

MEDICAL QUALITY ASSURANCE QUARTERLY CORRECTIVE ACTION REPORT

SUMMARY

Forvis Mazars provides Medical Quality Assurance (QA) services for the Alameda County Sheriff Office (ACSO) by conducting medical QA reviews to evaluate the contracted medical vendor (Wellpath) on key performance metrics, including timeliness of care, appropriateness of assessments and treatment, provider type, and level of care. These reviews assess compliance with applicable requirements and community standards to ensure appropriate access, timeliness, and continuity of care, particularly for high-risk populations.

As described in Exhibit A-1 of the Master Services Agreement (MSA), the focus areas include, but are not limited to:

- **Death:** Review of patient death/mortality cases.
- **Suicide:** Patients with reported suicidal ideation, suicide attempts, or a history of suicide risk.
- **Hospital Transport and Admission:** Emergency hospital transports, inpatient admissions, and outpatient specialty referrals.
- **Grievances:** Patients who have submitted medical grievances.
- **Women's Health, OBGYN Services:** Female patients receiving women's health and obstetric/gynecologic care.

Forvis Mazars conducted monthly medical record reviews using specified compliance indicators, applicable regulatory requirements, and evidence-based best practices, including standards set by the National Commission on Correctional Health Care (NCHC), American Correctional Standards (ACA), California Code of Regulations, and community standards of care. Instances of non-compliance that pose a risk of significant patient harm require a corrective action.

Despite prior identification of non-compliance areas requiring corrective action in the 2024 Q1 reporting period, Wellpath has not demonstrated correction of these issues as planned. As a result, the same areas of non-compliance remain uncorrected and will carry forward into subsequent quarters (Q2-Q4) for continued corrective action.

- **Access to Care:** Are the relevant problems/alerts appropriately identified?
- **Initial Health Assessment (IHA):** Is the IHA completed within 14 calendar days? If not, is the patient refusal form completed correctly and timely?
- **Nonemergency Health Care Requests & Services:** Is there evidence that the patient was seen within 24 hours of the patient sick call request?

Ongoing compliance concerns necessitate continued monitoring and intervention. Details of the QA Corrective Action Plan (CAP) evaluation are outlined in the CAP Evaluation Report. The non-compliance observations table below provides a detailed breakdown of these areas of non-compliance.

DISCUSSION OF NON-COMPLIANT OBSERVATIONS

All areas of non-compliance cited in this Report require corrective action.

Area of Non-Compliance										
Compliance Indicator	I. Section A – Governance and Administration									
1	Access to Care NCCHC Jail Standard A-01 (Essential): Incarcerated individuals have access to care for their serious medical, dental, and mental health needs.									
	Level of Compliance *Percentage compliant goal 90-95%									
	2024 By Quarter	Q2			Q3			Q4		
	Percentage Compliant (Files reviewed)	6.7%* (3/45)			6.7%* (3/45)			15.6%* (7/45)		
	By Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Percentage Compliant (Files reviewed)	13.3% (2/15)	6.7% (1/15)	0.0% (0/15)	0.0% (0/15)	6.7% (1/15)	13.3% (2/15)	6.7% (1/15)	13.3% (2/15)	26.7% (4/15)
	*The “Grand Average” score is the mean of all the numerators and denominators combined across the months. This is more accurate than finding the average of each measure then averaging those averages.									
	Are the relevant problems/alerts appropriately identified? <u>Observation:</u> Access to care means that the patient is seen by a qualified health care professional, is rendered an appropriate clinical judgment, and receives care that is ordered. Complete and accurate problem lists, as well as clinically indicated alerts, help eliminate intentional and unintentional barriers to care access and delivery. <ul style="list-style-type: none">Problem Lists and Alerts were not consistently started, completed, or up to date.									
	II. Section E – Patient Care and Treatment									
4	Initial Health Assessment (IHA) NCCHC Jail Standard E-04 (Essential): Incarcerated individuals receive initial health assessments.									
	Level of Compliance *Percentage compliant goal 90-95%									
	2024 By Quarter	Q2			Q3			Q4		
	Percentage Compliant (Files reviewed)	12.8%* (5/39)			26.5%* (9/34)			31.7%* (13/41)		
	By Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Percentage Compliant (Files reviewed)	0.0% (0/14)	15.4% (2/13)	25% (3/12)	18.2% (2/11)	15.4% (2/13)	50.0% (5/10)	30.8% (4/13)	40.0% (6/15)	23.1% (3/13)
	*The “Grand Average” score is the mean of all the numerators and denominators combined across the months. This is more accurate than finding the average of each measure then averaging those averages.									
	Is the IHA completed within 14 calendar days? If not, is the patient refusal form completed correctly and timely? <u>Observation:</u> All incarcerated individuals should receive Initial Health Assessments (IHA). <ul style="list-style-type: none">Requirement to initiate and/or complete the IHA within 14-calendar days of a patient’s intake to the facility was missing or untimely or incomplete.Evidence of related scanned patient refusals was not consistent.									

