LATE

COMMITTEE ON HUMAN SERVICES

TESTIFIER SIGN-UP SHEET

If you did not submit written testimony *at least 24 hours* before today's hearing and would like to testify, please sign-up on this sheet. Testifiers will be taken in the order signed in.

BILL NO: SB 296

	NAME	ORGANIZATION	POSITION (SUPPORT/OPPOSE)
1	Wendy Morriarty	HI Association of Health Plans	Comments
2	Bob Toyofuku	HI Association for Justice	oppose
3		Primecare Services Hawaii	Oppose
4		ILWU Local 142	Support
5		Wilcox Memorial Hospital	Oppose
6		Pali Momi Medical Center	Support
7		Kapiolani Medical Center	Oppose
8		Hawaii Pacific Health	oppose
9		American Cancer Society	Support
10		HPCA	Comments
11		Hospice Hawaii	Comments
12		HHSC - Maui	Oppose

Flip over →
1 of 2

COMMITTEE ON HUMAN SERVICES

TESTIFIER SIGN-UP SHEET

If you did not submit written testimony *at least 24 hours* before today's hearing and would like to testify, please sign-up on this sheet. Testifiers will be taken in the order signed in.

BILL NO: ____________________

NAME	ORGANIZATION	POSITION (SUPPORT/OPPOSE)
⑬ 4 individuals	Straub Clinic + Hospital	oppose
⑭ 4 individuals		support

2 of 2

From: Mary Wahlman <mwahlman7314@yahoo.com>
Sent: Tuesday, February 03, 2015 10:05 AM
To: HSH Testimony
Subject: Fwd: Senate bill SB296 (the CARE Act)

Categories: Red Category

LATE

Begin forwarded message:

Subject: Senate bill SB296 (the CARE Act)
From: Mary Wahlman <mwahlman7314@yahoo.com>
Date: February 3, 2015 at 9:44:27 AM HST
To: HSHtestimony@Capitol.hawaii.gov

Surely the rational for this bill can be self-evident with the costs of health care becoming ever more inflated. The cost of hospital re-admissions in 2013 alone was greater than $240million, where is that money coming from but taxes, a greater burden on the entire State).

My own experience as a care giver for my mother taught me (even as a health care worker) that I knew far too little of simple transfers-helping a person get in and out of an auto, to step up and off of curbs, into a door frame of the home, transfers to seating, to a bed. without injury to the persons needing help and the helper!
We need standardization throughout the discharge experiences of our institutions to assure

that each discharge is final, that there will be no re-admit for the same problem, an incident that will result in a fine ($$) to the institution. Not a happy circumstance for all parties.

Thank you for the opportunity to give testimony to endorse this bill be it Senate bill 296 or HB490.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 02, 2015 9:36 PM
To: HSH Testimony
Cc: rxphar92@yahoo.com
Subject: *Submitted testimony for SB296 on Feb 3, 2015 13:20PM*

Follow Up Flag: Follow up
Flag Status: Completed

LATE

Categories: Red Category

SB296
Submitted on: 2/2/2015
Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
zenaida america	Individual	Support	No

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

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 02, 2015 6:30 PM
To: HSH Testimony
Cc: phillipsa008@hawaii.rr.com
Subject: Submitted testimony for SB296 on Feb 3, 2015 13:20PM

Categories: Red Category

LATE

SB296
Submitted on: 2/2/2015
Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Phillips	Individual	Support	No

Comments: This bill is important. My husband hd sepsis last year. 9 hospital stays. A pick line was put in his arm and I had to go back to our island and administer medication through this line twice a day. It had to be done slowly - 5 minutes...and it was horrible to be placed in this position. I had no prior nursing experience. Just shown once does not do the trick. Being home and alone with this task was difficult for me. I had several discharge situations that the nurse just leisurely went through things which was not conducive to the actual administering of the medication etc.

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

From: AARP <HSHtestimony@capitol.hawaii.gov> on behalf of Linda takai <aarpwebact@action.aarp.org>
Sent: Monday, February 02, 2015 7:28 PM
To: HSH Testimony
Subject: Please vote YES on Senate Bill 296!

Categories: Red Category

LATE

Feb 2, 2015

Committee Members Chair Chun Oakland, Chair Green and members of the committees HI

Aloha Committee Members Chun Oakland, Chair Green and members of the committees,

I urge you to support Senate Bill 296. This bill will help family caregivers in Hawaii keep their loved ones safe and independent at home. It will allow for caregivers to receive instruction on how to provide necessary care at home after their loved one is discharged from the hospital. It will also give patients the opportunity to designate a caregiver at the time of their admission to the hospital.

This bill is especially important to pass without delay since preventable hospital readmissions cost almost $240 million in Hawaii in 2013. The time to act is now!

.

I think this bill needs to be passed. We are an aging community in the U.S. And it's important for us to be able to take care of family members at home.
Linda Takai
1255 nuuanu Ave
Honolulu, hi 96817
(808)753/6400

Hawaii's 247,000 family caregivers, and the seniors they help live independently at home, are counting on your support. Please vote YES on Senate Bill 296.

Mahalo,

Ms. Linda takai
1255 Nuuanu Ave
Apt E2315
Honolulu, HI 96817-6044

Hawaii Association of Health Plans

February 2, 2015

COMMITTEE ON HUMAN SERVICES AND HOUSING
Senator Suzanne Chun Oakland, Chair
Senator Josh Green, Vice Chair

LATE

COMMITTEE ON HEALTH
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

RE: Senate Bill 296 – Relating to Caregiving

Chairs, Vice Chairs and Members of the Committees:

The Hawai'i Association of Health Plans (HAHP) respectfully submits comments on SB 296. In addition, HAHP has significant concerns about SB296 as previously stated during meetings of the HCR78 Working Group. A goal of ensuring that caregivers have access to adequate training, support and resources in order to care for family members or friends returning from a facility stay or to support persons with on-going chronic or disabling conditions is important, and an indicator of a strong and positive healthcare environment.

Comments:

1. HAHP is not aware of any definitive studies have been done in Hawaii assessing the gaps in caregiver training and support including a review of existing community resources and services (such as those already provided to Medicaid members with long term services and support). Since mainland studies are being used as a proxy for Hawaii, we would recommend a Hawaii based review & report be commissioned.

2. On page 2, starting at line 14, the SB296 references HHIC's study on readmissions. As stated by HHIC during the HCR78 Working Group, the <u>HHIC study was not based on any data related to caregiver training</u>. HAHP therefore believes that it is inappropriate to reference and speculate on the $239M in readmission costs relative to caregiver training (or lack thereof).

3. On page 4, line 9, the expansive definition of "Caregiver" and resulting obligations of hospitals (and possibly other entities) to share information may be a violation of State and Federal privacy laws.

4. On page 5, line 3, “Legally authorized representative” is very open-ended, in particular as stated “…a consensus of interested parties”). This is, for example, in violation of requirements of Federal and State requirements for Medicare and Medicaid managed care programs in terms of privacy and requisite written documentation for authorization of representation.

5. On page 7, line 7 – the ability to change the patient’s designated caregiver at any time will result in significant challenges to the hospital as well as other entities that may be involved in the discharge planning process including setting up services post discharge.

6. Prior to mandating an approach to a sufficient/adequate caregiver training, HAHP strongly urges a review of the costs, including liability, privacy and other risks in the highly regulated healthcare sector to be completed. In addition, a review of effective of hospital-based vs. community based caregiver training should be examined. In particular, a combination of clear and complete discharge instructions combined with community based support.

7. Considerable time has been spent on reviewing readmission rates. HAHP would suggest that further understanding is needed to see if indeed there is a significant causal relationship between readmissions and caregiver training and support.

Recommendation: HAHP does not support SB296 in its current version.

Sincerely,

Wendy Morriarty
Chair, HAHP Public Policy Committee

Cc: HAHP Board Members

TESTIMONY OF ROBERT TOYOFUKU ON BEHALF OF THE HAWAII ASSOCIATION FOR JUSTICE (HAJ) IN OPPOSITION IN PART TO S.B. NO. 296

Tuesday, February 3, 2015
1:20 pm

LATE

To: Chairperson Suzanne Chun Oakland and Members of the Senate Committee on Human Services and Housing and Chairman Josh Green and Members of the Senate Committee on Health:

My name is Bob Toyofuku and I am presenting this testimony on behalf of the Hawaii Association for Justice (HAJ) in opposition in part to S.B. No. 296.

