

Attachment C

Wellpath Jail Medical Record Review Summary 2023 quarter four and 2024 quarter one

Public Health Department Primary Care & Family Health (PHD PCFH) Performance Improvement RN staff have been reviewing Wellpath medical records for the Jail Medical services on a quarterly basis for the past 7 years. This past year the criteria for the record review have been updated to further ensure timeliness of services and to include appropriate follow up for patients with chronic care needs. An enhanced tool was developed and was initially utilized in the 2023 quarter 4 (Q4) record review. The new tool added measures to more closely monitor timeliness of intake screening, to more clearly address the medication verification process, and to ensure patients with chronic care needs are receiving adequate and timely services related to their diagnosis.

The PHD review staff worked with the Behavioral Wellness team to develop similar tools and reporting processes for medical and mental health reviews. WellPath CQI staff requested the record review be completed by location so that their team could clearly identify where shortfalls occurred and better address them.

For Intake services, Initial Health Assessments and Infectious Disease Screening the PHD staff review 10% of the records for all patients that are booked into the county jail facilities and remain incarcerated for 14 days or longer during the quarter being reviewed. For the Chronic Care services, 30 records of patients with a diagnosis of Hypertension that are in the county jail facilities during the review period are selected and reviewed to ensure timeliness and adequacy of care. The PHD staff receive a list of all records meeting the criteria from WellPath and randomize these to select the records for review.

The PHD staff meet with WellPath staff to go over the results of the quarterly review and provide them with measures that need corrective action (any criteria that falls below 90% compliance). With the new process of reviewing each location (North Branch and South Branch)

separately there have been more criteria falling below 90% compliance, as you will see in the results below. It is important to note that this might be attributed to a smaller number of records being evaluated in each measure at each location. There has been some noncompliance noted related to new WellPath staff not documenting in the correct location, in these cases the patient may have received the required/appropriate services, but the reviewers could not confirm this at the time of the record review. There were also some issues due to the staffing ratios at each facility that WellPath is working to resolve.

PHD staff including the Chief Medical Officer attend the Jails monthly Medical Administration Committee (MAC) and Continuous Quality Improvement (CQI) meeting and provide a report on the record review and corrective action plan quarterly at that meeting. The WellPath staff have done an excellent job of responding to items identified for corrective action.

PHD is currently interviewing candidates for two added positions that will provide adviser and monitoring of quality of care, the Chief Correctional Health Medical Advisor and the Correctional Health Quality Coordinator are expected to be hired within the next six weeks.

Below you will find 2023 Q4 and 2024 Q1 results and Corrective action plans.

**Santa Barbara County Public Health Department WellPath jail
Medical Quarterly Monitoring Tool**



Date Of Review	1/23/2023	Quarter: 4 (10/01/23-12/31/23) Contract Year: 2023 CY

Public Health Department Reviewers		
Name and Title	Melissa Gomez RN Performance Improvement Coordinator	Yvette Calhoun RN Performance Improvement Coordinator
Email	MGomez@sbcphd.org	YCalhoun@sbcphd.org
Phone	805-681-5665	805-346-7338
Date Completed	2/6/2024	2/6/2024

Public Health Department Leadership Reviewing Results		
Name and Title	Josephine Phyllis Preciado, MD Interim Chief Medical Officer	
Email	JPreciado@sbcphd.org	
Phone	805-315-4633	
Date Reviewed	2/6/2024	

WellPath Representatives		
Name and Title	Nanci Martinez Continuous Quality Improvement Coordinator	Bailey Fogata Health Services Administrator
Email	NanMartinez@Wellpath.us	Bailey.Fogata@Wellpath.us
Phone	805-681-4294	805-681-4211
Date Reviewed		

Sheriff Department Staff Receiving Review Results		
Name and Title	Chief Vincent Wasilewski	Lieutenant Anthony Espinoza
Email	vww4973@sbsheriff.org	ane2825@sbsheriff.org
Phone		

PROVIDER PRE REVIEW

Accomplishments Since Last Review

None Provided

Barriers/Hardships Since Last Review

None Provided

Review of Corrective Action Plan (CAP)

No prior CAP to review

NBJ PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
INTAKE							
1. Was the medical intake screening completed within 2 hours of arrival, or if refused, is the refusal documented?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract, Exhibit A Section 1.1A &G, DRC Remedial Plan-Medical Care Monitoring 2.A.2, 2.E.1,2	X				100% of the 15 records reviewed had intake screening completed timely
2. Did the contractor document all reported medications and whether the medication could be verified on the intake screening form ?		County Contract, Exhibit A Section 1.1A &G, DRC Remedial Plan-Medical Care Monitoring 2.A.2, 2.E.1,2	X				The majority of records reviewed did not identify any medications on intake. Those that did noted if the medications were verified or not.
3. Within 12 hrs. of the medical intake did the contractor ensure that medication verification was completed for all essential or psychiatric (excluding benzos and sleep aids) medications identified in the intake process?		County Contract, Exhibit A, Section 1.1G, DRC Remedial Plan Exhibit A - Medical Care Monitoring, Screening on Intake 2.E.a and, Pharmacy Services 2H.1	X				Only a small number of the records reviewed identified medications upon intake 100% of those had the medication verified within the time period
4. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 24 hours ? (Exceptions are benzodiazepines and medications solely prescribed for sleep)		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Pharmacy Services 2.H.1	X				100% of the 15 records reviewed met this measure
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) within 24 hours of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment?		County Contract, Exhibit A, Section 1.1 I1&2, DRC Remedial Plan Exhibit A - Medical Care Monitoring Pharmacy Services 2.H.1				X	There were no medications identified that could not be verified
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider within 5 to 7 days from intake for Chronic Care evaluation, and on-going visits?		County Contract, Exhibit A Section 1.1C1, DRC Remedial Plan Exhibit A- Medical Care Monitoring, Screening on Intake 2.E.2d and Chronic Care 2.G.3b	X				Only 2 of the 15 records reviewed identified Chronic Care needs- these were referred for CC evaluation within 5-7 days

NBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Initial Health assessment and ID screening							
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done within 14 days of a patient's incarceration. Was the Initial Health Assessment completed within 14 days of incarceration or if they refused, is there documentation of refusal?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract, Exhibit A Section 1.3A, DRC Remedial Plan -Exhibit A, Medical Care Monitoring Screening on Intake 2.E.2d		X			6 of the 15 records reviewed for this measure were either missing the IHA or it was completed late. There were no documented refusals for the IHA found on these records.
8. The contractor will ensure that all TB skin tests are placed as needed within 14 days of intake. Was a TB Skin Test placed, if needed, during the Initial Health Assessment or if they refused is there documentation of the refusal?		County Contract, Exhibit A Section 2.1.A4, DRC Remedial Plan - Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c		X			5 records out of 15 were missing documentation that the TB skin test was either placed or refused within 14 days of intake.
9. If the patient refuses TB screening, then alternate methods of screening TB shall be offered. If the patient refused was a Chest X-Ray ordered during the IHA ?		County Contract, Exhibit A Section 2.1.A3, DRC Remedial Plan - Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c	X				Compliant
NBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Chronic Care Services							
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit ?	<p>The contractor shall ensure that all chronic care patients (including major mental illness) are being seen in accordance to NCCHC standard.</p> <p>The contractor will provide the PHD with a list of all inmates with HTN diagnosis that remain incarcerated at the time of the record review. The PHD reviewer will then randomize and select 15 records to review to answer questions 10-13</p>	County Contract Exhibit A, Section 2.3B, DRC Remedial Plan -Exhibit A, Medical Care Monitoring, Chronic Care 2.G.3b NCCHC Standards for Health Services in Jails 2018 • Section: Special Needs and Services: J-F-01 Patients with Chronic Disease and Other Special Needs		X			2 records did not have documentation to indicate that an EKG had been ordered or that a prior EKG had been requested or reviewed. Because only 11 records met the criteria for this measure the compliance was below 90%. It was also challenging to find where the EKG was in many of the records reviewed
11. Was an individualized treatment plan created during the first CC Visit ?		County Contract Exhibit A, Section 2.3 Chronic Care and section 2.4 Treatment Plans DRC Remedial Plan -Exhibit A Medical Care Monitoring, Chronic Care 2.G.2	X				Compliant
12. Was the patient scheduled for follow-up CC visits following the HTN protocol ?		County Contract Exhibit A, Section 2.3b-c, DRC Remedial Plan Exhibit A, Medical Care Monitoring, Chronic Care 2.G.2, 2.G.3b	X				Compliant
13. was the CC visit for HTN adequate, did the provider note recent range of BP and document degree of control (good, fair, poor) ?		County Contract Exhibit A, Section 1.3 Chronic Care, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Chronic Care 2.G.3b, DRC Monitoring Report Dr.H.Venters 2023 Section G.1 Chronic Care	X				Compliant

SBJ PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
INTAKE							
1. Was the medical intake screening completed within 2 hours of arrival, or if refused, is the refusal documented?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract, Exhibit A Section 1.1A &G, DRC Remedial Plan-Medical Care Monitoring 2.A.2, 2.E.1,2	X				all 15 records reviewed are compliant. 1 record had documented patient refusal
2. did the contractor document all reported medications and whether the medication could be verified on the intake screening form ?		County Contract, Exhibit A Section 1.1A &G, DRC Remedial Plan-Medical Care Monitoring 2.A.2, 2.E.1,2	X				The majority of records reviewed did not identify any medications on intake. Those that did noted if the medications were verified or not.
3. Within 12 hrs. of the medical intake did the contractor ensure that medication verification was completed for all essential or psychiatric (excluding benzos and sleep aids) medications identified in the intake process?		County Contract, Exhibit A, Section 1.1G , DRC Remedial Plan Exhibit A - Medical Care Monitoring , Screening on Intake 2.E.a and, Pharmacy Services 2H.1			X		2 Records out of 15 reviewed did not have documentation showing that verification of essential medications took place within 12 hours of intake. Because only a small number of records met the criteria (many had no medications and were not applicable) for this measure the compliance was below 90%.
4. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 24 hours ? (Exceptions are benzodiazepines and medications solely prescribed for sleep)		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Pharmacy Services 2.H.1	X				Compliant
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) within 24 hours of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment?		County Contract, Exhibit A, Section 1.1 I1&2, DRC Remedial Plan Exhibit A - Medical Care Monitoring Pharmacy Services 2.H.1			X		2 Records did not have documentation showing that the OCP was contacted within 24 hrs. of intake Because only a small number of records met the criteria for this measure the compliance was below 90%.
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider within 5 to 7 days from intake for Chronic Care evaluation, and on-going visits?		County Contract , Exhibit A Section 1.1C1, DRC Remedial Plan Exhibit A- Medical Care Monitoring, Screening on Intake 2.E.2d and Chronic Care 2.G.3b	X				Compliant

SBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Initial Health assessment and ID screening							
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done within 14 days of a patient's incarceration. Was the Initial Health Assessment completed within 14 days of incarceration and if they refused, is there documentation of refusal?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract, Exhibit A Section 1.3A, DRC Remedial Plan-Exhibit A, Medical Care Monitoring Screening on Intake 2.E.2d	X				Compliant
8. The contractor will ensure that all TB skin tests are placed as needed within 14 days of intake. Was a TB Skin Test placed, if needed, during the Initial Health Assessment or if they refused is there documentation of the refusal?		County Contract, Exhibit A Section 2.1.A4, DRC Remedial Plan- Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c		X			2 out of 15 Records reviewed did not contain documentation that TB skin testing had been completed or refused.
9. If the patient refuses TB screening , then alternate methods of screening TB shall be offered. If the patient refused was a Chest X-Ray ordered during the IHA ?		County Contract, Exhibit A Section 2.1.A3, DRC Remedial Plan- Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c	X				Compliant
SBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Chronic Care Services							
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit ?	<p>The contractor shall ensure that all chronic care patients (including major mental illness) are being seen in accordance to NCCHC standard.</p> <p>The contractor will provide the PHD with a list of all inmates with HTN diagnosis that remain incarcerated at the time of the record review. The PHD reviewer will then randomize and select 15 records to review to answer questions 10-13</p>	County Contract Exhibit A, Section 2.3B, DRC Remedial Plan-Exhibit A, Medical Care Monitoring , Chronic Care 2.G.3b NCCHC Standards for Health Services in Jails 2018 • Section: Special Needs and Services: J-F-01 Patients with Chronic Disease and Other Special Needs		X			5 Records of the 15 records reviewed did not have documentation to indicate that an EKG had been ordered or that a prior EKG had been requested or reviewed. It was also challenging to find where the EKG was in many of the records reviewed.
11. Was an individualized treatment plan created during the first CC Visit ?		County Contract Exhibit A, Section 2.3 Chronic Care and section 2.4 Treatment Plans DRC Remedial Plan-Exhibit A Medical Care Monitoring, Chronic Care 2.G.2	X				Compliant
12. Was the patient scheduled for follow-up CC visits following the HTN protocol ?		County Contract Exhibit A, Section 2.3b-c, DRC Remedial Plan Exhibit A, Medical Care Monitoring, Chronic Care 2.G.2, 2.G.3b	X				Compliant
13. was the CC visit for HTN adequate, did the provider note recent range of BP and document degree of control (good, fair, poor) ?		County Contract Exhibit A, Section 1.3 Chronic Care, DRC Remedial Plan Exhibit A- Medical Care Monitoring, Chronic Care 2.G.3b, DRC Monitoring Report Dr.H.Venters 2023 Section G.1 Chronic Care	X				Compliant

PROVIDER EVALUATION SUMMARY NBJ/SBJ

Areas of Compliance (Y= No Follow Up Needed)

Your Program was found compliant in **18** areas audited.

WellPath does an excellent job of completing intake screening within 2 hrs. of intake.

WellPath does a good job of documenting medications during the intake screening and verifying prescriptions

WellPath does a great job of identifying patients with chronic care needs and scheduling them for a chronic care visit

WellPaths CC documentation contains assessment of current status/level of control, any medications taken and adjustments or changes needed as well as a follow-up plan based upon patient condition and WellPaths HTN protocol

Areas Identified for IMMEDIATE ACTION (IA= immediate action required)

There was **0** identified areas that need Immediate Action

No areas required immediate action

Areas Identified for NEEDS IMPROVEMENT (NI= CAP)

There was **7** identified areas that Need Improvement

Please see attached corrective action plan (CAP) form for CY 2023 Q4 for measures requiring improvement

Areas Identified Nonapplicable (NA- no action needed)

There was **1** identified areas the were NA

It is required that your agency respond to the areas identified as "Immediate Action" and "Needs Improvement" in a Corrective Action Plan (CAP). Please be advised that the CAP must be completed and submitted within fourteen (14) days from the date of this report to MGomez@sbcphd.org

Thank you for your participation in this quarterly Programmatic Monitoring. Please feel free to contact us with any questions or concerns at MGomez@sbcphd.org

Monitoring Reports and Corrective Action Plans will be presented at the Medical Administration Committee (MAC) per DRC Remedial Plan, Monitoring, 2.N.2 and 2.N.4 Medical Quality Management

**Santa Barbara County Public Health Department (PHD)
WellPath Quarterly Review Corrective Action Plan (CAP)**



Date Of Review	1/23/2024	Quarter: Q4 CY 2023
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PHD Reviewers

Name and Title	Melissa Gomez RN, Performance Improvement Coordinator	Yvette Calhoun RN, Performance Improvement Coordinator
Email	MGomez@sbcphd.org	ycalhoun@sbcphd.org
Phone	805-681-5665	805-346-7338
Date	CAP created 2/6/2024	2/6/2024

