



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

July 13, 2017; 08:30am to 10:30am

Co-Chairs: Ben Hester, VCU and Robin Sayles, JRMC

Vice Chair: Ian Orensky, SMH

Members and Guests Present: Ben Hester, Wayne Harbour, Al Thompson, Brad Taylor, Amir Louka, M.D., Robin Sayles

Conference Line: Amy Ashe, Gary Samuels, Ian Orensky, Nadine Gilmore, Caroline Briggs, Beth Dixon, Allen Yee, Mike Watkins, Mike Harmon, Lindsey Fournier

ODEMSA Staff: Heidi M. Hooker

Minutes Scribed by: Heidi M. Hooker

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 8:30am by Ben Hester. A quorum was determined. The Agenda and April meeting Minutes were approved. Introductions were made.	Motion by: Wayne Harbour to approve the April Minutes and July Agenda Seconded by: Robin Sayles Vote: Unanimously approved
Reports: HCA – John Randolph	Robin Sayles – Reported HCA successfully opened the Tri-Cities Free Standing ER. She said the center is very busy. They’ve seen as many as 60 patients in a day. She	



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<p>HCA Henrico Doctors</p> <p>VCU</p> <p>RAA</p> <p>Hanover Fire and EMS</p> <p>ODEMSA</p> <ul style="list-style-type: none"> Lifecare Issue 	<p>said they are hiring, and encouraged committee members to let those that may be interested know. She also invited members to come visit the center.</p> <p>Gary Samuels – Reported HCA Henrico Doctors successfully completed their review for Level 2 Trauma Center designation with the state. They’re still awaiting an official letter, but the recommendation was to approve with full accreditation.</p> <p>Ben Hester – No report.</p> <p>Wayne Harbour – Reported the parking lot at RAA is almost done. He said they’ve noticed a downward shift in their frequent “pain seekers”. They’re attributing this to better quality drugs on the street.</p> <p>Mike Watkins – Reported they had one instance of citizen use of Narcan. The medication did not revive the patient. He did not know the dose administered. EMS gave 2mg that did wake the patient.</p> <p>Heidi Hooker – Reported</p> <p>During a diversion investigation, conducted by Megan Young, it was discovered Lifecare has an ambulance that is stationed in Orange County (outside of the ODEMSA region), using an ODEMSA drug box, that transports most patients to UVA (outside the ODEMSA region). She clarified, this means Lifecare is using an ODEMSA drug box outside the region and bringing it in the region to have various ODEMSA hospitals restock the box. Two agencies (Lifecare and UVA) are benefiting from patient/insurance billing, yet ODEMSA hospitals are stocking the box free of charge. Heidi said she and Megan spoke to the agency leadership and informed them this was unacceptable. Heidi said the agency was unable to get a TJEMS box on their unit and said they didn’t know another way. Heidi and Megan are working with the agency to either help them get a TJEMS box or supply their own box. Heidi said ODEMSA staff are giving them a couple weeks to come up with a plan, then staff will follow up on the matter. UVA has been approached several times over the years and asked if they will carry ODEMSA boxes, to date they have been unreceptive. Robin said she sits on a committee with the pharmacy director of UVA, she will reach out to him again.</p>	<p>ODEMSA staff will follow up with Lifecare before the next meeting.</p> <p>Robin Sayles will reach out to the Pharmacy Director of UVA to see if they will stock ODEMSA boxes. Megan will send Robin the agency info</p>
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<ul style="list-style-type: none"> • Clearly Inventory Report • Training Fund Distribution • CVHC • Agency Invoice Project 	<p>Heidi referred members to tab 3 in their committee notebooks, the Clearly Inventory Report. She said of concern to staff is the fact that Henrico Doctors Hospitals are not only continuing to have high rates of unmoved boxes, but the numbers are getting worse. The number of box moves outside the hospitals for HDH hospitals are far above any other hospital. After discussing the matter, the committee asked ODEMSA staff to send a letter to the ER and Pharmacy Directors of HDH Hospitals reporting the committee concerns, with the two biggest being medication accountability and security. They feel this mismanagement is setting the region up for a diversion situation. Heidi reminded members, ODEMSA staff have done in-house training and offer it on a continuous basis. Megan has offered to go to HDH and help train, if they will take her up on that offer. Heidi said after speaking with Gary Samuels, he has requested one more quarter to produce change. He believes recent staff changes will produce desired results. The committee agreed to allow another quarter and write the letter to the department managers. If noticeable results are not soon achieved, the committee recommends having the ODEMSA Executive Director and Pharmacy Committee Chairs visit the hospitals CEO.