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

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## 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

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*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, IDB-network 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]).

**Table 1: Control checks for IDB data files.**
**Numbers in the right column refer to the position in the prescribed record-structure.**

| Checks / corrections | FDS | MDS |
|---|---|---|
| **A. Essential checks at file level – if not fulfilled, the whole file will be rejected:** | | |
| 1. Valid file structure (e.g. no delimiters between cases) | ✓ | ✓ |
| 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 duplication) | 3-8 | 6-12 |
| **B. Checks 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) | ✓ | ✓ |
| 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 |
| **C. Consistency checks at record level – if not fulfilled, the record 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 injury | 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 | 44-48 | 34 |
| 13. Activity when injured | 49-52 | 35 |
| 14. Underlying object | 53-59 | n. a. |
| 15. Object producing injury | 60-66 | n. a. |
| 16. Type of injury 1 | 74-75 | 24-25 |
| 17. Type of injury 2 | 76-77 | 25-27 |
| 18. Part of body injured 1 | 78-81 | 28-29 |
| 19. Part of body injured 2 | 82-85 | 30-31 |
| 20. Narrative | 86-205 | n. a. |
| **E. Checks for completeness of modules - percentage of incomplete records (missing modules) shall checked in order to guide interviewer at hospitals:** | | |
| 1. Treatment=05 or 08, but no admission module | 35-36 vs. 206-208 | n. a. |
| 2. Intent=3 or 4, but no violence module | 37 vs. 209-212 | n. a. |
| 3. Intent=2, but no self-harm module | 37 vs. 213-214 | n. a. |
| 4. Transport injury event = 1, but no transport module | 38 vs. 215-223 | n. a. |
| **5.** Activity=03.1,04.1, 04.8, or 04.9, but no sport module | 49-52 vs. 224-228 | n. a. |
| **F. Corrections to be made automatically:** | | |
| 1. All blank values are set to missing (9, 99, 999) – except for type of injury 2 and part of body2, object/substance, narrative | ✓ | ✓ |
| 2. Variables with 2+ digits are padded with left-hand leading zeros if needed, e.g. record number “ 123” -> “000123” or month “7_” or ”_7” -> “07” | ✓ | ✓ |
| 3. If type of injury 1 is missing, but part of body 1 exists, type of injury 1 is set to missing (99) | 74-75 vs.78-81 | 23-24 vs.27-28 |
| 4. If part of body1 is missing, but type of injury1 exists, part of body1 is set to missing (9.99) | 74-75 vs.78-81 | 23-24 vs.27-28 |
| 5. If type of injury 2 is missing, but part of body2 exists, type of injury1 is set to missing (99) | 76-77 vs.82-85 | 25-26 vs. 29-30 |
| 6. If part of body2 is missing, but type of injury2 exists, part of body2 is set to missing (9.99) | 76-77 vs.82-85 | 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 available, but not delivered | | |
| Denmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Estonia | Partner, no data | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Finland | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Expected |
| Germany | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Greece | Partner, no data | | ✓ | No partner available | | | |
| Hungary | Partner, no data | | | ✓ | Partner, no data | | |
| Iceland | ✓ | ✓ | ✓ | ✓ | Data available, but not delivered | | |
| Ireland | Partner, no data | | | ✓ | ✓ | Expected | Expected |
| Italy | ✓ | ✓ | ✓ | ✓ | ✓ | Expected | Expected |
| Latvia | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lithuania | No data | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Luxembourg | No data | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Malta | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | Expected |
| Netherlands | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Norway | Partner, no data | | ✓ | ✓ | ✓ | ✓ | 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 available, 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 during JAMIE project | | | | Upload during BRIDGE Health | | |
|---|---|---|---|---|---|---|---|
| Country | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
| Austria | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Cyprus | ✓ | Small sample | | Biased sample | | Expected | Expected |
| Czech Republic | Only children / only admissions | | | | 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 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 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 reported, but cannot be calculated at the EU IDB web-gate: Germany does not deliver reference population data, UK 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 4: Scope of IDB data by country and year**

| | | Upload during JAMIE project | | | | Upload during BRIDGE Health | | |
|---|---|---|---|---|---|---|---|---|
| | Country | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | Austria | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 2 | Cyprus | Small sample | | | Biased sample | | ✓ | ✓ |
| 3 | Czech Republic | Just children 0-18 / only admissions | | | | No data | | |
| 4 | Denmark | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 5 | Estonia | No data | | ✓ | ✓ | ✓ | ✓ | ✓ |
| 6 | Finland | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 7 | Germany | Just state of Brandenburg / Bias toward admissions | | | | | | |
| 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 children 0-15 | | | |
| 12 | Italy | HLAs, road | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 13 | Latvia | Bias toward admissions | | | | | | |
| 14 | Lithuania | No data | Admission bias | | ✓ | ✓ | ✓ | ✓ |
| 15 | Luxembourg | No data | | ✓ | ✓ | ✓ | ✓ | ✓ |
| 16 | Malta | Small sample | | | ✓ | ✓ | ✓ | ✓ |
| 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 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 23 | Spain | No data | | | Navarra | No data | | |
| 24 | Sweden | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 25 | Turkey | No data | | | ✓ | ✓ | ✓ | ✓ |
| 26 | United Kingdom | Just Wales | | | No data | | | |
| No. of data suppliers | | 15 | 16 | 20 | 24 | 18 | 18 | 18 |
| Countries with complete scope | | 6 | 8 | 11 | 16 | 14 | 15 | 15 |
| Countries 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 during JAMIE project | | | | 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 | | | ✓ | 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 delivered | | | |
| 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 |
| Data expected | 0 | 0 | 0 | 0 | 0 | 2 | 6 |

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. http://www.eurosafe.eu.com/uploads/inline-files/IDB_operating_manual_Jan%202017_0.pdf

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

[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. http://www.eurosafe.eu.com/uploads/inline-files/IDB%20FDS%20Data%20Dictionary%20May%202017_0.pdf

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[6] EU IDB – European Injury Data Base (2017), restricted access. See https://ec.europa.eu/health/data_collection/databases/idb/restricted_access_en

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

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

| Template till 2010 (only IDB-FDS) | | | |
|---|---|---|---|
| | **National IDB File Information** | | Comments |
| 1 | Country | xxxxx | |
| 2 | Year | yyyy | |
| 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 – 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 | nnnnnn | |
| 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<br>Address, telephone<br>eMail address |
| 29 | Signature | xxxxx | |
| 30 | Date of completion of this file | yyyymmdd | |

| **MDS-template 2011-2014** | | | |
|---|---|---|---|
| **National IDB File Information (Minimum Data Set)** | | | |
| General information | | | |
| 1 | Country | Max. 25 characters | |
| 2 | Year | yyyy | |
| 3 | National Register Name | Max. 100 characters | Official name of the register (& eventual abbreviation) |
| 4 | Purpose of the register | Max. 250 characters | Describe briefly the purpose of this register and eventual legal background |
| 5 | Scope of the register | Max. 250 characters | 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 (MDS) | Max. 100 characters | Exact name of submitted data file for IDB minimum data sets |
| 7 | Date of creation of MDS file | yyyymmdd | |
| 8 | Range of data of attendance | yyyymmdd – yyyymmdd | Earliest and latest day of attendances (in general, only full years acceptable) |

| | | | |
|---|---|---|---|
| 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 modifications | Max. 250 characters | Describe eventual national modifications to the dictionary. Make sure 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 |
| Representativeness of sample | | | |
| 12 | No. of records in the data file | nnnnnnn | |
| 13 | No. of MDS reference hospitals | nnn | Number of hospitals (emergency departments) which delivered data for this file |
| 14 | Geographic scope | Max. 100 characters | Area, for which the sample is representative: the entire reporting country (preferred option) or selected (e.g. federal) province |
| 15 | Hospital characteristics used for a representative sample of hospitals | Max. 250 characters | Describe how hospitals have been selected. List characteristics, which have been considered for the selection, e.g. size of hospitals, particularities of the hospitals, geographic location, etc. Report known biases. If possible, refer to a publication. |
| 16 | Sampling of cases within hospitals | 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. |
| 17 | Percentage of admissions in data file | nn.n% | For the given sample: Ratio of no. of admissions/discharges (in accordance with national definition of 'admission') to all treatments due to injury (inpatients and ambulatory treatments) x 100 |
| 18 | Relative sample size (admissions) | nn.n% | Ratio of no. of admissions/discharges in the sample to total no. of admissions/discharges due to injuries in the country (or reference area) (if a national hospital discharge statistic is available) x 100 |
| 19 | Relative sample size (ambulatory treatments) | nn.n% | Ratio of no. of ambulatory treatments to total no. of ambulatory treatments due to injury in reference area (if a national statistic of ED treatments is available) x 100 |
| Formal quality | | | |
| 20 | Minimum Quality Control Checks | y/n | 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"" | nn.n% | Average ratio of values starting with 9 (9, 99, 999 etc.) to all data fields not left blank |
| Incidence rates | | | |
| 22 | Method for extrapolation from sample to national incidence | Max. 250 characters | 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. If possible, refer to a publication. |
| 23 | Reference population data provided | y/n | Reference population data shall be provided in the requested format in order to allow for the calculation of crude incidence rates |
| Data supplier | | | |
| 24 | (Eventual) additional comments (for the user): | Max. 250 characters | Inform about eventual other particularities with are relevant for data use and interpretation |
| 25 | Responsible data administrator (organization) | Max. 250 characters | Name of the organization & department, which is responsible for data delivery (in national language and English); Homepage |
| 26 | Contact: Responsible person | Max. 250 characters | Name of the responsible officer<br>Address, telephone |

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

| **FDS-template 2011-2014** | | | |
|---|---|---|---|
| **National IDB File Information (IDB Full Data Set)** | | | |
| General information | | | |
| 1 | Country | Max. 25 characters | |
| 2 | Year | yyyy | |
| 3 | National Register Name | Max. 100 characters | Official name of the register (& eventual abbreviation) |
| 4 | Purpose of the register | Max. 250 characters | Describe briefly the purpose of this register and eventual legal background |
| 5 | Scope of the register | 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 (FDS) | Max. 100 characters | Exact name of submitted data file for IDB full data sets |
| 7 | Date of creation of FDS file | yyyymmdd | |
| 8 | Range of data of attendance | yyyymmdd – yyyymmdd | Earliest and latest day of attendances (in general, only full years acceptable) |
| 9 | Original coding dictionary | Max. 100 characters | Exact title of the data dictionary used for data entry: e.g. The Injury 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 modifications | Max. 250 characters | 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 | Max. 250 characters | Exact name of any bridge coding table applied in order to produce the IDB data file (e.g. NOMESCO > IDB). If possible, refer to publication. |
| Quality of the sample | | | |
| 12 | No. of records in the data file | nnnnnnn | |
| 13 | No. of FDS reference hospitals | nnn | Number of hospitals (emergency departments) which delivered data for this file |
| 14 | Geographic scope | Max. 100 characters | Name of the area, for which the sample should be representative: entire country or specific (federal) province |
| 15 | Sampling of hospitals | Max. 250 characters | Describe how sampling of FDS has been done (method of sampling, types of hospital involved etc.); report known biases. If possible, refer to a publication. |
| 16 | Sampling of cases within hospitals | Max. 250 characters | If not all cases within hospitals are covered: Describe how sampling within hospitals has been done; report known biases. |
| 17 | Data entry method | 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. |
| 18 | Percentage of | nn.n% | Ratio of no. of records of inpatients (stay of at least one night) due to |

| | | | |
|---|---|---|---|
| | admissions in data file | | injury to all records of treatments due to injury (inpatients and ambulatory treatments) x 100 |
| 19 | Minimum Quality Control Checks | y/n | 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” | nn.n% | Average ratio of values starting with 9 (9, 99, 999 etc.) to all data fields not left blank |
| Data supplier | | | |
| 21 | (Eventual) additional comments (for the user): | Max. 250 characters | Inform about eventual other particularities with are relevant for data use and interpretation |
| 22 | Responsible data administrator (organization) | Max. 250 characters | Name of the organization & department, which is responsible for data delivery (in national language and English); Homepage |
| 23 | Contact: Responsible person | Max. 250 characters | Name of the responsible officer<br>Address, telephone<br>Email address |
| 24 | Signature | | |
| 25 | Date of completion of this file | yyyymmdd | |

| **Template 2015+**<br>**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 size? | 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% | |
| | | ***Quality of estimated rate*** | | |
| 20 | Incidence (ED presentation) rate available? | Crude rate, standardised for age and sex, using Eurostat population projection by 1 January | Y/N | |
| 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*** | | |
| 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*** | | |
| 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 http://www.injuryobservatory.net/jamiedatavalidator/login. 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 s.turner@swansea.ac.uk.

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 rupertkisser@yahoo.de.

**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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European Association for Injury Prevention (EuroSafe)
Injury surveillance specialist
Tel. +43-664-5345369 (mobile) or
+43-1-9527815 (office)
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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:

1. **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 http://www.injuryobservatory.net/jamiedatavalidator/login.** 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).

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 s.turner@swansea.ac.uk.**

3. **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. **LIST OF FDS REFERENCE HOSPITALS** 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:

1. **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 http://www.injuryobservatory.net/jamiedatavalidator/login.** 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 (paul@chi.swan.ac.uk).

