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 of less than 90-95% threshold warrants a corrective action plan (CAP). *(See Appendix for additional Methodology and CQI program standard details)*				
Wellpath Study Date	7/2024	**Forvis Mazars Audit Timeframe Period**	12/1– 12/31/2024	**Date Report Sent**	1/15/2025 (DRAFT) 1/24/2025 (FINAL)
CQI Studies	Receiving Screening and Medication Verification				

SUMMARY

For the audit timeframe of 12/1– 12/31/2024, Forvis Mazars CQI program and study review of the Receiving Screening and Medication Verification* 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. A total of eight criteria (Questions) for Receiving Screening and Medication Verification were measured.

Wellpath performed three evaluation studies (one initial, two re-evaluations).

Wellpath July 2024 Initial Study:
The Receiving Screening and Medication Verification study performed on July 30, 2024, scored an overall compliance rate of 73%. Consistent with the Plan-Do stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating the staff regarding completing the receiving screening within the timeframe outlined in Wellpath's policy and medications verified and reviewed with provider when reported on intake.

Wellpath October 2024 1st Re-evaluation Study:
As part of the continuous improvement process, Wellpath conducted a re-evaluation study on October 28, 2024, measuring all eight criteria, consistent with the July 2024 initial study. Wellpath's re-evaluation scored an overall compliance rate of 95%. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform another re-evaluation of its Improvement Plan implementation due to not meeting a 90% compliance for one criterion. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating the staff on completing the receiving screening within the timeframe outlined in Wellpath's policy.

Wellpath December 2024 2nd Re-evaluation Study:
The 2nd re-evaluation Receiving Screening and Medication Verification study performed on December 26, 2024, scored an overall compliance rate of 82%.

As a result, Forvis Mazars performed a medical record review that showed a compliance rate of 90%. Due to yielding a score equal to the 90-95% 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.

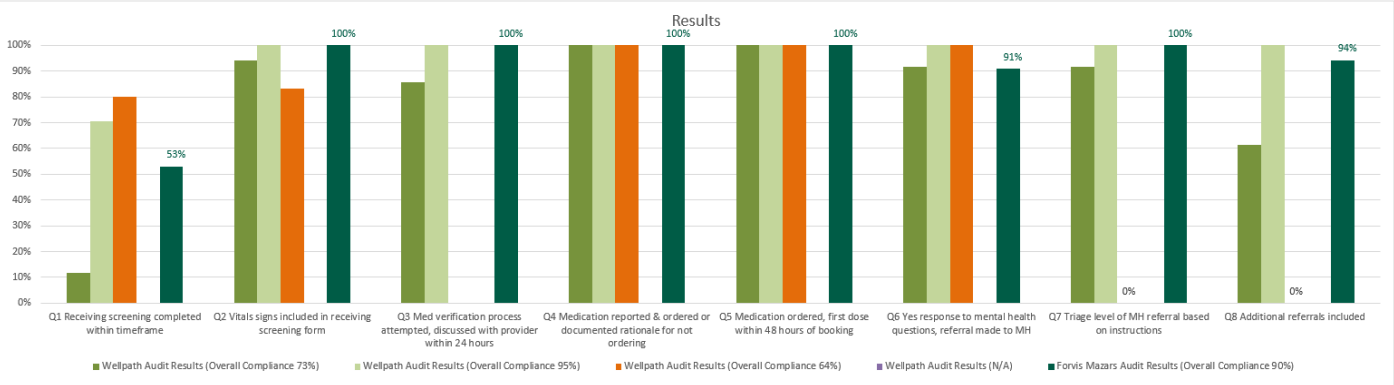
Areas of Risk:

i. Areas at risk for non-compliance that are identified to require clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs include:
   - Completion of receiving screening within timeframe outlined in Wellpath's policy.

ii. Areas at risk for non-compliance that are identified to require collaborative management and information sharing across different teams and systems include:
   - Referral submitted to Mental Health.

