



## THE QUEEN'S HEALTH SYSTEMS

To: Chair Josh Green  
Vice Chair Glenn Wakai  
Senate Committee on Health

From: Cindy Kamikawa, RN  
Interim Senior Vice President, Emergency Department and Trauma Services  
Chief Nursing Officer  
The Queen's Health Systems

Re: HB 1147 HD 1, Relating to Health  
Hearing—March 18, 2015 at 1:30 PM

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The Queen's Health Systems is opposed to HB 1147 HD 1, which would authorize an emergency services failsafe pilot program at two facilities.

We have a firm, mission-driven commitment to providing every patient that comes into one of our facilities with safe, high-quality care. We also have robust policies and procedures in place to ensure that our patients receive respectful care. We encourage our patients and their families to speak openly with our staff and to be informed and involved at every step of their medical care.

The emergency services failsafe program as it currently exists is a private, provider-driven initiative that is run at a very small scale. Broadening the program out to even two pilot sites has the potential to compromise the quality of patient care at those facilities. In emergency situations, any delay in care could lead to worse outcomes or even death. The failsafe program as envisioned by this legislation would likely lead to these types of delays, compromising patient safety and care. It is also likely that this program will be very costly to establish and maintain, and will require notable funding from the state legislature.

We would ask that you defer this measure indefinitely because of the risks to patients and costs that the emergency services failsafe program would bring. Thank you for your time and consideration of this matter.

*The mission of The Queen's Health Systems is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai'i.*

**Wednesday, March 18, 2015 – 1:30 p.m.**  
**Conference Room 414**

**The Senate Committee on Health**

To: Senator Josh Green, Chair  
Senator Glenn Wakai, Vice Chair

From: Matt Wells, RN Pali Momi Emergency Department

**Re: HB1147 HD 1: Testimony in Opposition**

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My name is Matt Wells. I am an emergency room Charge Nurse at Pali Momi Medical Center where I have been employed for over 24 years. Pali Momi is a not-for-profit hospital located in West O'ahu, and is dedicated to the health and well-being of all Hawai'i residents. With 128 beds and more than 400 physicians on its medical staff, Pali Momi offers a full range of services. The hospital is an affiliate of Hawai'i Pacific Health, the state's largest health care provider.

**I am writing in opposition to HB 1147 HD1.** A Task Force comprised of former legislators, community members, ER physicians, nurses, and leaders was convened by HCR 122 to discuss this very concern. I was an active member of the Special Legislative Task Force created to examine this issue. HB 1147 HD1 is in conflict with the consensus reached by the Task Force and is summarized below:

1. ED care in Hawaii, for the most part, is quite good. It would not be prudent to implement changes that have the potential to disrupt the system currently in place.
2. A nurse practitioner would probably not have sufficient stature to persuade an ED physician to reevaluate the management plan.
3. Many of the apparent conflicts between patients/families stem from inadequate communication.
4. Because the PA would not have the benefit of direct contact with the patient or the results of the clinical workup, the value of this "second opinion" would be limited.
5. On occasion, the management plan might be altered for the better, but the ED professionals on the TF could not offer a meaningful estimate of how often this would occur, except to say that it would probably be rare.
6. On the other hand, more tests would be ordered, more consultations would be obtained, and more patients would be placed in observation or admitted to the hospital. Costs would rise and patients would be subjected to increased risk of adverse reactions to tests and procedures.
7. To provide this service 24/7/365 using realistic salary estimates: \$1,300,000 per year in salary alone. \$850,000 per year in salary, if the service was provided only nights and weekends.

I ask that you not pass HB 1147 HD1 since the creation of a FailSafe physician program directly contradicts the consensus and recommendations reached by the Task Force that we all worked so hard on. The group determined that hospitals currently have systems in place to manage a disagreement between patient/family and hospital staff and that these could probably be made more available. A state-sponsored physician who is off-site, not at the patient bedside, and unfamiliar with real-time available

hospital resources is not helpful. Please support the hard work and effort put forward by the Task Force and oppose this measure.

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HTHTestimony](#)  
**Cc:** [jbowens@hawaii.edu](mailto:jbowens@hawaii.edu)  
**Subject:** Submitted testimony for HB1147 on Mar 18, 2015 13:30PM  
**Date:** Tuesday, March 17, 2015 6:46:20 PM

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**HB1147**

Submitted on: 3/17/2015

Testimony for HTH on Mar 18, 2015 13:30PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Jesse Owens, Ph. D.	Individual	Oppose	No

Comments: Aloha, While this bill is well meaning, a centralized patient advocacy process would come at the expense of direct interaction with health care providers and patients. Rather than reinventing the wheel, we should expand existing mechanisms like more social workers/case managers or providing more information/education to patients, or creating a 24 hour hotline to get a PCP.

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.

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