

SCR 33

Measure Title: REQUESTING THE DEPARTMENT OF HEALTH TO ESTABLISH AND CONVENE A SEPSIS BEST PRACTICES GROUP.

Report Title: Sepsis; Septicemia; Sepsis Best Practice Group; Department of Health; Report

Description:

Companion:

Package: None

Current Referral: CPH, WAM

Introducer(s): GREEN, Taniguchi



STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in OPPOSITION to SCR 33
REQUESTING THE DEPARTMENT OF HEALTH TO ESTABLISH AND CONVENE
A SEPSIS BEST PRACTICES GROUP

SENATOR ROSALYN H. BAKER, CHAIR

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: 3/15/17

Room Number: 229

1 **Fiscal Implications:** There is currently no funding appropriated to carry out this measure.
2 Within Department of Health (DOH), resources and staff persons would need to be pulled from
3 existing projects and responsibilities to lead, convene, facilitate, conduct data analysis and other
4 tasks outlined in the resolution. The DOH defers to the priorities of the Governor's Executive
5 Biennium Budget request.

6 **Department Testimony:** The Department of Health (DOH) strongly concurs that decreasing
7 morbidity and mortality associated with sepsis is an important clinical objective. However, the
8 Department opposes S.C.R 33 as it would be a duplication of current efforts and initiatives.

9 A Sepsis Best Practices Group was established within the Healthcare Association of Hawaii
10 (HAH) in July 2015, following recommendations from the Sepsis Task Force (HCR 202, S.D.1
11 [2014]). The Sepsis Best Practices Group comprises administrators and physicians from
12 healthcare facilities in Hawaii in addition to DOH and HAH representation. This group meets
13 quarterly to disseminate best practices and methods to improve sepsis care across the state; the
14 group and its members are optimally placed to encourage and implement change in their own
15 and/or in peer facilities. The Sepsis Best Practices Group has already begun work towards the
16 aims and objectives proposed by S.C.R 33.

17 On September 13, 2016, HAH and the Sepsis Best Practices Group coordinated and hosted the
18 first Sepsis Awareness Day in Hawaii, which included personal stories of contracting sepsis from
19 members of the public, and updates from healthcare facilities on progress to improve sepsis
20 identification and treatment. Facilities are engaged in a number of sepsis awareness and

- 1 outcome improvement related activities—for example, participating in the Centers for Medicare
- 2 and Medicaid Service’s Hospital Improvement and Innovation Network, which will provide
- 3 sepsis education, tools, and best practices.
- 4 Thank you for the opportunity to testify.



March 15, 2017 at 9:00 AM
Conference Room 229

Senate Committee on Commerce, Consumer Protection, and Health

To: Chair Rosalyn H. Baker
Vice Chair Clarence K. Nishihara

From: Paige Heckathorn
Senior Manager, Legislative Affairs
Healthcare Association of Hawaii

Re: **Testimony Submitting Comments**
SCR 33, 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 160 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 committee for the opportunity to **submit comments** on SCR 33, which would request the Director of Health to establish a Sepsis Best Practices Group. We appreciate that the State Legislature is discussing sepsis, which is a very serious condition that our providers have been addressing through various quality initiatives for the past few years. HAH's Sepsis Best Practices Group was established per a legislative resolution in 2015, and facility members have since worked diligently on implementing the best, evidence-based practices for sepsis including: revision and/or development of new policies and procedures; creating physician order sets; implementing nurse-driven protocols; creating sepsis teams within facilities; and conducting system-wide education with multiple healthcare disciplines.

In 2016, another legislative resolution passed recognizing the month of September as Hawaii Sepsis Month, and September 13 as Hawaii Sepsis Day. On September 13, 2016, HAH held a Sepsis Awareness and Education Day event with community members, healthcare providers and staff from our member facilities. The event informed of the definition of sepsis, its signs and symptoms, methods of prevention, and showcased the quality and performance improvement efforts the hospital community has made in improving the recognition and treatment of sepsis.

Part of the increased attention and actions to improve the identification and treatment of sepsis a result of the Center for Medicaid and Medicare Services' (CMS) focus on sepsis as a national quality measure. Further, in the fall of last year, CMS awarded \$347 million to 16 national, regional, or state organizations to continue efforts in reducing hospital acquired conditions (HACs) and readmissions. HAH is partnering with Premier, Inc., as one of the contracted awardees for the HIIN, and sepsis is one of the measures in the HIIN scope of work.

Through HAH and the Premier HIIN, sepsis education, tools, resources and best practices are shared among the more than 400 other hospitals participating in this quality and safety improvement effort nationwide. The HAH Sepsis Best Practices Group, a subcommittee of our Hospital Quality Committee, also continues to meet regularly to share best practices, current literature, and ways to improve. There is representation from major facilities and DOH on that group, which provides guidance on best practices and educational materials to facilities in a manner consistent with what this measure requires.

