

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**September 22, 2015**

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

**CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP, Harold Berenzweig, M.D., Edward John Sherwood, M.D., Mary Annette Gary, Ph.D., Elizabeth Anne Linder, Ed.D., Cynthia Jumper, M.D., Patricia Vojack, JD, MSN

**CMHCC Members Absent:** Ben Raimer, M.D.

**Partner Agency Staff Present:** Bryan Collier, Jerry McGinty, Ron Steffa, Marsha Brumley, Natasha Mills, Myra Walker, Charlene Maresh, Rebecka Berner, Chris Black-Edwards, Paula Reed, Texas Department of Criminal Justice; Stephen Smock, Steve Alderman, Anthony Williams, Justin Robison, Owen Murray, DO., Monte Smith, DO., Joseph Penn, MD., Gary Eubank, Billy Shelton, Ph.D., UTMB; Denise DeShields, M.D., TTUHSC

**Others Present:** Jason Phipps, Jimmy Blanton, Health & Human Services Commission

**Location:** UTMB Conroe Offices, 200 River Pointe Dr., Suite 200, Conroe, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b></p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 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.</p>		
<p><b>II. Recognitions and Introductions</b></p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment.</p> <p>Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.</p>		
<p><b>III. Approval of Consent Items from the <u>June 16, 2015 Meeting</u></b></p> <p>- Margarita de la Garza-Graham</p> <p>o Approval of Excused Absences</p>	<p>Dr. de la Garza-Graham began by requesting approval of the consent items from the June 16, 2015 meeting.</p> <p>There were no absences during the April 14, 2015 meeting.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>III. Approval of Consent Items (Cont.)</b>	<p>Dr. de la Garza-Graham stated that the next item on the agenda was the approval of the Minutes from the meeting held on April 14, 2015.</p>		
<ul style="list-style-type: none"> <li>○ Approval of CMHCC Meeting Minutes – April 14, 2015</li> </ul>			
<ul style="list-style-type: none"> <li>○ Approval of TDCJ Health Services Monitoring Report</li> </ul>	<p>Dr. de la Garza-Graham noted that the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p>		
<ul style="list-style-type: none"> <li>○ University Medical Director’s Reports <ul style="list-style-type: none"> <li>- UTMB</li> <li>- TTUHSC</li> </ul> </li> </ul>	<p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director’s Reports.</p>		
<ul style="list-style-type: none"> <li>○ Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul>	<p>Dr. de la Garza-Graham stated the next items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p>		<p>Dr. Elizabeth Linder made a motion to approve the consent items and Dr. Cynthia Jumper seconded the motion which prevailed by unanimous vote.</p>
<p><b>Approval of Consent Items for the <u>September 22, 2015</u> Meeting</b></p>	<p>Dr. de la Garza-Graham explained that the next items for approval are the consent items for the September 22, 2015 meeting.</p>		
<p><b>- Margarita de la Garza-Graham</b></p>			
<ul style="list-style-type: none"> <li>○ Approval of Excused Absences</li> </ul>	<p>Excused absences from the June 16, 2015, meeting included Dr. Steffanie Campbell who represented Baylor University as a member of CMHCC prior to her resignation, Dr. Ben Raimer, due to a scheduling conflict, Dr. Cynthia Jumper, Dr. Mary Annette Gary, Dr. Elizabeth Linder, and Patricia Vojack due to inclement weather.</p>		
<ul style="list-style-type: none"> <li>○ Approval of CMHCC Meeting Minutes – June 16, 2015</li> </ul>	<p>Dr. de la Garza-Graham stated that the next item on the agenda was the approval of the Minutes from the meeting held on June 16, 2015.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Approval of TDCJ Health Services Monitoring Report</li> <li>○ University Medical Director's Reports <ul style="list-style-type: none"> <li>- UTMB</li> <li>- TTUHSC</li> </ul> </li> <li>○ Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul>	<p>Dr. de la Garza-Graham noted that the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director's Reports.</p> <p>Dr. de la Garza-Graham stated the next items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p>		<p>Dr. Harold Berenzweig made a motion to approve the consent items and Dr. Mary Annette Gary seconded the motion which prevailed by unanimous vote.</p>
<p><b>IV. Update on Financial Reports</b></p> <p>- Charlene Maresh</p>	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Third Quarter of Fiscal Year (FY) 2015, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 50.</p> <p>Funding received by the universities was \$405.1 million dollars.</p> <p>The report shows expenditures at \$429.2 million dollars, leading to a shortfall of \$24.1 million.</p> <p>Unit and psychiatric care expenses make up the majority of health care costs at 53.3% percent, for a total of \$228.7 million dollars.</p> <p>Hospital and clinical care accounts for 36.4% of total expenditures at a cost of \$156.2 million.</p>		

