

BOARD OF MEDICAL LICENSURE AND DISCIPLINE

FULL BOARD

MINUTES OF MEETING

11 July 2007

Open Session

Minutes

Board Members in Attendance:

David R. Gifford, MD, MPH, Chair

Thomas Breslin, MD

Norm Chapman

Margaret Coughlin

Charles Cronin, DO

Robert Dinwoodie, DO

Joseph DiPietro, Esq.

Noubar Kessimian MD

Shelagh McGowan

Board Members Absent:

Patrick Barry, Esq.

Richard P. Iacobucci, MD

Henry Litchman, MD

Agnes R. Lapointe

Staff Members in Attendance:

Robert S. Crausman, MD, Chief Administrative Officer

Bruce W. McIntyre, Board General Counsel

Linda Julian, Board Investigator

Mary Salerno, Administrative Officer

Guests:

Boyd King, MD, RIH Vice President of Medical Affairs

John Murphy, MD, Director, RIH Graduate Medical Education

Gus Cadero, Director, RIH Psychiatric Services

Barbara Reilly, Director, RIH Nursing

Joan Flynn, Director, RIH Risk Management

Arthur Kline, MD, RIH Executive Board

Madeline Vincent, DOH, Public Health Nursing

Adelle Renzulli, DOH Senior Nursing Care Evaluator

Sajal Shah, BMLD Legal Intern

Andrew Karlsberg, BMLD Legal Intern

1. A quorum was established at 8:47 AM.

2. On a motion by Dr. Kessimian seconded by Ms. McGowan it was voted to approve the minutes of the 9 July 2007 Licensing Committee.

3. On a motion by Mrs. Coughlin seconded by Mr. Chapman it was voted to approve the minutes of the Open Session of the 13 June 2007 meeting.

4. Chief Administrative Officer's Report

A. Representatives from Rhode Island Hospital's Executive Board, Medical Affairs Office, Risk Management, Graduate Medical Education, Nursing and Psychiatric Services appeared at the Open Board Meeting to discuss current and proposed policies and procedures at Rhode Island Hospital as a result of recent events at the hospital. Also attending were representatives from DOH Facilities Regulation and Public Health and Nursing.

As a result of specific wrong-site surgeries in 2001-2002 a root-cause analysis was performed and new procedures for education in hospital policies site & side verification and forms for bedside procedures were developed. Each Department representative described procedures put into place for their staff to demonstrate their knowledge of hospital policies. These include re-educating existing staff at time of renewal and requiring new staff to complete and document completion of training sessions in hospital policies.

All hospital policies are on-line and web accessible and all policies have been, or are in the process of being reviewed. It was pointed out to the RIH Representatives policies should be coordinated and redundant policies eliminated.

Monitoring and compliance were discussed. Currently the hospital uses administrative datasets to monitor bedside procedures and compliance to policies. The hospital compliance rate for monitoring

completion of required forms is 92%. However the thoroughness of completion is in question. In addition there is currently no way of monitoring compliance of direct supervision of residents by attending physicians. Also the “denominator” of total procedures is in question.

One BMLD/DOH role is to ascertain compliance of hospital policies. As a follow-up of this meeting the Board and DOH requests 1) compliance quality data quarterly 2) institution of a procedure for tracking procedures performed by residents, and 3) institution of a policy identifying designated clinicians seeing patients daily.

Finally, once RIH Hospital has successfully established guidelines for revising, disseminating and monitoring hospital policies by all staff these guidelines should be distributed to all hospitals in order to improve patient safety and care.

B. Board Member Shelagh McGowan gave a brief presentation regarding her attendance at the New England Regional Board Meeting in June, which was sponsored by the Maine Board. Ms. McGowan reviewed the RI BMLD Committee and Full Board process of reviewing cases with the meeting attendees. Other topics discussed at the meeting were 1) physician competency relating to CMEs and the possible different avenue for returning physicians such as coursework and possible residency, 2) Village vs. City physician competency - all at the meeting considered them equally competent,

3) Mental Illness problems - RI uses the Physicians Health Committee - the goal is to help, not punish, 4) License portability during disasters - possible solutions are ID cards and a national database, and 5) voluntary “Do Not Practice” disclosures - should they be public or private? Massachusetts is still working on their residency remediation program. Ms. McGowan found this meeting to be very productive and encourages all Board members to attend in the future.

C. The proposed Guidelines for Nursing Home Discharge to Home were reviewed. On a motion by Dr. Breslin seconded by Mrs. Coughlin it was voted to express the Board’s support for the Guidelines with modifications to AMDA.

D. Standard of Care - Local vs. National: Mr. Bruce McIntyre reviewed with the Board the history of the “Locality Rule” established in 1900. The medical standard of care was set locally until a landmark episiotomy case after which the standard of care (SOC) became national. Mr. McIntyre also explained that a limited license assumes that the resident is following the national standard of care.

5. Old Business:

The Telemedicine Physician/Patient Relationship Draft was discussed but postponed until August due to time constraints.

The proposed physical exam requirement for Emeritus physicians

was discussed. There is Department of Health and Physicians Health Committee support for the proposal but the issue remains tabled while DOH Legal Services and Mr. Steven Brown of the ACLU examine it.

The Draft Letter regarding supervision for mid-level clinicians was signed by Dr. Dinwoodie and submitted to Dr. Gifford.

6. New business:

Suggested topic for future discussion: Resident supervision of procedures.

7. At 11:00 AM the Board adjourned to Executive Session pursuant to Sections 46-42-4 and 42-46-5 of the Rhode Island General Laws.