

**Rappahannock EMS Council
Pharmacy Committee
August 16, 2012**

Members Present

Joey King –Chair
Carolyn Marsh –REMS Staff Support
Linda Koch –MWH, Administrative Director, Pharmacy
Chris Simmons –CRH, Transportation Coordinator
Waverly Alley- FREM, Lieutenant

Absent

Ken Erickson - SRMC

Guest

Sarah Bingel –MWH Pharmacy Operations Supv.
Dennis Smith – CRH Director of Pharmacy

The meeting was called to order by Chairman Joey King at 2:35pm.

In preparation for the meeting all members were emailed the following documents:

- Agenda
- ODEMSA Med-Box/Diversion Overview
- REMS Council SOG for Medications/Narcotics & Control
- EMS Supply Form (Sample)
- Med-Box Comparison (MWH, UVA, CRH, Fauquier)
- Med-Box Comparison for MWH/CRH
- Restocking Agreement Exhibit D
- Standard Medication List

The committee discussed the ODEMSA's med-box systems as well as their issues with diversions. The item that was received well was the ALS Drug Kit Contents list and the med-box layout sheet that was placed in all med-boxes. There was also discussion on the computerized tracking system that ODEMSA uses, those from MWH and REMS felt it was not cost effective and did not prevent diversions, but allowed for better tracking of the med-box.

Through reissue and inventory they discovered 52 drug diversions. One of the issues was no standard procedure for handling drug diversion documentation. In the REMS Council region we have had a number of recent drug diversions, however we have not had an over abundance of diversions. In addition REMS has a standard procedure for the handling of drug diversion.

The committee felt that moving toward the one for one exchange was the best course of direction. Currently there are four localities that still do med-box exchange, King George County, Caroline County, Westmoreland County and LifeCare. The one for one exchange would save pharmacy personnel a lot of time as it currently takes approximately 30 minutes to inventory and restock the med-boxes. At the next meeting the group will identify a target date for mandatory one for one restocking.

The committee did not review the SOG for Medications and Narcotics. Joey requested that everyone review the current SOG to identify any changes that may be needed and to email Carolyn their recommendations. Information will be compiled and distributed for review at the October 18th meeting.

There was one area of discussion regarding the SOG and that was when to exchange medications that are approaching expiration. The SOG reflects 30 days. Sarah felt that 30 days was still an acceptable time frame as it allows them to exchange the medications and use it in the hospital prior to expiration and was more cost effective to the hospital.

It was requested that the committee members look at the drug comparison lists for the different facilities to ensure the data was correct. If there were additions or deletions that needed to be made to the lists please notify Carolyn so she can update the list.

Linda advised that the new medications to be added to the med-box for the new protocols were being reviewed internally and there were some questions regarding the new additions, specifically Fentanyl and Ketamine. Dr. Hasan, the Regional Medical Director will be handling those issues.

Joey advised that there is work in progress for Video Cam so that members who were unable to attend the meeting could participate. More to come on this item.

The next meeting will be on October 18th at 2:30 at the REMS Council Office.

Meeting adjourned at 4:05.

**Rappahannock EMS Council
Pharmacy Committee
Thursday, October 18, 2012 @ 2:30**

Committee Members

Members Present

Joey King –Chair
Carolyn Marsh –REMS Staff Support
Sara Bingel –MWH Pharmacy Operations Supv.
Chris Simmons –CRH, Transportation Coordinator
Waverly Alley- FREM, Lieutenant

Excused

Ken Erickson - SRMC
Linda Koch -MWH

Guest

Christina Skinner –EMS Coordinator
Wayne Perry – REMS Executive Director

The meeting was called to order by Chairman Joey King at 2:35.

New Business:

The new REMS Protocols allow for an EMT basic medication kit that would contain Nitro, EPI, Aspirin and Albuterol. The committee discussed initial stocking, who would purchase the storage container, how it would be stored and restocked. In a prior meeting with Ken Erickson with SRMC, Ken had indicated that they have no issue with initial stocking. It was determined MWHC and SRMC could share the cost of the initial stock without placing any hardship on either facility. One goal would be to identify how many kits would be needed. The participating agency would be responsible for the purchase of the storage containers for the medication. The goal is to come up with a storage container to be used by all agencies participating in the EMT-B medication kits. The container would need to be large enough to hold the medications and be sealed with a tag like the ones used on the medication boxes. Carolyn will research containers with the REMS Council purchasing one for research. Once purchase it will be sent to Sara for input. The goal is to have the project completed and in place by March 1, 2013. This item will be added to the December meeting agenda for further discussion.

