

Evaluating how injury data could be improved

**Feasibility report and hospital
based pilot study**

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We need good injury data in order to:

- Identify extent of the problem
- Develop prevention policies and programmes
- Allocate resources to its prevention
- Identify cost effective solutions
- Learn from experience by monitoring and evaluating programmes and interventions

The need for injury data

- EU Recommendation (2007/C164/01)
 - make better use of existing data
 - develop or improve representative injury surveillance
 - monitor evolution of injury risks and effect of prevention
- EU Regulation (764/2008)
 - Establish adequate procedures to monitor accidents and harm to health from certain products

Potential use of existing data sources

	HASS & LASS	Existing Hospital data			Specialist				Surveys & Studies	
		A&E MDS (e.g. England)	Inpatient/ HES PEDW SMR	AWISS	Local bespoke A&E data	Special Inpatient databases	National database (Occupational, Drowning etc.)	Fire & Road	National Health & Crime Surveys	In depth studies
Use of data										
National strategic policy development and monitoring	✓	✓	✓	✓	x	✓	✓	✓	✓	✓
Research (at national level)	✓	✓	✓	✓	x	✓	✓	✓	✓	✓
Regional strategic policy development and monitoring	x	✓	✓	✓	✓ some d/bases	✓	?	✓	?	✓
Local injury prevention policy & programme definition, monitoring & evaluation	x	?	?	?	✓	?	x	✓	x	✓
Research (at local level)	x	?	x	?	✓	?	x	✓	x	✓
Risk assessment (product & service)	✓ detailed	x	x	?	✓ some d/bases	✓ some products	x	✓ some products	x	✓ some products
Product & service development	✓ detailed	x	x	?	✓ some d/bases	✓ some products	x	✓ some products	x	✓ some products

✓	Available	✓ some d/bases	some d/base collect full data
?	don't know yet	✓ detailed	specific details such as product type, age,
x	no	✓ local data	data collected locally can be used locally
✓ some products	not all product/ specific selection of products	✓ ltd free txt	free text field providing limited information

Our recommendations

- Wide support for searchable injury database;
- Should include all injuries, regardless of intent;
- Have information about the victim, their injuries and their cause;
- Free text about the incident
- If a product involved, have information about its type, size and shape; and
- Be linked to work at the EU level on database development, health promotion, and setting standards.

Recommendations (2)

- Pilot running in Wales - wait for evaluation
- Need to assess data collection in Scotland
- Pilot in two hospitals in England to test two methods
- Collect data across UK in as compatible way as possible
- Assess English CDS for quality and completeness and improve where necessary

Recommendations (3)

- Set up analysis and dissemination centre to get information to practitioners and send UK data to EU IDB
- Make better use of IOBI - could oversee the analysis and dissemination centre
- Keep the momentum - find a champion – don't let it drop off the DH or NHS agenda
- Convene a Task Force to see it through

Emergency Medicine Data collection Pilot

- London St. Marys/ Exeter/ Aintree & Oxfordshire
- Additional data collection at EM Depts.
- Comparison of potential of additional data Vs. Standard Minimum data set.
- Exploring potential for self completion (touch screen etc.)
- How can information (including details of causality) can be recorded more efficiently at EM depts.