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

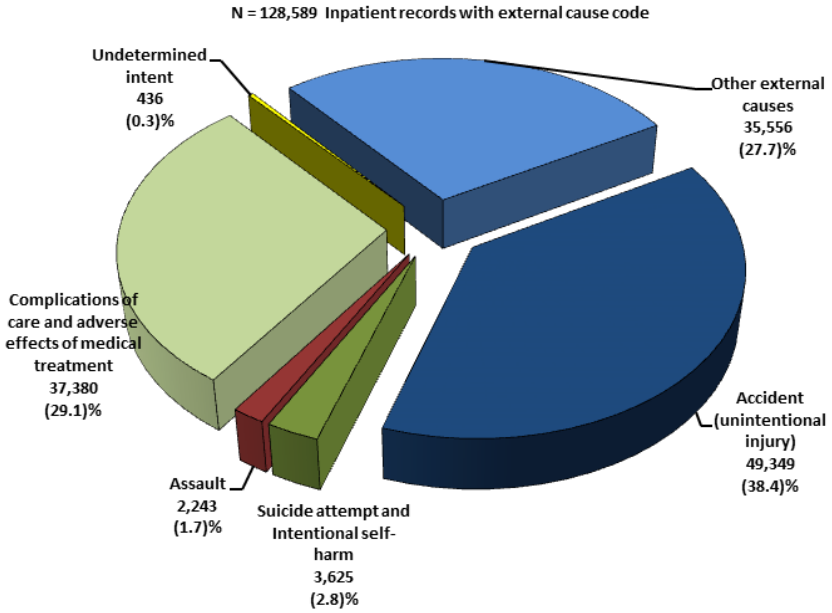
Prior to 2009, injury hospitalizations and injury-related emergency room visits were defined here through the range of ICD-9-CM codes 800-999 used as the first-listed diagnosis. In addition, the supplementary classification of external causes of injury and poisoning (ICD-9-CM codes E800–E999) is used 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 (E-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.

In 2015, injury hospitalizations and injury-related emergency room visits data were recorded and classified using ICD-9-CM in the first three quarters of the year and ICD-10-CM in the last quarter (Oct-Dec). Under ICD-10-CM, 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). For further explanation of ICD-10-CM transition, please refer to "The Implementation of the International Classification of Disease, Tenth Revision," Introduction page ix.

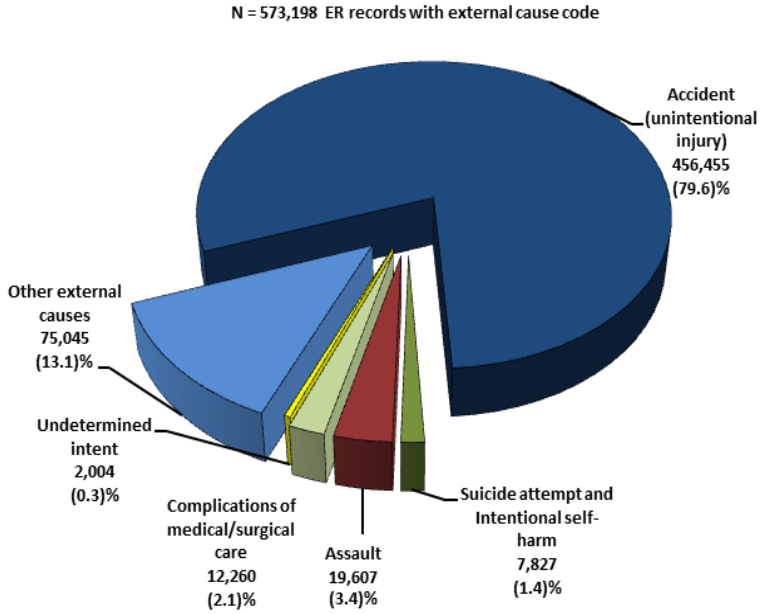
Beginning 2016, injury hospitalizations and injury-related emergency room visits are coded exclusively based on ICD-10-CM. Readers are advised to avoid comparison of current year data to years prior 2015 due to a changeover in coding from ICD-9-CM and ICD-10-CM.

Figure 4D-1
Percent Distribution of Inpatient Discharges by Intent of Injury, Arizona Residents, 2016



In 2016, injury was indicated as the principal diagnosis on 60,192 inpatient discharge records (**Table 4A-1).** However external causes of morbidity (ICD-10) were provided on a substantially greater number of inpatient discharges (128,589; **Figure 4D-1**, **Table 4D-1**). *Unintentional injuries or accidents* accounted for the absolute majority of inpatient hospitalizations by the intent of injury (38.4 percent) and *complications of medical care and adverse effects of medical treatment* accounted for 29.1 percent of all inpatient discharges by intent of injury. *Assault* accounted for 2,243 inpatient hospitalizations (1.7 percent of all hospital discharges with known intent of injury). *Self-inflicted injuries in suicide* resulted in 3,625 inpatient hospitalizations (2.8 percent).

