



## IEPC Newsletter July 2021

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# San Diego's Scripps Health Says Some Patient Info Acquired During Ransomware Attack

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City News Service  
Originally posted to [www.CBS8.com](http://www.CBS8.com)  
on 2:04 PM PDT June 1, 2021 and updated:  
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 SAN DIEGO COUNTY, Calif – Scripps Health announced on June 1 that some patient information was acquired during [May's ransomware attack](#), with the investigation ongoing into the full scope of the data breach.

In a statement, the San Diego-based healthcare system said an “unauthorized person” gained access to Scripps’ network and while the individual did not access Epic, Scripps’ electronic medical record application, “health information and personal financial information was acquired through other documents stored on our network.”

“They lock the system down, and then they communicate with the victim/company, and they say, ‘hey we will not unlock your system unless you pay us a ransom,’” said Gil Vidals, Chief Technology Officer for HIPAA Vault.

[HIPAA Vault](#), a San Marcos-based, cybersecurity firm that works with health networks,

Scripps said it was working to notify 147,267 people so they can take steps to protect their information.

practitioners and plan providers, said hackers like those who attacked Scripps are getting bolder and more expensive.

“The ransomware attacks have been happening for many, many years now and it’s only getting worse. It’s grown by about 500% in the last few years because the rewards are handsome. These organizations are getting rewarded in the millions of dollars so of course, they’re incentivized,” said Vidals.

Scripps said it was working to notify 147,267 people so they can take steps to protect their information, though there’s no indication at present that any data has been used to commit fraud.

Scripps Health also said it would be providing complimentary credit monitoring and identity protection support services “for the less than 2.5% of individuals whose Social Security number and/or driver’s license number were involved.”

A review is ongoing into the content of the remainder of the documents involved. Scripps described the ensuing investigation as “a time-intensive process that will likely take several months, but we will

notify affected individuals and entities as quickly as possible in accordance with applicable regulatory requirements.”

“Maintaining the confidentiality and security of our patients’ information is something we take very seriously, and we sincerely regret the concern this has caused our patients and community,” Scripps’ statement read. “It is unfortunate that many health care organizations are confronting the impacts of an evolving cyber threat landscape. For our part, Scripps is continuing to implement enhancements to our information security, systems, and monitoring capabilities. We also continue to work closely with federal law enforcement to assist their ongoing investigation.”

*Editorial Note: Ransomware Attacks jeopardize patients, hospital, and ED groups. Scripps has requested that all communications about the attack be managed by their corporate office. The incident has prompted IEPC to inquire about Cyber Security Insurance. The 27 days of electronic down time has significant financial implications to the independent ED groups.*



# 2021 Speaker Series

Presented by the Independent Emergency Physicians Consortium

**Time & Date: 9:00AM - 9:30AM Pacific on the fourth Monday of the month May - Oct.**

Advance registration is required and [can be completed here](#). After registering, you will receive a confirmation email containing information about joining the meeting.

This free speaker series will welcome leaders in the field to cover timely and engaging topics that are important to independent emergency physicians. The sessions will precede each monthly conference call and are open to all IEPC members and those who may be interested in joining.

- **May 24** - Elena Lopez-Gusman, Executive Director, California ACEP to discuss Cal-ACEP priorities for 2021
- **June 28** - Laura Wooster, ACEP Associate Director, Public Affairs and Jeffrey Davis ACEP Director of Regulatory Affairs to discuss national ACEP priorities for the independent emergency physicians
- **July 26** - Andrew Selesnick - Shareholder, Chairman of the Healthcare Litigation Practice Group to discuss legal billing issues affecting independent emergency physician groups
- **August 23** - Sandy Schnieder, MD, ACEP Director of EM practice to discuss the emergency physician workforce
- **September 27** - Mark Reiter MD, MBA MAAEM CEO, AAEM to discuss AAEM priorities for the independent emergency physician
- **October 25** - BJ Bartelson, RN MS, NEA-BC, CHA VP, Nursing & Clinical Services to discuss the California Hospital Association and independent emergency physicians

Visit [www.IEPC.org](http://www.IEPC.org) for more information.

