



Injury Database (IDB)

Annual Report 2010

**Gozo General Hospital-Accident & Emergency
Department**



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Comments

The accuracy of information contained in this document may be limited by factors beyond the author's control. Some data in this document may be subject to interpretation.

Data presented in this report is based on data which has been made available to the Directorate for Health Information and Research from the collaborating hospitals. Accuracy and completeness of data is the responsibility of the hospital providing data.

Users should always acknowledge the source in all works based on information supplied in this document.

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Commentary

Since 1996 the EU has started to collect data as regards injuries from its member states. This has evolved into the Injuries Database (IDB). The aim of this is the collection of data as regards all injuries and accidents attended to by the accident and emergency units of the whole EU.

The IDB is under the remit of the Directorate for Health Information and Research. Since 2005 a pilot project has been initiated at the Gozo General Hospital collecting all data on accidents and injuries.

On arrival to A&E department, trained staff complete the IDB form with the required information. This information has been standardised throughout the whole of the member states so as to be able to ensure comparability. The completed forms are sent periodically to the DHIR where they are coded against the IDB Coding Manual Data Dictionary issued by the EU-funded Consumer Safety Institute in Amsterdam (http://ec.europa.eu/health/data_collection/databases/idb/public_access/index_en.htm). All data is then in-putted into the main database at the DHIR. Data confidentiality is a priority and all data handling is in accordance with the Data Protection Act of 2001.

2010 Report

In this report emphasis was placed on the difference in the patterns of injuries which occurred. The number of events recorded at the Gozo General Hospital was 15,719, of which 3244 were a result of accidents and injuries.

This report records all admissions to the A & E department of GGH with an accident or an injury. The accuracy and completeness of the data compiled on the IDB reporting a form is the responsibility of the organization responsible for data collection. In an effort to ensure to ensure standardisation and completeness of data collection, the DHIR staff frequently visit the GGH staff, providing continuous guidance and support on the collection of IDB data.

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1. Injuries by Age and Gender

In 2010 there were a total of 3244 cases presenting to the A&E department of GGH. Of these, 67.82% of the injury cases were men and 32.18% were women. The majority of injuries were reported among the ages of 10 to 29, within both males and females.

