

Opioid Surveillance Dashboard User Manual

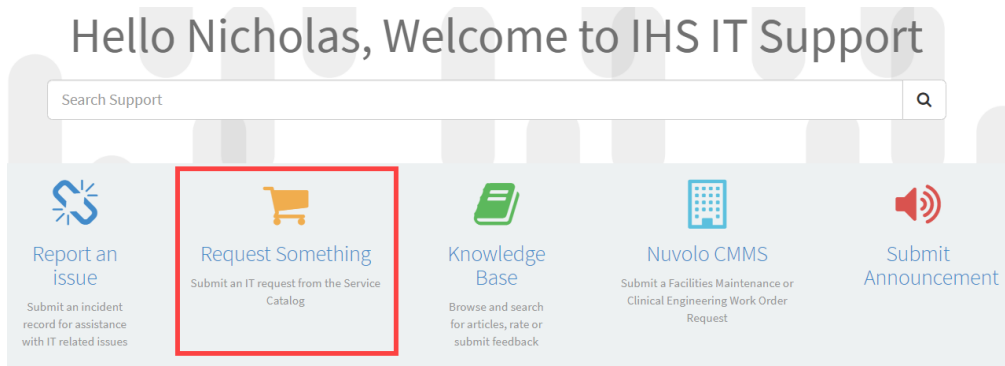
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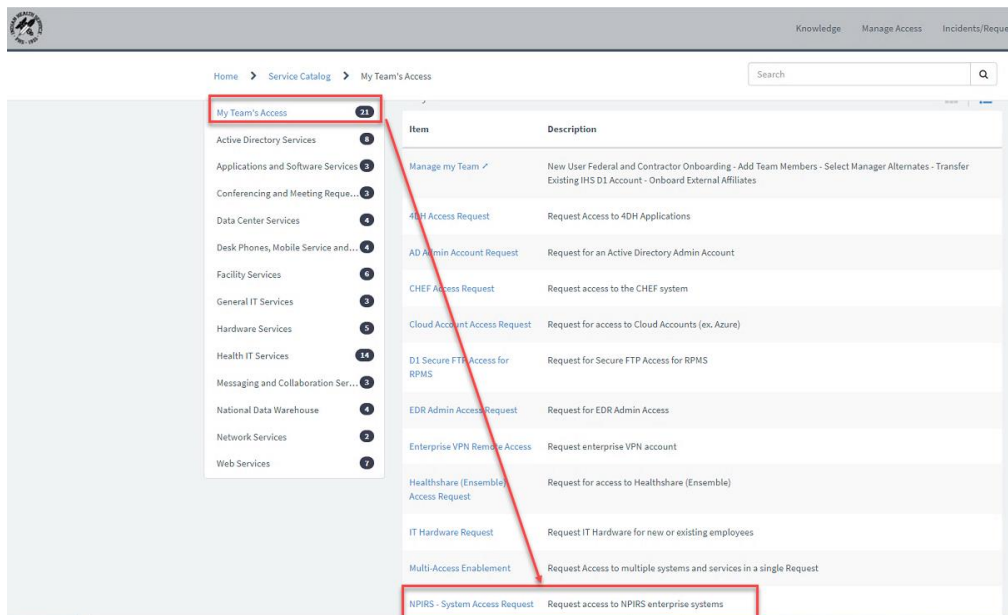
Requesting Access

The IHS SailPoint IAM is used for Team Management. The IHS Service Now system is used for Access Management and will send completed access requests to SailPoint. **Generally, the supervisor of the proposed user should perform these steps.** Please be (make yourself) aware of any guidance from your Area Chief Medical Officer (CMO) before entering your requests. All request are approved by the Area CMO before access is granted.

- 1) Ensure CFR 42 Part 2 training has been completed by the employee;
 - a) Follow the link <https://www.ihs.gov/privacytraining/training/>
 - b) Sign in with your IHS Web account (same as for ISSA training)
 - c) Click on “Training” at the left
 - d) Complete the “42 CFR Part 2 Confidentiality” training (approx. 20 minutes)
- 2) Click the link to begin the request: [IT Support | Indian Health Service \(IHS\)](#);
- 3) Select **Request Something**;



- 4) Select **My Team’s Access**;
- 5) Click **NPIRS – Systems Access Request**;



- 6) Complete the required fields as well as the **Phone Number** and **E-mail Address** fields;
- 7) Leave the **Service Units** field as "-- None --;"
- 8) In the **Access Type** field, select "Add;"
- 9) In the **Employee Role Type** field, select "Other," which will display a new text box to the right called "Other." Please provide the user's role from the approved list of user roles found below. Access can only be granted based on one role. For those fulfilling multiple roles, please choose the most appropriate for the duties they need access for.

User roles available for dashboard access (must be included in the access request);

- Area Director
- Area Chief Medical Officer
- Area Deputy Director
- Area Pharmacy Consultant
- Area Dental Officer
- Area Statistician Officer
- Area Clinical Applications Coordinator
- Area Director of Quality /Quality Manager
- Area Educational Outreach Coordinator (Opioid Stewardship)
- Area Pain Committee Data Analyst
- Clinical Director
- Deputy Clinical Director
- Chief Pharmacist
- Pharmacy Controlled Substance Officer
- Educational Outreach Coordinator (Opioid Stewardship)
- Pain Committee Data Analyst
- Chief Dental Officer
- Facility Director
- Quality Assurance (QAPI) Manager
- Clinical Applications Coordinator

- 10) In the **Employee Type Identifier** field, select "Federal" or appropriate designation;
- 11) In the **Select Enterprise Reporting** field, select "NPIRS [Opioid Surveillance Dashboard];"
- 12) In the **Options** field choose "None"
- 13) In the **Justification** field, type the reason for the access request and provide some background of how the user will be using the Opioid Dashboard. For Service Unit level users, please indicate whether access should be to a specific facility or the whole service unit; and
- 14) Verify your form with the below example, then click the **Submit** button.

A visual example of steps 5 – 12 listed above can be found on page 4 below.

NPIRS - System Access Request

Request access to NPIRS enterprise systems

*Requested for

Select Employee's Name

*Requested by

Your name will populate here

*Facility

Select Facility

Phone Number

Update to desk number

Current Entitlements

Requested For user does not have any entitlements

Email Address

Employee's email should populate here

Title

Service Units

-- None --

*Access Type

Select "Add"

*Employee Role Type

- Health Provider
- Office Worker
- Non-IHS
- Other

*Other

Enter user's role from user manual here

Employee Type Identifier

Select Employee Type

*Select Enterprise Reporting

Select NPIRS [Opioid Surveillance Dashboard]


*Options

Select the available option

*Justification

Describe what types of activities will be performed. For Service Unit level access, please indicate the Service Unit name and which facilities should be included.

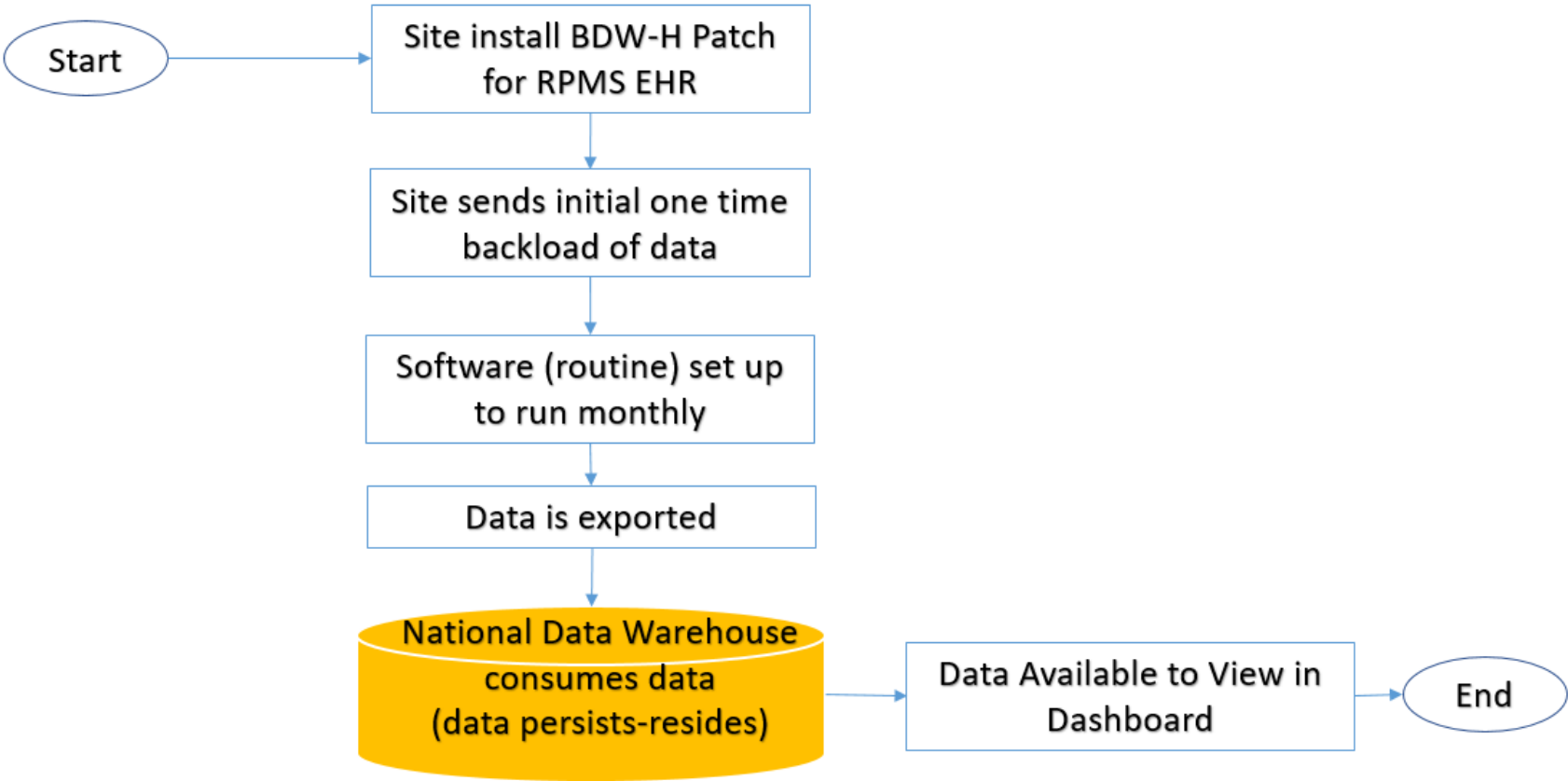
Submit

 Add attachments

The support request goes through a three-step approval process. Once completed the “Requested for” user will get an email notification. This process takes anywhere from five days to a month to complete.

