

**Quality and Productivity Commission**  
**32<sup>nd</sup> Annual Productivity and Quality Awards Program**  
**"Innovating for Impact"**

**2018 APPLICATION**

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

**NAME OF PROJECT: PRIME MEDICATION RECONCILIATION INITIATIVE**

**DATE OF IMPLEMENTATION/ADOPTION: JUNE 2016**

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2017)

**PROJECT STATUS:**  Ongoing  One-time only

**HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT?**  Yes  No


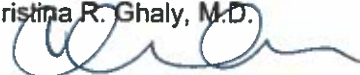
**EXECUTIVE SUMMARY:** Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 Healthcare costs associated with adverse drug events are significant and are major  
 2 drivers of medical complications and hospital readmissions. The Joint Commission and  
 3 the California Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Program  
 4 identified medication reconciliation (Med Recon) as a means to provide safer, higher  
 5 quality of care. A PRIME Med Recon Committee was formed to provide a strategy for  
 6 integrating a sustainable enterprise structure to improve med recon rates in all outpatient  
 7 provider encounters (109,000 monthly provider encounters and a yearly total of 1,308,000  
 8 within the Department of Health Services). For this year, the team has been able to  
 9 achieve the target rate established by the PRIME program, awarding DHS with \$6.4  
 10 million in performance incentives.  
 11  
 12  
 13  
 14  
 15

**BENEFITS TO THE COUNTY**

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$	\$	\$ 6.4 Million	\$ 6.4 MILLION	x <input type="checkbox"/>

**ANNUAL = 12 MONTHS ONLY**

<b>SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS</b> Ambulatory Specialty Care Services LAC + USC Medical Center 2010 Zonal Ave Los Angeles, Ca 90033		<b>TELEPHONE NUMBER</b> 323-409-5181
<b>PROGRAM MANAGER'S NAME</b> Wei-An (Andy) Lee, DO		<b>TELEPHONE NUMBER</b> 323-409-5183  <b>EMAIL</b> welee@dhs.lacounty.gov
<b>PRODUCTIVITY MANAGER'S NAME AND SIGNATURE</b> <small>(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small> Lisa Finkelstein 	<b>DATE</b> 7/2/2018	<b>TELEPHONE NUMBER</b> (213) 288-8104  <b>EMAIL</b> lfinkelstein@dhs.lacounty.gov
<b>DEPARTMENT HEAD'S NAME AND SIGNATURE</b> Christina R. Ghaly, M.D. 	<b>DATE</b> 7/2/2018	<b>TELEPHONE NUMBER</b> (213) 288-8101 cghaly@dhs.lacounty.gov

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**1<sup>st</sup> FACT SHEET – LIMITED UP TO 3 PAGES ONLY:** Describe the **challenge(s), solution(s), and benefit(s)** of the project to the County. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success and **specify assessment time frame.** Use Arial 12 point font.

Healthcare costs associated with adverse drug events are significant and major drivers of medical complications and hospital readmissions. The Joint Commission and California Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Program, have identified medication reconciliation (Med Recon) as a means to provide safer, higher quality of care.

From May 2017 to May of 2018, participating DHS facilities included LAC+USC Medical Center, Harbor-UCLA Medical Center, Olive View-UCLA Medical Center, Martin Luther King, Jr. Outpatient Center, Rancho Los Amigos National Rehabilitation Center, and the Ambulatory Care Network. The monthly inter-facility provider encounter was 109,100. The inter-facility rate for med recon in May 2017 was 56%. The most recent inter-facility average in May 2018 had improved to 72.67%.

**Challenges/Solutions:**

Actionable data: Data pools for Med Recon were difficult to obtain. To address this, the enterprise Med Recon data steward team, with representation at each DHS facility, assisted with providing actionable data for performance improvement teams.

Leadership gap: Med Recon was not a visible priority in the hospital based outpatient clinics. Obtaining effective data stewards across various facilities allowed for clinical leadership from both nursing and physicians to emerge and develop sustainable performance improvement processes.

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**Linkage to the County Strategic Plan – 1 page only.** Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

Strategy III.3 - Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability Continually assess our efficiency and effectiveness, maximize and leverage resources, and hold ourselves accountable. Maximize Revenue: Implement a process to systematically leverage resources to help fund County initiatives.

A PRIME Medication Reconciliation Committee was formed to provide a strategy for integrating a sustainable enterprise structure to improve med recon rates in all outpatient DHS provider encounters, totaling over 1.3 million this past year.

For this year, the team has been able to achieve the target rate established by the PRIME program, awarding DHS with \$6.4 million in performance incentives.

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**COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY):** If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

**Cost Avoidance:** Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

**Cost Savings:** A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

**Revenue:** Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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