

# 2015 Emergency Department Data Annual Report

Health Systems Epidemiology Program  
Epidemiology and Response Division  
New Mexico Department of Health



# 2015 Emergency Department Data Annual Report

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## Executive Summary

This report presents overall New Mexico emergency department admission numbers, rates by age, sex and region for NM residents. Race and ethnicity data were requested, however, in many cases, quality data were not received and therefore, unable to be used in this report. In the near future, NMDOH plans to collect race and ethnicity data from emergency departments in a format that is similar to how race and ethnicity is collected in hospitalization data. In 2015, 36 non-federal emergency departments reported emergency department data to the NMDOH.

Of the 813,865 reported ED admissions, 54.8% were among females and 45.2% were among males. Eighteen percent of all admissions occurred among residents over the age of 64 years, increasing from 14% in 2010 and up 1% from 2014. The Southeast Region had the highest rate of New Mexico ED admissions in 2015 (5,333.5 admissions per 10,000 population), increasing 1.2% from 2014. Injury and poisoning had the highest rate (828.7 per 10,000 population), while congenital anomalies had the lowest rate (1.6 per 10,000 population) of admissions in New Mexico in 2015 as compared to all other first listed diagnosis categories.



## Key Findings

### *Overview of Emergency Department (ED) Admissions in New Mexico*

- In 2015, the less than 1 year age group had the highest rate of ED admissions (7,585.6 per 10,000 population) followed closely by the 85+ years old age group at 7,501.3 admissions per 10,000 population. The age group with the lowest rate of ED admissions was 5-14 year olds at 2,555.4 per 10,000 population.
- Females represented 54.8% of all ED admissions.
- The Southeast Region had the highest rate of ED admissions at 5,333.5 per 10,000 population.
- The top reason for ED admission by category of first-listed diagnosis group was Injury and Poisoning with an overall state rate of 828.7 admissions per 10,000 population (up from 813.7 in 2014).
- The Southeast Region had the highest rates (per 10,000 population) of Diseases of the Respiratory System (635.4), Diseases of the Nervous System and Sense Organs (314.1), Diseases of the Blood and Blood-Forming Organs (20.5), and Injury and Poisoning (1,150.8) compared to the other four health regions.
- Diseases of the Respiratory System was the top reason for ED admission for children 4 years or younger. Injury and Poisoning was the top reason for patients 85+ years old.

### *Quality Indicators*

- In 2015, the Southeast Region (175.0 per 10,000 population) had the highest rate of acute ambulatory care sensitive condition (ACSC) admissions and the Metro Region (78.0 per 10,000 population) had the lowest admission rate.
- In 2015, the Southeast Region (139.4 per 10,000 population) had the highest rate for chronic ACSC and the Metro Region had the lowest rate (72.4 per 10,000 population). The Southeast Region had the highest ED admission rates for chronic ACSC for all three years, from 2013-2015.

### *Infectious Disease*

- Respiratory Syncytial Virus (RSV) was the primary diagnosis for over 1,200 ED admissions and listed in the top six diagnoses for 1,670 ED admissions in 2015.
- Admissions for RSV peaked in January, February, and March.

### *Maternal Health*

- In 2015, there were approximately 15,000 ED admissions due to pregnancy complications in New Mexico.
- Nearly one-quarter of these ED admissions were due to hemorrhage. The majority of these ED admissions for hemorrhage occurred during the pregnant patient's first trimester.

### *Chronic Disease & Environmental Health Related Admissions*

- The Southwest and Southeast regions have consistently higher rates of cardiovascular ED admissions compared to the other regions.



## Key Findings

### *Injury and Poisoning*

- Drug poisoning and opioid poisoning ED admission rates have decreased from 2014 to 2015. This is a change from the increasing rates observed from 2010 to 2014, for both men and women.
- In 2015, the drug poisoning ED admission rate among men was 10.4 ED admissions per 10,000 population, with higher rates among men ages 15-54 years, compared to other age groups among men. Among women, the rate was 9.3, with higher rates among women ages 15-54 years, compared to other age groups among women.
- In 2015, the opioid poisoning ED admission rate among men was 6.2 ED admissions per 10,000 population, with higher rates among men ages 15-54 years, compared to other age groups among men. Among women, the rate was 4.3, with higher rates among women age 15-54 years, compared to other female age groups.
- In 2015 there were 56,247 fall-related ED admissions; an increase of 11.3% from 2014.
- More females (55% of admissions) than males were treated in the ED for motor vehicle traffic-related injuries in 2015, a similar finding present in both 2013 and 2014 data.
- Females had a higher motor vehicle traffic-related ED admission rate for all age groups except for person aged <1 years and age  $\geq 75$  years.

The New Mexico Public Health Act grants the New Mexico Department of Health the authority to “Investigate, control and abate the cause of disease” (Section 24-1-3C). Additional authority was enacted (NMAC 7.4.3.10) on April 30, 2009, which specifically requires that all non-federal emergency departments in the State of New Mexico must report emergency department (ED) data to the NMDOH. The 2010-2015 ED data were requested annually via letter from all non-federal New Mexico emergency departments. This does not include any admissions of New Mexico residents to non-New Mexico emergency departments, Indian Health Service (IHS) facilities and the Veterans Affairs (VA) Hospital.

The approaches to emergency department data acquisition in New Mexico have been going through many changes in design, approach, authority, and mechanisms. The next approach is being piloted through the New Mexico Health Information Collaborative (NMHIC) exchange as part of the E-Reporting project. Ultimately, the E-Reporting project will collect a wider array of information in a more timely fashion on all ED admissions.

In this report, rates were calculated using the New Mexico 2011-2015 population estimates, determined by NM Population Estimates, Geospatial and Population Studies (GPS) Program, University of New Mexico. Population estimates from UNM were recently updated in October 2016. These estimates were expanded to include 2015 population estimates, but also update population estimates from 2010 to the present. For this report, trend analysis that includes previous years will reflect the new population estimates. All age-adjusted rates were standardized to the Standard US 2000 Population. Rates are per 10,000 population.

The Category of First Listed Diagnosis Tables (Table 2) had an increased number and rate of ‘Ungroupable’ classifications in 2013, as compared to 2011, 2012 and 2014. This was due to an increased number of missing diagnoses by a facility who was unable to capture this information. In 2014-present, corrections were made for this facility, as reflected in the number of observations for this diagnostic category.

This report is intended to provide the general public with an overview analysis of emergency department admissions to non-federal emergency facilities in New Mexico. Although data were verified with the submitting hospital, all data and information presented in this report are as submitted by reporting emergency departments to the NMDOH.

This report was supported in part by the Cooperative Agreement Number 5 U38 EH000949-05, funded by the Centers for Disease Control and Prevention.

**Limitations:** Non-federal NM hospitals are not included in these data. Thus, ED admissions and rates in areas with large American Indian/Alaskan Native populations are lower than they would be if IHS hospital ED admission data were included. In addition, ED admissions for NM residents to out of state hospitals are not included.



