

Understanding Opioid Overdose Reporting in the Hospital ED

September 13, 2018



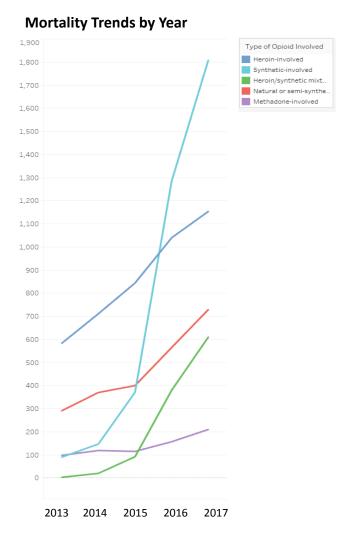


Chinyere Alu, MPH Division Chief, Patient Safety and Quality

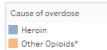


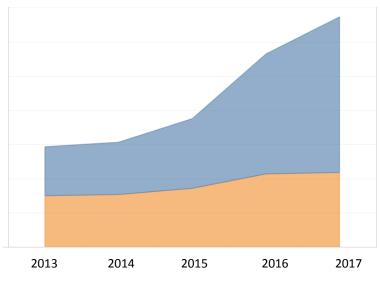
Trends in Opioid Overdose in Illinois, 2013 - 2017

https://idph.illinois.gov/OpioidDataDashboard/



ED Visits and Hospitalizations by Cause of Overdose





Source: Illinois Hospital Discharge Data



Source: IDPH, Division of Vital Records

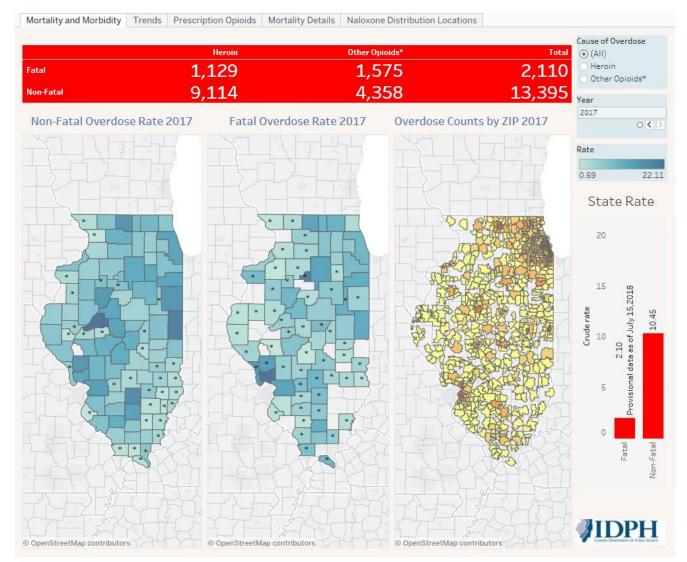
Value of Reporting ED Visits for Opioid Overdose

- ED data = near real time
 - Provides an early warning system on increases in opioid overdoses
- Coordinated action between EDs, health departments, mental health and treatment providers, community-based organizations, and law enforcement can prevent opioid overdose and death.



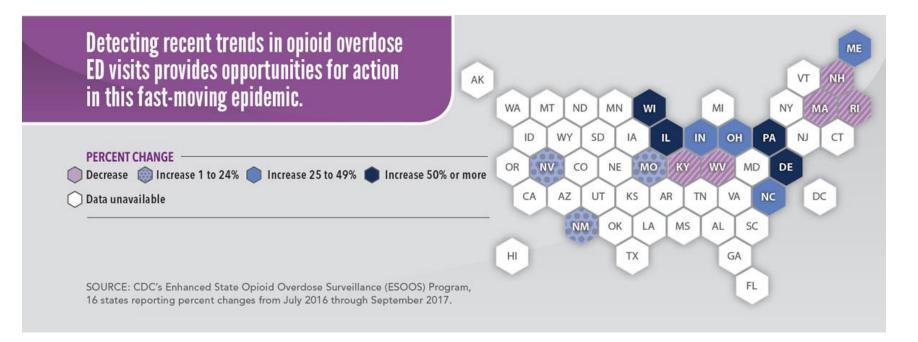


Opioid Data Dashboard



https://idph.illinois.gov/OpioidDataDashboard/

Value of Reporting ED Visits for Opioid Overdose



https://www.cdc.gov/vitalsigns/opioid-overdoses/



Illinois Hospital Opioid Overdose Reporting Requirements

- Report to IDPH within 48 hours after providing treatment for the drug overdose or at such time the drug overdose is confirmed:
 - 1. Whether an opioid antagonist was administered; if so, the name of the antagonist
 - 2. The cause of the overdose, including but not limited to, whether the overdose was caused by a prescription opioid or heroin
 - 3. The demographic information of the person treated including, but not limited to, the patient's: Age, Sex, County code, Zip code, Race and Ethnicity using the CDC's race and ethnicity groups
- The person completing the form shall not disclose the name, address, or any other personal information of the individual experiencing the overdose.



