

Injury Data Base(IDB)

Gozo General Hospital Admitting and Emergency Department

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Department of Health Information

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INTRODUCTION

Background

Injury prevention has always had a long history within the European Union and the surveillance together with the collection of data concerning injuries had prompted the priority for the setting up of preventive interventions. The collection of such data started in 1996 within the European Union, and although it has evolved through different programmes, nonetheless, it has maintained its core characteristics and mainly has been an ongoing process. In past years it was called the European Home and Leisure Accidents Surveillance System. Today the mechanism for such data collection within the European Union is to be found in what is being called the Injury Data Base (IDB).

The scope of this new IDB is to record information of all injuries and accidents attended to at selected emergency departments within the European Union. Project managers from various European Union countries together with experts in the field have had several meetings with the aim of harmonising and standardizing accident and injury surveillance in the European Union.

Launch of IDB in Malta

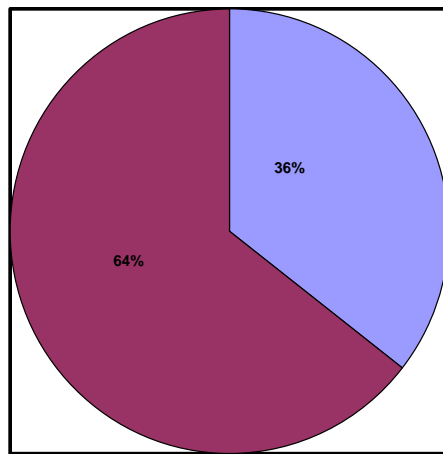
The Injury Data Base was officially launched in Malta in September 2004. The Department of Health Information (DHI) is the responsible body for the compilation of such data. Initially, a pilot project was initiated at the Gozo General Hospital whereby accidents and injuries are recorded at its Admitting & Emergency (A & E) Department.

On arrival of the patient at the A & E Department, responsible staff fill in the special form (Annex 1) with standard information which is harmonized with that collected by other Member States. Completed forms are then forwarded to DHI on a regular basis where they are coded against the IDB Coding Manual Data Dictionary issued by the EU-funded Consumer Safety Institute in Amsterdam. All data is then entered into the main database and is kept in accordance with the Data Protection Act, 2001.

Present Report

This report records admissions at the A & E Department at Gozo General Hospital during the second half of 2004.

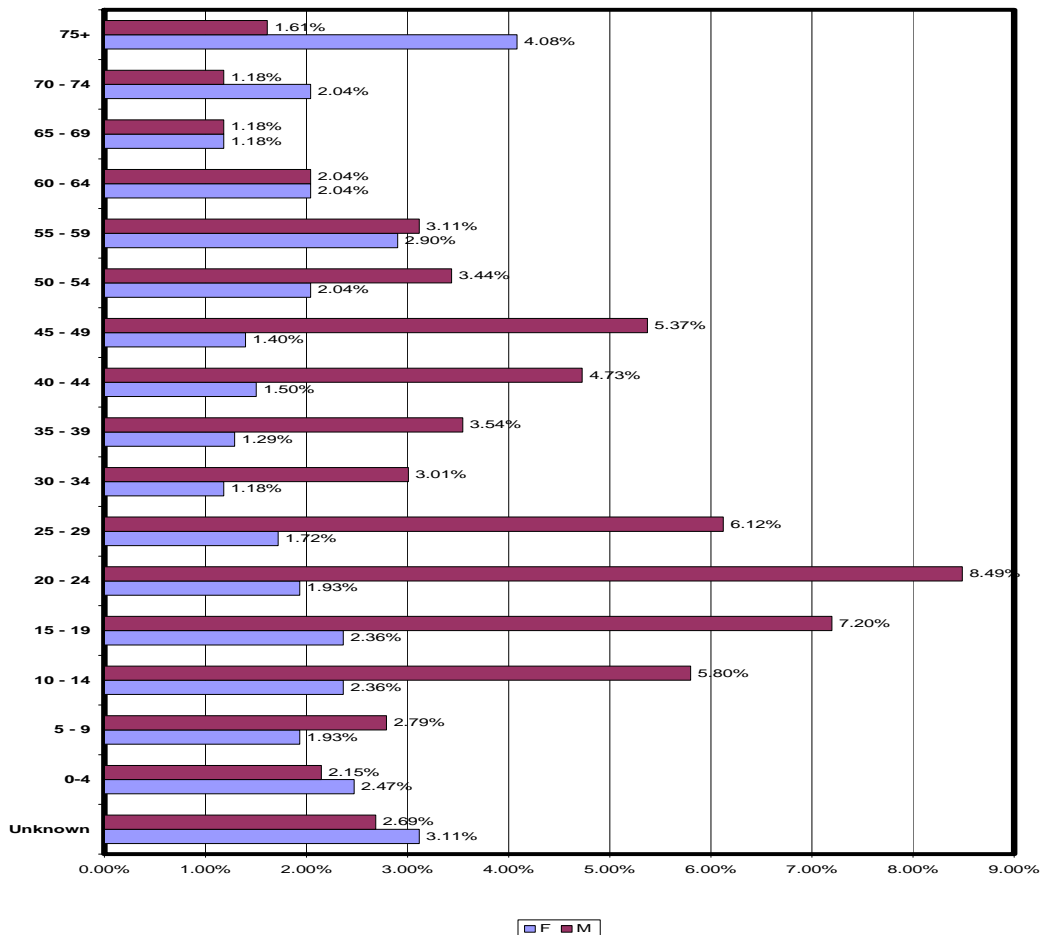
Accuracy and completeness of data sent on the IDB reporting forms is the responsibility of the department providing the data.



■ Females ■ Males

Fig 1. Total % of accidents and injuries by gender

Figure 1 shows number of accidents and Injuries by gender as a percentage of the total recorded, while figure 2 shows the total percentage by age group and gender seen at the A & E Department of Gozo General Hospital. There was a total of 931 accidents and injuries recorded of which 331 (36%) were females and 600 (64%) were males.



