



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

March 18, 2013

9:00 a.m.

7 West Building, Conference Rm. 112  
8610 Shoal Creek Boulevard  
Austin, Texas

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

March 18, 2013

9:00 a.m.

7 West Building  
Conference Room 112  
8610 Shoal Creek Boulevard  
Austin, Texas

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items
  1. Approval of Minutes, December 6, 2012
  2. TDCJ Health Services Monitoring Reports
    - Operational Review Summary Data
    - Grievance and Patient Liaison Statistics
    - Preventive Medicine Statistics
    - Utilization Review Monitoring
    - Capital Assets Monitoring
    - Accreditation Activity Summary
    - Active Biomedical Research Project Listing
    - Administrative Segregation Mental Health Monitoring
  3. University Medical Director's Report
    - The University of Texas Medical Branch
    - Texas Tech University Health Sciences Center
  4. Summary of CMHCC Joint Committee / Work Group Activities
- V. Executive Director's Report
  - Recommended Legislative Appropriation regarding the Correctional Managed Health Care Committee and
  - Recommended Sunset changes
- VI. Financial Reports
  1. FY 2013 First Quarter Financial Report
  2. Financial Monitoring Update

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EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

VII. Summary of Critical Correctional Health Care Personnel Vacancies

1. Texas Department of Criminal Justice
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch

VIII. Medical Directors' Updates

1. Texas Department of Criminal Justice
  - Health Services Division FY2013 First Quarter Report
  - Hepatitis C Policy
  - Dialysis Update
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch

IX. CMHCC FY 2013 First Quarter Performance Status Report

X. Public Comments

XI. Date / Location of Next CMHCC Meeting

XII. Adjourn

## Consent Item 1

Approval of Minutes, December 6, 2012

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**December 6, 2012**

**Chairperson:** Margarita de la Garza-Graham, M.D.

**CMHCC Members Present:** Cynthia Jumper, M.D., Lannette Linthicum, M.D., Harold Berenzweig, M.D., Ben G. Raimer, M.D.

**CMHCC Members Absent:**

**Partner Agency Staff Present:** Denise DeShields, M.D., Jerry Hoover, Texas Tech University Health Sciences Center; Bryan Collier, Rick Thaler, Kathy McHargue, Carrie Hucklebridge, Texas Department of Criminal Justice; Anthony Williams, Stephen Smock, Kelley Coates, Dr Owen Murray, Lauren Sheer, UTMB; Allen Hightower, Stephanie Harris, Lynn Webb, CMHCC Staff.

**Others Present:**

**Location:** Frontiers of Flight Museum, 6911 Lemmon Ave., Room #1, Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>I. Call to Order</b> - Margarita de la Garza-Graham	Dr. de la Garza-Graham called the CMHCC meeting to order at 9:20 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.		
<b>II. Recognitions and Introductions</b> - Margarita de la Garza-Graham	Dr. de la Garza-Graham thanked everyone for being in attendance and asked everyone to introduce themselves for the record.		
<b>III. Approval of Excused Absence</b> - Margarita de la Garza-Graham	There were no absences to approve from December 6, 2012 Meeting.		Dr. Raimer moved to approve the excused absences and Dr. Linthicum seconded the motion.
<b>IV. Approval of Consent Items</b> - Margarita de la Garza-Graham	Dr. de la Garza-Graham stated next on the agenda is the approval of the Minutes from the meeting held on December 6, 2012: TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's Report; and the Summary of Joint Committee Activities. She then asked the members if they had any specific consent items(s) to pull out for separate discussion.		Dr. Raimer moved to approve the minutes and Dr. Jumper seconded the motion.



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Performance and Financial Status Report (Cont'd)</b></p>	<p>Hospital Inpatient Census is a new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy "Hospital and Clinic Costs". The hospital inpatient average daily census (ADC) served through the fourth quarter of FY 2012 was 207 for both the Texas Tech and UTMB Sectors.</p> <p>Outpatient Clinic and ER Visits is another new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy "Hospital and Clinic Costs". The medical outpatient clinic and ER visits served through the fourth quarter of FY 2012 was 3,622 for both the Texas Tech and UTMB Sectors.</p> <p>The overall HIV+ population has remained relatively stable throughout the last few years at 2,292 through 4<sup>th</sup> Quarter FY 2012 (or about 1.51% of the population served).</p> <p>The two mental health caseload measures have remained relatively stable:  The average number of psychiatric inpatients within the system was 1,797 through the Fourth Quarter of FY 2012. This inpatient caseload is limited by the number of available inpatient beds in the system.  Through the Fourth Quarter of FY 2012, the average number of mental health outpatient visits was 18,643 representing 12.3% of the service population.</p> <p>Health Care Costs (Table 3 and page 86, 87 and 88) overall health costs through the Fourth Quarter of FY 2012 totaled \$495.0M. On a combined basis, this expense amount is more than overall revenues earned by the university providers by approximately \$17.9M.</p> <p>UTMB's total revenue through the fourth quarter was \$379.2M; expenditures totaled \$397.6M, resulting in a net shortfall of \$18.4M.</p> <p>Texas Tech's total revenue through the fourth quarter was \$97.9M; expenditures totaled \$97.4M, resulting in a net gain of \$528K.</p>		

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<p><b>VI. Performance and Financial Status Report (Cont'd)</b></p>	<p>Examining the healthcare costs in further detail on (Table 4 of page 89) indicates that of the \$495.0M in expenses reported through the Fourth Quarter of FY 2012:</p> <p>Onsite services comprised \$226.3M, or about 45.7% of expenses:  Pharmacy services totaled \$52.9M, about 10.7% of total expenses:  Offsite services accounted for \$160.9M or 32.5% of total expenses:  Mental health services totaled \$41.0M or 8.3% of the total costs: and  Indirect support expenses accounted for \$13.9M, about 2.8% of the total costs.</p> <p>Table 5 of page 91 shows that the total cost per offender per day for all health care services statewide through the Fourth Quarter FY 2012, was \$8.90, compared to \$9.73 through the Fourth Quarter of the FY 2011. This is a reduction of 8.5% in costs year over year from the previous fiscal year. The average cost per offender per day for the last four fiscal years was \$9.44. As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 16.5% increase since FY03 or approximately 1.65% increase per year average, well below the national average.</p> <p>Aging Offenders access the health care delivery system at a much higher acuity and frequency than younger offenders:</p> <p>Table 6 on page 92 shows that encounter data through the 4th Quarter indicates that older offenders had a documented encounter with medical staff a little more than 1.2 times as often as younger offenders.</p>	<p>Dr. de la Garza asked if that was adjusting for inflation.</p> <p>Mr. Webb responded that basically it factors in inflation because of health care cost outside of this realm in trend high single digits and sometime the low double digits. So this actually a trend showing what is going on in inmate health care.</p>	

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<p><b>VI. Performance and Financial Status Report (Cont'd)</b></p>	<p>Table 7 on page 93 indicates that hospital and outpatient clinic costs received to date this Fiscal Year for older offenders averaged approximately \$3,971 per offender vs. \$661 for younger offenders.</p> <p>Regarding hospitalization and specialty clinic costs shown in Chart 12, the older offenders were utilizing health care resources at a rate of more than 6.0 times higher than the younger offenders. While comprising only 9.0% of the overall service population, older offenders account for 37.2% of the hospitalization and outpatient clinic costs received to date.</p> <p>Also, per Table 8 on page 94, older offenders are represented 5.3 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$44.6K per patient per year. Providing dialysis treatment for an average of 213 patients through the Fourth Quarter of FY 2012 cost \$4.8M.</p> <p>Drug Costs on Table 9 on page 95 shows that total drug costs through the 4th Quarter FY 2012 totaled \$41.5M. Of this, \$20.0M (or under \$1.67M per month) was for HIV medication costs, which was about 48.2% of the total drug cost. Psychiatric drugs costs were approximately \$2.6M, or about 6.3% of overall drug costs. Hepatitis C drug costs were \$2.6M and represented about 6.2% of the total drug cost.</p> <p>Reporting of Reserves is a legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB reports that they hold 6.2 Million Dollars in such reserves which is left over from FY 2011 SAR as well as 12.2M of Spend Forward Funding from FY2013 was used to offset the total operating loss of \$18.4M as reflected through the end of the 4<sup>th</sup> Quarter of Fiscal Year 2012.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating gain of \$527,772 through the 4<sup>th</sup> Quarter FY 2012.</p>		

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<p><b>VI. Performance and Financial Status Report (Cont'd)</b></p>	<p>A summary analysis of the ending balances of revenue and payments through August 31<sup>st</sup> FY 2012, on (Table 10 and page 96) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on August 31, 2012 is \$79,991.45. This excess amount will lapse back to the State Treasury as required by law.</p> <p>Financial Monitoring detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures.</p> <p>The testing of detail transactions performed on TTUHSC's financial information for June 2012 through August 2012 found all tested transactions to be verified with appropriate backup documentation.</p> <p>The testing of detail transactions performed on UTMB's financial information for June 2012 through August 2012 found all tested transactions to be verified with appropriate back-up documentation.</p> <p>In the narrative you would have seen that there were three transactions that we did not have back for UTMB. However this past week the back up was received in my office and they had no exceptions to their audits.</p> <p>That concludes my report Dr. de la Garza-Graham.</p> <p>Dr. de la Garza-Graham asked if there were any questions for Mr. Webb.</p>	<p>Dr. de la Garza-Graham thanked Mr. Webb and asked Mr. Hightower to explain the supporting detail the operating accounts where the revenue received went down to zero.</p> <p>Mr. Hightower began with since the last fiscal year our budget and when I saw our, I mean the Committee's budget. That is what that reflects that last spread. We work with Mr. Collier and Mr. McGinty on a regular basis.</p>	

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<p><b>VI. Performance and Financial Status Report (Cont'd)</b></p>		<p>Since Mr. McNutt retired and since we had quite a bit with the legislative changes that were made it was a management decision of mine to not fill the position that Mr. McNutt had. I decided that Mr. Webb &amp; I share the responsibilities of what was left over that would not be needed. So we requested of TDCJ not to make a 4<sup>th</sup> Qtr payment to us because we had enough money in reserve from the first three quarters to meet our budget. So the \$79,991.45 that you see was that much left over from how much we had so when Lynn &amp; I ran the numbers and saw that we had enough to finish out the year without asking TDCJ for a quarterly payment. We did the paperwork to not receive payment from TDCJ and that would have been an amount around \$167,000.</p> <p>Dr. Raimer added that he just wanted to make sure he understood that the way the money was handled with leftover from previous year that the records reflect that UTMB does not have any retained and that was all spent.</p> <p>Mr. Webb responded with that he will adjust the narrative to better reflect that. The 6.2 M is being shown offsetting the \$18M.</p> <p>Mr. Hightower added that it was a net net after I got to looking at it with Lynn after you had talked on the phone. Instead of asking for a spend forward of \$18M, you asked for \$12M, you had \$6M from the SAR and you add the two together that covers and that makes a net net zero at the end of the fiscal year.</p>	
<p><b>VII. Medical Director's Updates - Critical Vacancies</b></p> <ul style="list-style-type: none"> <li>- <b>Lannette Linthicum, M.D. (TDCJ)</b></li> </ul>	<p>Dr. de la Garza-Graham then called upon Dr. Linthicum to report TDCJ's critical vacancies.</p> <p>Dr. Linthicum began with that TDCJ have two critical vacancies, Chief Public Health Officer, which is a Physicians position and has been vacant for some time and we have decided to place that position on hold.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 167 464 224"><b>VII. Medical Director's Updates - Critical Vacancies</b></p> <p data-bbox="132 1203 447 1260">- <b>Denise DeShields, M.D. (TTUHSC)</b></p>	<p data-bbox="499 167 1131 558">Currently we are operating that office with a Registered Nurse who has a background in infection control from the free world hospital and with another physician who is also an infectious disease specialist that oversees the clinical aspects of that office. Our next position is our Director III of the Office of Mental Health Monitoring &amp; Liaison, Dr. Montrose who is a PHD, Psychologist retired in May this past year. We have posted the position several times and still have not been able to recruit an acceptable applicant and we are continuing to look to maybe advertise in some correctional medicine journals and just continue to try to get that position filled.</p> <p data-bbox="499 1081 1131 1170">Dr. de la Garza-Graham asked if there were any questions and then called on Dr. DeShields to present TTUHSC position vacancies.</p> <p data-bbox="499 1203 1131 1442">Dr. DeShields began with Texas Tech again we continuing to struggle with the PAMIO Medical Director position which has been vacant for more than three years. It is currently being managed with a contract physician. We continue to advertise in both again in local &amp; national publications. We will recently have to resort to authorize recruiting agencies to possibly fill those positions as well as enhancing salaries to attract bonifide candidates.</p>	<p data-bbox="1157 505 1656 561">Dr. de la Garza-Graham asked if that is where we usually advertise.</p> <p data-bbox="1157 594 1656 805">Dr. Linthicum responded that we usually advertise locally like in the Houston, Conroe, The Woodlands paper and we have already done that. So we are going to try to advertise in the National Commissions Journal and the Correctional Health Care and the American Corrections Association.</p> <p data-bbox="1157 837 1656 927">Dr. de la Garza-Graham asked if we have ever tried to advertise outside of the correctional industry. Just curious.</p> <p data-bbox="1157 959 1656 1049">More discussions were had about other avenues of advertising but due to funding it would be difficult and expensive.</p>	

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<p><b>VII. Medical Director's Updates - Critical Vacancies</b></p>		<p>Dr. de la Garza-Graham asked what were the salaries.</p> <p>Dr. De Shields responded that the salaries were around \$208,000 and that's not going to attract, obviously with three years of vacancies we just don't have the ability.</p> <p>Dr. Berenzweig asked where was this position and what city is this?</p> <p>Dr. DeShields responded that it was in Amarillo.</p> <p>Dr. de la Garza-Graham added that this was a MD position and that there is a nationwide shortage.</p> <p>Dr. de la Garza-Graham noted that there was a shortage of nurses, psychiatrists and physicians.</p> <p>Dr. De Shields added that psychiatrists have been and are critical positions.</p> <p>Dr. Raimer added that this has been an issue too in supporting in what is being said. We've tried some very creative things like loan repayment fund to attract people and loan forgiveness and things like that. Those things have not been embraced by the legislature. Those are areas that we may want to revisit during this session to help us recruit. Because sometimes when you recruit people to certain areas, they get loan forgiveness or some differential. I know Dr. Murray has several places like down in Beeville and others that we've have had vacancies for three years.</p> <p>Dr. Murray added decades!!</p>	

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<p><b>VII. Medical Director's Updates</b>  <b>- Critical Vacancies</b></p>		<p>Dr. Raimer also noted that it's hard to recruit people to those areas and we are going to have to get creative. We're just going to have to all have to work together on that.</p> <p>Dr. de la Garza-Grahm added that if these positions have been vacant for decades are they really critical?</p> <p>Mr. Webb added that they are pulling in contract labor.</p> <p>More discussion was had between Dr. Berenzweig, Mr. Hightower, Dr. DeShields, Dr. Linthicum, and Dr. de la Garza-Grahm on local contract labor and the expense of doing this ends up costing more.</p> <p>Mr. Hightower added that at one time we got permission to do what you're asking, but it was out of the same pot if there was money available within the budget pattern.</p> <p>Dr. DeShields added we're in the process of doing right now is enhancing the salaries because there is just no way we are going to recruit and retain people with the salaries that we're currently paying.</p> <p>Mr. Hightower added that everybody in this room realizes that this is a legitimate need of the system but with the legislative session on top of us it will be a hard sell on a new item, or a new expenditure to the budget.</p> <p>Dr. Linthicum added that nobody wants to talk about the "C" word Constitutionality, but we're not able to ensure access to care because we don't have qualified health care professionals on these units to deliver that care. We are all in a very bad medical position.</p>	

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<p data-bbox="86 167 464 224"><b>VII. Medical Director's Updates - Critical Vacancies</b></p> <p data-bbox="132 686 411 743">- <b>Owen Murray, D.O. (UTMB)</b></p>	<p data-bbox="499 381 1131 560">Dr. DeShields responded yes we are. The last of our vacancies are three staff psychiatry positions that are also open within our region one being in Wichita Falls and two at the Montford Unit and we also are currently still using the same mechanisms to try to fill these. That ends my report, thank you.</p> <p data-bbox="499 596 1131 652">Dr. de la Garza-Graham then called upon Dr. Murray to present UTMB's vacancies.</p> <p data-bbox="499 688 1131 1232">Dr. Murray began with that they have actually filled one of their critical vacancies which was a Virologist who Dr. Kahn has taken Dr. Pryers position and that is actually working out very well at TDCJ. But staff up there is really fitting in very nicely with the program although we certainly miss Dr. Pryer and glad to have Dr. Kahn on board. As always we're looking for all of our provider physicians at some point and time. But usually contract labor is less efficient for us. We now hire doctors in Houston, Austin, up in Huntsville to do primary care so we meet the need by providing telemedicine but as Dr. Linthicum always points out there are limitations you can do about 70% of the care you know thru telemedicine on a primary care basis but there's 30% of that we've in Beeville especially we pay geographical hardships for people to go down there. We are paying additional freight to get people on site just because again there are limitations of those people out there in general.</p> <p data-bbox="499 1268 1131 1352">Dr. de la Garza-Graham thanked Dr. Murray and then called on Dr. Linthicum for the TDCJ Health Services Medical Directors' Review.</p>	<p data-bbox="1157 167 1661 315">Additional discussions were had with Dr. Berenzweig and Mr. Hightower on the meetings with legislative leaders on the health care issues along with Dr. Raimer and Dr. Linthicum.</p> <p data-bbox="1157 350 1661 407">Dr. de la Garza-Graham asked if you guys are working on this.</p>	





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<p data-bbox="86 167 470 224"><b>VIII. Medical Director's Updates (Cont'd.)</b></p> <p data-bbox="123 380 409 407"><b>- Office of Public Health</b></p>	<p data-bbox="499 167 1134 345">So during the fourth quarter they performed 43 audits on 41 facilities. And the reason there are more audits than facilities is we locate the highest security with expanded cell block areas as a separate audit. 43 facilities and 15 of the indicators fell below the 80% compliance threshold. Those units are working on their corrective action request.</p> <p data-bbox="499 380 1134 651">The Office of Public Health does surveillance monitoring for 11 infectious diseases. The ones that we know when they report on at this meeting are Hepatitis C 802 cases were identified in the fourth quarter. HIV during the fourth quarter there were 18,359 offenders intake testing, and 148 are newly identified as having HIV infections. Another 12,988 offenders had pre-release tests, which is also statutory and three were HIV positive from all that testing. We're spending a lot of resources on testing.</p> <p data-bbox="499 685 1134 805">We had 194 cases of suspected Syphilis were reported during the fourth quarter, 194 Methicillin-Resistant Staphylococcus Aureus cases, and 19 active Tuberculosis cases compared to 17 during the third quarter of FY2012.</p> <p data-bbox="499 839 1134 1110">Also we have in the Office of Public Health a SANE Registered Nurse (Sexual Assault Nurse Examiner). In this fourth quarter she conducted 2 educational in-service programs that are held for 15 medical staff. There were 198 charts reviewed of alleged sexual assaults with 2 deficiencies found in her audit at Montford and Stiles, and corrective action plans were requested. There were 43 bloodborne exposed victims and to date there have been no seroconversions as a result of sexual assault.</p> <p data-bbox="499 1144 1134 1232">The Peer Education program I am pleased to report that 100 of the 111 units now have active peer education programs. That is real congratulatory thing I think for us</p> <p data-bbox="499 1266 1134 1386">state wide. During the fourth quarter health educators trained 110 offenders trained to become peer educators and during the fourth quarter we had 18,376 offenders attending the peer educator classes.</p>		

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<p><b>VIII. Medical Director's Updates (Cont'd.)</b></p>		<p>Dr. de la Garza-Graham asked if before we moved on, she could ask about the testing you were talking about, all this testing we are doing, is it low yield.</p> <p>Dr. Linthicum responded the HIV testing, yes.</p> <p>Dr. de la Garza-Graham asked is there anything you wanted to do or recommend about it. Or do we have to constitutionally continue to test the way we're testing.</p> <p>Dr. Linthicum responded that this is state mandated. In 2007 HIV testing became mandatory at in-take thru state law. Then I believe the pre-release testing became mandatory thru state law in 2005. So the only way for us to stop doing this is thru legislation.</p> <p>Dr. de la Garza-Graham asked do you think that it would be worth bringing it up to legislators.</p> <p>Dr. Linthicum responded that it was sort of a hard forum political issue for many, many advocates and all kinds of people and I don't know we would make a lot of traction on this.</p> <p>Dr. Raimer added that he thought it would be worth mentioning particularly on a return on an investment. There was this one particular case when an offender went back home and was positive for Syphilis and his wife turned positive also for Syphilis and it sort of made newspapers that we should be doing a better job of screening and notifying families. But of course we can't notify families only an offender can do that.</p> <p>Dr. Linthicum added that the offender has to give us permission.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 167 470 224"><b>VIII. Medical Director's Updates (Cont'd.)</b></p> <p data-bbox="121 686 430 711"><b>- Mortality and Morbidity</b></p> <p data-bbox="121 1114 453 1170"><b>- Mental Health Services Monitoring and Liaison</b></p>	<p data-bbox="499 686 1131 1078">We have a Joint Mortality and Morbidity Committee under the umbrella of the Correctional Managed Health Care Committee there's several joint committees. One is the Mortality &amp; Morbidity Committee, the Joint Pharmacy &amp; Therapeutics Committee, the Joint Infection Control Committee and Joint Peer Review Committees all of these function under the umbrella of the CMHCC. The Mortality and Morbidity committee is composed of physicians and doctors from UTMB, Texas Tech and from my staff TDCJ. They look at all the deaths during the quarter and there were 100 deaths reviewed and of those 100 deaths, 14 were referred to peer review committees as this chart on the bottom of page 104 outlines.</p> <p data-bbox="499 1114 1131 1414">The Office of Mental Health Services Monitoring and Liaison is our office that does primarily continuity of care for offenders coming into our system from the counties that have mental health illness history. The Texas Department of Mental Health Mental Retardation CARE database was reviewed for 3,648 offenders who were received into Intermediate Sanction Facilities. Of that number 542 offenders were identified as having a documented history of mental illness. This information was provided to the mental health staff of those ISFs.</p>	<p data-bbox="1157 167 1656 285">Dr. Raimer added I think it's worth bringing to peoples attention and saying how much is this costing a year to yield and let them make the decision.</p> <p data-bbox="1157 321 1656 378">Mr. Hightower asked if we tested for STDs on in-take or not.</p> <p data-bbox="1157 414 1581 438">Dr. Linthicum responded only Syphilis.</p> <p data-bbox="1157 474 1656 531">Dr. de la Garza-Graham asked if Syphilis still that common.</p> <p data-bbox="1157 566 1656 685">Dr. Linthicum answered oh yes it's very common. I think that Jefferson county has the highest syphilis rate according to DSHS in the state.</p>	

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<p><b>VIII. Medical Director's Updates (Cont'd.)</b></p>	<p>So this office of mental health monitoring liaison monitors all offenders in Administrative Segregation facilities within the TDCJ Correctional Institution Division/State Jails every 6 months. In the fourth quarter 17 Ad Seg facilities were audited. 4,024 offenders were observed, 1,632 of them were interviewed and 7 offenders were referred to the university providers for further evaluation. All 17 facilities were 96 percent compliant in their access to care.</p> <p>Four special needs Substance Abuse Felony Punishment Facilities were audited for continuity mental health care. Primarily looking at the medications these offenders come in and making sure that those are continued at least thru their first 30 days of incarceration. And all that was appropriated as well. The other area that we look at is the incidents of compelled psychoactive medications and making sure that they were documented on the Security Use of Force Log and their also documented on the Mental Health Compelled Psychoactive Medication Log. And all facilities were 100 percent compliance.</p> <p>The 24 intake facilities were also audited where offenders are coming into our system with potential mental health needs receive a mental health evaluation within 14 days of identification. 17 facilities met or exceeded the 80 percent compliance and were within the 14 days. There were 6 facilities that did not meet 80 percent compliance and they are required to corrective action plan.</p> <p>The Office of Mental Health Services Monitoring &amp; Liaison we review the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) to determine if they are any mental health issues that precludes participation. In the fourth quarter FY2012, 12 offenders were reviewed and 11 of them were allowed to participate in the BAMBI program.</p> <p>I would like to publically thank UTMB, Dr. Joseph Penn and his staff for filling in and helping us while we had the vacancy of our Director of Mental Health with the screening for the mothers. We were all a team and</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Medical Director's Updates (Cont'd.)</b></p> <p><b>- Office of Health Services Liaison</b></p> <p><b>- Accreditation</b></p> <p><b>- Biomedical Research Projects</b></p>	<p>worked together and everyone was very, very good in filling in the gaps in helping each other and Texas Tech as well. Thank you.</p> <p>The Office of Health Services Liaison office which is an office of register nurses. They are responsible for intake entities for TDCJ from all county jails, all offenders with special medical needs. In addition to doing that they do auditing and monitoring of offenders discharged from hospitals and infirmaries in the TTUHSC and UTMB sectors. In the fourth quarter FY2012 they conducted 165 hospitals and 51 infirmary discharge audits. If you look on page 107 you will see the chart on the hospital and infirmaries audited with deficiencies noted. 146 were from the UTMB sector and 16 were from the TTUHSC sector. There were 39 deficiencies identified for UTMB and 13 identified for TTUHSC. Of the 51 infirmary discharge audits conducted 27 were from the UTMB sector and 25 were from the TTUHSC sector. There were 4 deficiencies identified from UTMB and 11 for TTUHSC.</p> <p>On the last page 108 of my report there is a typo, it should read: The American Correctional Association and not The Correctional Accreditation Association. At the summer conference that was held in Denver there were nine units that were awarded ACA Re-Accreditation: Darrington, Ferguson, Gurney, Hobby, Marlin, Allred, Rudd, Lewis, and San Saba.</p> <p>On the Biomedical Research the summary lists the current and pending research projects as reported by the Texas Department of Criminal Justice Executive Services. There were 29 Correctional Institutions Div. active monthly research projects, 3 Correctional Institutions Div. monthly research projects, 3 Health Services Div. Active monthly medical research projects and 8 Health Services Div. Pending medical research projects.</p> <p>Madam Chairman that ends my report.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Medical Director's Updates (Cont'd.)</b></p>		<p>Dr. Berenzweig wanted to thank Dr. Linthicum for including the action plans. And he didn't mean to interrupt but would like a little clarification about the death reviews by the Mortality and Morbidity Committee. Are all deaths in the system reviewed by that committee?</p> <p>Dr. Linthicum responded yes all deaths.</p> <p>Dr. Berenzweig added and that the committee you said was a joint committee between the two universities and...</p> <p>Dr. Linthicum added and TDCJ.</p> <p>Dr. Berenzweig continued and TDCJ, composed of physicians and other providers. And if that committee has any questions then they refer to specific group for peer review. I just wanted clarification considering the recent news in North Texas of another death in the Dawson Unit I guess it was. The implications that the media has I just wanted to make certain of what was done.</p> <p>Dr. Linthicum added and even though the Dawson Unit is part of the Private Facilities Division we review all deaths whether there are privates or Intermediate Sanction Facilities that joint Mortality and Morbidity Committee really functions under the Correctional Managed Health Care Committee and that's why it has all three of us are represented there as one of the joint committees under the Correctional Managed Health Care Committee. We review all, all the deaths and then if there is standard of care issues then it is referred on to the appropriate peer review.</p> <p>Dr. de la Garza-Graham asked if they were all MD's.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 167 470 224"><b>VIII. Medical Director's Updates (Cont'd.)</b></p> <p data-bbox="132 992 447 1049">- <b>Denise DeShields, M.D. (TTUHSC)</b></p>	<p data-bbox="499 899 1129 956">Dr. de la Garza-Graham thanked Dr. Linthicum and called on Dr. DeShields for her report.</p> <p data-bbox="499 992 1129 1443">Dr. DeShields began with that she just had two points to bring to the committees attention. Again addition to the psychiatric vacancies that we have been seeing we have been seeing an increasing trend of nursing vacancies in West Texas as well. Again our inability to keep pace with fair market compensation has gone to escalating attrition and inability to recruit. We have most particularly noted that at the Montford facility in Lubbock where the later part of the fourth quarter and into the first quarter of FY 2013 we've had vacancies rates that have exceeded 20%. This is our most complex unit in the state and of course it's crucial that we maintain adequate nursing staff there for that unit to operate efficiently and effectively. So again we will have to enhance salaries to attract qualified candidates toward that facility.</p>	<p data-bbox="1157 139 1654 196">Dr. Linthicum answered that yes MD's and RN's.</p> <p data-bbox="1157 232 1654 378">Mr. Hightower added that any death in the system if reviewed at some point and time by Dr. Linthicum. Because there becomes a time there has to be a decision to determine whether it was a security or health issue.</p> <p data-bbox="1157 414 1654 802">Dr. Linthicum added we actually have a step before it gets to M &amp; M. Because when it goes to M &amp; M we have to have the autopsy, and all the medical workup. Sometimes the autopsies we don't get a final autopsy report for at least 2 months. So before that we do what we call a administrative mortality review and those are done by 2 physicians, MDs in my office and they do an administrative review of every death so that if administrative actions need to be taken faster than the M &amp; M and the peer review process then we can do that.</p> <p data-bbox="1157 837 1654 894">Dr. Berenzweig thanked Dr. Linthicum for the clarification.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 167 470 224"><b>VIII. Medical Director's Updates (Cont'd.)</b></p> <p data-bbox="132 500 411 557">- <b>Owen Murray, D.O. (UTMB)</b></p>	<p data-bbox="499 167 1134 407">Now for the second point I would like to share is that Mr. Larry Elkins who is our Executive Dir for Texas Tech Correctional Managed Health Care and will retire January 4, 2013. His duties and responsibilities will be managed internally. Mr. Jerry Hoover who is here will be handling all our physical inquiries and all of the administrative inquiries will be thru my office. That concludes my report.</p> <p data-bbox="499 443 1134 500">Dr. de la Garza thanked Dr. DeShields and called on Dr. Murray.</p> <p data-bbox="499 535 1134 743">Dr. Murray noted that he just had one brief update. I was going to ask Mr. Tony Williams to talk a little about some of the transitions we are going thru up at the dialysis center and the integration of the EMR and the dialysis technology, physical population, cost, etc. I think what we are doing up there is pretty innovated. Mr. Williams will you give a brief update.</p> <p data-bbox="499 779 1134 954">Mr. Williams began with what most of you may recall that in August, 2011 we purchased several dialysis machines 29 for the Estella facility and 10 at the Carol Young facility. This particular machine actually speaks to our EMR system. Since that time we work closely with our pharmacy group as well as with our IT staff.</p> <p data-bbox="499 963 1134 1076">At this time we are seeing all of our patients at the EMR at the Carol Young facility that's a total of 12. We have 50% of new patients that we've trained our staff that we have actually seen live using the dialysis module at Estelle.</p> <p data-bbox="499 1084 1134 1442">What that does for us are a couple of things. Actually it allows our Nephrologist to manage that patient phase without having to go thru multiple flow sheets. So here we are basically transition away from the flow sheets of the paper records. But it also allows our nursing staff to actually see the dialysis text from a nursing station at multiple work sites versus having to move from room to room so they can assess the quality of care, instruct dialysis technicians, and process physician orders into the system fairly quickly. The only problem that has taken us so long involves CMC moving to the latest version of Pearl.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Medical Director's Updates (Cont'd.)</b></p>	<p>From a connectivity standpoint we were able to transition to the new system once this was complete. We will...how we are transitioning into the electronic clinical ESRD management system.</p>	<p>Dr. de la Garza-Graham asked if Dr. Khurana will present to this meeting.</p> <p>Dr. Murray responded yes he's been here before and possibly in March. Again so that we have time to collect data and given little of the salaries we have to really investigate every avenue that possibly can work to our advantage with our employees. This is certainly one of them. I think it does speak to the fact that the state has made some really strategic investments in infrastructure, the EMR, the telemedicine program, the pharmacy replacement system. Again, you give tools to people and they figure out creative ways to use it. This was a really cost effective solution to better integrate all of our dialysis care. Does it answer all of our other problems from a staffing prospective, no but at least for this particular population where there is a great deal of liability and risk we really are providing a state of the level service using what we were giving. Again, admirable cost and outcomes as we look at that particular group.</p> <p>Dr. Linthicum added that the other benefit is the secure unit at Huntsville Memorial now that they have the capability of doing dialysis there.</p> <p>For any acute problem then they would rather we have that information as well.</p> <p>Dr. de la Garza-Graham added that an EMR in a system such as this it works very well. As with the private sector we have different hospitals within one city and none of them talk to each other. And so the same thing is that we are going to save millions, and</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Medical Director's Updates (Cont'd.)</b></p>	<p>Mr. Williams added that he wanted to make one other point to connectivity to why this is so important. In the near future when we transfer patients back and forth from the TT sector to UTMB you won't have to worry about scanning thru a bunch of flow sheets to get information readily available. And it's all subject to be very useful for the specialist at Galveston they can actually see what's been going with those patients. Because right now we have to print some of that information. I am very excited about that and hopefully when you folks are down in Huntsville we can show you how this work.</p>	<p>millions, and millions of dollars but nobody talks, the computers don't talk to each other. But however in a system like this where it's all completely integrated it makes perfect sense to have EMR.</p> <p>Dr. Linthicum added we are going to request Dr. Khurana to come in March to make a presentation.</p>	
<p><b>IX. Performance Status Report</b></p>	<p>Tab F for information.</p>		
<p><b>X. Public Comments</b></p>	<p>Dr. de la Garza-Grahm then stated that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. de la Garza-Grahm noted that there was no such request at this time.</p> <p>Dr. de la Garza-Grahm asked if anyone wants to discuss anything any old business.</p>	<p>Dr. Raimer asked to make an announcement. We just last week had the Joint Commission for the re-accreditation of our hospital and that I'm real pleased to report. Overall the hospital did extraordinarily well, the best we have ever done. The prison hospital especially was just spectacular. We had a surveyor on the Joint Commission team that actually knew a lot about hospitals having worked in California in that prison system and they got glowing reports on the hospitals. That accreditation is something we can report to</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="79 1295 401 1352"><b>XI. Date / Location of Next Meeting</b></p> <p data-bbox="79 1386 401 1443">- Margarita de la Garza-Graham, M.D.</p>	<p data-bbox="499 1295 1129 1352">Dr. de la Garza-Graham next noted that the next CMHC meeting will announced at a later date.</p>	<p data-bbox="1157 168 1661 256">TDCJ. We haven't got the official letter yet so this is all verbal right now. Very, very good news and we are very proud of that.</p> <p data-bbox="1157 290 1661 621">The other thing is our Nursing Programs have now been recognized as magnet status that is a special category of recognition for high quality nursing. Only about 6% of the hospitals over the entire United States are recognized in that distinction. It has to do with the educational level of the nurses and their competencies so we are all so very, very proud of that. And that's including not just the free world John Sealy Hospital but the Prison Hospital too.</p> <p data-bbox="1157 656 1661 954">Everything undergoes the same inspection and the same criteria for accreditation. So those are good things to report from our viewpoint. I also just like to let people know that we are moving ahead on construction to our new hospitals, at add additional beds, improvements around the hospital, installation of new energy equipment and things like that. We continue to get back on our feet after the Hurricane Ike.</p> <p data-bbox="1157 989 1661 1230">Also I would publically like to thank Dr. Linthicum again for agreeing with you for providing the action reports. Just flipping thru I see some trends that look at mainly the problem of staffing and that would be very helpful during the legislative session in supporting our request for the staffing. Thank you for doing that.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>XI. Adjourn</b>	Dr. de la Garza-Graham asked if there were any other questions. Hearing none adjourned the meeting.		