## Overview of Emergency Department Hospitals

<b>New Mexico Hospitals Reporting ED Data in 2015</b>	
Alta Vista Regional Hospital	Memorial Medical Center
Artesia General Hospital	Mimbres Memorial Hospital
Carlsbad Medical Center	Miners' Colfax Medical Center
CHRISTUS St. Vincent Regional Medical Center	Mountain View Regional Medical Center
Cibola General Hospital	Nor-Lea General Hospital
Dr. Dan C Trigg Memorial Hospital	Plains Regional Medical Center - Clovis
Eastern NM Medical Center	Presbyterian Hospital
Gerald Champion Regional Medical Center	Presbyterian Espanola Hospital
Gila Regional Medical Center	Presbyterian Kaseman Hospital
Guadalupe County Hospital	Presbyterian Rust Medical Center
Holy Cross Hospital	Rehoboth McKinley Christian Health
Lea Regional Hospital	Roosevelt General Hospital
Lincoln County Medical Center	San Juan Regional Medical Center
Los Alamos Medical Center	Sierra Vista Hospital
Lovelace Medical Center/Heart Hospital of NM	Socorro General Hospital
Lovelace Regional Hospital-Roswell	Union County General Hospital
Lovelace Westside Hospital	UNM Hospital
Lovelace Women's Hospital	UNM Sandoval Regional Medical Center



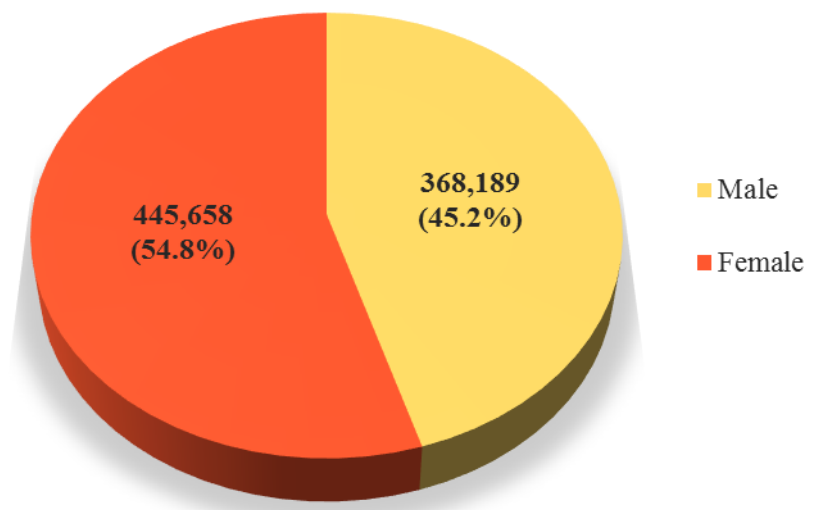


# Overview of Emergency Department Admissions

**Table 1.** Number of Emergency Department Admissions, Percent Distribution, and Rate\* by Age Group, NM, 2015

Age Group	Number of Admissions	Percent of Total Admissions	Rate (per 10,000 population)
Less than 1 Year	20,167	2.5	7,585.6
1-4 Years	49,296	6.1	4,509.1
5-14 Years	71,442	8.8	2,549.1
15-24 Years	117,734	14.5	4,058.0
25-34 Years	130,801	16.1	4,637.3
35-44 Years	101,592	12.5	4,142.9
45-54 Years	95,747	11.8	3,687.3
55-64 Years	83,250	10.2	3,043.2
65-74 Years	64,969	8.0	3,302.7
75-84 Years	49,619	6.1	5,098.8
85+ Years	29,181	3.6	7,482.9
Unknown	67	<0.1	N/A

**Figure 1.** Number of Emergency Department Admissions and Percent Distribution by Sex, NM, 2015

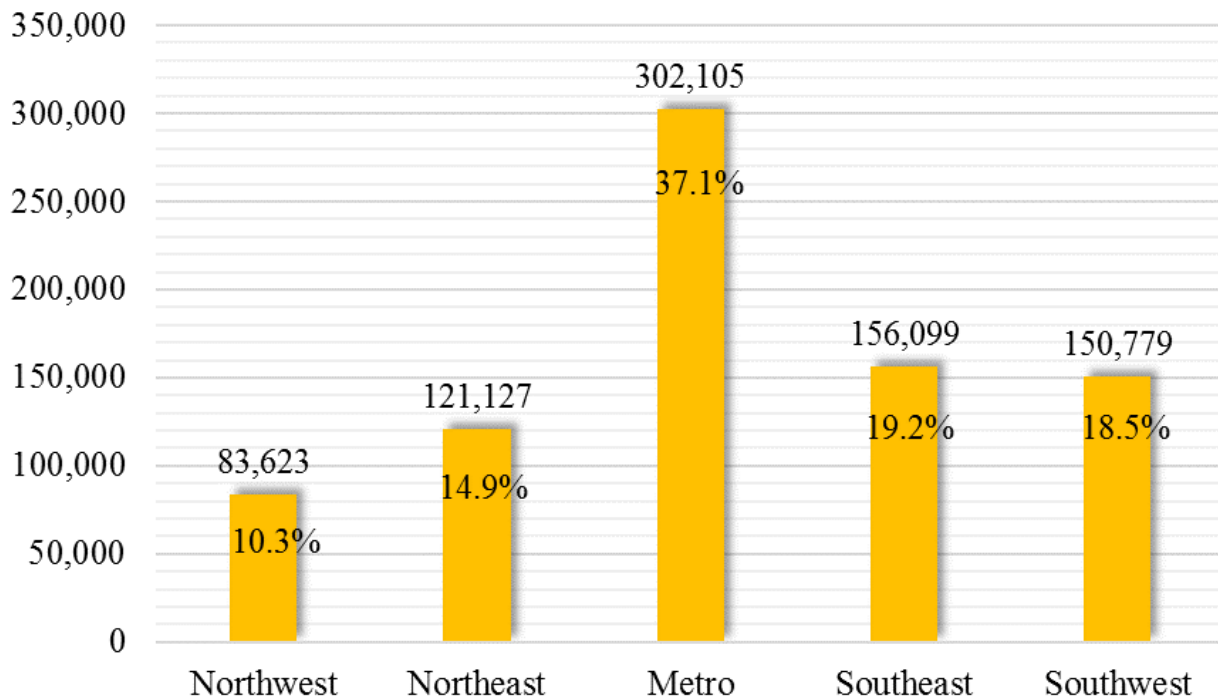


\*Rates were calculated and adjusted using the U.S. 2000 standard population; using <https://ibis.health.state.nm.us/>

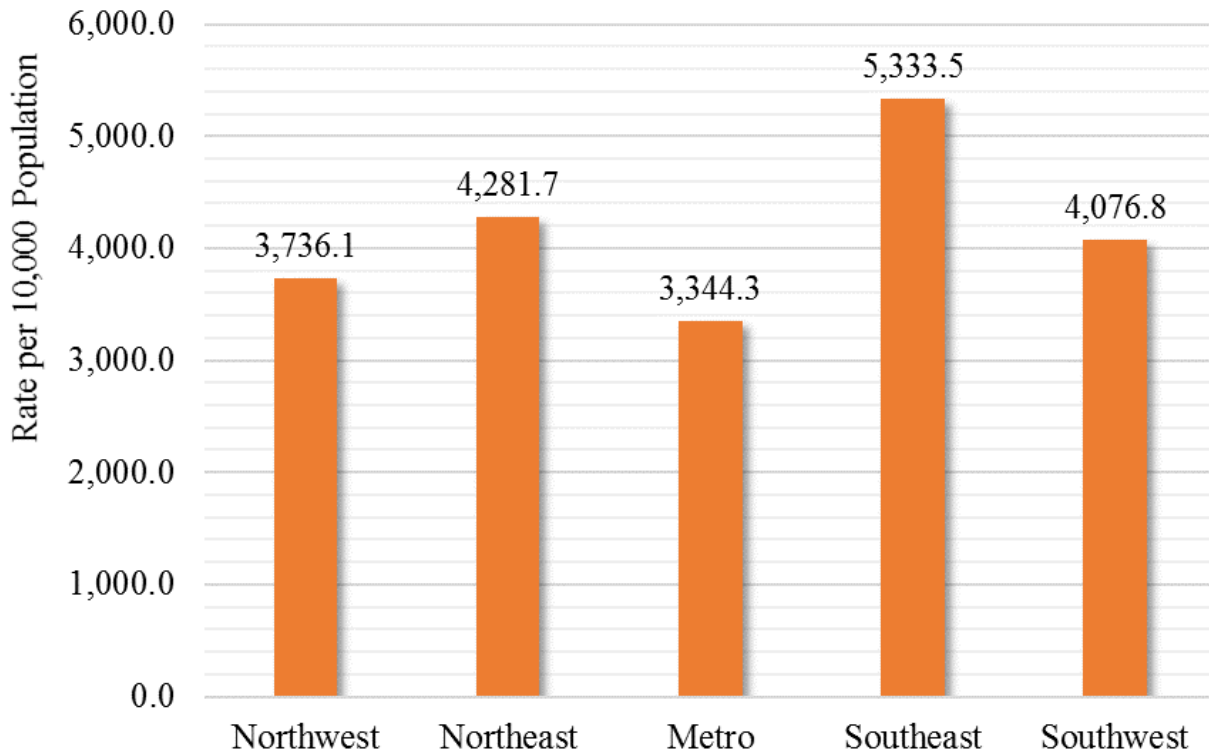


## Overview of Emergency Department Admissions

**Figure 2.** Number of Emergency Department Admissions and Percent Distribution by Health Region, NM, 2015



**Figure 3.** Rate\* of ED Admissions by Health Region, NM, 2015



\*Rates were calculated and adjusted using the U.S. 2000 standard population; using <https://ibis.health.state.nm.us/>



