229 EMS Can Safely Transport Patients to a Sobering Center as an Alternate Destination
Smith-Bernardin SM, RN, Kennel M, Glenn M, Yeh C/University of California-San Francisco, San Francisco, CA; San Francisco Sobering Center, San Francisco, CA

Study Objectives: This purpose of this study is to evaluate the ability of the sobering center to operate as a safe alternative destination for paramedics (EMS) by evaluating all secondary transports from the Center to the emergency department (ED). Our aims are to 1) introduce the concept of a sobering center as an alternative destination for EMS, and 2) quantify and analyze all secondary transfers from the sobering center to the ED.

Methods: Setting: The San Francisco Sobering Center, a 24/7 nurse-managed Department of Public Health facility, was opened in 2003 to provide care for adults aged 18 and older with acute alcohol intoxication. Since inception, paramedics have been able to utilize a system-wide county EMS protocol to identify patients who are eligible for evaluation at the sobering center rather than transport directly to an emergency department. In addition, individuals may self-refer to the center or be referred by police, emergency departments, or street outreach teams. Services provided by registered nurse and medical assistant staff include: vital sign monitoring every 2 hours, oral rehydration, nutrition, activity of daily living (ADL) support, basic wound care, and referrals to stabilizing services including detoxification, urgent care, and shelter. Licensed clinical social workers provide advanced care coordination and intensive case management, including psychiatric evaluation and housing referrals.

Design: This study is a secondary data analysis of all admissions to and transports from the Sobering Center between July 2014 and June 2016. Two nurse leaders performed a case review on all patients that were secondarily transferred from the Sobering Center to an ED. The reason for transfer was categorized by reasons for transfer (ie, measures of vital sign instability such as abnormal blood pressure or temperature, seizure activity, chest pain, death), and if there were disagreement, a consensus decision was reached. Two emergency physicians independently verified case review findings.

Results: From July 2014 to June 2016, a total of 7,617 adults aged 18 and older were referred to the sobering center. Of these individuals, 2,723 were transported directly by EMS/ambulance. Overall, 4.5% (n=344) of all patients and 6.7% (n=242) of those brought in by ambulance were secondarily transferred to an ED. Evaluating only those who initially arrived by ambulance (n=242), primary reasons for transfer were: tachycardia (27%), pain control (18%), emesis (13%), client request without obvious need (13%), for transfer were: tachycardia (27%), developing evidence of alcohol withdrawal (20%), and 2) quantify and analyze all secondary transfers from the sobering center to the ED. The reason for transfer was categorized by reasons for transfer (ie, measures of vital sign instability such as abnormal blood pressure or temperature, seizure activity, chest pain, death), and if there were disagreement, a consensus decision was reached. Two emergency physicians independently verified case review findings.

Results: From July 2014 to June 2016, a total of 7,617 adults aged 18 and older were referred to the sobering center. Of these individuals, 2,723 were transported directly by EMS/ambulance. Overall, 4.5% (n=344) of all patients and 6.7% (n=242) of those brought in by ambulance were secondarily transferred to an ED. Evaluating only those who initially arrived by ambulance (n=242), primary reasons for transfer were: tachycardia (27%), developing evidence of alcohol withdrawal (20%), and 2) quantify and analyze all secondary transfers from the sobering center to the ED. The reason for transfer was categorized by reasons for transfer (ie, measures of vital sign instability such as abnormal blood pressure or temperature, seizure activity, chest pain, death), and if there were disagreement, a consensus decision was reached. Two emergency physicians independently verified case review findings.

Results: From July 2014 to June 2016, a total of 7,617 adults aged 18 and older were referred to the sobering center. Of these individuals, 2,723 were transported directly by EMS/ambulance. Overall, 4.5% (n=344) of all patients and 6.7% (n=242) of those brought in by ambulance were secondarily transferred to an ED. Evaluating only those who initially arrived by ambulance (n=242), primary reasons for transfer were: tachycardia (27%), developing evidence of alcohol withdrawal (20%), and 2) quantify and analyze all secondary transfers from the sobering center to the ED. The reason for transfer was categorized by reasons for transfer (ie, measures of vital sign instability such as abnormal blood pressure or temperature, seizure activity, chest pain, death), and if there were disagreement, a consensus decision was reached. Two emergency physicians independently verified case review findings.

Results: From July 2014 to June 2016, a total of 7,617 adults aged 18 and older were referred to the sobering center. Of these individuals, 2,723 were transported directly by EMS/ambulance. Overall, 4.5% (n=344) of all patients and 6.7% (n=242) of those brought in by ambulance were secondarily transferred to an ED. Evaluating only those who initially arrived by ambulance (n=242), primary reasons for transfer were: tachycardia (27%), developing evidence of alcohol withdrawal (20%), and 2) quantify and analyze all secondary transfers from the sobering center to the ED. The reason for transfer was categorized by reasons for transfer (ie, measures of vital sign instability such as abnormal blood pressure or temperature, seizure activity, chest pain, death), and if there were disagreement, a consensus decision was reached. Two emergency physicians independently verified case review findings.