PHD Leadership

Name and Title	Dr. Preciado Chief Medical Officer	
Email	JPreciado@sbcphd.org	
Phone	805-681-5608	
Signature	Josephine P Preciado, MD	
Date Signed	2/6/2024	

WellPath Representatives

Name and Title	Nanci Martinez Continuous Quality Improvement Coordinator	Bailey Fogata Health Services Administrator
Email	NanMartinez@Wellpath.us	Bailey.Fogata@Wellpath.us
Phone	805-681-4294	805-681-4211
Date Signed	2/23/2024	2/23/2024

Sheriff Representatives

Name and Title	Chief Vincent Wasilewski	Lieutenant Anthony Espinoza
Email	www4973@sbsheriff.org	ane2825@sbsheriff.org

It is required that your agency respond to the areas identified as "Immediate Action" and "Needs Improvement" in a Corrective Action Plan (CAP). Please be advised that the CAP must be completed and submitted within fourteen (14) days from the date of this report to MGomez@sbcphd.org

Thank you for your participation in this quarterly Programmatic Monitoring. Please feel free to contact us with any questions or concerns at MGomez@sbcphd.org

Monitoring Reports and Corrective Action Plans will be presented at the Medical Administration Committee (MAC) per DRC Remedial Plan, Monitoring, 2.N.2 and 2.N.4 Medical Quality Management (Page 11)

Compliance Review Section	Findings to be Addressed in Corrective Action Plan	Describe How the Deficiency Will be Corrected	Person(s) Responsible for Correcting Deficiency	How Program Will Ensure Future Compliance	Implementation Date	PHD Review of CAP Outcomes	CAP Complete?
3. Within 12 hrs. of the medical intake did the contractor ensure that medication verification was completed for all essential or psychiatric (excluding benzos and sleep aids) medications identified in the intake process? SBJ	WellPath will ensure that staff complete medication verification process or contact the OCP for all essential medications identified. Documentation should be completed in a standardized location/format	Verified and unverified medication reported during intake will be reported to the on-call provider and receive an order to start it or not. Has been discussed during JANUARYS Medical Staff meeting.	DON	Audited through our Wellpath Nursing CQI. Receiving Screening & Medication Verification CQI is scheduled for once a year.	2/23/2024	2024 Q1 Record review completed 04/18/2024 and showed 100% compliance in this measure	yes 04/23/24 MG
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) within 24 hours of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment? SBJ	WellPath will ensure that staff contact the OCP for all essential medications that cannot be verified within 24 hours of intake. Documentation should be completed in a standardized location/format	Verified and unverified medication reported during intake will be reported to the on-call provider and receive an order to start it or not. Has been discussed during JANUARYS Medical Staff meeting. Will be discussed during February Staff Meeting.	DON	Audited through our Wellpath Nursing CQI. Receiving Screening & Medication Verification CQI is scheduled for once a year.	2/23/2024	2024 Q1 Record review completed 04/18/2024 and this measure was NA for all records reviewed as verification was completed	yes 04/23/24 MG
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done within 14 days of a patient's incarceration. Was the Initial Health Assessment completed within 14 days of incarceration and if they refused, is there documentation of refusal? NBJ	WellPath will determine appropriate staffing and scheduling guidelines to ensure that IHA may be completed within the allotted time. WellPath will utilize refusal forms to document patient refusal of IHA within 14 days of intake	NBJ currently has RN staffing limitations. Our short-term plan was completed on February 12 the Health Appraisal Nurse, 2 RN and MA from SBCJ was on site at NBJ to help catch up the facility. Long term goal is to receive increase in staffing with the new contract being completed in March.	H.S.A, DON	Once Contract is completed and Audited through our Wellpath Nursing CQI. TB Screening CQI is scheduled for once a year. TB Screening CQI is chosen as the site Apecific Study at least once a year.	2/23/2024	2024 Q1 record review completed 04/18/24. This measure continues to be an issue for the NBJ, and was also noted during this review to be non-compliant at the SBJ as well. This measure will remain on the CAP for the next quarter	No - this will remain on the CAP for Q1 2024 MG
8. The contractor will ensure that all TB skin tests are placed as needed within 14 days of intake. Was a TB Skin Test placed, if needed, during the Initial Health Assessment or if they refused is there documentation of the refusal? NBJ and SBJ	WellPath will determine appropriate staffing and scheduling guidelines to ensure that staff are available to place TB skin test within 14 days of intake. WellPath to place TB skin test if needed or clearly document refusal within 14 days of intake.	NBJ currently has RN staffing limitations. Our short-term plan was completed on February 12 the Health Appraisal Nurse, 2 RN and MA from SBCJ was on site at NBJ to help catch up the facility. Long term goal is to receive increase in staffing with the new contract being completed in March.	H.S.A, DON	Once Contract is completed and audited through our Wellpath Nursing CQI. Initial Health Assessment CQI is scheduled for once a year.	2/23/2024	2024 Q1 record review completed 04/18/24. This measure continues to be an issue for both the NBJ, and the SBJ. This measure will remain on the CAP for the next quarter.	No - this will remain on the CAP for Q1 2024 MG
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit ? NBJ and SBJ	WellPath will provide documentation on the HTN CC form if an EKG has been order or a prior one reviewed- there is a place for this in the HTN initial CC form WellPath has also indicated that "Moving forward we will be attaching EKG into the sick call that the request came out of"	During January Provider Meeting. Our Medical Director discussed with our providers the need to complete/ Task an EKG within 90 days of incarceration. Our medical Records Clerk will be attaching EKG to the requesting Sick call/ Chronic Care Appointment.	Medical Director, DON	Will be completed by our providers.	2/23/2024	2024 Q1 record review was completed and this was resolved for the NBJ, but remains non-compliant for the SBJ and will remain on the CAP for the next quarter	No - this will remain on the CAP for Q1 2024 MG