## Overview of Emergency Department Admissions

**Table 2.** Number and Rate\* (per 10,000 population) of Emergency Department Admissions by Category of First-Listed Diagnosis and Sex, NM, 2015

Category of First Listed Diagnosis†	# of Males	# of Females	Male Rate	Female Rate	NM Rate
Infectious and Parasitic Diseases	10,677	12,865	102.9	122.1	112.2
Neoplasms	1,026	1,263	9.0	10.7	9.7
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	7,098	7,397	67.9	65.7	66.8
Diseases of the Blood and Blood-Forming Organs	1,187	1,781	11.1	16.1	13.6
Mental Disorders	29,008	19,162	291.8	192.0	241.9
Diseases of the Nervous System and Sense Organs	17,011	23,581	166.6	232.7	199.3
Diseases of the Circulatory System	15,637	15,193	140.8	121.7	130.8
Diseases of the Respiratory System	36,721	44,779	356.6	433.4	394.2
Diseases of the Digestive System	25,541	29,529	248.1	277.9	262.7
Diseases of the Genitourinary System	12,627	34,460	120.1	335.0	225.6
Complications of Pregnancy, Child-birth, and Puerperium	2	16,906	<0.1	171.4	82.9
Diseases of the Skin and Subcutaneous Tissue	13,934	13,797	137.0	135.7	136.1
Diseases of the Musculoskeletal System and Connective Tissue	21,589	28,155	208.7	263.4	236.6
Congenital Anomalies	152	175	1.5	1.7	1.6
Certain Conditions Originating in the Perinatal Period	448	397	4.5	4.2	4.3
Symptoms, Signs, and Ill-Defined Conditions	70,332	98,618	680.8	947.3	812.7
Injury and Poisoning	88,779	81,823	870.3	782.6	828.7
Supplementary Classifications	2,506	2,511	24.7	24.8	24.7
Ungroupable Diagnoses	13,914	13,266	136.9	131.2	133.8
<b>Total</b>	<b>368,189</b>	<b>445,658</b>	<b>580.5</b>	<b>797.3</b>	<b>684.2</b>

Note: 18 records had missing/unknown information for patient sex.

† Specific ICD-9-CM and ICD-10-CM codes used to define the First Listed Diagnosis Category can be found in the Appendix.

\*Rates were calculated and adjusted using the U.S. 2000 standard population; using <https://ibis.health.state.nm.us/>



## Overview of Emergency Department Admissions

**Table 3.** Emergency Department Admission Rate\* (per 10,000 population) by Category of First-Listed Diagnosis and Health Region, NM, 2015

Category of First Listed Diagnosis†	Northwest	Northeast	Metro	Southeast	Southwest
Infectious and Parasitic Diseases	158.9	125.9	90.8	150.5	91.7
Neoplasms	11.0	10.2	8.8	9.1	11.6
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	73.6	63.8	55.1	93.9	74.4
Diseases of the Blood and Blood-Forming Organs	12.8	12.9	11.2	20.5	14.6
Mental Disorders	217.0	296.7	250.8	213.6	216.7
Diseases of the Nervous System and Sense Organs	158.2	203.1	157.0	314.1	236.8
Diseases of the Circulatory System	121.7	121.9	114.0	180.7	149.9
Diseases of the Respiratory System	447.7	443.3	282.8	635.4	401.7
Diseases of the Digestive System	264.8	282.9	200.7	418.6	277.8
Diseases of the Genitourinary System	207.6	231.1	194.8	319.6	238.3
Complications of Pregnancy, Childbirth, and Puerperium	73.5	89.3	62.4	123.9	100.6
Diseases of the Skin and Subcutaneous Tissue	131.8	161.4	112.2	193.8	135.1
Diseases of the Musculoskeletal System and Connective Tissue	197.7	252.7	224.2	321.2	217.5
Congenital Anomalies	2.0	1.2	1.4	2.1	1.8
Certain Conditions Originating in the Perinatal Period	6.5	4.7	3.1	4.5	5.5
Symptoms, Signs, and Ill-Defined Conditions	720.1	860.6	763.6	978.7	830.2
Injury and Poisoning	817.2	931.0	681.8	1,150.8	872.2
Supplementary Classifications	10.0	29.6	80.3	24.4	41.7
Ungroupable Diagnoses	103.9	159.3	109.3	178.8	158.7
<b>Total</b>	<b>3,736.1</b>	<b>4,281.7</b>	<b>3,344.3</b>	<b>5,333.5</b>	<b>4,076.8</b>

† Specific ICD-9-CM and ICD-10-CM codes used to define the First Listed Diagnosis Category can be found in the Appendix.

\*Rates were calculated and adjusted using the U.S. 2000 standard population; using <https://ibis.health.state.nm.us/>



## Overview of Emergency Department Admissions

**Table 4.** Number of Emergency Department Admissions by Category of First-Listed Diagnosis and Age Group, NM, 2015

Category of First Listed Diagnosis†	< 1 Year	1-4 Years	5-14 Years	15-24 Years	25-34 Years	35-44 Years	45-54 Years	55-64 Years	65-74 Years	75-84 Years	85+ Years	Total
All ED Admissions	20,167	49,296	71,442	117,734	130,801	101,592	95,747	83,250	64,969	49,619	29,181	813,798
Infectious and Parasitic Diseases	1,366	3,039	2,767	2,708	2,594	1,939	1,979	2,205	2,055	1,728	1,160	23,542
Neoplasms	8	8	15	58	123	199	280	437	541	440	179	2,289
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	142	259	458	1,207	1,525	1,913	2,379	2,323	1,927	1,495	860	14,495
Diseases of the Blood and Blood-Forming Organs	14	70	260	268	309	288	329	380	417	390	243	2,968
Mental Disorders	8	34	1,714	7,680	11,553	9,548	9,530	4,878	1,754	877	591	48,171
Diseases of the Nervous System and Sense Organs	1,467	4,507	4,725	4,715	6,515	5,283	4,604	3,729	2,528	1,640	876	40,592
Diseases of the Circulatory System	31	37	173	664	1,367	2,224	3,646	5,615	6,800	6,316	3,957	30,833
Diseases of the Respiratory System	5,727	11,947	11,465	10,193	9,452	6,608	6,466	6,443	6,028	4,648	2,523	81,503
Diseases of the Digestive System	923	1,622	3,015	6,612	9,331	7,877	7,699	6,677	5,234	3,938	2,134	55,071
Diseases of the Genitourinary System	275	1,052	2,044	8,864	9,284	6,478	5,004	4,356	3,929	3,508	2,294	47,089
Complications of Pregnancy, Childbirth, and Puerperium	0	2	29	8,089	7,346	1,417	24	0	1	0	0	16,908
Diseases of the Skin and Subcutaneous Tissue	636	1,821	2,263	4,150	5,141	4,188	3,479	2,777	1,680	1,065	530	27,731
Diseases of the Musculoskeletal System and Connective Tissue	44	445	1,950	5,718	8,465	7,893	8,106	7,024	4,969	3,415	1,714	49,744
Congenital Anomalies	44	33	26	50	37	36	36	25	18	16	6	327
Certain Conditions Originating in the Perinatal Period	792	13	7	12	11	5	2	2	0	0	1	845
Symptoms, Signs, and Ill-Defined Conditions	5,625	10,252	13,683	22,276	25,023	22,110	20,999	18,543	14,462	10,565	5,415	168,954
Injury and Poisoning	1,569	11,364	23,821	29,194	26,744	19,518	17,625	15,264	10,940	8,475	6,078	170,605
Supplementary Classifications	205	308	335	884	1,075	682	591	407	264	171	94	5,018
Ungroupable Diagnoses	1,291	2,483	2,692	4,392	4,906	3,386	2,969	2,165	1,422	932	526	27,180

Note: 67 records had missing/unknown patient age.

