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 24 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 90% threshold warrants a corrective action plan (CAP). *(See Appendix for additional Methodology and CQI program standard details)*		
Report Date	06/21/2024, 08/30/2024 (updated), 09/11/2024, 9/20/2024	**Reporting Period**	01/01/2024– 04/30/2024
CQI Studies	Medical Grievances		

SUMMARY

For the reporting period of 01/01/2024– 04/30/2024, Forvis Mazars CQI program and study review of the Medical Grievances* 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 two criteria (Questions) for Grievances were measured.

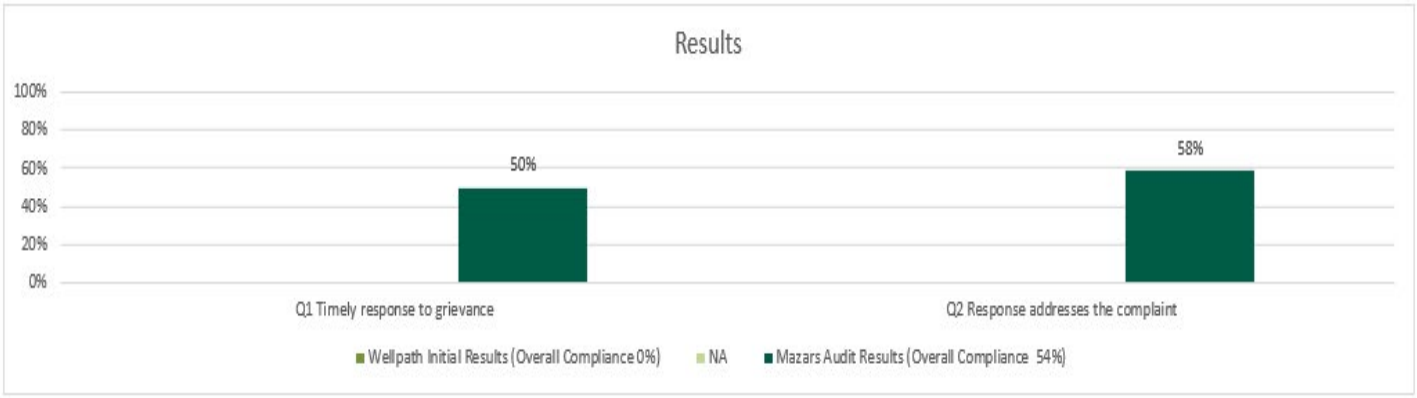
**Reviewed in the Medical QA reports Section A: Governance and Administration.*

As shown in the Results graph below, Wellpath scored an overall compliance rate of 0% for Medical Grievances. Consistent with the Study stage of the PDSA cycle, Wellpath was required to develop an Improvement Plan and perform a re-evaluation of its Improvement Plan implementation. The required re-evaluation to be conducted by Wellpath is incomplete as of August 2024.

Notwithstanding, Forvis Mazars performed a medical record review that resulted in a compliance rate of 54%. Due to yielding a score less than the 90% 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:
During the medical grievances review process, Forvis Mazars identified additional areas of risk and opportunities for improvement beyond the CQI study questions consistent with previous Medical QA report observations and recommendations. Forvis Mazars applied the people, process, and technology framework to determine adherence to the grievance process for health care complaints standards. For successful grievance processes, operations, and change management, all three elements and all multidisciplinary teams involved must work in harmony. Areas of risk observations and recommendations, consistent with the people, process, and technology framework with related findings, and needs and impact details are listed in the Areas of Risk: Observations and Recommendations section of this report (p. 5). Further, Forvis Mazars met with Wellpath and the ACSO Litigation and Grievances teams to better understand newly implemented initiatives to improve the grievances processes not yet reflected in the patient reviews.

Medical Grievances



CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

CQI MEDICAL RECORD REVIEW: RESULTS

	Wellpath Initial Review	*Wellpath Re-Evaluation Review*	***Mazars CQI Review Reporting Period Month***	
Date	*01/2024*	*XX/2024 Pending*	***06/2024***	
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. Was the response to the grievance timely? (based on site specific standards)	0/12 0%		12/24 50%	12 of 24 files non-compliant Patients 3, 4, 5, 7, 9, 11, 12, 14, 15, 21: Inconsistent documentation of medical grievances receipt and response against medical grievances log provided by the ACSO. Misalignment caused some gaps in responses, thereby untimely responses. Patients 22, 23: Inconsistent documentation of receipt and resolution dates contributing to untimely responses and tracking gaps.
2. Did the response address the complaint?	0/12 0%		14/24 58%	10 of 24 files non-compliant: Patients 3, 4, 5, 7, 9, 11, 12, 14, 15, 21: Inconsistent documentation of medical grievances receipt and response against medical grievances log provided by the ACSO. Misalignment caused some gaps in responses, thereby do not address the complaint.

