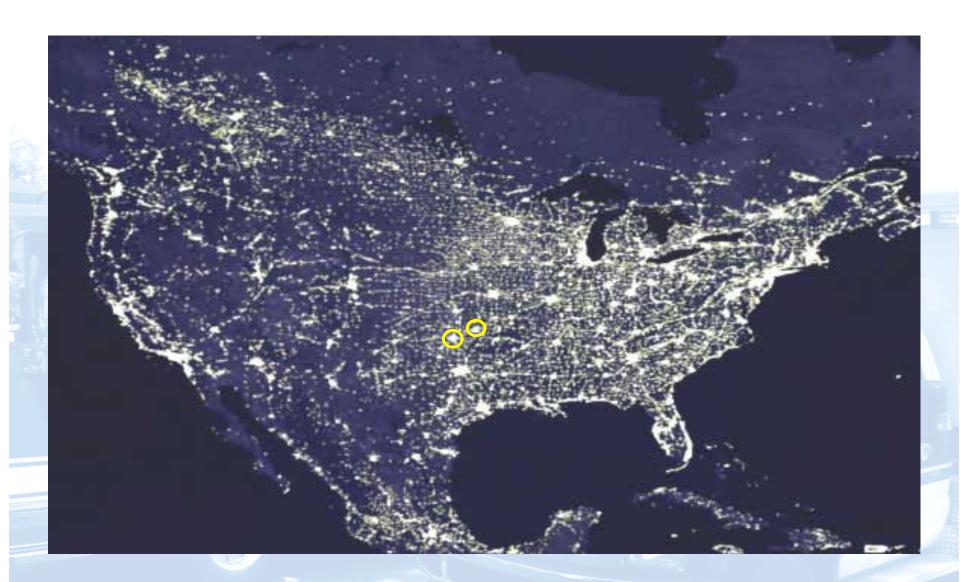
"Rockin' the Stockin' OK(lahoma) Ways of Tracking Drug Utilization"

(No, it's not a scary narcotic diversion story!)

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Medical Director, Medical Control Board
EMS System for Metropolitan Oklahoma City & Tulsa
Associate Professor & EMS Division Director, Department of Emergency Medicine
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EMS System for Metropolitan Oklahoma City & Tulsa



1,100 square miles Population

- 1.6 million day
- 1.25 million night

175,864 calls (2010)

132,224 transports (2010)

75% transports





A budget gift from Eagles 2011...



The \$\$\$\$ Question

Do we stock what we stock OR

do we stock what we use and need?





Whoa, Doc!!!

You're getting operational on us....



 How does this have anything to do with the clinical practice of EMS Medicine?





How could you advance if \$\$\$\$ wasn't blocking the way?

- Monitor/defibrillators
- ITD devices
- Active compression/decompression devices**
 - **when available in the US
- CPAP, BiPAP, Mechanical Ventilation
- Stretcher upgrades
- Education
- CQI
- Medical oversight budget





The Gift of "Scarcity" in 2010



"We're Gonna Be Out of D50!"

- Who are our power users?
- What is our usage pattern?
- What do we stock on apparatus today?
- What do we have in supply today?
- What ordering options do we have?





Reality Check – Part One

- "We're seeing some diabetics every week!"
 - Single "power user" 7 amps in 6 months
- "I wonder how many get more than 1 amp?"
 - Zero in 6 months
- "We stock what we need!"
 - 10+ amps per ambulance
 - 3 amps per paramedic engine/squad





Reality Check – Part Two

- Supply room inventory
 - Less than 1 week supply at EMSA
 - Not much more at Fire Depts
 - Willing to share prn
- Ordering options....
 - No D50 (We got beat to the phones!)
 - D25 ?? (Not sure we can get that)
 - "Hey, we went ahead and ordered D10!"



Decision Time

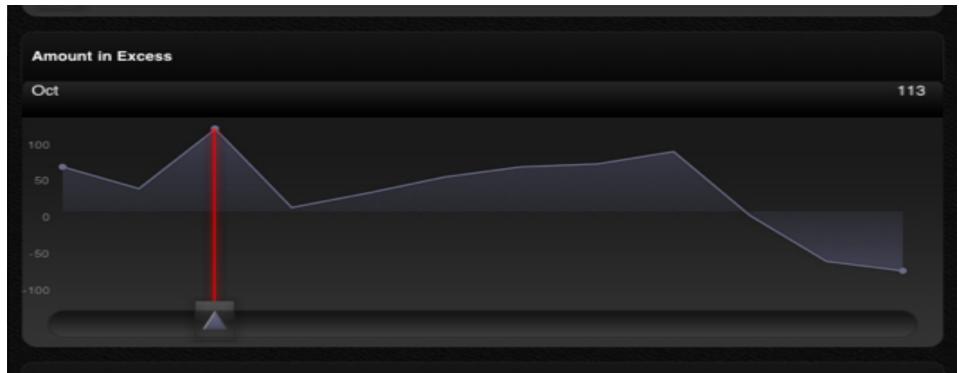
- 60% percent reduction on ambulances
 - Hundreds of amps suddenly appeared!!
- Kept engine/squad supply same
- Placed D50 order for shipping "some day"
- Medical Director orders 6 weeks of all drugs to be kept in supply
- Vowed to find a better way...





