



THE QUEEN'S MEDICAL CENTER

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HOUSE COMMITTEE ON HUMAN SERVICES

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HOUSE COMMITTEE ON TOURISM, CULTURE, & INTERNATIONAL AFFAIRS

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SENATE COMMITTEE ON HUMAN SERVICES

Senator Suzanne Chun Oakland, Chair

SENATE COMMITTEE ON TRANSPORTATION, INTERNATIONAL AND INTERGOVERNMENTAL AFFAIRS

Senator J. Kalani English, Chair

Re: Informational Briefing on "Basic Health Hawaii"

Wednesday, October 21, 2009 – 11:00 a.m.

State Capitol, Conference Room 329

Chairs Mizuno, Manahan, Chun Oakland, English and Members of the Committees,

My name is Cheryl Fallon. I am the Nurse Manager for the Inpatient Hemodialysis Unit at The Queen's Medical Center, the largest private tertiary care hospital in the State of Hawaii.

Since 1997, we have been providing hemodialysis services to our adult patients, who require treatments for kidney failure; whether it is patients with new acute kidney failure or patients' already receiving chronic hemodialysis and needing medical or surgical care, as well as patients who require treatments for drug removal. Due to the rising patient and treatment volume, a 6 station inpatient unit was built in 1997. We operate an all RN unit, 6 days per week, and 12 hours per day, with a 24 hour on-call system to accommodate emergency treatments. Patients require treatments at least three times per week, and the more acutely ill patients may receive daily treatments. The average number of treatments provided range from 10-18 per day, and the average daily number of hospitalized patients range from 20-25.

Hemodialysis patients remain in the hospital an average of 12 days per hospitalization, due to their complex medical problems. Once stable for discharge, all new patients must be referred by a kidney physician to an outpatient facility. All patients must have insurance for acceptance by an outpatient facility, and a slot available, before they can be transferred.

From the medical, legal, and ethical perspective, patients should not be discharged without appropriate outpatient treatments. Consequences from abrupt discontinuation of hemodialysis

include fluid overload, electrolyte imbalance, symptoms such as nausea, vomiting, headache, pain, itching, loss of appetite, and eventual death from cardiopulmonary arrest within 1-2 weeks, depending on the level of kidney function. Consequences from intermittent cessation of treatments will shorten the patient's life due to chronic stress on the heart and lungs.

In FY 2009, at Queen's Medical Center, 12% of our patients were Micronesian, with an average length of stay 19 days. If these patients do not have insurance, it would not be in the patient's best interest to be discharged. They currently occupy a bed, until insurance can be obtained. The ability to provide acute care to critically ill patients at the Queen's Medical Center may be compromised, due to the unavailability of beds that these patients occupy and receive their life sustaining treatments.

Thank you for the opportunity to testify.