**Country update on Injury Surveillance: Lithuania**



*Background*

Lithuania is the largest country of the three Baltic states. Lithuania has an estimated population of 2.9 million as of 2015, and its capital and largest city is Vilnius. On 11 March 1990, the year before the break-up of the Soviet Union, Lithuania became the first Soviet republic to declare independence. Prior to the global financial crisis of 2007–2010, Lithuania had one of the fastest growing economies in the European Union.

Health Information Centre of Institute of Hygiene (HIC IH) is responsible for health statistics, especially causes of deaths, health care and health resources statistics. HIC IH collects data using annual survey of health establishments (health care resources and some data on health care activities) and data from administrative data source such as the Compulsory Health Insurance Fund information system (CHIF IS) managed by the National Health Insurance Fund under the Ministry of Health.

*Current situation*

In Lithuania there are 35 hospitals with traumatology departments at present. The Ministry of Health has a plan to reduce the number of traumatology departments to 12 trauma centres in big cities and county centres. Primary care is being provided by 2600 family physicians and other primary health care physicians (therapists and paediatricians) working in about 400 primary health care institutions. In 2015, 427146 persons had injuries or poisonings and were treated in hospitals, out-patient units and in primary health care.

The main source for morbidity statistics calculation is the Compulsory Health Insurance Fund information system (CHIF IS), which covers data on hospital discharges (about 99%), out-patient visits (90%), and primary health care visits (100%). HIC IH gets the copy of CHIF IS with recalculated personal ID numbers for statistical data calculations. Data in CHIF IS is available from 2001. During the period 2009-2011, injuries and poisonings in hospital discharge were coded by ICD-10 on 4 digits level with external cause code, since 1st June 2011 – by ICD-10-AM (Australian modification) 5 digits level with 3 codes of external causes.

Since 1st of June emergency departments (ED) started to use new expanded statistical form for out-patient with ability to register up to 3 codes coded by ICD-10-AM 5 digits level. External causes for out-patient care (incl. primary care) are coded only by 9 groups of external causes. Coding of external causes for CHIF IS is mandatory. However, the quality of coding is not very good. 11% of cases are not coded at all, unspecified codes are often used. At this moment hospitals do not have extra staff for coding injuries and this has impact for coding quality.

In 2015 CHIF IS reported 43650 hospital discharges due to injuries and poisoning (S00-T98), of which 22591 falls (51.8%), 3926 exposure to inanimate mechanical forces (9%), 2365 intentional self-harm (5.4%), 1908 transport accidents (4.4%). In addition there were 308852 episodes of out-patient care in emergency departments of hospitals.

*National injury monitoring project*

During the period August 2011 – September 2015, with financial support from the EU Structural Fund, Institute of Hygiene implemented national project “Injury and Accident Monitoring System”. The national project aim was to create the national system of monitoring of injuries and accidents (trauma register), including as many data as possible for health policy planning, health care administration, public health, international data collection needs. It was carried out in close collaboration with data providers and national consultative group of stakeholders, i.e. data users, in the relevant governmental departments and agencies.

The main intent of this project was to create register witch could allow comprehensive data collection on treatment of injuries as well as later stage consequences, i.e. disability. For this reason the use of personal ID was necessary for follow up the patient. But according to the Law of Personal Data Protection in order to create the register with personal ID collection this register should be defined in the Law. Unfortunately due to time limitation of the project it was not possible to change the necessary Law and the system was created without possibility to link data from different data sources. By now, data from different sources could be compared by clinical diagnosis, region, age and gender.

The Information system of Injury and Accident Monitoring was officially started in 1st of September 2015. Data on injuries from CHIF IS (treatment episodes of injuries), Causes of Death Registry, The State Social Insurance Fund Board under the Ministry of Social Security and Labour (data on sick-leaves due to injury), Disability and Working Capacity Assessment Office under the Ministry of Social Security and Labour (data on disability due to injury) are collected into this system.

The system of Injury and Accident Monitoring covers all hospitals (in-patient and emergency departments) in Lithuania. Using this system external cause data could be converted to IDB minimum data set (MDS-I) for all hospital discharges from 1st of June 2011. Since 2013 MDS-I are available for out-patients of emergency departments in hospitals as well.

In order to have Full Data Set (FDS-I) additional coding of external causes is needed. Introduction of such coding is foreseen only with the full implementation of e-health.

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*IDB-related publications:*

<http://www.hi.lt/lt/traumu-leidiniai.html>