HAJ is not opposed to the concept of developing a program to provide caregivers with proper advice and training but note that much of the testimony from the hospitals during the 2014 legislative session is that the hospitals already provide suggestions and advice to potential caregivers when a patient is being discharged from the hospital.

HAJ, however, does **oppose** the immunity provision in section -6 of this bill. HAJ's opinion is that this is not good public policy to provide immunity from taking responsibility in every instance where there seems to be resistance to provide for some action or service by an individual, organization or entity.

The hospitals have said that they already provide some advice and this is without the need for any law providing them immunity. HAJ requests that this committee delete that provision from this bill.

There are two basic underlying reasons of tort law in the American legal system. One is to compensate a person for his or her injuries as a result of another and the other is to serve as a deterrent to prevent negligent or irresponsible behavior. When a person or an entity realizes that they may be held liable, there is a strong incentive to prevent the occurrence of harm. One reason for imposing liability is the deliberate purpose of providing that incentive. Said another way, tort law encourages responsible behavior.

This bill absolves all hospitals and employees as well as a consultant or contractor that has a contractual relationship with a hospital or who may provide services to a potential caregiver from liability for possible negligent acts. While the primary purpose behind this act may be well intended, the immunity provision takes away the need to take responsibility. The hospitals and its employees are professional health care providers and the scope of the immunity for negligent acts is too broad and does not protect the patient. HAJ feels that this is not in the best interest of these patients and is not good public policy. HAJ requests that at least this portion of the bill be deleted.

Thank you for the opportunity to testify and listening to our concerns and comments.

Prime Care Services Hawaii, Incorporated
3375 Koapaka Street Suite I 570
Honolulu, Hawaii 96819

LATE

Tuesday, February 3, 2015 – 1:20 p.m.
Conference Room #016

The Senate Committee on Human Services and Housing and Senate Committee on Health

To: Senator Suzanne Chun Oakland, Chair, HSH Committee
Senator Josh Green, Vice Chair, HSH Committee

Senator Josh Green, Chair, HTH Committee
Senator Glenn Wakai, Vice Chair, HTH Committee

From: Beth Hoban
President, Prime Care Services Hawaii

Re: Testimony in Opposition
SB296: Relating to Caregiving

Prime Care Services Hawaii is a home healthcare agency and a member of The Healthcare Association of Hawaii. I am writing as a Caregiver to my 90 year old mother, who was in the hospital for 5 weeks because of heart failure. She became debilitated after staying in the intensive care unit for 9 days, due to complications from heart failure and cardiac arrest. During her hospital stay, discharge planning was in progress from the day she was stable to the day of her discharge. My family received many hours of instruction and handouts on her medications, information about heart failure, nutrition/ diet and equipment to assist her when she was discharged from the hospital. A week after she was home, a nurse from the hospital called to find out how we were doing, how my Mom was adjusting and gave some helpful tips, which helped avoid Mom from being readmitted. The nurse left a number for me to call, in case I had further questions or concerns.

It has been 3 months since Mom left the hospital. Mom has been home and is doing better. That call from the nurse after we got home, all the discharge planning prior to her discharge and the countless instructions we all received helped Mom stay home and prevent any readmission to the emergency room or the hospital.

The Caregiver Task Force opened up dialogue among caregivers and healthcare professionals. We have to continue that dialogue and not mandate legislation that AARP is proposing.

Thank you for the opportunity to testify in **opposition** to SB296. We recognize the very important role that caregivers play along the healthcare continuum, and applaud their selfless commitment to caring for patients, who are often their loved ones. However, we feel this bill is unnecessary and is problematic for the following reasons:

1. **The Family Caregivers Working Group (Working Group), which is only halfway through the first year of a two-year process, has not yet released their report.**

   While we await the release of the initial report to the legislature, it is worth noting that the Working Group, among its many preliminary recommendations, voted 16-8 in favor of NOT introducing legislation on this matter this year. HAH and several of its members served as active participants in the Working Group during the legislative interim, and we are puzzled as to why one of the group's key recommendations was so willfully ignored. The Working Group should be allowed to continue its deliberations through the full two-year period that was envisioned by this legislative body when it passed House Concurrent Resolution 78 last session.

2. **Discharge planning is already mandated and highly regulated by the federal Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (the national agency that handles hospital accreditation).**

   Accordingly, Hawaii hospitals already have these actions in their comprehensive discharge policies, and healthcare providers in our community take this responsibility very seriously. They ensure that patients' family members and caregivers receive aftercare instructions and information for patients being discharged. This is evident in part by Hawaii hospitals' low patient readmission rates (six percent in Hawaii versus nearly 11 percent nationwide); in fact, many of our hospitals rank in the top ten percent in the country for the conditions tracked that result in preventable readmissions.

3. **The new mandates outlined in this bill will result in increased costs for all hospitals.**

   Hospitals will need personnel and administrative resources in the form of additional nurses, discharge planners, social workers, case managers and education materials to fulfill the mandates proposed in this bill. The financial challenges facing the Hawaii Health Systems Corporation will clearly be exacerbated if this bill were to become law.

4. **The liability language, which appears to be modeled after the New Jersey law, does not provide sufficient protection to Hawaii hospitals.**

   We continue to have major concerns about placing standards of care in statute, which may interfere with clinical best practices, and with requiring our frontline staff to train lay caregivers on increasingly complex tasks that historically have been the responsibility of medical professionals. The legal duties imposed on hospitals relating to specific caregiving training create substantial risk and uncertainty for our members.

   During the deliberations on a similar measure last session, the Senate Judiciary and Labor Committee (SB2264 SD2 SSCR 2701) shared such concerns, noting that:

   > " placing caregiver requirements in statute, even if these requirements are permissively phrased in the statute, may impose substantial liability on hospitals under this measure because "[g]enerally, a standard of conduct may be determined by reference to a statute". *Ono v. Applegate*, 62 Haw. 131, 137 (1980).

   While the liability language in this bill purports to protect hospitals, we remain convinced that such language will still not prevent the filing of potentially costly and time-consuming lawsuits. We would be interested to hear the position of the Department of the Attorney General on this matter.

5. **Rather than mandating standards of care in statute, the focus should be on identifying the best and most cost-effective way to provide long term services and supports to Hawaii's caregivers.**

   We remain convinced that the real problem is not the hospital's discharge procedures, but rather the lack of community-based resources for the caregiver community to get what they need to help their loved ones age in place. Agencies such as the Aging and Disability Resources Centers (ADRC), which serve as the single entry point for information about long-term care options, are in need of additional resources to continue their work in communities across the state. They have a track record of engaging lay caregivers and hospital staff to improve care at home after discharge. For that reason, we support SB964, Relating to Aging, which appropriates funds for the Kupuna Care program and ADRCs.

In a time of unprecedented change in healthcare, HAH is committed to working with all stakeholders toward a healthcare system that offers the best possible quality of care to the people of Hawaii. We stand by our offer to work with the proponents of this bill through the Working Group and HAH's Quality and Transitions of Care committees to bring together frontline staff and lay caregivers to identify issues they are currently facing and to develop workable solutions.

Thank you for the opportunity to testify in opposition to SB296. We respectfully request that the committee **hold** this bill and allow the Working Group to continue its deliberations.

The Twenty-Eighth Legislature
Regular Session of 2015

THE SENATE
Committee on Human Services and Housing
Senator Suzanne Chun Oakland, Chair
Senator Josh Green, Vice Chair
Committee on Health
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair
State Capitol, Conference Room 016
Tuesday, February 3, 2015; 1:20 p.m.

LATE

STATEMENT OF THE ILWU LOCAL 142 ON S.B. 296 RELATING TO CAREGIVING

The ILWU Local 142 supports S.B. 296, which requires hospitals to provide patients the opportunity to designate a caregiver upon hospital admission, notify the caregiver of impending discharge, consult with the caregiver about discharge planning, and provide instruction for any after-care needs. The bill further limits the liability of hospitals, hospital employees, and consultants or contractors for services rendered or not rendered by the caregiver to the patient at home.

A measure similar to S.B. 296 was proposed by AARP last session but failed, resulting in a working group established to discuss the issue and come to some agreement. Unfortunately, the working group failed to reach an agreement as hospitals balked at the proposed requirements, citing the potential for liability.

