

testimony

From: Faith Rossman [frossman@hhsc.org]

Sent: Tuesday, August 12, 2008 9:49 AM

To: testimony; Governor.Lingle@hawaii.gov; andy.j.smith@hawaii.gov; Sen. David Ige; Sen. Roz Baker; Rep. Mele Carroll; Rep. Tom Brower; Rep. Marcus Oshiro; rplee@capitol.hawaii.gov; Rep. Della Belatti; Rep. Karen Awana; Rep. Faye Hanohano; Rep. Sharon Har; Rep. Jon Karamatsu; Rep. Michael Magaoay; Rep. Bob Nakasone; Rep. Karl Rhoads; Rep. James Tokioka; Rep. Colleen Meyer; Rep. Kymberly Pine; Rep. Gene Ward; Sen. Shan Tsutsui; Sen. J. Kalani English; Sen. Carol Fukunaga; Sen. Gary Hooser; Sen. Donna Mercado Kim; Sen. Ron Menor; Sen. Jill Tokuda; Sen. Fred Hemmings; Sen. Paul Whalen

Subject: State funding of Kona Hospital

The Honorable Governor Linda Lingle, Senators, and Representatives:

Although Kona Community Hospital has not been designated a critical access hospital, it should be. We are still located in a rural area, the population of West Hawaii has grown considerably since I came here twenty years ago, and the resources for the hospital have continued to dwindle in comparison. The inadequate support from State financing and inadequate reimbursement from HMSA and Medicare has always been a problem; but more recently, with prices soaring, it has become a crisis.

The staff of Kona Community Hospital has valiantly tried to do their best to maintain patient safety in the face of these poor resources, but I am afraid that their best efforts will not be good enough. Do you honestly want to play Russian roulette with the lives and safety of the most vulnerable population of your citizens? I cannot imagine a West Hawaii without a Kona Hospital, but that's the direction we are headed as we burn out our best and brightest by not giving them the support they need. Nurses, Social Workers, and Therapists giving direct patient care need to go home at the end of their shift knowing that they gave the best care that they could. They should not have to worry that some aspect of their care got short-changed because of short staffing or short supplies.

Faith Rossman, RN, MN, Clinical Process Specialist

Kona Community Hospital

808.322.4572

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testimony

From: Karen Conklin [kconklin@hhsc.org]
Sent: Tuesday, August 12, 2008 9:54 AM
To: testimony
Subject: Kona Community Hospital

Please allocate money for Kona Community Hospital.

Thank you,

Karen Conklin

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testimony

From: Marieta Vanderwatt [mvanderwatt@hhsc.org]
Sent: Tuesday, August 12, 2008 10:18 AM
To: testimony
Subject: e-mail testimony Kona Hospital

I am an employee at Kona Community Hospital. I would like to request that you please support West Hawaii in providing ongoing health care to its community by allocating money to Kona Community Hospital.

respectfully submitted

Marieta van der Watt

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testimony

From: Kehau Johnson [kdjohnson@hhsc.org]
Sent: Tuesday, August 12, 2008 10:53 AM
To: testimony
Subject: Kona Community Hospital RIF

“Please allocate money for Kona Community Hospital.”

*Mahalo,
D. Kehau Johnson
Kona Community Hospital
Maintenance Dept.
Ph: (808) 322-6975
Fax: (808) 322-0970*

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testimony

From: Barry Fackler [BFackler@hhsc.org]
Sent: Tuesday, August 12, 2008 11:30 AM
To: testimony
Subject: Get HHSC out of Kona Hospital

HHSC is unresponsive to the needs of the West Hawaii community @ large. The current CEO, as well as his predecessors, has abandoned the "safety net" aspect of the hospital to concentrate primarily on revenue-generating measures. The result has been that 55 loyal, hard-working employees have had their jobs eliminated while HHSC brings in more (mainland) management staff with astronomical salaries and benefit packages we locals could only dream about. The result has been that patient care has been compromised, despite CEO Earl Greenia's claims to the contrary. The result has been that our hospital is dying.

Supposedly, HHSC was created to contain costs. How can any rational person claim that it is succeeding in this mission? The overhead alone of maintaining six-figure salaries for all these executives represents a tremendous waste of tax-payer money that would be better spent on healthcare directly. How can we justify \$45,000 housing allowances for HHSC execs when the healthcare system is in shambles? I have watched now as HHSC has placed 4 consecutive CEO's in our hospital. Each one comes here from the mainland, creates a terrible crisis and then returns to the mainland with a fat bank account at our fiscal expense as well as the expense of our community's health and well-being. Enough is enough. HHSC has taken from this community and given nothing in return. We deserve better.

