

Emergency Department Indicators

The following Emergency Department indicators are defined in this section:

1. Drug-Related Visits
 - a. Number of Drug-Related Visits
2. Benzodiazepine-Related Visits
 - a. Number of Benzodiazepine-Related Visits
3. Opioid-Related Visits
 - a. Number of Opioid-Related Visits
4. Non-Heroin Opioid-Related Visits (including prescription opioids and synthetic opioids)
 - a. Number of Non-heroin Opioid-Related Visits
5. Heroin-Related Visits
 - a. Number of Heroin-Related Visits
6. Stimulant-Related Visits
 - a. Number of Stimulant-Related Visits

Indicator group	Drug Related Visits												
Indicator names	a. Number of Drug Related Visits												
Indicator definition	All unintentional, self-harm, assault, or undetermined acute drug poisoning (sometimes called drug overdose) emergency department (ED) visits regardless of discharge status. ED visits related to subsequent encounters or sequelae, adverse effects, or underdosing are excluded. Drugs are defined as any medicine or substance that have a physiological effect when ingested, injected, or absorbed into the body. This indicator includes legal and illicit drugs and excludes poisonings due to alcohol alone.												
Numerator	ED visits with the following ICD-9-CM or ICD-10-CM codes in any diagnosis field: 960.0-979.9; E850.0-E858.9, E950.0-E950.5, E962.0, E980.0-E980.5; T36.0X1A-T50.94XD, excluding codes where the visit type (7 th) character is D or S and codes where the intent (5 th or 6 th) character is 5 or 6.												
Denominator	All ED visits with a discharge in the time period relevant to the measure (the past three months for quarterly, the twelve months for annually)												
Measures of Frequency	Annual count of ED visits; Quarterly count of ED visits												
Data Resource	Louisiana Hospital Association Emergency Department Data; purchased by LDH/OPH/BHI												
Period for case definition	Annual: calendar year (1 January – 31 December) based on date of discharge Quarter: 1 January – 31 March, 1 April – 30 June, 1 July – 30 September, 1 October – 31 December												
Geography/Demographic Group Variations													
Race	White			Black			Other			All Races		Age Groups	Total
Gender	M	F	Total	M	F	Total	M	F	Total	All Males	All Females		
Geography													
State	√	√	√	√	√	√	√	√	√	√	√	√	√
Region	√	√	√	√	√	√	√	√	√	√	√	√	√
Parish	√	√	√	√	√	√	√	√	√	√	√	√	√
Limitations of indicator	This indicator was specifically designed to capture acute drug poisonings, and therefore intentionally excludes secondary and sequelae-related ED visits that might better estimate the overall burden of drug poisonings on the hospital system. Searching all diagnosis codes for drug poisoning ICD-CM codes ensures the inclusion of all possible drug poisoning related ED visits, including those for which the drug poisoning was of secondary concern.												
Limitations of data resource	Not all EDs report data to LHA, making the dataset not completely representative of the population of Louisiana. Therefore, population-based rates cannot be calculated.												

Indicator group	Benzodiazepine-Related Visits												
Indicator names	a. Number of Benzodiazepine-Related Visits												
Indicator definition	All unintentional, self-harm, assault, or undetermined acute benzodiazepine poisoning (sometimes called benzodiazepine overdose) emergency department (ED) visits regardless of discharge status. ED visits related to subsequent encounters or sequelae, adverse effects, or underdosing are excluded. Benzodiazepines include anticonvulsants (e.g. clonazepam, etc.), anxiolytics (e.g. alprazolam, etc.), and sedative hypnotics (e.g. estazolam, etc.). This indicator includes legal and illicit drugs.												
Numerator	ED visits with the following ICD-9-CM or ICD-10-CM codes in any diagnosis field: 969.4; E853.2; T42.4X1A,T42.4X2A,T42.4X3A,T42.4X4A												
Denominator	All ED visits with a discharge in the time period relevant to the measure (the past three months for quarterly, the twelve months for annually)												
Measures of Frequency	Annual count of ED visits; Quarterly count of ED visits												
Data Resource	Louisiana Hospital Association Emergency Department Data; purchased by LDH/OPH/BHI												
Period for case definition	Annual: calendar year (1 January – 31 December) based on date of discharge Quarter: 1 January – 31 March, 1 April – 30 June, 1 July – 30 September, 1 October – 31 December												
Geography/Demographic Group Variations													
Race	White			Black			Other			All Races		Age Groups	Total
Gender	M	F	Total	M	F	Total	M	F	Total	All Males	All Females		
Geography													
State	√	√	√	√	√	√	√	√	√	√	√	√	√
Region	√	√	√	√	√	√	√	√	√	√	√	√	√
Parish	√	√	√	√	√	√	√	√	√	√	√	√	√
Limitations of indicator	This indicator was specifically designed to capture acute benzodiazepine poisonings, and therefore intentionally excludes secondary and sequelae-related ED visits that might better estimate the overall burden of benzodiazepine poisonings on the hospital system. Searching all diagnosis codes for benzodiazepine poisoning ICD-CM codes ensures the inclusion of all possible benzodiazepine poisoning related ED visits, including those for which the benzodiazepine poisoning was of secondary concern.												
Limitations of data resource	Not all EDs report data to LHA, making the dataset not completely representative of the population of Louisiana. Therefore, population-based rates cannot be calculated.												

