

CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

PROJECT DETAILS			
Name	Alameda County Sheriff Office – Medical Operations Consulting: Continuous Quality Improvement Program Review		
Sponsor	Lieutenant Joseph Atienza, Contracts Lieutenant	Project Manager	Tami Bond
Project Summary	To provide expanded Medical Quality Assurance (QA) services for the Alameda County Sheriff Office (ACSO) through the performance of Continuous Quality Improvement (CQI) program review and support to evaluate ongoing CQI monitoring activities, performance improvement strategies, and change implementation effectiveness. Additionally, to provide focused CQI observations and recommendations to help assure appropriate access, timeliness, and continuity of care delivery.		
Methodology	To provide CQI program and study review for the reporting period, Mazars performed medical record review of 30 incarcerated individual (patient) files against Wellpath’s CQI criteria for the defined study outlined in the 2023 CQI calendar. Consistent with the Plan-Do-Study-Act (PDSA) model, Mazars performed medical record review after Wellpath’s initial audit, subsequent implementation of related Improvement Plan and re-evaluation, to measure long-term performance of the improvement strategy. A compliance score of less than 90-95% threshold warrants a corrective action plan (CAP). <i>(See Appendix for additional Methodology and CQI program standard details)</i>		
Report Date	2/8/2024, 2/16/24	Reporting Period	10/1 - 12/31/2023
CQI Studies	Dental Care		

SUMMARY

For the reporting period of 10/1 - 12/31/2023, Mazars CQI program and study review of the Dental Care* 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 four criteria (Questions) for Dental Care were measured.

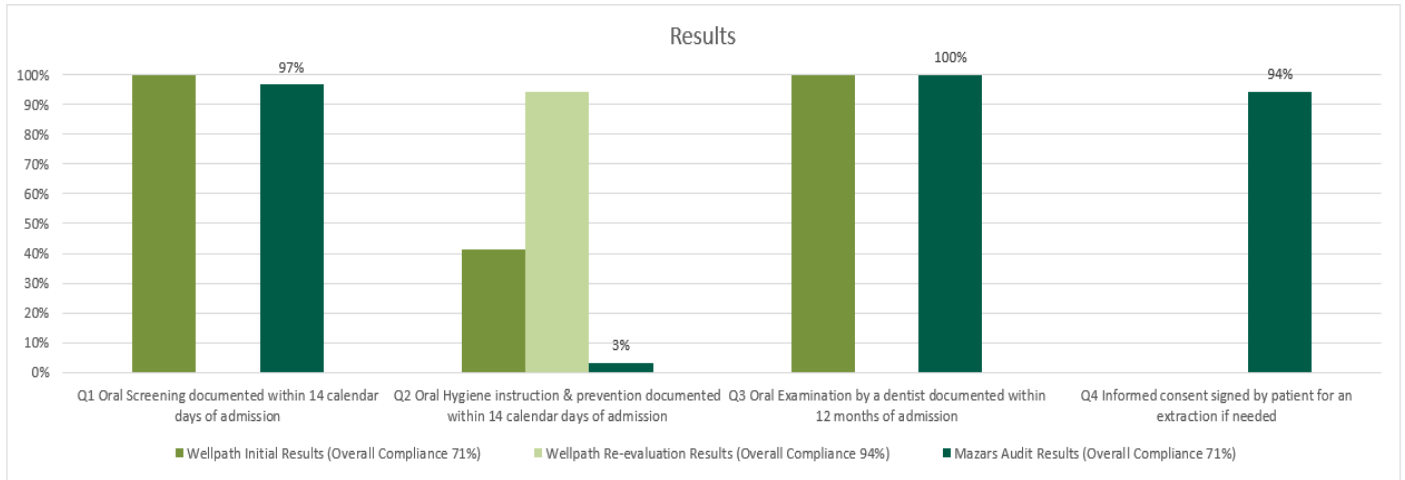
As shown in the Results graph below, Wellpath scored an overall compliance rate of 71% for Dental Care. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating the nursing and provider staff on oral hygiene instruction and prevention education. Wellpath conducted a re-evaluation of one criterion based on a non-compliant score at the initial evaluation. Notwithstanding, Mazars performed a medical record review that resulted in a compliance rate of 70%. Due to yielding a score less than the 90-95% threshold, consistent with the Act stage of the PDSA cycle, Mazars recommends a CAP to include enhanced action steps that incorporates the observations and recommendations provided, as well as incorporate Mazars’ findings into a subsequent re-evaluation within six months or more to demonstrate long-term change implementation effectiveness.

