



# **Injury Database (IDB)**

**Annual Report 2012**

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

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<b>e-mail</b>	healthinfo@gov.mt
<b>Telephone</b>	+356 25599000

## 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 Department of 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.

## Acknowledgments

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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](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.

## 2012 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 16561, of which 3525 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 2012 there were a total of 3525 cases presenting to the A&E department of GGH. Of these, 64.09% were men and 35.89% were women. Injuries in males commonly occurred in the 20-29 age group, whilst injuries in females most commonly occurred in the 50-69 age group.

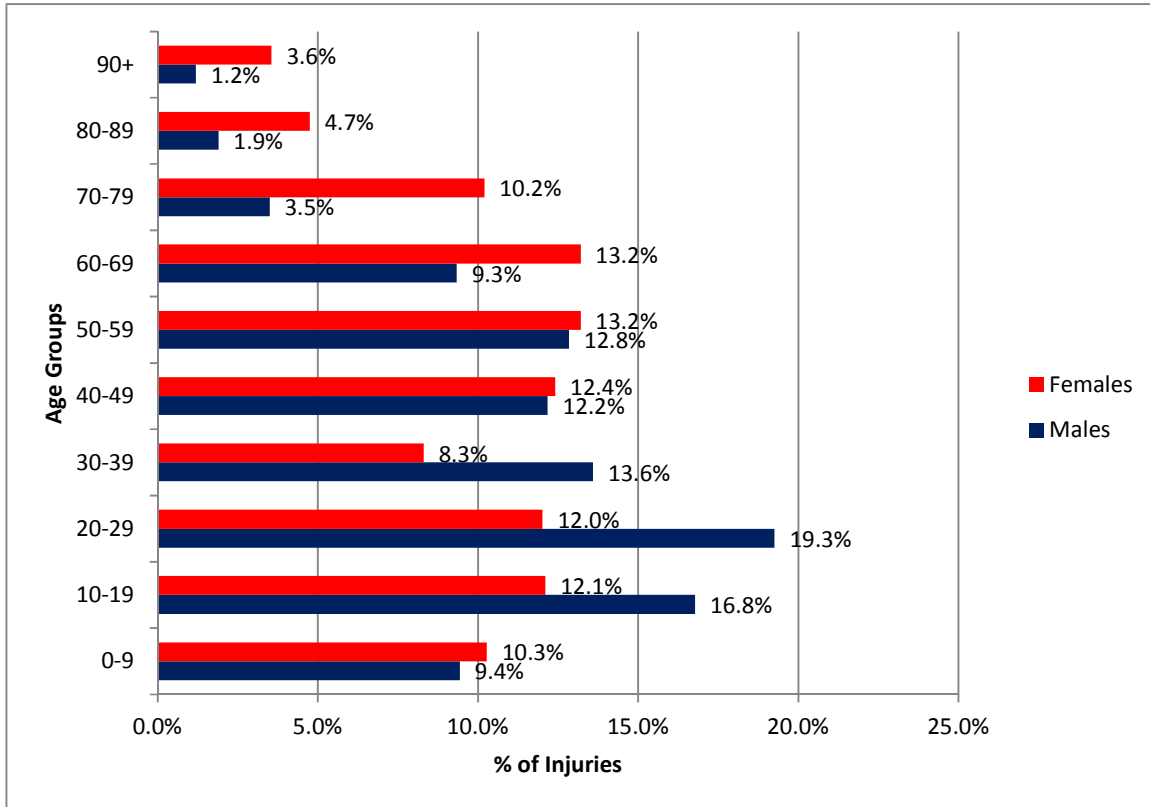


Figure 1: Injuries by age groups and gender.

Around 9.7% of the injuries occurred in the youngest age group (0-9), with the number of female injuries slightly higher than the number of male injuries within this age group. Among the ages of 10 to 29, the number of injuries increased, 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 39, with the gender gap increasing as age increases. Between the ages of 40 to 59 the number of female injuries caught up with those of males, exceeding the proportion of male injuries from the age of 60 onwards, 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.

