

# **2012 NEW MEXICO EMERGENCY DEPARTMENT DATA REPORT**

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

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# **The New Mexico Department of Health**

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## ACKNOWLEDGEMENTS

The 2012 Emergency Department Data report was produced by the New Mexico Department of Health (NMDOH) Epidemiology and Response Division. The NMDOH would like to specifically acknowledge the Emergency Department Data Group and Emergency Department Analysis Group for their help in the development of this report.

### Emergency Department Data Report Team Members

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### Sources of Data

**New Mexico Emergency Department Data:** The emergency department (ED) visit data were collected from New Mexico non-federal licensed facilities by requesting data on the first five diagnoses for ED visits during calendar year 2010, and all diagnoses during calendar year 2011 and 2012. Causes for ED visits were coded using International Classification of Diseases (ICD) codes.

**State Population Estimates:** State population estimates used for the denominator in admission rates were generated by the NM Population Estimates, Geospatial and Population Studies (GPS) Program, University of New Mexico. The GPS evaluates all input data and employs a housing unit-based methodology, validated by building permits and birth/death records. Population denominators for 2010, 2011 and 2012 were used. Rates were age-adjusted to the 2000 U.S. standard population, when indicated.

**Definitions:** Definitions for diagnoses presented in this report may be found at <http://icd9.chrisendres.com>.

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## EXECUTIVE SUMMARY

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 comply with NMDOH requests for emergency department (ED) data. New Mexico ED visit data are collected from individual non-federal licensed facilities in the state as reportable conditions. The NMDOH gives the highest priority to the collection of data to support informed health care decision-making and community interventions throughout the state.

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 visits. Current ED data acquisition has been conducted through annual letters of request for limited information on all ED visits as an extension of earlier processes to gather information on specific injury diagnosis categories. Earlier, specific requests for ED data included asthma, firearm, injury and drug overdose data. Requests were then expanded to include acute myocardial infarctions (MI), heat stress, and carbon monoxide, pesticide and disinfectant poisonings. The 2010, 2011 and 2012 ED data acquisition was seen as a simplification for the reporting facilities and as being compliant with new reporting requirements of Notifiable Conditions, 7.4.3.10 NMAC. As a consequence of the changing designs and requests, comparisons between 2010, 2011 and 2012 data and earlier data may be problematic.

This report presents overall New Mexico emergency department admission numbers, rates by age, sex and region for NM residents. Race and Ethnicity data was requested, however, quality data was not received and therefore, unable to be used in this report. In 2012, 36 non-federal emergency departments reported emergency department data to the NMDOH.

Of the 740,410 reported discharges, 54.5 percent were among females and 45.5 percent were among males. Seventeen percent of all discharges occurred among residents over the age of 65 years, increasing from 12% in 2010. The Metro Region had the highest percent of New Mexico ED admissions (33%), growing from 31% in 2010. Injury and Poisoning had the highest rate (8,031.4 per 100,000 population), while Congenital Anomalies had the lowest rate (26.3 per 100,000 population) of diagnosis in New Mexico in 2012 as compared to all other first listed diagnosis categories.

## OVERALL EMERGENCY DEPARTMENT ADMISSIONS

**Table 1. Number of Emergency Department Visits and Percent Distribution by Age Group  
New Mexico, 2012**

<b>Age Group</b>	<b>Number of Visits</b>	<b>Percent of Visits</b>
Less than 1 year	16,164	2.2
1-4 years	53,860	7.3
5-14 years	68,032	9.2
15-24 years	117,622	15.9
25-34 years	118,820	16.0
35-44 years	89,791	12.1
45-54 years	89,548	12.1
55-64 years	70,207	9.5
65-74 years	51,420	6.9
75-84 years	40,317	5.4
85+ years	21,531	2.9
Unknown	3,098	0.4

**Table 2. Number of Emergency Department Visits and Percent Distribution by Region of Residence  
New Mexico, 2012**

<b>Region</b>	<b>Number of Visits</b>	<b>Percent of Visits</b>
Northwest	73,679	10.0
Northeast	116,706	15.8
Metro	245,213	33.1
Southeast	143,629	19.4
Southwest	143,909	19.4
Unknown	17,274	2.3

**Table 3. Number of Emergency Department Visits and Percent Distribution by Sex  
New Mexico, 2012**

<b>Sex</b>	<b>Number of Visits</b>	<b>Percent of Visits</b>
Male	337,029	45.5
Female	403,374	54.5
Unknown	7	0.0

