



4D.

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

Injury hospitalizations and injury-related emergency room visits are 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* or external cause of injury (e.g., motor vehicle traffic, fall, poisoning), but also the manner or *intent* of the injury (e.g., self-inflicted, assault, accident).

In 2007, approximately one in six inpatient hospitalizations for injury (and one in five emergency room visits) did not have an external cause code. On the other hand, some of the non-injury first-listed diagnoses may also have an external cause of injury code.

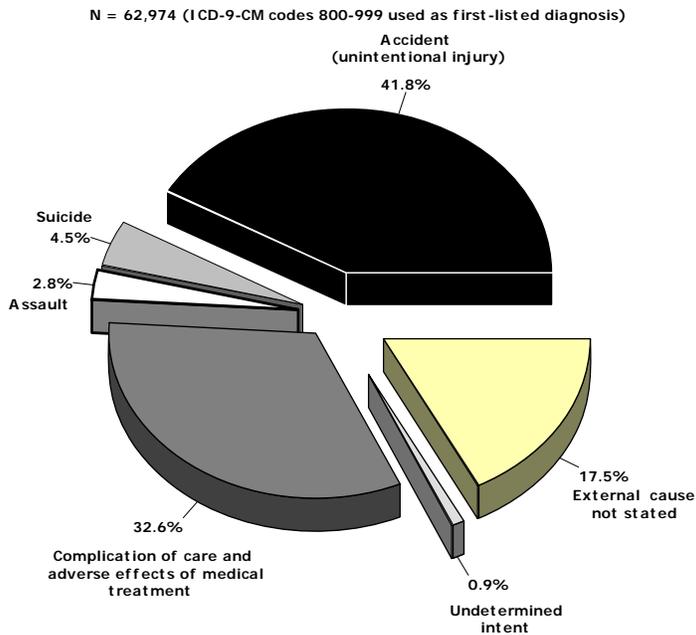
Note: comparative U.S. data can be found in the publications of the National Center for Health Statistics, such as National Trends in Injury Hospitalizations 1979 – 2001:

<http://www.cdc.gov/nchs/products/pubs/pubd/other/miscpub/miscpub.htm#Injury> or

Emergency Department Visit Injury Data: http://www.cdc.gov/nchs/about/otheract/injury/injury_emergency.htm

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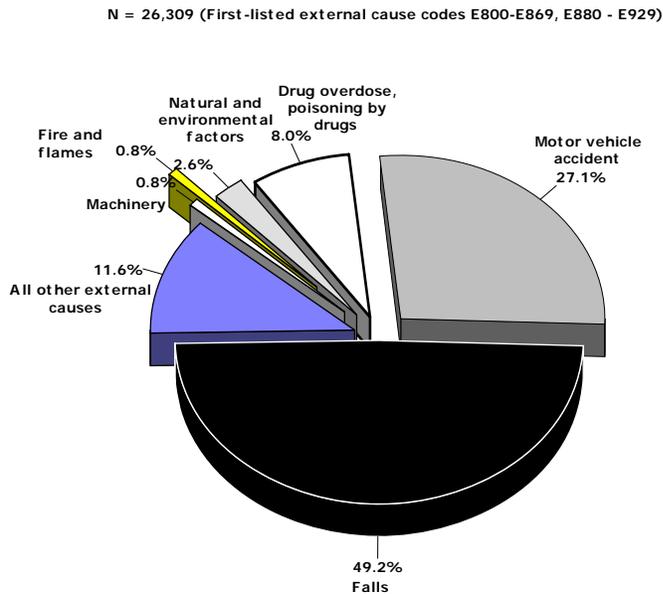
Figure 4D-1
Percent Distribution of Inpatient Discharges by Intent of Injury,
Arizona Residents, 2007



In 2007, there were 62,974 inpatient hospitalizations with injury as first-listed diagnosis. *Unintentional injuries in accidents* accounted for 41.8 percent of all inpatient discharges with injury diagnosis (**Figure 4D-1, Table 4D-1**). Approximately 20,502 inpatient hospitalizations were for *complications of medical care and adverse effects of medical treatment* (including adverse drug reactions and complications from surgical and medical procedures) and represented 32.6 percent of all injury- or poisoning-related inpatient hospitalizations. *Self-inflicted injuries in suicide* resulted in 2,806 inpatient hospitalizations (4.5 percent). *Assault* accounted for 1,766 inpatient hospitalizations (2.8 percent of all hospital discharges for injury).

The external cause was not provided for 17.5 percent of inpatient discharges for injury.

