OUTPATIENT AND INPATIENT HOSPITAL DISCHARGE DATA

Data Description Hospital outpatient and inpatient data is also known as “hospital discharge data” or “CompData”. The outpatient database includes all patients treated in emergency rooms for less than 24 hours who were not admitted to the hospital. The inpatient database includes all patients treated for 24 hours or more for any medical reason. The dataset is an excellent resource for obtaining clinical information on patients as well as hospital utilization services in a region. Hospital outpatient and inpatient data are revised on an ongoing basis. Final counts are likely to take more than a year after the end of a calendar year. Revised numbers typically involve only a small fraction of the overall reported numbers in any given year. Most states conform with national coding standards which provides a level of consistency across states and jurisdictions.

Limitations The dataset provide only limited demographic information (age, sex and race/ethnicity), poorly identifies work relatedness of injuries, poorly describes location of injury/exposure, and has no information on course of illness after discharge. The dataset will also not capture all deaths caused by acute trauma, including police related fatalities. Depending on the jurisdiction, not all fatalities have to be brought to a hospital to complete a death certificate. The dataset also only captures hospital charges which are not entirely an accurate characterization of true medical costs. The percent of hospitals participating in a state system also varies over time. In Illinois, nearly all inpatient cases are captured in the system providing a census of annual hospitalizations, but hospital participation varies a little each year. You should check with your state manager to confirm the percent of patients/visits captured.

Variables Both databases include variables on facility code, clinician codes (4 fields), patient demographics (age, gender, race/ethnicity), date of admission, admission source, admission type, length of stay, date of discharge, discharge status/location, hospital charges: operation, oncology, pharmacy, radiology, laboratory, room, anesthetic, ancillary, labor/delivery and total, payer and insurance, diagnosis codes and reason for visit/admission (currently ICD-9 and ICD-10 depending by year), CPT codes for outpatient cases, cause of injury / place of injury codes, whether a diagnosis was present on admission, procedure codes and dates, and newborn weight.

Case Definition for Identifying Civilian Injuries Caused by Law Enforcement
ICD-10 codes Y35.0 to Y35.9 are legal intervention codes, based on research needs inclusion of Incident Location Type = “Y92.14 / Prison” may be appropriate.

When using ICD-10 codes the sixth digit identifies whether the person is a suspect, bystander or law enforcement official. Omit all cases where the 6th digit is 1 (Y35.XX1). An internal record abstraction confirmed that most of the cases codes as “law enforcement official” involve injuries to security guards not sworn officers.

SEE SAS CODE BELOW
***CODE TO IDENTIFY WHO WAS INJURED;

data data.DATASETNAME;
set data. DATASETNAME;
array dx(32) LIST VARIABLES/FIELDS HERE;
do i=1 to 32;
end;
drop i;
if OfficerInjured = . Then OfficerInjured =0;
if BystanderInjured = . Then BystanderInjured =0;
if SuspectInjured = . Then SuspectInjured =0;
run;

***CODE TO IDENTIFY MECHANISM-SOURCE OF INJURY

data data.DATASETNAME;
set data. DATASETNAME;
array dx(32) LIST VARIABLES/FIELDS HERE;
do i=1 to 32;
do i=1 to 32;
    if Dx(i) IN: ('Y35') THEN legalintervention=1;
    if Dx(i) IN: ('Y350') THEN firearm=1;
    if Dx(i) IN: ('Y351') THEN explosives=1;
    if Dx(i) IN: ('Y352') THEN gas=1;
    if Dx(i) IN: ('Y353') THEN bluntobject=1;
    if Dx(i) IN: ('Y354') THEN piercinginstrum=1;
    if Dx(i) IN: ('Y3581') THEN blowmanhandle=1;
    if Dx(i) IN: ('Y3589') THEN unspecifiedmeans=1;
    if Dx(i) IN: ('Y359') THEN unspecifiedmeans=1;
end;
drop i;
run;