EXHIBIT 9
Meghan Foley DON is on the distribution list.

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From: Moss, Lisa
Sent: Wednesday, April 13, 2016 12:52 PM
To: Hinton, Melvin; Dempsey, Michael C.; DOC.DL-HCUA; DOC.DL-Health Care Group; Taylor, Gladys; Bowen, Edwin; Hunt, LaShonda; Atchison, Mike; Hardy, Marcus; Gomez, David J.; Peck, Charles; Baldwin, John; Akright, Karen; Allen, Amber; Allender, Jon; Babb, Michelle; Bauman, Mary; Bishop, Lisa; Boyan, Katherine; Brown, Christine L.; Brown, Ruth A.; Bruns, Angelia; Cain, Lisa; Claussen, Carrie; Clement, Ashley; Cowger, Lori; Cunningham, Lorie A.; Daily, Brenda; Davidage, Angela L.; Davis, Ginger; Duffield, Nicolette; Foley, Meghan; Frainey, Keith; Franklin, Teri D.; Galvin, Kathy; Garcia, Cynthia L.; Garrett, Deborah R.; Garza, Melissa L.; George, Penny; Graves, Melinda; Greenhagen, Edna; Griffin, Susan; Hohnsbehn, Nona; Holscher, Andrea N.; Hopp, Lisa; Isaacs, Debbie; Jepsen, Tina; Johnson, Kimberly M.; Johnson, Lisa M.; Knebel, Jessica R.; Krebs, Lisa; Lane, Joshua M.; Lauderdale, Schuyler; LeCrone, Laura; Lewis, Nichole; Lindorff, Lois; MacNutt, Diana; Martin, Ester; Martin, Phil; McGhee, Kimberly; Miller, Mary; Mincy, Lisa; Orkies, Jason; Pieters, Melissa; Powers, Jessica; Prather, Lisa; Roberts, Jodi; Rodgers, Annette; Rose, Robin; Rubsam-Seay, Kristina; Ryan, Meg; Shoemaker, Esther; Sidebottom, Renee; Ssenfuma, Joseph; Stewart-Stott, Catherine; Sudbrink, Becky; Vinyard, Nigel; Walls, Gail A.; Wampler, Heather; Watts, Jennifer; Weathers, Marjorie; Weh, Robyn; Wesselmann, Jennifer C.; Wilson, Tami; Woodard, Mary; Wortley, Glenda; Yeates, Shellie; afunk; Afuwape, Emmanuel; Apostol, Solomon; Baker, Thomas A.; Bautista, Catalino; Bill Doan; Butler, Richard; Caldwell, Reynal; Chamberlin, Timothy; Cheri Laurent;
On behalf of Dr. Louis Shicker, Agency Medical Director.

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OHS Quarterly Meeting  
March 2nd 2016

Louis Shlicker MD  
Agency Medical Director

PREA Training

- Go through the educational material
- Take exam
- File with facility training coordinator

Death Summaries

- To AMD within 72 hours of death
- To include:
  1. DOB, DOI, DOD
  2. Chronic Illnesses / Medications
  3. Circumstances surrounding death: Diagnosis, Work-up, Treatment, Complications
Mortality Conference

- Communication
- Follow Up
- Medications from different sources
- Obtain help as needed

NCCHC

- Graham / IRCC / PNK CC – All Accreditation Upon Verification
1. Suicide watch – nothing more than 15 min
2. Suicide watch – Acute vs. Non-Acute
3. Chronic clinic fu– write the interval; individualize based on control
4. G/F/P; Stable/Worsening/Improving
5. Segregation medical clearance: No Contraindication

NCCHC cont.

