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, 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 of less than 90-95% threshold warrants a corrective action plan (CAP). *(See Appendix for additional Methodology and CQI program standard details)*		
Report Date	10/08/2024, 10/18/2024	**Reporting Period**	08/01/2024– 08/31/2024
CQI Studies	Medication Administration		

SUMMARY

For the reporting period of 08/01/2024– 08/31/2024, Forvis Mazars CQI program and study review of the Medication Administration* 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 eight criteria (Questions) for Medication Administration were measured.

As shown in the Results graph below, Wellpath scored a compliance rate of 94% for its initial audit. The overall compliance threshold was 90%, however, two of the eight questions required a 95% compliance threshold (questions 5 and 6). Wellpath failed to meet compliance for question 6, yielding an individual score of 0%. 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's re-evaluation performed in August 2024, scored an overall compliance rate of 93%, however, failed to meet the required 95% compliance threshold for two questions. A subsequent Improvement Plan was implemented with an anticipated re-evaluation study in December 2024.

Notwithstanding, Forvis Mazars performed a medical record review that resulted in a compliance rate of 84%. Due to yielding an overall compliance score less than the 90-95% threshold, consistent with the Act stage of the PDSA cycle, Forvis Mazars recommends a CAP to include enhanced action steps that incorporates the observations and recommendations provided, as well as incorporate Forvis Mazars' findings into a subsequent re-evaluation within six months or more to demonstrate long-term change implementation effectiveness.

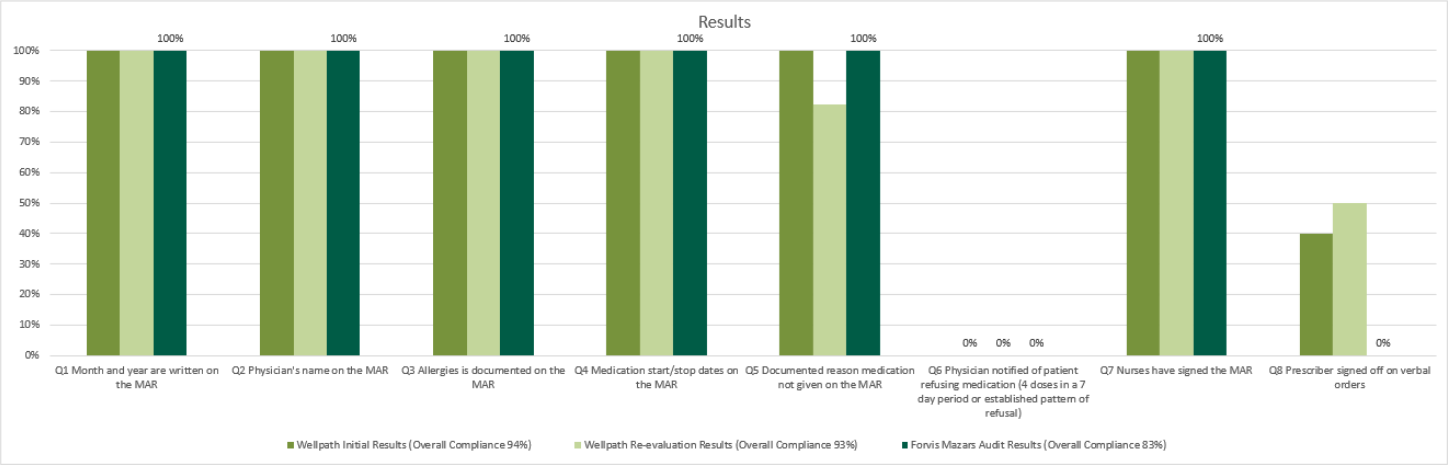
Areas of Risk:

i. Areas at risk for non-compliance that are identified to require collaborative management and information sharing across different teams and systems include: A patient establishes a pattern of refusal and is referred to the prescribing provider; Prescriber signs off on verbal orders.

ii. Areas at risk for non-compliance that are identified to require clinical staffing management to ensure prescriber time adequate to meet patient specialty care delivery needs include: A patient establishes a pattern of refusal and is referred to the prescribing provider.