† Specific ICD-9-CM and ICD-10-CM codes used to define the NCHS categories can be found in the Appendix.



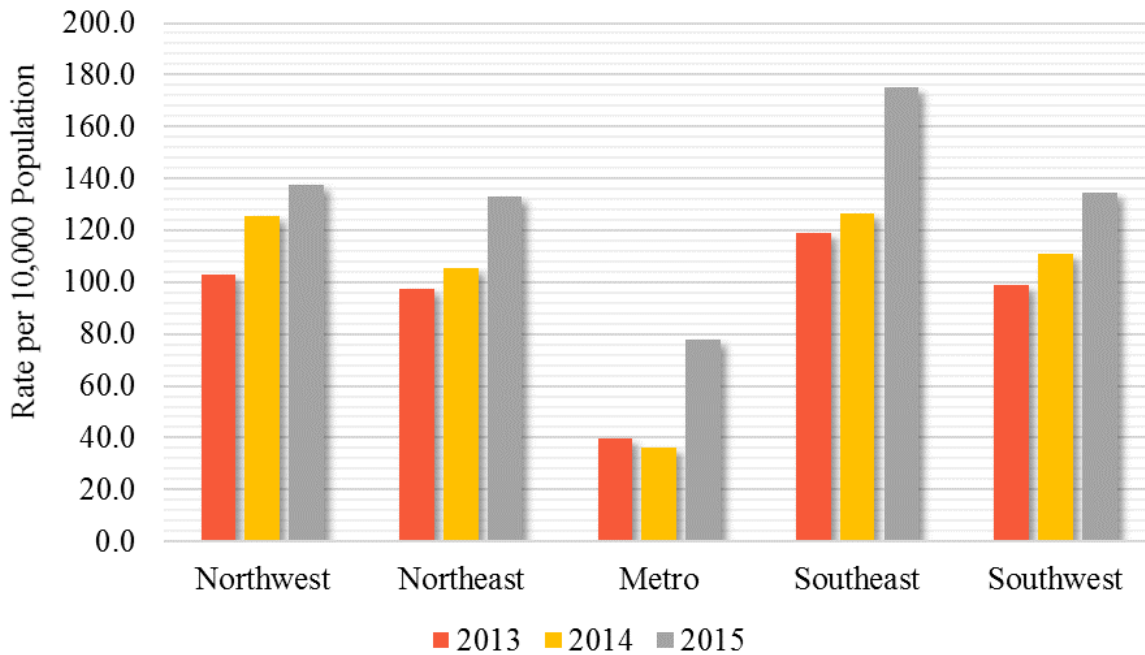
# Quality Indicators

## *Ambulatory Care Sensitive Conditions (ACSC)*

In 2015, 34,651 admissions to the emergency room were due to ACSC (a 4.0% increase in admissions from 2014). ACSC are categorized into acute and chronic conditions. Acute conditions include dehydration, urinary tract infections, and bacterial pneumonia. Chronic conditions include diabetes (4 measures), chronic obstructive pulmonary disease, hypertension, heart failure, angina†, and asthma. The Agency for Healthcare Research & Quality (AHRQ) provides procedures for calculating these two measures at [http://www.qualityindicators.ahrq.gov/Modules/PQI\\_TechSpec.aspx](http://www.qualityindicators.ahrq.gov/Modules/PQI_TechSpec.aspx).

In 2015, the Southeast Region had the highest rate for acute ACSC and the Metro region had the lowest rate (Figure 4). All five regions had an increase in acute ACSC ED admission rates from 2014 to 2015. Of the three health conditions that contribute to acute ACSC, urinary tract infections had the highest ED admission rate in 2015 (69.4 per 10,000 population), followed by bacterial pneumonia (26.7 per 10,000 population). The rate for bacterial pneumonia decreased from 2014 to 2015, but the rate for urinary tract infections doubled from 2014 to 2015.

**Figure 4.** Age adjusted\* Acute ACSC ED Admission Rates by Health Region, NM, 2013-2015



† Angina is no longer a calculated prevention quality indicator measure for AHRQ’s updated version 6.0 specifications.

\*All rates are age-adjusted to the U.S. 2000 standard population.

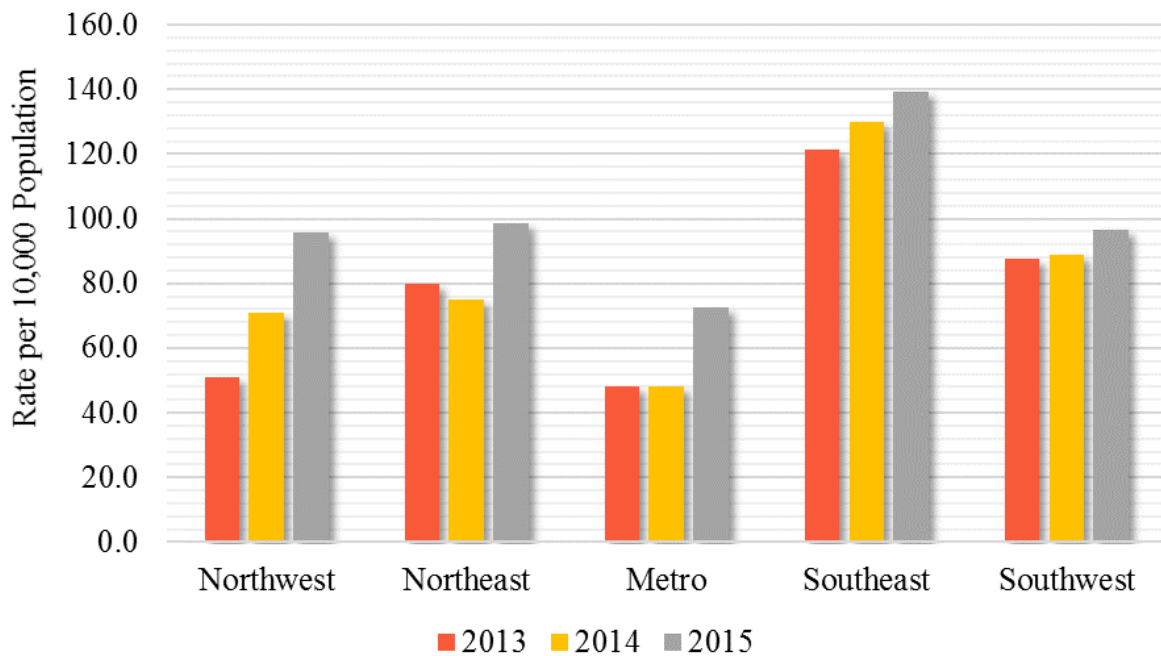


## Quality Indicators

### *Ambulatory Care Sensitive Conditions (ACSC)*

In 2015, the Southeast Region had the highest rate for chronic ACSC and the Metro Region had the lowest rate (Figure 5). The Southeast Region had the highest ED admission rates for chronic ACSC for all three years from 2013-2015. Of the six health conditions that are defined under chronic ACSC, hypertension (23.5 per 10,000 population) had the highest ED admission rate in 2015, followed by chronic obstructive pulmonary disease (COPD) (22.2 per 10,000 population).

**Figure 5.** Age adjusted\* Chronic ACSC ED Admission Rates by Health Region, NM, 2013-2015



High rates of ACSC are an indication of a lack of access, availability, and/or quality of primary care services.<sup>1</sup> Multiple factors can contribute to onset of both acute and chronic ACSC; these include poor patient education, lack of patient compliance, lack of primary care providers, and poor disease management by primary care providers. In addition to healthcare factors, socioeconomic factors like income, sex, and geographic location of patient residence can impact the onset of ACSC.<sup>2,3</sup>

<sup>1</sup> Saha, S., et al., Are preventable hospitalizations sensitive to changes in access to primary care? The case of the Oregon Health Plan. *Med Care*, 2007. 45(8): p. 712-9.

<sup>2</sup> Siegrist, R.B., Jr. and N.M. Kane, Exploring the relationship between inpatient hospital costs and quality of care. *Am J Manag Care*, 2003. 9 Spec No 1: p. SP43-9.

