

LINDA LINGLE
GOVERNOR OF HAWAII



CHIYOME LEINAALA FUKINO, M.D.
DIRECTOR OF HEALTH

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 2789 MAKING AN APPROPRIATION FOR AMBULANCE SERVICE FOR THE COUNTY OF MAUI

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

February 13, 2008, 8:00 a.m.

1 **Department's Position:** The Department of Health appreciates the intent of this measure but must
2 respectfully oppose any impact on the Administration's priorities as established in the Executive
3 Supplemental Budget.

4 **Fiscal Implications:** This measure provides an unspecified level of funding for FY2009 for additional
5 911 ambulance units to be located in the Haiku region of Maui and the island of Molokai. The cost of
6 an additional 24 hour advanced life support ambulance unit for Haiku would be close to one million
7 dollars.

8 **Purpose and Justification:** The Department appreciates the desire of communities to reduce the
9 waiting times for advanced life support ambulance arrival after a 911 call, which in rural communities
10 such as Haiku and Molokai, may seem excessive.

11 The Department's Emergency Medical Services and Injury Prevention Systems Branch recently
12 implemented the Hawaii Emergency Medical Services Information System (HEMSIS) that allows
13 examination of data that is fairly current. Records were analyzed to assess response times for advanced
14 life support ambulances to the Haiku region and the island of Molokai in the year 2007. During this
15 period, for the Haiku area, there were 497 ambulance responses to 911 calls from that area of which 187

000138

1 were categorized as serious or critical. The median response time from 911 dispatches to ambulance
2 arrival was 14.4 minutes. The Makawao ambulance unit handled 83% of the calls from that area, with
3 the Kula ambulance unit responding to 12% and a few responses by other units. The Makawao
4 ambulance unit averages approximately 144 cases per month with approximately one fourth of its calls
5 from the Haiku area. Should a new unit be added at Haiku, it would experience approximately 38 cases
6 per month. The Department finds that ambulance response times for serious cases in the Haiku region
7 meet our target of response within 15 minutes or less for rural areas of the state.

8 As for the island of Molokai, a 24-hour advanced life support ambulance unit already exists as
9 part of the contract for 911 ambulance services for the County of Maui. The Molokai ambulance unit
10 transported 521 serious/critical cases averaging 2 cases/day with a median response time of 4.7 minutes,
11 well below the rural target of less than 15 minutes.

12 Thank you for the opportunity to testify.

May Mizuno

From: Winthrop Schaefer [scotty@heartofhawaii.com]
Sent: Tuesday, February 12, 2008 10:03 AM
To: HLTtestimony
Subject: Testimony in Favor of HB2789

Dear Legislator:

For many years the paramedics on Molokai have served our community with only the staff for (1), 24/7 ambulance. We have a 2nd ambulance unit, which we keep stocked for multiple casualty incidents, for times when simultaneous emergencies happen, and for times that a 911 emergency call would tie up the primary ambulance for more than an hour.

There is no staffing for that second ambulance. For over 30 years we have served our community by being called back to work from our homes at a moment's notice. Many times there has been only one paramedic available to quickly respond. In those cases we have responded to all types of emergencies with the help of first responders from the Police and Fire Departments.

We are thankful for the partnership with these agencies, but these cases are frequently challenging as we give patient care with only "one pair of trained hands". In the past 5 years, as our population grows, as hospitals discharge patients earlier, as cars become faster, as the ice epidemic rages, and as our patients have become much sicker, these "back up calls", and the severity of these back-ups have increased.

For years we had a staff made up of 6 full time staff and 1 part time staff. Of the full timers, 5 were MICT paramedics who live on Molokai, and there was 1 MICT paramedic who flew in from Oahu to work. Our part time worker was an EMT who lives on Molokai. All of MICT paramedics have over 20 years in the business and our "rookie" EMT had over 10 years of experience. They have served our community honorably and valiantly.

We are getting older now. 2 of our on-island staff are severely ill and may not return. Much of our staffing comes from paramedics from other islands who fly in and out for their shifts and are therefore unavailable to back up the 911 ambulance for emergencies. In reality, we have only 3 MICTs who can sometimes back up the primary crew. Many times there is no one to back up the primary 911 crew.

Those times have led to patient care disasters. Recently a man with a neck injury lay paralyzed for over an hour without a paramedic to help because the 911 ambulance was on the other end of the island and there was no crew to call back.

On those occasions when we have 2 MICTs working and we know there are injuries from a traffic accident, we often put a paramedic in each ambulance and drive to the scene to be able to accommodate the multiple patients. Unfortunately, we don't often get that information until after we have already responded. And that doesn't solve the problem when multiple calls come in or for when we are asked to respond on calls that will involve long access or transport times. These are often cases where the only 911 ambulance on Molokai is unable to respond to any other emergency patients for 2-hours.