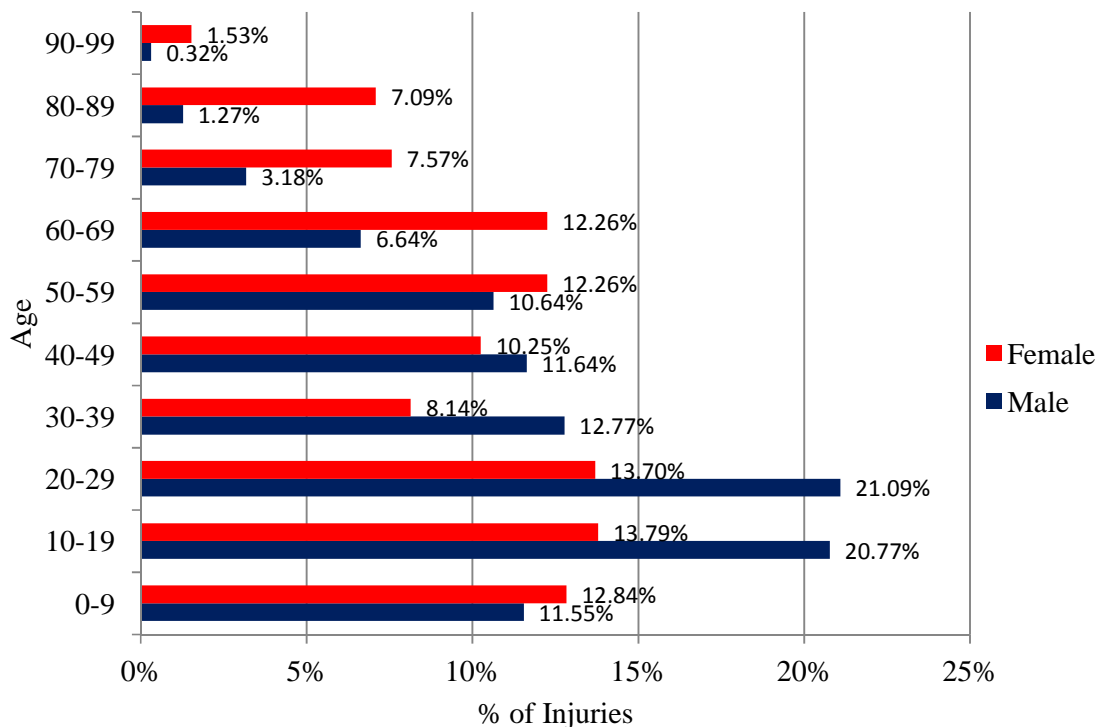


Figure 1: Injuries by age groups and gender

Around 12% of the injuries were incurred by the youngest age group (0-9), with the number of female injuries slightly higher than the number of male injuries within this age group. The number of injuries increased among the ages of 10 to 29, reaching its peak within this age group. Overall, the number of injuries decreased from the age of 30 onwards. Males were more likely to incur injuries among the ages of 10 to 49, with the overall gender gap decreasing as age increases. In contrast, from the age of 50 onwards, female injuries exceeded those of males, with the overall gender gap increasing as age increases.

2. Place of Occurrence of Injury

Grouping injuries by the area of responsibility guides professionals to use resources more effectively and plan interventions to prevent these injuries.

