

## EXECUTIVE SUMMARY

State health agencies rely on injury surveillance to assess specific needs for injury prevention programs and policies and to monitor their effectiveness. Injury surveillance is the ongoing process of tracking and monitoring incidence rates, causes, circumstances and resulting in fatal and non-fatal injuries and disseminating this data in order to prevent these injuries from occurring. Death certificates and other sources are useful for surveillance of fatal injuries. To monitor nonfatal injuries, however, other sources of data are required. One common and important source for monitoring nonfatal injuries is hospital discharge data.

Over 40 states collect data on hospital discharges. State hospital discharge data systems collect data on injuries considered serious enough to warrant hospitalization and are, therefore, priority targets for prevention. Another advantage is that hospital discharge data, unlike some national surveillance data sets, may be stratified at state, county, city, and even community levels of analysis, making these data useful for monitoring the effects of injury interventions, where the interventions are implemented.

However, hospital discharge data also have limitations for injury surveillance. State hospital discharge data systems were originally established for hospital administration and management purposes and are based on a uniform hospital discharge billing form. Therefore, hospital discharge data elements are not always specified or classified in such a way as to be informative for purposes of injury surveillance. Moreover, hospital discharge data are not collected uniformly for all states, or even within states from year to year. Standardization of data analysis and reporting methods may facilitate comparison of hospital discharge rates, but differences in rates should be interpreted with caution, due to the inherent dissimilarities of state hospital discharge data systems. In addition, they are incomplete as they include federal facilities (e.g., Indian health, military).

To assess the strengths and limitations of hospital discharge data for injury surveillance and to recommend standard methods for analyzing and reporting such data, an Injury Surveillance Workgroup was convened by STIPDA in 2001, with representatives from the State and Territorial Injury Prevention Directors Association (STIPDA); the Council of State and Territorial Epidemiologists; the National Center for Injury Prevention and Control and the National Center for Health Statistics, Centers for Disease Control and Prevention; and the National Association of Injury Control Research Centers. The Workgroup recommended standard processes for analyzing and reporting hospital discharge data by state injury prevention programs and others to facilitate comparisons of state hospital discharge rates for injury surveillance.

The ultimate goal of these recommendations is to improve state injury surveillance to support injury prevention programs and policies. By helping to standardize injury surveillance at the state level, the Workgroup also hopes to enable further collaboration between state injury prevention programs as well as integration of injury prevention within traditional public health activities. To that end, this report recommends a minimum set of state surveillance standards for hospital discharge data. However, these recommendations are not intended to limit individual states in setting and achieving their own specific objectives for injury surveillance.