

HTH HEARING

TESTIMONY

SCR150 / SR 109



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

In reply, please refer to:
File:

Senate Committee on Health

SCR 150, Encouraging The Department Of Health To Establish An Emergency Services Patient Advocate Program To Provide Assistance To And Advocate On Behalf Of Patients Receiving Emergency Medical Care.

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

March 25, 2013, 1:15 pm

1 **Department's Position:** The Department of Health appreciates the intent of this measure, to promote
2 better communication among patients, their family members, and health care providers in emergency
3 situations, but respectfully requests the opportunity to explore the issue further prior to any legislation.

4 **Fiscal Implications:** This measure does not include an appropriation. Funding would be needed for a
5 formal emergency services patient advocate program.

6 **Purpose and Justification:** This measure would have the Department establish an emergency services
7 patient advocate program to provide assistance to, and advocate on behalf of, patients receiving
8 emergency medical care. Educating consumers regarding their rights as patients, and providing
9 guidance in how to have their concerns addressed is important. But hospitals should be the primary
10 conveyors of this information and be engaged to seek improvements. The extent to which the
11 Department needs to be involved in this effort and the scope of a potential program and associated costs,
12 should be further clarified with hospitals, health care providers, and the public before proceeding with
13 legislation.

14 Thank you for the opportunity to testify.

**Fred Rohlfing
2807 Kekauliki Avenue
Kula Maui, HI 96790**

March 23, 2013

Committee on Health Hearing
Hawaii State Senate, State of Hawaii
Date: March 25, 2013
Time: 1:15 p.m.
Room: 229

Re: SCR 150 & SR 109 ENCOURAGING THE DEPARTMENT OF HEALTH TO ESTABLISH AN EMERGENCY SERVICES PATIENT ADVOCATE PROGRAM TO PROVIDE ASSISTANCE TO AND ADVOCATE ON BEHALF OF PATIENTS RECEIVING EMERGENCY MEDICAL CARE.

Testimony in Strong Support

Chair Green, Vice Chair Baker, and members of the Senate Committee on Health. Please accept this testimony in strong support for these two resolutions. Attached in support of these resolutions is my testimony which I provided to the House Committee on Health, last week, March 20, 2013 on SB666 SD2.

Since SB666 was introduced, many individuals have contacted me directly to say thank you for this bill, that either they or a family member have had a bad outcome in one of our hospital emergency rooms, and that they wished that they had known how to contact an advocate to speak with during their time of emergency crisis. **Clearly from the number of emails and phone calls that I have received this is a significant problem.** We need to find a way to provide a voice to anyone not receiving the emergency treatment they should.

I would strongly suggest that this measure be amended, ***(to include a provision that would require the department to begin to collect data on the magnitude of this problem, to report back to the legislature 20 days before the 2014 session the scope of this problem and progress made in moving forward to provide emergency room advocacy assistance).***

Mahalo.

Fred Rohlfig
2807 Kekaulike Avenue
Kula Maui, HI 96790

March 18, 2013

Committee on Health Hearing
House of Representatives, State of Hawai'i
Date: March 20, 2013
Time: 8:30 A.M.
Room: 329

Re: SB666, SD2 – Testimony in Strong Support

Chair Belatti, Vice Chair Morikawa and members of the Committee on Health. You have my testimony for today before you. Attached to it is my earlier testimony submitted for the hearing before the Senate Health Committee which explains the reasons for this bill. I hope that everyone has had an opportunity to read it.

Since SB 666's introduction many people have come forward in support. Many as a result of Richard Borreca's column in the Star Advertiser on February 10th. This strongly suggests that what happened to my wife Patty was not an isolated occurrence. **As Senator Green stated in the article "We are unsure of the size of the problem – are there problems 20 times a years, or 20 times a month?"**

Also, on March 6th, Senator Green's office facilitated a meeting between the Department of Health and interested parties. In attendance for the Department of Health were David Sakamoto, Deputy Director and Linda Rosen, the State's EMS director. Also there was Sandra Perez, the former Director for California's Office of Patient Rights (whom I had hired as a consultant), Sue Radeliffe, Administrator of the Statewide Health Coordinating Council (of which I am a member), "Fritz" Rohlfig, my son, George Massengale from Senator Green's Office and myself.