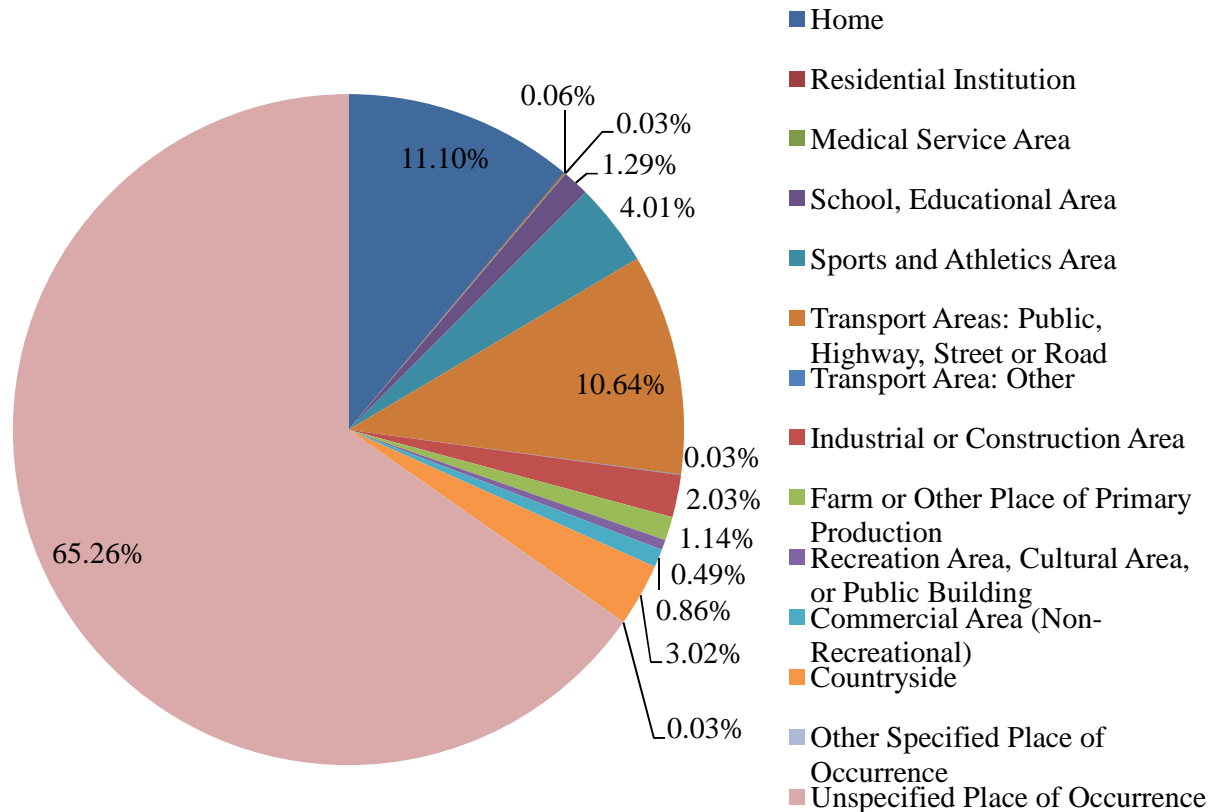


Figure 2: Place where the injury occurred

Due to under-reporting, most of the places where the injuries occurred were unspecified (65.26%). However, the three most recorded places of injury are the patient's home, transport areas and sports/athletic areas owing to 11.10%, 10.67% and 4.01% of accidents and injuries respectively.

3. Mechanism of Injury

The way in which the injury was sustained is a key component in planning preventive measures and reducing the incidence of injuries.

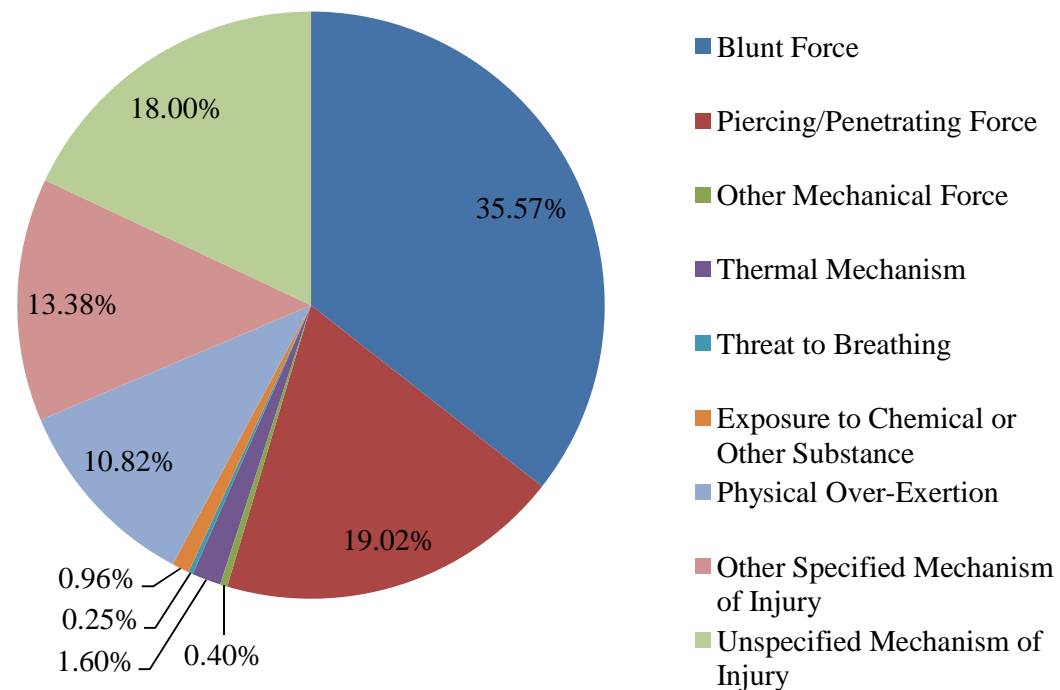


Figure 3: Mechanism of Injury

The most common mechanism of injury is due to a blunt force (i.e. any external force that produces a change in the speed or direction of a moving object or that causes a stationary object to deform or move and that does not involve piercing/penetrating force or machinery) with a percentage of 35.57%. Piercing/penetrating forces also have a rather substantial contribution with 19.02%. Due to under-reporting, 18.00% of the injury cases did not specify the mechanism of injury. However, a number of injuries were sustained from other methods of injuries not elsewhere classified (13.38%).

