



Gathering of Eagles XIV 2012

Tracking Controlled Medication in the Nation's Capitol

David Miramontes MD FACEP
Asst. Chief and Medical Director
District of Columbia Fire and
EMS Department



DC FEMS Statistics

- 68 Square Miles
- Pop. 582,000 Night 1.2 million Day M-F
- 162,000 Calls for service
- 130,000 EMS runs (80% of all runs)
- 98,000 Transports (72% BLS)
- Average Transport time 12 minutes
- Average Drop time 37 minutes



History

- Narcotics listed in protocols 2002
- Never implemented
- Updated protocols 2010
- Dedicated Program Manager
late 2009- Feb 2011
- Four + Medical Director Changes

SUNDAY, OCT 11, 2009

N.F.L. WEEK #5

COLLEGE FOOTBALL
SATURDAY, OCT 10, 2009

Miramontes	1 year	2:1
Lifespan	2 years	10:1
In DC	4 years	100:1

401			600313	E. MICH.		9
402			400314	CENT MICH	-23	1
403	COWBOYS		400315	DUKE		3
404	CHIEFS	42.5	+300316	N C STATE	-16.5	12
405	REDSKINS	37.5	+165317	MARYLAND		5
406	PANTHERS	-3.5	-185318	WK FOREST	-12.5	12
407	BUCCANEER		319	INDIANA		12
408	EAGLES	-14.5	320	VIRGINIA	-7	5
09	RAIDERS		321	PURDUE		5
10	GIANTS	-15	322	MINN.	-3	5
1	BROWNS	41	+220323	U CONN	46	5
2	BILLS	-6	-300324	PITT.	-6.5	5



Challenges

- DEA "approval"... inconsistent messages
- Safes- Install and Alarms
- Vehicle Logistics (OOS, programming)
- Key Fob- electronic security doors
- Tracking Forms complicated
- Hands on Training one on one
- Providers had no experience with CM
- Adjacent States use Drug Box exchange



What we Carry

- Morphine 10 mg/ 1ml
 - (switch to Fentanyl whenever we can)
- Versed 1mg/ml 10ml
 - IV for seizures and sedation
- Versed 5 mg/ml 2ml
 - IM or IN for seizures and sedation (lots PCP in DC)



System Security Features

Management-Supervision

- Only MD and 2 other power of attorney's can sign DEA 222 forms
- Controlled Medication Officers cannot order in isolation-Must provide logs to justify
- DEA 222 Blue copy MD completes on arrival of shipment and sign meds into safe with CMPO

Sample DEA Form 222

See Reverse of PURCHASER'S Copy for Instructions		No order form may be issued for Schedule I and II substances unless a completed application form has been received. (21 CFR 1306.04)		OMB APPROVAL No. 1117-0010	
TO: (Name of Supplier) ZOOPHARM A			STREET ADDRESS 3131 GRAND AVE, SUITE B		
CITY and STATE LARAMIE, WY 82070		DATE 06-01-06 B	TO BE FILLED IN BY SUPPLIER SUPPLIER'S DEA REGISTRATION No.		
TO BE FILLED IN BY PURCHASER					
L	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped
1	12	10ml	Etorphine HCl, 10mg/ml		
C	5	10ml	Carfentanil citrate, 3mg/ml		
3					
4					
5					
6					
7					
8					
9					
10					
D	2	NO. OF LINES COMPLETED	SIGNATURE OF PURCHASER OR HIS ATTORNEY OR AGENT	E BE SURE TO SIGN FORM	
Date Issued	DEA Registration No.	Name and Address of Registrant			
06-23-94	BL9876543	DOE, JOHN EDWARD DVM			

- All safe transactions- electronic Key Fobs used as second lock to track access
- Restock Safes- access by Supervisors only



V Street Station Safe



Controlled Medication Program

V Street Station Safe

From:

