



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

House Committee on Health

HB 2063 , RELATING TO EMERGENCY MEDICAL SERVICES

**Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health**

February 4, 2008, 9:30 a.m.

1 **Department's Position:** The Department appreciates the intent of this measure provided it does not
2 adversely impact our Executive Supplemental Budget.

3 **Fiscal Implications:** Appropriates an unspecified amount of funds from the Emergency Medical
4 Services Special Fund to implement a pilot program of wireless electrocardiogram data transmission
5 from ambulances to hospitals. The potential cost of this initiative includes both the technology
6 necessary for transmission from the ambulances, as well as the technology necessary for the hospitals to
7 receive it and act upon it.

8 **Purpose and Justification:** The Department appreciates the overall intent of this measure; to reduce
9 the time needed to diagnosis and treat a specific type of "heart attack". The ST segment elevation
10 myocardial infarction often referred to as STEMI, results when a blood clot blocks a vital artery
11 supplying oxygen to the heart's muscle. This condition is best treated by opening the blocked blood
12 vessel as soon as possible with a tiny balloon advanced by a cardiologist. This procedure, called balloon
13 angioplasty, is performed by a special team in a cardiac catheterization suite at the hospital. The
14 cardiologists and team members are not in the cardiac catheterization suite ready to go 24 hours a day.
15 They are "on call", and will be activated to the catheterization suite upon the diagnosis of a STEMI.

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1 The transmission of an electrocardiogram from an ambulance to an emergency department and
2 cardiologist in advance of the arrival of the patient could save vital minutes in this process. However,
3 this technology will not be of benefit unless it is reviewed immediately after transmission, and tied to an
4 on-call cardiologist and capability to treat the patient with balloon angioplasty. Unfortunately, while
5 Maui Memorial Medical Center is developing their interventional cardiology services, other neighbor
6 island hospitals do not have this capability, nor do all Oahu hospitals.

7 The Department respectfully submits that this measure may be unnecessary at this time as it is
8 redundant of current efforts already underway. A grant-funded pilot project for the same purpose is
9 already being undertaken by City and County of Honolulu Emergency Medical Services in conjunction
10 with The Queens Medical Center. Discussions with other hospitals on Oahu who may want to
11 participate and institute a system to respond to the pre-hospital electrocardiogram results are ongoing
12 and if interested, they can participate in the pilot project as well.

13 Thank you for the opportunity to testify.

HONOLULU EMERGENCY SERVICES DEPARTMENT
CITY AND COUNTY OF HONOLULU

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MUFI HANNEMANN
MAYOR



ELIZABETH A. CHAR. M.D.
DIRECTOR

February 4, 2008

The Honorable Josh Green, M.D.
6th Representative District
Hawaii State Capitol, Room 327
415 South Beretania Street
Honolulu, HI 96813

Dear Chair Green and Committee Members:

RE: HB 2063, RELATING TO EMERGENCY MEDICAL SERVICES

The Emergency Services Department opposes HB 2063.

The Emergency Services Department supports the intent of the bill but opposes the bill in its current form. There is already a project in the works to equip City and County of Honolulu, Emergency Medical Services Ambulance and Rapid Response units with the ability to transmit EKG's to any hospital that wishes to receive them. In addition, this project is being done at no cost to the public, through a public, private partnership.

In addition, the bill makes inaccurate statements that a diagnosis of acute myocardial infarction (MI) or what is commonly known as a heart attack, is not made until the patient arrives in the emergency department and a cardiologist is summoned to make the diagnosis. In fact, Paramedics in Hawaii are well-trained and read EKG's every day and can diagnose some MI's. Emergency Physicians probably diagnose far more MI's than cardiologists, who are usually contacted after the diagnosis is made.

That being said, the Emergency Services Department supports the *intent* of the bill as getting the actual EKG to the hospital sooner may in some cases help to speed the activation of personnel needed for procedural intervention to lessen the effects of the heart attack.

Sincerely,

A handwritten signature in black ink, appearing to read "E.A. Char M.D.", written over a horizontal line.

Elizabeth A. Char, M.D.
Director, Honolulu Emergency Services Department

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