

2013 Emergency Department Data Annual Report

Health Systems Epidemiology Program

And

Environmental Health Tracking Program

Epidemiology and Response Division

2013 Emergency Department Data Annual Report

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Executive Summary

The New Mexico Public Health Act grants the New Mexico Department of Health (NMDOH) 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 NMDOH. 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 public health 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 diagnosis categories. 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 and pesticide poisonings. The 2011, 2012, and 2013 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 2011, 2012, and 2013 data and earlier data may be problematic.

This report presents overall New Mexico emergency department admission numbers and rates by age, sex, and region for NM residents. Race and ethnicity data was requested, however, in many cases, quality data were not received and therefore, unable to be used in this report. In 2013, 35 non-federal emergency departments reported emergency department data to the NMDOH.

Of the 774,896 reported ED visits in 2013, 54.3% were among females and 45.7% were among males. Sixteen percent of all ED visits occurred among residents aged ≥ 65 years, increasing from 13% in 2010. The Metro region had the highest percent of New Mexico ED admissions (37.7%), growing from 31% in 2010. Injury and poisoning had the highest rate (7,738.0 per 100,000 population), while congenital anomalies had the lowest rate (27.8 per 100,000 population) of diagnosis in New Mexico in 2013 as compared to all other first listed diagnosis categories.



Key Findings

Overview of Emergency Department (ED) Admissions in New Mexico

- In 2013, 25-34 year olds had the most emergency department (ED) visits by age group, with 15.7% of all ED visits. The age group with the smallest percentage of ED visits was infants.
- The Southeast region had the highest rate of ED visits.
- The Metro region had the highest overall number of ED visits, 37.7% of all ED visits for the state, and the Northwest region had the lowest number of ED visits reported.
- Females accounted for 54.3% of all ED visits.
- The top reason for ED visits by category of first-listed diagnosis group was Injury and Poisoning with an overall state rate of 7,738.0 visits per 100,000 people.
- The top reason for ED visits by National Center for Health Statistics (NCHS) category was abdominal pain with an overall state rate of 1,782.2 visits per 100,000 people. This condition was highest among female patients (rate of 2,283.6 visits per 100,000 people).
- The Southeast region had the highest rates (per 100,000 population) of pneumonia (866.1), heart Disease (906.5), cerebrovascular disease (251.5), diabetes (434.9), asthma (711.8), and essential hypertension (336.7) compared to the other four health regions.
- Pneumonia was the top reason for ED visits for children aged ≤ 4 years. Fractures were the top reason for patients 5-14 years old, and abdominal pain was the top reason for patients 15-24, 25-34, and 35-44 years old.

Infectious Disease: Respiratory Diseases

- Infants had the highest rate of infectious respiratory disease in 2013 as defined by emergency room visits due to acute bronchitis and bronchiolitis, influenza, and pneumonia.
- Children 1-4 years of age and adults ≥ 65 years of age visited emergency departments for respiratory illnesses due to acute bronchitis and bronchiolitis, influenza, and pneumonia more than the other age groups.
- Children 1-4 years were more likely to visit emergency departments for influenza and infants more likely to visit for bronchitis or bronchiolitis compared with other age groups, whereas adults older than 85 years of age were more likely to be diagnosed with pneumonia.

Chronic Disease and Environmental Health Related Admissions

- Acute myocardial infarctions have been increasing over the last three years.
- Residents of the Southeast region had a higher rate of ED visits for Acute Myocardial Infarction than any other health region.



Key Findings

Injury and Poisoning

- Falls were the leading cause of ED visits due to unintentional injury in New Mexico, accounting for 31% of all unintentional injury-related ED visits in 2013.
- More females (55% of visits) than males were treated in the ED for motor vehicle traffic-related injuries in 2013, but males accounted for 88% of the motorcycle traffic injury-related ED visits, 62% of pedestrian injury ED visits, and 75% of pedal cycle injury ED visits.
- The number of visits for injury and poisoning were significantly higher in children, adolescents, and young adults age 0-24 years. Adolescents and young adults made up 41.4% of the ED visits for injury and poisonings.
- The age-adjusted rate of suicide attempts resulting in emergency department visits has remained relatively stable from 2010-2013, and was 154 per 100,000 population in 2013.
- In 2013, 3,084 visits to the emergency department were for suicide attempts. One third (1,050) of these visits were made by adolescents and young adults between the ages of 15 and 24 years.
- Most (63%) of the suicide attempts resulting in emergency department visits in 2013 were due to poisoning.
- Total drug poisoning and opioid poisoning ED visit rates have increased over the years, for both men and women. In 2013, opioid poisoning related ED visits accounted for more than half of the rate of total drug poisoning related ED visits.
- In 2013, the total drug poisoning ED visit rate among men was 120.2 ED visits per 100,000 population, with higher rates among men aged 15-44 years, compared to other male age groups. Among women, the rate was 124.2 ED visits per 100,000 population, with higher rates among women aged 15-54 years, compared to other age groups among women.
- In 2013, the opioid poisoning ED visit rate among men was 68.4 ED visits per 100,000 population, with higher rates among men aged 15-44 years, compared to other male age groups. Among women, the rate was 51.7 ED visits per 100,000 population, with higher rates among women aged 15-54 years, compared to other female age groups.

Maternal and Child Health

- The number of births in the ED varies greatly by county with rural counties having higher rates than urban/metro counties. The rural regions, the Southwest, Southeast, and Northeast all had a higher ratio of the most preterm births in the ED.



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 2011, 2012, and 2013 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 diagnosis rather than all diagnoses, thereby preventing detection of diagnoses that appear beyond the first five diagnosis 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, 2012, and 2013. In these three years all ED visits and diagnoses 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 2011, 2012, and 2013 population estimates, determined by University of New Mexico 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 (Table 2) has an increased number and rate of 'Ungroupable' classifications in 2013, as compared to 2011 and 2012. This is due to an increased number of missing diagnoses by one facility who 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.

Limitations:

Non-federal NM hospitals are not included in these data. Thus, ED visits and rates in areas with large AIAN populations are lower than they would be if IHS hospital ED visit data was included.



Overview of Emergency Department Hospitals

New Mexico Hospitals Reporting ED Data in 2013	
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

*First Year Reporting ED Data was 2011

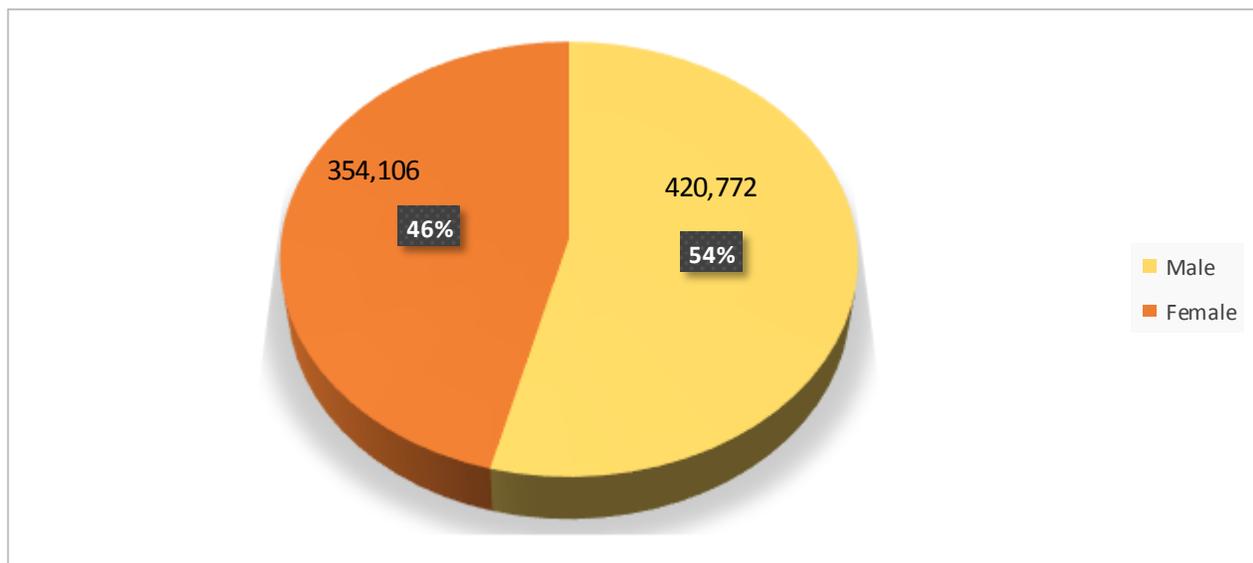


Overview of Emergency Department Visits

Table 1. Number of Emergency Department Visits and Percent Distribution by Age Group, NM, 2013

