



Narcotics Control Policies in EMS

Avoiding Stressful Experiences with the DEA

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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 a total of \$2,800,000 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*

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 1305.04).

OMB APPROVAL
No. 1117-0010

TO: (Name of Supplier)

STREET ADDRESS

CITY and STATE

DATE

TO BE FILLED IN BY SUPPLIER
SUPPLIERS DEA REGISTRATION No.

TO BE FILLED IN BY PURCHASER						
LINE No.	No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						



LAST LINE COMPLETED (MUST BE 10 OR LESS)

SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT

Date Issued
07/18/2008

DEA Registration No.

Name and Address of Registrant

1/7
EMS,

Schedules
2, 2N, 3, 3N, 4, 5,

P. O. BOX

TX

Registered as a
AMBULANCE SERVICE

No. of this Order Form

TX

TX



DEA Form -222
(MAR 2006)

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION

127796902

SUPPLIER'S Copy 1

See Reverse of PURCHASER'S Copy for Instructions

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NATIONAL DRUG CODE

TO BE FILLED IN BY PURCHASER

LINE No.	TO BE FILLED IN BY PURCHASER		
	No. of Packages	Size of Package	Name of Item
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

No. of Packages Received	Date Received



LAST LINE COMPLETED

(MUST BE 10 OR LESS)

SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT

Date Issued

07/18/2008

DEA Registration No.

Name and Address of Registrant

1/7

Schedules

2, 2N, 3, 3N, 4, 5

P.O. BOX

Registered as a

No. of this Order Form

TX

AMBULANCE SERVICE



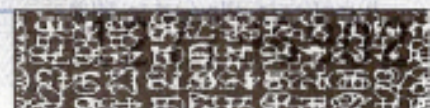
DEA Form -222 (MAR 2006)

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?

E		NATIONAL DRUG CODE										TO BE FILLED IN BY PURCHASER		
R												No. of Packages Received	Date Received	
\$10,000 per dose														
SIGNATURE OF PURCHASER OR ATTORNEY OR AGENT														

