**Country update on Injury Surveillance: Porugal**

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*Introduction*

In Portugal, the National Health Service (NHS) is responsible for providing health care to its ten and a half million population. A growing private and social sector also provides health services. In the Portuguese health care system there are three overlapping systems: the NHS; special public and private insurance schemes for certain professions (health subsystems); and private voluntary health insurance.

Health service planning and regulation largely take place at the central level in the Ministry of Health (MoH) and its institutions, through its National Health Plan. The management of the NHS is devolved to the

5 health regions: Norte; Centro; Lisboa e Vale do Tejo; Alentejo; and Algarve. In the 2 autonomous regions, Azores and Madeira, regional secretaries of the regional government are responsible for health care and planning and evaluation of health. In these autonomous regions health policy followed the general constitutional principles of the NHS, however it is applied locally by the regional governments who have some flexibility.

Primary care centers are the central pillar in the health system carrying an important role in health promotion, prevention and care of the disease, continuity of care and collaboration with other health services. The administrative boards of each of the 5 mainland health regions are accountable to the MoH and are responsible for strategic management of population health, supervision and control of hospitals, management of primary care/NHS primary care centers, and implementation of national health policies taking into account regional needs. The NHS operates the 65 hospitals that have an Emergency Department (ED).

Injury awareness among public health care providers has been reinforced by the adoption of the National Programme of Prevention of Injuries 2009-2016, now under review for extension until 2020. This programme aims to reduce the frequency of injuries and their impact on the general population and specially on vulnerable groups as well as to ensure equitable access of injured persons to health care. It also highlights the need to collect, analyse and disseminate information on unintentional injuries through an integrated system of information.

Results from the last Census in 2011 indicate that 15% of the population in Portugal belongs to the age group 0- 14 years and about 19% is 65 years or over, while in 2001 these proportions were 16% and 16,5% respectively. This trend is expected to continue and certainly will have an impact on the annual number of injuries.

*National IDB-system*

Since 1986, Portugal participates in EC projects for collecting injury related data from Emergency Departments in a sample of public hospitals. These studies were coordinated by the national Consumer Safety Department. After the end of the EC-sponsored consumer injury data collection programme in the late 90’s, the Ministry of Health took over the coordination of the injury surveillance system EVITA in 2002. EVITA is now managed by the Portugal National Institute of Health Doutor Ricardo Jorge – INSA and is based on routine data collection on home and leisure accidents (HLA) in a sample of emergency health units of the NHS.

The main objectives of the system EVITA are to detect:

* Short-term trends: identify the frequency of HLA in general and the various types of injuries, as well as the characteristics of victims and the circumstances of injury events;
* Long-term trends: identify risk-prone situations, establishing a support base for developing and refining consumer protection regulations and enforcement based on evidence. Disseminate information and stimulate research.

Module EVITA consists of a dialog box, and collects information on the accident event and its circumstances, as well as characteristics of the injury. The following fields are available in this module:

* Sex and Date of birth of the victim;
* Date and time of care in the emergency room;
* Date and time of injury;
* Location and activity of the injury and
* Mechanism & Part of body injured.

The recording of data is supported by a modular software application, Module EVITA, which runs within the SINUS- and SONHO-programs of MoH. Data capture is done by the health service receptionist at the time of registration of the patient, in accordance with instructions provided by INSA.

*Insights gained*

Data from the Hospital Discharge System show that from 2013 to 2015, 16.4 % of all hospital admissions were injury cases that correspond within the type of injury reported in the system EVITA. The average stay in hospital was 5.8 days.

During the same period, EVITA collected data on 26.713 injury cases (the number of ED and health centres participating varied). As for sex distribution in the years 2013-2015 data shows that in all group ages until 54 years men are more affected by injuries than women, but after 54 years the proportion of women exceeds that of males, which may also be reflecting the demographic structure.

*Future outlook*

Changes in NHS hospital management structures in 2009 and the reorganization of primary care system has led to a slowdown of notifications by the EDs. Due to these developments the sample had to be rebuilt. Also, now the JAMIE-methodology has been agreed at EU-level, some changes are required in the instructions and the codification scheme of the data, which changes are expected to be fully implemented in the year 2017. A new training programme and supporting materials are being developed at INSA to strengthen the link with the health institutions participating in the EVITA network. Work with the national health informatics service is ongoing to expand the sample registering injury cases with EVITA.

Strategic health advisors, decision makers, consumer organizations, public health professionals, the media and university researchers are the main users of the data.

*More information:*

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*IDB-related publications:*

Barros P, Almeida Simões J. Portugal: Health system review. *Health Systems in Transition*, 2007; 9(5)

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