Age Group	Number of Visits	Percent of Total Visits
< 1 year	16,291	2.1
1-4 Years	54,240	7.0
5-14 Years	70,706	9.1
15-24 Years	115,413	14.9
25-34 Years	121,792	15.7
35-44 Years	93,560	12.1
45-54 Years	93,812	12.1
55-64 Years	77,142	10.0
65-74 Years	58,096	7.5
75-84 Years	45,831	5.9
85+ Years	24,682	3.2
Unknown	3,331	0.4

Figure 1. Number of Emergency Department Visits and Percent Distribution by Sex, NM, 2013





Overview of Emergency Department Admissions

Figure 2. Number of Emergency Department Visits and Percent Distribution by Health Region, NM, 2013

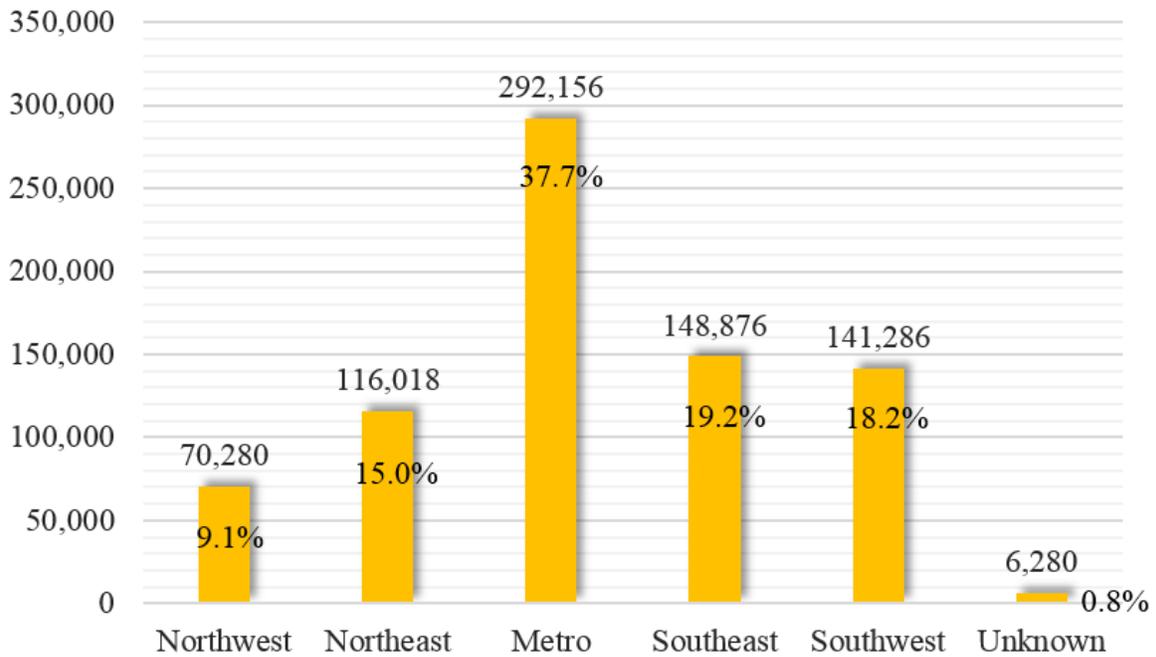
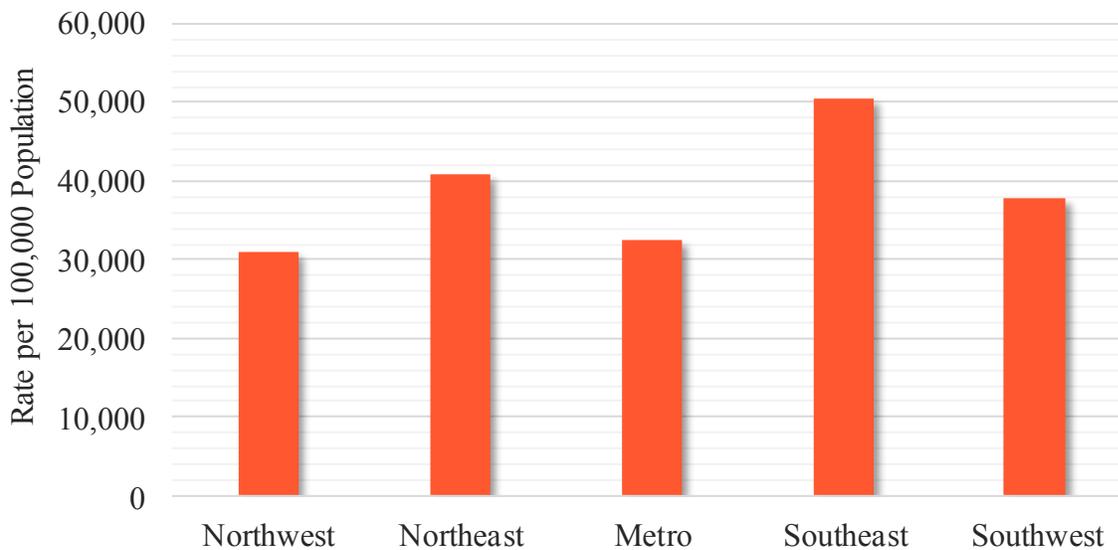


Figure 3. Age-Adjusted* Rate of ED Visits by Health Region, NM, 2013



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



Overview of Emergency Department Visits

Table 2. Number of Emergency Department Visits by Category of First-Listed Diagnosis and Sex, NM, 2013

Category of First Listed Diagnosis	Diagnosis Codes (ICD-9CM Codes)	# of Males	# of Females	Total	Total Rate* (per 100,000 people)
Infectious and Parasitic Diseases	000-139	3,806	4,642	8,448	403.2
Neoplasms	140-239	1,294	1,461	2,755	131.5
Endocrine, Nutritional and Metabolic Diseases, and Immunity Disorders	240-279	7,901	8,300	16,201	773.3
Diseases of the Blood and Blood-Forming Organs	280-289	1,157	1,413	2,570	122.7
Mental Disorders	290-319	23,830	16,744	40,574	1,936.8
Diseases of the Nervous System and Sense Organs	320-389	20,373	26,657	47,030	2,244.7
Diseases of the Circulatory System	390-459	14,587	14,095	28,682	1,369.0
Diseases of the Respiratory System	460-519	34,732	41,632	76,364	3,644.8
Diseases of the Digestive System	520-579	23,365	26,373	49,738	2,374.0
Diseases of the Genitourinary System	580-629	11,389	31,381	42,770	2,041.4
Complications of Pregnancy, Childbirth, and Puerperium	630-677	50	16,505	16,555	790.2
Diseases of the Skin and Subcutaneous Tissue	680-709	12,724	12,855	25,579	1,220.9
Diseases of the Musculoskeletal System and Connective Tissue	710-739	17,750	23,178	40,928	1,953.6
Congenital Anomalies	740-759	313	269	582	27.8
Certain Conditions Originating in the Perinatal Period	760-779	470	464	934	44.6
Symptoms, Signs, and Ill-Defined Conditions	780-799	65,707	91,752	157,459	7,515.6
Injury and Poisoning	800-999	84,271	77,852	162,123	7,738.0
Supplementary Classifications	V01-V84	13,039	11,878	24,917	1,189.3
Ungroupable Diagnoses		17,348	13,321	30,669	1,463.8
Total		354,106	420,772	774,878	

*Rates were calculated and adjusted using the Standard US 2000 Population; using <https://ibis.health.state.nm.us/>



Overview of Emergency Department Visits

Table 3. Emergency Department Visit Rates by NCHS Category (Top 21) and Sex, NM, 2013

NCHS Category	Diagnosis Codes (ICD-9CM Codes)	# of Males	# of Females	Male Rate (per 100,000)	Female Rate (per 100,000)	Total Rate* (per 100,000)
All ED Visits		354,106	420,772			
Heart Disease	391-392.0, 393-398, 402, 404, 410-416, 420-429	7,839	6,559	757.7	618.4	687.2
Pneumonia	480-486	5,305	5,648	512.8	532.5	522.8
Cerebrovascular Disease	430-438	1,978	2,276	191.2	214.6	203.0
Malignant Neoplasms	140-208, 230-234	1,029	958	99.5	90.3	94.8
Fractures	800-829	12,345	11,400	1,193.3	1,074.8	1,133.3
Osteoarthritis and Allied Disorders	715	399	701	38.6	66.1	52.5
Chronic Bronchitis	491	1,859	2,286	179.7	215.5	197.8
Urinary Tract Infection, Site not specified	599.0	3,369	13,641	325.7	1,286.1	811.9
Certain Complications of Surgical and Medical Care	996-999	2,503	2,090	242.0	197.0	219.2
Septicemia	038	876	846	84.7	79.8	82.2
Volume Depletion	276.5	2,109	2,651	203.9	250.0	227.2
Psychoses	290-299	6,337	4,673	612.6	440.6	525.5
Diabetes Mellitus	250	3,526	3,321	340.8	313.1	326.8
Cellulitis and Abscess	681-682	8,436	7,639	815.4	720.2	767.2
Diverticula of Intestine	562	1,004	1,312	97.0	123.7	110.5
Intestinal Obstruction	560	798	894	77.1	84.3	80.8
Anemias	280-285	625	857	60.4	80.8	70.7
Cholelithiasis	574	1,239	2,916	119.8	274.9	198.3
Essential Hypertension	401	1,854	2,608	179.2	245.9	213.0
Asthma	493	3,820	4,748	369.2	447.7	408.9
Noninfectious Enteritis and Colitis	555-558	2,556	3,534	247.1	333.2	290.7
Chest Pain	786.5	12,629	16,018	1,220.8	1,510.2	1,367.4
Abdominal Pain	789	13,120	24,221	1,268.2	2,283.6	1,782.2
All other Diagnoses		258,551	298,975	24,992.1	28,188.4	26,610.2

