CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

PROJECT DETAILS

Name	Alameda County Sheriff Office – Medical Operations Consulting: Continuous Quality Improvement Program Review				
Sponsor	Lieutenant Joseph Atienza, Contracts Lieutenant		**Project Manager**	Tami Bond	
Project Summary	To provide expanded Medical Quality Assurance (QA) services for the Alameda County Sheriff Office (ACSO) through the performance of Continuous Quality Improvement (CQI) program review and support to evaluate ongoing CQI monitoring activities, performance improvement strategies, and change implementation effectiveness. Additionally, to provide focused CQI observations and recommendations to help assure appropriate access, timeliness, and continuity of care delivery.				
Methodology	To provide CQI program and study review for the audit timeframe, Forvis Mazars performed medical record review of up to 30 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined study outlined in the 2024 CQI calendar. Consistent with the Plan-Do-Study-Act (PDSA) model, Forvis Mazars performed medical record review after Wellpath's initial audit, subsequent implementation of related Improvement Plan and re-evaluation, to measure long-term performance of the improvement strategy. A compliance score of less than 90-95% threshold warrants a corrective action plan (CAP). *(See Appendix for additional Methodology and CQI program standard details)*				
Wellpath Study Date	9/2024	**Forvis Mazars Audit Timeframe Period**	1/1 - 1/31/2025	**Date Report Sent**	2/19/2025 (DRAFT) 3/3/2025 (FINAL)
CQI Studies	Ancillary Services				

SUMMARY

For the audit timeframe of 1/1 - 1/31/2025, Forvis Mazars CQI program and study review of the Ancillary Services* processes to determine recent change implementation effectiveness, identified additional opportunities for improvement (Observations) for the Clinical Team (Wellpath) to help assure appropriate access, timeliness, and continuity of care delivery. A total of seven criteria (Questions) for Ancillary Services were measured.

Wellpath performed the following evaluation studies based on two CQI calendar years (2023 and 2024):

- 2023 – One re-evaluation.
- 2024 – One initial evaluation, two re-evaluations.

Forvis Mazars identified recurring non-compliance with one criterion across all of Wellpath's re-evaluations in this key area:

- Inconsistent documentation regarding the timely review of radiology reports by the healthcare provider (HCP).

Wellpath April 2024 1st Re-evaluation study:
Based on Wellpath's 2023 CQI calendar, the initial Ancillary Services study was performed on September 26, 2023*. No improvement plan was developed for the one deficient criterion. Wellpath conducted a re-evaluation of the Ancillary Services study on April 10, 2024, measuring seven criteria. Wellpath scored an overall compliance rate of 95%. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation due to not meeting the 90% compliance threshold for one criterion – Wellpath scored 89% on addressing lab values timely. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating medical providers on documenting timely review of laboratory results and if applicable, discussions with patients.

**Reported in Forvis Mazars April 2024, CQI report.*

Wellpath August 2024 Initial Study:
Based on Wellpath's 2024 CQI calendar, the initial Ancillary Services study scheduled for September was performed on August 8, 2024, measuring seven criteria. Wellpath scored an overall compliance rate of 97%. Consistent with the Plan-Do-Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation due to not meeting the 90% compliance threshold for one criterion – Wellpath scored 67% on the timely radiology report review of the HCP. The re-evaluation

was intended to measure the impact of the Action Step implementation that should have included educating medical providers on documenting timely review of radiology reports. The 1st re-evaluation was completed in October 2024.

Wellpath October 2024 1st Re-evaluation study:
As part of the continuous improvement process, the Ancillary Services re-evaluation study was performed on October 24, 2024, measuring seven criteria. Wellpath scored an overall compliance rate of 97%. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation due to not meeting the 90% compliance threshold for one criterion – Wellpath scored 83% on the timely radiology report review of the HCP. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating medical providers on documenting timely review of radiology reports.

Wellpath December 2024 2nd Re-evaluation study:
The second Ancillary Services re-evaluation study was performed on December 24, 2024, measuring seven criteria. Wellpath scored an overall compliance rate of 97%. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation due to not meeting the 90% compliance threshold for one criterion – Wellpath scored 75% on the timely radiology report review of the HCP. The re-evaluation was intended to measure the impact of the Action Step implementation that should have included educating medical providers on documenting timely review of radiology reports. A third Ancillary Services re-evaluation study is scheduled to be performed in February 2025.