**Reviewed in Medical QA reports Section E-Patient Care and Treatment: Receiving Screening E-02 (E)*

Receiving Screening and Medication Verification



CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

CQI MEDICAL RECORD REVIEW: RESULTS

	Wellpath Initial & Re-Evaluation Reviews			***Forvis Mazars CQI Review Audit Timeframe Month***	
Date	*7/2024 (Initial)*	*10/2024 (1st Re-Evaluation)*	*12/2024 (2nd Re-Evaluation)*	***1/2025***	
PDSA Model	Plan-Do-Study			**Act**	**Details for Non-Compliant Files**
Criteria	Percentage Compliant			**Percentage Compliant**	
	goal 90-95% (# compliant/# total applicable)				
1. The receiving screening was completed within the time frame outlined by site policy?	12% (2/17)	71% (12/17)	59% (10/17)	53% (9/17)	8 of 17 files non-compliant: Patients 2, 4, 5, 10, 12, 15, 16, 17: Receiving Screening assessment completed beyond 8-hours from applicable Book-In time. Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs.
2. The receiving screening includes vital signs as required on the standardized form?	94% (16/17)	100% (17/17)	94% (16/17)	100% (17/17)	Compliant.
3. If the patient was on medication, was the med verification process attempted, and all medications reported by the patient discussed with the provider within 24 hours?	86% (6/7)	100% (4/4)	100% (4/4)	100% (8/8)	Compliant.
4. For each medication reported, was medication ordered OR does the documentation reflect the rationale for not ordering the medication? [95% compliance threshold]	100% (6/6)	100% (4/4)	100% (4/4)	100% (9/9)	Compliant.
5. If the medication was ordered, was	100% (6/6)	100% (4/4)	100% (3/3)	100% (11/11)	Compliant.

CQI MEDICAL RECORD REVIEW: RESULTS						
	Wellpath Initial & Re-Evaluation Reviews			***Forvis Mazars CQI Review Audit Timeframe Month***		
Date	*7/2024 (Initial)*	*10/2024 (1st Re-Evaluation)*	*12/2024 (2nd Re-Evaluation)*	***1/2025***		
PDSA Model	Plan-Do-Study			**Act**	**Details for Non-Compliant Files**	
Criteria	Percentage Compliant			**Percentage Compliant**		
	goal 90-95% (# compliant/# total applicable)					
	the first dose administered within 48 hours of booking? (If on the High Priority Medication List, was the first dose administered within 24 hours of notification of the medication to healthcare staff?) [95% compliance threshold]					
6.	If the patient gave YES answers to any mental health questions, was a referral submitted to mental health? [95% compliance threshold]	92% (11/12)	100% (17/17)	94% (16/17)	91% (10/11)	1 of 11 files non-compliant: Patient 3: No evidence mental health prescreening performed for applicable book-in period. Risk for non-compliance: *Requires collaborative management and information sharing across different teams and systems.
7.	If referred to MH, was the triage level of the referral submitted based upon the instructions listed in the receiving screening?	92% (11/12)	100% (16/16)	59% (10/17)	100% (9/9)	Compliant.
8.	The receiving screening includes a referral when additional care is needed? (other than behavioral health referrals as addressed above)	62% (8/13)	100% (12/12)	93% (13/14)	94% (16/17)	Compliant.

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS	
1. The receiving screening was completed within the time frame outlined by site policy?	Observation: Some of the patient files reviewed showed delayed Receiving Screening completion beyond the required 8-hours from applicable Book-In time. Site policy requires the Receiving Screening is performed *upon arrival at booking* to ensure that emergent and urgent health needs are met (HCD-110_E-02). NCCHC standards require the Receiving Screening to take place *as soon as possible upon acceptance into custody.* The Consent Decree mandates that patients are processed through intake *within 8-hours.* Delayed Receiving Screening and corresponding intake orders causes unintentional barriers to access to care, including receiving immediate treatment and management interventions, resulting in an increased 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 assessment. • Continue to perform ongoing auditing and monitoring of Receiving Screening 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. The receiving screening includes vital signs as required on the standardized form?	Criteria met.
3. If the patient was on medication, was the med verification process attempted, and all medications reported by the patient discussed with the provider within 24 hours?	Criteria met.
4. For each medication reported, was medication ordered OR does the documentation reflect the rationale for not ordering the medication? [95% compliance threshold]	Criteria met.
5. If the medication was ordered, was the first dose administered within 48 hours of booking? (If on the High Priority Medication List, was the first dose administered within 24 hours of notification of the medication to healthcare staff?) [95% compliance threshold]	Criteria met.
6. If the patient gave YES answers to any mental health questions, was a referral submitted to mental health? [95% compliance threshold]	Observation: For one patient file reviewed, there was no evidence a mental health prescreening was performed for the applicable book-in period. Additionally, there is no visibility of Mental Health consultation completion and related outcomes. Evidence of completed Mental Health consultation for previous book-in documenting "per chart review client has several dx of schizophrenia." Delayed and/or incomplete Mental Health consultation and corresponding intake orders causes unintentional barriers to access to care, including receiving immediate treatment and management interventions, resulting in an increased risk for patient injury and/or harm. Recommendation: • Continue to hold Clinicians accountable for the appropriate identification and documentation of the required Mental Health Referral(s). • Continue to perform ongoing auditing and monitoring of appropriate selection(s) and documentation of Mental Health Referrals. Report results of auditing and monitoring to the ACSO. • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, and AFBH behavioral health, to uniformly manage and share information across teams and systems.