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<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>Pharmacy services makes up 10.3 % of total health care expenditures at a cost of \$44.3 million dollars.</p> <p>As of the Third Quarter of FY 2015, the average service population is 148,978. This is a slight decrease from the FY 2015 Second Quarter.</p> <p>The offender population age 55 remains stable. The average daily census is 16,024 making up 10.8% of total service population and accounts for 41.1% percent of total hospital costs.</p> <p>The average mental health inpatient census is 1,864 of the total service population. The average mental health outpatient census is 22,489 of the total service population.</p>	<p>Dr. Linder asked of the age 55 and over offenders what percentage of them would be considered nonviolent.</p> <p>Bryan Collier answered if matching the rest of the population it would be 40 to 45 percent.</p> <p>Dr. Linder asked if early release for nonviolent offenders was a possibility.</p> <p>Dr. Linthicum replied that TDCJ works with three members of the parole board who are appointed by the Chair of the Parole Board to determine if the offender is eligible for Medically Recommended Intensive Supervision (MRIS) which is special needs parole.</p> <p>Dr. Sherwood asked who was responsible for paying for an offender's health care after they are paroled.</p> <p>Dr. Linthicum replied, the Reentry and Integration Division of the TDCJ researches and determines if the offender will qualify for Medicare/Medicaid upon release, once the benefits are started for them they become part of the state system to the extent of which they qualify.</p>	

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<b>IV. Update on Financial Reports (Cont.)</b>	<p>The average health care cost is \$10.55 per offender, per day, which is a 3.3% percent increase from FY 2014 which was \$10.21.</p> <p>Ms. Maresh reported that \$11.6 million dollars in FY 2015 funding was used to cover shortfalls of FY 2014 bringing the total shortfall to \$35.7 million during the Third Quarter.</p> <p>Ms. Maresh further reported House Bill 2 which was reported pending at the last meeting had been signed by the Governor to cover FY 2014 shortfall supplemental appropriation for the CMHCC.</p>		
<b>V. Summary of Critical Correctional Health Care Personnel Vacancies</b>	<p>Dr. de la Garza-Graham thanked Ms. Maresh and called upon Dr. Linthicum to begin the presentation of the Critical Personnel Vacancies.</p>		
<ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> </ul>	<p>Dr. Linthicum reported that the position of Health Specialist V within the Office of Mental Health remained vacant and the position would be reposted.</p> <p>Dr. Linthicum noted that there were no qualified applicants for the position of Director II, Office of Public Health so the position posting had been extended.</p> <p>Dr. Linthicum reported that after retirement of the Health Services Director of Quality Monitoring and Compliance, Physician II, interviews had been conducted and selection of the chosen candidate was pending.</p> <p>Dr. Linthicum further reported that interviews had been conducted for the positions of Nurse II, Special Investigations, and the Investigator III, Patient Liaison Program. The selected applicants were in the clearance process.</p>		
<ul style="list-style-type: none"> <li>- Dr. Denise DeShields</li> </ul>	<p>Dr. de la Garza-Graham then called on Dr. DeShields to report on TTUHSC's critical vacancies.</p> <p>Dr. DeShields reported that during the Second and Third Quarters the medical director's position at the Smith Unit remained vacant and that TTUHSC had continued</p>		

