

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	11/3/2023, 11/15/23	Reporting Period	8/1 – 8/31/2023
CQI Study	Chronic Care Services		

SUMMARY

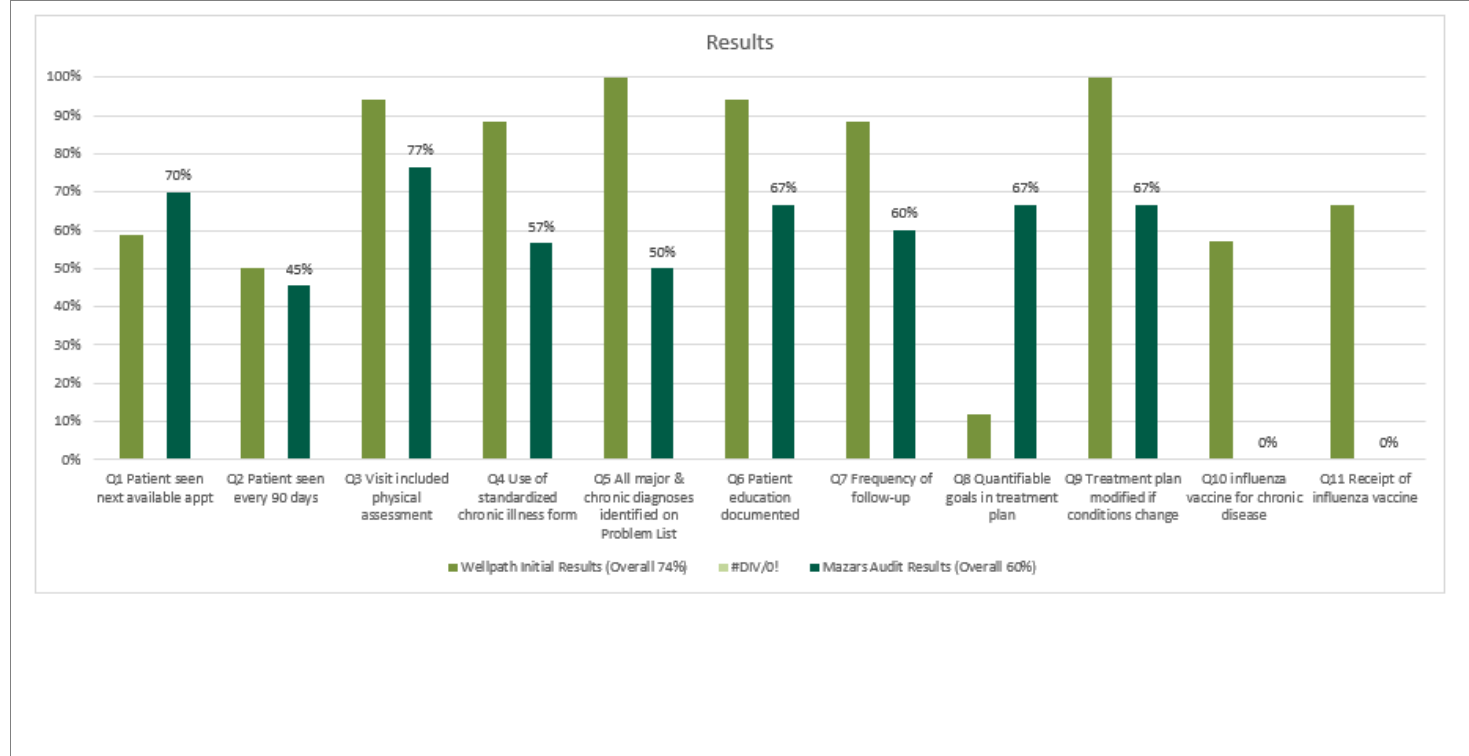
For the reporting period of 8/1 – 8/31/2023, Mazars CQI program and study review of the Chronic Care Services* process to determine recent change implementation effectiveness, identified additional opportunities for improvement (Observations) for the Clinical Team (Wellpath) to help assure appropriate access, timeliness, and continuity of care delivery. A total of 11 criteria (Questions) were measured for the Chronic Care Services process.

