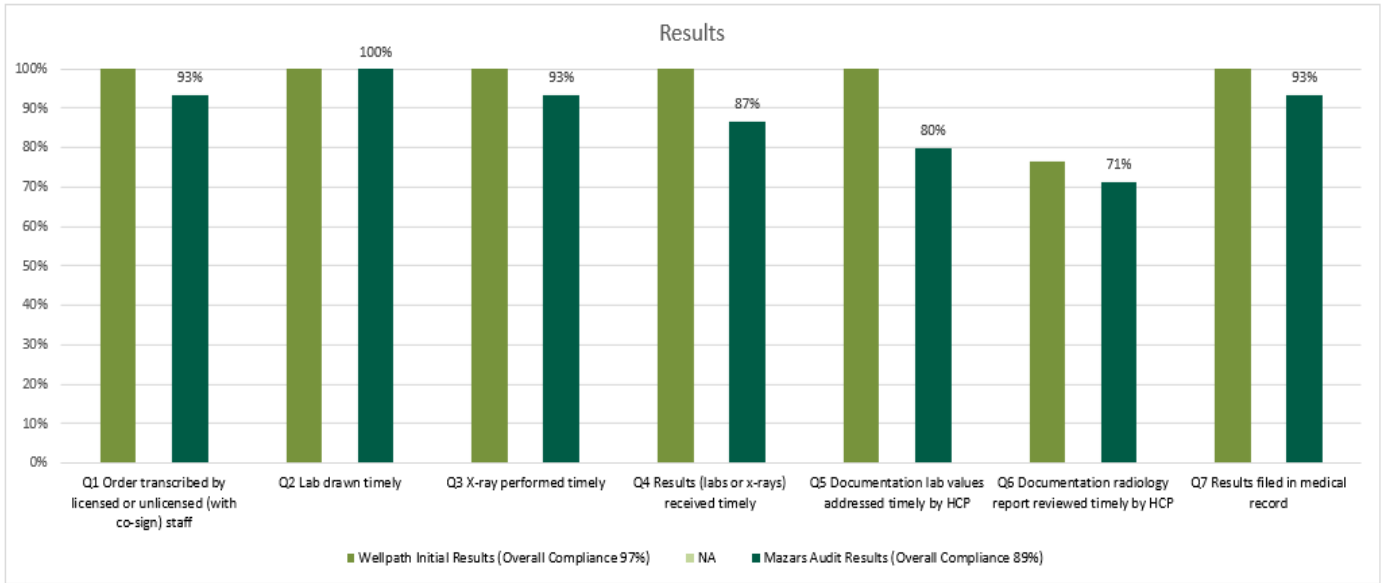


CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

PROJECT DETAILS			
Name	Alameda County Sheriff Office – Medical Operations Consulting: Continuous Quality Improvement Program Review		
Sponsor	Lieutenant Joseph Atienza, Contracts Lieutenant	Project Manager	Tami Bond
Project Summary	To provide expanded Medical Quality Assurance (QA) services for the Alameda County Sheriff Office (ACSO) through the performance of Continuous Quality Improvement (CQI) program review and support to evaluate ongoing CQI monitoring activities, performance improvement strategies, and change implementation effectiveness. Additionally, to provide focused CQI observations and recommendations to help assure appropriate access, timeliness, and continuity of care delivery.		
Methodology	To provide CQI program and study review for the reporting period, Mazars performed medical record review of 30 incarcerated individual (patient) files against Wellpath’s CQI criteria for the defined study outlined in the 2023 CQI calendar. Consistent with the Plan-Do-Study-Act (PDSA) model, Mazars performed medical record review after Wellpath’s initial audit, subsequent implementation of related Improvement Plan and re-evaluation, to measure long-term performance of the improvement strategy. A compliance score of less than 90-95% threshold warrants a corrective action plan (CAP). <i>(See Appendix for additional Methodology and CQI program standard details)</i>		
Report Date	04/05/2024	Reporting Period	11/1/2023 - 1/31/2024
CQI Studies	Ancillary Services		

