

**SEPSIS PROTOCOL REQUIREMENTS**

2020 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Karen Mayne**

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

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**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



- 28 [26-21c-104](#), Utah Code Annotated 1953
- 29 [26-21c-201](#), Utah Code Annotated 1953
- 30 [26-21c-202](#), Utah Code Annotated 1953
- 31 [26-21c-203](#), Utah Code Annotated 1953
- 32 [26-21c-204](#), Utah Code Annotated 1953



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

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

36 **CHAPTER 21c. SEPSIS PROTOCOLS**

37 **Part 1. General Provisions**

38 **26-21c-101. Title.**

39 This chapter is known as "Sepsis Protocols."

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

41 **26-21c-102. Definitions.**

42 As used in this chapter:

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

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

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

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

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

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

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

54 **26-21c-103. Rulemaking.**

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

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

58 (b) implement the provisions of this chapter.



- 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.

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

122 **26-21c-204. Data.**

123 (1) The department shall:

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

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

130 (i) collection methods;

131 (ii) formatting; and

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

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

135 (i) hospitals;

136 (ii) physicians;

137 (iii) nurses;

138 (iv) pharmacists;

139 (v) long-term care facilities;

140 (vi) epidemiologists;

141 (vii) infection-prevention professionals;

142 (viii) academic researchers; and

143 (ix) health care data professionals.

144 (2) The department shall report data and recommendations collected under Subsection

145 (1) to the Health and Human Services Interim Committee no later than November 1 each year.