CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

PROJECT DETAILS

Name	Alameda County Sheriff Office – Medical Operations Consulting: Continuous Quality Improvement Program Review				
Sponsor	Lieutenant Joseph Atienza, Contracts Lieutenant			**Project Manager**	Tami Bond
Project Summary	To provide expanded Medical Quality Assurance (QA) services for the Alameda County Sheriff Office (ACSO) through the performance of Continuous Quality Improvement (CQI) program review and support to evaluate ongoing CQI monitoring activities, performance improvement strategies, and change implementation effectiveness. Additionally, to provide focused CQI observations and recommendations to help assure appropriate access, timeliness, and continuity of care delivery.				
Methodology	To provide CQI program and study review for the audit timeframe, Forvis Mazars performed medical record review of up to 24 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined study outlined in the 2024 CQI calendar. Consistent with the Plan-Do-Study-Act (PDSA) model, Forvis Mazars performed medical record review after Wellpath's initial audit, subsequent implementation of related Improvement Plan and re-evaluation, to measure long-term performance of the improvement strategy. A compliance score less than 90-95% threshold warrants a corrective action plan (CAP). *(See Appendix for additional Methodology and CQI program standard details)*				
Wellpath Study Date	10/2024	**Forvis Mazars Audit Timeframe Period**	11/1 - 11/30/2024	**Date Report Sent**	1/15/2025 (DRAFT) 1/24/2025 (FINAL)
CQI Studies	CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal COWS Monitoring for Opiate/Opioid Withdrawal				

SUMMARY

For the auditing timeframe of 11/1– 11/30/2024, Forvis Mazars CQI program and study review of the CIWA-AR Monitoring for Alcohol/Benzodiazepine (CIWA-AR) Withdrawal and COWS Monitoring for Opiate/Opioid Withdrawal (COWS) processes to determine recent change implementation effectiveness, identified additional opportunities for improvement (Observations) for the Clinical Team (Wellpath) to help assure appropriate access, timeliness, and continuity of care delivery. Forvis Mazars determined it was appropriate to include at-risk pregnant patients in the patient audit selection process. A total of six criteria (Questions) for the CIWA-AR and eight criteria for the COWS were measured.

Per Wellpath's 2024 CQI Calendar, the CIWA-AR study was performed twice a year and COWS study was performed annually:

1. CIWA-AR – March 2024*
2. COWS – March 2024*
3. CIWA-AR – October 2024

**Reported in Forvis Mazars August 2024 CQI report.*

Wellpath July 2024 CIWA-AR Re-evaluation study:
The CIWA-AR re-evaluation study performed on July 30, 2024, scored an overall compliance rate of 39%. The study measured six criteria. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation for each criterion. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating the nursing staff and medical providers on withdrawal protocols, assessments, and documentation.

Wellpath October 2024 CIWA-AR Initial Study:
As part of the continuous improvement process, consistent with the July 2024 CIWA-AR re-evaluation study (and based on the March 2024 initial study), Wellpath conducted a second initial CIWA-AR study on October 7, 2024, measuring six criteria. Wellpath scored an overall compliance rate of 43%. Consistent with the Plan-Do-Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation for each criterion. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating the nursing staff and medical providers on withdrawal protocols, assessments, and documentation. The re-evaluation was scheduled for November 2024, however conducted in December 2024 (described below).

Wellpath December 2024 CIWA-AR Re-evaluation study:
In response to the second initial CIWA-AR study performed on October 07, 2024, with a score below compliance threshold, Wellpath conducted a CIWA-AR re-evaluation study on December 18, 2024, with an overall compliance rate of 37%. The study measured six criteria. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation for each criterion. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating the nursing staff and medical providers on withdrawal protocols, assessments, and documentation.

Wellpath July 2024 COWS Re-evaluation Study:
The 2024 COWS study performed on July 31, 2024, scored an overall compliance rate of 32%. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation for each criterion. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating the nursing staff on assessments and documentation. The re-evaluation was scheduled for October 2024, however conducted in November 2024 (described below).

Wellpath November 2024 COWS Re-evaluation Study:
The 2024 COWS study performed on November 12, 2024, scored an overall compliance rate of 52%. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation for each criterion. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating the nursing staff on assessments and documentation. The re-evaluation was scheduled for December 2024 (described below).

Wellpath December 2024 COWS Re-evaluation Study:
The 2024 COWS study performed on December 24, 2024, scored an overall compliance rate of 47%. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation for each criterion. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating the nursing staff on assessments and documentation. The re-evaluation was scheduled for January 2025.