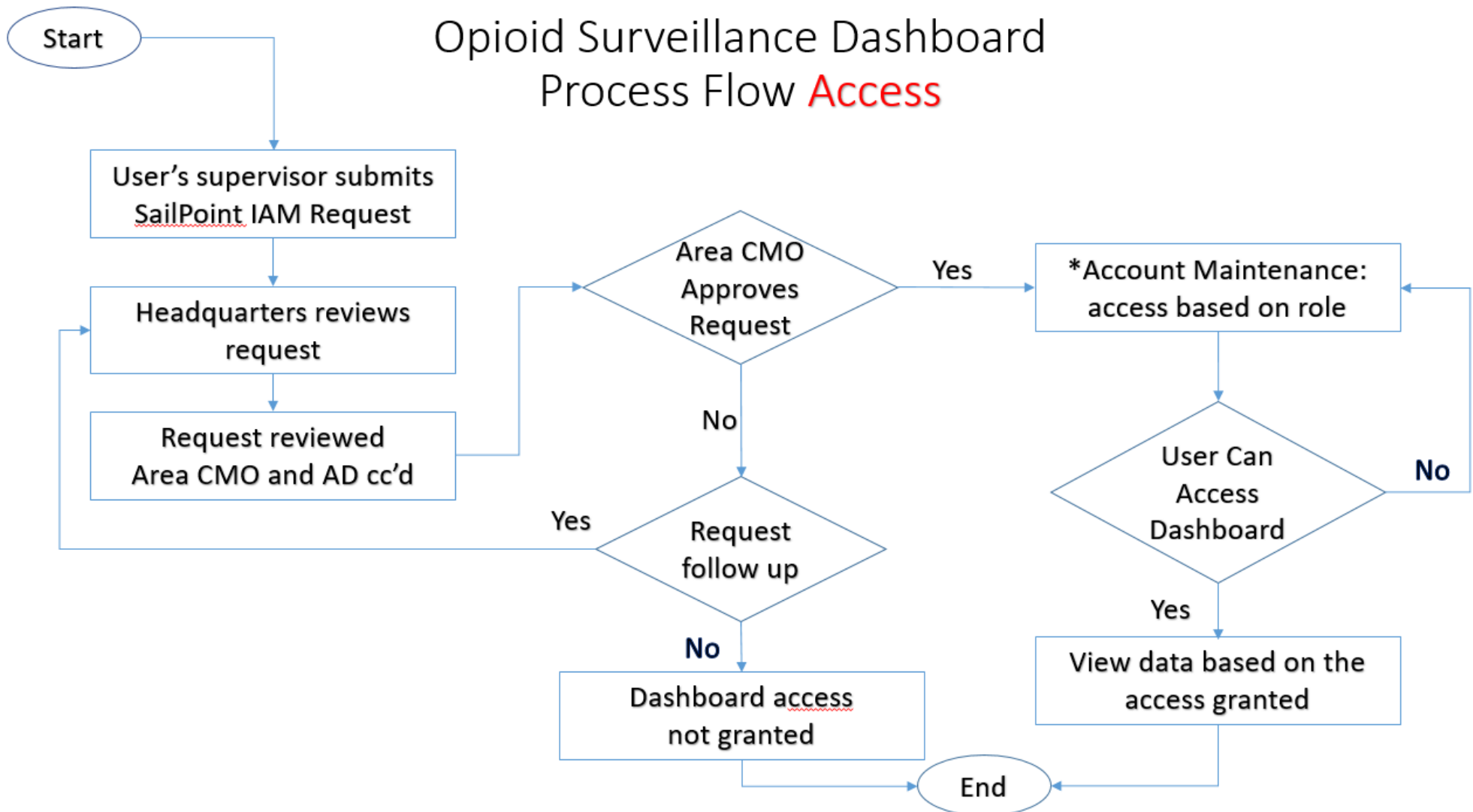
Process Flow

Opioid Surveillance Dashboard Process Flow: Data Availability in Dashboard



Questions or issues -Please contact Dr. Tamara James at Tamara.james@ihs.gov

Opioid Surveillance Dashboard Process Flow **Access**



*Note: security rights will be granted based on predefined user roles (e.g., Clinical Director see site specific facility level data).
Questions or issues -Please contact Dr. Tamara James at Tamara.james@ihs.gov**

General Overview

IHS Opioid Surveillance Dashboard:

The Indian Health Service (IHS) established the Opioid Surveillance Dashboard (OSD) to evaluate opioid interventions and professional practice through enhanced clinical decision support tools. Data will inform system-level quality improvement strategies to support healthcare operations and patient outcomes.

The IHS Opioid Surveillance Dashboard is an Agency wide effort to collect better data to improve outcomes for patients receiving opioid medications within the Indian Health system and to inform population health approaches for communities. These efforts are in support of Health and Human Services priority to reduce and slow the prevalence of opioid addiction and overdose. The OSD provides timely, relevant, and meaningful public health data to guide these efforts.

Source:

The data used to create the OSD is extracted from prescription drug data housed at the IHS National Data Warehouse (NDW). The NDW receives the information through periodic uploads (at least monthly) from IHS sites to the NDW. Data in the OSD is refreshed regularly. The green banner will indicate the most recent prescription included.



Reported Measures:

This dashboard is an interactive, web-based tool that provides information related to opioid prescribing. Each of the available measures are described in the “Explanation of Measures and Data” section below. Please note: cancer pain treatment cannot be separated from non-cancer pain treatment because of limitations in the data available in the NDW.

Access:

Access to the Opioid Surveillance Dashboard requires an IAM SailPoint submission by your supervisor, approval through the IHS Area Office and/or IHS Headquarters, and acknowledgement and acceptance for Terms of Use prior to accessing the e-dashboard < <https://home.ihs.gov/hope/>>.

Your view of the dashboard charts and source data has been predefined based on your role in the Indian Health system.

Privacy Training Requirement:

Users of the Opioid dashboard are required to maintain confidentiality of patient information contained on the Opioid Dashboard, this requirement is more stringent than HIPAA. Opioid Dashboard users are required to complete 42 CFR Part 2 Confidentiality training at the following link: www.ihs.gov/privacytraining. For detailed instructions see item number 1 in the “Requesting Access” section.

Data Validation / Disclaimer:

In an effort to ensure this dashboard provides timely, relevant and accurate data related to opioid prescribing, the IHS National Committee on Heroin Opioids and Pain Efforts’ (HOPE) Metric Workgroup conducted validation steps with the Office of Information Technology, National Patient Information Reporting Systems (NPIRS) for a limited number of facilities. This data validation effort resulted in the discovery of small variances between the data found in the NDW and the individual sites reviewed. The identified variance was less than 5% at selected sites.

Accuracy of Displayed Data:

By default, only sites with complete data (i.e. data for all periods displayed on the charts) will be displayed. This is to ensure chart trends are not skewed by sites with inconsistent or incomplete reporting. It also prevents inaccurate interpretations based on default chart display.

Missing data submissions (especially from larger sites) may produce inaccurate aggregate reporting for the Area and National level views. When previously missing data is submitted, slight changes to aggregate data may occur. When viewing a single site or service unit, if ANY data is missing, the charts will only display a single flat line or no data at all. Users may manually switch views to show the available data by changing the “Only Show Facilities with Rx Data in Every Month” toggle to “No.”

Lastly, rare coding errors were discovered during the data validation process that cause some opioid prescriptions to appear as if they were dispensed from locations that should not be dispensing opioids. The data from these “phantom” sites will only show when “Only Show Facilities with Rx Data in All Months” is set to “No.”

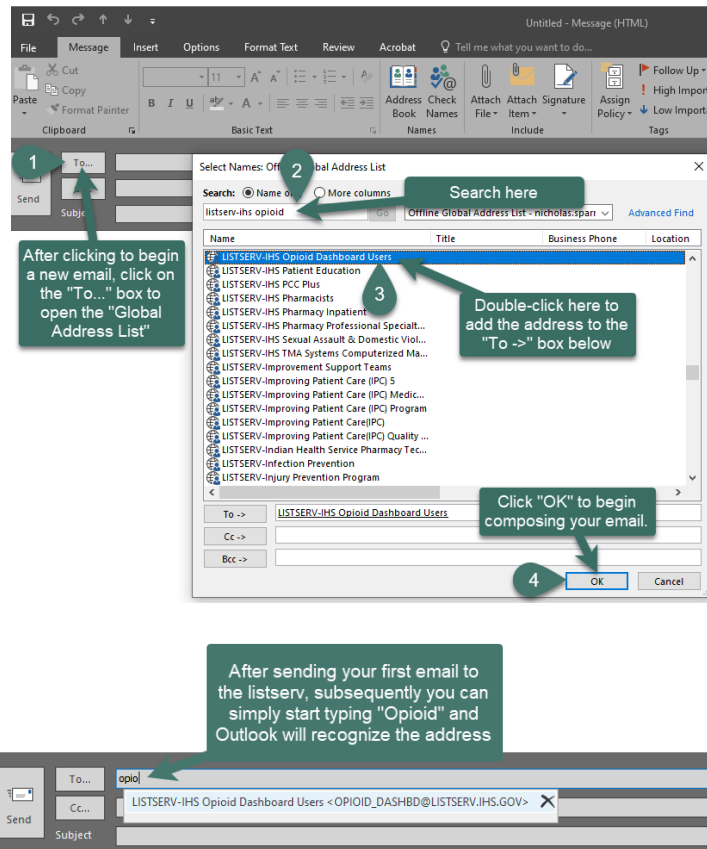
Improving Data Reporting:

As an initial step, each facility is encouraged to review and cross-reference data reported within the Opioid Surveillance Dashboard with Controlled Substance Management Reports (CSM), External Pharmacy Prescriptions Reports (ERxT) and Pharmacy Staff Workload Reports (PWKL). Based on previous data validation efforts, when comparing local reports to the Dashboard, we anticipate a limited number of facilities may experience discrepancies well above the previously described 5%. The dashboard team is actively working to decrease these discrepancies and we highly encourage your site to report any discrepancies greater than 5% via <https://www.ihs.gov/opioids/contactus/>. Additionally, for sites that wish to identify missing data, we suggest changing the “Chart Dimension” to “Month”. Here, users will see any missing months as zeros or blanks. These data can usually be rectified following the “Basic Troubleshooting of Missing Opioid Data” guide that can be found on the [IHS Opioids Data](#) website.

Inquiries or recommendations regarding function and visualization can be sent using the web form found here: <https://www.ihs.gov/opioids/contactus/>.

Communication:

There is a listserv available where questions can be asked and information shared among Opioid Dashboard users. To sign up, please navigate to https://listserv.ihs.gov/scripts/wa.exe?SUBED1=OPIOID_DASHBD&A=1, fill out the requested information and click “Subscribe”. You will then need to confirm your request via a link that will be sent to your email. Lastly, your request will be confirmed by the listserv moderators. Once you receive the confirmation email saying you have been added to the OPIOID_DASHBD list you can begin using the listserv. The first time you send a message to the listserv, find the listserv by searching the global address book. Subsequently you can simply start typing “Opioid” in the “To...” bar. See below:



Explanation of Measures and Data

Patient naloxone refusal: See [Appendix A](#), "Documenting a Refusal for Naloxone"

Given that each site may be sending data on a slightly different interval, by default all charts will exclude data points that are likely incomplete.

The word "dispensed" is used for all prescription data. However, this includes prescriptions that were e-prescribed to an outside pharmacy where it is unknown whether the prescription was dispensed or not. Therefore, in the case of e-prescribed opioids, the data are based on the number prescribed and not necessarily the number dispensed.

Total Daily MMEs (TDMME): Sum of all morphine milligram equivalents a patient is prescribed to take each day.

All graphs will be display based on the filters selected by the user (e.g., Facility, Fiscal Year vs. Month, etc.).

MMEs are calculated using the formula: Strength per Unit X (Number of Units/ Days Supply) X MME conversion factor. The OSD is using conversion factors provided by the Centers for Disease Control and Prevention (CDC) in its November 2022 Clinical Practice Guideline for Prescribing Opioids for Pain.

Naloxone documented as an outside medication is not captured by the Dashboard at this time.

Available Measures

of Opioid Prescriptions (# Opioid Rx) Dispensed

Explanation: Number of prescriptions for any opioid-containing medication dispensed to the patient

Total MME (TMME) Dispensed

Explanation: Sum of all morphine milligram equivalents dispensed

Average Daily MME (ADMME) Dispensed

Numerator: Sum of the Daily MME (DMME) of each prescription

Denominator: Total number of opioid prescriptions in the specified time period

Explanation: The DMME of a prescription is the TMME divided by the days supply of that prescription.

% of All Prescriptions Dispensed That Were Opioid Prescriptions (% Opioid Rx)

Numerator: Number of opioid prescriptions dispensed

Denominator: Total number of prescriptions dispensed

Total MME/100 Rx (TMME/100 Rx) Dispensed

Numerator: Sum of all morphine milligram equivalents dispensed

Denominator: Total number of prescriptions times 100, divided by total (all) scripts dispensed

Explanation: The addition of a denominator creates a ratio and normalizes the data making the data more useful when comparing one site or area to another. The denominator is divided by 100 simply to prevent the ratios from being incredibly small at some sites.

Average Total Daily MME (ATDMME)

Numerator: The sum of the TDMME

Denominator: The number of days in the specified time period

% of Patients with Total Daily MME \geq 50 (TDMME \geq 50 Patients)

Numerator: Number of unique patients whose TDMME was \geq 50 at any point during the specified time period

Denominator: Total number of patients who were taking opioids during the specified time period

% of Patients with Total Daily MME \geq 90 (TDMME \geq 90 Patients)

Numerator: Number of unique patients whose TDMME was \geq 90 at any point during the specified time period

Denominator: Total number of patients who were taking opioids during the specified time period

Explanation: The percentage of patients prescribed TDMME exceeding 90 MME for a prescribed time range

% of Patients Co-Prescribed Benzodiazepines (CoBZD Patients)

Numerator: Unique patients receiving opioids during a specified timeframe who also received a benzodiazepine

Denominator: Total number of unique patients who were taking opioids during the specified timeframe

Explanation: The percentage of patients taking opioids during a specified timeframe who also received a benzodiazepine during the same period. The benzodiazepine and opioid's days supply must overlap.

