



Data Collection Fields

Data Item	Activity Timeframe	Reporting Timeframe	Reported To
Overdose Death			
Non-fatal Overdose			
EMS			
ED			
First Responder			
SUD Treatment			
Pharmacy			
911 Call			
Drug Court			
Probation/Parole			
Naloxone Administration			
NFLIS			
PDMP			

Specific Data Asks

Fatal Overdose Death Data:

In order to accurately and effectively understand the opioid overdose epidemic that is currently blanketing the Commonwealth of Pennsylvania, it is imperative to collect and analyze overdose death data. In order to analyze and create the most accurate, “real-time”, reports – this data must be collected directly from the Coroner or Medical Examiner’s offices in each county across the Commonwealth of Pennsylvania. From this information, an accurate baseline can be made while utilizing basic demographics (i.e. gender, age, and race) and geographic information, such as zip codes or municipalities, to help counties compare themselves over time and to neighboring counties across the Commonwealth. The outcomes can be used by various organizations requesting data, statistics, or figures regarding overdose deaths. This data should be collected as frequently as possible. However, this will be on a county by county basis depending on the rate at which each county experiences overdoses. Limitations to overdose death data collection may include; pending toxicology reports, unwillingness to submit data from the coroner or medical examiner, lack of staff or capability from the coroner or medical examiner’s office, lack of funding, or lack of communication between the coroner or medical examiner and the community stakeholders trying to combat the opioid overdose epidemic.

Non-Fatal Overdose Data:

Non-Fatal overdose data has the capability to provide organizations (i.e. community members, first responders) with a pattern of where or why non-fatal overdoses are occurring, and how to increase this number while decreasing overdose deaths. In addition, this data would provide information on repeat reversals, while providing possible “next-steps” to referring people to treatment.

I. EMS Data:

- a. EMS data allows for a better understand of individuals who are surviving overdoses, as well as helping to establish patterns across the county. In order to acquire this data, we encourage coalitions to have members from local EMS sit on the coalition. Furthermore, this information has been used to help EMS agencies determine losses in profit due to individuals refusing transport to the ED following an overdose reversal. Some EMS agencies will pull out the calls related to drug overdoses, while others may give all of their EMS calls. We can help with this analysis and put the information onto the learning community. Lastly, the group will want to determine how to sustain this data collection

EMS	Collected: Y/N
Date of Dispatch	
Medical Category	
Dispatched As	
Response Code	
Outcome	

Referring Type	
Referring - Other Type	
Receiving Type	
Ref County	
MCD Name (PA Only)	
MCD Code (PA Only)	
Alcohol or Drugs	
Drug and Alcohol Indicators (list)	
Gender	
Age In Years (Calc)	
Race	
Medications (List)	

II. Emergency Department Data:

- a. Emergency Department data collection is useful for understanding a warm hand-off procedure at the local level, and can act as a baseline for implementing these types of programs. The other counties that we work with have been in contact with the Director of the Emergency Departments to acquire this data. . There are some entities that do not have the ICD codes, which is why we recommend asking for the primary or secondary cause. We encourage counties to ask for data from 3 years prior, which is useful in establishing trends. Once this information is collected, we can input this information into an online learning community, private for your coalition. Lastly, once this information is acquired, the committee will want to think through how to sustain this data collection long-term.

ED	Collected: Y/N
Facility	
Age in Years at Visit	
Gender	
Race	
Admitted?	
Discharge Disposition	
Diagnosis Code	
Diagnosis Description	

Diagnosis Code	Diagnosis Description
965.01	POISONING BY HEROIN
965.09	POISONING BY OTHER OPIATES AND RELATED NARCOTICS
969.4	Benzodiazepine overdose
980.0	TOXIC EFFECT OF ETHYL ALCOHOL
T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter

T40.1X2A	Poisoning by heroin, intentional self-harm, initial encounter
T40.1X4A	Poisoning by heroin, undetermined, initial encounter
T40.1X4S	Poisoning by heroin, undetermined, sequela
T40.5X1A	Poisoning by cocaine, accidental (unintentional), initial encounter
T40.5X2A	Poisoning by cocaine, intentional self-harm, initial encounter
T40.5X4A	Poisoning by cocaine, undetermined, initial encounter
T40.5X5A	Adverse effect of cocaine, initial encounter
T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
T40.601D	Poisoning by unspecified narcotics, accidental (unintentional), subsequent encounter
T40.602A	Poisoning by unspecified narcotics, intentional self-harm, initial encounter
T40.603A	Poisoning by unspecified narcotics, assault, initial encounter
T40.604A	Poisoning by unspecified narcotics, undetermined, initial encounter
T40.605A	Adverse effect of unspecified narcotics, initial encounter
T40.605D	Adverse effect of unspecified narcotics, subsequent encounter
T40.605S	Adverse effect of unspecified narcotics, sequela
T42.4X1A	Poisoning by benzodiazepines, accidental (unintentional), initial encounter
T42.4X2A	Poisoning by benzodiazepines, intentional self-harm, initial encounter
T42.4X2D	Poisoning by benzodiazepines, intentional self-harm, subsequent encounter
T42.4X4A	Poisoning by benzodiazepines, undetermined, initial encounter
T42.4X5A	Adverse effect of benzodiazepines, initial encounter
T42.4X6A	Underdosing of benzodiazepines, initial encounter
T43.621A	Poisoning by amphetamines, accidental (unintentional), initial encounter
T43.622A	Poisoning by amphetamines, intentional self-harm, initial encounter
T43.623A	Poisoning by amphetamines, assault, initial encounter
T43.625A	Adverse effect of amphetamines, initial encounter
T51.0X1A	Toxic effect of ethanol, accidental (unintentional), initial encounter
T51.0X2A	Toxic effect of ethanol, intentional self-harm, initial encounter

III. 911 Call Data:

- a. 911 Data is important to analyze being that it provides information of where drug overdoses are occurring, are people refusing transport, is Naloxone being administered, and if so, what are the reactions people are experiencing, as well as basic demographic information (i.e. age and gender).

911 Data	Collected: Y/N
Date	
Day ID	
Time	

Address	
Police Department	
Municipality	
DOA?	
Naloxone Administered?	
Outcome	
Sex	
Age	
Notes	

Availability of Substance Use Disorder (SUD) Treatment:

Understanding the current Substance Use Disorder (SUD) Treatment options in your county help to better understand if there are enough treatment options in place, or if more are needed.

Substance Use Disorder Treatment	Collected: Y/N
Number of Programs	
Type of Programs	
PA PCPC Level	
Capacity of Programs	
Number of Physicians who can Prescribe MAT	

Pharmacy:

Across the Commonwealth of Pennsylvania, pharmacies play a vital role in supplying citizens with Naloxone, being that the State of Pennsylvania has a standing order for the prescription of Naloxone. Meaning, one is not required to have a prescription for Naloxone from a physician, instead anyone is able to purchase Naloxone under the standing order. However, some pharmacies do not stock Naloxone or honor the standing order, thus, having this data allows for a proper assessment of where community members can find Naloxone.

Pharmacy Data	Collected: Y/N
List of Local Pharmacies (Name/Address)	
List of Pharmacies CURRENTLY Stocking Naloxone	
List of Pharmacies that Honor PA State Standing Order on Naloxone	
List of Pharmacies that are capable of Ordering Naloxone	
Number of Drop off Boxes	
Number of Take Back Days	

Drug Court

Drug court data assists in assessing the efficacy of a county's drug court(s) and where a coalition/task force could assist in increasing the success rate of persons entering the program. The following data fields would allow coalitions/task forces to assess their county's drug court system:

Drug Court Information	Collected (Y/N)
Number and Type of Court(s)	
Capacity of Each Court	
Current Enrollment of Each Court	
Demographics of Persons who have been or are currently enrolled, including: age, race, gender, resident county and zip code	
Number of Persons Who Completed the Program (up to three years back)	
Number of Persons Left the Program (up to three years back)	
Number of Persons Who Failed Out (up to three years back)	
Number of Persons Enrolled in Treatment and Level of Care	
Number of Persons who have left/completed the program and re-entered jail	
Number of Persons who have left/completed the program and overdosed	
Number of Persons who have left/completed the program and fatally overdosed	
Percent of Failed Drug Screens	

Probation/Parole:

Probation and Parole data covers a wide variety of data points, including treatment, law enforcement, and demographic information. By analyzing information provided by Probation and Parole, a county can assess gaps across systems to help decrease recidivism rates and increase access to treatment for those who need it within the criminal justice system. If possible, we would recommend collecting data over the past three years.