**Table 4. Number of Visits and Rates by Category of First-listed Diagnosis and Sex  
New Mexico, 2012**

Category of First Listed Diagnosis	Diagnosis Codes (ICD-9-CM Codes)	Number of Males	Number of Females	Total Rate	Male Rate	Female Rate
Infectious and Parasitic Diseases	000-139	4,850	5,488	494.3	469.6	518.4
Neoplasms	140-239	874	1,076	93.2	84.6	101.6
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	240-279	6,546	7,099	652.4	633.9	670.5
Diseases of the Blood and Blood-Forming Organs	280-289	895	1,305	105.2	86.7	123.3
Mental Disorders	290-319	22,236	16,096	1,832.8	2,153.1	1,520.4
Diseases of the Nervous System and Sense Organs	320-389	19,177	26,038	2,161.9	1,856.9	2,459.4
Diseases of the Circulatory System	390-459	12,241	11,871	1,152.9	1,185.3	1,121.3
Diseases of the Respiratory System	460-519	31,992	37,658	3,330.3	3,097.8	3,557.0
Diseases of the Digestive System	520-579	21,296	24,924	2,210.0	2,062.1	2,354.2
Diseases of the Genitourinary System	580-629	10,894	30,810	1,994.1	1,054.9	2,910.2
Complications of Pregnancy, Childbirth, and Puerperium	630-677	6	15,507	741.7	0.6	1,464.7
Diseases of the Skin and Subcutaneous Tissue	680-709	12,084	12,771	1,188.4	1,170.1	1,206.3
Diseases of the Musculoskeletal System and Connective Tissue	710-739	17,628	22,627	1,924.8	1,706.9	2,137.2
Congenital Anomalies	740-759	257	293	26.3	24.9	27.7
Certain Conditions Originating in the Perinatal Period	760-779	469	417	42.4	45.4	39.4
Symptoms, Signs, and Ill-Defined Conditions	780-799	65,154	91,528	7,491.7	6,308.9	8,645.3
Injury and Poisoning	800-999	87,104	78,249	7,906.3	8,434.4	7,391.0
Supplementary Classifications	V01-V84	13,292	12,172	1,217.6	1,287.1	1,149.7
Ungroupable		10,034	7,445	835.8	971.6	703.2
Totals		337,029	403,374	35,402.1	32,634.8	38,100.7

*Age-Adjusted to Standard US 2000 population; ED visits per 100,000 population*

*\*Sex as reported by the Emergency Department*

**Table 5. Number of Visits by Category of First-listed Diagnosis and Age Group, New Mexico, 2012**

<b>Category of First Listed Diagnosis</b>	<b>Less than 1 year</b>	<b>1-4 years</b>	<b>5-14 years</b>	<b>15-24 years</b>	<b>25-34 years</b>	<b>35-44 years</b>	<b>45-54 years</b>	<b>55-64 years</b>	<b>65-74 years</b>	<b>75-84 years</b>	<b>85+ years</b>	<b>Total</b>
Infectious and Parasitic Diseases	550	1,702	1,294	1,184	1,082	768	891	902	689	653	365	10,338
Neoplasms	6	29	35	82	142	160	285	405	393	287	125	1,950
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	119	417	581	1,245	1,518	1,766	2,157	2,035	1,665	1,439	686	13,645
Diseases of the Blood and Blood-Forming Organs	21	91	214	200	193	244	237	272	306	277	143	2,200
Mental Disorders	9	76	1,382	6,951	8,389	7,500	7,743	3,696	1,416	773	396	38,332
Diseases of the Nervous System and Sense Organs	1,618	6,428	5,349	5,783	6,963	5,504	5,209	3,538	2,231	1,551	639	45,215
Diseases of the Circulatory System	36	77	149	669	1,221	1,818	3,339	4,637	4,944	4,625	2,593	24,112
Diseases of the Respiratory System	4,220	11,940	10,045	9,078	7,854	5,586	5,479	5,087	4,379	3,396	1,643	69,651
Diseases of the Digestive System	827	2,088	3,022	6,140	8,125	6,191	6,351	5,171	3,851	2,932	1,404	46,220
Diseases of the Genitourinary System	291	1,213	1,931	8,908	8,439	5,433	4,456	3,625	3,078	2,679	1,620	41,705
Complications of Pregnancy, Childbirth, and Puerperium	0	26	72	8,360	5,836	1,112	52	22	8	17	8	15,513
Diseases of the Skin and Subcutaneous Tissue	488	2,020	2,180	4,184	4,623	3,401	3,049	2,194	1,362	834	402	24,855
Diseases of the Musculoskeletal System and Connective Tissue	42	523	1,632	4,585	6,987	6,429	7,010	5,458	3,626	2,707	1,250	40,255
Congenital Anomalies	51	159	80	95	40	33	22	23	25	11	6	550
Certain Conditions Originating in the Perinatal Period	619	39	24	36	10	7	7	2	5	1	0	886
Symptoms, Signs, and Ill-Defined Conditions	5,071	11,698	12,890	21,318	22,855	19,384	19,788	16,341	12,539	9,516	4,686	156,683
Injury and Poisoning	1,213	12,768	24,035	30,262	25,632	18,330	17,872	13,507	9,258	7,429	4,798	165,355
Supplementary Classifications	813	1,910	2,300	4,957	4,742	2,987	2,819	1,921	1,262	981	570	25,465
Ungroupable	170	656	817	3,585	4,169	3,138	2,782	1,371	383	209	197	17,480
<b>Totals</b>	<b>16,164</b>	<b>53,860</b>	<b>68,032</b>	<b>117,622</b>	<b>118,820</b>	<b>89,791</b>	<b>89,548</b>	<b>70,207</b>	<b>51,420</b>	<b>40,317</b>	<b>21,531</b>	<b>740,410</b>



