

## 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 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, 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 95% threshold warrants a corrective action plan (CAP). <i>(See Appendix for additional Methodology and CQI program standard details)</i>		
<b>Report Date</b>	06/21/2024, 6/28/24	<b>Reporting Period</b>	01/01/2024– 04/30/2024
<b>CQI Studies</b>	Medication Assisted Treatment (MAT) Induction - Continuation		

## SUMMARY

For the reporting period of 01/01/2024 – 04/30/2024, Forvis Mazars CQI program and study review of the Medication Assisted Treatment (MAT) Induction - Continuation\* 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 15 criteria (Questions) for Medication Assisted Treatment (MAT) Induction - Continuation were measured.

*\*Reviewed in Medical QA reports Section E: Patient Care and Treatment, Section F: Special Needs and Services.*

Wellpath’s 2023 CQI measure year required MAT studies to be performed in two parts:

1. Medication Assisted Treatment (MAT) – Induction.
2. Medication Assisted Treatment (MAT) – Continuation.

**Wellpath MAT Induction study:**

The MAT Induction study measured nine criteria. Wellpath scored an overall compliance rate of 88% for MAT Induction. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation for each criterion. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included staff education on accurate completion of the Opioid Use Disorder (OUD) screening tool, execution of a provider referral within 14 days, ensure signed patient contracts, required patient Chronic Care Clinic visit every 30 days, required patient follow-up care appointment upon discharge to receive Narcan kit prior to re-entry to the community. The MAT Induction re-evaluation study was completed by Wellpath June 2024 with a compliance rate of 83%.

**Wellpath MAT Continuation study:**

The MAT Continuation study measured 13 criteria. Wellpath scored an overall compliance rate of 86% for MAT Continuation. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation for each criterion. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included staff education on completion of a release of information (ROI) for MAT in the community, completion of drug screen, verification of MAT within 48 hours, documentation of applicable diagnosis present in patient’s chart, initial Chronic Care visit within 14 days, required patient Chronic Care Clinic visit every 30 days, required patient follow-up care appointment upon discharge

to receive Narcan kit prior to re-entry to the community. The MAT Continuation re-evaluation study was completed by Wellpath May 2024 with a compliance rate of 80%.

**Forvis Mazars MAT Induction and Continuation study review:**

Forvis Mazars identified duplicate measures between MAT Studies. For this reason, Forvis Mazars performed a consolidated medical record review of the MAT Induction and MAT Continuation to eliminate risk for error.

