

SB2264

SD1

The Twenty-Seventh Legislature
Regular Session of 2014

THE SENATE

Committee on Judiciary and Labor
Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair
State Capitol, Conference Room 016
Tuesday, February 25, 2014; 10:30 a.m.

**STATEMENT OF THE ILWU LOCAL 142 ON S.B. 2264, SD1
RELATING TO CAREGIVING**

The ILWU Local 142 supports S.B. 2264, SD1, which requires hospitals to allow patients to designate a caregiver, to include the designated caregiver in the patient's medical record, to notify the caregiver prior to the patient's transfer or discharge, to consult with the caregiver about the patient's discharge plan, and to instruct the designated caregiver in after-care tasks.

Whenever a person of any age is hospitalized, a discharge plan should be discussed with the patient and his or her family. In many, if not most, cases, the patient will not require extraordinary care following discharge.

However, when the patient is elderly and cannot fully care for himself, it is imperative that the hospital involve a caregiver in discharge planning as early as possible. S.B. 2264, SD1 will require hospitals to determine who the caregiver is and consult with the caregiver about how the patient will be cared for upon discharge.

In some cases, the patient will require more extensive after-care at home for which the caregiver may be ill-equipped. The hospital should ensure that after-care instructions are thorough and understood.

Indeed, it is in the hospital's best interest to ensure that the patient is discharged to an environment that will provide care to prevent readmission to the hospital. We understand that the Affordable Care Act allows for penalties to be imposed if patients are readmitted too soon after discharge. Hospitals then will have a financial incentive to involve any and all who can care for the patient to keep them from being readmitted.

This measure should not impose an undue burden on hospital staff or additional liabilities, but it will clarify for the hospital what its obligations are to the patient being discharged and it will assist caregivers who need education, instruction, and support as they face the huge responsibility of providing care to a medically needy person. Family caregivers often sacrifice income, careers, and family life to care for loved ones in order to keep them at home and prevent institutionalization, which itself could be costly to the State. Any assistance the hospital can provide to these caregivers is invaluable.

The ILWU urges passage of S.B. 2264, SD1. Thank you for the opportunity to share our views on this measure.



Tuesday – February 25, 2014 – 10:30am
Conference Room 016

The Senate Committee on Judiciary and Labor

To: Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

From: George Greene
President & CEO
Healthcare Association of Hawaii

Re: **Testimony in Opposition**
SB 2264, SD 1 — Relating to Caregiving

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 testify in opposition to SB 2264, SD 1. The legal duties imposed on healthcare providers relating to patient caregivers by SB 2264, SD 1, create substantial risk and uncertainty for hospitals.

SB 2264, SD 1, in sections -2, -3, and -4, imposes legal duties on hospitals regarding patient caregiver designation, notice, and aftercare instruction. While the bill creates a host of new legal requirements for hospitals—which create substantial legal liability for hospitals who fail to meet such requirements—the measure does not specifically address the consequences for healthcare providers who fail to meet the very specific caregiver mandates. To the contrary, however, in section -2 (e) & (f) the bill specifically states that it does not impose any legal duty on the patient, the patient's guardian, or any designated caregiver. By imposing legal duties on hospitals without guidance regarding a failure to meet duties under this bill—and by failing to impose mutual legal duties on hospitals, patients, guardians, and caregivers alike—the statute shifts all risk in the caregiving relationship to the hospitals and creates unnecessary legal liability and uncertainty.

SB 2264, SD 1 is also unnecessary and duplicative because hospitals already have discharge policies and protocols in place that ensure that patients' family members and caregivers receive critical aftercare instructions and information for patients being discharged. Our hospital members are dedicated to providing patients and their caregivers detailed instructions and information to guarantee that patients receive the highest quality of aftercare.

Phone: (808) 521-8961 | Fax: (808) 599-2879 | HAH.org | 707 Richards Street, PH2 - Honolulu, HI 96813

SB 2264, SD1 would also substantial new costs for hospitals seeking to provide notice, instruction, and—as required in section - 4 of the bill—a live demonstration of caregiving duties to designated caregivers. SB 2264, SD1 does not provide for any formal training of caregivers—other than the informal instructions and demonstrations required in the bill—and does not provide any appropriation for any such training. The bill assumes that hospitals will provide the necessary funding to cover the cost of compliance with SB 2264, SD1, with respect to designation, notice, instruction, and live demonstrations.

