

# Report on the quality of IDB data 2010-2016 and on the upload of data 2014, 2015 & 2016

Final technical report on three annual calls for IDB data 2014-2016 and on the quality of files 2010-2016 as accessible for analysis at the EU IDB web-gate and as used for the estimation of ECHI-29b at the EU ECHI web-gate

This report is a deliverable of the BRIDGE-Health project, which aims to prepare the basis for a comprehensive EU health information system and which receives co-funding from the EU Health Programme, Work package 9 "Platform for injury surveillance":

D 9.1: Technical report on data quality and country uploads. This report completes and replaces the first (interim) report on data quality of October 2016, which dealt with IDB data up to 2014. It reports on all data available by the end of the BRIDGE-Health project (31 October 2017).

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# 1. Background and purpose of this report

The EU Injury database contains data on patients who seek help in emergeny departments of hospitals for an acute injury. Data are collected by national agencies (IDB network members) in various European countries using a common methodology as laid down in the IDB Operating Manual [1]. The databank is hosted by the Commission services, DG Sante, and data are made accessible through the EU IDB webgates [2] and the EU ECHI web-gate [3]. The EU injury data exchange is open for EU member states, EFTA countries and EU candidate countries.

There are two types of IDB data: The IDB-FDS (full data set) contains detailed information about external circumstances (e.g. involved products) [4], while IDB-MDS (minimum data set) depicts only a few key aspects [5]. The number of IDB-FDS reference hospitals is limited and national FDS samples are often not representative at national level. IDB-FDS data can only be accessed by data suppliers themselves (or researchers) through the restricted access [6]. On the contrary, most of the national MDS samples are representative at national level and provide the basis for various national indicators on the health burden of injuries. The public EU IDB web-gate allows most flexible analyses of IDB-MDS only [7]. Additionally, the EU ECHI webgate provides estimates for 88 European Core Health Indicators (ECHIs), i.e. the ECHI shortlist, in particular ECHI 29b "Home, leisure, school injuries: register based incidence" [8].

Before being uploaded to the joint EU databases, IDB data need to be checked for conformity with the standards [1]. Since the creation of the database, this task has been carried out year by year by the appointed IDB network coordinators in the framework of EU projects, supported by the EU health programmes. The upload of data of the years 2010-2013 was carried out within the framework of the "Joint Action on Monitoring Injuries in Europe JAMIE" (contract 2010-2205) [9] and the upload of the years 2014-2016 within the framework of the BRIDGE-Health project, platform for injury surveillance (contract 2014-66491) [10]. The actual work was divided between EuroSafe and Swansea University Medical School (SU), whereby Eurosafe took care of coordination and administration, and SU of the actual data handling.

Main purpose of this report is to inform data users briefly about the availability and quality of most recent IDB data, i.e. on 2010-2016. For serving this purpose it contains all metadata files in its annex, for all countries and years, for which IDB-MDS data files are submitted for being uploaded to the EU IDB webgates and the ECHI web-gate. Additionally, the data flow from national data suppliers to the EU IDB database is described for the data of 2014-2016. For a deeper analysis of IDB data quality see the report on "Injuries in the EU" of 2017 [11] and the report on the sustainability of IDB data exchange [12].

## 2. Monitoring data quality: IDB file information forms

Every national dataset (set of records by country and year), which is accessible through the public access of the EU IDB web-gate is accompanied by metadata forms, informing about some basic quality aspects. The content of this form has been developed over the years, in order to cover those quality aspects, which were considered as most crucial. IDB-metadata (also called "IDB file information forms") informs e.g. about the orign of the data, their quality and about the quality of the resulting national estimates. This information is the basis for the comprehensive Metadata in ESMS for the entire IDB-MDS system and ECHI-29b, based on IDB-MDS data [13].

Up to 2010, all supplied IDB data were IDB-FDS [4]. In the same year, the IDB-MDS [5] has been developed to facilitate the collection of data at large scale with a view to large, representative national sample. From 2011 onward IDB-FDS and IDB-MDS could be delivered separately, and till 2014 (end of the JAMIE project) two different metadata-forms for IDB-FDS and IDB-MDS were requested in this case. Some countries collected just IDB-FDS data, from wich IDB-MDS (for the EU IDB webgate and ECHI-29b) can be extracted. These countries provided just the IDB-FDS file information form.

From 2015 onward only one template was requested, specifically the one for IDB-MDS, independent from how this file was created (either directly by the national data supplier or centrally extracted from a submitted IDB-FDS data file). The focus of this updated template is on quality aspects, which are crucuial for valid national estimates (e.g. incidence rates and ECHIs). Another intention of the update was to simplify completion by mainly ticking yes/no questions. The four templates (IDB template 2010, IDB-FDS template 2011, IDB-MDS template 2011, MDS template 2014), inclusive explanatory comments on how to complete the forms, can be found in Annex 1.

All IDB-metadata 2010-2016 by country and year are annexed to this report (Annex 6). In some countries, there are systematic restrictions of the scope of the data collection, e.g. regarding age of the patients, which impair the international comparability. Such major restrains of comparability are highlighted also at the web-gate by "flags". This report contains also the list of "warning flags" (Annex 4).

### 3. Data delivery, clearing and upload of data 2014, 2015, 2016

Call for 2014-data: By 9 June 2016 the national IDB data administrators were invited to provide their MDS and FDS data for the year 2014. Addressed were all associated beneficiaries and collaborating partners of the former JAMIE project, altogether 26 partners, plus France, which actually did not participate in the JAMIE project, but collects IDB-type data independently. The circular mail of 9 June 2016 (including all annexes) is attached to this report.

The first deadline of July 20 turned out as being not feasible for many partners, and the deadline was extended to 31 August 2015. Six countries had terminated their data collection by the end of the JAMIE project (GR, HU, IS, PL, RO, SP); but twenty countries were expected to provide data. Due to various challenges not all could deliver within this deadline, but data were still expected at later stage.

Call for 2015-data: This call was issued on 10 October 2016, and the deadline was set to 31 November 2016. Those partners, who have not delivered data on previous years, were invited to catch up. The circular mail of 10 October 2016 (including all annexes) is attached to this report.

Call for 2016-data: With a view to the end of the BRIDGE-Health project at 31 October 2017, IDBnetwork partners were invited already on 2 May 2017 to submit data files, not later than 30 June. However, a number of partners announced that they will not be able to get data files and national estimates ready by this date. In order to collect as many files as possible and to provide national estimates (incidence rates, ECHIs) for as many countries and years as possible, the network coordinators kept the gate open till 31 October 2017. The present report presents the status by this day, i.e. the end of the BRIDGE-Health project. The three circular mails (including all specifications) are annexed to this report (Annex 2).

Data providers were invited to submit for each year:

- 1. Data set of injury cases in IDB-MDS format and/or IDB-FDS format;
- 2. National metadata forms for each data set provided, MDS and/or FDS);
- 3. Reference population data file for the automatic calculation of crude incidence rates (adjusted for age and sex) at the EU IDB web-gate;
- 4. A list of national FDS reference hospitals (if IDB-FDS data has been submitted).

For the requested record-structure for IDB-MDS and IDB-FDS and reference population data file see the IDB Operating Manual [1], page 140ff.

An IDB data validation and upload tool [14] was developed by Swansea University Medical School (SU) in order to assure the conformity regarding format and coding. Here, data suppliers could test and upload their data files. Data suppliers had to register for this tool. Incoming data files were automatically checked for consistency with the common standards according to table 1 below (table 8.3. of the IDB Operating Manual [1]).

Tal	Table 1: Control checks for IDB data files.							
Nu	Numbers in the right column refer to the position in the prescribed record-structure.							
Cł	necks	/ corrections	FDS	MDS				
Α.	Ess	ential checks at file level – if not fulfilled, the whole file						
	will	be rejected:						
	1.	Valid file structure (e.g. no delimiters between cases)	$\checkmark$	✓				
	2.	All records with the valid record length	1-230	1-35				
	3.	Only digits or blanks in fields x-y (e.g. no tabs or letters)	3-85	3-35				
	4.	Reporting country must exist and be identical for all records	1-2	1-2				
	5.	Every record has a unique record number (no	3-8	6-12				
		duplication)						
В.	Che	cks at record level – if not fulfilled, the record needs to						
	be	corrected or rejected:						
	1.	All variables have valid values or blank (see data dictionary for each variable)	1	✓				
	2.	Every record has the same valid year of attendance (no missing or unspecified)	25-28	19-22				
	3.	Every record has a valid hospital code (no missing or unspecified) IF NOT USED: blanks	229-230	3-5				
	4.	Every record has a valid code for type of injury 1 or for body part 1	74-75 vs. 78-81	24-25 vs. 28-29				
С.	Cor	sistency checks at record level – if not fulfilled, the						
	rec	ord needs to be corrected or rejected:						
	1.	Date of injury <= date of attendance	15-22 <= 25-32	n. a.				
	2.	If Type of injury1=01, body part1 left blank	74-75 vs. 78-81	n. a.				

D.	Checks for completeness of variables – percentage of		
	incomplete records (missing and/or unknown) shall checked		
	in order to guide interviewers at hospitals		
	1. Age	9-11	13-14
	2. Sex	12	15
	3. Country of residence	13-14	16
	4. Date of iniury	15-22	n.a.
	5. Time of injury	23-24	n. a.
	6. Date of attendance	25-32	17-18
	7 Time of attendance	33-34	n a
	8 Treatment and follow-up	35-36	23
	9 Intent	37	31
	10 Transport injury event	38	n a
	11 Place (location) of occurrence	39-43	33
	12 Mechanism of injury	11-18	3/
	12. Activity when injured	/19-52	35
	14. Underlying object	52-50	55 n a
	14. Onderlying object	53-33	n.a.
	16. Type of injury 1	74 75	11. a. 24.25
	17. Type of injury 1	74-73	24-25
	17. Type of Injury 2	70-77	25-27
	18. Part of body injured 1	/8-81	28-29
	19. Part of body injured 2	82-85	30-31
	zu. Narrative	86-205	n.a.
-			
Ε.	Checks for completeness of modules - percentage of		
E.	Checks for completeness of modules - percentage of incomplete records (missing modules) shall checked in order		
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F.	<ul> <li>Checks for completeness of modules - percentage of incomplete records (missing modules) shall checked in order to guide interviewer at hospitals: <ol> <li>Treatment=05 or 08, but no admission module</li> <li>Intent=3 or 4, but no violence module</li> <li>Intent=2, but no self-harm module</li> <li>Transport injury event = 1, but no transport module</li> </ol> </li> <li>Corrections to be made automatically: <ol> <li>All blank values are set to missing (9, 99, 999) – except for type of injury 2 and part of body2, object/substance, narrative</li> <li>Variables with 2+ digits are padded with left-hand leading zeros if needed, e.g. record number "123" -&gt; "000123" or month "7_" or "_7" -&gt; "07"</li> <li>If type of injury 1 is missing, but part of body 1 exists, type of injury 1 is missing, but type of injury1 exists, part of body1 is set to missing (9.99)</li> <li>If type of injury 2 is missing, but part of body2 exists,</li> </ol></li></ul>	35-36 vs. 206-208 37 vs. 209-212 37 vs. 213-214 38 vs. 215-223 49-52 vs. 224-228 ✓ ✓ 74-75 vs.78-81 74-75 vs.78-81 74-75 vs.78-81	n. a. n. a. n. a. n. a. n. a. 23-24 vs.27-28 23-24 vs.27-28 23-24 vs.27-28
F.	<ul> <li>Checks for completeness of modules - percentage of incomplete records (missing modules) shall checked in order to guide interviewer at hospitals: <ol> <li>Treatment=05 or 08, but no admission module</li> <li>Intent=3 or 4, but no violence module</li> <li>Intent=2, but no self-harm module</li> <li>Transport injury event = 1, but no transport module</li> </ol> </li> <li>Corrections to be made automatically: <ol> <li>All blank values are set to missing (9, 99, 999) – except for type of injury 2 and part of body2, object/substance, narrative</li> <li>Variables with 2+ digits are padded with left-hand leading zeros if needed, e.g. record number "123" -&gt; "000123" or month "7_" or "_7" -&gt; "07"</li> <li>If type of injury 1 is missing, but part of body 1 exists, type of injury 1 is missing, but type of injury1 exists, part of body1 is set to missing (9.99)</li> <li>If type of injury 2 is missing, but part of body2 exists, type of injury 2 is missing, but part of body2 exists, type of injury 1 is set to missing (9.99)</li> </ol> </li> </ul>	35-36 vs. 206-208 37 vs. 209-212 37 vs. 213-214 38 vs. 215-223 49-52 vs. 224-228 ✓ ✓ 74-75 vs.78-81 74-75 vs.78-81 76-77 vs.82-85	n. a. n. a. n. a. n. a. n. a. ✓ ✓ ✓ 23-24 vs.27-28 23-24 vs.27-28 23-24 vs.27-28
F.	<ul> <li>Checks for completeness of modules - percentage of incomplete records (missing modules) shall checked in order to guide interviewer at hospitals: <ol> <li>Treatment=05 or 08, but no admission module</li> <li>Intent=3 or 4, but no violence module</li> <li>Intent=2, but no self-harm module</li> <li>Transport injury event = 1, but no transport module</li> </ol> </li> <li>Transport injury event = 1, but no transport module</li> <li>Activity=03.1,04.1, 04.8, or 04.9, but no sport module</li> <li>Activity=03.1,04.1, 04.8, or 04.9, but no sport module</li> <li>Corrections to be made automatically: <ol> <li>All blank values are set to missing (9, 99, 999) – except for type of injury 2 and part of body2, object/substance, narrative</li> <li>Variables with 2+ digits are padded with left-hand leading zeros if needed, e.g. record number "123" -&gt; "000123" or month "7_" or "_7" -&gt; "07"</li> <li>If type of injury 1 is missing, but part of body 1 exists, type of injury 1 is set to missing (99)</li> <li>If part of body1 is missing, but type of injury1 exists, part of body1 is set to missing (9.99)</li> <li>If type of injury 2 is missing, but part of body2 exists, type of injury 1 is set to missing (99)</li> <li>If type of injury 1 is missing, but part of body2 exists, type of injury1 is set to missing (99)</li> </ol> </li> </ul>	35-36 vs. 206-208 37 vs. 209-212 37 vs. 213-214 38 vs. 215-223 49-52 vs. 224-228 ✓ ✓ 74-75 vs.78-81 74-75 vs.78-81 76-77 vs.82-85 76 77 vs.82-85	n. a. n. a. n. a. n. a. n. a. 23-24 vs.27-28 23-24 vs.27-28 23-24 vs.27-28 25-26 vs. 29-30 25-26 vs. 29-30

If there were no inconsistencies, the files got uploaded. In case of any inconsistencies (e.g. invalid format or invalid codes) the file got rejected and a list of errors was reported back for correction. Otherwise the records got uploaded to the intermediate databank at SU. As a matter of principle, the national data administrator bears the main responsibility for his/her data. Only a few formal corrections were made at central level – see table 1, paragraph F.

If only IDB-FDS data were supplied, IDB-MDS data got centrally extracted by means of the conversion software IDB-FDS > IDB-MDS [15].

SU handled data for all countries, except Italy: Due to specific national data protection requirements, the Italian partner could send his data only directly to the Commission services of DG Santé, without being checked by SU.

Incoming reference population data files were checked by SU regarding their format and by the network coordinator for plausibility of the resulting general incidence rate. Regarding the functioning of the reference population data file and how it defines national rates for given IDB data and population data, see the IDB operating manual [1].

Cleared data files – IDB-MDS, IDB-FDS, reference population data – wer put in a secured folder and submitted to the databank operator in DG Santé for being uploaded to the respective web-gates [2]. Estimates for ECHI-29b by country and year, with breakdowns by gender and age-group, were also calculated centrally by SU, based on available MDS-data and reference population data. Finally, data files were submitted to the EU IDB databank operators of DG Santé:

- IDB-FDS files for the restricted access [2],
- IDB-MDS files and reference population data files for implementation at the public access [2],
- Estimates for ECHI-29b [16] for upload to the ECHI web-gate [3].

Metadata were checked by the network coordinator for completeness and plausibility. Issues were clarified bilaterally. All metadata forms are annexed to this report, which shall be made publicly accessible at the EU IDB web-gate (Annex 6) to inform data users about origin and quality.

If necessary, the coordinator set "warning flags", which should inform data users that resulting estimates are only of limited comparability. This list of "warning flags" (Annex 4) got forwarded to the EU IDB databank operator in DG Santé for implementation at the web-gate [2].

The collection of IDB-FDS data requires quite some resources of the reference hospitals and attention and dedication of the concerned staff, which carries out the interviews with the patients and which does the coding of the information provided. The list of IDB-FDS reference hospitals is also attached to the report (Annex 7).

# 4. Quality of data 2010-2016

This report covers data 2010-2016, i.e. data, which were delivered either in the framework of the JAMIE or BRIDGE-Health project. This data files are publicly accessible for analyses through the EU IDB web-gate [2] and are used for the calculation of the European Core Health Indicator (ECHI) 29b – "Home, Leisure, School injuries", as presented at the EU ECHI web-gate [3]. An overview of data delivered till 31 October 2017 gives table 2 below. For more information on these files, i.e. number of records and reference hospitals, see Annex 3.

Table 2: Available IDB-MDS data by country and year						
	Upload during JAMIE project	Upload during BRIDGE-Health project				

Country	2010	2011	2012	2013	2014	2015	2016
Austria	✓	✓	✓	✓	✓	✓	✓
Cyprus	✓	✓	✓	✓	✓	✓	✓
Czech Republic	✓	✓	✓	✓	Data availa	ble, but not c	lelivered
Denmark	✓	✓	✓	✓	✓	✓	✓
Estonia	Partner, no	data	✓	✓	✓	✓	✓
Finland	✓	✓	✓	✓	✓	✓	Expected
Germany	✓	✓	✓	✓	✓	✓	✓
Greece	Partner, no	data	✓	No partne	r available		
Hungary	Partner, no	data		✓	Partner, no	data	
Iceland	✓	✓	✓	✓	Data availa	ble, but not c	lelivered
Ireland	Partner, no	data		✓	✓	Expected	Expected
Italy	✓	✓	✓	✓	✓	Expected	Expected
Latvia	✓	✓	✓	✓	✓	✓	✓
Lithuania	No data	✓	✓	✓	✓	✓	✓
Luxembourg	No data		✓	✓	✓	✓	✓
Malta	✓	✓	✓	✓	✓	✓	Expected
Netherlands	✓	✓	✓	✓	✓	✓	✓
Norway	Partner, no	data	✓	✓	✓ ✓ Expecte		Expected
Poland	Partner, no	data		✓	No partner available		
Portugal	✓	✓	✓	✓	✓	✓	✓
Romania	Partner, no	data		✓	Partner, no data		
Slovenia	✓	✓	✓	✓	✓	✓	✓
Spain	Partner, no	data		✓	Partner, no	data	
Sweden	✓	✓	✓	✓	✓	✓	Expected
Turkey	Partner, no	data		✓	✓	✓	✓
United Kingdom	✓	✓	✓	Data availa	able, but not	delivered	
Data supplier	15	16	20	24	18	18	18
Data supplied	15	16	20	24	18	16	12
Data expected	-	-	-	-	-	2	6

Table 2 shows, that the number of data suppliers increased from 2010 to 2013, i.e. during the JAMIE project [11], but dropped after its termination, which meant also the termination of EU co-funding of national implementation efforts. The BRIDGE-Health project [12] provided co-funding only for the central services of the network-coordinators.

Factually, eight countries stopped their previous participation in the injury data exchange: Five countries were not able to sustain the IDB data collection without co-funding from the EU health programme (Hungary, Iceland, Romania, Spain and Poland). Three more countries continued to maintain a national injury monitoring system, but decided not to share their data anymore: Iceland and Czech Republic had no capacities for extracting and preparing the data, while UK withdrew due to strict data protection regulation of the National Health Services, which forbits the delivery of any micro-data, even when individuals cannot be identied. However, the UK data are at least available in aggregated form, e.g. for ECHIs.

For the years 2015 and 2016, not all data sets have been delivered yet. Italy and Ireland could not yet process 2015 data due to temporary capacity problems. Other delays of 2016 data are mainly caused by usual data processing processes in national health administrations, which do not allow to deliver quicker.

Not for all data delivering countries rates are available, due to varying reasons as biased IDB-MDS sample, issues with the reference statistics, or simply delayed data accessibility. However, most of data delivering countries are confident to being able to solve the issues before the end of 2017. For an overview see table 3. A green tick in table 3 means also, that ECHI-29b is available.

Table 3: Available incidence rates (e.g. ECHI-29b) by country and year									
	Upload dur	ing JAMIE pro	oject		Upload durin	g BRIDGE Hea	lth		
Country	2010	2011	2012	2013	2014	2015	2016		
Austria	✓	✓	✓	✓	✓	✓	~		
Cyprus	✓	Small samp	le	Biased sam	ple	Expected	Expected		
Czech Republic	Only childre	en / only adm	nissions		No data				
Denmark	✓	✓	✓	✓	✓	✓	✓		
Estonia	No data		✓	✓	✓	✓	✓		
Finland	✓	✓	✓	✓	✓	✓	Expected		
Germany*	✓	✓	✓	✓	✓	✓	Expected		
Greece	No data		Small s.	No data					
Hungary	No data			Small s.	No data				
Iceland	✓	✓	✓	✓	No data				
Ireland	No data			✓	Expected	Expected	Expected		
Italy	✓	✓	✓	✓	✓	Expected	Expected		
Latvia	✓	✓	✓	✓	✓	✓	✓		
Lithuania	No data	✓	✓	✓	✓	✓	✓		
Luxembourg	No data		✓	✓	✓	✓	✓		
Malta	✓	✓	✓	✓	Expected	Expected	Expected		
Netherlands	✓	✓	✓	✓	✓	✓	✓		
Norway	No data		✓	✓	✓	✓	Expected		
Poland	No data			Children	No data				
Portugal	✓	✓	<ul> <li>✓</li> </ul>	✓	✓	✓	✓		
Romania	No data			✓	No data				
Slovenia	✓	✓	✓	✓	✓	✓	✓		
Spain	No data			✓	No data				
Sweden	✓	✓	✓	✓	✓	✓	Expected		
Turkey	No data			✓	Expected	Expected	Expected		
United Kingdom*	✓	✓	✓	✓	✓	✓	Expected		
Data suppliers	15	16	20	24	18	18	18		
Rates reported	14	14	16	20	15	14	9		
Rates expected					2	5	10		
*Rates for Germany	and UK get r	eported, but	cannot be	calculated at	the EU IDB we	eb-gate: Germ	any does not		
deliver reference population data. LK does not deliver micro-data									

Some countries have not fully implemented all IDB standards, at least not in every year 2010-2017. This leads to restrictions of the use and comparability of national estimates. There are e.g. restrictions of the scope of data to certain age groups (e.g. just children), types of injuries (e.g. just home and leisure accidents) or type of treatment (e.g. just admissions). In other cases, small sample sizes affect the accuracy of estimates. In order to prevent users from missinterpretations, such systematic shortcomings of samples are highlighted by "warning flags" at the IDB web-gate [2]. Annex 4 contains a list of these flags, which should be implemented at the EU IDB web-gate, when hoovering over the files. Table 4 provides an overiew.

Table	Table 4: Scope of IDB data by country and year								
		Upload during JAMIE project Upload during BRIDGE Healt					GE Health		
	Country	2010	2011	2012	2013	2014	2015	2016	

1	Austria	✓	✓	✓	✓	✓	✓	✓
2	Cyprus	Sn	nall sam	ple	Biased	iased sample 🖌 🖌		
3	Czech Republic	Just children	0-18/0	only admission	s	No data		
4	Denmark	✓	<b>~</b>	✓	✓	✓	✓	✓
5	Estonia	No data		✓	✓	✓	✓	✓
6	Finland	✓	✓	✓	✓	✓	✓	✓
7	Germany	Just state of	Brande	nburg / Bias to	ward admis	ssions		
8	Greece	No data		Small samp.	No data			
9	Hungary	No data			Small s.	No data		
10	Iceland	✓	~	✓	✓	No data		
11	Ireland	No data			No childr	en 0-15		
12	Italy	HLAs, road	✓	✓	✓	✓	✓	✓
13	Latvia	Bias toward	admissi	ons				
14	Lithuania	No data	Admis	sion bias	✓	✓	✓	<b>~</b>
15	Luxembourg	No data		✓	✓	✓	✓	✓
16	Malta	Sn	nall sam	ple	✓	✓	✓	✓
17	Netherlands	✓	✓	✓	✓	✓	✓	✓
18	Norway	No data		✓	✓	✓	✓	✓
19	Poland	No data			0-18	No data		
20	Portugal	Just home &	leisure	accidents				
21	Romania	No data			✓	No data		
22	Slovenia	Admissions	~	✓	<ul> <li>✓</li> </ul>	✓	<ul> <li>✓</li> </ul>	~
23	Spain	No data			Navarra	No data		
24	Sweden	✓	<b>~</b>	✓	✓	✓	✓	~
25	Turkey	No data			✓	✓	✓	✓
26	United Kingdom	Just Wales			No data			
No. of	<sup>-</sup> data suppliers	15	16	20	24	18	18	18
Count	ries with complete scope	6	8	11	16	14	15	15
Count	ries with shortcomings	9	8	9	8	4	3	3

Table 4 shows that the share of countries with incomplete implementations is tendentially decreasing. Mainly countries with rudimentary data collection dropped out, while those, which maintained their system, tend to improve their systems toward full compliance with the standards.

## 5. Status of the EU IDB web-gate

No all supplied datafiles are yet uploaded to the EU IDB web-gate [2]. Table 5 gives an overview which data from which countries and years are waiting for upload. For more details see the table in Annex 3. The actual list of pending files by type of file has been also submitted to the IDB host in DG Santé (Annex 5).

Table 5: Accessability of data at the EU IDB web-gate (by 31 October 2017)										
	Upload du	ring JAMIE p	roject		Upload during BRIDGE Health					
Country	2010	2011	2012	2013	2014	2015	2016			
Austria	✓	✓	✓	✓	Ready	Ready	Ready			
Cyprus	✓	✓	✓	✓	✓	Ready	Ready			
Czech Republic	✓	Ready	Ready	Ready	Data not delivered					
Denmark	✓	✓	✓	✓	✓	Ready	Ready			
Estonia	No data		✓	✓	✓	Ready	Ready			
Finland	✓	✓	✓	✓	✓	Ready	Expected			
Germany*	✓	✓	✓	✓	✓	Ready	Ready			
Greece	No data		✓	No data						

Hungary	No data			<b>√</b>	No data			
Iceland	✓	✓	✓	✓	No data			
Ireland	No data			✓	Ready	Expected	Expected	
Italy	✓	✓	Ready	Ready	Ready	Expected	Expected	
Latvia	✓	✓	✓	Ready	Ready	Ready	Ready	
Lithuania	No data	✓	✓	✓	✓	Ready	Ready	
Luxembourg	No data		✓	✓	✓	Ready	Ready	
Malta	✓	✓	✓	✓	Ready	Ready	Expected	
Netherlands	✓	✓	✓	✓	✓	Ready	Ready	
Norway			✓	✓	✓	Ready	Expected	
Poland	No data			✓	No data			
Portugal	Ready	Ready	Ready	~	✓	Ready	Ready	
Romania	No data			~	No data			
Slovenia	✓	~	✓	>	✓	Ready	Ready	
Spain	No data			>	No data			
Sweden	✓	~	✓	>	✓	Ready	Expected	
Turkey	No data			>	✓	Ready	Ready	
United Kingdom	✓	~	✓	Data not deli	ivered			
Data suppliers	15	16	20	24	18	18		18
Accessible	14	14	17	21	13	0		0
Upload pending	1	2	3	3	5	16		12

ECHI-29b estimates have been submitted according to the table of Annex 3 rather recently, and no data have been uploaded yet to the ECHI web-gate [3].

### 6. References

[1] EuroSafe (2016): EU-IDB Operating Manual. <u>http://www.eurosafe.eu.com/uploads/inline-files/IDB\_operating\_manual\_Jan%202017\_0.pdf</u>

[2] EU IDB – European Injury Data Base (2016). <u>https://webgate.ec.europa.eu/idb/</u>

[3] ECHI – European Core Health Indicators (2016). http://ec.europa.eu/health/indicators/echi/list/index\_en.htm

[4] Eurosafe (2017): The IDB Full Data Set (IDB-FDS) Data Dictionary. Version 1.4. <u>http://www.eurosafe.eu.com/uploads/inline-</u> files/IDB%20FDS%20Data%20Dictionary%20May%202017\_0.pdf

[5] EuroSafe (2013): The IDB Minimum Data Set (IDB-MDS) Data Dictionary. http://www.eurosafe.eu.com/uploads/inline-files/IDB\_MDS\_Data\_Dictionary\_JAN%202017.pdf

[6] EU IDB – European Injury Data Base (2017), restricted access. See <a href="https://ec.europa.eu/health/data\_collection/databases/idb/restricted\_access\_en">https://ec.europa.eu/health/data\_collection/databases/idb/restricted\_access\_en</a>

[7] EU IDB – European Injury Data Base (2017), public access at <u>https://webgate.ec.europa.eu/idb/public-access/</u> or <u>https://ec.europa.eu/health/data\_collection/databases/idb/public\_access\_en</u>

[8] ECHIM – European Community Health Indicators Monitoring (2011): ECHI shortlist and documentation sheets for injury indicators 29–32. <u>http://www.healthindicators.eu/object\_document/o5956n29063.html</u>

[9] Rogmans W (2012): Joint action on monitoring injuries in Europe (JAMIE). Arch Public Health, 2012, 70(1). <u>https://www.ncbi.nlm.nih.gov/pubmed/22958448</u>

[10] The BRIDGE-Health project (2016). <u>http://www.bridge-health.eu/</u> and <u>http://www.</u>

[11] EuroSafe (2016): Injuries in the European Union, issue 6 – Summary of injury statistics for the years 2012-2014. <u>http://www.eurosafe.eu.com/uploads/inline-files/EuropeSafe Master Web 02112016%20%282%29.pdf</u>

[12] Eurosafe (2017): Injury in the European Union 2013-2015/ Supplementary report to the 6<sup>th</sup> edition of "injuries in the EU". <u>http://www.eurosafe.eu.com/uploads/inline-files/IDB%202013-</u>2015\_suppl%20to%206th%20edition%20Injuries%20in%20the%20EU.pdf

[13] Eurostat (2017): Euro-SDMX Metadata structure. http://ec.europa.eu/eurostat/data/metadata/metadata-structure

[14] Swansea University Medical School (2013): IDB data validation and upload tool: At: <u>https://www.injuryobservatory.net/jamiedatavalidator/login</u>

[15] Eurosafe (2014): Conversion software IDB-FDS to MDS. At: <u>http://www.eurosafe.eu.com/key-actions/injury-data/toolbox</u>

# Annex 1: The four IDB metadata templates 2010-2016

Tem	Template till 2010 (only IDB-FDS)							
	National IDB File Inf	ormation	Comments					
1	Country	XXXXX						
2	Year	уууу						
3	National Register Name	XXXXX	Official name of the register (& eventual abbreviation)					
4	Purpose of the register	XXXXX	Max. 250 characters: Describe briefly the purpose of this register and eventual legal background					
5	Scope of the register	xxxxx	Max. 250 characters: Describe any systematic deviation from "all injuries, all age groups, all hospital treatments" as e.g. regarding intent (e.g. only accidents), setting (e.g. only home and leisure), age-group (e.g. only children), treatment (e.g. only inpatients)					
6	Data file name	xxxxx	Exact name of submitted data file					
7	Date of creation of data file	yyyymmdd						
8	Selection criteria (for delimitation of reporting year)	yyyymmdd 	Date of selected attendances (in general, only full years acceptable)					
9	No. of national reference hospitals	nn						
10	No. of records in the data file	nnnnn						
11	Ratio admissions / no. of records	nn.nn%	Ratio of no. of records of admissions (or discharges) to all records (inpatients and ambulatory treatments)					
12	Representativeness of sampling of hospitals	xxxxx	Max. 250 characters: If not all hospitals in your country are covered: Describe how representativeness has been ensured (method of sampling, types of hospital involved etc.); report known biases. If possible, refer to a publication.					
13	Representativeness of sampling of cases within hospitals	xxxxx	Max. 250 characters: If not all cases within hospitals are covered: Describe how representativeness of hospital samples has been ensured; report known biases. If possible, refer to a publication.					
14	Data entry method	xxxxx	Max. 250 characters: e.g. "Questionnaire filled out by patients, completed in face to face interviews by nurses, recorded on paper and later copied into electronic form, diagnoses supplemented from hospital records". If possible, refer to a publication.					
15	Sample ratio for admissions/discharges due to injuries or	nn.nn%	Ratio of no. of injury related admissions/ discharges to total no. of injury related admissions/ discharges at national level (if a national hospital discharge statistic is available)					
16	Alternatively: Sample ratio for ED/ambulatory treatments due to injuries	nn.nn%	Ratio of no. of injury related ambulatory treatments to total no. of injury related ambulatory treatments at national level (if a national statistic on ED treatments is available)					
17	Original coding dictionary	xxxxx	Exact name of the data dictionary used for data entry: e.g. The Injury Database (IDB) coding manual version 1.1 – June 2005 (German version) or Coding Manual V2000 for Home and Leisure – August 2002 (French Version)					
18	Dictionary modifications		Describe eventual national modifications to the dictionary					
19	(Eventual) Bridge coding applied	XXXXX	Exact name of any bridge coding table applied in order to produce the IDB data file (e.g. NOMESCO > IDB), or attach the table					

20	Standard Quality Control Statement	y/n	If yes, the Standard Quality Control Statement is attached
21	Average % of "missing" (excluding date of birth)	nn.nn	e.g. taken from the Standard Quality Control Statement
22	Average % of "unknown" (excluding date of birth)	nn.nn	e.g. taken from the Standard Quality Control Statement
23	ECHI indicator 29b	nn.nn	Number of accidents at home, in school and/or during leisure activities during the past 12 months, resulting in an injury that required treatment in a hospital, expressed per 100,000 (http://www.healthindicators.eu/object_document/o6088n29136.html)
24	Method for projection of incidence rates	XXXXX	Three methods are acceptable: 1) Based on national figures of injury cases of hospital admissions (if hospital discharge statistic is available); or 2) Based on national figures of injury cases of ambulatory treatments (if statistic of treatments in emergency department is available); or 3) Based on figures on catchment areas (if neither 1 nor 2) are applicable
25	National population reference data provided	y/n	If yes, the population data table is attached
26	(Eventual) additional comments (for the user):	XXXXX	Max. 250 characters: Inform about eventual other particularities with are relevant for data use and interpretation
27	Data supplier: The National IDB Data Administrator (organization)	XXXXX	Name of the organization & department, which is responsible for data delivery (in national language and English); Homepage
28	Contact: Responsible person	XXXXX	Name of the responsible officer Address, telephone eMail address
29	Signature	XXXXX	
30	Date of completion of this file	yyyymmdd	

### MDS-template 2011-2014 National IDB File Information (Minimum Data Set)

Na	tional IDB File Informa	tion (Minimur	n Data Set)
Ge	neral information		
1	Country	Max. 25	
		characters	
2	Year	уууу	
3	National Register	Max. 100	Official name of the register (& eventual abbreviation)
	Name	characters	
4	Purpose of the	Max. 250	Describe briefly the purpose of this register and eventual legal
	register	characters	background
5	Scope of the register	Max. 250	Max. 250 characters: Describe any systematic deviation from "all
		characters	injuries, all age groups, all hospital treatments" as e.g. regarding intent
			(e.g. only accidents), setting (e.g. only home and leisure), age-group
			(e.g. only children), treatment (e.g. only inpatients)
6	Data file name (MDS)	Max. 100	Exact name of submitted data file for IDB minimum data sets
		characters	
7	Date of creation of	yyyymmdd	
	MDS file		
8	Range of data of	yyyymmdd	Earliest and latest day of attendances (in general, only full years
	attendance	-	acceptable)
		yyyymmdd	

9	Original coding dictionary	Max. 100 characters	Title, version no., year of issue of IDB-MDS data dictionary (e.g. September 2012), translation in national language from							
10	Dictionary	Max. 250	Describe eventual national modifications to the dictionary. Make sure							
	modifications	characters	that data is delivered in accordance with the required data dictionary.							
11	Bridge coding applied	Max. 250 characters	Exact name of bridge coding table applied in order to produce the IDB data file (e.g. FDS > MDS, ICD10 > MDS, NOMESCO>MDS). If							
			possible, refer to publications							
Rep	presentativeness of sam	npie								
12	data file	nnnnnn								
13	No. of MDS reference hospitals	nnn	Number of hospitals (emergency departments) which delivered data for this file							
14	Geographic scope	Max, 100	Area, for which the sample is representative: the entire reporting							
		characters	country (preferred option) or selected (e.g. federal) province							
15	Hospital	Max. 250	Describe how hospitals have been selected. List characteristics, which							
	characteristics used	characters	have been considered for the selection, e.g. size of hospitals.							
	for a representative		particularities of the hospitals, geographic location, etc. Report known							
	sample of hospitals		biases. If possible, refer to a publication.							
16	Sampling of cases	Max. 250	If not all cases within hospitals are covered: Describe how							
	within hospitals	characters	representativeness of hospital samples has been ensured; report							
			known biases. If possible, refer to a publication.							
17	Percentage of	nn.n%	For the given sample: Ratio of no. of admissions/discharges (in							
	admissions in data		accordance with national definition of 'admission') to all treatments due							
	file		to injury (inpatients and ambulatory treatments) x 100							
18	Relative sample size	nn.n%	Ratio of no. of admissions/discharges in the sample to total no. of							
	(admissions)		admissions/discharges due to injuries in the country (or reference							
	(uumicolono)		area) (if a national hospital discharge statistic is available) x 100							
19	Relative sample size	nn.n%	Ratio of no. of ambulatory treatments to total no. of ambulatory							
	(ambulatory		treatments due to injury in reference area (if a national statistic of ED							
	treatments)		treatments is available) x 100							
For	mal quality		· · · · · ·							
20	Minimum Quality	y/n	Yes, if the Minimum Quality Control Checks for MDS (according to							
	Control Checks	-	chapter 8 of the JAMIE-Manual) have been carried out							
21	Average percentage	nn.n%	Average ratio of values starting with 9 (9, 99, 999 etc.) to all data fields							
	of "unknown""		not left blank							
Inci	dence rates									
22	Method for	Max. 250	Three methods are acceptable: 1) Based on national figures of injury							
	extrapolation from	characters	cases of hospital admissions (if hospital discharge statistic is available);							
	sample to national		or 2) Based on national figures of injury cases of ambulatory treatments							
	incidence		(if statistic of treatments in emergency department is available); or 3)							
			Based on figures on catchment areas (if neither 1) nor 2) are							
			applicable. If possible, refer to a publication.							
23	Reference population	y/n	Reference population data shall be provided in the requested format in							
	data provided		order to allow for the calculation of crude incidence rates							
Dat	a supplier									
24	(Eventual) additional	Max. 250	Inform about eventual other particularities with are relevant for data use							
	comments (for the	characters	and interpretation							
	user):									
25	Responsible data	Max. 250	Name of the organization & department, which is responsible for data							
	administrator	characters	delivery (in national language and English); Homepage							
	(organization)									
26	Contact: Responsible	Max. 250	Name of the responsible officer							
	person	characters	Address, telephone							

			eMail address
27	Signature		
28	Date of completion of	yyyymmdd	
	this file		

FD	S-template 2011-2014		
Nat	tional IDB File Informa	tion (IDB Full	Data Set)
Ge	neral information		
1	Country	Max. 25	
		characters	
2	Year	уууу	
3	National Register	Max. 100	Official name of the register (& eventual abbreviation)
	Name	characters	
4	Purpose of the	Max. 250	Describe briefly the purpose of this register and eventual legal
	register	characters	background
5	Scope of the register	Max. 250	Describe any systematic deviation from "all injuries, all age groups, all
		characters	hospital treatments" as e.g. regarding intent (e.g. only accidents),
			setting (e.g. only home and leisure), age-group (e.g. only children),
			treatment (e.g. only inpatients)
6	Data file name (FDS)	Max. 100	Exact name of submitted data file for IDB full data sets
		characters	
7	Date of creation of	yyyymmdd	
	FDS file		
8	Range of data of	yyyymmdd –	Earliest and latest day of attendances (in general, only full years
	attendance	yyyymmdd	acceptable)
9	Original coding	Max. 100	Exact title of the data dictionary used for data entry: e.g. The Injury
	dictionary	characters	Database (IDB) coding manual version 1.3 – September 2012
			(German version) or Coding Manual V2000 for Home and Leisure –
			August 2002 (French Version)
10	Dictionary	Max. 250	Describe eventual national modifications to the dictionary. Make sure
	modifications	characters	that data is delivered in accordance with the required data dictionary.
11	(Eventual) Bridge	Max. 250	Exact name of any bridge coding table applied in order to produce the
_	coding applied	characters	IDB data file (e.g. NOMESCO > IDB). If possible, refer to publication.
Qu	ality of the sample		1
12	No. of records in the	nnnnnn	
	data file		
13	No. of FDS reference	nnn	Number of hospitals (emergency departments) which delivered data
	hospitals		for this file
14	Geographic scope	Max. 100	Name of the area, for which the sample should be representative:
4.5		characters	entire country or specific (federal) province
15	Sampling of hospitals	Max. 250	Describe how sampling of FDS has been done (method of sampling,
		cnaracters	types of nospital involved etc.); report known blases. If possible, refer
10	O and line of a sec	May 050	to a publication.
10	Sampling of cases	Max. 250	If not all cases within nospitals are covered. Describe now sampling
47			within hospitals has been done; report known blases.
17	Data entry method	iviax. 250	e.g. Questionnaire lilied out by patients, completed in face to face
		characters	electronic form diagnoses supplemented from beenitel recorde" If
			nossible refer to a publication
10	Percentago of	nn n%	Patio of no. of records of inpatients (stay of at least one night) due to
10	i ciccillage Ul	1111.1170	Trade of the of teoring of inpatients (stay of at least one highl) due to

-		1	
	admissions in data		injury to all records of treatments due to injury (inpatients and
	file		ambulatory treatments) x 100
19	Minimum Quality	y/n	Yes, if the Minimum Quality Control Checks for FDS (according to
	Control Checks		chapter 8 of the JAMIE-Manual) have been carried out
20	Average percentage	nn.n%	Average ratio of values starting with 9 (9, 99, 999 etc.) to all data
	of "unknown"		fields not left blank
Dat	ta supplier		
21	(Eventual) additional	Max. 250	Inform about eventual other particularities with are relevant for data
	comments (for the	characters	use and interpretation
	user):		
22	Responsible data	Max. 250	Name of the organization & department, which is responsible for data
	administrator	characters	delivery (in national language and English); Homepage
	(organization)		
23	Contact: Responsible	Max. 250	Name of the responsible officer
	person	characters	Address, telephone
			Email address
24	Signature		
25	Date of completion of	yyyymmdd	
	this file		

Templ Reque	Template 2015+ Requested just for MDS (directly collected or extracted from FDS)											
	IDB-Metadata (National IDB data file information form)											
		Country		nnnn								
	Year nnnn											
Item- No.	Question	Specification	Answer	Comments (additional information in case of No)								
		Scope										
1	All age groups?	All age-groups covered	Y/N									
2	All injury categories (home, leisure, sport, school, road, paid work, self-harm, assault)?	All MDS options for intent, setting and activity covered	Y/N									
3	All injury mechanisms?	All MDS options for injury mechanism covered and coded	Y/N									
4	All injury types and all body parts?	All MDS options for injury types and body parts covered and coded	Y/N									
5	Admissions and ambulatory treatments?	All MDS options for treatment and follow-up covered	Y/N									
	· · · ·	Inclusion / exclusion of cases										
6	Only patients diagnosed as suffering from injury?	Equivalent to ICD-10 S00-T98 (chapter XIX)	Y/N									
7	Consequences of medical interventions excluded?	Equivalent to ICD-10 codesT80-T88 and T98.3 excluded	Y/N									
8	Follow-up treatments excluded?	No double counting of cases	Y/N									
9	Non-residents included?		Y/N									
		Representativeness of the sample										
10	Recommended number of cases?	More than 10.000 cases	Y/N									
11	Number of hospitals in the sample?		nnn									
12	Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	Y/N									

13	Sample of hospitals balanced by hospital	Small, middle-size, large hospitals included	Y/N	
14	Sample of hospitals balanced by geo- coverage?	Hospitals with urban & rural catchment areas included	Y/N	
15	Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	Y/N	
16	Validation checks?	Representativeness of current sample of hospitals has been controlled at least by age and type of injury	Y/N	
		Quality of recording		
17	Rate of admissions?	Percentage of treatment code 1	nn.n%	
18	Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).	nn.n%	
19	Rate of children?	Percentage of children 0-14a	nn.n%	
20	Incidence (ED	Quality of estimated rate	V/NI	
20	presentation) rate available?	Eurostat population projection by 1 January	t/IN	
21	Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	Y/N	
22	Recommended method of projection used (or no projection needed)?	HDR-method or EDR-method is used for projection (or IDB-MDS file contains all national cases)	Y/N	
23	Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Y/N	
24	Follow-up treatments consistently excluded for projection?	If HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)	Y/N	
25	Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or EDR)	Y/N	
26	Non-residents consistently included for projection?	If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR)	Y/N	
27	Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	Y/N	
28	Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	Y/N	
		Data delivery	V/N1	
29	MDS data successfully uploaded?		Y/N	
30	FDS data successfully uploaded?		Y/N	
31	Reference population data file provided?	Automatic calculation of IR at IDB web-gate will be enabled	Y/N	
32	List of FDS reference hospitals provided?		Y/N	
		National data provider	1	
33	National register name (and eventual abbreviation)			
34	Name of organization	In national language and English		
35	Name of respondent (contact person)			
36	E-mail address of			

	contact person	
37	Date of completion of	
	this form	

## Annex 2: Calls for data 2014, 2015, 2016

#### EU-IDB Call for data 2014

June 9, 2015

Dear member of the IDB-Network,

Herewith I kindly invite you to submit your IDB data for 2014, i.e. your samples of IDB-MDS (Minimum Data Set) and/or IDB-FDS (Full Data Set) records. The procedure is the same as last year. Please obey the specifications in the annexes. According to our knowledge, 20 countries have continued to collect IDB data after the termination of the JAMIE project and should be able to submit data. Please provide us with the following:

1. Data files in the standard formats IDB-MDS and/or IDB-FDS. Please note that TXT-Files (UTF-8 or ANSI) are required, without delimiters between variables. As in past years, the Health Information Research Unit at Swansea University School of Medicine will collect your data files before forwarding them to the Commission services. Please upload your data at the data validation and upload port <a href="http://www.injuryobservatory.net/jamiedatavalidator/login">http://www.injuryobservatory.net/jamiedatavalidator/login</a>. You can use user-name and password as for uploading or testing your data in the previous year. If you have forgotten user-name or password or need new ones, please contact Samantha Turner (s.turner@swansea.ac.uk).

2. The reference population data for the automatic calculation of crude national incidence rates, in particular also ECHI indicator 29. Please send this item by e-mail to <u>s.turner@swansea.ac.uk</u>.

3. The corresponding IDB File Information Forms. Please note that there are two different forms for FDS or MDS files.

4. The list of your FDS reference hospitals in the year 2013 (if you can have collected FDS data). Please send items 3 and 4 by e-mail to <u>rupertkisser@yahoo.de</u>.

Please send all deliverables as soon as possible, but not later than July 20, 2015. We want to report back at our meeting in September 17-18. Thank you in advance for your understanding and collaboration!

If there are any further questions, please let me know.

With best regards, Rupert

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Dr. Rupert Kisser European Association for Injury Prevention (EuroSafe) Injury surveillance specialist Tel. +43-664-5345369 (mobile) or +43-1-9527815 (office) E-Mail: <u>rupertkisser@yahoo.de</u> www.eurosafe.eu.com

#### Annexes:

- Allowed data formats IDB-FDS and IDB-MDS (Annex 1)
- National file information forms for IDB-FDS and IDB-MDS (Annex 2)
- Format for the reference population data file (Annex 3)
- List of national FDS reference hospitals (Annex 4)

#### Invitation and instruction to submit IDB data for 2015

10 October 2016

Dear member of the IDB-Network,

Herewith I kindly invite you to submit your IDB data for 2015, i.e. your samples of IDB-MDS (Minimum Data Set) and/or IDB-FDS (Full Data Set) records. The procedure is the same as last year. Please obey the specifications below. Please provide us with the following:

 IDB DATA FILES in the standard formats IDB-MDS and/or IDB-FDS. Please note, that TXT-Files (UTF-8 or ANSI) are desired, without delimiters between variables. As in past years, the Health Information Research Unit at Swansea University School of Medicine will collect your data files before forwarding them to the Commission services.

Please note, that the format of the IDB-FDS data has been changed. According to the advice of partners we have harmonized certain field-lengths with IDB-MDS, i.e. the record-number (from 6 to 7 digits) and the hospital-number (from 2 to 3 digits) and we have expanded the narrative to 200 characters.

Please upload your data at the data validation and upload port at

<u>http://www.injuryobservatory.net/jamiedatavalidator/login</u>. You can use user-name and password as for uploading or testing your data in the previous year. If you have forgotten user-name or password or other questions, please contact Samantha Turner (s.turner@swansea.ac.uk).

 <u>REFERENCE POPULATION DATA FILE</u> for the automatic calculation of crude national incidence rates, in particular also ECHI indicator 29b. The format now requests an additional column for the year in order to avoid assignment errors.

 $\label{eq:please} Please \ send \ this \ item \ by \ e-mail \ to \ s.turner@swansea.ac.uk.$ 

- IDB METADATA FORMS (national IDB file information form). Please note, that metadata is requested only for the IDB-MDS file, which serves as the basis for estimating incidence rates like ECHI-29b at the public access. If you provide only an IDB-FDS data file, from which the IDB-MDS data is extracted centrally, please complete the metadata form for this IDB-FDS file.
- 4. <u>LIST OF FDS REFERENCE HOSPITALS</u> in the year 2015 (if you have collected FDS data). Please send items 3 and 4 by e-mail to rupertkisser@yahoo.de.

According to our knowledge, 20 countries have continued to collect IDB data after the termination of the JAMIE project and should be able to submit data. Please send all deliverables as soon as possible, but **not later than 31 November, 2016.** If you cannot meet this deadline, please let me know. Thank you in advance for your understanding and collaboration!

If there is any further question, I am happy to answer as good as possible.

With best regards, Rupert Kisser

EuroSafe Injury Surveillance Specialist Mobile: +43-664-5345369 rupertkisser@yahoo.de

#### Annexes:

- 1a Format for IDB-MDS (Minimum Data Set) data
- 1b Format for IDB-FDS (Full Data Set) data
- 2. Metadata (National IDB-MDS File Information) form
- 3. Format for the reference population data
- 4. List of national FDS reference hospitals

#### Invitation and instruction to submit IDB data for 2016

2 May 2017

Dear member of the IDB-Network,

Herewith I kindly invite you to submit your IDB data for 2016, i.e. your samples of IDB-MDS (Minimum Data Set) and/or IDB-FDS (Full Data Set) records. The procedure is the same as last year. Please obey the specifications below. Please provide us till 30 June 2017 with the following:

<u>IDB DATA FILES</u> in the standard formats IDB-MDS and/or IDB-FDS. Please note, that TXT-Files (UTF-8 or ANSI) are desired, without delimiters between variables. As in past years, the Health Information Research Unit at Swansea University School of Medicine will collect your data files before forwarding them to the Commission services.

Please note, that the format of the IDB-FDS data has been changed. According to the advice of partners we have harmonized certain field-lengths with IDB-MDS, i.e. the record-number (from 6 to 7 digits) and the hospital-number (from 2 to 3 digits) and we have expanded the narrative to 200 characters.

#### Please upload your data at the data validation and upload port at

<u>http://www.injuryobservatory.net/jamiedatavalidator/login</u>. You can use user-name and password as for uploading or testing your data in the previous year. If you have forgotten user-name or password or other questions, please contact Paul Conti (<u>paul@chi.swan.ac.uk</u>).

2. **REFERENCE POPULATION DATA FILE** for the automatic calculation of crude national incidence rates, in particular also ECHI indicator 29b. The format now requests an additional column for the year in order to avoid assignment errors.

Please send this item by e-mail to paul@chi.swan.ac.uk.

- IDB METADATA FORMS (national IDB file information form). Please note, that metadata is requested only for the IDB-MDS file, which serves as the basis for estimating incidence rates like ECHI-29b at the public access. If you provide only an IDB-FDS data file, from which the IDB-MDS data is extracted centrally, please complete the metadata form for this IDB-FDS file.
- 4. <u>LIST OF FDS REFERENCE HOSPITALS</u> in the year 2015 (if you have collected FDS data). Please send items 3 and 4 by e-mail to rupertkisser@yahoo.de.

According to our knowledge, 20 countries have continued to collect IDB data after the termination of the JAMIE project and should be able to submit data. Please send all deliverables as soon as possible. If you cannot meet the deadline of 30 June, please let me know. Thank you in advance for your understanding and collaboration!

If there is any further question, I am happy to answer as good as possible.

With best regards, Rupert Kisser

EuroSafe Injury Surveillance Specialist Mobile: +43-664-5345369 rupertkisser@yahoo.de

#### Annexes:

- 1a Format for IDB-MDS (Minimum Data Set) data
- 1b Format for IDB-FDS (Full Data Set) data
- 2. Metadata (National IDB-MDS File Information) form
- 3. Format for the reference population data
- 4. List of national FDS reference hospitals

# Annex 3: IDB data 2010-2016: Status of delivery and upload

Abbreviations	
FDS	IDB Full Data Set (see FDS Data Dictionary)
MDS	IDB Minimum Data Set (see IDB Operating Manual)
Ref. pop.	Reference population data file (defines incidence rates)
<b>√</b>	Delivered / uploaded to the IDB web-gate
Ν	Not (yet) delivered / waiting for upload
-	Not applicable
FDS>MDS	Only FDS collected; MDS extracted from FDS (same sample)
FDS+MDS	Two different samples for FDS and MDS

Country	Year	Data type	File delivered	File uploaded to EU IDB	Ref. pop. delivered	Ref. pop. uploaded to IDB	Echi-29b delivered	ECHI-29b uploaded to ECHI	Metadata delivered	Warning flag at EU IDB	No. of hospitals	Data flow
Austria	2010	FDS	<b>~</b>	<b>~</b>	-	-	-	-	<b>~</b>		10	FDS>MDS
		MDS	$\checkmark$	<b>√</b>	<ul> <li>Image: A set of the set of the</li></ul>	<b>√</b>	<b>√</b>	Ν	-		10	FDS>MDS
	2011	FDS	<b>√</b>	<b>√</b>	-	-	-	-	$\checkmark$		11	FDS>MDS
		MDS	$\checkmark$	<b>√</b>	$\checkmark$	<ul> <li>Image: A second s</li></ul>	<b>√</b>	Ν	-		11	FDS>MDS
	2012	FDS	~	<b>~</b>	-	-	-	-	<		9	FDS>MDS
		MDS	~	<b>~</b>	~	<b>~</b>	<b>~</b>	Ν	-		9	FDS>MDS
	2013	FDS	<ul> <li>Image: A set of the set of the</li></ul>	<b>√</b>	-	-	-	-	✓		5	FDS>MDS
		MDS	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	Ν	-		5	FDS>MDS
	2014	FDS	<b>√</b>	Ν	-	-	-	-	✓		5	FDS>MDS
		MDS	<b>√</b>	Ν	<b>√</b>	Ν	<b>√</b>	Ν	-		5	FDS>MDS
	2015	FDS	<b>√</b>	Ν	-	-	-	-	✓		5	FDS>MDS
		MDS	<b>√</b>	Ν	<b>√</b>	Ν	<b>√</b>	Ν	-		5	FDS>MDS
	2016	FDS	<ul> <li>Image: A start of the start of</li></ul>	Ν	-	-	-	-	✓		11	FDS>MDS
		MDS	<b>√</b>	Ν	<b>√</b>	Ν	<b>√</b>	Ν	-		11	FDS>MDS
Cyprus	2010	FDS	<b>√</b>	<b>√</b>	-	-	-	-	✓		2	FDS>MDS
		MDS	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	Ν	-	Small sample	2	FDS>MDS
	2011	FDS	✓	✓	-	-	-	-	✓		2	FDS>MDS
		MDS	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	Ν	Ν	-	Small sample	2	FDS>MDS
	2012	FDS	$\checkmark$	<b>√</b>	-	-	-	-	✓		1	FDS>MDS
		MDS	$\checkmark$	<b>√</b>	Ν	Ν	Ν	Ν	-		1	FDS>MDS
	2013	FDS	<b>√</b>	✓	-	-	-	-	✓		1	FDS+MDS
		MDS	<b>√</b>	<b>√</b>	<b>√</b>	<b>√</b>	Ν	Ν	<b>√</b>		4	FDS+MDS
	2014	FDS	-	-	-	-	-	-	-		-	
		MDS	<ul> <li>Image: A set of the set of the</li></ul>	<b>√</b>	Ν	Ν	Ν	Ν	✓		5	Only MDS
	2015	FDS	-	-	-	-	-	-	-		-	
		MDS	<ul> <li>Image: A second s</li></ul>	Ν	<ul> <li>Image: A second s</li></ul>	Ν	Ν	Ν	✓		5	Only MDS
	2016	FDS	-	-	-	-	-	-	-		-	
		MDS	<ul> <li>Image: A second s</li></ul>	Ν	<ul> <li>Image: A set of the set of the</li></ul>	Ν	Ν	Ν	✓		5	Only MDS
Czech Rep	2010	FDS	<b>~</b>	<b>√</b>	-	-	-	-	✓		8	FDS>MDS
		MDS	<b>√</b>	<b>√</b>	Ν	Ν	Ν	Ν	-	Only children	8	FDS>MDS
	2011	FDS	<b>√</b>	Ν	-	-	-	-	<ul> <li>Image: A set of the set of the</li></ul>		8	FDS>MDS

Country	Year	Data type	File delivered	File uploaded to EU IDB	Ref. pop. delivered	Ref. pop. uploaded to IDB	Echi-29b delivered	ECHI-29b uploaded to ECHI	Metadata delivered	Warning flag at EU IDB	No. of hospitals	Data flow
		MDS	N	N	Ν	Ν	Ν	Ν	Ν	<b>A 1 1 1 1</b>	8	FDS>MDS
	2012	FDS	✓	N	-	-	-	-	✓	Only children	31	FDS>MDS
		MDS	N	N	N	N	N	Ν	Ν	<b>A I I I I I</b>	-	FDS>MDS
	2013	FDS	✓	N	-	-	-	-	✓	Only children	31	FDS>MDS
		MDS	N	N	Ν	Ν	Ν	Ν	N		-	FDS>MDS
Denmark	2010	FDS	✓	✓	-	-	-	-	✓		4	FDS>MDS
		MDS	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	Ν	-		4	FDS>MDS
	2011	FDS	$\checkmark$	$\checkmark$	-	-	-	-	$\checkmark$		2	FDS+MDS
		MDS	~	~	<	<	<	Ν	<b>~</b>		40	FDS+MDS
	2012	FDS	$\checkmark$	$\checkmark$	-	-	-	-	$\checkmark$		1	FDS>MDS
		MDS	$\checkmark$	$\checkmark$	<b>√</b>	$\checkmark$	$\checkmark$	Ν	<b>√</b>		34	FDS>MDS
	2013	FDS	<b>√</b>	<ul> <li>Image: A second s</li></ul>	-	-	-	-	<b>√</b>		1	FDS+MDS
		MDS	1	1				N	1		31	FDS+MDS
	2014	FDS			-	-	-	-	-		1	
	2014	MDS			-	-	-	N			25	
	0045	IVID3	•	•	•	•	•	IN	v		25	FD3+IVID3
	2015	FDS MDS	-	- NI	-	- NI	-	- NI	-		20	
	2040		•	IN	•		•	IN	•		30	
	2016	FDS	-	- NI	-	- NI	-	- NI	-		22	
Estenia.	0040	IVID3	•	IN	•	IN	•	IN	v		23	
Estonia	2012	FDS MDS	-	-	-	-	-	- NI	-		27	
	0040		•	•	•	•	•	IN	•		21	
	2013	FD3	-	-	-	-	-	- N	-		22	
	0014		•	•	•	•	•	IN	•		32	
	2014	FD5	-	-	-	-	-	- NI	-		22	
	2045		•	•	•	•	•	IN	•		22	
	2015	FD5	-	- NI	-	- NI	-	- NI	-		10	
	2016		•	IN	•		•	IN	•		19	
	2016	FD3	-	- N	-	- N	-	- N	-		10	
Finland	2010		•		•		•	IN	•		13	
Finianu	2010	MDS	-	-	-	-	-	- N	-		222	
	2011	EDS	•	•	•	•	•		•		222	
	2011	MDS	-	-	-	-	-	- N	-		212	Only MDS
	2012	FDS	-	-	-	_	-	-	-		212	
	2012	MDS	-	-				N	-		199	Only MDS
	2013	FDS	-	-	_	-	-	-			100	
	2013	MDS	-	-				N			190	Only MDS
	2014	FDS	-	-	_	-	-	-	-			<i>c,bc</i>
<u> </u>	2017	MDS	~	~	1	1	<ul> <li>Image: A start of the start of</li></ul>	Ν	~		193	Only MDS
	2015	FDS	-	-	-	-	-	-	-			5,
<u> </u>	2010	MDS	<ul> <li>Image: A start of the start of</li></ul>	Ν	<b>√</b>	N	N	Ν	<ul> <li>Image: A start of the start of</li></ul>		194	Only MDS
	2016	FDS	-	-	-	-	-	-	-		+ • • •	,, <b></b>
		MDS	Ν	Ν	Ν	Ν	Ν	Ν	Ν		1	Delayed
Germany	2010	FDS	<b>√</b>	<b>√</b>	-	-	-	-	<b>√</b>		1	FDS>MDS
	-	MDS	~	~	~	~	<ul> <li>Image: A start of the start of</li></ul>	Ν	-	Only Brandenburg	1	FDS>MDS
	2011	FDS	~	~	-	-	-	-	<b>√</b>	,	1	FDS>MDS
		-								1	1	_

MDS         V         V         V         V         N         -         Only Brandenburg         1         FDS-MDS           MDS         V         V         V         V         V         V         N         -         Only Brandenburg         1         FDS-MDS           2013         FDS         V         V         V         V         V         N         -         Only Brandenburg         1         FDS-MDS           2014         FDS         V         V         N         N         N         -         Only Brandenburg         1         FDS-MDS           2015         FDS         V         N         N         N         N         Only Brandenburg         1         FDS-MDS           2016         FDS         V         N         N         N         N         N         Only Brandenburg         1         FDS-MDS           Greece         FDS         V         V         N         N         N         N         N         S         Small sample         1         FDS-MDS           Hungary         2013         FDS         V         V         N         N         N         N         N         N	Country	Year	Data type	File delivered	File uploaded to EU IDB	Ref. pop. delivered	Ref. pop. uploaded to IDB	Echi-29b delivered	ECHI-29b uploaded to ECHI	Metadata delivered	Warning flag at EU IDB	No. of hospitals	Data flow
2012         FDS         V <td></td> <td></td> <td>MDS</td> <td><b>~</b></td> <td><b>~</b></td> <td><b>~</b></td> <td><b>√</b></td> <td><b>√</b></td> <td>Ν</td> <td>-</td> <td>Only Brandenburg</td> <td>1</td> <td>FDS&gt;MDS</td>			MDS	<b>~</b>	<b>~</b>	<b>~</b>	<b>√</b>	<b>√</b>	Ν	-	Only Brandenburg	1	FDS>MDS
MDS         V         V         V         N         Only Brandenburg         1         FDS-MDS           2013         FDS         V         V         N		2012	FDS	<b>~</b>	<b>~</b>	-	-	-	-	$\checkmark$		1	FDS>MDS
2013       FDS       ✓ <td></td> <td></td> <td>MDS</td> <td><b>~</b></td> <td><b>~</b></td> <td><b>~</b></td> <td><b>√</b></td> <td><b>~</b></td> <td>Ν</td> <td>-</td> <td>Only Brandenburg</td> <td>1</td> <td>FDS&gt;MDS</td>			MDS	<b>~</b>	<b>~</b>	<b>~</b>	<b>√</b>	<b>~</b>	Ν	-	Only Brandenburg	1	FDS>MDS
MDS         V         N         N         N         N         N         N         N         N         P         Only Brandenburg         1         FDS-MDS           2014         FDS         V         V         N		2013	FDS	<b>~</b>	<b>√</b>	-	-	-	-	✓		1	FDS>MDS
2014         FDS $\checkmark$ $\checkmark$ $\sim$ $\checkmark$ $\checkmark$ $\uparrow$ $\downarrow$ <td></td> <td></td> <td>MDS</td> <td><b>~</b></td> <td><b>√</b></td> <td>Ν</td> <td>Ν</td> <td>Ν</td> <td>Ν</td> <td>-</td> <td>Only Brandenburg</td> <td>1</td> <td>FDS&gt;MDS</td>			MDS	<b>~</b>	<b>√</b>	Ν	Ν	Ν	Ν	-	Only Brandenburg	1	FDS>MDS
Image         Mos         V         V         N </td <td></td> <td>2014</td> <td>FDS</td> <td><b>√</b></td> <td><b>√</b></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>✓</td> <td></td> <td>1</td> <td>FDS&gt;MDS</td>		2014	FDS	<b>√</b>	<b>√</b>	-	-	-	-	✓		1	FDS>MDS
2015         FDS         V         N         N         N         N         Only Brandenburg         1         FDS>MDS           2016         FDS         V         N         N         N         N         N         Only Brandenburg         1         FDS>MDS           Greec         2016         FDS         V         N         N         N         N         Only Brandenburg         1         FDS>MDS           Greece         2012         FDS         V         V         N         N         V         Only Brandenburg         1         FDS>MDS           MDS         V         V         V         N         N         N         V         Small sample         1         FDS>MDS           Hungary         2013         FDS         V         V         N         N         N         N         N         Small sample         1         FDS>MDS           Hungary         2013         FDS         V         V         V         V         N         N         N         Small sample         1         FDS>MDS           Lealand         2010         FDS         V         V         V         N         N         N			MDS	<b>√</b>	<b>√</b>	Ν	Ν	Ν	Ν	-	Only Brandenburg	1	FDS>MDS
MDS     V     N     N     N     N     N     N     N     Only Brandenburg     1     FDS>MDS       MDS     V     N     N     N     N     N     N     N     N       Greece     2012     FDS     V     V     N     N     N     N     N     N     N       Hungary     2013     FDS     V     V     N     N     N     N     N     N     N       Hungary     2014     FDS     V     V     N     N     N     N     N     N     Small sample     1     FDS>MDS       2014     FDS     V     V     N     N     N     N     N     Small sample     1     FDS>MDS       10     MDS     V     V     N		2015	FDS	<ul> <li>Image: A second s</li></ul>	Ν	-	-	-	-	Ν		1	FDS>MDS
2016         FDS $\checkmark$ N         N         N         N         N         N         N         N         Only Brandenburg         1         FDS>MDS           Greece         2012         FDS $\checkmark$ $\checkmark$ N         N         N         N         N         Only Brandenburg         1         FDS>MDS           MDS $\checkmark$ $\checkmark$ N         N         N         N         N         Small sample         1         FDS>MDS           Hungary         2013         FDS $\checkmark$ $\checkmark$ N         N         N         Small sample         1         FDS>MDS           2014         FDS $\checkmark$ $\checkmark$ N         N         N         Small sample         1         FDS>MDS           Lealand         2010         FDS $\checkmark$ $\checkmark$ N         N $\checkmark$ $\checkmark$ $\cdot$			MDS	<b>~</b>	Ν	Ν	Ν	Ν	Ν	-	Only Brandenburg	1	FDS>MDS
Image     MDS     V     N     N     N     N     N     N     N     Poly Brandenburg     1     FDS>MDS       Greece     2012     FDS     V     V     N     N     V     V     N     <		2016	FDS	<b>~</b>	Ν	-	-	-	-	Ν		1	FDS>MDS
Greece         2012         FDS         V         Small sample         1         FDS>MDS           Hungary         2014         FDS         V         V         V         N         N         N         Small sample         1         FDS>MDS           2014         FDS         V         V         V         N         N         N         Small sample         1         FDS>MDS           lceland         2010         FDS         V         V         V         V         V         N         <			MDS	<b>~</b>	Ν	Ν	Ν	Ν	Ν	-	Only Brandenburg	1	FDS>MDS
MDS $\checkmark$ $\checkmark$ $\checkmark$ $\sim$	Greece	2012	FDS	<b>√</b>	<b>√</b>	-	-	-	-	✓		1	FDS>MDS
Hungary         2013         FDS         V         V         V         V         V         N         N         N         N         Small sample         1         FDS>MDS           2014         FDS         V         V         V         N         N         N         N         Small sample         1         FDS>MDS           2014         FDS         V         V         N         N         N         N         Small sample         1         FDS>MDS           1         MDS         V         V         N         N         N         N         Small sample         1         FDS>MDS           1         MDS         V         V         V         N         N         V         Small sample         1         MDS         MDS         V         V         N         V         Image: Main sample         1         MDM MDS         V         V         N         V         Image: Main sample         1         MDM MDS         V         V         V         N         N         N         N         N         N         N         N         N         N         N         N         N         N         N         N         N			MDS	<b>~</b>	<b>~</b>	Ν	Ν	-	-	-	Small sample	1	FDS>MDS
MDS $\checkmark$ N         N         N         N         N         N         N         Small sample         1         FDS>MDS           Image: MDS         V         V         V         N         N         N         N         Small sample         1         FDS>MDS           Iceland         2010         FDS         V         V         N         N         N         V         Small sample         1         FDS>MDS           Iceland         2010         FDS         V         V         V         N         N         V         Small sample         1         Only MDS           2011         FDS         V         V         V         V         N         V         Image: Nether N	Hungary	2013	FDS	<b>~</b>	<b>~</b>	-	-	-	-	$\checkmark$		1	FDS>MDS
2014         FDS $\checkmark$ </td <td></td> <td></td> <td>MDS</td> <td><b>~</b></td> <td><b>~</b></td> <td>Ν</td> <td>Ν</td> <td>Ν</td> <td>Ν</td> <td>-</td> <td>Small sample</td> <td>1</td> <td>FDS&gt;MDS</td>			MDS	<b>~</b>	<b>~</b>	Ν	Ν	Ν	Ν	-	Small sample	1	FDS>MDS
InclusionModel MDSVVNNNNNSmall sample1FDS>MDSIceland2010FDSIII<		2014	FDS	~	<b>~</b>	-	-	-	-	<ul> <li>Image: A set of the set of the</li></ul>		1	FDS>MDS
Iceland2010FDS<			MDS	<b>~</b>	<b>~</b>	Ν	Ν	Ν	Ν	-	Small sample	1	FDS>MDS
Image: MDS $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ $\vee$ <	Iceland	2010	FDS	-	-	-	-	-	-	-			
2011         FDS         - </td <td></td> <td></td> <td>MDS</td> <td><b>~</b></td> <td><b>√</b></td> <td><b>~</b></td> <td><b>√</b></td> <td><b>√</b></td> <td>Ν</td> <td>✓</td> <td></td> <td>1</td> <td>Only MDS</td>			MDS	<b>~</b>	<b>√</b>	<b>~</b>	<b>√</b>	<b>√</b>	Ν	✓		1	Only MDS
MDS $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ $\land$		2011	FDS	-	-	-	-	-	-	-			
2012         PDS $\cdot$ </td <td></td> <td></td> <td>MDS</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>N</td> <td>✓</td> <td></td> <td>1</td> <td>Only MDS</td>			MDS	✓	✓	✓	✓	✓	N	✓		1	Only MDS
Image: Normal systemImage: Normal system <th< td=""><td></td><td>2012</td><td>FDS</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td></td><td></td><td></td></th<>		2012	FDS	-	-	-	-	-	-	-			
2013PDS		2012		•	•	•	•	•	IN	×			
Ireland2013FDS <t< td=""><td></td><td>2013</td><td>FDS MDS</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>- N</td><td>-</td><td></td><td>1</td><td></td></t<>		2013	FDS MDS	-	-	-	-	-	- N	-		1	
Initial definition         2013         IDO         Image of the second	Ireland	2013	FDS	-	-	-	-	-	-				
2014       FDS       -       -       -       -       -       -       -       -         MDS       ✓       N       N       N       N       N       ✓       Only age 15+       1       Only MDS         2015       FDS       -       -       -       -       -       -       -       -         MDS       N       N       N       N       N       N       N       -       -       -         MDS       N	Telanu	2013	MDS	- -	-	- -	- -	- -	N	- -	Only age 15+	1	Only MDS
MDS         ✓         N         N         N         N         N         V         Only age 15+         1         Only MDS           2015         FDS         - </td <td></td> <td>2014</td> <td>FDS</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td>· ·</td> <td>0</td>		2014	FDS	-	-	-	-	-	-	-		· ·	0
2015FDSMDSNNNNNNNNNDelayed2016FDSDelayedMDSNNNNNNNNDelayedItaly2010FDS $\checkmark$ $\checkmark$ MDSV $\checkmark$ $\checkmark$ $\checkmark$ -DelayedItaly2010FDS $\checkmark$ $\checkmark$ $\checkmark$ -Delayed1aly2010FDS $\checkmark$ $\checkmark$ $\checkmark$ Delayed1aly2010FDS $\checkmark$ $\checkmark$ $\checkmark$ 2011FDS $\checkmark$ $\checkmark$ $\checkmark$ 2011FDS $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ 2012FDS $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ 2012FDS $\checkmark$ N $\checkmark$ NNN $\checkmark$ 2012FDS $\checkmark$ NNNNNN2013FDS $\checkmark$ NNNN </td <td></td> <td></td> <td>MDS</td> <td><b>√</b></td> <td>Ν</td> <td>Ν</td> <td>Ν</td> <td>Ν</td> <td>Ν</td> <td><ul> <li>Image: A start of the start of</li></ul></td> <td>Only age 15+</td> <td>1</td> <td>Only MDS</td>			MDS	<b>√</b>	Ν	Ν	Ν	Ν	Ν	<ul> <li>Image: A start of the start of</li></ul>	Only age 15+	1	Only MDS
ImageMDSNNNNNNNNNNDelayed2016FDS </td <td></td> <td>2015</td> <td>FDS</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td>		2015	FDS	-	-	-	-	-	-	-			
2016FDSDelayedItaly2010FDS $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ $\checkmark$ <t< td=""><td></td><td></td><td>MDS</td><td>Ν</td><td>Ν</td><td>Ν</td><td>Ν</td><td>Ν</td><td>Ν</td><td>Ν</td><td></td><td></td><td>Delayed</td></t<>			MDS	Ν	Ν	Ν	Ν	Ν	Ν	Ν			Delayed
Italy2010FDS $\checkmark$ $\checkmark$ $\aleph$ $N$ $N$ $N$ $N$ $I$ $N$ $I$ <t< td=""><td></td><td>2016</td><td>FDS</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td>-</td><td></td><td></td><td><u> </u></td></t<>		2016	FDS	-	-	-	-	-	-	-			<u> </u>
Italy2010PDSVVVPDSVPDSPDSMDSVVVVVNNN-Home, road, violence4FDS>MDS2011FDSVVVHome, road, violence12FDS+MDS2011FDSVVIVImage: Second condition of the second	Itoly	2010	MDS	N	N	N	N	N	N	N		1	Delayed
2011       FDS       ✓ <td>пану</td> <td>2010</td> <td>FD3</td> <td>×</td> <td>•</td> <td>-</td> <td>-</td> <td>- NI</td> <td>- NI</td> <td>×</td> <td>Home read violance</td> <td>4</td> <td></td>	пану	2010	FD3	×	•	-	-	- NI	- NI	×	Home read violance	4	
2011PDSVVVPDS+MDSMDSVVVVVNV91FDS+MDS2012FDSVVV10FDS+MDSMDSVNVNNNV95FDS+MDS2013FDSVVV99FDS+MDS2013FDSVVNNNV99FDS+MDS2014FDSVNV100FDS+MDS2015FDSNNNNNNNPPDS+MDS2015FDSNNNNNNNDelaved		2011		•	•	•	•	IN	IN	-	Home, road, violence	4	
MDS       V       V       V       N       V       N       91       PDS+MDS         2012       FDS       V       V       -       -       -       V       10       FDS+MDS         MDS       V       N       V       N       N       N       V       95       FDS+MDS         2013       FDS       V       V       -       -       -       V       99       FDS+MDS         2013       FDS       V       V       -       -       -       V       99       FDS+MDS         2013       FDS       V       V       -       -       -       V       99       FDS+MDS         2014       FDS       V       N       -       -       -       V       100       FDS+MDS         2014       FDS       N       N       N       N       N       N       N       FDS+MDS         2015       FDS       N       N       -       -       -       -       -       -         MDS       N       N       N       N       N       N       N       Delaved		2011	FD3	•	•	-	-	-	- NI			12	
Z012FDSVVFFVVFFVMDS $\checkmark$ NVNNNV95FDS+MDS2013FDS $\checkmark$ $\checkmark$ $\checkmark$ 9FDS+MDSMDS $\checkmark$ N $\checkmark$ NNN $\checkmark$ 124FDS+MDS2014FDS $\checkmark$ N $\checkmark$ 10FDS+MDS2014FDS $\checkmark$ NNNNNNN2015FDSNNNNNNNDelavedMDSNNNNNNNNDelaved		2012				•	•	•	IN			31	
2013       FDS       ✓       N       V       N       N       V       9       FDS+MDS         2013       FDS       ✓       ✓       -       -       -       ✓       9       FDS+MDS         MDS       ✓       N       ✓       N       N       N       ✓       124       FDS+MDS         2014       FDS       ✓       N       -       -       -       ✓       10       FDS+MDS         2014       FDS       ✓       N       N       N       N       N       N       FDS+MDS         2014       FDS       ✓       N       N       N       N       N       N       FDS+MDS         2014       FDS       N       N       N       N       N       N       FDS+MDS         2015       FDS       N       N       N       N       N       N       Delaved         MDS       N       N       N       N       N       N       Delaved		2012	FD3	•	V NI	-	- NI	- NI	- NI			10	
2013       FDS       ✓ </td <td> </td> <td>2012</td> <td></td> <td>•</td> <td>IN</td> <td>•</td> <td>N</td> <td>N</td> <td>IN</td> <td></td> <td></td> <td>95</td> <td></td>		2012		•	IN	•	N	N	IN			95	
2014       FDS       V       N       V       N       V       N       V       124       FDS+MDS         2014       FDS       V       N       -       -       -       V       10       FDS+MDS         MDS       N       N       N       N       N       N       N       FDS+MDS         2015       FDS       N       N       -       -       -       -       -         MDS       N       N       N       N       N       N       Delaved		2013	LD2		V NI	-	- NI	- NI	- NI			104	
2014       FDS       V       N       -       -       -       V       10       FDS+MDS         MDS       N       N       N       N       N       N       N       FDS+MDS         2015       FDS       N       N       -       -       -       -       -         MDS       N       N       N       N       N       N       Delaved		2014		•	IN N	•	IN	N	N			124	
MDS         N         N         N         N         N         N         N         FDS         FDS         FDS         N         N         N         N         N         N         N         DS         FDS         MDS         N         N         N         N         N         N         DS         Delayed		2014	FDS	V NI	IN N	- NI	- NI	-	- NI			10	
MDS N N N N N N N Delaved		2015		N	N	N.							FD2+MDS
		2010	MDS	N	N	Ν	N	Ν	Ν	N			Delayed

