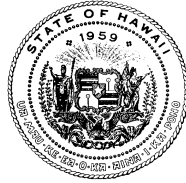


SB 188

Measure Title: RELATING TO SEPSIS.
Report Title: Department of Health; Sepsis; Appropriation (\$)
Description: Requires the DOH to conduct a one-year pilot project for sepsis education and awareness. Appropriates funds.
Companion:
Package: None
Current Referral: CPH, WAM
Introducer(s): GREEN, HARIMOTO, K. RHOADS

<u>Sort by Date</u>		Status Text
1/20/2017	S	Introduced.
1/20/2017	S	Passed First Reading.
1/20/2017	S	Referred to CPH, WAM.
1/23/2017	S	The committee(s) on CPH has scheduled a public hearing on 01-27-17 9:30AM in conference room 229.



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

**Testimony COMMENTING on SB188
RELATING TO SEPSIS**
SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: January 27, 2017 Room Number: 329

1 **Fiscal Implications:** S.B 188 appropriates an unspecified amount of funding for fiscal year
2 2017-2018 to the Department of Health for a one-year pilot project to provide education about,
3 and raise awareness of, sepsis across the state. The Department of Health (DOH) defers to the
4 priorities of the Governor's Executive Biennium Budget request.

5

6 **Department Testimony:** The Department of Health (DOH) concurs that decreasing morbidity
7 and mortality associated with sepsis is an important clinical objective. The Department believes
8 that this measure would be a duplication of efforts and initiatives currently being implemented.

9 A Sepsis Best Practices Group was established within the Healthcare Association of Hawaii
10 (HAH) in July 2015 as a result of recommendations from the Sepsis Task Force (HCR 202,
11 S.D.1 [2014]). The Sepsis Best Practices Group is composed of administrators and physicians
12 from healthcare facilities in Hawaii in addition to DOH and HAH representation. This group
13 meets regularly to disseminate best practices and ways to improve sepsis care across the state;
14 they are already best placed to encourage and implement change in their own and/or in peer
15 facilities. The Sepsis Best Practices Group has already begun work towards the aims and
16 objectives proposed by S.B.188.

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 related activities—for

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



January 27, 2017 at 9:30 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**
SB 188, Relating to Sepsis

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 SB 188, which would establish a pilot program at the Department of Health (DOH) to encourage the adoption of sepsis educational materials and initiatives by facilities in the state and to disseminate best practices to those same facilities. 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 meets 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.

January 27, 2017/9:30 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: SB 188 – 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 SB 188 which provides funding for the Department of Health to conduct a one-year pilot project to provide education about, and raise awareness of, sepsis in Hawaii. Public education about sepsis symptoms, diagnosis, treatment, and preventative measures is lacking because sepsis is a clinical syndrome that requires diagnosis by a clinician. 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 the dissemination of current best practices to healthcare facilities regarding sepsis early recognition and intervention. The funding provided in SB 188 will enhance the implementation of this project.

Thank you for the opportunity to testify.

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

January 25, 2017

Senate Committee on Commerce, Consumer Protection,
and Health

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

Re: SB188, Relating to Sepsis
Date: Friday, January 27, 2017
Time: 9:30 a.m.
Place: Conference Room 229

Testimony in Support

Chair Baker, Vice Chair Nishihara and members of the Committee. I am writing this testimony as an individual who is very familiar with many of the prevention and treatment issues surrounding Sepsis.

I am also sepsis survivor, I contracted sepsis after having heart bypass surgery in 1999. The saphaneous vein in my right thigh was removed and one end of the vein was sewn onto my aorta, and the other end was sewn past the obstruction of my coronary artery. Two weeks after my surgery the saphaneous vein harvest site became infected, resulting in 10 day stay at the hospital to fight the infection. The doctors treating me at the time call it a sever staff infection. Today it would call Sepsis.

In 2007, there were over 207,000 deaths from Sepsis in the United States. What makes sepsis so deadly? It is difficult to predict, diagnose, and treat. However, we now know that the use of "bundles" can reduce the Sepsis death rate and improve outcomes.

The Society for Critical Care Medicine developed a Sepsis Bundle that simplifies the complex processes of the care of patients with severe sepsis. A bundle is a selected set of elements of care that, when implemented as a group, have an effect on outcomes beyond implementing the individual elements or steps alone.

Last year our legislature pass SRC-106 making September 13th Sepsis Day in Hawaii, and a Sepsis conference was held at Queens Medical Center Conference Center. It was day of recognition for former Senator Fredrick Rohlfing, who wife Patty died of Sepsis during Christmas 2011. It was also a day learning, in which the Sepsis Campaign Bundle, as a

best practice, was presented.