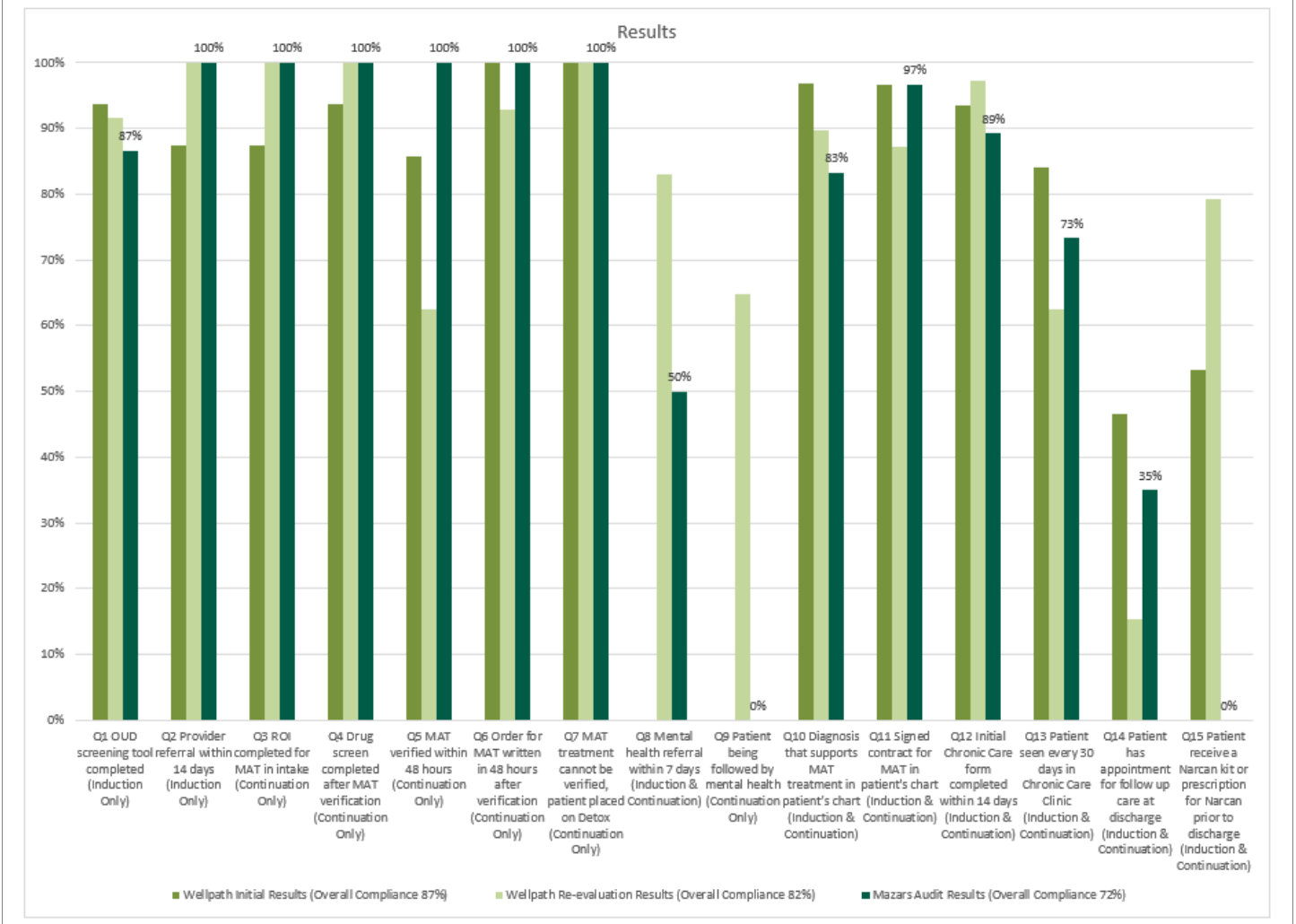
Forvis Mazars performed a consolidated medical record review of select criteria from both studies that resulted in a compliance rate of 72%. Due to yielding a score less than the 95% threshold, consistent with the Act stage of the PDSA cycle, Forvis Mazars recommends a CAP to include enhanced action 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. Identified areas at risk for non-compliance which require collaborative management and information sharing across different teams and systems, include: Mental health referral within 7 days; Patient being followed by mental health.
- ii. Identified areas at risk for non-compliance which require clinical staffing management to ensure prescribe and nursing time is adequate to meet patient care delivery needs include: Initial Chronic Care form completed within 14 days; Patient seen every 30 days in Chronic Care Clinic; Patient has an appointment for follow-up at discharge.

As shown in the results graph below, measures applicable to MAT Induction and MAT Continuation are specified.

## Consolidated Medication Assisted Treatment (MAT) Induction and Continuation



## CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

CQI MEDICAL RECORD REVIEW: RESULTS						
MAT Study Legend: MAT Induction MAT Continuation MAT Induction & Continuation	Wellpath Initial Review (Induction)	Wellpath Re-Evaluation Review (Induction)	Wellpath Initial Review (Continuation)	Wellpath Re-Evaluation Review (Continuation)	Forvis Mazars CQI Review Reporting Period Month	
Date	01/2024	06/2024	01/2024	05/2024	06/2024	
PDSA Model	Plan-Do	Study	Plan-Do	Study	Act	Details for Non-Compliant Files
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant	Percentage Compliant	Percentage Compliant	
goal 95% (# compliant/# total applicable)						
1. OUD – Was the screening tool completed by a nurse or mental health?  MAT Induction	94% (15/16)	92% (22/24)	NA	NA	87% (13/15)	2 of 15 files non-compliant: Patients 20, 21: Delayed Receiving Screening resulting in delayed completion of the opiate use disorder (OUD) screening tool and MAT induction.
2. Was there a provider referral within 14 days?  MAT Induction	88% (14/16)	100% (24/24)	NA	NA	100% (15/15)	Compliant.
3. Was an ROI completed for MAT in intake?  MAT Continuation	NA	NA	88% (14/16)	100% (17/17)	100% (15/15)	Compliant.
4. Was a drug screen completed after MAT verification?  MAT Continuation	NA	NA	94% (15/16)	100% (15/15)	100% (15/15)	Compliant.