■ F ■ M

Fig 2. Total percentage of accidents and injuries by age group and gender

Place of Occurrence

The place of occurrence refers to the place where the injured person was when the injury event started. This may help identify better target interventions, maximise efficiency of resources and provide useful insight into injury aetiology.

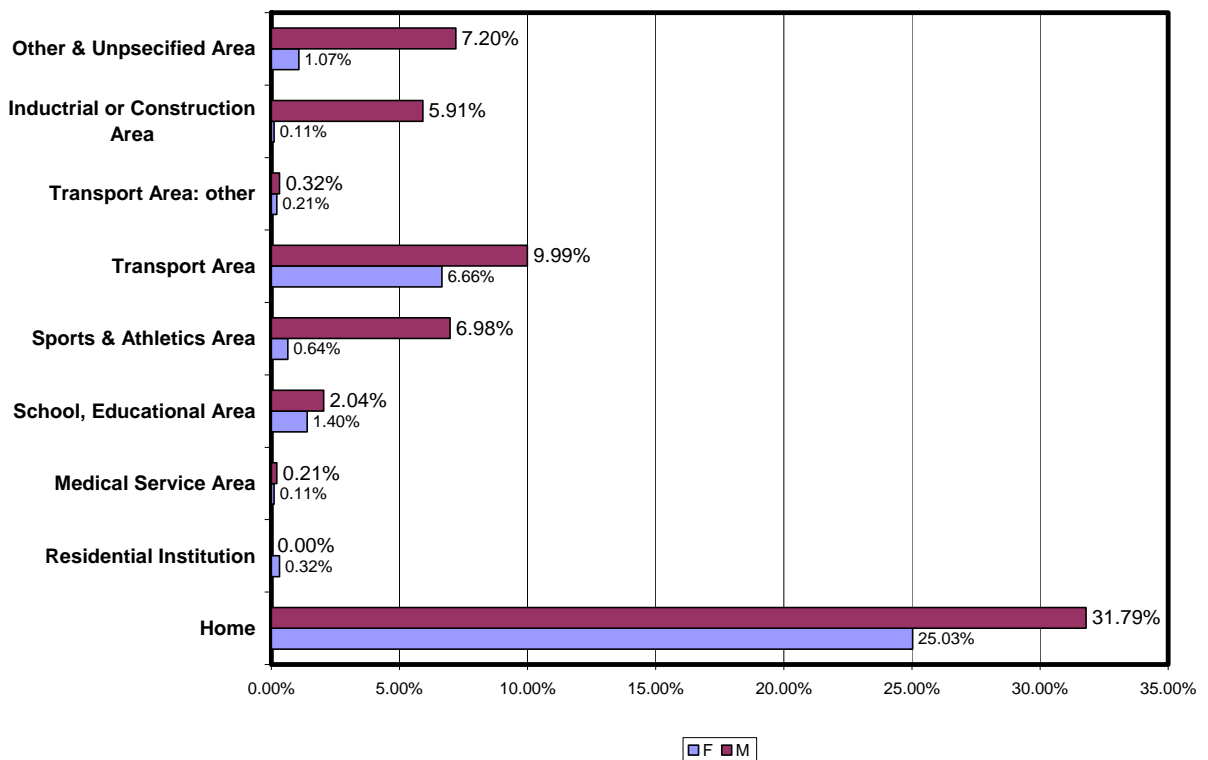


Fig 3. Place of Occurrence by gender

Figure 3 shows that the highest number of accidents occurred in the home with a total of 529, of which 233 (25.03%) pertained to females and 296 (31.79%) to males.

Mechanism of Injury

The mechanism of injury defines the way the injury was sustained, that is, how the person was hurt. This results when human body is acutely exposed to some form of energy and sustains some form of damage. An injury may also be the result of insufficiency of any of the vital elements.

Two main mechanisms of injury are recorded, namely, underlying mechanisms (those involved at the start of the injury event) and direct mechanisms (those producing the actual physical harm).