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<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <p>- Dr. Owen Murray</p>	<p>recruiting efforts by utilizing regional and national searches to fill the position.</p> <p>Dr. DeShields further reported that during the last meeting the cost of what was being spent on locums was requested. From the beginning of 2013, \$52,000 was utilized to cover the Smith Facility which would be annualized to \$208,000 for the year. However, for the remaining part of 2013, 2014 and 2015 a more innovated plan was developed to utilize shared resources from the Montford Facility this cost would be about \$40,000 per year. This position is now filled as of September 14, 2015.</p> <p>Dr. de la Garza-Graham then called on Dr. Murray to report on UTMB's critical vacancies.</p> <p>Dr. Murray reported that after the retirement of UTMB Psychiatrist Dr. Nyack, the position was filled, but the applicant who replaced her had since left the position. Dr. Nyack has since decided to return to UTMB into the position at a part time status.</p> <p>Dr. Murray reported that telemedicine is being used to assist in covering some of the outlines of the facilities needs and is working well.</p> <p>Dr. Murray further reported that Virologist, Dr. Khan would be vacating her position at the end of December 2015 and potential candidates had already expressed interest in the position. Dr. Murray hopes to report her replacement at the next CMHCC meeting.</p> <p>Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report.</p>		
<p><b>VI. Medical Director's Updates</b></p> <ul style="list-style-type: none"> <li>• <b>TDCJ – Health Services Division FY 2015 Third Quarter Report</b></li> </ul>	<p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Third Quarter of FY 2015, (March, April, May), Operational Review Audits (ORAs) were conducted on 12 facilities: Bartlett, Baten,</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Lannette Linthicum, MD <ul style="list-style-type: none"> <li>○ Operational Review Audit</li> <li>○ Capital Assets Monitoring</li> <li>○ Dental Quality Review Audit</li> <li>○ Grievance and Patient Liaison Correspondence</li> <li>○ Quality Improvement (QI) Access to Care Audit</li> </ul> </li> </ul>	<p>Bradshaw, Bridgeport Pre-Parole Transfer Facility (PPT), Diboll, Duncan, Hilltop, Kyle, Billy Moore, Mountain View, Travis County State Jail, and Woodman State Jail. There were also ORAs closed during this quarter for seven facilities: Beto, Coffield, Estelle, Kyle, South Texas Intermediate Sanction Facility (ISF), Stiles, and Travis County State Jail. Dr. Linthicum referred to the 10 items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same 12 units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Linthicum explained that Dental Quality Review audits were conducted at the following 14 facilities: Allred, Bridgeport, Estelle, Hutchins, Ellis, Henley, Hobby, Marlin, West Texas ISF, Diboll, Garza, Ney, Torres, and Willacy County Jail Facility. Dr. Linthicum referred to the items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Third Quarter of FY 2015, the PLP and the Step II Medical Grievance Programs received 4,163 correspondences. The PLP received 2,638 correspondences and Step II Medical Grievance received 1,525. There were 404 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were 12 percent and 11 percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 45 Sick Call Request Verification Audits conducted on 43 facilities. A total of 363 indicators were reviewed and 5 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 673 cases of Hepatitis C identified for the Third Quarter FY 2015. There were 16,485 intake</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Office of Public Health</li> </ul>	<p>tests and 130 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Second Quarter FY 2015, 17,570 offenders had intake test and 129 were HIV positive. 10 new Acquired Immunodeficiency Syndrome (AIDS) case was identified in the Third Quarter FY 2015 compared to four new AIDS cases identified during the Second Quarter FY 2015.</p> <p>191 cases of suspected Syphilis were reported in the Third Quarter FY 2015. 21 of those required treatment or retreatment.</p> <p>203 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2015.</p> <p>Dr. Linthicum advised that there was an average of 25 Tuberculosis (TB) cases under active management for the Third Quarter FY 2015.</p> <p>Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the Third Quarter FY 2015, there were no training sessions held. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 186 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 76 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 20,092 offenders attended classes presented by educators, this was an increase from the Second Quarter FY 2015 of 17,573. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 66 offenders trained</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Mortality and Morbidity</li> <li>○ Office of Mental Health Monitoring &amp; Liaison</li> </ul>	<p>to become peer educators during the Third Quarter of FY2015. This is a decrease from the 155 offenders trained in the Second Quarter FY 2015.</p> <p>Dr. Linthicum reported that there were 92 deaths reviewed by the Mortality and Morbidity Committee during the Third Quarter of FY 2015. Of those 92 deaths, 10 were referred to peer review committees for further review.</p> <p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) during the Third Quarter of FY 2015. Administrative Segregation (Ad Seg) audits were conducted on 17 facilities. 3,098 offenders were observed 2,291 were interviewed and 7 offenders were referred to the university providers for further evaluation. All facilities were 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on all 17 facilities.</p> <p>Four inpatient mental health facilities were audited with respect to compelled medications. 61 instances of compelled psychoactive medication administration occurred. Clements, Jester IV, Montford, and Skyview were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record.</p> <p>There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 20 facilities that met or exceeded 80 percent compliance.</p> <p>Dr. Linthicum added the OMHM&amp;L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. All 19 offenders were reviewed and allowed to participate.</p> <p>Dr. Linthicum noted that the Baby and Mother Bonding Initiative (BAMBI) Program review had been turned over to the universities and moving forward they would be responsible for conducting these reviews.</p>		

