

OHIO COUNTY INJURY PROFILES: METHODOLOGY

Special thanks to the **Ohio Hospital Association** for providing access to their data.

Data Sources:

This report uses data from hospital discharge records and death certificates to study patterns and trends in injuries among Ohio residents. **All profile data are reported based on county of residence, not location of death or hospitalization.** The following is brief summary of each data source referenced in this report.

Death Certificate Data

Death records are maintained by ODH's Office of Vital Statistics. Death certificates provide limited information about circumstances of injury circumstances or contributing factors. Both injuries and their external causes were classified according to the 10th Revision of the International Classification of Diseases (ICD-10). See Appendix 3 for a complete list of external cause of injury codes by mechanism and intent. <http://dwhouse.odh.ohio.gov/datawarehousev2.htm>

Hospital Discharge Records (Inpatient and Emergency Department)

Hospital discharge records are collected and maintained by the Ohio Hospital Association (OHA) from information provided by member hospitals. Both injuries and their external causes were classified according to the 9th Revision of the International Classification of Diseases, Clinical Modification (ICD-9-CM). For hospitalizations, a case was defined as an Ohio resident with an injury listed in the primary diagnosis field. For emergency department (ED) visits, a case was defined as an Ohio resident with an injury listed in the primary diagnosis field or a valid external cause of injury code any of the 15 diagnosis fields. Injury mechanisms for both hospitalizations and ED visits were based on the first listed external cause of injury. <http://www.ohanet.org/>

Ohio Population Estimates

The National Center for Health Statistics releases bridged-race population estimates of the resident population of the United States for use in calculating vital rates. These estimates result from bridging the 31 race categories used in Census 2000 and Census 2010. The bridged-race population estimates are produced under a collaborative arrangement with the U. S. Census Bureau.

http://www.cdc.gov/nchs/nvss/bridged_race.htm

Cost of Injuries

The medical and work loss cost of injuries was estimated by the Centers for Disease Control and Prevention (CDC). Cost estimates for fatal and non-fatal injuries can be queried on the CDC's Web-based Injury Statistics Query and Reporting System Web (WISQARS).

http://www.cdc.gov/injury/wisqars/pdf/WISQARS_Cost_Methods-a.pdf

Methods

This analysis was limited to descriptive statistics, which were generated through the use of Statistical Analysis System (SAS) Version 9.1, Cary, N.C. The data were analyzed using injury surveillance guidelines from the Centers for Disease Control and Prevention (CDC).

Deaths:

- Injury deaths were defined as a death with the underlying cause of death listed as an injury.
- Deaths included in this report were restricted to Ohio residents.
- Rates were calculated by dividing the number of injuries by the number of Ohio residents. Population estimates were based on estimates from the National Center for Health Statistics. Rates were age adjusted to the 2000 U.S. standard population.
- Deaths are reported based on county of residence, not location of death.

Hospitalizations:

- Discharge dataset includes nonfederal, acute care, or inpatient facilities. The dataset does not include Veterans' Affairs and other federal hospitals, rehabilitation centers, or psychiatric hospitals.
- Injury hospitalizations were defined as an inpatient visit with an injury listed in the primary discharge diagnosis field.
- Datasets include readmissions, transfers, and deaths occurring in the hospital.
- Hospitalizations included in this report were restricted to Ohio residents.
- The external cause of injury code used in the analysis was the first listed cause of the discharge diagnosis fields. If the codes E000-E030, E849, E967, E869.4, E870-E879, or E930-E949 were the first listed codes then the next valid external cause code was used.
- Rates were calculated by dividing the number of injuries by the number of Ohio residents. Population estimates were based on estimates from the National Center for Health Statistics. Rates were age adjusted to the 2000 U.S. standard population.
- Data are reported based on county of residence, not location of hospitalization.

Emergency Department Visits:

- Discharge dataset includes nonfederal, acute care, or inpatient facilities. The dataset does not include Veterans' Affairs and other federal hospitals, rehabilitation centers, or psychiatric hospitals.
- Injury ED visits were defined as an ED visit with an injury listed in the primary discharge diagnosis field or a valid external cause of injury code in any of the discharge diagnosis fields. See Appendix 5 for a complete list of ICD-9-CM codes.
- ED visits included in this report were restricted to Ohio residents.
- Persons who are treated at an ED and later admitted to a hospital are removed from the ED dataset, and therefore are not included in any analysis of ED data.
- The external cause of injury code used in the analysis was the first listed cause of the discharge diagnosis fields. If the codes E000-E030, E849, E967, E869.4, E870-E879, or E930-E949 were the first listed codes then the next valid external cause code was used.
- Rates were calculated by dividing the number of injuries by the number of Ohio residents. Population estimates were based on estimates from the National Center for Health Statistics. Rates were age adjusted to the 2000 U.S. standard population.
- Data are reported based on county of residence, not location of ED treatment.

Cost of Injuries:

- Fatal Injury costs were calculated by multiplying the number of injury deaths in Ohio by the average cost associated the death for Ohio published on the CDC's WISQARS website.
- Non-fatal injury costs for hospitalizations were calculated by multiplying the number of hospitalizations by the average cost associated with hospitalizations for the United States published on the CDC's WISQARS website.
- Non-fatal injury costs for ED visits were calculated by multiplying the number of ED visits by the average cost associated with ED visits for the United States published on the CDC's WISQARS website. Total injury costs were calculated by adding the estimated costs for injury deaths, hospitalizations and ED visits.

Limitations of Injury Data

Death Certificate Data:

- The cause of death reported on the death certificate is based on the underlying cause of death determined by a physician or coroner. While physicians and coroners are well trained to investigate and determine causes of death, a standardized process for investigating and determining causes of death does not exist in Ohio. This lack of uniformity may lead to differences in how underlying causes of death are classified and pose limitations for comparing rates across local jurisdictions.

Hospital Discharge Data:

- In each year of the study period, approximately 30 percent of injuries treated in the as inpatients and emergency departments were not assigned an external cause code (E-code). This most likely resulted in an underestimate of total costs and incidence rates, because not all mechanism and intents for injuries could be identified and included in the analysis by mechanism.
- Of the non-fatally injured, only those who sought medical care were captured for this analysis.
- Discharges, not individuals, were the unit of measurement, thereby resulting in duplication when readmissions for the same initial event occurred. The inclusion of readmissions would lead to an overestimate of incidence rates.
- Race and ethnicity are largely incomplete in the hospital discharge data and were not included in the analysis.
- Ohio residents treated in out-of-state hospitals are not consistently included, thereby affecting rates, particularly of border counties.
- Severity of injury is assumed based on type of medical treatment received (i.e., inpatient treatment is for more severe injuries than ED visits).