NACRS ED reporting for opioid overdose

As part of their comprehensive opioid strategy to prevent opioid addiction and overdose, the Ontario Ministry of Health and Long-Term Care requires timely information on opioid overdoses. Effective April 1, 2017, all Ontario facilities are required to provide weekly submissions of opioid overdose cases in the emergency department (ED) to the Canadian Institute for Health Information (CIHI) via the National Ambulatory Care Reporting System (NACRS). This can be achieved through your Level 1 or Level 3 data submission to CIHI. Refer to Appendix A for mandate letter from the Ontario Ministry of Health and Long-Term Care.

1. Data submission timelines

Opioid overdose cases discharged from the ED during the week between Monday and Sunday must be included in weekly NACRS submissions to CIHI by midnight on the following Tuesdays. The first submission will include 9 days, i.e. opioid overdose patients physically leaving the ED between April 1 and 9 must be submitted to CIHI by midnight on Tuesday, April 11. Similarly, opioid overdose cases leaving the ED in the following weeks, e.g. between April 10 and 16 must be submitted by midnight on Tuesday, April 18.

2. New fiscal year: vendor and facility testing

Prior to submitting this data for the new fiscal year, facilities will have to confirm their vendor has successfully completed vendor testing, and ensure their facility information file (FIF) has been accepted into the database. Facilities are not required to complete facility testing in 2017–2018 unless they have had major system changes leading up to April 1, 2017.

3. Opioid overdose case identification

Opioid overdose cases can be identified based on the following Main or Other Problem for unscheduled ED visits:

- T40.0 Poisoning by opium
- T40.1 Poisoning by heroin
- T40.2 Poisoning by other opioids
- T40.3 Poisoning by methadone
- T40.4 Poisoning by other synthetic narcotics
- T40.6 Poisoning by other and unspecified narcotics

Canadian Institute for Health Information
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Records that contain opioid poisoning codes with a Problem Prefix of Q ('Query diagnosis') are *not* required for weekly submissions.

In 2015–2016, there were 3,840 opioid poisoning ED visits in Ontario. To support data capture and identification of opioid overdose cases, refer to Appendix B for Table of Drugs in ICD-10-CA V2015 expected to be documented in opioid overdose patient charts.

4. Implementation considerations

For facilities submitting Level 1 ED records, the opioid overdose data will be submitted to CIHI as part of a modified Level 1 ED record, containing 3 additional mandatory data elements. See section 6 below for list of data elements to be reported weekly for these cases. Facilities that only submit Level 3 ED records will be required to submit Level 3 ED records for opioid overdose cases on a weekly basis.

Facilities should ensure that their NACRS data submission software will support inclusion of the 3 additional data elements when submitting Level 1 ED records. Facilities interested in ensuring system readiness of modified Level 1 data prior to the submission deadline can start submitting this additional data as of March 21.

In order to ensure weekly data submissions to CIHI for opioid overdose monitoring through NACRS, facilities will need to implement processes to identify opioid overdose cases as they present in the ED. Facilities will also need to work with their ED team to ensure that timely and clear documentation is available once the patient leaves the ED.

5. Support

To support implementation efforts, CIHI will host 2 web-conferences for optional attendance by reporting facilities:

Date and Time	Web-conference Details
1. **March 2, 2017, 11:00–12:00 EST** 2. **March 7, 2017, 11:00–12:00 EST**	http://cihi.adobeconnect.com/ed_opioid/ Dial in number 1-888-289-4573, Access Code 8048993

Each session can host up to 200 individual logins. We ask that each facility use only 1 login where possible. A recording will be made available for those facilities unable to join. CIHI will also host a web-conference for NACRS data submission/abstracting software vendors in March.

Submit a query via the eQuery tool indicating “Opioid Reporting” in the title for assistance with:

- Coding opioid cases: select “Classifications Coding”; and
- Submitting opioid cases: select “Inpatient/ambulatory abstracting and education (DAD and NACRS)”.

