



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
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doh.testimony@doh.hawaii.gov

Testimony in OPPOSITION to HCR 140
REQUESTING THE DEPARTMENT OF HEALTH TO CONDUCT A STUDY TO
GATHER BASELINE INFORMATION ON THE INCIDENCE OF SEPSIS IN HAWAII
AND THE SEPSIS MORTALITY RATE.
REPRESENTATIVE DELLA AU BELATTI, CHAIR
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 28, 2016

Room Number: 329

- 1 **Fiscal Implications:** There is no funding appropriated for this work; in-depth evaluation of
2 sepsis incidence and mortality beyond what has already been reported to the 28th Legislature in
3 January 2015 to address HCR 202 SD1 is limited by financial and staffing constraints.
- 4 **Department Testimony:** The Department of Health concurs that decreasing the morbidity and
5 mortality associated with sepsis is an important clinical objective; however, the 2014 Sepsis Task
6 Force as part of its activities has already evaluated the morbidity and mortality burden of sepsis
7 for Hawaii as could be possible given the absence of funding to procure or obtain more in-depth
8 data on sepsis incidence and mortality in Hawaii. The findings of the Task Force's evaluation
9 were presented in their Report to the 28th Legislature. Their report may be viewed electronically
10 at <http://health.hawaii.gov/opppd/files/2015/06/HCR-202-SD-1-Sepsis.pdf>.
- 11 Thank you for the opportunity to testify.



March 28, 2016

State of Hawaii
House of Representatives

RE: HCR 140, HCR 141, HCR 142

Dear Representatives,

Sepsis Alliance is the nation's oldest and largest sepsis advocacy organization. We represent the millions of people who have been killed or injured by sepsis and millions more who will be victims unless changes are made. The Sepsis Alliance website, Sepsis.org, receives 1 million visits each year from patients, family members, health providers and other sepsis constituents.

Sepsis is not a new disease, yet it continues to take a life every 2 minutes and is known to fewer than half of U.S. adults. Sepsis takes more lives than breast cancer, prostate cancer and AIDS, combined. Tragically, sepsis is preventable or treatable in as many as 80% of cases. We can save as many as 200,000 American every year with improved awareness and education.

Sepsis Alliance strongly supports HCR 140 in that it is critical to have the data gathering in place to understand the impact of prevention, awareness and education efforts. We would also encourage the state to additionally gather information on the morbidity impact of sepsis which is significant.

Sepsis Alliance strongly supports HCR 141 in that Sepsis Alliance established Sepsis Awareness Month in 2011 to focus additional attention on the impact of this disease and to promote increased awareness and education efforts. Similarly, Sepsis Alliance partnered with the Global Sepsis Alliance to designate September 13 as World Sepsis Day. Supporting these events on a state level will help Hawaii bring focus to these calendar events in support of the state's commitment to reduce mortality and morbidity from sepsis.

Sepsis Alliance also strongly supports HCR 142 to establish and convene a sepsis best practices group. Sepsis initiatives across the country are uneven at best. There is a large opportunity to standardize improvements and increase the impact of best practices via a centralized repository and sharing organization.

Sepsis Alliance applauds your efforts to save lives and limbs from this epidemic disease.

With my best regards,

Thomas Heymann
President and Executive Director
theymann@sepsis.org

HLTtestimony

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 11:03 AM
To: HLTtestimony
Cc: jkutzer@hinurse.org
Subject: *Submitted testimony for HCR140 on Mar 28, 2016 14:16PM*

HCR140

Submitted on: 3/28/2016

Testimony for HLT on Mar 28, 2016 14:16PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
joan kutzer	Hawaii Nurses Association OPEIU local 50	Support	No

Comments:

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March 28, 2016 at 2:16 PM
Conference Room 329

House Committee on Health
House Committee on Human Services

To: Chair Della Au Belatti
Vice Chair Richard P. Creagan

Chair Dee Morikawa
Vice Chair Bertrand Kobayashi

From: George Greene
President and CEO
Healthcare Association of Hawaii

Re: Testimony in Opposition
HCR 140, Requesting the Department Of Health to Conduct a Study to Gather Baseline
Information on the Incidence of Sepsis in Hawaii and the Sepsis Mortality Rate

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 180 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

We would like to thank the committees for the opportunity to provide our comments in **opposition** to HCR 140, which requests that the Department of Health (DOH) gather information regarding sepsis incidence in the state. The DOH would also be requested to assess national models and make recommendations on guidelines. We are concerned that this measure would duplicate existing efforts on the state and federal level to gather information on the incidence of sepsis in the state.

