

Testimony of Phyllis Dendle

Before:
House Committee on Health
The Honorable Della Au Belatti, Chair
The Honorable Dee Morikawa, Vice Chair

LATE

March 19, 2014
8:30 am
Conference Room 329

HCR 122/HR 87 URGING THE DIRECTOR OF HEALTH TO CONVENE A TASK FORCE TO ASSESS THE SCOPE AND FEASIBILITY OF ESTABLISHING AN EMERGENCY SERVICES PATIENT ADVOCATE PROGRAM

Chair Belatti, and committee members, thank you for this opportunity to provide testimony on HCR122/HR87 regarding a task force in the department of health looking at an emergency services patient advocate program.

Kaiser Permanente Hawaii has concerns about this resolution.

We understand the reason this idea was brought forward to the legislature however, this is a difficult and complicated matter that if done wrong, might impede patient care.

Emergency departments are full of patients and families having one of their worst days ever. Setting up a system as suggested by this resolution, that by design is confrontational and assumes that patients' rights are being violated is probably not the best place to start. Yet that's how the "whereas" statements sound. It would make more sense to determine the scope of the systematic problems patients are having in the emergency rooms throughout the state before proposing solutions.

Additionally, the busiest emergency departments in the state are on Oahu but the task force will have only one representative from Oahu. This task force would benefit from having participation by any hospital that wants to participate.

There is opportunity to identify if there are systematic problems in emergency

departments in the state and to help hospitals work out ways to solve these problems that meets the needs of their patients.

At Kaiser Permanente we have already taken action to provide advocacy services for our patients in the emergency department. This person is a social worker who works in the emergency department and is assigned specifically to be a patient advocate. In addition we have continuing care coordination in the ED to assist patients in managing their continued care when their emergency treatment is completed. Being aware of the vulnerability of patients and families, we have internal processes focused on patients and their families who have concerns about the care they receive in the ED.

That said Kaiser Permanente's emergency department is among the most used in the state. There is a near constant flow of patients with all kinds of needs. We seek to provide patients and families all the information and advocacy they need while assuring that our ED beds are available for patients with serious illness and injury. It is a balance that we feel is best handled by our internal processes rather than through state government laws and regulations.

Emergency departments are highly regulated and the federal EMTALA law already provides protections to assure all patients are cared for regardless of who they are, what their condition is or their ability to pay for care. We urge that any task force created regarding emergency services advocacy be focused on assisting emergency departments to refine their systems rather than attempt to build a one-size-fits-all program.

Thank you for your consideration.

Wednesday – March 19, 2014 – 8:30am
Conference Room 329

The House Committee on Health

To: Representative Della Au Belatti, Chair
Representative Dee Morikawa, Vice Chair

From: George Greene
President & CEO
Healthcare Association of Hawaii

Re: **Comments**
HCR 122/HR 87 – Urging the Director of Health to Convene a Task Force to Assess the Scope and Feasibility of Establishing an Emergency Services Patient Advocate Program.

The Healthcare Association of Hawaii (HAH) is a 116-member organization that includes all of the acute care hospitals in Hawaii, the majority of long term care facilities, all the Medicare-certified home health agencies, all hospice programs, as well as other healthcare organizations including durable medical equipment, air and ground ambulance, blood bank and respiratory therapy. In addition to providing quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing nearly 20,000 people statewide.

Thank you for the opportunity to offer comments on HCR 122/HR 87, which would urge the Director of Health to convene a task force to assess the scope and feasibility of establishing an emergency services patient advocate program.

HAH respectfully requests that the following language appearing at page 2, lines 31-37, be deleted:

- “(3) Make recommendations on how to effectively implement an emergency services patient advocate program, including a timetable for implementation; and
- (4) Determine the costs of implementing, and resources necessary to implement, an emergency services patient advocate program; and”

HAH respectfully requests that the following language be inserted in its place:

- “(3) Make recommendations on whether a statewide emergency services patient advocate program is necessary; and
- (4) Make recommendations on whether a statewide emergency services patient advocate program would be a cost-effective; and”

Additionally, HAH respectfully asks that the following language appearing at page 3, lines 6-8 be deleted:

“BE IT FURTHER RESOLVED that the report include the task force's actions in assessing the scope and feasibility of establishing an emergency services patient advocate program; and”

HAH respectfully requests the foregoing amendments because the current language assumes that an emergency services patient advocate program is necessary. The purpose of the task force is to determine whether such a need exists and, as such, all such prescriptive language should be deleted so that the task force can focus on determining whether a present need exists.

Thank you for the opportunity to offer comments on HCR 122/HR 87.

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 18, 2014 9:44 PM
To: HLTtestimony
Cc: paulakomarajr@yahoo.com
Subject: *Submitted testimony for HCR122 on Mar 19, 2014 08:30AM*



HCR122

Submitted on: 3/18/2014

Testimony for HLT on Mar 19, 2014 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Paul A. komara, Jr.	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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BARBARA MARUMOTO

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LATE

Date : 19 March 2014
To : House Committee on Health
From : Barbara Marumoto
Re : HCR 122 - EMERGENCY SERVICES PATIENT ADVOCATE PROGRAM

Please pass HCR 122.

If implemented, HCR 122 would determine the feasibility and scope of a patient advocate in each Emergency Room. The Task Force could examine the importance and need for better patient support. So many victims are unable to comprehend and advocate for themselves because of age, deafness, developmental disabilities, language differences, extreme pain, and lack of knowledge of their rights. At times the lack of help may result in improper health care, and at worse, death. A patient advocate would improve communication and might result in better outcomes.

In Sen. Fred Rohlifing's case, he and his wife were visiting from Maui over Christmas and were staying in a hotel. When Patty suffered abdominal pains, the Senator took his wife to a hospital ER. Patty Rohlifing was given a pain killer, and, despite the Senator's protests, sent back to the hotel. But because of continued pain, Sen. Rohlifing, once again, packed Patty into a taxi and took her to the ER. It was too late - Patty died of a massive infection.

Had someone suggested a second opinion, or admission to the hospital, it might have saved Patty's life. Sen. Rohlifing did not sue because of the misdiagnosis, but he believes that a Patient Advocate program will save lives in the future and result in better "patient-centered" health care.

LATE

Testmony on HCR 122 before the health committee of the House by Fred Rohlfing former state senator on Wed March 19, 2014

Good morning, Madame chairperson

You get going early.... And I must admit you outfoxed us with this resolution. We had thought that SB 666 was our mutually agreed upon legislative vehicle and we had we delivered a NEW DRAFT prepared by MS Radcliffe which we still urge upon you as the best way to handle the issue of patient advocates in the ER's of the state. Another change of direction occurred over the holidays as DR Sakmoto.s talks with hospital authorities and ER Doctors broke down. Still, we believe the Radcliffe draft is preferable.

However, if you are determined to pursue the study – lets have at it and have the right people selected—at least there your selected categories are appropriate

I was fortunate yesterday afternoon to meet and discuss this matter with your new colleague Dr/Rep Richard Creedon a new member of the house and this committee, like our Sen Green, a Doctor from Kona. When I explained what had happened to my wife he understood why this matters so much to me as well as why it is so needed.

In my early legislative days an interim study was often an excuse to kick the can further down the road. That , we will do our best to avoid with this study group and we urge the hospitals groups not to adopt stalling tactics

That we have something firm- namely this resolution- to complete the job forseem by SB 666 is fortuitis. Patty I know would appreciate a good effort to do it right as do her family >

MALAMA PONO