Indicator group	Opioid-Related Visits												
Indicator names	a. Number of Opioid-Related Visits												
Indicator definition	All unintentional, self-harm, assault, or undetermined acute opioid poisoning (sometimes called opioid overdose) emergency department (ED) visits regardless of discharge status. ED visits related to subsequent encounters or sequelae, adverse effects, or underdosing are excluded. Opioids include natural and semi-synthetic opioids (e.g. codeine, morphine, oxycodone, hydrocodone, etc.), heroin, methadone, and other synthetic opioids (e.g. fentanyl, carfentanil, etc.). This indicator includes legal and illicit drugs.												
Numerator	ED visits with the following ICD-9-CM or ICD-10-CM codes in any diagnosis field: 965.00-965.09; E850.0-E850.2; T40.0X1A-T40.4X5A, T40.601A-T40.694A, excluding codes where the visit type (7 th) character is D or S and codes where the intent (5 th or 6 th) character is 5 or 6.												
Denominator	All ED visits with a discharge in the time period relevant to the measure (the past three months for quarterly, the twelve months for annually)												
Measures of Frequency	Annual count of ED visits; Quarterly count of ED visits												
Data Resource	Louisiana Hospital Association Emergency Department Data; purchased by LDH/OPH/BHI												
Period for case definition	Annual: calendar year (1 January – 31 December) based on date of discharge Quarter: 1 January – 31 March, 1 April – 30 June, 1 July – 30 September, 1 October – 31 December												
Geography/Demographic Group Variations													
Race	White			Black			Other			All Races		Age Groups	Total
Gender	M	F	Total	M	F	Total	M	F	Total	All Males	All Females		
Geography													
State	√	√	√	√	√	√	√	√	√	√	√	√	√
Region	√	√	√	√	√	√	√	√	√	√	√	√	√
Parish	√	√	√	√	√	√	√	√	√	√	√	√	√
Limitations of indicator	This indicator was specifically designed to capture acute opioid poisonings, and therefore intentionally excludes secondary and sequelae-related ED visits that might better estimate the overall burden of opioid poisonings on the hospital system. Searching all diagnosis codes for opioid poisoning ICD-CM codes ensures the inclusion of all possible opioid poisoning related ED visits, including those for which the opioid poisoning was of secondary concern.												
Limitations of data resource	Not all EDs report data to LHA, making the dataset not completely representative of the population of Louisiana. Therefore, population-based rates cannot be calculated.												

Indicator group	Non-heroin Opioid Visits												
Indicator names	a. Number of Non-heroin Opioid-Related Emergency Department Visits												
Indicator definition	All unintentional, self-harm, assault, or undetermined acute non-heroin opioid poisoning (sometimes called non-heroin opioid overdose) emergency department (ED) visits regardless of discharge status. ED visits related to subsequent encounters or sequelae, adverse effects, or underdosing are excluded. Non-heroin include natural and semi-synthetic opioids (e.g. codeine, morphine, oxycodone, hydrocodone, etc.), methadone, and other synthetic opioids (e.g. fentanyl, carfentanil, etc.). This indicator includes legal and illicit drugs.												
Numerator	ED visits with the following ICD-9-CM or ICD-10-CM codes in any diagnosis field: 965.00, 965.02, 965.09; E850.0, E850.2; T40.0X1A-T40.0X4A, T40.2X1A-T40.4X4A, T40.601A-T40.694A, excluding codes where the visit type (7 th) character is D or S and codes where the intent (5 th or 6 th) character is 5 or 6.												
Denominator	All ED visits with a discharge in the time period relevant to the measure (the past three months for quarterly, the twelve months for annually)												
Measures of Frequency	Annual count of ED visits; Quarterly count of ED visits												
Data Resource	Louisiana Hospital Association Emergency Department Data; purchased by LDH/OPH/BHI												
Period for case definition	Annual: calendar year (1 January – 31 December) based on date of discharge Quarter: 1 January – 31 March, 1 April – 30 June, 1 July – 30 September, 1 October – 31 December												
Geography/Demographic Group Variations													
Race	White			Black			Other			All Races		Age Groups	Total
Gender	M	F	Total	M	F	Total	M	F	Total	All Males	All Females		
Geography													
State	√	√	√	√	√	√	√	√	√	√	√	√	√
Region	√	√	√	√	√	√	√	√	√	√	√	√	√
Parish	√	√	√	√	√	√	√	√	√	√	√	√	√
Limitations of indicator	This indicator was specifically designed to capture acute non-heroin opioid poisonings, and therefore intentionally excludes secondary and sequelae-related ED visits that might better estimate the overall burden of non-heroin opioid poisonings on the hospital system. Searching all diagnosis codes for non-heroin opioid poisoning ICD-CM codes ensures the inclusion of all possible non-heroin opioid poisoning related ED visits, including those for which the non-heroin opioid poisoning was of secondary concern.												
Limitations of data resource	Not all EDs report data to LHA, making the dataset not completely representative of the population of Louisiana. Therefore, population-based rates cannot be calculated.												

