

WVEMS Pharmacy Committee

August 14, 2013 10:30 am

Agenda

WVEMS Roanoke Office

- How is new configuration working
 - Problems/concerns
 - Keeping Narcotics box sealed if not broken?
- Review of recent diversions:
 - Provider documenting fentanyl given and/or wasted on administration record, that was not given or wasted per Pre-Hospital Patient Care Report (PPCR) at least 17 times May 1 to July 18. Finally messed up by given and wasted and what left in box didn't add up to 300 mcg. Also appears may have been "Seal Breakage" and got new Seal without narcotics being accounted for (had just exchanged box possibly).
 - Greater than 30 boxes, Fentanyl removed from vial, ampule etc. and replaced with who knows what, ampule glued back together, etc.
 - What's been done:
 - Pharmacy Tech was taking new Red Seal to replace broken seal, this is no longer happening
 - What can be done to improve security?
 - Fentanyl, is it more desirable, greater possibility of diversion?
- New Red (initial outgoing) seal: At this time we have ordered a stronger break strength seal for the initial
- Naloxone, standardize concentration/packaging to allow EMTs to be able to give IN: Is it possible for all pharmacies to switch to 0.4mg/1 ml, 1 ml Carpujet Syringe?

MINUTES

Attendance

Regional Medical Director
Carilion Franklin Memorial
Carilion Giles Community
Carilion New River Valley Medical Center
Carilion Roanoke Memorial
Danville Regional Medical Center
Lewis Gale – Alleghany
Lewis Gale Medical Center
Lewis Gale – Montgomery
Lewis Gale – Pulaski
Lynchburg General
Memorial Hospital of Martinsville & Henry County
Volunteer EMS Provider (Danville Life Saving Crew)
Career EMS Provider (Roanoke County Fire & EMS)
Commercial EMS Provider (Regional One EMS)
WVEMS Staff

Charles Lane, MD (p)
Lori McClure, (p)
Amy Westmoreland (p)
Mike Czar (p)
Larry Mullins (p)
Amy Barber (p)
Rita Lewis (p)
Joe Ciezkowski
Sherone Ruggs (p)
Carlin Barbatti (p)
Nadine Gilmore (p)
Heather Edmonds (p)
Robert "Tommy" Pruett
Charles Rucker IV
Timothy Duffer
Cathy Cockrell, Charles Berger
Mike Garnett, William Dalton

Pharmacies Absent

Bedford Memorial

Pioneer Community, (Charles Berger of WVEMS has spoken with Greg Carlson, and Greg had said advise what was decided)

Veterans Administration Medical Center

Called to Order 10:33

Charles Berger called the meeting to order, welcomed everyone in attendance whether I person or by teleconference and took roll.

- Discussion was held about the new configuration, only problem seemed to be sela breakage. We jumped forward in agenda items and WVEMS advised that a new seal, of same style, but about 50% greater break strength has been ordered to replace the Red initial seal. The Green reseal seal, will remain the same break strength. One item of concern was that seals purportedly being broken when being either on units or being taken to units and then seals just being replaced without an examination of the contents. It was agreed upon that if seals were discovered broken without a drug box being used, that the drug box would be returned following the same procedure as if it had been including the accounting for narcotics, green reseals and returned to the pharmacy.
- Recent narcotic diversions at Danville Regional Medical Center (DRMC) and Lynchburg General Hospital (LGH) were explained and discussed. The DRMC diversions involved narcotics documented being given on the Pharmacy Exchange Form, but upon investigation due to the amount documented given and wasted did not equal the amount missing, upon looking at the Pre-Hospital Patient Call Reports (PPCR) it was discovered that narcotics were not administered nor needed. The LGH diversions involved medications removed from their packaging and being replaced with another substance. This was discovered by vial tops being not properly in place when boxes were reworked in the pharmacy. Over 100 vials, ampules, syringes were sent out and tested and found to have something other than the labeled medication in them. BREMS has subsequently removed fentanyl from their drug boxes.

Much discussion took place as to what could be done to prevent similar occurrences and to preserve the Drug Box exchange program. Discussion included removal of narcotics, a separate secured cabinet with tracking of entry, putting the narcotics out of the new narcotics case, looking into an internal plastic blister pack like the Old Dominion EMS region is using. After the discussion, it was determined for now pharmacies will open the narcotics case every time the rework a drug box and examine the contents for signs of tampering. We will also look at the blister pack boxes. Additionally WVEMS will encourage agencies purchasing new units to make provisions for a separate narcotic cabinet that would be capable of holding something the size of the new narcotics case.

- Dr Lane addressed the group regarding the ability of EMT/EMT-Basics being able to give naloxone intra-nasal. To do this, because med math calculations are not part of the curriculum or Scope of Practice for EMTs, it needs to be a premeasured dose. It was decided that the best situation would be to change the packaging and amount of naloxone put into the drug boxes to put a quantity five (5) – 0.4 mg/ml 1 ml syringes in the boxes in place of the current sometimes 0.4 mg/ml – 10 ml vial

Being no further business, Charles Berger thanked everyone for their participation and the meeting was adjourned at 11:38 am.