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.**

3. **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. **LIST OF FDS REFERENCE HOSPITALS** 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) |
| ✓ | Delivered / uploaded to the IDB web-gate |
| N | 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 | ✓ | ✓ | - | - | - | - | ✓ | | 10 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 10 | FDS>MDS |
| | 2011 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 11 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 11 | FDS>MDS |
| | 2012 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 9 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 9 | FDS>MDS |
| | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 5 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 5 | FDS>MDS |
| | 2014 | FDS | ✓ | N | - | - | - | - | ✓ | | 5 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | - | | 5 | FDS>MDS |
| | 2015 | FDS | ✓ | N | - | - | - | - | ✓ | | 5 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | - | | 5 | FDS>MDS |
| | 2016 | FDS | ✓ | N | - | - | - | - | ✓ | | 11 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | - | | 11 | FDS>MDS |
| Cyprus | 2010 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 2 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | Small sample | 2 | FDS>MDS |
| | 2011 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 2 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | N | N | - | Small sample | 2 | FDS>MDS |
| | 2012 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | N | N | N | N | - | | 1 | FDS>MDS |
| | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | N | N | ✓ | | 4 | FDS+MDS |
| | 2014 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | ✓ | N | N | N | N | ✓ | | 5 | Only MDS |
| | 2015 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | N | ✓ | N | N | N | ✓ | | 5 | Only MDS |
| | 2016 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | N | ✓ | N | N | N | ✓ | | 5 | Only MDS |
| Czech Rep | 2010 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 8 | FDS>MDS |
| | | MDS | ✓ | ✓ | N | N | N | N | - | Only children | 8 | FDS>MDS |
| | 2011 | FDS | ✓ | N | - | - | - | - | ✓ | | 8 | FDS>MDS |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | MDS | N | N | N | N | N | N | N | | 8 | FDS>MDS |
| | 2012 | FDS | ✓ | N | - | - | - | - | ✓ | Only children | 31 | FDS>MDS |
| | | MDS | N | N | N | N | N | N | N | | - | FDS>MDS |
| | 2013 | FDS | ✓ | N | - | - | - | - | ✓ | Only children | 31 | FDS>MDS |
| | | MDS | N | N | N | N | N | N | N | | - | FDS>MDS |
| Denmark | 2010 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 4 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 4 | FDS>MDS |
| | 2011 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 2 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 40 | FDS+MDS |
| | 2012 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 34 | FDS>MDS |
| | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 31 | FDS+MDS |
| | 2014 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 25 | FDS+MDS |
| | 2015 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 30 | Only MDS |
| | 2016 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 23 | Only MDS |
| Estonia | 2012 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 27 | Only MDS |
| | 2013 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 32 | Only MDS |
| | 2014 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 22 | Only MDS |
| | 2015 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 19 | Only MDS |
| | 2016 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 19 | Only MDS |
| Finland | 2010 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 222 | Only MDS |
| | 2011 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 212 | Only MDS |
| | 2012 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 199 | Only MDS |
| | 2013 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 190 | Only MDS |
| | 2014 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 193 | Only MDS |
| | 2015 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | N | ✓ | N | N | N | ✓ | | 194 | Only MDS |
| | 2016 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | N | N | N | N | N | N | N | | | Delayed |
| Germany | 2010 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | Only Brandenburg | 1 | FDS>MDS |
| | 2011 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | Only Brandenburg | 1 | FDS>MDS |
| | 2012 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | Only Brandenburg | 1 | FDS>MDS |
| | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | N | N | N | N | - | Only Brandenburg | 1 | FDS>MDS |
| | 2014 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | N | N | N | N | - | Only Brandenburg | 1 | FDS>MDS |
| | 2015 | FDS | ✓ | N | - | - | - | - | N | | 1 | FDS>MDS |
| | | MDS | ✓ | N | N | N | N | N | - | Only Brandenburg | 1 | FDS>MDS |
| | 2016 | FDS | ✓ | N | - | - | - | - | N | | 1 | FDS>MDS |
| | | MDS | ✓ | N | N | N | N | N | - | Only Brandenburg | 1 | FDS>MDS |
| Greece | 2012 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | N | N | - | - | - | Small sample | 1 | FDS>MDS |
| Hungary | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | N | N | N | N | - | Small sample | 1 | FDS>MDS |
| | 2014 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | N | N | N | N | - | Small sample | 1 | FDS>MDS |
| Iceland | 2010 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 1 | Only MDS |
| | 2011 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 1 | Only MDS |
| | 2012 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 1 | Only MDS |
| | 2013 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 1 | Only MDS |
| Ireland | 2013 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | Only age 15+ | 1 | Only MDS |
| | 2014 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | ✓ | N | N | N | N | N | ✓ | Only age 15+ | 1 | Only MDS |
| | 2015 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | N | N | N | N | N | N | N | | | Delayed |
| | 2016 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | N | N | N | N | N | N | N | | | Delayed |
| Italy | 2010 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 4 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | N | N | - | Home, road, violence | 4 | FDS>MDS |
| | 2011 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 12 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 91 | FDS+MDS |
| | 2012 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 10 | FDS+MDS |
| | | MDS | ✓ | N | ✓ | N | N | N | ✓ | | 95 | FDS+MDS |
| | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 9 | FDS+MDS |
| | | MDS | ✓ | N | ✓ | N | N | N | ✓ | | 124 | FDS+MDS |
| | 2014 | FDS | ✓ | N | - | - | - | - | ✓ | | 10 | FDS+MDS |
| | | MDS | N | N | N | N | N | N | N | | | FDS+MDS |
| | 2015 | FDS | N | N | - | - | - | - | - | | | |
| | | MDS | N | N | N | N | N | N | N | | | Delayed |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2016 | FDS | N | N | - | - | - | - | - | | | |
| | | MDS | N | N | N | N | N | N | N | | | Delayed |
| Latvia | 2010 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 21 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | Only admissions | 21 | FDS>MDS |
| | 2011 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 21 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | Only admissions | 21 | FDS>MDS |
| | 2012 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 21 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | Only admissions | 21 | FDS>MDS |
| | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 20 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | - | Only admissions | 20 | FDS>MDS |
| | 2014 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 22 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | - | Only admissions | 22 | FDS>MDS |
| | 2015 | FDS | ✓ | N | - | - | - | - | ✓ | | 17 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | - | Only admissions | 17 | FDS>MDS |
| | 2016 | FDS | ✓ | N | - | - | - | - | ✓ | | 17 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | - | Only admissions | 17 | FDS>MDS |
| Lithuania | 2011 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | N | N | ✓ | Only admissions | 71 | Only MDS |
| | 2012 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | N | N | ✓ | Only admissions | 69 | Only MDS |
| | 2013 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 103 | Only MDS |
| | 2014 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 91 | Only MDS |
| | 2015 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 87 | Only MDS |
| | 2016 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 87 | Only MDS |
| Luxembourg | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 5 | FDS+MDS |
| | 2014 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 3 | FDS+MDS |
| | 2015 | FDS | ✓ | N | - | - | - | - | - | | 1 | FDS+MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 3 | FDS+MDS |
| | 2016 | FDS | ✓ | N | - | - | - | - | - | | 1 | FDS+MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 3 | FDS+MDS |
| Malta | 2010 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 1 | FDS>MDS |
| | 2011 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 1 | FDS>MDS |
| | 2012 | FDS | ✓ | ✓ | - | - | - | | ✓ | | 1 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 1 | FDS>MDS |
| | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 2 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 2 | FDS>MDS |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2014 | FDS | ✓ | N | - | - | - | - | ✓ | | 2 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | - | | 2 | FDS>MDS |
| | 2015 | FDS | ✓ | N | - | - | - | - | ✓ | | 2 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | N | N | - | | 2 | FDS>MDS |
| | 2016 | FDS | N | N | - | - | - | - | - | | | |
| | | MDS | N | N | N | N | N | N | N | | | Delayed |
| Netherlands | 2010 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 13 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 13 | FDS>MDS |
| | 2011 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 14 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 14 | FDS+MDS |
| | 2012 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 14 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 14 | FDS+MDS |
| | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 13 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 13 | FDS+MDS |
| | 2014 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 14 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | N | ✓ | N | ✓ | | 14 | FDS+MDS |
| | 2015 | FDS | ✓ | N | - | - | - | - | - | | 12 | FDS+MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 14 | FDS+MDS |
| | 2016 | FDS | ✓ | N | - | - | - | - | - | | 12 | FDS+MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 14 | FDS+MDS |
| Norway | 2012 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 15 | Only MDS |
| | 2013 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 16 | Only MDS |
| | 2014 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | ✓ | ✓ | N | ✓ | N | ✓ | | 17 | Only MDS |
| | 2015 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | N | ✓ | N | - | N | N | | - | Only MDS |
| | 2016 | FDS | - | - | - | - | - | - | - | | | |
| | | MDS | N | N | N | N | N | N | N | | | Delayed |
| Poland | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS+MDS |
| | | MDS | ✓ | ✓ | N | - | N | N | ✓ | Only children | 1 | FDS+MDS |
| | 2014 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS+MDS |
| | | MDS | ✓ | ✓ | N | - | N | N | ✓ | Only children | 1 | FDS+MDS |
| Portugal | 2010 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 4 | FDS>MDS |
| | | MDS | ✓ | N | N | N | N | N | - | Only HLAs | 4 | FDS>MDS |
| | 2011 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 4 | FDS>MDS |
| | | MDS | ✓ | N | N | N | ✓ | N | - | Only HLAs | 4 | FDS>MDS |
| | 2012 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 4 | FDS>MDS |
| | | MDS | ✓ | N | N | N | ✓ | N | - | Only HLAs | 4 | FDS>MDS |
| | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 4 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | Only HLAs | 4 | FDS>MDS |
| | 2014 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 4 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | Only HLAs | 4 | FDS>MDS |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2015 | FDS | ✓ | N | | - | - | - | ✓ | | 4 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | - | Only HLAs | 4 | FDS>MDS |
| | 2016 | FDS | ✓ | N | | - | - | - | ✓ | | 4 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | | Only HLAs | 4 | FDS>MDS |
| Romania | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | N | ✓ | N | ✓ | | 3 | FDS+MDS |
| Slovenia | 2010 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 15 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | N | N | | Only admissions | 15 | FDS>MDS |
| | 2011 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 2 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 4 | FDS+MDS |
| | 2012 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 2 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | | 4 | FDS+MDS |
| | 2013 | FDS | ✓ | ✓ | - | | - | - | ✓ | | 2 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | N | ✓ | N | ✓ | | 4 | FDS+MDS |
| | 2014 | FDS | ✓ | ✓ | - | | - | - | ✓ | | 2 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | N | ✓ | N | ✓ | | 4 | FDS+MDS |
| | 2015 | FDS | ✓ | N | - | - | - | - | - | | 2 | FDS+MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 4 | FDS+MDS |
| | 2016 | FDS | ✓ | N | - | - | - | - | - | | 2 | FDS+MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | ✓ | | 4 | FDS+MDS |
| Spain | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 1 | FDS+MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | Only Navarra | 1 | FDS+MDS |
| Sweden | 2010 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 8 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | - | | 8 | FDS>MDS |
| | 2011 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 6 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 6 | FDS>MDS |
| | 2012 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 6 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 6 | FDS>MDS |
| | 2013 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 6 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 6 | FDS>MDS |
| | 2014 | FDS | ✓ | ✓ | - | - | - | - | ✓ | | 5 | FDS>MDS |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | - | | 5 | FDS>MDS |
| | 2015 | FDS | ✓ | N | - | - | - | - | ✓ | | 6 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | ✓ | N | - | | 6 | FDS>MDS |
| | 2016 | FDS | N | N | - | - | - | - | - | | - | Delayed |
| | | MDS | N | N | N | N | N | N | N | | - | Delayed |
| Turkey | 2013 | FDS | ✓ | ✓ | - | - | | | ✓ | | 15 | FDS>MDS |
| | | MDS | ✓ | ✓ | N | N | N | N | - | | 15 | FDS>MDS |
| | 2014 | FDS | ✓ | ✓ | - | - | | | ✓ | | 15 | FDS>MDS |
| | | MDS | ✓ | ✓ | N | N | N | N | - | | 15 | FDS>MDS |
| | 2015 | FDS | ✓ | N | - | - | | | ✓ | | 16 | FDS>MDS |
| | | MDS | ✓ | N | ✓ | N | N | N | - | | 16 | FDS>MDS |
| | 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 | ✓ | N | ✓ | N | N | N | - | | 16 | FDS>MDS |
| UK | 2010 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | Only Wales | 4 | Only MDS |
| | 2011 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | Only Wales | 5 | Only MDS |
| | 2012 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | ✓ | ✓ | ✓ | ✓ | ✓ | N | ✓ | Only Wales | 5 | Only MDS |
| | 2013 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | N | N | N | N | ✓ | N | ✓ | | 5 | Only MDS |
| | 2014 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | N | N | N | N | ✓ | N | ✓ | | 5 | Only MDS |
| | 2015 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | N | N | N | N | ✓ | N | ✓ | | 5 | Only MDS |
| | 2016 | FDS | - | - | - | - | - | - | - | | - | |
| | | MDS | N | N | N | N | N | N | N | | | 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 inaccurate. |
| | 2011 | Sample size below recommended minimum: national estimates can be 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 Republic | 2010 | Sample contains only admissions of children & adolescents. No reference 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. |

| | | |
|---|---|---|
| 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.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 Information | |
|---|---|
| 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 Federal 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 file | 16.04.2012 |
| Selection criteria (for delimitation of reporting year) | 2010101 – 20101231 |
| No. of national reference hospitals | 10 |
| No. of records in the data file | 11.886 |
| Ratio admissions / all records | 28% |
| Representativeness of 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.<br>One hospital is a children’s hospital, one is a university hospital, one is a trauma centre. The others are general hospitals.<br>More Information:<br>Annual report (german, english summary):<br>http://www.bmask.gv.at/site/Konsumentenschutz/Produktsicherheit/Unfalldatenbank |
| Representativeness of 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).<br>Interviews take place during the operating hours of the emergency units for afte4r treatment (usually from 7.00 to 13.00.<br>Acute patients without any after treatment are therefore under-represented in the IDB Austria. |
| 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). |
| Sample ratio for admissions/discharges due to injuries or... | 1,26% |
| Alternatively: Sample ratio for ED/ambulatory treatments due to injuries | Not available |
| Original coding dictionary | The Injury Database (IDB) coding manual version 1.1 – June 2005 (German version) |
| Dictionary modifications | Formal Inconsistencies of the original coding dictionary were resolved (document attached). |
| (Eventual) Bridge coding applied | none |
| Standard Quality Control Statement | y |
| Average % of “missing” (excluding date of birth) | <1% |
| Average % of “unknown” (excluding date of birth) | <1% |
| ECHI indicator 29b | 7672 / 100.000 |

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

| **National IDB File Information (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.<br>One hospital is a children’s hospital, one is a university hospital, one is a trauma centre. The others are general hospitals.<br>More Information:<br>Annual report (german, english summary):<br>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).<br>Interviews take place during the operating hours of the emergency units for after treatment (usually from 7.00 to 13.00.<br>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 | y |
| 20 | Average percentage of “unknown” | 0,7%<br>(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<br>KFV (Kuratorium für Verkehrssicherheit)<br>Research and Knowledge Management<br>Schleiergasse 18<br>A-1100 Wien<br>Tel: +43 (0)5 77 0 77-1320<br>Fax: +43 (0)5 77 0 77-1186<br>E-Mail: robert.bauer@kfv.at |
| 24 | Signature | |
| 25 | Date of completion of this file | 20130524 |

| **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 reference hospitals | 009 |
| 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.<br>One hospital is a children's hospital, one is a university hospital, one is a trauma centre. The others are general hospitals.<br>More Information:<br>Annual report (german, english summary):<br>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).<br>Interviews take place during the operating hours of the emergency units for after-treatment (usually from 7.00 to 13.00.<br>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 | 25,67% |
| 19 | Minimum Quality Control Checks | y |
| 20 | Average percentage of "unknown" | 0,2%<br>(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 data administrator (organization) | KFV (Kuratorium für Verkehrssicherheit) |
| 23 | Contact: Responsible person | Robert Bauer<br>KFV (Kuratorium für Verkehrssicherheit)<br>Research and Knowledge Management<br>Schleiergasse 18<br>A-1100 Wien<br>Tel: +43 (0)5 77 0 77-1320<br>Fax: +43 (0)5 77 0 77-1186<br>E-Mail: robert.bauer@kfv.at |
| 24 | Signature | |
| 25 | Date of completion of this file | 20130524 |

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | **Austria** |
| 2 | Year | **2013** |
| 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_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.<br>One hospital is a children’s hospital,<br>The others are general hospitals.<br>More Information:<br>Annual report (german, english summary):<br>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).<br>Interviews take place during the operating hours of the emergency units for after-treatment (usually from 7.00 to 13.00.<br>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 | y |
| 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 data administrator (organization) | KFV (Kuratorium für Verkehrssicherheit) |
| 23 | Contact: Responsible person | Robert Bauer<br>KFV (Kuratorium für Verkehrssicherheit)<br>Research and Knowledge Management<br>Schleiergasse 18<br>A-1100 Wien<br>Tel: +43 (0)5 77 0 77-1320<br>Fax: +43 (0)5 77 0 77-1186<br>E-Mail: robert.bauer@kfv.at |
| 24 | Signature | |
| 25 | Date of completion of this file | 20140428 |

| **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.<br>One hospital is a children’s hospital,<br>The others are general hospitals.<br>More Information:<br>Annual report (german, english summary):<br>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).<br>Interviews take place during the operating hours of the emergency units for after-treatment (usually from 7.00 to 13.00.<br>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 | y |
| 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<br>KFV (Kuratorium für Verkehrssicherheit)<br>Research and Knowledge Management<br>Schleiergasse 18<br>A-1100 Wien<br>Tel: +43 (0)5 77 0 77-1320<br>Fax: +43 (0)5 77 0 77-1186<br>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.<br>One hospital is a children’s hospital,<br>The others are general hospitals.<br>More Information:<br>Annual report (german, english summary).<br>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 | y |
| 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<br>KFV (Kuratorium für Verkehrssicherheit)<br>Research and Knowledge Management<br>Schleiergasse 18<br>A-1100 Wien<br>Tel: +43 (0)5 77 0 77-1320<br>Fax: +43 (0)5 77 0 77-1186<br>E-Mail: robert.bauer@kfv.at |
| 24 | Signature | |
| 25 | Date of completion of this file | 20170201 |

| **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.<br>One hospital is a children's hospital,<br>The others are general hospitals.<br>More Information:<br>Annual report (german, english summary).<br>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).<br>Interviews take place during the operating hours of the emergency units for after-treatment (usually from 7.00 to 13.00.<br>Acute patients without any after-treatment are therefore under-represented in the IDB Austria. |

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|---|---|---|
| 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 | y |
| 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<br>KFV (Kuratorium für Verkehrssicherheit)<br>Research and Knowledge Management<br>Schleiergasse 18<br>A-1100 Wien<br>Tel: +43 (0)5 77 0 77-1320<br>Fax: +43 (0)5 77 0 77-1186<br>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 of reporting year) | 20100101 - 20101231 |
| No. of national reference hospitals | 02 |
| No. of records in the data file | 001694 |
| Ratio admissions / all records | 12.34 % |
| Representativeness of sampling of hospitals | The selection of the two hospitals was based on the idea that there should be 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 of cases within hospitals | 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.<br>The sampling methodology needs to be revised in order to improve the representativeness of the cases within hospitals. |
| 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. |
| Sample ratio for admissions/discharges due to injuries or... | Not available |
| Alternatively: Sample ratio for ED/ambulatory treatments due to | Not available |

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| 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 Statement | yes |
| Average % of “missing” (excluding date of birth) | 09.52 % |
| Average % of “unknown” (excluding date of birth) | 00.00 % |
| ECHI indicator 29b | Not available |
| Method for projection of incidence rates | Not applicable |
| National population reference data provided | yes<br>(They are estimates of the catchment area population) |
| (Eventual) additional comments (for the user): | None |
| Data supplier: The National IDB Data Administrator (organization) | Μονάδα Παρακολούθησης Υγείας,<br>Υπουργείο Υγείας<br>Health Monitoring Unit,<br>Ministry of Health<br>http://www.moh.gov.cy |
| Contact: Responsible person | Dr. Pavlos Pavlou<br>Health Monitoring Unit, Ministry of Health<br>Prodromou 1 & Cheilonos 17<br>1448 Nicosia<br>Cyprus<br>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<br>- Ammochostos (Government-controlled area) |
| 15 | Sampling of | The selection of the two hospitals was based on the idea that there should be at least |

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|---|---|---|
| | 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 | y |
| 20 | Average percentage of "unknown" | 00.0% |
| 21 | (Eventual) additional comments (for the user): | None. |
| 22 | Responsible data administrator (organization) | Μονάδα Παρακολούθησης Υγείας,<br>Υπουργείο Υγείας<br>Health Monitoring Unit,<br>Ministry of Health<br>http://www.moh.gov.cy |
| 23 | Contact: Responsible person | Dr. Pavlos Pavlou<br>Health Monitoring Unit, Ministry of Health<br>Prodromou 1 & Cheilonos 17<br>1448 Nicosia<br>Cyprus<br>ppavlou@moh.gov.cy |
| 24 | Signature | |
| 25 | Date of completion of this file | 20130530 |

| **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 reference hospitals | 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 | y |
| 20 | Average percentage of "unknown" | 00.0% |
| 21 | (Eventual) additional comments (for the user): | None. |
| 22 | Responsible data administrator (organization) | Μονάδα Παρακολούθησης Υγείας,<br>Υπουργείο Υγείας<br>Health Monitoring Unit,<br>Ministry of Health<br>http://www.moh.gov.cy |
| 23 | Contact: Responsible person | Dr. Pavlos Pavlou<br>Health Monitoring Unit, Ministry of Health<br>Prodromou 1 & Cheilonos 17<br>1448 Nicosia<br>Cyprus<br>ppavlou@moh.gov.cy |
| 24 | Signature | |
| 25 | Date of completion of this file | 20130530 |

| **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 |

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|---|---|---|
| 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 dictionary has been prepared in Greek and used in all EDs as a guide to data entry and coding. |
| 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 | • Larnaca<br>• Limassol<br>• Kyperounta<br>• Polis. |
| 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 * 00.0%<br>Provider (hospital) code (optional) 00.0%<br>Unique national record number 00.0%<br>Age category of patient 00.1%<br>Sex of patient 00.0%<br>Permanent country of residence (optional) 98.4%<br>Month of attendance 00.0%<br>Year of attendance 00.0%<br>Treatment and follow-up 12.7%<br>Nature of injury 1 (primary injury) 09.9%<br>Nature of injury 2 (secondary injury) -<br>Part of the body injured 1(primary injury) 09.0%<br>Part of the body injured 2 (secondary injury) -<br>Intent 02.9%<br>Location (setting) of occurrence 01.9%<br>Mechanism of injury 01.4% |

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| | | Activity when injured 06.2%<br>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 | N |
| 24 | (Eventual) additional comments (for the user): | - |
| 25 | Responsible data administrator (organization) | Μονάδα Παρακολούθησης Υγείας,<br>Υπουργείο Υγείας<br><br>Health Monitoring Unit,<br>Ministry of Health<br>http://www.moh.gov.cy |
| 26 | Contact: Responsible person | Dr. Pavlos Pavlou<br>Health Monitoring Unit, Ministry of Health<br>Prodromou 1 & Cheilonos 17<br>1448 Nicosia<br>Cyprus<br>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. |

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| 12 | No. of records in the data file | 0000381 |
| 13 | No. of FDS reference hospitals | 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 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 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 entry software. |
| 18 | Percentage of admissions in data file | 4.48% |
| 19 | Minimum Quality Control Checks | y |
| 20 | Average percentage of "unknown" | 0% (regarding the 16 fields of MDS) |
| 21 | (Eventual) additional comments (for the user): | None. |
| 22 | Responsible data administrator (organization) | Μονάδα Παρακολούθησης Υγείας,<br>Υπουργείο Υγείας<br>Health Monitoring Unit,<br>Ministry of Health<br>http://www.moh.gov.cy |
| 23 | Contact: Responsible person | Dr. Pavlos Pavlou<br>Health Monitoring Unit, Ministry of Health<br>Prodromou 1 & Cheilonos 17<br>1448 Nicosia<br>Cyprus<br>ppavlou@moh.gov.cy |
| 24 | Signature | |
| 25 | Date of completion of this file | 20140528 |

| **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<br><br>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 |

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| | | 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<br>MDS_IDB_2014 |
| 7 | Date of creation of MDS file | Data for 2013: 20141112<br>Data for 2014: 20150205 |
| 8 | Range of data of attendance | For 2013: 20130101 – 20131231<br>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<br>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%<br>For 2014: 03.4% |
| 18 | Relative sample size (admissions) | For 2013: 07.1%<br>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)<br>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 (organization) | Μονάδα Παρακολούθησης Υγείας, Υπουργείο Υγείας,<br>Health Monitoring Unit, Ministry of Health<br>www.moh.gov.cy |
| 26 | Contact: Responsible person | Dr. Pavlos Pavlou<br>Health Monitoring Unit, Ministry of Health<br>1 Prodromou & 17 Chilonos<br>1448 Nicosia<br>Cyprus<br>Email: ppavlou@moh.gov.cy<br>Tel: 0035722605381 |
| 27 | Signature | |
| 28 | 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) |
| ***Scope*** | | | |
| All age groups? | All age-groups covered | Y/N | Yes |
| All injury categories (home, leisure, sport, school, road, paid work, self-harm, assault)? | All MDS options for intent, setting and activity covered | Y/N | Yes |
| All injury mechanisms? | All MDS options for injury mechanism covered and coded | Y/N | Yes |
| All injury types and all body parts? | All MDS options for injury types and body parts covered and coded | Y/N | Yes |
| Admissions and ambulatory treatments? | All MDS options for treatment and follow-up covered | Y/N | Yes |
| **Inclusion / exclusion of cases** | | | |
| Only patients diagnosed as suffering from injury? | Equivalent to ICD-10 S00-T98 (chapter XIX) | Y/N | Yes |
| Consequences of medical interventions excluded? | Equivalent to ICD-10 codesT80-T88 and T98.3 excluded | Y/N | No |
| Follow-up treatments excluded? | No double counting of cases | Y/N | Yes |
| Non-residents included? | | Y/N | No |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y/N | Yes |
| Number of hospitals in the sample? | | nnn | 005 |
| 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 | Yes |
| 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 (General Hospitals) |
| Validation checks? | Representativeness of current sample of hospitals has been controlled at least by age and type of injury | Y/N | |
| ***Quality of recording*** | | | |
| Rate of admissions? | Percentage of treatment code 1 | nn.n% | 02.1% |
| Average rate of “unknown”?)? | Average percentage of codes 9 or 99 of the following 10 MDS data | nn.n% | 07.3% |

| | | | |
|---|---|---|---|
| | 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 estimated 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 delivery*** | | | |
| 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) | |