Country	Year	Data type	File delivered	File uploaded to EU IDB	Ref. pop. delivered	Ref. pop. uploaded to IDB	Echi-29b delivered	ECHI-29b uploaded to ECHI	Metadata delivered	Warning flag at EU IDB	No. of hospitals	Data flow
	2016	FDS	N	N	-	-	-	-	-			
Latvia	2010		N	N	IN .	IN .	IN .	IN .	N		21	Delayed EDS>MDS
	2010	MDS				-	-	N	-	Only admissions	21	FDS>MDS
	2011	FDS			-	-	-	-	-		21	FDS>MDS
	2011	MDS				-	-	N	-	Only admissions	21	FDS>MDS
	2012	FDS		· ·	-	-	-	-	1		21	FDS>MDS
	2012	MDS		-			-	N	-	Only admissions	21	FDS>MDS
	2013	FDS	· ·	-	-	-	-	-	1		20	FDS>MDS
	2010	MDS	· ·	N	1	N	1	N	-	Only admissions	20	FDS>MDS
	2014	FDS	· ·		-	-	-	-	1		20	FDS>MDS
	2014	MDS	· ·	N	1	N	1	N	-	Only admissions	22	FDS>MDS
	2015	FDS	-	N	-	-	-	-	<u> </u>		17	FDS>MDS
	2010	MDS	· ·	N	1	N	1	N	-	Only admissions	17	FDS>MDS
	2016	FDS	· ·	N	-	-	-	-	1		17	FDS>MDS
	2010	MDS	-	N	1	N	1	N	-	Only admissions	17	FDS>MDS
Lithuania	2011	FDS	-	-	-	-	-	-	-		-	1 2021120
Ennanna	2011	MDS	<b>√</b>	✓	<b>√</b>	<b>√</b>	Ν	Ν	✓	Only admissions	71	Only MDS
	2012	FDS	-	-	-	-	-	-	-		-	
		MDS	<b>~</b>	~	<b>~</b>	<b>√</b>	Ν	Ν	~	Only admissions	69	Only MDS
	2013	FDS	-	-	-	-	-	-	-		-	
		MDS	$\checkmark$	<b>√</b>	<b>√</b>	<b>~</b>	<b>√</b>	Ν	$\checkmark$		103	Only MDS
	2014	FDS	-	-	-	-	-	-	-		-	0 1 1 1 0 0
	0045	MDS	✓	✓	✓	✓	✓	N	✓		91	Only MDS
	2015	FDS	-	- N	-	- N	-	- N	-		-	
	2016	IVID3	•	IN	•	IN	•	IN	•		07	
	2010	MDS	-	- N	-	- N	-	- N	-		87	Only MDS
Luxemboura	2013	FDS	~	~	-	-	-	-	~		1	EDS+MDS
Lanonibearg		MDS	1	1	1	1	1	N	· ·		5	FDS+MDS
	2014	FDS	· ·	· •	-	-	-	-	· •		1	FDS+MDS
	-	MDS	<ul> <li>Image: A second s</li></ul>	✓	~	<ul> <li>Image: A start of the start of</li></ul>	<ul> <li>Image: A start of the start of</li></ul>	N	✓		3	FDS+MDS
	2015	FDS	<ul> <li>Image: A second s</li></ul>	N	-	-	-	-	-		1	FDS+MDS
		MDS	<ul> <li>Image: A start of the start of</li></ul>	N	<ul> <li>Image: A start of the start of</li></ul>	N	<ul> <li>Image: A start of the start of</li></ul>	N	<b>√</b>		3	FDS+MDS
	2016	FDS	<b>√</b>	N	-	-	-	-	-		1	FDS+MDS
		MDS	~	N	<b>√</b>	N	<b>√</b>	N	✓		3	FDS+MDS
Malta	2010	FDS	~	~	-	-	-	-	<b>√</b>		1	FDS>MDS
	-	MDS	~	~	~	<b>√</b>	<b>√</b>	Ν	-		1	FDS>MDS
	2011	FDS	~	~	-	-	-	-	✓		1	FDS>MDS
		MDS	~	~	~	<b>√</b>	<b>√</b>	Ν	-		1	FDS>MDS
	2012	FDS	~	~	-	-	-		✓		1	FDS>MDS
		MDS	~	~	<b>√</b>	<b>√</b>	<b>√</b>	Ν	-		1	FDS>MDS
	2013	FDS	<b>√</b>	~	-	-	-	-	✓		2	FDS>MDS
		MDS	<b>√</b>	<b>√</b>	×	<b>√</b>	<b>√</b>	Ν	-		2	FDS>MDS

Country	Year	Data type	File delivered	File uploaded to EU IDB	Ref. pop. delivered	Ref. pop. uploaded to IDB	Echi-29b delivered	ECHI-29b uploaded to ECHI	Metadata delivered	Warning flag at EU IDB	No. of hospitals	Data flow
	2014	FDS	<b>~</b>	Ν	-	-	-	-	$\checkmark$		2	FDS>MDS
		MDS	$\checkmark$	Ν	$\checkmark$	Ν	$\checkmark$	Ν	-		2	FDS>MDS
	2015	FDS	<b>~</b>	Ν	-	-	-	-	~		2	FDS>MDS
		MDS	<b>√</b>	Ν	<ul> <li>Image: A second s</li></ul>	Ν	Ν	Ν	-		2	FDS>MDS
	2016	FDS	Ν	Ν	-	-	-	-	-			
		MDS	Ν	Ν	Ν	Ν	Ν	Ν	Ν			Delayed
Netherlands	2010	FDS	$\checkmark$	$\checkmark$	-	-	-	-	<ul> <li>✓</li> </ul>		13	FDS>MDS
		MDS	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	Ν	-		13	FDS>MDS
	2011	FDS	<b>~</b>	<b>~</b>	-	-	-	-	~		14	FDS+MDS
		MDS	<b>√</b>	<b>√</b>	<ul> <li>Image: A set of the set of the</li></ul>	<b>√</b>	<ul> <li>Image: A start of the start of</li></ul>	Ν	✓		14	FDS+MDS
	2012	FDS	<b>√</b>	<b>√</b>	-	-	-	-	✓		14	FDS+MDS
-		MDS	✓	<b>√</b>	<ul> <li>Image: A set of the set of the</li></ul>	<b>√</b>	<ul> <li>Image: A set of the set of the</li></ul>	Ν	✓		14	FDS+MDS
	2013	FDS	$\checkmark$	$\checkmark$	-	-	-	-	✓		13	FDS+MDS
		MDS	✓	✓	<b>√</b>	✓	<b>√</b>	Ν	✓		13	FDS+MDS
	2014	FDS	<ul> <li>Image: A start of the start of</li></ul>	$\checkmark$	-	-	-	-	<b>√</b>		14	FDS+MDS
		MDS	~	<b>√</b>	<ul> <li>Image: A start of the start of</li></ul>	N	<ul> <li>Image: A second s</li></ul>	Ν	<b>√</b>		14	FDS+MDS
	2015	FDS	1	N	-	-	-	-	-		12	FDS+MDS
		MDS	1	Ν	<ul> <li>Image: A start of the start of</li></ul>	N	<ul> <li>Image: A start of the start of</li></ul>	Ν	<ul> <li>Image: A second s</li></ul>		14	FDS+MDS
	2016	FDS	1	N	-	-	-	-	-		12	FDS+MDS
	2010	MDS	-	N		N		N	1		14	FDS+MDS
Norway	2012	FDS	-	-	-	-	-	-	-			1 2011120
Norway	2012	MDS	<ul> <li>Image: A start of the start of</li></ul>	<ul> <li>Image: A start of the start of</li></ul>	<ul> <li>Image: A start of the start of</li></ul>	<ul> <li>Image: A start of the start of</li></ul>	$\checkmark$	N	<ul> <li>Image: A start of the start of</li></ul>		15	Only MDS
	2013	FDS	-	-	-	-	-	_	-		-	
	2010	MDS	<b>√</b>	✓	<ul> <li>Image: A start of the start of</li></ul>	<ul> <li>Image: A start of the start of</li></ul>	<ul> <li>Image: A start of the start of</li></ul>	Ν	✓		16	Only MDS
	2014	FDS	-	-	-	-	-	-	-		-	,
		MDS	<b>√</b>	✓	<b>√</b>	Ν	✓	Ν	✓		17	Only MDS
-	2015	FDS	-	-	-	-	-	-	-		-	
		MDS	<b>√</b>	Ν	<b>√</b>	Ν	-	Ν	Ν		-	Only MDS
-	2016	FDS	-	-	-	-	-	-	-			
		MDS	Ν	Ν	Ν	Ν	Ν	Ν	Ν			Delayed
Poland	2013	FDS	<b>~</b>	<b>~</b>	-	-	-	-	$\checkmark$		1	FDS+MDS
		MDS	$\checkmark$	$\checkmark$	Ν	-	Ν	Ν	$\checkmark$	Only children	1	FDS+MDS
	2014	FDS	<b>~</b>	<b>~</b>	-	-	-	-	~		1	FDS+MDS
		MDS	~	<b>~</b>	Ν	-	Ν	Ν	<	Only children	1	FDS+MDS
Portugal	2010	FDS	<b>√</b>	<b>√</b>	-	-	-	-	✓		4	FDS>MDS
		MDS	$\checkmark$	Ν	Ν	Ν	Ν	Ν	-	Only HLAs	4	FDS>MDS
	2011	FDS	<b>√</b>	<b>√</b>	-	-	-	-	✓		4	FDS>MDS
		MDS	<b>√</b>	Ν	Ν	Ν	<b>√</b>	Ν	-	Only HLAs	4	FDS>MDS
	2012	FDS	<b>√</b>	<b>√</b>	-	-	-	-	<ul> <li>Image: A start of the start of</li></ul>		4	FDS>MDS
		MDS	<b>√</b>	Ν	Ν	Ν	<b>√</b>	Ν	-	Only HLAs	4	FDS>MDS
	2013	FDS	<ul> <li>Image: A start of the start of</li></ul>	<b>√</b>	-	-	-	-	✓		4	FDS>MDS
		MDS	~	~	<ul> <li>Image: A start of the start of</li></ul>	<ul> <li>Image: A start of the start of</li></ul>	<ul> <li>Image: A second s</li></ul>	Ν	-	Only HLAs	4	FDS>MDS
	2014	FDS	~	~	-	-	-	-	✓		4	FDS>MDS
		MDS	~	~	~	~	~	Ν	-	Only HLAs	4	FDS>MDS
		-								· ·	1	-

Country	Year	Data type	File delivered	File uploaded to EU IDB	Ref. pop. delivered	Ref. pop. uploaded to IDB	Echi-29b delivered	ECHI-29b uploaded to ECHI	Metadata delivered	Warning flag at EU IDB	No. of hospitals	Data flow
	2015	FDS	<b>√</b>	N		-	-	-	✓		4	FDS>MDS
		MDS	<b>√</b>	N	✓	Ν	✓	Ν	-	Only HLAs	4	FDS>MDS
	2016	FDS	<b>√</b>	N		-	-	-	✓		4	FDS>MDS
	0040	MDS	<b>√</b>	N	✓	N	✓	N		Only HLAs	4	FDS>MDS
Romania	2013	FDS	<b>√</b>	<ul> <li>✓</li> </ul>	-	-	-	-	<ul> <li>✓</li> </ul>		1	FDS+MDS
	0040	MDS	<ul> <li>✓</li> </ul>	<ul> <li>✓</li> </ul>	✓	N	✓	N	<ul> <li>✓</li> </ul>		3	FDS+MDS
Slovenia	2010	FDS	<b>√</b>	✓	-	-	-	-	✓		15	FDS>MDS
		MDS	<b>√</b>	N	✓	Ν	Ν	Ν		Only admissions	15	FDS>MDS
	2011	FDS	<b>√</b>	<b>√</b>	-	-	-	-	<b>√</b>		2	FDS+MDS
		MDS	<ul> <li>✓</li> </ul>	<ul> <li>✓</li> </ul>	✓	✓	✓	N	<b>√</b>		4	FDS+MDS
	2012	FDS	<b>√</b>	<b>√</b>	-	-	-	-	<b>√</b>		2	FDS+MDS
		MDS	<b>√</b>	<b>√</b>	✓	✓	✓	N	<b>√</b>		4	FDS+MDS
	2013	FDS	<b>√</b>	<b>√</b>	-		-	-	<b>√</b>		2	FDS+MDS
		MDS	<b>√</b>	<ul> <li>✓</li> </ul>	✓	N	✓	N	<b>√</b>		4	FDS+MDS
	2014	FDS	<b>√</b>	<b>√</b>	-		-	-	<b>√</b>		2	FDS+MDS
		MDS	<b>√</b>	✓	✓	N	✓	N	✓		4	FDS+MDS
	2015	FDS	<b>√</b>	N	-	-	-	-	-		2	FDS+MDS
		MDS	<b>√</b>	N	✓	N	✓	N	✓		4	FDS+MDS
	2016	FDS	<ul> <li>✓</li> </ul>	N	-	-	-	-	-		2	FDS+MDS
		MDS	<b>v</b>	N	✓	N	✓	N	<b>√</b>		4	FDS+MDS
Spain	2013	FDS	<b>v</b>	<b>v</b>	-	-	-	-	<b>√</b>		1	FDS+MDS
	0040	MDS	<b>√</b>	<b>v</b>	✓	✓	✓	N	<b>√</b>	Only Navarra	1	FDS+MDS
Sweden	2010	FDS	<b>v</b>	<ul> <li>✓</li> </ul>	-	-	-	-	✓		8	FDS>MDS
	0011	MDS	<b>v</b>	N	✓	N	✓	N	-		8	FDS>MDS
	2011	FDS	<b>v</b>	<b>v</b>	-	-	-	-	✓		6	FDS>MDS
	0040	MDS	<b>√</b>	<b>√</b>	✓	✓	✓	N	-		6	FDS>MDS
	2012	FDS	<b>√</b>	<b>√</b>	-	-	-	-	✓		6	FDS>MDS
	0040	MDS	<b>√</b>	<b>√</b>	✓	✓	✓	N	-		6	FDS>MDS
	2013	FDS	<ul> <li>✓</li> </ul>	<b>√</b>	-	-	-	-	✓		6	FDS>MDS
	0044	MDS	<b>v</b>	×	✓	✓	✓	N	-		6	FDS>MDS
	2014	FDS	<b>v</b>	×	-	-	-	-	✓		5	FDS>MDS
	0045	MDS	<b>v</b>	<b>~</b>	✓	✓	✓	N	-		5	FDS>MDS
	2015	FDS	×	N	-	-	-	-	✓		6	FDS>MDS
	0040	MDS	✓ 	N	✓	N	✓	N	-		6	FDS>MDS
	2016	FDS MDe	N	N	- N	- N	- N	- N	- N		-	Delayed
Turkev	2013	FDS			-	-	IN	IN			15	FDS>MDS
		MDS	1	1	N	N	Ν	Ν	-		15	FDS>MDS
	2014	FDS	1	1	-	-					15	FDS>MDS
		MDS	1	1	N	N	N	N	-		15	FDS>MDS
	2015	FDS	1	N	-	-					16	FDS>MDS
<u> </u>		MDS	1	N	1	N	N	Ν	-		16	FDS>MDS
<u> </u>	2016	FDS	~	N	-	-			✓		16	FDS>MDS

Country	Year	Data type	File delivered	File uploaded to EU IDB	Ref. pop. delivered	Ref. pop. uploaded to IDB	Echi-29b delivered	ECHI-29b uploaded to ECHI	Metadata delivered	Warning flag at EU IDB	No. of hospitals	Data flow
		MDS	$\checkmark$	Ν	$\checkmark$	Ν	Ν	Ν	-		16	FDS>MDS
UK	2010	FDS	-	-	-	-	-	-	-		-	
		MDS	~	<	<	<	<	Ν	<b>~</b>	Only Wales	4	Only MDS
	2011	FDS	-	-	-	-	-	I	-		-	
		MDS	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	<ul> <li>Image: A set of the set of the</li></ul>	Ν	$\checkmark$	Only Wales	5	Only MDS
	2012	FDS	-	-	-	-	-	-	-		-	
		MDS	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	<ul> <li>Image: A set of the set of the</li></ul>	Ν	$\checkmark$	Only Wales	5	Only MDS
	2013	FDS	-	-	-	-	-	-	-		-	
		MDS	Ν	Ν	Ν	Ν	$\checkmark$	Ν	$\checkmark$		5	Only MDS
	2014	FDS	-	-	-	-	-	-	-		-	
		MDS	Ν	Ν	Ν	Ν	<b>√</b>	Ν	$\checkmark$		5	Only MDS
	2015	FDS	-	-	-	-	-	-	-		-	
		MDS	Ν	Ν	Ν	Ν	<b>√</b>	Ν	$\checkmark$		5	Only MDS
	2016	FDS	-	-	-	-	-	-	-		-	
		MDS	N	N	N	N	Ν	N	Ν			Delayed

# Annex 4: List of proposed "warning flags" on MDS data files 2010-2016

The list below contains flags, which are proposed to DG Santé to mark certain IDB-MDS data files, which do not allow for fully comparable national estimates (indicators). Some, but not all are implemented at the present day (20 November 2017).

Cyprus	2010	Sample size below recommended minimum: national estimates can be
	2011	Sample size below recommended minimum: national estimates can be
	2011	inaccurate.
	2012	Sample is too small: no national estimates available.
	2013	Biased sample: no national estimates available
	2014	Biased sample: no national estimates available
Czech	2010	Sample contains only admissions of children & adolescents. No reference
Republic		population defined: national estimates not available.
	2011	Sample contains only admissions of children & adolescents. No reference
		population defined: national estimates not available.
	2012	Sample contains only admissions of children & adolescents. No reference
		population defined: national estimates not available.
	2013	Sample contains only admissions of children & adolescents. No reference
		population defined: national estimates not available.
Germany	2010	Sample representative only for federal state of Brandenburg: estimates not
		valid for entire Germany. Sample size below recommended minimum:
		estimates can be inaccurate.
	2011	Sample representative only for federal state of Brandenburg: estimates not
		valid for entire Germany. Sample size below recommended minimum:
		estimates can be inaccurate.
	2012	Sample representative only for federal state of Brandenburg: estimates not
		valid for entire Germany. Sample size below recommended minimum:
		estimates can be inaccurate.
	2013	Sample representative only for federal state of Brandenburg: estimates not
		valid for entire Germany. No reference population defined: estimates
		reported only in metadata.
	2014	Sample representative only for federal state of Brandenburg: estimates not
		valid for entire Germany. No reference population defined: estimates
		reported only in metadata.
	2015	Sample representative only for federal state of Brandenburg: estimates not
		valid for entire Germany. No reference population defined: estimates
		reported only in metadata.
	2016	Sample representative only for federal state of Brandenburg: estimates not
		valid for entire Germany. No reference population defined: estimates
		reported only in metadata.
Greece	2012	Sample is too small: no national estimates available.
Hungary	2013	Sample is too small: no national estimates available.
	2014	Sample is too small: no national estimates available.
Ireland	2013	Sample contains no children: national estimates only valid for age-group 15+
	2014	Sample contains no children: national estimates only valid for age-group 15+
Italy	2010	Sample contains only home, leisure, road accidents & assaults; national
		estimates only valid for home, leisure, road accidents & assaults.

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Latvia	2010	Sample biased toward admissions: national estimates corrected for
		underreporting of ambulatory treatments.
	2011	Sample biased toward admissions: national estimates corrected for
		underreporting of ambulatory treatments.
	2012	Sample biased toward admissions: national estimates corrected for
		underreporting of ambulatory treatments.
	2013	Sample biased toward admissions: national estimates corrected for
		underreporting of ambulatory treatments.
	2014	Sample biased toward admissions: national estimates corrected for
		underreporting of ambulatory treatments.
	2015	Sample biased toward admissions: national estimates corrected for
		underreporting of ambulatory treatments.
	2016	Sample biased toward admissions: national estimates corrected for
		underreporting of ambulatory treatments.
Lithuania	2011	Sample contains only admissions: national estimates comparable for
		admissions only.
	2012	Sample contains only admissions: national estimates comparable for
		admissions only.
Malta	2010	Sample size below recommended minimum: national estimates can be
		inaccurate.
	2011	Sample size below recommended minimum: national estimates can be
		inaccurate.
	2012	Sample size below recommended minimum: national estimates can be
		inaccurate.
Poland	2013	Sample contains only children and adolescents: no national estimates
		available.
	2014	Sample contains only children and adolescents: no national estimates
		available.
Portugal	2010	Sample contains only home and leisure accidents. Very small sample:
_		national estimates not available.
	2011	Sample size below recommended minimum: national estimates can be
		inaccurate. Sample contains only home & leisure accidents: national
		estimates comparable for home & leisure accidents only.
	2012	Sample size below recommended minimum: national estimates can be
		inaccurate. Sample contains only home & leisure accidents: national
		estimates comparable for home & leisure accidents only.
	2013	Sample contains only home & leisure accidents: national estimates
		comparable for home & leisure accidents only.
	2014	Sample size below recommended minimum: national estimates can be
		inaccurate. Sample contains only home & leisure accidents: national
		estimates comparable for home & leisure accidents only.
	2015	Sample contains only home & leisure accidents: national estimates
		comparable for home & leisure accidents only.
	2016	Sample contains only home & leisure accidents: national estimates
		comparable for home & leisure accidents only.
Slovenia	2010	Sample biased toward admissions: national estimates comparable for
	_	admissions only.
Spain	2013	Sample representative only for province of Navarra: estimates not valid for
.	_	entire Spain.

UK	2010	Sample representative only for Wales: estimates not valid for entire United Kingdom.
	2011	Sample representative only for Wales: estimates not valid for entire United Kingdom.
	2012	Sample representative only for Wales: estimates not valid for entire United Kingdom.

### Annex 5: List of IDB data sets waiting for upload to the EU web-gates

#### **IDB-FULL DATA SETS (FDS)**

Latvia 2013 FDS Latvia 2014 FDS Austria\_2014\_FDS Malta\_2014\_FDS Cyprus\_2015\_FDS Denmark 2015 FDS Germany\_2015\_FDS Latvia 2015 FDS Netherlands\_2015\_FDS Portugal\_2015\_FDS Slovenia\_2015\_FDS Sweden\_2015\_FDS Malta\_2015\_FDS.txt Turkey 2015 FDS.txt Austria\_2015\_FDS Luxembourg 2015 FDS Germany\_2016\_FDS\_corrected.txt Austria\_FDS\_2016.txt Luxembourg\_FDS\_2016.dat Latvia FDS 2016.txt Netherlands\_FDS\_2016.dat Portugal FDS 2016.dat Slovenia-2016-FDS\_v1.dat Turkey\_FDS\_2016.txt

#### **IDB-MINIMUM DATA SETS (MDS)**

Latvia\_2013\_MDS\_converted UK 2013 MDS Latvia\_2014\_MDS\_converted Austria\_2014\_MDS\_converted UK\_2014\_MDS Ireland 2014 MDS Malta\_2014\_MDS\_converted Cyprus 2015 MDS converted Denmark\_2015\_MDS Estonia 2015 MDS Finland\_2015\_mds\_2\_R.txt Germany 2015 MDS converted Lithuania\_2015\_MDS Netherlands 2015 MDS Norway\_2015\_MDS Portugal 2015 MDS converted Slovenia\_2015\_MDS\_converted Sweden\_2015\_MDS\_converted Turkey\_MDS\_2015\_converted.txt Malta MDS 2015 converted.txt Austria\_MDS\_2015\_converted Luxembourg MDS 2015 Austria\_MDS\_2016\_converted.txt Cyprus\_MDS\_2016\_final\_cy16.txt

Denmark\_MDS\_2016.txt Estonia\_MDS\_2016.converted.txt Germany\_MDS\_2016\_converted.txt Latvia\_MDS\_2016\_converted.txt Lithuania\_MDS\_2016.txt Luxembourg\_MDS\_2016.dat Netherlands\_MDS\_2016\_dat Portugal\_MDS\_2016\_converted.txt Slovenia-2016-MDS\_v1.dat Turkey\_MDS\_2016\_converted.txt

#### **REFERENCE POPULATION DATA FILES**

Finland\_2011\_ref\_corrected Latvia\_2013\_ref.txt UK 2013 ref.txt Slovenia\_2013\_ref UK 2014 ref.txt Austria\_2014\_ref.txt Malta\_2014\_ref.txt Lithuania\_2014\_ref.txt Norway 2014 ref.txt Slovenia\_2014\_ref Turkey 2014 ref Latvia\_2014\_ref.txt Cyprus\_2015\_ref.txt Denmark\_2015\_ref.txt Estonia 2015 ref.txt Finland\_2015\_ref.txt Latvia 2015 ref.txt Lithuania\_2015\_ref.txt Netherlands\_2015\_ref.txt Norway\_2015\_ref.txt Portugal 2015 ref.txt Slovenia\_2015\_ref.txt Sweden 2015 ref.txt Austria\_2015\_ref Turkey 2015 ref.txt Austria\_2016\_ref.txt Cyprus 2016 ref.txt Denmark\_2016\_ref.txt Estonia 2016 ref.txt Lithuania\_2016\_ref.txt Luxembourg 2016 ref.txt Latvia\_2016\_ref.txt Netherlands\_2016\_ref.txt Portugal\_2016\_ref.txt Slovenia 2016 ref.txt Turkey\_2016\_ref.txt

ECHI-29B ESTIMATES 2009-2016 ECHI29B\_171103\_delivery

# Annex 6: Metadata by country and year 2010-2016

# Austria

National IDB File Inform	nation
Country	Austria
Year	2010
National Register Name	IDB Austria
Purpose of the register	To obtain information about home and leisure accidents, product related accidents in
	particular, that is suitable both for statistical and injury prevention purposes. The data collection is funded by the Eederal Ministry of Labour, Social Affairs and Consumer
	Protection
Scope of the register	No systematic deviation from "all injuries"
Data file name	IDB AT 2010 230.txt
Date of creation of data	16.04.2012
file	
Selection criteria (for	2010101 – 20101231
delimitation of reporting	
year)	10
NO. OF NATIONAL	10
No of records in the	11 886
data file	11.000
Ratio admissions / all	28%
records	
Representativeness of	A mix of different regions and sizes of hospitals was aimed for. Currently 10 hospitals in
sampling of hospitals	8 (of 9) provinces are providing IDB data.
	One nospital is a children's nospital, one is a university nospital, one is a trauma centre.
	More Information:
	Annual report (german, english summary):
	http://www.bmask.gv.at/site/Konsumentenschutz/Produktsicherheit/Unfalldatenbank
Representativeness of	Data is collected by face to face interviews with hospital patients (or accompanying
sampling of cases	persons) by specially trained staff (IDB Austria Interviewers).
within hospitals	Interviews take place during the operating hours of the emergency units for afte4r
	treatment (usually from 7.00 to 13.00.
	Acute patients without any after treatment are therefore under-represented in the IDB
Data entry method	Data is recorded directly into portable Tablet-PCs during a face to face interview with
Data only motiloa	hospital patients (or accompanying persons) by specially trained staff (IDB Austria
	Interviewers).
Sample ratio for	1,26%
admissions/discharges	
due to injuries or	Net
Alternatively: Sample	Not available
treatments due to	
injuries	
Original coding	The Injury Database (IDB) coding manual version 1.1 – June 2005 (German version)
dictionary	
Dictionary modifications	Formal Inconsistencies of the original coding dictionary were resolved (document
	attached).
(Eventual) Bridge	none
Standard Quality	
Control Statement	y
Average % of "missing"	<1%
(excluding date of birth)	
Average % of	<1%
"unknown" (excluding	
date of birth)	
ECHI indicator 29b	7672 / 100.000

Method for projection of	Based on national figures of injury cases of hospital admissions (hospital discharge
incidence rates	register).
National population	У
reference data provided	
(Eventual) additional	none
comments (for the	
user):	
Data supplier: The	KFV (Kuratorium für Verkehrssicherheit)
National IDB Data	
Administrator	
(organization)	
Contact: Responsible	Robert Bauer
person	KFV (Kuratorium für Verkehrssicherheit)
	Research and Knowledge Management
	Schleiergasse 18
	A-1100 Wien
	Tel: +43 (0)5 77 0 77-1320
	Fax: +43 (0)5 77 0 77-1186
	E-Mail: robert.bauer@kfv.at
Signature	
Date of completion of	17.07.2012
the this file	

Nat	tional IDB File In	formation (IDB Full Data Set)
1	Country	Austria
2	Year	2011
3	National Register Name	IDB Austria
4	Purpose of the register	To obtain information about home and leisure accidents, product related accidents in particular, that is suitable both for statistical and injury prevention purposes. The data collection is funded by the Federal Ministry of Labour, Social Affairs and Consumer Protection.
5	Scope of the register	No systematic deviation from "all injuries".
6	Data file name (FDS)	IDB AUTRIA FDS 2012.txt
7	Date of creation of FDS file	24.05.2013
8	Range of data of attendance	2011101 – 20111231
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005 (German version)
10	Dictionary modifications	Formal Inconsistencies of the original coding dictionary were resolved.
11	(Eventual) Bridge coding applied	none
12	No. of records in the data file	13.971
13	No. of FDS reference hospitals	011
14	Geographic scope	entire country
15	Sampling of hospitals	A mix of different regions and sizes of hospitals was aimed for. Currently 10 hospitals in 8 (of 9) provinces are providing IDB data. One hospital is a children's hospital, one is a university hospital, one is a trauma centre. The others are general hospitals. More Information: Annual report (german, english summary): http://www.bmask.gv.at/site/Konsumentenschutz/Produktsicherheit/Unfalldatenbank

16	Sampling of cases within hospitals	Data is collected by face to face interviews with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers). Interviews take place during the operating hours of the emergency units for after treatment (usually from 7.00 to 13.00. Acute patients with "only once" treatment (without after treatment) are therefore under- represented
17	Data entry method	Data is recorded directly into portable Tablet-PCs during a face to face interview with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers).
18	Percentage of admissions in data file	30,19%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	0,7% (codes 99. 9999, 99.99 and 99.9)
21	(Eventual) additional comments (for the user):	-
22	Responsible data administrator (organization)	KFV (Kuratorium für Verkehrssicherheit)
23	Contact: Responsible person	Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Fax: +43 (0)5 77 0 77-1186 E-Mail: robert.bauer@kfv.at
24	Signature	
25	Date of completion of this file	20130524

Nat	National IDB File Information (IDB Full Data Set)							
1	Country	Austria						
2	Year	2012						
3	National Register Name	IDB Austria						
4	Purpose of the register	To obtain information about home and leisure accidents, product related accidents in particular, that is suitable both for statistical and injury prevention purposes. The data collection is funded by the Federal Ministry of Labour, Social Affairs and Consumer Protection.						
5	Scope of the register	No systematic deviation from "all injuries".						
6	Data file name (FDS)	IDB AUTRIA FDS 2012.txt						
7	Date of creation of FDS file	24.05.2013						
8	Range of data of attendance	2012101 – 20121231						
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005 (German version)						
10	Dictionary modifications	Formal Inconsistencies of the original coding dictionary were resolved.						
11	(Eventual) Bridge coding applied	none						
12	No. of records in the data file	13.555						
--	---	---						
13	No. of FDS	009						
	reference							
	hospitals							
14	Geographic scope	entire country						
15	Sampling of	A mix of different regions and sizes of hospitals was aimed for. Currently 10 hospitals in 8 (of						
	hospitals	9) provinces are providing IDB data.						
		One hospital is a children's hospital, one is a university hospital, one is a trauma centre. The						
		others are general hospitals.						
		More information: Annual report (german, english summany):						
		http://www.hmask.gv.at/site/Konsumentenschutz/Produktsicherheit/Linfalldatenbank						
16	Sampling of	Data is collected by face to face interviews with hospital patients (or accompanying persons)						
	cases within	by specially trained staff (IDB Austria Interviewers).						
	hospitals	Interviews take place during the operating hours of the emergency units for after-treatment						
	-	(usually from 7.00 to 13.00.						
		Acute patients without any after-treatment are therefore under-represented in the IDB						
	_	Austria.						
17	Data entry	Data is recorded directly into portable Tablet-PCs during a face to face interview with						
	metnod	nospital patients (or accompanying persons) by specially trained staff (IDB Austria						
18	Percentage of	25 67%						
10	admissions in							
	data file							
	Minimary							
19	Minimum	У						
19	Quality Control	У						
19	Quality Control Checks	у 2 сох						
19 20	Quality Control Checks Average	y 0,2%						
19 20	Quality Control Checks Average percentage of "unknown"	y 0,2% (codes 99. 9999, 99.99 and 99.9)						
19 20 21	Quality Control Checks Average percentage of "unknown" (Eventual)	y 0,2% (codes 99. 9999, 99.99 and 99.9)						
19 20 21	Quality Control Checks Average percentage of "unknown" (Eventual) additional	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation						
19 20 21	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation						
19 20 21	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user):	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation						
19 20 21 22	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit)						
19 20 21 22	Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit)						
19 20 21 22	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data administrator (organization)	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit)						
19 20 21 22	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data administrator (organization)	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit) Robert Bauer						
19 20 21 22 23	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data administrator (organization) Contact: Responsible	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit) Robert Bauer KFV (Kuratorium für Verkehrssicherheit)						
19 20 21 22 23	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data administrator (organization) Contact: Responsible person	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit) Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management						
19 20 21 22 23	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data administrator (organization) Contact: Responsible person	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit) Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management Schleiergasse 18						
19 20 21 22 23	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data administrator (organization) Contact: Responsible person	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit) Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management Schleiergasse 18 A-1100 Wien						
19 20 21 22 23	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data administrator (organization) Contact: Responsible person	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit) Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Erwer 40 (0)5 77 0 77-1320						
19 20 21 22 23	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data administrator (organization) Contact: Responsible person	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit) Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Fax: +43 (0)5 77 0 77-1186 E. Mail: rabet Bauer						
19 20 21 22 23	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data administrator (organization) Contact: Responsible person	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit) Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Fax: +43 (0)5 77 0 77-1186 E-Mail: robert.bauer@kfv.at						
19 20 21 22 23 23 24 25	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data administrator (organization) Contact: Responsible person Signature Date of	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit) Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Fax: +43 (0)5 77 0 77-1186 E-Mail: robert.bauer@kfv.at						
19 20 21 22 23 23 24 25	Quality Control Checks Average percentage of "unknown" (Eventual) additional comments (for the user): Responsible data administrator (organization) Contact: Responsible person Signature Date of completion of	y 0,2% (codes 99. 9999, 99.99 and 99.9) Inform about eventual other particularities with are relevant for data use and interpretation KFV (Kuratorium für Verkehrssicherheit) Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Fax: +43 (0)5 77 0 77-1186 E-Mail: robert.bauer@kfv.at 20130524						

Nat	National IDB File Information (IDB Full Data Set)		
1	Country	Austria	
2	Year	2013	
3	National	IDB Austria	
	Register Name		
4	Purpose of the	To obtain information about home and leisure accidents, product related accidents in	
	register	particular, that is suitable both for statistical and injury prevention purposes. The data	
		collection is funded by the Federal Ministry of Labour, Social Affairs and Consumer	
		Protection.	

5	Scope of the register	No systematic deviation from "all injuries".
6	Data file name	IDB_2013.txt
7	Date of creation of FDS file	20140428
8	Range of data of attendance	2013101 – 20131231
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005 (German version)
10	Dictionary modifications	None; however, variables "time of attendance" and "intermediate product" are not collected.
11	(Eventual) Bridge coding applied	none
12	No. of records in the data file	10579
13	No. of FDS reference hospitals	005
14	Geographic scope	entire country
15	Sampling of hospitals	Currently 5 hospitals in 3 (of 9) provinces are providing IDB data. One hospital is a children's hospital, The others are general hospitals. More Information: Annual report (german, english summary): http://www.bmask.gv.at/site/Konsumentenschutz/Produktsicherheit/Unfalldatenbank
16	Sampling of cases within hospitals	Data is collected by face to face interviews with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers). Interviews take place during the operating hours of the emergency units for after-treatment (usually from 7.00 to 13.00. Acute patients without any after-treatment are therefore under-represented in the IDB Austria.
17	Data entry method	Data is recorded directly into portable Tablet-PCs during a face to face interview with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers).
18	Percentage of admissions in data file	24,53%
19	Minimum Quality Control Checks	у
20	Average percentage of "unknown"	0,2% for obligatory codes only ( codes 99. 9999, 99.99 and 99.9)
21	(Eventual) additional comments (for the user):	Inform about eventual other particularities with are relevant for data use and interpretation

22	Responsible	KFV (Kuratorium für Verkehrssicherheit)
	data	
	administrator	
	(organization)	
23	Contact:	Robert Bauer
	Responsible	KFV (Kuratorium für Verkehrssicherheit)
	person	Research and Knowledge Management
		Schleiergasse 18
		A-1100 Wien
		Tel: +43 (0)5 77 0 77-1320
		Fax: +43 (0)5 77 0 77-1186
		E-Mail: robert.bauer@kfv.at
24	Signature	
25	Date of	20140428
	completion of	
	this file	

Nat	National IDB File Information (IDB Full Data Set)		
1	Country	Austria	
2	Year	2014	
3	National Register Name	IDB Austria	
4	Purpose of the register	To obtain information about home and leisure accidents, product related accidents in particular, that is suitable both for statistical and injury prevention purposes. The data collection is funded by the Federal Ministry of Labour, Social Affairs and Consumer Protection.	
5	Scope of the register	No systematic deviation from "all injuries".	
6	Data file name (FDS)	IDB Austria 2014.txt	
7	Date of creation of FDS file	20150703	
8	Range of data of attendance	2014101 – 20141231	
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005 (German version)	
10	Dictionary modifications	None; however, variables "time of attendance" and "intermediate product" are not collected.	
11	(Eventual) Bridge coding applied	none	
12	No. of records in the data file	9.583	
13	No. of FDS reference hospitals	005	
14	Geographic scope	entire country	
15	Sampling of hospitals	Currently 5 hospitals in 3 (of 9) provinces are providing IDB data. One hospital is a children's hospital, The others are general hospitals. More Information: Annual report (german, english summary): http://www.bmask.gv.at/site/Konsumentenschutz/Produktsicherheit/Unfalldatenbank	
16	Sampling of cases within hospitals	Data is collected by face to face interviews with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers). Interviews take place during the operating hours of the emergency units for after-treatment (usually from 7.00 to 13.00. Acute patients without any after-treatment are therefore under-represented in the IDB Austria.	
17	Data entry	Data is recorded directly into portable Tablet-PCs during a face to face interview with	

	method	hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers).
18	Percentage of admissions in data file	22,9%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	0,2% for obligatory codes only ( codes 99.9999, 99.99 and 99.9)
21	(Eventual) additional comments (for the user):	Due to the sampling of cases within hospitals mostly within after-care patients, acute patients without any after-treatment are under-represented in the IDB Austria.
22	Responsible data administrator (organization)	KFV (Kuratorium für Verkehrssicherheit)
23	Contact: Responsible person	Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Fax: +43 (0)5 77 0 77-1186 E-Mail: robert.bauer@kfv.at
24	Signature	
25	Date of completion of this file	20150811

National IDB File Information (IDB Full Data Set)		
1	Country	Austria
2	Year	2015
3	National Register Name	IDB Austria
4	Purpose of the register	To obtain information about home and leisure accidents, product related accidents in particular, that is suitable both for statistical and injury prevention purposes. The data collection is funded by the Federal Ministry of Labour, Social Affairs and Consumer Protection.
5	Scope of the register	No systematic deviation from "all injuries".
6	Data file name (FDS)	IDB2015.txt
7	Date of creation of FDS file	20160310
8	Range of data of attendance	2015101 – 20151231
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005 (German version)
10	Dictionary modifications	None; however, variables "time of attendance" and "intermediate product" are not collected.
11	(Eventual) Bridge coding applied	none
12	No. of records in the data file	11.141
13	No. of FDS reference hospitals	005
14	Geographic scope	entire country
15	Sampling of hospitals	Currently 5 hospitals in 3 (of 9) provinces are providing IDB data. One hospital is a children's hospital, The others are general hospitals. More Information: Annual report (german, english summary). Contact: <u>robert.bauer@kfv.at</u>
16	Sampling of cases within hospitals	Data is collected by face to face interviews with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers). Interviews take place during the operating hours of the emergency units for after-treatment (usually from 7.00 to 13.00.

		Acute patients without any after-treatment are therefore under-represented in the IDB Austria.
17	Data entry method	Data is recorded directly into portable Tablet-PCs during a face to face interview with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers).
18	Percentage of admissions in data file	24,7%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	0,5% for obligatory codes only ( codes 99.9999, 99.99 and 99.9)
21	(Eventual) additional comments (for the user):	Due to the sampling of cases within hospitals mostly within after-care patients, acute patients without any after-treatment are under-represented in the IDB Austria.
22	Responsible data administrator (organization)	KFV (Kuratorium für Verkehrssicherheit)
23	Contact: Responsible person	Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Fax: +43 (0)5 77 0 77-1186 E-Mail: robert.bauer@kfv.at
24	Signature	
25	Date of completion of this file	20170201

Nation	National IDB File Information (IDB Full Data Set)			
1	Country	Austria		
2	Year	2016		
3	National Register Name	IDB Austria		
4	Purpose of the register	To obtain information about home and leisure accidents, product related accidents in particular, that is suitable both for statistical and injury prevention purposes. The data collection is funded by the Federal Ministry of Labour, Social Affairs and Consumer Protection.		
5	Scope of the register	No systematic deviation from "all injuries".		
6	Data file name (FDS)	IDB2016.txt		
7	Date of creation of FDS file	20170731		
8	Range of data of attendance	20160101 – 20161231		
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005 (German version)		
10	Dictionary modifications	None; however, variables "time of attendance" and "intermediate product" are not collected.		
11	(Eventual) Bridge coding applied	none		
12	No. of records in the data file	15.509		
13	No. of FDS reference hospitals	011		
14	Geographic scope	entire country		
15	Sampling of hospitals	Currently 11 hospitals in 8 (of 9) provinces are providing IDB data. One hospital is a children's hospital, The others are general hospitals. More Information: Annual report (german, english summary). Contact: robert.bauer@kfv.at		
16	Sampling of cases within hospitals	Data is collected by face to face interviews with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers). Interviews take place during the operating hours of the emergency units for after-treatment (usually from 7.00 to 13.00. Acute patients without any after-treatment are therefore under-represented in the IDB Austria.		

17	Data entry method	Data is recorded directly into portable Tablet-PCs during a face to face interview with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers).
18	Percentage of admissions in data file	24,7%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	0,5% for obligatory codes only ( codes 99.9999, 99.99 and 99.9)
21	(Eventual) additional comments (for the user):	Due to the sampling of cases within hospitals mostly within after-care patients, acute patients without any after-treatment are under-represented in the IDB Austria.
22	Responsible data administrator (organization)	KFV (Kuratorium für Verkehrssicherheit)
23	Contact: Responsible person	Robert Bauer KFV (Kuratorium für Verkehrssicherheit) Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Fax: +43 (0)5 77 0 77-1186 E-Mail: robert.bauer@kfv.at
24	Signature	
25	Date of completion of this file	20170804

## Cyprus

National IDB File Information		
Country	Cyprus	
Year	2010	
National Register Name	Cyprus Injury Data Base	
Purpose of the register	Collection of data on injuries in order to produce information on the causation	
	of injuries and the incidence of all injuries at national level	
Scope of the register	All injuries, all age groups, inpatients and ambulatory ED visits covered	
Data file name	CY_2010_IDB_data_set.zip	
Date of creation of data file	20120517	
Selection criteria (for delimitation	20100101 - 20101231	
of reporting year)		
No. of national reference	02	
hospitals		
No. of records in the data file	001694	
Ratio admissions / all records	12.34 %	
Representativeness of sampling	The selection of the two hospitals was based on the idea that there should be	
of hospitals	at least one large hospital in an urban area and one small hospital in a rural	
	area. Given the small size of the country, it is assumed that these two	
	hospitals provide an adequately representative sample with regard to	
	estimating frequencies of most of the parameters of the IDB FDS. However,	
	the sample is not suitable for estimation of national Incidence Rate. The	
	sample size from Ammochostos Hospital in 2010 was only 21 cases.	
Representativeness of sampling	Collection of the data depends on the cooperation of the ED staff. As yet there	
or cases within hospitals	Is no legal basis for the collection of the data.	
	The sampling methodology needs to be revised in order to improve the	
Data antrum athad	A paper form is filled in by the elect for each coloridated each by interviewing the	
Data entry method	A paper form is filled in by the cierk for each selected case by interviewing the	
	the IDB data entry software	
Sample ratio for	Not available	
admissions/discharges due to		
injuries or		
Alternatively: Sample ratio for	Not available	
ED/ambulatory treatments due to		

injuries	
Original coding dictionary	The Injury Database (IDB) Coding Manual Data Dictionary, Version 1.1 – June 2005
Dictionary modifications	Translated to Greek without modifications
(Eventual) Bridge coding applied	Not applicable
Standard Quality Control	yes
Statement	
Average % of "missing"	09.52 %
(excluding date of birth)	
Average % of "unknown"	00.00 %
(excluding date of birth)	
ECHI indicator 29b	Not available
Method for projection of	Not applicable
incidence rates	
National population reference	yes
data provided	(They are estimates of the catchment area population)
(Eventual) additional comments	None
(for the user):	
Data supplier: The National IDB	Μονάδα Παρακολούθησης Υγείας,
Data Administrator (organization)	Υπουργείο Υγείας
	Health Monitoring Unit,
	Ministry of Health
	http://www.moh.gov.cy
Contact: Responsible person	Dr. Pavlos Pavlou
	Health Monitoring Unit, Ministry of Health
	Prodromou 1 & Cheilonos 17
	1448 Nicosia
	Cyprus
	ppavlou@moh.gov.cy
Signature	
Date of completion of this file	20120519

## National IDB File Information (IDB Full Data Set)

1	Country	Cyprus
2	Year	2011
3	National Register Name	Cyprus Injury Data Base
4	Purpose of the register	Collection of data on injuries in order to produce information on the causation of injuries and the incidence of all injuries at national level. Collection of the data depends on the cooperation of the ED staff. As yet there is no legal basis for the collection of the data.
5	Scope of the register	The sampling methodology is not satisfactory at present. It leads to a biased sample that is not suitable for calculation of the national all injury Incidence Rate.
6	Data file name (FDS)	Cyprus_IDB_Data_File_2011.txt
7	Date of creation of FDS file	20130530
8	Range of data of attendance	20110110 –20111220
9	Original coding dictionary	The Injury Database (IDB) Coding Manual Data Dictionary, Version 1.1 – June 2005.
10	Dictionary modifications	Translated to Greek without modifications.
11	(Eventual) Bridge coding applied	Not applicable.
12	No. of records in the data file	0001189
13	No. of FDS reference hospitals	002
14	Geographic scope	- Nicosia
		- Ammochostos (Government-controlled area)
15	Sampling of	The selection of the two hospitals was based on the idea that there should be at least

	hospitals	one large hospital in an urban area and one small hospital in a rural area. Given the small size of the country, it is assumed that these two hospitals provide an adequately representative sample with regard to estimating frequencies of most of the parameters of the IDB FDS. However, the sample is not suitable for estimation of national Incidence Rate. The sample size from Ammochostos General Hospital in 2011 was only 19 cases.
16	Sampling of cases within hospitals	The sampling methodology needs to be revised in order to improve the representativeness of the cases within hospitals.
17	Data entry method	A paper form is filled in by the clerk for each selected case by interviewing the patient and by reviewing the medical records. The data are then entered into the IDB data entry software.
18	Percentage of admissions in data file	05.4%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	00.0%
21	(Eventual) additional comments (for the user):	None.
22	Responsible data administrator (organization)	Μονάδα Παρακολούθησης Υγείας, Υπουργείο Υγείας Health Monitoring Unit, Ministry of Health http://www.moh.gov.cy
23	Contact: Responsible person	Dr. Pavlos Pavlou Health Monitoring Unit, Ministry of Health Prodromou 1 & Cheilonos 17 1448 Nicosia Cyprus ppavlou@moh.gov.cy
24	Signature	
25	Date of completion of this file	20130530

Natio	National IDB File Information (IDB Full Data Set)			
1	Country	Cyprus		
2	Year	2012		
3	National Register Name	Cyprus Injury Data Base		
4	Purpose of the register	Collection of data on injuries in order to produce information on the causation of injuries and the incidence of all injuries at national level. Collection of the data depends on the cooperation of the ED staff. As yet there is no legal basis for the collection of the data.		
5	Scope of the register	The sampling methodology is not satisfactory at present. It leads to a biased sample that is not suitable for calculation of the national all injury Incidence Rate.		
6	Data file name (FDS)	Cyprus_IDB_Data_File_2012.txt		
7	Date of creation of FDS file	20130530		
8	Range of data of attendance	20120102-20121226		
9	Original coding dictionary	The Injury Database (IDB) Coding Manual Data Dictionary, Version 1.1 – June 2005.		
10	Dictionary modifications	Translated to Greek without modifications.		
11	(Eventual) Bridge coding applied	Not applicable.		
12	No. of records in the data file	0000756		

13	No. of FDS	001
14	Geographic scope	Nicosia
15	Sampling of hospitals	The selection of the hospital was based on the idea that there should be at least one large hospital in an urban area. Given the small size of the country, it is assumed that this hospital provides an adequately representative sample with regard to estimating frequencies of most of the parameters of the IDB FDS. However, the sample is not suitable for estimation of national Incidence Rate.
16	Sampling of cases within hospitals	The sampling methodology needs to be revised in order to improve the representativeness of the cases within hospitals.
17	Data entry method	A paper form is filled in by the clerk for each selected case by interviewing the patient and by reviewing the medical records. The data are then entered into the IDB data entry software.
18	Percentage of admissions in data file	00.0%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	00.0%
21	(Eventual) additional comments (for the user):	None.
22	Responsible data administrator (organization)	Μονάδα Παρακολούθησης Υγείας, Υπουργείο Υγείας Health Monitoring Unit, Ministry of Health <u>http://www.moh.gov.cy</u>
23	Contact: Responsible person	Dr. Pavlos Pavlou Health Monitoring Unit, Ministry of Health Prodromou 1 & Cheilonos 17 1448 Nicosia Cyprus ppavlou@moh.gov.cy
24	Signature	
25	Date of completion of this file	20130530

Natio	National File Information (IDB Minimum Data Set)				
1	Country	Cyprus			
2	Year	2013			
3	National Register Name	Cyprus Injury Database			
4	Purpose of the register	Collection of data on injuries in order to produce information on the causation of injuries and the incidence of all injuries at national level. Collection of the data depends on the cooperation of the ED staff. As yet there is no legal basis for the collection of the data.			
5	Scope of the register	The MDS register collects data from all state (public) hospital EDs except Nicosia GH and Famagusta GH which collect FDS. The hospitals included are Limassol GH, Larnaka GH, Kyperounda Hospital and Polis Hospital. Pafos ED was initially included but has not continued collection of sufficient data to include it in the data set. Most of the cases attending these EDs are included but not all. All Intents, all settings, all age- groups and all treatments are included. Hospital EDs and GP attendances in the private sector are not included.			
6	Data file name (MDS)	Cyprus_IDB_MDS_Data_File_2013.txt			

7	Date of creation of MDS file	20140527		
8	Range of data of attendance	20130101 – 20131231		
9	Original coding dictionary	IDB-JAMIE Manual August 2012		
10	Dictionary modifications	None, but an explanatory leaflet based on the dictiona and used in all EDs as a guide to data entry and codin	ry has been prepared in Greek g.	
11	Bridge coding applied	No bridge coding has been done.		
12	No. of records in the data file	0018307		
13	No. of MDS reference hospitals	004		
14	Geographic scope	<ul> <li>Larnaca</li> <li>Limassol</li> <li>Kyperounta</li> <li>Polic</li> </ul>		
15	Hospital characteristics used for a representative sample of hospitals	We have included all public Emergency departments except Nicosia and Paralimni which collect FDS. However the data from Pafos ED are not sufficient to submit to the IDB database. The present sample is derived from one large hospital (Limassol), one medium hospital (Larnaka) and two small rural hospitals (Polis and Kyperounda). We are not able to include private hospital EDs at present.		
16	Sampling of cases within hospitals	The data entry staff are instructed to record all injury cases but there is no guarantee that coverage is complete. Coverage may vary depending on hospital, on the individual clerk, on time of attendance and on type of injury. All these factors may introduce a varying degree of statistical bias in the sample.		
17	Percentage of admissions in data file	02.5% (= 401 admissions / 16081 attendances with known treatment)		
18	Relative sample size (admissions)	We are waiting for 2013 hospital data in order to calculate the total number of admissions due to injuries in the public sector. If we are able to do it with sufficient accuracy, we shall send you the latest figures as soon as possible.		
19	Relative sample size (ambulatory treatments)	[no of ambulatory treatments due to injuries in the sample] / [no of ambulatory treatments due to injury in all Cyprus EDs] is not available.		
20	Minimum Quality Control Checks	Yes		
21	Average percentage of "unknown""	Recording country * Provider (hospital) code (optional) Unique national record number Age category of patient Sex of patient Permanent country of residence (optional) Month of attendance Year of attendance Treatment and follow-up Nature of injury 1 (primary injury) Nature of injury 2 (secondary injury) Part of the body injured 1(primary injury) Part of the body injured 2 (secondary injury) Intent Location (setting) of occurrence	00.0% 00.0% 00.0% 00.1% 00.0% 98.4% 00.0% 00.0% 12.7% 09.9% - 09.9% - 09.9% - 02.9% 01.9%	

		Activity when injured 06.2% Narrative (optional) -
22	Method for extrapolation from sample to national incidence	For the time being we do not feel we have enough and reliable data to calculate this. We are still thinking about it. If we are able to come up with an estimate in the next few days we shall contact you again.
23	Reference population data provided	Ν
24	(Eventual) additional comments (for the user):	
25	Responsible data administrator (organization)	Μονάδα Παρακολούθησης Υγείας, Υπουργείο Υγείας Health Monitoring Unit, Ministry of Health http://www.moh.gov.cy
26	Contact: Responsible person	Dr. Pavlos Pavlou Health Monitoring Unit, Ministry of Health Prodromou 1 & Cheilonos 17 1448 Nicosia Cyprus ppavlou@moh.gov.cy
27	Signature	
28	Date of completion of this file	20140528

National IDB File Information (IDB Full Data Set)			
1	Country	Cyprus	
2	Year	2013	
3	National Register Name	Cyprus Injury Database	
4	Purpose of the register	Collection of data on injuries in order to produce information on the causation of injuries and the incidence of all injuries at national level. Collection of the data depends on the cooperation of the ED staff. As yet there is no legal basis for the collection of the data.	
5	Scope of the register	The sampling methodology is not satisfactory at present. It leads to a biased sample that is not suitable for calculation of the national all injury Incidence Rate.	
6	Data file name (FDS)	Cyprus_IDB_FDS_Data_File_2013.txt	
7	Date of creation of FDS file	20140424	
8	Range of data of attendance	20130104 – 20130920	
9	Original coding dictionary	The Injury Database (IDB) Coding Manual Data Dictionary, Version 1.1 – June 2005.	
10	Dictionary modifications	Translated to Greek without modifications.	
11	(Eventual) Bridge coding applied	Not applicable.	

12	No. of records in the data file	0000381
13	No. of FDS	001
	reference hospitals	
14	Geographic scope	Nicosia
15	Sampling of	The selection of the hospital was based on the idea that there should be at least one
	hospitals	large hospital in an urban area. Given the small size of the country it is assumed that
		this hospital provides an adequately representative sample with regard to estimating
		frequencies of most of parameters of the IDB FDS. However, the sample is not
		suitable for estimation of national incidence rate.
16	Sampling of cases	The sampling methodology needs to be revised in order to improve the
	within hospitals	representativeness of the cases within hospital.
17	Data entry method	A paper form is filled in by the clerk for each selected case by interviewing the patient
		and by reviewing the medical records. The data are then entered into the IDB data
18	Percentage of	4 48%
10	admissions in data	
	file	
19	Minimum Quality	у
	Control Checks	
20	Average	0% (regarding the 16 fields of MDS)
	percentage of	
	"unknown"	
21	(Eventual)	None.
	additional	
	comments (for the	
22	USEI). Rosponsible data	Μονάδα Παρακολούθησης Υνείας.
22	administrator	Υπουργείο Υγείας
	(organization)	Health Monitoring Unit,
	(0.90200)	Ministry of Health
		http://www.moh.gov.cy
23	Contact:	Dr. Pavios Paviou Health Monitoring Unit Ministry of Health
	Responsible	Prodromou 1 & Cheilonos 17
	person	1448 Nicosia
		Cyprus
		ppavlou@moh.gov.cy
24	Signature	
25	Date of completion	20140528
	of this file	

Nat	National IDB File Information (Minimum Data Set)				
1	Country	Cyprus			
2	Year	2014			
3	National Register Name	Minimum Data Set Injury Data Base (IDB-MDS)			
4	Purpose of the register	This new Minimum Data Set Injury Data Base (IDB-MDS) Coding Manual is meant to support recording information at (a selection of) Emergency Departments within the European Union on all injuries attending this department: an all injury coding manual Collection of data on injuries in order to produce information on the causation of injuries and the incidence of all injuries at national level. Collection of the data			

		depends on the cooperation of the ED staff. As yet there is no legal basis for the collection of the data.	
5	Scope of the register	The sampling methodology is not satisfactory at present. It leads to a biased sample that is not suitable for calculation of the national all injury Incidence Rate.	
6	Data file name (MDS)	MDS_IDB_2013 MDS_IDB_2014	
7	Date of creation of MDS file	Data for 2013: 20141112 Data for 2014: 20150205	
8	Range of data of attendance	For 2013: 20130101 – 20131231 For 2014: 20140101 – 20141231	
9	Original coding dictionary	The new Minimum Data Set Injury Data Base (IDB-MDS) is derived from the Full Data Set IDB (IDB-FDS) Coding Manual version 1.1-June 2005.	
10	Dictionary modifications	Translated to Greek without modifications.	
11	Bridge coding applied	Not applicable	
12	No. of records in the data file	For 2013: 0019762 For 2014: 0006492	
13	No. of MDS reference hospitals	005	
14	Geographic scope	Data are derived form five state hospitals(Limassol, Larnaka, Pafos, Polis, Kyperounta)	
15	Hospital characteristics used for a representative sample of hospitals	The software was not able to be installed in all Public Hospital due some technical restrictions. Nicosia and Ammochostos General Hospitals are supported by IBM, thus the Software for MDS was not able to be installed. The other five General Hospitals (mentioned in part 14) are using the software for MDS done by an IT officer of the Ministry of Health	
16	Sampling of cases within hospitals	The sampling methodology need to be revised in order to improve the representativeness of the cases within hospital.	
17	Percentage of admissions in data file	For 2013: 03.0% For 2014: 03.4%	
18	Relative sample size (admissions)	For 2013: 07.1% For 2014:n/a	
19	Relative sample size (ambulatory treatments)	n/a	
20	Minimum Quality Control Checks	Yes	
21	Average percentage of "unknown""	For 2013: 08.9% (for 17 fields on MDS) For 2014: 11.5% (for 17 fields on MDS)	
22	Method for extrapolation from sample to national incidence	Method of extrapolation: Based on national figures of hospital discharge statistic on injuries.	
23	Reference population data provided	Yes but only for 2013. Data on hospital discharges for 2014 will be available on the early beginnings of 2016.	
24	(Eventual) additional comments (for the user):	None	
25	Responsible data administrator	Μονάδα Παρακολούθησης Υγείας, Υπουργείο Υγείας, Health Monitoring Unit, Ministry of Health	
26	Contact: Responsible person	Dr. Pavlos Pavlou Health Monitoring Unit, Ministry of Health 1 Prodromou & 17 Chilonos 1448 Nicosia Cyprus Email: <u>ppavlou@moh.gov.cy</u> Tel: 0035722605381	
27 28	Signature Date of completion of this file	20150707	

IDB-Metadata (National IDB data file information form)				
Country		Cyprus		
Year		2015		
Question	Specification	Answer	Comments (additional	
			information in case of No)	
	Sc	ope		
All age groups?	All age-groups covered	Y/N	Yes	
All injury categories	All MDS options for intent,	Y/N	Yes	
(nome, leisure, sport,	setting and activity			
solf-barm assault)?	covered			
All injury mechanisms?	All MDS options for injury	X/N	Ves	
All injury mechanisms :	mechanism covered and	1718	163	
	coded			
All injury types and all	All MDS options for injury	Y/N	Yes	
body parts?	types and body parts			
	covered and coded			
Admissions and	All MDS options for	Y/N	Yes	
ambulatory treatments?	treatment and follow-up			
-	covered			
Inclusion / exclusion of ca	ses		-	
Only patients diagnosed	Equivalent to ICD-10 S00-	Y/N	Yes	
as suffering from injury?	T98 (chapter XIX)			
Consequences of medical	Equivalent to ICD-10	Y/N	No	
interventions excluded?	codesT80-T88 and T98.3			
	excluded			
Follow-up treatments	No double counting of	Y/N	Yes	
excluded?	cases	N///		
Non-residents included?		<u>Y/N</u>	No	
Deserves and descent an of	Representativen	ess of the sample	<u> </u>	
Recommended number of	More than 10.000 cases	Y/N	Yes	
Cases?			005	
sample?		1000	005	
Recommended number of	All hospitals (nat pop	Y/N	Yes	
hospitals?	<1m); minimum 3	.,	100	
	hospitals (nat. pop. 1-3m).			
	5 (nat. pop 3-12m), 7 (nat.			
	pop. 12-40m), 9 (nat. pop.			
	>40m)			
Sample of hospitals	Small, middle-size, large	Y/N	Yes	
balanced by hospital	hospitals included			
size?				
Sample of hospitals	Hospitals with urban &	Y/N	Yes	
balanced by geo-	rural catchment areas			
coverage?	included	× //>		
Sample of hospitals	General hospitals, trauma	Y/N	Yes (General Hospitals)	
balanced by hospital	centre or university			
type?	hospital, child clinic			
	included; Primary health			
	care and day-care centres			
Validation abacks?	Paproportativanage of	X/N		
validation checks?	current sample of	t/IN		
	current sample of			
	controlled at least by age			
	and type of injury			
	Quality of	recordina	1	
Rate of admissions?	Percentage of treatment	nn.n%	02.1%	
	code 1			
Average rate of	Average percentage of	nn.n%	07.3%	
"unknown"?)?	codes 9 or 99 of the			
	following 10 MDS data			

	elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).		
Rate of children?	Percentage of children 0- 14a	nn.n%	16.4%
	Quality of es	stimated rate	
Incidence (ED presentation) rate available?	Crude rate, standardised for age and sex, using Eurostat population projection by 1 January	Y/N	Yes (population derived by Cystat)
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	Y/N	No (the sample cover only five public hospitals)
Recommended method of projection used (or no projection needed)?	HDR-method or EDR- method is used for projection (or IDB-MDS file contains all national cases)	Y/N	Yes
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Y/N	No
Follow-up treatments consistently excluded for projection?	If HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)	Y/N	No
Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or EDR)	Y/N	No
Non-residents consistently included for projection?	If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR)	Y/N	Yes
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	Y/N	No
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	Y/N	No
	Data d	lelivery	
MDS data successfully uploaded?		Y/N	Yes
FDS data successfully uploaded?		Y/N	Not applicable
Reference population data file provided?	Automatic calculation of IR at IDB web-gate will be enabled	Y/N	Yes
List of FDS reference hospitals provided?		Y/N	Not applicable
National data provider			
National register name (and eventual abbreviation)		Injury Database (IDB)	

Name of organization	In national language and English	Μονάδα Παρακολούθησης Υγείας, Υπουργείο Υγείας, Health Monitoring Unit, Ministry of Health
Name of respondent		Maria Athanasiadou
(contact person)		
E-mail address of contact		Mathanasiadou@moh.gov.cy
person		
Date of completion of this		1/11/2016
form		

IDB-Metadata (National IDB data file information form)				
Country		Cyprus		
Year	1	2016		
Question	Specification	Answer	Comments (additional information in case of No)	
	Sc	оре		
All age groups?	All age-groups covered	Yes		
All injury categories	All MDS options for intent,	Yes		
(home, leisure, sport,	setting and activity			
school, road, paid work,	covered			
Self-narm, assault)?	All MDS options for injuny	Vaa		
An injury mechanisms?	mechanism covered and coded	165		
All injury types and all	All MDS options for injury	Yes		
body parts?	types and body parts covered and coded			
Admissions and	All MDS options for	No	The treatment is not fully	
ambulatory treatments?	treatment and follow-up		covered due to the fact	
	covered		that data entry is done by	
			the registrars who doesn t	
			each iniury after attending	
			the ED (whether the	
			patient admitted or not in	
			the hospital), thus the	
			under-recording leads to	
			false incidence rates.	
Inclusion / exclusion of ca	Equivalent to ICD 10 500	Vaa		
as suffering from injury?	T98 (chapter XIX)	Tes		
Consequences of medical	Equivalent to ICD-10	No		
interventions excluded?	codesT80-T88 and T98.3			
Follow up tractmente	excluded	Vaa		
evoluded?		res	from the same person in a	
excluded	Cases		specific year this will be	
			counted at the IDB file as	
			a new case.	
Non-residents included?		Yes	Linfortunately we can not	
Non-residents included?		165	separate residents and	
			non-residents due to the	
			incomplete recording of	
			the field "Permanent	
			country of residence".	
			This field is essential	
			when we want to calculate	
			denominator must refer	
			the same population	
			(permanent residents).	
	Representativen	ess of the sample	· · · · · · · · · · · · · · · · · · ·	
Recommended number of cases?	More than 10.000 cases	Yes		
Number of hospitals in the		005		
· · ·			•	

sample?			
Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	No	We have two more hospitals (Nicosia General Hospital, which is the biggest hospital as well as Ammochostos Hospital) which are not included in the sample. Those Hospital were the reference sample hospitals for the collection of the FDS.
Sample of hospitals balanced by hospital size?	Small, middle-size, large hospitals included	Yes	
Sample of hospitals balanced by geo- coverage?	Hospitals with urban & rural catchment areas included	Yes	
Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	No	The Sample of Hospital doesn't include child clinic due to the fact that the only Child Clinic in Cyprus doesn't have an ED. The sample includes only general and rural hospitals.
Validation checks?	Representativeness of current sample of hospitals has been controlled at least by age and type of injury	Yes	
	Quality of	recording	
Rate of admissions?	Percentage of treatment code 1	3,22%	
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).	5,11%	
Rate of children?	Percentage of children 0- 14a	16,2%	
	Quality of es	stimated rate	
Incidence (ED presentation) rate available?	Crude rate, standardised for age and sex, using Eurostat population projection by 1 January	Yes	Yes if the field of the permanent stay was mandatory. The percentage of "unknown" in the specific field is 98,3%.
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	No	Data retrieved only from a sample of hospitals of the public sector. No national database for injuries.
Recommended method of projection used (or no projection needed)?	HDR-method or EDR- method is used for projection (or IDB-MDS file contains all national cases)	Yes	HDR
Medical interventions consistently excluded for	If HDR or EDR method is applied: medical	No	

projection?	interventions excluded in		
	FDR)		
Follow-up treatments	If HDR or EDR method is	Yes	
consistently excluded for	applied: follow-up		
projection?	treatments excluded in		
	both, IDB and HDR (or EDR)		
Day-care patients	If HDR or EDR method is	Yes	
consistently excluded for	applied: day care patients		
projection	HDR (or FDR)		
Non-residents	If HDR or EDR method is	Yes	
consistently included for	applied: non-residents		
projection?	included in both, IDB and		
	HDR (or EDR)		
Random sampling in	If sampling within one or	NO	Every case of injury or
	Sampling scheme		must be recorded
	prevents from biases		
Known bias (e.g.	No bias is known or bias	No	In order to decrease the
regarding admissions)	has been corrected by		unknown cases of
corrected?	means of external		treatment we could use
	calculating rates		statistics and matched
			those cases with an injury
			or poisoning.
	Data d	lelivery	1
MDS data successfully		Yes	
EDS data successfully		X/N	Not applicable
uploaded?		1714	
Reference population	Automatic calculation of	Yes	
data file provided?	IR at IDB web-gate will be		
	enabled	N/NI	Net en slieskle
hospitals provided?		Y/IN	Not applicable
	National da	ata provider	
National register name	Injury Database (IDB)		
(and eventual			
abbreviation)			· · · · · · · · · · · · · · · · · · ·
Name of organization	In national language and English	Μοναόα Παρακολουθησης Health Monitoring Unit, Min	Υγειας, Υπουργειο Υγειας istry of Health
Name of respondent		Maria Athanasiadou	
(contact person)		mathanasiadou@moh.cov/	0)/
		mainanasiauou@mon.gov.	
Date of completion of this		03/07/2017	
form			

## Czech Republic

National IDB File Information	
Country	Czech Republic
Year	2010
National Register Name	Injury Registry of the Czech Republic
Purpose of the register	The central database is accessible through a web interface. Access to each facility that cares for injured patients. For each accident are given basic characteristics, including data on the mechanism, primary care, diagnosis, treatment and its outcome. Assignment is also part of the coding according to IDB.All data are then accessible on-line for analysis and are safely secured.
Scope of the Register	All injured inpatient, age group 0 – 19 years, hospitalisation in Paediatric trauma

	centres (8 in Czech republic)
Data file name	2010.txt
Date of creation of data file	20120630
Selection criteria (for	20100101 – 20101231
delimitation of reporting year)	
No. of national reference	8
hospitals	
No. of records in the data file	4222
Ratio admissions / no. of records	100 % inpatients. Ambulatory treated patients are not covered.
Representativeness of	8 Paediatric trauma centres were chosen, because all type of injuries and all
sampling of hospitals	child ages are treated (polytrauma, complex injuries, minor injuries).
Representativeness of	All cases in this 8 Paediatric trauma centres are covered.
sampling of cases within	
hospitals	
Data entry method	All data are entered directly into a web application, data source is a record in the
-	hospital information system.
Sample ratio for	11% of all injury admissions/ discharges at national level of age group 0-19
admissions/discharges due to	
injuries or	
Alternatively: Sample ratio for	Ambulatory treated patients are not covered.
ED/ambulatory treatments due	
to injuries	
Original coding dictionary	Full Data Set FDS-AI, all injuries, according to IDB Coding Manual 2005
Dictionary modifications	No provider (hospital) code.
(Eventual) Bridge coding	n
applied	
Standard Quality Control	n
Statement	-
Average % of "missing"	Zero
(excluding date of birth)	7
Average % of "unknown"	Zero
(excluding date of birth)	Hama 1450 7/100 000
ECHI Indicator 290	Home 1450,7/100 000
	School 430, 1/100 000
Mathad for projection of	Result administrational figures of injury cases of bespital admissions
incidence rates	based on national lightes of lightly cases of hospital admissions.
National population reference	10 506 813 people in the Czech republic in the end of 2010
data provided	2 147 458 people aged $0 - 19$ in the Czech republic in the end of 2010.
(Eventual) additional	n
comments (for the user).	
Data supplier: The National	Faculty hospital Brno
IDB Data Administrator	Jihlavska 20, 625 00 Brno Czech Republic
(organization)	
Contact: Responsible person	prof. Petr Gal. Ph.D., M.D.
	ass. prof.Planka Ladislav, MD., PhD.
Signature	
Date of completion of this file	20120618

Nat	National IDB File Information (FDS)			
1	Country	Czech Republic		
2	Year	2011		
3	National Register Name	Injury Registry of the Czech Republic		
4	Purpose of the register	Injury data collection and analyse		
5	Scope of the Register	all injured inpatient, age group 0 – 19 years, hospitalisation in Paediatric trauma center (8 in Czech republic)		
6	Data file name	txt file		
7	Date of creation of data file	20120630		
8	Selection criteria (for	20110101 – 20111231		

	delimitation of	
0	Ne of retiened	0
9	No. of national reference hospitals	8
10	No. of records in the	6 306
10	data file	
11	Ratio admissions / no.	100 % of inpatients, 29% of all patients (including ambulance).
40	Depresentativeness of	Ambulatory treated patients are not covered.
12	Representativeness of	o Paediatric trauma centres were choosed, because all type of injuries
	sampling of hospitals	injuries).
13	Representativeness of	All cases in this 8 Paediatric trauma centre are covered.
	sampling of cases	
	within hospitals	
14	Data entry method	The central database is accessible through a web interface. Access to
		each facility that cares for injured patients. For each accident are given
		basic characteristics, including data on the mechanism, primary care,
		diagnosis, treatment and its outcome. Assignment is also part of the
		All data are then accessible on-line for analysis and are safely secured.
15	Sample ratio for	3,33 %
_	admissions/discharges	
	due to injuries or	
16	Alternatively: Sample	Ambulatory treated patients are not covered.
	ratio for	
	ED/ambulatory	
	iniuries	
17	Original coding	Full Data Set EDS-AL all injuries, according to IDB Coding Manual 2005
	dictionary	
18	Dictionary	No provider (hospital) code.
10	MODIFICATIONS	without
19	coding applied	without
20	Standard Quality	n
	Control Statement	
21	Average % of	NA
	"missing" (excluding	
22	Average % of	ΝΔ
~~	"unknown" (excluding	
	date of birth)	
23	ECHI indicator 29b	Home 1 571,6/100 000
		School 360/100 000
		Leisure activities 961,4/100 000
24	Method for projection	Based on national figures of injury cases of nospital admissions.
25	National population	10 532 770 people in the Czech republic in the end of 2011.
_0	reference data	2 147 458 people aged 0 – 19 in the Czech republic in the end of 2011
	provided	
26	(Eventual) additional	without
	comments (for the	
-	user):	
27	Data supplier: The	Faculty hospital Brno
	National IDB Data	Jiniavska 20, 625 00 Brno Czech Republic
	(organization)	
28	Contact: Responsible	prof. Petr Gal, Ph.D., M.D.

	person	ass. prof.Planka Ladislav, MD., PhD.
29	Signature	
30	Date of completion of	20120618
	the this file	

Natio	National IDB File Information (IDB Full Data Set)			
1	Country	Czech Republic		
2	Year	2012		
3	National Register	Injury Registry of the Czech Republic (NRU)		
	Name			
4	Purpose of the register	Injury data collection and analyse		
5	Scope of the register	all injured inpatient, age group 0 – 19 years, hospitalisation in Paediatric trauma center (8 in Czech republic)		
6	Data file name (FDS)	2012.txt		
7	Date of creation of FDS file	20130630		
8	Range of data of attendance	20120101 – 20121231		
9	Original coding dictionary	Full Data Set FDS-AI, all injuries, according to IDB Coding Manual 2000		
10	Dictionary modifications	Describe eventual national modifications to the dictionary. Make sure that data is delivered in accordance with the required data dictionary.		
11	(Eventual) Bridge coding applied	No provider (hospital) code.		
12	No. of records in the data file	7 647		
13	No. of FDS	31		
	reference			
	hospitals			
14	Geographic scope	Whole Czech republic		
15	Sampling of hospitals	hospitals were selected geographically to cover the whole country. It exclusively on hospitals that care for injured children		
16	Sampling of cases within hospitals	No samples within hospitals		
17	Data entry method	The central database is accessible through a web interface. Access to each facility that cares for injured patients. For each accident are given basic characteristics, including data on the mechanism, primary care, diagnosis, treatment and its outcome. Assignment is also part of the coding according to IDB. All data are then accessible on-line for analysis and are safely secured.		
18	Percentage of admissions in data file	100 %		
19	Minimum Quality Control Checks	n		
20	Average percentage of "unknown"	NA		
21	(Eventual) additional comments (for the user):	without		
22	Responsible data administrator (organization)	Faculty hospital Brno Jihlavska 20, 625 00 Brno Czech Republic		
23	Contact: Responsible	prof.Planka Ladislav, MD., PhD. +42 532 234 360		
24	person Signature	пріапка шseznam.cz		
24	Date of	20131017		
20	completion of this file			

Dra	Draft National File Information (Full Data Set)			
1	Country	Czech Republic		
2	Year	2013		
3	National Register	Injury Registry of the Czech Republic (NRU)		
	Name			
4	Purpose of the	Child injury data collection and analysis. The central database is accessible through a		
	register	web interface. Access to each facility that cares for injured patients. For each		
		accident basic characteristics are given, including data on the mechanism, primary		
		care, diagnosis, treatment and its outcome. Assignment according to IDB is also part		
		of the coding. All data are then accessible on-line for analysis and are safely stored.		
5	Scope of the register	all injured inpatient, age group 0 – 19 years		
6	Data file name (FDS)	CZ_data2013-14.txt		
7	Date of creation of	20140902		
	FDS file			
8	Range of data of	20130101 – 20131231		
	attendance			
9	Original coding	Full Data Set FDS-AI, all injuries, according to IDB Coding Manual 2000		
	dictionary			
10	Dictionary	n		
	modifications			
11	(Eventual) Bridge	No provider (hospital) code is provided.		
	coding applied			
12	No. of records in the	10364		
	data file			
13	No. of FDS	31		
<u> </u>	reference hospitals			
14	Geographic scope	Whole Czech Republic		
15	Sampling of	Hospitals were selected geographically to cover the whole country. Sample		
	hospitals	exclusively comprises hospitals that care for injured children.		
16	Sampling of cases	No sampling within hospitals		
47		Determined all standards to the second of IT such as a finanticia time beautitud.		
17	Data entry method	Data are recorded electronically as part of 11-systems of participating hospitals.		
18	Percentage of	100 %		
	admissions in data			
10	Minimum Quality			
19	Control Chocks			
20		ΝΔ		
20	of "unknown"			
21	(Eventual) additional	n		
21	comments (for the	11		
	user).			
22	Responsible data	Faculty hospital Brno		
	administrator	Jihlavska 20, 625 00 Brno Czech Republic		
	(organization)			
23	Contact:	Prof.Planka Ladislav, MD., PhD.		
-	Responsible person	+42 532 234 360		
		lplanka@seznam.cz		
24	Signature			
25	Date of completion	20140902		