**Reviewed in Medical QA reports Section G Medical: Legal Issues – Informed Consent and Right to Refuse G-05 (I).*

Medication Administration



CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

CQI MEDICAL RECORD REVIEW: RESULTS

	Wellpath Initial Review	*Wellpath Re-Evaluation Review*	***Forvis Mazars CQI Review Reporting Period Month***	
Date	*03/2024*	*08/2024*	***09/2024***	
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. The month and year are written on the MAR?	100% (17/17)	100% (17/17)	100% (17/17)	Compliant.
2. The Physician's name is documented on the MAR?	100% (17/17)	100% (17/17)	100% (17/17)	Compliant.
3. The presence or absence of allergies is documented on the MAR?	100% (17/17)	100% (17/17)	100% (17/17)	Compliant.
4. Medication start and stop dates are documented on the MAR?	100% (17/17)	100% (17/17)	100% (17/17)	Compliant.
5. If the medication is not given, the reason is documented on the MAR? [goal 95% compliance]	100% (17/17)	82% (14/17)	100% (17/17)	Compliant.
6. If the patient refuses medication 4 doses of a medication in a 7-day period or establishes pattern of refusal, it is documented on the MAR that the patient was referred to the health care practitioner? [goal 95% compliance]	0% (0/4)	0% (0/3)	0% (0/10)	10 of 10 files non-compliant: Inconsistent "Medication Refusal forms used for scheduled medication(s) on multiple dates as required per policy requirements (HCD-110_G-05). Inconsistent refusal documentation on MAR. Patient 1: BENZTROPINE MESYLATE, DIVALPROEX ER, HALOPERIDOL. Patient 2: AMLODIPINE BESYLATE, ATORVASTATIN, LENALIDOMIDE, LIDOCAINE. Patient 3: LISINOPRIL, METFORMIN. Patient 4: BUSPIRONE. Patient 6: DULOXETINE. Patient 8: ATORVASTATIN, INSULIN REGULAR HUMAN U-100, LISINOPRIL, METFORMIN HCL. Patient 11: METOPROLOL SUCCINATE ER, SPIRONOLACTONE. Patient 12: TRAZODONE HCL, ARIPIPRAZOLE, PROPRANOLOL.

CQI MEDICAL RECORD REVIEW: RESULTS				
	Wellpath Initial Review	*Wellpath Re-Evaluation Review*	***Forvis Mazars CQI Review Reporting Period Month***	
Date	*03/2024*	*08/2024*	***09/2024***	
PDSA Model	Plan-Do	Study	**Act**	**Details for Non-Compliant Files**
Criteria	Percentage Compliant	Percentage Compliant	**Percentage Compliant**	
	goal 90-95% (# compliant/# total applicable)			
				Patient 13: CICLESONIDE, DSS (COLACE), FIBER-LAX, FLUTICASONE PROPIONATE, LOSARTAN (COZAAR), NORTRIPTYLINE HCL, TAMSULOSIN (FLOMAX). Patient 17: LISINOPRIL, METFORMIN. Risk for non-compliance: * Requires collaborative management and information sharing across different teams and systems. * Requires clinical staffing management to ensure prescriber time adequate to meet patient specialty care delivery needs.
7. Nurses have signed the MAR? (the number of signatures matches the number of different initials)	100% (17/17)	100% (17/17)	100% (17/17)	Compliant.
8. Documentation shows the prescriber has signed off on verbal orders?	40% (2/5)	50% (2/4)	0% (0/11)	11 of 11 files non-compliant: Due to multiple medication orders, non-compliant medication order dates in parentheses. Patient 2: CHLORPHENIRAMINE MALEATE (8/5/2024), MIRTAZAPINE (8/13/2024). Patient 4: TRAZADONE HCL (8/23/2024). Patient 7: AMLODIPINE BESYLATE (8/5/2024), BENAZEPRIL HCL (8/1/2024), METFORMIN (8/11/2024). Patient 8: ONDANSETRON (7/6/2024), ANTACID 200-200 (7/6/2024). Patient 9: MECLIZINE (8/12/2024), ASPIRIN (5/30/2024), ATORVASTATIN (5/30/2024). Patient 10: MECLIZINE HCL U/D (7/13/2024), TYLENOL (8/21/2024). Patient 11: DIAZEPAM (8/16/2024). Patient 13: CICLESONIDE (9/3/2024), DSS (COLACE) (9/3/2024), FIBER-LAX (9/3/2024), FLUTICASONE PROPIONATE (9/3/2024), LOSARTAN (COZAAR) (9/3/2024), NORTRIPTYLINE HCL (9/3/2024), TAMSULOSIN (FLOMAX) (9/3/2024). Patient 14: BUPRENORPHINE HCL (8/10/2024). Patient 16: MIRTAZAPINE (9/6/2024). Patient 17: LISINOPRIL (7/18/2024), METFORMIN (7/18/2024). Risk for non-compliance: * Requires collaborative management and information sharing across different teams and systems.