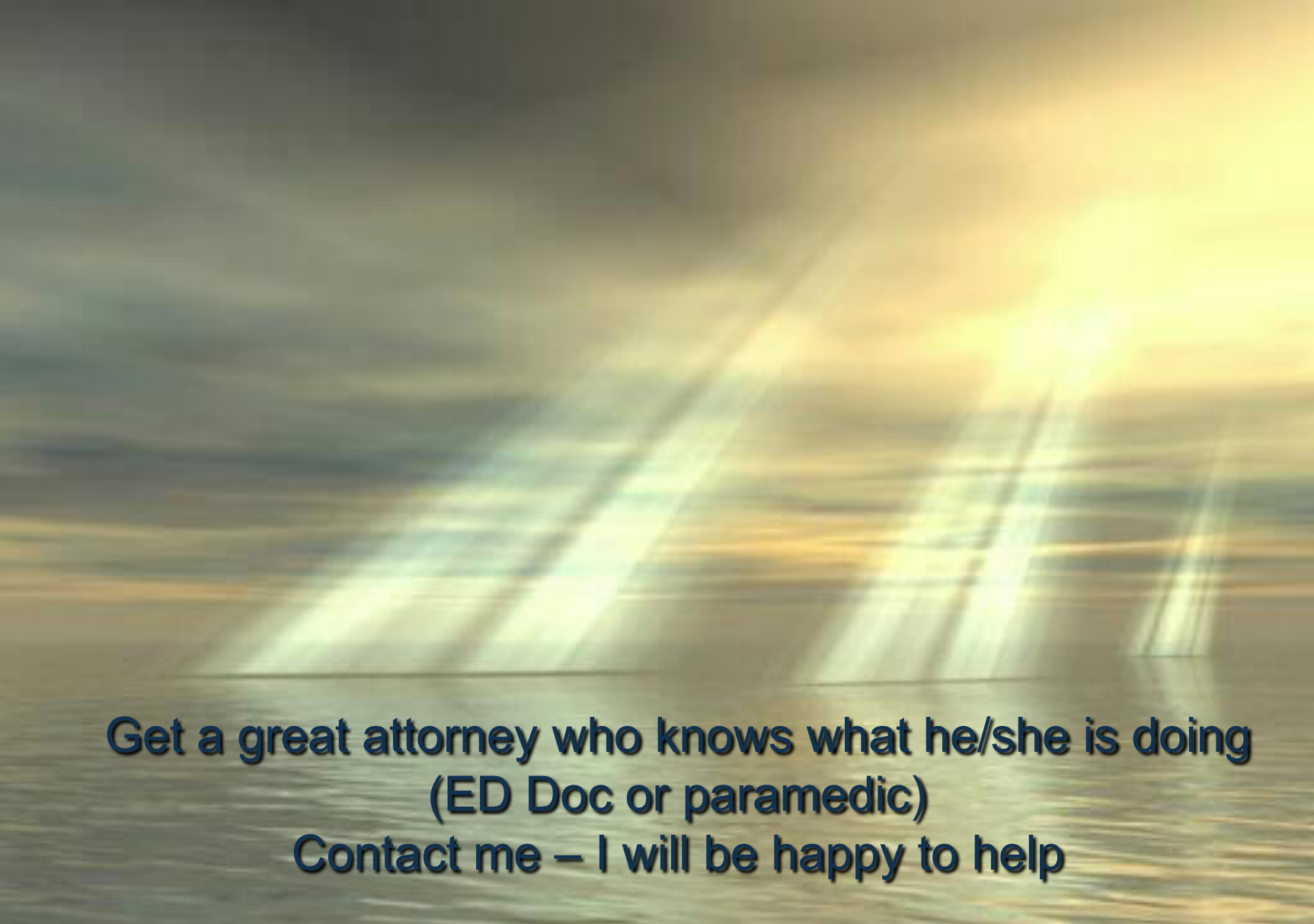
1/7

\$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?

