



Emergency Department Data Surveillance Project Newsletter

The EDDS Project is a joint effort of:



Volume 1, Issue 3

July 2009

Welcome

Welcome to the third issue of the Emergency Department Data Surveillance (EDDS) Project Newsletter! The newsletter will provide information on current topics of interest that can be discussed using ED data. A

more detailed description of the data is presented in reports available online at www.SanDiegoCountyEMS.com, www.hasdic.org, or www.sdchip.org. The most recent report available is the January-June, 2008 EDDS

Brief Report. If you want more information, have suggestions, or would like to submit an idea for the newsletter, please contact Holly Shipp at (619) 285-6429 or Holly.Shipp@sdcounty.ca.gov.

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Substance Use and Abuse Seen in the Emergency Department

Substance use and abuse is common among emergency department (ED) patients, and includes the use of alcohol, legal drugs such as prescription medication, and illegal or illicit drugs. When people show up at the ED as a result of substance use or abuse, it presents and opportunity to reach out and provide counseling or other follow-up services to prevent further, and possibly more devastating consequences.

In 2006, it was estimated by the Drug Abuse Warning Network (DAWN) that in the United States, more than 1.7 million ED visits were associated with drug use or abuse, 55% of which involved illicit drug use. The most common illicit drug reported was cocaine, followed by marijuana and heroin.¹

ED physicians and other staff are in the unique position of encountering the full range

of both acute and chronic health problems that are associated with substance use or abuse. Some of these problems occur secondary to substance use or abuse, such as injury, while others present acutely but are secondary to an underlying disease such as cirrhosis or mental illness. ED physicians also encounter patients with health problems that are seemingly unrelated to substance use or abuse, but for which treatment or future health may be impacted by the use of drugs or alcohol.

When conducting substance use or abuse ED surveillance, two types of diagnoses are considered: 1) those with a principal diagnosis of substance use or abuse and 2) those with any substance use or abuse diagnosis, or a "mention."

A principal diagnosis of substance use or abuse refers to

the chief cause of the encounter or visit. A mention of substance use or abuse means that the patient had one or more alcohol or drug related diagnoses upon discharge. This mention could have been either the principal diagnosis, a condition that coexisted at the time of encounter, or a condition that would have affected the treatment received.

From the two year period from 2006 through 2007, there were 86,573 ED discharges who were identified with any mention of substance use or abuse, representing 7.3% of all ED discharges. Of these, 19,154 (22.1%) were identified as having an injury. More than one out of four of these injuries were due to a fall (28%), 12.8% were due to an assault, and 8.1% were due to a motor vehicle occupant crash.

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¹ Drug Abuse Network, 2006: National Estimates of Drug-Related Emergency Department Visits, Substance Abuse and Mental Health Services Administration, Available online at: <http://dawninfo.samhsa.gov/files/ED2006/DAWN2k6ED.pdf>



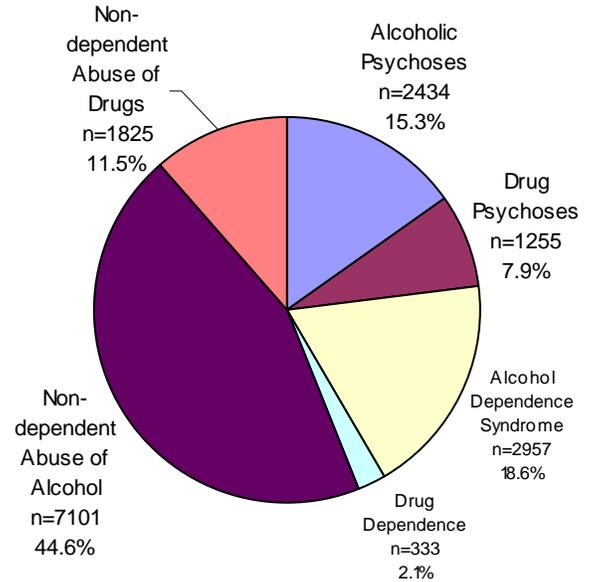
Substance Use and Abuse Seen in the Emergency Department

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Another 6.1% had a principal diagnosis of mental illness, and 21.5% had a principal diagnosis of symptoms, signs, or ill-defined conditions not classifiable elsewhere.