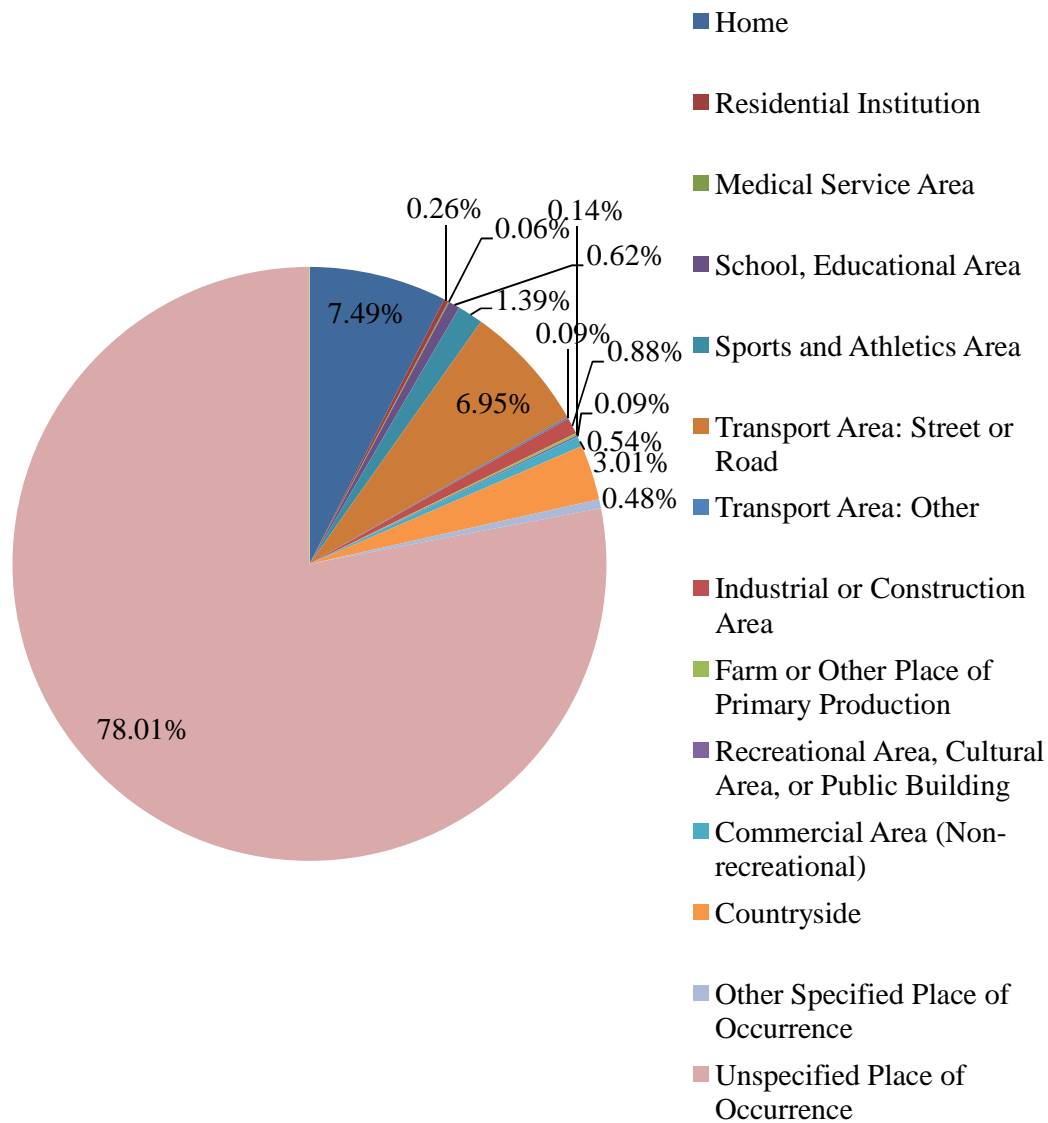


Figure 2: Place where the injury occurred

Due to under-reporting, most of the places where the injury occurred were unspecified (78.01%). However, the home would be the most common place of accident with a percentage of 7.49%, followed by transport area (7.04%).

