For patients who develop sepsis, the ability of a health professional to recognize it early on can mean the difference between life and death, or between full recovery and permanent organ damage. For doctors and nurses, though, early recognition of this condition (caused by the human body’s response to an infection) can be difficult.

“The symptoms are like those for the flu and many other diseases,” says Kelly Court, chief quality officer at the Wisconsin Hospital Association. “So you need to get the entire clinical team at a hospital to think sepsis when evaluating a patient, because early detection is so important.”

Four years ago, that early detection did not take place in a case that led to the tragic death of a 5-year-old girl in Illinois. The girl, Gabby Galbo, died from sepsis after a tick bite caused a bacterial infection.

Gabby’s Law (SB 2403 [2]), signed into law this summer after receiving unanimous legislative approval, puts in place new statewide requirements for hospitals, which will now have to establish and then periodically implement evidence-based sepsis protocols — for example, a process for screening and early recognition, identification of the infectious source, and guidelines for how to administer fluids and deliver antibiotics to patients. Direct-care staff in Illinois’ hospitals will have to receive periodic training on these protocols.

Illinois Sen. Chapin Rose, the sponsor of SB 2403, says the new requirements will improve the quality of care across the state, in part by raising awareness about the potentially deadly condition.

In the Midwest, sepsis was one of the 10 leading causes of death in Illinois, Indiana and Ohio; nationwide, it ranked 11th. The condition causes as many as half of the country’s in-hospital deaths — most commonly among the elderly. (According to the U.S. Centers for Disease Control and Prevention, the condition begins outside the hospital in nearly 80 percent of patients.)

Between 1999 and 2014, people 65 and older accounted for roughly three-fourths of all sepsis deaths.

Along with Illinois, New York also has recently adopted new sepsis-related requirements for its hospitals. In Ohio and Wisconsin, no new laws are in place, but hospitals themselves have launched statewide initiatives to reduce deaths from sepsis.

According to Court, the sepsis mortality rate in Wisconsin hospitals has dropped 16 percent since her association and its members began the initiative; the group’s goal is a 40 percent reduction. The association was approached about the idea of some kind of legislation (such as Illinois’ and New York’s), Court says, but she believes the voluntary approach in Wisconsin will prove to be more effective.

“We think the practice of medicine belongs with clinicians,” Court adds.

Through the “Think Sepsis First” initiative [3], her association is disseminating evidence-based practices on how to recognize and treat sepsis, encouraging the facilities to test new protocols, and then providing forums where hospital leaders can learn from one another.