



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. Box 3378  
Honolulu, HI 96801-3378  
doh.testimony@doh.hawaii.gov

**Testimony in OPPOSITION to HCR 142**  
**REQUESTING THE DEPARTMENT OF HEALTH TO ESTABLISH AND CONVENE A**  
**SEPSIS BEST PRACTICES GROUP**  
REPRESENTATIVE DELLA AU BELATTI, CHAIR  
HOUSE COMMITTEE ON HEALTH

Hearing Date: March 28, 2016 Room Number: 329

1 **Fiscal Implications:** There is currently no funding appropriated for this measure; within DOH,  
2 resources and staff persons would need to be pulled from existing projects and responsibilities to  
3 house this forum within DOH.

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 Sepsis Best  
6 Practices Group requested in this resolution is already in place within the Healthcare Association  
7 of Hawaii (HAH) and undertaking many of the tasks outlined.

8 In 2014, House Concurrent Resolution 202 SD 1 requested the Director of Health convene a task  
9 force to recommend ways to reduce incidents of sepsis and sepsis deaths in the state. The Sepsis  
10 Task Force presented its findings in a Report to the 28th Legislature in January 2015  
11 (<http://health.hawaii.gov/opppd/files/2015/06/HCR-202-SD-1-Sepsis.pdf>). The Task Force  
12 recommended the formation of a Sepsis Best Practice Group within the HAH Quality Committee  
13 to discuss best practices, educational opportunities, and emerging federal sepsis policies and  
14 regulations, as well as recommend implementation of best practices, as necessary.

15 The Sepsis Best Practices Group within HAH was subsequently established in July 2015 and is  
16 composed of administrators and physicians from healthcare facilities in Hawaii in addition to  
17 HDOH and HAH representation. This group meets quarterly and is already best placed to  
18 encourage and implement change in their own and/or in peer facilities and is therefore more  
19 pertinent to and credible within each facility.

20 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



**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 142, Requesting the Department of Health to Establish and Convene a Sepsis Best Practices Group.**

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.

The Healthcare Association of Hawaii would like to thank the committees for the opportunity to provide our comments in **opposition** to HCR 142. While we appreciate the intent of this measure, it will duplicate existing efforts that could compromise the availability of needed resources to carry out the recommendations made by the Sepsis Task Force and improve the awareness and treatment of sepsis in the state.

As background, there a Sepsis Task Force was convened in 2014 as a result of House Concurrent Resolution 202. After much deliberation, the task force released a report to the legislature in early 2015. There were a number of recommendations made in the report by the task force, including the recommendation that HAH establish a Sepsis Best Practices Group.

Following that recommendation, HAH established and continues to run that group as part of our regular Quality Committee meetings, led by our Director of Quality. That group includes a number of individuals who served on the initial task force, including representatives from the Department of Health. Other members of the group are selected physician champions and administrators such as Quality Directors, Emergency Department Managers, ICU Managers, Medical Directors, Nurses and

Infection Control Preventionists from hospitals across the state. The group has continued to meet following the release of the report, convening several times over the past year. HAH has also sponsored education opportunities for members on sepsis in order to meet new federal guidelines on sepsis.

We are concerned that this resolution would duplicate the work that HAH's quality committee is doing and could potentially divert needed resources and expertise away from the group's work to fulfill the recommendations made by the initial task force. We believe that the existing group is well-equipped to carry out the tasks outlined in this resolution, including discussing best practices, educational opportunities, facilitating improvement practices and working towards getting better information on sepsis in the state. We would prefer that the current group be able to continue implementing the recommendations made in HCR 202 SD 1 rather than creating an identical group housed at the Department of Health.

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.

For these reasons, we would ask that your committee defer this measure. We look forward to continuing to serve as the convener for the state's Sepsis Best Practices Group, and believe that this committee will continue its steadfast work to address this serious issue throughout the state and implement the recommendations made by the original task force.

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, March 27, 2016 9:57 PM  
**To:** HLTtestimony  
**Cc:** chereed43@gmail.com  
**Subject:** \*Submitted testimony for HCR142 on Mar 28, 2016 14:16PM\*

**HCR142**

Submitted on: 3/27/2016

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
cheryl	Individual	Support	No

Comments:

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**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Sunday, March 27, 2016 8:43 PM  
**To:** HLTtestimony  
**Cc:** sanfordcheryl@gmail.com  
**Subject:** Submitted testimony for HCR142 on Mar 28, 2016 14:16PM

**HCR142**

Submitted on: 3/27/2016

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
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 establishing best practices as suggested by this bill is at least a way to start

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**George S. Massengale**  
4300 Waialae Avenue, Apt. A803  
Honolulu, HI 96816  
808-271-9296  
honolulujd@gmail.com

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March 27, 2016

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

Re: HCR142 & HR94  
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. HCR142 & HR94 if passed would request that the Hawaii Department of Health establish and convene a Sepsis Best Practices Group.

I have offered testimony perversely in support of HCR140 and HCR141. My testimony now will focus on the January 2015 report to the Legislature from the Hawaii Sepsis Forces that "concluded that the optimal approach to work towards early recognition of and reducing sepsis deaths across the [S]tate is to regularly convene experts from Hawaii's acute care hospital into a Sepsis Best Practice[s] Group."

HCR142 & HR94 will do exactly that, and report back to the Legislature in 2017 proposed legislation that could be considered that would reduce the incidence of sepsis in Hawaii.

Thank you for the opportunity to share my testimony with you today.

Warmly,



George S. Massengale

**From:** mailinglist@capitol.hawaii.gov  
**Sent:** Monday, March 28, 2016 7:25 AM  
**To:** HLTtestimony  
**Cc:** juliesutera@gmail.com  
**Subject:** \*Submitted testimony for HCR142 on Mar 28, 2016 14:16PM\*

**HCR142**

Submitted on: 3/28/2016

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

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Julie	Individual	Support	No

Comments:

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## HLTtestimony

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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