### 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.

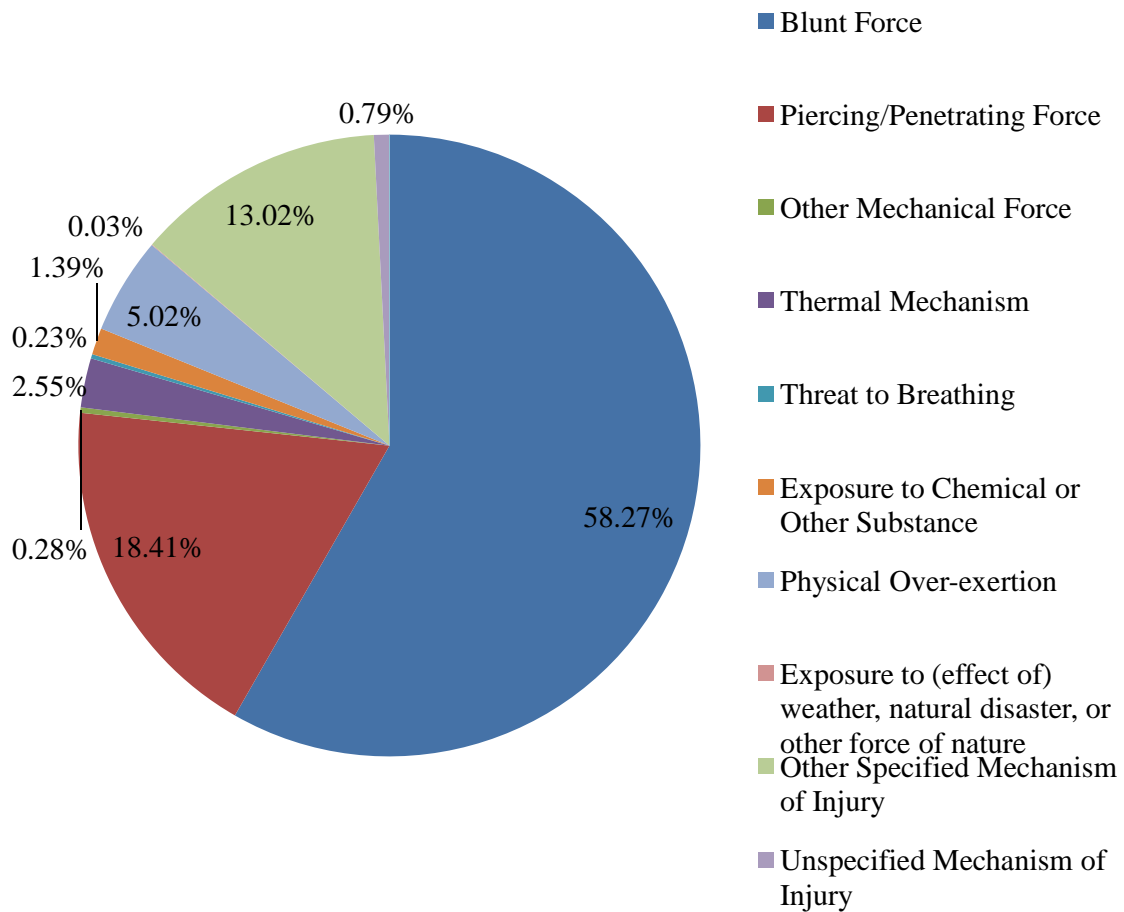


Figure 3: Mechanism of injury.

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 58.27%. Piercing/penetrating forces also have a rather significant contribution of 18.41% of the injuries. However, a number of injuries were sustained from other methods of injuries not elsewhere classified (13.02%).



## 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 2012, there were 164 transport injuries (4.7% of the total injuries). 73% of the transport injuries were sustained by males and 27% were sustained by females. 17.6 % of transport injuries were incurred by individuals younger than 18 years of age. The number of transport injuries peaked among the 18-34 age group (42.8%). However, this decreased to 33.6% among the 35-64 age group. The least number of transport injuries occurred within the 65+ age group.