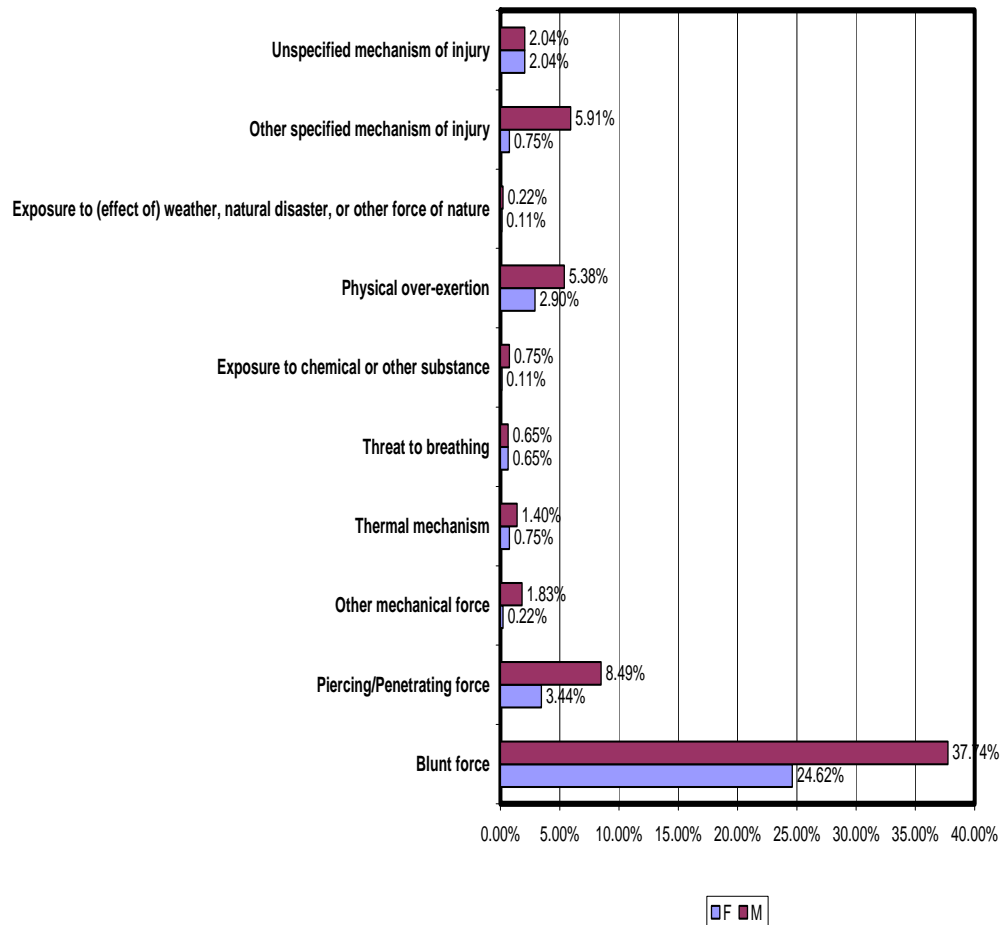


Fig 4. Mechanism of Injury by gender

Figure 4 above shows the percentage of injuries by gender. It is very evident that blunt force top the list, accounting for 62.36%.

Figure 5 details the accidents/injuries deriving from blunt force factors.

“Blunt force” includes:

- contact with objects or animals;
- contact with persons;
- crushing;
- falls;
- abrading, rubbing;
- other specified contact with blunt force;
- unspecified contact with blunt force.

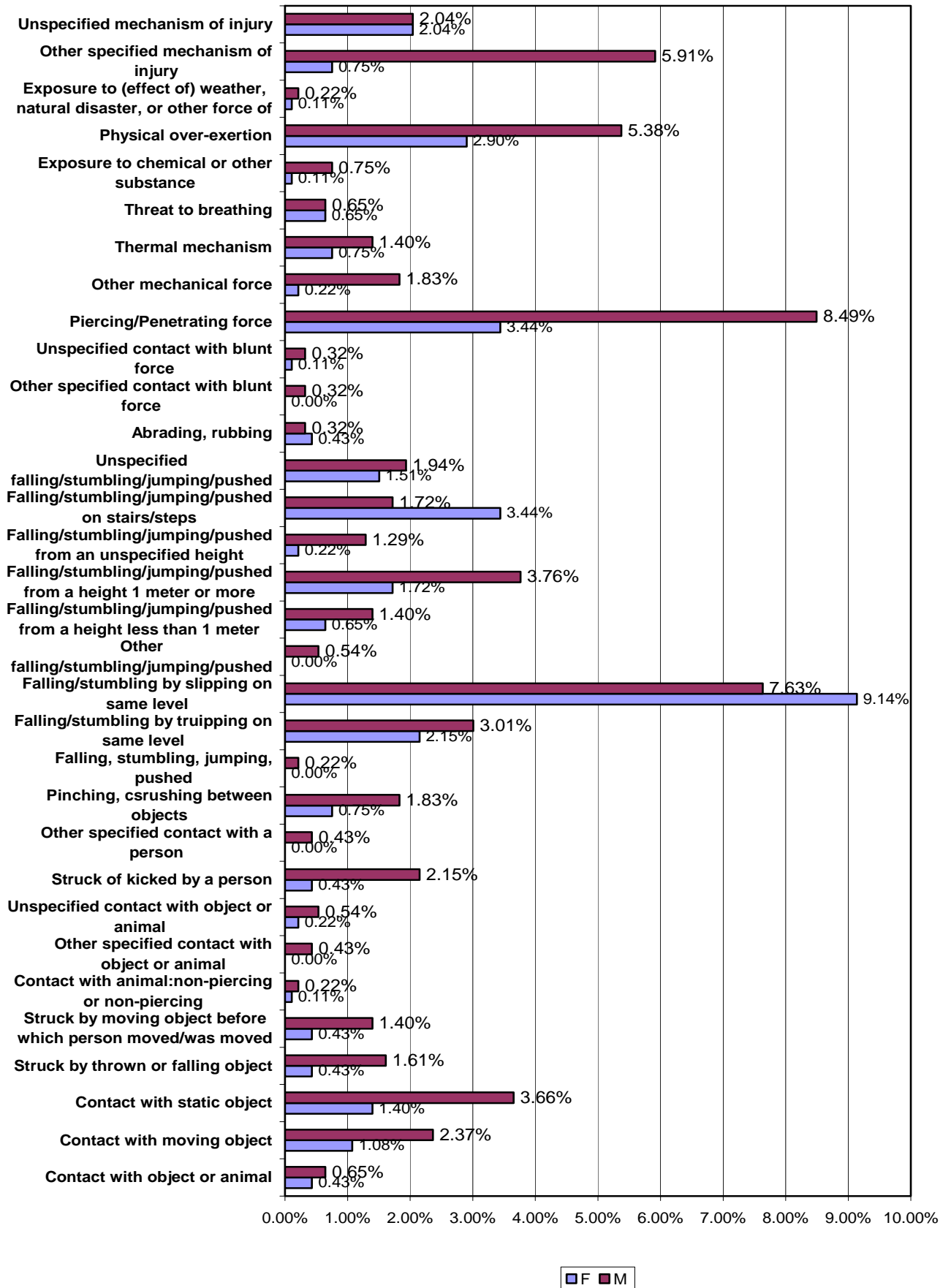


Fig 5. Blunt Force by gender

Traffic Accidents

Transport injury events include crashes and other injuries occurring in the course of transportation or involving devices being used primarily for conveying persons from one place to another.

Transport devices include land transport vehicles, which may or may not be motor-driven. Persons recorded in this section may be both pedestrians or users of a transport device.

