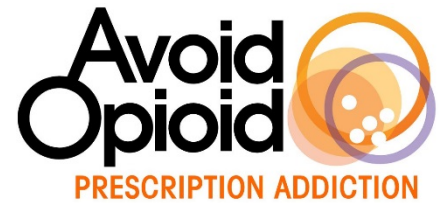


Statewide Assessment of Overdose Policies & Practices in Emergency Departments



South Dakota Department of Health & CDC Overdose Data to Action (OD2A)

February 2020

Emergency departments are a key partner in preventing and responding to drug and opioid overdose, substance use disorder (SUD), and opioid use disorder (OUD). With the increase in overdose deaths in the U.S., hospitals and emergency department staff need to be prepared for patients presenting with SUD, OUD, and overdose. Little is known about how and whether emergency departments in South Dakota respond to patients with SUD and OUD, and those who present for drug overdose. **The purpose of this project was to assess existing emergency department policies, procedures, and protocols about SUD, OUD, and overdose in South Dakota hospitals.**

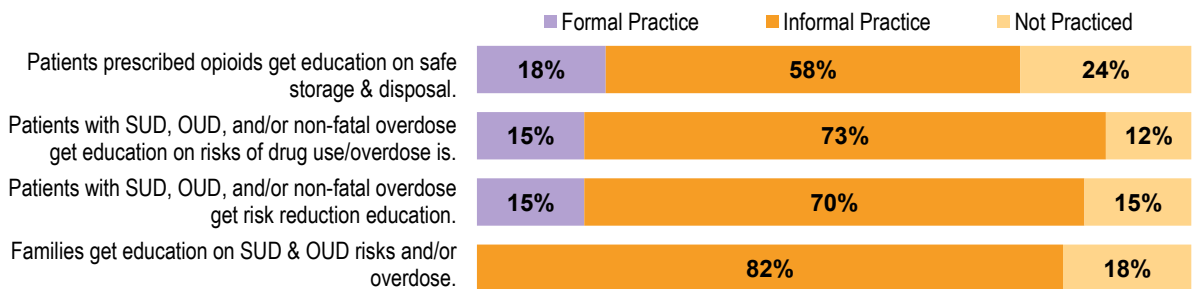
ASSESSMENT

- 49 hospitals invited to online survey, 33 participated (67% response rate).
- 57-questions assessed if formal (policy), informal (no policy, but staff may complete at own discretion), or no practices (hospital does not do this) exist at their hospital for **education**, **Prescription Drug Monitoring Program (PDMP)**, **screening**, **intervention**, **treatment**, **overdose**, and **naloxone distribution**.
- Survey development and framework were guided by existing statewide protocols or guidelines from Arizona Department of Health, Maryland Hospital Association, Rhode Island Governor’s Overdose Prevention & Intervention Task Force, and the Massachusetts Health and Hospital Association.

RESULTS

Many evidence-based practices around screening, intervention, and treatment have not been formalized in South Dakota EDs.

EDUCATION



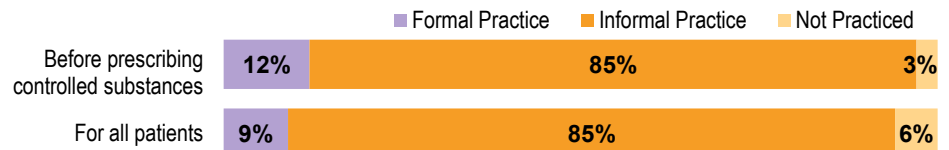
76% of hospitals lack drug take-back receptacles.

PDMP



64% do not have policies that prevent opioids being used as first-line treatment.

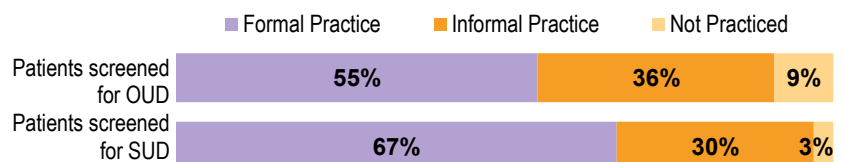
Patient histories checked in PDMP:



SCREENING



The ED is a prime opportunity to identify, engage, and intervene to prevent future overdoses.



INTERVENTION



Many EDs in South Dakota lack formal policies and practices to:

- facilitate referrals to SUD treatment for patients with SUD, OUD, and/or non-fatal overdose (85% of hospitals).
- integrate SUD or OUD referral with electronic health records (70% of hospitals).
- care for patients who screen positive for illicit drugs or opioids via lab test (64% of hospitals).
- care for patients who screen positive for illicit drugs or opioids verbally or via form (67% of hospitals).
- care for patients who screen positive for illicit drugs or opioids via self-disclosure (73% of hospitals).

ED staff lack education on:

- the importance of intervening
- recognizing high risk patients
- disease of addiction, its effects on the brain and behavior

Greatest barriers to treating SUD/OUD in EDs:

- no SUD/OUD referral facilities exist
- no bed openings in existing SUD/OUD facilities

TREATMENT



85% of ED staff is not trained in medication assisted treatment (MAT).



OVERDOSE



Many EDs in South Dakota lack formal policies and practices on:

- how non-fatal overdoses are documented and reported (70% of hospitals).
- how fatal overdoses are documented and reported (58% of hospitals).
- what staff should do when a fatal overdose occurs (64% of hospitals).
- who is notified of a fatal overdose (58% of hospitals).

NALOXONE



All EDs have naloxone. However, no hospital has formal practices for: 1) discharging patients with naloxone or a prescription for it, 2) training family and friends on its use, or 3) referring patients to pharmacies to obtain it. Using EDs to increase access to naloxone is an opportunity to decrease overdose deaths in South Dakota.

RECOMMENDATIONS

Based on the previous results, the South Dakota OD2A evaluation team makes the following recommendations.

EDUCATION

- Provide education on overdose prevention, harm reduction, and naloxone availability
- Include topics on safe storage and disposal of prescription opioids

PDMP

- Understand use of PDMP and identify barriers
- Formalize policies for use (e.g., checking all patient histories, esp. before prescribing opioids)
- Explore how other states improve use of PDMP

SCREENING

- Standardize and formalize screening for OUD and SUD
- Use the screening, treatment initiation, and referral (STIR) model (an evolution of SBIRT)
- Increase interventions in ED through formal policies, electronic health info integration, and staff training.
- Strengthen capacity for support staff (e.g., social worker, case manager, patient navigator)

INTERVENTION

- Use peer support workers
- State-level: increase access to inpatient and outpatient treatment options
- State-level: streamline referral processes to SUD/OUD treatment

TREATMENT

- Initiate MAT in the ED
- Increase providers (in ED & outpatient) with waivers to prescribe buprenorphine for MAT
- Explore bridge programs and models with direct referral and transportation to treatment facility
- Increase education and provider knowledge on SUD/OUD treatment options and resources

NALOXONE

- Discharge patients at high risk for overdose with naloxone or a prescription for naloxone
- Educate families of high-risk patients on the use of naloxone
- Refer patients to pharmacies where they can access naloxone
- Explore use of naloxone kit program and integrate prompts through the EHR