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

| **IDB-Metadata (National IDB data file information form)** | | | |
|---|---|---|---|
| Country | | **Cyprus** | |
| 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 | No | The treatment is not fully covered due to the fact that data entry is done by the registrars who doesn't know the conclusion of each injury 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 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 | No | |
| Follow-up treatments excluded? | No double counting of cases | Yes | In case of a new injury from the same person in a specific year, this will be counted at the IDB file as a new case. |
| Non-residents included? | | Yes | Unfortunately we can not 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 rates (nominator and denominator must refer the same population (permanent residents). |
| ***Representativeness 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 estimated 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 both, IDB and HDR (or EDR) | | |
| 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 | |
| Random sampling in hospitals? | If sampling within one or several hospitals occurs: Sampling scheme prevents from biases | No | Every case of injury or poisoning attend the ED must be recorded. |
| Known bias (e.g. regarding admissions) corrected? | No bias is known or bias has been corrected by means of external statistics before calculating rates | No | In order to decrease the unknown cases of treatment we could use the hospital discharge statistics and matched those cases with an injury or poisoning. |
| ***Data delivery*** | | | |
| MDS data successfully uploaded? | | 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 | 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 (contact person) | | Maria Athanasiadou | |
| E-mail address of contact person | | mathanasiadou@moh.gov.cy | |
| Date of completion of this form | | 03/07/2017 | |

# 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 delimitation of reporting year) | 20100101 – 20101231 |
| No. of national reference hospitals | 8 |
| No. of records in the data file | 4222 |
| Ratio admissions / no. of records | 100 % inpatients. Ambulatory treated patients are not covered. |
| Representativeness of sampling of hospitals | 8 Paediatric trauma centres were chosen, because all type of injuries and all child ages are treated (polytrauma, complex injuries, minor injuries...). |
| Representativeness of sampling of cases within hospitals | All cases in this 8 Paediatric trauma centres are covered. |
| 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 admissions/discharges due to injuries or... | 11% of all injury admissions/ discharges at national level of age group 0-19 |
| Alternatively: Sample ratio for ED/ambulatory treatments due to injuries | Ambulatory treated patients are not covered. |
| 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 applied | n |
| Standard Quality Control Statement | n |
| Average % of “missing” (excluding date of birth) | Zero |
| Average % of “unknown” (excluding date of birth) | Zero |
| ECHI indicator 29b | Home 1450,7/100 000<br>School 436,1/100 000<br>Leisure activities 858,9/100 000 |
| Method for projection of incidence rates | Based on national figures of injury cases of hospital admissions. |
| National population reference data provided | 10 506 813 people in the Czech republic in the end of 2010.<br>2 147 458 people aged 0 – 19 in the Czech republic in the end of 2010 |
| (Eventual) additional comments (for the user): | n |
| Data supplier: The National IDB Data Administrator (organization) | Faculty hospital Brno<br>Jihlavska 20, 625 00 Brno Czech Republic |
| Contact: Responsible person | prof. Petr Gal, Ph.D., M.D.<br>ass. prof.Planka Ladislav, MD., PhD. |
| Signature | |
| Date of completion of this file | 20120618 |

| **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 reporting year) | |
| 9 | No. of national reference hospitals | 8 |
| 10 | No. of records in the data file | 6 306 |
| 11 | Ratio admissions / no. of records | 100 % of inpatients, 29% of all patients (including ambulance).<br>Ambulatory treated patients are not covered. |
| 12 | Representativeness of sampling of hospitals | 8 Paediatric trauma centres were choosed, because all type of injuries and all child ages are treated (polytruama, complex injuries, minor injuries...). |
| 13 | Representativeness of sampling of cases within hospitals | All cases in this 8 Paediatric trauma centre are covered. |
| 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 coding according to IDB.<br>All data are then accessible on-line for analysis and are safely secured. |
| 15 | Sample ratio for admissions/discharges due to injuries or... | 3,33 % |
| 16 | Alternatively: Sample ratio for ED/ambulatory treatments due to injuries | Ambulatory treated patients are not covered. |
| 17 | Original coding dictionary | Full Data Set FDS-AI, all injuries, according to IDB Coding Manual 2005 |
| 18 | Dictionary modifications | No provider (hospital) code. |
| 19 | (Eventual) Bridge coding applied | without |
| 20 | Standard Quality Control Statement | n |
| 21 | Average % of “missing” (excluding date of birth) | NA |
| 22 | Average % of “unknown” (excluding date of birth) | NA |
| 23 | ECHI indicator 29b | Home 1 571,6/100 000<br>School 360/100 000<br>Leisure activities 961,4/100 000 |
| 24 | Method for projection of incidence rates | Based on national figures of injury cases of hospital admissions. |
| 25 | National population reference data provided | 10 532 770 people in the Czech republic in the end of 2011.<br>2 147 458 people aged 0 – 19 in the Czech republic in the end of 2011 |
| 26 | (Eventual) additional comments (for the user): | without |
| 27 | Data supplier: The National IDB Data Administrator (organization) | Faculty hospital Brno<br>Jihlavska 20, 625 00 Brno Czech Republic |
| 28 | Contact: Responsible | prof. Petr Gal, Ph.D., M.D. |

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

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | **Czech Republic** |
| 2 | Year | **2012** |
| 3 | National Register Name | Injury Registry of the Czech Republic (NRU) |
| 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 reference hospitals | 31 |
| 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<br>Jihlavska 20, 625 00 Brno Czech Republic |
| 23 | Contact: Responsible person | prof.Planka Ladislav, MD., PhD.<br>+42 532 234 360<br>lplanka@seznam.cz |
| 24 | Signature | |
| 25 | Date of completion of this file | 20131017 |

| Draft National File Information (Full Data Set) | | |
|---|---|---|
| 1 | Country | **Czech Republic** |
| 2 | Year | **2013** |
| 3 | National Register Name | Injury Registry of the Czech Republic (NRU) |
| 4 | Purpose of the register | Child injury data collection and analysis. The central database is accessible through a 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 FDS file | 20140902 |
| 8 | Range of data of attendance | 20130101 – 20131231 |
| 9 | Original coding dictionary | Full Data Set FDS-AI, all injuries, according to IDB Coding Manual 2000 |
| 10 | Dictionary modifications | n |
| 11 | (Eventual) Bridge coding applied | No provider (hospital) code is provided. |
| 12 | No. of records in the data file | 10364 |
| 13 | No. of FDS reference hospitals | 31 |
| 14 | Geographic scope | Whole Czech Republic |
| 15 | Sampling of hospitals | Hospitals were selected geographically to cover the whole country. Sample exclusively comprises hospitals that care for injured children. |
| 16 | Sampling of cases within hospitals | No sampling within hospitals |
| 17 | Data entry method | Data are recorded electronically as part of IT-systems of participating hospitals. |
| 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): | n |
| 22 | Responsible data administrator (organization) | Faculty hospital Brno<br>Jihlavska 20, 625 00 Brno Czech Republic |
| 23 | Contact: Responsible person | Prof.Planka Ladislav, MD., PhD.<br>+42 532 234 360<br>lplanka@seznam.cz |
| 24 | Signature | |
| 25 | Date of completion | 20140902 |

| | | |
|---|---|---|
| | of this file | |

# Denmark

| National IDB File Information | |
|---|---|
| Country | **Denmark** |
| Year | **2010** |
| National Register Name | Ulykkesregistret |
| 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 delimitation of reporting year) | 20100101 – 20101231 |
| No. of national reference hospitals | 4 |
| No. of records in the data file | 49820 |
| Ratio admissions / all records | 9.2% |
| Representativeness of sampling of hospitals | The 4 hospitals represent 3 of the 5 Danish regions. Representativeness is reasonable regarding social background and urban/rural setting. |
| Representativeness of sampling of cases within hospitals | At all the hospitals, only 49.3% are sampled during parts of the year. At one hospital data were collected during month 1-8 only. The sampling is based on date of birth: Only persons born 1-15$^{th}$ 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 admissions/discharges due to injuries or... | n.a. |
| Alternatively: Sample ratio for ED/ambulatory treatments due to injuries | 8.30% |
| 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 applied | Bridge coding NOMESCO 4 -> IDB |
| Standard Quality Control Statement | No – the program did not work. I have filled it in a much as possible. |
| Average % of “missing” (excluding date of birth) | 5.08% |
| Average % of “unknown” (excluding date of birth) | 1.67% |
| ECHI indicator 29b | 8177 p. 100.000 |
| Method for projection of incidence rates | Based on national figures on emergency department contacts due to injury |
| National population reference data provided | Yes |
| (Eventual) additional comments (for the user): | None |
| Data supplier: The National IDB Data Administrator (organization) | Statens Institut for Folkesundhed, Syddansk Universitet / National Institute of Public Health, University of Southern Denmark<br>www.niph.dk |
| Contact: Responsible person | Hanne Møller<br>Ham@niph.dk<br>+45 6550 7783<br>Bjarne Laursen<br>bla@niph.dk |

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

| **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:<br>http://www.ssi.dk/Sundhedsdataogit/Indberetning%20og%20patientregistrering/Patientregistrering/~/media/Indhold/DK%20-%20dansk/Sundhedsdata%20og%20it/NSF/Indberetning/patientregistrering/Skadesregistreing/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)<br>Total: 12.8% including hospital code and activity, (15 items)<br>Recording country 0% |

| | | |
|---|---|---|
| | | Provider/Hospital code – blank, not delivered (100%)<br>Record number 0%<br>Age 0%<br>Sex 0%<br>Permanent country of residence<br>Month att. 0%<br>Year att. 0%<br>Treatment & follow-up 0%<br>Injury1 0.8%<br>Part of body1 1.8%<br>Intent 14.1%<br>Location 20.8%<br>Mechanism 19.8%<br>Activity 34.2% |
| 22 | Method for extrapolation from sample to national incidence | Method 2) however, all cases are recorded |
| 23 | Reference population data provided | 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<br>bjla@sdu.dk<br>+45 6550 7776 |
| 27 | Signature | |
| 28 | Date of completion of this file | 20130530 |

| **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:<br>http://www.ssi.dk/Sundhedsdataogit/Indberetning%20og%20patientregistrering/Patientregistrering/~/media/Indhold/DK%20-%20dansk/Sundhedsdata%20og%20it/NSF/Indberetning/patientregistrering/Skadesregistreing/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:<br>Violence and self-harm modules are not used. Date and time of injury are not recorded. Narratives are not recorded.<br>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 reference hospitals | 2 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)<br>Total: 9.5% including hospital code and activity, (15 items)<br>Recording country 0%<br>Provider/Hospital code – blank, not delivered (100%)<br>Record number 0%<br>Age 0%<br>Sex 0%<br>Permanent country of residence 0.4%<br>date att. 0%<br>Year att. 0%<br>Treatment & follow-up 0%<br>Injury1 2.1%<br>Part of body1 1.9%<br>Intent 5.4%<br>Place 8.6%<br>Mechanism 8.8%<br>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 person | Bjarne Laursen<br>bjla@sdu.dk<br>+45 6550 7776 |
| 24 | Signature | |
| 25 | Date of completion of this file | 20130531 |

| **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/Patientregistrering/~/media/Indhold/DK%20-%20dansk/Sundhedsdata%20og%20it/NSF/Indberetning/patientregistrering/Skadesregistreing/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 | 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)<br>Total: 6.0% including activity, (15 items)<br>Recording country 0%<br>Provider/Hospital code 0%<br>Record number 0%<br>Age 0%<br>Sex 0%<br>Permanent country of residence 0.5%<br>Month att. 0%<br>Year att. 0%<br>Treatment & follow-up 0%<br>Injury1 0.9%<br>Part of body1 1.9%<br>Intent 12.8%<br>Location 20.7%<br>Mechanism 17.9%<br>Activity 34.6% |
| 22 | Method for extrapolation from sample to | Method 2) however, all cases are recorded |

| | | |
|---|---|---|
| | national incidence | |
| 23 | Reference population data provided | 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<br>bjla@sdu.dk<br>+45 6550 7776 |
| 27 | Signature | |
| 28 | Date of completion of this file | 20130530 |

| **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/Patientregistrering/~/media/Indhold/DK%20-%20dansk/Sundhedsdata%20og%20it/NSF/Indberetning/patientregistrering/Skadesregistreing/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:<br>Violence and self-harm modules are not used. Date and time of injury are not recorded. Narratives are not recorded.<br>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. |

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|---|---|---|
| 18 | Percentage of admissions in data file | 10.6% |
| 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)<br>Total: 3.3% including hospital code and activity, (15 items)<br>Recording country 0%<br>Provider/Hospital code 0%<br>Record number 0%<br>Age 0%<br>Sex 0%<br>Permanent country of residence 1.3%<br>date att. 0%<br>Year att. 0%<br>Treatment & follow-up 0%<br>Injury1 1.6%<br>Part of body1 0.8%<br>Intent 5.3%<br>Place 12.9%<br>Mechanism 7.5%<br>Activity 20.2% |
| 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 person | Bjarne Laursen<br>bjla@sdu.dk<br>+45 6550 7776 |
| 24 | Signature | |
| 25 | Date of completion of this file | 20130531 |

| **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:<br>http://www.medinfo.dk/sks/brows.php?s_nod=25803 |
| 10 | Dictionary modifications | Some minor modifications; see link above.<br>In general, data are collected in minimum detail, however sufficient for the MDS. |
| 11 | Bridge coding applied | ICD10 > MDS (injury and part of body)<br>NOMESCO>MDS (external cause of injury) |
| 12 | No. of records in | 542781 |

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|---|---|---|
| | the data file | |
| 13 | No. of MDS reference hospitals | 31 hospitals treated injuries in 2013. Please note that four hospitals merged during 2013. Two hospitals treated only 16 and 1 patient, respectively. |
| 14 | Geographic scope | The entire country |
| 15 | Hospital characteristics used for a representative sample of hospitals | All hospitals are sampled |
| 16 | Sampling of cases within hospitals | All cases are sampled |
| 17 | Percentage of admissions in data file | 12.4% |
| 18 | Relative sample size (admissions) | 100% |
| 19 | Relative sample size (ambulatory treatments) | 100% |
| 20 | Minimum Quality Control Checks | Yes |
| 21 | Average percentage of "unknown"" | Average 9.0%<br>Age: 0% Sex: 0% Country of residence: 0.4%<br>Treatment&follow-up: 0% injury1: 0.9%<br>part of body1: 2.1% Intent: 12.3% location: 21.1% mechanism :18.1% Activity: 35.3% |
| 22 | Method for extrapolation from sample to national incidence | No extrapolation is needed, as the sample is 100% |
| 23 | Reference population data provided | yes |
| 24 | (Eventual) additional comments (for the user): | Self harm/suicide attempt is often reported as accidents or "unknown" at many hospitals.<br>Each hospital code may cover several physical addresses in a wide area |
| 25 | Responsible data administrator (organization) | Statens Serum Institut www.ssi.dk and the hospitals |
| 26 | Contact: Responsible person | Bjarne Laursen<br>Statens Institut for Folkesundhed<br>Øster Farimagsgade 5A, DK-1353 Copenhagen<br>bla@niph.dk<br>+45 6550 7776 |
| 27 | Signature | |
| 28 | Date of completion of this | 20140520 |

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|---|---|---|
| | file | |

| **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 register | It is a mandatory administrative register then serves several purposes, among these 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 of FDS file | 20140626 |
| 8 | Range of data of attendance | 20130101-20131231 |
| 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.<br>In general, data are collected in full detail |
| 11 | (Eventual) Bridge coding applied | NOMESCO > IDB<br>Injury & part of body: ICD-10 > IDB |
| 12 | No. of records in the data file | 32425 |
| 13 | No. of FDS reference hospitals | 1 (One hospital) |
| 14 | Geographic scope | Denmark |
| 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 cases within hospitals | All hospital injury cases are included |
| 17 | Data entry method | Interview by secretaries and filled into the patient administrative system. |
| 18 | Percentage of admissions in data file | Ratio of no. of records of inpatients (stay of at least one night) due to injury to all records of treatments due to injury (inpatients and ambulatory treatments) x 100 |
| 19 | Minimum Quality Control Checks | Yes |
| 20 | Average percentage of “unknown” | Average of the below mentioned: 4.3%<br>Age: 0%<br>Sex: 0%<br>Country of residence: 0.8%<br>Date of injury: 2.3%<br>Time of injury: 16.2%<br>Date of attendance: 0%<br>Time of attendance: 0%<br>Treatment&follow-up: 0% |

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

| **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 (http://www.medinfo.dk/sks/brows.php?s_nod=25916 ) (updated annually) – only at minimum level (1-digit typically),<br>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. 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 hospitals | 025 |
| 14 | Geographic scope | The entire country |
| 15 | Hospital characteristics used for a representative sample of hospitals | 100% sample |
| 16 | Sampling of cases within hospitals | 100% sample |
| 17 | Percentage of admissions in data file | 11.4% |
| 18 | Relative sample size | 100% |

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| | (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 | y |
| 24 | (Eventual) additional comments (for the user): | None |
| 25 | Responsible data administrator (organization) | Syddansk Universitet, Statens Institut for Folkesundhed<br>University of Southern Denmark, National Institute of Public Health |
| 26 | Contact: Responsible person | Bjarne Laursen<br>Statens Institut for Folkesundhed<br>Øster Farimagsgade 5A, 2.<br>DK-1353 Copenhagen K<br>Denmark<br>Phone +45 6550 7776<br>Email bjla@sdu.dk |
| 27 | Signature | |
| 28 | Date of completion of this file | 20150731 |

| **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 (http://www.medinfo.dk/sks/brows.php?s_nod=25916 ) (updated annually) and ICD-10 for type of injury and body part injured<br>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.<br>Product1-product 2 are randomly allocated<br>Some variables are not recorded:<br>Violence perpetrator: relation, sex, age, context<br>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 % |

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| | 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<br>Statens Institut for Folkesundhed<br>Øster Farimagsgade 5A, 2.<br>DK-1353 Copenhagen K<br>Denmark<br>Phone +45 6550 7776<br>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) |
| ***Scope*** | | | |
| 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 cases** | | | |
| 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:<br>- Identical diagnosis within 9 months<br>- 3-digit identical diagnoses within 3 months<br>- 2-digit identical diagnosis within 31 days<br>- Any contact |

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| | | | within 2 days |
| Non-residents included? | | Y | |
| ***Representativeness 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 | 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 | |
| ***Quality of recording*** | | | |
| 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 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 | 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 |

| | | | |
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| 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) | Not relevant | No projection |
| 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 | 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 | N | No bias |
| ***Data delivery*** | | | |
| 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 data provider*** | | | |
| National register name (and eventual abbreviation) | | Landspatientregisteret (LPR)<br>[ National Patient Register] | |
| 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) |
| ***Scope*** | | | |
| 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 | Y | |

