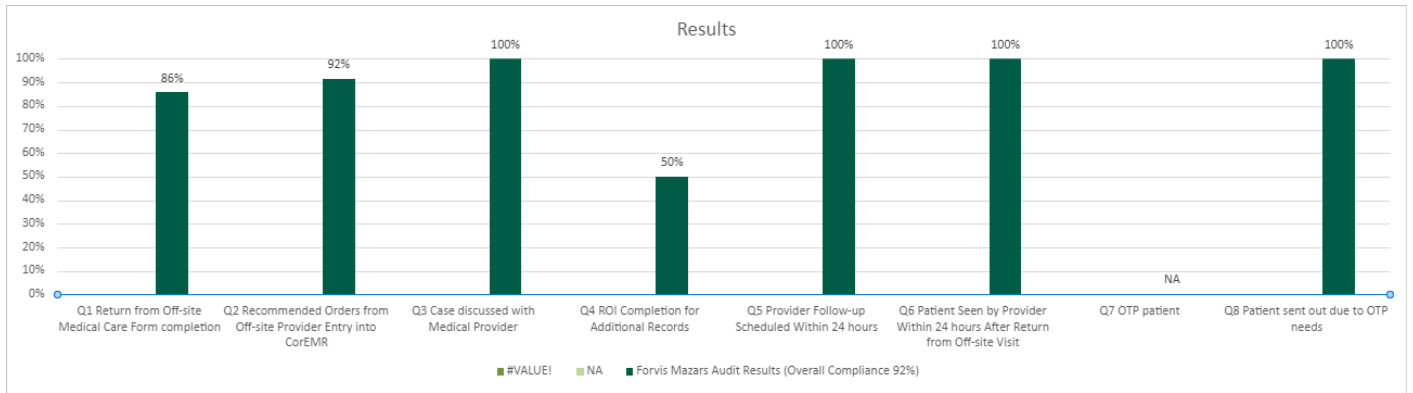


## CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

PROJECT DETAILS			
<b>Name</b>	Alameda County Sheriff Office – Medical Operations Consulting: Continuous Quality Improvement Program Review		
<b>Sponsor</b>	Lieutenant Joseph Atienza, Contracts Lieutenant	<b>Project Manager</b>	Tami Bond
<b>Project Summary</b>	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.		
<b>Methodology</b>	To provide CQI program and study review for the reporting period, Forvis Mazars performed medical record review of up to 30 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 less than 90-95% threshold warrants a corrective action plan (CAP). <i>(See Appendix for additional Methodology and CQI program standard details)</i>		
<b>Report Date</b>	08/30/2024, 09/11/2024	<b>Reporting Period</b>	06/01/2024 - 07/31/2024
<b>CQI Study</b>	Site Specific Study: Off-Site Medical Visit Returns		

SUMMARY
<p>For the reporting period of 6/1/2024 – 7/31/2024, Forvis Mazars CQI program and study review of the Off-Site Medical Visit Returns* process 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) were measured for the Off-Site Medical Visit Returns process.</p> <p>As shown in the Results graph below, Wellpath did not complete an Off-Site Medical Visit Returns study independently. Forvis Mazars and Wellpath jointly conducted an initial evaluation of 25-30 patient files to achieve alignment and inter-rater reliability. Wellpath was required to complete a medical record review of the remaining selected patient files and implement a related improvement plan, for a score of less than the 90-95% threshold. The initial study was not completed; as a result, no improvement plan was initiated.</p> <p>Notwithstanding, Forvis Mazars performed a medical record review that resulted in a compliance rate of 92%. Consistent with the Act stage of the PDSA cycle, achieving a score greater than the 90-95% threshold, Forvis Mazars recommends a re-evaluation within six months or more to demonstrate long-term change implementation effectiveness.</p>

## Off-Site Medical Visit Returns



# CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

MEDICAL RECORD REVIEW: RESULTS				
Site Specific Study: Off-Site Medical Visit Returns				
	Wellpath Initial Review	Wellpath Re-Evaluation Review	Forvis Mazars CQI Review Reporting Period Month	
Date			7/2024	
PDSA Model	Plan-Do	Study	Act	Details for Non-Compliant Files
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant	
goal 95% (# compliant/# total applicable)				
1. Was the Return from Off-Site Medical Visit form completed?	Incomplete	Incomplete	86%  (12/14)	2 of 14 files non-compliant: <u>Patient 10</u> : Patient emergently transferred out to Highland Hospital (HACH). No evidence of Return from Off-Site Medical Care form completed. <u>Patient 16</u> : Patient emergently transferred out to Valley Care Emergency Room (ER). No evidence of Return from Off-Site Medical Care form completed.
2. Were the recommended orders by the Off-Site Provider entered into CorEMR?	Incomplete	Incomplete	92%  (11/12)	1 of 12 files non-compliant: <u>Patient 16</u> : Medications, including Erythromycin and Ondansetron, ordered by off-site Provider. No order created or supporting rationale documented by Wellpath.
3. Was the case discussed with a Provider?	Incomplete	Incomplete	100%  (15/15)	Compliant.
4. Was ROI completed for additional records from Off-Site facility?	Incomplete	Incomplete	50%  (1/2)	1 of 2 files non-compliant: <u>Patient 9</u> : No evidence of request of information (ROI) completed to request additional records. No evidence of Outside Records received and scanned in CorEMR.
5. Was a Provider follow-up scheduled within 24-hours?	Incomplete	Incomplete	100%  (4/4)	Compliant.
6. Was patient seen by Provider within 24-hours after returning from Off-Site visit?	Incomplete	Incomplete	100%  (4/4)	Compliant.
7. Was this an OTP patient?	Incomplete	Incomplete	NA	<i>Not applicable to any patients in this sample.</i>
8. Was patient sent out due to OTP needs?	Incomplete	Incomplete	100%  (2/2)	Compliant.

## CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

<p>1. Was the Return from Off-Site Medical Visit form completed?</p>	<p><u>Observation:</u> For two of the patient files reviewed, Return from Off-site Medical Care forms were not consistently completed for a patient return from the ER. By not completing the appropriate form(s), the patient's care plan is not consistently discussed with the Provider, and a Provider task may not be created to assess the patient within 24 hours after the patient return from an off-site visit. Without consistent, accurate, and complete information to reflect the care provided the Clinical Teams cannot adequately meet the patient's transitional and continuity of care needs and increases the risk of inappropriate or delayed care delivery, 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"> <li>• Identify and address current challenges preventing completion of applicable form(s) for each patient returning from off-site medical care visit(s).</li> <li>• Hold responsible Clinicians accountable for completion of Return from Off-Site Medical Care form.</li> <li>• Provide additional and/or focused staff training and education on new process and expectations.</li> <li>• Continue to perform ongoing auditing and monitoring of Return from Off-site Medical Care form completion. Report results of auditing and monitoring to the ACSO.</li> </ul>
<p>2. Were the recommended orders by the Off-Site Provider entered into CorEMR?</p>	<p><u>Observation:</u> For one of the patient files reviewed, two medications recommended by the Off-site Provider were not reconciled and ordered with no evidence of supporting rationale by the Wellpath Provider within CorEMR. Without appropriate medication reconciliation and supporting documentation or rationale, the Clinical Teams cannot adequately assure continuity of care from off-site visits. Complete and accurate documentation, including medication reconciliation, helps assure that the patient's immediate health care needs are safely met.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Hold Providers accountable for evaluating recommended medications and entering appropriate orders. Where applicable, provide supporting documentation or clinical rationale when order(s) differ from off-site Provider recommendations.</li> <li>• Provide additional and/or focused staff training and education on new process and expectations.</li> <li>• Continue to perform ongoing Provider auditing and monitoring. Report results of auditing and monitoring to the ACSO.</li> <li>• Continue to explore adoption of uniform medical record with community healthcare facilities (i.e., Epic extension – Community Connect) to eliminate manual request of information for Discharge/After Visit Summaries.</li> </ul>
<p>3. Was the case discussed with a Provider?</p>	<p>Criteria met.</p>
<p>4. Was ROI completed for additional records from Off-Site facility?</p>	<p><u>Observation:</u> For one of the patient files reviewed that did not evidence scanned outside records, the related request for information (ROI) form was not completed. Adequate and timely receipt and scanning of relevant patient medical records will help assure adequate care, appropriate care, timely care, and coordinated care. Complete patient care information of the care delivered at the off-site facility enables the Clinical Teams to meet the patient's transitional and continuity of care needs and positively impact patient outcomes.</p> <p><u>Recommendation:</u></p> <p><b>Process:</b></p> <ul style="list-style-type: none"> <li>• Continue Improvement Plan implementation to assure medical records are received after each off-site medical visit.</li> <li>• Continue to identify and address current challenges preventing completion of ROI form and timely receipt of medical records after each off-site medical visit.</li> <li>• Provide additional and/or focused staff training and education on new process and expectations.</li> <li>• Continue to perform ongoing auditing and monitoring of medical records receipt.</li> <li>• Continue to explore adoption of unified medical record with community healthcare facilities (i.e., Epic extension – Community Connect) to eliminate manual request of information for Discharge/After Visit Summaries).</li> </ul>
<p>5. Was a Provider follow-up scheduled within 24 hours?</p>	<p>Criteria met.</p>
<p>6. Was patient seen by Provider within 24-hours after returning from Off-Site visit?</p>	<p>Criteria met.</p>

## CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

7. Was this an OTP patient?	Not applicable to any patients in this sample.
8. Was patient sent out due to OTP needs?	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.

For the CQI study reporting period\*, Forvis Mazars conducted medical record review of 17 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined study outlined in the 2024 CQI calendar and guidance. Forvis Mazars performed medical record review after Wellpath's initial audit, implementation of related Improvement Plan, and subsequent 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 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.

#### February 2024 CQI Study – Off-Site Medical Visit Returns:

- **Plan-Do** – Wellpath did not complete the medical record review for the initial evaluation.
- **Study** – Wellpath did not initiate an improvement plan.
- **Act** – For this July 2024 reporting period\*, Forvis Mazars performed the following activities:
  - Evaluated 17 patient files against the Off-Site Medical Visit Return criteria during the 6/1/2024 – 7/31/2024 reporting period, to allow for evidence of change implementation effectiveness.
  - Provided focused CQI observations and recommendations for a CAP, including enhanced action steps and re-evaluation.

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