Why is health-based injury registration an issue?

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- Background for health-based injury registration in the Nordic countries
- Purpose of registration
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- What with severity?

Background

- Product safety in the USA – the NEISS system (National Electronic Injury Surveillance System) originated in 1972, based on new consumer policy by President Kennedy in the 60-ies.
- Traffic and occupational accidents had more or less their own registration systems, product-safety not.
- NEISS: Sample of hospitals across the USA

Further development

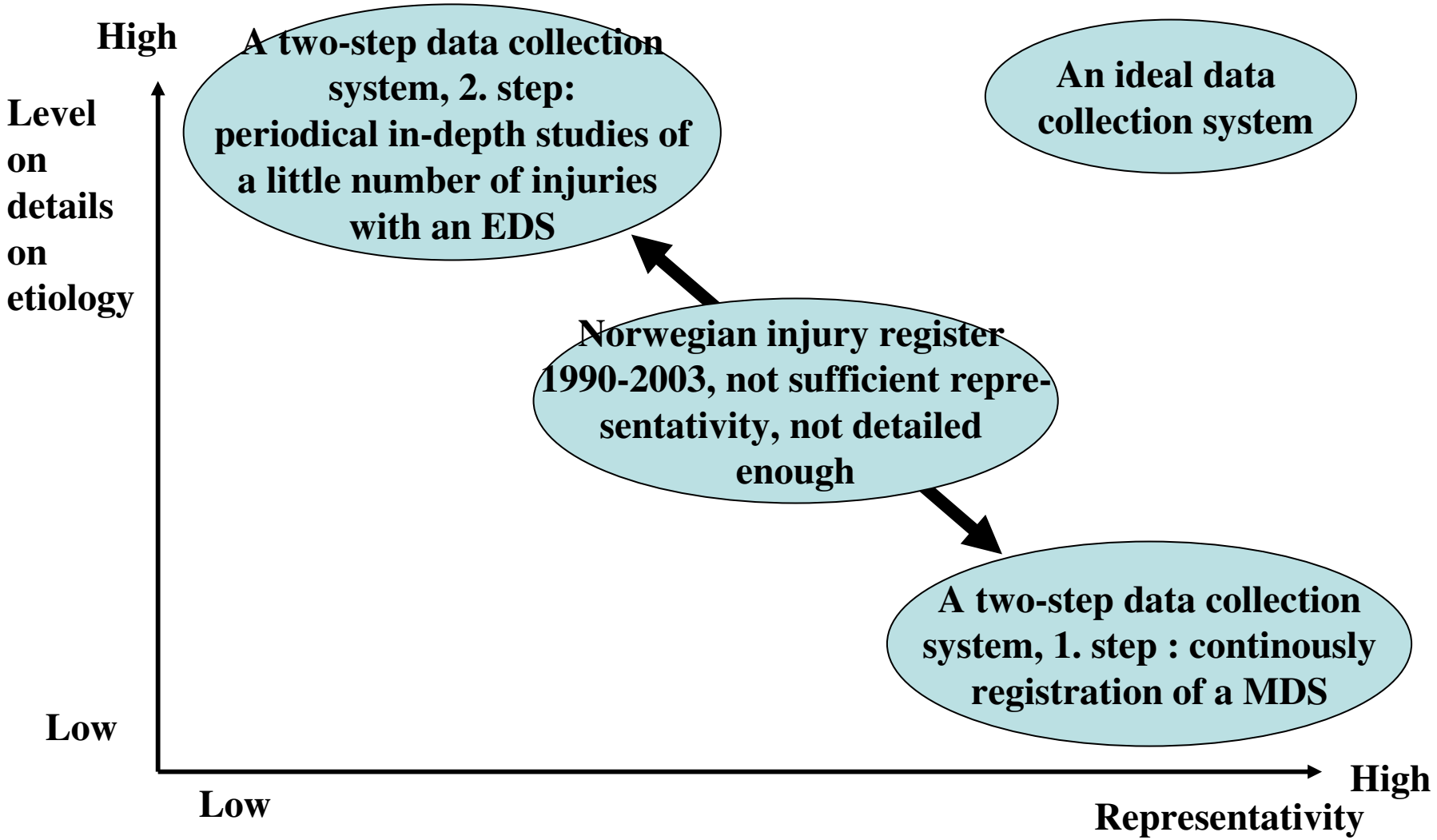
- UK 1976, HASS, product-related
- Denmark, Odense 1977, all injuries
- Nordic countries 1977, product-related
- Canada, 1982, CAIRE, product-related
- Netherlands, 1982 PORS, product-related
- Denmark, 1985, all injuries
- Europe, 1986, EHLASS, product-related
- Norway, 1990, all injuries
- Victoria, Australia 1990 – all injuries

Purpose of registration

- Purpose 1: To identify dangerous products
  - Required collection of rather detailed data about involved products
  - Required special funding to hospitals for registration, hence costly
- Purpose 2: To establish national and local injury statistics for monitoring accident and injury picture, and to follow trends
  - Required rather high completeness/ representativity on registered injuries/accidents

Registration models: An ideal, a two-step model and in betweens

(EDS: Expanded data set, MDS: Minimum data set)



How is severity measured?

- Health-based injury registers are monitoring:
  - Fatalities, easy to count, but problems with validity and completeness
  - In-patients, hospitals have administrative systems that might register injuries, problems with varied administrative practice in hospitals/countries
  - Out-patients, problems with varied organisation of acute care across municipalities. Severity varies with distance between where injury happened and the AED
  - Patients treated by general practitioners (GP), problems that they are many, and few if any registration systems are present. Severity varies as with out-patients

So how to compare incidences across municipalities/countries?

- May be we should concentrate on:
  - Fatalities
  - Disability and impairments
  - and may be in-patients,

  avoiding the problems with comparing various groups of minor injuries without knowing the completeness/representativity of them (comparing apples with pears?)

INTEGRIS WG5 – an EU-project on disability weights

- Disability weights of discharge diagnoses (both in- and out-patients) are estimated based on questionnaires to injured persons ½, 1, 2 and 3 years after discharge from hospital
- This method is promising for calculation of injury burden to municipalities, counties and countries, and monitoring trends. If this will work, valid comparisons might be possible.

Why is health-based injury registration an issue?

- The health system is the most complete data source: almost all injured persons are treated there, at least above some threshold of severity.
- It is the most important data source for injuries due to home and leisure accidents (ab. 70% of all inj.)
- Important complement to occupational and traffic accidents registers.
- Most important task in the health system with respect to injury prevention, is to establish injury registers and supply the respective authorities and bodies with data to enabling valid monitoring of injury trends and to be a data source for developing efficient preventive measures.