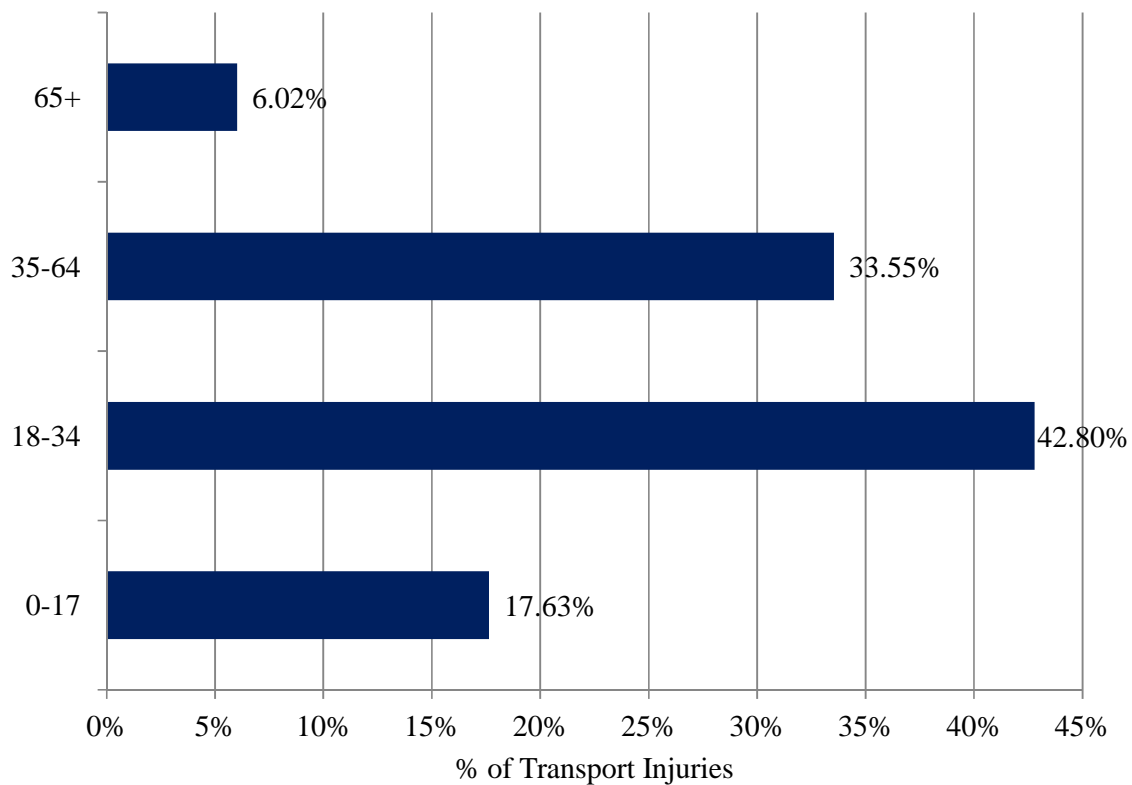


Figure 4: Transport injuries by age groups

## 5. Activity when Injured

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

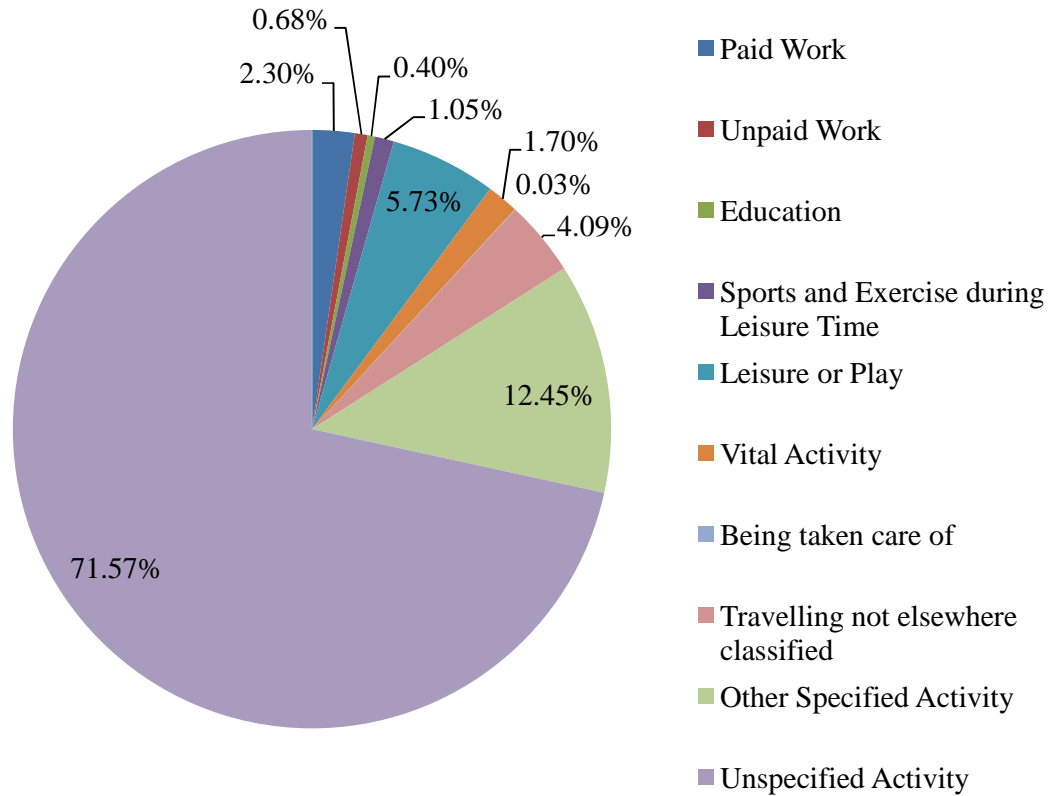


Figure 5: Activity when the injury occurred.

As a result of under-reporting, most of the activities being engaged in during the injury were unspecified (71.57%). Nonetheless, leisure/play seems to be the most specified activity during which most