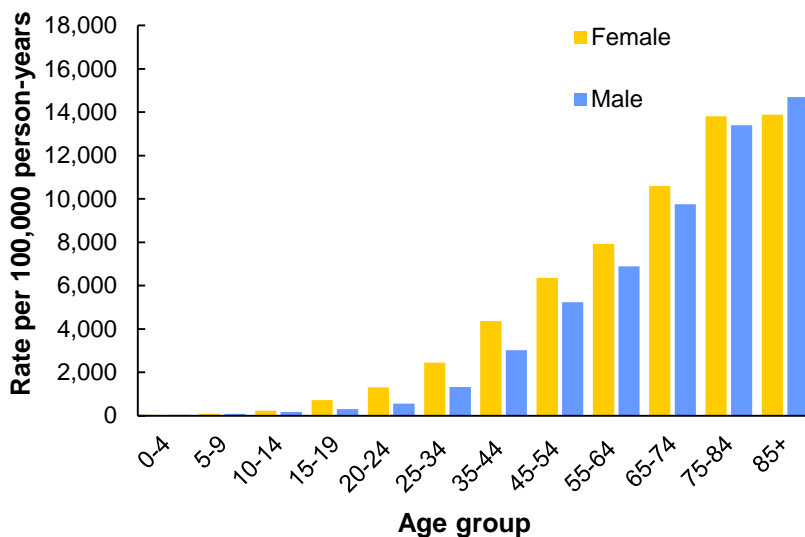


## NORTH CAROLINA EMERGENCY DEPARTMENT VISITS WITH A DIAGNOSIS OF DIABETES MELLITUS, 2012

The North Carolina Disease Event Tracking and Epidemiologic Collection tool (NC DETECT) provides public health officials and hospital users with the capacity for statewide early event detection and timely public health surveillance. Through NC DETECT, users can access near real-time data from North Carolina acute care emergency departments (EDs), the Carolinas Poison Center (CPC), and the Pre-Hospital Medical Information System (PreMIS). NC DETECT is funded by the NC Division of Public Health (NC DPH). This document summarizes 2012 ED visits with an ICD-9-CM diagnosis code for diabetes mellitus (250.xx) in any position.\*

### Rates of NC ED visits with a diagnosis of diabetes mellitus, 2012



Missing: 64 ED visits missing sex and/or age

- In 2012, there were 410,851 ED visits with a diagnosis of diabetes mellitus. Among the 4,827,236 total ED visits in 2012, 8.5% had a diagnosis code for diabetes mellitus. The majority of visits were by patients with Type II diabetes mellitus (96.5%).

- In 2012, the rate of ED visits with a diagnosis of diabetes mellitus was 4,215 ED visits per 100,000 person-years.

- The 2012 rate was higher than in years 2010 (3,886 visits per 100,000 person-years) and 2011 (4,028 visits per 100,000 person-years).

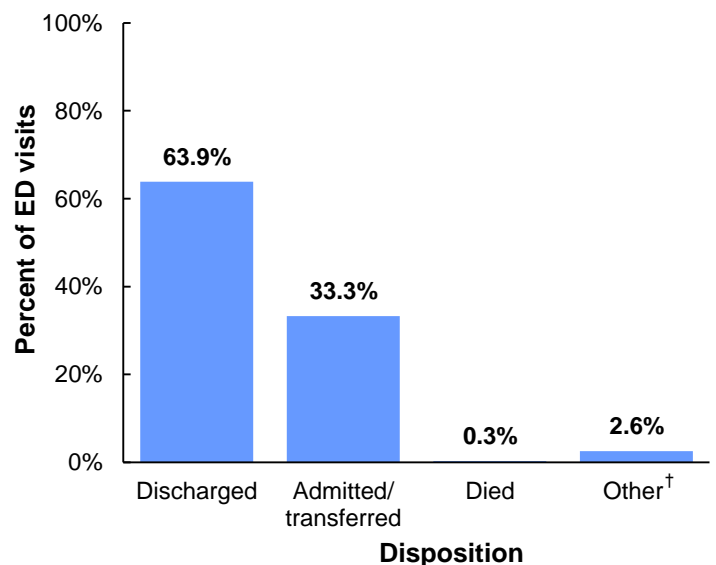
- Rates were higher among women (4,800 visits per 100,000 person-years) than men (3,597 visits per 100,000 person-years).

- Rates were highest for both sexes 85+ years of age (14,144 ED visits per 100,000 person-years).

