

How EMS Can Fight the Opioid Epidemic

Panelists: Jon Kelley, Rob Lawrence, Dave Lewis, Jamie Pianka
Moderated by Todd Stout

Handout available at:
firstwatch.net/hi/opioids/pinnacle



An aerial photograph of the JW Marriott Desert Ridge Resort in Phoenix, Arizona. The image shows a large, multi-story hotel building with a modern architectural style, featuring a mix of tan and brown tones. The resort is surrounded by lush greenery, including palm trees and other desert plants. In the foreground, there is a large, winding swimming pool with a central circular structure. The pool is surrounded by lounge chairs and umbrellas, and there are several smaller pools and patios nearby. The overall scene is a vibrant and well-maintained resort property.

Pinnacle 2018

July 23-27, 2018

JW Marriott Desert Ridge Resort

Phoenix, Arizona

Thank you FirstWatch!

Today's webinar host and moderator, Todd Stout



FirstWatch is proud to be a new Pinnacle 2018 Strategic Sponsor!

Today's Agenda

- Introductions
- Quick Orientation to our Plan
- Panelists
 - Overview of System
 - Quick Overview of Each System's Opioid Approach
 - Matrix Section Overview
- Lessons Learned, Q&A (as time allows)
 - Panelists
 - Audience

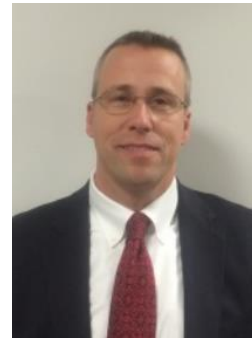
Introduction to Panelists



Jon Kelley
Trinity EMS



Rob Lawrence
RAA



Jamie Pianka
ProEMS



Dave Lewis
SCCAD

Moderator
Todd Stout
FirstWatch



Resources

- Slides, the matrix and other resources are online at:
www.firstwatch.net/hi/opioids/pinnacle
- Submit your own resources, info & examples to:
JSmith@firstwatch.net for inclusion online, and best practices sharing

FirstWatch / Health Intelligence / Opioids and Overdoses

/ Pinnacle 2017: How EMS Can Fight the Opioid Crisis

[Schedule Demo](#)

Call 760.943.9123

Pinnacle 2017: How EMS Can Fight the Opioid Crisis

Pinnacle 2017 Regular Conference Session: How EMS Can Fight the Opioid Overdose Crisis

Wednesday Aug 9th 2:45 – 3:45 pm

Presenters: Todd Stout, FirstWatch, Rob Lawrence, Richmond Ambulance Authority, Jon Kelly, Trinity EMS, Jamie Pianka, ProEMS and Dave Lewis, St. Charles County Ambulance District

Session Description:

Opioid overdoses are now clearly one of the biggest public health threats facing this country, leading to more than 33,000 deaths in 2015 according to the Centers for Disease Control and Prevention. EMS has a role to play beyond responding and administering naloxone. Whether it's providing links to addiction treatments or sharing valuable EMS data with public health partners, agencies across the country are finding innovative ways to help address the problem and stop overdoses before they occur.

In this roundtable discussion, leaders of EMS systems taking proactive approaches to addressing the opioid crisis, including the Richmond (Va.) Ambulance Authority, ProEMS in Cambridge, Mass., Trinity EMS in New Hampshire, and SCCAD, MO will share their successes and challenges. Members of the audience will be invited to tell their communities' stories as well in an open and honest conversation of the role of EMS in halting the rise in overdose deaths.

[Click Here for Matrix from Pinnacle Presentation](#)

**This matrix will be updated with information from audience members post Pinnacle and continue to be*

Opioid Presentation Resources

[Opioid Overdose Matrix - Pinnacle](#)

[St. Charles Overdose Referral Program Overview](#)

[ProEMS Opiate Panel Supplement](#)

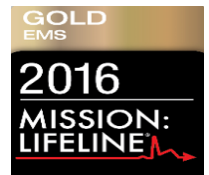
Rob Lawrence
Richmond Ambulance Authority
Richmond, VA





Richmond Ambulance Authority Richmond, VA

- High Performance / Value EMS System
- 216, 000 residential population, 750,000 in the Business Day
- 54,396 - 911 ambulance responses in 2016 with an additional 15,120 Non Emergency Journeys
- 501 C(3) Not for Profit
- CAAS & ACE Accredited





SURGEON GENERAL'S WARNING:
May Contain Carfentanyl
and err...Some Peanuts

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WARNING:
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Presented by 2013 and International Patients with Patients Pending

CHANGING COLOR

Changing colors of clinical significance include:

- Ashen/Gray
- Blue/Cyanotic/Purple
- Mottled

(Blue, pink, and red are not colors of clinical significance in the dispatch environment and will not, alone, change the dispatch priority. Callers failing to initially identify a listed color should not be confused by asking related clarifiers such as "Well, is s/he gray?")

OVERDOSE

Intentional intake of a potentially harmful substance (≥ 8 years old).

POISONING (Ingestion)

Accidental intake of a potentially harmful substance.

Problem Suffixes

The suffix codes help to delineate the type of problem for specific response and safety purposes:

- A = Accidental
- I = Intentional
- V = Violent or combative
- W = Weapons

Rules

- When approved and arranged by the local Medical Control, most **asymptomatic ingestions** (not including antidepressants, cocaine, narcotics, acids, or alcohols) **should be referred** to the regional Poison Control Center. If

Poison Control's evaluation indicates the necessity of a mobile response, **they will inform Medical Dispatch.**

- If an OMEGA (L1) referral to a Poison Control Center is not locally approved, the appropriate response is locally determined. "Home care," which has been used by regional Poison Control Centers with great success, is an OMEGA (not an ALPHA) code because an EMS response may not be necessary.
- Consider call tracing if there are problems with location, identification, or information cooperation. **Carefully and tactfully determine the patient's exact location.**
- The airway of an unconscious patient must be constantly maintained.
- An unconscious, pregnant patient in her 3rd TRIMESTER should be placed on her left side with a pillow or like object wedged behind her lower back. Airway and CPR instructions should then be completed in this position.

