

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

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

- ► 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

- >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

- > Med Dir discovered the diversion
 - Reported PM to state
 - Reported matter to DEA
 - >Assumed that all was well

Then it got ugly

- Hearing before ALJ
 - >PM decertified
- >No recommendations
- Thought all was okay

- Without an order from ALJ,

 DSHS reported MD to BOME
- BOME began license revocation
 - DEA initiated investigation

- DEA found Med Dir liable
 - >DEA found PM Dir liable
- >DEA found PM partner liable

➤ DEA fined the Medical Director \$2,800,000 in total due to the fentanyl "diversion" ➤ Same fines against the PM's

- 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

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No order form may be issued for Schedule I and II substances unless a OMB APPROVAL See Reverse of PURCHASER'S completed application form has been received, (21 CFR 1305.04). Copy for Instructions No. 1117-0010 STREET ADDRESS TO: (Name of Supplier) CITY and STATE TO BE FILLED IN BY PURCHASER AP reference of Schedules I and Il Scienterson must be made NATIONAL DRUG TO BE FILLED IN BY PURCHASER No. of Be CODE Packages. Received No. of. Size of Mane of Item Received Packages Package 5 6 8 10 LAST LINE SIGNATURE OF PURCHASER (MUST BE 10 OR LESS OR ATTORNEY OR AGENT COMPLETED Date Issued DEA Registration No. Name and Address of Registrant 07/18/2008 at being SAL MINE THE COMMISSION WITH Public vecorilling burden for this councilon. No. of this Order Form DEA Form -222 U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II

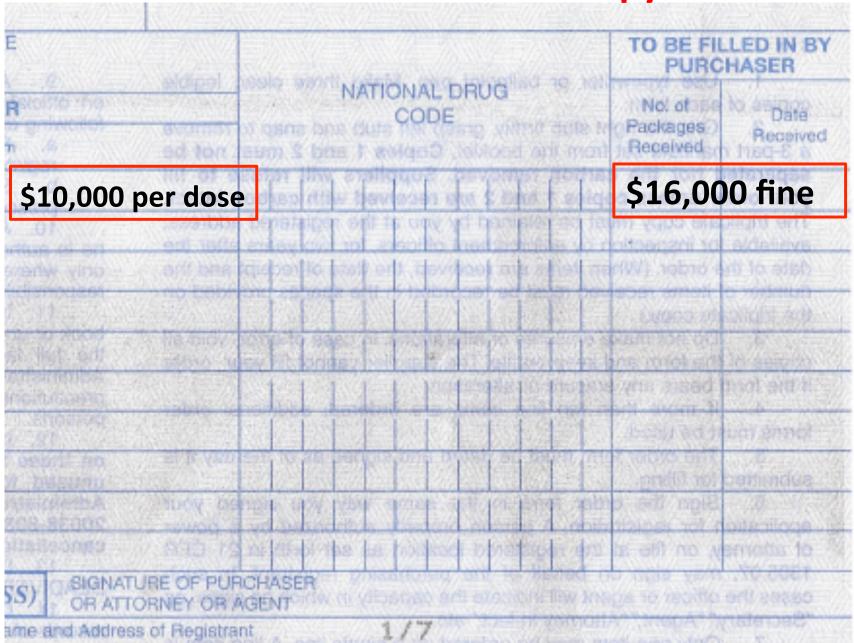
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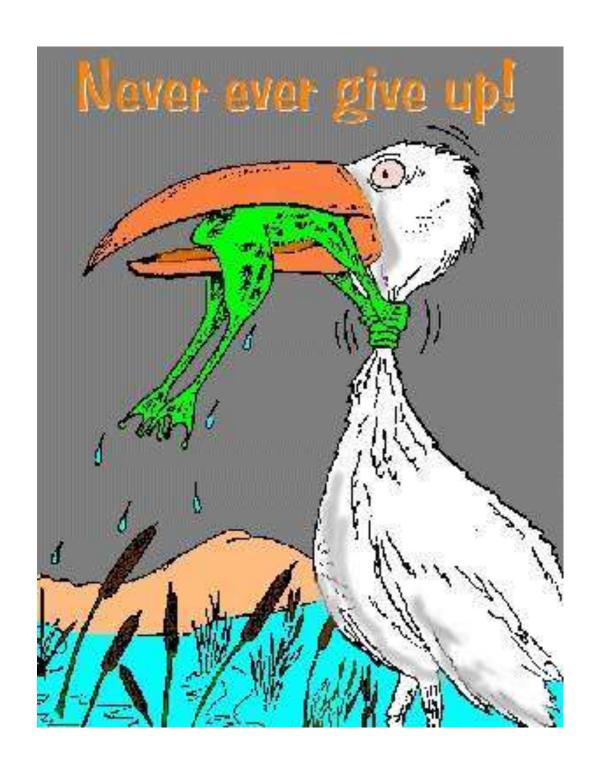
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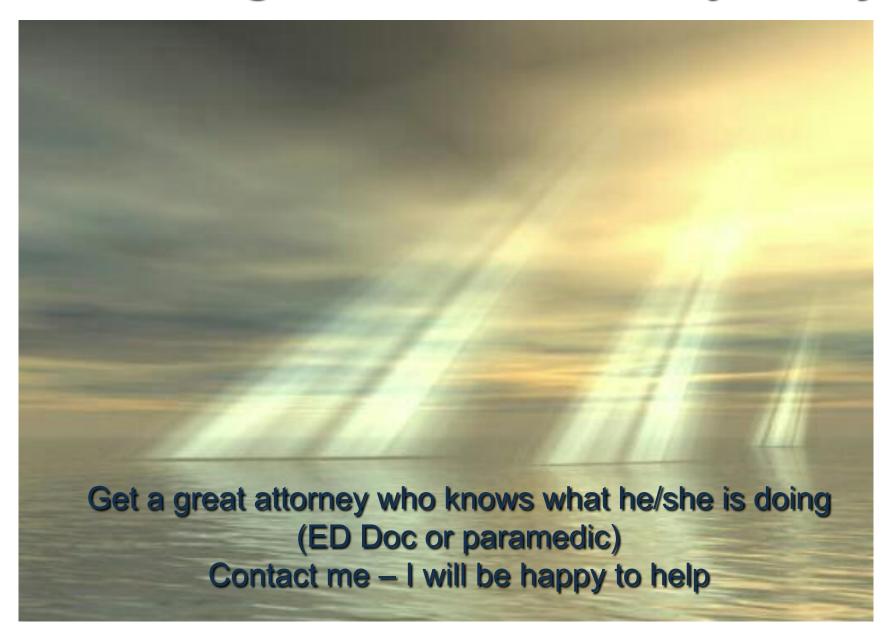


