

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 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	11/22/2023, 12/01/2023	Reporting Period	8/15 – 9/30/2023
CQI Studies	CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal COWS Monitoring for Opiate/Opioid Withdrawal		

SUMMARY

For the reporting period of 8/15 – 9/30/2023, Mazars CQI program and study review of the CIWA-AR Monitoring for Alcohol/Benzodiazepine (CIWA-AR) Withdrawal and COWS Monitoring for Opiate/Opioid Withdrawal (COWS)* 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 six criteria (Questions) for the CIWA-AR and eight criteria for the COWS were measured.

As shown in the Results graph below, Wellpath scored a compliance rate of 70% for CIWA-AR and 58% for COWS for its initial audit. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform re-evaluations of its Improvement Plan implementation scheduled for June 2023. The re-evaluations were intended to measure the impact of the Action Step implementation that included educating the nursing and custody staff on withdrawal protocols, assessments, and documentation. The re-evaluations have been rescheduled from June 2023 to October 2023. Notwithstanding, Mazars performed a medical record review that resulted in a compliance rate of 38% (CIWA-AR) and 42% (COWS). Due to yielding a score less than the 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.

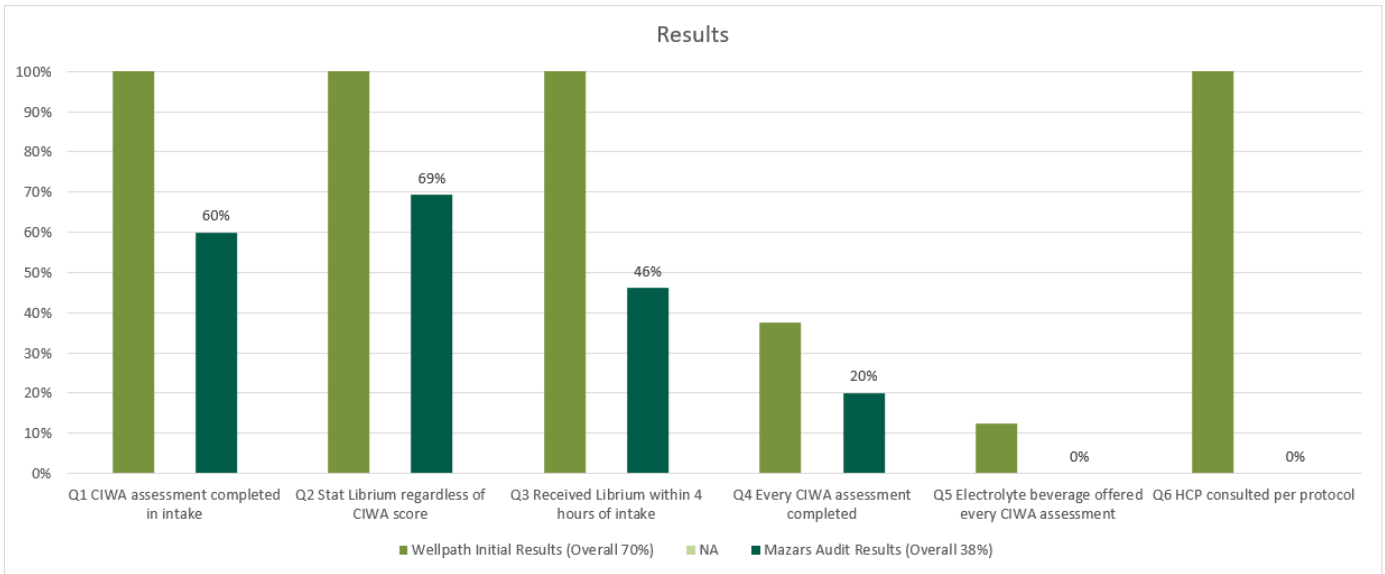
Areas of Risk:

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: Timely CIWA-AR and COWS assessment completed at intake, subsequent CIWA-AR and COWS monitoring completed per protocol, including gastrointestinal (GI) upset assessment