% of Patients Receiving \geq 50 Total Daily MMEs Co-Prescribed Benzodiazepines (% CoBZD Patients TDMME \geq 50)

Numerator: Number of unique patients whose TDMME was \geq 50 AND who have a co-prescribed benzodiazepine at any point during the specified timeframe

Denominator: Total number of unique patients who were taking opioids during the specified timeframe

Explanation: The percentage of patients prescribed a TDMME ≥ 50 MME during a specified timeframe who also received a benzodiazepine during the same period. The benzodiazepine and opioid's days supply must overlap. Co-prescribed benzodiazepine and opioid increases opioid overdose risk.

of Opioid Patients (# Opioid Patients)

Explanation: Total number of unique patients who received any opioid during the timeframe

of Patients Receiving Chronic Opioid Therapy (# COT Patients)

Explanation: Total number of unique patients who received 60 days of opioids in the previous 91 days (The CDC defines COT as 60 days of therapy in the last quarter (i.e. 91 days)). The left-most point of this chart may not match up with the left-most points on other charts (more than 60 days of data are required before the first point can be generated).

of Chronic Opioid Therapy Patients Co-Prescribed Naloxone (# CoNAL COT Patients)

Explanation: The number of COT patients within the specified timeframe who also received naloxone within the prior 3 years.

% of Chronic Opioid Therapy Patients Co-Prescribed Naloxone (% CoNAL COT Patients)

Numerator: Unique COT patients within a specified timeframe who also received naloxone

Denominator: Total number of unique COT patients within the specified timeframe

Explanation: The number of COT patients within the specified timeframe who also received naloxone within the prior 3 years.

of Buprenorphine Prescriptions (# Buprenorphine Rx)

Explanation: Number of prescriptions for any buprenorphine containing medication dispensed to the patient

of Buprenorphine Prescriptions per 10,000 Total Prescriptions (# Buprenorphine Rx/10,000)

Numerator: Total number of buprenorphine prescriptions

Denominator: Total number of buprenorphine prescriptions dispensed times 10,000, divided by total (all) scripts dispensed

Explanation: The addition of a denominator creates a ratio and normalizes the data making the data more useful when comparing one site or area to another. The denominator is divided by 10,000 total scripts simply to prevent the ratios from being incredibly small at some sites.

of Buprenorphine Patients (# Buprenorphine Patients)

Explanation: Total number of unique patients who received any prescription for buprenorphine

% of Buprenorphine Patients Also Receiving Naloxone (CoNal-Buprenorphine Patients)

Numerator: Total number of unique buprenorphine patients who also received naloxone

Denominator: Total number of unique buprenorphine patients

Explanation: Co-prescription of naloxone for inclusion in the numerator is defined as any prescription for naloxone that occurred within 3 years prior to or 30 days after the buprenorphine fill date. It is considered standard of care to dispense naloxone for persons with substance use disorder.

of Naloxone Prescriptions (# Naloxone Rx)

Explanation: Number of naloxone prescriptions dispensed

of Naloxone Prescriptions per 10,000 Total Prescriptions (# Naloxone Rx/10,000)

Numerator: Total number of naloxone prescriptions dispensed

Denominator: Total number of naloxone prescriptions dispensed times 10,000, divided by total (all) scripts dispensed

Explanation: The addition of a denominator creates a ratio and normalizes the data making the data more useful when comparing one site or area to another. The denominator is divided by 10,000 total scripts simply to prevent the ratios from being incredibly small at some sites.

of Methadone Prescriptions (# Methadone Rx)

Explanation: Total number of prescriptions for methadone

of Methadone Patients (# Methadone Patients)

Explanation: Total number of unique patients dispensed methadone

Parameter Logic:

“Only Show Complete Time Periods in Charts?”

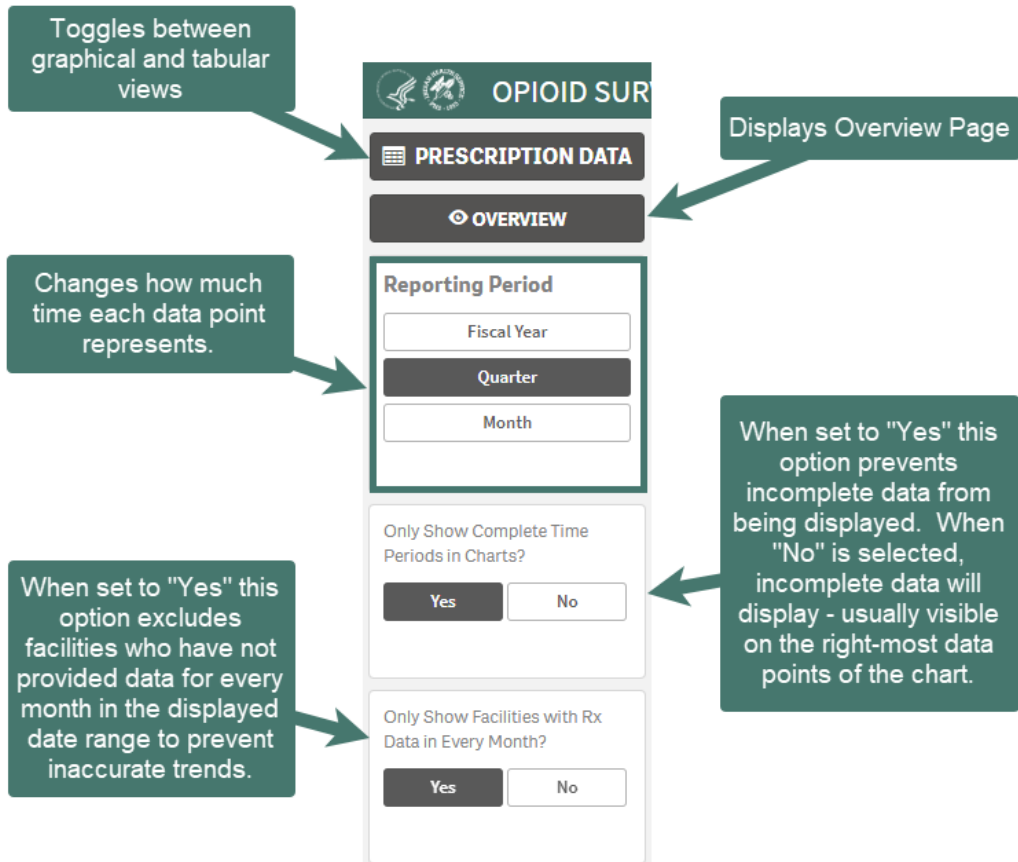
Default is “Yes”. When set to “Yes” the charts will not show data for month of the current refresh data, nor the previous two months of data. For example, if data was refreshed on November 10th, you would not see the data from September, October or November. Only data prior to September would be available in the charts.

“Only Show Facilities with Rx Data in Every Month?”

Default is “Yes”. When set to “Yes” the charts will not include any data from sites that are missing any month from January 2013 until two months before the most recent data refresh, not including the current month (see above for example).

Navigation/Orientation

Please Note: When viewing this section from within the Opioid Dashboard these graphics are designed to be viewed at a resolution of 1920 x 1080. Otherwise, some of the graphics may be truncated on the right side of the graphic. If your monitor does not support this resolution, you can still view the full images, however, image quality will be degraded. You can adjust the image sizes by holding down the ctrl key on your keyboard and scrolling your mouse wheel to zoom out until you can see the full images. Additionally, please view the dashboard on any browser besides Internet Explorer.



PRESCRIPTION DATA ITU Area Service Unit Facility

OVERVIEW Opioid Stewardship Group # Opioid Rx Fiscal Year Quarter Month

Reporting Period

Fiscal Year

Quarter

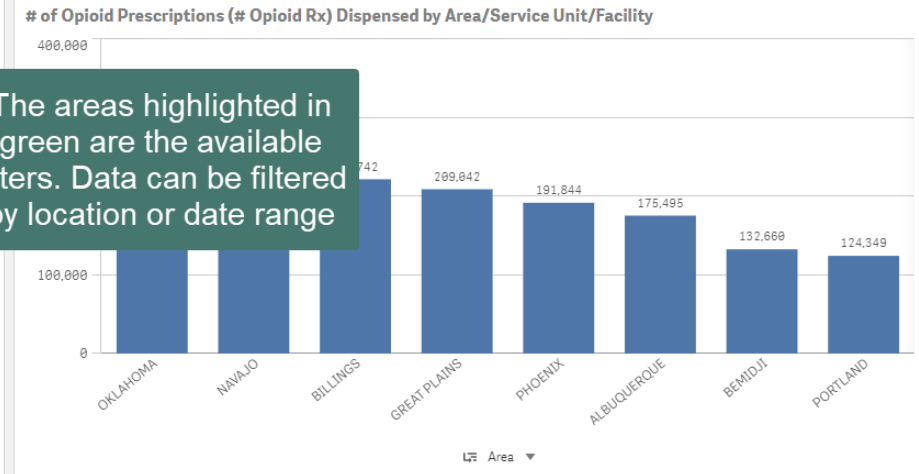
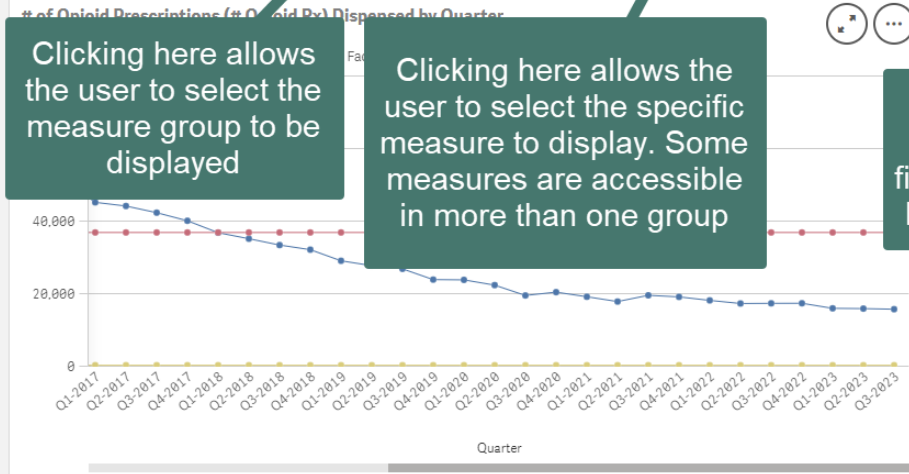
Month

Only Show Complete Time Periods in Charts?

Yes No

Only Show Facilities with Rx Data in Every Month?

Yes No



Fiscal Year

Within each filter, the green bar gives a visual representation of how data is selected of the available data.

Clicking the ellipsis allows the user to Select All, Select Possible, Select Alternative or Select Excluded

Clicking here will clear any current selections

Clicking an item to filter (e.g., Fiscal Year) will display the options within that filter. Filters can be selected by either searching then clicking them or by simply clicking them if they are already viewable. Clicking filters highlights them in green. The charts will update as filters are selected. To accept the selection, click on the green check mark at the upper right. To cancel click on the red "X".

Search in listbox

2021
2020 ✓
2019 ✓
2018
2017
2016
2015
2014

Navigate to a specific page

Navigate forward or backwards through the different pages

Shows all the filters applied to the current view

Selections



This area contains a smart search, step back, step forward, and clear all filters button. The smart search can be used to filter to specific drugs, NDCs, NPIs, etc. To search for multiple items, simply leave a single space between each item.

Once a filter is applied, it will show across the top of the dashboard. At the bottom it shows how many of the available data are selected both numerically as well as with the green bar. These are called "breadcrumbs". They let you know how you arrived at your current view. To clear a filter, simply click the "x" on the right side.

The current view including filters can be saved as a bookmark that can be applied in the future using this feature.



OPIOID SURVEILLANCE DASHBOARD - Last Opioid Rx dispensed on 10/31/2023 - Only facilities with Rx data in every month are shown

The green status bar across the top displays dispense date of the last prescription included in the data as well as whether or not only sites with a complete data set are being displayed (top example) or not (bottom example)



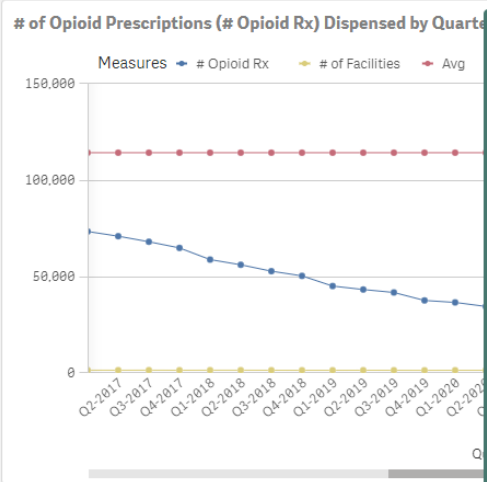
OPIOID SURVEILLANCE DASHBOARD - Last Opioid Rx dispensed on 10/31/2023 - Charts now reflect incomplete data

Area Service Unit Facility

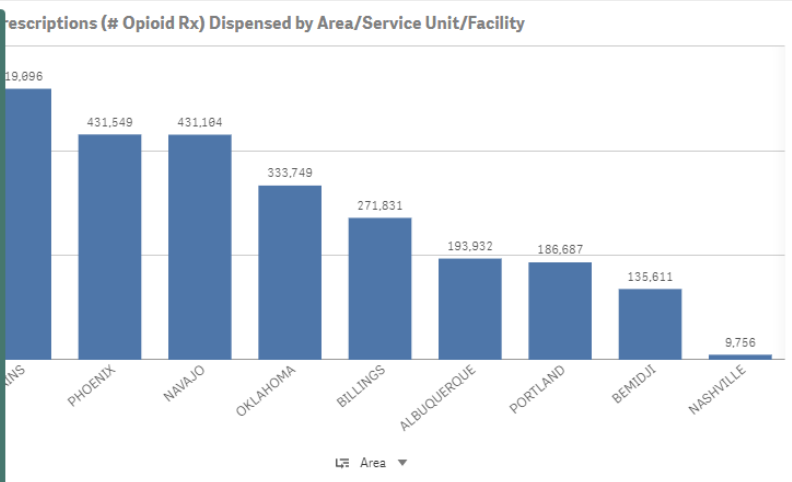
Reporting Period

 Only Show Complete Time Periods in Charts?