*Rates were calculated and adjusted using the Standard US 2000 Population; using <https://ibis.health.state.nm.us/>



Overview of Emergency Department Visits

Table 4. Emergency Department Visit Rates by NCHS Category (Top 21) and Health Region, NM, 2013

NCHS Category	Diagnosis Codes (ICD-9CM Codes)	Northwest	Northeast	Metro	Southeast	Southwest
Heart Disease	391-392.0,393-398, 402, 404, 410-416, 420-429	340.6	767.9	601.9	906.5	838.7
Pneumonia	480-486	454.2	657.2	359.6	866.1	565.7
Cerebrovascular Disease	430-438	76.3	246.8	186.3	251.5	240.3
Malignant Neoplasms	140-208, 230-234	60.9	102.6	94.5	94.1	109.2
Fractures	800-829	888.6	1,472.8	949.4	1,487.9	1,104.2
Osteoarthritis and Allied Disorders	715	21.9	47.4	28.7	112.2	83.7
Chronic Bronchitis	491	89.9	247.8	119.9	384.3	261.2
Urinary Tract Infection, Site not specified	599.0	829.9	789.9	635.9	1,248.7	870.6
Certain Complications of Surgical and Medical Care	996-999	194.2	266.5	187.5	251.5	244.4
Septicemia	038	4.8	160.8	50.3	142.4	97.4
Volume Depletion	276.5	246.4	211.6	163.7	307.6	306.0
Psychoses	290-299	337.1	714.7	469.5	601.2	537.2
Diabetes Mellitus	250	215.7	315.9	328.7	434.9	305.8
Cellulitis and Abscess	681-682	528.7	889.8	611.9	1,249.0	780.0
Diverticula of Intestine	562	71.5	131.7	104.6	117.0	123.4
Intestinal Obstruction	560	37.7	121.2	63.9	99.9	99.2
Anemias	280-285	43.0	91.1	59.0	99.6	75.5
Cholelithiasis	574	160.9	192.0	172.3	265.6	231.5
Essential Hypertension	401	108.7	198.8	186.0	336.7	244.4
Asthma	493	445.8	358.6	313.5	711.8	403.1
Noninfectious Enteritis and Colitis	555-558	139.0	255.0	200.0	635.1	347.1
Chest Pain	786.5	1,178.4	1,408.2	1,275.0	1,776.0	1,290.1
Abdominal Pain	789	1,394.5	2,134.4	1,719.2	1,915.0	1,735.6
All other Diagnoses		22,941.7	27,498.6	23,342.8	36,650.6	27,001.0

Rates were calculated and adjusted using the Standard US 2000 Population; using <https://ibis.health.state.nm.us/>



Overview of Emergency Department Visits

Table 5. Number of Emergency Department Visits by NCHS Category (Top 21) and Age Group, NM, 2013

NCHS Category	<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 Visits	16,291	54,240	70,706	115,413	121,792	93,560	93,812	77,142	58,096	45,831	24,682	774,896
Heart Disease	26	79	121	271	485	788	1,680	2,790	3,190	3,125	1,837	14,398
Pneumonia	329	1,421	1,326	758	895	798	970	1,144	1,122	1,189	876	10,953
Cerebrovascular Disease	5	10	17	33	86	173	425	797	933	1,080	695	4,254
Malignant Neoplasms	1	10	38	29	61	97	279	471	485	383	133	1,987
Fractures	72	1,008	3,957	2,951	2,636	2,137	2,401	2,583	2,187	2,128	1,672	23,745
Osteoarthritis and Allied Disorders	0	4	0	18	34	81	162	259	253	186	103	1,100
Chronic Bronchitis	5	25	27	25	42	130	487	996	1,207	874	327	4,145
Urinary Tract Infection, Site not specified	174	771	1,182	2,762	2,450	1,596	1,545	1,552	1,800	1,936	1,219	17,011
Certain Complications of Surgical and Medical Care	31	89	175	336	420	473	750	728	751	571	260	4,593
Septicemia	6	9	4	49	86	139	195	289	346	348	247	1,722
Volume Depletion	134	385	384	621	568	436	478	496	430	475	316	4,760
Psychoses	0	14	253	1,456	2,546	2,135	2,012	1,234	607	433	320	11,010
Diabetes Mellitus	2	34	153	583	741	964	1,455	1,245	904	573	193	6,847
Cellulitis and Abscess	91	673	894	2,398	3,466	2,573	2,441	1,628	921	623	349	16,075
Diverticula of Intestine	0	0	8	19	158	309	472	502	412	280	156	2,316
Intestinal Obstruction	13	37	38	55	71	116	203	323	356	321	158	1,692
Anemias	4	28	37	71	153	182	191	231	230	216	139	1,482
Cholelithiasis	3	8	41	710	878	704	608	537	331	256	79	4,155
Essential Hypertension	2	19	17	95	278	544	731	866	819	725	366	4,462
Asthma	64	977	1,923	1,245	1,096	901	891	659	462	236	94	8,568
Noninfectious Enteritis and Colitis	199	627	691	1,028	955	679	564	497	427	275	120	6,091
Chest Pain	4	69	755	2,565	3,740	4,537	5,464	4,831	3,556	2,241	887	28,649
Abdominal Pain	138	635	3,703	7,151	7,549	5,717	4,777	3,397	2,195	1,464	571	37,341
All other Diagnoses	14,988	47,308	54,962	90,184	92,398	67,351	64,631	49,087	34,172	25,893	13,565	557,540

Respiratory Illness

In 2013, 21,310 visits to the emergency room were due to acute bronchitis and bronchiolitis, influenza, and pneumonia. Over a fifth (22.8%) of these visits occurred among children 1 to 4 years of age and infants. The highest rate of infectious respiratory disease emergency department visits was among infants (5,482 per 100,000); however children 1 to 4 years of age and adults ≥ 65 years of age also had a significantly greater likelihood of infectious respiratory disease emergency department visits compared to all other age groups except for infants [Table 6].

Table 6. Number of Acute Respiratory Illness Emergency Department Visits and Percent Distribution by Age Group, NM, 2013

Age Group	Number of Visits (N)	Percent of Total Visits (%)	Rate (per 100,000)
< 1 year	1,601	7.4	5,482.0
1-4 Years	3,339	15.4	2,858.0
5-14 Years	2,171	10.0	755.8
15-24 Years	1,843	8.5	628.2
25-34 Years	2,175	10.0	804.2
35-44 Years	1,776	8.2	709.8
45-54 Years	1,978	9.1	686.2
55-64 Years	1,964	9.0	739.0
65-74 Years	1,738	8.0	1,028.0
75-84 Years	1,624	7.5	1,771.0
85+ Years	1,106	5.1	3,337.0
Unknown	411	1.9	-

