

HB2300 Workgroup
Best Practices for Emergency Departments concerning the Treatment and Discharge of Patients with Opioid-Related Emergencies

Date: Thursday, September 30, 2021

Time: 9:00 AM - 2:00 PM

Location: 2nd Floor Conference Center

Room: Board Room 2

Address: [9960 Mayland Drive](#)
[Henrico, Virginia 23233](#)

Notes: Entrance to the Conference Center is through the side door on the west side of the building.

In accordance with CDC recommendations, we will require the wearing of masks at this public meeting.

A working lunch will be provided at approximately 12:15 PM.

I. Call to Order

II. Introductions

The work group shall include representatives of the Virginia Hospital and Healthcare Association, the Virginia College of Emergency Physicians, the Medical Society of Virginia, the Virginia Society of Health-System Pharmacists, the Virginia Harm Reduction Coalition, the Virginia Pharmacists Association, and such other stakeholders as the Department of Health Professions shall deem appropriate.

III. Purpose and Scope of Workgroup

HB2300 from the 2021 Special Session I directed the Department of Health Professions with VDH to "convene a work group to develop recommendations for best practices for the treatment and discharging of patients in emergency departments experiencing opioid-related emergencies, including overdose, which shall include recommendations for best practices related to (i) performing substance use assessments and screenings for patients experiencing opioid-related overdose and other high-risk patients; (ii) prescribing and dispensing naloxone or other opioid antagonists used for overdose reversal; (iii) connecting patients treated for opioid-related emergencies, including overdose, and their families with community substance abuse resources, including existing harm reduction programs and other treatment providers; and (iv) identifying barriers to and developing solutions to increase the availability and dispensing of naloxone or other opioid antagonist used for overdose reversal at hospitals and community pharmacies and by other community organizations."

IV. Public Comment

V. Substance Use Assessments (Appendix 1)

- VI. The Treatment of an Opioid Emergency in the ED (and the Initiation of MAT) (Appendix 2)
- VII. Connecting Patients Treated for Opioid-Related Emergencies and their Families with Community Resources, Harm Reduction Programs, and other Treatment Providers (Appendix 3)
- VIII. Prescribing and Dispensing Naloxone (opioid agonists) for Overdose Reversal (Appendix 4)
- IX. Identify Barriers and Propose Solutions to Increase Naloxone/Opioid Agonist Availability at Hospitals, Pharmacies, Community Organizations
- X. Closing Comments
- XI. Adjourn

Appendices

Note: These resources are not exhaustive. They may not be the very best of their kind, they are meant only to provide a starting point for our discussions. All are in the public domain. Appendix 5 contains practices under development/in use by Carilion.

Appendix 1

DSM 5 SUD Checklist

<http://www.anorton.com/userfiles/688392/file/DSM-5%20SUD%20Checklist.pdf>

Opioid Risk Tool <https://www.drugabuse.gov/sites/default/files/opioidrisktool.pdf>

DAST-10

https://cde.drugabuse.gov/sites/nida_cde/files/DrugAbuseScreeningTest_2014Mar24.pdf

SOAPP-R

<https://www.oregonpainguidance.org/app/content/uploads/2016/05/SOAPP-R.pdf>

Tools in Outpt Pain Management Setting Poorly Predict Opioid Misuse in ED

<https://pubmed.ncbi.nlm.nih.gov/31043338/>

Appendix 2

Mgt of Opioid Use Disorder in the ED: A White Paper

<https://www.aem.org/UserFiles/file/AAEMOUDWhitePaperManuscript.pdf>

Consensus Recommendations on the Treatment of Opioid Use Disorder in the Emergency Department

[https://www.annemergmed.com/article/S0196-0644\(21\)00306-1/fulltext](https://www.annemergmed.com/article/S0196-0644(21)00306-1/fulltext)

Appendix 3

Maryland Hospital Association Emergency Discharge Protocols for SUD

https://www.mhaonline.org/docs/default-source/resources/behavioral-health/final-ed-discharge-protocol-report.pdf?sfvrsn=fbbbd40d_2

VCU virtual Bridge Clinic

<https://www.vcuhealth.org/news/facing-rising-overdoses-vcu-health-strengthens-bridge>

Appendix 4

Statewide Standing Order for Naloxone

https://www.vdh.virginia.gov/content/uploads/sites/3/2020/03/2020-Naloxone-Standing-Order-Final-Draft_online-version-.pdf

Virginia Naloxone Statewide Protocol for Pharmacists <https://www.dhp.virginia.gov/Pharmacy/>

Naloxone delivered by drone <https://pubmed.ncbi.nlm.nih.gov/32739849/>

Appendix 5

Carilion Handouts

Workgroup Members:

Barbara Allison-Bryan, Department of Health Professions

Diana Jordan, Virginia Department of Health

David Brown, Department of Health Professions

Ruthanne Riser, Virginia Department of Health

Elaine Yeatts, Department of Health Professions

Kelly Branham McAllister, Carilion Clinic Pharmacist

Beth O'Halloran, Board of Pharmacy

Margaret Steele, Department of Behavioral Health Disability Services

Elizabeth Mikula, HCA, Division VP of Quality representing VHHA

Lawson Koeppel, VA Harm Reduction Coalition

Jessica Nguyen, representing VA College of Emergency Physicians

Jason Lowe, Department of Medical Assistance Services

Trish Anest, Chief ED Mary Immaculate Hospital representing MSV

Natalie Nguyen, Virginia Society Health-System Pharmacists

Charlie Tarasidis, Carilion Clinic representing VA Pharmacy Association

F. Gerald Moeller, Virginia Commonwealth University, Professor and Division Chair, Addiction Psychiatry

Guests:

Ginny Lovitt, Chris Atwood Foundation

Julie Wicker, Virginia Hospital & Healthcare Association

Julie Funkhouser, The Recovery Connection (Winchester)

Mark Hickman, Virginia Society Health-System Pharmacists

Brent Rawlings, Virginia Hospital & Healthcare Association

Aimee Perron Seibert, VA College of Emergency Physicians