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS	
1. Was the response to the grievance timely? (based on site specific standards)	Observation: For half of the patient files reviewed, Forvis Mazars observed inconsistent documentation of medical grievances receipt and response against the medical grievances log provided by the ACSO. Misalignment caused some gaps in responses, thereby untimely responses. For two of the patient files reviewed, Forvis Mazars observed inconsistent documentation of receipt date and resolution date of medical grievance between Wellpath and the ACSO, leaving tracking inaccurate. Both medical grievances were untimely, where Wellpath responses were delayed beyond 14 days for one file, and 20 days for the other. Response turn-around-time begins on the date the medical grievance is received by Wellpath. Timely responses to grievances are required to mitigate patient harm. Accurate tracking will help drive better patient outcomes. Recommendation: • Perform ongoing auditing, monitoring, and tracking of medical grievances. Include relevant data provided by the ACSO. • 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.
2. Did the response address the complaint?	Observation: For some of the patient files reviewed, Forvis Mazars observed inconsistent documentation of medical grievances receipt and response against the medical grievances log provided by the ACSO. Misalignment caused some gaps in responses, thereby do not address the complaint. Wellpath documentation of the receipt and processing of some medical grievances were missing. Without proper documentation of the receipt of the specified medical grievances, there is no evidence that responses were provided to address the complaint. Addressing the complaint and grievances adequately are required to mitigate patient harm. Accurate tracking will help drive better patient outcomes. Recommendation: • Perform ongoing auditing, monitoring, and tracking of medical grievances. Include relevant data provided by the ACSO. • 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.

CQI AREAS OF RISK: OBSERVATIONS AND RECOMMENDATIONS

Observations

People	Findings Details	Impact
a) Opportunity to further improve multidisciplinary collaboration across teams.	• While there is evidence that the ACSO sends medical grievances (task sheets) to Wellpath directly (i.e., email), Forvis Mazars identified an opportunity to streamline information sharing, including grievances notification and details, receipt, and resolution status to ensure there are no information gaps.	• A consistent and comprehensive process to share information will help ensure an informed and adequate response. • Forvis Mazars acknowledges the facility's ongoing initiatives to improve information sharing, both manually and electronically. • The newly developed ACSO grievance tracking system will enable enhanced information sharing and cross collaboration.
b) Wellpath CQI Committee involvement.	• While there is evidence that Wellpath Telehealth nurses responded to medical grievance notifications via email, there is an opportunity to streamline the completion and retention of all task sheets provided by the ACSO to ensure each medical grievance is addressed, tracked, and monitored appropriately by the Wellpath CQI committee.	• Consistent with NCCHC standards A-06 Continuous Quality Improvement and A-10 Grievance Process for Health Care Complaints, the integration of grievances into the CQI program provides direct feedback from key stakeholders which should highlight opportunities for improvement, root cause analysis, identify trends to proactively measure and prevent future issues. • Forvis Mazars acknowledges the facility's ongoing initiatives to enhance the grievance reconciliation process.
c) Unintentional performance of duties outside custody scope of practice.	• While there is evidence, that some grievance task sheets include the original patient complaint, some task sheets only included custody staff questions to highlight the suggested primary issues without the original complaint. • Without the original patient complaint, the medical team is not adequately informed and cannot perform the appropriate triage based on principles of adequate medical care. • Additionally, while the custody questions are intended to address the primary issues, Forvis Mazars identified critical clinical principles may be unintentionally overlooked.	• Performance of duties within the scope of practice is important because of the impact on patient safety. • Acting outside the established scope of practice limits can cause errors, poor patient outcomes, complications and adverse events, as well as lead to legal consequences. • Forvis Mazars acknowledges the facility's ongoing initiatives to define roles, responsibilities, and related people expectations, as well as enhance the process with the consistent inclusion of the original patient complaint and educate staff accordingly.
Process	**Findings Details**	**Needs and Impact**
a) Opportunity for more efficient management of medical grievances.	• While the effort to enhance process efficiency is evidenced with the ACSO's capture of multiple medical complaints into a single grievance task form, this inadvertently compromises the integrity of the Wellpath medical triage process. • Some medical grievances are addressed via phone without appropriate Wellpath documentation, creating an information gap for the Wellpath CQI committee.	• Comprehensive and appropriate classification of grievances are required to ensure no medical issues are unintentionally overlooked, and the medical team is fully informed to provide a complete response based on principles of adequate medical care. • Forvis Mazars acknowledges the facility's ongoing initiative to update the policy and procedure to address multiple complaints, as well as the ACSO's pilot program to enhance the grievance tracking process with the

