REMOTE REPORTING: QUESTIONS & ANSWERS

FACT SHEET # 5 July 2007

What is remote reporting?

Remote reporting is an option for hospitals with fully electronic charting systems. With remote reporting, the emergency department charts are accessed electronically by Westat staff located at the company headquarters in Rockville, Maryland. This option eliminates the need for a hospital to commit its staff and/or space to DAWN, but still affords the hospital an annual payment and access to its own real-time data through DAWN Live!

What kind of system does my hospital need in order to do remote reporting?

All sections of the emergency department (ED) chart must be electronic, including the daily census log and physicians' or nurses' notes and/or dictation.

The records must be accessible from outside the hospital network. For example, a system that allows physicians or nurses to access the charts from home would meet this criteria.

There must be a method to track when electronic charts have been accessed. This will serve as an audit trail for the hospital to monitor DAWN's chart review.

Ideally, there will be a way to restrict DAWN's access so only the emergency department section of the patient's chart is available for review.

Who does the reporting?

Reporting will be done by Westat employees at the company headquarters. All 'remote reporters' work from a secure office that has been configured to protect the privacy of your data. Access to this room is limited to the reporters and their supervisors. Access to your hospital's data is limited to the individuals with approved passwords, provided by your hospital.

How often will the reporters access the records?

DAWN requires that each ED chart be reviewed to identify cases. The reporter(s) will access the ED charts as often as needed to keep the data collection current within 30 days. If larger hospitals need more than 1 full-time reporter in order to review all the charts, we will assign the necessary staff.

What confidentiality protections are placed on my data with remote reporting?

Your data are always kept confidential. No direct patient identifiers are collected from your charts. Your charts will be accessed through a secure connection, and your data will be stored on a secure server at Westat.

Data confidentiality is protected by federal law. All DAWN personnel sign confidentiality agreements and face strict fines and jail sentences for violations of these agreements.

The de-identified hospital data are only released in aggregate for public health surveillance purposes; data for an individual hospital are never released.

What steps do we take to implement remote reporting started at my hospital?

This depends on your system. In some cases, a secure internet connection is all we need. In other cases, we need to know which VPN software is used. We will work out the technical details with your IT staff to customize the best arrangement.

How long will it take to get started?

This depends on what resources will be needed. We will work closely with your designated IT staff to set up the system and ensure that we comply with your IT security requirements. Once you have assigned user IDs and passwords, we will test the system to make sure we have access to all data items and a tracking list.

What data items are collected?

Please refer to the back of this fact sheet for a copy of our Case Report form which shows the data we collect.

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DAWN
DRUG ABUSE WARNING NETWORK

Emergency Department Case Report

U.S. Department of Health and Human Services • Substance Abuse and Mental Health Services Administration

1. Facility

2. Date of Visit
MONTH DAY YEAR
2 0

3. Time of Visit
HOUR MINUTE
☐ a.m.
☐ p.m.
☐ military

4. Age
☐ Less than 1 year
☐ Not documented

5. Patient's Home ZIP Code

Otherwise, select one response:
☐ No fixed address (e.g. homeless)
☐ Institution (e.g. shelter/jail/hospital)
☐ Outside U.S.
☐ Not documented

6. Sex
☐ Male
☐ Female
☐ Not documented

7. Race/Ethnicity
Select one or more:
☐ White
☐ Black or African American
☐ Hispanic or Latino
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Not documented

8. Diagnosis *List up to 4 diagnoses noted in the patient's chart. Do not list ICD codes.*

1. 3.
2. 4.

9. Case Description *Beginning with the presenting complaint, describe how the drug(s) was related to the ED visit. Copy verbatim from the patient's chart when possible.*

10. Substance(s) Involved *Using available documentation, list all substances that caused or contributed to the ED visit. Record substances as specifically as possible (i.e., brand [trade] name preferred over generic name preferred over chemical name, etc.). Do not record the same substance by two different names. Do not record current medications unrelated to the visit.*

	Mark if confirmed by toxicology test	**Route of Administration** *Select One*					
		Oral	Injected	Inhaled, sniffed, snorted	Smoked	Other	Not documented
Alcohol involved? ☐ **Yes** ☐ **No/Not documented**	☐						
1	☐						
2	☐						
3	☐						
4	☐						
5	☐						
6	☐						

11. Type of Case
Using the Decision Tree, select the first category that applies:
☐ Suicide attempt
☐ Seeking detox
☐ Alcohol only (age <21)
☐ Adverse reaction
☐ Overmedication
☐ Malicious poisoning
☐ Accidental ingestion
☐ Other

12. Disposition *Select one:*

Treated and released:
☐ Discharged home
☐ Released to police/jail
☐ Referred to detox/ treatment

*Admitted to **this** hospital:*
☐ ICU/Critical care
☐ Surgery
☐ Chemical dependency/detox
☐ Psychiatric unit
☐ Other inpatient unit

Other disposition:
☐ Transferred
☐ Left against medical advice
☐ Died
☐ Other
☐ Not documented

13. Comments *Enter here any questions or issues you have about this case. Do not include information that could identify the patient.*

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