6. Data elements to be reported weekly for opioid cases

- 00A Reporting Facility's Province/Territory
- 00B Reporting Facility Ambulatory Care Number
- 00C Submission Fiscal Year
- 00D Submission Period
- 00E Abstract Identification Number
- 00F Coder Number
- 01 Chart Number
- 02† Health Care Number
- 03 Province/Territory Issuing Health Care Number
- 04 Responsibility for Payment
- 05† Postal Code
- 06 Residence Code (Geographic Code)
- 07† Gender (used to indicate *Sex: M/F/U/Other*)
- 08† Birth Date
- 09 Birth Date Is Estimated (M*)
- 13 Visit MIS Functional Centre Account Code
- 14 Admit Via Ambulance
- 24/25 Triage Date/Time (M*)
- 26 Triage Level (CTAS) (M*)
- 27/28† Date/Time of Registration/Visit (used to estimate *Date of the overdose*††)
- 29/30 Date/Time of Physician Initial Assessment (M*)
- 35† Visit Disposition (used for *Outcome: Admitted, Discharged, Referred, Fatality*)
- 43††† Problem Prefix **(A*)** (date element 43 a-i Other Problem Prefix must be blank)
- 44 Main Problem **(A*)**
- 45† Other Problem(s) **(A*)** (used for *Motivation (accidental, intentional, undetermined intent*)
- 114/115 Disposition Date/Time
- 116/117 Date/Time Patient Left Emergency Department (ED) (M*)
- 118/119 Ambulance Arrival Date/Time (M*)
- 120/121 Ambulance Transfer of Care Process Date/Time (M*)

- 122 Clinical Decision Unit Flag (M*)
- 123/124 Clinical Decision Unit Date/Time In (M*)
- 125/126 Clinical Decision Unit Date/Time Out (M*)
- 128 Submission Level Code
- 130/131 Consult Request Date/Time (M*)
- 132 Consult Request Service (M*)
- 133/134 Date/Time of Non-Physician Initial Assessment (M*)
- 135 Non-physician Initial Assessment Provider Service (M*)
- 139 ED Visit Indicator
- 143/144 Consult Arrival Date/Time (M*)

† Maps to information listed in the Ontario ministry mandate letter shown in Appendix A.
†† Estimates for date of the overdose will be adjusted to previous date where registration or triage occurs within the first hour following midnight.
††† This Problem Prefix field will be used to confirm that the opioid poisoning codes are not Query Diagnosis (i.e. prefix is blank).

(M*) Conditional Mandatory
Completion of data element is currently mandatory depending on completion of other data elements or reporting conditions. Refer to the NACRS Abstracting Manual for details.

(A*) Additional mandatory data elements required in weekly submissions of Level 1 ED abstracts for opioid overdose cases.

Appendix A — Ontario's letter mandating weekly reporting of opioid overdose ED visits to CIHI

Ministry of Health and Long-Term Care

Office of the Minister

10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4
Tel. 416 327-4300
Fax 416 326-1571
www.ontario.ca/health

Ministère de la Santé et des Soins de longue durée

Bureau du ministre

Édifice Hepburn, 10e étage
80, rue Grosvenor
Toronto ON M7A 2C4
Tél. 416 327-4300
Téléc. 416 326-1571
www.ontario.ca/sante

Ontario

HLTC6605IT-2016-15

February 13, 2017

Dear Colleague,

As you are aware, overdoses and deaths associated with opioid use, misuse and abuse have been on the rise in Ontario over the past five years. Understanding and addressing opioid addiction and the incidence of morbidity and mortality associated with opioid use/misuse is an important public health priority.

Improving monitoring of emergency department visits and outcomes related to opioid overdoses will assist the entire health care system to better understand the burden and distribution of opioid-related patient morbidity and mortality on our health care system. By providing more timely and robust updates to health care professionals, public health and community service partners, we can take measures to direct our public health and harm reduction actions appropriately in our communities, with the purpose of protecting the health of Ontarians.

Pursuant to my authority in section 23(b) of Regulation 965 (Hospital Management) under the *Public Hospitals Act*, effective April 1, 2017, all Ontario hospitals with emergency departments will be required to disclose to the Canadian Institute for Health Information (CIHI), as the Ministry of Health and Long-Term Care (Ministry)'s agent under the *Personal Health Information Protection Act*, the following information related to cases of opioid overdose in the emergency department within one week of the occurrence:

- Birth Date
- Sex (M/F/U/Other)
- Health card number
- Patient's postal code
- Outcome (admitted, discharged, referred, fatality)
- Date of the overdose
- Motivation (accidental, intentional, undetermined intent)

Hospital emergency departments currently submit this data to CIHI via the National Ambulatory Care Reporting System (NACRS) that is currently used by all emergency departments in Ontario to report data to CIHI on a quarterly basis. **It is being requested that all Ontario hospitals with emergency departments report NACRS emergency department records, regardless of level, within the week that the opioid overdose cases present in the emergency department.** This data will be submitted as part of a modified level 1 emergency department record. Emergency departments that only submit level 3 records will need to submit level 3 records for opioid cases.