**CQI MEDICAL RECORD REVIEW: RESULTS**

<i>MAT Study Legend:</i> <i>MAT Induction</i> <i>MAT Continuation</i> <i>MAT Induction &amp; Continuation</i>	<i>Wellpath Initial Review (Induction)</i>	<i>Wellpath Re-Evaluation Review (Induction)</i>	<i>Wellpath Initial Review (Continuation)</i>	<i>Wellpath Re-Evaluation Review (Continuation)</i>	<i>Forvis Mazars CQI Review Reporting Period Month</i>	
<b>Date</b>	01/2024	06/2024	01/2024	05/2024	<b>06/2024</b>	
<b>PDSA Model</b>	Plan-Do	Study	Plan-Do	Study	<b>Act</b>	<b>Details for Non-Compliant Files</b>
<b>Criteria</b>	Percentage Compliant	Percentage Compliant	Percentage Compliant	Percentage Compliant	<b>Percentage Compliant</b>	
<i>goal 95% (# compliant/# total applicable)</i>						
5. Was MAT verified in 48 hours?  <i>MAT Continuation</i>	NA	NA	86% (6/7)	62% (10/16)	100% (15/15)	Compliant.
6. Was order for MAT written in 48 hours after verification?  <i>MAT Continuation</i>	NA	NA	100% (6/6)	93% (13/14)	100% (15/15)	Compliant.
7. If MAT treatment could not be verified, was patient placed on Detox?  <i>MAT Continuation</i>	NA	NA	100% (5/5)	100% (9/9)	100% (1/1)	Compliant.
8. Was there a mental health referral within 7 days?  <i>MAT Induction &amp; Continuation</i>	NA	96% (23/24)	NA	65% (11/17)	50% (15/30)	15 of 30 files not compliant: <u>Patients 2, 5, 12, 15, 16, 21, 22, 26, 27, 30:</u> ITR Receiving Screening documentation indicated mental health referral. However, no documented evidence of mental health ABFH screening completion.  <u>Patients 4, 6, 9, 20, 28:</u> No documented evidence of selected mental health referral and mental health AFBH screening within 7

**CQI MEDICAL RECORD REVIEW: RESULTS**

<i>MAT Study Legend:</i> <i>MAT Induction</i> <i>MAT Continuation</i> <i>MAT Induction &amp; Continuation</i>	<i>Wellpath Initial Review (Induction)</i>	<i>Wellpath Re-Evaluation Review (Induction)</i>	<i>Wellpath Initial Review (Continuation)</i>	<i>Wellpath Re-Evaluation Review (Continuation)</i>	<b>Forvis Mazars CQI Review Reporting Period Month</b>	
<b>Date</b>	01/2024	06/2024	01/2024	05/2024	<b>06/2024</b>	
<b>PDSA Model</b>	Plan-Do	Study	Plan-Do	Study	<b>Act</b>	<b>Details for Non-Compliant Files</b>
<b>Criteria</b>	Percentage Compliant	Percentage Compliant	Percentage Compliant	Percentage Compliant	<b>Percentage Compliant</b>	
<i>goal 95% (# compliant/# total applicable)</i>						
						days of MAT induction and continuation of MAT services for the applicable booking period.  <u>Risk for non-compliance:</u> No electronic medical record visibility of mental health consultation completion and related outcome. *Requires collaborative management and information sharing across different teams and systems.
9. Was/Is patient being followed by mental health?  <i>MAT Continuation</i>	NA	NA	NA	65%  (11/17)	0%  (0/14)	14 of 14 files not compliant: <u>Patients 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 19:</u> No documented evidence of mental health evaluation or ongoing management for applicable booking period.  <u>Risk for non-compliance:</u> No electronic medical record visibility of mental health consultation completion and related outcome. *Requires collaborative management and information sharing across different teams and systems.
10. Is there a diagnosis that supports MAT treatment written in patient's chart?  <i>MAT Induction &amp; Continuation</i>	100%  (16/16)	88%  (21/24)	94%  (15/16)	93%  (14/15)	83%  (25/30)	5 of 30 files not compliant: <u>Patients 9, 18, 26, 28, 29:</u> Inconsistent Problem List documentation of patient's confirmed relevant diagnosis, such as opioid dependence, by clinical provider.
11. Is there a signed contract for MAT (either	94%  (14/15)	88%  (21/24)	100%  (15/15)	87%  (13/15)	97%  (29/30)	Compliant.

