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ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Understanding Opioid Overdose Reporting in the Hospital ED

March 11, 2020

Background

- Pursuant to the Illinois Hospital Licensing Act and Administrative Rule 77 IAC 250.1520 (g): When a drug overdose treatment is provided in a hospital's Emergency Department (ED), the case shall be reported to the Illinois Department of Public Health (IDPH) within 48 hours after providing treatment for the drug overdose – or at such time the drug overdose is confirmed.

2018

Phased approach to facilitate implementation

- By August 31, 2018: Register for access to the BioSense Platform
- By October 31, 2018: Submit your EMR 1st qtr. Opioid OD data for IDPH to compare and validate with syndromic surveillance numbers
- By December 31, 2018: Begin sending opioid antagonist administration data to IDPH

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2020 Expectations

- Facilities have at least one ESSENCE user
- Facilities are able to self-validate their data twice a year
- Facilities are reporting their Opioid Antagonist administrations automatically or manually

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Illinois Hospitals Reporting of Opioid Overdoses 48 hours of ED presentation

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Division of Patient Safety & Quality
March 11, 2020

Syndromic Surveillance at IDPH

Automated data from all IL hospital to IDPH

- Every 15 minutes
- ED and most Inpatient
- Includes:
  - Demographics
  - ZIP code
  - Visit date
  - Facility
  - **Chief complaint***
  - **Diagnosis***
  - Triage note or clinical impression
  - Disposition
  - Patient ID

*Key data elements

How syndromic can support opioid reporting

- IDPH can extract opioid overdose reporting requirements out of the direct feed
- Minimizes burden on hospitals to report manually every OD

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Validation Process - 2020

1
- Query internal hospital data
- For opioid and heroin overdoses in ED

2
- Access BioSense=includes ESSENCE tool
- Review myESSENCE dashboard: Hospital2020_OpioidOD

3
- Compare internal data to ESSENCE
- Report results of comparison in survey link

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Hospital Access to BioSense

- New users
- Portal Registration Authority makes request
- http://www.dph.illinois.gov/data-statistics/syndromic-surveillance

- IDPH gives access to aggregate data for their facilities

Hospital Access –User password reset

amc.syndromicsurveillance.org

EMR query-recommended

Chief complaints test (combination of terms)	Heroin or opioid AND poison / overdose / ingest / intoxic / unresponsive / loss of consciousness / syncope / shortness of breath / altered mental status
Diagnosis alone (any)	T40.[012346][X09][14]A F11.12[0129] F11.22[0129] F11.92[0129] [] single character variations.
Diagnosis + chief complaint (Combination of general opioid abuse/dependence ICD-10 , with chief complaint text)	F11.[129]0 AND Poison / overdose / ingest / intoxic / unresponsive / loss of consciousness / syncope / shortness of breath / altered mental status
Chief complaint alone	Narcan or naloxone

- IDPH uses a more complex query that includes misspellings, general and brand name drugs paired with symptoms, exclusions for negation, SNOMED, legacy ICD-9.
- 'Chief complaint' sent to IDPH in syndromic, may have one of many different names in your EMR. It is a free-text or pick list entry for the reason the person is presenting to the ED.

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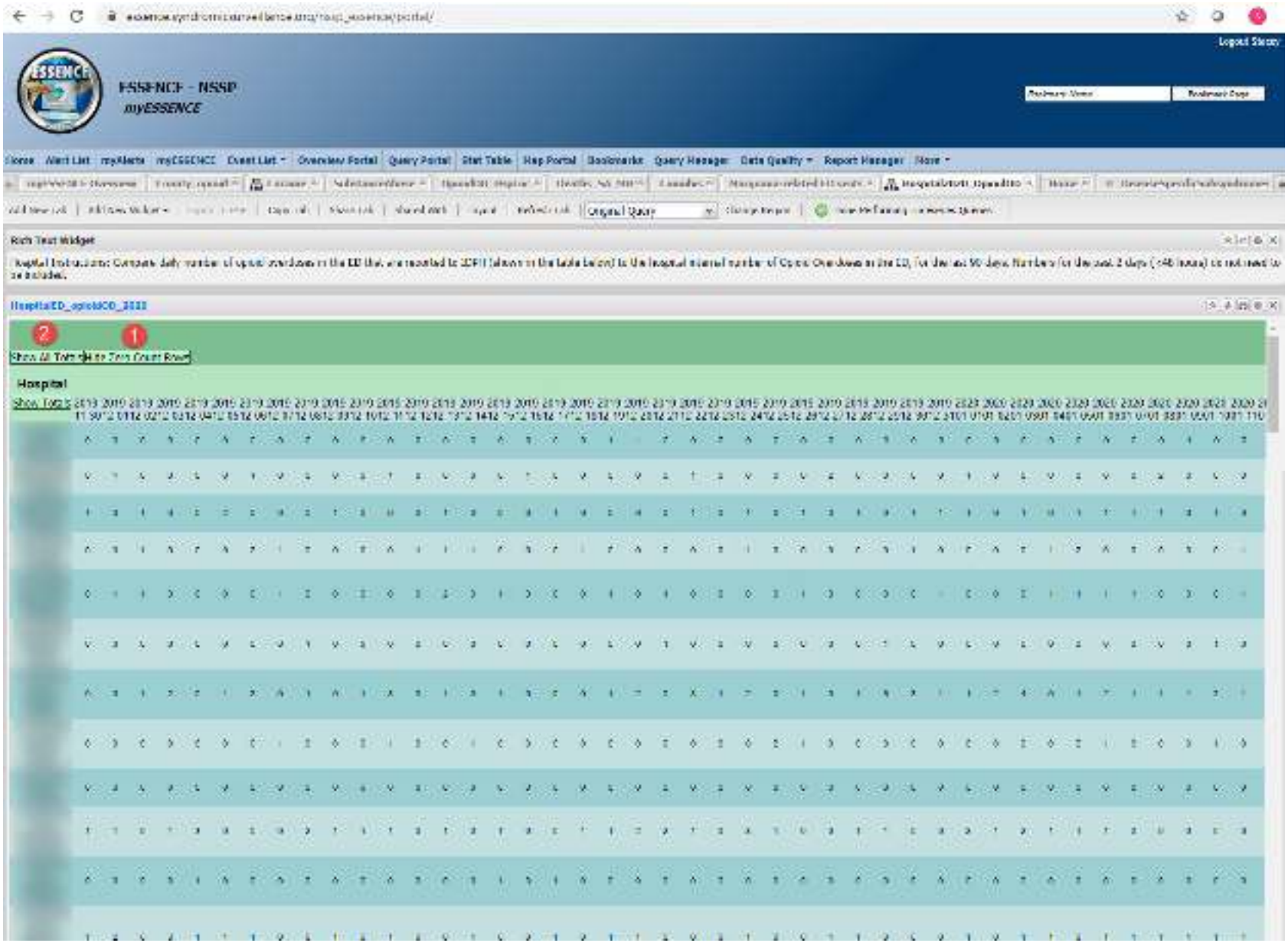
myESSENCE


ESSENCE
NSSP
myESSENCE
Logout Stacey
Alert List
myAlerts
myESSENCE
Event List
Overview Portal
Query Portal
Stat Table
Map Portal
Bookmarks
Query Manager
Data Quality
Report Manager
More
Original Query
Rich Text Widget
Hospital
2
1

Criteria

Apply the following criteria to each hospital ED.