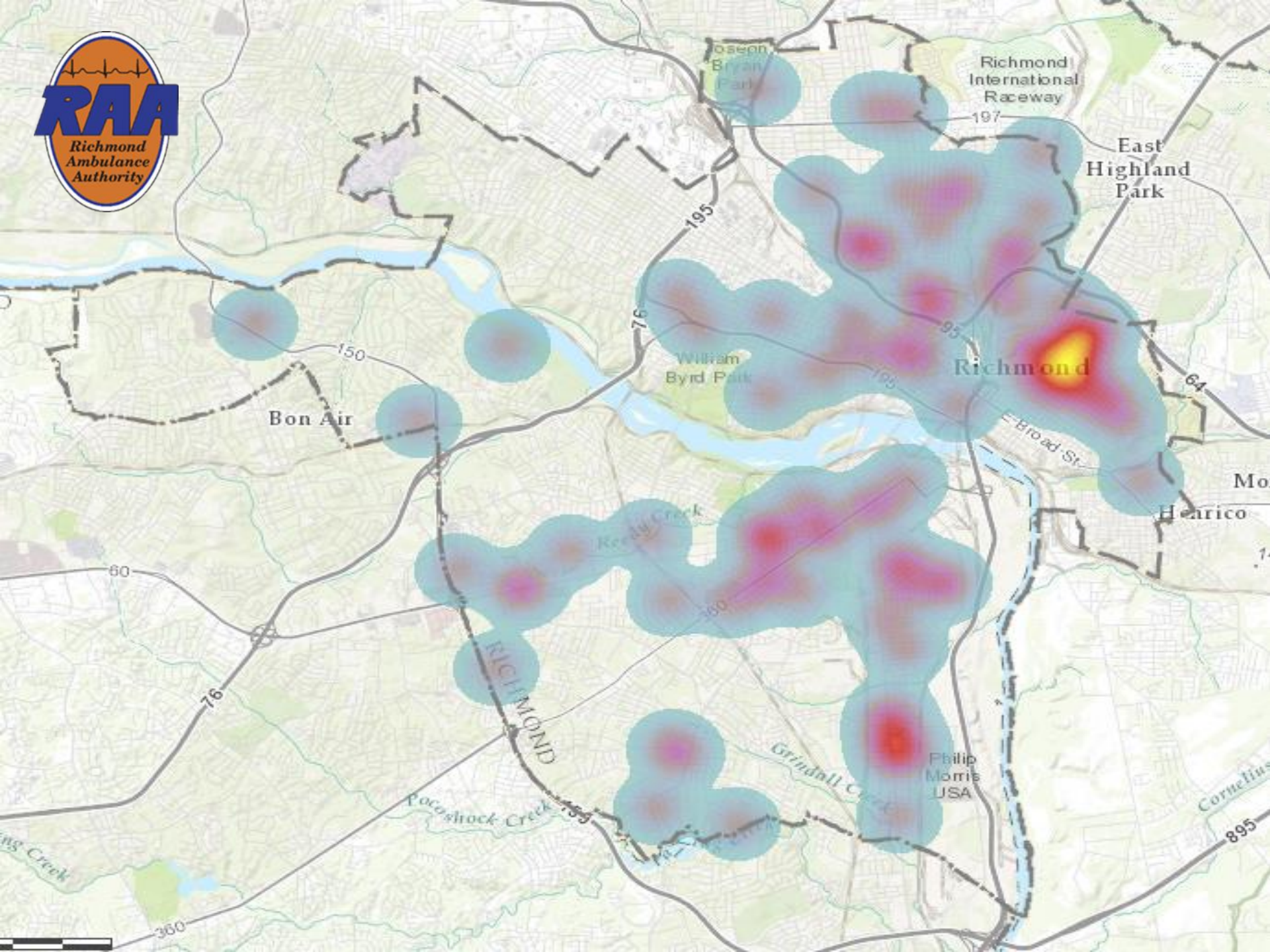
Axioms

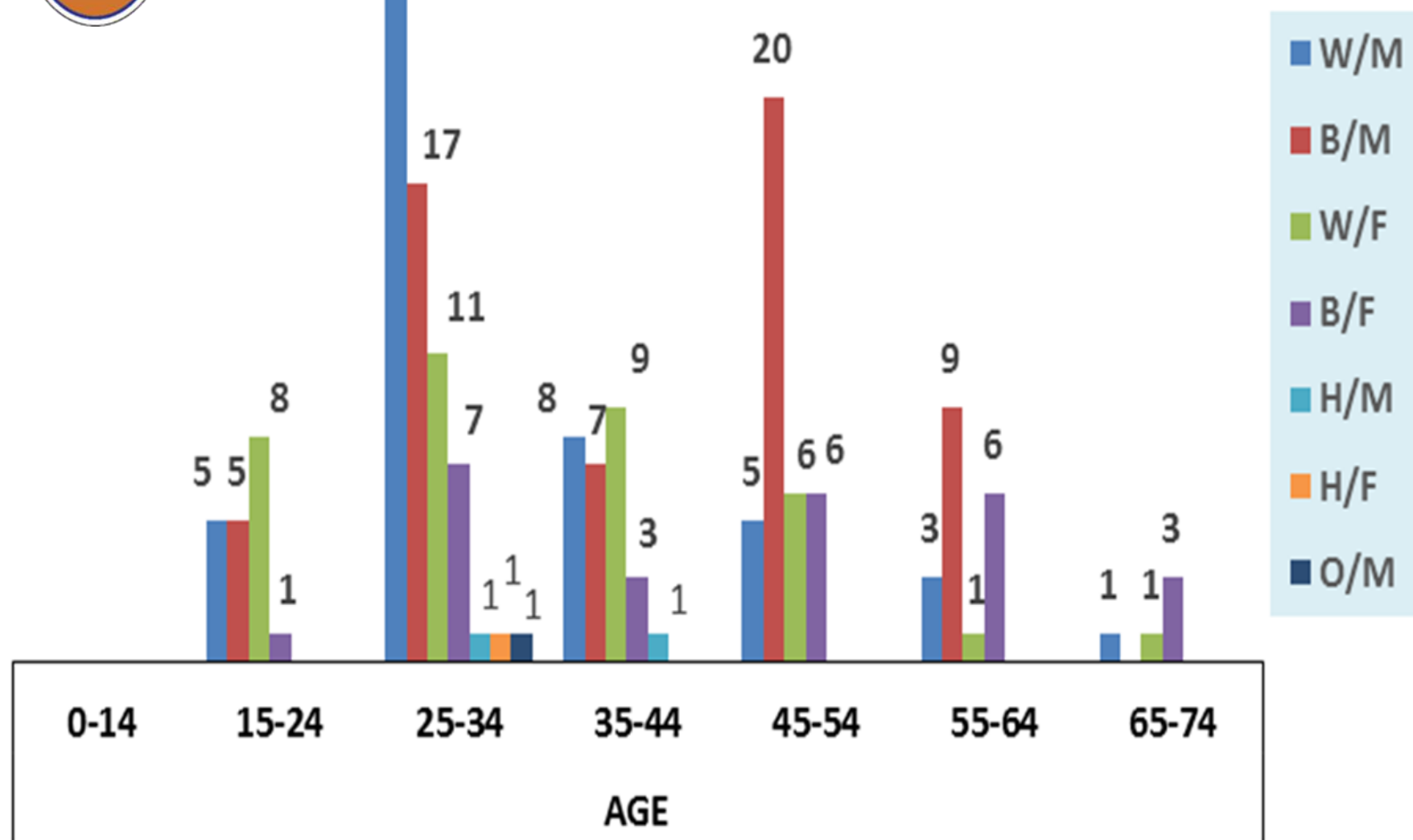
- Because **OVERDOSE** patients have a motive for their actions, they are frequently misleading about the time, amount, or type of medication taken.
- OVERDOSE** is an intentional act. Even if the amount or type of substance is not dangerous, these patients **need social or psychological intervention** and occasionally protection from themselves.