 Only Show Facilities with Rx Data in Every Month?



The Dashboard is divided into three sections. The top section contains the filters, parameters, and page navigation tools at the top and left sides respectively. The data displayed in the two charts in this section will be limited to the data you have been granted access to based on your role in the system. For instance, if you are a service unit Clinical Director, you would have access to the data of the various facilities in your service unit but not facilities within other service units.

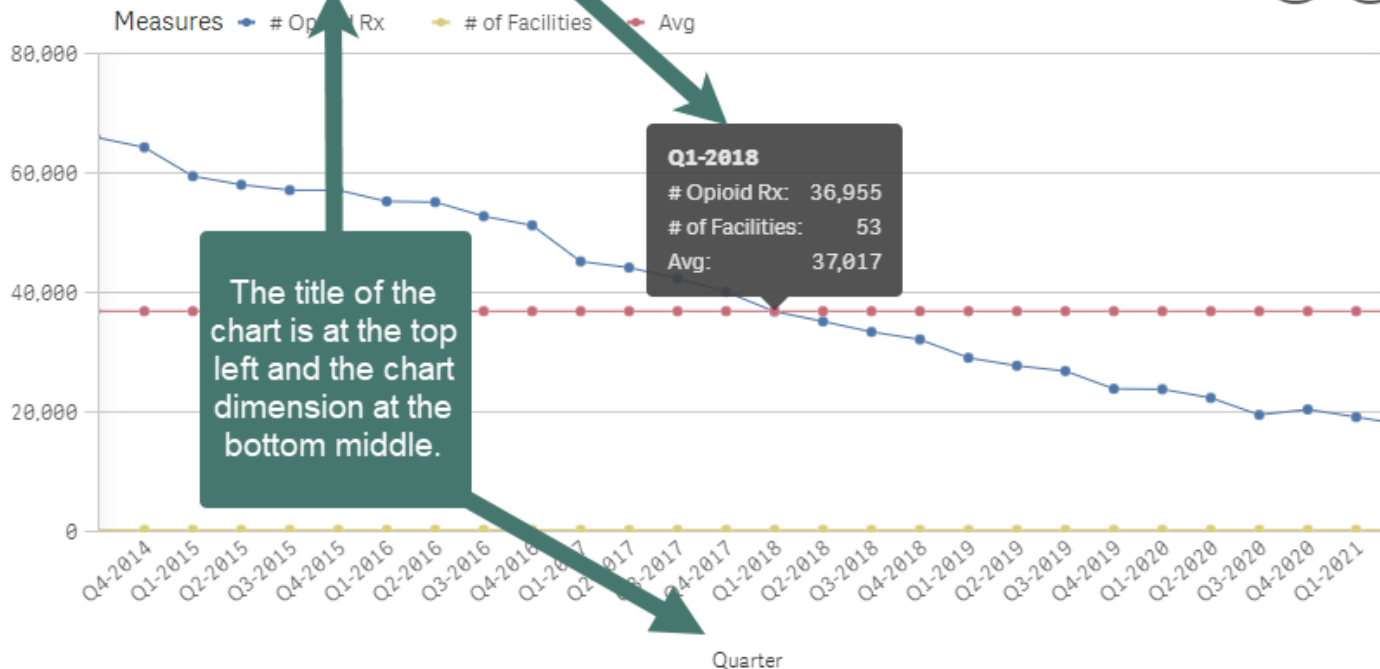


As you scroll across the left chart in the top section, the value of each data point is displayed. In this example there were 36,955 opioid prescriptions dispensed in Q1 of 2018, the total number of facilities represented are 53, and the average (red line) of all the points displayed in the graph is 37,017 prescriptions per quarter.

Click here to get a full screen view of the chart. Once in full screen mode, clicking on it again will return you to the standard view

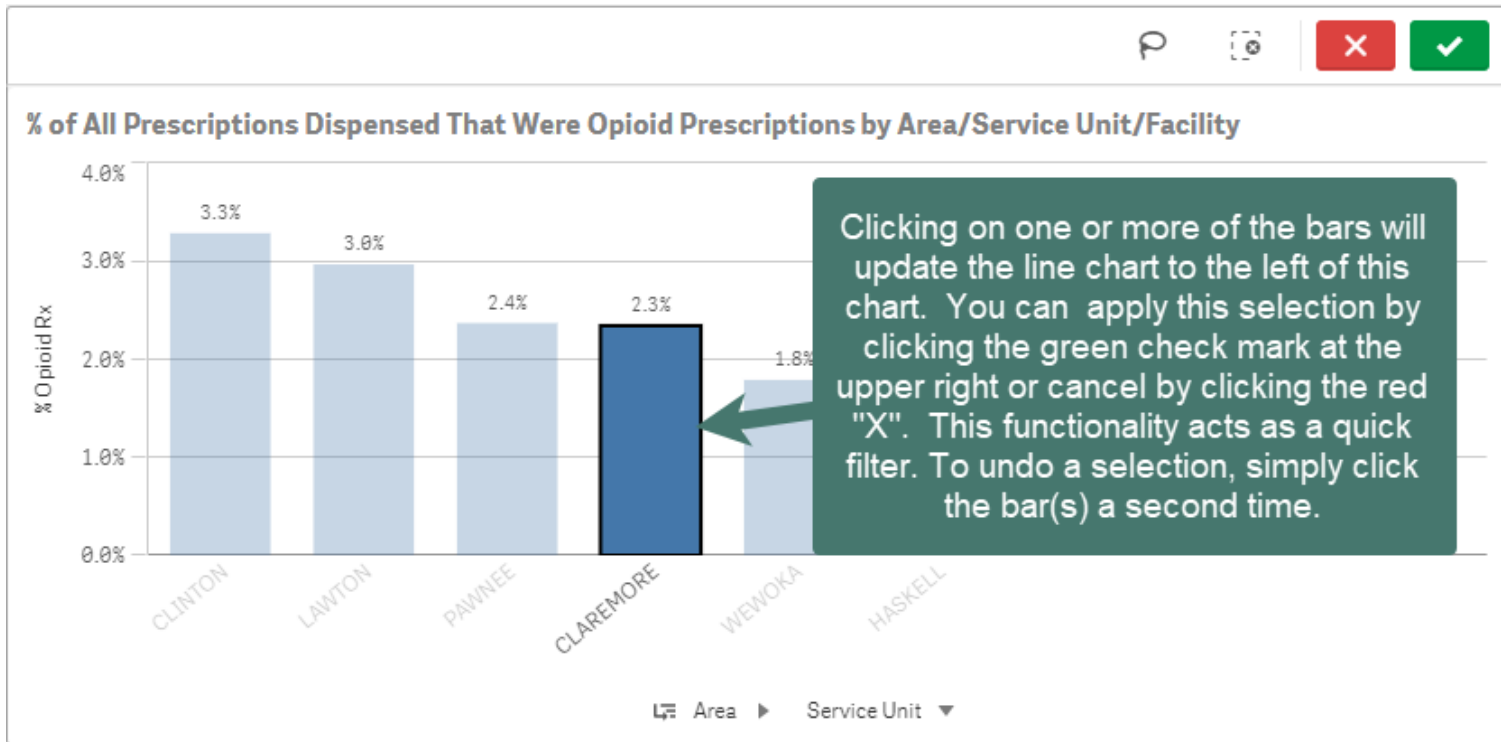
Clicking the ellipsis will give you options to go to / return from full screen, share the chart, take a screen shot of the chart, or download an image of the chart, a .pdf of the chart, or the data from the chart

of Opioid Prescriptions (# Opioid Rx) Dispensed by Quarter

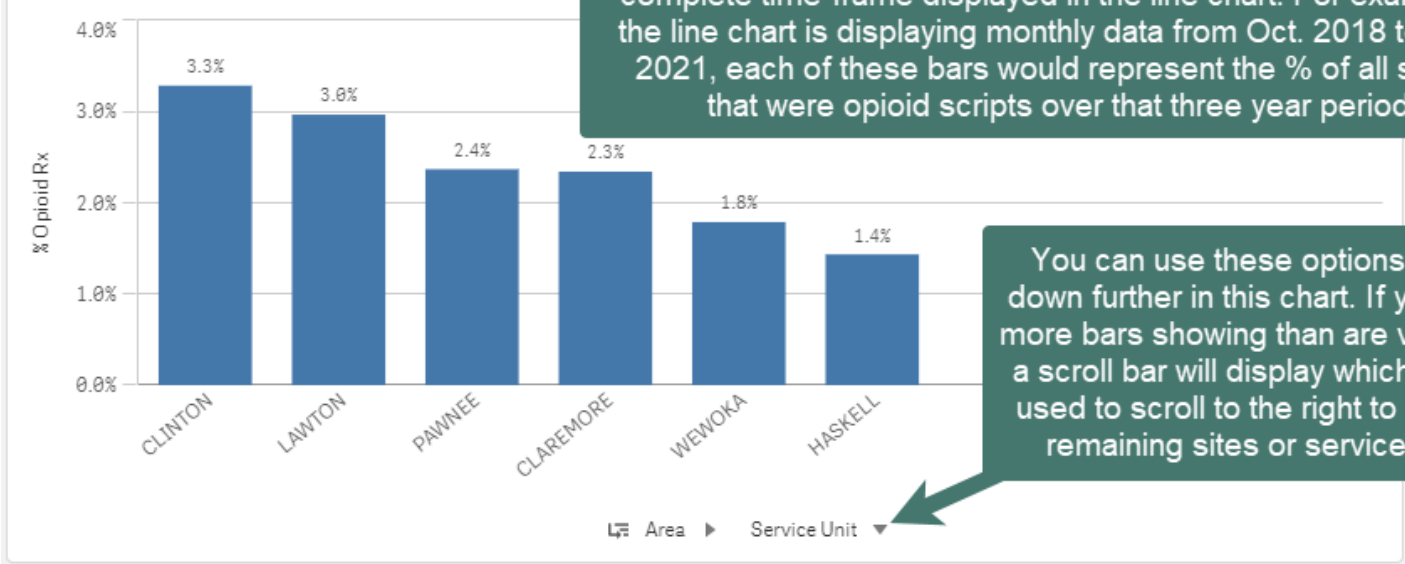


- Full screen
- Exploration menu
- View data
- Share
- Storytelling snapshots
- Download as...

The title of the chart is at the top left and the chart dimension at the bottom middle.



% of All Prescriptions Dispensed That Were Opioid

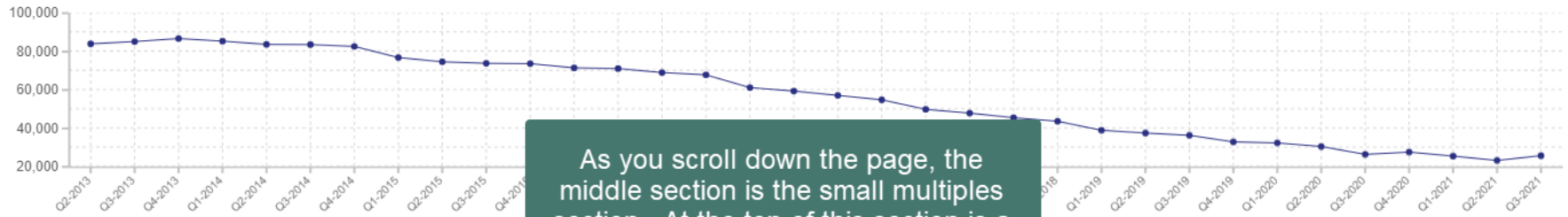


This chart is linked to the line chart situated to its left. Changes in this chart will update the line chart. Each bar represents the complete time-frame displayed in the line chart. For example, if the line chart is displaying monthly data from Oct. 2018 to Sept. 2021, each of these bars would represent the % of all scripts that were opioid scripts over that three year period.