If multiple locations, apply the criteria to each separately

Based on past 90 day:

IF the hospital ED saw	THEN…
<10 opioid ODs in the ED	Absolute different is +/- 3 or less
>=10 opioid ODs in the ED	Percent difference is within +/- 20%

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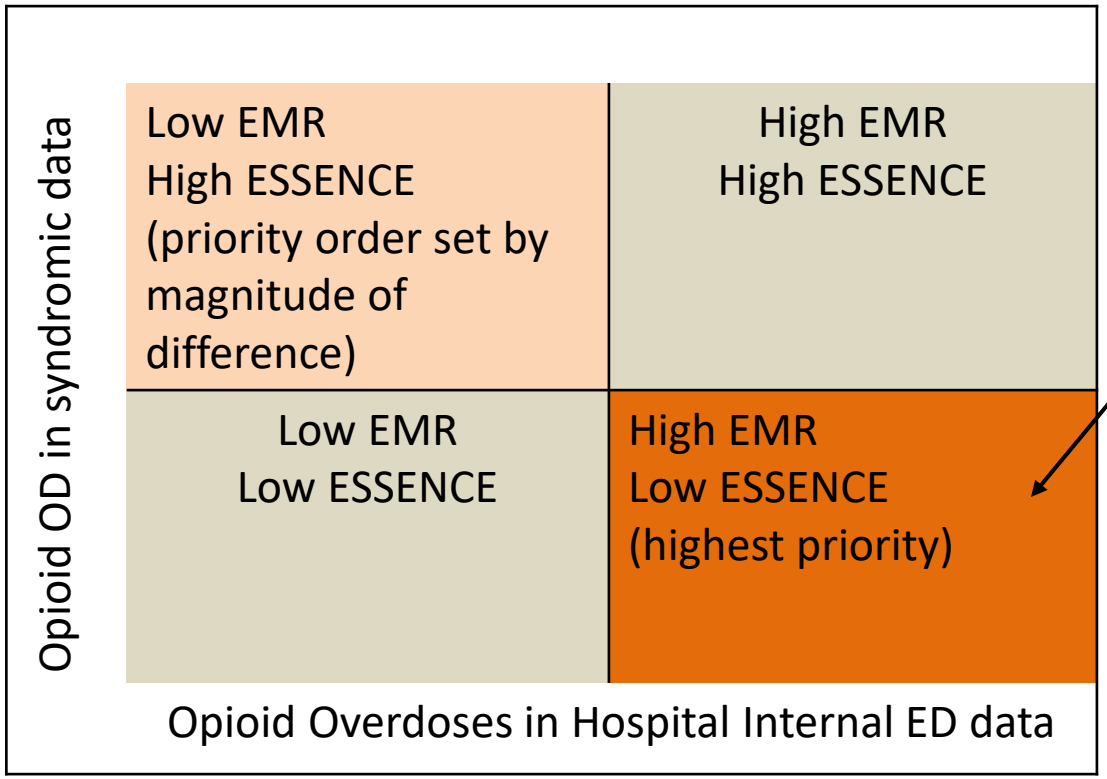
Solutions to Differences



IDPH may not be detecting a overdose by opioid or heroin as the cause.

Broad query

- Hospital query may be too broad
  - non-opioid overdoses
  - opioid-abuse visits that were not an overdose

Chief Complaint

- Non-specific: i.e. drug-related, overdose, substance abuse.
  - **Easiest solution: provide a more specific chief complaint; e.g.** Heroin overdose or Opioid overdose

Diagnosis codes

- Missing or delayed by many days,
- Diagnosis completion improvements, if low

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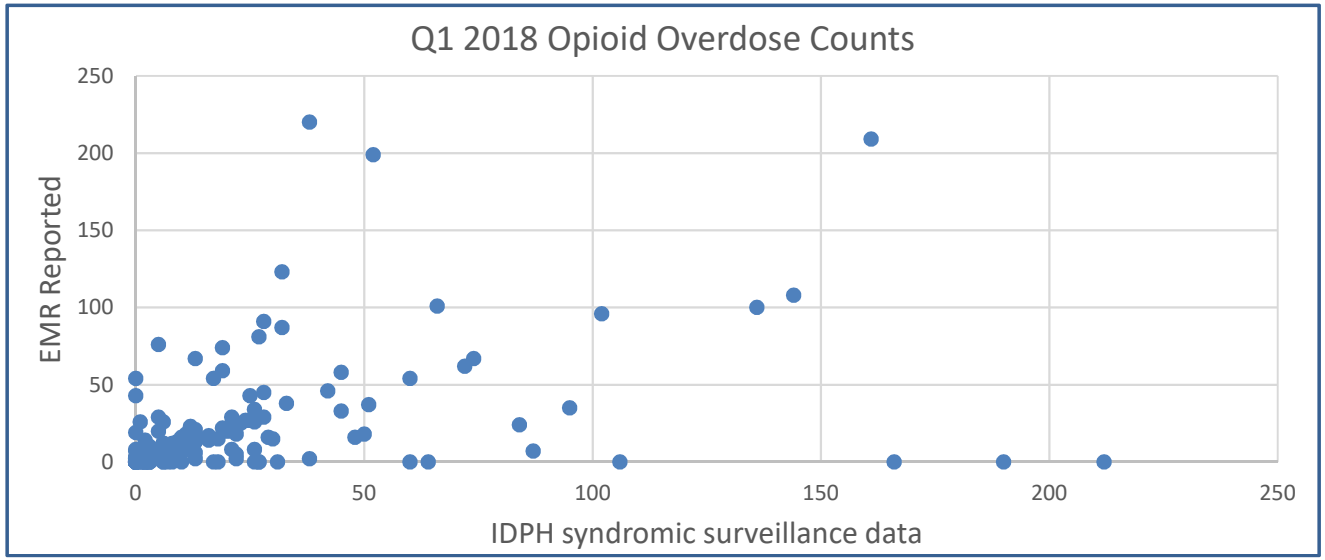
Progress 2018 & 2019



