County of Los Angeles
Quality and Productivity Commission

565 Kenneth Hahn
Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Telephone: (213) 974-1361
(213) 974-1390
(213) 893-0322
Website: qpc.lacounty.gov

Los Angeles County
Productivity Investment Board
NOTICE OF REGULAR MEETING

Monday, November 17, 2025, 10:00 a.m.
Kenneth Hahn Hall of Administration, Room 140
500 West Temple Street, Los Angeles, CA 90012

Members of the public may participate or listen to the meeting via telephone at:

Join Zoom Meeting
https://bos-lacounty-gov.zoom.us/j/83918952389?pwd=ciXZFMVaSBWVktC5ytv5jfQ1GKqzo2.1
Meeting ID: 839 1895 2389
Passcode: 810998
Call in number: (669) 900-9128

Written Public Comment may also be submitted to Jackie Guevarra by Sunday, November 16, 2025 (received by 4:00 p.m.): jguevarra@bos.lacounty.gov

Any information received from the public by Sunday, November 16, 2025, at 4:00 p.m. will become part of the official meeting record.

MEETING AGENDA

1. Call to Order .....Commissioner Gibson
2. Land Acknowledgment* .....Commissioner Gibson
3. Assembly Bill 2449 .....Commissioner Gibson
4. Approval of the August 4, 2025, Meeting Minutes
5. Presentation of Productivity Investment Fund (PIF) proposals (for discussion and possible action) and Fund Balance Report, as of Fiscal Year 2025-26, 2nd Quarter .....Commissioner Gibson

   - **26.3 – Health Services,** EMS Agency (Health Services 110), *$75,950 Grant.* PIB Advisory Committee does not recommend.

   - **26.5 – Justice, Care and Opportunities,** Los Angeles Training Center Culinary Social Enterprise, *$404,000 Grant*. PIB Advisory Committee does not recommend the original request of $400,000 Loan and $600,000 Grant.

6. Review of the PIF Solicitation Memo and Guidelines for Fiscal Year 2025-2026 3rd Quarter (for discussion and possible action) (5 minutes) ……..Commissioner Gibson

7. Discussion and matters not on the Posted Agenda – to be presented and placed on a future agenda.

8. Public Comment (3 minutes for each speaker)

9. Adjournment

LOBBYIST REGISTRATION

Any person who seeks support or endorsement from the Commission on any official action may be subject to the provisions of Los Angeles County Code, Chapter 2.160 relating to lobbyists. Violation of the lobbyist ordinance may result in a fine and other penalties. For more information, call (213) 974-1093.

ACCOMMODATIONS

Accommodations, American Sign Language (ASL) interpreters, or assisted listening devices are available with at least 3-business days' notice before the meeting date. Agendas in Braille and/or alternate formats are available upon request. Please telephone (213) 974-1431 (voice) or (213) 974-1707 (TDD), from 8:00 a.m.-5:00 p.m., Monday through Friday.

SUPPORTING DOCUMENTATION

Supporting documentation can be obtained at the Quality and Productivity Commission Office, 565 Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles, CA 90012 or jguevarra@bos.lacounty.gov.

PUBLIC COMMENT

Commission meetings are open to the public. A member of the public may address the Commission on any Agenda item. In addition, during the General Public Comment item on the agenda, a member of the public has the right to address the Commission on items of interest that are not on the agenda but are within the subject matter jurisdiction of the Commission. A request to address the Commission must be submitted to Commission Staff prior to the item being called. Comments are limited to a total of six (6) minutes per speaker per meeting, at up to two (2) minutes per item. The Commission may further limit public input on any item, based on the number of people requesting to speak and the business of the Commission.

***LAND ACKNOWLEDGEMENT**

ON NOVEMBER 1, 2022, THE BOARD OF SUPERVISORS ADOPTED A FORMAL LAND ACKNOWLEDGMENT FOR THE COUNTY. (STATEMENT OF PROCEEDINGS)

"The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants -- past, present, and emerging -- as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands. We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order) the: Fernandeño Tataviam Band of Mission Indians, Gabrielino Tongva Indians of California Tribal Council, Gabrieleno/Tongva San Gabriel Band of Mission Indians, Gabrieleño Band of Mission Indians - Kizh Nation, San Manuel Band of Mission Indians, San Fernando Band of Mission Indians. To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website https://lanaic.lacounty.gov/."

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LOS ANGELES COUNTY
PRODUCTIVITY INVESTMENT BOARD

MINUTES OF THE MEETING OF
Monday, August 4, 2025, 10:00 a.m.

Kenneth Hahn Hall of Administration, Room 140
500 West Temple Street, Los Angeles, CA 90012

Members of the public may also join remotely at:
Call in number: (669) 449-9171
Meeting ID: 884 8083 0694
Passcode: 258262

https://bos-lacounty-gov.zoom.us/j/88480830694?pwd=Kpkk85OyEAQ4anjAOcw81WMYUS4i7u.1

****

THE FOLLOWING COMMISSIONERS WERE PRESENT (TAKEN BY ROLL CALL):

PRESENT:
Rodney C. Gibson, Chair
Jacki Bacharach
Viggo Butler
J. Shawn Landres
Edward McIntyre
Jeffrey Jorge Penichet
Will Wright

ABSENT
Nancy G. Harris, Vice Chair
William B. Parent
Jackie Guevarra, Executive Director

PRODUCTIVITY INVESTMENT BOARD ADVISORY COMMITTEE
Arman Depanian, Chair
Stephanie Todd, Vice Chair

CALL TO ORDER (AGENDA #1)
Commissioner Gibson called the Productivity Investment Board (PIB) meeting to order at 10:00 a.m.

ATTENDANCE (ROLL CALL)
Commissioner Gibson welcomed everyone to the PIB meeting. He asked Jane Lam, Program Manager, to take roll call of Commissioners in attendance:

In Attendance: Jacki Bacharach, Viggo Butler, Rodney C. Gibson, J. Shawn Landres, Edward McIntyre, Jeffrey Jorge Penichet, and Will Wright.

ANNOUNCEMENTS

Commissioner Gibson stated that members of the public were given the opportunity to send their comments and questions via email to Jane Lam at jalam@bos.lacounty.gov by Sunday, August 3, 2025, at 4:00 p.m. No written public comment was received by the deadline. However, members of the public were informed that they could continue to send public comment to Jane Lam at jalam@bos.lacounty.gov during the meeting, and any information received would become part of the official meeting record. They were also informed that they could speak on an item during the meeting and were instructed to inform Jane via email or via the Chat feature on which item they wanted to comment on. Each speaker would be given three minutes. It was also announced that each Commissioner would have the opportunity to speak on any agenda item and any vote would be taken by roll call.

LAND ACKNOWLEDGEMENT (AGENDA #2)

On November 1, 2022, the Board of Supervisors adopted a formal Land Acknowledgement for the County. The Commission opened its public meeting with a video recording of the Land Acknowledgement, which can be read here: https://lacounty.gov/government/about-la-county/land-acknowledgment/.

ASSEMBLY BILL 2449 (AGENDA #3)

Commissioner Gibson announced that there were no Commissioners attending remotely.

APPROVAL OF MINUTES FOR MAY 19, 2025 (AGENDA #4)

Commissioner Gibson asked if there were any comments on the minutes. Commissioner Landres made a motion to revise the minutes, seconded by Commissioner Bacharach, regarding Productivity Investment Fund (PIF) project 25.11 – Public Health, *Trauma-Informed Leadership Training*, to make clear the reason for the denial of the project. The minutes will be revised by adding the following substantiation: *There were concerns regarding the provision of training to non-County trainees without comparable training to County trainees, as well as the potential availability of trainers from within the County. Due to these concerns, a motion was made by Commissioner Landres to deny the project. The motion was seconded by Commissioner Bacharach*. The motion was approved by the following vote:

No:	None
Yes:	Commissioners Bacharach, Butler, Gibson, Landres, McIntyre, and Wright
Abstain:	Commissioner Penichet

PRESENTATION OF PRODUCTIVITY INVESTMENT FUND (PIF) PROPOSALS (FOR DISCUSSION AND POSSIBLE ACTION) AND FUND BALANCE REPORT, AS OF FISCAL YEAR 2025-2026, 1st QUARTER (AGENDA #5)

Fund Balance Report

Commissioner Gibson reported there were three proposals before the PIB for the 1st Quarter of Fiscal Year 2025-2026. He reported the PIF balance as of June 30, 2025, is $5,357,389. He further stated that if all the projects before the PIB ($1,357,405) are approved today, the revised fund balance would be $3,996,522.

Presentation of PIF Proposals for Discussion and Possible Action

Commissioner Gibson stated that, as a reminder, the Department has 20 minutes to present, followed by 20 minutes of Q&A with the Commissioners, and 5 minutes to deliberate by the Commission.

25.16 - Library, *Lights, Camera, Access: Storytelling Tools for All*, $170,000 Grant. The PIB Advisory Committee recommended approval of the proposal.

Steven Park, Assistant Library Administrator, Adult and Digital Services, and Jose Parra, Adult and Digital Services Coordinator, presented, with Skye Patrick, Director; Debbie Anderson, Assistant Director, Education and Engagement; and Sammy Skinner, Productivity Manager, were in attendance in support of the proposal and to answer questions.

After discussion and questions, Commissioner Landres made a motion to approve up to a $200,000 grant, contingent on a revised equipment and services budget, the creation of a workforce development opportunity for graduates of the program to promote under-communicated County programs and services, and the planning of a roadmap for active external partnerships. The motion was seconded by Commissioner Bacharach and approved unanimously by the following vote:

No:	None
Yes:	Commissioners Bacharach, Butler, Gibson, Landres, McIntyre, Penichet, and Wright
Abstain:	None

Commissioner Wright will present the proposal at the full Commission meeting on August 25, 2025.

25.17 – Sheriff's Department, *Traffic Safety Santa Clarita Valley Sheriff's Station*, $123,699.23 Grant. The PIB Advisory Committee did not have a recommendation.

Brandon Barclay, Acting Captain, presented, with David Culver, Bureau Director, and Tracey Jue, Alternate Productivity Manager, present in support of the proposal and to answer questions.

After discussion and questions, Commissioner Bacharach made a motion to deny the project. Commissioners felt the request was outside of the PIF guidelines. The motion was seconded by Commissioner McIntyre. The motion passed by a vote of 5 to 2 as follows:

No:	Commissioners Gibson and Wright
Yes:	Commissioners Bacharach, Butler, Landres, McIntyre, and Penichet

Abstain: None

25.15 – Military and Veterans Affairs, *Heritage Preservation Initiative*, $1,063,704.40 Grant. The PIB Advisory Committee recommended approval of the project, with the condition that IT-related portions of the project be excluded. The Department is to reach out to the Chief Executive Office-Chief Information Office to determine which portion of their project can be funded through IT funds and then return to the PIF for funds that cannot be funded.

Jim Zenner, Director, presented in support of the proposal and to answer questions.

After discussion and questions, Commissioner Landres made a motion to approve a $1,063,704.40 grant, contingent on the Department securing letters of support from the Department of Arts and Culture, the LA County Museum of Art (LACMA), and the Natural History Museum (NHM), as well as updating the budget to include a detailed breakdown by item to demonstrate which portion will be funded by the Information Technology Fund (ITF) and which portion will be funded by the PIF. The motion was seconded by Commissioner Bacharach and unanimously approved by the following vote:

No: None
Yes: Commissioners Bacharach, Butler, Gibson, Landres, McIntyre, Penichet, and Wright
Abstain: None

Commissioner Landres will present the proposal at the full Commission meeting on August 25, 2025.