**Santa Barbara County Public Health Department WellPath jail
Medical Quarterly Monitoring Tool**



Date Of Review	18-Apr-24	Quarter: 1 Year: 2024 (Jan 1, 2024 - Mar 31, 2024)
Public Health Department Reviewers		
Name and Title	Melissa Gomez RN Performance Improvement Coordinator	Yvette Calhoun RN Performance Improvement Coordinator
Email	MGomez@sbcphd.org	YCalhoun@sbcphd.org
Phone	805-681-5665	805-346-7338
Date of review	April 18, 2024	April 18, 2024
Public Health Department Leadership Reviewing Results		
Name and Title	Josephine Phyllis Preciado, MD Chief Medical Officer	
Email	JPreciado@sbcphd.org	
Phone	805-315-4633	
Date Signed	April 29, 2024	
WellPath Representatives		
Name and Title	Nanci Martinez Continuous Quality Improvement Coordinator	Bailey Fogata Health Services Administrator
Email	NanMartinez@Wellpath.us	Bailey.Fogata@Wellpath.us
Phone	805-681-4294	805-681-4211
Date Received	April 29, 2024	April 29, 2024
Sheriff Department Staff Receiving Review Results		
Name and Title	Sgt. Cassandra Marking	
Email	clm3991@sbsheriff.org	
Date		

PROVIDER PRE REVIEW

Accomplishments Since Last Review for 4/18/24 review

Hired another PRN provider to cover both sites.

Barriers/Hardships Since Last Review

NP moved to prn role-Shifts have been covered by the PRN staff, onsite, and telehealth. No Empty Shifts. (Santa Barbara County Jail)

Review of Corrective Action Plan (CAP)

NBJ PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
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2. Did the contractor document all reported medications and whether the medication could be verified on the intake screening form ?		County Contract, Exhibit A Section 1.1A &G, DRC Remedial Plan-Medical Care Monitoring 2.A.2, 2.E.1,2	X				The majority of records reviewed did not identify any medications on intake. Those that did noted if the medications were verified or not.
3. Within 12 hrs. of the medical intake did the contractor ensure that medication verification was completed for all essential or psychiatric (excluding benzos and sleep aids) medications identified in the intake process?		County Contract, Exhibit A, Section 1.1G, DRC Remedial Plan Exhibit A - Medical Care Monitoring, Screening on Intake 2.E.a and, Pharmacy Services 2.H.1	X				Only a small number of the records reviewed identified medications upon intake 100% of those had the medication verified within the time period
4. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 24 hours ? (Exceptions are benzodiazepines and medications solely prescribed for sleep)		County Contract, Exhibit A, Section 1.1H, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Pharmacy Services 2.H.1	X				100% of the 15 records reviewed met this measure
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) within 24 hours of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment?		County Contract, Exhibit A, Section 1.1 I1&2, DRC Remedial Plan Exhibit A - Medical Care Monitoring Pharmacy Services 2.H.1				X	There were no medications identified that could not be verified
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider within 5 to 7 days from intake for Chronic Care evaluation, and on-going visits?		County Contract, Exhibit A Section 1.1C1, DRC Remedial Plan Exhibit A- Medical Care Monitoring, Screening on Intake 2.E.2d and Chronic Care 2.G.3b	X				Only 2 of the 15 records reviewed identified Chronic Care needs- these were referred for CC evaluation within 5-7 days

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9. If the patient refuses TB screening, then alternate methods of screening TB shall be offered. If the patient refused was a Chest X-Ray ordered during the IHA ?		County Contract , Exhibit A Section 2.1.A3, DRC Remedial Plan - Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c	X				Compliant
Chronic Care Services							
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit ?	<p>The contractor shall ensure that all chronic care patients (including major mental illness) are being seen in accordance to NCCHC standard.</p> <p>The contractor will provide the PHD with a list of all inmates with HTN diagnosis that remain incarcerated at the time of the record review. The PHD reviewer will then randomize and select 15 records to review to answer questions 10-13</p>	County Contract Exhibit A, Section 2.3B, DRC Remedial Plan -Exhibit A, Medical Care Monitoring, Chronic Care 2.G.3b NCCHC Standards for Health Services in Jails 2018 • Section: Special Needs and Services: J-F-01 Patients with Chronic Disease and Other Special Needs		X			2 records did not have documentation to indicate that an EKG had been ordered or that a prior EKG had been requested or reviewed. Because only 11 records met the criteria for this measure the compliance was below 90%. It was also challenging to find where the EKG was in many of the records reviewed
11. Was an individualized treatment plan created during the first CC Visit ?		County Contract Exhibit A, Section 2.3 Chronic Care and section 2.4 Treatment Plans DRC Remedial Plan -Exhibit A Medical Care Monitoring, Chronic Care 2.G.2	X				Compliant
12. Was the patient scheduled for follow-up CC visits following the HTN protocol ?		County Contract Exhibit A, Section 2.3b-c, DRC Remedial Plan Exhibit A, Medical Care Monitoring, Chronic Care 2.G.2, 2.G.3b	X				Compliant
13. was the CC visit for HTN adequate, did the provider note recent range of BP and document degree of control (good, fair, poor) ?		County Contract Exhibit A, Section 1.3 Chronic Care, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Chronic Care 2.G.3b, DRC Monitoring Report Dr.H.Venters 2023 Section G.1 Chronic Care	X				Compliant

