

**SB 666**

**TESTIMONY**

Senators Josh Green, M.D. and Clayton Hee, Co-Chairmen

Hearing: February 6, 2013

Hawaii State Capitol, conference room # 229

RE: SB 666, Relating to Health

### **Testimony in Strong Support**

Chairs Green and Hee, Vice Chair Baker from my home island and members of the Committees on Health and Judiciary, my name is Fred Rohlifing. I am a resident of Kula, Maui and am a retired attorney, former O'ahu state legislator, retired part-time federal judge and Naval Intelligence Officer. I am the author of "Island Son" and render public service as a member of two commissions, the Statewide Health Coordinating Council and the County of Maui Cost of Government Commission.

I am responsible for initiating the effort behind this bill – but would have gotten nowhere without the assistance of Senator Green and his clerk George Massengale.

I would like to take a few minutes to share with the committee the reasons why this bill is necessary.

As you may know last year I lost Patty ..my wife and soul mate of over 30 years.

She was lying on the raised hospital bed in CCU at Kuakini Hospital in Honolulu. She was paler than usual but still beautiful with her eyes

closed. She had wires and tubes coming out of her body. I talked to her but she did not show any sign of recognition. I stroked her cheek – no recognition. I kissed her and said goodbye and aloha, my love. As I turned to leave, I was almost bowled over by the realization that this was it...I was saying goodbye forever to the love of my life—my beloved Patty --that I was now alone and she would be dead in a matter of minutes.

How could this happen? Why am I here? Can I do something to change what's happening?

We had come from Maui early on Christmas eve for our annual get together with three different families. Patty had abdominal discomfort after arriving in Honolulu but ate several meals and “handled” the pain with over the counter drugs until Christmas night when we went for dinner to her sister and brother in law’s home in Makiki for family dinner (about 40 people). She was hurting pretty bad on arrival in Makiki so we decided to take her to Emergency at about 7 Pm.

Normally we would have gone to Queen’s , but figuring it might be crowded (it was) we decided to go to the closest hospital, Kapiolani instead. She was admitted without any problem and during the evening was given pain killer (morphine )and a CT scan was conducted. She had some difficulty going to the bathroom but my daughter and a nurse managed to get through the problem. At about 1:30 a.m. the nurse informed us that Patty was to be discharged and could “go home”. I argued against this decision saying that she was still heavily doped up with morphine and in no shape to go back to our hotel in Waikiki. I won a bit over an hour or two but the same nurse said we were to take her about 3:30 am and that was that. I drove Patty back to our hotel about 4:30 in the morning where the security guard and I

carried her on our shoulders to our 11<sup>th</sup> floor room. Though we both dozed a bit by 7:00 she was in increased pain and I determined that she needed to be treated professionally. I called my son and he arranged for Patty to go to Dr Lawler's clinic in Kapahulu. By 10:30 a.m. Dr Lawler called EMS and she was on the way by ambulance to Queen's emergency. Another strange turn of events occurred as we were driving to Queen's... the driver bypassed Queen's and went to Kuakini saying Queen's was refusing any more patients. (As the CEO of Castle, Kathryn Raethal put it the "HMC-East's closure.. COMPROMISED Hawaii's healthcare system")

Patty underwent major surgery at Kuakini, but despite the best efforts of her newly acquired surgeon, Dr Okado, failed to recover. She died the next afternoon of septic shock from ischemic bowel disease.

I have learned more about **sepsis** since. It is a condition that is deadly and must be diagnosed & treated in a timely manner before it attacks the body. Early ID of the sepsis vulnerability is essential to its treatment.

But – all this is **after the fact**. There is no way to bring my love back to her beautiful life.

But I can help others faced with similar circumstances – and I found a Senator who would run with the ball for me and future Hawaii citizens.

Question; What if I had had some place or person to turn to in the debate about the early AM Kapiolani discharge without making the correct diagnosis? What if a trained medical person could have taken my side of the argument about discharging the patient into the early morning blackness?

That's what inspired this bill.

Would our proposal interfere with the DR- Patient relationship?

Yes it would. If the safety of the patient is at risk.

In a way it is like collective bargaining (which I supported throughout my legislative career) because it can bring opposing sides together for common goals.

This bill, if passed, would bring some democracy and reason into the emergency hospital environment without changing the participants' fundamental roles or status. More importantly, **It will save lives.**

Had it been in existence last year before Patty died, It would have given me a chance, to save **my wife's life.**

Maybe it'll give you or your spouse a better chance not to experience what it's like to be left alone.

I'll try to answer any questions you may have.

Aloha,

Fred Rohlifing



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February 5, 2013

Testimony in Support: SB 666

To: Chair Josh Green, Chair Clayton Hee, Vice Chair Rosalyn Baker, Vice Chair Maile Shimabukoro, and Members of the Senate Committee on Health and Senate Committee on Judiciary and Labor

From: Rebecca Gardner

Re: Testimony in Support of SB 666 Relating to Health.

I am writing in strong support for SB 666, which would establish an emergency services patient advocate program within the state to provide assistance to and advocate on behalf of patients receiving emergency medical care.

Although I am an employee of the state, I submit this testimony not in my capacity as public servant, but as a concerned and interested citizen; member of the public that has used the emergency services of hospitals in this state; and as a tax-paying resident of the State of Hawaii. Therefore, my testimony does not represent any views or position my office may or may not have. It is based upon my personal views alone.

Although she has since passed away, my mother worked as a nurse in the emergency room for most of my child and adult life. I grew up hearing outrageous, sad, and triumphant stories from behind the scenes at the ER. Through these stories, I also became aware of how incredibly unpredictable and chaotic the ER can be. I might also add that my mother was a quick, highly competent, fabulous emergency room nurse; however, her bedside manner and ability to connect and communicate with patients was admittedly lacking.

As any one of us who've been in dangerous, confusing, or uncertain health-threatening situations and needed emergency room services – or has assisted friends or loved ones facing such circumstances, it's difficult to keep a clear head and navigate through a barrage of details and choices on health issues we have little understanding of. Especially in matters of life, death, and serious bodily injury, visits to the emergency room can be incredibly overwhelming, emotionally charged, and physically and mentally taxing. Often times, especially late at night when emergency rooms are staffed at their minimum, sleep-deprived patients and their families are left unattended and uninformed for hours.

Moreover, those on emergency room staff are not in the role of patient counselor or confidante. Instead, they are more focused on providing prompt, necessary care – as it should be. Hospital staff must make their priority the provision of critical patient care, and often do not have the luxury of time to explain in satisfying detail the various treatment options and risks.

A patient advocate office can be instrumental in helping to bridge the communication gap between hospital staff and patients. They can assist during the most critical hours of care but take the time necessary to hear and process important medical information from hospital staff which they can readily understand. The patient advocate would be able to convey this critical information to those who need it; and in manner that may be best received so patients and their family members can make the most measured, rational, and informed decisions.

This office can also help prevent unnecessary patient and family stress and misunderstandings by developing useful material that can be available on websites and brochures that can be quickly accessed in time-sensitive situations.

A patient advocate will not only help our emergency staff provide quality, compassionate care when it is needed most, but also when it may otherwise be most difficult to provide. I therefore urge the Committees to pass SB 666. Thank you.