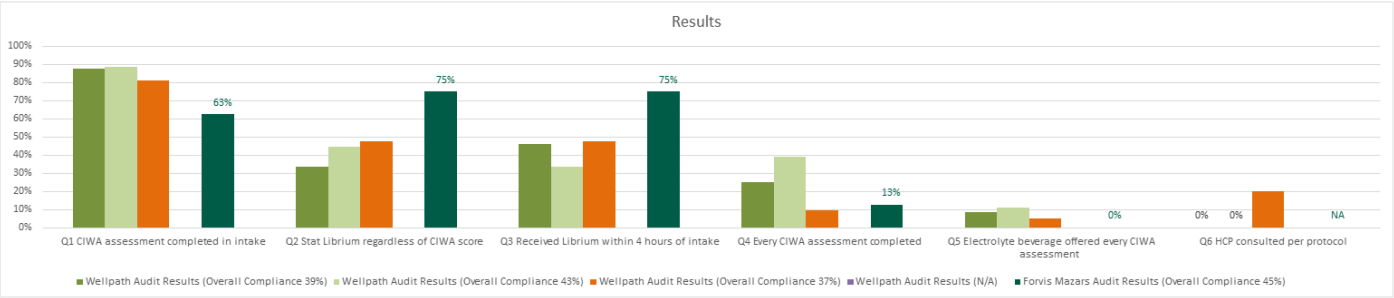
Forvis Mazars performed an annual medical record review that resulted in an overall compliance rate of 45% (CIWA-AR) and 38% (COWS). Due to yielding a score less than the 95% threshold, consistent with the Act stage of the PDSA cycle, Forvis Mazars recommends a CAP to include enhanced action steps that incorporates the observations and recommendations provided, as well as incorporate Forvis Mazars' findings into a subsequent re-evaluation within six months or more to demonstrate long-term change implementation effectiveness.

Areas of Risk:

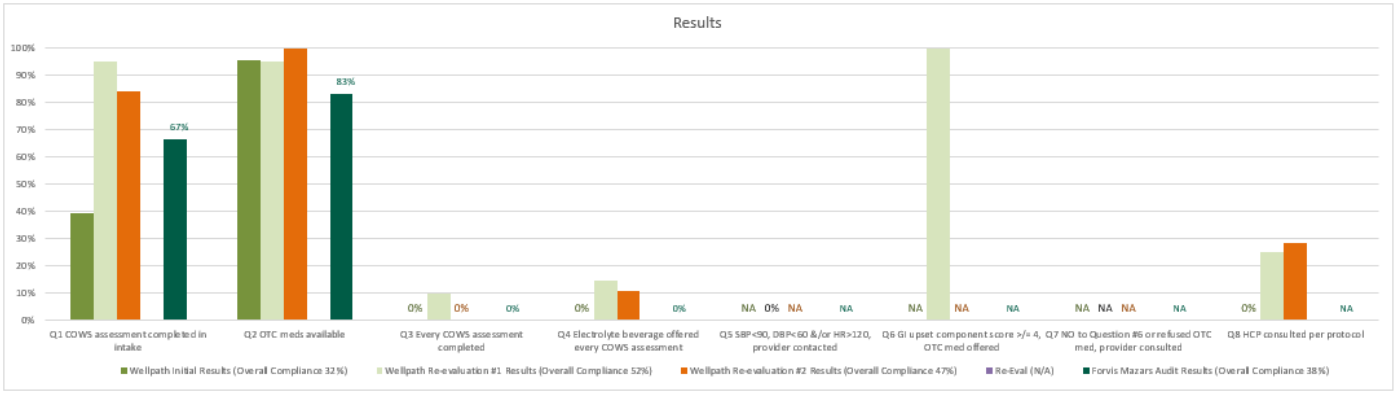
i. Areas at risk for non-compliance that are identified to require clinical staffing management to ensure prescriber and nursing time is adequate to meet patient care delivery needs include:
   - Timely CIWA-AR and COWS assessment completed at intake, timely COWS administration of withdrawal medications, CIWA-AR, and COWS every assessment completed.

ii. Areas at risk for non-compliance that are identified to cause unintentional barriers to access to care (immediate withdrawal treatment and management interventions) in accordance with the required Intake, Transfer, Release (ITR) Receiving Screening timeframe (upon arrival to 8-hours) and corresponding intake orders:
   - Timely CIWA-AR and COWS assessment completed at intake, timely CIWA-AR and COWs administration of withdrawal medications, CIWA-AR, and COWS every assessment completed.

CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal



COWS Monitoring for Opiate/Opioid Withdrawal



MEDICAL RECORD REVIEW: RESULTS					
CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal					
	Wellpath Initial & Re-Evaluation Reviews			***Forvis Mazars CQI Review Audit Timeframe Month***	
Date	*7/2024 (Re-evaluation)*	*10/2024 (Second Initial)*	*12/2024 (Re-evaluation)*	***12/2024***	
PDSA Model	Plan – Do - Study			**Act**	**Details for Non-Compliant Files**
Criteria	Percentage Compliant			**Percentage Compliant**	
	goal 90% (# compliant/# total applicable)				
1. Was the initial CIWA assessment completed in intake?	88% (21/24)	89% (16/18)	81% (17/21)	63% (15/24)	9 of 24 files non-compliant: Patients 2, 5, 11, 13, 15, 18, 20, 23: Receiving Screening and/or CIWA-AR assessment completed beyond 8-hours from applicable Book-In time. Patient 14: Receiving Screening and/or CIWA-AR assessment completed beyond 8-hours from applicable Book-In time. The related patient refusal was not documented appropriately with the required Refusal form. Risk for non-compliance: *Delayed Receiving Screening and corresponding intake orders causing unintentional barrier to access to care, including receiving immediate withdrawal treatment and management interventions. *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs.
2. Did the provider order Librium first dose to start now, regardless of CIWA score?	33% (8/24)	44% (8/18)	48% (10/21)	75% (18/24)	6 of 24 files non-compliant: Patients 14, 18: No documented evidence Valium (in place of Librium) ordered. Patients 5, 12, 15, 20: Delayed Valium (in place of Librium) first dose administration related to Receiving Screening and/or CIWA-AR assessment completed beyond 8-hours from applicable Book-In time. Risk for non-compliance: *Delayed Receiving Screening and corresponding intake orders causing unintentional barrier to access to care, including receiving immediate withdrawal treatment and management interventions.
3. Did the patient receive medication within the appropriate timeframe?	46% (11/24)	33% (6/18)	48% (10/21)	75% (18/24)	6 of 24 files non-compliant: Patients 14, 18: No documented evidence Valium (in place of Librium) ordered. Patients 5, 12, 15, 20: Received first dose beyond 4-hours from intake.
4. Did the patient have every assessment completed?	25% (6/24)	39% (7/18)	10% (2/21)	13% (3/24)	21 of 24 files non-compliant: Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15,16, 17, 18, 19, 20, 21, 24: Most of the patient assessments were not documented as completed as prescribed by clinician and per protocol. Risk for non-compliance:

