

**2023 -- H 5869 SUBSTITUTE A**

LC002395/SUB A/2

**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 **sepsis/severe sepsis/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 known or suspected infection with at least two (2) or more system  
8 inflammatory response syndrome (SIRS) criteria as developed by American College of Chest  
9 Physicians/Society of Critical Care Medicine (1991).

10          (2) "Severe sepsis" means a known or suspected infection with at least two (2) or more  
11 SIRS criteria and sepsis-related tissue hypoperfusion or organ dysfunction.

12          (3) "Septic shock" means sepsis-induced hypotension persisting despite adequate  
13 intravenous (IV) fluid resuscitation and/or evidence of tissue hypoperfusion.

14          (b) On or before February 1, 2024, to the extent allowable by available state and federal  
15 funding, the director of the department of health shall in coordination with the department of  
16 health's Antimicrobial Stewardship and Environmental Cleaning task force, make available to  
17 hospitals, urgent care facilities, freestanding emergency rooms, pediatric practices and EMS  
18 agencies, information on best practices for the treatment of patients with sepsis and septic shock.  
19 The best practices shall be based on generally accepted standards of care, including, but not limited

1 to:

2 (1) An evidence-based screening tool that can be used at initial evaluation of adult and  
3 pediatric patients in these settings;

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

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

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

10 (5) Mechanisms to prompt escalation of care within these settings, and, when appropriate,  
11 to stabilize and transfer to a facility able to provide a higher level of care;

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

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

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

20 (c) In order to enhance patient safety and protection, each hospital licensed in the state shall  
21 establish a multi-disciplinary committee to implement policies, procedures and staff education in  
22 accordance with the best practices issued by the department of health.

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

29 (d) Contingent upon the availability of funding, the department of health shall offer  
30 continuing education credits and other educational opportunities such as provider briefings for  
31 pediatricians and EMS agencies on the early recognition and treatment of patients with sepsis.

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

EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO HEALTH AND SAFETY -- LICENSING OF HEALTHCARE FACILITIES

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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.

6           This act would take effect upon passage.

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