



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

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



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

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

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



The screenshot shows the 'Syndromic User Request' form from the Illinois Department of Public Health (IDPH). The form is titled 'Syndromic User Request' and includes a sub-header 'Use this link to make requests to IDPH for syndromic surveillance access and support'. The form fields are as follows:

- Organization Type:** A dropdown menu with 'Hospital' selected.
- Name of Health System or Hospital:** A text input field.
- Request Reason:** A list of radio button options:
 - Create user account for ESSENCE
 - Hospital upgrade-data validation
 - Hospital Opioid overdose validation
 - Technical Assistance - Training
 - Technical Assistance - other
 - Data access problem
- ESSENCE user name:** A text input field.
- User Agreement:** A section with a blue header and a text area for 'Opioid Validation Issue or Error'.

At the bottom of the form is a 'Submit' button. The IDPH logo and name are visible in the bottom right corner.

Hospital Access –User password reset

amc.syndromicsurveillance.org

amc.syndromicsurveillance.org/NSSP_AdminTool/login

NSSP
National Syndromic
Surveillance Program
BioSense Platform

Access & Management Center

A Product of the Centers for Disease Control and Prevention

shoferka01

Remember Me

SUBMIT

Forgot Password? [Reset](#)

Forgot Username? [Retrieve](#)

Contact the [NSSP Service Desk](#)

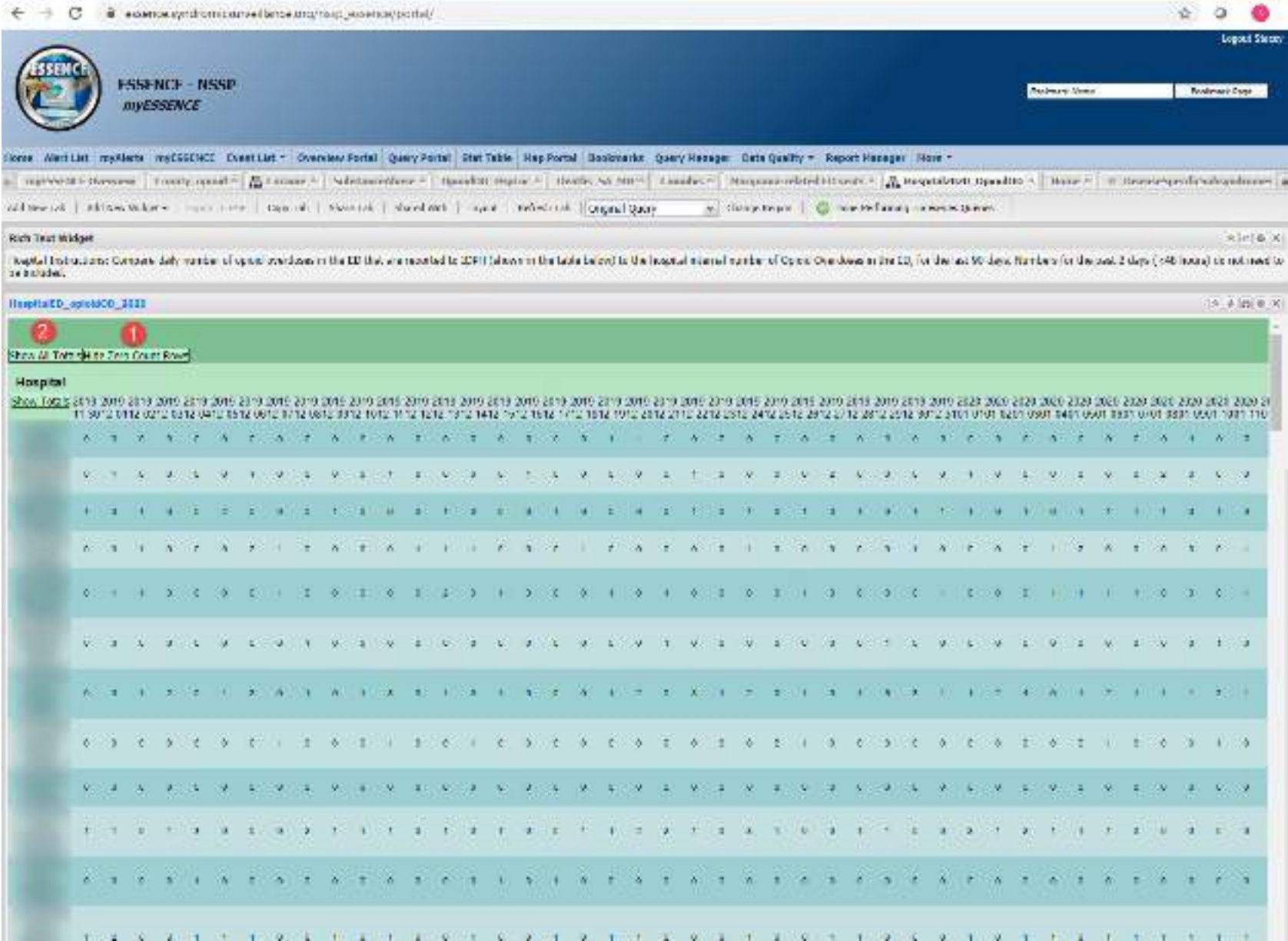
[Read More About Biosense Platform Access and Management Center](#)

