

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 Finance**

**HB 2888 HD1, RELATING TO MEDICAL SERVICES**

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

**February 25, 2008, 1:45 p.m.**

1 **Department's Position:** The Department of Health appreciates the intent of this measure but must  
2 respectfully oppose it due to its potential adverse impact on the Administration's priorities as established  
3 in the Executive Supplemental Budget. In addition, previous DOH testimony on the provisions of Parts  
4 I and II of this measure has documented adequate and timely EMS services for both regions of Maui  
5 County identified in this measure.

6 **Fiscal Implications:** Part I, Section 1 of this measure appropriates \$1 of funding for FY2009 for the  
7 Haiku district of Maui and Part II provides an unspecified level of funding for FY2009 for the island of  
8 Molokai.

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

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

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

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

Thank you for the opportunity to testify.



# HAWAII GOVERNMENT EMPLOYEES ASSOCIATION

AFSCME LOCAL 152, AFL-CIO  
888 MILILANI STREET, SUITE 601 • HONOLULU, HAWAII 96813-2991



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The Twenty-Fourth Legislature, State of Hawaii  
Hawaii State House of Representatives  
Committee on Finance

Testimony by  
Hawaii Government Employees Association  
February 25, 2008

H.B. 2888, H.D. 1 – RELATING TO  
MEDICAL SERVICES

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO supports this bill as amended. Initially, H.B. 2888 appropriated \$500,000 for the purchase of a mobile medical van, including planning and equipment, to provide basic medical/clinical services to people residing in South Kona, Ka`u and upper Puna.

Several other health related bills were merged into H.B. 2888, H.D.1. We support the following additions to this legislation: (1) providing funds for outpatient, urgent and extended emergency care in West Maui, and (2) appropriating \$10 million to Queen's Medical Center so that it can increase its emergency power system in the event of a disaster. The other programs and services funded through H.B. 2888, H.D. 1 are worthy too.

Thank you for the opportunity to express our support for H.B. 2888, H.D. 1.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Nora A. Nomura", is written over a horizontal line.

Nora A. Nomura  
Deputy Executive Director





## THE QUEEN'S MEDICAL CENTER

1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 538-9011 • FAX: (808) 547-4646 • www.queens.org

Representative Marcus Oshiro, Chair  
House Committee on Finance

Monday, February 25, 2008; 1:45 PM  
State Capitol, Conference Room 308

### Re: HB 2888 HD1 – RELATING TO MEDICAL SERVICES

Chair Oshiro, Vice Chair Lee, and Members of the Committee:

My name is Mark Yamakawa, Executive Vice President and Chief Operating Officer of The Queen's Health Systems, **testifying in strong support of HB 2888 HD1**, which appropriates funds to the State's only trauma center to upgrade emergency power systems to ensure sufficient capacity in the event of a major disaster.

The October 2006 Big Island earthquakes and subsequent power outage severely hampered The Queen's Medical Center's (Queen's) ability to provide comprehensive health care and serve as the "heart" of the State's trauma system. Queen's was forced to rely on back-up generator power and the hospital activated its internal disaster plan.

**Patients Discharged:** In the early hours following the earthquakes, the severity of damage and injuries was not immediately clear. Queen's asked physicians to discharge sufficiently healthy patients to open up bed capacity in the event the Medical Center received patients on ventilators from home-care settings (who were affected by the power outage) or possibly had to accommodate neighbor island-transferred patients.

**Elevators Inoperable:** Following the earthquakes, only certain elevators worked intermittently, affecting the delivery of food to patients as well as the ability to move patients to other floors.

**Lack of Air Conditioning, Impact on Diagnostic Equipment and Sterility:** With limited back-up generator power, the Medical Center went without air conditioning. Higher than normal temperatures affected diagnostic equipment which must remain cool to function correctly. Queen's CT and MRI (vital tools in our ability to diagnose and treat suspected traumas) became unusable, forcing the Medical Center to go on "Trauma Divert" for the first time ever. Emergency medical services had to divert incoming trauma patients to Tripler because Queen's could not function as a trauma center without a reliable CT or MRI. Staff physicians were also concerned about the sterility of the Operating Room due to increased warmth and humidity in the Medical Center.