REVIEW (FOR DISCUSSION AND POSSIBLE ACTION) OF THE PIF ANNUAL AND FINAL REPORTS (AGENDA #6)
The reports were received and filed.

DISCUSSION AND MATTERS NOT ON THE POSTED AGENDA TO BE PRESENTED AND PLACED ON A FUTURE AGENDA (AGENDA #7)
None

PUBLIC COMMENT (AGENDA #8)
None

ADJOURNMENT (AGENDA #9)
Commissioner Landres moved to adjourn the meeting, seconded by Commissioner Wright. The meeting adjourned at 12:49 p.m. The next PIB meeting will be on Monday, November 17, 2025, at 10:00 a.m.

26.3

Health Services
LOS ANGELES COUNTY

October 2, 2025

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 288-8050
Fax: (213) 481-0503

www.dhs.lacounty.gov

"To advance the health of our patients and our communities by providing extraordinary care"

RE: Productivity Investment Fund Proposal for Updates to the LA County Drug Doses Mobile Application

Dear Productivity Investment Fund Commission,

I am writing to express my full support for this Productivity Investment Fund proposal submitted by Dr. Nichole Bosson on behalf of the Emergency Medical Services (EMS) Agency to update the existing LA County Drug Doses mobile application. Since its release in 2019, this application has become an essential resource for EMS clinicians and Base Hospital personnel in Los Angeles County to ensure safe and accurate medication dosing. Medication errors are some of the most common medical errors, and are particularly common in high-stress, time-critical situations typical of EMS encounters. Pediatric patients are especially vulnerable, because of the weight-based dosing requirements, and this application provides quick access to accurate medication dosing in accordance with LA County EMS treatment protocols.

In order to adapt to evolving evidence-based practice for field care, the LA County formulary has expanded, and field medication dosing has become more complex, furthering the necessity of this tool. The updates to the mobile application will make the dosing information clearer and more accessible to our EMS clinicians and reduce potential for errors. There will be increased adaptability and administrative controls to display the correct medication dose by population, by indication, and by route. The updates will also allow the EMS Agency to make edits to equipment, sizing, and interventions like defibrillation doses. Finally, these changes will make the application much more adaptable for future changes in practice.

The EMS Agency has budgeted for the maintenance of the application and can support the ongoing use of this free and essential resource for LA County EMS clinicians. The PIF will provide the funds to complete the critical application update, which allows for ongoing innovation and support of EMS care.

Sincerely,

Christina Ghaly, MD
Director, Health Services

CRG:NB

www.dhs.lacounty.gov

County of Los Angeles Quality and Productivity Commission

PRODUCTIVITY INVESTMENT FUND PROPOSAL

(Please submit the proposal with a cover letter signed by the department head)

Last Updated: 7/23/2024

Department: EMS Agency (Health Services 110)	Date: 11-7-25

Project Name: LA County Drug Doses Application Update

PURPOSE OF FUNDING (50 words). Describe how the PIF funding will be used.

This will fund critical updates to the LA County Drug Doses Application, which serves as an immediate reference for medication dosing by LA County EMS clinicians. Access to the LA County EMS standardized formulary reduces medication errors, particularly for pediatric patients, and increases paramedic confidence in medication dosing. [Attached publication]

SUMMARY OF PROJECT, INCLUDING BENEFITS (300 words). Describe benefits and potential multi-departmental or countywide adaptation.

The LA County Drug Doses mobile application is an essential part of the workflow for LA County EMS clinicians. The attached map shows one month of use with 2498 medication queries. These updates will ensure continued accurate, timely information for EMS clinicians regarding medication dosing and interventions such as airway management and defibrillation.

Since the app development nearly a decade ago, the LA County formulary has expanded in response to updates in evidence-based field care; dosing variations by route and by indication have increased the complexity of dosing medications. We just released the RAPID LA County Medic application, which integrates the Drug Doses Application information. This important innovation has revealed previously unforeseeable needs for the Drug Doses App functionality.

These updates will allow for a seamless interaction, bringing all the necessary information into one resource, which further streamlines field care. Given the emergency conditions that paramedics manage in the often-chaotic field environment, they need real-time support tools that are quick to access and provide clear guidance.

Medication errors are some of the most common errors in medicine and can have severe consequences. Pediatric patients are the most vulnerable because of their smaller size and the need for weight-based dosing. These updates improve patient safety by providing an optimized resource for medication dosing, that is user-friendly and consistent with LA County EMS protocols.

These updates will also enhance the administrative tool for the application to provide more adaptability and control to the LA County EMS Agency for future changes to patient care and equipment.

This will directly benefit patients by enhancing the safety and accuracy of medication dosing and, offloading tasks to allow paramedics to focus more on direct patient interaction. For this project, we will work with the application developers to implement these updates.

County of Los Angeles Quality and Productivity Commission

PRODUCTIVITY INVESTMENT FUND PROPOSAL

(Please submit the proposal with a cover letter signed by the department head)

Last Updated: 7/23/2024

EVALUATION/PERFORMANCE MEASURES. (300 words) Describe what specific outcomes are to be achieved and how the project will enhance quality and/or productivity.

The outcome of interest is accurate medication dosing for patients treated by emergency medical services in Los Angeles County. There are more than 500,000 EMS encounters in LA County every year, including over 50,000 pediatric encounters. Pediatric medication dosing is particularly challenging given the need for weight-based dosing for most medications. The LA County EMS Agency collects data on all EMS encounters including medications administered, dose and route. We will evaluate the impact of the application updates on the accuracy of medication dosing by EMS. This is a direct measure of patient safety and quality of care.

We will also evaluate the use of the application. We have previously shown that reducing cognitive burden with medication dosing increases paramedic confidence and improves their ability to engage in patient care and connection with the family in the case of pediatric encounters (see attached publication). These updates to the mobile application will enhance its optimization to reduce the cognitive burden on the paramedics, by providing easy access to a real-time tool for medication dosing.

County of Los Angeles Quality and Productivity Commission

PRODUCTIVITY INVESTMENT FUND PROPOSAL

(Please submit the proposal with a cover letter signed by the department head)

Last Updated: 7/23/2024

Is this an Information Technology (IT) project?

☒ Yes ☐ No ☐ N/A

If you answered yes, please obtain endorsement and sign off from your department's CIO/IT manager and answer question 5 on page 3 below. In addition, you must apply for Information Technology Funds (ITF) with the Chief Executive Office (CEO), Chief Information Office (CIO) first before applying for Productivity Investment Funding (PIF). If your IT project was not approved by the CEO-CIO, please indicate the reason it was not approved and/or the status of your project below:

We have received approval from our department's IT manager to proceed with this project. We proposed our project to the Information Technology Funds and it was not approved for funding; the head of the Information Technology Investment Board (ITIB) that grants the ITF and ITLMF funding, confirmed that the project does not meet the requirements for either fund under their management. The reason provided was because it was an update to an existing application rather than development of a new application. We can provide a copy of this correspondence with the ITF regarding this request if needed.
Further, we attempted to seek Measure B funding to support this project. However, the Measure B committee will not be allocating funds to projects this cycle; the unallocated funds were distributed to the Board of Supervisors to support projects in their district. We have communicated this need to the Board, however, we have been unable to obtain funding for the project through that mechanism.

Amount Requested: **Loan** _____ **Grant $75,950.00** **Total $75,950.00**

Cost Analysis Summary. Attach detail for A and B, including staff, equipment, supplies, etc.

		Implementation Period	Project Year 1	Project Year 2	Project Year 3
A.	Annual Cost of Current Process:		0		
B.	Estimated Annual Cost of Proposal:		75950		
C.	Savings (B minus A)		$0.00	$0.00	$0.00

Funds Flow Summary: Indicate the amount of funds needed during implementation by period (fiscal year and quarter)

This project will be completed over a period of 1 year and all the funds will be spent over that time using a reimbursement for task completion model.

TASK	Months	Hours	Rate	Total
Subcontract	1-3			NA
Drug Dose Editor Customization				
Task 1: Design	2-4	30	$220	$6,600
Task 2: Implement Admin UI Updates	5-8	80	$225	$18,000
Task 3: Implement Client UI Updates	5-8	60	$225	$13,500
Task 4: QA and Bug Fixes	9-12	30	$220	$6,600
Equipment Data Editing				
Task 1: Design	2-4	20	$220	$4,400
Task 2: Implement Admin UI Updates	5-8	70	$225	$15,750
Task 3: Implement Client UI Updates	5-8	20	$225	$4,500
Task 4: QA and Bug Fixes	9-12	30	$220	$6,600
TOTAL		340		$75,950

County of Los Angeles Quality and Productivity Commission

PRODUCTIVITY INVESTMENT FUND PROPOSAL

(Please submit the proposal with a cover letter signed by the department head)

Last Updated: 7/23/2024

Quality and Productivity Manager (Print and Sign) Connie Salgado-Sanchez Consuelo Salgado-Sanchez Telephone Number (213) 636-7795 E-mail cosanchez@dhs.lacounty.gov	Project Manager (Print and Sign) Nichole Bosson Telephone Number 562-378-1600 E-mail nbosson@dhs.lacounty.gov
Department CIO/IT Manager (Print and Sign) Adam Martinez Telephone Number 562-378-1628 E-mail admartinez@dhs.lacounty.gov	Budget/Finance Manager (Print and Sign) Jaqueline Rifenburg Telephone Number 562-378-1640 E-mail jrifenburg@dhs.lacounty.gov
Department Head (Print and Sign) Christina Ghaly, MD E-mail cghaly@dhs.lacounty.gov	Telephone Number 213-288-8050

**** Electronic, Original, or Scanned Signatures Are Accepted ****

County of Los Angeles Quality and Productivity Commission

PRODUCTIVITY INVESTMENT FUND PROPOSAL

QUESTIONS

1. Has this proposal been submitted before for a Productivity Investment Fund loan or grant? Yes_____ **No, however, the original application development was supported by a PIF grant in 2017**
   If so, when (date)?

2. Was this proposal included in the department's current budget request?
   Yes_____ No___x____ If no, why not?

The department has budgeted for annual maintenance, however, the budget does not allow for this additional cost for the updates. The department has been asked to cut costs in the current fiscal cycle.

3. How many years will it take for the loan to be paid back (3 years maximum without special approval)? Where will the funds come from to repay the loan? **N/A**
   We are requesting a grant. The benefit is in patient care quality and safety; cannot directly measure cost savings.

   Hard Dollar Savings — Cost Avoidance
   Revenue Generation — Other (please explain)

4. Discuss potential for revenue increase, service enhancement, future cost avoidance and/or cost savings. Does it reduce net County cost?
   Improved field care has the potential to reduce costs through reducing length of hospital stays and level of admissions, however, this cannot be directly measured.

5. (300 words) How does this proposal extend, amplify, or complement existing cross-County best and shared practices (including, if applicable, technology or sustainability practices, and equity impact – whom does this benefit and/or burden); describe the proposed solution in terms of its innovative use of technologies to achieve desired business outcomes, and/or Department strategic goals and objectives?