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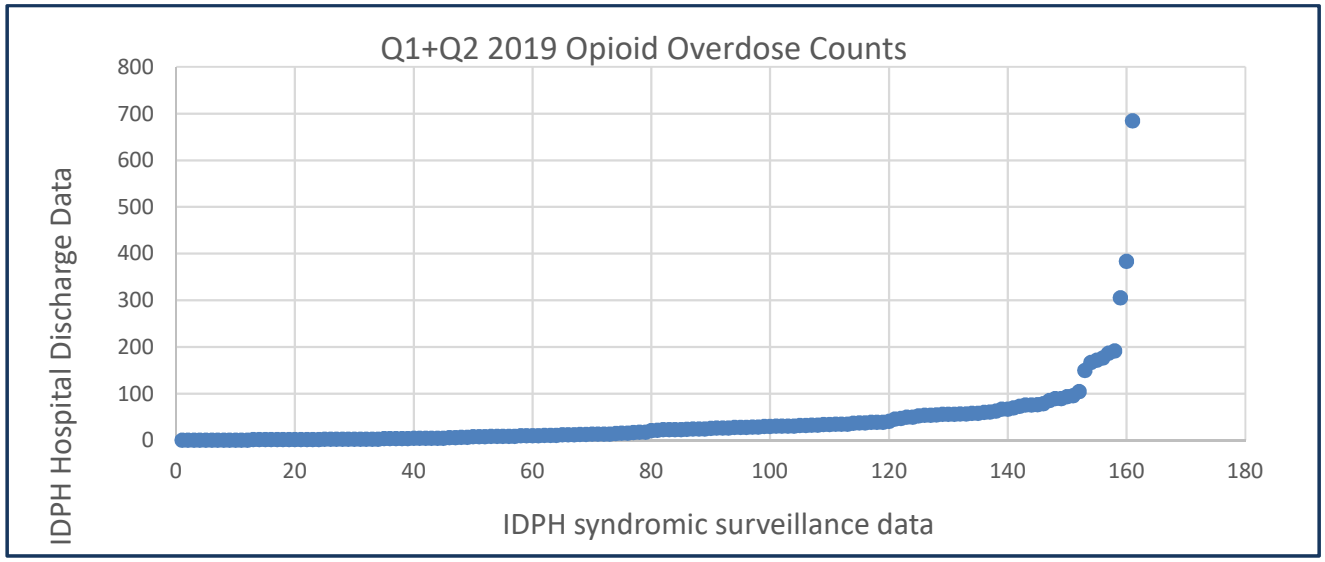

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Summary

- Goals of validation
  - Accurately estimate burden of opioid OD in ED
  - Timely information for response
  - Sync with other data system notifications

- IDPH can work with the hospital to correct the issue.
- Questions: staceyhoferka.jensen@illinois.gov

SELF-VALIDATION REPORTING

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48-Hr Hospital Opioid Reporting Program Manager

Patient Safety & Quality

Illinois Department of Public Health

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Self-Validation Form

You will find the link to the Validation form on the

48-Hr Hospital Opioid OD Reporting Website:

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

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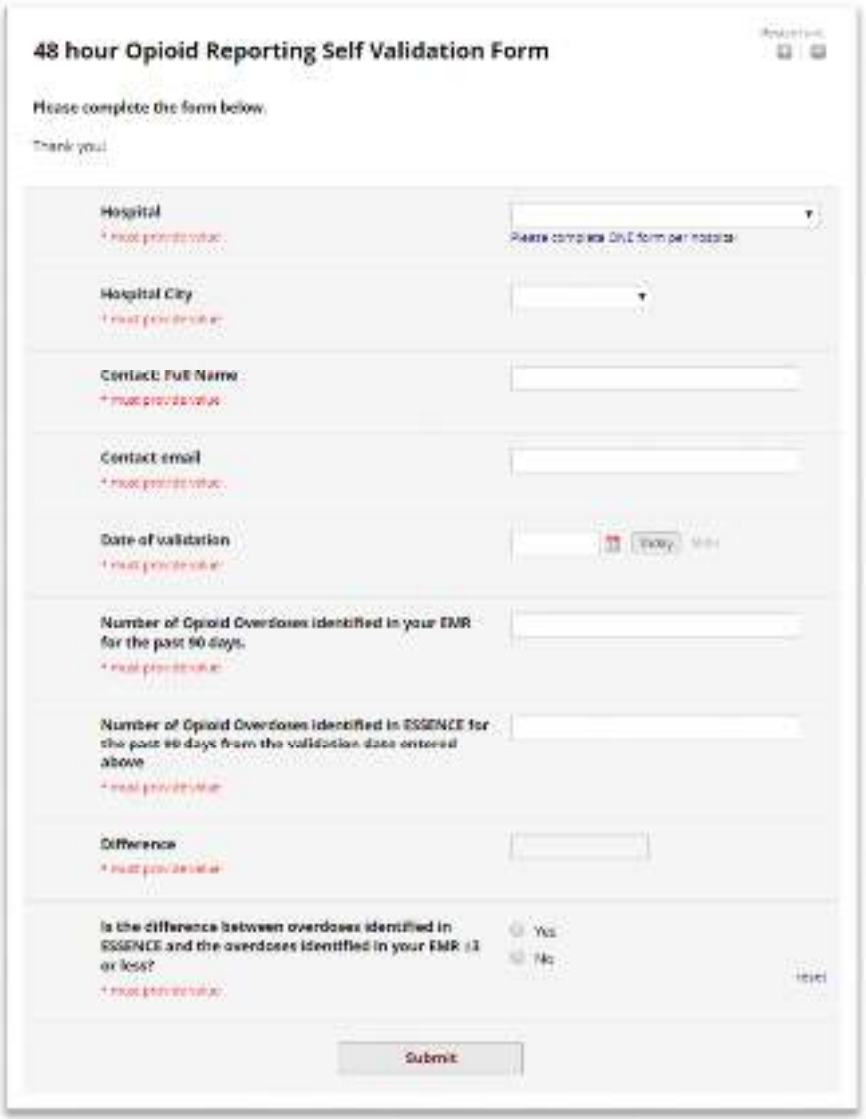
< 10 Opioid Overdoses to report for the past 90 days



48 hour Opioid Reporting Self Validation Form

Please complete the form below.

