



National Safety Council

Position/Policy Statement

E-Codes (External cause of injury coding)

Injuries and deaths, both unintentional and intentional, remain one of the most neglected and costly problems in our society. National Safety Council injury and death data specifically show that while on-the-job injuries and deaths are decreasing; off-the-job injuries and deaths have increased 44% since 1992. In 2005, off-the-job injuries to workers cost the nation at least \$223.7 billion. From 2005 to 2006, off-the-job injury costs to the nation rose by 24% to \$240.3 billion.

In order to effect a change in this escalating injury and death rate, a safety management process is needed and the core of this process is injury causation data. A formal system (E-Coding) currently exists that captures injury causation data. If "E-coding" becomes a standard within the United States, it will provide an opportunity to use the traditional safety management model to identify, evaluate and develop corrective actions for injury prevention.

What is an E-code? E-Codes are external cause of injury codes. Simply stated they are alphanumeric three- or four-digit number that describes three things:

- 1) Whether the injury was unintentional or violence related (e.g. assault, intentionally self-inflicted)
- 2) The mechanism of injury (e.g. motor vehicle crash, fall, burn, poisoning, etc.)
- 3) The location of the occurrence (e.g. home, farm, industrial place, community, etc.)

Presently, hospitals routinely code injury according to the nature of the injury while the external cause code (E-code) is not consistently or uniformly included in hospital or emergency room discharge databases. This coding and reporting is currently in compliance with all HIPPA requirements. As of 2005, only 26 states currently have a mandate to include external cause coding in hospital discharge data. Fewer states, less than 15 states require external cause coding for emergency room visits. Additionally, due to inconsistencies in external cause of injury coding (E-codes) included in hospital and emergency room discharge databases. Injury data is sketchy at best and unavailable at worst. Even when external cause codes (E-codes) are present, the use of non-specific/unspecified codes greatly limits their usability.

External cause of injury coding (E-coding) is critical for businesses/companies, public health leaders, and policymakers to identify and address the key causes

and locations of injuries in order to reduce the significant health and economic burden to the nation. Already, several agencies and non-profits have championed this cause and approached the National Safety Council about participating in this effort.

Therefore, the NSC position:

1. Supports the use of external cause of injury codes (e-codes) as a tool for capturing off-the-job injury data.
2. Joins the coalition of organizations seeking to develop a nationwide strategy for the uniform use of E-codes
3. Recommends that all states require external cause of injury codes be recorded in the hospital record for each hospital admission
4. Recommends also the use of E-Codes across the medical industry, including by private providers.
5. Supports a strategy to improve the completeness and specificity of e-coding in medical records.

This position statement reflects the opinions of the National Safety Council but not necessarily those of each member organization.

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