## **Denmark**

National IDB File Information		
Country	Denmark	
Year	2010	
National Register Name	Ulvkkesregistret	
Purpose of the register	Injury surveillance and injury prevention. There is no legal background.	
Scope of the register	All injured (intentional and unintentional) contacting emergency departments for	
	the first time are recorded	
Data file name	DK2010.txt	
Date of creation of data file	20120426	
Selection criteria (for	20100101 - 20101231	
delimitation of reporting year)		
No. of national reference	4	
hospitals		
No. of records in the data file	49820	
Ratio admissions / all records	9.2%	
Representativeness of	The 4 hospitals represent 3 of the 5 Danish regions. Representativeness is	
sampling of hospitals	reasonable regarding social background and urban/rural setting.	
Representativeness of	At all the hospitals, only 49.3% are sampled during parts of the year. At one	
sampling of cases within	hospital data were collected during month 1-8 only. The sampling is based on	
hospitals	date of birth: Only persons born 1-15 <sup>th</sup> in a month are included. This may result	
	in a slight bias because immigrants with unknown date of birth may often be	
	given a birthdate the 1th in a month and are therefore over represented.	
	Further, the introduction of within-hospital sampling during the year result in	
	under representation of the last months of the year.	
Data entry method	Information is recorded in electronic hospital records by the ordinary hospital	
	staff based on face-to face interviews. Later the information is coded by	
	specially trained secretaries based on these hospital records.	
Sample ratio for	n.a.	
admissions/discharges due to		
injuries or		
Alternatively: Sample ratio for	8.30%	
ED/ambulatory treatments due		
to injuries		
Original coding dictionary	NOMESCO version 4 is used	
Dictionary modifications	Intent is only recorded at 2-digit level for violence. Legal intervention is coded as	
	violence. Other and unspecified intent is not coded.	
(Eventual) Bridge coding	Bridge coding NOMESCO 4 -> IDB	
Standard Quality Control	No – the program did not work. I have filled it in a much as possible.	
Statement	E 000/	
Average % of "missing"	5.08%	
(excluding date of birth)	4.070/	
Average % of unknown	1.07%	
ECHL indicator 20b	8177 p 100 000	
Acthor for projection of	Deced on national figures on amorganou department contacts due to injury	
	based on national ligures on emergency department contacts due to injury	
National population reference	Vec	
data provided		
(Eventual) additional	None	
comments (for the user).		
Data supplier: The National	Statens Institut for Folkesundhed, Syddansk I Iniversitet / National Institute of	
IDB Data Administrator	Public Health University of Southern Denmark	
(organization)	www.niph.dk	
Contact: Responsible person	Hanne Møller	
	Ham@niph.dk	
	+45 6550 7783	
	Bjarne Laursen	
	bla@niph.dk	

	+45 6550 7776
	National Institute of Public Health, Universitu of Southern Denmark
	Øster Farimagsgade 5A, 2.
	DK-1353 Copenhagen K
Signature	
Date of completion of the this	20120427
file	

Natio	National IDB File Information (Minimum Data Set)		
1	Country	Denmark	
2	Year	2011	
3	National Register Name	National Patient Register (LPR)	
4	Purpose of the register	Recording of hospital activity	
5	Scope of the register	All hospital contact (public hospitals) in Denmark, covering nearly 100% of injury related contact. Emergency department contacts, Admissions, and other outpatient treatments are included. Only contacts terminated 2011 are included.	
6	Data file name (MDS)	MDS2011.txt	
7	Date of creation of MDS file	20130530	
8	Range of data of attendance	20110101-20111231	
9	Original coding dictionary	Data are recorded using the Danish classification for injury collection. Classification for 2011: http://www.ssi.dk/Sundhedsdataogit/Indberetning%20og%20patientregistrering/Patientr egistrering/~/media/Indhold/DK%20- %20dansk/Sundhedsdata%20og%20it/NSF/Indberetning/patientregistrering/Skadesregi streing/Skaderegistrering_registreringsvejledning_2008_v1-3_marts2011.ashx	
10	Dictionary modifications	Data are transcoded from the Danish classification shown above into MDS dictionary version September 2012. There are no major deviation from MDS.	
11	Bridge coding applied	Transcoding from the Danish classification (modified NOMESCO version 4) into MDS is performed using SAS software and ICD-10 >MDS conversion table	
12	No. of records in the data file	0601096 (Sample is 100%)	
13	No. of MDS reference hospitals	040 - There are 40 hospitals (administrative units – there are more physical units). However, only 37 deliver more than 100 cases.	
14	Geographic scope	The entire state of Denmark (excluding Greenland and Faroe Islands)	
15	Hospital characteristics used for a representative sample of hospitals	All hospitals	
16	Sampling of cases within hospitals	All cases are recorded	
17	Percentage of admissions in data file	12.3% are admitted	
18	Relative sample size (admissions)	100%	
19	Relative sample size (ambulatory treatments)	100% of emergency department contacts. Ambulatory treatments are not included, but they should not be a primary contact.	
20	Minimum Quality Control Checks	Yes, if the Minimum Quality Control Checks for MDS (according to chapter 8 of the JAMIE-Manual) have been carried out	
21	Average percentage of "unknown""	Average ratio of no. of codes 9, 99, 999, etc. in the 16 data elements recording county – mechanism of injury (except nature of injury 2, part of body injured 2) Total: 12.8% including hospital code and activity, (15 items) Recording country 0%	

		Provider/Hospital code – blank, not delivered (100%)
		Record number 0%
		Age 0%
		Sex 0%
		Permanent country of residence
		Month att 0%
		Year att 0%
		Treatment & follow-up 0%
		$\ln u r v 1 = 0.8\%$
		Part of body1 1.8%
		Intent 14.1%
		Location 20.8%
		Mechanism 19.8%
		Activity 34.2%
22	Method for	Method 2) however, all cases are recorded
~~	extrapolation	
	from sample to	
	national	
	incidence	
23	Reference	Yes
20	nonulation data	
	provided	
24	(Eventual)	National Institute of Public Health, University of Southern Denmark in collaboration with
21	additional	"Statens Serum Institut" (which collects the hospital data)
	comments (for	
	the user):	
25	Responsible data	National Institute of Public Health, University of Southern Denmark in collaboration with
20	administrator	"Statens Serum Institut" (which collects the hospital data)
	(organization)	
26	Contact:	Biarne Laursen
	Responsible	bila@sdu.dk
	person	+45 6550 7776
27	Signature	
28	Date of	20130530
	completion of this	
	file	

Natio	National IDB File Information (IDB Full Data Set)		
1	Country	Denmark	
2	Year	2011	
3	National Register Name	National Patient Register (LPR)	
4	Purpose of the register	Recording of hospital activity	
5	Scope of the register	Only two hospitals are included, recording (nearly) the FDS	
6	Data file name (FDS)	FDS2011.txt	
7	Date of creation of FDS file	20130530	
8	Range of data of attendance	20110101-20111231	
9	Original coding dictionary	Data are recorded using the Danish classification for injury collection. Classification for 2011:	
		http://www.ssi.dk/Sundhedsdataogit/Indberetning%20og%20patientregistrering/Patientregistrering/~/media/Indhold/DK%20-	
		%20dansk/Sundhedsdata%20og%20it/NSF/Indberetning/patientregistrering/Skadesregi streing/Skaderegistrering_registreringsvejledning_2008_v1-3_marts2011.ashx	
10	Dictionary modifications	Data are transcoded from the Danish classification shown above into FDS dictionary version September 2012. There are the following major deviations: Violence and self-harm modules are not used. Date and time of injury are not recorded.	
		Narratives are not recorded. Minor deviations due to transcoding/lack of information exist, mainly resulting in non- existing codes, e.g. treatment & follow-up, codes 1,3,6; intent 4,5,8; Type of injury: 1(by definition);3 (not possible to separate from 2 or 4 using ICD-10)	

11	(Eventual) Bridge coding applied	Transcoding from the Danish classification (modified NOMESCO version 4) into FDS is performed using SAS software and ICD-10 >FDS conversion table
12	No. of records in the data file	0062028
13	No. of FDS	2 hospitals
	reference	
	hospitals	
14	Geographic scope	Aahus area and western part of Copenhagen
15	Sampling of hospitals	Participation in a pilot study. Selection was based on regions (should be different) and previous experience. One hospital is the largest in Denmark including the most severe injuries, and one is a local hospital including mainly minor injuries. Rural areas may be under represented.
16	Sampling of cases within hospitals	All cases are recorded.
17	Data entry method	The recording is performed using the patient administrative system when the patient arrives; diagnoses are given by the doctors.
18	Percentage of admissions in data file	6.9%
19	Minimum Quality Control Checks	Yes,
20	Average percentage of "unknown"	Average ratio of no. of 9, 99, 999 in the 16 data elements recording county – mechanism of injury (except nature of injury 2, part of body injured 2) Total: 9.5% including hospital code and activity, (15 items) Recording country 0% Provider/Hospital code – blank, not delivered (100%) Record number 0% Age 0% Sex 0% Permanent country of residence 0.4% date att. 0% Year att. 0% Treatment & follow-up 0% Injury1 2.1% Part of body1 1.9% Intent 5.4% Place 8.6% Mechanism 8.8% Activity 15.8%
21	(Eventual) additional comments (for the user):	National Institute of Public Health, University of Southern Denmark in collaboration with "Statens Serum Institut" (which collects the hospital data)
22	Responsible data administrator (organization)	National Institute of Public Health, University of Southern Denmark in collaboration with "Statens Serum Institut" (which collects the hospital data)
23	Contact: Responsible	Bjarne Laursen bjla@sdu.dk
04	person	+45 6550 7776
24	Date of	20130531
20	completion of this	

Natio	National IDB File Information (Minimum Data Set)		
1	Country	Denmark	
2	Year	2012	
3	National Register Name	National Patient Register (LPR)	
4	Purpose of the register	Recording of hospital activity	
5	Scope of the	All hospital contact (public hospitals) in Denmark, covering nearly 100% of injury related	

	register	contact. Emergency department contacts, Admissions, and other outpatient treatments are included. Only contacts terminated 2012 are included.
6	Data file name (MDS)	MDS2012.txt
7	Date of creation of MDS file	20130530
8	Range of data of attendance	20120101-20121231
9	Original coding dictionary	Data are recorded using the Danish classification for injury collection. Classification for 2012: http://www.ssi.dk/Sundhedsdataogit/Indberetning%20og%20patientregistrering/Patientr egistrering/~/media/Indhold/DK%20- %20dansk/Sundhedsdata%20og%20it/NSF/Indberetning/patientregistrering/Skadesregi streing/Skaderegistrering_registreringsvejledning_2008_v1-3_marts2011.ashx
10	Dictionary modifications	Data are transcoded from the Danish classification shown above into MDS dictionary version September 2012. There are no major deviation from MDS.
11	Bridge coding	Transcoding from the Danish classification (modified NOMESCO version 4) into MDS is performed using SAS software and ICD-10 >MDS conversion table
12	No. of records in the data file	00563349 (Sample is 100%)
13	No. of MDS reference hospitals	034 - There are 34 hospitals (administrative units – there are more physical units). However, only 29 delivered more than 100 cases.
14	Geographic scope	The entire state of Denmark (excluding Greenland and Faroe Islands)
15	Hospital characteristics used for a representative sample of hospitals	All hospitals
16	Sampling of cases within hospitals	All cases are recorded
17	Percentage of admissions in data file	12.1% are admitted
18	Relative sample size (admissions)	100%
19	Relative sample size (ambulatory treatments)	100% of emergency department contacts. Ambulatory treatments are not included, but they should not be a primary contact.
20	Minimum Quality Control Checks	Yes, the Minimum Quality Control Checks for MDS (according to chapter 8 of the JAMIE-Manual) have been carried out
21	Average percentage of "unknown""	Average ratio of no. of codes 9, 99, 999, etc. in the 16 data elements recording county – mechanism of injury (except nature of injury 2, part of body injured 2) Total: 6.0% including activity, (15 items) Recording country 0% Provider/Hospital code 0% Record number 0% Age 0% Sex 0% Permanent country of residence 0.5% Month att. 0% Year att. 0% Treatment & follow-up 0% Injury1 0.9% Part of body1 1.9% Intent 12.8% Location 20.7% Mechanism 17.9% Activity 34.6%
22	Method for extrapolation from sample to	Method 2) however, all cases are recorded

	national incidence	
23	Reference population data	Yes
24	(Eventual) additional comments (for the user):	National Institute of Public Health, University of Southern Denmark in collaboration with "Statens Serum Institut" (which collects the hospital data)
25	Responsible data administrator (organization)	National Institute of Public Health, University of Southern Denmark in collaboration with "Statens Serum Institut" (which collects the hospital data)
26	Contact: Responsible person	Bjarne Laursen <u>bjla@sdu.dk</u> +45 6550 7776
27	Signature	
28	Date of completion of this file	20130530

Natio	National IDB File Information (IDB Full Data Set)		
1	Country	Denmark	
2	Year	2012	
3	National Register Name	National Patient Register (LPR)	
4	Purpose of the register	Recording of hospital activity	
5	Scope of the register	Only one hospitals is included, recording (nearly) the FDS	
6	Data file name (FDS)	FDS2012.txt	
7	Date of creation of FDS file	20130530	
8	Range of data of attendance	20120101-20121231	
9	Original coding dictionary	Data are recorded using the Danish classification for injury collection. Classification for 2012: http://www.ssi.dk/Sundhedsdataogit/Indberetning%20og%20patientregistrering/Patientr egistrering/~/media/Indhold/DK%20- %20dansk/Sundhedsdata%20og%20it/NSF/Indberetning/patientregistrering/Skadesregi streing/Skaderegistrering registreringsveiledning 2008 v1-3 marts2011.ashx	
10	Dictionary modifications	Data are transcoded from the Danish classification shown above into FDS dictionary version September 2012. There are the following major deviations: Violence and self-harm modules are not used. Date and time of injury are not recorded. Narratives are not recorded. Minor deviations due to transcoding/lack of information exist, mainly resulting in non- existing codes, e.g. treatment & follow-up, codes 1,3,6; intent 4,5,8; Type of injury: 1(by definition);3 (not possible to separate from 2 or 4 using ICD-10)	
11	(Eventual) Bridge coding applied	Transcoding from the Danish classification (modified NOMESCO version 4) into FDS is performed using SAS software and ICD-10 >FDS conversion table	
12	No. of records in the data file	0034992	
13	No. of FDS reference hospitals	001 hospitals	
14	Geographic scope	Aarhus area	
15	Sampling of hospitals	Participation in a pilot study. The hospital is the largest in Denmark including the most severe injuries. Rural areas may be under represented.	
16	Sampling of cases within hospitals	All cases are recorded.	
17	Data entry method	The recording is performed using the patient administrative system when the patient arrives; diagnoses are given by the doctors.	

18	Percentage of	10.6%
	admissions in	
	data file	
19	Minimum Quality	Yes
	Control Checks	
20	Average	Average ratio of no. of 9, 99, 999 in the 16 data elements recording county –
	percentage of	mechanism of injury (except nature of injury 2, part of body injured 2)
	"unknown"	Total: 3.3% including hospital code and activity, (15 items)
		Recording country 0%
		Provider/Hospital code 0%
		Record number 0%
		Age 0%
		Sex 0%
		Permanent country of residence 1.3%
		date att. 0%
		Year att. 0%
		I reatment & follow-up 0%
		Injury1 1.6%
		Part of body1 0.8%
		Intent 5.3%
		Place 12.9%
		Mechanism 7.5%
0.1		
21	(Eventual)	National Institute of Public Health, University of Southern Denmark in collaboration with
	additional	"Statens Serum Institut" (which collects the hospital data)
	comments (for	
22	line user).	National Institute of Dublic Health, University of Southern Desmark in collaboration with
22	Responsible data	"Statene Serum Institute" (which collects the beenited date)
	(organization)	
22	Contact:	Riama Laurson
23	Responsible	bila@sdu.dk
	nerson	<u>+45 6550 7776</u>
24	Signature	
25	Date of	20130531
20	completion of this	20100001
	file	
L		I contraction of the second

National IDB File Information (Minimum Data Set)		
1	Country	Denmark
2	Year	2013
3	National Register Name	National Patient Register (NPR)
4	Purpose of the register	It is a mandatory administrative register then serves several purposes, among these payments to the hospitals.
5	Scope of the register	All injuries treated at public hospitals. In 2013, no private hospitals in Denmark were treating injuries.
6	Data file name (MDS)	mds2013.txt
7	Date of creation of MDS file	20140520
8	Range of data of attendance	20140101-20141231
9	Original coding dictionary	NOMESCO version 4, slightly modified, full description, see: http://www.medinfo.dk/sks/brows.php?s_nod=25803
10	Dictionary modifications	Some minor modifications; see link above. In general, data are collected in minimum detail, however sufficient for the MDS.
11	Bridge coding applied	ICD10 > MDS (injury and part of body) NOMESCO>MDS (external cause of injury)
12	No. of records in	542781

	the data file	
13	No. of MDS	31 hospitals treated injuries in 2013. Please note that four hospitals merged during
	reference	2013. Two hospitals treated only 16 and 1 patient, respectively.
	hospitals	
14	Geographic	The entire country
	scope	
15	Hospital	All hospitals are sampled
	characteristics	
	used for a	
	representative	
	sample of	
	hospitals	
16	Sampling of	All cases are sampled
	cases within	
47	nospitais	
17	Percentage of	12.4%
	data filo	
18	Relative sample	100%
10	size (admissions)	
19	Relative sample	100%
	size (ambulatory	
	treatments)	
20	Minimum Quality	Yes
	Control Checks	
21	Average	Average 9.0%
	percentage of	Age: 0% Sex: 0% Country of residence: 0.4%
	"unknown""	Treatment&follow-up: 0% injury1: 0.9%
		part of body1: 2.1% Intent: 12.3% location: 21.1% mechanism :18.1% Activity: 35.3%
22	Method for	No extrapolation is needed, as the sample is 100%
	from comple to	
	notional	
	incidence	
	indiadrice	
23	Reference	yes
	population data	
	provided	
24	(Eventual)	Self harm/suicide attempt is often reported as accidents or "unknown" at many
	additional	
	comments (for	Each hospital code may cover several physical addresses in a wide area
05	the user):	
25	Responsible data	Statens Serum Institut <u>www.ssi.dk</u> and the hospitals
	(organization)	
26	Contact:	Biarne Laursen
20	Responsible	Statens Institut for Folkesundhed
	nerson	Øster Farimansnade 54 DK-1353 Conenhagen
		bla@niph.dk
		+45 6550 7776
27	Signature	
28	Date of	20140520
	completion of this	

file	

Natio	National IDB File Information (Full Data Set)			
1	Country	Denmark		
2	Year	2013		
3	National Register Name	National Patient Register and the Injury register at Odense University Hospital		
4	Purpose of the	It is a mandatory administrative register then serves several purposes, among these		
	register	payment to the hospitals.		
5	Scope of the register	Covers alle hospital treatments, including those at the reference hospital		
6	Data file name (FDS)	Fds2013.txt		
7	Date of creation	20140626		
	of FDS file			
8	Range of data of	20130101-20131231		
9	Original coding	NOMESCO version 4. slightly modified, full description, see:		
Ĭ	dictionary	http://www.medinfo.dk/sks/brows.php?s_nod=25803		
10	Dictionary	Some minor modifications. see link above.		
	modifications	In general, data are collected in full detail		
11	(Eventual) Bridge	NOMESCO > IDB		
	coding applied	Injury & part of body: ICD-10 > IDB		
12	No. of records in	32425		
	the data file			
13	No. of FDS	1 (One hospital)		
	reference			
	hospitals			
14	Geographic	Denmark		
	scope			
15	Sampling of hospitals	Convenience sampling. However, the hospital should be quite representative as it covers both a large city and rural areas		
16	Sampling of	All hospital injury cases are included		
	cases within			
	hospitals			
17	Data entry method	Interview by secretaries and filled into the patient administrative system.		
18	Percentage of	Ratio of no. of records of inpatients (stay of at least one night) due to injury to all		
	admissions in	records of treatments due to injury (inpatients and ambulatory treatments) x 100		
	data file			
19	Minimum Quality	Yes		
	Control Checks			
20	Average	Average of the below mentioned: 4.3%		
	percentage of	Age: 0%		
	"unknown"	Sex: 0%		
		Country of residence: 0.8%		
		Date of injury: 2.3%		
		Time of injury: 16.2%		
		Date of attendance: 0%		
		Time of attendance: 0%		
		Treatment&follow-up: 0%		

		Intent: 2.1%
		Transport injury event: 0%
		Place of occurrence: 3.3%
		Mechanism: 2.3%
		Activity: 5.1%
		Products (underlying etc not separated) 35.1%
		Injury1: 1.4%
		Part 1 of body: 0.4%
21	(Eventual)	Violence details and Suicide details are nor recorded.
	additional	Products and sport are coded automatically from text. Sport are correct in estimated
	comments (for	97% of cases (1% error and 2% missing).
	the user):	Products: 3% error, 5% missing.
		However, there is no distinction between direct and indirect object.
22	Responsible data	Odense University hospital is data owner and responsible for the data collection
	administrator	
	(organization)	
23	Contact:	Bjarne Laursen
	Responsible	Statens Institut for Folkesundhed
	person	Øster Farimagsgade 5A, DK-1353 Copenhagen
		<u>bla@niph.dk</u>
		+45 6550 7776
24	Signature	
25	Date of	20140520
	completion of this	
	file	

Nat	National IDB File Information (Minimum Data Set)				
1	Country	Denmark			
2	Year	2014			
3	National Register Name	National Patient register (public hospital part)			
4	Purpose of the register	Mandatory administrative register of hospital contacts (public hospitals)			
5	Scope of the register	All hospital contacts at public hospitals are included. Private hospitals are not			
		included, but no private hospitals have emergency wards			
6	Data file name (MDS)	MDS2014.txt			
7	Date of creation of MDS file	20150731			
8	Range of data of attendance	20140101-20141231			
9	Original coding dictionary	Danish SKS classification for external cause of injury version 2014			
		( <u>http://www.medinfo.dk/sks/brows.php?s_nod=25916</u> ) (updated annually) –			
		only at minimum level (1-digit typically),			
		and ICD-10 for type of injury and body part injured			
10	Dictionary modifications	No modification is used. However there may be slight differences, e.g.			
<u> </u>	<u></u>	thermal mechanisms are coded as "burns" and chemical as "poisoning"			
11	Bridge coding applied	There is no name, but I can send the software. The bridge coding is changed			
		from 2013 to 2014 due to change in the Danish classification.			
12	No. of records in the data file	0558275			
13	No. of MDS reference	025			
L	hospitals				
14	Geographic scope	The entire country			
15	Hospital characteristics used	100% sample			
	for a representative sample				
10					
16	Sampling of cases within	100% sample			
4-					
17	Percentage of admissions in	11.4%			
40		4000/			
18	Relative sample size	100%			

	(admissions)	
19	Relative sample size (ambulatory treatments)	100%
20	Minimum Quality Control Checks	Data are in general not checked, only for formal errors (non-valid codes etc.)
21	Average percentage of "unknown""	8.1%
22	Method for extrapolation from sample to national incidence	No extrapolation
23	Reference population data provided	У
24	(Eventual) additional comments (for the user):	None
25	Responsible data administrator (organization)	Syddansk Universitet, Statens Institut for Folkesundhed University of Southern Denmark, National Institute of Public Health
26	Contact: Responsible person	Bjarne Laursen Statens Institut for Folkesundhed Øster Farimagsgade 5A, 2. DK-1353 Copenhagen K Denmark Phone +45 6550 7776 Email bjla@sdu.dk
27	Signature	
28	Date of completion of this file	20150731

Na	National IDB File Information (IDB Full Data Set)			
1	Country	Denmark		
2	Year	2014		
3	National Register Name			
4	Purpose of the register	Injury registration for injury prevention and research		
5	Scope of the register	All injuries causing hospital attendance at Odense University hospital		
6	Data file name (FDS)	Fds2014.txt		
7	Date of creation of FDS file	20150813		
8	Range of data of attendance	20150101-20151231		
9	Original coding dictionary	Danish SKS classification for external cause of injury version 2014 ( <u>http://www.medinfo.dk/sks/brows.php?s_nod=25916</u> ) (updated annually) and ICD-10 for type of injury and body part injured Product codes are generated automatically from text descriptions		
10	Dictionary modifications	Data are bridge coded into IDB. This causes some differences, e.g. not all mechanism and codes are used. Product1-product 2 are randomly allocated Some variables are not recorded: Violence perpetrator: relation, sex, age, context Self-harm: proximate risk factor, previous self-harm		
11	(Eventual) Bridge coding applied	Bridge coding is performed by a SAS program. This is updated annually and can be sent if needed.		
12	No. of records in the data file	0031387		
13	No. of FDS reference hospitals	001		
14	Geographic scope	Odense area (most of Funen island)		
15	Sampling of hospitals	Odense is the only hospital collecting a full injury dataset. It has a very long tradition for injury data collection.		
16	Sampling of cases within hospitals	No sampling		
17	Data entry method	Information is collected by face-to-face interviews by the ordinary hospital staff and coded subsequently		
18	Percentage of	9.9 %		

	admissions in data file	
19	Minimum Quality Control Checks	Yes
20	Average percentage of "unknown"	1.6% (highest for time of injury 18.0%; activity 2.2%; country of residence 1.4%) Items recorded for a subset of data (e.g. violence) are not included
21	(Eventual) additional comments (for the user):	Sports and products are automatically coded . Therefore product1 and product 2 are in random order, are errors may occur. However, the error rate is about 1% or less.
22	Responsible data administrator (organization)	Data delivery: National Institute of Public Health, University of Southerne Denmark. Data collection: Odense University Hospital, Accident analysis group.
23	Contact: Responsible person	Bjarne Laursen Statens Institut for Folkesundhed Øster Farimagsgade 5A, 2. DK-1353 Copenhagen K Denmark Phone +45 6550 7776 Email bjla@sdu.dk
24	Signature	Bjarne Laursen
25	Date of completion of this file	20150814

IDB-Metadata (National IDB data file information form)				
Country		Denmark		
Year		2015		
Question	Specification	Answer	Comments (additional information in case of No)	
	Sc	оре		
All age groups?	All age-groups covered	Y		
All injury categories (home, leisure, sport, school, road, paid work, self-harm, assault)?	All MDS options for intent, setting and activity covered	Y		
All injury mechanisms?	All MDS options for injury mechanism covered and coded	Y		
All injury types and all body parts?	All MDS options for injury types and body parts covered and coded	Y		
Admissions and ambulatory treatments?	All MDS options for treatment and follow-up covered	Y		
Inclusion / exclusion of ca	ISES			
Only patients diagnosed as suffering from injury?	Equivalent to ICD-10 S00- T98 (chapter XIX)	Y		
Consequences of medical interventions excluded?	Equivalent to ICD-10 codesT80-T88 and T98.3 excluded	Y		
Follow-up treatments excluded?	No double counting of cases	Y	Double counting cannot be ruled out totally. Readmissions are excluded based on an algothm taking time and diagnosis into account: - Identical diagnosis within 9 months - 3-digit identical diagnoses within 3 months - 2-digit identical diagnosis within 31 days - Any contact	

			within 2 days
Non-residents included?		Y	-
	Representativen	ess of the sample	
Recommended number of cases?	More than 10.000 cases	Y	550,285 cases
Number of hospitals in the sample?		30	Some of the 30 hospitals have several physical addresses (all included)
Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	Y	30 Hospitals with minimum 10 cases annually.
Sample of hospitals balanced by hospital size?	Small, middle-size, large hospitals included	Ŷ	
Sample of hospitals balanced by geo- coverage?	Hospitals with urban & rural catchment areas included	Y	
Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	Y	
Validation checks?	Representativeness of current sample of hospitals has been controlled at least by age and type of injury	Y	
	Quality of	recording	Γ
Rate of admissions?	Percentage of treatment code 1	14.3%	
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).	9.3%	
Rate of children?	Percentage of children 0- 14a	24.9%	
	Quality of es	stimated rate	
Incidence (ED presentation) rate available?	Crude rate, standardised for age and sex, using Eurostat population projection by 1 January	Y	
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	Y	
Recommended method of projection used (or no projection needed)?	HDR-method or EDR- method is used for projection (or IDB-MDS file contains all national cases)	No projection	National numbers
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Not relevant	No projection

Follow-up treatments consistently excluded for projection?	If HDR or EDR method is applied: follow-up treatments excluded in	Not relevant	No projection
	both, IDB and HDR (or EDR)		
Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or EDR)	Not relevant	No projection
Non-residents consistently included for projection?	If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR)	Not relevant	No projection
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	Ν	No sampling
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	N	No bias
	Data o	lelivery	
MDS data successfully uploaded?		Y	
FDS data successfully uploaded?		N	FDS not available yet
Reference population data file provided?	Automatic calculation of IR at IDB web-gate will be enabled	Y	
List of FDS reference hospitals provided?		Y	
	National da	ata provider	
National register name (and eventual abbreviation)		Landspatientregisteret (LPF [National Patient Register]	२)
Name of organization	In national language and English	Sundhedsdatastyrelsen [No English translation available – direct: National Board of Health Data]	
Name of respondent (contact person)		Bjarne Laursen	
E-mail address of contact person		bla@si-folkesundhed.dk	
Date of completion of this form		December 5, 2016	

IDB-Metadata (National IDB data file information form)				
Country		Denmark		
Year		2016		
Question	Specification	Answer	Comments (additional	
			information in case of No)	
	Sc	оре		
All age groups?	All age-groups covered	Υ		
All injury categories	All MDS options for intent,	Y		
(home, leisure, sport,	setting and activity			
school, road, paid work,	covered			
self-harm, assault)?				
All injury mechanisms?	All MDS options for injury	Y		
	mechanism covered and			
	coded			
All injury types and all	All MDS options for injury	Y		
body parts?	types and body parts			
	covered and coded			
Admissions and	All MDS options for	Y		
ambulatory treatments?	treatment and follow-up			
	covered			
--	--	-------------------	---	
Inclusion / exclusion of ca	ases			
Only patients diagnosed	Equivalent to ICD-10 S00-	Y		
Consequences of medical interventions excluded?	Equivalent to ICD-10 codesT80-T88 and T98.3 excluded	Y		
Follow-up treatments excluded?	No double counting of cases	Y	Double counting cannot be ruled out totally. Readmissions are excluded based on an algorithm taking time and diagnosis into account: - Identical diagnosis within 9 months - 3-digit identical diagnoses within 3 months - 2-digit identical diagnosis within 31 days - Any contact within 2 days	
Non-residents included?		Y		
	Representativen	ess of the sample	·	
Recommended number of cases?	More than 10.000 cases	Y	537,122 cases	
Number of hospitals in the sample?		23	Many of the 23 hospitals have several physical addresses	
Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	Y	23 Hospitals with minimum 100 cases annually.	
Sample of hospitals balanced by hospital size?	Small, middle-size, large hospitals included	Y		
Sample of hospitals balanced by geo- coverage?	Hospitals with urban & rural catchment areas included	Y		
Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	Y		
Validation checks?	Representativeness of current sample of hospitals has been controlled at least by age and type of injury Quality of	Y recording		
Rate of admissions?	Percentage of treatment	13.6%		
Average rate of	code 1	Q 1%	Morst are activity (200()	
"unknown"?)?	codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity	5.170	and location (30%)	

	(mandatory data elements where "unknown" is allowed)				
Rate of children?	Percentage of children 0- 14a	24.9%			
	Quality of es	stimated rate			
Incidence (ED	Crude rate, standardised	Y			
presentation) rate	for age and sex, using				
available?	Eurostat population projection by 1 January				
Valid at national level?	Tick no, if rate is valid at	Y			
	regional level and add				
	name of the region				
Recommended method of	HDR-method or EDR-	No projection	National numbers		
projection used (of ho	nethod is used for				
projection needed)?	file contains all national				
	cases)				
Medical interventions	If HDR or FDR method is	Not relevant	No projection		
consistently excluded for	applied: medical				
projection?	interventions excluded in				
, .,	both, IDB and HDR (or				
	EDR)				
Follow-up treatments	If HDR or EDR method is	Not relevant	No projection		
consistently excluded for	applied: follow-up				
projection?	treatments excluded in				
	both, IDB and HDR (or				
	EDR)				
Day-care patients	If HDR or EDR method is	Not relevant	No projection		
consistently excluded for	applied: day care patients				
projection?	HDP (or EDP)				
Non-residents	If HDR or EDR method is	Not relevant	No projection		
consistently included for	applied: non-residents	Not relevant			
projection?	included in both IDB and				
p. 0,000.000	HDR (or EDR)				
Random sampling in	If sampling within one or	N	No sampling		
hospitals?	several hospitals occurs:				
	Sampling scheme				
	prevents from biases				
Known bias (e.g.	No bias is known or bias	N	No bias		
regarding admissions)	has been corrected by				
corrected?	means of external				
	statistics before				
	Data d	lelivery			
MDS data successfully		Y			
uploaded?					
FDS data successfully		N	FDS is not available		
uploaded?					
Reference population	Automatic calculation of	Y			
data file provided?	IR at IDB web-gate will be				
	enabled				
List of FDS reference		N	No FDS data for the time		
	National da	ata provider	beeing		
National register name	National register name				
(and eventual		[National Patient Register]	-7		
abbreviation)					
Name of organization	In national language and	Sundhedsdatastyrelsen [ N	o English translation		
	English	available - direct: National	Board of Health Data]		
Name of respondent		Bjarne Laursen			
(contact person)					
E-mail address of contact		bla@si-tolkesundhed.dk			

person	
Date of completion of this	August 23, 2017
form	

### **Estonia**

Natio	National IDB File Information (Minimum Data Set)				
1	Country	Estonia			
2	Year	2012			
3	National Register Name	Estonian statistical module of e-health information system (HIS)			
4	Purpose of the register	HIS is nationwide database that has standardized central information exchange function. That contain summaries of all patients' medical records. The aim of statistical module of HIS is to collect data for production of official health statistics.			
5	Scope of the register	Data of injuries based on ICD-10. The coverage of in-patient data in HIS is 100% and 70-80% of out-patient data (mostly from family physicians). E.g. information of treatment and follow up is available only for in-patients.			
6	Data file name (MDS)	Estonia_2012_MDS			
7	Date of creation of MDS file	20140519			
8	Range of data of attendance	20120101 – 20121231			
9	Original coding dictionary	IDB-MDS data dictionary, October 2013			
10	Dictionary modifications	Modifications has not been made			
11	Bridge coding applied	ICD10 > MDS			
12	No. of records in the data file	60392			
13	No. of MDS reference hospitals	27			
14	Geographic scope	The entire reporting country			
15	Hospital characteristics used for a representative sample of hospitals	Database (HIS) is nationwide and all healthcare service providing organizations are under an obligation to send all summaries of patients' medical records into database. No selection of hospitals was made, information from all hospitals was included.			
16	Sampling of cases within hospitals	The data of injuries based on HIS data and the coverage of in-patient data in HIS is 100% and 70-80% of hospital out-patient data. Therefore it is likely that all cases are not covered.			
17	Percentage of admissions in data file	21.5%			
18	Relative sample size (admissions)	21.5%			
19	Relative sample size (ambulatory	78.2%			

	treatments)	
20	Minimum Quality	n
	Control Checks	
21	Average	17.6%
	percentage of	
	"unknown""	
22	Method for	Based on national figures of injury cases of hospital admissions and on national figures
	extrapolation	of injury cases of ambulatory treatments.
	from sample to	
	national	
	incidence	
23	Reference	У
	population data	
	provided	
24	(Eventual)	Ratio of percentage of admissions in data file (21.5%) and relative sample size
	additional	(admissions) (21.5%) are same because our sample based on total no. of
	comments (for	admissions/discharges due to injuries in the country.
	the user):	
25	Responsible data	Sotsiaalministeerium, Terviseinfo- ja analüüsi osakond;
	administrator	Ministry of Social Affairs, Health Information and Analysis Department;
	(organization)	http://www.sm.ee/eng.html
26	Contact:	Liis Rooväli
	Responsible	eMail address: Liis.Roovali@sm.ee
	person	Gonsiori 29, 15027 Tallinn
		telephone: 626 9158
27	Signature	
28	Date of	20140522
	completion of this	
	file	

Natio	National IDB File Information (Minimum Data Set)				
1	Country	Estonia			
2	Year	2013			
3	National Register	Estonian statistical module of e-health information system (HIS)			
	Name				
4	Purpose of the	HIS is nationwide database that has standardized central information exchange			
	register	function. That contain summaries of all patients' medical records. The aim of statistical			
		module of HIS is to collect data for production of official health statistics.			
5	Scope of the	Data of injuries based on ICD-10.			
	register	The coverage of in-patient data in HIS is 100% and 70-80% of out-patient data (mostly			
		from family physicians).			
		E.g. information of treatment and follow up is available only for in-patients.			
6	Data file name	Estonia_2013_MDS			
	(MDS)				
7	Date of creation	20140519			
	of MDS file				
8	Range of data of	20130101 – 20131231			
	attendance				
9	Original coding	IDB-MDS data dictionary, October 2013			
	dictionary				
10	Dictionary	Modifications has not been made			
	modifications				
11	Bridge coding	ICD10 > MDS			

	applied	
12	No. of records in	82698
	the data file	
13	No. of MDS	32
	reference	
	hospitals	
14	Geographic	The entire reporting country
	scope	
15	Hospital	Database (HIS) is nationwide and all healthcare service providing organizations are
	characteristics	under an obligation to send all summaries of patients' medical records into database.
	used for a	No selection of hospitals was made, information from all hospitals was included.
	representative	
	sample of	
	hospitals	
16	Sampling of	The data of injuries based on HIS data and the coverage of in-patient data in HIS is
	cases within	100% and 70-80% of hospital out-patient data. Therefore it is likely that all cases are not
	hospitals	covered.
17	Percentage of	16.7%
	admissions in	
	data file	
18	Relative sample	16.7%
40	size (admissions)	00.00/
19	Relative sample	82.8%
	size (ambulatory	
20	Minimum Quality	2
20	Control Checks	11
21	Average	17.4%
21	percentage of	11.170
	"unknown""	
22	Method for	Based on national figures of injury cases of hospital admissions and hospital ambulatory
	extrapolation	treatments.
	from sample to	
	national	
	incidence	
23	Reference	У
	population data	
	provided	
24	(Eventual)	Ratio of percentage of admissions in data file (16.7%) and relative sample size
	additional	(admissions) (16.7%) are same because our sample based on total no. of
	comments (for	admissions/discharges due to injuries in the country.
	the user):	
25	Responsible data	Sotsiaalministeerium, Terviseinto- ja analüüsi osakond;
	administrator	Ministry of Social Affairs, Health Information and Analysis Department;
00	(organization)	nttp://www.sm.ee/eng.ntml
20		LIIS RUUVAII
	Responsible	Eviali auuless. Liis.Ruuvali@siii.ee
	heison	telephone: 626 9158
27	Signature	
28	Date of	20140522
	completion of this	

file

Nat	lational IDB File Information (Minimum Data Set)				
1	Country	Estonia			
2	Year	2014			
3	National Register Name	Estonian statistical module of e-health information system (HIS)			
4	Purpose of the register	HIS is nationwide database that has standardized central information exchange function. That contain summaries of all patients' medical records. The aim of statistical module of HIS is to collect data for production of official health statistics.			
5	Scope of the register	Data of injuries based on ICD-10. The coverage of in-patient data in HIS is nearly 100% and over 80% of out- patient data. E.g. information of treatment and follow up is available only for in-patients.			
6	Data file name (MDS)	Estonia_2014_MDS			
7	Date of creation of MDS file	20150716			
8	Range of data of attendance	20140101 – 20141231			
9	Original coding dictionary	IDB-MDS data dictionary, last version			
10	Dictionary modifications	Modifications has not been made			
11	Bridge coding applied	ICD10 > MDS			
12	No. of records in the data file	88645			
13	No. of MDS reference hospitals	22 (included only data from acute care hospitals)			
14	Geographic scope	Max. 100 characters			
15	Hospital characteristics used for a representative sample of hospitals	Database (HIS) is nationwide and all healthcare service providing organizations are under an obligation to send all summaries of patients' medical records into database. No selection of hospitals was made, information from all hospitals was included.			
16	Sampling of cases within hospitals	Data of injuries based on ICD-10. The coverage of in-patient data in HIS is nearly 100% and over 80% of out- patient data. E.g. information of treatment and follow up is available only for in-patients.			
17	Percentage of admissions in data file	11.0% (0.3% of cases were unknown)			
18	Relative sample size (admissions)	11.0% (0.3% of cases were unknown)			
19	Relative sample size (ambulatory treatments)	88.8% (0.3% of cases were unknown)			
20	Minimum Quality Control Checks	n			
21	Average percentage of "unknown""	16.6%			
22	Method for extrapolation from sample to national incidence	Based on national figures of injury cases of hospital admissions and on national figures of injury cases of ambulatory treatments.			
23	Reference population data provided	y (Population on 1 January 2014)			
24	(Eventual) additional comments (for the user):	Ratio of percentage of admissions in data file (11.0%) and relative sample size (admissions) (11.0%) are same because our sample based on total no. of admissions/discharges due to injuries in the country.			
25	Responsible data administrator (organization)	Sotsiaalministeerium, Tervissüsteemi arendamise osakond; Ministry of Social Affairs, Health System Development Department; <u>http://www.sm.ee/en</u>			
26	Contact: Responsible person	Eleri Lapp (data analyst) eMail address: <u>Eleri.Lapp@sm.ee</u> Gonsiori 29, 15027 Tallinn telephone: 626 9137			

		Head of Department: Triin Habicht Triin.Habicht@sm.ee
27	Signature	
28	Date of completion of this	20151607
	file	

IDB-Metadata (National ID	B data file information form	n)	
Country		Estonia	
Year		2015	
Question	Specification	Answer	Comments (additional information in case of No)
	Sc	оре	
All age groups?	All age-groups covered	Y	
All injury categories	All MDS options for intent,	Y	
(home, leisure, sport,	setting and activity		
school, road, paid work,	covered		
self-harm, assault)?			
All injury mechanisms?	All MDS options for injury	Y	
	mechanism covered and		
All injung types and all	All MDS options for injury	v	
All injuly types and all body parts?	types and body parts	T	
body parts :	covered and coded		
Admissions and	All MDS options for	Y	
ambulatory treatments?	treatment and follow-up		
, , , , , , , , , , , , , , , , , , , ,	covered		
Inclusion / exclusion of ca	ases		
Only patients diagnosed	Equivalent to ICD-10 S00-	Y	
as suffering from injury?	T98 (chapter XIX)		
Consequences of medical	Equivalent to ICD-10	Y	
interventions excluded?	codes 180-188 and 198.3		
Follow up tractmonta	No double counting of	V	
excluded?		1	
Non-residents included?		Y	
	Representativen	ess of the sample	
Recommended number of	More than 10.000 cases	Y	
cases?		10	
Number of hospitals in the		19	
Recommended number of	All bospitals (nat pop	v	
hospitals?	<1m) minimum 3	1	
noophalo :	hospitals (nat. pop. 1-3m).		
	5 (nat. pop 3-12m), 7 (nat.		
	pop. 12-40m), 9 (nat. pop.		
	>40m)		
Sample of hospitals	Small, middle-size, large	Y	
balanced by hospital	hospitals included		
SIZE?		N N	
balanced by goo	rural catchmont aroas	Ť	
coverage?	included		
Sample of hospitals	General hospitals, trauma	Y	
balanced by hospital	centre or university		
type?	hospital, child clinic		
	included; Primary health		
	care and day-care centres		
	excluded		
Validation checks?	Representativeness of	Y	We have verified that
	current sample of		about 15% of inpatient
	controlled at least by ago		cases are missing from
	and type of injury		the database. In addition
			in case of ambulatory

			treatment, it is not known if the injured patient is treated in ED. We compared outpatient injury cases with aggregated ED data from National Insurance Fund by age (0-14 and 15+) and diagnose groups according to ICD-10 (S10- S19, S20-S29, etc.). The comparison showed that the data coverage in smaller diagnose groups is 70-100%. According to comparison results we decided to use all ambulatory cases except T90-T98, from hospitals that have an ED.
	Quality of	recording	
Rate of admissions?	Percentage of treatment code 1	10.2%	
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed)	5.8%	
Rate of children?	Percentage of children 0-	23.4%	
L	Ouality of a	stimated rate	
Incidence (ED presentation) rate	Crude rate, standardised for age and sex, using	Y/N	We did not calculate incidence rates
available?	Eurostat population projection by 1 January		
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	Y/N	
Recommended method of projection used (or no projection needed)?	HDR-method or EDR- method is used for projection (or IDB-MDS file contains all national cases)	Y/N	
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Y/N	
Follow-up treatments consistently excluded for projection?	If HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)	Y/N	
Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or EDR)	Y/N	
Non-residents	If HDR or EDR method is	Y/N	

consistently included for projection?	applied: non-residents included in both, IDB and HDR (or EDR)			
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	Y/N		
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	Y/N		
	Data o	lelivery		
MDS data successfully uploaded?		Y		
FDS data successfully uploaded?		Ν	No FDS data	
Reference population data file provided?	Automatic calculation of IR at IDB web-gate will be enabled	Y		
List of FDS reference hospitals provided?		Ν	No FDS data	
	National da	ata provider		
National register name (and eventual abbreviation)		Data source is Health Information System (HIS)		
Name of organization	In national language and English	Tervise Arengu Instituut / National Institute for Health Development		
Name of respondent (contact person)		Liisi Panov		
E-mail address of contact person		liisi.panov@tai.ee		
Date of completion of this form		23 Dec 2016		

IDB-Metadata (National IDB data file information form)			
Country		Estonia	
Year		2016	
Question	Specification	Answer	Comments (additional information in case of No)
	Sc	оре	
All age groups?	All age-groups covered	Υ	
All injury categories	All MDS options for intent,	Y	
(home, leisure, sport,	setting and activity		
school, road, paid work, self-harm, assault)?	covered		
All injury mechanisms?	All MDS options for injury	Y	
	mechanism covered and		
	coded		
All injury types and all	All MDS options for injury	Y	
body parts?	types and body parts		
	covered and coded		
Admissions and	All MDS options for	Y	
ambulatory treatments?	treatment and follow-up		
	covered		
Inclusion / exclusion of ca			
Only patients diagnosed	Equivalent to ICD-10 S00-	Y	
as suffering from injury?	198 (chapter XIX)		
Consequences of medical	Equivalent to ICD-10	Y	
interventions excluded?	codesT80-T88 and T98.3		
excluded			
Follow-up treatments	No double counting of	Y	
excluded?	excluded? cases		
Non-residents included?		ΙY	

Representativeness of the sample			
Recommended number of cases?	More than 10.000 cases	Y	
Number of hospitals in the sample?		19	
Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	Y	
Sample of hospitals balanced by hospital size?	Small, middle-size, large hospitals included	Y	
Sample of hospitals balanced by geo- coverage?	Hospitals with urban & rural catchment areas included	Y	
Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	Y	
Validation checks?	Representativeness of current sample of hospitals has been controlled at least by age and type of injury	Y	We excluded injnuries with ICD-10 code T90- T98 as these should not be emergency department cases.
	Quality of	recording	
Rate of admissions?	Percentage of treatment code 1	6.5%	On the basis of e-health record data, the estimated rate of admissions is 4% higher than provided here.
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).	4.1%	
Rate of children?	Percentage of children 0-	24.8%	
	14a		
	Quality of es	stimated rate	
presentation) rate available?	for age and sex, using Eurostat population projection by 1 January	Y/IN	incidence rates
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	Y/N	
Recommended method of projection used (or no projection needed)?	HDR-method or EDR- method is used for projection (or IDB-MDS file contains all national cases)	Y/N	
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Y/N	
Follow-up treatments	I IT HDR or EDR method is	Y/N	

consistently excluded for projection?	applied: follow-up treatments excluded in both, IDB and HDR (or EDR)				
Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or EDR)	Y/N			
Non-residents consistently included for projection?	If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR)	Y/N			
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	Y/N			
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	Y/N			
	Data delivery				
MDS data successfully uploaded?		Y			
FDS data successfully uploaded?		N	No FDS data		
Reference population data file provided?	Automatic calculation of IR at IDB web-gate will be enabled	Y	Last age group covers people aged 100 years and older		
List of FDS reference hospitals provided?		N	No FDS data		
	National da	ata provider	·		
National register name (and eventual abbreviation)		Estonian Health Insurance	Fund (HIF)		
Name of organization	In national language and English	Tervise Arengu Instituut / N Development	ational Institute for Health		
Name of respondent (contact person)		Liisi Panov			
E-mail address of contact person		liisi.panov@tai.ee			
Date of completion of this form		07 August 2017			

### **Finland**

Natio	National IDB File Information (Minimum Data Set) – corrected 10_2017			
1	Country	Finland		
2	Year	2010		
3	National Register Name	Hoitoilmoitusjärjestelmä (HILMO) - Care Register for Health Care		
4	Purpose of the register	HILMO is an administrative register on all hospitalizations and minor surgical operations. It also currently covers the admissions to ED's. It is held by Nat. Institute for Health and Welfare as a register official <a href="http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_healthcare">http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_healthcare</a>		
5	Scope of the register	HILMO covers all inpatient episodes, minor surgical operations and also admissions to ED. Visits to primary health care are largely missing.		
6	Data file name (MDS)	idb10_mds_final.txt		
7	Date of creation	20140428		

	of MDS file	
8	Range of data of	20100101-20101231
	attendance	
9	Original coding	Title, version no., year of issue of IDB-MDS data dictionary (e.g. September 2012),
	dictionary	translation in national language from
10	Dictionary	Describe eventual national modifications to the dictionary. Make sure that data is
	modifications	delivered in accordance with the required data dictionary.
11	Bridge coding	ICD10 > MDS
	applied	
12	No. of records in	16801
	the data file	
13	No. of MDS	222
	reference	
	hospitals	
14	Geographic	Entire country
	scope	
15	Hospital	Hospital discharges were sampled from the full data. Therefore distribution of hospitals
	characteristics	should be representative and unbiased
	used for a	
	representative	
	sample of	
	hospitals	
16	Sampling of	See above. Cases sampled from full data
10	cases within	See above. Cases sampled nom full data.
	bospitale	
17	Dereentere of	20.49/
17	Percentage of	30.4%
	doto filo	
10		400% commences drawn from the core considered in the core of this data
18		10% sample was drawn from the cases considered in the scope of this data
10	size (admissions)	
19	Relative sample	See above
	size (ambulatory	
	treatments)	
20	Minimum Quality	Yes, if the Minimum Quality Control Checks for MDS (according to chapter 8 of the
	Control Checks	JAMIE-Manual) have been carried out
21	Average	12.8% (0-66%)
	percentage of	
	"unknown""	
22	Method for	National figures can be achieved outside the sample, as sample has only been drawn to
	extrapolation	able the distribution of the data.
	from sample to	
	national	
	incidence	
23	Reference	У
	population data	
	provided	
24	(Eventual)	Inform about eventual other particularities with are relevant for data use and
	additional	interpretation
	comments (for	
L	the user):	
25	Responsible data	National Institute for Health and Welfare, Injury Prevention Unit
L	administrator	http://www.thl.fi/en_US/web/en

	(organization)	
26	Contact:	Antti Impinen
	Responsible	Address: THL P.O. Box 30, 00271 Helsinki, tel. +358-29-524 8615
	person	antti.impinen@thl.fi
27	Signature	
28	Date of	20171013
	completion of this	
	file	

Natio	National IDB File Information (Minimum Data Set) – corrected 10_2017			
1	Country	Finland		
2	Year	2011		
3	National Register Name	Hoitoilmoitusjärjestelmä (HILMO) - Care Register for Health Care		
4	Purpose of the register	HILMO is an administrative register on all hospitalizations and minor surgical operations. It also currently covers the admissions to ED's. It is held by Nat. Institute for Health and Welfare as a register official <a href="http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_healthcare">http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_healthcare</a>		
5	Scope of the register	HILMO covers all inpatient episodes, minor surgical operations and also admissions to ED		
6	Data file name (MDS)	idb_mds_final.txt		
7	Date of creation of MDS file	20131125		
8	Range of data of attendance	20110101-20111231		
9	Original coding dictionary	Title, version no., year of issue of IDB-MDS data dictionary (e.g. September 2012), translation in national language from		
10	Dictionary modifications	Describe eventual national modifications to the dictionary. Make sure that data is delivered in accordance with the required data dictionary.		
11	Bridge coding applied	ICD10 > MDS		
12	No. of records in the data file	19231		
13	No. of MDS reference hospitals	212		
14	Geographic scope	Entire country		
15	Hospital characteristics used for a representative sample of hospitals	Hospital discharges were sampled from the full data. Therefore distribution of hospitals should beb representative and unbiased		
16	Sampling of cases within hospitals	See above		
17	Percentage of admissions in data file	28.7% Proportion of 1's in "Treatment" variable		
18	Relative sample size (admissions)	10% sample was drawn from the cases considered in the scope of this data		
19	Relative sample size (ambulatory treatments)	See above		
20	Minimum Quality Control Checks	Yes, if the Minimum Quality Control Checks for MDS (according to chapter 8 of the JAMIE-Manual) have been carried out		
21	Average percentage of "unknown""	12,6% (0-67%)		

22	Method for extrapolation from sample to national incidence	National figures can be achieved outside the sample, as sample has only been drawn to able the distribution of the data.
23	Reference population data provided	У
24	(Eventual) additional comments (for the user):	Inform about eventual other particularities with are relevant for data use and interpretation
25	Responsible data administrator (organization)	National Institute for Health and Welfare, Injury Prevention Unit <u>http://www.thl.fi/en_US/web/en</u>
26	Contact: Responsible person	Antti Impinen Address: THL P.O. Box 30, 00271 Helsinki, tel. +358-29-524 8615 antti.impinen@thl.fi
27	Signature	
28	Date of completion of this file	20171013

Na	National IDB File Information (Minimum Data Set) – corrected 10_2017			
1	Country	Finland		
2	Year	2012		
3	National	Hoitoilmoitusjärjestelmä (HILMO) - Care Register for Health Care		
	Register			
	Name			
4	Purpose of	HILMO is an administrative register on all nospitalizations and minor surgical operations. It		
	the register			
		as a register official		
5	Scope of the	HII MO covers all inpatient episodes, minor surgical operations and also admissions to ED		
ľ	register	Visits to primary health care are largely missing.		
6	Data file	idb_mds_2012.txt		
	name (MDS)			
7	Date of	20140425		
	creation of			
	MDS file			
8	Range of	20120101-20121231		
	data of			
	attendance			
9	Original	Title, version no., year of issue of IDB-MDS data dictionary (e.g. September 2012), translation		
	coding	in national language from		
	dictionary			
1	Dictionary	Describe eventual national modifications to the dictionary. Make sure that data is delivered in		
0	modifications	accordance with the required data dictionary.		
1	Bridge coding	ICD10 > MDS		
1	applied			
1	NO. Of	20 645		
2	records in the			
1		199		
1  2	INU. OF IVIDS			
J	hospitals			
	nospitais			

1	Geographic	Entire country
4	scope	
1	Hospital	Hospital discharges were sampled from the full data. Therefore distribution of hospitals
5	characteristic	should be representative and unbiased
	s used for a	
	representativ	
	e sample of	
	hospitals	
1	Sampling of	See above. Cases sampled from full data.
6	cases within	
	hospitals	
1	Percentage	20.2%
7	of	percentage of 1's in "Treatment" variable
	admissions in	
	data file	
1	Relative	10% sample was drawn from the cases considered in the scope of this data
8	sample size	
	(admissions)	
1	Relative	See above
9	sample size	
	(ambulatory	
	treatments)	
2	Minimum	Yes, if the Minimum Quality Control Checks for MDS (according to chapter 8 of the JAMIE-
0	Quality	Manual) have been carried out
	Control	
	Checks	
2	Average	11.2% (0-64%)
1	percentage of	
	"unknown""	
2	Method for	National figures can be achieved outside the sample, as sample has only been drawn to able
2	extrapolation	the distribution of the data.
	from sample	
	to national	
	incidence	
2	Reference	У
3	population	
E-	data provided	
2	(Eventual)	Inform about eventual other particularities with are relevant for data use and interpretation
4	additional	
1	comments	
F	(tor the user):	
2	Responsible	National Institute for Health and Welfare, Injury Prevention Unit
5	data	http://www.thl.fi/en_US/web/en
1	administrator	
<u> </u>	(organization)	
2	Contact:	Antti Impinen
6	Responsible	Address: THL P.O. Box 30, 00271 Helsinki, tel. +358-29-524 8615
<u> </u>	person	antti.impinen@thl.fi
2	Signature	
7		
2	Date of	20171310
8	completion of	
1	this file	

Nat	National IDB File Information (Minimum Data Set) – corrected 10_2017			
1	Country	Finland		
2	Year	2013		
3	National Register Name	Hoitoilmoitusjärjestelmä (HILMO) - Care Register for Health Care		
4	Purpose of the register	HILMO is an administrative register on all hospitalizations and minor surgical operations. It also currently covers the admissions to ED's. It is held by Nat. Institute for Health and Welfare as a register official <a href="http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_health">http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_health</a> <a href="http://careregister_descriptions/careregister_health">care</a>		
5	Scope of the register	HILMO covers all inpatient episodes, minor surgical operations and also admissions to ED. Visits to primary health care are largely missing.		
6	Data file name (MDS)	idb_mds_2013.txt		
7	Date of creation of MDS file	20150626		
8	Range of data of attendance	20130101-20131231		
9	Original coding dictionary	Title, version no., year of issue of IDB-MDS data dictionary (e.g. September 2013), translation in national language from		
1 0	Dictionary modifications	Describe eventual national modifications to the dictionary. Make sure that data is delivered in accordance with the required data dictionary.		
1 1	Bridge coding applied	ICD10 > MDS		
1 2	No. of records in the	21 633		
	data file			
1 3	No. of MDS reference hospitals	190		
1 4	Geographic scope	Entire country		
1 5	Hospital characteristic s used for a representativ e sample of hospitals	Hospital discharges were sampled from the full data. Therefore distribution of hospitals should be representative and unbiased		
1 6	Sampling of cases within hospitals	See above. Cases sampled from full data.		
1 7	Percentage of admissions in data file	18.8% (proportion of 1's in the "treatment" variable)		
1 8	Relative sample size (admissions)	10% sample was drawn from the cases considered in the scope of this data		
1 9	Relative sample size (ambulatory treatments)	See above		
2 0	Minimum Quality Control Checks	Yes, if the Minimum Quality Control Checks for MDS (according to chapter 8 of the JAMIE- Manual) have been carried out		
2 1	Average percentage of "unknown""	14.3% (0-68%)		

2 2	Method for extrapolation from sample to national incidence	National figures can be achieved outside the sample, as sample has only been drawn to able the distribution of the data.
2 3	Reference population data provided	У
2 4	(Eventual) additional comments (for the user):	Inform about eventual other particularities with are relevant for data use and interpretation
2 5	Responsible data administrator (organization)	National Institute for Health and Welfare, Welfare and Health Promotion Unit <a href="http://www.thl.fi/en_US/web/en">http://www.thl.fi/en_US/web/en</a>
2 6	Contact: Responsible person	Kari Haikonen Address: THL P.O. Box 30, 00271 Helsinki, tel. +358-29-524 8433 <u>kari.haikonen@thl.fi</u>
2 7	Signature	
2 8	Date of completion of this file	20171013

Na	National IDB File Information (Minimum Data Set) – corrected 10_2017			
1	Country	Finland		
2	Year	2014		
3	National Register Name	Hoitoilmoitusjärjestelmä (HILMO) - Care Register for Health Care		
4	Purpose of the register	HILMO is an administrative register on all hospitalizations and minor surgical operations. It also currently covers the admissions to ED's. It is held by Nat. Institute for Health and Welfare as a register official <a href="http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_health.care">http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_health.care</a>		
5	Scope of the register	HILMO covers all inpatient episodes, minor surgical operations and also admissions to ED. Visits to primary health care are missing.		
6	Data file name (MDS)	idb_mds_2014.txt		
7	Date of creation of MDS file	20160208		
8	Range of data of attendance	20140101-20141231		
9	Original coding dictionary	Title, version no., year of issue of IDB-MDS data dictionary (e.g. September 2014), translation in national language from		
1 0	Dictionary modifications	Describe eventual national modifications to the dictionary. Make sure that data is delivered in accordance with the required data dictionary.		
1 1	Bridge coding applied	ICD10 > MDS		
1 2	No. of records in the data file	21 171		
1 3	No. of MDS reference hospitals	193		
1 4	Geographic scope	Entire country		
1 5	Hospital characteristic	Hospital discharges were sampled from the full data. Therefore distribution of hospitals should be representative and unbiased		

	s used for a representativ e sample of hospitals	
1 6	Sampling of cases within hospitals	See above. Cases sampled from full data.
1 7	Percentage of admissions in data file	18.8% proportion of 1's in "Treatment" variable
1 8	Relative sample size (admissions)	10% sample was drawn from the cases considered in the scope of this data
1 9	Relative sample size (ambulatory treatments)	See above
2 0	Minimum Quality Control Checks	Yes, if the Minimum Quality Control Checks for MDS (according to chapter 8 of the JAMIE- Manual) have been carried out
2 1	Average percentage of "unknown""	11.7% (0-64%)
2 2	Method for extrapolation from sample to national incidence	National figures can be achieved outside the sample, as sample has only been drawn to able the distribution of the data.
2 3	Reference population data provided	У
2 4	(Eventual) additional comments (for the user):	Inform about eventual other particularities with are relevant for data use and interpretation
2 5	Responsible data administrator (organization)	National Institute for Health and Welfare http://www.thl.fi/en_US/web/en
2 6	Contact: Responsible person	Kari Haikonen Address: THL P.O. Box 30, 00271 Helsinki, tel. +358 29 524 8433 <u>kari.haikonen@thl.fi</u>
2 7	Signature	
2 8	Date of completion of this file	20171013

-					
Na	National IDB File Information (Minimum Data Set)				
1	Country	Finland			
2	Year	2015			
3	National	Hoitoilmoitusjärjestelmä (HILMO) - Care Register for Health Care			
	Register				
	Name				
4	Purpose of the register	HILMO is an administrative register on all hospitalizations and minor surgical operations. It also currently covers the admissions to ED's. It is held by Nat. Institute for Health and Welfare			
		as a register official			
		http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_health			
		care			
5	Scope of the	HILMO covers all inpatient episodes, minor surgical operations and also admissions to ED.			
	register	Visits to primary health care are largely missing.			

6	Data file	idb_mds_2015.txt
7	Date of	20172007
'	creation of	20112001
0	MDS file	00450404 00454004
8	Range of data of	20150101-20151231
	attendance	
9	Original	Title, version no., year of issue of IDB-MDS data dictionary (e.g. September 2014), translation
	coding	in national language from
1	Dictionary	Describe eventual national modifications to the dictionary. Make sure that data is delivered in
0	modifications	accordance with the required data dictionary.
1	Bridge coding	ICD10 > MDS
1	applied	00.004
1	NO. Of records in the	23 021
~	data file	
1	No. of MDS	194
3	reference	
1	hospitals	Entire country
4	scope	Linue country
1	Hospital	Hospital discharges were sampled from the full data. Therefore distribution of hospitals
5	characteristic	should be representative and unbiased
	s used for a	
	e sample of	
	hospitals	
1	Sampling of	See above. Cases sampled from full data.
6	cases within	
1	Percentage	16.7%
7	of	Proportion of 1's in "Treatment" variable
	admissions in	
4	data file	4004 complexing draws from the constraint of the complexity of this data
1 8	sample size	10% sample was drawn from the cases considered in the scope of this data
Ũ	(admissions)	
1	Relative	See above
9	sample size	
	(ambulatory	
2	Minimum	Yes, if the Minimum Quality Control Checks for MDS (according to chapter 8 of the JAMIE-
0	Quality	Manual) have been carried out
	Control	
2	Average	6.0% (0-22.5%)
1	percentage of	
_	"unknown""	
2	Nethod for	the distribution of the data
~	from sample	
	to national	
	incidence	
2	Reference	v
3	population	
	data provided	
2	(Eventual)	Inform about eventual other particularities with are relevant for data use and interpretation
4	comments	
	(for the user):	
2	Responsible	National Institute for Health and Welfare, Welfare and Health Promotion Unit
5	data	http://www.thl.fi/en_US/web/en

	administrator	
	(organization)	
2	Contact:	Kari Haikonen
6	Responsible	Address: THL P.O. Box 30, 00271 Helsinki, tel. +358 29 524 8433
	person	kari.haikonen@thl.fi
2	Signature	
7		
2	Date of	20171013
8	completion of	
	this file	

# Germany

National IDB File Information				
Country	Germany			
Year	2010			
National Register Name	DE/BB_2010			
Purpose of the register	<ul> <li>The official statistics in Germany do not have sufficient information on the circumstances and causes of injuries</li> <li>The hospital discharge register collects data on the diagnoses of injured patients but not</li> <li>on the injury location, mechanism and circumstances</li> <li>on injuries by violence and selfharm</li> <li>The road traffic statistics gather data only on traffic accidents registered by the police but not</li> <li>on injury diagnoses</li> <li>The criminal statistics collect data only on criminal acts registered by the police, but not</li> <li>on injury diagnoses and on the context of violence</li> </ul>			
Scope of the register	All injuries			
Data file name	DE_BB_2010_idb			
Date of creation of data file	26.07.2012			
Selection criteria (for	2010.01.01 – 2010.12.31			
delimitation of reporting year)				
No. of national reference	1			
hospitals				
No. of records in the data file	3721			
Ratio admissions / ambulatory	Admission 77,5 %			
treatments	Ambulatory 20,6%			
Representativeness of sampling of hospitals	The Carl-Thiem-Klinikum is the greatest of five major hospitals for tertiary care in Brandenburg. In 20 different medical centres and four institutes about 100.000 people been treated ambulatory and admission in 2009& 2010.			
Representativeness of sampling of cases within hospitals	Full survey of all hospital cases (ICD-10: S00-T98 without T80-88)			
Data entry method	Questionnaire filled out by patients, completed in face to face interviews by a study nurse, recorded on paper and later copied into electronic form, diagnoses supplemented from hospital records			
Sample ratio for	The national discharge statistic includes only stationary cases, so the sample			
admissions/discharges due to injuries or	represents 8,3 % of the admission cases of Brandenburg.			
Alternatively: Sample ratio for	n.a.			
ED/ambulatory treatments due to injuries				
Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005 (German version)			
Dictionary modifications	-			
(Eventual) Bridge coding applied	-			
Standard Quality Control Statement	У			
Average % of "missing" (excluding date of birth)	<1%, except for sport & part of body injured			

Average % of "unknown"	<1%				
(excluding date of birth)	-				
ECHI indicator 29b	Age	male	female	all	
	0-14	8639	6192	7432	
	15-24	3595	2965	3300	
	25-64	3343	1984	2689	
	65+	5451	7021	6367	
	all	4328	3787	4055	
Method for projection of incidence rates	Based on catch	ment population			
National population reference data provided	У				
(Eventual) additional	-				
Data supplier: The National	NDA: Dr. Cobrid	olo Elloöllor Abt	ilungoloitorin (	ooundhoit Lon	dooomt für
Data Supplier. The National	NDA. DI. Gabin	dhait und Varhra		Uinederfer Diet	
	Onweit, Gesun	uneit und verbra	ucherschutz, v	vunsuoner Platz	2 3, 15606
(organization)	Zossen.				
	http://www.mug	v.brandenburg.de	e/cms/detail.ph	p/bb1.c.218809	.de
Contact: Responsible person	Daniel Koster	J			
	Landesamt für I	Imwelt Gesundt	eit und Verbra	ucherschutz	
	Abtl Gesundhe	it			
	Referat G2- Ge	sundhaitsharichte	netattuna		
	Sachhearheiter	Sunanensbenom	Jotattung		
	Wünsdorfer Pla	t <del>z</del> 3			
		12 0			
	Bhono: 0040//0	221 0771129			
	Mail: Daniel Ko	tor@LUC\/ Bror	dophura do		
Signature			idenburg.de		
Date of completion of the this	20120726				
file	20120120				

#### National IDB File Information (IDB Full Data Set)

1	Country	Germany
2	Year	2011
3	National Register Name	DE/BB_2011
4	Purpose of the register	The official statistics in Germany do not have sufficient information on the circumstances and causes of injuries The hospital discharge register collects data on the diagnoses of injured patients but not on the injury location, mechanism and circumstances on injuries by violence and selfharm The road traffic statistics gather data only on traffic accidents registered by the police but not on injury diagnoses The criminal statistics collect data only on criminal acts registered by the police, but not on injury diagnoses and on the context of violence
5	Scope of the register	-
6	Data file name (FDS)	DE_BB_2011_idb
7	Date of creation of FDS file	20130604
8	Range of data of attendance	20110101-20111231
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.3 – September 2012 (German version
10	Dictionary modifications	-
11	(Eventual) Bridge	-

	coding applied	
12	No. of records in	4084
	the data file	
13	No. of FDS	001
	reference	
	hospitals	
14	Geographic scope	Brandenburg
15	Sampling of	Questionnaire filled out by patients, completed in face to face interviews by a study
	hospitals	nurse, recorded on paper and later copied into electronic form, diagnoses supplemented
		from hospital records.
16	Sampling of cases	Full survey of all hospital cases (ICD-10: S00-T98 without T80-88)
	within hospitals	
17	Data entry method	Questionnaire filled out by patients, completed in face to face interviews by a study
		nurse, recorded on paper and later copied into electronic form, diagnoses supplemented
		from hospital records.
18	Percentage of	75.0%
	admissions in data	
	file	
19	Minimum Quality	У
	Control Checks	
20	Average	06.4%
	percentage of	
	"unknown"	
21	(Eventual)	Missings in Discription (72,9%) & Part of Body Injured (25%) !
	additional	
	comments (for the	
	user):	
22	Responsible data	NDA: Dr. Gabriele Ellsäßer, Abteilungsleiterin Gesundheit, Landesamt für Umwelt,
	administrator	Gesundheit und Verbraucherschutz, Wünsdorfer Platz 3, 15806 Zossen.
	(organization)	
	0 1 1	http://www.mugv.brandenburg.de/cms/detail.php/bb1.c.218809.de
23	Contact:	Daniel Koster
	Responsible	Landesamt für Umweit, Gesundneit und Verbraucherschutz
	person	Abti. Gesunaneit,
		Referat G2- Gesundheitsberichterstattung
		Sacribearbeilei
		15906 Zanaan
		10000 2055611 Dhone: 0040/(0)221 0771128
		Mail: Daniel Koster@LLC\/ Brandenburg de
24	Signature	
24	Data of completion	Submitted: 120605
20	of this file	

### National IDB File Information (IDB Full Data Set)

1	Country	Germany
2	Year	2012
3	National Register	DE/BB_2012
	Name	
4	Purpose of the register	The official statistics in Germany do not have sufficient information on the circumstances and causes of injuries
		The hospital discharge register collects data on the diagnoses of injured patients but not on the injury location, mechanism and circumstances
		on injuries by violence and selfharm
		The road traffic statistics gather data only on traffic accidents registered by the police but not
		on iniury diagnoses
		The criminal statistics collect data only on criminal acts registered by the police, but not on injury diagnoses and on the context of violence
5	Scope of the	-
	register	
6	Data file name	DE_BB_2012_idb
	(FDS)	
7	Date of creation of	20130604

	FDS file	
8	Range of data of	20120101-20121231
	attendance	
9	Original coding	The Injury Database (IDB) coding manual version 1.3 – September 2012 (German
	dictionary	version
10	Dictionary	-
	modifications	
11	(Eventual) Bridge	-
	coding applied	
12	No. of records in	3870
	the data file	
13	No. of FDS	001
	reference	
	hospitals	
14	Geographic scope	Brandenburg
	<b>U</b>	
15	Sampling of	Questionnaire filled out by patients, completed in face to face interviews by a study
	hospitals	nurse, recorded on paper and later copied into electronic form, diagnoses supplemented
		from hospital records.
16	Sampling of cases	Full survey of all hospital cases (ICD-10: S00-T98 without T80-88)
	within hospitals	
17	Data entry method	Questionnaire filled out by patients, completed in face to face interviews by a study
		nurse, recorded on paper and later copied into electronic form, diagnoses supplemented
		from hospital records.
18	Percentage of	69,8%
	admissions in data	
	file	
19	Minimum Quality	У
	Control Checks	
20	Average	01.7%
	percentage of	
-	"unknown"	
21	(Eventual)	-
	additional	
	comments (for the	
0.0	user):	
22	Responsible data	NDA: Dr. Gabriele Elisaiser, Abteilungsleiterin Gesundheit, Landesamt für Umwelt,
	administrator	Gesunaneit und Verbraucherschutz, Wunsdorfer Platz 3, 15806 Zossen.
	(organization)	http://www.mumumuhanhuma.do/emo/dotoil.shr/lbt4_c040000_d-
		nttp://www.mugv.brandenburg.de/cms/detail.pnp/bb1.c.218809.de
22	Contact:	Danial Kastar
23	Domaci.	Daniel NUSiel
	Responsible	Lanuesann iur Oniweit, Gesunaneit una verbraucherschutz
	person	Abli. Gesununell, Referat G2, Gesundheitsberichterstattung
		Reieral 02- Gesununensbenühlerstattung
		Münsdorfor Distz 2
		15806 Zossen
		Dhone: 00/0/(0)331-0771138
		Mail: Danial Koster@LLG\/ Brandenburg de
		าที่สีที. อิสาทธา. 103เตี ๒ - 00 พ.อาสาทีนตามนี้มีมีเนื้อ
24	Signature	
25	Date of completion	Submitted: 120605
25	of this file	
		1

Nati	National File Information (Full Data Set)			
1	Country	Germany		
2	Year	2013		
3	National Register	DE/BB_2012		
	Name			
4	Purpose of the	The official statistics in Germany do not have sufficient information on the circumstances		

	register	and causes of injuries.
		The hospital discharge register collects data on the diagnoses of injured patients but not
		on the injury location, mechanism and circumstances
		on injuries by violence and self-harm.
		The road traffic statistics gather data only on traffic accidents registered by the police but
		not on injury diagnoses.
		The criminal statistics collect data only on criminal acts registered by the police, but not
		on injury diagnoses and on the context of violence.
		Purpose of the IDB in Brandenburg is to fill in these gaps.
5	Scope of the	All injuries
	register	
6	Data file name	DE_BB_2012_idb
	(FDS)	
7	Date of creation	20140605
	of FDS file	
8	Range of data of	20130101-20131231
	attendance	
9	Original coding	The Injury Database (IDB) coding manual version 1.3 – September 2012 (German
	dictionary	version)
10	Dictionary	
<u> </u>	modifications	
11	(Eventual) Bridge	
	coding applied	
12	No. of records in	003760
	the data file	
13	No. of FDS	001
	reference	
1.1	Coographia	Drondenhura
14	Geographic	Brandenburg
15	Scope Sampling of	Cotthus hospital provides a catchment area which is representative for Brandenburg
15	bosnitals	Collous nospital provides a calchiment area which is representative for Drandenburg.
16	Sampling of	All admitted injury patients are covered. Ambulatory cases are recorded only once in a
10	cases within	week: therefore the number of ambulatory treatments is only about 1/7 of the true figure
	hospitals	This leads to the high percentage of admissions in the sample and makes it impossible to
	noophalo	apply the automatic calculation of incidence rates by the IDB web-gate. However, rates
		for Brandenburg are provided in a table below, row 21.
17	Data entry	Questionnaire filled out by patients, completed in face to face interviews by a study nurse.
	method	recorded on paper and later copied into electronic form, diagnoses supplemented from
		hospital records.
18	Percentage of	75,3%
	admissions in	See comment regarding "sampling in hospitals". True admission rate is about 30%
	data file	
19	Minimum Quality	у
	Control Checks	
20	Average	00,1%
	percentage of	
	"unknown"	
21	(Eventual)	Incidence rates cannot be obtained from the web-gate. Key incidence rates for
	additional	Brandenburg are:
	comments (for	- All injuries by age group and sex (per 100.000 inhabitants)

age	male	female	all
<5	8.411	6.680	7.580
5-9	7.210	6.335	6.746
10-14	6.995	5.755	6.472
15-19	9.179	5.245	7.312
20-24	8.687	5.406	7.272
25-29	7.876	3.948	6.182
30-34	4.715	2.356	3.635
35-39	4.435	2.946	3.763
40-44	4.938	3.210	4.079
45-49	4.242	3.697	4.002
50-54	4.138	3.883	4.034
55-59	3.079	3.781	3.389
60-64	2.884	4.395	3.481
65-69	2.707	4.558	3.493
70-74	4.960	5.819	5.365
75-79	5.694	7.128	6.445
80-84	5.277	11.280	9.153
85-89	11.555	22.739	19.593
90 u älter	24.806	27.278	26.608
Gesamt	5.428	5.598	5.505

age	male	female	all
0-14	5061	4136	4618
15-24	4272	2889	3649
25-64	2515	2319	2429
65+	4611	8764	6787
all	3402	4180	3755

	age	male	female	all
	<5	7518	5594	6594
	5-9	4365	3498	3905
	10-14	3005	2990	2999
	15-19	3314	2494	2925
	20-24	4981	3237	4229
	25-29	4103	2465	3396
	30-34	2228	1680	1977
	35-39	2148	2077	2116
	40-44	2858	1851	2358
	45-49	2342	2365	2352

		50-54	2788	2551	2692	
		55-59	1889	2608	2207	
		60-64	1897	2858	2276	
		65-69	2422	3747	2984	
		70-74	4299	4925	4594	
		75-79	5290	6506	5927	
		80-84	4721	10594	8513	
		85-89	7323	21911	17808	
		90 u älter	24430	27138	26404	
		Gesamt	3402	4180	3755	
22	Responsible data administrator (organization) Contact: Responsible person	NDA: Dr. Gabriele Ellsäßer, Abteilungsleiterin Gesundheit, Landesamt für Umwelt, Gesundheit und Verbraucherschutz , Wünsdorfer Platz 3, 15806 Zossen. <u>http://www.mugv.brandenburg.de/cms/detail.php/bb1.c.218809.de</u> Daniel Koster Landesamt für Umwelt, Gesundheit und Verbraucherschutz Abtl. Gesundheit, Referat G2- Gesundheitsberichterstattung Sachbearbeiter Wünsdorfer Platz 3 15806 Zossen Phone: 0049/(0)331-9771138 Mail: Daniel.Koster@LUGV.Brandenburg.de				
24	Signature					
25	Date of completion of this file	16.02.2015				