Considerations

- Minimize reporting burden
- Leverage existing infrastructure to the extent possible → Syndromic Surveillance
- Enhance quality of data reporting
- Promote data use



Considerations

- Phased approach to facilitate implementation
 - By August 31, 2018: Register for access to the BioSense Platform
 - By October 31, 2018: Complete an initial validation process
 - By December 31, 2018: Begin sending opioid antagonist administration data to IDPH



SYNDROMIC SURVEILLANCE



Stacey Hoferka, MPH, MSIS Surveillance and Informatics Epidemiologist Division of Infectious Diseases

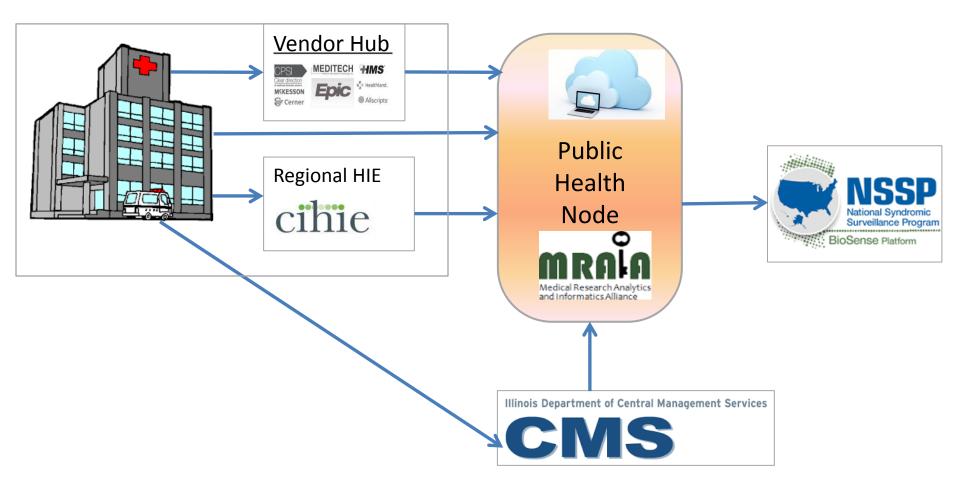


Illinois Syndromic Surveillance

- Syndromic surveillance is...
 - Healthcare encounter data (Emergency department visits, inpatient, urgent care, outpatient)
 - Timely: Near real-time submissions
- Syndromic Surveillance in Illinois is...
 - Emergency Department, Inpatient and urgent care visits
 - Meaningful Use-Federal Incentive Program for providers, began 2012
 - 185 acute care EDs are sending data to IDPH
 - About 15,000 Emergency visits/day
 - Feeds every 15 minutes-many sites near real-time
 - Some sites have a lag in visits-most are received within 48 hours
- System for analysis
 - IDPH sends the data to a CDC –supported system for analysis tools
 - BioSense Platform hosting platform for receiving and processing HL7 messages, managing the data and all tools associated with analysis (R, SAS, ESSENCE)
 - ESSENCE is a syndromic surveillance tool developed by JHU-Applied Physics Lab
 - ESSENCE is one tool in the BioSense Platform that users are given access to for analysis
 - Historically, the CDC used to support an analytical tool called BioSense, that has been replaced by ESSENCE



How is the data collected?





What data is in syndromic surveillance?

Meaningful Use Stage 2

- Demographics (age, sex, race, ethnicity)
- ZIP code, city
- Visit Date/Time
- Reason for Visit (Chief complaint, triage note, clinical impression)*
- Diagnosis*
- Disposition
- Unique patient ID
- Facility Name and ID
- Patient Class and Facility/Visit Type

• Key Content for opioid reporting

- Reason for visit
 - Chief complaint- free text or pick list from patient stated complaint
 - Diagnosis- coded either admitting, working or final (billing)
 - Triage Note- clinical notes with details of visits
 - Clinical impression- clinical notes- limited info



Hospitals

- Use case scenarios
 - Trends (Influenza like illness)
 - Event surveillance (eclipse, marathon, storms, sporting events)
 - Weather-related events
 - Outbreak monitoring (Norovirus, Hepatitis A, Coagulopathy)
- Feedback or follow-up to hospitals
 - Opioid reporting support
 - XDRO notification about infection control (future use)
 - Additional contact with hospitals
 - Investigations of reportable conditions, outbreaks or unusual cluster or exposures
 - Case finding in outbreaks
 - IDPH may contact hospitals for additional information
 - Examples: Legionnaire's Disease, rabies, coagulopathy
 - Administrative code authority to collect
 - <u>http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=330&ChapAct=20%20ILCS%202305/&ChapterID=5&ChapterName=EXECUTIVE%20B</u> <u>RANCH&ActName=Department%20of%20Public%20Health%20Act.%20%28Part%201%29</u>