We have concerns with the provision of this resolution requesting DOH to "compile data about mortality rate from sepsis throughout the whole state." There are expansive national efforts underway to report and track data on sepsis. Last year, the Centers for Medicare and Medicaid Services (CMS) adopted the National Quality Forum measure (NQF #0500), Severe Sepsis and Septic Shock: Management Bundle, which requires hospitals to start collecting sepsis data beginning with October 1, 2015 inpatient hospital discharges. Hospital performance in NQF #0500 will eventually be publicly reported, by facility, and also tied to reimbursement. It would be duplicative and potentially burdensome on facilities and DOH to have to report this data more than once, in different formats.

Our members are also actively engaged in national efforts to study and introduce best practices regarding sepsis in the state. Hawaii hospitals, through their participation in a national initiative to improve the quality of care provided across the country called Partnership for Patients, are working diligently to improve sepsis care by focusing an entire quality initiative in that area.

Lastly, we would like to address the provision in the proposed resolution asking DOH to “examine potential links between septic shock and dengue shock syndromes and any correlation of higher rates of patients contracting sepsis in Hawaii County.” There have been a total of 260 confirmed cases of dengue fever on Hawaii Island and none of those dengue cases were severe or dengue shock syndrome. Given this information, it would be extremely difficult to attempt to make any correlations. Furthermore, the Sepsis Alliance, which is composed of multiple national and international sponsors and partners, does not list dengue or dengue shock syndrome as any of the diseases and conditions that are risk factors for developing sepsis.

Our hospitals are highly motivated and actively collaborating to improve sepsis in their respective facilities and as a state overall and are reporting data on the incidence of sepsis that will be published publicly. It does not seem likely that any state agency would be able to gather better sepsis data than this. This resolution could also pull away needed resources—including individuals with expertise—from existing efforts to address this issue. Moreover, Hawaii facilities are already engaged in efforts to improve sepsis care in the state through national collaborations. For these reasons, we would ask that your committee defer this measure.

Thank you for your consideration of this matter.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 6:57 AM
To: HLTtestimony
Cc: beckypgardner@gmail.com
Subject: Submitted testimony for HCR140 on Mar 28, 2016 14:16PM

HCR140

Submitted on: 3/28/2016

Testimony for HLT on Mar 28, 2016 14:16PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Becky Gardner	Individual	Support	No

Comments: Re: Testimony in Support of: HCR140 / HR92 – NEED BASELINE INFORMATION ON SEPSIS & MORTALITY HCR141 / HR93 – SEPSIS AWARENESS MONTH HCR142/ HR94 – SEPSIS BEST PRACTICES GROUP I am writing in strong support for the above-referenced resolutions, which would individually, and as a whole, increase SEPSIS AWARENESS in Hawaii. My name is Becky Gardner. I wish to disclose that I am a state employee in an office that is administratively attached to the Department of Health. However, I submit this testimony not in my capacity as public servant, but as a concerned and interested 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. Before 4 years ago, I have never heard of SEPSIS. This is remarkable since I grew up in a home of health care providers, one of whom was an emergency room nurse. However, many might be as surprised, as I was, to learn just how common it is. According to the Global Sepsis Alliance: “In the U.S., sepsis accounts for far more deaths than the number of deaths from prostate cancer, breast cancer and AIDS combined.” <http://www.world-sepsis-day.org/?MET=SHOWCONTAINER&vCONTAINERID=11> I first heard of sepsis when I learned of the death of Patty Rohlfing, loving wife of a dear friend – Fred Rohlfing, whom many of you know personally and/or politically for his contributions to this state and country as not only having served in this very legislature; but as a federal judge; in the U.S. Navy; and on numerous state and county boards and commissions. Fred has been the engine behind many of the legislative proposals over the last few years regarding sepsis awareness and patient advocacy. Of particular note is SB666 during the 2013 Legislative Session. His testimony on that bill relates the details concerning his wife’s death, and is available here: http://www.capitol.hawaii.gov/Session2013/Testimony/SB666_TESTIMONY_HTH-JDL_02-06-13.pdf What is compelling about his recount is the seemingly countless opportunities for the health care professionals, front line staff, friends, and/or family that were present during the sudden demise of Patty’s health, to have picked up on some of the warning signs, or taken a more cautionary approach to avoid or mitigate the damages of septic shock. Of course, no one can be held at fault for not recognizing something they didn’t have awareness of in the first place. But creating such

awareness, which might have saved Patty's life, is the objective of these measures. A death due to Septic Shock has again recently impacted people close to me. On March 4, 2016, many grieved the loss of Jacob Reed – just 36 years old, an officer with the Honolulu Police Department, loving and doting husband to Cheryl Reed, and loving, giving father of two young boys – Ethan (6) and Noah (3). Jake was young, healthy, fun, and a true friend to so many. His death happened so suddenly, stemming from something so common - bronchitis and pneumonia. In a matter of a few days, his pneumonia resulted in the release of a bacterial infection that got into his bloodstream that put him into septic shock and quickly led to liver and kidney failure. More information about Jake can be read here:

https://www.gofundme.com/a4s7cd8s?utm_source=internal&utm_medium=email&utm_content=cta_button&utm_campaign=update

