

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 1. This Act may be referred to as Gabby's Law.

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

8 (20 ILCS 2310/2310-314 new)

9 Sec. 2310-314. Sepsis screening protocols. The Department
10 shall adopt rules to implement Section 6.23a of the Hospital
11 Licensing Act.

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

14 (210 ILCS 85/6.23a new)

15 Sec. 6.23a. Sepsis screening protocols.

16 (a) Each hospital shall adopt, implement, and periodically
17 update evidence-based protocols for the early recognition and
18 treatment of patients with sepsis, severe sepsis, or septic
19 shock (sepsis protocols) that are based on generally accepted
20 standards of care. Sepsis protocols must include components

1 specific to the identification, care, and treatment of adults
2 and of children, and must clearly identify where and when
3 components will differ for adults and for children seeking
4 treatment in the emergency department or as an inpatient. These
5 protocols must also include the following components:

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

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

14 (3) guidelines for hemodynamic support with explicit
15 physiologic and treatment goals, methodology for invasive
16 or non-invasive hemodynamic monitoring, and timeframe
17 goals;

18 (4) for infants and children, guidelines for fluid
19 resuscitation consistent with current, evidence-based
20 guidelines for severe sepsis and septic shock with defined
21 therapeutic goals for children;

22 (5) identification of the infectious source and
23 delivery of early broad spectrum antibiotics with timely
24 re-evaluation to adjust to narrow spectrum antibiotics
25 targeted to identified infectious sources; and

26 (6) criteria for use, based on accepted evidence of

1 vasoactive agents.

2 (b) Each hospital shall ensure that professional staff with
3 direct patient care responsibilities and, as appropriate,
4 staff with indirect patient care responsibilities, including,
5 but not limited to, laboratory and pharmacy staff, are
6 periodically trained to implement the sepsis protocols
7 required under subsection (a). The hospital shall ensure
8 updated training of staff if the hospital initiates substantive
9 changes to the sepsis protocols.

10 (c) Each hospital shall be responsible for the collection
11 and utilization of quality measures related to the recognition
12 and treatment of severe sepsis for purposes of internal quality
13 improvement.

14 (d) The evidence-based protocols adopted under this
15 Section shall be provided to the Department upon the
16 Department's request.

17 (e) Hospitals submitting sepsis data as required by the
18 Centers for Medicare and Medicaid Services Hospital Inpatient
19 Quality Reporting program as of fiscal year 2016 are presumed
20 to meet the sepsis protocol requirements outlined in this
21 Section.

22 (f) Subject to appropriation, the Department shall:

23 (1) recommend evidence-based sepsis definitions and
24 metrics that incorporate evidence-based findings,
25 including appropriate antibiotic stewardship, and that
26 align with the National Quality Forum, the Centers for

1 Medicare and Medicaid Services, the Agency for Healthcare
2 Research and Quality, and the Joint Commission;

3 (2) establish and use a methodology for collecting,
4 analyzing, and disclosing the information collected under
5 this Section, including collection methods, formatting,
6 and methods and means for aggregate data release and
7 dissemination;

8 (3) complete a digest of efforts and recommendations no
9 later than 12 months after the effective date of this
10 amendatory Act of the 99th General Assembly; the digest may
11 include Illinois-specific data, trends, conditions, or
12 other clinical factors; a summary shall be provided to the
13 Governor and General Assembly and shall be publicly
14 available on the Department's website; and

15 (4) consult and seek input and feedback prior to the
16 proposal, publication, or issuance of any guidance,
17 methodologies, metrics, rulemaking, or any other
18 information authorized under this Section from statewide
19 organizations representing hospitals, physicians, advanced
20 practice nurses, pharmacists, and long-term care
21 facilities. Public and private hospitals, epidemiologists,
22 infection prevention professionals, health care
23 informatics and health care data professionals, and
24 academic researchers may be consulted.

25 If the Department receives an appropriation and carries out
26 the requirements of paragraphs (1), (2), (3), and (4), then the

1 Department may adopt rules concerning the collection of data
2 from hospitals regarding sepsis and requiring that each
3 hospital shall be responsible for reporting to the Department.

4 Any publicly released hospital-specific information under
5 this Section is subject to data provisions specified in Section
6 25 of the Hospital Report Card Act.

7 Section 99. Effective date. This Act takes effect upon
8 becoming law.