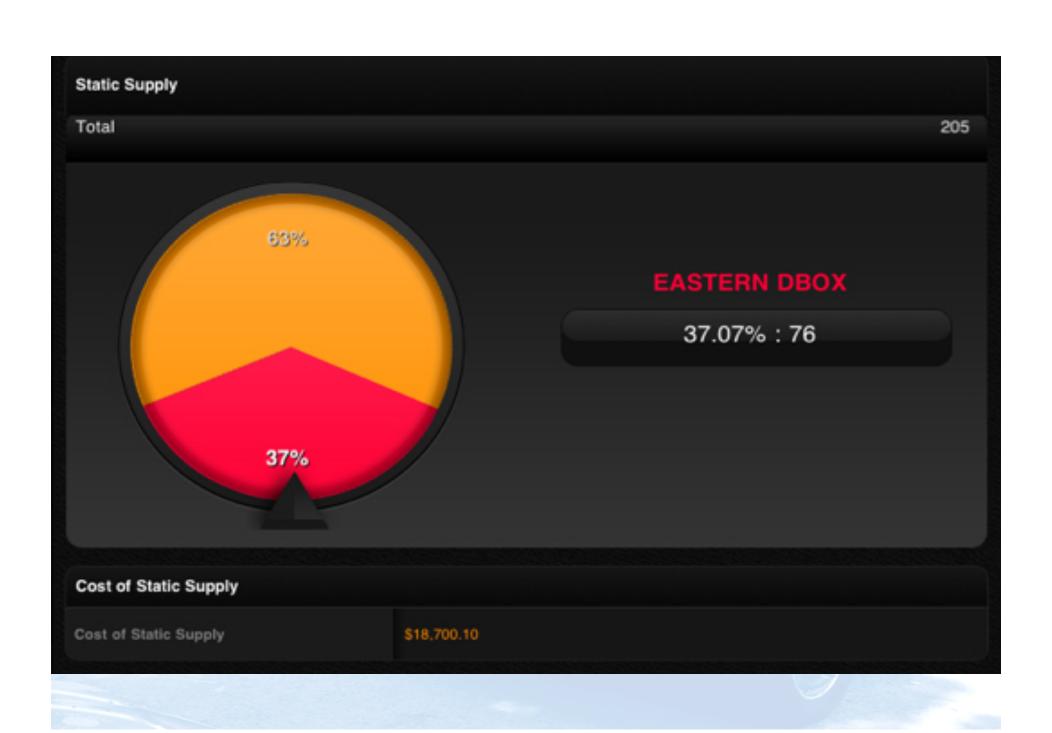






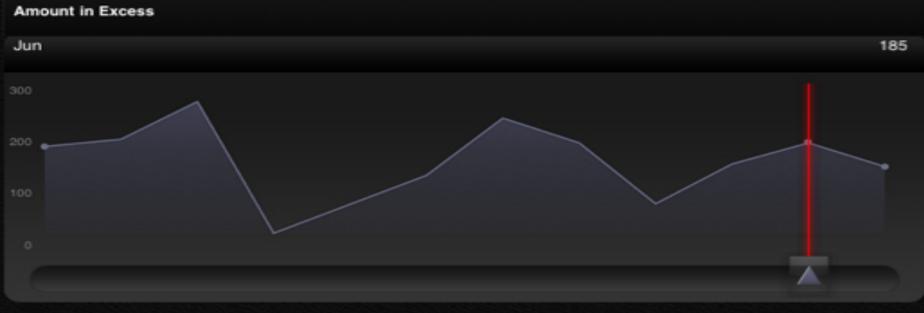












Cost of Excess

Does One Size Fit All?

Engine A – Ambulance 90% fractile lag time

= 2 mins

Engine B – Ambulance 90% fractile lag time

= 8 mins

Should the drug box on Eng A = Eng B?





So what does this all really mean?

What do I take home?

Where is my suitcase of money?





Smart Pharmaceutical Stocking 2011 Eagles Summary

- Measure what you actually use (into pts)
- Factor what you need
 - On the streets & on what apparatus?
 - On the shelf?
- Order what you will use
- Stock what you need
- Measure costs of use and need (and savings!)





