

## CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

### PROJECT DETAILS

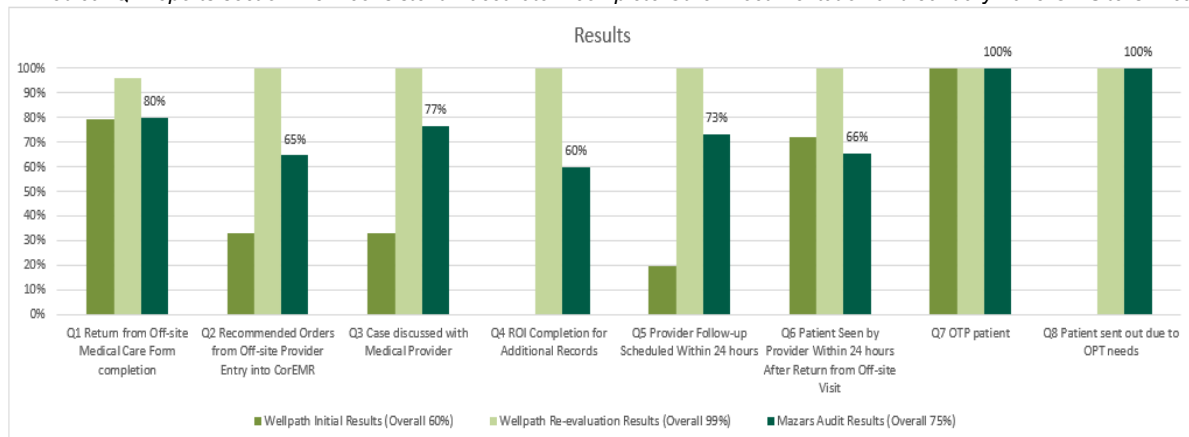
<b>Name</b>	Alameda County Sheriff Office – Medical Operations Consulting: Continuous Quality Improvement Program Review		
<b>Sponsor</b>	Lieutenant Joseph Atienza, Contracts Lieutenant	<b>Project Manager</b>	Tami Bond
<b>Project Summary</b>	To provide expanded Medical Quality Assurance (QA) services for the Alameda County Sheriff Office (ACSO) through the performance of Continuous Quality Improvement (CQI) program review and support to evaluate ongoing CQI monitoring activities, performance improvement strategies, and change implementation effectiveness. Additionally, to provide focused CQI observations and recommendations to help assure appropriate access, timeliness, and continuity of care delivery.		
<b>Methodology</b>	To provide CQI program and study review for the reporting period, Mazars performed medical record review of 30 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined study outlined in the 2023 CQI calendar. Consistent with the Plan-Do-Study-Act (PDSA) model, Mazars performed medical record review after Wellpath's initial audit, subsequent implementation of related Improvement Plan and re-evaluation, to measure long-term performance of the improvement strategy. A compliance score less than 90-95% threshold warrants a corrective action plan (CAP). (See Appendix for additional Methodology and CQI program standard details)		
<b>Report Date</b>	9/22/2023, 10/06/2023	<b>Reporting Period</b>	7/1 – 7/31/2023
<b>CQI Study</b>	Site Specific Study: Off-Site Medical Visit Returns		

### SUMMARY

For the reporting period of 7/1 – 7/31/2023, Mazars CQI program and study review of the Off-Site Medical Visit Returns\* process to determine recent change implementation effectiveness, identified additional opportunities for improvement (Observations) for the Clinical Team (Wellpath) to help assure appropriate access, timeliness, and continuity of care delivery. Eight criteria (Questions) were measured for the Off-Site Medical Visit Returns process.

As shown in the Results graph below, Wellpath scored a compliance rate of 60% for its initial audit. Wellpath's subsequent Improvement Plan included the Action Step to educate nursing staff on the protocol for patient's returning from off-site medical visit(s). Wellpath scored a compliance rate of 99% for its re-evaluation audit. Mazars medical record review determined a compliance rate of 75%. Consistent with the Act stage of the PDSA cycle, with a score less than the 95% threshold, Mazars recommends a CAP to include enhanced action steps that incorporates the observations and recommendations provided. Additionally, Mazars recommends a re-evaluation within six months or more to demonstrate long-term change implementation effectiveness.

