Narcotics Control Policies in EMS

Avoiding Stressful Experiences with the DEA

Raymond L. Fowler, MD, FACEP
Chief of EMS Operations
UT Southwestern Medical Center and Parkland Memorial Hospital
A recent case in Texas

- Volunteer EMS Medical Director
- Tiny Volunteer Service
- Narc Control Policy in Place
- Conducted Annual Audits
- 20 Year Relationship
- Trusted PM Director
A recent case in Texas

- Med Director rolled out fentanyl
- Conducted audit in November
- PM Dir began stealing fentanyl “for his wife’s headaches”
- “Diverted” ~240 ampules over a year’s time
A recent case in Texas

- When questioned by partner
- Said “have Med Dir’s permission”
- Kept separate med records
- Mother complained to DSHS
- DSHS contacted Med Dir
- who promptly conducted audit
A recent case in Texas

- Med Dir discovered the diversion
- Reported PM to state
- Reported matter to DEA
- Assumed that all was well
Then it got ugly
A recent case in Texas

- Hearing before ALJ
- PM decertified
- No recommendations
- Thought all was okay
A recent case in Texas

- Without an order from ALJ, DSHS reported MD to BOME
- BOME began license revocation
- DEA initiated investigation
A recent case in Texas

- DEA found Med Dir liable
- DEA found PM Dir liable
- DEA found PM partner liable
A recent case in Texas

- DEA fined the Medical Director $2,800,000 in total due to the fentanyl “diversion”
- Same fines against the PM’s
A recent case in Texas

- Attorney R. Jack Ayres was engaged to defend the case
- Successfully argued before the Texas Medical Board
- DEA “settled” for $16,000
Dr. Larry Miller
<table>
<thead>
<tr>
<th>No. of Packages</th>
<th>Size of Package</th>
<th>Name of Item</th>
<th>National Drug Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LAST LINE COMPLETED**

(MUST BE 10 OR LESS)

Date Issued: 07/18/2009

DEA Registration No.

Name and Address of Registrant:

P.O. BOX

Registered as a

No. of this Order Form

AMBULANCE SERVICE

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II

DRUG ENFORCEMENT ADMINISTRATION

PURCHASER’S Copy 3

Copy 3
So what if I don’t fill out copy III?

$10,000 per dose

$16,000 fine
Never ever give up!
There is light at the end of the journey

Get a great attorney who knows what he/she is doing (ED Doc or paramedic)
Contact me – I will be happy to help
JEMS Supplement

State of the Science
Who is Watching the Cookie Jar

FANNIE AND FREDDIE’S THREE FAVORITE SENATORS.

Dodd  Obama  Kerry

COOKIEMAC

FANNIE MAE  FREDDIE MAC
MedStar’s Unique System
# Daily Use Report

## Narcotic Usage

3/1/2008 to 3/31/2008

<table>
<thead>
<tr>
<th>Resp #</th>
<th>Patientid</th>
<th>Drug Amount</th>
<th>Units</th>
<th>Waste Amount</th>
<th>Vial No.</th>
<th>Exp. Date</th>
<th>Done By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Morphine Sulfate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/1/2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80301103</td>
<td>61952</td>
<td>2.00 mg</td>
<td>4.00</td>
<td></td>
<td>4831</td>
<td>12/30/1999</td>
<td></td>
</tr>
<tr>
<td>80301302</td>
<td>62181</td>
<td>4.00 mg</td>
<td>6.00</td>
<td></td>
<td>4624</td>
<td>3/1/2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Admin (Date): 10.00</td>
<td>Total Waste (Date): 10.00</td>
<td>Total: 20.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/2/2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60302016</td>
<td>62216</td>
<td>4.00 mg</td>
<td>6.00</td>
<td></td>
<td>4760</td>
<td>6/1/2009</td>
<td></td>
</tr>
<tr>
<td>80302150</td>
<td>62361</td>
<td>2.00 mg</td>
<td>0.00</td>
<td></td>
<td>4692</td>
<td>7/1/2009</td>
<td></td>
</tr>
<tr>
<td>80302150</td>
<td>62361</td>
<td>2.00 mg</td>
<td>0.00</td>
<td></td>
<td>4692</td>
<td>7/1/2009</td>
<td></td>
</tr>
<tr>
<td>80302232</td>
<td>62449</td>
<td>2.00 mg</td>
<td>8.00</td>
<td></td>
<td>3963</td>
<td>3/1/2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Admin (Date): 16.00</td>
<td>Total Waste (Date): 14.00</td>
<td>Total: 30.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider Use Reports

![Graph showing drug use over time](image-url)
Use Per Patient Contact
Provider Comparison
Controlled Substance Policy

- Close relationship with Operations
- Unique tracking numbers
- Assigned specific pouches
- Resupply only when patient forms match
- Regular monitoring
- Regular controlled substance
- Random drug testing
Lessons Learned

• Employees flying under the radar
• Stressors outside work
• Partners are not witnessing waste
• They Need Help
  – No Second Chance in EMS
The DEA is not playing

DEAdversion.gov
From this case the DEA’s position is that the Medical Director is absolutely liable for the narcotics authorized for purchase under that physician license.
When was the last time that you **REALLY** reviewed:

- Your narcotic control policy
- The receipt into inventory
- Runsheet documentation
- Periodic inventory
- Investigations
YOU MUST HAVE A WELL CRAFTED NARCOTICS CONTROL POLICY
I AM
SHOUTING!!!
The policy must provide accountability for every single molecule

✓ EVERY AMPULE
✓ EVERY TIME
✓ WITHOUT EXCEPTION
It’s apparent from the recent DEA action that anything other than a very precise narcotics control policy is unacceptable.
As It SHOULD be
Four essentials of a solid narcotics control policy

- Initial inventory
- Reordering based ONLY upon documented usage
- Periodic Inventories
- Standard investigation
Initial inventory

This is the basic stock of drugs that were set out for usage at the beginning providing initial stocking and for which “re-supply” was made
Reordering and Resupply

- Must be based strictly upon documented usage
- Must include written documentation of the usage
- Must include wastage
- **DO NOT REORDER/RESUPPLY WITHOUT CONFIRMED USAGE**
Periodic Inventories

- Daily in the central storage
- Daily on the ambulances
- Daily on any intermediate locations
- “Spot unscheduled inventories
- Signatures coming on and off
Test your system

- Come in on a weekend
- Check drug box during rideout
- Make sure all locks are in place
- Have a unit come in for a random spot check
- BE CREATIVE!
Investigation Policy

- Every missing drug, every time
- Includes ALL involved staff
- Initiated AT THE TIME of discovery of inventory mis-match
- Get the shift OUT OF BED
- Drug screens where indicated
- Document Document Document
New Ideas for the Electronic Age

- Electronic PCR inventory control program
- EPCR Notification system
- “STAT tracking of documentation errors
Documentation Errors

- Unacceptable
- Must be treated JUST LIKE an error in a hospital
- “Take no prisoners”
The Primary Understanding

A missing ampule of a scheduled drug can no more be tolerated in the EMS world than it would be in a hospital.
“Enlightening Discoveries” made along the way

- DEA investigator said that fentanyl had no place in the prehospital arena
- DEA 222 form 3rd copy
- “Authorizing vs. Ordering Entity”
Ruminations upon Closing
An Ethical Imperative

You do people a favor when you HELP keep them honest
Thoughts upon going home

- Look at your policy
- Ask about the inventory
- Get buy in
- Share war stories
- Keep an eye on the store!
May you live in interesting times

Crisis is DANGER mixed with opportunity

Always create the crisis on YOUR timeline!