Areas of Risk:

- i. Areas at risk for non-compliance that are identified to require clinical staffing management to ensure prescriber and nursing time is adequate to meet patient care delivery needs include: Oral Screening is documented within 14 calendar days from admission; Oral Hygiene instruction is documented within 14 calendar days of admission; Signed consent forms for tooth extraction

**Reviewed in Medical QA reports sections 2.2 Specialty Referrals.*

Dental Care



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MEDICAL RECORD REVIEW: RESULTS				
	Wellpath Initial Review	Wellpath Re-Evaluation Review	Mazars CQI Review Reporting Period Month	
Date	7/2023	12/2023	11/2023	
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. An oral screening is documented within 7 days (prisons/juveniles) or 14 days (jails) of entry or sooner if required by the contract?	100% (17/17)	NA	97% (29/30)	1 of 30 files non-compliant: <u>Patient 14</u> : No evidence of Receiving Screening, thereby no evidence of oral screening <u>Risk for non-compliance</u> : <u>Patients 2, 4, 7, 10, 17, 22</u> : Dental Referrals selected within Receiving Screening with no evidence of related dental visit task created *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
2. Oral hygiene instruction and prevention education is documented within 14 days (jails) or 1 month (prisons), of entry into the facility?	41% (7/17)	94% (16/17)	3% (1/30)	29 of 30 files non-compliant: <u>Patients 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 14, 15, 18, 19, 20, 21, 22, 23, 24, 25, 26, 30</u> : No evidence of an Initial Health Assessment (IHA), thereby no evidence oral hygiene instruction provided to patient <u>Patients 4, 6, 13, 17, 27, 28</u> : Oral hygiene instruction and prevention education not provided to patient within 14 days from Book-In <u>Patient 29</u> : IHA form started beyond the 14-day timeframe, with oral hygiene instruction and prevention education incomplete <u>Risk for non-compliance</u> : *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
3. An oral examination by a dentist is documented within 30 days (prisons) or 12 months (jails) of entry or sooner if required by the contract?	100% (17/17)	NA	100% (30/30)	Compliant
4. If the patient required an extraction, was the appropriate informed consent document signed by the patient?	NA	NA	94% (16/17)	1 of 17 files non-compliant: <u>Patient 4</u> : No documented evidence patient signed consent form for extraction <u>Risk for non-compliance</u> : *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