In S.B. 296, the issue of liability has been addressed in section 6 of the proposed new chapter that would limit liability for any action or inaction of a caregiver despite notification and instructions provided. We believe this section is more than adequate to address the concerns of hospitals.

However, we are certain that hospitals will continue to object, raising a concern that the disclaimer will not prevent families or others from suing the hospitals. The sad reality, though, is that no one is completely safe from lawsuits, particularly hospitals with large assets.

The bill clearly limits liability for instructions given to caregivers and reads: *"Nothing in this chapter shall be construed to give rise to a private cause of action against a hospital, hospital employee, or a consultant or contractor that has a contractual relationship with a hospital."* The next paragraph reads: *"A hospital, hospital employee, or a consultant or contractor that has a contractual relationship with a hospital shall not be held liable for the services rendered or not rendered by the caregiver to the patient at the patient's residence."*

Moreover, hospitals run the risk of liability for NOT providing instructions at discharge when caregivers are forced to provide care for which they are not prepared. In addition, hospitals risk penalties from the federal Hospital Readmissions Reduction Program when patients fare poorly due to inadequate care at home and must be readmitted to the hospital.

We simply cannot understand the hesitancy of hospitals to accept this bill—unless they just want the freedom to provide or NOT provide adequate discharge and after-care instructions. That appears to be the current situation—everything is left up to the hospitals. But what about the caregivers?

AARP and others are speaking up for the many family caregivers who feel they have no choice but to provide care as best they can with what little information they themselves can obtain. Yet if caregivers are not provided with assistance and the patient's condition worsens, the only alternative may be institutionalization, which will likely result in a heavy burden for taxpayers.

On behalf of family caregivers, the ILWU urges passage of S.B. 296. Thank you for considering our views and concerns.

3-3420 Kuhio Highway
Lihue, Hawai'i 96766-1099

WILCOX MEMORIAL HOSPITAL
An Affiliate of Hawai'i Pacific Health

808-245-1100
www.wilcoxhealth.org

February 2, 2015

Tuesday, February 03, 2015 – 1:20 p.m.
Conference Room 016

LATE

The Senate Committee on Human Services and Housing

To: Senator Suzanne Chun Oakland, Chair
Josh Green, Vice Chair

The Senate Committee on Health

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

From: Mary Ann England, RN, MBA
Chief Nurse Executive

Re: SB296 – Relating to Caregiving
Testimony in Opposition

Wilcox Memorial Hospital's opposes SB 296 and instead supports the Caregiver Task Force Workgroup recommendations to: 1) take no action at this time to mandate hospitals to provide caregiver training; 2) consider other funding options on one or more definitive studies; 3) consider funding options for county offices on aging; and 4) request the workgroup continue to meet to study industry standards and to develop a second report.

Wilcox Memorial Hospital views SB 296 as essentially an unfunded mandate placing additional regulatory requirements that are not sensitive to the variety of complex medical needs of our patients. Hospitals need to retain the flexibility to address each patient as individuals.

Wilcox Memorial Hospital has evidence based care transition policies and procedures in place to provide the appropriate selection of care after acute hospitalization including lay care giver training with return demonstration. This bill will provide a false sense of security for lay caregivers as to the competence level needed to assess and carryout caregiving responsibilities.

Again, Wilcox Memorial Hospital opposes Senate Bill 296 and supports the recommendations of the majority opinion expressed by the HCR 78 Workgroup.

Thank you for your consideration of this matter.

PALI MOMI
MEDICAL CENTER
An Affiliate of Hawai'i Pacific Health

98-1079 Moanalua Road
Aiea, Hawai'i 96701-4713

808-486-6000
www.palimomi.org

Tuesday, February 03, 2015 – 1:20 p.m.
Conference Room 016

LATE

The Senate Committee on Human Services and Housing

To: Senator Suzanne Chun Oakland, Chair
Josh Green, Vice Chair

The Senate Committee on Health

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

From: Elizabeth Blasiak RN, MSN, OCN
Pali Momi Medical Center

Re: SB296 – Relating to Caregiving
Testimony in Support

Hello my name is Elizabeth Blasiak. I am currently a nurse educator at Pali Momi Medical Center. Prior to my relocation to Hawai'i in July of 2013, for over 11 years I was a Clinical Nurse Specialist, Educator and staff nurse at Yale New Haven Hospital in New Haven Connecticut. In my last months before leaving, Yale New Haven Hospital began to prepare for the potential reality of the future passing and implementation of the CARE act in Connecticut. Recently, State Senate Democrats in Connecticut announced their plans for it to become the third state in the nation to pass the Caregiver Advise, Record Enable (CARE) Act.

As a patient and family advocate, at first glance, this act seems appropriate and much needed for caregivers. As an oncology nurse, daughter of a cancer survivor and mother of twins, I understand the critical supportive role that families and caregivers provide to our patients. Providing patient and caregiver education is critical to allow for best patient outcomes. Empowering patients and families with knowledge related to their diagnosis and treatment only enables them to truly be at the center of care. Personalized and tailored patient centered care is the goal of health care providers. Patients are unique and require individualized care. However, when taking a closer look at the CARE act, it contradicts with the goal of personalized care and raises concerns related to patient safety and how this can be operationalized for ALL patients, ALL the time.

Currently, hospitals strive to perform adequate patient and family education not only at discharge, but at admission and throughout the patient stay. Not only do nurses document the education provided, but also the patient and family understanding in our current medical record. Nurses at the bedside are tasked with providing this education and evaluating patient and family acceptance, understanding and progress. In our existing system, if a patient or support system does not have an adequate ability to provide care in the home setting, recommendations for alternatives such as discharge to short-term rehabilitation, placement in a skilled nursing facility, or the provision of supplementary home care nursing would be made in order to ensure safe continuation of care. We know that patients can have the best outcomes, when cared for at home. But we also know that this is not ALWAYS possible due to the level of care that is needed and ultimately the safety of the patient.

When attempting to facilitate this new model into practice, Yale struggled with implementation for many reasons. Here are some questions that were raised as we attempted to reach the prospective mandate.

1. **What if a patient does not have a caregiver to designate?** Under this act, is there a consideration of what to do in this circumstance? Some patients do not have a support system - any family or friends to rely on.

2. **What if the caregiver designated is not appropriate?** Under this act, the caregiver designation is made by the patient and under many circumstances this is suitable. However, there are situations where the caregiver may not be able to achieve competency in the skills needed. This can occur due to educational level, a lack of resources, or even anxiety. Under this act, there is no advisement if the hospital does not feel that the caregiver can be adequately prepared or that the caregiver may be inappropriate for other reasons such as suspected abuse.

3. **What if there are multiple caregivers designated?** Under this act, is there consideration if the family has multiple caregivers designated? This appears to be an option, but the ramifications of this should be understood. Many families have unique support systems. In some situations there are family conflicts or disagreements that may hinder designation. Or, alternatively, caregiver duties are shared by family members or friends and would result in multiple designations, repetitive education, and an increased demand on nursing staff to provide this multiplied education. This can result in an increased length of hospitalization.

4. **What if there are frequent changes in designation?** Many times the patient designee may change due to conflicts with the designee, such as travel, work, or competing responsibilities. This can be a challenge due to the continued education that would be required. As I stated before, education comes with admission and is a continuum until discharge, with frequent changes to the designee, it may be difficult to ensure an overall understanding.

5. **What if we cannot determine competency?** As an educator, I am responsible for ensuring staff competency. This is a complex task. Adult education is a specialty that

requires its own set of skills and understanding in order to perform correctly. In my own practice, I obtained further education to gain expertise in this skill. Nurses, who are licensed, have a defined scope of practice determined by the state of Hawai'i. As a hospital, we are required to document competency and are held to standards that ensure our staff is trained and knowledgeable in what they do. The care that staff provide is supervised and in a controlled setting. The CARE act proposes that individuals who do not have an education from an accredited school and who do not hold licensure by the state, are taught complex skills. Although hospitals would be required to assess initial competency, the care would not be performed in a control supervised setting. Under this act, what would occur if caregivers are educated, but cannot perform skills successfully in the home setting? What if they do not achieve competency, but they are the designated caregiver by the patient?