Kona Community Hospital has always had to do without. We have a decrepit building, low salaries, outdated equipment and meager supplies. The only thing we had in good measure was the caring and aloha of our staff. Often, that was enough for us to get by on and to fulfill our mission. Now HHSC is taking that away. The "management team" at our hospital always blames our problems on a lack of funding from you, our legislature. I am not so quick to believe them. When audited, HHSC execs were highly uncooperative. What solid information the audit did reveal showed a culture of almost ludicrous wealth with salaries 2-3 times those of comparable positions within the state. Are these people worth it? If so, why do they need an annual financial bailout from the state EVERY YEAR?

HHSC is a boondogle, a white elephant and a farce. It's creation was a mistake. Please don't perpetuate the mistake by throwing more money at it. Finance OUR HOSPITAL. Don't finance HHSC... it's a proven waste of taxpayer money. If you must keep HHSC, please get them off our island. We can do better on our own. We don't want our people dying because tax dollars meant for healthcare went into the pockets of mainland carpetbaggers.

Barry Fackler PT

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Michael D. Fregeau

August 10, 2008

Attn: Senate Sergeant-At-Arms
House Committee on Finance
The Senate Committee on Ways and Means

R/G: HHSC Statewide Plans and West Hawaii Regional Plans

First, I'd like to thank you for this opportunity to voice my concerns regarding the present health care crisis facing West Hawaii.

Foremost, I am speaking to you as a concerned resident of this rural community. However, my concerns are intensified by the fact that I am currently employed at Kona Community Hospital, as a registered nurse in the Emergency Room. I have the advantage of seeing the immediate effects on our residents, caused by decisions made regarding health care.

As a health care professional, my job is more than just perfunctory. I along with my colleagues approach our duties with a genuine sense of empathy, to provide the best quality of care that we can. No doubt, preservation of life and health should be of the utmost concern for everyone.

My intention is to give you an objective perspective of what I see as someone who is currently being affected by the recent decision made to reduce the workforce at Kona Community Hosp.

West Hawaii is unique, not only in its beauty which attracts thousands of visitors every year, but also, in contrast by its lack of resources when it comes to health care. In comparison to Oahu, which covers an area of approximately 600 sq. mi., the Big Island is over ten times larger, yet has only 1/4 of the health care resources that Oahu does. This physical characteristic in itself, creates a situation where the residents of West Hawaii are very dependent upon every resource available to them, as we are already facing a lack of adequate access to health care.

This is partially the reason for the increase in the number of patient visits to the Emergency Room in recent years. According to statistics taken over the last three years, the number of patients seen in our rural hospital has increased by an average of ___%, each year. When you make an objective analysis of the compounding effects caused by an aging population, low re-imbursements, staff shortages existing before ~~and~~ layoffs and the lack of resources living in a rural community, its obvious that the condition present before the RIF, was one needing immediate attention.

What we now face with this, RIF, is an increased workload, with the expectation to still provide safe quality of care. In the process of making this decision, what seems to have escaped the vision of the Board, is that the outcome of this, RIF, will ultimately result in an increased length of time, to provide necessary safe medical care, even when

immediate life saving measures are paramount. Especially, since an integral part of providing that care, was through our EMT's, whose positions have been eliminated.

Granted, a four million dollar, projected deficit is a major cause for concern, but is the answer to succumb to jeopardizing the safety of people in our community?

I should hope not !!

As a concerned resident and community servant, I plead our case with you, in hopes that you will take to heart our dire need for emergency funds, to assist us through the next fiscal year and give our board enough revenue to work out a plan for the future, as the future safety of this community rests in your hands.

Thank You Very Much.

Michael D. Fregeau RN, BSN

FACSIMILE COVER SHEET

TO: Senate Sergeant-At-Arms Office
Company:
Phone:
Fax: 808-586-6659

From: Tammy VanderHoek
Company:
Phone:
Fax: 322-4488

Date: 08/12/08

Pages
including 2 Pages
this cover
page:

Remarks: [] HIGH PRIORITY
[] NORMAL PROCESSING
[] CONFIDENTIAL

West Hawaii County is in the mist of a healthcare crisis. Kona Community Hospital, a state owned and operated hospital is in a financial crisis, and the state continues to ignore this situation. Keeps ignoring it secondary to hearings and allocations request ongoing since last year. As a STATE Hospital, how are we to operate WITHOUT STATE APPROPRIATIONS? Is West Hawaii to loose it's only public hospital? We are in a HEALTHCARE CRISIS!!!!