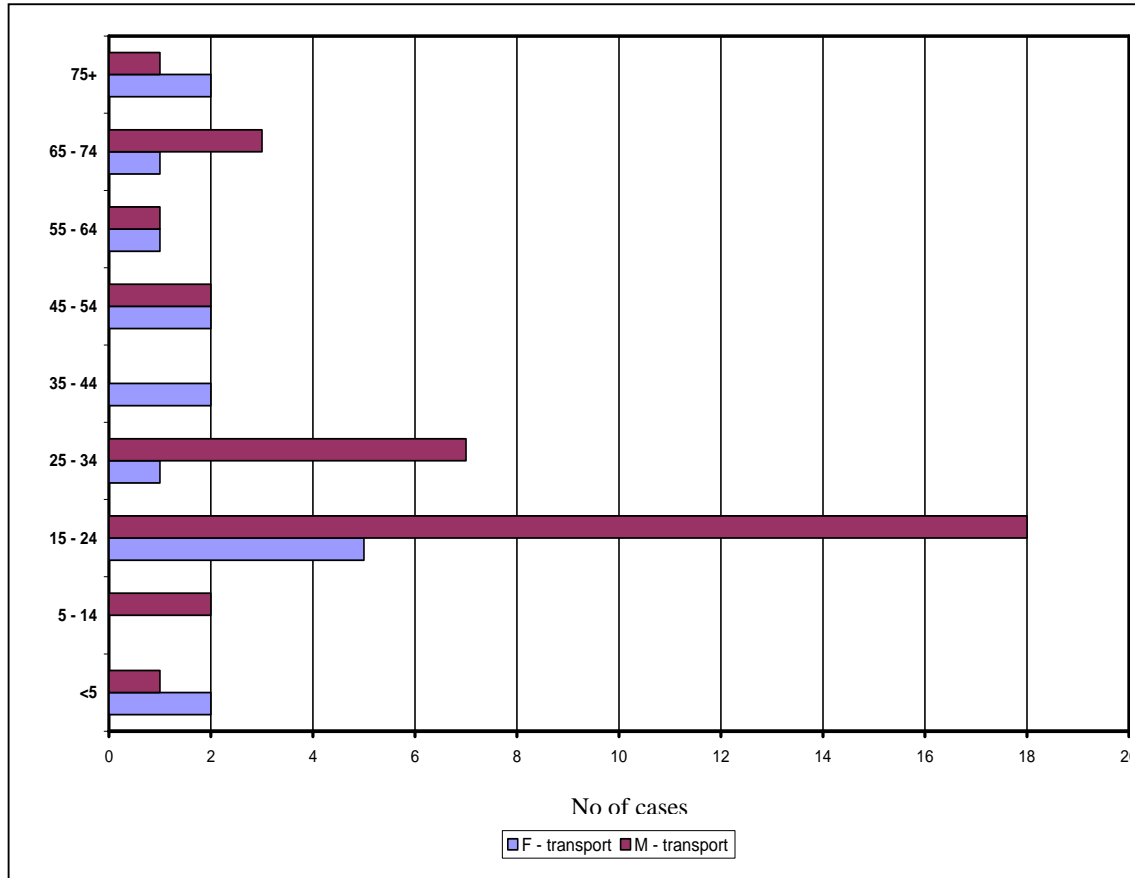


Fig 6. Transport injury by age and gender

As Figure 6 illustrates the main sector most susceptible to such accidents/injuries are males within the 15-24 years age group.

Activity

The type of activity shows the activity the injured person was engaged in when the injury occurred. Studies of activities leading to injuries that occur while a person is working or engaged in a sport may help guide development of more effective prevention strategies.