   This project directly aligns with several DHS strategic goals:

1) **Goal 2 "Demonstrate excellent, equitable clinical outcomes for all patients - Underrepresented patients and those of low socioeconomic status as served by the LA County DHS system are more likely to access EMS care and, in particular, pediatric patients presenting with critical illness in need of time-sensitive interventions. This mobile application update optimizes the care delivery for these patients.**
2) **Goal 3 "Improve patient's access to and experience of care." We have demonstrated that reducing the cognitive burden on the paramedics and providing tools to assist with accurate medication dosing allows them to focus on patient- and family-centered care, improving the experience for all and enhancing patient safety. This update will further this goal.**

6. (150 words) Is the proposal a pilot project? What, if any, are the programmatic and fiscal sustainability measures of success, and/or learning objectives for the project? What would be the conditions for further expansion or development?
This is not a pilot project. These updates will ensure the ongoing sustainability of this critical resource for paramedics. A key part of the update will allow for further control of the data and functionality by the EMS Agency Medical Directors and Administrators directly so that future changes can be made through the administrative functions of the application allowing a more adaptable resource. This application is an essential tool for paramedics, as demonstrated by the current frequency of use, and must be maintained. The EMS Agency has budgeted for ongoing maintenance and support of the application.

7. (300 words) What current County processes or functions will be eliminated or streamlined via this productivity enhancement(s) and/or quality improvement(s)?
This update will allow for greater administrative control of the application contents by the EMS Agency Medical Directors and Administrators, thus reducing the dependence on an external vendor. It will allow better real-time updates to adapt to system needs.

8. (300 words) Does this proposal relate to a specific Countywide Strategic Plan North Stars and Board-Directed priorities? (To view the County's strategic plan, click here: LA County Strategic Plan 2024-2030 – Los Angeles County. To view the Board-Directed priorities, click here: (Chief Executive Office | County of Los Angeles (lacounty.gov). If yes, please explain.
   This project supports Emergency Medical Services ability to care for the community and particularly the pediatric population, which aligns with North Star 1.

9. (150 words) Does this proposal enhance the County image and/or improve relationships with the County's constituents? Please explain.
   Emergency Medical Services are at its core a community service. EMS responds to the patients where they are and provides the first line of care. Improving the quality and safety of EMS care directly achieves this goal.

10. (150 words) How might this proposal promote interdepartmental cooperation including, if applicable, data sharing and program design?
    This resource is used by all LA County hospitals as well as non-County Base Hospitals, LA County Fire Department and all EMS provider agencies in LA County. It is a project that extends well beyond one department.

11. (150 words) Where did the original idea for this project come from?
    The initial mobile application was designed by the EMS Agency leadership in collaboration with system partners, including EMS provider agency medical directors, EMS educators, online medical clinicians, and paramedics as the key end users. This essential mobile application update is proposed by the EMS Agency Medical Directors and represents feedback from all these key partners.

12. When will the funds be needed? Please indicate the amount needed by fiscal year and quarter:

2023-24	**2024-25**
1st Quarter $_____	1st Quarter $_____

County of Los Angeles Quality and Productivity Commission

PRODUCTIVITY INVESTMENT FUND PROPOSAL

2nd Quarter $_____
3rd Quarter $_____
4th Quarter $_____

2nd Quarter $_____
3rd Quarter $_____
4th Quarter $_____

2025-26

1st Quarter $_____
2nd Quarter $_____
3rd Quarter $11, 000
4th Quarter $33,750

2026-27

1st Quarter $18,000
2nd Quarter $13,200
3rd Quarter $_____
4th Quarter $_____

IMPLEMENTATION PLAN

KEY MILESTONES	START DATE	FUNDS NEEDED	FUNDS REPAID
(Major steps in the project development)	(Estimated date for each project step)	(Amount and quarter funds will be needed)	(Amount and quarter funds will be repaid)
Establish Subcontract	Months 1-3	NA	NA
Transfer medication data	Months 1-3	NA	NA
Develop mockups of user interface	Months 3-4	$11,000	$0
Approve mockups of user interface	Months 3-4	NA	NA
Program admin and client application updates	Months 4-6	$33,750	$0
Test admin and client updates	Months 6-8	$18,000	$0
Pilot client application, bug fixes	Months 9-11	$13,200	$0

County of Los Angeles Quality and Productivity Commission
PRODUCTIVITY INVESTMENT FUND PROPOSAL

Release client application	Month 12	NA	NA

LINE ITEM BUDGET DETAIL

(Work with your Budget Analyst)

Services and Supplies

Vendor services for design and implementation (please see attached quote, details also provided above)

(a) Total services and supplies **$ 75,950**

Other Charges

List all other charges here

(b) Total other charges **$ 0**

Fixed Assets

List all equipments and other fixed assets here

(c) Total fixed assets **$ 0**

TOTAL COSTS (a+b+c) **$ 75,950**

26.3 - Supporting Document #1 - Journal Article

Prehospital Emergency Care

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/ipec20

A Standardized Formulary to Reduce Pediatric Medication Dosing Errors: A Mixed Methods Study

Nichole Bosson, Amy H. Kaji & Marianne Gausche-Hill

To cite this article: Nichole Bosson, Amy H. Kaji & Marianne Gausche-Hill (2021): A Standardized Formulary to Reduce Pediatric Medication Dosing Errors: A Mixed Methods Study, Prehospital Emergency Care, DOI: 10.1080/10903127.2021.1955058

To link to this article: https://doi.org/10.1080/10903127.2021.1955058

A Standardized Formulary to Reduce Pediatric Medication Dosing Errors: A Mixed Methods Study

Nichole Bosson, MD, MPH, Amy H. Kaji, MD, PhD, Marianne Gausche-Hill, MD

Abstract

Objective: We hypothesized that implementation of a Medical Control Guideline (MCG) with a standardized formulary (fixed medication concentrations) and pre-calculated medication dosages in a large emergency medical services (EMS) system would reduce pediatric dosing errors. To assess the effectiveness of the standardized formulary to reduce errors, we chose to evaluate midazolam administration for seizures, because it is the most frequently dosed medication by EMS for children, and seizures are a time-sensitive condition. The objective of this study was to compare: 1) frequency of midazolam dosing errors during the field treatment of pediatric seizures and 2) paramedic anxiety and confidence in dosing midazolam for pediatric seizures, before and after implementation of the MCG. **Methods:** In this mixed-methods study, we utilized the Los Angeles County EMS data registry to identify pediatric patients ≤14 years-old treated with midazolam for seizure. We defined a dosing error as outside the dose directed by the color code on the length-based resuscitation tape, or ±20% the weight-based midazolam dose when color code was absent. We compared dosing errors during a two-year period before and after implementation of the MCG with the standardized formulary in February 2017. We surveyed paramedics to assess their level of anxiety and confidence in dosing midazolam and conducted semi-structured interviews with 20 respondents to further explore its impact on paramedic practice. **Results:** There were 80 dosing errors in 569 patients treated post-formulary (14.1%) compared with 92 dosing errors in 497 patients treated pre-formulary (18.5%), risk difference −4.5% (95% CI −8.9 to 0.0), $p = 0.049$. Among 304 paramedic survey respondents who had experience with the formulary, anxiety decreased ($p < 0.001$) and confidence increased ($p < 0.001$) post-formulary. Paramedics expressed the challenges of pediatric calls, the benefits of the MCG with the standardized formulary, and the ongoing challenges of pediatric medication dosing. Benefits included simplifying paramedic tasks, increasing paramedic self-efficacy, facilitating provider communication, and improving patient care. **Conclusion:** Implementation of a MCG with standardized formulary and pre-calculated medication dosing by weight reduced pediatric medication dosing errors and increased paramedic confidence in pediatric medication dosing. It may have the potential to facilitate patient care through improved communications and task simplification. **Key words:** emergency medical services; pediatrics; medical error

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Introduction

Pediatric medication dosing errors are frequent events, with reported rates as high as 1 in 6 administrations (1, 2). Types of medication errors include wrong dose, wrong drug, wrong dilution, wrong route, and wrong patient (3, 4). Medications can also be omitted or duplicated (3). The most common medication error is administering the incorrect dosage (2, 5–9).

Dosing errors occur due to many factors including the need to rapidly determine the weight of the patient and to calculate the dose based on the formulation of the drug. Not surprisingly, calculation error was among the top causes of medication errors submitted to the United States Pharmacopeia's Medical Errors Reporting (MER) Program (6). Weight estimation has been shown to contribute to errors and the use of length-based estimates increases accuracy (10–12). However, there remains a need to calculate the volume of administration based on the concentration of the drug, and the process of converting from milligrams to milliliters is prone to error (13).

One of the highest risks for medication errors exists during pediatric resuscitations, which are low-frequency, high-stress, and high-stakes situations (12, 14). Emergency Medical Service (EMS) clinicians are faced with these situations regularly and are tasked with rapidly determining the correct dose of medications in an uncontrolled, frequently hectic out-of-hospital environment. Furthermore,

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Address correspondence to Nichole Bosson MD, MPH, Los Angeles County Emergency Medical Services Agency, NRP LA County EMS Agency, 10100 Pioneer Blvd, Ste 200, Santa Fe Springs, CA 90670, USA. E-mail: nbosson@dhs.lacounty.gov

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they lack emergency pharmacists and the backup systems often present in hospitals such as computerized systems to assist with weight-based calculations, check dosages, and flag potential errors (15, 16). Prior studies have demonstrated high rates of pediatric dosing errors in the prehospital setting (17, 18). To prevent in-hospital medication errors, the American Academy of Pediatrics recommends standardization wherever possible, including standardization of equipment, measurements and order sheets (19). The National Association of EMS Physicians position statement on Medication Dosing Safety for Pediatric Patients states "EMS agencies and providers should utilize dose-derivation strategies that avoid use of calculations at the patient's side" (20). However, the use of a standardized formulary to reduce medication error has not been well-studied in the prehospital setting.

We hypothesized that implementation of a Medical Control Guideline (MCG) which utilizes a standardized formulary, comprised of a single specified concentration for each medication with set precalculated dosages by volume in a large EMS system, would reduce pediatric medication dosing errors compared to pre-intervention historical controls. Midazolam is the most frequently dosed medication by EMS clinicians for pediatric patients in our system. Administration of midazolam for pediatric seizures is time-sensitive, which may create a high-stress scenario. We, therefore, chose to assess the effectiveness of the standardized formulary at reducing medication errors by evaluating midazolam dosing. The objectives of this study were to compare: 1) frequency of midazolam dosing errors during the field treatment of pediatric seizures and 2) paramedic anxiety and confidence in dosing midazolam for pediatric seizures, before and after implementation of the MCG with the standardized formulary.

METHODS

Study Design

This was a mixed methods study of the Los Angeles (LA) County EMS system before and after implementation of the MCG with the standardized medication formulary in February 2017. The standardized formulary specified a single concentration for each medication in the EMS inventory. The study utilized data from the LA County EMS Provider Agency Database, which contains data on all EMS patient encounters. We chose to compare midazolam dosing errors, since it is the most common weight-based medication administered to pediatric patients by paramedics in LA County and its administration for pediatric seizures is time-sensitive. We analyzed data for all pediatric patients with a documented chief complaint or provider impression of seizure who were treated with midazolam in the field by EMS for the same two-year period before (July 1, 2014 to June 30, 2016) and after (July 1, 2017 to June 30, 2019) the implementation of the MCG. After system-wide implementation of the MCG with the standardized formulary, we conducted a survey of paramedics in LA County followed by semi-structured interviews with randomly selected survey participants. The study was reviewed and approved with waiver of informed consent for the quantitative analysis by the Harbor-UCLA Medical Center institutional review board. Per the IRB, survey participants were provided information about the study and participated voluntarily with waiver of written consent.