<p>1. An oral screening is documented within 7 days (prisons/juveniles) or 14 days (jails) of entry or sooner if required by the contract?</p>	<p><u>Observation:</u> Site policy requires the Receiving Screening to be performed <i>upon arrival at booking</i> to ensure that emergent and urgent health needs are met (HCD-110_E-02). For one patient file reviewed, the Receiving Screening assessment was not completed for the applicable Book-In time, thereby there was no evidence an oral screening was performed. Without a complete and/or timely initial medical history and physical exam, including an oral screening, the Clinical Teams cannot establish an appropriate and individualized care plan to responsibly care for the patient, appropriately identify and assure patient health care needs are met and meet applicable policy, procedure, and standards requirements. Additionally, Mazars observed for several patient files reviewed, Dental referrals were selected on the Receiving Screening form, however there was no evidence a Dental Task or Dental Sick Call was created within CorEMR.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Continue to hold Clinical Staff accountable for the appropriate identification and documentation of the Dental Referral(s) • Continue to perform ongoing auditing and monitoring of Receiving Screening form, for evidence of oral screening. Report results of auditing and monitoring to the ACSO • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs
<p>2. Oral hygiene instruction and prevention education is documented within 14 days (jails) or 1 month (prisons), of entry into the facility?</p>	<p><u>Observation:</u> Mazars observed that for most of the 30 patient files reviewed, there was no evidence of an Initial Health Assessment (IHA), thereby there was no evidence that oral hygiene instructions and prevention education was provided to the patient within 14 days of Book-In. Additionally, there was no evidence of oral hygiene instructions and prevention education provided and documented in any other applicable forms. For six of the patient files reviewed, while there was evidence of oral hygiene instructions completed within the IHA forms, the IHA was not completed within the required 14-calendar days of the patient's Book-In. Another patient file showed that the IHA form was started beyond the required 14-calendar days, and that the oral instruction and prevention education was not addressed within the form. Minimal or no instruction with oral hygiene and prevention can lead to poor patient oral hygiene practices and cause health consequences, such as systemic diseases.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Identify and address current challenges preventing minimal instruction in oral hygiene and prevention education • Hold Clinical Staff accountable for the completion of minimal instruction in oral hygiene and prevention education • Continue to perform ongoing auditing and monitoring and report results of auditing and monitoring to the ACSO • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs
<p>3. An oral examination by a dentist is documented within 30 days (prisons) or 12 months (jails) of entry or sooner if required by the contract?</p>	<p>Criteria met.</p>
<p>4. If the patient required an extraction, was the appropriate informed consent document signed by the patient?</p>	<p><u>Observation:</u> For one patient file reviewed, Mazars observed no evidence of signed consent by the patient for tooth extraction. Without complete and accurate consent for treatment the organization is at risk. Evidence of informed consent to medical treatment, including dental, is ethically and lawfully fundamental. Patients have the right to receive information and ask questions about their care plan(s) and care delivery.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Continue to perform ongoing auditing and monitoring of appropriate signed consent forms. Report results of auditing and monitoring to the ACSO • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs

APPENDIX

PROJECT DETAILS

Project Scope

Assess and evidence ACSO compliance with requirements applicable to Alameda County's Santa Rita Jail (SRJ) adult correctional facility, specifically Continuous Quality Improvement (CQI) activities by Wellpath. Additionally, evaluate the County's compliance with applicable laws, rules, and regulations of applicable government authorities regarding the ambulatory medical care provided to incarcerated individuals (patients) at SRJ and required by the ACSO. Project scope excludes the provision of any direct patient medical care.

METHODOLOGY

A. CONTINUOUS QUALITY IMPROVEMENT STUDY REVIEW

As described in the Project Details section, to provide expanded Medical Quality Assurance (QA) services for the ACSO, Mazars performed CQI program review and support to evaluate ongoing CQI monitoring activities, performance improvement strategies, and change implementation effectiveness. Mazars provided focused CQI recommendations to help assure appropriate access, timeliness, and continuity of care delivery.

For the CQI study reporting period*, Mazars conducted medical record review of 30 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined studies outlined in the 2023 CQI calendar and guidance. Mazars performed medical record review after Wellpath's scheduled initial audit and implementation of a related Improvement Plan. Wellpath's subsequent re-evaluation is pending completion. Mazars performed the review to examine change implementation effectiveness and long-term performance of the improvement strategy, consistent with the widely used Plan-Do-Study-Act (PDSA) model:

- Plan – Plan a change or test aimed at an identified problem:
 - Wellpath CQI study calendar by month, date range for data collection, and criteria questions specific to plan details
- Do – Carry out the change or test:
 - Initial Wellpath CQI study audit and evaluation
- Study – Analyze the results of the CQI study to learn opportunities of improvement:
 - Wellpath Improvement Plan development, implementation, and re-evaluation for initial overall compliance performance of less than 90-95% compliance threshold
- Act – Run through the cycle again to determine adopt or abandon change:
 - Mazars CQI review to identify additional risks for non-compliance and need for corrective action plan (CAP)

The compliance threshold of 90% or 95% is determined by Wellpath's CQI study guidance. A compliance score less than a 90-95% threshold warrants a CAP. The CAP includes enhanced action steps consistent with the observations and recommendations provided, including re-evaluation within six months or more to demonstrate long-term change implementation effectiveness, as applicable.

