



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Office of Emergency Medical Services
 99 Chauncy Street, Boston, MA 02111

CHARLES D. BAKER
 Governor

KARYN E. POLITO
 Lieutenant Governor

MARYLOU SUDDERS
 Secretary

MONICA BHAREL, MD, MPH
 Commissioner

Tel: 617-753-7300
 www.mass.gov/dph

ADVISORY 15-09-02

TO: All MA Ambulance Services
 CC: EMCAB Members, ePCR Software Vendors
 FROM: Eric Sheehan, JD, Interim Director, Bureau of Health Care Safety and Quality
 THROUGH: Michael Kass, MS, JD, EMT, Director, OEMS
 DATE: September 10, 2015
 RE: Opioid Incident Data Submission to MATRIS

On June 22, 2015, Governor Baker released his action plan to address the opioid epidemic in the Commonwealth. The action plan requires the Department of Public Health to analyze a number of datasets to assess the opioid problem and inform preventative and intervention measures. Appropriate collection of EMS data is critical in order for the Department to conduct these analyses.

The Statewide EMS Minimum Dataset, Administrative Requirement (AR) 5-403, requires ambulance services to enter responses to opioid and suspected opioid incidents accurately and uniformly into ePCR software for upload to Massachusetts Ambulance Trip Record Information System (MATRIS) or directly into MATRIS. It is important that data pertaining to all incidents is submitted within the 14 days, as required by AR 5-403.

The following data elements and values must be entered for all suspected opioid incidents according to the guidance below and utilizing the codes/values where applicable. The table is using the current NEMSIS V2 element and value names: While your software may use slightly different terminology, it should map to these values upon export from your ePCR to MATRIS. You may contact your vendor if you do not know which elements/values are associated in your ePCR. All values accepted by MATRIS are NEMSIS V2 standard values only. If you have additional values in your ePCR, they need to be mapped to a valid NEMSIS V2 value.

| Element Name(Element Code) | [Code]Value(s) for Opioid overdoses | Guidance |
|--|-------------------------------------|--|
| Provider's Primary Impression (E09_05) | [1690] Poisoning/ drug ingestion | Ideally this element should be populated with the Poisoning/drug ingestion value but there are times when multiple impressions apply to a patient's presentation. When the overdose is a secondary impression this element can be populated by another value, (e.g. [1640] Cardiac Arrest) as long as the Provider's Secondary Impression contains Poisoning/drug ingestion. |
| Provider's Secondary Impression (E09_06) | [1825] Poisoning/ drug ingestion | If the Provider's Primary Impression is populated with Poisoning/drug ingestion then this element |

| | | |
|--|--|---|
| | | may be empty or hold another impression, but if the Provider's Primary Impression is not Poisoning/Drug Ingestion then Secondary Impression should be populated with this value. |
| Medication Given (E18_03) | [101] Naloxone (Narcan) | If Naloxone was administered by the EMTs providing care, this must be populated using the Medication Given element. We have found that frequently the Narrative notes Naloxone was administered, but there is no corresponding Medication Given value. If multiple doses were administered, each should be marked with a separate Medication Given entry and corresponding Date/Time Medication Administered. |
| Date/Time Medication Administered (E18_01) | Enter appropriate time | This should be recorded each time Naloxone was administered by the EMTs on this call. This is not to be used for First Responder administration – for that, use Prior Aid fields. |
| Prior Aid(E09_01) | [101]Naloxone (Narcan) | If Naloxone was administered prior to EMS arrival this field should be recorded with the value Naloxone (Narcan). |
| Prior Aid Performed By(E09_02) | [1195] EMS Provider [1200] Law Enforcement [1205] Lay Person [1210] Other Healthcare Provider [1215] Patient | Any of the values can be used and should be documented. If more than one person administered Naloxone prior to the EMTs' arrival, record all that apply. This will help inform the Department if M.G.L. c. 94C, §34, the "Good Samaritan law" with respect to immunity from prosecution in connection with drug-related overdose, is leading to more people calling 911 in these cases. |
| Outcome of Prior Aid (E09_03) | [1220] Improved [1225] Unchanged [1230] Worse | Record the outcome of each administration of Naloxone prior to the EMTs' arrival at patient side. |
| Possible Injury(E09_04) | [1]Yes | Poisoning is an injury and should be documented as one. |
| Cause of Injury(E10_01) | [9530] Drug poisoning | Document the Cause of Injury as a drug poisoning when applicable. A cause is always required when Possible Injury (E09_04) = Yes. |
| Alcohol/Drug Use Indicators (E12_19) | [2995] Patient Admits to Drug Use [3000] Alcohol and/or Drug Paraphernalia at Scene | This should be populated to the best of the EMT's ability if either of the options is applicable. This could be prescribed opioids or illicit drugs. |
| Age(E06_14)/Age Units (E06_15) | Age: Numeric value Age Units: [700] Hours [705] Days | This field should always be populated for all calls as accurately as possible using available resources. Many EMTs enter a DOB which their software will calculate to age and age units for |

| | | |
|---------------------------------------|--|---|
| | [710] Months [715] Years | upload to MATRIS. |
| Incident/Patient Disposition (E20_10) | [4815] Cancelled [4820] Obvious Signs of Death [4825] No Patient Found [4830] No Treatment Required [4835] Patient Refused Care [4840] Treated and Released [4845] Treated, Transferred Care [4850] Treated, Transported by EMS [4855] Treated, Transported by Law Enforcement [4860] Treated, Transported by Private Vehicle | The disposition of the call is extremely important and in general it is rare that a record will be missing this value. Please ensure that your ePCR is mapping to these codes/values accurately. |
| Chief Complaint(E09_05) | Suggested: Opioid overdose, Heroin overdose | This is a short text field that has been typically populated with clear information that the call is a drug overdose or opioid overdose. Please encourage the continued use of this which will also help differentiate when a poisoning/overdose call is drug vs. alcohol related. |
| Narrative(E13_01) | | Historically in MATRIS, Narrative is the main field indicating an incident was related to opioid overdose. It is very important that this information is documented in the above elements to support statewide analysis. However the narrative may provide additional information about the scene and patient presentation. |

We require your assistance in educating EMS personnel on the value and use of this data for larger public health surveillance, and to guide improvement as well as standard definitions and instructions for completing specific fields. We appreciate your internal evaluation of the data quality and mapping of values into MATRIS. The value of our analyses is intimately tied to the accuracy and quality of data submitted.

Thank you for your continued contributions towards fulfilling our collective goal of providing high quality EMS and supporting evidence-based solutions to this complex problem. If you have any questions, please feel free to contact Ridgely Ficks, MATRIS Data Manager, at ridgely.ficks@state.ma.us.

