

# Summary:

## Draft Emergency Department & Hospital Standards for Rhode Island

We are working to create a Standard of Care for Rhode Island to address opioid use disorders and overdoses in the hospital, clinic, urgent care, and emergency department (ED) settings.

This draft proposes a voluntary, self-declared three-level designation of hospitals. All elements of the levels are evidence-based, and many are already in place in hospitals throughout the state.

All hospitals are expected to be providing care at or above a Level 3. We anticipate that levels will be voluntary and self-declared, with documentation of their level submitted to the Rhode Island Department of Health for verification and final designation.

All documentation and level designation will be publicly available.



## Proposed: Voluntary Designation Levels for Hospitals

### LEVEL 1

1. Provide all Level 3 services.
2. Maintain a "Center of Excellence" or comparable program for inductions, re/stabilizing patients on MAT, and transitioning to/from community care for continued treatment.

### LEVEL 2

1. Provide all Level 3 services.
2. Initiate medication-assisted treatment (MAT), such as methadone, buprenorphine, or naltrexone, in the ED and during inpatient care.
3. Provide active referral to community providers to continue MAT. This may be accomplished through an addiction consult service, an enhancement of inpatient psychiatry consult services, a nurse or social worker driven service, or something else.

### LEVEL 3

1. Incorporates standardized assessments for substance use disorder and verification of the patient's prescription drug monitoring program (PDMP) record.
2. Provides opt-out naloxone to all patients:
  - Discharged with high dose opioids or combinations of medications known to increase risk of respiratory depression and overdose,
  - Who have a history of substance use disorder,
  - Who have experienced a non-fatal overdose or serious opioid-related adverse event,
  - As requested by the patient or their family.
3. Provision of universal safe opioid use, storage, disposal patient education for patients discharged with opioids.
4. Provides discharge planning per the Perry and Goldner Discharge law of 2016.
5. Hosts a recovery support specialist for ED and inpatient consultations, such as the AnchorED program.
6. Actively refers to community-based treatment contacts, including the state's recovery and treatment support line (942-STOP).
7. 48-hour Overdose Reporting standard completed effectively, in accordance with R23-1-OPOIDR.