This translates into significant delays in treatment and transport. Every one of us has stories...lots of stories of responding to heart attacks, traffic accidents, diabetic emergencies and every other type of emergency by ourselves, from home. There are also many stories of patients who have laid helplessly and needlessly suffered as they waited and waited for 911 help.

The amount of simultaneous calls and pt acuity calls a second 911 ambulance on Molokai. We urge you to support HB 2789.

Sincerely,

The Molokai 911 Ambulance Paramedics

000141

Lyle Likua, M.I.C.T.

Tim Musick, M.I.C.T.

Mel Paoa, M.I.C.T.

Rod Wong, M.I.C.T.

Scotty Schaefer, M.I.C.T.

To Whom it May Concern:

I am writing this letter in support of HB2789. Having been a paramedic in Maui County since 1973 I've seen the requirement for emergency medical services far out pace the availability. We currently have two ambulances Upcountry, covering an area almost the size of Oahu. The County will soon have four fire stations covering that same area. Number four is approved and in the planning stage.

I think the hardest part of my job is explaining to a grief-stricken family member why it has taken 20 to 30 minutes (some time up to an hour) for the ambulance to reach the scene.

Molokai is another story, they only have one ambulance that covers the whole island. The County covers Molokai with 3 fire stations. Seems like more emphasis is place on structure and belongings than human life. While there will always be calls beyond the 20 minute rural response time allowed by SDOH. Supporting HB2789 would certainly reduce the hard part of my job while saving life and limb.

Aloha

Steve Rhody MICT

2/9/08

000143

May Mizuno

From: Scotty Schaefer [scotty.schaefer@gmail.com]
Sent: Tuesday, February 12, 2008 10:01 AM
To: HLTtestimony
Subject: Testimony in Favor of HB2789

Testimony in Favor of HB 2789

House Health Committee

Hearing Date- 2-13-08

8:00 A.M.

Aloha Chair Green, Vice Chair Mizuno and all the honored members of the House Committee on Health:

I am testifying in favor of HB 2789. My feelings for a second ambulance station on Molokai are included with the submitted testimony of the Molokai Paramedics.

I also heartily support an ambulance station for the booming area of Haiku, Maui.

The Haiku area is a poster for the need to coordinate State and County resources. Construction is booming while infrastructure struggles to catch up. New neighborhoods are springing up and increasing the population. What was once a remote and rural area is now filled with all the challenges of suburban life. But adding to the challenge is the fact that this boom town is remotely located away from EMS and other medical services. People need to drive far, (30-40 minutes) to get primary care. So they tend to try and wait out their medical problems. Often, these problems get worse and suddenly, they need immediate access to emergency care. Even in the most optimal scenarios, they have to wait for 15-20 minutes for an ambulance to deliver emergency care.

The combination of lack of primary care and delayed advanced life support care

000144

2/12/2008

frequently exacerbates the problem and sometimes is deadly.

I would also like to make suggestions to improve the bill and to briefly address statistical challenges. I believe HB 2382 could be rolled into this bill since the title covers both Haiku and Molokai.

Also, the current bill has an inaccuracy. In the current form, the bill states that Molokai does not have a 24/7 ambulance. That is not correct. Molokai indeed does have 24/7 ambulance service.

The need is not for a 1st ambulance station. The need is for a second ambulance station. Even though the call volume is not excessive, the lone ambulance covers the entire island, including Kalaupapa. It is not unusual for a 911 ambulance call to tie up the crew for 2-3 hours. We often stay at the hospital and help with serious/critical patients since Molokai General Hospital has a small staff and since our MICTs are specialists in critical, life saving skills. These times do not show up in the statistics generated by the State.

The stats may show that we transfer over 10 patients a month off island with acute coronary events. What the stats don't show is that few of those patients call 911 because they don't want to wait for the long response times. The stats don't show all the times people decide to drive to the hospital when the 911 ambulance is busy.

And the stats don't show how often a back up crew is called in from home. They don't show when we have 3 calls at once or when we have to transport 5 patients from a traffic accident with one ambulance or when we have a fire fighter drive the second ambulance. The stats don't show when an air ambulance patient waits for hours, waiting for definitive treatment, while the 911 rig responds to other emergencies.

This is not the fault of the HEMSIS system. It wasn't designed to show these types of stats. Often, cases such as these are referred to as "outliers". We call them patients. We call them neighbors. We call them family.

Like many remote practitioners, we work without a safety net. But we have no other back up in place when there is no one on island to cover.

If the only ambulance is involved in another emergency there is no one to organize the medical response for a natural or other type of disaster, such as an airplane incident.

