

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 reporting period, Mazars performed medical record review of 30 incarcerated individual (patient) files against Wellpath’s CQI criteria for the defined study outlined in the 2023 CQI calendar. Consistent with the Plan-Do-Study-Act (PDSA) model, 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). <i>(See Appendix for additional Methodology and CQI program standard details)</i>		
Report Date	05/14/2024	Reporting Period	2/1/2024 - 2/29/2024
CQI Studies	Sick Call		

SUMMARY

For the reporting period of 2/1/2024 - 2/29/2024, Mazars CQI program and study review of the Sick Call* 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 five criteria (Questions) for Sick Call were measured.

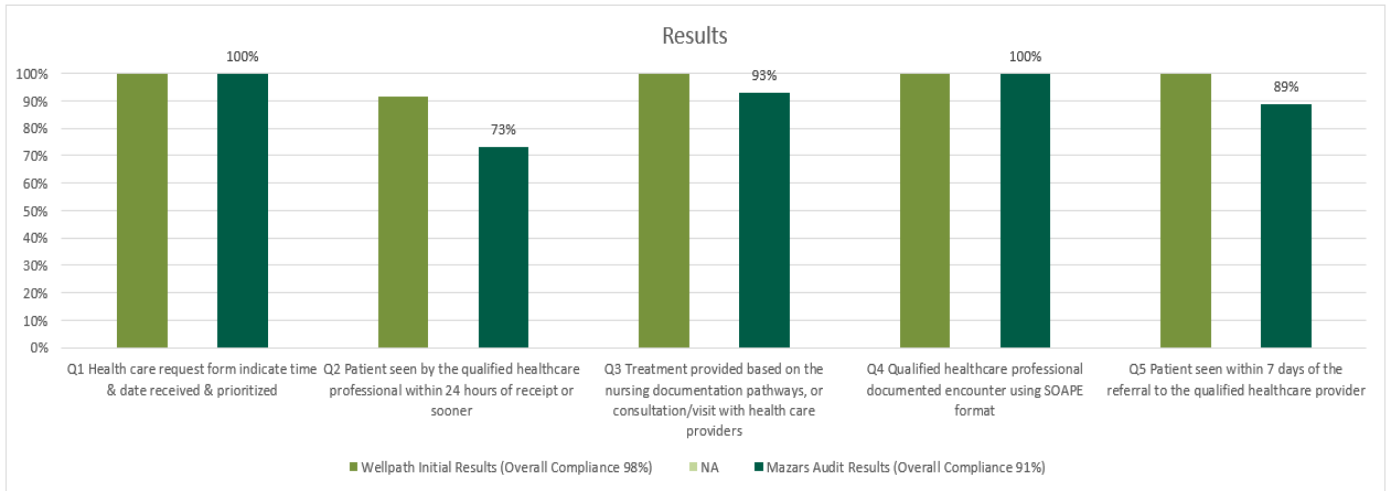
As shown in the Results graph below, Wellpath scored an overall compliance rate of 98% for Sick Call. Based on the Wellpath Initial Review total compliance score of 98%, a Re-evaluation Review was not required. Notwithstanding, Mazars performed a medical record review that resulted in a compliance rate of 91%. As the score met compliance threshold of 90%, consistent with the Act stage of the PDSA cycle, Mazars recommends a subsequent re-evaluation within six months or more to demonstrate long-term change implementation effectiveness.

Areas of Risk:

- i. Areas at risk for noncompliance identified to require operational efficiency to meet patient care delivery needs include: adequate treatment and documentation pathways for clinical team