Thank you for your consideration of this important matter.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, March 14, 2017 9:06 AM
To: CPH Testimony
Cc: laurenzirbel@gmail.com
Subject: *Submitted testimony for SCR33 on Mar 15, 2017 09:00AM*

SCR33

Submitted on: 3/14/2017

Testimony for CPH on Mar 15, 2017 09:00AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Zirbel	Hawaii Medical Association	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

March 15, 2017/9:00 a.m.

Conference Room 229

Senate Committee on Commerce, Consumer Protection & Health

To: Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

From: Michael Robinson
Vice President – Government Relations & Community Affairs

Re: SCR 33 – Testimony in Support

My name is Michael Robinson, Vice President, Government Relations and Community Affairs at Hawai'i Pacific Health (HPH). Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-governmental employer. Hawai'i Pacific Health is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four hospitals, more than 50 outpatient clinics and service sites, and over 1,600 affiliated physicians. Hawai'i Pacific Health's hospitals are Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital.

I am writing in support of SCR 33 which requests the Department of Health (DOH) to establish and convene a sepsis best practices group. Sepsis is a serious, life-threatening condition especially for children and the elderly. Patients hospitalized with sepsis have longer stays and suffer an increase in mortality and other complications. Early recognition and intensive treatment are effective in decreasing mortality from sepsis. The January 2015 report by the State Sepsis Task Force recommended the adoption of sepsis educational materials and initiatives by health care facilities as well as regularly convening experts from Hawaii's acute care hospitals in a Sepsis Best Practices Group. HPH welcomes the opportunity to be a part of this important discussion.

Thank you for the opportunity to testify.

George S. Massengale
4300 Waiialae Avenue #A803
Honolulu, HI 96816
email: honolulujd@gmail.com

March 13, 2017

From: George S. Massengale
To: Senate Committee on Commerce, Consumer Protection, and Health
Date: Hearing March 15, 2017 at 9:00 A.M.
Subj: SCR33 - REQUESTING THE DEPARTMENT OF HEALTH TO ESTABLISH AND
CONVENE A SEPSIS BEST PRACTICES GROUP.

Testimony in Strong Support

Chair Senator Baker, Vice Chair Senator Clarence Nishihara and members of the Committee. I am here this morning as an individual and to testify in support of SCR33. I would like to also point out that I am sepsis survivor.

I contracted sepsis after having bypass heart surgery in 1999. My right leg saphenous vein was harvested to construct a bypass artery. Two weeks after my surgery the harvest site became infected, resulting in 10 day stay at the hospital to fight the infection.

In 2013, SB666 was introduced to create an emergency department patient advocate program, and to do more in educating Hawaii's residents as causes and symptoms of sepsis. The DOH testified in opposition, Kaiser Permanente had serious concerns, and both DOH and Kaiser noted that the patient advocate "program has a potential to adversely affect patient care." The Healthcare Association of Hawaii shared these concerns and recommend that a task force be created to study the need for a ER patient advocate as well as more sepsis public education.

The task force was eventually created. A sepsis working group formed, and now over two years later not much has occurred with respect to public education.

I believe that SCR33 is most timely. We need the Department of Health's involvement. The Sepsis Best Practices Group could easily find a home within Deputy Director Danette Wong Tomiyasu's Office. The main thing we need now is more public information and education about sepsis. We've developed information and ads on SIDS, Obesity, Smoking, Cancer Prevention, Hand Washing, and other chronic diseases but "nothing at all" on Sepsis.

It's been 5 years since SB666 was introduced, do we have to wait another 5 years to develop sepsis educational materials, or developing baseline data on the impact of sepsis in Hawaii.

I strongly urge passage of SCR33.

To: Senator Rosalyn H. Baker, Chair
Senator Clarence Nishihara, Vice Chair
Senate Committee on Commerce, Consumer Protection, and Health

From: Becky Gardner
(Testifying as an individual)

Date: March 15, 2017 9am
State Capitol, Room 229

Re: Testimony on SCR 33: Requesting DOH to Establish and Convene a Sepsis Best Practices Group

I am writing in strong support of SCR33 Requesting DOH to Establish and Convene a Sepsis Best Practices Group.

My name is Becky Gardner. 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.

After several years of legislative proposals to address Sepsis, SCR202 SD1 was passed in 2014 to create the State of Hawaii Sepsis Task Force, which convened several times in that year and issued a report in January 2015 on its findings. Then in 2016, the legislature adopted a resolution naming September 13 “Sepsis Awareness Day”, and September as “Sepsis Awareness Month.”

While the current sum total of this effort has resulted in effective educational initiatives, much of its success has stemmed from the work of busy volunteers – and NOT experts in the field. Moreover, while public education is one important means of combatting this deadly condition, this measure would build on the momentum of sepsis legislation over the last 5 years; and specifically ensure that ‘Best Practices’ are well-established and widely shared among health care practitioners and facilities.

I therefore wholly support the creation of a Sepsis Best Practices Group, as it is also the approach recommended taken by the State of Hawaii Sepsis Task Force in its January 2015 Report.

