MEDICAL QUALITY ASSURANCE MONTHLY RESULTS REPORT

PROJECT DETAILS

Name	Alameda County Sheriff Office – Medical Operations Consulting: Medical Quality Assurance Review		
Sponsor	Lieutenant Joseph Atienza, Contracts Lieutenant	**Project Manager**	Tami Bond
Project Summary	To provide Medical Quality Assurance (QA) services for the Alameda County Sheriff Office (ACSO) through the performance of Medical QA reviews to evaluate timeliness of care, appropriateness of assessment, treatment, type of Provider and level of care. Additionally, to provide Medical QA recommendations to ACSO leadership.		
Methodology	To provide Medical QA reviews for the reporting period, Mazars performed medical record review of 15 incarcerated individual (patient) files to determine compliance with applicable requirements and community standards for appropriate access, timeliness, and continuity of care delivery for specified high-risk populations. A compliance score less than 95% warrants a Corrective Action Plan (CAP). Areas at risk for non-compliance are also identified. *(See Appendix for additional Methodology details)*		
Report Date	04/04/2024, 04/12/24	**Reporting Period**	8/1 – 8/31/2023

ACTIVITIES PERFORMED BY PROJECT TEAM

i. Submitted 2023 July Quality Assurance final report and 2023 August and September Continuous Quality Improvement (CQI) final report
ii. Attended weekly scheduled Multi-Disciplinary meetings
iii. Attended monthly MAC meeting
iv. Attended monthly Suicide Prevention meeting
v. Received and reviewed reports for the reporting period
vi. Conducted applicable monthly medical record QA and CQI reviews

PROJECT SCHEDULE

vii. Upcoming On-site Clinical Observation Dates:
    i. 4/17 – 4/18/2024 (Dr. Lee; Faith Saporsantos, RN; Patricia Wong, RN; Tami Bond)

COMMENDATIONS

i. As reported in Wellpath's August 2023 MAC meeting:
    i. Received report from NCCHC OTP/MAT Program
        - Seven standards to improve
    ii. Moved closer to having Doulas return to in-house treatment
    iii. UCSF OB/GYN resident completed a second rotation in the Women's Health Clinic

SUMMARY

For the reporting period of 8/1 – 8/31/2023, Mazars Medical QA review identified opportunities for improvement (Observations) for the Clinical Team (Wellpath) to assure the delivery of quality care focusing on four areas: Alerts and Problems, Specialty and Ongoing Medical Care, Patient Monitoring, and Documentation. Onsite Clinical Observations are also included in this report and include opportunities to improve compliance with quality assurance standards, medical and applicable policies, and/or applicable regulations. Areas at risk for non-compliance, including collaborative management and information sharing across different teams and systems, and adequacy of clinical staffing are also identified.

SUMMARY

Areas of Demonstrated Improvement:
Within this August 2023 report, prior month opportunities for improvement displayed a continued increase in the rate of compliance as evidenced by:

- **i.** An increase in compliance rate of 20% or greater for four of the 29 observation categories, to include: Information Inconsistent Across Bookings, Problems (after intake), Restraints (frequency of monitoring), Scanning: Other Delays and Misses
- **ii.** A compliance rate of greater than 95% for four of the 29 observation categories: Specialty Referrals, Restraints (frequency of monitoring), Initiation and Monitoring (IOL, S/A, and/or Event Report, Safety Cell and/or Restraint monitoring), Informed Consent

Areas of Risk:
Conversely, within this August 2023 report, some areas of opportunity displayed a decrease in the rate of compliance as evidenced by:

- **i.** A decrease in compliance rates of 20% or greater for five of the 29 observation categories, to include: Alerts (at intake), Problems (at intake), Delayed Specialty Care, Safety Cell/Nursing Segregated Population Monitoring (CorEMR Flow Sheets), Scanning: Patient Sick Call Request (within 48-hours)
- ii. A compliance rate of less than 95% for 22 of the 29 observation categories: Information Inconsistent Across Bookings, Alerts (at intake), Alerts (after intake), Problems (at intake), Problems (after intake), ITR Referrals, Order Execution, Delayed Specialty Care; Sick Call Timeliness (within 24-hours), Delays and Appropriateness of Ongoing Medical Care, Initial Health Assessment (IHA), Annual Health Assessment, Intake/Admission Screening, Suicide Watch Alert/IOL/Level of Care, Safety Cell/Nursing Segregated Population (Delayed or no evidence of monitoring), Safety Cell/Nursing Segregated Population Monitoring (CorEMR Flow Sheets), Discontinuation (d/c Safety Cell/ Nursing Segregated Population Monitoring), Inconsistent/Inaccurate/Incomplete/Other Documentation, Scanning: Outside Records, Scanning: Medication Refusal Forms, Scanning: Patient Sick Call Request (within 48-hours), Scanning: Other Delays and Misses
    - A compliance rate of 0% for four of the 29 observation categories: Initial Health Assessment (IHA), Annual Health Assessment, Safety Cell Nursing Segregated Population Monitoring (CorEMR Flow Sheets), Discontinuation (d/c Safety Cell/Nursing Segregated Population Monitoring)
    - Mazars recommends a Corrective Action Plan (CAP) for all compliance scores less than 95% consistent with the observations and recommendations provided. Alignment with applicable CQI activities is best practice
- iii. Areas at risk for non-compliance that are identified to require collaborative management and information sharing across different teams and systems include: Alerts (after intake), Problems (at intake), Problems (after intake), ITR Referrals, Specialty Referrals, Order Execution, Delayed Specialty Care, Sick Call Timeliness (within 24-hours), Delays and Appropriateness of Ongoing Medical Care, Intake/Admission Screening, Suicide Watch Alert/IOL/Level of Care, Safety Cell/Nursing Segregated Population (Delayed or no evidence of monitoring), Restraints (frequency of monitoring), Initiation and Monitoring (IOL, S/A, and/or Event Report; Safety Cell and/or Restraint monitoring), Safety Cell/Nursing Segregated Population Monitoring (CorEMR Flow Sheets), Discontinuation (d/c Safety Cell/Nursing Segregated Population Monitoring), Informed Consent, Inconsistent/Inaccurate/Incomplete/Other Documentation, Scanning: Outside Records, Scanning: Medication Refusal Forms
- iv. 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: Order Execution, Delayed Specialty Care, Sick Call Timeliness (within 24-hours), Delays and Appropriateness of Ongoing Medical Care, Initial Health Assessment (IHA), Annual Health Assessment, Intake/Admission Screening, Safety Cell/Nursing Segregated Population (Delayed or no evidence of monitoring), Restraints (frequency of monitoring), Safety Cell/Nursing Segregated Population Monitoring (CorEMR Flow Sheets), Scanning: Medication Refusal Forms

MEDICAL QUALITY ASSURANCE MONTHLY RESULTS REPORT

MEDICAL RECORD REVIEW: RESULTS

	Prior Month	*Current Month*			
	Percentage Compliant *goal 95%*	**Files Compliant**	**Applicable Files Reviewed**	**Percentage Compliant** *goal 95%*	**Details for Non-Compliant Files**
1. Problems & Alerts					
1.1. Information Inconsistent Across Bookings	60.0% (6/10)	8	10	80.0% (8/10)	2 of 10 files non-compliant: Patient 11: "Asthma," "Chronic Obstructive Pulmonary Disease," Developmental Disability," "Seizure Disorder," "Anxiety," "Schizophrenia" Patient 14: "Anxiety," "Depression"
1.2. Alerts (at intake)	73.3% (11/15)	6	14	42.9% (6/14)	8 of 14 files non-compliant: Patient 1: "CIWA" Patient 3: "Allergies – Evaluation Required," "Lower Bunk Restriction – Drug/Alcohol Withdrawal," "COWS" Patient 4: "COWS" Patient 8: "COWS," "Lower Bunk Restriction – History Cerebrovascular Accident" Patient 9: "Medical Isolation – PPD Refusal" Patient 10: "Lower Bunk Restriction – Seizure Disorder, Drug/Alcohol Withdrawal" Patient 12: "Medical Isolation," "Mental Health," "Special Needs" Patient 14: "Lower Bunk Restriction – Pregnant"
1.3. Alerts (after intake)	20.0% (2/10)	3	13	23.1% (3/13)	10 of 13 files non-compliant: Patient 1: "Medical Isolation – PPD Refusal" Patient 2: "COWS" Patient 3: "Palming/Cheeking/Hoarding Pills" Patient 4: "Medical Isolation – COVID-19" Patient 6: "Serious Mental Illness" Patient 7: "CIWA," "Allergies: Aspirin" Patient 11: "Lower Level/Lower Bunk Restriction – Syncopal Episodes" Patient 13: "Serious Mental Illness," Patient 14: "Medical Isolation – COVID-19" Patient 15: "Lower Level/Lower Bunk Restriction – Mobility Impairment" Risk for non-compliance: *Requires collaborative management and information sharing across different teams and systems
1.4. Problems (at intake)	35.7% (5/14)	1	14	7.1% (1/14)	13 of 14 files non-compliant: Patient 2: "Post-Traumatic Stress Disorder," Patient 3: "Anxiety," "Depression" Patient 4: "Hypertension" Patient 6: "Asthma," "Self-Harm Behavior/Self-Injury Disorder" Patient 7: "Self-Harm Behavior/Self-Injury Disorder," "Bipolar Disorder," "Depression" Patient 8: "Schizophrenia" Patient 9: "Self-Harm Behavior/Self-Injury Disorder," "Anxiety," "Depression," "Schizophrenia" Patient 10: "Asthma," "Blind – Left Eye," "Self-Harm Behavior/Self-Injury Disorder" Patient 11: "Depression"