**Reviewed in Medical QA reports sections 2.4 Delayed Specialty Care and 2.5 Sick Call Timeliness.*

Sick Call



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MEDICAL RECORD REVIEW: RESULTS				
	Wellpath Initial Review	Wellpath Re-Evaluation Review	Mazars CQI Review Reporting Period Month	
Date	01/2024	NA	4/2024	
PDSA Model	Plan-Do	Study	Act	Details for Non-Compliant Files
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant	
goal 90-95% (# compliant/# total applicable)				
1. Does the health care request form indicate the time and date it was received and prioritized?	100% (13/13)	NA	100% (30/30)	Compliant
2. The patient was seen by the qualified healthcare professional within 24 hours of receipt or sooner when clinically indicated?	92% (11/12)	NA	73% (22/30)	8 of 30 files non-compliant: <u>Patients 1, 2, 11, 19, 22, 25, 26, 28</u> : Delay in care. Patient seen by qualified healthcare provider beyond 24 hours
3. Treatment was provided based on the nursing documentation pathways, or consultation/vis it with health care providers?	100% (13/13)	NA	93% (27/29)	Compliant <u>Risk for non-compliance:</u> <u>Patient 11</u> : Inconsistent documentation showing evidence of pathways for task creation and execution for clinical team, including RN, PT and MD visits <u>Patient 20</u> : Incomplete care plan execution, as evidenced by inconsistent Sick call documentation, related medical provider consultation, however missing medication order (verbal)
4. If a nursing pathway or protocol was not available, did the qualified healthcare professional document the encounter using the SOAPE format?	100% (13/13)	NA	100% (29/29)	Compliant
5. If the patient was referred to the qualified healthcare provider, were they seen within 7 days of the referral?	100% (1/1)	NA	89% (16/18)	2 of 18 files non-compliant: <u>Patient 19</u> : Task created for dentist referral 2/18/2024. No evidence of dental visit completed <u>Patient 22</u> : Task created for orthopedic provider referral 2/24/2024. No documented evidence of orthopedic provider visit completed

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

1. Does the health care request form indicate the time and date it was received and prioritized?	Criteria met
2. The patient was seen by the qualified healthcare professional within 24 hours of receipt or sooner when clinically indicated?	<p><u>Observation:</u> For several patient files reviewed, nursing or provider assessments related to patient Sick Call Requests were not consistently timely. Mazars observed a delay in care where patients were seen by qualified healthcare provider beyond 24 hours. Inability to respond timely and document the date the assessment and related care was provided, increases the risk of inadequate care, inappropriate care, delayed care, and uncoordinated care, which could negatively impact patient outcome(s) and result in patient injury and/or harm.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Continue Improvement Plan implementation to enhance the patient Sick Call process Continue to streamline Sick Call Requests to one form type and name to help mitigate the risk for delayed care or missed request Provide additional focused staff training and education, as applicable Hold Nursing and Clinical staff accountable for the completion of Nursing and/or Provider Assessment responses within the required 24-hour timeframe Perform ongoing auditing and monitoring of new documentation process for Nursing Assessments and resolutions. Report results of auditing and monitoring to ACSO Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs
3. Treatment was provided based on the nursing documentation pathways, or consultation/visit with health care providers?	<p>Criteria met</p> <p><u>Observation:</u> While the criteria was met for this measure, Mazars' review of one patient file showed inconsistent documentation pathways for task creation and execution for the clinical team, including RN, PT, and provider visits; additionally, compounded by delays in scheduling and specialist consults. For another patient file reviewed, Mazars observed, incomplete care plan execution, where sick call visit documentation was inconsistent with medical provider consultation, and despite the RN receiving a verbal medication order, no verbal order form was completed for the medication.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Continue to collaborate with multidisciplinary teams to help ensure all patient care needs are met Continue Improvement Plan implementation to require appropriate and timely care delivery, include the review of case studies with Clinical Team as a part of continuous improvement Hold Clinicians accountable for the notification and delivery of medically necessary care Perform ongoing auditing and monitoring of care delivery appropriateness, timeliness, care coordination, as well as Sick Call follow-up and clinical tasks, as applicable. Consider including in existing Provider chart review process. Report results of auditing and monitoring to ACSO Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs
4. If a nursing pathway or protocol was not available, did the qualified healthcare professional document the encounter using the SOAPE format?	Criteria met
5. If the patient was referred to the qualified healthcare provider, were they seen within 7 days of the referral?	<p><u>Observation:</u> For two of the patient files reviewed, Mazars observed a delay in Specialty Care of approximately two months. Inability to provide timely and appropriate Specialty Care in accordance with policy increases the risk for inadequate care, inappropriate care, delayed care, and uncoordinated care, and results in patient injury and/or harm.</p> <p><u>Recommendation:</u></p>

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

	<ul style="list-style-type: none">• Continue Improvement Plan implementation to require appropriate and timely care delivery of timely Specialty Care as required by policy• Collectively develop list of justification reasons to reschedule an appointment, socialize, and implement across all disciplines• Hold Specialists accountable for inadequate care and/or delayed care• Perform ongoing auditing and monitoring of care delivery appropriateness, timeliness, care coordination, as well as Sick Call follow-up and clinical tasks, as applicable. Consider including in existing Provider chart review process. Report results of auditing and monitoring to ACSO• Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs
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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, Mazars performed CQI program review and support to evaluate ongoing CQI monitoring activities, performance improvement strategies, and change implementation effectiveness. Mazars provided focused CQI recommendations to help assure appropriate access, timeliness, and continuity of care delivery.