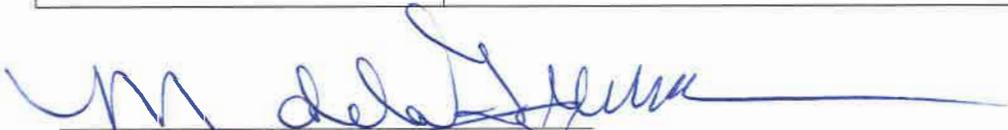
Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Office of Health Services &amp; Liaison</li> <li>○ Accreditation</li> <li>○ Biomedical Research Projects</li> <li>● <b>Texas Tech University Health Sciences Center</b> <ul style="list-style-type: none"> <li>- Denise DeShields, MD</li> </ul> </li> <li>● <b>University of Texas Medical Branch</b> <ul style="list-style-type: none"> <li>- Owen Murray, DO</li> </ul> </li> </ul>	<p>The Office of Health Services Liaison (HSL) conducted 153 hospital and 65 infirmary discharge audits. UTMB had 10 deficiencies identified and TTUHSC had one deficiencies identified for the hospital discharge audits. UTMB had 26 deficiencies identified and TTUHSC had 39 deficiencies for the infirmary discharge audits.</p> <p>Dr. Linthicum reported that there were seven units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Grahm thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields had no new clinical information to update the committee with for the Third Quarter, but did report that the Medical Director's position at the Smith Unit which had been vacant for three years had been filled after salary increase was offered.</p> <p>Dr. de la Garza-Grahm then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray explained that even though the 5 % salary increase given during the 84<sup>th</sup> Legislative Session for FY2016 and F2017 will help in the shortage of nurses it will still not fully correct the issue with the nursing shortage.</p> <p>Dr. Murray reported that moving forward, a 20% increase was added to agency reimbursement bringing cost spent to around \$66.50 an hour for an RN position annualizing at around \$138,000. Hourly cost for an LVN \$46.50 an hour with an annualized salary of \$97,000.</p>		

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<b>VI. Medical Director's Updates (Cont.)</b>	<p>Dr. Murray further reported that it is difficult to compete in certain geographical areas such as the Huntsville area where many of the critical programs and medical services are offered.</p> <p>Dr. Murray informed the committee that he plans to give a status update at the upcoming December CMHCC meeting on the new recruiting efforts put into place.</p>		
<b>VII. Biennial Review of the Offender Health Services Service Plan</b>	<p>Dr. Linthicum reported that the Biennial Review of the Offender Health Services Plan had been reviewed as required, and the Joint Medical Directors Working Group had no changes to be offered to the committee at this time.</p>		<p>Dr. Cynthia Jumper made a motion to approve the Offender Service Plan and Dr. Harold Berenzweig seconded the motion which prevailed by unanimous vote.</p>
<b>VIII. Correctional Managed Health Care Joint Nursing Working Group Update</b>  - Justin Robison, RN	<p>Dr. de la Garza-Graham then called on Justin Robison, Director of Nursing Services-Inpatient Services, UTMB and Chair, Joint Nursing Group to provide the CMHC Joint Nursing Group Update.</p> <p>Mr. Robinson reported that the Joint Nursing Working Group is made up of members from each agency. Chris Black-Edwards, Director of Nursing Administration for the TDCJ, Mike Jones, Director of Nursing Services for TTUHSC, and Gary Eubank, Chief Nursing Officer for UTMB.</p> <p>Mr. Robinson reported that the committee meets on a quarterly basis to discuss primary objectives that can be improved upon or developed regarding the quality of nursing care and services.</p> <p>Mr. Robison explained that the Joint Nursing Working Group ensures that nursing practices meet minimal acceptable standards as defined by the Board of Nursing Standardized Practices through policy and form review, revisions, creations, and quality improvement.</p> <p>Mr. Robison shared some of the major joint initiatives being worked on between TDCJ, UTMB, and TTUHSC, which are the Joint Nursing Quality Indicators, Nursing Plans of Care (NPOC), and Medication Barcode</p>		