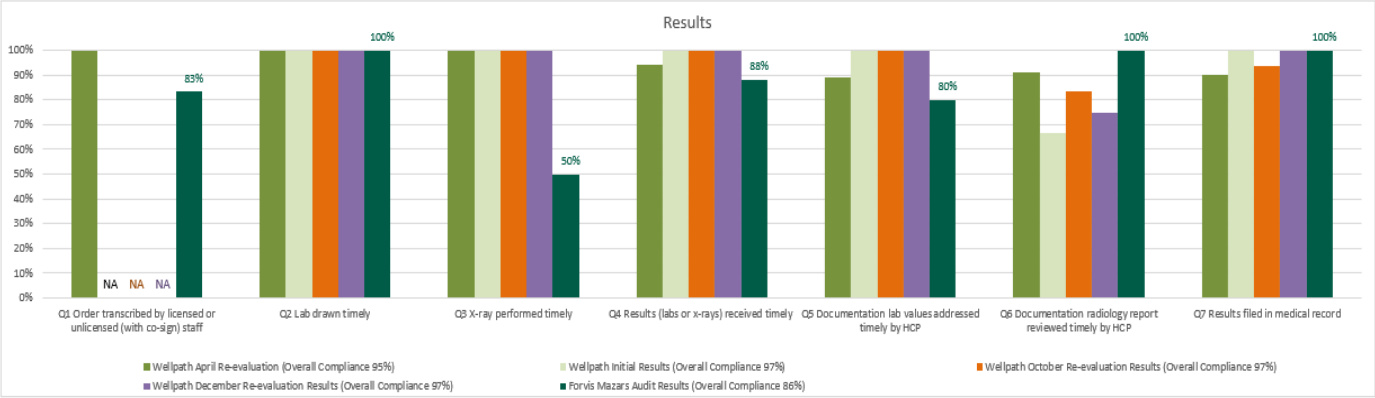
Forvis Mazars performed an annual medical record review that resulted in an overall compliance rate of 86%. Due to yielding a score less than the 90% threshold, consistent with the Act stage of the PDSA cycle, Forvis Mazars recommends a CAP to include enhanced action steps that incorporates the observations and recommendations provided, as well as incorporate Forvis Mazars findings into a subsequent re-evaluation within six months or more to demonstrate long-term change implementation effectiveness.

Areas of Risk:

i. Areas at risk for non-compliance that are identified to require clinical staffing management to ensure prescriber and nursing time is adequate to meet patient care delivery needs include:
   - X-ray performed timely.
   - Lab values addressed timely.

**Reviewed in Medical QA reports Section E: Patient Care and Treatment – Continuity, Coordination, & Quality of Care E-09 (E).*

Ancillary Services



CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

MEDICAL RECORD REVIEW: RESULTS

	Wellpath Re-Evaluation & Initial Review				***Forvis Mazars CQI Review Audit Timeframe Month***	
Date	*4/2024 (2023 1st Re-eval.)*	*8/2024 (Initial Eval.)*	*10/2024 (2024 1st Re-eval.)*	*12/2024 (2024 2nd Re-eval.)*	***2/2025***	
PDSA Model	Plan-Do-Study				**Act**	**Details for Non-Compliant Files**
Criteria	Percentage Compliant				**Percentage Compliant**	
		goal 90-95% (# compliant/# total applicable)				
1. Did a licensed health care staff transcribe the order or co-sign the order if transcribed by unlicensed staff?	100% (17/17)	*NA*	*NA*	*NA*	83% (20/24)	4 of 24 files non-compliant: Patient 15, 20: X-ray order task performed without evidence of an HCP order. Patient 19, 22: Verbal orders transcribed for x-rays received, performed, and completed without evidence of approval by a HCP.
2. Was the lab drawn timely, as specified on the order?	100% (10/10)	100% (10/10)	100% (8/8)	100% (8/8)	100% (10/10)	Compliant.
3. Was the x-ray performed timely, as specified on the order?	100% (11/11)	100% (7/7)	100% (6/6)	100% (8/8)	50% (5/10)	5 of 10 files non-compliant: Patients 14, 18, 19, 21: X-rays were not consistently performed and completed, with multiple unexplained rescheduled appointments. Patient 24: X-ray order tasks marked as "Priority Do Not Reschedule." However, x-ray order tasks not performed, with multiple unexplained rescheduled appointments. Order task incomplete prior to patient release. Risk of non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs.
4. Were the results (for labs OR x-rays) received in a timely manner (1-2 business days for routine labs)?	94% (16/17)	100% (16/16)	100% (14/14)	100% (14/14)	88% (15/17)	2 of 17 files non-compliant: Patients 1, 8: Untimely receipt and scanning of lab results.
5. Does the documentation indicate that lab values have been addressed timely (1	89% (8/9)	100% (10/10)	100% (8/8)	100% (6/6)	80% (8/10)	2 of 10 files non-compliant: Patients 4,10: Inconsistent documentation indicating lab results were addressed timely. Risk of non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs.

