

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



	10-Oct-24	Quarter: 3 Year: 2024
<b>Public Health Department Reviewers</b>		
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<b>Date Completed</b>	10/28/2024	10/11/2024
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<b>Date Reviewed</b>	10/30/2024	10/30/2024
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<b>Date Reviewed</b>	10/31/2024	10/31/2024
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<b>Date Reviewed</b>		

<b>PROVIDER PRE REVIEW</b>
<b>Accomplishments Since Last Review</b>
Health Appraisal Nurse officially took her position mid-September for our northern branch jail.
<b>Barriers/Hardships Since Last Review</b>
None noted by WellPath
<b>Review of Corrective Action Plan (CAP)</b>
See Q2 2024 CAP document for follow up

PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	IA	NA	NC	COMPLIANCE FINDINGS/NOTES
<b>INTAKE</b>		<b>Facility: NBJ</b>					
1. Was the medical intake screening completed <b>within 2 hours</b> 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	<b>County Contract</b> , Exhibit A Section 1.1A &G, <b>DRC Remedial Plan</b> -Medical Care Monitoring 2.A.2, 2.E.1,2	16				16 records reviewed all were compliant 100%
2. Did the contractor document all reported medications and whether the medication could be verified on the intake screening form ?			5		10	1	Of 16 records reviewed the majority, 10 were NA for this measure. 5 records were compliant and 1 record was not compliant. 83.3%
3. <b>Within 12 hrs.</b> 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?		<b>County Contract</b> , Exhibit A, Section 1.1G , <b>DRC Remedial Plan</b> Exhibit A - Medical Care Monitoring , Screening on Intake 2.E.a and, Pharmacy Services 2H.1	4		12		Of 16 records reviewed the majority, 12 were NA for this measure. The other 4 records were compliant. 100%
4. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, <b>within 24 hours</b> ? (Exceptions are benzodiazepines and medications solely prescribed for sleep)		<b>County Contract</b> , Exhibit A, Section 1.1H, <b>DRC Remedial Plan</b> Exhibit A-Medical Care Monitoring, Pharmacy Services 2.H.1	1		15		Of 16 records reviewed the majority, 15 were NA for this measure. 1 records was compliant. 100 %
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) <b>within 24 hours</b> of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment?		<b>County Contract</b> , Exhibit A, Section 1.1 I1&2, <b>DRC Remedial Plan</b> Exhibit A - Medical Care Monitoring Pharmacy Services 2.H.1	2		14		Of 16 records reviewed the majority, 14 were NA for this measure. 2 records were compliant and 0 records were not compliant 100%
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider <b>within 5 to 7 days</b> from intake for Chronic Care evaluation, and on-going visits?		<b>County Contract</b> , Exhibit A Section 1.1C1, <b>DRC Remedial Plan</b> Exhibit A- Medical Care Monitoring, Screening on Intake 2.E.2d and Chronic Care 2.G.3b	6		10		16 records were reviewed. 6 were compliant, 10 were NA. 100%

PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	IA	NA	NC	COMPLIANCE FINDINGS/NOTES	
<b>Initial Health assessment and ID screening</b>		<b>Facility: NBJ</b>						
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done <b>within 14 days</b> 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, <b>DRC Remedial Plan</b> -Exhibit A, Medical Care Monitoring Screening on Intake 2.E.2d	8			8	16 records were reviewed. 8 records were compliant and the other 8 were noncompliant. Of those that were noncompliant 7 had the IHA and TB screen completed but done late with a delay ranging from 3 to 8 weeks overdue. In one record reviewed the IHA was not found or seen as task. The delays all had multiple "rescheduled" under tasks. 50%	
8. The contractor will ensure that all TB skin tests are placed as needed <b>within 14 days</b> 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, <b>DRC Remedial Plan</b> - Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c	5		1	9	As noted in number 7 above, most of the noncompliant records had screen completed 3 to 8 weeks after it was due with noted multiple task being rescheduled. One record had a refusal documented but it was after the 14 day time period. 36%	
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 <b>during the IHA</b> ?		County Contract, Exhibit A Section 2.1.A3, <b>DRC Remedial Plan</b> - Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c				16	all records reviewed were NA for this measure.	
<b>PERFORMANCE MEASURE</b>		<b>REGULATORY AUTHORITY</b>		<b>Y</b>	<b>IA</b>	<b>NA</b>	<b>NC</b>	<b>COMPLIANCE FINDINGS/NOTES</b>
<b>Chronic Care Services</b>		<b>Facility:NBJ</b>						
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the <b>initial CC visit</b> ?	<p><b>The contractor shall ensure that all chronic care patients (including major mental illness) are being seen in accordance to NCCHC standard.</b></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, <b>DRC Remedial Plan</b> -Exhibit A, Medical Care Monitoring, Chronic Care 2.G.3b <b>NCCHC Standards</b> for Health Services in Jails 2018 • Section: Special Needs and Services: J-F-01 Patients with Chronic Disease and Other Special Needs	11		2	1	14 records were reviewed. 11 were compliant. 1 record had CC visits for other conditions and no documentation of HTN visit or EKG. And 2 were NA as the patient was released in <48 hrs. 92%	
11. Was an individualized treatment plan created during the <b>first CC Visit</b> ?		County Contract Exhibit A, Section 2.3 Chronic Care and section 2.4 Treatment Plans <b>DRC Remedial Plan</b> -Exhibit A Medical Care Monitoring, Chronic Care 2.G.2	11		2	1	14 records were reviewed. 11 were compliant. 1 record had CC visits for other conditions and no documentation of HTN visit or EKG. And 2 were NA as the patient was released in <48 hrs. 92%	
12. Was the patient scheduled for <b>follow-up CC</b> visits following the HTN protocol ?		County Contract Exhibit A, Section 2.3b-c, <b>DRC Remedial Plan</b> Exhibit A, Medical Care Monitoring, Chronic Care 2.G.2, 2.G.3b	11		2	1	14 records were reviewed. 11 were compliant. 1 record had CC visits for other conditions and no documentation of HTN visit or EKG. And 2 were NA as the patient was released in <48 hrs. 92%	
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, <b>DRC Remedial Plan</b> Exhibit A-Medical Care Monitoring, Chronic Care 2.G.3b, <b>DRC Monitoring Report Dr.H.Venters 2023</b> Section G.1 Chronic Care	10		2	2	14 records were reviewed. 10 were compliant. 2 records were noncompliant, and 2 were NA as the patients were released in <48 hrs. 83%	

PERFORMANCE MEASURE	REVIEW INSTRUCTIONS	REGULATORY AUTHORITY	Y	IA	NA	NC	COMPLIANCE FINDINGS/NOTES
<b>INTAKE</b>		Facility: SBJ					
1. Was the medical intake screening completed <b>within 2 hours</b> 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	<b>County Contract</b> , Exhibit A Section 1.1A &G, <b>DRC Remedial Plan</b> -Medical Care Monitoring 2.A.2, 2.E.1,2	18				18 records reviewed all were compliant. 100%
2. did the contractor document all reported medications and whether the medication could be verified on the intake screening form ?			5		13		18 records reviewed. 13 were NA and 5 were compliant . 100%
3. <b>Within 12 hrs.</b> 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?		<b>County Contract</b> , Exhibit A, Section 1.1G , <b>DRC Remedial Plan</b> Exhibit A - Medical Care Monitoring , Screening on Intake 2.E.a and, Pharmacy Services 2H.1	4		14		18 records reviewed. 14 were NA and 4 were compliant. 100%
4. If medications are verified, is the inmate prescribed the same medication as they received in the community, regardless of its formulary status, <b>within 24 hours</b> ? (Exceptions are benzodiazepines and medications solely prescribed for sleep)		<b>County Contract</b> , Exhibit A, Section 1.1H, <b>DRC Remedial Plan</b> Exhibit A-Medical Care Monitoring, Pharmacy Services 2.H.1	3		15		18 records reviewed. 15 were NA and 3 were compliant. 100%
5. If medications are not verified, is there documentation that the nurse contacted the on-call medical or mental health provider (OCP) <b>within 24 hours</b> of the intake to establish, document and initiate a treatment plan, if the provider is amenable to initiating treatment?		<b>County Contract</b> , Exhibit A, Section 1.1 I1&2, <b>DRC Remedial Plan</b> Exhibit A - Medical Care Monitoring Pharmacy Services 2.H.1	1		17		18 records reviewed. 17 were NA and 1 was compliant. 100%
6. On the Intake screening if a Chronic Care diagnosis was identified was the patient referred to Medical Provider <b>within 5 to 7 days</b> from intake for Chronic Care evaluation, and on-going visits?		<b>County Contract</b> , Exhibit A Section 1.1C1, <b>DRC Remedial Plan</b> Exhibit A- Medical Care Monitoring, Screening on Intake 2.E.2d and Chronic Care 2.G.3b	3		15		18 records reviewed. 15 were NA and 3 were compliant. 100%

PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	IA	NA	NC	COMPLIANCE FINDINGS/NOTES
<b>Initial Health assessment and ID screening</b>		Facility: SBJ					
7. The contractor shall ensure that the Initial Health Assessments(IHA) are done <b>within 14 days</b> 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?		County Contract, Exhibit A Section 1.3A, DRC Remedial Plan-Exhibit A, Medical Care Monitoring Screening on Intake 2.E.2d	13		1	4	18 records were reviewed. 13 of those were compliant, 1 was nonapplicable because the patient was released prior to 14 days and 4 patient records were noncompliant. 2 NC records had the IHA rescheduled multiple time and it was completed, but outside of the 14 day requirement. 1 NC record had a patient refusal documented but it was documents on day 18 and was late, 1 NC record did not have an IHS completed, scheduled or refused. 76 %
8. The contractor will ensure that all TB skin tests are placed as needed <b>within 14 days</b> 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?	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 2.1.A4, DRC Remedial Plan- Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c	14		1	3	18 records were reviewed. 14 of those were compliant, 1 was nonapplicable because the patient was released prior to 14 days and 3 patient records were noncompliant. The NC records had the TB tests rescheduled multiple times and 2 were eventually completed and 1 refused, but this was completed outside of the 14 day requirement. 82%
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 <b>during the IHA</b> ?		County Contract, Exhibit A Section 2.1.A3, DRC Remedial Plan- Exhibit A, Medical Care Monitoring, Screening on Intake 2.E.2c			17	1	Only 1 of the 18 records reviewed was eligible for this measure, and that 1 record was not compliant with no documentation that an alternate screening was offered or completed 0%
PERFORMANCE MEASURE		REGULATORY AUTHORITY	Y	IA	NA	NC	COMPLIANCE FINDINGS/NOTES
<b>Chronic Care Services</b>		Facility: SBJ					
10. If the patient was identified with a diagnosis of hypertension (HTN) was an EKG ordered (or record obtained) at the <b>initial CC visit</b> ?		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	13			3	16 records were reviewed. 3 of the records reviewed were noncompliant, there was no EKG or order for an EKG placed at the time of the initial chronic care visit. 81%
11. Was an individualized treatment plan created during the <b>first CC Visit</b> ?	<b>The contractor shall ensure that all chronic care patients (including major mental illness) are being seen in accordance to NCCCHC standard.</b> 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	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	16				All of the records reviewed contained a treatment plan documented in the CC visit form and/or in the Sick Call note. 100%
12. Was the patient scheduled for <b>follow-up CC</b> 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	16				All of the records reviewed had scheduled follow-up visits that followed the WellPath HTN protocol. 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	16				All of the records reviewed contained documentation noting recent range of BP and documented degree of control, current treatments and patient compliance with medications if prescribed. 100%

PROVIDER EVALUATION SUMMARY
Areas of Compliance (Y= No Follow Up Needed)
Your Program was found compliant in 16 areas audited.
The South Branch (SBJ/Main) Jail does an excellent job with timeliness of intakes, completion of medication verification and scheduling patients for the initial HTN CC visit.
The chronic care visits at SBJ are completed timely and address degree of BP control, contain an individualized treatment plan and have follow-up scheduled following the Wellpath HTN protocol.
The North Branch Jail (NBJ) consistently completes intake screening within the 2 hour timeframe, generally does a good job with medication verification and scheduled patients for initial
CC visit if a CC dx (HTN) is identified at intake. The CC visits at NBJ are completed timely and address degree of BP control, contain an individualized treatment plan.
Areas Identified for IMMEDIATE ACTION (IA= immediate action required)
There were NO identified areas that need Immediate Action
None
Areas Identified as Noncompliant/Need Improvement (NC= Need improvement and CAP if more than 10% for the measure)
There were 9 identified areas that Need Improvement
NBJ needs to work on timeliness with IHA and TB testing. This should resolve or improve with the new Health Appraisal Nurse who officially took her position mid-September.
SBJ could improve on the timeliness of IHA and TB screening and also document EKG orders or note review of existing EKG if completed in the initial CC from so that compliance is clear
Areas Identified Nonapplicable (NA- no action needed)
There was 1 identified area that was NA
<p><b>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@sbcpd.org</b></p>
Thank you for your participation in this quarterly Programmatic Monitoring. Please feel free to contact us with any questions or concerns at MGomez@sbcpd.org
<p>Monitoring Reports and Corrective Action Plans will be presented at the next scheduled Medical Administration Committee (MAC) per DRC Remedial Plan, Monitoring, 3.I.1 Cross-Agency Coordination of Mental Health Treatment and Service Need (Page 21)</p>