Nat	National IDB File Information (IDB Full Data Set)						
1	Country	Germany					
2	Year	2014					
3	National Register Name	DE/BB_2014					
4	Purpose of the register	The official statistics in Germany do not have sufficient information on the circumstances and causes of injuries The hospital discharge register collects data on the diagnoses of injured patients but not on the injury location, mechanism and circumstances on injuries by violence and selfharm The road traffic statistics gather data only on traffic accidents registered by the police but not on injury diagnoses The criminal statistics collect data only on criminal acts registered by the police, but not on injury diagnoses and on the context of violence					
5	Scope of the register						
6	Data file name (FDS)	DE_BB_2014_idb					
7	Date of creation of FDS file	20150721					
8	Range of data of attendance	20140101-20141231					
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.3 – September 2012 (German version)					

10	Dictionary					
11	(Eventual) Bridge					
	coding applied					
12	No. of records in	003815				
13	the data file	001				
15	reference hospitals	001				
14	Geographic scope	Brandenburg				
15	Sampling of	Questionnaire	filled out by pat	ients, complete	d in face to face	interviews by a study
	nospitais	from bospital re	d on paper and	later copied int	o electronic forr	n, diagnoses supplemented
16	Sampling of cases	Full survey of a	all admitted case	es (ICD-10: S0	0-T98 without T	80-88): ambulatory cases
	within hospitals	just one day pe	er week (rotated	l).		
17	Data entry method	Questionnaire	filled out by pat	ients, complete	d in face to face	e interviews by a study
		nurse, recorded	d on paper and	later copied int	o electronic forr	n, diagnoses supplemented
18	Percentage of	75,8%				
	admissions in data					
19	Minimum Quality	у				
20	Control Checks	00.1%				
	percentage of	50,170				
21	(Eventual)	Estimated rates	s cannot be obt	ained from the	EU IDB web-da	te.
	additional		400.000			
	comments (for the user):	Incidence rate	per 100.000 in	Brandenburg (a	all cases)	
	,	age	male	female	all	
		<5	9.435	8.946	9.200	
		5-9	10.194	5.357	7.628	
		10-14	8.756	5.048	7.191	
		15-19	11.267	9.793	10.567	
		20-24	9.668	6.798	8.431	
		25-29	6.942	3.377	5.404	
		30-34	7.201	3.404	5.463	
		35-39	4.177	3.067	3.676	
		40-44	3.869	2.934	3.404	
		45-49	3.962	2.627	3.375	
		50-54	4.517	3.704	4.186	
		55-59	3.855	2.445	3.231	
		60-64	3.809	4.875	4.230	
		65-69	3.619	4.983	4.198	
		70-74	3.190	6.102	4.564	
		75-79	5.725	7.496	6.653	
		80-84	10.484	11.737	11.293	
		85-89	13.833	17.962	16.801	
		90 u älter	14.658	34.552	29.156	
		Gesamt	6.001	5.756	5.889	
		Incidence rate	per 100.000 in	Brandenburg (I	ECHI 29b)	
		age	male	female	all	
		<5	7518	7412	7467	

		5-9	6298	2837	4463	
		10-14	3568	2636	3175	
		15-19	3247	5281	4213	
		20-24	4000	2914	3531	
		25-29	3601	2145	2973	
		30-34	3683	2182	2996	
		35-39	1949	1546	1767	
		40-44	2216	1398	1810	
		45-49	1915	1651	1799	
		50-54	2543	1592	2156	
		55-59	2173	1760	1990	
		60-64	2915	3794	3262	
		65-69	2964	3708	3280	
		70-74	2704	5361	3957	
		75-79	4854	6280	5601	
		80-84	10068	10632	10432	
		85-89	13670	17452	16389	
		90 u älter	13906	34412	28850	
		Gesamt	3527	4113	3793	
22	Responsible data administrator (organization)	NDA: Dr. Gabri Gesundheit un http://www.mug	iele Ellsäßer, A d Verbrauchers gv.brandenburg	bteilungsleiterir chutz , Wünsdo .de/cms/detail.	n Gesundheit, L orfer Platz 3, 15 php/bb1.c.2188	andesamt für Umwelt, 806 Zossen. 09.de
23	Contact:	Daniel Koster				
	Responsible person	Landesamt für Umwelt, Gesundheit und Verbraucherschutz Abtl. Gesundheit, Referat G2- Gesundheitsberichterstattung Sachbearbeiter Wünsdorfer Platz 3 15806 Zossen Phone: 0049/(0)331-8683838				
		Mail: Daniel.Ko	ster@LUGV.B	randenburg.de		
24	Signature					
25	Date of completion of this file					

### Greece

Nat	ational IDB File Information (IDB Full Data Set)					
1	Country Greece					
2	Year	2012				
3	National Register Name					
4	Purpose of the register					
5	Scope of the register	ALL INJURIES, ALL AGE GROUPS, ALL HOSPITAL TREATMENTS				
6	Data file name (FDS)	IDB20130814_61133 m				
7	Date of creation of FDS file	27/8/2013				
8	Range of data of	2012/04/27 – 2012/12/03				
	attendance					
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.3 – September 2012				
10	Dictionary	NONE				

	modifications	
11	(Eventual) Bridge coding applied	NOMESCO > IDB
12	No. of records in the data file	772
13	No. of FDS reference	1
	hospitals	
14	Geographic scope	ATTICA - ATHENS
15	Sampling of hospitals	INTERVIEW WITH PATIENTS - FILLING QUESTIONAIRE BY VOLUNTEERS MEDICAL STUDENTS. 1 HOSPITAL
16	Sampling of cases within hospitals	4 HOURS PER DAY FROM 2 STUDENTS. RANDOM CHOOSE OF TIME PERIOD WITHIN THE DAY
17	Data entry method	INTERVIEWS AND QUESTIONNAIRE BY MEDICAL STUNDENTS, RECORDED ON PAPER AND LATER COPIED INTO ELECTRONIC FORM COMPLETED IN FACE TO FACE.
18	Percentage of admissions in data file	11,2%
19	Minimum Quality Control Checks	NO
20	Average percentage of "unknown"	5,9%
21	(Eventual) additional comments (for the user):	
22	Responsible data	Nat. School of Public Health
	administrator	Dept. of Occupational and Industrial Hygiene
22	(organization)	Vessilies Mekropeules
23	Contact. Responsible person	Vassilius Makropoulos Email: ymakropoulos@esdy.edu.gr
24	Signature	Papatop
25	Date of completion of this file	28/8/2013

### Hungary

Nat	National IDB File Information (IDB Full Data Set)					
1	Country	Hungary				
2	Year	2013				
3	National Register	Hungarian IDB for Jamie at NIHD				
	Name					
4	Purpose of the register	This register is established as part of the implementation of Joint Action on				
		Monitoring Injuries in Europe related to the Grant Agreement for an Action				
		(Agreement Number 2010 22 05).				
5	Scope of the register	All injuries except burn cases, all age groups except children, all kind of treatments				
		(i.e. inpatients and outpatients)				
6	Data file name (FDS)	FDS_Hungary_2013.txt				
7	Date of creation of	20140506				
	FDS file					
8	Range of data of	20130301 – 20131231				
	attendance					
9	Original coding	The injury database (IDB) coding manual, data dictionary; version 1.1, June 2005				
	dictionary					
10	Dictionary	Modification only made to update the data dictionary to the version 1.3 2013.				
	modifications					
11	(Eventual) Bridge	No Bridge coding applied				
	coding applied					

12	No. of records in the data file	0003132
13	No. of FDS reference hospitals	001
14	Geographic scope	The hospital's catchment area is a part of Budapest and its outskirts.
15	Sampling of hospitals	As a minimum requirement, only one reference hospital was involved in the FDS data collection by invitation. The hospital's trauma unit serves a catchment area of 577000 residents for all type of injuries except burn and child care.
16	Sampling of cases within hospitals	Every 7 <sup>th</sup> case was covered between 20130301 – 20131231, started at 00.00 on 20130301.
17	Data entry method	The data collection was carried out by administrators who subtracted the data from hospital records. Data entry was performed via EpiData software prepared by the National Institute for Health Development according to the IDB coding manual.
18	Percentage of admissions in data file	15,8%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	06,8%
21	(Eventual) additional comments (for the user):	This data is only representative for the catchment area of the reference hospital with the below mentioned exceptions. This data refers to a 10-month-long data collection.
22	Responsible data administrator (organization)	Országos Egészségfejlesztési Intézet National Institute for Health Development www.oefi.hu
23	Contact: Responsible person	Péter Varsányi MD 1096 Budapest, Nagyvárad tér 2. +361-4288250 varsanyi.peter@oefi.antsz.hu
24	Signature	
25	Date of completion of this file	20140702

Nat	National IDB File Information (IDB Full Data Set)			
1	Country	Hungary		
2	Year	2014		
3	National Register Name	Hungarian IDB for Jamie at NIHD		
4	Purpose of the register	This register is established as part of the implementation of Joint Action on Monitoring Injuries in Europe related to the Grant Agreement for an Action (Agreement Number 2010 22 05).		
5	Scope of the register	All injuries except burn cases, all age groups except children, all kind of treatments (i.e. inpatients and outpatients)		
6	Data file name (FDS)	FDS_Hungary_2014.txt		
7	Date of creation of FDS file	20140506		
8	Range of data of attendance	20140101 – 20140228		
9	Original coding	The injury database (IDB) coding manual, data dictionary; version 1.1, June 2005		

	dictionary	
10	Dictionary modifications	Modification only made to update the data dictionary to the version 1.3 2013.
11	(Eventual) Bridge coding applied	No Bridge coding applied
12	No. of records in the data file	0000549
13	No. of FDS reference hospitals	001
14	Geographic scope	The hospital's catchment area is a part of Budapest and its outskirts.
15	Sampling of hospitals	As a minimum requirement, only one reference hospital was involved in the FDS data collection by invitation. The hospital's trauma unit serves a catchment area of 577000 residents for all type of injuries except burn and child care.
16	Sampling of cases within hospitals	Every 7 <sup>th</sup> case was covered between 20140101 – 20140228, started at 00.00 on 20140101.
17	Data entry method	The data collection was carried out by administrators who subtracted the data from hospital records. Data entry was performed via EpiData software prepared by the National Institute for Health Development according to the IDB coding manual.
18	Percentage of admissions in data file	16,6%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	05,2%
21	(Eventual) additional comments (for the user):	This data is only representative for the catchment area of the reference hospital with the below mentioned exceptions. This data refers to a 10-month-long data collection.
22	Responsible data administrator (organization)	Országos Egészségfejlesztési Intézet National Institute for Health Development www.oefi.hu
23	Contact: Responsible person	Péter Varsányi MD 1096 Budapest, Nagyvárad tér 2. +361-4288250 varsanyi.peter@oefi.antsz.hu
24	Signature	
25	Date of completion of this file	20140702

## **Iceland**

Na	National IDB File Information (Minimum Data Set)		
1	Country	Iceland	
2	Year	2010	
3	National Register Name	Landspitali University Hospital Emergency Care Unit (not a national registry).	
4	Purpose of the register	To compile information on all cases attended to at the University Hospital	
		Emergency Care Unit.	
5	Scope of the register	This register contains records of all cases attended to by the Emergency	
		Care Unit, for all ages and accident types.	
6	Data file name (MDS)	Iceland_NEW_MDS_2010.txt	
7	Date of creation of MDS file	20140613	

8	Range of data of attendance	20100101 – 20101231
9	Original coding dictionary	IDB-JAMIE Minimum Data Set (MDS). Version August 7th, 2012. English
		version.
10	Dictionary modifications	No modifications
11	Bridge coding applied	ICD10>MDS
		Conversion tables ICD-10 to IDB-nature_body part.xlsx (accessed on Jamie
		Project Documentation website on Nov. 1 <sup>st</sup> 2013.
12	No. of records in the data file	0029643
13	No. of MDS reference	001
	hospitals	
14	Geographic scope	The entire reporting country
15	Hospital characteristics used	The hospital is located in the capital city, however, it is the largest hospital in
	for a representative sample of	the country and the only tertiary care facility, and accounts for approx. 70%
	hospitals	of all hospital discharges countrywide.
16	Sampling of cases within	All cases with at least one ICD-10 diagnosis which falls within Chapter XIX,
	hospitals	according to IDB protocol.
17	Percentage of admissions in	04.1%
	data file	
18	Relative sample size	See attached
	(admissions)	
19	Relative sample size	Not available
	(ambulatory treatments)	
20	Minimum Quality Control	Yes
	Checks	
21	Average percentage of	Please see attached sheet for details.
	"unknown""	
22	Method for extrapolation from	Has not been carried out.
	sample to national incidence	
00		
23	Reference population data	res.
04		
24	(Eventual) additional	no additional comments
25	Responsible data	Directorate of Health, Division of Health Information & Research
25	administrator (organization)	Embætti landlæknis, heilbrigðisupplýsingasvið
	auministrator (organization)	http://www.landlaeknir.is/
26	Contact: Responsible person	Guðrún Kristín Guðfinnsdóttir/Edda Björk Þórðardóttir
		Directorate of Health
		Barónsstíg 47, 101 Reykjavík
		Tel 510 1900, gudkrg@landlaeknir.is / edda@landlaeknir.is
27	Signature	
28	Date of completion of this file	20140616

Na	National IDB File Information (Minimum Data Set)		
1	Country	Iceland	
2	Year	2011	
3	National Register Name	Landspitali University Hospital Emergency Care Unit (not a national registry).	
4	Purpose of the register	To compile information on all cases attended to at the University Hospital	
		Emergency Care Unit.	
5	Scope of the register	This register contains records of all cases attended to by the Emergency	
		Care Unit, for all ages and accident types.	
6	Data file name (MDS)	Iceland_NEW_MDS_2011.txt	

7	Data of an ation of MDO file	00440040
1	Date of creation of MDS file	
8	Range of data of attendance	
9	Original coding dictionary	IDB-JAMIE Minimum Data Set (MDS). Version August 7th, 2012. English version.
10	Dictionary modifications	No modifications
11	Bridge coding applied	
		Conversion tables ICD-10 to IDB-nature, body part xlsx (accessed on Jamie
		Project Documentation website on Nov. 1 <sup>st</sup> 2013
12	No. of records in the data file	0029654
13	No. of MDS reference	001
	hospitals	
14	Geographic scope	The entire reporting country
15	Hospital characteristics used	The hospital is located in the capital city, however, it is the largest hospital in
	for a representative sample of	the country and the only tertiary care facility, and accounts for approx. 70%
	hospitals	of all hospital discharges countrywide.
16	Sampling of cases within	All cases with at least one ICD-10 diagnosis which falls within Chapter XIX,
	hospitals	according to IDB protocol.
17	Percentage of admissions in	04.2%
	data file	
18	Relative sample size	See attached sheet
	(admissions)	
19	Relative sample size	Not available
	(ambulatory treatments)	
20	Minimum Quality Control	Yes
	Checks	
21	Average percentage of	Please see attached sheet for details.
	"unknown""	
22	Method for extrapolation from	Has not been carried out.
	sample to national incidence	
23	Reference population data	Yes.
<u> </u>	provided	
24	(Eventual) additional	No additional comments
	comments (for the user):	
25	Responsible data	Directorate of Health, Division of Health Information & Research.
	administrator (organization)	Freehood ( Long Hoston ( a. L. a) Harter & Standard ( A. Standard ( A. Standard ( A. Standard ( A. Standard ( A
		Embætti landiæknis, neilbrigoisupplysingasvio
		http://www.landlaeknir.is/
26	Contact: Responsible person	Directorate of Health
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		Tal 510 1000 audurg @landlaaknir ia / adda @landlaaknir ia
07	Signatura	TELSTV 1900, <u>guakrg@landlaeknir.is</u> / <u>edda@landlaeknir.is</u>
21		
28	Date of completion of this file	20140616

Na	National IDB File Information (Minimum Data Set)		
1	Country	Iceland	
2	Year	2012	
3	National Register Name	Landspitali University Hospital Emergency Care Unit (not a national registry).	
4	Purpose of the register	To compile information on all cases attended to at the University Hospital	
		Emergency Care Unit.	
5	Scope of the register	This register contains records of all cases attended to by the Emergency	
		Care Unit, for all ages and accident types.	

6	Data file name (MDS)	Iceland NEW MDS 2012.txt
7	Date of creation of MDS file	20140613
8	Range of data of attendance	20120101 – 20121231
9	Original coding dictionary	IDB-JAMIE Minimum Data Set (MDS). Version August 7th, 2012. English
10	Distingen, medifications	Version.
10	Dictionary modifications	
11	Bridge coding applied	Conversion tables ICD 10 to IDD nature, had uport view (accessed on Jamia
		Project Documentation website on Nov. 1 <sup>st</sup> 2013
12	No. of records in the data file	
13	No. of MDS reference	001
10	hospitals	
14	Geographic scope	The entire reporting country
15	Hospital characteristics used	The hospital is located in the capital city, however, it is the largest hospital in
	for a representative sample of	the country and the only tertiary care facility, and accounts for approx. 70% of
	hospitals	all hospital discharges countrywide.
16	Sampling of cases within	All cases with at least one ICD-10 diagnosis which falls within Chapter XIX,
	hospitals	according to IDB protocol.
17	Percentage of admissions in	05.3%
	data file	
18	Relative sample size	See attached
	(admissions)	
19	Relative sample size	Not available
	(ambulatory treatments)	
20	Minimum Quality Control Checks	Yes
21	Average percentage of	Please see attached sheet for details.
	"unknown""	
22	Method for extrapolation from	Has not been carried out.
	sample to national incidence	
23	Reference population data	Yes.
-	provided	
24	(Eventual) additional	No additional comments
0.5	comments (for the user):	Directorate of Health, Division of Health Information & Research
25	Responsible data	
	auministrator (organization)	Embætti landlæknis, heilbrigðisupplýsingasvið
		http://www.landlaeknir.is/
26	Contact: Responsible person	Guðrún Kristín Guðfinnsdóttir / Edda Björk Þórðardóttir
		Directorate of Health
		Barónsstíg 47, 101 Reykjavík
		Tel 510 1900, gudkrg@landlaeknir.is / edda@landlaeknir.is
27	Signature	
28	Date of completion of this file	20140616

Na	National IDB File Information (Minimum Data Set)		
1	Country	Iceland	
2	Year	2013	
3	National Register Name	Landspitali University Hospital Emergency Care Unit (not a national registry).	
4	Purpose of the register	To compile information on all cases attended to at the University Hospital Emergency Care Unit.	

5	Scope of the register	This register contains records of all cases attended to by the Emergency
		Care Unit, for all ages and accident types.
6	Data file name (MDS)	Iceland_IDB_MDS_2011
7	Date of creation of MDS file	20140613
8	Range of data of attendance	20130101 – 20131231
9	Original coding dictionary	IDB-JAMIE Minimum Data Set (MDS). Version August 7th, 2012. English
		Version.
10	Dictionary modifications	
11	Bridge coding applied	
		Conversion tables ICD-10 to IDB-nature_body part.xisx (accessed on Jamie
10	No. of records in the data file	0028579
12	No. of MDS reference	001
13	hospitals	
14	Geographic scope	The entire reporting country
15	Hospital characteristics used	The bospital is located in the capital city however, it is the largest hospital in
10	for a representative sample of	the country and the only tertiary care facility and accounts for approx 70%
	hospitals	of all hospital discharges countrywide.
16	Sampling of cases within	All cases with at least one ICD-10 diagnosis which falls within Chapter XIX,
	hospitals	according to IDB protocol.
17	Percentage of admissions in	05.2%
	data file	
18	Relative sample size	See attached
	(admissions)	
19	Relative sample size	Not available
	(ambulatory treatments)	
20	Minimum Quality Control	Yes
	Checks	
21	Average percentage of	Please see attached sheet for details.
00	"unknown""	
22	Method for extrapolation from	Has not been carried out.
	sample to national incidence	
23	Reference population data	Vas
20	provided	
24	(Eventual) additional	No additional comments
	comments (for the user):	
25	Responsible data administrator	Directorate of Health, Division of Health Information & Research.
	(organization)	
		Embætti landlæknis, heilbrigðisupplýsingasvið
<u> </u>		http://www.landlaeknir.is/
26	Contact: Responsible person	Guorun Kristin Guðfinnsdottir / Edda Björk Þórðardóttir
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27	Signature	
21	Date of completion of this file	20140616
20		

### **Ireland**

National IDB File Information (Minimum Data Set)		
1	Country	Ireland
2	Year	2013

3	National Register Name	There is no official name for the register
4	Purpose of the register	To establish the extent and nature of injury-related presentations to selected
		Irish hospitals and to provide national estimates
5	Scope of the register	The register contains data on all injury presentations to one adult (16 years and
		over) emergency department in Ireland for the year 2013
6	Data file name (MDS)	JAMIE 2013 Ireland Data MDS Final.txt
7	Date of creation of MDS	20140527
_	file	
8	Range of data of	20130101
	attendance	-
0	Original adding distingury	20131231
9	Dictionary modifications	
10	Dictionary mounications	A properties of the date in the IDP file used the conversion table ICD10 × IDP
11	Bridge coding applied	Nature/Body Part
12	No. of records in the data	0013132
	file	
13	No. of MDS reference	001
	hospitals	
14	Geographic scope	The hospital catchment area is ill-defined, but includes County Dublin and
4 -		Counties Wicklow and Kildare.
15	Hospital characteristics	The hospital is the largest emergency department in the country, treating 4% of
	used for a representative	all emergency department presentations in Ireland. The majority of its catchment
16	Sample of nospitals	All adult (16 years and alder) amorgonay department presentations involving
10	Sampling of cases within	All adult (16 years and older) emergency department presentations involving
	nospitais	from the paediatric emergency department in the bospital
17	Percentage of admissions	
.,	in data file	
18	Relative sample size	05.5%
	(admissions)	
19	Relative sample size	Not available
	(ambulatory treatments)	
20	Minimum Quality Control	Y
	Checks	
21	Average percentage of	02.3%
	"unknown""	
22	Method for extrapolation	Based on national figures of injury cases of hospital admissions. Hospital
	from sample to national	discharge data is provided for the most recent year, from the Hospital Inpatient
	incidence	Enquiry (HIPE) Department of the Irish Health Service Executive:
		http://www.hpo.ie/
23	Reference population data	У
24	provided	
24	(Eventual) additional	
25	Comments (for the user).	National Suicida Research Foundation
25	administrator	
	(organization)	www.honle
26	Contact: Responsible	Dr Eve Griffin
20	person	National Suicide Research Foundation
	poroon	4.28 Western Gateway Building
		University College Cork.
		Ireland.
		+ 353 21 420 5551 evegriffin@ucc.ie
----	----------------------------	--
27	Signature	Ene Gil
28	Date of completion of this	20140530
	file	

Nat	National IDB File Information (Minimum Data Set)		
1	Country	Ireland	
2	Year	2014	
3	National Register Name	There is no official name for the register	
4	Purpose of the register	To establish the extent and nature of injury-related presentations to selected Irish hospitals and to provide national estimates	
5	Scope of the register	The register contains data on all injury presentations to one adult (16 years and over) emergency department in Ireland for the year 2013	
6	Data file name (MDS)	JAMIE 2014 Ireland Data MDS Final.txt	
7	Date of creation of MDS file	20140527	
8	Range of data of attendance	20140101 - 20141231	
9	Original coding dictionary	IDB-JAMIE Minimum Data Set (IDB-MDS) Data Dictionary; October 2013.	
10	Dictionary modifications	n/a	
11	Bridge coding applied	A proportion of the data in the IDB file used the conversion table ICD10 > IDB Nature/Body Part	
12	No. of records in the data file	0013132	
13	No. of MDS reference hospitals	001	
14	Geographic scope	The hospital catchment area is ill-defined, but includes County Dublin and Counties Wicklow and Kildare.	
15	Hospital characteristics used for a representative sample of hospitals	The hospital is the largest emergency department in the country, treating 4% of all emergency department presentations in Ireland. The majority of its catchment population live in urban areas.	
16	Sampling of cases within hospitals	All adult (16 years and older) emergency department presentations involving injuries within the calendar year of 2014 were included. No data was collected from the paediatric emergency department in the hospital.	
17	Percentage of admissions in data file	14.1%	
18	Relative sample size (admissions)	06.7%	
19	Relative sample size (ambulatory treatments)	Not available	
For	mal quality		
20	Minimum Quality Control Checks	Y	
21	Average percentage of "unknown""	02.3%	
22	Method for extrapolation from sample to national incidence	Based on national figures of injury cases of hospital admissions. Hospital discharge data is provided for the most recent year, from the Hospital Inpatient Enquiry (HIPE) Department of the Irish Health Service Executive: http://www.hpo.ie/	
23	Reference population data provided	У	
24	(Eventual) additional comments (for the user):		
25	Responsible data	National Suicide Research Foundation	
L	administrator (organization)	www.nsrf.ie	
26	Contact: Responsible	Dr Eve Griffin,	

	person	National Suicide Research Foundation 4.28 Western Gateway Building, University College Cork, Ireland. + 353 21 420 5551 evegriffin@ucc.ie
27	Signature	Ene Getti
28	Date of completion of this file	20161021

## Italy

National IDB File Information		
Country	Italy	
Year	2010	
National Register Name	Sistema Informativo Nazionale sugli Incidenti in Ambiente di Civile Abitazione (SINIACA) – sorveglianza campionaria di pronto soccorso. National Information System on Home Accidents (SINIACA) – ED sample surveillance of home injuries + Project Integration of European Injury Statistics (INTEGRIS)	
Purpose of the register	The law n. 493 year 1999 established the National Information System on Home Accidents (SINIACA) within the National Institute of Health (Istituto Superiore di Sanità: ISS). ISS had to collect data on home injuries in collaboration with the regional epidemiological observatories and the territorial health units of the national health service. Current mortality and Hospital Discharge Register (HDR) data were used. Additionally a sample of hospital emergency departments (ED) surveyed home injuries in order to estimate the incidence of attendances at ED and characterize the injuries by external cause (place of occurrence, activity of the subject at the time of injury, mechanism of injury). In a project financed by the Ministry of Transports years ago a module was developed by ISS for ED electronic registration of road traffic accidents. In the INTEGRIS project SINIACA & DATIS have been used. A violence module has been added for intentional injuries (self-harm + assault) using directly IDB format.	
Scope of the register	SINIACA ED register setting is home accidents for all age groups and treatments. DATIS ED register setting is road traffic accidents for all age groups and treatments. IDB intentional injuries module for all age groups and treatments.	
Data file name	ITA 2010 JAMIE.txt	
Date of creation of data file	20120620	
Selection criteria (for delimitation of reporting year)	20100101 – 20101231	
No. of national reference hospitals	4: 2 home injuries & road traffic injuries & intentional injuries 1 home injuries & road traffic injuries 1 home injuries	
No. of records in the data file	17813: 9847 home injuries 4113 road traffic injuries 3420 other unintentional injuries 431 intentional injuries 24 self-harm injuries 407 assault injuries	
Ratio admissions / no. of records	07.28%: 08.12% home injuries 07.08% road traffic injuries	

	05.61% other unintentional injuries
	03.02% intentional injuries
	25.00% intentional self-harm injuries
	01.72% assault injuries
Representativeness of sampling of	The ED sample is a natural one based on voluntary participating hospitals.
hospitals	Its catchment population is equal to 0.69% of the Italian population [0.69%
	for hospitals registering home injuries (H hospitals); 0.49% for hospitals
	registering road traffic accidents (R hospitals); 0.25% for hospitals
	registering intentional injuries (V nospitals); 0.09% for the nospital
	The age say frequency distribution of ED cample catchment population is
	strictly concordant with the age-sex distribution of the Italian population [(H
	hospitals males: Kendall tau = $0.8299 \text{ ps} 0.0000$ ; females Kendal tau =
	(0.8317  p>0.0000); (R and V hospitals, males; Kendall tau = 0.76160
	p>0.0000; females Kendal tau = 0.7418 p>0.0000)]. The sample is
	distributed geographically (2 hospitals in Northern Italy; 1 in Central Italy; 1
	in Southern Italy), territorially (2 hospitals in coastal area; 2 in internal hill or
	flat area) and at urbanization level [2 hospitals in urban area (city>250,000
	inhabitants); 2 in rural area (town<70,000 inhabitants)]
Representativeness of sampling of	All cases of home injuries have been registered within H hospitals.
cases within hospitals	All cases of road traffic injuries have been registered within R hospitals.
	All cases of intentional injuries have been registered within v hospitals.
	Hospital 02 registered the other difficientional injuries.
	are general hospitals. In order not to over-estimate paediatric incident cases
	we excluded hospital 04 from the estimate of the "all ages" catchment
	population. It has been included only in "paediatric ages" catchment
	population together with the other hospitals.
Data entry method	ED department front-desk personnel (generally nurses) registering the
	patient, during the attendance procedures, directly into the hospital
	information system (HIS) by mean of the emergency care electronic modules
Comple ratio for	
Sample ratio for	U.38%:
injuries or	discharges
	aloonalgool
	0.95%
	no. of sample home + road traffic + intentional injury related discharges / no.
	of national home + road traffic + intentional injury related discharges.
	0.00%
	0.99%
	home intentional injury related discharges
	nono interneral injury rolatoù albonargool
	01.24%:
	no. of sample home injury related discharges / no. of national home injury
	related discharges.
	00.049()
	00.04%:
	traffic injury related discharges
	tranic injury related discharges.
	00.09%
	no. of sample other unintentional injury related discharges / no. of national
	other unintentional injury related discharges.
	00.45%
	00.15%
	no. or sample intentional injury related discharges / no. or national intentional injury related discharges
	injury rolated disonaryes.
	00.15%
	no. of sample intentional self-harm injury related discharges / no. of national
	intentional injury related discharges.
	00.45%
	UU.15%

	no. of sample assault injury related discharges / no. of national assault injury related discharges.
Alternatively: Sample ratio for ED/ambulatory treatments due to	n.a.
Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005 (Italian version)
Dictionary modifications	SINIACA home injuries ED simplified coding.
(Eventual) Bridge coding applied	SINIACA>IDB DATIS>IDB
Standard Quality Control Statement	У
Average % of "missing" (excluding date of birth)	04.33 %
Average % of "unknown" (excluding date of birth)	14.58 %
ECHI indicator 29b	15,507.90 ED attendances for injuries per 100,000 inhabitants in year 2010. 947.91 hospital admissions for injuries per 100,000 inhabitants in year 2010.
	6,599.83 ED attendances for home +road traffic + intentional injuries per 100.000 inhabitants in year 2010.
	529.07 hospital admissions for home + road traffic + intentional injuries per 100,000 inhabitants in year 2010.
	6,314.43 ED attendances for home +road traffic injuries per 100,000 inhabitants in year 2010.
	520.46 hospital admissions for home + road traffic injuries per 100,000 inhabitants in year 2010.
	2,394.56 ED attendances for home injuries per 100,000 inhabitants in year 2010.
	201.42 hospital admissions for home injuries per 100,000 inhabitants in year 2010.
	2,510.94 ED attendances for road traffic injuries per 100,000 inhabitants in year 2010.
	year 2010.
	6,344.14 ED attendances for other unintentional injuries per 100,000 inhabitants in year 2010. 356.13 hospital admissions for other unintentional injuries per 100,000
	inhabitants in year 2010.
	285.39 ED attendances for intentional injuries per 100,000 inhabitants in year 2010.
	08.61 hospital admissions for intentional injuries per 100,000 inhabitants in year 2010.
	15.89 ED attendances for intentional self-harm injuries per 100,000 inhabitants in year 2010.
	03.97 hospital admissions for intentional self-harm injuries per 100,000 inhabitants in year 2010.
	269.50 ED attendances for assault injuries per 100,000 inhabitants in year 2010.
	04.64 hospital admissions for assault injuries per 100,000 inhabitants in year 2010.
Method for projection of incidence rates	Catchment areas.
National population reference data provided	У
(Eventual) additional comments (for the user):	The reference population for the sample is the catchment population of the hospitals. The reference population for Italy (to which the data are projected) is the resident population of Italy.
Data supplier: The National IDB	Istituto Superiore di Sanità – reparto Ambiente e Traumi. Italian National Institute of Health – Environment and Trauma Unit
Contact: Responsible person	Istituto Superiore di Sanità – reparto Ambiente e Traumi.

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Signature	Alessio Pitidis
Date of completion of this file	20120710

Nat	National IDB File Information (Minimum Data Set)		
1	Country	Italy	
2	Year	2011	
3	National Register Name	EMUR - National Health Service Emergency Data Flow: A) ED register; A) 118	
	-	Rescue Service Register;	
4	Purpose of the register	The Ministry of Health has established by decree a national Minimum Data Set	
		for the EDs current registers. It's based essentially on the hospital EDs	
		registers and the 118 emergency rescue service registers.	
5	Scope of the register	In the ED register all the attendances for injuries are recorded. The 118 service	
		registers only the cases sent to hospital (essentially by ambulance or	
		helicopter) by the 118 operators. No other systematic deviation except 118	
		cases selection.	
6	Data file name (MDS)	TTA_2011_MDS.txt	
7	Date of creation of MDS file	20130615	
8	Range of data of	20110101-20111231	
	attendance		
9	Original coding dictionary	IDB-JAMIE manual (Version August 7th, 2012)	
10	Dictionary modifications		
11	Bridge coding applied	ICD9CM>MDS. We developed a bridge coding table from ICD-9-CM (ver.	
10		2007) to JAMIE-MDS based on the Barrel's matrix.	
12	No. of records in the data file	135956	
13	No. of MDS reference	91	
	hospitals		
14	Geographic scope	Italy (sample covering 13.5% national pop. High concordance sex-age	
		distribution and pop. density).	
15	Hospital characteristics	All hospitals in Piedmont and Tuscany served by the 118 Rescue Service: the	
	used for a representative	largest hospitals. They account for 84.5% of the whole injury inpatients in the 2	
	sample of hospitals	regions. Those hospitals account for 40.1% of all the hospitals having cases of	
40		admission for injuries	
16	Sampling of cases within	we included all 118 service database records (12.5% of the whole injury ED	
	nospitais	allendances) the only ED cases with information on the mechanism of injury. A	
		than the rest of the ED cases	
17	Percentage of admissions	21.1% (expressed as the ratio of no. of admissions to all ED attendances due to	
	in data file	iniury in the 118 sample x 100)	
18	Relative sample size	2.7% (expressed as the ratio of no. of admissions in the 118 sample to total no.	
	(admissions)	of hospital discharges due to injuries in Italy x 100)	
19	Relative sample size	2.2% (expressed as the ratio of no. of 118 sample attendances at ED to total	
	(ambulatory treatments)	no. of attendances at ED due to injury in Italy x 100)	
20	Minimum Quality Control	Yes	
	Checks		
21	Average percentage of	8.1% (narrative description not included).	
	"unknown""		
22	Method for extrapolation	The method for extrapolation from sample to national incidence is based on	
	from sample to national	national figures of injury cases of hospital admissions.	
	Deference		
23	Reference population data	I Yes	

	provided	
24	(Eventual) additional	
	comments (for the user):	
25	Responsible data	Italian National Institute of Health
	administrator (organization)	Department of Environment and Primary Prevention
		Unit of Environment and Trauma
		www.iss.it/casa
26	Contact: Responsible	Mr Alessio Pitidis
	person	Viale Regina Elena, 299
		00161 Rome (Italy),
		Telephone: +39 6 49902181
		Email: darat@iss.it
27	Signature	
28	Date of completion of this	20130615
	file	

Nat	National IDB File Information (Full Data Set)		
1	Country	Italy	
2	Year	2011	
3	National Register Name	1) SINIACA; 2) DATIS; 3) IDB violence	
4	Purpose of the register	1) home injury information system; 2) road traffic accidents ED surveillance, 3)	
		IDB surveillance of assault and self-harm injuries	
5	Scope of the register	1) home injuries attendances at ED; road traffic injuries attendances at ED;	
		assault and self-harm attendances at ED with IDB coding. No other systematic	
		deviation except selection of cases of home injuries, road traffic injuries and	
		violence injuries.	
6	Data file name (FDS)	ITA_2011_FDS.txt	
7	Date of creation of FDS file	20140627	
8	Range of data of attendance	20110101-20111231 for 12 hospitals	
9	Original coding dictionary	1) SINIACA; 2) DATIS; 3) JAMIE-FDS (IDB all injuries coding manual ver. 1.1 June 2005)	
10	Dictionary modifications		
11	Bridge coding applied	SINIACA>IDB bridge coding; DATIS>IDB bridge coding; ICD9-CM>FDS bridge	
		coding based on the Barrel's matrix.	
12	No. of records in the data	21663	
	file		
13	No. of FDS reference hospitals	12 (12 home injuries; 3 road traffic injuries ; 4 violent injuries)	
14	Geographic scope	Italy (sample covering 1.3% national pop. High concordance sex-age distribution).	
15	Hospital characteristics used for a representative sample of hospitals	11 general hospitals and 1 paediatric national hospital. Hospitals distributed in: urban area (2), middle urban area (4) and rural area (6); coastal area (4), hill or flat area (6), mountain area (2).	
16	Sampling of cases within hospitals	All home injury cases in all hospitals. All road traffic injury cases in 3 hospitals. All assault or self-harm cases in 4 hospitals.	
17	Percentage of admissions in data file	9.87% (expressed as the ratio of no. of admissions to all ED attendances due to injury in the sample x 100)	
18	Relative sample size	1.5% (expressed as the ratio of no. of admissions in the FDS sample to total	
	(admissions)	no. of hospital discharges due to injuries for home injuries, road traffic injuries	
		or violent injuries in Italy x 100)	
19	Relative sample size	0.3% (expressed as the ratio of no. of FDS sample attendances at ED to total	
	(ambulatory treatments)	no. of attendances at ED due to injury in Italy x 100)	
20	Minimum Quality Control	Yes	
21	Average percentage of "unknown""	10.9% (missing and unknown narrative description not included).	

-		
22	Method for extrapolation from sample to national incidence	The method for extrapolation from sample to national incidence is based on national figures of injury cases of hospital admissions.
23	Reference population data provided	Yes
24	(Eventual) additional comments (for the user):	
25	Responsible data administrator (organization)	Italian National Institute of Health Department of Environment and Primary Prevention Unit of Environment and Trauma www.iss.it/casa
26	Contact: Responsible person	Mr Alessio Pitidis Viale Regina Elena, 299 00161 Rome (Italy), Telephone: +39 6 49902181 Email: darat@iss.it
27	Signature	
28	Date of completion of this file	20140630

Nat	National IDB File Information (Minimum Data Set)		
1	Country	Italy	
2	Year	2012	
3	National Register Name	EMUR - National Health Service Emergency Data Flow: A) ED register; A) 118 Rescue Service Register;	
4	Purpose of the register	The Ministry of Health has established by decree a national Minimum Data Set for the EDs current registers. It's based essentially on the hospital EDs registers and the 118 emergency rescue service registers.	
5	Scope of the register	In the ED register all the attendances for injuries are recorded. The 118 service registers only the cases sent to hospital (essentially by ambulance or helicopter) by the 118 operators. No other systematic deviation except 118 cases selection.	
6	Data file name (MDS)	ITA_2012_MDS.txt	
7	Date of creation of MDS file	20140627	
8	Range of data of attendance	20120101-20121231	
9	Original coding dictionary	IDB-JAMIE manual (Version August 7th, 2012)	
10	Dictionary modifications		
11	Bridge coding applied	ICD9CM>MDS. We developed a bridge coding table from ICD-9-CM (ver. 2007) to JAMIE-MDS based on the Barrel's matrix.	
12	No. of records in the data file	140370	
13	No. of MDS reference hospitals	95	
14	Geographic scope	Italy (sample covering 15.7% national pop. High concordance sex-age distribution and pop. density).	
15	Hospital characteristics used for a representative sample of hospitals	All hospitals in Piedmont, Tuscany and Abruzzo served by the 118 Rescue Service: the largest hospitals. They account for 89.1% of the whole injury inpatients in the 3 regions. Those hospitals account for 43.0% of all the hospitals having cases of admission for injuries	
16	Sampling of cases within hospitals	We included all 118 service database records (13.0% of the whole injury ED attendances) the only ED cases with information on the mechanism of injury. A possible selection bias refers to the greater severity of injuries (on average) than the rest of the ED cases.	

17	Percentage of admissions in data file	18.6% (expressed as the ratio of no. of admissions to all ED attendances due to injury in the 118 sample x 100)
18	Relative sample size (admissions)	2.8% distribution (expressed as the ratio of no. of admissions in the 118 sample to total no. of hospital discharges due to injuries in Italy x 100)
19	Relative sample size (ambulatory treatments)	1.9% distribution (expressed as the ratio of no. of 118 sample attendances at ED to total no. of attendances at ED due to injury in Italy x 100)
20	Minimum Quality Control Checks	Yes
21	Average percentage of "unknown""	11.6% (narrative description not included).
22	Method for extrapolation from sample to national incidence	The method for extrapolation from sample to national incidence is based on national figures of injury cases of hospital admissions.
23	Reference population data provided	Yes
24	(Eventual) additional comments (for the user):	
25	Responsible data administrator (organization)	Italian National Institute of Health Department of Environment and Primary Prevention Unit of Environment and Trauma www.iss.it/casa
26	Contact: Responsible person	Mr Alessio Pitidis Viale Regina Elena, 299 00161 Rome (Italy), Telephone: +39 6 49902181 Email: darat@iss.it
27	Signature	
28	Date of completion of this file	20140630

Nat	National IDB File Information (IDB Full Data Set)		
1	Country	Italy	
2	Year	2012	
3	National Register Name	1) SINIACA; 2) DATIS; 3) IDB violence	
4	Purpose of the register	1) home injury information system; 2) road traffic accidents ED surveillance, 3)	
	-	IDB surveillance of assault and self-harm injuries	
5	Scope of the register	1) home injuries attendances at ED; road traffic inuries attendances at ED;	
		assault and self-harm attendances at ED with IDB coding. No other systematic	
		deviation except selection of cases of home injuries, road traffic injuries and	
		violence injuries.	
6	Data file name (FDS)	ITA_2012_FDS.txt	
7	Date of creation of FDS file	20132607	
8	Range of data of attendance	20120101-20121231	
9	Original coding dictionary	1) SINIACA; 2) DATIS; 3) JAMIE-FDS (IDB all injuries coding manual ver. 1.1	
		June 2005)	
10	Dictionary modifications		
11	Bridge coding applied	SINIACA>IDB bridge coding; DATIS>IDB bridge coding; ICD9-CM>FDS bridge	
		coding based on the Barrel's matrix.	
12	No. of records in the data	26346	
	file		
13	No. of FDS reference	10 (10 home injuries; 4 road traffic injuries; 4 violent injuries)	
	hospitals		
14	Geographic scope	Italy (sample covering 1.3% national pop. High concordance sex-age	
		distribution).	
15	Hospital characteristics used	9 general hospitals and 1 paediatric national hospital. Hospitals distributed in:	
	for a representative sample	urban area (2), middle urban area (3) and rural area (5); coastal area (4), hill or	
	of hospitals	flat area (5), mountain area (1).	
16	Sampling of cases within	All home injury cases in all hospitals. All road traffic injury cases in 4 hospitals.	

	hospitals	All assault or self-harm cases in 4 hospitals.
17	Percentage of admissions	07.0% (expressed as the ratio of no. of admissions to all ED attendances due
	in data file	to injury in the sample x 100)
18	Relative sample size	00.6% (expressed as the ratio of no. of admissions in the FDS sample to total
	(admissions)	no. of hospital discharges due to injuries for home injuries, road traffic injuries
		or violent injuries in Italy x 100)
19	Relative sample size	00.4% (expressed as the ratio of no. of FDS sample attendances at ED to total
	(ambulatory treatments)	no. of attendances at ED due to injury in Italy x 100)
20	Minimum Quality Control	Yes
	Checks	
21	Average percentage of	09.5% (missing and unknown narrative description not included).
	"unknown""	
22	Method for extrapolation	The method for extrapolation from sample to national incidence is based on
	from sample to national	national figures of injury cases of hospital admissions.
23	Reference population data	Yes
0.4		
24	(Eventual) additional	
05	comments (for the user):	
25	Responsible data	Italian National Institute of Health
	administrator (organization)	Department of Environment and Primary Prevention
26	Contact: Rosponsible	WWW.ISS.IVCasa
20	Contact. Responsible	Viele Regine Flore, 200
	person	00161 Regula Elelia, 299
		Telephone: $\pm 30.6 \ 40002181$
		Email: darat@iss it
27	Signature	
20	Date of completion of this	20120721
20		

Nat	National IDB File Information (Full Data Set)		
1	Country	Italy	
2	Year	2013	
3	National Register Name	1) SINIACA; 2) DATIS; 3) IDB violence	
4	Purpose of the register	1) home injury information system; 2) road traffic accidents ED surveillance, 3) IDB surveillance of assault and self-harm injuries	
5	Scope of the register	1) home injuries attendances at ED; road traffic injuries attendances at ED; assault and self-harm attendances at ED with IDB coding. No other systematic deviation except selection of cases of home injuries, road traffic injuries and violence injuries.	
6	Data file name (FDS)	ITA_2013_FDS.txt	
7	Date of creation of FDS file	20140627	
8	Range of data of attendance	20130101-20131231 for 7 hospitals 20130101-20130431 for 1 hospital (Aosta) 20131001-20131231 for 1 hospital (Turin)	
9	Original coding dictionary	1) SINIACA; 2) DATIS; 3) JAMIE-FDS (IDB all injuries coding manual ver. 1.1 June 2005)	
10	Dictionary modifications		
11	Bridge coding applied	SINIACA>IDB bridge coding; DATIS>IDB bridge coding; ICD9-CM>FDS bridge coding based on the Barrel's matrix.	
12	No. of records in the data file	22305	
13	No. of FDS reference hospitals	9 (9 home injuries; 6 road traffic injuries; 2 violent injuries)	
14	Geographic scope	Italy (sample covering 1.1% national pop. High concordance sex-age distribution).	

15	Hospital characteristics used	8 general bespitals and 1 pagdiatric pational bespital. Hespitals distributed in:
15		o general hospitals and i paeulatic hational hospital. Hospitals distributed in.
	for a representative sample	urban area (3), middle urban area (2) and rural area (4), coastal area (4), nill or
	of hospitals	flat area (4), mountain area (1 aggiornare).
16	Sampling of cases within	All home injury cases in all hospitals. All road traffic injury cases in 6 hospitals.
	hospitals	All assault or self-harm cases in 2 hospitals.
17	Percentage of admissions	7.5% (expressed as the ratio of no. of admissions to all ED attendances due to
	in data file	injury in the sample x 100)
18	Relative sample size	1.2% (expressed as the ratio of no. of admissions in the FDS sample to total
	(admissions)	no. of hospital discharges due to injuries for home injuries, road traffic injuries
		or violent injuries in Italy x 100)
19	Relative sample size	0.3% (expressed as the ratio of no. of FDS sample attendances at ED to total
	(ambulatory treatments)	no. of attendances at ED due to injury in Italy x 100)
20	Minimum Quality Control	Yes
	Checks	
21	Average percentage of	9.5% (missing and unknown narrative description not included).
	"unknown""	
22	Method for extrapolation	The method for extrapolation from sample to national incidence is based on
	from sample to national	national figures of injury cases of hospital admissions.
	incidence	
23	Reference population data	Yes
	provided	
24	(Eventual) additional	
	comments (for the user):	
25	Responsible data	Italian National Institute of Health
	administrator (organization)	Department of Environment and Primary Prevention
		Unit of Environment and Trauma
		www.iss.it/casa
26	Contact: Responsible	Mr Alessio Pitidis
	person	Viale Regina Elena, 299
	•	00161 Rome (Italy).
		Telephone: +39 6 49902181
		Email: darat@iss.it
27	Signature	
28	Date of completion of this	20140630
	file	
L		

Nat	National IDB File Information (Minimum Data Set)		
1	Country	Italy	
2	Year	2013	
3	National Register Name	EMUR - National Health Service Emergency Data Flow: A) ED register; B) 118 Rescue Service Register	
4	Purpose of the register	The Ministry of Health has established by decree a national Minimum Data Set for the EDs current registers. It's based essentially on the hospital EDs registers and the 118 emergency rescue service registers.	
5	Scope of the register	In the ED register all the attendances for injuries are recorded. The 118 service registers only the cases sent to hospital (essentially by ambulance or helicopter) by the 118 operators. No other systematic deviation except 118 cases selection.	
6	Data file name (MDS)	ITA_2013_MDS.txt	
7	Date of creation of MDS file	20150810	
8	Range of data of attendance	20130101-20131231	
9	Original coding dictionary	IDB-JAMIE manual (Version August 7th, 2012)	
10	Dictionary modifications		
11	Bridge coding applied	ICD9CM>MDS. We developed a bridge coding table from ICD-9-CM (ver. 2007) to JAMIE-MDS based on the Barrel's matrix.	
12	No. of records in the data	181.873	

13     No. of MDS reference     124       hospitals     14     Geographic scope     All the population of four Italian Regions (18.1% of the Italian population)	
14 Geographic scope All the population of four Italian Regions (18.1% of the Italian populat	
1 14 LGeodraphic scope I All the population of tour Italian Regions (18,1% of the Italian populat	
Pindependition of the light international and the second s	ION):
Sardinia (Idlanda)	laiy),
45 Honsital oberatoriation All the honsitale of Diadmont Tungany, Abruzzi Sordinia	
used for a representative	
sample of hospitals	
16 Sample of nospitals	cue service
hospitals (ambulance or helicopter) are included. They are to the 14.0% of the	whole
injury ED attendances. A possible selection bias refers to the greater	severity of
injuries (on average) than the rest of the ED cases.	,,,,,,,,,,,,,
17 Percentage of admissions 24.7% (expressed as the ratio of no. of admissions to all ED attendar	nces due to
in data file injury in the 118 sample x 100)	
18 Relative sample size 7.2% (expressed as the ratio of no. of admissions in the 118 sample	to total no.
(admissions) of hospital discharges due to injuries in Italy x 100)	
19       Relative sample size       2.9% (expressed as the ratio of no. of 118 sample attendances at ED	) to total no.
(ambulatory treatments) of attendances at ED due to injury in Italy x 100	
20 Minimum Quality Control Yes, if the Minimum Quality Control Checks for MDS (according to ch	apter 8 of
Checks the JAMIE-Manual) have been carried out	
21 Average percentage of 11.0% (Average ratio of values starting with 9 (9, 99, 999 etc.) to all c	lata fields
UIIKIOWII IIII Dialik)	and an
22 Internot for extrapolation The method for extrapolation from sample to national incidence is ba	sed on
23 Reference population data Reference population data shall be provided in the requested format	in order to
provided allow for the calculation of crude incidence rates	
24 (Eventual) additional Inform about eventual other particularities with are relevant for data u	ise and
comments (for the user): interpretation	
comments (for the user):         interpretation           25         Responsible data         Italian National Institute of Health	
comments (for the user):         interpretation           25         Responsible data administrator         Italian National Institute of Health Department of Environment and Primary Prevention	
comments (for the user):interpretation25Responsible data administrator (organization)Italian National Institute of Health Department of Environment and Primary Prevention Unit of Environment and Trauma	
comments (for the user):       interpretation         25       Responsible data administrator (organization)       Italian National Institute of Health Department of Environment and Primary Prevention Unit of Environment and Trauma www.iss.it/casa	
comments (for the user):       interpretation         25       Responsible data administrator (organization)       Italian National Institute of Health Department of Environment and Primary Prevention Unit of Environment and Trauma www.iss.it/casa         26       Contact: Responsible       Mr Alessio Pitidis	
comments (for the user):       interpretation         25       Responsible data administrator (organization)       Italian National Institute of Health Department of Environment and Primary Prevention Unit of Environment and Trauma www.iss.it/casa         26       Contact: Responsible person       Mr Alessio Pitidis Viale Regina Elena, 299	
comments (for the user):       interpretation         25       Responsible data administrator (organization)       Italian National Institute of Health Department of Environment and Primary Prevention Unit of Environment and Trauma www.iss.it/casa         26       Contact: Responsible person       Mr Alessio Pitidis Viale Regina Elena, 299 00161 Rome (Italy), Talemenerse 20.0 (0000404)	
comments (for the user):       interpretation         25       Responsible data administrator (organization)       Italian National Institute of Health Department of Environment and Primary Prevention Unit of Environment and Trauma www.iss.it/casa         26       Contact: Responsible person       Mr Alessio Pitidis Viale Regina Elena, 299 00161 Rome (Italy), Telephone: +39 6 49902181	
comments (for the user):       interpretation         25       Responsible data administrator (organization)       Italian National Institute of Health Department of Environment and Primary Prevention Unit of Environment and Trauma www.iss.it/casa         26       Contact: Responsible person       Mr Alessio Pitidis Viale Regina Elena, 299 00161 Rome (Italy), Telephone: +39 6 49902181 Email: darat@iss.it	
comments (for the user):       interpretation         25       Responsible data administrator (organization)       Italian National Institute of Health Department of Environment and Primary Prevention Unit of Environment and Trauma www.iss.it/casa         26       Contact: Responsible person       Mr Alessio Pitidis Viale Regina Elena, 299 00161 Rome (Italy), Telephone: +39 6 49902181 Email: darat@iss.it         27       Signature       20150927	

### National IDB File Information (IDB Full Data Set)

1	Country	Italy
2	Year	2014
3	National Register	1) SINIACA; 2) DATIS; 3) IDB violence
	Name	
4	Purpose of the	1) home injury information system; 2) road traffic accidents ED surveillance, 3) IDB
	register	surveillance of assault and self-harm injuries
5	Scope of the	1) home injuries attendances at ED; road traffic inuries attendances at ED; assault and
	register	self-harm attendances at ED with IDB coding. No other systematic deviation except
		selection of cases of home injuries, road traffic injuries and violence injuries.
6	Data file name	ITA_2014_FDS.txt
	(FDS)	
7	Date of creation of	20150810
	FDS file	
8	Range of data of	20140101-20141231
	attendance	
9	Original coding	1) SINIACA; 2) DATIS; 3) JAMIE-FDS (IDB all injuries coding manual ver. 1.1 June
	dictionary	2005)
10	Dictionary	Describe eventual national modifications to the dictionary. Make sure that data is
	modifications	delivered in accordance with the required data dictionary.

11	(Eventual) Bridge coding applied	SINIACA>IDB bridge coding; DATIS>IDB bridge coding; ICD9-CM>FDS bridge coding based on the Barrel's matrix.
12	No. of records in the data file	25,137
13	No. of FDS reference hospitals	10 (10 home injuries; 6 road traffic injuries; 3 violent injuries)
14	Geographic scope	Italy (sample covering 1.4% of the national population)
15	Sampling of hospitals	9 general hospitals and 1 paediatric national hospital. Hospitals distributed in: urban area (3), middle urban area (1) and rural area (6); coastal area (4), hill or flat area (5), mountain area (1).
16	Sampling of cases within hospitals	All home injury cases in all hospitals. All road traffic injury cases in 6 hospitals. All assault or self-harm cases in 3 hospitals.
17	Data entry method	Electronic form filled out by nurses and other ED personnel dedicated to patient's admission; diagnoses assigned by ED medical personnel; external causes of trauma later on completed by dedicated codifiers on the basis of anamnestic reports. Pitidis A. et al. Injury surveillance at the Emergency Department: an Italian simplified coding system (SINIACA) for the European Injury Database. 2015, v, 91 p. Rapporti ISTISAN 15/10 (in Italian) http://www.iss.it/publ/index.php?lang=1&id=2872&tipo=5
18	Percentage of admissions in data file	08.0% (expressed as the ratio of no. of admissions to all ED attendances due to injury in the sample x 100)
19	Minimum Quality Control Checks	Yes, if the Minimum Quality Control Checks for FDS (according to chapter 8 of the JAMIE-Manual) have been carried out
20	Average percentage of "unknown"	12.94% Average ratio of values starting with 9 (9, 99, 999 etc.) to all data fields not left blank (missing 1.26% and unknown narrative description not included)
21	(Eventual) additional comments (for the user):	The reference population for FDS sample of hospitals has been calculated with the method for extrapolation based on national figures of hospital admissions.
22	Responsible data administrator (organization)	Italian National Institute of Health Department of Environment and Primary Prevention Unit of Environment and Trauma www.iss.it/casa
23	Contact: Responsible person	Mr Alessio Pitidis Viale Regina Elena, 299 00161 Rome (Italy), Telephone: +39 6 49902181 Email: darat@iss.it
24	Signature	
25	Date of completion of this file	20150927

## **Latvia**

#### National IDB file information LATVIA Country 2010 Year National Register Name Register of the patients with particular diseases about patients who have suffered injuries (Injury Register). Purpose of the Register Purpose of the Register is to collect data on hospitalized patients with injuries form in-patient hospitals in Latvia. The legal base internationally is EU Recommendation on the prevention of injuries and the promotion of safety. Locally the Injury Register works on the framework of Cabinet of Ministers regulation Nr.746 accepted in 15 of September, 2008. Due to implementation of Cabinet of Ministers regulation Nr.746 data are collected Scope of the Register only about in-patients. But there are still some hospitals that provide information about out-patients voluntary. No other systemic deviations are observed. Data file name IDB\_2010\_Latvia Date of creation of data file 24.04.2012. Selection criteria (for 20100101 to 20101231 delimitation of reporting year) No. of national reference 21 hospitals

hospitals	
No. of records in the data file	20752 records in the database of 2010
Ratio admissions/ all records	56.01%
Representativeness of	21 from 24 national in-patient hospitals sent information about injuries. Legislation
sampling of hospitals	determines that in-patient injuries should be collected. Only two of the hospitals
	provided information on ambulatory treated injuries voluntary. No publications
	available.
Representativeness of	Regarding legal framework information should be sent about each hospitalized
sampling of cases within	patient with injuries from all in-patient hospitals. Due to recent changes in
hospitals	legislation and lack of financial resources not all hospitals can provide information
	about all patients. No publications available.
Data entry method	Staff of health care institution interview patients and Injury Register online system
	users (data operators) fill in the information electronically in the software program.
	Data operators usually are one or more persons from the hospital staff.
Sample ratio for	38.98%
admissions/discharges due	
to injuries	
Original coding dictionary	The Injury Database Coding Manual: Version 1.1 June 2005; Latvian language
Dictionary modifications	No
Bridge coding applied	From ICD-10 to IDB (ICD-10 codes of diagnosis – IDB type of injury, part of body
	injured). Please see attached Excel file "ICD-10_and_IDB_LV"
Average % of "missing"	0.00% Type 2 of injury, Part 2 of the body injured and narrative is not included in
(excluding date of birth)	the calculation of average % of "missing" as these are not mandatory fields in the
	Injury Register.
Average % of "unknown"	1.18%
(excluding date of birth)	
ECHI indicator 29b	Please see attached Excel file "ECHIM_2010_LV"
Method for projection of	National figures of injury cases of hospital admissions. Please see attached Excel
incidence rates	file "LATVIA Calculation of IDB Incidence Rates and National Estimates – 2010"
National population reference	Yes. Please see attached Excel file "Average_population_2010_LV"
data provided	
Additional comments	In Autumn 2008 changes in legislation were made that hospitals must provide
	information to register only about inpatient injuries. However, there were still some
	hospitals that provided outpatient injuries. Due to this in Year 2009 decreased IDB
	Incidence Rate.
Data supplier: The National	Centre for Disease Prevention and Control
IDB Data Administrator	22 Duntes Street, LV-1005, Riga, Latvia
(organization)	lana Lanikaana
Contact (NDA)	Jana Lepiksone, Deputy director of Health Statistics and Research Department
	Centre for Disease Broughtion and Control
	22 Duntes Street 1 V-1005 Riga
	Tel +371 7501500
	Fay ±371 7501501
	F-mail: jana leniksone@snkc.gov.lv
	Internet: www.snkc.gov.lv
Signature	interret: www.spite.gov.iv
Date of completion of this file	26.04.2012
Date of completion of this file	

Nat	National IDB File Information (IDB Full Data Set)		
1	Country	Latvia	
2	Year	2011	
3	National Register Name	Register of the patients with particular diseases about patients who have suffered injuries.	
4	Purpose of the register	Purpose of the Register is to collect data on hospitalized patients with injuries from in-patient hospitals in Latvia. The legal base internationally is EU Recommendation on the prevention of injuries and the promotion of safety. Locally the Injury Register works in the framework of Cabinet of Ministers regulation Nr.746 accepted in 15 of September, 2008.	
5	Scope of the register	Due to implementation of Cabinet of Ministers regulation Nr.746 data are collected only about in-patients. But there are still some hospitals that provide	

		information about out-patients voluntary. No other systemic deviations are
		observed.
6	Data file name (FDS)	IDB_2011_Latvia
7	Date of creation of FDS file	27.05.2013.
8	Range of data of attendance	20110101-20111231
9	Original coding dictionary	The Injury Database Coding Manual: Version 1.1 June 2005; Latvian
10	Dictionary modifications	No
11	(Eventual) Bridge coding applied	From ICD-10 to IDB (ICD-10 codes of diagnosis – IDB type of injury, part of body injured). Please see attached Excel file "ICD-10_and_IDB_LV"
12	No. of records in the data file	19075 records in the database of 2011
13	No. of FDS reference hospitals	21
14	Geographic scope	Latvia
15	Sampling of hospitals	21 from 24 national in-patient hospitals sent information about injuries. Legislation determines that in-patient injuries should be collected. Only two of the hospitals provided information on ambulatory treated injuries voluntary. No publications available.
16	Sampling of cases within hospitals	Regarding legal framework information should be sent about each hospitalized patient with injuries from all in-patient hospitals. Due to recent changes in legislation and lack of financial resources not all hospitals can provide information about all patients. No publications available.
17	Data entry method	Staff of health care institution interview patients and Injury Register online system users (data operators) fill in the information electronically in the software program. Data operators usually are one or more persons from the hospital staff.
18	Percentage of admissions in data file	65.7%
19	Minimum Quality Control Checks	Yes
20	Average percentage of "unknown"	3.4%
21	(Eventual) additional comments (for the user):	
22	Responsible data administrator (organization)	Centre for Disease Prevention and Control of Latvia 22 Duntes Street, LV-1005, Riga, Latvia Research, Statistics and Health Promotion Department Slimību profilakses un kontroles centrs, Duntes iela 22, LV-1005, Rīga Pētniecības, statistikas un veselības veicināšanas departaments http://www.spkc.gov.lv/
23	Contact: Responsible person	Jana Lepiksone, Director of Research, Statistics and Health Promotion Department Centre for Disease Prevention and Control of Latvia 22 Duntes Street, LV-1005, Riga Tel.+371 67387654 E-mail: jana.lepiksone@spkc.gov.lv Internet: www.spkc.gov.lv
24	Signature	
25	Date of completion of this file	20130529

National IDB File Information (IDB Full Data Set)

1	Country	Latvia		
2	Year	2012		
3	National Register Name	Register of the patients with particular diseases about patients who have suffered injuries.		
4	Purpose of the register	Purpose of the Register is to collect data on hospitalized patients with injuries from in-patient hospitals in Latvia. The legal base internationally is EU Recommendation on the prevention of injuries and the promotion of safety. Locally the Injury Register works in the framework of Cabinet of Ministers regulation Nr.746 accepted in 15 of September, 2008.		
5	Scope of the register	Due to implementation of Cabinet of Ministers regulation Nr.746 data are collected only about in-patients. But there are still some hospitals that provide information about out-patients voluntary. No other systemic deviations are observed.		
6	Data file name (FDS)	IDB_2012_Latvia		
7	Date of creation of FDS file	27.05.2013.		
8	Range of data of attendance	20120101-20121231		
9	Original coding dictionary	The Injury Database Coding Manual: Version 1.1 June 2005; Latvian language		
10	Dictionary modifications	No		
11	(Eventual) Bridge coding applied	From ICD-10 to IDB (ICD-10 codes of diagnosis – IDB type of injury, part of body injured). Please see attached Excel file "ICD-10_and_IDB_LV"		
12	No. of records in the data file	18060 records in the database of 2012		
13	No. of FDS reference hospitals	21		
14	Geographic scope	Latvia		
15	Sampling of hospitals	21 from 24 national in-patient hospitals sent information about injuries. Legislation determines that in-patient injuries should be collected. Only two of the hospitals provided information on ambulatory treated injuries voluntary. No publications available.		
16	Sampling of cases within hospitals	Regarding legal framework information should be sent about each hospitalized patient with injuries from all in-patient hospitals. Due to recent changes in legislation and lack of financial resources not all hospitals can provide information about all patients. No publications available.		
17	Data entry method	Staff of health care institution interview patients and Injury Register online system users (data operators) fill in the information electronically in the software program. Data operators usually are one or more persons from the hospital staff.		
18	Percentage of admissions in data file	71.7%		
19	Minimum Quality Control Checks	Yes		
20	Average percentage of "unknown"	3.7%		
21	(Eventual) additional comments (for the user):			
22	Responsible data administrator (organization)	Centre for Disease Prevention and Control of Latvia 22 Duntes Street, LV-1005, Riga, Latvia Research, Statistics and Health Promotion Department Slimību profilakses un kontroles centrs, Duntes iela 22, LV-1005, Rīga Pētniecības, statistikas un veselības veicināšanas departaments http://www.spkc.gov.lv/		

23	Contact: Responsible person	Jana Lepiksone,
		Director of Research, Statistics and Health Promotion Department
		Centre for Disease Prevention and Control of Latvia
		22 Duntes Street, LV-1005, Riga
		Tel.+371 67387654
		E-mail: jana.lepiksone@spkc.gov.lv
		Internet: www.spkc.gov.lv
24	Signature	
25	Date of completion of this file	20130529

Nat	National IDB File Information (IDB Full Data Set)				
1	Country	Latvia			
2	Year	2013			
3	National Register Name	Register of the patients with particular diseases about patients who have suffered injuries.			
4	Purpose of the register	Purpose of the Register is to collect data on hospitalized patients with injuries from in- patient hospitals in Latvia. The legal base internationally is EU Recommendation on the prevention of injuries and the promotion of safety. Locally the Injury Register works in the framework of Cabinet of Ministers regulation Nr.746 accepted in 15 of September, 2008.			
5	Scope of the register	Due to implementation of Cabinet of Ministers regulation Nr.746 data are collected only about in-patients. But there are still some hospitals that provide information about outpatients voluntary. No other systemic deviations are observed.			
6	Data file name (FDS)	IDB_2013_Latvia			
7	Date of creation of FDS file	2014.03.26			
8	Range of data of attendance	20130101-20131231			
9	Original coding dictionary	The Injury Database Coding Manual: Version 1.1 June 2005; Latvian language			
10	Dictionary modifications	No			
11	(Eventual) Bridge coding applied	From ICD-10 to IDB (ICD-10 codes of diagnosis – IDB type of injury, part of body injured). Please see attached Excel file "ICD-10_and_IDB_LV"			
12	No. of records in the data file	11746 records in the database of 2013			
13	No. of FDS reference hospitals	20			
14	Geographic scope	Latvia			
15	Sampling of hospitals	20 from 23 national in-patient hospitals sent information about injuries. Legislation determines that in-patient injuries should be collected. Only two of the hospitals provided information on ambulatory treated injuries voluntary. No publications available.			
16	Sampling of cases within hospitals	Regarding legal framework information should be sent about each hospitalized patient with injuries from all in-patient hospitals. Due to recent changes in legislation and lack of financial resources not all hospitals can provide information about all patients. No publications available.			
17	Data entry method	Staff of health care institution interview patients and Injury Register online system users (data operators) fill in the information electronically in the software program. Data operators usually are one or more persons from the hospital staff.			
18	Percentage of	94.3%			

	admissions in data	
19	Minimum Quality	Yes
20	Average percentage of "unknown"	Total 6.9% (16 data elements): age 0.0% sex 0.0% date of injury 4.8% time of injury 32.7% date of att. 0.0% time of att. 8.2% treatment and follow-up 0.1% intent 6.7% transport 0.1% place 5.9% mechanism 2.6% activity 22.9% underlying object/substance 11.6% direct object/substance 13.0% type of injury (1) 0,4% body injured (1) 0.7%
21	(Eventual) additional comments (for the user):	
22	Responsible data administrator (organization)	Centre for Disease Prevention and Control of Latvia 22 Duntes Street, LV-1005, Riga, Latvia Research, Statistics and Health Promotion Department Slimību profilakses un kontroles centrs, Duntes iela 22, LV-1005, Rīga Pētniecības, statistikas un veselības veicināšanas departaments http://www.spkc.gov.lv/
23	Contact: Responsible person	Jana Lepiksone, Director of Research, Statistics and Health Promotion Department Centre for Disease Prevention and Control of Latvia 22 Duntes Street, LV-1005, Riga Tel.+371 67387654 E-mail: jana.lepiksone@spkc.gov.lv Internet: www.spkc.gov.lv
24 25	Signature Date of completion	20140326
	of this file	

Nat	National IDB File Information (IDB Full Data Set)				
1	Country	Latvia			
2	Year	2014			
3	National Register	Register of the patients with particular diseases about patients who have suffered injuries			
	Name	and poisonings			
4	Purpose of the	Purpose of the Register is to collect data on hospitalized patients with injuries and			
	register	poisoning from in-patient hospitals in Latvia. The legal base internationally is EU			
		Recommendation on the prevention of injuries and the promotion of safety. Locally the			
		Injury Regiter work in the framework of Cabinet of Ministers regulation Nr.746 accepted in			
		15 of September, 2008.			

5	Scope of the register	Due to implementation of Cabinet of Ministers regulation Nr.746 data are collected only about in-patients. But there are still a few hospitals that provide information about outpatients voluntary. No other systemic deviations are observed.	
6	Data file name (FDS)	IDB_2014_Latvia	
7	Date of creation of FDS file	2015.06.26	
8	Range of data of attendance	20140101-20141231	
9	Original coding dictionary	The Injury Database Coding Manual: Version 1.1 June 2005	
10	Dictionary modifications	The Injury Database Coding Manual: Version 1.1 June 2005; Latvian language	
11	(Eventual) Bridge coding applied	From ICD-10 to IDB (ICD-10 codes of diagnosis – IDB type of injury, part of body injured). Please see attached Excel file "ICD-10_and_IDB_LV"	
12	No. of records in the data file	13764 records in the database of 2014	
13	No. of FDS reference hospitals	22	
14	Geographic scope	Latvia	
15	Sampling of hospitals	22 from 24 national in-patient hospitals sent information about injuries. Legislation determines that in-patient injuries should be collected. No publications available.	
16	Sampling of cases within hospitals	Regarding legal framework information should be sent about each hospitalized patient with injuries from all in-patient hospitals. Due to changes in legislation and lack of financial resources not all hospitals can provide information about all patients. No publications available.	
17	Data entry method	Staff of health care institution interview patients and Injury Register online system users (data operators) fill in the information electronically in the software program. Data operators usually are one or more persons from the hospital staff.	
18	Percentage of admissions in data file	97.5%	
19	Minimum Quality Control Checks	Yes	
20	Average percentage of "unknown"	Total 9.5%, without poisoning cases 8.8% (16 data elements): age 0.0% sex 0.0% date of injury 4.8% time of injury 46.1% date of att. 0.0% time of att. 10.8% treatment and follow-up 0.0% intent 8.2% transport 0.2% place 9.8% mechanism 14.1%* (without poisoning cases – 3.6%) activity 26.6% underlying object/substance 15.0%	

		type of injury (1) 0.4% body injured (1) 0.6%
		* the reason of "unknown" increase for mechanism – for the poisoning cases the mechanism is not intended to fill in in Registry (information about poisoning is shown in other register fields, but when we make a massive for IDB data upload, the information about mechanism is transformed into the unknown values). To avoid this inaccuracy, there is a further work for systems improvement.
21	(Eventual) additional comments (for the user):	
22	Responsible data administrator (organization)	Centre for Disease Prevention and Control of Latvia 22 Duntes Street, LV-1005, Riga, Latvia Research and Health Statistics Department Slimību profilakses un kontroles centrs, Duntes iela 22, LV-1005, Rīga Pētniecības un veselības statistikas departaments http://www.spkc.gov.lv/
23	Contact: Responsible person	Jana Lepiksone, Director of Research and Health Statistics Department Centre for Disease Prevention and Control of Latvia 22 Duntes Street, LV-1005, Riga Tel.+371 67387654 E-mail: jana.lepiksone@spkc.gov.lv Internet: www.spkc.gov.lv
24	Signature	
25	Date of completion of this file	20150710

IDB-Metadata (National IDB data file information form)					
Country		Latvia			
Year		2015			
Question	Specification	Answer	Comments (additional information in case of No)		
		Scope			
All age groups?	All age-groups covered	Yes			
All injury categories (home, leisure, sport, school, road, paid work, self-harm, assault)?	All MDS options for intent, setting and activity covered	Yes			
All injury mechanisms?	All MDS options for injury mechanism covered and coded	Yes			
All injury types and all body parts?	All MDS options for injury types and body parts covered and coded	Yes			
Admissions and ambulatory treatments?	All MDS options for treatment and follow- up covered	Yes			
Inclusion / exclusion of cases					
Only patients diagnosed as suffering from injury?	Equivalent to ICD-10 S00-T98 (chapter XIX)	Yes	Data in Register are collected about patients who suffered injuries and poisoning, equivalent		
Consequences of medical	Equivalent to ICD-10	Yes	to ICD-10 codes S00.0-T78.9.		

interventions excluded?	codesT80-T88 and T98.3 excluded		
Follow-up treatments	No double counting	Yes	
excluded?	of cases		
Non-residents included?		Yes	
	Representat	tiveness of the sample	
Recommended number of cases?	More than 10.000 cases	Yes	14 311 records in the Register database for 2015
Number of hospitals in the sample?		23	
Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3- 12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	Yes	Regarding legal framework data in Register should be collected from all in-patient hospitals in Latvia.
Sample of hospitals balanced by hospital size?	Small, middle-size, large hospitals included	-	
Sample of hospitals balanced by geo- coverage?	Hospitals with urban & rural catchment areas included	-	
Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	-	
Validation checks?	Representativeness of current sample of hospitals has been controlled at least by age and type of injury	-	
	Qual	ity of recording	
Rate of admissions?	Percentage of treatment code 1	For admissions there are codes 5 and 8, so the rate of admissions is 97.9%. Percentage of treatment code 1 (examined and sent home without treatment) is 0.3%	
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).	Fotal 10.1%, without poisoning cases 9.2% (16 data elements): age 0.0%, sex 0.0%, date of injury 5.1%, time of injury 47.9%, date of attend. 0.0%, time of attend. 5.6%, treatment and follow-up 0.0%, intent 7.5%, transport 0.5, place 11.9%, mechanism* 15.0% (without poisoning cases – 0.7%), activity 23.3%, underlying	* the reason of "unknown" increase for mechanism – for the poisoning cases the mechanism is not intended to fill in in Register (information about poisoning is shown in other register fields, but when we make a massive for IDB data upload, the information about mechanism is transformed into the unknown values). To avoid this inaccuracy, there is a further work for systems improvement.

		object/substance 20.5%, direct object/substance 21.8%, type of injury (1) 0.8%, body injured (1) 1.1%	
Rate of children?	Percentage of children 0-14a	11.7%	

IDB-Metadata (National IDB data file information form)					
Country		Latvia			
Year		2016			
Question	Specification	Answer	Comments (additional information		
			in case of No)		
		Scope	-		
All age groups?	All age-groups covered	Yes			
All injury categories	All MDS options for	Yes			
(home, leisure, sport,	intent, setting and				
school, road, paid work,	activity covered				
self-harm, assault)?	All MDC antions for	Vee			
All injury mechanisms?	All MDS options for	fes			
	covered and coded				
All injury types and all	All MDS options for	Yes			
body parts?	injury types and	100			
	body parts covered				
	and coded				
Admissions and	All MDS options for	Yes			
ambulatory treatments?	treatment and follow-				
	up covered				
Inclusion / exclusion of ca	ases				
Only patients diagnosed	Equivalent to ICD-10	Yes	Data in Register are collected		
as suffering from injury?	S00-198 (chapter		about patients who suffered from		
	XIX)	Vac	Injuries and poisoning, equivalent		
interventions excluded?	codesT80-T88 and	Tes	to ICD-10 codes 500.0-178.9.		
	T98.3 excluded				
Follow-up treatments	No double counting	Yes			
excluded?	of cases				
Non-residents included?		Yes			
	Representa	tiveness of the sample			
Recommended number of	More than 10.000	Yes	14 856 records in the Register		
cases?	cases		database for 2016		
Number of hospitals in the		22			
sample?					
Recommended number of	All hospitals (nat.	Yes	Regarding legal framework data		
hospitals?	pop <1m); minimum		in Register should be collected		
	3 nospitals (nat. pop.		from all in-patient nospitals in		
	12m) 7 (nat. pop 5-		Latvia.		
	12-40m) 9 (nat non				
	>40m)				
Sample of hospitals	Small, middle-size,	-			
balanced by hospital	large hospitals				
size?	included				
Sample of hospitals	Hospitals with urban	-			
balanced by geo-	& rural catchment				
coverage?	areas included				
Sample of hospitals	General hospitals,	-			
balanced by hospital	trauma centre or				
	university nospital,				

	child clinic included; Primary health care and day-care centres excluded		
Validation checks?	Representativeness of current sample of hospitals has been controlled at least by age and type of injury	-	
	Qual	ity of recording	
Rate of admissions?	Percentage of treatment code 1	For admissions there are codes 5, 6 and 8, so the rate of admissions is 95.1%. Percentage of treatment code 1 (examined and sent home without treatment) is 0.05%.	
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).	Total 10.9%, without poisoning cases 7.2% (16 data elements): age 0.01%, sex 0.0%, date of injury 4.5%, time of injury 50.4%, date of attend. 0.0%, time of attend. 17.8%, treatment and follow-up 0.0%, intent 5.5%, transport 9.9%, place 13.0%, mechanism* 11.9% (without poisoning cases – 2.4%), activity 19.1%, underlying object/substance 22.0%, direct object/substance 18.3%, type of injury (1) 1.0%, body injured (1) 0.7%	* the reason of "unknown" increase for mechanism – for the poisoning cases the mechanism is not intended to fill in in Register (information about poisoning is shown in other register fields, but when we make a massive for IDB data upload, the information about mechanism is transformed into the unknown values). To avoid this inaccuracy, there is a further work for systems improvement.
Rate of children?	Percentage of children 0-14a	15.2%	

## **Lithuania**

Nat	National IDB File Information (Minimum Data Set)				
1	Country	Lithuania			
2	Year	2011			
3	National Register Name	Compulsory Health Insurance Fund information system (CHIF IS).			
4	Purpose of the register	CHIF IS managed by the State Patient Fund. CHIF IS covers data on hospital discharges, out-patient visits, and primary health care visits. The main focus is taken on the accounting, administration and promotion of the services paid from the CHIF budget			
5	Scope of the register	CHIF IS covers all injuries and other diseases according ICD-10 (2001 01 01-2011 03 31)/ ICD-10-AM (2011 04 01 - present), all age groups, 98% of hospital discharges, about 90% of outpatient visits, 100% of primary health			

		care visits.		
		From CHIF IS data selection according MDS is available since the 1st of June		
		2011 these data covers only hospital discharges. Since the middle of 2013 w		
		be ability to select data according MDS from emergency departments as well.		
6	Data file name (MDS)	JAMIE_MDS_2011_LT.txt		
7	Date of creation of MDS file	2013 05 22		
8	Range of data of	2011 07 01 - 2011 12 31		
	attendance			
9	Original coding dictionary	ICD-10-AM (Australian modification), 1st of July 2008. Prepared conversation tables ICD-10-AM -> IDB MDS.		
10	Dictionary modifications	Prepared conversation tables ICD-10-AM -> IDB MDS.		
11	Bridge coding applied	ICD-10-AM -> IDB MDS		
12	No. of records in the data file	24738		
13	No. of MDS reference hospitals	71		
14	Geographic scope	98% of the entire reporting country.		
15	Hospital characteristics	All hospitals, which has contract with the State Patient Fund and entering data		
	used for a representative	into CHIF IS; all registered injuries in acute care beds (rehabilitation and		
	sample of hospitals	nursing cases excluded).		
16	Sampling of cases within hospitals	98%		
17	Percentage of admissions	100.00%		
	in data file	There were no ambulatory treatments in data file.		
18	Relative sample size (admissions)	99.9%		
19	Relative sample size	0%		
	(ambulatory treatments)	According MDS it is impossible to select data (ambulatory treatments) of year		
		2011, but CHIF covers about 90% of outpatient visits with coded main		
		diagnosis by ICD-10 (since 2011 04 01 by ICD-10-AM). External causes		
		registered in out-patient care (incl. primary care) – 8 groups of external causes		
		(1– transport accident, 2 – accident at work place, 3 – accident at other public		
		places, 4 – accident at home, 5 – sports accident, 6 – accident in educational		
		institutions, 7 – self-harm, 8 – assault, 9 – others). Coding of external causes		
		for CHIF IS is mandatory. However, the quality of coding is not very good:		
		around 50% of the cases are being coded as unspecified or not coded at all.		
20	Minimum Quality Control	У		
	Checks			
21	Average percentage of			
	"unknown""	For average calculation have been taken all elements from data file		
		JAMIE_MDS_2013_L1.txt (except: provider (hospital) code, permanent country		
		of residence, nature of injury 2, part of the body injured 2, narrative).		
22	Method for extrapolation	Sampling has not been done. Selected all hospital discharges from CHIF IS		
	from sample to national	which covers 98% of all hospitals discharges (99.9% of acute injuries).		
	incidence			
22	Deference reputation data			
23	Reference population data	У		
24	(Eventual) additional	File IAMIE MDS 2011   Tityt covers just 6 months date (2011.07.01 - 2011		
24	(Eventual) auditional	The JAWIE_WIDS_20TT_LT.IX COVERS JUST 0 MODILIS USUAL (2011 07 01 - 2011 12 31) but reference population file (reference, population file 2011 $LT$ 54)		
		covers national nonulation of all year		
25	Responsible data	Institute of hygione _ http://www.hi.lt/en/		
20	administrator (organization)			
26	Contact: Responsible	Neringa Madeikyte		
20	person	Health Statistics Department		
	2010011	Health Information Centre of Institute of Hydiene		
		Didzioli str. 22 Vilnius I T-01128 Lithuania		
		TEL (+370) 577 33 03		
		neringa madeikyte@hi.lt.		
27	Signature			
28	Date of completion of this	2014 05 28		
20	file			
L				

### National IDB File Information (Minimum Data Set)

1	Country	Lithuania			
2	Year	2012			
3	National Register Name	Compulsory Health Insurance Fund information system (CHIF IS).			
4	Purpose of the register	CHIF IS managed by the State Patient Fund. CHIF IS covers data on hospital discharges, out-patient visits, and primary health care visits. The main focus is taken on the accounting, administration and promotion of the services paid from the CHIF budget.			
5	Scope of the register	CHIF IS covers all injuries and other diseases according ICD-10 (2001 01 01- 2011 03 31)/ ICD-10-AM (2011 04 01 - present), all age groups, 98% of hospital discharges, about 90% of outpatient visits, 100% of primary health care visits. From CHIF IS data selection according MDS is available since the 1st of June 2011 these data covers only hospital discharges. Since the middle of 2013 will be ability to select data according MDS from emergency departments as well.			
6	Data file name (MDS)	JAMIE_MDS_2012_LT.txt			
/	Date of creation of MDS file	2013 05 22			
8	attendance				
9	Original coding dictionary	tables ICD-10-AM (Australian modification), 1st of July 2008. Prepared conversation tables ICD-10-AM -> IDB MDS.			
10	Dictionary modifications	Prepared conversation tables ICD-10-AM -> IDB MDS.			
11	Bridge coding applied	ICD-10-AM -> IDB MDS			
12	No. of records in the data file	45786			
13	No. of MDS reference hospitals	69			
14	Geographic scope	98% of the entire reporting country			
15	Hospital characteristics used for a representative sample of hospitals	All hospitals, which has contract with the State Patient Fund and entering data into CHIF IS; all registered injuries in acute care beds (rehabilitation and nursing cases excluded).			
16	Sampling of cases within hospitals	98%			
17	Percentage of admissions in data file	100.0% There were no ambulatory treatments in data file.			
18	Relative sample size (admissions)	99.9%			
19	Relative sample size (ambulatory treatments)	0% According MDS it is impossible to select data (ambulatory treatments) of year 2012, but CHIF covers about 90% of outpatient visits with coded main diagnosis by ICD-10 (since 2011 04 01 by ICD-10-AM). External causes registered in out-patient care (incl. primary care) – 8 groups of external causes (1– transport accident, 2 – accident at work place, 3 – accident at other public places, 4 – accident at home, 5 – sports accident, 6 – accident in educational institutions, 7 – self-harm, 8 – assault, 9 – others). Coding of external causes for CHIF IS is mandatory. However, the quality of coding is not very good: around 50% of the cases are being coded as unspecified or not coded at all.			
20	Minimum Quality Control Checks	Y Yes, if the Minimum Quality Control Checks for MDS (according to chapter 8 of the JAMIE-Manual) have been carried out			
21	Average percentage of "unknown""	11,2% For average calculation have been taken all elements from data file JAMIE_MDS_2013_LT.txt (except: provider (hospital) code, permanent country of residence, nature of injury 2, part of the body injured 2, narrative)			
22	Method for extrapolation from sample to national incidence	Sampling has not been done. Selected all hospital discharges from CHIF IS which covers 98% of all hospitals discharges(99.9% of acute injuries).			
23	Reference population data provided	У			
24	(Eventual) additional comments (for the user):	It is impossible to prepare reference population file of the year 2012, as national population statistics (average population density) according age will be available just at the end of June, 2013. In file reference_population_file_2012_LT.txt population on 1st of January 2012 is presented.			

