



**Peninsulas Emergency Medical Services Council, Inc.**

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**PEMS Pharmacy Committee Meeting Minutes**

A Subcommittee of the Board of Directors

**Meeting Date: 02-07-2018**

**Meeting Location: PEMS**

**Chaired By: S. Hopkins**

**Begin Time: 3:05 PM**

**End Time: 4:04**

**Minutes Submitted By: J. Bendit**

**Draft Approved Date: 5/2/2018**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
Amin, Rali N. (TC)	Berry, Wayne	Bendit, Jeffrey	Judkins, Christopher
Beam, Bradley (TC)	Efremidis, Laurie	Craig, Seth	Kain, Mark (TC)
Blake, Greg (TC)	Harmon, Mike		Klink, Shannon (TC)
Bridges, Wendy (TC)	Horton, John		McGregor, Terrence
Elzarian, Ed (TC)	Lawson, Cheryl		Sweet, Jason
Hopkins, Suzanne (Chair)	Lyon, Sharon		
Krempa, Cheryl (TC)	Pothast, Jessica		
Langley, Cindy (TC)			
Rizzo, Sarah (TC)			
Sim, Terri (TC)			
Sledge, Tyler (TC)			
St. George, Linda(TC)			
Womack, Mary (TC)			

<b>Item</b>	<b>Discussion</b>	<b>Action Required</b>	<b>By Whom/When</b>
Call to Order	Meeting called to order at 3:05 pm. By S. Hopkins.		
Introductions and Membership Changes	Attendance as recorded above. Add Suzanne Hopkins to Committee as Licensed Pharmacist at SWRMC. S. Hopkin volunteered to Chair the Pharmacy Committee for a period of 2 years. B. Beam motion to approve nomination of S. Hopkins to Chair the Pharmacy Committee. T. Sledge seconds the motion. Approved unanimously. Remove J. Javier from RDH Pharmacy Committee roster. Add Mary Womack to RDH Pharmacist on Pharmacy Committee roster.		

Item	Discussion	Action Required	By Whom/When
Minutes	Minutes approved as written. Motion to approve by T. Sim. 2 <sup>nd</sup> by E. Elzarian. Approved unanimously.		
Staff Report	<ul style="list-style-type: none"> <li>• Members should review their restocking agreements.</li> <li>• Medication Box program- J. Bendit reminds pharmacies that they should not give any medication boxes to anyone without a 1-1 exchange unless they have obtained approval through PEMS. I will contact the affected pharmacy with the details. Maintenance continues with interior latches becoming unglued. Fix is to re-glue and rivet them together. Nine medication boxes clear lexan dividers have cracked and are not covered under the warranty. To replace the clear lexan, it is going to cost as much to purchase a new case.</li> <li>• PEMS Annual Awards submission due April 15, 2018.</li> </ul>		
Old Business	<p>Discussion regarding the current and growing list of drug shortages-described as critical and unlikely to improve anytime soon...may actually worsen, per L. Enzor.</p> <ul style="list-style-type: none"> <li>• Haldol (has improved somewhat)</li> <li>• Calcium Chloride</li> <li>• Ketamine (Shortage according to T. Sledge).</li> <li>• Magnesium Sulfate</li> <li>• Lidocaine</li> <li>• Dextrose abboject</li> <li>• Epinephrine</li> <li>• Dopamine</li> <li>• Amioderone shown to have shortages recently.</li> <li>• Ativan</li> <li>• Atropine</li> <li>• Fentanyl</li> <li>• 0.9 NaCL 100mL shortage started after Hurricanes in South East and Caribbean-09-2017. No substitute at this time. Shortages continue affecting larger bags.</li> </ul> <p>Port Warwick update: MAC will be looking into it further. No set date yet. Expected not to be completed through 2018. E. Elzarian states that he hasn't heard of anything further at this time. T. McGregor stated that he has heard of the potential for more stand- alone EDs to move into the Hampton Roads area. This could take place in the next few years which may impact 911 transports to them. Port Warwick is the only stand-alone in the Peninsulas at this time.</p> <p>Ketamine review from RSI Workgroup meeting: Key players from the Agencies brought the ketamine addition to the MAC. Only players in the PEMS Region include the following agency supervisors: James City County Fire and Life Safety, Williamsburg Fire Department, Hampton Division of Fire, Newport News Fire Department, and York County Fire and Life Safety. J. Bendit stated that the PEMS Medical Advisory Committee (MAC) has approved the use of Ketamine for use in the RSI Medication Kit only on December 6, 2017 (See MAC minutes dated 12-6-18. See the attached algorithms (Attachment 1) indication dosage and use. T Sim stated that she still has reservation about the addition of Ketamine to the PEMS Region because she feels that:</p> <ol style="list-style-type: none"> <li>1. Patient Safety concerns.</li> <li>2. Potential Diversion of Ketamine.</li> </ol>	Send PC RSI Workgroup notes, MAC approval for Ketamine, Protocols for agencies using ketamine in RSI Medication Kit	2/8/18 PEMS Jeff/Seth