Date MM-DD-YY	Time 24 hr. format	Lot No.	Morphine 10mg/1cc	Morphine 10mg/1cc	Lot No.	Fentanyl	Fentanyl	Lot No.	Versed 10mg/10cc	Versed 10mg/10cc	Lot No.	Versed 10mg/2cc	Versed 10mg/2cc
			No. Doses	Packaged		No. of Doses	Packaged		No. of Dose	Packaged		No. Doses	Packaged
11/22/11	12:01	94635LL	340	0	none	0	0	2006021	30	0	95498	100	0
11/29/11	11:47	90545LL	60	0	none	0	0	2006021	70	0	95498	100	0
11/29/11	11:47	946/905	Total 400	0	none	0	0	2006021	Total 100	0	95498	Total 100	0
12/21/11	15:32	94635LL	Total 370	Total 30	none	0	0	2006021	Total 70	Total 30	95498	Total 70	Total 30
12/22/11	13:12	94635LL	Total 370	-20	none	0	0	2006021	Total 70	-15	95498	Total 70	-15
12/22/11	13:12	94635LL	Total 370	Total 10	none	0	0	2006021	Total 70	Total 15	95498	Total 70	Total 15
1/17/12	13:00	94635LL	Total 370	-10	none	0	0	2006021	Total 70	-5	95498	Total 70	-10
1/17/12	13:00	94635LL	Total 370	Total 0	none	0	0	2006021	Total 70	Total 10	95498	Total 70	Total 5
1/25/12	14:00	94635LL	-30	0	none	0	0	2006021	-30	Total 10	95498	-30	Total 5
1/25/12	14:00	94635LL	Total 340	Total 0	none	0	0	2006021	Total 40	Total 10	95498	Total 40	Total 5
1/25/12	15:22	94635LL	Return30	Total 0	none	0	0	2006021	Return30	Total 10	95498	Return30	Total 5
1/25/12	15:22	94635LL	Total 370	Total 0	none	0	0	2006021	Total 70	Total 10	95498	Total 70	Total 5
1/26/12	13:30	94635LL	-40	40	none	0	0	2006021	-20	20	95498	-30	30
1/26/12	14:42	94635LL	Total 330	Total 40	none	0	0	2006021	Total 50	Total 30	95498	Total 40	Total 35
2/1/12	9:14	94635LL	Total 330	-8	none	0	0	2006021	Total 50	-4	95498	Total 40	-6
2/1/12	9:14	94635LL	Total 330	Total 32	none	0	0	2006021	Total 50	Total 26	95498	Total 40	Total 29
		94635LL	Total 330	Total 32	none	0	0	2006021	Total 50	Total 26	95498	Total 40	Total 29



Unique ID# and Packaging

- Each dose has Serial Number (CMID #)
- Each dose in heat sealed overwrap
- Each dose tracked by CMID# and logged & ePCR
- Electronic Key fobs and Barrel key on vehicle safes