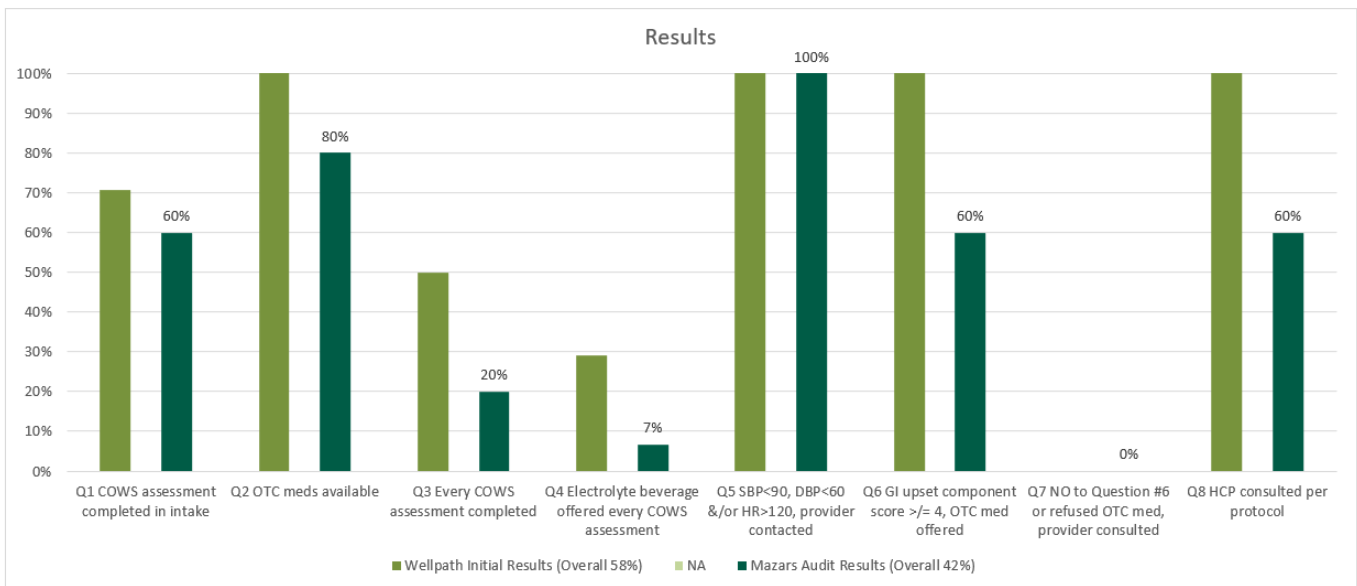
Areas at risk for non-compliance that are identified to cause unintentional barrier to care (active withdrawal treatment and management interventions) in accordance with the required Intake, Transfer, Release (ITR) Receiving Screening timeframe (upon arrival to 8-hours) and corresponding intake orders: Initial intake CIWA-AR and COWS assessment, subsequent CIWA-AR and COWS monitoring completed per protocol, timely administration of withdrawal medications

**Reviewed in Medical QA reports section 2.3 Order Execution.*

CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal



COWS Monitoring for Opiate/Opioid Withdrawal



CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

MEDICAL RECORD REVIEW: RESULTS				
CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal				
	<i>Wellpath Initial Review</i>	<i>Wellpath Re-Evaluation Review</i>	<i>Mazars CQI Review Reporting Period Month</i>	
Date	3/2023	6/2023 <i>Pending</i>	9/2023	
PDSA Model	Plan-Do	Study	Act	Details for Non-Compliant Files
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant	
<i>goal 90% (# compliant/# total applicable)</i>				
1. Was the initial CIWA assessment completed in intake?	100% (24/24)		60% (9/15)	6 of 15 files non-compliant: <u>Patients 3, 7, 10, 11:</u> Receiving screening and CIWA-AR assessments completed beyond 8-hours from applicable Book-In time <u>Patient 6:</u> No receiving screening assessment performed. Unable to adequately assess substances used <u>Patient 13:</u> No evidence CIWA-AR assessment completed during intake <u>Risk for non-compliance:</u> *Delayed receiving screening and corresponding intake orders causing unintentional barrier to receiving withdrawal treatment and management interventions *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
2. Did the provider order Librium first dose to start now, regardless of CIWA score?	100% (23/23)		69% (9/13)	4 of 13 files non-compliant: <u>Patients 7, 12, 13:</u> Inconsistent provider order, score threshold, and rationale for Valium to substitute Librium <u>Patient 10:</u> Delayed Librium first dose administration related to Receiving Screening and CIWA-AR assessments completed beyond 8-hours from applicable Book-In time <u>Risk for non-compliance:</u> <u>Patients 1, 4, 5, 6, 7, 9:</u> *Inconsistent use of correct and approved provider order sheet for protocol withdrawal medications *Use of non-approved provider order sheet for protocol withdrawal medications does not provide deviation from withdrawal medications ordered rationale (Valium ordered to substitute for Librium shortage) *Delayed Receiving Screening and corresponding intake orders causing unintentional barrier to receiving withdrawal treatment and management interventions
3. Did the patient receive medication within the appropriate timeframe?	100% (23/23)		48% (6/13)	7 of 13 files non-compliant: <u>Patients 3, 4, 8, 10:</u> Received first dose beyond 4-hours from intake <u>Patients 7, 12, 13:</u> Inconsistent provider order, score threshold, and rationale for Valium to substitute Librium <u>Risk for non-compliance:</u> <u>Patients 1, 5, 6, 7, 10:</u> *Inconsistent use of correct and approved provider order sheet for protocol withdrawal medications *Use of non-approved provider order sheet for protocol withdrawal medications does not provide deviation from withdrawal medications ordered rationale (Valium ordered to substitute for Librium shortage)