MEDICAL RECORD REVIEW: RESULTS					
CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal					
	Wellpath Initial & Re-Evaluation Reviews			***Forvis Mazars CQI Review Audit Timeframe Month***	
Date	*7/2024 (Re-evaluation)*	*10/2024 (Second Initial)*	*12/2024 (Re-evaluation)*	***12/2024***	
PDSA Model	Plan – Do - Study			**Act**	**Details for Non-Compliant Files**
Criteria	Percentage Compliant			**Percentage Compliant**	
	goal 90% (# compliant/# total applicable)				
					*Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs. *Delayed screening and corresponding intake orders causing unintentional barrier to access to care, including receiving withdrawal treatment and management interventions.
5. Was an electrolyte replacement beverage offered at each CIWA assessment?	8% (2/24)	11% (2/18)	5% (1/21)	0% (0/24)	24 of 24 files non-compliant: Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15,16, 17, 18, 19, 20, 21, 22, 23, 24: Inconsistent documentation of electrolyte replacement beverage offered at every CIWA-AR assessment.
6. Was the HCP called or consulted per protocol?	0% (0/3)	0% (0/1)	20% (1/5)	*NA*	*Not applicable to any patients in sample.*

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal	
1. Was the initial CIWA assessment completed in intake?	Observation: Some of the patient files reviewed showed delayed completion of Receiving Screening and/or CIWA-AR assessment documentation beyond the required 8-hours from applicable Book-In time. For one patient file reviewed, it showed delayed completion of the Receiving Screening and/or CIWA-AR assessment documentation beyond the required 8-hours from applicable Book-In time. The related patient refusal was not documented appropriately with the required Refusal form. Delayed Receiving Screening and corresponding intake orders causes unintentional barriers to access to care, including receiving immediate withdrawal treatment and management interventions, resulting in an increased risk for patient injury and/or harm. Additionally, without evidence of patient refusals to show that the patient was provided education and understands the risks involved with not being evaluated or treated, there is an increased risk for patient injury and/or harm, as well as organizational risk. Recommendation: • Identify and address current challenges preventing timely and adequate assessment for each patient. • Hold Nursing staff accountable for the timely completion and accuracy of the Receiving Screening and CIWA-AR assessment. • Provide additional and/or focused staff training and education on use of CIWA-AR assessment form. • Continue to perform ongoing auditing and monitoring of CIWA-AR assessment form. Report results of auditing and monitoring to the ACSO. • Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs.
2. Did the provider order Librium first dose to start now, regardless of CIWA score?	Observation: Two of the patient files reviewed showed no evidence of Valium (in place of Librium) ordered or related documented rationale. Some of the patient files reviewed showed delayed administration of the first dose of Valium (in place of Librium) due to Receiving Screening and CIWA-AR assessments completed beyond 8-hours from applicable Book-In time. Delayed Receiving Screening and corresponding intake orders causes unintentional barriers to access to care, including receiving withdrawal treatment and management interventions, resulting in an increased risk for patient injury and/or harm. Recommendation: • Hold Nursing staff accountable for using correct physician order sheets for protocol withdrawal medications. • Hold responsible providers accountable for ordering protocol withdrawal medications regardless of CIWA-AR score. • Continue to perform ongoing provider auditing and monitoring. Report results of auditing and monitoring to the ACSO.
3. Did the patient receive medication within the appropriate timeframe?	Observation: Some of the patient files reviewed showed delayed administration of medication beyond 4-hours from intake. Additionally, two patient files did not receive all protocol medication as indicated. Delayed medication administration causes unintentional barriers to access to care, including receiving withdrawal treatment and management interventions resulting in an increased risk for patient injury and/or harm. Recommendation: • Hold Nursing staff accountable for using correct physician order sheets for protocol withdrawal medications. • Hold responsible providers accountable for ordering protocol withdrawal medications regardless of CIWA-AR score. • Continue to perform ongoing provider auditing and monitoring. Report results of auditing and monitoring to the ACSO.
4. Did the patient have every assessment completed?	Observation: For each of the patient files reviewed, most of the patient assessments were not documented as completed and scored per protocol. CIWA-AR Score Sheet Alcohol and/or Benzodiazepine Withdrawal monitoring was inconsistently executed as ordered. There was no evidence of documented rationale for missed assessments. Additionally, patient refusals for assessment were inconsistently accompanied with evidence of signed refusal form. The inability to execute an order for medically necessary care, including performing a patient assessment, can lead to inadequate care, inappropriate care, delayed