6. **How is return demonstration truly achieved?** Performing a competency assessment related to a skill involves a return demonstration. In the act, it states the option of video education. Caregivers would need to show understanding prior to discharge by performing the skill. This method would not be appropriate in assuring their understanding. In addition, live demonstration could be a challenge for caregivers due to competing schedules such as work, school, childcare, etc.

Finally, the goal of nurses is to get patients home, safely. In many situations, patient and caregiver education is appropriate and is our current practice. A mandate to perform this for ALL skills, ALL patients, ALL the time is a general approach to a problem that needs individualized solutions on a case-by-case basis. Providing patients with post-acute care should be customized to each patient. The ramifications of supporting a situation where patients might not get the safest and best care, but the most cost containing care is not the best option.

Again, as a patient and caregiver advocate, I agree more support and guidance is needed. We should be focusing efforts on improving access to post-acute care and providing patients with skilled nursing care when they need it. We should be finding solutions that reduce the burden on caregivers, not increase demands. We should be evaluating current community support systems beyond the hospital to ensure best patient outcomes. But most importantly we should be seeking solutions that offer the chance for caregivers to deliver love and comfort, not complex skills and tasks.

1319 Punahou Street
Honolulu, Hawai'i 96826-1001

KAPI'OLANI
MEDICAL CENTER
FOR WOMEN & CHILDREN
An Affiliate of Hawai'i Pacific Health

808-983-6000
www.kapiolani.org

Tuesday, February 03, 2015 – 1:20 p.m.
Conference Room 016

LATE

The Senate Committee on Human Services and Housing

To: Senator Suzanne Chun Oakland, Chair
Josh Green, Vice Chair

The Senate Committee on Health

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

From: Gidget Ruscetta, RN, BSN, MBA, FACHE
Vice President, Hospital Operations

Re: SB296 – Relating to Caregiving
Testimony in Opposition

My name is Gidget Ruscetta, Vice President at Kapi'olani Medical Center for Women & Children (KMCWC). Kapi'olani medical center is the state's only maternity, newborn and pediatric specialty hospital with 207 beds and 66 bassinets. Kapi'olani is also a tertiary care, medical teaching and research facility. The not-for-profit hospital is an affiliate of Hawai'i Pacific Health, the state's largest health care provider. At KMCWC we carefully evaluate the patients served and the services are tailored to the medical care plans to address those situation with the assistance of a multidisciplinary team where needed. The teams consist of nurses, doctors, social workers, case managers, chaplains, and other ancillary service providers equipped to manage those specialized patients in a setting as needed to provide appropriate care.

We are writing in opposition to this bill as it seeks to establish a standard of care that is inappropriate for a significant number of patients that we serve. KMCWC records more than 6,000 deliveries last year. While there are a small number of adult women that may go home with medical needs due to complications – for example C-section incisions requiring wound care and a nurse to educate patient and or caregiver as to cleaning, wound care dressing, etc. prior to discharge - the majority of the patients are healthy mothers who can care for themselves and their healthy infants.

This bill however, makes no distinction in the type of patients that a pediatric and birthing facility such as Kapi'olani Medical Center. We have therefore provided a couple examples where compliance with the proposed legislation will create a conflict with us delivering appropriate and optimal care:

Patient Type I - OB patients without complications:

These are healthy adult women who enter the hospital to deliver and expect to return to their home in 48-72 hours. Teaching for this population begins prior to arriving for delivery should the patient and family/ caregiver sign up for a prenatal course and carries through to post delivery. Once the mother delivers, education for themselves and their infants along with return demonstration occurs. For example they are encouraged to room in with their mother and infant is completed by the floor nurse and documented in the electronic health record and copies of all training material are printed with the instructions to be sent home with mother. Discharge instructions are reviewed with the patient/ mother/ caregiver prior to discharge and signed off by the patient. A follow up phone call occurs in 3-7 days post discharge regarding hospitalization, and mother and baby's current status, and any other questions/ concerns (i.e. questions about breast feeding).

These are otherwise healthy women. That said, the majority of these women go home on one or two meds, may have a wound dressing if they have had a C-section, episiotomy or are challenged with breastfeeding.

If passed, this legislation would unnecessarily mandate each of these patients to be asked if they would like a care giver identified. Seeing that the majority of these women are young healthy women, it would be a misallocation of scarce resources and will alter the process we have created to manage this relatively healthy population.

Patient Type II - GYN/ Breast surgery patients:

This subset of the population presents in multiple ways to the hospital. A majority have been diagnosed or have seen a subspecialist prior to entering the hospital for a medical or surgical intervention. These patients and their families/ caregivers have had pre op teaching. They all have a social worker and or patient navigator assigned to them as their journey is longer. These patients are followed closely and are then identified if they do have additional complexities or other co-morbidities that need to be addressed. Once the patient and family/ caregiver are ready for discharge and it is determined to be safe, the patient will go home, home with homecare agency overseeing care, to rehabilitation facility or to and extended care facility.

If passed, this legislation would complicate an already safe effective discharge for patients. In situations where the patient is referred into a professional post-acute care setting, the required training mandated be provided to a lay caregiver by this legislation potentially runs the risk of introducing a mixed educational message that could undermine the long term success and recovery of patient outside of the hospital setting.

If this legislation is passed it will create conflict with our existing policies by effecting:

- Cost involved to implement the legislation
- Collaboration with existing payers, extended care facilities and homecare agencies for possible extended lengths of stay
- Timetable for implementation of patient care plans if the desire to provide care and the caregivers ability are not in concert
- Resources and time taken from other inpatients to reteach patients caregiver
- Competency of skills for the lay caregiver and our ability to monitor from an inpatient perspective when others in the community are better equipped to manage.
- Accountability placed on the health care organization once patients are transitioned to the caregivers care, skilled nursing facility, home health agency or care home.
- Follow up beyond current process with require more staffing and monitoring

Thank you for this opportunity to testify.

HAWAI'I PACIFIC HEALTH
Kapi'olani · Pali Momi · Straub · Wilcox

55 Merchant Street
Honolulu, Hawai'i 96813-4333

www.hawaiipacifichealth.org

Tuesday, February 03, 2015– 1:20 p.m.
Conference Room 016

The Senate Committee on Human Services and Housing

To: Senator Suzanne Chun Oakland, Chair
Josh Green, Vice Chair

The Senate Committee on Health

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

From: Melinda Ashton MD
Hawai'i Pacific Health

Re: SB296 – Relating to Caregiving
Testimony in Opposition

My name is Melinda Ashton MD, Senior Vice President and Chief Quality Officer for Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system, and the state's largest health care provider and non-government employer. It 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.

While the intent of the proposed bill is to reduce burden on caregivers for seniors with multiple complex needs, the bill as written does not focus on this population. The very broad requirements could potentially hamper efforts to provide appropriate support and training to those it is intended to help.

The bill as written does not provide for any limits beyond being discharged from an acute care facility. This means that it applies to every mother and newborn, every patient after routine elective surgical procedures, and all patients young and old regardless of the length of their stay or the complexity of care they required.

The burden of going through the process to determine the designated caregiver(s), the relationship of the caregiver to the patient, the correct contact information for that person, the written consent of the patient to provide information to that person, the obligation to inform the designated caregiver as soon as possible for the planned discharge or transfer of the patient, and the potential to have to go through this process multiple times will be onerous to state the obvious. Having done that work, we are then required to consult with the caregiver regarding their capabilities and limitations and create a discharge plan to describe all the patient's after care needs necessary to maintain the patient's ability to reside at home taking into account the capabilities and limitations of the caregiver.

Consider an example of a new family going home with their first baby:

The mother would be asked to designate a caregiver when she comes in in labor. At that point in her care, the extent of her after care needs are not known, but she might designate the father of her baby or her mother (or both) as her caregivers and it would be expected by this law that we then provide detailed instructions for her caregivers that might include demonstrations of care of her perineum and breast care. The mother, herself, would likely be the legally authorized representative for her child and we would be obligated to provide detailed instruction to her, having determined her capabilities and limitations, of all the after hospital care needs necessary to avoid the having the infant come back to the hospital. And all of this is expected to be accomplished in the brief 2-3 day hospital stay for a normal maternity experience.

This may seem to be an extreme application of the proposed law, but as written exactly that scenario is mandated. There are so many situations where our patients and their caregivers are not overwhelmed, overburdened or stranded without adequate support. It makes little sense to require all of this mandated complexity for them.

