

SELF-VALIDATION REPORTING INSTRUCTIONS



September 2020

Self-Validation Form

You will find the link to the Validation form here:

<https://is.gd/48hrOpioidValidationForm>

For your reference, our website is below:

48-Hr Hospital Opioid OD Reporting:

<http://www.dph.illinois.gov/opioids/48hr-hospitalod-report>

Please note:

Due to COVID demands the 48-Hr website has not been updated.



< 10 Opioid Overdoses to report for the past 90 days

48 hour Opioid Reporting Self Validation Form

Please complete the form below.

Thank you!

Hospital
* must provide value
Please complete DRF form per hospital

Hospital City
* must provide value

Contact Full Name
* must provide value

Contact email
* must provide value

Date of validation
* must provide value

Number of Opioid Overdoses identified in your EMR for the past 90 days.
* must provide value

Number of Opioid Overdoses identified in ESSENCE for the past 90 days from the validation date entered above
* must provide value

Difference
* must provide value

Is the difference between overdoses identified in ESSENCE and the overdoses identified in your EMR (3 or less)?

Yes No

* must provide value

Submit

Correct Submission OR Error Message

Number of Opioid Overdoses identified in your EMR for the past 90 days.
* must provide value

Number of Opioid Overdoses identified in ESSENCE for the past 90 days from the validation date entered above
* must provide value

Difference
* must provide value

Is the difference between overdoses identified in ESSENCE and the overdoses identified in your EMR ± 3 or less? Yes No
* must provide value

Confirmation

You answered NO.

Please re-validate your data in 3 months (June)

Please note: your facility has been added to a queue to receive feedback/assistance.

Thank you for your submission.

Number of Opioid Overdoses identified in your EMR for the past 90 days.
* must provide value

Number of Opioid Overdoses identified in ESSENCE for the past 90 days from the validation date entered above
* must provide value

Difference
* must provide value

Is the difference between overdoses identified in ESSENCE and the overdoses identified in your EMR ± 3 or less? Yes No
* must provide value [reset](#)

Confirmation

The answer you submitted is INVALID. The difference between the EMR and ESSENCE is $> \pm 3$. DO NOT SELECT YES!

You answered YES.

Thank you for your submission, be sure to validate your Opioid Overdose Data data again in September.

≥ 10 Opioid Overdoses to report for the past 90 days

Number of Opioid Overdoses identified in your EMR for the past 90 days.
* must provide value

Number of Opioid Overdoses identified in ESSENCE for the past 90 days from the validation date entered above.
* must provide value

Percent difference
* must provide value

Is the percent difference between overdoses identified in ESSENCE and the overdoses identified in your EMR ±20% or less? Yes No required

* must provide value

Confirmation

You answered NO.

Please re-validate your data in 3 months (June)

Please note: your facility has been added to a queue to receive feedback/assistance.

Thank you for your submission.

Number of Opioid Overdoses identified in your EMR for the past 90 days.
* must provide value

Number of Opioid Overdoses identified in ESSENCE for the past 90 days from the validation date entered above.
* must provide value

Percent difference
* must provide value

Is the percent difference between overdoses identified in ESSENCE and the overdoses identified in your EMR ±20% or less? Yes No required

* must provide value

Confirmation

The answer you submitted is INVALID. The difference between the EMR and ESSENCE is >±%. DO NOT SELECT YES!

You answered YES.

Thank you for your submission, be sure to validate your Opioid Overdose Data data again in September.

Your Form has been submitted

Close survey

Thank you for completing the validation.
Your form has been submitted.

Enter your email to receive confirmation message?
A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

Enter email address: Send confirmation email

* Your email address will not be stored.

Download your survey response (PDF)

For your records

- Email yourself a confirmation of your submission
- Download a PDF version of your submission
 - Includes responses
 - Date and time of submission

Validation Due Dates

- Facilities will be expected to validate their Emergency Department opioid overdose data **1 time this year**; 2 times next year.

DUE DATE 2020
December 31, 2020