

**SEPSIS PROTOCOL REQUIREMENTS**

2020 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Karen Mayne**

House Sponsor: \_\_\_\_\_

---

**LONG TITLE****General Description:**

This bill authorizes the Department of Health to develop sepsis protocol requirements and to collect and report data about sepsis treatment.

**Highlighted Provisions:**

This bill:

- defines terms;
- authorizes the Department of Health to make rules about sepsis protocols;
- provides guidance on factors the protocols should include;
- directs hospitals to train certain staff on sepsis protocols;
- requires the Department of Health to collect data about sepsis treatment; and
- establishes a reporting requirement.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:****ENACTS:****26-21c-101**, Utah Code Annotated 1953**26-21c-102**, Utah Code Annotated 1953**26-21c-103**, Utah Code Annotated 1953

[26-21c-104](#), Utah Code Annotated 1953  
[26-21c-201](#), Utah Code Annotated 1953  
[26-21c-202](#), Utah Code Annotated 1953  
[26-21c-203](#), Utah Code Annotated 1953  
[26-21c-204](#), Utah Code Annotated 1953

---

*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section **26-21c-101** is enacted to read:

## **CHAPTER 21c. SEPSIS PROTOCOLS**

### **Part 1. General Provisions**

#### **26-21c-101. Title.**

This chapter is known as "Sepsis Protocols."

Section 2. Section **26-21c-102** is enacted to read:

#### **26-21c-102. Definitions.**

As used in this chapter:

(1) "CMS" means the Centers for Medicare and Medicaid Services in the United States Department of Health and Human Services.

(2) "Emergency department" means the area of a hospital in which emergency services are provided on a 24-hour-a-day basis.

(3) "Hemodynamic support" means a treatment that includes restoring to the patient an adequate circulating blood volume.

(4) "Hospital" means a general acute hospital as defined in Section [26-21-2](#).

(5) "Professional staff" means a licensed physician, physician assistant, nurse, or another healthcare professional designated by the department by rule.

(6) "Sepsis" means a life-threatening complication of an infection.

Section 3. Section **26-21c-103** is enacted to read:

#### **26-21c-103. Rulemaking.**

(1) The department, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, shall make rules to:

(a) create the sepsis protocols described in this chapter; and

(b) implement the provisions of this chapter.

(2) Unless waived under Subsection [26-21c-104\(2\)](#), a hospital shall adopt the sepsis protocols described in Subsection (1)(a).

Section 4. Section **26-21c-104** is enacted to read:

**26-21c-104. Duty to keep protocols current -- Waivers.**

(1) The department shall annually review and update the protocols established under this chapter to ensure that the protocols reflect the most current standards for evidence-based sepsis care.

(2) The department shall waive the requirement in Subsection [26-21c-103\(2\)](#) for:

(a) a hospital that provides the department with sepsis protocols and training procedures that are substantially similar to the protocols described in Subsection [26-21c-103\(1\)\(a\)](#); or

(b) a hospital that, during or before fiscal year 2020-2021, submits sepsis data required by the CMS Hospital Inpatient Quality Reporting program.

Section 5. Section **26-21c-201** is enacted to read:

**Part 2. Hospital Sepsis Protocols**

**26-21c-201. Protocols.**

(1) The protocols created in Subsection [26-21b-103\(1\)\(a\)](#) shall include:

(a) a process for the screening and early recognition of patients with sepsis;

(b) a process to identify and document individuals that are appropriate for treatment through sepsis protocols;

(c) a process to identify patients who should not receive treatment according to sepsis protocols because of:

(i) preexisting clinical conditions; or

(ii) a patient's election to receive only palliative care;

(d) guidelines for hemodynamic support with explicit physiologic and treatment goals and methodology for invasive or non-invasive monitoring;

(e) guidelines to determine treatment timeline goals; and

(f) criteria for use of hemodynamic support, based on accepted evidence of vasoactive agents.

(2) The protocols described in Subsection [26-21b-103\(1\)\(a\)](#) shall clearly distinguish where and when treatment shall differ for:

90 (a) children;

91 (b) infants;

92 (c) individuals seeking treatment in the emergency department; and

93 (d) individuals seeking treatment as inpatients.

94 (3) The protocols described in Subsection [26-21b-103](#)(1)(a) shall provide guidelines  
95 for fluid resuscitation for infants and children.

96 (4) The department shall:

97 (a) make the guidelines described in Subsection (3) consistent with current,  
98 evidence-based guidelines for severe sepsis and septic shock; and

99 (b) define therapeutic goals for children.

100 Section 6. Section **26-21c-202** is enacted to read:

101 **26-21c-202. Identification -- Treatment.**

102 The protocols described in Subsection [16-21c-103](#)(1)(a) shall require:

103 (1) identification of the infectious source;

104 (2) early delivery of broad spectrum antibiotics; and

105 (3) timely reevaluation to determine if it is necessary to deliver narrow spectrum  
106 antibiotics targeted to the infections sources identified in Subsection (1).

107 Section 7. Section **26-21c-203** is enacted to read:

108 **26-21c-203. Staff -- Quality measures.**

109 (1) The department shall require periodic training in the implementation of the sepsis  
110 protocols described in Subsection [26-21b-103](#)(1)(a) for:

111 (a) professional staff with direct patient care responsibilities; and

112 (b) professional staff with indirect patient care responsibilities that the department  
113 determines requires training, including laboratory and pharmacy staff.

114 (2) The department shall require each hospital to establish a procedure to update staff  
115 upon the implementation of substantive changes to the protocols described in Subsection  
116 [26-21b-103](#)(1)(a).

117 (3) The department shall establish quality measures for the recognition and treatment  
118 of severe sepsis.

119 (4) The department shall require hospitals to collect information related to the quality  
120 measures described in Subsection (3) for the purposes of internal quality improvement.

Section 8. Section **26-21c-204** is enacted to read:

**26-21c-204. Data.**

(1) The department shall:

(a) recommend evidence-based sepsis definitions and metrics that incorporate evidence-based findings, including appropriate antibiotic stewardship, and that align with the National Quality Forum, CMS, the Agency for Healthcare Research and Quality, and the Joint Commission, an independent, nonprofit, health care accrediting organization;

(b) establish and use a methodology for collecting, analyzing, and disclosing the information collected under this chapter, including:

(i) collection methods;

(ii) formatting; and

(iii) methods and means for the release and dissemination of aggregate data;

(c) consult with, seek input from, and seek recommendations from stakeholders including:

(i) hospitals;

(ii) physicians;

(iii) nurses;

(iv) pharmacists;

(v) long-term care facilities;

(vi) epidemiologists;

(vii) infection-prevention professionals;

(viii) academic researchers; and

(ix) health care data professionals.

(2) The department shall report data and recommendations collected under Subsection (1) to the Health and Human Services Interim Committee no later than November 1 each year.