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Margarita de la Garza-Graham, M.D., Chairperson  
Correctional Managed Health Care Committee

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Date:

Consent Item 2

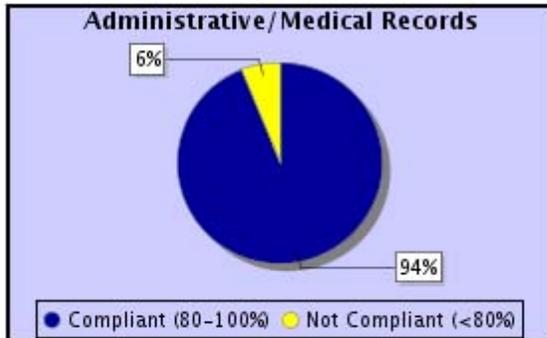
TDCJ Health Services  
Monitoring Reports

**ATTACHMENT 1**

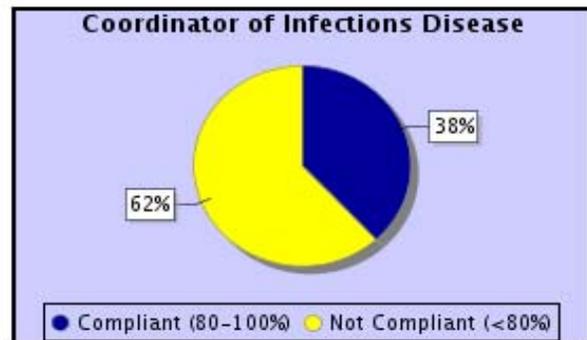
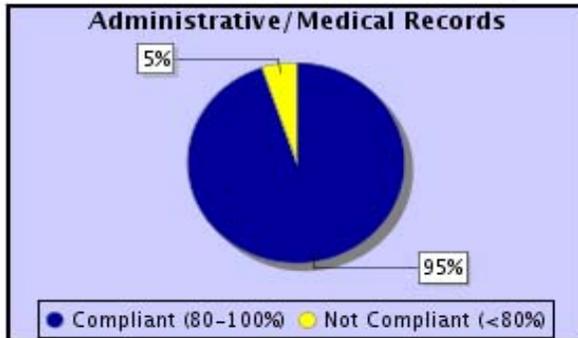
Rate of Compliance with Standards by Operational Categories  
 First Quarter, Fiscal Year 2013  
 September 2012 - November 2012

Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Byrd	66	62	94%	27	18	67%	30	20	67%	21	18	86%	8	8	100%	12	12	100%
Dalhart	59	56	95%	30	23	77%	21	8	38%	21	20	95%	4	3	75%	10	10	100%
Goree	67	64	96%	30	25	83%	27	24	89%	21	19	90%	6	6	100%	10	10	100%
Halbert	67	65	97%	32	24	75%	28	20	71%	22	21	95%	6	6	100%	10	6	60%
Jester I	64	64	100%	26	25	96%	29	15	52%	20	19	95%	15	13	87%	10	10	100%
Jester III	66	64	97%	38	30	79%	33	21	64%	21	20	95%	17	15	88%	9	9	100%
Jester IV	67	64	96%	27	25	93%	28	22	79%	21	19	90%	44	41	93%	8	8	100%
Mineral Wells	63	61	97%	29	16	55%	20	13	65%	21	20	95%	17	10	59%	NA	NA	NA
Plane State Jail	67	54	81%	38	29	76%	35	21	60%	22	19	86%	19	18	95%	12	12	100%
Robertson	65	58	89%	38	29	76%	29	7	24%	21	15	71%	23	21	91%	12	12	100%
Wynne	66	60	91%	30	23	77%	30	11	37%	21	20	95%	15	14	93%	8	8	100%
							25									12		

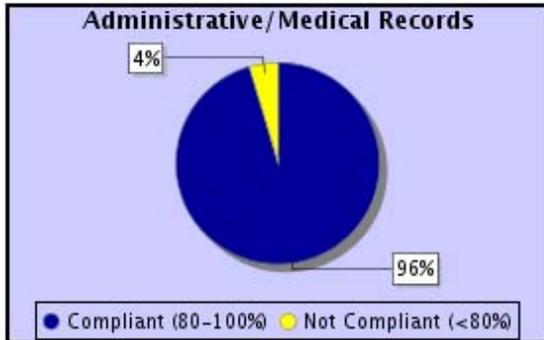
Compliance Rate By Operational Categories for  
BYRD FACILITY  
October 01, 2012



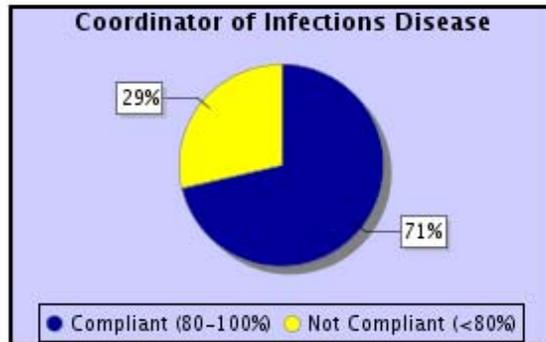
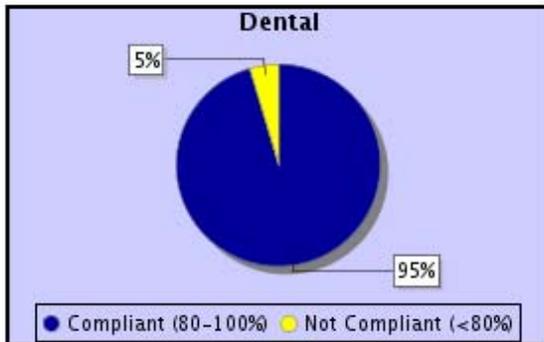
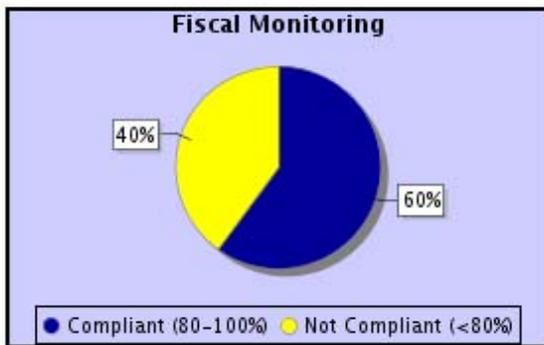
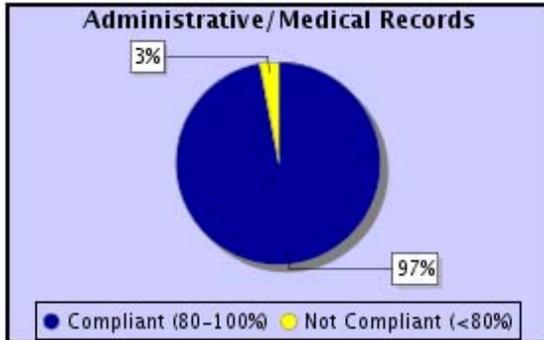
Compliance Rate By Operational Categories for  
DALHART FACILITY  
September 05, 2012



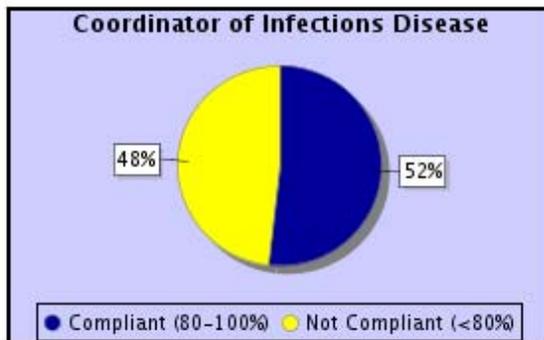
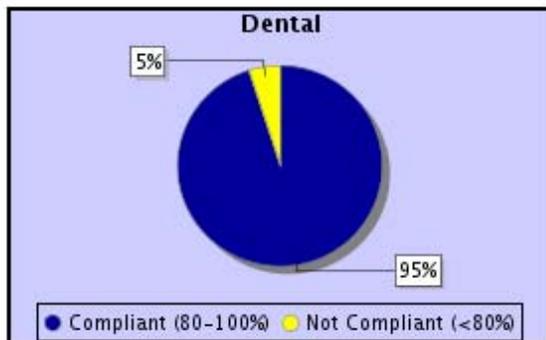
Compliance Rate By Operational Categories for  
GOREE FACILITY  
September 11, 2012



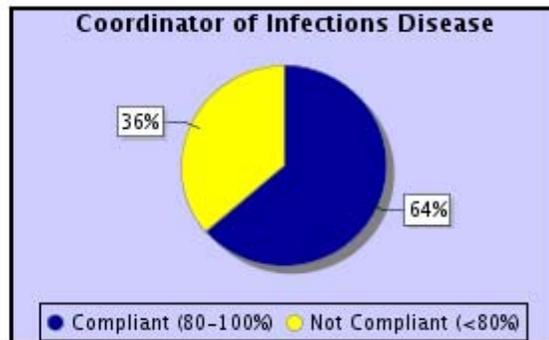
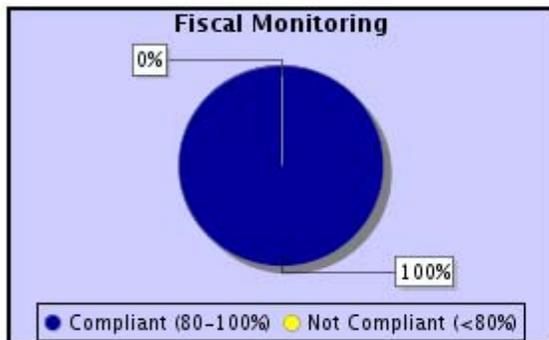
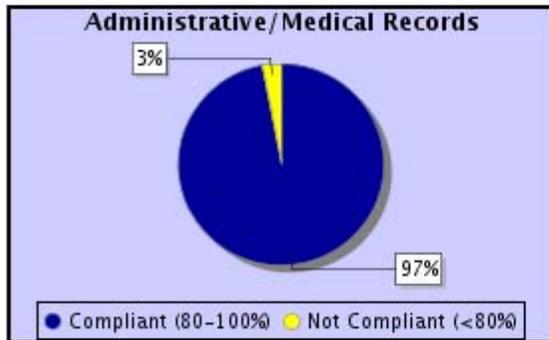
Compliance Rate By Operational Categories for  
HALBERT FACILITY  
November 06, 2012



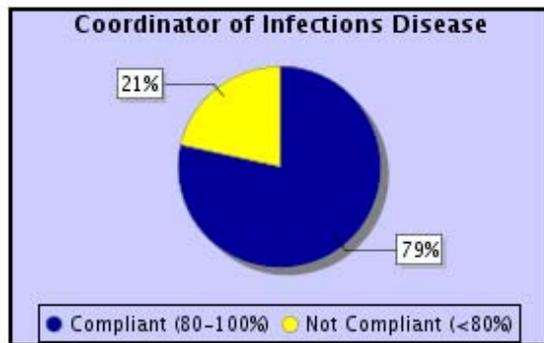
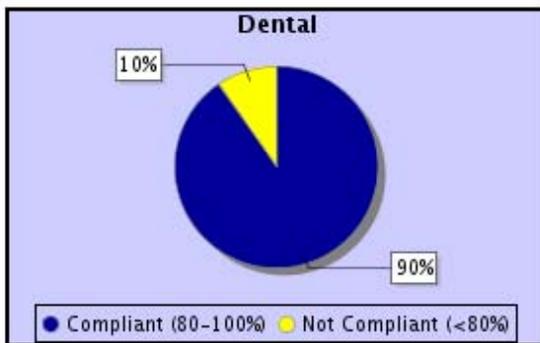
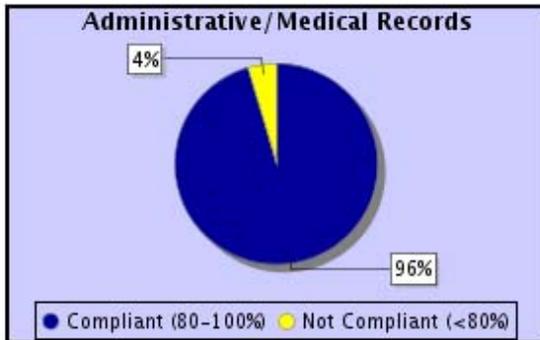
Compliance Rate By Operational Categories for  
JESTER I FACILITY  
October 02, 2012



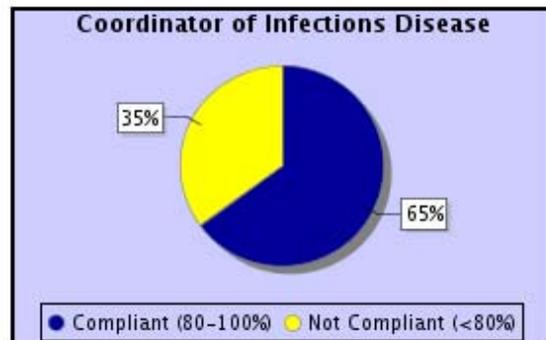
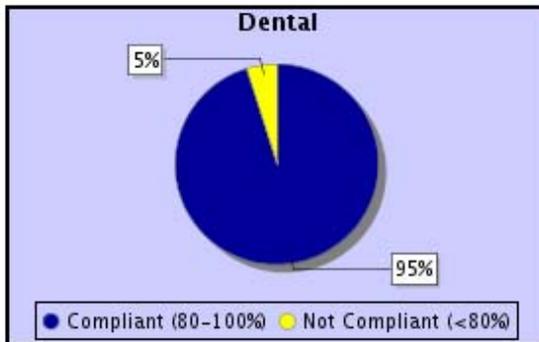
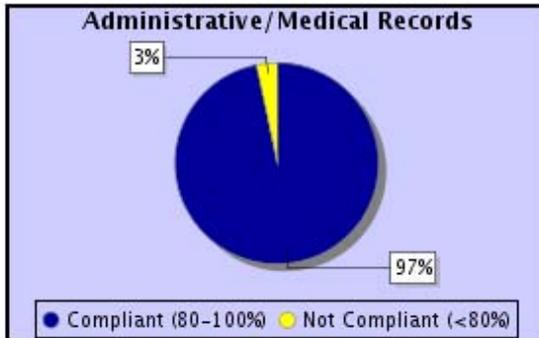
Compliance Rate By Operational Categories for  
JESTER III FACILITY  
October 02, 2012



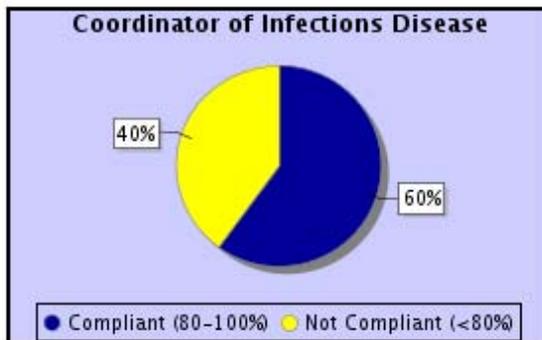
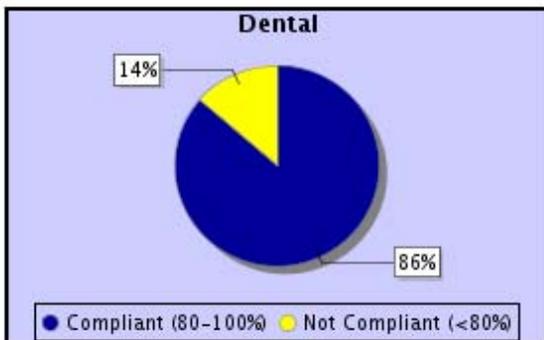
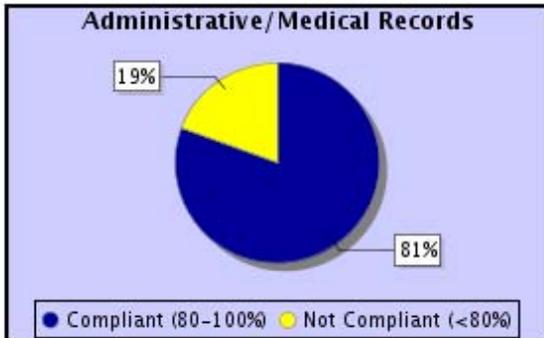
Compliance Rate By Operational Categories for  
JESTER IV FACILITY  
October 03, 2012



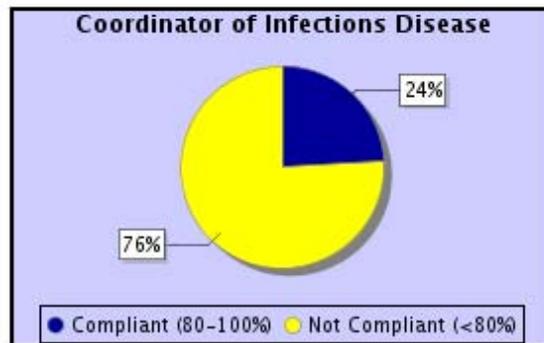
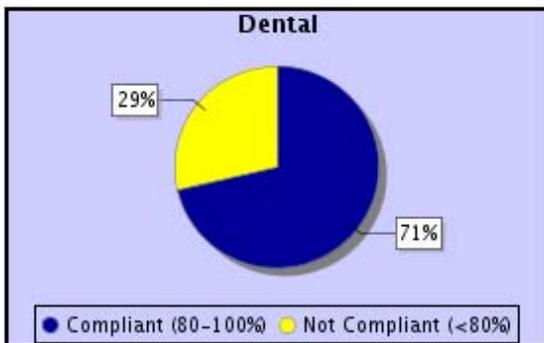
Compliance Rate By Operational Categories for  
MINERAL WELLS PPT FACILITY  
November 06, 2012



Compliance Rate By Operational Categories for  
PLANE FACILITY  
November 01, 2012



Compliance Rate By Operational Categories for  
ROBERTSON FACILITY  
September 05, 2012



Compliance Rate By Operational Categories for  
WYNNE FACILITY  
September 11, 2012



**Dental Quality of Care Audit  
Urgent Care Report  
For the Three Months Ended November 30, 2012**

**Urgent Care Definition:** Individuals, who in the dentist's professional judgment, require treatment for an acute oral or maxillofacial condition which may be accompanied by pain, infection, trauma, swelling or bleeding and is likely to worsen without immediate intervention. Individuals with this designation will receive definitive treatment within 14 days after a diagnosis is established by a dentist. Policy CMHC E 36.1

<b>Facility</b>	<b>Charts Assessed by TDCJ as Urgent</b>	<b>Urgent Care Score *</b>	<b>Offenders receiving treatment but not within timeframe **</b>	<b>Offenders identified as needing definitive care***</b>
Boyd	10	100%	0	0
Byrd	10	100%	0	0
Holliday	10	100%	0	0
Polunsky	10	100%	0	0
Wynne	10	100%	0	0

\* Urgent Care score is determined:  $\frac{\text{\# of offenders that had symptoms and received definitive treatment with 14 days}}{\text{Total \# of offenders in audit}} = 100\%$

\*\* A Corrective Action is required by TDCJ Health Services if the Urgent Care score is below 80%

\*\*\* A Corrective Action is required by TDCJ Health Services giving the date and description of definitive care.

**PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS  
QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS  
FIRST QUARTER 2013**

<b>STEP II GRIEVANCE PROGRAM (GRV)</b>													
Fiscal Year 2013	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of <b>GRIEVANCE</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
						Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
September	628	643	195	30.33%	135	26.13%	33	21	3.73%	3	3	0.47%	0
October	656	753	234	31.08%	160	26.96%	43	18	3.85%	11	0	0.27%	2
November	616	743	136	18.30%	107	15.88%	11	16	2.42%	2	0	0.00%	0
<b>Totals:</b>	<b>1,900</b>	<b>2,139</b>	<b>565</b>	<b>26.41%</b>	<b>402</b>	<b>22.86%</b>	<b>87</b>	<b>55</b>	<b>3.32%</b>	<b>16</b>	<b>3</b>	<b>0.23%</b>	<b>2</b>

<b>PATIENT LIAISON PROGRAM (PLP)</b>													
Fiscal Year 2013	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of <b>Patient Liaison Program</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
						Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
September	595	572	44	7.69%	36	6.64%	2	6	1.05%	0	0	0.00%	0
October	638	635	61	9.61%	49	7.72%	0	9	1.42%	0	3	0.47%	0
November	575	576	28	4.86%	18	3.30%	1	9	1.56%	0	0	0.00%	0
<b>Totals:</b>	<b>1,808</b>	<b>1,783</b>	<b>133</b>	<b>7.46%</b>	<b>103</b>	<b>5.95%</b>	<b>3</b>	<b>24</b>	<b>1.35%</b>	<b>0</b>	<b>3</b>	<b>0.17%</b>	<b>0</b>
<b>GRAND TOTAL=</b>	<b>3,708</b>	<b>3,922</b>	<b>698</b>	<b>17.80%</b>									

\*QOC= Quality of Care

Texas Department of Criminal Justice  
Office of Public Health  
Monthly Activity Report

September 2012

Reportable Condition	Reports			
	2012 This Month	2011 Same Month	2012 Year to Date*	2011 Year to Date*
Chlamydia	0	5	30	53
Gonorrhea	0	0	12	5
Syphilis	68	75	690	614
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	1	4	3
Hepatitis C, total and (acute <sup>‡</sup> )	210	419	2299 (1)	2398 (0)
Human immunodeficiency virus (HIV) +, known at intake	216	154	1840	1171
HIV screens, intake	5701	6091	54439	57606
HIV +, intake	38	43	401	395
HIV screens, offender- and provider-requested	1060	1171	8678	8691
HIV +, offender- and provider-requested	1	2	12	10
HIV screens, pre-release	4187	4904	42180	42083
HIV +, pre-release	2	0	15	6
Acquired immune deficiency syndrome (AIDS)	4	5	40	52
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	70	65	582	835
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	53	47	409	539
Occupational exposures of TDCJ staff	12	7	119	94
Occupational exposures of medical staff	0	3	23	22
HIV chemoprophylaxis initiation	2	3	24	21
Tuberculosis skin test (ie, PPD) +, intake	250	402	2937	2575
Tuberculosis skin test +, annual	44	38	440	413
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	11	9
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	0	1
Tuberculosis, diagnosed during incarceration	3	1	17	15
Tuberculosis cases under management	21	19		
Peer education programs <sup>¶</sup>	0	0	100	98
Peer education educators <sup>¶</sup>	30	24	3,246	2,734
Peer education participants	7,488	7,028	58,387	61,105
Sexual assault in-service (sessions/units)	2/2	1/1	14/16	40/31
Sexual assault in-service participants	7	1	98	425
Alleged assaults and chart reviews	72	57	626	519
Bloodborne exposure labs drawn on offenders	14	11	133	133
New Sero-conversions d/t sexual assault ±	0	0	0	0
New Sero-conversions NOT from sexual assault	2	0	10	1

\* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.

‡ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services

Texas Department of Criminal Justice  
Office of Public Health  
Monthly Activity Report

October 2012

Reportable Condition	Reports			
	2012 This Month	2011 Same Month	2012 Year to Date*	2011 Year to Date*
Chlamydia	5	1	35	54
Gonorrhea	1	0	13	5
Syphilis	80	43	769	657
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	4	3
Hepatitis C, total and (acute <sup>‡</sup> )	255	254	2550 (1)	2648 (0)
Human immunodeficiency virus (HIV) +, known at intake	187	184	2027	1355
HIV screens, intake	7047	6037	61486	63643
HIV +, intake	43	44	444	439
HIV screens, offender- and provider-requested	935	830	9603	9521
HIV +, offender- and provider-requested	3	3	15	13
HIV screens, pre-release	4524	4367	46704	46450
HIV +, pre-release	0	0	15	6
Acquired immune deficiency syndrome (AIDS)	15	2	55	54
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	59	73	641	909
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	36	35	445	574
Occupational exposures of TDCJ staff	17	9	136	103
Occupational exposures of medical staff	1	5	24	27
HIV chemoprophylaxis initiation	1	5	25	26
Tuberculosis skin test (ie, PPD) +, intake	345	385	3283	2972
Tuberculosis skin test +, annual	39	46	488	478
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	11	10
Tuberculosis, diagnosed at intake and attributed to county of origin	0	1	0	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	1	18	16
Tuberculosis cases under management	20	19		
Peer education programs <sup>¶</sup>	0	0	100	98
Peer education educators <sup>°</sup>	14	33	3260	2767
Peer education participants	7,786	6,989	66,173	68,094
Sexual assault in-service (sessions/units)	5/4	1/4	19/20	41/35
Sexual assault in-service participants	67	20	165	445
Alleged assaults and chart reviews	84	48	710	567
Bloodborne exposure labs drawn on offenders	21	14	154	147
New Sero-conversions d/t sexual assault ±	0	0	0	0
New Sero-conversions NOT from sexual assault	2	0	12	1

\* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.

‡ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services

¶ New programs are indicted in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."

° New peer educators are indicted in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."

± New sero-conversions. \* New reporting beginning August 1, 2011

Texas Department of Criminal Justice  
Office of Public Health  
Monthly Activity Report

November 2012

Reportable Condition	Reports			
	2012 This Month	2011 Same Month	2012 Year to Date*	2011 Year to Date*
Chlamydia	2	3	37	57
Gonorrhea	3	0	16	5
Syphilis	83	76	852	733
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	4	3
Hepatitis C, total and (acute <sup>‡</sup> )	294	222	(1 ) 2840	( 0 ) 2855
Human immunodeficiency virus (HIV) +, known at intake	212	179	2,239	1,534
HIV screens, intake	5,321	4,992	66,807	68,635
HIV +, intake	42	24	486	463
HIV screens, offender- and provider-requested	770	891	9,680	10,392
HIV +, offender- and provider-requested	0	1	15	14
HIV screens, pre-release	3,674	4,572	50,378	51,022
HIV +, pre-release	1	0	16	6
Acquired immune deficiency syndrome (AIDS)	4	2	59	56
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	57	67	698	976
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	34	40	479	614
Occupational exposures of TDCJ staff	3	11	139	114
Occupational exposures of medical staff	1	1	25	28
HIV chemoprophylaxis initiation	0	3	25	29
Tuberculosis skin test (ie, PPD) +, intake	289	394	3572	3367
Tuberculosis skin test +, annual	50	24	541	505
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	2	13	12
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	0	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	1	21	17
Tuberculosis cases under management	22	20		
Peer education programs <sup>§</sup>	0	0	100	98
Peer education educators <sup>¶</sup>	10	45	3,270	2,813
Peer education participants	6585	6,033	72,758	74,127
Sexual assault in-service (sessions/units)	2/1	1/1	21/21	42/36
Sexual assault in-service participants	21	3	186	448
Alleged assaults and chart reviews	67	38	777	605
Bloodborne exposure labs drawn on offenders	16	5	170	152
New Sero-conversions d/t sexual assault ±	0	0	0	0
New Sero-conversions NOT from sexual assault	1	0	13	1

\* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.

‡ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services

§ New programs are indicated in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."

¶ New peer educators are indicated in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."