4. Transport Injuries

A transport injury event is one which includes vehicle accidents and other injuries which occur during the course of transportation or any other machinery involved with the transport of persons. A transport device may include land transport vehicles (may or may not be motor driven). The persons injured may be both pedestrians and users of the mode of transport.

In 2010, there were 127 transport injuries (3.9% of the total injuries). 69% of the transport injuries were sustained by males and 31% were sustained by females. As can be noted from the following graph, a small number of transport injuries were experienced by individuals younger than 10 years of age. From the age of 10, the proportion of transport injuries increased, reaching its peak among those aged 20-29 (32.28%), followed by a decrease in the number of transport injuries among the 30-39 age group. The number of transport injuries increased again among the 40-49 age group, however decreased once again from the age of 50 onwards.

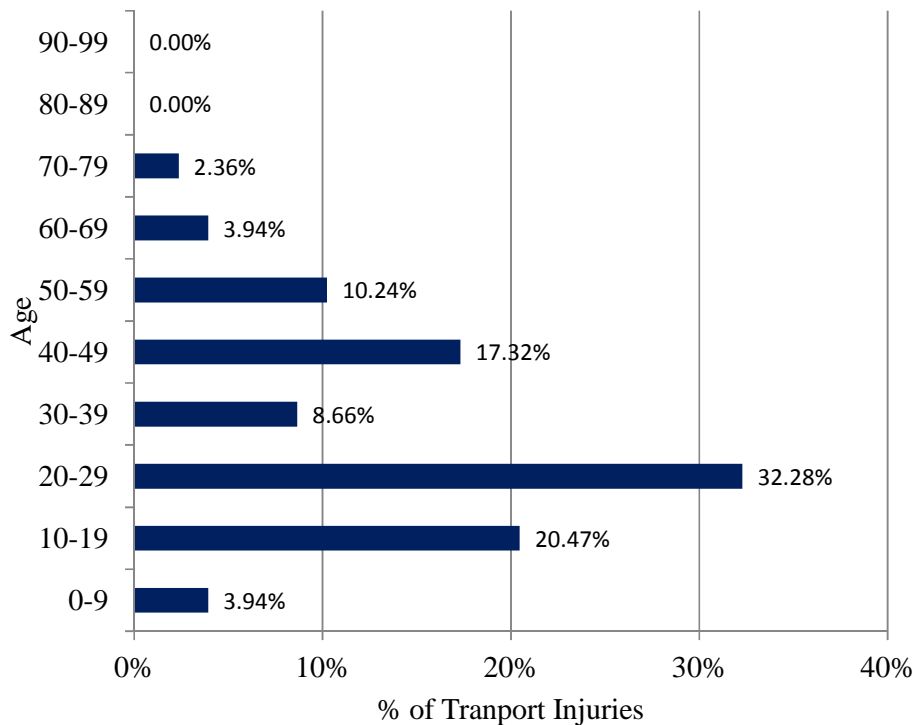


Figure 4: Transport Injuries by age groups

5. Activity when Injured

This refers to the type of activity which the individual was engaged in when the injury occurred.