HOW TO REQUEST USER ACCESS TO BioSense



Jessica Ledesma, M.Ed, MPH Senior Policy Analyst Division of Patient Safety and Quality

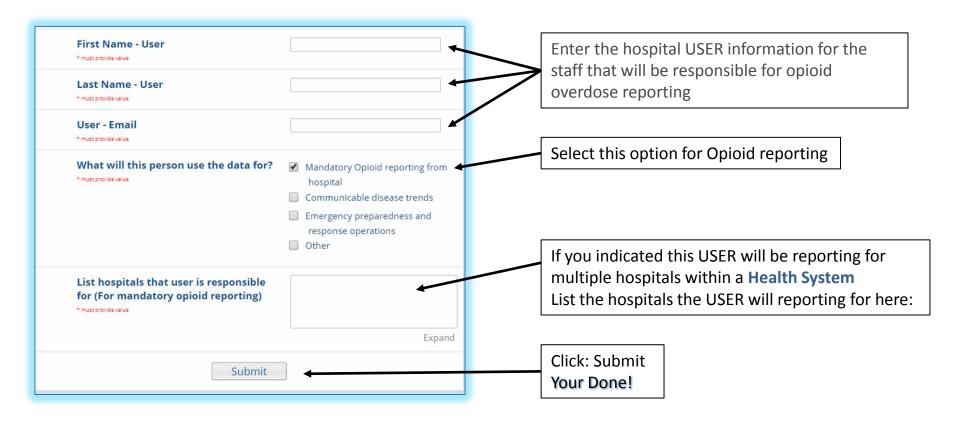


Hospital Responsibilities

Resize fon:		HOW TO REGISTER FOR ACCESS TO THE BIOSENSE PLATFORM Access the Syndromic Request Form at https://redcap.dph.illinois.gov/surveys/?s=Y884WCDC9M
support Organization Type * must provide value	Hospital 🔹	Select: Hospital
Name of Health System or Hospital	Illinois Hospital A	Type in your Hospital Name or Health System if the USER you assign will be reporting for multiple hospitals
Request Reason * must provide value	 Create user account for ESSENCE Hospital upgrade-data validation Hospital Opioid overdose validation Technical Assistance - Training 	within your system. Indicate for Request Reason
	 Technical Assistance - other Data access problem 	Select: Yes, if you are the PRA If you are unsure, contact jessica.ledesma@Illinois.gov or
Are you the PRA (Portal Registration Authority) for the organization * must provide value	 Yes No Don't know 	Michael Orama at <u>michael.Orama@Illinois.gov</u>
PRA First Name, Last Name		Type your First Name, Last Name



Hospital Responsibilities cont.



NOTE: THE SYSTEM WILL NOT GENERATE AN AUTOMATIC REPLY EMAIL

Once requested, an IDPH administrator must create an account for the hospital user(s) in the BioSense Platform. Please allow 5-7 business days to receive an email with your USER login information.



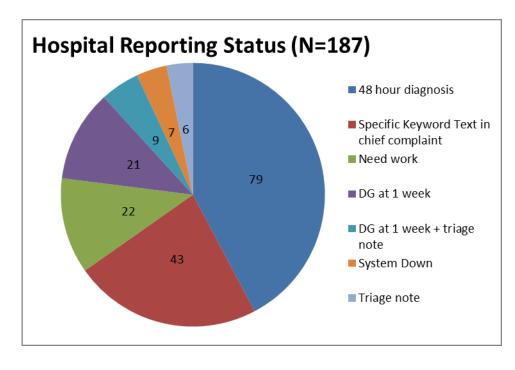
Validation Process by October 31, 2018

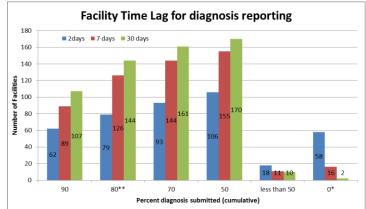
- Access to BioSense:
 - Aggregate visit data
 - ESSENCE dashboard –daily trend and tabular count summaries
- Hospital will perform a EMR query opioid overdoses
- Submit to IDPH via REDCap: daily count for Q1 2018
- Hospital and IDPH will compare correlation of data sets
- Where discrepancies are found between syndromic, perform technical review of submission
 - Likely areas to improve case detection
 - More specific keywords in chief complaint
 - Triage note inclusion
 - Diagnosis completion
 - IDPH will work with individual sites as needed