In a time of unprecedented change in healthcare, HAH is committed to working with providers across the continuum of care toward a healthcare system that offers the best possible quality of care to the people of Hawaii. While HAH's members share the desire of legislators to continually improve the quality and delivery of healthcare, mandating costly specific practices through legislation—especially those that impose substantial risk on hospitals and that healthcare providers already have in place—generally impedes improvement and innovation in healthcare quality and best practices.

Thank you for the opportunity to testify in opposition to SB 2264, SD 1.

Hawaii Alliance for Retired Americans (HARA)

c/o Hawaii Education Association
1953 South Beretania Street, Suite 5C
Honolulu, HI 96826

February 23, 2014

TESTIMONY IN SUPPORT OF S.B. 2264, SD1 RELATING TO CAREGIVING

HARA is a coalition of organizations that advocate for programs and services that support seniors. Most of us are seniors ourselves. We are retired members of unions and concerned members of the community. Our affiliates include: HGEA Retirees, HSTA-Retired, ILWU Retirees, UPW Retirees, AFT-Hawaii Retirees, Kokua Council, Hawaii Family Caregivers Coalition, and Kupuna Education Center.

The Hawaii Alliance for Retired Americans (HARA) supports S.B. 2264, SD1, which requires hospitals to allow patients to designate a caregiver, to include the designated caregiver in the patient's medical record, to notify the caregiver prior to the patient's transfer or discharge, to consult with the caregiver about the patient's discharge plan, and to instruct the designated caregiver in after-care tasks.

People of all ages are admitted to hospitals every day, but most of them receive care, then return to their normal lives. However, that's not so for seniors who are hospitalized. Because of age and greater likelihood of disability, seniors who are hospitalized often need more care when discharged. Sometimes, the care requires institutionalization, even for a relatively short period of time. Other times, the institutionalization is more long-term.

But very often, especially due to the cost of institutions, seniors return home to the care of their loved ones, who sacrifice their time and even their own income security. S.B. 2264, SD1 helps to protect these family caregivers by ensuring that hospitals recognize their role in the care of the hospital's patients. This measure requires hospitals to allow a caregiver to be designated and to include them in discharge planning, even to the extent of educating and instructing them about the patient's after-care needs at home.

Most hospitals already have this protocol in place, but it may not be applied as a routine course in all cases. This measure will ensure that hospitals consider caregivers when making plans to discharge their patients. Readmission to the hospital, especially soon after discharge, is not only costly to the patient's well-being but may be costly to the hospital as well due to possible financial sanctions.

HARA urges passage of S.B. 2264, SD1. Thank you for considering our testimony.

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: sandymccul@aol.com
Subject: Submitted testimony for SB2264 on Feb 25, 2014 10:30AM
Date: Monday, February 24, 2014 10:47:43 AM

SB2264

Submitted on: 2/24/2014

Testimony for JDL on Feb 25, 2014 10:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
BRUCE McCullough	HARA	Support	No

Comments: The Hawaii Alliance for Retired Americans is in strong support of this measure.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov



American Cancer Society
Cancer Action Network
2370 Nu`uanu Avenue
Honolulu, Hawai`i 96817
808.432.9149
www.acscan.org

Senate Committee on Judiciary and Labor
Senator Clayton Hee, Chair
Senator Maile Shimabukuro, Vice Chair

Hearing: February 25, 2014; 10:30 a.m.

SB 2264 SD1 – RELATING TO CAREGIVING

Cory Chun, Government Relations Director – Hawaii Pacific
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in support of SB 2264 SD1, which provides the opportunity for an individual to designate a caregiver and provide notice to the caregiver for prior to discharge or a transfer.

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Caregivers are usually the unpaid loved ones who give the person with cancer physical and emotional care. Caregivers may be spouses, partners, family members, or close friends. Most often, they are not trained for the caregiver job. Many times, they may be the lifeline of the person with cancer.

Under this measure, a caregiver will be formally recognized by a health care institution and be provided with the necessary information and training to provide proper caregiving. Caregiving is a tough job, and providing information and support to a caregiver will lead to more positive outcomes for the caregiver and the individual receiving care. We see this as a positive move to assist caregivers who give up so much of their time and energy to support their loved ones.

