



# AKRON REGIONAL HOSPITAL ASSOCIATION

3200 West Market Street, Suite 200  
Akron, OH 44333-3325  
Web site: [www.arha.org](http://www.arha.org)

Phone: 330-873-1500  
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## AMBULANCE RESTOCKING

### POLICY

Revised April 4, 2011  
Reviewed October 11, 2012  
Revised February 18, 2015  
Revised September 9, 2015  
Revised September 14, 2016

The members of the Akron Regional Hospital Association (ARHA) listed on Attachment A) intend to replenish drugs and supplies per the established protocols and procedures for all ground not-for-profit and governmental ambulance providers in the Akron Regional Hospital Association area who meet the OIG's emergency ambulance service definitions (see Attachment B). These ambulance providers must have a current copy of their pharmacy license on file at the hospitals. Linens will be replenished for all ground ambulance providers, both profit and non-for-profit, in the ARHA area. This includes providers who bring patients to hospitals or receive online medical direction from hospitals participating in the program located in Medina, Portage and Summit counties in the State of Ohio. Our purpose is to ensure that when ambulance providers bring a patient or receive online medical direction from one of the listed ARHA facilities, they will be restocked with the drugs and supplies necessary to treat life-threatening conditions so that the ambulance is able to quickly return to run ready status and not required to return to base to restock, even if the patient is not transported to the emergency department. Such restocking will not be conditioned on, nor will it otherwise take into account, the volume or value of any referrals or other business generated that may be provided to the facilities. In the event of a Mass Casualty Incident or Bioterrorism attack, restocking may need to be suspended to ensure adequate supplies and drugs are available at each facility.

The drugs and supplies restocked must be on the approved list as established by the ARHA Ambulance Restocking Protocol Subcommittee with exceptions itemized at the time of exchange in the local use section of the form.

The Ambulance Restocking Committee was established under the auspices of ARHA and will include representatives from not-for-profit and governmental ambulance providers, the hospitals within those regions and ARHA. The Ambulance Restocking Committee will be charged with ensuring that, where appropriate, equipment is standardized throughout the regions involved; appropriate education is provided to the ambulance providers and, when necessary, the hospitals.

The Ambulance Restocking Committee will also be responsible for periodically reviewing and updating the list of approved drugs and supplies. Any requests for new drugs/supplies to be added to the list or current drugs/supplies to be removed from the list will be presented to the Ambulance Restocking Committee for discussion and approval.

Each hospital covered by this policy will be responsible for providing, as needed, reports regarding the drugs and supplies restocked to the Ambulance Restocking Committee for their review. The type of

information reported and frequency of those reports will be determined by the Ambulance Restocking Committee.

Each hospital and not-for-profit and governmental ambulance provider will comply with all Federal, State and local laws regulating the provision of drugs and medical supplies, including laws related to the handling of controlled substances such as morphine.

Each hospital and not-for-profit and governmental ambulance provider will comply with all applicable billing rules and regulations.

Drugs and supplies furnished to ambulance providers under this policy shall be tracked using a standardized drug and supply form developed through ARHA. The original copy and/or electronic copy will be retained by the hospital for their records and the pre-hospital not-for-profit or governmental provider will retain the copy for their records. These records will be maintained by the ambulance providers and/or the hospitals for five years.

## Attachment A

### ARHA Member Hospitals

Affinity Medical Center\*

Akron Children's Hospital

Cleveland Clinic Akron General

Aultman Health Foundation\*

Cleveland Clinic Akron General Lodi Hospital

Cleveland Clinic Medina Hospital\*

Mercy Medical Center\*

U.H. Portage Medical Center

Select Specialty Hospitals - Akron & Canton\*\*

Summa Health System

Western Reserve Hospital

\*Hospitals that do not currently participate in ARHA Ambulance Restocking

\*\*Long-Term Acute Care hospitals that do not have Emergency Department

## Attachment B

### Ambulance Service Definitions

Office of the Inspector General Definitions as listed in the Federal Register Vol.66, No. 233, Tuesday, December 4, 2001 p. 62983

**Emergency Ambulance Service** – A service that results from a call through 9-1-1 or other emergency access number or a call from another acute care facility unable to provide the higher level care required by the patient and available at the receiving facility.

**Emergency Ambulance Provider Test** – The ambulance is used to respond to emergencies an average of three times per week measured over any reasonable time period.



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### Ambulance Restocking

### GENERAL GUIDELINES

1. Each ARHA participating hospital must understand and comply with the Ambulance Restocking Policy.
2. ARHA Ambulance Restocking Guidelines
  - Replacement of supplies and pharmaceuticals will be a one-for-one replacement for those used on each patient.
  - An ARHA Ambulance Restocking Form (customized with the addition each participating member hospital's name and charge codes only) must be completed and signed by a squad and hospital representative.
  - The ARHA Ambulance Restocking Form will be the standardized form which will include a section for write in local use items that are common for that local area versus for the entire region.
  - ***The drugs and supplies restocked must be on the approved list as established by the ARHA Ambulance Restocking Protocol Subcommittee with exceptions itemized at the time of exchange in the local use section of the form, and with usage reportable to the Ambulance Restocking Committee.*** In the event of a national shortage of certain pharmaceuticals, the Procedure for Drug Substitutions During National Shortages should be followed.
  - Each hospital must maintain a copy of each ambulance provider's current pharmaceutical license.



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### Ambulance Restocking

## HOSPITAL CONTRACT AGREEMENT

I [insert name of CEO or representative and title], representing [insert name of facility] agree to abide by the Akron Regional Hospital Association's Ambulance Restocking policy as presented in the attached documents.

The Ambulance Restocking Committee, through the Akron Regional Hospital Association, will be notified by my organization in writing in the event that we no longer wish to participate in the Ambulance Restocking program.