The Pharmacy Charter was discussed and recommendations made. The committee did feel that each facility should have two representatives, one from the pharmacy and the other being the hospital's EMS Liaison. Only one member present from each facility would have voting privileges. This would ensure each facility had representation and increase committee participation. Once the data is entered into the document it will be forwarded to the committee members for review and approval. This document will be submitted to the REMS Council board members at their December 19, 2012 meeting. Document attached.

Medication shortages still continue to be an issue and the hospitals cannot determine when shortages of the various medications will end. They project there will be even more shortages in the coming months. Most concerning right now is the unavailability of sodium bicarb and

epinephrine 1:10,000 prefilled syringes. The epinephrine is available in ampoules that can be further diluted to yield 1:10,000 concentration.

There are a few agencies that will not be using the new protocols. There was concern with agencies not using the new protocols and stocking the new medications. The committee was unanimous in the direction that if an agency is not using the approved REMS Protocols they could not stock or use the new medications.

There are a number of medications on Exhibit D that are rarely used prior to expiration. There was some discussion regarding consideration for removal. Two that were identified were Dextrose 25% 2.5 grams/ 10mL and Lidocaine 2 grams/500mL. There was no recommendation at this time to remove these medications. This item will be put back on the agenda for the next meeting for further consideration.

Old Business

Committee was advised that Exhibit D was submitted to the REMS Council board members at their meeting on October 17, 2012 as an action item and approved.

The Standard Operating Guidelines Medication and Narcotics Accountability were reviewed and all recommended changes were approved by the committee. The document will be forward to the OMD group and Guidelines and Training Committee for review. The final document will be forwarded to the REMS Council board member at their meeting on December 19, 2012 as an action item.

The next meeting will be on December 20th at 2:30 at Culpeper Hospital.

Meeting adjourned at 4:05.



**Rappahannock EMS Council
Pharmacy Committee
Thursday, December 20, 2012 @ 2:30**

Committee Members

Members Present

Joey King –Chair
Carolyn Marsh –REMS Staff Support
Sara Bingel –MWH Pharmacy Operations Supv.
Chris Simmons –CRH, Transportation Coordinator
Waverly Alley- FREM, Lieutenant
Kirk Frey- SRMC Pharmacy
Dennis Smith – Culpeper Pharmacy
Christina Skinner –MWHC EMS Coordinator

Excused

Linda Koch
Pamela Scholl

Guest

Wayne Perry – REMS Executive Director

The meeting was called to order by Chairman Joey King at 2:35.

New Business:

Since there have been several new individuals assigned to the Pharmacy Committee the Chair requested we do a brief introduction of who we are and who we are representing.

It was requested that an update be provided on the diversions that had occurred in Spotsylvania County and King George County. Spotsylvania County has installed a new security system and issued keys that can be tracked for better control of who is accessing the narcotics to include the ability to run reports of dates and times accessed. There was a meeting with Dr. Rickabaugh who agreed the narcotics could be placed back on the ambulances. Each ALS provider was issued a key to access the narcotics. No arrest was made regarding the missing narcotics. In regards to the diversion in King George they currently have a control system for narcotics on the ambulance. But this thief occurred when the narcotics were removed from the ambulance and storied in another location while the unit was out of service. The department has since come up with a system to avoid this incident being repeated. No arrest made in this diversion either.

Thiamine and Romazicon will be removed from Exhibit D of the restocking agreement. It was brought up how these medications will be returned to pharmacies. Will it be done as it occurs, one for one, brought back by one individual per locality or removed from the med boxes when it expires and do we want to set a deadline date for return. It was decided that the medications

would be removed when the narcotic bags come through the pharmacies and that we would not set a deadline date.

