HONOLULU EMERGENCY SERVICES DEPARTMENT

CITY AND COUNTY OF HONOLULU

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MUFI HANNEMANN MAYOR



March 18, 2008

ELIZABETH A. CHAR. M.D. DIRECTOR

The Honorable Josh Green, Chair and Members of the Committee Committee on Health House of Representatives State Capitol Honolulu, Hawaii

Dear Chair Green and Members of the Committee:

I am Dr. Elizabeth Char, Director of the Honolulu Emergency Services Department of the City and County of Honolulu. I would like to offer written comments on the proposed House Draft 1 of House Concurrent Resolution 10 and House Resolution 11.

At the present time I know of one hospital that has received and installed all the necessary components to receive the EKG transmissions. Equipment for the transmission of the EKG's has been ordered and we are awaiting delivery. Agreements between the healthcare facility donating the equipment and the City and County of Honolulu are being processed and we hope to have it on City Council's agenda for acceptance at the next city council meeting.

Regarding the membership of the task force, may I suggest that rather than two cardiologists, you include a board certified emergency physician who works in an institution that would likely be receiving such patients with acute ST elevation myocardial infarctions. In addition, it may be more relevant to include a representative from an organization that deals more directly with health and heart disease than the Coalition for a Tobacco Free Hawaii.

Thank you for allowing me the opportunity to share these comments.

Sincerely,

Elizabeth A. Char, M.D.

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Director, Honolulu Emergency Services Department

Paul C. Ho, MD, FACC, FSCAI Hawaii Region Kaiser Permanente

TO: Committee on Health, Representative Josh Green, MD, Chair & Representative John Mizuno, Vice Chair

HEARING: Wednesday, March 19, 2008, at 10:55 A.M., Rm. 329

SUBJECT: HCR10, Proposed HD1 & HR11, Proposed HD1

TESTIMONY IN STRONG SUPPORT

Chair Green, Vice Chair Mizuno, and members of the Committee on Health. As you are aware I testified in strong support of HB2063, which would have created a wireless electrocardiogram system to transmit EKG results to emergency room physicians so that we could better respond to heart attacks and activate the Cath Lab facilities on a timely fashion, if transmitted EKG results so indicate.

The proposed HD1, for both of these resolutions creating a task force to review data collected and problems encounter, if any, during implementation will I believe reduce the time it will take to incorporate this critical technology, initially on Oahu, and eventually statewide.

As this committee is aware, the initial proposed EKG wireless pilot project was to just include just the Queen's Medical Center. This project has now been expanded to include other medical facilities on Oahu that wish to participate. As Chief of Cardiology at Kaiser Permanente, I am happy to report that our facility is eager to participate in this pilot.

Because of my past familiarity with establishing a successful heart attack treatment program (primary PCI) at Kaiser, I would, at this time, offer my name for consideration as a task force member.

Thank you for offering this resolution and for taking affirmative steps to improve health care delivery within our State. I can assure you that implementation of wireless transmission of EKG will have a significant impact.

Respectfully, Paul C. Ho, MD, FACC, FSCAI

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Paul C. Ho, MD, Hawaii Region Kaiser Permanente

TO: Committee on Health, Representative Josh Green, MD, Chair & Representative John Mizuno, Vice Chair

HEARING: Wednesday, March 19, 2008, at 10:55 A.M., Rm. 329

SUBJECT: HCR10, Proposed HD1 & HR11, Proposed HD1

TESTIMONY IN STRONG SUPPORT (PART 2)

Chair Green, Vice Chair Mizuno, and members of the Committee on Health. I would like to submit a PART 2 of my testimony to support the HCR10 & HR11, Proposed HD1, specifically in regards to the absolute need to create a Task Force to oversee the progress of the implementation of the ECG Transmission Program in the hospitals on Oahu.

The importance of the Task Force is based on 3 salient points:

- (1) Aside from Queen's Medical Center, other hospitals in the State have been "in the dark" about the pilot project until a recent hearing on IHB2063. As you are well aware, all of the hospitals are struggling the best they can to improve treatment time for this deadly health condition of heart attack. We can all benefit from having this system which can shorten treatment time by large margins. As Chief of Cardiology at Kaiser Permanente, I would want reassurance that there will be a neutral party to oversee a timely implementation of this system to all hospitals.
- (2) The data collection part of the Task Force is also a good idea. Because time to treatment for heart attacks is a matter of life-and-death, I believe it is a public health issue. Not so much that the EMS could be involved with the individual hospitals internal policy of heart attack management protocols, however, the information from the data collection should be available for the DOH and the Committee on Health. If truly there are hospitals that are significantly lacking behind in treatment time, I believe the DOH, with the oversight of the Health Committee, can help those hospitals to improve their outcome.
- (3) I personally founded, along with a few dedicated folks, the primary angioplasty program at Kaiser for acute MI treatment. The steps involved can be numerous, complex and meticulous. Imagine that the overall success in achieving rapid and effective treatment depends on the "weakest link" in the entire process. Although the Kaiser Hospital currently reflects a relatively good outcome in heart attack treatment measures, it takes dedicated effort, organization and diligence to create and maintain such programs. Lastly, with a more open venue, all of the hospitals can learn from each other via "best practices".

Paul C. Ho, MD, FACC, FSCAI Chief, Division of Cardiology Hawaji Region Kaiser Permanente

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George S. Massengale 1500 Beretania Street, Suite 309 Honolulu, HI 96826

TO: Committee on Health, Representative Josh Green, MD, Chair & Representative John

Mizuno, Vice Chair

HEARING: Wednesday, March 19, 2008, at 10:55 A.M., Rm. 329

SUBJECT: HCR10, Proposed HD1 & HR11, Proposed HD1

TESTIMONY IN STRONG SUPPORT

Chair Green, Vice Chair Mizuno, and members of the Committee on Health. I am here today as an individual and a heart patient who is a possible beneficiary of the proposed EKG wireless transmission pilot project. As you are aware I have previously testified in strong support of

HB2063, which included a similar task force provision.

I believe that the proposed HD1 for both resolutions which creates an electrocardiogram project task force is a very sound proposal that will enable all the parties (DOH, EMS, and Hospitals) involved to develop appropriate real time protocols that will ensure successful implementation of this project. Also, the involvement of additional hospitals on Oahu as part of the EKG pilot can only have positive impact which will save lives.

I would also like to offer a comment and request with respect the item (6) of the task force membership provision. I would request that this provision be amended to read;

(6) "A representative from the American Heart Association Hawaii." I believe that this organization has the expertise and is better suited participate on the proposed task force than the Coalition for a Tobacco Free Hawaii.

Thank you for the opportunity to present testimony here today in support of the proposed EKG Task Force.

Respectfully,

George S. Massengale