- Tricyclic antidepressants can cause collapse and unconsciousness very quickly, even though initially the patient may appear all right. Updated name lists of currently marketed brands can be kept at dispatch for reference.
- The ability of cocaine to induce strokes and heart attacks is of serious concern. Cocaine has several derivatives and street names such as "crack" and "blow."
- Methamphetamine is an addictive stimulant that can cause serious clinical consequences that require ALS care. "Meth" production is also dangerous because it is often produced illegally in makeshift labs that use hazardous materials and techniques. Street names include "speed," "crystal," "ice," "tina," and "chalk."
- Narcotics (heroin, morphine, methadone, Dilaudid, etc.) can cause a rapid loss of consciousness and respiratory arrest. Supporting the patient's breathing is essential. The effects of narcotic OVERDOSE can be treated with a specific drug (naloxone) in the prehospital environment, even by callers if they have it. (See Narcotic/Naloxone Admin. Instructions - PAJ Q or R.)
- Cardiac medications can cause collapse and unconsciousness very quickly, even though the patient may initially appear to be all right. Medications prescribed for high blood pressure, arrhythmias, and congestive heart failure are the most dangerous. They are common in many households.

23 OVERDOSE / POISONING (INGESTION)









Analysis Tool

Date/Time:

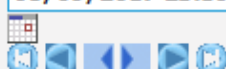
or BLANK if
within 24 hours
(date/time)

08/09/2017 00:00:00



2. Specify End Date/Time:

08/09/2017 23:59:59



3. Choose a view:

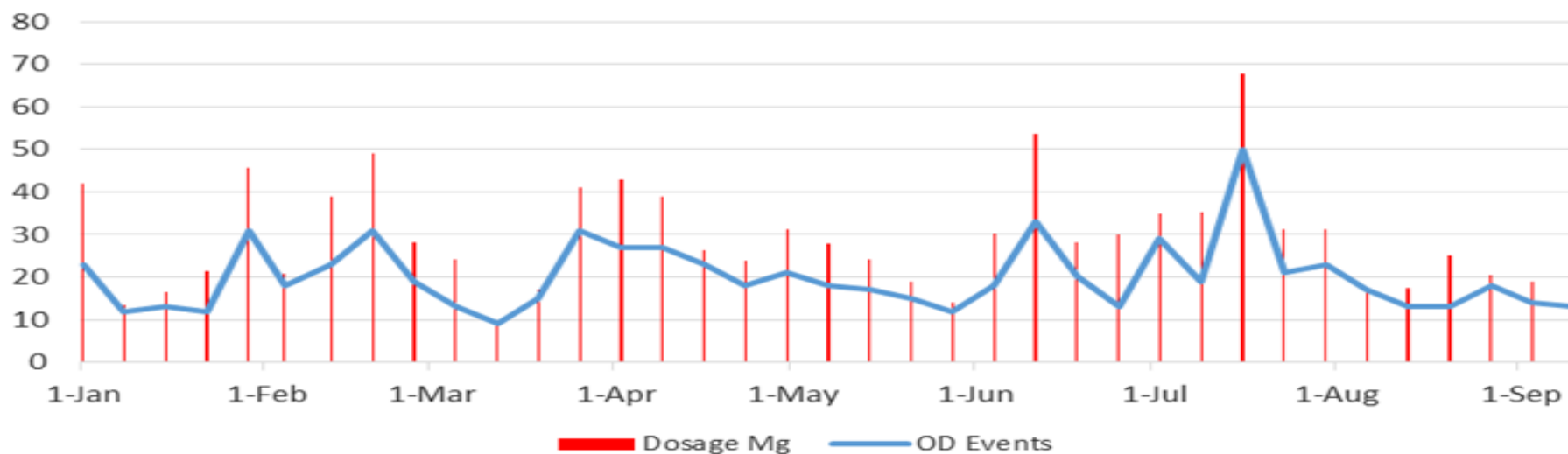
[Event List](#) [Reload](#)

[GraphIt](#) [Reload](#)

[MapShot](#) [Reload](#)

Chief Complaint	Pri Impression	Morphine	Versed	Narcan ▼
Ingestion/Poisoning	Abuse of Narcotic (i.e. Heroin) - PCR		2.50	2.00
Poisoning/Overdose - Substance Abuse	Abuse of Narcotic (i.e. Heroin) - PCR		5.00	2.00
Poisoning/Overdose - Intentional Med OD	Abuse of Narcotic (i.e. Heroin) - PCR			2.00
Cardiac - Cardiac Arrest	CV - Cardiac Arrest - PCR			2.00
Poisoning/Overdose - Substance Abuse	Abuse of Narcotic (i.e. Heroin) -			

OD/Naloxone



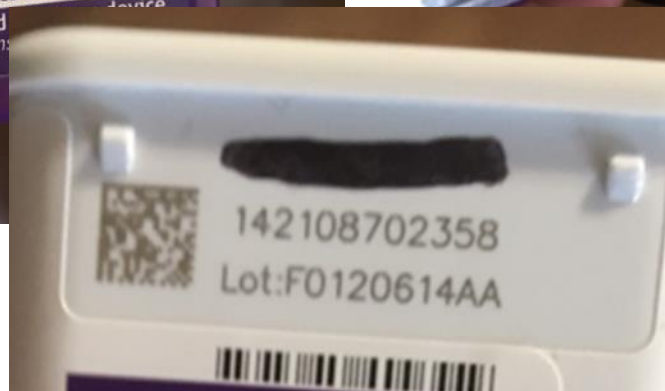
Matrix Section: Narcan

- Dosage count used over lots of calls indicates 'bad stuff on the street' well before State labs.
- Citizen issued Narcan now starting to be more prolific
- State grant to Responders to issue Narcan for free





