Hawaii

C+

While Hawaii can boast of a high rate of seat belt use and a low percentage of uninsured residents, the state's emergency care environment is still hampered by a lack of quality initiatives and hospital capacity concerns.

Strengths. Hawaii's high mark in *Public Health and Injury Prevention* is influenced by the state's high percentage of front occupants using seat belts (97.6 percent) and low rate of unintentional fire- or burn-related fatal injuries (0.3 per 100,000 people). For both of these indicators, Hawaii ranks first among the states. The state also has the second highest rate of adults aged 65 years and older who have received the flu vaccine in the past 12 months (75.7 percent) and the third lowest rates of homicides and suicides and unintentional firearm-related fatal injuries. Compared to other states, Hawaii has the fourth lowest percentage of adults who are obese. However, at 20.6 percent, there is still room for improvement.

Hawaii has the 16th lowest average malpractice award payment and 2nd lowest number of National Practitioner Databank reports per 1,000 physicians, helping to make the state's *Medical Liability Environment* more favorable than most. The state has also abolished joint and several liability and made pretrial screening panels mandatory.

Hawaii has taken some strides to incorporate important *Disaster Preparedness* planning into its state operations and to implement policies that enhance its ability to respond to a disaster. For example, Hawaii has a real-time notification system in place to notify identified health care providers of an event, as well as statewide "just-in-time" training systems, a medical communication system with one layer of redundancy, and statewide patient and victim tracking systems. Furthermore, the state requires all EMS personnel and essential hospital personnel to be trained in disaster management and response to bio- and chemical terrorism. The state is also one of only two to provide criminal liability protections to health care workers during a disaster.

Hawaii fares better than most states with regard to *Access to Emergency Care*, which is influenced by the state's relatively low percentage of adults with no health insurance (9.6 percent) or with an unmet need for substance abuse treatment (7.2 percent), as well as a relatively small shortage of mental health and primary care providers.

Challenges. Hawaii lacks requirements for adverse event and hospital-based infections reporting, which may contribute to its below-average grade in the *Quality and Patient Safety Environment*. Other contributing factors include the state's lack of a uniform system for providing pre-arrival instructions and failure to maintain a statewide trauma registry.

Despite all of the strides Hawaii has made in terms of *Disaster Preparedness*, the state still lacks an all-hazards medical response plan and specific plans for special needs patients, to supply medications for chronic conditions, and to supply dialysis for patients in the event of a disaster. The state also has no verified burn centers and ranks poorly for the number of ICU beds (50th).

On a similar note, despite Hawaii's fair grade in *Access to Emergency Care*, the state is lacking with regard to hospital capacity. The state ranks among the worst four with regard to the number of pediatric specialty centers, accredited chest pain centers, and the daily hospital occupancy rate.

The state is lacking with regard to hospital capacity.

	RANK	GRADE
ACCESS TO EMERGENCY CARE	22	C
QUALITY & PATIENT SAFETY ENVIRONMENT	39	D+
MEDICAL LIABILITY ENVIRONMENT	16	C+
PUBLIC HEALTH & INJURY PREVENTION	5	A-
DISASTER PREPAREDNESS	24	C+
OVERALL	16	C+

Recommendations. Hawaii should make a strong effort to improve the *Quality and Patient Safety Environment*. In addition to establishing a statewide trauma registry, the state should continue to focus additional efforts on supporting and strengthening trauma care throughout the state.

Capacity and facility needs should also be addressed to ensure that resources are sufficient to adequately meet the needs of the population on an everyday basis and in times of disaster.

Hawaii can also take steps to further improve its *Medical Liability Environment* by providing additional liability protection for EMTALA-mandated emergency care and instituting expert witness rules such as case certification requirements, requiring expert witnesses to be of the same specialty as the defendant, and requiring expert witnesses to be licensed in the state.

ACCESS TO EMERGENCY CARE	C
Board-certified emergency physicians per 100,000 pop.	13.9
Emergency physicians per 100,000 pop.	15.3
Neurosurgeons per 100,000 pop.	1.5
Orthopedists and hand surgeon specialists per 100,000 pop.	9.5
Plastic surgeons per 100,000 pop.	2.3
ENT specialists per 100,000 pop.	3.2
Registered nurses per 100,000 pop.	752.4
Additional primary care FTEs needed	13.9
Additional mental health FTEs needed	2.4
Level I or II trauma centers per 1M pop.	0.8
% of population within 60 minutes of Level I or II trauma center	70.4
Accredited chest pain centers per 1M pop.	0.0
% of population with an unmet need for substance abuse treatment	7.2
Pediatric specialty centers per 1M pop.	1.6
Physicians accepting Medicare per 100 beneficiaries	3.5
Medicaid fee levels for office visits as a % of the national average	97.7
% change in Medicaid fees for office visits (2004-05 to 2007)	-48.0
% of adults with no health insurance	9.6
% of children with no health insurance	6.3
% of adults with Medicaid	7.0
Emergency departments per 1M pop.	12.5
Hospital closures in 2006	0
Staffed inpatient beds per 100,000 pop.	290.2
Hospital occupancy rate per 100 staffed beds	79.7
Psychiatric care beds per 100,000 pop.	31.7
State collects data on diversion	Yes

