

FIRST REGULAR SESSION

# SENATE BILL NO. 97

99TH GENERAL ASSEMBLY

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INTRODUCED BY SENATOR SATER.

Pre-filed December 1, 2016, and ordered printed.

ADRIANE D. CROUSE, Secretary.

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## AN ACT

To amend chapter 192, RSMo, by adding thereto one new section relating to sepsis protocols.

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*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Chapter 192, RSMo, is amended by adding thereto one new  
2 section, to be known as section 192.680, to read as follows:

**192.680. 1. Each hospital licensed under chapter 197 shall adopt,  
2 implement, and periodically update evidence-based protocols for the  
3 early recognition and treatment of patients with sepsis, severe sepsis,  
4 or septic shock. Sepsis protocols shall be based on generally accepted  
5 standards of care, and include components specific to the  
6 identification, care, and treatment of adults and children. The  
7 protocols shall include, but not be limited to, the following:**

8       **(1) A process for the screening and early recognition of patients  
9 with sepsis, severe sepsis, or septic shock;**

10       **(2) A process for the identification and documentation of  
11 patients appropriate for treatment in accordance with sepsis protocols,  
12 including specific criteria used to determine which patients should be  
13 excluded from the protocols, such as patients who have certain clinical  
14 conditions or who have elected to undergo palliative care;**

15       **(3) Guidelines for hemodynamic support with explicit  
16 physiologic and treatment goals, methodology for invasive or non-  
17 invasive hemodynamic monitoring, and time frame goals;**

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

21       **(5) Identification of the infectious source and delivery of early**

22 broad-spectrum antibiotics with timely re-evaluation to adjust to  
23 narrow-spectrum antibiotics targeted to identified infectious sources;  
24 and

25 (6) Other requirements as established by rules and regulations  
26 promulgated by the department of health and senior services.

27 2. Each hospital shall ensure that all professional staff with  
28 direct patient care responsibilities, as well as appropriate professional  
29 staff with indirect patient care responsibilities, including laboratory  
30 and pharmacy staff, are periodically trained to implement the sepsis  
31 protocols established under this section. Each hospital shall ensure  
32 updated staff training upon adoption of substantive changes to the  
33 protocols.

34 3. Each hospital shall be responsible for the collection and use  
35 of quality measures related to the recognition and treatment of sepsis,  
36 severe sepsis, and septic shock for the purpose of internal quality  
37 improvement. The quality measures shall include, but not be limited  
38 to, data sufficient to evaluate the hospital's adherence rate to its own  
39 sepsis protocols, including adherence to time frames and  
40 implementation of all protocol components for adults and children.

41 4. Each hospital shall submit proposed sepsis protocols to the  
42 department for review no later than one hundred and twenty days after  
43 August 28, 2017, and shall implement the protocols upon receipt of  
44 approval from the department. A hospital may revise and update its  
45 protocols as necessary and consistent with evidence-based  
46 standards. Protocols shall be resubmitted to the department for review  
47 no more than once every two years, unless the department identifies  
48 hospital-specific performance concerns.

49 5. The department shall promulgate rules and regulations to  
50 implement the provisions of this section. Any rule or portion of a rule,  
51 as that term is defined in section 536.010 that is created under the  
52 authority delegated in this section shall become effective only if it  
53 complies with and is subject to all of the provisions of chapter 536, and,  
54 if applicable, section 536.028. This section and chapter 536 are  
55 nonseverable and if any of the powers vested with the general assembly  
56 pursuant to chapter 536, to review, to delay the effective date, or to  
57 disapprove and annul a rule are subsequently held unconstitutional,  
58 then the grant of rulemaking authority and any rule proposed or

59 adopted after August 28, 2017, shall be invalid and void.

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Unofficial

Bill

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