MEDICAL RECORD REVIEW: RESULTS							
	Wellpath Re-Evaluation & Initial Review				***Forvis Mazars CQI Review Audit Timeframe Month***	
Date	*4/2024 (2023 1st Re-eval.)*	*8/2024 (Initial Eval.)*	*10/2024 (2024 1st Re-eval.)*	*12/2024 (2024 2nd Re-eval.)*	***2/2025***	
PDSA Model	Plan-Do-Study				**Act**	**Details for Non-Compliant Files**
Criteria	Percentage Compliant				**Percentage Compliant**	
		goal 90-95% (# compliant/# total applicable)				
week for non-critical labs. Critical labs call HCP ASAP)?						
6. Does the documentation indicate a radiology report was reviewed timely by the HCP?	91% (10/11)	67% (4/6)	83% (5/6)	75% (6/8)	100% (5/5)	Compliant.
7. Are the results filed in the record?	90% (9/10)	100% (16/16)	94% (15/16)	100% (16/16)	100% (16/16)	Compliant.

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS	
1. Did a licensed health care staff transcribe the order or co-sign the order if transcribed by unlicensed staff?	Observation: Forvis Mazars' review of two patient files showed x-ray order tasks were completed without evidence of an HCP order. For two of the patient files reviewed, Forvis Mazars observed telephone and verbal orders transcribed by nurses that were not reviewed and approved by an HCP. 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: • Continue to perform ongoing auditing and monitoring and report results of auditing and monitoring to the ACSO. • Reassess clinical staffing plan to ensure prescriber and nursing time sufficient to meet patient care delivery needs. • Reassess current process of ensuring telephone and verbal orders are reviewed and approved by a provider within a certain timeframe. Forvis Mazars recommends the best practice of ensuring telephone and verbal orders are reviewed and signed within 48 hours excluding weekends and holidays.
2. Was the lab drawn timely, as specified on the order?	Criteria met.
3. Was the x-ray performed timely, as specified on the order?	Observation: Forvis Mazars' review of several patient files showed x-ray order tasks not consistently performed and completed, with multiple unexplained rescheduled appointments. For one patient file reviewed, the HCP's x-ray order specified a "Priority" status with instructions of "Do Not Reschedule." However, the x-ray order task was not performed timely, with multiple unexplained rescheduled appointments. The x-ray order task was incomplete prior to the patient release. 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: • 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. • Reassess staffing plan to ensure prescriber and diagnostic services time sufficient to meet patient care delivery needs. • Continue to perform ongoing auditing and monitoring. Report results of auditing and monitoring to the ACSO.
4. Were the results (for labs OR x-rays) received in a timely manner (1-2 business days for routine labs)?	Observation: For two patient files reviewed, lab results were not received and scanned in the medical record in a timely manner. 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: • Provide additional focused staff training and education as applicable. • Hold Clinicians accountable for sharing of relevant information. • Continue to perform ongoing auditing and monitoring of timely notification of diagnostic results to patients. Report results of auditing and monitoring to the ACSO.
5. Does the documentation indicate that lab values have been addressed timely (1 week for non-critical labs. Critical labs call HCP ASAP)?	Observation: For two of the patient files reviewed, there was no consistent evidence that lab results were addressed timely or at all during the patient's booking. Providing patients with timely information on lab results allows Clinicians and patients to modify treatment plans to meet patient health care needs. Recommendation: • Provide additional focused staff training and education as applicable. • Hold Clinicians accountable for sharing of relevant information. • Continue to perform ongoing auditing and monitoring of timely notification of diagnostic results to patients. Report results of auditing and monitoring to the ACSO.
6. Does the documentation indicate a radiology report was reviewed timely by the HCP?	Criteria met.
7. Are the results filed in the record?	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, Forvis Mazars performed CQI program review and support to evaluate ongoing CQI monitoring activities, performance improvement strategies, and change implementation effectiveness. Forvis Mazars provided focused CQI recommendations to help assure appropriate access, timeliness, and continuity of care delivery.