MEDICAL RECORD REVIEW: RESULTS

	Prior Month	*Current Month*			
	Percentage Compliant *goal 95%*	**Files Compliant**	**Applicable Files Reviewed**	**Percentage Compliant** *goal 95%*	**Details for Non-Compliant Files**
					Patient 12: "Anxiety," "Bipolar Disorder," "Depression," "Schizophrenia," "Gender Dysphoria" Patient 13: "Anxiety," "Schizoaffective Disorder" Patient 14: "Pregnant 17 weeks" Patient 15: "Spinal Cord Injury s/p Hemicolectomy with Colostomy," "Left Ureter Injury s/p Nephrostomy Tube," "Asthma," "Anxiety," "Bipolar Disorder," "Depression," "Schizophrenia" Risk for non-compliance: *Requires collaborative management and information sharing across different teams and systems
1.5. Problems (after intake)	6.7% (1/15)	4	14	28.6% (4/14)	10 of 14 files non-compliant: Patient 1: "Paranoid Schizophrenia" Patient 2: "Self-Harm Behavior/Self-Injury Disorder," "Chronic Left-Hand Neuropathy," "Left Dorsal Foot Blister" Patient 4: "Trichomoniasis" Patient 5: "Asthma," "Self-Harm Behavior/Self-Injury Disorder" Patient 8: "Self-Harm Behavior/Self-Injury Disorder" Patient 9: "External Hemorrhoids" Patient 11: "Syncopal Episodes," "Self-Harm Behavior/Self-Injury Disorder," "Adjustment Disorder with Depressed Mood" Patient 13: "Right Achille's Ankle Area Wound," "Self-Harm Behavior/Self-Injury Disorder" Patient 14: "Hypertension," "Anxiety," "Syphilis," Patient 15: "Pyelonephritis" Risk for non-compliance: *Requires collaborative management and information sharing across different teams and systems
2. Specialty & Ongoing Care					
2.1. ITR Referrals	33.3% (5/15)	4	15	26.7% (4/15)	11 of 15 files non-compliant: Patient 1: "Mental Health" (Routine), "Discharge Planner" (Routine) Patient 2: "MAT" (Routine) Patient 3: "Mental Health" (Urgent) Patient 4: "Medical" (Routine), "Discharge Planner" (Routine), "Mental Health" (Routine) Patient 5: "Mental Health" (Emergent) Patient 7: "Chronic Care" (Routine) Patient 9: "Mental Health" (Urgent), "Chronic Care" (Routine) Patient 10: "Mental Health" (Emergent), "Chronic Care" (Routine) Patient 11: "Mental Health" (Emergent) Patient 14: "Medical" (Routine), "Chronic Care" (Routine) Patient 15: "Medical" (Emergent), "Chronic Care" (Routine), "Discharge Planner" (Routine)

MEDICAL RECORD REVIEW: RESULTS

	Prior Month	*Current Month*			
	Percentage Compliant *goal 95%*	**Files Compliant**	**Applicable Files Reviewed**	**Percentage Compliant** *goal 95%*	**Details for Non-Compliant Files**
					Risk for non-compliance: *Requires collaborative management and information sharing across different teams and systems
2.2. Specialty Referrals	84.6% (11/13)	5	5	100.0% (5/5)	Compliant Risk for non-compliance: *Requires collaborative management and information sharing across different teams and systems
2.3. Order Execution	46.7% (7/15)	4	14	28.6% (4/14)	10 of 14 files non-compliant: Patient 1: "Flow Sheets – Patient Monitoring for Synthetic Drug, CIWA" inconsistent monitoring executed as ordered Patient 2: "Flow Sheets – Patient Monitoring for COWS" inconsistent monitoring executed as ordered Patient 3: "Flow Sheets – Patient Monitoring for COWS" inconsistent monitoring executed as ordered Patient 4: "Flow Sheets – Patient Monitoring for COWS" inconsistent monitoring executed as ordered Patient 7: "Flow Sheets – Patient Monitoring for Synthetic Drug, CIWA" inconsistent monitoring executed as ordered Patient 8: "Flow Sheets – Patient Monitoring for COWS" inconsistent monitoring executed as ordered Patient 9: "Flow Sheets – Patient Monitoring for CIWA, COWS" inconsistent monitoring executed as ordered Patient 10: "Flow Sheets – Patient Monitoring for Synthetic Drug, COWS" inconsistent monitoring executed as ordered Patient 11: "Flow Sheets – Patient Monitoring for Synthetic Drug" inconsistent monitoring executed as ordered Patient 13: "Flow Sheets – Patient Monitoring for Synthetic Drug" inconsistent monitoring executed as ordered Risk for non-compliance: Patients 2, 13: Inconsistent standard of practice for medically necessary orders (i.e., Crocs shoes) *Requires collaborative management and information sharing across different teams and systems *Requires clinical staffing management to ensure prescriber time adequate to meet patient specialty care delivery needs
2.4. Delayed Specialty Care	100.0% (12/12)	4	7	57.1% (4/7)	3 of 7 files non-compliant: Patient 5: Medication orders and administration delayed 4 days Patient 10: "Eye Clinic" incomplete to date

MEDICAL RECORD REVIEW: RESULTS

	Prior Month	*Current Month*			
	Percentage Compliant *goal 95%*	**Files Compliant**	**Applicable Files Reviewed**	**Percentage Compliant** *goal 95%*	**Details for Non-Compliant Files**
					Patient 11: "Eye Clinic" task not created, incomplete Risk for non-compliance: Patients 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14: Multiple "Mental Health" referrals with no visibility of consultation completion and outcome *Requires collaborative management and information sharing across different teams and systems *Requires clinical staffing management to ensure prescriber time adequate to meet patient specialty care delivery needs
2.5. Sick Call Timeliness (within 24-hours)	10.0% (1/10)	2	8	25.0% (2/8)	6 of 8 patients with Sick Call Requests > or = 50% with "Nursing Assessment(s)" performed beyond the required 24-hours from initial receipt. Limited patient Sick Call Request review to 100 for each patient, as applicable Patient 2: (x28 of 36) Nursing Assessments performed beyond 24-hours from initial receipt of patient Sick Call Request Patient 3: (x2 of 2) Nursing Assessments performed beyond 24-hours from initial receipt of patient Sick Call Request Patient 4: (x2 of 2) Nursing Assessments performed beyond 24-hours from initial receipt of patient Sick Call Request Patient 9: (x1 of 2) Nursing Assessments performed beyond 24-hours from initial receipt of patient Sick Call Request Patient 12: (x1 of 1) Nursing Assessments performed beyond 24-hours from initial receipt of patient Sick Call Request Patient 15: (x2 of 2) Nursing Assessments performed beyond 24-hours from initial receipt of patient Sick Call Request Risk for non-compliance: *Requires collaborative management and information sharing across different teams and systems *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
2.6. Delays and Appropriateness of Ongoing Medical Care	73.3% (11/15)	12	15	80.0% (12/15)	3 of 15 files non-compliant: Patient 4: No evidence "Chest X-Ray" completed; "MAT Program" delayed task beyond 14 days Patient 8: "MAT Program" incomplete prior to release Patient 10: "MAT Program," "Chronic Care" delayed task beyond 30 days Risk for non-compliance: *Requires collaborative management and information sharing across different teams and systems

MEDICAL RECORD REVIEW: RESULTS

	Prior Month	*Current Month*			
	Percentage Compliant *goal 95%*	**Files Compliant**	**Applicable Files Reviewed**	**Percentage Compliant** *goal 95%*	**Details for Non-Compliant Files**
					*Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
2.7. Initial Health Assessment (IHA)	15.4% (2/13)	0	13	0.0% (0/13)	13 of 13 files non-compliant: Patients 1, 2, 3, 4, 5, 10: No evidence of IHA. "Not Started" with no evidence or untimely scanning of related patient refusal Patients 6, 7, 8, 9, 11, 13, 15: IHA performed beyond required 14-calendar days of patient's Book-In or incomplete Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
2.8. Annual Health Assessment	0.0% (0/2)	0	2	0.0% (0/2)	2 of 2 files non-compliant: Patients 2, 6: No evidence of IHA performed by 2nd anniversary from Book-In date. Status "Not Started" with no evidence or untimely scanning of related patient refusal Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
2.9. Inconsistent Emergency Response Documentation	75.0% (3/4)	*NA*	*NA*	*NA*	*Not applicable to any patients in sample*
2.9.1. Emergency Response Medication and MAR Reconciliation	*NA*	*NA*	*NA*	*NA*	*Not applicable to any patients in sample*
2.10. Intake/ Admission Screening	80.0% (12/15)	10	15	66.7% (10/15)	5 of 15 files non-compliant: Patients 1, 5, 10, 13, 15: Receiving Screening/Abbreviated Receiving Screening completed beyond 8-hours from applicable Book-In time Risk for non-compliance: Patient 15: Delayed Receiving Screening completed beyond 120 days *Requires collaborative management and information sharing across different teams and systems *Requires clinical staffing management to ensure nursing time adequate to meet patient care delivery needs
3. Patient Monitoring					
3.1. Suicide Watch Alert/ IOL/ Level of Care	30.0% (3/10)	5	11	45.5% (5/11)	6 of 11 files non-compliant: Patient 2: "Suicide Watch" for Suicidal Ideation Patient 5: "Suicide Watch" for Suicidal Ideation Patient 8: "Suicide Watch" for Suicidal Ideation Patient 11: "Suicide Watch" for Suicidal Ideation, Suicide Attempt

