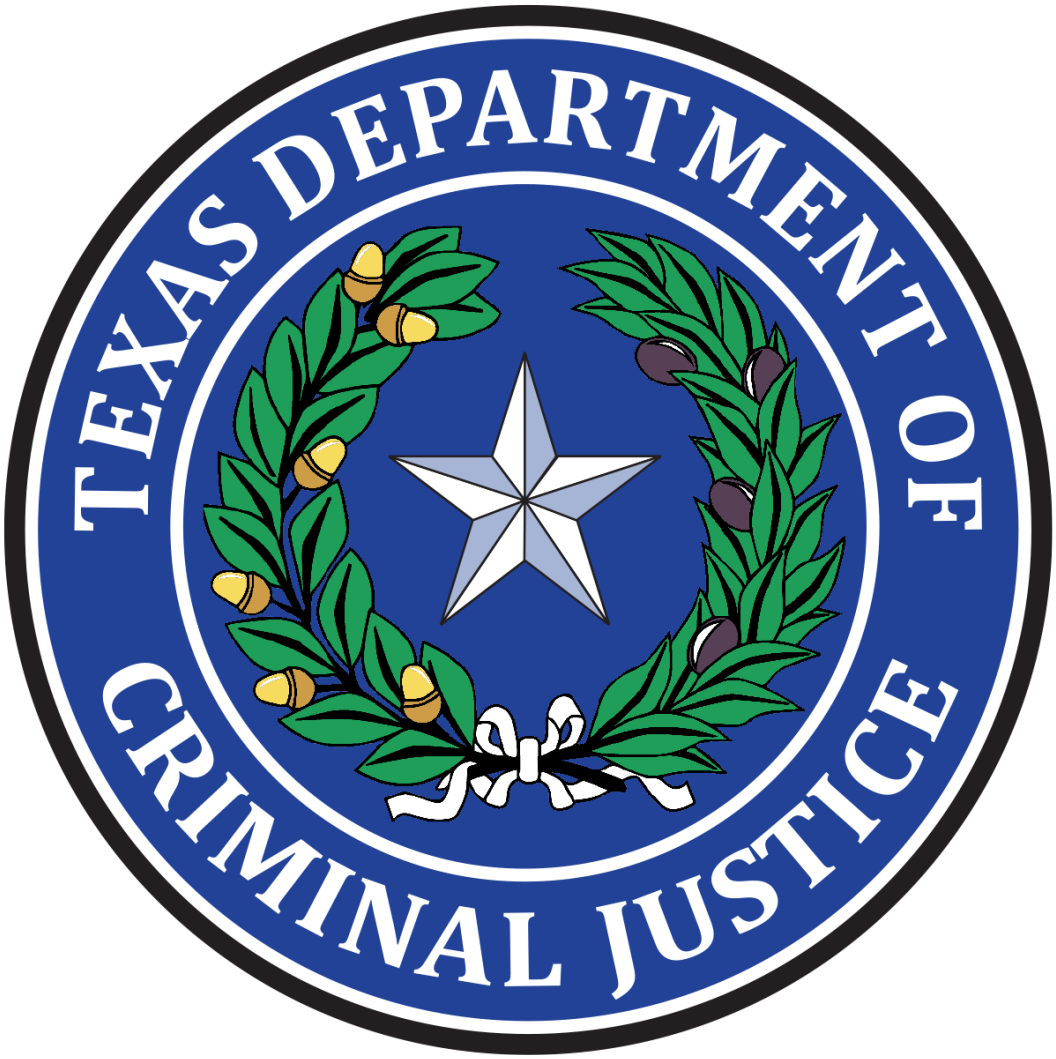

CORRECTIONAL MANAGED HEALTHCARE

Quality Improvement Plan

FY2026

CORRECTIONAL MANAGED HEALTH CARE

QUALITY IMPROVEMENT PLAN

The procedures and guidelines contained in this plan were developed as part of a joint agency effort involving the Texas Department of Criminal Justice, the University of Texas Medical Branch in Galveston, and Texas Tech University Health Science Center. This Quality Improvement Plan has been reviewed and approved by the Correctional Managed Health Care Chairperson, university medical directors and the Division Director for Health Services at the Texas Department of Criminal Justice.

