Utilizing severity to interpret changing trends of hospitalized injury rates in the United States, 1988-2007

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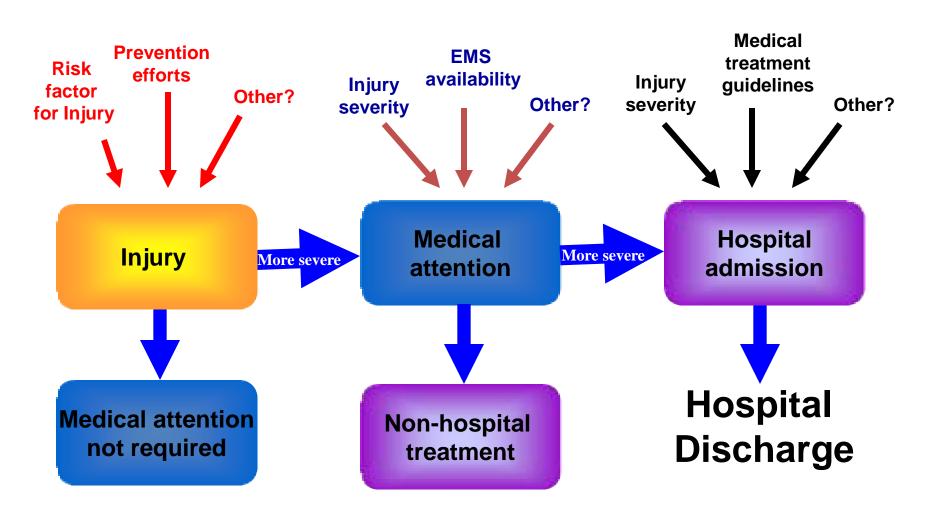
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- 1. U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality
- 2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Office of Analysis and Epidemiology

Background

- Injury hospital discharge rates for persons 25-64 decreased between 1988-2000 and increased slightly between 2001-2007.
- Injury death rates remained steady from 1988-2007
- Factors contributing to the decreased rates of injury hospital discharges are not well understood

What factors influence injury hospital discharges?



Objectives

• Examine trends in injury hospital discharges for patients aged 25-64 from the past two decades by diagnosis and severity to provide insight into the effects of changes in injury incidence and in health care delivery.

Methods--Data Source

Data source for injury severity

- Healthcare Cost and Utilization Project Nationwide Inpatient Sample (HCUP-NIS): 2003-2007
 - HCUP-NIS is an all-payer inpatient care database with data from 5 to 8 million hospital stays from about 1,000 hospitals
 - Data are collected from
 - ✓ States participating in HCUP; for 2007, these states comprise 95 percent of the U.S. population
 - ✓ The NIS is sampled to approximate a 20-percent stratified sample of U.S. community hospitals.

Methods--Data Source

Data source for trends

- National Hospital Discharge Survey (NHDS): 1988-2007
 - NHDS is a national probability sample survey of inpatient discharge records selected from non-Federal, short-stay hospitals.
 - Data are collected by
 - manual review of medical records (55%), medical abstract form
 - ✓ automated system (45%), computerized data files containing machine-readable medical record data

Methods—Injury definition

- Discharges with a first-listed diagnosis corresponding to an injury ICD-9-CM code were selected
- Barell Matrix defines:
 - Injury -- (ICD-9CM) 800.00-909.2, 909.4, 909.9-994.9, 995.5, 995.80-995.85
 - Body regions
 - TBI
 - Upper and Lower Extremities

Methods—Survival Risk Ratio (SRRs)

Injury severity measured using SRR

- Number of patients with any injury related ICD-9-CM codes were obtained for each code from HCUP-NIS by discharge status (dead or alive)
- SRRs for each ICD-9-CM injury diagnosis code calculated as:

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SRR= Number discharged (alive)

Number discharged (dead+ alive)
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 SRR values range from 0 (no patients survived) to 1 (all patients survived)

Methods—Injury Severity

- Discharge severity score
 - Severity score for each discharge in NHDS is the minimum SRR among all injury related ICD-9-CM codes for the discharge.