	care, and result in patient injury and/or harm. Additionally, without evidence of patient refusals to show that the patient was provided education and understands the risks involved with not being evaluated or treated, there is an increased risk for patient injury and/or harm, as well as organizational risk. Recommendation: • Identify and address current challenges preventing a complete and adequate assessment for each patient. • Hold Nursing staff accountable for timely CIWA-AR assessments. • Provide additional and/or focused staff training and education on use of CIWA-AR assessment form. • Continue to perform ongoing auditing and monitoring of CIWA-AR assessment form. Report results of auditing and monitoring to the ACSO. • Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs.
5. Was an electrolyte replacement beverage offered at each CIWA assessment?	Observation: For each of the patient files reviewed, Forvis Mazars observed inconsistent documentation of whether an electrolyte replacement beverage was offered at each CIWA-AR assessment. The CIWA-AR assessment score sheet required "Offered electrolyte replacement drink (minimum of 8 oz)", however, evidence of the actual offer of electrolyte replacement was not clearly documented. In some instances, the clinician encouraged an electrolyte replacement beverage, rather than offering it as advised, per *Wellpath Policy and Procedure HCD-110_F-04 Medically Supervised Withdrawal and Treatment-Alameda CA*. Additionally, there was inconsistency with patient refusals where there was no evidence of an electrolyte replacement beverage being offered initially to elicit a patient refusal. Recommendation: • Identify and address current challenges preventing adequate assessment for each patient. • Provide additional and/or focused staff training and education on use of CIWA-AR assessment form. • Continue to perform ongoing auditing and monitoring of CIWA-AR assessment form. Report results of auditing and monitoring to the ACSO.
6. Was the HCP called or consulted per protocol?	*Not applicable to any patients in sample.*

MEDICAL RECORD REVIEW: RESULTS

COWS Monitoring for Opiate/Opioid Withdrawal

	Wellpath Re-Evaluation Reviews			***Forvis Mazars CQI Review Audit Timeframe Month***	
Date	*7/2024*	*11/2024*	*12/2024*	***12/2024***	
PDSA Model	Study			**Act**	**Details for Non-Compliant Files**
Criteria	Percentage Compliant			**Percentage Compliant**	
	goal 90% (# compliant/# total applicable)				
1. Was the initial COWS assessment completed in intake?	39% (9/23)	95% (20/21)	84% (16/19)	67% (16/24)	8 of 24 files non-compliant: Patients 1,3, 6, 7, 8, 13, 20, 23: Receiving Screening and/or COWS assessment completed beyond 8-hours from applicable Book-In time. Risk for non-compliance: *Delayed Receiving Screening and corresponding intake orders causing unintentional barrier to access to care, including receiving immediate withdrawal treatment and management interventions. *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs.
2. Were OTC meds made available to the patient per the COWS protocol?	96% (22/23)	95% (20/21)	100% (19/19)	83% (20/24)	4 of 24 files non-compliant: Patients 1, 3, 20: Receiving Screening and/or COWS assessment completed beyond 8-hours from applicable Book-In time, resulting in delayed access to care and immediate medication management. Patient 12: Receiving Screening assessment completed timely for applicable Book-In time. However, delayed access to immediate medication management (>24 hours from completed receiving screening). Risk for non-compliance: *Delayed Receiving Screening and corresponding intake ordered causing unintentional barrier to access to care, including receiving immediate withdrawal treatment and management interventions. *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs.
3. Did the patient have every assessment completed per protocol?	0% (0/23)	10% (2/21)	0% (0/19)	0% (0/24)	24 of 24 files non-compliant: Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15,16, 17, 18, 19, 20, 21, 22, 23, 24: Every patient assessment was not documented as completed as prescribed by clinician and per protocol. Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs. *Delayed screening and corresponding intake orders causing unintentional barrier to access to care, including receiving withdrawal treatment and management interventions.
4. Was an electrolyte replacement beverage offered at each COWS assessment?	0% (0/22)	14% (3/21)	11% (2/19)	0% (0/24)	24 of 24 files non-compliant: Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15,16, 17, 18, 19, 20, 21, 22, 23, 24: Inconsistent documentation of electrolyte replacement beverage offered at each COWS assessment.
5. If the patient at any time had SBP<90, DBP<60, and/or HR>120, was the provider contacted?	*NA*	0% (0/2)	*NA*	*NA*	*Not applicable to any patients in sample.*