Study Setting and Population

LA County EMS Agency serves a population of approximately 10.2 million over 4058 square miles. At the time of the study, 30 fire-based Public Provider Agencies provided Advanced Life Support (ALS) response, employing approximately 4200 paramedics. Paramedics respond to over 600,000 9-1-1 calls annually, of which approximately 5% are for pediatric patients. For the purpose of prehospital treatment, the LA County EMS Agency defines pediatric patients as $\leq$ 14 years of age. Paramedics follow LA County EMS Treatment Protocols for the management of seizures, which directs administration of midazolam for any active seizure via the intravenous, intraosseous, intramuscular, or intranasal route. At the time of this study, midazolam dosing was standardized at 0.1 mg/kg for all routes, maximum 5 mg per dose, with the option for repeat dosing after 2 minutes for persistent seizure activity. Prior to the standardized formulary, the concentration of midazolam was not specified. After implementation, all units carried midazolam 5 mg/ml as the sole concentration allowed by the standardized formulary.

Since 2001, paramedics in LA County use a length-based resuscitation tape (e.g., Broselow Tape) to estimate the weight of a pediatric patient, and refer to the MCG LA Color Code Drug Doses, previously known as "LA Kids" (12), to determine the correct dose for all weight-based medications including midazolam, based on the patient's identified color code (21). The LA Color Code Drug Doses is specific to the LA County paramedic scope of practice and formulary; paramedics do not use the length-based resuscitation tape to reference any

10 kg	Length 73 – 78 cm			11-14 months			PURPLE
	Normal Vital Signs:	Heart Rate: 90-150		Respirations: 24-40	Systolic BP: >70		
	Cardioversion:	10 joules		20 joules	20 joules		
	Defibrillation:	20 joules		40 joules	40 joules		
	Medication	Dose	mLs	Medication	Dose	mLs	
	Adenosine	1mg	0.33mL	Fentanyl IV/IM	10mcg	0.2mL	
	Albuterol NEB	5mg	6mL	Fentanyl IN	15mcg	0.3mL	
	Amiodarone	50mg	1mL	Glucagon IM	1mg	1mL	
	Atropine	0.2mg	2mL	Lidocaine 2% IO	5mg	0.25mL	
	Calcium Chloride	200mg	2mL	Midazolam IV/IM/IN	1mg	0.2mL	
	Dextrose 10% slow IV	50mL	50mL	Morphine Sulfate IV	1mg	0.25mL	
	Diphenhydramine IV/IM	10mg	0.2mL	Naloxone IV/IM/IN	1mg	1mL	
	Epinephrine 0.1mg/mL IV	0.1mg	1mL	Normal Saline IV Bolus	200mL	200mL	
	Epinephrine 1mg/mL IM	0.1mg	0.1mL	Sodium Bicarbonate*	10mEq	10mL	
	Epinephrine 1mg/mL NEB	5mg	5mL	*dilute 1:1 with NS if 11-12 months			

Figure 1. Medical control guideline: LA county color code drug doses, 2017 version – example color code (Purple, 10 kg).

medication dosing or device size. If the patient is longer than the length-based resuscitation tape, then they are treated with 5 mg, per adult dosing protocols. Prior to February 2017, the medication doses were given in milligrams on the MCG, and the volume of administration was calculated by the paramedic based on the formulation of the medication. Since the change to the MCG with the standardized formulary with a single concentration for each medication, the LA Color Code Drug Doses lists all doses in both milligrams and milliliters, such that paramedics reference the Color Code Drug Doses for both pediatric and adult patients to directly determine the volume of medication to draw up and administer to the patient (Figure 1). Paramedics access the Color Code Drug Doses via a link on their documentation tablets. It is also available in printed format on most paramedic units, but this varies by Provider Agency.

Study Protocol

The LA County Provider Agency Database collects data submitted from the electronic patient care records for all EMS encounters. For the quantitative analysis, we utilized this EMS data registry to identify pediatric patients $\leq$14 years old treated with midazolam by EMS for seizure. We compared patients treated during equivalent two-year periods pre-standardized formulary (July 1, 2014 to June 30, 2016) and post-standardized formulary (July 1, 2017 to June 30, 2019), allowing for the training period prior to implementation and a 5-month period of assimilation of the new protocol after implementation. We abstracted data on patient age, weight, color code, and midazolam dose and route. The standard documentation for medication dose was in milligrams per dose. Given dose was a free-text field, providers varied in the format by which they documented the medication dosage. For the analysis, doses documented in milliliters were converted to milligrams based on the midazolam concentration. In cases where the units were unclear, the documentation was assumed to be in milligrams.

For the survey, we included all accredited paramedics affiliated with an LA County EMS Provider Agency at the time of distribution. We excluded paramedics who were not active in LA County and those who did not have at least one experience utilizing the MCG with the standardized formulary. An email list of all accredited LA County Paramedics is maintained by the LA County EMS Agency and was used to distribute the survey via Survey Monkey. Three subsequent reminders were sent in a similar fashion at 2-week intervals. In addition, the EMS Provider Agency Medical Directors and educators were engaged to further distribute and encourage participation in the survey. The survey was distributed 6 months after initiation of the standardized formulary. This time interval was chosen to maximize chances of respondents use of the new formulary, while allowing for recollection of experience prior to the change in MCG. Paramedics were not surveyed prior to the change in MCG.

Participants were randomly selected from the list survey respondents who provided contact information to participate in an approximately 10-minute long individual phone interview. Interviews were conducted from February to April 2018. Selected participants were contacted initially via email in random order, utilizing the random number generator function in Microsoft Excel (Microsoft Corporation, Redmond WA, USA). Up to three contact attempts were made via email to establish a time for the phone interview. If there was no response after the three contact attempts, the next respondent was selected for participation and a similar contact approach was made. Participants were contacted until thematic saturation was achieved.

TABLE 1. Semi-structured Interview Questions

Background questions
1. What is your gender?
2. How old are you?
3. How many years have you been a paramedic?
4. Are you a parent?
Interview questions
5. Prior to February 2017, what did you feel were the challenges you and your colleagues faced, if any, in dosing medications such as midazolam for children?
6. In February 2017, the Los Angeles County EMS Agency changed reference 1309 to include standard formulation of medication for children and pre-calculated dosing of medications. How did this change impact your dosing of medications such as midazolam for children?
7. What do you feel are the challenges you and your colleagues face, if any, in dosing medications such as midazolam for children since this change?
8. In your opinion, how do you feel this change in process for dosing medications in children affected the accuracy of medication dosing for children?
9. Are there any other comments you would like to share regarding dosing of pediatric medications or your experience with the standard formulation?

Key Outcome Measures

The primary outcome was medication dose error. The LA County paramedics utilize the color-code as the primary method to determine pediatric medication dosing. Thus, if the color code was documented, we defined a medication error by a dose outside the range for the documented color code. If no color code was documented, but a weight was documented, we defined a medication error as ±20% the weight-based midazolam dose. We compared dosing errors during a two-year period before and after implementation of the MCG with the formulary change. For the primary analysis, we compared the doses as documented. Given the variability in dose documentation in the free-text field as described above, an investigator (NB) reviewed all of the errors, blinded to the phase of the study, to determine if some of the errors were the result of documentation in milliliters with missing units, rather than milligrams. The error was reclassified if the documented dose was the correct dose in milliliters, based on the documented color code or weight as applicable. We performed a sensitivity analysis after the reclassification of errors, based on documentation in milliliters.

For the qualitative analysis, we surveyed paramedics to assess their level of anxiety and confidence in dosing midazolam before and after the formulary change. We collected demographic information including sex, age, years as a paramedic, and parenthood. We assessed paramedic anxiety and confidence in dosing midazolam for pediatric seizure on a 4-point Likert scale. We provided a short vignette and included, in a random order, identical questions for patients 2 months, 2 years, and 15 years of age before and after the implementation of the MCG with the standardized formulary to understand the impact of the change according to different ages of the child (Online Appendix 1). Since patients 15 years of age or older received a fixed adult dose, questions related to this age group were meant to serve as a control group. We then conducted semi-structured interviews with a subset of survey respondents until thematic saturation was achieved to explore the impact on paramedic practice (22) (Table 1). The interviews were recorded after confirming verbal consent by participants. Two investigators, who are EMS physicians with prior training and experience in qualitative methodologies, conducted the interviews with participants individually via phone; only the participant and the investigator conducting the interview were present. The investigators act as Medical Directors in the LA County EMS system but do not directly oversee or employ the participants, nor are they employed by the same EMS Agency as the participants. Interviews were approximately 10-minutes long.

Data Analysis

Data were downloaded from the LA County EMS Agency Database into Microsoft Excel (Microsoft Corporation, Redmond WA, USA) and uploaded into SAS 9.4 (SAS Institute, Cary, NC, USA) for statistical analysis. Descriptive statistics were calculated with median and inter-quartile ranges (IQR) or frequencies and proportions, as appropriate. For the primary outcome of medication dosing errors, we compared pre-post error proportions, using relative risk. Based on known encounter frequencies, we estimated an available sample of 432 patients per

Table 2. Characteristics of the pediatric population treated with midazolam for seizure

	Overall (1066)		Pre-formulary (497)		Post-formulary (569)	
	N	%	*N*	%	*N*	%
Gender						
Male	604	56.7	274	55.1	330	58.0
Female	457	42.9	220	44.3	237	41.7
Unknown	5	0.5	3	0.6	2	0.4
Age in years, median/IQR	4.0	1.8–7.0	4.0	1.8–8.0	4.0	1.8–7.0
Color Code						
Grey	3	0.3	0	0.0	3	0.5
Pink	18	1.7	12	2.4	6	1.1
Red	46	4.3	15	3.0	31	5.4
Purple	130	12.2	68	13.7	62	10.9
Yellow	180	16.9	80	16.1	100	17.6
White	141	13.2	73	14.7	68	12.0
Blue	148	13.9	73	14.7	75	13.2
Orange	63	5.9	30	6.0	33	5.8
Green	80	7.5	37	7.4	43	7.6
Too Tall	47	4.4	13	2.6	34	6.0
Unknown*	210	19.7	96	19.3	114	20.0

*Color code unknown but weight documented.

year. We determined that this sample size would provide >80% power to detect a 10% difference in medication error, assuming a baseline error rate of 30% (12). To compare pre- and post-paramedic survey responses, we used the Wilcoxon signed rank test. Given a 4-scenario survey, with an alpha of 0.05, we a priori determined a sample of 231 paramedics completing the before and after survey would achieve a power of 80% to detect a change of 0.5 units on the Likert scale. De-identified data for the semi-structured interviews were transcribed by an independent party into Microsoft Word (Microsoft Corporation, Redmond WA, USA) and verified by an investigator for accuracy. Two investigators independently completed thematic coding and then cross-verified for completeness and accuracy. Open coding was performed first, with subsequent category development and thematic coding leading to the theoretical concepts that emerged as results. Reporting of the qualitative analysis is in accordance with the Standards for Reporting Qualitative Research (SRQR) (23).

Results

Main Quantitative Results

Of 1141 patients, 71 were excluded for missing dosing documentation and 4 were missing both color code and weight leaving 1066 patients in the study cohort. Patient characteristics are shown in Table 2. There were 80 dosing errors in 569 patients treated post-MCG with the standardized formulary (14.1%) compared with 92 dosing errors in 497 patients treated pre-MCG (18.5%), risk difference (RD) −4.5% (95% CI −8.9 to 0.0), p = 0.049. Under-dosing was slightly more common than over-dosing in both time periods, 44 of 80 patients (55%) were under-dosed post-MCG and 57 of 92 patients (62%) were under-dosed pre-MCG.

Upon review of the 92 dosing errors, 11 in each group were determined to be the result of documentation in milliliters rather than milligrams. With reclassification of these cases, the result was 69 (12.1%) errors post-MCG compared with 81 (16.3%) errors pre-MCG, RD −4.2% (95% CI −8.4 to 0.0), p = 0.049.