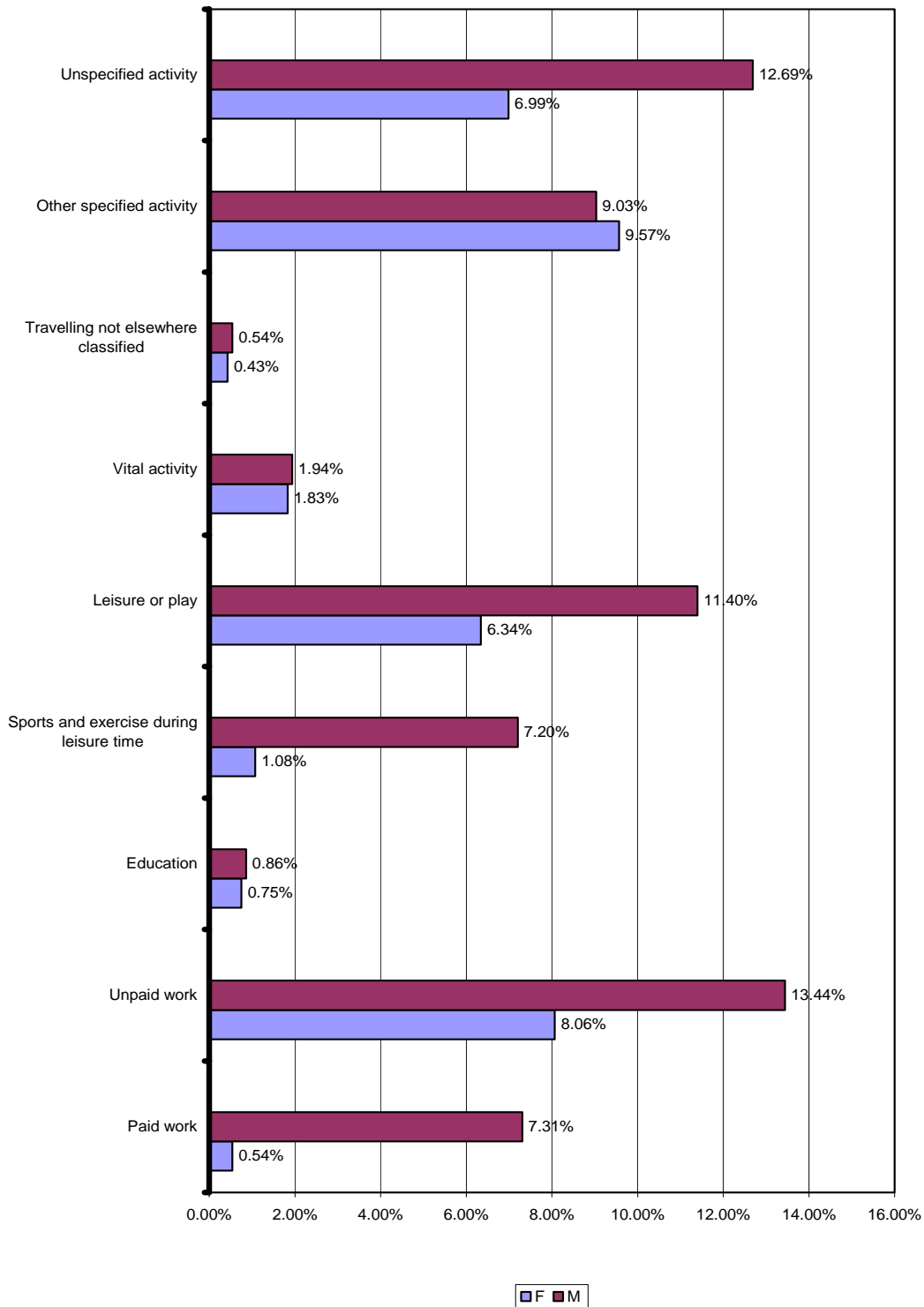


Fig 7. Activity when injured by gender

Part of Body Injured

The region or part of the body where the injury is located can be seen in Figure 8 below.

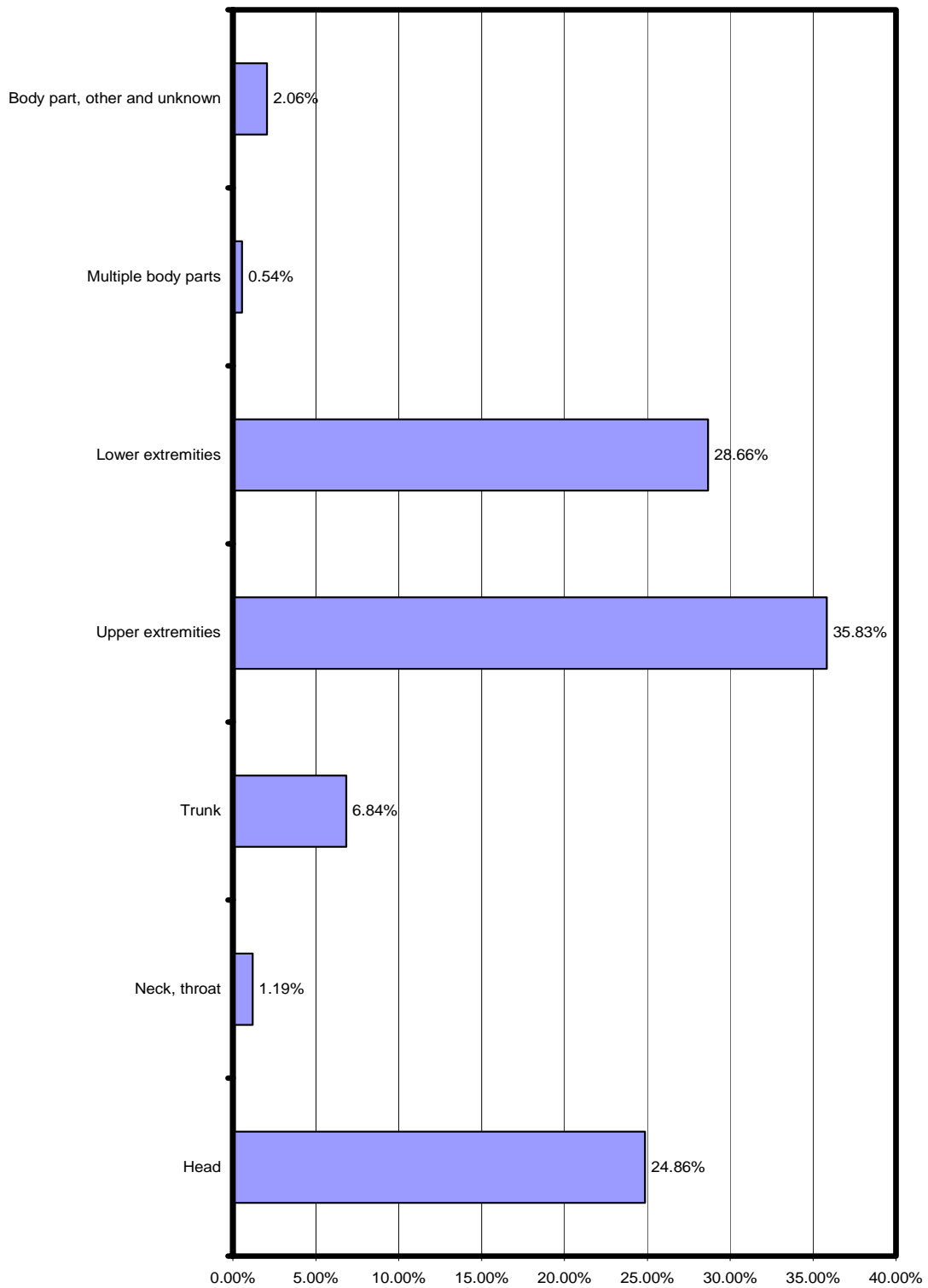


Fig 8. Part of Body injured

Type of Injury

Figure 9 shows the types of injuries as classified in the database.