Of the 86,573 ED discharges with any mention of substance use or abuse, 15,905 (18.4%) had a principal diagnosis of substance use or abuse. The majority of these were alcohol related (78.8%), with the most common being nondependent abuse of alcohol (alcohol abuse, 44.6%), followed by alcohol dependence syndrome (18.6%) and alcoholic psychoses (15.3%). Nondependent abuse of drugs accounted for 11.5% of all principal diagnoses. Illicit drug use that was most often specified as a principal diagnosis included amphetamine or related

Principal Diagnoses of Substance Use or Abuse Among ED Discharges, San Diego County, 2006-2007



Source: HASD&IC, CHIP, CoSD HHSA PHS EMS, ED database, 2006-2007

Approximately 14 million Americans - 7.4% of the population - meet the diagnostic criteria for alcohol abuse or alcoholism.

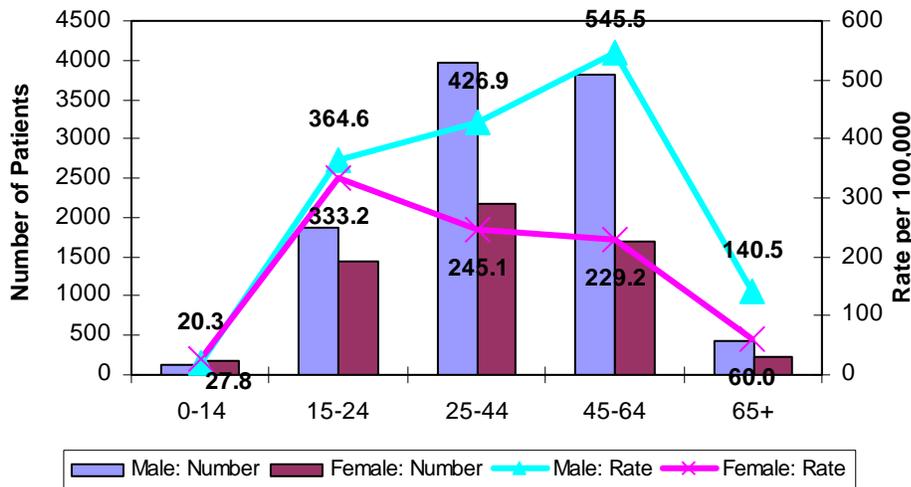
~SAMHSA, 2009

acting sympathomimetic abuse (3.7%) and cocaine abuse (1.3%).

For patients ages 15 years and older, males were dis-

charged from the ED with higher rates of substance use or abuse than females, particularly among 45-64 year old men (545.5/100,000). Rates among black men were especially high in this age group.

ED Discharges With a Principal Diagnosis of Substance Use or Abuse by Age Group and Gender, San Diego County, 2006-2007



Among children less than 15 years, females had a higher rate of ED discharge (27.8/100,000) than males (20.3/100,000). Rates were especially high among young Hispanic females. Females ages 15-24 years had a higher rate of ED discharge (333.2/100,000) than females of any other age group.

Patients living in the Central Region of San Diego County had the highest rate of ED discharge with a principal diagnosis of substance use or abuse (334.0/100,000), but those who lived either

Source: HASD&IC, CHIP, CoSD HHSA PHS EMS, ED database, 2006-2007

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out of County or with an unknown zip code of residence constituted the highest percentage of all ED discharges (2.5% and 4.7%, respectively).

The ED is an important entry point to the system. Even if a patient presents with an illness or injury not related to substance use or abuse, the ED provides an opportunity for evaluation, identification, education and referral to treatment. Physicians and other ED staff can initiate interventions to reduce the risk of future negative consequences. For this reason, ED discharge data are important for conducting surveillance of substance use or abuse in San Diego County.

In San Diego County, several community groups, both public and private, are active in promoting the prevention of alcohol and drug abuse.

Founded by San Diego County Board of Supervisor Chairwoman Dianne Jacob, the Meth Strike Force has served as a multi-disciplinary body to plan and coordinate around methamphetamine issues since 1996. The 60+ members represent local, state and federal agencies from law enforcement, health, treatment, prevention, criminal justice and education. The Strike Force is founded on the idea that coordinated action on prevention, treatment and law enforcement can effectively reduce levels of methamphetamine problems. More information is available at www.no2meth.org.

The Community Health Improvement Partner's (CHIP) Behavioral Health Work Team (BHWT) works to contribute to the improvement of mental and behavioral health of the public. The BHWT does this by augmenting existing and/or developing

new programs that strive to make significant, measurable impact to the community. County of San Diego Behavioral Health Services Staff participate in this group. For more information contact Aron Fleck at (858) 614-1558 or afleck@hasdic.org.

The San Diego County Alcohol Policy Panel is a coalition of community and youth leaders whose purpose is to prevent underage drinking by changing the social, legal and commercial environments in which alcohol is made available and/or desirable to young people. More information is available at www.alcoholpolicypanel.org.