± New sero-conversions. \* New reporting beginning August 1, 2011

### Health Services Liaison Utilization Review Audit

During the First Quarter of FY 2013, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 152 hospital discharge and 58 infirmary discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

<b>Freeworld Hospital Discharges in Texas Tech Sector</b>						
Month	Audits Performed	Discharge Without Vital Signs <sup>1</sup> (Cases with Deficiencies)	Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)
Sept	5	5 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Oct	6	5 (83%)	0 (0%)	0 (0%)	1 (17%)	0 (0%)
Nov	6	3 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>Average</b>		<b>4.3 (77.66%)</b>	<b>0 (0%)</b>	<b>0 (0%)</b>	<b>&lt;1 (5.66%)</b>	<b>0 (0%)</b>
<b>Freeworld Hospital Discharges in UTMB Sector</b>						
Month	Audits Performed	Discharge Without Vital Signs <sup>1</sup> (Cases with Deficiencies)	Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)
Sept	17	4 (24%)	0 (0%)	1 (6%)	0 (0%)	6 (35%)
Oct	18	4 (22%)	0 (0%)	1 (6%)	1 (6%)	3 (17%)
Nov	16	0 (0%)	0 (0%)	1 (6%)	2 (13%)	2 (13%)
<b>Average</b>		<b>2.66 (15.33%)</b>	<b>0 (0%)</b>	<b>1 (6%)</b>	<b>1 (6.33%)</b>	<b>3.66 (21.67%)</b>
<b>UTMB Hospital Galveston Discharges</b>						
Month	Audits Performed	Discharge Without Vital Signs <sup>1</sup> (Cases with Deficiencies)	Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)
Sept	28	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Oct	30	0 (0%)	0 (0%)	2 (7%)	2 (7%)	0 (0%)
Nov	26	0 (0%)	0 (0%)	0 (0%)	1 (4%)	0 (0%)
<b>Average</b>		<b>0 (0%)</b>	<b>0 (0%)</b>	<b>&lt;1 (2.33%)</b>	<b>1 (3.67)</b>	<b>0 (0%)</b>
<b>GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)</b>						
Month	Audits Performed	Discharge Without Vital Signs <sup>1</sup> (Cases with Deficiencies)	Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)
Sept	50	9 (18%)	0 (0%)	1 (2%)	0 (0%)	6 (12%)
Oct	54	9 (17%)	0 (0%)	3 (5%)	4 (7%)	3 (6%)
Nov	48	3 (6%)	0 (0%)	1 (2%)	3 (6%)	2 (4%)
<b>Average</b>		<b>7 (13.67%)</b>	<b>0 (0%)</b>	<b>1.67 (3%)</b>	<b>2.33 (4.33%)</b>	<b>3.67 (7.33%)</b>
<b>Texas Tech Infirmary Discharges</b>						
Month	Audits Performed	Discharge Without Vital Signs <sup>1</sup> (Cases with Deficiencies)	Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)
Sept	9	1 (11%)	0 (0%)	0 (0%)	0 (0%)	1 (11%)
Oct	11	3 (27%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Nov	12	0 (0%)	0 (0%)	0 (0%)	1 (8%)	0 (0%)
<b>Average</b>		<b>1.33 (12.67%)</b>	<b>0 (0%)</b>	<b>0 (0%)</b>	<b>&lt;1 (2.67%)</b>	<b>&lt;1 (3.67%)</b>
<b>UTMB Infirmary Discharges</b>						
Month	Audits Performed	Discharge Without Vital Signs <sup>1</sup> (Cases with Deficiencies)	Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)
Sept	9	4 (44%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Oct	10	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Nov	7	2 (29%)	0 (0%)	1 (14%)	1 (14%)	0 (0%)
<b>Average</b>		<b>2 (24.33%)</b>	<b>0 (0%)</b>	<b>&lt;1 (4.66%)</b>	<b>&lt;1 (4.66%)</b>	<b>0 (0%)</b>
<b>GRAND TOTAL: Combined Infirmary Discharges (Texas Tech and UTMB)</b>						
Month	Audits Performed	Discharge Without Vital Signs <sup>1</sup> (Cases with Deficiencies)	Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)	Lacked Documentation <sup>5</sup> (Cases with Deficiencies)
Sept	18	5 (28%)	0 (0%)	0 (0%)	0 (0%)	1 (6%)
Oct	21	3 (14%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Nov	19	2 (11%)	0 (0%)	1 (5%)	2 (11%)	0 (0%)
<b>Average</b>		<b>3.33 (17.67%)</b>	<b>0 (0%)</b>	<b>&lt;1 (1.67%)</b>	<b>&lt;1 (3.67%)</b>	<b>&lt;1 (2%)</b>

**Footnotes:** 1. Vital signs were not recorded on the day the offender left the discharge facility. 2. The receiving facility did not have medical services available sufficient to meet the offender's current needs. 3. Chart not reviewed by a health care member and referred (if applicable) to an appropriate medical provider as required by policy. 4. The offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the offender's electronic medical record within 24 hours of arriving at the unit.

**FIXED ASSETS CONTRACT MONITORING AUDIT  
BY UNIT  
FIRST QUARTER, FISCAL YEAR 2013**

September 2012	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Dalhart</b>	32	1	0	4
<b>Goree</b>	29	1	0	2
<b>Robertson</b>	84	0	1	1
<b>Wynne</b>	43	0	0	0
<b>Total</b>	188	2	1	7

October 2012	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Byrd</b>	37	1	1	1
<b>Jester I</b>	21	0	1	1
<b>Jester III</b>	45	1	0	0
<b>Jester IV</b>	141	0	4	0
<b>Total</b>	244	2	6	2

November 2012	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Halbert</b>	23	2	0	2
<b>Mineral Wells PPT</b>	0	0	0	0
<b>Plane State Jail</b>	63	0	0	0
<b>Total</b>	86	2	0	2

**CAPITAL ASSETS AUDIT  
FISRT QUARTER, FISCAL YEAR 2013**

<b>Audit Tools</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>Total</b>
<b>Total number of units audited</b>	4	4	3	11
<b>Total numbered property</b>	188	244	86	518
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT  
First Quarter FY-2013**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Powledge	September 2012	100%	97.9%
Hughes	October 2012	100%	98.2%
Murray	October 2012	100%	99.3%
Stringfellow	October 2012	100%	98.2%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Tulia	September 2012	100%	98.7%
Neal	September 2012	100%	99.3%
Montford	October 2012	100%	99.5%
Middleton	November 2012	100%	98.6%

**Executive Services  
Pending Monthly Medical Research Projects  
Health Services Division**

**FY-2013 First Quarterly Report: September, October, and November**

**Project Number:** 615-RM10

**Application Received:**

04/29/2011

**Researcher**

John Petersen

**IRB Number:**

11-069

**Completed Application:**

04/28/2011

**Title of Research:**

Serum Markers of Hepatocellular Cancer

**Proponent:**

University of Texas -Galveston / Correctional Managed Health Care

**Peer Panel Schedule:**

05/27/2011, 06/05/2011

01/05/2012

**Project Status:**

Pending Peer Panel 2<sup>nd</sup> Review

**Panel Recommendations:**

Recommended revisions,  
Revised, resubmitted 06/06/11

**University Medical Director Review Sent:**

01/04/12

**University Medical Director Approval:**

01/05/12

**Project Number:** 630-RM11

**Application Received:**

05/18/2011

**Researcher**

Jacques Baillargeon

**IRB Number:**

11-067

**Completed Application:**

05/18/2011

**Title of Research:**

The Older Prisoner

**Proponent:**

University of Texas -Galveston / Correctional Managed Health Care

**Peer Panel Schedule:**

06/24/2011

**Project Status:**

Pending Peer Panel

**Panel Recommendations:**

Responded with request for the  
University Medical Director  
Approval 06/24/2011

**University Medical Director Review Sent:**

07/07/2011, 12/30/2011

**University Medical Director Approval:**

01/03/2012

**Project Number: 633-RM11**

**Researcher**

Robert Morgan

**IRB Number:**

502838

**Application Received:**

06/17/2011

**Title of Research:**

Thinking Patterns of Mentally Disordered Offenders

**Proponent:**

Texas Tech University Department of Psychology

**Project Status:**

Pending Peer Panel 4<sup>th</sup> Review

**Completed Application:**

06/23/2011

**Peer Panel Schedule:**

11/22/2011, 01/17/2012,  
02/15/2012

**University Medical Director Review Sent:**

07/7/2011

**Panel Recommendations:**

**University Medical Director Approval:**

11/15/2011

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**Project Number: 635-RM11**

**Researcher**

Bryan Schneider

**IRB Number:**

11-101

**Application Received:**

07/06/2011

**Title of Research:**

Lactulose compliance levels among patients admitted to a  
prison system hospital with a hepatic diagnosis

**Proponent:**

University of Texas -Galveston / Correctional Managed Health Care

**Project Status:**

Pending Peer Panel

**Completed Application:**

07/08/2011

**Peer Panel Schedule:**

02/06/2012

**Panel Recommendations:**

**University Medical Director Review Sent:**

07/19/2011

**University Medical Director Approval:**

08/31/2011

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**Project Number: 649-RM12**

**Application Received:**  
01/13/2012

**Researcher**  
Jacques Baillargeon

**IRB Number:**  
11-098

**Title of Research:**  
Prevalence of Major Psychiatric Disorders in the Texas Prison System

**Completed Application:**  
01/13/2012

**Proponent:**  
University of Texas -Galveston / Correctional Managed Health Care

**Peer Panel Schedule:**

**Project Status:**  
Pending Peer Panel Approval

**University Medical Director Review Sent:**  
09/10/12

**Panel Recommendations:**

**University Medical Director Approval:**  
09/14/12

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**Project Number: 658-RM12**

**Application Received:**  
08/28/2012

**Researcher**  
Robert Morgan

**IRB Number:**  
L12-103

**Title of Research:**  
Comparing Telehealth and Face-to-Face Interview Modalities in Referring Offenders with Mental Illness to Treatment

**Completed Application:**  
08/28/2012

**Proponent:**  
Texas Tech University

**Peer Panel Schedule:**

**Project Status:**  
Pending University Medical Director Review

**University Medical Director Review Sent:**  
8/29/12

**Panel Recommendations:**

**University Medical Director Approval:**

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**Project Number:** 663-RM12

**Researcher**

Luca

Cicalese

**IRB Number:**

12-145

**Application Received:**

11/12/2012

**Title of Research:**

Collection of Human Samples (Liver, Intestine, Blood, Urine, And Feces) and Hepatocellular Carcinoma (HCC) and Other Liver Diseases

**Completed Application:**

11/12/2012

**Proponent:**

University of Texas Medical Branch at Galveston

**Peer Panel Schedule:**

**Project Status:**

Pending OIG

**Panel Recommendations:**

**University Medical Director Review Sent:**

**University Medical Director Approval:**

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## Mental Health Access to Care Accuracy Evaluation

**1<sup>st</sup> Quarter 2013**

**Conducted September-November 2012 by the  
Office of Mental Health Monitoring and Liaison**

Unit	Audit Month*	SCR's Rev.	Methodology Evaluation Scores				
			WRO	Triage	CC	Provider	Overall
Byrd	Aug 2012	20	NWR	100%	100%	95%	94%
Jester I	Aug 2012	20	NWR	100%	100%	100%	100%
Jester III	Aug 2012	20	100%	94%	94%	94%	93%
Jester IV	Aug 2012	17	0%	82%	82%	100%	68%
Briscoe Unit	Oct 2012	7	NWR	100%	100%	100%	100%
Cotulla Transfer Facility	Oct 2012	3	NWR	100%	100%	100%	100%

The audit results within this report were reported in the Quality Assurance Meeting.

\*The "Audit Month" was the most current Unit ATC Methodology Audit available on the date of the evaluation.

- SCR's Rev.** - Number of **Sick Call Request Reviewed** in the ATC Audit
- WRO** - Sick Call Requests responded to with **Written Response Only**
- NWR** - **No Written Response**
- CC** - **Chief Complaint**
- NSP** - **No Sick Call Request Presented**

Corrective Action Required: Personnel who perform ATC Methodology Audit on those units with scores below 80% are required to schedule and attend additional training at TDCJ Health Services Administration Headquarters.

# Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



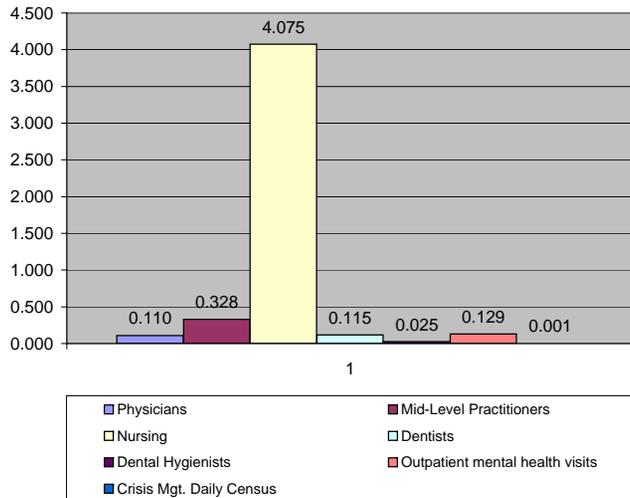
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**FIRST QUARTER  
FY 2013**

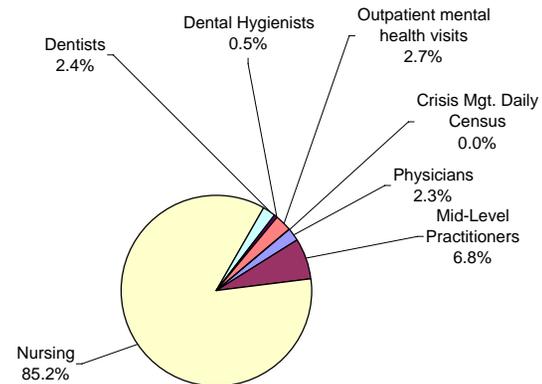
**Medical Director's Report:**

<i>Average Population</i>	September		October		November		Qtly Average	
	118,057		117,921		118,140		118,039	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	12,738	0.108	13,726	0.116	12,469	0.106	<b>12,978</b>	<b>0.110</b>
Mid-Level Practitioners	34,183	0.290	42,905	0.364	38,905	0.329	<b>38,664</b>	<b>0.328</b>
Nursing	444,602	3.766	501,744	4.255	496,848	4.206	<b>481,065</b>	<b>4.075</b>
<b>Sub-total</b>	<b>491,523</b>	<b>4.163</b>	<b>558,375</b>	<b>4.735</b>	<b>548,222</b>	<b>4.640</b>	<b>532,707</b>	<b>4.513</b>
<b>Dental encounters</b>								
Dentists	12,197	0.103	14,893	0.126	13,626	0.115	<b>13,572</b>	<b>0.115</b>
Dental Hygienists	2,823	0.024	3,227	0.027	2,774	0.023	<b>2,941</b>	<b>0.025</b>
<b>Sub-total</b>	<b>15,020</b>	<b>0.127</b>	<b>18,120</b>	<b>0.154</b>	<b>16,400</b>	<b>0.139</b>	<b>16,513</b>	<b>0.140</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	14,691	0.124	16,085	0.136	14,889	0.126	<b>15,222</b>	<b>0.129</b>
Crisis Mgt. Daily Census	62	0.001	57	0.000	64	0.001	<b>61</b>	<b>0.001</b>
<b>Sub-total</b>	<b>14,753</b>	<b>0.125</b>	<b>16,142</b>	<b>0.137</b>	<b>14,953</b>	<b>0.127</b>	<b>15,283</b>	<b>0.129</b>
<b>Total encounters</b>	<b>521,296</b>	<b>4.416</b>	<b>592,637</b>	<b>5.026</b>	<b>579,575</b>	<b>4.906</b>	<b>564,503</b>	<b>4.782</b>

**Encounters as Rate Per Offender Per Month**



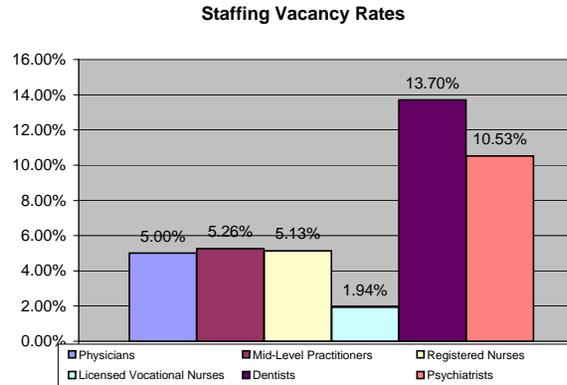
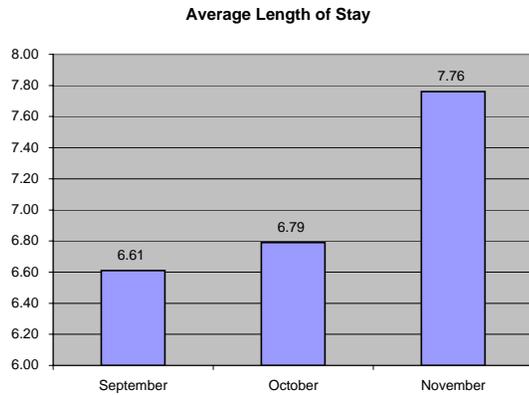
**Encounters by Type**



**Medical Director's Report (Page 2):**

	September	October	November	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	66.37	64.35	68.30	<b>66.34</b>
Number of Admissions	301.00	294.00	264.00	<b>286.33</b>
Average Length of Stay	6.61	6.79	7.76	<b>7.05</b>
Number of Clinic Visits	2,198.00	2,573.00	2,457.00	<b>2,409.33</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	993.11	1,015.58	1,035.44	<b>1,014.71</b>
PAMIO/MROP Census	697.03	693.68	665.49	<b>685.40</b>
<b>Telemedicine Consults</b>	<b>7,509</b>	<b>8,739</b>	<b>8,343</b>	<b>8,197.00</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	57.00	3.00	60.00	5.00%
Mid-Level Practitioners	126.00	7.00	133.00	5.26%
Registered Nurses	185.00	10.00	195.00	5.13%
Licensed Vocational Nurses	556.00	11.00	567.00	1.94%
Dentists	62.00	10.00	73.00	13.70%
Psychiatrists	17.00	2.00	19.00	10.53%



Consent Item 3(b)

University Medical Director's Report

Texas Tech University  
Health Sciences Center

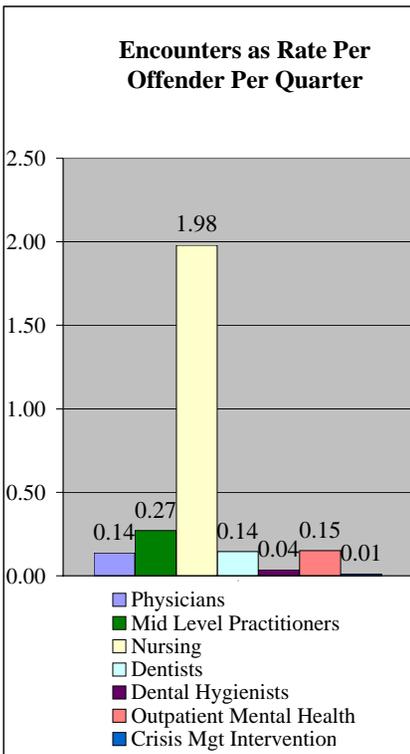


**Correctional Managed Health Care  
MEDICAL DIRECTOR'S REPORT**

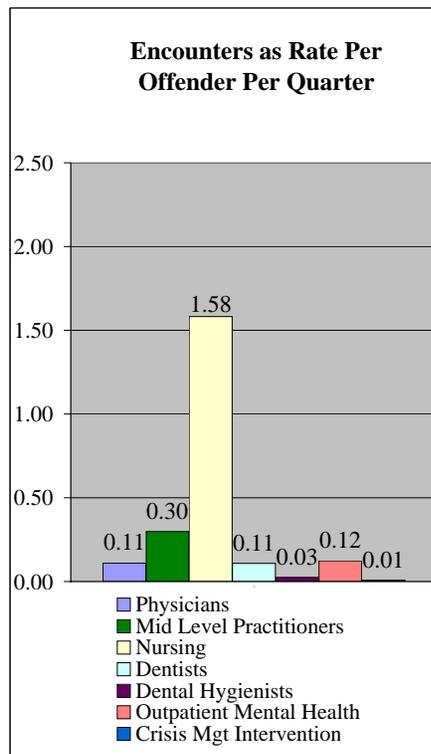
**FIRST QUARTER  
FY 2013**

Medical Director's Report:

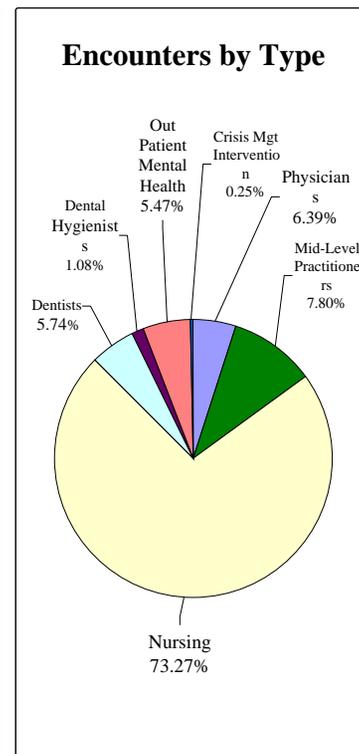
	September	October	November	Quarterly Average
<i>Average Population</i>	31,233.37	31,330.65	31,324.39	31,296.14
	Rate Per Offender	Rate Per Offender	Rate Per Offender	Rate Per Offender
<i>Medical Encounters</i>	Number	Number	Number	Number
Physicians	3,491 0.112	3,789 0.121	3,001 0.096	3,427 0.110
Mid-Level Practitioners	8,725 0.279	10,350 0.330	8,981 0.287	9,352 0.299
Nursing	46,262 1.481	52,938 1.690	49,346 1.575	49,515 1.582
Sub-Total	58,478 1.872	67,077 2.141	61,328 1.958	62,294 1.990
<i>Dental Encounters</i>				
Dentists	3,159 0.101	3,708 0.118	3,341 0.107	3,403 0.109
Dental Hygienists	705 0.023	823 0.026	863 0.028	797 0.025
Sub-Total	3,864 0.124	4,531 0.145	4,204 0.134	4,200 0.134
<i>Mental Health Encounters</i>				
Outpatient Mental Health Visits	3,520 0.113	4,105 0.131	3,903 0.125	3,843 0.123
Crisis Mgt. Interventions	250 0.008	226 0.007	215 0.007	230 0.007
Sub-Total	3,770 0.121	4,331 0.138	4,118 0.131	4,073 0.130
<i>Total Encounters</i>	66,112 2.117	75,939 2.424	69,650 2.224	70,567 2.255



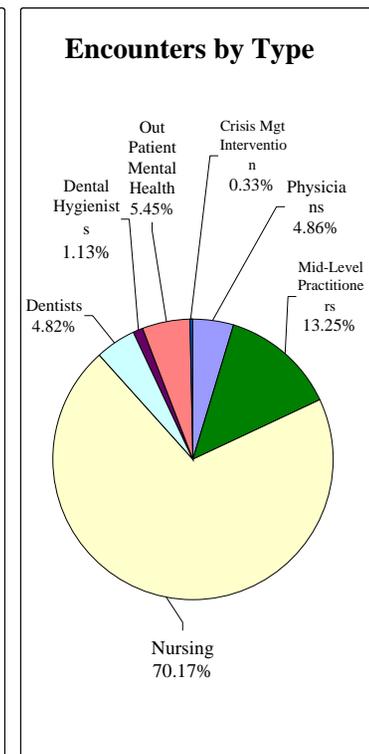
4th Quarter 2012



1st Quarter 2013



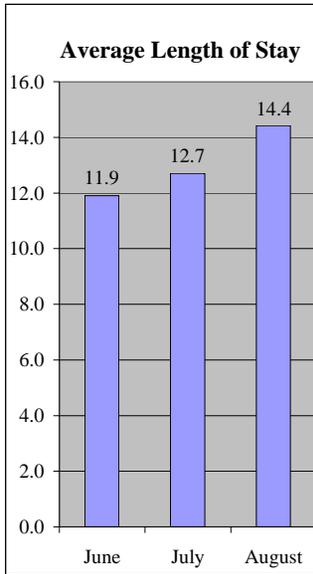
4th Quarter 2012



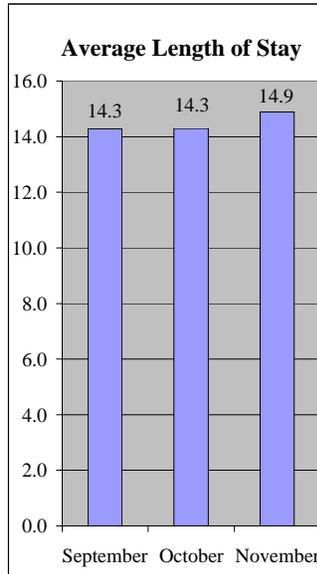
1st Quarter 2013

Medical Director's Report (page 2):

	September	October	November	Quarterly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	109.46	108.26	116.06	<b>111.26</b>
Number of Admissions	155	193	182	<b>176.67</b>
Average Length of Stay	14.28	14.29	14.89	<b>14.49</b>
Number of Clinic Visits	394	473	596	<b>487.67</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	505	472	417	<b>464.67</b>
PAMIO/MROP Census	252	249	266	<b>255.67</b>
<b>Specialty Referrals Completed</b>	<b>575</b>	<b>888</b>	<b>1073</b>	<b>845.33</b>
<b>Telemedicine Consults</b>	<b>838</b>	<b>948</b>	<b>883</b>	<b>889.67</b>
<b>Health Care Staffing</b>				
	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	15.41	4.15	19.56	21.22%
Mid-Level Practitioners	30.83	4.67	35.5	13.15%
Registered Nurses	128.49	22.8	151.29	15.07%
Licensed Vocational Nurses	273.02	30.98	304	10.19%
Dentists	17.3	1.75	19.05	9.19%
Psychiatrists	5.89	3.2	9.09	35.20%



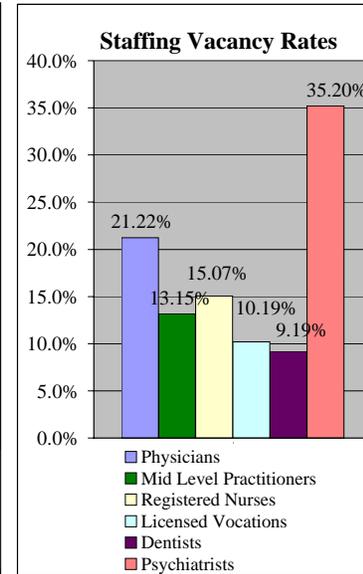
4th Quarter 2012



1st Quarter 2013



4th Quarter 2012



1st Quarter 2013

## Consent Item 4

Summary of CMHCC Joint  
Committee \ Work Groups

**Correctional Managed Health Care  
Joint Committee/Work Group Activity Summary  
For March 2013 CMHCC Meeting**

The CMHCC, through its overall management strategy, utilizes a number of standing and ad hoc joint committees and work groups to examine, review and monitor specific functional areas. The key characteristic of these committees and work groups is that they are comprised of representatives of each of the partner agencies. They provide opportunities for coordination of functional activities across the state. Many of these committees and work groups are designed to insure communication and coordination of various aspects of the statewide health care delivery system. These committees work to develop policies and procedures, review specific evaluation and/or monitoring data, and amend practices in order to increase the effectiveness and efficiency of the program.

*Many of these committees or work groups are considered to be medical review committees allowed under Chapter 161, Subchapter D of the Texas Health and Safety code and their proceedings are considered to be confidential and not subject to disclosure under the law.*

This summary is intended to provide the CMHCC with a high level overview of the ongoing work activities of these workgroups.

Workgroup activity covered in this report includes:

- System Leadership Council
- Joint Policy and Procedure Committee
- Joint Pharmacy and Therapeutics Committee
- Joint Infection Control Committee
- Joint Dental Work Group
- Joint Mortality and Morbidity Committee
- Joint Nursing Work Group

## **System Leadership Council**

Chair: Dr. Denise DeShields

Purpose: Charged with routine oversight of the CMHCC Quality Improvement Plan, including the monitoring of statewide access to care and quality of care indicators.

Meeting Date: February 14, 2013

Key Activities:

(1) Approval of Minutes

### **Reports from Champions/Discipline Directors:**

- A. Access to Care-Dental Services
- B. Access to Care-Mental Health Services
- C. Access to Care-Nursing Services
- D. Access to Care-Medical Staff
- E. Sick Call Request Verification Audit-SCRVA
- F. FY2013 SLC Indicators
  - 1. Dental: total Open Reminders with Delay > 180 Days
  - 2. Mental Health: Vital Signs Prior to Transfer to Crisis Management
  - 3. Nursing: Refusal of Treatment (ROT)
  - 4. Inpatient Physical Therapy
  - 5. Missed Appointments (No Shows)

### **Standing Issues**

- A. Monthly Grievance Exception Report
- B. New SLC Indicators
- C. Hospital and Infirmery Discharge Audits

**Miscellaneous/Open for Discussion Participants:**

- A. CMHCC Updates
- B. Joint Nursing Committee Update
- C. Chronic Disease Audit Update
- D. ATC Accuracy Evaluation
- E. QA Nurse Protocol Audits
- F. Nursing QA-QI Site Visit Audits
- G. Clinical Services Quality of Care Concerns

**Adjournment**

**Joint Policy and Procedure Committee**

Co-Chair: Dr. Robert Williams, TDCJ Health Services Division

Co-Chair: Allen Hightower, Executive Director, CMHC

Purpose: Charged with the annual review of each statewide policy statement applicable to the correctional managed health care program.

Meeting Date: January 10, 2013

**Sub Committee Updates:**

Automatic External Defibrillator (AED) – Chair Paula Reed

**Old Business:**

E-41.2 Emergency Response During Hours of Operation and Attachment A– Report was not available at the time of the last meeting.

**New Business:**

Sections B, C and D are scheduled for review.

- A-01.1 Access To Care
- A-02.1 Responsible Health Authority
- A-02.2 Treatment of Injuries Incurred in the Line of Duty
- A-03.1 Medical Autonomy
- A-04.1 Administrative Meetings
- A-04.2 Health Services Statistical Report
- A-08.9 Referral to the Clements Unit Psychiatric Step Down
- A-08.9 Attachment A Admission Referral Application to Clements Unit Psychiatric Step Down
- A-08.9 Referral to the Program for the Aggressive Mentally Ill Offender (PAMIO)
- A-08.10 Attachment A Admission Referral Application To Clements Unit PAMIO Psychiatric Center
- C-18.1 Licensure and Credential Verification
- C-19.1 Continuing Education / Staff Development
- D-27.1 Pharmaceuticals
- D-27.3 Photosensitivity
- D-28.1 Clinic Space, Equipment, and Supplies
- E-31.1 Information on health Care Services
- E-31.2 Organ or Tissue Donation
- E-31.2 Attachment A Donor Information Sheet
- E-31.3 Access to Off-Site Hospitalization Offender Information
- E-32.1 Receiving, Transfer and Continuity of Care Screening
- E-34.1 Health Appraisal of Incoming Offenders
- E-34.2 Periodic Physical Examinations
- E-34.3 Use of Force Procedures
- E-36.1 Dental Treatment Priorities and Appendix I, II, and Dental Sealants
- E-36.2 Inprocessing Offenders-Dental Examination, Classification, Education & Treatment
- F-46.1 Health Education and promotion
- G-51.1 Special Needs Offenders
- G-51.2 Admission to A Geriatric Center
- G-51.3 Admission Health Appraisals: Physically Handicapped

G-51.3 Attachment A (A) Speech Pathology Referral Criteria for TDCJ  
Attachment B (B) Level of Care Assessment  
G-51.4 Wheelchair Repair & Maintenance  
G-51.5 Certified American sign Language (ASL) Interpreter Services  
H-60.1 Health Records – Organization and Maintenance  
H-60.1 Attachment A-1 Outpatient Health Record Format  
H-60.1 Attachment A-2 List of EMR Chart Sections  
H-60.1 Attachment B Chart Lookup For Patient  
H-60.1 Attachment C Abbreviated Job Titles  
I-66.1 Medical Therapeutic Restraints  
I-68.1 Blood and Urine Testing for Forensic Purposes  
I-68.2 DNA Specimen Collection  
I-68.3 Forensic Information

### **Adjournment**

- Next Meeting Date is April 11, 2013 at 1:00 P.M.