Survey Results

There were 654 survey responses, of which 114 completed the demographic questions only. Of the 540 remaining, 65 did not complete the post-implementation survey questions leaving 475 complete survey responses, representing approximately 11% of LA County accredited paramedics, of whom 304 indicated at least one experience using the MCG with the standardized formulary (Table 3). Among paramedic survey respondents who had experience with the MCG, when asked about dosing midazolam in children 2 months and 2 years of age, anxiety decreased post-MCG (mean difference −0.49 ± 0.86 and −0.34 ± 0.72 respectively, $p < 0.001$) and confidence in the correct dose increased post-MCG (mean difference 0.21 ± 0.68 and 0.17 ± 0.56 respectively, $p < 0.001$). In children 15 years of age, whereas anxiety decreased post-MCG (mean difference −0.22 ± 0.65), $p < 0.001$), confidence in delivery of

TABLE 3. Characteristics of paramedic survey respondents ($N = 304$)

	N	%
Age		
18–25	6	2.0
26–35	125	41.1
36–45	93	30.6
45+	80	26.3
Gender		
Male	281	92.4
Female	16	5.3
Prefer not to respond	7	2.3
Parent		
Yes	205	67.4
No	95	31.3
Prefer not to respond	4	1.3
Paramedic experience (years)		
<1	22	7.3
1–4	61	20.1
5–9	85	28.0
10–14	50	16.5
15+	86	28.3

the correct dose did not change (mean difference 0.07 ± 0.7, $p = 0.07$) (Figure 2).

Qualitative Interviews

Of respondents who submitted complete surveys, 128 (27%) provided contact information. Twenty-three participants were contacted for interviews, of whom one declined and two did not respond after three contact attempts. Semi-structured interviews were conducted until thematic saturation was achieved ($N = 20$). One participant was female. Median age was 37.5 years (IQR 34.5–42.5) and median years working as a paramedic was 9 (IQR 4–15.5). Fourteen (70%) indicated that they were parents. Identified themes formed three overarching ideas that emerged from the interviews (Table 4). Paramedics relayed 1) the challenges of pediatric calls, 2) the benefits to the MCG with the standardized formulary, and 3) the ongoing challenges of pediatric medication dosing.

The challenges included provider anxiety and the chaotic environment of the scene. The rarity of pediatric calls contributed to paramedic discomfort. *"Because, as we all know, running pediatric calls to begin with can be stressful because we don't run them on a regular basis. Second, you have the family that's nervous and freaking out and all the paramedics are on their toes, you know, it's something that we don't do on a daily basis."*

Benefits included simplifying paramedic tasks, increasing paramedic self-efficacy, facilitating provider communication, and improving patient care. Participants expressed reduced anxiety with the ability to directly reference the MCG with the standardized formulary. *"I think it just, it definitely helped as far as like, the stress level.... So, I think it overall just made things easier, my own apprehensions going into any calls, because I know that I have that quick and easy reference sheet."* Further, paramedics believed that it increased accuracy of the medication dosing and allowed them to spend more time on other tasks. *"So it puts an extra layer of security in place so that you don't administer a wrong dose to a pediatric patient, which, in that way, is super cool."* Another participant: *"It would allow me to explain things to the parent a little bit better."*

Paramedic participants acknowledged ongoing challenges in dosing pediatric medications, including the accuracy of the length-based tool to assess pediatric weight, difficulty accessing the MCG with the standardized formulary reference, and potential disruptions in supply of the specified formulation during periods of drug shortages.

DISCUSSION

In this mixed-methods study, we found that implementation of a MCG with a standardized formulary in a large EMS system reduced medication dosing errors. After implementation, there was a 24% relative reduction in dosing errors in midazolam for pediatric seizures. In addition, paramedics experienced less anxiety and had more confidence in dosing midazolam for children after the formulary change. While dosing errors identified in this study do not directly equate to harm, pediatric patients are more susceptible to harm. In a prior study, 31% of medication errors resulted in harm or death, as compared to only 13% of adults (6).

Although some of the paramedics interviewed acknowledged initial resistance to the change, the experience after implementation of the MCG with the standardized formulary, as described by the study participants, was overwhelmingly positive. The relative rarity of critically ill children, the chaotic scene environment, and the stress response of the parent all contribute to paramedic anxiety around dosing medications for children. This appears to be true across a variety of experience levels represented by our study participants. Vilke et. al. similarly found that paramedics are uncomfortable estimating pediatric weights (10). In their study, this discomfort did not correlate with the amount of prior training or the accuracy with which the paramedic was able to assess the weight of the patient. Our data show that implementation of the MCG with the standardized formulary and pre-

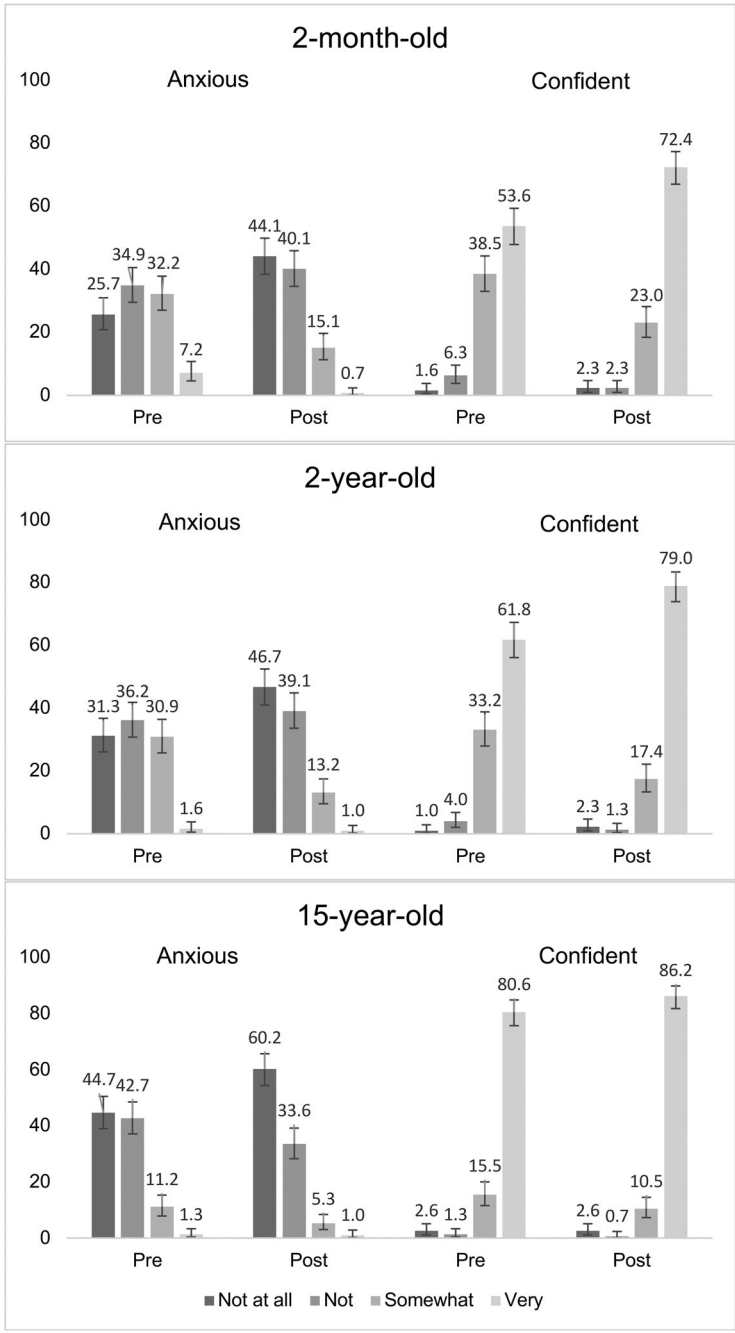

Figure 2. Paramedic survey responses ($N = 304$).

calculated drug doses can reduce paramedic anxiety around pediatric medication dosing by simplifying the process.

While Vilke et. al. also showed paramedics correctly calculated doses for pediatric patients 95% of the time when using a length-based resuscitation tape (Broselow), this was in a simulated environment (10). The error rate in the clinical environment has been found to be higher (1–3, 14, 24). In Los Angeles County, the consistent use of the length-based resuscitation tape pre-MCG change may have reduced the benefit seen in our study, since even before implementation of the MCG, paramedics already referred directly to the doses by color code, albeit in milligrams. In a prior study in LA County, the use of a length-based resuscitation tape was demonstrated to reduce medication errors so the error rates in the pre-MCG period may already have been lower (12); data from other systems have shown much higher rates of dosing errors in midazolam with up to 60% in one study (18). Additionally, given the errors were identified based on the documentation, which was most often in

TABLE 4. Semi-structured Interview Themes

Themes	*Illustrative Quotes*
Challenges of dosing medications for pediatric patients	
Pediatric calls cause anxiety in providers.	"That entire experience is very stressful and just knowing the potential of having a critical pediatric patient, that dosage is something that probably kept me up at night."
The environment of pediatric calls is challenging.	"[The challenge was] actually administering the correct dosage in the heat of battle, essentially. Because, when you're dealing with a sick kid or an actually seizing kid and everything that comes with that; the parents, the family, everything that goes on, you know, it's really hard to focus in on that."
Adapting to change is a process.	"Initially, I didn't like it when it changed. I was a little resistant. But, actually having given the administration of it, I think it was a good choice in making this change."
Benefits to the standardized formulary	
The standardized formulary makes the paramedic's job easier.	"Well, prior to the chart you always were concerned about 'is my math right?' You've done it, you've checked it; your partner did it and checked it and we came up with the same stuff … in all probability we were right but the chart just makes it a whole lot easier."
The standardized formulary increases paramedic self-efficacy.	"Having the standardized formulary it takes a lot of anxiety off of our shoulders 'cause we know we're going to have the right dosage for the right patient at the time so, it's good. We're definitely moving in the right direction."
The standardized formulary facilitates clear communication.	"I like how things have become standardized, so it makes it easy, when calling the MICN, um, just the common language being spoken rather than a hospital language and a Fire language, it's all the same thing."
	"I mean, it helped, you know, kind of, our communication with my partners and stuff."
The standardized formulary improves patient care.	"It just makes the calls go a lot more smooth when you're not like … Umm, I'm kind of questioning my partner's math here or something, you know …. A lot easier, quicker, better on-scene times and better just … patient care, really."
	"I was able to think about other things and be more of a patient care advocate."
Ongoing challenges of dosing medications for pediatric patients	
Accuracy also depends on other factors beyond the standardized formulary.	"We don't have like a tool to weigh them. I mean, the weight scenario can be sometimes off."
	"I would say just because we don't draw that little a drug that often, um, just trying to get it accurate with that small of a dosage."
Access to the standardized formulary can be improved.	"Obviously you can grab the 1309 but sometimes that gets moved but, I felt it was a good idea to have something smaller that was located with the drug box so that I can pull out one tool instead of multiple devices to get something done."
Drug shortages may make maintaining the standardized formulary challenging.	"I think the biggest challenge is maintaining the stock of the concentrations that the County has approved. With all of the issues that we've had with drug shortages, it makes it increasingly more difficult to maintain what the County's approved."

MICN = Mobile Intensive Care Nurse; 1309 = Policy reference for standardized medication formulary.

milligrams referenced in both the pre- and post-period on the color code, rather than the volume of drug, which was only available for direct reference in the post-period, we may have underestimated the benefit on actual dosing errors in the post-implementation period; that is, the volume administered may have been more accurate in the post-implementation period but this could not be measured with our data. However, we still found a reduction in medication dosing error with the introduction of the MCG with the standardized formulary. This suggests, beyond use of the length-based resuscitation tape, there are continued opportunities to reduce medication errors by avoiding human errors in calculation. While the retrospective nature of the study does not allow us to confirm causality, the MCG with the standardized formulary eliminated the need for calculations and was associated with a reduction in medication errors.