**Tammy Vander Hoek
Kona Community Hospital RIF'd Employee**

To whom it may concern,

It was very shocking to find out thru the newspaper that people were going to get cut from their jobs. It came out of the blue. We as workers put everything into what we do on a daily basis. I could not believe that the Administration picked a category of employee's then sent out notice to all who were going to be dismissed. They never checked to see who comes to work or who does. They did not care how it would affect each dept. They decided to layoff all Clerk III. That became all four of my clerks in our dept. Two new hire and two long term staff. They are the ones that make our office run terrific. I will miss them all. They were devoted workers. If they could be hired back I would want them before anyone else.

Thank you

Tammy-Ann Vander Hoek
Clerk V supervisor

Barbara Choy, RN
Ocean View, HI 96737

Public Testimony: HHSC System-Wide plans and West Hawaii Regional Plans
August 14, 2008 Kailua-Kona meeting

I am a registered nurse who has worked at Kona Community Hospital for 27 yrs. Access to health care is an expected right in this country. Hawaii has been used as an example for a model health care delivery system, but without adequate funding for the rural, outer island, state-funded hospitals; health care will very quickly become unavailable to many individuals. Yes, we all need to be fiscally responsible during these challenging economic times, but let's work together to come up with strategies that could be cost saving as well as have the legislature secure funding to keep our outer island hospitals functioning, without losing essential employees.

Mahalo,
Barbara Choy, RN

Karen Guerreiro
P.O. Box 6728
Ocean View, HI 96737
(808) 990-3992

August 11, 2008

Congresswoman Maize Hirono: (Thank you for your phone call today. My husband applauds you greatly for understanding and willingness to assist us with this horrific devastating problem facing Healthcare in West Hawaii.)

Governor Linda Lingle:

Senate Sergeant-At-Arms Office:

RE: Public Testimony: HHSC System-Wide plans and West Hawaii Regional Plans.

August 14, 2008 Kailua-Kona Meeting

My name is Karen Guerreiro. I am an employee of Kona Community Hospital and a Kau resident. I utilize Kona Community Hospital for medical care. I have been a KCH worker for two and a half years. I have been proud to work at KCH. We strive to be the best, the best little hospital. All the workers here take pride in their work and making Kona Community Hospital the best hospital for all of West Hawaii.

In November 2007, I contacted a vendor for service and supplies for our copiers, scanners and fax machines. I was told I could not order service; I could not order supplies; our KCH account was stamped "Credit Hold," meaning I could not get service, I would receive no supplies. I made do without the supplies. (Of course the vendors made do without payment from KCH).

I called our vendors in twice in February, the first and last week of February 2008, for service and supplies on our copiers, scanners and fax machines and was told again, our account is stamped "Credit Hold", meaning I could get no service and I would receive no supplies. (Of course the vendors made do without payment from KCH).

I called our vendors in April 2008, for service and supplies, on our copiers, scanners and fax machines and was told again, our account is still stamped "Credit Hold", meaning I could still get no service and I would receive no supplies. (Of course the vendors made do without payment from KCH).

Finally, with the new fiscal year, July 2008, this vendor was paid and I was able to get supplies. The service I have learned to do.

In June 2008, I needed to order office supplies, (your basic, envelopes, card stock paper, a few other miscellaneous items not carried in our storeroom.) I was unable to order these items. Our vendors had received no payment for so very long, our account was stamped "Credit Hold", meaning I could get no supplies until we paid our vendors.

In July 2008, I had to finally purchase these necessary supplies on a KCH credit card from a different vendor, for we were still on "Credit Hold", meaning I could not get supplies, for the vendor still had not been paid.

I beg, I plead for you, our government, to intervene in the financial crisis afflicting Kona Community Hospital. As you debate in Oahu, whether to finance and "bail" us out or not, whether to convene a special, emergency session, to allocate monies or not for our financially struggling, hospital; we at Kona Community Hospital, we employees at Kona Community Hospital must find the means to make do and still provide "high level" of care to our patients, with "Aloha" even though fifty-five of our Kona Community Hospital Ohana have been RIF'd .

Fifty-five employees were RIF'd in order to pay our vendors because we had exhausted their good-will. We, the work force at Kona Community Hospital work hard to make Kona Community Hospital a great hospital. We strive to make KCH the best little hospital. Now you cut our throats, cut our heart out, over monetary responsibilities. I pray none of you get sick or injured in West Hawaii County or Kau, for where are you going to go for care? Will you hop back on the next flight to Oahu, where there are still hospitals to care for you?

Let's get real....We are talking health care here, life and death situations. As you all sit in Oahu discussing the political ramifications of our requests for allocations, we at Kona Community Hospital, we the "outer island hospital" is allowed to sink into financial crisis.....Shame on all of you!!!!!!

