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	5/2024	**Forvis Mazars Audit Timeframe Period**	1/1–1/31/2025	**Date Report Sent**	2/19/2025 (DRAFT) 3/3/2025 (FINAL)
CQI Studies	Initial Health Assessment				

SUMMARY

For the auditing timeframe of 1/1 – 1/31/2025, Forvis Mazars CQI program and study review of the Initial Health Assessment (IHA)* 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 eight criteria (Questions) for IHA were measured.

According to Wellpath's 2024 CQI calendar, the IHA study is conducted annually in May. However, Forvis Mazars identified ongoing non-compliance due to Wellpath's inconsistent performance of IHA in previous CQI studies and Quality Assurance (QA) reviews. As a result, Forvis Mazars issued a Corrective Action for the first quarter (Q1) of the 2024 QA review and the 2023 Annual CQI review. To address this issue, Forvis Mazars determined that a IHA study was required for Wellpath's 2024 CQI calendar year.

In response to the Q1 2024 QA and the 2023 Annual CQI Corrective Action, Wellpath enhanced its IHA workflow. This update includes a hands-on physical examination, which must be completed within five to 14 calendar days after the applicable book-in period.

Forvis Mazars identified recurring non-compliance with several criteria across all of Wellpath's re-evaluations in these key areas:

- Completing IHA's within 14 calendar days from admission.
- Timely communicable disease testing.
- Updating patient Problem Lists if a serious medical condition was noted.

Wellpath November 2024 2nd Re-evaluation study:
Based on Wellpath's 2024 CQI calendar, the IHA study was initially performed on May 19, 2024*, measuring eight criteria, with a 1st re-evaluation study on July 31, 2024*. Due to not meeting the 90% compliance threshold in the 1st re-evaluation study, an improvement plan was implemented resulting in a 2nd re-evaluation study performed on November 1, 2024, again measuring eight criteria. Wellpath scored an overall compliance rate of 75%. Because this still did not meet the required 90% compliance threshold, Wellpath initiated another Improvement Plan to strengthen staff training on:

- Completing IHA's within 14 calendar days from admission.
- Documenting vital signs.
- Ensure treating clinician reviewed health assessment with positive health findings within seven days.

- Timely communicable disease testing.
- Appropriate referrals made.
- Updating patient Problem Lists if a serious medical condition was noted.

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

Wellpath December 2024 3rd Re-evaluation study:
The 3rd IHA re-evaluation study was performed on December 13, 2024, measuring eight criteria. Wellpath scored an overall compliance rate of 83%. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation for each deficient criterion. Because this still did not meet the required 90% compliance threshold, Wellpath initiated another Improvement Plan to strengthen staff training on:

- Completing IHA's within 14 calendar days from admission.
- Ensure timely mental health assessment.
- Timely communicable disease testing.
- Updating patient Problem Lists if a serious medical condition was noted.

Wellpath February 2025 4th Re-evaluation study:
The 4th IHA re-evaluation study was performed on February 7, 2025, measuring eight criteria. Wellpath scored an overall compliance rate of 68%. Consistent with the Study stage of the PDSA cycle, Wellpath was required to perform a re-evaluation of its Improvement Plan implementation for each deficient criterion. Because this still did not meet the required 90% compliance threshold, Wellpath initiated another Improvement Plan to strengthen staff training on:

- Completing IHA's within 14 calendar days from admission.
- Documenting vital signs.
- Ensure timely mental health assessment.
- Ensure treating clinician reviewed health assessment with positive health findings within seven days.
- Timely communicable disease testing.
- Updating patient Problem Lists if a serious medical condition was noted.

Notwithstanding, Forvis Mazars conducted a medical record review that resulted in a compliance rate of 82%. Since this score remained below the 90% compliance threshold, consistent with the Act stage of the PDSA cycle, Forvis Mazars recommends a CAP. This CAP should include enhanced action steps based on observations and recommendations provided, incorporate findings from Forvis Mazars, and include a subsequent re-evaluation within six months or more to demonstrate long-term change implementation effectiveness.