SBJ PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES	
INTAKE								
1. Was the medical intake screening completed within 2 hours of arrival, or if refused, is the refusal documented?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract , Exhibit A Section 1.1A &G, DRC Remedial Plan -Medical Care Monitoring 2.A.2, 2.E.1,2	X				90% -20 records were reviewed for this measure and 2 were found to be non-compliant. One of those non-compliant had no intake document in the file, the other two were completed outside of the 2 hour timeframe.	
2. did the contractor document all reported medications and whether the medication could be verified on the intake screening form ?			X				100%	
3. Within 12 hrs. of the medical intake did the contractor ensure that medication verification was completed for all essential or psychiatric (excluding benzos and sleep aids) medications identified in the intake process?			County Contract , Exhibit A, Section 1.1G , DRC Remedial Plan Exhibit A - Medical Care Monitoring , Screening on Intake 2.E.a and, Pharmacy Services 2H.1	X				100%
4. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, within 24 hours ? (Exceptions are benzodiazepines and medications solely prescribed for sleep)			County Contract , Exhibit A, Section 1.1H, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Pharmacy Services 2.H.1	X				100%
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) within 24 hours of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment?			County Contract , Exhibit A, Section 1.1 I1&2, DRC Remedial Plan Exhibit A - Medical Care Monitoring Pharmacy Services 2.H.1				X	NA
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider within 5 to 7 days from intake for Chronic Care evaluation, and on-going visits?			County Contract , Exhibit A Section 1.1C1, DRC Remedial Plan Exhibit A- Medical Care Monitoring, Screening on Intake 2.E.2d and Chronic Care 2.G.3b		X			86% - There were 7 records of the 20 reviewed that fit the criteria for this measure. One did not have a CC visit ordered, the other 6 were compliant. Update to add WellPath CQI staff did find the CC visit task placed, but it was not documented on the standared forms or in the sick call which is where it should have been documented and so remains noncompliant

SBJ PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	NI	IA	NA	COMPLIANCE FINDINGS/NOTES
Initial Health assessment and ID screening							
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done within 14 days of a patient's incarceration. Was the Initial Health Assessment completed within 14 days of incarceration and if they refused, is there documentation of refusal?	Contractor will provide the PHD with a list of all inmates with intakes completed during the review period and with at least 14 days of incarceration. The PHD monitor will then randomize and choose 10% of these records to answer questions 1-9	County Contract , Exhibit A Section 1.3A, DRC Remedial Plan -Exhibit A, Medical Care Monitoring Screening on Intake 2.E.2d		X			70% - 6 of the 20 records reviewed were either missing the IHA or had it completed outside of the 14 day timeframe. Many of those that were non-compliant had been rescheduled multiple times. Often this occurs due to a staffing issue with either the medical staff or the corrections staff
8. The contractor will ensure that all TB skin tests are placed as needed within 14 days of intake. Was a TB Skin Test placed, if needed, during the Initial Health Assessment or if they refused is there documentation of the refusal?		County Contract , Exhibit A Section 2.1.A4, DRC Remedial Plan - Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c		X			67% - 5 of the 15 records that met this measure were noncompliant. For the most part the TB skin test is placed within 14 day, with the IHA and so these are some of the same patients that were non-compliant for that measure, and the testing was either not completed, or was completed late.
9. If the patient refuses TB screening , then alternate methods of screening TB shall be offered. If the patient refused was a Chest X-Ray ordered during the IHA ?		County Contract , Exhibit A Section 2.1.A3, DRC Remedial Plan - Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c		X			33% - only three of the records reviewed met this measure, and two did not have a CXR, and order for a CXR or documented refusal noted in the chart
Chronic Care Services							
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit ?	<p>The contractor shall ensure that all chronic care patients (including major mental illness) are being seen in accordance to NCCCHC standard.</p> <p>The contractor will provide the PHD with a list of all inmates with HTN diagnosis that remain incarcerated at the time of the record review. The PHD reviewer will then randomize and select 15 records to review to answer questions 10-13</p>	County Contract Exhibit A, Section 2.3B, DRC Remedial Plan -Exhibit A, Medical Care Monitoring , Chronic Care 2.G.3b NCCCHC Standards for Health Services in Jails 2018 • Section: Special Needs and Services: J-F-01 Patients with Chronic Disease and Other Special Needs		X			88% - of the 15 records reviewed 8 met the criteria for this measure. 1 record did not have an EKG ordered or noted in the record. Those that were NA for this measure were not in custody long enough to have the initial CC visit.
11. Was an individualized treatment plan created during the first CC Visit ?		County Contract Exhibit A, Section 2.3 Chronic Care and section 2.4 Treatment Plans DRC Remedial Plan -Exhibit A Medical Care Monitoring, Chronic Care 2.G.2	X				100%
12. Was the patient scheduled for follow-up CC visits following the HTN protocol ?		County Contract Exhibit A, Section 2.3b-c, DRC Remedial Plan Exhibit A, Medical Care Monitoring, Chronic Care 2.G.2, 2.G.3b	X				100%
13. was the CC visit for HTN adequate, did the provider note recent range of BP and document degree of control (good, fair, poor) ?		County Contract Exhibit A, Section 1.3 Chronic Care, DRC Remedial Plan Exhibit A-Medical Care Monitoring, Chronic Care 2.G.3b, DRC Monitoring Report Dr.H.Venters 2023 Section G.1 Chronic Care	X				100%

PROVIDER EVALUATION SUMMARY NBJ/SBJ

Areas of Compliance (Y= No Follow Up Needed)

Your Program was found compliant in **15** areas audited.