of the injuries occurred (5.73%), followed by work (2.98%). A number of activities were grouped under other specified activities (12.45%).

## 6. Part of Body Injured

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

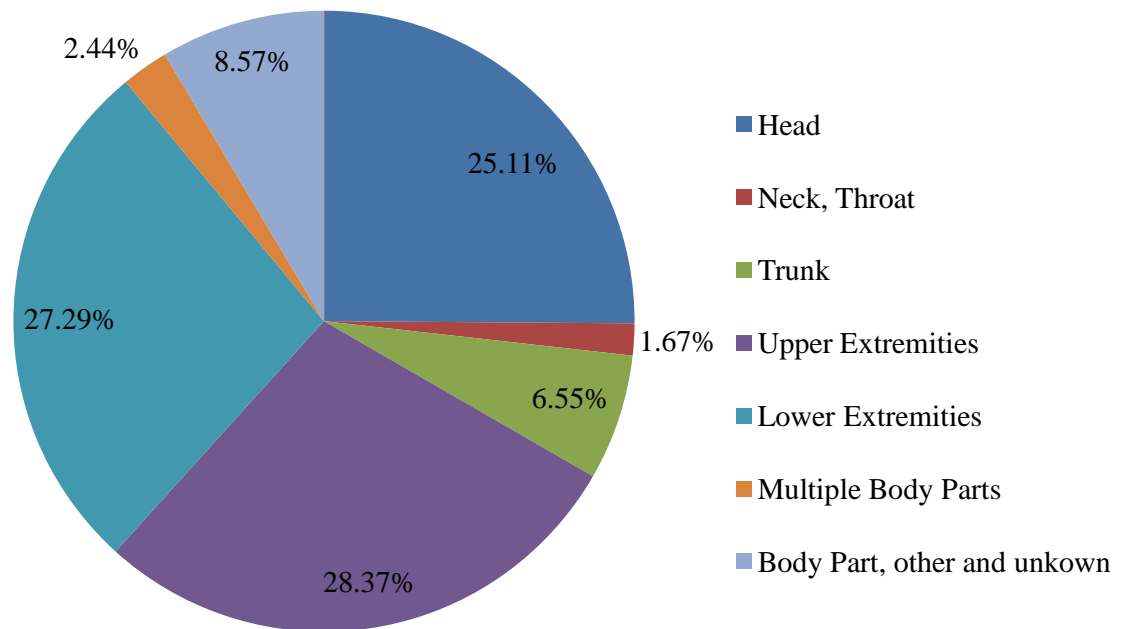


Figure 6: Body part injured

Injuries are most frequently suffered to the upper and lower extremities with percentages of 28.37% and 27.29% respectively, followed by injuries to the head (25.11%).