You can use these options to drill down further in this chart. If you have more bars showing than are viewable, a scroll bar will display which can be used to scroll to the right to see the remaining sites or service units

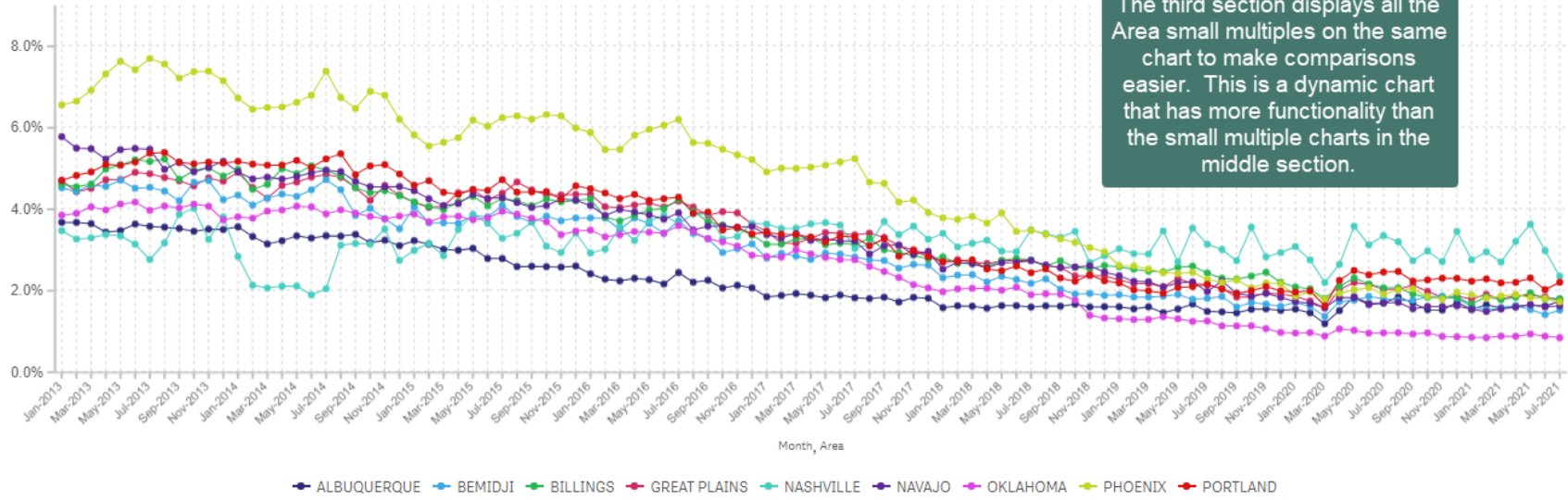
Area and National Small Multiples - # of Opioid Prescriptions (# Opioid Rx) Dispensed by Quarter

NATIONAL AGGREGATE



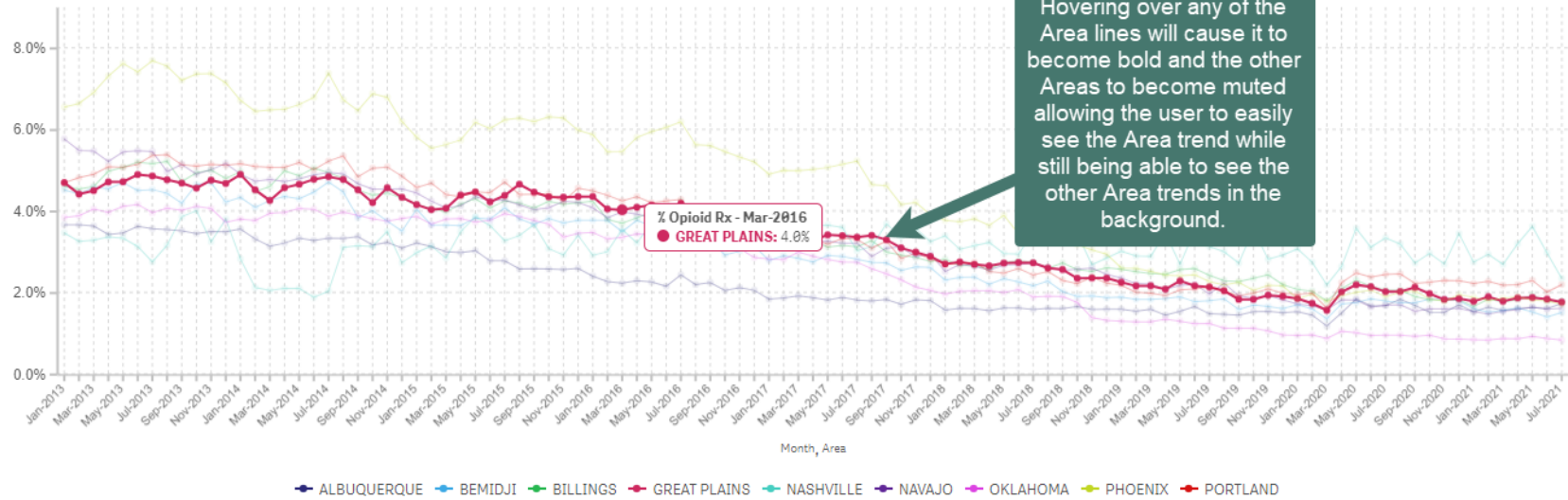
Area Comparison

Area Comparison - % of All Prescriptions Dispensed That Were Opioid Prescriptions (% Opioid Rx) by Area, Month



Area Comparison

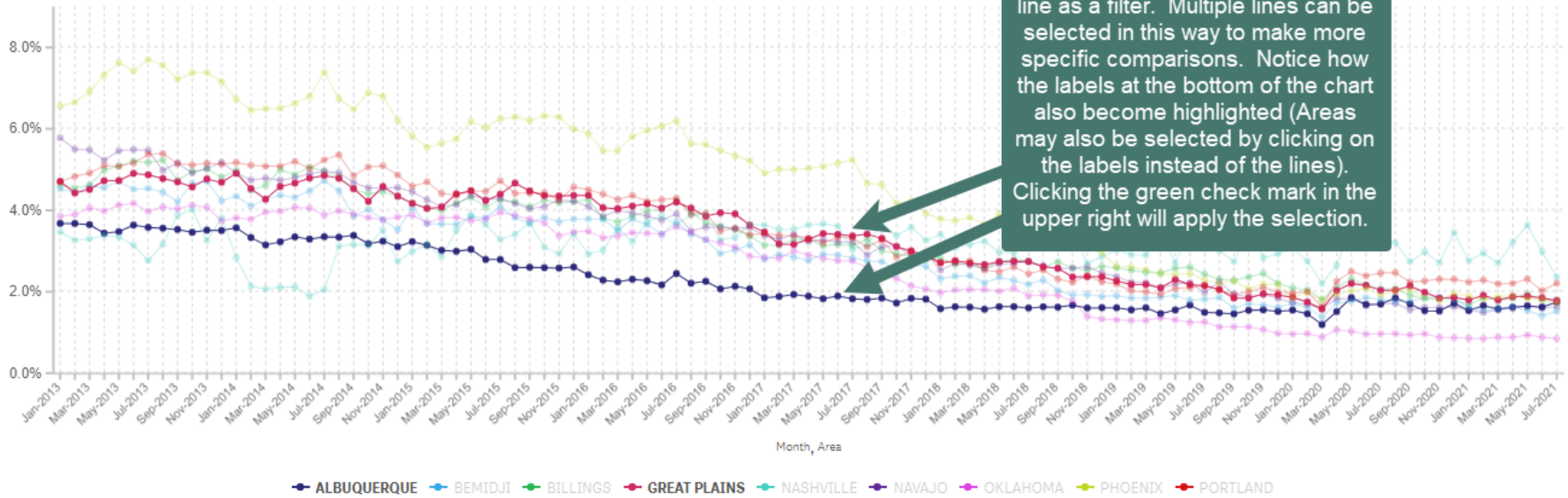
Area Comparison - % of All Prescriptions Dispensed That Were Opioid Prescriptions (% Opioid Rx) by Area, Month





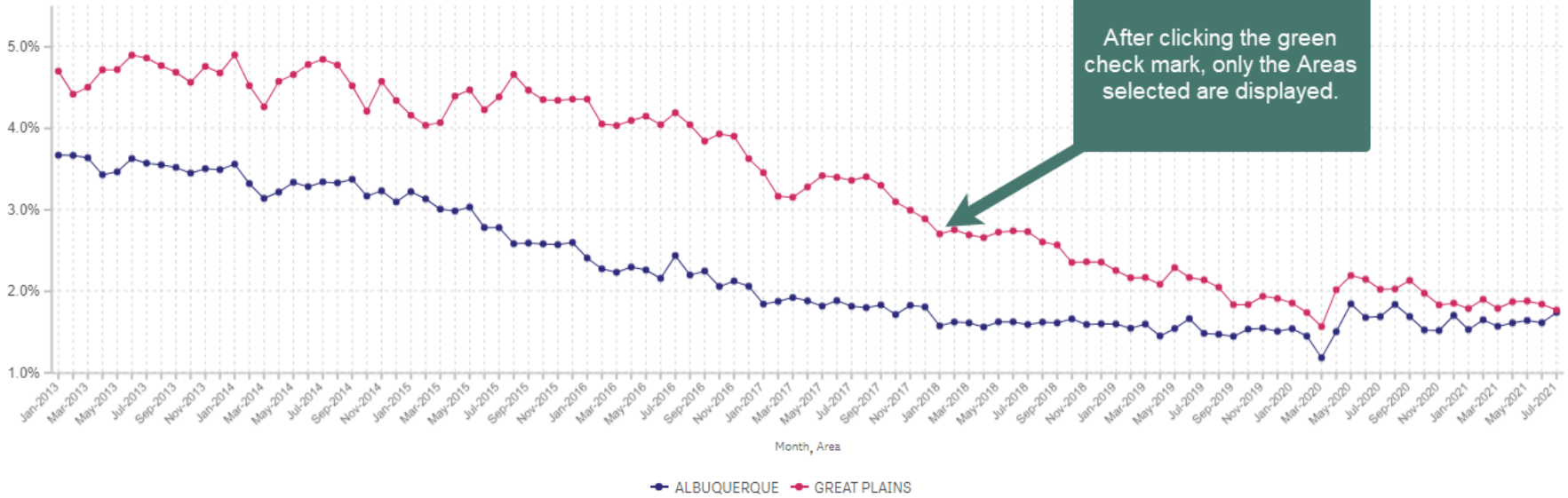
Area Comparison - % of All Prescriptions Dispensed That Were Opioid Prescriptions (% Opioid Rx) by Area, Month

Clicking an Area line will select the line as a filter. Multiple lines can be selected in this way to make more specific comparisons. Notice how the labels at the bottom of the chart also become highlighted (Areas may also be selected by clicking on the labels instead of the lines). Clicking the green check mark in the upper right will apply the selection.



Area Comparison

Area Comparison - % of All Prescriptions Dispensed That Were Opioid Prescriptions (% Opioid Rx) by Area, Month



After clicking the green check mark, only the Areas selected are displayed.

Click the "x" next to the PC Area filter at the top of the screen to revert back to the original chart or to start the Area selection again.

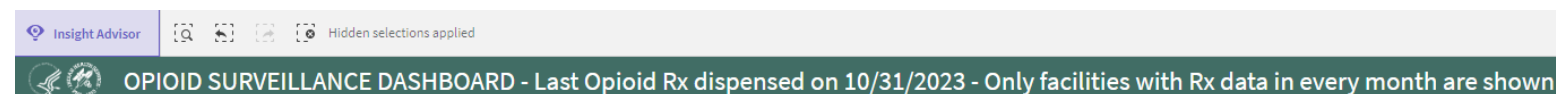
Navigation and filter controls: TEST - Opioid Surveillance, Narrate Storytelling, Duplicate, Selections, and a filter for PC Area (2 of 11).