There was further discussion regarding Exhibit D and incorporating all the medications that Orange County uses in their med boxes. Currently Culpeper Hospital medication exchange matches the REMS med boxes. Carolyn will get with Wayne Perry to work on Exhibit D and the one for one and med box exchange. Once the revisions are made it will be forwarded to the committee members for review and comments so the document can move forward and be submitted to the REMS Board members as an action item at their next meeting.

Old Business

An update was given on the status of the EMT-B kits. A medication box has been purchased. Once it is determined that the plastic box will fit into the lock boxes it will be forwarded to the pharmacy to make sure the medications will fit. Since there were several members that were not able to attend the last committee meeting they requested information on the EMT-B kits. An overview was provided.

The physician signatures for BOP/DEA were discussed. All the facilities use a different form/method and it is not adequate to meet the requirement. This will be sent to the pharmacies for follow up and direction.

Medication shortages continue and vary per facility. This will have an effect on our service area but is something we do not have any control over. We will continue to work with the Regional Medical Director to determine if there is a replacement medication/dose that can replace a medication that is not available. Notifications go out to the agencies as soon as we are aware of a shortage. The question came up can hospitals share medication under the MOU. There was some conversation on this subject and Chris Simmons was going to research and provide information to the committee members.

The topic of using medications that are expired was discussed. While there have been some studies and testing of medications and shelf life the group felt it was not a good idea to use any medication that had expired. The liability was too great in the event a patient was given an expired medication and they died.

Update on CSR's several questions were referred to Caroline Juran, Executive Director of the Virginia Board of Pharmacy. If the agency is only performing one to one exchange of Scheduled VI drugs then a CSR for the locality/county is sufficient. Ms. Juran advised: If any agency intends to stock drugs in their building (separate from the emergency boxes stored on the ambulances), then it must obtain an individual CSR. When asked where the liability landed if an agency had a CSR and it had expired or not been renewed. Is it the hospital pharmacies responsibility to validate there is a proper or current document or the agencies. Ms. Juran advised: This issue is not cleanly addressed in the laws and the Board would deliberate this issue on a case-by-case basis depending on the facts surrounding it. It seems reasonable that there is a corresponding responsibility on both permit holders.

The past direction of the committee was to get all the agencies within the regional service area to convert to one for one medication exchange. But due to recent information obtained this

item has been tabled until further information can be obtain to determine if one for one medication exchange is legal.

There was discussion on the regional protocols and agencies that do not follow the protocol. Who determines what inventory they receive and how does the hospitals handle the restocking. The response from the hospitals representatives was they would only receive items designated in the restocking agreement.

There was a review on the procedure to request additional med-bags and narcotics. Agencies should not pull this inventory from the praxis system.

The next meeting will be on February 7th at REMS Council Office Classroom A.

Meeting adjourned at 4:10.



**Rappahannock EMS Council
Pharmacy Committee
Thursday, February 7, 2013 @ 2:30**

Committee Members

Members Present

Joey King –Chair
Carolyn Marsh –REMS Staff Support
Sara Bingel –MWH Pharmacy Operations Supv.
Chris Simmons –CRH, Transportation Coordinator
Waverly Alley- FREM, Lieutenant
Linda Koch – MWH, Pharmacy Director
Pamela Scholl – SRMC EMS Coordinator
Christina Skinner – MWHC EMS Coordinator

Excused

Dennis Smith- CPR Pharmacy Director

Guest

Wayne Perry – REMS Executive Director

The meeting was called to order by Chairman Joey King at 2:30. The first order of business was approval of the December 2013. Minutes were approved with no corrections or additions.

New Business:

The new drug diversions that occurred in King George, Colonial Beach and Westmoreland were discussed. Mary Washington Hospital's pharmacy staff noticed certain vitals of medications had been tampered with. Based on the discovery all agencies were notified of a medication recall. This was done out of patient concern and safety. Through the recall process a total of 20 kits were turned over to law enforcement. REMS expressed a concern as they were receiving phone calls prior to receiving any information regarding the diversion. The hospital did place a call to notify REMS of the recall and diversion. The topic of the REMS Diversion policy came up and was it necessary to continue the policy as OEMS rules and regulation **12VAC5-31-520 - Storage and Security of Drugs and Related Supplies- D**. An EMS agency shall notify the Office of EMS in writing of any diversion of (i.e., loss or theft) or tampering with any controlled substances, drug delivery devices, or other regulated medical devices from an agency facility or vehicle. Notification shall be made within 15 days of the discovery of the occurrence. OEMS dictates the policy so REMS will only serve as a support avenue for agencies in OEMS policy.