We should instead, work to focus the mandates, if needed at all, on the vulnerable population that was the original intended group to be served.

To assist patients with complex care needs and to make sure their caregivers are not overwhelmed and uncertain about how to proceed following changed circumstances resulting from a hospital stay requires that we become much more individually focused on specific patients and their unique circumstances.

Even among complex patients, there are unique circumstances. For example, there are complex patients who come in for very short stays and return home with little change in their care. It is likely that in these circumstances the caregiver who cared for the patient before the stay actually knows the patient and what their needs are better than the staff in the hospital. While the caregiver could be asked if they need any additional instruction, to mandate that we must do this would be unlikely to be helpful.

To get to the group who are likely to be most in need of the intended actions in this bill: these are patients who have significant illness and complex needs. These may be patients who were previously quite independent with an unexpected serious event resulting in need of a caregiver, or they may be patients who were already in need of assistance who now have changes in their care as a result of an added illness or event. In either scenario, the patient will benefit from a caregiver who is able to understand the change in circumstances and the care required to assist in recovery. In many circumstances, this training is already being provided by the clinical staff prior to discharge from the hospital, or by home care personnel if the patient qualifies for home care.

The percentage of caregivers who do not receive training of this kind has not been measured here in Hawaii. It is quite possible that the instructions about care are thought by both the clinical staff and the caregiver to be adequate at the time the patient goes home. It may only be after the caregiver assumes full responsibility for the care that questions that were not known arise. Mandating that we have a process to teach will not change this reality.

More complete instruction does not remove the burden of prolonged periods of caring for elderly loved ones. This bill, while well intended, may significantly add to the burden on the care system without helping the caregivers in any significant way.

Strongly held opinions, loudly expressed, should not substitute for a more thoughtful review of what might actually help.

Cancer Action Network℠
American Cancer Society®

American Cancer Society
Cancer Action Network
2370 Nu`uanu Avenue
Honolulu, Hawai`i 96817
808.432.9149
www.acscan.org

Senate Committee on Human Services
Senator Suzanne Chun Oakland, Chair
Senator Josh Green, Vice Chair

LATE

Senate Committee on Health
Senator Josh Green, Chair
Senator Glenn Wakai, Vice Chair

Hearing: February 3, 2015; 1:20 p.m.

SB 296 – RELATING TO CAREGIVING

Cory Chun, Government Relations Director – Hawaii Pacific
American Cancer Society Cancer Action Network

Thank you for the opportunity to provide testimony in support of SB 296, which provides the opportunity for an individual to designate a caregiver, provide notice to the caregiver for prior to discharge or a transfer, and require instructions for caregivers prior to discharge.

The American Cancer Society Cancer Action Network (ACS CAN) is the nation's leading cancer advocacy organization. ACS CAN works with federal, state, and local government bodies to support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Caregivers are usually the unpaid loved ones who give the person with cancer physical and emotional care. Caregivers may be spouses, partners, family members, or close friends. Most often, they are not trained for the caregiver job. Many times, they may be the lifeline of the person with cancer.

While there is disagreement with the stakeholders over many of the provisions of this bill, the parties should continue discussion on these topics. We owe it to our patients and volunteer caregivers to at least continue to work on these issues for their benefit.

Thank you for the opportunity to provide testimony on this matter.

HPCA
HAWAI'I PRIMARY CARE ASSOCIATION

LATE

Senate Committee on Human Services and Housing
The Hon. Suzanne Chun Oakland, Chair
The Hon. Josh Green, Vice Chair

Senate Committee on Health
The Hon. Josh Green, Chair
The Hon. Glenn Wakai, Vice Chair

Testimony on Senate Bill 296

Relating to Caregiving
Submitted by Robert Hirokawa, Chief Executive Officer
February 3, 2015, 1:20 pm, Room 016

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, offers comments on Senate Bill 296, requiring hospitals to allow patients the opportunity to designate a caregiver, include the designated caregiver in the patient's medical record, notify the caregiver prior to the patient's transfer or discharge, consult with the caregiver about the patient's discharge plan, and instruct the designated caregivers in after-care tasks.

While well intentioned, there are a number of areas in the bill as written that are concerning, namely:

- The onus of training falling to hospital providers;
- The lack of mandatory acceptance of caregiver responsibilities;
- The insufficiency of training to provide adequate care; and
- The potential for liability on hospital trainers.

Thank you for the opportunity to testify.

Tuesday, February 3, 2015 – 1:20 p.m.
Conference Room #016

The Senate Committee on Human Services and Housing and Senate Committee on Health

To: Senator Suzanne Chun Oakland, Chair, HSH Committee
Senator Josh Green, Vice Chair, HSH Committee

Senator Josh Green, Chair, HTH Committee
Senator Glenn Wakai, Vice Chair, HTH Committee

From: Kenneth Zeri, RN, MS
President & CPO
Hospice Hawaii

LATE

Re: Commentary on SB296: Relating to Caregiving

Hospice Hawaii was honored to serve on the Family Caregivers Working Group this past year. We believe that the role of "Family Caregiver" cannot be overstated in its importance for caring for our loved ones. As was shared at the Working Group meetings, there is a need to make sure that caregivers are equipped to care for the sometimes-complex needs of all patients. In our experience patients of all ages depend upon caregivers for safety and comfort in their own homes. That is how our system is designed and that's how we have done care for generations in our country.

But what is different is the aging of the boomers and the increase in chronic debility secondary to advancing medical care. To put it simply, we as a society have not had to deal with this issue on the whole, because it has never existed before.

Proponents of the bill have indicated that we have a big problem in Hawaii, yet when we examined the re-admission data as presented by HHIC, Hawaii is actually doing quite better than most states. Further, the working group heard from several programs where community coalitions and grant funded pilot projects were really able to create something new and achieve a significant improvement in supporting patients at home to avoid re-hospitalizations.

I would recommend that the Committees on Human Services and Health follow the majority recommendation put forth from the Working Group: Hold off on legislation at this time, allow the Working Group to conclude its 2-year directive and seriously look for innovative ways to achieve that which we all value: well prepared caregivers who can keep their loved ones at home, safely with community support.

Please consider waiting one more year before recommending legislation. Let the Working Group continue its work.

MAUI REGION
HAWAII HEALTH SYSTEMS CORPORATION
Maui Memorial Medical Center • Kula Hospital • Lanai Community Hospital

LATE

Tuesday, February 3, 2015 – 1:20 p.m.
Conference Room #016

The Senate Committee on Human Services and Housing and Senate Committee on Health

To: Senator Suzanne Chun Oakland, Chair, HSH Committee
Senator Josh Green, Vice Chair, HSH Committee

Senator Josh Green, Chair, HTH Committee
Senator Glenn Wakai, Vice Chair, HTH Committee

From: Nick Hughey
Regional Chief Business Officer
Hawaii Health Systems Corporation –Maui Region

Re: Testimony in Opposition
SB296: Relating to Caregiving

Thank you for the opportunity to testify in **opposition** to SB296. HHSC- Maui Region recognizes important role caregivers play in the healthcare delivery continuum, and appreciate the commitment to caring for patients. We believe this bill is unnecessary for the following reasons:

1. **The Family Caregivers Working Group (Working Group), which is only halfway through the first year of a two-year process, has not yet released their report.**

   While we await the release of the initial report to the legislature, it is worth noting that the Working Group, among its many preliminary recommendations, voted 16-8 in favor of NOT introducing legislation on this matter this year. HAH and several of its members served as active participants in the Working Group during the legislative interim, and we are puzzled as to why one of the group's key recommendations was so willfully ignored. The Working Group should be allowed to continue its deliberations through the full two-year period that was envisioned by this legislative body when it passed House Concurrent Resolution 78 last session.

2. **Discharge planning is already mandated and highly regulated by the federal Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (the national agency that handles hospital accreditation).**

   Accordingly, Hawaii hospitals already have these actions in their comprehensive discharge policies, and healthcare providers in our community take this responsibility very seriously. They ensure that patients' family members and caregivers receive aftercare instructions and information for patients being discharged. This is evident in part by Hawaii hospitals' low patient readmission rates (six percent in Hawaii versus nearly 11 percent nationwide); in fact, many of our hospitals rank in the top ten percent in the country for the conditions tracked that result in preventable readmissions.

