Statement on the provision of hospital data on injury for facilitating prevention, issued by the Section on Injury Prevention and Safety Promotion in European Public Health Association (EUPHA)

On November 9, 2012, members of the EUPHA Section on Injury Prevention and Safety Promotion discussed injury surveillance at the section annual meeting in Malta.

The members of the Section decided to call upon the member state authorities in the WHO-European Region, the WHO-Office for the European Region and the European Commission *to enhance injury surveillance efforts*, while taking into account that:

- injury in the WHO European Region is the third leading cause of death, and a major source of morbidity and long term disability;
- both the Resolution EUR/RC55/R9 of 15 September 2005 on the Prevention of Injuries in the WHO European Region and the EU Council Recommendation of 31 May 2007 on the Prevention of Injury and the Promotion of Safety are urging member states to develop injury surveillance in order to obtain a better understanding and to raise awareness of the burden, causes and consequences of injuries, so that programmes and investments for prevention, care and rehabilitation can be better targeted, monitored and evaluated;
- the WHO-Euro report on the evaluation of the implementation of the WHO-Resolution and the EU-Council Recommendation in the member states (Copenhagen 2010) indicates some progress made, but at the same time calls for 'improved access to reliable and comparable injury surveillance information to make the extent, causes and circumstances of the problem more visible across the Region'.
- The report from a EUPHA pre-conference in Copenhagen 9 November 2011 on "Health-based injury registration in the Nordic countries and in Europe – experiences and challenges" highlights the need for an injury data system that is integrated in the health system, part of the routine health system at local level as the foundation, for long term duration.

While also considering that

- prevention requires accurate data in order to understand the causation of injuries, the development of effective safety measures, for directing actions toward the respective target groups, for monitoring of trends, and for raising awareness of stakeholders including the persons at risk;
- the health sector is in the unique position to collect and disseminate meaningful data at low costs in order to trigger prevention actions and programmes in policy domains within and beyond the health sector;
- most countries can only report on mortality data, which reflect the most tragic results of injuries, but leaves out of scope the great number of non-fatal injuries and their burden in terms of costs of health care and long-term disabilities;
- basic information on injury causation is already being collected in hospitals and their emergency departments as a matter of routine during the anamneses, but hardly registered in a harmonised format nor made available for primary prevention purposes by third parties;
- primary prevention programmes need not only traditional medical data about mechanisms of injury, type of injury and location of injury, but at least basic information on the circumstances of the injury events like activity when injured, place of occurrence:

- the Joint Action on Monitoring Injuries in the EU (JAMIE) has led to an updated methodology and format for collecting such basic information (IDB-Minimum Data Set) in a large number of Emergency departments at hospitals at almost no additional investment (manual for the Joint Action on Monitoring Injuries in the EU (JAMIE) of 7 August, 2012);
- for certain policy areas such as consumer safety, road safety and violence prevention, more detailed information as to the circumstances and persons/ products/ environmental features involved in the injury event, which can be collected with moderate additional investments through additional modules (IDB-FDS and specific modules) in a limited number of reference hospitals in countries.

The section members conclude that:

- If there would be only one thing the health sector can do for injury prevention, it is the collection and provision of data on causes, circumstances and consequences of injuries as needed by stakeholders, policy makers and target groups;
- Injury surveillance initiatives that resulted from the WHO-Resolution and the EU-Council Recommendation shall be taken forward at national and European level and lead to sustainable mechanisms for exchange of harmonised injury data;
- Basic data, which are common elements of an anamnesis anyway, shall be recorded and collected in all emergency departments of hospitals as a matter of routine for all injuries (accidents and acts of violence, inpatient as well as ambulatory treatments);
- Complementing basic data about the patient (gender, age-group, length of stay in hospital) the following items shall be covered: intent (accident, self-harm, interpersonal violence), setting (road, educational setting, home, paid work, sport, other) and injury mechanism (road crash, fall, cut/pierce, poisoning, burn/scald) as well as nature of injury and part of body injured;
- In addition to this Minimum Data Set, in each member state at least one big trauma centre shall also collect detailed data (Full Data Set) on circumstances and product/substance involved, and on specific categories of injuries (interpersonal violence, self-harm, road transport accident, sport accident);
- Ministries of health of countries, in which such a system is not in place yet, shall initiate legal actions or shall take administrative actions, in order to ensure such simple set of data to be implemented. The data shall be recorded in an harmonized and comparable form, by electronic means, collected at national level, and published in aggregated form, at least annually;
- WHO Europe and European Commission shall take further actions in order to facilitate the collection and the exchange of comparable injury data, comparable between years, countries, population groups, and policy domains.

Malta, 9 November 2012