MEDICAL RECORD REVIEW: RESULTS

COWS Monitoring for Opiate/Opioid Withdrawal

	Wellpath Re-Evaluation Reviews			***Forvis Mazars CQI Review Audit Timeframe Month***	
Date	*7/2024*	*11/2024*	*12/2024*	***12/2024***	
PDSA Model	Study			**Act**	**Details for Non-Compliant Files**
Criteria	Percentage Compliant			**Percentage Compliant**	
	goal 90% (# compliant/# total applicable)				
6. If the GI upset component score was 4 or higher, was the appropriate OTC med (Meclizine and/or Imodium) offered to this patient?	N/A	100% (1/1)	*NA*	*NA*	*Not applicable to any patients in sample.*
7. If the answer to question #6 was NO or the patient refused OTC meds for GI upset, did follow-up occur?	N/A	N/A	*NA*	*NA*	*Not applicable to any patients in sample.*
8. Was the HCP called or consulted per protocol?	0% (0/5)	25% (1/4)	*29%* *(2/7)*	*NA*	*Not applicable to any patients in sample.*

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS COWS Monitoring for Opiate/Opioid Withdrawal	
1. Was the initial COWS assessment completed in intake?	Observation: Some of the patient files reviewed showed delayed completion of Receiving Screening and/or COWS assessment documentation beyond the required 8-hours from applicable Book-in time. Delayed Receiving Screening and corresponding intake orders cause unintentional barriers to access to care, including receiving withdrawal treatment and management interventions, resulting in an increases risk for patient injury and/or harm. Recommendation: • Identify and address current challenges preventing timely and adequate assessment for each patient. • Hold Nursing staff accountable for the timely completion and accuracy of the Receiving Screening and COWS assessment. • Provide additional and/or focused staff training and education on COWS assessment form use. • Continue to perform ongoing auditing and monitoring of COWS assessment form. Report results of auditing and monitoring to the ACSO. • Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs.
2. Were OTC meds made available to the patient per the COWS protocol?	Observation: Some of the patient files reviewed showed delayed completion of Receiving Screening and/or COWS assessment documentation beyond the required 8-hours from applicable Book-in time. Additionally, there was further delay in ordering and administering protocol medications for one patient file reviewed, Receiving Screening and COWS assessment document were timely, however, delay of greater than 24 hours in ordering and administering protocol medications. Receiving Screening and corresponding intake orders cause unintentional barriers to access to care, including receiving immediate withdrawal treatment and management interventions, resulting in an increased risk for patient injury and/or harm. This delay in care is classified as a clinical near-miss with a chance of a serious adverse patient outcome. Recommendation: • Reassess newly implemented Reception Center Intake model, including multidisciplinary roles, responsibilities, and documentation expectations. • Identify and address current challenges preventing timely and adequate assessment for each patient. • Hold Nursing staff accountable for the timely completion and accuracy of the Receiving Screening and COWS assessment. • Hold responsible providers accountable for timely ordering of medications for withdrawal. • Provide additional and/or focused staff training and education on COWS assessment form use. • Continue to perform ongoing auditing and monitoring of COWS assessment form. Report results of auditing and monitoring to the ACSO. • Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs.
3. Did the patient have every assessment completed per protocol?	Observation: For all the patient files reviewed, every patient assessment was not documented as completed and scored per protocol. COWS Score Sheet Opiate/Opioid Withdrawal monitoring was inconsistently executed as ordered. There was no evidence of documented rationale for missed assessments. Additionally, patient refusals for assessment were inconsistently accompanied with evidence of signed refusal form. The inability to execute an order for medically necessary care, including performing a patient assessment, can lead to inadequate care, inappropriate care, delayed care, and result in patient injury and/or harm. Additionally, without evidence of patient refusals to show that the patient was provided education and understands the risks involved with not being evaluated or treated, there is an increased risk for patient injury and/or harm, as well as organizational risk. Recommendation: • Identify and address current challenges preventing a complete and adequate assessment for each patient. • Hold Nursing staff accountable for timely COWS assessment.

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS COWS Monitoring for Opiate/Opioid Withdrawal	
	• Provide additional and/or focused staff training and education on COWS assessment form use. • Continue to perform ongoing auditing and monitoring of COWS assessment form. Report results of auditing and monitoring to the ACSO. • Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs.
4. Was an electrolyte replacement beverage offered at each COWS assessment?	Observation: For all the patient files reviewed, Forvis Mazars observed inconsistent documentation of whether an electrolyte replacement beverage was offered at each COWS assessment. COWS assessment score sheet required "Offered electrolyte replacement drink (minimum of 8 oz)", however, evidence of the actual offer of electrolyte replacement was not clearly documented. In some instances, the clinician encouraged an electrolyte replacement beverage, rather than offering it as advised, per *Wellpath Policy and Procedure HCD-110_F-04 Medically Supervised Withdrawal and Treatment-Alameda CA*. Additionally, there was inconsistency with patient refusals where there was no evidence of an electrolyte replacement beverage being offered initially to elicit a patient refusal. Recommendation: • Identify and address current challenges preventing adequate assessment for each patient. • Provide additional and/or focused staff training and education on COWS assessment form use. • Continue to perform ongoing auditing and monitoring of COWS assessment form. Report results of auditing and monitoring to the ACSO.
5. If the patient at any time had SBP<90, DBP<60, and/or HR>120, was the provider contacted?	*Not applicable to any patients in sample.*
6. If the GI upset component score was 4 or higher, was the appropriate OTC med (Meclizine and/or Imodium) offered to this patient?	*Not applicable to any patients in sample.*
7. If the answer to question #6 was NO or the patient refused OTC meds for GI upset, did follow-up occur?	*Not applicable to any patients in sample.*
8. Was the HCP called or consulted per protocol?	*Not applicable to any patients in sample.*

APPENDIX

PROJECT DETAILS

Project Scope	Assess and evidence ACSO compliance with requirements applicable to Alameda County's Santa Rita Jail (SRJ) adult correctional facility, specifically Continuous Quality Improvement (CQI) activities by Wellpath. Additionally, evaluate the County's compliance with applicable laws, rules, and regulations of applicable government authorities regarding the ambulatory medical care provided to incarcerated individuals (patients) at SRJ and required by the ACSO. Project scope excludes the provision of any direct patient medical care.