MEDICAL RECORD REVIEW: RESULTS

CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal

		<i>Wellpath Initial Review</i>	<i>Wellpath Re-Evaluation Review</i>	<i>Mazars CQI Review Reporting Period Month</i>	
Date	3/2023	6/2023 <i>Pending</i>	9/2023		
PDSA Model	Plan-Do	Study	Act	Details for Non-Compliant Files	
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant		
<i>goal 90% (# compliant/# total applicable)</i>					
4. Did the patient have every assessment completed?	38% (9/15)		20% (3/15)	12 of 15 files non-compliant: <u>Patients 1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15:</u> Every assessment not completed. Multiple assessments missed due to patient refusal(s) or patient sleeping. No evidence of clinician observation of patient's presentation at the bedside or cell door Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs *Delayed screening and corresponding intake orders causing unintentional barrier to receiving withdrawal treatment and management interventions	
5. Was an electrolyte replacement beverage offered at each CIWA assessment?	12% (3/24)		0% (0/15)	15 of 15 files non-compliant: <u>Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15:</u> Inconsistent documentation of electrolyte replacement beverage offered at every CIWA-AR assessment	
6. Was the HCP called or consulted per protocol?	100% (3/3)		N/A	Compliant	

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal

<p>1. Was the initial CIWA assessment completed in intake?</p>	<p><u>Observation:</u> Some of the patient files reviewed showed delayed completion of Receiving Screening and/or CIWA-AR assessment documentation beyond the required 8-hours from applicable Book-In time. For two patient files reviewed, no Receiving Screening or CIWA-AR assessments completed, therefore unable to adequately assess substances used and patient's current state of withdrawal. Delayed Receiving Screening and corresponding intake orders causes unintentional barrier to receiving withdrawal treatment and management interventions.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Identify and address current challenges preventing timely and adequate assessment for each patient Hold Nursing staff accountable for the timely completion and accuracy of the Receiving Screening and CIWA-AR assessment Provide additional and/or focused staff training and education on use of CIWA-AR assessment form Continue to perform ongoing auditing and monitoring of CIWA-AR assessment form. Report results of auditing and monitoring to the ACSO Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs
<p>2. Did the provider order Librium first dose to start now, regardless of CIWA score?</p>	<p><u>Observation:</u> Some of the patient files reviewed showed inconsistent provider order, score threshold, and rationale for Valium to substitute Librium. One patient file showed delayed administration of first dose of Valium due to Receiving Screening and CIWA-AR assessments completed beyond 8-hours from applicable Book-In time. Documentation showed inconsistent use of correct physician order sheet for protocol withdrawal medications. Use of non-approved physician order sheet for protocol withdrawal medications does not provide deviation from withdrawal medications ordered rationale (Valium ordered to substitute for Librium shortage).</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Hold Nursing staff accountable for using correct physician order sheets for protocol withdrawal medications Hold responsible Clinicians accountable for ordering protocol withdrawal medications regardless of CIWA-AR score Continue to perform ongoing provider auditing and monitoring. Report results of auditing and monitoring to the ACSO
<p>3. Did the patient receive medication within the appropriate timeframe?</p>	<p><u>Observation:</u> Some of the patient files reviewed showed delayed administration of medication beyond 4-hours from intake. Additionally, some of the patient files did not receive protocol medication as indicated. Documentation showed inconsistent use of correct physician order sheet for protocol withdrawal medications. Use of non-approved physician order sheet for protocol withdrawal medications does not provide deviation from withdrawal medications ordered rationale (Valium ordered to substitute for Librium shortage).</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Hold Nursing staff accountable for using correct physician order sheets for protocol withdrawal medications Hold responsible Clinicians accountable for ordering protocol withdrawal medications regardless of CIWA-AR score Continue to perform ongoing provider auditing and monitoring. Report results of auditing and monitoring to the ACSO
<p>4. Did the patient have every assessment completed?</p>	<p><u>Observation:</u> The majority of the patient files reviewed showed every assessment not completed and scored per protocol. CIWA-AR assessment questions requiring visual observation of patient's current status were not performed when patient refused, or patient was asleep at the time of the assessment, and thereby not considered in scoring appropriately. CIWA-AR Score Sheet Alcohol and/or Benzodiazepine Withdrawal monitoring was inconsistently executed as ordered. While patient refusal(s) were documented for some of the monitoring activities, best practice is for the clinician to observe the patient's presentation, at the bedside or at the cell door, assess the patient's condition and document accordingly. Documentation of "patient refused" only, is incomplete. Inability to execute an</p>