Virginia Department of
Behavioral Health &
Developmental Services





Contact Information

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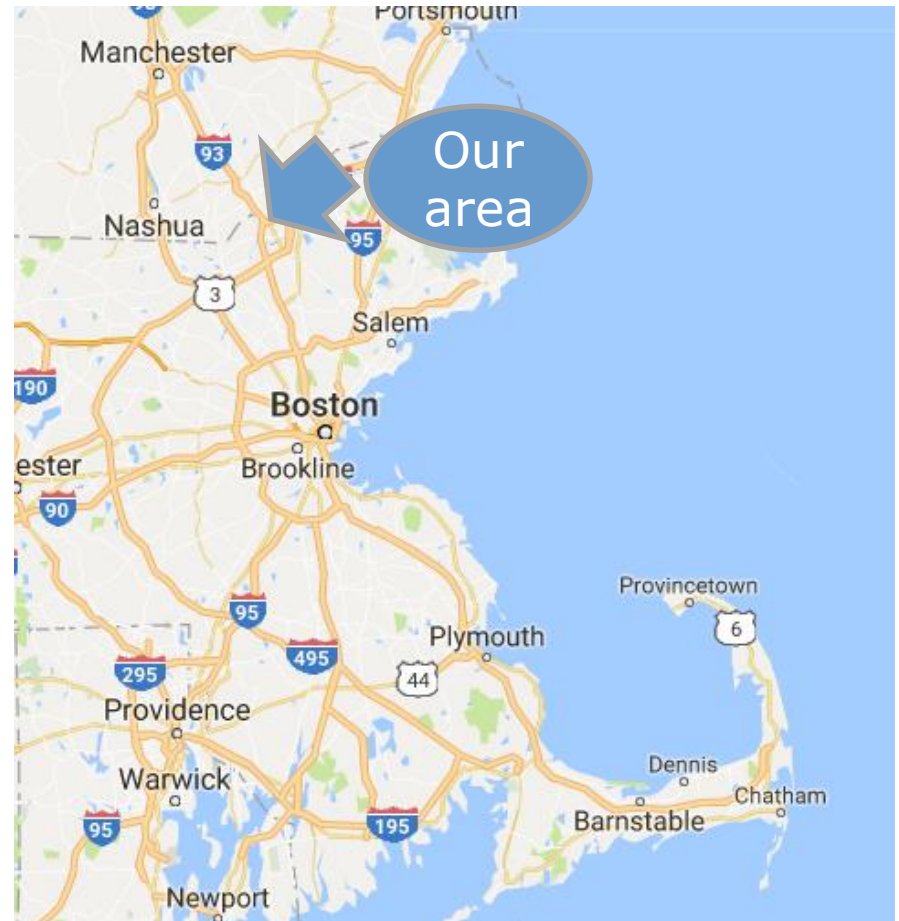
Jon Kelley
Trinity EMS
Lowell, MA





Trinity EMS Lowell, MA

- 13 911 communities in Mass and NH
 - Merrimack Valley area
 - 270,000 residential population
- 38,000 911 ambulance runs in 2016
 - 39,000 NET and chair van calls in 2016
- Privately owned



Opioids in Our Area

Trinity EMS has responded to and provided care for 2,100 opioid induced respiratory arrest that were reversed

Opioid Deaths	2013	2016
Massachusetts	961	2,107
Middlesex County	155	400
Lowell Ma	25	66

Opioids in Our Area

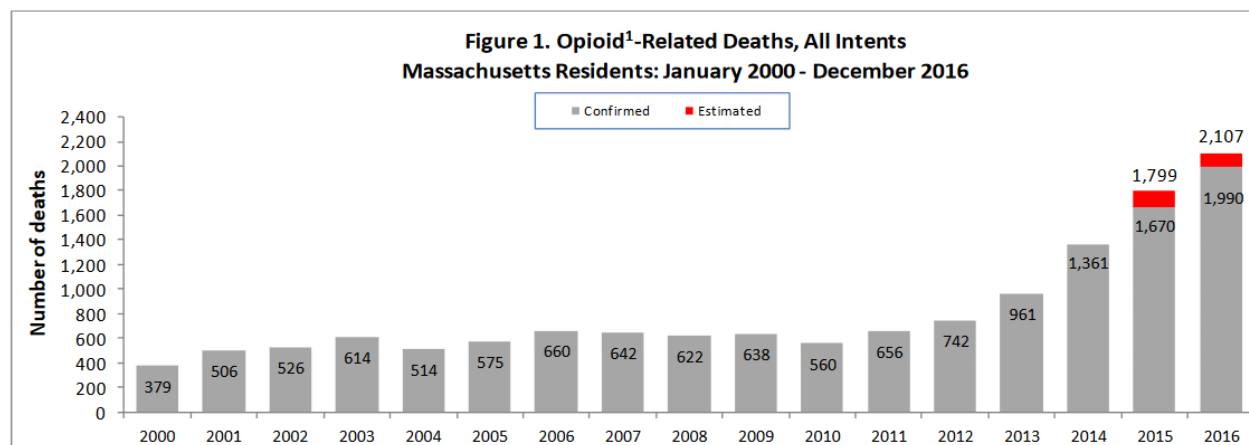


Data Brief: Opioid¹-Related Overdose Deaths Among Massachusetts Residents

Massachusetts Department of Public Health

POSTED: AUGUST 2017

This report contains both confirmed and estimated data through June 2017.



The chart above shows the number of confirmed cases of all intents opioid-related overdose deaths for 2016 (n=1990). This figure represents a 19% increase over confirmed cases in 2015 (n=1670) and a 46% increase over 2014. In order to obtain timelier estimates of the total number of opioid-related overdose deaths in Massachusetts - confirmed and probable - DPH used predictive modeling techniques for all cases not yet finalized by the Office of the Chief Medical Examiner (OCME). Based on the data available as of 07/11/2017, DPH estimates that there will be an additional 120 to 130 deaths in 2016, bringing the total to 2,110 to 2,120 deaths in 2016.

