

CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

PROJECT DETAILS			
Name	Alameda County Sheriff Office – Medical Operations Consulting: Continuous Quality Improvement Program Review		
Sponsor	Lieutenant Joseph Atienza, Contracts Lieutenant	Project Manager	Tami Bond
Project Summary	To provide expanded Medical Quality Assurance (QA) services for the Alameda County Sheriff Office (ACSO) through the performance of Continuous Quality Improvement (CQI) program review and support to evaluate ongoing CQI monitoring activities, performance improvement strategies, and change implementation effectiveness. Additionally, to provide focused CQI observations and recommendations to help assure appropriate access, timeliness, and continuity of care delivery.		
Methodology	To provide CQI program and study review for the reporting period, Forvis Mazars performed medical record review of 17 incarcerated individual (patient) files against Wellpath’s CQI criteria for the defined study outlined in the 2024 CQI calendar. Consistent with the Plan-Do-Study-Act (PDSA) model, Forvis Mazars performed medical record review after Wellpath’s initial audit, subsequent implementation of related Improvement Plan and re-evaluation, to measure long-term performance of the improvement strategy. A compliance score 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	08/06/2024	Reporting Period	1/1/2024 – 6/30/2024
CQI Study	Chronic Care Services		

SUMMARY

For the reporting period of 1/1/2024 – 6/30/2024, Forvis 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.

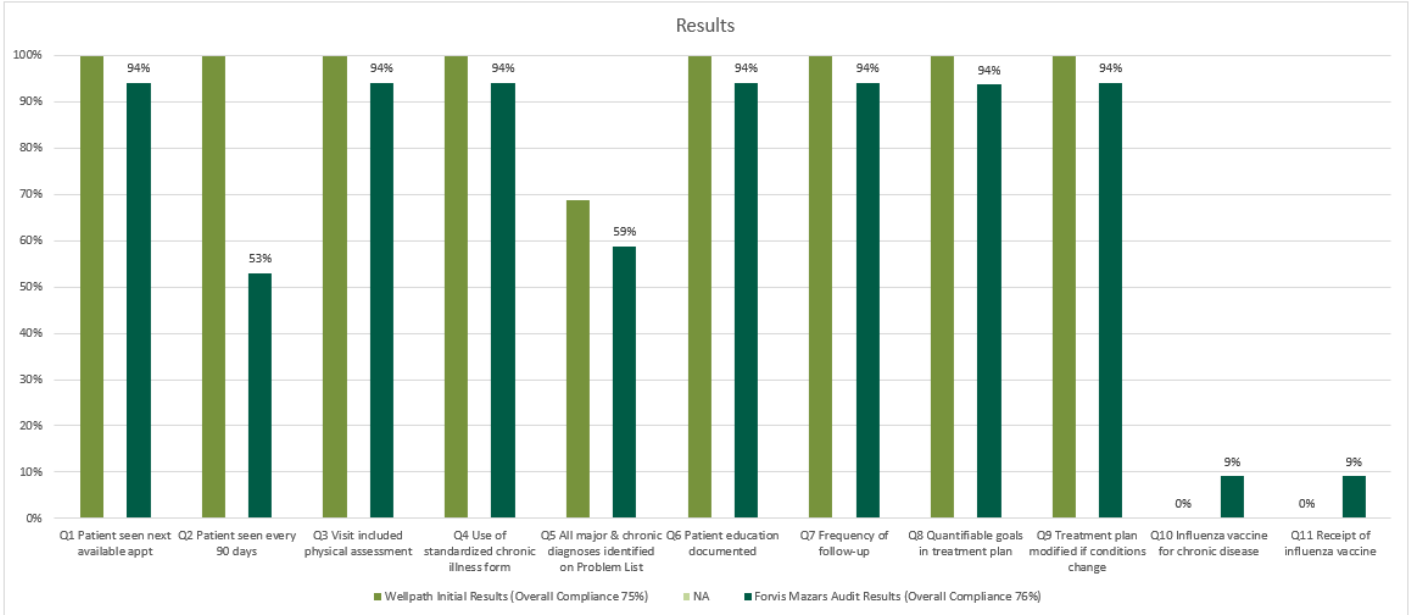
As shown in the Results graph below, Wellpath scored a compliance rate of 75% for its initial audit. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation scheduled for August 2024. Notwithstanding, Forvis Mazars performed a medical record review that resulted in a compliance rate of 76%. Due to yielding a score less than the 90% threshold, consistent with the Act stage of the PDSA cycle, Forvis Mazars recommends a CAP to include enhanced action steps that incorporates the observations and recommendations provided, as well as incorporate Forvis Mazars’ findings into a subsequent re-evaluation within six months or more to demonstrate long-term change implementation effectiveness.

