Bureau of Health Informatics



Inpatient Hospital Visits

The following health care utilization indicators are defined in this section:

- I. Inpatient visits related to drug poisoning
 - 1. Drug-Related Visits
 - a. Number of Drug-Related Visits
 - b. Proportion of Visits Related to Drugs
 - 2. Opioid-Related Visits
 - a. Number of Opioid-Related Visits
 - b. Proportion of Visits Related to Opioids
 - 3. Non-Heroin Opioid-Related Visits
 - a. Number of Non-heroin Opioid-Related Visits
 - b. Proportion of Visits Related to Non-heroin Opioids
 - 4. Heroin-Related Visits
 - a. Number of Heroin-Related Visits
 - b. Proportion of Visits Related to Heroin
- II. Inpatient visits related to neonates/infants and maternal drug use
 - 1. Neonatal Abstinence Syndrome
 - a. Number of Neonatal Abstinence Syndrome Visits
 - b. Proportion of Visits related to Neonatal Abstinence Syndrome
 - 2. Substance Exposed Infants
 - a. Number of Substance Exposed Infant Visits
 - b. Proportion of Visits related to Substance Exposed Infants





Indicator gr	0110		Drug P	alato	4 Mici	+c								
			Drug-Related Visits a. Number of Drug-Related Inpatient Visits											
Indicator na	mes		b. Proportion of Inpatient Visits Related to Drugs											
	c.		•											
Indicator de	etiniti	on	All unintentional, self-harm, assault, or undetermined acute drug poisoning (sometimes called drug overdose) inpatient hospitalizations regardless of discharge status. Inpatient hospitalizations related to subsequent encounters or sequelae, adverse effects, or underdosing are excluded. Drugs are defined as any medicine or substance that have a physiological effect when ingested,										of nters or ed as	
			injected, or absorbed into the body. This indicator includes legal and illicit dand excludes poisonings due to alcohol alone.									-		
Numerator			Inpatient hospitalizations with the following ICD-9-CM or ICD-10-CM codes in any diagnosis field:											
			960.0-979.9; E850.0-E858.9, E950.0-E950.5, E962.0, E980.0-E980.5;											
			T36.0X1A-T50.94XD, excluding codes where the visit type (7 th) character is D or S and codes where the intent (5 th or 6 th) character is 5 or 6.											
Denominato	or		All inpatient hospitalizations with a discharge in the time period relevant to the measure (the past three months for quarterly, the twelve months for annually)											
Measures of Frequency	f		Annual count of inpatient hospitalizations; Annual proportion of inpatient hospitalizations; Quarterly count of inpatient hospitalizations; Quarterly proportion of inpatient hospitalizations											
Data Resou	rce		Louisiana Hospital Inpatient Discharge Database (LaHIDD); reported to LDH/OPH/BHI by legislative mandate											
Period for c	ase		Annual	: cale	ndar	year (1	Janua	ary –	31 Dece	ember) b	ased on da	te of disch	narge	
definition			Quarter: 1 January – 31 March, 1 April – 30 June, 1 July – 30 September, 1											
			October – 31 December											
Geography/	Dem	ograj	hic Gro	ıp Va	riatio	ons								
Race		Wh	ite		Blac	ck		Oth	er	All Races				
Gender	М	F	Total	Μ	F	Total	М	F	Total	All Males	All Females	Age Groups	Total	
Geography														
State	(v)	(v)	٧	(v)	(v)	٧	(v)	(v)	٧	٧	٧	√	٧	
Region			٧			٧			٧	٧	٧	٧	٧	
Parish			٧			٧			٧	٧	٧	٧	٧	
Limitations	of		This inc	licato	r wa	s specifi	cally	desig	ned to d	apture a	cute drug	poisonings	s, and	
indicator			This indicator was specifically designed to capture acute drug poisonings, and therefore intentionally excludes secondary and sequelae–related inpatient											
			hospitalizations that might better estimate the overall burden of drug											
			poisonings on the hospital system. Searching all diagnosis codes for drug											
			poisoning ICD-CM codes ensures the inclusion of all possible drug poisoning											
			related inpatient hospitalizations, including those for which the drug poisoning was of secondary concern.											
Limitations	of da	ta	Acute care hospitals are required to report to LAHIDD, but not all do. It receives											
resource	oi ua	La									eds in Louis			
· coodice				ates		•					is not repre	•		
			' ' ' -											