<sup>3</sup> Sanchez, M., et al., Variations in Canadian rates of hospitalization for ambulatory care sensitive conditions. *Healthc Q*, 2008. 11(4): p. 20-2.

\*All rates are age-adjusted to the U.S. 2000 standard population.

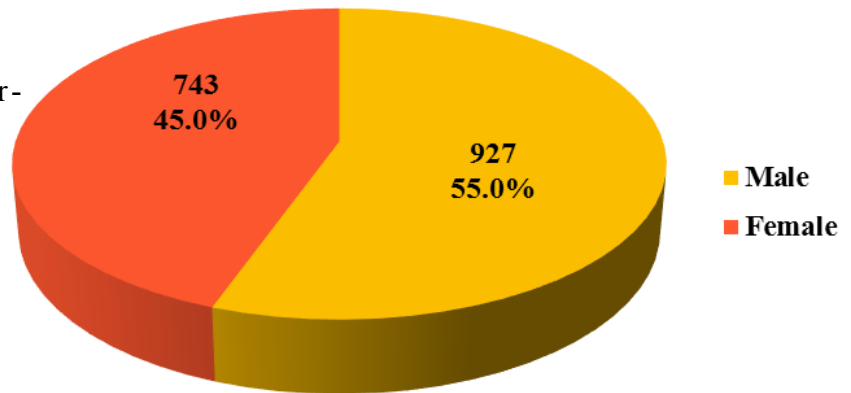


## Infectious Disease

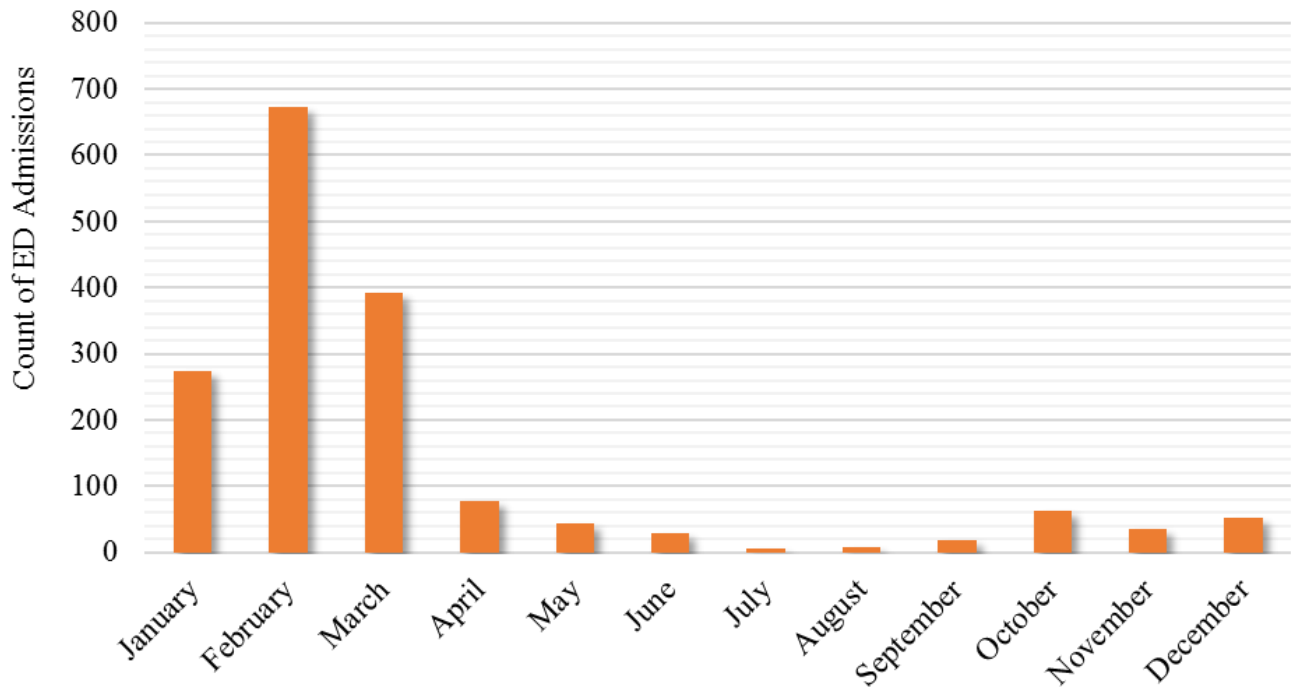
### *Respiratory Syncytial Virus*

In 2015, there were 1,670 emergency department (ED) admissions in New Mexico among New Mexico residents where Respiratory Syncytial Virus (RSV) was listed as one of the top 6 diagnoses. RSV was the primary diagnosis for 1,205 of these admissions. Forty-five percent of these admissions were female (Figure 6). Admissions were concentrated in the months of January, February, and March — these three months alone accounted for 80.1% of total admissions due to RSV for the year (Figure 7).

**Figure 6.** Number and Percent of Respiratory Syncytial Virus Emergency Department Admissions by Sex, NM, 2015



**Figure 7.** Number of RSV ED Admissions by Month, NM, 2015





*Respiratory Syncytial Virus*

The majority of RSV-related ED admissions occurred in infants or young children, with the highest rates among those under the age of 4 years (Table 5). Among infants, those under 3 months of age accounted for 18.3% of RSV related ED admissions, and those under 6 months of age accounted for 29.9%. In addition, there were higher rates of RSV related ED admissions among patients over the age of 65 years.

**Table 5.** Count and Percent of RSV ED Admissions by Age Group, NM, 2015

<b>Age Group</b>	<b># Admissions for RSV</b>	<b>Rate of ED Admissions (per 10,000)</b>
Less than 1 Year	805	302.8
1-4 Years	712	65.1
5-14 Years	66	2.4
15-24 Years	3	0.1
25-64 Years	32	0.3
65+ Years	52	1.6
<b>Total</b>	<b>1,670</b>	<b>8.0</b>



## Maternal Health

### *Pregnancy Complications*

In 2015, there were approximately 15,000 ED admissions for pregnancy complications.

**Figure 8.** Percent of Emergency Department Admissions due to Pregnancy Complications by Cause, NM, 2015



- Nearly one-quarter of the ED admissions due to pregnancy complications were for hemorrhage.
- Most of the ED admissions for hemorrhage occurred early in the pregnancy. Approximately 3% of the ED admissions for hemorrhage occurred in the second or third trimester. These conditions included placenta previa (placenta covers part or the entire cervix) and placental abruption (placenta separates from the uterine wall before delivery).
- Abortive outcome and excessive vomiting were the second and third leading causes of ED admissions due to pregnancy complications. Abortive outcomes, which did not include induced abortions, included ectopic pregnancy (when a fertilized egg implants outside of the uterus), spontaneous abortion, other abnormal product of conception (fetal tissue remains after spontaneous abortion), missed abortion (dead, immature embryo or fetus not expelled from the uterus for 2 months or more), and hydatidiform mole (non-cancerous tumor that develops in the uterus).
- Infections were the fourth leading causes of ED admissions due to pregnancy complications, most of which were urinary tract infections.
- Prevention of pregnancy complications includes early and adequate prenatal care, maintaining a healthy diet, engaging in safe food practices to prevent food poisoning, engaging in regular exercise, and abstaining from smoking and drinking alcohol.