Could this have been prevented with greater awareness; an understanding of what the risk factors are; and an appreciation and dissemination of best practice guidelines? I imagine such efforts would've made a difference for Patty, and Jake, and to all the people who love them and were loved by them. A simple google search for "Sepsis Awareness" brings up extensive material and resources that would help in our collective understanding and treatment. I therefore urge these committees to take full advantage of the work that's already done to understand and prevent sepsis, and help these efforts manifest into concrete preventative action and widespread knowledge of sepsis in Hawaii – through a SEPSIS AWARENESS MONTH; a STUDY of the INCIDENCES and RELATED MORTALITY; and a determination of BEST PRACTICES. Please pass these measures, in honor of Patty Rohlfing, Jacob Reed, and countless others who have died or have been affected by Sepsis. Pass these measures in the spirit of prevention for those who may survive the devastating consequences if this condition is better understood and detected. Thank you.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 27, 2016 9:53 PM
To: HLTtestimony
Cc: chereed43@gmail.com
Subject: *Submitted testimony for HCR140 on Mar 28, 2016 14:16PM*

HCR140

Submitted on: 3/27/2016

Testimony for HLT on Mar 28, 2016 14:16PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
cheryl	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 27, 2016 8:41 PM
To: HLTtestimony
Cc: sanfordcheryl@gmail.com
Subject: Submitted testimony for HCR140 on Mar 28, 2016 14:16PM

HCR140

Submitted on: 3/27/2016

Testimony for HLT on Mar 28, 2016 14:16PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
cheryl sanford	Individual	Support	No

Comments: Three weeks ago, my good friend, Jacob Reed, passed away unexpectedly at Straub Hospital. In addition to being a dedicated Honolulu Police officer, Jake was a devoted husband to his wife Cheryl and loving father to his two young boys Ethan, 6 and Noah, 2. We are all struggling to come to grips with the harsh reality of life without Jake's smile, sense of humor, and love for life. When he went into the hospital after having strep and difficulty breathing, we never anticipated that he wouldn't come home. People recover from pneumonia, especially young and healthy people like Jake. When I got the word that Jake had passed away, I simply couldn't believe it. How does this happen? Why? Just two weeks before, we were all happily celebrating the marriage two good friends. Apparently, the strep infection progressed to pneumonia and a lung infection that eventually resulted in sepsis, causing multiple system failure, and the death of a young, happy, vibrant father, husband, and police officer. What can we do to prevent this from occurring again? I think collecting data such as that suggested by this bill is at least a way to start.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, March 27, 2016 4:47 PM
To: HLTtestimony
Cc: beckyzdummyemail@gmail.com
Subject: *Submitted testimony for HCR140 on Mar 28, 2016 14:16PM*

HCR140

Submitted on: 3/27/2016

Testimony for HLT on Mar 28, 2016 14:16PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
becky	Individual	Support	No

Comments:

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George S. Massengale
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March 26, 2016

House Committee on Health
Rep. Della Au Belatti, Chair
Rep. Richard Cregan, M.D., Vice Chair

Re: HCR140 & HR92
Date: March 28, 2018
Time: 2:16 p.m.
Place: Conference Room 329

Testimony in Support

Chair Belatti, Vice Chair Cregan and members of the Committee on Health. I am writing this testimony as an individual and at the same time to support my close friend, Fredrick Rohlfing. HCR140 & HR92 if passed would require the Hawaii Department of Health to conduct a study for the purpose of establishing baseline information on the incidence and mortality rate of Sepsis in Hawaii.

Septicemia is an insidious "equal opportunity disease" like cancer it affects the young and old, male and female, republicans and democrats, the rich and poor. It can start with any kind of infection, be it a cut on your arm, or an infection of the lungs, like pneumonia. The infection can spread throughout the body, shutting down organs and doing damage to muscle and tissue.

