



EpiCenter - California Injury Data Online

EpiCenter is an injury data website launched in 2002 by the California Department of Public Health's (CDPH) Safe and Active Communities Branch. Redesigned in 2011 to provide information from additional data sources, EpiCenter provides data on all serious injuries in California. The core injury queries use the Office of Statewide Health Planning and Development's (OSHPD) Hospital and Emergency Department (ED) discharge data and the CDPH's Death Statistical Master data, that are produced yearly. EpiCenter includes seven different user-friendly query systems that allow users to generate state injury numbers and crude rates and produce their own data tables.

EpiCenter also provides more detailed data on selected conditions and injuries, such as traumatic brain injury (TBI), motor vehicle crashes, violent deaths, and alcohol and other drug (AOD) health consequences, using multiple data sources. TBI data are based on OSHPD hospital and ED data. The motor vehicle data are generated from linked medical and crash data sources. The violent death data represent a combination of death certificates and coroners and police reports from selected counties. The AOD data include death, hospital and ED data.

For the convenience of its users, EpiCenter also includes a special query system for California's population based on California Department of Finance census estimates. It allows easy queries on how many people live in California, broken down by year, county, age, sex, and race/ethnicity. For example, you can pick a year, county and age to immediately get the population count by age group. For example, did the number of Hispanic males in Ventura County age 65 plus go up between 2009 and 2014? (Answer: the count went from 7,639 to 9,749.) To use EpiCenter, go to: <http://epicenter.cdph.ca.gov/>.

- Examples of injuries:
- Falls
 - Poisoning (drug overdoses)
 - Motor Vehicle
 - Bike/Pedestrian
 - Self-inflicted/Suicides
 - Assaults/Homicides
 - Gunshot wounds
 - Traumatic brain injuries
 - Suffocation
 - Burns/fires
 - Heat waves
- Also added:
- Alcohol/drug health consequences
 - Population data

Below is an example of output from the Injury Data Summaries query on EpiCenter:

Five Leading Injury Causes of Non-fatal Emergency Department Visits (treat & release, or transfer to another facility) in California, All Ages, 2011

Rank	Cause Of Injury	Number	Population	Rate
1	Unintentional - Fall	698,043	37,570,307	1,858.0
2	Unintentional - Struck by Object	291,416	37,570,307	775.7
3	Unintentional - Overexertion	179,976	37,570,307	479.0
4	Unintentional – Motor Vehicle, Occupant	173,098	37,570,307	460.7
5	Unintentional - Cut/Pierce	164,682	37,570,307	438.3

Source: OSHPD Emergency Department Data, 2011
Article prepared by: California Department of Public Health, Safe and Active Communities Branch
Rates are calculated per 100,000 population

Home Health Based Hospice

The Patient Data Section at OSHPD recently received a question regarding the correct Disposition code to use when a patient is discharged home with home health based hospice. The correct code to use depends on whether the patient was an inpatient or outpatient.

For Inpatient reporting, the correct code is **12 - Home Health Service. A patient referred to a licensed home health service program.** This category includes patients discharged home with home health services and may include hospice care.

For Emergency Department and Ambulatory Surgery reporting, the correct code is **50 - Discharged home with hospice care.** There is no code that combines home health services with hospice care.

Additional information and helpful examples are available in the [Data Reporting Manuals](#).

New Edits

To continue to provide quality data, the new Inpatient edits below have been introduced and are effective for the reporting period of July – December 2013. You may view detailed information in the [Inpatient Edit Description Guide](#).

NEW COMPARATIVE EDITS

C049 & C050 (Principal Language Spoken)
 CW07 (Other External Causes)
 CW08 (ZIP Codes)
 CW09 (Source of Admission)
 CW10 (Social Security Number)

NEW STANDARD EDIT

S139 (Charge per Day)

The new Emergency Department and Ambulatory Surgery edits below have been introduced effective for the reporting period of October – December 2013. You may view detailed information in the [ED/AS Edit Description Guide](#).

NEW COMPARATIVE EDITS

C049 & C050 (Principal Language Spoken)
 C053 (Expected Source of Payment)
 CW10 (Social Security Number)

Enhanced Facility Summary Reports

An enhanced version of the Facility Summary Reports (formerly referred to as Profile Reports) is now available. The Inpatient reports are available from 1996 to current. The ED and AS reports are available from 2005 to current.

The enhanced reports:

- contain annual, summarized view of IP, ED, or AS patient level data
- can be exported to Excel
- are generated on demand

Directions for accessing, generating, and exporting the reports are located on the [Summary Reports](#) page.



Dear MIRCAl

Dear MIRCAl: We received Affordable Care Act/Covered California patients this report period. How should we report the Expected Source of Payment (ESOP) to MIRCAl?

A: The Affordable Care Act/Covered California should be reported in accordance with the IP and ED/AS Expected Source of Payment guidelines. Covered California is a health coverage marketplace, which includes a choice of multiple insurers, and is not responsible for the patient's bill. "Other Payer" should not be used to report patients covered by an insurance plan obtained through Covered California.

Please contact your assigned analyst at OSHPD if you have additional questions.

ICD-10 Regulations Update

The ICD-10 update to regulations has been submitted to the Office of Administrative Law (OAL) for the required 30 working-day review. This review will conclude by April 3, 2014. Please check our [Law and Regulations](#) page for the text of the proposed regulations and continued updates. A Final Statement of Reasons will be posted following OAL approval.