25	Responsible data	Institute of hygiene, http://www.hi.lt/en/	
	administrator (organization)		
26	Contact: Responsible	Neringa Madeikyte,	
	person	Health Statistics Department	
		Health Information Centre of Institute of Hygiene,	
		Didzioji str. 22, Vilnius, LT-01128, Lithuania,	
		TEL. (+370) 577 33 03,	
		neringa.madeikyte@hi.lt.	
27	Signature		
28	Date of completion of this	2014 05 28	
	file		

Nat	National IDB File Information (Minimum Data Set)				
1	Country	Lithuania			
2	Year	2013			
3	National Register Name	Compulsory Health Insurance Fund information system (CHIF IS).			
4	Purpose of the register	CHIF IS managed by the State Patient Fund. CHIF IS covers data on hospita discharges, out-patient visits, and primary health care visits. The main focus i taken on the accounting, administration and promotion of the services paid from the CHIF budget.			
5	Scope of the register	CHIF IS covers all injuries and other diseases according ICD-10 (2001 01 01- 2011 03 31)/ ICD-10-AM (2011 04 01 - present), all age groups, 99% of hospital discharges, about 90% of outpatient visits, 100% of primary health care visits. From CHIF IS data selection according MDS is available since the 1st of June 2011 these data covers only hospital discharges. Since 2013 data according MDS from emergency departments in hospitals (ED) is partly available as well (not all ED started coding injuries and external cause since 2013 01 01).			
6	Data file name (MDS)	JAMIE_MDS_2013_LT.txt			
7	Date of creation of MDS file	2014 05 26			
8	Range of data of attendance	2013 01 01 - 2013 12 31			
9	Original coding dictionary	ICD-10-AM (Australian modification), 1st of July 2008. Prepared conversation tables ICD-10-AM -> IDB MDS.			
10	Dictionary modifications	Prepared conversation tables ICD-10-AM -> IDB MDS.			
11	Bridge coding applied	ICD-10-AM -> IDB MDS			
12	No. of records in the data file	246582			
13	No. of MDS reference hospitals	103			
14	Geographic scope	99% of the entire reporting country			
15	Hospital characteristics used for a representative sample of hospitals	All hospitals, which has contract with the State Patient Fund and entering data into CHIF IS; all registered injuries in acute care beds (rehabilitation and nursing cases excluded) and in emergency departments in hospitals.			
16	Sampling of cases within hospitals	99%			
17	Percentage of admissions in data file	14.3% In 2013 all ED started register injuries since 2013 07 01 and during this period 129487 cases were registered. Therefore we take period 2013 07 01 – 2013 12 31 for admission calculation: 21690 cases were registered. Percentage of admissions in 2013: (21690/(21690+129487))*100=14.3%.			
18	Relative sample size (admissions)	99.9%			
19	Relative sample size (ambulatory treatments)	78.3% In 2013 all ED started register injuries and their external causes since 2013 07			

		01 and during this period 129487 cases were registered (during all year cases from ED should be about 29487*2=258974 cases of injuries) but quite big part of ED started register injuries since 2013 01 01 and during all year of 2013 – 202840 cases were registered. Coverage of out-patients in ED of all year is about (202840/258974)*100=78.32%.
20	Minimum Quality Control Checks	У
21	Average percentage of "unknown""	15.6% For average calculation have been taken all elements from data file JAMIE_MDS_2013_LT.txt (except: provider (hospital) code, permanent country of residence, nature of injury 2, part of the body injured 2, narrative)
22	Method for extrapolation from sample to national incidence	Sampling has not been done. Selected all hospital discharges from CHIF IS which covers 99% of all hospitals discharges (99.9% of acute injuries). Selected all ED from CHIF IS, but in 2013 not all ED started coding injuries since 2013 01 01, data coverage is about 78.3%.
23	Reference population data provided	Y Is it correct to use population statistics by 1 January of each year for reference population data file? Because for calculation of rates we mostly use average population statistics and in case we do not have this statistics we use population statistics at the end of year (this is equal to population statistics by 1 January of next year).
24	(Eventual) additional comments (for the user):	
25	Responsible data administrator (organization)	Institute of hygiene, <u>http://www.hi.lt/en/</u>
26	Contact: Responsible person	Neringa Madeikyte, Health Statistics Department Health Information Centre ofInstitute of Hygiene, Didzioji str. 22, Vilnius, LT-01128, Lithuania, TEL. (+370) 577 33 03, neringa.madeikyte@hi.lt.
27	Signature	
28	Date of completion of this file	2014 05 28

Na	National IDB File Information (Minimum Data Set)				
1	Country	LITHUANIA			
2	Year	2014			
3	National Register Name	Compulsory Health Insurance Fund information system (CHIF IS).			
4	Purpose of the register	CHIF IS managed by the State Patient Fund. CHIF IS covers data on hospital discharges, out-patient visits, and primary health care visits. The main focus is taken on the accounting, administration and promotion of the services paid from the CHIF budget.			
5	Scope of the register	CHIF IS covers all injuries and other diseases according ICD-10 (2001 01 01-2011 03 31)/ ICD-10-AM (2011 04 01 - present), all age groups, 99% of hospital discharges, about 90% of outpatient visits, 100% of primary health care visits. From CHIF IS data selection according MDS is available since the 1st of June 2011 these data covers only hospital discharges. Since 2013 data according MDS from emergency departments in hospitals (ED) is partly available as well (not all ED started coding injuries and external cause since 2013 01 01).			
6	Data file name (MDS)	JAMIE_MDS_2014_LT.txt			
7	Date of creation of MDS file	2014 07 07			
8	Range of data of attendance	2014 01 01 - 2014 12 31			

9	Original coding	ICD-10-AM (Australian modification) 1st of July 2008 Prepared conversation		
Ŭ	dictionary	tables ICD-10-AM -> IDB MDS.		
10	Dictionary modifications	Prepared conversation tables ICD-10-AM -> IDB MDS.		
11	Bridge coding applied	ICD-10-AM -> IDB MDS		
12	No. of records in the data file	314814		
13	No. of MDS reference hospitals	91		
14	Geographic scope	99% of the entire reporting country		
15	Hospital characteristics used for a representative sample of hospitals	All hospitals, which has contract with the State Patient Fund and entering data into CHIF IS; all registered injuries in acute care beds (rehabilitation and nursing cases excluded) and in emergency departments in hospitals.		
16	Sampling of cases within hospitals	99%		
17	Percentage of	12.9%		
	admissions in data file	In 2014 214914 appentition registered, 40592 admissions and 274222 appendix		
		III 2014 314014 Cases were registered, 40302 autilissions and 274232 cases in		
		Percentage of admissions in 2014: (40582/314814)*100=12.9%		
18	Relative sample size	99.9%		
19	Relative sample size	99.9%		
13	(ambulatory treatments)			
		Coverage of out-patients in ED.		
20	Minimum Quality Control Checks	У		
21	Average percentage of "unknown""	15.5%		
		For average calculation have been taken all elements from data file JAMIE_MDS_2014_LT.txt (except: provider (hospital) code, permanent country of residence, nature of injury 2, part of the body injured 2, narrative)		
22	Method for extrapolation from sample to national incidence	Sampling has not been done. Selected all hospital discharges from CHIF IS which covers 99% of all hospitals discharges (99.9% of acute injuries). Selected all ED from CHIF IS which covers 99.9% of all ED cases.		
23	Reference population data provided	У		
24	(Eventual) additional			
25	comments (for the user):	Institute of hugions, http://www.bilt/on/		
25	administrator (organization)	Institute of hygiene, <u>http://www.nl.it/en/</u>		
26	Contact: Responsible person	Neringa Madeikyte, Health Statistics Department Health Information Centre ofInstitute of Hygiene, Didzioji str. 22, Vilnius, LT-01128, Lithuania, TEL. (+370) 577 33 03, neringa.madeikyte@hi.lt.		
27	Signature			
28	Date of completion of this file	2014 07 14		

IDB-Metadata (National IDB data file information form)					
Country		LITHUANIA			
Year		2015			
Question	Specification	Answer	Comments (additional		
			information in case of No)		
	Sc	оре			
All age groups?	All age-groups covered	M/N			
All injury categories	All MDS options for intent,	Y/N			
(home, leisure, sport,	setting and activity				
school, road, paid work,	covered				
self-harm, assault)?					

All injury mechanisms?	All MDS options for injury mechanism covered and coded	<u>M</u> ∕N	
All injury types and all body parts?	All MDS options for injury types and body parts covered and coded	M∕n	
Admissions and ambulatory treatments?	All MDS options for treatment and follow-up covered	Y/N	Only hospitals discharges and out-patients in hospitals emergency departments (ED)
Inclusion / exclusion of ca	ISES		
Only patients diagnosed as suffering from injury?	Equivalent to ICD-10 S00- T98 (chapter XIX)	MN	
interventions excluded?	codesT80-T88 and T98.3 excluded	Тул	
Follow-up treatments excluded?	No double counting of cases	Y/N	Mostly double cases are excluded. Inpatient cases transferred to other hospital for curative care are excluded in order to avoid double counting. Persons admitted into hospital due to injuries within 5 days after visiting ED because of injury are excluded from out- patients cases in ED (as it is treated as the same case). Checking done by unique personal ID.
Non-residents included?		M/N	
	Representativen	ess of the sample	
Recommended number of cases?	<b>Representativen</b> More than 10.000 cases	ess of the sample ₩N	
Recommended number of cases? Number of hospitals in the sample?	Representativen More than 10.000 cases	87	
Recommended number of cases? Number of hospitals in the sample? Recommended number of hospitals?	Representativene More than 10.000 cases All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	ess of the sample ∰N 87 ∰N	
Recommended number of cases? Number of hospitals in the sample? Recommended number of hospitals? Sample of hospitals balanced by hospital size?	Representativene More than 10.000 cases All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m) Small, middle-size, large hospitals included	Y/N 87 Y/N Y/N	No sampling. Selected data from all hospitals having contracts with State Patient Fund and filling data into Compulsory Health Insurance Fund information system (CHIF IS). Coverage 99% of the entire reporting country.
Recommended number of cases? Number of hospitals in the sample? Recommended number of hospitals? Sample of hospitals balanced by hospital size? Sample of hospitals balanced by geo- coverage?	Representativene         More than 10.000 cases         All hospitals (nat. pop         <1m); minimum 3	Y/N Y/N Y/N	No sampling. Selected data from all hospitals having contracts with State Patient Fund and filling data into Compulsory Health Insurance Fund information system (CHIF IS). Coverage 99% of the entire reporting country. Not applicable.
Recommended number of cases? Number of hospitals in the sample? Recommended number of hospitals? Sample of hospitals balanced by hospital size? Sample of hospitals balanced by geo- coverage? Sample of hospitals balanced by hospital balanced by hospital balanced by hospital balanced by hospital balanced by hospital	Representativene         More than 10.000 cases         All hospitals (nat. pop         <1m); minimum 3	Y/N Y/N Y/N Y/N	No sampling. Selected data from all hospitals having contracts with State Patient Fund and filling data into Compulsory Health Insurance Fund information system (CHIF IS). Coverage 99% of the entire reporting country. Not applicable.

	haanitala haa haan		
	controlled at least by age		
	and type of injury		
	Quality of	f recordina	
Rate of admissions?	Percentage of treatment code 1	12.3%	
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity	19.2%	
	(mandatory data elements where "unknown" is allowed).		
Rate of children?	Percentage of children 0- 14a	19.1%	19.1% (of children 0-14a) of all MDS cases. 12.4% (of children 0-14a) of inpatient cases. 20.1% (of children 0-14a) of out-patients cases in ED.
	Quality of e	stimated rate	
Incidence (ED	Crude rate, standardised	<u>M</u> ∕N	
presentation) rate	for age and sex, using		
avallable?	Eurostat population		
Valid at national level?	Tick no if rate is valid at	M/N	
	regional level and add name of the region		
Recommended method of projection used (or no projection needed)?	HDR-method or EDR- method is used for projection (or IDB-MDS file contains all national	Y/N	IDB-MDS contains of all national cases. No projection needed.
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Y/N	Not applicable.
Follow-up treatments consistently excluded for projection?	If HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)	Y/N	Not applicable.
Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or EDR)	Y/N	Not applicable.
Non-residents consistently included for projection?	If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR)	Y/N	Not applicable.
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	Y/N	No sampling.
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	Y/N	Not applicable.
	Data n	leliverv	1

MDS data successfully uploaded?		M/N	
FDS data successfully uploaded?		Y/N	
Reference population data file provided?	Automatic calculation of IR at IDB web-gate will be enabled	<u>M</u> /N	
List of FDS reference hospitals provided?		Y/N	Not applicable.
	National da	ata provider	
National register name (and eventual abbreviation)	Compulsory Health Insurance Fund information system (CHIF IS).	CHIF IS managed by the State Patient Fund. CHIF IS covers data on hospital discharges, out-patient visits, and primary health care visits. The main focus is taken on the accounting, administration and promotion of the services paid from the CHIF budget.	
Name of organization	In national language and English	Institute of Hygiene (Higienos institutas)	
Name of respondent (contact person)	Neringa Madeikyte		
E-mail address of contact person	neringa.madeikyte@hi.lt		
Date of completion of this form	2016-11-29		

IDB-Metadata (National IDB data file information form)			
Country		LITHUANIA	
Year		2016	
Question	Specification	Answer	Comments (additional information in case of No)
	Sc	оре	
All age groups?	All age-groups covered	M/N	
All injury categories (home, leisure, sport, school, road, paid work, self-harm, assault)?	All MDS options for intent, setting and activity covered	<u>M</u> /N	
All injury mechanisms?	All MDS options for injury mechanism covered and coded	<u>M</u> /N	
All injury types and all body parts?	All MDS options for injury types and body parts covered and coded	<u></u> <u> </u>	
Admissions and ambulatory treatments?	All MDS options for treatment and follow-up covered	Y/N	Only hospitals discharges and out-patients in hospitals emergency departments (ED)
Inclusion / exclusion of ca	ases		
Only patients diagnosed as suffering from injury?	Equivalent to ICD-10 S00- T98 (chapter XIX)	M/N	
Consequences of medical interventions excluded?	Equivalent to ICD-10 codesT80-T88 and T98.3 excluded	<u>M</u> /N	
Follow-up treatments excluded?	No double counting of cases	Y/N	Mostly double cases are excluded. Inpatient cases transferred to other hospital for curative care are excluded in order to avoid double counting. Persons admitted into hospital due to injuries within 5 days after visiting ED because of injury are excluded from out- patients cases in ED (as it

			is treated as the same case). Checking done by
Non-residents included?		M/N	
	Representativen	ess of the sample	•
Recommended number of cases?	More than 10.000 cases	M/N	
Number of hospitals in the sample?		89	
Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	Μ/N	
Sample of hospitals balanced by hospital size?	Small, middle-size, large hospitals included	Y/N	No sampling. Selected data from all hospitals having contracts with State Patient Fund and filling data into Compulsory Health Insurance Fund information system (CHIF IS). Coverage 99% of the entire reporting country.
Sample of hospitals balanced by geo- coverage?	Hospitals with urban & rural catchment areas included	Y/N	Not applicable.
Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	Y/N	Not applicable.
Validation checks?	Representativeness of current sample of hospitals has been controlled at least by age and type of injury	Y/N	Not applicable.
	Quality of	recording	I.
Rate of admissions?	Percentage of treatment code 1	11.4%	
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).	18.1%	
Rate of children?	Percentage of children 0- 14a	19.0%	19.0% (of children 0-14a) of all MDS cases. 13.4% (of children 0-14a) of inpatient cases. 19.7% (of children 0-14a) of out-patients cases in ED.
	Quality of es	stimated rate	
Incidence (ED presentation) rate available?	Crude rate, standardised for age and sex, using Eurostat population projection by 1 January	Ми	

Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	<u>M</u> /N	
Recommended method of	HDR-method or EDR-	Y/N	IDB-MDS contains of all
projection used (or no	method is used for		national cases. No
projection needed)?	projection (or IDB-MDS		projection needed.
	file contains all national		
	cases)		
Medical interventions	If HDR or EDR method is	Y/N	Not applicable.
consistently excluded for	applied: medical		
projection?	interventions excluded in		
	both, IDB and HDR (or		
	EDR)		
Follow-up treatments	If HDR or EDR method is	Y/N	Not applicable.
consistently excluded for	applied: follow-up		
projection?	treatments excluded in		
	DOTIN, IDB and HDR (OF		
Day care patients	If HDP or EDP mothod is	V/N	Not applicable
consistently excluded for	applied: day care patients	1711	
projection?	excluded in both IDB and		
	HDR (or EDR)		
Non-residents	If HDR or EDR method is	Y/N	Not applicable.
consistently included for	applied: non-residents		
projection?	included in both, IDB and		
	HDR (or EDR)		
Random sampling in	If sampling within one or	Y/N	No sampling.
hospitals?	several hospitals occurs:		-
	Sampling scheme		
	prevents from biases		
Known bias (e.g.	No bias is known or bias	Y/N	Not applicable.
regarding admissions)	has been corrected by		
corrected?	means of external		
	statistics before		
	calculating rates	laliyary	
MDS data successfully			
uploaded?			
EDS data successfully			
uploaded?			
Reference population	Automatic calculation of	M/N	
data file provided?	IR at IDB web-gate will be		
	enabled		
List of FDS reference		Y/N	Not applicable.
hospitals provided?			
	National da	ata provider	
National register name	Compulsory Health	CHIF IS managed by the S	tate Patient Fund. CHIF IS
(and eventual	Insurance Fund	covers data on hospital dis	charges, out-patient visits,
abbreviation)	information system (CHIF	and primary health care vis	its. The main focus is taken
	IS).	on the accounting, adminis	tration and promotion of the
Nome of exercisedian	In actional longuage and	services paid from the CHI	F budget.
Name of organization	In national language and	Institute of Hygiene (Higien	ios institutas)
Nome of respondent	English Noringo Modoilaito		
(contact person)	i veririya iviaueikyte		
F-mail address of contact	neringa madeikyte@hi.lt		
person			
Date of completion of this	2017-06-26		
form			

# **Luxembourg**

National IDB File Information (Minimum Data Set)		
1	Country	Luxembourg

2	Year	2012
3	National Register Name	REcueil de données sur les TRaumatismes et ACcidents au Luxembourg (RETRACE)
4	Purpose of the register	The Luxembourg's Ministry of Health in collaboration with the Centre for Public Research in Health has committed itself for an injury prevention policy. For that purpose a register has been set up in order to gather information on causes and circumstances of injuries and contribute to the establishment of effective, appropriate prevention measures.
5	Scope of the register	All injury cases form the ED of all hospitals are included for the last 4 months of 2012.
6	Data file name (MDS)	lux_2012_MDS_corrected.txt
1	MDS file	2012/07/26
8	Range of data of attendance	2012/09/01 2012/12/31
9	Original coding dictionary	Jamie - Data Quality Manual (DQM) Draft for Berlin Meeting November 2011 A data dictionary in French was provided to the MDS hospitals based on the DQM and the French version of 'THE INJURY DATABASE (IDB), CODING MANUAL , DATA DICTIONARY VERSION 1.1 – JUNE 2005 '
10	Dictionary modifications	None
11	Bridge coding applied	One of the hospitals was using 4 digits ICD-10 codes. Conversion tables ICD-10 to MDS were used for the nature of injury and body part injured. ( <u>Conversion tables ICD-10 to IDB Nature/body part</u> )
12	No. of records in the data file	0 020 540
13	No. of MDS reference hospitals	005 hospitals
14	Geographic scope	The entire reporting country
15	Hospital characteristics used for a representative sample of hospitals	All the hospitals included
16	Sampling of cases within hospitals	All cases within hospitals are covered:
17	Percentage of admissions in data file	05.5%
18	Relative sample size (admissions)	ΝΑ
19	Relative sample size (ambulatory treatments)	NA
20	Minimum Quality Control Checks	Yes
21	Average percentage of "unknown""	05.6%
22	Method for extrapolation from sample to national incidence	All the hospitals of the country were included in the system only the 4 last months of the year 2012. As agreed with the WP7 leader Dr. Ruppert Kisser, for the annual incidence rates the numerator was calculated by multiplying the number of injuries registered among the residents during the 4 last months by 3.
23	Reference population data provided	Yes
24	(Eventual) additional comments (for the user):	The estimation of annual incidence rates were based on data from the last 4 months. The interpretation of the incidence rates for the year 2012 should be done by keeping in mind a possible variation of injuries according to the season and the month of the year.
25	Responsible data administrator (organization)	Centre d'Etudes en Santé Publique Centre de Recherche Public de la Santé (CRP-Santé) (Centre for Health Studies Public Research Centre for Health) http://www.crp-sante.lu
26	Contact: Responsible	Dritan Beiko

	person	Project Leader
		Centre d'Etudes en Santé Publique
		Centre de Recherche Public de la Santé (CRP-Santé)
		1A-B, rue Thomas Edison, L-1445 Strassen
		Luxembourg
		Tel: +352 26970-888
		Fax: +352 26970-717
		Email: Dritan.Bejko@crp-sante.lu
27	Signature	
28	Date of completion of	2013/08/19
	this file	

Nat	National IDB File Information (Minimum Data Set)			
1	Country	Luxembourg		
2	Year	2013		
3	National Register Name	REcueil de données sur les TRaumatismes et ACcidents au Luxembourg (RETRACE)		
4	Purpose of the register	Luxembourg's Ministry of Health in collaboration with the Centre for Public Research in Health has committed itself for an injury prevention policy. For that purpose a register has been set up in order to gather information on causes and circumstances of injuries and contribute to the establishment of effective, appropriate prevention measures.		
5	Scope of the register	All injury cases form the ED of all hospitals are included for the year 2013		
6	Data file name (MDS)	lu_mds_2013.txt		
7	Date of creation of MDS file	2013/05/28		
8	Range of data of attendance	2013/01/01 2013/12/31		
9	Original coding dictionary	IDB Minimum Data Set- Data Dictionary JAMIE 1.1 (2012) A data dictionary in French was provided to the MDS hospitals based on the IDB-MDS Data Dictionary JAMIE 1.1 (2012)		
10	Dictionary			
11	Bridge coding applied	FDS > MDS		
12	No. of records in the data file	0061401		
13	No. of MDS reference hospitals	005 hospitals (4 MDS and 1 FDS)		
14	Geographic scope	The entire reporting country		
15	Hospital characteristics used for a representative sample of hospitals	All the hospitals included. Data from the FDS hospital (code 5 in the data base) are converted at MDS level and included in the MDS data base.		
16	Sampling of cases within hospitals	All cases within hospitals are covered:		
17	Percentage of admissions in data file	7.1 %		
18	Relative sample size (admissions)	N.A. (100%)		
19	Relative sample size (ambulatory treatments)	N.A. (100%)		

20	Minimum Quality Control Checks	Yes,
21	Average percentage of "unknown""	5.7%
22	Method for extrapolation from sample to national incidence	All ED treated injury cases included. For calculation of incidence rate the numerator was the number of injury cases of residents for a specific age-group and sex included in the injury surveillance system (x 1000). The denominator was the number of residents of same age-group and sex in 2013.
23	Reference population data provided	YES
24	(Eventual) additional comments (for the user):	
25	Responsible data administrator (organization)	Centre d'Études en Santé Publique Centre de Recherche Public de la Santé (CRP-Santé) (Centre for Health Studies Public Research Centre for Health) http://www.crp-sante.lu
26	Contact: Responsible person	Dritan Bejko Project Leader Centre d'Études en Santé Publique Centre de Recherche Public de la Santé (CRP-Santé) 1A-B, rue Thomas Edison, L-1445 Strassen Luxembourg Tel: +352 26970-888 Fax: +352 26970-717 Email: Dritan.Bejko@crp-sante.lu
27	Signature	
28	Date of completion of this file	2014/05/28

Nat	National IDB File Information (IDB Full Data Set)			
1	Country	Luxembourg		
2	Year	2013		
3	National Register	REcueil de données sur les TRaumatismes et ACcidents au Luxembourg (RETRACE)		
	Name			
4	Purpose of the	Luxembourg's Ministry of Health in collaboration with the Centre for Public Research in		
	register	Health has committed itself for an injury prevention policy. For that purpose a register		
		has been set up in order to gather information on causes and circumstances of injuries		
		and contribute to the establishment of effective, appropriate prevention measures.		
5	Scope of the	All emergency department treated injury cases were included in the register in 2013.		
	register	Out of the five hospitals in Luxembourg, 1 was collecting data at FDS level and 4 at		
		MDS level.		
6	Data file name	lu_fds_2013.txt		
	(FDS)			
7	Date of creation of	2014/05/27		
	FDS file			
8	Range of data of	2013/01/01 - 2013/12/31		
	attendance			

9	Original coding dictionary	French Version of 'THE INJURY DATABASE (IDB), CODING MANUAL , DATA DICTIONARY VERSION 1.1 – JUNE 2005
10	Dictionary	NA
11	(Eventual) Bridge	Icd10> IDB_FDS for nature of injury and body part injured
12	No. of records in	00011320
13	No. of FDS	001 hospital
14	Geographic scope	Central region
15	Sampling of	Situated in the capital the FDS hospital is the national reference centre for
	hospitals	neurosurgery, hand surgery and for paediatric. All other hospitals in the country included at MDS level so no bias expected for incidence rates.
16	Sampling of cases	All cases within hospital are covered. The selection of cases is based on a list of
	within hospitals	selected 4-digit ICD 10 diagnostic codes from chapter 19 or 20 as provided in the Jamie DQM. Up to five ICD-10 codes (4 digit) were recorded for each case by the hospital.
17	Data entry method	The anonymous unlikable information was extracted form hospital electronic records. The admission motif completed by nurses and descriptive texts completed by doctors, during anamnesis and clinical examination were used. Text data were later coded at FDS level. lcd-10 chapter 20 codes were used to complete data on injury circumstances. Information from icd-10 chapter 19 codes were used for nature of injury and body part.
18	Percentage of admissions in data file	7.3%
19	Minimum Quality Control Checks	Yes
20	Average percentage of "unknown"	16.1%*
21	(Eventual) additional comments (for the user):	Two separated ED, for adults (age >14 years) and for children (up to 14 years old) in the FDS hospital. The ED for children is on duty 24h/7d. The ED for adults is on duty (24h starting from 7 A.M.) 2 out of 5 weekends and 2 out of 5 weekdays. Three out of five weekends the ED for adults is not receiving injury patients whereas three out of five weekdays is receiving injury patients between 8 A.M. and 5 P.M.
22	Responsible data administrator (organization)	Centre d'Études en Santé Publique Centre de Recherche Public de la Santé (CRP-Santé) (Centre for Health Studies
	(organization)	Public Research Centre for Health)
23	Contact: Responsible person	Dritan Bejko Project Leader Centre d'Études en Santé Publique CRP-Santé 1A-B, rue Thomas Edison, L-1445 Strassen Luxembourg Tel: +352 26970-888 Fax: +352 26970-717 Email: Dritan.Bejko@crp-sante.lu
24	Signature	
25	Date of completion	2014/05/28
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	of this file	

Na	National IDB File Information (Minimum Data Set)				
1	Country	Luxembourg			
2	Year	2014			
3	National Register Name	REcueil de données sur les TRaumatismes et ACcidents au Luxembourg (RETRACE)			
4	Purpose of the register	Luxembourg's Ministry of Health in collaboration with the Luxembourg Institute of Health (old Public Centre for Research in Health) has committed itself for an injury prevention policy. For that purpose an injury surveillance system based on Hospital's Emergency Departments has been set up in order to gather information on causes and circumstances of injuries and contribute to the establishment of effective, appropriate prevention measures.			
5	Scope of the register	All injury cases form the ED of three out of five hospitals are included for the year 2014.			
6	Data file name (MDS)	lux_2014_MDS.txt			
7	Date of creation of MDS file	20150617			
8	Range of data of attendance	20140101 20141231			
9	Original coding dictionary	IDB Minimum Data Set- Data Dictionary JAMIE 1.1 (2012) A data dictionary in French was provided to the MDS hospitals based on the IDB-MDSData Dictionary JAMIE 1.1 (2012)'			
1 0	Dictionary modifications	None			
1 1	Bridge coding applied	FDS > MDS IDB-JAMIE Manual. Verssion 2013. Eurosafe. http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwFreeText/jamieprojectdocumentation.h tm			
1 2	No. of records in the data file	0048933			
1 3	No. of MDS reference hospitals	003 hospitals (2 MDS and 1 FDS)			
1 4	Geographic scope	The entire North and South region of the country is covered (all injuries,). For the Central region only one out of three hospitals is included in 2014. This hospital has separate ED for adults (>14 years) and for children. The adult's ED alternates 24h on duty days with normal 8 hours working (two out of five week-days and two out of five week-ends is 24h on duty). The children's ED, a reference centre for the country, is on duty 24h/7. The ED of the two other, non-participating, hospitals alternate 24h on duty days with normal 8 hours working days. The geographic scope for central region depends on the day of the week for the adults.			
1 5	Hospital characteristic s used for a representativ e sample of hospitals	In 2014 three out of five hospitals using electronic patient files at ED were included in the system. The remaining two hospitals situated in the central region are reorganising their services and will merge. Electronic patient files are replacing, the paper and pencil, ED patient files in the new hospital. It is expected that all hospitals will contribute to the national data base in a cost-effective way by January 2016.			
1 6	Sampling of cases within hospitals	All cases within hospitals are covered:			
1 7	Percentage of admissions in data file	06.6%			
1 8 1	sample size (admissions)	Ν.Δ.			

9	sample size (ambulatory treatments)	
2 0	Minimum Quality Control Checks	Yes
2 1	Average percentage of "unknown""	08.5%
2 2	Method for extrapolation from sample to national incidence	Based on figures of catchment areas. Data form 2013 were used to calculate a correction factor and catchment areas for the participating hospitals in 2014 using the formula. Incidence Rate= SAMPLECASE*1000/(REFPOP/CORRFACT) The (REFPOP/CORRFACT) for <b>each age and sex combination</b> have been provided in the <b>reference population file</b> .
2 3	Reference population data provided	Yes
2 4	(Eventual) additional comments (for the user):	According to data collected from all hospitals in 2013 about 3%-7% of injured children were treated in the hospitals that did not contribute with data in 2014. For adults this proportion varies between 24%-35%.
2 5	Responsible data administrator (organization)	Centre d'Etudes en Santé Publique (Centre for Public Health Studies) Luxembourg Institute of Health 1A-B, rue Thomas Edison, L-1445 Strassen Luxembourg Website: http://www.lih.lu
2 6	Contact: Responsible person	Dritan Bejko Project Leader Tel: +352 26970-888 Fax: +352 26970-717 Email: <u>dritan.bejko@lih.lu</u>
2 7	Signature	
2 8	Date of completion of this file	20150707

Nat	National IDB File Information (IDB Full Data Set)					
1	Country	Luxembourg				
2	Year	2014				
3	National Register Name	REcueil de données sur les TRaumatismes et ACcidents au Luxembourg (RETRACE)				
4	Purpose of the register	Luxembourg's Ministry of Health in collaboration with the Luxembourg Institute of Health (old Public Centre for Research in Health) has committed itself for an injury prevention policy. For that purpose an injury surveillance system based on Hospital's Emergency Departments has been set up in order to gather information on causes and circumstances of injuries and contribute to the establishment of effective, appropriate prevention measures.				
5	Scope of the register	In 2014 three out of five hospitals using electronic patient files at ED were included in the system. All injuries coming to the FDS hospital are included in the register. However for the age group 0-14 years old the hospital's ED is on duty 24h/7. For adults it alternates 24h on duty days (2 out of 5 week-days, 2 out of 5 week-ends) with normal working (8-10 hours) days.				
6	Data file name (FDS)	lux_2014_FDS.txt				
7	Date of creation of FDS file	20150609				
8	Range of data of attendance	20140101 20141231				

9	Original coding	The IDB-JAMIE Full Data Set (IDB-FDS) Data Dictionary.				
10	Dictionary	None.				
	modifications					
11	(Eventual) Bridge coding applied	Icd10> IDB_FDS for nature of injury and body part injured				
12	No. of records in the data file	0014857				
13	No. of FDS	001				
	reference					
14	Geographic	Central Region				
	scope	For children (0-14 years old) cases registered in the FDS hospital can be considered representative of the cases in the central region. For adults (>14 years old) representatives varies according to the day of the week				
15	Sampling of hospitals	Situated in the capital the FDS hospital is the national reference centre for neurosurgery, hand surgery and for paediatric. The use of Electronic patient files at the hospital's ED made the data collection more cost-effective. In 2014, out of the five hospitals, one is collecting data at FDS level, two at MDS level, and two didn't collect injury data.				
16	Sampling of cases within hospitals	In the participating hospitals all cases were selected. There was no sampling of cases within hospitals				
17	Data entry method	The anonymous unlikable information was extracted form hospital electronic records. The admission motif completed by nurses and descriptive texts completed by doctors, during anamnesis and clinical examination were used. Text data were later coded at FDS level. Icd-10 chapter 20 codes were used to complete data on injury circumstances. Information from icd-10 chapter 19 codes were used for nature of injury and body part.				
18	Percentage of admissions in	08.1%				
10	data file Minimum	Vec				
19	Quality Control Checks					
20	Average	12.8%*				
	percentage of "unknown"					
21	(Eventual) additional comments (for the user):	For the Central region only one out of three hospitals is included in 2014, the FDS hospital. It has separate ED for adults (>14 years) and for children. The adult's ED alternates 24h on duty days with normal 8 hours working (two out of five week-days and two out of five week- ends is 24h on duty). The children's ED, a reference centre for the country, is on duty 24h/7. The ED of the two remaining hospitals alternate 24h on duty days with normal 8 hours working days. According to data collected from all hospitals in 2013 about 3%-7% of injured children were treated in the hospitals that did not contribute with data in 2014. For adults this proportion varies between 24%-35%.				
22	Responsible	Centre d'Etudes en Santé Publique				
	uata administrator	Luxembourg Institute of Health				
	(organization)	1A-B, rue Thomas Edison, L-1445 Strassen				
		Luxembourg				
23	Contact:	Dritan Bejko				
	Responsible	Project Leader				
	person	Fax: +352 26970-717				
		Email: dritan.bejko@lih.lu				
24	Signature					
25	Date of	20150619				
	completion of this file					
Col	Intrv					
000						

try	Luxembourg

Year		2015	
Question	Specification	Answer	Comments (additional information in case of No)
	S	соре	
All age groups?	All age-groups covered	Y/N	Yes
All injury categories	All MDS options for	Y/N	Yes
(home, leisure, sport,	intent, setting and activity		
school, road, paid work,	covered		
self-harm, assault)?	···· <b>···</b>		
All injury mechanisms?	All MDS options for injury	Y/N	Yes
	mechanism covered and		
		\//N1	Vac
All injury types and all	All MDS options for injury	Y/IN	res
body parts?	types and body parts		
Admissions and	All MDS options for	V/N	Vec
ambulatory treatments?	treatment and follow-up	1710	163
ambulatory rearments:	covered		
Inclusion / exclusion of c	ases		
Only patients diagnosed	Equivalent to ICD-10	Y/N	Yes
as suffering from injury?	S00-T98 (chapter XIX)		
Consequences of	Equivalent to ICD-10	Y/N	Yes
medical interventions	codesT80-T88 and T98.3		
excluded?	excluded		
Follow-up treatments	No double counting of	Y/N	Yes
excluded?	cases		<u>×</u>
Non-residents included?	<b>D</b> enne e en la lieu	Y/N	Yes
Decempended surplier	Representative		Vac
of cases?	More than 10.000 cases	Y/IN	Yes
Number of hospitals in		nnn	7 out of 9 ED regrouped in
the sample?			3 out of 4 hospitals
Recommended number	All hospitals (nat. pop	Y/N	Yes (3 hospitals for nat. pop
of hospitals?	<1m); minimum 3		<1m)
	hospitals (nat. pop. 1-		
	3m), 5 (nat. pop 3-12m),		
	7 (nat. pop. 12-40m), 9		
Comple of boopitals	(nat. pop. >40m)	N/N1	
balanced by bospital	bospitals included	t/IN	res
size?	nospitais included		
Sample of hospitals	Hospitals with urban &	Y/N	Yes
balanced by geo-	rural catchment areas	.,	
coverage?	included		
Sample of hospitals	General hospitals,	Y/N	Yes
balanced by hospital	trauma centre or		
type?	university hospital, child		
	clinic included; Primary		
	health care and day-care		
	centres excluded		
Validation checks?	Representativeness of	Yes. The entire North a	and South region of the country is
	current sample of	Covered (all injuries,).	anly and out of three haspitals is
	controlled at least by age	included in 2015. This l	only one out of three hospitals is
	and type of injury	adults (>14 years) and	for children. The adult's ED
		alternates 24h on duty	days with normal 8 hours working
		(two out of five week-d	avs and two out of five week-ends
		is 24h on duty). The ch	ildren's ED is on duty 24h/7. The
		ED of the two other, no	n-participating, hospitals alternate
		24h on duty days with r	normal 8 hours working days. The
		geographic scope for c	entral region depends on the day
		of the week for the adu	Its. In 2013 all the hospitals of the
		country were in the sys	tem. Specific correction factors
		are calculated per age	and sex based on the 2013 data.

Weighting is used at the national data base					
Quality of recording					
Rate of admissions?	Percentage of treatment code 1	nn.n%	06.3% in the data (after weighting 06.6%) Note that given the strict format weighting coefficients are not provided in the MDS or FDS data base.		
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).	nn.n%	07.3%		
Rate of children?	Percentage of children 0- 14a	nn.n%	26.4% (after weighting 21.5%) Please note that for 0-14 years old children we have almost full coverage (all injuries all country all days of the week) For 15+ years old we have all injuries all days of the week only for the north and south region. For the central region we have only two working days/week and 2/5 week-ends coverage.		
	Quality of	estimated rate	<u>0</u>		
Incidence (ED presentation) rate available?	Crude rate, standardised for age and sex, using Eurostat population projection by 1 January	Y/N	Yes		
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	Y/N	Yes		
Recommended method of projection used (or no projection needed)?	HDR-method or EDR- method is used for projection (or IDB-MDS file contains all national cases)	Yes. Data form 2013 ( used to calculate a co Like in 2014, the incide catchment areas for th and correction factors u Incidence SAMPLECASE*1000/(F The midyear (REFPOP sex combination have population file.	all hospitals in the system) were rrection factor per age and sexe. Ince rate was calculated based on the participating hospitals in 2015 using the formula. Rate= REFPOP/CORRFACT). /CORRFACT) for <b>each age and</b> been provided in the <b>reference</b>		
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Y/N	NA		
Follow-up treatments consistently excluded for projection?	If HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)	Y/N	NA		
Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or	Y/N	NA		

	EDR)		
Non-residents consistently included for projection?	If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR)	Y/N	Yes
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	Y/N	Non
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	Y/N	Yes
	Data	delivery	
MDS data successfully uploaded?		Y/N	Yes
FDS data successfully uploaded?		Y/N	Yes
Reference population data file provided?	Automatic calculation of IR at IDB web-gate will be enabled	Y/N	Yes
List of FDS reference hospitals provided?		Y/N	Yes
	National	data provider	
National register name (and eventual abbreviation)		REcueil de données sur les TRaumatismes et ACcidents au Luxembourg <b>(RETRACE)</b>	
Name of organization	In national language and English	Luxembourg Institute of Health (LIH) (former CRP-Santé)	
Name of respondent (contact person)		Dritan Bejko	
E-mail address of contact person		dritan.bejko@lih.lu	
Date of completion of this form		18/11/2016	

IDB-Metadata (National IDB data file information form)					
Country		Luxembourg			
Year		2016			
Question	Specification	Answer	Comments (additional information in case of No)		
	•	Scope			
All age groups?	All age-groups covered	Yes			
All injury categories (home, leisure, sport, school, road, paid work, self-harm, assault)?	All MDS options for intent, setting and activity covered	Yes			
All injury mechanisms?	All MDS options for injury mechanism covered and coded	Yes			
All injury types and all body parts?	All MDS options for injury types and body parts covered and coded	Yes			
Admissions and ambulatory treatments?	All MDS options for treatment and follow- up covered	Yes			
Inclusion / exclusion	of cases				
Only patients diagnosed as suffering from injury?	Equivalent to ICD-10 S00-T98 (chapter XIX)	Yes			

Consequences of medical interventions excluded?	Equivalent to ICD-10 codesT80-T88 and T98.3 excluded	Yes	
Follow-up treatments excluded?	No double counting of cases	Yes	
Non-residents included?		Yes	(11.4% non-residents in the MDS data base)
	Repres	entativeness of the	e sample
Recommended number of cases?	More than 10.000 cases	Y/N	Yes
Number of hospitals in the sample?		003	
Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3- 12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	YES	(nat. pop <1m); 3 hospitals
Sample of hospitals balanced by hospital size?	Small, middle-size, large hospitals included	Y/N	Yes
Sample of hospitals balanced by geo- coverage?	Hospitals with urban & rural catchment areas included	Y/N	Yes
Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	Y/N	Yes
Validation checks?	Representativeness of current sample of hospitals has been controlled at least by age and type of injury	Y/N	Yes. The entire North and South region of the country is covered (all injuries,). For the <b>Central region</b> only one out of two hospitals is included in 2016. This hospital has separate ED for adults (>14 years) and for children. The adult's ED alternates 24h on duty days with normal 8 hours working every second weekday and is on duty every second weekday and is on duty every second weekend The children's ED is on duty 24h/7. The geographic scope for central region depends on the day of the week for the adults. In the national data base adults (<14 years old) treated in this hospital are given a weighting coefficient 2. Specific correction factors are calculated per age and sex based on the unweighted (real) and weighted (national estimates) figures from 2016. The population of the catchment area is corrected by those coefficients
		Quality of recordin	g
Rate of admissions?	Percentage of treatment code 1	05.7%	
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where	05.4%	06.5%If nature of injury 1 is unknown and body part 1 automatically declared unknown (and vice/versa)

	"unknown" is		
	allowed).		
Rate of children?	Percentage of	26.4%	23,1% if weighted for age
	children 0-14a		
	Qu	ality of estimated	rate
Incidence (ED presentation) rate available?	Crude rate, standardised for age and sex, using Eurostat population projection by 1 January	Yes	
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	Yes	
Recommended method of projection used (or no projection needed)?	HDR-method or EDR-method is used for projection (or IDB-MDS file contains all national cases)	Yes	The incidence rate was calculated based on catchment areas for the participating hospitals in 2016 and correction factors using the formula. Incidence Rate= SAMPLECASE*1000/(REFPOP/CORRFACT). The midyear (REFPOP/CORRFACT) for <b>each</b> <b>age and sex combination</b> have been provided in the <b>reference population file</b> .
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Yes	
Follow-up treatments consistently excluded for projection?	If HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)	Yes	
Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or EDR)	Yes	
Non-residents consistently included for projection?	If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR)	Yes	Please note that there are 11.4% non- residents in the MDS data base that might artificially inflate the incidence rate.
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	N	All cases in participating hospitals are included.
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	Yes	For adults the participating hospital in the central region is on duty every second day as in a classical systematic sampling. Given that this hospital is 24h on duty every second Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday of the week <b>no</b> <b>selection bias will occur due to periodicity</b> . Therefor simply multiplying by two (weighting coefficient=2) the number of injuries registered in the participating hospital for the >14 years old would give estimates of the number of injuries treated in the emergency

			departments of all hospitals in the central			
	Data deliverv					
MDS data		Yes				
successfully						
uploaded?						
FDS data		Yes				
successfully						
uploaded?						
Reference	Automatic calculation	Yes				
population data file	of IR at IDB web-					
provided?	gate will be enabled					
List of FDS reference		Yes				
hospitals provided?						
National data provider						
National register		REcueil de données sur les TRaumatismes et				
name (and eventual		ACcidents au Luxembourg (RETRACE)				
abbreviation)						
Name of	In national language	Luxembourg Instit	tute of Health (LIH)			
organization	and English					
Name of respondent		Dritan Bejko				
(contact person)						
E-mail address of		dritan.bejko@lih.lu				
contact person						
Date of completion of		13/09/2017				
this form						

### **Malta**

National IDD File Information			
National IDB File Information			
Country	Malta		
Year	2010		
National Register Name	Injury Data Base (IDB)		
Purpose of the register	The European Injury Database (IDB) is a systematic injury surveillance system		
	that collects accidents and injury data from the Emergency Departments from		
	Gozo Public Hospital. Is essential for effective injury prevention and for safety		
	promotion;		
	a) to provide a foundation for the development and implementation of evidence-		
	based injury prevention strategies;		
	b) can help liaison with the Department of Consumer Safety within the Malta		
	Standards Authority to act as an alert system identifying the products /		
	services leading to / causing injuries;		
	c) is essential for calculating the cost of various types of injuries.		
Scope of the register	The IDB covers all types of injuries from traffic, work place, violence and self-		
	harm.		
	This database merges injuries for Gozo. Data is obtained by DHIR from:-		
	a) Data from patients entering at Emergency Departments at Gozo		
	General Hospital suffering from an		
	injury;		
	b) Hospital Discharge Registers;		
	c) National Mortality Register;		
Data file name	IDBData2010.txt		
Date of creation of data file	20120608		
Selection criteria (for	20100101 – 20101231		
delimitation of reporting year)			
No. of national reference	01		
hospitals			
No. of records in the data file	3244		
Ratio admissions / all records	8.29%		
Representativeness of	Only one hospital on the island of Gozo is being covered at the moment – Gozo		
sampling of hospitals	General Hospital.		
Representativeness of	NA		
sampling of cases within			

hospitals	
Data entry method	Data is collected from A & E Gozo General Hospital register and recorded on a specific form specifically designed by the Department of Health Information and Research. Later the information is coded according to IDB Coding Manual 2005 and data entered. All records are cross linked with the Hospital Discharge Register and the National Mortality Register.
Sample ratio for	7.64%
admissions/discharges due to injuries or	
Alternatively: Sample ratio for ED/ambulatory treatments due to injuries	NA
Original coding dictionary	IDB Coding Manual 2005
Dictionary modifications	The only modification done was a code was inserted in Type of Injury (sting – 90).
(Eventual) Bridge coding applied	Zero
Standard Quality Control Statement	Zero
Average % of "missing" (excluding date of birth)	Unknown
Average % of "unknown" (excluding date of birth)	Unknown
ECHI indicator 29b	832.01
Method for projection of incidence rates	3
National population reference data provided	Y
(Eventual) additional comments (for the user):	NA
Data supplier: The National IDB Data Administrator (organization)	Department of Health Information and Research
Contact: Responsible person	Audrey Galea DHIR 95 Guardamangia Hill Pieta PTA 1313
Signature	
Date of completion of this file	20120611

Nat	National IDB File Information (IDB Full Data Set)				
1	Country	Malta			
2	Year	2011			
3	National Register Name	Injury Database (IDB)			
4	Purpose of the register	Is essential for effective injury prevention and for safety promotion; b) to provide a foundation for the development and implementation of evidence-based injury prevention strategies; c) can help liaison with the Department of Consumer Safety within the Malta Standards Authority to act as an alert system identifying the products / services leading to / causing injuries; d) is essential for calculating the cost of various types of injuries			
5	Scope of the register	The Injury Database (IDB) is a systematic injury surveillance system that collects accidents and injury data from the Emergency Departments from 2 General Public Hospitals in Malta and Gozo. The IDB covers all types of injuries from traffic, work place, violence and self-harm. This database merges injuries for Gozo. Data is obtained by DHIR from:- a) Data from patients entering at Emergency Departments at Gozo General Hospital suffering from an injury; b) Hospital Discharge Registers; c) National Mortality Register:			
6	Data file name	2011idbmlt1.txt			

	(FDS)	
7	Date of creation of FDS file	20130619
8	Range of data of attendance	20110101 –20131231
9	Original coding dictionary	Coding manual V1.1 2005
10	Dictionary modifications	NA
11	(Eventual) Bridge coding applied	NA
12	No. of records in the data file	3159
13	No. of FDS reference hospitals	1
14	Geographic scope	Only one hospital on the island of Gozo is being covered at the moment – Gozo General Hospital
15	Sampling of hospitals	NA
16	Sampling of cases within hospitals	ΝΑ
17	Data entry method	Data is collected from A & E Gozo General Hospital register. All paper records of all patiens presenting at emergency department are forwarded to DHIR. Injury records are identified and the information is coded according to IDB Coding Manual 2005 and data entered. All records are cross linked with the Hospital Discharge Register and the National
18	Percentage of admissions in data file	10.5%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	10.7%
21	(Eventual) additional comments (for the user):	NA
22	Responsible data administrator (organization)	Directorate Health Information and Research
23	Contact: Responsible person	Audrey Galea Directorate of Health Information and Research 95 G'Mangia Hill, G'Mangia Malta 00356 25599341 audrey.galea@gov.mt
24	Signature	
25	Date of completion of this file	20130704

Nat	National IDB File Information (IDB Full Data Set)				
1	Country	Malta			
2	Year	2012			
3	National Register	Injury Database (IDB)			
	Name				
4	Purpose of the	Is essential for effective injury prevention and for safety promotion;			
	register	b) to provide a foundation for the development and implementation of evidence-based			
		injury prevention strategies;			
		c) can help liaison with the Department of Consumer Safety within the Malta Standards			
		Authority to act as an alert system identifying the products /			
		services leading to / causing injuries;			
		d) is essential for calculating the cost of various types of injuries			

5	Scope of the register	The Injury Database (IDB) is a systematic injury surveillance system that collects accidents and injury data from the Emergency Departments from 2 General Public Hospitals in Malta and Gozo. The IDB covers all types of injuries from traffic, work place, violence and self-harm.	
		This database merges injuries for Gozo. Data is obtained by DHIR from:- a) Data from patients entering at Emergency Departments at Gozo General Hospital suffering from an	
		b) Hospital Discharge Registers; c) National Mortality Register;	
6	Data file name (FDS)	2012 for submission.txt	
7	Date of creation of FDS file	20130815	
8	Range of data of attendance	20120101 –20121231	
9	Original coding dictionary	Coding manual V1.1 2005	
10	Dictionary modifications	NA	
11	(Eventual) Bridge coding applied	NA	
12	No. of records in the data file	3526	
13	No. of FDS reference hospitals	1	
14	Geographic scope	Only one hospital on the island of Gozo is being covered at the moment – Gozo General Hospital	
15	Sampling of hospitals	NA	
16	Sampling of cases within hospitals	NA	
17	Data entry method	Data is collected from A & E Gozo General Hospital register. All paper records of all patiens presenting at emergency department are forwarded to DHIR. Injury records are identified and the information is coded according to IDB Coding Manual 2005 and data entered. All records are cross linked with the Hospital Discharge Register and the National	
18	Percentage of admissions in data file	7.9%	
19	Minimum Quality Control Checks	Y	
20	Average percentage of "unknown"	16.29%	
21	(Eventual) additional comments (for the	NA	
22	Responsible data administrator (organization)	Directorate Health Information and Research	
23	Contact: Responsible person	Audrey Galea Directorate of Health Information and Research 95 G'Mangia Hill, G'Mangia Malta 00356 25599341 audrey.galea@gov.mt	
24	Signature	22122215	
25	Date of completion of this file	20130815	

National File Information (Full Data Set)

1	Country	Malta	
2	Year	2013	
3	National Register Name	Injury Database	
4	Purpose of the register	Is essential for effective injury prevention and for safety promotion; b) to provide a foundation for the development and implementation of evidence-based injury prevention strategies; c) can help liaison with the Department of Consumer Safety within the Malta Standards Authority to act as an alert system identifying the products /services leading to / causing injuries;	
5	Scope of the register	The Injury Database (IDB) is a systematic injury surveillance system that collects accidents and injury data from the Emergency Departments from 2 General Public Hospitals in Malta and Gozo. The IDB covers all types of injuries from traffic, work place, violence and self-harm. This database merges injuries for Malta and Gozo. Data is obtained by DHIR from:- a) Data from patients entering at Emergency Departments in Malta and Gozo suffering from an injury; b) Hospital Discharge Registers; c) National Mortality Register:	
6	Data file name (FDS)	NA	
7	Date of creation of FDS file	NA	
8	Range of data of attendance	20130101 - 20131231	
9	Original coding dictionary	Coding Manualo V1.1 2005(June)	
10	Dictionary modifications	Type of Injury : 20 – Sting bites	
11	(Eventual) Bridge coding applied	NA	
12	No. of records in the data file	28068	
13	No. of FDS reference hospitals	2	
14	Geographic scope	One General Public Hospital covering the Island of Gozo and one General Public Hospital covering the main island of Malta.	
15	Sampling of hospitals	NA.	
16	Sampling of cases within hospitals	NA	
17	Data entry method	Data is collected from A & E Malta and Gozo General Hospital. Gozo General Hospital is still paper based and are forwarded to DHIR. Data for Malta from Mater Dei Hospital is forwarded in excel format. Injury records are identified and the information is coded according to IDB Coding Manual V1.1 2005 and data entered. All records are cross linked with the Hospital Discharge Register and the National Mortality Register.	
18	Percentage of admissions in data file	13.8%	
19	Minimum Quality Control Checks	Yes,	
20	Average percentage of "unknown"	Average ratio of no. of 9, 99, 999 in the 16 data elements recording county – mechanism of injury (except nature of injury 2, part of body injured 2)	

21	(Eventual) additional comments (for the user):	NA
22	Responsible data administrator (organization)	Directorate Health Information and Research
23	Contact: Responsible person	Audrey Galea Directorate of Health Information and Research 95, G'Mangia Hill G'Mangia Malta 00356 25599 341 Audrey.galea@gov.mt
24	Signature	
25	Date of completion of this file	29/05/2014

Nat	National IDB File Information (IDB Full Data Set)				
1	Country	Malta			
2	Year	2014			
3	National Register Name	Injury Database			
4	Purpose of the register	Is essential for effective injury prevention and for safety promotion; b) to provide a foundation for the development and implementation of evidence-based injury prevention strategies; c) can help liaison with the Department of Consumer Safety within the Malta Standards Authority to act as an alert system identifying the products /services leading to / causing injuries; d) is essential for calculating the cost of various types of injuries.			
5	Scope of the register	The Injury Database (IDB) is a systematic injury surveillance system that collects accidents and injury data from the Emergency Departments from 2 General Public Hospitals in Malta and Gozo. The IDB covers all types of injuries from traffic, work place, violence and self-harm. This database merges injuries for Malta and Gozo. Data is obtained by DHIR from:- a) Data from patients entering at Emergency Departments in Malta and Gozo suffering from an injury; b) Hospital Discharge Registers; c) National Mortality Register;			
6	Data file name (FDS)				
7	Date of creation of FDS file				
8	Range of data of attendance	20140101 - 20141231			
9	Original coding dictionary	Coding Manualo V1.1 2005(June)			
10	Dictionary modifications	Type of Injury: 20 – Sting bites			
11	(Eventual) Bridge coding applied	NA			
12	No. of records in the data file	12474			
13	No. of FDS reference hospitals	2			
14	Geographic scope	One General Public Hospital covering the Island of Gozo and one General Public Hospital covering the main island of Malta.			

15	Sampling of	Mater Dei Hospital covered the first 7 months
	hospitals	
16	Sampling of cases	NA
	within hospitals	
17	Data entry method	Data is collected from A & E Malta and Gozo General Hospital. Gozo General
		Hospital is still paper based and are forwarded to DHIR. Data for Malta from Mater
		Dei Hospital is forwarded in excel format. Injury records are identified and the
		information is coded according to IDB Coding Manual V1.1 2005 and data entered.
		All records are cross linked with the Hospital Discharge Register and the National
		Mortality Register.
18	Percentage of	11.7%
	admissions in data	
	file	
19	Minimum Quality	Yes,
	Control Checks	
20	Average percentage	11.1%
	of "unknown"	
21	(Eventual) additional	NA
	comments (for the	
	user):	
22	Responsible data	Directorate Health Information and Research
	administrator	
	(organization)	
23	Contact:	Audrey Galea
	Responsible person	Directorate of Health Information and Research
		95, G'Mangia Hill
		G'Mangia
		Malta 00356 25599 341
		Audrey.galea@gov.mt
24	Signature	
25	Date of completion of	29/05/2014
	this file	

IDB-Metadata (National IDB data file information form)				
Country		Malta		
Year		2015		
Question	Specification	Answer	Comments (additional information in case of No)	
	Sc	оре		
All age groups?	All age-groups covered	Y		
All injury categories	All MDS options for intent,	Y		
(home, leisure, sport,	setting and activity			
school, road, paid work,	covered			
self-harm, assault)?				
All injury mechanisms?	All MDS options for injury	Y		
	mechanism covered and			
	coded			
All injury types and all	All MDS options for injury	Y		
body parts?	types and body parts			
	covered and coded			
Admissions and	All MDS options for	Y		
ambulatory treatments?	treatment and follow-up			
	covered			
Inclusion / exclusion of cases			<b>T</b>	
Only patients diagnosed	Equivalent to ICD-10 S00-	Y		
as suffering from injury?	T98 (chapter XIX)			

	Equivalent to ICD 40	V		
interventions evoluded?	Equivalent to ICD-10	ř		
	codes 100-100 and 196.5			
		X		
Follow-up treatments	No double counting of	Ŷ		
excluded?	cases	X		
Non-residents included?				
Deserves and discussion of	Representativen	ess of the sample		
Recommended number of	More than 10.000 cases	Ŷ		
Cases?		00		
Number of nospitals in the		02		
sample?		NI .	Malta has such the	
Recommended number of	All hospitals (nat. pop	N	Malta has only two	
nospitais?	<1m); minimum 3		National General	
	nospitais (nat. pop. 1-3m),		Hospitais	
	5 (nat. pop 3-12m), 7 (nat.			
	pop. 12-40m), 9 (nat. pop.			
Comple of beenitele	>40m)	N10		
Sample of nospitals	Small, middle-size, large	NA		
	nospitais included			
Size ?		N10		
Sample of nospitals	Hospitals with urban &	NA		
balanced by geo-	included			
Coverage?		NA		
Sample of nospitals	General nospitals, trauma	NA		
tune2	centre of university			
type?	included: Drimony boolth			
	are and day care control			
	excluded			
Validation chocks?	Poprosontativonoss of	V		
valuation checks?	current cample of	T		
	bospitals has been			
	controlled at least by age			
	and type of injury			
	Quality of	recording		
Rate of admissions?	Percentage of treatment	05.2%		
Rate of admissions:	code 1	03.2 /8		
Average rate of	Average percentage of	20.3%		
"unknown"?)?	codes 9 or 99 of the	20.078		
	following 10 MDS data			
	elements: age sex			
	month treatment nature			
	of injury1 part of body1			
	intent location			
	mechanism, activity			
	(mandatory data elements			
	where "unknown" is			
	allowed).			
Rate of children?	Percentage of children 0-	14.2%		
	14a			
Quality of estimated rate				
Incidence (ED	Crude rate, standardised	Y		
presentation) rate	for age and sex, using			
available?	Eurostat population			
	projection by 1 January			
Valid at national level?	Tick no, if rate is valid at	Υ		
	regional level and add			
	name of the region			
Recommended method of	HDR-method or EDR-	Y		
projection used (or no	method is used for			
projection needed)?	projection (or IDB-MDS			
	file contains all national			
	cases)			
Medical interventions	If HDR or EDR method is	Y		
consistently excluded for	applied: medical			

projection?	interventions excluded in		
	both, IDB and HDR (or		
Follow-up treatments	If HDR or EDR method is	v	
consistently excluded for	applied: follow-up	1	
projection?	treatments excluded in		
[···]····	both, IDB and HDR (or		
	EDR)		
Day-care patients	If HDR or EDR method is	N	
consistently excluded for	applied: day care patients		
projection?	excluded in both, IDB and		
Non regidente	HDR (or EDR)	X	
non-residents	II HDR OF EDR method is	ř	
projection?	included in both IDB and		
	HDR (or EDR)		
Random sampling in	If sampling within one or	N	
hospitals?	several hospitals occurs:		
	Sampling scheme		
	prevents from biases		
Known bias (e.g.	No bias is known or bias	N	
regarding admissions)	has been corrected by		
corrected?	means or external		
	calculating rates		
	Data o	leliverv	
MDS data successfully		Y	
uploaded?			
FDS data successfully		Y	
uploaded?		X	
Reference population	Automatic calculation of	Y	
data nie provided?	enabled		
List of EDS reference		Y	
hospitals provided?			
National data provider			
National register name	<b>INJURY DATABASE (IDB)</b>		
(and eventual			
abbreviation)			
Name of organization	Directorate Health		
Nome of recencient	Audress Cales		
Name of respondent	Audrey Galea		
F-mail address of contact	audrey galea@gov.mt		
person	addroy.galod@gov.int		
Date of completion of this	06/10/2017		
form			

# **Netherlands**

National IDB File Information		
Country	Netherlands	
Year	2010	
National Register Name	Letsel Informatie Systeem (LIS)/ Dutch Injury Surveillance System (DISS)	
Purpose of the register	To record basic information about injuries (ED treatments) to be used for injury prevention.	
Scope of the register	All patients attending the Emergency Department (ED) of a hospital (including admission via ED)	
Data file name	IDB_2010_NL	
Date of creation of data file	20120411	
Selection criteria (for	20100101-20101231	
delimitation of reporting year)		
No. of national reference	13	
hospitals		

No. of records in the data file	94,164
Ratio admissions / all	13.1%
treatments	
Representativeness of sampling of hospitals	Hospitals participate voluntarily. We try to include in the sample large and small hospitals, rural and urban, academic and general hospitals and as much as possible different geographical areas in the country. Based on research (2004) we conclude that the sample is relatively representative for common accidents. We do not report about accidents with too small numbers. We almost always report on yearly averages, based on 5-year data.
	Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en Veiligheid, 2004.
Representativeness of sampling of cases within hospitals	All cases at ED.
Data entry method	In general, most hospitals work as follows: When a patient reports to the ED, the receptionist fills in an ED form for the hospital's administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event information will also be noted. In the course of treating the patient, hospital staff members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospitals can record the required information in various ways. If the hospital has a Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again. Hospitals that do not use the so-called ISSHIS system (the Dutch Injury Surveillance System combined with the Hospital Information System) can make use of stand-alone ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes. It is also possible to export data from the HIS, which can in turn be imported into the Dutch Injury Surveillance System and added to. The hospitals send the entered data to the Consumer Safety Institute electronically
Sample ratio for admissions/discharges due	Sample ratio: 18.644/163.376
to injuries or	
Original coding dictionary	DISS coding system 2009, (almost completely) compatible with IDB All Injuries.
Dictionary modifications	
(Eventual) Bridge coding applied	See: Syntax IDB 2010 for bridgecoding DISS -> IDB coding manual version 1.1 – June 2005
Standard Quality Control Statement	No
Average % of "missing" (excluding date of birth)	nn.nn
Average % of "unknown" (excluding date of birth)	nn.nn
ECHI indicator 29b	3639.77
Method for projection of incidence rates	1 Based on national figures of injury cases of hospital admissions
National population	Y
(Eventual) additional	
comments (for the user):	
Data supplier: The National IDB Data Administrator (organization)	Consument en Veiligheid/Consumer Safety Institute
Contact: Responsible person	A. Bloemhoff, PO Box 75169, 1070 AD Amsterdam, +31205114511, a.bloemhoff@veiligheid.nl
Signature	
Date of completion of the this file	20120423

Nat	National IDB File Information (Minimum Data Set)			
1	Country	Netherlands		
2	Year	2011		
3	National Register Name	Letsel Informatie Systeem (LIS)/ Dutch Injury Surveillance System (DISS)		
4	Purpose of the register	To record basic information about injuries (ED treatments) to be used for injury prevention.		
5	Scope of the register	All patients attending the Emergency Department (ED) of a hospital (including admission via ED)		
6	Data file name (MDS)	IDB2011_NL_MDS		
7	Date of creation of MDS file	20130528		
8	Range of data of attendance	20110101-20111231		
9	Original coding dictionary	DISS coding system 2011, (almost completely) compatible with IDB All Injuries		
10	Dictionary modifications			
11	Bridge coding applied	See: Syntax IDB 2011 MDS for bridgecoding DISS -> IDB-JAMIE MANUAL 3 May 2012		
12	No. of records in the data file	87.213		
13	No. of MDS reference hospitals	14		
14	Geographic scope	Entire country		
15	Hospital	Hospitals participate voluntarily. We try to include in the sample large and small		
	characteristics used	hospitals, rural and urban, academic and general hospitals and as much as possible		
	for a representative	different geographical areas in the country. Based on research (2004) we conclude		
	sample of nospitals	that the sample is relatively representative for common accidents. We do not report		
		about accidents with too small numbers. We almost always report on yearly		
		averages, based on o-year data.		
		Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en Veiligheid. 2004.		
16	Sampling of cases within hospitals			
17	Percentage of admissions in data file	14%		
18	Relative sample size (admissions)	nn.n%		
19	Relative sample size	nn.n%		
	(ambulatory			
00	treatments)			
20	Control Checks	y 		
21	Average percentage of "unknown""			
22	Method for extrapolation from	1 Based on national figures of injury cases of hospital admissions		
	sample to national			
	incidence			
23	Reference population	V		
-	data provided			
24	(Eventual) additional	Creating MDS directly from LIS instead of FDS provides better information		
	comments (for the user):			
25	Responsible data	VeiligheidNL / Consumer Safety Institute		
	administrator			
00	(organization)			
26	person	h.valkenberg@veiligheid.nl		
27	Signature			
28	Date of completion of	20130528		

	this file	
Nat	tional IDB File Inform	nation (IDB Full Data Set)
1	Country	Netherlands
3	National Register	Letsel Informatie Systeem (LIS)/ Dutch Injury Surveillance System (DISS)
4	Purpose of the register	To record basic information about injuries (ED treatments) to be used for injury prevention.
5	Scope of the register	All patients attending the Emergency Department (ED) of a hospital (including admission via ED)
6	Data file name (FDS)	IDB2011_NL
7	Date of creation of FDS file	20130528
8	Range of data of attendance	20110101 –20111231
9	Original coding dictionary	DISS coding system 2011, (almost completely) compatible with IDB All Injuries
10	Dictionary modifications	
11	(Eventual) Bridge coding applied	See: Syntax IDB 2011 for bridgecoding DISS -> IDB coding manual version 1.1 – June 2005
12	No. of records in the data file	88.779
13	No. of FDS reference hospitals	14
14	Geographic scope	Entire country
	hospitals	hospitals, rural and urban, academic and general hospitals and as much as possible different geographical areas in the country. Based on research (2004) we conclude that the sample is relatively representative for common accidents. We do not report about accidents with too small numbers. We almost always report on yearly averages, based on 5-year data. Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en
16	Sampling of cases	Veiligheid, 2004.
47	within hospitals	le second second have the second as falleness
17	Data entry method	In general, most nospitals work as follows: When a patient reports to the ED, the receptionist fills in an ED form for the hospital's administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event information will also be noted. In the course of treating the patient, hospital staff members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospitals can record the required information in various ways. If the hospital has a Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again.
		System combined with the Hospital Information System (the Duch Highly Surveillance ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes. It is also possible to export data from the HIS, which can in turn be imported into the Dutch Injury Surveillance System and added to. The hospitals send the entered data to the Consumer Safety Institute electronically.
18	Percentage of admissions in data	14%
19	Minimum Quality	У
20	Average	nn.n%

	percentage of	
	"unknown"	
21	(Eventual)	
	additional	
	comments (for the	
	user):	
22	Responsible data	VeiligheidNL / Consumer Safety Institute
	administrator	
	(organization)	
23	Contact:	H. Valkenberg, PO Box 75169, 1070 AD Amsterdam, +31205114511,
	Responsible	h.valkenberg@veiligheid.nl
	person	
24	Signature	
25	Date of completion	20130528
	of this file	

Nat	National IDB File Information (Minimum Data Set)				
1	Country	Netherlands			
2	Year	2012			
3	National Register	Letsel Informatie Systeem (LIS)/ Dutch Injury Surveillance System (DISS)			
-	Name				
4	Purpose of the register	To record basic information about injuries (ED treatments) to be used for injury			
5	Soona of the register	All patients attending the Emergency Department (ED) of a begnital (including			
5	Scope of the register	admission via ED)			
6	Data file name (MDS)	IDB2012 NL MDS			
7	Date of creation of	20130528			
	MDS file				
8	Range of data of attendance	Mostly 20120101-20121231 – not all hospital data are available yet			
9	Original coding dictionary	DISS coding system 2012, (almost completely) compatible with IDB All Injuries			
10	Dictionary modifications				
11	Bridge coding applied	See: Syntax IDB 2012 MDS for bridgecoding DISS -> IDB-JAMIE MANUAL 3 May 2012			
12	No. of records in the data file	78.965			
13	No. of MDS reference hospitals	14			
14	Geographic scope	Entire country			
15	Hospital characteristics used for a representative sample of hospitals	Hospitals participate voluntarily. We try to include in the sample large and small hospitals, rural and urban, academic and general hospitals and as much as possible different geographical areas in the country. Based on research (2004) we conclude that the sample is relatively representative for common accidents. We do not report about accidents with too small numbers. We almost always report on yearly averages, based on 5-year data.			
		Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en Veiligheid, 2004.			
16	Sampling of cases within hospitals				
17	Percentage of admissions in data file	15%			
18	Relative sample size (admissions)	nn.n%			
19	Relative sample size (ambulatory treatments)	nn.n%			
20	Minimum Quality Control Checks	У			
21	Average percentage of "unknown""	nn.n%			

22	Method for extrapolation from sample to national incidence	1 Based on national figures of injury cases of hospital admissions
23	Reference population data provided	Y (population 2012, extrapolation based on data 2011)
24	(Eventual) additional comments (for the user):	Creating MDS directly from LIS instead from FDS provides better information
25	Responsible data administrator (organization)	VeiligheidNL / Consumer Safety Institute
26	Contact: Responsible person	H.Valkenberg, Po Box 75169, 1070 AD Amsterdam, +31205114511, h.valkenberg@veiligheid.nl
27	Signature	
28	Date of completion of this file	20130528