For questions regarding the surveillance of substance use or abuse in San Diego County EDs, please contact Holly Shipp at (619) 285-6429 or Holly.Shipp@sdcounty.ca.gov.



One in four children under the age of 18 is living in a home where alcoholism or alcohol abuse is a daily fact of life.

~SAMHSA, 2009

Historical Data

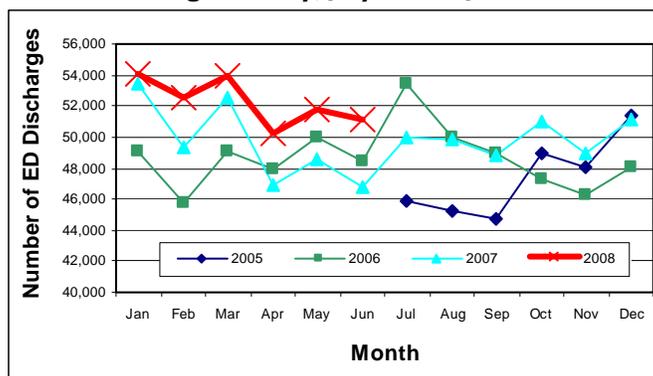
Currently, three full years of ED discharge data are available for a total of 1,779,882 records.

Total Number of ED Discharges

July – Dec 2005:	284,480
Jan – June 2006:	290,338
July – Dec 2006:	293,981
Jan – June 2007:	297,774
July – Dec 2007:	299,716
Jan – June 2008:	313,593

See the January-June, 2008 EDDS Brief Report for more detailed information.

Total Number of ED Discharges by Month and Year, San Diego County, July 2005—June 2008



Source: HASD&IC, CHIP, CoSD HHSA PHS EMS, ED database July 2005-June 2008

The July-December 2008 data are currently being processed! The 2008 EDDS Annual Report is expected to be released in early September.



For More Information, Contact:

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For Copies of EDDS Reports:
www.SanDiegoCountyEMS.com
or
www.sdchip.org
or
www.hasdic.org



EDDS Project Description

The Community Health Improvement Partner's Violence and Injury Prevention Work Team, in collaboration with the County of San Diego's Emergency Medical Services (EMS) and the Hospital Association of San Diego and Imperial Counties (HASD&IC) conceptualized and coordinated the implementation of the Emergency Department Data Surveillance (EDDS) project.

Emergency department (ED) discharge data describe all patients who were treated and discharged from participating emergency departments in San Diego County. ED data does not represent all patients who go to the emergency department; patients who were admitted to the hospital from the ED are not included. The information contained in this database is collected from billing data, so if a patient presents to the ED and is admitted to that same hospital, all information is transferred to the inpatient record and the patient becomes part of the hospital inpatient discharge database.

Emergency department data that are reported to Emergency Medical Services (EMS) do not contain unique identifiers, such as social security number. Each record represents a visit to the ED; multiple visits for the same person cannot be identified. Therefore, this report represents the number of *encounters* (visits), not the number of *people* who use the ED.

Currently, 16 out of the 18 civilian San Diego County EDs voluntarily report data, representing more than 97% of all ED discharges in San Diego County. These data represent medical encounters for less severe non-fatal injury or illness than seen among hospital discharges.

Current Data Reporting Status

All emergency department (ED) discharge data for participating hospitals have been reported for 2008 (January – December). First quarter data for 2009 (January-March) were due to OSHPD on May 15, 2009, and are currently being reported to

EMS. Second quarter data for 2009 (April-June) will be due to OSHPD on August 15.

Hospitals are asked to submit their data to Holly Shipp at Emergency Medical Services at the same time they submit to OSHPD.

If an extension has been filed with OSHPD, please notify Holly of the anticipated date of submission by calling 619-285-6429 or emailing:
Holly.Shipp@sdcounty.ca.gov.

Upcoming Changes - Language Spoken

The Office of Statewide Health Planning and Development (OSHPD) began collecting Principal Language Spoken effective for ED discharges and encounters on or after January 1, 2009. Data for the January-March 2009 report period required a new file format to accommodate Principal Language Spoken. Submission of these data began in April 2009, with data approval on

or before the May 15, 2009 due date. For more information, visit:

www.oshpd.ca.gov/HID/MIRCal/Newly_Approved_Regulations.html

Hospitals are asked to continue submitting an identical data set to EMS, *including the new language variable*, in the same format as submitted to OSHPD.

This is an exciting addition

to the EDDS database! Future issues of the newsletter will examine the relationship of language spoken to various characteristics of ED discharges.