Troubleshooting Missing Data

Verifying whether data is missing:

From within the Opioid Dashboard

1. Ensure that all filters are cleared by clicking on the “x” next to any filters that may be active so the top of the Opioid Dashboard looks like this:



2. Verify that the “Only Show Facilities with Rx Data in Every Month” parameter at the left is set to “Yes”.
3. Select “# Opioid Rx” as the measure to display.
4. On the right graph (bar graph) you will see a bar for each facility that has complete data.
5. Change the “Only Show Facilities with Rx Data in Every Month” parameter to “No” and any sites that are missing data will then appear.
6. Some “facilities” listed may seem erroneous like “Home” or “Diabetes Center”. These occur because of coding errors and represent only a handful of prescriptions at most.
7. Above each of the names of your facilities will be a number. This is the number of opioid scripts that have been sent to the National Data Warehouse (NDW). For those erroneous “facilities” mentioned in #6 you should see tiny numbers (generally <5). If you see large numbers you may need to have a discussion with the Health Information Management (HIM) department at that facility to determine what is causing the coding errors.
8. Change the “Reporting Period” at the left to “Month”
9. If there were any facilities that showed up in #4, but not in #5 do the following:
 - a. Click on the bar graph (or name under the bar for that facility). The line graph to the left will update (if you have access to more than one facility) to show what data is available for the site you selected.
 - b. Missing data will result in a hole in the “Average” line graph making it easy to identify missing data.
 - c. If there are no holes, hover over the right-most datapoint and note the month. You should have data up and until two months prior to the month showing in the “Last Opioid Rx Dispensed on” data. For instance, if the data is November 10th, there should be data showing through August.
 - d. Write down the month before, the month of, and the month after any holes in your data.
10. After you have gone through each of your facilities and written down what data is missing, please provide this data to your Area RPMS support and/or Clinical Informaticist(s) or depending on the circumstances the local Site Manager and/or Clinical Informaticist(s).

Fixing missing data:

It is recommended that the below actions be performed by Area RPMS support or the Site Manager and/or Clinical Informaticist of the Area/Facility/Service Unit which is missing data. If your site is missing data in one or more months, follow all the steps below – not proceeding from one step to the next until the previous step has been completed. There may be multiple issues going on in your system as has been that case at other sites, so completing all the steps will prevent delays in getting your site’s data to the NDW.

There are multiple steps that must take place after you send your data to the NDW before the data will be made available to the Opioid Dashboard. This process can take as long as one (1) month, but may take as little as two (2) weeks. Therefore, when you check the dashboard to verify your data is now flowing to the dashboard, make sure that the “data refreshed on” date obtained in the “Verifying whether data is missing:” step #11-b is at least two (2) weeks after the fix below was performed.

Steps to follow to ensure all data is available to the Opioid Dashboard:

Before you begin, please download the BDWH User Manual found by clicking the following link and looking under the subheading “Opioid Surveillance Dashboard Guidance Documents”: <https://www.ihs.gov/opioids/opioidresponse/techassistance/>. This manual has some highlighting relative to the BDWH (prescription drug export) patch as well as some comments to help guide you, however, it is recommended that the full User Manual be reviewed and not just the highlighted sections as it has information relative to both the BDW (visit data export) and BDWH patches, which are both necessary to be able to populate the Opioid Surveillance Dashboard.

For most multi-divisional sites, only the parent site will export data, however this is not always the case. It is assumed that the person working these instructions will be able to determine if their multi-divisional site has a single export or multiple. Once again, most have a single export. Please keep this in mind as you go through these instructions as they are written as if there is only a single export.

1. Correct any single months missing data on the Opioid Dashboard:

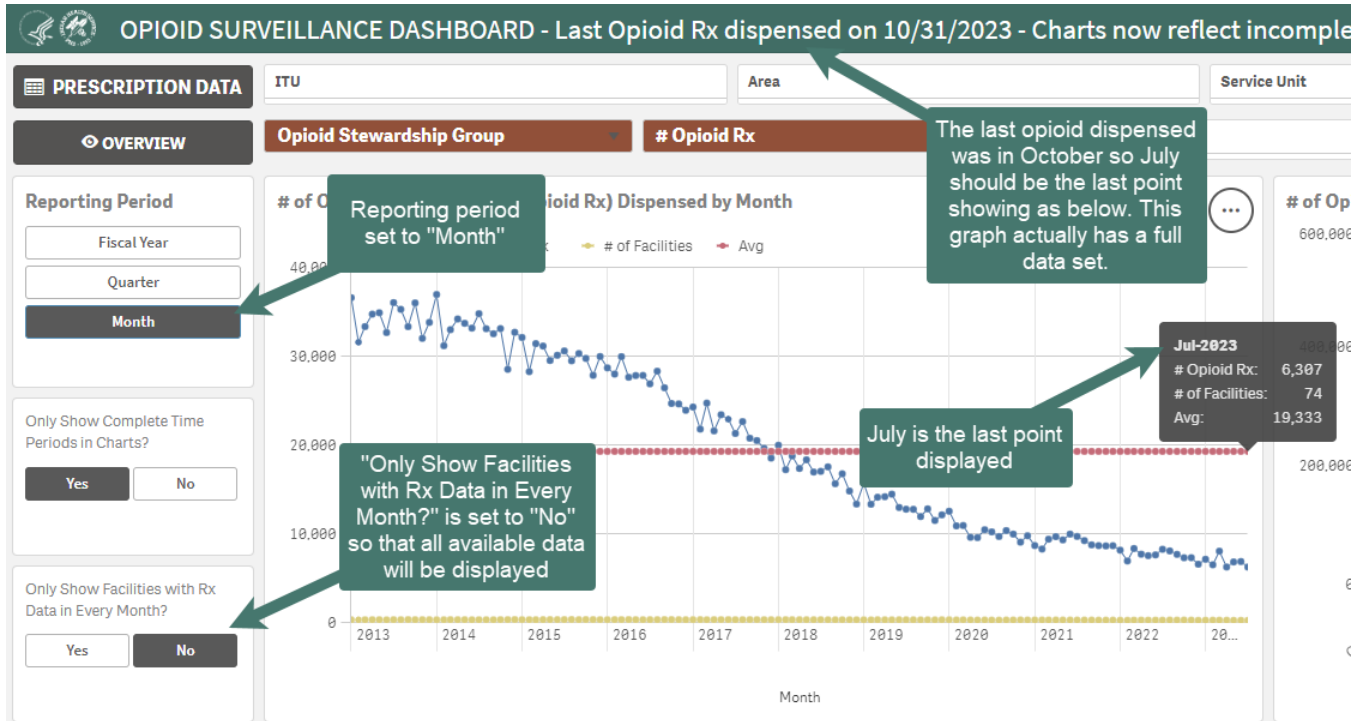
- a. If the data missing on the dashboard has data on both sides of it, this means something happened during that period, but that things are working as they should now.
- b. If the missing data does not have good data on both sides of it in the Opioid Dashboard, proceed to step 2.
- c. To re-export a specific month or months of data, perform the following:
 - i. From the “Data Warehouse Export Menu ...” select “PREX Prescription Drug Data Warehouse Export Menu ...” and then “PRRX Re-Run Previously Run Prescription Export.”
 - ii. At the “Select BDW PRESCRIPTION EXPORT LOG ORIGINAL RUN DATE:” prompt type “??” and hit enter.
 - iii. Find the specific date export you need to re-run remembering that the date of the run will be for the previous month (so long as that is what you have your export frequency set to). So if your exports run on the 1st of the month and the month missing is August, you would re-export the September 1st export for the year in question. If for some reason there is not a file that corresponds to the dates that you are missing, you may need to create a new export for a specific date range – if so, follow the directions below, otherwise continue with step iv.
 1. Determine the specific date range you need to export. We are not certain of this, but we believe it best to overlap slightly with dates that are in the dashboard, both before and after the missing timeframe.
 2. Submit a ticket to the IT Helpdesk with a subject something like, “Please assign to NPIRS. We are missing data in the Opioid Surveillance Dashboard and it appears we will need to use the PRDR option in RPMs to generate a specific data range of data for upload to the NDW. We would like to request authorization to do so. Thank you.”
 - iv. At the “Do you want to regenerate the HL7 messages for this run?” prompt answer “Y” for yes.
 - v. At the “Do you want to QUEUE this to run at a later time?” prompt answer “Y” for yes and type in the date and time you want to run the report (e.g., T@2100 or 11-15-21@0200). Make sure you choose a non-peak time for your facility.
 - vi. Check the PUB after your queued re-report to make sure the file was created. For instructions on how to determine where your PUB is, please see #7 items a to e.
 - vii. After you have verified the file was created and showed up in your PUB, you can verify that your files made it to the NDW by accessing this link: <http://export.d1.na.ihs.gov/>. (note: it takes 20 seconds or more to load)
 1. Choose your Area using the “Choose Area:” dropdown and click the “go” button
 2. Choose your site using the “Site:” dropdown and click the “go” button

3. Look for your file (by filename) in the list.
4. If it has only been a few hours since you ran the BDWH export, you may need to give it one more day to show up in the NDW, but if it has been more than 2 business days and it still isn't there, it probably isn't going to make it there.
5. If your file is in the PUB but isn't making it to the NDW, you may need to skip to #9 to resolve this issue.

viii. Check the Dashboard 2 weeks to 1 month later to see if the data is now included.

2. **Correct data missing in the most recent month(s) that should be populated:**

- a. If the missing data on the dashboard is ONLY in the most recent month or months but all other data – back to 2013 – is populated, follow the steps below before proceeding to step #3 – otherwise, skip to step #3 now (i.e., you are missing more data than just the most recent data). For an explanation of what “most recent” data means, see items “b” and “c” below.
- b. To determine what the most recent month should be in the dashboard, the “Data refreshed on . . .” date from the dashboard should have been provided to you. If not, it is found on the banner at the top of the dashboard.
- c. The Opioid Dashboard excludes the month of the most recent refresh plus the previous two months of data. In the example below, 11/18/2021 is the refresh date, so the last datapoint in the Opioid Dashboard should be for August 2021 (September, October, and November will not show on the Opioid Dashboard). However, the data ends in July, and therefore is incomplete (and why nothing shows when the “Only Show Facilities with Rx Data in Every Month?” is set to “Yes”, however, you can see that data goes all the way back to January 2013 (this is what we should see), so everything is complete except for August 2021 (and maybe part of July 2021 based on the steep drop of the July data point). Once the “Data refreshed on” date is a date in December, then September’s data would show up on the Opioid Dashboard, etc.



- d. When processing prescriptions for export, the BDWH system creates a temporary file that then has to be cleared before the next export. From time to time this temporary file will not be cleared automatically and has to be cleared manually.

- e. Check whether the ^BDWHTMP global is hung up:
 - i. From the “Data Warehouse Export Menu ...” select “PREX Prescription Drug Data Warehouse Export Menu ...” and then “PRGT Generate Prescription Export Transactions.” Note: you will need the BDWHZMENU key to access these menu options.
 - ii. If there was a problem, you will not get the “Do you want to continue?” prompt and it will not tell you when the last run was and what was exported. Instead you will get something like:

“This option will generate Pharmacy Prescription Data Warehouse HL7 messages for prescriptions filled between a specified range of dates.
You may “^” out at any prompt and will be ask to confirm your entries prior to generating the HL7 messages.

previous PRESCRIPTION export not written to host file
Contact your site manager. **^BDWHTMP still exists.”**
 - iii. If you don’t see this, skip to letter “f” below.
 - iv. If you see this, you will need to open a ServiceNow ticket. Please put in the ticket something to the affect, “BDWH export to the NDW is stuck because the the ^BDWHTMP global still exists and needs to be cleared.”
 - v. After you receive confirmation that the ^BDWHTMP global has been deleted, got back to the PRGT option. It should now tell you when the last successful run of data was. You should now get the “Do you want to continue?”
 - 1. Answer “Yes” to the “Do you want to continue?” prompt.
 - 2. Answer “Yes” to the “Do you want to QUEUE this to run at a later time?” prompt and then put in a non-peak time for it to run – ideally late today (e.g., T@2000).
 - vi. The next morning, run the PRDL option and get your fileman:
 - 1. At the “Select BDW PRESCRIPTION EXPORT LOG ORIGINAL RUN DATE:” prompt type “??” and hit enter.
 - 2. Select the number for the date when you ran the export (probably yesterday’s date)
 - 3. Use the down arrow to scroll down to where you can see the “Filename Created:” field and copy the name to Notepad to reference later.
 - vii. Check the PUB to make sure the file was created (this will likely be the following day). For instructions on how to determine where your PUB is, please see #7 items a to e.
 - viii. Verify your file(s) made it to the NDW by following the steps in 1.c.vii above.
 - ix. Check the Dashboard 2 weeks to 1 month later to see if the data is now included.
 - x. If after a month your data is still not in the dashboard, proceed to step #3.
- f. Check whether the file generation got hung up:
 - i. If the ^BDWHTMP doesn’t appear to be the problem, another problem that may arise is that the file didn’t get created, because there was some interruption in the system during the creation of the file. You will also see this when running the PRGT option. It will look something like this:

“This option will generate Pharmacy Prescription Data Warehouse HL7 messages for prescriptions filled between a specified range of dates.
You may “^” out at any prompt and will be ask to confirm your entries prior to generating the HL7 messages.