Robert D. Greenberg, M.D., Chairperson, CMHCC
VP & CMO of Emergency Services
Baylor, Scott & White Health
Temple, Texas

9/18/2025
Date

Lannette Linthicum, M.D.
Division Director for Health Services
Texas Department of Criminal Justice

9/18/2025
Date

Denise DeShields, MD
Associate V.P. & MC Medical Officer
Texas Tech University Health Science Center
Correctional Managed Health Care

9/22/2025
Date

Owen Murray, D.O., MBA
Vice President, Offender Care Services
University of Texas Medical Branch
Correctional Managed Health Care

9/18/2025
Date

CORRECTIONAL MANAGED HEALTHCARE

QUALITY IMPROVEMENT PLAN

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I. PREFACE:

CORRECTIONAL MANAGED HEALTH CARE DESCRIPTION

Correctional Managed HealthCare (CMHC) was established by the Texas Legislature in 1993.

Since 1993, the initial CMHC model the State enacted has further evolved due to various statutory changes
Currently, the direct delivery of health care services to inmates incarcerated within TDCJ correctional facilities primarily involves two State entities. The University of Texas Medical Branch (UTMB) and the Texas Tech Health Science Center (TTUHSC).

In July 1995, Michael Warren, M.D., Division Director for TDCJ Health Services convened a committee tasked with developing and leading the implementation of a state-of-art Quality Improvement Plan for the TDCJ Correctional Managed Health Care system.

The committee was tasked with developing a plan, which would meet or exceed the standards set by the National Commission on Correctional Health Care.

The plan, contained in this Quality Improvement Program Manual, represents the work of this committee as well as input from the TDCJ Correctional Managed Health Care personnel.

A step by step “how to “process is in the Procedure section of this manual. The other sections of the manual are designated to be used as s reference, for ideas and guidelines.

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II. CORRECTIONAL MANAGED HEALTH CARE COMMITTEE MEMBERS

Members Appointed by the Governor

Robert D. Greenberg, M.D., Chairman, CMHCC
VP & CMO of Emergency Services,
Baylor, Scott & White Health
Temple, Texas

Brian Edwards, M.D., Member, CMHCC
Assistant Professor Department of Internal Medicine
Texas Tech University Health Sciences Center
El Pasco, Texas

Julia Hiner, M.D., Member, CMHCC
Assistant Professor, Geriatric Medicine Physician
University of Texas Health Science Center
Houston, Texas

John W. Burruss, M.D., Member, CMHCC
CEO, Metro Care Services
Dallas, Texas

Kristen “Kris” Sanders Coons, Member, CMHCC
Retired Marketing and Retail
San Antonio, Texas

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Texas Department of Criminal Justices (TDCJ)

Lannette Linthicum, M.D., CCHP-A, FACP, Member, CMHCC
Division Director for Health Services
Huntsville, Texas

University of Texas Medical Branch (UTMB)

Philip Keiser M.D., Member, CMHCC
Professor Division of Infectious Diseases Internal Medicine UTMB
Galveston, Texas

Texas Tech University Health Sciences Center (TTUHSC)

Cynthia Jumper M.D., M.P.H., Member, CMHCC
Professor of Internal Medicine
Vice President of Government Relations & Managed care
Lubbock, Texas

Ex Officio Member

Michelle Erwin, Ex Officio Member, CMHCC
Deputy Associate Commissioner
Policy and Program, Medical & CHIP Services
Austin, Texas

CORRECTIONAL MANAGED HEALTHCARE

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III. MISSION

- The CMHCC's mission is to develop a statewide managed health care network to address three key goals:

  - providing TDCJ inmates with timely access to care consistent with correctional standards.
  - maintaining a quality of care that meets accepted standards of care.
  - managing the costs of delivering comprehensive health care services to a growing and aging inmate population.

IV. PHILOSOPHY

- The correctional managed health care system represents a partnership among several public institutions that share the following values.

  - **Quality**: The partnership strives to provide health care services of recognized high quality and deliver them uniformly, promptly, and efficiently to the limit of our resources and capabilities.
  - **Integrity**: As public servants, the partners work to uphold the public's trust through ethical personal and professional behavior.
  - **Commitment**: The partners are dedicated to restoring and preserving the health of our patients and clients.
  - **Teamwork**: The partnership accomplishes our mission and goals through teamwork. Each partner contributes to the organizations work and systems to share in nuts success.