Nat	lational IDB File Information (IDB Full Data Set)			
1	Country	Netherlands		
2	Year	2012		
3	National Register	Letsel Informatie Systeem (LIS)/ Dutch Injury Surveillance System (DISS)		
	Name			
4	Purpose of the	To record basic information about injuries (ED treatments) to be used for injury		
	register	prevention.		
5	Scope of the	All patients attending the Emergency Department (ED) of a hospital (including admission		
	register	via ED)		
6	Data file name	IDB2012_NL		
	(FDS)			
7	Date of creation of	20130528		
	FDS file			
8	Range of data of	20120101 –20121231 (most hospitals, not all data are available yet)		
	attendance			
9	Original coding	DISS coding system 2012, (almost completely) compatible with IDB All Injuries		
	dictionary			
10	Dictionary			
	modifications			
11	(Eventual) Bridge	See: Syntax IDB 2012 for bridgecoding DISS -> IDB coding manual version 1.1 – June		
	coding applied	2005		
12	No. of records in	80.159		
	the data file			
13	No. of FDS	14		
	reference hospitals			
14	Geographic scope	Entire country		
15	Sampling of hospitals	Hospitals participate voluntarily. We try to include in the sample large and small hospitals, rural and urban, academic and general hospitals and as much as possible different geographical areas in the country. Based on research (2004) we conclude that the sample is relatively representative for common accidents. We do not report about		
		accidents with too small numbers. We almost always report on yearly averages, based on 5-year data.		
		Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en Veiligheid, 2004.		
16	Sampling of cases			
	within hospitals			
17	Data entry method	In general, most hospitals work as follows: When a patient reports to the ED, the receptionist fills in an ED form for the hospital's		
		administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event		
		members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospitals can record the		

		required information in various ways. If the hospital has a Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again. Hospitals that do not use the so-called ISSHIS system (the Dutch Injury Surveillance System combined with the Hospital Information System) can make use of stand-alone ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes. It is also possible to export data from the HIS, which can in turn be imported into the Dutch Injury Surveillance System and added to. The hospitals send the entered data to the Consumer Safety Institute electronically.
18	Percentage of admissions in data file	15%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	nn.n%
21	(Eventual) additional comments (for the user):	
22	Responsible data administrator (organization)	VeiligheidNL / Consumer Safety Institute
23	Contact: Responsible person	H. Valkenberg, PO Box 75169, 1070 AD Amsterdam, +31205114511, h.valkenberg@veiligheid.nl
24	Signature	
25	Date of completion of this file	20130528

Nat	National File Information (Minimum Data Set)				
1	Country	Netherlands			
2	Year	2013			
3	National Register Name	Letsel Informatie Systeem (LIS)/ Dutch Injury Surveillance System (DISS)			
4	Purpose of the register	To record basic information about injuries (ED treatments) to be used for injury prevention.			
5	Scope of the register	All patients attending the Emergency Department (ED) of a hospital (including admission via ED)			
6	Data file name (MDS)	IDB2013_NL_MDS			
7	Date of creation of MDS file	20140522			
8	Range of data of attendance	20130101-20131231			
9	Original coding dictionary	DISS coding system 2013, compatible with IDB All Injuries			
10	Dictionary modifications				
11	Bridge coding applied	See: Syntax IDB 2013 MDS for bridgecoding DISS -> IDB-JAMIE MANUAL 3 May 2012			
12	No. of records in the data file	72435			
13	No. of MDS reference hospitals	13			
14	Geographic scope	Entire country			
15	Hospital	Hospitals participate voluntarily. We try to include in the sample large and small			

	characteristics used for a representative sample of hospitals	hospitals, rural and urban, academic and general hospitals and as much as possible different geographical areas in the country. Based on research (2004) we conclude that the sample is relatively representative for common accidents. We do not report about accidents with too small numbers. We almost always report on yearly averages, based on 5-year data. Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument
		en Veiligheid, 2004.
16	Sampling of cases	
	within hospitals	
17	Percentage of	16.1%
	admissions in data file	
18	Relative sample size (admissions)	7.3%
19	Relative sample size	
	(ambulatory	
	treatments)	
20	Minimum Quality	У
-	Control Checks	
21	Average percentage of "unknown""	2.1%
22	Method for	1 Based on national figures of injury cases of hospital admissions
	extrapolation from	
	sample to national	
	incidence	
23	Reference population	Y (population 2013, extrapolation based on data 2012)
24	(Eventual) additional comments (for the	Creating MDS directly from LIS instead from FDS provides better information
25	Dochonsible data	ValighaidNL / Consumer Safaty Institute
20	administrator	
	(organization)	
26	Contact: Responsible	H Valkenberg, Po Box 75169, 1070 AD Ameterdam, ±3120511/511
20	Derson	h valkenberg@veiligheid nl
27	Signature	
	Cignatare	
28	Date of completion of this file	20140522

Nat	National IDB File Information (IDB Full Data Set)			
1	Country	Netherlands		
2	Year	2013		
3	National Register Name	Letsel Informatie Systeem (LIS)/Dutch Injury Surveillance System (DISS)		
4	Purpose of the register	To record basic information about injuries (ED treatments) to be used for injury prevention.		
5	Scope of the register	All patients attending the Emergency Department (ED) of a hospital (including admission via ED)		
6	Data file name (FDS)	IDB2013_NL		
7	Date of creation of	20140522		

	FDS file	
8	Range of data of	20130101-20131231
	attendance	
9	Original coding	DISS coding system 2013/ compatible with IDB All Injuries
10	dictionary	
10	modifications	
11	(Eventual) Bridge coding applied	See: Syntax IDB 2013 for bridgecoding DISS -> IDB coding manual version 1.1 – June 2005
12	No. of records in the data file	73472
13	No. of FDS	13
4.4	reference hospitals	
14	Geographic scope	Entire country
15	hospitals	hospitals, rural and urban, academic and general hospitals and as much as possible different geographical areas in the country. Based on research (2004) we conclude that the sample is relatively representative for common accidents. We do not report about accidents with too small numbers. We almost always report on yearly averages, based on 5-year data.
		Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en Veiligheid, 2004.
16	Sampling of cases within hospitals	
17	Data entry method	In general, most hospitals work as follows: When a patient reports to the ED, the receptionist fills in an ED form for the hospital's administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event information will also be noted. In the course of treating the patient, hospital staff members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospitals can record the required information in various ways. If the hospital has a Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again. Hospitals that do not use the so-called ISSHIS system (the Dutch Injury Surveillance System combined with the Hospital Information System) can make use of stand-alone ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes.
18	Percentage of admissions in data file	16.1%
19	Minimum Quality Control Checks	Y
20	Average percentage of "unknown"	2.1%
21	(Eventual) additional comments (for the user):	

22	Responsible data	VeiligheidNL / Consumer Safety Institute	
	administrator		
	(organization)		
23	Contact:	H. Valkenberg, PO Box 75169, 1070 AD Amsterdam, +31205114511,	
	Responsible	h.valkenberg@veiligheid.nl	
	person		
24	Signature		
25	Date of completion	20140522	
	of this file		

Nat	National IDB File Information (Minimum Data Set)			
1	Country	Netherlands		
2	Year	2014		
3	National Register Name	Letsel Informatie Systeem (LIS)/ Dutch Injury Surveillance System (DISS)		
4	Purpose of the register	To record basic information about injuries (ED treatments) to be used for injury prevention.		
5	Scope of the	All patients attending the Emergency Department (ED) of a hospital (including admission via		
6	Data file	IDB2014_NL_MDS		
7	Data of	20150715		
ĺ	creation of MDS file	20130713		
8	Range of data of attendance	20140101-20141231		
9	Original coding dictionary	DISS coding system 2014, compatible with IDB All Injuries		
10	Dictionary modifications	Since January 2014 there is a new method of data collection. We analyse the Narrative with text analyses software, to obtain variables like location, activity, mechanism. Furthermore, there are some minor modifications in variable codes.		
11	Bridge coding applied	See: Syntax IDB 2014 MDS for bridgecoding DISS -> IDB-JAMIE MANUAL 3 May 2012		
12	No. of records	79584		
13	No. of MDS reference hospitals	14		
14	Geographic scope	Entire country		
15	Hospital characteristics used for a representative sample of hospitals	Hospitals participate voluntarily. We try to include in the sample large and small hospitals, rural and urban, academic and general hospitals and as much as possible different geographical areas in the country. Based on research (2004) we conclude that the sample is relatively representative for common accidents. We do not report about accidents with too small numbers. We almost always report on yearly averages, based on 5-year data. Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en Veiligheid, 2004.		
16	Sampling of cases within hospitals			
17	Percentage of admissions in data file	15.7%		
18	Relative sample size (admissions)	10.2%		
19	Relative sample size			

	(ambulatory treatments)	
20	Minimum Quality Control Checks	Y
21	Average percentage of "unknown""	3.7%
22	Method for extrapolation from sample to national incidence	1 Based on national figures of injury cases of hospital admissions
23	Reference population data provided	Y (population 2014, extrapolation based on data 2013)
24	(Eventual) additional comments (for the user):	Creating MDS directly from LIS instead from FDS provides better information
25	Responsible data administrator (organization)	VeiligheidNL / Consumer Safety Institute
26	Contact: Responsible person	H.Valkenberg, Po Box 75169, 1070 AD Amsterdam, +31205114511, h.valkenberg@veiligheid.nl
27	Signature	
28	Date of completion of this file	20150813

Nat	National IDB File Information (IDB Full Data Set)			
1	Country	Netherlands		
2	Year	2014		
3	National Register Name	Letsel Informatie Systeem (LIS)/Dutch Injury Surveillance System (DISS)		
4	Purpose of the register	To record basic information about injuries (ED treatments) to be used for injury prevention.		
5	Scope of the register	All patients attending the Emergency Department (ED) of a hospital (including admission via ED)		
6	Data file name (FDS)	IDB2014_NL		
7	Date of creation of FDS file	20150715		
8	Range of data of attendance	20140101-20141231		
9	Original coding dictionary	DISS coding system 2014/ compatible with IDB All Injuries		
10	Dictionary modifications	Since January 2014 there is a new method of data collection. We analyse the Narrative with text analyses software, to obtain variables like location, activity, mechanism. Furthermore there are some minor modifications in variable codes.		
11	(Eventual) Bridge coding applied	See: Syntax IDB 2014 for bridgecoding DISS -> IDB coding manual version 1.1 – June 2005		
12	No. of records in the data file	79584		
13	No. of FDS reference hospitals	14		

14	Geographic scope	Entire country
15	Sampling of hospitals	Hospitals participate voluntarily. We try to include in the sample large and small hospitals, rural and urban, academic and general hospitals and as much as possible different geographical areas in the country. Based on research (2004) we conclude that the sample is relatively representative for common accidents. We do not report about accidents with too small numbers. We almost always report on yearly averages, based on 5-year data. Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en Veiligheid, 2004.
16	Sampling of cases within hospitals	
17	Data entry method	In general, most hospitals work as follows: When a patient reports to the ED, the receptionist fills in an ED form for the hospital's administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event information will also be noted. In the course of treating the patient, hospital staff members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospitals can record the required information in various ways. If the hospital has a Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again. Hospitals that do not use the so-called ISSHIS system (the Dutch Injury Surveillance System combined with the Hospital Information System) can make use of stand-alone ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes.
18	Percentage of admissions in data file	15.7%
19	Minimum Quality Control Checks	Y
20	Average percentage of "unknown"	3.1%
21	(Eventual) additional comments (for the user):	
22	Responsible data administrator (organization)	VeiligheidNL / Consumer Safety Institute
23	Contact: Responsible person	H. Valkenberg, PO Box 75169, 1070 AD Amsterdam, +31205114511, <u>h.valkenberg@veiligheid.nl</u>
24	Signature	
25	Date of	20150813
	this file	

Na	National IDB File Information (IDB Full Data Set)			
1	Country	Netherlands		
2	Year	2015		
3	National Register	Letsel Informatie Systeem (LIS)/Dutch Injury Surveillance System (DISS)		
	Name			
4	Purpose of the	To record basic information about injuries (ED treatments) to be used for injury		
	register	prevention.		
5	Scope of the	All patients attending the Emergency Department (ED) of a hospital (including admission		
	register	via ED)		

6	Data file name (FDS)	IDB2015_NL
7	Date of creation of FDS file	20170406
8	Range of data of attendance	20150101-20151231
9	Original coding dictionary	DISS coding system 2015/ compatible with IDB All Injuries
10	Dictionary modifications	Since January 2015 there is a new method of data collection. We analyse the Narrative with text analyses software, to obtain variables like location, activity, mechanism. Furthermore there are some minor modifications in variable codes.
11	(Eventual) Bridge coding applied	See: Syntax IDB 2015 for bridgecoding DISS -> IDB coding manual version 1.1 – June 2005
12	No. of records in the data file	76857
13	No. of FDS reference hospitals	14
14	Geographic scope	Entire country
15	Sampling of hospitals	Hospitals participate voluntarily. We try to include in the sample large and small hospitals, rural and urban, academic and general hospitals and as much as possible different geographical areas in the country. Based on research (2016) we conclude that the sample is relatively representative for common accidents. We do not report about accidents with too small numbers. We almost always report on yearly averages.
		Letsel Informatie Systeem Representatief voor alle SEH's in Nederland?; Martien Panneman, Birgitte Blatter; VeiligheidNL; 2016
16	Sampling of cases within hospitals	
16	Sampling of cases within hospitals Data entry method	In general, most hospitals work as follows: When a patient reports to the ED, the receptionist fills in an ED form for the hospital's administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event information will also be noted. In the course of treating the patient, hospital staff members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospitals can record the required information in various ways. If the hospital has a Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again. Hospitals that do not use the so-called ISSHIS system (the Dutch Injury Surveillance System combined with the Hospital Information System) can make use of stand-alone ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes.
16	Sampling of cases within hospitals Data entry method Percentage of admissions in data file	In general, most hospitals work as follows: When a patient reports to the ED, the receptionist fills in an ED form for the hospital's administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event information will also be noted. In the course of treating the patient, hospital staff members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospitals can record the required information in various ways. If the hospital has a Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again. Hospitals that do not use the so-called ISSHIS system (the Dutch Injury Surveillance System combined with the Hospital Information System) can make use of stand-alone ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes. 15.7%
16 17 18 19	Sampling of cases within hospitals Data entry method Data entry method Percentage of admissions in data file Minimum Quality Control Checks	In general, most hospitals work as follows: When a patient reports to the ED, the receptionist fills in an ED form for the hospital's administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event information will also be noted. In the course of treating the patient, hospital staff members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospitals can record the required information in various ways. If the hospital has a Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again. Hospitals that do not use the so-called ISSHIS system (the Dutch Injury Surveillance System combined with the Hospital Information System) can make use of stand-alone ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes. 15.7%
16 17 18 19 20	Sampling of cases within hospitals Data entry method Data entry method Percentage of admissions in data file Minimum Quality Control Checks Average percentage of "unknown"	In general, most hospitals work as follows: When a patient reports to the ED, the receptionist fills in an ED form for the hospital's administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event information will also be noted. In the course of treating the patient, hospital staff members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again. Hospitals that do not use the so-called ISSHIS system (the Dutch Injury Surveillance System combined with the Hospital Information System) can make use of stand-alone ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes. 15.7% 4.1%

	comments (for the	
	user):	
22	Responsible data	VeiligheidNL / Consumer Safety Institute
	administrator	
	(organization)	
23	Contact:	H. Valkenberg, PO Box 75169, 1070 AD Amsterdam, +31205114511,
	Responsible	h.valkenberg@veiligheid.nl
	person	
24	Signature	
25	Date of completion	20170406
	of this file	

IDB-Metadata (National IDB data file information form)					
Country	Netherlands	Netherlands			
Year	2016				
Question Specification	Answer Con info	mments (additional ormation in case of No)			
	Scope				
All age groups? All age-groups covere	d Y				
All injury categories All MDS options for inf	tent, Y				
(home, leisure, sport, setting and activity					
school, road, paid work, covered					
self-harm, assault)?					
All injury mechanisms? All MDS options for inj	jury Y				
mechanism covered a	ind				
coded	· · · · · · · · · · · · · · · · · · ·				
All injury types and all All MDS options for inj	jury Y				
body parts? types and body parts					
Admissions and All MDS antions for					
ambulatory treatments?					
covered	<sup>ب</sup> ۲				
Inclusion / exclusion of cases					
Only patients diagnosed Equivalent to ICD-10 \$	S00- Y				
as suffering from injury? T98 (chapter XIX)					
Consequences of medical Equivalent to ICD-10	Y				
interventions excluded? codesT80-T88 and T9	98.3				
excluded					
Follow-up treatments No double counting of	Y				
excluded? cases					
Non-residents included?	Y				
Representa	tiveness of the sample				
Recommended number of More than 10.000 cas	es Y /8/	/4/			
Cases?					
sample?	14				
Recommended number of All hospitals (nat. non.	v				
hospitals?					
hospitals (nat. pop. 1-	3m).				
5 (nat. pop 3-12m), 7	(nat.				
pop. 12-40m), 9 (nat.	pop.				
>40m)					
Sample of hospitals Small, middle-size, lar	rge Y				
balanced by hospital hospitals included					
size?					
Sample of hospitals Hospitals with urban 8	x Y				
balanced by geo-					
Coverage / Included					
balanced by bospital					
type?					

	included: Primary health		
	care and day-care centres		
	excluded		
Validation checks? Representativeness		Y	
	current sample of		
	hospitals has been		
	controlled at least by age		
	and type of injury		
	Quality of	recording	
Rate of admissions?	Percentage of treatment	17.4%	
	code 1	11.170	
Average rate of	Average percentage of	10.0%	
"unknown"?)?	codes 9 or 99 of the	10.070	
dinatori i ji	following 10 MDS data		
	elements: age sex		
	month treatment nature		
	of injury1, part of body1.		
	intent. location.		
	mechanism, activity		
	(mandatory data elements		
	where "unknown" is		
	allowed).		
Rate of children?	Percentage of children 0-	22.4%	
	14a		
	Quality of es	stimated rate	•
Incidence (ED	Crude rate, standardised	Υ	
presentation) rate	for age and sex, using		
available?	Eurostat population		
	projection by 1 January		
Valid at national level?	Tick no, if rate is valid at	Y	
	regional level and add		
	name of the region		
Recommended method of	HDR-method or EDR-	Y	
projection used (or no method is used for			
projection needed)? projection (or IDB-MD			
	file contains all national		
cases)			
Medical interventions	If HDR or EDR method is	Y	
consistently excluded for	applied: medical		
projection?	interventions excluded in		
	both, IDB and HDR (or		
	EDR)		
Follow-up treatments	It HDR or EDR method is	N	
consistently excluded for	applied: follow-up		
projection?	treatments excluded in		
	both, IDB and HDR (or		
Day-care patients	If HDR or EDR method is	Y	
consistently excluded for	applied: day care patients		
projection?	excluded in both, IDB and		
New weather	HDR (or EDR)		
Non-residents	If HDR or EDR method is	Ŷ	
projection?			
projection?	Included in both, IDB and		
Pandom compling in	If compling within and ar	N	
hospitals?			
nospitais?	Several nospitals occurs:		
	prevents from biosoc		
Known bias (a g	No bias is known or bias	v	
ronarding admissions)	has been corrected by	'	
corrected?	means of external		
statistics hofors			
statistics before			
	L calculating rates	lelivery	1

MDS data successfully uploaded?		Y	
FDS data successfully uploaded?		Y	
Reference population data file provided?	Automatic calculation of IR at IDB web-gate will be enabled	Y	
List of FDS reference hospitals provided?		Y	
	National da	ata provider	
National register name (and eventual abbreviation)		Letsel Informatie Systeem (L Surveillance System (DISS)	_IS)/Dutch Injury
Name of organization	In national language and English	VeiligheidNL / Consumer Sa	fety Institute
Name of respondent (contact person)		H. Valkenberg, PO Box 7516 +31205114511	69, 1070 AD Amsterdam,
E-mail address of contact person		h.valkenberg@veiligheid.nl	
Date of completion of this form		29-6-2017	

## Norway

Nati	National IDB File Information (Minimum Data Set)		
1	Country	Norway	
2	Year	2012	
3	National Register	Norwegian Patient Register (NPR)	
	Name		
4	Purpose of the register	In 2007, the Parliament decided that NPR should be a central health register collecting also the patients unique personal number. Injury data could be collected without the consent of the patient. From 2009, this regulation was effected.	
5	Scope of the register	All injuries in all agegroups is to be registered	
6	Data file name (MDS)	13_10747-JAMIE_5.txt	
7	Date of creation of MDS file	20140521	
8	Range of data of attendance	20120101 - 20121231	
9	Original coding dictionary	A Norwegian coding maual translated into The new Minimum Data Set Injury Data Base (IDB-MDS) September 2012.	
10	Dictionary modifications	Norwegian coding manual is more comprehenseive than IDB-MDS. The version used to day is from February 2011.	
11	Bridge coding applied	Bridge coding table ICD10 > MDSbreceived from Bjarne Laursen, DK	
12	No. of records in the data file	26716	
13	No. of MDS reference hospitals	15 of total 22 hospials	
14	Geographic scope	The whole of Norway	
15	Hospital	The 15 hospitals are representative for the four hospital regions of Norway: North: 1,	
	characteristics	Middle: 3, West 3, South-East: 8	
	used for a		
	representative		

	sample of		
10			
16	sampling of cases within hospitals	various amount of completeness i the nospitals. No known blas.	
17	Percentage of	21.1%	
	admissions in		
	data file		
18	Relative sample	In this sample 5681 adminssions. Total admissions 2012 in hosptials with injury	
	size (admissions)	diagnosis 61428, i.e 9,2%	
19	Relative sample	In this sample 21085 ambulatory treatments. Total ambulatory treatments 2012 in	
	size (ambulatory	hosptials with injury diagnosis 238433, i.e 8,8%	
	treatments)		
20	Minimum Quality	n	
	Control Checks		
21	Average	2.4%	
	percentage of		
	"unknown""		
22	Method for	This samplew is assessed to be representative for Norway.	
	extrapolation from	Number of injuries treated in hospitals (in- and out-patients) was 299 852. This is unique	
	sample to national	injuries as controls are deleted. Considering the total population beolw, crude rate of	
	incidence	hospital treated injuries in Norway 2012 is 6.0%.	
23	Reference	Population of Norway 2012 was 4 985 870	
	population data		
	provided		
24	(Eventual)	A just published report showing Injury pattern in Norway:	
	additional	(http://www.regjeringen.no/nb/dep/hod/dok/rapporter_planer/rapporter/2014/Skadebildet-	
	comments (for the	i-Norge.html?id=761037) tells that there is anually 540 000 medical treated injuries in	
	user):	Norwaay. That means that ab. 240 000 injuries are treated by GPs, and not transferred	
		to hospials. That should indicate a national incidence of medical treated injuries in	
		Norway of 10.8%. The pattern of patients treated by GPs is not known yet.	
25	Responsible data	Helsedirektoratet – Norwegian Directorate of Health, Norwegian Patient Register –	
	administrator	Nasjonalt pasient register	
	(organization)	http://helsedirektoratet.no/kvalitet-planlegging/norsk-pasientregister-	
		npr/Sider/default.aspx	
26	Contact:	Stian Thoresen Aspenes	
	Responsible	Norwegian Patient Register, telephone: +47 92085164	
	person	eMail address: stian.thoresen.aspenes@helsedir.no	
27	1		
	Signature	J. Lund	
28	Signature Date of	20140530	
28	Signature Date of completion of this	20140530	

Nat	National IDB File Information (Minimum Data Set)		
1	Country	Norway	
2	Year	2013	
3	National Register Name	Norwegian Patient Register (NPR)	
4	Purpose of the register	In 2007, the Parliament decided that NPR should be a central health register collecting also the patients unique personal number. Injury data could be collected without the consent of the patient. From 2009, this regulation was effected.	
5	Scope of the register	All injuries in all agegroups is to be registered	

6	Data file name (MDS)	13_10747_10 - JAMIE.txt
7	Date of creation of MDS file	20140729
8	Range of data of attendance	20130101 - 20131231
9	Original coding dictionary	A Norwegian coding maual translated into The new Minimum Data Set Injury Data Base (IDB-MDS) September 2012.
10	Dictionary modifications	Norwegian coding manual is more comprehenseive than IDB-MDS. The version used to day is from February 2011.
11	Bridge coding applied	Bridge coding table ICD10 > MDSbreceived from Bjarne Laursen, DK
12	No. of records in the data file	40254
13	No. of MDS reference hospitals	16 of total 22 hospitals
14	Geographic scope	The whole of Norway
15	Hospital characteristics used for a representative sample of hospitals	The 16 hospitals are representative for the four hospital regions of Norway: North: 3, Middle: 3, West 3, South-East: 7
16	Sampling of cases within hospitals	Various amount of completeness in the hospitals. No known bias.
17	Percentage of admissions in data file	15.5%
18	Relative sample size (admissions)	In this sample 6237 admissions. Total admissions 2013 in hosptials with injury diagnosis 60880, i.e 10,2%
19	Relative sample size (ambulatory treatments)	In this sample 34017 ambulatory treatments. Total ambulatory treatments 2013 in hospitals with injury diagnosis 239781, i.e 14.2%
20	Minimum Quality Control Checks	n
21	Average percentage of "unknown""	2.7%
22	Method for extrapolation from sample to national incidence	This sample is assessed to be representative for Norway. Number of injuries treated in hospitals (in- and out-patients) was 303078. This is unique injuries as controls are deleted. Considering the total population below, crude rate of hospital treated injuries in Norway 2012 is 6.0%.
23	Reference population data provided	Population of Norway 2013 was 5051275
24	(Eventual) additional comments (for the user):	A just published report showing Injury pattern in Norway: (http://www.regjeringen.no/nb/dep/hod/dok/rapporter_planer/rapporter/2014/Skadebildet- i-Norge.html?id=761037) tells that there is anually 540 000 medical treated injuries in Norway. That means that ab. 240 000 injuries are treated by GPs, and not transferred to hospitals. That should indicate a national incidence of medical treated injuries in Norway of 10.8%. The pattern of patients treated by GPs is not known yet.

25	Responsible data	Helsedirektoratet - Norwegian Directorate of Health, Norwegian Patient Register -
20		nesediektorate – Horwegian Directorate of Health, Norwegian Fatient Register –
	administrator	Nasjonalt pasient register
	(organization)	http://helsedirektoratet.no/kvalitet-planlegging/norsk-pasientregister-
		npr/Sider/default.aspx
26	Contact:	Stian Thoresen Aspenes
	Responsible	Norwegian Patient Register, telephone: +47 92085164
	person	eMail address: stian.thoresen.aspenes@helsedir.no
27	Signature	J. Lund
28	Date of	20140729
	completion of this	
	file	

Nati	National IDB File Information (Minimum Data Set)			
1	Country	Norway		
2	Year	2014		
3	National Register Name	Norwegian Patient Register (NPR)		
4	Purpose of the register	In 2007, the Parliament decided that NPR should be a central health register collecting also the patient's unique personal number. Injury data could be collected without the consent of the patient. From 2009, this regulation was effected.		
5	Scope of the register	All injuries in all age groups to be registered		
6	Data file name (MDS)	13_10747 2014 - 2JAMIE		
7	Date of creation of MDS file	20150725		
8	Range of data of attendance	20140101 - 20141231		
9	Original coding dictionary	A Norwegian coding manual translated into The new Minimum Data Set Injury Data Base (IDB-MDS) September 2012.		
10	Dictionary modifications	Norwegian coding manual is more comprehensive than IDB-MDS. The version used to day is from February 2011.		
11	Bridge coding applied	Bridge coding table ICD10 -> MDS received from Bjarne Laursen, DK		
12	No. of records in the data file	48649		
13	No. of MDS reference hospitals	17 of total 22 hospitals		
14	Geographic scope	The whole of Norway		
15	Hospital characteristics used for a representative sample of hospitals	The 17 hospitals are representative for the four hospital regions of Norway: North: 3, Middle: 3, West 4, South-East: 7		
16	Sampling of cases within hospitals	Various amount of completeness in the hospitals. No known bias.		
17	Percentage of admissions in data file	14.4 %		
18	Relative sample size (admissions)	In this sample 7019 admissions. Total admissions 2014 in hospitals with injury diagnosis 59923, i.e 11.7 %		
19	Relative sample size (ambulatory treatments)	In this sample 41630 ambulatory treatments. Total ambulatory treatments 2014 in hospitals with injury diagnosis 240418, i.e 17.3 %		
20	Minimum Quality Control Checks	n		
21	Average percentage of "unknown""	2.9 %		
22	Method for	I his sample is assessed to be representative for Norway.		

	extrapolation from sample to national	Number of injuries treated in hospitals (in- and out-patients) was 300341. These are unique injuries as controls are deleted. Considering the total population below, crude
	Incidence	rate of nospital treated injuries in Norway 2014 is 5.9%.
23	Reference population data provided	Population of Norway 2014 was 5 109 056
24	(Eventual) additional comments (for the user):	A published report in 2014 showing Injury pattern in Norway: (http://www.regjeringen.no/nb/dep/hod/dok/rapporter_planer/rapporter/2014/Skadebildet- i-Norge.html?id=761037) tells that there are anually ab. 540 000 medical treated injuries in Norway. That means that ab. 240 000 injuries are treated by GPs, and not transferred to hospitals. That should indicate a national incidence of medical treated injuries in Norway of 10.6%. The pattern of patients treated by GPs is not known yet.
25	Responsible data administrator (organization)	Helsedirektoratet – Norwegian Directorate of Health, Norwegian Patient Register – Nasjonalt pasient register http://helsedirektoratet.no/kvalitet-planlegging/norsk-pasientregister- npr/Sider/default.aspx
26	Contact: Responsible person	Lena Denstad Norwegian Patient Register, telephone: +47 91247756 eMail address: lena.denstad@helsedir.no
27	Signature	J.Lund
28	Date of completion of this file	20150725

#### Metadata form 2015 not found

## **Poland**

Natio	National IDB File Information (Minimum Data Set)		
1	Country	Poland	
2	Year	2013	
3	National Register Name	Sp ZOZ nad Matką i Dzieckiem w Poznaniu, ul.Krysiewicza 7/8, Poland	
4	Purpose of the register	Preparing a traumatic database to check and in the future to be able to	
		avoid certain types of trauma, to point out where and why the injuries do	
		appear.	
5	Scope of the register	Pediatric hospital	
		We registered all of the patients with a traumatic case.	
6	Data file name (MDS)	jamie2013_1(1)	
7	Date of creation of MDS file	20140530	
8	Range of data of attendance	20130523– 20131231	
9	Original coding dictionary	Version August 7 <sup>th</sup> , 2012, amendments MARCH2013	
10	Dictionary modifications	No modifications	
11	Bridge coding applied	ICD10>MDS	
12	No. of records in the data file	8826	
13	No. of MDS reference hospitals	1	
14	Geographic scope	Poznań city and most of Greater Poland Voivodeship	
15	Hospital characteristics used for	It is the biggest pediatric trauma senter in Greater Poland Voivodeship	
	a representative sample of		
	hospitals		
16	Sampling of cases within	All of the cases were covered in this database.	
	hospitals		
17	Percentage of admissions in	11.2%	
	data file		
18	Relative sample size	10.55%	
	(admissions)		
19	Relative sample size (ambulatory treatments)	42.81%	
----	---	--	--
20	Minimum Quality Control Checks	n	
21	Average percentage of "unknown""	2.1%	
22	Method for extrapolation from sample to national incidence		
23	Reference population data provided	n	
24	(Eventual) additional comments (for the user):		
25	Responsible data administrator (organization)	Sp ZOZ nad Matką i Dzieckiem w Poznaniu, ul.Krysiewicza 7/8, Poland, Oddział Chirurgii Dziecięcej	
26	Contact: Responsible person	Mariusz Sykała – project leader, pediatric surgeon	
27	Signature		
28	Date of completion of this file	20140604	

Poland	
Krysiewicza 7/8, Poland	
the future to be able to	
and why the injuries do	
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2013	
eship	
er Poland Voivodeship.	
all of the patients with	
all of the patients with	
ing the face-to-face	
stem. They were than	

21	(Eventual) additional comments	-
	(for the user):	
22	Responsible data administrator	Sp ZOZ nad Matką i Dzieckiem w Poznaniu, ul.Krysiewicza 7/8, Poland,
	(organization)	Oddział Chirurgii Dziecięcej
23	Contact: Responsible person	Mariusz Sykała – project leader, pediatric surgeon
24	Signature	
25	Date of completion of this file	20140605

Natio	National IDB File Information (Minimum Data Set)			
1	Country	Poland		
2	Year	2014		
3	National Register Name	Sp ZOZ nad Matką i Dzieckiem w Poznaniu, ul.Krysiewicza 7/8, Poland		
4	Purpose of the register	Preparing a traumatic database to check and in the future to be able to		
		avoid certain types of trauma, to point out where and why the injuries do		
		appear.		
5	Scope of the register	Pediatric hospital		
		We registered all of the patients with a traumatic case.		
6	Data file name (MDS)	jamie2014_1(1)		
7	Date of creation of MDS file	20140530		
8	Range of data of attendance	20140101–20140522		
9	Original coding dictionary	Version August 7 <sup>th</sup> , 2012, amendments MARCH2013		
10	Dictionary modifications	No modifications		
11	Bridge coding applied	ICD10>MDS		
12	No. of records in the data file	5833		
13	No. of MDS reference hospitals	1		
14	Geographic scope	Poznań city and most of Greater Poland Voivodeship		
15	Hospital characteristics used for	It is the biggest pediatric trauma senter in Greater Poland Voivodeship		
	a representative sample of			
	hospitals			
16	Sampling of cases within	All of the cases were covered in this database.		
	hospitals			
17	Percentage of admissions in	10.4%		
	data file			
18	Relative sample size	8.93%		
	(admissions)			
19	Relative sample size (ambulatory	38.87%		
	treatments)			
20	Minimum Quality Control Checks	n L and		
21	Average percentage of	1,6%		
	"unknown""			
22	Method for extrapolation from			
	sample to national incidence			
22	Poteranae population data			
23	provided			
24	(Eventual) additional comments			
24	(for the user):			
25	Responsible data administrator	Sn 707 nad Matka i Dzieckiem w Poznaniu, ul Krysjewicza 7/8. Poland		
20	(organization)	Oddział Chiruraji Dziecjecej		
26	Contact: Responsible person	Mariusz Sykała – project leader, pediatric surgeon		
27	Signature			
28	Date of completion of this file	20140604		
20		דטטטדו טב		

Natio	National IDB File Information (Full Data Set)			
1	Country	Poland		
2	Year	2014		
3	National Register Name	Sp ZOZ nad Matką i Dzieckiem w Poznaniu, ul.Krysiewicza 7/8, Poland		
4	Purpose of the register	Preparing a traumatic database to check and in the future to be able to		
		avoid certain types of trauma, to point out where and why the injuries do		
		appear.		
5	Scope of the register	Pediatric hospital		
		We have chosen one day each week to register the patients with		
0				
6	Data file name (FDS)			
/	Date of creation of FDS file			
8	Range of data of attendance	20140101-20140522		
9		Version August 7 <sup></sup> , 2012, amendments MARCH2013		
10	Dictionary modifications			
11	(Eventual) Bridge coding applied	ICD10, labgia programme		
12	No. of records in the data file	418		
13	No. of FDS reference hospitals	1 Demoté site en demoté d'Ora stan Delan d'Alaire de chin		
14	Geographic scope	Poznan city and most of Greater Poland Volvodeship		
15	Sampling of hospitals	It is the biggest pediatric trauma senter in Greater Poland Voivodeship.		
		We have chosen one day each week to register all of the patients with		
		trauma to the FDS file.		
16	Sampling of cases within	We have chosen one day each week to register all of the patients with		
	hospitals	trauma to the FDS file.		
17	Data entry method	The data were being collected by ER-doctor during the face-to-face		
		patient's interview. Directly into the electronic system. They were than		
		collected from the system into the fds file.		
18	Percentage of admissions in	22.48%		
4.0	data file			
19	Minimum Quality Control Checks			
20	Average percentage of	~5%		
04				
21	(Eventual) additional comments	-		
22	(for the user):	Sn 707 nod Matka i Drigakian w Poznaniu ul Knysigwigza 7/8 Daland		
22	(organization)	Sp 202 nad Matką i Dzieckieni w Poznaniu, ur.Krysiewicza 7/6, Poland,		
22	Contact: Responsible person	Mariusz Sykała – project leader, pediatric surgeon		
23	Signaturo	ויימויעטב טיאמומ – איטופט ובמעבו, אבטומנווט טוועפטוו		
24	Data of completion of this file	20140605		
20	Date of completion of this file			

## Portugal

National IDB File Information		
Country	Portugal	
Year	2010	
National Register Name	ADELIA	
Purpose of the register	To obtain information about home and leisure accidents, product related accidents in particular, that is suitable both for statistical and injury prevention purposes	
Scope of the register	The scope of the register includes all home and leisure accidents, emergencies recorded in hospital. Excludes disease, car accident, work	

	accident or violence as cause of accident
Data file name	jamie2010_Final
Date of creation of data file	20120330
Selection criteria (for delimitation of reporting year)	20100101 – 20101231
No. of national reference hospitals	04
No. of records in the data file	2335
Ratio admissions / all records	6.0%
Representativeness of sampling of hospitals	A random selection method was chosen to select hospitals from the National System. These hospitals must cover the minimum of 10% of the population of Portugal.
Representativeness of sampling of cases within hospitals	The system cover all home and leisure accidents, emergencies recorded by the hospital, whose cause is not disease, car accident, work accident or violence
Data entry method	Face to face interviews with hospital patients (or accompanying persons) by the hospitals and health centres administrative
Sample ratio for admissions/discharges due to injuries or	0.44%
Alternatively: Sample ratio for ED/ambulatory treatments due to injuries	n.a.
Original coding dictionary	2005
Dictionary modifications	n
(Eventual) Bridge coding applied	n
Standard Quality Control Statement	n
Average % of "missing" (excluding date of birth)	20.04 %
Average % of "unknown" (excluding date of birth)	3.79 %
ECHI indicator 29b	5107 / 100.000
Method for projection of incidence rates	Based on national figures of injury cases of hospital admissions
National population reference data provided	У
(Eventual) additional comments (for the user):	Reorganization Of SNS. Lost of Health Center data
Data supplier: The National IDB Data Administrator (organization)	Departamento de Epidemiologia Instituto Nacional de Saúde Dr. Ricardo Jorge <u>www.insarj.pt</u>
Contact: Responsible person	Teresa Contreiras +351217520487 <u>Teresa.contreiras@insa.min-saude.pt</u>
Signature	
Date of completion of the this file	15 de Abril de 2012

Nat	National IDB File Information (IDB Full Data Set)			
1	Country	Portugal		
2	Year	2011		
3	National Register Name	ADELIA		
4	Purpose of the register	To obtain information about home and leisure accidents, product related accidents in particular, that is suitable both for statistical and injury prevention purposes		
5	Scope of the register	The scope of the register includes all home and leisure accidents, emergencies recorded in hospital. Excludes disease, car accident, work accident or violence as cause of accident		
6	Data file name (FDS)	IDB_Data_2011_Final		
7	Date of creation of FDS file	2013_07_22		
8	Range of data of attendance	20110101 – 2011231		
9	Original coding dictionary	2005		
10	Dictionary modifications	n		

11	(Eventual) Bridge coding applied	n
12	No. of records in the data file	6565
13	No. of FDS reference hospitals	4
14	Geographic scope	Entire country
15	Sampling of hospitals	A random selection method was chosen to select hospitals from the National System. These hospitals must cover the minimum of 10% of the population of Portugal.
16	Sampling of cases within hospitals	The system cover all home and leisure accidents, emergencies recorded by the hospital, whose cause is not disease, car accident, work accident or violence
17	Data entry method	Face to face interviews with hospital patients (or accompanying persons) by the hospitals and health centres administrative
18	Percentage of admissions in data file	4.58%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	19.9%
21	(Eventual) additional comments (for the user):	
22	Responsible data administrator (organization)	Departamento de Epidemiologia Instituto Nacional de Saúde Dr. Ricardo Jorge <u>www.insarj.pt</u>
23	Contact: Responsible	Teresa Contreiras
	person	+351217520487
-		leresa.contreiras@insa.min-saude.pt
24	Signature	
25	Date of completion of	2013-10-13
	this file	

Nat	National IDB File Information (IDB Full Data Set)		
1	Country	Portugal	
2	Vear	2012	
2	National Register Name		
3	Durpage of the register	ADELIA	
4	Purpose of the register	in particular, that is suitable both for statistical and injury prevention purposes	
5	Scope of the register	The scope of the register includes all home and leisure accidents, emergencies	
		cause of accident	
6	Data file name (FDS)	IDB_Data_2012_Final	
7	Date of creation of FDS file	2013_07_07	
8	Range of data of attendance	20120101 – 20121231	
9	Original coding	2005	
	dictionary		
10	Dictionary modifications	n	
11	(Eventual) Bridge coding applied	n	
12	No. of records in the data file	4978	
13	No. of FDS reference	4	
14	Geographic scope	Entire country	
15	Sampling of hospitals	A random selection method was chosen to select hospitals from the National System. These hospitals must cover the minimum of 10% of the population of Portugal.	
16	Sampling of cases within hospitals	The system cover all home and leisure accidents, emergencies recorded by the hospital, whose cause is not disease, car accident, work accident or violence	
17	Data entry method	Face to face interviews with hospital patients (or accompanying persons) by the hospitals and health centres administrative	
18	Percentage of	5.26%	

	admissions in data file	
19	Minimum Quality Control	у
	Checks	
20	Average percentage of	14.3%
	"unknown"	
21	(Eventual) additional	
	comments (for the user):	
22	Responsible data	Departamento de Epidemiologia Instituto Nacional de Saúde Dr. Ricardo Jorge
	administrator	www.insarj.pt
	(organization)	
23	Contact: Responsible	Teresa Contreiras
	person	+351217520487
		Teresa.contreiras@insa.min-saude.pt
24	Signature	
25	Date of completion of	2013-10-13
	this file	

Г

Nat	National IDB File Information (Full Data Set)		
1	Country	Portugal	
2	Year	2013	
3	National Register Name	EVITA	
4	Purpose of the register	To obtain information about home and leisure accidents, product related accidents in particular, that is suitable both for statistical and injury prevention purposes	
5	Scope of the register	The scope of the register includes all home and leisure accidents, emergencies recorded in hospital. Excludes disease, car accident, work accident or violence as cause of accident	
6	Data file name (FDS)	Portugal_Jamie_2013.dat	
7	Date of creation of FDS file	20140325	
8	Range of data of attendance	20130101-20131231	
9	Original coding dictionary	2005	
10	Dictionary modifications	n	
11	(Eventual) Bridge coding applied	n	
12	No. of records in the data file	7370	
13	No. of FDS reference hospitals	4	
14	Geographic scope	Entire country	
15	Sampling of hospitals	A random selection method was chosen to select hospitals from the National System. These hospitals must cover the minimum of 10% of the population of Portugal.	
16	Sampling of cases within hospitals	The system cover all home and leisure accidents, emergencies recorded by the hospital, whose cause is not disease, car accident, work accident or violence	
17	Data entry method	Face to face interviews with hospital patients (or accompanying persons) by the hospitals and health centres administrative	
18	Percentage of admissions in data file	7.9%	
19	Minimum Quality Control Checks	У	
20	Average percentage of "unknown"	35,7%	

21	(Eventual) additional	
	comments (for the user):	
22	Responsible data	Departamento de Epidemiologia Instituto Nacional de Saúde Dr. Ricardo Jorge
	administrator	www.insarj.pt
	(organization)	
23	Contact: Responsible	Teresa Contreiras
	person	+351217520487
	F	Teresa.contreiras@insa.min-saude.pt
24	Signature	
25	Date of completion of	2014-03-25
	this file	

Nat	ional IDB File Information	(IDB Full Data Set)
1	Country	Portugal
2	Year	2014
3	National Register Name	EVITA
4	Purpose of the register	To obtain information about home and leisure accidents, product related accidents in particular, that is suitable both for statistical and injury prevention purposes
5	Scope of the register	The scope of the register includes all home and leisure accidents, emergencies recorded in hospital. Excludes disease, car accident, work accident or violence as cause of accident
6	Data file name (FDS)	idb 2014 pt.dat
7	Date of creation of FDS file	20150717
8	Range of data of attendance	20140101-20141231
9	Original coding dictionary	2005
10	Dictionary modifications	Variables not recorded in 2014 database: -Transport injury event - Objects (3 variables) - type injury_2 - part_body_injury_2 - relation, sex and age of victim_perpetrator - previous self harm - role of injury person - counterpart - type of sport
11	(Eventual) Bridge coding	n
12	No. of records in the data file	4136
13	No. of FDS reference hospitals	4
14	Geographic scope	Entire country
15	Sampling of hospitals	A random selection method was chosen to select hospitals from the National System. These hospitals must cover the minimum of 10% of the population of Portugal.
16	Sampling of cases within hospitals	The system cover all home and leisure accidents, emergencies recorded by the hospital, whose cause is not disease, car accident, work accident or violence
17	Data entry method	Face to face interviews with hospital patients (or accompanying persons) by the hospitals and health centres administrative
18	Percentage of admissions in data file	6.1%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	37,1%
21	(Eventual) additional comments (for the user):	
22	Responsible data administrator	Departamento de Epidemiologia Instituto Nacional de Saúde Dr. Ricardo Jorge www.insarj.pt

	(organization)	
23	Contact: Responsible	Ricardo Mexia
	person	+351217526404
		ricardo.mexia@insa.min-saude.pt
24	Signature	
25	Date of completion of this	2015-07-19
	file	

IDB-Metadata (National IDB data file information form)				
Country		PORTUGAL (0033)		
Year		2015		
Question	Specification	Answer	Comments (additional information in case of No)	
	Sc	оре	<u> </u>	
All age groups?	All age-groups covered	Y		
All injury categories (home, leisure, sport, school, road, paid work, self-harm, assault)?	All MDS options for intent, setting and activity covered	N	Only home, leisure and sport, school accidents. No workplace and road accidents, no violence and self-harm.	
All injury mechanisms?	All MDS options for injury mechanism covered and coded	Y		
All injury types and all body parts?	All MDS options for injury types and body parts covered and coded	Y		
Admissions and ambulatory treatments?	All MDS options for treatment and follow-up covered	Y		
Inclusion / exclusion of ca	ises			
Only patients diagnosed as suffering from injury?	Equivalent to ICD-10 S00- T98 (chapter XIX)	Y		
Consequences of medical interventions excluded?	Equivalent to ICD-10 codesT80-T88 and T98.3 excluded	Y		
Follow-up treatments excluded?	No double counting of cases	Y		
Non-residents included?		Y		
Representativen		ess of the sample		
Recommended number of cases?	More than 10.000 cases	Y		
Number of hospitals in the sample?		004		
Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	N	We hope to improve in short time the number of hospitals in the network of the system.	
Sample of hospitals balanced by hospital size?	Small, middle-size, large hospitals included	Y		
Sample of hospitals balanced by geo- coverage?	Hospitals with urban & rural catchment areas included	Y		
Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	Y		
Validation checks?	Representativeness of current sample of hospitals has been	Y		

	controlled at least by age			
	and type of injury			
	Quality of	f recording		
Rate of admissions?	Percentage of treatment code 1	03.2%		
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).	36.6%		
Rate of children?	Percentage of children 0-	32.8%		
	Quality of es	stimated rate		
Incidence (ED	Crude rate, standardised	Y		
presentation) rate available?	for age and sex, using Eurostat population projection by 1 January			
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	Y		
Recommended method of projection used (or no projection needed)?	HDR-method or EDR- method is used for projection (or IDB-MDS file contains all national cases)	Y		
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Y		
Follow-up treatments consistently excluded for projection?	If HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)	Y		
Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or EDR)	Y		
Non-residents consistently included for projection?	If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR)	Y	Non residents are included in both HDR and EDR.	
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	Y		
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	Y		
Data delivery				
uploaded?		Ŷ		
FDS data successfully uploaded?		Y		
Reference population data file provided?	Automatic calculation of IR at IDB web-gate will be	Y		

	enabled	
List of FDS reference		Y
	National d	ata providar
	เพลแบกลา นอ	ala provider
National register name		EVITA - Epidemiologia e Vigilância dos Traumatismos
(and eventual		e Acidentes
abbreviation		
Name of organization	In national language and	Departamento de Epidemiologia Instituto Nacional de
	English	Saúde Dr. Ricardo Jorge
		Epidemiology Department National Institute of Health
		Dr. Ricardo Jorge
Name of respondent		Ricardo Mexia
(contact person)		
E-mail address of contact		ricardo.mexia@insa.min-saude.pt
person		
Date of completion of this		28/10/2016
form		

IDB-Metadata (National IDB data file information form)				
Country		Portugal (0033)		
Year		2016		
Question	Specification	Answer	Comments (additional information in case of No)	
	Sc	оре		
All age groups?	All age-groups covered	Y		
All injury categories	All MDS options for intent,	N		
(home, leisure, sport,	setting and activity			
school, road, paid work,	covered			
self-harm, assault)?				
All injury mechanisms?	All MDS options for injury mechanism covered and coded	Y		
All injury types and all	All MDS options for injury	Y		
body parts?	types and body parts			
	covered and coded			
Admissions and	All MDS options for	Y		
ambulatory treatments?	treatment and follow-up			
Inclusion ( exclusion of e	covered			
Only patients diagnoad	Equivalant to ICD 10 S00	V		
only patients diagnosed	TOR (chapter XIX)	T		
Consequences of medical	Equivalent to ICD-10	v		
interventions excluded?	codesT80-T88 and T98.3			
	excluded			
Follow-up treatments	No double counting of	Y		
excluded?	cases			
Non-residents included?		Y		
	Representativen	ess of the sample	-	
Recommended number of cases?	More than 10.000 cases	Y		
Number of hospitals in the sample?		004		
Recommended number of hospitals?	All hospitals (nat. pop	Y		
	hospitals (nat pop 1-3m)			
	5 (nat. pop 3-12m), 7 (nat.			
	pop. 12-40m), 9 (nat. pop.			
	>40m)			
Sample of hospitals	Small, middle-size, large	Y		
balanced by hospital	hospitals included			
size?				
Sample of hospitals	Hospitals with urban &	N		
balanced by geo-	rural catchment areas			
coverage?	included			

Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	Y	
	current sample of hospitals has been controlled at least by age and type of injury	T	
Rate of admissions?	Percentage of treatment	06.1%	
Average rate of "unknown"?)?	code 1 Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements	20.5%	
	where "unknown" is allowed).		
Rate of children?	Percentage of children 0-	34.2%	
	Quality of es	stimated rate	
Incidence (ED	Crude rate, standardised	N	
presentation) rate	for age and sex, using		
available?	Eurostat population projection by 1 January		
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	Y	
Recommended method of projection used (or no projection needed)?	HDR-method or EDR- method is used for projection (or IDB-MDS file contains all national cases)	Y	
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Y	
Follow-up treatments consistently excluded for projection?	If HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)	Y	
Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or EDR)	Y	
Non-residents consistently included for projection?	If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR)	Y	
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	Ν	
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external	Ν	

	statistics before	
	calculating rates	
	Data d	elivery
MDS data successfully		Y
uploaded?		
FDS data successfully		Y
uploaded?		
Reference population	Automatic calculation of	Y
data file provided?	IR at IDB web-gate will be	
	enabled	
List of FDS reference		Y
hospitals provided?		
	National da	ata provider
National register name		EVITA - Epidemiologia e Vigilância dos Traumatismos
(and eventual		e Acidentes
abbreviation)		
Name of organization	In national language and	Departamento de Epidemiologia Instituto Nacional de
	English	Saúde Dr. Ricardo Jorge
		Epidemiology Department National Institute of Health
		Dr. Ricardo Jorge
Name of respondent		Tatiana Alves
(contact person)		Ricardo Mexia
E-mail address of contact		ricardo.mexia@insa.min-saude.pt
person		tatiana.alves@insa.min-saude.pt
Date of completion of this		25/06/2017
form		

## Romania

Nat	National File Information Form (Minimum Data Set)			
1	Country	Romania		
2	Year	2013		
3	National Register Name	There is no official national register name – the data is collected for JAMIE		
		project		
4	Purpose of the register	Romanian Ministry of Health designated the Babes-Bolyai University as the		
		official National Data Administrator, with responsibilities for overseeing data		
		collection and management for the IDB. Based on this decision data is being		
		collected for the JAMIE project as well.		
5	Scope of the register	The scope of the data collection is to have the first minimum data set		
		representative for at least a region in Romania. It is the first surveillance that		
		collects data at this level in Romania.		
6	Data file name (MDS)	MDS_2013_all_export_May 2014		
7	Date of creation of MDS file	20130101		
8	Range of data of	201301dd – 201312dd		
	attendance			
9	Original coding dictionary	IDB-MDS data dictionary; not translated into national language. A record		
		abstraction form was designed in the national language		
10	Dictionary modifications	1 variable was added – urban/rural injury due to the national background		
11	Bridge coding applied	Data is abstracted from the national emergency individual records that each		
		emergency department uses. The main section where data is abstracted from		
		is the description of the event (anamneza).		
12	No. of records in the data	0010855		
	file			
13	No. of MDS reference	004*		
	hospitals			
14	Geographic scope	Central Region		
15	Hospital characteristics	Hospitals have been selected based on:		

-		
	used for a representative	Geographic location
	sample of hospitals	Size/type of hospital
		Acceptance of the hospital to collect data was necessary
		Sample is not random – convenience sample of hospitals
16	Sampling of cases within	All injury cases (as defined in the data dictionary) within the ED of the hospitals
	hospitals	are being collected.
		RTI are underreported in 1 out of 4 ED.
		During the shifts of the appointed data collectors
		Variation of % of the data collected from the total no of injuries
17	Percentage of admissions	16.8%
	in data file	
18	Relative sample size	16.8%
	(admissions)	
19	Relative sample size	-
	(ambulatory treatments)	
20	Minimum Quality Control	у
	Checks	
21	Average percentage of	03.0%
	"unknown""	
22	Method for extrapolation	Not eligible for 2013
	from sample to national	
	incidence	
23	Reference population data	-
	provided	
24	(Eventual) additional	-
	comments (for the user):	
25	Responsible data	Universitatea Babes-Bolyai, Centrul de Sanatate Publica si Politici de Sanatate
	administrator (organization)	Babes Bolyai University, Center for Health Policy and Public Health
		www.publichealth.ro
26	Contact: Responsible	Diana Rus,
	person	Diana.rus@publichealth.ro
		+40 742 020 689
		Pandurilor str no 7, room 910, Cluj-Napoca, Romania
27	Signature	
28	Date of completion of this	20140506
1	file	

Nat	National IDB File Information (Full Data Set)			
1	Country	Romania		
2	Year	2013		
3	National Register Name	There is no official national register name – the data is collected for JAMIE project		
4	Purpose of the register	The Romanian Ministry of Health designated the Babes-Bolyai University as the official National Data Administrator, with responsibilities for overseeing data collection and management for the IDB. Based on this decision data is being collected for the JAMIE project as well.		
5	Scope of the register	Due to the research interest in child safety and distracting driving of the research team in Romania, extra data on child safety systems in cars and distracting driving is collected as part of the FDS data collection.		
6	Data file name (FDS)	FDS_2013_all_export_April 2014.dat		
7	Date of creation of FDS file	20130101		
8	Range of data of attendance	20130101–20130714		
9	Original coding dictionary	Coding Manual V2000 for Home and Leisure – August 2002 (French Version)		

10	Dictionary modifications	Added extra variables on RTI: usage of child safety systems and extra variables on distracted driving (alcohol, drugs, texting) Added rural/urban location of the injury	
11	(Eventual) Bridge coding applied	-	
12	No. of records in the data file	0002873	
13	No. of FDS reference hospitals	001	
14	Geographic scope	Central region - representative for the Mures county	
15	Sampling of hospitals	Convenience – acceptance of the ED to collect data; previous participation in the IDB	
16	Sampling of cases within hospitals	80% of the injury cases are collected Interviewer bias (all cases treated by 3 MDs are being collected + extra cases treated by other MDs but not all). In order to prevent the bias, during one week, at least all cases from two weekdays and one weekend day are being collected	
17	Data entry method	Details on how data is being collected are described: Gal M, Rus D, Peek-Asa C, Cherecheş RM, Sirlincan EO, Boeriu C, Baba CO. <i>Epidemiology of assault and self-harm injuries treated in a large Romanian Emergency Department</i> . Eur J Emerg Med. 2012: 19(3):146-52.	
18	Percentage of admissions in data file	21.07%	
19	Minimum Quality Control Checks	У	
20	Average percentage of "unknown"	01.3%	
21	(Eventual) additional comments (for the user):	Max. 250 characters	
22	Responsible data administrator (organization)	Universitatea Babes-Bolyai, Centrul de Sanatate Publica si Politici de Sanatate Babes Bolyai University, Center for Health Policy and Public Health www.publichealth.ro	
23	Contact: Responsible person	Diana Rus, <u>Diana.rus@publichealth.ro</u> +40 742 020 689 Pandurilor str no 7, room 910, Cluj-Napoca, Romania	
24	Signature		
25	Date of completion of this file	20140506	

## **Slovenia**

National IDB File Information			
Country	Slovenia		
Year	2010		
National Register Name	SI-2010		
Purpose of the register	All patients who are admitted for one day or longer in all hospitals are recorded in existing database. The data form existing database is transformed for IDB (AI) form. The data from the register are used for setting the priorities for developing national action plan on injury prevention in children. Data from the register, especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention		

	program. Data are used also for publishing analysis on injuries in adolescents and
	for research on product safety.
Scope of the register	All injuries.
Data file name	SI-2010_zIZV.txt
Date of creation of data file	20120702
Selection criteria (for	20100101 – 20101231
delimitation of reporting	
year)	
No. of national reference	15
hospitals	
No. of records in the data	29679 records of discharges
file	
Ratio admissions / all	4,93% of all records are daily cases. All records are inpatients, among which
records	4,93% are daily cases.
Representativeness of	All hospitals in Slovenia country are covered.
sampling of hospitals	All patients who are admitted for one day or longer in all hospitals are recorded in
	existing database. The data form existing database is transformed for IDB (AI)
	form.
Representativeness of	All cases within all hospitals are covered
sampling of cases within	
hospitals	
Data entry method	Data entry is carried out by hospital staff using existing hospital applications.
Sample ratio for	100%
admissions/discharges due	
to injuries or	
Alternatively: Sample ratio	Not available.
for ED/ambulatory	
treatments due to injuries	We did not use the sample of hospitals.
Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005.
Dictionary modifications	1
(Eventual) Bridge coding	The bridge coding from ICD-10 was applied to the data to produce the IDB data
applied	file.
Standard Quality Control	n
Statement	
Average % of "missing"	Below 1 %.
(excluding date of birth)	
Average % of "unknown"	10 cases have unknown country code
(excluding date of birth)	Approx. 35 % of cases have undefined values.
ECHI indicator 29b	Not possible to obtain, because there is no information about ambulatory treated
	cases (yet)
Method for projection of	XXXXX
Incidence rates	
National population	У
reference data provided	
(Eventual) additional	XXXXX
comments (for the user):	
Data supplier: The National	National Institute of Public Health
IDB Data Administrator	Health Data Centre
(organization)	<u>nttp://www.ivz.si/</u>
Contact: Responsible	INEIKA Zaletel
person	rubarjeva Z, 1000 Ljubijana
	+30012441437
Cignoturo	
Signature	XXXXX
Date of completion of the	20120725
LIUS DE	

Na	National IDB File Information (Minimum Data Set)				
1	Country	Slovenia			
2	Year	2011			
3	National Register	The Out-Patient Specialist Services Database (National Emergency Department			
	Name	Data); National Hospital Health Care Statistics Database			
4	Purpose of the register	The legal basis for health data collection in Slovenia is Law on Health Information			

r		
		System and Databases called "The Health Care Databases Act".
		Out-patient specialist services represent secondary level of health care in the Republic of Slovenia. Reports are submitted after all curative activities have been carried out in out-patient specialist services. Data are provided by all specialist surgeries offering specialist out-patient care. National Emergency Department Data present a part of The Out-Patient Specialist Services Database.
		All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.
		Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-MDS data preparation.
		The data from both above described databases are transformed into standard IDB data format (MDS), according to JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety.
5	Scope of the register	All injuries and poisonings, all out-patients and inpatients
6	Data file name (MDS)	SI-2011-MDS dat
7	Date of creation of	20130711
	MDS file	20100111
8	Range of data of attendance	20110101 – 20111231
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005. Slovenian translation "Priročnik za kodiranje: Evropska baza podatkov o poškodbah (European Injury Database). Podatkovni slovar. Verzija 1.1 – junij 2005. Slovenski prevod. Januar 2006".
10	Dictionary modifications	1
11	Bridge coding applied	The bridge coding from ICD-10 was applied to the data, to produce the IDB-MDS data file, according to JAMIE Manual, August 2012 (ICD10 > MDS).
12	No. of records in the data file	107097
13	No. of MDS reference hospitals	004
14	Geographic scope	Sample is representative for entire reporting country.
15	Hospital characteristics	Sample hospitals, were selected in such a way that geographically cover entire
	used for a representative sample of hospitals	country. Slovenian sample include 3 general hospitals and one university hospital (the biggest Slovenian hospital).
		Known bias:
		1. A part of eye injuries is not included in case of one sample hospital. That is
		approx. 3% of all emergency ambulatory treatments in this hospital, but it is
		assumed that most of those injuries are actually treated also in other clinics of this
		hospital, as this are injuries that also covers other parts of the head/ body and not
		only eye.

	1				
		2. Our sample covers the majority of skiing injuries in Slovenia, as in one of our sample hospitals the majority of skiing injuries in Slovenia is treated.			
16	Sampling of cases	All cases within sample hospitals are covered.			
17	Percentage of admissions in data file	10.7%	10.7%		
18	Relative sample size (admissions)	37.7%	37.7%		
19	Relative sample size (ambulatory treatments)	54.3%	54.3%		
20	Minimum Quality Control Checks	у	у		
21	Average percentage of "unknown""	6.8%	Remark: Max. in the case of mechanism of injury 33.9%.		
22	Method for extrapolation from sample to national incidence	1) Based on national figures of injury cases of hospital admissions.			
23	Reference population data provided	у			
24	(Eventual) additional comments (for the user):	/			
25	Responsible data administrator (organization)	Nacionalni inštitut za javno zdravje Zdravstveno podatkovni center National Institute of Public Health Health Data Centre http://www.nijz.si/			
26	Contact: Responsible person	Metka Zaletel Trubarjeva 2, 1000 Ljubljana +38612441457 metka.zaletel@nijz.si (and CC to edamis@nijz.si)			
27	Signature				
28	Date of completion of this file	20140224			

National IDB File Information (Full Data Se
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1	Country	Slovenia
2	Year	2011
3	National Register	The Out-Patient Specialist Services Database (National Emergency Department
	Name	Data); National Hospital Health Care Statistics Database
4	Purpose of the register	The legal basis for health data collection in Slovenia is Law on Health Information
		System and Databases called "The Health Care Databases Act".
		Out-patient specialist services represent secondary level of health care in the
		Republic of Slovenia. Reports are submitted after all curative activities have been
		carried out in out-patient specialist services. Data are provided by all specialist
		surgeries offering specialist out-patient care. National Emergency Department Data
		present a part of The Out-Patient Specialist Services Database.
		All patients who are admitted for one day or longer in all hospitals are recorded in

		existing National Hospital Health Care Statistics Database.
		Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-FDS data preparation.
		The data from both above described databases are transformed into standard IDB data format (FDS), according to The Injury Database (IDB) coding manual version 1.1 – June 2005 and JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety.
5	Scope of the register	All injuries and poisonings, all out-patients and inpatients.
6	Data file name (MDS)	SI-2011-FDS.dat
7	Date of creation of MDS file	20131202
8	Range of data of attendance	20110101 – 20111231
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005. Slovenian translation "Priročnik za kodiranje: Evropska baza podatkov o poškodbah (European Injury Database). Podatkovni slovar. Verzija 1.1 – junij 2005. Slovenski prevod. Januar 2006".
10	Dictionary modifications	1
11	Bridge coding applied	The bridge coding from ICD-10 was applied to the data, to produce the IDB-FDS data file, according to The Injury Database (IDB) coding manual version 1.1 – June 2005 and JAMIE Manual, August 2012 (ICD10 > FDS).
12	No. of records in the data file	83911
13	No. of MDS reference hospitals	002
14	Geographic scope	Sample is representative for entire reporting country.
15	Hospital characteristics used for a representative sample of hospitals	Sample hospitals, were selected in such a way that geographically cover entire country. Slovenian FDS sample include one general hospital and one university hospital (the biggest Slovenian hospital).
		1. A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.
		2. Our sample covers the majority of skiing injuries in Slovenia, as in one sample hospital (general hospital) the majority of skiing injuries in Slovenia is treated.
16	Sampling of cases within hospitals	All cases within sample hospitals are covered.
17	Percentage of admissions in data file	10.5%
18	Relative sample size	29.2%

	(admissions)				
19	Relative sample size	42.5%			
	(ambulatory				
	treatments)				
20	Minimum Quality	y	V		
	Control Checks	-	,		
21	Average percentage of	2%	Remark: Max. in the case of Number of days in hospital 14.2% and		
	"unknown""		mechanism of injury 12.8%.		
22	Method for	1) Bas	ed on national figures of injury cases of hospital admissions.		
	extrapolation from				
	sample to national				
	incidence				
23	Reference population	у	V		
	data provided				
24	(Eventual) additional	/			
	comments (for the				
	user):				
25	Responsible data	Nacior	nalni inštitut za javno zdravje		
administrator Zdravstveno podatkovni center		stveno podatkovni center			
	(organization)				
National Institute of Public Health		al Institute of Public Health			
		Health	Data Centre		
		http://v	http://www.nijz.si/		
26	Contact: Responsible	Metka Zaletel			
	person	Trubai	Trubarjeva 2, 1000 Ljubljana		
1		+3861	2441457		
		<u>metka</u>	<u>.zaletel@nijz.si</u> (and CC to <u>edamis@nijz.si</u> )		
27	Signature				
28	Date of completion of	20140	224		
1	this file				

Na	National IDB File Information (Minimum Data Set)				
1	Country	Slovenia			
2	Year	2012			
3	National Register Name	The Out-Patient Specialist Services Database (National Emergency Department Data); National Hospital Health Care Statistics Database			
4	Purpose of the register	The legal basis for health data collection in Slovenia is Law on Health Information System and Databases called "The Health Care Databases Act".			
		Out-patient specialist services represent secondary level of health care in the Republic of Slovenia. Reports are submitted after all curative activities have been carried out in out-patient specialist services. Data are provided by all specialist surgeries offering specialist out-patient care. National Emergency Department Data present a part of The Out-Patient Specialist Services Database.			
		All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.			
		Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-MDS data preparation.			

		The data from both above described databases are transformed into standard IDB data format (MDS), according to JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety.			
5	Scope of the register	All injuries a	nd poisonings, all out-patients and inpatients.		
6	Data file name (MDS)	SI-2012-MDS.dat			
7	Date of creation of MDS file	20130711			
8	Range of data of attendance	20120101 – 20121231			
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005. Slovenian translation "Priročnik za kodiranje: Evropska baza podatkov o poškodbah (European Injury Database). Podatkovni slovar. Verzija 1.1 – junij 2005. Slovenski prevod. Januar 2006".			
10	Dictionary modifications	/			
11	Bridge coding applied	The bridge coding from ICD-10 was applied to the data, to produce the IDB-MDS data file, according to JAMIE Manual, August 2012 (ICD10 > MDS).			
12	No. of records in the data file	104851			
13	No. of MDS reference hospitals	004			
14	Geographic scope	Sample is representative for entire reporting country.			
15	Hospital characteristics used for a representative sample of hospitals	Sample hospitals, were selected in such a way that geographically cover entire country. Slovenian sample include 3 general hospitals and one university hospital (the biggest Slovenian hospital).			
		<ul> <li>Known bias:</li> <li>1. A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.</li> <li>2. Our sample covers the majority of skiing injuries in Slovenia, as in one of our sample hospitals the majority of skiing injuries in Slovenia is treated</li> </ul>			
16	Sampling of cases within hospitals	All cases wit	thin sample hospitals are covered.		
17	Percentage of admissions in data file	10.7%			
18	Relative sample size (admissions)	38.6%			
19	Relative sample size (ambulatory treatments)	53.3%			
20	Minimum Quality Control Checks	У			
21	Average percentage of "unknown""	7.2%	Remark: Max. in the case of mechanism of injury 34.8%.		

22	Method for extrapolation from sample to national incidence	1) Based on national figures of injury cases of hospital admissions.
23	Reference population data provided	У
24	(Eventual) additional comments (for the user):	1
25	Responsible data administrator (organization)	Nacionalni inštitut za javno zdravje Zdravstveno podatkovni center National Institute of Public Health Health Data Centre http://www.nijz.si/
26	Contact: Responsible person	Metka Zaletel Trubarjeva 2, 1000 Ljubljana +38612441457 metka.zaletel@nijz.si (and CC to edamis@nijz.si)
27	Signature	
28	Date of completion of this file	20140224

Na	Vational IDB File Information (Full Data Set)		
1	Country	Slovenia	
2	Year	2012	
3	National Register Name	The Out-Patient Specialist Services Database (National Emergency Department Data); National Hospital Health Care Statistics Database	
4	Purpose of the register	The legal basis for health data collection in Slovenia is Law on Health Information System and Databases called "The Health Care Databases Act".	
		Out-patient specialist services represent secondary level of health care in the Republic of Slovenia. Reports are submitted after all curative activities have been carried out in out-patient specialist services. Data are provided by all specialist surgeries offering specialist out-patient care. National Emergency Department Data present a part of The Out-Patient Specialist Services Database.	
		All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.	
		Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-FDS data preparation.	
		The data from both above described databases are transformed into standard IDB data format (FDS), according to The Injury Database (IDB) coding manual version 1.1 – June 2005 and JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention	

-	0 (4) ) (	and for research on product safety.
5	Scope of the register	All injuries and poisonings, all out-patients and inpatients.
6	Data file name (MDS)	SI-2012-FDS.dat
7	Date of creation of MDS file	20131202
8	Range of data of attendance	20120101 – 20121231
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005. Slovenian translation "Priročnik za kodiranje: Evropska baza podatkov o poškodbah (European Injury Database). Podatkovni slovar. Verzija 1.1 – junij 2005. Slovenski prevod. Januar 2006".
10	Dictionary modifications	/
11	Bridge coding applied	The bridge coding from ICD-10 was applied to the data, to produce the IDB-FDS data file, according to The Injury Database (IDB) coding manual version 1.1 – June 2005 and JAMIE Manual, August 2012 (ICD10 > FDS).
12	No. of records in the data file	80738
13	No. of MDS reference hospitals	002
14	Geographic scope	Sample is representative for entire reporting country.
15	Hospital characteristics used for a representative sample of hospitals	<ul> <li>Sample hospitals, were selected in such a way that geographically cover entire country. Slovenian FDS sample include one general hospital and one university hospital (the biggest Slovenian hospital).</li> <li>Known bias: <ol> <li>A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.</li> <li>Our sample covers the majority of skiing injuries in Slovenia, as in one sample hospital (general hospital) the majority of skiing injuries in Slovenia is treated.</li> </ol> </li> </ul>
16	Sampling of cases within hospitals	All cases within sample hospitals are covered.
17	Percentage of admissions in data file	10.8%
18	Relative sample size (admissions)	30.1%
19	Relative sample size (ambulatory treatments)	41.0%
20	Minimum Quality Control Checks	У
21	Average percentage of "unknown""	2% Remark: Max. in the case of Number of days in hospital 15% and mechanism of injury 12.6%.
22	Method for extrapolation from sample to national incidence	1) Based on national figures of injury cases of hospital admissions.
23	Reference population	y

	data provided	
24	(Eventual) additional	1
	comments (for the	
	user):	
25	Responsible data	Nacionalni inštitut za javno zdravje
	administrator	Zdravstveno podatkovni center
	(organization)	
		National Institute of Public Health
		Health Data Centre
		http://www.nijz.si/
26	Contact: Responsible	Metka Zaletel
	person	Trubarjeva 2, 1000 Ljubljana
		+38612441457
		metka.zaletel@nijz.si (and CC to edamis@nijz.si)
27	Signature	
28	Date of completion of	20140224
	this file	

Na	National IDB File Information (Minimum Data Set)		
1	Country	Slovenia	
2	Year	2013	
3	National Register	The Out-Patient Specialist Services Database (National Emergency Department	
	Name	Data); National Hospital Health Care Statistics Database	
4	Purpose of the register	The legal basis for health data collection in Slovenia is Law on Health Information	
		System and Databases called "The Health Care Databases Act".	
		Out-patient specialist services represent secondary level of health care in the	
		Republic of Slovenia. Reports are submitted after all curative activities have been	
		carried out in out-patient specialist services. Data are provided by all specialist	
		surgeries offering specialist out-patient care. National Emergency Department Data	
		present a part of The Out-Patient Specialist Services Database.	
		All patients who are admitted for one day or longer in all hospitals are recorded in	
		existing National Hospital Health Care Statistics Database.	
		Due to the fact that The Out-Patient Specialist Services Database is normally	
		admitted at National Institute of Public Health in aggregated form without personal	
		identifier, separate data capture was implemented for the purpose of IDB-MDS data preparation.	
		The data from both above described databases are transformed into standard IDB	
		data format (MDS), according to JAMIE Manual, August 2012. Data derived upon	
		both above described registers will be used (similar as before IDB (AI) data) for	
		setting the priorities for developing national action plan on injury prevention in abildren. Especially date on products involved in pecident or equiping injury are very	
		valuable to detect some problems and include topics in the childhood injury	
		prevention program. Data will also be used for publishing analysis on injuries in	
		adolescents and for research on product safety.	
5	Scope of the register	All injuries and poisonings, all out-patients and inpatients.	
6	Data file name (MDS)	SI-2013-MDS_v1.dat	
7	Date of creation of	20140530	
	MDS file		
8	Range of data of	20130101 – 20131231	
	attendance		

9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005. Slovenian translation "Priročnik za kodiranje: Evropska baza podatkov o poškodbah (European Injury Database). Podatkovni slovar. Verzija 1.1 – junij 2005. Slovenski prevod. Januar 2006".
10	Dictionary modifications	/
11	Bridge coding applied	The bridge coding from ICD-10 was applied to the data, to produce the IDB-MDS data file, according to JAMIE Manual, August 2012 (ICD10 > MDS). In 2013 Australian modification of ICD-10 (6 <sup>th</sup> ed.) was implemented in Slovenia, so for 2013 bridge coding from ICD-10-AM (6 <sup>th</sup> ) to ICD-10 was applied to injury data before they are transformed into standard FDS and MDS data format.
12	No. of records in the data file	0102760
13	No. of MDS reference hospitals	004
14	Geographic scope	Sample is representative for entire reporting country.
15	Hospital characteristics used for a representative sample of hospitals	Sample hospitals, were selected in such a way that geographically cover entire country. Slovenian sample include 3 general hospitals and one university hospital (the biggest Slovenian hospital).
		<ul> <li>Known bias:</li> <li>1. A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.</li> <li>2. Our sample covers the majority of skiing injuries in Slovenia, as in one of our sample hospitals the majority of skiing injuries in Slovenia is treated.</li> </ul>
16	Sampling of cases within hospitals	All cases within sample hospitals are covered.
17	Percentage of admissions in data file	10.7%
18	Relative sample size (admissions)	n.a. (at the moment national hospital discharge statistic is not available yet)
19	Relative sample size (ambulatory treatments)	n.a. (at the moment national statistic of ED treatments is not available yet)
20	Minimum Quality Control Checks	У
21	Average percentage of "unknown""	14.8 %
22	Method for extrapolation from sample to national incidence	1) Based on national figures of injury cases of hospital discharges.
23	Reference population data provided	у
24	(Eventual) additional comments (for the user):	/
25	Responsible data administrator	Nacionalni inštitut za javno zdravje Zdravstveno podatkovni center

-		
	(organization)	National Institute of Public Health
		Health Data Centre
		http://www.nijz.si/
26	Contact: Responsible	Metka Zaletel
	person	Trubarjeva 2, 1000 Ljubljana
	F	+38612441457
		metka.zaletel@nijz.si (and CC to edamis@nijz.si)
27	Signature	
28	Date of completion of	20140530
	this file	

Na	ational IDB File Information (Full Data Set)		
1	Country	Slovenia	
2	Year	2013	
3	National Register Name	The Out-Patient Specialist Services Database (National Emergency Department Data); National Hospital Health Care Statistics Database	
4	Purpose of the register	The legal basis for health data collection in Slovenia is Law on Health Information System and Databases called "The Health Care Databases Act".	
		Out-patient specialist services represent secondary level of health care in the Republic of Slovenia. Reports are submitted after all curative activities have been carried out in out-patient specialist services. Data are provided by all specialist surgeries offering specialist out-patient care. National Emergency Department Data present a part of The Out-Patient Specialist Services Database.	
		All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.	
		Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-MDS data preparation.	
		The data from both above described databases are transformed into standard IDB data format (MDS), according to JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety.	
5	Scope of the register	All injuries and poisonings, all out-patients and inpatients.	
6	Data file name (FDS)	SI-2013-FDS_v1.dat	
7	Date of creation of FDS file	20140530	
8	Range of data of attendance	20130101 – 20131231	
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005. Slovenian translation "Priročnik za kodiranje: Evropska baza podatkov o poškodbah (European Injury Database). Podatkovni slovar. Verzija 1.1 – junij 2005. Slovenski prevod. Januar 2006".	
10	Dictionary		

	modifications	
11	(Eventual) Bridge coding applied	The bridge coding from ICD-10 was applied to the data, to produce the IDB-MDS data file, according to JAMIE Manual, August 2012 (ICD10 > MDS). In 2013 Australian modification of ICD-10 ( $6^{th}$ ed.) was implemented in Slovenia, so for 2013 bridge coding from ICD-10-AM ( $6^{th}$ ) to ICD-10 was applied to injury data before they are transformed into standard FDS and MDS data format.
12	No. of records in the data file	0078728
13	No. of FDS reference hospitals	002
14	Geographic scope	Sample is representative for entire reporting country.
15	Sampling of hospitals	Sample hospitals, were selected in such a way that geographically cover entire country. Slovenian FDS sample include one general hospital and one university hospital (the biggest Slovenian hospital). Known bias:
		<ol> <li>A part of eye injuries is not included in case of one sample hospital. That is approx.</li> <li>3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.</li> <li>Our sample covers the majority of skiing injuries in Slovenia, as in one sample hospital (general hospital) the majority of skiing injuries in Slovenia is treated.</li> </ol>
16	Sampling of cases within hospitals	All cases within sample hospitals are covered.
17	Data entry method	Questionnaire completed in face to face interviews by nurses, recorded on paper and later copied into electronic form or record directly in electronic form, diagnoses supplemented from hospital records.
18	Percentage of admissions in data file	11.1%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	16.2%
21	(Eventual) additional comments (for the user):	1
22	Responsible data administrator (organization)	Nacionalni inštitut za javno zdravje Zdravstveno podatkovni center National Institute of Public Health Health Data Centre <u>http://www.nijz.si/</u>
23	Contact: Responsible person	Metka Zaletel Trubarjeva 2, 1000 Ljubljana +38612441457 <u>metka.zaletel@nijz.si</u> (and CC to <u>edamis@nijz.si</u> )
24	Signature	
25	Date of completion of this file	20140530

Nat	National IDB File Information (Minimum Data Set)		
1	Country	Slovenia	
2	Year	2014	
3	National Register Name	The Out-Patient Specialist Services Database (National Emergency Department Data); National Hospital Health Care Statistics Database	
4	Purpose of the register	The legal basis for health data collection in Slovenia is Law on Health Information System and Databases called "The Health Care Databases Act".	
		Out-patient specialist services represent secondary level of health care in the Republic of Slovenia. Reports are submitted after all curative activities have been carried out in out-patient specialist services. Data are provided by all specialist surgeries offering specialist out-patient care. National Emergency Department Data present a part of The Out-Patient Specialist Services Database.	
		All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.	
		Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-MDS data preparation.	
		The data from both above described databases are transformed into standard IDB data format (MDS), according to JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety.	
5	Scope of the register	All injuries and poisonings, all out-patients and inpatients.	
6	Data file name (MDS)	SI-2014-MDS_v2.dat	
7	Date of creation of MDS file	20150819	
8	Range of data of attendance	20140101 – 20141231	
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005. Slovenian translation "Priročnik za kodiranje: Evropska baza podatkov o poškodbah (European Injury Database). Podatkovni slovar. Verzija 1.1 – junij 2005. Slovenski prevod. Januar 2006".	
10	Dictionary modifications	1	
11	Bridge coding applied	The bridge coding from ICD-10 was applied to the data, to produce the IDB-MDS data file, according to JAMIE Manual, August 2012 (ICD10 > MDS). In 2013 Australian modification of ICD-10 (6 <sup>th</sup> ed.) was implemented in Slovenia, so for 2013 bridge coding from ICD-10-AM (6 <sup>th</sup> ) to ICD-10 was applied to injury data before they are transformed into standard FDS and MDS data format.	
12	No. of records in the data file	0100895	
13	No. of MDS reference hospitals	004	
14	Geographic scope	Sample is representative for entire reporting country.	
15	Hospital characteristics used for a representative sample of hospitals	Sample hospitals, were selected in such a way that geographically cover entire country. Slovenian sample include 3 general hospitals and one university hospital (the biggest Slovenian hospital).	
		<ul> <li>Known bias:</li> <li>A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.</li> <li>Our sample covers the majority of skiing injuries in Slovenia, as in one of our sample hospitals the majority of skiing injuries in Slovenia is treated.</li> </ul>	
16	Sampling of cases within	All cases within sample hospitals are covered.	

	hospitals	
17	Percentage of	10.6%
	admissions in data file	
18	Relative sample size	n.a. (at the moment national hospital discharge statistic for 2014 is not available
	(admissions)	yet)
19	Relative sample size	n.a. (at the moment national statistic of ED treatments for 2014 is not available
	(ambulatory treatments)	yet)
20	Minimum Quality Control	у
	Checks	
21	Average percentage of	6.7 %
	"unknown""	
22	Method for extrapolation	1) Based on national figures of injury cases of hospital discharges.
	from sample to national	
	incidence	
23	Reference population	У
	data provided	
24	(Eventual) additional	1
	comments (for the user):	
25	Responsible data	Nacionalni inštitut za javno zdravje
	administrator	Zdravstveno podatkovni center
	(organization)	
		National Institute of Public Health
		Health Data Centre
20	Cantasti Despersible	nttp://www.nijz.si/
26	Contact: Responsible	Metka Zaletel
	person	
		+ 300 1244 1437
27	Signatura	
21	Data of completion of this	20150810
28		20100819
	llie	

## National IDB File Information (IDB Full Data Set)

1	Country	Slovenia
2	Year	2014
3	National Register	The Out-Patient Specialist Services Database (National Emergency Department Data): National Hospital Health Care Statistics Database
4	Name Purpose of the register	Data); National Hospital Health Care Statistics Database         The legal basis for health data collection in Slovenia is Law on Health Information         System and Databases called "The Health Care Databases Act".         Out-patient specialist services represent secondary level of health care in the         Republic of Slovenia. Reports are submitted after all curative activities have been         carried out in out-patient specialist services. Data are provided by all specialist         surgeries offering specialist out-patient care. National Emergency Department Data         present a part of The Out-Patient Specialist Services Database.         All patients who are admitted for one day or longer in all hospitals are recorded in         existing National Hospital Health Care Statistics Database.         Due to the fact that The Out-Patient Specialist Services Database is normally
5	Scope of the register	admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-MDS data preparation. The data from both above described databases are transformed into standard IDB data format (MDS), according to JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety.