So what if I don't fill out copy III?





There is light at the end of the journey



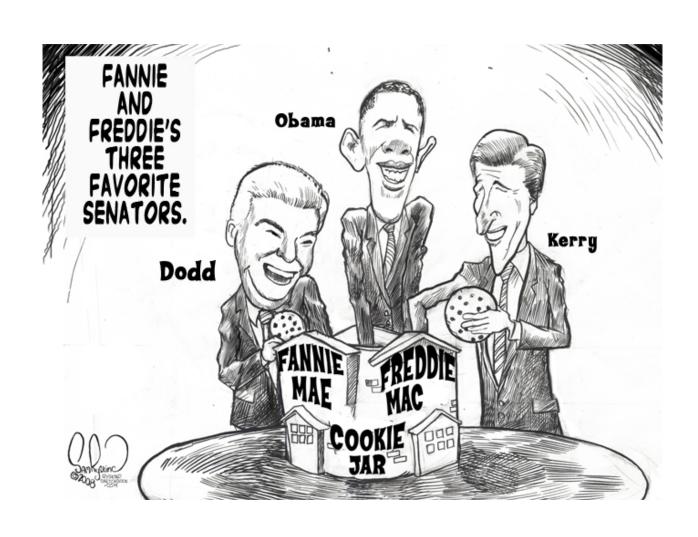


JEMS Supplement



State of the Science

Who is Watching the Cookie Jar



MedStar's Unique System



Daily Use Report

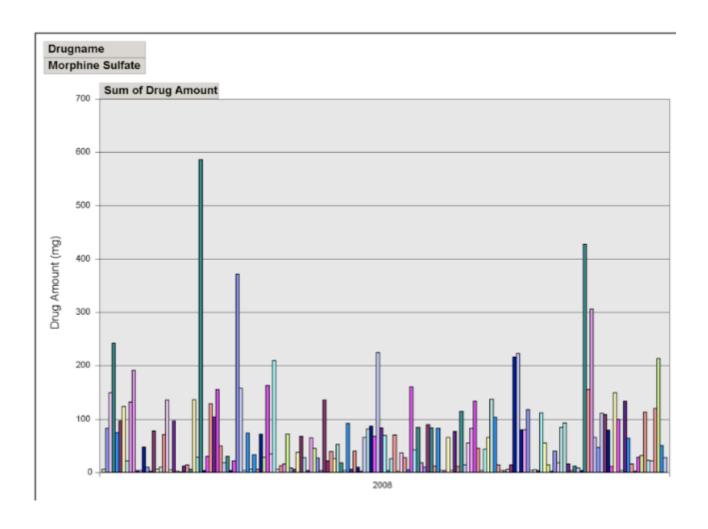


Narcotic Usage

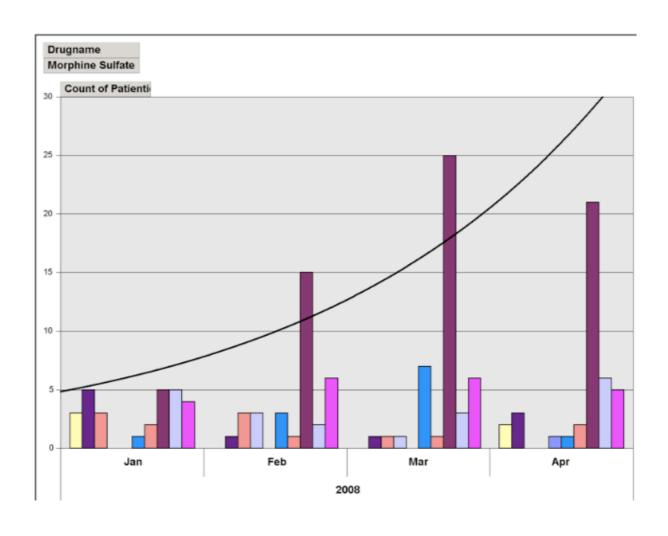
3/1/2008 to 3/31/2008

Resp #	Patientid	Drug Amount	Units	Waste Amount	Vial No.	Exp. Date	Done By					
Morphine Sulfate												
<u> </u>												
3/1/2008												
80301103	61952	2.00	ma	4.00	4831	12/30/1899						
00301103	01332	4.00	_		4831	12/30/1899						
80301302	62181	4.00			4624	3/1/2009						
Tota	l Admin (D		_	Waste (Date): 10	.00	Total: 20.00	!					
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3/2/2008												
80302016	62216	4.00	mg	6.00	4760	6/1/2009						
