



Northern Virginia EMS Council
Regional EMS & Hospital Pharmacy Committee
Fairfax County Fire Station 403
4081 University Drive, Fairfax, VA 22030
June 19, 2017 Meeting Minutes

Those present were:

Gill B. Abemathy, Inova Health System, gill.abemathy@Inova.org
Jon Brantley, City of Fairfax Fire Department, jonathan.brantley@fairfaxva.gov
Ashley-Nicole Carmichael, Inova Alexandria Hospital, ashley-nicole.carmichael@inova.org
Patrice Dupart, Inova Fairfax Medical Center, patrice.dupart@inova.org
Laura Monroe-Duprey, Inova Mount Vernon and Inova Alexandria, laura.monroe-duprey@inova.org
Nakia Eldridge, Inova Fairfax Medical Center, nakia.eldridge@inova.org
Craig Evans, Northern Virginia EMS Council, craig@vaems.org
Matthew Fox, Manassas City Fire and Rescue, mfox@manassasva.gov
Brian Hricik, Alexandria Fire Department, brian.hricik@alexandria.gov
Greg Rauch, City of Fairfax Fire Department, greg.rauch@fairfaxva.gov
Judy St. George, Northern Virginia EMS Council, judy@vaems.org

The Regional EMS and Hospital Pharmacy Committee meeting was called to order at 10:06 a.m. by Captain Rauch. He provided the following recap followed by introductions around the room.

- Committee was formed about two years ago to convene with regional EMS operations and regional hospital pharmacies. The goal is to meet every six months (January and June). Did not meet in January due to inclement weather. That meeting was not rescheduled.
- Address any issues with over the counter medication exchanges for Schedule 6 and 2 drugs as well as how to best handoff Controlled Substance Kits (CSK) at the window.
- Review of the restock form allows for consistent practice throughout the region as well as allowing medic units to present at pharmacies other than their home pharmacy.

New Business

- Northern Virginia EMS Drug Issue Sheet - six month review of regional restock form
 - To be consistent with pharmacy language the word drug was replaced with medicine in the form name. The form name is now Regional EMS Drug Issue Sheet
 - Expect EMS unit to present in full uniform and with agency ID
 - Everyone uses the form differently:
 1. Reconcile inventory
 2. Billing document
 3. Archive
 - Revision date – repositioned; better to see
 - Blank line to be removed from drug list
 - EMS can present for one of these four reasons
 1. Provided patient care
 2. Broken ampule

3. Expired – one request from pharmacy was to bring expired drug for verification
 4. Other
- Form represents all the drugs that are used in the region – if a medic unit needs to present at a pharmacy other than their home pharmacy, the restock drug may not be available and will need to return to their home pharmacy to restock that drug.
 - Questions?
 1. Patrice Dupart - Can the formulary of a given agency be provided to the pharmacy particularly Fairfax? Craig mentioned that yes, and he promised to also provide for Arlington, Fairfax City and Fairfax and Alexandria Counties
 2. Can we leave a blank on the form? No, left no blank deliberately, the pharmacy should not dispense any drug unless it is part of the form
 - Schedule 2 drugs are not on the form; there is a separate form for those
 - Prince William requested a field be added at the bottom of the form for the signature of of the hospital pharmacy tech or pharmacist
 - This form will remain in effect until next meeting in January 2018 unless a new drug comes out and is required by medical direction
 - Drug is listed how it is most commonly supplied
 - Expect final version of the form in approximately two weeks from the Council – once distributed, medics have to use this new form; the new form will not have the watermark
 - Captain Rauch invites more pharmacy representation
- Drug Shortages
 - Fentanyl 5 ml on back order – need to look at concentration levels which is different for intranasal (2 ml), what is currently being used is not real adequate
 - Dextrose – comfortable using the D10
 - Epinephrine D10 and D50 – Pharmacies will keep the Council informed ahead if they need to reduce what they are able to dispense (D10 or D50). D50 is back intermittently. The switch from D10 to D50 administered differently and training would be required.
 1. Chief Hricik mentioned they have been doing this in Alexandria already for about a month and a half (going relatively smoothly) because of their small size (60 ALS providers), but pharmacies need to make sure the larger get the word out well in advance – suggested we develop a regional plan of how we deal with shortages. Measures to take:
 - Communication and education
 - Inventory back on reserve vehicles or worse reduce cache?
 - How do we do that as a region?
 - Other hospitals need to weigh in
 - Use judiciously
 - Asked how much is being expired or wasted out? – EMS does not have data, but what EMS carries is dictated by OEMS scope of practice and OMD choice
 - Pharmacies are informed about restock, but often those dates are pushed out
 - Alternatives for shortages?

- Regional Controlled Substance Kit (CSK) Exchange Form
 - Currently works well from an EMS perspective – changes made to content especially as it pertains to Schedule 2 drugs takes time; needs consensus from the medical directors, need to agree to contents, do training and update protocols, but time between now and next meeting should allow for this, if needed.
 - OEMS along with the Board of Pharmacy changed policy so that EMTs may witness the wasting of a fellow EMT drug that was used enroute to hospital. If used in the emergency department, a nurse can then witness the wasting. It should be dispensed into a sink, not thrown away or wasted on the ground.
 - Add some language to the CSK form about how and who is wasting (signature and printed name) “Reason to issue” as is on the EMS Drug Issue Sheet
 - The entire kit needs to be handed off once the CSK has been opened and a new one can then be issued.

Captain Rauch emphasized the need to keep communication open between the EMS and the hospital pharmacies and stated that EMS would provide any assistance with issues they may encounter with a medic units. At this time the floor was open for comments.

Council President, Chief Brian Hricik – Captain Rauch rotating off this committee. Future meetings will be chaired by the Council Vice President, Chief Rick Bonnett.

Patrice Dupart – would like to charge back to EMS rather than the individual agency or as alternative using an automated dispensing machine (Pixis, Accudose).

IV Acetaminophen used in the presence of STEMI or heart attack – confirm cost? It is very expensive and restrictive.

Possible future meeting topics:

Brief discussion about alternative drugs – dictated by medical direction

Regional data on drug usage, expiring, damaged

The next Regional EMS and Hospital Pharmacy Committee meeting of the Northern Virginia EMS Council will be held on Tuesday, January 16, 2018 at 10:00 a.m. and will be located at Fire Station 403, 4081 University Drive, Fairfax, VA 22030. A reminder will be sent prior to that meeting.

The meeting was adjourned 12.15 p.m.

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CERTIFICATION OF REGIONAL EMS AND HOSPITAL PHARMACY COMMITTEE MEETING

Northern Virginia EMS Council
7250 Heritage Village Plaza, Suite 102
Gainesville, Virginia 20155

I, Craig Evans, Executive Director of the Northern Virginia EMS Council certify that the above minutes are a true and correct transcript of the meeting minutes of the Regional EMS and Hospital Pharmacy Committee of the Northern Virginia EMS Council held on June 19, 2017. The minutes were officially approved on January 16, 2018 at the meeting of the Committee.



Craig A. Evans

6/28/2017

Date