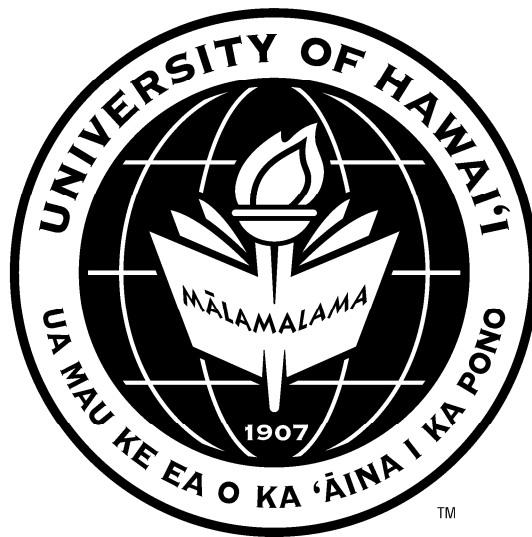


UNIVERSITY OF HAWAI‘I SYSTEM ANNUAL REPORT



REPORT TO THE 2009 LEGISLATURE

REPORT ON THE

UNIVERSITY OF HAWAI‘I'S

HYPERBARIC TREATMENT CENTER

ACT 158, SLH 2008 (Part 3, Section 90.2)

November 2008

REPORT ON THE UNIVERSITY OF HAWAI'I'S
HYPERBARIC TREATMENT CENTER

2009

Submitted by Frank Farm

Act 158, SLH 2008 (Part 3, Section 90.2)

The Hyperbaric Treatment Center (HTC) of the University of Hawai'i, John A. Burns School of Medicine was funded by the legislature and opened in 1983 for the expressed purpose of providing care and treatment to victims of diving accidents statewide 24 hours per day, 7 days per week, 365 days per year. The HTC assesses and/or treats about 100 dive accident cases per year and is the second most active dive accident treatment facility in the United States. Additionally, the HTC treats nearly 70 other cases requiring hyperbaric oxygen therapy per year. It is the only accredited hyperbaric facility in the State of Hawai'i. The staff of the HTC also provides teaching to medical students and emergency medicine residents and conducts clinical research.

Historically, the HTC has operated on limited funds from its inception. In the early days most who worked for the HTC were volunteers. As times changed, there arose a need to compensate our employees in order to maintain a core crew of trained and competent providers readily available to meet the increasing numbers of cases needing our facility. Simultaneously, standards for such facilities and the people who worked in them have gradually increased such that today, the standards of medical practice demand well-trained, board certified physicians, nurses and ancillary support personnel. Failure to meet these standards would leave Hawai'i, its citizens and visitors subject to a level of care below that provided nationally. Given its relative isolation, the fact that thousands engage in diving operations each day which invites the risk of decompression injuries, the fact that the HTC is the second most active diving-accident treatment facility in the US, and the fact that some of these injuries could invite potential for

litigation, it is imperative that the HTC be appropriately staffed and the equipment adequately maintained to meet those standards and to mitigate risk.

In order to be able to attract and retain well qualified people which are far and few between, we must compete with the market. Our salary structure is no longer adequate to attract those with the skills we need especially when factoring in the movement costs, the cost of living in Hawai'i, etc. We have been unable to attract even untrained nurses because our wage has been less by half of that paid to a brand new graduate nurse anywhere else in Hawai'i. Thus we must raise our starting salary to something more attractive. Likewise, we possess a very unique and complicated chamber system. It requires timely preventive maintenance and the personnel who operate it need to be well-versed in decompression schedules and treatment tables as well as very mechanically capable. To find that level of competency and experience requires a salary commensurate with the responsibilities. Again our current wage will not buy us the person we need. Thus we plan to increase the wages for both of these positions using the supplemental funds appropriated in hopes of successful recruitment. In so doing, this will necessitate a restructuring of salaries in order to maintain equity and to retain those who are currently employed and in most cases for many years have been remunerated at a rate well below their market value.

The HTC is a clinic which provides very specialized care and services. Patients may present with relatively simple and non-complicated cases or on the other extreme they may present *in extremis* and be very complicated and require intensive critical care. All care must be delivered in a manner consistent with established standards of practice provided by hyperbaric facilities which render a similar level of care anywhere else within the US. To that end, as technology and scientific knowledge grows and alters those standards, so must the HTC change and adapt to remain current in methods and procedures.