MEDICAL RECORD REVIEW: RESULTS

	Prior Month	*Current Month*			
	Percentage Compliant *goal 95%*	**Files Compliant**	**Applicable Files Reviewed**	**Percentage Compliant** *goal 95%*	**Details for Non-Compliant Files**
					Patient 12: "Suicide History" for Suicide History, Suicide Risk Patient 13: "Suicide Watch" for Suicidal Ideation Risk for non-compliance: Patients 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14: Inconsistent use of "Suicide Watch" and/or "IOL" Alerts with "Sobering/Safety/Restraints" or "Nursing Segregated Population Rounding Log" Flow Sheets (policies 8.12; 8.13; HCD-110_G02) *Requires consistent formalized processes with corresponding Alerts, collaborative management, and information sharing across different teams and systems
3.2. Safety Cell/ Nursing Segregated Population (Delayed or no evidence of monitoring)	25.0% (2/8)	1	7	14.3% (1/7)	6 of 7 files non-compliant: Patient 5: No evidence Nursing Segregated Population Rounding Logs for Suicidal Ideation Patient 6: Delayed Nursing Segregated Population Rounding Logs beyond 7 days for Suicide History, Suicide Risk Patient 8: No evidence Nursing Segregated Population Rounding Logs for Suicidal Ideation Patient 10: No evidence Nursing Segregated Population Rounding Logs for Suicidal Ideation, recent Suicide Attempt Patient 11: No evidence Nursing Segregated Population Rounding Logs for Suicidal Ideation, Suicide Attempt Patient 13: No evidence Nursing Segregated Population Rounding Logs for Suicidal Ideation Risk for non-compliance: Patients 2, 5, 6, 7, 8, 10, 11, 13: Inconsistent initiation of "Sobering/Safety/Restraints" or "Nursing Segregated Population Rounding Log" Flow Sheets *Requires consistent formalized processes, collaborative management, and information sharing across different teams and systems *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
3.3. Restraints (frequency of monitoring)	0.0% (0/1)	1	1	100.0% (1/1)	Compliant Risk for non-compliance: *Requires consistent formalized processes, collaborative management, and information sharing across different teams and systems *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs
3.4. Initiation and Monitoring (IOL, S/A, and/or Event Report; Safety Cell	100.0% (9/9)	5	5	100.0% (5/5)	Compliant Risk for non-compliance: Patients 2, 5, 6, 7, 8, 10, 11, 13: Inconsistent information across different systems

MEDICAL RECORD REVIEW: RESULTS

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	Percentage Compliant *goal 95%*	**Files Compliant**	**Applicable Files Reviewed**	**Percentage Compliant** *goal 95%*	**Details for Non-Compliant Files**
and/or Restraint monitoring)					*Requires consistent formalized processes, collaborative management, and information sharing across different teams and systems
3.5. Safety Cell/ Nursing Segregated Population Monitoring (CorEMR Flow Sheets)	33.3% (1/3)	0	3	0.0% (0/3)	3 of 3 files non-compliant: Patients 2, 6, 13: Patient "Nursing Segregated Population Rounding Log" Flowsheets inconsistently documented every 72 hours (3 days) (HCD-110_G02) Risk for non-compliance: Patients 2, 6, 13: Inconsistent use of "Sobering/Safety/Restraints" or "Nursing Segregated Population Rounding Log" Flow Sheets *Requires consistent formalized processes, collaborative management, and information sharing across different teams and systems *Requires clinical staffing management to ensure prescriber and nursing time sufficient to meet patient care delivery needs
3.6. Discontinuation (d/c Safety Cell/Nursing Segregated Population Monitoring)	0.0% (0/4)	0	3	0.0% (0/3)	3 of 3 files non-compliant: Patients 6, 11, 13: Inconsistent patient monitoring "Discontinuation (d/c)" documentation Risk for non-compliance: *Requires consistent formalized processes, collaborative management, and information sharing across different teams and systems
4. Documentation / Medical Record Management					
4.1. Translation/ Interpreter	0.0% (0/1)	*NA*	*NA*	*NA*	*Not applicable to any patients in sample*
4.2. Informed Consent	93.3% (14/15)	15	15	100.0% (15/15)	Compliant Risk for non-compliance: Patients 6: Inability to provide consent related to safety concern Patient 11: Inability to provide consent related to Developmental Disability *Requires consistent formalized processes, collaborative management, and information sharing across different teams and systems
4.3. Inconsistent/ Inaccurate/Incomplete/Other Documentation	83.3% (10/12)	6	10	60.0% (6/10)	4 of 10 files non-compliant: Patient 5: Inconsistent documentation of "Return from Off-Site Medical Care" for emergent transfer Patient 7: Inconsistent documentation of "Return from Off-Site Medical Care" for emergent transfer Patient 10: Inconsistent documentation of "Return from Off-Site Medical Care" for emergent transfer Patient 11: Inconsistent documentation of "Return from Off-Site Medical Care" for emergent transfer Risk for non-compliance:

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					Patient 8, 9, 11: Incomplete and inconsistent "Return from Off-Site Medical Care" documentation *Requires collaborative management and information sharing across different teams and systems
4.4. Scanning: Outside Records	66.7% (8/12)	7	10	70.0% (7/10)	3 of 10 files non-compliant: Patients 1, 6, 9: Inconsistent scanning of "Outside Records" for emergent patient Transport/Admission events Risk for non-compliance: Patient 5: Patient transfer event inconsistent with outside records, medical record documentation, transfer report, and ATIMS movement history *Requires collaborative management and information sharing across different teams and systems
4.5. Scanning: Medication Refusal Forms	9.1% (1/11)	1	11	9.1% (1/11)	10 of 11 files non-compliant: Inconsistent "Medication Refusal" forms for scheduled medication(s) on multiple dates as required per policy requirements (HCD-110_G-05) and inconsistency with refusal details documented on MAR ("Deputy body camera") Patient 1: OLANZAPINE ODT, PANTOPRAZOLE, ATORVASTATIN, FERROUS SULFATE Patient 2: BUSPIRONE, DIPHENHYDRAMINE HCL (OTC), HYDROXYZINE PAM (VISTARIL) Patient 5: MIRTAZAPINE, FLUOXETINE, OLANZAPINE Patient 6: BENZTROPINE (COGENTIN), DIVALPROEX (DEPAKOTE), HALOPERIDOL (HALDOL), ALBUTEROL HFA (PROAIR), VALPROIC ACID, DIPHENHYDRAMINE HCL Patient 7: OLANZAPINE (ZYPREXA) Patient 8: FLUOXETINE Patient 9: OLANZAPINE, HYDROXYZINE PAMOATE, BUPRENORPHINE Patient 10: MIRTAZAPINE, QUETIAPINE, BUPRENORPHINE Patient 13: VENLAFAXINE ER, MELATONIN, TRAZODONE HCL Patient 15: ACETAMINOPHEN, ALBUTEROL HFA, LIDOCAINE 5%, ONDANSETRON, SENNA, DICLOFENAC, DULOXETINE, GABAPENTIN Risk for non-compliance: Patient 4: Inconsistent nursing documentation against medical order for scheduled vs. PRN (pro re nata / as needed) medications Patient 11: Inconsistent medication reconciliation for multiple emergent patient transfers to hospitals

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					*Requires collaborative management and information sharing across different teams and systems *Requires clinical staffing management to ensure prescriber time adequate to meet patient specialty care delivery needs
4.6. Scanning: Patient Sick Call Request (within 48-hours)	40.0% (4/10)	1	8	12.5% (1/8)	7 of 8 patients with patient Sick Call Request(s) > or = 50% scanned beyond the required 48-hours. Patient 3: (x1 of 2) Patient Sick Call Requests scanned beyond 48-hours Patient 4: (x2 of 2) Patient Sick Call Requests scanned beyond 48-hours Patient 9: (x2 of 2) Patient Sick Call Requests scanned beyond 48-hours Patient 10: (x1 of 2) Patient Sick Call Requests scanned beyond 48-hours Patient 12: (x1 of 1) Patient Sick Call Requests scanned beyond 48-hours Patient 13: (x7 of 10) Patient Sick Call Requests scanned beyond 48-hours Patient 15: (x2 of 2) Patient Sick Call Requests scanned beyond 48-hours
4.7. Scanning: Other Delays and Misses	28.6% (4/14)	8	12	66.7% (8/12)	4 of 12 files non-compliant: Patient 2: Inconsistent patient refusals for Clinical Services – Medical assessment, chest x-ray, labs, dental, COVID-19 testing Patient 9: Inconsistent patient refusals for Clinical Services – Medical assessment, lice check Patient 10: Inconsistent patient refusals for Clinical Services – Medical assessment, lice check Patient 11: Inconsistent patient refusals for Clinical Services – Medical assessment, vital signs, x-ray