\*Reviewed in Medical QA reports section 4.3 Inconsistent/Inaccurate/Incomplete/Other Documentation and January 2023 On-Site Clinical Visit



# CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

MEDICAL RECORD REVIEW: RESULTS				
Site Specific Study: Off-Site Medical Visit Returns				
	Wellpath Initial Review	Wellpath Re-Evaluation Review	Mazars CQI Review Reporting Period Month	
Date	2/2023	5/2023	7/2023	
PDSA Model	Plan-Do	Study	Act	Details for Non-Compliant Files
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant	
goal 95% (# compliant/# total applicable)				
1. Was the Return from Off-Site Medical Visit form completed?	79%  (19/24)	96%  (23/24)	80%  (24/30)	6 of 30 files non-compliant: <u>Patients 8, 26</u> : Patient emergently transferred out 5150 to Highland Hospital (HACH) and John George Pavilion (JGP). No evidence of Return from Off-Site Medical Care form completed <u>Patients 13, 18</u> : Inconsistent documentation: OPHU Admission completed only with no evidence of Return from Off-Site Medical Care form <u>Patient 24</u> : Patient emergently transferred out to HACH Emergency Room (ER) on 7/13/2023 after returning from ValleyCare Hospital on 7/12/2023. No evidence of Return from Off-Site Medical Care form completed for 7/13/2023 off-site medical visit <u>Patient 30</u> : Patient emergently transferred out to ValleyCare ER. No Return from Off-Site Medical Care form completed
2. Were the recommend ed orders by the Off-Site Provider entered into CorEMR?	33%  (2/6)	100%  (19/19)	65%  (11/17)	6 of 17 files non-compliant: <u>Patient 1</u> : Medication, Gabapentin, ordered by off-site Provider. Wellpath Nurse (RN) created a task for Provider in CorEMR to evaluate Gabapentin order. Task deferred to Ortho Clinic referral with no evidence of task completed <u>Patients 4, 8, 26, 27</u> : Unable to verify off-site recommendations against Provider order entry due to missing outside records from off-site facility <u>Patient 22</u> : Scanned discharge medication recommendations from off-site Provider listed Amlodipine Besylate 10 mg daily. CorEMR Medication Administration Record (MAR) for July showed Amlodipine Besylate 5 mg daily order without rationale
3. Was the case discussed with a Provider?	33%  (2/6)	100%  (19/19)	77%  (23/30)	7 of 30 files non-compliant: <u>Patients 1, 8, 14, 26, 27</u> : No evidence of RN documentation evidencing discussion with Provider as instructed on Return from Off-Site Medical Care form <u>Patients 23, 25</u> : Follow Up Care section, relative to discussion with Provider, within the Return from Off-Site Medical Care form incomplete
4. Was ROI completed for additional records from Off-Site facility?	0%  (0/3)	100%  (7/7)	60%  (6/10)	4 of 10 files non-compliant: <u>Patients 4, 8, 26, 27</u> : No evidence of request of information (ROI) completed to request additional records. No evidence of Outside Records received and scanned in CorEMR
5. Was a Provider follow-up	20%  (1/5)	100%  (24/24)	73%  (22/30)	8 of 30 files non-compliant:

MEDICAL RECORD REVIEW: RESULTS				
Site Specific Study: Off-Site Medical Visit Returns				
	Wellpath Initial Review	Wellpath Re-Evaluation Review	Mazars CQI Review Reporting Period Month	
Date	2/2023	5/2023	7/2023	
PDSA Model	Plan-Do	Study	Act	Details for Non-Compliant Files
Criteria	Percentage Compliant	Percentage Compliant	Percentage Compliant	
	goal 95% (# compliant/# total applicable)			
scheduled within 24-hours?				Patients 8, 14, 23, 24, 25, 26, 27, 30: No evidence of CorEMR tasks created for Provider to follow-up within 24-hours of the patient return
6. Was patient seen by Provider within 24-hours after returning from Off-Site visit?	72% (13/18)	100% (24/24)	65% (19/29)	10 of 29 files non-compliant: Patients 4, 8, 14, 26, 27, 30: Inconsistent evidence of Provider task to assess patient within 24-hours after the patient return from off-site visit completed Patient 1, 5, 9, 17: Task created timely for Provider to assess patient within 24-hours after the patient returns from off-site visit. Task rescheduled by Provider showing delayed task completion (2-4 days)
7. Was this an OTP patient?	100% (1/1)	100% (4/4)	100% (9/9)	Compliant
8. Was patient sent out due to OTP needs?	NA	100% (2/2)	100% (6/6)	Compliant

## CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

<p>1. Was the Return from Off-Site Medical Visit form completed?</p>	<p><u>Observation:</u> Inconsistent transfer documentation, including Emergency Room/Direct Admit Referral Request form prior to sending patient to the ER and Return from Off-Site Medical Care form. Return from Off-site Medical Care forms were not consistently completed for a patient return from the ER for some of the applicable patient files reviewed. By not completing the appropriate form(s), the patient's care plan is not consistently discussed with the Provider, and a Provider task may not be created to assess the patient within 24 hours after the patient return from an off-site visit. Without consistent, accurate, and complete information to reflect the care provided the Clinical Teams cannot adequately meet the patient's transitional and continuity of care needs and increases the risk of inappropriate or delayed care delivery, which could negatively impact patient outcome(s), and result in patient injury and/or harm.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Identify and address current challenges preventing completion of applicable form(s) for each patient returning from off-site medical care visit(s)</li> <li>• Hold responsible Clinicians accountable for completion of Return from Off-Site Medical Care form</li> <li>• Provide additional and/or focused staff training and education on new process and expectations</li> <li>• Continue to perform ongoing auditing and monitoring of Return from Off-site Medical Care form completion. Report results of auditing and monitoring to the ACSO</li> </ul>
<p>2. Were the recommended orders by the Off-Site Provider entered into CorEMR?</p>	<p><u>Observation:</u> For one of the patient files reviewed, a medication recommended by the off-site Provider was not evaluated by the Wellpath Provider or Ortho Clinic as tasked within CorEMR. Additionally, for one of the patient files reviewed, while the recommended medication from the off-site Provider was ordered, a lower dose for said medication was ordered by the Provider without supporting documentation or rationale. For some of the other patient files reviewed, there was no evidence of a request for information (ROI) or outside records from off-site Providers received. Without complete information from off-site Providers, the Clinical Teams cannot adequately determine or implement recommended continuity of care orders from off-site visits. Complete and accurate documentation, including medication reconciliation, helps assure that the patient's immediate health care needs are safely met.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Hold Providers accountable for evaluating recommended medications and entering appropriate orders. Where applicable, provide supporting documentation or clinical rationale when order(s) differs from off-site Provider recommendations</li> <li>• Provide additional and/or focused staff training and education on new process and expectations</li> <li>• Continue to perform ongoing Provider auditing and monitoring. Report results of auditing and monitoring to the ACSO</li> <li>• Continue to explore adoption of uniform medical record with community healthcare facilities (i.e., Epic extension – Community Connect) to eliminate manual request of information for Discharge/After Visit Summaries</li> </ul>
<p>3. Was the case discussed with a Provider?</p>	<p><u>Observation:</u> The Return from Off-Site Medical Care form includes instructions for the RN to discuss patient care details with the receiving Provider upon the patient's return from the off-site visit. For some of the patient files reviewed, discussion with the Provider, as instructed on Return from Off-Site Medical Care form, was inconsistent. Additionally, for some of the patient files reviewed, the Follow Up Care section was incomplete, relative to discussion with the Provider. Without consistent completion of the action steps and tasks outlined in the form, the Clinical Teams cannot adequately meet the patient's transitional and continuity of care needs and increases the risk of inappropriate or delayed care delivery, which could negatively impact patient outcome(s), and result in patient injury and/or harm.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>• Identify and address current challenges preventing RN documentation evidencing discussion with the receiving Provider as required for each patient return from an off-site medical care visit</li> <li>• Hold responsible Clinicians accountable for complete execution of process instructions and related documentation</li> <li>• Provide additional and/or focused staff training and education on new process and expectations</li> </ul>

## CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

	<ul style="list-style-type: none"> <li>Continue to perform ongoing auditing and monitoring of RN documentation. Report results of auditing and monitoring to the ACSO</li> <li>Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS alerts and/or reminders</li> </ul>
4. Was ROI completed for additional records from Off-Site facility?	<p><u>Observation:</u> For some of the applicable patient files reviewed that did not evidence scanned outside records, the related request of information (ROI) forms were not consistently completed. Adequate and timely receipt and scanning of relevant patient medical records will help assure adequate care, appropriate care, timely care, and coordinated care. Complete patient care information of the care delivered at the off-site facility enables the Clinical Teams to meet the patient's transitional and continuity of care needs and positively impact patient outcomes.</p> <p><u>Recommendation:</u></p> <p><b>Process:</b></p> <ul style="list-style-type: none"> <li>Continue Improvement Plan implementation to assure medical records are received after each off-site medical visit</li> <li>Continue to identify and address current challenges preventing completion of ROI form and timely receipt of medical records after each off-site medical visit</li> <li>Provide additional and/or focused staff training and education on new process and expectations</li> <li>Continue to perform ongoing auditing and monitoring of medical records receipt</li> <li>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</li> <li>Continue to explore adoption of unified medical record with community healthcare facilities (i.e., Epic extension – Community Connect to eliminate manual request of information for Discharge/After Visit Summaries)</li> </ul>
5. Was a Provider follow-up scheduled within 24 hours?	<p><u>Observation:</u> The Return from Off-Site Medical Care form includes instructions for the RN to create a Provider task within CorEMR to assess the patient within 24-hours after the patient's return from the off-site facility. Without consistent completion of the form, the Clinical Teams cannot adequately meet the patient's transitional and continuity of care needs and increases the risk of inappropriate or delayed care delivery, which could negatively impact patient outcome(s), and result in patient injury and/or harm.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>Identify and address current challenges preventing completion of form for each patient return from off-site medical visit</li> <li>Hold responsible Clinicians accountable for complete execution of process instructions</li> <li>Provide additional and/or focused staff training and education on new process and expectations</li> <li>Continue to perform ongoing auditing and monitoring of Return from Off-site Medical Care form. Report results of auditing and monitoring to the ACSO</li> <li>Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS alerts and/or reminders</li> </ul>
6. Was patient seen by Provider within 24-hours after returning from Off-Site visit?	<p><u>Observation:</u> Some of the patient files reviewed showed inconsistent documentation of Provider assessment within 24-hours after the patient's return from the off-site visit. Some files showed rescheduled appointments where tasks were delayed or not completed. Documentation of clinical justification for a rescheduled appointment was not consistent. Inability to provide appropriate and timely care in accordance with clinical practice standards increases the risk for inadequate care, inappropriate care, delayed care, and uncoordinated care, which could negatively impact patient outcome(s) and result in patient injury and/or harm.</p> <p><u>Recommendation:</u></p> <ul style="list-style-type: none"> <li>Continue Improvement Plan implementation to require appropriate and timely care delivery, include the review of case studies with the Clinical Team as a part of continuous improvement activities</li> <li>Hold Clinicians accountable for the notification and delivery of medically necessary care</li> <li>Provide additional and/or focused staff training and education on new process and expectations</li> <li>Perform ongoing internal auditing and monitoring of care delivery appropriateness, timeliness, care coordination, as well as Sick Call follow-up and clinical Tasks, as</li> </ul>

## CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS

	applicable. Consider inclusion with existing Provider chart review process. Report results of auditing and monitoring to ACSO <ul style="list-style-type: none"><li>• Work closely with Wellpath Corporate IT to submit relevant change requests timely to configure CorEMR CDS alerts and/or reminders</li></ul>
7. Was this an OTP patient?	Criteria met
8. Was patient sent out due to OTP needs?	Criteria met

## APPENDIX

### PROJECT DETAILS

#### Project Scope

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

### METHODOLOGY

#### A. CONTINUOUS QUALITY IMPROVEMENT STUDY REVIEW

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

For the CQI study reporting period\*, Mazars conducted medical record review of 30 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined study outlined in the 2023 CQI calendar and guidance. Mazars performed medical record review after Wellpath's initial audit, implementation of related Improvement Plan, and subsequent re-evaluation. Mazars performed the review to examine change implementation effectiveness and long-term performance of the improvement strategy, consistent with the widely used Plan-Do-Study-Act (PDSA) model:

- Plan – Plan a change or test aimed at an identified problem:
  - Wellpath CQI study calendar by month, date range for data collection, and criteria questions specific to plan details
- Do – Carry out the change or test:
  - Initial Wellpath CQI study audit and evaluation
- Study – Analyze the results of the CQI study to learn opportunities of improvement:
  - Wellpath Improvement Plan development, implementation, and re-evaluation for initial overall compliance performance of less than 90-95% compliance threshold
- Act – Run through the cycle again to determine adopt or abandon change:
  - Mazars CQI review to identify additional risks for non-compliance and need for corrective action plan (CAP)

The compliance threshold of 90% or 95% is determined by Wellpath's CQI study guidance. A compliance score less than a 90-95% threshold warrants a CAP. The CAP includes enhanced action steps consistent with the observations and recommendations provided, including re-evaluation within six months or more to demonstrate long-term change implementation effectiveness, as applicable.

