

Conference Call Convened at 9:00 a.m. Eastern Daylight Time

✓ Present

✓ Jonathan Ballard	Richard Levitan	✓ Robert Theriault, Jr.
• Trish Clancy	✓ Susan Reeves	✓ Carole Totzkay
Kevin Desrosiers	Kate Riddell	✓ Tom Wold
• Paul Drager	✓ Justin Romanello	• Charles Burney
✓ John Friberg, Jr.	✓ Jason Shaw	• Kathy Bizzaro-Thunberg
✓ Marc Hiller	✓ Steve Surgenor	✓ Anne Edwards

Conference Call Agenda

1. Roll Call
2. Approval of May 26, 2020 Draft Notes
3. General feedback and public input process for the Clinical Guidelines
4. Public Comment

Ballard: Thank you for joining the call today. I am Dr. Jonathan Ballard, Chief Medical Officer (CMO) at the NH Department of Health and Human Services. Please state your name and the agency/organization you represent.

Clancy: Family doctor and Chair of the Ethics Committee at Concord Hospital

Desrosiers: Critical care physician and CMO Elliot Hospital

Drager: Medical Ethicist

Friberg: Chief Legal Officer at Solution Health

Hiller: UNH Medical Ethics

Reeves: Chief Nursing Officer at Dartmouth-Hitchcock Health

Riddell: Intensivist, Anesthesiologist at Southern New Hampshire Medical Center

Romanello: NH Department of Safety, EMS Bureau Chief

Shaw: Respiratory Manager at Catholic Medical Center

Surgenor: Critical care physician at Dartmouth-Hitchcock Health

Theriault: Director of Pharmacy Services at Wentworth-Douglass Hospital

Wold: CMO at Portsmouth Regional

Burney: Resident, General Surgery and Leadership Preventive Medicine; SDMAC member

Bizzaro-Thundberg: Executive Vice President / Federal Relations, New Hampshire Hospital Association; SDMAC member

Edwards: Associate Attorney General, NH Department of Justice; SDMAC member

Totzkay: NH DHHS Public Health Emergency Planner; NH CSC Facilitator

Ballard:

- Roll Call – we have quorum
 - Three STC members absent (Reeves, Levitan, and Clancy) at time of vote.
 - Motion to approve by Shaw, second by Wold. All approved.
- The *STC Clinical Guidelines* are now on the NH DHHS COVID-19 website. They are a summation of the recommendations put forth by members of the NH CSC – SDMAC, STC, and sub-committees.
- *State CSC Clinical Guidelines* – review today and gather any edits you have. Should the need arise to activate them before the public comment period is completed, we will do so.
- Comments on the draft clinical guidelines may be submitted to SDMAC@dhhs.nh.gov and will be accepted through June 19, 2020.

Shaw:

- Looks good to me nothing contradicts CMC guide.

Friberg:

- He will send his edits through the SMAC designated email.
- As an appointed member of the STC, and nothing herein or in any of my prior comments constitute or are intended to convey legal advice.

Reeves:

- Just now joined the call.

Wold:

- The inconsistency of stating both ‘near and short term’ was also mentioned at the WDH Triage Committee.

Ballard:

- Charlie, what are your thoughts on the inconsistency of the terms ‘near and short term’?

Burney:

- This inconsistency came up in several national plans that were reviewed. Most defined short term as ‘in the hospital’ and ‘near term and immediate’ as within 12 months and less than six months respectfully.

Drager:

- Where do patients with pre-existing disabilities fall on the scale of 'near and short term' survival when physically compromised by a lethal communicable disease?

Wold:

- The PA plan addresses this in their SOFA score. What is this committee's position on adjusting the PA approach for use in NH?

Burney:

- Should we consider adding points beyond hospitalization?
- The PA State plan initially had a list but then removed now it is based on clinician judgement.
- CO uses Charleton which has a very explicit listing.
- This is one of the most difficult areas for the committee to determine.

Drager:

- If a patient presents with POLST order, would it be accepted with this Clinical Guideline or would a decision be made to override the POLST?

Ballard:

- I would presume the POLST would be honored.

Clancy:

- Just now joined the call.
- Can't imagine anyone overriding a POLST. The NH CSC Plan references the acknowledgment of POLST forms.

Reeves:

- What about our consistent need for communication across the hospitals? Perhaps some standard language that could be used in every hospital.
- Provide a simple appendix document that would list answers to these specific questions and encourage standard language for the four bullets.

Friberg:

- How and when the information is communicated should be consistent across the hospitals in the state.

Clancy:

- Hospitals have scripted messages already.

Reeves:

- My comments are related to the marketing documents of how we communicate to the public. The public facing material, not about reviewing 26 hospital documents.

Friberg:

- Yes. Consistent messaging to the public is needed.

Ballard:

- SDMAC member comments?

Thunberg:

- 4 bullets drafted by the state

Drager:

- The POLST registry does not exist as part of the statute. NH has never implemented the registry.

Totzkay:

- As a reminder the SDMAC did agree to have subcommittee address Community Engagement.

Public Feedback

Pamela Phelan of the Disability Rights Center-NH:

- What is the deadline for feedback on the guidelines.

Ballard:

- Anne Edwards might have some thoughts on this.

Edwards:

- It is reasonable for 14 day...until June 19th. Review comments, make edits and then finalize for SDMAC meeting on June 26th.

Ballard:

- No need to further to have the STC continue meeting. Thoughts from members – perspective?

Shaw:

- We covered everything. Most of the documents I've seen are congruent. I move we demobilize the STC.

Ballard:

- If a hospital's Triage Committee needs assistance then we will reconvene the STC.
- The NH CSC Long-Term Center subcommittee has a conference call meeting on Friday, June 12 at 9:00 a.m.
- The SDMAC conference call meeting Friday, June 26 at 9:00 a.m.
- Today's meeting notes will be reviewed and voted on at the SDMAC meeting.

Call ended at 9:50am

DRAFT