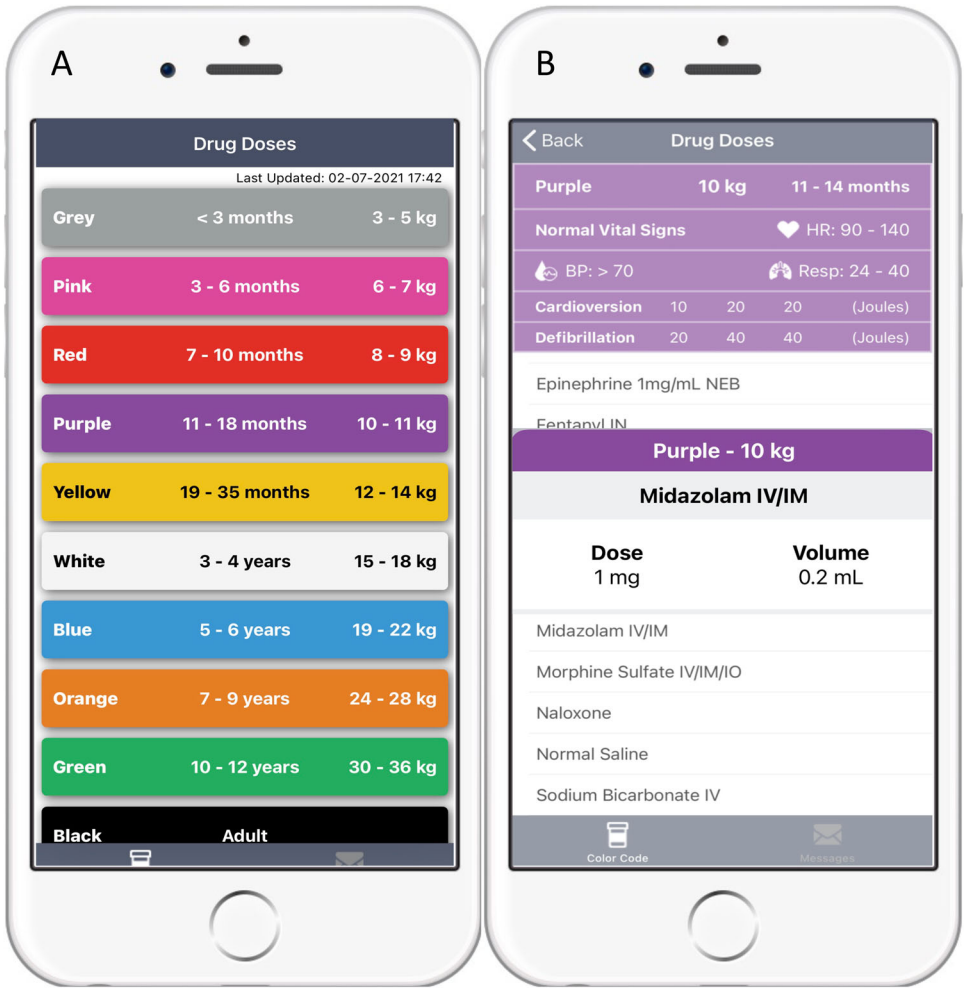

Figure 3. LA drug doses application. (A) Home screen, (B) Example color code (Purple, 10 kg) dosing for midazolam in milligrams and milliliters.

Our results are further supported by a prior study by Hoyle et. al. in which the authors demonstrated a decrease in medication errors in a simulated environment after implementation of a state-wide pediatric dosing reference in Michigan, including dose in milliliters (25).

Importantly, paramedics expressed benefits beyond simplification and improved accuracy in medication dosing. These included facilitating clear communications, speeding up processes, and enabling more time to focus on other critical tasks, all of which have the potential to improve patient care. While the limitations of the data set do not allow us to quantify a reduction in time to medication administration or scene time, it is logical that task simplification would streamline processes. The expressed benefits of having more time to talk with the parents and advocate for the patient are important but difficult to quantify. The increase in paramedic self-efficacy and confidence was evident in both the survey responses and the interviews.

Through open-ended semi-structured interviews with paramedics having experience with using the MCG with the standardized formulary, we were also able to learn about ways to further improve the process of medication dosing. Providers commented on the need for increased access to the MCG reference (i.e., point of care reference), given the challenges of moving between screens on their electronic patient care record tablets or of locating paper copies of the MCG. Subsequent to this study, LA County EMS Agency released the LA County Drug Doses mobile application available on Android and iOS platforms, free to all EMS providers (Figure 3). The application serves as an electronic quick reference containing the drug doses in milligrams and milliliters for all medications in the LA County scope of practice organized by color code. Although drug shortages remain a potential threat, LA County has been able to maintain the supply of the necessary drug formulations through innovative solutions (26). One option would be the

consideration of a national formulary to allow uniform dosing of medications by volume for all emergency medication delivery settings. Our data suggests that this has the potential to reduce medication errors, and thus patient harm, particularly in the pediatric population.

These results must be considered in the context of the study limitations. This is a retrospective study; causality cannot be determined. The sample size was based on available data rather than the predetermined power calculation and required two years of data pre- and post-implementation to achieve the a priori target. Still, given the relatively small sample size in a single system and a single medication, this may not be generalizable to all EMS systems or all medications. Given seizures are often a recurrent condition, it is possible that a patient is represented in the data more than once. The ability to document in milligrams or milliliters may have resulted in the misclassification of some errors. However, a sensitivity analysis revealed similar results. The medication dosing errors were based on documentation by the paramedics; we could not determine the actual amount of medication administered. Furthermore, we were unable to determine if any of the dosing errors identified resulted in harm, or quantify the impact in terms of direct harm reduction. Paramedics were surveyed at a single time after implementation of the new MCG on their experiences both pre- and post-implementation; this may have led to recall bias. There was a low response rate to the survey relative to the large number of paramedics operating in LA County, which is typical of EMS survey studies. The sample was further reduced due to the rarity of pediatric critical responses, as over one third of respondents had no experience with the MCG with the standardized formulary at the time of their submission despite the delay of 6 months to administration of the survey. Survey respondents voluntarily provided contact information to participate in the interviews, which may have created selection bias among interviewees despite the random selection among volunteers. Further, while paramedics are not employed by the EMS Agency and study investigators were not involved in their hire, those interviewed may have hesitated to voice criticism of the MCG to the investigators who also work as Medical Directors for the LA County EMS Agency.

CONCLUSION

Implementation of a MCG with a standardized formulary and pre-calculated drug doses reduced pediatric medication dosing errors and increased paramedic confidence in pediatric medication dosing. Paramedic feedback suggested that it may also facilitate prehospital care through improved communications and simplification of tasks, though further research is needed to confirm this benefit. Standardization of the drug formulary will allow pre-calculation of drug doses for EMS clinicians, which may improve the safety of pediatric medication administration in the prehospital setting.

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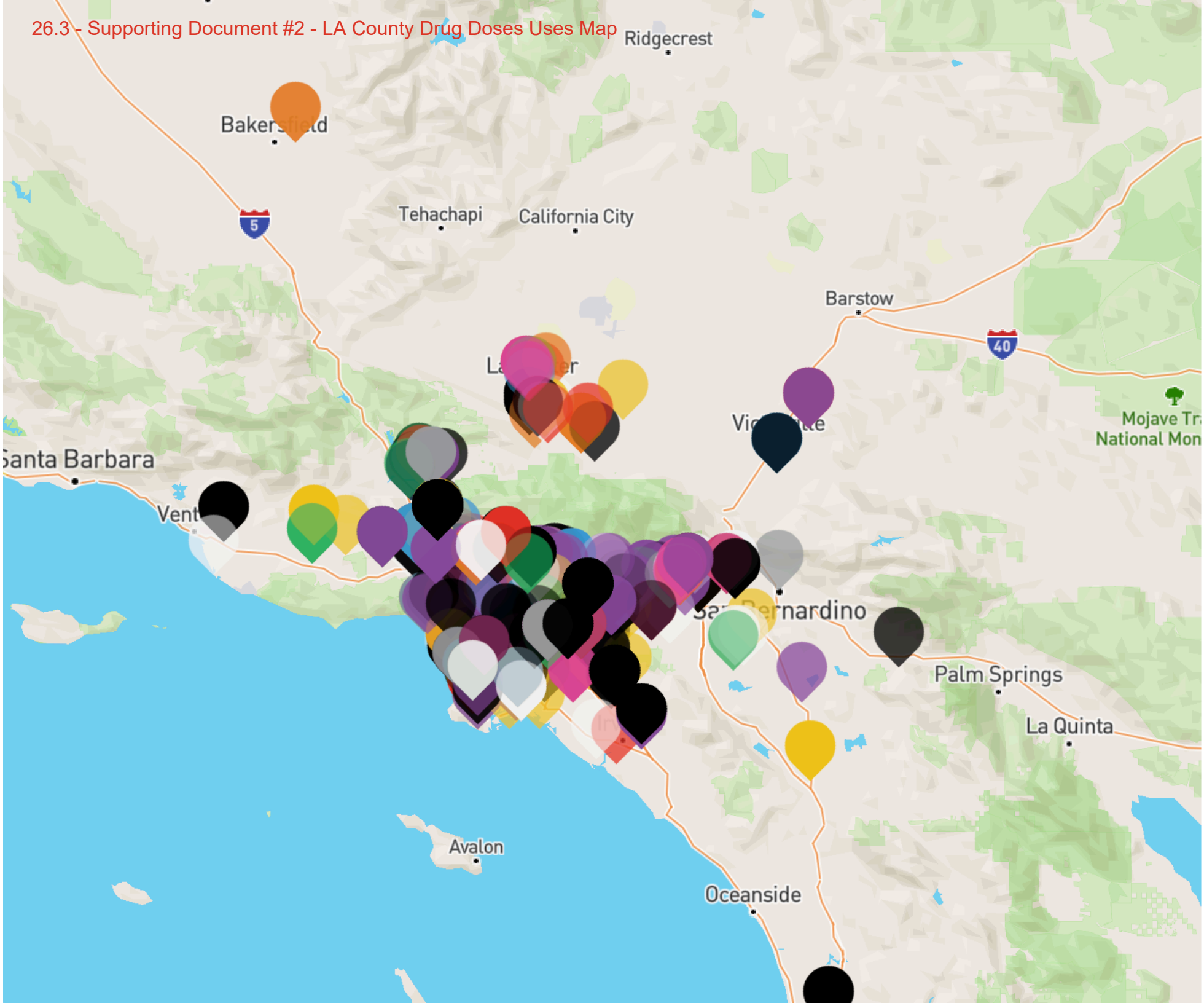
26.3 - Supporting Document #2 - LA County Drug Doses Uses Map



June 10, 2025

This is estimate for the DRUG DOSES APPLICATION: UPDATES.

TASK	Hours	Avg Rate	Total	NOTES
Drug Dose Editor custom dosing by route, indication and color code				
Task 1: Design	30	$220	$6,600	Includes 1 revision round
Task 2: Implement Admin UI Updates	80	$225	$18,000	
Task 3: Implement Client UI Updates	60	$225	$13,500	
Task 4: QA and Bug Fixes	30	$220	$6,600	
Header Data editing				
Task 1: Design	20	$220	$4,400	Includes 1 revision round
Task 2: Implement Admin UI Updates	70	$225	$15,750	
Task 3: Implement Client UI Updates	20	$225	$4,500	
Task 4: QA and Bug Fixes	30	$220	$6,600	
TOTAL	**340**		**$75,950**	

This estimate is based on conversations with the Los Angeles County EMS Agency and is subject to change if the scope changes direction.

