![Maryland Patient Safety Center logo]

FAQ
Frequently Asked Questions
Implementing Lochlin's Law (Sepsis Protocol Law)

Background: In 2024 the Maryland Legislature approved Lochlin's Law which requires all Maryland Hospitals and Urgent Cares to:

- Implement an evidence-based protocol for the early recognition and treatment of a patient with sepsis, severe sepsis, or septic shock.
- Hospital protocols must comply with CDC sepsis guidelines.
- Implement before January 1, 2025.
- A hospital that submits sepsis data to the CMS' hospital inpatient quality reporting program is presumed to meet the requirements of having protocols in place.
- Requires *periodic* training of direct and indirect patient care staff (including laboratory and pharmacy staff).

FAQ:

1. What does the new law require urgent care centers to do?

> The new law required all Maryland hospitals and urgent care centers to implement an evidence-based protocol for the early recognition and treatment of a patient with sepsis, severe sepsis, or septic shock that is based on generally acceptable standards of care.

2. How do I know if my practice is considered an urgent care center and required to comply?

> The law does not include a definition for urgent care centers.

3. If my hospital submitted sepsis data to the CMS' hospital inpatient quality reporting program, am I exempt from the requirements of the law?

> The law says that hospitals that submit sepsis data to the CMS' hospital inpatient quality reporting program are presumed to meet the *requirements of having protocols in place*. The periodic training requirement is separate from the protocol requirement.

4. By what date do the new protocols and training need to be in place?

> On or before January 1, 2025, each hospital and urgent care center in the State shall implement an evidence-based protocol.

5. How will compliance with the law be checked?

> There is no language in the law about how compliance with the law will be monitored, or by what State entity.

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6. **Will my urgent care center be penalized for non-compliance?**

   There is no language in the law about how non-compliance with the law will be assessed or penalized.

7. **What steps can my organization take right now to be in compliance?**
   i. Review and standardize your protocols around early recognition and treatment of a patient with sepsis, severe sepsis, or septic shock. Ensure they are up-to-date and are based on generally acceptable standards of care.
      1. Consider having a protocol specifically for pediatric patients.
      2. Include specific transfer protocols (e.g., when to call 911, when to direct a patient/family to the nearest emergency department, what handoffs and communication need to be in place).
   ii. Determine which staff need to be trained: who are considered direct and indirect patient care staff (including laboratory and pharmacy staff).
   iii. Develop and document a training plan for staff using your own resources, or available sources in the public domain (see below).
   iv. Consider building the clinical protocol (e.g., vital signs and symptoms triggers) into your electronic health record and build in alerts or triggers with clinical pathway recommendations.
   v. Consider development and dissemination of patient education materials.

8. **If I do not have clinical protocols in writing, are there resources for clinical protocols?**

   There are many evidence-based resources in the public domain. Some links include (check back for more resources to be added):

   [Early Care of Adults With Suspected Sepsis in the Emergency Department and Out-of-Hospital Environment: A Consensus-Based Task Force Report](#)

   [CDC Sepsis toolkit](#)

   [Sepsis Alliance](#)

9. **How often do staff need to be trained?**

   The law requires *periodic* training of direct and indirect patient care staff (including laboratory and pharmacy staff) but does not further specify a time interval.

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10. Are there educational materials available for free?

We encourage training on your protocols for early recognition, treatment, and transfer protocols for sepsis. Here are some sources for educational materials.

a. **CDC Sepsis Communication** (social media and patient education and letters to providers) https://www.cdc.gov/sepsis/communication-resources/index.html
b. **NQIIC** Stop Sepsis Now – IPRO NQIIC (Training Materials and Patient Education
c. **Betsy Lehman Center** https://betsylehmancenterma.gov/assets/uploads/SepsisLTSS-AwarenessTrainingNonClinical.pdf (Training)
d. **Sepsis Alliance Sepsis** First Response Education Video (15 minutes) Sepsis: First Response | Sepsis Alliance
e. **Project First Line/AMA Education: Hospital Sepsis Program Core Elements** https://edhub.ama-assn.org/cdc-project-firstline/video-player/18811983
f. **Nursing and Urgent Care** Practice Nursing - Recognition and management of sepsis in the urgent care out of hours setting
g. **Sepsis Alliance** Sepsis Alliance Institute: Home

More information is forthcoming on protocols.

Please reach out to Programs@marylandpatientsafety.org for further details.