Dose Tracked by CMID



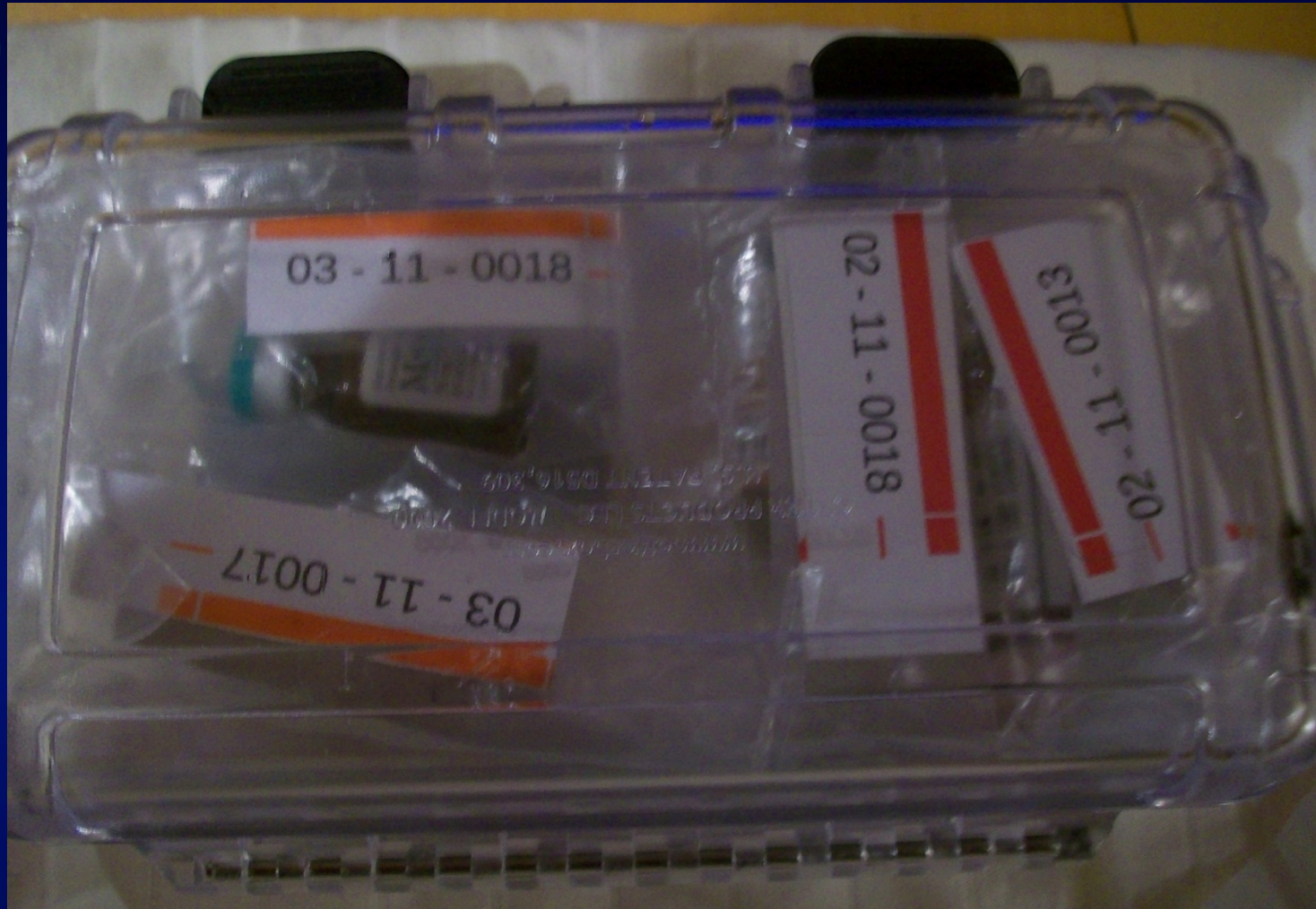
Controlled Medication Program

Logistics Division CM Safe Inventory Tracking Form

Identifier (CMID) No.	Date Packaged At V Street Safe	Date Moved to Station Safe	Location Station Safe	Date Out Station Safe	Date In Supervisor Safe	EMS Supv. Vehicle #	Date In Pt. Box	Pt. Box Vehicle #	Date Use, Broken, Stolen	Date Returned to	Date Returned to Safe	Return DOH
03-11-0014	12/21/2011	1/17/2011	EMS 8	1/13/12 11:12	1/13/2012	EMS 5-P	1/13/2012	EMS 5				
03-11-0015	12/21/2011	1/17/2011	EMS 8	12/27/11 11:25	12/27/2011	EMS 2-P	12/27/11	EMS 2	1/1/2012	1/1/2012	1/3/2012	
03-11-0016	12/21/2011	1/17/2011	EMS 8	1/17/12 13:10	1/17/2012	EMS 7-P	1/17/12	EMS 7				
03-11-0017	12/21/2011	1/17/2011	EMS 8	1/17/12 14:50	1/17/2012	AFC-MD	1/17/12	AFC-MD				
03-11-0018	12/21/2011	1/17/2011	EMS 8	1/17/12 14:50	1/17/2012	AFC-MD	1/17/12	AFC-MD				



**Otter box has integrity seal
(ensures no one entered the box while
outside the safe)**



CMID Number Visible through Tagged Otter Box



CMID Tracking Form for 01-12-0010 "In Apparatus"

F & EMSD Form 57.2



DC Fire and EMS Controlled Medication Tracking Card

Name: Morphine 10mg / lcc

Controlled Medication Tracking Number: 01-12-0010

In Apparatus		M27			
1/12/2012	0830	J. Supervisor	<i>J. Supervisor</i>	6111	
Date In Apparatus	Time	Delivering Supervisor	Signature	PAT #	
		EMTP J. Doe	<i>EMTP Johnny. Doe</i>	4111	
		Receiving Paramedic	Signature	PAT #	

