



RESOLUTION

November 2007

TITLE: IMPROVING EXTERNAL CAUSE CODING IN HOSPITAL DISCHARGE DATA

WHEREAS, injuries, both unintentional and intentional, remain one of the most neglected and costly public health problems in our society;^{1, 2} and

WHEREAS surveillance is the basis for the public health approach to assessing, preventing and controlling injuries,¹ and statewide hospital discharge databases are a core dataset recommended for injury surveillance by state health departments;³ and

WHEREAS hospital discharge data are coded using the International Classification of Diseases Clinical Modification Manual, 9th Revision (ICD-9-CM), which includes codes to specify both the nature of the injury (e.g., skull fracture) and the mechanism or external cause of the injury (e.g., bicycle collision with motor vehicle);⁴ and

WHEREAS improved external cause of injury coding helps planners identify and address issues involving patient safety, elderly falls, motor vehicle crashes, suicide attempts and other injuries that present a significant economic burden to the health care system;^{2, 5, 6} and

WHEREAS hospitals currently routinely code injury according to the nature of the injury while the external cause code is not consistently or uniformly included in the hospital discharge databases;^{1, 7, 8} and

WHEREAS limited progress has been made on improving external cause coding since 1990;⁹ and

WHEREAS the use of non-specific codes greatly limits or compromises the utility of external cause codes;¹⁰ and

WHEREAS Healthy People 2010 Objectives for the Nation and the Patient Safety Indicators promulgated by the Agency for Healthcare Research and Quality require external cause coded data;^{5, 11} and

WHEREAS organizations such as the Council of State and Territorial Epidemiologists (CSTE),¹² the American Academy of Pediatrics (AAP),¹³ the Suicide Prevention Action Network (SPAN),⁶ the American Public Health Association (APHA), the Association for State and Territorial Health Officials (ASTHO),¹⁴ and the Substance Abuse and Mental Health Services Administration (SAMHSA) currently endorse improvements in external cause of injury coding; and

Whereas the costs of fully implementing external cause coding as part of hospital discharge data are minimal;¹⁵ and

WHEREAS the federal data systems (UHDDS) and uniform billing (UB) procedures that drive the submission of data to statewide hospital discharge databases do not currently require the submission of external cause codes;

THEREFORE, BE IT RESOLVED that Safe States Alliance recommends external cause of injury codes be recorded in the hospital record for each hospital admission or treatment for which an injury is the principal diagnosis and the first-listed external cause code should be related directly to the principal diagnosis; and

FURTHER, that state level data quality assurance programs that educate clinicians, coders, and hospital administrators about the importance of external cause coding for public health injury surveillance and prevention efforts be developed and implemented in order to improve the completeness, specificity and accuracy of external cause of injury codes and that a unified federal approach, under the aegis of the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) and the National Center for Injury Prevention and Control (NCIPC), to address the improvement of external cause coding be pursued.

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³ Injury Surveillance Workgroup. Consensus Recommendations for Using Hospital Discharge Data for Injury Surveillance. Marietta, GA: State and Territorial Injury Prevention Directors Association, 2003.

⁴ U.S. Department of Health and Human Services. International Classification of Diseases, Ninth Revision, Clinical Modification. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, 2004.

⁵ Agency for Healthcare Research and Quality. Guide to Patient Safety Indicators Version 3.0a, May 2006 [http://www.qualityindicators.ahrq.gov/downloads/psi/psi_guide_v30a.pdf]

⁶ Suicide Prevention Action Network (SPAN). Strategies to improve non-fatal suicide attempt surveillance: recommendations from an expert roundtable. Washington, DC: SPAN, August 2006.

⁷ Heinen M, Hall MJ, Boudreault MA and Fingerhut LA. National Trends in Injury Hospitalizations, 1979–2001. Washington, DC: National Center for Health Statistics, March 2005.

⁸ Coben JH, Steiner CA, Barrett M, et al. Completeness of cause of injury coding in healthcare administrative databases in the United States, 2001. *Injury Prevention*. 2006; 12(3):199-201.

⁹ Abellera J, Annett JL, Conn JM, Kohn M. How states are collecting and using cause of injury data: 2004 update to the 1997 report. A survey by CSTE, APHA-ICEHS, and STIPDA. March 2005. Accessed March 12, 2007 at <http://www.cste.org/pdffiles/newpdffiles/ECodeFinal3705.pdf>

¹⁰ Lawrence BA, Miller TR, Weiss HB, Spicer RS. Issues in using state hospital discharge data in injury control research and surveillance. *Accident Analysis and Prevention*. 2007 March; 39(2):319-25.

¹¹ U.S. Department of Health and Human Services. Healthy People 2010, 2nd ed. With Understanding and Improving Health and Objectives for Improving Health, 2 vols, Washington, DC: U.S. Government Printing Office, November 2000.

¹² Amending hospital discharge summaries to include external cause of injury codes. Council of State and Territorial Epidemiologists Position Statement, 1988 – 7.

¹³ Committee on Injury and Poison Prevention. The hospital record of the injured child and the need for external cause of injury codes. *Pediatrics*. 1999;103(2):524-526.

¹⁴ Association of State and Territorial Health Officials, approved by ASTHO's Executive Committee, on October 2, 2007, St. Louis, MO.

¹⁵ Rivara FP, Morgan F, Bergman AB, Maier RV. Cost estimates for statewide reporting of injuries by E coding hospital discharge abstract database systems. *Public Health Reports*. 1990; 105(6):635-638.