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). *(See Appendix for additional Methodology and CQI program standard details)*		
Report Date	04/05/2024	**Reporting Period**	11/1/2023 - 1/31/2024
CQI Studies	Site Specific Study – Refusal of Services		

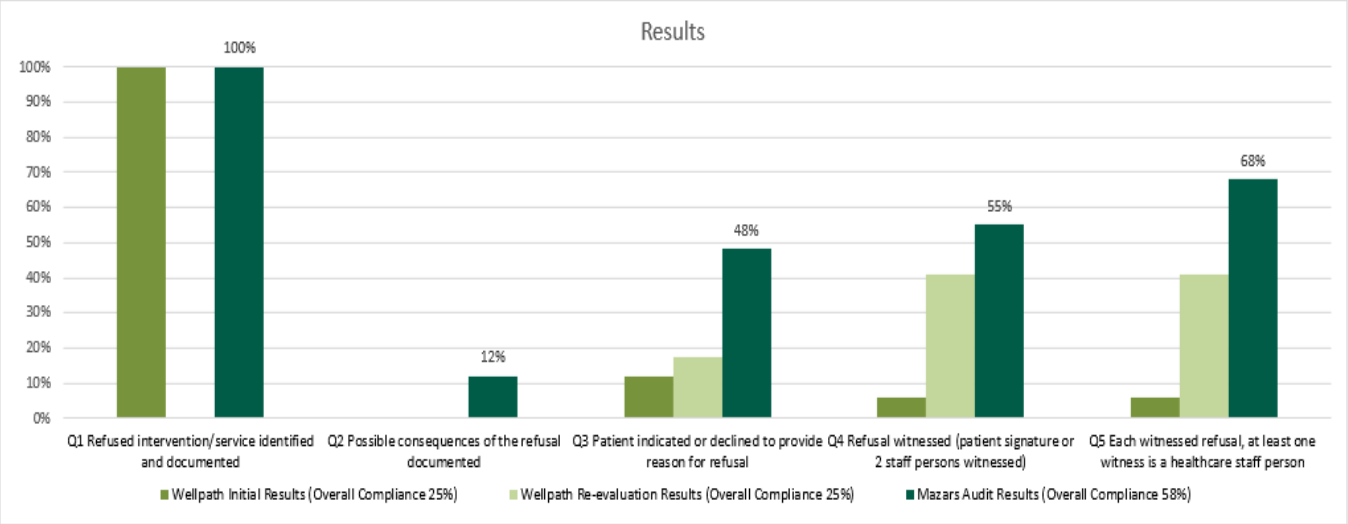
SUMMARY

For the reporting period of 11/1/2023 - 1/31/2024, Mazars CQI program and study review of the Refusal of Services* 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 Refusal of Services were measured.

As shown in the Results graph below, Wellpath scored an overall compliance rate of 25% for Refusal of Services. Consistent with the Study 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 the patient's right to refuse with documented evidence that the patient was informed of any adverse health consequences that may occur because of the refusal. Wellpath conducted a re-evaluation of four of the five criteria based on a non-compliant score at the initial evaluation. Wellpath's re-evaluation scored an overall compliance rate of 25%. Notwithstanding, Mazars performed a medical record review that resulted in a compliance rate of 58%. Due to yielding a score less than the 90-95% threshold, consistent with the Act stage of the PDSA cycle, Mazars recommends a CAP to include enhanced action steps that incorporates the observations and recommendations provided, as well as incorporate Mazars' findings into a subsequent re-evaluation within six months or more to demonstrate long-term change implementation effectiveness.

**Reviewed in Medical QA reports sections 4.5 Scanning: Medication Refusal Forms and 4.7 Scanning: other Delays and Misses.*

Site Specific Study – Refusal of Services



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MEDICAL RECORD REVIEW: RESULTS

	Wellpath Initial Review	*Wellpath Re-Evaluation Review*	***Mazars CQI Review Reporting Period Month***	
Date	*8/2023*	*12/2023*	***3/2024***	
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. Is the intervention / service being refused identified and documented?	100% (17/17)	NA	100% (30/30)	Compliant
2. Are the possible consequences of the refusal documented?	0% (0/17)	0% (0/17)	12% (3/25)	22 of 25 files non-compliant: Patients 1, 2, 3, 4, 5, 6, 7, 11, 12, 14, 15, 16, 17, 18, 19, 20, 21, 22, 24, 26, 28, 30: No documented evidence showing the patient was informed of any possible adverse health consequences that may occur because of the refusal Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
3. Has the patient indicated their reason for refusal (or declined to do so)?	12% (2/17)	18% (3/17)	48% (13/27)	14 of 27 files non-compliant: Patients 1, 2, 3, 4, 6, 7, 11, 12, 13, 14, 17, 18, 22, 30: No documented evidence of patient indicating their reason for refusal of any health evaluation or treatment Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
4. Was the refusal witnessed? (patient signature witnessed or 2 staff persons witnessed the refusal to sign)	6% (1/17)	41% (7/17)	55% (16/29)	13 of 29 files non-compliant: Patients 1, 2, 3, 6, 12, 14, 17, 22, 30: No evidence of the required patient medical refusal forms completed and scanned Patients 18, 19, 20, 28: Medical refusal forms incomplete. No evidence of required patient signature witnessed or signature of two staff persons who witnessed the patient's refusal to sign
5. For each witnessed refusal, at least one of the witnesses is a healthcare staff person (if the refusal was not witnessed, answer NA. If the witnesses for the refusal did not include a healthcare staff person, answer NO)	6% (1/17)	41% (7/17)	68% (17/25)	8 of 25 files non-compliant: Patient 1, 2, 3, 12, 14, 17, 22, 30: No evidence of the required patient medical refusal forms completed and scanned