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS
CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal

	<p>order for medically necessary care, including performing a patient assessment, can lead to inadequate 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"> • Identify and address current challenges preventing complete and adequate assessment for each patient • Hold Nursing staff accountable for timely CIWA-AR assessment • Provide additional and/or focused staff training and education on use of CIWA-AR assessment form • Continue to perform ongoing auditing and monitoring of CIWA-AR assessment form. Report results of auditing and monitoring to the ACSO • Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs
<p>5. Was an electrolyte replacement beverage offered at each CIWA assessment?</p>	<p><u>Observation:</u> For each of the patient files reviewed, Mazars observed inconsistent documentation of whether an electrolyte replacement beverage was offered at each CIWA-AR assessment. CIWA-AR assessment score sheet required “Offered electrolyte replacement drink (minimum of 8 oz)”, however, actual offer of electrolyte replacement was not clearly documented. In some instances, the clinician encouraged an electrolyte replacement beverage, rather than offering it as advised. Additionally, there was inconsistency with patient refusals where there was no evidence of an electrolyte replacement beverage being offered initially.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Identify and address current challenges preventing adequate assessment for each patient • Provide additional and/or focused staff training and education on use of CIWA-AR assessment form • Continue to perform ongoing auditing and monitoring of CIWA-AR assessment form. Report results of auditing and monitoring to the ACSO
<p>6. Was the HCP called or consulted per protocol?</p>	<p>Criteria met</p>

