# Injury-related Emergency Dept. Visits among MA Children Ages 0-17

Injuries are a leading cause of emergency department (ED) visits among Massachusetts children. In fiscal year 2016 there were 141,759 ED visits.<sup>1</sup> The leading injury mechanisms contributing to ED visits were unintentional falls, struck-by or against an object, and motor vehicle traffic-related crashes.

	INJURY INTENT							
Key Indicators	Uninten- tional	Self-Inflicted	Assault	Undeter- mined	Legal/ Other <sup>2</sup>	Other/ Missing <sup>3</sup>	Totals	
Total Counts by Intent	124,113	1,601	2,514	306	33	13,192		141,759
Percent by Intent	87.6%		1.8%	0.2%	0.0%	9.3%		100.0%
Rate per 100,000 population <sup>4</sup>	8,868.6	114.4	179.6	21.9	2.4	942.6		10,129.5
	INJURY INTENT					Calendar	Dorcont of	Data nor
Injury Mechanism	Uninten- tional	Self-Inflicted	Assault	Undeter- mined	Legal/ Other <sup>2</sup>	Subtotal Counts	Percent of Total Count <sup>5</sup>	Rate per 100,000 <sup>4</sup>
Cut/pierce	6,666	708	83	66	0	7,523	5.3%	537.6
Drowning/submersion	72	0	0	17		89	0.1%	6.4
Fall	41,454	<11	<11	12		41,475	29.3%	2,963.6
Fire/burn	1,488		<11		0	1,530	1.1%	109.3
Fire/flame	170	<11	<11	0	0	177	0.1%	12.6
Burns/hot objects & substances	1,318		<11	17	0	1,353	1.0%	96.7
Firearm	23 123	<11		0	0	36 123	0.0% 0.1%	2.5 8.8
Machinery								
Natural/environmental <sup>6</sup>	5,575	0	<11			5,590	3.9%	399.4
Bites and stings, nonvenomous	4,648	0	-11			4,648	3.3%	332.1
Bites and stings, venomous	411 516	0	<11			426 516	0.3% 0.4%	30.4 36.9
Natural/environmental, other Overexertion^	628	0	0	0		628	0.4%	44.9
Poisoning <sup>#</sup>		570.004	-11	0.4	0			
	1,897	570-604	<11	84	0	2,584	1.8%	184.6
Drug poisoning <sup>‡</sup>	1,290	570-604	<11	48	0	1,924	1.4%	137.5
Non-drug poisoning	607	 15	<11	36 26	0 17	660	0.5% 21.4%	47.2
Struck by or against object	28,629		1,624			30,311		2,165.9
Suffocation <sup>7</sup>	83	<11	<11	0	0	87	0.1%	6.2
Transport Injuries:	10,313 7,213		<11 <11	<11 <11		10,317 7,217	7.3% 5.1%	737.2 515.7
Motor vehicle Traffic (MVT)	-			11>				
MVT - Occupant <sup>8, ‡</sup>	6,158-6,168	<11	<11			6,168	4.4%	440.7
MVT - Motorcyclist	135					135	0.1%	9.6
MVT - Pedal cyclist	568		<11			568 344	0.4%	40.6
MVT - Pedestrian	<11	<11	<11				0.2%	24.0
MVT - Other person-type MVT - Undetermined intent		<b>\11</b>		<11		<11		
	445			11		445		31.8
Motor vehicle Nontraffic <sup>9</sup> Pedal cyclist, other	1,851					1,851	1.3%	132.3
Pedestrian, other	1,831					1,831		132.5
Other land transport	523	0	0			523	0.1%	37.4
Other transport	105	-	0		0	105	0.1%	7.5
Other specified & classifiable <sup>‡</sup>	4,910		493-513	<11	0	5,094	3.6%	364
Child and adult abuse	4,910	0	326	×11	0	326	0.2%	23.3
Foreign body	1,651		520			1,651	1.2%	118.0
Other specified & classifiable	3,259	0		<11	0	3,443	2.4%	246.0
Other specified, not classifiable	0,200	224	187	67		491	0.3%	35.1
Unspecified	22,252		83	0	<11	22,364		1,598.0

Data Source: Massachusetts Outpatient Emergency Department Discharge Database, Center for Health Information and Analysis (CHIA). Data are collected and reported by fiscal year (Oct. 1, 2015 - Sept. 30, 2016). Due to the implementation of the International Classification of Diseases, Version 10, Clinical Modification (ICD-10-CM) in October 2015, counts and rates presented here should not be compared to prior data that were based on ICD-9-CM codes. Refer to page 2 for general notes, references, and footnotes.

2016

# (Continued)

## **General Notes:**

•The injury case definition is based on the Council of State and Territorial Epidemiologists (CSTE) document: *Nonfatal Emergency Department Visits for All Injuries* and includes selected ICD-10-CM codes from diagnosis and external cause code (E-Code) fields. Only visits for active treatment of injuries are included.

•Injury mechanism and intent categories are based on the Center for Disease Control and Prevention's (CDC) *External Cause-of-injury Framework for Categorizing Mechanism and Intent of Injury* and are categorized based on the first external cause code or diagnosis code providing injury mechanism and intent. The search order for our analysis is principal E-code field, primary diagnosis field, then associated diagnosis fields. This search order may underestimate the number of injuries in some categories as some patients are assigned more than one ICD-10-CM injury code.

•Gray cells indicate that there are no ICD-10-CM codes assigned to the category. Subcategories within transportation are also suppressed, with the exception of unintentional injuries, to ensure patient confidentiality.

•All injury subcategories are shown in italics. For example, poisoning includes two subcategories – drug poisoning and non-drug poisoning.

• Per data confidentiality guidelines, counts less than 11 (including sometimes 0 if necessary) are suppressed and complementary cells that allow calculation of totals are suppressed (indicated by "--").

<sup>+</sup> For certain categories, providing an exact count would allow calculation of other suppressed cells. A range is provided to show the approximate size for this category, but without allowing the calculation of suppressed cells.

^ Overexertion injuries are considerably lower for FY2016 than later years. Codes for overexertion were excluded during the first year of the ICD-10-CM implementation.

### **References:**

Council of State and Territorial Epidemiologists (CSTE). Nonfatal Emergency Department Visits for All Injuries. Refer to the CSTE's online ICD-10-CM Injury Surveillance Toolkit.

National Health Statistics Report. The International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10–CM): External Cause-of-injury Framework for Categorizing Mechanism and Intent of Injury; #136, 12/30/2019.

### Footnotes:

1) Includes MA residents under the age of 18 treated at a MA acute care hospital emergency department in FY2016 (Oct. 1, 2015 - Sept. 30, 2016); deaths occurring prior to or during the ED visit are excluded. Counts represent the number of injury-related emergency department visits rather than the number of individuals treated.

2) Includes injuries resulting from police actions and war.

3) Includes injuries with no external cause code.

4) Crude rates per 100,000 MA residents are based on 2016 child population (under 18 years) estimates (1,399,463) developed by the University of Massachusetts Donahue Institute (UMDI) in partnership with the Massachusetts Department of Public Health, Bureau of Environmental Health.

5) Totals may not sum to 100% due to rounding.

6) Natural/Environmental (N/E) injuries includes bites and stings from animals and insects. The other N/E category includes injuries from forces of nature (e.g., flood, storm, cold weather), animal injuries other than bites, etc.

7) Includes asphyxiation and hanging.

8) Includes motor vehicle drivers, passengers, and unspecified persons.

9) Includes motor vehicle drivers, passengers, and unspecified persons, injured in a crash that does not occur on a public roadway (e.g. driveway, parking lot, private road, etc.).