



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

1421 Johnston-Willis Drive
Richmond, VA 23235-4730
804-560-3300 • FAX: 804-560-0909
www.odemsa.vaems.org

Pharmacy Committee

January 14, 2016; 08:30am to 10:30am
Co-Chairs: Ben Hester, VCU and Robin Sayles, JRMC
Vice Chair: Ian Orensky, SMH

Members Present: Ben Hester, Robin Sayles, Cheryl Nelson, Al Thompson, Mark Harmon, Kathryn Muha, Liz Papelino

Conference Line: Patsy Clary, Caroline Briggs, Mark Bernas, John Sayers, Amy Ashe

ODEMSA Staff: Rachel Dillon, Heidi Hooker (on conference line)

Minutes Scribed by: Rachel Dillon

Materials provided: Meeting agenda, previous meeting minutes, updated contents and schematics sheets,

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	The meeting start was delayed in an attempt to obtain a quorum. Ben Hester called the meeting to order at 08:38am, though we did not have a quorum. Quorum obtained later on in the meeting. October meeting minutes were reviewed and approved.	Motion by: Robin Sayles Seconded by: Cheryl Nelson Vote: October 2015 Minutes approved
Reports:		
HCA	Robin Sayles – John Randolph is going well. We are looking at putting a Pyxis in the ED to help facilitate exchanges.	
VCU	Ben Hester – We are officially called VCU Health now. We've noticed some issues with empty vials being kept in the boxes, and with appropriate documentation (with signatures) being provided.	
Bon Secours	Mike Harmon – MRMC moved their exchanges to the pharmacy in October and it has been going well. We are still having some issues getting the appropriate documentation with the kits.	



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<p>SRMC</p> <p>Chesterfield Fire & EMS</p> <p>RAA</p> <p>ODEMSA</p>	<p>Al Thompson – St. Francis had 4 documentation issues right around Christmas, all from different agencies. Ben notes that there seems to be a lot of providers being confused by the fentanyl concentration and may not be aware of how much they are giving.</p> <p>Patsy Clary – We’ve had several issues of providers saying that they can’t print call sheets. Rachel says she will speak with Jeff McPhearson and try to get that resolved.</p> <p>John Sayers – We were having a software issue getting all signatures and medication-related documentation to print, but it seems to have been fixed.</p> <p>Liz Papelino – The dex shortage has resolved. We have had a few potential drug diversions.</p> <p>Rachel Dillon – There have been no major drug diversions; there continue to be empty Versed vials and broken Fentanyl ampules, but nothing is indicating a major issue. Clearly Inventory compliance is improving overall. There are still some outstanding quarterly inventories, but it is not the same agencies every quarter.</p> <p>Cheryl asks if it would be possible to change the names of the fields for Clearly Inventory to specific a name, rather than an agency or location. Rachel says she will check with Clearly Inventory.</p>	
<p>Old Business:</p>	<p>Drug Shortages – Ben notes that the dexamethasone shortage has been resolved.</p> <p>The Abboject syringes from Hospira are on shortage, but IMS may be an alternative. Cheryl notes that she has seen atropine, but it has been too long to fit in the box. Patsy notes that the bicarb syringes are on backorder, but they can get the vials. Group agrees that a kit of a 50mL vial of bicarb, a 60cc syringe, and an 18g needle is an acceptable alternative to the prefilled syringes.</p> <p>Patsy notes that SRMC is having an issue getting the Versed 5mg/1mL vials. Cheryl</p>	



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	<p>suggests using the 10mg/2mL vials, but it needs to be placed on the medication alert so that providers are aware that it is a different volume.</p> <p>Delayed Drug Box Exchanges – Ben reminds the group that the expectation is that drug kit exchange should occur right after the call and not be delayed. Exceptions can be understood, but it should not be the norm. Robin adds that it could compromise patient safety if a used box is taken to another patient. Al notes that it could be an OEMS regulation as a provider might not have all the medications needed, and thus not capable of fully executing a protocol in caring for the patient.</p>	
<p>New Business:</p>	<p>Al suggests having Adam pulling a report of drug usage across the region to see if there are particular medications that are more likely to be used. It may benefit a rural agency to get a pharmacy license to carry a common medication, such as D10, outside of the box to minimize the delay in exchanging a drug box when a patient is not transported. Cheryl also notes that some non-controlled medications tend to be missing from boxes without any documentation on the call sheet. Rachel says that she will work with Adam to have some reports ready for next quarter, and ODEMSA will continue to educate providers on drug kit exchange requirements.</p> <p>Rachel asks if an agency could purchase their own seals to secure a box in the situation that it cannot be exchanged in a timely fashion. The group discusses and agrees that would increase the potential for diversion.</p> <p>There is no additional business from the floor.</p>	
<p>Next Meeting</p>	<p>April 14, 2016 at 08:30am</p>	
<p>Adjourn</p>	<p>The meeting adjourned at 09:12am.</p>	