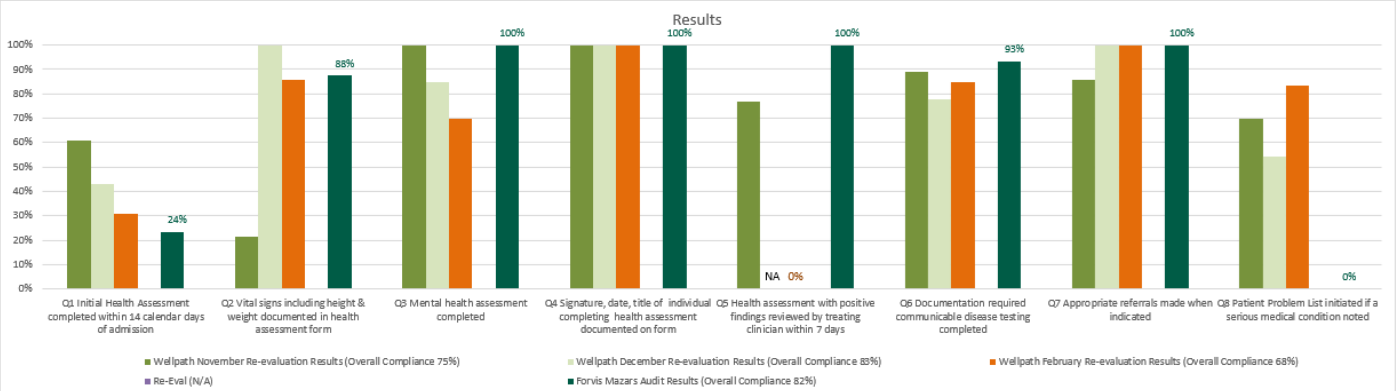
Areas of Risk:

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:
   - The IHA is completed as required by contract and in compliance with national standards (within 14 days of admission from jails).
   - Vital signs are documented on the health assessment form.
   - Documentation that required communicable disease testing has been completed.

ii. Areas at risk for non-compliance that are identified to require collaborative management and information sharing across different teams and systems include:
   - A mental health assessment is complete.
   - A patient Problem List initiated if a serious medical condition was noted.

**Reviewed in Medical QA reports section E Patient Care and Treatment – Initial Health Assessment E-04 (E).*

Initial Health Assessment



CONTINUOUS QUALITY IMPROVEMENT MONTHLY RESULTS REPORT

CQI MEDICAL RECORD REVIEW: RESULTS

	Wellpath Re-evaluation Reviews			***Forvis Mazars CQI Review Audit Timeframe Month***	
Date	*11/2024 (2nd Re-eval.)*	*12/2024 (3rd Re-eval.)*	*2/2025 (4th 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. The initial health assessment is completed as required by contract or in compliance with national standards (within 14 days of admission from jails or 7 days for prisons)?	61% (11/18)	43% (3/7)	31% (4/13)	24% (4/17)	13 of 17 files non-compliant: Patients 1, 4, 8, 12, 15: IHA performed beyond required 14 calendar days of patient's applicable Book-In. Patients 2, 5, 7, 9, 14: No evidence of the required patient medical refusal forms completed and scanned. Patient 6, 13,16: IHA performed beyond required 14 calendar days of patient's applicable Book-In and no evidence of the required patient medical refusal forms completed and scanned. Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs.
2. Vitals signs are documented on the health assessment form?	21% (3/14)	100% (13/13)	86% (6/7)	88% (14/16)	2 of 16 files non-compliant: Patients 1, 2: Incomplete or inconsistent documentation of vital signs. Risk for non-compliance: *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs.
3. A mental health assessment is completed?	100% (14/14)	85% (11/13)	70% (7/10)	100% (17/17)	Compliant. Risk for non-compliance: Patients 1, 9. 17: No evidence of mental health prescreening performed for applicable book-in period. *Requires collaborative management and information sharing across different teams and systems.
4. The signature, date, title of the individual completing the health assessment are documented on the form?	100% (14/14)	100% (14/14)	100% (8/8)	100% (17/17)	Compliant.
5. If the health assessment includes positive findings, including chronic illness, the treating clinician reviewed the health assessment within 7 days?	77% (10/13)	NA	0% (0/6)	100% (7/7)	Compliant.