Thank you for the opportunity to provide testimony on this matter.



To: Senate Committee on Judiciary and Labor
Senator Clayton Hee, Chair

Date: February 25, 2014, Conference Room 016, 10:30 a.m.

Re: **SB2264 SD1 – RELATING TO CAREGIVING
TESTIMONY IN STRONG SUPPORT**

Chair Hee and Committee Members:

AARP is a membership organization of people 50 and older with nearly 150,000 members in Hawaii. AARP fights on issues that matter to Hawaii families, including the high cost of long-term care; access to affordable, quality health care for all generations; providing the tools needed to save for retirement; and serving as a reliable information source on issues critical to Americans age 50+.

AARP strongly supports SB2264 SD1 - Relating to Caregiving. 247,000 Hawaii residents are caring for an aging parent or loved one, helping them to live independently in their own homes and providing services that are valued at approximately \$2 billion annually. These family caregivers have a huge responsibility, and their role has dramatically expanded to include performing medical and nursing tasks of the kind and complexity once provided only in hospitals and nursing homes and by home-care professionals. Through this bill, Hawaii can take some common sense steps that would make a world of difference to them.

This bill requires a hospital to provide patients with the opportunity to designate a caregiver on hospital medical records; provide a caregiver with notice prior to the patient's discharge or transfer to another facility; and instruct the caregiver on after-care tasks that need to be performed after discharge.

In a recent national survey conducted by the AARP Public Policy Institute and the United Hospital Fund, almost half (46 percent) of family caregivers reported performing medical and nursing tasks for care recipients with multiple chronic physical and cognitive conditions. These tasks include managing multiple medications, providing wound care, preparing food for special diets, using monitors, and operating specialized medical equipment. These tasks were in addition to assistance with bathing, dressing, eating, and household tasks. Most caregivers said that they received little or no training to perform these medical and nursing tasks.

A lack of training of family caregivers and insufficient coordination between hospitals and caregivers can be a tremendous source of stress for family caregivers, but also impacts the health care system as a whole. Evidence suggests that greater involvement of family caregivers in transitions from hospital to home can lead to increased health outcomes for the care recipient and lower hospital readmission rates.

Indeed, 71 percent of Hawaii hospitals were assessed Medicare penalties for excessive readmissions in year two of the federal Hospital Readmissions Reduction Program, ranking Hawaii 32nd in the country on this measure. SB2264 SD1 has the potential to help bring down

avoidable readmissions and provide support and peace of mind to thousands of Hawaii caregivers in the process.

The caregiver designation, notification, and training provisions in SB2264 SD1 are not intended to create new work, but rather to ensure and facilitate a common standard of communication between hospitals, patients, and family caregivers, upon which hospitals can continue to innovate. Many hospitals have developed best practices in the area of training and can serve as models for hospitals seeking to implement the provisions of the bill.

This bill incorporates some of the key recommendations of the recent bi-partisan Congressional Long-Term Care Commission and has garnered the support of numerous national and local stakeholder groups, such as the Hawaii Family Caregiver Coalition, the American Cancer Society Cancer Action Network, the Caregiver Action Network, ILWU Local 142, and the Hawaii Primary Care Association.

AARP recognizes that successful implementation of SB2264 SD1 will require the cooperation and support of Hawaii's hospitals and healthcare professionals. In particular, we acknowledge the concerns expressed in previous committee testimony by the Healthcare Association of Hawaii regarding the potential for hospital liability in SB2264 SD1. This bill is not intended to increase or affect the liability standards that hospitals currently face with respect to treatment, planning and discharge. To help alleviate these concerns we propose that the Committee consider inserting the following language as a new section to SB2264 SD1:

Nothing in this Act shall be construed to create a private right of action against a hospital or hospital employee or otherwise supersede or replace existing rights or remedies under any other general or special law.

In addition, we propose deleting Section 5 (b) as it is not necessary:

No health care directive may claim to be in conflict with this chapter unless it had been in existence prior to the patient's entry into a hospital.

In summary, as Hawaii's population ages, frail elderly and individuals with disabilities rely heavily on unpaid family caregivers. Family caregivers are often the default providers for complex chronic care in homes. Despite this critical role, family caregivers frequently lack the training they need to successfully help their loved ones and are often left out of discussions and plans involving a patient's transition from hospitals back home. Hawaii has the chance now to recognize this issue and take critical steps to support these caregivers and improve the care they provide.