METHODOLOGY

A. CONTINUOUS QUALITY IMPROVEMENT STUDY REVIEW

As described in the Project Details section, to provide expanded Medical Quality Assurance (QA) services for the ACSO, Forvis Mazars performed CQI program review and support to evaluate ongoing CQI monitoring activities, performance improvement strategies, and change implementation effectiveness. Forvis Mazars provided focused CQI recommendations to help assure appropriate access, timeliness, and continuity of care delivery.

Forvis Mazars conducted medical record review of up to 24 incarcerated individual (patient) files for CIWA-AR and up to 24 patient files for COWS against Wellpath's CQI criteria for the defined studies outlined in the 2024 CQI calendar and guidance. Forvis Mazars performed a medical record review after Wellpath's scheduled initial audit, implementation of a related Improvement Plan and a re-evaluation study. Forvis Mazars performed the review to examine change implementation effectiveness and long-term performance of the improvement strategy, consistent with the widely used Plan-Do-Study-Act (PDSA) model:

- Plan – Plan a change or test aimed at an identified problem:
  - Wellpath CQI study calendar by month, date range for data collection, and criteria questions specific to plan details.
- Do – Carry out the change or test:
  - Initial Wellpath CQI study audit and evaluation.
- Study – Analyze the results of the CQI study to learn opportunities of improvement:
  - Wellpath Improvement Plan development, implementation, and re-evaluation for initial overall compliance performance of less than 90-95% compliance threshold.
- Act – Run through the cycle again to determine adopt or abandon change:
  - Forvis Mazars CQI review to identify additional risks for non-compliance and need for corrective action plan (CAP).

The compliance threshold of 90% or 95% is determined by Wellpath's CQI study guidance. A compliance score less than a 90-95% threshold warrants a CAP. The CAP includes enhanced action steps consistent with the observations and recommendations provided, including re-evaluation within six months or more to demonstrate long-term change implementation effectiveness, as applicable.

CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal

July 2024 Re-evaluation CQI Study:

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 24 patient records during the 6/1– 6/25/2024 date range, against the following criteria:
    1. Was the initial CIWA assessment completed in intake?
    2. Did the provider order Librium first dose to start now, regardless of CIWA score?
    3. Did the patient receive medication within the appropriate time frame?
    4. Did the patient have every assessment completed?
    5. Was an electrolyte replacement beverage offered at each CIWA assessment?
    6. Was the HCP called or consulted per protocol?
  - Established a compliance threshold of 95%.
  - Developed an Improvement Plan on 7/30/2024 based on initial audit score of 39%.
- **Study** – Wellpath conducted the re-evaluation of CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal in October 2024. This re-evaluation also serves as the second of two CIWA-AR for CQI measurement year 2024.

October 2024 Second Initial CQI Study:

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 18 patient records during the 9/17– 10/1/2024 date range, against the following criteria:
    1. Was the initial CIWA assessment completed in intake?
    2. Did the provider order Librium first dose to start now, regardless of CIWA score?
    3. Did the patient receive medication within the appropriate time frame?
    4. Did the patient have every assessment completed?

METHODOLOGY

5. Was an electrolyte replacement beverage offered at each CIWA assessment?
6. Was the HCP called or consulted per protocol?

- Established compliance threshold of 95%.
- Developed Improvement Plan on 10/7/2024 based on initial audit score.

- **Study** – Wellpath anticipated re-evaluation scheduled for November 2024, however conducted re-evaluation in December 2024.

December 2024 Re-evaluation CQI Study:

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 21 patient records during the 11/1/2024 – 11/30/2024 date range, against the following criteria:
    1. Was the initial CIWA assessment completed in intake?
    2. Did the provider order Librium first dose to start now, regardless of CIWA score?
    3. Did the patient receive medication within the appropriate time frame?
    4. Did the patient have every assessment completed?
    5. Was an electrolyte replacement beverage offered at each CIWA assessment?
    6. Was the HCP called or consulted per protocol?
  - Established a compliance threshold of 95%.
  - Developed an Improvement Plan on 12/18/2024 based on initial audit score of 37%.
- **Study** – Wellpath anticipated re-evaluation scheduled for January 2025.
- **Act** – Forvis Mazars performed the following activities:
  - Evaluated 24 patient files against the CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal criteria during the 11/1– 11/30/2024 audit timeframe, to allow for evidence of change implementation effectiveness.
  - Provided focused CQI observations and recommendations for a CAP, including enhanced action steps and re-evaluation.