CQI MEDICAL RECORD REVIEW: RESULTS

	Wellpath Re-evaluation Reviews			***Forvis Mazars CQI Review Audit Timeframe Month***	
Date	*11/2024 (2nd Re-eval.)*	*12/2024 (3rd Re-eval.)*	*2/2025 (4th 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)				
6. There is documentation that required communicable disease testing has been completed?	89% (16/18)	78% (7/9)	85% (11/13)	93% (14/15)	Compliant. Risk for Non-Compliance: Patient 10: Communicable disease testing not completed timely, with multiple unexplained rescheduled appointments. Incomplete patient medical refusal forms. *Requires clinical staffing management to ensure prescriber and nursing time adequate to meet patient care delivery needs.
7. Appropriate referrals are made when indicated?	86% (6/7)	100% (11/11)	100% (5/5)	100% (16/16)	Compliant.
8. Was a patient Problem List initiated if a serious medical condition was noted?	70% (7/10)	55% (6/11)	83% (5/6)	0% (0/3)	3 of 3 files non-compliant: Patients 1, 2, 7: No evidence of relevant behavioral health diagnoses in Problems List. Risk for Non-Compliance: *Requires collaborative management and information sharing across different teams and systems.

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS	
1. The initial health assessment is completed as required by contract or in compliance with national standards (within 14 days of admission from jails or 7 days for prisons)?	Observation: Several of the applicable patient files reviewed showed inconsistent and untimely Initial Health Assessments (IHA), within the required 14-calendar days of a patient's intake to the facility. Site policy requires the Initial Health Assessment be completed as soon as possible, but no later than 14 calendar days after admission (HCD-110_E-04). NCCHC standards require the Full Population Initial Health Assessment to occur as soon as possible, but no later than 14 calendar days after admission. Without a complete and 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. Some of the applicable patient files reviewed showed inconsistency and/or missing required patient refusal forms. Inmates have the right to make informed decisions regarding health care, including the right to refuse. Without evidence of signed patient refusals to show that the patient was provided education and understand the risks involved with not being evaluated or treated, there is an increased risk for patient injury and/or harm, as well as organizational risk. Recommendation: • Identify and address current challenges preventing timely and adequate assessment for each patient. • Hold Clinical Staff accountable for the completion of IHA to provide appropriate and timely coordinated care to patients. • Hold Nursing staff and clinicians accountable for the required completion of patient refusal documentation. • Continue to perform ongoing auditing and monitoring of Initial Health assessment form and documented and witnessed patient medical refusal forms. 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.
2. Vitals signs are documented on the health assessment form?	Observation: Forvis Mazars' review of two patient files showed incomplete or inconsistent documentation of vital signs. No additional evidence of height and weight measurements were documented, as required by NCCHC standards and site policy. Without a complete and timely initial medical history and physical exams, including vital signs, height, and weight, the Clinical Teams cannot establish an appropriate and individualized care plan with baseline measurements, 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: • Identify and address current challenges preventing timely and adequate assessment for each patient. • Hold Clinical Staff accountable for the completion of IHA, including vital signs, height, and weight, to provide appropriate and timely coordinated care to patients. • Continue to perform ongoing auditing and monitoring of Initial Health assessment form. 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.
3. A mental health assessment is completed?	Criteria met. Observation: Forvis Mazars' review of all the patient files demonstrated a mental health referral was requested, however, there was inconsistent evidence of a mental health prescreening performed for each patient for the applicable book-in period. Without a timely mental health assessment, 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: • Continue to perform ongoing auditing and monitoring of Initial Health assessment form. 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.
4. The signature, date, title of the individual completing the health	Criteria met.