We urge you to support SB2264 SD1.

Thank you for the opportunity to provide testimony.

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: maucrowe@gmail.com
Subject: Submitted testimony for SB2264 on Feb 25, 2014 10:30AM
Date: Saturday, February 22, 2014 2:19:56 PM

SB2264

Submitted on: 2/22/2014

Testimony for JDL on Feb 25, 2014 10:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
james crowe	Individual	Comments Only	No

Comments: I strongly support SB2264 re: hospital instructions for caregivers. A little bit of informative instruction could prevent a patient's too swift return to the hospital.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: toddhairgrove@hotmail.com
Subject: *Submitted testimony for SB2264 on Feb 25, 2014 10:30AM*
Date: Friday, February 21, 2014 6:54:14 PM

SB2264

Submitted on: 2/21/2014

Testimony for JDL on Feb 25, 2014 10:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Todd Hairgrove	Individual	Support	Yes

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

To: Committee on Judiciary and Labor, Senator Clayton Hee, Chair

Date: February 25, 2014, State Capitol Conference Room 016, 10:30 a.m.

Re: SB 2264 SD1 - Relating to Caregiving

Chair Hee and Committee Members:

Thank you for the opportunity to submit written testimony in **STRONG SUPPORT** of SB 2264 SD1 Relating to Caregiving. My name is T. J. Davies Jr. and I am retired and disabled and live in the Kakaako area. The passage of this bill is vital as:

- Unpaid family caregivers need to be identified and included in care plan discussions for a loved one before discharge from a hospital
- Family caregivers are performing complex medical type tasks with little or no instruction
- Family caregivers may have no choice but to perform medical tasks - no one else will do it, insurance will not cover, too expensive to hire someone

I urge you to support caregivers by voting yes on SB 2264 SD1.

T. J. DAVIES JR.

Volunteer, AARP & Kokua Council for Senior Citizens
Kakaako (District 23 / Senate District 12)

Aloha Chair Hee and committee members,

My name is Barbara Service and I reside in Senate District 9, Senate District 19. I am a retired social worker, an AARP volunteer and also belong to Kokua Council.

I urge your strong support of SB2264 SD1. This will provide a necessary connection between caregivers and seniors being discharged from hospitals. Hospitals must include caregivers, many of whom are unpaid, in discharge planning and appropriate care for their loved ones, upon hospital discharge. Often, caregivers are not aware, in advance, of the discharge plan and have not been trained in how to perform necessary medical tasks which enable their loved ones to remain in their own homes. Nursing home care, one alternative, is not only incredibly expensive in Hawaii (upwards of \$150,000 per year), but there are few vacancies and most seniors want to remain in their own homes, as long as possible.

Please vote yes on SB2264 SD1 to provide to support to caregivers in caring for their loved ones.

Mahalo for the opportunity to provide strong support for SB2264 SD1.

Barbara J. Service

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: jjog4life@gmail.com
Subject: Submitted testimony for SB2264 on Feb 25, 2014 10:30AM
Date: Saturday, February 22, 2014 8:53:17 PM

SB2264

Submitted on: 2/22/2014

Testimony for JDL on Feb 25, 2014 10:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Jean Ishikawa	Individual	Support	No

Comments: It is imperative that family caregivers are included in the care plan and notified when patient is released. They must be given specific instructions on dispensing medication and any pertinent information relative to the patient. Thank you for your support in this very important aspect re caregivers.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

To: Committee on Judiciary and Labor,
Senator Clayton Hee, Chair

Date: February 25, 2014, State Capitol Conference Room 016, 10:30 a.m.

Re: SB 2264 SD1 – Relating to Caregiving

Dear Chair Hee and Committee Members:

I appreciate the opportunity to submit written testimony in Very STRONG SUPPORT of SB 2264 SD1 that is related to Caregiving. My name is Gail Gainer-Rustin and I am a Registered Nurse from California. I now reside in Honolulu, Hawaii. The passage of this bill is vital for the wellbeing of the elderly and their caregivers because of these facts:

- Unpaid Caregivers be it family or close friend should be identified as an important part of the patient's care team. The Caregivers should be part of the discharge education and plan so they can better care for the patient and prevent readmissions to the hospital.
- Another good reason or fact is the expectations of the unpaid caregiver is to perform complex medical type tasks without any formal training. This Bill SB 2264 SD1 would allow the patient's caregiver to obtain instructions and enough education to do a proper job of care.
- Family caregivers may have no choice but to perform medical tasks because there is no one else to provide home care due to a lack of finance and insurance.