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS	
1. The month and year are written on the MAR?	Criteria met.
2. The Physician's name is documented on the MAR?	Criteria met.
3. The presence or absence of allergies is documented on the MAR?	Criteria met.
4. Medication start and stop dates are documented on the MAR?	Criteria met.
5. If the medication is not given, the reason is documented on the MAR?	Criteria met.
6. If the patient refuses medication 4 doses of a medication in a 7-day period or establishes pattern of refusal, it is documented on the MAR that the patient was referred to the health care practitioner?	Observation: For more than half of the reviewed patient files, the Medication Administration Record (MAR) showed incomplete documentation of patient medication refusal or Scheduled Routine and High Priority Medications missed during pill call. While MAR documentation showed "as captured on deputy body camera," there was no documented evidence the patient was referred to the prescribing Provider or health care practitioner. Per *Wellpath Policy and Procedure HCD-110_D-01 Pharmaceutical Operations-Alameda CA*, if a patient misses four doses in a seven-day period, or establishes a "pattern of refusal", the patient is referred to the prescribing Provider. Applicable patient files reviewed showed inconsistency and/or missing required patient refusal forms for medication administration. Inconsistent medication management, including conflicting medication administration vs. patient refusal documentation and evidence, can lead to a medication error, such as a missed medication dose and result in patient injury, harm, and/or grievance. Additionally, 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 Clinicians accountable for the notification, delivery, and documentation of the provision or refusal of medically necessary care accordingly. • Provide additional and/or focused staff training and education, as applicable. • Perform ongoing internal auditing and monitoring of care delivery appropriateness, timeliness, and care coordination. • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical and AFBH behavioral health, to uniformly manage and share information across teams and systems.
7. Nurses have signed the MAR? (the number of signatures matches the number of different initials)	Criteria met.
8. Documentation shows the prescriber has signed off on verbal orders?	Observation: For more than half of the reviewed patient files, documentation was inconsistent for all verbally ordered medications; as a result, prescriber sign off was not consistently timely. Per *Wellpath Policy and Procedure HCD-110_D-01 Pharmaceutical Operations-Alameda CA,* verbal orders must be signed off by the prescriber within 48-72 hours. Timely sign off on verbal orders by the prescriber mitigates risk of errors, prevents the nurse performing a duty outside the scope of practice, and eliminates potential misunderstanding between the nurse and the prescriber. Recommendation: • Hold Clinicians accountable for timely documentation and verification of medically necessary orders. • Perform ongoing internal auditing and monitoring of care delivery appropriateness, timeliness, and care coordination. • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems.

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 up to 30 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined studies outlined in the 2024 CQI calendar and guidance. Forvis Mazars performed medical record review after Wellpath's scheduled initial audit, implementation of a 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.

<u>April 2024 CQI Study – Medication Administration:</u>

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 17 patient records during the 02/27/2024 – 03/28/2024 date range, against the following criteria:
    1. The month and year are written on the MAR?
    2. The Physician's name is documented on the MAR?
    3. The presence or absence of allergies is documented on the MAR?
    4. Medication start and stop dates are documented on the MAR?
    5. If the medication is not given, the reason is documented on the MAR? [goal 95% compliance]
    6. If the patient refuses medication 4 doses of a medication in a 7-day period or establishes pattern of refusal, it is documented on the MAR that the patient was referred to the health care practitioner? [goal 95% compliance]
    7. Nurses have signed the MAR? (the number of signatures matches the number of different initials)
    8. Documentation shows the prescriber has signed off on verbal orders?
  - Established compliance threshold of 90-95%.
  - Wellpath developed Improvement Plan on 04/01/2024 based on the initial audit score and not meeting compliance threshold of 95% for specific question(s).
- **Study** – Wellpath re-evaluated 17 patient records during the 07/01/2024 - 07/31/2024 date range, against the same criteria.
- **Act** – For this September 2024 reporting period*, Forvis Mazars performed the following activities:
  - Evaluated 17 patient files against the Medication Administration criteria during the 08/01/2024– 08/31/2024 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_D-01 Pharmaceutical Operations-Alameda CA defines:

- Verbal orders include all telephone and face-to-face patient care orders that meet the following criteria:
    1. Communicated verbally by an authorized prescriber (e.g., physician, physician assistant [PA], dentist, psychologist, clinical pharmacist, or advanced practice registered nurse [APRN]).
    2. Received by a licensed individual authorized by the organization to receive verbal orders (e.g., RN, LPN/LVN, pharmacists, respiratory therapist) who will record the order and read it back to the person provider the order.
    3. Cosigned or authenticated by the authorized prescriber at a subsequent time to validate the order.
- The prescribing provider will reevaluate prescriptions prior to renewal. In cases where the provider is not on-site, a verbal order may be requested, and renewal accomplished per verbal order/protocol:
    - Verbal orders must be co-signed by the provider no later than 48-72 hours or as required by state regulations.
- In the case of medication refusals, documentation on the MAR will indicate the patient refused the medication.
    - Scheduled Routine Medications:
        - If a patient misses four (4) doses in a seven (7) day period, or establishes a pattern of refusal, the patient is referred to the prescribing provider. The referral is submitted after the fourth missed dose.
    - High-Priority Medications:
        - Health care staff shall make contact (must be documented) with a patient on a High-Priority Medication who does not show to medication pass in order to check patient status and obtain a refusal. Patient will be educated on the dangers of missed medication. If a patient refuses or misses a High-Priority Medication, the patient is referred to the prescribing provider for chart review and the determination of the need for a face-to-face encounter.

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.