
A BILL FOR AN ACT

MAKING AN APPROPRIATION FOR THE DEVELOPMENT OF ADEQUATE NEONATAL
RESUSCITATION TRAINING PROGRAMS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that there is concern
2 within the State's community hospitals regarding the lack of
3 neonatal resuscitation professionals in Hawaii and the mortality
4 rate of newborn babies. The Neonatal Resuscitation Program was
5 developed in 1985 by the American Academy of Pediatrics and
6 serves as the "gold standard" for newborn resuscitation. The
7 program is taught at virtually all hospitals in the United
8 States and internationally in more than eighty countries. The
9 program has benefited hospitals by reducing complications and
10 death due to inadequate neonatal resuscitation. The Neonatal
11 Resuscitation Program guidelines recommend: "At every delivery
12 there should be at least one person who can be immediately
13 available to the baby as his or her only responsibility and who
14 is capable of initiating resuscitation. Either this person or
15 someone else who is immediately available should have the skills
16 required to perform a complete resuscitation, including
17 endotracheal intubation and administration of medications. It



1 is not sufficient to have someone "on call" (either at home or
2 in a remote area of the hospital) for newborn resuscitations in
3 the delivery room. When resuscitation is needed, it must be
4 initiated without delay." Approximately ten per cent of babies
5 require resuscitation at birth, and ten to twenty per cent of
6 these babies need extensive resuscitation to survive, requiring
7 advanced skills such as endotracheal intubation, placement of
8 umbilical lines, and administration of medications. If the
9 newborn fails to respond to resuscitation efforts or if the
10 resuscitation is inadequately performed, irreversible damage to
11 multiple organs, including the brain, can occur, with some
12 instances resulting in death.

13 The legislature further finds that the State's neonatal
14 resuscitation resources are inadequate and that the training and
15 development of neonatal resuscitation teams at neighbor island
16 hospitals will benefit the lives of our newborn children.
17 Adequate training programs should be developed to train
18 pediatric nursing and respiratory therapist staffs and should
19 consist of a prerequisite course, a neonatal resuscitation and
20 stabilization course, and hands-on training.

21 The prerequisite course consists of the Neonatal
22 Resuscitation Program and the S.T.A.B.L.E program, a one day



1 didactic session that addresses the basics of post-resuscitation
2 and pre-transport management. This training is completed at
3 participating hospitals.

4 The neonatal resuscitation and stabilization course
5 consists of two phases. Phase one is a one day course that
6 includes didactic lectures and basic skills stations with the
7 primary focus on stabilization of the baby prior to the arrival
8 of the physician. Each hospital will be required to offer two
9 training courses. Pilot courses have already been given at Kona
10 community hospital and Maui memorial medical center. North
11 Hawaii community hospital and Hilo medical center are scheduled
12 for training in November 2011. Similar training has also been
13 done through the Hawaii Computer Human Interaction Lab for
14 Airmed Hawaii in 2009 and Hawaii Life Flight in 2010. Phase two
15 consists of a one day course that focuses on the stabilization
16 of a baby after delivery and prior to transport. This phase
17 will focus on advanced management and skills. Nurses and
18 respiratory therapists who have completed the initial
19 resuscitation team training and community physicians will be the
20 target groups. This course is projected to begin in 2011-2012.
21 In addition, quarterly updates using case scenarios and skills



1 stations will be maintained at all participating centers once
2 initial training has been completed.

3 For hands-on training, nurses and respiratory therapists
4 will be expected to attend normal low-risk and high-risk
5 deliveries at their home hospitals. Trainees will then go to
6 Kapiolani Medical Center for Women and Children on Oahu to
7 enhance their skills. Because of staffing and funding issues,
8 each trainee would receive one week of training on Oahu with the
9 goal being for them to return periodically as additional funding
10 becomes available in order to improve their clinical management
11 and procedural skills.

12 The purpose of this Act is to appropriate funds for the
13 development of adequate neonatal resuscitation training programs
14 at Kona community hospitals and Maui county community hospitals.

15 SECTION 2. There is appropriated out of the general
16 revenues of the State of Hawaii the sum of \$37,500 or so much
17 thereof as may be necessary for fiscal year 2011-2012 and the
18 same sum or so much thereof as may be necessary for fiscal year
19 2012-2013 for the development of adequate neonatal resuscitation
20 training programs, as described in section 1 of this Act, for
21 Kona community hospitals on the island of Hawaii.



H.B. NO. 211

1 SECTION 3. There is appropriated out of the general
2 revenues of the State of Hawaii the sum of \$37,500 or so much
3 thereof as may be necessary for fiscal year 2011-2012 and the
4 same sum or so much thereof as may be necessary for fiscal year
5 2012-2013 for the development of adequate neonatal resuscitation
6 training programs, as described in section 1 of this Act, for
7 Maui county community hospitals.

8 SECTION 4. The sums appropriated shall be expended by the
9 department of health for the purposes of this Act.

10 SECTION 5. This Act shall take effect on July 1, 2011.

11

INTRODUCED BY:

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

JAN 21 2011



Report Title:

Health; Neonatal Resuscitation Training; Appropriations

Description:

Makes an appropriation for the development of neonatal resuscitation training programs.

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