



#### 4D.

### **INJURY-RELATED INPATIENT DISCHARGES AND EMERGENCY ROOM VISITS BY INTENT AND MECHANISM OF INJURY**

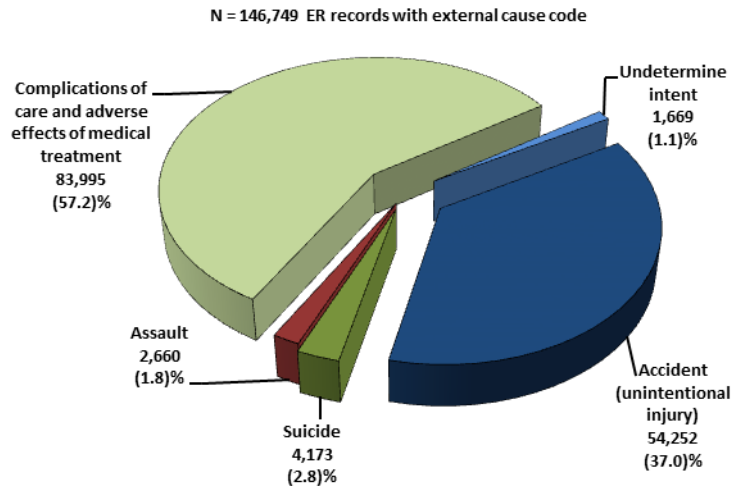
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Prior to 2009, injury hospitalizations and injury-related emergency room visits were defined here through the range of ICD-9-CM codes 800-999 used as the first-listed diagnosis. In addition, the supplementary classification of external causes of injury and poisoning (ICD-9-CM codes E800–E999) is used to permit the classification of environmental events, circumstances, and conditions as the cause of injury, poisoning, and other adverse effects. The “E” code classification is used to describe both the *mechanism* of external cause of injury (e.g., motor vehicle traffic, fall, poisoning), but also the manner or *intent* of the injury (e.g., suicide, assault, accident).

In 2009, the reporting requirements for hospitals were revised and the non-injury first-listed diagnoses may also have an external cause of injury code. Beginning with the 2009 edition of this report, the reader is advised that the number of suicides, accidents, etc. shown in **Table 4D-1** and **Table 4D-2** no longer reflect only those where the principal diagnosis was an injury. To continue to do so would only mean undercounting the external causes of injury. As an example, in 2009 forward, among the suicide attempt-related ER visits, *injury and poisoning, mental disorders, chronic disease, infectious disease, or ill-defined conditions* were identified as the first-listed diagnosis.

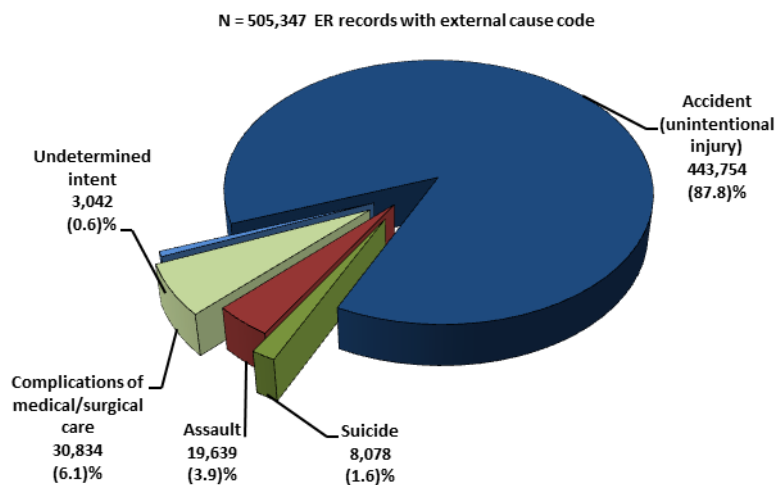
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**Figure 4D-1**  
**Percent Distribution of Inpatient Discharges by Intent of Injury,**  
**Arizona Residents, 2014**



