

ODMAP Integration Fact Sheet



When ODMAP integration will start

South Carolina's Bureau of EMS is establishing an Application Programming Interface (API) through its EMS data platform, Biospatial, for direct and automated integration of the state EMS data repository within ODMAP. Data will be available in ODMAP for overdose incidents beginning June 1.

Benefits of integrated data

The data feed will increase the availability of near real-time data consistently across the state, allowing local partners to identify hotspots, alert the community to spikes in activity, and plan outreach and prevention programs. To provide the best available data quickly, the data may not be as precise as manually reading and interpreting EMS records individually. Because data transfer is automated, it is important for local EMS to document overdoses as completely as possible to provide the most accurate information. State and local partners may conduct detailed record reviews to investigate clusters and spikes; ODMAP can help identify where to focus these efforts.

What EMS incidents will go to ODMAP

Non-fatal incidents with patient contact and emergency response will be included. Incidents where the individual is found dead at scene will not be transferred.

What details will be provided for those incidents

Point locations will be represented on the map. Naloxone administration and the suspected drug will be indicated, as available.

How local entities can investigate further

The agency number and incident number for the local EMS agency will be listed in the ODMAP case number field, and can be used to conduct further record review as needed.

Narcan administrations by public safety or lay responders

EMS data on suspected overdoses will include incidents where EMS responded but public safety or a lay responder administered naloxone. However, all data points will still be listed under the agency name "SC DHEC EMS & Trauma."

Indicating suspected drugs

Primary and secondary impression codes from the EMS record will help to indicate the suspected drug or drugs involved in the incident. Not every drug has a corresponding code that can be used, but benzodiazepines, cocaine, fentanyl, heroin, LSD, methadone, methamphetamine, and marijuana can be indicated. Information about suspected drugs in the narrative will not be included.

What happens if two points are entered for the same location

ODMAP includes a feature to de-duplicate points without multiple individuals that are entered within a certain time window for the same location. This can remove duplicate records that might occur from several situations. These could include records entered from two different EMS units responding to the same event, or records where one is entered manually from a public safety partner and one is submitted automatically through the API data feed.

If a user attempts to manually enter a record that matches a point already submitted through the API feed from EMS, the user will be redirected to a warning screen about the duplicate and given an opportunity to validate the duplicate. When an API submission is considered a duplicate of an existing overdose from either the API or a manual submission by another user, it is deleted but archived for audit purposes.

Defining a suspected overdose

Suspected overdoses will be identified using a standard definition developed in Rhode Island for the Enhanced State Opioid Overdose Surveillance (ESOOS) program. The definition includes criteria using a combination of primary and secondary impressions, chief complaint, and Naloxone administration. See the table and definition at the end of this document.

ODMAP and protected health information

Only limited, de-identified information is provided to ODMAP. Further, ODMAP access is limited to authorized users at participating public health and public safety agencies. South Carolina's attorney general [published an opinion](#) that information entered into the ODMAP application by first responders regarding drug-related overdoses does not violate any state or HIPAA laws concerning protected health information.

What will be included that was not available before

Baseline data will now be available statewide, and data will include more overdoses that involve non-opioids. For example, an incident where a patient reports having a fast heart rate, sweating, and muscle cramping after methamphetamine use.

Differences from other overdose-related data reported from the Bureau of EMS

Data for general drug overdoses has different parameters from other indicators related to the overdose crisis reported by the Bureau of EMS, like naloxone administrations by EMS only which are reported annually to the [Just Plain Killers website](#). The Bureau of EMS has also been monitoring suspected opioid overdoses, which are a subset of general drug overdoses. Patterns are often similar but may have differences within specific geographic areas or demographic subsets.

How records can be updated

If review of records at the local level identifies changes that should be made, local entities can contact ODMAP@dhec.sc.gov to request edits or deletions.

Important details for specific partners

For Coroners

If an overdose incident that was initially non-fatal later resulted in death, this point can be updated to reflect a fatal overdose. The coroner can contact ODMAP@dhec.sc.gov to have the status of the point updated from nonfatal to fatal in ODMAP. EMS incidents that were indicated as dead on scene will not be transferred to ODMAP, so coroners and public safety can enter these incidents without conflicts.

For Public Safety

EMS data on suspected overdoses will include incidents where EMS responded but public safety or a lay responder administered naloxone. As long as EMS indicated that naloxone was administered prior to arrival by another entity in the EMS record, this will be transferred to ODMAP. This means that LEON and ROLL naloxone administrations will be represented. However, all data points will be listed under the agency name "SC DHEC EMS & Trauma;" the specific agency administering the naloxone will not be listed at this time but may be a part of future updates.

Additionally, EMS incidents that were indicated as dead on scene will not be transferred to ODMAP, so coroners and public safety can enter these incidents without conflicts.

