HHS Oversight committee minutes 18 November 2022

Meeting called to order @ 1 pm by Rep. Pearson

Present: Rep. Pearson, Rep. Salloway, Rep. Nelson, Sen. Gray, Sen. Giuda, Rep. McMahon, Rep. Murphy (alt)

Absent: Sen. Rosenwald (excused), Rep. Marsh, Rep. Cannon

Minutes of 10/28 approved (Gray/Salloway) 6-0. Sen. Giuda abstained.

Next meeting TBD

-Review of the Subcommittee to Review Transparency issues with the NH Board of Medicine final report. Submission of subcommittee report was by Rep. Pearson. Motion to accept the report by Salloway/Giuda. Discussion regarding voluntary vs. non-voluntary revocation or suspension of license or privileges initiated by Sen. Giuda. Amendment to the report on page 2 in second paragraph, 2nd line to read "This would include license or privilege revocations or suspensions or surrender of licenses and any malpractice suits found in favor of the plaintiff over the past 10 years." Motion made to accept the report (Salloway/Giuda) passed 7-0.

-Review and discussion of the draft LSR to establish a Medical Transparency Oversight Committee with Rep. Pearson as principle sponsor vs. consideration of an LSR to recommend changes to the Board of Medicine policies and procedures. A discussion regarding the makeup of the Medical Transparency Oversight Committee LSR ensued. Sen. Giuda offered that a prescribed membership roster may lead to gridlock due to conflicting interests. Rep. Salloway brought up that the previously accepted report should serve as a guiding document. Chairman Pearson asked that anyone who wanted to be on the Committee should contact him directly.

-Review of the Task Force on Precision Medicine and Biomarker Testing subcommittee and proposed final report presented by Rep. Salloway. A motion was made to accept the report (Rep. Salloway/Sen. Giuda). The only change to the Report was the correct spelling of Katherine Rogers' first name to be consistent throughout the report. Rep. Salloway then presented the draft LSR to Establish a Standing Commission on Emerging Medical Technologies. There was a discussion about a commission vs. a committee. Also noted was that in the 'Members' section of the LSR, New Hampshire Cancer Society should be changed to American Cancer Society as the NH Cancer Society no longer exists. The draft LSR and report passed on a voice vote.

-The DHHS Commisioner's update focused on the Hampstead Hospital and Residential Treatment Facility (HHRTF) was introduced by Deputy Commissioner Lori A. Weaver who then introduced Kathleen Collins, CEO and Steven Finnegan, COO. A handout noting the mission statement, vision and overview of HHRTF was reviewed by both Ms. Collins and Mr. Finnegan. This detailed admission, discharges, staffing issues, access and future

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goals. Discussion discussed staffing shortages (especially counselors) and that staff are in the midst of union negotiations. HHRTF is only part of a continuum of care for its patients who have an average length of stay between 7-10 days. Sen. Giuda asked where those pts. awaiting admission stayed. Many will be housed in the emergency rooms until a bed opens up. Questions also raised about the number of FTEs, the low number of counselors and if the pay for staff is competitive. It was noted that the only category of patients likely not accepted at HHRTF are forensic patients. After discharge, most pts. will either go home with in-home support, to residential facilities or to group homes.

-The Health Care Acquired Infections report was introduced by Katrina Hansen, Administrator, Division of Public Health Services, NH Department of HHS. Two handouts covering both hospital and ambulatory surgery center HCAs were reviewed. These reports were reviewed by Ms. Hansen covering central line associated infections, catheter associated urinary tract infections, surgical site infections and antimicrobial prophylaxis administration. It was noted that there is a very wide variation in influenza vaccination coverage throughout NH hospitals ranging from 28% to 99%. It was also noted that HCAs in NH were less than predicted based on national data. Sen. Giuda asked why fatalities were not included in their reporting and Rep. Murphy asked a similar question about C-Diff infection reporting.

-The Tuition Waiver program for children in State foster care or guardianship was presented by Beth Nee, Youth Engagement Specialist, DCYF, NH DHHS. Applications for scholarship has remained steady at 46-49 over the past three years. The program has expanded eligibility to ages 23-26. The program is expanding criteria for inclusion and is attempting to increase the numbers of waivers. The program is also planning on expanding to include children living with grandparents in and out of state.

-The final report to the Oversight committee was an update regarding the use of restraint and the use of different modes of transportation of patients to New Hampshire Hospital or other Designated Receiving Facilities (DRF). The report was presented by Caroline Lavoie, MS, Director, Health Information and Analytics, NHHA. A handout was reviewed by Ms. Lavoie. She noted that there is now 3 years of data which is helpful in tracking trends in mode of transport and means of restraint. It was noted that NH Hospital receives the majority of transfers and that law enforcement is consistently the most frequent mode of transport. Restraints are used more often in law enforcement transport and infrequently in ambulance transports. It was noted that the average number of transports year over year has decreased (138 to 106) but that it was due mostly to decrease capacity to accept and not related to a decrease in need. The number of children transported year over year has also declined (78 to 15) principally because NH Hospital is no longer receiving Involuntary Emergency Admissions (IEAs).

-Chairman Mark Pearson concluded the meeting by giving thanks to the many years of service and contributions to the HHS Oversight Committee by retiring members Rep. Salloway, Rep. Nelson, Sen. Giuda and, in absentia, Rep. Marsh.

The meeting adjourned at 3pm with the next meeting TBD.

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