



LATE

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

In reply, please refer to:
File:

House Committee on Health

H.C.R. 202, REQUESTING THE CONVENING OF A WORKING GROUP TO RECOMMEND WAYS TO REDUCE INCIDENTS OF SEPSIS AND SEPSIS DEATHS IN THE STATE.

Testimony of Linda Rosen, M.D., M.P.H.
Director of Health

Friday, March 21, 2014, 9:00 a.m.

- 1 **Department's Position:** The Department opposes this measure.
- 2 **Fiscal Implications:** Sepsis is a clinical diagnosis and can be the result of many different
- 3 microorganisms and infectious processes. Conducting surveillance and developing interventions for
- 4 such a broad topic would require considerable funding and resources, especially a large number and
- 5 groups of new skilled staff to focus on different subtopics and collect and review data such as clinical
- 6 diagnoses and records as well as individual healthcare practices and outcomes.
- 7 **Purpose and Justification:** The scope of this task force is substantial and involves the initiation and
- 8 maintenance of surveillance of a clinically-defined entity as well as evaluation of local practices in both
- 9 the adult and pediatric populations. This task would be considerable and extremely challenging with the
- 10 first hurdle being the dependence on physician reporting and the major hurdle being the extensive
- 11 potential etiologies. Additionally, the recommendation of specific medical practice protocols by the
- 12 Department of Health would be inappropriate and could lead to a situation where outdated and
- 13 inadequate or even harmful practices could be advised to clinical practitioners and the public. Adoption
- 14 of a single set of protocols for all facilities will not take into account the different needs of facilities

- 1 based on size, patient acuity, and other factors, which may, in turn, lead to the implementation of
- 2 ineffective and potentially cost-wasting measures as well as measures that could differ from nationally
- 3 accepted clinical guidelines and medical standards.



H.C.R. 202

REQUESTING THE CONVENING OF A WORKING GROUP TO RECOMMEND WAYS TO REDUCE INCIDENTS OF SEPSIS AND SEPSIS DEATH IN THE STATE

House Committee on Health

March 20, 2014 9:00a.m.

Thank you for the opportunity to provide testimony in support of H.C.R. 202. My name is T. Scott Gallacher, M.D., M.S. F.C.C.P, Medical Director of the Medical Intensive Care Unit with The Queen's Medical Center.

Sepsis is a potentially life threatening whole body inflammation caused by severe infection. It is caused by the immune system's response to a serious infection, most commonly bacteria, but also fungi, viruses, and parasites in the blood, urinary tract, lungs, skin, and other tissues, Common symptoms of sepsis include high fever, hot, flushed skin, elevated heart rate, hyperventilation, altered mental status, swelling, and low blood pressure. In the very young, elderly, or people with weakened immune systems, the patterns of symptoms may be atypical. Sepsis must be diagnosed and treated early in the septic process in order to successfully administer care. Here is a basic break down of the different levels of Sepsis:

- Sepsis
 - Infection (documented or suspected) PLUS some markers of systemic inflammation
- Severe Sepsis
 - Sepsis complicated by organ dysfunction or tissue hypoperfusion
- Septic Shock
 - State of acute circulatory failure characterized by persistent arterial hypotension unexplained by other causes

There is abundant literature to support the benefits of specialized care units and the crucial role of the Intensivist. The Queen's Medical Center's Medical Intensive Care Unit (MICU) consists of 19 patient rooms and is fully staffed 24/7 by QMC-employed ABIM-boarded Pulmonary and Critical Care physicians. A model of

collaborative practice, the MICU team is multi-disciplinary. The majority of our nursing staff have achieved “Critical Care” designations.

Decreasing the mortality rate for Sepsis has long been a major focus for QMC. In 2003, QMC embarked on a collaboration between QMC’s Emergency Department and its MICU to create a computerized physician order entry (CPOE) set for sepsis based on the best evidence at the time that the patient is demonstrating symptoms of sepsis towards successful treatment interventions. In 2006-2007, a Sepsis Task Force was formed within QMC. It was composed of representatives from all patient-care unit areas, pharmacies, respiratory, Center for Outcomes Research, QMC’s electronic records system, and executive administrators. The task force focused on translating best practice treatments for severe sepsis and screening for severe sepsis into functional order bundles and making the assessment for severe sepsis routine hospital wide. In 2008, the screening tool for sepsis was implemented as a hospital-wide nursing routine, following extensive training and education. It is embedded as a nursing routine and comprises a portion of the patient care documentation in the electronic health record. This functions as a trigger for accessing both a Rapid Response Team and specific protocol orders.

