



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

October 12th, 2017; 08:30am to 10:30am
Co-Chairs: Ben Hester, VCU and Robin Sayles, JRMC
Vice Chair: Ian Orensky, SMH

Members and Guests Present: Cheryl Nelson, Ben Hester, Allen Yee, Wayne Harbour, Al Thompson, Justin Yarboro, Mike Harmon, Frank Kinnir

Conference Line: Susanna Dodd, Robin Sayles, Suzanne Hopkins, Heidi Hooker, Gary Samuels, Sarah Gaffney

ODEMSA Staff: Heidi Hooker, Megan Young, Jordan Rennie

Minutes Scribed by: Jordan Rennie

Materials provided: Meeting Agenda, Previous Meeting Minutes, Reference Binder

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	The quarterly meeting was called to order at 8:39am by Robin Sayles. A quorum was not present. Introductions were made.	
Reports: Bon Secours HCA- Hanover ED/ West Creek ED HCA- Tri-Cities Emergency Center	Al Thompson and Mike Harmon had nothing to report Cheryl Nelson had nothing to report Robin Sayles reported that Tri-Cities Emergency Center is seeing 60-80 patients in a day. Reported that this is excellent but challenging. Asked the committee that if they	



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<p>Chesterfield Fire & EMS</p> <p>RAA</p> <p>ODEMSA</p>	<p>know any nurses with critical care experience or willingness to do training, to please refer them to the hospital. They are also looking at hiring more paramedics.</p> <p>Allen Yee reported that Tim McKay was promoted to Assistant Chief. Frank Kinnir has taken over as Director.</p> <p>Wayne Harbour had nothing to report</p> <p>Diversions- Megan Young reported no drug diversions. However, she updated the committee that the Lifecare issue has seen some progress. For those unaware, Lifecare, a for-profit transport company, has been using ODEMSA drug boxes outside of ODEMSA and then bringing them to be filled by ODEMSA area hospitals. ODEMSA has told them they need to adjust this process. In the last conversation with Lifecare leadership it was determined they have 14 days to report their plans for change and 30 days to complete those changes. Proposed changes were to either purchase their own drug boxes/drugs or discontinue their ALS operations with ODEMSA boxes. Megan reported as well that TJEMS was contacted by the agency to see if they could get boxes from TJEMS however they were declined on the basis that they are a for-profit. Allen Yee asked why TJEMS doesn't give boxes to for-profit companies. Justin Yarboro stated that something he knew of was TJEMS not wanting to give boxes to agencies that did not have a TJEMS OMD.</p> <p>Clearly Inventory- Megan referenced the binder for information on box movements, indicating that they were getting better.</p> <p>Staff Change- Megan stated they had one staff change, the addition of Jordan Rennie, as the new Program Coordinator. Megan stated that she would still be present and training Jordan in the position but that Jordan would be the primary contact for all responsibilities.</p>	
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	<p>Protocols- Megan stated that ODEMSA is working on getting the new protocol books out. Megan is waiting on pricing for books from the publisher before making a bulk order. She'll be putting up an order form on the ODEMSA website soon.</p> <p>Regional Training Funds- Megan updated committee stating that ODEMSA has had 50 submissions so far.</p>	
<p>Old Business:</p> <p><u>Drug Shortages</u></p> <p>Bon Secours- St. Francis</p> <p>HCA- John Randolph</p>	<p>Suzanna Dodd reported that the FDA had sent out a report of medications and syringes that could have extended expiration dates i.e. epinephrine or atropine syringes. She reported that she had started putting stickers with the new expiration dates on the syringes with the old expiration and lot number still visible. She wanted to make sure everyone was aware of that report.</p> <p>Robin Sayles reported that HCA has been removing the 30mg/30ml vial of epinephrine and replacing with smaller vials or ampules in their emergency kits. Robin stated that right now all of our EMS agency boxes have a 30 ml vial in them. Robin stated that HCA will not be replacing their stock of 30 ml vials as they cost \$110 per vial where as it costs \$92 for ten ampules. As such they would not be replacing those 30ml vials in the drug boxes. Robin asked what the percentage of utilization for the 30ml Epinephrine is; citing that she believe most of it was wasted. In particular, she asked what EMS was using the 30ml vial for, how often it is used, and would replacing it with two 1mg/1ml ampules be okay. Wayne Harbour stated yes, that should be fine and cheaper in the long run, as the most common use of the 30ml vial was for patients in full blown anaphylaxis. Wayne stated that use was patient specific however EMS most often used only about 0.3 to 0.5 milliliters from the vial. Frank Kinnir stated that the vial is also used in preparing an epinephrine drip which is usually 1mg/250ml. As EMS doesn't usually carry 250 ml bags this would require at least four 1mg/ml ampules to go with the liter bags carried by EMS to make the correct ratio. Robin then asked that since the Drug Box currently carries two 1mg/ml, could pharmacies put two additional ampules of 1mg/ml instead of the 30ml vial. Committee agreed that this would be acceptable. So the new total of 1mg/ml ampules would be four instead of two and in replacement of the</p>	<p>ODEMSA will put forward an electronic vote to change the 30ml vial to two (2) 1 mg/ml ampules.</p>