SUMMARY
<p>For the reporting period of 11/1/2023 - 1/31/2024, Mazars CQI program and study review of the Ancillary Services* 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 seven criteria (Questions) for Ancillary Services were measured.</p> <p>As shown in the Results graph below, Wellpath scored an overall compliance rate of 97% for Ancillary Services Although Wellpath scored a total compliance score of 97% for their Initial Review, one of the seven criteria did not meet compliance threshold. No improvement plan was developed, and no subsequent re-evaluation was performed for the one deficiency.** Notwithstanding, Mazars proceeded to perform a medical record review that resulted in a compliance rate of 89%. Due to yielding a score less than the 90-95% threshold, consistent with the Act stage of the PDSA cycle, Mazars recommends a CAP to include enhanced action steps that incorporates the observations and recommendations provided, as well as incorporate Mazars’ findings into a subsequent re-evaluation within six months or more to demonstrate long-term change implementation effectiveness.</p> <p><i>*Reviewed in Medical QA reports sections 2.2 Specialty Referrals.</i> <i>** Mazars performed medical record review after Wellpath’s initial audit despite meeting compliance threshold because monthly Medical QA audits continue to show inconsistencies with the related specialty referrals.</i></p>

Ancillary Services



CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

MEDICAL RECORD REVIEW: RESULTS					
	Wellpath Initial Review (X- rays)	Wellpath Initial Review (Lab Tests)	Wellpath Re- Evaluation Review	Mazars CQI Review Reporting Period Month	
Date	9/2023	12/2023	N/A	3/2024	
PDSA Model	Plan-Do	Plan-Do	Study	Act	Details for Non-Compliant Files
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant	Percentage Compliant	
goal 90-95% (# compliant/# total applicable)					
1. Did a licensed health care staff transcribe the order or co-sign the order if transcribed by unlicensed staff?	100% (17/17)	100% (17/17)	N/A	93% (28/30)	2 of 30 files non-compliant: <u>Patient 13</u> : Inconsistent and delayed documentation of x-ray orders received and performed. 11/22/2023 order transcribed only. Delayed x-ray execution on 12/15/2023 with no evidence of link to previous order <u>Patient 30</u> : Free and Total Testosterone lab test completed without evidence of order
2. Was the lab drawn timely, as specified on the order?	N/A	100% (17/17)	N/A	100% (12/12)	Compliant
3. Was the x-ray performed timely, as specified on the order?	100% (17/17)	NA	N/A	93% (14/15)	1 of 15 files non-compliant: <u>Patient 13</u> : Inconsistent and delayed documentation of x-ray orders received and performed. 11/22/2023 order transcribed only. Delayed x-ray execution on 12/15/2023 with no evidence of link to previous order
4. Were the results (for labs OR x-rays) received in a timely manner (1-2 business days for routine labs)?	100% (17/17)	100% (17/17)	N/A	87% (26/30)	4 of 30 files non-compliant: <u>Patient 3</u> : No evidence of x-ray results scanned in medical record. No evidence x-rays were performed <u>Patient 13</u> : Inconsistent and delayed documentation of x-ray orders received and performed. 11/22/2023 order transcribed only. Delayed x-ray execution on 12/15/2023 with no evidence of link to previous order <u>Patients 17, 30</u> : Untimely receipt and scanning of lab results
5. Does the documentation indicate that lab values have been addressed timely (1 week for non-critical labs. Critical labs call HCP ASAP)?	N/A	100% (15/15)	N/A	80% (12/15)	3 of 15 files non-compliant: <u>Patients 21, 22, 30</u> : Inconsistent documentation indicating lab results were addressed timely
6. Does the documentation indicate a	76% (13/17)	N/A	N/A	71% (10/14)	4 of 14 files non-compliant:

MEDICAL RECORD REVIEW: RESULTS

	Wellpath Initial Review (X-rays)	Wellpath Initial Review (Lab Tests)	Wellpath Re-Evaluation Review	Mazars CQI Review Reporting Period Month	
Date	9/2023	12/2023	N/A	3/2024	
PDSA Model	Plan-Do	Plan-Do	Study	Act	Details for Non-Compliant Files
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant	Percentage Compliant	
<i>goal 90-95% (# compliant/# total applicable)</i>					
radiology report was reviewed timely by the HCP?					<p><u>Patient 1, 9, 12</u>: Inconsistent documentation indicating radiology reports reviewed timely by HCP</p> <p><u>Patient 13</u>: Inconsistent and delayed documentation of x-ray orders received and performed. 11/22/2023 order transcribed only. Delayed x-ray execution on 12/15/2023 with no evidence of link to previous order</p>
7. Are the results filed in the record?	100% (17/17)	100% (17/17)	N/A	93% (28/30)	<p>2 of 30 files non-compliant:</p> <p><u>Patient 3</u>: No evidence x-ray results filed/scanned in medical record</p> <p><u>Patient 13</u>: Inconsistent evidence x-ray results filed/scanned in medical record</p>