## 7. Type of Injury

This refers to the type of injury sustained.

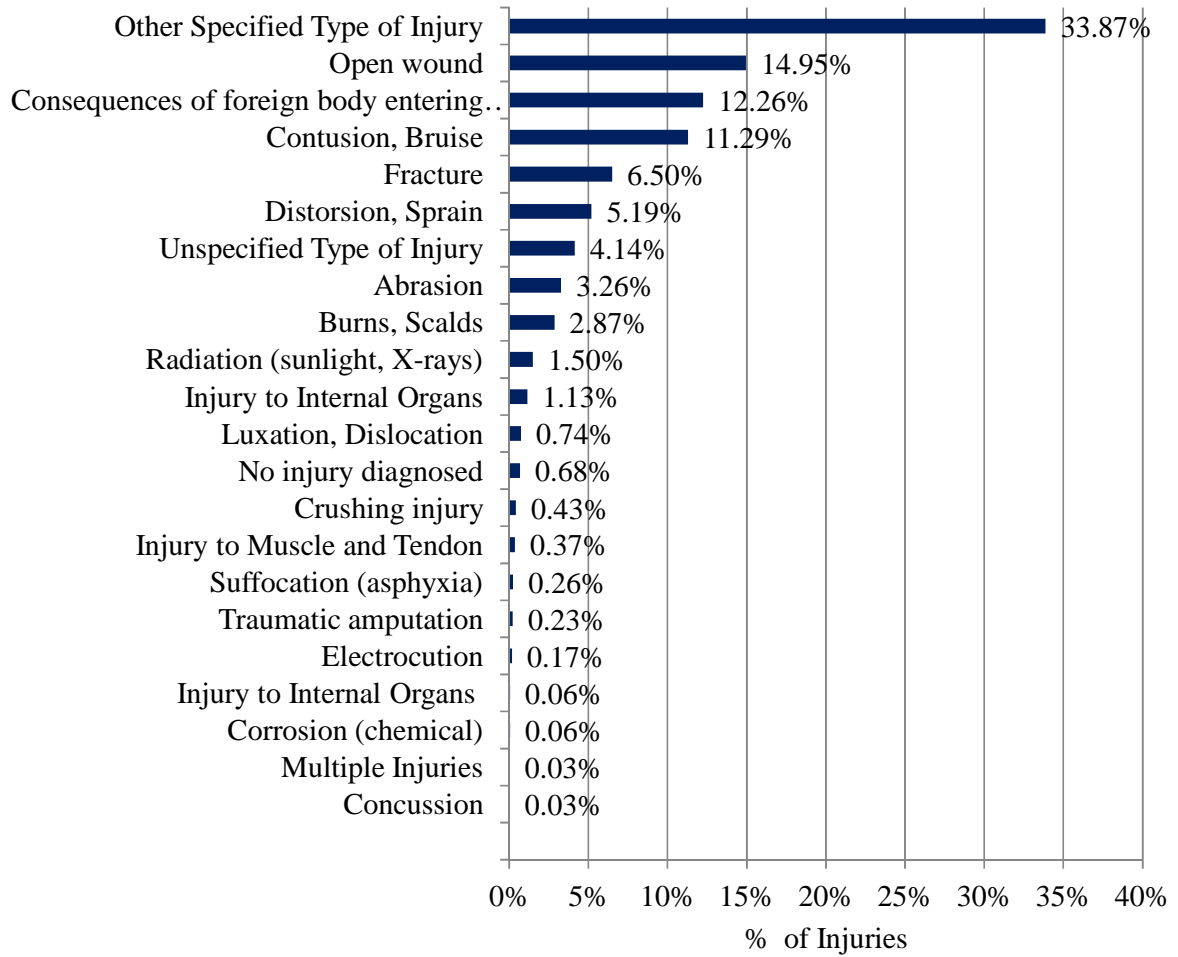


Figure 7: Type of injury

The most common type of injury is an open wound (14.95%), followed by injuries caused by foreign bodies (12.26%). A number of injuries were a result of contusions and bruises (11.29%). However, the majority of the injuries were classified as other specified types of injury (33.87%), while 4.14% of the injury cases did not indicate a specific type of injury.