CQI MEDICAL RECORD REVIEW: OBSERVATIONS AND RECOMMENDATIONS	
assessment are documented on the form?	
5. If the health assessment includes positive findings, including chronic illness, the treating clinician reviewed the health assessment within 7 days?	Criteria met.
6. There is documentation that required communicable disease testing has been completed?	Criteria met. Observation: One patient file reviewed showed documentation of positive QFT, x-ray order tasks were not consistently performed and completed timely, with multiple unexplained rescheduled appointments, which lead to multiple patient x-ray refusals. Patient medical refusal forms were incomplete, missing the signatures of two staff persons who witnessed the patient's refusal to sign. 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. Without evidence of patient refusals to show that the patient was provided education and understands the risks involved with not being evaluated or treated, there is an increased risk for patient injury and/or harm, as well as organizational risk. Recommendation: • Hold Nursing staff and clinicians accountable for the required completion of patient refusal documentation. • 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.
7. Appropriate referrals are made when indicated?	Criteria met.

8. Was a patient Problem List initiated if a serious medical condition was noted?	Observation: Forvis Mazars' review of three patient files identified behavioral health diagnoses were documented. However, the Problem Lists were not updated accordingly. Effective care coordination and teamwork are crucial to ensuring that all patient Problems and Alerts, both medical and behavioral, are accurately identified and addressed. Without a comprehensive and accurate Problem List and Alert Ribbon, the risk of providing inadequate, inappropriate, or delayed care increases, potentially leading to patient injury or harm.
	Recommendation:
	• Continue Corrective Action Plan (CAP) implementation to ensure compliance with problem lists and alerts, as outlined in Wellpath CAP response:
	  ○ ITR training guidelines.
	  ○ Nursing checklists.
	  ○ Provider checklists.
	  ○ CQI review to measure performance.
	• 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 is sufficient to meet patient care delivery needs.

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

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 18 patient records during the 10/01 – 10/30/2024 date range, against the following criteria:
    1. The initial health assessment is completed as required by contract or in compliance with national standards (within 14 days of admission from jails or 7 days for prisons)?
    2. Vitals signs are documented on the health assessment form?
    3. A mental health assessment is completed?
    4. The signature, date, title of the individual completing the health assessment are documented on the form?
    5. If the health assessment includes positive findings, including chronic illness, the treating clinician reviewed the health assessment within 7 days?
    6. There is documentation that required communicable disease testing has been completed?
    7. Appropriate referrals are made when indicated?
    8. Was a patient Problem List initiated if a serious medical condition was noted?
  - Established compliance threshold of 90%.
  - Developed an Improvement Plan on 11/1/2024 based on the 2nd re-evaluation audit score.
- **Study** – Wellpath conducted a 3rd re-evaluation of Initial health Assessment in December 2024.

<u>December 2024 3rd Re-evaluation CQI Study:</u>

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 15 patient records during the 11/30 – 12/7/2024 date range, against the following criteria:
    1. The initial health assessment is completed as required by contract or in compliance with national standards (within 14 days of admission from jails or 7 days for prisons)?
    2. Vitals signs are documented on the health assessment form?

METHODOLOGY

3. A mental health assessment is completed?
4. The signature, date, title of the individual completing the health assessment are documented on the form?
5. If the health assessment includes positive findings, including chronic illness, the treating clinician reviewed the health assessment within 7 days?
6. There is documentation that required communicable disease testing has been completed?
7. Appropriate referrals are made when indicated?
8. Was a patient Problem List initiated if a serious medical condition was noted?

- Established compliance threshold of 90%.
- Developed an Improvement Plan on 12/16/2024 based on the 3rd re-evaluation audit score.

- **Study** – Wellpath conducted a 4th re-evaluation of Initial Health Assessment in February 2025.