In 2014, injury was indicated as the principal diagnosis on 61,883 inpatient discharge records (**Table 4A-1**). However, the E-codes for external causes of injury were provided on a substantially greater number of inpatient discharges (**Figure 4D-1, Table 4D-1**). *Complications of medical care and adverse effects of medical treatment* (including adverse drug reactions and complications from surgical and medical procedures) accounted for the absolute majority of inpatient hospitalizations by the intent of injury (57.2 percent). *Unintentional injuries in accidents* accounted for 37.0 percent of all inpatient discharges by intent of injury. *Self-inflicted injuries in suicide* resulted in 4,172 inpatient hospitalizations (2.8 percent). *Assault* accounted for 2,666 inpatient hospitalizations (1.8 percent of all hospital discharges with known intent of injury).

**Figure 4D-2**  
**Percent Distribution of Emergency Room Visits by Intent of Injury,**  
**Arizona Residents, 2014**



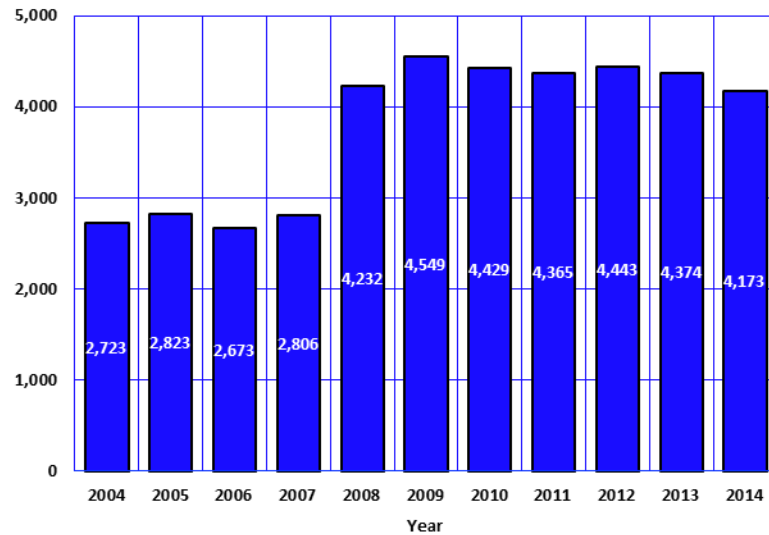
In 2014, there were 505,356 emergency room visits with known intent of injury among Arizona residents, 3 times as many as inpatient discharges. *Unintentional injuries or accidents* accounted for nine out of ten (443,762 or 87.8 percent) of all injury-related emergency room visits (**Figure 4D-3, Table 4D-2**). The external cause of injury was classified as *assault* for 19,639 emergency room visits: these were the injuries purposely inflicted by another person. *Complications of care and adverse effects of medical treatment* accounted for a greater number of emergency room visits than *self-inflicted injuries in suicide* (6.1 percent vs. 1.6 percent, respectively, **Figure 4D-3, Table 4D-2**).

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Beginning in 2008, there was a substantial increase in the number of suicide-related inpatient discharges and emergency room visits (Figure 4D-3 and Table 4D-2). It was only partly due to the change in the reporting requirements for hospitals. In 2014, *injury or poisoning* was the principal diagnosis on 3,297 inpatient discharge records, which also included the E codes for suicide (E950-E959). *Mental disorders* were identified as the principal diagnosis on the additional 690 suicide-related records. For the additional 185 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 – 2014.

**Figure 4D-3**  
Suicide-related Inpatient Discharges by Year,  
Arizona Residents, 2004 - 2014



*Injury or poisoning* was the principal diagnosis on 5,950 ER discharge records, which also included the E codes for suicide (E950-E959). *Mental disorders* were identified as the principal diagnosis on 1,368 suicide-related records. For the additional 760 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 2014.

**Figure 4D-4**  
Suicide-related Emergency Room Visits by Year,  
Arizona Residents, 2004 - 2014