\_\_\_\_\_  
Printed Name of Hospital

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of CEO]

\_\_\_\_\_  
CEO Signature



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## Ambulance Restocking

### EMS PROVIDER CONTRACT AGREEMENT

I (insert name of Chief of Fire Department), representing (insert name of Fire Department) agree to abide by the Akron Regional Hospital Association's Ambulance Restocking policy as presented in the attached documents and guidelines.

I verify that our EMS is a ground, not-for-profit and/or governmental ambulance provider.

I will contact the Ambulance Restocking Committee, through the Akron Regional Hospital Association, in writing in the event that we no longer wish to participate in the Ambulance Restocking program.

Any contracts previously signed by an EMS provider or hospital will be grandfathered by the language in this contract.

\_\_\_\_\_  
Name of Fire Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Fire Chief

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fire Chief Signature

\_\_\_\_\_  
E-mail

Med Control Hospital: \_\_\_\_\_

Med Control Physician Name \_\_\_\_\_

Med Control Physician Phone Number: \_\_\_\_\_

**NOTE: YOU MUST ATTACH MED CONTROL ADDENDUM TO THIS FORM. AND RETURN VIA REGULAR MAIL TO ARHA**



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### Ambulance Restocking

## PROCEDURE FOR DRUG SUBSTITUTIONS DURING NATIONAL SHORTAGES FOR LIMITED LICENSES

- Hospital pharmacist notifies Medical Directors of each EMS unit of possible shortage of drug(s) listed on the ARHA EMS Supply/Pharmaceutical Exchange Form.
- The Medical Director notifies the Ohio Board of Pharmacy of the temporary change and will follow the procedure as listed in Item (3) of the Ohio State Board of Pharmacy below.
- Once the letter is received and verification is given by the Ohio Board of Pharmacy, the substituted drug supplied by the hospital for the EMS unit is to be hand written on the ARHA EMS Supply/Pharmaceutical Exchange Form.

**Per the Ohio Board of Pharmacy on June 20, 2013:**

### EMERGENCY DRUG ADDENDUM

When such conditions exist that a national or regional shortage is causing a terminal Distributor of Dangerous drugs with a limited license unable to obtain prescription product normally stocked, the Board of Pharmacy will acknowledge and approve these time sensitive requests for an Emergency Drug Addendum at no fee provided that:

- (1) There is a documented shortage by the manufacturer or drug wholesaler;
- (2) The shortage is not due to the local pharmacy being out of a product;
- (3) The Medical Director must submit a signed, notarized letter indicating that due to the shortage, the requested drug will be used in place of the drug that is currently in short supply. The Medical Director will submit a signed, notarized copy of the protocol with the requested drug in place of the previous drug including the strength and directions for use.

If approved, the updated addendum replacement request will be communicated to the licensee via email, letter or fax from the board office stating that the requested substitution may be made.

This approval shall be kept on file with the Terminal Distributor license file. The board approval/ communication may be used by the licensee to obtain the drug from drug suppliers. This approval for the shortage drug will be included on the complete drug addendum until the medical director indicates they wish to have this drug removed from their drug addendum list.

To expedite the process you may scan all paperwork and submit via this link: [Licensing Office](#).





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## Akron Regional Hospital Association

### Pharmaceutical Guidelines

(revised 2-4-08)

1. **Narcotic Waste Disposal** Destruction of partially used controlled substances can be accomplished, with the appropriate documentation, by two licensed health care personnel, one of which must have at least an emergency medical technician-intermediate, as defined in rules 4765-16-01 and 4765-16-02 of the Administrative Code, level of training.
2. **Expired Drug Exchange**
  - a. The med control hospital of the EMS unit will replace, free of charge, those pharmaceuticals listed on the ARHA approved exchange form, as long as the drugs are brought to the hospital prior to 30 days, some hospitals may choose not to recycle the drugs once they have been returned by the EMS squads, so it will be up to the individual hospital to determine how they will absorb the cost.
  - b. When a squad needs replacement for a drug that is going to expire in less than 30 days, the squad must purchase the replacement(s) from the med control hospital.
  - c. Pharmacy will keep track of the drugs exchanged prior to 30 day that they are not able to reuse and report this information to the Oversight Committee on an annual basis.
3. **Drug Substitutions** All hospitals and squads will follow the specific ARHA procedure for drug substitutions during a national shortage for limited licenses.



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**ARHA EMS Request for Consideration of New/Replacement Supply/Pharmaceutical  
Effective October 1, 2009**

EMS Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

EMS Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This is a: (Check one)

New item \_\_\_\_\_

Replacement item \_\_\_\_\_ (If Replacement, what supply/pharmaceutical on form does it replace?)  
\_\_\_\_\_

New Item Request is: (Check one)

Supply \_\_\_\_\_

Pharmaceutical \_\_\_\_\_

Name of Requested Item: \_\_\_\_\_

Unit/Dosage Request: (ex: ea; 24 gauge; etc) \_\_\_\_\_

Cost per unit/dosage: \$ \_\_\_\_\_

Medical justification for request (include written documentation on benefit to patient): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of patients who (check one)

have \_\_\_\_\_ or would have \_\_\_\_\_ benefited

from this new item during last 6 months \_\_\_\_\_ out of \_\_\_\_\_ total patients transported during past 6 months.

*(EX: 83 out of 95 patients transported by our EMS unit in the last 6 months would have benefited from this drug/supply)*

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Chief of Department

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Medical Director

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: Form must be fully completed, signed by all parties and received by Akron Regional Hospital Association via fax (330-873-1501) or mail no later than June 30 of each year. The ARHA Ambulance Restocking Committee will consider each request at their annual meeting in September of each year. Formal notification will be provided to the requesting department for each submission no later than September 30.