Status of Syndromic Surveillance

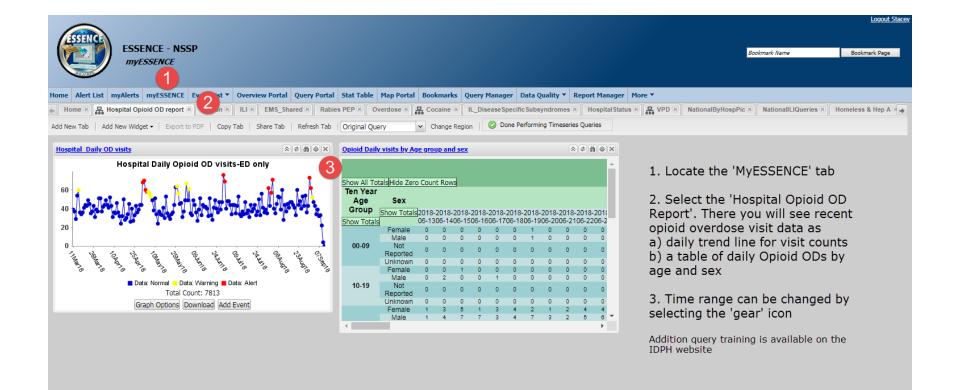
Pilot conducted over 18 months Internal validation is on-going







Sample Opioid Dashboard in ESSENCE





OPIOID ANTAGONIST REPORTING By December 31, 2018



Dejan Jovanov Discharge Data Manager/Systems Architect Division of Patient Safety and Quality



- Report Daily
 - Simple report from pharmacy data
 - With the data for the last 48 hours
 - Any opioid antagonist (most common: Naloxone)
- 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/**



• 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



• File example

123456789_20171212.csv - Notepad

File Edit Format View Help

FacilityID|PatientID|Date|MedName|MedCode|Dose|VisitID 123456789|203568|12/10/2017 0:41|Naloxone HC1|548146900|2MG/2ML|11332373 123456789|203568|12/10/2017 1:08|Naloxone HC1|548146900|2MG/2ML|11332373 123456789|365980|12/10/2017 9:08|Naloxone HC1|548146900|2MG/2ML|11332385 123456789|1023568|12/11/2017 10:08|Naloxone HC1|548146900|2MG/2ML|11332392 123456789|456986|12/11/2017 11:23|Naloxone HC1|548146900|2MG/2ML|11356432 123456789|635412|12/11/2017 14:08|Naloxone HC1|548146900|2MG/2ML|235698625 123456789|220154|12/11/2017 15:08|Naloxone HC1|548146900|2MG/2ML|235418964



• File examples

- Each antagonist administered should be a separate line entry

📗 123456789_20171212.csv - Notepad

File Edit Format View Help

FacilityID|PatientID|Date|MedName|MedCode|Dose|VisitID 123456789|203568|12/10/2017 0:41|Naloxone HC1|548146900|2MG/2ML|11332373 123456789|203568|12/10/2017 1:08|Naloxone HC1|548146900|2MG/2ML|11332385 123456789|365980|12/10/2017 9:08|Naloxone HC1|548146900|2MG/2ML|11332385 123456789|1023568|12/11/2017 10:08|Naloxone HC1|548146900|2MG/2ML|11332392 123456789|456986|12/11/2017 11:23|Naloxone HC1|548146900|2MG/2ML|11356432 123456789|635412|12/11/2017 14:08|Naloxone HC1|548146900|2MG/2ML|11356432 123456789|635412|12/11/2017 14:08|Naloxone HC1|548146900|2MG/2ML|235698625 123456789|220154|12/11/2017 15:08|Naloxone HC1|548146900|2MG/2ML|235418964

- If no data for the last 48 hour just send us blank file with column names

📗 123456789_20171212.csv - Notepad

File Edit Format View Help

FacilityID|PatientID|Date|MedName|MedCode|Dose|VisitID



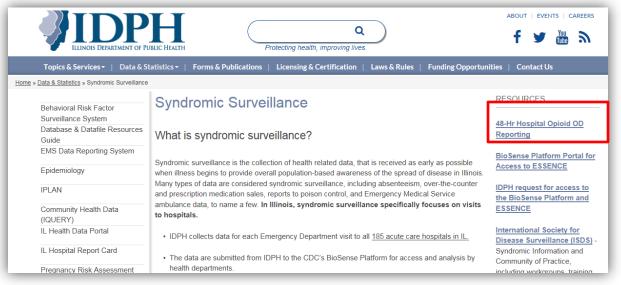
RESOURCES





Resources

• Syndromic surveillance and 48-hour opioid overdose reporting webpage (this page will be updated continuously)



http://dph.illinois.gov/data-statistics/syndromic-surveillance

 Direct questions to Division of Patient Safety and Quality: dph.dpsq@Illinois.gov



Questions