CORRECTIONAL MANAGED HEALTHCARE

QUALITY IMPROVEMENT PLAN

V. POLICY AND STANDARDS

Correctional Managed Health care Policy (A-06.1), ACA Standard 1-4-4410 Internal Review, NCCHC Standard P-A-06 Comprehensive Quality Improvement Program (Essential) and Quality Assurances (Mandatory).

VI. PURPOSE

The purpose of this plan is to provide a streamlined, integrated, clinically driven state -of -the-art Quality Improvement Program, which adds value to the quality of health care services, provided to TDCJ inmates.

The plan demonstrates that quality activities will be consistently/ continuously applied and/or measured and will meet or exceed regulatory requirements.

The Correctional Managed Health care Committee (CMHCC) strongly endorses and has administrative oversight for implementation of the plan. The agents of CMHCC and TDCJ Health Services Division will demonstrate support and participation for the plan.

CORRECTIONAL MANAGED HEALTHCARE

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VII. TRANSITION

This plan reflects the continued transition of the Quality Improvement / Management Program, which was introduced in January 1994. At the time Health Services personnel were exposed to the concept of utilizing a systemic approach to problem identification, data collection, and corrective action.

Development of an effective Quality Improvement Program is a long-range project. The plan must have an ongoing process for monitoring, evaluating, and improving the quality of health care being provided. In addition, it must meet the needs of its customers, provide a level of ACA and NCCCHC standards.

Once formalized and prior to implementation, training sessions for key personnel were held. The purpose of the training was to solidify the Quality Improvement Philosophy and ensure the focus of the program which is to improve the quality of service. Staff must continually attempt to redesign the process by which services are delivered and avoid focusing solely on the product errors. To do this, health services providers must view themselves as both customers and suppliers. Another step to improve services requires that departmental barriers be broken down and a team approach utilized (e.g. when reviewing laboratory services, physicians, nurses, laboratory personnel health records staff, security staff, and patients should be included in the group which reviews the system in a place for obtaining laboratory specimens.) This team approach provides for the creation of a stimulating and rewarding work environment.

Ultimately, all health service staff must be oriented and be included in the program. The program entails fundamental changes in thinking as well as individual and group behaviors.

Leaders in health care quality have advised that a full transition from a task to systems-oriented organization, especially one of the magnitudes of TDCJ is a 5–10-year process. However, improvements in outcomes should occur during each phase of the program.

CORRECTIONAL MANAGED HEALTHCARE
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VIII. SCOPE

The Quality Improvement Program encompasses all aspects of care and services provided by CMHCC, its agents, and the TDCJ Health Services Division. Participating disciplines include:

- Health Records
- Laboratory Services
- Medical Staff
- Nursing
- Nutritional Services
- Respiratory Services
- Radiology Services
- Mental Health Services
- Pharmacy Services
- Dental Services
- Occupational Services
- Case management
- Emergency Medical Services
- Optometry
- Physiatry

Additionally, the following functions/ activities will be addressed and information data specific to the Quality Improvement Program will be disseminated:

- Infection Control
- Utilization Review
- Pharmacy and Therapeutics
- Operational Review/ Contract Monitoring
- Adverse Patient Occurrences
- Medication Errors
- Environmental Inspection Report
- Offenders Grievances
- Patient Liaison Concerns
- Quality Assurances Peer Review
- Morbidity / Mortality
- Specialty Services Quality Control Issues

CORRECTIONAL MANAGED HEALTHCARE QUALITY IMPROVEMENT PLAN

IX. GOVERNING BODY

The Correctional Managed Health Care committee is responsible for oversight of the entire health care program. All aspects of health care delivery are subject to review by this governing body. The CMHCC will update the Texas Department of Criminal Justice Board as necessary. The CMHCC delegates the authority and accountability for the functional operation of the program to the System Leadership Council.

At local levels, the Facility Health Authority / Medical Director is responsible for maintaining the Quality Improvement Plan and appoints the Facility Leadership Council chairperson and coordinator

X. ORGANIZATION

Two (2) committees serve as focal points of the Quality Improvement Program. The first is the System Leadership Council and second the Facility Leadership Council.