Forvis Mazars conducted medical record review up to 30 incarcerated individual (patient) files against Wellpath's CQI criteria for the defined studies outlined in the 2024 CQI calendar and guidance. Forvis Mazars performed medical record review after Wellpath's scheduled initial audit and implementation of a related Improvement Plan. Wellpath's subsequent re-evaluation is pending completion. Forvis Mazars performed the review to examine change implementation effectiveness and long-term performance of the improvement strategy, consistent with the widely used Plan-Do-Study-Act (PDSA) model:

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

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

<u>April 2024 1st Re-evaluation CQI Study:</u>

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 17 patient files during the 3/1 – 3/30/2024 date range, against the following criteria:
    1. Did a licensed health care staff transcribe the order or co-sign the order if transcribed by unlicensed staff?
    2. Was the lab drawn timely, as specified on the order?
    3. Was the x-ray performed timely, as specified on the order?
    4. Were the results (for labs OR x-rays) received in a timely manner (1-2 business days for routine labs)?
    5. Does the documentation indicate that lab values have been addressed timely (1 week for non-critical labs. Critical labs call HCP ASAP)?
    6. Does the documentation indicate a radiology report was reviewed timely by the HCP?
    7. Are the results filed in the record?
  - Established compliance threshold of 90%.
  - Developed an Improvement Plan for one deficient criterion on 4/16/2024 based on 1st re-evaluation audit score.
- **Study** – Based on the 2024 CQI calendar, Wellpath conducted the initial evaluation of Ancillary Services in August 2024.

<u>August 2024 CQI Initial Study:</u>

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 17 patient files during the 7/8 – 8/8/2024 date range, against the following criteria:
    1. Did a licensed health care staff transcribe the order or co-sign the order if transcribed by unlicensed staff?
    2. Was the lab drawn timely, as specified on the order?
    3. Was the x-ray performed timely, as specified on the order?
    4. Were the results (for labs OR x-rays) received in a timely manner (1-2 business days for routine labs)?

METHODOLOGY

5. Does the documentation indicate that lab values have been addressed timely (1 week for non-critical labs. Critical labs call HCP ASAP)?
6. Does the documentation indicate a radiology report was reviewed timely by the HCP?
7. Are the results filed in the record?

- Established compliance threshold of 90%.
- Developed an Improvement Plan for one deficient criterion on 8/8/2024 based on initial audit score.

- **Study** – Wellpath conducted the re-evaluation of Ancillary Services in October 2024.

<u>October 2024 1st Re-evaluation CQI Study:</u>

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 16 patient files during the 9/1 – 9/30/2024 date range, against the following criteria:
    1. Did a licensed health care staff transcribe the order or co-sign the order if transcribed by unlicensed staff?
    2. Was the lab drawn timely, as specified on the order?
    3. Was the x-ray performed timely, as specified on the order?
    4. Were the results (for labs OR x-rays) received in a timely manner (1-2 business days for routine labs)?
    5. Does the documentation indicate that lab values have been addressed timely (1 week for non-critical labs. Critical labs call HCP ASAP)?
    6. Does the documentation indicate a radiology report was reviewed timely by the HCP?
    7. Are the results filed in the record?
  - Established compliance threshold of 90%.
  - Developed an Improvement Plan for one deficient criterion on 10/24/2024 based on 1st re-evaluation audit score.
- **Study** – Wellpath conducted a 2nd re-evaluation of Ancillary Services in December 2024.

<u>December 2024 2nd Re-evaluation CQI Study:</u>

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 16 patient files during the 11/1 – 11/30/2024 date range, against the following criteria:
    1. Did a licensed health care staff transcribe the order or co-sign the order if transcribed by unlicensed staff?
    2. Was the lab drawn timely, as specified on the order?
    3. Was the x-ray performed timely, as specified on the order?
    4. Were the results (for labs OR x-rays) received in a timely manner (1-2 business days for routine labs)?
    5. Does the documentation indicate that lab values have been addressed timely (1 week for non-critical labs. Critical labs call HCP ASAP)?
    6. Does the documentation indicate a radiology report was reviewed timely by the HCP?
    7. Are the results filed in the record?
  - Established compliance threshold of 90%.
  - Developed an Improvement Plan for one deficient criterion on 12/24/2024 based on initial audit score.
- **Study** – Wellpath anticipated the 3rd re-evaluation to be scheduled for February 2025.
- **Act** – Forvis Mazars performed the following activities:
  - Evaluated 24 patient files against the Ancillary Services criteria during the 1/1 - 1/31/2025 audit timeframe, to allow for evidence of change implementation effectiveness.
  - Provided focused CQI observations and recommendations for a CAP, including enhanced action steps and re-evaluation.

B. CONTINUOUS QUALITY IMPROVEMENT PROGRAM GUIDANCE

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

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

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

- Compliance Indicators:

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

C. APPLICABLE POLICY AND PROCEDURE

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