**Table 6. Emergency Department Visit Rates by Category of First-listed Diagnosis and Health Region, New Mexico, 2012**

<b>Category of First Listed Diagnosis</b>	<b>NM Rate</b>	<b>Northwest</b>	<b>Northeast</b>	<b>Metro</b>	<b>Southeast</b>	<b>Southwest</b>
Infectious and Parasitic Diseases	480.6	842.4	569.8	241.5	951.4	421.0
Neoplasms	86.9	78.8	123.5	49.5	130.5	132.3
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	640.9	643.3	767.7	396.6	979	833.9
Diseases of the Blood and Blood-Forming Organs	103.6	100.6	142.1	57.2	175.5	124.8
Mental Disorders	1,908.0	1,535.0	2,660.4	1,609.2	1,779.5	1,681.4
Diseases of the Nervous System and Sense Organs	2,189.0	1,644.7	1,838.9	1,384.1	3,802.3	3,188.6
Diseases of the Circulatory System	1,075.5	993.5	1,407.9	673.1	1,646.9	1,451.9
Diseases of the Respiratory System	3,304.8	3,260.2	3,612.6	2,073.4	5,975.4	3,647.2
Diseases of the Digestive System	2,221.2	2,135.2	2,563.7	1,332.4	3,749.7	2,663.3
Diseases of the Genitourinary System	2,024.3	1,761.0	2,131.6	1,561.9	2,786.9	2,250.1
Complications of Pregnancy, Childbirth, and Puerperium	770.7	712.2	958.9	491.0	1,179.5	813.7
Diseases of the Skin and Subcutaneous Tissue	1,209.3	1,062.4	1,352.0	838.7	1,877.80	1,318.9
Diseases of the Musculoskeletal System and Connective Tissue	1,936.8	1,576.8	2,256.8	1,571.3	2,624.2	1,965.4
Congenital Anomalies	26.3	23.5	24.4	21.6	37	30.2
Certain Conditions Originating in the Perinatal Period	35.8	55.3	38.2	30.2	68.2	28.4
Symptoms, Signs, and Ill-Defined Conditions	7,510.8	7,237.0	8,263.8	6,509.0	8,623.8	7,505.4
Injury and Poisoning	8,031.4	7,407.8	9,260.0	5,720.6	11,517.4	8,502.8
Supplementary Classifications	1,232.7	886.8	1,296.9	863.2	1,518.1	1,859.3
Ungroupable	873.6	135.9	218.2	1,669.4	301.2	119.2
Totals	35,662.0	32,092.4	39,487.4	27,093.9	49,724.3	38,643.9

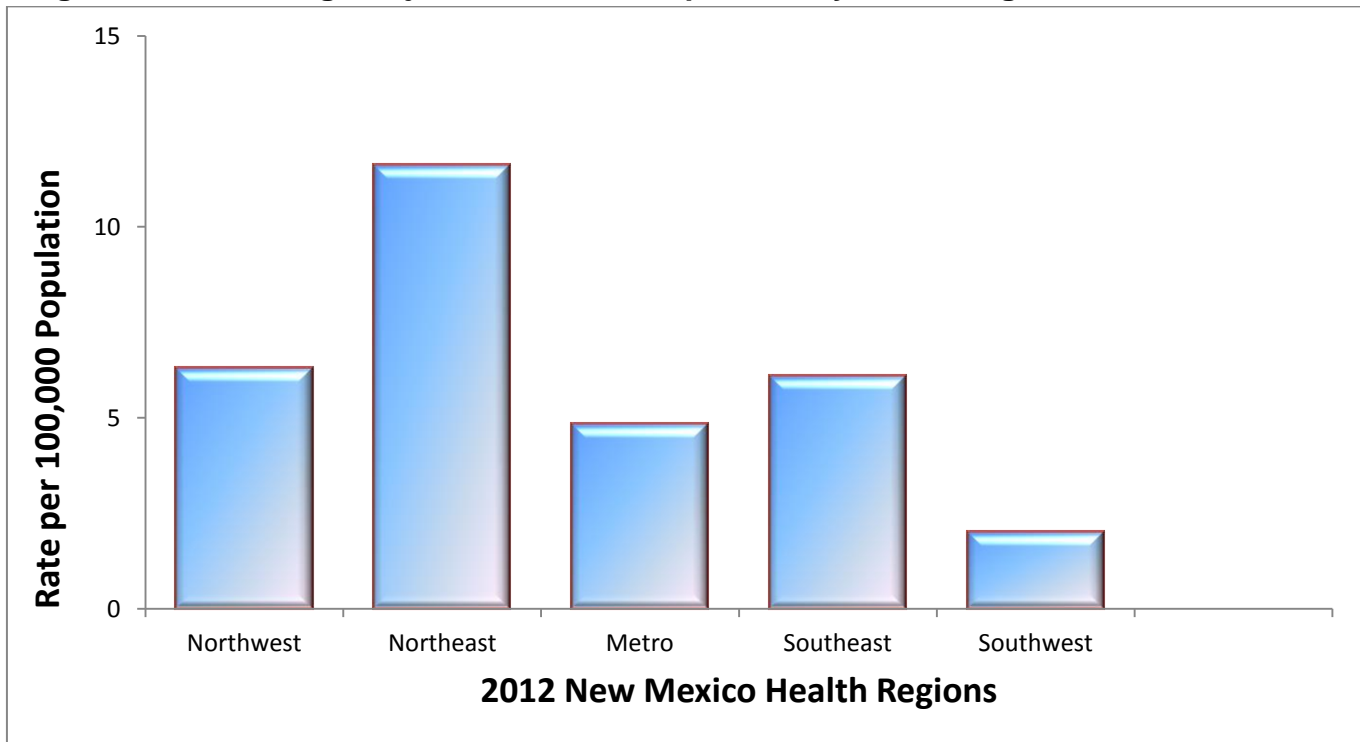
*Age-Adjusted to Standard US 2000 population; ED visits per 100,000 population*