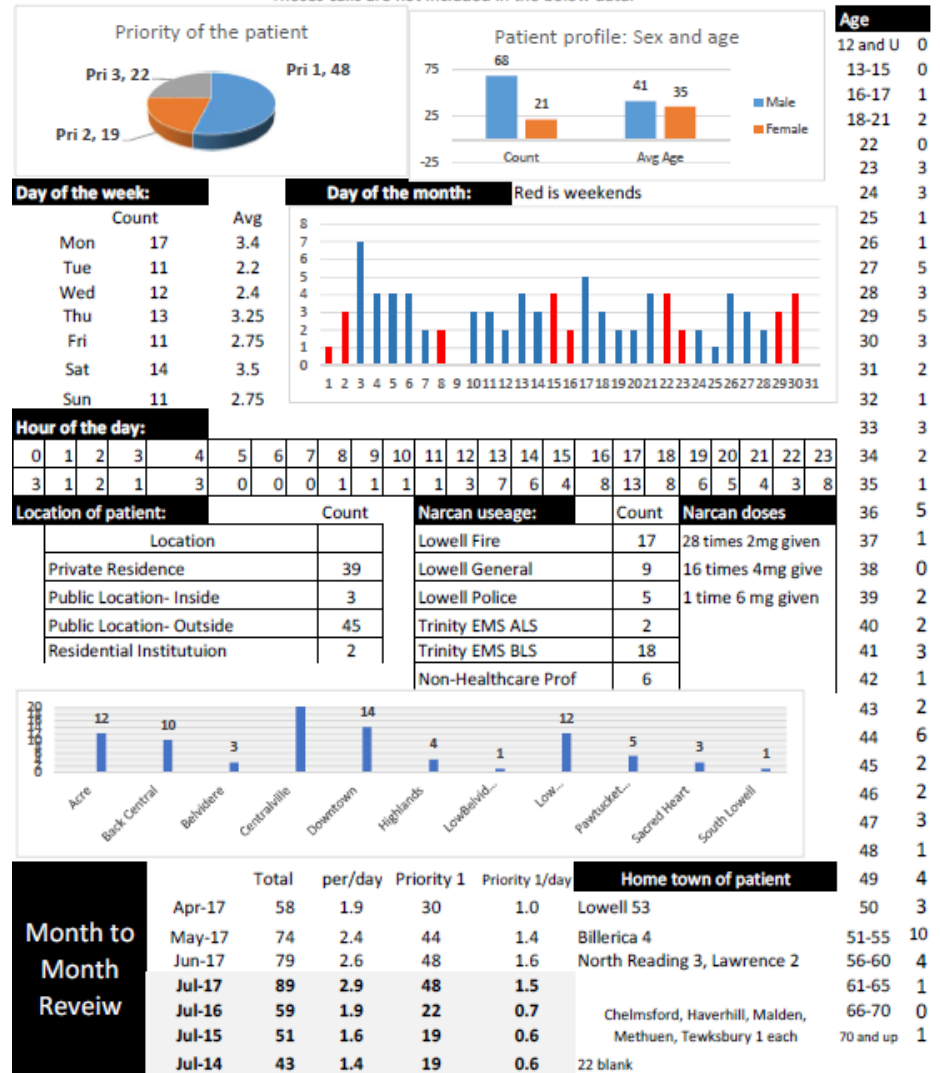
Highlights

- We read every suspected opioid ePCR
 - Over 5,000 ePCR read
- Monthly, quarterly, and annual reporting
- Lots of community outreach
- Core part of our communities response to the opioid crisis
- Opioids for Business outreach
- Medication disposal mailing with each bill
- Media
- Political



Categorized Opiate Report: Jul-17 Lowell, MA

During the reading of the patient care reports 10 of the 99 were deemed to be not clearly involving opiates. Those calls are not included in the below data.



Data Fields

Field	Source	Possible entries	Why
Date of call	CAD		
Run/log number	CAD		critical to track each event
Priority	Interpretation	Priority 1 is a death or respiratory arrest, priority 2 is AMS, priority 3 is opioid usage, priority 4 is a false positive	Not every opioid related call will involve narcan. If you only record respiratory arrests, you are going to miss a huge percent of your opioid calls
Setting	Interpretation	Private residence, public location inside or outside, , residential institution	Overdoses outdoors could indicated drug dealing close to overdose. No one is going to drive across town and stop in a park to use. They likely will use close to the purchase point
Specific outdoor	Interpretation	public bathroom, car	Important for public health.
Heroin/Opioid related notes	Interpretation	unresponsive OD, Past heroin mentioned, AMS from heroin usage.	5 -6 work summary of the call;
Narcan uses	Interpretation	Yes, No	Makes using pivot tables later in the process much easier
narcan dose	Interpretation	in Mg	Critical to track trends
Narcan used by	Interpretation	TEMS ALS, BLS, Fire, police, other medical, non medical	You should also note if more than 1 agency used narcan. Great tool to report bystander narcan usage. 18% of our priority 1 calls the first narcan dosage was by a non medical person
Recent rehab	Interpretation	Yes, No	Helpful for public health, most don't note this so it has limited value
Mentation post narcan	Interpretation		Perception is most patients post narcan are violent. This can help prove/dis prove
Vehicle	CAD		
Pick up city	CAD	city/town name	
Pick up Zip	CAD		
call type	CAD		
Initial priority	CAD		
transport priority	CAD		
Dispatch Zone	CAD	neighborhood zones	Allows reporting to the public about opioid usage in their section of the city without giving out actual addresses
Call source	CAD		

Data Fields

Chief complaint	PCR		Selected by the crew. Helps to show you can just go off the dispatch complaint
Nature	PCR		How the call came in. We know 1 in 7 of our opioid related calls didn't get dispatched as something you would normally consider an indicator of an overdose
Primary Impression	PCR		Selected by the crew.
Narrative	PCR		Yes, the whole narrative. Using excel conditional formatting will be critical to using this data
Cancel reason	PCR		How many patients didn't go to the hospital, this will answer those questions
Age	PCR		Age of patient, helps develop profile
Sex			Sex of patient, helps develop profile
Name	PCR		Critical to track patents that overdose more than once
DOB	PCR		Critical to track patents that overdose more than once
Dispatch Time	CAD		Will be used with =hour(cell) in excel
Pickup address	CAD		Location of call. Needed to map and track addresses with many OD's
Drop of Hospital	CAD		where did the patient go
Patients home address	CAD		After the billing process. Did the patient overdose at home or somewhere else
Patient home city from billing			Helps show the transitive property of the opioid problem. Trinity serves 13 towns, we have taken care of patients having an opioid issues from 200 different home towns

Data Fields

PT ID	CAD		In excel =concatenate(cell with DOB, cell with patient name). Helpful tracking multi OD patients
OD same address as home address		Yes, No	compare pick up location with home address
OD same city as home city	CAD	Yes, No	compares home city with city of OD
Qrt	excel		A cheat for pivot tables in excel in a reporting 90 process
Qrt	excel	1,2,3, or 4	Helps show a longer range issue without overwhelming people with numbers
Year	excel		=year(cell with date)
Day	excel	m-S	=text(cell with date, "ddd"). Helpful to show the follow and picks
Day #	excel		=day(cell with date). Public health asked about correlation of social benefits and opioid
Hour	excel		31-Jan useage, this shows that =hour(cell with time)
City housing	excel	reference a specify list from a city	One of our cities house department needed to know the number of opioid calls in public housing. This cell uses VLOOKUP to reference the address list
County	excel		Uses VLOOKUP to reference which county a city is in. Useful for county level services
State	excel		We use VLOOKUP, you could get in from CAD or ePCR