6	Data file name (FDS)	SI-2014-FDS_v2.dat
7	Date of creation of FDS file	20150819
8	Range of data of attendance	20140101 – 20141231
9	Original coding dictionary	The Injury Database (IDB) coding manual version 1.1 – June 2005. Slovenian translation "Priročnik za kodiranje: Evropska baza podatkov o poškodbah (European Injury Database). Podatkovni slovar. Verzija 1.1 – junij 2005. Slovenski prevod. Januar 2006".
10	Dictionary modifications	
11	(Eventual) Bridge coding applied	The bridge coding from ICD-10 was applied to the data, to produce the IDB-MDS data file, according to JAMIE Manual, August 2012 (ICD10 > MDS). In 2013 Australian modification of ICD-10 (6 <sup>th</sup> ed.) was implemented in Slovenia, so for 2013 bridge coding from ICD-10-AM (6 <sup>th</sup> ) to ICD-10 was applied to injury data before they are transformed into standard FDS and MDS data format.
12	No. of records in the data file	0075790
13	No. of FDS reference hospitals	002
14	Geographic scope	Sample is representative for entire reporting country.
15	Sampling of hospitals	<ul> <li>Sample hospitals, were selected in such a way that geographically cover entire country. Slovenian FDS sample include one general hospital and one university hospital (the biggest Slovenian hospital).</li> <li>Known bias: <ol> <li>A part of eye injuries is not included in case of one sample hospital. That is approx.</li> <li>of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.</li> <li>Our sample covers the majority of skiing injuries in Slovenia, as in one sample hospital (general hospital) the majority of skiing injuries in Slovenia is treated.</li> </ol> </li> </ul>
16	Sampling of cases	All cases within sample hospitals are covered.
	within hospitals	
17	Data entry method	Questionnaire completed in face to face interviews by nurses, recorded on paper and later copied into electronic form or record directly in electronic form, diagnoses supplemented from hospital records.
18	Percentage of admissions in data file	11.1%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	5.5%
21	(Eventual) additional comments (for the user):	/
22	Responsible data administrator (organization)	Nacionalni inštitut za javno zdravje Zdravstveno podatkovni center National Institute of Public Health Health Data Centre http://www.nijz.si/
23	Contact: Responsible person	Metka Zaletel Trubarjeva 2, 1000 Ljubljana +38612441457 metka.zaletel@nijz.si (and CC to edamis@nijz.si)
24	Signature	
25	Date of completion of this file	20150819

IDB-Metadata (National IDB data file information form)		
Country	0036 (Slovenia)	

Year		2015		
Question	Specification	Answer	Comments (additional information in case of No)	
	Sc	ope	· · · · · · · · · · · · · · · · · · ·	
All age groups?	All age-groups covered	Y		
All injury categories	All MDS options for intent,	Y		
(home, leisure, sport,	setting and activity			
school, road, paid work,	covered			
self-harm, assault)?				
All injury mechanisms?	All MDS options for injury	Y		
	mechanism covered and			
	coded			
All injury types and all	All MDS options for injury	Y		
body parts?	types and body parts			
	covered and coded			
Admissions and	All MDS options for	Y		
ambulatory treatments?	treatment and follow-up			
	covered			
Inclusion / exclusion of ca			1	
Only patients diagnosed	Equivalent to ICD-10 S00-	Y		
as suffering from injury?	198 (chapter XIX)			
Consequences of medical	Equivalent to ICD-10	Y		
interventions excluded?	codes 180-188 and 198.3			
	No double counting of	V		
rollow-up treatments		1		
Non-residents included?	Cases	V		
Non-residents included:	Representativen	ess of the sample		
Recommended number of	More than 10 000 cases			
cases?		1		
Number of hospitals in the		004		
sample?				
Recommended number of	All hospitals (nat. pop	Y		
hospitals?	<1m); minimum 3			
	hospitals (nat. pop. 1-3m),			
	5 (nat. pop 3-12m), 7 (nat.			
	pop. 12-40m), 9 (nat. pop.			
	>40m)			
Sample of hospitals	Small, middle-size, large	Y		
balanced by hospital	hospitals included			
size?				
Sample of hospitals	Hospitals with urban &	Y		
balanced by geo-	rural catchment areas			
Coverage?		X		
balanced by baspital	General nospitals, trauma	Ť		
type2	bospital child clinic			
type:	included: Primary health			
	care and day-care centres			
	excluded			
Validation checks?	Representativeness of	Y		
	current sample of			
	hospitals has been			
	controlled at least by age			
	and type of injury			
	Quality of recording			
Rate of admissions?	Percentage of treatment	6.2%		
	code 1			
Average rate of	Average percentage of	6.9%		
"unknown"?)?	codes 9 or 99 of the			
	tollowing 10 MDS data			
	elements: age, sex,			
	of injury1 part of body1			
	or injury i, part or bouy i,	1		

intent, location,         mechanism, activity         (mandatory data elements         where "unknown" is         allowed).         Rate of children?		20.9%	
	14a Quality of a	timated rate	
Incidence (ED presentation) rate available? Crude rate, standardised for age and sex, using Eurostat population projection by 1 January		Y	
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	Y	Valid at national level
Recommended method of projection used (or no projection needed)?	HDR-method or EDR- method is used for projection (or IDB-MDS file contains all national cases)	Y	
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Y	
Follow-up treatments consistently excluded for projection?		Ν	
Day-care patients consistently excluded for projection?		Ν	
Non-residents consistently included for projection?	n-residents nsistently included for ojection? If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR)		
Random sampling in hospitals? If sampling within one or several hospitals occurs: Sampling scheme prevents from biases		Y	
Known bias (e.g. regarding admissions) corrected? No bias is known or bias has been corrected by means of external statistics before calculating rates			Known bias: 1. A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye. 2. Our sample covers the majority of skiing injuries in Slovenia, as in one of our sample hospitals the

			majority of skiing injuries in Slovenia is treated.
	Data o	lelivery	•
MDS data successfully uploaded?		Y	
FDS data successfully uploaded?		Y	
Reference population data file provided?	Automatic calculation of IR at IDB web-gate will be enabled	Y	
List of FDS reference hospitals provided?		Y	
	National da	ata provider	
National register name (and eventual abbreviation)		The Out-Patient Specialist S Emergency Department Da Care Statistics Database	Services Database (National ta); National Hospital Health
Name of organization	In national language and English	Nacionalni inštitut za javno Zdravstveno podatkovni cer National Institute of Public H Health Data Centre	zdravje hter Health
		http://www.nijz.si/	
Name of respondent (contact person)		Tina Zupanič	
E-mail address of contact person		tina.zupanic@nijz.si (and C	C to <u>edamis@nijz.si</u> )
Date of completion of this form		20161216	

IDB-Metadata (National IDB data file information form)				
Country		0036 (Slovenia)		
Year		2016		
Question	Specification	Answer	Comments (additional	
			information in case of No)	
	Sc	оре		
All age groups?	All age-groups covered	Y		
All injury categories	All MDS options for intent,	Y		
(home, leisure, sport,	setting and activity			
school, road, paid work,	covered			
self-harm, assault)?				
All injury mechanisms?	All MDS options for injury	Y		
	mechanism covered and			
	coded			
All injury types and all	All MDS options for injury	Y		
body parts?	types and body parts			
	covered and coded			
Admissions and	All MDS options for	Y		
ambulatory treatments?	treatment and follow-up			
	covered			
Inclusion / exclusion of ca	ises		T	
Only patients diagnosed	Equivalent to ICD-10 S00-	Y		
as suffering from injury?	T98 (chapter XIX)			
Consequences of medical	Equivalent to ICD-10	Y		
interventions excluded?	codesT80-T88 and T98.3			
	excluded			
Follow-up treatments	No double counting of	Y		
excluded?	cases			
Non-residents included?		Y		
Representativeness of the sample				
Recommended number of	More than 10.000 cases	Y		
cases?				
Number of hospitals in the		004		

Pecommended number of hospitals?       All Pospitals (nat, pop, -short, pop, 1-3m), Y (nat, pop, 12-40m), 9 (nat, pop, -short, pop, 12-40m), 12-40m, 12-40m, -short, pop, 12-40m, 12-40m, -short, pop, 12-40m, 12-40m, -short, pop,	sample?			
Inspirate (int, Dop. 1-Sun), pp. 12-40m)     Sintar, pop. 2-40m), pp. 12-40m), 9 (nat. pop.       Sample of hospitals balanced by postial size?     Sinall, middle-size, large trutal catchment areas coverage?     Y       Sample of hospitals balanced by deo- coverage?     Hospitals with urban & rural catchment areas coverage?     Y       Sample of hospitals balanced by hospital balanced by hospital type?     General hospitals, trauma cludded, Primary health care and day-care centres excluded     Y       Validation checks?     Representativeness of coverage of injury ment sample of hospitals has been coverage of the orcloded at least by age and type of injury excluded     Y       Rate of admissions?     Percentage of treatment code 1     82%       Average rate of 'unknown'??)?     Average percentage of roage of body1, intert, location, mechanism, activity (mandatory data elements: allowed), mechanism, activity (mandatory data elements: allowed).     21.4%       Rate of children?     Percentage of children 0- 148.     21.4%       Valid at national level?     Crude rate, standardised projection needed??     Y       Valid at national level?     Tick no, if rate is valid at name of the region projection?     Y       Valid at national level?     IHDR or EDR method is applied. method is projection?     Y       Polow-up treatments consistently excluded for projection?     IHDR or EDR method is applied. me	Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3	Y	
Sample of hospitals     Small, middle-size, large hospitals included     Y       Sample of hospitals     Hospitals with urban & transa included     Y       Sample of hospitals     Hospitals with urban & transa included     Y       Sample of hospitals     Hospitals with urban & transa included     Y       Sample of hospitals     General hospitals, trauma centre or university included.     Y       Sample of hospitals     General hospitals, trauma centre or university included.     Y       Validation checks?     Representativeness of current sample of hospitals hospitals has been controlled at least by age and type of injury     10.1%       Average rate of "unknown"?)?     Percentage of traument code 1     8.2%       Average rate of "unknown"?)?     Percentage of children 0- infury, part of body1, intert, tocation, mechanism, activity (mandatory date letements where "unknown" is allowed), intert, tocation, mechanism, activity (mandatory date letements where "unknown" is allowed).     Y       Nate of children?     Percentage of children 0- if (age and sex, using Eurostit population popetion by talandat popeticin by tala tal popetion by talandat popetion by taland	hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 7 (nat. pop. 12-40m), 9 (nat. pop.			
balanced by hospital size? Hospitals included in the second secon	Sample of hospitals	Small middle-size large	Y	
Sample of hospitals       Hospitals with urban & Y         balanced by geo- coverage?       rural catchment areas included       Y         Sample of hospitals balanced by hospital type?       General hospitals, trauma centre or university hospital, child chinc included: Primary health care and day-care centres excluded       Y         Validation checks?       Representativeness of ourrent sample of hospitals has been controlled at least by age       Y         Rate of admissions?       Percentage of treatment following 10 MDS data elements: age, sex, month, treatment, nature of injury, part of body1, intent, location, mechanism, activity (mandatory data elements where 'unknown''s)       8.2%         Rate of children?       Percentage of children 0- following 10 MDS data elements: age, sex, month, treatment, nature of injury, part of body1, intent, location, mechanism, activity (mandatory data elements where 'unknown''s)       21.4%         Rate of children?       Crude rate, standardised for age and sex, using projection yea of you build projection yea of you buil	balanced by hospital size?	hospitals included		
balanced by geo- coverage?       included         Sample of hospitals       General hospitals, trauma centre or university hospital, child clinic. included; Primary health care and day-care centres excluded       Y         Validation checks?       Representativeness of current sample of hospitals has been controlled at least by age and type of injury       Y         Rate of admissions?       Percentage of treatment following 10 MDS data elements: age, sex, month, treatment, nature of injury, part of bodyr, intent, location, where "unknown"?)?       10.1%         Rate of children?       Percentage of treatment following 10 MDS data elements: age, sex, month, treatment, nature of injury, part of bodyr, intent, location, where "unknown" is allowed).       21.4%         Rate of children?       Percentage of children O- tage and add add to allowed of percentage of children O- tage and sex, using eurostat population projection used for projection used for projection needed()?       21.4%         Valid at national level?       Crude rate, standardised for age and sex, using eurostat population projection used for projection used for projection needed()?       Y         Valid at national level?       HDR-method of EDR- method is used for projection needed()?       Y         Follow-up treatments consistently excluded for projection?       II HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)       N         Day-care patients consistently excluded for projection?       II HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR) <td>Sample of hospitals</td> <td>Hospitals with urban &amp;</td> <td>Y</td> <td></td>	Sample of hospitals	Hospitals with urban &	Y	
Sample of hospitals       General hospitals, trauma centre or university       Y         balanced by hospital       centre or university       hospital, child clinic       included. Primary health         care and day-care centres       excluded       Y         Validation checks?       Representativeness of current sample of hospitals has been controlled at least by age and type of injury       Y         Countern sample of hospitals, trauma controlled at least by age and type of injury         Average rate of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown"?)?       8.2%         Couling of estimated rate         Incidence (ED precentage of children 0- 14a         Valid at national level?         Torat of or age and sex, using available?         Valid at national level?         Tork no, if rate is valid at regional level and add region needed)?         The torage and sex, using Eurostat population projection needed)?         Tork no, if rate is valid at regional level and add region needed (for projection sculed for projection sculed for projection for IDB-MDS file contains all national level?         Projection of DER method is applied: follow-up treatments sculed for projection needed (for projecticon or IDB-MDS file contains all national level for projection nee	balanced by geo- coverage?	rural catchment areas included		
balanced by hospital type?       centre or university hospital, hild clinic included; Primary health care and day-care centres excluded         Validation checks?       Representativeness of current sample of hospitals has been controlled at least by age and type of injury       Y         Rate of admissions?       Percentage of treatment codes 9 of 90 the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intert, location, mechanism, activity (mandatory data elements where "unknown" is allowed).       8.2%         Rate of children?       Percentage of children 0- toration data, allowed).       21.4%         Valid at national level?       Crude rate, standardised for age and sex, using projection y 1 January       Y         Valid at national level?       Crude rate, standardised for age and sex, using projection by 1 January       Y         Valid at national level?       Tick no, if rate is valid at regional level and add name of the region       Y         Recommended method of projection needed??       Tick no, if rate is valid at regional level and cases)       Y         Follow-up treatments consistently excluded for projection needed?       If HDR or EDR method is applied: method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)       Y         Day-care patients consistently excluded for projection?       If HDR or EDR method is applied: que are patients       N	Sample of hospitals	General hospitals, trauma	Y	
type?       Inospital, child clinic         included; Primary health care and day-care centres excluded       Y         Validation checks?       Representativeness of current sample of hospitals has been controlled at least by age and type of injury       Y         Quality of recording         Rate of admissions?         Percentage of treatment code 1       10.1%         Average rate of "unknown"?)?       Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intert, location, mechanism, activity (mandatory data elements where "unknown" is allowed).       8.2%         Rate of children?       Percentage of children 0- t4a       21.4%         Value of the treatment, nature of injury1, part of body1, intert, location, mechanism, activity (mandatory data elements where "unknown" is allowed).       21.4%         Value of clidren 0- t4a         Value of clidren 0- ta         Value of clidren 0- projection needed/ prosentation/ rate available?       Y <td< td=""><td>balanced by hospital</td><td>centre or university</td><td></td><td></td></td<>	balanced by hospital	centre or university		
Validation checks?       Representativeness of current sample of hospitals has been controlled at least by age and type of injury       Y         Rate of admissions?       Percentage of treatment code 1       10.1%         Average rate of "unknown"?)?       Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, locaton, mechanism, activity (mandatory data elements where 'unknown''is allowed).       21.4%         Rate of children?       Percentage of children 0- 14a       21.4%         Valid at national level?       Crude rate, standardised for age and sex, using available?       Y         Valid at national level?       Tick no, if rate is valid at regional level and add name of the region projection needed??       Y         Recommended method of projection needed??       HDR or EDR method is applied: day care patients       N	type?	nospital, child clinic		
Validation checks?       Representativeness of current sample of hospitals has been controlled at least by age and type of injury       Y         Rate of admissions?       Percentage of treatment code 1       10.1%         Average rate of "unknown"?)?       Average percentage of collexity of recording       8.2%         Average rate of "unknown"?)?       Average percentage of treatment, nature of injury1, part of body1, intert, location, mechanism, activity (mandatory data elements: age, sex, month, treatment, nature of injury1, part of body1, intert, location, interdamins, activity (mandatory data elements: allowed).       8.2%         Rate of children?       Percentage of children 0- 14a       21.4%         Incidence (ED presentation of rate, standardised Y       Settimated rate         Incidence (ED presentation) rate age and sex, using available?       Crude rate, standardised Y         Valid at national level?       Tick no, if rate is valid at regional level and add rate of the region       Y         Recommended method of projection needed?       If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR) file contains all national cases)       Y         Follow-up treatments consistently excluded for applied: medical interventions excluded in both, IDB and HDR (or EDR) treatments excluded in both, IDB and HDR (or EDR) treatments excluded in both, IDB and HDR (or EDR)       N         Day-care patients       If HDR or EDR method is applied: method is cons		care and day-care centres		
Validation checks?       Representativeness of current sample of hospitals has been controlled at least by age and type of injury       Y         Rate of admissions?       Percentage of treatment code 1       10.1%         Average rate of "unknown"?)?       Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).       8.2%         Rate of children?       Percentage of children 0- 14a       21.4%         Valid at national level?       Crude rate, standardised for age and sex, using Eurostat population projection needed)?       Y         Valid at national level       Crude rate, standardised for age and sex, using Eurostat population projection used (or no projection needed)?       Y       Valid at national level         Redict interventions consistently excluded for projection?       Tick no, if rate is valid at regional level and add name of the region       Y         Follow-up treatments consistently excluded for projection?       If HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)       N         Day-care patients consistently excluded for projection?       If HDR or EDR method is applied: day care patients       N		excluded		
current sample of hospitals has been controlled at least by age and type of injuryImage: controlled at least by age and type of injuryRate of admissions?Percentage of treatment code 110.1%Average rate of "unknown"?)?Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).8.2%Rate of children?Percentage of children 0- 14a21.4%Crude rate, standardised for age and sex, using Eurostat population projection used (or no projection used (or no projection used (or no projection sed (or projection sed (or no projection sed (or no projection sed (or no projection sed (or projection sed (or no projection	Validation checks?	Representativeness of	Y	
hospitals has been controlled at least by age and type of injury       Cuality of recording         Rate of admissions?       Percentage of treatment code 1       10.1%         Average rate of "unknown"?)?       Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).       8.2%         Rate of children?       Percentage of children 0- 14a       21.4%         Unidence (ED presentation) rate available?       Crude rate, standardised for age and sex, using Eurostat population projection value of the region       Y         Valid at national level?       Tick no, if rate is valid at regional level and add name of the region       Y       Valid at national level         Recommended method of projection used (orn op projection (or IDB-MDS file contains all national cases)       Y       Valid at national level         Medical interventions consistently exclude for projection vestoded for projection?       If HDR or EDR method is applied: follow-up treatments consistently exclude for projection?       N         Day-care patients consistently excluded for projection?       If HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)       N         Day-care patients consistently excluded for projection?       If HDR or EDR method is applied: follow-up treatments excluded in both, IDB and HDR (or EDR)       N		current sample of		
Controlled at least by age and type of injury       Controlled at least by age and type of injury         Rate of admissions?       Percentage of treatment code 1       10.1%         Average rate of "unknown"?)?       Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).       8.2%         Rate of children?       Percentage of children 0- tallowed).       21.4%         Incidence (ED presentation) rate available?       Crude rate, standardised for age and sex, using Eurosta population projection used (or no projection used (or or projection (or IDB-MDS file contains all national cases)       Y       Valid at national level         Recommended method projection used (or projection (or EDR projection (or EDR method is applied: medical interventions consistently excluded for projection (or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)       Y       Valid at national level         Follow-up treatments consistently excluded for projection?       If HDR or EDR method is applied: follow-up teatments excluded in both, IDB and HDR (or EDR)       N         Day-care patients consistently excluded for projection?       If HDR or EDR method is applied: day care patients applied: day care patients       N		hospitals has been		
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both, IDB and HDR (or EDR)     EDR       Day-care patients     If HDR or EDR method is consistently excluded for     N	projection?	treatments excluded in		
Day-care patients     If HDR or EDR method is     N       consistently excluded for     applied: day care patients     Image: Construction of the second secon		DOTE IN AND HOR (OF		
consistently excluded for applied: day care patients	Dav-care natients	If HDR or FDR method is	N	
	consistently excluded for	applied: day care patients		

projection?	excluded in both, IDB and		
Non-residents	If HDR or EDR method is	N	
consistently included for	applied: non-residents		
projection?	included in both, IDB and		
Bandom compling in	HDR (or EDR)	X	
hospitals?	If sampling within one of	Ŷ	
nospitals:	Sampling scheme		
	prevents from biases		
Known bias (e.g.	No bias is known or bias	N	Known bias:
regarding admissions)	has been corrected by		1. A part of eve injuries is
corrected?	means of external		not included in case of
	statistics before		one sample hospital That
	calculating rates		is approx 3% of all
			emergency ambulatory
			treatments in this hospital
			but it is assumed that
			most of those injuries are
			actually treated also in
			other clinics of this
			bosnital as this are
			injuries that also covers
			other parts of the head/
			body and not only eve
			2 Our sample covers the
			majority of skiing injuries
			in Slovenia, as in one of
			our sample hospitals the
			majority of skiing injuries
			in Slovenia is treated.
	Data d	elivery	
MDS data successfully		Y	
uploaded?			
FDS data successfully uploaded?		Y	
Reference population	Automatic calculation of	Y	
data file provided?	IR at IDB web-gate will be		
List of EDS reference	enabled	v	
hospitals provided?		1	
	National da	ata provider	
National register name		The Out-Patient Specialist S	Services Database (National
(and eventual abbreviation)		Emergency Department Da	ta); National Hospital Health
Name of organization	In national language and	Nacionalni inštitut za javno :	zdravie
	English	Zdravstveno podatkovni cer	nter
		National Institute of Dublic L	lealth
		Health Data Centre	Icalli
		http://www.nijz.si/	
Name of respondent		Tina Zupanič	
E-mail address of contact		tina.zupanic@niiz.si (and C	C to edamis@niiz.si)
person			
Date of completion of this		20170728	
form			



Nat	National IDB File Information (Minimum Data Set)			
1	Country	Spain		
2	Year	2013		
3	National Register Name	Registro JAMIE del Servicio Navarro de Salud		
4	Purpose of the register	The register aims to collects systematically information on patients		
		who attend the Emergency Services Hospitals of Navarra Health		
		Service due to injuries. The register follow the protection norms		
		defined at national and regional level		
5	Scope of the register	In principle there is no selection bias because all patients who		
		attend the emergency services due to injuries are included. For		
		under 15 years, the quality of records might be lower, because		
		there are more missing information for some variables. In 2013 it		
		has not been possible to include data from the two smaller		
		community hospitals.		
6	Data file name (MDS)	MDS_2013.dat		
7	Date of creation of MDS file	20140422		
8	Range of data of attendance	20130101		
		-		
		20131231		
9	Original coding dictionary	IDB-JAMIE Full Data Set (IDB-FDS) Data Dictionary. VERSION		
		1.3. Version November 2013.		
10	Dictionany modifications			
10	Bridge coding applied	None		
12	No, of records in the data file	14658		
13	No. of MDS reference hospitals	001		
14	Geographic scope	The area is representative of Navarra but may not be nationally		
		representative as it is a small region with higher socio-economic		
		indicators.		
15	Hospital characteristics used for a	The data comes from the largest community hospital and serves		
	representative sample of hospitals	approximately 60% of the 640,000 inhabitants of the region. The		
		hospital has 1,100 beds and all medical and surgical specialties. It		
		is located in the capital of Navarra (Pamplona). We used the same		
		cases for MDS and FDS (no sampling has been for FDS)		
16	Sampling of cases within hospitals	We collected all cases that met the inclusion criteria, ie patients		
		seen in the emergency department and coded with ICD-9 codes		
		between 800 and 995. Should be borne in mind that about 80% of		
		information of the clinical record of all patients attended is coded.		
		D6146B813D19/282343/Memoria2013		
		Navegabledefinitiva.pdf		
17	Percentage of admissions in data file	20.0%-25.0 %		
18	Relative sample size (admissions)	Arount 15%		
19	Relative sample size (ambulatory	85.0 %		
	treatments)			
20	Minimum Quality Control Checks			
21	Average percentage of "unknown""	Less than 2% except for Part of Injury 1 that is 44,8%		
22	ivietnod for extrapolation from sample	IT WIII DE DONE DY METNOD 1		
23	Reference population data provided	v		

24	(Eventual) additional comments (for the user):	
25	Responsible data administrator (organization)	Servicio Navarro de salud
26	Contact: Responsible person	Marisol Fragoso Navarrabiomed Irunlarrea s/n 31007 Pamplona <u>mfragosr@navarra.es</u> +(34)848422607
27	Signature	NF2O
28	Date of completion of this file	20140507

Nat	National IDB File Information (IDB Full Data Set)			
1	Country	Spain		
2	Year	2013		
3	National Register Name	Registro JAMIE del Servicio Navarro de Salud		
4	Purpose of the register	The register aims to collects systematically information on patients		
		who attend the Emergency Services Hospitals of Navarra Health		
		Service due to injuries. The register follow the protection norms		
		defined at national and regional level		
5	Scope of the register	In principle there is no selection bias because all patients who attend		
		the emergency services due to injuries are included. For under 15		
		years, the quality of records might be lower, because there are more		
		missing information for some variables. In 2013 it has not been		
		possible to include data from the two smaller community hospitals.		
6	Data file name (FDS)	FDS_2013_A.dat		
7	Date of creation of FDS file	20140424		
8	Range of data of attendance	20130101 –		
		20131230		
9	Original coding dictionary	IDB-JAMIE Full Data Set (IDB-FDS) Data Dictionary. VERSION		
		1.3.Version November 2013.		
		No full translation into Spanish		
10	Dictionary modifications	None		
11	(Eventual) Bridge coding applied	None		
12	No. of records in the data file	14657		
13	No. of FDS reference hospitals	001		
14	Geographic scope	The area is representative of Navarra but may not be nationally		
		representative as it is a small region with higher socio-economic		
		indicators.		
15	Sampling of hospitals	The data comes from the largest community hospital and serves		
		approximately 60% of the 640,000 inhabitants of the region. The		
		hospital has 1,100 beds and all medical and surgical specialties. It is		
		located in the capital of Navarra (Pamplona). We used the same		
		cases for MDS and FDS (no sampling has been for FDS)		
16	Sampling of cases within hospitals	We collected all cases that met the inclusion criteria, ie patients seen		
		in the emergency department and coded with ICD-9 codes between		
		800 and 995. Should be borne in mind that about 80% of information		
		of the clinical record of all patients attended is coded.		
		http://www.navarra.es/NR/rdonlyres/47F22173-ACA8-4B14-953F- D6146B813D19/282343/Memoria2013 Navegabledefinitiva.pdf		
----	---------------------------------------	---		
17	Data entry method	Data were extracted from the medical record by a nurse. There have		
		been no phone calls to patients to complete data, when these were		
_		not in the story was coded as missing.		
18	Percentage of admissions in data file	15.0 %		
19	Minimum Quality Control Checks	у		
20	Average percentage of "unknown"	20.0% (with high variability)		
21	(Eventual) additional comments (for			
	the user):			
22	Responsible data administrator	Servicio Navarro de Salud		
	(organization)			
23	Contact: Responsible person	Marisol Fragoso		
		Navarrabiomed		
		Irunlarrea s/n 31007 Pamplona		
		mfragosr@navarra.es		
		+(34)848422607		
24	Signature	M20		
25	Date of completion of this file	20140507		

## Sweden

National IDB File Information				
Country	Sweden			
Year	2010			
National Register Name	IDB Sweden			
Purpose of the register	The main reason why collecting detailed data (IDB) on injury events is to supply statistics to anyone who deals with injury prevention, but also to supply statistical information to authorities which have a special responsibility on safety.			
Scope of the register	All injuries, all age groups, all hospital treatments			
Data file name	2010_Sweden_new			
Date of creation of data file	August 2012, Sweden IDB 2009 was ready in September 2010			
Selection criteria (for delimitation of reporting year)	2010-01-01 – 2010-12-31			
No. of national reference hospitals	8			
No. of records in the data file	45260			
Ratio admissions / all records	15,7% of all records			
Representativeness of sampling of hospitals	The hospital sample is not a statistical sample, but more like a "convenience" sample. The hospitals have been chosen because of their own interest in collecting injury data mainly for use in local or regional injury prevention activities.			
Representativeness of sampling of cases within hospitals	All injuries treated at the ED's of the participating hospitals are included in the IDB Sweden.			
Data entry method	Patient Questionnaire: Paper/pencil Medical information: Computerized hospital System IDB data entry: Special developed data entry software.			
Sample ratio for	6966/129 566=5,4% (main diagnosis S00-T98)			
admissions/discharges due to injuries or	6966/166901=4,2% (external causes V01-Y98)			
	Same person is counted maximum one time for the same main diagnosis (3			
	char) or external causes (3 char)			

Alternatively: Sample ratio for	n.a.
ED/ambulatory treatments due to	
injuries	
Original coding dictionary	NCECI 3
Dictionary modifications	The Swedish IDB data for 2010 is primary coded according to the NOMESCO
	classification on external causes if injuries. Thereafter translation to the AI
	IDB has been done.
(Eventual) Bridge coding applied	n
Standard Quality Control	n
Statement	
Average % of "missing"	n.a.
(excluding date of birth)	
Average % of "unknown"	n.a.
(excluding date of birth)	
ECHI indicator 29b	About 5500/100.000
Method for projection of incidence	Population in catchment areas and in Sweden.
rates	
National population reference	yes
data provided	
(Eventual) additional comments	
(for the user):	
Data supplier: The National IDB	National Board of Health and Welfare
Data Administrator (organization)	Department of Statistics, Monitoring and Evaluation
	S-106 30 Stockholm, Sweden
Contact: Responsible person	Caisa Anufrijeff Röhr
	Cajsa.ronr@socialstyrelsen.se
Signature	
Date of completion of the this file	20120925

Natio	National File Information (Full Data Set)			
1	Country	Sweden		
2	Year	2011		
3	National Register Name	IDB Sweden		
4	Purpose of the register	The main reason why collecting detailed data (IDB) on injury events is to supply statistics to anyone who deals with injury prevention, but also to supply statistical information to authorities which have a special responsibility on safety.		
5	Scope of the register	One of the reporting regions has done some reorganization and therefore the reported accidents from that region have decreased in the past years. The catchment population hasn't been changed.		
6	Data file name (FDS)	IDB_Sweden_2011		
7	Date of creation of FDS file	2013-05-17		
8	Range of data of attendance	20110101 – 20111231		
9	Original coding dictionary	NCECI 3		
10	Dictionary modifications	The Swedish IDB data for 2010 is primary coded according to the NOMESCO classification on external causes if injuries. Thereafter translation to the AI IDB has been done.		
11	(Eventual) Bridge coding applied	XXX		
12	No. of records in the data file	42394		
13	No. of FDS reference hospitals	6		

14	Geographic scope	Entire country
15	Sampling of hospitals	The hospital sample is not a statistical sample, but more like a "convenience"
		sample. The hospitals have been chosen because of their own interest in
		collecting injury data mainly for use in local or regional injury prevention activities.
16	Sampling of cases	All injuries treated at the ED's of the participating hospitals are included in the
	within hospitals	IDB Sweden.
17	Data entry method	Patient Questionnaire: Paper/pencil
		Medical information: Computerized hospital System
		Medical mormation. Computenzed hospital bystem
		IDB data entry: Special developed data entry software.
18	Percentage of	16.8%
	admissions in data file	
19	Minimum Quality	у
	Control Checks	
20	Average percentage of	4.6%
	"unknown"	17 data elements in Table 8.3D (Type of injury 2, Part of body injured 2 and
		narrative.
21	(Eventual) additional	Due to big regional differences some accidents are under/overestimated
	comments (for the	
	user):	Conjulaturation National Poord of Health and Walfara
22	Responsible data	
	administrator	
00	(organization)	Caisa Apufrijeff Röhr
23	Contact: Responsible	Caisa rohr@socialstyrelean so
	person	Tomas Wänskä
		Tomas wanska@socialstyrelsen se
		National Board of Health and Welfare
		Department of Statistics, Monitoring and Evaluation
		S-106 30 Stockholm, Sweden
24	Signature	ххх
25	Date of completion of	2013-05-20
	this file	

Natio	National File Information (Full Data Set)		
1	Country	Sweden	
2	Year	2012	
3	National Register Name	IDB Sweden	
4	Purpose of the register	The main reason why collecting detailed data (IDB) on injury events is to supply statistics to anyone who deals with injury prevention, but also to supply statistical information to authorities which have a special responsibility on safety.	
5	Scope of the register	One of the reporting regions has done some reorganization and therefore the reported accidents from that region have decreased in the past years. The catchment population hasn't been changed.	
6	Data file name (FDS)	IDB_Sweden_2012	
7	Date of creation of FDS file	2013-10-30	

8	Range of data of attendance	20120101 – 20121231
9	Original coding dictionary	NCECI 3
10	Dictionary modifications	The Swedish IDB data for 2011 is primary coded according to the NOMESCO classification on external causes if injuries. Thereafter translation to the AI IDB has been done.
11	(Eventual) Bridge coding applied	XXX
12	No. of records in the data file	41792
13	No. of FDS reference hospitals	6
14	Geographic scope	Entire country
15	Sampling of hospitals	The hospital sample is not a statistical sample, but more like a "convenience" sample. The hospitals have been chosen because of their own interest in collecting injury data mainly for use in local or regional injury prevention activities.
16	Sampling of cases within hospitals	All injuries treated at the ED's of the participating hospitals are included in the IDB Sweden.
17	Data entry method	Patient Questionnaire: Paper/pencil
		Medical information: Computerized hospital System
		IDB data entry: Special developed data entry software.
18	Percentage of admissions in data file	16.4%
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	<b>4.2%</b> 17 data elements in Table 8.3D (Excluded: Type of injury 2, Part of body injured 2 and narrative).
21	(Eventual) additional comments (for the user):	Due to big regional differences some accidents are under/overestimated
22	Responsible data administrator (organization)	Socialstyrelsen, National Board of Health and Welfare
23	Contact: Responsible person	Pernilla Fagerström Pernilla.fagerstrom@socialstyrelsen.se
		National Board of Health and Welfare Department of Statistics, Monitoring and Evaluation S-106 30 Stockholm, Sweden
24	Signature	XXX
25	Date of completion of this file	2013-10-31

Nat	National IDB File Information (Full Data Set)			
1	Country	Sweden		
2	Year	2013		

3	National Register	IDB Sweden
	Name	
4	Purpose of the	The main reason why collecting detailed data (IDB) on injury events is to supply statistics
	register	to anyone who deals with injury prevention, but also to supply statistical information to
		authorities which have a special responsibility on safety.
5	Scope of the	One of the reporting regions has done some reorganization and therefore the reported
	register	accidents from that region have decreased in the past years. The catchment population hasn't been changed
0	Data fila nama	IDB Sweden 2013
6	Data file name	
7	(FDS)	2014-08-25
ľ	of EDS file	
0	DI FDS file	20130101 – 20131231
0	attendance	
٩		NCECI 3
3	dictionary	
10	Dictionary	The Swedish IDB data for 2013 is primary coded according to the NOMESCO
	modifications	classification on external causes if injuries. Thereafter translation to the AI IDB has been
		done.
11	(Eventual) Bridge	XXX
	coding applied	
12	No. of records in	53807
	the data file	
13	No. of FDS	6
	reference	
	hospitals	
14	Geographic	Entire country
	scope	
15	Sampling of	The hospital sample is not a statistical sample, but more like a "convenience" sample.
	hospitals	The hospitals have been chosen because of their own interest in collecting injury data
		mainly for use in local or regional injury prevention activities.
16	Sampling of	All injuries treated at the ED's of the participating hospitals are included in the IDB
	cases within	Sweden.
47	nospitais	Patient Questionnaire: Paper/nencil
17	Data entry	
	method	Medical information: Computerized hospital System
		IDB data entry: Special developed data entry software
18	Percentage of	16.5%
	admissions in	
	data file	
19	Minimum Quality	У
	Control Checks	
20	Average	3.4%
	percentage of	17 data elements in Table 8.3D (Excluded: Type of injury 2, Part of body injured 2 and
	"unknown"	narrative).
21		
	(Eventual)	Due to big regional differences some accidents are under/overestimated. The transport
	(Eventual) additional	Due to big regional differences some accidents are under/overestimated. The transport variables is coded or recoded by the National board of Health and Welfare. That leads to
	(Eventual) additional comments (for	Due to big regional differences some accidents are under/overestimated. The transport variables is coded or recoded by the National board of Health and Welfare. That leads to less good quality.
22	(Eventual) additional comments (for the user):	Due to big regional differences some accidents are under/overestimated. The transport variables is coded or recoded by the National board of Health and Welfare. That leads to less good quality.

	administrator	
	(organization)	
23	Contact:	Pernilla Fagerström
	Responsible	Pernilla.fagerstrom@socialstyrelsen.se
	person	
		National Board of Health and Welfare
		Department of Statistics and Comparisons
		S-106 30 Stockholm, Sweden
24	Signature	XX
25	Date of	20140825
	completion of this	
	file	

Nat	National IDB File Information (Full Data Set)			
1	Country	Sweden		
2	Year	2014		
3	National Register Name	IDB Sweden		
4	Purpose of the register	The main reason why collecting detailed data (IDB) on injury events is to supply statistics to anyone who deals with injury prevention, but also to supply statistical information to authorities which have a special responsibility on safety.		
5	Scope of the register			
6	Data file name (FDS)	IDB_Sweden_2014		
7	Date of creation of FDS file	2016-07-01		
8	Range of data of attendance	20140101 – 20141231		
9	Original coding dictionary	NCECI 3		
10	Dictionary modifications	The Swedish IDB data for 2014 is primary coded according to the NOMESCO classification on external causes if injuries. Thereafter translation to the AI IDB has been done.		
11	(Eventual) Bridge coding applied	XXX		
12	No. of records in the data file	42164		
13	No. of FDS reference hospitals	5		
14	Geographic scope	Entire country		
15	Sampling of hospitals	The hospital sample is not a statistical sample, but more like a "convenience" sample. The hospitals have been chosen because of their own interest in collecting injury data mainly for use in local or regional injury prevention activities.		
16	Sampling of cases within hospitals	All injuries treated at the ED's of the participating hospitals are included in the IDB Sweden.		
17	Data entry method	Patient Questionnaire: Paper/pencil Medical information: Computerized hospital System		

		IDD date entry Cresicil developed date entry offware
		IDB data entry: Special developed data entry software
18	Percentage of	15.3 %
	admissions in	
	data file	
19	Minimum Quality	У
	Control Checks	
20	Average	3.7%
	percentage of	17 data elements in Table 8.3D (Excluded: Type of injury 2, Part of body injured 2 and
	"unknown"	narrative).
21	(Eventual)	Due to big regional differences some accidents are under/overestimated. The transport
	additional	variables is coded or recoded by the National board of Health and Welfare. That leads to
	comments (for	less good guality.
	the user):	The violence module and the intentional self-harm module is manually coded at the
	,	NBHW which also leads to less good quality
22	Responsible data	Socialstyrelsen, National Board of Health and Welfare
	administrator	
	(organization)	
23	Contact:	Pernilla Fagerström
	Responsible	Pernilla fagerstrom@socialstvrelsen.se
	person	
	poroon	
		National Board of Health and Welfare
		Department of Statistics and Comparisons
		S-106 30 Stockholm, Sweden
24	Signature	xx
25	Date of	20170131
	completion of this	
	file	

IDB-Metadata (National IDB data file information form)				
Country	· · · · · ·	Sweden		
Year		2015		
Question	Specification	Answer	Comments (additional information in case of No)	
	Scope			
All age groups?	All age-groups covered	Υ		
All injury categories (home, leisure, sport, school, road, paid work, self-harm, assault)?	All MDS options for intent, setting and activity covered	Y		
All injury mechanisms?	All MDS options for injury mechanism covered and coded	Y		
All injury types and all body parts?	All MDS options for injury types and body parts covered and coded	Y		
Admissions and ambulatory treatments?	All MDS options for treatment and follow-up covered	Y		
Inclusion / exclusion of	of cases			
Only patients diagnosed as suffering from injury?	Equivalent to ICD-10 S00-T98 (chapter XIX)	Y/N	Some patients who are included are injured but they do not always get an injury diagnosis.	

		•	
Consequences of	Equivalent to ICD-10 codesT80-T88	Y	
medical interventions	and 198.3 excluded		
Follow-up treatments	No double counting of cases	Y	
excluded?		V	
included?		1	
	Representativeness of th	ne sample	
Recommended	More than 10.000 cases	Y	
number of cases?			
number of hospitals in the sample?		6	
Recommended	All hospitals (nat. pop <1m); minimum	Υ	
number of hospitals?	3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)		
Sample of hospitals	Small, middle-size, large hospitals	Y	
balanced by hospital size?	included		
Sample of hospitals	Hospitals with urban & rural catchment	Y/N	All the regions and
coverage?	areas included		not covered
Sample of hospitals	General hospitals, trauma centre or	Y	
balanced by hospital	university hospital, child clinic		
type?	included; Primary health care and day-		
Validation checks?	Representativeness of current sample	Y/N	Not a big variation in
Validation checks:	of hospitals has been controlled at	1/1	age but no deeper
	least by age and type of injury		controls have been
			carried out. The
			hospitals which have
			contributing are
			included.
	Quality of recordi	ng	1
Rate of admissions?	Percentage of treatment code 5 and 8	14.1%	
"unknown"?)?	of the following 10 MDS data	1.3%	
	elements: age, sex, month, treatment,		
	nature of injury1, part of body1, intent,		
	location, mechanism, activity		
	(mandatory data elements where		
Rate of children?	Percentage of children 0-14a	27.7%	
	Quality of estimated	l rate	
Incidence (ED	Crude rate, standardised for age and	Y/N	
presentation) rate	sex, using Eurostat population		
available?	projection by 1 January	V	But with upcortainty
level?	and add name of the region	ř	but with uncertainty, because of the
			different conditions in
			different regions.
Recommended	HDR-method or EDR-method is used	Y	
method of projection	for projection (or IDB-MDS file		
needed)?			
Medical interventions	If HDR or EDR method is applied:	Y	
consistently excluded	medical interventions excluded in both,		
tor projection?	IDB and HDR (or EDR)		Vaa hutita nat
consistently excluded	ו הטה טו בטה method is applied: follow-up treatments excluded in both	I I	possible to know for
for projection?	IDB and HDR (or EDR)		sure if it's a follow-up
-			or not.
Dav-care patients	If HDR or EDR method is applied: day	ΙY	Yes but a some

consistently excluded for projection?	care patients excluded in both, IDB and HDR (or EDR)		discharges can also be done the same day and are therefore counted as HDR
Non-residents consistently included for projection?	If HDR or EDR method is applied: non- residents included in both, IDB and HDR (or EDR)	Y	
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	Y/N	There can be some injuries missing in IDB that are not getting through the regular ED.
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	Y/N	This has not been investigated enough.
	Data delivery		
MDS data successfully uploaded?		N	
FDS data successfully uploaded?		Y	
Reference population data file provided?	Automatic calculation of IR at IDB web-gate will be enabled	N	No, the reference population will be provided when the national patient register is ready.
List of FDS reference		Y	
hospitals provided?			
	National data prov	ider	
name (and eventual abbreviation)	IDB Sweden		
Name of organization	Socialstyrelsen The National board of health and welfare		
Name of respondent (contact person)	Pernilla Fagerström		
E-mail address of contact person	Pernilla.fagerstrom@socialstyrelsen.se		
Date of completion of this form			

# Turkey

Nat	Vational IDB File Information (Full Data Set)			
1	Country	TURKEY		
2	Year	2012 (August-December)		
3	National Register Name	ULUSAL KAZA YARALANMA VERITABANI (UKAY)		
4	Purpose of the register	To monitor the injuries in Turkey. Legal Bases: National Market Surveillance Strategy Document (2010-2012 & 2012- 2014); 27.06.2013 Dated and 2013/4895 numbered Regulation Emending the Regulation on Market Surveillance and Control of Products		
5	Scope of the register	No systematic deviation		
6	Data file name (FDS)	idb_test_16_txt.txt		
7	Date of creation of FDS file	2013-11-29		
8	Range of data of attendance	2012-12-31/2012-07-02 (not for full year, data collection started in july)		
9	Original coding	THE INJURY DATABASE (IDB) CODING MANUAL		

	dictionary	DATA DICTIONARY VERSION 1.1 – JUNE 2005 (English Version)
10	Dictionary	Data is delivered in accordance with the required data dictionary.
11	(Eventual) Bridge	No bridge coding table is applied
	coding applied	
12	No. of records in the data file	0004761
13	No. of FDS reference hospitals	013
14	Geographic scope	Entire country except for Aegean Region (Turkey is represented by 7 official regions)
15	Sampling of hospitals	Turkish Statistics Institute separates Turkey into 12 regions for sampling. 14 hospitals were selected representing these regions. Hospitals were sampled by the Public Hospitals Agency of Turkey which is an affiliated body of Ministry of Health like Public Health Agency of Turkey. Mainly big capacity regional hospitals were preferred.
16	Sampling of cases within hospitals	Sampling within hospitals has not been specified yet. For the time being it is not possible to cover all cases within hospitals.
17	Data entry method	Questionnaire filled out by data recorders during the course of face to face interviews with patients. They are first recorded on paper then copied into electronic form, sometimes diagnosis supplemented from hospital reports.
18	Percentage of admissions in data file	Haven't been detected yet
19	Minimum Quality Control Checks	у
20	Average percentage of "unknown"	Haven't been detected yet
21	(Eventual) additional comments (for the user):	-
22	Responsible data administrator (organization)	Turkiye Halk Saglıgı Kurumu-Public Health Agency of Turkey www.thsk.gov.tr
23	Contact:	Name of the responsible officer: Asli SUNGUR
	Responsible person	Address, telephone: Cemal Gursel Cad. No:55, 06100, Sihhiye ANKARA Email address: asli.sungur@thsk.gov.tr
24	Signature	
25	Date of completion	2013-11-29
	of this file	

Nat	National IDB File Information (Full Data Set)			
1	Country	TURKEY		
2	Year	2013		
3	National Register Name	ULUSAL KAZA YARALANMA VERITABANI (UKAY)		
4	Purpose of the register	To monitor the injuries in Turkey. Legal Bases: National Market Surveillance Strategy Document (2010-2012 & 2012- 2014); 27.06.2013 Dated and 2013/4895 numbered Regulation Emending the Regulation on Market Surveillance and Control of Products		
5	Scope of the register	No systematic deviation		
6	Data file name (FDS)	TC_2013_2.cvs		
7	Date of creation of FDS file	2014-07-07		
8	Range of data of attendance	2013-01-01/2013-12-31		
9	Original coding dictionary	THE INJURY DATABASE (IDB) CODING MANUAL DATA DICTIONARY VERSION 1.1 – JUNE 2005 (English Version)		
10	Dictionary	Data is delivered in accordance with the required data dictionary.		

	modifications	
11	(Eventual) Bridge	No bridge coding table is applied
	coding applied	
12	No. of records in the	0022140
	data file	
13	No. of FDS reference	015
	hospitals	
14	Geographic scope	Entire country except for Aegean Region (Turkey is represented by 7 official regions)
15	Sampling of hospitals	Turkish Statistics Institute separates Turkey into 12 regions for sampling. 15
		hospitals were selected representing these regions. Hospitals were sampled by the
		Public Hospitals Agency of Turkey which is an affiliated body of Ministry of Health
		like Public Health Agency of Turkey. Mainly big capacity regional hospitals were
4.0	O	preferred.
16	Sampling of cases	Sampling within hospitals has not been specified yet. For the time being it is not
47		
17	Data entry method	Questionnaire filled out by data recorders during the course of face to face
		interviews with patients. They are first recorded on paper then copied into electronic
4.0		form, sometimes diagnosis supplemented from hospital reports.
18	Percentage of	Haven't been detected yet
10		
19	Minimum Quality	y y
20		
20	Average percentage	Haven t been detected yet
04	OF UNKNOWN	
21	(Eventual) additional	-
	comments (for the	
22	user). Rosponsible data	Turkiyo Halk Saaligi Kurumu Dublic Haalth Aganay of Turkay
22	administrator	Turkiye Haik Sagiigi Kulumu-Fublic Health Agency of Turkey
	(organization)	www.uisk.gov.u
23	Contact: Responsible	Name of the responsible officer: Sevoi Güler
23	nerson	Address telenhone: Sadik Sok No:53 06100 Kolei/ ANKARA
		Fmail address: sevai quler@thsk.gov.tr
		Tel:+90 312 565 61 65
24	Signature	
25	Date of completion of	2014-12-31
20		

1	Country	TURKEY
2	Year	2014
3	National Register Name	ULUSAL KAZA YARALANMA VERITABANI (UKAY)
4	Purpose of the register	To monitor the injuries in Turkey. Legal Bases: National Market Surveillance Strategy Document (2010-2012 & 2012- 2014); 27.06.2013 Dated and 2013/4895 numbered Regulation Emending the Regulation on Market Surveillance and Control of Products
5	Scope of the register	No systematic deviation
6	Data file name (FDS)	TR_2014_1.txt
7	Date of creation of FDS file	2015-03-30
8	Range of data of attendance	2014-01-01/2014-12-31

q	Original coding	THE IN JURY DATABASE (JDB) CODING MANUAL	
5	dictionary	DATA DICTIONARY	
	alotionary	VERSION 1.1 $-$ II INE 2005 (English Version)	
10	Dictionary	Data is delivered in accordance with the required data dictionary	
10	modifications	Data is delivered in accordance with the required data dictionary.	
11	(Eventual) Bridge	No bridge coding table is applied	
10		0004000	
12	NO. OF RECORDS IN	0021620	
10	the data file		
13	NO. OF FDS	015	
	reference hospitals		
14	Geographic scope	Entire country except for Aegean Region (Turkey is represented by 7 official regions)	
15	Sampling of	Turkish Statistics Institute separates Turkey into 12 regions for sampling. 15 hospitals	
	hospitals	were selected representing these regions. Hospitals were sampled by the Public	
		Hospitals Agency of Turkey which is an affiliated body of Ministry of Health like Public	
		Health Agency of Turkey. Mainly big capacity regional hospitals were preferred.	
16	Sampling of cases	Sampling within hospitals has not been specified yet. For the time being it is not	
	within hospitals	possible to cover all cases within hospitals.	
17	Data entry method	Questionnaire filled out by data recorders during the course of face to face interviews	
		with patients. They are first recorded on paper then copied into electronic form,	
		sometimes diagnosis supplemented from hospital reports.	
18	Percentage of	Haven't been detected yet	
	admissions in data		
	file		
19	Minimum Quality	у	
	Control Checks		
20	Average	Haven't been detected yet	
	percentage of		
	"unknown"		
21	(Eventual)	-	
	additional		
	comments (for the		
	user):		
22	Responsible data	Turkiye Halk Sagligi Kurumu-Public Health Agency of Turkey	
	administrator	www.thsk.gov.tr	
	(organization)		
23	Contact:	Name of the responsible officer: Fatma Zehra Yıldız	
	Responsible person	Address, telephone: Sağlık Sok, No:53, 06100, Kolei/ ANKARA	
		Email address: fzehra vildiz@saglik.gov.tr	
		Tel:+90 312 565 61 46	
24	Signature		
25	Date of completion	2014-05-04	
	of this file		

<b>National IDB File Information</b>	(IDB	Full	Data	Set)	)
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1	Country	TURKEY
2	Year	2015
3	National Register	ULUSAL KAZA YARALANMA VERITABANI (UKAY)
	Name	
4	Purpose of the	To monitor the injuries in Turkey.
	register	Legal Bases: National Market Surveillance Strategy Document (2010-2012 & 2012-
		2014); 27.06.2013 Dated and 2013/4895 numbered Regulation Emending the
		Regulation on Market Surveillance and Control of Products
5	Scope of the register	No systematic deviation
6	Data file name (FDS)	TR_2015.txt
7	Date of creation of	2017-10-03
	FDS file	
8	Range of data of	2015-01-01/2015-12-31
	attendance	
9	Original coding	THE INJURY DATABASE (IDB) CODING MANUAL

	dictionary	DATA DICTIONARY
	alouonaly	VERSION 1.1 – JUNE 2005 (English Version)
10	Dictionary	Data is delivered in accordance with the required data dictionary.
	modifications	
11	(Eventual) Bridge	No bridge coding table is applied
	coding applied	
12	No. of records in the	0016859
	data file	
13	No. of FDS reference	015
	hospitals	
14	Geographic scope	Turkey is represented by 7 official regions
15	Sampling of hospitals	Turkish Statistics Institute separates Turkey into 12 regions for sampling. 16
		hospitals were selected representing these regions. Hospitals were sampled by the
		Public Hospitals Institute of Turkey which is an affiliated body of Ministry of Health
		like Public Health Institute of Turkey. Mainly big capacity regional hospitals were
		preferred.
16	Sampling of cases	Sampling within hospitals has not been specified yet. For the time being it is not
	within hospitals	possible to cover all cases within hospitals.
17	Data entry method	Questionnaire filled out by data recorders during the course of face to face interviews
		with patients. They are first recorded on paper then copied into electronic form,
		sometimes diagnosis supplemented from hospital reports.
18	Percentage of	Haven't been detected yet
	admissions in data	
	file	
19	Minimum Quality	У
	Control Checks	
20	Average percentage	Haven't been detected yet
	of "unknown"	
21	(Eventual) additional	-
	comments (for the	
	user):	
22	Responsible data	Turkiye Halk Sagligi Kurumu-Public Health Institute of Turkey
	administrator	www.thsk.gov.tr
	(organization)	
23	Contact: Responsible	Name of the responsible officer: Banu Ekinci
	person	Address, telephone: Saglik-1 Sok. No:53, 06100, Kolej/ ANKARA
		Email address: drbanutek@yahoo.com
		banu.ekinci@saglik.gov.tr
		T 1 00 040 505 04 00
		Tel:+90 312 565 61 03
24	Signature	Tel:+90 312 565 61 03
24 25	Signature Date of completion of	Tel:+90 312 565 61 03 2015-12-31

Nat	National IDB File Information (IDB Full Data Set)				
1	Country	TURKEY			
2	Year	2016			
3	National Register	ULUSAL KAZA YARALANMA VERITABANI (UKAY)			
	Name				
4	Purpose of the	To monitor the injuries in Turkey.			
	register	Legal Bases: National Market Surveillance Strategy Document (2010-2012 & 2012-			
		2014); 27.06.2013 Dated and 2013/4895 numbered Regulation Emending the			
		Regulation on Market Surveillance and Control of Products			

5	Scope of the register	No systematic deviation
6	Data file name (FDS)	TR_2016.txt
7	Date of creation of FDS file	2017-07-27
8	Range of data of attendance	2016-01-01/2016-12-31
9	Original coding dictionary	THE INJURY DATABASE (IDB) CODING MANUAL DATA DICTIONARY VERSION 1.1 – III INE 2005 (English Version)
10	Dictionary modifications	Data is delivered in accordance with the required data dictionary.
11	(Eventual) Bridge coding applied	No bridge coding table is applied
12	No. of records in the data file	0051733
13	No. of FDS reference hospitals	016
14	Geographic scope	Turkey is represented by 7 official regions
15	Sampling of hospitals	Turkish Statistics Institute separates Turkey into 12 regions for sampling. 16 hospitals were selected representing these regions. Hospitals were sampled by the Public Hospitals Institute of Turkey which is an affiliated body of Ministry of Health like Public Health Institute of Turkey. Mainly big capacity regional hospitals were preferred.
16	Sampling of cases within hospitals	Sampling within hospitals has not been specified yet. For the time being it is not possible to cover all cases within hospitals.
17	Data entry method	Questionnaire filled out by data recorders during the course of face to face interviews with patients. They are first recorded on paper then copied into electronic form, sometimes diagnosis supplemented from hospital reports.
18	Percentage of admissions in data file	Haven't been detected yet
19	Minimum Quality Control Checks	У
20	Average percentage of "unknown"	Haven't been detected yet
21	(Eventual) additional comments (for the user):	-
22	Responsible data administrator (organization)	Turkiye Halk Sagligi Kurumu-Public Health Institute of Turkey www.thsk.gov.tr
23	Contact: Responsible person	Name of the responsible officer: Banu Ekinci Address, telephone: Saglik-1 Sok. No:53, 06100, Kolej/ ANKARA Email address: <u>drbanutek@yahoo.com</u> <u>banu.ekinci@saglik.gov.tr</u> Tel:+90 312 565 61 03
24	Signature	
25	Date of completion of this file	2016-12-31

# United Kingdom

IDB-Metadata (National IDB data file information form) – revised 03_2017				
Country			United Kingdom	
Year	-	2010		
Question	Specification	Answer	Comments (additional information in case of No)	
	Scope	T	1	
All age groups?	All age-groups covered	Y		
All injury categories	All MDS options for intent, setting and	Y		
(home, leisure, sport,	activity covered			
school, road, paid				
assault)?				
All injury mechanisms?	All MDS options for injury mechanism covered and coded	Y		
All injury types and all body parts?	All MDS options for injury types and body parts covered and coded	Y		
Admissions and	All MDS options for treatment and follow-	Y		
ambulatory	up covered			
treatments?				
Inclusion / exclusion o	f cases			
Only patients diagnosed as suffering from injury?	Equivalent to ICD-10 S00-T98 (chapter XIX)	Y		
Consequences of	Equivalent to ICD-10 codesT80-T88 and	Y		
medical interventions excluded?	T98.3 excluded			
Follow-up treatments	No double counting of cases	Y		
Non-residents		Y		
Included?	Poprosontativonoss of the sa	mplo		
Recommended	More than 10 000 cases			
number of cases?		1		
Number of hospitals in the sample?		004		
Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3- 12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	N	Only hospitals providing high quality coded data included in sample (over 70% completeness in all aetiology fields). Results are extrapolated using national ED attendances.	
Sample of hospitals balanced by hospital size?	Small, middle-size, large hospitals included	Y	1 major ED unit and 3 minor ED units	
Sample of hospitals balanced by geo- coverage?	Hospitals with urban & rural catchment areas included	Y	4 hospitals based in South Wales	
Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	Y	1 major ED units and 3 ED minor units	
Validation checks?	Representativeness of current sample of hospitals has been controlled at least by are and type of injury	Y/N		
	Quality of recording			
Rate of admissions?	Percentage of treatment code 1	07.6%		
Average rate of	Average percentage of codes 9 or 99 of	10.5%		
"unknown"?)?	the following 10 MDS data elements: age,			
	sex, month, treatment, nature of injury1,			

	part of body1, intent, location, mechanism,		
	"unknown" is allowed).		
Rate of children?	Percentage of children 0-14a	23.0%	
	Quality of estimated rate	)	·
Incidence (ED	Crude rate, standardised for age and sex,	Y	
presentation) rate	using Eurostat population projection by 1		
available?	January		
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	N	Valid for Wales
Recommended	HDR-method or EDR-method is used for	Y	EDR method
method of projection	projection (or IDB-MDS file contains all		
used (or no projection needed)?	national cases)		
Medical interventions	If HDR or EDR method is applied: medical	Y	
consistently excluded	interventions excluded in both, IDB and		
for projection?	HDR (or EDR)	X	
Follow-up treatments	If HDR or EDR method is applied: follow-	Y	
for projection?	HDR (or EDR)		
Dav-care patients	If HDR or EDR method is applied: day care	Y	
consistently excluded	patients excluded in both. IDB and HDR	•	
for projection?	(or EDR)		
Non-residents	If HDR or EDR method is applied: non-	Y	
consistently included	residents included in both, IDB and HDR		
for projection?	(or EDR)		
Random sampling in	If sampling within one or several hospitals	N/A	All cases included in selected
nospitais?	biases		nospitais
Known bias (e.g.	No bias is known or bias has been	N/A	No known biases in data
regarding admissions)	corrected by means of external statistics		
corrected?	before calculating rates		
	Data delivery	1	1
MDS data successfully uploaded?		Y	
FDS data successfully		Ν	No FDS data in UK currently
uploaded?			
Reference population	Automatic calculation of IR at IDB web-	Y	
List of FDS reference		N	No FDS data in UK currently
hospitals provided?			
· · ·	National data provider		·
National register name		All Wale	s Injury Surveillance System
(and eventual			
abbreviation)			
Name of organization	In national language and English	Farr Institute, Swansea University.	
Name of respondent		Samanth	na lurner
(contact person)		o turno - /	
		s.turner(	<u>wswansea.ac.uk</u>
Date of completion of		21/03/20	)17
this form		21,00,20	
•	•		

IDB-Metadata (National IDB data file information form) – revised 03_2017				
Country		United M	United Kingdom	
Year		2011		
Question	Specification	Answer	Comments (additional	
			information in case of No)	
	Scope			
All age groups?	All age-groups covered	Y		
All injury categories	All MDS options for intent, setting and	Y		
(home, leisure, sport,	activity covered			

school, road, paid			
work, self-harm,			
assault)?			
All injury mechanisms?	All MDS options for injury mechanism covered and coded	Y	
All injury types and all body parts?	All MDS options for injury types and body parts covered and coded	Y	
Admissions and	All MDS options for treatment and follow-	Y	
ambulatory	up covered		
treatments?			
Inclusion / exclusion o	f cases		
Only patients	Equivalent to ICD-10 S00-T98 (chapter	Y	
diagnosed as suffering	XIX)		
from injury?		X	
Consequences of	Equivalent to ICD-10 codes 180-188 and	Y	
medical interventions	198.3 excluded		
	No double counting of coope	V	
excluded?	No double counting of cases	ř	
Non-residents		Y	
included?			
	Representativeness of the sal	mple	
Recommended	More than 10.000 cases	Ý	
number of cases?			
Number of hospitals in		005	
the sample?			
Recommended	All hospitals (nat. pop <1m); minimum 3	N	Only hospitals providing high
number of hospitals?	hospitals (nat. pop. 1-3m), 5 (nat. pop 3-		quality coded data included in
	12m), 7 (nat. pop. 12-40m), 9 (nat. pop.		sample (over 70%
	>40m)		fields) Results are
			extrapolated using national ED
			attendances.
Sample of hospitals	Small, middle-size, large hospitals included	Y	2 major ED units and 3 minor
balanced by hospital			ED units
size?			
Sample of hospitals	Hospitals with urban & rural catchment	Y	4 hospitals based in South
balanced by geo-	areas included		Wales and one in the North
coverage?			
Sample of hospitals	General hospitals, trauma centre or	Y	2 major ED units and 3 ED
balanced by hospital	University hospital, child clinic included;		minor units
type?	Primary health care and day-care centres		
Validation checks?	Representativeness of current sample of	V/N	
validation checks:	hospitals has been controlled at least by	1/1	
	age and type of injury		
	Quality of recording		1
Rate of admissions?	Percentage of treatment code 1	07.3%	
Average rate of	Average percentage of codes 9 or 99 of	09.0%	
"unknown"?)?	the following 10 MDS data elements: age,		
	sex, month, treatment, nature of injury1,		
	part of body1, intent, location, mechanism,		
	activity (mandatory data elements where		
	"unknown" is allowed).	04.00/	
Rate of children?	Percentage of children 0-14a	24.9%	
Incidence (ED	wuality of estimated rate	V	1
presentation) rate	using Eurostat population projection by 1	I	
available?	January		
Valid at national level?	Tick no, if rate is valid at regional level and	N	Valid for Wales
	add name of the region		
<u> </u>			555 (1-1
Recommended	HUK-method or EDR-method is used for	Y	EDK method
method of projection	projection (or IDB-IVIDS file contains all		

used (or no projection needed)?	national cases)		
Medical interventions	If HDR or EDR method is applied: medical	Y	
consistently excluded	interventions excluded in both. IDB and		
for projection?	HDR (or EDR)		
Follow-up treatments	If HDR or EDR method is applied: follow-	Y	
consistently excluded	up treatments excluded in both, IDB and		
for projection?	HDR (or EDR)		
Day-care patients	If HDR or EDR method is applied: day care	Y	
consistently excluded	patients excluded in both, IDB and HDR (or		
for projection?	EDR)		
Non-residents	If HDR or EDR method is applied: non-	Y	
consistently included	residents included in both, IDB and HDR		
for projection?	(or EDR)		
Random sampling in	If sampling within one or several hospitals	N/A	All cases included in selected
hospitals?	occurs: Sampling scheme prevents from		hospitals
	biases		
Known bias (e.g.	No bias is known or bias has been	N/A	No known biases in data
regarding admissions)	corrected by means of external statistics		
corrected?	before calculating rates		
	Data delivery		
MDS data successfully		Y	
uploaded?			
FDS data successfully		N	No FDS data in UK currently
uploaded?			
Reference population	Automatic calculation of IR at IDB web-	Y	
data file provided?	gate will be enabled		
List of FDS reference		N	No FDS data in UK currently
hospitals provided?			
	National data provider		
National register name		All Wale	s Injury Surveillance System
(and eventual			
abbreviation)			
Name of organization	In national language and English	Farr Institute, Swansea University.	
Name of respondent		Samantha Turner	
(contact person)			
E-mail address of		s.turner@swansea.ac.uk	
contact person			
Date of completion of		21/03/20	17
this form		1	

IDB-Metadata (National IDB data file information form) – revised 03_2017				
Country		United P	United Kingdom	
Year		2012		
Question	Specification	Answer	Comments (additional	
			information in case of No)	
	Scope			
All age groups?	All age-groups covered	Y		
All injury categories	All MDS options for intent, setting and	Y		
(home, leisure, sport,	activity covered			
school, road, paid				
work, self-harm,				
assault)?				
All injury mechanisms?	All MDS options for injury mechanism	Y		
	covered and coded			
All injury types and all	All MDS options for injury types and body	Y		
body parts?	parts covered and coded			
Admissions and	All MDS options for treatment and follow-	Y		
ambulatory	up covered			
treatments?				
Inclusion / exclusion o	f cases			
Only patients	Equivalent to ICD-10 S00-T98 (chapter	Y		
diagnosed as suffering	XIX)			

from injury?			
Consequences of	Equivalent to ICD-10 codesT80-T88 and	Y	
medical interventions	T98.3 excluded		
excluded?			
Follow-up treatments	No double counting of cases	Y	
excluded?			
Non-residents		Y	
included?			
	Representativeness of the sal	mple	
Recommended	More than 10.000 cases	Y	
number of cases?			
Number of hospitals in		005	
the sample?			
Recommended number of hospitals?	All hospitals (nat. pop <1m); minimum 3 hospitals (nat. pop. 1-3m), 5 (nat. pop 3- 12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)	N	Only hospitals providing high quality coded data included in sample (over 70% completeness in all aetiology fields). Results are extrapolated using national ED attendances.
Sample of hospitals balanced by hospital size?	Small, middle-size, large hospitals included	Y	2 major ED units and 3 minor ED units
Sample of hospitals	Hospitals with urban & rural catchment	Y	4 hospitals based in South
balanced by geo-	areas included		Wales and one in the North
coverage?			
Sample of hospitals	General hospitals, trauma centre or	Y	2 major ED units and 3 ED
balanced by hospital	university hospital, child clinic included;		minor units
type?	Primary health care and day-care centres		
		X/N1	
validation checks?	Representativeness of current sample of	Y/IN	
	age and type of injury		
	Quality of recording		
Rate of admissions?	Percentage of treatment code 1	06.3%	
Average rate of	Average percentage of codes 9 or 99 of	09.0%	
"unknown"?)?	the following 10 MDS data elements: age.	00.170	
	sex, month, treatment, nature of injury1,		
	part of body1, intent, location, mechanism,		
	activity (mandatory data elements where		
	"unknown" is allowed).		
Rate of children?	Percentage of children 0-14a	23.8%	
	Quality of estimated rate		
Incidence (ED	Crude rate, standardised for age and sex,	Y	
presentation) rate	using Eurostat population projection by 1		
available?	January		
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	N	Valid for Wales
Recommended	HDR-method or EDR-method is used for	Y	EDR method
method of projection	projection (or IDB-MDS file contains all		
used (or no projection	national cases)		
needed)?			
Medical interventions	If HDR or EDR method is applied: medical	Y	
consistently excluded	interventions excluded in both, IDB and		
for projection?	HDR (or EDR)		
Follow-up treatments	If HDR or EDR method is applied: follow-	Y	
consistently excluded	up treatments excluded in both, IDB and		
TOF Projection?		V	
Day-care patients	II HUK OF EUK METROD IS Applied: day care	Y	
for projection?			
Non-residents	If HDR or EDR method is applied: pop-	Y	
consistently included	residents included in both. IDB and HDR	'	

for projection?	(or EDR)		
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	N/A	All cases included in selected hospitals
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	N/A	No known biases in data
	Data delivery		
MDS data successfully uploaded?		Y	
FDS data successfully uploaded?		N	No FDS data in UK currently
Reference population data file provided?	Automatic calculation of IR at IDB web- gate will be enabled	Y	
List of FDS reference hospitals provided?		Ν	No FDS data in UK currently
	National data provider		
National register name (and eventual abbreviation)		All Wales Injury Surveillance System	
Name of organization	In national language and English	Farr Institute, Swansea University.	
Name of respondent (contact person)		Samantha Turner	
E-mail address of contact person		s.turner@swansea.ac.uk	
Date of completion of this form		21/03/2	017

IDB-Metadata (National IDB data file information form) – revised 03_2017				
Country			United Kingdom	
Year		2013		
Question	Specification	Answer	Comments (additional	
			information in case of No)	
	Scope			
All age groups?	All age-groups covered	Y		
All injury categories	All MDS options for intent, setting and	Y		
(home, leisure, sport,	activity covered			
school, road, paid				
work, self-harm,				
assault)?				
All injury mechanisms?	All MDS options for injury mechanism	Y		
	covered and coded			
All injury types and all	All MDS options for injury types and body	Y		
body parts?	parts covered and coded			
Admissions and	All MDS options for treatment and follow-	Y		
ambulatory	up covered			
treatments?	[			
Inclusion / exclusion of	r cases	X		
Only patients	Equivalent to ICD-10 S00-198 (chapter	Y		
from injun/2				
	Equivalant to ICD 10 and as T80 T88 and	V		
medical interventions	Top 3 excluded	T		
evoluded?	190.5 excluded			
Follow-up treatments	No double counting of cases	Y		
excluded?				
Non-residents		Y		
included?				
Representativeness of the sample				
Recommended	More than 10.000 cases	Ϋ́		
number of cases?				
Number of hospitals in		005		
the sample?				
Recommended	All hospitals (nat. pop <1m); minimum 3	Ν	Only hospitals providing high	

number of hospitals?	hospitals (nat. pop. 1-3m), 5 (nat. pop 3- 12m), 7 (nat. pop. 12-40m), 9 (nat. pop. >40m)		quality coded data included in sample (over 70% completeness in all aetiology fields). Results are extrapolated using national ED attendances.
Sample of hospitals balanced by hospital size?	Small, middle-size, large hospitals included	Y	2 major ED units and 3 minor ED units
Sample of hospitals balanced by geo-	Hospitals with urban & rural catchment areas included	Y	4 hospitals based in South Wales and one in the North
Sample of hospitals balanced by hospital type?	General hospitals, trauma centre or university hospital, child clinic included; Primary health care and day-care centres excluded	Y	2 major ED units and 3 ED minor units
Validation checks?	Representativeness of current sample of hospitals has been controlled at least by age and type of injury	Y/N	
	Quality of recording	1	
Rate of admissions?	Percentage of treatment code 1	06.9%	ļ
Average rate of "unknown"?)?	Average percentage of codes 9 or 99 of the following 10 MDS data elements: age, sex, month, treatment, nature of injury1, part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed).	09.2%	
Rate of children?	Percentage of children 0-14a	23.5%	
	Quality of estimated rate		
Incidence (ED presentation) rate available?	Crude rate, standardised for age and sex, using Eurostat population projection by 1 January	Y	
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	N	Valid for Wales
Recommended method of projection used (or no projection needed)?	HDR-method or EDR-method is used for projection (or IDB-MDS file contains all national cases)	Y	EDR method
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Y	
Follow-up treatments consistently excluded for projection?	If HDR or EDR method is applied: follow- up treatments excluded in both, IDB and HDR (or EDR)	Y	
Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or EDR)	Y	
Non-residents consistently included for projection?	If HDR or EDR method is applied: non- residents included in both, IDB and HDR (or EDR)	Y	
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	N/A	All cases included in selected hospitals
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	N/A	No known biases in data
	Data delivery		
MDS data successfully uploaded?		Y	
FDS data successfully uploaded?	Automatic calculation of IP at IDP web	N	NO FDS data in UK currently
data file provided?	gate will be enabled	T	

List of FDS reference hospitals provided?		N	No FDS data in UK currently
	National data provider	•	
National register name (and eventual abbreviation)		All Wales	s Injury Surveillance System
Name of organization	In national language and English	Farr Inst	itute, Swansea University.
Name of respondent (contact person)		Samanth	na Turner
E-mail address of		<u>s.turner@</u>	oswansea.ac.uk
contact person			
Date of completion of this form		21/03/20	17

IDB-Metadata (National IDB data file information form) – revised 03_2017				
Country		United Kingdom		
Year		2014		
Question	Specification	Answer	Comments (additional	
			information in case of No)	
	Scope			
All age groups?	All age-groups covered	Y		
All injury categories	All MDS options for intent, setting and	Y		
school road paid				
work, self-harm.				
assault)?				
All injury mechanisms?	All MDS options for injury mechanism covered and coded	Y		
All injury types and all	All MDS options for injury types and body	Y		
body parts?	parts covered and coded			
Admissions and	All MDS options for treatment and follow-	Y		
ambulatory	up covered			
	f cases			
Only patients	Equivalent to ICD-10 S00-T98 (chapter	V		
diagnosed as suffering	XIX)			
from injury?				
Consequences of	Equivalent to ICD-10 codesT80-T88 and	Y		
medical interventions	T98.3 excluded			
excluded?				
Follow-up treatments	No double counting of cases	Y		
excluded?		V		
included?		T		
	Representativeness of the sa	mple		
Recommended	More than 10.000 cases	Y		
number of cases?				
Number of hospitals in		005		
the sample?				
Recommended	All hospitals (nat. pop <1m); minimum 3	N	Only hospitals providing high	
number of hospitals?	hospitals (nat. pop. 1-3m), 5 (nat. pop 3-		quality coded data included in	
	2211, 7 (nai. pop. 12-4011), 9 (nai. pop. $240$ m)		completeness in all actiology	
			fields). Results are	
			extrapolated using national ED	
			attendances.	
Sample of hospitals	Small, middle-size, large hospitals included	Y	2 major ED units and 3 minor	
balanced by hospital			ED units	
SIZE?	Leonitale with urban 9 rural actabrant	V	4 heapitale heaped in Courth	
balanced by geo-		ř	4 nospitals based in South	
coverage?				
Sample of hospitals	General hospitals, trauma centre or	Y	2 major ED units and 3 ED	
balanced by hospital	university hospital, child clinic included;		minor units	

type?	Primary health care and day-care centres		
Validation checks?	Representativeness of current sample of	V/N	
validation checks:	hospitals has been controlled at least by	1/11	
	age and type of injury		
	Quality of recording		
Rate of admissions?	Percentage of treatment code 1	07.2%	
Average rate of	Average percentage of codes 9 or 99 of	08.7%	
"unknown"?)?	the following 10 MDS data elements: age	00.7 /0	
unitiown	sex month treatment nature of injury1		
	part of body1 intent location mechanism		
	activity (mandatory data elements where		
	"unknown" is allowed).		
Rate of children?	Percentage of children 0-14a	23.9%	
	Quality of estimated rate	20.070	
Incidence (FD	Crude rate standardised for age and sex	Y	
presentation) rate	using Eurostat population projection by 1		
available?	January		
Valid at national level?	Tick no if rate is valid at regional level and	N	Valid for Wales
	add name of the region		
Recommended	HDR-method or EDR-method is used for	Y	EDR method
method of projection	projection (or IDB-MDS file contains all		
used (or no projection	national cases)		
needed)?			
Medical interventions	If HDR or EDR method is applied: medical	Y	
consistently excluded	interventions excluded in both, IDB and		
for projection?	HDR (or EDR)		
Follow-up treatments	If HDR or EDR method is applied: follow-	Υ	
consistently excluded	up treatments excluded in both, IDB and		
for projection?	HDR (or EDR)		
Day-care patients	If HDR or EDR method is applied: day care	Y	
consistently excluded	patients excluded in both, IDB and HDR (or		
for projection?	EDR)		
Non-residents	If HDR or EDR method is applied: non-	Y	
consistently included	residents included in both, IDB and HDR		
for projection?	(or EDR)		
Random sampling in	If sampling within one or several hospitals	N/A	All cases included in selected
hospitals?	occurs: Sampling scheme prevents from		hospitals
	biases		
Known bias (e.g.	No bias is known or bias has been	N/A	No known biases in data
regarding admissions)	corrected by means of external statistics		
corrected?	before calculating rates		
	Data delivery		
MDS data successfully		Y	
uploaded?			
FDS data successfully		N	No FDS data in UK currently
uploaded?			
Reference population	Automatic calculation of IR at IDB web-	Y	
data file provided?	gate will be enabled		
List of FDS reference		N	No FDS data in UK currently
hospitals provided?			
	National data provider		
National register name		All Wale	s Injury Surveillance System
(and eventual			
abbreviation)			
Name of organization	In national language and English	Farr Inst	titute, Swansea University.
Name of respondent		Samant	ha lurner
(contact person)			
E-mail address of		<u>s.turner(</u>	<u>@swansea.ac.uk</u>
contact person			
Date of completion of		21/03/20	)17
this form			

IDB-Metadata (National IDB data file information form)				
Country		United P	Kingdom	
Year		2015		
Question	Specification	Answer	Comments (additional information in case of No)	
	Scope	-		
All age groups?	All age-groups covered	Y		
All injury categories	All MDS options for intent, setting and	Y		
(home, leisure, sport,	activity covered			
school, road, paid				
assault)?				
All injury mechanisms?	All MDS options for injury mechanism	Y		
	covered and coded	X		
body parts?	parts covered and coded	Ŷ		
Admissions and	All MDS options for treatment and follow-	Y		
ambulatory	up covered			
treatments?				
Inclusion / exclusion of	Cases	V		
diagnosed as suffering		ř		
from injury?				
Consequences of	Equivalent to ICD-10 codesT80-T88 and	Y		
medical interventions	T98.3 excluded			
excluded?				
Follow-up treatments excluded?	No double counting of cases	Y		
Non-residents		Y		
included?				
Decemended	Representativeness of the sal	mpie		
number of cases?	More than 10.000 cases	ř		
Number of hospitals in		005		
the sample?				
Recommended	All hospitals (nat. pop <1m); minimum 3	N	Only hospitals providing high	
number of nospitals?	nospitals (nat. pop. 1-3m), 5 (nat. pop 3- $12m$ ) 7 (pat. pop 12-40m) 9 (pat. pop		quality coded data included in sample (over 70%	
	>40m		completeness in all aetiology	
			fields). Results are	
			extrapolated using national ED	
			attendances.	
Sample of hospitals	Small, middle-size, large hospitals included	Y	2 major ED units and 3 minor	
size?			ED units	
Sample of hospitals	Hospitals with urban & rural catchment	Y	4 hospitals based in South	
balanced by geo-	areas included		Wales and one in the North	
coverage?				
Sample of hospitals	General hospitals, trauma centre or	Y	2 major ED units and 3 ED	
balanced by hospital	university hospital, child clinic included;		minor units	
type?	excluded			
Validation checks?	Representativeness of current sample of	Y/N		
	hospitals has been controlled at least by			
	age and type of injury		l	
Rate of admissions?	Quality of recording	07.0%		
Average rate of	Average percentage of codes 9 or 99 of	08.2%		
"unknown"?)?	the following 10 MDS data elements: age.	00.270		
	sex, month, treatment, nature of injury1.			
	part of body1, intent, location, mechanism,			
	activity (mandatory data elements where			
	"unknown" is allowed).	1		

Rate of children?	Percentage of children 0-14a	25.2%		
Quality of estimated rate				
Incidence (ED presentation) rate available?	Crude rate, standardised for age and sex, using Eurostat population projection by 1 January	Y		
Valid at national level?	Tick no, if rate is valid at regional level and add name of the region	N	Valid for Wales	
Recommended method of projection used (or no projection needed)?	HDR-method or EDR-method is used for projection (or IDB-MDS file contains all national cases)	Y	EDR method	
Medical interventions consistently excluded for projection?	If HDR or EDR method is applied: medical interventions excluded in both, IDB and HDR (or EDR)	Y		
Follow-up treatments consistently excluded for projection?	If HDR or EDR method is applied: follow- up treatments excluded in both, IDB and HDR (or EDR)	Y		
Day-care patients consistently excluded for projection?	If HDR or EDR method is applied: day care patients excluded in both, IDB and HDR (or EDR)	Y		
Non-residents consistently included for projection?	If HDR or EDR method is applied: non- residents included in both, IDB and HDR (or EDR)	Y		
Random sampling in hospitals?	If sampling within one or several hospitals occurs: Sampling scheme prevents from biases	N/A	All cases included in selected hospitals	
Known bias (e.g. regarding admissions) corrected?	No bias is known or bias has been corrected by means of external statistics before calculating rates	N/A	No known biases in data	
	Data delivery			
MDS data successfully uploaded?		Y		
FDS data successfully uploaded?		N	No FDS data in UK currently	
Reference population data file provided?	Automatic calculation of IR at IDB web- gate will be enabled	Y		
List of FDS reference hospitals provided?		N	No FDS data in UK currently	
	National data provider	T		
National register name (and eventual abbreviation)		All Wales Injury Surveillance System		
Name of organization	In national language and English	Farr Inst	itute, Swansea University.	
Name of respondent (contact person)		Samantha Turner		
E-mail address of contact person		s.turner@swansea.ac.uk		
Date of completion of this form		21/03/2017		

### Annex 7: List of IDB-FDS reference hospitals 2012-2016

Please note: IDB-FDS reference hospitals have not been notified before 2012.