I urge you to support caregivers by voting yes on SB 2264 SD1.

Gail Gainer-Rustin, RN
Honolulu, Hi 96817

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: glennshiroma@hawaiiantel.net
Subject: Submitted testimony for SB2264 on Feb 25, 2014 10:30AM
Date: Sunday, February 23, 2014 12:02:55 AM

SB2264

Submitted on: 2/23/2014

Testimony for JDL on Feb 25, 2014 10:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Glenn Shiroma	Individual	Support	No

Comments: Testimony in STRONG SUPPORT FOR SB 2264 SD1.

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc: pc70@cornell.edu
Subject: Submitted testimony for SB2264 on Feb 25, 2014 10:30AM
Date: Sunday, February 23, 2014 1:22:43 PM

SB2264

Submitted on: 2/23/2014

Testimony for JDL on Feb 25, 2014 10:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Callahan	Individual	Support	No

Comments: To: Committee on Judiciary and Labor, Senator Clayton Hee, Chair Date: February 25, 2014, State Capitol Conference Room 016, 10:30 a.m. Re: SB 2264 SD1 - Relating to Caregiving Chair Hee and Committee Members: Thank you for the opportunity to submit written testimony in STRONG SUPPORT of SB 2264 SD1 Relating to Caregiving. The passage of this bill is vital as there are many caregivers who assist their parents and grandparents, while holding jobs to get the money for living expenses. The state should assist them when possible . I urge you to support caregivers by voting yes on SB 2264. Patrick and Nancy Callahan Kailua Kona

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.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

February 23, 2014

Committee on Judiciary and Labor, Senator Clayton Hee, Chair

Hearing Date: February 25, 2014, State Capitol Conference Room 016, 10:30 a.m.

Re: SB 2264 SD1 - Relating to Caregiving – REQUEST ADDED LANGUAGE

Chair Hee and Committee Members:

Thank you for the opportunity to submit written testimony in STRONG SUPPORT of SB 2264 SD1 Relating to Caregiving.

My name is Cullen Hayashida and I have been involved with aging related services in Hawaii since 1979 as a planner, nursing home administrator, director of a gerontology program at KCC and as a owner of a medical alert service in Hawaii for over 12 years.

Without repeating the growing needs of our family caregivers given the push towards home and community-based care and the explosive growth of the older adult population, it is clear that the state can do more to assure that families continue providing care and do not prematurely burnout.

Regarding the Bill, I would like to recommend strengthening it by specifically stating that the hospital's discharge plan should be in the form of a Discharge Planning Checklist. This Checklist should include a review of the patient's fall assessment, fall prevention technique instructions and methods of accessing immediate assistance immediately if emergency help was needed. In addition, the Checklist should consider listing available Family Caregiver Training programs. The development of this Checklist should include the involvement of representatives of hospital discharge planners, family caregivers and patient advocacy groups.

I urge you to support caregivers by voting yes on SB 2264 SD1.

A handwritten signature in black ink that reads "Cullen T. Hayashida". The signature is written in a cursive style with a long horizontal flourish at the end.

Cullen T. Hayashida, Ph.D.
Owner, Kupuna Monitoring Systems
Professor – University of Hawaii

Moanalua Gardens Community

Committee on Judiciary and Labor

Testimony for SB2264 SD1- Relating to Caregiving

Date: 2/24/14

To: Honorable Senator Clayton Hee, Chair
Honorable Senator Maile S.L. Shimabukuro, Vice Chair

Hearing: Tuesday, 2/25/14

Time: 10:30 am

Place: Conference Room 016 State Capitol 415 South Beretania Street

Dear Chair Hee and Committee Members,

My name is Keri Yamamoto and I am writing also on behalf of my parents George and Carlene Yamamoto. We strongly support SB2264 SD1 Relating to Caregivers due to our experience in helping my uncle who was admitted twice to a local hospital last year and was highly dissatisfied with the discharge procedure from the hospital. My uncle was single, had no children, and my father is his brother. He lived alone in a rental house in Kaneohe. The first time he was admitted, we were notified that he "may" be discharged that week, but was not given a specific day. We tried to communicate that there was no designated caregiver on this island to care for him at home and although he could walk with a walker, he was too weak to cook himself meals, manage his medicines, and keep up with housekeeping/house hold chores like washing dishes, washing clothes etc. My father had to call his sister, who lives on Hawaii Island and luckily she agreed to fly in to help him. She flew in lucky for us on the day that he was discharged. We were notified only in the morning of the day that he was being discharged.