As shown in the Results graph below, Wellpath scored a compliance rate of 74% for its initial audit. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation scheduled for August 2023. The re-evaluation was intended to measure the impact of the Action Step implementation that included educating the providers with policies and procedures with a focus on chronic health assessments. The re-evaluation has been rescheduled from August 2023 to October 2023. Notwithstanding, Mazars performed a medical record review that resulted in a compliance rate of 60%. Due to yielding a score less than the 90% 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 adequate to meet patient care delivery needs include: Patient seen at next available provider clinic, Patient seen at least every 90 days, Chronic Care visit included a directed physical assessment, Patient with Chronic Care diagnoses offered influenza vaccine
- ii. Areas at risk for non-compliance that are identified to require collaborative management and information sharing across different teams and systems include: Patient seen at next available provider clinic, Patient seen at least every 90 days, Problem List accurately reflect all major and chronic diagnoses to include mental health diagnoses

**Reviewed in Medical QA reports section 2.6 Delays and Appropriateness of Ongoing Medical Care.*



CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

MEDICAL RECORD REVIEW: RESULTS				
Chronic Care Services				
	Wellpath Initial Review	Wellpath Re-Evaluation Review	Mazars CQI Review Reporting Period Month	
Date	4/2023	10/2023 Pending	8/2023	
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 patient seen at the next available provider clinic after identification of the disease (or sooner, per contract requirements?)	59% (10/17)		70% (21/30)	9 of 30 files non-compliant: <u>Patients 12, 21</u> : No evidence patient seen for in-person care throughout applicable booking <u>Patients 10, 11, 13, 16, 30</u> : Patient seen by a mid-level provider or MD beyond contract requirements timeframe <u>Patients 26, 27</u> : No evidence patient was seen for evaluation of all identified chronic diseases. Patient only assessed for isolated chronic disease Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs *Require collaborative management and information sharing across different teams and systems
2. Is the patient seen at least 90 days or as specified in the treatment plan when identified as having a serious chronic disease?	50% (7/14)		45% (5/11)	6 of 11 files non-compliant: <u>Patients 4, 10, 14, 24, 30</u> : Inconsistent evidence of timely assessments at least every 90 days, as required <u>Patient 27</u> : No evidence patient was consistently seen for ongoing management of all chronic diseases. Patient only managed for isolated chronic disease Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs *Require collaborative management and information sharing across different teams and systems
3. The visit included a directed physical assessment?	94% (16/17)		77% (23/30)	7 of 30 files non-compliant: <u>Patient 1</u> : Task created due to noted chronic care diseases during intake process. No evidence of physical assessment performed and completed. No evidence diagnosis verified or ruled out by provider. <u>Patient 16</u> : Inconsistent documentation of complete physical assessment for all identified chronic diseases throughout applicable booking <u>Patients 2, 26, 27</u> : No evidence of complete physical assessment for all identified chronic diseases <u>Patients 12, 21</u> : No evidence patient seen for in-person care by a mid-level provider or MD throughout applicable booking Risk for non-compliance: *Inconsistent and untimely physical assessment documentation reflecting confirmed chronic disease diagnosis and/or diagnosis ruled out as required *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs

MEDICAL RECORD REVIEW: RESULTS

Chronic Care Services

		Wellpath Initial Review	Wellpath Re-Evaluation Review	Mazars CQI Review Reporting Period Month
Date	4/2023	10/2023 Pending	8/2023	
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. The visit was documented on a standardized chronic illness form?	88% (15/17)		57% (17/30)	13 of 30 files non-compliant: <u>Patients 1, 2, 5, 7, 8, 9, 13, 19, 25, 26, 27</u> : Inconsistent documentation and/or no evidence of Chronic Care visits documented on standardized Chronic Care forms <u>Patients 12, 21</u> : No evidence patient seen for in-person care by a mid-level provider/MD throughout applicable booking <u>Risk for non-compliance:</u> *Inconsistent and untimely physical assessment documentation reflecting verified chronic disease diagnosis and/or diagnosis ruled out as required
5. Does the Problem List accurately reflect all major and chronic diagnoses to include mental health diagnoses?	100% (17/17)		50% (15/30)	15 of 30 files non-compliant: <u>Patient 2, 7, 8, 10, 11, 18, 19, 23, 25, 26, 28</u> : Problem List does not accurately reflect applicable mental health diagnoses <u>Patient 5</u> : Kidney Disease documented in Receiving Screening form, however not reflected on Problem List. No evidence diagnosis verified or ruled out by provider <u>Patients 12, 21</u> : No evidence patient seen for in-person care by a mid-level provider or MD throughout applicable booking. No documentation to accurately reflect all chronic medical and mental health diagnoses <u>Patient 14</u> : High blood pressure consistently documented in Receiving Screening and in Chronic Care visit forms, however Hypertension not reflected on Problem List <u>Risk of non-compliance:</u> *Require collaborative management and information sharing across different teams and systems
6. Patient education related to the disease/condition is documented?	94% (16/17)		67% (20/30)	10 of 30 files non-compliant: <u>Patients 1, 2, 7, 8, 13, 25</u> : No evidence patient education related to the identified disease(s)/condition(s) provided to patient <u>Patient 12, 21</u> : No evidence patient seen for in-person care by a mid-level provider or MD throughout applicable booking <u>Patient 26, 27</u> : Inconsistent documentation of patient education for all identified diseases/conditions <u>Risk for non-compliance:</u> * Inconsistent and untimely physical assessment documentation reflecting verified chronic disease diagnosis and/or diagnosis ruled out as required
7. Treatment plan includes frequency of follow-up?	88% (15/17)		60% (18/30)	12 of 30 files non-compliant: <u>Patients 1, 2, 7, 8, 13, 25</u> : No evidence treatment plan includes frequency of follow-up for all chronic diseases/conditions <u>Patient 12, 21</u> : No evidence patient seen for in-person care by a mid-level provider or MD throughout applicable booking

MEDICAL RECORD REVIEW: RESULTS

Chronic Care Services

	<i>Wellpath Initial Review</i>	<i>Wellpath Re-Evaluation Review</i>	<i>Mazars CQI Review Reporting Period Month</i>	
Date	4/2023	10/2023 <i>Pending</i>	8/2023	
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. Treatment plan includes quantifiable goals?	12% (2/17)		67% (20/30)	<p><u>Patients 4, 24, 26, 27</u>: Inconsistent documentation of frequency of follow-up for all chronic diseases/conditions</p> <p>10 of 30 files non-compliant:</p> <p><u>Patients 1, 2, 7, 8, 13, 25</u>: No evidence treatment plan includes quantifiable goals for all chronic diseases/conditions</p> <p><u>Patient 12, 21</u>: No evidence patient seen for in-person care by a mid-level provider and/or MD throughout applicable booking</p> <p><u>Patients 26, 27</u>: Inconsistent documentation of treatment plan with quantifiable goals for all chronic diseases/conditions</p>
9. Treatment plan is modified if conditions change or if disease control is poor?	100% (7/7)		67% (20/30)	<p>10 of 30 files non-compliant:</p> <p><u>Patients 1, 2, 7, 8, 13, 25</u>: No evidence of treatment plan documentation</p> <p><u>Patient 12, 21</u>: No evidence patient seen for in-person care by a mid-level provider or MD throughout applicable booking</p> <p><u>Patients 26, 27</u>: Inconsistent documentation of treatment plan for all chronic diseases/conditions</p>
10. If patient was diagnosed with a chronic disease was the patient offered the influenza vaccine (during the flu season only)?	57% (4/7)		0% (0/7)	<p>7 of 7 files non-compliant:</p> <p><u>Patients 4, 6, 10, 11, 15, 24, 28</u>: No evidence influenza vaccine offered</p> <p><u>Risk for non-compliance</u>:</p> <p>*Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs</p>
11. Did the patient receive the influenza vaccine? (signed refusal must be in the record)	67% (6/9)		0% (0/7)	<p>7 of 7 files non-compliant:</p> <p><u>Patients 4, 6, 10, 11, 15, 24, 28</u>: No evidence influenza vaccine provided to patient</p>