## SPECIFIC CATEGORIES OF DISEASE AND INJURY

### Infectious Disease Admissions

#### *Hepatitis*

**Figure 1. ED Visit Age-Adjusted Rates for Hepatitis C by Health Region, New Mexico, 2012**



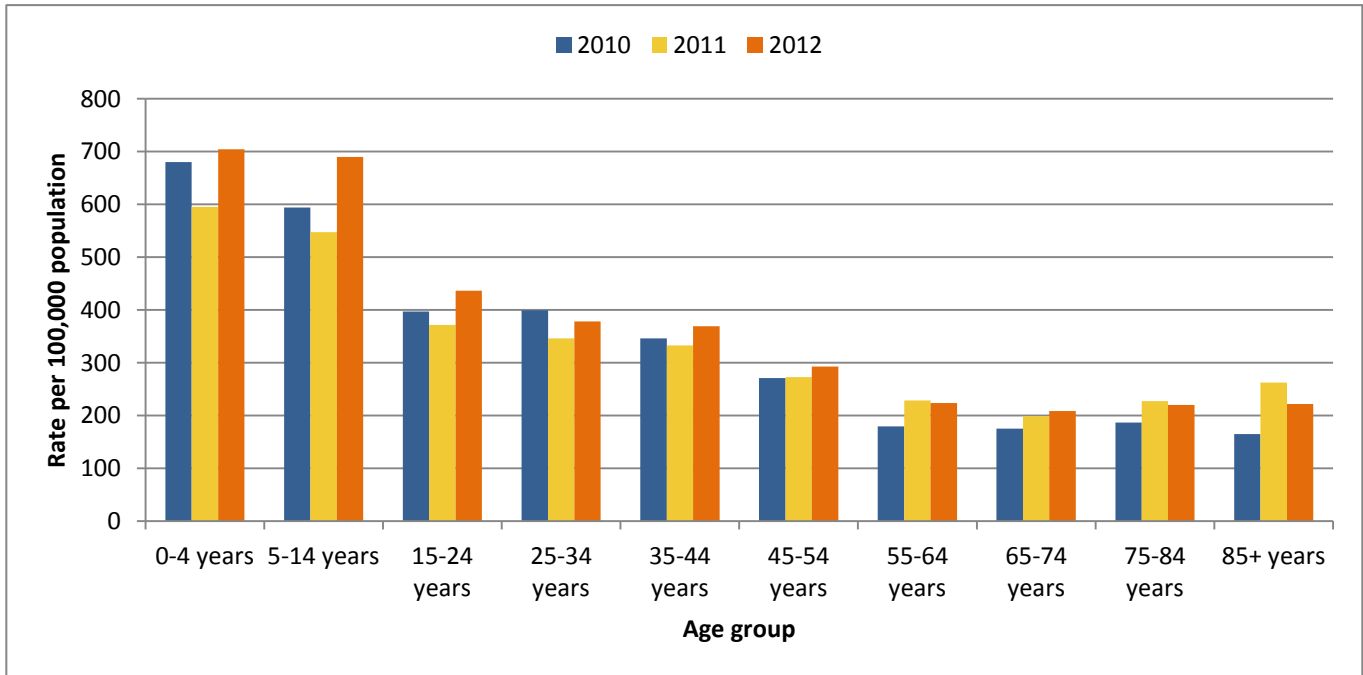
Note: The HCV IC-9-CM codes are 070.xx.

The graph above of crude rates of hepatitis C virus (HCV) related emergency department (ED) visits correlates well with what NMDOH knows about HCV infections in New Mexico and what is known about high-risk behavior for HCV transmission in New Mexico. The northeast part of New Mexico has the highest rate of HCV infection in the state and injection drug use (IDU) is common. IDU is the most common mode of infection for HCV.