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

<p>1. Did a licensed health care staff transcribe the order or co-sign the order if transcribed by unlicensed staff?</p>	<p><u>Observation:</u> For one patient file reviewed, there was no evidence of a lab order obtained/transcribed, however documentation showed that the patient received the lab draw. For another patient file reviewed, Mazars observed inconsistencies in the documentation of the x-ray order through execution. While the verbal order for the applicable hand x-ray was transcribed on 11/22/2023, related execution and results were not clearly linked in the medical record. Unremarkable ancillary/specialty Ortho consult performed on 11/27/2023. X-rays were performed several weeks later on 12/15/2023 following a patient Sick Call request of hand pain and subsequent Ibuprofen and ice pack intervention; there was no link to the previously transcribed x-ray order.</p> <p>Inability to provide appropriate and timely care in accordance with clinical practice standards, increases the risk for inadequate care, inappropriate care, delayed care, and uncoordinated care, which could negatively impact patient outcome(s) and result in patient injury and/or harm.</p> <p>For many of the patient files reviewed, Mazars observed telephone and verbal orders transcribed by nurses reviewed and approved by a clinical provider beyond a reasonable turnaround timeframe (approximately 2 to 6 months).</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Continue to hold Clinical Staff accountable for the appropriate identification and documentation of the Dental Referral(s) • Continue to perform ongoing auditing and monitoring of Receiving Screening form, for evidence of oral screening. Report results of auditing and monitoring to the ACSO • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs • Reassess current process of ensuring telephone and verbal orders are reviewed and approved by a provider within a certain timeframe. Mazars recommends the best practice of ensuring telephone and verbal orders are reviewed and signed within 48 hours excluding weekends and holidays.
<p>2. Was the lab drawn timely, as specified on the order?</p>	<p>Criteria met</p>
<p>3. Was the x-ray performed timely, as specified on the order?</p>	<p><u>Observation:</u> For one patient file reviewed, Mazars observed inconsistencies in the documentation of the x-ray order through execution. While the verbal order for the applicable hand x-ray was transcribed on 11/22/2023, related execution and results were not clearly linked in the medical record. Unremarkable ancillary/specialty Ortho consult performed on 11/27/2023. X-rays were performed several weeks later on 12/15/2023 following a patient Sick Call request of hand pain and subsequent Ibuprofen and ice pack intervention; there was no link to the previously transcribed x-ray order.</p> <p>Inability to provide appropriate and timely care in accordance with clinical practice standards, increases the risk for inadequate care, inappropriate care, delayed care, and uncoordinated care, 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 Improvement Plan implementation to require appropriate and timely care delivery, include the review of case studies with Clinical Team as a part of continuous improvement • Hold Clinicians accountable for the notification and delivery of medically necessary care • Continue to perform ongoing auditing and monitoring of timely notification of diagnostic results to patients. Report results of auditing and monitoring to the ACSO
<p>4. Were the results (for labs OR x-rays) received in a timely manner (1-2 business days for routine labs)?</p>	<p><u>Observation:</u> For two patient files reviewed, lab results were not received and scanned in the medical record in a timely manner. For one patient file reviewed, there was no evidence x-ray results were scanned in the medical record, therefore no evidence that x-rays were performed.</p> <p>For another patient file reviewed, Mazars observed inconsistencies in the documentation of the x-ray order through execution. While the verbal order for the applicable hand x-ray was transcribed on 11/22/2023, related execution and results were not clearly linked in the medical record. Unremarkable ancillary/specialty Ortho consult performed on 11/27/2023. X-rays were performed several weeks later on 12/15/2023 following a patient Sick Call request of hand pain and subsequent Ibuprofen and ice pack intervention; there was no link to the previously transcribed x-ray order.</p> <p>Inability to provide appropriate and timely care in accordance with clinical practice standards, increases the risk for inadequate care, inappropriate care, delayed care, and uncoordinated</p>