<u>February 2025 4th Re-evaluation CQI Study:</u>

- **Plan-Do** – Wellpath performed the following activities:
  - Audited 13 patient records during the 1/1 – 1/31/2025 date range, against the following criteria:
    1. The initial health assessment is completed as required by contract or in compliance with national standards (within 14 days of admission from jails or 7 days for prisons)?
    2. Vitals signs are documented on the health assessment form?
    3. A mental health assessment is completed?
    4. The signature, date, title of the individual completing the health assessment are documented on the form?
    5. If the health assessment includes positive findings, including chronic illness, the treating clinician reviewed the health assessment within 7 days?
    6. There is documentation that required communicable disease testing has been completed?
    7. Appropriate referrals are made when indicated?
    8. Was a patient Problem List initiated if a serious medical condition was noted?
  - Established compliance threshold of 90%.
  - Developed an Improvement Plan on 2/7/2025 based on the 4th re-evaluation audit score.
- **Study** – Wellpath scheduled to conduct the 5th re-evaluation of Initial Health Assessment in April 2025.
- **Act** – Forvis Mazars performed the following activities:
  - Evaluated 17 patient files against the Initial Health Assessment criteria during the 1/1/2025 – 1/31/2025 audit timeframe, to evaluate continued compliance.
  - 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.

METHODOLOGY

- 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, Full Population Initial Health Assessment is performed on all patients as soon as possible, but no later than 14 calendar days after admission to ensure that health care needs are met as aligned with evidence-based standards (NCCHC essential standard J-E-04).

- Compliance Indicators:
  1. Receiving screening results are reviewed within 14 days.
  2. All patients receive an initial health assessment as soon as possible, but no later than 14 calendar days after admission.
  3. If the health assessment is deferred because of a documented health assessment within the last 12 months, documentation in the health record must confirm that the new receiving screening shows no change in health status.
     a. If the receiving screening shows a change in health status, the initial health assessment is repeated.
  4. The responsible physician determines the components of and initial health assessment.
  5. Initial health assessments include, at a minimum:
     a. A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from abnormal findings obtained during the receiving screening and subsequent encounters.
     b. A qualified health care professional recording of vital signs (including height and weight).
     c. A physical examination (as indicated by the patient's gender, age, and risk).
     d. A screening test for latent tuberculosis (e.g., PPD, chest x-ray, laboratory test), unless, completed prior to the initial health assessment.
  6. All abnormal findings (i.e., history and physical, screening, and laboratory) are reviewed by the provider.
  7. Specific problems are integrated into an initial problem list.
  8. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.
  9. All aspects of the standard are addressed by written policy and defined procedures.

C. APPLICABLE POLICY AND PROCEDURE

NCCHC standards require Full Population Initial Health Assessment is performed on all patients as soon as possible, but no later than 14 calendar days after admission.

Wellpath Policy and Procedure HCD-110_E-04 Initial Health Assessment-Alameda CA requires patients receive an initial health assessment as soon as possible, but no later than 14 calendar days after admission to the facility. The health evaluation will include at the least the following:

- Review of the receiving screening results.
- A qualified health care professional collecting additional data to complete the medical, dental, and mental health histories, including any follow-up from positive findings obtained during receiving screening and subsequent encounters.