## Environmental Health Related Admissions

### Asthma

Figure 2. Asthma ED Visits by Age Group and Year, New Mexico, 2010-2012

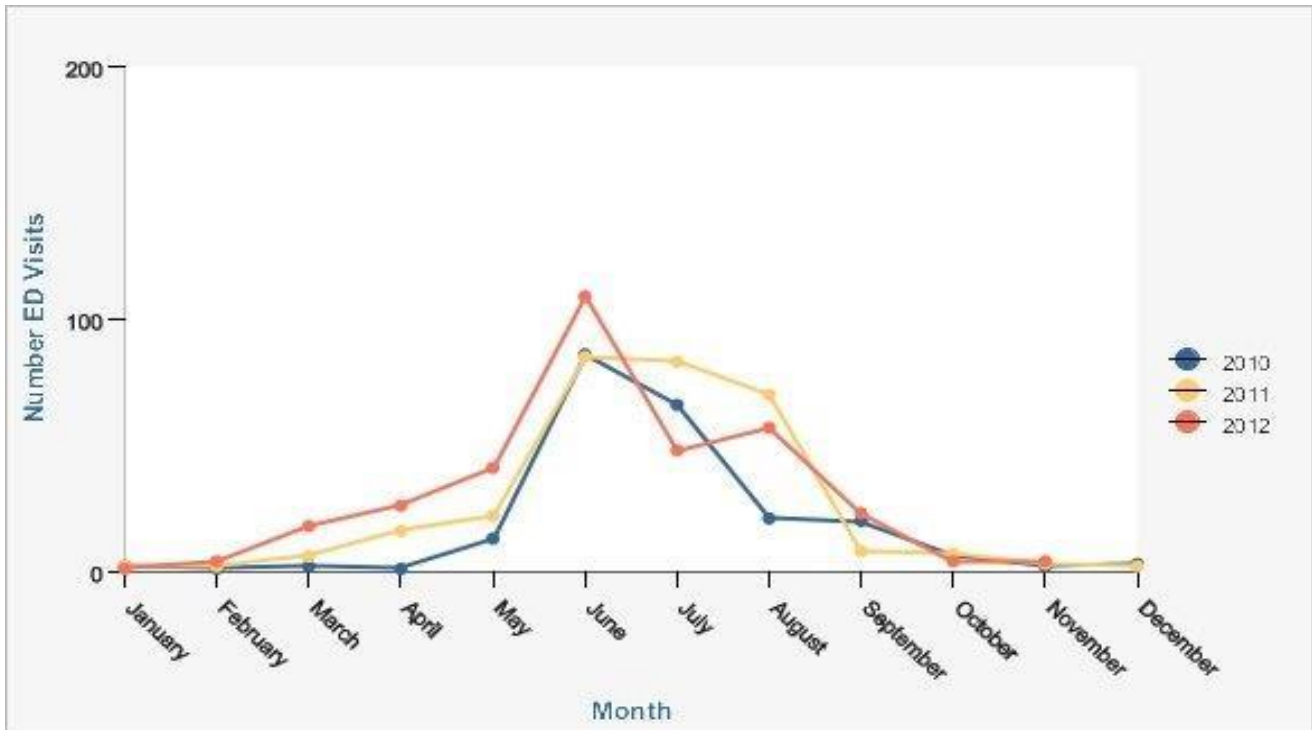


Note: The asthma IC-9-CM codes are 493.0-493.92.

Asthma is a chronic inflammatory disease of the airways characterized by wheezing, coughing, breathlessness, and chest tightness. Asthma symptoms can be triggered by allergens (substances that cause an allergic response) or irritants (substances that irritate the nose or airways provoking asthma symptoms). With proper care and management, many ED visits for asthma can be prevented.

From 2010-2012, children aged 0-4 years old and 5-14 years old had the highest asthma ED visit rates. In addition, asthma ED visit rates tended to decrease with age.

**Figure 3. Heat Stress ED Visits by Month, New Mexico, 2010-2012**

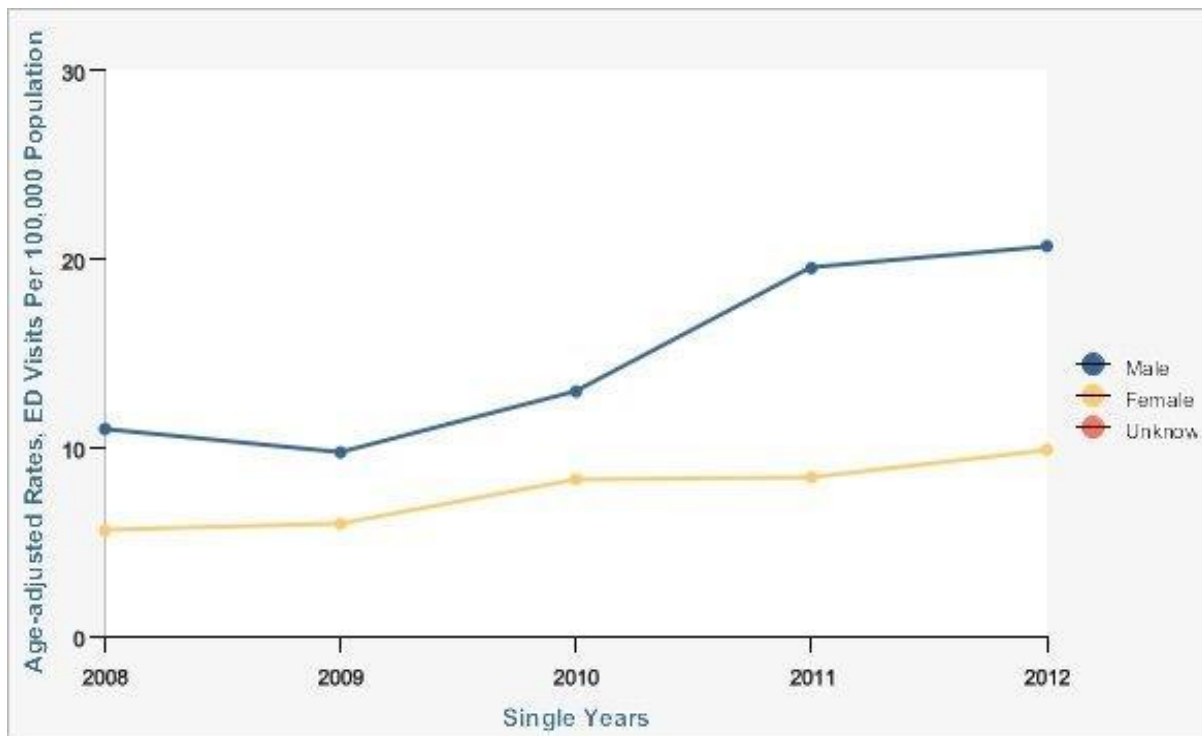


Note: Cases of heat stress were classified as any diagnosis included in the range of ICD-9-CM 992.0-992.9 or cause of injury codes E900.0 and E900.9. However, cases with a code of E900.1 (man-made source of heat) anywhere in the patient medical record were excluded.