### **Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Benjamin Leeah

Purpose: Charged with the review, monitoring and evaluation of pharmacy practices and procedures, formulary management and development of disease management guidelines.

Meeting Date: January 10, 2013

Key Activities:

**Approval of Minutes from November 8, 2012 Meeting**

### **Reports from Subcommittees:**

- A.** DMG Triage – Dr. Sandmann
- B.** Psychiatry – Dr. Koranek

### **Monthly Reports**

- A.** Adverse Drug Reaction Report (none)
- B.** Pharmacy Clinical Activity Report
- C.** Drug recalls (November 2012)
- D.** Nonformulary Deferral Reports
  - 1. UTMB Sector (November 2012)
  - 2. Texas Tech Sector (October - November 2012)
- E.** Quarterly Medication Error Reports – 1<sup>st</sup> Quarter FY13
  - 1. UTMB Sector
  - 2. Texas Tech Sector
  - 3. Medication Dispensing Error Report
- F.** Utilization Reports – (September – October 2012)
  - 1. HIV Utilization
  - 2. Hepatitis C Utilization
  - 3. Hepatitis B Utilization
  - 4. Psychotropic Utilization
- G.** Special Report-Top 50 Medications by Volume and Cost in 1<sup>st</sup> Quarter FY13
- H.** Policy Review Schedule

### **Old Business**

- A.** Updates on “One Card Drug Policy”

### **New Business**

- A.** Action Request
  - 1. Formulary Addition of Prezista 800mg tables (with deletion of 400mg tablet)
  - 2. Formulary Deletion of Nitrobid
  - 3. Allow up to 5 Refills for Lubrifresh Ophthalmic Ointment
  - 4. Review of Nurse Protocol for Alamag

**B. Drug Category Review**

1. Anti-inectives
2. Respiratory
- 3.

**C. Medication Usage Evaluations**

1. Bactrim MUE
2. Bupropion MUE
- 3.

**D. FDA Medication Safety Advisories**

**E. Manufacturer Shortages and Discontinuations**

**F. Policy and Procedure Revisions**

1. Return of Damaged or Misshipped Drugs (15-40)
2. Drug Recalls/Defective Products (15-45)
3. Use of Cntrolled Substances (20-05)
4. Security of Controlled Substances (20-10)
5. Controlled Substances Record Keeping (20-15)
6. Incoming Patients' Free World Medication (25-05)
7. Discharge Medications (25-10)
8. IV Admixture (30-05)
9. Manual Signature Page

**G. Miscellaneous**

Adjournment

## **Joint Infection Control Committee**

Co-Chair: Dr. Carol Coglianesse  
Co-Chair: Chris Black-Edwards, RN, BSN

Purpose: Charged with the review, monitoring and evaluation of infection control policies and preventive health programs.

Meeting Date: February 14, 2013  
Key Activities:

## **Reviewed and Approved Minutes**

### **Public Health Update**

- A. Connie Adams, LVN – HIV
- B. Latasha Hill, LVN – Occupational Exposure, MRSA & MSSA
- C. Anthony Turner – Syphilis
- D. Beverly McCool (Retired) – Mary Parker - Tuberculosis
- E. Charma Blount, RN – Sexual Assault Nurse Examiner
- F. Dianna Langley – Peer Education

### **New Business**

- A. INH Supply Shortage
- B. TB Monitoring Record Note

### **Policy Under Reviews -**

- a. B-14.1 Infection Control Program – (No Change)
- b. B.14.2 Correctional Managed Health Care Infection Control Committee – (No Change)
- c. B-14.3 TDCJ Employee TB Skin Testing (Review for approval) & TDCJ Employee TB Testing (Attachment 2 Updated)
- d. B-14.4 Prevention of Hepatitis B Virus (HBV) Infection in TDCJ Facilities (Attachment F and G updated)
- e. B-14.5 Occupational Exposure Counseling and Testing for TDCJ and Correctional Managed Health Care Employees (No Change)
- f. B-14.06 Management of Offender Bloodborn Exposures (No Change)

- g. B-14.07 Immunizations- (Tabled for Meeting in April)
- h. B-14.10 Tuberculosis (Update Attachment H Page 2-(TB-341 dated 01/03)
- i. B-14.131 Hepatitis A (Review for approval)
- j. B-14.131 Hepatitis A Technical Reference (Review for approval)
- k. B-14.132 Hepatitis B (Review for approval)
- l. B-14.132 Hepatitis B Technical Reference (Review for approval)
- m. B-14.133 Hepatitis C (Review for approval)
- n. B-14.133 Hepatitis C Technical Reference (Review for approval)

### **Adjourn**

- Next Meeting – April 11, 2013
- Policies to be reviewed are B-14.11 through B-14.19

### **Joint Dental Work Group**

Chair: Dr. Billy Horton

Purpose: Charged with the review, monitoring and evaluation of dental policies and practices.

Meeting Date: January 9, 2013

### **Systems Director Meeting**

- TDCJ Health Services Director, Dr. Manual “Bubba” Hirsch
- Western Sector Dental Services Director, TTUHSC, Dr. Brian Tucker
- Eastern Sector Dental Services Directors, UTMB-CMC, Dr. Billy Horton
- Dental Utilization Quality Review committee, Chairperson: Dr. Scott Reinecke
- Dental Hygiene Manager, Ms. Pam Myers
- Policy review – Section B

## **UTMB – CMC Director’s Meeting**

- Eastern Sector Dental Services
  - Region 1, Dr. Scott Reinecke
  - Region 2, Dr. John Beason
  - Region 3, Dr. Joseph Sheringo
  
- Adjourn

## **Joint Mortality and Morbidity Committee**

Co-Chair:           Dr. Glenda Adams  
Co-Chair:           Dr. Robert Williams

Key Activities:

**Review and discussion of reports on offender deaths and determinations as to the need for peer review.**

### **Purpose:**

- Charged with the ongoing review of morbidity and mortality data, including review of each offender death.

### **For the Three Months Ended February 28, 2013**

- There were 125 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2012, January, and February 2013. Of those 125 deaths, 21 were referred to peer review committees.

## **Joint Nursing Work Group**

Chair: Mike Jones, RN, BSN

Purpose: Charged with the review, monitoring and evaluation of nursing policies and practices.

Meeting Date: January 22, 2013

- P & T policy 20.15 – narcotic wastage. Mike
- E-32.1 – return from ER/IP/Medical Appt. Mike - Gary
- TB Investigation – CDC. Mike
- E -31.2 - Organ Donation. Mike - Gary
- Peripheral IV Therapy – UMTB Nursing Service Policy. Gary
- CVC, PICC Catheter Maintenance – UTMB Nursing Service Policy. Gary
- UTMB HUB and After Hours Call System Update. Gary
- Inpatient Mental Health Nursing Documentation – UTMB Policy. Gary
- Meeting Schedule. Mike
- Other

**Adjourn**



## CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

1300 11<sup>th</sup> Street, Suite 415, Huntsville, Texas 77340

(936) 437-1972 ♦ Fax: (936) 437-1970

*Allen R. Hightower*  
*Executive Director*

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Date: March 6, 2013

To: Chairperson Margarita de la Garza-Grahm, M.D.  
Members, CMHCC

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

Discussion of Recommended Legislative Appropriations regarding the Correctional Managed Health Care Committee and recommended Sunset changes.



# **Correctional Managed Health Care**

## **Quarterly Report FY 2013 First Quarter**

**September 2012 – November 2012**

## **Summary**

This report is submitted in accordance with Rider 55; page V-24, House Bill 1, 82<sup>nd</sup> Legislature, and Regular Session 2011. The report summarizes activity through the first quarter of FY 2013. Following this summary are individual data tables and charts supporting this report.

### ***Background***

During Fiscal Year 2013, approximately \$429.0 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$135.3M in general revenue appropriations in strategy C.1.8 (Hospital and Clinic Care)
- \$242.2M in general revenue appropriations in strategy C.1.7 (Unit and Psychiatric Care).
- \$51.5M in general revenue appropriations in strategy C.1.9 (Pharmacy Care).

Of this funding, \$428.5M (99.9%) was allocated for health care services provided by UTMB and TTUHSC. And \$474K (0.1%) was allocated for funding of the operation of the Correctional Managed Health Care Committee.

These payments are made directly to the university providers according to their contracts. Benefit reimbursement amounts and expenditures are included in the reported totals provided by the universities.

## ***Report Highlights***

### **Population Indicators**

- Through the first quarter of this fiscal year, the correctional health care program has decreased in the overall offender population served. The average daily population served through the first quarter of FY 2013 was 149,336. Through this same quarter a year ago (FY 2012), the average daily population was 153,350, a decrease of 4,014 (2.62%). While overall growth has decreased, the number of offenders age 55 and over has continued to steadily increase year over year.
- Consistent with the trend for the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a near double digit rate. Through the first quarter of FY 2013, the average number of older offenders in the service population was 13,931. Through this same quarter a year ago (FY 2012), the average number of offenders age 55 and over was 13,441. This represents an increase of 490 or about 3.7% more older offenders than a year ago.
- Hospital Inpatient Census is a new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy “Hospital and Clinic Costs”. The hospital inpatient average daily census (ADC) served through the first quarter of FY 2013 was 213 for both the Texas Tech and UTMB Sectors.
- Outpatient Clinic and ER Visits is another new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy “Hospital and Clinic Costs”. The medical outpatient clinic and ER visits served through the first quarter of FY 2013 was 4,603 for both the Texas Tech and UTMB Sectors.
- The overall HIV+ population has remained relatively stable throughout the last few years and continued to remain so through this quarter, averaging 2,246 (or about 1.5% of the population served).
- Two mental health caseload measures have also remained relatively stable:
  - The average number of psychiatric inpatients within the system was 1,735 through the first quarter of FY 2013, as compared to 1,864 through the same quarter a year ago (FY 2012). The inpatient caseload is limited by the number of available inpatient beds in the system.
  - Through the first quarter of FY 2013, the average number of mental health outpatients was 19,064 representing 12.8% of the service population.

### Health Care Costs

- Overall health costs through the first quarter of FY 2013 totaled \$122.9M. This amount is above the overall revenues earned by the university providers by \$3.9M.
- UTMB's total revenue through the quarter was \$94.5M. Their expenditures totaled \$99.3M, resulting in a net loss of \$4.8M. On a per offender per day basis, UTMB earned \$8.80 in revenue and expended \$9.24 resulting in a loss of \$0.44 per offender per day.
- TTUHSC's total revenue through the first quarter was \$24.4M. Expenditures totaled \$23.6M, resulting in a net gain of \$871,336. On a per offender per day basis, TTUHSC earned \$8.58 in revenue, but expended \$8.27 resulting in a gain of \$0.31 per offender per day.
- Examining the health care costs in further detail indicates that of the \$122.9M in expenses reported through the first quarter of the year:
  - Onsite services (those medical services provided at the prison units) comprised \$57.0M representing about 46.4% of the total health care expenses:
    - Of this amount, 82.8% was for salaries and benefits and 17.2% for operating costs.
  - Pharmacy services totaled \$11.5M representing approximately 9.4% of the total expenses:
    - Of this amount 20.1% was for related salaries and benefits, 3.4% for operating costs and 76.5% for drug purchases.
  - Offsite services (services including hospitalization and specialty clinic care) accounted for \$40.9M or 33.3% of total expenses:
    - Of this amount 68.4% was for estimated university provider hospital, physician and professional services; and 31.6% for Freeworld (non-university) hospital, specialty and emergency care.
  - Mental health services totaled \$10.3M or 8.3% of the total costs:
    - Of this amount, 97.6% was for mental health staff salaries and benefits, with the remaining 2.4% for operating costs.
  - Indirect support expenses accounted for \$3.2M and represented 2.6% of the total costs.

- The total cost per offender per day for all health care services statewide through the first quarter of FY 2013 was \$9.04. Prior year 1<sup>st</sup> Quarter FY 2012 total cost per offender per day was \$8.68 an increase of 4.2%. However, when benchmarked against the average cost per offender per day for the prior four fiscal years of \$9.51, the decrease is at (4.9%).
  - For UTMB, the cost per offender per day was \$9.24. This is lower than the average cost per offender per day for the last four fiscal years of \$9.60.
  - For TTUHSC, the cost per offender per day was \$8.27, lower than the average cost per offender per day for the last four fiscal years of \$9.20.
  - Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

### **Aging Offenders**

- As consistently noted in prior reports, the aging of the offender population has a demonstrated impact on the resources of the health care system. Offenders age 55 and older access the health care delivery system at a much higher level and frequency than younger offenders:
  - Encounter data through the first quarter of FY 2013 indicates that offenders aged 55 and over had a documented encounter with medical staff a little more than 1.2 times as often as those under age 55.
  - An examination of hospital admissions by age category found that through this quarter of the fiscal year, hospital costs and outpatient clinic costs received to date for charges incurred this fiscal year for offenders over age 55 totaled approximately \$933 per offender. The same calculation for offenders under age 55 totaled about \$166. In terms of hospitalization and clinic costs, the older offenders were utilizing health care resources at a rate of more than 5.6 times higher than the younger offenders. While comprising about 9.3% of the overall service population, offenders age 55 and over account for 36.7% of the hospitalization costs received to date.
  - A third examination of dialysis costs found that, proportionately, older offenders are represented 5.1 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging \$22,832 per patient per year. Providing medically necessary dialysis treatment for an average of 208 patients through the first quarter of FY2013 cost \$1.2M.

### **Drug Costs**

- Total drug costs through the first quarter of FY 2013 totaled \$9.7M.
  - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
    - Through this quarter, \$4.8M in costs (or \$1.6M per month) for HIV antiretroviral medication costs were experienced. This represents 49.3% of the total drug cost during this time period.
    - Expenses for psychiatric drugs are also being tracked, with approximately \$601K being expended for psychiatric medications through the first quarter, representing 6.1% of the overall drug cost.
    - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$339K and represented about 3.5% of the total drug cost.

### ***Reporting of Fund Balances***

- UTMB reports that they have a total loss of \$4,807,407 through this first quarter of this fiscal year. TTUHSC reports that they have a total gain of \$871,336 through this first quarter of this fiscal year. Please note Table 3 - All Health Care Summary of this financial report for the details of the Overall Revenue and Expense Summary by the Three Healthcare Strategies that we follow.
- A summary analysis of the ending balances, revenue and payments through the first quarter for the CMHCC account is included in this report. That summary indicates that the ending balance on the CMHCC account on November 30, 2012 was \$101,617.11. This amount includes FY 2012 funds of \$79,991.45 that has lapsed back to TDCJ Unit and Mental Health Strategy C.1.7 with a December 2012 transaction.

### ***Financial Monitoring***

Detailed transaction level data from both university providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies, procedures, and contractual requirements.

The testing of detail transactions performed on TTUHSC's financial information for September through November 2012 found all tested transactions to be verified and found all back up detail to be validated. One transaction in October 2012 was a classification error that was corrected the following month.

The testing of detail transactions performed on UTMB's financial information for September through November 2012 found all tested transactions to be verified and found all back up detail to be validated.

### ***Concluding Notes***

The combined operating loss for the university providers through the first quarter of FY 2013 is \$3.9 M. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize their operating losses.

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**Table 1  
Correctional Managed Health Care  
FY 2013 Budget Allocations**

**Distribution of Funds**

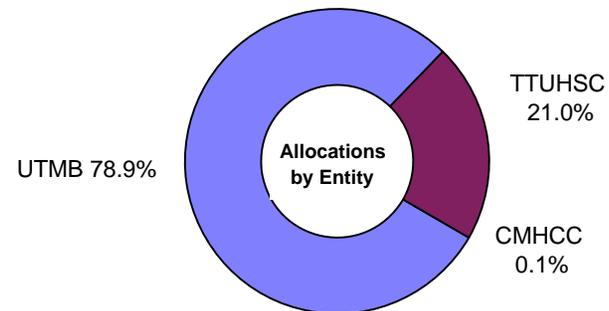
<u>Allocated to</u>	<u>FY 2013</u>
<b>University Providers</b>	
<b>The University of Texas Medical Branch</b>	
Unit and Psychiatric Care	\$187,310,012
Hospital and Clinic Care	\$110,016,885
Pharmacy Care	\$41,018,720
<b>Subtotal UTMB</b>	<b>\$338,345,617</b>
<b>Texas Tech University Health Sciences Center</b>	
Unit and Psychiatric Care	\$54,370,960
Hospital and Clinic Care	\$25,291,922
Pharmacy Care	\$10,481,280
<b>Subtotal TTUHSC</b>	<b>\$90,144,162</b>
<b>SUBTOTAL UNIVERSITY PROVIDERS</b>	<b>\$428,489,779</b>
<b>Correctional Managed Health Care Committee</b>	<b>\$474,062</b>
<b>TOTAL DISTRIBUTION</b>	<b>\$428,963,841</b>

**Source of Funds**

<u>Source</u>	<u>FY 2013</u>
<b>Legislative Appropriations</b>	
SB 1, Article V, TDCJ Appropriations	
Strategy C.1.7. Unit and Psychiatric Care	\$242,155,034
Strategy C.1.8. Hospital and Clinic Care	\$135,308,807
Strategy C.1.9 Pharmacy Care	\$51,500,000
<b>TOTAL</b>	<b>\$428,963,841</b>

**Note:** In addition to the amounts received and allocated by the CMHCC, the university providers receive partial reimbursement for employee benefit costs directly from other appropriations made for that purpose.

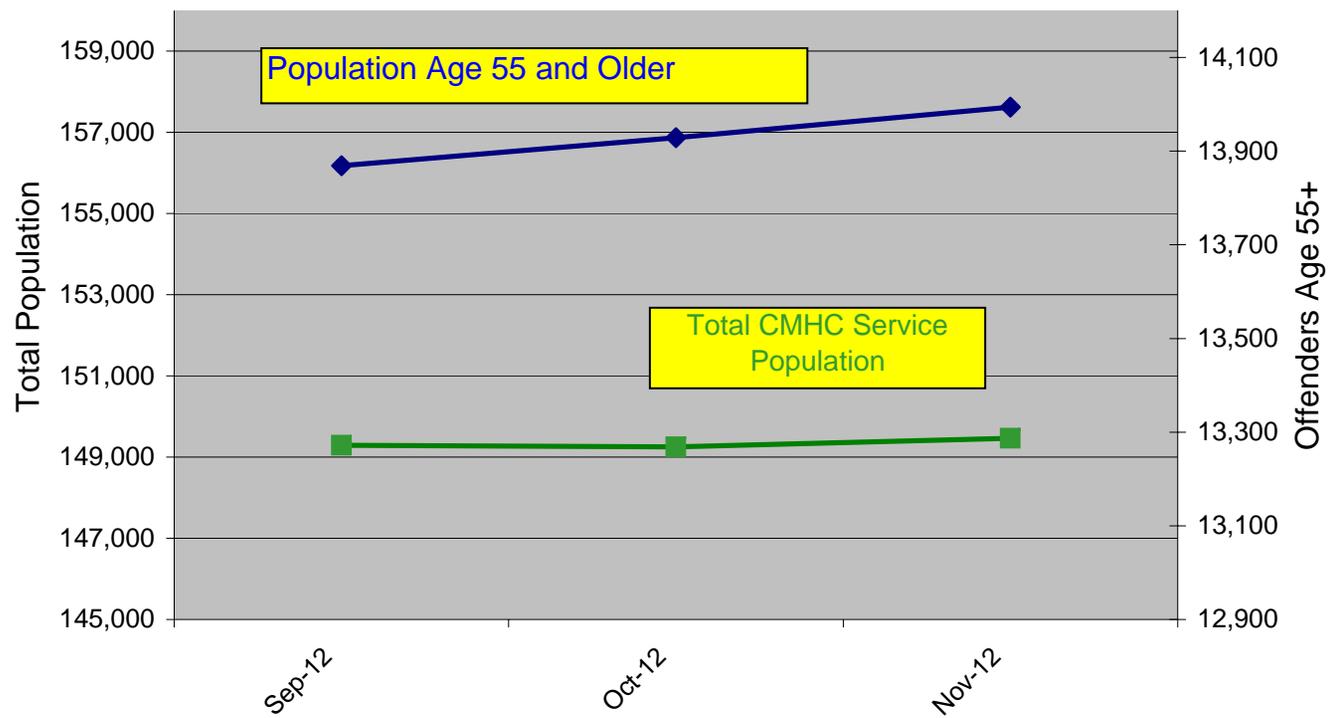
**Chart 1**



**Table 2**  
**FY 2013**  
**Key Population Indicators**  
**Correctional Health Care Program**

Indicator	Sep-12	Oct-12	Nov-12	Population Year to Date Avg.
<b>Avg. Population Served by CMHC:</b>				
UTMB State-Operated Population	106,142	106,021	106,241	106,135
UTMB Private Prison Population*	11,916	11,900	11,899	11,905
UTMB Total Service Population	118,057	117,921	118,140	118,040
TTUHSC Total Service Population	31,234	31,331	31,325	31,296
<b>CMHC Service Population Total</b>	<b>149,291</b>	<b>149,252</b>	<b>149,465</b>	<b>149,336</b>
<b>Population Age 55 and Over</b>				
UTMB Service Population Average	11,474	11,519	11,603	11,532
TTUHSC Service Population Average	2,395	2,410	2,391	2,399
<b>CMHC Service Population Average</b>	<b>13,869</b>	<b>13,929</b>	<b>13,994</b>	<b>13,931</b>
<b>Medical Health Inpatient Daily Census</b>				
UTMB Hospital Galveston Inpatient ADC	69	68	69	68
UTMB FreeWorld Hospital Inpatient ADC	30	24	24	26
TTUHSC RMF Inpatient ADC	109	108	116	111
TTUHSC FreeWorld Hospital Inpatient ADC	10	8	3	7
<b>CMHC Medical Inpatient Daily Census</b>	<b>218</b>	<b>209</b>	<b>211</b>	<b>213</b>
<b>Medical Health Outpatient Visits</b>				
UTMB Specialty Clinic & ER Visits	3,419	4,220	4,087	3,909
TTUHSC FreeWorld Outpatient & ER Visits	416	949	719	695
<b>CMHC Medical Outpatient Visits</b>	<b>3,835</b>	<b>5,169</b>	<b>4,806</b>	<b>4,603</b>
<b>HIV+ Population</b>	<b>2,267</b>	<b>2,239</b>	<b>2,233</b>	<b>2,246</b>
<b>Mental Health Inpatient Census</b>				
UTMB Psychiatric Inpatient Average	993	1,016	1,035	1,015
TTUHSC Psychiatric Inpatient Average	757	721	683	720
<b>CMHC Psychiatric Inpatient Average</b>	<b>1,750</b>	<b>1,737</b>	<b>1,718</b>	<b>1,735</b>
<b>Mental Health Outpatient Census</b>				
UTMB Psychiatric Outpatient Average	14,691	16,085	14,889	15,222
TTUHSC Psychiatric Outpatient Average	3,520	4,105	3,903	3,843
<b>CMHC Psychiatric Outpatient Average</b>	<b>18,211</b>	<b>20,190</b>	<b>18,792</b>	<b>19,064</b>

### Chart 2 CMHC Service Population



**Table 3**  
**Summary Financial Report: Unit and Mental Health Costs - C.1.7**  
**Fiscal Year 2013 - through November 30, 2012 (Sep 2012- Nov 2012)**

Days in Year: 91

	Unit and Mental Health Services Costs			Unit & Mental Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
<b>Population Served</b>	<b>118,040</b>	<b>31,296</b>	<b>149,336</b>			
<b>Revenue</b>						
Capitation Payments	\$46,699,208	\$13,555,500	\$60,254,708	\$4.35	\$4.76	\$4.43
State Reimbursement Benefits	\$9,543,732	\$1,577,331	\$11,121,063	\$0.89	\$0.55	\$0.82
Other Misc Revenue	\$19,826	\$445	\$20,271	\$0.00	\$0.00	\$0.00
<b>Total Revenue</b>	<b>\$56,262,766</b>	<b>\$15,133,276</b>	<b>\$71,396,042</b>	<b>\$5.24</b>	<b>\$5.31</b>	<b>\$5.25</b>
<b>Expenses</b>						
<b>Unit Services</b>						
Salaries	\$32,027,185	\$4,513,852	\$36,541,037	\$2.98	\$1.58	\$2.69
Benefits	\$9,534,643	\$1,089,333	\$10,623,976	\$0.89	\$0.38	\$0.78
Operating (M&O)	\$4,701,996	\$292,310	\$4,994,306	\$0.44	\$0.10	\$0.37
Professional Services	\$0	\$569,806	\$569,806	\$0.00	\$0.20	\$0.04
Contracted Units/Services	\$0	\$3,921,617	\$3,921,617	\$0.00	\$1.38	\$0.29
Travel	\$191,281	\$20,086	\$211,367	\$0.02	\$0.01	\$0.02
Electronic Medicine	\$0	\$58,341	\$58,341	\$0.00	\$0.02	\$0.00
Capitalized Equipment	\$27,155	\$0	\$27,155	\$0.00	\$0.00	\$0.00
<b>Subtotal Onsite Expenses</b>	<b>\$46,482,260</b>	<b>\$10,465,345</b>	<b>\$56,947,605</b>	<b>\$4.33</b>	<b>\$3.67</b>	<b>\$4.19</b>
<b>Mental Health Services</b>						
Salaries	\$5,558,811	\$2,476,580	\$8,035,391	\$0.52	\$0.87	\$0.59
Benefits	\$1,357,584	\$609,276	\$1,966,860	\$0.13	\$0.21	\$0.14
Operating (M&O)	\$162,499	\$9,677	\$172,176	\$0.02	\$0.00	\$0.01
Professional Services	\$0	\$52,031	\$52,031			
Contracted Units/Services	\$0	\$0	\$0			
Travel	\$19,010	\$1,389	\$20,399	\$0.00	\$0.00	\$0.00
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capital Expenditures	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
<b>Subtotal Mental Health Expenses</b>	<b>\$7,097,904</b>	<b>\$3,148,953</b>	<b>\$10,246,857</b>	<b>\$0.66</b>	<b>\$1.09</b>	<b>\$0.75</b>
<b>Indirect Expenses</b>	<b>\$2,426,497</b>	<b>\$435,937</b>	<b>\$2,862,434</b>	<b>\$0.23</b>	<b>\$0.15</b>	<b>\$0.21</b>
<b>Total Unit and Mental Health Expenses</b>	<b>\$56,006,661</b>	<b>\$14,050,235</b>	<b>\$70,056,896</b>	<b>\$5.21</b>	<b>\$4.92</b>	<b>\$5.15</b>
<b>Operating Income (Loss) for C.1.7</b>	<b>\$256,105</b>	<b>\$1,083,041</b>	<b>\$1,339,146</b>	<b>\$0.02</b>	<b>\$0.40</b>	<b>\$0.10</b>

**Table 3 (Continued)**  
**Summary Financial Report: Hospital and Clinic Costs - C.1.8**  
**Fiscal Year 2013 - through November 30, 2012 (Sep 2012 - Nov 2012)**

Days in Year: 91

	Hospital and Clinic Costs			Hospital & Clinic Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
<b>Population Served</b>	<b>118,040</b>	<b>31,296</b>	<b>149,336</b>			
<b>Revenue</b>						
Capitation Payments	\$27,428,867	\$6,305,658	\$33,734,525	\$2.55	\$2.21	\$2.48
State Reimbursement Benefits	\$0	\$370,480	\$370,480	\$0.00	\$0.13	\$0.03
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
<b>Total Revenue</b>	<b>\$27,428,867</b>	<b>\$6,676,138</b>	<b>\$34,105,005</b>	<b>\$2.55</b>	<b>\$2.34</b>	<b>\$2.51</b>
<b>Expenses</b>						
<b>Hospital and Clinic Services</b>						
University Professional Services	\$4,099,363	\$250,000	\$4,349,363	\$0.38	\$0.09	\$0.32
Freeworld Provider Services	\$3,708,057	\$2,957,793	\$6,665,850	\$0.35	\$1.04	\$0.49
UTMB or TTUHSC Hospital Cost	\$21,004,426	\$2,618,898	\$23,623,324	\$1.96	\$0.92	\$1.74
Estimated IBNR	\$5,342,902	\$929,707	\$6,272,609	\$0.50	\$0.33	\$0.46
<b>Subtotal Offsite Expenses</b>	<b>\$34,154,748</b>	<b>\$6,756,398</b>	<b>\$40,911,146</b>	<b>\$3.18</b>	<b>\$2.37</b>	<b>\$3.01</b>
<b>Indirect Expenses</b>	<b>\$0</b>	<b>\$248,998</b>	<b>\$248,998</b>	<b>\$0.00</b>	<b>\$0.09</b>	<b>\$0.02</b>
<b>Total Hospital and Clinic Expenses</b>	<b>\$34,154,748</b>	<b>\$7,005,396</b>	<b>\$41,160,144</b>	<b>\$3.18</b>	<b>\$2.46</b>	<b>\$3.03</b>
<b>Operating Income (Loss) for C.1.8</b>	<b>(\$6,725,881)</b>	<b>(\$329,258)</b>	<b>(\$7,055,139)</b>	<b>(\$0.63)</b>	<b>(\$0.12)</b>	<b>(\$0.52)</b>

**Table 3 (Continued)**  
**Summary Financial Report: Pharmacy Costs - C.1.9**  
**Fiscal Year 2013 through November 30, 2012 (Sep 2012 - Nov 2012)**

Days in Year: 91

	Pharmacy Health Services Costs			Pharmacy Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
<b>Population Served</b>	<b>118,040</b>	<b>31,296</b>	<b>149,336</b>			
<b>Revenue</b>						
Capitation Payments	\$10,226,585	\$2,613,141	\$12,839,726	\$0.95	\$0.92	\$0.94
State Reimbursement Benefits	\$442,072	\$15,061	\$457,133	\$0.04	\$0.01	\$0.03
Other Misc Revenue	\$128,890	\$0	\$128,890	\$0.01	\$0.00	\$0.01
<b>Total Revenue</b>	<b>\$10,797,547</b>	<b>\$2,628,202</b>	<b>\$13,425,749</b>	<b>\$1.01</b>	<b>\$0.92</b>	<b>\$0.99</b>
<b>Expenses</b>						
<b>Pharmacy Services</b>						
Salaries	\$1,391,241	\$453,803	\$1,845,044	\$0.13	\$0.16	\$0.14
Benefits	\$460,879	\$16,463	\$477,342	\$0.04	\$0.01	\$0.04
Operating (M&O)	\$319,962	\$65,992	\$385,954	\$0.03	\$0.02	\$0.03
Pharmaceutical Purchases	\$6,955,005	\$1,869,804	\$8,824,809	\$0.65	\$0.66	\$0.65
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$8,090	\$3,546	\$11,636	\$0.00	\$0.00	\$0.00
<b>Subtotal Pharmacy Health Expenses</b>	<b>\$9,135,177</b>	<b>\$2,409,608</b>	<b>\$11,544,785</b>	<b>\$0.85</b>	<b>\$0.85</b>	<b>\$0.85</b>
<b>Indirect Expenses</b>	<b>\$0</b>	<b>\$101,041</b>	<b>\$101,041</b>	<b>\$0.00</b>	<b>\$0.04</b>	<b>\$0.01</b>
<b>Total Pharmacy Expenses</b>	<b>\$9,135,177</b>	<b>\$2,510,649</b>	<b>\$11,645,826</b>	<b>\$0.85</b>	<b>\$0.88</b>	<b>\$0.86</b>
<b>Operating Income (Loss) for C.1.9</b>	<b>\$1,662,370</b>	<b>\$117,553</b>	<b>\$1,779,923</b>	<b>\$0.15</b>	<b>\$0.04</b>	<b>\$0.13</b>