CQI MEDICAL RECORD REVIEW: RESULTS						
<i>MAT Study Legend:</i> <i>MAT Induction</i> <i>MAT Continuation</i> <i>MAT Induction &amp; Continuation</i>	Wellpath Initial Review (Induction)	Wellpath Re-Evaluation Review (Induction)	Wellpath Initial Review (Continuation)	Wellpath Re-Evaluation Review (Continuation)	Forvis Mazars CQI Review Reporting Period Month	
Date	01/2024	06/2024	01/2024	05/2024	06/2024	
PDSA Model	Plan-Do	Study	Plan-Do	Study	Act	Details for Non-Compliant Files
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant	Percentage Compliant	Percentage Compliant	
	goal 95% (# compliant/# total applicable)					
buprenorphine or naltrexone) in patient's chart?  <i>MAT Induction &amp; Continuation</i>						
12. Was initial Chronic Care form completed within 14 days?  <i>MAT Induction &amp; Continuation</i>	100% (16/16)	100% (24/24)	87% (13/15)	92% (11/12)	89% (25/28)	3 of 28 files not compliant: <u>Patients 2, 3, 4</u> : No documented evidence initial Chronic Care visit for MAT completed within 14 days of applicable booking period and for patients continuing to be managed in the MAT program.  Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
13. Has the patient been seen every 30 days in Chronic Care Clinic?  <i>MAT Induction &amp; Continuation</i>	93% (13/14)	78% (7/9)	73% (8/11)	43% (3/7)	73% (11/15)	4 of 15 files not compliant: <u>Patients 11, 17, 26, 29</u> : Inconsistent Chronic Care visits documented every 30 days.  Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
14. Did the patient have an appointment for follow up care at discharge?  <i>MAT Induction &amp; Continuation</i>	50% (4/8)	0% (0/20)	43% (3/7)	67% (4/6)	35% (7/20)	13 of 20 files not compliant: <u>Patients 1, 5, 6, 14, 27, 29</u> : No documented evidence patient met with Discharge Planner. No discharge planning task created. Incomplete prior to release.  <u>Patients 2, 8, 9, 16, 18, 23, 25</u> : Discharge planning task created for Discharge Planner referral, however delayed Discharge Planner

CQI MEDICAL RECORD REVIEW: RESULTS							
<i>MAT Study Legend:</i> <i>MAT Induction</i> <i>MAT Continuation</i> <i>MAT Induction &amp; Continuation</i>	<i>Wellpath Initial Review (Induction)</i>	<i>Wellpath Re-Evaluation Review (Induction)</i>	<i>Wellpath Initial Review (Continuation)</i>	<i>Wellpath Re-Evaluation Review (Continuation)</i>	<i>Forvis Mazars CQI Review Reporting Period Month</i>		
<b>Date</b>	01/2024	06/2024	01/2024	05/2024	06/2024		
<b>PDSA Model</b>	Plan-Do	Study	Plan-Do	Study	<b>Act</b>	<b>Details for Non-Compliant Files</b>	
<b>Criteria</b>	Percentage Compliant	Percentage Compliant	Percentage Compliant	Percentage Compliant	<b>Percentage Compliant</b>		
	<i>goal 95% (# compliant/# total applicable)</i>						
						consult with multiple rescheduled appointments. Incomplete prior to release.  <u>Risk for non-compliance:</u> *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs	
15. Did the patient receive a Narcan kit or prescription for Narcan prior to discharge?  <i>MAT Induction &amp; Continuation</i>	43%  (3/7)	91%  (21/23)	62% (5/8)	33%  (2/6)	0%  (0/20)	20 of 20 files not compliant: <u>Patients 1, 2, 3, 4, 5, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 23, 24, 25, 27, 29:</u> No documented evidence in medication administration record (MAR) Narcan ordered at discharge.	



## CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

<p>1. OUD – Was the screening tool completed by a nurse or mental health?</p> <p><i>MAT Induction</i></p>	<p><u>Observation:</u> Two of the patient files reviewed showed delayed Receiving Screening beyond the required 8-hours from applicable Book-in time resulting in delayed OUD screening tool completion and delayed MAT induction. Delayed Receiving Screening and corresponding intake orders caused unintentional access to care barriers, where the patients did not receive the medically necessary withdrawal medications timely. Inability to provide timely care and document the date the assessment, MAT services, 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"> <li>Identify and address current challenges preventing timely and adequate assessment for each patient.</li> <li>Hold Nursing staff and clinicians accountable for timely completion of Receiving Screening and OUD assessment.</li> <li>Continue to perform ongoing auditing and monitoring of Receiving Screening and OUD assessment. Report results of auditing and monitoring to the ACSO.</li> </ul>
<p>2. Was there a provider referral within 14 days?</p> <p><i>MAT Induction</i></p>	<p>Criteria met.</p>
<p>3. Was an ROI completed for MAT in intake?</p> <p><i>MAT Continuation</i></p>	<p>Criteria met.</p>
<p>4. Was a drug screen completed after MAT verification?</p> <p><i>MAT Continuation</i></p>	<p>Criteria met.</p>
<p>5. Was MAT verified in 48 hours?</p> <p><i>MAT Continuation</i></p>	<p>Criteria met.</p>
<p>6. Was order for MAT written in 48 hours after verification?</p> <p><i>MAT Continuation</i></p>	<p>Criteria met.</p>
<p>7. If MAT treatment could not be verified, was patient placed on Detox?</p> <p><i>MAT Continuation</i></p>	<p>Criteria met.</p>
<p>8. Was there a mental health referral within 7 days?</p> <p><i>MAT Induction &amp; Continuation</i></p>	<p><u>Observation:</u> For several of the patient files reviewed, Mental Health referrals were visibly requested within the ITR Receiving Screening, however, there was no documented evidence of the mental health AFBH Screener completion and form scanned in the patient record. For several other patient files reviewed, no Mental Health referrals were initially requested in the Receiving Screening as indicated. Evidence of “Mental Health” referral outcomes visible within CorEMR continues to be inconsistent. The inability to provide appropriate and timely care in accordance with clinical practice standards, increases the risk for 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"> <li>Continue to hold Clinicians accountable for the appropriate identification and documentation of the required Mental Health Referral(s).</li> <li>Continue to perform ongoing auditing and monitoring of appropriate selection(s) and documentation of Mental Health Referrals.</li> <li>Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, and AFBH behavioral health, to uniformly manage and share information across teams and systems.</li> </ul>

## CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

<p>9. Was/Is patient being followed by mental health?</p> <p><i>MAT Continuation</i></p>	<p><u>Observations:</u> For all of the patient files reviewed, there was no evidence of Mental Health evaluations or visits for the applicable booking period. Evidence of “Mental Health” referral outcomes visible within CorEMR continues to be inconsistent. The inability to provide appropriate and timely care in accordance with clinical practice standards, increases the risk for 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"> <li>• Continue to hold Clinicians accountable for the appropriate identification and documentation of the required Mental Health visits.</li> <li>• Continue to perform ongoing auditing and monitoring of appropriate selection(s) and documentation of Mental Health visits.</li> <li>• Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, and AFBH behavioral health, to uniformly manage and share information across teams and systems.</li> </ul>
<p>10. Is there a diagnosis that supports MAT treatment written in patient’s chart?</p> <p><i>MAT Induction &amp; Continuation</i></p>	<p><u>Observation:</u> For some of the patient files reviewed, there was inconsistent documentation of patient’s diagnosis by clinical provider on the Problem List. Without a complete and accurate Problem List at the initial encounter, there is an increased risk for adequate care, inappropriate care, delayed care, and result in patient injury and/or harm.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Provide additional focused staff training and education specific to assuring Problems are accurate and updated to assure the appropriate care plan is individualized and in place.</li> <li>• Hold Clinicians accountable for the identification, reconciliation, and documentation of Problems.</li> <li>• Perform ongoing auditing and monitoring of the documentation of Problems. Consider including in existing Provider chart review process. Report results of auditing and monitoring to the ACSO.</li> </ul>
<p>11. Is there a signed contract for MAT (either buprenorphine or naltrexone) in patient’s chart?</p> <p><i>MAT Induction &amp; Continuation</i></p>	<p>Criteria met.</p>
<p>12. Was initial Chronic Care form completed within 14 days?</p> <p><i>MAT Induction &amp; Continuation</i></p>	<p><u>Observation:</u> For several of the patient files reviewed, the Initial Chronic Care visit was not completed within 14 days of the applicable booking period or for patients continuing to be managed in the MAT program. Without timely consistent, accurate, and complete assessment of the patient, 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 Clinicians from seeing patient within required referral timeframes for all identified Chronic Disease diagnoses.</li> <li>• Provide additional and/or focused staff training and education on use of Chronic Care forms process and expectations.</li> <li>• Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs.</li> <li>• Continue to perform ongoing auditing and monitoring of management of Chronic Care visits for MAT patients. Report results of auditing and monitoring to the ACSO.</li> </ul>
<p>13. Has the patient been seen every 30 days in Chronic Care Clinic?</p> <p><i>MAT Induction &amp; Continuation</i></p>	<p><u>Observation:</u> For several of the patient files reviewed, there was inconsistent evidence of timely access to care, at least every 30 days for MAT assessment. Without timely and complete assessments and ongoing management of chronic care treatment plans, the Clinical Teams cannot adequately determine or implement recommended updated treatment plans and help 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>• Identify and address current challenges preventing Clinicians seeing the patient and completing timely assessment at least every 30 days for all identified Chronic Disease diagnoses.</li> <li>• Provide additional and/or focused staff training and education on use of Chronic Care process and expectations.</li> </ul>

## CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

	<ul style="list-style-type: none"> <li>• Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs.</li> <li>• Continue to perform ongoing provider auditing and monitoring. Report results of auditing and monitoring to the ACSO.</li> </ul>
<p>14. Did the patient have an appointment for follow up care at discharge?</p> <p><i>MAT Induction &amp; Continuation</i></p>	<p><u>Observation:</u> For some of the patient files reviewed, there was no documented evidence patient met with Discharge Planner and no discharge planning referral task was created for discharge planning referral. For several other patient files reviewed, multiple appointments were rescheduled, resulting in the patient not being seen prior to release and re-entry into the community. The inability to provide adequate discharge planning in accordance with industry standards, best practice, and policy increases the risk for inadequate care, inappropriate care, delayed care, and uncoordinated care, which could negatively impact patient outcome(s) while incarcerated and when released and re-entry into the community, and result in patient injury and/or harm.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Continue Improvement Plan implementation to require appropriate and timely care delivery.</li> <li>• Collectively develop a list of justification reasons to reschedule an appointment, socialize, and implement across all disciplines.</li> <li>• Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs.</li> <li>• Continue to perform ongoing auditing and monitoring of care delivery appropriateness, timeliness, care coordination. Report results of auditing and monitoring to the ACSO.</li> </ul>
<p>15. Did the patient receive a Narcan kit or prescription for Narcan prior to discharge?</p> <p><i>MAT Induction &amp; Continuation</i></p>	<p><u>Observation:</u> For all patients reviewed that were released during this applicable booking period, there was no documented evidence in patient files Narcan kit ordered at discharge. Discharging patients without Narcan kit prevents immediate intervention during an overdose.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Identify and address current challenges preventing prescribing Narcan at discharge.</li> <li>• Implement a standing protocol to provide discharging patients with a Narcan kit.</li> <li>• Continue to perform ongoing provider auditing and monitoring. Report results of auditing and monitoring to the ACSO.</li> </ul>

## 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 30 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined studies outlined in the 2023 CQI calendar and guidance. Forvis 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. 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.

##### May 2023 CQI Study – Medication Assisted Treatment (MAT) Continuation:

- **Plan-Do** – Wellpath performed the following activities:
  - **MAT Continuation:** Audited 24 patient records during the 02/01/2023 – 05/10/2023 date range, against the following criteria:
    1. Was an ROI completed for MAT in intake?
    2. Was a drug screen completed after MAT verification?
    3. Was MAT verified in 48 hours?
    4. Was order for MAT written in 48 hours after verification?
    5. If MAT treatment could not be verified, was patient placed on Detox?
    6. Was there a mental health referral within 7 days?
    7. Was/Is patient being followed by mental health?
    8. Is there a diagnosis that supports MAT treatment on the patient's chart?
    9. Is there a signed contract for MAT (either buprenorphine or naltrexone) in patient's chart?
    10. Was initial Chronic Care form completed within 14 days?
    11. Has the patient been seen every 30 days in Chronic Care Clinic?
    12. Did the patient have an appointment for follow up care at discharge?
    13. Did the patient receive a Narcan kit or prescription for Narcan prior to discharge?
  - Established compliance threshold of 95%.
  - No Improvement Plan required based on Wellpath's initial audit score of 99%.
- **Study** – No re-evaluation was required based on Wellpath's initial audit score of 99%.