# Chronic Disease & Environmental Health Related Admissions

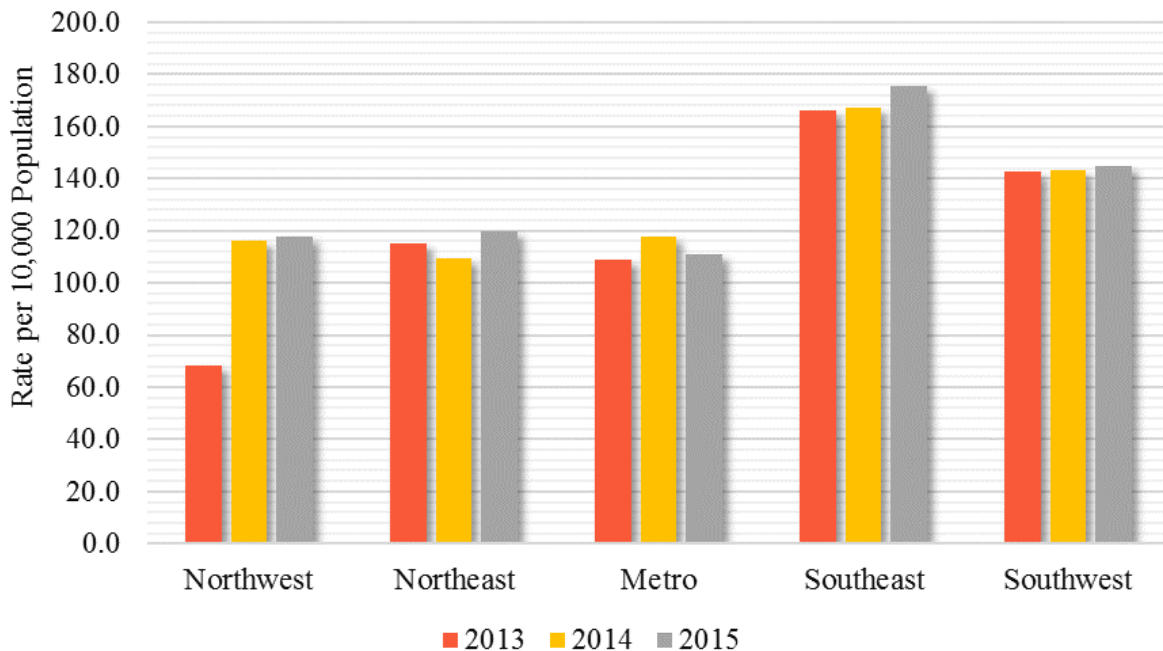
## Cardiovascular Disease ED Admissions

Well-documented risk factors for cardiovascular disease (CVD) include diabetes, hypertension, obesity, hypercholesterolemia, and cigarette smoking. However, environmental factors such as exposure to fine particulate matter (PM<sub>2.5</sub>) are also important. Specifically, in 2010 the American Heart Association concluded that the overall evidence in the literature is consistent with a causal relationship between PM<sub>2.5</sub> exposure and cardiovascular morbidity and mortality.

CVD ED admissions as the primary diagnosis, coded as either ICD-9-CM (390-434, 436-459) or ICD-10-CM (I00-I99), are shown by region from 2013 to 2015 (Figure 9). While there is variation in CVD ED rates by year, the Southwest and Southeast regions have consistently higher rates compared to the other regions. Diabetes and smoking in these areas is likely contributing; the Southeast Region has the highest diabetes ED admission rate, followed by the Southwest Region. From 2013 to 2015, there was an overall increase in CVD ED admission rates for all of the health regions. In the Metro Region, the highest rate was in 2014, but the 2015 rate was still higher than that for 2013.

In New Mexico, the rate of heart disease and stroke mortality continues to decline. However, CVD morbidity in New Mexico is not decreasing, as evidenced by the increasing rates of CVD ED admissions.

**Figure 9.** Age-Adjusted Cardiovascular Disease ED Admission Rates\* by Health Region, NM, 2013-2015



\*CVD as primary diagnosis only

<sup>1</sup>Brook et al. 2010. Particulate Matter Air Pollution and Cardiovascular Disease: An Update to the Scientific Statement From the American Heart Association. *Circulation* 121:2331-2378.

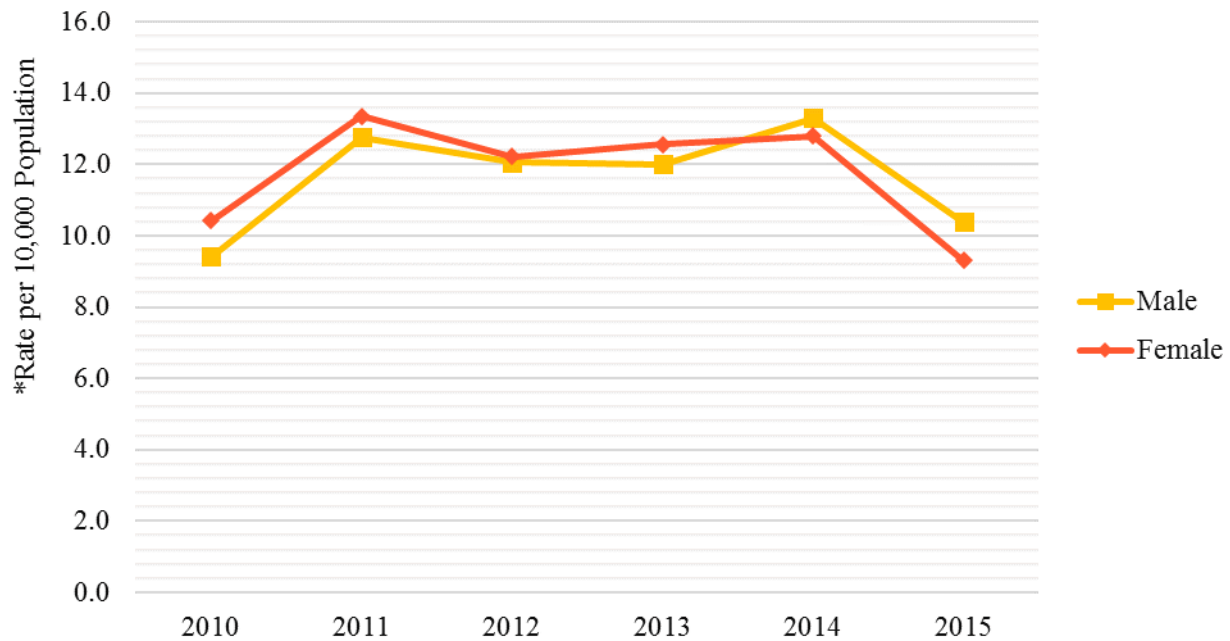


# Injury and Poisoning

## Drug Poisoning Related Emergency Department Admissions

In New Mexico, the rates of emergency department admissions due to drug poisoning increased between 2010 and 2014, for both men (from 9.4 to 13.3 admissions per 10,000 population) and women (from 10.4 to 12.8 admissions per 10,000 population). However, in 2015, the rates decreased for both sexes. The rate among men was 10.4 admissions per 10,000 population (21.8% less than in 2014). Among women, the rate for 2015 was 9.3 admissions per 10,000 population (27.3% less than in 2014). Overall, the rate for New Mexico decreased by 24.2% between 2014 and 2015 (from 13.1 to 9.9 admissions per 10,000 population).

**Figure 10.** Rate\* of Drug Poisonings Related to ED Admissions by Sex, NM, 2010-2015



\*Age-Adjusted to standard U.S. 2000 Population.

**Table 6.** Rate\* of Drug Poisonings Related to ED Admissions by Age and Sex, NM, 2015

Age Group	Male	Female	Overall
0-4 Years	3.9	3.7	3.8
5-14 Years	1.1	1.5	1.3
15-24 Years	12.7	11.6	12.2
25-34 Years	23.6	14.1	19.0
35-44 Years	13.6	13.7	13.6
45-54 Years	11.1	12.6	11.9
55-64 Years	9.0	8.5	8.7
65-74 Years	4.1	5.5	4.8
75-84 Years	4.1	4.9	4.5
85+ Years	2.7	3.7	3.3
<b>Total*</b>	<b>10.4</b>	<b>9.3</b>	<b>9.9</b>

In 2015, the rate of drug poisoning related ED admissions was higher for those in the 15-54 year age group, for both men and women. Within this age range, for both sexes, the rates were highest for those in the age-group of 25-34 years (23.6 ED admissions per 10,000 population among men and 14.1 among women), compared to all other age groups.

\*Total Rates (per 10,000 population) are age-adjusted. Age-Specific Rates (per 10,000 population) are crude rates.

