

Variables
Jurisdiction
Year
Month
Manner
Sex
Age_Group
County_name
County_FIPS
Suspected_drug_OD_n
Suspected_opioid_OD_n
Suspected_heroin_OD_n
Suspected_stimulant_OD_n
Total_ED

Definition
The two-digit state abbreviation (e.g., GA)
The four digit calendar year (e.g., 2019)
The full name of the month (e.g., January)
Includes "a_Unintentional" for all unintentional and undetermined overdose intent (e.g., a 1 or 4 in the 6th or 7th ICD-10-CM code character). "b_Self-harm" for all intentional self-harm overdose intent (e.g., a 2 in the 6th or 7th ICD-10-CM code character). <i>Please see a definition guidance for hospital/billing data to see all relevant ICD-9-CM and ICD-10-CM overdose codes split by manner/intent</i>
Three categories: male, female, missing
Eleven categories: 0-10 years, 11-14 years, 15-24 years, 24-34 years, 35-44 years, 45-54 years, 55-64 years, 65-74 years, 75-84 years, up, missing
Exact name of the County within each jurisdiction (e.g., Adams). <i>Please exclude the word "county" after the county name (e.g., Adams County)</i> .
Five character FIPS code for the County within each jurisdiction where the first two digits are the state code and the last three digits are the county code (e.g., 12345)
The number of ED visits/hospitalizations for each month within the required quarter related to a suspected drug overdose. For 2019 data is due April 13, 2020 and must include data listed separately for October, November, and December.
The number of ED visits/hospitalizations for each month within the required quarter related to a suspected opioid overdose. For 2019 data is due April 13, 2020 and must include data listed separately for October, November, and December.
The number of ED visits/hospitalizations for each month within the required quarter related to a suspected heroin overdose. For 2019 data is due April 13, 2020 and must include data listed separately for October, November, and December.
The number of ED visits/hospitalizations for each month within the required quarter related to a suspected stimulant overdose. For 2019 data is due April 13, 2020 and must include data listed separately for October, November, and December.
The total number of ED visits/hospitalizations for each month within the required quarter that were included in the analysis.

Public reporting burden of this collection of information is estimated at 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-XXXX).

Describe and provide metadata on quarterly hospital discharge data tracking ED visits involving suspected drug, opioid, heroin, and stimulant overdoses

1. Approximately what percent of ED visits in your state or jurisdiction were included in your analysis? (Enter a percentage such as "75%")

2. How many total facilities are included in your analysis for this data submission? (Enter a number such as "22")

3. Over 90% of hospitals report data within (Check response):

< 1 month

< 3 months

< 6 months

< 1 year

< 2 year

> 2 year

Unknown

4. What was the maximum number of diagnosis codes (e.g., ICD-10-CM) entered for a single ED visit in this data submission? (Enter a number such as "10")

5. What was the mean number of diagnosis codes (e.g., ICD-10-CM) that were entered for all ED visits in this data submissions? (Enter a number such as "8")

6. Report the percent of all ED visits in this data submission that have no diagnosis codes (e.g., ICD-10-CM). (Enter a percentage such as "5%")

7. Please identify and describe any major issues that impact the quality of data shared during this data submission time period.

Please briefly describe the problem

8. Who should CDC contact with questions about this data report?

Name:

Email:

Quarterly hospital discharge data on ED visits suspect

NOTE: Please group ED visits the

Jurisdiction	Year	Month	Manner	Sex	Age_Group
			a_Unintentional	Female	0-10
			a_Unintentional	Female	11-14
			a_Unintentional	Female	15-24
			a_Unintentional	Female	25-34
			a_Unintentional	Female	35-44
			a_Unintentional	Female	45-54
			a_Unintentional	Female	55-64
			a_Unintentional	Female	65-74
			a_Unintentional	Female	75-84
			a_Unintentional	Female	85+
			a_Unintentional	Female	Missing
			a_Unintentional	Male	0-10
			a_Unintentional	Male	11-14
			a_Unintentional	Male	15-24
			a_Unintentional	Male	25-34
			a_Unintentional	Male	35-44
			a_Unintentional	Male	45-54
			a_Unintentional	Male	55-64
			a_Unintentional	Male	65-74
			a_Unintentional	Male	75-84
			a_Unintentional	Male	85+
			a_Unintentional	Male	Missing
			a_Unintentional	Missing	0-10
			a_Unintentional	Missing	11-14
			a_Unintentional	Missing	15-24
			a_Unintentional	Missing	25-34
			a_Unintentional	Missing	35-44
			a_Unintentional	Missing	45-54
			a_Unintentional	Missing	55-64
			a_Unintentional	Missing	65-74
			a_Unintentional	Missing	75-84
			a_Unintentional	Missing	85+
			b_Self_harm	Female	0-10
			b_Self_harm	Female	11-14
			b_Self_harm	Female	15-24
			b_Self_harm	Female	25-34
			b_Self_harm	Female	35-44
			b_Self_harm	Female	45-54
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			b_Self_harm	Missing	35-44
			b_Self_harm	Missing	45-54
			b_Self_harm	Missing	55-64
			b_Self_harm	Missing	65-74
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			b_Self_harm	Missing	Missing

Quarterly hospital discharge data on ED visits suspected to i

Jurisdiction	County_name	County_FIPS	Year	Month
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involve drug, opioid, heroin, or stimulant overdoses of unintentional or

Suspected_drug_OD_n	Suspected_opioid_OD_n	Suspected_heroin_OD_n
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undetermined intent by county

Suspected_stimulant_OD_n	Total_ED_visits
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Quarterly hospital discharge data on ED visits relate

Jurisdiction	County_name	County_FIPS	Year	Month
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ed to self-harm involving suspected drug, opioid, heroin, or stimulant

Suspected_drug_OD_n	Suspected_opioid_OD_n	Suspected_heroin_OD_n
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: overdoses by county

Suspected_stimulant_OD_n	Total_ED_visits
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Describe and provide metadata on quarterly hospital discharge data tracking hospitalizations involving suspected drug, opioid, heroin, and stimulant overdoses

OMB#: ??

1. Approximately what percent of hospitalizations in your state or jurisdiction were included in your analysis? (Enter a percentage such as "75%")

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Quarterly hospital discharge data on hospitalizations sus

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			b_Self_harm	Missing	55-64
			b_Self_harm	Missing	65-74
			b_Self_harm	Missing	75-84
			b_Self_harm	Missing	85+
			b_Self_harm	Missing	Missing

Quarterly hospital discharge data on hospitalizations suspected

Jurisdiction	County_name	County_FIPS	Year	Month
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to involve drug, opioid, heroin, or stimulant overdoses of unintentional:

Suspected_drug_OD_n	Suspected_opioid_OD_n	Suspected_heroin_OD_n
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al or undetermined intent by county

Suspected_stimulant_OD_n	Total_ED_visits
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Quarterly hospital discharge data on hospitalizations re

Jurisdiction	County_name	County_FIPS	Year	Month
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related to self-harm involving suspected drug, opioid, heroin, or stimu

Suspected_drug_OD_n	Suspected_opioid_OD_n	Suspected_heroin_OD_n
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lant overdoses by county

Suspected_stimulant_OD_n	Total_ED_visits
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