December 2023 CQI Study – Dental Care:

- **Plan-Do** – Wellpath performed the following activities:
 - Audited 17 patient records during the 3/1 – 5/31/2023 date range, against the following criteria:
 1. An oral screening is documented within 7 days (prisons/juveniles) or 14 days (jails) of entry or sooner if required by the contract?
 2. Oral hygiene instruction and prevention education is documented within 14 days (jails) or 1 month (prisons), of entry into the facility?
 3. An oral examination by a dentist is documented within 30 days (prisons) or 12 months (jails) of entry or sooner if required by the contract?
 4. If the patient required an extraction, was the appropriate informed consent document signed by the patient?
 - Established compliance threshold of 90 - 95%
 - Developed Improvement Plan for one deficient criterion on 7/3/2023 based on the initial audit score
- **Study** – Re-evaluated 17 patient records during the 11/1/2023 – 12/12/2023 date range, against one criteria
- **Act** – For this December 2023 reporting period*, Mazars performed the following activities:
 - Evaluated 30 patient files against the Dental Care criteria during the 10/1/2023 - 12/31/2023 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)

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- 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, Oral Care is addressed for all patients to ensure that health care needs are met and aligned with evidence-based standards (NCCHC essential standard J-E-06)

- Compliance Indicators:
 1. *Oral Care* under the direction and supervision of a licensed dentist is provided to each patient
 2. Care is timely and includes immediate access for urgent conditions
 3. *Oral Screening* is performed as soon as possible but no later than 14 calendar days from admission

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4. *Oral Screening* may be done by the dentist or qualified health care professional who has received documented training approved or provided by the dentist
5. Instruction in oral hygiene and preventive oral education are given within 14 days of admission
6. An initial *Oral Examination* is performed by a dentist within 12 months of admission
7. *Oral Treatment*, not limited to extractions, is provided according to a treatment plan based on a system of established priorities for care when, in the dentist's judgement, the patient's health would otherwise be adversely affected
8. Radiographs are used in the development of the treatment plan
9. Consultation through referral to oral health care specialists is available as needed
10. Each patient has access to the preventive benefits of fluorides in a form determined by the dentist to be appropriate for the individual's needs
11. Extractions are performed in a manner consistent with community standards of care
12. All aspects of the standard are addressed by written policy and defined procedures

NCCHC's definitions for Oral Care include:

- *Oral Care* includes instruction in oral hygiene, examination, and treatment of dental problems. Instruction in oral hygiene minimally includes information on plaque control and the proper brushing of teeth
- *Oral Screening* includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities requiring immediate referral to a dentist
- *Oral Examination* by a dentist includes taking or reviewing the patient's oral history, an extra-oral head and neck examination, charting of teeth, periodontal assessment, and examination of the hard and soft tissue of the oral cavity with a mouth mirror, explorer, and adequate illumination
- *Oral Treatment* includes the full range of services that in the supervising dentist's judgement are necessary for maintaining the patient's health

C. APPLICABLE POLICY AND PROCEDURE

Alameda County Sheriff's Office Detention and Corrections Policy and Procedure 13.03 Medical and Health Care Services requires dental services:

- Newly admitted inmates shall receive a dental screening within 14 days of admission. This dental examination shall be included within the medical screening conducted by the jail medical staff.
- Priority appointments will be given to inmates with emergency conditions requiring immediate evaluative treatment.
- Inmates requesting dental services shall use a Medical Request Form to make a dental appointment.
- Each housing unit will post a designated dental schedule.
- Dental treatment is provided according to a system of priorities, when in the dentist's judgment, the inmate's health would be adversely affected that inmate shall be given priority.
- Treatment for dental problems that existed prior to the inmate's incarceration shall not always be considered necessary once the inmate is incarcerated.
- If the dentist determines that a request for dental prostheses is not medically necessary, and that the inmate's health would not be adversely affected, services will not be provided by the facilities.

Wellpath Policy and Procedure HCD-110_E-06 Oral Care-Alameda CA requires a dentist performs an oral examination within 12 months from admission for jails. Oral screenings by the dentist, or qualified health care professionals with documented training by the dentist, are performed within 14 days of admission. Instruction in oral hygiene and preventive oral education is provided to patients within 14 days from admission.