

MICHIGAN NONFATAL DRUG POISONING (OVERDOSE) EMERGENCY DEPARTMENT VISITS

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Abstract

The Michigan Environmental Public Health Tracking Program (MiTracking) has created a dataset that contains emergency department visit records for Michigan residents who have experienced a nonfatal drug poisoning (any diagnosis of T36-T50 using ICD-10-CM). The data was aggregated and stratified by county of residence, discharge year, age group, race/ethnicity, and sex. Note: drug poisoning is often referred to as drug overdose.

The dataset was processed using data from both the Michigan Outpatient and Michigan Inpatient Databases supplied from the Michigan Health and Hospital Association (MHA).

This dataset is updated annually.

It is recommended that all users read and fully comprehend metadata prior to data use. To access these data, please visit the MiTracking data portal.

Purpose

MiTracking developed this dataset to provide public health professionals, researchers, and the public with summary information on the number, characteristics, and distribution of nonfatal drug overdose emergency department visits among Michigan residents. The data include nonfatal drug overdose emergency department visit measures for:

- (1) Number of emergency department visits due to a nonfatal drug poisoning.
- (2) Crude rate of emergency department visits for nonfatal drug poisonings per 100,000 population.
- (3) Age-adjusted rate of emergency department visits for nonfatal drug poisonings per 100,000 population.

Supplemental Information

These emergency department visit data are provided by the MHA to the Michigan Department of Health and Human Services (MDHHS) through a contractual agreement. The MHA annually collects data for the Michigan Outpatient Database (MODB) and the Michigan Inpatient Database (MIDB) from patient discharge records supplied by Michigan hospitals and hospitals from several other states such as Ohio, Indiana, Wisconsin, and Illinois where Michigan residents were treated and discharged from their facility.

Data provided by the hospitals was reviewed and reconciled by the MHA to ensure its validity. The data was further reviewed by staff in the MDHHS Division of Environmental Health (DEH) and concerns were reported to the MHA for verification or hospital revision.

While hospitals submit patient address to the MHA, they do not report patient county of residence. In addition, the MHA does not provide patient address to MDHHS. The MHA has geocoded the address of residence for each record within the MODB and MIDB (beginning with the 2016 dataset). The patient's county of residence was based on the census tract of residence, if available. If the patient's address could not be successfully geocoded, the county of residence was based on the patient's reported zip code. When a zip code falls into two or more counties, the MHA assigned the record to the county that contains the largest proportion of the zip code area. It is estimated that this affects less than 0.5% of the MODB records. Emergency department visits of Michigan residents with an unknown county of residence were included in the total statewide count.

Data for non-Michigan residents and data from federal facilities (such as Veterans Affairs or Indian Health Service hospitals) and non-acute care facilities (such as long-term acute care, cancer treatment, addiction treatment, psychiatric, orthopedic, and rehabilitation hospitals) were excluded.

Records were excluded if the patient died before discharge.

Data has been de-identified to protect patient confidentiality.

Because the MODB emergency department (ED) data only include patients who are treated and released from the ED, patients who visit the ED and are admitted for inpatient treatment were obtained from the MIDB. This provides a complete count of individuals treated in emergency departments, regardless of disposition. Please see the Hospitalizations metadata for information on the MIDB.

Keywords

Overdose; nonfatal overdoses; overdose emergency department visits; drug overdose; nonfatal drug overdose; nonfatal drug overdose emergency department visits; drug poisoning; drug poisoning emergency department visits; nonfatal drug poisoning

Bounding Coordinates

Geographically, all cases in this dataset are for residents of the State of Michigan. This means that all were residents within the latitude/longitude coordinates listed below.

West Bounding Coordinate: -90.41813399999995

East Bounding Coordinate: -82.41839400000006

North Bounding Coordinate: 48.18953400000002

South Bounding Coordinate: 41.69608800000003

Other Information on Data

Level of Geographic Detail: State and County, City of Detroit

Currentness Reference (when data were last updated): 5/26/2022

Frequency at which the data are updated: Annually

Data Status: Complete

Completeness Report

These data include information on Michigan residents that were discharged from an emergency department, either free-standing or from within a non-federal acute care hospital, by year of discharge. These data do not include emergency department visits at Veteran Affairs, Indian Health Service, other federal facilities, or non-acute care hospitals.

