

Injury-related Outpatient Observation Stays

2002

MASSACHUSETTS RESIDENTS

INJURY CAUSE	INJURY INTENT					Total Number	Percent of Total	Rate per 100,000 ²
	Unintentional	Intentional		Undetermined	Other & Legal ¹			
		Self-Inflicted	Assault					
Cut/pierce	160	34	128	1	0	323	3.5	5.1
Drowning/submersion	14	1	0	0		15	0.2	0.2
Fall	2,547	0	1	3		2,551	27.5	40.2
Fire/burn	73	0	1	1		75	0.8	1.2
<i>Fire/flame</i>	30	0	1	1		32	0.3	0.5
<i>Hot object/substance burn</i>	43	0	0	0		43	0.5	0.7
Firearms	12	2	39	12	0	65	0.7	1.0
Machinery	44					44	0.5	0.7
Natural/environmental	213	0		1		214	2.3	3.4
<i>Dog bites</i>	24	0		0		24	0.3	0.4
<i>Other bites & stings</i>	123	0		0		123	1.3	1.9
<i>Other (e.g., extreme cold)</i>	66	0		1		67	0.7	1.1
Overexertion	436					436	4.7	6.9
Poisoning	528	519	0	142	0	1,189	12.8	18.7
Struck by, against	356		154		4	514	5.5	8.1
Suffocation/hanging	51	3	0	0		54	0.6	0.9
Transport Injuries:	1,304	0	0	0	0	1,304	14.1	20.5
<i>Motor vehicle traffic-related</i>	1,043					1,043	11.2	16.4
<i>Occupant</i>	762					762	8.2	12.0
<i>Motorcyclist</i>	77					77	0.8	1.2
<i>Pedal cyclist</i>	27					27	0.3	0.4
<i>Pedestrian</i>	127					127	1.4	2.0
<i>Other person</i>	3					3	< .1	--
<i>Unspecified person</i>	47					47	0.5	0.7
<i>Pedal cyclist, other</i>	119					119	1.3	1.9
<i>Pedestrian, other</i>	8					8	0.1	0.1
<i>Other transport</i>	134					134	1.4	2.1
Other specified & classifiable	304	1	24	0	1	330	3.6	5.2
<i>Human bites</i>	3	0	4	0	0	7	0.1	0.1
<i>Non-powder gun (bb, pellet)</i>	2	0	0	0	0	2	< .1	--
<i>Other specified & classifiable</i>	299	1	20	0	1	321	3.5	5.1
Other specified, not classifiable	113	6	18	10	0	147	1.6	2.3
Unspecified	539	4	28	4	0	575	6.2	9.1
Adverse effects ³						84	0.9	1.3
No cause or intent provided						1,356	14.6	21.4
TOTALS	6,694	570	393	174	5	9,276	100%	146.1

Source: MA Outpatient Observation Stay Database, MA Division of Health Care Finance and Policy.

¹ Legal Intervention includes injuries resulting from police actions and operations of war.

² Rates are not calculated on counts of less than five. Rates that are based on counts less than twenty may be unstable.

³ Adverse Effects can be related to medical and surgical care procedures, or to the use of therapeutic substances (including allergic reactions).

—This database contains cases admitted to a hospital bed for "observation," these cases are not included in the Massachusetts Hospital Discharge Database. A general definition of outpatient observation services for reporting purposes is included in the Case Mix Regulation 114.1 CMR 17.02 as follows: "Observation services are those furnished on a hospital's premises which are reasonable and necessary to further evaluate a patient's condition and provide treatment to determine the need for possible admission to the hospital. These services include the use of a bed and periodic monitoring by a hospital's physician, nursing and other staff."

—An injury-related "observation" case is defined as any case having an ICD9-CM Nature of Injury Code of 800-999 assigned to any of the ICD9 diagnosis fields [cases having the following codes are excluded if no other valid ICD9-CM code is assigned: Certain Adverse Effects (995.0-995.4, 995.6, 995.7, 995.86, 995.89), Complications of Surgical & Medical Care (996-999), and certain Late Effects (909.3, 909.5)].

—Categories and groupings are based on a modified version of the CDC's "Recommended framework of E-code groupings for presenting injury mortality and morbidity data." This framework does not provide for intentionality for certain cause categories as indicated by gray shading.

—Injury subcategories are italicized.

—Analysis is based on a fiscal year (Oct 1, 2001– Sep 30, 2002).

—Only Massachusetts residents with valid zip codes (01001-02791, 05501, 05544) are included in this analysis.

—Injury observation cases subsequently dying in the hospital are excluded from this analysis.

—Population data used to calculate rates are based on the US Census Bureau, Census 2000 P.L. 94-171 Redistricting File.

—Data were extracted and compiled by the Injury Surveillance Program, MDPH, January 2004.