Example	Diagnosis 1	Diagnosis 2	Diagnosis 3
ICD-9-CM Codes	800.25	806.00	415.19
SRR	0.236	0.865	Not injury

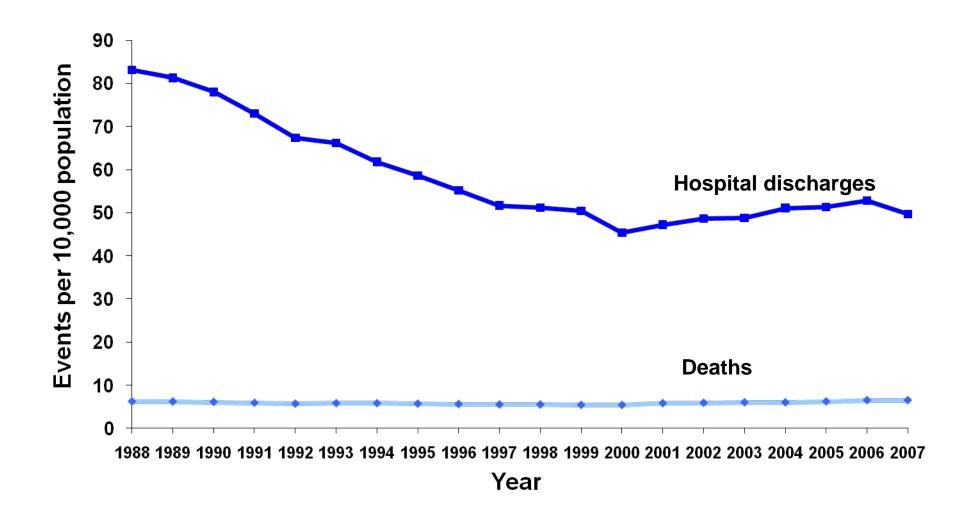
The minimum SRR=Min(0.236, 0.865)=0.236

- Discharge categorized into 3 levels of severity
 - Least Severe: 0.99 <= minimum SRR <= 1.0</p>
 - Moderately Severe: 0.95 < minimum SRR < 0.99
 - Most Severe: 0.0 <= minimum SRR <= 0.95</p>

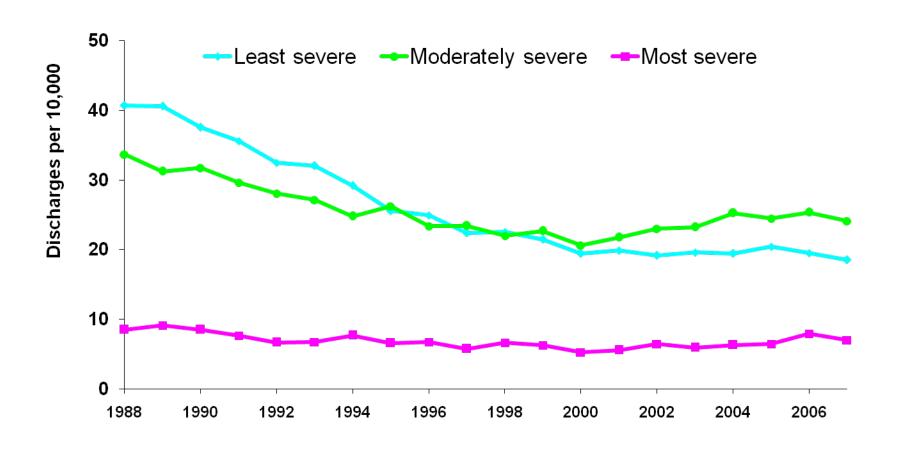
Methods—Analyze trends

- Annual injury discharge rates per 10,000 population calculated for 3 severity levels for NHDS 1988-2007
- Standard errors calculated using SUDAAN
- Estimate and test average annual percent change in discharge rates using Joinpoint regression program

Injury rates -- hospital discharges and deaths: Persons 25-64 years of age, 1988-2007



Injury hospital discharge rates by level of severity United States, Ages 25-64, 1988-2007



