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

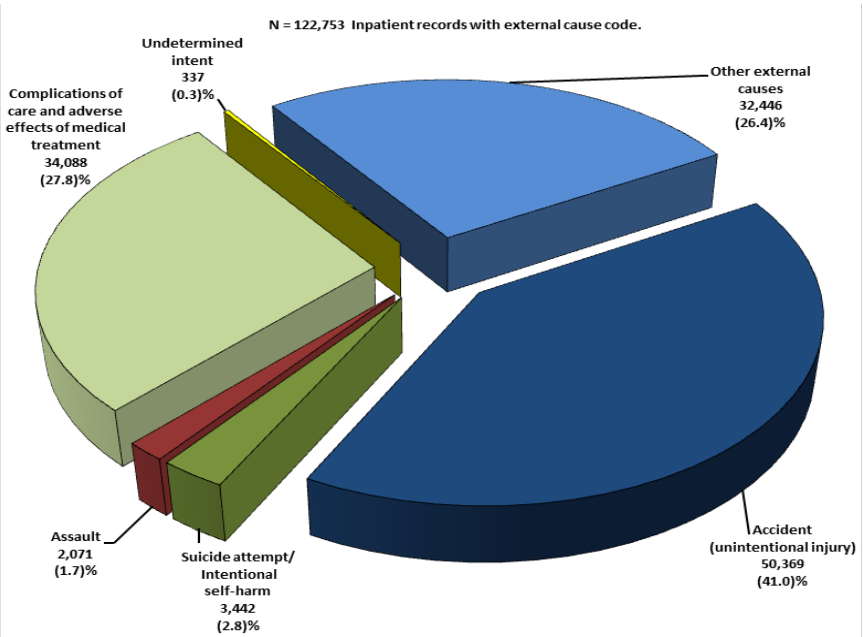
Prior to 2009, injury hospitalizations and injury-related emergency room visits were defined here through the range of ICD-9-CM codes 800-999 used as the first-listed diagnosis. In addition, the supplementary classification of external causes of injury and poisoning (ICD-9-CM codes E800–E999) is used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

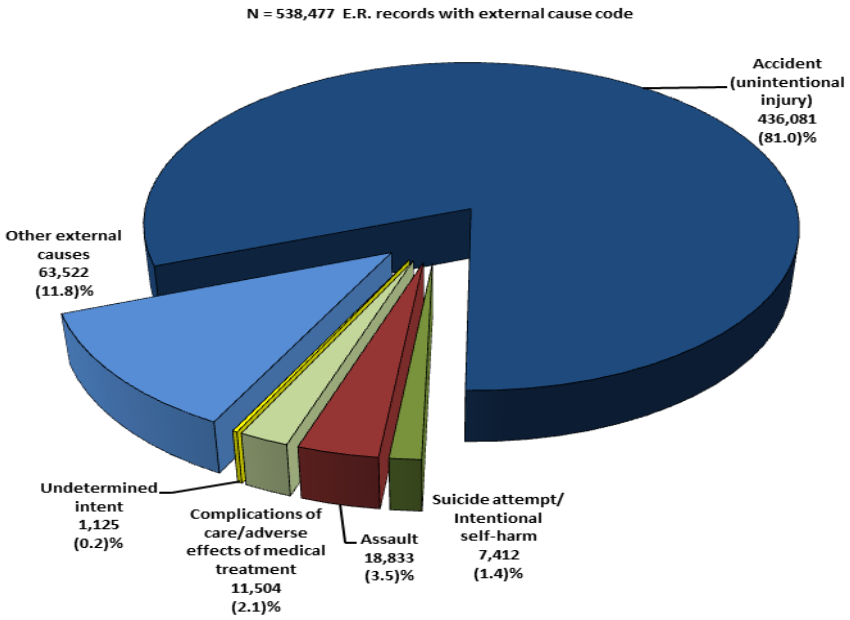
Beginning 2016, injury hospitalizations and injury-related emergency room visits are coded exclusively based on ICD-10-CM, external causes of morbidity. Readers are advised to avoid comparison of current year data to years prior to 2015 due to a changeover in coding from ICD-9-CM and ICD-10-CM.

Figure 4D-1
Percent Distribution of Inpatient Discharges by Intent of Injury, Arizona Residents, 2017



In 2017, injury was indicated as the principal diagnosis on 60,573 inpatient discharge records (**Table 4A-1).** *Unintentional injuries or accidents* accounted for the absolute majority of inpatient hospitalizations by the intent of injury (41.0 percent) and *complications of medical care and adverse effects of medical treatment* accounted for 27.8 percent of all inpatient discharges by intent of injury. *Assault* accounted for 2,071 inpatient hospitalizations (1.7 percent of all hospital discharges with known intent of injury). *Intentional self-inflicted injuries* including *suicide attempt* resulted in 3,442 inpatient hospitalizations (2.8 percent).