The container used for the narcotics was discussed. Concern was brought up that the security bags for the narcotics needs to be looked into to see if there are other options for storage of these medications that would prevent contamination/theft issues. One reason for changing to the bag was it allowed provider to check the medication and the expiration dates. Sara will check to see if there are other options that would allow for more security but allow providers to check the medications and expirations dates. This will be brought back to the committee at the April meeting.

The medication recall on the agenda was discussed and covered in the diversion discussion.

Old Business

The EMT-B kits had been placed on hold pending information on the status of the one for one medication exchange and the legality of one for one exchange. A plastic container has been purchased as an option for the EMT-B medication kits that will hold three of each medication EpiPens, nebulizers, nitro and aspirin. The kit could be placed in the IV cabinet or in the IV draw on all ambulances and basic providers would be issued a key to access that area. It is not required that agencies place these kits on their ambulances it is optional. The placement of the kits will be discussed further at the next committee meeting.

There was brief discussion regarding the physician signatures for the BOP/DEA requirements for medications. It was speculated that all facilitates are not using the same procedure and all have different forms that are in use. MWHC will send the form they use to REMS and it will be distributed to the other hospitals to see if it is something they would be interested in using then bring discussion back at the next meeting.

MWH Pharmacy provided a medication list that is affecting the ED and some of the same drugs are affecting ems restock. The question was asked if we are able to add drugs back to the availability list. Sara thought that maybe we could add back Etomidate, Valium, Dopamine, Ondansetron and Lorazepam. She will research and advise which of these medications will be available to restock.

Joey had hoped to have a Virginia Board of Pharmacy representative at the meeting to help clarify the one for one medication exchange. He has been communicating with J, Samuel Johnson, Jr. Deputy Executive Director. Please refer to the attached document that covers the CSR aspect of the one for one but not the legal aspect.

In accordance with OEMS ruling if an agency is not follow the council protocols then they are not covered under the restocking agreement and must establish their own restocking agreement with the hospitals. Currently within the REMS Council region, Stafford, Quantico and Orange do not follow REMS protocols. The actual restocking agreement is between REMS and the hospitals. When renewed a document is sent to each agency for signature. It states:

This Agreement with the attached Policies, supersedes all other agreements and understandings between the Rappahannock EMS Council and the below mentioned Agency with respect to the matters covered by this Agreement.

ENTERED INTO THIS ____ DAY OF _____ BY AND BETWEEN

The next meeting will be on April 4, 2013 @ 2:30 pm at Culpeper Regional Hospital location to be announced.

Meeting adjourned at 4:30.

DRAFT

**Rappahannock EMS Council
Pharmacy Committee
Thursday, April 4, 2013
Culpeper Regional Hospital – Board Room**

Members Present

Joey King –Chair
Chris Simmons –Culpeper Reg.
Sara Bingel – Alternate MWH
Pamela Scholl – Alternate SRMC
Kirk Frey – SRMC
Christina Skinner – MWH Alternate
Dennis Smith – Culpeper Reg.
Carolyn Marsh – Staff Support
Wayne Perry- REMS Conference Call In

Excused

Linda Koch – MWH
Waverly Ally –Provider Rep.

The meeting was called to order at 3:00 pm by Joey King the committee chairperson.

New Business

Medication/Narcotic Accountability SOG

Section E. Security item 9 of Medication Accountability SOG was discussed.

E. Security

9. At a minimum EMS agencies shall follow the Virginia Pharmacy Regulations for proper storage and security of all medications. Additional measures for security are encouraged while the vehicles are garaged.