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.

myESSENCE



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...
<i><10 opioid ODs in the ED</i>	Absolute different is +/- 3 or less
<u><i>>=10 opioid ODs in the ED</i></u>	Percent difference is within +/- 20%

Solutions to Differences

Opioid OD in syndromic data	Low EMR High ESSENCE (priority order set by magnitude of difference)	High EMR High ESSENCE
	Low EMR Low ESSENCE	High EMR Low ESSENCE (highest priority)
Opioid Overdoses in Hospital Internal ED data		

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

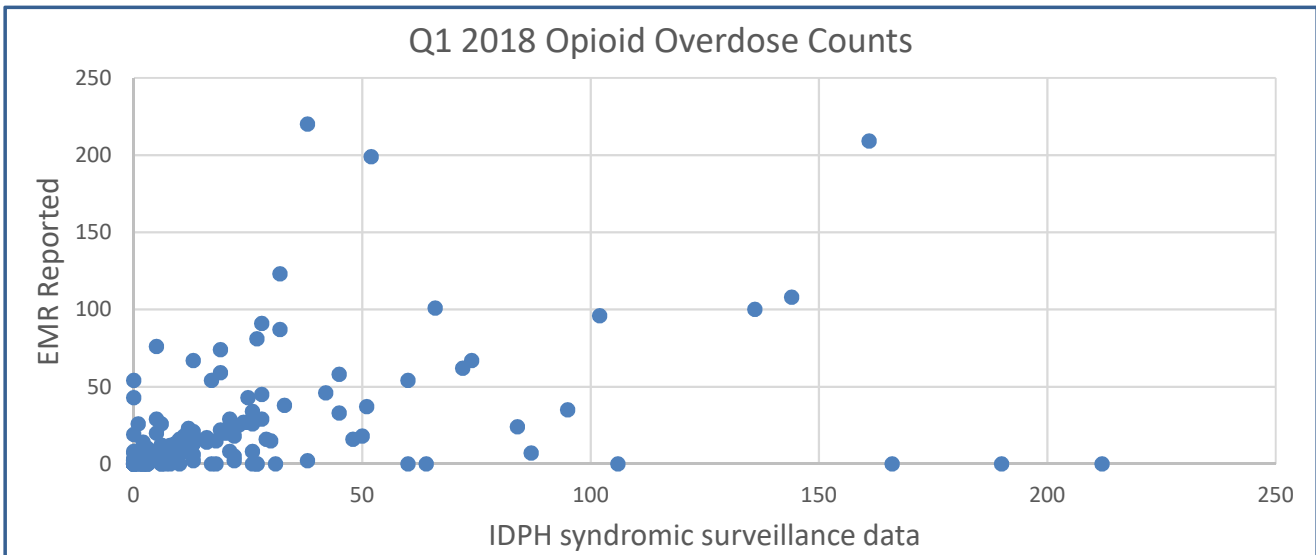
Chief Complaint

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

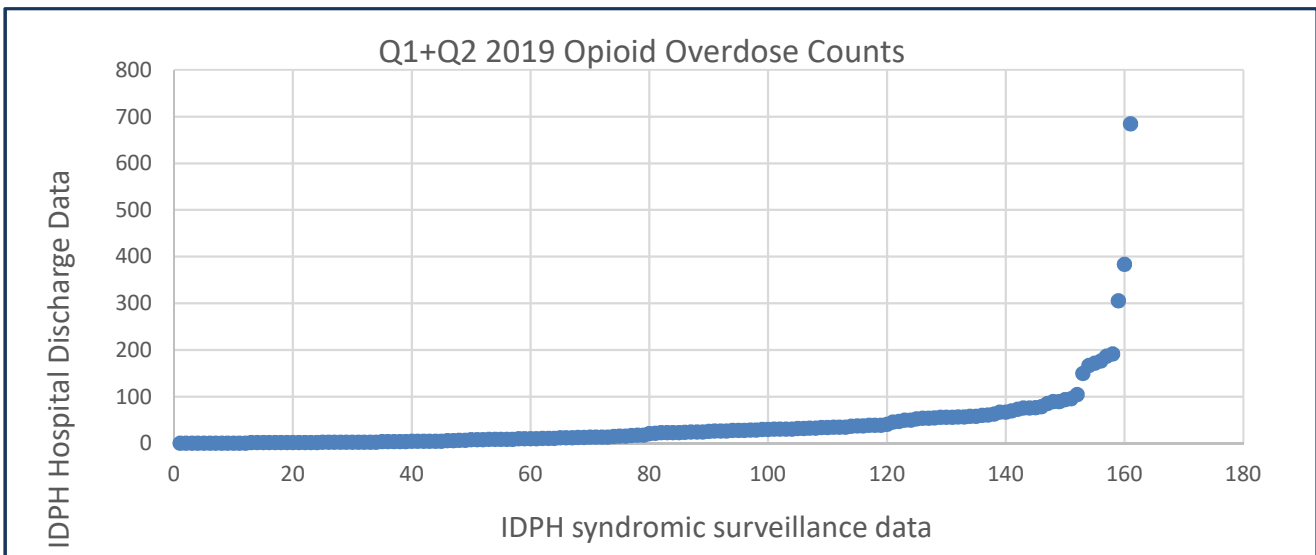
Diagnosis codes

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

Progress 2018 & 2019



R=0.42



R=0.93

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



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>

< 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
* mandatory
Please complete DRF form per hospital

Hospital City
* mandatory

Contact Full Name
* mandatory

Contact email
* mandatory

Date of validation
* mandatory

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

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

Difference
* mandatory

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

Yes
 No

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

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

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 2 times a year.

DUE DATES 2020

- March 31, 2020
- September 30, 2020

OPIOID ANTAGONIST REPORTING



Dejan Jovanov

Discharge Data Manager/Systems Architect

Division of Patient Safety and Quality

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

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
- 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/**

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

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

Syndromic User Request