During lengthy discussion, very useful information was provided by Ms. Perez on possible implementation strategies of a patient advocacy program in Hawaii and its cost. I believe that there was consensus from the Department that there is a potential problem, though how big it is is unknown, and that the Department should explore ways to effectively assist ER patients who may have a disagreement with the attending ER physician.

I'm sure the Dr. Sakamoto or Dr. Rosen will offer comments on this further.

At this point I'm asking that the committee pass this measure so that the meaningful discussion, on how to best tailor an ER advocate program in Hawaii, between the Department of Health and the various parties concerned can continue at an early date.

Becky Gardner, a former aide to Representative Herkes, wrote in her testimony before the Senate Health Committee a paragraph which I believe succinctly frames why this bill is so badly needed.

***"Especially in matters of life, death, and serious bodily injury
Visits to the emergency room can be incredibly overwhelming,
Emotionally charged, and physically taxing, often times,
especially late at night when (ERS) are staffed at their minimum,
sleep deprived patients and their families are left unattended
and unformed for hours."***

Before I close, I would like to comment on Kaiser Permanente's testimony in opposition. In their testimony they allude that an ER patient advocate is not needed as they "*provide advocacy service for our patients in the emergency department*". ***This person is a social worker who works in the emergency department as is assigned specifically to be a patient advocate.***"

I respectfully disagree with what Kaiser ascribes. Our bill would utilize the services of experienced ER physicians and nurses, individuals who know how exactly frame questions regarding diagnosis, test, and treatments propose. **Also attached to this testimony is a Kaiser recruitment notice for social worker to assist the ER staff in "in meeting non-medical patient needs to increase the comfort and well being in the ER"**, someone who has training in Domestic Violence, Bereavement Counseling, and Rape Crisis Training.

Kaiser, unfortunately doesn't seem to want you, who are not members of their plan to have access to a MEDICALLY qualified patient advocate. Their argument about this bill being excessive government regulation is ludicrous when life itself lies in the balance.

Again I urge to committee to pass this measure. I am available to answer any questions you may have.

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 Rohling. 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 would 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 stay 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 do I tell her people? Why am I here? Can I do something to change what's happened?

We had returned from Maui early on Christmas eve for our annual get together with some different families. Patty had abdominal discomfort after eating – horrible! I bought several meals and “fancied” 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 – 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 of taking an ambulance without any problem and during the trip she was giving pain medication and a CT scan was conducted. She had some difficulty going to the bathroom but my daughter and a nurse that we had brought along kept her going. At about 1:30 a.m. the doctor informed us that Patty was to be discharged and could “go home”. I argued against this decision saying that she was still heavily messed up with the pain and in no shape to go back to our hotel in Waikiki. I was told by a different nurse but the same nurse said we were to take her home at 5:00 am and that was that. I drove Patty back to our hotel at 5:15 am in the morning where the security guard and I

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 role- 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 Rohlfing

2807 Kekaulike Ave

Kula Maui, HI 96790

Call for ER patient advocate is personal to ex-lawmaker

POSTED: 01:30:08 HST Feb 10, 2013

StarAdvertiser.com

Fred Rohlfing, first elected to the Legislature when Hawaii became a state in 1959, was back at the Capitol last Wednesday.

He came thinking about his wife, Patty, but because Rohlfing spent most of his life as a legislator or judge, he also was battling for a new law.

First he told the Senate Health Committee about his wife and her death shortly after Christmas 2011.

"She was lying on the raised hospital bed in CCL at Kuakini Medical Center in Honolulu. She was paler than usual but still beautiful with her eyes closed," Rohlfing said in testimony.

"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?" Rohlfing asked.