MEDICAL RECORD REVIEW: RESULTS

COWS Monitoring for Opiate/Opioid Withdrawal

		Wellpath Initial Review	Wellpath Re-Evaluation Review	Mazars CQI Review Reporting Period Month	
Date	3/2023	10/2023 <i>Pending</i>	9/2023		
PDSA Model	Plan-Do	Study	Act	Details for Non-Compliant Files	
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant		
goal 90% (# compliant/# total applicable)					
1. Was the initial COWS assessment completed in intake?	71% (17/24)		60% (9/15)	6 of 15 non-compliant: <u>Patients 3, 4, 10, 12:</u> Receiving screening and COWS assessments completed beyond 8-hours from applicable Book-In time <u>Patient 1:</u> No Receiving Screening assessment performed. Unable to adequately assess substances used <u>Patient 5:</u> COWS assessment not completed during intake <u>Risk for non-compliance:</u> *Delayed Receiving Screening and corresponding intake orders causing unintentional barrier to receiving withdrawal treatment and management interventions *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs	
2. Were OTC meds made available to the patient per the COWS protocol?	100% (19/19)		80% (12/15)	3 of 15 files non-compliant: <u>Patient 4:</u> Receiving screening and COWS assessments completed beyond 8-hours (5 days) from applicable Book-In time resulting in delayed access to care and medication management <u>Patient 7:</u> Medications ordered beyond 8-hours (2 days) from COWS assessment <u>Patient 12:</u> Receiving screening and COWS assessments completed beyond 8-hours (3 days) from applicable Book-In time resulting in delayed access to care and medication management <u>Risk for non-compliance:</u> *Delayed Receiving Screening and corresponding intake ordered causing unintentional barrier to receiving withdrawal treatment and management interventions *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs	
3. Did the patient have every assessment completed per protocol?	50% (12/24)		20% (3/15)	12 of 15 files non-compliant: <u>Patients 1, 2, 3, 4, 5, 6, 7, 10, 11, 12, 13, 15:</u> Every assessment not completed. Multiple assessments missed due to patient refusal(s) or patient sleeping. No evidence of clinician's observation of patient's presentation at the bedside or cell door <u>Risk for non-compliance:</u> *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs *Delayed screening and corresponding intake orders causing unintentional barrier to receiving withdrawal treatment and management interventions	
4. Was an electrolyte	29%		7%	14 of 15 files non-compliant:	

MEDICAL RECORD REVIEW: RESULTS

COWS Monitoring for Opiate/Opioid Withdrawal

		Wellpath Initial Review	Wellpath Re-Evaluation Review	Mazars CQI Review Reporting Period Month	
Date	3/2023	10/2023 Pending	9/2023		
PDSA Model	Plan-Do	Study	Act	Details for Non-Compliant Files	
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant		
goal 90% (# compliant/# total applicable)					
replacement beverage offered at each COWS assessment?	(7/24)		(1/15)	Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15: No Inconsistent documentation of electrolyte replacement beverage offered at each COWS assessment	
5. If the patient at any time had SBP<90, DBP<60, and/or HR>120, was the provider contacted?	100% (3/3)		100% (1/1)	Compliant	
6. If the GI upset component score was 4 or higher, was the appropriate OTC med (Meclizine and/or Imodium) offered to this patient?	100% (2/2)		60% (9/15)	6 of 15 files non-compliant: <u>Patients 3, 4, 5, 7, 12:</u> Receiving Screening and COWS assessments completed beyond 8-hours from applicable Book-In time resulting in delayed medication administration and inability to adequately assess GI upset <u>Patient 9:</u> No medication management ordered for patient report of loose stool or diarrhea at initial COWS assessment <u>Risk for non-compliance:</u> *Delayed Receiving Screening and corresponding intake orders causing unintentional barrier to receiving withdrawal treatment and management interventions *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs	
7. If the answer to question #6 was NO or the patient refused OTC meds for GI upset, did follow-up occur?	N/A		0% (0/3)	3 of 3 files non-compliant: <u>Patients 3:</u> No GI medication ordered during applicable booking timeframe <u>Patient 9:</u> No GI medication ordered with patient report of loose stool or diarrhea at initial COWS assessment <u>Patient 12:</u> Receiving screening and COWS assessments completed beyond 8-hours (3 days) from applicable Book-In time resulting in delayed medication administration. Patient observed to be in active withdrawal and covered in feces during the gap between intake and time of initial assessment (3 days) <u>Risk for non-compliance:</u> *Delayed Receiving Screening and corresponding intake orders causing unintentional barrier to receiving withdrawal treatment and management interventions *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs	

MEDICAL RECORD REVIEW: RESULTS

COWS Monitoring for Opiate/Opioid Withdrawal

	<i>Wellpath Initial Review</i>	<i>Wellpath Re-Evaluation Review</i>	<i>Mazars CQI Review Reporting Period Month</i>	
Date	3/2023	10/2023 <i>Pending</i>	9/2023	
PDSA Model	Plan-Do	Study	Act	Details for Non-Compliant Files
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant	
<i>goal 90% (# compliant/# total applicable)</i>				
8. Was the HCP called or consulted per protocol?	100% (2/2)		60% (3/5)	2 of 5 files non-compliant: <u>Patients 8, 12</u> : No evidence HCP consulted when COWS score 11 or greater based on criteria listed on COWS score sheet