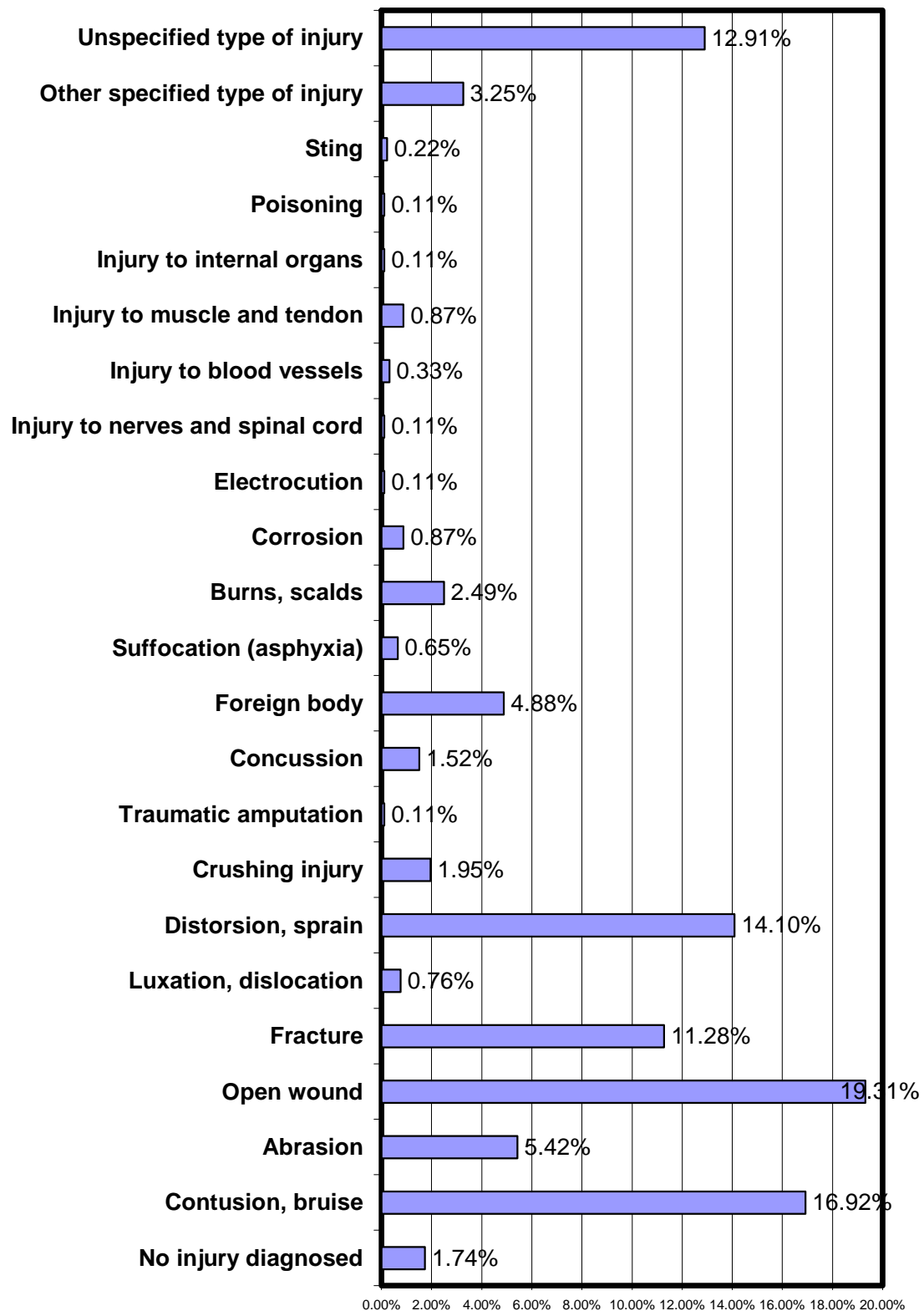


Fig 9. Type of Injury

Object/Product

Injuries are often the result of a sequence of events (matter, material or thing). Three types of objects/substances may be involved in the injury:

1. The indirect object/substance-the object/substance involved at the start of the injury event;
2. The direct object/substance - the object/substance producing the actual physical harm;
3. Intermediate object/substance – other objects/substances involved in the injury event.

More often than not only the indirect and direct objects are notified. Figures 10 and 11, show the percentages representing the indirect and the direct object/substances respectively.