LOS ANGELES COUNTY
JUSTICE CARE AND OPPORTUNITIES DEPARTMENT

COUNTY OF LOS ANGELES
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 100
Los Angeles, CA 90012
Website: jcod.lacounty.gov

DIRECTOR
Judge Songhai Armstead, *ret.*

November 13, 2025

Rodney C. Gibson, Ph.D.
Chair
Productivity Investment Board

Subject: UPDATED: PIF Application for JCOD's LA County Training Center Culinary Social Enterprise

Dear Dr. Gibson:

The Justice, Care and Opportunities Department (JCOD) is requesting a $404,000 grant to launch a social enterprise where justice involved individuals can gain on-the-job work experience to prepare them for employment in the hospitality field.

JCOD will use the funding to:

1) purchase and equip a food truck
2) secure all necessary certificates and licenses
3) cover all logistical and operational costs for the first year

The grant will go towards labor, maintenance, supplies, and all other costs of the social enterprise up to a year, which will allow JCOD to use profits to stabilize the business to become self-sustaining. The social enterprise was not part of the budget request because we had not launched the Culinary Training Program that will funnel participants into the social enterprise.

Launching a food truck social enterprise will provide a safe space for justice involved individuals to gain real work experience and contribute back to their communities. Investing in a social enterprise can demonstrate that it is possible for County departments to create self-sustaining programming. To evaluate the success of the program, JCOD will track the following performance measures:

1) number of participants who complete the allotted number of work hours
2) number of participants securing employment in the culinary, hospitality, or related service industries

Dr. Rodney Gibson
November 13, 2025

3) number of graduates still employed 6-months post-placement
4) recidivism rate of graduates
5) quarterly sales from the social enterprise.

JCOD is confident that this grant will create an opportunity for justice-involved individuals to find a career and thrive in their communities.

Thank you for your time and thoughtful consideration of this request.

All the best,

Judge Songhai Armstead, (ret.)

County of Los Angeles Quality and Productivity Commission

PRODUCTIVITY INVESTMENT FUND PROPOSAL

(Please submit the proposal with a cover letter signed by the department head)

Last Updated: 7/23/2024

Department:	Justice Cares and Opportunity Department	Date:	11/10/2025

Project Name: Los Angeles County Training Center Culinary Program Social Enterprise

PURPOSE OF FUNDING (50 words). Describe how the PIF funding will be used.

. JCOD will use the funding to purchase and renovate a food truck where participants enrolled in the Los Angeles County Training Center Culinary (LACTC) program can gain on the job experience in a profitable social enterprise that can generate enough revenue to continue funding and help expand the program.

SUMMARY OF PROJECT, INCLUDING BENEFITS (300 words). Describe benefits and potential multi-departmental or countywide adaptation.

Utilizing a food truck to operate a social enterprise will ensure participants enrolled in LACTC Culinary Program can gain work experience in the hospitality industry that compliments what they are learning. The Culinary Program is a targeted workforce development initiative designed to address the employment barriers faced by justice-involved and underserved individuals. This program provides a structured, skills-based pathway to reentry, equipping participants with the technical expertise and professional competencies necessary to secure and sustain employment within the culinary and hospitality industries. The goal is to use the grant to cover the costs of the first year of the social enterprise.

The curriculum combines rigorous, hands-on culinary instruction with workforce readiness training. Participants gain proficiency in areas such as food safety and sanitation, knife skills, meal preparation, catering operations, and menu development. Instruction is supplemented with soft-skill development, including communication, teamwork, conflict resolution, and time management. In addition, participants receive career coaching, industry-recognized certifications, and direct job placement support through partnerships with local restaurants and catering companies.

The program generates substantial individual and community benefits. For participants, it increases employability, income stability, and opportunities for long-term career advancement. Beyond training, the program fosters self-confidence, resilience, and a sense of purpose. For the broader community, the program reduces recidivism rates, enhances public safety, and contributes to the development of a skilled and reliable workforce. Furthermore, by addressing systemic barriers to employment, the initiative advances equity and inclusion within the local labor market.

The social enterprise represents a strategic investment in both people and communities. By aligning workforce development with reentry support, it transforms barriers into opportunities, ultimately improving economic mobility and strengthening community well-being. Participants will gain real life workforce experience as employees of the social enterprise food truck that will prepare them for employment in a competitive hospitality marketplace.

County of Los Angeles Quality and Productivity Commission

PRODUCTIVITY INVESTMENT FUND PROPOSAL

(Please submit the proposal with a cover letter signed by the department head)

Last Updated: 7/23/2024

EVALUATION/PERFORMANCE MEASURES. (300 words) Describe what specific outcomes are to be achieved and how the project will enhance quality and/or productivity.

The County Culinary Training Program will be evaluated using both quantitative and qualitative measures to ensure accountability, continuous improvement, and alignment with program goals. Specific outcomes have been identified to track participant progress, program effectiveness, and community impact.

Key performance outcomes include:

- **Program Completion:** At least 80% of enrolled participants will successfully complete the culinary training curriculum, including all technical and soft skills modules. This will include a maximum of 120 hours in the social enterprise.
- **Certification Attainment:** A minimum of 75% of participants will earn industry-recognized credentials such as ServSafe Food Handler or equivalent certifications.
- **Job Placement:** At least 70% of graduates will secure employment in the culinary, hospitality, or related service industries within 90 days of program completion.
- **Employment Retention:** A minimum of 65% of employed graduates will retain employment for at least six months post-placement.
- **Recidivism Reduction:** Participants will demonstrate lower rates of recidivism compared to county averages for justice-involved individuals without access to workforce training.
- **Average Quarterly Sales**: An anticipated $30,000/month in sales ($15/meal x 100 transactions/day x 20 operating days/month = $30,000)

Evaluation methods will include pre- and post-assessments of technical and soft skills, certification records, employment verification, and participant surveys. Longitudinal tracking will be conducted to measure job retention and long-term career advancement. Qualitative feedback will also be collected from participants, employers, and program staff to identify strengths and areas for improvement.

The project is designed to enhance both quality and productivity at multiple levels. For participants, the structured curriculum improves technical proficiency and work readiness, resulting in higher employability and income stability. For employers, the program produces a pool of skilled, reliable workers who can meet industry demands, thereby reducing turnover and recruitment costs. For the community, the program strengthens public safety, promotes economic growth, and advances equity by addressing systemic employment barriers for justice-involved individuals.

County of Los Angeles Quality and Productivity Commission

PRODUCTIVITY INVESTMENT FUND PROPOSAL

(Please submit the proposal with a cover letter signed by the department head)

Last Updated: 7/23/2024

Is this an Information Technology (IT) project?

☐ Yes x☐ No ☐ N/A

If you answered yes, please obtain endorsement and sign off from your department's CIO/IT manager and answer question 5 on page 3 below. In addition, you must apply for Information Technology Funds (ITF) with the Chief Executive Office (CEO), Chief Information Office (CIO) first before applying for Productivity Investment Funding (PIF). If your IT project was not approved by the CEO-CIO, please indicate the reason it was not approved and/or the status of your project below:

Amount Requested: **Loan $_____ Grant $404,000** **Total $404,000**

Cost Analysis Summary. Attach detail for A and B, including staff, equipment, supplies, etc.

	Implementation Period	Project Year 1	Project Year 2	Project Year 3
A. Annual Cost of Current Process:				
B. Estimated Annual Cost of Proposal:				
C. Savings (B minus A)		$0.00	$0.00	$0.00

Funds Flow Summary: Indicate the amount of funds needed during implementation by period (fiscal year and quarter)

2025-26

1st Quarter $_____

2nd Quarter $_____

3rd Quarter $_____

4th Quarter $170,000

2026-27

1st Quarter $ 64,000

2nd Quarter $ 170,000

3rd Quarter $

4th Quarter $

Quality and Productivity Manager (Print and Sign)
John Franklin Sierra

John Franklin Sierra
Digitally signed by John Franklin Sierra
Date: 2025.11.10 13:39:43 -08'00'

Telephone Number
213-948-2826

E-mail
jsierra@jcod.lacounty.gov

Project Manager (Print and Sign)
Joseph Wise-Wiley

Joseph Wise-Wiley
Digitally signed by Joseph Wise-Wiley
Date: 2025.11.10 13:36:34 -08'00'

Telephone Number
213-584-4322

E-mail
Jwise-wiley@jcod.lacounty.gov

Department CIO/IT Manager (Print and Sign)

Telephone Number

E-mail

Budget/Finance Manager (Print and Sign)
Elsid Glenn

Elsid Glenn
Digitally signed by Elsid Glenn
Date: 2025.11.10 14:03:38 -08'00'

Telephone Number
213-458-8683

E-mail
eglenn@jcod.lacounty.gov

Department Head (Print and Sign)
Judge Songhai Armstead

Judge Songhai Armstead
Digitally signed by Judge Songhai Armstead
Date: 2025.11.10 15:32:29 -08'00'

Telephone Number
213-974-1664

E-mail
jsa@jcod.lacounty.gov

**** Electronic, Original, or Scanned Signatures Are Accepted ****

County of Los Angeles Quality and Productivity Commission
PRODUCTIVITY INVESTMENT FUND PROPOSAL

QUESTIONS

1. Has this proposal been submitted before for a Productivity Investment Fund loan or grant? Yes_____ No___x_____
   If so, when (date)?

2. Was this proposal included in the department's current budget request?
   Yes_____ No___x_____ If no, why not?

3. How many years will it take for the loan to be paid back (3 years maximum without special approval)? Where will the funds come from to repay the loan?

   Hard Dollar Savings — Cost Avoidance
   Revenue Generation — Other (please explain)

4. Discuss potential for revenue increase, service enhancement, future cost avoidance and/or cost savings. Does it reduce net County cost? JCOD anticipates that the social enterprise will generate enough revenue to continue funding the training program and operation costs of the business.

5. (300 words) How does this proposal extend, amplify, or complement existing cross-County best and shared practices (including, if applicable, technology or sustainability practices, and equity impact – whom does this benefit and/or burden); describe the proposed solution in terms of its innovative use of technologies to achieve desired business outcomes, and/or Department strategic goals and objectives?

This proposal extends and amplifies existing cross-County best practices in workforce development, reentry support, and equity-centered programming by offering a comprehensive Culinary Training Program and social enterprise for underserved, justice-involved individuals. The initiative complements County priorities by integrating job training, supportive services, and employment placement into a seamless model that addresses both immediate workforce needs and long-term community well-being.

The program leverages established partnerships with local employers, workforce agencies, and community-based organizations to ensure alignment with countywide reentry and employment strategies. By doing so, it reinforces a collaborative, cross-departmental approach that has already demonstrated success in reducing recidivism, increasing employability, and promoting sustainable wages. Additionally, the program supports county sustainability practices by incorporating lessons on food waste reduction, environmentally responsible kitchen practices, and efficient resource management within the training curriculum.

Equity impact is central to this proposal. The primary beneficiaries are justice-involved individuals, many of whom face systemic barriers due to incarceration, poverty, or lack of formal work history. By targeting this population, the program addresses disparities in access to education, training, and employment opportunities, creating more inclusive pathways to economic mobility. The program does not impose burdens on other populations; rather, it generates community-wide benefits, including reduced costs associated with recidivism and a stronger, more diverse local workforce.

