

► Country update on Injury Surveillance in the Navarra Region: Spain



In spite of WHO-European Region Resolution of 2005 and the European Council Recommendation of 2007, urging member states to enhance Injury Surveillance Systems, injury data is still scarcely available in Spain.

In the last four years, an increasing number of countries have gathered data about injuries and contributed to the EU Injury Data Base, but Spain has not contributed with any data yet, therefore we don't know the real situation of this problem in our society.

Fortunately, the Ministry of Health in Madrid accepted in 2009 the invitation to join the JAMIE project and invited the Navarra Public Health Service (Servicio Navarro de Salud-Osasunbidea) to take on board a pilot programme for the routinely collection of injury data in hospitals within the region.

Reasons for choosing the Navarra region

There are a number of strengths which were identified in the process of assessing the suitability of the region of Navarra to take part in the project:

- The relative small size of the region which makes the pilot more manageable to implement the system;
- Capability and willingness of the Navarra Accident and Emergency Services to participate;
- Track record of Navarra Public Health Service in providing good quality health care services.
- Positive on-going collaboration among A&E departments in hospitals taking part in the project.
- Support from the Navarra Regional Government which recognises the relevance and need of having an information system

in place to collect this type of data. As declared in an press conference

on http://www.saladeprensa.navarra.es/Search.asp?verb=ListRecords&set=Intervenciones%3Aseesion%2F%7bD0C32F76-BBBA-45C5-88E2-C2570DD36778%7d&ps=5&mf=oai_dc&from=13%2F03%2F2013&until=14%2F03%2F2013&Kw, on 14th March 2013 by Navarra Health Department.

These were the main considerations for the Ministry of Health in Madrid to charge the Navarra Public Health Service with the tasks to pilot test the implementation of an Injury Surveillance System and to gather data in hospitals, to design and develop an efficient and sustainable methodology in order to provide data and to become a National Reference for future implementation in other regions and share best practice as a result of our experience.

Navarra Region

Navarra covers an area of 10.421 Km² and counts almost 637.000 inhabitants. There are three hospitals that provide accident and emergency services, i.e. in the following cities: Pamplona, Estella and Tudela.

The three public hospitals share one and the same patient recording software. About 80% of A&E patients are codified according to ICD-9. The original information system in place was designed for clinical rather than epidemiological purposes and therefore, some changes need to be incorporated in order to provide data as requested.

Data collection efforts in 2013

The main work this year consisted of collecting data according to the Minimum Data Set in 2013 on the expected 30.000 cases that will be treated in the three hospitals over a twelve months period. In addition, in one hospital data will be collected in compliance with the Full Data Set requirements. These data will be collected by reviewing 'clinical health records' retrospectively during 2013.

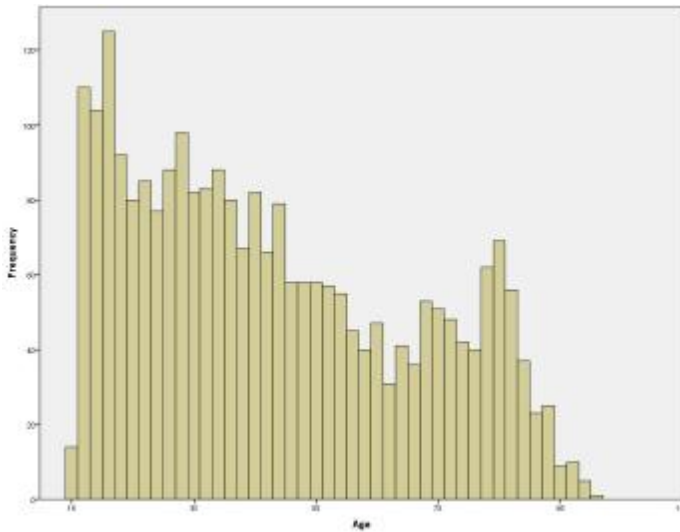
Existing data will be converted into variables as required by JAMIE. The completed sets will be then analysed in collaboration with the Barcelona Public Health Agency.

In collaboration with Ministry of Health the results obtained will be evaluated and possible ways for improving Spain's representativeness of data for the entire nation will be explored. The accumulated experience since we joined JAMIE and the need to adapt our data to European requirements let us envisage the possibility of speeding up extraordinarily this

arduous task by automating the data collection/process whenever it is possible and by developing a specific tool. An information system will be developed which will allow the automatic conversion of data from existing clinical health records entered by physicians in A&E services.

Preliminary results first two months

The preliminary results of two-month collecting data (pediatric patients excluded) are presented according to age and numbers



Causes	Frequen- cy	Ratio	Valid ratio
Traffic acci-	268	10,5	10,6
Fall	1.067	41,7	42,4
Injury	302	11,8	12,0
Poisoning	50	2,0	2,0
Burn	28	1,1	1,1
Others	803	31,4	31,9
Sub-total	2.518	98,5	100,0
Missing	39	1,5	
Grand-total	2.557	100,00	

The data collected provide indications as to specific population groups and risk areas that deserve increased attention in the framework of our policies for health and consumer protection. These include home accidents, in particular accidental poisonings and burns and scalds in children and older people, falls among older people and domestic violence (child abuse, elder abuse).

The knowledge of these circumstances will enable us to develop policies and procedures

and implement adequate public health measures (as it was previously done in the field of traffic accidents) which will enable us to reduce morbidity and mortality due to these causes and improve health and quality of life in the region.

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