MedStar's Unique System



Daily Use Report

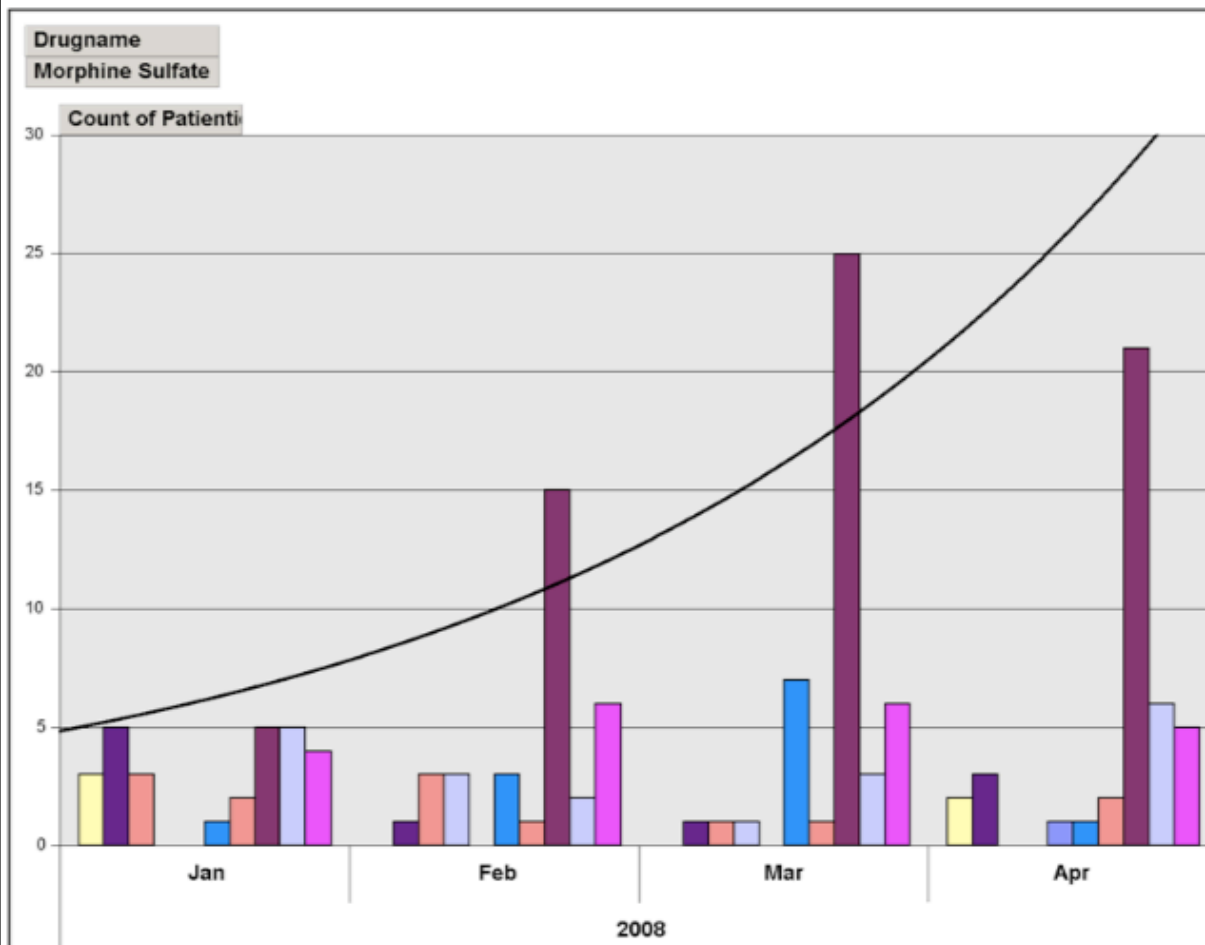


Narcotic Usage

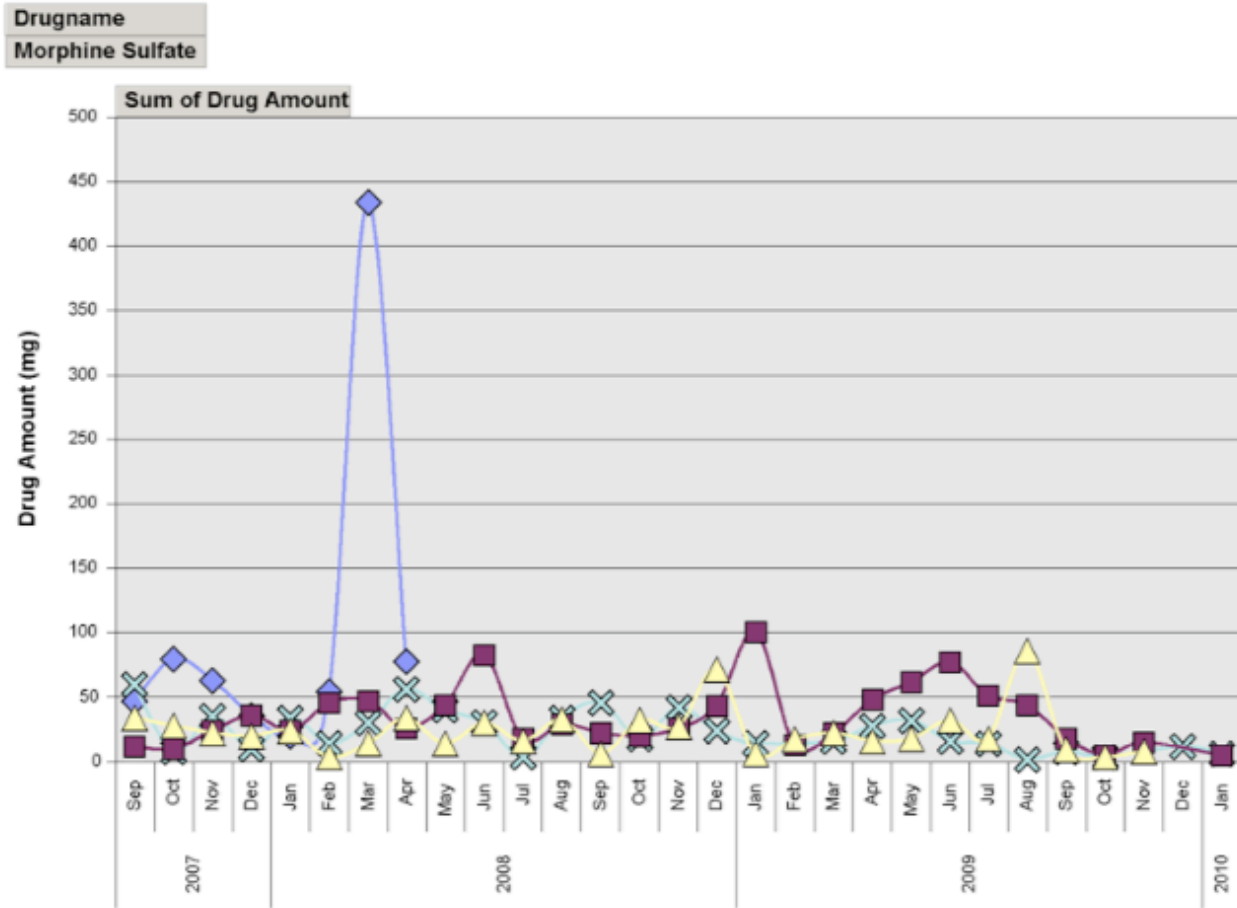
3/1/2008 to 3/31/2008

Resp #	Patientid	Drug Amount	Units	Waste Amount	Vial No.	Exp. Date	Done By
Morphine Sulfate							
3/1/2008							
80301103	61952	2.00	mg	4.00	4831	12/30/1899	
		4.00	mg	0.00	4831	12/30/1899	
80301302	62181	4.00	mg	6.00	4624	3/1/2009	
Total Admin (Date): 10.00		Total Waste (Date): 10.00		Total: 20.00			
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	
Total Admin (Date): 16.00		Total Waste (Date): 14.00		Total: 30.00			

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

United States Department of Justice
Drug Enforcement Administration
Office of Diversion Control



Practitioner's Manual

An Informational Outline of the
Controlled Substances Act

*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!!!

Required Controls

Title 21, CFR Section 1301.71(a), requires that all registrants provide effective controls and procedures to guard against theft and diversion of controlled substances. A list of factors is used to determine the adequacy of these security controls. Factors affecting practitioners include:

1. The location of the premises and the relationship such location bears on security needs
2. The type of building and office construction
3. The type and quantity of controlled substances stored on the premises
4. The type of storage medium (safe, vault, or steel cabinet)
5. The control of public access to the facility
6. The adequacy of registrant's monitoring system (alarms and detection systems)
7. The availability of local police protection

Practitioners are required to store stocks of Schedule II through V controlled substances in a securely locked, substantially constructed cabinet. Practitioners authorized to possess carfentanil, etorphine hydrochloride and/or diprenorphine, must store these controlled substances in a safe or steel cabinet equivalent to a U.S. Government Class V security container.

Registrants should not employ as an agent or employee who has access to controlled substances:

1. Any person who has been convicted of a felony offense related to controlled substances
2. Any person who has been denied a DEA registration
3. Any person who has had a DEA registration revoked
4. Any person who has surrendered a DEA registration for cause

Lastly, practitioners should notify the DEA, upon discovery, of any thefts or significant losses of controlled substances and complete a DEA Form 106 regarding such theft or loss.