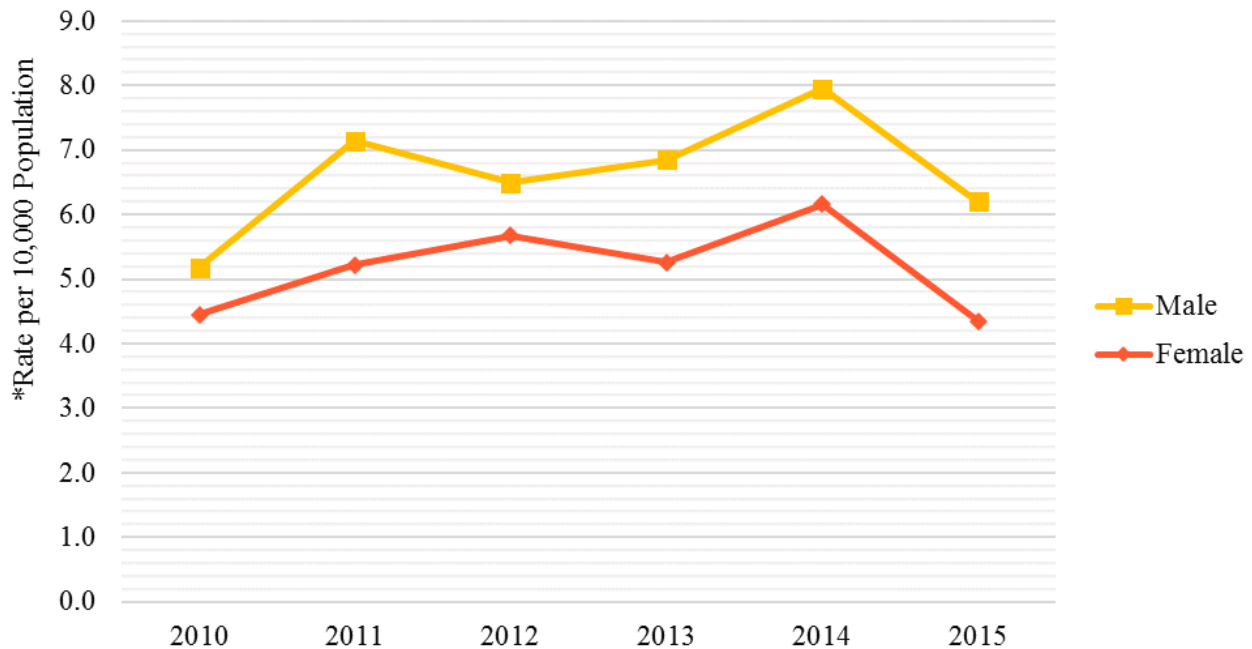


# Injury and Poisoning

## Opioid Poisoning Related Emergency Department Admissions

In New Mexico, the rates of emergency department admissions due to opioid poisoning increased between 2010 and 2014, for both men (from 5.2 to 7.9 admissions per 10,000 population) and women (from 4.5 to 6.2 admissions per 10,000 population). However, in 2015, the rates decreased for both sexes. The rate among men was 6.2 admissions per 10,000 population. Among women, the rate for 2015 was 4.3 admissions per 10,000 population (30.6% less than in 2014). Overall, the rate for New Mexico decreased by 26.8% between 2014 and 2015 (from 7.1 to 5.2 admissions per 10,000 population).

**Figure 11.** Rate\* of Opioid Poisonings Related to ED Admissions by Sex, NM, 2010-2015



\*Age-Adjusted to standard U.S. 2000 Population.

**Table 7.** Rate\* of Opioid Poisonings Related to ED Admissions by Age and Sex, NM, 2015

Age Group	Male	Female	Overall
0-4 Years	1.3	1.5	1.4
5-14 Years	0.3	0.3	0.3
15-24 Years	6.6	5.9	6.3
25-34 Years	15.7	7.5	11.7
35-44 Years	8.1	6.8	7.5
45-54 Years	6.6	4.5	5.5
55-64 Years	5.3	3.8	4.5
65-74 Years	3.3	2.7	3.0
75-84 Years	2.3	2.8	2.6
85+ Years	1.4	1.6	1.5
<b>Total*</b>	6.2	4.3	5.2

In 2015, the rate of opioid poisoning related ED admissions was higher for those in the 15-54 year age group, for both men and women. Within this age range, for both sexes, the rates were highest for those in the age-group of 25-34 years (15.7 ED admissions per 10,000 population among men and 7.5 among women), compared to all other age groups.

\*Total Rates (per 10,000 population) are age-adjusted. Age-Specific Rates (per 10,000 population) are crude rates.

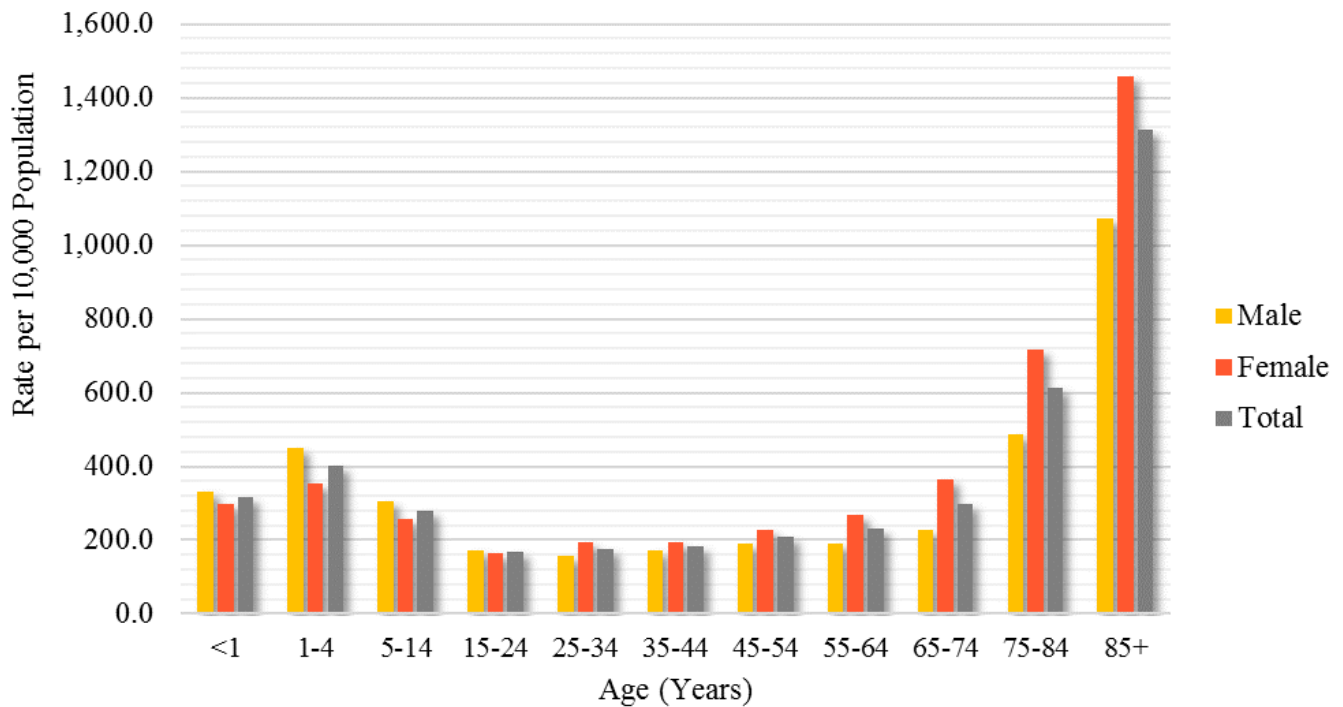


# Injury and Poisoning

## Fall-Related Injuries

In 2015, there were 56,249 fall-related emergency department admissions among New Mexico residents. This is an 11.3% increase in fall-related ED admissions compared to 2014 numbers. Females accounted for 55.3% of the fall-related ED admissions. Persons aged  $\geq 85$  years had the highest fall-related injury ED admission rate, followed by those aged 75-84 years. Persons aged 1 to 4 years had the third highest fall-related ED admission rate. Males had a higher fall-related ED admission rate compared to females among 0 to 24 year olds while females had a higher fall-related ED admission rate compared to males among persons aged  $\geq 25$  years.