Karen Guerreiro
Hard worker at Kona Community Hospital

TESTIMONY OPPOSING SB1792 SD3 RELATING TO HEALTH**HHSC West Hawaii Region Opposed to SB1792, SD3
Creating a Regional Affiliate Corporation for HHSC Maui Region**

SB1792, SD3 proposes legislation to separate the Hawaii Health System Corporation Maui region from the other four HHSC regions by creating a regional affiliate corporation.

Opponents of this bill support the concept of enhanced local decision making through the establishment and empowerment of regional boards. However, they are very much concerned that splitting up the 12-member HHSC into five separate corporations would tremendously increase the cost of healthcare, and severely cripple the state's healthcare safety net the 12 hospitals provide. They say the bill would place the Neighbor Island healthcare safety net in grave jeopardy by threatening the existence of many small rural hospitals.

The HHSC West Hawaii region (Kona Community Hospital and Kohala Hospital) OPPOSES this legislation.

Legislation may result in the closure of some of the safety-net hospitals. In 1996, HHSC was established to manage 12 independent hospitals laboring in an inefficient and troubled system, unified them and formed a statewide network, which collaboratively continues to meet the healthcare needs of the many island communities it serves.

Legislation will cost the state millions of additional dollars. It takes us back to square one, when we had separate county regions, each county fighting for a piece of the funding pie and all of them coming up short; it will come at the expense of our most vulnerable residents on the islands. The proposed legislation will force each regional corporation to independently compete with other regions for limited State resources. Each region will lose its benefit of economies of scale and end up paying more to duplicate services that now centrally provided.

Legislation would jeopardize the basic quality of healthcare that the island communities deserve and have come to expect. The people of this state deserve access to quality healthcare wherever they live in Hawaii.

Legislation, as written, must be changed. In spite of being worried about maintaining present services in the future, the non-Maui regions are open to seeking other alternatives, including the establishment of regional, community based boards, which could legislatively or administratively be empowered with substantial operational and fiscal responsibility.

Legislation is premature. More time, more discussion and more analysis are needed to fully address and understand the short and long-term impact of such a separation of the other four regions, particularly within a challenging and fragile healthcare environment and all hospitals are facing today. Community meetings to discuss the legislation should be held in each region.

We urge you not to pass SB1792 SB3 Thank you

Donald Lewis, West Hawaii Regional CEO or Kohala and Kona Community Hospital
Raymond Liu, CFO, Kona Community Hospital
Edwin Gramlich, MD, LTC Medical Director, Kona Community & Kohala Hospital
Barry Blum, MD, Medical Director, Kona Community Hospital
Roger Fellows, MD, Community Member
Earl Greenia, COO, Kona Community Hospital
Ted Andrade, Director of Housekeeping, Kona Community Hospital
Ginny Robb, Accountant, Kona Community Hospital
Karen Sandrock, Director Human Resources, Kona Community Hospital
Carla Haas, Director Medical Records, Kona Community Hospital
Debbie Miller, Kona Community Hospital
Luci Omija, Director of Admitting, Kona Community Hospital
Ana Silva, Kona Community Hospital
Bert Onaka, Kona Community Hospital
Lisa Contreras, RN, Kona Community Hospital
Bryce Nakamura, Pharmacy, Kona Community Hospital
Melody Sullibain, Kona Community Hospital
Patty Shell, Kona Community Hospital
Connie Kingsbury, Kona Community Hospital
Dawn Brewer, Kona Community Hospital
Jennifer Duck, Kona Community Hospital
Darcy May, Kona Community Hospital
Fe Abenoja, Kona Community Hospital
Virginia Baynes, Kona Community Hospital
Patricia Kalua, Kona Community Hospital
Steven Payne, Kona Community Hospital
Ed Heaukulani, Kona Community Hospital
James Lightner, Community Member
John Griffey, Community Member
Henry AhSam, Community Member
Reginald Morimoto, Community Member
Fred Doshier, Presiden Kona Community Hospital Auxiliary
Keli'I Sine, RN, Ph.D, Community Member
Alyson Hansen, Kona Community Hospital
Faith Rossman, Community Member
Michele Gildener, Kona Community Hospital
Lynn Tom, Community Member