- The System Leadership Council is composed of the following members:
  - TDCJ Division Director of Health Services Division
  - TDCJ Deputy Director of Health Services Division
  - TDCJ Director, Quality Monitoring and Compliance Health Services Division
  - TDCJ Director, Office of Mental Health Services & Liaison
  - TDCJ Director of Dental Services
  - TDCJ Director of Nursing Administration
  - TDCJ Director Health Services Administrator
  - TDCJ Manager IV, Office of Health Services & Liaison
  - TDCJ Manager IV, Office of Professional Standards
  - TDCJ Manager IV, Health Services Liaison
  - TDCJ Nurse IV, Office of Public Health
  - TDCJ Manager III, Office of Mental Health Services & Liaison
  - TDCJ Manager III, Office of Professional Standards
  - TDCJ Manager III, Health Services Liaison
  - UTMB SR. Vice President Offender Care Services
  - UTMB Director of Mental Health Services
  - UTMB Sr. Medical Director, Outpatient Services
  - UTMB Sr. Medical Director, Inpatient Services

- UTMB Region 1 Medical Director
- UTMB Region 2 Medical Director
- UTMB Region 3 Medical Director
- UTMB Region 4 Medical Director
- UTMB Region 5 Medical Director
- UTMB Region 6 Medical Director
- UTMB Director of Nephrology & Dialysis
- UTMB Medical Director, Estelle Facility
- UTMB Medical Director, Young Facility
- UTMB Medical Director, Skyview / Hodge Facilities
- UTMB Associate Vice President, Outpatient Services
- UTMB Associate Vice President, Inpatient Services
- UTMB Associate Vice President. HG & Specialty Clinics
- UTMB Director of Quality & Outcomes
- UTMB Director of Utilization Management
- UTMB Director of Pharmacy Services
- UTMB Director of Dental Services
- UTMB Administrative Director, Mental Health Services
- UTMB Assistant Director of Health Information Management
- UTMB Chief Nursing Officer
- UTMB Director of Nursing, Inpatient Services
- UTMB Region 1Director of Nursing
- UTMB Region 2 Director of Nursing
- UTMB Region 3 Director of Nursing
- UTMB Region 3 Director of Nursing
- UTMB Region 4 Director of Nursing
- UTMB Region 5 Director of Nursing
- UTMB Region 6 Director of Nursing
- UTMB Nurse Manager, Estelle Facility
- UTMB Nurse Manager, Dialysis Services (Estelle & Young Facilities)
- UTMB Nurse Manager, Jester IV Facility
- UTMB Nurse Manager, Skyview / Hodge Facilities
- TTUHSC Executive Medical Director
- TTUHSC Executive Director of Correctional Health
- TTUHSC Director, Dental Services
- TTUHSC Director, Mental Health Services
- TTUHSC Northern Region Medical Director
- TTUHSC Southern Region Medical Director
- TTUHSC Director of Nursing

- TTUHSC Director of Quality Improvement
- TTUHSC Sr. Director of Utilization Management

Bi-annually the Chairperson of the CMHCC will appoint the Chairperson of the System Leadership Council.

The System Leadership Council will meet at a minimum, on a quarterly basis. The quarterly meetings may be tele-conferenced, annual meetings will be onsite, at a location convenient and agreeable to all members.

CORRECTIONAL MANAGED HEALTHCARE QUALITY IMPROVEMENT PLAN

- **<u>FUNCTIONAL RESPONSIBILITIES INCLUDE:</u>**

  - Monitoring major aspects of care across the system. For each aspect of care, a champion(s) will be assigned to implement the monitoring of clinical standards and guidelines.

  - Providing overall philosophical direction by supporting and endorsing the system wide Quality Improvement Plan.

  - Using the annual data provided by representative committees and administrative support services, identifying the most significant 2 – 4 Aspects of Care (including clinical and administrative) for system – wide improvement.

  - Maintaining an information flow with the Facility Leadership Councils via reports.

  - Receiving, evaluating reports and if indicated, recommending corrective action to the appropriate functional authority.

  - Maintaining minutes of each meeting located in the TDCJ Health Services Monitoring Office. The following statement will be on page of the original copy of the minutes. “These minutes are PRIVILEDGED and CONFIDENTAL and are prepared at the request of and for the sole distribution of this committee in accordance with Vernon’s Annual Civil Statues, Health & Safety Code, and Chapters 161.032 & 161.033.