Heat stress is a constellation of explicit effects of hot weather on the body, including heat stroke and sunstroke (hyperthermia), heat syncope or collapse, heat exhaustion, heat cramps, heat fatigue, heat edema, and other unspecified clinical effects attributed to excessive heat exposure. Other conditions such as heat exhaustion may progress to heat stroke, the most serious form of heat-related disease, which if untreated can result in death or permanent neurological impairment.

Peak months were defined as May-September for 2010 through 2012.

**Figure 4. Age-Adjusted Heat Stress Related ED Visit Rates by Sex and Year  
New Mexico, 2008- 2012**



*Age-Adjusted to Standard US 2000 population; ED visits per 100,000 population*

Compared to females, males have a higher rate of Heat Stress Related ED visit rates, which have increased in recent years. Female rates have also been increasing, but less rapidly than male rates.

## Injury and Poisoning Admissions

**Table 7. Number and Age-Adjusted Rates of Unintentional Injury ED visits by Cause of Injury  
New Mexico, 2012**

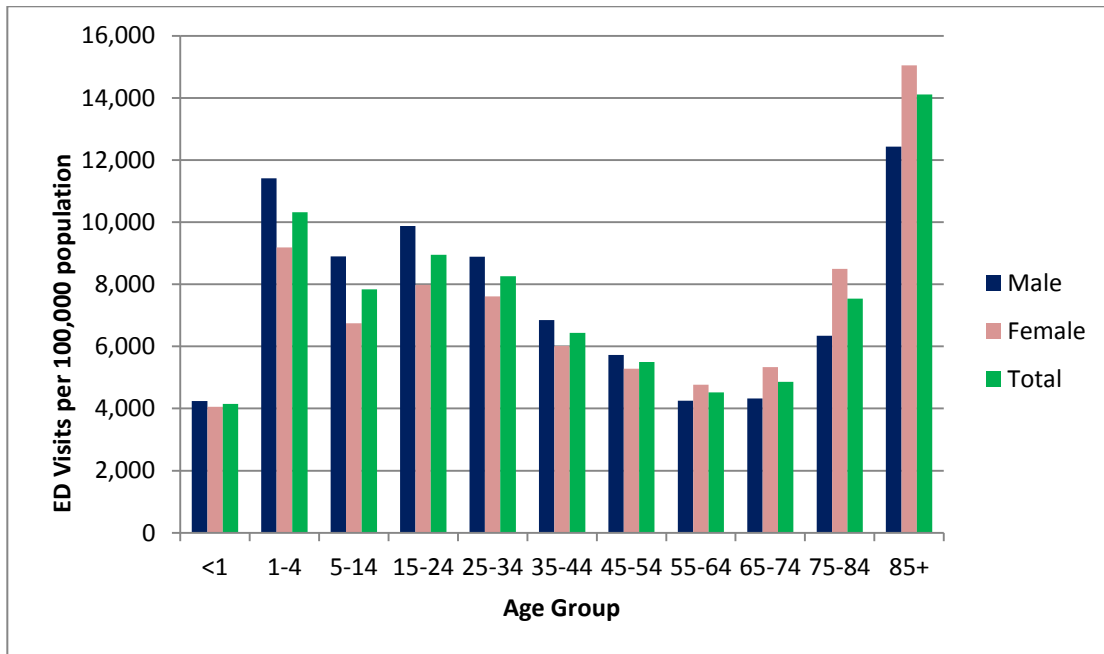
Reason for ED Visit	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
All Unintentional Injury	77,044	7,577.4	71,027	6,757.4	148,073	7,189.4
Bites & stings	3,028	296.9	3,146	304.2	6,163	300.7
Cut/pierce	7,195	706.5	4,048	397.7	11,243	552.0
Drowning/submersion	14	1.4	14	1.4	28	1.4
Fall	11,450	1,127.3	14,130	1,289.3	25,580	1,217.6
Fire/burn	1,198	116.4	978	97.4	2,176	106.8
Firearm	161	16.0	24	2.4	185	9.3
Foreign body	1,822	177.7	1,299	125.7	3,122	151.4
Motor vehicle traffic	7,166	703.8	8,330	815.4	15,496	758.8
Occupant	5,052	495.6	6,998	684.3	12,050	589.1
Motorcyclist	830	81.9	149	14.9	979	48.5
Pedal cyclist	137	13.4	37	3.8	174	8.6
Pedestrian	390	38.4	214	20.8	604	29.6
Unspecified	682	67.1	868	85.2	1,550	76.1
Other land transport	1,205	119.7	756	73.4	1,961	96.6
Other pedal cyclist	1,164	113.6	443	44.0	1,607	78.9
Other pedestrian	47	4.6	35	3.4	82	4.0
Other transport	19	1.8	17	1.6	36	1.7
Overexertion	6,954	689.2	7,091	696.1	14,046	694.6
Poisoning	1,441	138.9	1,375	131.1	2,816	135.2
Struck by, against	11,481	1,128.9	7,269	716.0	18,750	925.4
Suffocation	79	7.8	58	5.2	137	6.4

*Age-Adjusted to Standard US 2000 population; ED visits per 100,000 population*

Note: The injury and poisoning ICD-9-CM codes are 800.0-999.0.