##### January 2024 CQI Study – Medication Assisted Treatment (MAT) Induction and Continuation:

- **Plan-Do** – Wellpath utilizing telehealth nurses performed the following activities:

## METHODOLOGY

- **MAT Induction:** Audited 16 patient records during the 09/01/2023 – 12/31/2023 date range, against the following criteria:
  1. OUD – Was the screening tool completed by a nurse or mental health?
  2. Was there a provider referral within 14 days?
  3. Was there a mental health referral within 7 days?
  4. Is there a diagnosis that supports MAT treatment on the patient's chart?
  5. Is there a signed contract for MAT (either buprenorphine or naltrexone) in patient's chart?
  6. Was initial Chronic Care form completed within 14 days?
  7. Has the patient been seen every 30 days in Chronic Care Clinic?
  8. Did the patient have an appointment for follow up care at discharge?
  9. Did the patient receive a Narcan kit or prescription for Narcan prior to discharge?
- Established compliance threshold of 95%.
- Developed Improvement Plan on 01/29/2024 based on initial audit score.
- **Study** – Re-evaluation of 24 patient records during the 2/1/2024 – 5/31/2024 date range, against the same criteria completed June 2024.
  - **MAT Continuation:** Audited 16 patient records during the 09/01/2023 – 12/31/2023 date range, against the following criteria:
    1. Was an ROI completed for MAT in intake?
    2. Was a drug screen completed after MAT verification?
    3. Was MAT verified in 48 hours?
    4. Was order for MAT written in 48 hours after verification?
    5. If MAT treatment could not be verified, was patient placed on Detox?
    6. Was there a mental health referral within 7 days?
    7. Was/Is patient being followed by mental health?
    8. Is there a diagnosis that supports MAT treatment on the patient's chart?
    9. Is there a signed contract for MAT (either buprenorphine or naltrexone) in patient's chart?
    10. Was initial Chronic Care form completed within 14 days?
    11. Has the patient been seen every 30 days in Chronic Care Clinic?
    12. Did the patient have an appointment for follow up care at discharge?
    13. Did the patient receive a Narcan kit or prescription for Narcan prior to discharge?
  - Established compliance threshold of 95%.
  - Developed Improvement Plan on 01/29/2024 based on initial audit score.
- **Study** – Re-evaluation of 17 patient records during the 1/1/2024 – 5/1/2024 date range, against the same criteria completed May 2024.
- **Act** – For this May 2024 reporting period\*, Forvis Mazars performed the following activities:
  - Evaluated 30 patient files against combined Medication Assisted Treatment (MAT) Induction and Continuation criteria during the 01/01/2024– 04/30/2024 reporting period, to evaluate continued compliance against the following criteria:
    1. OUD – Was the screening tool completed by a nurse or mental health? *MAT Induction.*
    2. Was there a provider referral within 14 days? *MAT Induction.*
    3. Was an ROI completed for MAT in intake? *MAT Continuation.*
    4. Was a drug screen completed after MAT verification? *MAT Continuation.*
    5. Was MAT verified in 48 hours? *MAT Continuation.*
    6. Was order for MAT written in 48 hours after verification? *MAT Continuation.*
    7. If MAT treatment could not be verified, was patient placed on Detox? *MAT Continuation.*
    8. Was there a mental health referral within 7 days? *MAT Induction & Continuation.*
    9. Was/Is patient being followed by mental health? *MAT Continuation.*
    10. Is there a diagnosis that supports MAT treatment on the patient's chart? *MAT Induction & Continuation.*
    11. Is there a signed contract for MAT (either buprenorphine or naltrexone) in patient's chart? *MAT Induction & Continuation.*
    12. Was initial Chronic Care form completed within 14 days? *MAT Induction & Continuation.*
    13. Has the patient been seen every 30 days in Chronic Care Clinic? *MAT Induction & Continuation.*
    14. Did the patient have an appointment for follow up care at discharge? *MAT Induction & Continuation.*
    15. Did the patient receive a Narcan kit or prescription for Narcan prior to discharge? *MAT Induction & Continuation.*
  - 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.
  - Infirmity services.