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	<p>3. Not all OMD representatives were in the MAC that approved this.</p> <p>4. Feels that the Pharmacies are responsible and accountable for the controlled substances as the purchasers. T. McGregor stated that is true, but the OMDs are responsible for the outcomes of the patients. With the control mechanisms in place, it's much more controlled than the current controlled substances and doesn't understand how this is of any greater concern than the currently controlled substances carried by all of the PEMS Regional Medication Boxes. Now there are 2 boxes instead of just one. M. Kain stated that both meet the standards of security with 2 locking mechanisms. B. Beam suggested, "Would the Pharmacy Committee feel better if the Ketamine was placed in the PEMS Medication Boxes?" J. Bendit stated no because the cost of 350 boxes versus 20 kits alone saves cost and that the shortage of Ketamine wouldn't support it at this time. T. McGregor also followed up that that would allow every EMT in our region to have access to the Ketamine versus only the select few trained to use less than 20 kits. J. Sweet stated that a few of the agencies also plan to reduce the number of RSI Medication Kits in their agency due to the infrequency of use; Reduce from 7 to 3 kits.</p> <p>M. Kain states that this also helps to prevent the opening of 2 boxes, PEMS Medication Box for the Versed and the RSI Kit as we do currently and just open the RSI Kit in the future because of the Ketamine addition. T. Sledge stated he wondered if the evidence has been shown that the use of Ketamine has shown a better outcome? Compared to etomidate? Hemodynamic stability has shown in hospital and prehospital has been shown according to T. McGregor. Only 5 agencies currently participating. This is not available to every provider. Senior/Seasoned providers only trained and maintenance training at least every 6 months. B. Beam stated that we are not getting anywhere in this forum. He recommends pharmacists attend MAC to address this. T. McGregor makes suggestion to set date to roll out plan. Concerns should have an opportunity to be addressed. Could the Pharmacy Committee adopt a tentative adoption date, attend the MAC meeting, allow agencies start training. G. Blake states that it's clear that the 5 groups are using, but it might have other agencies jump on board in the future. Pharmacies would need to make sure that the implementation would be manageable in the future. T. McGregor states that the likelihood that it is going to happen in the Northern Neck is 0% at this time. This is not a blanket protocol that allows anyone to perform this. S. Hopkins proposed May 1, 2018 as a tentative start date. B. Beam suggests time to allow not only for the shortage of Ketamine, but 90 days to train those that are participating. S. Hopkins concern that if Pharmacists do not attend MAC, this will happen anyway. T. McGregor states that this is the forum to address and articulate concerns to deal with final product. S. Hopkins motion to implement June 1, 2018 and send Pharmacists with concerns to MAC. E. Elzarian 2<sup>nd</sup> for Sentara, T. Sledge states reasonable as long as shortage not improved. M. Womack at RDH agreed. Bon Secours at MIH, C. Langley agreed. How supplied 10mg/1mL 20mL vial. 20 RSI Kits approximately. WFD reduced from 3-2 according to B. Beam. YCFLS maintains 2. M. Kain has 3 and will maintain 3. S. Craig wants to have pharmacist present concerns to the MAC and he will place on the agenda. T. Sledge says that he wants to review the past RSI Workgroup minutes/notes prior to this. If nobody shows to the MAC meeting, assume that there are no further issues and we will move forward with the June 1, 2018 implementation.</p> <p>T. McGregor states that only providers with special training are authorized to even use the RSI Medication Kit. We are in a much better position to use these from a safety stand point because Ketamine would be only accessed by these few qualified personnel. This only affects approximately 20 PEMS Regional RSI Medication kits instead of trying to give this to 350 PEMS Region Medication Boxes which have morphine,</p>	<p>Attend MAC meeting March 8, 2018</p>	<p>Pharmacists with concerns/3/8/18</p>

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	<p>fentanyl and versed that all ALS providers in our Region can access. This is a very tightly controlled program with a limited use, with specifically trained providers within specific agencies who are specially trained by their Operational Medical Director (OMD). T. McGregor also states that we are well beyond the point of further debate on if Ketamine should be added, but when and how to implement the timeline and addition to the PEMS RSI Medication kits. March 8, 2018 is the next MAC meeting at 1900. The RSI Workgroup has been unable to get the OMD and Pharmacists together to discuss amongst each other to personally discuss and debate this. J. Bendit states that all Pharmacists that have reservation to the addition of Ketamine attend this meeting. I have rescheduled the follow up RSI Workgroup meeting on multiple occasions to include OMDs and Pharmacists without success. T. Sim stated that she has had conversations with Dr. Erwin about this, but has not had reservations answered. B. Beam stated that Dr. Erwin is a key player. Dr. Erwin and her have reservations.</p>		
New Business	<p>Bi-annual review of the PEMS Medication Box Incident Reports. J. Bendit states that the majority of the incidents involve issues that could be resolved at the point of exchange of the medication boxes. When pharmacies close, the Emergency Room is busy and providers are exchanging without proper change of custody to include: No physician signature for narcotics/controlled substances; improper wastage/no witness; Not moved in Clearly Inventory prior to leaving facility and upon arrival at another facility with no documentation at the point of exchange.</p> <p>No suspected diversion of controlled substances at this time.</p>	Bring to PICO point of exchange change of custody	J. Bendit/ 4/19/18
Good of the Order	<p>Important Dates:</p> <ul style="list-style-type: none"> <li>• The 38<sup>th</sup> Annual VAOEMS Symposium November 8-12, 2017. Norfolk, VA.</li> <li>• Protocol Update rollout to include new Protocol “PPP” app for smart phones will be free March 1, 2018.</li> <li>• 27<sup>th</sup> annual Trauma Symposium in Williamsburg will be held on 4-27-2018.</li> <li>• EMS on the Hill April 10-11, 2018. See National Association of EMTs website.</li> </ul>		
Next Meeting	<p>Attendance verified as recorded above. The next meeting is scheduled for <b>Wednesday, May 2, 2018.</b></p>		
Adjournment	<p>Meeting adjourned at 4:04p.m. Motion by M. Womack. 2<sup>nd</sup> by C. Langley. Unanimously approved.</p>		