All types of injuries result in ED admissions (e.g. fractures, open wounds, burns) as well as poisonings from various sources, such as overdoses from illicit drugs or prescription medications. Unintentional injuries are a subset of injury and poisoning admissions and do not include intentional injuries such as poisoning and cut/pierce. Struck by or against is an injury resulting from being struck or hit by an object or impacting a part of the body against an object. An object includes a person, animal or inanimate object. Overexertion is working the body or a body part too hard, causing damage to muscle, tendon, ligament, cartilage, joint, or peripheral nerve. This category includes overexertion from lifting, pushing, or pulling or from excessive force.

**Figure 5. Unintentional Injury ED Visit Rates by Age Group and Sex, New Mexico, 2012**



In 2012, the age-adjusted unintentional injury ED visit rate for males (7,577.4 per 100,000 population) was 12% higher than the rate for females (6,757.4 per 100,000 population). The unintentional injury ED-visit rate was highest among 85+ year olds (14,111.4 per 100,000 population) followed by 1 to 4 year olds (10,324.0 per 100,000 population).

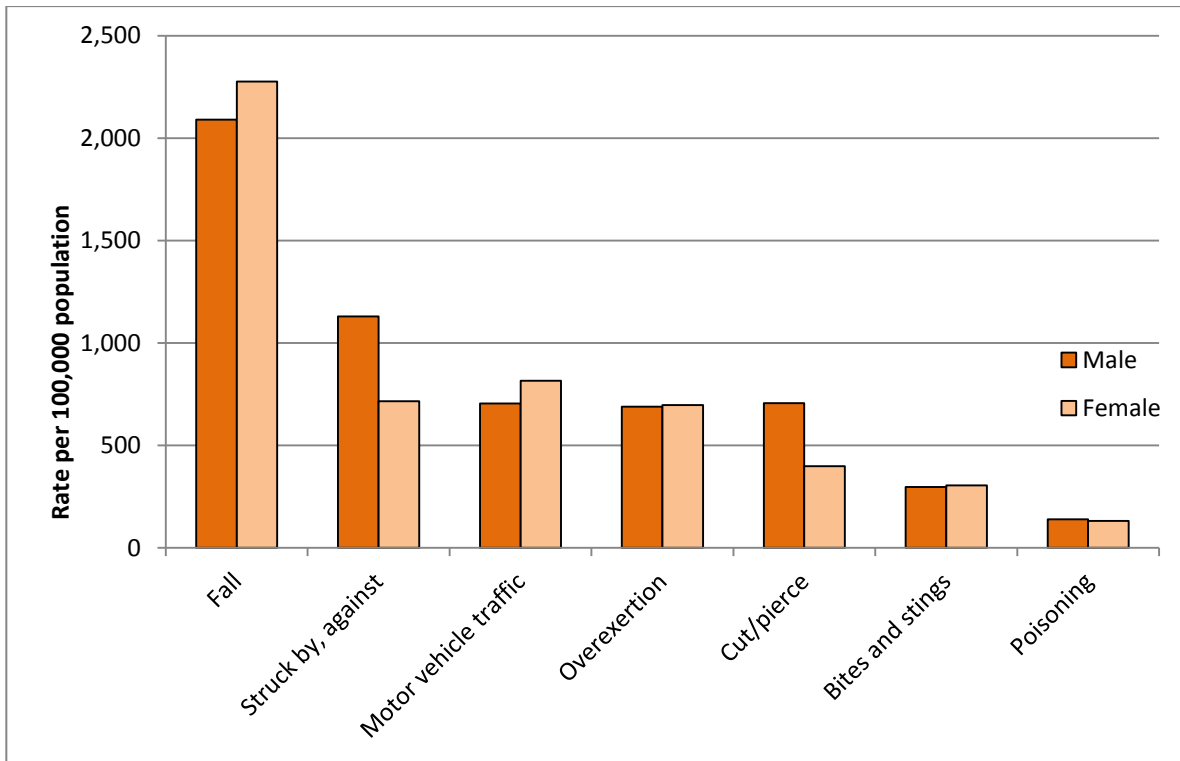
**Table 8. Leading Causes of Unintentional Injury ED Visits by Age Group, New Mexico, 2012**

Rank	<1	1-14	15-24	25-44	45-64	65+
1	Fall (479)	Fall (6,741)	Struck by, or against (4,398)	Motor Vehicle Traffic (5,291)	Fall (5,109)	Fall (6,328)
2	Struck by, or against (118)	Struck by, or against (4,636)	Motor Vehicle Traffic (4,259)	Overexertion (5,078)	Motor Vehicle Traffic (3,238)	Motor Vehicle Traffic (1,031)
3	Motor Vehicle Traffic (70)	Cut/pierce (2,141)	Overexertion (3,209)	Struck by, or against (4,577)	Overexertion (2,803)	Overexertion (1,019)
4	Foreign body (67)	Bites and Stings (2,101)	Fall (2,461)	Fall (4,462)	Struck by, or against (2,301)	Struck by, or against (986)
5	Fire/burn (46)	Overexertion (1,927)	Cut/pierce (2,458)	Cut/pierce (3,659)	Bites and Stings (1,135)	Bites and Stings (488)

Fall-related injury was the leading cause of unintentional injury emergency department visits among 0 to 14 year olds and 45+ year olds.