3. **The new mandates outlined in this bill will result in increased costs for all hospitals.**

   Hospitals will need personnel and administrative resources in the form of additional nurses, discharge planners, social workers, case managers and education materials to fulfill the mandates proposed in this bill. The financial challenges facing the Hawaii Health Systems Corporation will clearly be exacerbated if this bill were to become law.

4. **The liability language, which appears to be modeled after the New Jersey law, does not provide sufficient protection to Hawaii hospitals.**

   We continue to have major concerns about placing standards of care in statute, which may interfere with clinical best practices, and with requiring our frontline staff to train lay caregivers on increasingly complex tasks that historically have been the responsibility of medical professionals. The legal duties imposed on hospitals relating to specific caregiving training create substantial risk and uncertainty for our members.

   During the deliberations on a similar measure last session, the Senate Judiciary and Labor Committee (SB2264 SD2 SSCR 2701) shared such concerns, noting that:

   > " placing caregiver requirements in statute, even if these requirements are permissively phrased in the statute, may impose substantial liability on hospitals under this measure because "[g]enerally, a standard of conduct may be determined by reference to a statute". *Ono v. Applegate*, 62 Haw. 131, 137 (1980).

   While the liability language in this bill purports to protect hospitals, we remain convinced that such language will still not prevent the filing of potentially costly and time-consuming lawsuits. We would be interested to hear the position of the Department of the Attorney General on this matter.

5. **Rather than mandating standards of care in statute, the focus should be on identifying the best and most cost-effective way to provide long term services and supports to Hawaii's caregivers.**

   Maui County has a very successful Aging and Disability Resources Centers (ADRC) program, which serve as the single entry point for information about long-term care options, for persons in need of additional resources. . The ARDC's have a track record of engaging lay caregivers and hospital staff to improve care at home after discharge. For that reason, we support SB964, Relating to Aging, which appropriates funds for the Kupuna Care program and ADRCs.

Thank you for the opportunity to testify in opposition to SB296. HHSC- Maui Region respectfully request that the committee **hold** this bill and allow the Working Group to continue its deliberations.

STRAUB
CLINIC & HOSPITAL
An Affiliate of Hawai'i Pacific Health

888 South King Street
Honolulu, Hawai'i 96813-3009

808-522-4000
www.straubhealth.org

Tuesday, February 03, 2015 – 1:20 p.m.
Conference Room 016

The Senate Committee on Human Services and Housing
To: Senator Suzanne Chun Oakland, Chair
Josh Green, Vice Chair

LATE

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

From: Judy Suzuki, RN
Straub Clinic & Hospital

Re: SB296 – Relating to Caregiving
Testimony in Opposition

My Name is Judy Suzuki, RN and Manager for Hospital Case Management and Medical Social Work for Straub Clinic & Hospital. Straub Clinic & Hospital is a not-for-profit hospital in Honolulu, O'ahu, with 159 beds, a network of neighborhood clinics and a visiting specialist program that reaches throughout the state of Hawai'i. Straub is an affiliate of Hawai'i Pacific Health, the state's largest health care provider.

While appropriate discharge planning is a priority for all our patients at Straub, this bill is deeply flawed and I am concerned with the unintended consequence this legislation will have it putting our elders at harm. I can think of a couple scenarios where this bill would compel us to put patients at even greater risk. For example;

- It is not uncommon that our Case Managers or Medical Social Workers at Straub identify vulnerable elderly living with a son or daughter who is the primary caregiver and there is concern for financial exploitation, abuse or neglect. They may be living with a caregiver with mental illness, substance abuse or caregiver burnout. For example, we had a patient who was living with a son who kept his mother sleeping in a crate and feeding her potato chips. However, she wanted to return home under his care and refused our recommendations for nursing home or foster home placement.

This bill where create internal conflicts where we would be compelled to identify the abusive caregiver as the patient's caregiver despite our better judgement.

- Another concern that comes up frequently are patients living with family members who work full time or multiple jobs and are not able to adequately provide the care or supervision that is needed. For example, we had a patient who was bedridden and being cared for by her daughters. However, they were busy working and left her home alone for hours. She was left in her excrement and developed bed sores.

Simply mandating that a lay caregiver be designated and trained creates a false sense of security amongst patients that a lay caregiver can adequately meet the needs of every patient. This bill overlooks that in many instances the patient is best served when discharged into a care environment that utilizes a professional caregiver.

888 South King Street
Honolulu, Hawai'i 96813-3009

STRAUB
CLINIC & HOSPITAL
An Affiliate of Hawai'i Pacific Health

808-522-4000
www.straubhealth.org

LATE

Tuesday, February 03, 2015 – 1:20 p.m.
Conference Room 016

The Senate Committee on Human Services and Housing
To: Senator Suzanne Chun Oakland, Chair
Josh Green, Vice Chair

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

From: Jenelyn C. Lim, MD
Straub Clinic & Hospital

Re: SB296 – Relating to Caregiving
Testimony in Opposition

My name is Jenelyn C. Lim, MD an Internist and a member of the Geriatric and Palliative Care team of Straub Clinic & Hospital. Straub Clinic & Hospital is a not-for-profit hospital in Honolulu, O'ahu, with 159 beds, a network of neighborhood clinics and a visiting specialist program that reaches throughout the state of Hawai'i. Straub is an affiliate of Hawai'i Pacific Health, the state's largest health care provider.

My work over the past 14 years has been focused on the care of patients post acute hospitalization, as they transition into nursing and rehab facilities or back home. The goal of my work has been to not just assure quality care, but safe care.

I have first hand witness unsafe home situations where despite proper, extensive and reinforced training of designated lay caregivers, the patient's care is substandard and at times harmful.

First, the point "who" is responsible for oversight after the patient is discharged. Per the bill, training of lay caregivers by the hospital staff should occur; however, the bill does not establish clearly who will be responsible for oversight of this ongoing caregiver provided care once a patient is discharged. Example: A lay caregiver trained to provide daily peritoneal dialysis chose to break from the sterile technique despite this point being emphasized during training; because it saved time. The patient ended up back in the hospital with peritonitis and sepsis.

Second, in situations of potential abuse, neglect and financial exploitation of the patient by a caregiver, this bill only further enables that said caregiver This bill would mandate that a known abuser be identified as a patient's caregiver when it is not in the best interest of the patient. Example: A lay caregiver, the patient's daughter, brings the patient back home to the patient's subsidized apartment to care for her there. The patient is bed bound and is ADL dependent, but coherent and competent. It was found that she was being left home alone for 8 hours or more, unable to get out of bed, while her daughter was at work. Further investigation, determined that the daughter needed her mother to be home in order to keep the apartment. She later developed severe bedsores.

Finally, a system that legislates a single cookie-cutter discharge plan does not address the complexity of many patients. In many instances providing the option of a lay caregiver is not the preferred care model for a discharged patient and a professional caregiver setting is often needed. Demanding that a lay caregiver be elected by the patient may not be in the patient's best interest and give them a false sense of security and would undermine informed medical judgment and advice that a medical team would provide.

If the main focus is the safe care, best care of patients, I ask that the committee not pass this flawed bill.

STRAUB
CLINIC & HOSPITAL
An Affiliate of Hawai'i Pacific Health

888 South King Street
Honolulu, Hawai'i 96813-3009

808-522-4000
www.straubhealth.org

Tuesday, February 03, 2015 – 1:20 p.m.
Conference Room 016

LATE

The Senate Committee on Human Services and Housing
To: Senator Suzanne Chun Oakland, Chair
Josh Green, Vice Chair

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

From: Cynthia Gaddy
Straub Clinic & Hospital

Re: SB296 – Relating to Caregiving
Testimony in Opposition

Hello, my name is Cynthia Gaddy Director of Patient Care for Straub Hospital and Clinic. Straub Clinic & Hospital is a not-for-profit hospital in Honolulu, O'ahu, with 159 beds, a network of neighborhood clinics. Straub is an affiliate of Hawai'i Pacific Health, the state's largest health care provider. As Director I am responsible for the provision of patient-centered, safe, efficient, cost-effective care to the community we serve. We strive to create and support an environment of high quality, service oriented care. We do this in partnership with nurses, physicians, ancillary staff, patients, and families. Our goal is every patient every time.