As part of a continuous quality improvement (CQI) Program, patients requiring medically supervised withdrawal and treatment receive multidisciplinary care aligned with evidence-based standards (NCCHC essential standard J-F-04)

Compliance Indicators:

1. Protocols exist for managing inmates under the influence of or undergoing withdrawal from alcohol, sedatives, opioids, and/or other substances.

2. Protocols for intoxication and withdrawal are approved by the responsible physician annually and are consistent with nationally accepted treatment guidelines.
3. Individuals showing signs of intoxication or withdrawal are monitored by qualified health care professionals using approved protocols as clinically indicated until symptoms are resolved.
4. Individuals being monitored are housed in a safe location that allows for effective monitoring.
5. If the findings from patient monitoring meet the national guidelines to begin prescription medications, medically supervised withdrawal is implemented.
6. Medically supervised withdrawal is done under provider supervision.
7. Inmates experiencing severe or progressive intoxication (overdose) or severe alcohol/sedative withdrawal are transferred immediately to a licensed acute care facility.
8. The facility has a policy that addresses the management of inmates on medication-assisted treatment (MAT).
9. Inmates entering the facility on MAT have their medication continued, or a plan for medically supervised withdrawal is initiated.
10. Disorders associated with alcohol and other drugs (e.g., HIV, liver disease) are recognized and treated.
11. All aspects of the standard are addressed by written policy and defined procedures.

### C. APPLICABLE POLICY AND PROCEDURE

Wellpath *Policy and Procedure HCD-110-F-04B Medication-Assisted Treatment -Alameda CA* require:

- A. For patients receiving buprenorphine in the community and enter facilities where buprenorphine is allowed:
  - 1) Attempts will be made to verify buprenorphine use and patient compliance. Practitioner should be contacted prior to the time of the next dose, based on patient history.
  - 2) A urine drug screen shall be done prior to the first dose of buprenorphine to establish a baseline.
  - 3) Medication will be ordered by a practitioner at a clinically appropriate dose.
  - 4) Patient's personal supply of buprenorphine shall not be used.
  - 5) If buprenorphine cannot be verified in a timely manner, the decision to continue buprenorphine will be made by the practitioner on a case-by-case basis.
- B. For patients receiving methadone as MAT in the community and enter facilities which are certified as an Opioid Treatment Program (OTP):
  - 1) Attempts will be made to verify methadone use and patient compliance. Practitioner should be contacted prior to the time of the next dose, based on patient history.
  - 2) A urine drug screen shall be done prior to the first dose of methadone to establish a baseline.
  - 3) Upon verification of methadone use, the practitioner will order the methadone per the procedure in the OTP policy.
  - 4) Patient's personal supply of methadone shall not be used.
  - 5) If methadone cannot be verified in a timely manner, the decision to refer the patient to an OTP will be made by the practitioner on a case-by-case basis.
  - 6) Referral to discharge planning shall be done.
- C. MAT Induction: For potential OUD patients not receiving MAT in the community and enter facilities where buprenorphine or methadone are permitted:
  - 1) Medical stabilization for withdrawal from substance of abuse will occur. Where possible, induction shall be offered in lieu of complete withdrawal from opiates.
  - 2) Beginning the day after medical stabilization has been completed, mental health or nursing staff will conduct daily wellness checks for 3 days. Patients who answer affirmatively to any of the wellness questions shall be placed on suicide watch and referred to the mental health professional.
  - 3) The DEAx waived practitioner will see patients who meet the criteria for OUD in chronic care clinic. During this initial chronic care clinic visit, the confirmation of the diagnosis of OUD shall be reviewed. Available treatment options shall be discussed.
  - 4) Methadone:
    - a. Patients who choose methadone shall be referred to the local OTP for management.
    - b. Patients on methadone maintenance shall be seen in chronic care clinic every 30 days and labs shall be obtained.
  - 5) Buprenorphine:
    - a. Patients who choose buprenorphine are induced in one of two ways, traditional or rapid induction.
    - b. Screening labs shall be done at the first chronic care visit. A consent for buprenorphine and a treatment agreement shall be signed by the patient.
    - c. Patient shall be seen back in chronic care clinic to review labs.
    - d. Follow-up chronic care clinic visits shall occur every 30 days and documented on appropriate follow-up chronic care exam forms.
    - e. Substance abuse counseling/Mental Health follow-up shall be offered on an ongoing basis.
    - f. Discharge planning shall be done to ensure that the patient has an appointment with the community MAT practitioner as well as a sufficient supply of medication upon release.