

CONTINUOUS QUALITY IMPROVEMENT ANNUAL CORRECTIVE ACTION REPORT

SUMMARY

Forvis Mazars provides 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.

For each CQI study, Forvis Mazars conducted medical record review of up to 30 incarcerated individual (patient) files against Wellpath’s CQI criteria for the defined studies outlined in the Wellpath 2023 CQI calendar and guidance. Forvis Mazars performs medical record review after Wellpath’s scheduled initial audit, proven implementation of a related Improvement Plan, and re-evaluation. Forvis Mazars performed the review to examine change implementation effectiveness and long-term performance of the improvement strategy, consistent with the widely used cyclical quality improvement 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:
 - 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.

For Wellpath’s 2023 CQI performance year, Mazars identified four 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%		
Corrective Action		Wellpath Initial Evaluation	Wellpath Re-Evaluation	Forvis Mazars Evaluation
1	Receiving Screening NCCHC Jail Standard E-02 (Essential): Screening is performed on all incarcerated patients upon arrival at the intake facility to ensure that emergent and urgent health needs are met.	100.0%	NA	85.0%
	<ul style="list-style-type: none"> • Receiving Screening not consistently completed timely. • Appropriate specialty referrals not consistently identified on the Receiving Screening. 			
2	Medically Supervised Withdrawal and Treatment: Alcohol Withdrawal (CIWA)* NCCHC Jail Standard F-04 (Essential): Incarcerated individuals who are intoxicated or undergoing withdrawal are appropriately managed and treated. <i>*Two studies were conducted in 2023.</i>	70.0% (3/2023) 60.0% (12/2023)	Incomplete 57.0% (3/2024)	38.0% (9/2023) 42.0% (6/2024)
	Medically Supervised Withdrawal and Treatment: Opiates Withdrawal (COWS) NCCHC Jail Standard F-04 (Essential): Incarcerated individuals who are intoxicated or undergoing withdrawal are appropriately managed and treated.	63.0%	Incomplete	42.0%

DISCUSSION OF NON-COMPLIANT OBSERVATIONS

	<ul style="list-style-type: none"> Initial identification of required withdrawal monitoring not consistently completed timely to coincide with Receiving Screening. Inconsistent order and form completed for applicable Opioid Withdrawal Kick-Start Pack. Frequent incomplete documented observations and assessments performed. Inconsistent electrolyte replacement offered and documented. Evidence of related scanned patient refusals is not consistent. 			
3	<p>Chronic Care NCCHC Jail Standard F-01 (Essential): Patients with chronic disease, other significant health conditions, and disabilities receive ongoing multidisciplinary care aligned with evidence-based standards.</p>	74.0%	Incomplete	60.0%
	<ul style="list-style-type: none"> Inconsistent referral issued for existing chronic conditions or newly identified chronic conditions during Receiving Screening. Problem Lists and Alerts not consistently up to date. Ongoing 90-day chronic care visits not consistently completed timely, as indicated. Evidence influenza vaccine offered annually, as applicable. 			
4	<p>Initial Health Assessment. NCCHC Jail Standard E-04 (Essential): Incarcerated individuals receive initial health assessments (IHA).</p>	87.0%	93.0%	23.0%
	<ul style="list-style-type: none"> Untimely or incomplete IHA performed within 14 days of Receiving Screening (Book-in). Inconsistent co-signature of appropriate clinician credentials, as required when IHA initiated by a licensed vocational nurse. 			

CORRECTIVE ACTION ISSUANCE AND REQUIREMENTS

On behalf of the ACSO, Forvis Mazars completed its 2023 Annual review of Wellpath's identified CQI studies within the specified areas of focus and identified four 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.