Nurses go to school for 2 years more likely 4 years to learn their skill set. Even with this amount of preparation the first few weeks sometimes months on their own with the responsibility of the care of others on their shoulders can be very stressful. Passing a bill around making sure the hospital gives discharge instructions to a caregiver (which is something that is already being done in the hospital setting) is not the answer to helping the caregiver once they are home with the patient. The caregiver (like the new nurse) will still be uncomfortable in the situation more so with the added stress of work, family, etc. Although the hospital gives much verbal, written, and sometimes video information people will possibly still feel overwhelmed.

We need to focus on the transition of care for these patients and the community resources that are much needed to be of support. The caregiver bill focuses on just a small piece of a bigger picture. This bill will cause the hospital to have to re-focus our resources on making sure we are covered legally for something we already provide and take the focus off bridging the gap between the transition of care model we are currently working towards which includes community needs and involvement for the transition of patient care (PCP, respite care, home health, rehab, etc.). This bill is not the answer for our community.

STRAUB
CLINIC & HOSPITAL
An Affiliate of Hawai'i Pacific Health

888 South King Street
Honolulu, Hawai'i 96813-3009

808-522-4000
www.straubhealth.org

Tuesday, February 03, 2015 – 1:20 p.m.
Conference Room 016

The Senate Committee on Human Services and Housing
To: Senator Suzanne Chun Oakland, Chair
Josh Green, Vice Chair

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

LATE

From: Henry Preston, MD
Straub Clinic & Hospital

Re: SB296 – Relating to Caregiving
Testimony in Opposition

My Name is Henry Preston, MD Hospitalist for Straub Clinic & Hospital. Straub Clinic & Hospital is a not-for-profit hospital in Honolulu, O'ahu, with 159 beds, a network of neighborhood clinics and a visiting specialist program that reaches throughout the state of Hawai'i. Straub is an affiliate of Hawai'i Pacific Health, the state's largest health care provider.

As a hospitalist, my primary professional focus is the general medical care of hospitalized patients. Their activities include patient care, teaching, research, and leadership related to Hospital Medicine. While I share a deep concern ensuring that patients are appropriately discharged, I have some deep concerns regarding this bill.

The approach promoted by SB 296 is written with good intentions, however it will stifle our home health programs and our approach to providing a medical home care of complex patients. This would add additional cost to an already expensive and over-burdened health care system.

First, I have concerns about actually "who" is responsible for oversight after the patient is discharged. This bill is written in a way that puts the hospital in an awkward and untenable situation of being responsible for providing the training to a caregiver, but does not establish clear accountability of who is responsible for the ongoing care once the patient is discharged.

Second, I have concerns about hospitals further enabling potential abuse and financial exploitation of the patient by a caregiver over whom we have no control. Our social workers have often had to provide "work around" in these delicate situations and suggest alternatives when there is evidence of an abusive relationship between patient and identified caregiver. This bill however, would mandate that a known abuser be identified as a patient's caregiver and run counter to what is best for the patient.

Finally, an approach that legislates a specific discharge plan does not address the complexity of many patients. In many instances providing the option of a lay caregiver is not the preferred care model for a discharged patient when the services of a *professional caregiver* needed. Demanding that a caregiver be elected by the patient to function as a caregiver may not be in the patient's best interest and give them a false sense of comfort and could undermine informed medical judgment and advice that I would exercise in the patient's best interest.

With the patient's best interest at heart, I ask that you not pass this flawed legislation from this committee.

LATE

STATE OF HAWAII
STATE COUNCIL
ON DEVELOPMENTAL DISABILITIES
919 ALA MOANA BOULEVARD, ROOM 113
HONOLULU, HAWAII 96814
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

February 3, 2015

The Honorable Suzanne Chun Oakland, Chair
Senate Committee on Human Services and Housing
and
The Honorable Josh Green, Chair
Senate Committee on Health
Twenty-Eighth Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

Dear Senator Chun Oakland, Senator Green, and Members of the Committees:

SUBJECT: SB 296– Relating to Caregiving

The State Council on Developmental Disabilities (DD) **SUPPORTS SB 296**. The purpose of this Act is to enable caregivers to provide competent, post-hospital care to family members and other loved ones.

According to December 2014 statistics provided to the Council from the Department of Health DD Division, there are currently 286 individuals with DD living with their elderly parents. Several of these individuals have chosen as their life goal to stay at home to help care for their elderly parents and grandparents. A survey completed in October 2012 by the AARP Public Policy Institute and the United Hospital Fund determined that nearly half or 46 percent of family caregivers performed medical tasks. The most common medical tasks performed by family caregivers were:

- Medication management – 78 percent, including administering intravenous fluids and injections, with almost half-administering five to nine prescription medications daily.
- Help with assistive mobility devices – 43 percent.
- Preparing food for special diets – 41 percent.
- Wound care – 35 percent.

Yet, these caregivers are not included in the discussions and plans involving the care the individual will need when they leave the hospital. The one thing that is made very clear upon discharge is to call 911 if there is a problem. This appears to be a very high cost "discharge plan."

The Council is responsible for the development and implementation of a Five-Year State Plan. Our current State Plan (FY 2012-2016) includes a Goal, “People with intellectual and developmental disabilities will have supports to obtain and sustain their chosen life goal to prepare students at all educational levels for the transition from high school to adult life including employment, self- employment, and/or post-secondary education and training.” This measure would assist young adults to care for their elderly family members.

Thank you for the opportunity to submit testimony **supporting SB 296**.

Sincerely,

Rosie Rowe

Waynette K.Y. Cabral, M.S.W.
Executive Administrator

Rosie Rowe
Chair

LATE

HGEA
AFSCME
LOCAL 152, AFL-CIO

HAWAII GOVERNMENT EMPLOYEES ASSOCIATION
AFSCME Local 152, AFL-CIO

RANDY PERREIRA, Executive Director • Tel: 808.543.0011 • Fax: 808.528.0922

The Twenty-Eighth Legislature, State of Hawaii
The Senate
Committee on Human Services and Housing
And
Committee on Health

Testimony by
Hawaii Government Employees Association
February 3, 2015

<u>S.B. 296 - Relating to Caregiving</u>

The Hawaii Government Employees Association, AFSCME Local 152, AFL-CIO is in support of S.B. 296 Relating to Caregiving which requires hospitals to provide patients the opportunity to designate a caregiver upon entry to a hospital and establishes requirements for the hospitals to provide information, training and a discharge plan for the patient.

With Hawaii's aging population of sixty and over projected to be 30 percent of the total population by 2035, the need for programs and services is critical. Hawaii's statistics prove that the re-admittance rate of patients within 30 days from discharge from a hospital is staggering. If we as a community are committee to Hawaii's Kupuna, we must begin these programs immediately.

Thank you for the opportunity to testify on this measure and HGEA urges the passage of S.B. 296.

Sincerely,

Randy Perreira,
Executive Director

888 MILILANI STREET, SUITE 601 HONOLULU, HAWAII 96813-2991

LATE

98-1079 Moanalua Road
Aiea, Hawai'i 96701-4713

PALI MOMI
MEDICAL CENTER
An Affiliate of Hawai'i Pacific Health

808-486-6000
www.palimomi.org

Tuesday, February 03, 2015 – 1:20 p.m.
Conference Room 016

The Senate Committee on Human Services and Housing
To: Senator Suzanne Chun Oakland, Chair
Josh Green, Vice Chair

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

From: Brigitte McKale
Vice President Patient Services, Chief Nurse Executive
Hawai'i Pacific Health

Re: SB296 – Relating to Caregiving

Testimony in Opposition

My name is Brigitte McKale. I am the Chief Nurse and Vice President of Patient Services at Pali Momi Medical Center. 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 of SB296 Relating to Caregiving. Hospitals already follow regulations for safe discharge. Preparing caregivers is already a responsibility of hospital staff that is taken seriously.

My concern is that the bill will not appropriately address the challenges faced by patients with complex discharge needs while imposing additional responsibility on the hospital. These patients are better served with post-acute care services before transitioning home. This typically is done in a rehabilitation facility or a short-term rehabilitation facility. The care needs required at the time of transitioning home are very different than at the point of discharge from the acute care facility. The same holds true for patients discharged home with home care services.

I also have a concern with our ability to assess competency of the caregivers in the home setting. Even with appropriate education and return demonstration, the home situation can pose different challenges for caregivers. These challenges cannot always be anticipated. The hospital has no oversight of caregivers outside of our facility and the reality is that caregivers sometimes change.