Areas of Risk:

- 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 least every 90 days; 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: Problem List accurately reflect all major and chronic diagnoses to include mental health diagnoses.

**Reviewed in Medical QA reports Section F: Special Needs and Services - Patients with Chronic Disease and Other Special Needs F-01 (E).*

Chronic Care Services



CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

MEDICAL RECORD REVIEW: RESULTS

Chronic Care Services				
	Wellpath Initial Review	Wellpath Re-Evaluation Review	Forvis Mazars CQI Review Reporting Period Month	
Date	3/2024	8/2024 Pending	7/2024	
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?)	100% (9/9)		94% (16/17)	Compliant.
2. Is the patient seen at least 90 days or as specified in the treatment plan when identified as having a serious chronic disease?	100% (9/9)		53% (9/17)	8 of 17 files non-compliant: <u>Patients 3, 4, 7, 8, 11, 12, 16:</u> Inconsistent evidence of timely patient assessments at least every 90 days, as required. <u>Patient 1:</u> No documented evidence patient was seen to verify chronic illness as reported during receiving screening. <u>Risk for non-compliance:</u> *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs.
3. The visit included a directed physical assessment?	100% (9/9)		94% (16/17)	Compliant.
4. The visit was documented on a standardized chronic illness form?	100% (9/9)		94% (16/17)	Compliant.
5. Does the Problem List accurately reflect all major and chronic diagnoses to include mental health diagnoses?	69% (11/16)		59% (10/17)	7 of 17 files non-compliant: <u>Patients 1, 5, 10:</u> Problem List does not accurately reflect applicable mental health diagnoses. <u>Patient 11:</u> Chronic Care visits assessed for identified chronic disease, Asthma, however, not consistent with the Problem List. <u>Patients 9, 16, 17:</u> Alerts generated for Mental Health (AFBH), however no evidence of applicable mental health medication documentation and applicable AFBH documentation or scanned documents. <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?	100% (16/16)		94% (16/17)	Compliant.

MEDICAL RECORD REVIEW: RESULTS

Chronic Care Services

	Wellpath Initial Review	Wellpath Re-Evaluation Review	Forvis Mazars CQI Review Reporting Period Month	
Date	3/2024	8/2024 Pending	7/2024	
PDSA Model	Plan-Do	Study	Act	Details for Non-Compliant Files
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant	
goal 90% (# compliant/# total applicable)				
7. Treatment plan includes frequency of follow-up?	100% (16/16)		94% (16/17)	Compliant.
8. Treatment plan includes quantifiable goals?	100% (9/9)		94% (16/17)	Compliant
9. Treatment plan is modified if conditions change or if disease control is poor?	100% (9/9)		94% (16/17)	Compliant.
10. If patient was diagnosed with a chronic disease was the patient offered the influenza vaccine (during the flu season only)?	0% (0/14)		9% (1/11)	10 of 11 files non-compliant: <u>Patients 1, 3, 8, 14, 15, 16:</u> No documented evidence the influenza vaccine was offered to the patient. <u>Patients 4, 7, 11, 12:</u> Inconsistent documented evidence the influenza vaccine was offered to the patient during the applicable booking period. Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs.
11. Did the patient receive the influenza vaccine? (signed refusal must be in the record)	0% (0/14)		9% (1/11)	10 of 11 files non-compliant: <u>Patients 1, 3, 8, 14, 15, 16:</u> No documented evidence the influenza vaccine was offered. No evidence of signed patient refusal form. <u>Patients 4, 7, 11, 12:</u> Inconsistent documented evidence the influenza vaccine was offered to the patient during the applicable booking period. No evidence of signed patient refusal form.