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

<p>1. Was the patient seen at the next available provider clinic after identification of the disease (or sooner, per contract requirements)?</p>	<p><u>Observation:</u> Inconsistent patient assessment for each identified Chronic Disease diagnosis when one or more Chronic Disease diagnosis is identified on Receiving Screening Form at Book-In. Inconsistent evidence of patient seen for Chronic Care consult within required timeframes. For two patient files reviewed, no evidence patients were seen for in-person care by mid-level providers or physicians between the Book-In and Release dates. Without timely consistent, accurate, and complete assessment of the patient, the Clinical Teams cannot adequately meet the patient’s transitional and continuity of care needs and increases the risk of inappropriate or delayed care delivery, which could negatively impact patient outcome(s), and result in patient injury and/or harm.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Identify and address current challenges preventing Clinicians from seeing patient within required referral timeframes for all identified Chronic Disease diagnoses • Provide additional and/or focused staff training and education on use of Chronic Care forms process and expectations • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs • Continue multi-disciplinary partnerships to improve care coordination and documentation: Wellpath medical and AFBH behavioral health to uniformly manage and share information across teams and systems • Continue to perform ongoing auditing and monitoring of management of Chronic Care Services. Report results of auditing and monitoring to the ACSO
<p>2. Is the patient seen at least 90 days or as specified in the treatment plan when identified as having a serious chronic disease?</p>	<p><u>Observation:</u> Inconsistent evidence of timely assessments, at least every 90 days for one or more Chronic Disease diagnoses, as required. Inconsistent use of Chronic Care forms for all identified diagnoses. Without timely and complete assessment and ongoing management of treatment plans, the Clinical Teams cannot adequately determine or implement recommended updated treatment plans and help assure that the patient’s immediate health care needs are safely met.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Identify and address current challenges preventing Clinicians seeing patient and completing timely assessment at least every 90 days for all identified Chronic Disease diagnoses • Provide additional and/or focused staff training and education on use of Chronic Care process and expectations • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs • Continue multi-disciplinary partnerships to improve care coordination and documentation: Wellpath medical and AFBH behavioral health to uniformly manage and share information across teams and systems • Continue to perform ongoing provider auditing and monitoring. Report results of auditing and monitoring to the ACSO • Continue to explore adoption of a uniform medical record, including Chronic Care assessment and treatment plan template, with community healthcare facilities (i.e., Epic extension – Community Connect)
<p>3. The visit included a directed physical assessment?</p>	<p><u>Observation:</u> Some of the patient files reviewed showed no evidence of documentation or inconsistent documentation of a complete physical assessment for all identified Chronic Disease diagnoses. For two patient files reviewed, no evidence patients were seen for in-person care by mid-level providers or physicians between the Book-In and Release dates. Without a complete physical assessment, the Clinical Teams cannot adequately meet the patient’s continued needs and increases the risk of inappropriate or delayed care delivery, which could negatively impact patient outcome(s), and result in patient injury and/or harm.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Hold responsible Clinicians accountable for conducting complete physical assessment for all identified Chronic Disease diagnoses • Provide additional and/or focused staff training and education on use of Chronic Care forms process and expectations • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