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

	<p>care, 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"> • Provide additional focused staff training and education as applicable • Hold Clinicians accountable for sharing of relevant information • Continue to perform ongoing auditing and monitoring of timely notification of diagnostic results to patients. Report results of auditing and monitoring to the ACSO
<p>5. Does the documentation indicate that lab values have been addressed timely (1 week for non-critical labs. Critical labs call HCP ASAP)?</p>	<p><u>Observation:</u> For three of the patient files reviewed, there was no evidence that lab results were consistently addressed timely or at all with the patients. Providing patients with timely information on lab results allows Clinicians and patients to modify treatment plans to meet patient health care needs.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Provide additional focused staff training and education as applicable • Hold Clinicians accountable for sharing of relevant information • Continue to perform ongoing auditing and monitoring of timely notification of diagnostic results to patients. Report results of auditing and monitoring to the ACSO
<p>6. Does the documentation indicate a radiology report was reviewed timely by the HCP?</p>	<p><u>Observation:</u> For three patient files reviewed, Mazars observed inconsistencies in timely review of radiology reports by the health care provider.</p> <p>For another patient file reviewed, Mazars observed inconsistencies in the documentation of the x-ray order through execution. While the verbal order for the applicable hand x-ray was transcribed on 11/22/2023, related execution and results were not clearly linked in the medical record. Unremarkable ancillary/specialty Ortho consult performed on 11/27/2023. X-rays were performed several weeks later on 12/15/2023 following a patient Sick Call request of hand pain and subsequent Ibuprofen and ice pack intervention; there was no link to the previously transcribed x-ray order.</p> <p>Inability to provide appropriate and timely care in accordance with clinical practice standards, increases the risk for inadequate care, inappropriate care, delayed care, and uncoordinated care, 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"> • Provide additional focused staff training and education as applicable • Hold Clinicians accountable for sharing of relevant information • Continue to perform ongoing auditing and monitoring of timely notification of diagnostic results to patients. Report results of auditing and monitoring to the ACSO
<p>7. Are the results filed in the record?</p>	<p><u>Observation:</u> For one patient file reviewed, no evidence of radiology report filed/scanned in patient medical record.</p> <p>For another patient file reviewed, Mazars observed inconsistencies in the documentation of the x-ray order through execution. While the verbal order for the applicable hand x-ray was transcribed on 11/22/2023, related execution and results were not clearly linked in the medical record. Unremarkable ancillary/specialty Ortho consult performed on 11/27/2023. X-rays were performed several weeks later on 12/15/2023 following a patient Sick Call request of hand pain and subsequent Ibuprofen and ice pack intervention; there was no link to the previously transcribed x-ray order.</p> <p>Without timely scanning of relevant clinical documents and reports, there is an increased risk for patient injury and/or harm, as well as organizational risk.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> • Continue Improvement Plan implementation to assure timely scanning of clinically relevant documents • Continue to identify and address current challenges preventing timely scanning

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.

March 2024 CQI Study – Ancillary Services:

- **Plan-Do** – Wellpath performed the following **two** activities:
 - Audited 17 patient records for **x-ray services** during the 8/16 – 9/26/2023 date range, against the following criteria:
 1. Did a licensed health care staff transcribe the order or co-sign the order if transcribed by unlicensed staff?
 2. Was the lab drawn timely, as specified on the order?
 3. Was the x-ray performed timely, as specified on the order?
 4. Were the results (for labs OR x-rays) received in a timely manner (1-2 business days for routine labs)?
 5. Does the documentation indicate that lab values have been addressed timely (1 week for non-critical labs. Critical labs call HCP ASAP)?
 6. Does the documentation indicate a radiology report was reviewed timely by the HCP?
 7. Are the results filed in the record?
 - Audited 17 patient records for **lab services** during the 8/1/2022 – 8/31/2022 date range (provided by Wellpath) against the same criteria
 - Established compliance threshold of 90%
 - No Improvement Plan required based on Wellpath's initial combined audit score of 97%
- **Study** – Wellpath did not conduct the re-evaluation of Ancillary Services
- **Act** – For this March 2024 reporting period*, Mazars performed the following activities:
 - Evaluated 30 patient files for **x-ray services** and **lab services** against the Ancillary Services criteria during the 11/1/2023 - 1/31/2024 reporting period, to evaluate continued compliance
 - Provided focused CQI observations and recommendations for a CAP, including enhanced action steps and re-evaluation