<https://redcap.dph.illinois.gov/surveys/?s=Y884WCDC9M>

Use this link to make requests to IDPH for syndromic surveillance access and support

Organization Type <small>* must provide value</small>	1	Hospital ▾
Name of Health System or Hospital <small>* must provide value</small>	2	<input type="text"/>
Request Reason <small>* must provide value</small>	3	<input type="checkbox"/> Create user account for ESSENCE <input type="checkbox"/> Hospital upgrade-data validation <input type="checkbox"/> Hospital Opioid overdose validation <input type="checkbox"/> Technical Assistance - Training <input type="checkbox"/> Technical Assistance - other <input type="checkbox"/> Data access problem <input checked="" type="checkbox"/> Register-manual opioid antagonist reporting
Contact Email of person completing form <small>* must provide value</small>	4	<input type="text"/> <small>Provide email contact for any follow-up questions</small>

Manual method

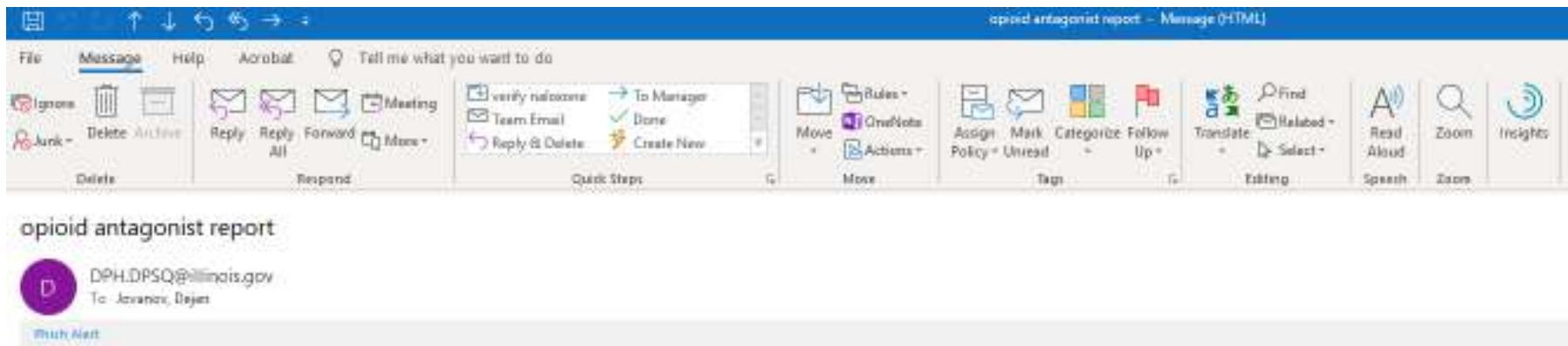
Contact Email of person completing form <small>* must provide value</small>	4	<input type="text"/>
Hospital contact Name <small>* must provide value</small>	5	<input type="text"/>
Hospital contact phone number <small>* must provide value</small>	6	<input type="text"/>
Hospital contact email <small>* must provide value</small>	7	<input type="text"/>
List hospitals (with city) that user is responsible for (For mandatory opioid reporting) <small>* must provide value</small>	8	<input type="text"/>

[Expand](#)

For Office Use Only

Administration	<input type="checkbox"/> PPA verified <input type="checkbox"/> Account created <input type="checkbox"/> EMR validation file submitted
Initials	<input type="text"/>

Manual method



Please populate and send us your opioid antagonist report

You may open the report in your web browser by clicking the link below:
[Opioid Antagonist Administration Report](#)

If the link above does not work, try copying the link below into your web browser:
https://hedcap.dph.illinois.gov/surveys/?s=SAMPLE_LINK

This link is unique to you and should not be forwarded to others.