Last week the Department of Homeland Security had an unannounced bio-terrorism drill. The scenario cut off the island's only hospital. It also cut the island in half (which is very common when there are big rains). DHS asked us to place ambulances strategically on each side of the evacuation to be able to treat and transport patients. There was no one to call back.

I understand that we are in challenging times in terms of health care dollars. I believe one option is to explore a public/private partnership to deliver service.

In such a case, the State could subsidize the ambulance station while allowing this unit to also provide fee for service transfer capabilities. Quarterly, or at other intervals, the State and the provider could subtract the private fees generated. Guidelines for usage could be created to insure optimal 911 coverage while allowing this unique partnership. As private call volume increases, the State subsidy could decrease.

The other creative option is for the State to fund and strategically locate a single MICT in a rapid response unit as there is on Oahu. But instead of just a quick response SUV, as in Honolulu, that MICT could respond in a van capable of transport. Then we could utilize our first responders or recalled personnel to help with transporting patients to the hospital.

For the price of a City and County Rapid Response Unit we could have a unit with transport capabilities.

000146

Thank you for your time and attention-

Sincerely,

Scotty Schaefer

To Chair Green, Vice Chair Mizuno and all members of the House Committee on Health:

In reference to HB 2789:

Although it may not appear that the Molokai ambulance is very busy in regards to 9-1-1 needs on the island of Molokai, it is more often that the following scenarios occur:

- Multiple 9-1-1 calls for service at the same time on different sides of the island
- Cases taking a long time (either waiting to access patient or transport / response times) to complete while another calls get made to 9-1-1 for an ambulance thereby delaying the second response. Standing by at a brush fire scene or standing by to search & rescue a victim often takes time and potential periods where this unit is 'out-of-service'.
- Primary ambulance crew is dedicated to transfer of an unstable patient from Molokai General to the airport for transfer to Oahu thereby rendering this unit out-of-service for 9-1-1 responses
- Multiple victim scenarios have meant that the ambulance has to make multiple trips from a scene to Molokai General and back to the scene to transport more victims. (There is only 1 ambulance & crew on duty without backup)
- At times critical patients who are waiting to be transferred from Molokai /general to the airport for transfer to Oahu have to wait for hours as the only 9-1-1 ambulance is busy running back-to-back emergency cases. This further impacts the only ER on the island as they are now left to manage the critical patient as well as caring for new emergencies.

What occurs on Molokai to assist with these scenarios are the following:

- Callback of 'off-duty' caregiver who can report back to work even though they are not obligated to. This takes time and if only (1) is available, it still doesn't allow for optimal patient care. Often times off-duty personnel are off-island or unavailable.
- Have primary crew split-up and have firefighters driving ambulances that they are not trained to drive in emergency situations.

With regards to a Haiku ambulance, the entire Maui Upcountry area is getting more populated with subdivisions and Hawaiian homelands. Often times, it is the Kula ambulance who responds into Haiku as the Makawao ambulance is busy. A Haiku ambulance would have much better response times into their own district thereby minimizing responses from other ambulances responding from another district often adding critical response time minutes.

Both of these communities deserve fast emergency medical services responses and I urge you to pass these bills. By passing these bills on, solutions can be compromised so as to get some benefit as opposed to none by having these bills dies before you. Thank you for your time, attention & consideration to my testimony.

Respectfully,

Curt S. Morimoto
16 Waiolani Place
Wailuku-Maui, Hawaii 96793
(808) 344-9529

000149

May Mizuno

From: Cillahm@aol.com
Sent: Monday, February 11, 2008 4:14 PM
To: HLTtestimony
Subject: HB 2382 and HB 2789

*I faxed this letter to: 1-800-535-3859, but was informed that these occasionally are misplaced, so I wanted to assure my testimony is admitted by sending to you by email also. If this duplicates my testimony, I apologize.

To Whom It May Concern:

February 9, 2008

This is a letter in support of HB 2382 to put a new ambulance in the Haiku area and HB 2789, which includes a second ambulance on the island of Molokai. I am the team leader of the Kula station on Maui. You wonder how this may affect me? Well, every time the Makawao ambulance responds on a call, my unit is relocated to Makawao's area. This takes us away from the area we were designed to protect, as well as the helicopter, for which we are the primary crew. Frequently we respond on calls in Haiku, as well, when the Makawao ambulance is already on a call. This leaves the entire upcountry area waiting 30 minutes for an ambulance to respond from the central area.

My family lives in the Kula area as well as the families I am dedicated to care for. This new ambulance will give them the ambulance coverage they deserve and were designed to have.

Thank you for your time and consideration.

Sincerely,

Candace Lahm, MICT

Kula Operations Team Leader-AMR

Chief Flight Medic-Maui Medevac

The year's hottest artists on the red carpet at the Grammy Awards. [AOL Music takes you there.](#)