



FALL HOSPITALIZATION INDICATOR 2

Nonfatal Fall-related Hip Fracture Hospitalizations in Persons Aged 65 Years and Older

Numerator:

- Nonfatal unintentional fall-related hospitalizations identified in the previous indicator (nonfatal unintentional fall hospitalizations) in people 65 years and older that have one of the following ICD-10-CM diagnosis codes in any field.

Codes* for Nonfatal Fall-related Hip Fractures in Persons Aged 65 Years and Older

S72.0	Fracture of head and neck of femur
S72.1	Pertrochanteric fracture
S72.2	Subtrochanteric fracture
T84.040**	Periprosthetic fracture around internal prosthetic right hip joint
T84.041**	Periprosthetic fracture around internal prosthetic left hip joint
M97.0**	Periprosthetic fracture around internal prosthetic hip joint

*7th character of A, B, C, or missing (reflects initial encounter, active treatment)

** T84.04 was retired and replaced by M97.0 in the FY2017 version of ICD-10-CM which went into effect on Oct 1, 2016

Denominator:

- Midyear population of people 65 years and older for the calendar year under surveillance obtained from the U.S. Census Bureau or suitable alternative.

Measures of frequency:

- Annual number of hospitalizations, by age group and sex.
- Annual age-adjusted rates, overall and by sex, standardized by the direct method to the year 2000 standard U.S. population.^{2,11}

Period for case definition:

- Calendar year based on date of hospital discharge.

Indicator notes:

- The Injury Surveillance Indicator for use with hospitalization data are restricted to cases where the principal diagnosis is injury. An analysis of 2016 Health Care Utilization Project (HCUP) National Inpatient Sample (NIS) data identified that of nonfatal fall hospitalizations with a hip fracture code anywhere in the record (not restricted to patients 65 years and older), 3% did not have an injury diagnosis in the principal diagnosis field.

Limitations of data source:

- Injuries that result in hospitalization only represent a portion of the overall burden of injury. These injuries should be considered in the context of both less- and more-severe injuries.
- The accuracy of indicators based on codes found in hospital discharge data are limited by the completeness and quality of coding. The overall completeness of external-cause-of-injury coding is of particular interest and should be reviewed in conjunction with the indicator.