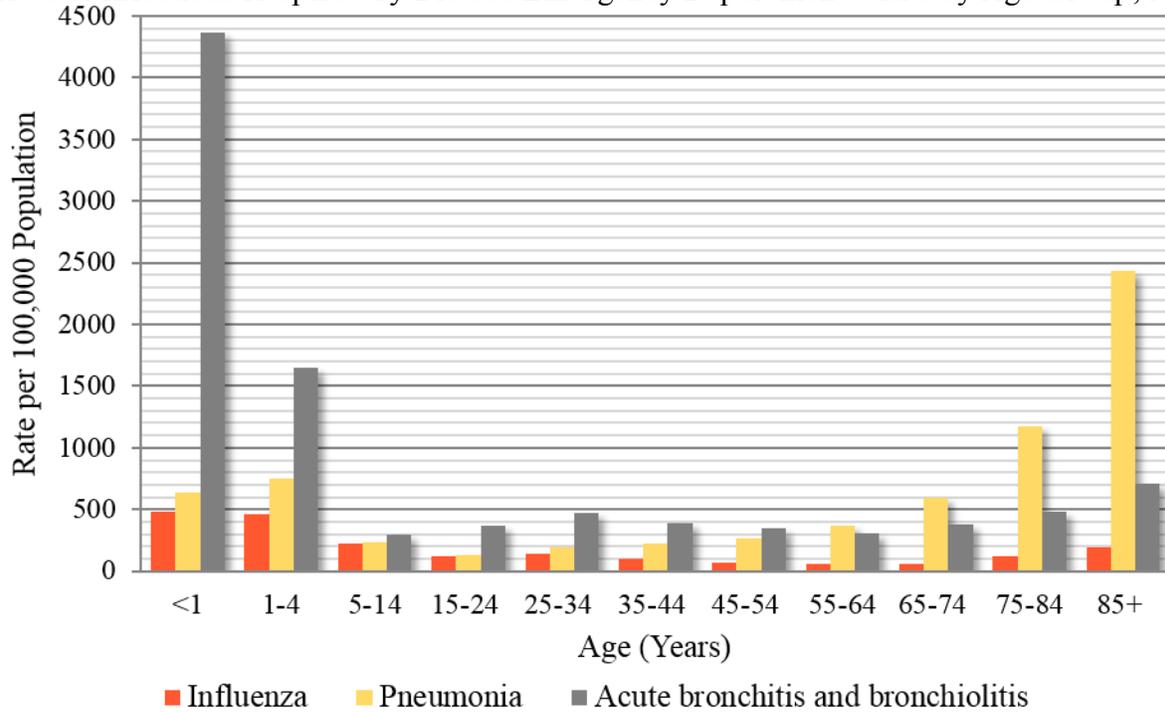
Different infectious respiratory diseases affect certain age groups disproportionately. Children 1 to 4 years of age were more than twice as likely to visit the emergency room due to influenza compared to persons aged ≥ 5 years. Additionally, infants were twice as likely to visit an emergency room due to bronchitis or bronchiolitis compared to any other age group. In contrast, adults ≥ 85 years of age were twice as likely to be diagnosed with pneumonia as the next youngest age (2,432 vs 1,172 per 100,000) [Figure 4].



Infectious Disease

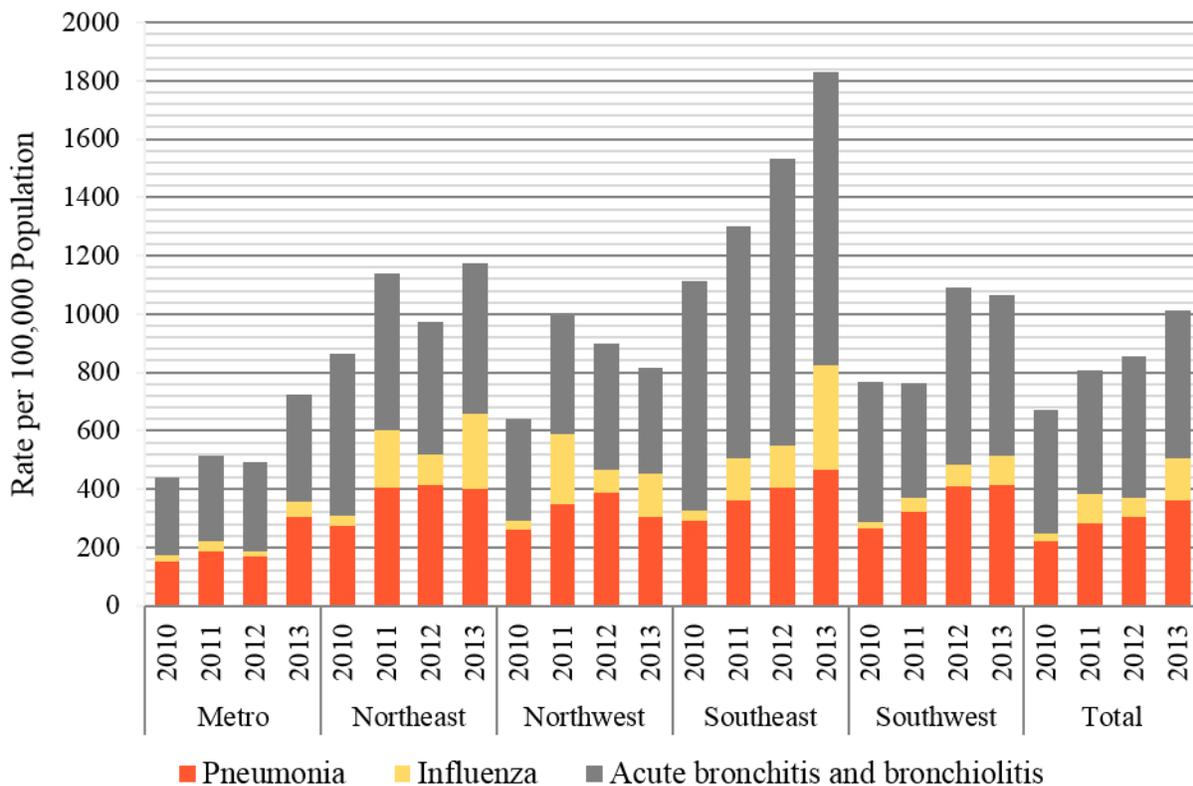
Respiratory Illness

Figure 4. Rate of Infectious Respiratory Disease Emergency Department Visits by Age Group, NM, 2013



From 2010 to 2013, the Southeast region of New Mexico had the highest age-adjusted rate of infectious respiratory disease ED visits while the Albuquerque Metro region had the lowest age-adjusted rate for each year [Figure 5]. This trend is partially due to higher rates of bronchitis and bronchiolitis in the Southeast region. In 2013, ED visits due to bronchitis and bronchiolitis were nearly twice as likely to occur in the Southeast region (1008.4 per 100,000) than the Northeast region with the next highest rate (517.4 per 100,000).

Figure 5. Age-Adjusted Rates of Infectious Respiratory Disease Emergency Department Visits by Region and Year, NM, 2013