	<ul style="list-style-type: none"> Continue to perform ongoing auditing and monitoring of management of Chronic Care Services. Report results of auditing and monitoring to the ACSO
<p>4. The visit was documented on a standardized chronic illness form?</p>	<p><u>Observation:</u> Several of the patient files reviewed showed inconsistent and/or no evidence of Chronic Care visits documented on one or more standardized Chronic Care forms for all identified Chronic Disease diagnoses. For two patient files reviewed, no evidence patients were seen for in-person care by mid-level providers or physicians between the Book-In and Release dates. Documentation of complete patient assessments on standardized forms evidence patients are seen, ongoing needs addressed, and treatment plans implemented and updated.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Identify and address current challenges preventing the use of one or more standardized Chronic Care forms for all identified Chronic Disease diagnoses Hold responsible Clinicians accountable for documenting complete physical assessment for all identified Chronic Disease diagnoses on standardized Chronic Care forms Provide additional and/or focused staff training and education on use of Chronic Care forms process and expectations Continue to explore adoption of a uniform medical record, including Chronic Care assessment and treatment plan template with community healthcare facilities (i.e., Epic extension – Community Connect) to ensure Chronic Care form standardization
<p>5. Does the Problem List accurately reflect all major and chronic diagnoses to include mental health diagnoses?</p>	<p><u>Observation:</u> For some of the patient files reviewed, the Problem List did not accurately reflect applicable mental health diagnoses. Additionally, medical diagnoses such as “High Blood Pressure (Hypertension),” “Bipolar Disorder,” “Schizoaffective Disorder,” “Hepatitis C” were inconsistently documented, not verified, or added to the Problem List. For two patient files reviewed, no evidence patients were seen for in-person care by mid-level providers or physicians between the Book-In and Release dates. Without consistent and accurate documentation of all current and existing major and Chronic Disease diagnoses on the Problem List, the Clinical Teams cannot adequately meet the patient’s transitional and continuity of care needs and increases the risk of inappropriate or delayed care delivery, which could negatively impact patient outcome(s), and result in patient injury and/or harm.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Continue previous Improvement Plan implementation to enhance ITR process, in collaboration with AFBH behavioral health, by requiring the inclusion of all identified Problems within all relevant intake screening form(s), including but not limited to the Receiving Screening, Initial Health History and Physical Exam forms, hospital Discharge Summary, as applicable Identify and address current challenges preventing accurate assessment for each patient and update of the Problem List Hold responsible Clinicians accountable for complete execution of process instructions Provide additional and/or focused staff training and education on new process and expectations Continue multi-disciplinary partnerships to improve care coordination and documentation: Wellpath medical and AFBH behavioral health to uniformly manage and share information across teams and systems Continue to perform ongoing auditing and monitoring of Return from Off-site Medical Care 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 of diagnoses
<p>6. Patient education related to the disease/condition is documented?</p>	<p><u>Observation:</u> For some of the patient files reviewed, patient education related to the specific Chronic disease/condition was not documented. For two patient files reviewed, no evidence patients were seen for in-person care by mid-level providers or physicians between the Book-In and Release dates. Incomplete documentation of the provision of patient education increases the risk for poor quality outcomes and does not meet applicable policy, procedure, and standards requirements</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Hold Clinicians accountable for providing and documenting patient education

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

	<ul style="list-style-type: none"> • Provide additional and/or focused staff training and education on new process and expectations
<p>7. Treatment plan includes frequency of follow-up?</p>	<p><u>Observation:</u> For some of the patient files reviewed, treatment plans did not include the frequency of follow-up. Additionally, inconsistent use of all Chronic Care forms for all identified Chronic Disease diagnoses resulted in treatment plan documentation gaps, particularly with follow-up frequency for specific diseases/conditions. For two patient files reviewed, no evidence patients were seen for in-person care by mid-level providers or physicians between the Book-In and Release dates. Without complete frequency of follow-up documentation to (re)assess treatment plans, the Clinical Teams cannot adequately determine or implement recommended treatment orders. Complete and accurate documentation, including medication reconciliation, helps assure that the patient's immediate health care needs are safely met.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Identify and address current challenges preventing the use of one or more standardized Chronic Care forms for all identified Chronic Disease diagnoses • Provide additional and/or focused staff training and education on new process and expectations • Continue to perform ongoing provider auditing and monitoring. Report results of auditing and monitoring to the ACSO • Continue to explore adoption of a uniform medical record, including Chronic Care assessment and treatment plan template with community healthcare facilities (i.e., Epic extension – Community Connect) to eliminate manual entry of frequency of follow-up and manual task reminders
<p>8. Treatment plan includes quantifiable goals?</p>	<p><u>Observation:</u> For some of the patient files reviewed, the treatment plan did not include quantifiable goals. For two patient files reviewed, no evidence patients were seen for in-person care by mid-level providers or physicians between the Book-In and Release dates. Without complete documentation of treatment plan to include quantifiable goals, the Clinical Teams cannot adequately determine or implement recommended treatment orders. Complete and accurate documentation, including medication reconciliation, helps assure that the patient's immediate health care needs are safely met.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Identify and address current challenges preventing the use of one or more standardized Chronic Care forms for all identified Chronic Disease diagnoses • Hold responsible Clinicians accountable for documenting treatment plans with goals for all identified Chronic Disease diagnoses on standardized Chronic Care forms • Provide additional and/or focused staff training and education on use of Chronic Care forms process and expectations • Continue to perform ongoing provider auditing and monitoring. Report results of auditing and monitoring to the ACSO • Continue to explore adoption of a uniform medical record, including Chronic Care assessment and treatment plan template with community healthcare facilities (i.e., Epic extension – Community Connect) to eliminate manual entry of quantifiable goals and manual task reminders
<p>9. Treatment plan is modified if conditions change or if disease control is poor?</p>	<p><u>Observation:</u> For some of the patient files reviewed, treatment plans were not updated. For two patient files reviewed, no evidence patients were seen for in-person care by mid-level providers or physicians between the Book-In and Release dates. Without complete documentation (re)assessing treatment plans, the Clinical Teams cannot adequately determine or implement recommended treatment orders. Complete and accurate documentation, including medication reconciliation, helps assure that the patient's immediate health care needs are safely met.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Identify and address current challenges preventing the use of one or more standardized Chronic Care forms for all identified Chronic Disease diagnoses • Hold responsible Clinicians accountable for updating treatment plans for all identified Chronic Disease diagnoses on standardized Chronic Care forms • Provide additional and/or focused staff training and education on new process and expectations