MEDICAL LIABILITY ENVIRONMENT	C+
Lawyers per 10,000 pop.	16.6
Lawyers per physician	0.5
Lawyers per emergency physician	10.8
ATRA judicial hellholes (range 0 to -7)	0
Malpractice award payments/100,000 pop.	3.1
Average malpractice award payments	$246,221
Databank reports per 1,000 physicians	10.0
Patient compensation fund	No
Health court pilot project grant	No
Number of insurers writing medical liability policies per 1,000 physicians	9.8
Average medical liability insurance premium for primary care physicians	$10,284
Average medical liability insurance premiums for specialists	$49,348
Pretrial screening panels	Mandatory
Are pretrial screening panels' findings admissible as evidence?	No
Periodic payments	No
Medical liability cap on non-economic damages	$350,001-500,000
Additional liability protection for EMTALA-mandated emergency care	No
Joint and several liability abolished	Yes
State provides for case certification	No
Expert witness required to be of the same specialty as the defendant	No
Expert witness must be licensed to practice medicine in the state	No

QUALITY & PATIENT SAFETY ENVIRONMENT	D+
Funding for quality improvement within the EMS system	Yes
Funded state EMS medical director	Yes
Emergency medicine residents per 1M pop.	0.0
Adverse event reporting required	No
Hospital-based infections reporting required	No
Mandatory quality reporting requirement	Yes
% of counties with E-911 capability	100.0
Uniform system for providing pre-arrival instructions	No
State has or is working on a stroke system of care	Yes
State has or is working on a PCI network or a STEMI system of care	Yes
Statewide trauma registry	No
% of hospitals with computerized practitioner order entry	20.0
% of hospitals with electronic medical records	36.0
% of patients with acute myocardial infarction given PCI within 90 minutes of arrival	51
Number of Joint Commission reviewed sentinel events per 1M pop. (1995–2006)	23

PUBLIC HEALTH & INJURY PREVENTION	A-
Traffic fatalities per 100,000 pop.	12.5
% of traffic fatalities alcohol related	52.0
Front occupant restraint use (%)	97.6
Helmet use required for all motorcycle riders	No
Child safety seat/seat belt legislation (10 points possible)	7
% of children immunized, aged 19–35 months	80.1
% of adults aged 65+ who received flu vaccine in the last 12 months	75.7
% of adults aged 65+ who ever received pneumococcal vaccine	68.8
Fatal occupational injuries per 1M workers	36.3
Homicides and suicides (non-motor vehicle) per 100,000 pop.	10.4
Unintentional fall-related fatal injuries per 100,000 pop.	7.8
Unintentional fire/burn-related fatal injuries per 100,000 pop.	0.3
Unintentional firearm-related fatal injuries per 100,000 pop.	0.1
Gun-purchasing legislation (8 points possible)	4.5
% of tobacco settlement funds spent on health-related services and programs	94.5
Total injury prevention funds per 1,000 pop.	$717.41
Unintentional injury prevention funds per 1,000 pop.	$228.54
Intentional injury prevention funds per 1,000 pop.	$65.94
Fall injury prevention funds per 1,000 pop.	$0.00
Infant mortality rate per 1,000 live births	6.5
% of adults with BMI > 30	20.6
Current smokers, % of adults	17.5
Binge alcohol drinkers, % of adults	17.9

DISASTER PREPAREDNESS	C+
Per capita federal disaster preparedness funds	$16.47
Disaster preparedness funds used specifically for health care-related preparedness are tracked	Yes
All-hazards medical response plan or ESF-8 plan?	No
Plan shared with all EMS and essential hospital personnel?	N/A
Public health and emergency physician input into the state planning process	Yes, Yes
Public health and emergency physician input into the daily operations of the SEOC	Yes, No
Written plan for the coordination of the SEOC or local EMAs to provide security to hospitals in case of emergency events	Yes
Number of drills and exercises conducted involving hospital personnel, equipment, or facilities	180
Accredited by the Emergency Management Accreditation Program	No
Written plan specifically for special needs patients	No
Written plan to supply medications for chronic conditions	No
Written plan to supply dialysis for patients	No
Real-time notification system in place to notify identified health care providers of an event	Yes
"Just-in-time" training systems in place	Statewide
Statewide medical communication system with one layer of redundancy	Yes
Statewide patient tracking system	Yes
Statewide victim tracking system	Yes
Statewide real-time or near real-time syndromic surveillance system	Yes
Real-time surveillance system in place for common ED presentations	Yes
Bed surge capacity per 1M pop.	272.7
Burn unit beds per 1M pop.	2.3
ICU beds per 1M pop.	188.5
Verified burn centers per 1M pop.	0.0
State able to verify credentials and assign volunteer health professionals to four ESAR-VHP levels	Yes
Nurses registered in ESAR-VHP per 1M pop.	163.6
Physicians registered in ESAR-VHP per 1M pop.	46.8
Training required in disaster management and response to bio- and chem terrorism for essential hospital personnel, EMS personnel	Yes, Yes
State or regional strike teams or medical assistance teams	Yes
Additional liability protections for health care workers during a disaster	Civil and criminal
% of RNs that received any emergency training	40.2
State requires EMS and essential ED personnel to be NIMS compliant	Yes

Improved since 2006
Worsened since 2006
No change since 2006
NR Not reported
N/A Not applicable
See *Summary Statistics for State Comparisons*