*The "reporting period" refers to the month included in the timeframe that patient files were selected for the specified CQI study noted above

B. CONTINUOUS QUALITY IMPROVEMENT PROGRAM GUIDANCE

A continuous quality improvement (CQI) program monitors and improves health care delivered in the facility (NCCHC essential standard J-A-06)

- Compliance Indicators:
 1. The responsible health authority establishes a CQI program that includes a quality improvement committee consisting of health staff from various disciplines. Additional participants may be included, depending on the issues being addressed
 2. CQI meeting minutes or summaries are made and retained for reference, and copies are available and reviewed by all appropriate personnel. CQI meeting minutes should provide sufficient detail to guide future decisions
 3. Health record reviews are done under the guidance of the responsible physician or designee to ensure appropriate care is ordered and implemented and that care is coordinated by all health staff, including medical, dental, mental health, and nursing
 4. Beyond chart reviews, the responsible physician is involved in the CQI process
 5. When the CQI committee identifies a site-specific health care concern from its monitoring, a process and/or outcome quality improvement study is initiated and documented
 - a. Process quality improvement studies examine the effectiveness of the health care delivery process
 - b. Outcome quality improvement studies examine whether the expected outcomes of patient care were achieved
 6. At least one process and/or outcome quality improvement study is completed per year
 7. The CQI committee documents a written annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and/or staff meetings, or other pertinent written materials
 8. All aspects of the standard are addressed by written policy and defined procedures
- One essential element of quality improvement is the monitoring of high-risk, high-volume, or problem-prone aspects of health care provided to patients
- Recommended areas to study can be consistent with regularly monitored statistical reports (NCCHC essential standard A-04):
 - Service volume
 - Referral to specialists
 - Deaths
 - Incidence of certain illnesses
 - Infectious disease monitoring
 - Emergency services and hospital admissions provided
 - Access, timeliness of health services, and follow-up
 - Missed appointments
 - Grievance statistics
- Success of compliance with CQI program standards is measured by the relevance of the studies and effectiveness of the improvement strategies and corrective action
- The CQI program should use one or more of these quality performance measures when designing studies:
 - Accessibility
 - Appropriateness of clinical decision making
 - Continuity
 - Timeliness
 - Effectiveness
 - Efficiency
 - Prescriber-patient interaction
 - Safety
- The CQI program should measure one or more of the following major service areas annually:
 - Intake processing
 - Acute care
 - Medication services
 - Chronic care services
 - Intra-system transfer services
 - Scheduled off-site services
 - Unscheduled on-site and off-site services
 - Mental health services
 - Dental services
 - Ancillary services
 - Dietary services
 - Infirmary services

As part of a continuous quality improvement (CQI) Program, Continuity, Coordination, and Quality of Care During Incarceration is addressed for all patients to ensure that health care needs are met and aligned with evidence-based standards (NCCHC essential standard J-E-09)

- Compliance Indicators:

1. Patients receive medical, dental, and mental health services from admission to discharge per prescribers' recommendations, orders, and evidence-based practices
2. Prescriber orders are implemented in a timely manner
3. If deviations from evidence-based practices are indicated, clinical justifications for the alternative treatment plan while in custody is documented
4. Diagnostic tests are reviewed by the provider in a timely manner
5. Treatment plans are modified as clinically indicated by diagnostic tests and treatment results
6. Treatment plans, including test results, are shared with patients
7. For hospitalization, urgent care, emergency department, or specialty visits:
 - a. Patients are seen by a qualified health care professional or health care liaison (if appropriate) upon return
 - b. Recommendations are reviewed for appropriateness of use in the correctional environment
 - c. A provider is contacted in a timely manner to ensure proper implementation of any orders and to arrange appropriate follow-up
8. All aspects of the standard are addressed by written policy and defined procedures

C. APPLICABLE POLICY AND PROCEDURE

Wellpath Policy and Procedure HCD-110_E-09 Continuity, Coordination, and Quality of Care During Incarceration-Alameda CA require diagnostic tests and specialty consultation are ordered by providers to be completed in a timely manner and treatment plans are modified as clinically indicated by diagnostic tests and treatment results. Treatment plans, including test results, are shared and discussed with the patient.