Hospitals working in collaboration with community partners are in a better position to positively affect patients and their caregivers. A great example of this is the West O‘ahu Community Collaborative. This group collaborated and together were able to reduce Medicare readmissions in West O‘ahu by 20%. This improved the care of discharged patients and their caregivers.

There is already a working group which was developed post a House Concurrent Resolution during the last legislative session. This group should continue their collaborative work to provide a report with their recommendations. Stakeholders should jointly work to improve family caregiver support. Hawai‘i has a strong culture of collaboration to best meet the needs of patients and caregivers. Please consider allowing this group time to come forward with recommendation prior to considering this bill.

LATE

Ohana Pacific
MANAGEMENT COMPANY, INC.
45-181 Waikalua Road • Kaneohe, Hi 96744

Tuesday, February 3, 2015 – 1:20 p.m.
Conference Room #016

<u>The Senate Committee on Human Services and Housing and Senate Committee on Health</u>

To: Senator Suzanne Chun Oakland, Chair, HSH Committee
Senator Josh Green, Vice Chair, HSH Committee

Senator Josh Green, Chair, HTH Committee
Senator Glenn Wakai, Vice Chair, HTH Committee

From: Nadine Smith, MSW, LNHA
Chief Operating Officer
Ohana Pacific Management Company

Re: Testimony in Opposition
<u>SB296: Relating to Caregiving</u>

Ohana Pacific Management Company (OPMC) provides services in the areas of skilled nursing care, intermediate care, respite care, adult day care/day health, home care and home health as well as rehabilitation services on the islands of Oahu and Kauai. The company owns, and manages the overall operations of four nursing facilities, with a total bed capacity of 391, located in Kaneohe, Koloa, Waianae, and Lihue. OPMC also manages a freestanding adult day care/health center in Lihue. The primary care and services provided by the entities include:

- Ann Pearl Care Home on Oahu -Skilled nursing care, intermediate care, rehabilitation therapy, respite care, and adult day health;
- Hale Kupuna Heritage Home on Kauai - Skilled nursing care, intermediate care, rehabilitation therapy, and activity services;
- Leeward Integrated Health Services on Oahu - Skilled nursing care, intermediate care, rehabilitation therapy, long-term care, and activity services;
- Garden Isle Health and Rehabilitation Center on Kauai - Skilled nursing care, intermediate care, rehabilitation therapy, and activity services;
- Kauai Adult Day Health Center on Kauai – Daily health and activity programs servicing the Kauai community
- Stay at Home Healthcare Services – Home care and Home health on Kauai
- Ohana Pacific Management Company - Overall strategic management for its respective subsidiaries/settings.

Based on our experience and diverse healthcare continuum we believe we fully comprehend the care continuum and intense needs for education promoting the highest quality of care possible both from within healthcare facilities and well as in the community.

Thank you for the opportunity to testify in **opposition** to SB296. We work closely with and certainly identify the significant role of caregivers in healthcare continuum. Many take on such daunting tasks in caring for their loved ones and selfishly putting others before themselves on many occasions. We do believe this bill is not necessary and poses other problems to the health care industry in many ways and may in fact not address the problem.

1. **The Family Caregivers Working Group (Working Group), which is only halfway through the first year of a two-year process, has not yet released their report.**

   The initial and preliminary recommendations that opposed introduction of the bill this year to the legislation went unheeded. The purpose of the work group is to identify issues or concerns and make recommendations yet these went ignored as the bill continued to be introduced without the full opportunity of the 2 year period for deliberations, discovery and investigation.

2. **Discharge planning is already mandated and highly regulated by the federal Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (the national agency that handles hospital accreditation).**

   Due to our lines of business, OPMC has intimate working knowledge with hospitals on Oahu and Kauai on a daily basis throughout many of the care continuums. Based on this experience we know for a fact that hospitals work tirelessly to ensure patients and caregivers receive the care and services appropriate to their illness as well as discharge planning, and instructions for safe discharges. The hospitals work hard to set up safe discharge destinations, durable medical equipment, home care or home health and follow up appointments in an effort to make sure the patients and families have access to all the resources they need.

   Hawaii continues to lead the nation with some of the lowest readmission rates and work collaboratively with all the community partners to address issues, obstacles and ways to improve those rates even more. Hospitals along with many community post-acute health care partners are part of the Quality Improvement Organizations task force which addresses readmissions, obstacles with discharges, and improvement plans and continue to meet quarterly as a commitment to this issue.

3. **The new mandates outlined in this bill will result in increased costs for all hospitals.**

   The need to add additional resources to support this bill may indeed take away from direct care providers. Hospitals already have in place many educators and other health care workers who have processes in place to address discharge planning and teaching that do not at this point need to be supplemented. Hospitals have invested much already and continue to achieve better outcomes than national data.

4. **The liability language, which appears to be modeled after the New Jersey law, does not provide sufficient protection to Hawaii hospitals.**

   The mandated requirement for staff to provide training for non-healthcare professionals places risks in many ways. Hospitals continue to provide educational opportunities as needed for their patients to ensure safe discharges. Hospitals have educators for specialty needs such as wound care, ostomy care, diabetes, intravenous and medication management to list just a few. Hospitals have invested resources into language translation programs to ensure information is relayed in the most appropriate manner again focused on the best outcomes possible. If highly technical and complex medical care needs to be provided then post-acute services are available from home care and home health to skilled nursing facilities all that employ highly trained individuals, thus, this burden should not be placed on hospitals to educate untrained caregivers. Certain care is very appropriate to be provided by unlicensed personnel and others are not due to the high risks associated with the delivery of that care. There are no guarantees that regardless of what or who is trained that it will be implemented, therefore the use of trained professionals in many cases should be the services offered.

5. **Rather than mandating standards of care in statute, the focus should be on identifying the best and most cost-effective way to provide long term services and supports to Hawaii's caregivers.**

   The burden should not lie with the hospitals and the discharge planning process but should focus on missing pieces of support in the healthcare continuum. The caregivers do not necessarily have the community support that they need to be successful many times due to lack of access to resources or lack of financial resources. Many times securing appropriate post-acute care and services would allow the caregiver time to adjust to any illnesses or condition changes their loved ones may have suffered and receive education and support through other health care professional outside of the hospital. The high intensity of care and emotional rollercoaster associated with hospitalization does not necessarily lend itself to a highly effective learning environment. As the transitions of care become more of a focus, efforts need to be aligned correctly with the problem and not add to it by mandating protocols such as this that have no proven change in quality outcomes or reducing readmissions. Additional resources should be provided for agencies that have proven outcomes with the community caregivers such as the Aging and Disability Resource Centers (ADRC) that works collaboratively with hospitals and post-acute providers as well as caregivers to improve quality outcomes to those discharged back to the community.

   OPMC is very committed to the quality care our community deserves and receives. We work diligently to collaborate with hospitals on all aspects of post-acute care and strongly contend that this bill will not in fact improve quality outcomes or reduce readmissions yet rather it will force unnecessary mandates on already taxed health care systems causing them to possibly reallocate resources towards this mandate and take away from the people of Hawaii who need the attention of every health care provider they encounter. Those who need discharge instructions will receive them, those who need post-acute will receive it. Allow the health care professionals to identify the population at risk and secure the appropriate care, services and training needed at the time of discharge versus being required to do so when in many cases it is not the answer to very complex medical care.

Thank you for the opportunity to testify in opposition to SB296. We respectfully request that the committee **hold** this bill and allow the Working Group to continue its deliberations.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 03, 2015 6:19 PM
To: HSH Testimony
Cc: breaking-the-silence@hotmail.com
Subject: *Submitted testimony for SB296 on Feb 3, 2015 13:20PM*

Categories: Blue Category

SB296
Submitted on: 2/3/2015
Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Dara Carlin, M.A.	Individual	Support	No

Comments:

LATE

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 03, 2015 11:41 PM
To: HSH Testimony
Cc: teresa.parsons@hawaii.edu
Subject: *Submitted testimony for SB296 on Feb 3, 2015 13:20PM*

Categories: Blue Category

SB296
Submitted on: 2/3/2015
Testimony for HSH/HTH on Feb 3, 2015 13:20PM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Parsons	Individual	Support	No

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