</p> <p>Heidi said the Regional Councils have been tasked by OEMS to begin distributing the OEMS training funds. OEMS is contracting with each Regional Council to distribute funds for EMS continuing education and auxiliary (merit badge) courses. Funds for initial certification training will be administered by a different organization. For ODEMSA this means building a committee and a plan for distributing half a million dollars in education funds. Heidi said this is a tremendous challenge for the ODEMSA staff. The ODEMSA Training Director will oversee the project and ODEMSA may have to hire a part-time employee to assist. She said the biggest challenge will be making sure ODEMSA does spend the half million allotted.</p> <p>Heidi said the Central Virginia Healthcare Coalition (CVHC) made a request to ODEMSA to bring their fulltime contract employees on as ODEMSA staff. Heidi has been working with her Board of Directors and the CVHC administrators to see if it can be worked out. Heidi said she feels confident it can, it's just a long process working through attorneys and contracts, but she feels this can be accomplished, soon, if all parties remain committed.</p> <p>Heidi said ODEMSA will begin invoicing EMS agencies for certain services that are a financial burden to ODEMSA, that are not covered in the OEMS contract with ODEMSA. She said the figure covers many services, but the formula used was based</p>	<p>ODEMSA will send a letter to the Pharmacy and ER Director of HDH Hospitals stating committee concerns with unmoved boxes.</p>
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	<p>on the number of drug boxes an agency uses. She said the “per box” formula was an easily proven figure that well explains the financial burden placed upon ODEMSA with no funding source. She explained since her tenure, as Director, the cost to administer the drug box program has increased significantly with no increase in state funding. She said it costs more to make a box because of enhancements, like the narcotic box and riveted box ID card, we use stronger, more expensive seals and use two now. She also reminded members ODEMSA bears the cost of our electronic box inventory tracker. She wanted to make it clear, the invoice is not solely for the drug box administration, but it will be used as a formula. Heidi asked members to let her know if any had concerns regarding this program, no concerns were made.</p>	
<p>Old Business:</p> <p>Drug Shortages</p> <p>Regional Med Admin Data</p> <p>Reconfiguring BLS Medications</p>	<p>Ben Hester said Sodium Bicarb is the biggest concern. He said inventory is not improving. Epinephrine, Dextrose and Atropine supplies are improving, but still are having issues. Toradol injection is predicted to be an issue when the protocol is enacted.</p> <p>Ben thanked staff for providing the data. Heidi said Megan has trained with Adam and she is now able to pull data, at will. The committee noted the Narcan data appeared more accurate than in past meetings. Robin said there are some discrepancies with brand and generic names both being used. She used Benadryl and diphenhydramine as an example. Glucagon was another example.</p> <p>The ODEMSA Medical Direction Committee requested all BLS available medications be moved to the top tray of the drug box for ease of accessibility and potential reduction in medication errors by BLS providers. After discussion the committee respectfully declined the request, citing space confinements among other reasons.</p>	<p>Generic and Brand names may need combined.</p>
<p>New Business:</p> <p>Dobutamine as a Secondary for Norepinephrine – MDC Request</p>	<p>A request was brought forward from the ODEMSA Medical Control Committee to consider Dobutamine as a secondary for Norepinephrine. The committee agreed to take the request, back to their hospitals, for feedback. This request will be in an investigative stage until the next meeting.</p>	