WellPath does a good job of documenting medications during the intake screening and verifying prescriptions

WellPaths CC documentation contains assessment of current status/level of control, any medications taken and adjustments or changes needed as well as a follow-up plan based upon patient condition and following WellPaths HTN protocol

Areas Identified for IMMEDIATE ACTION (IA= immediate action required)

There was **0** identified areas that need Immediate Action

Areas Identified for NEEDS IMPROVEMENT (NI= CAP)

There was **9** identified areas that Need Improvement

Please see attached corrective action plan (CAP) form for Q1 2024 for measures requiring improvement

Areas Identified Nonapplicable (NA- no action needed)

There was **2** identified areas that were NA

WellPath does a good job of ensuring that medication verification is completed for all essential or psychiatric medications identified in the intake

It is required that your agency respond to the areas identified as "Immediate Action" and "Needs Improvement" in a Corrective Action Plan (CAP). Please be advised that the CAP must be completed and submitted on your agency's letterhead within fourteen (14) days from the date of this report to mgomez@sbcphd.org

Thank you for your participation in this quarterly Programmatic Monitoring. Please feel free to contact us with any questions or concerns at mgomez@sbcphd.org

Monitoring Reports and Corrective Action Plans will be presented at the next scheduled Medical Administration Committee (MAC) per DRC Remedial Plan

**Santa Barbara County Public Health Department (PHD)
WellPath Quarterly Review Corrective Action Plan (CAP)**



Date Of Review	4/18/2024	Quarter: Q1 CY 2024
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PHD Reviewers

Name and Title	Melissa Gomez RN, Performance Improvement Coordinator	Yvette Calhoun RN, Performance Improvement Coordinator
Email	MGomez@sbcphd.org	ycalhoun@sbcphd.org
Phone	805-681-5665	805-346-7338
Date Reviewed	4/18/2024	4/18/2024

PHD Leadership

Name and Title	Dr. Preciado Chief Medical Officer	
Email	JPreciado@sbcphd.org	
Phone	805-681-5608	
Date CAP reviewed	4/29/2024	

WellPath Representatives

Name and Title	Nanci Martinez Continuous Quality Improvement Coordinator	Bailey Fogata Health Services Administrator
Email	NanMartinez@Wellpath.us	Bailey.Fogata@Wellpath.us
Phone	805-681-4294	805-681-4211
Date Signed	CAP initiated 5/10/24	

Sheriff Representatives

Name and Title	Chief Vincent Wasilewski	Sgt. Cassandra Marking
Email	vww4973@sbsheriff.org	clm3991@sbsheriff.org

It is required that your agency respond to the areas identified as "Immediate Action" and "Needs Improvement" in a Corrective Action Plan (CAP). Please be advised that the CAP must be completed and submitted within fourteen (14) days from the date of this report to MGomez@sbcphd.org

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Monitoring Reports and Corrective Action Plans will be presented at the Medical Administration Committee (MAC) per DRC Remedial Plan, Monitoring, 2.N.2 and 2.N.4 Medical Quality Management (Page 11)