COWS Monitoring for Opiate/Opioid Withdrawal

July 2024 Re-evaluation CQI Study:

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 23 patient records during the 6/1– 6/30/2024 date range, against the following criteria:
    1. Was the COWS assessment completed in intake?
    2. Were the OTC meds made available to the patient per the COWS protocol?
    3. Did the patient have every assessment completed per protocol?
    4. Was an electrolyte replacement beverage offered at each CIWA assessment?
    5. If the patient at any time had SBP<90, DBP<60, and/or HR>120, was the provider contacted?
    6. If the GI upset component score was 4 or higher, was the appropriate OTC meds (Meclizine and/or Imodium) offered to the patient?
    7. If the answer to question #6 was NO or the patient refused OTC meds for GI upset, did the follow-up occur?
    8. Was the HCP called or consulted per protocol?
  - Established a compliance threshold of 95%.
  - Developed an Improvement Plan on 7/31/2024 based on initial audit score.
- **Study** – Wellpath conducted the re-evaluation of COWS Monitoring for Opiate/Opioid Withdrawal in November 2024.

November 2024 Re-evaluation CQI Study:

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 21 patient records during the 10/1– 10/31/2024 date range, against the following criteria:
    1. Was the COWS assessment completed in intake?
    2. Were the OTC meds made available to the patient per the COWS protocol?
    3. Did the patient have every assessment completed per protocol?
    4. Was an electrolyte replacement beverage offered at each CIWA assessment?
    5. If the patient at any time had SBP<90, DBP<60, and/or HR>120, was the provider contacted?
    6. If the GI upset component score was 4 or higher, was the appropriate OTC meds (Meclizine and/or Imodium) offered to the patient?
    7. If the answer to question #6 was NO or the patient refused OTC meds for GI upset, did the follow-up occur?
    8. Was the HCP called or consulted per protocol?
  - Established a compliance threshold of 95%.
  - Developed an Improvement Plan on 11/12/2024 based on initial audit score.
- **Study** – Wellpath conducted the re-evaluation of COWS Monitoring for Opiate/Opioid Withdrawal in December 2024.

METHODOLOGY

December 2024 Re-evaluation CQI Study:

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 19 patient records during the 12/1/2024 – 12/24/2024 date range, against the following criteria:
    1. Was the COWS assessment completed in intake?
    2. Were the OTC meds made available to the patient per the COWS protocol?
    3. Did the patient have every assessment completed per protocol?
    4. Was an electrolyte replacement beverage offered at each CIWA assessment?
    5. If the patient at any time had SBP<90, DBP<60, and/or HR>120, was the provider contacted?
    6. If the GI upset component score was 4 or higher, was the appropriate OTC meds (Meclizine and/or Imodium) offered to the patient?
    7. If the answer to question #6 was NO or the patient refused OTC meds for GI upset, did the follow-up occur?
    8. Was the HCP called or consulted per protocol?
  - Established a compliance threshold of 95%.
  - Developed an Improvement Plan on 12/18/2024 based on initial audit score.
- **Study** – Wellpath anticipated the re-evaluation to be scheduled for January 2025.
- **Act** – Forvis Mazars performed the following activities:
  - Evaluated 24 patient files against the COWS Monitoring for Opiate/Opioid Withdrawal criteria during the 11/1– 11/30/2024 audit timeframe, to allow for evidence of change implementation effectiveness.
  - Provided focused CQI observations and recommendations for a CAP, including enhanced action steps and re-evaluation

B. CONTINUOUS QUALITY IMPROVEMENT PROGRAM GUIDANCE

A continuous quality improvement (CQI) program monitors and improves health care delivered in the facility (NCCHC essential standard J-A-06).

- Compliance Indicators:
  1. The responsible health authority establishes a CQI program that includes a quality improvement committee consisting of health staff from various disciplines. Additional participants may be included, depending on the issues being addressed.
     a. The CQI committee should meet at least quarterly to establish objective criteria for use in monitoring quality of care, develop plans for improvement based on monitoring findings, and assess effectiveness of these plans after implementation.
  2. CQI meeting minutes or summaries are made and retained for reference, and copies are available and reviewed by all appropriate personnel. CQI meeting minutes should provide sufficient detail to guide future decisions.
  3. Health record reviews are done under the guidance of the responsible physician or designee to ensure appropriate care is ordered and implemented and that care is coordinated by all health staff, including medical, dental, mental health, and nursing.
  4. Beyond chart reviews, the responsible physician is involved in the CQI process.
  5. When the CQI committee identifies a site-specific health care concern from its monitoring, a process and/or outcome quality improvement study is initiated and documented.
     a. Process quality improvement studies examine the effectiveness of the health care delivery process.
     b. Outcome quality improvement studies examine whether the expected outcomes of patient care were achieved.
  6. At least one process and/or outcome quality improvement study is completed per year.
  7. The CQI committee documents a written annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and/or staff meetings, or other pertinent written materials.
  8. All aspects of the standard are addressed by written policy and defined procedures.
- One essential element of quality improvement is the monitoring of high-risk, high-volume, or problem-prone aspects of health care provided to patients.
- Recommended areas to study can be consistent with regularly monitored statistical reports (NCCHC essential standard A-04):
  - Service volume.
  - Referral to specialists.
  - Deaths.
  - Incidence of certain illnesses.
  - Infectious disease monitoring.
  - Emergency services and hospital admissions provided.
  - Access, timeliness of health services, and follow-up.
  - Missed appointments.
  - Grievance statistics.
- Success of compliance with CQI program standards is measured by the relevance of the studies and effectiveness of the improvement strategies and corrective action.
- The CQI program should use one or more of these quality performance measures when designing studies:
  - Accessibility.
  - Appropriateness of clinical decision making.
  - Continuity.

