

Northern Virginia Emergency Medical Services Council

Meeting Minutes

EMS/Pharmacy Committee
Tuesday, August 29, 2017
10:00 am



City of Fairfax Fire Station 403
4081 University Drive
Fairfax, Virginia 22030

Meeting Called to Order— 10:05 am

Attendees: (Alphabetical Order by last name)

- Gill Abernathy – Pharmacy Manager, Inova Health System
- Rick Bonnett - Deputy Chief, MWAA
- Jonithan Brantley – Captain, City of Fairfax Fire Department
- John Chesek – Battalion Chief, Fairfax County Fire and Rescue
- Cathleen Cowden – Inova Fair Oaks Hospital
- Karen Dunavant – Director of Pharmacy, Stone Springs Hospital Center
- Patrice Dupart – Inova Fairfax Hospital
- Craig Evans – Executive Director, Northern Virginia EMS Council (NVEMSC)
- Brian Hricik – Battalion Chief, Alexandria Fire Department; President, NVEMSC
- Jason Jenkins – Deputy Chief, Fairfax County Fire and Rescue
- Ann Marsh – Battalion Chief, Arlington Fire Department; Secretary/Treasurer, NVEMSC
- Melanie Massiah White – Chief Pharmacy Officer, Inova Health System
- Dr. John Morgan – Operational Medical Director, Loudoun County Fire & Rescue
- Jose Salazar – Deputy Chief, Loudoun County Fire & Rescue

John Chesek, Fairfax County F&R

1. Within the last month (8/2/17 - 8/11/17), Fairfax County had 8 or 9 incidents with Controlled Substance Kits (CSK) that were sliced open with an incision.
 - a. Investigation found that someone was cutting side of bags and putting back into pelican cases.
 - i. It was found that large amounts of air pockets in sealed controlled substance kits when received.
 - ii. People were cutting the bags in order to fit them into cases
 1. One provider in particular was identified
 2. Fairfax County has instructed their providers to immediately cease and desist from cutting or tampering with the CSK.
 - b. Now ordering larger cases to accommodate bags better.
 - i. For an easier fit
 - c. Two incidents of versed
 - i. One when controlled substance kit was refilled, the versed was empty

1. when trying to restock at Fairfax Hospital
 - ii. One was damaged (crushed) when received and still in unopened controlled substance kit.
- d. One case of entire controlled substance bag missing (8/20/17)
 - i. DEA, PD and internal investigation
 - ii. Exhaustive search with all notifications
- e. Yesterday (8/29/17)
 - i. A medic unit replaced kit without proper documentation
 - ii. No one signed for medications
 - iii. Over past month only one signature captured rather than the required two
2. Currently looking into better ways to secure medications
 - a. Electronic forms
 - b. Better locking system
 - c. Biometrics
3. All of these incidents boiled down to lack of documentation
 - a. Complacent providers / lack of personal accountability
 - b. Fairfax County will be transparent during this entire review/investigation process
 - c. Fairfax County values working relationship with pharmacies.

Jon Brantley, City of Fairfax Fire Department

1. Similar incidents to Fairfax County
2. One case of missing Fentanyl (5/25/17)
 - a. Empty Vial of fentanyl in bag that was NOT administered by crew
 - b. Missing and lacking documentation
 - c. Full investigation to include City of Fairfax Police Department and polygraph examinations by a third party, Fairfax County.
 - d. Police Department investigation results
 - i. Unknown where the missing Fentanyl came from
 - ii. Interviewed three providers
 - iii. Result of no malicious activity or criminal charges against any City of Fairfax providers
3. Working on better documentation
 - a. Finding gaps and holes in the entire kit replacement/documentation process
 - b. Rewriting the protocols to account for new found revelations
 - i. Complete overhaul in policies and practices
 - c. Plan to removing RN from the wasting process
 - i. Two signatures from providers
 - ii. Draw up the medication
 - iii. Note the exact amount wasted
 - d. Understanding pharmacy side of restocking CSK
4. Realizing the opportunity for both sides to fill gaps and learn from past mistakes
5. The City of Fairfax understands the gravity and seriousness of CSK issues
6. Another issue with Versed vial being damaged in unopened CSK
 - a. Contacted Fair Oaks ER with no response

7. Wasting medications in the water system
 - a. Some people aren't properly wasting
 - i. Just tossing remaining medications in trash can or sharps container
8. No accountability with remaining medication in vials once they have been used.
 - a. If full vial was not given in desired dose

Brian Hricik, Alexandria Fire Department

1. Related previous events where people were breaking into sharps containers looking for medications at the Alexandria ER.
 - a. Using forceps trying to find narcotics
 - b. Breaking into the sharps container and rummaging through them
2. Keeping medication wasting out of the public eye
 - a. Waste in utility closet/out of public eye

Karen Dunavant, HCA StoneSprings Hospital

1. Some people think that you will be killing fish and harming the environment if you waste in water lines
 - a. Actually only antibiotics and other things similar in nature that pass through the human body have been found in the public water systems, not narcotics.