230 The Willingness of Adolescents to Commit to Safe Use, Storage, and Disposal of Prescription Opiates in the Emergency Department
Arora S, Grewal S, Escamilla D, Menchine M/USC Keck School of Medicine, Los Angeles, CA; USC Keck School of Medicine, Los Angeles, CA

Study Objectives: Monitoring the Future report shows that almost 1 out of 10 children has misused a narcotic by 12th grade. Importantly, the leading diversion source is leftover pills from their own previous prescriptions – the majority of which originate in the emergency department. Although decreasing prescriptions has been the primary focus of ED-based interventions and policies, in April 2017 the American Medical Association Task Force to Reduce Opioid Abuse released new official recommendations promoting safe use, storage and disposal of prescription opioids after a prescription is written. However, the willingness of adolescents to follow such recommendations is unknown. In this study, we assess 1) current attitudes of adolescents towards the potential harm of opioid use/misuse and 2) if adolescents are willing to consider to committing to pill security and limited opioid pain medication would vary according to their attitude towards opioid misuse and previous experience with prescription opioids.

Methods: For assessment, a electronic 31-question survey was given to a consecutive sample of patients aged 15-22 years old who were seen in the LAC-USC ED. Subjects provided verbal consent. Exclusion criteria included critically ill patients, patients with psychiatric complaints and non-English speaking patients. The survey was generally administered during the morning and afternoon ED shifts according to research assistant availability.

Results: A total of 91 subjects were enrolled and completed the survey. Mean age was 19 years and 56% were male. Overall 29.7% of adolescents had previously received a prescription for opioids and 61.3% of respondents disapproved of any form of opioid misuse. 87.9% of the sample was willing to commit to take prescription opioids only as prescribed and 83.5% was willing to commit to securely disposing of leftover opioids. Contrary to our hypothesis, adolescents who had previously been prescribed opioids were equally willing to commit to take opioids only as those who had no previous opioid exposure (88.9% vs. 87.5% (diff =0.01% CI -0.16%-0.14%, p=0.85)) and to dispose of excess pills (85.1% vs. 82.8% (diff =0.02% CI -0.19%-0.15%, p=0.78)). Similarly adolescents who did not disapprove of opioid misuse were equally likely to commit to taking opioids as prescribed (94.1% vs. 84.2% (diff 0.09% CI -0.04%- 0.23%, p=0.16)) and to commit to disposing of excess pills as adolescents who disapproved of opioid misuse (88.2% vs. 80.7% (diff 0.07% CI -0.09%-0.25%, p=0.35)).

Conclusions: Overall we found high willingness to commit to take medications only as directed and dispose of excess pills. We found that not only was there no difference in commitment to pill security and limited opioid use when comparing previous opioid use and attitudes toward opioid use, but there was no difference when we looked at various other demographic factors as well, such as race, sex, and age. This is a promising finding going forward, showing that interventions focused on safe opioid use, storage and disposal will be by adolescents in an urban emergency department.

231 Does Prescription Opioid Shopping Increase Mortality and Overdose Rates?
Sun B, Lupulescu-Mann N, Charlesworth C, Kim H, Hartung D, Deyo R, McConnell K/Oregon Health and Science University, Portland, OR; OHSU, Portland, OR

Study Objectives: Prescription opioid shopping is prevalent in emergency department settings. Prescription monitoring and payer “lock-in” programs are increasingly targeting prescription opioid shoppers. However, the link between shopping and overdose events is poorly understood.

Methods: We studied adult Washington State Medicaid beneficiaries with prescription opioid use in the six months prior to an ambulatory care or emergency department visit with a pain-related diagnosis. The study time frame was Jan 1, 2014 to Dec 31, 2014. We obtained Medicaid claims data linked with controlled substance dispensing data from the state prescription monitoring program. The primary outcome was combined all-cause mortality and non-fatal overdose events within six months after the index visit. The exposure of interest (opioid shopping) was defined as having ≥2 prescribers or ≥3 pharmacies in the 6 months prior to the index visit. We used a propensity score to match shoppers with non-shoppers in a 1:1 ratio. The propensity score was combined all-cause mortality and non-fatal overdose events within six months after the index visit. The exposure of interest (opioid shopping) was defined as having ≥2 prescribers or ≥3 pharmacies in the 6 months prior to the index visit. We used a propensity score to match shoppers with non-shoppers in a 1:1 ratio.

Results: We studied 98,684 patients, including 14,701 (14.9%) opioid shoppers. In unadjusted analyses, shoppers had higher event rates than non-shoppers (rate difference 2.1 events per 1000; 95% CI: 0.8 to 3.5). After 1:1 propensity score matching, there were minimal differences (absolute standardized difference <0.1) between opioid shoppers and matched non-shoppers for all outcomes. After propensity score matching, there were no outcome differences between shoppers and...