Compliance Review Section	Findings to be Addressed in Corrective Action Plan	Describe How the Deficiency Will be Corrected. <i>Please be sure to note any external factors that may impact compliance.</i>	Person(s) Responsible for Correcting Deficiency	How Program Will Ensure Future Compliance	Implementation Date	PHD Review of CAP Outcomes	CAP Complete? <i>To be assessed after the next quarterly review July 23, 2024</i>
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider within 5 to 7 days from intake for Chronic Care evaluation, and ongoing visits? SB1 86%	WellPath will determine appropriate staffing and scheduling guidelines to ensure that patients identified with a Chronic Care diagnosis are referred to and seen by a Medical Provider for chronic care evaluation within the allotted timeframe. WellPath staff will utilize the patient refusal form to document patient refusal of CC services within the 5-7 day time period.	WellPath does not agree with Public Health's finding for this criteria. The one identified by the auditor to be non-compliant had a task for a chronic care visit which was completed by the stable nurse. The task was found in the historical task portion of the EMR.	No correction is needed.	N/A	N/A	This was reviewed with the WellPath CQI staff who agreed that the task was not documented in the usual/correct format. Moving forward it is recommended that staff document in a consistent manner so that the information can be found by outside personnel. PHI reviewers are agreeable to receive training if changes are made to the documentation process and will provide WellPath staff several days to review any non-compliant records before the CAP is developed each quarter to ensure we are capturing correct information moving forward. 052324MG	
7. The contractor shall ensure that the Initial Health Assessments (IHA) are done within 14 days of a patient's incarceration. Was the Initial Health Assessment completed within 14 days of incarceration and if they refused, is there documentation of refusal? 50% NBI and 70% SB1 <i>This measure is continued from the prior CAP for NBI and was not corrected</i>	WellPath will determine appropriate staffing and scheduling guidelines to ensure that IHA may be completed within the allotted time. WellPath will utilize refusal forms to document patient refusal of IHA within 14 days of intake	WellPath would like it to be noted that during this period being audited there was a high number of transfers from our Northern Branch Jail to the Santa Barbara County Jail. Northern Branch Jail has its own challenges to meet compliance in this criteria due to staffing differences per the contract. High volume of 14 days had been non-compliant due to the staffing differences that Northern Branch currently has. 4 out of 6 non-compliant charts reviewed had been patients originally housed in the Northern Branch Jail in which brought down our compliance for our Santa Barbara County Jail. Santa Barbara County Jail has an Initial Health Assessment Nurse to complete this task. Northern Branch currently has the DON focusing on the completion of task. The DON is working with the floor staff to assign them with a selected amount of task per shift.	DON	Currently the CQI Coordinator performs a yearly audit on Initial Health Assessment. DON and HSA are monitoring the task being completed by the floor staff.	5/10/2024	The PHD review staff will reassess this measure for compliance at the next quarterly record review. 052324 MG	
8. The contractor will ensure that all TB skin tests are placed as needed within 14 days of intake. Was a TB Skin Test placed, if needed, during the Initial Health Assessment or if they refused is there documentation of the refusal? 53% NBI and 67% SB1 <i>This measure is continued from the prior CAP and was not corrected</i>	WellPath will determine appropriate staffing and scheduling guidelines to ensure that staff are available to place TB skin test within 14 days of intake. WellPath to place TB skin test if needed or clearly document refusal within 14 days of intake.	WellPath would like it to be noted that during this period being audited there was a high number of transfers from our Northern Branch Jail to the Santa Barbara County Jail. Northern Branch Jail has its own challenges to meet compliance in this criteria due to staffing differences that Northern Branch currently has. 3 out of 5 non-compliant charts reviewed had been patients originally housed in the Northern Branch Jail in which brought down our compliance for our Santa Barbara County Jail. Santa Barbara County Jail has an Initial Health Assessment Nurse to complete TB assessments. Northern Branch currently has the DON focusing on the completion of overdue task. The DON is working with the floor staff to assign them with a selected amount of task per shift.	DON	DON and HSA are monitoring the task being completed by the floor staff.	5/10/2024	The PHD review staff will reassess this measure for compliance at the next quarterly record review. 052324 MG	
9. If the patient refuses TB screening, then alternate methods of screening TB shall be offered. If the patient refused was a Chest X-Ray ordered during the IHA? 0% NBI and 33% SB1		WellPath has reviewed with the Medical Staff on the steps to take for patients refusing a TB assessment. Patient have the right to refuse a TB assessment. The patient will be offered a chest x-ray or an Interferon-Gamma Release Assays (IGRA) to rule out tuberculosis. The final step, if patient continues to refuse, will be a referral to the provider for an examination. All steps require a refusal form to be signed and scanned into the patient's chart. The process was presented during the April staff meeting.	DON, CQI Coordinator	DON and HSA are monitoring the task being completed by the floor staff.	5/10/2024	The PHD review staff will reassess this measure for compliance at the next quarterly record review. 052324 MG	
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the initial CC visit? 88% SB1 <i>This measure is continued from the prior CAP, it was resolved for the NBI but remains non-compliant at SB1</i>	WellPath will provide documentation on the HTN CC form if an EKG has been ordered or a prior one reviewed- there is a place for this in the HTN initial CC form	WellPath does not agree with Public Health's finding for this criteria. The one identified by the auditor to be non-compliant had a task created for the patient to have an EKG. The task was made by the provider during the initial chronic care visit. EKG was documented as a refusal from the patient in which it is documented and scanned into the patient's chart. No current timeframe is noted for this criteria and the time in which the patient refusing the EKG should not be the a factor to it being non-complaint.	No correction is needed.	N/A	N/A	When the reviewer went back to reassess the record in question the findings were: Re the EKG order- The intake was 03/08/24 The initial CC visits was 3/13/24 The EKG order/task is dated 4/8/24 And the refusal is dated 04/02/24- odd that it is before the task date In any case the task and the refusal are both dated 3+ weeks after the initial CC visit and so will remain non-compliant I did not receive further feedback from the WellPath CQI coordinator re this when I provided this update. 052324 MG	
12. Was the patient scheduled for follow-up CC visits following the HTN protocol? 88% NBI	WellPath will schedule CC follow-up visits as appropriate following WellPaths documented protocols for CC services	Provider's are required to use the appropriate forms in the patient's chart during the chronic care visit and utilize the system in the form to create the follow up appointment. Provider's will be reminded to use these forms and utilize the form to create the follow up appointments. This information will be provided during the monthly provider meeting in the month of May.	Medical Director	Currently the CQI Coordinator performs a yearly audit on Chronic Care Services.	5/10/2024	The PHD review staff will reassess this measure for compliance at the next quarterly record review. 052324 MG	

It is required that your agency respond to the areas identified as "Immediate Action" and "Needs Improvement" in a Corrective Action Plan (CAP). Please be advised that the CAP must be completed and submitted within fourteen (14) days from the date of this report to MOomes@bcphd.org

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