There have been several agencies that requested we review this section of the SOG and if possible provide clarification. This section refers the agency/provider to Virginia Pharmacy Regulations for proper storage (18VAC10-20-500) it was felt the regulation is very vague. In research of VA OEMS Regulation (12VAC5-31-520) it gives basic information and refers you back to the Board of Pharmacy. The major concern of agency/providers is the proper storage temperatures for medication. Pharmacy department representatives present advised that appropriate temperature per manufactures is 59 -77 degrees. It was felt that a study needed to be conducted to establish if there is a trend in temperature ranges and the extremes. Information provided by the pharmacy personnel advised that medications are more affected by cold than heat for breakdown of continuity. The committee will explore the possibility of doing a RSAF grant for thermometers to establish temperature range in medication compartments on ambulances in the region. In the meantime anyone that has question on appropriate temperature range of medication will be directed to contact the pharmacy departments.

EMS Medication Exchange and Narcotic Dispense For

MWH modified the EMS Medication Exchange and Narcotic Dispense form due to recent diversions. The form was sent out to all the committee members for review. The goal with the new form was to provide more accountability. The section for Hospital/ Pharmacy Use only was

added. One recommended change to the form is to remove **Patient Social Security number** to Patient **Date of Birth**. Mary Washington Healthcare, Culpeper Regional Hospital and Spotsylvania Regional Medical Center will all agreed to use the same form.

Old Business

BLS Kits

The box purchase for the EMT-B kit is too large and will not fit in the storage areas discussed. The direction of the committee was to use pencil bags and each bag have one dose of all the medications. An additional concerns brought up by ALS providers were exchanging medications that they did not administer and the liability to them as a provider. One concept discussed is could the BLS provider go to the pharmacy for exchange. This is certainly an option if the pharmacy is open. Another option is the charge nurse exchanging the medication once the patient is turned over and prior to the provider leaving the hospital. The hospitals will check to see if the charge nurse can replace the medication after each use and report back to the committee.

Physician signature for BOP/DEA requirements

There had been conflicting reports as to the need of physician signatures. The BOP regulation will not change and a physician signature for EMS administered medications will still be necessary for pharmacy record. The EMS regulations requiring a signature for the administration of medications by a physician will not be required. However, from a quality control/diversion standpoint, those with the pharmacy departments present felt that signatures are necessary. They currently require signatures of an MD and that would continue. It was Dennis' understanding, individual hospitals' guidelines/regulations can be more restrictive (signature required), just not less restrictive than state law.

Medication Shortage

Sara Bingel advised that MWH inventory of Etomidate had improved but they still did not have enough inventory to put the medications back in the med bags for the ambulances. They could distribute 1 to each ALS supervisor vehicle. They were a number of medications that one hospital could put back in inventory but another was still experiencing a shortage. MWH, Culpeper and SRMC pharmacy departments will provide a list of the EMS drugs they are experience shortage of. We will put together a global shortage report for the EMS medications and create sheet for each hospital showing their shortages for internal use.

CSR and one for one medication exchange

The pharmacy committee will be recommending (and the hospitals as well) that every EMS agency move to a one-for-one medication exchange. We have had discussions with the Virginia Board of Pharmacy and they support this idea, as long as each individual agency has or is named on a CSR. See attached memo from the Board of Pharmacy.

Exhibit D of Restocking Agreement

This was just an informational piece that the revision was complete and Romazicon and Thiamine were removed from the list. Carolyn will email Exhibit D to all the facilities.

Restocking Agreement

Agencies that are not following the REMS Council protocols will need to establish individual restocking agreements with the regional hospitals. Wayne Perry will bring this up in the April Executive Committee meeting to see how the committee wants to proceed to address notifications to these agencies.

Next committee meeting will be June 6, 2013 2:30 pm to 4:00 pm at REMS Council Office Classroom A.



**Rappahannock EMS Council
Pharmacy Committee
Thursday, June 6, 2013@ 2:30
REMS Council – Classroom A**

Members Present

Joey King –Chair
Chris Simmons –Culpeper Reg.
Sara Bingel – Alternate MWH
John Marshall – Alternate SRMC
Christina Skinner – MWH Alternate
Dennis Smith – Culpeper Reg.
Linda Koch - MWH
Carolyn Marsh – Staff Support
Wayne Perry- Staff

Excused

Kirk Frey - SRMC
Waverly Ally –Provider Rep.