Carol Everett, Kona Community Hospital
Claudette Serion, Kona Community Hospital
Charlotte Chinen, Kona Community Hospital
William P. White, Kona Community Hospital
Justin Fernandez, Kona Community Hospital
Bernadette Kahookaulana Piper, Kona Community Hospital
Gwendolyn Nelson, Kona Community Hospital
Judith Bergonia, Kona Community Hospital
Janet Kunitake, Kona Community Hospital
Betty Takeoka, Kona Community Hospital
Heidi Stromberg, Ph.D, Community Member
Meloney Kawaahau, Kona Community Hospital
Robert Guerreiro, Community Member

testimony

From: Ralph Misitano [r.a.misitano@hotmail.com]
Sent: Tuesday, August 12, 2008 2:03 PM
To: testimony
Subject: Joint Committee Meeting in Kona 8/14/08

August 10, 2008

Ralph Misitano
Kailua-Kona

Sergeant-At-Arms
Joint committee; House Committee on Finance.
Senate Committee on Ways and Means

Re. Hawaii Health Systems Corporation System Wide Plans and West Hawaii
Regional Plans.

Greetings;

Thank you for the opportunity to speak to you today.

I'm not here to point fingers, nor do I seek to assign blame to any individuals or organizations for the current healthcare crisis.

I speak as a concerned private citizen of West Hawaii from the perspective of a career healthcare provider and working emergency room nurse. I wish to state that I have a growing fear for the health and safety of my community.

There has been much talk in recent days about the funding of our healthcare infrastructure and the management of our healthcare systems. These issues are complicated, vexing and far-reaching. I do not propose to have any solutions to the myriad problems we face today.

I do, however, want to touch on a matter that concerns me greatly. The issue is disaster preparedness. What will be the impact of our present situation, specifically the current fiscal crisis and subsequent reduction in workforce (RIF), on our ability to respond to a real emergency?

We live on an island that is one of the most seismically active places on the planet. We also live in one of the fastest growing communities in the State. In spite of the ongoing development, and plans for future growth and development, we all tend to lose sight of an important fact. We live under constant threat, both from the forces of nature and from the activities of people.

The twenty five year eruption of Kilauea volcano should serve as a reminder to us of the unpredictability of the natural forces in play on the Big Island. It should also demonstrate to us the impacts on health and safety, both real and potential, that volcanic eruptions pose. We must also remember that there are other volcanoes here. Two of these other volcanoes could well erupt again, and one volcano, Mauna Loa, according to some experts, is overdue for an eruption.

8/13/2008

The threat of earthquake is an even greater risk to us than that of volcanic eruptions. We were fortunate in the extreme that there were not significant casualties during our last big earthquake in October of 2006. Our hospital in Kona was severely damaged and rendered inoperable by this one single, relatively brief event. Thankfully we did not have scores of new patients to take care of, for even in our best times a sudden influx of trauma patients would threaten to overwhelm what is often an already saturated emergency room and hospital. We have little to no surge capacity.

Will we be so lucky the next time? Will we one day face mass casualties without an adequate place to treat them, or enough people and resources to care for them? Indeed, will our roads be passable the next time? Will our communications remain intact the next time? Will our airport remain open the next time? There can be no assurances. The rural nature of our community and our relative isolation from the rest of the State makes our need for a well funded and fully functional healthcare system more acute than other areas.

Whether it is volcanic eruption, earthquake, hurricane, tsunami, or a packed tour bus going off the road, the threat of disaster is real and constant for us. How long will we have to wait for help when disaster strikes?

The statewide emergency response plan that exists under the umbrella of the Healthcare Association of Hawaii, while comforting in its concept, has not been tested in a mass casualty disaster. The reality is that we will most likely have to rely on our own resources for an unknown period of time.

We know that we will be on our own during a disaster, at best only initially until help can be mobilized and deployed, and at worst for a protracted period of time. All hospital workers are considered emergency responders. We ask them to report to the hospital, even to leave their own families, in the event of disaster. Do we not, therefore, by implementing a RIF, erode our ability to respond to the needs of our community in an emergency?

A hospital can not function without its workers. Both clinical and support staff are needed twenty four hours a day, three hundred and sixty five days a year. Just as a community hospital is essential to the health and welfare of a community, should we not also recognize that all hospital workers are essential to the health and welfare of the hospital? Where is the tipping point between matters of fiscal concern, and that of moral and ethical responsibility?

Hospital workers must trust in the wisdom and good will of the decision makers. The responsibility of the workers is clear. Take care of the sick and injured. The responsibility of decision makers such as yourselves is to do all that you can to insure that those who take care of the sick and injured have the tools and resources to do so.

If all West Hawaii is to have is a healthcare safety net, then is it not incumbent upon us all to see that the mesh of that net is maintained as tight as can be? And where there are holes in the net, should it not be fixed? If the only two options to address the immediate crisis are an emergency appropriation of funds for KCH, or a reduction in workforce, as a citizen and resident of this community, I vote for the former.

Thank You;

Ralph Misitano RRT, RN

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