

HI-CHI
The Hawaii Collaborative Health Initiative
A Community Coming Together to Care for Mothers and Children

LATE

January 27, 2011

To The Distinguished Members of Senate,

We are writing this letter on behalf of the Hawaii Collaborative Health Initiative (HI-CHI) in support of Senate Bill 598 regarding funding for the development of Neonatal (Newborn) Resuscitation Teams at Kona Community Hospital and Maui Memorial Medical Center. Our organization is dedicated to improving maternal-child health care on the neighbor islands and the development of neonatal resuscitation teams is one of its primary projects. All members of HI-CHI are volunteers.

The proposed neonatal resuscitation teams would consist of nurses and respiratory therapists with enhanced skills in newborn resuscitation and stabilization. These teams would be in-house and able to immediately respond to a newborn emergency. At present there are no neighbor island hospitals that meet Neonatal Resuscitation Program (NRP) national guidelines and have someone "immediately available to perform a complete neonatal resuscitation" including endotracheal intubation (placement of a breathing tube) and administration of medications. This model would significantly improve patient safety for the more than 5000 babies born on the neighbor islands each year; it is also cost-effective because it does not require hospitals to hire additional health care providers.

Through the efforts of physicians, neonatal nurse practitioners, respiratory therapists and nurses with expertise in newborn care who have donated their time, hospitals on the Island of Hawaii and Maui have received necessary prerequisite training. However, in order for trainees to gain necessary experience they need to receive hands-on training at a specialty hospital on Oahu. Unfortunately this training cannot be obtained at neighbor island hospitals because of the lower volume of sick babies and high risk deliveries. Team members will then maintain their skills through regularly scheduled simulation-based training and skills labs. The funding requested in Senate Bill 598 would allow neighbor island trainees from Kona Community Hospital and Maui Memorial Medical Center to receive the necessary training on Oahu. Our eventual goal is to assist all neighbor island hospitals in developing neonatal resuscitation teams through a variety of funding sources. Hilo Medical Center is already fully funded and we are attempting to obtain private funding to support training for North Hawaii Community Hospital. Hospitals on the island of Kauai have not started training yet. A grant through the Department of Health Emergency Medical and Injury Prevention Services is providing funding for equipment, including neonatal simulators, as well as travel costs for the educators.

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PO Box 2655 Kamuela, Hawai'i 96743

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We sincerely hope that you support this bill so that our neighbor island hospitals can fulfill their goal of developing neonatal resuscitation teams. Please feel free to contact us if you have any questions.

Sincerely,



Sneha Sood, MD
Project Director



Kent Kumashiro, MD
Project Lead, Island of Hawaii



Virginia Loo, PHD
Project Coordinator

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PO Box 2655 Kamuela, Hawai'i 96743

LATE



KONA
COMMUNITY HOSPITAL

Care You Can Count On

January 27, 2011

To The Distinguished Members of the Senate:

All districts in Hawaii County qualify as federally designated medically underserved areas and all have care professional shortages. The Collaborative Health Initiative (CHI) serves the people of Hawaii County, a diverse, rural community which also represents the largest concentration of native Hawaiian and Pacific Islanders in the state.

For the initial project activities of CHI, the collaborative partners have chosen to focus on improving Maternal and Child Health (MCH) outcomes. As part of the initial improvement projects for Hawaii Island, we are focusing initially on forming competent neonatal resuscitation teams. As part of meeting the national guidelines for safe deliveries with a Neonatal Resuscitation Program (NRP) the "gold standard" for Neonatal Resuscitation, states that "at every delivery there should be at least 1 person who can be immediately available to the baby as his or her only responsibility and who is capable of initiating resuscitation. Either this person or someone else should have the skills required to perform a complete resuscitation..." The cost of having physicians, neonatal nurse practitioners, or physicians in house reduces access to these services.

As the first initial minutes of a neonates' life is essential for well being for the future, special stabilization skills are required. The stabilization of the neonate, by the resuscitation teams, will save millions in long-term health sequelae, commencing with diverting possible inter-island transfers to tertiary centers on Oahu. The teams would require initial education and training, equipment, and leadership training to keep the training sustainable for on-going resuscitation teams.

Having specially trained nurses and respiratory therapists to be available for neonatal stabilizations will ensure continuity of care, even with the extreme provider shortages and distances only the Big Island possesses. The nurses, respiratory therapists desire to receive the training to fulfill the immediate needs for providing highest standard of care for the newborns in our community.