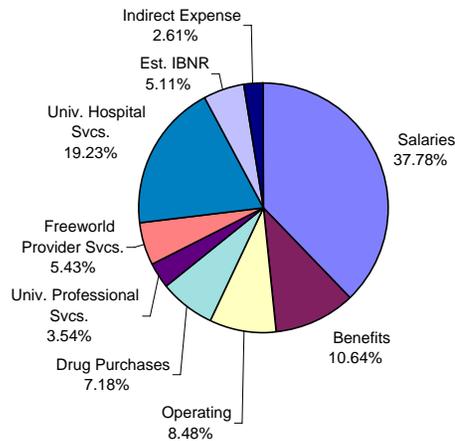
**All Health Care Summary**

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Unit & Mental Health Services	\$56,262,766	\$15,133,276	\$71,396,042	\$5.24	\$5.31	\$5.25
Hospital & Clinic Services	\$27,428,867	\$6,676,138	\$34,105,005	\$2.55	\$2.34	\$2.51
Pharmacy Health Services	\$10,797,547	\$2,628,202	\$13,425,749	\$1.01	\$0.92	\$0.99
<b>Total Revenue</b>	<b>\$94,489,180</b>	<b>\$24,437,616</b>	<b>\$118,926,796</b>	<b>\$8.80</b>	<b>\$8.58</b>	<b>\$8.75</b>
Unit & Mental Health Services	\$56,006,661	\$14,050,235	\$70,056,896	\$5.21	\$4.93	\$5.16
Hospital & Clinic Services	\$34,154,748	\$7,005,396	\$41,160,144	\$3.18	\$2.46	\$3.03
Pharmacy Health Services	\$9,135,177	\$2,510,649	\$11,645,826	\$0.85	\$0.88	\$0.86
<b>Total Expenses</b>	<b>\$99,296,587</b>	<b>\$23,566,280</b>	<b>\$122,862,866</b>	<b>\$9.24</b>	<b>\$8.27</b>	<b>\$9.04</b>
<b>Operating Income (Loss)</b>	<b>(\$4,807,407)</b>	<b>\$871,336</b>	<b>(\$3,936,070)</b>	<b>(\$0.44)</b>	<b>\$0.31</b>	<b>(\$0.29)</b>

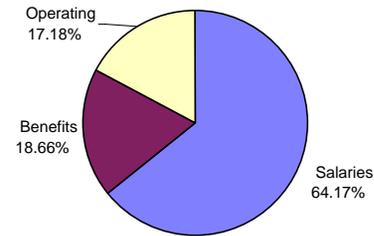
**Table 4**  
**FY 2013 1st Quarter**  
**UTMB/TTUHSC EXPENSE SUMMARY**

Category	Expense	Percent of Total
<b>Onsite Services</b>	<b>\$56,947,605</b>	<b>46.35%</b>
Salaries	\$36,541,037	
Benefits	\$10,623,976	
Operating	\$9,782,592	
<b>Pharmacy Services</b>	<b>\$11,544,785</b>	<b>9.40%</b>
Salaries	\$1,845,044	
Benefits	\$477,342	
Operating	\$397,590	
Drug Purchases	\$8,824,809	
<b>Offsite Services</b>	<b>\$40,911,146</b>	<b>33.30%</b>
Univ. Professional Svcs.	\$4,349,363	
Freeworld Provider Svcs.	\$6,665,850	
Univ. Hospital Svcs.	\$23,623,324	
Est. IBNR	\$6,272,609	
<b>Mental Health Services</b>	<b>\$10,246,857</b>	<b>8.34%</b>
Salaries	\$8,035,391	
Benefits	\$1,966,860	
Operating	\$244,606	
<b>Indirect Expense</b>	<b>\$3,212,473</b>	<b>2.61%</b>
<b>Total Expenses</b>	<b>\$122,862,866</b>	<b>100.00%</b>

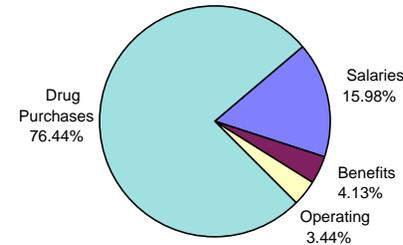
**Chart 3: Total Health Care by Category**



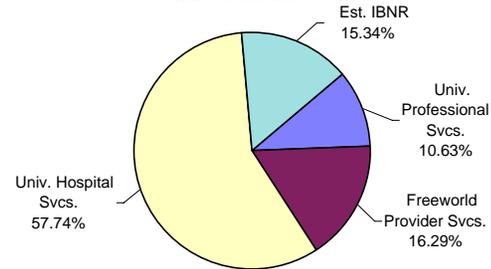
**Chart 4: Onsite Services**



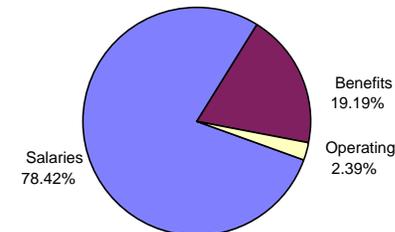
**Chart 5: Pharmacy Services**



**Chart 6: Offsite Services**



**Chart 7: Mental Health Services**



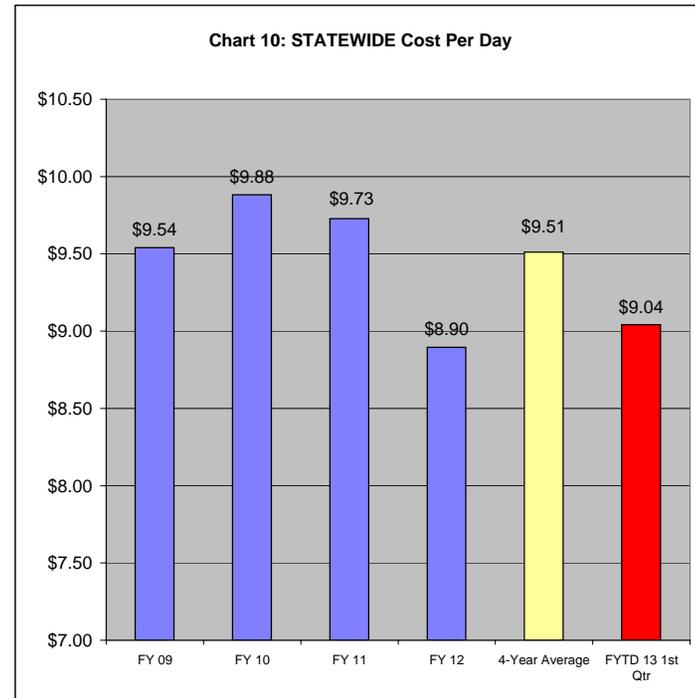
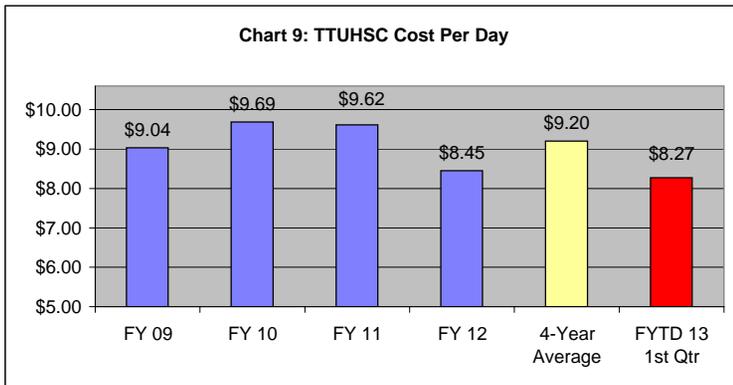
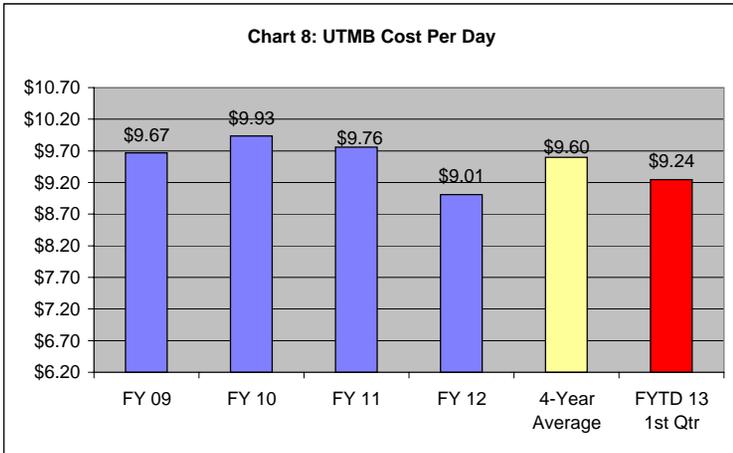
**Table 4a**  
**FY 2013 1st Quarter**  
**UTMB/TTUHSC EXPENSE SUMMARY**

<b>Category</b>	<b>Total Expense</b>	<b>UTMB</b>	<b>TTUHSC</b>	<b>% UTMB</b>
<b>Onsite Services</b>	<b>\$56,947,605</b>	<b>\$46,482,260</b>	<b>\$10,465,345</b>	<b>81.62%</b>
Salaries	\$36,541,037	\$32,027,185	\$4,513,852	
Benefits	\$10,623,976	\$9,534,643	\$1,089,333	
Operating	\$9,782,592	\$4,920,432	\$4,862,160	
<b>Pharmacy Services</b>	<b>\$11,544,785</b>	<b>\$9,135,177</b>	<b>\$2,409,608</b>	<b>79.13%</b>
Salaries	\$1,845,044	\$1,391,241	\$453,803	
Benefits	\$477,342	\$460,879	\$16,463	
Operating	\$397,590	\$328,052	\$69,538	
Drug Purchases	\$8,824,809	\$6,955,005	\$1,869,804	
<b>Offsite Services</b>	<b>\$40,911,146</b>	<b>\$34,154,748</b>	<b>\$6,756,398</b>	<b>83.49%</b>
Univ. Professional Svcs.	\$4,349,363	\$4,099,363	\$250,000	
Freeworld Provider Svcs.	\$6,665,850	\$3,708,057	\$2,957,793	
Univ. Hospital Svcs.	\$23,623,324	\$21,004,426	\$2,618,898	
Est. IBNR	\$6,272,609	\$5,342,902	\$929,707	
<b>Mental Health Services</b>	<b>\$10,246,857</b>	<b>\$7,097,904</b>	<b>\$3,148,953</b>	<b>69.27%</b>
Salaries	\$8,035,391	\$5,558,811	\$2,476,580	
Benefits	\$1,966,860	\$1,357,584	\$609,276	
Operating	\$244,606	\$181,509	\$63,097	
<b>Indirect Expense</b>	<b>\$3,212,473</b>	<b>\$2,426,497</b>	<b>\$785,976</b>	<b>75.53%</b>
<b>Total Expenses</b>	<b>\$122,862,866</b>	<b>\$99,296,586</b>	<b>\$23,566,280</b>	<b>80.82%</b>

**Table 5  
Comparison of Total Health Care Costs**

	FY 09	FY 10	FY 11	FY 12	4-Year Average	FYTD 13 1st Qtr
<b>Population</b>						
UTMB	119,952	120,177	121,417	120,557	120,526	118,040
TTUHSC	30,616	31,048	31,419	31,491	31,144	31,296
<b>Total</b>	<b>150,568</b>	<b>151,225</b>	<b>152,836</b>	<b>152,048</b>	<b>151,669</b>	<b>149,336</b>
<b>Expenses</b>						
UTMB	423,338,812	435,710,000	432,371,801	\$397,606,713	422,256,832	99,296,587
TTUHSC	100,980,726	109,767,882	110,272,668	\$97,426,964	104,612,060	23,566,280
<b>Total</b>	<b>524,319,538</b>	<b>545,477,882</b>	<b>542,644,469</b>	<b>\$495,033,677</b>	<b>526,868,892</b>	<b>122,862,867</b>
<b>Cost/Day</b>						
UTMB	\$9.67	\$9.93	\$9.76	\$9.01	\$9.60	\$9.24
TTUHSC	\$9.04	\$9.69	\$9.62	\$8.45	\$9.20	\$8.27
<b>Total</b>	<b>\$9.54</b>	<b>\$9.88</b>	<b>\$9.73</b>	<b>\$8.90</b>	<b>\$9.51</b>	<b>\$9.04</b>

\* Expenses include all health care costs, including medical, mental health, and benefit costs.  
NOTE: The FY12 calculation has been adjusted from previous reports to correctly account for leap year



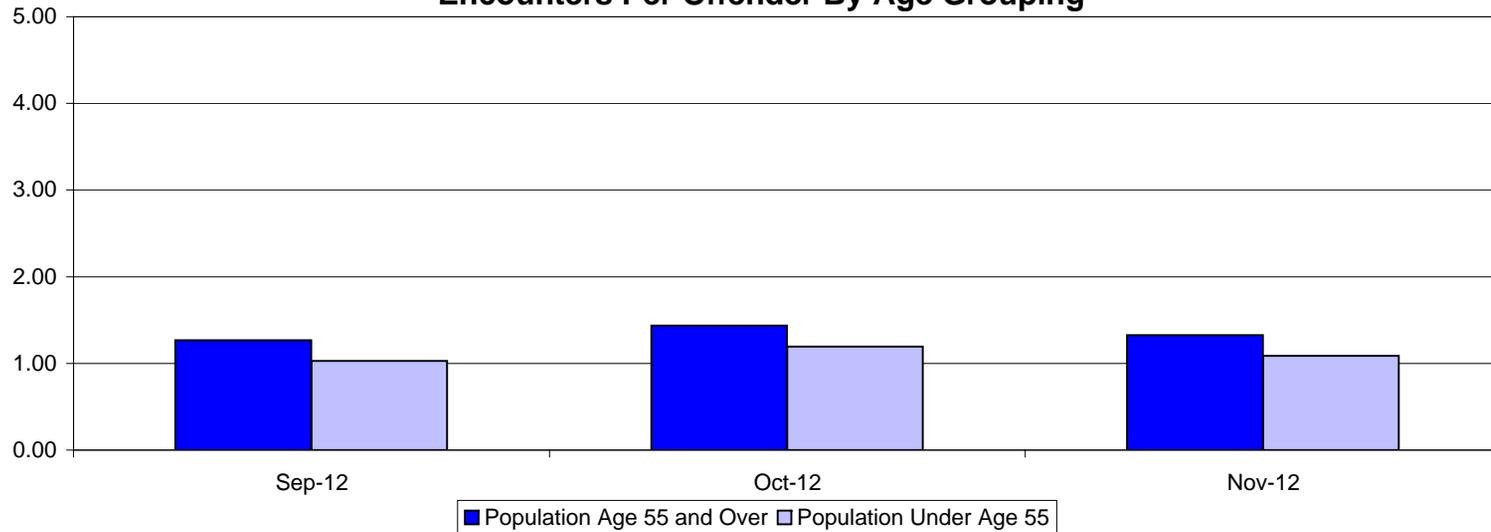
**Table 6**  
**Medical Encounter Statistics\* by Age Grouping**

3

Month	Encounters			Population			Encounters Per Offender		
	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total
Sep-12	14,534	109,750	124,284	11,474	106,583	118,057	1.27	1.03	1.05
Oct-12	16,542	127,203	143,745	11,519	106,402	117,921	1.44	1.20	1.22
Nov-12	15,369	116,025	131,394	11,603	106,537	118,140	1.32	1.09	1.11
Average	15,482	117,659	133,141	11,532	106,508	118,040	1.34	1.10	1.13

\*Detailed data available for **UTMB** Sector only (representing approx. 79% of total population). Includes all medical and dental onsite visits. Excludes mental health visits.  
Note: Previous calculations of Age 55 and Over Encounters were incorrect using 50 and older stats as well as Texas Tech encounter data

**Chart 11**  
**Encounters Per Offender By Age Grouping**

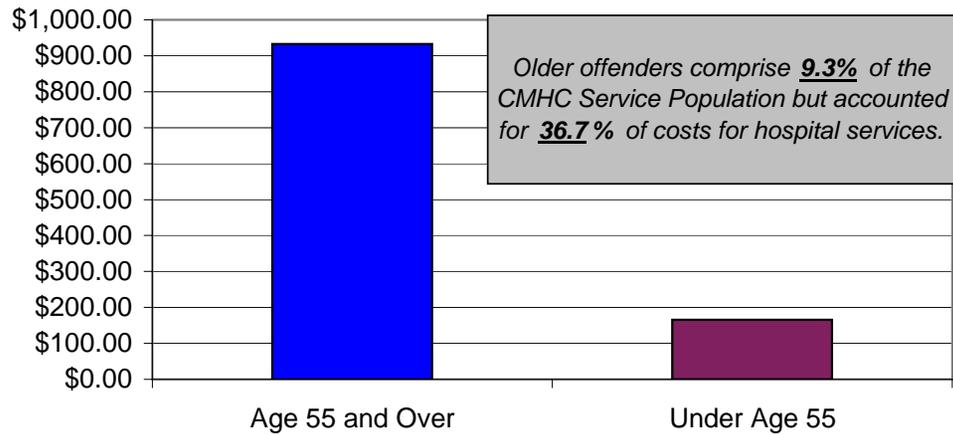


**Table 7**  
**FY 2013 1st Quarter**  
**Offsite Costs\* To Date by Age Grouping**

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$12,992,814	13,931	\$932.68
Under Age 55	\$22,453,051	135,405	\$165.82
<b>Total</b>	<b>\$35,445,865</b>	<b>149,336</b>	<b>\$237.36</b>

*\*Figures represent repricing of customary billed charges received to date for services to institution's actual cost, which includes any discounts and/or capitation arrangements. Repriced charges are compared against entire population to illustrate and compare relative difference in utilization of off site services. Billings have a 60-90 day time lag.*

**Chart 12**  
**Hospital Costs to Date Per Offender**  
**by Age Grouping**

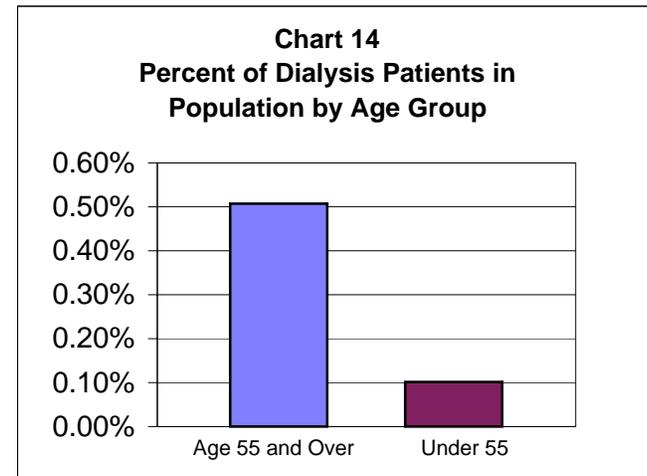
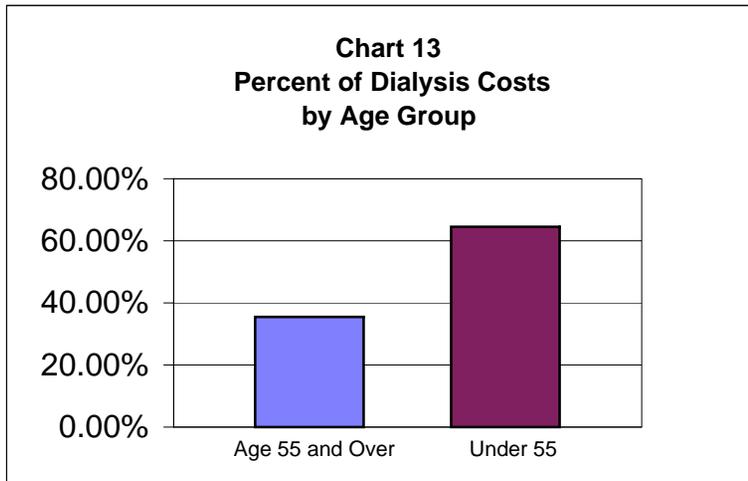


**Table 8  
Through FY 2013 1st Quarter  
Dialysis Costs by Age Grouping**

Age Group	Dialysis Costs	Percent of Costs	Average Population	Percent of Population	Avg Number of Dialysis Patients	Percent of Dialysis Patients in Population
Age 55 and Over	\$422,156	35.50%	13,931	9.33%	71	0.51%
Under Age 55	\$767,003	64.50%	135,405	90.67%	138	0.10%
<b>Total</b>	<b>\$1,189,159</b>	<b>100.00%</b>	<b>149,336</b>	<b>100.00%</b>	<b>208</b>	<b>0.14%</b>

**Projected Avg Cost Per Dialysis Patient Per Year:**

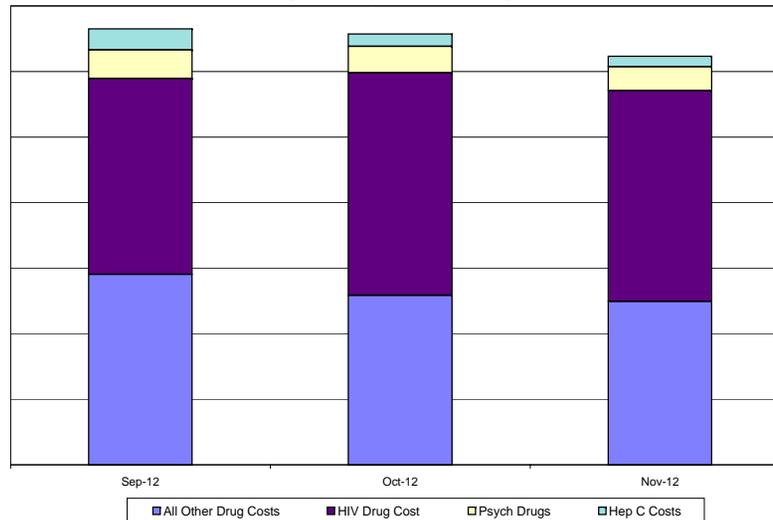
\$22,832



**Table 9**  
**Selected Drug Costs FY 2013**

<b>Category</b>	<b>Sep-12</b>	<b>Oct-12</b>	<b>Nov-12</b>	<b>Total Year-to-Date</b>
<b><i>Total Drug Costs</i></b>	\$3,326,275	\$3,285,979	\$3,116,225	\$9,728,479
<b><i>HIV Medications</i></b>				
HIV Drug Cost	\$1,492,551	\$1,699,668	\$1,606,214	\$4,798,433
HIV Percent of Cost	44.87%	51.72%	51.54%	49.32%
<b><i>Psychiatric Medications</i></b>				
Psych Drug Cost	\$219,039	\$199,757	\$182,056	\$600,852
Psych Percent of Cost	6.59%	6.08%	5.84%	6.18%
<b><i>Hepatitis C Medications</i></b>				
Hep C Drug Cost	\$162,080	\$95,155	\$81,288	\$338,524
Hep C Percent of Cost	4.87%	2.90%	2.61%	3.48%
<b><i>All Other Drug Costs</i></b>	\$1,452,605	\$1,291,398	\$1,246,667	\$3,990,671

**Chart 15**  
**Drug Costs by Selected Categories**



**Table 10  
Ending Balances 1st Qtr FY 2013**

	<b>Beginning Balance September 1, 2012</b>	<b>Net Activity FY 2013</b>	<b>Ending Balance November 30, 2012</b>
CMHCC Operating Funds	\$79,991.45	\$21,625.66	\$101,617.11
CMHCC Unit & Mental Health :	Balances Maintained by TDCJ		Balances Maintained by TDCJ
CMHCC Hospital & Clinic Serv	Balances Maintained by TDCJ		Balances Maintained by TDCJ
CMHCC Pharmacy Health	Balances Maintained by TDCJ		Balances Maintained by TDCJ
<b>Ending Balance All Funds</b>	<b>\$79,991.45</b>	<b>\$21,625.66</b>	<b>\$101,617.11</b>
Funds Lapsed to TDCJ Strategy C.1.7, 12/31	(\$79,991.45)		(\$79,991.45)
<b>Funds After Lapse</b>	<b>\$0.00</b>	<b>\$21,625.66</b>	<b>\$21,625.66</b>

**SUPPORTING DETAIL**

<b>CMHCC Operating Account</b>	
Beginning Balance	\$79,991.45
<b>FY 2012 Funds Lapsed to TDCJ</b>	(\$79,991.45)
<b>Revenue Received</b>	
1st Qtr Payment	\$118,516.00
Interest Earned	\$13.84
<b>Subtotal Revenue</b>	<b>\$118,529.84</b>
<b>Expenses</b>	
Salary & Benefits	(\$87,745.94)
Operating Expenses	(\$9,158.24)
<b>Subtotal Expenses</b>	<b>(\$96,904.18)</b>
<b>Net Activity thru this Qtr</b>	<b>\$21,625.66</b>
<b>Total Fund Balance CMHCC Operating</b>	<b>\$101,617.11</b>

**Summary of Critical Correctional Health Care Personnel Vacancies  
Prepared for the Correctional Managed Health Care Committee**

**As of February 2013**

<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Physician III-Chief Public Health Officer	TDCJ	4/30/11	Changed from F/T to P/T; posting on hold
Director III-Office of Mental Health Monitoring & Liaison	TDCJ	5/31/12	Posted; seeking qualified applicants
Associate Psychologist V-Office of Mental Health Monitoring & Liaison	TDCJ	New	Posted; seeking qualified applicants
Administrative Asst IV-Grievance Investigator, Office of Profess. Standards	TDCJ	02/28/13	2 vacancies; Preparing DM for approval to fill
Associate Psychologist I-Office of Mental Health Monitoring & Liaison	TDCJ	02/01/13	DM to Budget Office for approval to fill
Licensed Vocational Nurse III-Special Monitoring	TDCJ	03/01/13	Preparing DM for approval to fill
Staff Services Officer V- Operational Support	TDCJ	02/28/13	Preparing DM for approval to fill
Investigator II-Patient Liaison Program Beto Unit	TDCJ	12/25/12	Preparing for interviews

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
PAMIO Medical Director	TTUHSC	02/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Staff Psychiatrists	TTUHSC	09/2010	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Medical Director	TTUHSC	07/2012	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Physician I-III	UTMB CMC	12/1/2012	Local and National Advertising, Conferences, Timeline National Recruiting and other agency
Mid Level Practitioners (PA and FNP)	UTMB CMC	12/1/2012	Local and National Advertising, Career Fairs, Conferences, Intern programs with numerous PA schools



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTORS' REPORT***

***First Quarter FY-2013***

***Lannette Linthicum, MD, CCHP-A, FACP***

# TDCJ Medical Directors' Report

## Office of Health Services Monitoring (OHSM)

### Operational Review Audit (ORA)

- During the First Quarter of FY-2013 (September, October, and November 2012), **11** Operational Review Audits (ORAs) were conducted at the following facilities: Byrd, Dalhart, Goree, Halbert, Jester I, Jester III, Jester IV, Mineral Wells Pre Parole Transfer Facility, Plane State Jail, Robertson, and Wynne
- During the First Quarter of FY-2013, **11** ORAs were closed for the following facilities: Billy Moore, Bradshaw State Jail, Coffield, Dalhart, East Texas Treatment Center, Estes, Kyle, Robertson, Sayle, Travis County State Jail, and Woodman State Jail.
- The following is a summary of the 13 items found to be most frequently below 80 percent compliance in the 11 ORAs conducted in the First Quarter FY-2013.
  1. Item **6.040** require offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. Ten of the eleven facilities were not in compliance with this requirement. The ten facilities out of compliance were: Byrd, Dalhart, Halbert, Jester I, Jester III, Jester IV, Mineral Wells Pre Parole Transfer Facility, Plane State Jail, Robertson, and Wynne. Corrective actions were requested from the ten facilities. At the time of this report, three facilities have returned their corrective action plan: Dalhart, Robertson, and Wynne. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Halbert, Jester I, Jester III, Jester IV, Mineral Wells Pre Parole Transfer Facility, and Plane State Jail.
  2. Item **5.250** requires documentation that three Hemocult cards were collected from offenders 40 years of age or greater, or that they refused the screening test, within 60 days of their annual date of incarceration. Nine of the eleven facilities were not in compliance with this requirement. The nine facilities out of compliance were: Byrd, Dalhart, Goree, Jester III, Jester IV, Mineral Wells Pre Parole Transfer Facility, Plane State Jail, Robertson and Wynne. Corrective actions were requested from the nine facilities. At the time of this report, four facilities have returned their corrective action plan: Dalhart, Goree, Robertson, and Wynne. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Halbert, Jester I, Jester III, Jester IV, Mineral Wells Pre Parole Transfer Facility, and Plane State Jail.
  3. Item **6.020** requires offenders with a positive tuberculin skin test be evaluated for active disease or the need for chemoprophylaxis by a physician or mid-level practitioner before initiation of medication. Nine of the eleven facilities were not in compliance with this requirement. The nine facilities out of compliance were: Byrd, Dalhart, Halbert, Jester I, Jester III, Jester IV, Plane State Jail, Robertson, and Wynne. Corrective actions were requested from the nine facilities. At the time of this report, three facilities have returned their corrective action plan: Dalhart, Robertson, and Wynne. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Halbert, Jester I, Jester III, Jester IV, and Plane State Jail.
  4. Item **6.350** requires all Hepatitis C Virus infected patients with AST Platelet Ratio Index (APRI) score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) that do not have a documented contraindication for antiviral therapy be referred to the designated physician, clinic, or be appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway (CMHC Policy B-14.13). Eight of the eleven facilities were not in compliance with this requirement. The eight facilities out of compliance were: Dalhart, Goree, Jester I, Jester III, Mineral Wells Pre Parole Transfer Facility, Plane State Jail, Robertson, and Wynne. Corrective actions were requested from the eight facilities. At the time of this report, four facilities have returned

## Operation Review Audit (ORA) (Continued)

their corrective action plan: Dalhart, Goree, Robertson, and Wynne. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Jester I, Jester III, and Plane State Jail.

5. Item **6.360** requires the provider to document the reason if treatment for Hepatitis C Virus is determined to not be indicated for offenders with chronic Hepatitis C Virus infection. Eight of the eleven facilities were not in compliance with this requirement. The eight facilities out of compliance were: Byrd, Dalhart, Goree, Jester I, Jester III, Plane State Jail, Robertson, and Wynne. Corrective actions were requested from the eight facilities. At the time of this report, four facilities have returned their corrective action plan: Dalhart, Goree, Robertson, and Wynne. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Jester I, Jester III, and Plane State Jail.

6. Item **6.380** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions\*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). Eight of the eleven facilities were not in compliance with this requirement. The eight facilities out of compliance were: Byrd, Dalhart, Halbert, Jester I, Jester III, Plane State Jail, Robertson, and Wynne. Corrective actions were requested from the eight facilities. At the time of this report, three facilities have returned their corrective action plan: Dalhart, Robertson, and Wynne. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Halbert, Jester I, Jester III, and Plane State Jail.