# FENTANYL DRUG TESTING

## How To Onboard the Lab at Your Hospital

From the *Fentanyl Testing Toolkit* provided by the the San Diego Community Response to Drug Overdose (CReDO) group, a sub-committee of the *San Diego County Prescription Drug Abuse Task Force*. [www.sandiegorexabusetaaskforce.org](http://www.sandiegorexabusetaaskforce.org)

Misuse of prescription drugs in San Diego County continues to be a growing problem. The majority of prescription-related overdose deaths are unintentional. The San Diego Prescription Drug Abuse Task Force (PDATF) is a Countywide initiative comprised of key stakeholders, community members, and local experts working together to decrease the harms associated with the misuse of prescription drugs in San Diego. County.

The Community Response to Drug Overdose (CReDO) sub-committee was created to educate community members about the dangers of opioid misuse. They aim to develop online resources for the public, providers, and patients and their families to access opioid use disorder treatment and alternative pain therapies. They also intend to conduct outreach to stakeholders and policymakers on the local, state,

and national levels regarding opioid issues.

### Goal

To increase the engagement of the medical community to mitigate the increase of fatal Fentanyl overdoses in San Diego County. For more information, [click here](#) to view a CAHAN report detailing the statistics and background. If a clinician is ordering a urine drug test for THC, PCP, Cocaine, Methamphetamine, or Opioids - then the same clinician should be just as interested in a result for Fentanyl because Fentanyl overdose has become a serious public health threat.

### How We Will Accomplish This Goal

Include fentanyl testing in conjunction with every Urine Drug Screen test performed by all hospital laboratories in San Diego and Imperial Counties. Fentanyl is a synthetic opioid that does not test positive in standard drug screen. It requires a separate reagent and test.

### How to Obtain Rapid Fentanyl Urine Drug Screen

As of December 2020, there is NO FDA 510(k) cleared point of care rapid urine strip test for fentanyl that is part of a

# FENTANYL

is here and killing San Diego County Residents



Fentanyl can be found in all illicit drugs including powders and pills.



Avoid illicit drugs.

Have someone with naloxone close by.

Fentanyl can be found in any pill you buy on the street...or in cocaine and meth...and can kill you instantly.



For information and recovery options call:  
San Diego County Access and Crisis Line:  
1-888-724-7240 free assistance 24/7.



## The Gold Standard

Fentanyl Testing should be Automatic and Universal. Any time a urine drug test is requested, it should automatically include fentanyl.

## How can a positive urine fentanyl test save lives?

1. Alert the provider.
2. Alert the patient.
3. Warn friends that they may be exposed and an opportunity to inform them about naloxone
4. Naloxone Rx given to patient as a prevention measure for repeat overdose.
5. Connection to substance use disorder treatment.



## FENTANYL TESTING con't from last page

drug panel. San Diego leaders sent a letter to FDA requesting emergency use of rapid urine drug tests.

All hospital laboratories with a chemical analyzer can run FDA c510(k) cleared rapid immunoassay fentanyl test. A fentanyl test is not typically included in routine urine drug screen (UDS) and fentanyl is a synthetic opioid that is not detected as part of the opiate urine drug test. The opiate urine drug test is targeted as morphine and codeine. There are 3 Manufacturers of Fentanyl Immunoassay that are FDA 510K cleared for clinical use.

1. ARK- calibrated to 1 ng fentanyl, cross reacts with norfentanyl metabolite.  
Note: ARK has developed a second-generation assay called the Fentanyl II assay which is replacing the first-generation Fentanyl assay.  
Linked resources to distributors and additional

information:

[Direct from Ark: Fentanyl II Assay Quick Overview](#)  
[Sekisui Diagnostics: Fentanyl Assay Quick Overview](#)  
[Seimens: Fentanyl Test Information](#)

2. Immunalysis - calibrated to 2 ng fentanyl, does not detect norfentanyl  
Linked resources to distributors and additional information:  
[HEIA Fentanyl Information](#)
3. Lin-Zhi - calibrated to 5 ng of norfentanyl, cross reacts with fentanyl at 3 ng  
Linked resources to distributors and additional information:  
[MedTest Point Scientific Fentanyl Assay Quick Overview](#)

### Additional Testing Resource

Thermo Fisher Scientific DRI Fentanyl Assay: Thermos makes an open channel Fentanyl immunoassay for forensic purposes calibrated to 2 mg fentanyl. It is not

## Specimen Collection

- Collect freshly voided urine in a clean dry container.
- Minimum volume: 2 mL
- Both UDS and Fentanyl tests can be performed using the same urine sample.
- Results for both tests should be available within one hour of receipt in the laboratory.