Dr. Morgan, Loudoun County Fire & Rescue

1. Loudoun County found pattern of use with a provider that had exceptionally high narcotics administration to patients, as well as higher than average breakage.
 - a. Dr. Morgan suggests, in addition to security items, looking into patterns of use, which can help identify potential issues.

Gill Abernathy, Inova Health System

1. Electronically auditable and/or trackable?
2. Immediate Issue: Lorazepam issue today
 - a. Missing signatures on Documentation on medication exchange forms
 - i. Brian Hricik – Alexandria F&R will have the providers backtrack on the documentation and properly fill it out.

Patrice Dupart, Inova Fairfax Hospital

1. What is EMS process vs. Pharmacy process in determining/investigating discrepancies
 - a. Possible to provide the process to the Pharmacology in writing?

Jon Brantley, City of Fairfax Fire Department

1. FD Process
 - a. Unit recognition
 - b. Supervisor acts and moves up chain
 - c. Crews who worked before/ current crew contacted
 - d. Notify pharmacy

- e. PD contacted
 - i. PD investigation will run alongside internal FD investigation
 - ii. EMS has no control over how PD handles their investigation
- f. VA OEMS is notified in Richmond
- g. DEA contacted
- h. Completed within 15 days of incident

Rick Bonnet, Metropolitan Washington Airport Authority

1. Suggests a Regional policy be put in place on diversion
2. Spread out to all jurisdictions and to regional hospitals
3. We need a hierarchy from all regional hospitals
 - a. Who to contact/how/when
4. We need a proper system in place so we don't point fingers.
5. MWAA's more than willing to adopt regional policy

Ann Marsh, Arlington Fire Department

1. Does not want a policy to include contacting PD for ANY medication
 - a. Restrict to certain schedule drugs?

Craig Evans, Northern Virginia EMS Council

1. Will confirm that the policy will be restricted to schedule II-IV drugs only.
2. Will there be any negative fallout for filing multiple (same) reports with the DEA?
3. Is there consolidation of the same reports?

Karen Dunavant, HCA StoneSprings Hospital

1. DEA process
 - a. Letter is needed when issues occur
 - i. States that there is a suspicion or there is an investigation ongoing
 - b. The DEA only wants to know when there are large cases
 - i. One vial missing doesn't interest them
 - ii. A person who has been stealing over a long period of time – does interest them

Patrice Dupart, Inova Fairfax Hospital

1. Would like to have a monthly update or audit of any pharmacy problems that occur within the departments.
2. Would like to include Gill Abernathy in the process of the development of a regional policy, in conjunction with other regional hospitals and EMS jurisdictions
 - a. INOVA – Gill Abernathy
 - b. Sentara - ?
 - c. NOVANT - ?
 - d. HCA – Karen Dunavant

Craig Evans, Northern Virginia EMS Council

1. There are currently two ways, in general, of checking controlled substance kits in EMS systems across the state
 - a. Tab system
 - i. Tabs on locked medication box to check prior to every shift
 - ii. Tabs are numbered and logged
 - b. Bag check system
 - i. Checking the medication bag itself prior to every shift

Dr. Morgan, Loudoun County Fire & Rescue

1. Loudoun County is piloting a program with RFID/PIN access to medications
 - a. Trying to move away from mechanical lock/key system
 - b. Roughly \$2,000 per lock
 - c. This system will allow immediate lock-out of personnel from a remote location rather than retrieving an issued key or changing many combinations
 - i. If loss of endorsement, change in personnel or staffing changes
 - ii. Log in to computer and remove access
 1. Will remove or add provider access on a system wide level
 - d. Will have mechanical back up as a redundancy

Rick Bonnet, Metropolitan Washington Airport Authority

1. MWAA will pilot a similar program next year with key FOB/GPS access system
 - a. GPS tracking on the access keys

Craig Evans, Northern Virginia EMS Council

1. In the meantime, while we are creating this new diversion policy. How our current practices are and what can we improve on?
 - a. How the pharmacy is providing medications in their packaging has been an issue at Reston Hospital.
 - i. Some providers are refusing to accept medications that are not in the packaging that they are used too.
 1. Providers must be able to accept however the medications are provided to them.
 - a. As long as the concentrations are ok.