Indicator gr	oup		Opioid-	Opioid-Related Visits												
Indicator na			a. Number of Opioid-Related Inpatient Visits													
			b. Prop	ortioi	n of Ir	npatient	Visit	s Rela	ated to	o Opioids						
Indicator de	finiti	on	All unintentional, self-harm, assault, or undetermined acute opioid poisoning													
			(sometimes called opioid overdose) inpatient hospitalizations regardless of													
			discharge status. Inpatient hospitalizations related to subsequent encounters or sequelae, adverse effects, or underdosing are excluded. Opioids include natural													
									_		•					
			and semi-synthetic opioids (e.g. codeine, morphine, oxycodone, hydrocodone, etc.), heroin, methadone, and other synthetic opioids (e.g. fentanyl, carfentanil,													
	etc.), heroin, methadone, and other synthetic opioids (e.g. fentany), ca etc.). This indicator includes legal and illicit opioids.										tariyi, cari	entanii,				
Numerator											CM or ICD-:	10-CM cod	des in			
			any diagnosis field:													
			965.00-965.09; E850.0-E850.2;													
			T40.0X1A-T40.4X5A, T40.601A-T40.694A, excluding codes where the visit type													
			(7 th) character is D or S and codes where intent (5 th or 6 th) character is 5 or 6.													
Denominato	or	_	-							_	time perio					
			measure (the past three months for quarterly, the twelve months for annually)													
Measures o	f		Annual count of inpatient hospitalizations; Annual proportion of inpatient													
Frequency			hospitalizations; Quarterly count of inpatient hospitalizations; Quarterly proportion of inpatient hospitalizations													
			Louisiana Hospital Inpatient Discharge Database (LaHIDD); reported to													
Data Resou	rce		Louisia LDH/OI		•	•			_	abase (La	HIDD); rep	orted to				
Period for c	260									mborl b	acad an da	to of disch	argo			
definition	ase		Annual: calendar year (1 January – 31 December) based on date of discharge Quarter: 1 January – 31 March, 1 April – 30 June, 1 July – 30 September, 1													
			October – 31 December													
Geography	'Dem	ngrai														
Race	 	ا Wh	phic Group Variations ite Black					Oth	۵r	الم ا	Races	l				
										All	All	Age	Total			
Gender	М	F	Total	М	F	Total	М	F	Total	Males	Females	Groups				
Geography																
State	(v)	(v)	٧	(v)	(v)	٧	(v)	(v)	٧	٧	٧	٧	٧			
Region			٧			٧			٧	٧	٧	√	٧			
Parish			٧			٧			٧	√	٧	√	٧			
Limitations	of		This inc	licato	r was	specifi	cally	desig	ned to d	apture a	cute opioi	poisonin	gs, and			
indicator			therefore intentionally excludes secondary and sequelae–related inpatient													
			hospitalizations that might better estimate the overall burden of opioid										_			
			poisonings on the hospital system. Searching all diagnosis codes for opioid													
			poisoning ICD-CM codes ensures the inclusion of all possible opioid poisoning													
			related inpatient hospitalizations, including those for which the opioid poisoning was of secondary concern.													
Limitations	of da	ta	Acute care hospitals are required to report to LAHIDD, but not all do. It receives													
resource	oi ud	ıa							•		eds in Louis					
						-				-	s not repre	-				
			popula				•						- -			
<u> </u>			• •													





					Indicator group Non-Heroin Opioid-Related Visits Indicator names a. Number of Non-Heroin Opioid-Related Visits												
Indicator na	mes						-				_						
										oin Opioid							
Indicator de	finiti	on	All unintentional, self-harm, assault, or undetermined acute non-heroin opioid														
			poisoning (sometimes called non-heroin opioid overdose) inpatient														
			hospitalizations regardless of discharge status. Inpatient hospitalizations related to subsequent encounters or sequelae, adverse effects, or underdosing are														
												_					
excluded. Non-heroin opioids include natu codeine, morphine, oxycodone, hydrocod											•	•					
synthetic opioids (e.g. fentanyl, carfentanil, etc.). This indicator includes le																	
	illicit opioids.																
Numerator			Inpatient hospitalizations with the following ICD-9-CM or ICD-10-CM codes in any														
			diagnosis field:														
			965.00, 965.02, 965.09; E850.0, E850.2;														
			T40.0X1A-T40.0X4A, T40.2X1A-T40.4X4A, T40.601A-T40.694A, excluding codes														
			where the visit type (7^{th}) character is D or S and codes where the intent (5^{th}) or 6^{th}														
character is 5 or 6.																	
Denominator All inpatient hospitalizations with a discharge in the time period relevant																	
measure (the past three months for quarterly, the twelve months for annua										• • •							
Measures of	f		Annual count of inpatient hospitalizations; Annual proportion of inpatient														
Frequency			hospitalizations; Quarterly count of inpatient hospitalizations; Quarterly proportion of inpatient hospitalizations														
Data Resoul	rce		Louisiana Hospital Inpatient Discharge Database (LaHIDD); reported to LDH/OPH/BHI by legislative mandate														
Period for ca	200		Annual: calendar year (1 January – 31 December) based on date of discharge														
definition	ase		Quarter : 1 January – 31 March, 1 April – 30 June, 1 July – 30 September, 1														
deminion			October – 31 December														
Geography	Dem	ograr															
Race		Whit	i	hic Group Variations e Black Other All Races													
		VVIII	ıc	Black			Other			All	All	Age	Total				
Gender	М	F	Total	M	F	Total	М	F	Total	Males	Females	Groups					
Geography																	
State	(v)	(v)	٧	(√)	<i>(</i> √ <i>)</i>	٧	(v)	(v)	٧	٧	٧	٧	٧				
Region	. ,	. ,	٧	. ,	. ,	٧		. ,	٧	٧	٧	V	٧				
Parish			٧			٧			٧	٧	٧	V	٧				
Limitations	of		This in	dicat	or wa	as specif	fically	desi	gned to	capture a	acute non-	heroin op	ioid				
indicator						-			-	•	condary a	•					
			inpatient hospitalizations that might better estimate the overall burden of non-														
			heroin opioid poisonings on the hospital system. Searching all diagnosis codes for														
			non-heroin opioid poisoning ICD-CM codes ensures the inclusion of all possible non-heroin opioid poisoning related inpatient hospitalizations, including those for														
											ndary con		g those for				
Limitations	ot 4-	+						•			•		rosoivos				
Limitations of data Acute care hospitals are required data from 57% of hospitals and									•								
resource data from 57% of hospitals and 77.5% of hospital beds in Louisiana. Population												JulatiUII					

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based rates cannot be calculated because the data is not representative of the
population.





Indicator gr	oup		Heroin-Related Visits											
Indicator na			a. Number of Heroin-Related Visits											
			b. Proportion of Inpatient Hospitalizations Related to Heroin											
Indicator de	finiti	on	All unintentional, self-harm, assault, or undetermined acute heroin opioid poisoning (sometimes called heroin opioid overdose) Inpatient Hospitalizations regardless of discharge status. Inpatient hospitalizations related to subsequent encounters or sequelae, adverse effects, or underdosing are excluded. Heroin is an illicit opioid.											
Numerator			Inpatient hospitalizations with the following ICD-9-CM or ICD-10-CM codes in											
	any diagnosis field: 965.01; E850.1; T40.1X1A, T40.1X2A, T40.1X3A, T4									10.1X4A				
Denominato	or			All inpatient hospitalizations with a discharge in the time period relevant to the measure (the past three months for quarterly, the twelve months for annually)										
Measures o Frequency	f		Annual count of inpatient hospitalizations; Annual proportion of inpatient hospitalizations; Quarterly count of inpatient hospitalizations; Quarterly proportion of inpatient hospitalizations											
Data Resour	rce		Louisiana Hospital Inpatient Discharge Database (LaHIDD); reported to LDH/OPH/BHI by legislative mandate											
Period for condefinition			Annual: calendar year (1 January – 31 December) based on date of discharge Quarter: 1 January – 31 March, 1 April – 30 June, 1 July – 30 September, 1 October – 31 December											
Geography/	Dem	ograp	hic Group Variations											
Race		Whi	te		Blac	ck		Othe	er		Races	Age		
Gender	М	F	Total	M	F	Total	М	F	Total	All Males	All Females	Groups	Total	
Geography State Region Parish	(v)	(v)	√ √ √	(√)	(v)	√ √ √	(v)	(v)	√ √ √	√ √ √	√ √ √	√ √ √	√ √ √	
Limitations indicator		ta	This indicator was specifically designed to capture acute heroin poisonings, and therefore intentionally excludes secondary and sequelae—related inpatient hospitalizations that might better estimate the overall burden of heroin poisonings on the hospital system. Searching all diagnosis codes for heroin poisoning ICD-CM codes ensures the inclusion of all possible heroin poisoning related inpatient hospitalizations, including those for which the heroin poisoning was of secondary concern. Acute care hospitals are required to report to LAHIDD, but not all do. It receives											
resource			data fı	rom 5	7% o	f hospit	als aı	nd 77	.5% of I	nospital b	peds in Lou is not rep	iisiana. Po _l	oulation	





Indicator gr	Indicator group Neonatal Abstinence Syndrome Visits												
Indicator na	-									nt Hospi	talizations		
							•			•	to Neonat	al Abstine	nce
			Syndro										
Indicator de	finiti	on	Any visit of an infant with a diagnosis of neonatal abstinence syndrome.										
			Neonatal Abstinence Syndrome is defined as a birth to 1 month old infant										
			exhibiting withdrawal symptoms from maternal drug use. Ideally, infants with withdrawal symptoms from therapeutic drug use are excluded from this										
			definition, but these infants are occasionally included due to the lack of										
specificity of the ICD-9-CM codes.													
Numerator			Inpatient hospitalizations with the following ICD-9-CM or ICD-10-CM codes in										
			any di	agno	sis fie	eld:							
			779.5; P96.1										
Denominato	or		All inpatient hospitalizations with a discharge in the time period relevant to the										
			measure (the past three months for quarterly, the twelve months for annually)										
Measures of	f					•		•		-	proportion	•	
Frequency			hospitalizations; Quarterly count of inpatient hospitalizations; Quarterly proportion of inpatient hospitalizations										
Data Bassu						'				tabasa (I	مااالک)، یم	norted to	
Data Resou	rce		Louisiana Hospital Inpatient Discharge Database (LaHIDD); reported to LDH/OPH/BHI by legislative mandate										
Period for c	ase		Annuc	1 : cal	enda	r year (:	1 Janu	ary -	- 31 Dec	cember)	based on d	late of disc	charge
definition			Quart	er : 1 .	Janua	ary – 31	Marc	h, 1	April – 3	30 June, 1	1 July – 30	Septembe	r, 1
			Octob	October – 31 December									
Geography/	Dem	ograp	ohic Gro	up V	ariati	ions							
Race		Whi	te Black			ck	Other				Races	Age	
Gender	М	F	Total	М	F	Total	М	F	Total	All Males	All Females	Groups	Total
Geography													
State	(v)	(v)	٧	(v)	(v)	٧	(v)	(v)	٧	√	٧	NA	٧
Region			٧			٧			٧	٧	٧	NA	٧
Parish			٧			٧			٧	٧	٧	NA	٧
Limitations	of			_			_				es by hospi	-	
indicator			Mothers and infants are always not tested for substances and some systems										
			don't include cases where the infant was not admitted to the ICU. Therefore the numbers across the state are not necessarily comparable, as there is no										
			standard methodology for assigning the ICD-CM codes of interest. The ICD-9-										
			CM code is less specific than the ICD-10-CM code and the codes do not directly										
			match. Because of this, numbers before and after October, 2015 are not										
			compa										
Limitations	of da	ta							•		-		
			i data fi	Acute care hospitals are required to report to LAHIDD, but not all do. It receives data from 57% of hospitals and 77.5% of hospital beds in Louisiana. Population									
resource			based rates cannot be calculated because the data is not representative of the										
resource				rates	canr	-				•			





Indicator gr	oup		Substance Exposed Infants Visits											
Indicator na			a. Substance Exposed Infants Inpatient Hospitalizations (Adj)*											
			b. Proportion of Inpatient Hospitalizations Related to Substance Exposed Infants											
Indicator de	finiti	on	-	-					_		'substance	-		
			term refers to an infant who is exposed to a narcotic or hallucinogen (ICD-9-											
			CM) or drug of addiction (ICD-10-CM) prior to birth through the mother's											
			usage. The infant does not need to display symptoms, nor does the exposure need to be detected to qualify as a SEI.											
Numerator			Inpatient hospitalizations with the following ICD-9-CM or ICD-10-CM codes in											
			any diagnosis field:											
			760.72, 760.73*; P04.49											
Denominate	or		All inp	atien	t hos	pitalizat	ions	with	a discha	rge in th	e time per	iod releva	nt to the	
			All inpatient hospitalizations with a discharge in the time period relevant to the measure (the past three months for quarterly, the twelve months for annually)											
Measures o	f		Annua	l cou	nt of	inpatie	nt ho	spital	izations	; Annual	proportio	n of inpati	ent	
Frequency				Annual count of inpatient hospitalizations; Annual proportion of inpatient hospitalizations; Quarterly count of inpatient hospitalizations; Quarterly										
						patient								
Data Resou	rce		Louisiana Hospital Inpatient Discharge Database (LaHIDD); reported to											
David fau a			LDH/OPH/BHI by legislative mandate Annual: calendar year (1 January – 31 December) based on date of discharge											
Period for c definition	ase							-		-			_	
definition			Quarter : 1 January – 31 March, 1 April – 30 June, 1 July – 30 September, 1 October – 31 December										r, 1	
Geography/	Dem	ngrar												
Race	 	Whi ⁻	e Black Other All Races											
									All	All	Age	Total		
Gender	М	F	Total	М	F	Total	М	F	Total	Males	Females	Groups		
Geography														
State	(v)	(v)	٧	(v)	(v)	٧	(v)	(v)	٧	√	٧	NA	٧	
Region			٧			٧			٧	√	٧	NA	٧	
Parish			٧			٧			٧	٧	٧	NA	٧	
Limitations	of		The diagnosis of a substance exposed infant is largely subjective and varies by											
indicator			hospital system. Mothers and infants are always not tested for substances and											
			some systems don't include cases where the infant was not admitted to the ICU. Therefore the numbers across the state are not necessarily comparable, as											
			there is no standard methodology for assigning the ICD-CM codes of interest.											
			The ICD-10-CM code is less specific than the ICD-9-CM codes and the codes do											
		not directly match. Because of this, numbers before and after October, 2015												
			are not comparable.*											
Limitations	of da	ta			•				•		IDD, but no			
resource						-				•	oeds in Lou			
			popula			ot be c	aicula	itea I	because	ine data	is not rep	resentativ	e of the	
			popul	ווטוו	•									

^{*}The original substance exposed infant indicator for ICD-9-CM only included 760.72, and not 760.73. In an effort to bring the ICD-9-CM and ICD-10-CM numbers closer together, the 760.73 was added to adjust the indicator.