

## MEDICAL QUALITY ASSURANCE QUARTERLY CORRECTIVE ACTION REPORT

### SUMMARY

Forvis Mazars provides Medical Quality Assurance (QA) services for the Alameda County Sheriff Office (ACSO) through the performance of Medical QA reviews to evaluate timeliness of care, appropriateness of assessment, treatment, type of Provider, and level of care. Forvis Mazars performed monthly medical record reviews of patient files to determine compliance with applicable requirements and community standards for appropriate access, timeliness, and continuity of care delivery for specified high-risk populations. As described in Exhibit A-1 of the Master Services Agreement (MSA), the focus areas include, but are not limited to:

- Death: Patient death/mortality.
- Suicide: Patients who attempted suicide, with history of suicide, or reported suicidal ideation.
- Hospital Transport and Admission: Patients emergently transported to a hospital for evaluation, and/or inpatient admission, and/or for an Outpatient Specialist appointment.
- Grievances: Patients with medical grievances.
- Women's Health, OBGYN Services: Female patients under Women's Health, OBGYN care.

Forvis Mazars tested patient files against specified compliance indicators, applicable requirements, and evidence-based best practice, including, but not limited to facility and medical policies and procedures, National Commission on Correctional Health Care (NCCCHC), American Correctional Standards (ACA), California Code of Regulations, and community standards of care. Non-compliance with specific requirements that have the potential to cause significant patient harm will require a corrective action response.

For the 2024 Quarter 1 (Q1) reporting period, Mazars identified three priority high risk areas of non-compliance requiring corrective action, as identified in the Area of Non-Compliance Table below.

### DISCUSSION OF NON-COMPLIANT OBSERVATIONS

All areas of non-compliance cited in this Report require corrective action.

Area of Non-Compliance		Level of Compliance		
		*Percentage compliant goal 90-95%		
Compliance Indicator	I. Section A – Governance and Administration	January	February	March
1	<b>Access to Care</b> NCCCHC Jail Standard A-01 (Essential): Incarcerated individuals have access to care for their serious medical, dental, and mental health needs.	6.7%	0.0%	14.3%
	<b>Are the relevant problems/alerts appropriately identified?</b>  <u>Observation:</u> Access to care means that the patient is seen by a qualified health care professional, is rendered an appropriate clinical judgment, and receives care that is ordered. Complete and accurate problem lists, as well as clinically indicated alerts, help eliminate intentional and unintentional barriers to care access and delivery. <ul style="list-style-type: none"> <li>• Problem Lists and Alerts were not consistently started, completed, or up to date.</li> </ul>			
4	II. Section E – Patient Care and Treatment	January	February	March
	<b>Initial Health Assessment (IHA)</b> NCCCHC Jail Standard E-04 (Essential): Incarcerated individuals receive initial health assessments.	0.0%	16.7%	0.0%

## DISCUSSION OF NON-COMPLIANT OBSERVATIONS

	<p><b><i>Is the IHA completed within 14 calendar days? If not, is the patient refusal form completed correctly and timely?</i></b></p> <p><u>Observation:</u> All incarcerated individuals should receive Initial Health Assessments (IHA).</p> <ul style="list-style-type: none"> <li>Requirement to initiate and/or complete the IHA within 14-calendar days of a patient's intake to the facility was missing or untimely or incomplete.</li> <li>Evidence of related scanned patient refusals was not consistent.</li> </ul>			
5	<p><b>Nonemergency Health Care Requests &amp; Services</b>            NCCHC Jail Standard E-07 (Essential): Incarcerated individuals' nonemergent health care needs are met.</p> <p><b><i>Is there evidence that the patient was seen within 24 hours of the patient sick call request?</i></b></p> <p><u>Observation:</u> All patient nonemergent health care needs shall be met and prioritized. All incarcerated individuals, regardless of housing, are given the opportunity to submit health care/sick call requests.</p> <ul style="list-style-type: none"> <li>Nursing Assessments related to patient health care/sick call requests were not consistently timely.</li> <li>Some of the patient Sick Call Requests continue to be miscategorized and not consistently named.</li> </ul>	30.0%	40.0%	44.4%

## CORRECTIVE ACTION ISSUANCE AND REQUIREMENTS

On behalf of the ACSO, Forvis Mazars completed its 2024 Q1 review of Wellpath's provision of care within the specified areas of focus and identified three priority high risk areas of non-compliance.

Wellpath has 30 calendar days to develop, submit, and take corrective action that addresses each identified area of non-compliance and describes the actions taken to correct the issues and the results of such action. Wellpath is required to file a corrective action plan (CAP) response to the ACSO Contracts Lieutenant or Designee that includes, at a minimum:

- A root cause analysis of each identified non-compliant area, which may include a description of the policies and procedures, staffing, training, and systems that failed.
- Steps taken to resolve the non-compliant issue.
- Steps taken to avoid reoccurrence.
- Method for implementation and completion of a CAP.
- Individuals responsible for implementation of the CAP.
- An attestation by Wellpath conveying a plan to remedy its identified non-compliance.
- CAP implementation completion date(s), as applicable.

The ACSO's Contracts Lieutenant or Designee may authorize extension to this timeline on a case-by-case basis.

The ACSO and Forvis Mazars shall review Wellpath's CAP response to determine if the proposed CAP and time frames for resolution are appropriate. Forvis Mazars may conduct a focused audit to confirm completion and implementation of the CAP response.

- If the CAP response to the non-compliant issue is deemed acceptable, an acknowledgement of acceptance shall be issued.
- If the CAP response to the non-compliant issue is deemed unacceptable, an explanation of why the CAP was not acceptable, which may include:
  - Possible consequences specific to the nature of the issue.
  - Possible escalation process.

Failure by Wellpath to respond timely, accurately, and in compliance with requirements to the ACSO's request may lead to further action.