***Refer to page 27 for #5. On-site Clinical Visit: Observations and Recommendations.*

MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS DETAILS

1. Problems & Alerts	
1.1. Information Inconsistent Across Bookings	Observation: While there continues to be improvement from the prior month, relevant clinical information was inconsistently documented from one booking to another for some of the applicable patient files reviewed. Consistent documentation of historical and current relevant clinical information, including "Asthma," "Chronic Obstructive Pulmonary Disease," "Developmental Disability," "Seizure Disorder," that necessitate specific Alert(s)/precautions, will help mitigate risk for inadequate care and patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation to enhance ITR process by requiring that diagnoses and clinically indicated Alerts, Problems, are documented from one booking to another • Develop and implement workflow checklists to help mitigate documentation gaps • Continue to provide focused staff training and education specific to assuring accurate intake documentation for early evaluation to provide appropriate services and define individual care plans • Continue to hold Clinicians accountable for reconciling documentation from previous bookings and bridging the gap around CorEMR system limitations, as applicable • Continue to perform ongoing auditing and monitoring of Alerts and Problems reconciliation from prior bookings. Report results of auditing and monitoring to the ACSO **Technology:** • To eliminate clinically relevant information gaps and help mitigate human error from manual entry, work closely with Wellpath Corporate IT to submit relevant change requests timely to configure existing CorEMR modules and controls • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), Adult Forensic Behavioral Health (AFBH) behavioral health (Gateway), and Maxor pharmacy (Guardian)
1.2. Alerts (at intake)	Observation: After the ITR Receiving Screening form(s) were completed by the Clinician/Nurse, applicable clinically indicated Alerts were not consistently listed or up to date for some of the applicable patient files reviewed. In these instances, highly relevant Receiving Screening documentation, such as, "Allergies," "CIWA," "COWS," "Lower Tier/Lower Bunk Restriction – Drug/Alcohol Withdrawal, Pregnant" "Medical Isolation – PPD Refusal," "Mental Health," "Special Needs," were not listed appropriately in the CorEMR Alerts section. Without complete, up to date, and accurate documentation of Alerts, including highly relevant Allergies, there is an increased risk that the appropriate safety precautions will not occur, which could cause inadequate care, inappropriate care, delayed care, and result in patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation to enhance ITR process by requiring the inclusion of all clinically indicated Alerts, including reported Allergies, identified in the initial assessment • Develop and implement workflow checklists and standardized practices • Provide additional focused staff training and education specific to assuring clinically indicated Alerts are accurate to assure the appropriate precautions are made and further define individual care plans • Hold Clinicians accountable for the identification and documentation of all Alerts • Perform ongoing auditing and monitoring of the documentation of Alerts. Report results of auditing and monitoring to the ACSO **Technology:** • To eliminate clinically relevant information gaps and help mitigate human error from manual entry, work closely with Wellpath Corporate IT to submit relevant change requests timely to configure existing CorEMR modules and controls • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), AFBH behavioral health (Gateway), and Maxor pharmacy (Guardian) • Automate/trigger flags within CorEMR from Receiving Screening form

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1.3. Alerts (after intake)	Observation: Clinically indicated Alerts were inconsistently added throughout the booking for some of the applicable patient files reviewed. In these instances, supporting documentation necessitating an Alert, such as Problems, Diagnoses, and ATIMS Medical Alerts were noted. However, the corresponding and clinically indicated Alerts such as "CIWA," "COWS," "Lower Level/Lower Bunk Restriction – Syncopal Episodes, Mobility Impairment," "Medical Isolation – COVID-19," "Palming/Cheeking/Hoarding Pills," "Serious Mental Illness," were not listed or updated appropriately. Without complete, up to date, and accurate documentation of Alerts, including highly relevant Allergies, there is an increased risk that the appropriate safety precautions will not occur, which could cause inadequate care, inappropriate care, delayed care, and result in patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation to enhance the Alerts documentation process in CorEMR by requiring the inclusion of all identified clinically indicated Alerts throughout the patient booking and updated accordingly • Develop and implement workflow checklists and standardized practices • Provide additional focused staff training and education specific to assuring clinically indicated Alerts are accurate and updated to assure the appropriate precautions are made and care plans are individualized • Hold Clinicians accountable for the identification and documentation of Alerts • Perform ongoing auditing and monitoring of the documentation of Alerts. Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems **Technology:** • To eliminate clinically relevant information gaps and help mitigate human error from manual entry, work closely with Wellpath Corporate IT to submit relevant change requests timely to configure existing CorEMR modules and controls, and add new relevant Alerts to list options, including but not limited to "Non-compliant," "Nursing Segregation Log Monitoring" • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), AFBH behavioral health (Gateway), and Maxor pharmacy (Guardian) • Automate/trigger flags within CorEMR from Sick Call forms
1.4. Problems (at intake)	Observation: After the ITR Receiving Screening form(s) were completed by the Clinician/Nurse, applicable Problem Lists were not consistently started, completed, or up to date for some of the applicable patient files reviewed. In these instances, supporting Receiving Screening documentation, including clinically relevant chronic diseases, such as "Asthma," "Blind," "Hypertension," "Pregnant," "Spinal Cord Injury," "Self-Harm Behavior/Self-Injury Disorder," were not initially listed on the Problem List; some were missing or documented later throughout the patient's booking. Care coordination and collaborative management across the different teams during the intake process is required, to assure all patient problems, including medical and behavioral health, are identified, and managed appropriately. Without a complete and accurate Problem List at the initial encounter, there is an increased risk for inadequate care, inappropriate care, delayed care, and result in patient injury and/or harm. Recommendation: **Process:** • Continue 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 • Develop and implement workflow checklists and standardized practices (i.e., risks, chronic and/or new diagnoses, pathophysiological states, potentially significant abnormal physical signs and laboratory findings, disabilities, and/or unusual conditions), and include relevant clinical information from scanned AFBH Screener

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	• Provide additional focused staff training and education specific to assuring Problems are accurate to assure the appropriate care plan is individualized and implemented • Hold Clinicians accountable for the identification and documentation of Problems, and reconciling chronic Problems • Perform ongoing auditing and monitoring of the documentation of Problems. Consider including in existing Provider chart review process. Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems **Technology:** • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), AFBH behavioral health (Gateway), and Maxor pharmacy (Guardian) • Automate/trigger tasks within CorEMR from Receiving Screening form
1.5. Problems (after intake)	Observation: While there continues to be improvement from the prior month, Problem Lists were not consistently updated throughout the patient booking for all the applicable patient files reviewed. In these instances, supporting documentation such as Diagnoses were noted. However, the corresponding and applicable Problem(s) were not consistently reconciled on the Problem List appropriately, such as “Asthma,” “Hypertension,” “Pyelonephritis,” “Self-Harm Behavior/Self-Injury Disorder,” “Syphilis,” “Trichomoniasis” Care coordination and collaborative management across the different teams throughout the patient’s incarceration is required to assure all patient problems, including medical and behavioral health, are identified, and managed appropriately. Without a complete and accurate Problem List identified and documented throughout the patient booking, there is an increased risk for inadequate care, inappropriate care, delayed care, and result in patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation, in collaboration with AFBH behavioral health, to enhance the Problems documentation process in CorEMR by requiring the inclusion of all identified Problems throughout the patient booking is documented and updated accordingly • Develop and implement workflow checklists and standardized practices (i.e., chronic and/or new diagnoses, pathophysiological states, potentially significant abnormal physical signs and laboratory findings, disabilities, and/or unusual conditions), and include relevant clinical information from outside hospital medical clearance/discharge summaries • Provide additional focused staff training and education specific to assuring Problems are accurate and updated to assure the appropriate care plan is individualized and in place • Hold Clinicians accountable for the identification, reconciliation, and documentation of Problems • Perform ongoing auditing and monitoring of the documentation of Problems. Consider including in existing Provider chart review process. Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems **Technology:** • To eliminate clinically relevant information gaps and help mitigate human error from manual entry, work closely with Wellpath Corporate IT to submit relevant change requests timely to configure existing CorEMR modules and controls • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), AFBH behavioral health (Gateway), and Maxor pharmacy (Guardian) • Automate/trigger tasks within CorEMR from Sick Call forms
2. Specialty & Ongoing Care	