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

	<ul style="list-style-type: none"> Continue to perform ongoing provider auditing and monitoring. Report results of auditing and monitoring to the ACSO Continue to explore adoption of a uniform medical record, including Chronic Care assessment and treatment plan template with community healthcare facilities (i.e., Epic extension – Community Connect)
<p>10. If patient was diagnosed with a chronic disease was the patient offered the influenza vaccine? (during the flu season only)</p>	<p><u>Observation:</u> Some of the patient files reviewed showed patients diagnosed with at least one or more chronic diseases and were not consistently offered the influenza vaccine during flu season. Offering the influenza vaccine during the flu season helps lower the patient risk for serious illness and hospitalization, as recommended by the Centers for Disease Control and Prevention (CDC) and the county public health department for patients with chronic health conditions.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Identify and address current challenges preventing offering patients one or more preventative immunizations Hold providers accountable for evaluating recommended medications and entering appropriate orders Provide additional and/or focused staff training and education on new process and expectations Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs Continue to perform ongoing provider auditing and monitoring. 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 task reminders of preventative services and tracking of required testing and vaccinations
<p>11. Did the patient receive the influenza vaccine? (signed refusal must be in the record)</p>	<p><u>Observation:</u> Some of the patient files reviewed showed patients diagnosed with at least one or more chronic diseases were not consistently offered the influenza vaccine during flu season. As a result, no evidence of signed patient refusal forms in the medical record. Providing the influenza vaccine during the flu season helps lower the patient risk for serious illness and hospitalization, as recommended by the Centers for Disease Control and Prevention (CDC) and the county public health department for patients with chronic health conditions.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> Identify and address current challenges preventing offering patients one or more preventative immunizations Hold providers accountable for evaluating recommended medications and entering appropriate orders Provide additional and/or focused staff training and education on new process and expectations Continue to perform ongoing provider auditing and monitoring. Report results of auditing and monitoring to the ACSO Continue to explore adoption of uniform medical record with community healthcare facilities (i.e., Epic extension – Community Connect) to eliminate manual task reminders of preventative services and tracking of required testing and vaccinations

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 study 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.