Manual method

https://redcap.dph.illinois.gov/surveys/PT=



IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Resize font

Opioid Antagonist Administration Report

Please report any opioid antagonist administered in your hospital ED in the last 48 hours

Thank you!

If you have any questions or issue with submitting this report contact us on:
dph.dpsq@illinois.gov

FacilityID
* must provide value

Same Facility ID your hospital is using in MSH4.2 for SS HL7 messages

Report date
* must provide value

 Today Today

Date when report is fill out

Do you have any opioid antagonist administration to report for the past 48 hours


Yes
 No

reset

Submit

Manual method

← → ↻ 🔍 https://www.idph.il.gov/... 🔍 🌐 🗖

Report Error

Opioid Antagonist Administration Report

Please report any opioid antagonist administered in your hospital ED in the last 48 hours

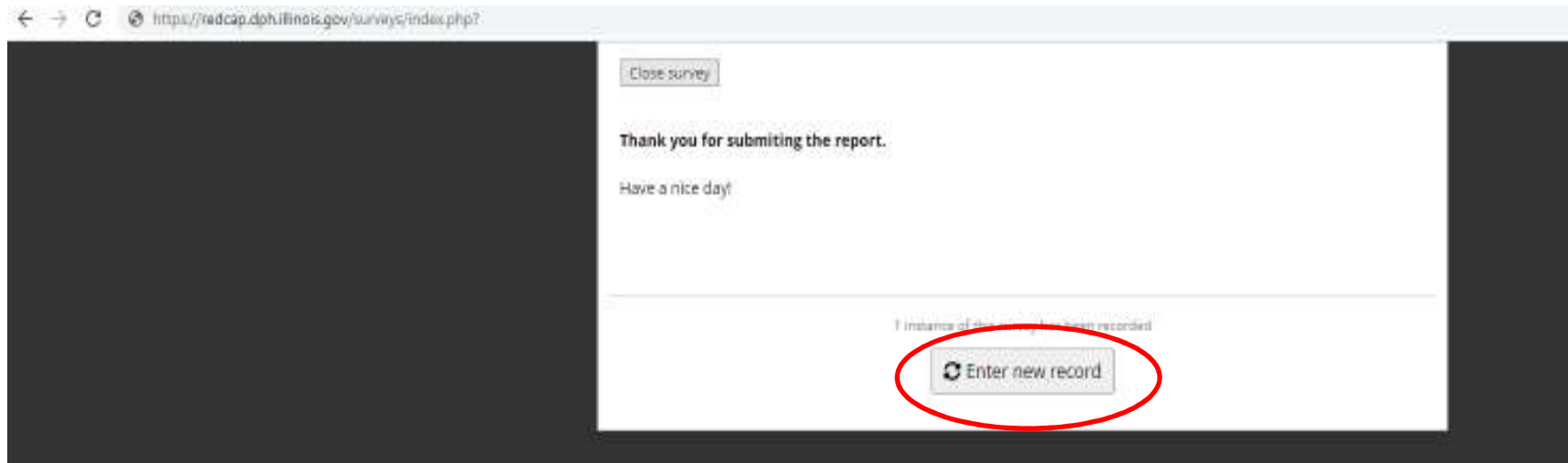
Thank you!

If you have any questions or issue with submitting this report, contact us on dph.dpe@illinois.gov

Facility ID	12245678
Report date	2020-03-02
Do you have any opioid antagonist administration to report for the past 48 hours?	<input checked="" type="radio"/> No
Facility ID	7077000000
Date	03/02/2020
Medication Name	NALOXONE
Medication code	7077000000
Dose	2
Unit ID	12245678

Submit

Manual method



Manual method

https://idph.idph.state.il.us/newsp/le-

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Size as font: [icon] [icon]

Opioid Antagonist Administration Report

Please report any opioid antagonist administered in your hospital ED in the last 48 hours

Thank you!

If you have any questions or issue with submitting this report contact us on:
iphs@idph.state.il.us

Facility ID
*Required field

2209670

Enter facility ID your hospital is using in ICD14 for 2014-2015

Report date
*Required field

2020-05-09 [calendar icon] [clear] [cancel]

Date when report is filed

Do you have any opioid antagonist administration to report for the past 48 hours?

Yes

No

15/05

Submit