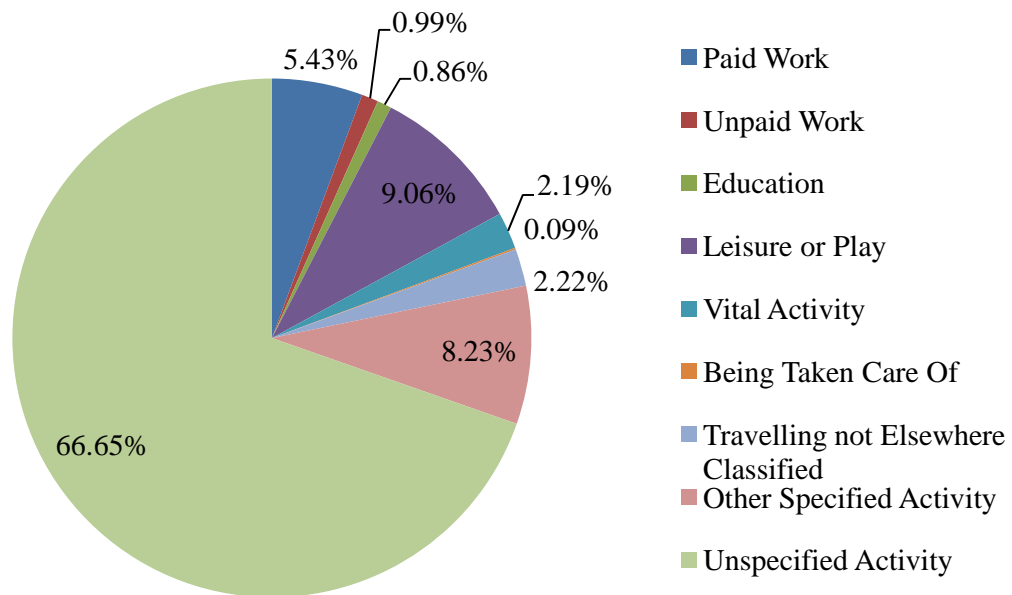


Figure 5: Activity when the injury occurred

As a result of under-reporting, most of the activities being engaged in during the injury were unspecified (66.65%). However, leisure/play (9.06%), followed by work (6.42%) seem to be the activities during which most of the injuries occurred. A number of activities were grouped under other specified activities (8.23%).

6. Body Part Injured

This refers to the region or the body part where the injury is located.

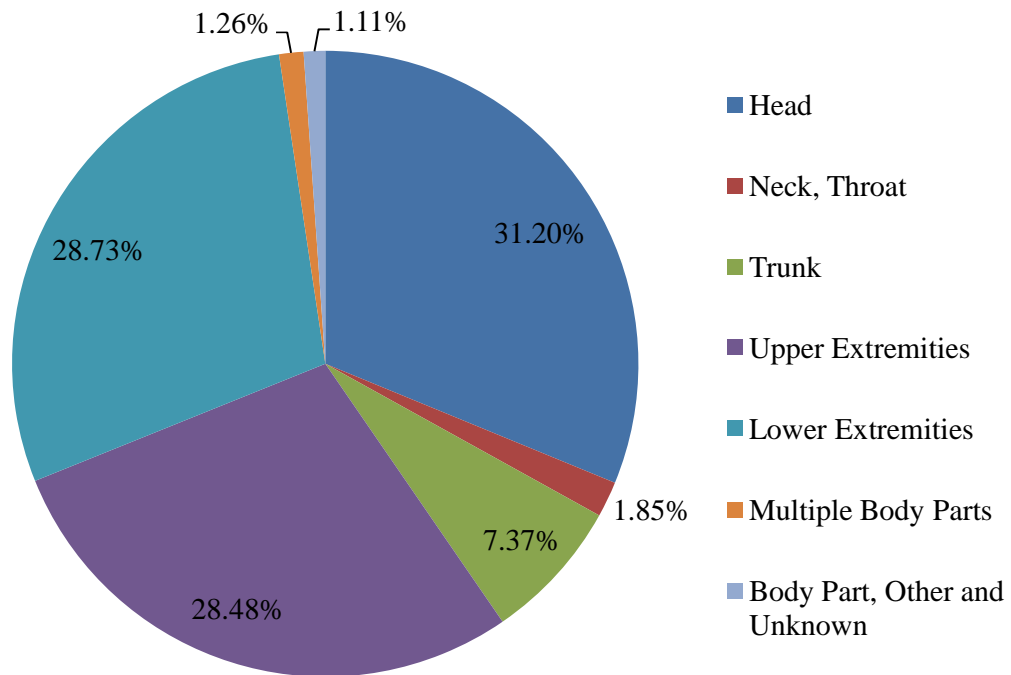


Figure 6: Body Part Injured

Injuries were most suffered to the head (31.20%) followed by both the upper and lower limbs: 28.48%, 28.73% respectively.

7. Type of Injuries

This refers to the type of injury sustained.

