

## Healthy People 2010 Operational Definition

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### **15-12. Reduce hospital emergency department visits caused by injuries.**

<b>National Data Source</b>	National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.
<b>State Data Source</b>	Not identified.
<b>Healthy People 2000 Objective</b>	Not applicable.
<b>Changes since the 2000 Publication</b>	Revised baseline (see Comments). Revised target (see Comments).
<b>Measure</b>	Rate per 1,000 population (age adjusted—see Comments).
<b>Baseline (Year)</b>	107 (2001)
<b>Target</b>	107
<b>Target-Setting Method</b>	Better than the best racial/ethnic subgroup.  For a discussion of target-setting methods, see Part A, section 4.
<b>Numerator</b>	Number of initial visits to emergency departments due to injury or poisoning (first listed ICD-9-CM codes 800-909.2, 909.4, 909.9, 910.0–994.9, 995.50-995.59, 995.80-995.85, E800-E869, E880-E929, E950-E999).
<b>Denominator</b>	Number of persons.
<b>Population Targeted</b>	U.S. civilian population.
<b>Questions Used To Obtain the National Baseline Data</b>	Not applicable.
<b>Expected Periodicity</b>	Annual.
<b>Comments</b>	An emergency department visit was considered to be related to injury if the initial visit has either a first-listed injury diagnosis code or a first-listed valid external cause of injury code. Visits with a first listed diagnosis or with a first-listed external cause

code describing a complication or adverse effect of medical care are excluded. The relevant ICD-9-CM codes from the Barell Injury Diagnosis Matrix: 800–909.2, 909.4, 909.9, 910.0–994.9, 995.50–995.59, and 995.80–995.85. The relevant ICD-9-CM codes for external causes of injury: E800–E869, E880–E929, and E950–E999. (See Part A, section 8 for a discussion of the International Classification of Diseases and ICD-9-CM.)

The original 1997 baseline of 131 emergency department visits per 1,000 population was revised to a 2001 baseline of 107 visits per 1,000 population due to a change in the measure definition and the population targeted. The original definition of an injury-related visit was very broad, encompassing any mention of an injury on the NHAMCS survey instrument (diagnosis or external cause of injury or reason for visit). It did not distinguish between initial and subsequent visits to the emergency room for the same injury. Thus, the original definition did not accurately quantify the *incidence* of injury-related emergency department visits. The revised measure definition counts only the initial visit to the emergency room for each injury-related event. The revised measure definition can be only applied to NHAMCS data years 2001 onward. Thus the baseline data year was revised to 2001. The denominator was expanded from the U.S. civilian, noninstitutionalized population to the full U.S. civilian population because persons who visit nonfederal hospital emergency departments can include civilians who reside inside or outside institutional settings. The target was proportionally adjusted from 126 emergency department visits per 1,000 population to 107 visits per 1,000 population to reflect the revised baseline using the original target-setting method.

Data are age adjusted to the 2000 standard population using the age groups 0-17, 18-44, 45-64, 65-74, and 75 years and over. Age-adjusted rates are weighted sums of age-specific rates. For a discussion of age adjustment see Part A, section 7.

For some measures, data do not meet the criteria for statistical reliability, data quality, or confidentiality

and have been suppressed. Information on suppression of data for the major Healthy People 2010 data systems has been published in a *Healthy People Statistical Note*.<sup>1</sup>

See Part C for a discussion of NHAMCS and Appendix A for focus area contact information.

## References

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1. Klein, R.J.; Proctor, S.E.; Boudreault, M.A.; Turczyn, K.M. Healthy People 2010 Criteria for Data Suppression. *Statistical Notes* No. 24. Hyattsville, MD: National Center for Health Statistics. 2002.