

2023 -- H 5869

LC002395

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2023

A N A C T

RELATING TO HEALTH AND SAFETY -- LICENSING OF HEALTHCARE FACILITIES

Introduced By: Representatives DeSimone, Shekarchi, Slater, Hull, Kazarian, Cardillo,
and Biah

Date Introduced: March 01, 2023

Referred To: House 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 Healthcare
2 Facilities" is hereby amended by adding thereto the following section:

3 **23-17-66. Protocols for the early recognition and treatment of patients with**
4 **severe/septic shock.**

5 (a) For purposes of this section, the following words and terms shall have the following
6 meanings:

7 (1) "Sepsis" means a life-threatening organ dysfunction caused by a dysregulated host
8 response to infection.

9 (2) "Septic shock" means sepsis with persisting hypotension and having a serum lactate
10 level >2 mmol/L despite adequate volume resuscitation.

11 (b) On or before February 1, 2024, the director of the department of health shall develop
12 in coordination with the Antimicrobial Stewardship and Environmental Cleaning task force, and
13 make available to health care practitioners, information on best practices for the treatment of
14 patients with sepsis and septic shock. The best practices shall be based on generally accepted
15 standards of care, including, but not limited to:

16 (1) An evidence based screening tool that can be used at initial evaluation of adult and
17 pediatric patients in the emergency department;

18 (2) An evidence based treatment protocol for adult and pediatric patients that includes time-
19 specific treatment goals;

1 (3) Nurse-driven testing protocols to enable nurses to initiate care for patients with
2 suspected sepsis;

3 (4) Incorporation of sepsis screening and treatment tools into the electronic health record
4 where possible;

5 (5) Mechanisms to prompt escalation of care within the facility, and, when appropriate, to
6 stabilize and transfer to a facility able to provide a higher level of care;

7 (6) Strategies for appropriate hand-offs and communication regarding the care of patients
8 with sepsis and for the reassessments of patients at regular intervals;

9 (7) Hospital specific antibiotic guidelines for use in treating patients with sepsis and a
10 mechanism for reevaluating a patient’s antibiotic treatment based on culture results that provides
11 reassessment and de-escalation of antibiotic treatment when appropriate; and

12 (8) Staff education on sepsis policies and procedures during the onboarding process and at
13 least annually and when new practice guidelines are published or existing standards are updated to
14 ensure that care reflects current standards of practice.

15 (c) In order to enhance patient safety and protection, each hospital and freestanding
16 emergency-care facility licensed in the state shall implement policies and procedures in accordance
17 with the best practices issued by the department of health.

18 (d) Collection and reporting of sepsis measures. Each hospital and freestanding emergency-
19 care facility licensed in the state shall be responsible for the collection of data and the reporting of
20 that data to the department annually, or more frequently at the request of the department, and shall
21 be subject to audit at the discretion of the department. Regarding the collection of the data:

22 (1) The medical staff shall be responsible for the collection, use, and reporting of quality
23 measures related to the recognition and treatment of severe sepsis for purposes of internal quality
24 improvement and hospital reporting to the department. Such measures shall include, but not be
25 limited to, data sufficient to evaluate each hospital’s adherence rate to its own sepsis protocols,
26 including adherence to timeframes and implementation of all protocol components for adults and
27 children.

28 (2) Hospitals shall submit data specified by the department to permit the department to
29 develop risk-adjusted sepsis mortality rates in consultation with appropriate national, hospital and
30 expert stakeholders.

31 (e) Beginning on July 1, 2024, the department shall not issue or renew a license unless the
32 applicant is in compliance with this section.

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

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF
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RELATING TO HEALTH AND SAFETY -- LICENSING OF HEALTHCARE FACILITIES

1 This act would require the director of the department of health by February 1, 2024, to
2 develop in coordination with the Antimicrobial Stewardship and Environmental Cleaning task
3 force, and make available to health care practitioners, information on best practices for the
4 treatment of patients with sepsis and septic shock. Each hospital and freestanding emergency-care
5 facility would implement procedures and policies in accordance with this section. Beginning July
6 1, 2024, the department of health would not issue or renew a licensee unless the license is in
7 compliance with this section.

8 This act would take effect upon passage.

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