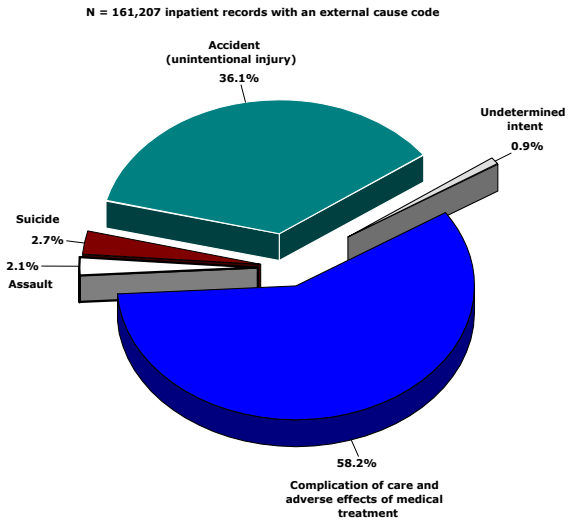
4D.

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

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).

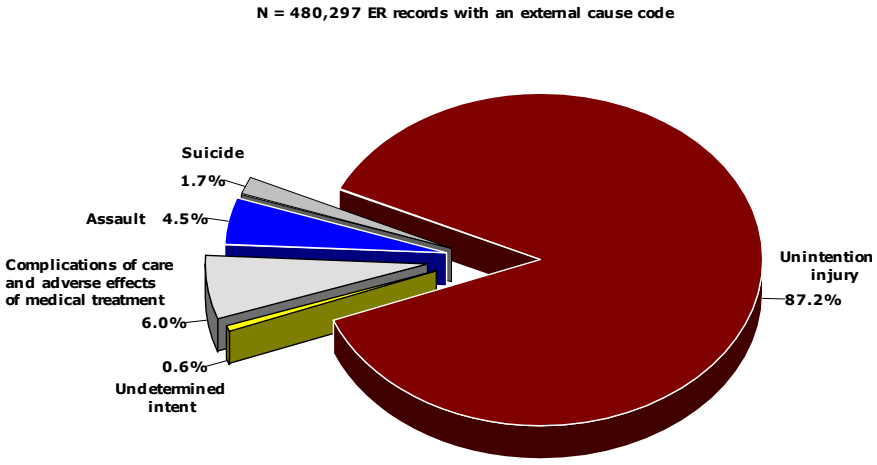
In 2009, the reporting requirements for hospital were revised and the non-injury first-listed diagnoses may also have an external cause of injury code. Beginning with the 2009 edition of this report, the reader is advised that the number of suicides, accidents, etc. shown in **Table 4D-1** and **Table 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, both in 2009 and 2010, among the suicide attempt-related ER visits, *injury and poisoning*, *mental disorders*, *chronic disease* or *infectious disease* were identified as the first-listed diagnosis.

Figure 4D-1
Percent Distribution of Inpatient Discharges by Intent of Injury, Arizona Residents, 2010



In 2010, injury was indicated as the principal diagnosis on 66,962 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 (58.2 percent). *Unintentional injuries in accidents* accounted for 36.1 percent of all inpatient discharges by intent of injury. *Self-inflicted injuries in suicide* resulted in 4,429 inpatient hospitalizations (2.7 percent). *Assault* accounted for 3,350 inpatient hospitalizations (2.1 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, 2010

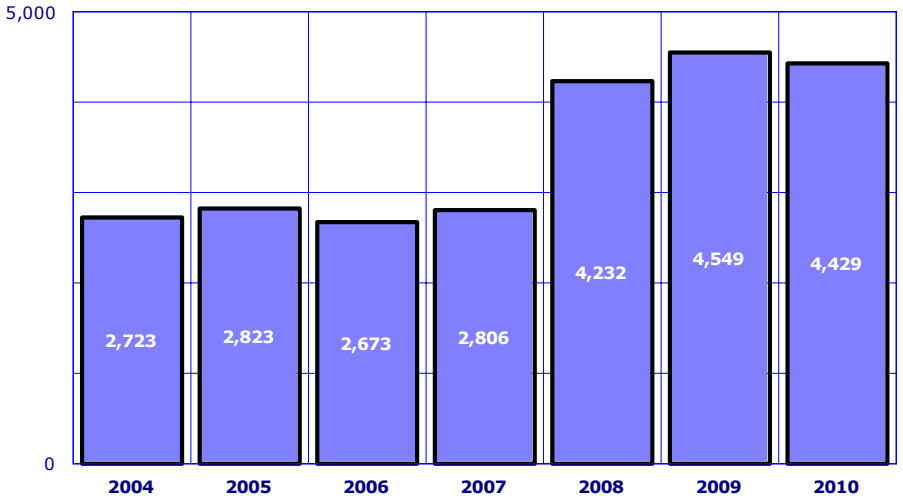


In 2010, there were 480,297 emergency room visits with known intent of injury among Arizona residents, 3 times as many as inpatient discharges. *Unintentional injuries or accidents* accounted for nine out of ten (419,001 or 87.2 percent) of all injury-related emergency room visits (**Figure 4D-3, Table 4D-2**). The external cause of injury was classified as *assault* for 21,501 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* (6.0 percent vs. 1.7 percent, respectively, **Figure 4D-3, Table 4D-2**).

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 2010, *injury or poisoning* was the principal diagnosis on 3,666 inpatient discharge records, which also included the E codes for suicide (E950-E959). *Mental disorders* were identified as the principal diagnosis on the additional 521 suicide-related records. For the additional 242 inpatient discharges mentioning suicide attempt, the principal diagnosis was classified as either *chronic* or *infectious disease*.

From 2007 to 2010 there was a 30.6 percent increase in suicide-related inpatient discharges where the principal diagnosis was an injury.

Figure 4D-3
Suicide-related Inpatient Discharges by Year, Arizona Residents, 2004 - 2010



Injury or poisoning was the principal diagnosis on 6,218 ER discharge records, which also included the E codes for suicide (E950-E959). *Mental disorders* were identified as the principal diagnosis on the additional 1,205 suicide-related records. For the additional 592 ER discharges mentioning suicide attempt, the principal diagnosis was classified as either *chronic* or *infectious disease*.

From 2007 to 2010 there was a 33.6 percent increase in suicide-related emergency room visits where the principal diagnosis was an injury.

Figure 4D-4
Suicide-related Emergency Room Visits by Year, Arizona Residents, 2004 - 2010