METHODOLOGY

- Timeliness.
- Effectiveness.
- Efficiency.
- Prescriber-patient interaction.
- Safety.

- The CQI program should measure one or more of the following major service areas annually:
  - Intake processing.
  - Acute care.
  - Medication services.
  - Chronic care services.
  - Intra-system transfer services.
  - Scheduled off-site services.
  - Unscheduled on-site and off-site services.
  - Mental health services.
  - Dental services.
  - Ancillary services.
  - Dietary services.
  - Infirmary services.

As part of a continuous quality improvement (CQI) Program, Access to Care means that the patient is seen by a qualified health care professional, is rendered an appropriate clinical judgement, and receives care that is ordered (NCCHC essential standard J-A-01).

Additionally, patients requiring medically supervised withdrawal and treatment receive multidisciplinary care aligned with evidence-based standards (NCCHC essential standard J-F-04).

- Compliance Indicators:
  1. Protocols exist for managing inmates under the influence of or undergoing withdrawal from alcohol, sedatives, opioids, and/or other substances.
  2. Protocols for intoxication and withdrawal are approved by the responsible physician annually and are consistent with nationally accepted treatment guidelines.
  3. Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using approved protocols as clinically indicated until symptoms are resolved.
  4. Individuals being monitored are housed in a safe location that allows for effective monitoring.
  5. If the findings from patient monitoring meet the national guidelines to begin prescription medications, medically supervised withdrawal is implemented.
  6. Medically supervised withdrawal is done under provider supervision.
  7. Inmates experiencing severe or progressive intoxication (overdose) or severe alcohol/sedative withdrawal are transferred immediately to a licensed acute care facility.
  8. The facility has a policy that addresses the management of inmates on medication-assisted treatment (MAT).
  9. Inmates entering the facility on MAT have their medication continued, or a plan for medically supervised withdrawal is initiated.
  10. Disorders associated with alcohol and other drugs (e.g., HIV, liver disease) are recognized and treated.
  11. All aspects of the standard are addressed by written policy and defined procedures.

C. APPLICABLE POLICY AND PROCEDURE

NCCHC standards require Receiving Screening to occur upon arrival and if exhibiting symptoms of alcohol or drug withdrawal are immediately referred for care.

The *Babu Consent Decree Case No. 5:18-CV-07677* mandates patients are processed through intake within 8-hours. The Receiving Screening should include but not be limited to, questions regarding substance(s) or medication(s) used, including the amount, time of last use and history of use; any physical observations, such as shaking, seizing, or hallucinating; history of drug withdrawal symptoms, such as agitation, tremors, seizures, hallucinations, or delirium tremens. Referral timeframes to medical and mental health providers following assessment at intake dictate Emergent within 4-hours of referral; Urgent within 2-hours of referral, and Routine within five (5) business days or seven (7) calendar days of referral.

ACSO Policy and Procedure Chapter Medical and Health Care Services, Number 13.02 Inmate Medical/Health Appraisal Screening, Special Clinics, Communicable Disease, Quarantines and Terminally Ill Inmates, require medical screening (member of the medical staff), clinical history, and a complete physical exam (conducted by, or under the supervision of, a licensed medical professional) within 14 days of admission.

Wellpath Policy and Procedure HCD-110_F-04 Medically Supervised Withdrawal and Treatment-Alameda CA require patients to be questioned during Receiving Screening/intake process using the Substance Use Screening section of the Receiving Screening form about use of Alcohol and Other Drugs (AOD), type of substance, amount of substance used, frequency of use, time of last use.

METHODOLOGY

- Patients that report regular, frequent AOD use are at risk for withdrawal and further evaluation and withdrawal monitoring is reported on the following clinical evaluation tools: CIWA-AR, COWS, Synthetic Drug Use Monitoring Flowsheet.
- Frequency of monitoring for all types of withdrawal and substance use is no more than every 8-hours (more if clinically indicated) and for a minimum of 5 days.
- There is no minimum score required to initiate withdrawal monitoring and medications, as initiation by the provider is based on risk and patient report/history.
- At each assessment/monitoring, the patient is offered a minimum of eight ounces (8 oz) of electrolyte replacement drink.
- Every effort shall be made to complete the entire assessment/monitoring. If the patient refuses to answer questions or allow vital signs and/or medication administration, then visual observation of the patient's condition is documented, and the refusal is documented on the Wellpath refusal form.
- If the CIWA-AR score is eight or above at the final evaluation, then the HCP is contacted for guidance.
- If the COWS score is 11 or above at the final evaluation, then the HCP is contacted for guidance.
- Every effort shall be made to initiate the Librium for alcohol and/or benzodiazepine withdrawal management within 4-hours of risk identification.