Injury and Violence Prevention Program (IVPP) Data Glossary

This is an overview of data that the Injury & Violence Prevention Program uses. Please contact us at IVPP.General@odhsoha.oregon.gov. We will connect you with the person who can best answer your specific questions.

Medication Prescribing

Prescription Drug Monitoring Program (PDMP)

Pharmacies report prescriptions filled for drugs (Schedule II-IV and other controlled substances) such as pain or anxiety medications to an electronic database known as the PDMP. Providers can access their patients' prescription history (regardless of which health system is involved) so they can collaborate with other prescribers to reduce the risk of dangerous drug combinations. Information available through the PDMP includes prescriber and pharmacy identifiers, drug information, patient identifiers, and some patient demographics (i.e., age and sex).

Emergency Medical Services (EMS)

Oregon EMS Information System (OR-EMSIS)

Licensed transporting EMS and EMS/Fire agencies are required to report pre-hospital care information for patients. For example, on a call to a transportation-related accident, information such as location, time of day, seat belt use and helmet use can be collected. This information is available by state and county. It has been available since 2016 and takes three months to become available.

Urgent Care Centers, Emergency Department and Hospital Stays

Health care information is available from two sources:

- ESSENCE data (emergency department and urgent care centers visits)
- Administrative discharge data (emergency department visits and hospital stays)

ESSENCE: Electronic Surveillance System for the Early Notification of Community-Based Epidemics

Emergency departments and participating urgent care centers in Oregon share de-identified information on visits to monitor health-related activity, such as suicide attempts and non-fatal overdose. This information is shared with OHA several times a day so that public health officials can alert staff if a higher-than-expected number of visits occur. Statewide information has been available since 2018. A suicide-related events report and overdose report are published monthly. Approved local public health ESSENCE users can get data daily for their counties.

Administrative Discharge Data: Oregon Association of Hospitals and Health Systems

Discharge data include hospital and emergency department (ED) information. Hospitals and EDs report data to OAHHS on visits and stays **when** there is a charge for services. This information includes diagnosis(es), medical care received, primary payors for the charges, disposition at discharge and demographic information (e.g., age, sex, race, and ethnicity). Data quality is good for reliable and consistent injury reporting by use of external cause of injury codes (provided by medical coders) hence why there is a lag in receiving administrative discharge data. Hospital and ED discharge data **do not** overlap. If a patient goes to an ED first and then is admitted to the hospital, their information will appear in the hospital discharge data only.

Hospital discharge data include information for hospital visits that were at least 24 hours long. This information **does not** include outpatient and ED visits. This information has been available since 2000. The diagnoses classifications changed in October 2015, so information after this cannot be compared directly to data from earlier years. It takes four to six months for data to become available after the last day of the quarter. For example, information about discharges in June 2022 would be available between October 2022 and December 2022.

Emergency Department discharge data include information for ED admissions. This information has been available since 2018. As with the hospital discharge data it takes four to six months for data to become available. For example, information about discharges in June 2022 would be available between October 2022 and December 2022.

What's the difference between ESSENCE and administrative discharge data?

ESSENCE data describe ED and urgent care visits (with or without charges for service) but **do not** include information on hospital stays. Discharge data describe ED visits and hospital stays (only when there is a charge for services) but **do not** include information on urgent care center visits.

Both ESSENCE and discharge data have ED visit information, but the number of visits reported in ESSENCE will not match the number of visits reported in discharge data since each of these sources collect and report data differently. This means that the number of ED visits from discharge data cannot be compared to ESSENCE data.

Instead compare each source to itself over time*, "What was the number of ED visits for traumatic brain injuries from discharge data in 2017 compared to number from discharge data in 2018?"* Both sources can be used to describe general trends, "*Both ESSENCE and discharge data show an increase in the number of ED visits for traumatic brain injuries over the last six months."*

Death/Mortality

Death data are available from three sources:

- Center for Health Statistics
- Oregon Violent Death Reporting System
- State Unintentional Drug Overdose Reporting System

Center for Health Statistics (CHS)

Death certificates are registered with CHS. Death certificates are completed and signed by a physician, physician assistant, nurse practitioner, or medical examiner. The data are reported in two ways: "resident deaths," which include the deaths of all Oregon residents, even if the death happened out of state; and "occurrence deaths," which include all deaths that happened in the state, including those who died here but were not Oregon residents. Information is available by state, county, age, race, ethnicity, and sex. Oregon began statewide registration of deaths in 1903. This preliminary information is updated monthly. This information is finalized 10 to 11 months after the calendar year. For example, data from 2021 will be finalized by November 2022.

Oregon Violent Death Reporting System (ORVDRS)
ORVDRS staff gather, review, and link data from death certificates, medical examiner reports, law enforcement reports, and lab (toxicology) reports. Complex, national guidelines are used to translate this data into information that provides a more complete picture of violent deaths. Violent deaths include suicides, homicides, deaths of undetermined intent, legal interventions, and unintentional firearm injury deaths. As a result, questions like the following can be answered: "*Was this random violence? Was the victim a bystander? Did the victim use a weapon? Was this a hate crime? Was there drug involvement?* Because information comes from several sources, it takes longer than other death data to become available. Demographic information such as age, sex, race, and ethnicity is available. This information has been available since 2003 and is updated yearly. The data take about 16 months to become available. For example, data from 2021 will be available after April 2023.

The State Unintentional Drug Overdose Reporting System (SUDORS)
SUDORS staff gather, review, and link data from death certificates, medical examiner reports, and lab (toxicology) reports. Complex rules are used to translate this data into information that provides a more complete picture of each overdose death. As a result, questions like the following can be answered: *"How many overdose deaths involved more than one substance, happened in front of a bystander, or involved people with a history of substance misuse/treatment?"* Because information is taken from several sources, it takes longer than other overdose death data to become available. Demographic information such as age, sex, race, and ethnicity is available. This information has been available since July 2019 and has been updated yearly. The data take eight months to become available. For example, information on overdose deaths from July to December 2022 will be available after August 2023.

What's the difference between CHS, ORDVRS, and SUDORS data?

The number and rates of deaths from these three sources will be different from one another because data are collected and defined differently. Each of these sources have strengths and one is not "better" than the others. Which data are used needs to be based on what questions are to be answered. For example, if **descriptions** about deaths are needed, ORVDRS and SUDORS data should be used. If the data are needed **as soon as possible**, then preliminary CHS data may be more helpful.

The most important thing is to **not** compare data from one source to another. Instead, compare each source to itself over time*, "How many suicides occurred in 2017 compared to 2018 based on CHS data?"* You **can** use multiple sources of information to describe **general** trends, *"Both CHS data and ORVDRS data show an increase in the number of suicides between 2017 and 2018."*

Questions? Please contact us at IVPP.General@odhsoha.oregon.gov. We will connect you with the person who can best answer your specific questions.