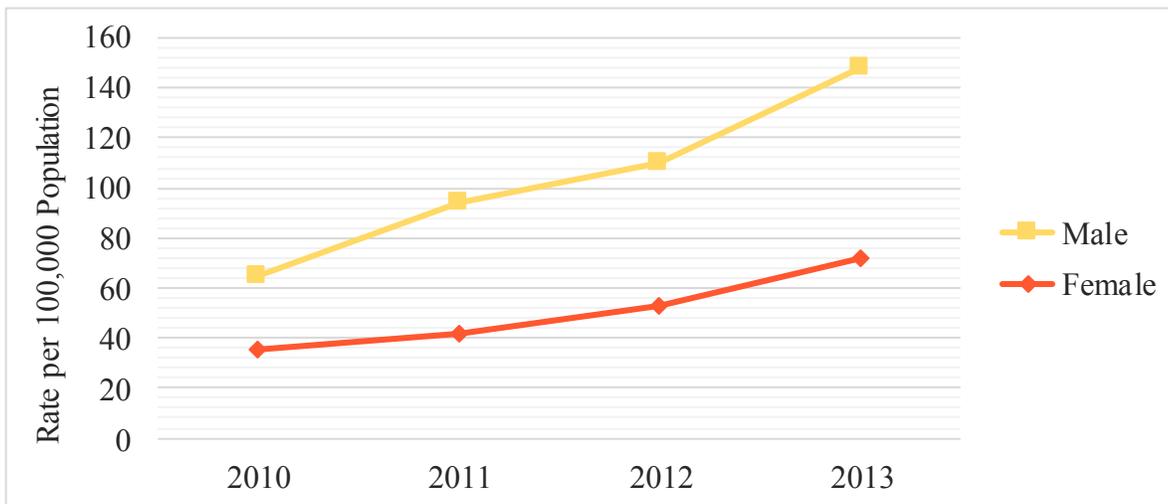


Chronic Disease and Environmental Health

Acute Myocardial Infarction

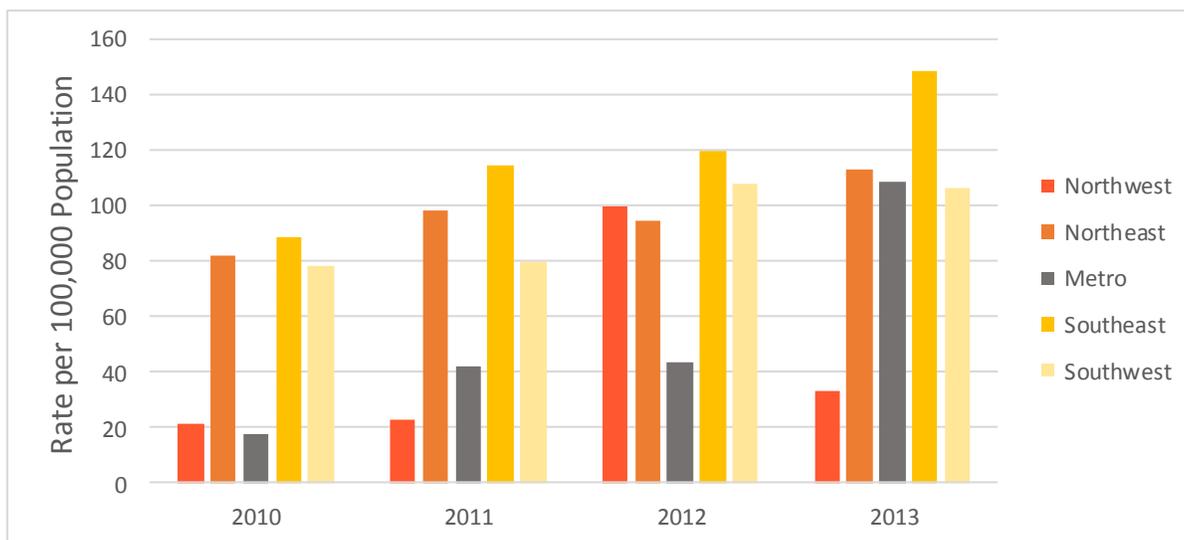
AMI (Acute myocardial infarction (AMI), First Heart Attack, coded as ICD-9 410.0 to 410.9) are shown here to highlight an unexpected increase in AMI ED visits. While well documented risk factors for AMI include diabetes, hypertension, obesity, obesity, hypercholesterolemia, and cigarette smoking, investigators are increasingly finding significant relationships between air pollutants and increased risk of AMI. The up-turn is unexpected because for the prior decade, AMI deaths and hospitalizations have shown an overall decline and a trend in declining rates. Increases in rates of AMI also are usually a single year jump where in the ED visits we see continuing, significant, increases over three years.

Figure 6. Age-Adjusted* AMI ED Visit Rate by Sex, NM, 2013



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

Figure 7. Age-Adjusted* AMI ED Visit Rate by Health Region, NM, 2013



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



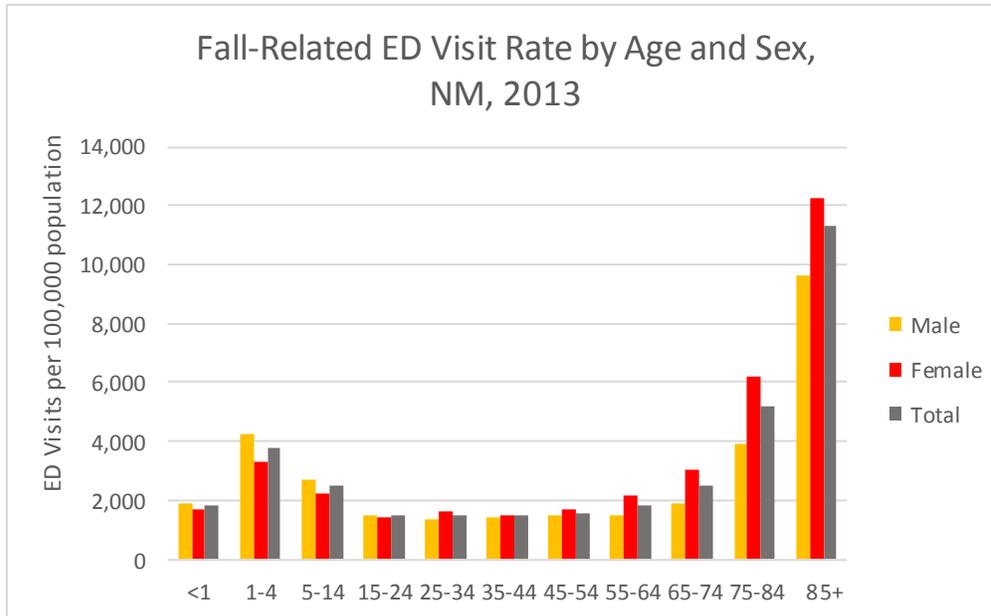
Injury and Poisoning

Unintentional Injuries

In 2013, there were 150,873 emergency department visits due to unintentional injuries among residents in New Mexico. Falls accounted for 31% of the unintentional injury-related ED visits, struck by or against an object accounted for 16%, transportation accounted for 13%, overexertion accounted for 8%, and cut/pierce accounted for 7%.

Fall-related Injuries

Figure 8. Fall-Related ED Visit Rate by Age and Sex, NM, 2013



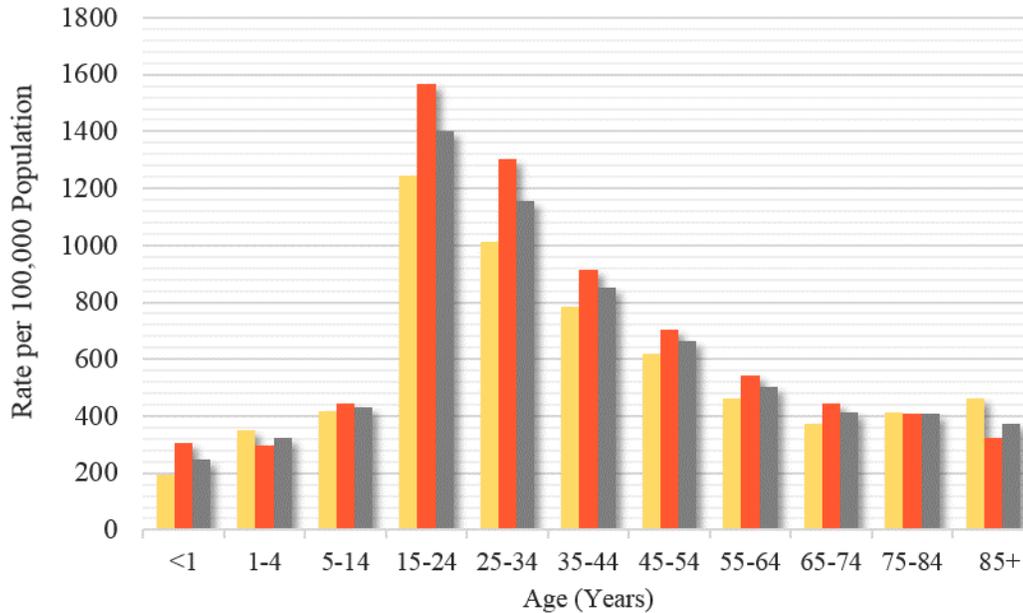
A total of 46,379 fall-related emergency department visits occurred among residents in NM in 2013. Females accounted for 55% of the fall-related ED visits. Persons aged ≥ 85 years had the highest fall-related injury ED visit rate, followed by those aged 75-84 years. Persons aged 1 to 4 years had the third highest fall-related ED visit rate. Males had a higher fall-related ED visit rate compared to females among 0 to 24 year olds while females had a higher fall-related ED visit rate compared to males among persons aged ≥ 25 years.



Injury and Poisoning

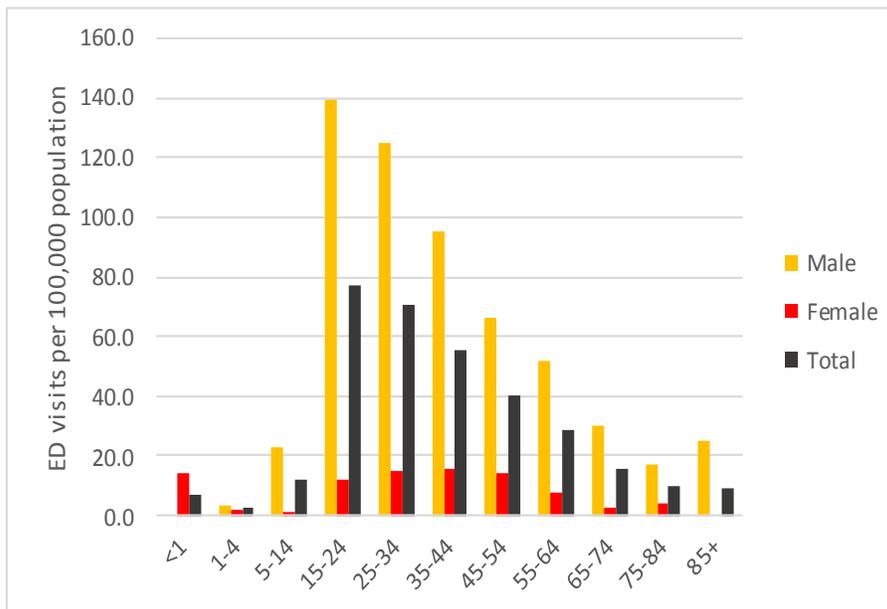
Motor Vehicle Traffic-Related Injuries

Figure 9. Motor Vehicle Traffic-Related ED Visit Rate by Age and Sex, NM, 2013



A total of 15,515 motor vehicle traffic-related emergency department visits occurred among residents in NM in 2013. Females accounted for 54% of the motor vehicle traffic-related ED visits. Persons aged 15-24 years had the highest rates of motor vehicle traffic-related injury ED visits. Females had a higher motor vehicle traffic-related ED visit rate for all age groups except for persons aged 1-4 years and aged ≥ 75 years.