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- A qualified health care professional recording of vital signs (including height, weight, pulse, blood pressure, and temperature).
- A physical examination (as indicated by the patient's gender, age, and risk factors) – inspection, palpation, auscultation, and percussion of a patient's body to determine the presence or absence of physical signs of illness.
- Laboratory and/or diagnostic tests for communicable diseases such as tuberculosis and syphilis, if not completed at the time of receiving screening, unless there is documentation from the health department that the prevalence rate does not warrant it.
- Immunizations when appropriate.
- Completion of other clinically indicated tests and examinations.
- Initiation of appropriate treatment when indicated or ordered by the physician.
- When applicable, development and implementation of a treatment plan, including recommendations for housing, job assignments, and program participation.
- Vision screening: Vision screening results at 20/70 or higher will result in referral to the provider for possible Optometry referral, when appropriate.
- Positive findings (e.g., history and physical screening, and laboratory) are reviewed by the provider. Specific problems are integrated into an initial problem list. Diagnostic and therapeutic plans for each problem are developed as clinically indicated.
- HIV testing will be offered to patients, with their consent, who have related symptoms, high-risk behaviors, or request that they be tested.
- A physician, physician assistant, nurse practitioner, or appropriately trained registered nurse completes the hands-on portion of the health assessment. The responsible Physician / Medical Director documents his or her review of the health assessment when positive findings are present.

Wellpath *Initial Health Assessment Workflow*, updated December 10, 2024, addresses:
In an effort to meet the NCCHC standard E-04 for performing an Initial Health Assessment on all patients at Santa Rita Jail within 14 days, we are adding a hands-on physical exam component to our receiving screening. Our current receiving screening process is very thorough and meets all the E-04 requirements, with the exception of a hands-on physical exam. The below protocol describes the changes that must be made to our receiving screening process in order to bring us in compliance with E04 standard:

1. All receiving screenings completed in the Reception Center/Housing Unit 3 must include a hands-on physical exam. RNs completing receiving screenings in the Reception Center/Housing Unit 3 must complete the following hands-on physical exams in addition to the exam components already included in the receiving screening. At a minimum, the hands-on physical exam must include the following:
    a. Exam of the oral cavity.
    b. Auscultation of the heart.
    c. Auscultation of the lungs.
    d. Abdominal exam.
    e. Pertinent exams relevant to patient complaint and/or presentation (e.g., examination of wounds, surgical scars).
    f. Please refer to Wellpath Professional Nursing Protocols for additional instructions on how to perform the above exams.
2. The hands-on physical exam should be documented in the Objective portion of the sick call note that is completed as part of the receiving screening.
    a. Once the screening is done, the nurse is to complete the automatically generated H&P task in CorEMR.
3. Hands-on physical exams are not possible in ITR due to physical space constraints (i.e., physical barrier between RN and patient). The ITR RN performing the receiving screening must modify the automatically generated H&P task in CorEMR to be scheduled for the 5th day of incarceration. At a minimum, the hands-on physical exam must include the following:
    a. Exam of the oral cavity.
    b. Auscultation of the heart.
    c. Auscultation of the lungs.
    d. Abdominal exam.
    e. Pertinent exams relevant to patient complaint and/or presentation (e.g., examination of wounds, surgical scars).
    f. Please refer to Wellpath Professional Nursing Protocols for additional instructions on how to perform the above exams.
4. The hands-on physical exam completed by the H&P RN should be documented as an addendum to the sick call note completed by the ITR RN as part of the receiving screening.
5. RNs in ITR completing the receiving screening should copy and paste above points #3 and #4 into the modified H&P task in order to properly instruct the H&P nurse on what is required of them in completing this task.
    a. H&P Nurses should not complete the H&P form and should just perform the exams as instructed in point #3 and follow point #4 for documentation.
    b. The H&P nurse that performs the physical exam should complete the H&P task.

METHODOLOGY

Wellpath *Policy and Procedure HCD-110-G-05 Informed Consent and Right to Refuse-Alameda CA* require:

- Any health evaluation and treatment refusal be documented and must include the following:
  - Description of the nature of the service being refused.
  - Medication refusals must include the name and dosage of the medication.
  - Evidence that the patient has been made aware of any adverse consequences to their health that may occur as a result of the refusal.
  - The signature of the patient.
  - The signature of a health care staff witness.

During a face-to-face encounter, if the patient refuses to sign the refusal, the form will be signed by two witnesses, at least one (1) being a qualified health care staff. If there is concern regarding the patient's decision-making capability, the patient will be referred to mental health for an evaluation, especially if the refusal is for critical or acute care.