## 8. Object/Substance producing the Injury

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

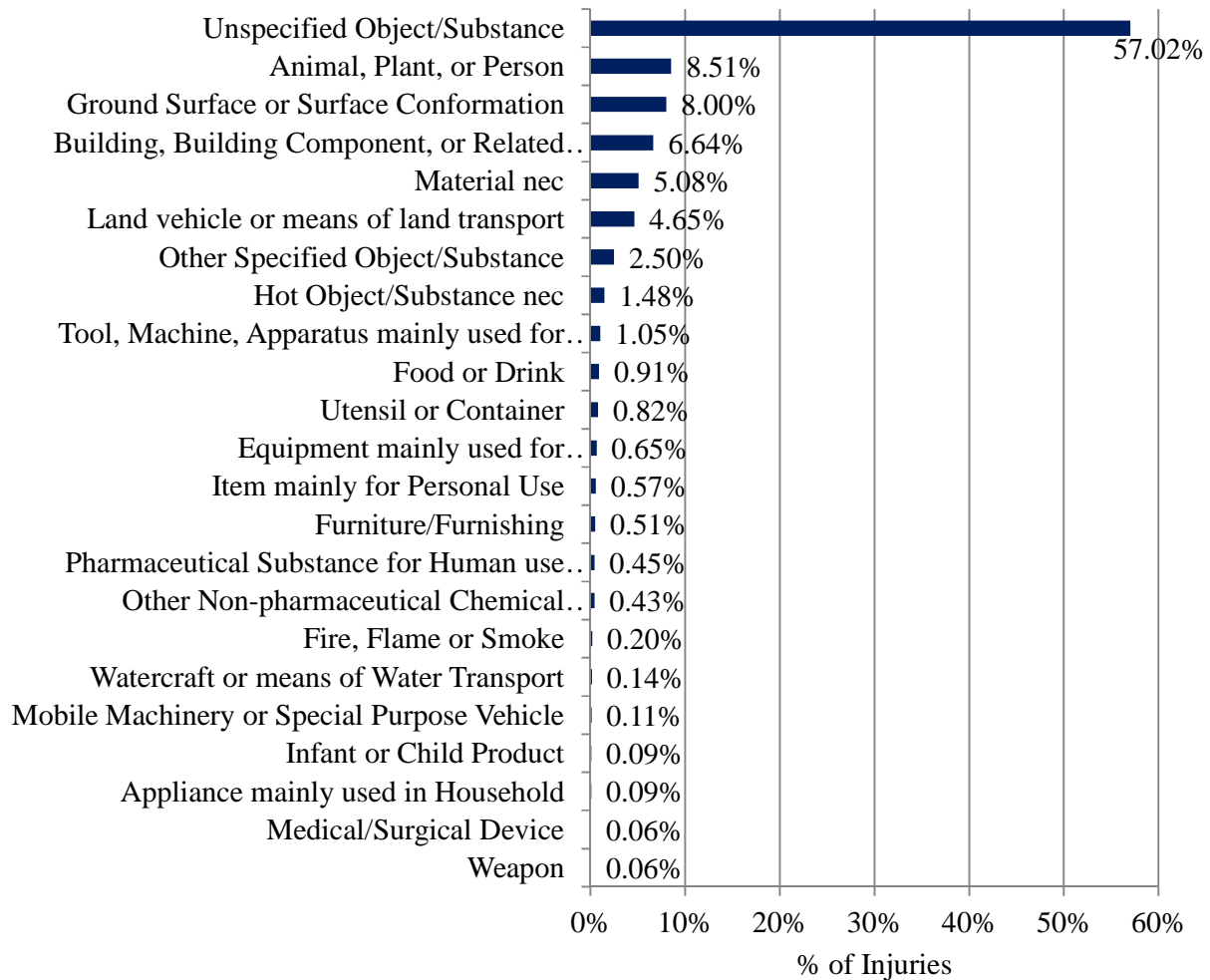


Figure 8: Object/Substance producing injuries.