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

COWS Monitoring for Opiate/Opioid Withdrawal

<p>1. Was the initial COWS assessment completed in intake?</p>	<p><u>Observation:</u> Some of the patient files reviewed showed delayed completion of Receiving Screening and/or COWS assessment documentation beyond the required 8-hours from applicable Book-in time. For two patient files reviewed, no Receiving Screening or COWS assessments completed, therefore unable to adequately assess substances used and patient's current state of withdrawal. Delayed Receiving Screening and corresponding intake orders causes unintentional barrier to receiving withdrawal treatment and management interventions.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Identify and address current challenges preventing timely and adequate assessment for each patient • Hold Nursing staff accountable for the timely completion and accuracy of the Receiving Screening and COWS assessment • Provide additional and/or focused staff training and education on use of COWS assessment form • Continue to perform ongoing auditing and monitoring of COWS assessment form. Report results of auditing and monitoring to the ACSO • Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs
<p>2. Were OTC meds made available to the patient per the COWS protocol?</p>	<p><u>Observation:</u> Most notably, two of the patient files reviewed showed significant delay of Receiving Screening and/or COWS assessment completion beyond the required 8-hours from applicable Book-in time (3-5 days) resulting in delayed assessment, applicable medication orders, and management of withdrawal symptoms. For one patient file reviewed, there was a delay in care, where medications were ordered two days from COWS assessment. Delayed receiving screening and corresponding intake orders causes unintentional barrier to receiving withdrawal treatment and management interventions. This delay in care can cause near-miss and adverse clinical events.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Reassess newly implemented reception center model, including multidisciplinary roles, responsibilities, and documentation expectations • Identify and address current challenges preventing timely and adequate assessment for each patient • Hold Nursing staff accountable for the timely completion and accuracy of the Receiving Screening and COWS assessment • Hold responsible Clinicians accountable for timely ordering of medications for withdrawal • Provide additional and/or focused staff training and education on use of COWS assessment form • Continue to perform ongoing auditing and monitoring of COWS assessment form. Report results of auditing and monitoring to the ACSO • Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs
<p>3. Did the patient have every assessment completed per protocol?</p>	<p><u>Observation:</u> The majority of the patient files reviewed showed every assessment not completed and scored per protocol. COWS assessment questions requiring visual observation of patient's current status were not performed when patient refused or patient was asleep at the time of the assessment, and thereby not considered in scoring appropriately. COWS Score Sheet Opiate/Opioid Withdrawal monitoring was inconsistently executed as ordered. While patient refusals were documented for some of the monitoring activities, best practice is for the clinician to observe the patient's presentation, at the bedside or at the cell door, assess the patient's condition and document accordingly. Documentation of "patient refused" only, is incomplete. Inability to execute an order for medically necessary care, including performing a patient assessment, can lead to inadequate 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"> • Identify and address current challenges preventing adequate assessment for each patient • Hold Nursing staff accountable for timely COWS assessment