#### July 2023 CQI Study – Off-Site Medical Visit Returns:

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 25 patient records during the 11/1/2022 – 1/31/2023 date range, against the following criteria:
    1. Was the return from off-site medical visit form completed?
    2. Were the recommended orders by the off-site provider entered into CorEMR?
    3. Was the case discussed with a provider?
    4. Was ROI completed for additional records from off-site facility?
    5. Was a provider follow-up scheduled within 24-hours?
    6. Was patient seen by provider within 24-hours after returning from off-site visit?
    7. Was this an OTP patient?
    8. Was patient sent out due to OTP needs?
  - Established compliance threshold of 95%
  - Developed Improvement Plan on 4/11/2023 based on initial audit score
- **Study** – Re-evaluated 24 patient records during the 2/1/2023 – 4/30/2023 date range, against the same criteria
- **Act** – For this July 2023 reporting period\*, Mazars performed the following activities:
  - Evaluated 30 patient files against the Off-Site Medical Visit Return criteria during the 7/1/2023 – 7/31/2023 reporting period, to allow for evidence of change implementation effectiveness
  - Provided focused CQI observations and recommendations for a CAP, including enhanced action steps and re-evaluation

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

## B. CONTINUOUS QUALITY IMPROVEMENT PROGRAM GUIDANCE

- A continuous quality improvement (CQI) program monitors and improves health care delivered in the facility (NCCHC essential standard J-A-06)
- Compliance Indicators:
  1. The responsible health authority establishes a CQI program that includes a quality improvement committee consisting of health staff from various disciplines. Additional participants may be included, depending on the issues being addressed
    - a. The CQI committee should meet at least quarterly to establish objective criteria for use in monitoring quality of care, develop plans for improvement based on monitoring findings, and assess effectiveness of these plans after implementation
  2. CQI meetings minutes or summaries are made and retained for reference, and copies are available and reviewed by all appropriate personnel. CQI meeting minutes should provide sufficient detail to guide future decisions
  3. Health record reviews are done under the guidance of the responsible physician or designee to ensure appropriate care is ordered and implemented and that care is coordinated by all health staff, including medical, dental, mental health, and nursing
  4. Beyond chart reviews, the responsible physician is involved in the CQI process
  5. When the CQI committee identifies a site-specific health care concern from its monitoring, a process and/or outcome quality improvement study is initiated and documented
    - a. Process quality improvement studies examine the effectiveness of the health care delivery process
    - b. Outcome quality improvement studies examine whether the expected outcomes of patient care were achieved
  6. At least one process and/or outcome quality improvement study is completed per year
  7. The CQI committee documents a written annual review of the effectiveness of the CQI program by reviewing CQI studies and minutes of CQI, administrative, and/or staff meetings, or other pertinent written materials
  8. All aspects of the standard are addressed by written policy and defined procedures
- One essential element of quality improvement is the monitoring of high-risk, high-volume, or problem-prone aspects of health care provided to patients
- Recommend areas to study can be consistent with regularly monitored statistical reports (NCCHC essential standard A-04):
  - Service volume
  - Referral to specialists
  - Deaths
  - Incidence of certain illnesses
  - Infectious disease monitoring
  - Emergency services and hospital admissions provided
  - Access, timeliness of health services, and follow-up
  - Missed appointments
  - Grievance statistics
- Success of compliance with CQI program standards is measured by the relevance of the studies and effectiveness of the improvement strategies and corrective action
- The CQI program should use one or more of these quality performance measures when designing studies:
  - Accessibility
  - Appropriateness of clinical decision making
  - Continuity
  - Timeliness
  - Effectiveness
  - Efficiency
  - Prescriber-patient interaction
  - Safety
- The CQI program should measure one or more of the following major service areas annually:
  - Intake processing
  - Acute care
  - Medication services
  - Chronic care services
  - Intra-system transfer services
  - Scheduled off-site services
  - Unscheduled on-site and off-site services
  - Mental health services
  - Dental services
  - Ancillary services
  - Dietary services
  - Infirmary services