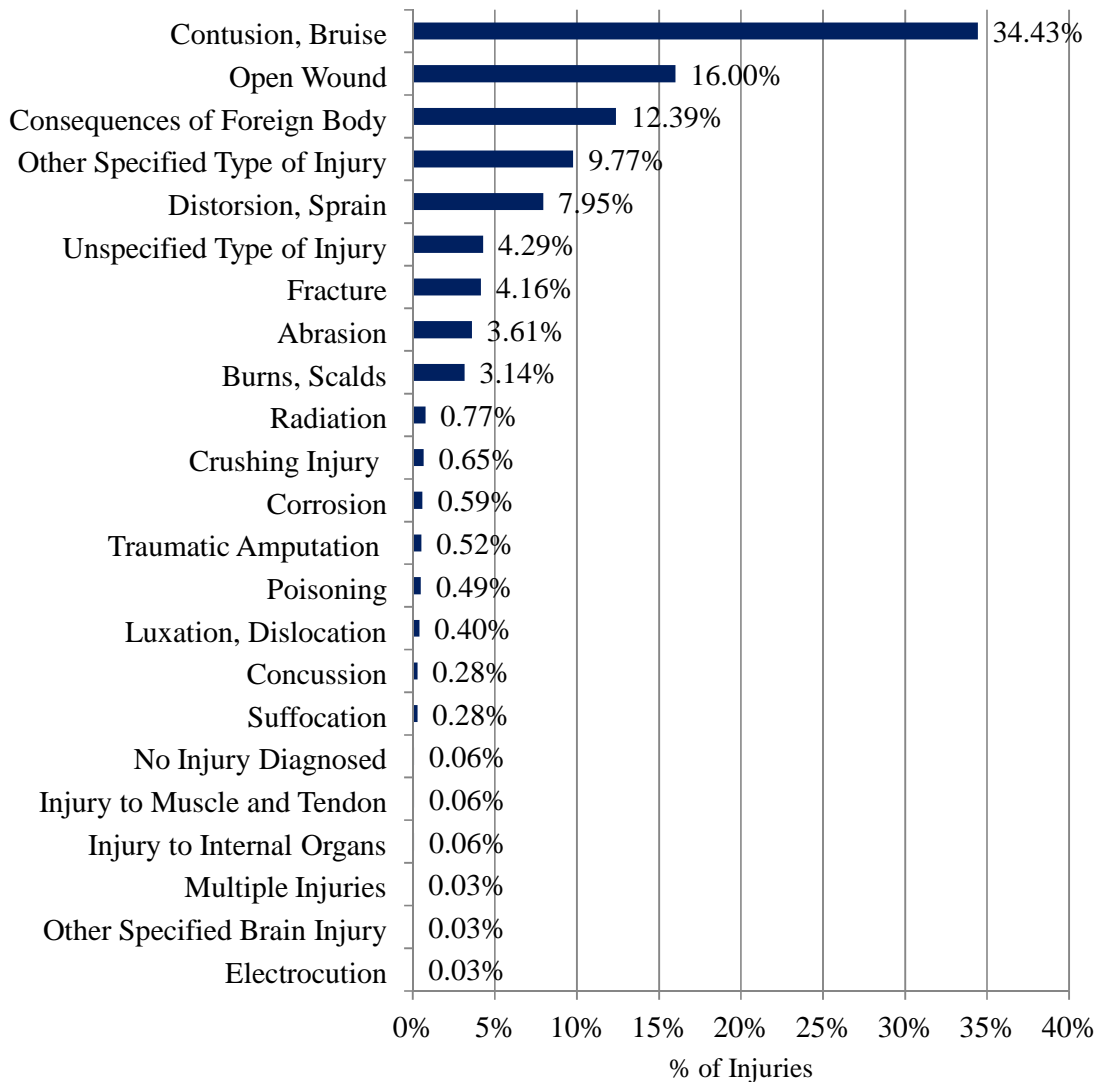


Figure 7: Type of injury

It may be noted that the most common type of injury is a contusion or a bruise. Following contusion/bruise, the most frequent types of injuries are a consequence of open wounds and consequences of a foreign body, with 16.00% and 12.39% of the injuries, respectively. A number of injuries were grouped as other specified injuries (9.77%), while 4.29% of the injury cases did not indicate a specific type of injury.