	• The consolidation of complaints, isolated grievance resolutions, may create gaps in grievance tracking for both teams.	creation and implementation of the new grievance tracking system.
b) Misaligned response time expectations.	• Forvis Mazars observed inconsistent documentation of response timeframes in some of the Wellpath patient files reviewed.	• Ongoing education and training of updated grievance processes and related initiatives, for both medical and custody staff will help ensure timely and medically appropriate responses. • Forvis Mazars acknowledges the recent grievance process update which established a 15-calendar day turn-around time for medical grievance task completion (California Code of Regulations (CCR) Title 15 § 1073).
Technology	**Findings Details**	**Needs and Impact**
a) Inconsistent tracking (logging) of medical grievances and no evidence of trending issues.	• Wellpath does not consistently track and trend all medical grievance types for CQI purposes. • However, founded grievances are visibly tracked as evidenced by the Wellpath monthly MAC meetings. • There was inconsistent tracking of grievances resolved via phone or email that did not include the original patient complaint and related grievance task sheet.	• Tracking grievances consistently with an intuitive technology solution (i.e., reporting dashboard) will help better manage grievances and identify trends to eliminate common root causes. • Comprehensive tracking and trending will help the teams, including the Wellpath CQI Committee, to proactively measure and prevent future issues. • Forvis Mazars acknowledges the facility's ongoing initiative to enhance the grievance tracking process with the creation and implementation of ACSO's new grievance tracking system, and the ACSO Litigation and Grievance Department's commitment to sharing the relevant information with the affected teams.
b) Manual tracking (logging) of all grievance types.	• While the ACSO tracks (logs) all grievance types received from a variety of sources (i.e., manual grievance form and electronic submission via the inmate tablet system) is both labor-intensive and poses a risk for errors.	• Tracking grievances consistently with an intuitive technology solution (i.e., reporting dashboard) will streamline the tracking process, and identify trends to reduce the likelihood of errors, and enhance efficiency and accuracy. • Forvis Mazars acknowledges the facility's ongoing initiative to enhance the grievance tracking process with the creation and implementation of the new grievance tracking system, specifically for grievances received electronically. • The integration of data from grievances received manually should also be incorporated into the new tracking system to ensure a comprehensive and efficient process for managing all grievances. This can be accomplished with systems integration and/or robotic process automation (RPA). • The integration of information to capture all grievance types will enable comprehensive improved analysis.

Recommendations	
People	• Consistent with the recommendations provided above, 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. • Continue to refine roles, responsibilities, and related people expectations. • Educate staff to ensure all relevant information is shared to meet the applicable grievance process for health care complaints compliance indicators. • Wellpath and ACSO designees align policy and procedures and update annually. In accordance with applicable state and accreditation requirements. the grievance policy must minimally include a timeframe for response, and process for appeal.
Process	• Upon the patient's arrival to the facility ensure patients are informed of the availability of health care services and how to access them. o Provide patients information on how to access emergency and routine health services, including Sick Call, and the Grievance and appeal process (electronically, as applicable, and manually). o Ensure there is a process for patients who have difficulty communicating and understanding how to access health services. • In accordance with the CCR Title 15 § 3999.228 Institutional Level Health Care Grievance Review: o Health care staff at a level no less than a Registered Nurse, utilizing clinical expertise within the scope of his or her licensure, shall triage each health care grievance within one business day of receipt and: ▪ Determine if the health care grievance identifies a health care issue that may require clinical intervention. ▪ Determine if the health care grievance warrants expedited processing. ▪ Determine if the health care grievance is administrative or clinical. • Consistent with CCR Title 15 § 1073, industry standards, and best practices: o Define grievance turn-around-time from the initial patient request (electronic time stamp or time written grievance received) through resolution (date written notice issued to the grievant). ▪ Provision for a non-automated initial response within a reasonable time limit, which shall not exceed a period of 15 calendar days (CCR Title 15 § 1073). o Define a process for managing resolution: ▪ Resolved means that the grievance has reached a final conclusion with respect to the grievant's submitted grievance, and there are no pending appeals. ▪ The written resolution within a 30-calendar day timeframe of receipt and should include a clear and concise explanation of the decision. o Define a process for managing duplicate grievances. o Include date: ▪ If electronic, grievance submitted by grievant via tablet timestamp (turnaround time starts). ▪ If manual, received by ACSO Deputy. ▪ Received by ACSO Grievances Department. ▪ Sent from ACSO to Wellpath. ▪ Received by Wellpath. ▪ Investigated by Wellpath. ▪ Resolved by the ACSO. ▪ Written resolution provided to grievant (turnaround time ends). • Continue to include the Grievance Process as a part of the CQI Program with involvement of the CQI Committee. o All teams, the ACSO and Wellpath, must adequately track and trend grievances to identify recurrent issues and implement corrective action as indicated. o Ensure grievances are reviewed annually at a minimum, however Forvis Mazars recommends more frequently if a trend is identified.
Technology	• Redesign the Grievance Process, including the capture of handwritten and electronic complaint submission, to ensure timely access to care and mitigate risk

