



Sen. Chapin Rose

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LRB099 18409 MJP 45732 a

1 AMENDMENT TO SENATE BILL 2403

2 AMENDMENT NO. _____. Amend Senate Bill 2403 by replacing
3 everything after the enacting clause with the following:

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:

1 (210 ILCS 85/6.23a new)

2 Sec. 6.23a. Sepsis screening protocols.

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

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

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

21 (3) guidelines for hemodynamic support with explicit
22 physiologic and treatment goals, methodology for invasive
23 or non-invasive hemodynamic monitoring, and timeframe
24 goals;

25 (4) for infants and children, guidelines for fluid
26 resuscitation consistent with current, evidence-based

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

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

7 (6) criteria for use, based on accepted evidence of
8 vasoactive agents.

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

17 (c) Each hospital shall be responsible for the collection
18 and utilization of quality measures related to the recognition
19 and treatment of severe sepsis for purposes of internal quality
20 improvement.

21 (d) The evidence-based protocols adopted under this
22 Section shall be provided to the Department upon the
23 Department's request.

24 (e) Hospitals submitting sepsis data as required by the
25 Center for Medicare and Medicaid Services Hospital Inpatient
26 Quality Reporting program as of fiscal year 2016 are presumed

1 to meet the sepsis protocol requirements outlined in this
2 Section.

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

4 (1) recommend evidence-based sepsis definitions and
5 metrics that incorporate evidence-based findings,
6 including appropriate antibiotic stewardship, and that
7 align with the National Quality Forum, the Centers for
8 Medicare and Medicaid Services, the Agency for Healthcare
9 Research and Quality, and The Joint Commission;

10 (2) establish and use a methodology for collecting,
11 analyzing, and disclosing the information collected under
12 this Section, including collection methods, formatting,
13 and methods and means for aggregate data release and
14 dissemination;

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

22 (4) consult and seek input and feedback prior to the
23 proposal, publication, or issuance of any guidance,
24 methodologies, metrics, rulemaking, or any other
25 information authorized under this Section from statewide
26 organizations representing hospitals, physicians, advanced

1 practice nurses, pharmacists, and long-term care
2 facilities. Public and private hospitals, epidemiologists,
3 infection prevention professionals, health care
4 informatics and health care data professionals, and
5 academic researchers may be consulted.

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

11 Any publicly released hospital-specific information under
12 this Section is subject to data provisions specified in Section
13 25 of the Hospital Report Card Act.

14 Section 99. Effective date. This Act takes effect upon
15 becoming law.".