Figure 4D-2
Percent Distribution of Emergency Room Visits by Intent of Injury, Arizona Residents, 2017



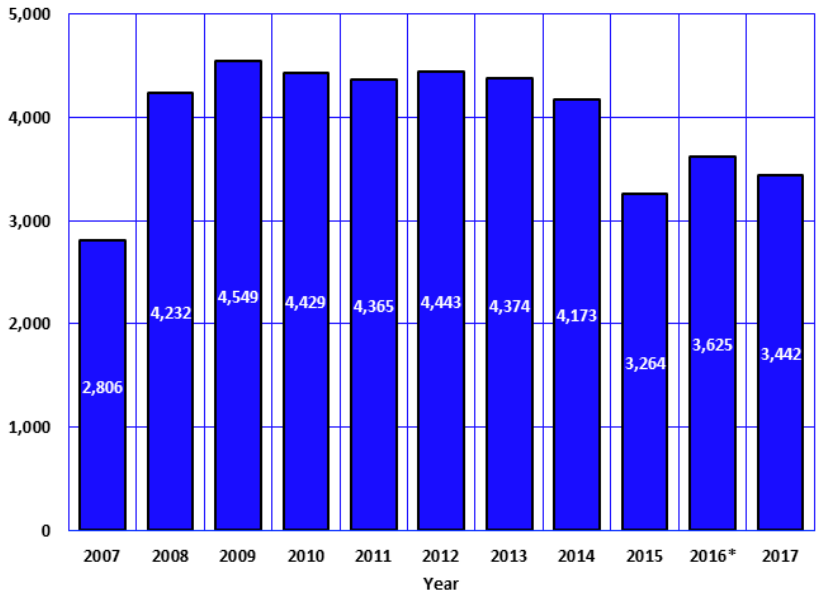
In 2017 *Unintentional injuries or accidents* accounted for eight out of ten (436,081 or 81.0 percent) of all injury-related emergency room visits (**Figure 4D-3, Table 4D-2**).The external cause of injury was classified as *assault* for 18,833 emergency room visits: these were the injuries purposely inflicted by another person. *Complications of medical/surgical care* accounted for a greater number of emergency room visits than *intentional self-inflicted injuries* (2.1 percent vs. 1.4 percent, respectively; **Figure 4D-3, Table 4D-2**).

Self-inflicted injuries result from actions of individuals trying to deliberately harm themselves (i.e. behavior with no suicide intent) or kill themselves (i.e. suicide attempt). Beginning in 2008, there was a substantial increase in the number of *intentional self-inflicted injuries* 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 2017 there were 3,442 inpatient discharges attributed to intentional self-inflicted injuries

Mental disorders were identified as the principal diagnosis on 738 intentional self-inflicted injury/ suicide attempt-related records. *Injury or poisoning* was the principal diagnosis on 2,261 inpatient discharge records related to self-inflicted injuries

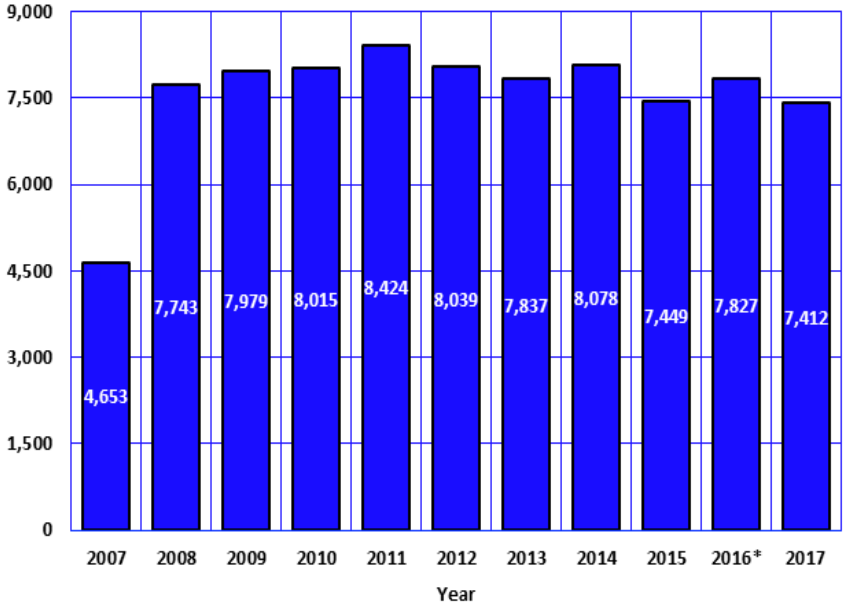
Figure 4D-3
Intentional self-inflicted injury Inpatient Discharges by Year, Arizona Residents, 2007–2017



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.

In 2017, self-inflicted injuries resulting in ER visits accounted for 7,412, a decrease of 5.3 percent from 2016. Of all the ER visits related to *intentional self-inflicted injures, mental disorders* were identified as the principal diagnosis on 380 ER discharges. *Injury or poisoning* was recorded as the principal diagnosis on 6,601 (88.3 percent) ER discharges related to self-inflicted injury.

Figure 4D-4
Intentional self-inflicted injury Emergency Room Visits by Year, Arizona Residents, 2007–2017



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.