CliniSync Stakeholder Compliance Effort

for

Ohio Department of Health
Emergency Department Overdose Reporting Rule

Version: April 8, 2024

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On March 25, 2024, the Ohio General Assembly's Joint Committee on Agency Rule approved OAC 3701-3-16 for the reporting of non-fatal drug overdoses to ODH by Emergency Departments. The effective date is April 8, 2024.

Ohio Revised Code (O.A.C.) Chapter 3701-3-16 – Reporting Drug Overdose (OAC 3701-3-16)
Ohio Administrative Code (OAC) 3701-3-16 is a new rule intended to collect data on non-fatal overdose encounters by establishing individual non-fatal overdoses as a reportable health condition by emergency departments. This rule establishes a definition for a dedicated emergency department, requires a dedicated emergency department to report non-fatal overdoses, prescribes how this information is to be reported, and categorizes the information reported as a result of this rule as protected health information. This rule also contains an appendix intended to establish patient diagnosis codes for overdoses.

Here is the link to the version that ODH filed - https://www.registerofohio.state.oh.us/rules/search/details/340504

CliniSync Will Carry Out Fully Compliant Reporting for ALL Stakeholder members who meet the definition for a dedicated emergency department.
CliniSync has been coordinating efforts with the Ohio Department of Health technology group to establish a method for CliniSync to report these cases to ODH on behalf of all our stakeholder member health systems and hospitals. We can do this work for our stakeholders because it is an allowable function under our Public Health Activity Policy. CliniSync has evaluated the data, primarily ICD-10 coding and ER encounter type. We have established efforts to continually monitor and validate that every source organization is providing the proper DG1 segment supporting encounter information. We will contact stakeholder Health Systems and Hospitals when we identify that we are not receiving all the necessary information.

ALTERNATIVE: OPT-OUT and SELF-REPORT
CliniSync will do this reporting for every stakeholder member, *UNLESS* the stakeholder documents to CliniSync that their organization will self-report cases to the Ohio Department of Health and therefore OPTS-OUT of CliniSync reporting. Every organization that selects the OPT OUT must complete the statement and submit it to pennen@ohiponline.org. CliniSync will reply and acknowledge receipt of the OPT OUT and will communicate your organization's intention to self-report to ODH. You can access the OPT OUT FORM here: https://clinisync.org/wp-content/uploads/2024/02/ODH-Overdose-Rule-CliniSync-Opt-Out-Form.pdf

Ohio Health Information Partnership

Frequently Asked Questions

We have compiled a list of frequently asked questions.
We intend to update the FAQs as often as possible.

1. **Can you explain how this works? What messages you are using to gather the data and how it is being submitted to ODH. Would you gather your information from ADTs, ORUs, CCDs etc.?**
    a. *The primary sources of data are the HL7 data feeds CliniSync receives from all the hospitals and health systems we work with. The two specific feeds used are the ADT and Lab messages. CliniSync will review the messages for any coded ER events for a patient diagnosed with a nonfatal poisoning as set forth in Appendix A of the rule. The format to report is required by ODH. It is patient level for those patients that are identified as having an overdose based upon the definitions in the rule. CliniSync will produce the file for ODH and upload it to the SFTP folder that ODH has set up on their server, set up specifically for Overdose reporting. The process will be different than other reportables for ODH as their systems are not set up to receive these files such as ELRs, so the format is specific for the Overdose reporting.*

2. **Are you able to advise which data feed this will be pulling from (e.g. ADT)? We have multiple feeds and want to make sure we understand the process?**
    a. *The feeds are incoming HL7 ADT and Lab feeds. It is not dependent on any specific services.*

3. **Is there going to be testing/validation completed to ensure each ED location is sending data appropriately? We want to confirm the workflow/documentation in the EDs are optimal.**
    a. *CliniSync has evaluated the data, primarily ICD-10 coding and ER encounter type. We have been and will continuously validate that every source organization is providing the proper DG1 segment supporting encounter information.*

4. **Can CliniSync provide the Format required by ODH?**
    a. *A hospital that opts to self-report will need to discuss how to accomplish self-reporting directly with ODH. You can write to overdosereporting@odh.ohio.gov.*

5. **What happens if the CliniSync feed is down? Will there be a notification process in place like we currently receive for Notify, Results Delivery, Clinical Dispatcher, CHR?**
    a. *Data will be captured and queued if an incoming feed goes down or there is a problem with the network. That queued data will be then made available to ODH when the feed is again active. There will not be a specific notification for this work as the data is pulled from ADT and Lab data from the hospitals for which there is a notification in place.*

6. **Will CliniSync send out a letter or certificate stating the hospital is live with CliniSync for reporting?**
    a. *We will not be providing a letter or certificate. We are actively working with ODH to establish a process to continually audit hospital reporting and ensure ongoing compliance with the rule.*

7. **Will there be any sort of audit report showing data was sent successfully?**
    a. *CliniSync will be researching an option to add reporting information to the return on investment (ROI) reports sent to each hospital quarterly, but there is not a timeline at this time.*

8. **Will there be any kind of documentation within the patient's chart that data was sent to ODH?**
    a. *CliniSync has no ability to access an EHR and input documentation.*