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”*

Current Activities 1

➤ *If the drug box does not come back to a central station, it must have an individual DEA registration*

Current Activities 2

➤ *Central inventory control areas that send meds out to these individually registered ambulances must be registered as “distributors”*

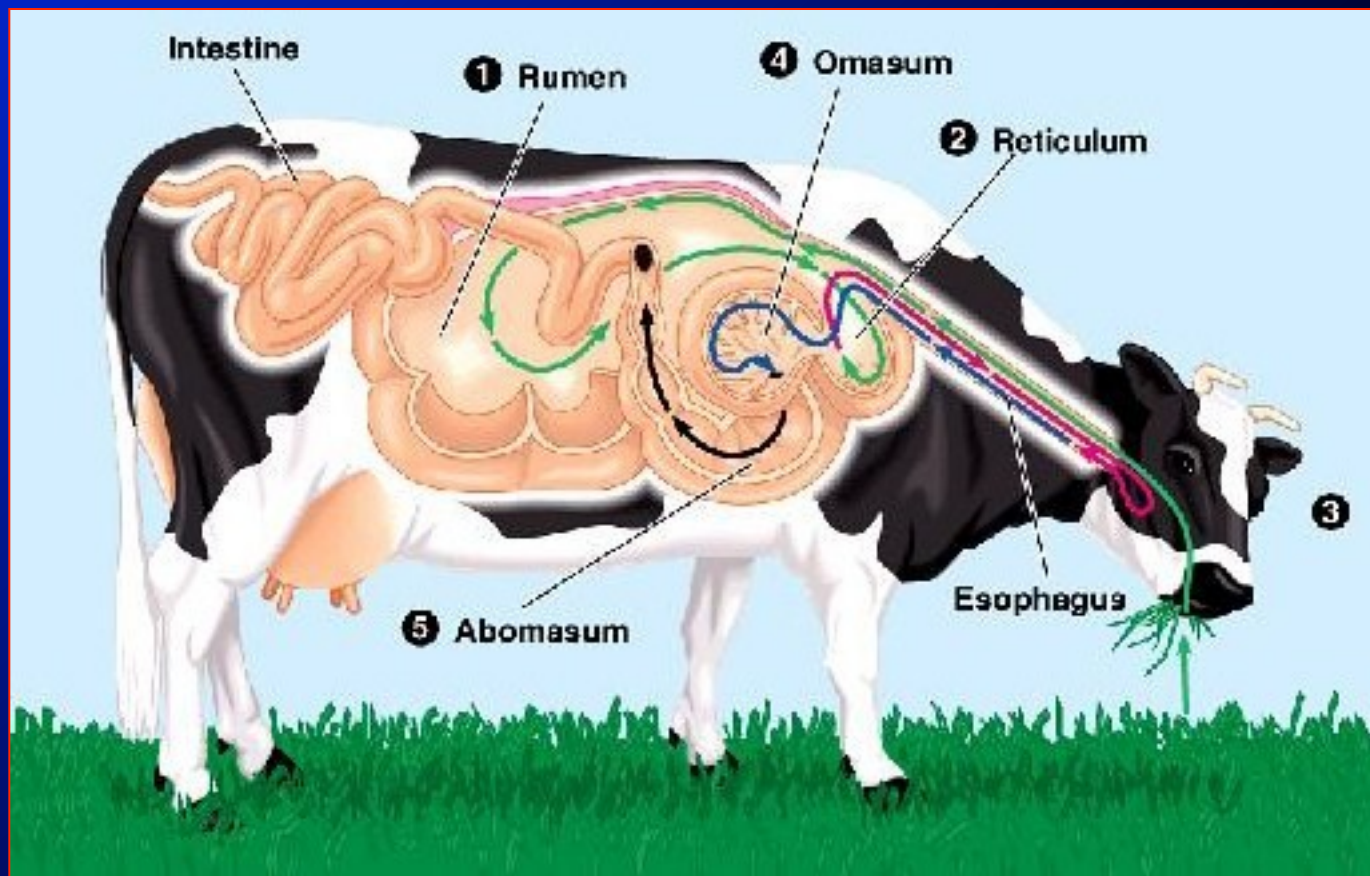
Current Activities 3

➤ *...and, of course, the very DEA 222 forms that cost \$15,000 per form error are NOW showing up at Fire Stations in the mail*

Current Activities 4

➤ *Needless to say,
meetings are ongoing with
the local DEA folk in Dallas
....we suggest doing the same
in your areas*

Ruminations upon Closing



An Ethical Imperative

*You do people a favor
when you **HELP**
keep them honest*

Tho

ome



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st

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!*



? or !