8. Object or Substance producing Injury

This refers to the matter, material of thing being involved in the injury event.

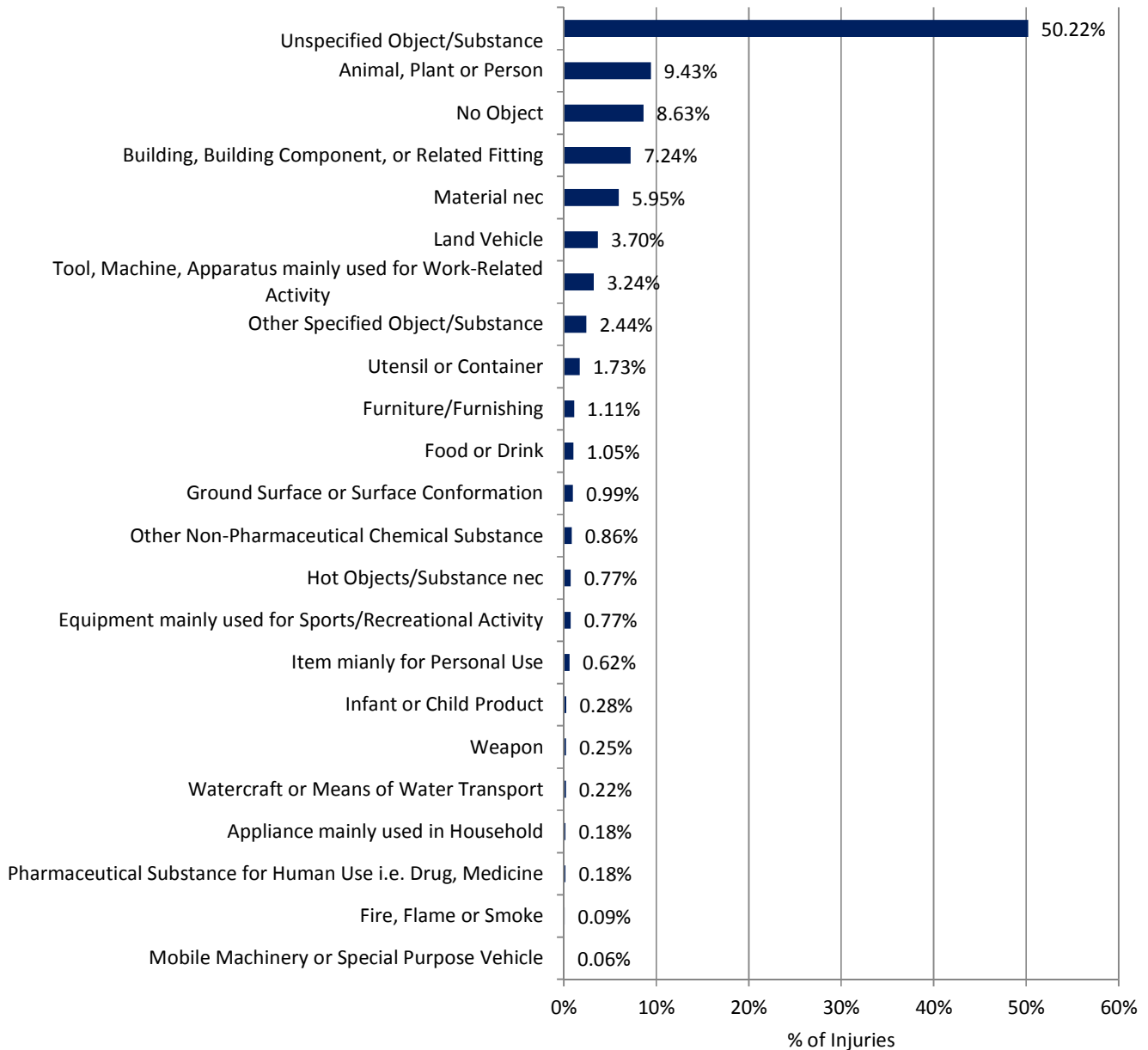


Figure 8: Object/Product producing the injury

The majority of objects or substances producing injuries were not specified (50.22%). From the graph above, it may be noted that the most common injuries were caused by animals, plants or persons (9.43%). A number of objects were grouped under other specified object/substance (2.44%).