80302150	62361	2.00	mg	0.00	4692	7/1/2009						
		2.00	mg	0.00	4692	7/1/2009						
		4.00	mg	0.00	4692	7/1/2009						
		2.00	mg	0.00	4692	7/1/2009						
80302232	62449	2.00	mg	8.00	3963	3/1/2009						
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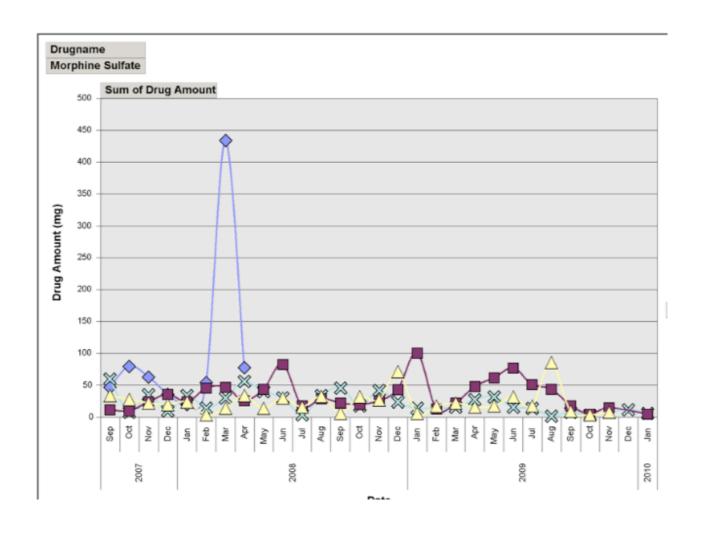
Provider Use Reports



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

DEAdiversion.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 <u>REALLY</u> reviewed:

- ✓ Your narcotic control policy
 - ✓ The receipt into inventory
 - ✓ Runsheet documentation
 - ✓ Periodic inventory
 - ✓ Investigations

YOU MUST HAVEA 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"

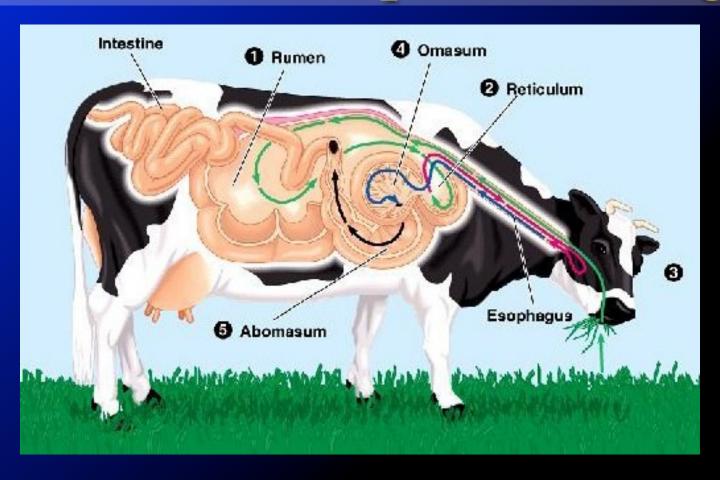
The Primary Understanding

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!