**Figure 6. Unintentional Injury ED Age-Adjusted Rates by Cause and Sex, New Mexico, 2012**



*Age-Adjusted to Standard US 2000 population; ED visits per 100,000 population*

Unintentional struck by, or against an object and unintentional cut/pierce emergency department visit rates among males were 1.6 and 1.8 times higher respectively than the rates among females. Unintentional fall and motor vehicle traffic injury emergency department visit rates among females were 1.1 and 1.2 times higher respectively than the rates among males.

## METHODS

The collection of New Mexico ED data is authorized by Notifiable Conditions, 7.4.3.10 NMAC, which requires emergency departments to submit data when requested by the NMDOH. The 2010, 2011 and 2012 ED data was requested annually via letter from all non-federal New Mexico emergency departments. This excludes any visits of New Mexico residents to non-New Mexico emergency departments, Indian Health Service (IHS) facilities and the Veterans Affairs (VA) Hospital.

In 2010, emergency departments were only asked to report the first five diagnoses rather than all diagnoses, thereby preventing detection of diagnoses that appear beyond the first five diagnoses fields. In addition, those who were admitted and/or transferred to another facility were to be excluded from the data. This contrasted with the request for ED data in 2011 and 2012. In these two years all diagnoses were requested and all ED visits were requested regardless of the patient's disposition. All three years contain diagnoses that were coded using the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM).

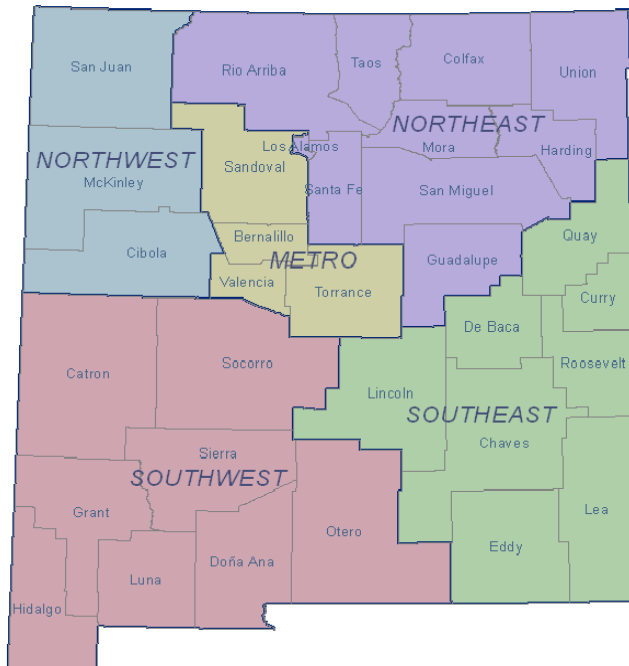
In this report, rates were calculated using the New Mexico 2010, 2011 and 2012 population estimates, determined by NM Population Estimates, Geospatial and Population Studies (GPS) Program, University of New Mexico. All age-adjusted rates were standardized to the Standard US 2000 Population. Rates are per 100,000 population.

The Category of First Listed Diagnosis Tables (Tables 4-6) has an increased number and rate of 'Ungroupable' classifications in 2012, as compared to 2010 and 2011. This is due to an increased number of missing diagnosis by a facility that was unable to capture this information.

This report is intended to be a reference document for researchers and planners. 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.

# NEW MEXICO HEALTH REGIONS

The data in this report are presented by age, sex, and New Mexico Health Regions. Below is a map of the Health Region



## NEW MEXICO EMERGENCY DEPARTMENTS REPORTING DATA IN 2010, 2011, 2012

Alta Vista Regional Hospital
Artesia General Hospital
Carlsbad Medical Center
CHRISTUS St. Vincent Regional Medical Center
Cibola General Hospital
Dr. Dan C Trigg Memorial Hospital
Eastern NM Medical Center
Gerald Champion Regional Medical Center
Gila Regional Medical Center
Guadalupe County Hospital
Holy Cross Hospital
Lea Regional Hospital
Lincoln County Medical Center
Los Alamos Medical Center
Lovelace Medical Center/Heart Hospital of NM
Lovelace Regional Hospital-Roswell
Lovelace Westside Hospital
Lovelace Women's Hospital

Memorial Medical Center
Mimbres Memorial Hospital
Miners' Colfax Medical Center
Mountain View Regional Medical Center
Nor-Lea General Hospital
Plains Regional Medical Center - Clovis
Presbyterian Hospital
Presbyterian Espanola Hospital
Presbyterian Kaseman Hospital
Presbyterian Rio Rancho Emergency Center
Rehoboth McKinley Christian Health
Roosevelt General Hospital
San Juan Regional Medical Center
Sierra Vista Hospital
Socorro General Hospital
Union County General Hospital
UNM Hospital
UNM Sandoval Regional Medical Center*

\*First Year Reporting ED Data was 2011

New Mexico Department of Health  
Epidemiology and Response Division  
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