August 2023 CQI Study – Chronic Care Services:

- **Plan-Do** – Wellpath performed the following activities:
 - Audited 24 patient records during the 10/1/2022 – 4/11/2023 date range, against the following criteria:
 1. Was the patient seen at the next available provider clinic after identification of the disease (or sooner, per contract requirements)?
 2. Is the patient seen at least 90 days or as specified in the treatment plan when identified as having a serious chronic disease?
 3. The visit included a directed physical assessment?
 4. The visit was documented on a standardized chronic illness form?
 5. Does the Problem List accurately reflect all major and chronic diagnoses to include mental health diagnoses?
 6. Patient education related to the disease/condition is documented?
 7. Treatment plan includes frequency of follow-up?
 8. Treatment plan includes quantifiable goals?
 9. Treatment plan is modified if conditions change or if disease control is poor?
 10. If patient was diagnosed with a chronic disease was the patient offered the influenza vaccine? (during the flu season only)
 11. Did the patient receive the influenza vaccine? (signed refusal must be in the record)
 - Established compliance threshold of 90%
 - Developed Improvement Plan on 5/1/2023 based on initial audit score
- **Study** – Wellpath did not conduct the re-evaluation of Chronic Care Services in August. Wellpath re-evaluation delayed until October 2023
- **Act** – For this August 2023 reporting period*, Mazars performed the following activities:

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- Evaluated 30 patient files against the Chronic Care Services criteria during the 8/1/2023 – 8/31/2023 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 meetings 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

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- Ancillary services
- Dietary services
- Infirmiry services

As part of a continuous quality improvement (CQI) Program, patients with chronic disease, other significant health conditions, and disabilities receive ongoing multidisciplinary care aligned with evidence-based standards (NCCHC essential standard J-F-01)

- Compliance Indicators:
 1. Patients with chronic diseases and other special needs are identified
 2. The responsible physician establishes and annually approves clinical protocols
 3. Clinical protocols are consistent with national clinical practice guidelines
 4. Clinical protocols for the identification and management of chronic diseases or other special needs include, but are not limited to, the following:
 - a. Asthma
 - b. Diabetes
 - c. HIV
 - d. Hyperlipidemia
 - e. Hypertension
 - f. Mood disorders
 - g. Psychotic disorders
 5. Individualized treatment plans are developed by a physician or other qualified provider at the time the condition is identified and updated when warranted
 6. Documentation in the health record confirms that providers are following chronic disease protocols and special needs treatment plans as clinically indicated by:
 - a. Determining the frequency of follow-up for medical and mental health evaluation based on disease control
 - b. Monitoring the patient's condition (e.g., poor, fair, good) and status (e.g., stable, improving, deteriorating) and taking appropriate action to improve patient outcome
 - c. Indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g., diet, exercise, medication)
 - d. Documenting patient education (e.g., diet, exercise, medication)
 - e. Clinically justifying any deviation from the protocol
 7. Chronic illnesses and other special needs requiring a treatment plan are listed on the master problem list
 8. Medical and dental orthoses, prostheses, and other aids to reduce effects of impairment are supplied in a timely manner when patient health would otherwise be adversely affected, as determined by the responsible physician or dentist
 9. All aspects of the standard are addressed by written policy and defined procedures

C. APPLICABLE POLICY AND PROCEDURE

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, requires 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-01 Patients with Chronic Disease and Other Special Needs-Alameda CA, requires routinely scheduled encounters at least every 90 days between a mid-level provider or MD and a patient with an identified chronic medical or mental condition for treatment planning, monitoring the patient's condition and therapeutic regimen while in custody. Routinely scheduled Chronic Care Clinic monitoring shall apply to the following conditions:

- Diabetes, Cardiac Disorders, Hypertension, Seizure Disorders, Communicable Diseases, Respiratory Disorders, and Psychiatric disorders.
- Other conditions may be included as appropriate at the discretion of the medical provider.
- Patients designated Mental Health Special Needs may include, but are not limited to, those who are diagnosed with severe mental illness (including Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, moderate to severe Major Depression, mood disorders, and Post Traumatic Stress Disorder), diagnosed with Developmental Disability, Gender Dysphoria, juveniles in adult custody, and those who are prescribed antipsychotic medications to treat psychosis. Patients designated as special needs may include, but are not limited to, frail or elderly, terminally ill whose life expectancy is less than a year, the chronically ill, those with special mental/mental health needs, developmentally disabled individuals, patients diagnosed with Gender Dysphoria, pregnant patients, dialysis, physically handicapped patients (e.g., amputations, para or quadriplegia, wheelchair bound, etc.), and individuals diagnosed with a communicable disease.