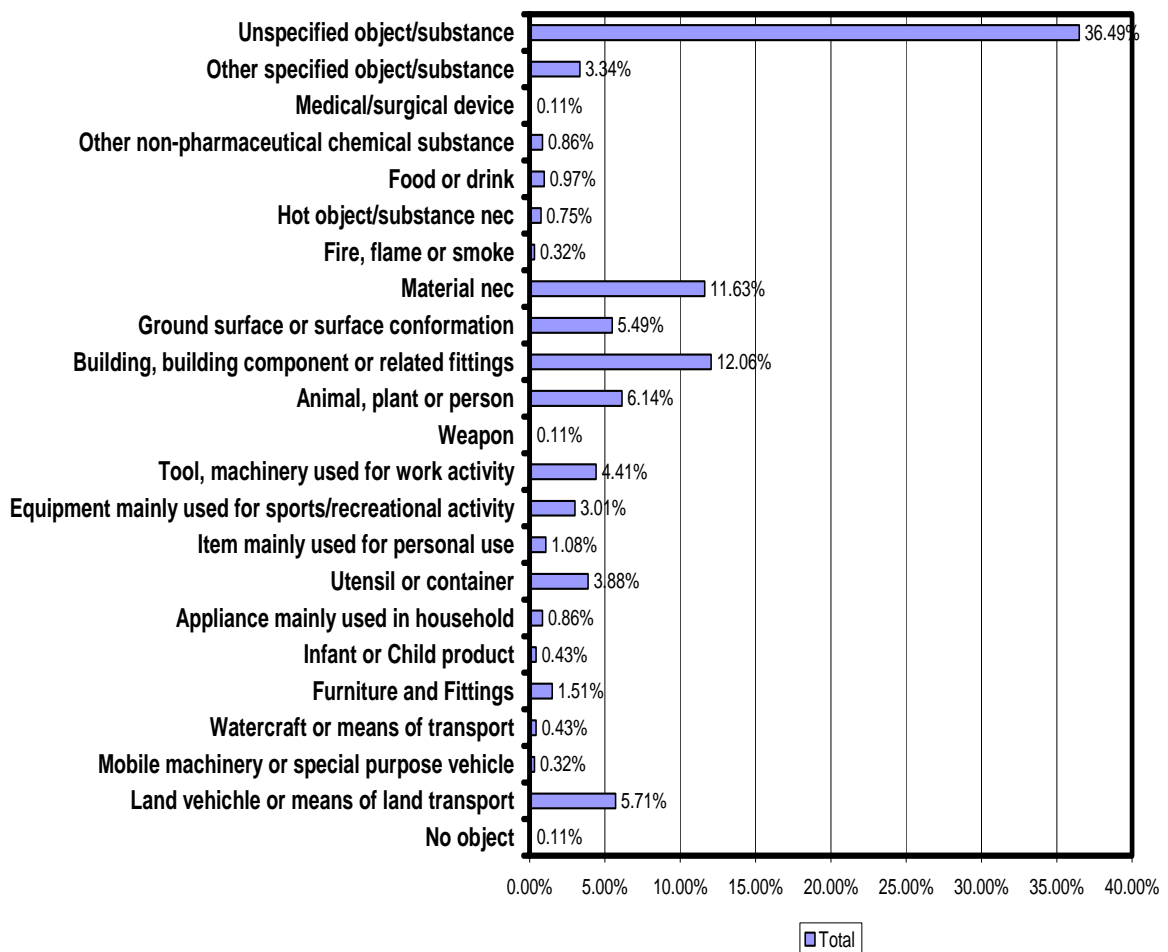


Fig 10: Indirect Object/Substance causing injury

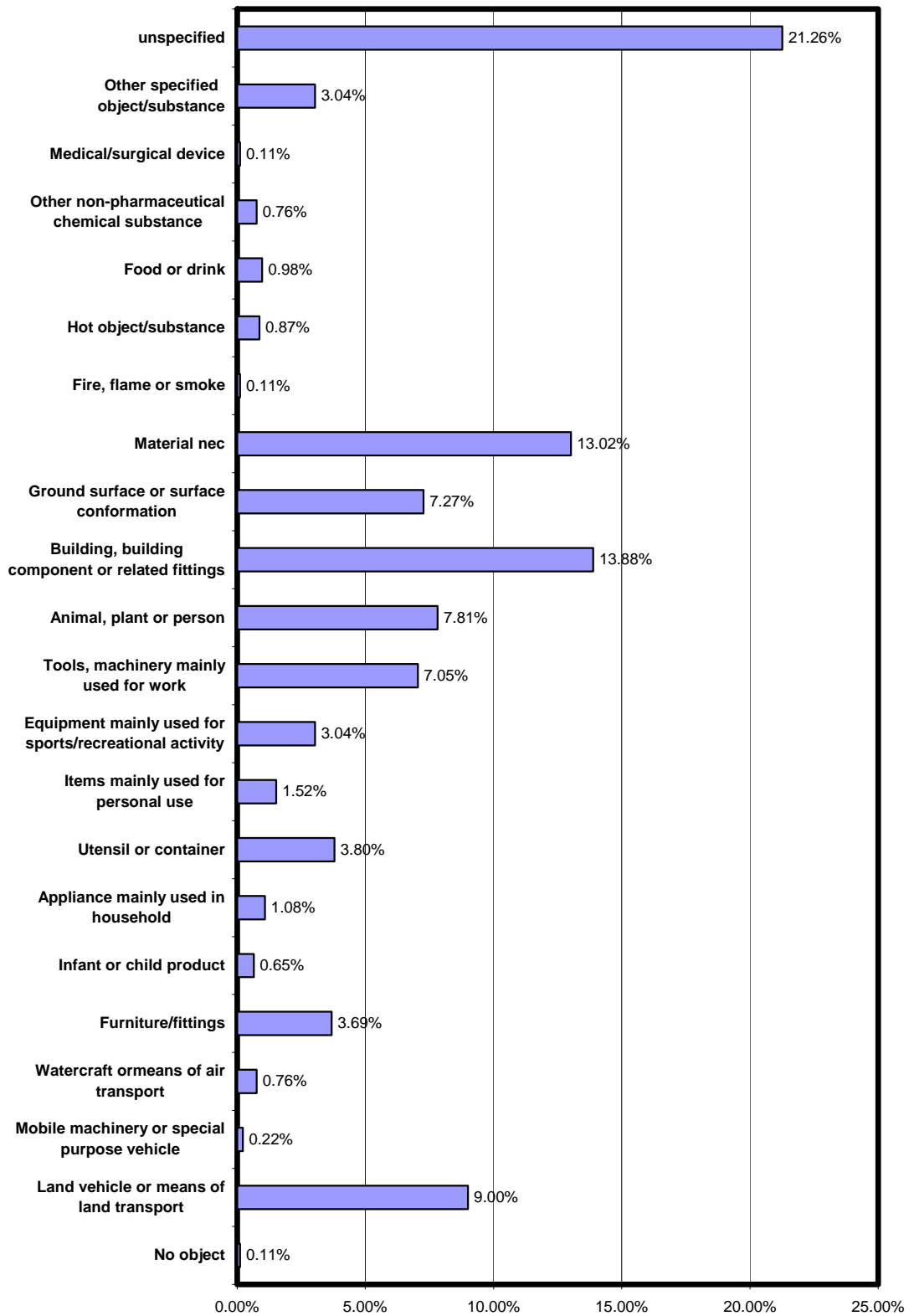


Fig 11. Direct Object/Substance causing Injury

Treatment and Follow up

Figure 12 shows management of the injured person after attendance at the Emergency Department. The purpose of this data element is to give a simple indication of the severity and therefore an indication of the burden of injuries.