SB188 if passed, would enable the Department of Health in coordination with hospitals across the state, expand sepsis awareness and education efforts throughout our entire state. **Just as public education was a major component in the battle against cancer. Public education efforts with respect to Sepsis is equally important.**

With respect to SB188, it is in everyone's interest that this measure be passed to continue its journey to WAM for further discussion and consideration.

Respectfully,

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

George S. Massengale

BARBARA MARUMOTO

Friday, Jan. 27, 2017

9:30 am

Committee on Commerce & Consumer Protection & Health

Room 229 - Capitol

SB 188 - Relating to Sepsis - In Favor

To: Sen. Roz Baker, Chair, and Sen. Clarence Nishihara, Vice Chair, and
Committee Members

From: Barbara Marumoto

Please advance SB 188 to the next committee. A one year pilot project to promote sepsis education and awareness is a good idea since so many people in Hawaii are unaware of the dangers of this deadly disease.

I would like to see sepsis be considered a reportable disease so that when sepsis is one of the causes of death, that it is reported as such. If this bill will lead to that end, then I support it moreso.

As a member of the Patty Rohlfing Memorial Committee I am appreciative of a resolution the Legislature passed last year that named Sept.13 as Sepsis Day and Sepsis month. Last September, members about were able to talk about the dangers of sepsis on three morning television news shows. Argosy nursing students passed out literature on sepsis awareness to the studentbody, and the Hawaii Hospital System held a conference solely on sepsis on the Queens Hospital grounds.

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: January 27, 2017
State Capitol, Room 229

Re: Testimony on S.B.188
Relating to Sepsis

I am writing in strong support of SB188 Relating to Sepsis, which would create a one-year pilot project for the purpose of promoting sepsis education and awareness.

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.

I wholly support a pilot project specifically and keenly devoted to concrete action that will lead to measurable results – since, as expressed in the purpose language in this measure: **“there is no organization in Hawaii dedicated to provide education about, and raise awareness of, sepsis.** Although there have been laudable and encouraging initiatives by and within health care facilities, among professional and industry groups, and within relevant state departments, I believe there would be great value to assigning this specific objective of educating the public, and truly arming them with knowledge about sepsis detection and prevention – whether they be practitioners, policy-makers, or individuals and their families who may personally experience the preventable pain and suffering that sepsis brings. 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.”

Although a 2016 resolution naming September 13 as Sepsis Awareness Day, and September as Sepsis Awareness Month was passed and resulted in effective educational initiatives, much of that stemmed from the work of busy volunteers. This measure would provide the mandate and resources to ensure the momentum on such efforts grows and reaches more people.

I understand that there is an appropriation in this bill; and that funding such a project will be a challenge. I therefore urge the legislature to keep this measure moving, and explore alternative funding sources to help make this project happen.

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 this 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 Rohlfing, Jacob Reed, and countless others who have died or have been affected by Sepsis.

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.

From: [honolulujd](#) .
To: [CPH Testimony](#)
Subject: Testimony of Fred Rohlring
Date: Thursday, January 26, 2017 11:36:28 AM

In support of SB 188 Relating to sepsis ,
My name is Fred Rohlring, I am a former Hawaii legislator. My wife died in the CHRISTMAS period of 2011 after 3 days at several medical facilities in Honolulu.

Since then I have organized a group of friends to seek to spread the word about how she was treated and the dangers of sepsis - a disease that I had never heard of before, I have Parkinsons disease and now live in downtown Honolulu where I am attended by trained health workers,

The group I gathered is called the Patty Rohlring Memorial Committee. Members include former State Representative Barbara Marumoto, Geo Massengale, lawyer/writer, Brad Coates, government officials B. Gardner, Representative Creagan, senator Green and Romala Radcliffe, and others on Oahu & Maui, accountant Tim Gardner of MAUI, my Big Island friend "Scotchy" Henderson and Pam Wong, Patty's sister.

We learned early on about how deadly this disease is. We helped willing volunteers recognize the signs of sepsis and the counter action that was necessitated;

Symptoms of Sepsis were prominently displayed...with calls for memorization of symptoms: shivering , extreme pain, pale or discolored skin. the word sepsis, sleepy, difficult to rouse, confused, I feel I might die, short of breath

The "word" was passed for AWARENESS of the SEPSIS threat

We learned about Queen's project with Johns Hopkins,

Rohlring was recognized with a proclamation

from Gov. Ige for his persistent work in **establishing stronger patient advocacy in Hawaii**

I strongly urge passage of this Bill.

Malama pono