Septicemia is often misdiagnosed and once diagnosed it is often too far along to be effectively treated with antibiotics. Also the mortality rate for patients hospitalized with sepsis is more than eight times as likely to die.

In 2000, the incidence of sepsis in the United States was 326,000. In 2008 the incidence increased to 727,000, to over 1,000,000 cases now. Between 1999 and 2005, 4,2016 deaths were attributed to sepsis. However, the actual death rate is suspected to be higher due to misdiagnosis being the listed cause of death. We really don't know what the incidence and mortality rate of sepsis is in the State Hawaii.

These resolutions, if passed would provide medical researches with much needed statistical information, so that we could consider additional options in the early diagnosis and treatment of sepsis in Hawaii.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'G. Massengale', written in a cursive style.

George S. Massengale

Monday 28 March 2016

House of Representatives, State of Hawaii

Committee on Health & Committee on Human Services

HRC140/HR92

HCR141/HR93

HCR142/HR94

Good afternoon Chairpersons Belatti and Morikawa.

My name is Fred Rohlfig, and I appear in favor of all 6 resolutions. I once served in both the House and Senate so I know most of the rules. I am here on a mission. My wife Patty has been dead for 5 years because of inadequate treatment at Kapiolani hospital for disease which became abdominal sepsis have being move to Kuakini hospital in Honolulu. The story has been told in every legislative session since 2011 and included a family personal meeting with then governor Abercrombie.

Initially we pressed for the appointment of trained medical personnel as patient advocates throughout our state's complement of ER rooms. A bill that would have effectuated such a humanizing consequence passed every hurdle but one in 2013. Unfortunately that one that it failed to pass was the final conference approval (SB666).

In subsequent sessions attempts were made to have a task force review the existing systems and recommend changes. This seemed to be progress but lacked any finishing kick when the chair failed to take a vote on the proposals relying on an alleged consensus.

In 2015 we took a step sideward and proposed a pilot program for Queen's and Hilo hospitals...which featured a call in senior physician expert. We represented this as our 'failsafe' expert 2nd opinion. Nobody liked our plan.

Frankly we have run out of excuses for our failures (incidentally, yours). 5 years have passed since I lost my darling Patty and you have failed to reach the promised land.

As I sat down to prepare this testimony I received a call for one of our Patty's Memorial Committee members about our plan and she told me that she wanted to share some relevant news. The husband of her good friend, had passed away several weeks ago after being admitted to the hospital for pneumonia followed by septic shock. He'd been an officer with HPD and was but 36 years old and father to two boys. So who says that sepsis isn't a 'clean and present danger' and nothing to worry about?

SEPSIS my good friends is eating away at the foundation of your community as we speak. I will finish what I hope will be a meaningful thought...

People across this country have taken the worst days of their lives and used them to change and/or create new laws. They have demanded hospital infection surveillance disclosure and similar safeguard,-_not because they are angry patients but because they have been hurt or dishonored so profoundly that they become committed to saving others that trip through living hell.

Mahalo, Ua mau keea o ka aina ika pono.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, March 28, 2016 7:24 AM
To: HLTtestimony
Cc: juliesutera@gmail.com
Subject: *Submitted testimony for HCR140 on Mar 28, 2016 14:16PM*

HCR140

Submitted on: 3/28/2016

Testimony for HLT on Mar 28, 2016 14:16PM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Julie	Individual	Support	No

Comments:

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HLTtestimony

From: Barbara Marumoto <repmarumoto@gmail.com>
Sent: Monday, March 28, 2016 12:58 AM
To: HLTtestimony
Subject: HCR 140, 141, 142 - SEPSIS - In Favor

Date: March 28, 2016 - 2:16 pm

To: Rep.Della Au Belatti, Chair
House Committee on Health

Re: Resolutions Regarding Sepsis - In Support
HCR 140
HCR 141
HCR 142

I think of sepsis as "sudden death syndrome", not only for infants, but for adults as well.. By the time it is diagnosed, it is often too late to save a victim. A million Americans suffer from this disease every year and many of them die or suffer severe long term effects. Here in Hawaii I understand that a HPD officer recently succumbed to a tragic death.

We now hear that dengue fever can result in "sudden dengue fever syndrome". Sepsis is the; 9th leading cause of death in the US.

Protocols to diagnose and treat this disease are improving rapidly, and it is critical that doctors and Emergency Room personnel must keep up with new developments.

The public must also become aware of this problem and understand the need for immediate treatment.

Because of the suddenness and severity of sepsis, I support the three resolutions before you and ask that the House Health Committee act *decisively* on these measures.

Mahalo,

Barbara Marumoto