I was present that day to help my father understand the discharge instructions so that I could instruct my Aunt. I am a health care professional and work as an Occupational Therapist, so I have a lot of experience working in acute hospitals, rehabilitation hospitals, and skilled nursing facilities. The person who came to "read" the discharge instructions was not my uncle's nurse and or did not seem to know anything about the instructions at all. I had a lot of questions because my uncle had an open sore on his bottom, a pressure ulcer and he was diabetic. Questions I had were specific regarding how to manage his medicines, if he now needed to check his blood sugars daily and what time of day, what to do with the wound care etc... all of that, the person reading the instructions did not know and referred me back to my uncles' nurse. She then said she would get my uncle's nurse, but my father had to sign the discharge forms that she was reading. Once the nurse came 15-20 minutes later, she answered my questions, and told me enough information to how to care for my uncle at home until he had his appt with his primary care MD.

On my uncle's second admission in the hospital last year, he had moved and was living at The Plaza –in an assisted living situation. I had a phone call from one of my uncle's doctor at the hospital stating that they could not get a hold of my parents and called me because my uncle was being discharged from the hospital that day. My parents had visited my Uncle at the hospital the day or two before and talked with one of his MD's but there was no mention of discharge until I got that phone call. Being that I am a medical professional and knew what questions to ask, I asked the doctor, since he lived at The Plaza in assisted living, would they take him back in his condition? The doctor did not seem to know and told me that she would get back to me. She called me 10-15 minutes later stating that the nurses at The Plaza

would be coming to evaluate my uncle before he can return and they could not do it that day. So he would not be discharged that day, but most likely the next day when he got evaluated by The Plaza.

If my father was home and he received the information to come and pick up his brother from the hospital, he would have just gone and picked him up. If he was to take him to The Plaza and they did not accept my uncle back in his condition, then what would have happened? It would have been a difficult, stressful, and unsafe situation for both my uncle and my family since we would not be prepared to be his caregivers.

Because of my experiences, I've shared this with my friend whose mother was in ICU for over a week. I told her that she would have to be on top of things and talk to the MD's and social worker about discharge plans because she is a single mother working full time. She does not have any other family members to help her with her mom. She visited her mom daily throughout her stay. The discharge plan was that when her mom was ready, she would go to a skilled nursing facility. My friend was proactively going to visit different facilities to see which one would best suite her mom.

Yet, I get a frantic call from my friend one day saying that the hospital was going to discharge her mom to a place that she knew nothing about. She had called her cousin that knew someone at another facility that could receive her mom, but not until the next day. So I shared another friend's story of how she had to be very forthright and verbally assertive to have her mother-in-law be discharged to a care facility, because they too got a call less than 24 hours and the mother-in-law lived alone in an apartment, she needed 24 hour care, and the family could not provide that at the time that they were called. In both cases, it worked and the hospitals were able to change the discharge plans to what the families and patient needed.

My mother is a retired nurse and she is frustrated and doesn't understand why the hospitals don't inform families more in advance about discharge dates and provide proper discharge instructions. The hospitals used to do that as standard practice and procedures when she used to work. I worked in hospitals in CA and WA in the 1980's and 1990's and that is their standard procedure and practice. While living in WA, I was in the hospital in WA for 10 days. I knew the specific date I was going to be discharged more than 24 hours in advance. I started to get training from the nursing staff a day or two before I was discharged regarding my medicines and how to clean my Hicman catheter tube since I lived alone and had no family to care for me.

On the mainland, I feel it is standard practice and standard procedure to tell the patients in advance the specific date of discharge because most people do not have "extended families" to come forward to help out. People on the mainland may be more proactive and more assertive about their own health and their healthcare. If they were highly dissatisfied they would report it right away and or may bring about legal action sooner if they felt they did not receive proper discharge instructions and something negative were to happen.