Dr. Morgan, Loudoun County Fire & Rescue

1. Tamper resistant vials
 - a. Is there any other tamper resistant system/packaging?

Karen Dunavant, HCA StoneSprings Hospital

1. All types of tamper resistant systems are equally vulnerable

Gill Abernathy, Inova Health System

1. Do not allow RN's to give kits

- a. Providers MUST go to the pharmacy to exchange controlled substance kits
2. Can we provide Emergency Care Center (ECC) locations with the amount of kits used per month to an ECC location? So they can compare kits used vs kits given?

Jon Brantley, City of Fairfax Fire Department

1. Is there a way the pharmacy tracks CSK kit numbers and what numbers the CSK kit was recycled from
 - a. There are two separate numbers on the kit
 - i. Is this data gathered or tracked?
 - b. How are some returned kits recycled?
 - i. What is the pharmacy process?
 - c. What is the Inter-facility Medication exchanges process?
2. Can we track recycled bags or don't use recycled bags to eliminate a source of human error.

Patrice Dupart, Inova Fairfax Hospital

1. Not doing this at this moment, would need to get with team and figure out logistics to do so.

Karen Dunavant, HCA StoneSprings Hospital

1. Process when receiving medications from other hospitals have to maintain a chain of custody for tracking.
2. Regionally we are ok but when receiving kits outside our region, there are some issues.
3. All CSK's are pre made at Reston
4. Must have both pharmacy and provider picking up to account for kits and sign, prior to receiving kit.
5. After hours
 - a. CSK kits are available at ER
 - b. Otherwise go to pharmacy when they are open.

Craig Evans, Northern Virginia EMS Council

1. What happens to ECC's extra meds on exchange of CSK's?

Patrice Dupart, Inova Fairfax Hospital

1. INOVA will never recycle bags at an offsite ER
 - a. They are placed in a drop box, a separate area in the Acudose System and new CSK given.

Jason Jenkins, Fairfax County Fire & Rescue

1. Issues encountered with papers in controlled substance kits obscuring the vials and the providers cannot read or see the medications in the kits.

Karen Dunavant, HCA StoneSprings Hospital

1. Reston Hospital tries to make sure the papers are not obscuring the medications but there will always be some sort of manipulations needed to clearly see all the medications within the controlled substance kits.

2. Will remain cognizant of this issue while packaging the CSK, and remind staff of the issue.

Jason Jenkins, Fairfax County Fire & Rescue

1. Multi units swapping Controlled substance kits, between them.
 - a. Example Engine 403 on scene and uses their controlled substance kit
 - b. Medic 403 arrives on scene and Engine 403 swaps their used controlled substance kit with Medic 403's controlled substance kit.
 - i. This is done mainly so 2 units will not have to remain out of service to restock.
2. This should not be happening
 - a. It is now being written into policies
3. The unit that uses a controlled substance kit MUST replace it themselves.
 - a. To avoid confusion with the actual location of the controlled substance kit that was signed out and taken. To maintain chain of custody

Jason Jenkins, Fairfax County Fire & Rescue

1. Do the hospitals use the recycled medications after return?

Karen Dunavant, HCA StoneSprings Hospital

1. Depends on the chain of custody
2. Within our region they can accept and use on an as needed basis, as long as the chain of custody is intact
 - a. However, when receiving medications from outside our region like Winchester, because they cannot track the chain of custody, it will be tossed.
3. Must have a way to close the loop on the chain of custody.

Craig Evans, Northern Virginia EMS Council

1. What are the levels of accountability per controlled substance kit to unit?
 - a. Unknown at pharmacy level other than the amount of kits in the field that were passed/signed out.
 - b. EMS should have the accountability after handover of controlled substance kit, and the chain of custody tracked by EMS from when received on.

Jason Jenkins, Fairfax County Fire & Rescue

1. What is the redundancy for controlled substance kit packaging in the pharmacy?
 - a. Package and verification signatures
 - i. Two signatures
 1. Dispenser
 2. Receiver
 - b. Who filled the bag?
 - c. Who verified?
 - d. When was the bag filled?

Cathleen Cowden, Inova Fair Oaks Hospital

1. Two points from earlier she wanted to point out.
 - a. Putting the empty vial (wasted) back into controlled substance kit is a bad idea
 - i. Rather keep separate, show and then discard
 - ii. There has been incidents at the pharmacy level where an empty vial has been recycled on accident
2. Only RN's should be watching the wasting

Jon Brantley, City of Fairfax Fire Department

1. Will accommodate with not putting the empty vial back into controlled substance kit
2. Have run into problems with having RN's witness wasting
 - a. Not enough time
 - b. Not properly watching the waste
 - c. Not properly wasting as they should

Craig Evans, Northern Virginia EMS Council

1. There is a level of comfort on EMS side, for not using RN's to witness medication waste.
 - a. If there are 2 signers on the EMS side they have more control over the investigation, should something occur.
 - b. Rather than having to track down an RN who may be a travel RN and have difficulties reaching her.
 - i. Takes out an additional step in the time sensitive investigation.