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Indicator group	Heroin-Related Visits												
Indicator names	a. Number of Heroin-Related Emergency Department Visits												
Indicator definition	All unintentional, self-harm, assault, or undetermined acute heroin opioid poisoning (sometimes called heroin opioid overdose) emergency department (ED) visits regardless of discharge status. ED visits related to subsequent encounters or sequelae, adverse effects, or underdosing are excluded. Heroin is an illicit drug.												
Numerator	ED visits with the following ICD-9-CM or ICD-10-CM codes in any diagnosis field: 965.01; E850.1; T40.1X1A, T40.1X2A, T40.1X3A, T40.1X4A												
Denominator	All ED visits with a discharge in the time period relevant to the measure (the past three months for quarterly, the twelve months for annually)												
Measures of Frequency	Annual count of ED visits; Quarterly count of ED visits												
Data Resource	Louisiana Hospital Association Emergency Department Data; purchased by LDH/OPH/BHI												
Period for case definition	Annual: calendar year (1 January – 31 December) based on date of discharge Quarter: 1 January – 31 March, 1 April – 30 June, 1 July – 30 September, 1 October – 31 December												
Geography/Demographic Group Variations													
Race	White			Black			Other			All Races		Age Groups	Total
Gender	M	F	Total	M	F	Total	M	F	Total	All Males	All Females		
Geography													
State	√	√	√	√	√	√	√	√	√	√	√	√	√
Region	√	√	√	√	√	√	√	√	√	√	√	√	√
Parish	√	√	√	√	√	√	√	√	√	√	√	√	√
Limitations of indicator	This indicator was specifically designed to capture acute heroin poisonings, and therefore intentionally excludes secondary and sequelae-related ED visits that might better estimate the overall burden of heroin poisonings on the hospital system. Searching all diagnosis codes for heroin poisoning ICD-CM codes ensures the inclusion of all possible heroin poisoning related ED visits, including those for which the heroin poisoning was of secondary concern.												
Limitations of data resource	Not all EDs report data to LHA, making the dataset not completely representative of the population of Louisiana. Therefore, population-based rates cannot be calculated.												

Indicator group	Stimulant-Related Visits												
Indicator names	a. Number of Stimulant-Related Visits												
Indicator definition	All unintentional, self-harm, assault, or undetermined acute stimulant poisoning (sometimes called stimulant overdose) emergency department (ED) visits regardless of discharge status. ED visits related to subsequent encounters or sequelae, adverse effects, or underdosing are excluded. Stimulants include psychostimulants with abuse potential (including amphetamines and methamphetamine) and cocaine. This indicator includes legal and illicit drugs.												
Numerator	ED visits with the following ICD-9-CM or ICD-10-CM codes in any diagnosis field: 970.81,969.70-969.79; E854.2, E854.3; T40.5X1A-T40.5X4A, T43.601A-T43.694A, excluding codes where the visit type (7 th) character is D or S and codes where the intent (5 th or 6 th) character is 5 or 6.												
Denominator	All ED visits with a discharge in the time period relevant to the measure (the past three months for quarterly, the twelve months for annually)												
Measures of Frequency	Annual count of ED visits; Quarterly count of ED visits												
Data Resource	Louisiana Hospital Association Emergency Department Data; purchased by LDH/OPH/BHI												
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Gender	M	F	Total	M	F	Total	M	F	Total	All Males	All Females		
Geography													
State	√	√	√	√	√	√	√	√	√	√	√	√	√
Region	√	√	√	√	√	√	√	√	√	√	√	√	√
Parish	√	√	√	√	√	√	√	√	√	√	√	√	√
Limitations of indicator	This indicator was specifically designed to capture acute stimulant poisonings, and therefore intentionally excludes secondary and sequelae-related ED visits that might better estimate the overall burden of stimulant poisonings on the hospital system. Searching all diagnosis codes for stimulant poisoning ICD-CM codes ensures the inclusion of all possible stimulant poisoning related ED visits, including those for which the stimulant poisoning was of secondary concern.												
Limitations of data resource	Not all EDs report data to LHA, making the dataset not completely representative of the population of Louisiana. Therefore, population-based rates cannot be calculated.												