More questions? Contact ODMAP@dhec.sc.gov.

General Overdose Definition - Enhanced State Opioid Overdose Surveillance (ESOOS) Rhode Island

An incident will be labeled as general drug overdose if two or more of the following are true:

- Primary impression starts with {F11, F13-F16, or F18-F19}, or is one of {T40.1X4, T40.2X1, T40.691, T43.291, T43.621, T50.904, T50.991}; OR secondary impression contains "opioid", "stimulant", "hallucinogen", "cocaine", "sedative", "inhalant", "psychoactive", "heroin", "other drugs", or "unspecified drugs".
- Narrative or chief complaint contains "overdose", "opioid", "opiod", "opiate", "opium", "fentanyl", "heroin", "herion", "speedball", "speed ball", "spheroin", "hod", "OD", "O.D.", "O/D", "OD/", or "ODED".
- Naloxone (or brand names) listed as Medication Administered OR narrative/chief complaint contains naloxone (or brand names).

NOTE: This syndrome will also apply if naloxone was given AND (the medication response indicates that the patient "Improved" OR medication response does not indicate "Unchanged" or "Worse") AND one of the following terms is found in the narrative or chief complaint: "white powder", "syringes", "improved loc", "improvement in loc", "positive response to Narcan".

This syndrome is restricted to only those incidents with no patient disposition specified OR a patient disposition of "Evaluation, No Treatment", "Refused Care, Transported", "Refused Care, without Transport", "Treated Released", "Treated Released AMA", "Treated Transferred", "Treated Transported", "Treated Transported Law Enforcement", or "Treated Transported Private Vehicle".

DRUG OVERDOSE												
EMS run is considered a drug overdose if the following criteria are met:												
Primary/Secondary Impression	Overdose Term in Narrative or Chief Complaint	Narcan® Given										
<p><u>Primary Impression</u> (drop-down) is:</p> <ul style="list-style-type: none"> • Stimulant related disorders (non-cocaine) (F15); • Opioid-related disorders (F11); • Opioid abuse with intoxication, uncomplicated (F11.120); • Hallucinogen related disorders (F16); • Cocaine-related disorders (F14); • Sedative, hypnotic or anxiolytic-related disorders (F13); • Inhalant-related disorders (F18) • Other psychoactive substance related disorders (F19); • Other psychoactive substance abuse, uncomplicated (F19.10) • Poisoning by other opioids, accidental (unintentional) (T40.2X1); • Poisoning by amphetamines, accidental (unintentional) (T43.291); • Poisoning by heroin, undetermined (T40.1X4); • Poisoning by other antidepressants, accidental (unintentional) (T43.291); • Poisoning by other drugs, medicaments, and biological substances, accidental (unintentional) (T50.991); • Poisoning by other narcotics, accidental (unintentional) (T40.691); • Poisoning by unspecified drugs, medicaments, and biological substances, undetermined (T50.904) <p>OR <u>Secondary Impression</u> (multi-select) contains one of the following:</p> <table border="0"> <tr> <td>• Opioid</td> <td>• Inhalant</td> </tr> <tr> <td>• Stimulant</td> <td>• Psychoactive</td> </tr> <tr> <td>• Hallucinogen</td> <td>• Heroin</td> </tr> <tr> <td>• Cocaine</td> <td>• Other drugs</td> </tr> <tr> <td>• Sedative</td> <td>• Unspecified drugs</td> </tr> </table>	• Opioid	• Inhalant	• Stimulant	• Psychoactive	• Hallucinogen	• Heroin	• Cocaine	• Other drugs	• Sedative	• Unspecified drugs	<p>Narrative OR Chief Complaint contains one of the following strings:</p> <ul style="list-style-type: none"> • Overdose, opioid, opiod, opiate, opium, fentanyl, heroin, herion, speedball, speed ball, spheroin <p>Or, one of the following abbreviations:</p> <ul style="list-style-type: none"> • OD, O.D., O/D, OD/, ODED, hod 	<p>Narcan® listed as Medication Administered OR narrative/chief complaint contains one of the following strings:</p> <ul style="list-style-type: none"> • Narcan® • Naloxone
• Opioid	• Inhalant											
• Stimulant	• Psychoactive											
• Hallucinogen	• Heroin											
• Cocaine	• Other drugs											
• Sedative	• Unspecified drugs											
✓	✓	✓										
✓	✓	✓										
✓	✓	✓										
	✓	✓										
		<p>(ONLY if Medication Response indicates that patient "Improved" OR Medication Response does not indicate "Unchanged" or "Worse" and one of the following terms is found in the narrative or chief complaint: white powder; syringes; drug paraphernalia; drug paraphernalia; more responsive; began breathing; more alert; loc improved; improved loc; improvement in loc; positive response to Narcan®)</p>										