

Regional Emergency Medical Services (EMS) Opioid Overdose Monthly Surveillance Report

Report Time Period: 4/1/2024 - 4/30/2024

This report represents EMS responses involving an opioid overdose and/or use of naloxone medication. This report reflects only those records which were submitted to the Washington Emergency Medical Services Information System (WEMSIS) for the specified time period.

Definitions

County/Region/Accountable Community of Health: Location in which incident occurred.

Improved Naloxone Response: Naloxone administered to patient and resulted in an improved patient response.

Opioid Impression: Opioid was indicated by the EMS provider using any of the following ICD10 Codes for the primary impression, secondary impression or cause of injury: F11, T40.0-T40.4 & T40.6

Suspected Overdose: Either improved Naloxone response or opioid impression present in a single patient record

Total EMS Unit Responses to Suspected Overdoses: Count of unique EMS unit responses to suspected overdose incident (may include duplicate incidents reported by multiple responding EMS units).

of Licensed EMS Services Reporting to WEMSIS: The number of licensed EMS services that submitted data to WEMSIS for the current or previous report period out of all licensed EMS services. Non-WEMSIS participating EMS Aid services whose data are captured through a WEMSIS participating transport EMS ambulance service, are not included.

Estimated % of EMS Responses Reported to WEMSIS: Estimated percent of annual EMS responses reported to WEMSIS. Estimated from the WA DOH Integrated Licensing and Regulatory System (ILRS).

Key Limitations and Warnings

- 1) The proportion of all EMS responses captured in WEMSIS varies by county. Not all EMS services in a county report to WEMSIS. As a result, not all opioid related responses may be reflected.
- 2) Information captured in the narrative is not reflected in this report. Report accuracy may be affected by use of narrative in place of discrete fields to capture naloxone administration and opioid overdose impression or cause of injury.
- 3) "Improved Naloxone Response" and "Opioid Impression" contain common responses and should not be added together to obtain a total count. "Suspected Overdose" reflects the unduplicated combination of these fields.

Additional Information

- This report is produced by Washington State Department of Health, Washington Emergency Medical Services Information System and the Injury and Violence Prevention Program.
- Information provided in this report is subject to change as a result of updated or additional records being added to WEMSIS. Other reports produced from this data source may yield varying results. Similar reports produced from other sources may vary due to data source and definition differences.
- Additional reports and information may be available upon request. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.



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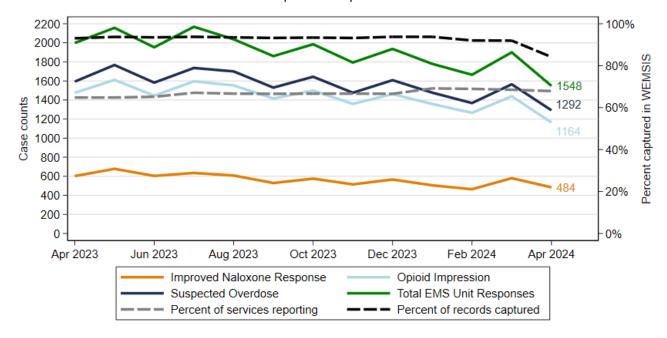
EMS Region	Improved Naloxone Response	Opioid Impression	Suspected Overdose	Total EMS Unit Responses to Suspected Overdoses	# of Licensed EMS Services Reporting to WEMSIS	Estimated % of EMS Responses Reported to WEMSIS		
Statewide	484	1164	1292	1548	317 of 467	84%		
Central	119	490	508	707	31 of 34	99%		
East	92	129	155	158	57 of 77	45%		
North	67	169	183	202	55 of 80	95%		
North Central	<10	11	14	14	19 of 45	71%		
Northwest	39	71	80	84	29 of 32	100%		
South Central	49	71	107	109	40 of 61	85%		
Southwest	52	87	101	129	35 of 53	99%		
West	57	136	144	145	51 of 85	68%		

Accountable Community of Health	Improved Naloxone Response	Opioid Impression	Suspected Overdose	Total EMS Unit Responses to Suspected Overdoses	# of Licensed EMS Services Reporting to WEMSIS	Estimated % of EMS Responses Reported to WEMSIS		
Better Health Together (BHT)		121	147	150	42 of 56	43%		
Cascade Pacific Action Alliance (CPAA)		50	54	54	57 of 87	53%		
Greater Columbia (GC ACH)		79	115	117	55 of 82	85%		
King County (King)	119	490	508	707	31 of 34	99%		
North Central (NCACH)	<10	11	14	14	19 of 45	71%		
North Sound (NSACH)	67	169	183	202	55 of 80	95%		
Olympic Community of Health (OCH)		60	69	73	20 of 21	100%		
Pierce County (Pierce)	45	111	118	119	20 of 29	93%		
Southwest Washington Regional Health Alliance (SWWA RHA)		73	84	112	18 of 33	99%		



EMS Opioid Responses

Apr 2023 - Apr 2024



Month	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
Improved Naloxone Response	602	678	604	635	608	529	575	515	566	505	464	580	484
Opioid Impression	1475	1611	1445	1596	1553	1415	1499	1359	1462	1358	1265	1439	1164
Suspected Overdose	1593	1767	1582	1736	1700	1530	1644	1476	1608	1477	1368	1565	1292
Total EMS Unit Responses	1998	2157	1953	2168	2037	1860	1985	1793	1936	1779	1665	1900	1548
Percent of services reporting	65%	65%	65%	67%	67%	67%	67%	67%	67%	69%	69%	69%	68%
Percent of records captured	93%	94%	94%	94%	94%	93%	93%	93%	94%	94%	92%	92%	84%

Source: Washington Emergency Medical Services Information System (WEMSIS), WA Department of Health, 2023-2024

Data Summary:

- Suspected opioid overdoses reported have decreased by 17.4% in Apr 2024 compared to Mar 2024.
- ♦ Total EMS Responses to opioid overdoses reported have decreased by 18.5% in Apr 2024 compared to Mar 2024.
- Future reports may vary as records are updated by EMS services.
- The data reporting issues which delayed the release of the April opioid overdose monthly surveillance report have been partially resolved. The continued reporting issues are confined to a few agencies and are due to their transition between ePCR vendors and to the NEMSIS V3.5 data standard. DOH continues to work with the affected agencies to support them in these transitions and resolve the reporting issues. Future reports will contain all backlogged data received. As always, it is important to use the Estimated % of EMS Responses Reported to WEMSIS column to provide context to the surveillance data in your county/region. Thank you for your continued patience.

Data Accessed 5/29/2024