Thank you.

Hospital

Hospital City

Contact: Full Name

Contact email

Date of validation

Number of Opioid Overdoses identified in your EMR for the past 90 days.

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

Difference

Is the difference between overdoses identified in ESSENCE and the overdoses identified in your EMR ≤1 or less?

Yes

No

Submit

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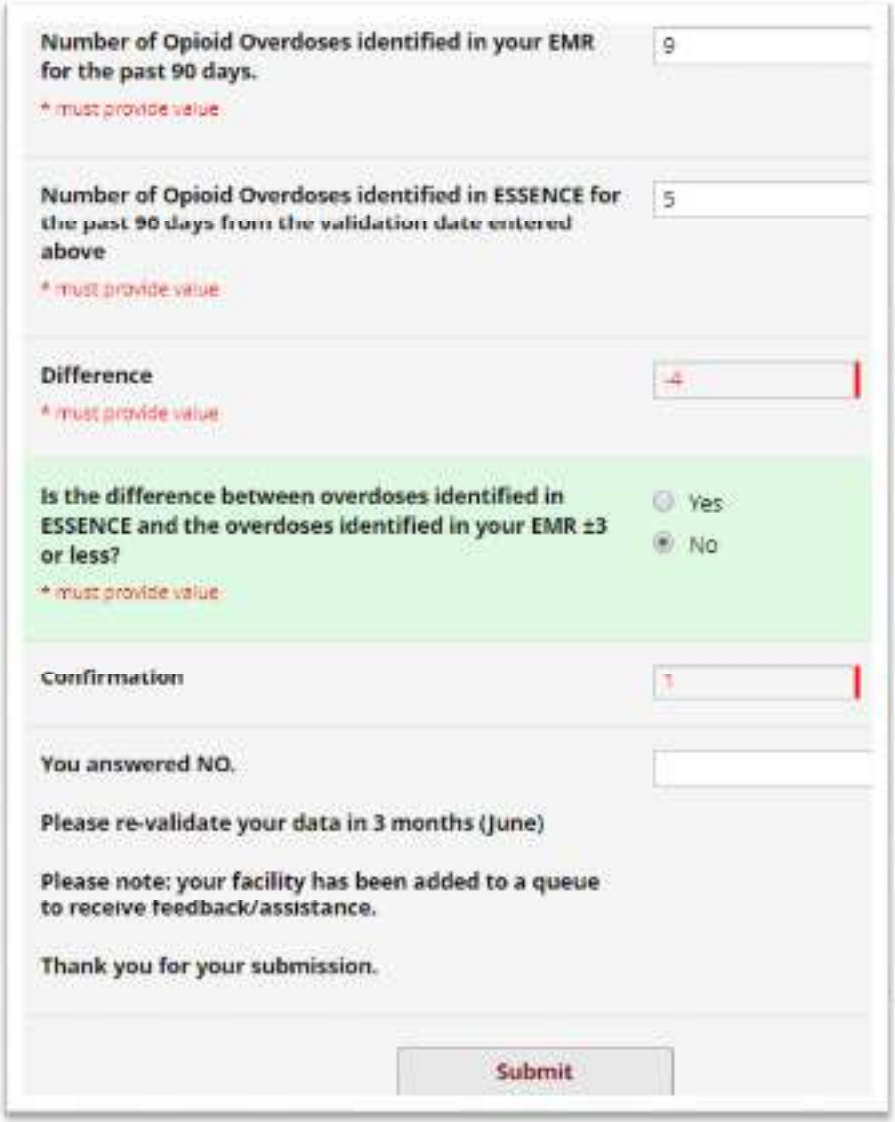
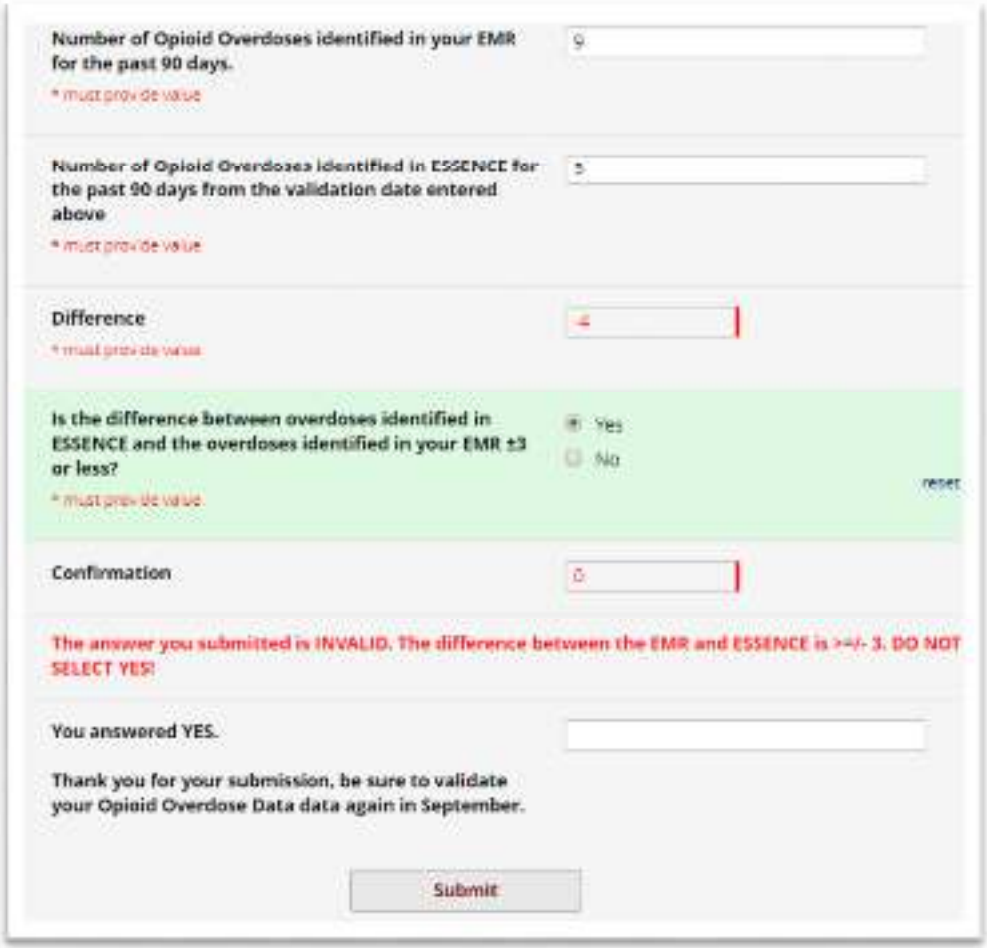
Correct Submission OR Error Message