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| | covered | | |
| **Inclusion / exclusion of cases** | | | |
| 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 algorithm taking time and diagnosis into account:<br>- Identical diagnosis within 9 months<br>- 3-digit identical diagnoses within 3 months<br>- 2-digit identical diagnosis within 31 days<br>- Any contact within 2 days |
| Non-residents included? | | Y | |
| ***Representativeness 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 | Y | |
| ***Quality of recording*** | | | |
| Rate of admissions? | Percentage of treatment code 1 | 13.6% | |
| 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 | 9.1% | Worst are activity (30%) and location (30%) |

| | | | |
|---|---|---|---|
| | (mandatory data elements where “unknown” is allowed). | | |
| Rate of children? | Percentage of children 0-14a | 24.9% | |
| ***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 | 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 both, IDB and HDR (or EDR) | Not relevant | No projection |
| 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 | 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 | N | No bias |
| ***Data delivery*** | | | |
| MDS data successfully uploaded? | | Y | |
| FDS data successfully uploaded? | | N | FDS is not available |
| 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 for the time beeing |
| ***National data provider*** | | | |
| National register name (and eventual abbreviation) | | Landspatientregisteret (LPR)<br>[ National Patient Register] | |
| 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 | | bla@si-folkesundhed.dk | |

| | | |
|---|---|---|
| person | | |
| Date of completion of this form | | August 23, 2017 |

# Estonia

| 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.<br>The coverage of in-patient data in HIS is 100% and 70-80% of out-patient data (mostly from family physicians).<br>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% |

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

| **National IDB File Information (Minimum Data Set)** | | |
|---|---|---|
| 1 | Country | **Estonia** |
| 2 | Year | **2013** |
| 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.<br>The coverage of in-patient data in HIS is 100% and 70-80% of out-patient data (mostly from family physicians).<br>E.g. information of treatment and follow up is available only for in-patients. |
| 6 | Data file name (MDS) | Estonia_2013_MDS |
| 7 | Date of creation of MDS file | 20140519 |
| 8 | Range of data of attendance | 20130101 – 20131231 |
| 9 | Original coding dictionary | IDB-MDS data dictionary, October 2013 |
| 10 | Dictionary modifications | Modifications has not been made |
| 11 | Bridge coding | ICD10 > MDS |

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| | applied | |
| 12 | No. of records in the data file | 82698 |
| 13 | No. of MDS reference hospitals | 32 |
| 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 | 16.7% |
| 18 | Relative sample size (admissions) | 16.7% |
| 19 | Relative sample size (ambulatory treatments) | 82.8% |
| 20 | Minimum Quality Control Checks | n |
| 21 | Average percentage of "unknown"" | 17.4% |
| 22 | Method for extrapolation from sample to national incidence | Based on national figures of injury cases of hospital admissions and hospital ambulatory treatments. |
| 23 | Reference population data provided | y |
| 24 | (Eventual) additional comments (for the user): | Ratio of percentage of admissions in data file (16.7%) and relative sample size (admissions) (16.7%) are same because our sample based on total no. of admissions/discharges due to injuries in the country. |
| 25 | Responsible data administrator (organization) | Sotsiaalministeerium, Terviseinfo- ja analüüsi osakond;<br>Ministry of Social Affairs, Health Information and Analysis Department;<br>http://www.sm.ee/eng.html |
| 26 | Contact: Responsible person | Liis Rooväli<br>eMail address: Liis.Roovali@sm.ee<br>Gonsiori 29, 15027 Tallinn<br>telephone: 626 9158 |
| 27 | Signature | |
| 28 | Date of completion of this | 20140522 |

| | | |
|---|---|---|
| | file | |

| National 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.<br>The coverage of in-patient data in HIS is nearly 100% and over 80% of out-patient data.<br>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.<br>The coverage of in-patient data in HIS is nearly 100% and over 80% of out-patient data.<br>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<br>(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;<br>Ministry of Social Affairs, Health System Development Department;<br>http://www.sm.ee/en |
| 26 | Contact: Responsible person | Eleri Lapp (data analyst)<br>eMail address: Eleri.Lapp@sm.ee<br>Gonsiori 29, 15027 Tallinn<br>telephone: 626 9137 |

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

| **IDB-Metadata (National IDB data file information form)** | | | |
|---|---|---|---|
| Country | | **Estonia** | |
| Year | | **2015** | |
| Question | Specification | Answer | Comments (additional information in case of No) |
| ***Scope*** | | | |
| 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 cases** | | | |
| 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 | |
| ***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 have verified that about 15% of inpatient and 30% of ambulatory cases are missing from the database. In addition, in case of ambulatory |

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| | | | 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 0-14a | 23.4% | |
| ***Quality of estimated rate*** | | | |
| Incidence (ED presentation) rate available? | Crude rate, standardised for age and sex, using Eurostat population projection by 1 January | Y/N | We did not calculate 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 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 | |

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| 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 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 | |
| List of FDS reference hospitals provided? | | N | No FDS data |
| ***National data 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) |
| ***Scope*** | | | |
| 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 cases** | | | |
| 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 | |

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|---|---|---|---|
| ***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 0-14a | 24.8% | |
| ***Quality of estimated rate*** | | | |
| Incidence (ED presentation) rate available? | Crude rate, standardised for age and sex, using Eurostat population projection by 1 January | Y/N | We did not calculate 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 | If HDR or EDR method is | Y/N | |

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|---|---|---|---|
| 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 data provider*** | | | |
| National register name (and eventual abbreviation) | | Estonian Health Insurance Fund (HIF) | |
| 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 | | 07 August 2017 | |

# Finland

| **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 http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_healthcare |
| 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 |

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|---|---|---|
| | of MDS file | |
| 8 | Range of data of attendance | 20100101-20101231 |
| 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 | 16801 |
| 13 | No. of MDS reference hospitals | 222 |
| 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 be representative and unbiased |
| 16 | Sampling of cases within hospitals | See above. Cases sampled from full data. |
| 17 | Percentage of admissions in data file | 30.4%<br>proportion of 1's in the "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"" | 12.8% (0-66%) |
| 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 | y |
| 24 | (Eventual) additional comments (for the user): | Inform about eventual other particularities with are relevant for data use and interpretation |
| 25 | Responsible data administrator | National Institute for Health and Welfare, Injury Prevention Unit<br>http://www.thl.fi/en_US/web/en |

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

| **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 http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_healthcare |
| 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%<br>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%) |

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| 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 | y |
| 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<br>http://www.thl.fi/en_US/web/en |
| 26 | Contact: Responsible person | Antti Impinen<br>Address: THL P.O. Box 30, 00271 Helsinki, tel. +358-29-524 8615<br>antti.impinen@thl.fi |
| 27 | Signature | |
| 28 | Date of completion of this file | 20171013 |

| **National IDB File Information (Minimum Data Set) – corrected 10_2017** | | |
|---|---|---|
| 1 | Country | **Finland** |
| 2 | Year | **2012** |
| 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<br>http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_healthcare |
| 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_2012.txt |
| 7 | Date of creation of MDS file | 20140425 |
| 8 | Range of data of attendance | 20120101-20121231 |
| 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 | 20 645 |
| 13 | No. of MDS reference hospitals | 199 |

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| 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 be representative and unbiased |
| 16 | Sampling of cases within hospitals | See above. Cases sampled from full data. |
| 17 | Percentage of admissions in data file | 20.2%<br>percentage 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"" | 11.2% (0-64%) |
| 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 | y |
| 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<br>http://www.thl.fi/en_US/web/en |
| 26 | Contact: Responsible person | Antti Impinen<br>Address: THL P.O. Box 30, 00271 Helsinki, tel. +358-29-524 8615<br>antti.impinen@thl.fi |
| 27 | Signature | |
| 28 | Date of completion of this file | 20171310 |

| 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 http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_healthcare |
| 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… |
| 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 | 21 633 |
| 13 | No. of MDS reference hospitals | 190 |
| 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 be representative and unbiased |
| 16 | Sampling of cases within hospitals | See above. Cases sampled from full data. |
| 17 | Percentage of admissions in data file | 18.8%<br>(proportion of 1's in the "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"" | 14.3% (0-68%) |

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|---|---|---|
| 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 | y |
| 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, Welfare and Health Promotion Unit<br>http://www.thl.fi/en_US/web/en |
| 26 | Contact: Responsible person | Kari Haikonen<br>Address: THL P.O. Box 30, 00271 Helsinki, tel. +358-29-524 8433<br>kari.haikonen@thl.fi |
| 27 | Signature | |
| 28 | Date of completion of this file | 20171013 |

| **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<br>http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_healthcare |
| 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… |
| 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 | 21 171 |
| 13 | No. of MDS reference hospitals | 193 |
| 14 | Geographic scope | Entire country |
| 15 | Hospital characteristic | Hospital discharges were sampled from the full data. Therefore distribution of hospitals should be representative and unbiased |

| | | |
|---|---|---|
| | s used for a representative sample of hospitals | |
| 16 | Sampling of cases within hospitals | See above. Cases sampled from full data. |
| 17 | Percentage of admissions in data file | 18.8%<br>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"" | 11.7% (0-64%) |
| 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 | y |
| 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<br>http://www.thl.fi/en_US/web/en |
| 26 | Contact: Responsible person | Kari Haikonen<br>Address: THL P.O. Box 30, 00271 Helsinki, tel. +358 29 524 8433<br>kari.haikonen@thl.fi |
| 27 | Signature | |
| 28 | Date of completion of this file | 20171013 |

| **National IDB File Information (Minimum Data Set)** | | |
|---|---|---|
| 1 | Country | **Finland** |
| 2 | Year | **2015** |
| 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<br>http://www.thl.fi/en_US/web/en/statistics/information/register_descriptions/careregister_healthcare |
| 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_2015.txt |
| 7 | Date of creation of MDS file | 20172007 |
| 8 | Range of data of attendance | 20150101-20151231 |
| 9 | Original coding dictionary | Title, version no., year of issue of IDB-MDS data dictionary (e.g. September 2014), 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 | 23 021 |
| 13 | No. of MDS reference hospitals | 194 |
| 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 be representative and unbiased |
| 16 | Sampling of cases within hospitals | See above. Cases sampled from full data. |
| 17 | Percentage of admissions in data file | 16.7%<br>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"" | 6.0% (0-22.5%) |
| 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 | y |
| 24 | (Eventual) additional comments (for the user): | Inform about eventual other particularities with are relevant for data use and interpretation |
| 25 | Responsible data | National Institute for Health and Welfare, Welfare and Health Promotion Unit<br>http://www.thl.fi/en_US/web/en |

| | | |
|---|---|---|
| | administrator (organization) | |
| 26 | Contact: Responsible person | Kari Haikonen<br>Address: THL P.O. Box 30, 00271 Helsinki, tel. +358 29 524 8433<br>kari.haikonen@thl.fi |
| 27 | Signature | |
| 28 | Date of completion of this file | 20171013 |

# Germany

| **National IDB File Information** | |
|---|---|
| Country | **Germany** |
| Year | **2010** |
| National Register Name | DE/BB_2010 |
| Purpose of the register | ▪ The official statistics in Germany do not have sufficient information on the circumstances and causes of injuries<br>▪ The hospital discharge register collects data on the diagnoses of injured patients but not<br>– on the injury location, mechanism and circumstances<br>– on injuries by violence and selfharm<br>▪ The road traffic statistics gather data only on traffic accidents registered by the police but not<br>▪ on injury diagnoses<br>▪ The criminal statistics collect data only on criminal acts registered by the police, but not<br>– on injury diagnoses and on the context of violence |
| 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 delimitation of reporting year) | 2010.01.01 – 2010.12.31 |
| No. of national reference hospitals | 1 |
| No. of records in the data file | 3721 |
| Ratio admissions / ambulatory treatments | Admission 77,5 %<br>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 admissions/discharges due to injuries or... | The national discharge statistic includes only stationary cases, so the sample represents 8,3 % of the admission cases of Brandenburg. |
| Alternatively: Sample ratio for ED/ambulatory treatments due to injuries | n.a. |
| 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 | y |
| Average % of “missing” (excluding date of birth) | <1%, except for sport & part of body injured |

| | |
|---|---|
| Average % of “unknown” (excluding date of birth) | <1% |
| 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 catchment population |
| National population reference data provided | y |
| (Eventual) additional comments (for the user): | - |
| Data supplier: The National IDB Data Administrator (organization) | NDA: Dr. Gabriele Ellsäßer, Abteilungsleiterin Gesundheit, Landesamt für Umwelt, Gesundheit und Verbraucherschutz , Wünsdorfer Platz 3, 15806 Zossen.<br><br>http://www.mugv.brandenburg.de/cms/detail.php/bb1.c.218809.de |
| Contact: Responsible person | Daniel Koster<br>Landesamt für Umwelt, Gesundheit und Verbraucherschutz<br>Abtl. Gesundheit,<br>Referat G2- Gesundheitsberichterstattung<br>Sachbearbeiter<br>Wünsdorfer Platz 3<br>15806 Zossen<br>Phone: 0049/(0)331-9771138<br>Mail: Daniel.Koster@LUGV.Brandenburg.de |
| Signature | xxxxx |
| Date of completion of the this file | 20120726 |

| **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<br>The hospital discharge register collects data on the diagnoses of injured patients but not on the injury location, mechanism and circumstances<br>on injuries by violence and selfharm<br>The road traffic statistics gather data only on traffic accidents registered by the police but not<br>on injury diagnoses<br>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 the data file | 4084 |
| 13 | No. of FDS reference hospitals | 001 |
| 14 | Geographic scope | Brandenburg |
| 15 | Sampling of hospitals | 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. |
| 16 | Sampling of cases within hospitals | Full survey of all hospital cases (ICD-10: S00-T98 without T80-88) |
| 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 admissions in data file | 75.0% |
| 19 | Minimum Quality Control Checks | y |
| 20 | Average percentage of “unknown” | 06.4% |
| 21 | (Eventual) additional comments (for the user): | Missings in Discription (72,9%) & Part of Body Injured (25%) ! |
| 22 | Responsible data administrator (organization) | NDA: Dr. Gabriele Ellsäßer, Abteilungsleiterin Gesundheit, Landesamt für Umwelt, Gesundheit und Verbraucherschutz , Wünsdorfer Platz 3, 15806 Zossen.<br><br>http://www.mugv.brandenburg.de/cms/detail.php/bb1.c.218809.de |
| 23 | Contact: Responsible person | Daniel Koster<br>Landesamt für Umwelt, Gesundheit und Verbraucherschutz<br>Abtl. Gesundheit,<br>Referat G2- Gesundheitsberichterstattung<br>Sachbearbeiter<br>Wünsdorfer Platz 3<br>15806 Zossen<br>Phone: 0049/(0)331-9771138<br>Mail: Daniel.Koster@LUGV.Brandenburg.de |
| 24 | Signature | |
| 25 | Date of completion of this file | Submitted: 120605 |

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | **Germany** |
| 2 | Year | **2012** |
| 3 | National Register Name | DE/BB_2012 |
| 4 | Purpose of the register | The official statistics in Germany do not have sufficient information on the circumstances and causes of injuries<br>The hospital discharge register collects data on the diagnoses of injured patients but not on the injury location, mechanism and circumstances<br>on injuries by violence and selfharm<br>The road traffic statistics gather data only on traffic accidents registered by the police but not<br>on injury diagnoses<br>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_2012_idb |
| 7 | Date of creation of | 20130604 |

| | | |
|---|---|---|
| | FDS file | |
| 8 | Range of data of attendance | 20120101-20121231 |
| 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 the data file | 3870 |
| 13 | No. of FDS reference hospitals | 001 |
| 14 | Geographic scope | Brandenburg |
| 15 | Sampling of hospitals | 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. |
| 16 | Sampling of cases within hospitals | Full survey of all hospital cases (ICD-10: S00-T98 without T80-88) |
| 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 admissions in data file | 69,8% |
| 19 | Minimum Quality Control Checks | y |
| 20 | Average percentage of “unknown” | 01.7% |
| 21 | (Eventual) additional comments (for the user): | - |
| 22 | Responsible data administrator (organization) | NDA: Dr. Gabriele Ellsäßer, Abteilungsleiterin Gesundheit, Landesamt für Umwelt, Gesundheit und Verbraucherschutz , Wünsdorfer Platz 3, 15806 Zossen.<br><br>http://www.mugv.brandenburg.de/cms/detail.php/bb1.c.218809.de |
| 23 | Contact: Responsible person | Daniel Koster<br>Landesamt für Umwelt, Gesundheit und Verbraucherschutz<br>Abtl. Gesundheit,<br>Referat G2- Gesundheitsberichterstattung<br>Sachbearbeiter<br>Wünsdorfer Platz 3<br>15806 Zossen<br>Phone: 0049/(0)331-9771138<br>Mail: Daniel.Koster@LUGV.Brandenburg.de |
| 24 | Signature | |
| 25 | Date of completion of this file | Submitted: 120605 |

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

| | | |
|---|---|---|
| | register | and causes of injuries.<br>The hospital discharge register collects data on the diagnoses of injured patients but not on the injury location, mechanism and circumstances<br>on injuries by violence and self-harm.<br>The road traffic statistics gather data only on traffic accidents registered by the police but not on injury diagnoses.<br>The criminal statistics collect data only on criminal acts registered by the police, but not on injury diagnoses and on the context of violence.<br>Purpose of the IDB in Brandenburg is to fill in these gaps. |
| 5 | Scope of the register | All injuries |
| 6 | Data file name (FDS) | DE_BB_2012_idb |
| 7 | Date of creation of FDS file | 20140605 |
| 8 | Range of data of attendance | 20130101-20131231 |
| 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 the data file | 003760 |
| 13 | No. of FDS reference hospitals | 001 |
| 14 | Geographic scope | Brandenburg |
| 15 | Sampling of hospitals | Cottbus hospital provides a catchment area which is representative for Brandenburg. |
| 16 | Sampling of cases within hospitals | All admitted injury patients are covered. Ambulatory cases are recorded only once in a week; therefore the number of ambulatory treatments is only about 1/7 of the true figure. This leads to the high percentage of admissions in the sample and makes it impossible to 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 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 admissions in data file | 75,3%<br>See comment regarding “sampling in hospitals”. True admission rate is about 30% |
| 19 | Minimum Quality Control Checks | y |
| 20 | Average percentage of “unknown” | 00,1% |
| 21 | (Eventual) additional comments (for | Incidence rates cannot be obtained from the web-gate. Key incidence rates for Brandenburg are:<br>- All injuries by age group and sex (per 100.000 inhabitants) |

the user):

| 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 |

- ECHI 29b (home, leisure and school accidents) by age-group and sex (per 100.000 inhabitants)

| 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) | NDA: Dr. Gabriele Ellsäßer, Abteilungsleiterin Gesundheit, Landesamt für Umwelt, Gesundheit und Verbraucherschutz , Wünsdorfer Platz 3, 15806 Zossen.<br><br>http://www.mugv.brandenburg.de/cms/detail.php/bb1.c.218809.de | | | | |
| 23 | Contact: Responsible person | Daniel Koster<br>Landesamt für Umwelt, Gesundheit und Verbraucherschutz<br>Abtl. Gesundheit,<br>Referat G2- Gesundheitsberichterstattung<br>Sachbearbeiter<br>Wünsdorfer Platz 3<br>15806 Zossen<br>Phone: 0049/(0)331-9771138<br>Mail: Daniel.Koster@LUGV.Brandenburg.de | | | | |
| 24 | Signature | | | | | |
| 25 | Date of completion of this file | 16.02.2015 | | | | |

| **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<br>The hospital discharge register collects data on the diagnoses of injured patients but not on the injury location, mechanism and circumstances<br>on injuries by violence and selfharm<br>The road traffic statistics gather data only on traffic accidents registered by the police but not<br>on injury diagnoses<br>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) |

<table>
<tr><td>10</td><td>Dictionary modifications</td><td></td></tr>
<tr><td>11</td><td>(Eventual) Bridge coding applied</td><td></td></tr>
<tr><td>12</td><td>No. of records in the data file</td><td>003815</td></tr>
<tr><td>13</td><td>No. of FDS reference hospitals</td><td>001</td></tr>
<tr><td>14</td><td>Geographic scope</td><td>Brandenburg</td></tr>
<tr><td>15</td><td>Sampling of hospitals</td><td>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.</td></tr>
<tr><td>16</td><td>Sampling of cases within hospitals</td><td>Full survey of all admitted cases (ICD-10: S00-T98 without T80-88); ambulatory cases just one day per week (rotated).</td></tr>
<tr><td>17</td><td>Data entry method</td><td>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.</td></tr>
<tr><td>18</td><td>Percentage of admissions in data file</td><td>75,8%</td></tr>
<tr><td>19</td><td>Minimum Quality Control Checks</td><td>y</td></tr>
<tr><td>20</td><td>Average percentage of “unknown”</td><td>00,1%</td></tr>
<tr><td>21</td><td>(Eventual) additional comments (for the user):</td><td>Estimated rates cannot be obtained from the EU IDB web-gate.<br><br>Incidence rate per 100.000 in Brandenburg (all cases)
<table>
<tr><td>age</td><td>male</td><td>female</td><td>all</td></tr>
<tr><td><5</td><td>9.435</td><td>8.946</td><td>9.200</td></tr>
<tr><td>5-9</td><td>10.194</td><td>5.357</td><td>7.628</td></tr>
<tr><td>10-14</td><td>8.756</td><td>5.048</td><td>7.191</td></tr>
<tr><td>15-19</td><td>11.267</td><td>9.793</td><td>10.567</td></tr>
<tr><td>20-24</td><td>9.668</td><td>6.798</td><td>8.431</td></tr>
<tr><td>25-29</td><td>6.942</td><td>3.377</td><td>5.404</td></tr>
<tr><td>30-34</td><td>7.201</td><td>3.404</td><td>5.463</td></tr>
<tr><td>35-39</td><td>4.177</td><td>3.067</td><td>3.676</td></tr>
<tr><td>40-44</td><td>3.869</td><td>2.934</td><td>3.404</td></tr>
<tr><td>45-49</td><td>3.962</td><td>2.627</td><td>3.375</td></tr>
<tr><td>50-54</td><td>4.517</td><td>3.704</td><td>4.186</td></tr>
<tr><td>55-59</td><td>3.855</td><td>2.445</td><td>3.231</td></tr>
<tr><td>60-64</td><td>3.809</td><td>4.875</td><td>4.230</td></tr>
<tr><td>65-69</td><td>3.619</td><td>4.983</td><td>4.198</td></tr>
<tr><td>70-74</td><td>3.190</td><td>6.102</td><td>4.564</td></tr>
<tr><td>75-79</td><td>5.725</td><td>7.496</td><td>6.653</td></tr>
<tr><td>80-84</td><td>10.484</td><td>11.737</td><td>11.293</td></tr>
<tr><td>85-89</td><td>13.833</td><td>17.962</td><td>16.801</td></tr>
<tr><td>90 u älter</td><td>14.658</td><td>34.552</td><td>29.156</td></tr>
<tr><td>Gesamt</td><td>6.001</td><td>5.756</td><td>5.889</td></tr>
</table>
Incidence rate per 100.000 in Brandenburg (ECHI 29b)
<table>
<tr><td>age</td><td>male</td><td>female</td><td>all</td></tr>
<tr><td><5</td><td>7518</td><td>7412</td><td>7467</td></tr>
</table></td></tr>
</table>

| | | | | | | |
|---|---|---|---|---|---|---|
| | | 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. Gabriele Ellsäßer, Abteilungsleiterin Gesundheit, Landesamt für Umwelt, Gesundheit und Verbraucherschutz , Wünsdorfer Platz 3, 15806 Zossen.<br><br>http://www.mugv.brandenburg.de/cms/detail.php/bb1.c.218809.de | | | | |
| 23 | Contact: Responsible person | Daniel Koster<br>Landesamt für Umwelt, Gesundheit und Verbraucherschutz<br>Abtl. Gesundheit,<br>Referat G2- Gesundheitsberichterstattung<br>Sachbearbeiter<br>Wünsdorfer Platz 3<br>15806 Zossen<br>Phone: 0049/(0)331-8683838<br>Mail: Daniel.Koster@LUGV.Brandenburg.de | | | | |
| 24 | Signature | | | | | |
| 25 | Date of completion of this file | | | | | |

# Greece

| **National 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 attendance | 2012/04/27 – 2012/12/03 |
| 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 hospitals | 1 |
| 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 administrator (organization) | Nat. School of Public Health<br>Dept. of Occupational and Industrial Hygiene |
| 23 | Contact: Responsible person | Vassilios Makropoulos<br>Email: vmakropoulos@esdy.edu.gr |
| 24 | Signature |  |
| 25 | Date of completion of this file | 28/8/2013 |

# Hungary

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | **Hungary** |
| 2 | Year | **2013** |
| 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_2013.txt |
| 7 | Date of creation of FDS file | 20140506 |
| 8 | Range of data of attendance | 20130301 – 20131231 |
| 9 | Original coding dictionary | The injury database (IDB) coding manual, data dictionary; version 1.1, June 2005 |
| 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 | 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$^{th}$ 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 | y |
| 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.<br>This data refers to a 10-month-long data collection. |
| 22 | Responsible data administrator (organization) | Országos Egészségfejlesztési Intézet<br>National Institute for Health Development<br>www.oefi.hu |
| 23 | Contact: Responsible person | Péter Varsányi MD<br>1096 Budapest, Nagyvárad tér 2.<br>+361-4288250<br>varsanyi.peter@oefi.antsz.hu |
| 24 | Signature | |
| 25 | Date of completion of this file | 20140702 |

| **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$^{th}$ 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 | y |
| 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.<br>This data refers to a 10-month-long data collection. |
| 22 | Responsible data administrator (organization) | Országos Egészségfejlesztési Intézet<br>National Institute for Health Development<br>www.oefi.hu |
| 23 | Contact: Responsible person | Péter Varsányi MD<br>1096 Budapest, Nagyvárad tér 2.<br>+361-4288250<br>varsanyi.peter@oefi.antsz.hu |
| 24 | Signature | |
| 25 | Date of completion of this file | 20140702 |

# Iceland

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

| **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 | Date of creation of MDS file | 20140613 |
| 8 | Range of data of attendance | 20110101 – 20111231 |
| 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<br>Conversion tables ICD-10 to IDB-nature_body part.xlsx (accessed on Jamie Project Documentation website on Nov. 1st 2013. |
| 12 | No. of records in the data file | 0029654 |
| 13 | No. of MDS reference hospitals | 001 |
| 14 | Geographic scope | The entire reporting country |
| 15 | Hospital characteristics used for a representative sample of hospitals | The hospital is located in the capital city, however, it is the largest hospital in the country and the only tertiary care facility, and accounts for approx. 70% of all hospital discharges countrywide. |
| 16 | Sampling of cases within hospitals | All cases with at least one ICD-10 diagnosis which falls within Chapter XIX, according to IDB protocol. |
| 17 | Percentage of admissions in data file | 04.2% |
| 18 | Relative sample size (admissions) | See attached sheet |
| 19 | Relative sample size (ambulatory treatments) | Not available |
| 20 | Minimum Quality Control Checks | Yes |
| 21 | Average percentage of “unknown”” | Please see attached sheet for details. |
| 22 | Method for extrapolation from sample to national incidence | Has not been carried out. |
| 23 | Reference population data provided | Yes. |
| 24 | (Eventual) additional comments (for the user): | No additional comments |
| 25 | Responsible data administrator (organization) | Directorate of Health, Division of Health Information & Research.<br><br>Embætti landlæknis, heilbrigðisupplýsingasvið<br>http://www.landlaeknir.is/ |
| 26 | Contact: Responsible person | Guðrún Kristín Guðfinnsdóttir / Edda Björk Þórðardóttir<br>Directorate of Health<br>Barónsstíg 47, 101 Reykjavík<br>Tel 510 1900, gudkrg@landlaeknir.is / edda@landlaeknir.is |
| 27 | Signature | |
| 28 | Date of completion of this file | 20140616 |

| **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 version. |
| 10 | Dictionary modifications | No modifications |
| 11 | Bridge coding applied | ICD10>MDS<br>Conversion tables ICD-10 to IDB-nature_body part.xlsx (accessed on Jamie Project Documentation website on Nov. 1st 2013. |
| 12 | No. of records in the data file | 0030059 |
| 13 | No. of MDS reference hospitals | 001 |
| 14 | Geographic scope | The entire reporting country |
| 15 | Hospital characteristics used for a representative sample of hospitals | The hospital is located in the capital city, however, it is the largest hospital in the country and the only tertiary care facility, and accounts for approx. 70% of all hospital discharges countrywide. |
| 16 | Sampling of cases within hospitals | All cases with at least one ICD-10 diagnosis which falls within Chapter XIX, according to IDB protocol. |
| 17 | Percentage of admissions in data file | 05.3% |
| 18 | Relative sample size (admissions) | See attached |
| 19 | Relative sample size (ambulatory treatments) | Not available |
| 20 | Minimum Quality Control Checks | Yes |
| 21 | Average percentage of “unknown”” | Please see attached sheet for details. |
| 22 | Method for extrapolation from sample to national incidence | Has not been carried out. |
| 23 | Reference population data provided | Yes. |
| 24 | (Eventual) additional comments (for the user): | No additional comments |
| 25 | Responsible data administrator (organization) | Directorate of Health, Division of Health Information & Research.<br><br>Embætti landlæknis, heilbrigðisupplýsingasvið<br>http://www.landlaeknir.is/ |
| 26 | Contact: Responsible person | Guðrún Kristín Guðfinnsdóttir / Edda Björk Þórðardóttir<br>Directorate of Health<br>Barónsstíg 47, 101 Reykjavík<br>Tel 510 1900, gudkrg@landlaeknir.is / edda@landlaeknir.is |
| 27 | Signature | |
| 28 | Date of completion of this file | 20140616 |

| **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 | No modifications |
| 11 | Bridge coding applied | ICD10>MDS<br>Conversion tables ICD-10 to IDB-nature_body part.xlsx (accessed on Jamie Project Documentation website on Nov. 1st 2013. |
| 12 | No. of records in the data file | 0028579 |
| 13 | No. of MDS reference hospitals | 001 |
| 14 | Geographic scope | The entire reporting country |
| 15 | Hospital characteristics used for a representative sample of hospitals | The hospital is located in the capital city, however, it is the largest hospital in the country and the only tertiary care facility, and accounts for approx. 70% of all hospital discharges countrywide. |
| 16 | Sampling of cases within hospitals | All cases with at least one ICD-10 diagnosis which falls within Chapter XIX, according to IDB protocol. |
| 17 | Percentage of admissions in data file | 05.2% |
| 18 | Relative sample size (admissions) | See attached |
| 19 | Relative sample size (ambulatory treatments) | Not available |
| 20 | Minimum Quality Control Checks | Yes |
| 21 | Average percentage of “unknown”” | Please see attached sheet for details. |
| 22 | Method for extrapolation from sample to national incidence | Has not been carried out. |
| 23 | Reference population data provided | Yes. |
| 24 | (Eventual) additional comments (for the user): | No additional comments |
| 25 | Responsible data administrator (organization) | Directorate of Health, Division of Health Information & Research.<br><br>Embætti landlæknis, heilbrigðisupplýsingasvið<br>http://www.landlaeknir.is/ |
| 26 | Contact: Responsible person | Guðrún Kristín Guðfinnsdóttir / Edda Björk Þórðardóttir<br>Directorate of Health<br>Barónsstíg 47, 101 Reykjavík<br>Tel 510 1900, gudkrg@landlaeknir.is / edda@landlaeknir.is |
| 27 | Signature | |
| 28 | Date of completion of this file | 20140616 |

# 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 file | 20140527 |
| 8 | Range of data of attendance | 20130101<br>-<br>20131231 |
| 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 2013 were included. No data was collected from the paediatric emergency department in the hospital. |
| 17 | Percentage of admissions in data file | 18.8% |
| 18 | Relative sample size (admissions) | 05.5% |
| 19 | Relative sample size (ambulatory treatments) | Not available |
| 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 | y |
| 24 | (Eventual) additional comments (for the user): | |
| 25 | Responsible data administrator (organization) | National Suicide Research Foundation<br>www.nsrf.ie |
| 26 | Contact: Responsible person | Dr Eve Griffin,<br>National Suicide Research Foundation<br>4.28 Western Gateway Building,<br>University College Cork,<br>Ireland. |

| | | |
|---|---|---|
| | | + 353 21 420 5551<br>evegriffin@ucc.ie |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140530 |

| **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<br>-<br>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 |
| Formal 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 | y |
| 24 | (Eventual) additional comments (for the user): | |
| 25 | Responsible data administrator (organization) | National Suicide Research Foundation<br>www.nsrf.ie |
| 26 | Contact: Responsible | Dr Eve Griffin, |

| | | |
|---|---|---|
| | person | National Suicide Research Foundation<br>4.28 Western Gateway Building,<br>University College Cork,<br>Ireland.<br>+ 353 21 420 5551<br>evegriffin@ucc.ie |
| 27 | Signature |  |
| 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.<br>National Information System on Home Accidents (SINIACA) – ED sample surveillance of home injuries<br>+<br>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).<br>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.<br>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.<br>DATIS ED register setting is road traffic accidents for all age groups and treatments.<br>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:<br>2 home injuries & road traffic injuries & intentional injuries<br>1 home injuries & road traffic injuries<br>1 home injuries |
| No. of records in the data file | 17813:<br>9847 home injuries<br>4113 road traffic injuries<br>3420 other unintentional injuries<br>431 intentional injuries<br>24 self-harm injuries<br>407 assault injuries |
| Ratio admissions / no. of records | 07.28%:<br>08.12% home injuries<br>07.08% road traffic injuries |

| | |
|---|---|
| | 05.61% other unintentional injuries<br>03.02% intentional injuries<br>25.00% intentional self-harm injuries<br>01.72% assault injuries |
| Representativeness of sampling of hospitals | The ED sample is a natural one based on voluntary participating 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 hospitals); 0.09% for the hospital registering the other unintentional injuries (O hospital)].<br>The age-sex frequency distribution of ED sample catchment population is strictly concordant with the age-sex distribution of the Italian population [(H hospitals. males: Kendall tau = 0.8299 p>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 cases within hospitals | All cases of home injuries have been registered within H hospitals.<br>All cases of road traffic injuries have been registered within R hospitals.<br>All cases of intentional injuries have been registered within V hospitals.<br>Only hospital 02 registered the other unintentional injuries.<br>Hospital 04 is a national paediatric Institute sited in urban area. The others 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 of the HIS. |
| Sample ratio for admissions/discharges due to injuries or... | 0.38%:<br>no. of sample injury related discharges / no. of national injury related discharges.<br><br>0.95%<br>no. of sample home + road traffic + intentional injury related discharges / no. of national home + road traffic + intentional injury related discharges.<br><br>0.99%<br>no. of sample home + road traffic injury related discharges / no. of national home intentional injury related discharges.<br><br>01.24%:<br>no. of sample home injury related discharges / no. of national home injury related discharges.<br><br>00.64%:<br>no. of sample road traffic injury related discharges / no. of national road traffic injury related discharges.<br><br>00.09%<br>no. of sample other unintentional injury related discharges / no. of national other unintentional injury related discharges.<br><br>00.15%<br>no. of sample intentional injury related discharges / no. of national intentional injury related discharges.<br><br>00.15%<br>no. of sample intentional self-harm injury related discharges / no. of national intentional injury related discharges.<br><br>00.15% |

| | |
|---|---|
| | no. of sample assault injury related discharges / no. of national assault injury related discharges. |
| Alternatively: Sample ratio for ED/ambulatory treatments due to injuries | 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.<br>DATIS home injuries ED simplified coding. |
| (Eventual) Bridge coding applied | SINIACA>IDB<br>DATIS>IDB |
| Standard Quality Control Statement | y |
| 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.<br>947.91 hospital admissions for injuries per 100,000 inhabitants in year 2010.<br><br>6,599.83 ED attendances for home +road traffic + intentional injuries per 100,000 inhabitants in year 2010.<br>529.07 hospital admissions for home + road traffic + intentional injuries per 100,000 inhabitants in year 2010.<br><br>6,314.43 ED attendances for home +road traffic injuries per 100,000 inhabitants in year 2010.<br>520.46 hospital admissions for home + road traffic injuries per 100,000 inhabitants in year 2010.<br><br>2,394.56 ED attendances for home injuries per 100,000 inhabitants in year 2010.<br>201.42 hospital admissions for home injuries per 100,000 inhabitants in year 2010.<br>2,510.94 ED attendances for road traffic injuries per 100,000 inhabitants in year 2010.<br>158.26 hospital admissions for road traffic injuries per 100,000 inhabitants in year 2010.<br>6,344.14 ED attendances for other unintentional injuries per 100,000 inhabitants in year 2010.<br>356.13 hospital admissions for other unintentional injuries per 100,000 inhabitants in year 2010.<br><br>285.39 ED attendances for intentional injuries per 100,000 inhabitants in year 2010.<br>08.61 hospital admissions for intentional injuries per 100,000 inhabitants in year 2010.<br>15.89 ED attendances for intentional self-harm injuries per 100,000 inhabitants in year 2010.<br>03.97 hospital admissions for intentional self-harm injuries per 100,000 inhabitants in year 2010.<br>269.50 ED attendances for assault injuries per 100,000 inhabitants in year 2010.<br>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 | y |
| (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 Data Administrator (organization) | Istituto Superiore di Sanità – reparto Ambiente e Traumi.<br>Italian National Institute of Health – Environment and Trauma Unit |
| Contact: Responsible person | Istituto Superiore di Sanità – reparto Ambiente e Traumi. |

| | |
|---|---|
| | Viale Regina Elena, 299<br>00161 Roma<br>Italia<br>Tel secr. +390649902181<br>Fax +390649902383<br><br>Alessio Pitidis<br>Tel. +390649902493<br>alessiop.dati@gmail.com<br><br>Giuseppe Balducci<br>Tel. +390649902969<br>giuseppe.balducci@iss.it |
| Signature | Alessio Pitidis |
| Date of completion of this file | 20120710 |

| **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) | ITA_2011_MDS.txt |
| 7 | Date of creation of MDS file | 20130615 |
| 8 | Range of data of attendance | 20110101-20111231 |
| 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 | 135956 |
| 13 | No. of MDS reference hospitals | 91 |
| 14 | Geographic scope | Italy (sample covering 13.5% national pop. High concordance sex-age distribution and pop. density). |
| 15 | Hospital characteristics used for a representative sample of hospitals | All hospitals in Piedmont and Tuscany served by the 118 Rescue Service: the largest hospitals. They account for 84.5% of the whole injury inpatients in the 2 regions. Those hospitals account for 40.1% of all the hospitals having cases of admission for injuries |
| 16 | Sampling of cases within hospitals | We included all 118 service database records (12.5% 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 | 21.1% (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) | 2.7% (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) | 2.2% (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"" | 8.1% (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 | Yes |

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

| **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 file | 21663 |
| 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 (admissions) | 1.5% (expressed as the ratio of no. of admissions in the FDS sample to total no. of hospital discharges due to injuries for home injuries, road traffic injuries or violent injuries in Italy x 100) |
| 19 | Relative sample size (ambulatory treatments) | 0.3% (expressed as the ratio of no. of FDS 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"" | 10.9% (missing and unknown narrative description not included). |

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|---|---|---|
| 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<br>Department of Environment and Primary Prevention<br>Unit of Environment and Trauma<br>www.iss.it/casa |
| 26 | Contact: Responsible person | Mr Alessio Pitidis<br>Viale Regina Elena, 299<br>00161 Rome (Italy),<br>Telephone: +39 6 49902181<br>Email: darat@iss.it |
| 27 | Signature | |
| 28 | Date of completion of this file | 20140630 |

| **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. |

| | | |
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| 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<br>Department of Environment and Primary Prevention<br>Unit of Environment and Trauma<br>www.iss.it/casa |
| 26 | Contact: Responsible person | Mr Alessio Pitidis<br>Viale Regina Elena, 299<br>00161 Rome (Italy),<br>Telephone: +39 6 49902181<br>Email: darat@iss.it |
| 27 | Signature | |
| 28 | Date of completion of this file | 20140630 |

| **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 file | 26346 |
| 13 | No. of FDS reference hospitals | 10 (10 home injuries; 4 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 | 9 general hospitals and 1 paediatric national hospital. Hospitals distributed in: urban area (2), middle urban area (3) and rural area (5); coastal area (4), hill or 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. |

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| | hospitals | All assault or self-harm cases in 4 hospitals. |
| 17 | Percentage of admissions in data file | 07.0% (expressed as the ratio of no. of admissions to all ED attendances due to injury in the sample x 100) |
| 18 | Relative sample size (admissions) | 00.6% (expressed as the ratio of no. of admissions in the FDS sample to total no. of hospital discharges due to injuries for home injuries, road traffic injuries or violent injuries in Italy x 100) |
| 19 | Relative sample size (ambulatory treatments) | 00.4% (expressed as the ratio of no. of FDS 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"" | 09.5% (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<br>Department of Environment and Primary Prevention<br>Unit of Environment and Trauma<br>www.iss.it/casa |
| 26 | Contact: Responsible person | Mr Alessio Pitidis<br>Viale Regina Elena, 299<br>00161 Rome (Italy),<br>Telephone: +39 6 49902181<br>Email: darat@iss.it |
| 27 | Signature | |
| 28 | Date of completion of this file | 20130731 |

| **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<br>20130101-20130431 for 1 hospital (Aosta)<br>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). |

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| 15 | Hospital characteristics used for a representative sample of hospitals | 8 general hospitals and 1 paediatric national hospital. Hospitals distributed in: urban area (3), middle urban area (2) and rural area (4); coastal area (4), hill or flat area (4), mountain area (1 aggiornare). |
| 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 2 hospitals. |
| 17 | Percentage of admissions in data file | 7.5% (expressed as the ratio of no. of admissions to all ED attendances due to injury in the sample x 100) |
| 18 | Relative sample size (admissions) | 1.2% (expressed as the ratio of no. of admissions in the FDS sample to total no. of hospital discharges due to injuries for home injuries, road traffic injuries or violent injuries in Italy x 100) |
| 19 | Relative sample size (ambulatory treatments) | 0.3% (expressed as the ratio of no. of FDS 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”” | 9.5% (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<br>Department of Environment and Primary Prevention<br>Unit of Environment and Trauma<br>www.iss.it/casa |
| 26 | Contact: Responsible person | Mr Alessio Pitidis<br>Viale Regina Elena, 299<br>00161 Rome (Italy),<br>Telephone: +39 6 49902181<br>Email: darat@iss.it |
| 27 | Signature | |
| 28 | Date of completion of this file | 20140630 |

| **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 |

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| | file | |
| 13 | No. of MDS reference hospitals | 124 |
| 14 | Geographic scope | All the population of four Italian Regions (18,1% of the Italian population): Piedmont (northern Italy), Tuscany (central Italy), Abruzzi (southern Italy), Sardinia (Islands). |
| 15 | Hospital characteristics used for a representative sample of hospitals | All the hospitals of Piedmont, Tuscany, Abruzzi, Sardinia. |
| 16 | Sampling of cases within hospitals | All the patients transported to hospital ED by the 118 emergency rescue service (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 in data file | 24.7% (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) | 7.2% (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) | 2.9% (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, 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”” | 11.0% (Average ratio of values starting with 9 (9, 99, 999 etc.) to all data fields not left blank) |
| 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. Method 1) |
| 23 | Reference population data provided | Reference population data shall be provided in the requested format in order to allow for the calculation of crude incidence rates |
| 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) | Italian National Institute of Health<br>Department of Environment and Primary Prevention<br>Unit of Environment and Trauma<br>www.iss.it/casa |
| 26 | Contact: Responsible person | Mr Alessio Pitidis<br>Viale Regina Elena, 299<br>00161 Rome (Italy),<br>Telephone: +39 6 49902181<br>Email: darat@iss.it |
| 27 | Signature | |
| 28 | Date of completion of this file | 20150927 |

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | **Italy** |
| 2 | Year | **2014** |
| 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_2014_FDS.txt |
| 7 | Date of creation of FDS file | 20150810 |
| 8 | Range of data of attendance | 20140101-20141231 |
| 9 | Original coding dictionary | 1) SINIACA; 2) DATIS; 3) JAMIE-FDS (IDB all injuries coding manual ver. 1.1 June 2005) |
| 10 | Dictionary modifications | Describe eventual national modifications to the dictionary. Make sure that data is delivered in accordance with the required data dictionary. |

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| 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.<br>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)<br>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<br>Department of Environment and Primary Prevention<br>Unit of Environment and Trauma<br>www.iss.it/casa |
| 23 | Contact: Responsible person | Mr Alessio Pitidis<br>Viale Regina Elena, 299<br>00161 Rome (Italy),<br>Telephone: +39 6 49902181<br>Email: darat@iss.it |
| 24 | Signature | |
| 25 | Date of completion of this file | 20150927 |

# Latvia

| **National IDB file information** | |
|---|---|
| Country | **LATVIA** |
| Year | **2010** |
| 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. |
| 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. |
| Data file name | IDB_2010_Latvia |
| Date of creation of data file | 24.04.2012. |
| Selection criteria (for delimitation of reporting year) | 20100101 to 20101231 |
| No. of national reference | 21 hospitals |

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| hospitals | |
| No. of records in the data file | 20752 records in the database of 2010 |
| Ratio admissions/ all records | 56.01% |
| Representativeness of 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. |
| Representativeness of 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. |
| 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 admissions/discharges due to injuries | 38.98% |
| 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” (excluding date of birth) | 0.00% Type 2 of injury, Part 2 of the body injured and narrative is not included in the calculation of average % of “missing” as these are not mandatory fields in the Injury Register. |
| Average % of “unknown” (excluding date of birth) | 1.18% |
| ECHI indicator 29b | Please see attached Excel file “ECHIM_2010_LV” |
| Method for projection of incidence rates | National figures of injury cases of hospital admissions. Please see attached Excel file “LATVIA Calculation of IDB Incidence Rates and National Estimates – 2010” |
| National population reference data provided | Yes. Please see attached Excel file “Average_population_2010_LV” |
| 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 IDB Data Administrator (organization) | Centre for Disease Prevention and Control<br>22 Duntes Street, LV-1005, Riga, Latvia |
| Contact (NDA) | Jana Lepiksone,<br>Deputy director of Health Statistics and Research Department<br>Centre for Disease Prevention and Control<br>22 Duntes Street, LV-1005, Riga<br>Tel.+371 7501590<br>Fax +371 7501591<br>E-mail: jana.lepiksone@spkc.gov.lv<br>Internet: www.spkc.gov.lv |
| Signature | |
| Date of completion of this file | 26.04.2012. |

| **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 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 | 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<br>22 Duntes Street, LV-1005, Riga, Latvia<br>Research, Statistics and Health Promotion Department<br>Slimību profilakses un kontroles centrs, Duntes iela 22, LV-1005, Rīga<br>Pētniecības, statistikas un veselības veicināšanas departaments<br>http://www.spkc.gov.lv/ |
| 23 | Contact: Responsible person | Jana Lepiksone,<br>Director of Research, Statistics and Health Promotion Department<br>Centre for Disease Prevention and Control of Latvia<br>22 Duntes Street, LV-1005, Riga<br>Tel.+371 67387654<br>E-mail: jana.lepiksone@spkc.gov.lv<br>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<br>22 Duntes Street, LV-1005, Riga, Latvia<br>Research, Statistics and Health Promotion Department<br>Slimību profilakses un kontroles centrs, Duntes iela 22, LV-1005, Rīga<br>Pētniecības, statistikas un veselības veicināšanas departaments<br>http://www.spkc.gov.lv/ |

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|---|---|---|
| 23 | Contact: Responsible person | Jana Lepiksone,<br>Director of Research, Statistics and Health Promotion Department<br>Centre for Disease Prevention and Control of Latvia<br>22 Duntes Street, LV-1005, Riga<br>Tel.+371 67387654<br>E-mail: jana.lepiksone@spkc.gov.lv<br>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 | **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 out-patients 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% |

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

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | **Latvia** |
| 2 | Year | **2014** |
| 3 | National Register Name | Register of the patients with particular diseases about patients who have suffered injuries and poisonings |
| 4 | Purpose of the register | Purpose of the Register is to collect data on hospitalized patients with injuries and 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. |

| | | |
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| 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 out-patients 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):<br>*age 0.0%*<br>*sex 0.0%*<br>*date of injury 4.8%*<br>*time of injury 46.1%*<br>*date of att. 0.0%*<br>*time of att. 10.8%*<br>*treatment and follow-up 0.0%*<br>*intent 8.2%*<br>*transport 0.2%*<br>*place 9.8%*<br>*mechanism 14.1%* (without poisoning cases – 3.6%)*<br>*activity 26.6%*<br>*underlying object/substance 15.0%*<br>*direct object/substance 15.3%* |

| | | |
|---|---|---|
| | | *type of injury (1) 0.4%*<br>*body injured (1) 0.6%*<br><br>** 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<br>22 Duntes Street, LV-1005, Riga, Latvia<br>Research and Health Statistics Department<br>Slimību profilakses un kontroles centrs, Duntes iela 22, LV-1005, Rīga<br>Pētniecības un veselības statistikas departaments<br>http://www.spkc.gov.lv/ |
| 23 | Contact: Responsible person | Jana Lepiksone,<br>Director of Research and Health Statistics Department<br>Centre for Disease Prevention and Control of Latvia<br>22 Duntes Street, LV-1005, Riga<br>Tel.+371 67387654<br>E-mail: jana.lepiksone@spkc.gov.lv<br>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 to ICD-10 codes S00.0-T78.9. |
| Consequences of medical | Equivalent to ICD-10 | **Yes** | |

| | | | |
|---|---|---|---|
| interventions excluded? | codesT80-T88 and T98.3 excluded | | |
| Follow-up treatments excluded? | No double counting of cases | **Yes** | |
| Non-residents included? | | **Yes** | |
| ***Representativeness 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 | - | |
| ***Quality 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). | Total 10.1%, without poisoning cases 9.2% (16 data elements):<br>age 0.0%,<br>sex 0.0%,<br>date of injury 5.1%,<br>time of injury 47.9%,<br>date of attend. 0.0%,<br>time of attend. 5.6%,<br>treatment and follow-up 0.0%,<br>intent 7.5%,<br>transport 0.5,<br>place 11.9%,<br>mechanism* 15.0% (without poisoning cases – 0.7%),<br>activity 23.3%,<br>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 (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 from injuries and poisoning, equivalent to ICD-10 codes S00.0-T78.9. |
| 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** | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | **Yes** | 14 856 records in the Register database for 2016 |
| Number of hospitals in the sample? | | **22** | |
| 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 | - | |
| ***Quality 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

| **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.<br>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_2011_LT.txt |
| 7 | Date of creation of MDS file | 2013 05 22 |
| 8 | Range of data of attendance | 2011 07 01 - 2011 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 | 24738 |
| 13 | No. of MDS reference hospitals | 71 |
| 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 | 100.00%<br>There were no ambulatory treatments in data file. |
| 18 | Relative sample size (admissions) | 99.9% |
| 19 | Relative sample size (ambulatory treatments) | 0%<br>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 Checks | y |
| 21 | Average percentage of “unknown”” | 13.0%<br>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 | y |
| 24 | (Eventual) additional comments (for the user): | File JAMIE_MDS_2011_LT.txt covers just 6 months data (2011 07 01 – 2011 12 31), but reference population file (reference_population_file_2011_LT.txt) covers national population of all year. |
| 25 | Responsible data administrator (organization) | Institute of hygiene, http://www.hi.lt/en/ |
| 26 | Contact: Responsible person | Neringa Madeikyte,<br>Health Statistics Department<br>Health Information Centre of Institute of Hygiene,<br>Didzioji str. 22, Vilnius, LT-01128, Lithuania,<br>TEL. (+370) 577 33 03,<br>neringa.madeikyte@hi.lt. |
| 27 | Signature | |
| 28 | Date of completion of this file | 2014 05 28 |

**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.<br>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 |
| 7 | Date of creation of MDS file | 2013 05 22 |
| 8 | Range of data of attendance | 2012 01 01 - 2012 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 | 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%<br>There were no ambulatory treatments in data file. |
| 18 | Relative sample size (admissions) | 99.9% |
| 19 | Relative sample size (ambulatory treatments) | 0%<br>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<br>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%<br>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 | y |
| 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 administrator (organization) | Institute of hygiene, http://www.hi.lt/en/ |
| 26 | Contact: Responsible person | Neringa Madeikyte,<br>Health Statistics Department<br>Health Information Centre ofInstitute of Hygiene,<br>Didzioji str. 22, Vilnius, LT-01128, Lithuania,<br>TEL. (+370) 577 33 03,<br>neringa.madeikyte@hi.lt. |
| 27 | Signature | |
| 28 | Date of completion of this file | 2014 05 28 |

| **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 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.<br>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%<br>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.<br>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%<br>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.<br>Coverage of out-patients in ED of all year is about (202840/258974)*100=78.32%. |
| 20 | Minimum Quality Control Checks | y |
| 21 | Average percentage of "unknown"" | 15.6%<br>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<br>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, http://www.hi.lt/en/ |
| 26 | Contact: Responsible person | Neringa Madeikyte,<br>Health Statistics Department<br>Health Information Centre ofInstitute of Hygiene,<br>Didzioji str. 22, Vilnius, LT-01128, Lithuania,<br>TEL. (+370) 577 33 03,<br>neringa.madeikyte@hi.lt. |
| 27 | Signature | |
| 28 | Date of completion of this file | 2014 05 28 |

| **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.<br><br>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 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 | 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 admissions in data file | 12.9%<br><br>In 2014 314814 cases were registered, 40582 admissions and 274232 cases in emergency departments in hospitals.<br>Percentage of admissions in 2014: (40582/314814)*100=12.9%. |
| 18 | Relative sample size (admissions) | 99.9% |
| 19 | Relative sample size (ambulatory treatments) | 99.9%<br><br>Coverage of out-patients in ED. |
| 20 | Minimum Quality Control Checks | y |
| 21 | Average percentage of “unknown”” | 15.5%<br><br>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).<br>Selected all ED from CHIF IS which covers 99.9% of all ED cases. |
| 23 | Reference population data provided | y |
| 24 | (Eventual) additional comments (for the user): | |
| 25 | Responsible data administrator (organization) | Institute of hygiene, http://www.hi.lt/en/ |
| 26 | Contact: Responsible person | Neringa Madeikyte,<br>Health Statistics Department<br>Health Information Centre ofInstitute of Hygiene,<br>Didzioji str. 22, Vilnius, LT-01128, Lithuania,<br>TEL. (+370) 577 33 03,<br>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) |
| ***Scope*** | | | |
| All age groups? | All age-groups covered | Y/N | |
| All injury categories (home, leisure, sport, school, road, paid work, self-harm, assault)? | All MDS options for intent, setting and activity covered | Y/N | |

| | | | |
|---|---|---|---|
| All injury mechanisms? | All MDS options for injury mechanism covered and coded | Y/N | |
| All injury types and all body parts? | All MDS options for injury types and body parts covered and coded | Y/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 cases** | | | |
| Only patients diagnosed as suffering from injury? | Equivalent to ICD-10 S00-T98 (chapter XIX) | Y/N | |
| Consequences of medical interventions excluded? | Equivalent to ICD-10 codesT80-T88 and T98.3 excluded | Y/N | |
| Follow-up treatments excluded? | No double counting of cases | Y/N | Mostly double cases are excluded.<br>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? | | Y/N | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y/N | |
| Number of hospitals in the sample? | | 87 | |
| 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 | |
| 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 | Y/N | Not applicable. |

| | | | |
|---|---|---|---|
| | hospitals has been controlled at least by age and type of injury | | |
| ***Quality of recording*** | | | |
| 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 (mandatory data elements where "unknown" is allowed). | 19.2% | |
| Rate of children? | Percentage of children 0-14a | 19.1% | 19.1% (of children 0-14a) of all MDS cases.<br>12.4% (of children 0-14a) of inpatient cases.<br>20.1% (of children 0-14a) of out-patients cases in ED. |
| ***Quality of estimated rate*** | | | |
| Incidence (ED presentation) rate available? | Crude rate, standardised for age and sex, using Eurostat population projection by 1 January | Y/N | |
| 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 | 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 delivery*** | | | |

| | | | |
|---|---|---|---|
| MDS data successfully uploaded? | | Y/N | |
| FDS data successfully uploaded? | | Y/N | |
| Reference population data file provided? | Automatic calculation of IR at IDB web-gate will be enabled | Y/N | |
| List of FDS reference hospitals provided? | | Y/N | Not applicable. |
| ***National data 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) |
| ***Scope*** | | | |
| All age groups? | All age-groups covered | Y/N | |
| All injury categories (home, leisure, sport, school, road, paid work, self-harm, assault)? | All MDS options for intent, setting and activity covered | Y/N | |
| All injury mechanisms? | All MDS options for injury mechanism covered and coded | Y/N | |
| All injury types and all body parts? | All MDS options for injury types and body parts covered and coded | Y/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 cases** | | | |
| Only patients diagnosed as suffering from injury? | Equivalent to ICD-10 S00-T98 (chapter XIX) | Y/N | |
| Consequences of medical interventions excluded? | Equivalent to ICD-10 codesT80-T88 and T98.3 excluded | Y/N | |
| Follow-up treatments excluded? | No double counting of cases | Y/N | Mostly double cases are excluded.<br>Inpatient cases transferred to other hospital for curative care are excluded in order to avoid double counting.<br>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? | | Y/N | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y/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) | Y/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*** | | | |
| 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.<br>13.4% (of children 0-14a) of inpatient cases.<br>19.7% (of children 0-14a) of out-patients cases in ED. |
| ***Quality of estimated rate*** | | | |
| Incidence (ED presentation) rate available? | Crude rate, standardised for age and sex, using Eurostat population projection by 1 January | Y/N | |

| | | | |
|---|---|---|---|
| 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 | 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 delivery*** | | | |
| MDS data successfully uploaded? | | Y/N | |
| FDS data successfully uploaded? | | Y/N | |
| Reference population data file provided? | Automatic calculation of IR at IDB web-gate will be enabled | Y/N | |
| List of FDS reference hospitals provided? | | Y/N | Not applicable. |
| ***National data 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 | 2017-06-26 | | |

# 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 |
| 7 | Date of creation of MDS file | 2012/07/26 |
| 8 | Range of data of attendance | 2012/09/01<br>2012/12/31 |
| 9 | Original coding dictionary | Jamie - Data Quality Manual (DQM)<br>Draft for Berlin Meeting November 2011<br>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.<br>Conversion tables ICD-10 to MDS were used for the nature of injury and body part injured. (Conversion tables ICD-10 to IDB Nature/body part) |
| 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) | NA |
| 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.<br>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'Études en Santé Publique<br>Centre de Recherche Public de la Santé (CRP-Santé)<br>(Centre for Health Studies<br>Public Research Centre for Health)<br>http://www.crp-sante.lu |
| 26 | Contact: Responsible | Dritan Bejko |

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

| **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<br><br>2013/12/31 |
| 9 | Original coding dictionary | IDB Minimum Data Set- Data Dictionary JAMIE 1.1 (2012)<br>A data dictionary in French was provided to the MDS hospitals based on the IDB-MDS - -Data Dictionary JAMIE 1.1 (2012)' |
| 10 | Dictionary modifications | |
| 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<br>Centre de Recherche Public de la Santé (CRP-Santé)<br>(Centre for Health Studies<br>Public Research Centre for Health)<br>http://www.crp-sante.lu |
| 26 | Contact:<br>Responsible person | Dritan Bejko<br>Project Leader<br>Centre d'Études en Santé Publique<br>Centre de Recherche Public de la Santé (CRP-Santé)<br>1A-B, rue Thomas Edison, L-1445 Strassen<br>Luxembourg<br>Tel: +352 26970-888<br>Fax: +352 26970-717<br>Email: Dritan.Bejko@crp-sante.lu |
| 27 | Signature | |
| 28 | Date of completion of this file | 2014/05/28 |

| **National IDB File Information (IDB Full 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 emergency department treated injury cases were included in the register in 2013. Out of the five hospitals in Luxembourg, 1 was collecting data at FDS level and 4 at MDS level. |
| 6 | Data file name (FDS) | lu_fds_2013.txt |
| 7 | Date of creation of FDS file | 2014/05/27 |
| 8 | Range of data of attendance | 2013/01/01 - 2013/12/31 |

| | | |
|---|---|---|
| 9 | Original coding dictionary | French Version of ' THE INJURY DATABASE (IDB), CODING MANUAL , DATA DICTIONARY VERSION 1.1 – JUNE 2005 |
| 10 | Dictionary modifications | NA |
| 11 | (Eventual) Bridge coding applied | Icd10> IDB_FDS for nature of injury and body part injured |
| 12 | No. of records in the data file | 00011320 |
| 13 | No. of FDS reference hospitals | 001 hospital |
| 14 | Geographic scope | Central region |
| 15 | Sampling of hospitals | Situated in the capital the FDS hospital is the national reference centre for 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 within hospitals | All cases within hospital are covered. The selection of cases is based on a list of 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. 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 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<br>Centre de Recherche Public de la Santé (CRP-Santé)<br>(Centre for Health Studies<br>Public Research Centre for Health)<br>http://www.crp-sante.lu |
| 23 | Contact: Responsible person | Dritan Bejko<br>Project Leader<br>Centre d'Études en Santé Publique<br>CRP-Santé<br>1A-B, rue Thomas Edison, L-1445 Strassen<br>Luxembourg<br>Tel: +352 26970-888<br>Fax: +352 26970-717<br>Email: Dritan.Bejko@crp-sante.lu |
| 24 | Signature | |

| | | |
|---|---|---|
| | | |
| 25 | Date of completion of this file | 2014/05/28 |

| 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<br><br>20141231 |
| 9 | Original coding dictionary | IDB Minimum Data Set- Data Dictionary JAMIE 1.1 (2012)<br>A data dictionary in French was provided to the MDS hospitals based on the IDB-MDS - -Data Dictionary JAMIE 1.1 (2012)' |
| 10 | Dictionary modifications | None |
| 11 | Bridge coding applied | FDS > MDS<br>IDB-JAMIE Manual. Verssion 2013. Eurosafe.<br>http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwFreeText/jamieprojectdocumentation.htm |
| 12 | No. of records in the data file | 0048933 |
| 13 | No. of MDS reference hospitals | 003 hospitals (2 MDS and 1 FDS) |
| 14 | 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. |
| 15 | Hospital characteristics used for a representative 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. |
| 16 | Sampling of cases within hospitals | All cases within hospitals are covered: |
| 17 | Percentage of admissions in data file | 06.6% |
| 18 | Relative sample size (admissions) | N.A. |
| 1 | Relative | N.A. |

| | | |
|---|---|---|
| 9 | sample size (ambulatory treatments) | |
| 20 | Minimum Quality Control Checks | Yes |
| 21 | Average percentage of "unknown"" | 08.5% |
| 22 | 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.<br>Incidence Rate= SAMPLECASE*1000/(REFPOP/CORRFACT)<br>The (REFPOP/CORRFACT) for ***each age and sex combination*** have been provided in the **reference population file**. |
| 23 | Reference population data provided | Yes |
| 24 | (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%. |
| 25 | Responsible data administrator (organization) | Centre d'Etudes en Santé Publique<br>(Centre for Public Health Studies)<br>Luxembourg Institute of Health<br>1A-B, rue Thomas Edison, L-1445 Strassen<br>Luxembourg<br>Website: http://www.lih.lu |
| 26 | Contact: Responsible person | Dritan Bejko<br>Project Leader<br>Tel: +352 26970-888<br>Fax: +352 26970-717<br>Email: dritan.bejko@lih.lu |
| 27 | Signature | |
| 28 | Date of completion of this file | 20150707 |

| **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<br><br>20141231 |

| | | |
|---|---|---|
| 9 | Original coding dictionary | The IDB-JAMIE Full Data Set (IDB-FDS) Data Dictionary.<br>version 1.3 – March 2014 (French Version) |
| 10 | Dictionary modifications | None. |
| 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 reference hospitals | 001 |
| 14 | Geographic scope | Central Region<br>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 data file | 08.1% |
| 19 | Minimum Quality Control Checks | Yes |
| 20 | Average percentage of "unknown" | 12.8%* |
| 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 data administrator (organization) | Centre d'Etudes en Santé Publique<br>(Centre for Public Health Studies)<br>Luxembourg Institute of Health<br>1A-B, rue Thomas Edison, L-1445 Strassen<br>Luxembourg<br>Website: http://www.lih.lu |
| 23 | Contact: Responsible person | Dritan Bejko<br>Project Leader<br>Tel: +352 26970-888<br>Fax: +352 26970-717<br>Email: dritan.bejko@lih.lu |
| 24 | Signature | |
| 25 | Date of completion of this file | 20150619 |

| **IDB-Metadata (National IDB data file information form)** | |
|---|---|
| Country | **Luxembourg** |

| Year | | **2015** | |
|---|---|---|---|
| Question | Specification | Answer | Comments (additional information in case of No) |
| ***Scope*** | | | |
| All age groups? | All age-groups covered | Y/N | Yes |
| All injury categories (home, leisure, sport, school, road, paid work, self-harm, assault)? | All MDS options for intent, setting and activity covered | Y/N | Yes |
| All injury mechanisms? | All MDS options for injury mechanism covered and coded | Y/N | Yes |
| All injury types and all body parts? | All MDS options for injury types and body parts covered and coded | Y/N | Yes |
| Admissions and ambulatory treatments? | All MDS options for treatment and follow-up covered | Y/N | Yes |
| **Inclusion / exclusion of cases** | | | |
| Only patients diagnosed as suffering from injury? | Equivalent to ICD-10 S00-T98 (chapter XIX) | Y/N | Yes |
| Consequences of medical interventions excluded? | Equivalent to ICD-10 codesT80-T88 and T98.3 excluded | Y/N | Yes |
| Follow-up treatments excluded? | No double counting of cases | Y/N | Yes |
| Non-residents included? | | Y/N | Yes |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y/N | Yes |
| Number of hospitals in the sample? | | nnn | 7 out of 9 ED regrouped in **3 out of 4 hospitals** |
| 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 | Yes (3 hospitals for nat. pop <1m) |
| 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 | Yes. The entire North and South region of the country is covered (all injuries,).<br>For the **Central region** only one out of three hospitals is included in 2015. 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 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. In 2013 all the hospitals of the country were in the system. 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<br>(after weighting 06.6%)<br>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%<br>(after weighting 21.5%)<br>Please note that for 0-14 years old children we have almost full coverage (all injuries all country all days of the week)<br>For 15+ years old we have all injuries all days of the week only for the north and south region.<br>For the central region we have only two working days/week and 2/5 week-ends coverage. |
| ***Quality of estimated rate*** | | | |
| 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 (all hospitals in the system) were used to calculate a correction factor per age and sexe. Like in 2014, the incidence rate was calculated based on catchment areas for the participating hospitals in 2015 and correction factors using the formula.<br>Incidence Rate= SAMPLECASE*1000/(REFPOP/CORRFACT).<br>The midyear (REFPOP/CORRFACT) for ***each age and sex combination*** have been provided in the **reference population file**. | |
| 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 |

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|---|---|---|---|
| | 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 **(RETRACE)** | |
| 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 | |

| | | | |
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| 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) |
| ***Representativeness of the 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,).<br>For the **Central region** 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 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 recording*** | | | |
| 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) |

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| | "unknown" is allowed). | | |
| Rate of children? | Percentage of children 0-14a | 26.4% | 23,1% if weighted for age |
| ***Quality 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 ***each age and sex combination*** have been provided in the **reference population file**. |
| 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 **no selection bias will occur due to periodicity**. 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 |

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

# Malta

| **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;<br>a) to provide a foundation for the development and implementation of evidence-based injury prevention strategies;<br>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;<br>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.<br>This database merges injuries for Gozo. Data is obtained by DHIR from:-<br>a) Data from patients entering at Emergency Departments at Gozo General Hospital suffering from an injury;<br>b) Hospital Discharge Registers;<br>c) National Mortality Register; |
| Data file name | IDBData2010.txt |
| Date of creation of data file | 20120608 |
| Selection criteria (for delimitation of reporting year) | 20100101 – 20101231 |
| No. of national reference hospitals | 01 |
| No. of records in the data file | 3244 |
| Ratio admissions / all records | 8.29% |
| Representativeness of sampling of hospitals | Only one hospital on the island of Gozo is being covered at the moment – Gozo General Hospital. |
| Representativeness of sampling of cases within | NA |

| | |
|---|---|
| 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 admissions/discharges due to injuries or... | 7.64% |
| 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<br>DHIR<br>95 Guardamangia Hill<br>Pieta PTA 1313 |
| Signature | |
| Date of completion of this file | 20120611 |

| **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;<br>b) to provide a foundation for the development and implementation of evidence-based injury prevention strategies;<br>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;<br>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.<br>This database merges injuries for Gozo. Data is obtained by DHIR from:-<br>a) Data from patients entering at Emergency Departments at Gozo General Hospital suffering from an injury;<br>b) Hospital Discharge Registers;<br>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 | 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 | 10.5% |
| 19 | Minimum Quality Control Checks | y |
| 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<br>Directorate of Health Information and Research<br>95 G'Mangia Hill,<br>G'Mangia<br>Malta<br>00356 25599341<br>audrey.galea@gov.mt |
| 24 | Signature | |
| 25 | Date of completion of this file | 20130704 |

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | **Malta** |
| 2 | Year | **2012** |
| 3 | National Register Name | Injury Database (IDB) |
| 4 | Purpose of the register | Is essential for effective injury prevention and for safety promotion;<br>b) to provide a foundation for the development and implementation of evidence-based injury prevention strategies;<br>c) can help liaison with the Department of Consumer Safety within the Malta Standards Authority to act as an alert system identifying the products /<br>services leading to / causing injuries;<br>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.<br>This database merges injuries for Gozo. Data is obtained by DHIR from:-<br>a) Data from patients entering at Emergency Departments at Gozo General Hospital suffering from an injury;<br>b) Hospital Discharge Registers;<br>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 user): | NA |
| 22 | Responsible data administrator (organization) | Directorate Health Information and Research |
| 23 | Contact: Responsible person | Audrey Galea<br>Directorate of Health Information and Research<br>95 G’Mangia Hill,<br>G’Mangia<br>Malta<br>00356 25599341<br>audrey.galea@gov.mt |
| 24 | Signature | |
| 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;<br>b) to provide a foundation for the development and implementation of evidence-based injury prevention strategies;<br>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;<br>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.<br>This database merges injuries for Malta and Gozo. Data is obtained by DHIR from:-<br>a) Data from patients entering at Emergency Departments in Malta and Gozo suffering from an injury;<br>b) Hospital Discharge Registers;<br>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<br>Directorate of Health Information and Research<br>95, G'Mangia Hill<br>G'Mangia<br>Malta 00356 25599 341<br>Audrey.galea@gov.mt |
| 24 | Signature | |
| 25 | Date of completion of this file | 29/05/2014 |

| **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;<br>b) to provide a foundation for the development and implementation of evidence-based injury prevention strategies;<br>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;<br>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.<br>This database merges injuries for Malta and Gozo. Data is obtained by DHIR from:-<br>a) Data from patients entering at Emergency Departments in Malta and Gozo suffering from an injury;<br>b) Hospital Discharge Registers;<br>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 hospitals | Mater Dei Hospital covered the first 7 months |
| 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 | 11.7% |
| 19 | Minimum Quality Control Checks | Yes, |
| 20 | Average percentage of "unknown" | 11.1% |
| 21 | (Eventual) additional comments (for the user): | NA |
| 22 | Responsible data administrator (organization) | Directorate Health Information and Research |
| 23 | Contact: Responsible person | Audrey Galea<br>Directorate of Health Information and Research<br>95, G'Mangia Hill<br>G'Mangia<br>Malta 00356 25599 341<br>Audrey.galea@gov.mt |
| 24 | Signature | |
| 25 | Date of completion of this file | 29/05/2014 |

| **IDB-Metadata (National IDB data file information form)** | | | |
|---|---|---|---|
| Country | | **Malta** | |
| Year | | **2015** | |
| Question | Specification | Answer | Comments (additional information in case of No) |
| ***Scope*** | | | |
| 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 cases** | | | |
| 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 | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y | |
| Number of hospitals in the sample? | | 02 | |
| 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 | Malta has only two National General Hospitals |
| Sample of hospitals balanced by hospital size? | Small, middle-size, large hospitals included | NA | |
| Sample of hospitals balanced by geo-coverage? | Hospitals with urban & rural catchment areas included | NA | |
| 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 | NA | |
| 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 | 05.2% | |
| 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). | 20.3% | |
| Rate of children? | Percentage of children 0-14a | 14.2% | |
| ***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 | 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 | If HDR or EDR method is applied: medical | Y | |

| | | | |
|---|---|---|---|
| projection? | interventions excluded in both, IDB and HDR (or EDR) | | |
| 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) | 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 | |
| Random sampling in hospitals? | If sampling within one or several hospitals occurs: Sampling scheme prevents from biases | 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 | N | |
| ***Data delivery*** | | | |
| 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 data provider*** | | | |
| National register name (and eventual abbreviation) | **INJURY DATABASE (IDB)** | | |
| Name of organization | Directorate Health Information and Research | | |
| Name of respondent (contact person) | Audrey Galea | | |
| E-mail address of contact person | audrey.galea@gov.mt | | |
| Date of completion of this form | 06/10/2017 | | |

# 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 delimitation of reporting year) | 20100101-20101231 |
| No. of national reference hospitals | 13 |

| | |
|---|---|
| No. of records in the data file | 94,164 |
| Ratio admissions / all treatments | 13.1% |
| 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.<br><br>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:<br>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.<br>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.<br>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 to injuries or... | Sample ratio: 18.644/163.376 |
| 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 reference data provided | 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 |

| 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 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.<br><br>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 (ambulatory treatments) | nn.n% |
| 20 | Minimum Quality Control Checks | y |
| 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 |
| 24 | (Eventual) additional comments (for the user): | Creating MDS directly from LIS instead of 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 | 20130528 |

| | | |
|---|---|---|
| | this file | |

| **National IDB File Information (IDB Full 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 (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 |
| 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.<br><br>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:<br>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.<br>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.<br>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 | 14% |
| 19 | Minimum Quality Control Checks | y |
| 20 | Average | nn.n% |

| | | |
|---|---|---|
| | percentage of "unknown" | |
| 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 |

| **National IDB File Information (Minimum Data Set)** | | |
|---|---|---|
| 1 | Country | **Netherlands** |
| 2 | Year | **2012** |
| 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) | IDB2012_NL_MDS |
| 7 | Date of creation of MDS file | 20130528 |
| 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.<br><br>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 | y |
| 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 |

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | **Netherlands** |
| 2 | Year | **2012** |
| 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) | IDB2012_NL |
| 7 | Date of creation of FDS file | 20130528 |
| 8 | Range of data of attendance | 20120101 –20121231 (most hospitals, not all data are available yet) |
| 9 | Original coding dictionary | DISS coding system 2012, (almost completely) compatible with IDB All Injuries |
| 10 | Dictionary modifications | |
| 11 | (Eventual) Bridge coding applied | See: Syntax IDB 2012 for bridgecoding DISS -> IDB coding manual version 1.1 – June 2005 |
| 12 | No. of records in the data file | 80.159 |
| 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.<br><br>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:<br>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.<br>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.<br>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 | y |
| 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 |

| **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.<br><br>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 | 16.1% |
| 18 | Relative sample size (admissions) | 7.3% |
| 19 | Relative sample size (ambulatory treatments) | |
| 20 | Minimum Quality Control Checks | y |
| 21 | Average percentage of "unknown"" | 2.1% |
| 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 2013, extrapolation based on data 2012) |
| 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 | 20140522 |

| **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 attendance | 20130101-20131231 |
| 9 | Original coding dictionary | DISS coding system 2013/ compatible with IDB All Injuries |
| 10 | Dictionary 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 reference hospitals | 13 |
| 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.<br><br>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:<br>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.<br>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 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 | 20140522 |

| **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 register | All patients attending the Emergency Department (ED) of a hospital (including admission via ED) |
| 6 | Data file name (MDS) | IDB2014_NL_MDS |
| 7 | Date of creation of MDS 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 | Bridge coding applied | See: Syntax IDB 2014 MDS for bridgecoding DISS -> IDB-JAMIE MANUAL 3 May 2012 |
| 12 | No. of records in the data file | 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.<br><br>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 |

| **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.<br><br>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:<br>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.<br>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, h.valkenberg@veiligheid.nl |
| 24 | Signature | |
| 25 | Date of completion of this file | 20150813 |

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | **Netherlands** |
| 2 | Year | **2015** |
| 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) | 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.<br><br>Letsel Informatie Systeem Representatief voor alle SEH's in Nederland?; Martien Panneman, Birgitte Blatter; VeiligheidNL; 2016 |
| 16 | Sampling of cases within hospitals | |
| 17 | Data entry method | In general, most hospitals work as follows:<br>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.<br>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" | 4.1% |
| 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, h.valkenberg@veiligheid.nl |
| 24 | Signature | |
| 25 | Date of completion of this file | 20170406 |

| **IDB-Metadata (National IDB data file information form)** | | | |
|---|---|---|---|
| Country | | **Netherlands** | |
| Year | | **2016** | |
| Question | Specification | Answer | Comments (additional information in case of No) |
| ***Scope*** | | | |
| 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 cases** | | | |
| 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 | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y | 78747 |
| Number of hospitals in the sample? | | 14 | |
| 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 | Y | |

| | | | |
|---|---|---|---|
| | 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 | |
| ***Quality of recording*** | | | |
| Rate of admissions? | Percentage of treatment code 1 | 17.4% | |
| 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). | 10.0% | |
| Rate of children? | Percentage of children 0-14a | 22.4% | |
| ***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 | 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) | 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 | |
| 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 | |
| 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*** | | | |

| | | | |
|---|---|---|---|
| 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 data provider*** | | | |
| National register name (and eventual abbreviation) | | Letsel Informatie Systeem (LIS)/Dutch Injury Surveillance System (DISS) | |
| Name of organization | In national language and English | VeiligheidNL / Consumer Safety Institute | |
| Name of respondent (contact person) | | H. Valkenberg, PO Box 75169, 1070 AD Amsterdam, +31205114511 | |
| E-mail address of contact person | | h.valkenberg@veiligheid.nl | |
| Date of completion of this form | | 29-6-2017 | |