Because we are a clinic, we need and use a number of different kinds of medical supplies and equipment. We require a certain limited amount of medications to be in stock which must be purchased and replaced as used. Other medical supplies such as dressing materials, needles, syringes, thermometers, glucose test strips, IV solutions and administration sets, urinals/bedpans for in chamber use, and emergency drugs are some of the medical supplies we need. Additionally, we have medical equipment requirements, blood pressure cuffs, oxygen masks, glucose test devices, cardiac monitor and defibrillator, suction equipment, and a transcutaneous oxygen pressure monitor (TCPO2 machine).

We have had the same TCPO2 machine for over 15 years. Unfortunately, the technology has changed during that time and our particular device is no longer adequate nor is it cost effective to continue to use it. It now takes us nearly 6 hours to do the basic minimum standard testing on a patient that can be done in 1 hour using newer available technology. With the appropriated funds, we will be able to replace our older/outdated device with a newer device.

Additionally, in order to be sure that all our biomedical equipment is calibrated and tested to meet standards for patient safety as well as remaining functional, we have a contract with a local company to provide those services.

The HTC relocated from Kewalo Basin to the Kuakini Medical Center in 1994-1995 time frame. This was an essential move in order to bring the HTC into closer proximity with needed medical support capability. Kuakini has leased space to the HTC to house its chamber systems as well as its administrative offices. The lease agreement is negotiated at intervals via negotiations between JABSOM and the Kuakini management. In addition to space, the HTC

also has a contract with Kuakini for the provision of custodial services. In the past negotiations, the HTC has seen substantial increases in those rates and has had a significant financial impact on the HTC.

Additionally, the HTC has a laundry contract for some of our needs. Other costs under this heading include answering service, office supplies, admin costs, maintenance of and gasoline for our state car, office equipment maintenance and repair, purchase of training manuals and textbooks for medical reference, IT maintenance, and travel for professional meetings.

This fiscal year we will also undergo a re-accreditation visit by the UHMS which we had postponed because we lacked sufficient funds to both prepare for the visit and to pay the associated costs of the survey process. The UHMS granted us an extension of our current accreditation for a period of 90 days in hopes that we would receive a supplemental infusion of money thereby allowing us to proceed. Failure to obtain that money will result in loss of accreditation.

EXPENDITURE REPORT:

A) Personnel Salary and Benefits:

Need to hire two key and critical positions. Both positions unfilled due to insufficient funds to pay competitive wages based upon required qualifications.

Nursing Supervisor

Projected yearly salary:

80,000

(Recruitment ongoing)

Hyperbaric systems supervisor

Projected yearly salary:

\$64,734

(Hired Start Nov 15,2008)

Need to move 1 part-time physician to full-time. Initially hired part-time to fill full-time position due to insufficient funds to pay competitive wage based upon qualifications.

Medical Officer	
Current yearly part-time salary (.66FTE):	\$45,540 <u>(\$69,000 + 4,000)</u>
Projected yearly full-time salary:	\$73,000

Salary increases FY 07-08 to FY 08-09 given for remainder of ten regular staff, plus Intermittent On Call Care Providers, used as needed. all staff to achieve pay equities based upon qualifications, experience, at HTC and need to retain.

Sub Total:	\$ 280,578
Benefits/Fringe @25%	<u>70,145</u>
Total Salary and Benefits	\$ 350,723

B) Chamber System Maintenance and Operation

Inspections, Permits Parts, Oxygen, gases, etc.	
Total anticipated expenditures:	\$57,738

C) Medical supplies/equipment

Supplies, dressings, medications, needles, Sterile Processing, Lab work, Blankets, sheets, etc.	
Total anticipated expenditures:	\$54,705

D) Overhead costs

Rent, Custodial and Laundry Service, Office equipment, Answering service. Communications (phone pagers, cell phones), Transportation State vehicle gas/ maintenance UHMS accreditation.

Total anticipated overhead	<u>\$186,834</u>
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TOTAL	\$ 650,000
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