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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 -- LICENSING OF HEALTH CARE FACILITIES --
SEPSIS SCREENING PROTOCOLS

Introduced By: Representatives Lyle, Newberry, Casimiro, Cortvriend, and Nardone

Date Introduced: March 27, 2019

Referred To: House Health, Education & Welfare

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 section:

3 **23-17-65. Sepsis screening protocols.**

4 (a) Each licensed health care facility shall adopt, implement, and periodically update
5 evidence-based protocols for the early recognition and treatment of patients with sepsis, severe
6 sepsis, or septic shock (sepsis protocols) that are based on generally accepted standards of care.
7 Sepsis protocols must include components specific to the identification, care, and treatment of
8 adults and of children, and must clearly identify where and when components will differ for
9 adults and for children seeking treatment in the emergency department or as an inpatient. These
10 protocols must also include the following components:

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

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

16 (3) Guidelines for hemodynamic support with explicit physiologic and treatment goals,
17 methodology for invasive or non-invasive hemodynamic monitoring, and time frame goals;

18 (4) For infants and children, guidelines for fluid resuscitation consistent with current,

1 evidence-based guidelines for severe sepsis and septic shock with defined therapeutic goals for
2 children;

3 (5) Identification of the infectious source and delivery of early broad spectrum antibiotics
4 with timely re-evaluation to adjust to narrow spectrum antibiotics targeted to identified infectious
5 sources; and

6 (6) Criteria for use, based on accepted evidence of vasoactive agents.

7 (b) Each licensed health care facility shall ensure that professional staff with direct
8 patient care responsibilities and, as appropriate, staff with indirect patient care responsibilities,
9 including, but not limited to, laboratory and pharmacy staff, are periodically trained to implement
10 the sepsis protocols required under subsection (a) of this section. The licensed health care facility
11 shall ensure updated training of staff if the licensed health care facility initiates substantive
12 changes to the sepsis protocols.

13 (c) Each licensed health care facility shall be responsible for the collection and utilization
14 of quality measures related to the recognition and treatment of severe sepsis for purposes of
15 internal quality improvement.

16 (d) The evidence-based protocols adopted under this section shall be provided to the
17 department upon the department's request.

18 (e) Licensed health care facilities submitting sepsis data as required by the Center for
19 Medicare and Medicaid Services Hospital Inpatient Quality Reporting program as of fiscal year
20 2016 are presumed to meet the sepsis protocol requirements outlined in this section.

21 (f) Subject to appropriation, the department of health shall:

22 (1) Recommend evidence-based sepsis definitions and metrics that incorporate evidence-
23 based findings, including appropriate antibiotic stewardship, and that align with the National
24 Quality Forum, the Centers for Medicare and Medicaid Services, the Agency for Healthcare
25 Research and Quality, and The Joint Commission;

26 (2) Establish and use a methodology for collecting, analyzing, and disclosing the
27 information collected under this section, including collection methods, formatting, and methods
28 and means for aggregate data release and dissemination;

29 (3) Complete a digest of efforts and recommendations no later than twelve (12) months
30 after the effective date of this section; the digest may include Rhode Island-specific data, trends,
31 conditions, or other clinical factors; a summary shall be provided to the governor and general
32 assembly and shall be publicly available on the department's website; and

33 (4) Consult and seek input and feedback prior to the proposal, publication, or issuance of
34 any guidance, methodologies, metrics, rulemaking, or any other information authorized under this

1 section from statewide organizations representing hospitals, physicians, advanced practice nurses,
2 pharmacists, and long-term care facilities. Public and private hospitals, epidemiologists, infection
3 prevention professionals, health care informatics and health care data professionals, and academic
4 researchers may be consulted.

5 If the department receives an appropriation and carries out the requirements of
6 subsections (f)(1), (f)(2), (f)(3), and (f)(4) of this section, then the department may adopt rules
7 concerning the collection of data from hospitals regarding sepsis and requiring that each hospital
8 shall be responsible for reporting to the department.

9 Any publicly released hospital-specific information under this section is subject to data
10 provisions specified by the Rhode Island health care quality reporting program.

11 (g) The department of health is hereby authorized to promulgate rules and regulations
12 necessary to implement the provisions of this section.

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 -- LICENSING OF HEALTH CARE FACILITIES --
SEPSIS SCREENING PROTOCOLS

1 This act would require licensed health care facility medical staff to adopt, implement, and
2 periodically update evidence-based protocols for the early recognition and treatment of patients
3 with sepsis, severe sepsis and septic shock.

4 This act would take effect upon passage.

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