  - Annually, or as indicated, evaluating, and reviewing the system wide Quality Improvement Program.

CORRECTIONAL MANAGED HEALTHCARE QUALITY IMPROVEMENT PLAN

- **<u>The TTUHSC Correctional Health Care is Composed of the following members:</u>**
    - Executive Director Managed Health Care
    - Director of Field Operations
    - Director of Contract Services
    - Executive Medical Director, Health Care Systems
    - Director, Dental Services
    - Director, Nursing Services
    - Southern Region Medical Director
    - Northern Region Medical Director
    - Medical Director, Mental Health Services
    - Director of Mental Health Services

- UTMB Managed Care is composed of the following members:
    - Sr. Vice President, Offenders Care Services
    - Director, Dental Services
    - Associate Vice President, Inpatient Services
    - Associate Vice President, Outpatient Services
    - Medical Director, Inpatient Services
    - Medical Director, Outpatient Services
    - Director, Mental Health Services
    - Chief Nursing Officer, UTMB-CMHC
    - Director of Pharmacy Services

The Facility Health Authority / Medical Director, or his/her designee, will serve as the Chairperson of the Facility Leadership Council.

The Facility Health Authority / Medical Director will appoint a Facility Quality Improvement Coordinator (FQIC) annually from the above list. The coordinator will be responsible for:

- Recording, maintaining, and distributing meeting minutes.
- Preparing meeting agendas.
- Receiving, maintaining, and distributing appropriate plans and reports (i.e. data collection, corrective action plans, etc.)

The Facility Leadership Council will meet monthly.

CORRECTIONAL MANAGED HEALTHCARE QUALITY IMPROVEMENT PLAN

- **<u>FUNCTIONAL RESPONSIBILITIES INCLUDE</u>**:

  - Using available data, from their facility, or the SLC and appropriate Regions and/or sectors, annually identifying the most strategically significant 2-4 Aspects of Care (including clinical and administrative) for facility improvement.

  - Monitoring and evaluating major aspects of care. For each aspect of care, a champion(s) will be assigned to implement the monitoring of clinical standards and guidelines.

  - Developing/ maintaining a facility Quality Improvement Program Annually to include Scope of Care, Assigning Responsibility, and Identifying Important Aspects of Care with Identifying Indicators.

  - Maintaining an informative flow with the System Leadership Council via the appropriate Quality Improvement Resources Office.

  - Maintaining minutes of each meeting.
    - By the 20th of each month following the meeting, a set of minutes will be forwarded to the appropriate Health Services Monitoring and University Provider.

    - The following statement will be on each page of the original copy of the minutes: “These minutes are PRIVILEGED and CONFIDENTIAL, and prepared at the request of and for sole distribution to this committee in accordance with Vernon’s Annual Civil Statutes, Health & safety Code, and Chapters 161.032 & 161.033.

    - Another set of minutes will also be located at the Office of The Facility Quality Improvement Coordinator.

  - Evaluate the facilities Quality Improvement Program annually or as indicated.

- **FREQUENCY OF MEETINGS**

    - Each calendar year, committees are responsible for scheduling yearly meetings. This allows the committees to be organized and ready to proceed.

XI. TEN STEP PROCESS

The CMHCC, its agents, or the TDCJ Health Services Division does not require adoption of any specific management style; support any "school" of Total Quality Management (TQM) or Continuous Quality Improvement (CQI) or use of specific quality improvement tools. However, they will continue to adhere to the Joint Commission on Accreditation of Health Care Organizations ten step process for improvement. 1

- Step 1: Assign Responsibility
- Step 2: Delineate Scope of Care
- Step 3: Identify Important Aspects of Care
- Step 4: Identify Indicators
- Step 5. Establish Thresholds for Evaluation
- Step 6: Collect and Organize Data
- Step 7: Evaluate Care
- Step 8: Take Actions to Solve Problems
- Step 9: Assess the Action and Document Improvement
- Step 10: Communicate Relevant Information to the Organization wide Quality Assurance Program.