The majority of objects or substances producing the injuries were not specified (57.02%). It can be noted that the most common injuries were caused by animals, plants, persons with a percentage of 8.51%, followed by ground surface/surface conformation with a percentage of 8.00%. A number of injury cases did not report the object producing the injury (2.5%).

## 9. Treatment and Follow-up

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

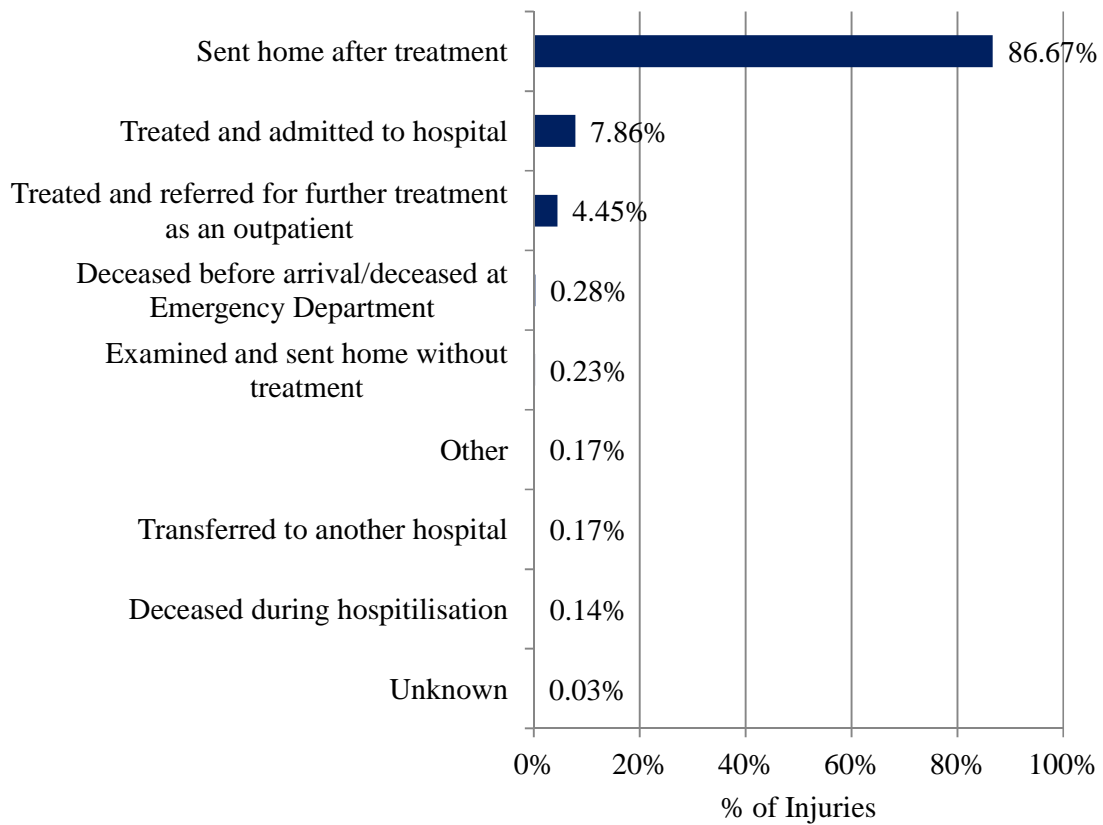


Figure 9: Treatment and Follow-up

The chart above displays the most common outcomes of treatment and follow-up after injury. 86.67% of all cases were sent home after treatment, while 7.86% were treated and admitted to hospital and 4.45% were treated and referred for further treatment as an outpatient.