*\*Diseases and conditions for which the pneumococcal vaccine is indicated: heart disease, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Splenic Dysfunction, Anatomic Asplenia, Human Immunodeficiency Virus infection, most cancers, Sickle Cell Disorder, Cirrhosis, alcoholism, Renal Failure, and Cerebral Spinal Fluid leaks. (Note: Asthma is not included unless it is associated with COPD, Emphysema or long-term systemic steroid use).*

7. Item **1.100** requires interpreter services to be arranged and documented in the medical records for monolingual Spanish-speaking offenders. Seven of the eleven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Byrd, Halbert, Jester IV, Mineral Wells Pre Parole Transfer Facility, Plane State Jail, Robertson, and Wynne. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Robertson, and Wynne. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Halbert, Jester IV, Mineral Wells Pre Parole Transfer Facility, and Plane State Jail.

8. Item **5.060** requires offender with diagnoses documented in the medical record that qualify for a special diet included on the Master diet List. Seven of the eleven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Byrd, Dalhart, Goree, Jester III, Plane State Jail, Robertson, and Wynne. Corrective actions were requested from the seven facilities. At the time of this report, four facilities have returned their corrective action plan: Dalhart, Goree, Robertson, and Wynne. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Jester III, and Plane State Jail.

9. Item **5.210** requires an annual physical exam for offenders 50 years of age or greater to be documented in the medical record within 30 days of their annual date of incarceration. Seven of the eleven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Byrd, Dalhart, Jester III, Mineral Wells Pre Parole Transfer Facility, Plane State Jail, Robertson, and Wynne. Corrective actions were requested from the seven facilities. At the time of this report, three facilities have returned their corrective action plan: Dalhart, Robertson, and Wynne. Four facilities are preparing facility specific corrective actions to ensure future compliance: Byrd, Jester III, Mineral Wells Pre Parole Transfer Facility, and Plane State Jail.

## Operation Review Audit (ORA) (Continued)

10. Item **6.010** requires screening for tuberculosis performed on offenders annually at the facility. Seven of the eleven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Dalhart, Halbert, Jester III, Jester IV, Plane State Jail, Robertson and Wynne. Corrective actions were requested from the seven facilities. At the time of this report, three facilities have returned their corrective action plan: Dalhart, Robertson, and Wynne. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Halbert, Jester III, Jester IV, and Plane State Jail.
11. Item **6.080** requires Texas Department of State Health Services Tuberculosis Elimination Division (TB-400) form to be completed for the following offenders receiving Tuberculosis chemoprophylaxis, all TB suspect cases, active TB cases, and upon termination or completion of TB therapy. Seven of the eleven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Byrd, Dalhart, Halbert, Jester III, Plane State Jail, Robertson, and Wynne. Corrective actions were requested from the seven facilities. At the time of this report, three facilities have returned their corrective action plan: Dalhart, Robertson, and Wynne. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Halbert, Jester III, and Plane State Jail.
12. Item **6.370** requires seasonal influenza vaccine offered annually to offenders. Seven of the eleven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Byrd, Dalhart, Jester III, Mineral Wells Pre Parole Transfer Facility, Plane State Jail, Robertson, and Wynne. Corrective actions were requested from the seven facilities. At the time of this report, three facilities have returned their corrective action plan: Dalhart, Robertson, and Wynne. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Jester III, Mineral Wells Pre Parole Transfer Facility, and Plane State Jail.
13. Item **6.450** requires follow-up serologies for Syphilis are obtained after completion of treatment as follows: Primary or Secondary Syphilis and Human Immunodeficiency Virus negative at six and twelve months; Primary and Secondary Syphilis and Human Immunodeficiency Virus positive at three, six, nine, twelve and twenty-four months; Latent Syphilis and Human Immunodeficiency Virus negative at every six, twelve and twenty-four months and Latent Syphilis and Human Immunodeficiency Virus positive at three, six, nine, twelve, eighteen and twenty-four months. Seven of the eleven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Dalhart, Jester I, Jester III, Jester IV, Plane State Jail, Robertson, and Wynne. Corrective actions were requested from the seven facilities. At the time of this report, three facilities have returned their corrective action plan: Dalhart, Robertson, and Wynne. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Jester I, Jester III, Jester IV, and Plane State Jail.

## Capital Assets Monitoring

The Fixed Assets Contract Monitoring Officer audited the same 11 units listed above for Operational Review Audits during the First Quarter of FY-2013. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. **All 11** units were within the required compliance range.

## Dental Quality Review Audit

During the first quarter of FY-2013 (September, October, November), Dental Quality Review audits were conducted at the following five (5) facilities: Boyd, Byrd, Holliday, Polunsky, and Wynne. The following is a summary of the items found to be most frequently below 80 percent.

**Item 1** assesses if charts of incoming (Chain-in) intra-system offender transfers are reviewed by the facility dental department within seven days of arrival. The following five facilities were out of compliance: Boyd, Byrd, Holliday, Polunsky, and Wynne. Corrective Action Requests are pending with all facilities.

## Grievances and Patient Liaison Correspondence

During the First Quarter of FY-2013 (September, October, and November) the Patient Liaison Program (PLP) and the Step II Grievance Program received **3,708** correspondences: The PLP received **1,808** correspondences and Step II Grievance received **1,900** grievances. There were **698** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender grievances closed in the First Quarter FY-2013, for the Step II medical grievances was 11 percent. Performance measure expectation is **six** percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **12** percent and **8** percent for TTUHSC.

Action Requests are generated to address Quality of Care issues, (i.e., clinical decisions, complaints about medical personnel and staff practice issues). Action Requests are also generated to address policy and documentation issues.

## Quality Improvement (QI) Access to Care Audit

The frequency of the Sick Call Request Verification Audits (SCRVA) was changed in the Fourth Quarter of FY-2011. Units with an average composite score of 80 percent or above in each discipline will be audited one time per fiscal year. Those with average composite scores less than 80 percent in a discipline(s) or less than a two year history of scores will have that discipline(s) audited quarterly.

During the First Quarter of FY-2013 (September, October, and November), the Patient Liaison Program nurses and investigators performed 47 Sick Call Request Verification audits on 44 facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits.

The SCRVA examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of 375 indicators were reviewed at the **44 facilities and 19 of the indicators fell below the 80 percent** compliance threshold representing five percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the 47 facilities audited. There were **8** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit OPS staff continued educating the medical staff.

## Office of Public Health

- The Public Health Program monitors cases of infectious diseases in newly incarcerated offenders as well as new cases that occur in the offenders within TDCJ population. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to blood borne pathogens. Year-to-date figures for a disease may differ from the monthly reports totals due to late reporting or to a determination that some previously reported cases fail to meet the criteria to be considered new cases.

**There were 740 cases of Hepatitis C identified** for the First Quarter FY-2013, compared to 802 cases identified during the Fourth Quarter. The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, offender-requested, provider-requested, or pre-release. HIV test became mandatory at intake in July 2007. However, offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within 6 months of an offender's release date. During the First Quarter FY-2013, 18,069 offenders

## Office of Public Health (Continued)

had intake tests, and 123 are newly identified as having HIV infections. For the Fourth Quarter FY-2012, 18,359 offenders had intake tests, and 148 were HIV positive. During the First Quarter FY-2013, 12,385 offenders had pre-release tests; three were HIV positive compared to 7 the Fourth Quarter FY-2012. 23 new AIDS cases were identified during the First Quarter FY-2013, compared to 15 new AIDS cases in the Fourth FY-2012.

- **230 cases of suspected Syphilis** were reported in the First Quarter FY-2013, compared to 194 in the Fourth Quarter in FY-2012. **15 required treatment or retreatment** compared to 27 in the Fourth Quarter FY-2012. Syphilis can take months to identify, these figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.
- **186 Methicillin-Resistant Staphylococcus Aureus (MRSA)** cases were reported for the First Quarter FY-2013, compared to 194 during the Fourth Quarter of FY-2012. 123 Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported compared to 135 for the Fourth Quarter of FY-2013. Numbers of both MRSA and MSSA have been decreasing for the last few years.
- There was an average of **21 Tuberculosis (TB) cases** under management for the First Quarter FY-2012, compared to an average of **19 (TB) cases** for the Fourth Quarter of FY-2012. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the numbers of offenders with TB.
- In FY-2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides in-service training to facility providers and staff in the performance of medical examination, evidence collection and documentation, and the use of sexual assault kits. During the First Quarter FY-2013, in-service was conducted on 12 units with a total of 171 participants in attendance. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 224 chart reviews of alleged sexual assaults performed for the First Quarter FY-2013. **There were no deficiencies were found.** There were **51 blood borne exposure baseline labs drawn** on exposed victims and there were no seroconversions as a result of sexual assault for this quarter.
- During the First Quarter FY-2013, Gurney received a three day training which included the Wall Talk Training. As of the close of the quarter, **100 of the 111 facilities** housing Correctional Institutional Division offenders had active peer education programs. During the First Quarter FY-2013, **95 offenders trained** to become peer educators. This is a decrease from the Fourth Quarter FY-2012. During the First Quarter FY-2013, 19,626 offenders attended classes presented by educators. This is an increase from the Fourth Quarter FY-2012 (i.e. 18,376).

## Mortality and Morbidity

There were 107 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2013. Of those 107 deaths, 9 were referred to peer review committees.

A referral to a peer review committee does not necessarily indicate that substandard care was provided. It is a request for the Correctional Managed Health Care providers to review the case through their respective quality assurance processes. Referrals may also be made to address systemic issues to improve the delivery of health care.

Peer Review Committee	Number of Cases Referred
Provider & Nursing Peer Review	1
Provider Peer Review	4
Nursing Peer Review	4
Mental Health	0
<b>Total</b>	<b>9</b>

## Office of Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring & Liaison during the First Quarter of FY-2013:

- OMH M&L monitors all offenders in Administrative Segregation (Ad Seg) facilities within the TDCJ Correctional Institution Division/State Jails every 6 months. In the First Quarter, **21 Ad Seg facilities** were audited: Allred, Allred ECB, Bradshaw, Clements, Coffield, Cole, Connally, Darrington, Dawson State Jail, Dominguez, Ellis, Hutchins, Lewis, Lopez, McConnell, Mountain View, Polunsky, Powledge, Ramsey, Sanchez, and Wynne. **4,422 offenders were observed, 2,199 of them were interviewed and 7 offenders were referred to the university providers for further evaluation.** Access to Care (ATC) 4 (i.e. timely triage) met 98 percent compliance for the 21 facilities. ATC 5 (i.e. documentation of Sick Call Requests) met 98 percent compliance for the 21 facilities that received Sick Call Requests from offenders in Ad Seg. **All 21 facilities were 99 percent compliant for ATC 6 (i.e. referral from triage).**
- Four inpatient mental health facilities: Clements, Jester IV, Montford, and Skyview were audited to ensure that **all incidents of compelled psychoactive medication documented on the Security Use of Force (UOF) Log, Mental Health Compelled Psychoactive Medication Log, and that the medical records contained documentation of the required criteria for all incidents of compelled psychoactive medication.** All facilities were 100 percent compliant for logging all incidents of compelled psychoactive medication identified in the UOF log in the mental health folder. All four facilities were 100 percent compliant for documenting the required criteria for compelled psychoactive medication in the medical record.
- **All 24 intake facilities were audited to ensure offenders** entering TDCJ with potential mental health needs received a mental health evaluation within 14 days of identification. The intake facilities are: Bartlett State Jail, Baten ISF, Bradshaw State Jail, Byrd Unit, Dominguez State Jail, Formby State Jail, Garza Transfer Facility, Gist State Jail, Glossbrenner SAFPF, Gurney Transfer Facility, Halbert SAFPF, Holliday Transfer Facility, Hutchins State Jail, Jester I SAFPF, Johnston SAFPF, Kyle SAFPF, Lindsey State Jail, Lychner State Jail, Middleton Transfer Facility, Plane State Jail, Sanchez State Jail, Sayle SAFPF, Travis State Jail, and Woodman State Jail. **17 facilities met or exceeded the 80 percent compliance for completing mental health evaluations within 14 days. There were 6 facilities that did not meet 80 percent compliance:** Garza Transfer Facility, Hutchins State Jail, Lindsey State Jail, Plane State Jail, Travis State Jail and Woodman State Jail. Corrective action plans were requested from these 6 units and have been received. The Baten facility transferred the offenders with potential mental health needs before the 14 day time limit for completing a mental health evaluation.
- OMH M&L reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) to determine if there are any mental health issues that preclude participation. In the First Quarter FY-2013, **3 offenders were reviewed and 3 of them** were allowed to participate in BAMBI.

## Office of Health Services Liaison

- The Office of Health Services Liaison (HSL) conducts a random audit of 10 percent of electronic medical records (EMR) of offenders discharged from hospitals and infirmaries in the Texas Tech University Health Science Center (TTUHSC) and the University of Texas Medical Branch (UTMB) sectors. In the First Quarter of FY 2013, **HSL conducted 151 hospital and 58 infirmary discharge audits.**
- Each audit determines if vital signs were recorded on the day the offender left the discharge facility; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a health care member and referred (if applicable) to an appropriate medical provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's electronic medical record within 24 hours of arriving at the unit.
- Of the 151 hospital discharge audits conducted, 134 were from the UTMB Sector and 17 were from the TTUHSC sector. There were 31 deficiencies identified for UTMB and 8 identified for TTUHSC. Of the 32 infirmary discharge audits conducted 25 were from the UTMB sector and 30 were from the TTUHSC sector. **There were 7 deficiencies identified from UTMB and 5 for TTUHSC.**

**Office of Health Services Liaison Utilization Review Audit  
Hospital and Inpatient Facilities Audited with Deficiencies Noted  
First Quarter Report 2013**

Hospital	University	Audits Performed#	Deficiencies Noted	Comments (See Key)
Conroe Regional	UTMB	7	3	A-1; E-2
Coryell Memorial	UTMB	3	3	A-2; C-1*; E-1
ETMC/Tyler	UTMB	2	2	A-2; C-1*; E-1
Hendrick Memorial	TTUHSC	3	1	A-1
Hospital Galveston	UTMB	84	3	C-2*; D-1
Huntsville Memorial	UTMB	22	15	A-3; C-1*; D-1; E-6
Mainland Memorial	UTMB	1	1	A-1
Memorial Hermann/Beaumont	UTMB	3	2	A-2; D-1
Memorial Hermann/Houston	UTMB	1	N/A	N/A
Methodist/Houston	UTMB	1	1	D-1
Methodist/Mansfield	UTMB	1	N/A	N/A
Northwest Texas	TTUHSC	6	2	A-2
Palestine Regional	UTMB	1	N/A	N/A
Parkland Hospital	UTMB	2	N/A	N/A
Scott & White/Temple	UTMB	2	N/A	N/A
St. Joseph's/College Sta.	UTMB	2	N/A	N/A
Sierra Providence	TTUHSC	1	N/A	N/A
Tyler County	UTMB	1	N/A	N/A
United Regional/11 <sup>th</sup> St.	TTUHSC	2	2	A-2
University Medical Center	TTUHSC	5	3	A-3
UT Tyler	UTMB	1	1	A-1

Inpatient Facility	University	Audits Performed#	Deficiencies Noted	Comments (See Key)
Beto	UTMB	8	3	A-2; D-1
Clements	TTUHSC	6	1	A-1
Connally	UTMB	3	1	A-1; C-1*
Estelle	UTMB	2	N/A	N/A
Hughes	UTMB	3	2	A-2
Jester 3	UTMB	2	N/A	N/A
McConnell	UTMB	3	N/A	N/A
Montford	TTUHSC	20	2	A-1; E-1
Polunsky	UTMB	1	1	A-1
Robertson	TTUHSC	6	2	A-1; D-1
Carole Young	UTMB	3	N/A	N/A

#Hospitals and inpatient facilities with no data listed were not selected during this quarter's random audit.

A	On the day the offender left the inpatient facility, were vital signs recorded by the discharging facility?
B	Were the level of medical services available at the receiving facility sufficient to meet the offender's current needs?
C	Was the medical record reviewed by qualified health care staff and referred to an appropriate medical provider (if applicable) on the day of arrival at the unit? (*Units failing to perform chain-in include: Hughes, Goree, McConnell, Powledge and Carole Young.)
D	Did the patient require unscheduled medical care related to the admitting diagnosis within the first seven days after discharge?
E	Was discharge documentation available in the offender's electronic medical record within 24 hours of arriving at the unit?

## **Accreditation**

The American Correctional Accreditation Association (ACA) awarded reaccreditation to the following eight facilities: Havins, Boyd, Hamilton, Pack, Powledge, Tulia and Neal.

## **Biomedical Research Projects**

The following is a summary of current and pending research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services:

- Correctional Institutions Division Active Monthly Research Projects – 30,
- Correctional Institutions Division Pending Monthly Research Projects –7,
- Health Services Division Active Monthly Medical Research Projects – 2, and
- Health Services Division Pending Medical Research Projects – 8.

# **Chronic Kidney Disease: Its Impact and Management in Correctional Health Care**

Dave S. Khurana, M.D.,  
Director of Nephrology & Dialysis  
University of Texas Medical Branch  
Correctional Managed Care

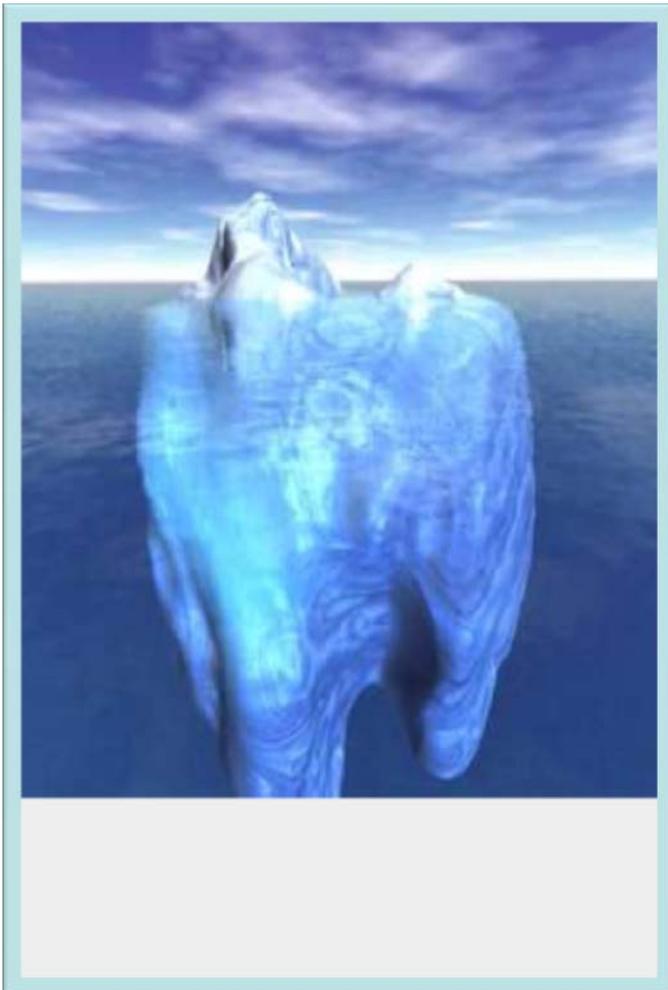
# Burden of CKD

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## Kidney Failure in the U.S.

	2008		2020 Projection
Mortality	88,620	Death rate was 7 times greater in patients $\geq 65$ treated by dialysis than in those in the general population	125,000
Incidence	112,476	Most cases caused by diabetes (44%) or hypertension (28%)	151,000
Prevalence	547,982	Including > 382,000 on dialysis and > 165,000 with a kidney transplant	785,000
Costs	\$20 billion	Represents 5% of total Medicare expenditures	\$54 billion

# Stages of CKD



Stage	Description	GFR	Prevalence
5	Kidney failure	<15	N = .5+ m*
4	Severe decrease in GFR	15-29	N = .7 m**
3	Moderate decrease in GFR	30-59	N = 15.5 m**
2	Kidney damage with mild decrease in GFR	60-89	N = 6.55 m**
1	Kidney damage with normal or increased GFR	≥90	N = 3.6 m**

# ESRD in TDCJ

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## ➤ **FY 2010**

- 196 patients provided dialysis care
- Average 164 patients per month (current capacity 172)
- Average cost per patient \$23,044 per year
- \$4.5 million total
- Cost per day dialysis patient \$63.13 (\$9.88 per patient per day non-dialysis)

# How Are We Addressing This Issue?

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## ➤ Early treatment makes a difference!

*Treatment at an early stage can add 2 or more years of ESRD-free survival.*

*According to the National Kidney Foundation, 70% of all cases of kidney failure could have been prevented or delayed with early detection and treatment.*

# How Are We Addressing This Issue?

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- Education & awareness
  - Providers
  - Patients
- Multi-disciplinary approach to treatment
- Prevention of progression
  - Clinical pharmacist managed CKD clinic
  - Target diabetes & hypertension
- Timely consultation & referral to nephrology

# Establishing Pharmacist CKD Clinics

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1. Medical Director & Nephrology support and consultation
2. Pharmacist training
3. Patient identification
4. Protocol development & establishment of treatment goals
5. Standardized clinic note
6. Clinic referral process

# Pharmacist Training

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- Assigned topics for review & discussion
  - Topics based on KDOQI Guidelines and current pertinent literature
  - Facilitated by clinical pharmacist
  - Director of Dialysis participation in group learning sessions
- Ongoing roundtable patient case studies with nephrologist

# Patient Selection

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## STAGES OF CHRONIC KIDNEY DISEASE

Stage	Description	GFR Level
Normal kidney function	Healthy kidneys	90 mL/min or more
Stage 1	Kidney damage with normal or high GFR	90 mL/min or more
Stage 2	Kidney damage and mild decrease in GFR	60 to 89 mL/min
Stage 3	Moderate decrease in GFR	30-59 mL/min
Stage 4	Severe decrease in GFR	15 to 29 mL/min
Stage 5	Kidney Failure	< 15 mL/min or on dialysis

# Patient Population

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Patient Demographics	
Total Patient GFR 26-47	309
Age Range	21-86
Average Age	57
Male	269 (87%)
Female	40 (13%)
African American	106 (34%)
Hispanic	52 (17%)
White	141 (46%)
Hypertension	247 (80%)
Diabetes	107 (35%)
Average GFR	40 mL/min

# Legal Requirements

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- Texas Administrative Code
  - Title 22, Part 15, Rule 295.13 - Drug Therapy Management (DTM) by a Pharmacist under Written Protocol of a Physician
- Texas Medical Practice Act
  - Title 3, Subtitle B, Chapter 157 – Authority of Physicians to Delegate Certain Medical Acts

# Treatment Goals

Treatment Goals	Monitoring Frequency	At Goal? (Y/N)	Action Plan
BP < 130/80 mmHg	Each visit		
A1c <7%	Every 3-6 months DM		
LDL <100 mg/dL	Annually		
CO2 $\geq$ 20 mmol/L	Annually (S3) Every 3 months (S4)		
PO4 2.7-4.6 mg/dL	Annually* (S3) Every 3 months* (S4)		
Ca 8.4-9.4 mg/dL (corrected)	Annually* (S3) Every 3 months* (S4)		
Ca x PO4 < 55	Annually* (S3) Every 3 months* (S4)		

\*More frequent if receiving concomitant therapy for abnormality in PTH, Ca or PO4.

S3 = CKD Stage 3; S4 = CKD Stage 4

# Treatment Goals

Treatment Goals	Monitoring Frequency	At Goal? (Y/N)	Action Plan
PTH 35-70 or (3) PTH 70-110 (4)	Annually* (S3) Every 3 months* (S4)		
Spot Urine Protein- to-Creatinine (Monitor trend)	Every 3 months		
Hb 11-12 mg/dL	At least annually if no ESA therapy At least monthly if on ESA therapy		
Ferritin > 100ng/mL & Tsat > 20%	Monthly during initial ESA therapy then at least every 3 months		
Potassium 3.5-5.0	At least every 3 months		

\*More frequent if receiving concomitant therapy for abnormality in PTH, Ca or PO4.  
S3 = CKD Stage 3; S4 = CKD Stage 4

# Leveraging Technology to Better Managed ESRD Patients

- UTMB-CMC has a fully functional Electronic Medical Record (EMR).
- All UTMB-CMC dialysis machines were replaced in August 2011 with new machines that could be interfaced with the existing EMR system.
- UTMB-CMC upgraded its version of the EMR software to Pearl 7 so that programming enhancements could be realized.
- The UTMB-CMC ESRD Team collaborated with IT Team to develop and implement a project plan to transition many paper driven quality control activities to automated reports generated by the EMR.

# Electronic Charting and Data

- Electronic process captures data and prompts staff to complete required documentation.
- At end of session, flowsheets load to the correct medical record.
- Hours of manually capturing/calculating data has shifted to patient care, staff training, and expanded analytics.
- Many data elements are stored in EMR tables allowing reports previously done by manual audits.
- Medication administration interfaces with pharmacy operations.
- Special HD Reports provide patient demographics, duration and vascular access for each session.
- Special Lab Reports pull HD labs for prior 60 days, reducing manual lookup in medical charts.
- Allows identification of patients treated on specific machines.

# HD Summary Reports

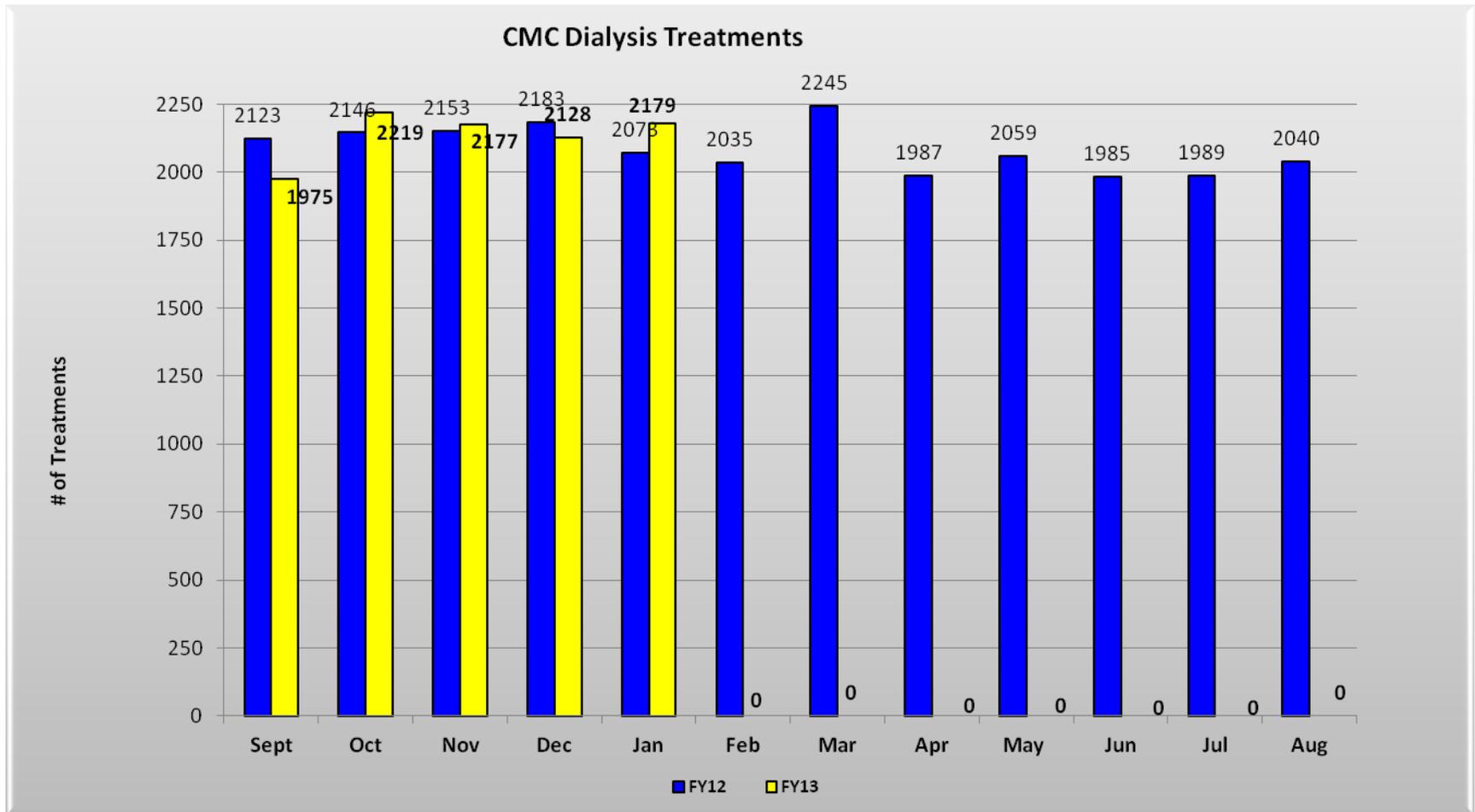
## UTMB CMC Hemodialysis QAPI FY2013 Summary Report

