**Country update on Injury Surveillance: Malta.**

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Introduction

The Maltese archipelago lies virtually at the center of the Mediterranean just 93km south of Sicily and 288km north of Africa. The archipelago consists of three islands: Malta, Gozo and Comino with a total population of just over 400,000 inhabitants over an area of 316sq km and a coastline of 197 km (not including 56 km for the island of Gozo) making Malta one of the most densely populated countries.

The Department of Health has long felt the need for injury surveillance. The main impetus came from two sources.

Firstly, our mortality records show that falls are still a substantial underlying cause of death in the Maltese elderly. The Injury database can provide an insight into such injuries – particularly the non-fatal ones, with a view to design policies and facilitate measures to reduce this cause of morbidity. Secondly, the Malta Standards Authority has been seeking to collaborate with the Department of Health on the issue of product safety surveillance, so that data would be available on injuries related to the use of consumer products or services.

Data on injuries treated in Emergency Departments provide invaluable information on the circumstances and causes of product related injuries and assist enforcement officers in their risk assessment procedures.

Malta’s Health Care System

Malta has a long history of providing publicly funded health care known as the government healthcare service, where healthcare is free at the point of delivery, in parallel to a private healthcare system. Primary care is predominantly being provided in solo private general practices (60%) and in the public district health centers (40%). Public hospitals provide most of the secondary

and tertiary care.

There are two public general hospitals in Malta. Mater Dei Hospital, inaugurated in November 2009, is Malta's primary hospital, and one of the largest, most modern and well equipped medical centers in Europe. Gozo General Hospital (GGH) is the other government hospital located on the island of Gozo.

Data from emergency departments

The Injury Data Base was officially launched in Malta in September 2004. The Department of Health Information and Research (DHIR) is the body responsible for the compilation of such data.

Data collections started at GGH, using a specific form for Malta which included the minimum data set of information in line with the EU-IDB. This was designed in such a way so as to facilitate the completion of the form by triage nurses or doctors, through minimisation of free-text and using mainly tick-boxes, to render the information clearer and also reduce the workload of the nurse/doctor as much as possible. After completion, the forms are forwarded to DHIR on a monthly basis where they are coded against the IDB Coding Manual Data Dictionary and then inputted in the main database at DHIR.

The Mater Dei Hospital (MDH) has been included in the system only recently. This required us to develop an electronic solution for data processing in the hospital, as the patient register in that hospital was already quite advanced and the use of stand-alone paper forms would have generated an excessive burden for the emergency department personnel. This hospital handles an average of ten thousand episodes per month.

A data mining software was developed to capture data from hospital records. The software makes use both of existing fields in the patient records, particularly the demographic variables, and also of a free-text field in which a short description of the episode is typically entered by the triage nurse.

This process helps not only in filtering injury episodes but also in pre-populating a number of variables for each episode. The software is capable of identifying acronyms/ terms/phrases/words to extract injury episodes. Relevant variables taken for each episode include anatomical site, injury type and objects involved.

Data collection at MDH started in January 2012 and DHIR staff are currently visiting the A&E personnel for short training and reach out sessions. Data is kept in accordance with the Data Protection Act, 2001. This allows an effective cross-link with hospital discharge registers and national mortality register in order to avoid duplications, to verify length of stay and death-related injuries and detect injuries bypassing emergency departments. A very high proportion of incidents lack data regarding place of occurrence, activity and objects involved.

Data use

The Injury Database is being consulted for numerous ad-hoc specific requests in response to policy or product safety queries. Information generated from the Database is disseminated both via regular reports and publications, and through communications in a variety of fora.

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