1. Patients not offenders/inmates
2. Policies and Procedures covering all standards
**Gender Dysphoria Transgenders**

- Dr. Dempsey is Chair of Committee
- Meets 3rd Friday of each month 1 – 3
- R & C Documentation for those assessed; Send to AMD and Dr. Dempsey

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**Lippert**

- Certify as a class ??
- More Discovery

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**Clinical Reports to AMD**

- Hepatitis C Report
- Consult Denials
**Backlog & Vacancy Report**

**Backlog Definitions**

- Vacancies $\geq$ 60 days
- Sick Call $\geq$ 7 days
- CC $\geq$ 30 days overdue

**BL Report cont.**

- Dental – Extractions $\geq$ 3 months
  - Fillings $\geq$ 6 months
  - Dentures $\geq$ 6 mo. (start)
- Optometry $\geq$ 8 week
- PT $\geq$ 4 weeks for post-op cases
  - $\geq$ 8 weeks for routine cases
*Less than above is considered waitlisted

**Medical Hold**

- Consults
  - In the midst of work up (Hep C.)
  - In the midst of therapy (chemo, RT, PT..)

R & C
- Appointment set up
- In the midst of therapy
Formulary Update

Delete

- Auralgan ocic
- Domnal
- Anusol HC
- Ergotamine
- Quinine
- Grisofulvin
- Thorozone
- Mellanil

- Pepcid over Zantac
- Zocor & Pravachol as statins

Cirrhosis-Surveillance

- Annual AFP
- Annual Ultrasound

Chronic Hepatitis B
Who to treat??

HBeAg +
- DNA > 20,000
- ALT elevated 3-6 months

HBeAg-
- DNA > 2000
- ALT elevated 3-6 months
Chronic HepB cont.

No Need to Treat
1. High levels of DNA but nl. ALT or little activity on liver biopsy
2. Positive DNA but no HGSAg unless undergoing immunosuppression

Hep B cont.

- Coinfections with Hep C or HIV early referral
- Work with Dr. Paul as Hep B is very complex
- There is antiviral resistance and appropriate medication will need to be ordered
- Sometimes a biopsy is indicated

Hepatitis C

- LOS – starts at diagnosis or at arrival to parent facility
- Communicate
- Screening of longstanding IDOC prisoners
- Confirmation testing for those leaving in < 12 months – not needed but counseling/education is essential
- Court case update
**Hunger Strikes**

- AD.05.03.165
- Declaration
- 3 consecutive meals
- 72 hour medical/mental health physical/assessment
- Daily monitoring – VS, ketones etc
- Weekly – MD, MH
- Co-morbidities
- Infirmary Placement
- Enforced Feedings & Monitoring “intervention”
- Termination
- Follow Up
- Review Notification Requirements

**Legal Issues**

- CAO Consent – for life/limb *saving*
- Surrogate Act – first option
- Forced non-psyche meds
- Competency definition

**Therapeutic Diets**

- Allergies
- Double portions
- Snack bags
- Vegan
- Renal
HepCCATT and IDOC Collaboration Meeting Minutes

February 11, 2012; 11:00 - 12:00 PM

Attendees
IDOC – Louis Shicker
University of Illinois at Chicago – Basmattee Boodram, Kristine Kim

This conference call was initiated to continue discussions regarding the linkage to care for inmates identified at IDOC to be chronically infected with HCV who were not able to render treatment while detained. HepCCATT case managers would facilitate the linkage to ECHO trained primary care providers for continued HCV care upon their release back to the Chicago (606_ _) area.

Notes
1. Dr. Shicker confirmed that it would be best to have IDOC discharge planners coordinate the hand off of inmates to be linked to HepCCATT case management.
2. Discharge planners would be responsible for obtaining consent from inmates for their release of information to the HepCCATT case management team.
3. Discharge planners would collect the inmate’s demographic information to facilitate follow-up by the HepCCATT Team. This form (generated by HepCCATT) in addition to the IDOC Discharge Medical Summary would be faxed to the HepCCATT Case Management Project Coordinator.

Follow-up Action Items
1. Dr. Shicker will present this plan at the next staff meeting scheduled for March 2, 2016.
2. Kristine will generate a contact sheet for use by discharge planners as a template prior to the staff meeting.
3. HepCCATT will provide IDOC discharge planners with printed materials to give inmates in preparation for release. This information will include general HICV information and contact information for COIP/ HepCCATT case management point person.