2/27/2013

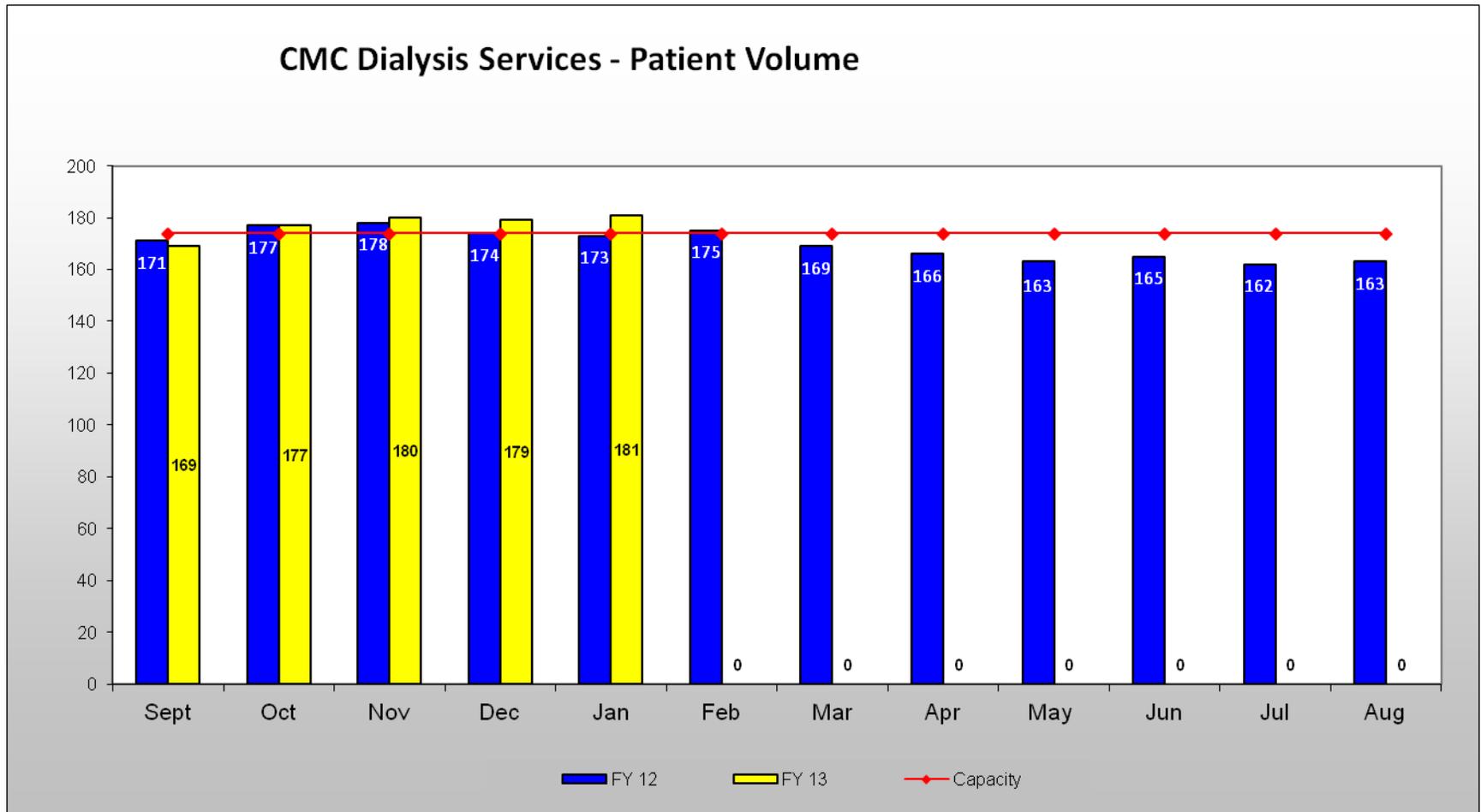
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	2012-09	2012-10	2012-11	2012-12	2013-01	2013-02	2013-03	2013-04	2013-05	2013-06	2013-07	2013-08	FY 2013
<b>Males Patients</b>	163	171	173	172	174	0	0	0	0	0	0	0	2052
<b>Females Patients</b>	6	6	6	6	6	0	0	0	0	0	0	0	58
<b>Total Patients</b>	169	177	180	179	181	0	0	0	0	0	0	0	2120
<b>New Pt - New Initiate</b>	3	9	5	4	5	0	0	0	0	0	0	0	26
<b>New Pt - Existing Dialysis</b>	3	4	1	4	3	0	0	0	0	0	0	0	15
<b>New Pt - County Intakes</b>	0	1	1	0	0	0	0	0	0	0	0	0	2
<b>New Patients - Total</b>	6	14	7	8	8	0	0	0	0	0	0	0	43
<b>AVF</b>													
<b>AVG</b>													
<b>PERMCATH</b>													
<b>Trans/Temp</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Transferred</b>	3	0	5	0	0	0	0	0	0	0	0	0	10
<b>TDCJ Release</b>	2	4	3	4	4	0	0	0	0	0	0	0	17
<b>DC Restored Function</b>	0	0	0	0	1	0	0	0	0	0	0	0	1
<b>TRF Between Facilities</b>	0	4	0	4	1	0	0	0	0	0	0	0	9
<b>Deceased</b>	0	0	1	0	5	0	0	0	0	0	0	0	7
<b>Hospitalization</b>													
<b>Access Related</b>	2	4	2	7	5								20
<b>HD Related</b>	3	1	3	2	2								11
<b>Non-HD Related</b>	11	11	13	9	13								57
<b>Dialysis Documentation</b>													
<b>Electronic Sessions</b>		7	593	1859	2098								4557
<b>AVF</b>		6	404	1182	1291								2883
<b>AVG</b>		1	89	211	271								572
<b>PERMCATH</b>			98	469	533								1100
<b>Scanned Sessions</b>	1975	2212	1584	269	81								6121
<b>Total Sessions</b>	1975	2219	2177	2128	2179								10678
<b>PATIENTS &gt;55</b>													
<b>Male - # Patients</b>	60	64	66	67	67	62	0	0	0	0	0	0	386
<b>Male - # Treatments</b>	706	801	796	794	773								3870
<b>Male - Total Treatments</b>	1909	2145	2096	2045	2097								10292
<b>Male - % Treatments</b>	37.38%	36.93%	37.02%	38.83%	36.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	37.37%
<b>Female - # Patients</b>	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Female - # Treatments</b>													
<b>Female - Total Treatments</b>	66	74	77	70	64								351
<b>Female - % Treatments</b>	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

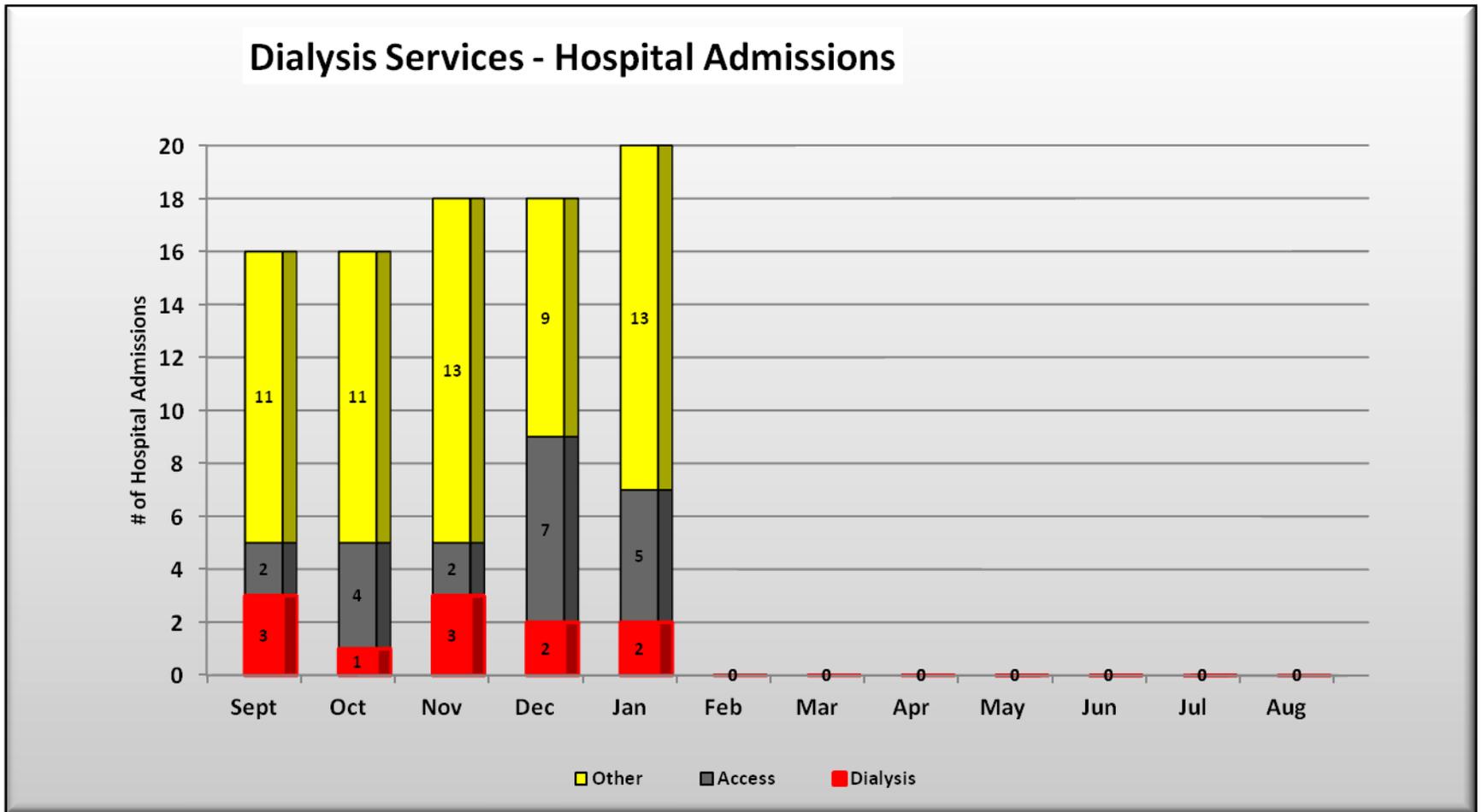
# CMC Dialysis Treatments



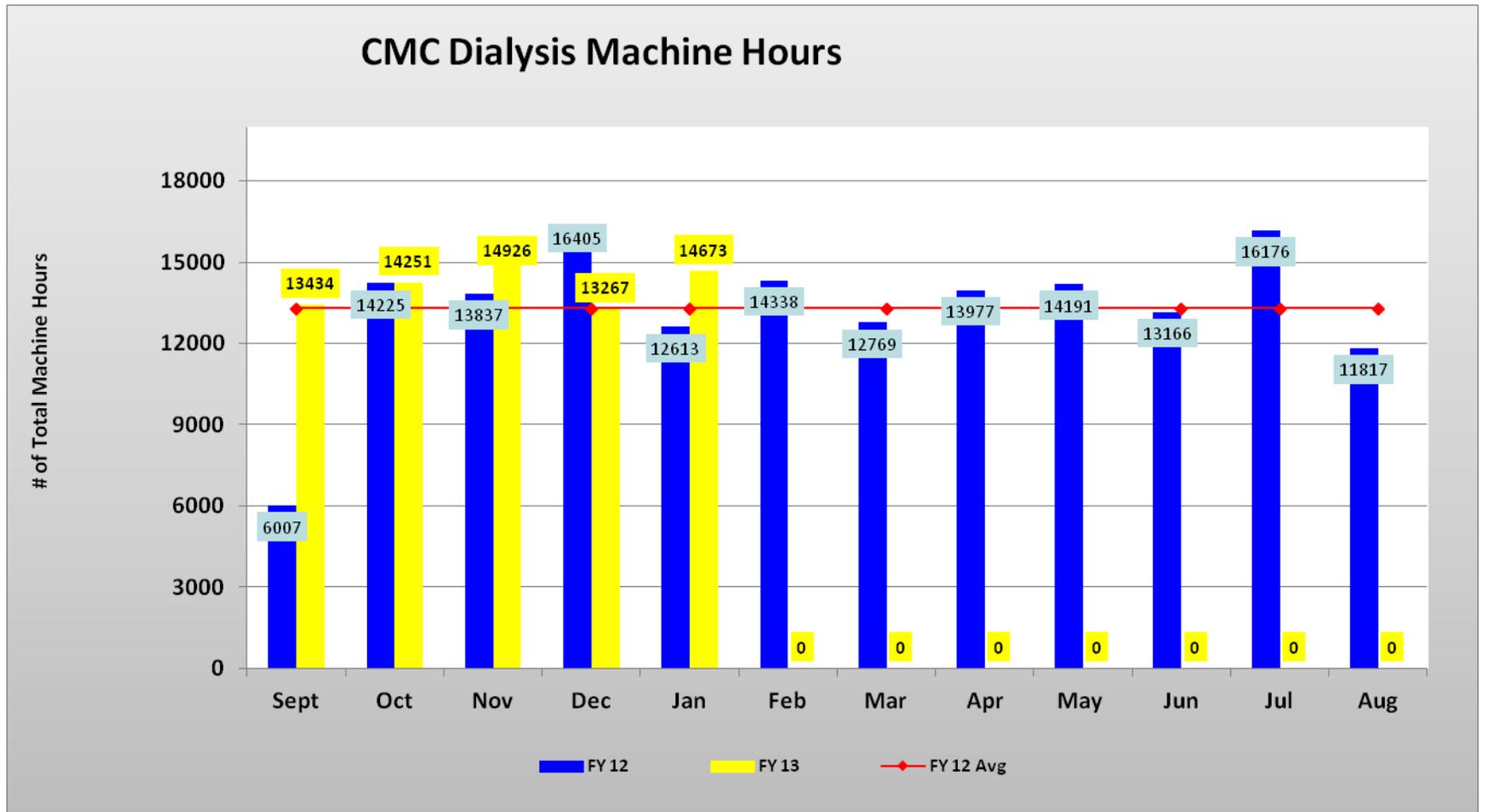
# CMC Dialysis Patient Volume



# Hospital Admissions



# Dialysis Machine Hours





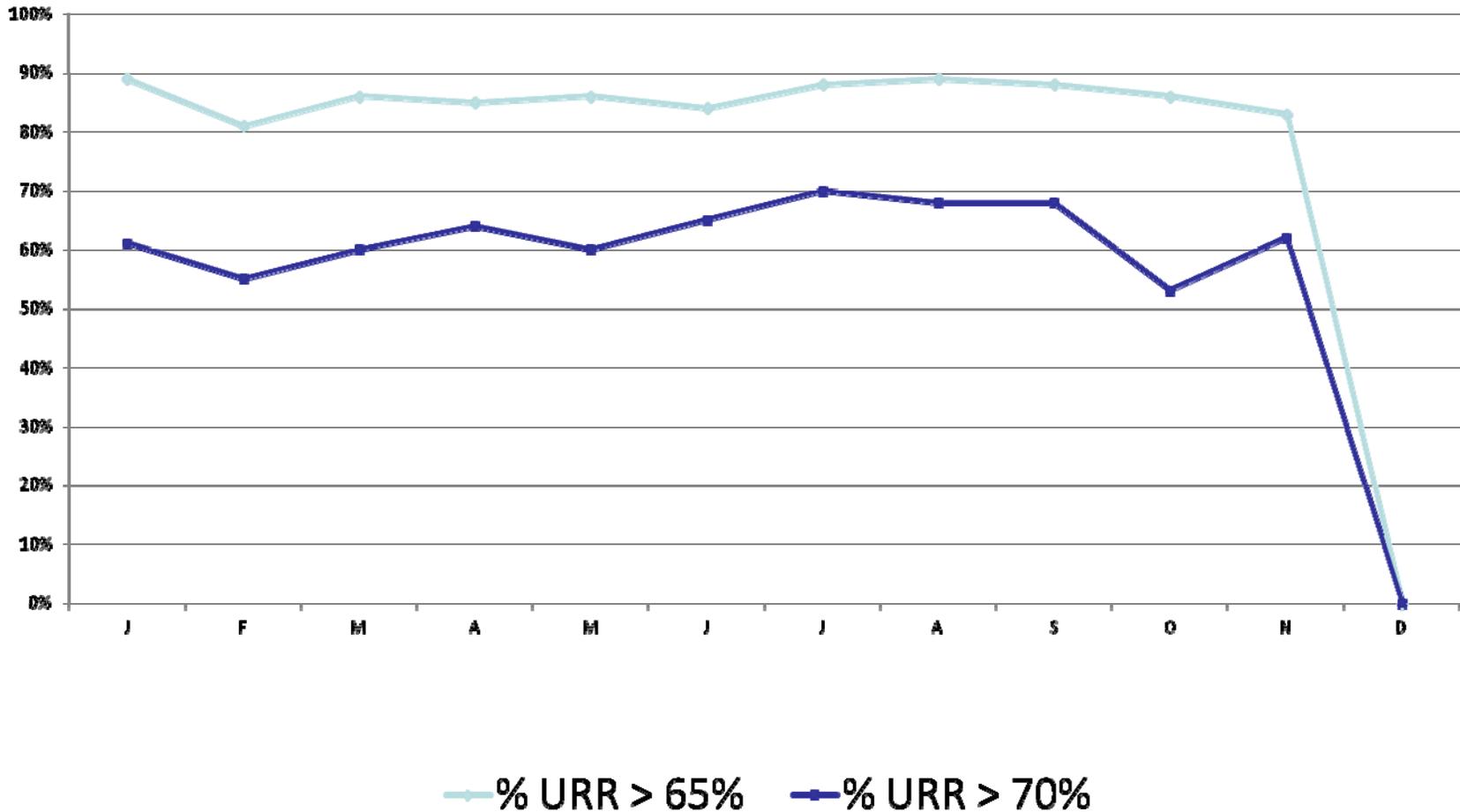
# Manual Lab Data Collection

DIALYSIS LAB RESULTS  
M-W-F 1ST SHIFT

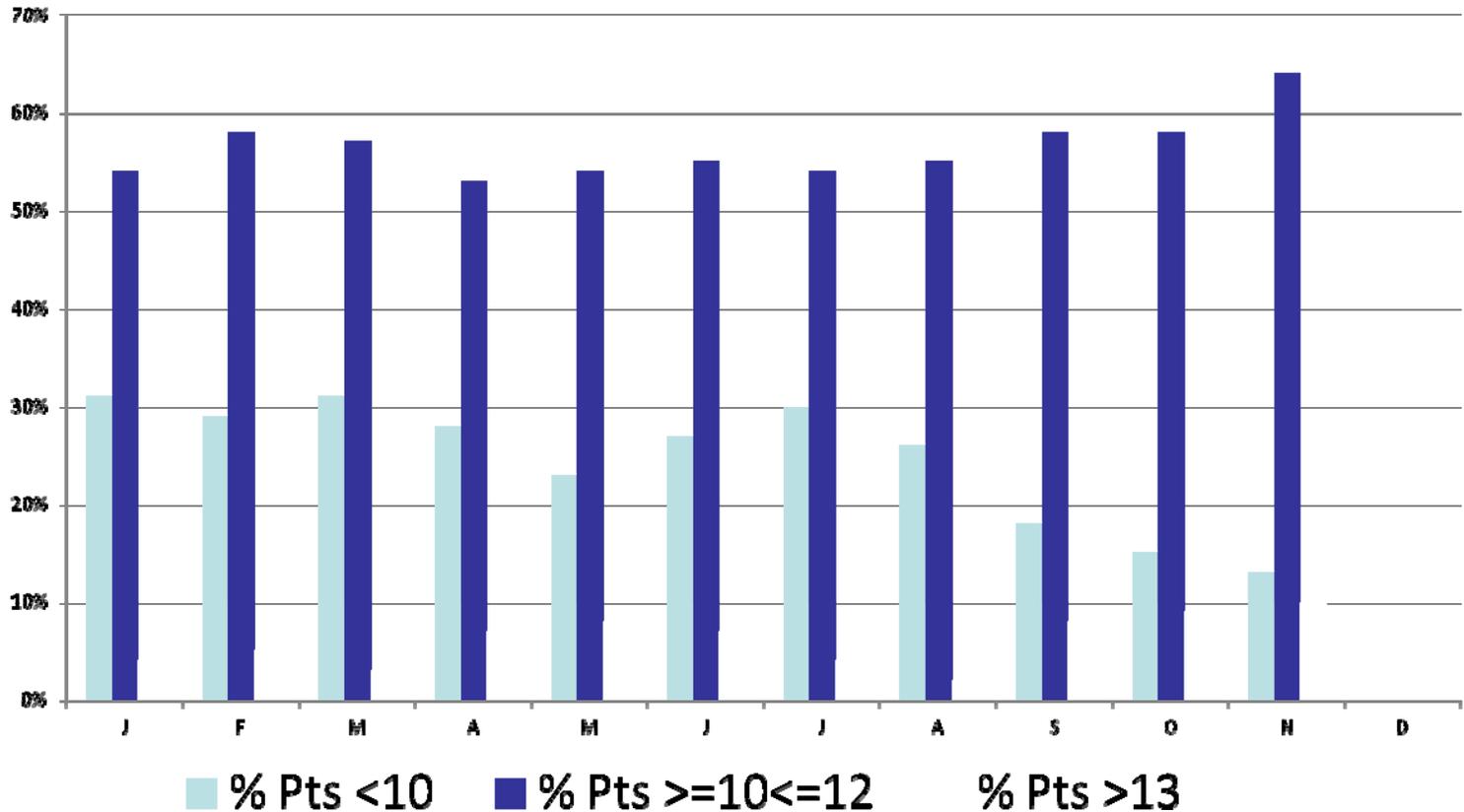
MONTHLY  
FEB 6, 2013

A	B	C	D	E	F	G	H	I	J	K	L	M	
1	TDCJ #	Last, First Name	URR	HGB	K	PHOS	CA	PTH	ALB	CO2	GLU	FERR	IRON %SAT
2			78	10.9	5.3	5.2	9.8	1196	3.8	23	81		
3			74	12.9	4.6	6.1	9.1	738	4.0	25	92		
4			75	11.8	4.9	5.7	10.3	774	4.5	23	89		
5			64	12.5	4.9	5.1	9.8	272	4.2	19	95		
6			82	11.7	5.2	3.1	9.6	89	4.5	25	111		
7			76	11.5	5.0	4.4	9.7	481	4.1	25	84		
8			76	11.1	4.5	6.1	8.7	376	3.4	21	104		
9			74	10.4	4.6	3.8	8.9	364	3.6	19	97		
10			79	11.4	4.2	5.4	9.0	212	3.5	20	176		
11			75	11.4	4.9	5.7	9.8	239	4.4	23	96		
12			76	11.1	3.9	4.1	8.7	226	4.0	22	121		
13			79	11.9	4.5	4.8	9.6	590	3.7	25	112		
14			67	11.9	4.6	4.1	9.6	274	3.9	24	94		
15			68	11.2	3.8	4.4	9.1	185	3.4	26	175		
16			75	10.0	4.3	5.0	8.9	382	3.9	27	87		
17			75	10.0	3.3	4.7	9.2	205	3.7	26	108		
18			76	10.1	5.0	6.1	9.2	339	3.6	27	163		
19			78	11.6	3.3	4.0	8.9	195	4.5	23	184		
20			65	11.2	4.5	4.0	7.8	290	3.9	25	159		
21			76	12.4	4.4	4.1	10.4	560	4.7	20	93		
22			76	8.3	5.2	3.7	10.8	926	4.1	22	119		
23			78	10.8	4.6	5.1	10.8	1083	4.6	17	92		
24			82	10.9	4.7	5.2	9.1	311	4.0	23	90		
25			74	12.2	7.1	6.0	9.7	311	4.3	21	82		
26			79	10.1	5.3	3.4	9.0	138	4.1	25	247		
27			82	11.6	5.4	4.9	9.6	222	4.0	18	90		
28			64	8.3	3.7	1.3	7.6	60	1.9	34	150		
29			71	11.7	4.3	5.4	9.6	3062	3.9	21	74		
30													
31													
32													

# Previous Laboratory Analysis (URR % Pts >65% and >70%)



# Previous Laboratory Analysis (Hemoglobin: % of Pts <10, >=12, and >13)



# Patient Summary

## Manually Loaded Excel

## Database Generated

2013 MONTHLY PROGRESS NOTES - HD

PATIENT NAME: \_\_\_\_\_  
 TDGJ # \_\_\_\_\_  
 PHYSICIAN: **Dr. Dave Khurana**      DOB: \_\_\_\_\_      SEX: \_\_\_\_\_      SHIFT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**DIABETIC:** \_\_\_\_\_

Nutrition	Jan	Mid Jan	Feb	Mid Feb	Mar	Mid Mar	Apr	Mid Apr	May	Mid May	Jun	Mid Jun
DRY WEIGHT												
ALBUMIN (> 3.8)												
NUTR. SUPPLEMENT												
<b>Dialysis Adequacy</b>												
URRV (>70)												
Kt/V (>1.2) (DB>1.4)												
<b>Bone Integrity</b>												
CALCIUM (8.4-10.2)												
PHOSPHORUS (3.5-5.5)												
CA/PHOS PROD(>70)												
cCALCIUM (8.4-9.5)												
iPTH(150-600)												
CO2 (20-32)												
PHOSPHORUS BINDER												
CALCIUM SUPPLEMENT												
VITAMIN D												
<b>Anemia</b>												
HEMOGLOBIN(10-11)												
% SATURATION (25-50)												
FERRITIN (100-800)												
EPO DOSE												
IRON DOSE (VENOFER)												
<b>Metabolic/Lipids</b>												
POTASSIUM(3.5-5.5)												
POTASSIUM MEDS												
CHOLESTEROL (<240)												
CHOLESTEROL MEDS												
<b>Special Labs</b>												
HEMOGLOBIN A1C (4.8-7.0)												
GLUCOSE												
MAGNESIUM (1.6-2.5)												
CREATININE												

2/27/2013, 12:13 PM, C:\Documents and Settings\jwblack\Local Settings\Temporary Internet Files\Content.Outlook\1B12FEJ0\1 Patient Lab Results-A Master Sheet

### FY 2013 Patient Summary Report

Sunday, February 17, 2013

Status: Active      HD Category: \_\_\_\_\_      Security: \_\_\_\_\_  
 Last Name: \_\_\_\_\_      HD Active Date: \_\_\_\_\_      EST REL: \_\_\_\_\_  
 First Name: \_\_\_\_\_      Active Access: \_\_\_\_\_      MAX REL: \_\_\_\_\_  
 TDCJ: \_\_\_\_\_      SID: \_\_\_\_\_      Arrive From: \_\_\_\_\_       EMR585       EMR V42.0  
 DOB: \_\_\_\_\_      Age: \_\_\_\_\_      HD Inactive Date: \_\_\_\_\_       EMR587       EMR586  
 UOA: E2      Gender: \_\_\_\_\_      Race: \_\_\_\_\_      SHIFT: \_\_\_\_\_      M-W-F-2ND SHIFT       Inf Pt       TRANSPLANT  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
 LABS      URR      Hgb      K      PHOS      CA      PTH      ALB      CO2      GLU      IRON/SAT      CHOL

2012-09	71	11.1	3.7	4.6	9.5	613	4.3	26	120		
2012-10	72	11.4	4.7	4.2	10.1	216	4	23	102	51	
2012-11	73	11.2	4.3	7.4	8.9	775	3.9	23	128		
2012-12	74	10.7	4.7	6	9.2	514	4.1	23	108		
2013-01	76	11.1	5	5.5	9.9	514	4	20	106	52	
2013-02											
2013-03											
2013-04											
2013-05											
2013-06											
2013-07											
2013-08											

Date	Flow-E	Flow-M	AVF	AVG	PERMCATH	HOSP-A	HOSP-HD	HOSP-NHD	No Show	REFUSE	REFUSE-S	PT CHG
2012-09			9								1	
2012-10			11								2	
2012-11	3		8			3					1	
2012-12	10		2			10					1	
2013-01	10					10					1	
2013-02												
2013-03												
2013-04												
2013-05												
2013-06												
2013-07												
2013-08												

Date	Comment	Data Source
9/10/2012	HOSP 9-10-12 to 9-19-12 - anemia, hypoglycemia (NHD)	Roster
10/11/2012	HOSP 10-11-12 to 10-13-12 - asymptomatic anemia atrial anglocytosis /GI bleed (NHD)	Roster
10/22/2012	HOSP 10-22-12 to 10-26-12 - Cecal CA s/p Bowel Resection R Hemicolectomy (NHD)	Roster
11/7/2012	HOSP 11-7-12 to 11-12-12 - Low H&H (NHD)	Roster
12/14/2012	HOSP 12-14-12 to 12-16-12 - Anemia (NHD)	Roster
1/21/2013	HOSP 1-21-13 to 1-25-13 - Hgb 4.4 (NHD)	Roster

# Summary

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- CKD is a growing public health problem
- Resources are limited
- Recognition of who is at risk
- Provide early intervention

# References

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The data reported here have been supplied by the United States Renal Data System (USRDS). The interpretation and reporting of these data are the responsibility of the author(s) and in no way should be seen as an official policy or interpretation of the U.S. government.

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**Key Statistics Dashboard**

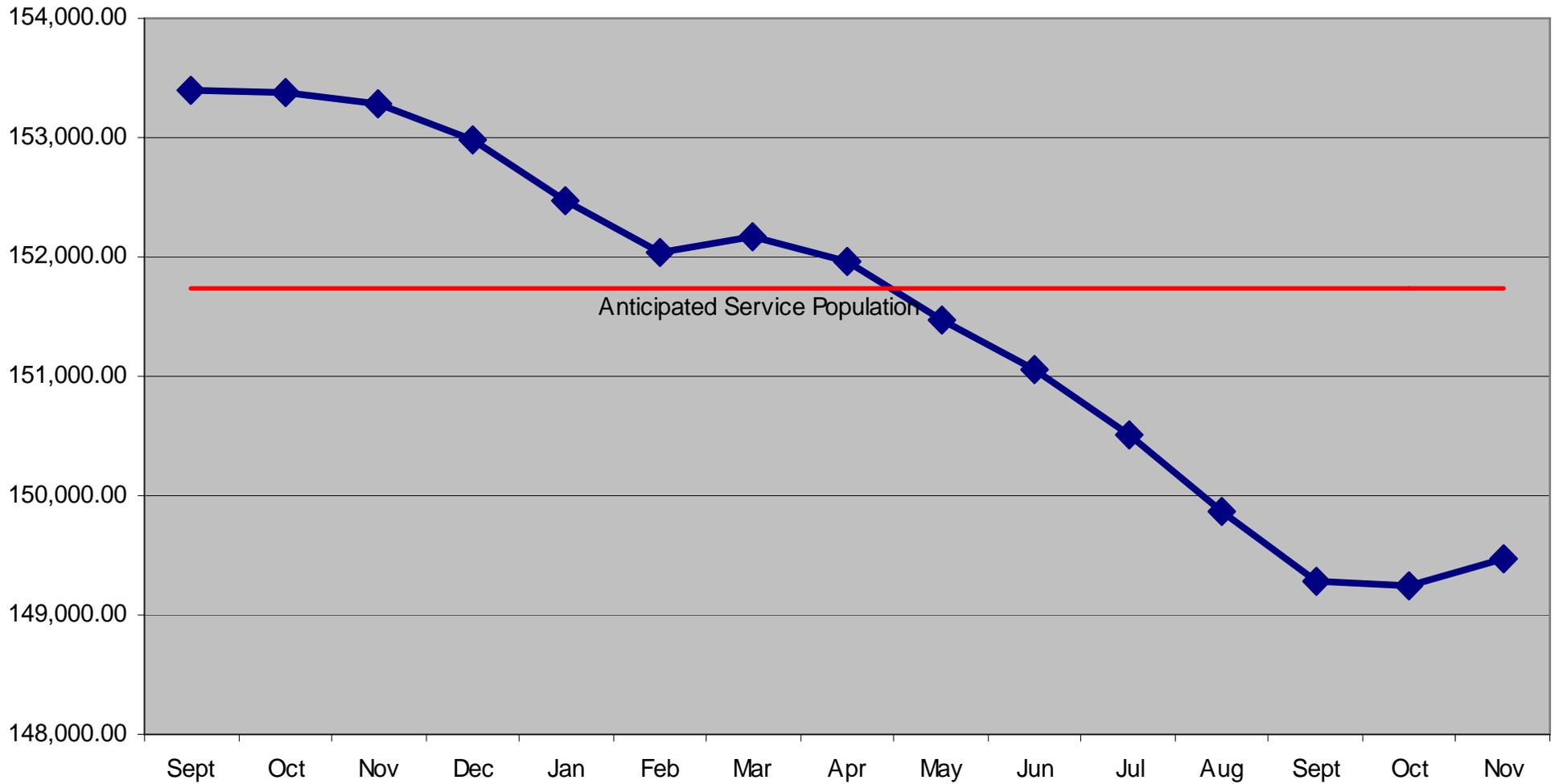
**March, 2013**

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## CMHC Service Population FY 2012-2013 to Date