COOP

- Lowell Police and Lowell Fire
- Community Opiate Outreach Program
- Follow-up with opiate overdoses within 48 hours
- Trinity has 2 20 hour a week EMT's on this time
- Phone calls, visits, coordinate rehab beds and transport
- Train family on narcan

Matrix Section: Children's Program

- Project C.A.R.E. (Child Assessment and Response Evaluation)
- Created by Middlesex County District Attorney Marian Ryan
 - Public-Private partnership
 - Immediate services to children who experience opioid related trauma
- Project Care provides 1 on 1 follow up with all under 18 if their parent or sibling has an opioid overdose. (Even if the child did not witness it.)
- 2 similar stories, 2 different responses
- Great for the kids and public safety



Better EMS Performance

with [Mike Taigman](#)

Quality improvement in action: Cutting opioid overdose deaths in half

A cross-agency collaboration in Lowell, Mass., uses an overdose data-driven approach to performance improvement, saving lives

Yesterday at 5:06 PM

by Mike Taigman and Jon Kelley

Contact Information

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Jamie Pianka
Pro EMS
Cambridge, MA



Pro EMS as part of the Cambridge EMS system



- City of Cambridge 9-1-1 EMS provider
- City of Cambridge
 - Population: ~100,000 residents & ~300,000 daytime
 - 5 Colleges including Harvard University, MIT
 - Broad ethnic and linguistic diversity
 - 6.25 square miles
 - Manufacturing, Biotech and Pharmaceutical center
- Predominantly emergency
- ~20,000 transports annually

Opiate overdose information

- ❑ Pro EMS has been sharing overdose information with Cambridge Public Health since 2009; now providing real-time alerts and data through FirstWatch
- ❑ Public access Narcan program under development as part of the Public Access opioid Reversal Kit (PARK) study *(see NY Times K.Q. Seele 5/9/17)*
- ❑ Initial and annual training for EMS, CFD and CPD
- ❑ Weekly multi-discipline community outreach with public and private organizations including Healthcare for the Homeless and CPD
- ❑ Monthly meeting with community hospital physician(s), Cambridge Public Health Department and Healthcare for the Homeless group to review and plan care for HUES
- ❑ Created the Cambridge Recovery Coach Access Program whereas paramedics were trained as recovery coaches; originally targeting HUES
- ❑ Provide data to system for centralized EMS data collection for the entire region.

Matrix Section: Public Health

- Public health epidemiologist getting FirstWatch data
- Public health outreach using geocoded data
- Public health and hospital receiving info on high utilizes and public health involved by way of recovery coach project.



Cambridge Recovery Coach Access Program

A meeting of community leaders and stakeholders developed and reviewed a proposal to implement a small pilot program developing recovery coaches to target High Utilizers of Emergency Services (HUES) within the city.

This effort has proven to be a multi-disciplinary effort leveraging the skills, infrastructure and expertise of public safety, public health, social services and healthcare to provide unique and critical support to a select cohort of Cambridge's highest utilizers of healthcare and social services, including those struggling with homelessness.



Cambridge Recovery Coach Access Program

Recovery Coach training

- ❖ Connecticut Community for Addiction Recovery (CCAR) is gold standard nationally
- ❖ DPH CCAR training was full and not accepting new registrations
- ❖ CCAR recovery coach academy trainer came to Pro EMS
- ❖ attendees from Pro EMS, The Cambridge Hospital and Cambridge Public Health
- ❖ Ethical Considerations in Recovery Coaching held at Pro EMS



Cambridge Recovery Coach Access Program

What we were expecting...

- Assist in navigation of system for recovery resources
- Assist in transportation to recovery meetings
- Assist in advocating for recovery resources
- Connect those seeking recovery with primary healthcare



Cambridge Recovery Coach Access Program

What we found was...

- Hours of calling to get clients into detox or rehab
- Poor resource lists with out of date information
- Hang ups and “we cant help” calls
- Language challenges
- Housing challenges
- 11 PM pharmacy trips
- Hotel rooms for individuals
- Helping individuals obtain updated identification cards
- Helping clients with health insurance and understanding their eligibility
- Helping clients attend meetings
- Helping clients find and pay for temporary “sober” housing
- Help clients to obtain legal green card and passport at foreign embassy
- Help clients obtain clothing and other necessities
- Rent furniture



Cambridge Recovery Coach Access Program

Outcomes for pilot and lessons learned...

- High recidivism rate after 90 days
- States infrastructure for sustained recovery not yet developed
- Even with expenses for housing, transportation, food, regular household expenses there was a profound cost savings to social services, and healthcare systems
- Be prepared for some success and some failure



Things that work for us....

- Having access to data for identifying “new” HUES
- Having access to real-time data for reviewing overdoses within city
- Having the relationships with staff at PD, hospitals and shelters
- Having ability to share real time data with other agencies quickly and effortlessly
- Having high level of confidence in data systems but understanding much requires a human eye....
- Face it Together Cambridge- uses Recovery Capital Index to provide measurable benchmarks for success and track patient encounters.



The Cambridge partnerships – Face It Together - Cambridge

The solution for long term recovery services....(?)

The pilot program is a collaboration of Cambridge based partners and organizations. For us we are building Face it Together Cambridge.

Pro EMS serves as the lead agency receiving support and direction from a steering committee comprised of the Cambridge Public Health Department, Cambridge Police Department, Cambridge Health Alliance and Pro EMS. All agencies work together to identify potential clients.

Contact Information

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Dave Lewis
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St. Charles, MO