Data submission to the MODB and the MIDB is voluntary, therefore hospital participation may vary from year to year. Numbers and rates are suppressed for counties if hospitals comprising more than 20% of licensed hospital beds for that county did not report emergency department data for any given year.

Emergency department discharge data with an unknown or missing value of county of residence, sex, age, race, or ethnicity were excluded from the corresponding category, but included in the total. Therefore, the sum of emergency department visits within each category may be less than the total.

Data Processing Description

Data Sources: The dataset was created from the Michigan Outpatient Database and the Michigan Inpatient Database.

Inclusion Criteria: All emergency department visits of Michigan residents, including visits treated and released from the emergency department and visits that originated in the emergency department and were subsequently admitted for inpatient care, with an ICD-10-CM diagnostic code of T36-T50 recorded as the principal or a secondary diagnosis were included. Overdoses of all intents (accidental or unintentional, intentional self-harm, assault, and undetermined intent) were included. Adverse effects, underdosing, subsequent and sequela visits, visits in which the patient died before discharge, and visits by out-of-state residents were excluded.

Data Calculations:

- Counts of emergency department visits were aggregated by year of discharge, county of residence, sex, race/ethnicity, and age group (groups: 0-14, 15-24, 25-34, 35-44, 45-54, 55-64, and 65+).

- To calculate crude and age-adjusted rates, bridged-race population denominators were obtained from the National Center for Health Statistics.
- Direct age-standardization using the 2000 Standard United States Population as the reference population was used to calculate age-adjusted rates.
- Crude and age-adjusted rates are presented per 100,000 population per year.
- Data management and all analyses were performed using SAS 9.4 and RStudio version 1.4.1106.

Access Constraints

There are no access constraints for data available through the Michigan Environmental Public Health Tracking Program public portal. Where applicable, restricted data will only be released to users after a written request detailing the purpose of the request, intended use for the data, and specifics on the security and privacy measures to be taken to safeguard patient privacy and prevent unauthorized access to or use of the data. Such requests are reviewed and approved by the MHA. Contact the MHA at datakoala@mha.org for more information.

Use Constraints

It is recommended that all users read and fully comprehend the metadata prior to data use. Efforts have been made to ensure the accuracy of the data. These data are supplied by the MHA to MDHHS Division for Vital Records and Health Statistics (DVRHS) for submission to the Michigan Environmental Public Health Tracking Program for the purposes of compiling, integrating, and disseminating environmental hazard, exposure, and health effects data. MDHHS specifically disclaims responsibility for any analyses, interpretations, or conclusions made by those who access this information.

These data remain the property of the MHA, cannot be used for commercial purposes, and shall not be used to engage in any method, act, or practice which constitutes the solicitation or advertisement of goods, services, or real estate to Michigan consumers.

Data users are prohibited from attempting to learn the identity of any person included in the data and from linking these data with any other data for the purpose of matching records to identify individuals or entities (such as hospitals).

Usage rights: Portions of these data are taken from a proprietary database owned and maintained by the MHA. All rights reserved. These data may not be used for commercial purposes without first obtaining written permission from the MHA. Contact the MHA at datakoala@mha.org for more information.

Data Limitations

Emergency department data, by definition, do not include individuals who do not receive medical care at the emergency department. These data also do not include individuals who are admitted to the hospital without first visiting the emergency department.

Differences in rates by area may be due to different socio-demographic characteristics and associated behaviors. When comparing rates across geographic areas, a variety of non-environmental factors, such as access to medical care, can impact the likelihood of persons visiting the emergency department for drug poisoning.

Differences in rates over time or by area may reflect real changes, changes in diagnostic techniques and practices, or a combination of factors. Rates at the state and/or county level will not show the true drug overdose burden at a more local level (e.g., neighborhood) and are not geographically resolved enough to be linked with many types of environmental data. Data aggregated at the county level are based on the patient's county of residence, not necessarily where the overdose occurred or was treated.

