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Background/Purpose: Firearm injury is a major burden in North Carolina, with 4,347 emergency department (ED) visits and 2,222 deaths attributed to firearms in 2018. Prevention efforts require timely, intent-stratified data. Recently-developed CDC syndromic surveillance (SyS) definitions identify firearm injury intent but their accuracy in NC data is unknown. Methods: Data from NC DETECT, NC’s SyS system, were used to create a sample of 1,475 firearm injury ED visits by randomly selecting 2 weeks from each quarter of 2019-2020 (16 total weeks). Intent was assigned using CDC firearm injury definitions. A 10% subsample (N=151 visits) was used to qualitatively assess intent documentation and identify themes to guide coding of the full sample by two independent reviewers. Pilot results are reported below, with full results expected May 2021. Results: Of the 1,475 firearm injury ED visit sample, 214 visits (14.5%) were classified as assault, 20 (1.4%) intentional self-harm, 1,019 (69.1%) unintentional, and 263 (17.8%) undetermined (no intent available); 41 (2.8%) had multiple intents. Record level review of the 10% pilot sample found four recurring themes: (1) frequent 'undetermined' firearm visits, (2) difficulty accurately identifying “unintentional” observations, (3) challenges separating the shooter from the intention, and (4) commonly conflicting information. These preliminary findings guided a novel intent coding scheme that is being employed in the full sample.

Conclusion: Identifying intent in ED SyS data is difficult. Improved methods are needed as timely, specific, and accurate surveillance data is essential to guide firearm injury prevention programs.