Innovation is achieved through the program's use of technology in training and evaluation. Participants engage with digital learning platforms for food safety and certification modules, gain familiarity with industry-standard kitchen technologies, and participate in data-driven evaluations that track outcomes such as job placement, retention, and skill growth. These practices align with departmental goals of improving service delivery through data integration, technology adoption, and measurable business outcomes.

By combining equity, innovation, and collaboration, this proposal strengthens cross-County best practices and advances strategic goals for sustainable economic growth and inclusive workforce development.

6. (150 words) Is the proposal a pilot project? What, if any, are the programmatic and fiscal sustainability measures of success, and/or learning objectives for the project? What would be the conditions for further expansion or development?

   Yes, this is a pilot project. Measures of success include number of participants enrolled, graduating from the program, and obtaining employment in the hospitality industry. Fiscal sustainability will be measured by the social enterprise's ability to self-fund the cost of the training program and the operational costs of running a food truck. If the food truck is successful and able to operate three-years post grant, then there is opportunity to expand the business model to an operational ghost kitchen.

7. (300 words) What current County processes or functions will be eliminated or streamlined via this productivity enhancement(s) and/or quality improvement(s)?

Purchasing a food truck to operate as a social enterprise where justice involved individuals can gain real work experience will have far reaching enhancements across the County. The social enterprise will be a unique opportunity for the County to demonstrate how investing in business and programming can improve the lives of marginalized and disenfranchised communities.
During times of economic uncertainty, it is more important than ever for County departments to be innovative when identifying funding sources. An investment in the social enterprise and culinary program will allow JCOD to build a self-sustaining business that would be able to generate enough revenue to fund the operational costs and provide continued opportunities for justice-involved individuals to gain work experience. Employment is one of the most influential factors in reducing recidivism, and studies have shown that low unemployment rates help reduce crime and keep communities safe.

8. (300 words) Does this proposal relate to a specific Countywide Strategic Plan North Stars and Board-Directed priorities? (To view the County's strategic plan, click here: LA County Strategic Plan 2024-2030 – Los Angeles County. To view the Board-Directed priorities, click here: (Chief Executive Office | County of Los Angeles (lacounty.gov). \\labosfs\ops_spsp_qpc$\Productivity Investment Fund\Forms and Guidelines\Application\Board PrioritiesIf yes, please explain.

Alignment with Countywide Strategic Plan North Stars and Priorities
The County Culinary Training Program directly advances the Countywide Strategic Plan by addressing multiple North Star goals and Board-directed priorities.

North Star 1: Employment and Sustainable Wages / Supporting Vulnerable Populations
The program provides justice-involved and underserved individuals with access to industry-recognized credentials, hands-on culinary training, and career coaching. By creating pathways to stable employment and family-sustaining wages, the program reduces barriers for vulnerable populations and supports long-term self-sufficiency.

North Star 2: Economic Health
By producing a skilled, reliable culinary workforce, the program strengthens the local economy, reduces employer turnover costs, and supports the vitality of the food service

and hospitality industries. The program also contributes to reduced recidivism, which lowers community costs and increases overall economic stability.

North Star 3: Diverse and Inclusive Workforce / Equity-Centered Policies and Practices
The initiative actively promotes workforce diversity and inclusion by addressing systemic inequities in employment access for justice-involved individuals. Through equity-centered design, the program ensures that participants not only gain skills but also benefit from fair hiring practices and opportunities for advancement.

In sum, the Culinary Training Program embodies the County's commitment to equity, economic mobility, and public safety while aligning directly with North Star priorities and Board-directed goals.

9. (150 words) Does this proposal enhance the County image and/or improve relationships with the County's constituents? Please explain.

Yes, this proposal enhances the County's image and strengthens relationships with its constituents by demonstrating a clear commitment to equity, innovation, and second-chance opportunities. The social enterprise showcases the County as a leader in addressing workforce barriers faced by justice-involved and underserved populations. By investing in people often excluded from traditional employment pathways, the County affirms its dedication to fairness, inclusivity, and community reintegration.
The program also improves trust and engagement with residents, employers, and community partners. Graduates who secure sustainable employment become ambassadors of the County's support, reflecting positive outcomes that benefit families and neighborhoods. Employers benefit from a reliable pipeline of trained workers, strengthening public-private partnerships.
Overall, the initiative positions the County as a forward-thinking, equity-driven government entity that prioritizes both economic health and social responsibility, thereby enhancing its reputation and building stronger, more collaborative community relationships.

10. (150 words) How might this proposal promote interdepartmental cooperation including, if applicable, data sharing and program design?

This proposal fosters interdepartmental cooperation by aligning workforce development, justice services, social services, and economic development under a shared objective: reducing barriers to employment and promoting community reintegration. The Culinary Training Program provides a natural bridge between departments, as it intersects with probation, workforce investment boards, public health, and community-based organizations.

Through coordinated program design, departments can jointly contribute expertise—justice agencies supporting reentry participants, workforce departments facilitating employer partnerships, and public health promoting food safety and nutrition education. Data sharing will further strengthen collaboration by allowing departments to track participant outcomes such as job placement, employment retention, and recidivism reduction. This creates a unified, evidence-based approach to program evaluation and continuous improvement.

By leveraging existing cross-departmental frameworks and enhancing communication, the proposal encourages a culture of shared responsibility. Ultimately, this cooperation maximizes resources, eliminates duplication of services, and delivers greater impact for constituents.

11. (150 words) Where did the original idea for this project come from? JCOD wants to launch a social enterprise to compliment the culinary training program at LACTC. The model makes sense for justice-involved individuals because it marries a classroom learning model with real work experience. The program will teach participants transferable skills that can lead directly to placement in an industry projected to grow by 7% in ten years. Employers in the food industry often prioritize skill and work ethic over background, making it a more accessible field for those with a criminal record. Beyond cooking, participants learn teamwork, time management,

and communication—skills that support long-term success in any workplace. This model will generate income to sustain the program while offering hands-on business experience.

12. When will the funds be needed? Please indicate the amount needed by fiscal year and quarter:

2023-24

1st Quarter $_____
2nd Quarter $_____
3rd Quarter $_____
4th Quarter $_____

2024-25

1st Quarter $_____
2nd Quarter $_____
3rd Quarter $_____
4th Quarter $_____

2025-26

1st Quarter $_____
2nd Quarter $_____
3rd Quarter $_____
4th Quarter $170,000

2026-27

1st Quarter $64,000
2nd Quarter $170,000
3rd Quarter $
4th Quarter $

IMPLEMENTATION PLAN

KEY MILESTONES	START DATE	FUNDS NEEDED	FUNDS REPAID
(Major steps in the project development)	(Estimated date for each project step)	(Amount and quarter funds will be needed)	(Amount and quarter funds will be repaid)
Purchase food truck and install appliances	April 1, 2026	$170,000 4th Quarter FY 25/26	
Truck customization. Business license, and other operational certificates acquired. Purchase uniforms and other materials	July 1, 2026	$64,000 1st Quarter FY 26/27	
Launch social enterprise	October 1, 2026	$170,000 2nd Quarter FY 26/27	

County of Los Angeles Quality and Productivity Commission
PRODUCTIVITY INVESTMENT FUND PROPOSAL

LINE ITEM BUDGET DETAIL

(Work with your Budget Analyst)

Services and Supplies

List all services and supplies here

Truck customization - $50,000

Gas for two years - $15,000 ($5/gallon x average consumption 1,500 gallons)

Initial inventory - $15,000

Emergency maintenance for three years - $20,000

(a) Total services and supplies **$100,000**

Other Charges

List all other charges here

Participant stipends for 1 year - $120,000 (40 participants annually x 120 hours x $25/hr times 4 quarters)

Permits and Licenses (business license, health permit, Mobile Food Facility permit, California Seller's Permit, Sales Tax Permit, Fire Department Permit) - $5,000

Liability Insurance - $2,000

Uniforms & Materials - $7,000

(b) Total other charges	**$134,000**

Fixed Assets

List all equipments and other fixed assets here

Food Truck Purchase - $150,000

Appliances and installation - $20,000

(c) Total fixed assets	**$170,000**
TOTAL COSTS (a+b+c)	**$404,000**

County of Los Angeles Quality and Productivity Commission

565 Kenneth Hahn
Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Telephone: (213) 974-1361
(213) 974-1390
(213) 893-0322
Website: qpc.lacounty.gov

November 17, 2025

To: All Department Heads

From: William B. Parent, Chair
Quality and Productivity Commission

Rodney C. Gibson, Chair
Productivity Investment Board

Subject: **PIF PROPOSAL SOLICITATION, THIRD QUARTER, FISCAL YEAR 2025-26**

The Quality and Productivity Commission administers the Productivity Investment Fund (PIF), which supports creative departmental pilot projects that improve County services and/or enhance employee productivity.

The Commission encourages Departments to submit PIF proposals that enhance quality and productivity, including pilot projects that can be expanded to and adopted by other County departments. Proposals are competitive and should be innovative and identify performance outcomes. Projects must be necessary and fully consistent with PIF guidelines; they may not fill temporary operational gaps such as staffing. Please note, the Commission is not involved in procurement; therefore, prospective vendors should not be identified in your proposal.

The Commission strongly encourages Departments to augment proposals with matching funds and consider applying for one of the PIF's loan options as specified in the guidelines, or a combination of both. Loans replenish the fund and enable the Commission to fund additional projects. If your project has any IT components, you **must first** apply for the Information Technology Fund (ITF) or Information Technology Legacy Modernization Fund (ITLMF) with the Chief Executive Office (CEO)-Chief Information Office (CIO) before applying for PIF. If your IT project is not approved by the CEO-CIO, please indicate the reason in the application.

Dates and Process

PIF project proposals are due for the Third Quarter of Fiscal Year 2025-26 by **Friday, January 2, 2026, by 5:00 p.m**. Send electronically to: jalam@bos.lacounty.gov.

- *On **Wednesday, January 14, 2026, at 8:30 a.m.**,* the Productivity Investment Board Advisory Committee will meet virtually via Zoom. The Committee will review projects and make suggestions for improvement. Departments must present their projects at this meeting.

- *On **Monday, February 23, 2026, at 10:00 a.m.**,* the Productivity Investment Board will meet to develop recommendations to the Commission for approval. Departments must present their projects at this meeting. Departments Heads are strongly encouraged to attend. The meeting location will be at the Hall of Administration, Room 140.

- *On **Monday, March 23, 2026, at 10:00 a.m.**,* the Quality and Productivity Commission will meet to vote on the project. A Commissioner at this meeting will present the project(s) on behalf of the Department. The Department Head must be present to answer questions. The meeting location will be at the Hall of Administration, Room 140.

Additional Information

- Departments are expected to ensure that proposals and their terms comply with Board of Supervisors' policies and direction and, as applicable, are consistent with the County's 2024-2030 Strategic Plan. Departments should also address the impact of current and/or future budget and personnel changes to their projects and related implementation plans. Departments should be prepared to discuss funding for different phases of a project and/or at different funding levels. All proposals should be coordinated with your respective CEO Budget Analyst(s) and internal fiscal staff.

- In light of the County's fiscal and budgetary challenges, the Productivity Investment Board intends to prioritize projects with direct revenue generation and/or loans over grants, as well as cost savings that preserve or extend service delivery.

Please visit the Commission's website for additional PIF information at: https://qpc.lacounty.gov/commission-programs/productivity-investment-fund.

If you have any questions, please contact Jackie Guevarra, Executive Director, at (213) 974-1361 (jguevarra@bos.lacounty.gov) or Jane Lam, Program Manager, at (213) 974-1390 (jalam@bos.lacounty.gov).

WBP:RG:JG:jl

c: Productivity Managers' Network