Patient Administration		Incident #			
Date Administered	Time	mg Admin	ml Admin	mg Remain	ml Remain
Return Bag #	Administered By		Signature	PAT #	

Return to Supervisor				
Date Returned	Time	Returned By	Signature	PAT #
Return Bag #	Received By		Signature	PAT #

CM Tracking Card This side for Supervisor use only

Received From Supplier:				
11 /1/2011	1130	John. Doe	<i>John Doe</i>	9111
Date Received	Time	Received By	Signature	PAT #

In Station Safe EMS 8				
12/22/2012	1310	Dr John Doe	<i>Dr John Doe</i>	8111
Date In Safe	Time	Placed in Safe By	Signature	PAT #
	#899	J. Doe	<i>Capt. Jane Doe</i>	7111
Station or Safe #	Witnessed By		Signature	PAT #

Removed From Station Safe				
1/3/2012	0830	John Supervisor	<i>Capt. J. Supervisor</i>	6111
Date Removed	Time	Removed By	Signature	PAT #
		Mike Doe	<i>Mike Doe</i>	5111
	Witnessed By		Signature	PAT #

In Supervisor Safe		Unit# EMS 2		
1/3/2012	0845	J. Supervisor	<i>Capt. J. Supervisor</i>	6111
Date In Safe	Time	Placed in Safe By	Signature	PAT #
	#3005	Mike Doe	<i>Mike Doe</i>	5111
Vehicle Safe#	Witnessed By		Signature	PAT #

Return to Station Safe				
Date Returned	Time	Returned By	Signature	PAT #
Return Bag #	Witnessed By		Signature	PAT #

Return to Reverse Distributor				
Date Returned	Time	Returned By	Signature	PAT #
Return Bag #	MI returned	Signature		Ms Returned



Inner door uses Medic's Key Fob for entry and logs access

MANUFACTURER OF BEAM PRODUCTS
OMNIMED Narcotic Cabinets

Improve business efficiency • Improve employee workplace safety • Improve patient care & management



Mini Narcotic Cabinet
#181501

Mini Narcotic Cabinet

#181501

Features:

- Construction: Stainless Steel
- Size: 9"H x 8"W x 5 1/2"D
- Ambi-top for left or right hinge door mounting
- Double door security
- Triple bolt wafer lock on outer door
- Each lock keyed separately with 3 keys per lock
- Approved for refrigerated applications
- 10 - year warranty
- Meets all Schedule drug storage requirements

MANUFACTURER OF BEAM PRODUCTS
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◆ The District's First Response All Hazards Agency ◆



Restock Safe





Unit Inventory Form



Controlled Medication Unit Inventory Patient Care CM Box Inventory Tracking Form

Interim Form 57.1

Unit: _____ Time Period: _____ to _____

Activity Code	Date: _____	Comments: _____	Sign. & PAT: _____	
	Time: _____		Provider Assuming Duty or Updating	
			Sign. & PAT: _____	
			Provider going off duty or Witness	
	Morphine 10 mg / 1 cc	Fentanyl	Midazolam 10 mg / 10 cc	Midazolam 10 mg / 2 cc
Dose 3	01 -	05 -	02 -	03 -
Dose 2	01 -	05 -	02 -	03 -
Dose 1	01 -	05 -	02 -	03 -
Tag No. →	Old No.	New No.	Old No.	New No.
				CM Return Bag Nos.

Activity Code	Date: _____	Comments: _____	Sign. & PAT: _____	
	Time: _____		Provider Assuming Duty or Updating	
			Sign. & PAT: _____	
			Provider going off duty or Witness	
	Morphine 10 mg / 1 cc	Fentanyl	Midazolam 10 mg / 10 cc	Midazolam 10 mg / 2 cc
Dose 3	01 -	05 -	02 -	03 -
Dose 2	01 -	05 -	02 -	03 -
Dose 1	01 -	05 -	02 -	03 -
Tag No. →	Old No.	New No.	Old No.	New No.
				CM Return Bag Nos.

