

Community Standards on Opioid Treatment in the Emergency Department

Central Ohio is experiencing a significant challenge as it works to address the impact of addiction on the lives of its citizens, especially the addiction to opiates. Addiction to opiates is resulting in unprecedented overdose deaths. In 2007, unintentional drug poisoning became the leading cause of injury death in Ohio, surpassing motor vehicle crashes for the first time on record. In recent years, Ohio has seen an increase in the rates of drug overdose deaths, 80% of which were opioid-related (2014). In Franklin County, overdose deaths in 2015 increased 30% over 2014 and 40% over 2012, according to the Franklin County Coroner's Office. Heroin-related deaths accounted for 50% of all overdose-related deaths in 2014 and 2015, and fentanyl-related deaths have increased 200% since 2014. Preliminary figures for 2016 are higher than 2015 data.

Members of the Central Ohio Hospital Council (COHC) have been working with the Coroner's Office and other community stakeholders to develop the Franklin County Opiate Crisis Community Action Plan. The plan includes a number of strategies, including the development of common protocols for the treatment of patients in the Emergency Department. Central Ohio hospitals support this strategy, and have worked together to develop this set of community-wide standards. These standards provide a valuable framework as local hospital systems review and revise their internal policies and protocols around the treatment of substance-use disorder in the ED. These principles were developed at the direction of the Board of Directors of the Central Ohio Hospital Council, and were adopted by the Board on January 27, 2017.

Treatment of patients presenting in the ED for opioid-related substance-use disorders

For patients presenting in the ED with indication of opioid overdose (street drugs or chronic pain medication):

- Hospitals will have systems in place to provide appropriate treatment for the patient, which may include the administration of Narcan/Naloxone according to pharmaceutical protocols developed by the hospital system;
- Hospitals will strive to obtain information on patients presenting in the ED with indication of opioid overdose from EMS or other first responders;

- Hospitals will strive to provide patients with a Narcan/Naloxone kit with instructions on how to use the kit for future potential overdose incidents before the patient is discharged from the ED.
 - For patients presenting in the ED for other indications but opioid abuse is suspected, providers may choose to provide the patient with a Narcan/Naloxone kit before discharge or refer the patient to a pharmacy or other community organization where kits are available;
- Before being discharged from the ED, patients will be provided with education, including options for addiction treatment and other local resources available to them, so that they can prevent future overdose or other issues related to substance-use disorder;
- If the patient is receptive, hospitals will strive to provide information on community-based options available to the patient for treatment of substance-use disorder. This should be done by the most qualified personnel available;
- If hospital personnel are confident that the patient is receptive to and will soon seek treatment of their substance-use disorder, hospitals will have systems in place to provide a pharmaceutical intervention (as deemed appropriate by hospital pharmacy staff) that will assist the patient with opioid withdrawal until medication-assisted treatment can begin.

For patients presenting in the ED with medical conditions that may warrant prescribing pain medication or with a history of opioid abuse:

- Hospitals will access information that may be available on the patient through the Ohio Automated Rx Reporting System (OARRS);
- For each patient, hospitals will refer to their internal protocols for prescribing opioids in the ED which they have developed using state and federal guidelines;
- Hospital ED personnel will make the determination to prescribe Schedule IV drugs on a case-by-case basis after performing sufficient due diligence, including accessing patient information on the OARRS system, considering medication reconciliation, consulting pain medicine specialists and/or referring to existing hospital protocols for prescribing opioids in the ED.

Hospital practices/protocols to improve outcomes for substance-use disorder patients seen in the ED

Hospitals will revise and/or amend their internal policies and protocols in order to improve the outcomes for patients who present in the ED with substance-use disorder, including but not limited to:

- Hospitals will strive to systematically incorporate in the ED workflow screening of high-risk patients and the use of Naloxone.
- Hospitals will provide education to physicians, nurses, residents and other ED clinical staff on the stigma and discrimination associated with opioid use and treating substance-use disorder as a chronic condition, which, without doing so, can lead to misdiagnosis and sub-optimal treatment. Hospitals will also educate ED clinical staff on the protocols for appropriate prescribing and administration of Naloxone.
- Hospitals will provide education to physicians, nurses, residents and other ED clinical staff on existing pain management and pain treatment protocols and will work to ensure that the protocols are used appropriately for each individual patient.

- Hospitals will review and revise protocols that strive to link patients with substance-use disorders with primary care and/or an addiction treatment program, when appropriate and accessible.