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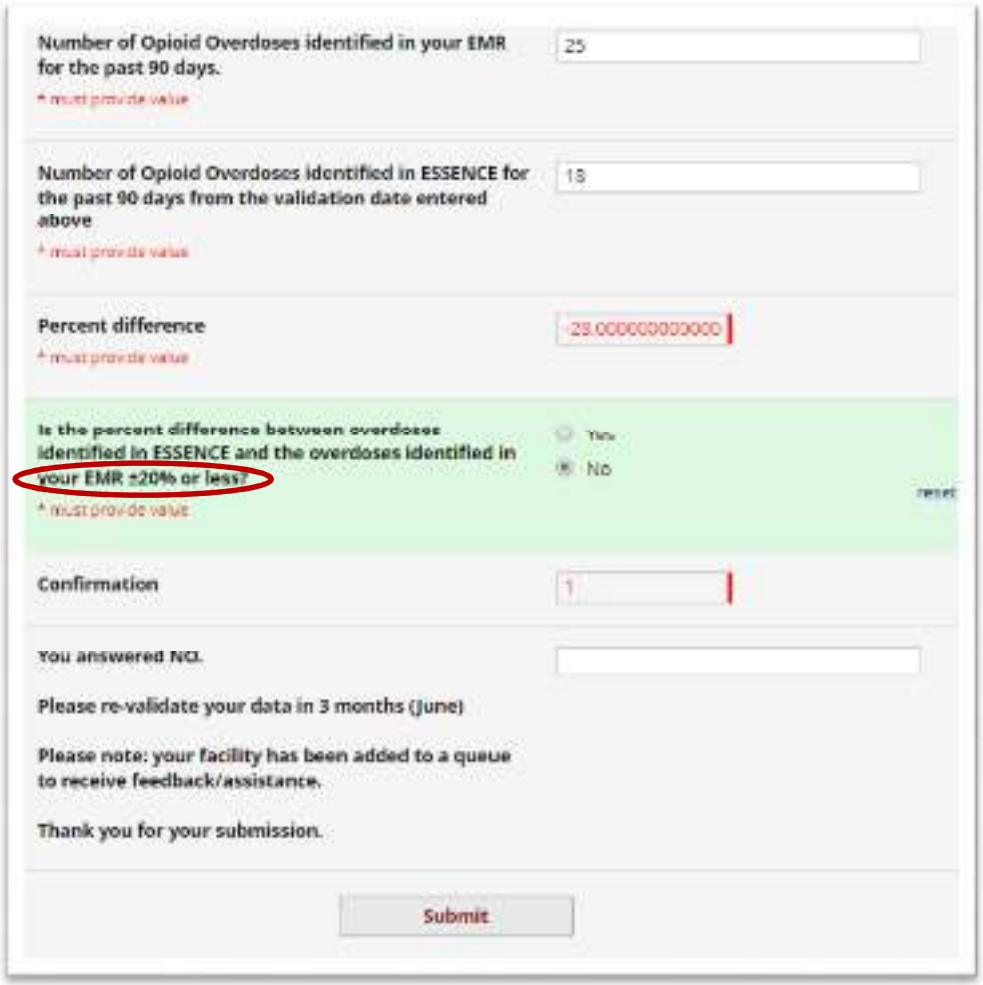
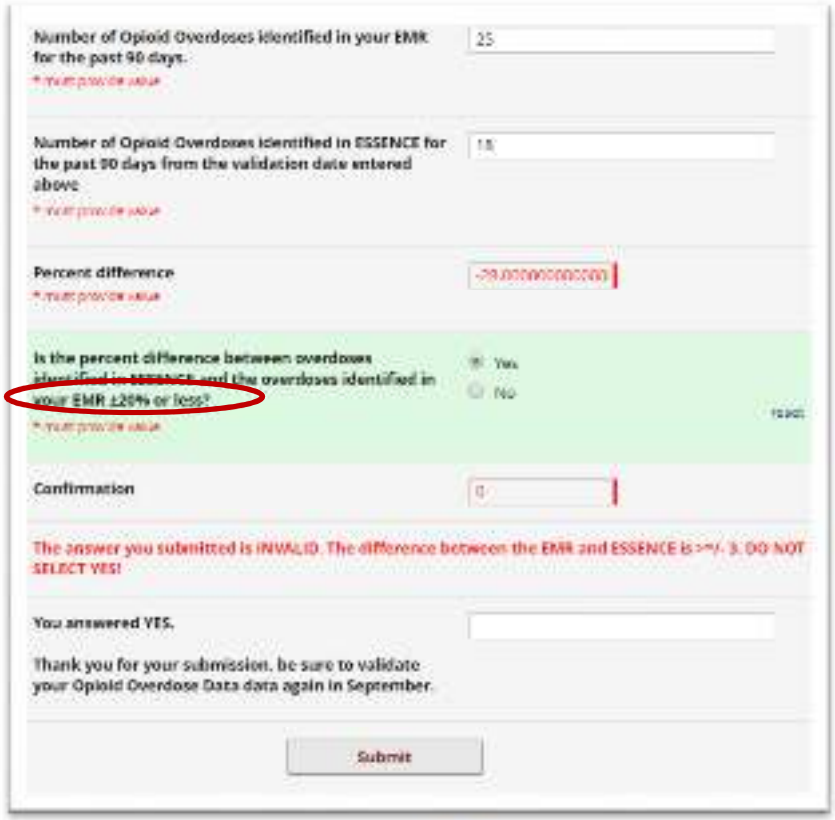
≥ **10** Opioid Overdoses to report for the past 90 days