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<p><b>VIII. Correctional Managed Health Care Joint Nursing Working Group Update (Cont.)</b></p>	<p>Administration Project. The Joint Nursing Group submitted the quality indicator Emergency Response to the System Leadership Council which they approved for FY 2016, the indicator will focus on emergencies that require emergency response outside of the medical department and will also help determine if nurses are meeting the minimal clinical expectations in accordance to Correctional Managed Health Care (CMHC) Policies, American Correctional Association (ACA), and Board of Nursing Rules.</p> <p>Mr. Robison explained that indicators are broken down into separate components to ensure that nursing staff is responding expeditiously to emergencies and bringing the proper equipment to an emergency situation. An electronic worksheet is used by staff to ensure that all 9 components are being met and compliance is being followed. This also helps direct attention towards specific components that may require attention even if a facility is meeting overall compliance.</p> <p>Mr. Robison reported to the committee that the Nursing Plan of Care (NPOC) initiative was designed to focus on individual needs of the patient and is currently being piloted at the Estelle Regional Medical Facility (RMF). There are 17 standardized NPOC's, but they do allow flexibility to meet the individualized needs of the offender patient population.</p> <p>One main benefit of NPOC's is that they are able to enhance the effectiveness of the multi-disciplinary teams on the facilities, they help to improve communication, and they are electronic so they are easy to organize in the Electronic Health Records (EHR) Systems and will help to improve the continuity of care.</p> <p>Mr. Robison explained that the Barcode Administration Project which would allow staff to scan medications electronically to verify all medication ordered from the pharmacy was received at the facility.</p> <p>Mr. Robinson reported that during FY 2014, UTMB, and TTUHSC CMC nursing staff administered almost 34</p>		

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<p><b>VIII. Correctional Managed Health Care Joint Nursing Working Group Update (Cont.)</b></p>	<p>million doses of medication, and around 32.3 million in FY 2015. The Barcode Medication Administration Project will ensure patients receive the correct dose of medication at the correct times providing a balanced check point.</p> <p>With the new barcode system, the offenders' TDCJ ID card will be able to be scanned at the pill window to ensure the offender is receiving the correct medication at the scheduled time. This system will help to reduce medication error and help to ensure the correct doses of medication are being administered while electronically validating and documenting the medications.</p> <p>Studies have shown that with the use of barcoding to support medication administration errors have been reduced as much as 50 percent.</p> <p>Mr. Robison reported that a multidisciplinary committee had been working with nursing on the Barcode Medication Administration Project. The UTMB campus recently implemented the system and the projected completion timeline for Correctional Managed Care (CMC) to begin statewide is March of 2016.</p>	<p>Dr. Sherwood asked if the Joint Nursing Group had taken a systematic look at nursing satisfaction to determine what they are happy with and not happy with in their jobs.</p> <p>Dr. Murray answered that if the agency was able to get nursing positions fully staffed allowing nursing staff to take their time off as desired, this would be a benefit. From nursing surveys, the nursing staff have shown to enjoy what they do; however, the lack of technology at times can make their work environments more difficult. Bringing in advanced technological solutions would go a long way in assisting with the satisfaction of the nursing groups.</p>	

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<b>IX. Public Comments</b>	<p>Dr. de la Garza-Graham thanked Mr. Robison, and with no further questions, proceeded with the announcement of the acceptance of registered public comments.</p>		
<b>X. Adjourn</b>	<p>Dr. de la Garza-Graham noted in accordance of the CMHCC's policy, during each meeting the public is given the opportunity to express comments. No one signed up to express public comment.</p>		
	<p>Dr. de la Garza-Graham thanked everyone for attendance and adjourned the meeting at 11:04 a.m.</p>		

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

12-8-15  
Date: