

Analysis Of Motor Vehicle Related Injuries In Illinois In 1997: Using Illinois Hospital Discharge Data

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Biography:

Mehdi Nassirpour is the Chief of Research and Evaluation Unit, Division of Traffic Safety at the Illinois Department of Transportation. He received his Ph.D. in Demography from the University of Illinois at Urbana-Champaign. Mehdi's professional work experience in research and analysis includes over 13 years in academic and non-academic settings. He has presented several papers at national and international conferences and has published several articles and reports in the field of health services research concentrated on Medicare and Medicaid using large administrative databases. For the last eight years, he has been involved in several traffic safety studies.

Abstract:

The purpose of this report is to provide data and information on traffic related injury cases discharged from Illinois hospitals in 1997, using the 1997 hospital discharge data (UB-92 database). Specifically, the report contains data and information on number of discharges, average charges, average length of stay, primary injuries, types of crash controlling for demographics (age and gender), expected payment source and discharge status.

The Illinois Health Care Cost Containment Council (IHCCCC) maintains data on patients discharged from Illinois hospitals which includes information about the hospitals, the patients, expected payment source and various categories of diagnoses and procedures. In addition, hospitals are encouraged to report E-codes (external causes of injuries and poisonings) which indicate the reason patients were admitted to hospitals. These E-codes were used to identify persons who were admitted to the hospital as a result of some form of traffic crash. There were 6,562 injury-related discharges from Illinois hospitals in 1997 for which E-codes were submitted. Over 72 percent of total injuries were occupants of motor vehicles; 6.5 percent were motorcyclists; 2.5 percent were pedal cyclists; 18.3 percent were pedestrians; and 0.6 percent were not specified. Overall mean charge for a traffic injury was \$25,276. About 49 percent of the hospital charges

were covered under private commercial insurance, 19.1 percent covered by Medicaid and Medicare, and 32.1 percent covered by the patients. Despite limitations, the data are useful for describing trends in inpatient hospitalization for traffic related injuries, serving as an epidemiological surveillance tool, and estimating costs associated with injuries. Results and policy implications are discussed.