Sincerely,

Kathryn W. Harter, RN
Interim Chief Executive Officer

KONA COMMUNITY HOSPITAL
HAWAII HEALTH SYSTEMS CORPORATION
79-1019 Haukapila Street
Kealahou, HI 96750
(808) 322-9311

LATE



Maui Memorial
MEDICAL CENTER

Hawaii Health Systems Corporation—Maui Region

January 27, 2011

To Whom It May Concern:

On behalf of the pediatricians of Maui, I would like to voice our support for senate bill, SB 598 - MAKING AN APPROPRIATION FOR THE DEVELOPMENT OF ADEQUATE NEONATAL RESUSCITATION TRAINING PROGRAMS. As a pediatrician who has admitted patients at Maui Memorial Medical Center for the past 9 years, I am concerned that current national standards are not being met for emergent neonatal resuscitation. As of today, there is no dedicated staff in the hospital twenty four hours, seven days a week, who can provide full neonatal resuscitation for an ill newborn. Community pediatricians are on call, but are not at hospital much of the day as we have busy clinic practices. We are required to be available within thirty minutes of notification, which is long period of time if a critically ill newborn is delivered. Unlike tertiary care pediatric hospitals, such as Kapiolani Medical Center on Oahu, there are not the financial resources to provide in-house physician care 24/7.

Current practice is for a registered nurse working in labor and delivery to initiate resuscitation in the event that an ill baby is born. All registered and licensed nurses who work in the labor and delivery and nursery wards at Maui Memorial are trained and certified in the nation Neonatal Resuscitation Program. In over 99% of the 1735 deliveries done last year at Maui Memorial Medical Center, the nursing staff has the skills necessary to initiate appropriate care, until the pediatrician gets to the hospital. ~~The concern is in the rare instances where more advanced care is needed such as intubation, central catheter placement, or chest tube insertion, the nursing staff is not skilled in such procedures.~~

An initiative was started by Dr. Sneha Sood, a neonatologist at Kapiolani Medical Center, over a year ago to develop resuscitation teams at state hospitals on both Maui and the Big Island. The teams will consist of in-house registered nurses and respiratory therapists who will be trained to intubate and insert central catheters and chest tubes in emergent situations. Currently, we are at the point of sending the selected staff members to Kapiolani Medical Center for hands on training, but have been delayed by a lack of funding. SB 598 will help provide the critical funding for travel and lodging of staff when they go to Kapiolani for training.

Once again, we the pediatricians of Maui strongly support SB 598 and would hope you will support it also as it will go a long way at providing the care that the newborns on Maui and the Big Island deserve.



WRITTEN
ONLY

SB. 598

LATE

LORETTA FUDDY, ACSW, MPH
ACTING DIRECTOR OF HEALTH

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

In reply, please refer to:
File:

Senate Committee on on Health

**SB 598, MAKING AN APPROPRIATION FOR THE DEVELOPMENT OF
ADEQUATE NEONATAL RESUSCITATION TRAINING PROGRAMS**

**Testimony of Loretta Fuddy, ACSW, MPH
Acting Director of Health**

Friday, January 28, 2011

1 **Department's Position:** The Department of Health supports SB 598.

2 **Fiscal Implications:** Appropriates funds for the development of neonatal resuscitation training
3 programs.

4 **Purpose and Justification:** We support the intent but defer on the fiscal implications until the
5 Executive Budget has been finalized.

6 The ability to properly perform resuscitation on a newborn baby, when needed, is
7 paramount to their survival and positive outcome. Maui Memorial Medical Center and Kona
8 Community Hospital are active participants of the Hawaii Collaborative Initiative (HI-CHI); a
9 non-profit organization formed on the island of Hawai'i in 2009 by healthcare professionals. HI-
10 CHI was formed to address the absence of a formal, organized neonatal and newborn
11 resuscitation training program.

12 The Emergency Medical Services for Children (EMSC) State Partnership Grant, under
13 the direction of the DOH Emergency Medical Services Injury Prevention Systems Branch has
14 provided funding to the HI-CHI to cover trainer transportation costs, supplies, and is currently in

1 the process of purchasing simulation equipment for the program.. The HI-CHI has additionally
2 expanded their training program to include the skills needed to stabilize newborn babies.

3 The HI-CHI has identified a crucial step in the training process, is providing a clinical
4 rotation through Kapiolani Medical Center for Women and Children, allowing trainees to
5 perform their skills with real patients under direct supervision. Funding is needed to continue to
6 support the necessary costs associated with the development and implementation of this
7 statewide neonatal resuscitation program.

8 Thank you for the opportunity to testify on this measure.

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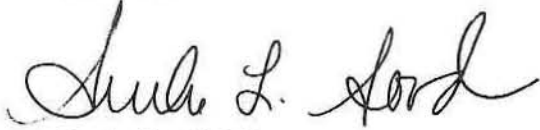
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Project Director

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