



## 99TH GENERAL ASSEMBLY

### State of Illinois

2015 and 2016

SB2403

Introduced 2/3/2016, by Sen. Chapin Rose

#### SYNOPSIS AS INTRODUCED:

20 ILCS 2310/2310-314 new  
210 ILCS 85/6.23a new

Amends the Hospital Licensing Act. Requires hospitals to adopt, implement, periodically update, and submit to the Department of Public Health evidence-based protocols for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock that are based on generally accepted standards of care. Requires the protocols to contain certain components, including components specific to the identification, care, and treatment of adults and of children. Requires hospitals to submit the protocols to the Department no later than 6 months after the effective date of the amendatory Act. Provides that protocols shall be resubmitted at the request of the Department, but not more frequently than once every 2 years unless the Department identifies hospital-specific performance concerns. Requires hospitals to report certain sepsis-related data to the Department. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Requires the Department to publish guidelines to assist hospitals in developing the sepsis protocols. Contains provisions concerning rulemaking.

LRB099 18409 MJP 42785 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Department of Public Health Powers and  
5 Duties Law of the Civil Administrative Code of Illinois is  
6 amended by adding Section 2310-314 as follows:

7 (20 ILCS 2310/2310-314 new)

8 Sec. 2310-314. Sepsis screening protocols.

9 (a) The Department shall publish guidelines to assist  
10 hospitals in developing the sepsis protocols required in  
11 Section 6.23a of the Hospital Licensing Act. The guidelines  
12 published by the Department shall include, but not be limited  
13 to, an appropriate process for screening all patients to ensure  
14 early recognition of patients with possible sepsis and, once  
15 possible sepsis has been documented, establishing clear  
16 timeframes for the administration of antibiotics and full  
17 protocol implementation.

18 (b) The Department shall adopt rules to implement Section  
19 6.23a of the Hospital Licensing Act.

20 Section 10. The Hospital Licensing Act is amended by adding  
21 Section 6.23a as follows:

1 (210 ILCS 85/6.23a new)

2 Sec. 6.23a. Sepsis screening protocols.

3 (a) As used in this Section:

4 "Sepsis" means a proven or suspected infection accompanied  
5 by a systemic inflammatory response.

6 "Septic shock" means severe sepsis with persistent  
7 hypotension or cardiovascular organ dysfunction despite  
8 adequate intravenous fluid resuscitation.

9 "Severe sepsis" means sepsis plus at least one sign of  
10 hypoperfusion or organ dysfunction.

11 (b) Each hospital shall adopt, implement, periodically  
12 update, and submit to the Department evidence-based protocols  
13 for the early recognition and treatment of patients with  
14 sepsis, severe sepsis, or septic shock (sepsis protocols) that  
15 are based on generally accepted standards of care. Sepsis  
16 protocols must include components specific to the  
17 identification, care, and treatment of adults and of children,  
18 and must clearly identify where and when components will differ  
19 for adults and for children. These protocols must also include  
20 the following components:

21 (1) a process for the screening and early recognition  
22 of patients with sepsis, severe sepsis, or septic shock;

23 (2) a process to identify and document individuals  
24 appropriate for treatment through sepsis protocols,  
25 including explicit criteria defining those patients who  
26 should be excluded from the protocols, such as patients

1 with certain clinical conditions or who have elected  
2 palliative care;

3 (3) guidelines for hemodynamic support with explicit  
4 physiologic and biomarker treatment goals, methodology for  
5 invasive or non-invasive hemodynamic monitoring, and  
6 timeframe goals;

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

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

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

17 (c) Each hospital shall ensure that professional staff with  
18 direct patient care responsibilities and, as appropriate,  
19 staff with indirect patient care responsibilities, including,  
20 but not limited to, laboratory and pharmacy staff, are  
21 periodically trained to implement the sepsis protocols  
22 required under subsection (b). The hospital shall ensure  
23 updated training of staff if the hospital initiates substantive  
24 changes to the sepsis protocols.

25 (d) Each hospital shall submit the sepsis protocols  
26 required under subsection (b) to the Department for review no

1 later than 6 months after the effective date of this amendatory  
2 Act of the 99th General Assembly. A hospital must implement  
3 these protocols no later than 45 days after receipt of a letter  
4 from the Department indicating that the proposed protocols have  
5 been reviewed and determined to be consistent with the criteria  
6 established in this Section. A hospital must update protocols  
7 based on newly emerging evidence-based standards. Protocols  
8 shall be resubmitted at the request of the Department, but not  
9 more frequently than once every 2 years unless the Department  
10 identifies hospital-specific performance concerns.

11 (e) Each hospital shall be responsible for the collection,  
12 use, and reporting of quality measures related to the  
13 recognition and treatment of severe sepsis for purposes of  
14 internal quality improvement and reporting to the Department.  
15 These measures shall include, but not be limited to, data  
16 sufficient to evaluate each hospital's adherence rate to its  
17 own sepsis protocols, including adherence to timeframes and  
18 implementation of all sepsis protocol components for adults and  
19 children.

20 Each hospital shall submit data specified by the Department  
21 to permit the Department to develop risk-adjusted sepsis  
22 mortality rates in consultation with appropriate national,  
23 hospital, and expert stakeholders. This data shall be reported  
24 annually, or more frequently at the request of the Department,  
25 and shall be subject to audit at the discretion of the  
26 Department.