What happened was Rohlfing and his wife, Maui residents, were visiting friends here at Christmas at the time of the medical crisis engulfing Honolulu with the closure of the two Hawaii Medical Center hospitals. During a Christmas Eve party, Patty Rohlfing became sick and was in pain, so sick that Fred took her to a nearby hospital. She was examined, given a strong painkiller, a CT scan and discharged. Rohlfing pleaded that she remain but "the nurse said we were to take her (home) at about 3:30 a.m., and that was that."

She was still in pain the next day so Rohlfing took her to a physician who called EMS who took her to Queen's Medical Center. Because Honolulu hospitals were overloaded with emergencies, she was rerouted to Kuakini Medical Center, where doctors said she was in septic shock from ischemic bowel disease, a deadly fast-acting condition.

While Rohlfing is exploring legal action regarding the hospital, he is hoping that something can be done now to help emergency room patients.

"What if I had some place or some person to turn to in the debate during that early morning discharge? What if a trained medical person could have seen my side of the argument about discharging the patient into the early morning blackness?" Rohlfing asked.

The state Health Department opposed the bill, saying it would be costly.

"The intent of this measure is good but the scope is too expensive," said Lorena Fuddy, state health director.

Sen. Josh Green, health committee chairman and an emergency room physician, says he agrees with Rohlfing, but is unsure if the state can afford a patient advocate for every emergency room in Hawaii.

"We are unsure of the size of the problem — are there problems 20 times a year, or 20 times a month?" Green

http://www.staradvertiser.com/editorial/premium-onpoliticspremium/20130210_Call_for_ER_patient_advocate_is_persona_said.

Nothing was said about Alzheimer's patients in emergency rooms, or those too confused to help themselves or those without a guardian to question the decisions by a doctor, although Green added that if a program could be started, it would be within a health department elderly affairs unit.

He added that he planned to move the bill, Senate Bill 666, to the next committee with the suggestion that some effort be made to include a patient advocate in the Health Department.

For the aged, scared and confused in an intimidating emergency room in a time of crisis, there should be someone to listen with compassion, if the doctor and nurses are not.

Richard Borreca writes on politics on Sundays, Tuesdays and Fridays. Reach him at rborreca@staradvertiser.com.

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First Hawaiian Auto Show Hawaii Convention Center, 3/22-3/24 Details, Show Hours, e-Tickets at www.motorvehicleautoshow.com

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711 Kapiolani Blvd
Honolulu, Hawaii 96813
Telephone: 808-432-5210
Facsimile: 808-432-5906
Mobile: 808-754-7007
E-mail: phyllis.dendle@kp.org

At Kaiser Permanente we not only understand this problem but 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.

A program of the type proposed here would have to be immediately available to every patient in every ED in the state all the time. The advocate likely will not be on if done wrong, might impede patient care.

We understand the reason this idea was brought forward to the legislature and the problem it is attempting to resolve however, this is a difficult and complicated matter that Kaiser Permanente Hawaii has serious concerns about this bill.

Chair Ige and committee members, thank you for this opportunity to provide testimony on SB666 SD1 regarding establishing an emergency medical services patient advocate program in the department of health.

SB 666 SD1 RELATING TO HEALTH

February 26, 2013
10:05 am
Conference Room 211

Before:
Senate Committee on Ways and Means
The Honorable David Y. Ige, Chair
The Honorable Michelle N. Kidani, Vice Chair

Testimony of
Phyllis Dendle
Testimony of Phyllis Dendle

sight at the ED but will have to discuss the case via phone call with the patient. They will then discuss the case with the doctor in the ED and based on those conversations, without benefit of seeing the patient or having any information on the patient, resolve issues, still via phone, while the patient is awaiting care. If the system works perfectly the delay may be minimal but it would nonetheless interrupt patient care.

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 are also concerned that patients who could be treated and released may insist on the intervention of this advocate and while everyone awaits the actions of the advocate the ED bed may not be available for patients with more serious illness and injury.

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 your committees to not add more layers of regulation and complexity to an already well regulated patient focused system. Please do not pass this bill.

Thank you for your consideration.