At the hospital I worked at in WA that had an in-patient rehab unit, there was constant program development based on the patient surveys once discharged. Whatever problem or dissatisfaction that was common to a practice or procedure that we did, the program would come up with a solution, we as the staff would all implement it and if it corrected the problem, then that would be the new practice or procedure. If it didn't, they would create a new solution. This was during 1990- 1997 when I worked for that hospital. They were very proactive. Unfortunately, I find in Hawaii, even in the places I have worked so far, it is more common to be reactive. Even as a staff for a medical facility, I have personally shared

Page 3 of 3

my concerns in staff meetings with even the CEO's regarding complaints from the patients I work with at an outpatient level regarding the discharge procedure, but I am always told, "We are aware of it and looking at ways to solve it." But in the 7+ years I worked for that medical facility, it did not change. Like this bill, I feel this is a reaction to a common problem that is creating stress for patients, families, and caregivers. It is creating possible high readmissions due to poor coordination, education, and training regarding the medical management of the patient being discharged.

For example, if my father had picked up my uncle and the plaza would not take him, I think my father would have taken him back to the emergency room because he would not know how to take care of him. In the stories I shared above, if my friends were not assertive and very forthright in expressing their needs and what would be most healing and beneficial for their loved ones, and then the recovery and healing situations would not be as optimal for their loved ones. Being and feeling distressed as a patient and caregiver does not facilitate proper healing.

I am fortunate as a healthcare professional to know what to do in these situations. But, what about your average person with no medical knowledge or awareness? What about the seniors (like my parents) who think in their mind that the hospitals are doing the things they "used" to do when they were young and to find out too late that they are not? Without this bill, what would happen to them and their families? And even if it is ok for families to care for their loved ones at home, don't you think they should be properly trained to KNOW how to care for them at home vs. someone just reading them the instructions? Both myself and my parents feel it is a shame on the state of our healthcare system that this bill even has to be created to receive the proper care upon being discharged from the hospital.

I request that you receive my testimony on behalf of myself, my family, and my extended Ohana. Please support this bill to create a new model of health care for yourself, your family, and the people of Hawaii. I would like to know that if I ever get hospitalized in the future, that I would have at least 24 hours' notice of the specific day I am being discharged and that I receive the proper training of how to care for myself once I am discharged by the correct staff, whether it is the doctor, dietician, nursing, and therapists. Thank you for your support of this bill.

Keri Yamamoto
George Yamamoto
Carlene Yamamoto

Keri Yamamoto
George Yamamoto
Carlene Yamamoto

To: The Senate Committee on Judiciary and Labor
Senator Clayton Hee, Chair
Senator Maile S.L. Shimabukuro, Vice Chair

From: Michelle Sone

Hearing Date: Tuesday, February 25, 2014 – 10:30 a.m.
Conference Room 016

Re: SB 2264 SD 1, Relating to Caregiving

I appreciate the opportunity to submit written testimony in strong support of SB 2264, Relating to Caregiving. My name is Michelle Sone and I am a graduate student at UH Manoa pursuing my master's degree in social work. Through my current school curriculum and personal experience at my practicum in a hospital, I have become aware of the increasing prevalence of unpaid caregivers and the challenges that they often face caring for their loved ones. Exposure to this issue has made me mindful of the crucial role that they play and the need to support them.

My current internship within a hospital setting has given me the opportunity to see firsthand the importance of including caregivers in a patient's care plan and discharge planning. We often tend to focus on the care that the patient receives in the hospital, however it is equally important to remember that these patients will often be going home where their caregivers take over where the medical team left off. Smooth transitions are difficult when caregivers are left out of the discharge planning process.

Opportunities in the medical setting such as education on medications and wound care by nurses introduce caregivers to the techniques and knowledge necessary to facilitate a more comfortable and secure transition home. Furthermore, family trainings with the physical and occupational therapists provide time for caregivers to learn and practice techniques such as getting into and out of a car or safe showering practices to allow for safer discharges home. This support from trained medical staff can potentially keep patients from returning to the hospital and are ultimately beneficial for hospitals, patients, and caregivers.

The hospital experience is one that can be incredibly overwhelming and intimidating, not just to the patient but also their loved ones and the ones who provide them with care at home. These are often the wives, daughters, or other family members who are willing to take over the new responsibilities but may need a bit of guidance and education. It is imperative that we support and empower these caregivers who are looking after our kupuna. It is with this that I urge you to please support SB 2264.