As a result of these efforts, patients are more readily recognized as potentially having severe sepsis. QMC realized a decrease in mortality for both severe sepsis and septic shock, as well as a decrease in the overall hospital length of stay. In a constant motion of patient care improvement, QMC is continuing to build on these past efforts and is now working towards revising its emergency protocols to align with new evidence and improve the screening process even further.

With or without a resolution by the Legislature, QMC would be happy to share more about what QMC has done to address sepsis and the outcomes attached to those processes.

Testimony of Phyllis Dendle

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



March 21, 2014
9:00 am
Conference Room 329

**HCR 202/HR159 REQUESTING THE CONVENING OF A WORKING GROUP TO
RECOMMEND WAYS TO REDUCE INCIDENTS OF SEPSIS AND
SEPSIS DEATHS IN THE STATE**

Chair Belatti, and committee members, thank you for this opportunity to provide testimony on HCR202/HR159 regarding a working group regarding sepsis.

Kaiser Permanente Hawaii supports the intent of this resolution.

Sepsis is a severe infection that is spread through the bloodstream and any kind of infection – bacterial viral, parasitic, or fungal—can trigger it. The majority of sepsis cases are among elderly, immune-compromised and critically ill patients. Because the infection can develop quickly, immediate detection and treatment are critical.

In 2008, Kaiser Permanente developed a comprehensive approach to screen and provide effective treatments to hospital patients identified as at-risk for sepsis. Since implementing this program Kaiser Permanente has achieved a threefold increase in the rate of sepsis detection, a 60 percent reduction in mortality for patients with sepsis and a 25 percent drop in the risk-adjusted average length of stay for patients with sepsis.

Much of what is done at Kaiser Permanente can and is being done at other hospitals.

While we support the intent of the resolution to reduce the incidents of sepsis and the reduction of death from sepsis we suggest that this might be achieved through the sharing of best practices among hospitals rather than the creation of comprehensive plan

that will rapidly become obsolete as hospitals find new and better ways to fight infection, detect sepsis and improve rapid treatment.

We urge the legislature to endorse a cooperative sharing of best practices by hospitals that also includes opportunity for community concerns to be raised and discussed. The labor intensive study and collection of information is available from other clinical sources so would be less useful than the sharing of good ideas among health care professionals.

Thank you for your consideration..

Friday – March 21, 2014 – 9:00am
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 202/HR 159 — Requesting the Convening of a Working Group to Recommend Ways to Reduce Incidents of Sepsis and Sepsis Deaths in the State.

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 202/HR 159, which would requesting the convening of a working group to recommend ways to reduce incidents of sepsis and sepsis deaths in the state.

HAH respectfully requests that the following language starting at page 1, line 27 to page 3, line 9, be deleted.

HAH respectfully requests that the following language be inserted starting at page 1, line 27:

“BE IT RESOLVED by the House of Representatives of the Twenty-seventh Legislature of the State of Hawaii, Regular Session of 2014, the Senate concurring, that the Director of Health is requested to convene a working group to recommend ways to reduce incidents of sepsis and sepsis deaths in the State;

BE IT FURTHER RESOLVED that the working group consider the following:

- (1) Examine and identify barriers to quality care for patients with sepsis
- (2) Review and assess national models, best practices, and guidelines comparative to Hawaii's needs

(3) Consider options for improving early recognition, identification, and treatment of sepsis and septic shock in Hawaii's hospitals

(4) Improve the collection, use, and reporting of quality measures by medical staff related to the recognition and treatment of sepsis;

(5) Provide recommendations to better educate the public about sepsis, including its symptoms, diagnoses, treatment, and preventive measures;

(6) Identify barriers and make recommendations to address the costs of sepsis and costs necessary to combat sepsis; and

(7) Any other recommendation deemed relevant by the Director of Health to further the purpose of this measure; and

BE IT FURTHER RESOLVED that the findings and recommendations of the task force be considered, and incorporated as feasible, as part of a comprehensive plan to be developed by the Department of Health to combat sepsis in the State; and

BE IT FURTHER RESOLVED that the task force is requested to submit a written report of its findings and recommendations, including any proposed legislation, to the Legislature no later than 20 days prior to the convening of the Regular Session of 2015; and"

HAH respectfully requests the foregoing amendments be adopted. HAH is prepared to lead a working group based on the foregoing language, and would like to request the participation of the Department of Health and other interested stakeholders.

Thank you for the opportunity to offer comments on HCR 202/HR 159.