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<p>HCA-Hanover ED/ West Creek ED</p> <p>HCA- John Randolph</p> <p>VCU Medical Center</p>	<p>30ml vial. This was then asked to be put to a vote but with no quorum present an electronic vote was asked to be performed as soon as possible to begin rotating 30ml vials out starting November 1st. ODEMSA agreed to put out the vote.</p> <p>Cheryl Nelson stated that she noticed the 30 mg/ml vial had been documented as utilized zero times by any of the planning districts. Allen Yee pointed out that this could have been a documentation error by providers. However, it was accepted that the 30 mg/ml vial has been used very little.</p> <p>Robin Sayles stated that she thinks everyone can expect to be affected by the disaster in Puerto Rico. Ben Hester mentioned that a lot of pharmaceutical companies hold their factories there and so would be affected by the hurricane damage. In particular, Robin mentioned that HCA had started making moves with normal saline and antibiotics in regards to delivery standards i.e. making antibiotics IVP instead of IV drip. She mentioned this in order to bring it to mind if in the future NS or D5W become scarce. Ben Hester asked what the perceived impact would be for EMS if this occurred. EMS representatives stated the impact would be minimal. Cheryl Nelson brought up that they have noticed a shortage of 5ml Fentanyl but since EMS uses 1ml it may not pose a problem. Robin states that if could still be an issue due to other shortages. Ben Hester states that if that happens then EMS would go to the second tier medication of Morphine. Justin Yarboro, HCA-John Randolph, stated that he had an email from Chippenham stating they were having a shortage of the 30 ml Epinephrine vials as well. The email also asked if "Epi Kits" in the form of a 1mg/ml + 1ml flush + a filter needle would be appropriate. Ben Hester agreed that this would be fine stating that this has occurred before. If this is done, pharmacies need to put a medication alert card in the slip on the drug boxes.</p> <p>Ben Hester stated a shortage they are having is IMS formulations i.e. epinephrine, atropine, and sodium bicarb. These are starting to resolve. Cheryl states that they have noticed shortages every once in a while however they tend to get a shipment before that becomes a problem.</p>	
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<p><u>Regional Med Admin Data</u></p> <p>Bon Secours</p> <p><u>Review TXA</u></p> <p>Chesterfield Fire and EMS</p> <p><u>Reviewing Dobutamine as a secondary for norepinephrine</u></p>	<p>Al Thompson asked if, at the next Pharmacy Committee Meeting, could the data be separated by medications routinely placed in the ODEMSA Drug Box vs medications given in critical care transports. Al stated that while it was good to have the CCT data, it would be easier to see medication usage by separating the two. One concern brought up by Ben Hester was trying to eliminate some of the duplications in name. This has been decreased significantly since it was last brought up. It was also brought up whether the data could be more specific i.e. what type of saline is being used. Allen Yee brought up a potential area for improvement in documentation with the use of "Simply Saline" versus "Normal Saline". Simply saline being a nasal decongestant spray that may have been chosen by providers looking for NS.</p> <p>Allen Yee stated that the Committee had tabled further development on this until the full study results could be obtained by the Medical Control Committee and was positive. The study is still pending. Ben Hester stated that they would wait until that study came out and then make a decision. A concern was also made about TXA only coming in glass ampule form so breakage would be something to look for.</p>	
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	<p>step and probably wouldn't be cost prohibitive. Ben states he'd get data and send out to the committee. After this, ODEMSA could hold an electronic vote to approve the addition or not. This would then be sent to MDC to vote on a change in protocols.</p>	
<p>Business from the Floor</p> <p>ODEMSA</p>	<p>ODEMSA will be sending out the 2018 meeting schedule soon. No further business from the floor.</p>	
<p>Next Meeting</p>	<p>TBD, 2018: 8:30 AM</p>	
<p>Adjourn</p>	<p>The meeting adjourned at 09:40 AM.</p>	