Thank you for the opportunity to testify.

To: Committee on Judiciary and Labor, Senator Clayton Hee, Chair

Date: February 25, 2014, State Capitol Conference Room 016, 10:30 a.m.

Re: SB 2264 SD1 - Relating to Caregiving

Chair Hee and Committee Members:

Thank you for the opportunity to submit written testimony in STRONG SUPPORT of SB 2264 SD1 Relating to Caregiving. My name is Chalintorn N. Burian, Ph.D. and I am a retiree. I live in Paauli-Mauka on the Big Island. The passage of this bill is vital as:

-It will help keep patients recovering at home without unnecessary readmission to the hospital. It's widely accepted that patients prefers recovering at home among loved ones in more familiar environments.

- This bill will give support to the 247,000 unpaid family caregivers in Hawaii. It recognizes the expanded role of family caregivers who are performing medical and home care tasks such as: medication management; help with assistive mobility devices; preparation of special diets; and wound care.

-Unpaid family caregivers need to be identified and included in care plan discussions before their loved one is discharged from a hospital.

- Family caregivers are performing complex medical type tasks with little or no instruction

- These family caregivers often have no choice but to perform these medical tasks - no one else will do it, insurance will not cover, and this work is too expensive to hire someone.

Having been through hospitalizations of my aging mother, I valued the preparation for caregivers before she was discharged from hospitals. Not only that relatives, who were caregivers, were prepared for medication management, food preparation for tube-feeding, etc., we were prepared to deal with her for her physical and emotional comforts. Without such program at hospitals, we, the caregivers, would have been at loss, and my mother would have been readmitted more frequently. I wish other caregivers will have such good experience for their loved ones when this bill is passed.

I urge you to support caregivers by voting **YES** on SB 2264 SD1.

Chalintorn N. Burian, Ph.D.

Positive and Productive Aging Consultant.
Paauiilo-Mauka, Hawaii District

P.O. Box 366

Honokaa

HI 96727

Phone: (808) 775-1064

To: Committee on Judiciary and Labor, Senator Clayton Hee,
Chair

Date: February 25, 2014, State Capitol Conference Room 016,
10:30 a.m.

Re: SB 2264 SD1 - Relating to Caregiving

Chair Hee and Committee Members:

Thank you for the opportunity to submit written testimony in
STRONG SUPPORT of SB 2264 SD1 Relating to
Caregiving. My name is Midori Kiso and I am a former caregiver
for my late husband and live in the Miilii area. The passage of this
bill is vital as:

- Unpaid family caregivers including myself in the past need to be identified and included in care plan discussions for a loved one before discharge from a hospital
- Family caregivers like myself in the past are performing complex medical type tasks with little or no instruction
- Family caregivers may have no choice but to perform medical tasks - no one else will do it, insurance will not cover, and too expensive to hire someone.

Family caregiver are still struggling everyday facing tough situations, for example, handling the task like tube feeding and changing post-surgery dressings.

I urge you to support caregivers by voting yes on SB 2264 SD1.
Thank you.

Midori Kiso
Miilii, Oahu

To: Committee on Judiciary and Labor, Senator Clayton Hee, Chair

Date: February 25, 2014, State Capitol Conference Room 016, 10:30 a.m.

Re: SB 2264 SD1 - Relating to Caregiving

Chair Hee and Committee Members:

Thank you for the opportunity to submit testimony in **STRONG SUPPORT** of SB 2264 SD1 Relating to Caregiving. My name is Toni Hathaway and I am a geriatric social worker who has worked with elders and their family caregivers for over 30 years. I have also been a caregiver to my husband, mother, and father. I live in the Moilili area. I am sure you are aware of the growing number of elders and family caregivers in Hawaii. From personal experience, I know that family caregivers are expected to provide a high level of care to their elders upon discharge from the hospital including in my case giving injections and giving IV medications and fluids through a Hickman Catheter. I urge you to support this bill on behalf of the well being of our elders and family caregivers. Family caregivers are in urgent need of more information, options, and training before their loved ones leave the hospital.

Mahalo and please support SB 2264 SD1-Relating to Caregiving.

Toni Hathaway