Figure 4D-2
Percent Distribution of Inpatient Discharges by Mechanism of
Unintentional Injury, Arizona Residents, 2007



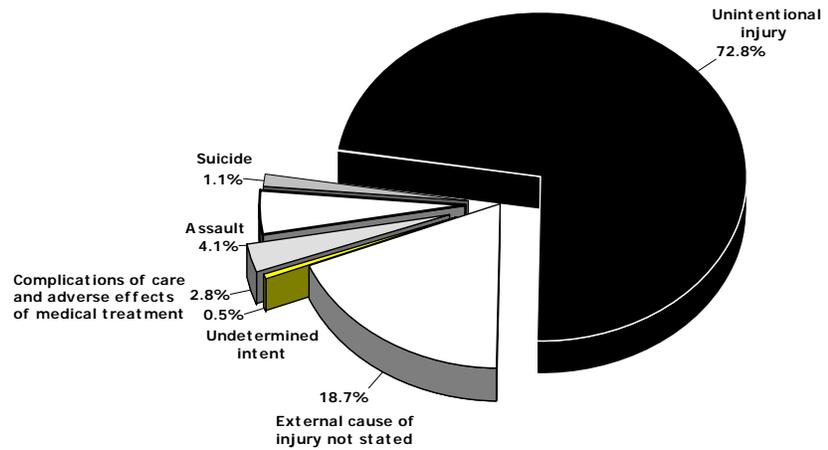
Accidental falls (49.2 percent, **Figure 4D-2, Table 4D-1**), *motor vehicle accidents* (27.1 percent), and *drug overdoses* (8.0 percent) accounted for the largest proportions of inpatient hospitalizations for unintentional injury in 2007.

Among the natural and environmental factors as external causes of inpatient hospitalization for unintentional injury, the three most frequent were *poisoning and toxic reaction caused by venomous animals* (224 inpatient discharges), *other injury causes by animals* (236 inpatient discharges), and *exposure to excessive natural heat* (153 inpatient discharges). *Exposure to excessive natural cold* accounted for 6.8 percent (46 out of 672) of inpatient hospitalizations for injuries due to natural and environmental factors.

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

Figure 4D-3
Percent Distribution of Injury-related Emergency Room Visits by Intent of Injury, Arizona Residents, 2007

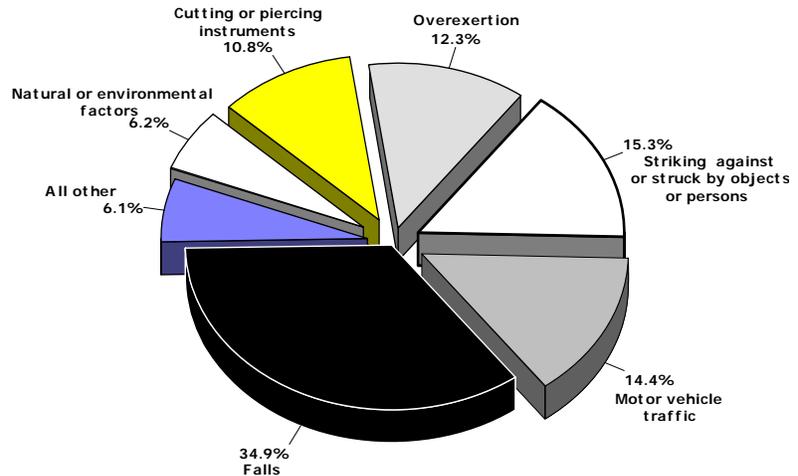
N = 410,458 (ICD-9-CM codes 800-999 used as first-listed diagnosis)



In 2007, there were 410,458 injury-related emergency room visits among Arizona residents, 6.5 times as many as inpatient hospitalizations for injury. *Unintentional injuries or accidents* accounted for three out of four (298,718 or 72.8 percent) of all injury-related emergency room visits (Figure 4D-3, Table 4D-2). The external cause of injury was classified as *assault* for 16,974 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 (2.8 percent vs. 1.1 percent, respectively, Figure 4D-3, Table 4D-2).