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS	
1. Is the intervention / service being refused identified and documented?	Criteria met
2. Are the possible consequences of the refusal documented?	Observation: For the majority of the patient files reviewed, there was no evidence showing patients were informed of the possible adverse health consequences that may occur because of the refusal of health evaluation or treatment. Refusal documentation must include evidence that the patient has been informed and understands any adverse health consequences that may occur because of the refusal, signature of the patient, signature of a health staff witness, and signature by a second health or custody staff witness if the patient does not sign the refusal form. 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: • Provide additional focused staff training and education on medical policy (HCD-110_G-05) and NCCHC standard (G-05) Informed Consent and Right to Refuse • Hold Nursing staff and clinicians accountable for the required completion of patient refusal documentation • Continue to perform ongoing auditing and monitoring of documented and witnessed patient medical refusal forms. Report results of auditing and monitoring to the ACSO
3. Has the patient indicated their reason for refusal (or declined to do so)?	Observation: For approximately half of the patient files reviewed, there was no evidence showing the patient indicated their reason for refusal or declined to provide a reason on the patient refusal form. The designated section on the patient refusal form to document the reason for refusal was incomplete. Refusal documentation must include evidence that the patient has been informed and understands any adverse health consequences that may occur because of the refusal, signature of the patient, signature of a health staff witness, and signature by a second health or custody staff witness if the patient does not sign the refusal form. 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: • Provide additional focused staff training and education on medical policy (HCD-110_G-05) and NCCHC standard (J-G-05) Informed Consent and Right to Refuse • Hold Nursing staff and clinicians accountable for the required completion of patient refusal documentation • Continue to perform ongoing auditing and monitoring of documented and witnessed patient medical refusal forms. Report results of auditing and monitoring to the ACSO
4. Was the refusal witnessed? (patient signature witnessed or 2 staff persons witnessed the refusal to sign)	Observation: For some of the patient files reviewed, there was no evidence of the required patient medical refusal forms completed and scanned. For several other files reviewed, patient medical refusal forms were incomplete and did not contain two witnessed signatures when the patient refused to sign the refusal form. 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: • Hold Nursing staff and clinicians accountable for the required completion of patient refusal documentation • Continue to perform ongoing auditing and monitoring of documented and witnessed patient medical refusal forms. Report results of auditing and monitoring to the ACSO

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS	
5. For each witnessed refusal, at least one of the witnesses is a healthcare staff person (if the refusal was not witnessed, answer NA. If the witnesses for the refusal did not include a healthcare staff person, answer NO)	Observation: For some of the patient files reviewed, there was no evidence of the required patient medical refusal forms completed and scanned. Capturing verbal refusals on deputy body cameras does not provide documented evidence of refusal witnessed by two persons and does not meet compliance requirements. Refusal documentation must include evidence that the patient has been informed and understands any adverse health consequences that may occur because of the refusal, signature of the patient, signature of a health staff witness, and signature by a second health or custody staff witness if the patient does not sign the refusal form. 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. 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: • Hold Nursing staff and clinicians accountable for the required completion of patient refusal documentation • Continue to perform ongoing auditing and monitoring of documented and witnessed patient medical refusal forms. Report results of auditing and monitoring to the ACSO

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.

<u>March 2024 CQI Study – Refusal of Services:</u>

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 17 patient records during the 7/1 – 7/31/2023 date range, against the following criteria:
    1. Is the intervention / service being refused identified and documented?
    2. Are the possible consequences of the refusal documented?
    3. Has the patient indicated their reason for refusal (or declined to do so)?
    4. Was the refusal witnessed?
    5. For each witnessed refusal, at least one of the witnesses is a healthcare staff person?
  - Established compliance threshold of 90%
  - Wellpath developed Improvement Plan for four deficient criteria on 9/11/2023 based on the initial audit score
- **Study** – Wellpath re-evaluated 17 patient records during the 12/1/2023 – 12/31/2023 date range, against four criteria
- **Act** – For this March 2024 reporting period*, Mazars performed the following activities:
  - Evaluated 30 patient files against the Refusal of Services criteria during the 11/1/2023 - 1/31/2024 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, Informed Consent and Right to Refuse is addressed for all patients to ensure that health care needs are met and aligned with evidence-based standards (NCCHC essential standard J-G-05)

- Compliance Indicators:
  1. All examinations, treatments, and procedures are governed by informed consent practices applicable in the jurisdiction

2. For procedures and medications that in the community setting would require informed consent, written documentation of informed consent is required
3. Any health evaluation and treatment refusal are documented and must include the following:
    a. Description of the service being refused
    b. Evidence that the patient has been informed of any adverse health consequences that may occur because of the refusal
    c. The signature of the patient
    d. The signature of a health staff witness
4. If the patient does not sign the refusal form, it is to be noted on the form by a second health or custody staff witness
5. All aspects of the standard are addressed by written policy and defined procedures

C. APPLICABLE POLICY AND PROCEDURE

Wellpath *Policy and Procedure HCD-110-G-05 Informed Consent and Right to Refuse-Alameda CA* require:

- Any health evaluation and treatment refusal be documented and must include the following:
    - Description of the nature of the service being refused
    - Medication refusals must include the name and dosage of the medication
    - Evidence that the patient has been made aware of any adverse consequences to their health that may occur as a result of the refusal
    - The signature of the patient
    - The signature of a health care staff witness
- During a face-to-face encounter, if the patient refuses to sign the refusal, the form will be signed by two witnesses, at least one (1) being a qualified health care staff. If there is concern regarding the patient's decision making capability, the patient will be referred to mental health for an evaluation, especially if the refusal is for critical or acute care.