For the CQI study reporting period*, Mazars conducted medical record review of 30 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined studies outlined in the 2023 CQI calendar and guidance. 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. 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:
 - 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.

March 2024 CQI Study – Sick Call:

- **Plan-Do** – Wellpath performed the following activities:
 - Audited 13 patient records during the 9/1 – 10/10/2023 date range, against the following criteria:
 1. Does the health care request form indicate the time and date it was received and prioritized?
 2. The patient was seen by the qualified healthcare professional within 24 hours of receipt or sooner when clinically indicated?
 3. Treatment was provided based on the nursing documentation pathways, or consultation/visit with health care providers?
 4. If a nursing pathway or protocol was not available, did the qualified healthcare professional document the encounter using the SOAPE format?
 5. If the patient was referred to the qualified healthcare provider, were they seen within 7 days of the referral?
 - Established compliance threshold of 90%
 - No Improvement Plan required based on Wellpath's initial audit score of 98%
- **Study** – Wellpath did not conduct the re-evaluation of Sick Call
- **Act** – For this April 2024 reporting period*, Mazars performed the following activities:
 - Evaluated 30 patient files against the Sick Call criteria during the 2/12/2024 - 2/29/2024 reporting period, to evaluate continued compliance
 - Provided focused CQI observations and recommendations for a CAP, including enhanced action steps and re-evaluation

*The "reporting period" refers to the month included in the timeframe that patient files were selected for the specified CQI study noted above

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
 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, Nonemergency Health Care Requests and Services is addressed for all patients to ensure that health care needs are met and aligned with evidence-based standards (NCCHC essential standard J-E-07)

- Compliance Indicators:
 1. All patients, regardless of housing assignment, are given the opportunity to submit oral or written health care requests at least daily

2. The health care requests are picked up daily by health staff
3. Health care requests are reviewed and prioritized daily by qualified health care professionals, or the health care liaison if applicable
4. A face-to-face encounter for a health care request is conducted by a qualified health care professional, or the health care liaison (if applicable), within 24 hours of receipt by health staff
5. Patients are evaluated in a clinical setting as indicated
6. All aspects of the health care request process, from review and prioritization to subsequent encounter, are documented, dated, and timed
7. The frequency and duration of response to health services requests is sufficient to meet the health needs of the inmate population
8. All aspects of the standard are addressed by written policy and defined procedures

C. APPLICABLE POLICY AND PROCEDURE

Wellpath *Policy and Procedure HCD-110-E-07 Nonemergency Health Care Requests and Services-Alameda CA* require:

- Qualified health care professionals pick up health service requests daily.
- Health care requests are reviewed and prioritized daily by qualified health care professionals or the health care liaison, if applicable.
- The resulting disposition from triage is noted on the patient's health request form. This includes the time, signature, and licensure of the staff member documenting the disposition.
- A face-to-face encounter for a health request is conducted by a qualified health care professional, or the health care liaison (if applicable), within 24 hours of receipt by health staff.
 - All requests that are triaged as emergent shall be seen immediately. Urgent requests shall be scheduled for the next provider's sick call.
 - Patients experiencing urgent or emergency conditions shall be seen upon determination of emergency and are not required to complete a health services request form.
- Clinical services are available to patients in a clinical setting at least five (5) days a week.
- Qualified health care professionals make timely evaluations. Qualified health care professionals provide interventions according to clinical priorities or, when indicated, schedule patients for the next available providers' clinic.
- All aspects of the health care request process, from review and prioritization to subsequent encounters, are documented, dated, and timed. This includes, but is not limited to, when a patient request is triaged, rescheduled, or provided with self-care information.