Figure 10. Motorcycle Traffic-Related ED Visit Rate by Age and Sex, NM, 2013



A total of 827 motorcycle traffic-related emergency department visits occurred among residents in NM in 2013. Males accounted for 88% of the motor vehicle traffic-related ED visits. Persons aged 15-24 years had the highest motorcycle traffic-related injury ED visit rate, followed by persons aged 25-34 years. Males had a higher motorcycle traffic-related ED visit rate for all age groups except for persons aged <1 year.

Injury and Poisoning

Pedal Cycle-related Injuries and Pedestrian Injuries

A total of 570 pedestrian injury-related emergency department visits occurred among residents in NM in 2013. Males accounted for 62% of the pedestrian injury-related ED visits. Males aged ≥ 85 years and aged 15-24 years had the highest pedestrian injury-related ED visit rates. Males had a higher pedestrian injury related ED visit rate for all age groups than females.

Figure 11. Pedestrian Injury-Related ED Visit Rate by Age and Sex, NM, 2013

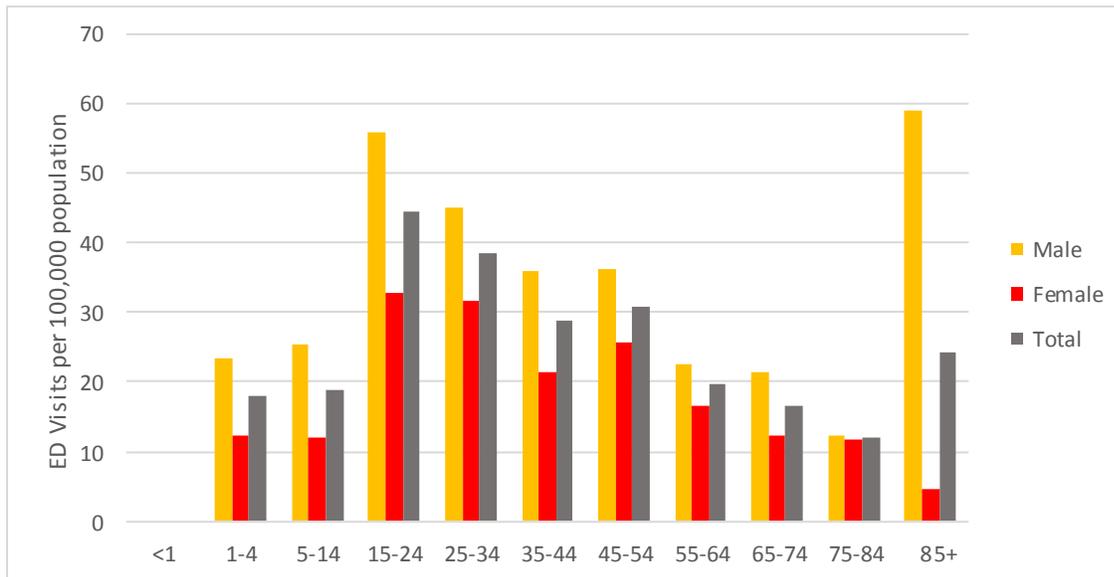
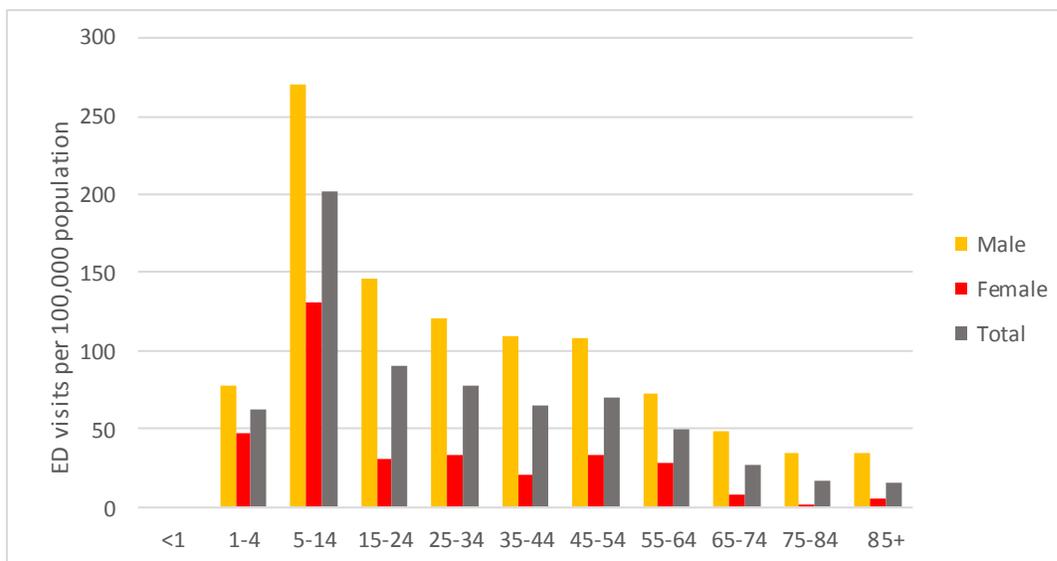


Figure 12. Pedal Cycle Injury-Related ED Visit Rate by Age and Sex, NM, 2013.



A total of 1,684 pedal cycle injury-related emergency department visits occurred among residents in NM in 2013. Males accounted for 75% of the pedal cycle injury-related ED visits. Males aged 5-14 years had the highest pedal cycle injury-related ED visit rates. Males had a higher pedal cycle injury related ED visit rate for all age groups than females.

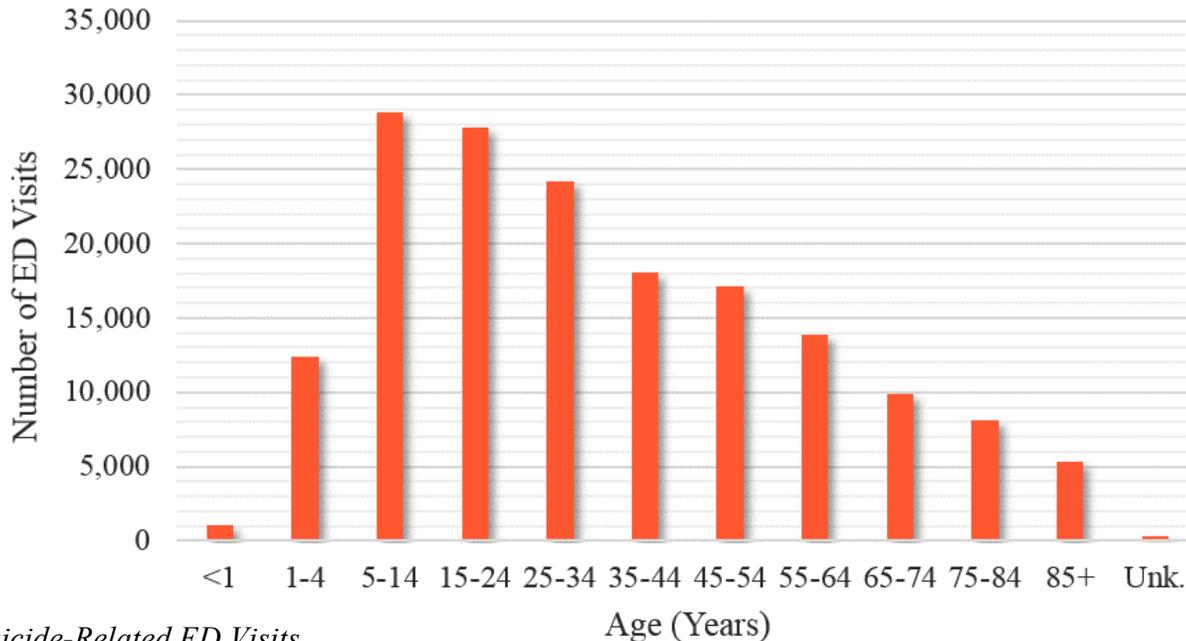


Injury and Poisoning

Child Injury and Poisoning

Injury reduction, especially in children, adolescents, and young adults is also of great importance. The number of ED visits for injury and poisoning are significantly higher in children, adolescents, and young adults aged 0-24. Adolescents and young adults make up 41.4% of the ED visits for injury and poisonings.