Activity Code	Date: _____	Comments: _____	Sign. & PAT: _____	
	Time: _____		Provider Assuming Duty or Updating	
			Sign. & PAT: _____	
			Provider going off duty or Witness	
	Morphine 10 mg / 1 cc	Fentanyl	Midazolam 10 mg / 10 cc	Midazolam 10 mg / 2 cc
Dose 3	01 -	05 -	02 -	03 -
Dose 2	01 -	05 -	02 -	03 -
Dose 1	01 -	05 -	02 -	03 -
Tag No. →	Old No.	New No.	Old No.	New No.
				CM Return Bag Nos.

Activity Code: A - Relief from Duty Inventory B - Patient Use C - Prepared, Not used D - Damage/Breakage E - Restock Activities F - Inspection

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Medication Use Log



Controlled Medication Use and Restock Log Unit Patient Care CM Boxes

Interim Form 57.2

Unit:

Time Period:

to

Date MM-DD-YYYY	Time 24 hr format	PAT No. FDID No.	Action enter action code	Controlled Medication Identification Number (CMID) as found on the medication	Medication Dose Information		Incident No. min. of last 6 digits	Controlled Medication Return Bag No. Complete as found on the CM Return Bag	Signatures A: provider that used the medication B: provider receiving the resupply
					mg used	mg retr'n'd as waste			

Example:

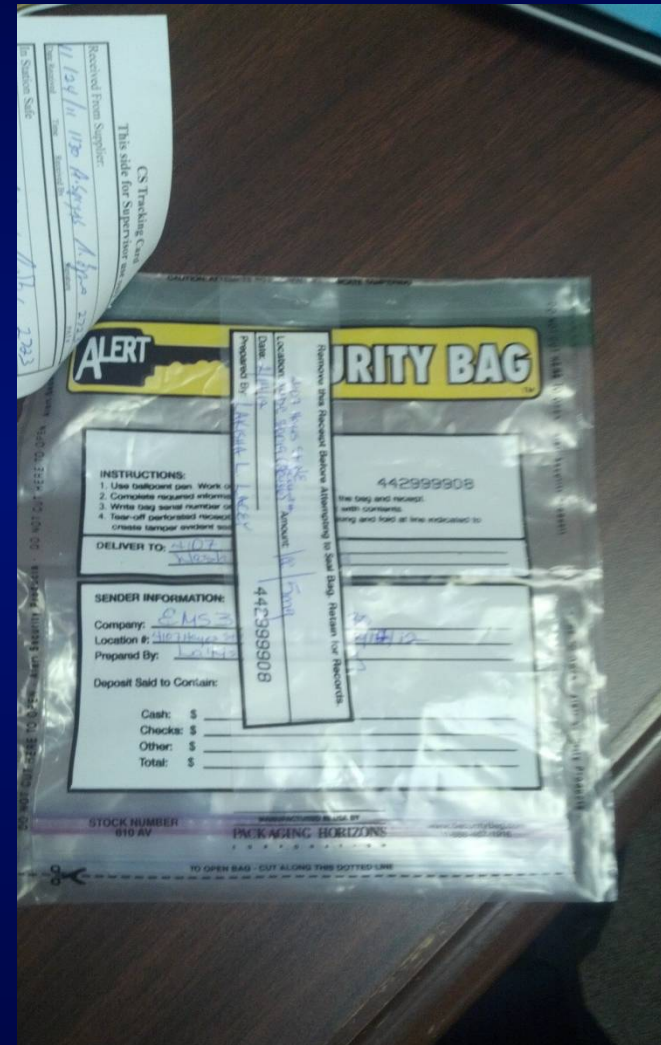
12-25-2011	1630	0001	B	01-11-0004	4	6	174525	987654321	A: <i>Signature</i>
12-25-2011	0830	9999	E	01-11-0012					B: <i>Signature</i>
									A:
									B:
									A:
									B:

Activity Code: B - Patient Use C - Prepared, not used D - Breakage/Damage Item E - Restock Activity G - Inventory Rotation



Waste of CM

- NO WASTING!!!-
- All residual meds returned
- All Vials returned
- Needless syringes
- Zip Lock Bag
- Sealed Evidence Bags
- Planned Waste Analysis





Next Steps

- Deployment to All Medic Units and Engines...One Battalion at a time.
- Switch from Morphine to Fentanyl
- Electronic Key Fob data via Wifi
- Electronic Tracking Logs
- New Vehicle Safes????





Questions?

David.Miramontes@dc.gov

202-715-2856



Usage Dec 22-Feb 22