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In order to ensure that the data elements required for opioid overdose surveillance can be submitted through NACRS, slight modifications to workflow processes or information systems may be required. CIHI will develop an implementation guide to support hospitals to facilitate timely reporting and communicate with relevant health information vendors in an effort to minimize the impact to hospitals.

Weekly data will be sent to the Ministry by CIHI for the purposes of information and data collection, organization and analysis. Identifiable data (i.e. data that includes encrypted health card numbers) will be analysed by the Health Analytics Branch of the Ministry of Health to identify relevant information and trends such as geographic clustering or opioid overdoses within specific demographics, for example, certain age groups. The data will be transformed into de-identified form and finally summarized in epidemiological surveillance reports which will be used for the sole purpose of informing public health action and harm reduction activities.

Epidemiological surveillance reports will be disseminated to the broader health care system including to hospitals, Local Health Integration Networks, public health units and harm reduction partners for situational awareness and to inform prevention strategies. Any data analysis conducted by the Ministry will be done solely for the purposes set out in the Regulation.

Reporting of the data elements listed above will also support the improvement of epidemiological surveillance initiatives under the newly announced provincial strategy to address opioid misuse and addiction. Dr. David Williams, Ontario's Chief Medical Officer of Health, has recently been appointed as Ontario's Overdose Coordinator and will work towards ensuring that information related to opioid overdoses is obtained as quickly as possible in order to increase de-identified information sharing and collaboration among public health officials, health care workers, and other key stakeholders. As part of the comprehensive strategy to address opioid overdose in Ontario, the Strategy to Prevent Opioid Addiction and Overdose in Ontario has also been developed to establish short- and long-term goals regarding prescribing practices, treatment for those suffering with chronic pain and addiction, monitoring, and overdose prevention. Reporting opioid overdose events from hospitals will assist us in ensuring that these preventive initiatives are being carried out effectively where needed.

Thank you for your continued collaboration in this important public health initiative to better understand and mitigate opioid related overdose and death. If we are going to reverse this troubling trend, the entire health care system must continue to work together.

Yours sincerely,

Dr. Eric Hoskins
Minister

Dr. David C. Williams
Chief Medical Officer of Health

Appendix B — Table of Drugs in ICD-10-CA V2015

ICD-10-CA code	List of inclusions (as per ICD-10-CA)	
T40.0	• Laudanum • Opium alkaloids (total) • Opium alkaloids (total), standardized powdered	• Opium alkaloids (total), tincture (camphorated) • Papaveretum • Paregoric
T40.1	• Diacetylmorphine • Diamorphine	• Heroin
T40.2	• Acemorphan • Antitussive, codeine mixture • Antitussive, opiate • Codeine • Dihydrocodeine • Dihydrocodeinone • Dihydrohydroxycodeinone • Dihydromorphinone • Drocode • Ethylmorphine	• Hydrocodone • Hydromorphone • Methylmorphine • Morfin • Morphine • Nicomorphine • Opioid NEC • Oxycodone • Oxymorphone
T40.3	• Amidone	• Methadone
T40.4	• Alfentanil • Alphaprodine • Anileridine • Bezitramide • Buprenorphine • Butorphanol • Dextromoramide • Dextropropoxyphene • Dipipanone • Eptazocine • Ethoheptazine • Fentanyl • Isonipecaine • Ketobemidone • Levopropoxyphene • Levorphanol	• Levopropoxyphene • Levorphanol • Meperidine • Nalbuphine • Narcotic, synthetic NEC • Pentazocine • Pethidine • Phenazocine • Phenoperidine • Piritramide • Profadol • Propoxyphene • Sufentanil • Tilidine • Tramadol
T40.6	• Narcotic NEC • Narcotic, combination	• Narcotic, obstretric • Opiate NEC