**Figure 12.** Fall-Related ED Admission Rate by Age and Sex, NM, 2015

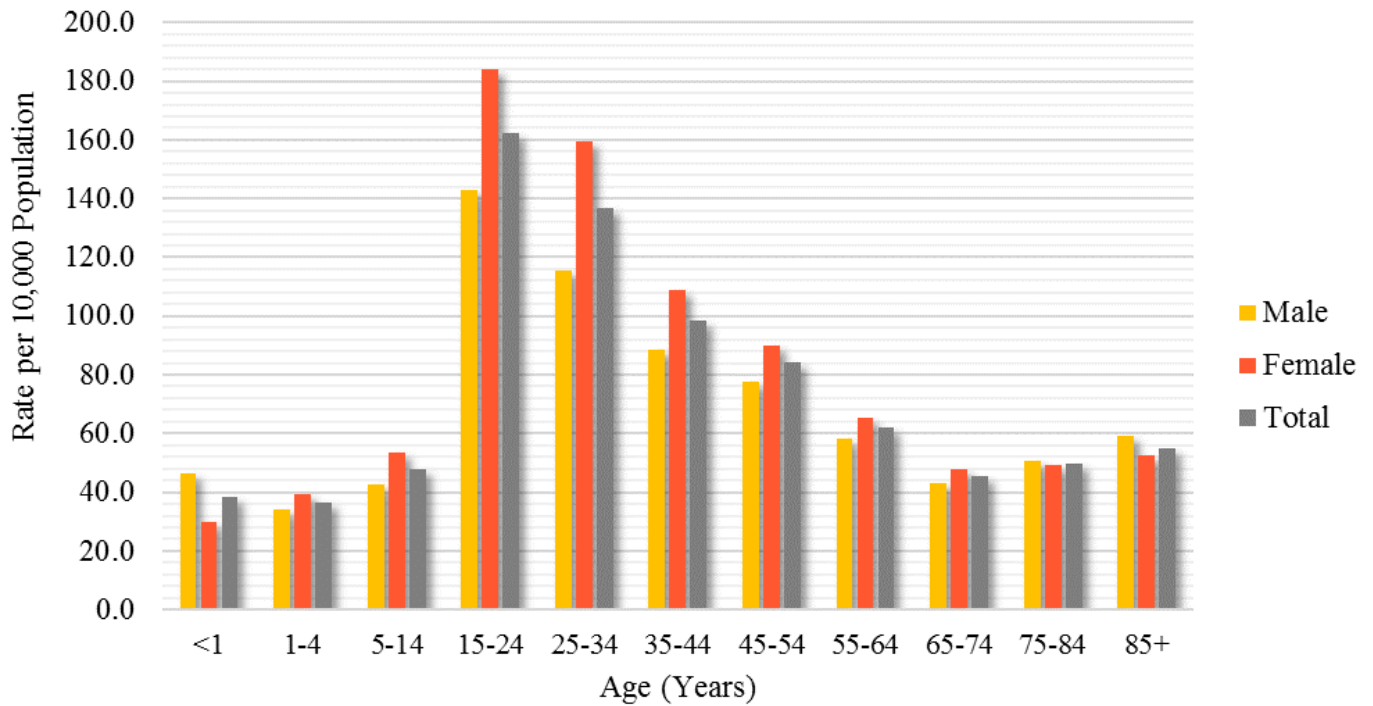


\*Except for age-specific rates, all rates are age-adjusted to the U.S. 2000 standard population.

# **Injury and Poisoning**

## *Motor Vehicle Traffic-Related Injuries*

**Figure 13.** Motor Vehicle Traffic-Related ED Admission Rate by Age and Sex, NM, 2015



A total of 18,313 motor vehicle traffic-related emergency department admissions occurred among residents in New Mexico in 2015. This is a 4.2% increase from 2014 traffic-related ED admissions. Females accounted for 55.0% of the motor vehicle traffic-related ED admissions. Persons aged 15-24 years had the highest rates of motor vehicle traffic-related injury ED admissions (162.6 ED admissions per 10,000 population). Females had a higher motor vehicle traffic-related ED admission rate for all age groups except for persons aged <1 years and aged  $\geq 75$  years.

\*Except for age-specific rates, all rates are age-adjusted to the U.S. 2000 standard population.

# Appendix

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# ICD-9-CM & ICD-10-CM Codes by Section

Category of First Listed Diagnosis	Diagnosis Codes (ICD-9-CM Codes)	Diagnosis Codes (ICD-10-CM Codes)
Infectious and Parasitic Diseases	001-139	A00-B99
Neoplasms	140-239	C00-D49
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	240-279	E00-E89
Diseases of the Blood and Blood-Forming Organs	280-289	D50-D89
Mental Disorders	290-319	F01-F99
Diseases of the Nervous System and Sense Organs	320-389	G00-G99
Diseases of the Circulatory System	390-459	I00-I99
Diseases of the Respiratory System	460-519	J00-J99
Diseases of the Digestive System	520-579	K00-K95
Diseases of the Genitourinary System	580-629	N00-N99
Complications of Pregnancy, Childbirth, and Puerperium	630-677	O00-O9A
Diseases of the Skin and Subcutaneous Tissue	680-709	L00-L99
Diseases of the Musculoskeletal System and Connective Tissue	710-739	M00-M99
Congenital Anomalies	740-759	Q00-Q99
Certain Conditions Originating in the Perinatal Period	760-779	P00-P96
Symptoms, Signs, and Ill-Defined Conditions	780-799	R00-R99
Injury and Poisoning	800-999	S00-T88
Supplementary Classifications	V01-V91	Z00-Z99
Ungroupable Diagnoses		H00-H59



## ICD-9-CM & ICD-10-CM Codes by Section

1. **Quality Indicators (Ambulatory Care Sensitive Conditions)**  
ICD-9-CM: Coding specifications can be found here:  
[http://www.qualityindicators.ahrq.gov/Modules/PQI\\_TechSpec\\_ICD09\\_v60.aspx](http://www.qualityindicators.ahrq.gov/Modules/PQI_TechSpec_ICD09_v60.aspx)  
ICD-10-CM: Coding specifications can be found here:  
[http://www.qualityindicators.ahrq.gov/Modules/PQI\\_TechSpec\\_ICD10\\_v60.aspx](http://www.qualityindicators.ahrq.gov/Modules/PQI_TechSpec_ICD10_v60.aspx)
2. **Infectious Disease (RSV)**  
ICD-9-CM: 079.6, 466.11, 480.1  
ICD-10-CM: B97.4, J12.1, J20.5, J21.0
3. **Maternal Health (Pregnancy Complications)**  
ICD-9-CM: 630-634, 640-649 (note some codes were excluded for delivery and puerperium)  
ICD-10-CM: O00-O03, O08, O10-O16, O20-O29, O98-O99 (note some codes were excluded for delivery and puerperium)
4. **Chronic Disease & Environmental Health Related Admissions (Cardiovascular Disease)**  
ICD-9-CM: 390-434, 436-459  
ICD-10-CM: I00-I99
5. **Injury & Poisoning (Drug Poisoning)**  
ICD-9-CM: 965.00, 965.01, 965.02, 965.09, 967.0-967.9, 969.4, 969.70, 969.72, 969.73, 969.79, 970.81, E850.0, E850.1, E850.2, E851, E852, E853.2, E854.1, E854.2, E950.1, E950.2, E980.1, E980.2  
ICD-10-CM: T40 [X1-X4], T42 [X1-X4], T43 [X1-X4]
6. **Injury & Poisoning (Opioid Poisoning)**  
ICD-9-CM: 965.00, 965.01, 965.02, 965.09, E850.0, E850.1, E850.2  
ICD-10-CM: T40.0 [X1-X4], T40.1 [X1X4], T40.2 [X1-X4], T40.3 [X1-X4], T40.4 [X1-X4]
7. **Injury & Poisoning (Falls)\***  
ICD-9-CM: E880-E886, E888  
ICD-10-CM: W00-W19
8. **Injury & Poisoning (Motor Vehicle Accidents)\***  
ICD-9-CM: E810-E819  
ICD-10-CM: V40-V59

\*Due to the potential overlap of E and V codes in both ICD-9-CM and ICD-10-CM, a cut-off date was applied to separate out the coding arrays. The cut-off date was a discharge date of 10/01/2015.

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