

Rhode Island Department of Corrections

Medical Ethics Committee

Minutes of March 13, 2013

Members in attendance: Fred Vohr, MD Medical Program Director-Committee Chairperson; Elizabeth Earls, AD Rehab Services; Kathy Kelly, Chief Legal Counsel RIDOC; Gordon Bouchard, RN Director of Nursing; Patricia Threats, RN Public Health Education Supervisor; Louis Cerbo, Director Behavioral Health; Pauline Marcussen, Project Manager; Lauranne Howard, Substance Abuse Coordinator; Martha Paone, Chaplain;

Absent: Richard Meunier, Dep Warden, Kenneth Walker, PhD Parole Board; Teresa Foley, Reentry Services

Recorder: Maggie Paquette, Administrative Officer Health Care Services

Public:

Meeting called to order at 1:05p

Minutes of December 12, 2012 accepted.

The Arnold Conference Center was extremely hot 90+ degrees at 1:00

p. with fans running.

It was suggested that a new location be identified for future meetings. Suggestions for accessible rooms were made; DLT has a nice conference room however it was noted it is hard to obtain; DOC Dix building is accessible and the porch rooms could be booked. Ms. Paquette will check into an alternative accessible location for future meetings.

Discussion:

1) The End of Life Medical Care and Advance Directives policy 18.74. The issue regarding who could serve as an independent healthcare professional witness to inmate signature not employed by the State was readdressed. Ms. Kelly will have the language reviewed as it is difficult to find an independent healthcare professional not employed by the State on grounds to witness the signing of the inmate's Advance Directives.

This policy is available to inmates, however to disseminate information it was suggested to include layman language in the inmate handbook regarding the policy and eligibility for those over 50 or those who are terminally/chronically ill. An alternative suggestion was make that such information be published in the inmate newsletter.

Another issue discussed regarding Advanced Directives, inmates need to have access to the original document to provide to the

hospital upon admission. It was unknown where originals would be housed. Medical Records scans documents and does not retain the original; inmates could retain the document in their cell, but in a true emergency or if unconscious then it may not be available for transport to the hospital; It was suggested that inmate ID's contain a bar code and such information be embedded in such list the location this document is maintained.

Dr. Cerbo suggested Dr. Vohr or Ms. Kelly contact Paul Murgio in Risk Management at ESH to discuss how the hospital manages such. An alternative option would be to inquire with Bree Williams from California USC San Francisco who recently visited the RIDOC regarding Elder care. Maureen Glynn an advocate in the community was also suggested to consult on this issue.

2) Bariatric Surgery

Dr. Arias has a morbidly obese patient who has requested bariatric surgery. There are many co-morbidities with this patient and he has a long sentence. Is this a surgery that should be allowed? It is expensive, a high risk for complications, requires drastic dietary change pre, peri and post op and there are many off site management visits. If successful the patient would need skin tucks for excessive skin folds in the future and it was questioned if the DOC also pay for such follow up surgery? It was noted if the DOC begins the process then follow up surgery should also be provided.

It was noted the DOC provides dietary caloric intake of 2500 avg per day. This does not include inmate commissary food purchases.

Recommendation: The committee supports the patient have an evaluation for bariatric surgery and if the bariatric surgeon supports the need for surgery than the DOC should provide surgery as it would be considered medically necessary.

3) Public Health

Dr. Vohr discussed the RIDOC populous is considered a public health facility. It is known correctional medicine has a population of various individual with infectious diseases. The RIDOC contracts with 2 Infectious Disease specialists who conduct weekly on-site clinics. Many of the inmates missed healthcare opportunities prior to incarceration. Tuberculosis symptom screening occurs during the commitment process and PPD testing occurs annually.

The DOC by law screens for HIV upon sentencing and Dr. Vohr has asked that HCV screening occur at this point of contact or at a time when practitioners are ordering labs during clinic visits. Currently inmates are receiving information and education if they are found to be positive for HCV or HIV. Those found positive for HCV may not qualify for treatment and it was advised that inmates receive HCV information and education at time of testing and follow up education if inmate is found to be positive. Implementation will begin promptly.

Dr. Beckwith from Brown University has a Rapid HCV research study

that is wrapping up soon. The DOH has provided funding to conduct 300 more rapid HIV/HCV tests and such will be offered to high risk individuals held at ISC.

Recruitment to enroll detainees/inmate in Currentcare (a health information exchange) is being discussed and may be implemented at the DOC in the future. This service would allow inmates medical history to be viewed by practitioners here at the DOC, at hospitals and upon discharge at their primary care provider's office. Community practitioners are being provided with a \$3.00/per patient enrollment stipend, and it is unclear if the DOC would receive a stipend for enrolling individuals.

The Affordable Care Act (ACA) provides for future reimbursement to licensed healthcare facilities for services rendered to inmates. As the DOC renders Medical Clinics, medication administration, nursing care 24/7; emergency medical care, preventative medicine, and medical/public health education, discussions regarding becoming a licensed healthcare facility will be occurring. If the decision to become a licensed healthcare facility is made, all licensed practitioners employed or contracted will need to be credentialed to Medicare standards.

The next scheduled meeting of this committee will be on June, 2013 at 1p.m. location TBD.

Meeting adjourned 1:50p