The following data fields would allow coalitions/task forces to assess their county's probation/parole system:

Probation/Parole Information	Collected (Y/N)
Number of Persons on Probation/Parole	
Demographics of Persons on Probation/Parole	
Number of Drug and/or Alcohol Assessments Completed for Persons on Probation/Parole	

Number and Percent of Re-entry for Drug Related Violations	
Average Length of Probation/Parole Before Re-entry	
Number of Persons Who Completed Probation/Parole without a Violation	
Number of Opioid Related Violations	
Number of Benzodiazepine Related Violations	
Number of Other Illicit Drug Violations (cocaine, methamphetamine, etc.)	
Number of Prescription Opioid Related Violations	
Number of People Referred to Treatment	
Number of Persons Referred by County Drug and Alcohol	
Number of People in Treatment and Level of Care	
Number of Persons Who Failed a Drug Test	
Number of Persons Who Overdose While on Probation/Parole	
Number of Adults	
Number of Juveniles	

Data Collection Rationale

I. Overdose Death Data –

- a. **Importance:** High
- b. **Attainability:** Moderate
- c. **Why:** Death Data provides the following baseline information:
 - i. Demographics of the effected population;
 - ii. Prevention of number of individuals impacted;
 - iii. Severity of the problem;
 - iv. Population of interest;
 - v. Specific drugs impacting the community;
 - vi. Community to state comparisons; and
 - vii. Drug trends over time.
- d. **Uses:** Death data can be used for any program or initiative.
- e. **Gaps:** Death data can assess possible intercept points.
- f. **Applicable to:** Death data is applicable to everyone in your county.
- g. **Linked Data:**
 - i. PDMP;
 - ii. EMS;
 - iii. ED;
 - iv. 911;
 - v. Naloxone administration;
 - vi. Treatment; and
 - vii. Police data.

II. EMS Data -

- a. **Importance:** High
- b. **Attainability:** Low
- c. **Why:** EMS data provides the following baseline data:
 - i. Non-fatal overdose Information;
 - ii. Hot spots; and
 - iii. Demographics.
- d. **Uses:** EMS data can be used for the following:
 - i. First responder education;
 - ii. Naloxone distribution points;
 - iii. Paramedicine; and
 - iv. Warm handoffs.
- e. **Gaps:** EMS data can assess transport outcomes and naloxone distribution.
- f. **Applicable to:** EMS data is applicable to the following entities:
 - i. Emergency Departments;
 - ii. First responders; and
 - iii. Treatment within your county.
- g. **Linked Data:**
 - i. ED;

- ii. 911; and
- iii. Death Data.

III. Emergency Department Data -

- a. **Importance:** High
- b. **Attainability:** Low
- c. **Why:** Emergency Department data provides the following baseline data:
 - i. Demographics;
 - ii. Non-fatal and fatal overdose information;
 - iii. Outcomes (how many people were connected to behavioral health units);
 - iv. Number of people admitted;
 - v. People admitted to ICUs; and
 - vi. Deaths.
- d. **Uses:** Emergency Department data can be used for the following:
 - i. Connections to treatment;
 - ii. Warm handoffs;
 - iii. Physician education;
 - iv. Prevention efforts;
 - v. Naloxone administration.
- e. **Gaps:** Emergency Department data can assess:
 - i. Drugs of interest;
 - ii. Age groups;
 - iii. New drugs;
 - iv. A “bad” batch of drugs; and
 - v. Intercept points.
- f. **Applicable to:** Emergency Department data is applicable to EMS and the coroner within your county.
- g. **Linked Data:**
 - i. EMS;
 - ii. 911; and
 - iii. Death data.

IV. 911 Data -

- a. **Importance:** Moderate
- b. **Attainability:** High
- c. **Why:** 911 call data provides the following baseline data:
 - i. Coded calls;
 - ii. Hot spots; and
 - iii. Naloxone administration.
- d. **Uses:** 911 call data can be used for education practices and targeting potential hot spot areas.
- e. **Gaps:** 911 call data can assess:
 - i. Education;
 - ii. Naloxone distribution; and
 - iii. Hot spots.

- f. **Applicable to:** 911 call data is applicable to first responders within your county.
- g. **Linked Data:**
 - i. ED;
 - ii. EMS; and
 - iii. Death Data.