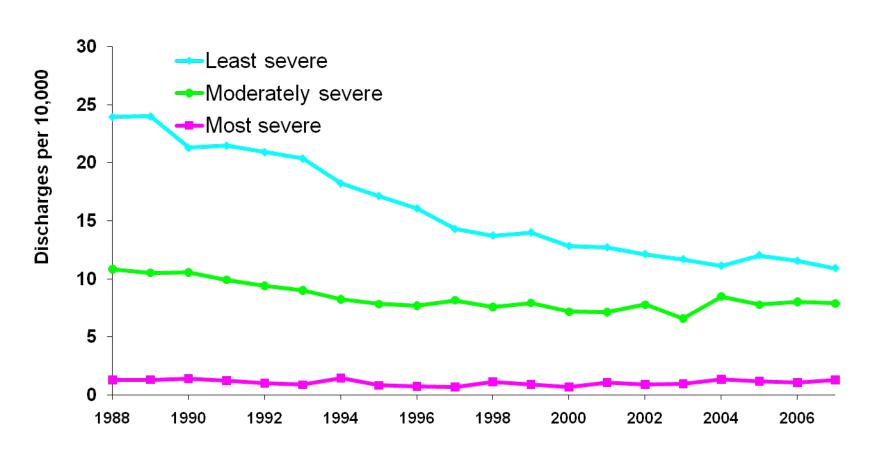
Data source: HCUP / AHRQ Nationwide Inpatient Sample and NCHS / CDC National Hospital Discharge Survey

Average annual percent change in hospital discharge rates United States, Ages 25-64, 1988-2007

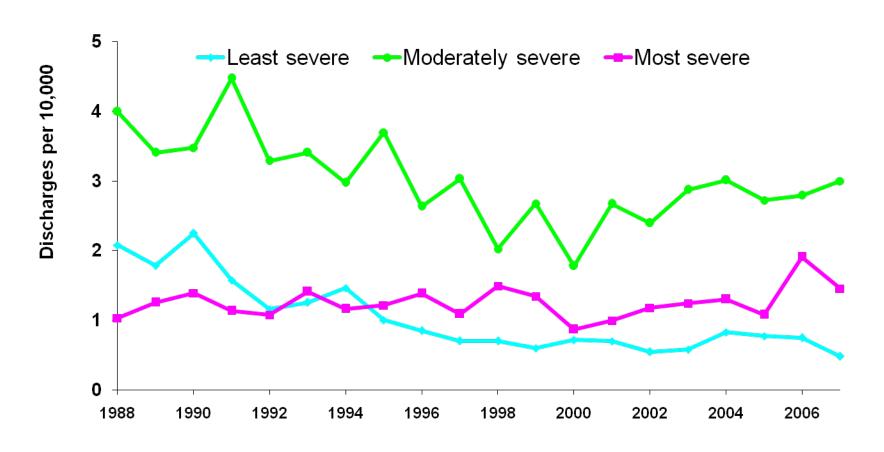
	Least severe	Moderately Severe	Most Severe
All injury	-4.4*	-1.7*	-1.6*
Traumatic Brain Injury	-6.6*	-1.9*	.9
Extremity injuries	-4.5*	-1.9*	-1.0

^{*} Average Annual Percentage change is statistically significant from zero.

Injury hospital discharge rates for lower and upper extremity injuries United States, Ages 25-64, 1988-2007



Injury hospital discharge rates for traumatic brain injuries United States, Ages 25-64, 1988-2007



Discussion – Severity measure

Overall, trends in injury hospital discharges by empirically derived severity measures provide insight into the decreasing rates.

Limitations of severity measure:

- Severity is measured by probability of death while hospitalized.
 - Deaths occurring outside of the hospital account for at least two thirds of all injury deaths.
 - Using this measure, injuries which are disabling but are unlikely to lead to death are not considered severe.
- SRRs were calculated using the data for 2003-2007.
 Changes in the probability of survival during the time period might bias the severity rankings.

Discussion - Trends

- Trends in injury hospital rates indicate
 - Least Severe injuries decreased at a faster rate than Moderately Severe and Most Severe from 1988-2007.
 - Much of the decrease from 1988–2000 in injury hospital discharge rates for persons 25–64 years of age is due to a decrease in the rates of least severe injury hospital discharges.
- Fewer minor (least severe) injuries being discharged over time could be explained by the following:
 - Decreases in minor injury incidence due to prevention measures.
 - Changes in the health care delivery for minor injuries.