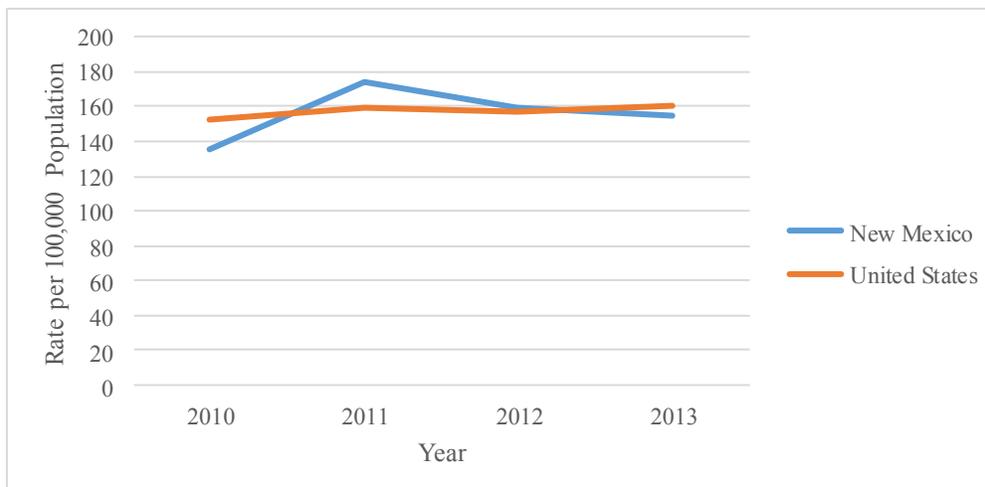
Figure 13. Number of Injury and Poisoning ED Visits by Age Group, NM, 2013



Suicide-Related ED Visits

In New Mexico, suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality. In 2013, suicide was the seventh leading cause of all death in New Mexico, and the second leading cause of death among youth and adults 15-44 years. In 2013 suicide accounted for 14,934 of the total Years of Potential Life Lost (YPLL) in NM, fourth after unintentional injuries, heart disease and cancer deaths. In 2012, NM ranked fourth among the 50 states and the District of Columbia for suicide deaths, and has ranked among the top 10 states since 1997.

Figure 14. Suicide-Related ED Visit Rates, New Mexico and U.S., (2010-2013)

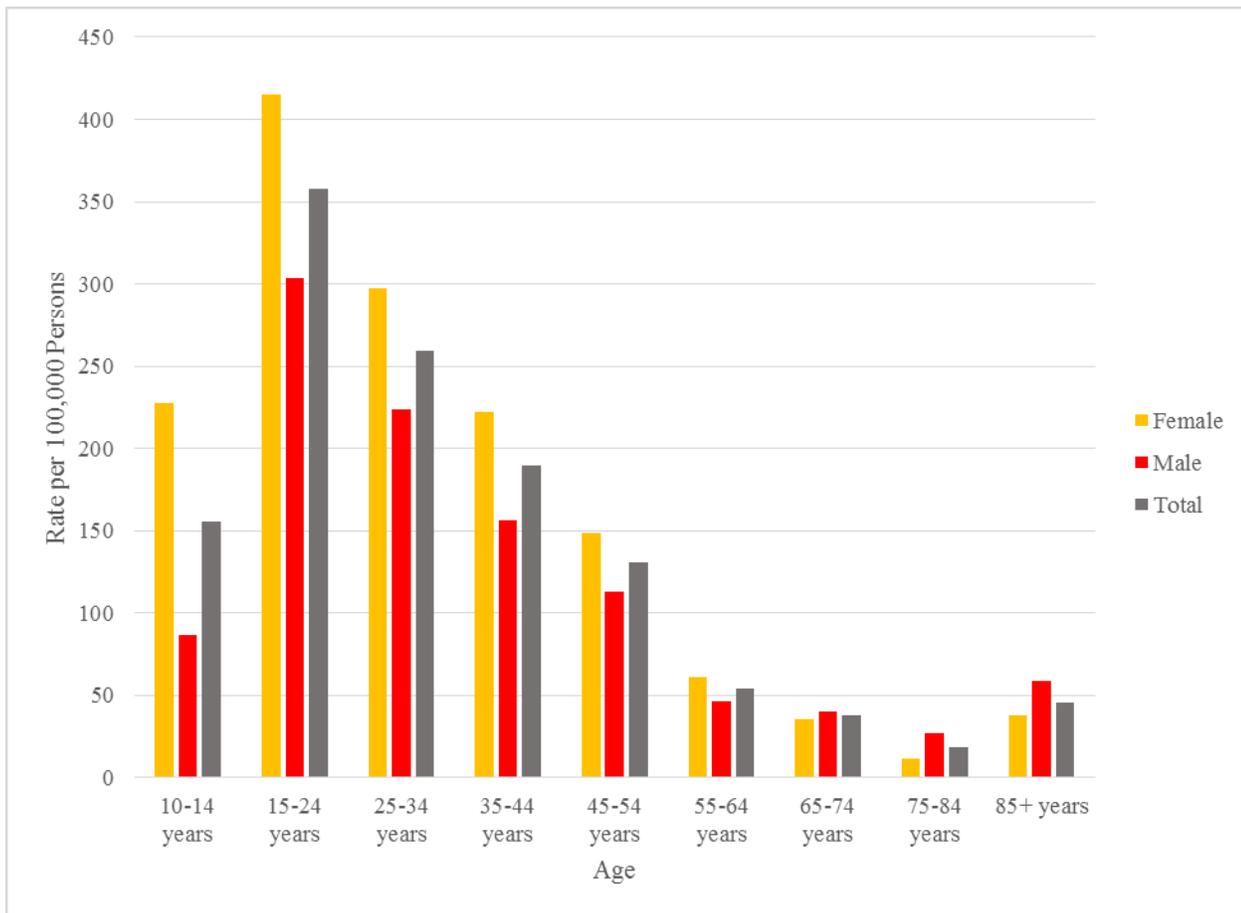


Injury and Poisoning

The age-adjusted rate of suicide attempts resulting in emergency room visits has remained relatively stable from 2010 to 2013. In 2013, there were 154 visits to the emergency room following suicide attempts per 100,000 population. This rate is slightly lower than that of the United States, which was 160 per 100,000 population in 2013. It should be noted that the United States rate only includes nonfatal suicide attempts and may be an underestimation.

In 2013, 3,084 visits to the emergency room were due to suicide attempts. One third (1,050) of these visits were made by adolescents and young adults between 15 and 24 years of age. Rates of suicide attempts decrease with age after this, with females having a significantly higher rate of suicide attempts than males until ages 45-54 years.

Figure 15. Suicide-Related ED Visits by Age and Sex, New Mexico, 2013.





Injury and Poisoning

Suicide-Related ED Visits (cont'd)

While 43% of the suicide attempts resulting in emergency room visits occurred among residents of the Metro region of New Mexico, the highest rate of suicide attempts in 2013 occurred in the Northeast region. In contrast, the Northwest region had the lowest rate of suicide attempts (Table 7).

Table 7. Suicide-Related ED Visits and Rates by Health Region, NM, 2013.

Region	Visits	Population	Age-Adjusted Rate per 100,000 Population
Northwest	142	228,104	62.1
Northeast	525	295,353	204.7
Metro	1,322	906,644	151.4
Southeast	465	292,227	166.0
Southwest	628	372,831	179.0
Total	3,084	2,095,159	154.4

Most (63%) of the suicide attempts resulting in emergency room visits in 2013 were due to poisoning. Cutting or piercing contributed to 24% of the attempts, and suffocation, firearms or explosives, falls, late effects of previous attempts, and other or unspecified means contributed to the rest of the attempts.

Table 8. Suicide-Related ED Visits and Rates by Mechanism, NM, 2013.

Mechanism	Visits	Population	Age-Adjusted Rate per 100,000 Population
Poisoning	1,952	2,095,159	97.7
Suffocation	80	2,095,159	4.1
Submersion/Drowning	0	2,095,159	*
Firearms/Explosives	30	2,095,159	1.5
Cut/Pierce	754	2,095,159	37.9
Fall	6	2,095,159	0.3*
Other/Unspecified	256	2,095,159	12.7
Late Effects	6	2,095,159	0.3*

*These measures are not statistically reliable due to the low number of emergency room visits in each category.