1"The Joint Commission Guide to Quality Assurance" (Chicago: Joint Commission on Accreditation of Healthcare Organizations, 1989)

CORRECTIONAL MANAGED HEALTHCARE
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XII. ASSIGNING RESPONSIBILITY

Monitoring and evaluation functions will be assigned to the individual (s) that have expertise and knowledge regarding the Aspect of Care are being studied.
Each Aspect of Care will be the primary responsibility of individual (s) as its "champion".

XIII. IDENTIFING IMPORTANT ASPECTS OF CARE

Once the data generated by committee members and support staff, has been received, the System Leadership Council and/or Facility Leadership Council will identify what is most strategically significant by determining:

Which aspects of Care occur frequently or affect large numbers of patients?

Which Aspect of Care place patients at risk of serious consequences or deprivation of substantial benefit when the care is not provided correctly, the care is not provided but is indicated, or the care is provided but is not indicated?

Which Aspect of Care tends to produce problems for patients and / or staff?

Which Aspect of Care are costly?

XIV. IDENTIFYING INDICATORS

Indicators are identified to monitor the quality of important aspects of care.
(Indicators which include clinical criteria are sometimes called "clinical standards," "practice guidelines," or "practice parameters." Indicators are objective, measurable, and are based on current knowledge and clinical experience.

XV. ESTABLISHING THRESHOLDS

The goal for compliance to standards, policies, and protocols is 80%.

CORRECTIONAL MANAGED HEALTHCARE
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XVI. DATA COLLECTION AND ORGANIZATION

Data is available from many sources such as: health records, I-60s, department logs, other statistical reports, occurrence reports, patient liaison correspondence, inmate grievances, information provided by staff members, etc. For the monitoring process it is also necessary to determine a sample size i.e., (percentage of population), as well as how the sample is to be selected (i.e., random or stratified) and the time parameters (i.e., 30 days, 6 months, 1 year).

XVII. EVALUATING CARE SERVICES

After collecting the data, appropriate staff will review the data and identify situations in which an evaluation of the quality of care is indicated. Such evaluations are prompted when; the cumulative data fails to reach the established threshold; patterns and/or trends are determined; the facilities/regions/sectors/system's performance compares poorly with other facilities/regions/sectors and /or community organizations (*benchmarking").

When initiated the evaluation of an important aspect of care may include a more detailed analysis of patterns trends in the data and/or peer review.

XVIII. TAKING ACTION TO IMPROVE CARE AND SERVICE.

When an opportunity to improve, or a problem in the quality of care, is identified, action is taken to improve the care or correct the problem. If appropriate, the action taken may be either the testing of a strategy for improvement on a limited basis (pilot test) prior to full implementation or immediate implementation of the strategy in all departments or services to which it may apply.

- Two common causes of problems are:
    - Knowledge of staff members
        - This can be improved by instituting in-service training or conducting educational programs.
    - System defects
        - This can be corrected by improving equipment or changing operational procedures.

It is important for the corrective action plan to be clearly described, include the responsible party and document it. If applicable, multi-disciplinary team members should participate in formulating the action plan.

XIX. ASSESSING ACTIONS AND DOCUMENTING IMPROVEMENTS

Corrective action plans must be monitored to determine their effectiveness. This can be accomplished by continuing to monitor the applicable indicator. This re-monitoring should be performed at a reasonable time interval to determine if the revised process has resulted in improved quality.

XX. COMMUNICATING AND DOCUMENTATING INFROMATION

The findings, conclusions, recommendations, actions taken, and results of the actions taken are documented (i.e., reports, worksheets, meeting minutes, etc.) and reported through established channels (i.e. System Leadership Council, other committee meeting, staff meetings, newsletters, etc.)

Documentation should be retrievable. In other words, there should be a "paper trail" to support each Quality Improvement study.

XXI. PROGRAM EVALUATION

The system-wide plan and its attachments will be reviewed annually by the System Leadership Council and revised and/or updated to reflect current services. This evaluation will be based on analysis of the Quality Improvement Program organization, scope of quality activities, and effectiveness of all monitoring activities. Facility plans will be reviewed accordingly at the appropriate facility.

This evaluation will also include a review of the number and type of significant problems identified and resolved. In addition, any portion of this plan may be modified or amended at any time to maintain compliance with American Correction Association, National Commission on Correctional Health care, or other defined standards and to improve the effectiveness of the delivery of services.

