RSA 126-A:13

Health and Human Services Oversight Committee

Friday, September 25, 2020 at 10:00 a.m.

Remote Meeting

1. Welcome and Right to Know. Rep. Weber called the meeting to order at 10:01 a.m., welcomed members and read the notice of RSA 91-A requirements for remote meetings. Roll call indicated that Reps. Weber and Campion and Senator Fuller-Clark were present.

2. Review of Minutes. Without a quorum present, the approval of August 28, 2020 minutes was postponed until the next meeting.

3. New Hampshire Hospital Association Interim Report regarding the Use of Restraint and the Use of Different Modes of Transportation of Patients to New Hampshire Hospital or other Designated Receiving Facilities – Kathy Bizarro- Thunberg, Executive Vice President, MBA, FACHE, Executive Vice President/Federal Relations, New Hampshire Hospital Association. (Report dated January – June 2020)

Ms. Bizarro-Thunberg shared the interim report re: NH Patient Transportation and Restraint arising from the passage of SB 177. The legislation requires data collection but does not specify who is responsible and how data will be collected. The Hospital Association stepped forward to convene a voluntary group of stakeholders. They plan to submit the annual report when available on behalf of the NH Hospital and the Designated Receiving Facilities (DRFs).

There are three components included in SB 177 regarding involuntary admissions to either the NH State Hospital or other DRFs:

a) Decisions about mode of transport (ambulance or via law enforcement)
    a. Initial decision made by healthcare provider
b) Decisions about use of restraint
    a. Decision made by transporting agency – limited to the need to protect the patient and others
c) Data collection and reporting
    a. Types of transport
    b. Types of restraint

Summary statistics are included in the report: There were a total of 802 Involuntary Emergency Admissions (IEAs) involving transportation to NH DRFs in first 6 months. Ms. Bizarro-Thunberg indicated that the group believes that this number is lower than expected due to the Covid-19 pandemic.

Of those transported, 95% were adults (758); 5% were children (44). The majority of adults (64%) were transported by sheriff, whereas the majority of children (82%) were transported by

ambulance. Fifty-five percent of patients were transported without restraints, and no children transported by ambulance had restraints applied. Four children transported by sheriff had restraints applied.

Rep. Campion asked for information about why any children were being transported by sheriff? Commissioner Shibinette responded that children transported via Sheriff tend to be older, are typically very violent and may represent a risk to themselves or others.

Sen. Fuller-Clark asked about how the legislature could use this information going forward. Rep. Weber stated that these are early days, and that she is heartened by large number of ambulance transfers vs. transport via law enforcement. She recollected that the individuals that had testified in support of SB 177 had indicated that sheriffs had always used restraints.

Ms. Bizarro – Thunberg believes that use of restraints varied by individual sheriff's offices. She is hopeful that sharing these data will assist DRFs, sheriffs' offices and NHH to evaluate and revise their policies for transportation and use of restraint.

Ms. Bizarro-Thunberg will work with John Williams to ensure that the annual report is distributed in December.

4. Adverse Events Annual Report – Doreen Shockley, Manager, and Debora Wyman, Coordinator, New Hampshire Department of Health and Human Services, Health Facilities Administration. (Report dated September 25, 2020).

Ms. Wyman described the annual report of adverse events (serious reportable events) reported by NH hospitals and Ambulatory Surgical Centers (ASCs) in 2019. The overall numbers are small and have decreased slightly from 112 to 106 in the past year. All reported events occurred in hospitals. None were reported by ASCs.

The highest number of events fell into the same three categories as in past years; falls, pressure ulcers and surgical events. Following each reportable event, the hospital conducts a root cause analysis and designs a corrective action plan. Ms. Wyman stated that the hospitals have a very collaborative relationship with the Bureau of Licensing and Certification in reporting and designing corrective action plans.

Ms. Wyman indicated that the hospitalized population is changing, with sicker patients being admitted to hospitals. She stated that it would be helpful to report a rate or ratio of events in addition to the raw number . Using the absolute number only may be misleading and does not account for variations in admission rates/numbers.

Pressure ulcers and surgical events have decreased, associated with the implementation of strategies to address identified concerns. Strategies to prevent surgical events include focusing on hand-offs and the use of checklists.

The Bureau has been working with the NH Healthcare Quality and Safety Commission to clarify issues of concern and develop tactics for safe practice.

Sen. Fuller-Clark asked if are we looking at these results compared with other NE Hospitals? To date, this has not occurred. Ms. Wyman indicated that the data between states may not be comparable.

Ms. Shockley stated that the Bureau would evaluate the possibility of comparing NH's performance within New England and nationally.

Rep. Weber asked about the types of surgical events classified as surgery on the wrong body part. Ms. Wyman stated that they would share information about the location of these events in the future.

5. DHHS Commissioner's Update – Commissioner Lori A. Shibinette, RN, MBA, NHA.

Commissioner Shibinette gave a brief overview of the top issues of focus within DHHS.

a. Most of her work continues to be focused on Covid-19
   i. LTC facilities are moving to self-directed testing of staff. State will be reimbursing the facilities at a rate of $100/test for those tests.
   ii. Most states started with a self-directed program or have moved in that direction
   iii. NH held on to a DHHS directed program longer b/c of outbreaks
   iv. Currently now one outbreak, having come down from many more.
b. Vaccination planning. Have been working with Nh State Disaster Medical Advisory Committee (SDMAC) to determine ethical distribution of vaccines
c. Getting ready for the legislative session

Questions:

Rep. Weber asked about the CMS announcement of a program whereby "the money follows the person" and how that is happening here. Ms. Shibinette will need to get back to the Oversight Committee with that information.

Rep. Campion asked about the costs for testing for LTC. Ms. Shibinette indicated that she believes the average cost/test for LTC facilities is approximately $100, which is the amount to be reimbursed by DHHS.

Chair Weber adjourned the meeting at 11:55.

Respectfully Submitted,

Rep. Polly Campion