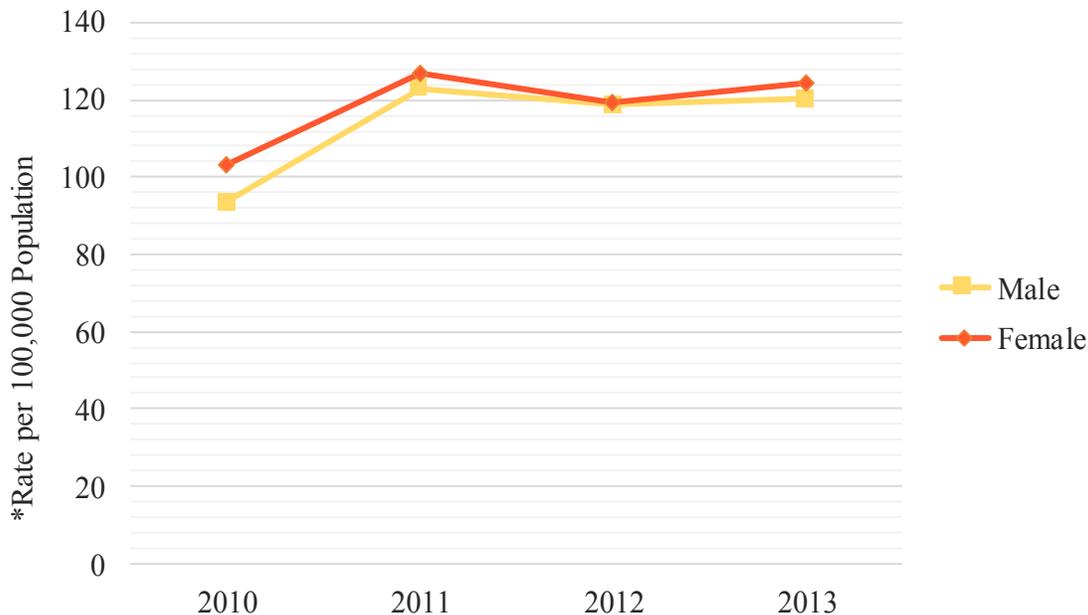


Injury and Poisoning

Total Drug Poisoning Related Emergency Department Visits

In New Mexico, the rate of emergency department visits due to total drug poisoning have increased over the years, for both men and women. In 2013, the rate among men was 120.2 ED visits per 100,000 population. Among women, the rate was 124.2 ED visits per 100,000 population.

Figure 16. Rate* of Total Drug Poisonings Related to ED Visits by Sex NM, 2010-2013



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

Table 9. Rate* of Total Drug Poisoning Related ED Visits by Age and Sex, NM, 2013

Age (years)	Male	Female
< 1 year	13.4	7.0
1-4 Years	58.6	42.0
5-14 Years	13.7	19.1
15-24 Years	185.8	145.9
25-34 Years	235.0	184.8
35-44 Years	154.7	191.4
45-54 Years	125.5	166.4
55-64 Years	85.3	113.8
65-74 Years	80.4	87.2
75-84 Years	44.1	72.8
85+ Years	25.3	79.9
Total	120.2	124.2

In 2013, the rate of total drug poisoning related ED visits was higher among men between the ages of 15-44 compared to other age-groups among men. For women, the rate of total drug poisoning related ED visits was higher between the ages of 15-54, compared to other age-groups among women. Rates were higher for men, compared to women, between the ages of 15-34. The opposite trend was observed between the ages of 35-54, where rates were higher for women compared to men.

*Age-Specific Rates (per 100,000 population) are crude rates. Total rate is age-adjusted.

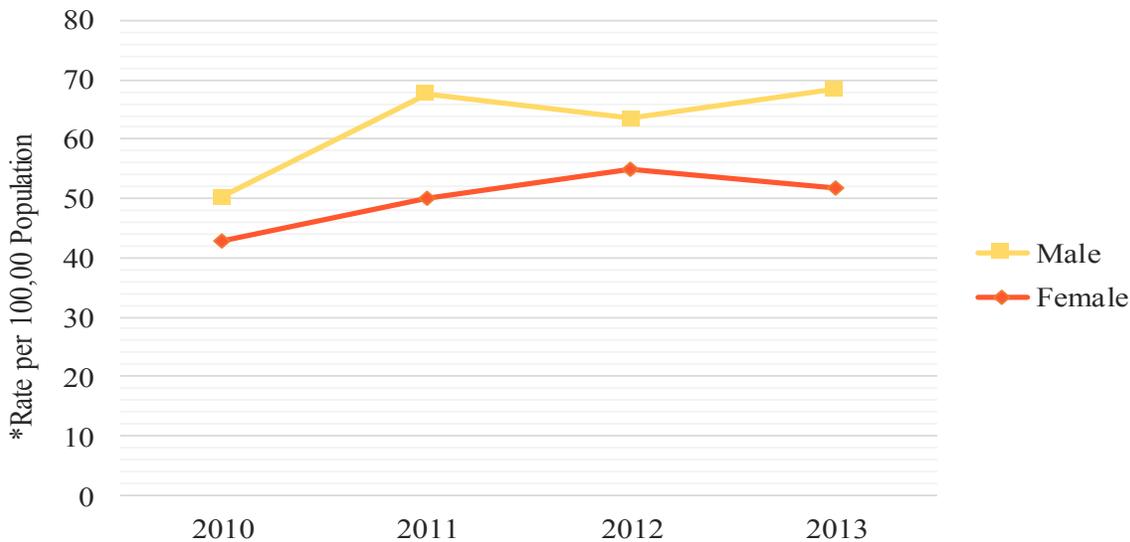


Injury and Poisoning

Opioid Poisoning Related Emergency Department Visits

In New Mexico, the rate of emergency department visits due to opioid poisoning have increased over the years, both for men and women. Opioid poisoning related ED visits accounted for more than half of the rate of total drug poisoning related ED visits. In 2013, the rate among men was 68.4 ED visits per 100,000 population. Among women, the rate was 51.7 ED visits per 100,000 population.

Figure 17. Rate* of Opioid Poisonings Related to ED Visits by Sex, NM, 2010-2013



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

Table 10. Rate of Opioid Poisonings Related to ED Visits by Age and Sex, NM, 2013

Age (years)	Male	Female
Less than 1 Year	6.7	7.0
1-4 Years	25.1	12.3
5-14 Years	1.4	5.0
15-24 Years	106.6	71.9
25-34 Years	145.8	70.9
35-44 Years	88.1	79.7
45-54 Years	73.1	70.6
55-64 Years	41.5	47.8
65-74 Years	46.5	32.4
75-84 Years	26.9	29.5
85+ Years	8.4	32.9
Total*	68.4	51.7

In 2013, the rate of opioid poisoning related ED visits was higher among males between the ages of 15-44 compared to other male age-groups. For females, the rate of opioid poisoning related ED visits was higher among females between the ages of 15-54, compared to other female age-groups. Rates were considerably higher for males, compared to females, between the ages of 15-34.

*Age-Specific Rates (per 100,000 population) are crude rates.

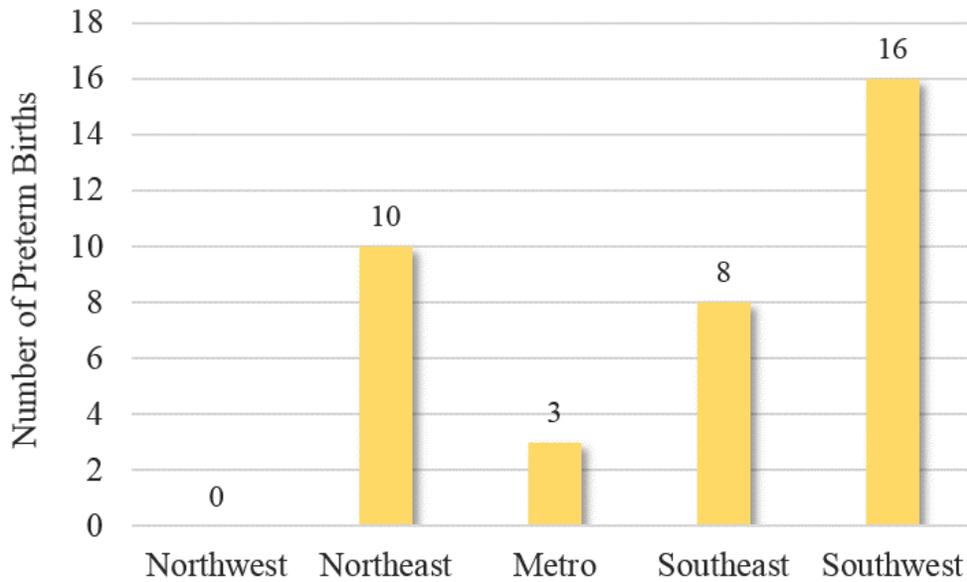


Maternal and Child Health

Preterm Births

Reducing Preterm births are of great importance in the reduction of the infant mortality rate (IMR) in New Mexico. Preterm Birth in the ED are of interest. The number of births in the ED varies greatly by county with rural counties having higher rates compared to urban/metro counties. The rural regions of the Southwest, Southeast and Northeast all had a significant number of preterm births in the ED.

Figure 18. Number of Preterm Births (< 37 Weeks) in the ED by Health Region, NM, 2013.



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