### Rates of NC ED visits with a diagnosis of diabetes mellitus by disposition and other descriptors, 2012

- One-third of ED visits with a diagnosis of diabetes mellitus had a patient disposition of admission to the hospital or transfer to another institution. This is about double the percent of ED visits with a patient disposition of admission/transfer for all ED visits (15.1%).

- Nearly one-half of all ED visits with a diagnosis of diabetes mellitus had an expected source of payment by Medicare (49.1%). Other forms of expected source of payment were private insurance companies (18.9%), Medicaid (14.6%), other government payment (1.3%), workers' compensation (0.4%), and other form of payment (2.4%). Over ten percent of visits had an expected source of payment of self-payment (13.3%).



Missing: 15,134 ED visits missing disposition

†Other disposition includes left against medical advice, left without medical advice, and observation unit

## Frequency of ED visits with a diagnosis of diabetes mellitus by leading ICD-9-CM groupings for diseases and injuries: North Carolina, 2012<sup>§</sup>

- The most common ICD-9-CM grouping for ED visits with a diagnosis of diabetes mellitus was “symptoms, signs, and ill-defined conditions.” The most common specific diagnosis code observed for this grouping was 786.50, “chest pain, unspecified.”

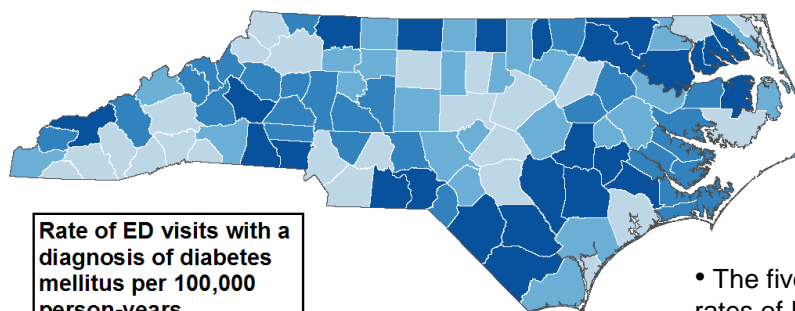
- The second most common ICD-9-CM grouping for ED visits with a diagnosis of diabetes mellitus was “endocrine, nutritional, metabolic, and immunologic disorders.” The ICD-9-CM codes for diabetes mellitus falls within this category. The most common specific diagnosis code observed for this grouping was 250.00, “type II or unspecified type, not stated as uncontrolled and without mention of complication.”

- Injury and poisoning was also a common ICD-9-CM grouping for ED visits with a diagnosis of diabetes mellitus. The three most common types of injuries for this grouping were: 1) falls (37.8%), 2) motor vehicle traffic-related crashes (9.6%), and 3) adverse effects due to the administration of medication or surgical/medical care (8.1%).

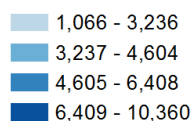
ICD-9-CM grouping	Number	Percent
Symptoms, signs, and ill-defined conditions	109,542	26.7%
Endocrine, nutritional, metabolic, and immunologic disorders	56,585	13.8%
Diseases of the circulatory system	43,327	10.5%
Injury and poisoning	37,465	9.1%
Diseases of the musculoskeletal system	32,010	7.8%
Diseases of the respiratory system	26,188	6.4%
Diseases of the genitourinary system	20,770	5.1%
Diseases of the digestive system	19,802	4.8%
Factors influencing health status and contact with health services	18,495	4.5%
Diseases of the nervous system and sense organs	12,456	3.0%
Mental health disorders	10,967	2.7%
Diseases of the skin	10,570	2.6%
Infectious and parasitic diseases	6,845	1.7%
Diseases of the blood and blood-forming organs	3,032	0.7%
Neoplasms	1,797	0.4%
Complications of pregnancy, childbirth, and the puerperium	847	0.2%
Congenital anomalies	145	<0.1%
Certain conditions originating in the perinatal period <sup>¶</sup>	--	--
<b>Total</b>	<b>410,851</b>	

<sup>§</sup>ICD-9-CM classification based on the first-listed diagnosis code  
<sup>¶</sup>1-9 ED visits; data are not displayed

## Population-based rates of ED visits with a diagnosis of diabetes mellitus by NC county, 2012



Rate of ED visits with a diagnosis of diabetes mellitus per 100,000 person-years, categorized by quartile



- The five NC counties with the highest rates of ED visits with a diagnosis of diabetes mellitus (visits per 100,000 person-years in parentheses) were Chowan (10,360), Cleveland (9,422), Richmond (9,342), Bertie (8,926), and Jones counties (8,644).