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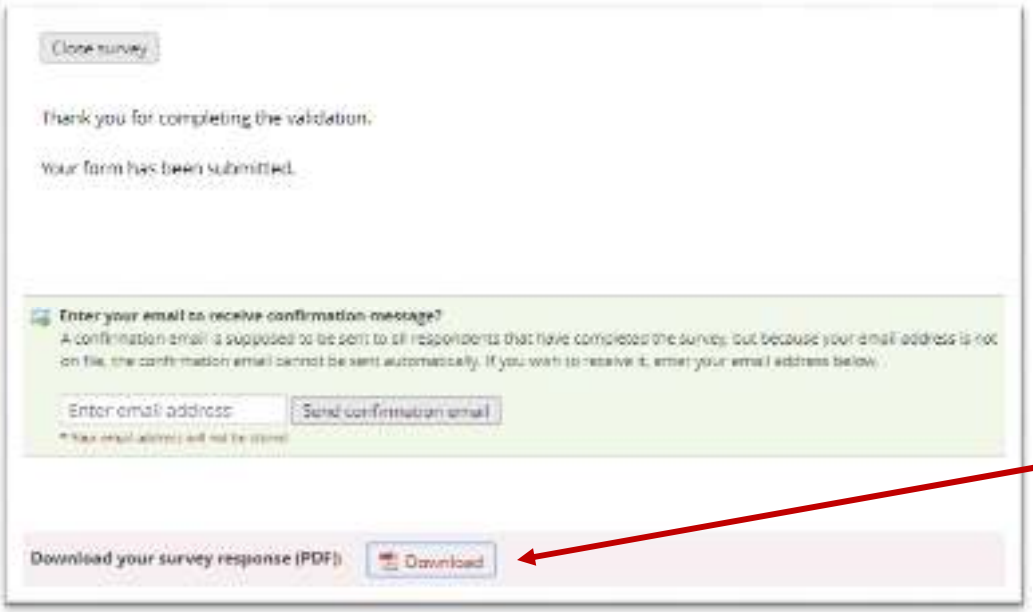
Your Form has been submitted



For your records

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

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Validation Due Dates

- Facilities will be expected to validate their Emergency Department opioid overdose data 2 times a year.

DUE DATES 2020

- March 31, 2020
- September 30, 2020

OPIOID ANTAGONIST REPORTING

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Opioid Antagonist Administration Reporting

- Report Daily
  - Simple report from pharmacy data
  - With the data for the last 48 hours
  - Any opioid antagonist (most common: Naloxone)
- Automated reporting (Preferred method)
  - Automated script to extract data and send the report
  - Scheduled job
  - 77 % of facilities are already reporting using this method
- Manual reporting (Optional method)
  - Report using a webpage
  - Manually entering the information every day

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Opioid Antagonist Administration Reporting

- **Required elements**

Element	Description
Facility ID	Same Facility ID your hospital is using in MSH4.2 for SS HL7 messages
Patient ID	The same Patient unique ID you are using in PID3.1 for SS HL7 Message
Date	Date and time when the opioid antagonist was administered.
Medication Name	Name of the opioid antagonist
Medication code	RxNorm or other code system
Dose	Milligrams
VisitID	The same visit ID you are using in PV1.19 for SS HL7 message

Automated reporting

- Create the file
  - Include all required elements
  - Column names in the first row
  - Use the naming convention
  - Pipe or comma delimited file
  - Use . CSV extension

Naming convention for report files: NPI_YYYYMMDD.csv
Example:

Facility with NPI number: 123456789
File production date of: 2017/12/12 (i.e., December 12, 2017)
The File Name would be: 123456789 _20171212.csv

- Transfer this report to IDPH
  - Using already existing SFTP connection (Syndromic surveillance, Immunizations and Electronic Lab reporting)

    URL: **moveit.illinois.gov**
    IP Address: **163.191.60.21 port 22**
    Directory for Uploads: **/Distribution/DPH/SS-HL7/**

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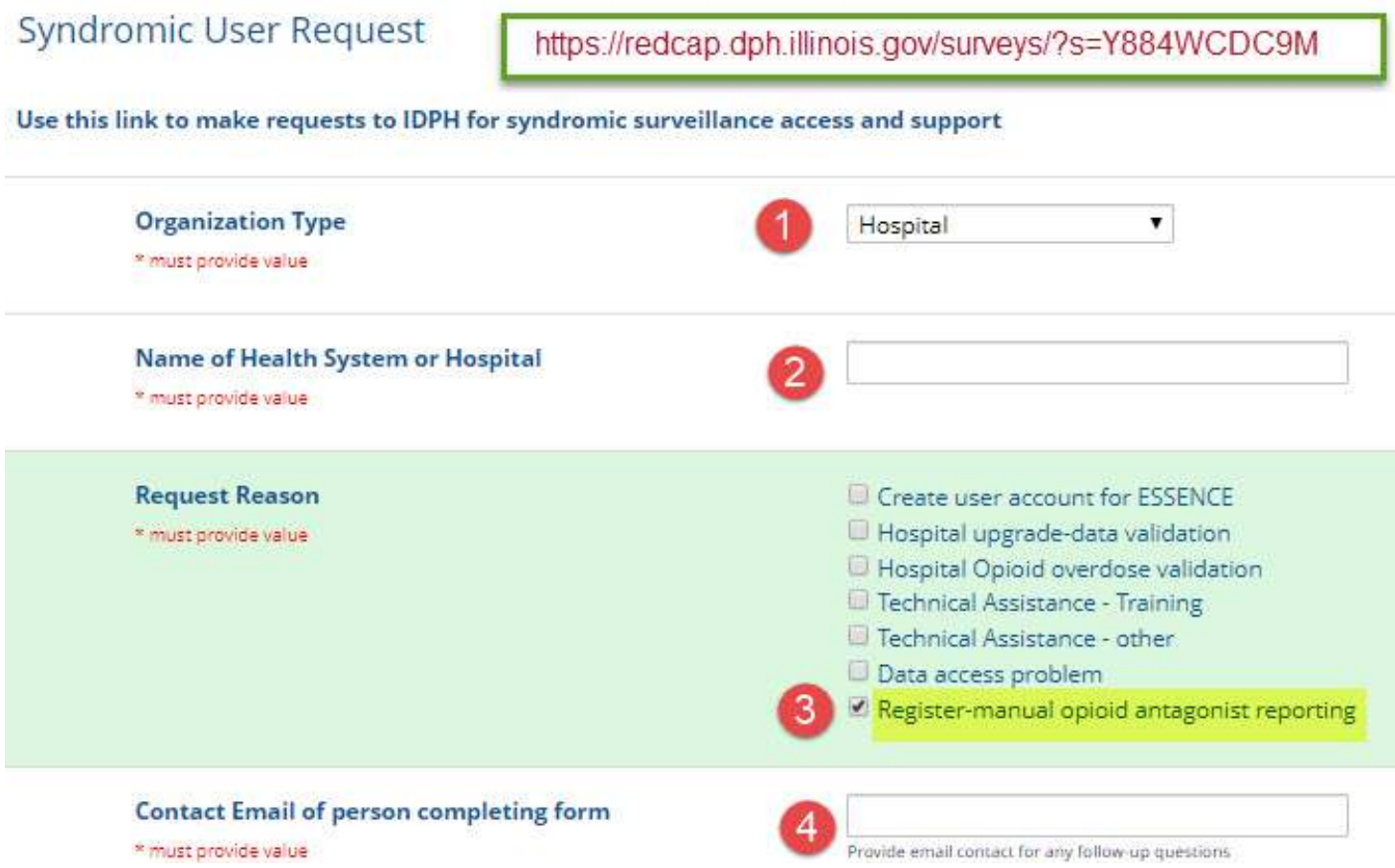
Manual method