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

COWS Monitoring for Opiate/Opioid Withdrawal

	<ul style="list-style-type: none"> Provide additional and/or focused staff training and education on use of COWS assessment form Continue to perform ongoing auditing and monitoring of COWS assessment form. Report results of auditing and monitoring to the ACSO Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs
<p>4. Was an electrolyte replacement beverage offered at each COWS assessment?</p>	<p><u>Observation:</u> For each of the patient files reviewed, Mazars observed inconsistent documentation of whether an electrolyte replacement beverage was offered at each COWS assessment. COWS assessment score sheet required "Offered electrolyte replacement drink (minimum of 8 oz)", however, actual offer of electrolyte replacement was not clearly documented. In some instances, the clinician encouraged an electrolyte replacement beverage, rather than offering it as advised. Additionally, there was inconsistency with patient refusals where there was no evidence of an electrolyte replacement beverage being offered initially.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Identify and address current challenges preventing adequate assessment for each patient Provide additional and/or focused staff training and education on use of COWS assessment form Continue to perform ongoing auditing and monitoring of COWS assessment form. Report results of auditing and monitoring to the ACSO
<p>5. If the patient at any time had SBP<90, DBP<60, and/or HR>120, was the provider contacted?</p>	<p>Criteria met</p>
<p>6. If the GI upset component score was 4 or higher, was the appropriate OTC med (Meclizine and/or Imodium) offered to this patient?</p>	<p><u>Observation:</u> Some of the patient files reviewed showed delayed completion of Receiving Screening and/or COWS assessment documentation beyond the required 8-hours from applicable Book-In time resulting in delayed medication order and administration and inability to adequately assess GI upset. For one patient no medication ordered for patient report of loose stool or diarrhea at initial COWS assessment. Delayed receiving and corresponding intake orders causing unintentional barrier to receiving withdrawal treatment and management interventions.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Identify and address current challenges preventing adequate assessment for each patient Provide additional and/or focused staff training and education on use of COWS assessment form Hold responsible Clinicians accountable for timely ordering of medications for withdrawal Continue to perform ongoing auditing and monitoring of COWS assessment form. Report results of auditing and monitoring to the ACSO Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs
<p>7. If the answer to question #6 was NO or the patient refused OTC meds for GI upset, did follow-up occur?</p>	<p><u>Observation:</u> Most notably, one patient file reviewed showed significant delay of Receiving Screening and/or COWS assessment completion beyond the required 8-hours from applicable Book-In time (3 days) resulting in delayed assessment, applicable medication orders, and management of withdrawal symptoms. Patient was observed to be in active withdrawal and covered in feces. For one patient no medication ordered for patient report of loose stool or diarrhea at initial COWS assessment. Delayed receiving screening and corresponding intake orders causes unintentional barrier to receiving withdrawal treatment and management interventions. This delay in care can cause near-miss and adverse clinical events.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Reassess newly implemented reception center model, including multidisciplinary roles, responsibilities, and documentation expectations

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS
COWS Monitoring for Opiate/Opioid Withdrawal

	<ul style="list-style-type: none"> • Identify and address current challenges preventing adequate assessment for each patient • Hold Nursing staff accountable for the timely completion and accuracy of the Receiving Screening and COWS assessment • Hold responsible Clinicians accountable for timely ordering of medications for withdrawal • Provide additional and/or focused staff training and education on use of COWS assessment form • Continue to perform ongoing auditing and monitoring of COWS assessment form. Report results of auditing and monitoring to the ACSO • Reassess clinical staffing plan to ensure nursing time sufficient to meet patient care delivery needs
<p>8. Was the HCP called or consulted per protocol?</p>	<p><u>Observation:</u> COWS assessment form criteria required a final score of 11 or above to consult with HCP. For two patient files reviewed, no evidence of HCP consulted for an assessment score of 11 or greater.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Identify and address current challenges preventing adequate assessment for each patient • Provide additional and/or focused staff training and education on use of COWS assessment form • Continue to perform ongoing auditing and monitoring of COWS assessment form. Report results of auditing and monitoring to the ACSO • Continue to explore adoption of a uniform medical record with community healthcare facilities (i.e., Epic extension – Community Connect) to eliminate manual entry for provider consult when certain parameters are triggered

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.

September 2023 CQI Study – CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal:

- **Plan-Do** – Wellpath performed the following activities:
 - Audited 24 patient records during the 2/1 – 2/28/2023 date range, against the following criteria:
 1. Was the initial CIWA assessment completed in intake?
 2. Did the provider order Librium first dose to start now, regardless of CIWA score?
 3. Did the patient receive medication within the appropriate time frame?
 4. Did the patient have every assessment completed?
 5. Was an electrolyte replacement beverage offered at each CIWA assessment?
 6. Was the HCP called or consulted per protocol?
 - Established compliance threshold of 95%
 - Developed Improvement Plan on 3/23/2023 based on initial audit score
- **Study** – Wellpath did not conduct the re-evaluation of CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal in June. Wellpath re-evaluation delayed until October 2023
- **Act** – For this September 2023 reporting period*, Mazars performed the following activities:
 - Evaluated 15 patient files against the CIWA-AR Monitoring for Alcohol/Benzodiazepine Withdrawal criteria during the 8/15/2023 – 9/30/2023 reporting period, to allow for evidence of change implementation effectiveness
 - Provided focused CQI observations and recommendations for a CAP, including enhanced action steps and re-evaluation

September 2023 CQI Study – COWS Monitoring for Opiate/Opioid Withdrawal:

- **Plan-Do** – Wellpath performed the following activities:
 - Audited 24 patient records during the 2/1 – 3/31/2023 date range, against the following criteria:
 1. Was the COWS assessment completed in intake?