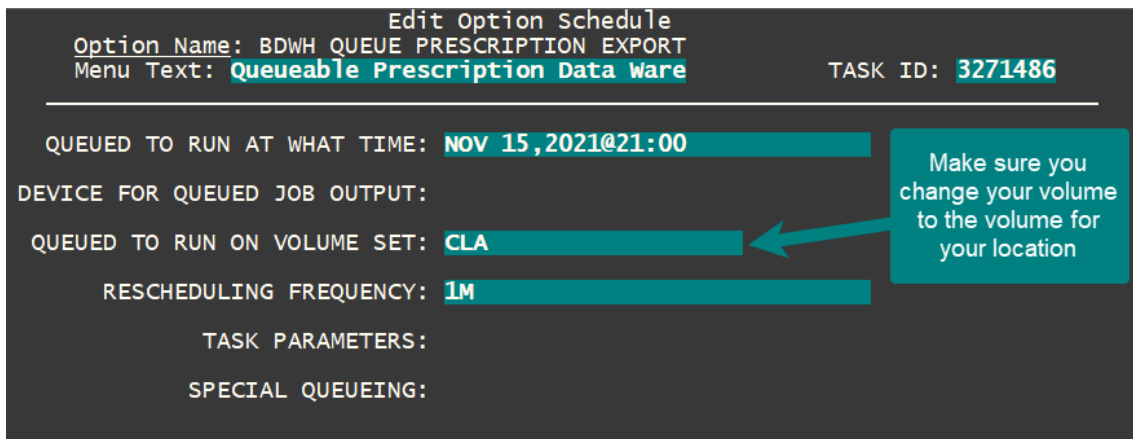
Last run was for Prescription Fill dates JUL 07, 2020 through JUL 31, 2020.
Data Warehouse Prescription Transmission is currently running!!”
 - ii. If you don’t see this, proceed to step #3.

- iii. First you will need to figure out what happened to cause the task to fail in the middle of running. Was there a server error? Was the disk too full, etc.? If there is no explanation, it is still ok to proceed, just know that it may fail again if the problem hasn't resolved or been fixed.
- iv. Next, look at the PRDL to see if you see the log entry for the date range mentioned in letter "f" when you ran the PRGT option. The log file will be the file created the day after the end date listed. So in the example in "f" the log file in question would be the one for Aug 1, 2020.
- v. Look into the log and make sure it shows that a file wasn't created (i.e., the "Number of Prescription Fills Processed:" and "Total Number of Fills Exported:" should be blank as well as the "Filename Created:" field).
- vi. Once you have determined which log file is stuck, run the "PRRL Reset Prescription Export Log" option and choose to reset the log file you found in letter "i" above. It will give you a bunch of nasty warnings, but so long as you are sure which file is the stuck one, go ahead.
- vii. Once the log has been reset for the file, you should be able to go into the PRGT option and queue the new export.
 1. Answer "Yes" to the "Do you want to continue?" prompt
 2. Answer "Yes" to the "Do you want to QUEUE this to run at a later time?" prompt and then choose a non-peak time later today (e.g., T@2100).
- viii. The next morning, run the PRDL option and get your fileman:
 1. At the "Select BDW PRESCRIPTION EXPORT LOG ORIGINAL RUN DATE:" prompt type "???" and hit enter.
 2. Select the number for the date when you ran the export (probably yesterday's date)
 3. Use the down arrow to scroll down to where you can see the "Filename Created:" field and copy the name to Notepad to reference later.
- ix. Verify the file made it to your PUB. The files should generate at that time and show up the next morning in your PUB. For instructions on how to determine where your PUB is, please see #7 items a to e.
 1. If no file name is listed or the file doesn't show up in the PUB it may be that there is a larger server error causing the problem.
 2. You may need to repeat #2 after determining what is causing the files to fail to generate.
 3. If you can't figure out what is causing the files to fail to generate, please submit a ServiceNow ticket and put something in the ticket to the effect, "BDWH files are failing to generate and are hanging up in RPMS."
- x. Verify your file(s) made it to the NDW by following the steps in 1.c.vii above.
- xi. Check the Dashboard 2 weeks to 1 month later to see if the data is now included.
- xii. If after a month your data is still not in the dashboard, proceed to step #3.

3. Ensure that all BDW patches are installed:

- a. From the "Kernel Installation & Distribution System ..." menu select the "Utilities ..." menu then the "Display Patches for a Package" option.
- b. At the "Select PACKAGE NAME:" prompt type "BDW" and hit enter 4 times.
- c. The patches installed on the system will be listed. You should have at least patch 1 through 6 installed, and there is a patch 7 as well that is recommended to be installed. Patch #6 was the BDWH patch which contained the logic for exporting opioid data to the NDW. **However, the other BDW patches and exports are necessary because the NDW uses both the BDW and BDWH data to get the complete data set necessary to populate the dashboard.**
- d. If patches 1 through 7 are already installed, skip to step 4.
- e. If patches are missing, please follow the installation and user manual instructions carefully to ensure your data is populated correctly.

- f. Before queuing or scheduling any exports (as per the installation/user manual instructions), make sure that steps 4 and 5 below have been completed.
 - g. Specifically, for the BDWH patch, the user manual for the patch (BDW Version 1.0, Patch 6, June 2019) must be followed very carefully all the way through including the BDW parts (as these make sure you have the BDW portion installed and working). With regards to the BDWH patch, make sure you send both the Backload AND set up the BDWH QUEUE PRESCRIPTION EXPORT in Taskman to export monthly.
4. **Verify that your system is generating BDW and BDWH files** (if you set up your system for the first time in step 1, you will not see any files here yet until your start generating them via the tasks you queue and the tasks you set up in Taskman):
- a. The BDW menu is locked with the BDWZMENU key and the BDWH menu is locked with the BDWHZMENU key
 - b. Check if your **BDW** exports are being generated:
 - i. From the “Data Warehouse Export Menu ...” select the “Display Log Entry” option.
 - ii. At the “Select BDW DATA WAREHOUSE EXPORT LOG BEGINNING DATE:” prompt type “??” and hit enter.
 - iii. If you have been exporting to the BDW regularly, you should see at least monthly entries going back as far as when you installed the BDW patch.
 - iv. Enter down to the bottom of the list.
 - v. Verify that your last entry is one (1) month or less ago. If not, you will need to modify the BDW QUEUE GDW task in Taskman to export at least monthly (i.e., 1M). You may also consider twice a month on specific days if you are a larger site; for instance 1m(1,15) will export monthly on the 1st and 15th of the month. You may need to work with your RPMS support to get this setup.
 - c. Check if your **BDWH** exports are being generated:
 - i. From the “Data Warehouse Export Menu ...” select “PREX Prescription Drug Data Warehouse Export Menu ...” and then “PRDL Display Prescription Export Log Entry.”
 - ii. At the “Select BDW PRESCRIPTION EXPORT LOG ORIGINAL RUN DATE:” prompt type “??” and hit enter.
 - iii. If you have been exporting to the BDWH regularly, you should see at least monthly entries going back as far as when you installed the BDWH patch. If you are exporting more often than monthly, it is recommended you change your export to only export monthly.
 - iv. Enter down to the bottom of the list.
 - v. Verify that your last entry is one (1) month or less ago. If not, you will need to modify the BDWH QUEUE PRESCRIPTION EXPORT task in Taskman to export monthly (i.e., 1M). You may need to work with your RPMS support to get this setup.
5. **Verify that you have generated the backload file for BDWH:**
- a. From the list of files you found in 2.c.ii above, select the first file generated.
 - b. In the details that are displayed, you should see a “Backload Begin Date:” that is JAN 01, 2013 and a “Backload End Date:” that is DEC 31 of the year prior to your generating the backload. If this is not the case, please refer to the BDWH user manual’s instructions on sending the backload found in sections 5.1 and 5.1.1 of the BDWH User Manual.
6. **Verify that you have scheduled BDW and BDWH tasks in Taskman** (you may have already looked at both of these in step 3, if so, proceed to step 5):
- a. In RPMS navigate to “Taskman Management ...” then select “Schedule/Unschedule Options.”
 - b. Type BDWH QUEUE PRESCRIPTION EXPORT at the “Select OPTION to schedule or reschedule:” prompt.
 - c. Verify that it is set up correctly (i.e., a future date and time in the QUEUED TO RUN AT WHAT TIME: field, your volume set entered in the QUEUED TO RUN ON VOLUME SET: field, and “1M” (please keep this one at 1M and no more frequent) in the RESCHEDULING FREQUENCY: field. The rest of the fields can remain blank. An example is below. The actual date and time in the “QUEUED TO RUN AT WHAT TIME:” field may be different in your system and that is fine. The BDW QUEUE BDW will look very similar but should have a different time so they aren’t trying to run at the same time.



- d. Hit the F1 key and then the Q key to quit without saving or if you made changes that need to be saved hit F1 and then E to exit and save changes.
- e. Type BDW QUEUE GDW at the “Select OPTION to schedule or reschedule:” prompt.
- f. Verify that it is set up correctly (i.e., a future date and time in the QUEUED TO RUN AT WHAT TIME: field, your volume set entered in the QUEUED TO RUN ON VOLUME SET: field, and “1M” in the RESCHEDULING FREQUENCY: field. The rest of the fields can remain blank.
- g. Hit the F1 key and then the Q key to quit without saving or if you made changes that need to be saved, hit F1 and then E to exit and save changes.

7. Verify that files are being dropped in the PUB:

- a. **For sites running RPMS on a Windows-based server:** navigate to the PUB file location of your RPMS server. The easiest way to verify where this is to run any report in RPMS and when you get to the DEVICE: prompt, type “HFS” and hit enter. It will say something like: HOST FILE NAME: G:\PUB\YOURFILE.TXT//. You can use “^” to exit, but note that in this example G:\PUB\ is the pub location on the RPMS system. Yours may be slightly different, but the drive letter and the directory/directories that is/are listed before “YOURFILE.TXT” is where you need to access for this step.
- b. To access this location you need to know your RPMS server IP address and then in Windows File Explorer type [\\161.223.234.34\PUB](#) in the address bar at the top replacing the IP address with your IP address and PUB with whatever you found in step 5.a.
- c. **For sites running RPMS on a server not running Windows:** Use whatever system you use to access your server files and you PUB folder (e.g. SecureFx).
- d. Now in the search box at the upper right type “*.BDW”. This will pull up all the BDW related files your system has created. Note: if you do not see any .BDWH or .BDWC files, you may need to search for “*.BDW*” instead.
- e. If you do not see any files, it may be that they are being saved in a different folder on the RPMS server. You will need to locate the .BDW and .BDWH files before continuing.
- f. Verify that you have both .BDW and .BDWH files listed. You will likely have a lot of .BDWC files from the COVID exports so you will have to do some scrolling to find some .BDW and .BDWH files. Pay attention to the dates of these files because you won’t see .BDWH files after the date when you first started making those exports.
- g. The actual files you saw listed in step 2 should be found here. You will notice that the .BDW files are much larger than the .BDWH files. This is because the .BDW files contain all visits and all BDW data from those visits. The .BDWH files only contain prescription data.
- h. After you find your .BDW and .BDWH files, open one of each using Notepad.
- i. These files are HL7 files and each line starts with a segment name/delimiter.
- j. About 3 lines down in both files you should see an MSH segment. The MSH segments should start with “MSH|^~\&|”. Verify that these segment start this way as well as the next 2 instances start this way as well (just find

the next two times there is an MSH segment). The “^~\&” is the encoding characters that will be described in future steps.

- k. Additionally, verify that you see a lot of “|” characters separating the data – these are the field separator that will be described in future steps.
- l. If your MSH segments are incorrect at all or you are missing field separators, please refer to the step talking about the SCRIPT GENERATOR MESSAGE.
- m. Just a matter of note, once these files hit the PUB they are then ftp’d to the NDW. There can be problems with the ftp setup which will be addressed in the step talking about ZISH.