- You need to register
- You will receive email reminders daily with a link
  - Link is unique by facility
- Enter the data into the online web form
  - Data for the past 48 hours
  - Submit report with only Facility ID and Report Date if there is no data to report

Manual method



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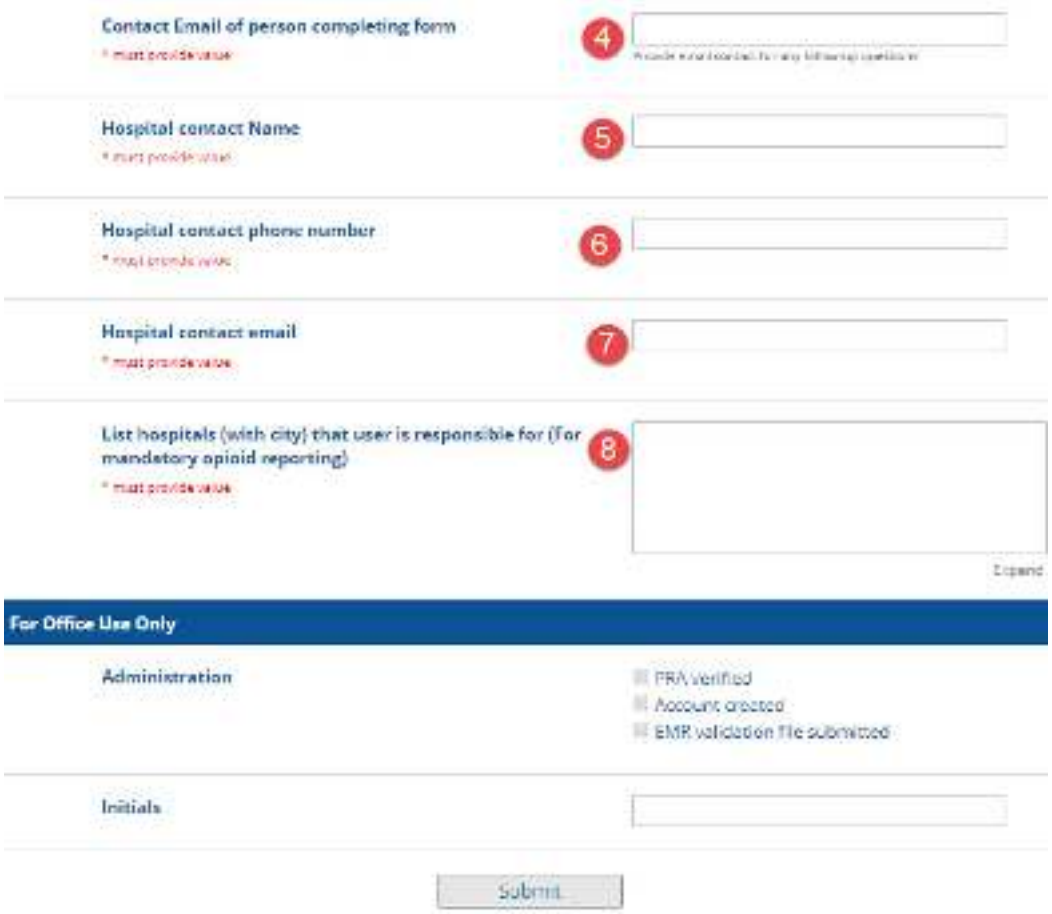
Manual method



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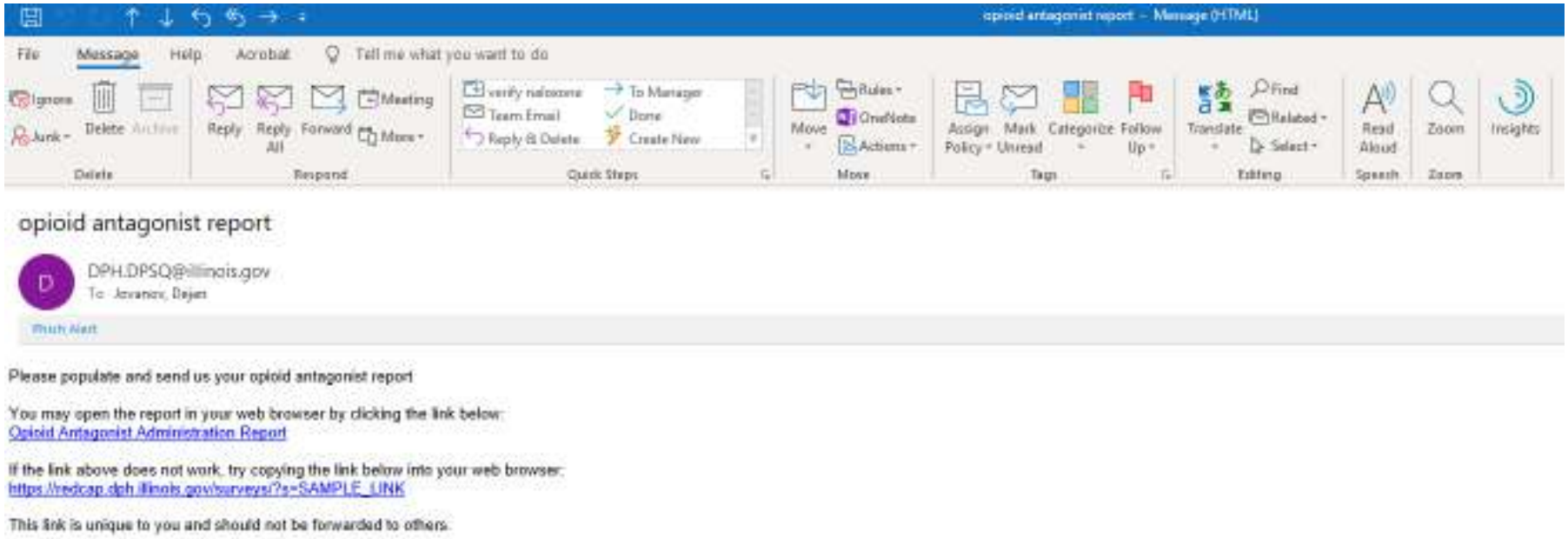