Because cases are included if they have any diagnosis of drug poisoning, this cause will sometimes not be the primary reason for their emergency department visit or hospitalization. In addition, some hospitals may assign a code of drug poisoning even in cases where the patient is simply exhibiting the effects of drug intoxication while not actually experiencing an overdose. The degree to which this occurs is unknown.

Data Suppression

The Michigan Environmental Public Health Tracking Program and its data partners have applied appropriate cell suppression rules imposed by the data providers and/or using guidance from the CDC. Even at the county level it can be expected that the measures generated will often be based upon numbers too small to report or present without violating state and federal privacy guidelines and regulations.

Staff have adhered to the cell suppression rules by suppressing all counts greater than 0 and less than 6 (the corresponding rates based on these small counts have also been suppressed). [Complementary \(or secondary\) suppression](#) of other counts and rates has also been completed to prevent any back calculation of primary-suppressed cells.

Data submission to the MODB and the MIDB is voluntary, therefore hospital participation may vary from year to year. Numbers and rates are suppressed for counties if hospitals comprising more than 20% of licensed hospital beds for that county did not report emergency department data for any given year.

Not all data submitted to the MODB and the MIDB contain the type of drug involved in the overdose. Numbers and rates are suppressed for counties where the percentage of unspecified drug type was greater than 20%.

Security Handling Description

If data are distributed, the use constraints specified in this metadata apply to all recipients of the data.

Distribution Liability

The Michigan Environmental Public Health Tracking Program is maintained, managed, and operated by the DEH within MDHHS. In preparation of these data, every effort has been made to offer the most current, correct, complete, and clearly expressed information possible. Nevertheless, some errors in the data may exist. MDHHS disclaims any responsibility for source data, compilation and typographical errors and accuracy of the information that may be contained in these data.

These data do not represent the official legal version of source documents or data used to compile these data. MDHHS further reserves the right to make changes to these data at any time without notice.

It is strongly recommended that careful attention be paid to the contents of the metadata file associated with these data to evaluate dataset limitations, restrictions, or intended uses. MDHHS shall not be held liable for improper or incorrect use of the data described and/or contained herein.

MDHHS makes no warranties or representations whatsoever regarding the quality, content, condition, functionality, performance, completeness, accuracy, compilation, fitness, or adequacy of the data. By using the data, you assume all risk associated with the acquisition, use, management, and disposition of data in your information system, including any risks to your computers, software, or data being damaged by any virus, software, or any other file that might be transmitted or activated during the data exchange of these data.

MDHHS shall not be liable, without limitations, for any direct, indirect, special, incidental, compensatory, or consequential damages, or third-party claims, resulting from the use or misuse of the acquired data, even if MDHHS has been advised of the possibility of such potential damages or loss. Format compatibility is the user's responsibility.

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MDHHS, or the data owners and shall not be used for advertising or product endorsement purposes.

Use of the data with other data shall not terminate, void, or otherwise contradict this statement of liability.

The sale or resale of the data, or any portions thereof, is prohibited unless with the express written permission of MDHHS and the MHA. Portions of these data are taken from a proprietary database owned and maintained by the MHA. All rights reserved. These data may not be used for commercial purposes without first obtaining written permission from the MHA.

If errors or otherwise inappropriate information is brought to our attention, a reasonable effort will be made to fix or remove it. Such concerns should be addressed to the Michigan Environmental Public Health Tracking Program via email or telephone (see Contact Information below).

Custom Order Process

For more information or access to unrestricted or public use Michigan-specific data, please contact the MHA at datakoala@mha.org for more information.

Contact Information

Michigan Department of Health and Human Services
Division of Environmental Health - MiTracking
P.O. Box 30037
Lansing, MI 48909
PHONE: 800-648-6942

MiTracking Email:

MDHHS-MiTracking@michigan.gov

Michigan Overdose Data to Action (MODA) Email:

MDHHS-MODASurveillance@michigan.gov