Figure 4D-4
Percent Distribution of Injury-related Emergency Room Visits by Mechanism of Unintentional Injury, Arizona Residents, 2007

N = 298,718 (First-listed external cause codes E800-E869, E880 - E929)

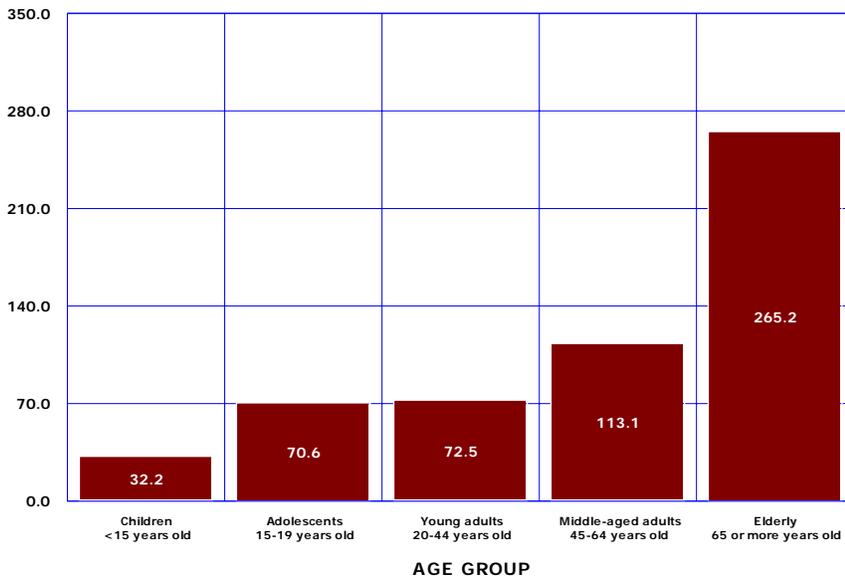


Accidental falls (104,208 ER visits, Table 4D-2), *striking against or struck by objects or persons* (45,600), and *motor vehicle traffic accidents* (43,117) were the three most frequent mechanisms of unintentional injuries treated in emergency rooms (Figure 4D-4, Table 4D-2).

Overexertion (36,793 visits) accounted for a greater number of emergency room visits than the following three categories of unintentional injury combined: *foreign body accidentally entering eye or other orifice* (9,346), *pedal cycle accident* (6,684) and *natural and environmental factors* (18,548 Table 4D-2).

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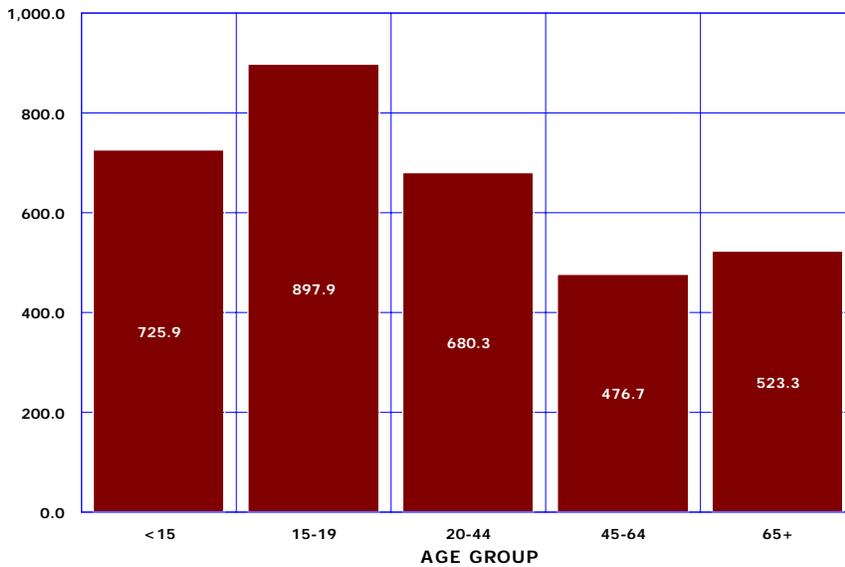
Figure 4D-5
Rates* for Injury-related Inpatient Discharges by Age Group,
Arizona Residents, 2007



The rates (i.e., the number of inpatient hospitalizations per 10,000 persons) for injury-related inpatient discharges clearly are associated with the age of the injured patient (**Figure 4D-5**). The older the injured person, the more likely it is to be admitted as inpatient. The rate of 265.2 per 10,000 elderly Arizonans 65+ was 8.2 times greater than the rate of 32.2/10,000 for children under the age of 15 years.

*Number of inpatient discharges per 10,000 resident population in specified age group.

Figure 4D-6
Rates* for Injury-related Emergency Room Visits by Age Group,
Arizona Residents, 2007



The rates for injury-related emergency room visits (i.e., the number of ER visits per 10,000 persons; **Figure 4D-6**) reveal a different age-specific pattern. The rates are the highest among the younger patients, who are more likely to be released home rather than admitted as inpatients. The rate of 897.9 ER visits per 10,000 adolescents 15-19 years old was 1.7 times greater than the rate of 523.3 /10,000 among Arizonans aged 65 years or older

*Number of emergency room visits per 10,000 resident population in specified age group.