

Attachment B

*California Forensic Medical Group
(CFMG/Wellpath) 2023 Annual Report for
Healthcare Services at Sheriff's Jail Facilities*



Wellpath Jail Medical Record Review Summary Calendar Year 2023

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 enhanced review process including reviewing each location (North Branch and South Branch) separately there have been more criteria falling below 90% compliance. It is important to note that this might be attributed to a smaller number of records being evaluated in each measure at each location and a larger number of measures being reviewed. 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.

In quarters(Q) 1, 2 and 3 of 2023 there were five measures reviewed, and north and south branch facilities were reviewed/reported on together. In Q1 all 5 measures were compliant (90% or greater). The overall compliance was 99%. In Q2 the overall compliance was 96% and Q3 it was also 96% compliant. In Q4 the new enhanced monitoring was implemented. north and south branch facilities were reviewed separately. Overall there were 26 measures reviewed (13 at each facility). 18 of those measures were compliant, 7 measures fell below 90% compliance and required a corrective action plan, and 1 measure was nonapplicable.

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 advice 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.

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



| | | |
|----------------|-----------|---------------------|
| Date Of Review | 1/23/2024 | Quarter: Q4 CY 2023 |
|----------------|-----------|---------------------|

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

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|----------------|--|--|
| 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 |
| Signature | | |
| 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 |
| Phone | | |
| Signature | | |
| Date Signed | | |

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 Apefic 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 | 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 |