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2.1. ITR Referrals	Observation: ITR Specialty Care referral(s) were not consistently selected, such as "Medical" (Routine), "MAT" (Routine), "Mental Health" (Emergent), "Chronic Care" (Routine), "Discharge Planner" (Routine), during the intake screening process for most of the applicable patient files reviewed. Inconsistency in the identification of appropriate and timely Specialty Referral needs at intake increases the risk of inadequate care, inappropriate care, delayed care, and/or uncoordinated care, which could disrupt care coordination while incarcerated and the patient's re-entry into the community, and negatively impact patient outcome(s) and result in patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation to enhance the ITR process, in collaboration with AFBH behavioral health, by requiring the selection and documentation of the appropriate Specialty Care Referral(s) and triage (priority) level • Provide additional focused staff training and education to assure appropriate services are provided and define individual care plans • Hold Clinicians accountable for the appropriate identification and prioritization of the required Specialty Care Referral(s) • Perform ongoing auditing and monitoring of appropriate selection and prioritization of Specialty Referrals, for both Wellpath medical and AFBH behavioral health. Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems **Technology:** • Work closely with Wellpath Corporate IT to enhance existing CorEMR Receiving Screening form and controls, to automate/trigger meaningful tasks within CorEMR from Receiving Screening forms • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), and AFBH behavioral health (Gateway)
2.2. Specialty Referrals	Observation: There continues to be improvement from the prior month as evidenced within the Medical Record Review and Results table above which shows a compliance rate at 100.0% for this observation during the August 2023 Reporting Period. Specialty Referrals were consistently delivered. Recommendation: **Process:** • Continue Improvement Plan implementation by requiring that Specialty referrals are appropriately identified and prioritized throughout the patient booking, to align with the CalAIM Justice-Involved Initiative • Develop and/or update clinical decision tree, including referral triage/prioritization • Continue to provide additional focused staff training and education to assure the appropriate services are provided and define individual care plans • Continue to hold Clinicians accountable for the appropriate identification and prioritization of the required Specialty Care Referral(s) • Continue to perform ongoing auditing and monitoring of appropriate selection(s) and documentation of Specialty Referrals. Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to enhance existing CorEMR automation logic for Specialty Referrals within the patient record (i.e., Medical Sick Call, Dental Sick Call, etc.) • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), Wellpath Electronic Records Management Application for referral management (ERMA), ACSO corrections (ATIMS), and AFBH behavioral health (Gateway)

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2.3. Order Execution	Observation: Order Execution of "COWS Score Sheet Opiate/Opioid Withdrawal," "Synthetic Drug," "CIWA-Ar Score Sheet Alcohol and/or Benzodiazepine Withdrawal" monitoring was inconsistently executed as ordered for some of the applicable patient files reviewed. While patient refusals were documented for some of the monitoring activities, best practice is for the clinician to observe the patient's presentation, at the bedside or at the cell door, assess the patient's condition and document accordingly. Documentation of "patient refused" only, is incomplete. Inability to execute an order for medically necessary care, including performing a patient assessment, can lead to inadequate care, inappropriate care, delayed care, and result in patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation to execute Provider treatment order(s) and/or Nursing task request(s) and document related care provided • Develop and socialize standards of practice across impacted multidisciplinary teams that clearly define priority medical isolation, hunger strike monitoring, and medically necessary orthotic footwear/devices • Provide focused staff coaching, as applicable • Hold appropriate staff accountable for the timely implementation and documentation of orders and/or tasks completed • Perform ongoing auditing and monitoring of order execution to assure adequate care delivery. Consider including in existing Provider chart review process. Report results of auditing and monitoring to ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, Maxor pharmacy, and Specialists to uniformly manage and share information across teams and systems • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR Clinical Decision Support (CDS) hard-stop alerts/tasks • Implement enhanced data integration solution(s) beyond current interfaces to integrate/populate applicable documentation (i.e., orders, evaluation forms, tasks, etc.) • Automate/trigger tasks within CorEMR from Sick Calls
2.4. Delayed Specialty Care	Observation: The delivery of Specialty Care, such as medication management for behavioral and mental health disorders, and "Eye Clinic," were not consistently timely and/or delivered, showing multiple rescheduled appointments, for some of the applicable patient files reviewed. Justification details for rescheduled appointments were not consistently documented. Additionally, evidence of "Mental Health" referral outcomes visible within CorEMR was not consistent. Inability to provide timely and appropriate Specialty Care in accordance with policy increases the risk for inadequate care, inappropriate care, delayed care, and uncoordinated care, and results in patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation to require the delivery of timely Specialty Care as required by policy, in collaboration with Specialists • Consider replicating Dental triage process to prioritize treatment visits for other Specialty Care areas as applicable • Collectively develop list of justification reasons to reschedule an appointment, socialize, and implement across all disciplines • Hold Specialists accountable for inadequate care and/or delayed care • Perform ongoing auditing and monitoring of timely Specialty Care delivery and related documentation to assure appropriate services are provided. Consider including in existing Provider chart review process. Report results of auditing and monitoring to ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Specialists to uniformly manage and share information across teams and systems • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs

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	Technology: • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), and AFBH behavioral health (Gateway) • Automate/trigger tasks within CorEMR from Sick Calls
2.5. Sick Call Timeliness (within 24-hours)	Observation: While there continues to be improvement from the prior month, Nursing Assessments related to patient Sick Call Requests were not consistently timely for most of the applicable patient files reviewed – patients were classified as noncompliant if half or more (>= 50%) of the nursing assessments reviewed were performed beyond the required 24-hour turnaround time, per applicable policies. Additionally, some of the patient Sick Call Requests continue to be miscategorized and not consistently named. Inability to respond timely and document the date the assessment and related care was provided, and/or inconsistent naming convention increases the risk of inadequate care, inappropriate care, delayed care, and uncoordinated care, which could negatively impact patient outcome(s) and result in patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation to enhance the patient Sick Call process in collaboration with the contracted vendor (GTL) • Continue to streamline Sick Call Requests to one form type and name to help mitigate the risk for delayed care or missed request • Provide additional focused staff training and education, as applicable • Hold Nursing staff accountable for the completion of Nursing Assessment responses within the required 24-hour timeframe • Perform ongoing auditing and monitoring of new documentation process for Nursing Assessments and resolutions. Report results of auditing and monitoring to ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks • Implement enhanced data integration solution(s), including robotic process automation (RPA), beyond current interfaces, to integrate/populate patient Sick Call Request details submitted manually and scanned • Automate/trigger tasks within CorEMR from Sick Calls
2.6. Delays and Appropriateness of Ongoing Medical Care	Observation: While there continues to be improvement from the prior month, the delivery of ongoing medical care, such as “Chest X-ray,” “Chronic Care,” “MAT Program,” were inconsistent or delayed for some of the applicable patient files reviewed. Mazars observed delayed follow-up assessment for adverse medication reaction with tachycardia, and patient declining status with tachycardia. Additionally, Mazars observed inconsistent patient skin assessment follow-up for multiple rashes. 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. Recommendation: **Process:** • 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 • Perform ongoing internal auditing and monitoring of care delivery appropriateness, timeliness, care coordination, as well as Sick Call follow-up and clinical Tasks, as applicable. Consider including in existing Provider chart review process. Report results of auditing and monitoring to ACSO

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	• Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks • Implement enhanced data integration solution(s) beyond current interfaces, to integrate/populate applicable documentation (i.e., orders, evaluation forms, tasks, etc.) • Automate/trigger tasks within CorEMR from Sick Calls
2.7. Initial Health Assessment (IHA)	Observation: Evidence of compliance with the requirement to initiate and/or complete the Initial Health Assessment (IHA) within 14-calendar days of a patient's intake to the facility was missing, untimely, or incomplete for all the applicable patient files reviewed. Additionally, evidence of related scanned patient refusals was not consistent. Without a complete and/or timely initial medical history and physical exams, the Clinical Teams cannot establish an appropriate and individualized care plan to responsibly care for the patient, appropriately identify and assure patient health care needs are met and meet applicable policy, procedure, and standards requirements. Recommendation: **Process:** • Reevaluate full population assessment versus individual assessment when clinically indicated (high-risk for significant health problems) requirement and update policy and procedure accordingly • Continue Improvement Plan implementation to consistently perform the required IHA (Initial Health History and Physical Exam form) within the required 14-calendar days after intake timeframe, including the completion and scanning of related patient refusal forms • Hold Clinical Staff accountable for the completion of IHA, applicable related patient refusals forms, to provide appropriate and timely coordinated care to patients from Book-In to Release • Perform ongoing auditing and monitoring to determine compliance with applicable policy, procedure, and standards. Report results of auditing and monitoring to ACSO • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks • Implement enhanced data integration solution(s) beyond current interfaces, to integrate/populate applicable documentation, including patient refusal documentation within the Initial Health History and Physical Exam form itself and eliminate the current manual process
2.8. Annual Health Assessment	Observation: All of the applicable patient files reviewed showed no evidence of Annual Health Assessment performed by the second anniversary from Book-In date with a status of "Not Started," for consecutive years. Additionally, related scanned patient refusal forms were inconsistent. Without a complete and/or timely Annual Health Assessment, the Clinical Teams are disadvantaged and at risk for not being able to appropriately identify and prioritize care plan interventions, ensure patient health care needs are met, or meet medical policy and procedure requirements, and applicable standards. Recommendation: **Process:** • Continue Improvement Plan implementation to consistently perform the required IHA (Initial Health History and Physical Exam form) within the required 14-calendar days after intake timeframe, including the completion and scanning of related patient refusal forms • Hold Clinical Staff accountable for the completion of IHA, applicable related patient refusals forms, to provide appropriate and timely coordinated care to patients from Book-In to Release • Perform ongoing auditing and monitoring to determine compliance with applicable policy, procedure, and standards. Report results of auditing and monitoring to ACSO **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks

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	• Implement enhanced data integration solution(s) beyond current interfaces, to integrate/populate applicable documentation, including patient refusal documentation within the Initial Health History and Physical Exam form itself and eliminate the current manual process
2.9. Inconsistent Emergency Response Documentation	Not applicable to any patients in sample
2.9.1. Emergency Response Medication and MAR Reconciliation	Not applicable to any patients in sample
2.10. Intake/ Admission Screening	Observation: Some of the applicable patient files reviewed showed delayed Intake/Admission Screening documentation beyond the required 8-hours from applicable Book-In time, as well as outdated "Retired Receiving Screening" forms used. Additionally, one of the patient files reviewed showed a significantly delayed Receiving Screening completion beyond 120 days. Use of screening forms excluding mental health details, including documentation referring to the AFBH clinician responsibility to perform the mental health section of the screening, use of a new form "Receiving Screening Alameda OTP without MH," or scanned AFBH "Assessment Initial Brief" document was not consistent. Without timely, up to date, and consistent Receiving Screening Assessment, the Clinical Team cannot establish an appropriate and individualized care plan to responsibly care for the patient, identify and assure patient health care needs are met and meet applicable policy, procedure, and standards requirements. Recommendation: **Process:** • Continue Improvement Plan implementation to consistently perform complete Receiving Screening Assessments timely and accurately, as required at Booking, with the use of checklists and updated screening form • In the event a Receiving Screening is not possible, require justification documentation and the completion of an Abbreviated Receiving Screening form timely • Hold Nursing staff accountable for the timely completion and accuracy of the Receiving Screening Assessment(s), and ongoing Nursing Assessment documentation • Perform ongoing auditing and monitoring to determine compliance with applicable policy, procedure, and standards. Report results of auditing and monitoring to ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, and AFBH behavioral health, to uniformly manage and share information across teams and systems • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks • Implement enhanced data integration solution(s) beyond current interfaces and/or RPA, to integrate/populate applicable mental health details and applicable scanned documents and eliminate the current manual scanning process
3. Patient Monitoring	
3.1. Suicide Watch Alert/ IOL/ Level of Care	Observation: While there continues to be improvement from the prior month, some of the applicable patient files reviewed showed the "Suicide Watch" Alert/IOL/Level of Care were not used consistently for patients requiring constant monitoring, including patients with suicide attempt(s) and suicidal ideation. Additionally, some of the patient files were not consistent with the ATIMS IOL Alerts/Movement History. Inconsistency in the application of the "Suicide Watch" and "Suicide History" Alerts, including "IOL" monitoring with "Sobering/Safety/Restraints" or "Nursing Segregated Population Rounding Log" Flowsheets, as clinically indicated, increases the risk for inadequate care that can result in a safety incident, patient injury and/or harm. Further, the multidisciplinary teams cannot evidence compliance with policies (8.12 Inmate Observation and Direct Visual Supervision; 8.13 Safety Cells, Temporary Holding Cell, and Multipurpose Rooms; HCD-110_G02 Segregated Inmates), and applicable standards. Recommendation: **Process:**

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	• Continue to define, formalize, communicate, and implement enhanced Suicide Watch/IOL/Level of Care processes across the impacted teams and follow-up to assess implementation. Update policies and procedures accordingly • Clearly align defined Level of Care considerations and interventions, as applicable, for patients requiring ongoing monitoring • Hold Clinicians accountable for the timely assessment and documentation of patient monitoring • Perform ongoing auditing and monitoring of appropriate use of Safety Cell (Level of Care) process. Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, and AFBH behavioral health, to uniformly manage and share information across teams and systems **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks (i.e., Automate "Suicide Watch" Alert accordingly) and create additional medically relevant Alerts within the CorEMR drop down menu to support the new processes (i.e., "Level of Care: 1-4," "Modesty Garment," "Therapeutic Housing Unit") • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), and AFBH behavioral health (Gateway)
3.2. Safety Cell/ Nursing Segregated Population (Delayed or no evidence of monitoring)	Observation: The applicable patient files reviewed showed inconsistent use of patient monitoring Flow Sheets in conjunction with the documented alert and/or patient observation status. Delay or inconsistent initiation of patient monitoring Flow Sheets, including "Sobering/Safety/Restraints" or "Nursing Segregated Population Rounding Log" Flow Sheets, when the patient requires constant monitoring for Suicide Attempt, Suicidal Ideation, or Suicide History, increases the risk for a safety incident, including patient injury and/or harm. Further, the multidisciplinary teams cannot evidence compliance with policies (8.12 Inmate Observation and Direct Visual Supervision; 8.13 Safety Cells, Temporary Holding Cell, and Multipurpose Rooms; HCD-110_G02 Segregated Inmates), and applicable standards. Recommendation: **Process:** • Continue Improvement Plan implementation to require timely patient assessment and monitoring as ordered and per policy, with supporting justification documentation if unable to execute • Continue to define, formalize, communicate, and implement enhanced patient observation, direct supervision, safety cell, and segregated population processes across the impacted teams and follow-up to assess implementation. Update policies and procedures accordingly • Clearly align defined Level of Care considerations and interventions, as applicable, for patients requiring ongoing monitoring • Provide additional focused staff training and education as applicable • Hold Clinicians accountable for the timely assessment and documentation of patient monitoring • Perform ongoing auditing and monitoring of appropriate documentation of patient monitoring, including "Sobering/Safety/Restraints" or "Nursing Segregated Population Rounding Log." Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, and AFBH behavioral health, to uniformly manage and share information across teams and systems • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks (i.e., applicable patient monitoring Flow Sheets) • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), and AFBH behavioral health (Gateway)

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3.3. Restraints (frequency of monitoring)	Observation: There continues to be improvement from the prior month as evidenced within the Medical Record Review and Results table above which shows a compliance rate at 100.0% for this observation during the August 2023 Reporting Period. There was consistency in the initiation and ongoing assessment of the patient requiring restraints as evidenced in the "Sobering/Safety/Restraints" logs every hour as required per medical policy (HCD-110_G-01 Restraint and Seclusion). Although, evidence of the "Restraint Observation Log" with coordination details across disciplines is not visible. Adequate and consistent evaluation of patients requiring continued monitoring and supporting documentation, help prevent a safety incident, including patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation to require timely patient assessment and monitoring as ordered and per policy, with supporting justification documentation if unable to execute • Continue to define, formalize, communicate, and implement enhanced patient observation, direct supervision, safety cell, and segregated population processes across the impacted teams and follow-up to assess implementation. Update policies and procedures accordingly • Clearly align defined Level of Care considerations and interventions, as applicable, for patients requiring ongoing monitoring • Provide additional focused staff training and education as applicable • Hold Clinicians accountable for the timely assessment and documentation of patient monitoring • Perform ongoing auditing and monitoring of appropriate documentation of patient monitoring, including "Sobering/Safety/Restraints" or "Nursing Segregated Population Rounding Log." Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, and AFBH behavioral health, to uniformly manage and share information across teams and systems • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks (i.e., applicable patient monitoring Flow Sheets) • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), and AFBH behavioral health (Gateway)
3.4. Initiation and Monitoring (IOL, S/A, and/or Event Report; Safety Cell and/or Restraint monitoring)	Observation: There continues to be improvement from the prior month as evidenced within the Medical Record Review and Results table above which shows a compliance rate at 100.0% for this observation during the August 2023 Reporting Period. There was consistency in the initiation and monitoring of patients requiring constant observation. Consistency in the initiation and monitoring with corresponding reports and Alerts, as well as monitoring justification will help assure patient health care and safety needs are met and comply with policy requirements (8.12 Inmate Observation and Direct Visual Supervision; 8.13 Safety Cells, Temporary Holding Cell, and Multipurpose Rooms) and applicable standards. Recommendation: **Process:** • Continue Improvement Plan implementation to assure all identified patients requiring constant monitoring in CorEMR are managed in coordination and consistent across Alerts, reports, and Flow Sheets accordingly • Continue to define, formalize, communicate, and implement enhanced patient observation, direct supervision, and safety cell processes across the impacted teams and follow-up to assess implementation. Update policies and procedures accordingly • Clearly align defined Level of Care considerations and interventions for patients requiring ongoing monitoring • Continue to provide additional focused staff training and education as applicable • Continue to perform ongoing crosswalk between reports and report inconsistencies to the ACSO

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	• Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, and AFBH behavioral health, to uniformly manage and share information across teams and systems **Technology:** • To eliminate clinically relevant information gaps and help mitigate human error from manual log management, work closely with Wellpath Corporate IT to submit relevant change requests timely to configure existing CorEMR modules and controls, CDS hard-stop alerts/tasks from smart reports • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), and AFBH behavioral health (Gateway)
3.5. Safety Cell/ Nursing Segregated Population Monitoring (CorEMR Flow Sheets)	Observation: All of the applicable patient files reviewed that required "Nursing Segregated Population Rounding Log" did not consistently show timely Flow Sheets. Patients requiring constant monitoring did not consistently evidence documentation every 72 hours (3 days) respectively, as required per policy (HCD-110_G02 Segregated Inmates), and applicable standards. Without adequate and consistent evaluation of patients requiring continued monitoring and supporting documentation, there is an increased risk for a safety incident, including patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation to require timely and adequate patient monitoring as ordered and in accordance with applicable policies, with supporting justification documentation if unable to execute • Continue to define, formalize, communicate, and implement enhanced patient observation, direct supervision, safety cell, and segregated population processes across the impacted teams and follow-up to assess implementation. Update policies and procedures accordingly • Clearly align defined Level of Care considerations and interventions, as applicable, for patients requiring ongoing monitoring • Provide additional focused staff training and education as applicable • Hold Clinicians accountable for timely assessment and documentation of patient monitoring • Perform ongoing auditing and monitoring of timely and appropriate monitoring type. Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, and AFBH behavioral health, to uniformly manage and share information across teams and systems • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks (i.e., "Sobering/Safety/Restraints" and/or "Nursing Segregated Population Rounding Log") and populate applicable manual monitoring documentation into the medical record with RPA • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), and AFBH behavioral health (Gateway)
3.6. Discontinuation (d/c Safety Cell/ Nursing Segregated Population Monitoring)	Observation: All the patient files reviewed that required ongoing monitoring with "Sobering/Safety/Restraints" Flowsheets did not consistently evidence Discontinuation (d/c) within CorEMR. Inability to view the AFBH behavioral health (Gateway) documentation and/or Corrections Custody/IOL Log listing all monitoring order activity, or at a minimum reference to the d/c activity, creates documentation gaps and inconsistencies. Without adequate documentation of patient monitoring details, patients are at an increased risk for a safety incident, including patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation to require consistent documentation of patient monitoring activities discontinuation • Continue to define, formalize, communicate, and implement enhanced patient observation, direct supervision, safety cell, and segregated population processes across

