

Ochsner Lafayette General Improves Patient Safety with System-wide Med Rec Improvements





Ochsner Lafayette General Lafayette, LA

7 Owned and Operated Hospitals

6 Clinically Affiliated Hospitals

793 Total Beds

4,000+ Employees

Located in South Central Louisiana

EHR: Epic and Cerner

Challenge

Before partnering with DrFirst, Lafayette General Health (LGH) struggled with their medication reconciliation process. At a clinical level, they were challenged with lengthy patient medication history interviews, along with phone calls to family, pharmacies, and providers. At an organizational level, LGH faced:

- · Variation in accountability across departments, disciplines, and shifts
- · Absent or unproductive compliance auditing
- · Underutilization of supporting technology
- Staff competency gaps
- · Outdated workflows

Technology Solution

LGH set the goal of meeting the Merit-based Incentive Payment Systems (MIPS) quality measures that produced the highest reimbursement levels and greatest patient safety. To accomplish this, they expanded the scale of their med rec process beyond admissions through all transitions of care.

The process began in January of 2016 when they implemented DrFirst's MedHx® and SmartSigSM. We were able to provide complete, clean, and consumable data directly within LGH's Cerner EHR, which eliminated the need for clinical staff to find and manually enter information. This more intuitive interface made staff more efficient and reduced transcription errors. By utilizing our Med Rec solution and onboarding local pharmacies for access to more local patient data, LGH saw an initial 18% improvement in medication history quality and completeness. After implementation, we worked directly with the staff to evaluate medication reconciliation workflow at a system-wide level. In turn, we were able to:

- · Observe the entire med rec process
- Assess workflow policies and procedure
- · Analyze utilization of supporting technology
- · Evaluate training and education programs
- · Assign metrics and policies for compliance auditing

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"LGH is committed to optimizing clinical and technical workflows that enhance patient safety, increase efficiency, and ensure compliance with regulatory standards. We have partnered with DrFirst to identify where practices are not in sync with use of technology, document our policies and training materials, and perform regular compliance audits in an effort to mitigate variance and reduce patient risk. Working with DrFirst, we were able to achieve medication reconciliation excellence and demonstrate documented benefits realization."

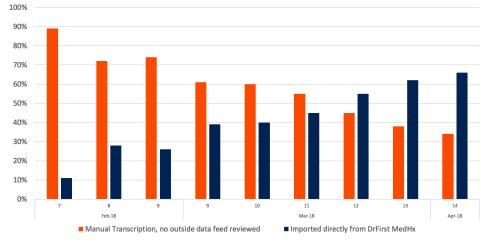
> —Melinda Arnaud, RPh Informatics Pharmacist Ochsner Lafayette General

Impact on Process over Nine Weeks

In addition, we worked with the LGH team to create Process Variance Reports that would ensure ongoing active utilization by clinicians across all facilities.

In the initial report, we detected a high amount of unnecessary manual medication entry (orange bars), and a low amount of imported medication history (navy bars) still taking place across their health system. Armed with this knowledge, LGH updated their med rec process, rolled out training, and engaged their staff. Nine weeks later, the report found a **28% decrease** in meds entered manually along with a **26% increase** in meds properly imported into medication history. By eliminating the need to enter information manually, they realized dramatic time savings while reducing the risk of errors.

Percentage of all Home Medications added to Patient Records in Cerner for Hospital X by Week of Year



Conclusion

LGH, a recipient of the prestigious 2017 HIMSS Enterprise Nicholas E. Davies Award of Excellence for outstanding achievement in utilizing technology to improve patient outcomes, has always been an industry leader. They continue this tradition by partnering with DrFirst to:

- · Provide the most comprehensive medication history available-within their EHR
- · Facilitate ongoing analysis of their system-wide med rec process
- · Ensure optimized adoption and usage across their organization of errors.

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