

Injury-related Hospital Stays among MA Children Ages 0-17

2022

INJURIES are a leading cause of hospitalization among Massachusetts children. In Federal Fiscal Year (FFY) 2022 (October 1, 2021 - September 30, 2022) there were 2,917 injury-related hospital stays, nearly 243 per month.¹ The leading injury mechanisms contributing to hospital stays were unintentional falls, poisoning/overdoses, and motor vehicle traffic-related crashes. Total injuries decreased 11% and self-inflicted injuries decreased 16% from FFY 2021 to FFY 2022.

| Key Indicators | INJURY INTENT | | | | | Missing ³ | Totals ⁵ |
|--|---------------|----------------|-----------|--------------|---------------------------------------|----------------------|---------------------|
| | Unintentional | Self-Inflicted | Assault | Undetermined | Legal Intervention/Other ² | | |
| Total Counts by Intent | 2,084 | 564 | 86 | 17 | 0 | 166 | 2,917 |
| Percent by Intent | 71.4% | 19.3% | 2.9% | 0.6% | 0.0% | 5.7% | 100.0% |
| Rate per 100,000 population ⁴ | 162.9 | 44.1 | 6.7 | 1.3 | 0.0 | 13.0 | 228.1 |

| Injury Mechanism* | INJURY INTENT | | | | | Subtotal Counts | Percent of Total Count ⁵ | Rate per 100,000 ⁴ |
|--|---------------|----------------|---------|--------------|---------------------------------------|-----------------|-------------------------------------|-------------------------------|
| | Unintentional | Self-Inflicted | Assault | Undetermined | Legal Intervention/Other ² | | | |
| Cut/pierce | 41 | 57 | 14 | 0 | 0 | 112 | 3.8% | 8.8 |
| Drowning/Submersion | 14 | <11 | 0 | <11 | | 21 | 0.7% | 1.6 |
| Fall | 804 | <11 | 0 | <11 | | 811 | 27.8% | 63.4 |
| Fire/burn | 67 | <11 | 0 | <11 | 0 | 70 | 2.4% | 5.5 |
| <i>Fire/flare</i> | <11 | 0 | 0 | 0 | 0 | <11 | -- | -- |
| <i>Burns/hot objects & substances</i> | -- | <11 | 0 | <11 | | -- | -- | -- |
| Firearm | 11 | <11 | <11 | <11 | 0 | 20 | 0.7% | 1.6 |
| Machinery | <11 | | | | | <11 | -- | -- |
| Natural/Environmental ⁶ | 59 | 0 | 0 | 0 | | 59 | 2.0% | 4.6 |
| <i>Bites and stings, nonvenomous</i> | 44 | | | | | 44 | 1.5% | 3.4 |
| <i>Bites and stings, venomous</i> | <11 | 0 | 0 | 0 | | <11 | -- | -- |
| <i>Natural/environmental, other</i> | <11 | 0 | 0 | 0 | | <11 | -- | -- |
| Overexertion | 16 | | | | | 16 | 0.5% | 1.3 |
| Poisoning [‡] | 265 | 473 | <11 | <11 | 0 | 746 | 25.6% | 58.3 |
| <i>Drug poisoning</i> | 231 | 466 | <11 | <11 | 0 | 705 | 24.2% | 55.1 |
| <i>Non-drug poisoning</i> | 34 | <11 | <11 | <11 | 0 | 41 | 1.4% | 3.2 |
| Struck by or against object | 132 | 0 | 22 | 0 | 0 | 154 | 5.3% | 12.0 |
| Suffocation ⁷ | <11 | <11 | 0 | 0 | 0 | <11 | -- | -- |
| Transport Injuries: [‡] | 308 | <11 | 0 | 0 | 0 | 309-319 | -- | -- |
| <i>Motor vehicle traffic-related[‡]</i> | 207 | <11 | 0 | 0 | | 208-218 | -- | -- |
| <i>MVT - Occupant⁸</i> | 125 | 0 | 0 | | | 125 | 4.3% | 9.8 |
| <i>MVT - Motorcyclist</i> | 28 | | | | | 28 | 1.0% | 2.2 |
| <i>MVT - Pedal cyclist</i> | 17 | | | | | 17 | 0.6% | 1.3 |
| <i>MVT - Pedestrian</i> | 37 | | 0 | | | 37 | 1.3% | 2.9 |
| <i>MVT - Other person-type</i> | 0 | <11 | | | | <11 | -- | -- |
| <i>Motor vehicle -- Nontraffic⁹</i> | 32 | | | | | 32 | 1.1% | 2.5 |
| <i>Pedal cyclist, other</i> | 35 | | | | | 35 | 1.2% | 2.7 |
| <i>Pedestrian, other</i> | -- | | | | | -- | -- | -- |
| <i>Other land transport</i> | 21 | 0 | 0 | | | 21 | 0.7% | 1.6 |
| <i>Other transport</i> | <11 | 0 | 0 | | 0 | <11 | -- | -- |
| Other-specified & classifiable | 79 | 0 | 38 | 0 | 0 | 117 | 4.0% | 9.1 |
| <i>Child and adult abuse</i> | | | -- | | | -- | -- | -- |
| <i>Foreign body</i> | 62 | | | | | 62 | 2.1% | 4.8 |
| <i>Other specified & classifiable</i> | 17 | 0 | <11 | <11 | 0 | 22 | 0.8% | 1.7 |
| Other specified, not classifiable | | 18 | <11 | <11 | 0 | 25 | 0.9% | 2.0 |
| Unspecified | 277 | <11 | 0 | <11 | 0 | 279 | 9.6% | 21.8 |

Data Source: Massachusetts Outpatient Emergency Department Discharge Database, Center for Health Information and Analysis (CHIA). Data are collected and reported by Federal Fiscal Year (Oct. 1, 2021 - Sept. 30, 2022). 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.

(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 "--").
- * Please note that injury mechanisms are mutually exclusive. There may be some injuries that receive more than one mechanism code (e.g., a fall code and a struck by/against object code) but counts presented here are based on the *first listed* mechanism code.
- ‡ 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.

References:

Council of State and Territorial Epidemiologists (CSTE). *Nonfatal Emergency Department Visits for All Injuries*. Refer to the CSTE's on-line 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 FFY2022 (Oct. 1, 2021 - Sept. 30, 2022); 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 2020 population estimates for under 18 years (1,279,086) 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.).