	the impacted teams and follow-up to assess implementation. Update policies and procedures accordingly • Clearly align defined Level of Care considerations and interventions, as applicable, for patients requiring ongoing monitoring • Provide additional focused staff training and education as applicable • Hold Clinicians accountable for sharing of relevant information • Perform ongoing auditing and monitoring of appropriate discontinuation documentation. Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, and AFBH behavioral health, to uniformly manage and share information across teams and systems **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks and/or populate applicable AFBH discontinuation documentation into the medical record with RPA • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), and AFBH behavioral health (Gateway)
4. Documentation / Medical Record Management	
4.1. Translation/ Interpreter	Not applicable to any patients in sample
4.2. Informed Consent	Observation: There continues to be improvement from the prior month as evidenced within the Medical Record Review and Results table above which shows a compliance rate at 100% for this observation during the August 2023 Reporting Period. Consent for treatment for all of the patient files reviewed were consistently signed. However, some of the patient files reviewed showed the inability to provide consent for treatment without supporting documentation related to safety concerns, and Developmental Disability. Without accurate supporting documentation for consent for treatment or refusal of care, the validity of these consent forms may be insufficient, putting the organizations at risk. Evidence of informed consent to medical treatment is ethically and lawfully fundamental. Patients have the right to make informed decisions regarding health care, including the right to refuse care. Refusal documentation must include evidence that the patient has been informed and understands any adverse health consequence that may occur because of refusal. Recommendation: **Process:** • Ensure medical policy (HCD-110_G-05) was updated to include identified opportunities for process improvement, including considerations for Developmental Disability • Develop and implement suggested supporting documentation templates • Provide additional focused staff training and education as applicable • Hold Clinicians accountable for obtaining the appropriate documentation of informed consent, related patient refusal and/or supporting justification documentation if unable to obtain either • Perform ongoing auditing and monitoring of informed consent completion. Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS hard-stop alerts/tasks (i.e., Informed Consent form) • Implement enhanced data integration solution(s) for bidirectional information sharing across applicable systems beyond current interfaces, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), AFBH behavioral health (Gateway), and Maxor pharmacy (Guardian)
4.3. Inconsistent/ Inaccurate/ Incomplete/ Other Documentation	Observation: Mazars identified opportunities for improvement to assure consistent, accurate, and complete documentation of patient “Return from Off-Site Medical Care” for some of the applicable patient files reviewed. Without accurate and complete information in the consistent sections of the medical record to reflect the care provided the Clinical Teams cannot adequately meet the patient’s access to care, 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. Recommendation: **Process:** • Continue Improvement Plan implementation to improve and assure access to care, consistent, accurate, and complete transitional and continuity of care documentation • Provide additional and/or focused staff training and education, including Return from Off-Site Medical Care process requirements, emergent care documentation requirements, as well as appropriate medication administration documentation • Hold staff accountable for access, transitional and continuity of care documentation expectations, including medication administration • Perform ongoing auditing and monitoring, with a focus on access, transitional and continuity of care. Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems **Technology:** • Work closely with Wellpath Corporate IT to submit relevant change requests timely to enhance existing CorEMR automation (i.e., allow for MAR addendums) • Implement enhanced data integration solution(s) for bidirectional information sharing across systems to help populate relevant clinical information to help mitigate human error from manual entry, between Wellpath medical (CorEMR), ACSO corrections (ATIMS), AFBH behavioral health (Gateway), and Maxor pharmacy (Guardian)
4.4. Scanning: Outside Records	Observation: While there continues to be improvement from the prior month, Outside Records for emergent transfer to facilities that use the Epic electronic health record system, were not scanned into CorEMR for some of the applicable patient files reviewed. Adequate and timely receipt and scanning of relevant patient medical records will help assure adequate care, appropriate care, timely care, and coordinated care. With complete patient care, information of the care delivered in the community enables the Clinical Teams to more adequately meet the patient's access to care, transitional and continuity of care needs and positively impact patient outcomes. Recommendation: **Process:** • Continue Improvement Plan implementation to require follow-up with outside facilities for receipt of Outside Records • Continue to identify and address current challenges preventing timely receipt of Outside Records • Continue to perform ongoing auditing and monitoring of Outside Records receipt. Report results of auditing and monitoring to the ACSO and partner facilities • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems **Technology:** • Continue to leverage contracted hospitals with/provide Epic CareLink read-only access, as applicable • Continue to explore adoption of uniform medical record with community healthcare facilities (i.e., Epic extension – Community Connect partnership) • Implement enhanced data integration solution(s), including RPA, to integrate/populate discharge information into applicable section(s) of CorEMR and eliminate the current manual process
4.5. Scanning: Medication Refusal Forms	Observation: Most of the applicable patient files reviewed showed inconsistency and/or missing required patient medical refusal forms. Mazars found that some of the patient files reviewed showed inconsistency in the scanning of patient medication refusals for chronic medication management, specifically missing medication refusals or scanning delays beyond 48-hours, contributing to medication inconsistencies with the MAR. Additionally, Mazars identified other areas of risk, including inconsistent nursing documentation against medical order for scheduled versus PRN medication, as well as inconsistent medication reconciliation for multiple patient emergent transfers to acute care hospitals impacting continuity of care. Without complete and timely scanning of priority medical records, such as patient medication refusals, the Clinical Teams cannot responsibly identify a pattern of

	refusal and follow established refusal policy and protocol: *"In the case of medication refusals, in addition to a signed refusal form, documentation on the MAR will indicate the patient refused the medication….Scheduled Routine Medications: If a patient misses four doses in a seven-day period, or establishes a 'pattern of refusal', the patient is referred to the prescribing Provider. The referral is submitted after the fourth missed dose"* (HCD-110_G-05 Informed Consent and Right to Refuse) to manage the risk factors for medication nonadherence. Inconsistent medication management, including conflicting medication administration vs. patient refusal documentation and evidence, can lead to a medication error, such as a missed medication dose and result in patient injury, harm, and/or grievance. Without evidence of patient refusals to show that the patient was provided education and understands the risks involved with not being evaluated or treated, and without consistent and accurate medication administration and reconciliation documentation there is an increased risk for patient injury and/or harm, as well as organizational risk. Recommendation: **Process:** • Continue Improvement Plan implementation to assure medication refusal protocol described in HCD-110_G-05 Informed Consent and Right to Refuse policy is followed, including real-time communication and documentation • Identify and address current challenges preventing Nursing adherence to the patient refusal form protocol • Hold Nursing staff accountable for the required completion of patient refusal documentation, adherence to medication refusal policy and protocol, alignment with MAR documentation, and medication reconciliation as applicable • Adequately review documentation in conjunction with related video surveillance to investigate medication administration grievances • Perform ongoing auditing and monitoring of patient refusal form completion and timely scanning, with a focus on medication refusals to assure adherence to medical refusal policy and protocol. Report results of auditing and monitoring to the ACSO • Continue multi-disciplinary partnerships to improve care coordination: Wellpath medical, ACSO corrections, AFBH behavioral health, and Maxor pharmacy, to uniformly manage and share information across teams and systems **Technology:** • Continue to leverage contracted hospitals with/provide Epic CareLink read-only access, as applicable • Work closely with Wellpath Corporate IT to submit relevant change requests timely to enhance existing CorEMR automation to populate relevant documentation within the applicable forms and/or MAR • Implement enhanced data integration solution(s), including RPA, to integrate/populate required patient refusal form into applicable section of CorEMR and eliminate the current manual process
4.6. Scanning: Patient Sick Call Request (within 48-hours)	Observation: Patient Sick Call Requests were not consistently scanned timely within the 48-hour timeframe for some of the applicable patient files reviewed – patients were classified as noncompliant if half or more (>= 50%) of the patient requests reviewed were scanned beyond the required 48-hour turnaround time. Additionally, some Sick Call Requests continue to be miscategorized and not consistently named. Without timely scanning of patient Sick Call Requests, there is an increased risk for inadequate care or delayed care and could result in patient injury and/or harm. Recommendation: **Process:** • Continue Improvement Plan implementation to enhance the patient Sick call process, in collaboration with the contracted vendor (GTL), including timely scanning • Socialize measurable timeframe expectations for all document scanning priority levels and hold assigned team members accountable • Provide additional focused staff training and education, as applicable • Hold applicable staff accountable for timely scanning to the appropriate section within CorEMR • Perform ongoing auditing and monitoring to determine adherence to 48-hour timeframe compliance goal **Technology:**