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS	
	• Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), and AFBH behavioral health (Gateway).
7. If referred to MH, was the triage level of the referral submitted based upon the instructions listed in the receiving screening?	Criteria met.
8. The receiving screening includes a referral when additional care is needed? (other than behavioral health referrals as addressed above)	Criteria met.

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 against Wellpath's CQI criteria for the defined studies outlined in the 2024 CQI calendar and guidance. Forvis Mazars performed medical record review after Wellpath's scheduled initial audit and implementation of a related Improvement Plan. Wellpath's subsequent re-evaluation is pending completion. 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.

July 2024 Initial CQI Study:

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 17 patient records during the 06/01/2024 – 06/30/2024 date range, against the following criteria:
    1. The receiving screening was completed within the time frame outlined by site policy?
    2. The receiving screening includes vital signs as required on the standardized form?
    3. If the patient was on medication, was the med verification process attempted, and all medications reported by the patient discussed with the provider within 24 hours?
    4. For each medication reported, was medication ordered OR does the documentation reflect the rationale for not ordering the medication? [95% compliance threshold]
    5. If the medication was ordered, was the first dose administered within 48 hours of booking? (If on the High Priority Medication List, was the first dose administered within 24 hours of notification of the medication to healthcare staff?) [95% compliance threshold]
    6. If the patient gave YES answers to any mental health questions, was a referral submitted to mental health? [95% compliance threshold]
    7. If referred to MH, was the triage level of the referral submitted based upon the instructions listed in the receiving screening?
    8. The receiving screening includes a referral when additional care is needed? (other than behavioral health referrals as addressed above)
  - Established compliance threshold of 90% except criteria #4, #5 and #6 minimum compliance threshold of 95%.
  - Wellpath developed Improvement Plan for two deficient criteria on 07/30/2024 based on the initial audit score.
- **Study** – Wellpath conducted the re-evaluation of Receiving Screening and Medication Verification in October 2024.

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October 2024 Re-evaluation CQI Study:

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 17 patient records during the 10/01/2024 – 10/27/2024 date range, against the following criteria:
    1. The receiving screening was completed within the time frame outlined by site policy?
    2. The receiving screening includes vital signs as required on the standardized form?
    3. If the patient was on medication, was the med verification process attempted, and all medications reported by the patient discussed with the provider within 24 hours?
    4. For each medication reported, was medication ordered OR does the documentation reflect the rationale for not ordering the medication? [95% compliance threshold]
    5. If the medication was ordered, was the first dose administered within 48 hours of booking? (If on the High Priority Medication List, was the first dose administered within 24 hours of notification of the medication to healthcare staff?) [95% compliance threshold]
    6. If the patient gave YES answers to any mental health questions, was a referral submitted to mental health? [95% compliance threshold]
    7. If referred to MH, was the triage level of the referral submitted based upon the instructions listed in the receiving screening?
    8. The receiving screening includes a referral when additional care is needed? (other than behavioral health referrals as addressed above)
  - Established compliance threshold of 90% except criteria #4, #5 and #6 minimum compliance threshold of 95%.
  - Wellpath developed Improvement Plan for one deficient criterion on 10/28/2024 based on the re-evaluation audit score.
- **Study** – Wellpath conducted another re-evaluation of Receiving Screening and Medication Verification in December 2024.

December 2024 2nd Re-evaluation CQI Study:

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 17 patient records during the 12/1/2024 – 12/24/2024 date range, against the following criteria:
    1. The receiving screening was completed within the time frame outlined by site policy?
    2. The receiving screening includes vital signs as required on the standardized form?
    3. If the patient was on medication, was the med verification process attempted, and all medications reported by the patient discussed with the provider within 24 hours?
    4. For each medication reported, was medication ordered OR does the documentation reflect the rationale for not ordering the medication? [95% compliance threshold]
    5. If the medication was ordered, was the first dose administered within 48 hours of booking? (If on the High Priority Medication List, was the first dose administered within 24 hours of notification of the medication to healthcare staff?) [95% compliance threshold]
    6. If the patient gave YES answers to any mental health questions, was a referral submitted to mental health? [95% compliance threshold]
    7. If referred to MH, was the triage level of the referral submitted based upon the instructions listed in the receiving screening?
    8. The receiving screening includes a referral when additional care is needed? (other than behavioral health referrals as addressed above)
  - Established compliance threshold of 90% except criteria #4, #5 and #6 minimum compliance threshold of 95%.
  - Wellpath developed Improvement Plan for three deficient criteria on 12/26/2024 based on the 2nd re-evaluation audit score.
- **Study** – Wellpath anticipated a 3rd re-evaluation to be scheduled for February 2025.
- **Act** – Forvis Mazars performed the following activities:
  - Evaluated 17 patient files against the Receiving Screening and Medication Verification criteria during the 12/01/2024 – 12/31/2024 audit timeframe, to evaluate continued compliance.
  - 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.
  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.

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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.
    - 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, patient Receiving Screening is performed on all patients upon arrival at the facility to ensure that emergent and urgent health care needs are met as aligned with evidence-based standards (NCCHC essential standard J-E-02).

- Compliance Indicators:
    1. Reception personnel ensure that patients who are unconscious, semiconscious, bleeding, mentally unstable, severely intoxicated, exhibiting symptoms of alcohol or drug withdrawal, or otherwise urgently in need of medical attention are referred immediately for care and medical clearance into the facility.
        a. If they are referred to a community hospital and then returned, admission to the facility is predicated on written medical clearance from the hospital.
    2. A receiving and screening takes places as soon as possible upon acceptance into custody.
    3. The Receiving Screening form is approved by the responsible health authority (RHA) and inquires as to the patient's:
        a. Current and past illnesses, health conditions, or special heath requirements.
        b. Past infectious disease.
        c. Recent communicable illness symptoms.
        d. Past or current mental illness, including hospitalization.

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e. History of or current suicidal ideation.
f. Dental problems.
g. Allergies.
h. Dietary needs.
i. Prescription medications.
j. Legal and illegal drug use.
k. Current or prior withdrawal symptoms.
l. Possible, current, or recent pregnancy.
m. Other health problems as specified by the responsible physician.

4. The form also records reception personnel's observations of the patient:
   a. Appearance.
   b. Behavior
   c. State of consciousness.
   d. Ease of movement.
   e. Breathing.
   f. Skin.
5. The disposition of the patient is appropriate to the findings of the Receiving Screening and is indicated on the Receiving Screening form.
6. Receiving Screening forms are dated and timed immediately on completion and include the name, signature, and title of the person completing the form.
7. All immediate health needs are identified through the screening and properly addressed by qualified health care professionals.
8. Potentially infectious patients are isolated from the general patient population.
9. If a woman is pregnant, an opioid history is obtained.
10. If a woman reports current opioid use, she is immediately offered a test for pregnancy to avoid opioid withdrawal risks to fetus.
11. Health staff regularly monitor Receiving Screenings to determine the safety and effectiveness of this process.
12. All aspects of the standard are addressed by written policy and defined procedures.

C. APPLICABLE POLICY AND PROCEDURE

NCCHC standards require Receiving Screening to take place as soon as possible upon acceptance into custody.

The *Babu Consent Decree Case No. 5:18-CV-07677* mandates patients are processed through intake within 8-hours. 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.

Wellpath Policy and Procedure HCD-110_E-02 Receiving Screening-Alameda CA require patients, including transfers to be questioned during Receiving Screening/Intake process immediately upon arrival at the facility, prior to housing, in order to identify health conditions requiring immediate or ongoing interventions, including separation from the rest of the population because of communicable disease and/or active substance withdrawal.

Wellpath Policy and Procedure HCD-110_E-09A Medication Verification-Alameda CA requires reported medications, both those verified and unable to be verified excluding High Priority Medications, be discussed with the provider within one day for decision to either continue the verified order, not continue the verified order, substitute another medication, start medication that was unable to be verified, modify the dosage of a verified order, or not start an (un)verified order. The provider can use the information presented by the nurse from the medication verification process, or if the medication was unable to be verified, can continue the medication verification process for up to two additional business days. The qualified health provider shall invoke the option to decline whenever a medication is thought to be unnecessary or inappropriate based on diagnosis, usage, drug type, drug indication, dosage, etc. The decision must be documented in the health record. Routine medications will generally be attempted to be verified within 24 hours, or sooner, and administered within 48 hours of notification of the medication to health care staff, when ordered by a Wellpath prescriber or authorized prescriber.