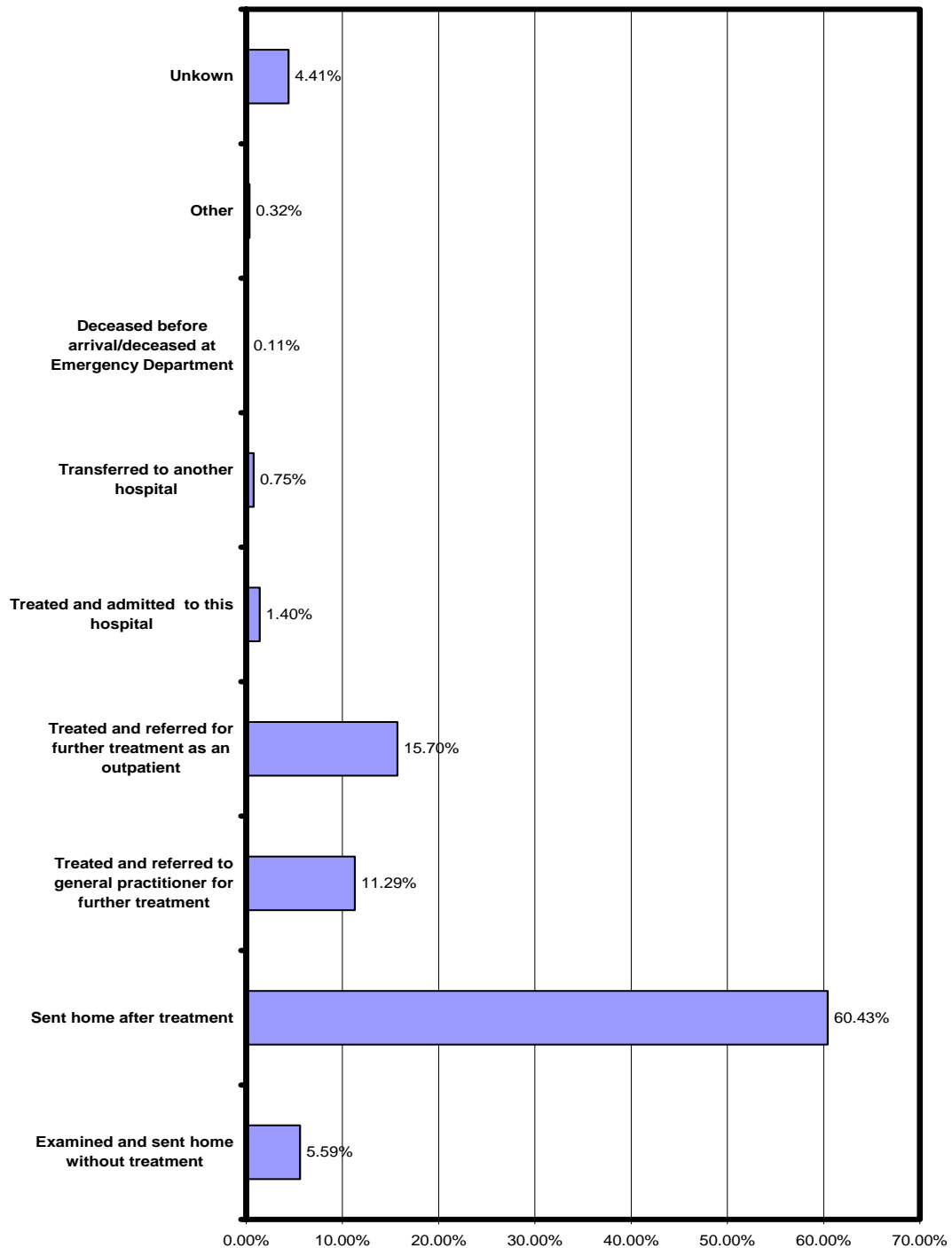


Fig 12. Treatment and Follow up

Annex 1

□ □



ACCIDENTS AND INJURIES at GOZO GENERAL HOSPITAL

ID No: _____
Surname: _____ Name: _____
Address: _____
Locality: _____
(or affix printed label here)

(Kindly write legibly throughout)

DATE OF BIRTH: |__|_|_|/|__|_|_|/|__|_|_|_|_|

GENDER: Male |__| Female |__|

COUNTRY of RESIDENCE: _____

DATE OF ATTENDANCE: |__|_|_|/|__|_|_|/|__|_|_|_|_| TIME: |__|_|:|__|_|

DATE OF INJURY: |__|_|_|/|__|_|_|/|__|_|_|_|_| TIME: |__|_|:|__|_|

Give as much detail as possible

PLACE OF ACCIDENT: _____

CAUSE OF ACCIDENT: _____

TRAFFIC ACCIDENT: Pedestrian |__| Driver |__| Passenger |__| [Front |__| Rear |__|]
driving/riding: Motorcycle |__| Car |__| Bus |__| Van/Truck |__| Other type of vehicle |__| _____
In collision with: Motorcycle |__| Car |__| Bus |__| Van/Truck |__| Other type of vehicle |__| Stationary object |__|

ACTIVITY: House-work |__| Do-it-yourself work |__| Workplace-related activity |__|
 Domestic Violence |__| Educational activity |__| Play & leisure |__| Sports |__|
 Vital (basic) activity (e.g. eating) |__| Unspecified |__| **Specify activity** _____

PART OF THE BODY INJURED: 1 _____

Enter 1 and 2 below if injuries are different for body parts 2 _____

TYPE OF INJURY: Abrasion |__| Amputation |__| Burns/scalds (thermal) |__|
 Corrosion (chemical) |__| Concussion |__| Contusion |__| Crushing |__| Distortion/sprain |__|
 Drowning (near) |__| Electrocution |__| Foreign Body |__| Fracture |__| Frostbite |__|
 Internal organs |__| Lesion of blood vessel |__| Lesion of nerve |__| Lesion of tendon/muscle |__|
 Luxation/dislocation |__| Open wound |__| Poisoning |__| Radiation (sun, x-rays) |__|
 Sting/bite |__| Suffocation (asphyxia) |__| **Other specified injury** |__| _____ No injury |__|

OBJECT/PRODUCT: (i) leading (indirectly) to the accident: _____

(ii) causing (directly) the injury: _____ **Other objects:** _____

ACCIDENT DESCRIPTION: _____

INTENT: Unintentional |__| Intentional (self-harm) |__| Assault |__| Undetermined |__|

TREATMENT AND FOLLOW UP: Examined & **NO treatment given** |__| Examined **and treated** |__|

Treated and given another appointment for review |__| Treated & admitted to hospital |__|

Transferred to SLH/MDH |__| Deceased |__| Other |__| Unknown |__|

Privacy Policy: In virtue of the Data Protection Act 2001, the information collected is necessary for historical and statistical purposes as well as preventive medicine, healthcare, and the protection of public health. It is strictly for use by the Ministry of Health, and shall not be shared with other organisations unless the law permits. The appropriate safeguards are in place where personal data is being processed. Data subjects have the right to access their data, and to have it updated. Address any queries to:
 The Data Controller, Department of Health Information, 95, G'Mangia Hill, G'Mangia MSD 08 or via e-mail at: healthinfo@gov.mt **DH1174**

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