4D.

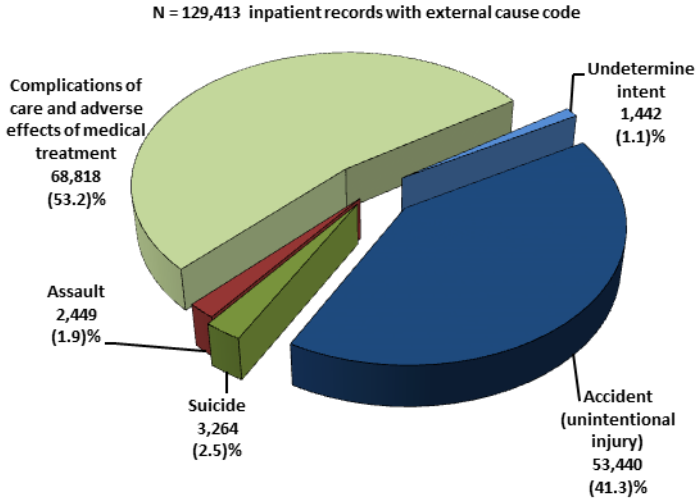
INJURY-RELATED INPATIENT DISCHARGES AND EMERGENCY ROOM VISITS BY INTENT AND MECHANISM OF INJURY

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 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.

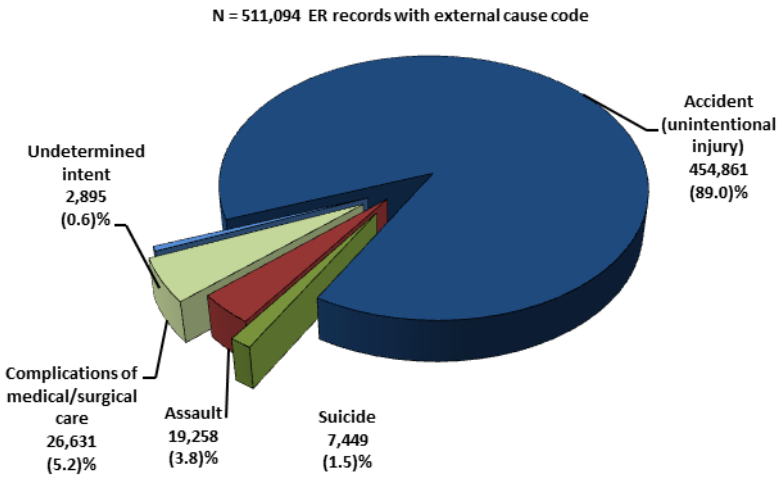
For 2015 data year, injury hospitalizations and injury-related emergency room visits data were recorded using ICD-9-CM in the first three quarters of the year and ICD-10 in the last quarter (Oct-Dec). Under ICD-10, external causes of morbidity capture how and where the injury or health condition occurred, the intent or mechanism (accidental or intentional), the activity of the patient at the time of the event and the patient's status (for example civilian, student). Please refer to "The Implementation of the International Classification of Disease, Tenth Revision," Introduction page ix, for further explanation of ICD-10-CM transition.

Figure 4D-1
Percent Distribution of Inpatient Discharges by Intent of Injury, Arizona Residents, 2015



In 2015, injury was indicated as the principal diagnosis on 61,005 inpatient discharge records (**Table 4A-1).** However, the external causes of injury (ICD-9)/external causes of morbidity (ICD-10) 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* accounted for the absolute majority of inpatient hospitalizations by the intent of injury (53.2 percent). *Unintentional injuries in accidents* accounted for 41.3 percent of all inpatient discharges by intent of injury. *Self-inflicted injuries in suicide* resulted in 3,264 inpatient hospitalizations (2.5 percent). *Assault* accounted for 2,449 inpatient hospitalizations (1.9 percent of all hospital discharges with known intent of injury).

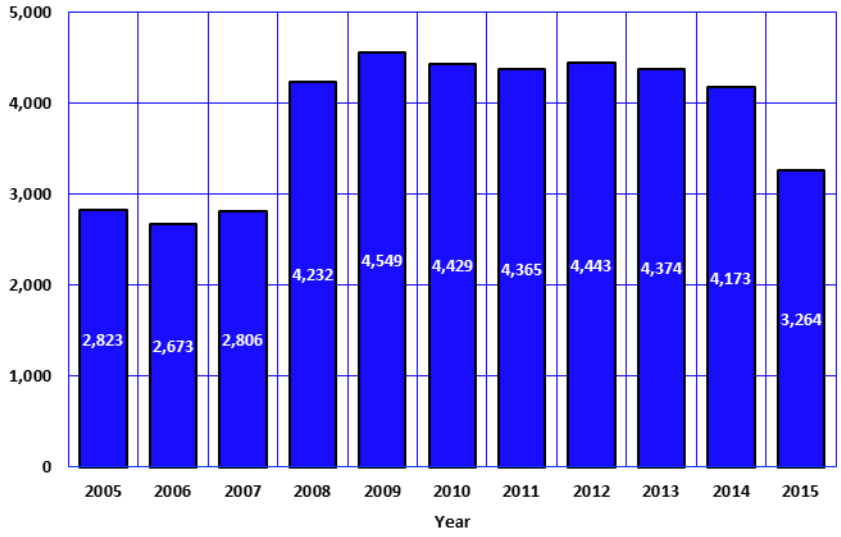
Figure 4D-2
Percent Distribution of Emergency Room Visits by Intent of Injury, Arizona Residents, 2015



In 2015, there were 511,094 emergency room visits with known intent of injury among Arizona residents. *Unintentional injuries or accidents* accounted for nine out of ten (454,861 or 89.0 percent) of all injury-related emergency room visits (**Figure 4D-3, Table 4D-2**). The external cause of injury was classified as *assault* for 19,258 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* (5.2 percent vs. 1.5 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-3** and **Table 4D-2**). It was only partly due to the change in the reporting requirements for hospitals. In 2015, *injury or poisoning* was the principal diagnosis on 2,476 inpatient discharge records, which also included the external cause codes for suicide. *Mental disorders* were identified as the principal diagnosis on the additional 606 suicide-related records. For the additional 182 inpatient discharges mentioning suicide attempt, the principal diagnosis was classified as *chronic disease*, *infectious disease,* or *ill-defined conditions*.

Figure 4D-3
Suicide-related Inpatient Discharges by Year, Arizona Residents, 2005 – 2015



Injury or poisoning was the principal diagnosis on 5,312 ER discharge records, which also included the external cause codes for suicide. *Mental disorders* were identified as the principal diagnosis on 1,335 suicide-related records. For the additional 802 ER discharges mentioning suicide attempt, the principal diagnosis was classified as *chronic disease*, *infectious disease,* or *ill-defined conditions*.

Figure 4D-4
Suicide-related Emergency Room Visits by Year, Arizona Residents, 2005 – 2015