The meeting was called to order at 2:30 pm by Joey King the committee chairperson.

New Business

Plans for Control Substance Registration (CSR) – Carolyn advised the committee that she had contact all the localities to inquire if they had a CSR and those doing one for one medication exchange did have CSR's. It was thought prior that all volunteer agencies were covered under the county CSR's. Based on the information provide to Joey from Samuel Johnson with the Virginia Board of Pharmacy they are not covered under the county CSR unless the agency is specifically named on the permit. Before we move forward we will have to go back and contact the localities to determine if they are willing to do an amendment to their CSR to add the agencies. If not those agencies that are doing one for one medication exchanges will be notified and will have to apply for their own CSR.

One for One Medication Exchange -There have been several emails sent and received from the VA Board of Pharmacy regarding the one for one medications exchanged and who can dispense the medication, a nurse verse EMS having own access to Pixis or Med Acudose machine. Currently there is nothing in the BOP Regulations to cover this and it is left open to interpretation. The direction of the committee is to draft a document outlining the procedure used in this region for the one for one medication exchange and send it to the BOP for endorsement or non-endorsement.

During the meeting Wayne received and email from Mike Berg as follow:

“Concerning the BOP legislation – it only changed the statutory language to match their regulatory language. I have been in conversation with Caroline Juran, Executive Director of the BOP, who has reached out to some of her trusted contacts and feels the changes we are looking for should be addressed by their Regulatory Committee. As such, the June 18, 2013 BOP meeting will not require our attendance (Ed – please note). However, she is firm that she wants me to attend the Regulatory Committee and work with them on crafting language to address this concern (as well as the one-for-one exchange, use of the Pixis and several other issues). I have provided her my schedule and she will work to schedule the meeting dates. This most likely will go the traditional regulatory process and as such, the removal of the Practitioner signature effective July 1, 2013, will NOT occur and may take at a minimum up to 18 months to promulgate. I will work to prepare a memorandum as well to notify the EMS Community.”

A representative of the Pharmacy Committee will attend the meeting on June 18th and update the committee.

Drug Diversion –The committee was advised of a reported drug diversion. It involved one (1) 81 mg of baby aspirin. All paperwork was completed and sent to the REMS Office and distributed to the appropriate individuals.

Old Business

Med-box and One for One Exchange - Currently Mary Washington Healthcare and Spotsylvania Regional Medical Center use the same procedure for med-boxes and one for one exchange. Culpeper Regional Hospital representatives advised that they were changing their system to match the procedure used by the other two facilities.

Number System for Med-Boxes – There is no procedure for regional numbering of the med-boxes and numbers are assigned randomly. EMS agencies have reported issues with having two (2) medication kits in their ambulance stock with the same med box number. The group felt that we should have a numbering system in place that was consistent and would identify where the box originated. It was recommended that we use the following system:

- Culpeper Regional Hospital 1000 – 1999
- Mary Washington Healthcare 2000 – 2999
- Spotsylvania Regional Medical Center 3000-3999
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Tina will conduct an inventory of the medication boxes currently issued to EMS agencies by Mary Washington Healthcare and Spotsylvania Regional Medical Center through the use of a developed form for each agency to submit requested data. The committee suggested capturing the med box number, name of issuing hospital, color and condition of box. Culpeper Memorial Hospital is currently in the process of changing over all their medications boxes so they would be able to provide the same information to the committee. Tina was also asked to request copies of agency CSR permits for all departments to maintain a file. The information will be due to her by July 15th. This will allow her time to prepare a report and update the committee at the August 8th meeting.

Fauquier Hospital - It was asked what we could do to get Fauquier Hospital representatives at the table as part of the committee. REMS staff have had numerous meetings with hospital staff regarding the Regional Restocking Agreement, use of Pixis etc. to no avail. There is no requirement for them to participate in a restocking agreement as long as they restock everyone using the same process.

Next meeting is August 8, 2013 at 2:30 pm at Culpeper Memorial Hospital, location to be announced.

Meeting adjourned at 4:15 pm.