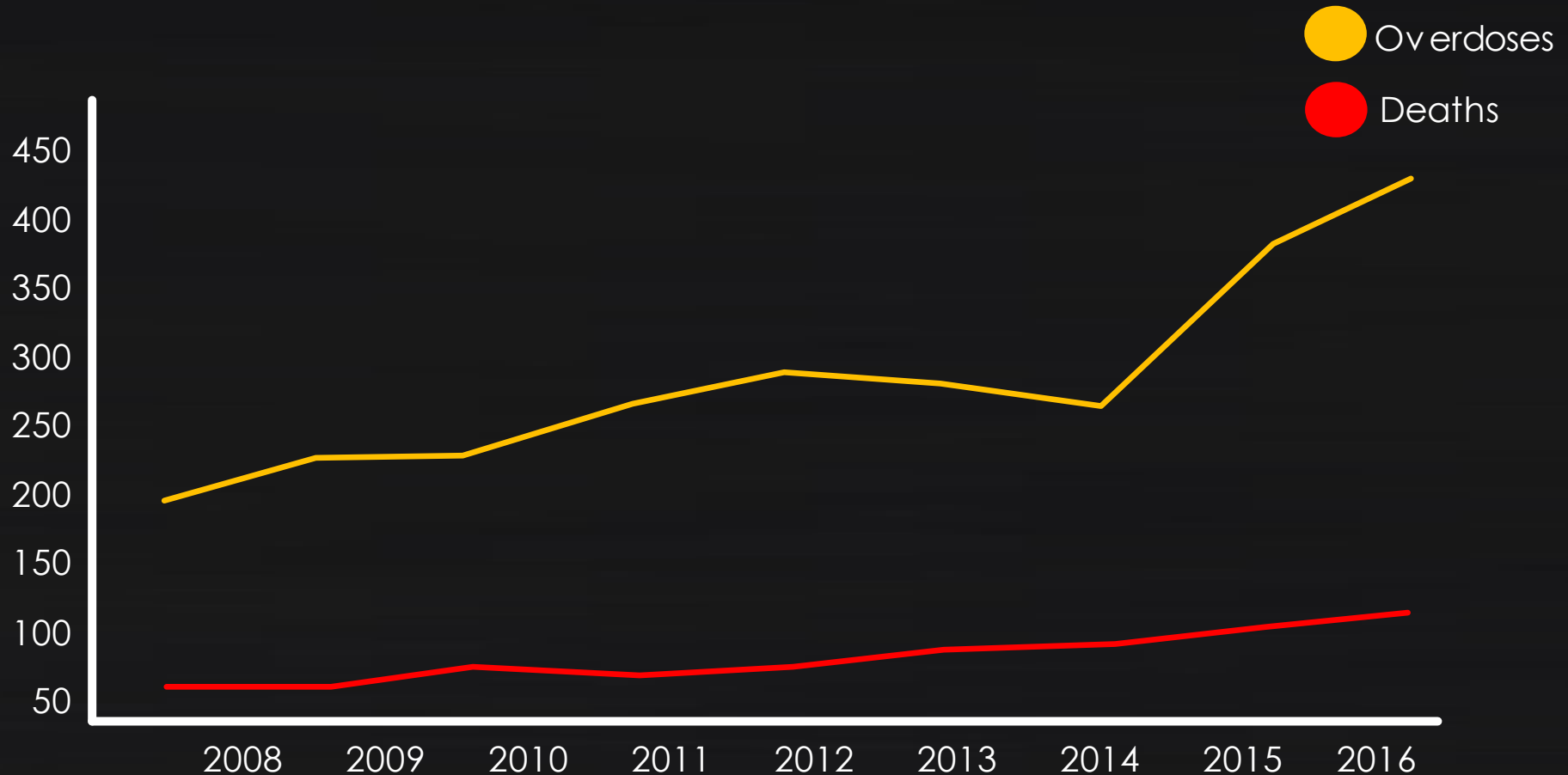
St. Charles County Ambulance District Agency Profile



Size:	592 square miles
Population:	400,000
Paramedics:	219
Ambulances:	33
EMS Stations:	16
Volunteer Teams:	2

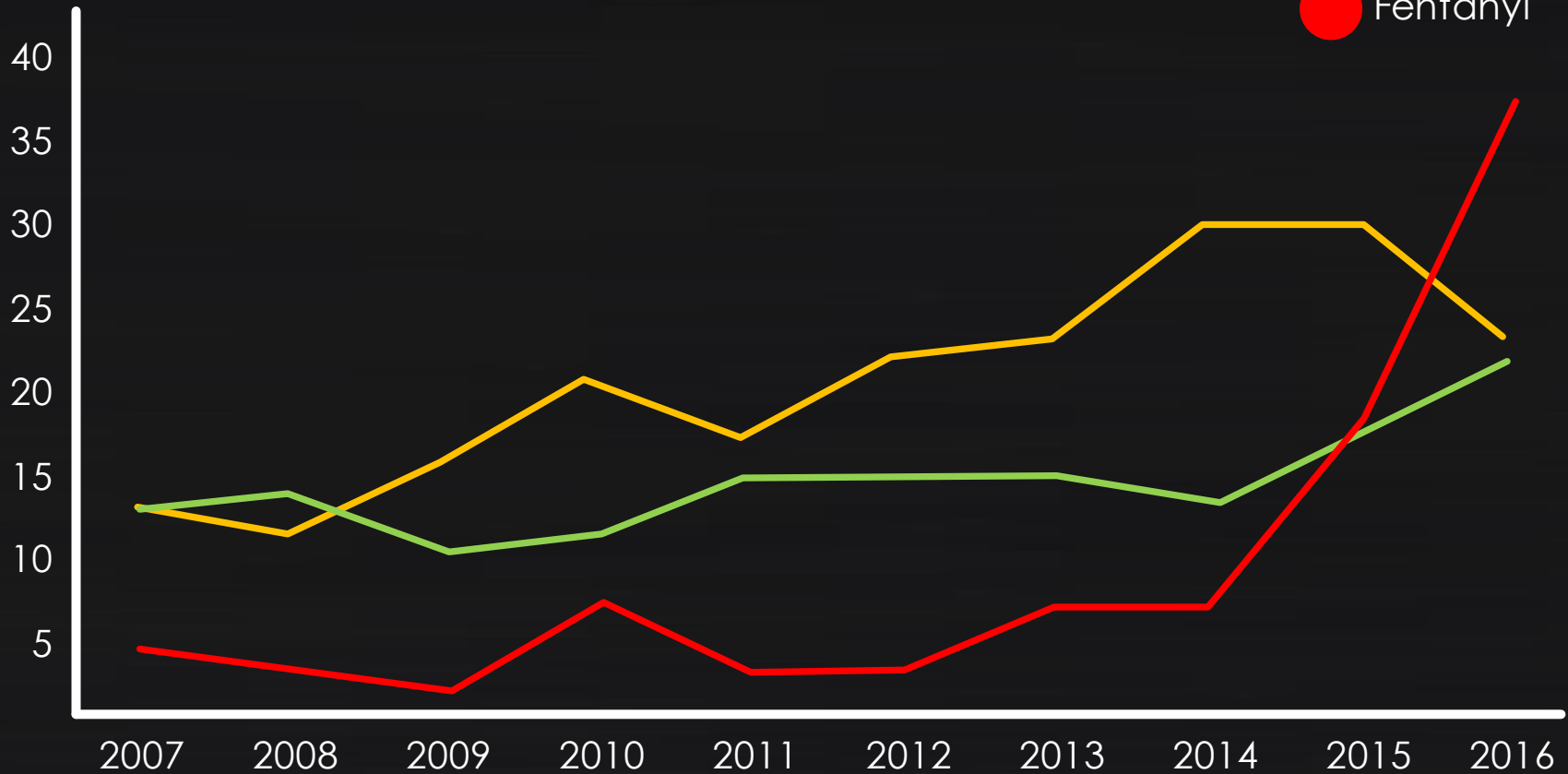


Call Volume Snapshot



Opiate Deaths

- Heroin
- Oxycodone
- Fentanyl





HHS Priorities

- Improved access to treatment and recovery services
- Promoting the use of overdose-reversing drugs
- Better understanding via public health surveillance
- Research and pain addiction support
- Better practices for pain management