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Manual method

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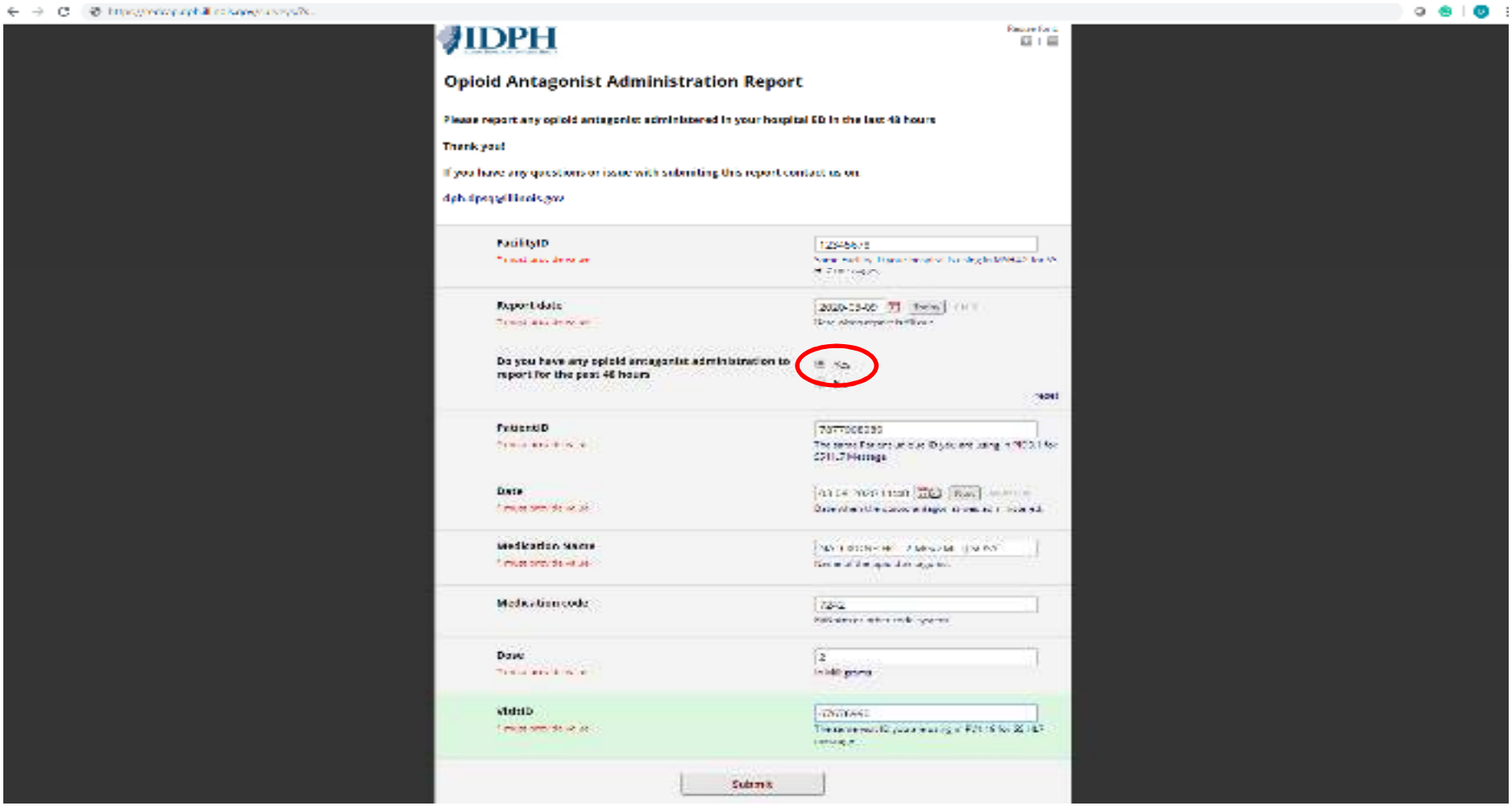
Manual method



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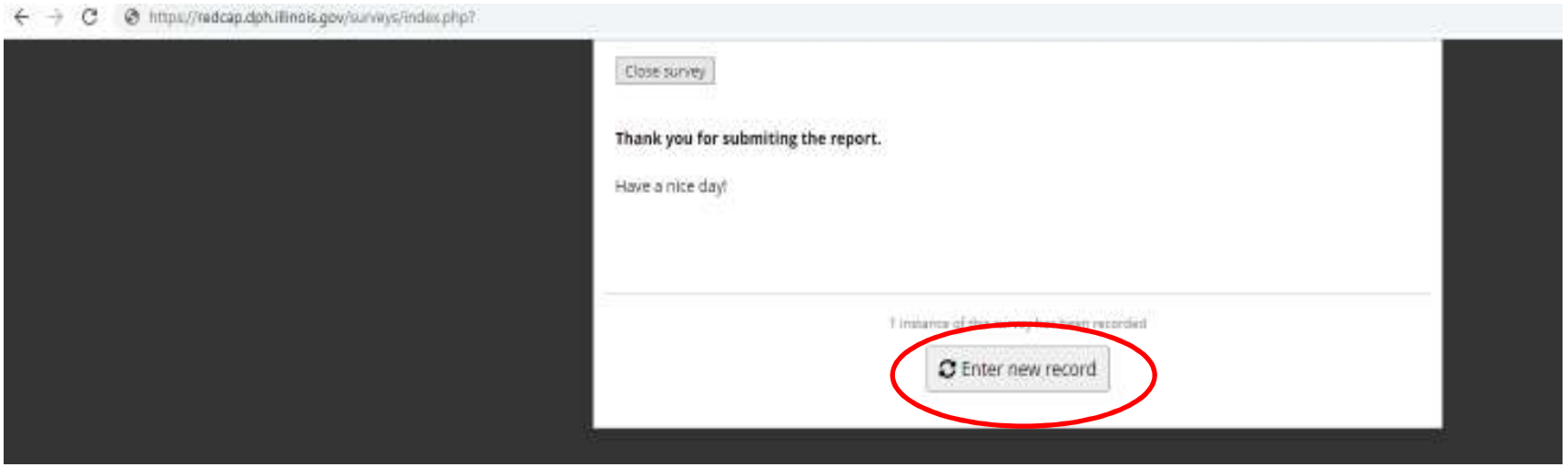
Manual method



Manual method

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