	for delayed care. Intuitive electronic management of all grievance types should allow for: ○ Accurate queueing of grievances to ensure all grievances are received and addressed timely. ○ Real-time grievance status to update grievance team and grievant. ○ Tracking audit trail for each stage of the grievance, including outcome. ○ Data analysis to identify trends to eliminate common root causes. • Integrate data managed for grievances received from a variety of sources, manually and electronically, with the systems integration and/or Robotics Processing Automation (RPA) technology to: ○ Eliminate manual entry of duplicative data into different systems, also known as swivel chair activity. ○ Automate repetitive time-consuming processes, such as grievance scanning. ○ Integrate systems while maintaining all application business logic. • Ensure adequate reporting capability within new grievance tracking system to inform all impacted teams.

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 24 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined studies outlined in the 2023 CQI calendar and guidance. Wellpath's CQI calendar requires an annual review of grievances, however, Forvis Mazars will conduct a CQI grievance study twice a year due to compliance scores, identified opportunities for improvement, and fractured processes with the ACSO. 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.

<u>January 2024 CQI Study – Grievances</u>:

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 12 patient records during the 12/01/2023 – 12/31/2023 date range, against the following criteria:
    1. Was the response to the grievance timely? (based on site specific standards)
    2. Did the response address the complaint?
  - Established compliance threshold of 90%
  - No Improvement Plan was created based on initial score.
- **Study** – Wellpath did not conduct a re-evaluation of Grievances.
- **Act** – For this June 2024 reporting period*, Forvis Mazars performed the following activities:
  - Evaluated 24 patient files against the Grievances criteria during the 01/01/2024– 04/30/2024 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, Grievance Process For Health Care Complaints is addressed for all patients to ensure that health care needs are met and aligned with evidence-based standards (NCCHC essential standard J-A-10)

- Compliance Indicators:
  1. A grievance process is in place.
  2. The grievance policy includes:

a. A time frame for response.
b. The process for appeal.

3. Responses to inmate grievances are:
   a. Timely.
   b. Based on principles of adequate medical care.
   c. Include documentation of response.
4. All aspects of the standard are addressed by written policy and defined procedures.

C. APPLICABLE POLICY AND PROCEDURE

Wellpath *Policy and Procedure HCD-110-A-10 Grievance Process for Health Care Complaints-Alameda CA* require:

- The Responsible Health Authority (RHA) / Health Services Administrator (HAS), or designee, will respond in writing to the patient within the specified timeframe, per contract, but no later than seven (7) days after receipt. Written responses are based on principles of adequate medical care.
- Patient grievances will be investigated, and the patient provided with a written response, which is documented.
- Grievances or complaints may include a face-to-face component for clinical issues but may involve written correspondence for simple questions and answers.
- Copies of grievances and Wellpath's responses are sent to the Facility Administrator or designs for review. Grievances and responses will not be placed into the patient's medical record.
- If the patient is not satisfied with the response, the patient may utilize the facility's grievance appeals process.
- Grievance trends will be discussed at health care staff meetings, Continuous Quality Improvement meetings, and Medical Administrative Committee meetings.
- Monthly statistics will include whether grievances were founded or unfounded as well as the type by category.