#### 2012

AUSTRIA	(11)		
1.	Allgemeines Krankenhaus der Stadt Linz (General hospital of city of Linz)	Linz	General hospital
2.	Landes- Frauen- und Kinderklinik Linz (County hospital	Linz	Children's hospital
3.	Landeskrankenhaus Feldkirch (County hospital Feldkirch)	Feldkirch	General hospital
4.	Landeskrankenhaus Bregenz (County hospital Bregenz)	Bregenz	General hospital
5	Unfallkrankenhaus Meidling (Injury trauma centre	Wien	Trauma centre (injuries only)
5.	Meidling)		
6.	Landeskrankenhaus Innsbruck – Universitätskliniken (County and university hospital Innsbruck)	Innsbruck	University hospital
7.	Unfallkrankenhaus Klagenfurt (Injury trauma centre Meidling	Klagenfurt	Trauma centre (injuries only)
8.	Landeskrankenhaus Salzburg (County hospital Salzburg)	Salzburg	General hospital
9.	Barmherzige Brüder Eisenstadt "Barmherzige Brüder" hospital Eisenstadt)	Eisenstadt	General hospital, privat
10.	Landeskrankenhaus Bruck (County hospital Salzburg)	Bruck	General hospital
11.	Landeskrankenhaus Klagenfurt (County hospital	Klagenfurt	General hospital
	Klagenfurt)		
CYPRUS (	2)	1	
12.	Γενικό Νοσοκομείο Λευκωσίας Nicosia General Hospital (2011 + 2012)	Nicosia	General Hospital
13.	Γενικό Νοσοκομείο Αμμοχώστου	Paralimni	General Hospital
	Ammochostos General Hospital (2011)		
CZECH RE	EPUBLIC (31)		
14.	Fakultní Nemocnice Brno	Brno	Trauma centre, university hospital
15.	Nemocnice Svitavy	Svitavy	General hospital
16.	Fakultní Nemocnice Olomouc	Olomouc	General hospital
17.	Nemocnice Vyškov	Vyškov	General hospital
18.	Fakultní Nemocnice Hradec Králové	Hradec Králové	Trauma centre, university hospital
19.	Nemocnice Liberec	Liberec	General hospital
20.	Nemocnice Jičín	Jičín	General hospital
21.	Nemocnice Pardubice	Pardubice	General hospital
22.	Fakultní nemocnice Motol	Praha	Trauma centre, university hospital
23.	Nemocnice Kladno	Kladno	General hospital
24.	Nemocnice Hořovice	Hořovice	General hospital
25.	Nemocnice Na Bulovce	Praha	General hospital
26.	Fakultní Thomayerova nemocnice	Praha	Trauma centre, university hospital
27.	Nemocnice Kolín	Kolín	General hospital
28.	Nemocnice Mladá Boleslav	Mladá Boleslav	General hospital
29.	Nemocnice Benešov	Benešov	General hospital
30.	Nemocnice České Budějovice	České Budějovice	Trauma centre
31.	Nemocnice Strakonice	Strakonice	General hospital
32.	Nemocnice Jindřicův Hradec	Jindřichův Hradec	General hospital
33.	Nemocnice Sušice	Sušice	General hospital
34.	Fakultní nemocnice Plzeň	Plzeň	Trauma centre, university hospital
35.	Nemocnice Rokycany	Rokycany	General hospital

36.	Nemocnice Klatovy	Klatovy	General hospital
37.	Nemocnice Cheb	Cheb	General hospital
38.	Nemocnice Ústí nad Labem	Ústí nad Labem	Trauma centre
39.	Nemocnice Děčín	Děčín	General hospital
40.	Nemocnice Most	Most	General hospital
41.	Nemocnice Teplice	Teplice	General hospital
42.	Fakultní nemocnice s poliklinikou Ostrava	Ostrava	Trauma centre, university
			hospital
43.	Nemocnice Karviná Ráj	Karviná	General hospital
44.	Nemocnice Nový Jičín	Nový Jičín	General hospital
DENMAR	K (2)		
45.	Glostrup hospital (2011)	Glostrup,	Local hospital (no
		Copenhagen	ambulances)
46.	Aarhus Universitetshospital (2011+2012)	Aarhus	General+trauma+university
GERMAN	Y (1)	1	
47.	Carl-Thiem-Klinikum Cottbus	Cottbus	General hospital; university
			hospital
GREECE (	1)		
48.	GENERAL HOSPITAL OF ATTICA - K.A.T.	ATHENS – KIFISIA	GENERAL HOSPITAL
11ALY (10			
49.	Ospedale Generale Regionale "Umberto Parini"	Aosta	General hospital
	( Umberto Parini General Regional Hospital of the		
50	AUSI d'Alley)	Conova (Conoa)	Conoral bosnital national
50.	cnocializzazione Ocnodali "Galliora" (Galliora's Hespitals	Genova (Genoa)	reference bespital contro
	Group)		reference nospital centre
51	Istituto di Ricovero e Cura a Caratere Scientifico "G	Genova (Genoa)	Children's hospital - national
51.	Gaslini" ("G. Gaslini" Institute)	Genova (Genoa)	scientific institute
52.	Ospedale "Morgagni-Pierantoni" di Forlì - Presidio	Forlì	General hospital
02.	Ospedaliero di Forlì ("Morgagni-Pierantoni" Hospital -		
	Hospital Centres of the Local Health Unit of Forli)		
53.	Ospedale di Forlimpopoli - Presidio Ospedaliero di Forlì	Forlimpopoli	General hospital
	(Forlimpopoli Hospital - Hospital Centres of the Local		
	Health Unit of Forlì)		
54.	Ospedale "Nefetti" di Santa Sofia - Presidio Ospedaliero	Santa Sofia	General hospital
	di Forlì (("Nefetti" Hospital - Hospital Centres of the		
	Local Health Unit of Forlì)		
55.	Ospedale "San Giovanni Battista" di Foligno - Polo	Foligno	General hospital
	Ospedaliero di Foligno ("St. John Baptist" Hospital -		
	Hospital Centres of Foligno)		
56.	Ospedale Civile "San Matteo degli Infermi " Spoleto -	Spoleto	General hospital
	Polo Ospedaliero di Spoleto ("St. Matthew of the Sick"		
F 7	Civil Hospital - Hospital Centres of Spoleto)	0.1	
57.	Ospedale SS. Beriveriuto e Rocco di Usimo ("SS. Renvenuto e Rocco" Hospital)	USIIIIU	General nospital
EQ	Ospedale di Senigallia (Senigallia Hespital)	Conigallia	Conoral hospital
30.		Selligalia	General hospital
50	Balvu un Gulhanes slimnīcu anvienība:	Balvi Gulhene	General hospital
55.	Balvu and Gulbenes Hospital association	Baivi, Guiberie	General hospital
60	Bērņu klīniskā universitātes slimnīca:	Rīga	Children's hospital
00.	Children Clinical University Hospital		
61.	Cēsu klīnika;	Cēsis	General hospital
	Cesu Clinic		
62.	Daugavpils reģionālā slimnīca;	Daugavpils	General hospital
	Daugavpils Region Hospital		
63.	Dobeles un apkārtnes slimnīca;	Dobele	General hospital
	Dobeles Region Hospital		
64.	Jēkabpils reģionālā slimnīca;	Jēkabpils	General hospital
	Jekabpils Region Hospital		
65.	Jelgavas pilsētas slimnīca;	Jelgava	General hospital

	Jelgavas city Hospital			
66.	Krāslavas slimnīca;	Krāslava	General hospital	
	Kraslavas Hospital			
67.	Kuldīgas slimnīca;	Kuldīga	General hospital	
	Kuldigas Hospital			
68.	Madonas slimnīca;	Madona	General hospital	
	Madonas Hospital			
69.	Ogres rajona slimnīca;	Ogre	General hospital	
	Ogres Region Hospital			
70.	Paula Stradiņa klīniskā; universitātes slimnīca; Pauls	Rīga	University hospital	
	Stradins Clinical; University Hospital			
71.	Radziņš Māris - ārsta prakse ķirurģijā; Radzins Maris —	Rūjiena	General practice	
	medical practice in surgery			
72.	Rēzeknes slimnīca;	Rēzekne	General hospital	
	Rezeknes Hospital			
73.	Rigas 2. Slimnica;	Riga	Trauma centre	
74	Riga Second Hospital	DTar	the transfer to the second start	
74.	Rigas Austrumu kliniska universitätes slimnica;	Кіда	University hospital	
75	Riga Eastern Clinical University Hospital	DTar	Turana analar	
75.	I raumatologijas un ortopedijas silmnica;	кіда	Trauma centre	
70	Hospital of Traumatology and orthopaedics	Tuluuree		
76.	Tukuma Siimnica;	Tukums	General nospital	
77		Valmiera	Conoral hospital	
//.	Vidzemes Similica,	Valimera	General hospital	
78	Ziemelkurzemes reģionālā slimnīca: Northener	Ventsnils	General hospital	
70.	Kurzemes Region Hospital	ventspils	General hospital	
79	Centre Hospitalier de Luxembourg (www.chl.lu)	Luxembourg	General Hospital	
75.	Luxembourg's Hospital Centre	Luxembourg	General hospital	
THE NET	HERLANDS (14)			
THE NETI 80.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen	Winterswiik	General	
<b>THE NET</b> 80.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix	Winterswijk	General	
<b>THE NET</b> 80. 81.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix VU Medisch Centrum VU / Medical Centre	Winterswijk Amsterdam	General University	
THE NETI           80.           81.           82.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix VU Medisch Centrum VU / Medical Centre Diaconessenziekenhuis / Diaconessen Hospital	Winterswijk Amsterdam Meppel	General University General	
THE NETI           80.           81.           82.           83.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix VU Medisch Centrum VU / Medical Centre Diaconessenziekenhuis / Diaconessen Hospital Academisch Ziekenhuis St Radboud / Academic Hospital	Winterswijk Amsterdam Meppel Nijmegen	General University General University	
THE NETI           80.           81.           82.           83.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix VU Medisch Centrum VU / Medical Centre Diaconessenziekenhuis / Diaconessen Hospital Academisch Ziekenhuis St Radboud / Academic Hospital St. Radboud	Winterswijk Amsterdam Meppel Nijmegen	General University General University	
THE NETI           80.           81.           82.           83.           84.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix VU Medisch Centrum VU / Medical Centre Diaconessenziekenhuis / Diaconessen Hospital Academisch Ziekenhuis St Radboud / Academic Hospital St. Radboud St Jans Gasthuis / St. Jans Hospital	Winterswijk Amsterdam Meppel Nijmegen Weert	General University General University General	
THE NETI           80.           81.           82.           83.           84.           85.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix VU Medisch Centrum VU / Medical Centre Diaconessenziekenhuis / Diaconessen Hospital Academisch Ziekenhuis St Radboud / Academic Hospital St. Radboud St Jans Gasthuis / St. Jans Hospital Ziekenhuis Lievensberg / Hospital Lievensberg	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom	General University General University General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix VU Medisch Centrum VU / Medical Centre Diaconessenziekenhuis / Diaconessen Hospital Academisch Ziekenhuis St Radboud / Academic Hospital St. Radboud St Jans Gasthuis / St. Jans Hospital Ziekenhuis Lievensberg / Hospital Lievensberg Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede	General University General University General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix VU Medisch Centrum VU / Medical Centre Diaconessenziekenhuis / Diaconessen Hospital Academisch Ziekenhuis St Radboud / Academic Hospital St. Radboud St Jans Gasthuis / St. Jans Hospital Ziekenhuis Lievensberg / Hospital Lievensberg Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei Academisch Medisch Centrum AMC / Academic Medical	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam	General University General University General General General University	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix VU Medisch Centrum VU / Medical Centre Diaconessenziekenhuis / Diaconessen Hospital Academisch Ziekenhuis St Radboud / Academic Hospital St. Radboud St Jans Gasthuis / St. Jans Hospital Ziekenhuis Lievensberg / Hospital Lievensberg ZIekenhuis Gelderse Vallei / Hospital Gelderse Vallei Academisch Medisch Centrum AMC / Academic Medical Centre	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam	General University General University General General General University	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           88.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix VU Medisch Centrum VU / Medical Centre Diaconessenziekenhuis / Diaconessen Hospital Academisch Ziekenhuis St Radboud / Academic Hospital St. Radboud St Jans Gasthuis / St. Jans Hospital Ziekenhuis Lievensberg / Hospital Lievensberg Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei Academisch Medisch Centrum AMC / Academic Medical Centre Maasziekenhuis / Maas Hospital	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer	General University General University General General University General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           88.           89.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad	General University General University General General University General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           88.           89.           90.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten	General University General University General General University General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           88.           89.           90.	HERLANDS (14) Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix VU Medisch Centrum VU / Medical Centre Diaconessenziekenhuis / Diaconessen Hospital Academisch Ziekenhuis St Radboud / Academic Hospital St. Radboud St Jans Gasthuis / St. Jans Hospital Ziekenhuis Lievensberg / Hospital Lievensberg Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei Academisch Medisch Centrum AMC / Academic Medical Centre Maasziekenhuis / Maas Hospital IJsselmeerziekenhuis / IJsselmeer Hospital Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten	General University General University General General University General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           88.           89.           90.           91.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl	General University General University General General University General General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           88.           89.           90.           91.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl	General University General University General General University General General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           88.           89.           90.           91.           92.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht         Admiraal de Ruyterziekenhuis / Admiral de Ruyter	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl Goes	General University General University General General University General General General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           88.           89.           90.           91.           92.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl Goes	General University General University General General University General General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           88.           89.           90.           91.           92.           93.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl Goes Vlissingen	General University General University General General University General General General General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           98.           99.           91.           92.           93.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl Goes Vlissingen	General University General University General General University General General General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           90.           91.           92.           93.           PORTUG.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl Goes Vlissingen	General University General University General General University General General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           90.           91.           92.           93.           PORTUG,           94.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital         Admiraal de Ruyterziekenhuis / Admiral de Ruyter         Hospital São Sebastião; Saint Sebastian Hospital	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl Goes Vlissingen	General University General University General General University General General General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           98.           99.           91.           92.           93.           PORTUG.           94.           95.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital         Abspital São Sebastião; Saint Sebastian Hospital         Centro Hospitalar Cova da Beira; Hospital Centre Cova	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl Goes Vlissingen Santa Maria da Feira Cova da Beira	General University General University General General University General General General General General General General General General Hospital	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           90.           91.           92.           93.           PORTUG.           94.           95.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital São Seb	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl Goes Vlissingen Santa Maria da Feira Cova da Beira	General University General University General General General General General General General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           88.           89.           90.           91.           92.           93.           PORTUG.           94.           95.           96.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis locatie Lucas / Ommelander         Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander         Hospital, Location Delfzicht         Admiraal de Ruyterziekenhuis / Admiral de Ruyter         Hospital         Hospital São Sebastião; Saint Sebastian Hospital         Centro Hospitalar Cova da Beira; Hospital Centre Cova         da Beira         Centro Hospitalar de Coimbra; Hospital Centre of	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl Goes Vlissingen Santa Maria da Feira Cova da Beira	General University General University General General University General General General General General General General General General General General General General General General General General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           90.           91.           92.           93.           PORTUG.           94.           95.           96.           97	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital         Hospital São Sebastião; Saint Sebastian Hospital         Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira         Centro Hospitalar de Coimbra; Hospital Centre of Coimbra	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl Goes Vlissingen Santa Maria da Feira Cova da Beira	General University General University General	
THE NETI           80.           81.           82.           83.           84.           85.           86.           87.           98.           99.           91.           92.           93. <b>PORTUG.</b> 94.           95.           96.           97.	HERLANDS (14)         Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix         VU Medisch Centrum VU / Medical Centre         Diaconessenziekenhuis / Diaconessen Hospital         Academisch Ziekenhuis St Radboud / Academic Hospital         St. Radboud         St Jans Gasthuis / St. Jans Hospital         Ziekenhuis Lievensberg / Hospital Lievensberg         Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei         Academisch Medisch Centrum AMC / Academic Medical Centre         Maasziekenhuis / Maas Hospital         IJsselmeerziekenhuis / IJsselmeer Hospital         Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas         Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht         Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital         Hospital São Sebastião; Saint Sebastian Hospital         Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira         Centro Hospitalar de Coimbra; Hospital Centre of Coimbra         Hospital Distrital de Faro; Hospital of Faro	Winterswijk Amsterdam Meppel Nijmegen Weert Bergen op Zoom Ede Amsterdam Boxmeer Lelystad Winschoten Delfzijl Goes Vlissingen Santa Maria da Feira Cova da Beira Coimbra Faro	GeneralUniversityGeneralUniversityGeneral HospitalGeneral HospitalGeneral HospitalGeneral Hospital	

98.	Unitatea de Primire Urgențe – Serviciul Mobil de	Târgu-Mureș	County Emergency Hospital
	Urgență Reanimare și Descarcerare Târgu-Mureș (UPU-		
	SMURD) / Emergency Unit – Mobile Emergency Service		
	for Resuscitation and Extrication (UPU-SMURD) Targu-		
CIV/EDE	Mureș		
SWEDE	N (7)		
99.	Umea Universitetssjukhus; Umea University hospital	Umea	University hospital
100.	Akademiska Sjukhuset; Uppsala University hospital	Uppsala	University hospital
101.	Skaraborgs sjukhus Skövde; Skaraborg hospital Skövde	Skövde	Emergency hospital
102.	Skaraborgs sjukhus Lidköping; Skaraborg hospital Lidköping	Lidköping	Emergency hospital
103.	Centralsjukhuset i Karlstad; Karlstad Central hospital	Karlstad	Central general hospital
104.	Arvika sjukhus; Arvika hospital	Arvika	General hospital
105.	Torsby sjukhus; Torsby hospital	Torsby	General hospital
TURKE	( (13)	•	
106.	Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve	Ankara	University hospital
	Araştırma Hastanesi; Yildirim Beyazit University Ankara		
	Ataturk Training and Research Hospital		
107.	Antalya Eğitim ve Araştırma Hastanesi; Antalya Training	Antalya	General hospital
	and Research Hospital		
108.	Balıkesir Devlet Hastanesi; Balikesir State Hospital	Balikesir	General hospital
109.	Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi;	Bursa	General hospital
	Bursa Sevket Yilmaz Training and Research Hospital		
110.	Elazığ Eğitim ve Araştırma Hastanesi; Elazig Training and	Elazig	General hospital
	Research Hospital		
111.	Erzurum Eğitim ve Araştırma Hastanesi; Erzurum	Erzurum	General hospital
	Training and Research Hospital		
112.	İstanbul Okmeydanı Eğitim ve Araştırma Hastanesi;	Istanbul	General hospital
	İstanbul Okmeydani Training and Research Hospital		
113.	İstanbul Şişli Etfal Eğitim ve Araştırma Hastanesi;	Istanbul	General hospital
	İstanbul Sisli Etfal Training and Research Hospital		
114.	İzmir Atatürk Eğitim ve Araştırma Hastanesi; Izmir	Izmir	General hospital
	Ataturk Training and Research Hospital		
115.	Kayseri Eğitim ve Araştırma Hastanesi; Kayseri Training	Kayseri	General hospital
	and Research Hospital		
116.	Samsun Eğitim ve Araştırma Hastanesi; Samsun Training	Samsun	General hospital
	and Research Hospital		
117.	Trabzon Kanuni Eğitim ve Araştırma Hastanesi; Trabzon	Trabzon	General hospital
	Kanuni Training and Research Hospital	 	
118.	Diyarbakır Eğitim ve Araştırma Hastanesi; Diyarbakir Training and Research Hospital	Diyarbakir	General hospital

## <mark>2013</mark>

AUSTRIA	AUSTRIA (5)				
1.	Allgemeines Krankenhaus der Stadt Linz (General	Linz	General hospital		
	hospital of city of Linz)				
2.	Landes- Frauen- und Kinderklinik Linz (County hospital	Linz	Children's hospital		
	for women and children)				
3.	Landeskrankenhaus Feldkirch (County hospital Feldkirch)	Feldkirch	General hospital		
4.	Landeskrankenhaus Bregenz (County hospital Bregenz)	Bregenz	General hospital		
5.	Unfallkrankenhaus Meidling (Injury trauma centre	Wien	Trauma centre (injuries		
	Meidling)		only)		
CYPRUS (	1)				
6.	National language: Γενικό Νοσοκομείο Λευκωσίας	Nicosia	General Hospital		
	English language: Nicosia General Hospital				
CZECH RE	CZECH REPUBLIC (31)				
7.	Fakultní Nemocnice Brno	Brno	Trauma centre, university		

			hospital
8.	Nemocnice Svitavy	Svitavy	General hospital
9.	Fakultní Nemocnice Olomouc	Olomouc	General hospital
10.	Nemocnice Vyškov	Vyškov	General hospital
11.	Fakultní Nemocnice Hradec Králové	Hradec Králové	Trauma centre, university hospital
12.	Nemocnice Liberec	Liberec	General hospital
13.	Nemocnice Jičín	Jičín	General hospital
14.	Nemocnice Pardubice	Pardubice	General hospital
15.	Fakultní nemocnice Motol	Praha	Trauma centre, university hospital
16.	Nemocnice Kladno	Kladno	General hospital
17.	Nemocnice Hořovice	Hořovice	General hospital
18.	Nemocnice Na Bulovce	Praha	General hospital
19.	Fakultní Thomayerova nemocnice	Praha	Trauma centre, university hospital
20.	Nemocnice Kolín	Kolín	General hospital
21.	Nemocnice Mladá Boleslav	Mladá Boleslav	General hospital
22.	Nemocnice Benešov	Benešov	General hospital
23.	Nemocnice České Budějovice	České Budějovice	Trauma centre
24.	Nemocnice Strakonice	Strakonice	General hospital
25.	Nemocnice Jindřicův Hradec	Jindřichův Hradec	General hospital
26.	Nemocnice Sušice	Sušice	General hospital
27.	Fakultní nemocnice Plzeň	Plzeň	trauma centre, university hospital
28.	Nemocnice Rokycany	Rokycany	General hospital
29.	Nemocnice Klatovy	Klatovy	General hospital
30.	Nemocnice Cheb	Cheb	General hospital
31.	Nemocnice Ústí nad Labem	Ústí nad Labem	trauma centre
32.	Nemocnice Děčín	Děčín	General hospital
33.	Nemocnice Most	Most	General hospital
34.	Nemocnice Teplice	Teplice	General hospital
35.	Fakultní nemocnice s poliklinikou Ostrava	Ostrava	trauma centre, university hospital
36.	Nemocnice Karviná Ráj	Karviná	General hospital
37.	Nemocnice Nový Jičín	Nový Jičín	General hospital
DENMAR	К (1)		
38.	Odense Universitetshospital / Odense University Hospital	Odense, Denmark	General hospital; university; trauma centre
GERMAN	Y (1)	Cottbuc	Conoral hospitals university
39.		Cottbus	hospital
HUNGAR	Y (1)	Т	
40.	Egyesített Szent István és Szent László Kórház – Rendelőintézet Traumatológiai Osztály; Trauma Unit of St. Stephen and St. Ladislaus Hospitals	Budapest	General hospital
ITALY (9)			1
41.	Ospedale Generale Regionale della Val d'Aosta "U. Parini" ("U. Parini", Regional General Hospital of Aosta Valley)	Aosta	General hospital

42.	Ospedale S. Giovanni Bosco - Torino Nord Emergenza	Torino	General hospital
	("St. Giovanni Bosco" General Hospital - Turin North	(Turin)	
		(10111)	
	Emergency)		
43.	Ente Ospedaliero di rilievo nazionale e di alta	Genova (Genoa)	General hospital - hospital
	specializzazione Ospedali "Galliera" (Galliera's Hospitals	. ,	centre of national reference
	specializzazione ospeciali Galilera (Galilera s nospitals		centre of national reference
	Group)		
44.	Istituto di Ricovero e Cura a Caratere Scientifico "G.	Genova (Genoa)	children's hospital - national
	Coolini" ("C. Coolini" Instituto)		colontific instituto
	Gasimi (G. Gasimi institute)		scientific institute
45.	Ospedale "San Giovanni Battista" di Foligno - Polo	Foligno	General hospital
	Ospedaliero di Foligno ("St. John the Bantist" Hospital -	-	
	Userital Castras of Falires)		
	Hospital Centres of Foligno)		
46.	Ospedale Civile "San Matteo degli Infermi " Spoleto -	Spoleto	General hospital
	Polo Osnedaliero di Spoleto ("St. Matthew of the Sick"		·
	Civil Hospital - Hospital Centres of Spoleto)		
47.	Ospedale "SS. Benvenuto e Rocco" di Osimo ("Sts.	Osimo	General hospital
	Represente a Recco" Haspital)		
48.	Ospedale di Senigallia (Senigallia Hospital)	Senigallia	General hospital
49	Presidio Ospedaliero "S. Francesco" di Nuoro ("St	Nuoro	General hospital
45.		Nuoro	General nospital
	Francis" General Hospital of Nuoro)		
LATVIA (2	20)		
50	Bahuu un Gulhanas slimnīsu anvianība /	Balvi Culhana	Conoral hospital
50.	Baivu un Guibenes simmicu apvieniba /	Balvi, Guibelle	General nospital
	Balvu and Gulbenes Hospital association		
51	Bērnu klīniskā universitātes slimnīca /	Rīga	children's hospital
51.		1184	ennaren s nospitar
	Children Clinical University Hospital		
52.	Cēsu klīnika /	Cēsis	General hospital
	Cesu Clinic		·
53.	Daugavpils reģionālā slimnīca /	Daugavpils	General hospital
	Daugavpils Region Hospital		
E 4	Debeles un enkörtnes slimnīce /	Dahala	Conoral hagnital
54.	Dobeles un apkartnes similica /	Dobele	General nospital
	Dobeles Region Hospital		
55	Jēkabnils reģionālā slimnīca /	lēkabnils	General hospital
55.		senaphis	General nospital
	Jekabplis Region Hospital		
56.	Jelgavas pilsētas slimnīca /	Jelgava	General hospital
	Jelgavas city Hospital	0	·
57.	Krāslavas slimnīca /	Krāslava	General hospital
	Kraslavas Hospital		
F.0		Kuld-Fra	Conorol hoomital
58.	Kuldigas silmnica /	Kuldiga	General nospital
	Kuldigas Hospital		
59	Madonas slimnīca /	Madona	General hospital
55.		Madena	General hospital
	Madonas Hospital		
60.	Ogres rajona slimnīca /	Ogre	General hospital
	Ogres Region Hospital	8	
-		_	
61.	Paula Stradiņa klīniskā universitātes slimnīca /	Rīga	university hospital
	Pauls Stradins Clinical University Hospital		
62		Döllere	a a na na lunna ati a a
62.	Radziņs Maris - arsta prakse ķirurgija /	Rujiena	general practice
	Radzins Maris – medical practice in surgery		
63	Rēzeknes slimnīca /	Rēzekņe	General hospital
05.		Rezerine	General hospital
	kezeknes Hospital		
64.	Rīgas 2. Slimnīca /	Rīga	trauma centre
	Riga Second Hospital		
65.	Rīgas Austrumu klīniskā universitātes slimnīca /	Rīga	university hospital
	Riga Eastern Clinical University Hospital		
66		Dian	
66.	i raumatologijas un ortopedijas slimnica /	кіда	trauma centre
	Hospital of Traumatology and orthopaedics		
67	Tukuma slimnīca /	Tukums	General hospital
07.			General nospital
	Tukuma Hospital		
68.	Vidzemes slimnīca /	Valmiera	General hospital
	Vidzomos Hospital		
69.	Ziemeļkurzemes reģionālā slimnīca /	Ventspils	General hospital
	Northener Kurzemes Region Hospital		
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LUXEMBO	LUXEMBOURG (1)				
70.	Centre Hospitalier de Luxembourg /	Luxembourg	General hospital		
	Luxembourg's Hospital Centre				
MALTA (2	2)		·		
71.	General public hospital Malta	Malta	General hospital		
72.	General public hospital Gozo	Gozo	General hospital		
NETHERL	ANDS (13)				
73	Streekziekenhuis Koningin Beatrix / Hospital Queen	Winterswiik	General		
/ 5.	Beatrix	Winterswijk	General		
74	VII Medisch Centrum VII Medical Centre	Amsterdam	University		
75	Diaconessenziekenhuis / Diaconessen Hospital	Mennel	General		
75.	St Jans Gasthuis / St Jans Hospital	Weert	General		
70.	Ziekenhuis Lievensberg / Hospital Lievensberg	Borgon on Zoom	General		
77.	Ziekenhuis Celderee )(ellei (Useritel Celderee )(ellei	Eergen op 200m	General		
78.	Ziekennuis Geiderse Vallei / Hospital Geiderse Vallei	Ede	General		
79.	Centre	Amsterdam	University		
80.	Maasziekenhuis / Maas Hospital	Boxmeer	General		
81.	JJsselmeerziekenhuis / JJsselmeer Hospital	Lelvstad	General		
82.	Ommelander Ziekenhuis locatie Lucas / Ommelander	Winschoten	General		
02.	Hospital, Location Lucas				
83.	Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht	Delfzijl	General		
84.	Admiraal de Ruyterziekenhuis/Admiral de Ruyter Hospital	Goes	General		
85.	Admiraal de Ruyterziekenhuis/Admiral de Ruyter Hospital	Vlissingen	General		
POLAND	(1)				
86.	Specjalistyczny ZOZ nad Matką i Dzieckiem	Poznań	Children's hospital		
PORTUGA	AL (4)				
87.	Hospital São Sebastião; Saint Sebastian Hospital	Santa Maria da Feira	General Hospital		
88.	Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira	Cova da Beira	General Hospital		
89.	Centro Hospitalar de Coimbra; Hospital Centre of	Coimbra	General Hospital		
	Coimbra				
90.	Hospital Distrital de Faro; Hospital of Faro	Faro	General Hospital		
ROMANIA	A (1)				
91.	Unitatea de Primire Urgențe – Serviciul Mobil de	Târgu-Mureș	County Emergency Hospital		
	Urgență Reanimare și Descarcerare Târgu-Mureș (UPU-				
	SMURD)				
	Emergency Unit – Mobile Emergency Service for				
	Resuscitation and Extrication (UPU-SMURD) Târgu-				
	Mureș				
SLOVENIA	A (2)	1	1		
92.	Univerzitetni klinični center Ljubljana (University Medical Centre Liubliana )	Ljubljana	University hospital		
93.	Splošna bolnišnica Jesenice (General Hospital Jesenice)	Jesenice	General hospital		
SPAIN (1)					
94.		Pamplona			
SWEDEN	(6)	i dilipiona			
95.	Umeå Universitetssjukhus: Umeå University hospital	Umeå	University hospital		
96	Akademiska Siukhuset: Unnsala University hospital	Unnsala	University hospital		
97	Skaraborgs sjukhus Skövde: Skaraborg hospital Skövde	Skövde	Emergency hospital		
98	Skarahorgs sjukhus Lidköning: Skarahorg hospital	Lidköning	Emergency hospital		
50.	Lidköping	Liakoping			
99.	Centralsjukhuset i Karlstad; Karlstad Central hospital	Karlstad	Central general hospital		
100.	Torsby sjukhus; Torsby hospital	Torsby	General hospital		
TURKEY (	15)	/			
101	Afvonkarahisar Devlet Hastanesi:	Afvonkarahisar	General hospital		
	Afvonkarahisar State Hospital	,			
102.	Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve	Ankara	University hospital		
			· · · · · · · · · · · · · · · · · · ·		

	Araştırma Hastanesi; Yildirim Beyazit University Ankara Ataturk Training and		
102	Research Hospital	Antohio	Conoral bachital
103.	Antalya Egitim ve Araştırma Hastanesi;	Antalya	General hospital
104	Balikesir Devlet Hastanesi:	Balikesir	General hospital
104.	Balikesir State Hospital	Dunkesh	General hospital
105.	Bursa Sevket Yılmaz Eğitim ve Arastırma Hastanesi:	Bursa	General hospital
	Bursa Sevket Yilmaz Training and Research Hospital		
106.	Diyarbakır Eğitim ve Araştırma Hastanesi;	Diyarbakir	General hospital
	Diyarbakir Training and Research Hospital		
107.	Elazığ Eğitim ve Araştırma Hastanesi;	Elazig	General hospital
	Elazig Training and Research Hospital	-	
108.	Erzurum Eğitim ve Araştırma Hastanesi;	Erzurum	General hospital
	Erzurum Training and Research Hospital		
109.	İstanbul Okmeydanı Eğitim ve Araştırma Hastanesi;	Istanbul	General hospital
	İstanbul Okmeydani Training and Research Hospital		
110.	İstanbul Şişli Etfal Eğitim ve Araştırma Hastanesi;	Istanbul	General hospital
	İstanbul Sisli Etfal Training and Research Hospital		
111.	İzmir Atatürk Eğitim ve Araştırma Hastanesi;	Izmir	General hospital
	Izmir Ataturk Training and Research Hospital		
112.	Kayseri Eğitim ve Araştırma Hastanesi;	Kayseri	General hospital
	Kayseri Training and Research Hospital		
113.	Samsun Eğitim ve Araştırma Hastanesi	Samsun	General hospital
	Samsun Training and Research Hospital		
114.	Şanlıurfa Eğitim Ve Araştırma Hastanesi;	Sanliurfa	General hospital
	Sanliurfa Training and Research Hospital		
115.	Trabzon Kanuni Eğitim ve Araştırma Hastanesi;	Trabzon	General hospital
	Trabzon Kanuni Training and Research Hospital		

#### <mark>2014</mark>

AUSTRIA (5)			
1.	Allgemeines Krankenhaus der Stadt Linz (General hospital of city of Linz)	Linz	General hospital
2.	Landes- Frauen- und Kinderklinik Linz (County hospital for women and children)	Linz	Children's hospital
3.	Landeskrankenhaus Feldkirch (County hospital Feldkirch)	Feldkirch	General hospital
4.	Landeskrankenhaus Bregenz (County hospital Bregenz)	Bregenz	General hospital
5.	Unfallkrankenhaus Meidling (Injury trauma centre Meidling)	Wien	Trauma centre (injuries only)
CZECH RE	PUBLIC (31)		
6.	Fakultní Nemocnice Brno	Brno	Trauma centre, university hospital
7.	Nemocnice Svitavy	Svitavy	General hospital
8.	Fakultní Nemocnice Olomouc	Olomouc	General hospital
9.	Nemocnice Vyškov	Vyškov	General hospital
10.	Fakultní Nemocnice Hradec Králové	Hradec Králové	Trauma centre, university hospital
11.	Nemocnice Liberec	Liberec	General hospital
12.	Nemocnice Jičín	Jičín	General hospital
13.	Nemocnice Pardubice	Pardubice	General hospital
14.	Fakultní nemocnice Motol	Praha	Trauma centre, university hospital
15.	Nemocnice Kladno	Kladno	General hospital

16.	Nemocnice Hořovice	Hořovice	General hospital
17.	Nemocnice Na Bulovce	Praha	General hospital
18.	Fakultní Thomayerova nemocnice	Praha	Trauma centre, university hospital
19.	Nemocnice Kolín	Kolín	General hospital
20.	Nemocnice Mladá Boleslav	Mladá Boleslav	General hospital
21.	Nemocnice Benešov	Benešov	General hospital
22.	Nemocnice České Budějovice	České Budějovice	Trauma centre
23.	Nemocnice Strakonice	Strakonice	General hospital
24.	Nemocnice Jindřicův Hradec	Jindřichův Hradec	General hospital
25.	Nemocnice Sušice	Sušice	General hospital
26.	Fakultní nemocnice Plzeň	Plzeň	trauma centre, university hospital
27.	Nemocnice Rokycany	Rokycany	General hospital
28.	Nemocnice Klatovy	Klatovy	General hospital
29.	Nemocnice Cheb	Cheb	General hospital
30.	Nemocnice Ústí nad Labem	Ústí nad Labem	trauma centre
31.	Nemocnice Děčín	Děčín	General hospital
32.	Nemocnice Most	Most	General hospital
33.	Nemocnice Teplice	Teplice	General hospital
34.	Fakultní nemocnice s poliklinikou Ostrava	Ostrava	trauma centre, university hospital
35.	Nemocnice Karviná Ráj	Karviná	General hospital
36.	Nemocnice Nový Jičín	Nový Jičín	General hospital
DENMAR	К (1)	1	1
37.	Odense Universitetshospital / Odense University Hospital	Odense, Denmark	General hospital; university; trauma centre
GERMAN	Y (1)	Cattleur	
38.		Cottbus	hospital
ITALY (9)			
39.	Ospedale Generale Regionale della Val d'Aosta "U. Parini" ("U. Parini", Regional General Hospital of Aosta Valley)	Aosta	General hospital
40.	Giovanni Bosco" General Hospital - Turin North Emergency)	Torino (Turin)	General hospital
41.	Ente Ospedaliero di rilievo nazionale e di alta specializzazione Ospedali "Galliera" (Galliera's Hospitals Group)	Genova (Genoa)	General hospital - hospital centre of national reference
42.	Istituto di Ricovero e Cura a Caratere Scientifico "G. Gaslini" ("G. Gaslini" Institute)	Genova (Genoa)	children's hospital - national scientific institute
43.	Ospedale "San Giovanni Battista" di Foligno - Polo Ospedaliero di Foligno ("St. John the Baptist", Hospital - Hospital Centres of Foligno)	Foligno	General hospital
44.	Ospedale Civile "San Matteo degli Infermi " Spoleto - Polo Ospedaliero di Spoleto ("St. Matthew of the Sick", Civil Hospital - Hospital Centres of Spoleto)	Spoleto	General hospital
45.	Ospedale "SS. Benvenuto e Rocco" di Osimo ("Sts. Benvenuto e Rocco" Hospital)	Osimo	General hospital
46.	Ospedale di Senigallia (Senigallia Hospital)	Senigallia	General hospital
47.	Presidio Ospedaliero "S. Francesco" di Nuoro ("St. Francis" General Hospital of Nuoro)	Nuoro	General hospital
	101		

48.	Alūksnes slimnīca	Alūksne	General hospital	
	Aluksnes Hospital			
49.	Balvu un Gulbenes slimnīcu apvienība	Balvi, Gulbene	General hospital	
	Balvu and Gulbenes Hospital association			
50.	Bērnu klīniskā universitātes slimnīca Children Clinical University Hospital	Rīga	Children's hospital	
51	Cēsu klīnika	Cēsis	General hospital	
51.	Cesis Clinic			
52.	Daugavpils reģionālā slimnīca Daugavpils Region Hospital	Daugavpils	General hospital	
53.	Dobeles un apkārtnes slimnīca Dobeles Region Hospital	Dobele	General hospital	
E /	lēkabnils reģionālā slimnīca	lēkabnils	General hospital	
54.	Jekabpils Region Hospital	Jenuopiis	General hospital	
55	Jelgavas pilsētas slimnīca	Jelgava	General hospital	
55.	Jelgavas city Hospital	00.8414		
56	Krāslavas slimnīca	Krāslava	General hospital	
50.	Kraslavas Hospital			
57.	Kuldīgas slimnīca	Kuldīga	General hospital	
ГО	Madonas slimnīca	Madona	General hospital	
58.	Madonas Hospital	IVIduotia	General hospital	
FO	Ogres raiona slimnīca	Ogre	General hospital	
59.	Ogres Region Hosnital	Ogic	General hospital	
60	Paula Stradina klīniskā universitātes slimnīca	Rīga	University hospital	
00.	Pauls Strading Clinical University Hospital	111Bu		
61	Radzinš Māris - ārsta prakse kirurģijā	Rūijena	General practice	
01.	Radzins Maris – medical practice in surgery			
62	Rēzeknes slimnīca	Rēzekne	General hospital	
02.	Rezeknes Hospital			
63.	Rīgas 2. slimnīca	Rīga	Trauma centre	
00.	Riga Second Hospital	C C		
64.	Rīgas Austrumu klīniskā universitātes slimnīca	Rīga	University hospital	
	Riga Eastern Clinical University Hospital			
65.	Rīgas slimnīca "Bikur Holim"	Rīga	General hospital	
	Riga Hospital "Bikur Holim"		(registered only alcohol	
			and drug intoxications)	
66.	Traumatoloģijas un ortopēdijas slimnīca	Rīga	Trauma centre	
	Hospital of Traumatology and orthopaedics			
67.	Tukuma slimnīca	Tukums	General hospital	
	lukuma Hospital			
68.	Vidzemes slimnica Vidzemes Hospital	Valmiera	General hospital	
69	Ziemelkurzemes reģionālā slimnīca	Ventspils	General hospital	
00.	Northener Kurzemes Region Hospital			
LUXEMBOURG (1)				
70.	Centre Hospitalier de Luxembourg /	Luxembourg	General hospital	
	Luxembourg's Hospital Centre			
MALTA (2	2)	-		
71.	General public hospital Malta	Malta	General hospital	
72.	General public hospital Gozo	Gozo	General hospital	
NETHERLANDS (14)				
73	Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix	Winterswijk	General	
74	VU Medisch Centrum VU Medical Centre	Amsterdam	University	
74.	Diaronessenziekenhuis / Diaronessen Hospital	Mennel	General	
/5.	Station Costhuia / Station Costhuia	Moort	Conorol	
/6.			General	
77.	Ziekenhuis Lievensberg / Hospital Lievensberg	Bergen op Zoom	General	
78.	Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei	Ede	General	
79.	Academisch Medisch Centrum AMC / Academic Medical	Amsterdam	University	

	Centre		
80.	Maasziekenhuis / Maas Hospital	Boxmeer	General
81.	IJsselmeerziekenhuis / IJsselmeer Hospital	Lelystad	General
82.	Ommelander Ziekenhuis locatie Lucas / Ommelander	Winschoten	General
02.	Hospital, Location Lucas		
83.	Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht	Delfzijl	General
84.	Admiraal de Ruyterziekenhuis/Admiral de Ruyter Hospital	Goes	General
85	Admiraal de Ruyterziekenhuis/Admiral de Ruyter Hospital	Vlissingen	General
86	Reinier de Graaf Hospital	Delft	General
PORTUG/	ΔI (4)		
87.	Hospital São Sebastião; Saint Sebastian Hospital	Santa Maria da Feira	General Hospital
88.	Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira	Cova da Beira	General Hospital
89.	Centro Hospitalar de Coimbra; Hospital Centre of Coimbra	Coimbra	General Hospital
90	Hospital Distrital de Faro: Hospital of Faro	Faro	General Hospital
SLOVENIA	A (2)		
91.	Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana )	Ljubljana	University hospital
92.	Splošna bolnišnica Jesenice (General Hospital Jesenice)	Jesenice	General hospital
SWEDEN	(6)		
93	Umeå Universitetssjukhus; Umeå University hospital	Umeå	University hospital
94	Akademiska Siukhuset: Uppsala University hospital	Uppsala	University hospital
05	Skarahorgs siukhus Skövde: Skarahorg hospital Skövde	Skövde	Emergency hospital
95.	Skaraborgs sjukhus Lidköning: Skaraborg hospital	Lidköning	Emergency hospital
96.	Lidköping	Liukoping	
97.	Centralsjukhuset i Karlstad; Karlstad Central hospital	Karlstad	Central general hospital
98.	Torsby sjukhus; Torsby hospital	Torsby	General hospital
TURKEY (	15)	•	a
99.	Afyonkarahisar Devlet Hastanesi; Afyonkarahisar State Hospital	Afyonkarahisar	General hospital
100.	Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi;	Ankara	University hospital
	Yildirim Beyazit University Ankara Ataturk Training and Research Hospital		
101.	Antalya Eğitim ve Araştırma Hastanesi; Antalya Training and Research Hospital	Antalya	General hospital
102.	Balıkesir Devlet Hastanesi; Balikesir State Hospital	Balikesir	General hospital
103.	Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi; Bursa Sevket Yilmaz Training and Research Hospital	Bursa	General hospital
104.	Diyarbakır Eğitim ve Araştırma Hastanesi; Diyarbakir Training and Research Hospital	Diyarbakir	General hospital
105.	Elazığ Eğitim ve Araştırma Hastanesi; Elazığ Training and Research Hospital	Elazig	General hospital
106.	Erzurum Eğitim ve Araştırma Hastanesi; Erzurum Training and Research Hospital	Erzurum	General hospital
107.	İstanbul Okmeydanı Eğitim ve Araştırma Hastanesi; İstanbul Okmeydanı Training and Research Hospital	Istanbul	General hospital
108.	İstanbul Şişli Etfal Eğitim ve Araştırma Hastanesi; İstanbul Sisli Etfal Training and Research Hospital	Istanbul	General hospital
109.	İzmir Atatürk Eğitim ve Araştırma Hastanesi; Izmir Ataturk Training and Research Hospital	Izmir	General hospital
110.	Kayseri Eğitim ve Araştırma Hastanesi; Kayseri Training and Research Hospital	Kayseri	General hospital
111.	Samsun Eğitim ve Araştırma Hastanesi Samsun Training and Research Hospital	Samsun	General hospital
112.	Şanlıurfa Eğitim Ve Araştırma Hastanesi;	Sanliurfa	General hospital
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	Sanliurfa Training and Research Hospital		
113.	Trabzon Kanuni Eğitim ve Araştırma Hastanesi;	Trabzon	General hospital
	Trabzon Kanuni Training and Research Hospital		

## <mark>2015</mark>

Austria (5)				
1.	Allgemeines Krankenhaus der Stadt Linz (General hospital of city of Linz)	Linz	General hospital	
2.	Landes- Frauen- und Kinderklinik Linz (County hospital for women and children)	Linz	Children's hospital	
3.	Landeskrankenhaus Feldkirch (County hospital Feldkirch)	Feldkirch	General hospital	
4.	Landeskrankenhaus Bregenz (County hospital Bregenz)	Bregenz	General hospital	
5.	Unfallkrankenhaus Meidling (Injury trauma centre Meidling)	Wien	Trauma centre (injuries	
Gerr	nany (Brandenhurg) (1)		Unity	
6.	Carl-Thiem-Klinikum Cottbus	Cottbus	General hospital; university hospital	
Luxe	mbourg (1)			
7.	Centre Hospitalier de Luxembourg (www.chl.lu)	Luxembourg	General Hospital	
Latv	ia (17)			
8.	Aluksnes slimnīca	Alūksne	general hospital	
_	Aluksne Hospital			
9.	Balvu un Gulbenes slimnicu apvieniba Ralvi and Gulbene Hespital association	Balvi, Gulbene	general hospital	
10	Barnu kliniskā universitātes slimnīca	Rīga	children's hospital	
10.	Children Clinical University Hospital	niga	children's hospital	
11.	Cēsu klīnika	Cēsis	general hospital	
	Cesis Clinic		Sellerariospitar	
12.	Daugavpils reģionālā slimnīca	Daugavpils	general hospital	
	Daugavpils Region Hospital			
13.	Dobeles un apkārtnes slimnīca	Dobele	general hospital	
	Dobele Region Hospital			
14.	Jēkabpils reģionālā slimnīca	Jēkabpils	general hospital	
	Jekabpils Region Hospital			
15.	Jelgavas pilsētas slimnīca	Jelgava	general hospital	
16	Jelgava city Hospital			
16.	Jurmalas slimnica	Jurmala	general hospital	
17	Jurmala nospital	Krāclava	general bespital	
17.	Kraslava Hospital	Ki dsidva	general hospital	
18.	Kuldīgas slimnīca	Kuldīga	general hospital	
-0.	Kuldiga Hospital		Series as theophical	
19.	Madonas slimnīca	Madona	general hospital	
	Madona Hospital			
20.	Ogres rajona slimnīca	Ogre	general hospital	
	Ogre Region Hospital			
21.	Paula Stradiņa klīniskā universitātes slimnīca	Rīga	university hospital	
	Pauls Stradins Clinical University Hospital			
22.	Radziņš Māris - ārsta prakse ķirurģijā	Rūjiena	general practice	
	Radzins Maris – medical practice in surgery			
23.	Rēzeknes slimnīca	Rēzekne	general hospital	
	Rezekne Hospital			
24.	Rigas 2. slimnica	Rīga	trauma centre	
1	Kiga Second Hospital	1		

Malt	Malta (2)				
25.	Gozo General Hospital	Victoria,Gozo	General Hospital		
26.	Mater Dei Hospital	Msida, Malta	General Hospital		
Neth	ierlands (12)	•	·		
27.	Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix	Winterswijk	General		
28.	VU Medisch Centrum VU Medical Centre	Amsterdam	University		
29.	Diaconessenziekenhuis / Diaconessen Hospital	Meppel	General		
30.	St Jans Gasthuis / St. Jans Hospital	Weert	General		
31.	Bravis Ziekenhuis / Hospital Bravis	Bergen op Zoom	General		
32.	Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei	Ede	General		
33.	Academisch Medisch Centrum AMC / Academic Medical Centre	Amsterdam	University		
34.	Maasziekenhuis Pantein / Pantein Maas Hospital	Boxmeer	General		
35	Ilsselmeerziekenhuis / Ilsselmeer Hospital	Lelystad	General		
36	Ommelander Ziekenbuis / Ommelander Hospital	Winschoten/Delfziil	General		
30.	Admiraal de Ruyterziekenbuis/Admiral de Ruyter Hospital	Goos/Vlissingen	General		
20	Poinior do Graaf Hospital	Dolft	General		
Dort		Dent	General		
20	ugai (4) Hospital São Sobastião: Saint Sobastian Hospital	Santa Maria da	Conoral Hospital		
39.	Hospital Sao Sebastiao, Saint Sebastian Hospital		General Hospital		
40	Contro Hospitalar Cova da Paira, Hospital Contro Cova da Paira	Feira Cava da Baira	Conoral Hospital		
40.	Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira				
41.	Centro Hospitalar de Colmbra; Hospital Centre of Colmbra	Combra	General Hospital		
42.	Hospital Distrital de Faro; Hospital of Faro	Faro	General Hospital		
Swe	den (6)				
43.	Akademiska Sjukhuset	Uppsala	Universitetssjukhus		
<u> </u>	Uppsala University hospital		University Hospital		
44.	Skaraborgs sjukhus Skovde	Skovde	Lansdelssjukhus		
	Skaraborg hospital Skovde		Emergency hospital IDEC-		
45			31DEC copy of 2014		
45.	Skaraborgs sjuknus Lidkoping	Lidkoping	Lansdelssjukhus		
	Skaraborg hospital Lidkoping		Emergency hospital INOV-		
46		Kaulata d	31DEC copy of 2014		
46.	Centralsjuknuset i Karistad	Karistad	Control gonoral hospital		
47		Tauahu			
47.	Torsby Sjuknus	Torsby			
40	Torsby nospital	Amilia	General nospital		
48.	Arvika sjuknus	Агука	Lansdeissjuknus		
Class	Arvika nospital		General hospital		
SIOV	enia (2)	the later a			
49.	Oniverzitetni klinichi center Ljubijana (University Medical	Ljubijana	University nospital		
	Centre Ljubijana j				
50.	Splosna bolnisnica Jesenice (General Hospital Jesenice)	Jesenice	General hospital		
Turk	ey (16)	1			
51.	Yıldırım Beyazıt Üniversitesi Ankara Ataturk Egitim ve Araştırma	Ankara	university hospital		
	Hastanesi				
	Yildirim Beyazit University Ankara Ataturk Training and				
	Research Hospital				
52.	Antalya Egitim ve Araştırma Hastanesi	Antalya	general hospital		
	Antalya Training and Research Hospital				
53.	Balikesir Devlet Hastanesi	Balikesir	general hospital		
	Balikesir State Hospital	_			
54.	Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi	Bursa	general hospital		
L	Bursa Sevket Yilmaz Training and Research Hospital				
55.	Elazig Egitim ve Araştırma Hastanesi	Elazig	general hospital		
	Elazig Training and Research Hospital				
56.	Erzurum Egitim ve Araştırma Hastanesi	Erzurum	general hospital		
<u> </u>	Erzurum Training and Research Hospital				
57.	İstanbul Okmeydanı Eğitim ve Araştırma Hastanesi	Istanbul	general hospital		
	Istanbul Okmeydani Training and Research Hospital				
58.	İstanbul Şişli Etfal Eğitim ve Araştırma Hastanesi	Istanbul	general hospital		
	Istanbul Sisli Etfal Training and Research Hospital				

59.	İzmir Atatürk Eğitim ve Araştırma Hastanesi	Izmir	university hospital
	Izmir Ataturk Training and Research Hospital		
60.	Kayseri Eğitim ve Araştırma Hastanesi	Kayseri	general hospital
	Kayseri Training and Research Hospital		
61.	Samsun Eğitim ve Araştırma Hastanesi	Samsun	general hospital
	Samsun Training and Research Hospital		
62.	Trabzon Kanuni Eğitim ve Araştırma Hastanesi	Trabzon	general hospital
	Trabzon Kanuni Training and Research Hospital		
63.	Diyarbakır Eğitim ve Araştırma Hastanesi	Diyarbakir	general hospital
	Diyarbakir Training and Research Hospital		
64.	Adana Çukurova Dr. Aşkım Tüfekçi Devlet Hastanesi	Adana	general hospital
	Adana Çukurova Dr. Aşkım Tüfekçi Public Hospital		
65.	Afyonkarahisar Devlet Hastanesi	Afyonkarahisar	general hospital
	Afyonkarahisar Devlet Hastanesi		
66.	Mehmet Akif İnan Eğitim ve Araştırma Hastanesi	Şanlıurfa	general hospital
	Mehmet Akif İnan Training and Research Hospital		

## <mark>2016</mark>

Austria (11)			
1.	Allgemeines Krankenhaus der Stadt Linz (General hospital of	Linz	General hospital
2			
2.	Landes- Frauen- und Kinderklinik Linz (County hospital for women and children)	Linz	Children's hospital
3.	Landeskrankenhaus Feldkirch (County hospital Feldkirch)	Feldkirch	General hospital
4.	Landeskrankenhaus Bregenz (County hospital Bregenz)	Bregenz	General hospital
5.	Unfallkrankenhaus Meidling (Injury trauma centre Meidling)	Wien	Trauma centre (injuries only)
6.	Landeskrankenhaus Innsbruck – Universitätskliniken (County and university hospital Innsbruck)	Innsbruck	University hospital
7.	Unfallkrankenhaus Klagenfurt (Injury trauma centre Meidling	Klagenfurt	Trauma centre (injuries only)
8.	Landeskrankenhaus Salzburg (County hospital Salzburg)	Salzburg	General hospital
9.	Barmherzige Brüder Eisenstadt "Barmherzige Brüder" hospital Eisenstadt)	Eisenstadt	General hospital, privat
10.	Landeskrankenhaus Bruck (County hospital Salzburg)	Bruck	General hospital
11.	Landeskrankenhaus Klagenfurt (County hospital Klagenfurt)	Klagenfurt	General hospital
Gerr	nany (Brandenburg) (1)		
12.	Carl-Thiem-Klinikum Cottbus	Cottbus	General hospital; university hospital
Luxe	mbourg (1)		<u> </u>
13.	Centre Hospitalier de Luxembourg (www.chl.lu)	Luxembourg	General Hospital
	Luxembourg's Hospital Centre	_	
Latv	ia (17)	·	
14.	Alūksnes slimnīca Aluksne Hospital	Alūksne	general hospital
15.	Balvu un Gulbenes slimnīcu apvienība Balvi and Gulbene Hospital association	Balvi, Gulbene	general hospital
16.	Bērnu klīniskā universitātes slimnīca Children Clinical University Hospital	Rīga	children's hospital
17.	Cēsu klīnika Cesis Clinic	Cēsis	general hospital
18.	Daugavpils reģionālā slimnīca Daugavpils Region Hospital	Daugavpils	general hospital
19.	Dobeles un apkārtnes slimnīca Dobele Region Hospital	Dobele	general hospital
20.	Jēkabpils reģionālā slimnīca Jekabpils Region Hospital	Jēkabpils	general hospital

21.	Jelgavas pilsētas slimnīca	Jelgava	general hospital		
	Jelgava city Hospital	5			
22.	Jūrmalas slimnīca	Jūrmala	general hospital		
	Jurmala hospital		8		
23	Krāslavas slimnīca	Krāslava	general hospital		
20.	Kraslava Hospital		general nospital		
24	Kuldīgas slimnīca	Kuldīga	general hospital		
27.	Kuldiga Hospital	Kuluigu	general hospital		
25	Madonas slimnīca	Madona	general hospital		
25.	Madona Hosnital	Wadona	general nospital		
26	Ogros rajona slimnīca	Ogra	gonoral hospital		
20.	Ogre Pagion Hospital	Ogre	general hospital		
27	Daula Stradina kliniskā universitātas slimnīca	Dīgo	university becnited		
27.	Paula Strading Clinical University Hernital	піва	university hospital		
20	Padrinš Mārie, ārsta praksa kirurčijā	Düllana			
28.	Rauzijis Maris - arsta prakše kirurgija	Rujiena	general practice		
20	Rauzins Maris – medical practice in surgery	D Z - a lua a			
29.	Rezeknes simnica	кезекпе	general nospital		
20		<b>D</b> <sup>-</sup>			
30.	Rigas 2. siimnica	Кіда	trauma centre		
	Riga Second Hospital				
Malt	ta (2)				
31.	Gozo General Hospital	Victoria,Gozo	General Hospital		
32.	Mater Dei Hospital	Msida,Malta	General Hospital		
Neth	nerlands (12)	1			
33.	Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix	Winterswijk	General		
34.	VU Medisch Centrum VU Medical Centre	Amsterdam	University		
35.	Diaconessenziekenhuis / Diaconessen Hospital	Meppel	General		
36.	St Jans Gasthuis / St. Jans Hospital	Weert	General		
37.	Bravis Ziekenhuis / Hospital Bravis	Bergen op Zoom	General		
38.	Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei	Ede	General		
39.	Academisch Medisch Centrum AMC / Academic Medical Centre	Amsterdam	University		
40.	Maasziekenhuis Pantein / Pantein Maas Hospital	Boxmeer	General		
41.	IJsselmeerziekenhuis / IJsselmeer Hospital	Lelystad	General		
42.	Ommelander Ziekenhuis / Ommelander Hospital	Winschoten/Delfzijl	General		
43.	Admiraal de Ruyterziekenhuis/Admiral de Ruyter Hospital	Goes/Vlissingen	General		
44.	Reinier de Graaf Hospital	Delft	General		
Port	44. Reinier de Graar Hospital Dente General				
- "0[[	ugal (4)				
45	ugai (4) Hospital São Sebastião: Saint Sebastian Hospital	Santa Maria da	General Hosnital		
45.	ugai (4) Hospital São Sebastião; Saint Sebastian Hospital	Santa Maria da Feira	General Hospital		
45.	ugai (4) Hospital São Sebastião; Saint Sebastian Hospital	Santa Maria da Feira	General Hospital		
45. 46.	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira	Santa Maria da Feira Cova da Beira	General Hospital General Hospital		
45. 46. 47.	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira Centro Hospitalar de Coimbra; Hospital Centre of Coimbra	Santa Maria da Feira Cova da Beira Coimbra	General Hospital General Hospital General Hospital		
45. 46. 47. 48.	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira Centro Hospitalar de Coimbra; Hospital Centre of Coimbra Hospital Distrital de Faro; Hospital of Faro	Santa Maria da Feira Cova da Beira Coimbra Faro	General Hospital General Hospital General Hospital General Hospital		
45. 46. 47. 48. <b>Slove</b>	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira Centro Hospitalar de Coimbra; Hospital Centre of Coimbra Hospital Distrital de Faro; Hospital of Faro enia (2)	Santa Maria da Feira Cova da Beira Coimbra Faro	General Hospital General Hospital General Hospital General Hospital		
45. 46. 47. 48. <b>Slov</b> 49.	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira Centro Hospitalar de Coimbra; Hospital Centre of Coimbra Hospital Distrital de Faro; Hospital of Faro enia (2) Univerzitetni klinični center Ljubljana (University Medical Centro Liubliana )	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana	General Hospital General Hospital General Hospital General Hospital University hospital		
45. 46. 47. 48. <b>Slove</b> 49.	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira Centro Hospitalar de Coimbra; Hospital Centre of Coimbra Hospital Distrital de Faro; Hospital of Faro enia (2) Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana )	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana	General Hospital General Hospital General Hospital General Hospital University hospital		
45. 46. 47. 48. <b>Slov</b> 49. 50.	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira Centro Hospitalar de Coimbra; Hospital Centre of Coimbra Hospital Distrital de Faro; Hospital of Faro enia (2) Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana ) Splošna bolnišnica Jesenice (General Hospital Jesenice)	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice	General Hospital General Hospital General Hospital General Hospital University hospital General hospital		
46. 47. 48. <b>Slov</b> 49. 50. <b>Turk</b>	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira Centro Hospitalar de Coimbra; Hospital Centre of Coimbra Hospital Distrital de Faro; Hospital of Faro enia (2) Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana ) Splošna bolnišnica Jesenice (General Hospital Jesenice) eey (16)	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice	General Hospital General Hospital General Hospital General Hospital University hospital General hospital		
46. 47. 48. <b>Slov</b> 49. 50. <b>Turk</b> 51.	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira Centro Hospitalar de Coimbra; Hospital Centre of Coimbra Hospital Distrital de Faro; Hospital of Faro enia (2) Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana ) Splošna bolnišnica Jesenice (General Hospital Jesenice) ery (16) Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital		
45. 46. 47. 48. <b>Slov</b> 49. 50. <b>Turk</b> 51.	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira Centro Hospitalar de Coimbra; Hospital Centre of Coimbra Hospital Distrital de Faro; Hospital of Faro enia (2) Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana ) Splošna bolnišnica Jesenice (General Hospital Jesenice) eey (16) Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital		
45. 46. 47. 48. <b>Slov</b> 49. 50. <b>Turk</b> 51.	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira Centro Hospitalar de Coimbra; Hospital Centre of Coimbra Hospital Distrital de Faro; Hospital of Faro enia (2) Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana ) Splošna bolnišnica Jesenice (General Hospital Jesenice) rey (16) Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi Yildirim Beyazit University Ankara Ataturk Training and	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital		
45. 46. 47. 48. <b>Slov</b> 49. 50. <b>Turk</b> 51.	Hospital São Sebastião; Saint Sebastian Hospital Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira Centro Hospitalar de Coimbra; Hospital Centre of Coimbra Hospital Distrital de Faro; Hospital of Faro enia (2) Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana ) Splošna bolnišnica Jesenice (General Hospital Jesenice) ey (16) Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi Yildirim Beyazit University Ankara Ataturk Training and Research Hospital	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital		
45. 46. 47. 48. <b>Slov</b> 49. 50. <b>Turk</b> 51.	ugai (4)   Hospital São Sebastião; Saint Sebastian Hospital   Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira   Centro Hospitalar de Coimbra; Hospital Centre of Coimbra   Hospital Distrital de Faro; Hospital of Faro   enia (2)   Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana )   Splošna bolnišnica Jesenice (General Hospital Jesenice)   ey (16)   Yıldırım Beyazıt Üniversity Ankara Atatürk Eğitim ve Araştırma Hastanesi   Yildirim Beyazit University Ankara Ataturk Training and Research Hospital   Antalya Eğitim ve Araştırma Hastanesi	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara Antalya	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital general hospital		
45. 45. 47. 48. <b>Slove</b> 49. 50. <b>Turk</b> 51.	ugai (4)   Hospital São Sebastião; Saint Sebastian Hospital   Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira   Centro Hospitalar de Coimbra; Hospital Centre of Coimbra   Hospital Distrital de Faro; Hospital of Faro   enia (2)   Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana )   Splošna bolnišnica Jesenice (General Hospital Jesenice)   cey (16)   Yıldırım Beyazit Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi   Yildirim Beyazit University Ankara Ataturk Training and Research Hospital   Antalya Eğitim ve Araştırma Hastanesi   Antalya Training and Research Hospital	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara Antalya	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital general hospital		
45. 45. 47. 48. <b>Slove</b> 49. 50. <b>Turk</b> 51. 52. 53.	ugai (4)   Hospital São Sebastião; Saint Sebastian Hospital   Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira   Centro Hospitalar de Coimbra; Hospital Centre of Coimbra   Hospital Distrital de Faro; Hospital of Faro   enia (2)   Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana )   Splošna bolnišnica Jesenice (General Hospital Jesenice)   ey (16)   Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi   Yildirim Beyazit University Ankara Ataturk Training and Research Hospital   Antalya Eğitim ve Araştırma Hastanesi   Antalya Eğitim ve Araştırma Hastanesi   Dalkesir Devlet Hastanesi   Devlet Hastanesi	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara Antalya Balikesir	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital general hospital general hospital		
45. 45. 47. 48. <b>Slove</b> 49. 50. <b>Turk</b> 51. 52. 53.	ugai (4)   Hospital São Sebastião; Saint Sebastian Hospital   Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira   Centro Hospitalar de Coimbra; Hospital Centre of Coimbra   Hospital Distrital de Faro; Hospital of Faro   enia (2)   Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana )   Splošna bolnišnica Jesenice (General Hospital Jesenice)   ey (16)   Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi   Yildirim Beyazit University Ankara Ataturk Training and Research Hospital   Antalya Eğitim ve Araştırma Hastanesi   Antalya Training and Research Hospital   Balıkesir Devlet Hastanesi Balikesir State Hospital	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara Antalya Balikesir	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital general hospital		
45. 45. 47. 48. <b>Slove</b> 49. 50. <b>Turk</b> 51. 52. 53. 54.	ugai (4)   Hospital São Sebastião; Saint Sebastian Hospital   Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira   Centro Hospitalar de Coimbra; Hospital Centre of Coimbra   Hospital Distrital de Faro; Hospital of Faro   enia (2)   Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana )   Splošna bolnišnica Jesenice (General Hospital Jesenice)   ey (16)   Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi   Yildirim Beyazit University Ankara Ataturk Training and Research Hospital   Antalya Eğitim ve Araştırma Hastanesi   Antalya Training and Research Hospital   Balikesir Devlet Hastanesi Balikesir State Hospital   Balikesir State Hospital   Balikesir State Hospital	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara Antalya Balikesir Bursa	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital general hospital general hospital general hospital		
45. 45. 47. 48. <b>Slov</b> 49. 50. <b>Turk</b> 51. 52. 53. 54.	ugar (4)   Hospital São Sebastião; Saint Sebastian Hospital   Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira   Centro Hospitalar de Coimbra; Hospital Centre of Coimbra   Hospital Distrital de Faro; Hospital of Faro   enia (2)   Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana )   Splošna bolnišnica Jesenice (General Hospital Jesenice)   ey (16)   Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi   Yildirim Beyazit University Ankara Ataturk Training and Research Hospital   Antalya Eğitim ve Araştırma Hastanesi   Antalya Eğitim ve Araştırma Hastanesi   Balikesir Devlet Hastanesi Balikesir State Hospital   Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi Bursa Sevket Yılmaz Training and Research Hospital	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara Antalya Balikesir Bursa	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital general hospital general hospital		
45. 45. 47. 48. 50. 50. Turk 51. 52. 53. 54. 55.	ugai (4)   Hospital São Sebastião; Saint Sebastian Hospital   Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira   Centro Hospitalar de Coimbra; Hospital Centre of Coimbra   Hospital Distrital de Faro; Hospital of Faro   enia (2)   Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana )   Splošna bolnišnica Jesenice (General Hospital Jesenice)   ey (16)   Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi   Yildirim Beyazit University Ankara Ataturk Training and Research Hospital   Balıkesir Devlet Hastanesi   Antalya Eğitim ve Araştırma Hastanesi   Balıkesir State Hospital   Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi   Bursa Şevket Yılmaz Training and Research Hospital   Elazığ Eğitim ve Araştırma Hastanesi	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara Antalya Balikesir Bursa Elazig	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital general hospital general hospital general hospital general hospital		
45. 45. 47. 48. <b>Slov</b> 49. 50. <b>Turk</b> 51. 52. 53. 54. 55.	ugar (4)   Hospital São Sebastião; Saint Sebastian Hospital   Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira   Centro Hospitalar de Coimbra; Hospital Centre of Coimbra   Hospital Distrital de Faro; Hospital of Faro   enia (2)   Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana )   Splošna bolnišnica Jesenice (General Hospital Jesenice)   ey (16)   Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi   Yildirim Beyazit University Ankara Ataturk Training and Research Hospital   Balıkesir Devlet Hastanesi   Antalya Eğitim ve Araştırma Hastanesi   Balıkesir State Hospital   Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi   Bursa Şevket Yılmaz Training and Research Hospital   Elazığ Eğitim ve Araştırma Hastanesi   Bursa Şevket Yılmaz Training and Research Hospital	Santa Maria da Feira Cova da Beira Coimbra Faro Ljubljana Jesenice Ankara Antalya Balikesir Bursa Elazig	General Hospital General Hospital General Hospital General Hospital University hospital General hospital university hospital general hospital general hospital general hospital general hospital		

	Erzurum Training and Research Hospital		
57.	İstanbul Okmeydanı Eğitim ve Araştırma Hastanesi	Istanbul	general hospital
	İstanbul Okmeydani Training and Research Hospital		
58.	İstanbul Şişli Etfal Eğitim ve Araştırma Hastanesi	Istanbul	general hospital
	İstanbul Sisli Etfal Training and Research Hospital		
59.	İzmir Atatürk Eğitim ve Araştırma Hastanesi	Izmir	university hospital
	Izmir Ataturk Training and Research Hospital		
60.	Kayseri Eğitim ve Araştırma Hastanesi	Kayseri	general hospital
	Kayseri Training and Research Hospital		
61.	Samsun Eğitim ve Araştırma Hastanesi	Samsun	general hospital
	Samsun Training and Research Hospital		
62.	Trabzon Kanuni Eğitim ve Araştırma Hastanesi	Trabzon	general hospital
	Trabzon Kanuni Training and Research Hospital		
63.	Diyarbakır Eğitim ve Araştırma Hastanesi	Diyarbakir	general hospital
	Diyarbakir Training and Research Hospital		
64.	Adana Çukurova Dr. Aşkım Tüfekçi Devlet Hastanesi	Adana	general hospital
	Adana Çukurova Dr. Aşkım Tüfekçi Public Hospital		
65.	Afyonkarahisar Devlet Hastanesi	Afyonkarahisar	general hospital
	Afyonkarahisar Devlet Hastanesi		
66.	Mehmet Akif İnan Eğitim ve Araştırma Hastanesi	Şanlıurfa	general hospital
	Mehmet Akif İnan Training and Research Hospital		