

## Injury Hospitalization iDOT Tool

### Case Definition

The following is the criteria which was used to identify the injury hospitalization cases that are captured in the injury hospitalization iDOT tool. The case definition is based on the case ascertainment collectively developed by the BC Injury Surveillance Methodology Working Group.

1. The cases presented are hospital separations and include direct transfers from one hospital to another. Caution should be used in interpreting these numbers as patients may have multiple hospital separations. Some patients may incur multiple transfers to hospitals based on the treatments required, other patients may also be transferred to various trauma centres based on their injuries. Future iDOT updates will attempt to take direct transfers into account.
2. A diagnosis of injury is not always provided in a discharge abstract when an external cause of injury is recorded. Moreover, an external cause of injury code is not always provided when a diagnosis of injury code is coded in the discharge abstract record. **Both** an external cause of injury ICD-10 code along with a diagnosis of injury code ICD-10 code (S & T codes) were present in the discharge record before the record was included in case ascertainment.
3. A diagnosis type is used to differentiate “significant” conditions that have an effect on the care provided, the patient’s length of stay and resources used during a patient’s hospital stay, from those that do not influence hospitalization. Secondary diagnosis (type 3) was **excluded** from case ascertainment. All significant diagnosis types - most responsible diagnosis (type M), proxy most responsible diagnosis (type 6), pre-admission comorbid conditions (type 1), post-admission comorbid conditions (type 2) and service transfer diagnoses (types W, X and Y) – were included in case ascertainment.
4. Complications due to medical and surgical care are considered an external cause of injury (ICD-10 codes: Y40-Y84). However, trauma registries and surveillance of injuries for public health purposes generally exclude these events. Complications due to medical and surgical care were **excluded** from case ascertainment.
5. Sequelae are used to indicate late effects of injuries, which are themselves classified elsewhere. The "sequelae" include those specified as such, or as late effects, and those present one year or more after the acute injury. Hospitalizations involving injury **exclude** sequelae. It does not represent current injury, and the information is not captured that well.
6. A record can contain multiple external cause of injury ICD10-CA codes. Each hospital discharge rather than each listed external cause of injury will be counted and reported. The **first** listed external cause of injury ICD-10-CA code will be selected to represent the external cause of the injury-related hospitalization. The first listed code is the most appropriate to describe the cause of injury.
7. Multiple ICD-10 injuries diagnoses codes per hospitalization are captured. The current type of injury and body part injured presented in iDOT is for the hospitalization of the main type and body part injured. Future iDOT updates will attempt to provide all diagnoses. Caution should be used in interpreting the type of injuries.