9. Treatment and Follow-up

This refers to the status of treatment after the attendance to the Emergency Department. This gives a simple indication of severity and the consequent burden due to the resulting injuries.

The chart below shows the most common outcome of treatment and follow-up after injury, with 74.17% of all cases of injury being discharged after treatment, while 17.97% were referred for further treatment and 7.58% being admitted to hospital.

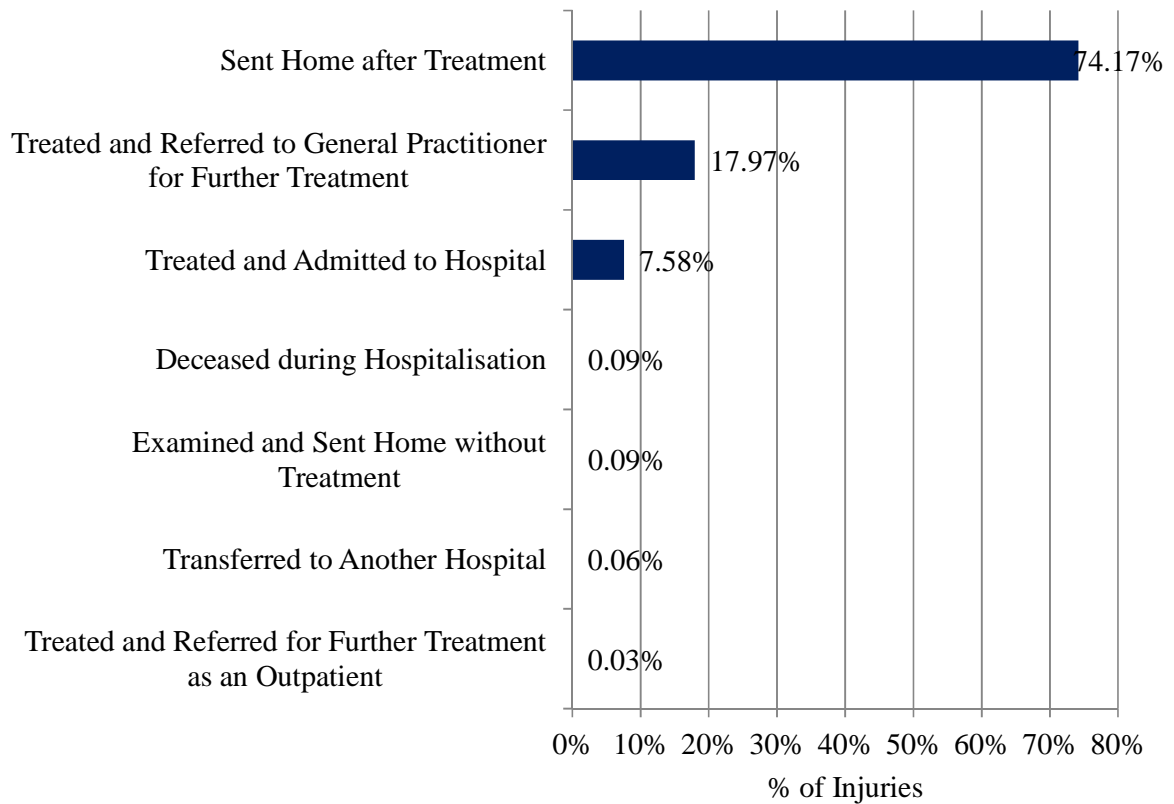


Figure 9: Treatment and Follow-up