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2. Were the OTC meds made available to the patient per the COWS protocol?
 3. Did the patient have every assessment completed per protocol?
 4. Was an electrolyte replacement beverage offered at each CIWA assessment?
 5. If the patient at any time had SBP<90, DBP<60, and/or HR>120, was the provider contacted?
 6. If the GI upset component score was 4 or higher, was the appropriate OTC meds (Meclizine and/or Imodium) offered to the patient?
 7. If the answer to question #6 was NO or the patient refused OTC meds for GI upset, did the follow-up occur?
 8. Was the HCP called or consulted per protocol?
- Established compliance threshold of 95%
 - Developed Improvement Plan on 3/30/2023 based on initial audit score
- **Study** – Wellpath did not conduct the re-evaluation of COWS Monitoring for Opiate/Opioid Withdrawal in June. Wellpath re-evaluation delayed until October 2023
 - **Act** – For this September 2023 reporting period*, Mazars performed the following activities:
 - Evaluated 15 patient files against the COWS Monitoring for Opiate/Opioid Withdrawal criteria during the 8/15/2023 – 9/30/2023 reporting period, to allow for evidence of change implementation effectiveness
 - Provided focused CQI observations and recommendations for a CAP, including enhanced action steps and re-evaluation

*The “reporting period” refers to the month that patient files were selected for the specified CQI study noted above

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
 - a. The CQI committee should meet at least quarterly to establish objective criteria for use in monitoring quality of care, develop plans for improvement based on monitoring findings, and assess effectiveness of these plans after implementation
 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

METHODOLOGY

- 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, 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

NCCHC standards require Receiving Screening to occur upon arrival and if exhibiting symptoms of alcohol or drug withdrawal are immediately referred for care.

The *Babu Consent Decree Case No. 5:18-CV-07677* mandates patients are processed through intake within 8-hours. The Receiving Screening should include but not be limited to, questions regarding substance(s) or medication(s) used, including the amount, time of last use and history of use; any physical observations, such as shaking, seizing or hallucinating; history of drug withdrawal symptoms, such as agitation, tremors, seizures, hallucinations or delirium tremens. Referral timeframes to medical and mental health providers following assessment at intake dictate Emergent within 4-hours of referral; Urgent within 2-hours of referral, and Routine within five (5) business days or seven (7) calendar days of referral.

ACSO Policy and Procedure Chapter Medical and Health Care Services, Number 13.02 Inmate Medical/Health Appraisal Screening, Special Clinics, Communicable Disease, Quarantines and Terminally Ill Inmates, require medical screening (member of the medical staff), clinical history, and a complete physical exam (conducted by, or under the supervision of, a licensed medical professional) within 14 days of admission.

Wellpath Policy and Procedure HCD-110_F-04 Medically Supervised Withdrawal and Treatment-Alameda CA require patients to be questioned during Receiving Screening/intake process using the Substance Use Screening section of the Receiving Screening form about use of Alcohol and Other Drugs (AOD), type of substance, amount of substance used, frequency of use, time of last use.

- Patients that report regular, frequent AOD use are at risk for withdrawal and further evaluation and withdrawal monitoring is reported on the following clinical evaluation tools: CIWA-AR, COWS, Synthetic Drug Use Monitoring Flowsheet
- Frequency of monitoring for all types of withdrawal and substance use is no more than every 8-hours (more if clinically indicated) and for a minimum of 5 days

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- There is no minimum score required to initiate withdrawal monitoring and medications, as initiation by the provider is based on risk and patient report/history
- At each assessment/monitoring, the patient is offered a minimum of eight ounces (8 oz) of electrolyte replacement drink
- Every effort shall be made to complete the entire assessment/monitoring. If the patient refuses to answer questions or allow vital signs and/or medication administration, then visual observation of the patient's condition is documented, and the refusal is documented on the Wellpath refusal form
- If the CIWA-AR score is eight or above at the final evaluation, then the HCP is contacted for guidance
- If the COWS score is 11 or above at the final evaluation, then the HCP is contacted for guidance
- Every effort shall be made to initiate the Librium for alcohol and/or benzodiazepine withdrawal management within 4-hours of risk identification