FDA 501K

cleared for clinical use. Link to Thermo Fisher DRI Fentanyl Assay Information.

### Information Technology

Moving forward, the development of a gold standard IT solution would allow for a single order by the clinician that would include both random urine drug screen and urine fentanyl as standard of care.

For a full list of resources, current local statistics for San Diego County and presentation and webinar records visit [www.sandiegorexabusetaforce.org](http://www.sandiegorexabusetaforce.org).

## NEW IEPC Member Insurance Benefits Now Available!

Independent Emergency Physician Consortium (IEPC), is an association of independent emergency physician groups whose purpose is collaborating on best business and clinical practices, sharing resources, and protecting the independent physician practice model.

In keeping with these objectives, IEPC has identified that one of the major business expenses for independent emergency physician practices are the various insurance products required to protect the group's

entity, shareholders, employees, and independent contractors from risks on and off the job. This said, IEPC has decided to leverage the consortium's group purchasing power by partnering with two healthcare specialist insurance agencies to provide members with comprehensive and competitive options for both commercial and personal insurance products. In so doing, we expect that the program arranged by IEPC will be a cost-saving for your group, and

a return on investment of your membership dollars.

[Click here](#) for details regarding each partner agency, and the insurance products they offer. Please note that utilization of either agency, or any of their products, is completely voluntary. IEPC is providing this networking opportunity to enhance your membership, and help you better insure your practice for lower premiums.

For more information regarding Dean Insurance Brokerage, or their insurance products and programs, please contact Todd Dean at (310) 620-6299 or [todd@deanbrokerage.com](mailto:todd@deanbrokerage.com).

# PEDIATRIC CANNABIS POISONINGS

Written by Andrew Fenton, MD

**C**annabis is one of the most abused drugs worldwide. Since legalization of cannabis in multiple states in the US, complications of cannabis overdose and ingestion, and subsequent ED visits, have skyrocketed. “Edibles” are ingested food products infused with cannabis, and are poorly regulated. Edibles are the fastest growing segment of the booming cannabis market. The medical field, and even cannabis industry officials, recognize the number of children presenting to the ER after ingesting cannabis is rapidly growing.

## Case Report

A healthy 4-year 8-month-old, 20-kg male presented to the ED with altered mental status after ingesting 16 gummies, each containing 5 mg of THC. The mother stated she found her child eating the sugar-coated gummies shortly prior to presentation of the ED. On presentation, the patient was significantly somnolent with nystagmus. Vital signs were temp 97.4F, heart rate of 135 beats/min, respiratory rate of 18 breaths/min, O2 sat 99% on room air.

California Poison Control was consulted. The patient was observed in the ED for four hours with diagnosis of cannabis intoxication. The mother exhibited appropriate shock, dismay,

embarrassment, and regret so Child Protective Services was not deemed to be necessary by staff. The patient recovered over four hours with

improved mental status and never had evidence of oxygen desaturation. The child demonstrated adequate oral intake and was discharged home.

## Discussion

Marijuana consists of components from the hemp plant *Cannabis Sativa*. Marijuana preparations contain over 400 compounds, including delta-9-tetrahydrocannabinol (THC), the main active ingredient with psychoactive properties, along with cannabidiol (CBD) the second active ingredient. Products containing THC remain popular for their euphoria-producing effects. Advances in breeding and cultivation have increased the THC content of recreational marijuana and there has been a profound increase in potency in THC-containing products in the last 20 years.

Products containing CBD have been proposed as a medical breakthrough for numerous

medical problems including chronic pain, but proof of efficacy is lacking. The CBD industry has grown exponentially due to the potential of medical benefits and the desire as a culture to shift towards therapies that are more “natural.” These products are largely unregulated and contain varying amounts of CBD in addition to unstudied cannabinoids, THC, and possibly toxins such as pesticides and heavy metals. Additionally, the majority of these products are synthetic which allows higher concentrations of THC and CBD than would be found in natural sources.