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<p>Review of TXA – MDC Request</p>	<p>A second request was brought forward from the ODEMSA Medical Control Committee to consider TXA. They wish to discuss this as a possible addition to the drug box for prehospital pre-treatment of bleeding in patients who are experiencing hypovolemic shock. During discussion it was learned, none of the regional trauma centers are using the medication. Continuity of care was an issue. Also, Al Thompson was aware of a hospital that was using it but has since retired it due to some controversial studies. Dr. Louka, of VCU Medical Center, stated EMS has few tools when it comes to this type of patient. Flooding these patients with fluids or ringer could be causing more harm. He further stated, the medication is not expensive and is of low risk to the patient. It could be very beneficial to the trauma patient, especially in our rural areas of the region. Dr. Yee stated Medical Control had a lengthy discussion on this topic. He is aware of a randomized TXA study that is close to completion. Depending on results, Dr. Yee asked that, at this time, the committee only study the feasibility of adding the medication. He said Medical Control is not asking yet, but he feels they are close to a decision. He said, if the committees decide to add this, it must be coordinated with the trauma centers. This topic will be tabled pending further information from the ODEMSA Medical Control Committee, Trauma Performance Improvement Committee and this committee to form a community consensus.</p>	
<p>Toradol Addition to the Drug Box – PI Committee and MDC Request</p>	<p>Ben Hester reminded members this was a topic of discussion at the last meeting. Dr. Louka said EMS should have options for pain treatment. It is not necessary to treat some injuries with Fentanyl. He said it's a good, non-opiate, alternative medication for mild to moderate pain. Dr. Yee said Medical Control is requesting this medication. Robin Sayles said she was initially hesitant about adding this medication but now, after doing pain consults at John Randolph, it is a drug of choice for her. She does have concern because there's currently a shortage. She further stated this shortage has been consistent for years. She is supportive of adding this to the medication box and assisting with a protocol. Dr. Yee said we need to come up with a second line drug, he suggested blister-pack Motrin. A motion was made to add Toradol to the drug box and unanimously approved. Yee said Medical Control will come up with a protocol and also approve it use in a special call meeting. Once Medical Control approves the protocol,</p>	<p>Motion by: Wayne Harbour to approve the use of Toradol injection 30mg, quantity of one (1) to the ODEMSA Medication Box Seconded by: Robin Sayles</p>



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	<p>Robin asked that it be sent back to the Pharmacy Committee. Heidi said once that is accomplished, she will present it to the ODEMSA Board of Directors, for their approval, so this can be added in the upcoming 2018 protocol roll out this fall. An October rollout of the new protocols is the plan.</p>	<p>Vote: Unanimously approved</p>
<p>Business from the Floor</p> <p>Medication Administration Cross-check Protocol</p> <p>Sodium Bicarb Shortage</p>	<p>After discussion about medication errors and the process Richmond Ambulance is currently using to administer medications, the committee voted to adopt Richmond Ambulances protocol and add it to the ODEMSA protocols for regional implementation. Wayne Harbour will provide ODEMSA the protocol language used by Richmond Ambulance with a copy of their cards.</p> <p>Wayne Harbour asked about the shortage of Sodium Bicarb, he said there was an email sent, by a group of doctors, indicating certain pharmacies are extending the expiration of the medication by 6 months. He asked if this is occurring in the ODEMSA region. Ben said there was a release from the FDA that was specific to certain lot numbers and expiration dates assigned to those lot numbers, which cited a specific date to which those medication could be extended. Ben said the individual pharmacies are placing stickers on the Sodium Bicarb boxes, indicating the expiration has been extended, for those that are using those meds. After discussion, it was the consensus, the stickers, already being placed on the box, should serve as adequate notice to EMS providers of the situation.</p> <p>There was no further business from the floor.</p>	
<p>Next Meeting</p>	<p>October 12, 2017: 8:30 AM</p>	
<p>Adjourn</p>	<p>The meeting adjourned at 09:51 AM.</p>	