



**HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**  
 1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: 587-0788 • Fax: 587-0783 • www.shpda.org  
 Hawaii County Subarea Health Planning Council

**Meeting Minutes**

Conference Room  
 Hawaii Government Employees Association/AFSCME Local 152  
 495 Manono Street  
 Hilo, Hawaii

**Tuesday, July 24, 2018**

MEMBERS Present: Scott Daniels, Evelyn Kaneshiro, Momi Lovell, Malia Tallett, Harold Wallace

MEMBERS Absent: Sheila Nicholas-Smith

GUESTS: Miles Matsumura, Roann Okamura, Wil Tehero, Dan Brinkman, Mari Horike, Jerry Gray, M.D.

SHPDA: Sue Radcliffe, Darryl Shutter, Karen Ho

<i>2017-2018 ATTENDANCE RECORD OF APPOINTED MEMBERS</i>												
<b>Month/date</b>	<b>1/31</b>	<b>3/20</b>	<b>5/23</b>	<b>10/3</b>	<b>12/5</b>	<b>1/23</b>	<b>3/27</b>	<b>4/24</b>	<b>7/24</b>			
Scott Daniels, Chair	X	X	X	X	X	X	X	X	X			
Evelyn Kaneshiro						X	X	X	X			
Momi Lovell, Vice Chair	X	X	X	X	X	X	X	X	X			
Malia Tallett	X	X	X	X	X	X	O	X	X			
Sheila Nicholas-Smith	O	O	O	O	O	O	O	O	O			
Harold Wallace	O	O	X	X	O	O	O	O	X			
Legend: X = Present; O = Absent; / = no meeting												

TOPIC	DISCUSSION	ACTION
Call to Order	The meeting was called to order at 1:19 p.m.	
Meeting Minutes	The April 24, 2018 meeting minutes were reviewed and unanimously approved.	
Certificate of Need Review	<p>Application #18-02 from Hilo Medical Center for the establishment of interventional cardiac catheterization services, at no capital cost.</p> <p>Staff reviewed the certificate of need criteria for participants.</p> <p>There were no conflicts of interest declared.</p> <p>Dan Brinkman presented an oral summary of the application. Public testimony was provided per the attached list. Council members asked questions of the applicant regarding the Certificate of Need criteria. Questions included, but were not limited to: the availability of cardiologists and recruitment strategy for the proposed service, the applicant's plans for post-procedure care/rehabilitation and the availability of HHSC resources to support the long term viability of the project.</p> <p>After the question and answer period, it was moved/seconded to recommend approval of the application. The motion to recommend approval included the attached review of the application's relationship to the Certificate criteria. (see attached)</p> <p>Members voted YES – 5, NO – 0, to recommend approval of the application.</p>	
Discussion: Preventive Oral Health Education Project	SHPDA staff reviewed the preventive oral health education project (project) task sheet and updated members and project community partners on each individual task. Updates were also provided by the project community partners. Dates for the pilot test and the train the trainer sessions were set. The members and project community partners discussed the design of the print media that will be rolled out in support of the project.	
Administrator's Report	The Administrator's report was distributed.	
Announcement/ Other	None	

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>
Next Meeting/Agenda  Adjournment	The next meeting date will be tentatively set for August 28, 2018.  The meeting was adjourned at 2:52 p.m.	





# STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

DAVID Y. IGE  
GOVERNOR OF HAWAII  
BRUCE S. ANDERSON, Ph.D.  
DIRECTOR OF HEALTH  
ROMULA SUE PADCLIFFE, B.A., M.A.  
ADMINISTRATOR

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August 8, 2018

To: Certificate of Need Review Panel  
Statewide Health Coordinating Council  
Administrator, State Health Planning and Development Agency

From: Scott Daniels, Chair   
Hawaii County Subarea Health Planning Council

SUBJECT: Certificate of Need Application #18-02 for standard review from Hilo Medical Center for the establishment of interventional cardiac catheterization services, at no capital cost.

The Hawaii County Subarea Health Planning Council met on July 24, 2018 to review the above-noted application.

The Council recommends approval of this application by a vote of 5 to 0 and offers the following comments regarding the application's relationship to the Certificate of Need criteria:

- 1. Relation to the Hawaii State Health Services and Facilities Plan:**  
Met. The proposal is consistent with the Plan.
- 2. Need and Accessibility:**  
Met. The applicant has demonstrated that there is a need for the proposed service.
- 3. Quality of Service/Care:**  
Met. The applicant has a demonstrated track record of providing quality care and is accredited by the Joint Commission. The applicant will follow the appropriate practice guidelines for providing the proposed service.
- 4. Cost and Finances:**  
Met. The proposed service is projected to be financially feasible.
- 5. Relation to the Existing Health Care System:**  
Met. The proposal is aligned with existing health care system of the area.
- 6. Availability of Resources:**  
Met. The applicant has the human resources for the proposal and a thorough plan in place for obtaining additional human resources as needed.