Aligned Efforts

- Community Outreach
- Mobile Integrated Health Providers
- Harm Reduction
- Data Sharing
- Collaborative Partnerships



Matrix Section: Media

- SCCAD developed a STOP Heroin Campaign that includes a presentation and an agency-produced video depicting an overdose event through the eyes of paramedics and first responders.
- <https://sccad.com/wordpress/stop-heroin>



HEROIN

- Launched August 2016
- Multi-faceted prevention campaign developed by SCCAD Paramedics
- Separate presentations developed for adult and youth audiences
- Overdose re-enactment video leads all presentations



[Video Link](#)

[KSDK Coverage](#)

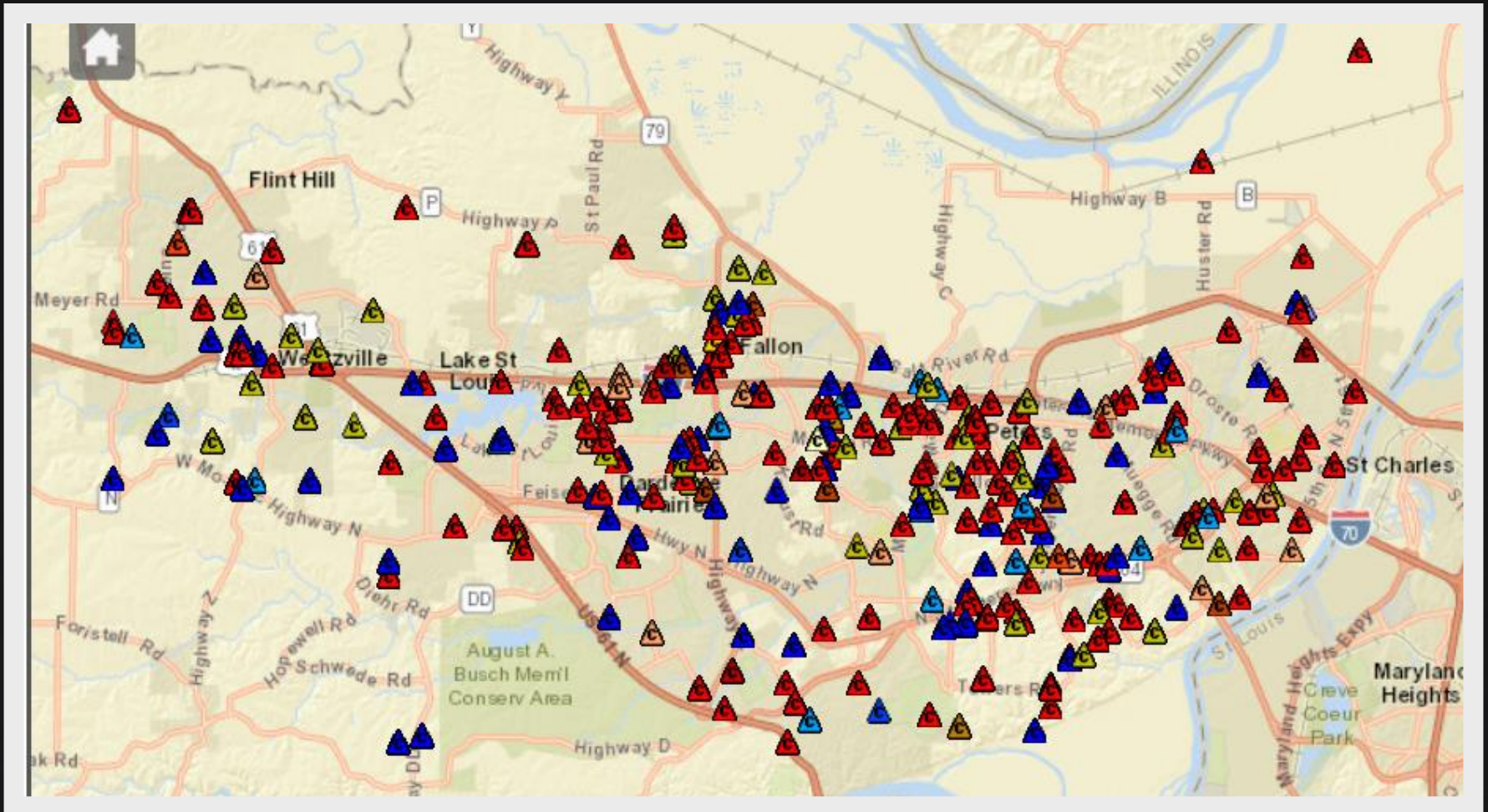
St. Charles County Substance Use Recovery Response Team

- Launched March 2017
- Collaborative effort between Paramedics, Police and Treatment Providers in our community
- If PT is conscious/alert following revival, he/she is offered a packet of information and opportunity to talk one on one with a SURRT Paramedic about resources available
- PT may authorize family/friends to be part of recovery discussion through HIPAA release.



KMOV News
Coverage

Opiate OD Incidents Mapped



** FirstWatch Naloxone Trigger

Public Narcan Distribution

- Launched July 2017
- Approached by NCADA to become distribution partner for community Narcan
- Families may receive two free doses of Narcan if they have a loved one struggling with addiction
- Cost to SCCAD is nothing; project is funded by the MoHope Grant



Other Media Links

- [KTVI News – Re-Enactment Video, Jan 2017](#)
- [STL Post Dispatch – Awareness, Treatment, Mar 2017](#)
- [EMS1 – Opiate Program Overview, May 2017](#)
- [EMS World – Cassidy MEMSA Win, Jul 2017](#)
- [Streetscape Magazine – Program Overview, Aug 2017](#)



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Lessons Learned / Q&A

- Panelists
- Audience

www.firstwatch.net/hi/opioids/pinnacle

An aerial photograph of the JW Marriott Desert Ridge Resort in Phoenix, Arizona. The image shows a large, multi-story hotel building with a modern architectural style, featuring terraces and balconies. In the foreground, there is a large, winding swimming pool with a central circular structure. The pool is surrounded by lounge chairs, umbrellas, and palm trees. A paved walkway runs along the pool. In the background, there is a green lawn and more palm trees. The overall scene is a lush, resort-like environment.

Pinnacle 2018

July 23-27, 2018

JW Marriott Desert Ridge Resort

Phoenix, Arizona

firstwatch.net/hi/opioids/pinnacle



PINNACLE™
INSPIRING EMS LEADERSHIP