8. Verify encoding characters and field separators in the SCRIPT GENERATOR MESSAGE file:

- a. Go to Fileman.
- b. Choose the “Inquire to File Entries” option.
- c. At the “OUTPUT FROM WHAT FILE:” prompt, type “SCRIPT GENERATOR MESSAGE” and hit enter.
- d. At the “Select SCRIPT GENERATOR MESSAGE NAME:” prompt type “HL IHS DW1HOPE HEADER” and hit enter.
- e. At the “ANOTHER ONE:” prompt select HL IHS DW1HOPE 013.
- f. At the “ANOTHER ONE:” prompt select HL IHS DW1HOPE TRAILER.
- g. At the “ANOTHER ONE:” prompt just hit enter three (3) times.
- h. You will be presented with the output from these three scripts in the order you entered them. Verify that each one’s “ENCODING CHARACTERS:” say “^~\&” and “FIELD SEPARATOR:” say “|” (without the quotation marks).
- i. If the field separator is blank, you can use Fileman’s Enter/Edit option (if you have access) and know what you are doing otherwise, you will need to submit a Service Now ticket that says something like: “The FIELD SEPARATOR: field for the HL IHS DW1HOPE HEADER, HL IHS DW1HOPE 013, and HL IHS DW1HOPE TRAILER has incorrect or missing character. The FIELD SEPARATOR: must be “|” but currently is not.” You can also leave out any of the HL IHS DW1HOPE items that don’t have problems to focus on the ones that do.
- j. If your encoding characters are bad or missing, you will need to put in a ticket as Enter/Edit will not allow you to put an “^” at the first of the four (4) characters to fix it yourself. The “^~\&” has to be added from the programmer prompt. To resolve this, please submit a Service Now ticket that says something to the effect: “The ENCODING CHARACTERS: field for the HL IHS DW1HOPE HEADER, HL IHS DW1HOPE 013, and HL IHS DW1HOPE TRAILER has incorrect or missing characters that can only be updated in programmer mode. The ENCODING CHARACTERS: must be “^~\&” but currently are not.” You can also leave out any of the HL IHS DW1HOPE items that don’t have problems to focus on the ones that do.

9. Verify that the ZISH settings are correct:

- a. If steps 1 - 6 have all checked out, but you still are missing data on the Opioid Dashboard, it is likely that the ZISH settings are not correct. These will affect both BDW and BDWH files.
- b. When files are generated by the BDW and BDWH tasks and are dropped into the PUB on the RPMS server, they are then picked up in the background and sent to the NDW via ftp. The ZISH parameters are the first part of this and the ftp setup is the second part.
- c. The ftp sending of the file will use one of two types: sendto or powershell. Sendto is outdated and powershell is newer. You can look at the BZLSEND routine in HealthShare (Studio) and read the comments at the top of that routine for a little more information.
- d. To check out the ZISH SEND PARAMETERS:
 - i. Go to Fileman.
 - ii. Choose the “Inquire to File Entries” option.
 - iii. At the “OUTPUT FROM WHAT FILE:” prompt, type “ZISH SEND PARAMETERS” and hit enter.
 - iv. At the “Select ZISH SEND PARAMETERS:” prompt type “DATA WAREHOUSE SEND” and hit enter 4 times.
 - v. If the “SEND COMMAND:” field says “sendto” skip to step ix.

- vi. If the "SEND COMMAND:" field says "powershell" then verify that "USERNAME:" is dwxfer, the "PASSWORD:" is regpcc, the "ARGUMENTS:" do not start with a "-", and the "BACKGROUND/BACKGROUND" is "BACKGROUND". The "ARGUMENTS:" can be anything so long as they don't start with "-". Ours are "ascii" but if yours is something different and it doesn't start with a dash, then you are probably fine.
- vii. The "TARGET SYSTEM ID:" is something that should have been set up when the ZISH for the export was set up.
- viii. If any of the items in step vi were wrong, these can be changed using Fileman Enter/Edit if you feel comfortable doing so, otherwise reach out to tier 3 for help as described in step ix.
- ix. Your "SEND COMMAND:" says "sendto" or if it says "powershell" but you don't see any clear issues as described in step vi, then you will need to submit a ServiceNow ticket that says something like: "The ZISH SEND PARAMETERS and/or the sendto or powershell ftp scripts/settings for sending data from RPMS to the NDW do not appear to be working at our site. BDW files are being generated by RPMS, but they are not getting sent to the NDW." This should get you ticket sent to the right place so you can get the help you need.

10. Verify file creation, upload to the NDW, and population of the Opioid Dashboard:

- a. After you have performed the steps above and your queued tasks have run for the backload and/or your scheduled task(s) in Taskman, perform the following:
 - i. Check the PUB to make sure the file(s) was created.
 - ii. Verify your file(s) made it to the NDW by following the steps in 1.c.vii above.
 - iii. Check the Dashboard 2 weeks to 1 month later to see if the data is now included.
 - iv. If after a month the files are still not available, double-check the steps above to make sure nothing was missed. If everything checks out, proceed to step 11.
11. If after performing the above and waiting at least one (1) month since you believe your data was submitted, if your data is still not showing in the dashboard, please reach out to nicholas.sparrow@ihs.gov or the IHS Opioid Dashboard Users listserv Opioid_Dashbd@listserv.ihs.gov. (Note: you must sign up for the listserv using the instructions at the end of the General Overview section before you will be able to send a message to the listserv).

Appendix A

Documenting Naloxone in EHR

Naloxone Obtained at Your Facility:

So long as naloxone is processed through RPMS outpatient pharmacy package and dispensed to the patient, the data will be transmitted to the Dashboard.

Naloxone Obtained from Another Source:

If naloxone was obtained from an outside source, it should be documented using the “Outside Medications” section of the medications tab. Documenting a “Start Date” is necessary for the Dashboard to recognize the entry. Lastly, naloxone documented as an “Outside Medication” will not currently show on the dashboard but is in the queue for future development.

Document Herbal/OTC/Home Medications

Naloxone SOLN.SPRAY.NASAL

Dosage	Route	Schedule
CONTENTS OF 1 NASAL SPRAY 4MG/SPRAY	NASAL	UD
CONTENTS OF 1 NASAL SPRAY 4MG/SPRAY	NASAL	TID TID AC TID PC TID W/MEALS TU TU-TH TU-TH-FR-SA TU-TH-SAT TU-WE-TH TU-WE-TH-FR

Comments:

Statement/Explanation

Home Medication List Source

Medication Reason

Location of Medication

Start Date: 04-Apr-2023

Last Dose Taken:

Naloxone SOLN.SPRAY.NASAL 4MG/SPRAY
USE CONTENTS OF 1 NASAL SPRAY IN NOSTRIL(S) AS DIRECTED Start Date: 04-Apr-2023

Naloxone Offered but Refused by Patient:

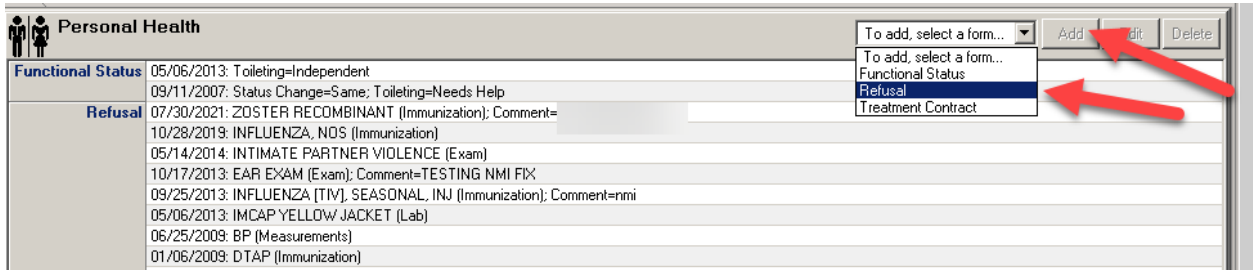
When a patient or the patient's legal representative refuses medically indicated naloxone, documentation should reflect that the provider discussed the proposed naloxone treatment, the expected benefits and outcome of the treatment and the risks of nontreatment. This documentation would validate the providers efforts to discuss naloxone and the providers advice for treatment.

A naloxone refusal should only be utilized when the patient does not have naloxone from any source and does not want to get naloxone.

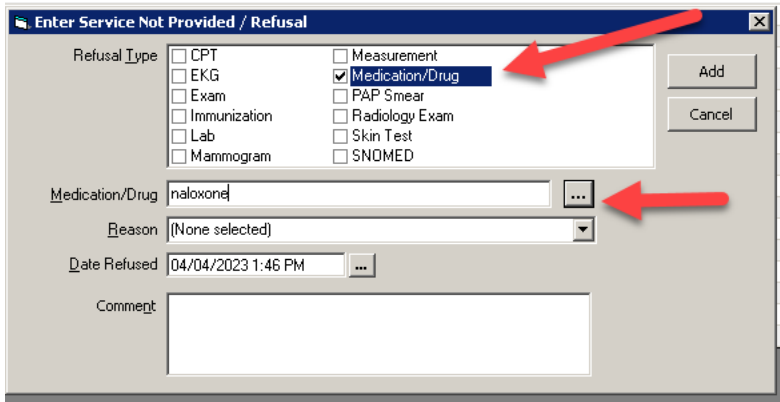
A properly documented refusal will be reflected in the Dashboard as an attempt to provide naloxone.

Follow the below instructions to properly document a naloxone refusal:

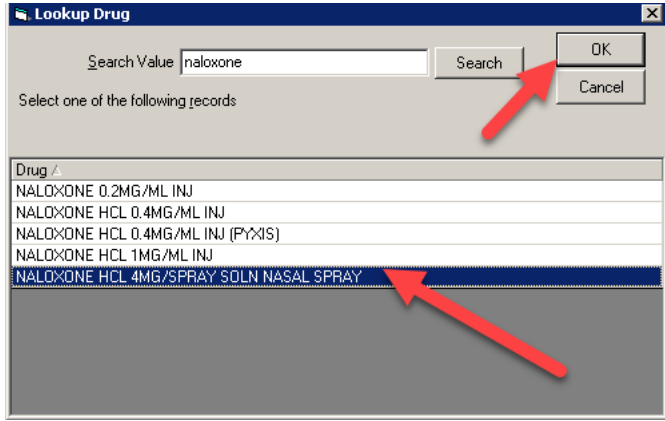
- 1. Navigate to the Personal Health component of your EHR, select “Refusal” from the dropdown menu then select the “Add” button.



- 2. In the dialog box that appears, select Medication/Drug as the Refusal Type. Then, type in “naloxone” in the Medication/Drug field and select the “...” search button to search for naloxone drug entries in your system.



- 3. From the list that appears, choose the naloxone entry that was offered (if more than one form was offered, there is no need to document refusals to each type – just choose 1) and select “OK”



- 4. You will be taken back to the main refusal dialog. Select a reason for refusal. Recommended reason is “drug declined by patient.” The date refused can also be adjusted if needed. Comments may be added as well. When complete, click the “Add” button.

Enter Service Not Provided / Refusal

Refusal Type

<input type="checkbox"/> CPT	<input type="checkbox"/> Measurement
<input type="checkbox"/> EKG	<input checked="" type="checkbox"/> Medication/Drug
<input type="checkbox"/> Exam	<input type="checkbox"/> PAP Smear
<input type="checkbox"/> Immunization	<input type="checkbox"/> Radiology Exam
<input type="checkbox"/> Lab	<input type="checkbox"/> Skin Test
<input type="checkbox"/> Mammogram	<input type="checkbox"/> SNOMED

Add
Cancel

Medication/Drug: NALOXONE HCL 4MG/SPRAY SOLN NASAL SPRAY

Reason: Drug declined by patient

Date Refused: Allergy to drug
Angiotensin converting enzyme inhibitor declined
Angiotensin II receptor antagonist declined
Complication of medical care
Considered and not done
Contraindicated
Delay in receiving benefits
Discontinued
Drug declined by patient
Drug not available - out of stock
Drug not available for administration
Drug resistance
Finding related to health insurance issues

5. Verify that the refusal / was added by looking at the list. In this example, it was successfully added.

Personal Health Refusal Add Edit Delete

Functional Status	05/06/2013: Toileting=Independent 09/11/2007: Status Change=Same; Toileting=Needs Help
Refusal	04/04/2023: NALOXONE HCL 4MG/SPRAY SOLN NASAL SPRAY (Medication/drug) 07/30/2021: ZOSTER RECOMBINANT (Immunization); 10/28/2019: INFLUENZA, NOS (Immunization) 05/14/2014: INTIMATE PARTNER VIOLENCE (Exam) 10/17/2013: EAR EXAM (Exam); Comment=TESTING NMI FIX 09/25/2013: INFLUENZA (TIV), SEASONAL, INJ (Immunization); Comment=nmi 05/06/2013: IMCAP YELLOW JACKET (Lab) 06/25/2009: BP (Measurements) 01/06/2009: DTAP (Immunization) 01/28/2009: BOTULINUM ANTITOXIN (Immunization) 11/03/2008: WT (Measurements); Comment=This patient refused a Weight Measurement 11/13/2007: TO-QUIT (Education Topics) 09/11/2007: DTAP (Immunization) 09/05/2007: CAD-LIFESTYLE ADAPTATION (Education Topics) 04/19/2007: INFLUENZA, SPLIT (INCL. PURIFIED) (Immunization); Comment=got sick before 04/18/2007: INTIMATE PARTNER VIOLENCE (Exam) 10/05/2004: CHEST EXAM (Exam)