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	• Implement enhanced data integration solution(s), including RPA, to integrate/populate relevant clinical documents into applicable section(s) of CorEMR and eliminate the current manual process
4.7. Scanning: Other Delays and Misses	Observation: While there continues to be improvement from the prior month, Mazars identified an opportunity for improvement to assure relevant documents are consistently scanned timely, within the 48-hour turnaround time, for some of the patient files reviewed (i.e., Clinical Services – Medical assessments, COVID-19 testing, blood pressure check, lice check, urine toxicology, wound care refusals). Without timely scanning of relevant clinical documents, including patient refusals to evidence the patient was provided education and understands the risks involved with not being treated, there is an increased risk for patient injury and/or harm, as well as organizational risk. Recommendation: **Process:** • Continue Improvement Plan implementation to assure timely scanning of clinically relevant documents, with specified focus areas and related milestones • Continue to identify and address current challenges preventing timely scanning • Continue to perform ongoing auditing and monitoring of timely scanning of relevant clinical documents. Report results of auditing and monitoring to the ACSO **Technology:** • Implement enhanced data integration solution(s), including RPA, to integrate/populate relevant clinical documents into applicable section(s) of CorEMR and eliminate the current manual process

ON-SITE CLINICAL VISIT(S): OBSERVATIONS AND RECOMMENDATIONS

5. Continuous Quality Improvement and Grievances Process

Observation: During the Clinical Observation onsite visit 8/9/2023 – 8/10/2023, Mazars followed up with Wellpath's Quality team to review Continuous Quality Improvement (CQI) Program activities and related improvement plan implementation progress, with a focus on revisiting the grievance processes that were continuing to be reworked to help meet time frame requirements.

5.1. Evidence:

5.1.1. Grievance mechanisms are an integral component to the CQI program. Well-founded grievances can provide valuable feedback regarding opportunities for improving health services, and help administrators identify problems with specific health staff members or procedures

5.1.1.1. Wellpath reviewed Medical care (19), staff conduct (2), delay in healthcare (1), medications (2) grievances in the August MAC meeting

5.1.1.2. Grievance CQI study scheduled to be evaluated in December 2023

5.1.2. In accordance with the requirement that the patients have the ability to express their right to disagree with or question the health care system or complaints about the health services being provided, patients are able to submit a grievance electronically or complete a handwritten form

5.1.2.1. Medical and custody teams continuing to align processes and establish a formal collaborative procedure to ensure meeting required response time frames without delaying access to care

5.1.3. Mazars reviewed the medical grievances policy, procedure, related access, appeals, time frames, and proposed updates

5.1.3.1. Mazars identified opportunities for process improvement with a focus on ensuring there are no intentional barriers to accessing care and timely responses, including operational efficiencies and appropriate escalation processes

5.1.3.2. To facilitate process improvement efforts, Mazars provided a Grievance Policy and Procedure sample

5.2. Recommendations:

5.2.1.1. Consistent with the Plan-Do-Study-Act (PDSA) model, Mazars will perform medical record review after Wellpath's initial Grievance CQI audit, subsequent implementation of related Improvement Plan and re-evaluation, to measure long-term performance of the improvement strategy

5.2.1.2. Continue to streamline manual processes to electronic and minimize burden of submission boxes as applicable, ensuring all inmates can access the grievance process

5.2.1.3. Formalize and socialize updated grievance process, including new staff involvement, streamlined triage, time frames, and escalation processes with inmates and all teams, as applicable

5.2.1.4. Comply with J-A-10 Grievance Process for Health Care Complaints by meeting the applicable compliance indicators:

5.2.1.4.1. A formal grievance process is in place

5.2.1.4.2. The grievance policy includes:

5.2.1.4.2.1. A reasonable time frame for response

5.2.1.4.2.2. The process for appeal

5.2.1.4.3. Responses to inmate grievances are:

5.2.1.4.3.1. Timely

5.2.1.4.3.2. Based on principles of adequate medical care

5.2.1.4.3.3. Include documentation of response

APPENDIX

PROJECT DETAILS

Project Scope	Assess and evidence the County and ACSO compliance with complex requirements applicable to Alameda County's Santa Rita Jail (SRJ) adult correctional facility and to evaluate quality of care provided 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. MEDICAL QUALITY ASSURANCE MEDICAL RECORD AUDIT

As described in Exhibit A-1 of the Master Services Agreement (MSA), Mazars conducted monthly audits of patient medical records in order to evaluate the timeliness of care, appropriateness of assessment, treatment, type of Provider and level of care, within the specified populations and areas of focus. Mazars performed the following activities:

x. Evaluated the patient files for the reporting period, as applicable:
   i. Death: Patient death/mortality
   ii. Suicide: Patients who attempted suicide
   iii. Hospital Transport and Admission: Patients emergently transported to a hospital for evaluation, and/or inpatient admission, and/or for an Outpatient Specialist appointment
   iv. Grievances: Patients with medical grievances
   v. Women's Health, OBGYN Services: Female patients under Women's Health, OBGYN care

x. Tested these files against audit attributes for evaluation, including access, appropriateness, continuity, and timeliness of care delivery, and compliance with applicable standards, regulations, and medical and applicable policies

i. Provided detailed observations and recommendations

For the medical quality assurance (QA) reporting period*, Mazars conducted medical record review of 15 incarcerated individual (patient) files for the specified high-risk populations and areas of highest concern. The files reviewed were limited to include the patients discussed during the weekly Multi-Disciplinary Round (MDR) meetings and patients selected from scheduled monthly reports including the suicide attempt report, the medical grievance report, the OBGYN Report, and the transportation/hospitalization report, for the specified reporting period. These files were tested against the attributes to determine compliance, as applicable. A compliance score less than 95% warrants a Corrective Action Plan (CAP). Areas at risk for non-compliance, typically requiring collaborative management and information sharing across different teams and systems, and adequacy of clinical staffing were also identified.

Mazars utilized a targeted approach to sample selection. In addition to patients reviewed in the Multi-Disciplinary Rounds meetings, some patients included in the sample appear on multiple reports. Therefore, while the sample size of 15 is not statistically significant when compared to the overall population size, the sampling methodology is designed to select specified patient populations and areas of highest concern as identified within the MSA.

Observations that overlap across multiple focus areas were considered non-compliant for the attribute that most impacted patient care delivery; the observation was noted as a "Risk for non-compliance" for all other areas.

**The "reporting period" refers to the month that patient files were selected from the specified populations and areas of focus noted above. In order to adequately evaluate timeliness of care, appropriateness of assessment, treatment, type of Provider and level of care, Mazars reviewed each patient's medical record booking from Book-In to Release. For patients that were determined to be in custody for multiple years, intake details, care provided during the current year, and release details were reviewed.*

B. MINOR AND MAJOR ERROR(S)

To memorialize any minor or major error in medical care, Mazars performed the following activities, as applicable:

- Outlined the circumstances of the error
- Proposed recommendations for corrective action
- Followed-up on corrective action implementation, as applicable

C. PATIENT DEATH(S), SUICIDE, AND ATTEMPTED SUICIDE

To review medical records for patient death(s), Mazars performed the following activities:

- Reviewed medical care provided to patient prior to death
- Reviewed documentation, as applicable, following death, including 30-Day and 120-Day death reviews (Death review meetings)

To review medical records for patient(s) who were reported as having attempted suicides, Mazars performed the following activities:

- Reviewed occurrence of suicide attempt

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- Reviewed medical care provided following suicide attempt, including suicide prevention strategies and multidisciplinary care plan (Suicide Prevention meetings)

D. HOSPITAL TRANSPORT AND ADMISSIONS

To review medical records upon patient emergent transport to a hospital for evaluation, and/or inpatient admission, and/or Outpatient Specialist appointment, Mazars performed the following activities:

- Reviewed occurrence of a patient emergently transported to a hospital for evaluation
- Reviewed occurrence when a patient is admitted to a hospital, including the circumstances leading to the inpatient admission
- Reviewed occurrence when a patient is transported to an Outpatient Specialist appointment

E. GRIEVANCE REVIEW

To evaluate patient medical grievances, Mazars performed the following activities:

- Reviewed medical grievance claims for the applicable reporting period to identify larger, systemic medical concerns underlying grievance, as applicable
- Included patients with medical grievance claims for the reporting period

F. WOMEN'S HEALTH AND OBGYN SERVICES REVIEW

To evaluate the medical care of female patients, including Women's Health Clinic and OBGYN services, Mazars performed the following activities:

- Reviewed medical records of female patients under medical care for the reporting period
- Reviewed medical records of female patients under care of OBGYN clinic in the report period
- Evaluated compliance with all relevant regulations, standards, and agreements adopted by the ACSO

G. ON-SITE CLINICAL OBSERVATION VISIT(S)

- Mazars performed clinical observation for the reporting period and provided related recommendations

H. OTHER

To perform additional review as requested or as applicable, Mazars performed the following activities:

- As needed, provided third-party medical consultation to Wellpath and ACSO on medical issues including the review of medical records, diagnoses, and treatment plans, as well as discussion with those Clinicians providing direct care
- As needed by ACSO, provided guidance and recommendations as necessary related to medical facility licensure, accreditation, treatment protocols, and general medical quality assurance and continuous quality improvement issues