

4D. INJURY-RELATED INPATIENT DISCHARGES AND EMERGENCY ROOM VISITS BY INTENT AND MECHANISM OF INJURY

Beginning in 2008, there was a substantial increase in the number of suicide-related inpatient discharges and emergency room visits (**Figure 4D-7** and **Figure 4D-8**). It was only partly due to the change in the reporting requirements for hospitals. In 2013, *injury or poisoning* was the principal diagnosis on 3,393 inpatient discharge records, which also included the E codes for suicide (E950-E959). *Mental disorders* were identified as the principal diagnosis on the additional 759 suicide-related records. For the additional 222 inpatient discharges mentioning suicide attempt, the principal diagnosis was classified as *chronic disease, infectious disease, or ill-defined conditions*.

The number of suicide-related inpatient discharges has remained relatively consistent from 2008 – 2013.

Figure 4D-3
Suicide-related Inpatient Discharges by Year,
Arizona Residents, 2004 - 2013

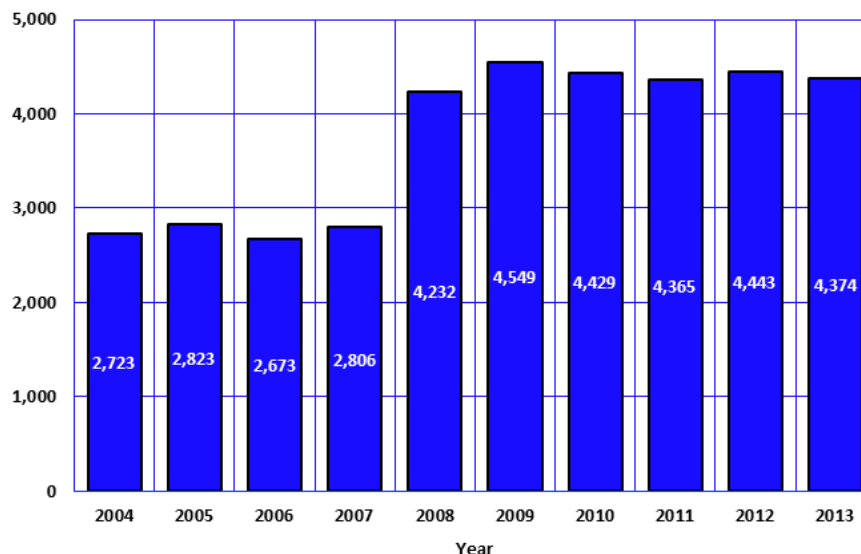


Figure 4D-4
Suicide-related Emergency Room Visits by Year,
Arizona Residents, 2004 - 2013

Injury or poisoning was the principal diagnosis on 5,872 ER discharge records, which also included the E codes for suicide (E950-E959). *Mental disorders* were identified as the principal diagnosis on 1,297 suicide-related records. For the additional 668 ER discharges mentioning suicide attempt, the principal diagnosis was classified as *chronic disease, infectious disease, or ill-defined conditions*.

Again, the number of suicide-related emergency room visits has remained fairly stable from 2008 through 2013.