Patient Advocate - ER(174704)

Here in Hawaii, the spirit of aloha permeates our daily actions and interactions. It's a welcoming spirit, and one that's alive and well at Kaiser Permanente Hawaii. Since 1958, we have proudly served our island communities as ohana. Today, each of us—from our financial professionals and IT team members to our RNs and physicians on the front line of care—contributes to that ongoing mission. If you're looking to be a part of our rich heritage of care, this is the place to put your beliefs into practice.

Description

Monitors and assists with patient flow through department. Ensures recognition, respect for and adherence to patient rights. Establishes rapport between staff and public. Facilitates communication and visitation. Ensures patients stay as stress-free as possible. Addresses patient complaints to improve departmental quality of service. Oversees department volunteers.

Essential Functions:

- Responds to crisis situations. Ensures proper support provided to patients, family members and staff involved.
- Facilitates communication between patients, visitors and staff.
- Assists staff in meeting non-medical patient needs to increase comfort and wellbeing in ER.
- Compiles and reports quality of service results as part of Quality Assurance monitoring. Ensures complaints, identification of problem areas and resolution handled in timely manner.
- Participates in training new hires. Trains and provides recognition of volunteers in department.
- Participates in committees and quality improvement activities. Attends continuing education and in-service training programs.
- Maintains statistical data to evaluate and maintain effective department performance.
- Fulfills accountability requirements of organization and department and all outside regulatory bodies.
- Ensures proper coverage for department.

Qualifications

Basic Qualifications:

- Minimum of 1 year public contact or related experience.
- Bachelor's degree in social services, related field; or equivalent related experience..
- Current BLS for Healthcare Provider CPR or CPR/AED for the Professional Rescuer certification.
- Demonstrated knowledge of and skill in adaptability, change management, conflict resolution, decision making, customer service, interpersonal relations, oral communication, problem solving, quality management, teamwork and written communication.

Preferred Qualifications:

- Health care experience.
- Post high school coursework in medical terminology.
- Certification for Domestic Violence.
- RTS Bereavement Counselor Certification.
- Rape Crisis Counselor Training.
- CISD-Critical Incident Stress Debriefing Certification.
- Demonstrated knowledge of and skill in word processing, spreadsheet and database PC applications.

Primary Location: Hawaii-Honolulu-Hospital/Medical Offices 3288 Moanalua Rd. **Scheduled Hours (1-40):** 1 **Shift:** Variable **Working**

Days: Variable **Working Hours Start:** Variable **Working Hours**

End: Variable **Schedule:** Call-in/On-Call **Job Type:** Standard **Employee**

Status: Regular **Employee Group:** Non-Union, Non-Exempt **Job**

Level: Individual Contributor **Job:** Customer Services **Public Department**

Name: Emergency Department **Travel:** No **Job Eligible for Benefits:** Sign-on
Bonus

External hires must pass a background check/drug screen. We are proud to be an equal opportunity/affirmative action employer.

morikawa2 - Shaun

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 19, 2013 2:27 PM
To: HLTtestimony
Cc: Koagoodgirl@gmail.com
Subject: Submitted testimony for SB666 on Mar 20, 2013 08:30AM

SB666

Submitted on: 3/19/2013
Testimony for HLT on Mar 20, 2013 08:30AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Koa Bond	Individual	Support	No

Comments: I strongly support this bill. Thank you, Senator Rohlfing.

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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To: The Hawai'i State Senate Committee on Health
Re: SCR 150 / SR 109

To: The Honorable Senator Green and the members of the committee.

Aloha,

The Community Alliance for Mental Health along with United Self Help strongly supports SCR 150 / SR 109. Disregarding the bill number we think that this is a great idea and fitting for its time. I hope that we are proving every day that individual advocacy for those in need works.

There is no more trying time than when an individual is stressed and suffering in crisis in the waiting room of a hospital or clinic. Whether it is about oneself or a loved one it is hard to worry rationally about simple tasks when life and death come to the fore. Therefore there could be nothing of greater service than someone who would step up, seemingly out of the blue, to help you plan and take care of those necessities which at that moment seem to you of little to no import. We applaud this idea.

Mahalo,
Scott Wall
Vice-President