Queen's has been working on an electrical upgrade project since 2004 and the 2006 earthquakes stressed the urgent need for additional emergency power generation. Anticipated project cost is \$34.5 million. As the State's trauma center, Queen's appreciates the Legislature's support and acknowledgement that trauma care should be a public health priority.

Thank you for the opportunity to testify.



**Testimony in Support of HB 2888 HD 1: Relating to Medical Services**  
**Submitted to: Committee on Finance**

Hearing Date/Time: February 25, 2008/1:45 pm  
Submitted by: Richard P. Bettini, Chief Executive Officer  
Waianae Coast Comprehensive Health Center/Contact: 696-1457

The Waianae Coast Comprehensive Health Center strongly supports HB 2888 HD 1 which, among other valuable projects throughout the islands, would address the Health Center's critical need to expand its medical facilities that are 30+ years old in order to support its role as the only safety-net health care provider on the Leeward Coast.

To address the dire need for expanded and new facilities, the Health Center identified three phases of construction projects.

- Phase I: Build a new 3-story medical building to address immediate needs of overcrowded primary care clinical space. (to be completed Summer 2008)
- Phase II: Rebuild and/or renovate the 30+ year old vacated medical clinic space. (in planning)**
- Phase III: Rebuild and/or renovate the Health Center's 30+ year old emergency department facility. (in planning)

The Health Center's three-phase capital improvement program will serve the following overall purpose:

- Upgrade and expand family medicine
- Develop and modernize emergency medical services
- Build teaching and training facilities for Waianae economic development purposes

**In order to complete the capital improvements, the Health Center is requesting \$2,500,000 in state capital improvement project funding to complete the Phase II rebuilding and/or renovations of its existing 30+ year old primary care facilities to accommodate both comprehensive healthcare services and professional medical training requirements.**

In 2007 the Health Center requested a state appropriation of \$3.5 million to complete its current Phase II capital project, which represents about 53% of the total project cost. The legislature funded \$1 million of this request. The Health Center is seeking the \$2.5 million balance to be funded in 2008.

The \$2.5 million request is needed for construction. None of that amount is needed for plans or designs as described in the bill.

Without the balance of funding, the Health Center will not be able to achieve the long range outcome which is to improve medical care and increase economic development opportunities for the community.

Please support this important bill for our patients and the Leeward Coast community. Thank you.

February 24, 2008

To: House Finance Committee Chairman Marcus Oshiro  
From: L. Jina Lee Lawler, Executive Director, Molokai Ohana Health Care, Inc.  
RE: House Bill 2888

I am testifying in favor of House Bill 2888. I currently work at Molokai Community Health Center and would like to provide a testimony as someone working in health care and living on Molokai. Molokai Community Health Center is the only federally qualified health center in the island of Molokai, predominately serving the most medically vulnerable patients in this rural and isolated island of Molokai.

Molokai currently has 1 ambulance station and a second ambulance station will provide back up and additional support needed in Molokai. From my experience as a health care provider and resident of Molokai a second ambulance station is needed for the following reasons:

- First, the whole island of Molokai which is about 261 square miles and can take about two hours to drive from one end of the island to another. If there is an emergency call from different locations in the island, it may take up to two hours for a patient to receive emergency medical services.
- Second there are increased emergency health service needs due to increased morbidity, as in most communities, the population in Molokai is aging. This translates fortunately to longer lives (mortalities) and unfortunately to increase residents living with illness and disabilities (mobility). There is an increase in "ice" addiction, which increases both the individual's health risk and family violence. Per health data, Native Hawaiians are more likely to experience health disparities and 67% of Molokai residents are Native Hawaiian.
- Third, more residents are living further apart (about 39 miles from the east and west side) increasing the incidence of calls coming from different parts of the island.
- Fourth, in reviewing disaster scenarios, we know that the east end will be cut off in case of flood. If an ambulance is not located in the east end in preparation for natural disasters, east end residents will not be able to access emergency medical services.
- Fifth, there is an increase of accidents that may result in multiple injuries. In these cases of multiple injuries, some of the injured will experience delays in transportations as others from the same accident are transported.
- Lastly, the current Emergency Medical Technicians are aging, and there is a need to train new young health care professional.