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XXII. FORMS

The following forms have been designed for use by the Facility Leadership Council:

HSA – 61 ANNUAL PLAN

HSA – 62 QUALITY IMPROVEMENT MONITORING & EVALUATION PLAN

HSA – 63 QUALITY IMPROVEMENT PROGRAM CALENDAR

HSA – 64 QUALITY IMPROVEMENT MONTHLY ANALYSIS

HSA – 65 QUALITY IMPROVEMENT PROGRAM MEETING MINUTES

HSA – 67 FACILITY QUALITY IMPROVEMENT EVALUATION

HSA – 68 FACILITY QUALITY IMPROVEMENT EVALUATION

HSA – 69 QUALITY IMPROVEMENT REPORTING SCHEDULE

Blank and completed forms are in this section. Instruction for completing the forms can be found in the procedure section or the supply clerk at each facility can assist. Additional forms may be ordered via facility formulary.

CORRECTIONAL MANAGED HEALTHCARE QUALITY IMPROVEMENT PLAN

XXIII. GLOSSARY TERMS

- ACA – American Correctional Association is a private, nonprofit organization that administers the only national accreditation program for all components of adult and juvenile corrections. Its purpose is to promote improvement in the management of correctional agencies through the administration of a voluntary accreditation program and the ongoing development and revision of relevant useful standards.
- Aspect of Care – Care activities or processes which occur frequently or affect large numbers of patients; that place at risk, of serious consequences if not provided correctly, if incorrect care is provided, or if correct care is not provided; that tends to produce problems for patients or staff; and/or costly. Such activities or processes are deemed most important for purposes of performance improvement activities.
- Indicator – a tool used to measure an organization's performance of functions, processes, and outcomes.
- Scope - inventory of processes that make up a specified function, including activities performed by governance, managerial, clinical, and /or support personnel.
- Standard – a statement of expectation that determines the structures and processes that must be in place in an organization to improve the quality of care.
- Threshold – the point or level at which a stimulus is strong enough to signal the need for organization responses to indicator data and the beginning of the process for determining why the organization has not reached the pre-established level.
- Customer – recipient of services, information and /or material from others. They may be from inside or outside of your organization.

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GLOSSARY TERMS (CONTINUED)

- Supplier – provider of services, information and/or material to others. They may be from inside or outside of your organization.

- NCCHC – the National Commission on Correctional Health Care is a non-profit organization working towards improving health services provided by the nation's jails, prisons, and juvenile detentions and confinements facilities.

- System Leadership Council (SLC) – refer to Organization section.

- Facility Leadership Council – (FLC) – refers to Organization section.

- Champion – the person assigned primary responsibility for the monitoring and evaluation functions of a particular functions of the FLC as described in the Organization section.

- Facility Quality Improvement Coordinator (FLC) – a member of the FLC who is responsible for the operational functions of the FLC as described in the Organization section.

- Quality Improvement Resources Office – refer to Resources Section

- Benchmark – a point of reference that serves as a standard by which others may be measured.

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XXIV. RESOURCES

Policies

- The following TDCJ Health Services policies provide guidance for the implementation of this Quality Improvement Program.

A-01.1 Access to Care

A-04.2 Health Services Statical Report

A-06.2 Professional and Vocational Nurse Peer Review Process

A-07.1 Emergency Plans and Drills

A-11.1 Procedure in the Event of an Offender Death

A-12.1 Grievance Mechanism

A-12.2 Patient Liaison Program

A-13.1 Provider Peer Review

A-14.2 Infection Control Committee

A-15.1 Environmental Inspections

E-36.5 Dental Utilization / Quality Review Committee

Procedures

- The following department procedure provides guidelines for the implementation of this Q.I. Program:

    - Pharmacy Policy and Procedure Manuel
    - 05-05 TDCJ Medication Formulary
    - 05-10 Non-Formulary Drugs

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Executive Directives

- The following Executive Directives provide guidelines for the implementation of this Q.I. Program:

    - ED-02.92 Establishment and Administration of TDCJ Monitoring systems for Facility Compliance with Departmental Policies and Procedures, and with Ruiz Final Judgement.

Miscellaneous

- Pharmacy and Therapeutic Committee minutes:

    - "The Committee also decided that Medication Errors and Adverse Drug Reactions should be added to unit-based Quality Assurance Meeting Agenda"