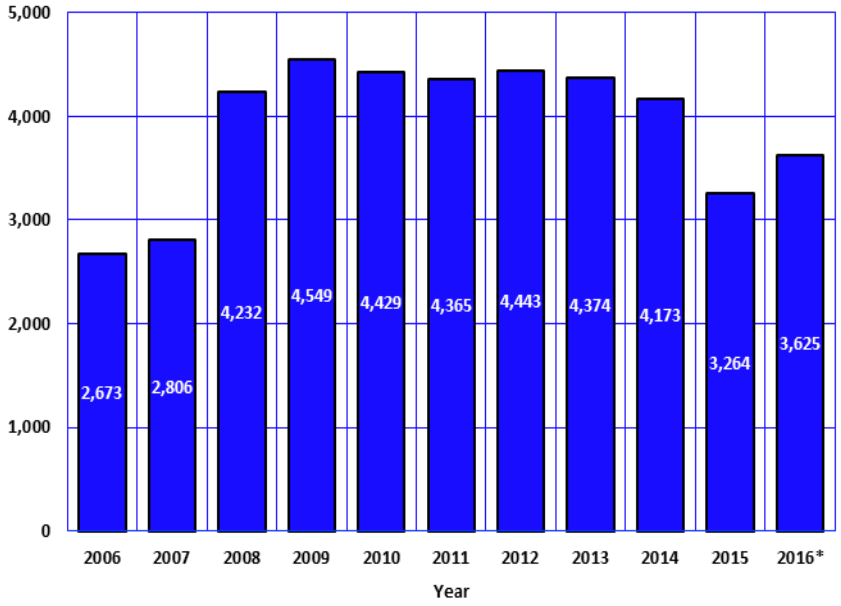
Figure 4D-2
Percent Distribution of Emergency Room Visits by Intent of Injury, Arizona Residents, 2016



In 2016, there were 573,198 emergency room visits with known intent of injury among Arizona residents. *Unintentional injuries or accidents* accounted for nine out of ten (456,455 or 79.6 percent) of all injury-related emergency room visits (**Figure 4D-3, Table 4D-2**). The external cause of injury was classified as *assault* for 19,607 emergency room visits: these were the injuries purposely inflicted by another person. *Complications of medical/surgical care* accounted for a greater number of emergency room visits than *injuries due to suicide* (2.1 percent vs. 1.4 percent, respectively; **Figure 4D-3, Table 4D-2**).

Figure 4D-3
Suicide-related Inpatient Discharges by Year, Arizona Residents, 2006–2016

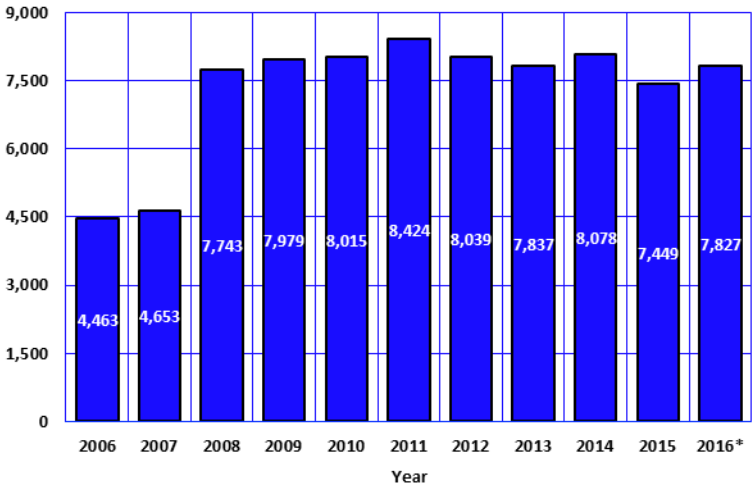
Beginning in 2008, there was a substantial increase in the number of suicide-related inpatient discharges and emergency room visits (**Figure 4D-3** and **Table 4D-2**). It was only partly due to the change in the reporting requirements for hospitals. In 2015 *injury or poisoning* was the principal diagnosis on 3,264 inpatient discharge records, which also included the external cause codes for suicide. In 2016, there were 3,625 suicide-related inpatient discharges. *Mental disorders* were identified as the principal diagnosis on 662 suicide-related records. *Injury or poisoning* was the principal diagnosis on 2,885 inpatient discharge records where an external cause of suicide was reported.



Note: * Due to revision in coding, the 2016 total number of suicide attempt/intentional self-harm related inpatient discharges have been updated from 1,185 to 3,625.

Figure 4D-4
Suicide-related Emergency Room Visits by Year, Arizona Residents, 2006–2016

Injury or poisoning was the principal diagnosis on 7,827 ER discharge records, which also included the external cause codes for suicide. *Mental disorders* were identified as the principal diagnosis on 544 suicide-related records, while *suicide attempt* as the principal diagnosis accounted for 415 ER visits.



Note: * Due to revision in coding, the 2016 total number of suicide attempt/intentional self-harm related E.R. visits have been updated from 3,379 to 7,827.