Jose Salazar, Loudoun County Fire & Rescue

1. Concern to hold a BLS provider accountable for ALS interventions if no other ALS provider is available to witness the waste.
 - a. Due to the lower level of provider care.
 - b. Some agencies will run with only 1 BLS provider (as driver) and 1 ALS lead provider

Cathleen Cowden, Inova Fair Oaks Hospital

1. Would like to have RNs only as witness to wasting
 - a. Meds should be rendered irretrievable
 - b. Drawn up and wasted
 - c. RN's must be an ACTIVE witness

Jose Salazar, Loudoun County Fire & Rescue

1. Suggests a separate premade controlled substance kit vs, non-premade controlled substance kit policy written.

Gill Abernathy, Inova Health System

1. Policy should be written in a more generic way to include both types of controlled substance kits
 - a. Premade and not premade
 - b. Way to validate contents from provider AND pharmacy on pick up
2. One thing about policies that should be known is that, if they are not practical and fluid to the providers, then, most likely they will not be followed.

Jon Brantley, City of Fairfax Fire Department

1. Documentation process for broken medications should be included in policy.

Karen Dunavant, HCA StoneSprings Hospital

1. As long as it is documented on the exchange form in one way or another, she believes it is acceptable.

Jon Brantley, City of Fairfax Fire Department

1. Units getting medications from a different CSK to replace a medication that has a discrepancy
 - a. If one CSA is missing a med and they open another CSA, they use one form to replace what's needed on both?

Craig Evans, Northern Virginia EMS Council

1. On the July 1, 2017 Medication Exchange form there is a box to indicate why there is a need for exchange.
 - a. PT care, expiration, other
 - i. Other can include broken/damage/loss
2. This box was recently added for the ability to track how the medication was used.
3. Develop Standard to cover the following.
 - a. Any diversion
 - b. How to pack a bag
 - c. How to exchange a bag
 - i. Premade or non-premade
 - d. How to confirm what is in the bag?
 - i. Dual accountability?
 1. With 2 signatures upon checking?
 - a. Pharmacy side
 - b. EMS side
 - e. How/who to witness waste?
 - f. How we do auditing?
 - i. List of what pharmacy wants audited?
 1. Amount medication used

- 2. Amount of medication wasted
 - a. Most agencies do not document waste
- 3. All discrepancies accounted for and within timeframe
- ii. Pharmacy would like EMS to audit
 - 1. Add Pharmacy to Northern Virginia Regional EMS Council Reference Manual
- g. Every contact at every hospital
 - i. Who/when/how to contact.

Patrice Dupart, Inova Fairfax Hospital

- 1. Do EMS Agencies have a reconciliation process?

Jon Brantley, City of Fairfax Fire Department

- 1. Yes, Daily checks and trends in usage.

Patrice Dupart, Inova Fairfax Hospital

- 1. How INOVA does their process
 - a. Auditing
 - b. RNs count Narcotics twice a day
 - c. Audits on Anastasia
 - i. What they gave and what they wasted
 - d. All discrepancies resolved within 24 hours
- 2. Wants a snap shot of what we are giving you
 - a. Are the medications used or unused
 - b. To get on the same page
 - c. Develop metrics from this info

Pharmacology Protocol Group to consist of —

- 1. EMS Representatives – Ann Marsh (Arlington Fire)
 - a. Jon Brantley (City of Fairfax)
 - b.
 - 2. Pharmacy Representatives – Gill Abernathy
 - a. Patrice DuPont – INOVA FFX
 - b. Karen Dunavant – HRC Rep
 - c. Additional pharmacy reps to be determined
 - 3. Physician Representative – Dr. Morgan
 - 4. RN representatives – To be determined
- Develop best practices for when controlled substance kits are checked.
 - Contact info for emergency contacts at Pharmacy
 - Manager on Call
 - Will be different for any facility and/or available 24/7
 - Can contact RN supervisor and get info if needed
 - Include Pharmacy info to Regional Resource Manual

- Move up next meeting sooner?
 - October/November? Look for an email prior to our January meeting to review the documents developed by the EMS/Pharmacy subcommittee

Meeting Adjourned— 11:48 am

DRAFT