Facilities" is hereby amended by adding thereto the following sections:

3 **23-17-65. Protocols for the early recognition and treatment of patients with severe**  
4 **sepsis/septic shock.**

5 (a) The licensing agency, with the advice of the health services council, shall require that  
6 the following patient care practices are implemented, shall monitor the hospital's compliance with  
7 these patient care practices, and shall take corrective action as necessary to attain compliance.

8 (b) Hospitals shall have in place evidence-based protocols for the early recognition and  
9 treatment of patients with severe sepsis/septic shock that are based on generally accepted  
10 standards of care.

11 **23-17-65.1. Hospital medical staff accountability - sepsis protocols.**

12 (a) The medical staff shall be organized and accountable to the licensing agency for the  
13 quality of medical care provided to all patients. The medical staff shall adopt, implement,  
14 periodically update and submit to the director evidence-based protocols for the early recognition  
15 and treatment of patients with sepsis, severe sepsis, and septic shock ("sepsis protocols") that are  
16 based on generally accepted standards of care. Sepsis protocols must include components specific  
17 to the identification, care and treatment of adults and of children, and must clearly identify where  
18 and when components will differ for adults and for children. These protocols must include the  
19 following components:

1           (1) A process for the screening and early recognition of patients with sepsis, severe sepsis  
2 and septic shock;

3           (2) A process to identify and document individuals appropriate for treatment through  
4 severe sepsis protocols, including explicit criteria defining those patients who should be excluded  
5 from the protocols, such as patients with certain clinical conditions or who have elected palliative  
6 care;

7           (3) Guidelines for hemodynamic support with explicit physiologic and biomarker  
8 treatment goals, methodology for invasive or non-invasive hemodynamic monitoring, and  
9 timeframe goals;

10          (4) For infants and children, guidelines for fluid resuscitation with explicit timeframes for  
11 vascular access and fluid delivery, consistent with current evidence-based guidelines for severe  
12 sepsis and septic shock with defined therapeutic goals for children;

13          (5) A procedure for identification of infectious source and delivery of early antibiotics  
14 with timeframe goals; and

15          (6) Criteria for use, where appropriate, of an invasive protocol, and for use of vasoactive  
16 agents.

17          (b) The medical staff shall ensure that professional staff with direct patient care  
18 responsibilities and, as appropriate, staff with indirect patient care responsibilities, including, but  
19 not limited to, laboratory and pharmacy staff, are periodically trained to implement sepsis  
20 protocols required pursuant to this section. Medical staff shall ensure updated training when the  
21 hospital initiates substantive changes to the protocols.

22          (c) Hospitals shall submit sepsis protocols required pursuant to this section to the director  
23 for review on or before July 1, 2019. Hospitals must implement these protocols no later than  
24 forty-five (45) days after receipt of a letter from the director indicating that the proposed  
25 protocols have been reviewed and determined to be consistent with the criteria established herein.  
26 Hospitals must update protocols based on newly emerging evidence-based standards. Protocols  
27 are to be resubmitted at the request of the director, not more frequently than once every two (2)  
28 years unless the director identifies a hospital specific performance concern.

29          (d) The medical staff shall be responsible for the collection, use, and reporting of quality  
30 measures related to the recognition and treatment of severe sepsis for purposes of internal quality  
31 improvement and hospital reporting to the director. The measures shall include, but not be limited  
32 to, data sufficient to evaluate each hospital's adherence rate to its own sepsis protocols, including  
33 adherence to timeframes and implementation of all protocol components for adults and children.

34          (e) Hospitals shall submit data specified by the director to permit the director to develop

1 risk-adjusted sepsis mortality rates in consultation with appropriate national, hospital and expert  
2 stakeholders.

3 (f) Data shall be reported annually, or more frequently at the request of the director, and  
4 shall be subject to audit at the discretion of the director.

5 (g) Definitions. For the purposes of this section, the following terms shall have the  
6 following meanings:

7 (1) "Sepsis" means a proven or suspected infection accompanied by a systemic  
8 inflammatory response;

9 (2) "Septic shock" means severe sepsis with persistent hypotension or cardiovascular  
10 organ dysfunction despite adequate IV fluid resuscitation; and

11 (3) "Severe sepsis" means sepsis plus at least one sign of hypoperfusion or organ  
12 dysfunction.

13 SECTION 2. This act shall take effect upon passage.

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EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO HEALTH AND SAFETY - SEPSIS PROTOCOLS

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1           This act would require hospital medical staff to adopt, implement, periodically update  
2 and submit to the director of health, evidence-based protocols for the early recognition and  
3 treatment of patients with sepsis, severe sepsis and septic shock ("sepsis protocols", that are based  
4 on generally accepted standards of care).

5           This act would take effect upon passage.

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