Marijuana intoxication in pediatric patients has been well described in the literature with case reports from many countries. Most of the pediatric data has come from the US, particularly Colorado, where marijuana was decriminalized in 2009. This mirrors data which has shown that pediatric exposures have increased in all US states where marijuana was decriminalized.

The ED presentation of cannabis toxicity in kids is often different than adults. Adults often present with psychiatric complaints, tachycardia, and nausea/vomiting. Most cases reported to date in children show that the initial presentation is often lethargy and decreased responsiveness. Physical exam may show decreased level of consciousness, usually with easy arousability, tachycardia, and ataxia. Rarely, somnolence leads to respiratory depression which is the most concerning finding on ED evaluation.

The treatment of pediatric patients with acute cannabis intoxication is primarily supportive, including monitoring and managing respiratory and hydration status until recovery.



# CANNABIS POISONING con't from last page

Unnecessary stimulation of an affected patient should be avoided and a comforting environment is encouraged. There is no specific antidote for cannabis intoxication and charcoal is not indicated. Workup is usually determinant on certain knowledge of exposure and ability to limit differential diagnosis based on history. In some cases, benzodiazepines may be given as an anxiolytic.

The most concerning effect of cannabis overdose in children is respiratory depression. Some children may require admission and very rarely intubation. There are no established levels of ingestion that require particular intervention and no quantitative laboratory level tests exist. Prognosis and treatment is also impaired by the lack of regulation and unpredictability of printed drug levels and unknown contaminants. Packages may present levels of THC and CBD but these have been shown

to be unreliable. Drug effects usually peak around one hour after ingestion and significant effects taper over four hours. Most children can be discharged after four hours of observation if CNS effects are improved and there is no respiratory compromise.

## Conclusion

This case involves a significant ingestion by a 4-year 8-month-old child. It represents one case of many that are becoming more common in the ED since the widespread legalization of marijuana. In this case the child was able to access an easy to open canister of multicolored gummies, each caked in sugar. His ingestion of 16 gummies is predictable. Fortunately, the child recovered well, was observed over four hours and was sent home. Extensive education was given to the parents.

Cannabis overdoses in kids often presents with CNS depression, and at times profound respiratory depression requiring intubation

and ICU admission. Public Health officials and families need to work together to limit the abuse of marijuana. Meanwhile, the lack of consistent and strict regulation and subsequent compliance of the cannabis industry has led to cannabis product labeling unreliability. There needs to be higher standards of verification and packaging. Until then, the aggressive marketing of these products paired with the lack of regulation and quality control has the potential to cause a significant negative impact on public health. Clinicians should be aware of this and the latest treatment plan when treating kids and patients with potential intoxication. Further research into cannabis is indicated and regulation to promote public safety is likely warranted.

*Editorial Note: Tragically, this is not an uncommon presentation at Children's Hospitals in states with legal marijuana. [Since March 2020, drug related hospitalizations in children under 5 increased more than 20% nationwide.](#)*



## Insist on Commando Style?

*Written by Sameer Mistry, MD*

I had an interesting case a few weeks back; a young gentleman, came in via 911 for altered mental status and resp arrest. He was bradypneic with pinpoint pupils. Paramedics correctly administered Narcan and by the time he reached the ED, he was awake and conversant. The nurses changed him into a gown and placed him on cardiac monitoring, pulse oximetry and supplemental oxygen. I kept him for a few hours to

make sure he didn't become apneic again after the Narcan wore off. Through this observation period he related he depressed and intended self-harm. He was accepted by our outpatient behavioral health center up the street for 24-hour mental health observation. Later that night, over 12 hours from initial presentation, he had another respiratory arrest, this time within the behavior health unit. Lights and siren, along with lifesaving Narcan brought him back to my attention the next day.

An astute emergency nurse witnessed that my patient had white powder on his hand and that he kept reaching under his gown. She confronted him and found a

bag of fentanyl powder in his underwear. This is the power of addiction and self-treatment to prevent withdrawals.

Is it standard of care to undress patients with behavior health and overdose complaints - including their underwear? Could he have still hidden the baggie even if we insisted on him going "commando"? How far/ invasive should you go to search for contraband?

*Editorial note: The teaching points for this case is understanding the strong power of addiction; advocating for the gold standard of fentanyl testing; and offering buprenorphine and naloxone after an opioid overdose.*