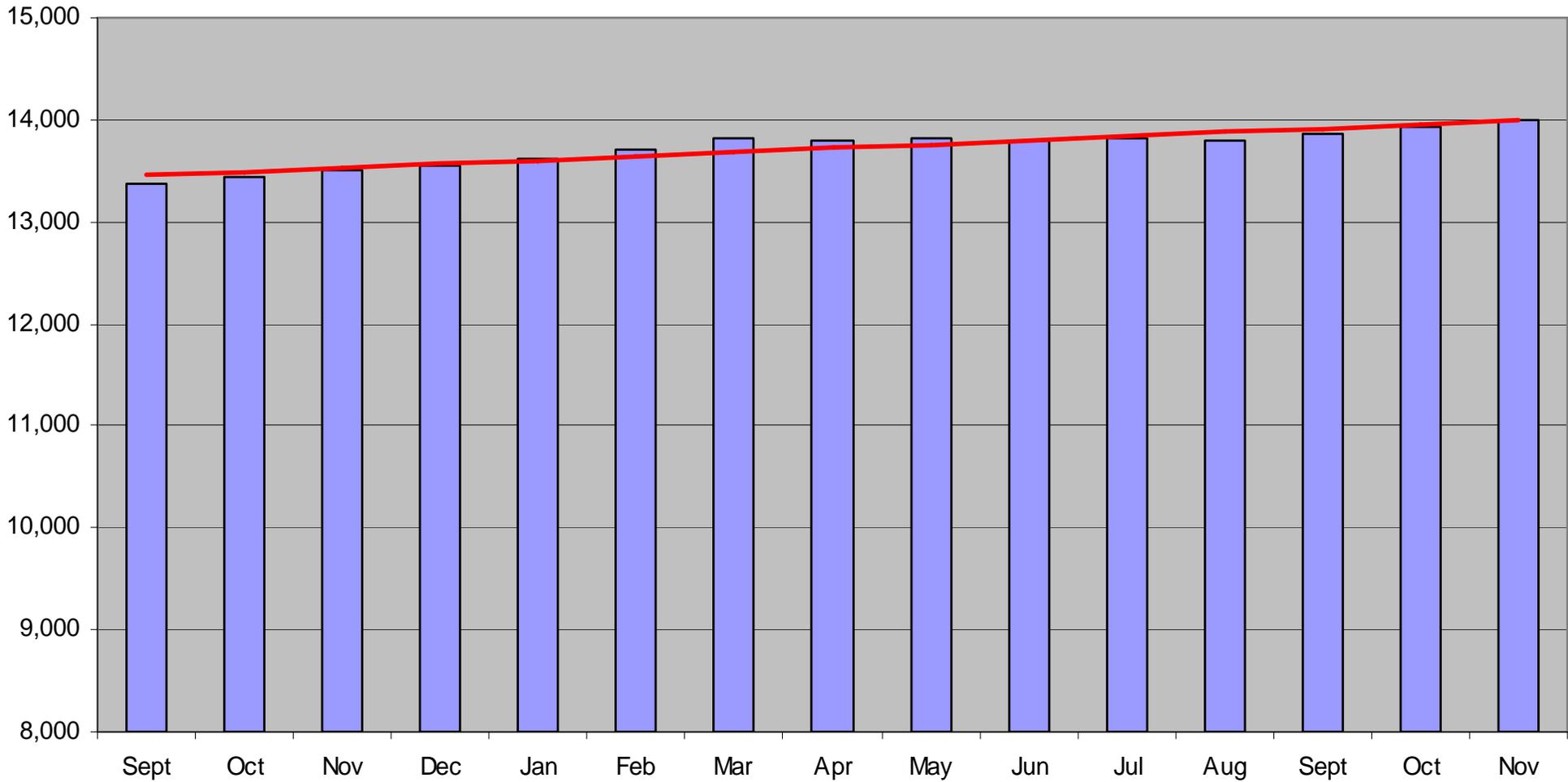
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## Offenders Age 55+ FY 2012-2013 to Date



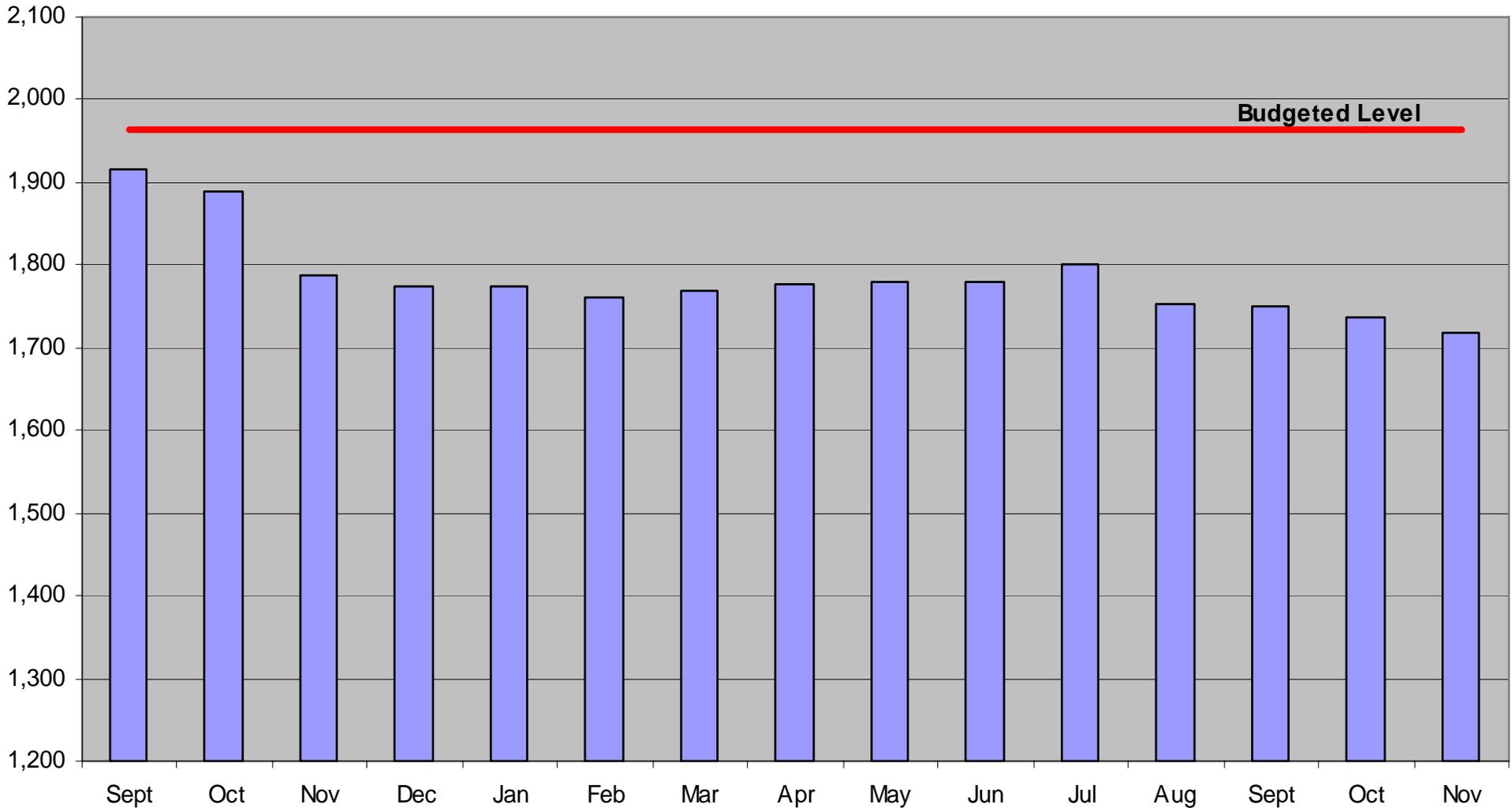
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# Psychiatric Inpatient Census



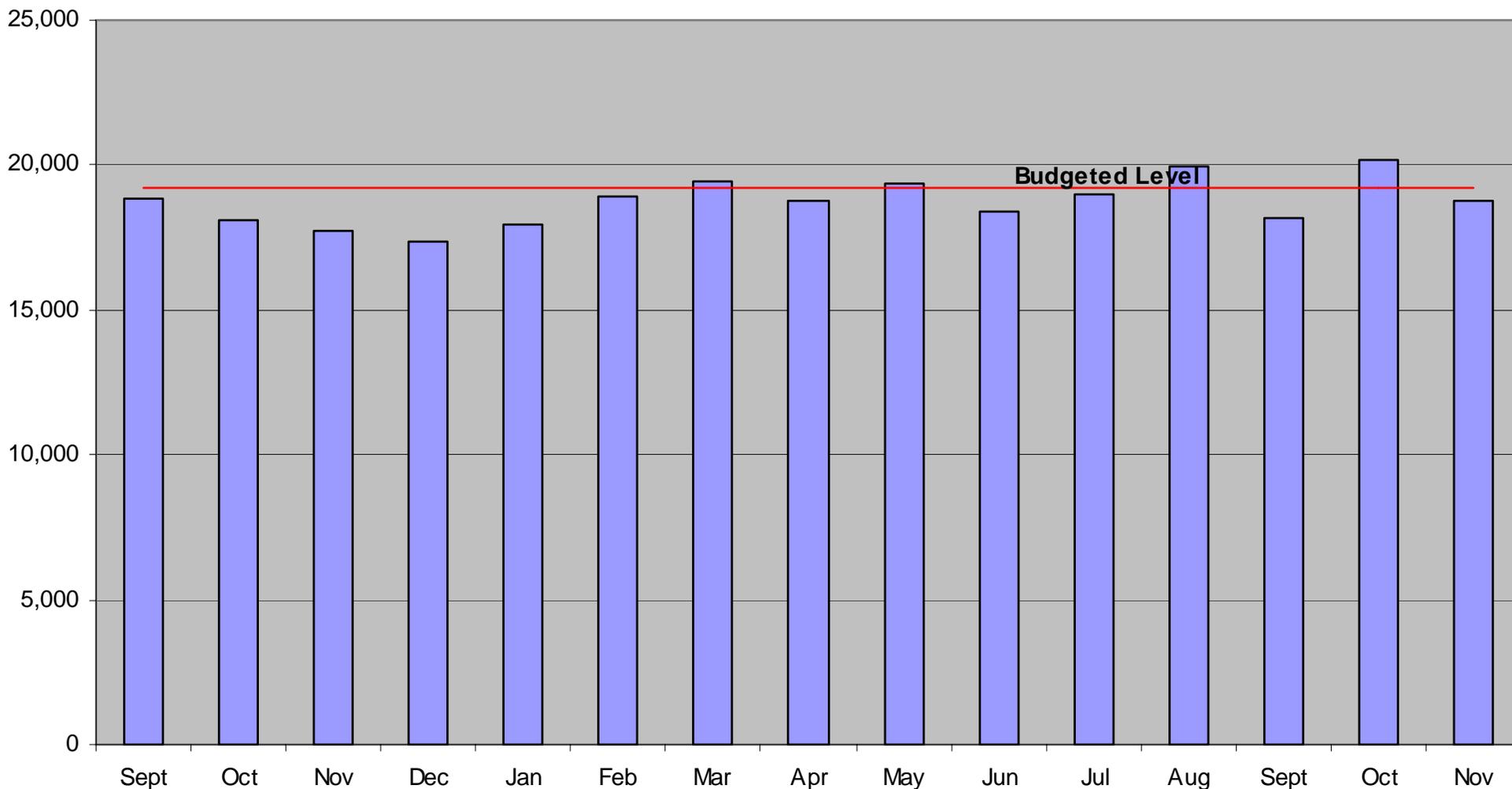
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# Psychiatric Outpatient Census



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## TDCJ MENTAL HEALTH CENSUS BY GENDER

September-12 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	498.73			447.00	48.00
JESTER IV	486.40			478.00	10.00
MT. VIEW	16.00				16.00
GATESVILLE (Valley)			96.63		97.00
HODGE			608.77	609.00	
CASELOAD		14,566.00		2,816.00	11,750.00
MONTFORD PSYCHIATRIC	505.00			505.00	
PAMIO	252.00			252.00	
CASELOAD - TTUHSC		3,520.00		3,520.00	
	1,758.13	18,086.00	705.40		

October-12 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	506.87			451.00	55.00
JESTER IV	492.71			479.00	12.00
MT. VIEW	16.00				16.00
GATESVILLE (Valley)			96.52		97.00
HODGE			597.16	597.00	
CASELOAD		16,085.00		12,870.00	3,215.00
MONTFORD PSYCHIATRIC	472.00			472.00	
PAMIO	249.00			249.00	
CASELOAD - TTUHSC		4,105.00		4,105.00	
	1,736.58	20,190.00	693.68		

November-12 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	518.33			468.00	64.00
JESTER IV	500.53			491.00	6.00
MT. VIEW	16.58				17.00
GATESVILLE (Valley)			93.55		94.00
HODGE			571.94	578.00	
CASELOAD		14,889.00		11,965.00	2,924.00
MONTFORD PSYCHIATRIC	417.00			417.00	
PAMIO	266.00			266.00	
CASELOAD - TTUHSC		3,903.00		3,903.00	
	1,718.44	18,792.00	665.49		

Note: Gender Census Report is based on the population on the last day of the month  
 Outpatient data is obtained from the EMR Unique Encounter Report  
 Outpatient caseload by Gender includes encounters reported by Gender on EMR

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## Access to Care Indicators

- #1. Sick Call Request (SCR) physically triaged within 48 hrs (72 hrs Fri & Sat)
- #2. Dental Chief Complaint Documented in Medical Record (MR) at Time of Triage
- #3. Referral to Dentist (Nursing/Dental Triage) seen within 7 days of SCR Receipt
- #4 SCR/Referrals (Mental Health) Physically Triaged with 48 hrs (72 hrs Fri & Sat)
- #5 Mental Health (MH) Chief Complaint Documented in the MR at Time of Triage
- #6 Referred Outpatient MH Status Offenders seen within 14 days of Referral/Triage
- #7 SCR for Medical Services Physically Triaged within 48 hrs (72 hrs Fri & Sat)
- #8 Medical Chief Complaint Documented in MR at time of triage
- #9 Referrals to MD, NP or PA seen within 7 days of receipt of SCR

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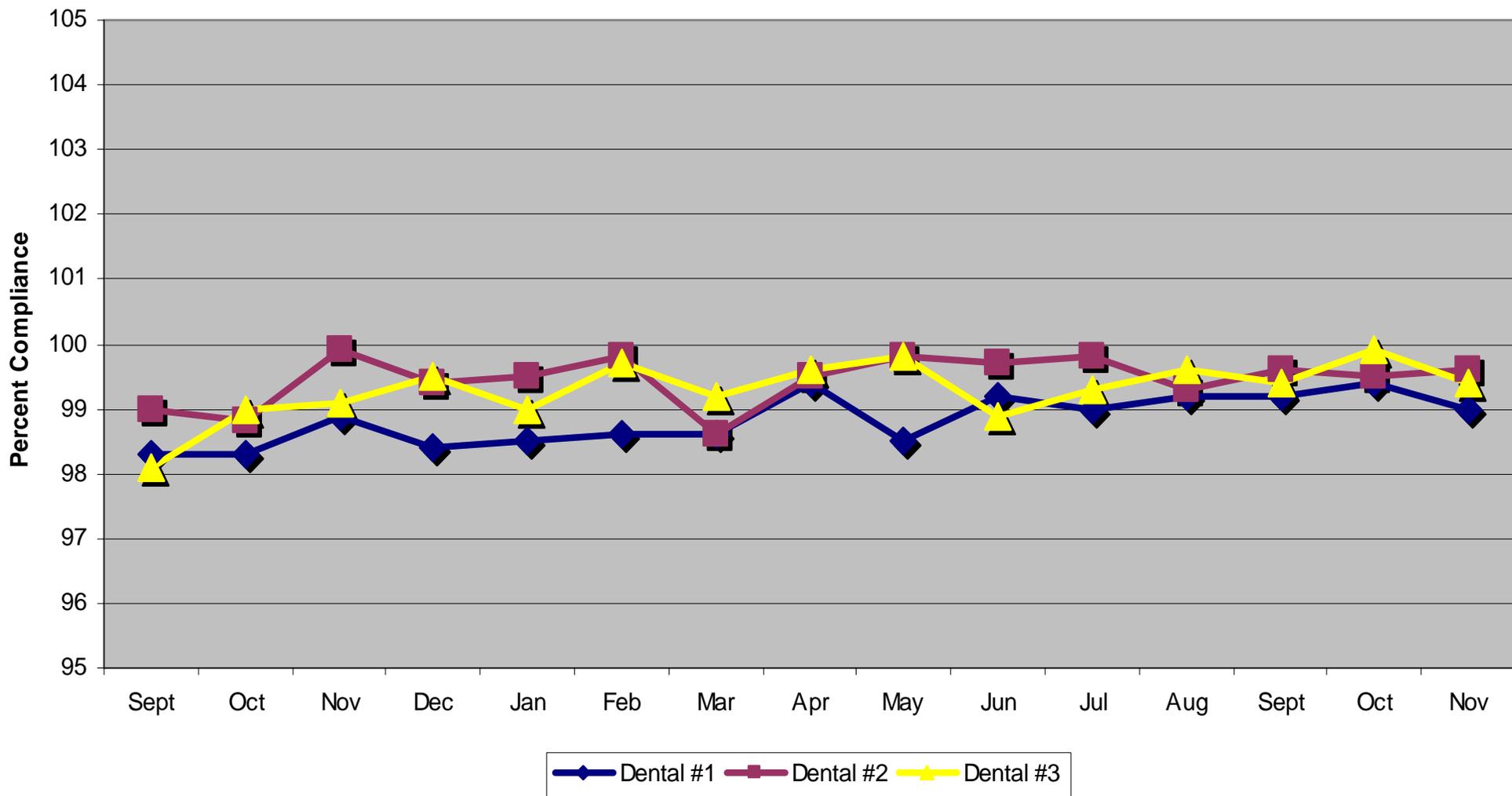
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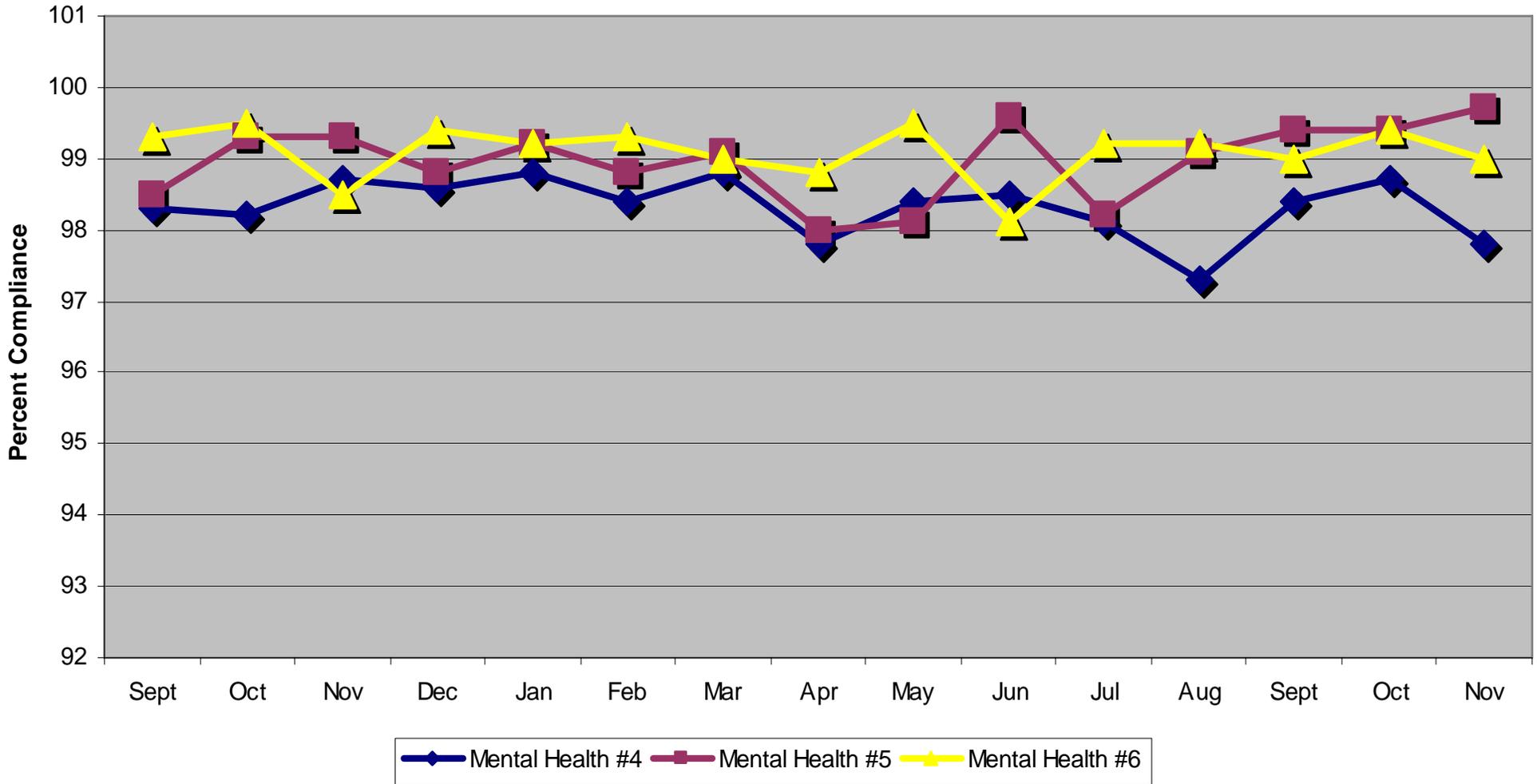
## Dental Access to Care Indicators FY 2012-2013 to Date



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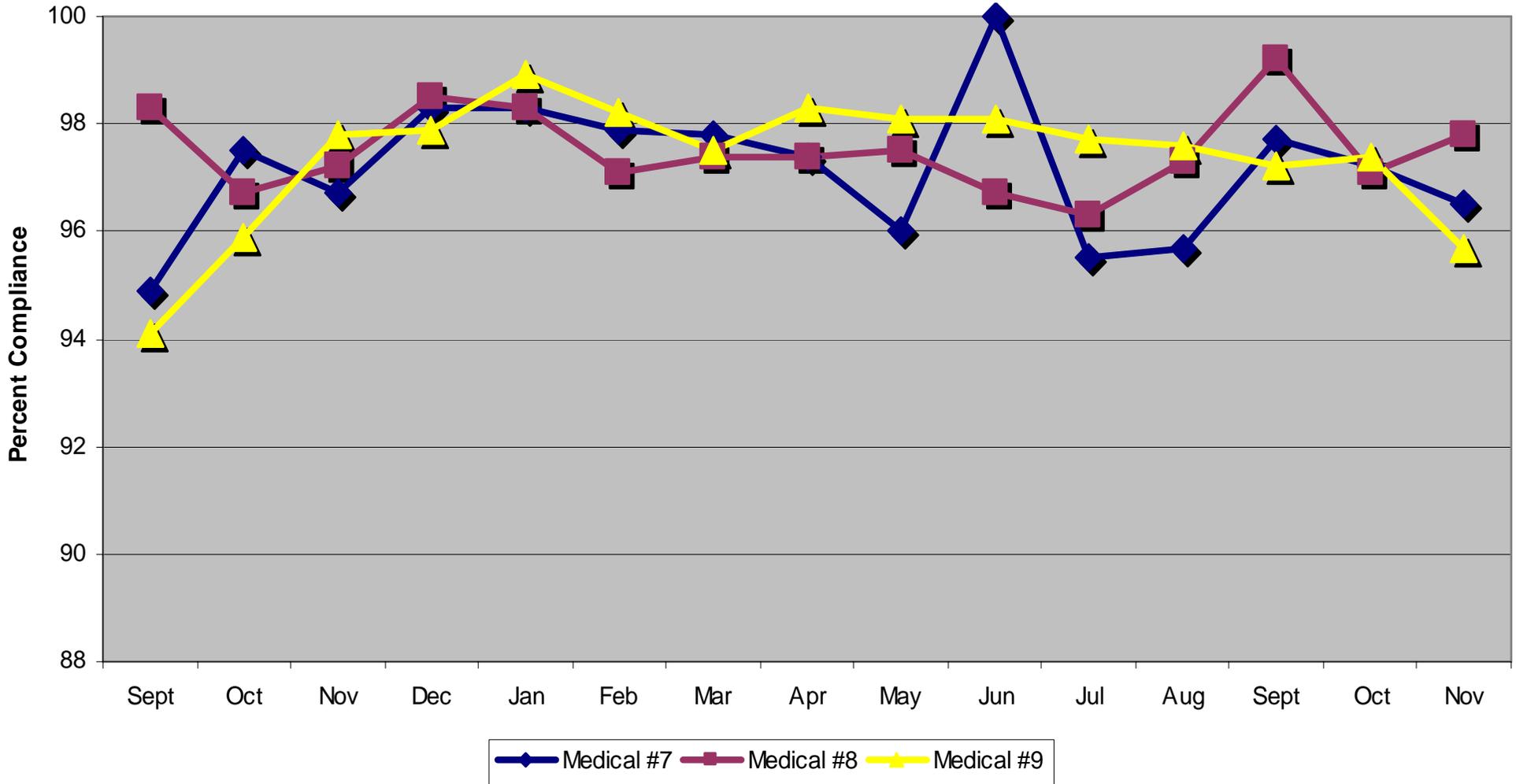
## Mental Health Access to Care Indicators FY 2012-2013 to Date



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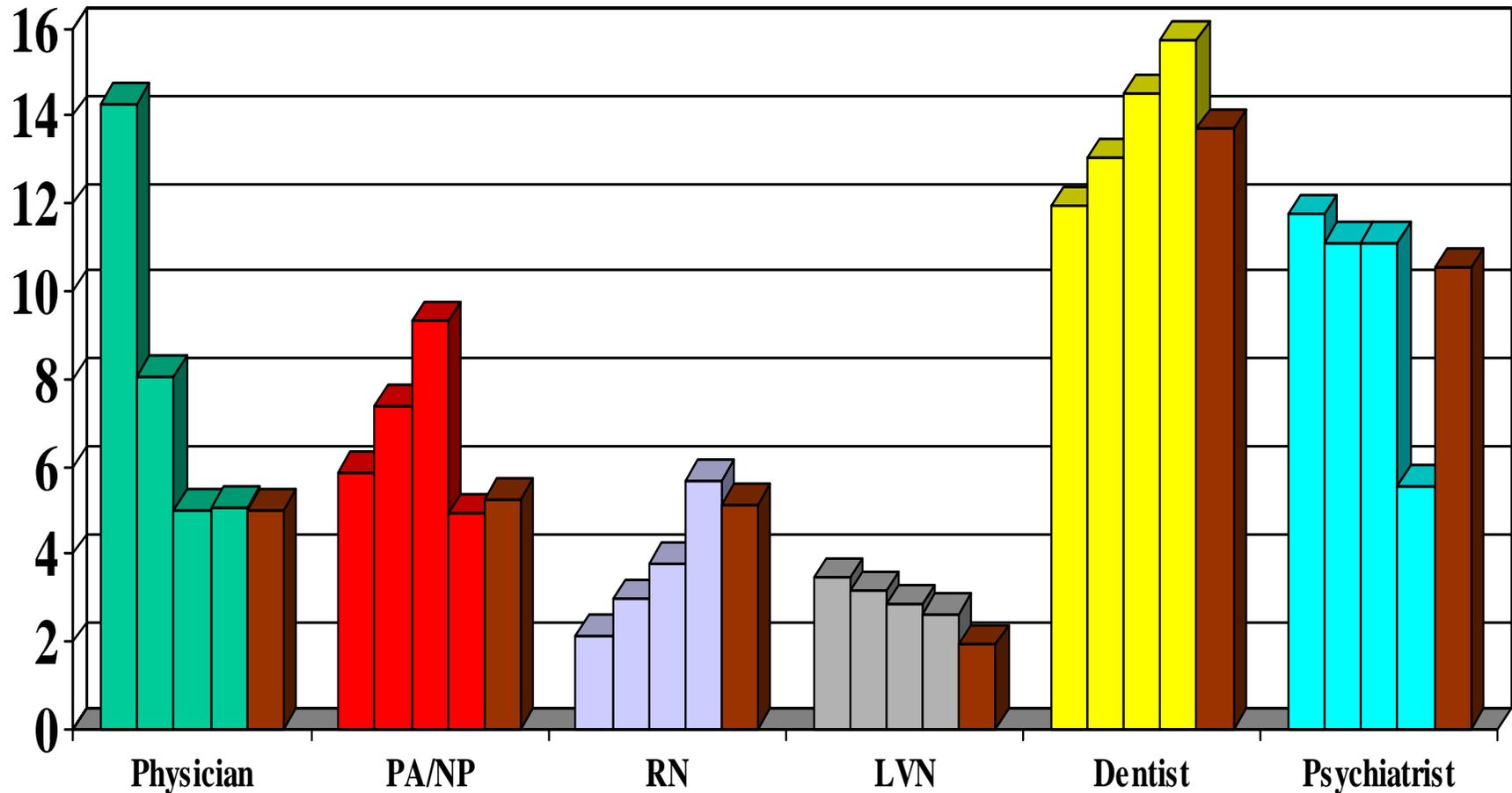
## Medical Access to Care Indicators FY 2012-2013 to Date



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# UTMB Vacancy Rates (%) by Quarter FY2012 – FY2013



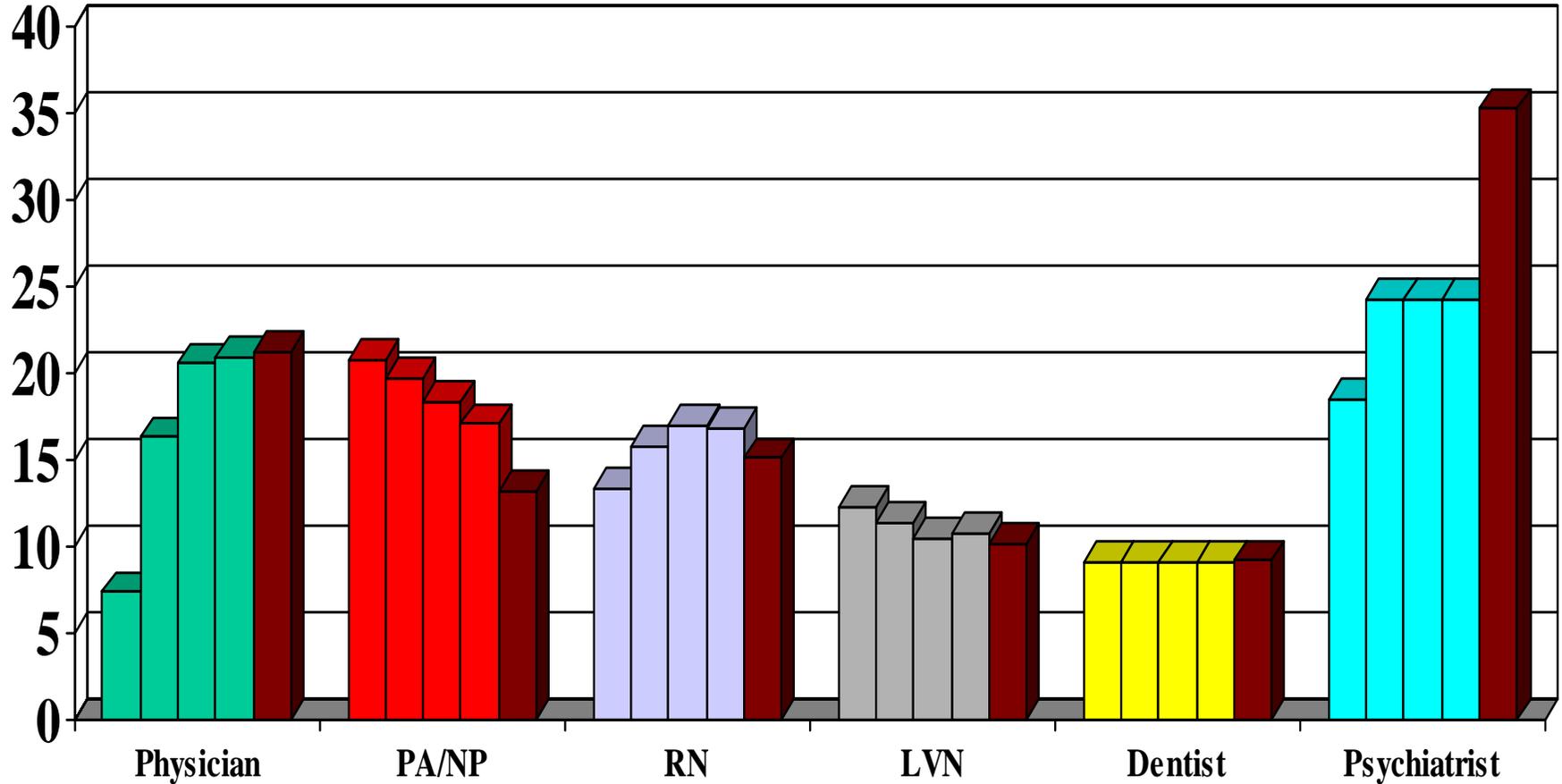
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# TTUHSC Vacancy Rates (%) by Quarter FY 2012 – FY 2013



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