DISCUSSION OF NON-COMPLIANT OBSERVATIONS

II. Section E – Patient Care and Treatment											
5	Nonemergency Health Care Requests & Services NCCHC Jail Standard E-07 (Essential): Incarcerated individuals’ nonemergent health care needs are met.										
	Level of Compliance <i>*Percentage compliant goal 90-95%</i>										
	2024 By Quarter		Q2		Q3			Q4			
	Percentage Compliant (Files reviewed)		19.2%* (5/26)		40.0%* (10/25)			34.5%* (10/29)			
	By Month		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Percentage Compliant (Files reviewed)		18.2% (2/11)	28.6% (2/7)	12.5% (1/8)	25.0% (2/8)	60.0% (6/10)	28.6% (2/7)	22.2% (2/9)	41.7% (5/12)	37.5% (3/8)
	<i>*The “Grand Average” score is the mean of all the numerators and denominators combined across the months. This is more accurate than finding the average of each measure then averaging those averages.</i>										
	<i>Is there evidence that the patient was seen within 24 hours of the patient sick call request?</i> <u>Observation:</u> All patient nonemergent health care needs shall be met and prioritized. All incarcerated individuals, regardless of housing, are given the opportunity to submit health care/sick call requests. <ul style="list-style-type: none">• Nursing Assessments related to patient health care/sick call requests were not consistently timely.• Some of the patient Sick Call Requests continue to be miscategorized and not consistently named.										
Focused Audit											
Forvis Mazars conducted a focused audit to evaluate the completion and implementation of the CAP response as part of ongoing monthly QA audits. Despite allowing adequate time for change implementation to take effect in 2025, preliminary audit findings continue to reflect unsatisfactory compliance scores.											
January 2025 QA compliance audit results: <ul style="list-style-type: none">• Access to Care Access to Care: 13% compliance (2 out of 15 files).• Initial Health Assessment: 23.1% compliance (3 out of 13 files).• Nonemergency Health Care Requests and Services: 20% compliance (1 out of 5 files).											
This continued lack of improvement raises concerns about the effectiveness and sustainability of corrective actions, necessitating ongoing monitoring and potential for further action to ensure patient safety and regulatory compliance.											

CORRECTIVE ACTION ISSUANCE AND REQUIREMENTS

On behalf of the ACSO, Forvis Mazars has completed its 2024 Q1 Quality Assurance Corrective Action Plan Evaluation. Despite proposed CAP implementation efforts, Wellpath has not corrected any of the three areas of non-compliance originally identified in the 2024 Q1 Quality Assurance Corrective Action report issued on 7/2/2024. Consequently, these corrective actions remain uncorrected and will be carried forward for continued corrective action and monitoring in the subsequent quarterly reporting periods. Ongoing oversight and potential escalation are necessary to ensure patient safety and regulatory compliance.

Our evaluation revealed that while Wellpath submitted CAP responses and amended plans, the execution and documentation of corrective action implementation activities were inconsistent. Key issues included:

- Missed deadlines for process development, training, and implementation.
- Incomplete or missing proof of practice documentation.
- Focused audits showing continued non-compliance with performance consistently falling below the 90-95% compliance threshold.

To address these persistent gaps, Wellpath must submit outstanding proof of practice documents and evidence of implementation in their next quarterly CAP response. Failure to respond in a timely, accurate, and in compliant manner may result in further action.