Attached to this testimony is that report. However, I’d like to highlight some its key findings and recommendations, as follows:

*“HCR 202 further charged that the findings and recommendations be considered and incorporated as feasible as part of a **comprehensive plan to be developed by the Department of Health to combat sepsis in Hawaii**, and that the task force include in their report any proposed legislation.*

....

There are no Hawaii-specific data in the literature regarding the current status of sepsis and sepsis mortality. However, it is important to understand local epidemiology and trends; national estimates may not be representative of Hawaii. It would also be valuable to establish a baseline for Hawaii for future evaluations of the impact of interventions.

....

*A statewide Sepsis Best Practices Group would be a good means of **fostering investment by facilities on an ongoing basis.***

....

The Sepsis Task Force has concluded that the optimal approach to work towards early recognition of sepsis and reducing sepsis deaths across the state is to **regularly convene experts** from Hawaii's acute care hospitals in a Sepsis Best Practice Group that would:

- Discuss best practices, educational opportunities, and emerging federal sepsis policies and regulations, as well as recommend implementation of best practices, as necessary
- Utilize a model similar to the Stroke Task Force already in place
- Comprise a physician champion and administrative representation from each facility
- Hold its inaugural meeting in early 2015
- Be sponsored as a subcommittee of the HAH Quality Committee

A Sepsis Best Practices Group will increase visibility of sepsis work and promote further investment by facilities and stakeholders statewide.

....

We recommend that the Sepsis Best Practices Group:

- Meet regularly to discuss best practices, educational opportunities, and emerging federal sepsis policies and regulations, as well as recommend implementation of best practices, as necessary
- Facilitate the performance of a Sepsis Improvement needs-assessment within each facility so that facilities can best determine resource allocation . . .
- Work towards defining a more representative sepsis incidence baseline in the state, either through the use of administrative or clinical data
- Partner with their associated CAHs to disseminate current best practices regarding early recognition and intervention in sepsis
- Encourage the adoption of sepsis educational materials and initiatives by facilities as discussed above

As indicated in the task force's findings and recommendations, more is needed to do at least these two things: (1) establish Hawaii-specific baseline data on sepsis; and (2) encourage further involvement and investment by health care facilities. A Best Practices group, as recommended by this measure, would ensure these unmet needs are addressed.

As for my personal experience and views on sepsis, I offer the following:

Before 5 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."

Source: <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 to have 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 this measure.

I was deeply saddened by my friend, Fred's story. But then in March of last year, I lost a dear friend of my own. His name was Jacob Reed. He was 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 (7) and Noah (4). 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=upd_n

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 in honor of Patty Rohlifing, Jacob Reed, and countless others who have died or have been affected by Sepsis.

What I've learned since becoming involved in this effort is that sepsis can effect anyone! It can happen fast! And as expressed in the infographic below: "THE FIRST HOUR IS CRITICAL. THE FIRST 24 CAN BE DECISIVE."

I urge this committee to pass this measure in the spirit of prevention for those who may survive the devastating consequences if this condition is better understood and detected early.

Thank you for the opportunity to provide this testimony in support.

Becky Gardner

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IN TREATING SEPSIS,
THE 1ST HOUR IS CRITICAL
THE FIRST 24 CAN BE DECISIVE.

BARBARA MARUMOTO

To Sen. Roz Baker, Sen. Clarence Nishihara & Members of the
Senate Committee on Commerce, Consumer Protection & Health

From: Barbara Marumoto

Re - CPH Hearing March 15, 2017, 9am

SCR 33 - REQUESTING THE DEPARTMENT OF HEALTH TO ESTABLISH & CONVENE A
SEPSIS BEST PRACTICES GROUP - IN FAVOR

Senators: There has been very little education to identify and prevent sepsis in Hawaii. The medical community has not done much to stop this dread infectious disease that can cause permanent damage to organs and, if not diagnosed in timely fashion, death.

The Patty Rohlfing Memorial Committee has worked to spread the word by advocating legislation to establish a patient advocate program in Emergency Rooms. This proposal did not pass. Patty was the wife of the former Fred Rohlfing who went to an emergency room with abdominal pain, was undiagnosed and summarily sent home. She went to another ER the next day where she was correctly diagnosed, but it was too late. She died.

However, the Committee volunteers are grateful to the Legislature for passing resolutions in 2016 establishing Sept. 13 and the month of September as Sepsis Awareness Day & Month. Under the aegis of this legislation the Patty Rohlfing Committee was able to warn TV audiences about sepsis on 3 major Honolulu morning news programs. On Sept. 13 nursing students at Argosy University exhibited sepsis information for its student body. The Hawaii Association of Health convened a Sepsis Awareness Conference for its members, as well as the public, at Queens Hospital Conference Room for which the Committee is greatly appreciative.

Despite these efforts, the general public knows very little about sepsis, how often it causes or contributes to deaths in Hawaii. I understand there are some new programs that will mitigate the incidence of sepsis, but the entire medical community - the Department of Health, hospitals, all medical personnel - must work to prevent this dangerous disease.

I urge your favorable consideration of SCR 33. Mahalo.