While the above data can speak on the reasons why a second ambulance is needed, the most important reason is for the safety of human life. Last year my land lord who lives on the east end of the island loss consciousness while working in his yard. According his wife they had to wait over an hour to get emergency services. I have heard over and over again from residents in the West End of the island regarding their concern about the need for additional ambulance services. For these reason, I strongly encourage you to support House Bill 2888.

## FINtestimony

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**From:** Scotty Schaefer [scotty@heartofhawaii.com]  
**Sent:** Sunday, February 24, 2008 10:14 PM  
**To:** FINtestimony  
**Subject:** 2/25/2008 HB2888 Agenda #4

Written and in person-  
Testimony in Favor of HB 2888  
House Finance Committee  
Hearing Date- 2-25-08  
1:45 PM  
Chair- Honorable Marcus Oshiro

Aloha Chair Oshiro, Vice Chair Lee and all the honored members of the House Committee on Finance:

I am testifying in favor of HB 2888. 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 frequently exacerbates the problem and sometimes is deadly.

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 1<sup>st</sup> 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.

A few weeks ago, 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. That day, there was no one on island to call back to staff a second ambulance.

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.

Thank you for your time and attention-

Sincerely,

Scotty Schaefer

Testimony in FAVOR of HB 2888  
House Finance Committee  
Hearing date: 02/25/08 @ 1:45 PM

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To Chair Oshiro, Vice Chair Lee and all members of the House Committee on Finance:

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

February 25, 2008

Written Testimony In Favor Of HB2888

To Whom It May Concern:

For the last year I have been fortunate enough to be the reliever MICT on the island of Molokai. Having worked in several of Hawaii's EMS systems I can easily say that there is nowhere I would rather work as a paramedic than on Molokai. The island is unique in numerous ways, and it is this very uniqueness that provides formidable challenges for emergency responders. Since its inception the Molokai ambulance has been the only show in town responsible for any and all emergencies from Halawa valley to La'au point. While the call volume on the island is relatively low (average 3-4 responses a day), once the ambulance goes out on a case the island is without coverage. For the past 30 years whenever multiple cases happened, off duty MICT's would be recalled from their homes to respond. The Molokai MICT's have been making the impossible possible all these years through necessity.

As the years have progressed it has become increasingly difficult to maintain the coverage that the island needs/deserves. In the short amount of time that I have been a part of the Molokai station there have been multiple incidences when 3 to 4 calls have simultaneously occurred. We are not always fortunate to have multiple paramedics on island to assist with the overload due to illness, vacation, and MICT's being off island. This past Christmas day my partner and I responded to a vehicle roll over on a mountain road with a total of 5 patients; 3 minor, 1 serious, and 1 critical. To say that we had to get creative to deal with this situation would be the understatement of the century.

Ours is an aging station, my partners have all worked in excess of 25 years in EMS, every single one of them. That no one is aware of what really happens on Molokai with regards to medical/traumatic emergencies is a testament to their competence and efficiency. Yet the future remains uncertain, and this is grossly evident whenever the subject of the islands EMS is discussed. Molokai needs more ambulance coverage, my partners all agree that it is becoming more and more difficult to provide emergency medical services to the aging population. To ask the residents of Molokai to wait for over an hour for a response to an injured/ill/dying loved one is unacceptable.

Molokai is and always has been recognized as a cultural/geographical treasure of Hawaii. The people of this island are what make it so special, so why then should they be denied the same level of emergency medical care that the rest of the state enjoys? Please allow HB2888 to be passed, please allow the Molokai MICT's to continue to care for this island with the best and most appropriate resources that Molokai truly deserves.

Mahalo,



Noa K. Miyamoto EMTPI799