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

1. Was the patient seen at the next available provider clinic after identification of the disease (or sooner, per contract requirements)?	Criteria met.
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><u>Observation:</u> Inconsistent documented evidence of timely patient assessments, at least every 90 days for one or more Chronic Disease diagnoses, as required. 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.
3. The visit included a directed physical assessment?	Criteria met.
4. The visit was documented on a standardized chronic illness form?	Criteria met.
5. Does the Problem List accurately reflect all major and chronic diagnoses to include mental health diagnoses?	<p><u>Observation:</u> For some of the patient files reviewed, the Problem List did not accurately reflect applicable mental health diagnoses. For one patient file reviewed, the identified "Asthma" chronic disease diagnosis was not included in the Problem List, however, the patient's asthma condition was assessed and managed during the Chronic Care visits. For several other patient files reviewed, Alerts generated for Mental Health, however no documented evidence of any mental health screening and no order for any psychiatric medications. Without consistent and accurate documentation of all current and existing major and Chronic Disease diagnoses on the Problem List and Alerts, 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.
6. Patient education related to the disease/condition is documented?	Criteria met.
7. Treatment plan includes frequency of follow-up?	Criteria met.

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

8. Treatment plan includes quantifiable goals?	Criteria met.
9. Treatment plan is modified if conditions change or if disease control is poor?	Criteria met.
10. If patient was diagnosed with a chronic disease was the patient offered the influenza vaccine? (during the flu season only)	<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. 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.
11. Did the patient receive the influenza vaccine? (signed refusal must be in the record)	<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.

APPENDIX

PROJECT DETAILS

Project Scope

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

METHODOLOGY

A. CONTINUOUS QUALITY IMPROVEMENT STUDY REVIEW

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

For the CQI study reporting period*, Forvis Mazars conducted medical record review of 17 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined study outlined in the 2024 CQI calendar and guidance. Forvis Mazars performed medical record review after Wellpath's scheduled initial audit and implementation of a related Improvement Plan. Wellpath's subsequent re-evaluation is pending completion. Forvis Mazars performed the review to examine change implementation effectiveness and long-term performance of the improvement strategy, consistent with the widely used Plan-Do-Study-Act (PDSA) model:

- Plan – Plan a change or test aimed at an identified problem:
 - Wellpath CQI study calendar by month, date range for data collection, and criteria questions specific to plan details.
 - Do – Carry out the change or test:
 - Initial Wellpath CQI study audit and evaluation.
 - Study – Analyze the results of the CQI study to learn opportunities of improvement:
 - Wellpath Improvement Plan development, implementation, and re-evaluation for initial overall compliance performance of less than 90-95% compliance threshold.
 - Act – Run through the cycle again to determine adopt or abandon change:
 - Forvis Mazars CQI review to identify additional risks for non-compliance and need for corrective action plan (CAP).
- The compliance threshold of 90% or 95% is determined by Wellpath's CQI study guidance. A compliance score less than a 90-95% threshold warrants a CAP. The CAP includes enhanced action steps consistent with the observations and recommendations provided, including re-evaluation within six months or more to demonstrate long-term change implementation effectiveness, as applicable.

March 2024 CQI Study – Chronic Care Services:

- **Plan-Do** – Wellpath performed the following activities:
 - Audited 16 patient records during the 2/23/2024 – 3/12/2024 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 3/12/2024 based on initial audit score.
- **Study** – Wellpath is scheduled to conduct the re-evaluation of Chronic Care Services in August.
- **Act** – For this July 2024 reporting period*, Forvis Mazars performed the following activities:
 - Evaluated 17 patient files against the Chronic Care Services criteria during the 1/1/2024 – 6/30/2024 reporting period, to allow for evidence of change implementation effectiveness.

METHODOLOGY

- 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
 - Ancillary services
 - Dietary services

METHODOLOGY

- Infirmery 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 as 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.