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Governor Gina Raimondo’s Overdose Prevention and Intervention Task Force has recognized South County Health and CharterCARE Health Partners for their leadership in providing consistent, comprehensive care for opioid-use disorder in hospitals and emergency departments in Rhode Island.

This recognition was based on treatment criteria met at Roger Williams Medical Center and Our Lady of Fatima Hospital (both CharterCARE facilities), and South County Hospital. These criteria were established in March by the Rhode Island Department of Behavioral Healthcare Developmental Disabilities and Hospitals (BHDDH) and Rhode Island Department of Health (RIDOH) in a document titled Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder. The aim of these first-in-the-nation standards is to ensure that best practices in the treatment of opioid-use disorder are in place at emergency departments (EDs) and hospitals throughout the state.

The Levels of Care document established a three-tiered system. Designations are made through an application process submitted to RIDOH and BHDDH. All hospitals must qualify for at least a level three, with the expectation that many will attain higher designations, which involve expanded capacity to provide care for opioid-use disorder (i.e., medication-assisted treatment), recovery services, and more.

Roger Williams Medical Center and Our Lady of Fatima Hospital earned a level-one distinction, the highest distinction. This means that these hospitals are, among other steps, providing comprehensive discharge planning to all overdose patients, screening all patients for substance-use disorder, offering peer recovery support services, and maintaining the equivalent to a Center of Excellence where patients can receive treatment for opioid-use disorder.

South County Hospital was recognized for achieving a level-three designation. This means that the hospital is fulfilling the requirements of the 2016 Alexander C. Perry and Brandon Goldner Act, sponsored by Chairman Joshua Miller and Representative David Bennett. The hospital is also submitting the required reports of overdoses to RIDOH within 48 hours and testing routinely for fentanyl.

Work to build South County Hospital’s levels of care infrastructure was led by William Sabina, MD, Chief of Emergency Medicine, and Steven Juchnik, BSN, RN, CEN, Emergency Services Director.

On September 26, 2017, RIDOH’s regulations will be updated to require all Rhode Island emergency departments to meet almost all level three requirements. This regulations update reinforces the 2016 Alexander C. Perry and Brandon Goldner Act that specifies discharge planning procedures in emergency departments and hospitals for patients with opioid-use disorder. This will include standardized screening evaluations; laboratory drug screenings to determine the cause of overdose; education on the risks and benefits of prescribed opioids, as well as safe storage and disposal; written policies that outline when a prescriber should dispense or prescribe naloxone to patients; education on the administration of dispensed or prescribed naloxone; opportunities to speak with peer recovery support specialists; information about treatment options; and, notification of a patient’s emergency contacts and peer recovery support specialist.
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Women & Infants adds four new providers to Ob/Gyn

Four new providers have joined the Department of Obstetrics and Gynecology at Women & Infants Hospital of Rhode Island, a Care New England hospital.

**ERIN M. CLEARY, MD**, of Warwick, has joined the Division of Emergency Obstetrics and Gynecology. A graduate of Tulane University School of Medicine, Dr. Cleary completed her internship and residency at TriHealth [Good Samaritan and Bethesda North hospitals] in Cincinnati, Ohio, where she was involved in many quality improvement projects during her training. Her interests are in high-risk obstetrics and medical education.

**DENNIS GOULET, MD, MPH**, of Cranston, has joined the Division of Emergency Obstetrics and Gynecology. A graduate of Boston College, Dr. Goulet received his master of public health at Dartmouth College. He graduated from medical school at the University of Washington and completed a residency at Brown University/ Women & Infants Hospital. Dr. Goulet has a special interest in minimally invasive gynecologic surgery as well as advocating for policies that support and improve the health of his patients.

**ELIZABETH KETTYLE, CNM, MSN, MPH**, of Dover, MA, has joined the Midwifery Division. Elizabeth received a bachelor of arts degree in women’s studies and biology from Dartmouth College, and a master’s of science in nurse midwifery and masters of public health from Yale University. She has a broad scope of experience as a nurse midwife including working for Harvard Vanguard Medical Associates in several Boston hospitals, where she taught medical, nurse practitioner, and nurse midwifery students. She served as the director for Harvard Vanguard’s Midwifery Service at the Brigham and Women’s Hospital and the director of the Ob/Gyn Department at the East Boston Neighborhood Health Center. Among many initiatives, she developed an orientation program for new graduate RNs and NPs, and created a Zika screening and surveillance system. She has a long-standing interest in enhancing quality of care through optimization of electronic medical records.

**MELISSA RUSSO, MD**, of Barrington, has joined the Division of Maternal-Fetal Medicine. A magna cum laude graduate of Colgate University, Dr. Russo earned her medical degree from Georgetown University School of Medicine. She completed her residency in obstetrics and gynecology and fellowship in maternal-fetal medicine and clinical genetics at Johns Hopkins University. Dr. Russo is board certified in obstetrics and gynecology, maternal-fetal medicine, and genetics. She comes to Women & Infants from Texas Children’s/Baylor University in Houston, Texas, where she was an assistant professor of maternal-fetal medicine and human and molecular genetics. Her research interests include prenatal genetics, reproductive and pregnancy outcomes in women with connective tissue disorders such as Marfan syndrome and Loey-Dietz syndrome. ❖