# Norway

| **National IDB File Information (Minimum Data Set)** | | |
|---|---|---|
| 1 | Country | **Norway** |
| 2 | Year | **2012** |
| 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-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 characteristics used for a representative | The 15 hospitals are representative for the four hospital regions of Norway: North: 1, Middle: 3, West 3, South-East: 8 |

| | | |
|---|---|---|
| | sample of hospitals | |
| 16 | Sampling of cases within hospitals | Various amount of completeness i the hospitals. No known bias. |
| 17 | Percentage of admissions in data file | 21.1% |
| 18 | Relative sample size (admissions) | In this sample 5681 adminssions. Total admissions 2012 in hosptials with injury diagnosis 61428, i.e 9,2% |
| 19 | Relative sample size (ambulatory treatments) | In this sample 21085 ambulatory treatments. Total ambulatory treatments 2012 in hosptials with injury diagnosis 238433, i.e 8,8% |
| 20 | Minimum Quality Control Checks | n |
| 21 | Average percentage of "unknown"" | 2.4% |
| 22 | Method for extrapolation from sample to national incidence | This samplew is assessed to be representative for Norway.<br>Number of injuries treated in hospitals (in- and out-patients) was 299 852. This is unique injuries as controls are deleted. Considering the total population beolw, crude rate of hospital treated injuries in Norway 2012 is 6.0%. |
| 23 | Reference population data provided | Population of Norway 2012 was 4 985 870 |
| 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 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 administrator (organization) | Helsedirektoratet – Norwegian Directorate of Health, Norwegian Patient Register – Nasjonalt pasient register<br>http://helsedirektoratet.no/kvalitet-planlegging/norsk-pasientregister-npr/Sider/default.aspx |
| 26 | Contact: Responsible person | Stian Thoresen Aspenes<br>Norwegian Patient Register, telephone: +47 92085164<br>eMail address: stian.thoresen.aspenes@helsedir.no |
| 27 | Signature | J. Lund |
| 28 | Date of completion of this file | 20140530 |

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

| **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 | This sample is assessed to be representative for Norway. |

| | | |
|---|---|---|
| | extrapolation from sample to national incidence | 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 rate of hospital 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<br>Norwegian Patient Register, telephone: +47 91247756<br>eMail address: lena.denstad@helsedir.no |
| 27 | Signature | J.Lund |
| 28 | Date of completion of this file | 20150725 |

Metadata form 2015 not found

# Poland

| **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<br>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 7th, 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 a representative sample of hospitals | It is the biggest pediatric trauma senter in Greater Poland Voivodeship |
| 16 | Sampling of cases within hospitals | All of the cases were covered in this database. |
| 17 | Percentage of admissions in data file | 11.2% |
| 18 | Relative sample size (admissions) | 10.55% |

| | | |
|---|---|---|
| 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 |

| **National File Information (Full 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<br>We have chosen one day each week to register the patients with trauma. |
| 6 | Data file name (FDS) | idb_poznan2013 |
| 7 | Date of creation of FDS file | 20140605 |
| 8 | Range of data of attendance | 20131022– 20131231 |
| 9 | Original coding dictionary | Version August 7th, 2012, amendments MARCH2013 |
| 10 | Dictionary modifications | No modifications |
| 11 | (Eventual) Bridge coding applied | ICD10, idbgla programme |
| 12 | No. of records in the data file | 258 |
| 13 | No. of FDS reference hospitals | 1 |
| 14 | Geographic scope | Poznań city and most of Greater Poland Voivodeship |
| 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 hospitals | We have chosen one day each week to register all of the patients with 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 data file | 10.85% |
| 19 | Minimum Quality Control Checks | n |
| 20 | Average percentage of "unknown" | ~5% |

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

| **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<br>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 7th, 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 a representative sample of hospitals | It is the biggest pediatric trauma senter in Greater Poland Voivodeship |
| 16 | Sampling of cases within hospitals | All of the cases were covered in this database. |
| 17 | Percentage of admissions in data file | 10.4% |
| 18 | Relative sample size (admissions) | 8.93% |
| 19 | Relative sample size (ambulatory treatments) | 38.87% |
| 20 | Minimum Quality Control Checks | n |
| 21 | Average percentage of “unknown”” | 1,6% |
| 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 |

| 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<br>We have chosen one day each week to register the patients with trauma. |
| 6 | Data file name (FDS) | idb_poznan2014 |
| 7 | Date of creation of FDS file | 201400605 |
| 8 | Range of data of attendance | 20140101– 20140522 |
| 9 | Original coding dictionary | Version August 7th, 2012, amendments MARCH2013 |
| 10 | Dictionary modifications | No modifications |
| 11 | (Eventual) Bridge coding applied | ICD10, idbgla programme |
| 12 | No. of records in the data file | 418 |
| 13 | No. of FDS reference hospitals | 1 |
| 14 | Geographic scope | Poznań city and most of Greater Poland Voivodeship |
| 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 hospitals | We have chosen one day each week to register all of the patients with 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 data file | 22.48% |
| 19 | Minimum Quality Control Checks | n |
| 20 | Average percentage of "unknown" | ~5% |
| 21 | (Eventual) additional comments (for the user): | - |
| 22 | Responsible data administrator (organization) | Sp ZOZ nad Matką i Dzieckiem w Poznaniu, ul.Krysiewicza 7/8, Poland, Oddział Chirurgii Dziecięcej |
| 23 | Contact: Responsible person | Mariusz Sykała – project leader, pediatric surgeon |
| 24 | Signature | |
| 25 | Date of completion of this file | 20140605 |

# 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 | y |
| (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<br>www.insarj.pt |
| Contact: Responsible person | Teresa Contreiras<br>+351217520487<br>Teresa.contreiras@insa.min-saude.pt |
| Signature | |
| Date of completion of the this file | 15 de Abril de 2012 |

| **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 | y |
| 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 www.insarj.pt |
| 23 | Contact: Responsible person | Teresa Contreiras<br>+351217520487<br>Teresa.contreiras@insa.min-saude.pt |
| 24 | Signature | |
| 25 | Date of completion of this file | 2013-10-13 |

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | **Portugal** |
| 2 | Year | **2012** |
| 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_2012_Final |
| 7 | Date of creation of FDS file | 2013_07_07 |
| 8 | Range of data of attendance | 20120101 – 20121231 |
| 9 | Original coding dictionary | 2005 |
| 10 | Dictionary modifications | n |
| 11 | (Eventual) Bridge coding applied | n |
| 12 | No. of records in the data file | 4978 |
| 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 | 5.26% |

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

| **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 | y |
| 20 | Average percentage of “unknown” | 35,7% |

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

| **National 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:<br>-Transport injury event<br>- Objects (3 variables)<br>- type injury_2<br>- part_body_injury_2<br>- relation, sex and age of victim_perpetrator<br>- previous self harm<br>- role of injury person<br>- counterpart<br>- type of sport |
| 11 | (Eventual) Bridge coding applied | 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 | y |
| 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<br>www.insarj.pt |

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

| **IDB-Metadata (National IDB data file information form)** | | | |
|---|---|---|---|
| Country | | **PORTUGAL (0033)** | |
| Year | | **2015** | |
| Question | Specification | Answer | Comments (additional information in case of No) |
| ***Scope*** | | | |
| 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 cases** | | | |
| 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 | |
| ***Representativeness 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 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 0-14a | 32.8% | |
| ***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 | 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*** | | | |
| 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 | Y | |

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

| **IDB-Metadata (National IDB data file information form)** | | | |
|---|---|---|---|
| Country | | **Portugal (0033)** | |
| Year | | **2016** | |
| Question | Specification | Answer | Comments (additional information in case of No) |
| ***Scope*** | | | |
| 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 | |
| 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 cases** | | | |
| 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 | |
| ***Representativeness 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) | 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 | N | |

| | | | |
|---|---|---|---|
| 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*** | | | |
| Rate of admissions? | Percentage of treatment code 1 | 06.1% | |
| 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). | 20.5% | |
| Rate of children? | Percentage of children 0-14a | 34.2% | |
| ***Quality of estimated rate*** | | | |
| Incidence (ED presentation) rate available? | Crude rate, standardised for age and sex, using Eurostat population projection by 1 January | N | |
| 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 | N | |
| Known bias (e.g. regarding admissions) corrected? | No bias is known or bias has been corrected by means of external | N | |

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|---|---|---|---|
| | statistics before calculating rates | | |
| ***Data delivery*** | | | |
| 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 data provider*** | | | |
| National register name (and eventual abbreviation) | | EVITA - Epidemiologia e Vigilância dos Traumatismos e Acidentes | |
| Name of organization | In national language and English | Departamento de Epidemiologia Instituto Nacional de Saúde Dr. Ricardo Jorge<br>Epidemiology Department National Institute of Health Dr. Ricardo Jorge | |
| Name of respondent (contact person) | | Tatiana Alves<br>Ricardo Mexia | |
| E-mail address of contact person | | ricardo.mexia@insa.min-saude.pt<br>tatiana.alves@insa.min-saude.pt | |
| Date of completion of this form | | 25/06/2017 | |

# Romania

| **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 attendance | 201301dd – 201312dd |
| 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 file | 0010855 |
| 13 | No. of MDS reference hospitals | 004* |
| 14 | Geographic scope | Central Region |
| 15 | Hospital characteristics | Hospitals have been selected based on: |

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

| **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) |

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| 10 | Dictionary modifications | Added extra variables on RTI: usage of child safety systems and extra variables on distracted driving (alcohol, drugs, texting)<br>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<br>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, Chereches RM, Sirlincan EO, Boeriu C, Baba CO. *Epidemiology of assault and self-harm injuries treated in a large Romanian Emergency Department*. Eur J Emerg Med. 2012: 19(3):146-52. |
| 18 | Percentage of admissions in data file | 21.07% |
| 19 | Minimum Quality Control Checks | y |
| 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<br>Babes Bolyai University, Center for Health Policy and Public Health<br>www.publichealth.ro |
| 23 | Contact: Responsible person | Diana Rus,<br>Diana.rus@publichealth.ro<br>+40 742 020 689<br>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 |

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| | 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 delimitation of reporting year) | 20100101 – 20101231 |
| No. of national reference hospitals | 15 |
| No. of records in the data file | 29679 records of discharges |
| Ratio admissions / all records | 4,93% of all records are daily cases. All records are inpatients, among which 4,93% are daily cases. |
| Representativeness of sampling of hospitals | All hospitals in Slovenia country are covered.<br>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 sampling of cases within hospitals | All cases within all hospitals are covered |
| Data entry method | Data entry is carried out by hospital staff using existing hospital applications. |
| Sample ratio for admissions/discharges due to injuries or... | 100% |
| Alternatively: Sample ratio for ED/ambulatory treatments due to injuries | Not available.<br><br>We did not use the sample of hospitals. |
| Original coding dictionary | The Injury Database (IDB) coding manual version 1.1 – June 2005. |
| Dictionary modifications | / |
| (Eventual) Bridge coding applied | The bridge coding from ICD-10 was applied to the data to produce the IDB data file. |
| Standard Quality Control Statement | n |
| Average % of “missing” (excluding date of birth) | Below 1 %. |
| Average % of “unknown” (excluding date of birth) | 10 cases have unknown country code<br>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 incidence rates | xxxxx |
| National population reference data provided | y |
| (Eventual) additional comments (for the user): | xxxxx |
| Data supplier: The National IDB Data Administrator (organization) | National Institute of Public Health<br>Health Data Centre<br>http://www.ivz.si/ |
| Contact: Responsible person | Metka Zaletel<br>Trubarjeva 2, 1000 Ljubljana<br>+38612441457<br>metka.zaletel@ivz-rs.si (and CC to edamis@ivz-rs.si) |
| Signature | xxxxx |
| Date of completion of the this file | 20120725 |

| **National IDB File Information (Minimum Data Set)** | | |
|---|---|---|
| 1 | Country | **Slovenia** |
| 2 | Year | **2011** |
| 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 |

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| | | System and Databases called “The Health Care Databases Act“.<br><br>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.<br><br>All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.<br><br>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.<br><br>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 MDS file | 20130711 |
| 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 | / |
| 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 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).<br><br>Known bias:<br>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. |

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| | | 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 within hospitals | All cases within sample hospitals are covered. | |
| 17 | Percentage of admissions in data file | 10.7% | |
| 18 | Relative sample size (admissions) | 37.7% | |
| 19 | Relative sample size (ambulatory treatments) | 54.3% | |
| 20 | Minimum Quality Control Checks | y | |
| 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 | y | |
| 24 | (Eventual) additional comments (for the user): | / | |
| 25 | Responsible data administrator (organization) | Nacionalni inštitut za javno zdravje<br>Zdravstveno podatkovni center<br><br>National Institute of Public Health<br>Health Data Centre<br>http://www.nijz.si/ | |
| 26 | Contact: Responsible person | Metka Zaletel<br>Trubarjeva 2, 1000 Ljubljana<br>+38612441457<br>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 Set)** | | |
|---|---|---|
| 1 | Country | **Slovenia** |
| 2 | Year | **2011** |
| 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".<br><br>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.<br><br>All patients who are admitted for one day or longer in all hospitals are recorded in |

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| | | existing National Hospital Health Care Statistics Database.<br><br>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.<br><br>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 | / |
| 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).<br><br>Known bias:<br>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.<br>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% |

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| | (admissions) | | |
| 19 | Relative sample size (ambulatory treatments) | 42.5% | |
| 20 | Minimum Quality Control Checks | y | |
| 21 | Average percentage of “unknown”” | 2% | Remark: Max. in the case of Number of days in hospital 14.2% and mechanism of injury 12.8%. |
| 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 | y | |
| 24 | (Eventual) additional comments (for the user): | / | |
| 25 | Responsible data administrator (organization) | Nacionalni inštitut za javno zdravje<br>Zdravstveno podatkovni center<br><br>National Institute of Public Health<br>Health Data Centre<br>http://www.nijz.si/ | |
| 26 | Contact: Responsible person | Metka Zaletel<br>Trubarjeva 2, 1000 Ljubljana<br>+38612441457<br>metka.zaletel@nijz.si (and CC to edamis@nijz.si) | |
| 27 | Signature | | |
| 28 | Date of completion of this file | 20140224 | |

| **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“.<br><br>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.<br><br>All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.<br><br>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. |

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| | | 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-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).<br><br>Known bias:<br>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.<br>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 within hospitals | All cases within 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 | y | |
| 21 | Average percentage of “unknown”” | 7.2% | Remark: Max. in the case of mechanism of injury 34.8%. |

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| 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 |
| 24 | (Eventual) additional comments (for the user): | / |
| 25 | Responsible data administrator (organization) | Nacionalni inštitut za javno zdravje<br>Zdravstveno podatkovni center<br><br>National Institute of Public Health<br>Health Data Centre<br>http://www.nijz.si/ |
| 26 | Contact: Responsible person | Metka Zaletel<br>Trubarjeva 2, 1000 Ljubljana<br>+38612441457<br>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 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“.<br><br>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.<br><br>All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.<br><br>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.<br><br>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 |

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| | | 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 | 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).<br><br>Known bias:<br>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.<br>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 | 10.8% | |
| 18 | Relative sample size (admissions) | 30.1% | |
| 19 | Relative sample size (ambulatory treatments) | 41.0% | |
| 20 | Minimum Quality Control Checks | y | |
| 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 comments (for the user): | / |
| 25 | Responsible data administrator (organization) | Nacionalni inštitut za javno zdravje<br>Zdravstveno podatkovni center<br><br>National Institute of Public Health<br>Health Data Centre<br>http://www.nijz.si/ |
| 26 | Contact: Responsible person | Metka Zaletel<br>Trubarjeva 2, 1000 Ljubljana<br>+38612441457<br>metka.zaletel@nijz.si (and CC to edamis@nijz.si) |
| 27 | Signature | |
| 28 | Date of completion of this file | 20140224 |

| **National IDB File Information (Minimum 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“.<br><br>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.<br><br>All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.<br><br>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.<br><br>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-2013-MDS_v1.dat |
| 7 | Date of creation of MDS 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 | 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 (6th ed.) was implemented in Slovenia, so for 2013 bridge coding from ICD-10-AM (6th) 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).<br><br>Known bias:<br>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.<br>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 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 | y |
| 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 | y |
| 24 | (Eventual) additional comments (for the user): | / |
| 25 | Responsible data administrator | Nacionalni inštitut za javno zdravje<br>Zdravstveno podatkovni center |

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

| **National 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“.<br><br>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.<br><br>All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.<br><br>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.<br><br>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 (6th ed.) was implemented in Slovenia, so for 2013 bridge coding from ICD-10-AM (6th) 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).<br><br>Known bias:<br>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.<br>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 | 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 | y |
| 20 | Average percentage of “unknown” | 16.2% |
| 21 | (Eventual) additional comments (for the user): | / |
| 22 | Responsible data administrator (organization) | Nacionalni inštitut za javno zdravje<br>Zdravstveno podatkovni center<br><br>National Institute of Public Health<br>Health Data Centre<br>http://www.nijz.si/ |
| 23 | Contact: Responsible person | Metka Zaletel<br>Trubarjeva 2, 1000 Ljubljana<br>+38612441457<br>metka.zaletel@nijz.si (and CC to edamis@nijz.si) |
| 24 | Signature | |
| 25 | Date of completion of this file | 20140530 |

| 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".<br><br>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.<br><br>All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.<br><br>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.<br><br>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 | / |
| 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 ($6^{th}$ 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 | 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).<br><br>Known bias:<br>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.<br>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 within | All cases within sample hospitals are covered. |

| | | |
|---|---|---|
| | hospitals | |
| 17 | Percentage of admissions in data file | 10.6% |
| 18 | Relative sample size (admissions) | n.a. (at the moment national hospital discharge statistic for 2014 is not available yet) |
| 19 | Relative sample size (ambulatory treatments) | n.a. (at the moment national statistic of ED treatments for 2014 is not available yet) |
| 20 | Minimum Quality Control Checks | y |
| 21 | Average percentage of "unknown"" | 6.7 % |
| 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 | y |
| 24 | (Eventual) additional comments (for the user): | / |
| 25 | Responsible data administrator (organization) | Nacionalni inštitut za javno zdravje<br>Zdravstveno podatkovni center<br><br>National Institute of Public Health<br>Health Data Centre<br>http://www.nijz.si/ |
| 26 | Contact: Responsible person | Metka Zaletel<br>Trubarjeva 2, 1000 Ljubljana<br>+38612441457<br>metka.zaletel@nijz.si (and CC to edamis@nijz.si) |
| 27 | Signature | |
| 28 | Date of completion of this file | 20150819 |

| **National IDB File Information (IDB Full 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".<br><br>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.<br><br>All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.<br><br>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.<br><br>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-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 (6th ed.) was implemented in Slovenia, so for 2013 bridge coding from ICD-10-AM (6th) 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 | 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).<br><br>Known bias:<br>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.<br>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 | 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 | y |
| 20 | Average percentage of “unknown” | 5.5% |
| 21 | (Eventual) additional comments (for the user): | / |
| 22 | Responsible data administrator (organization) | Nacionalni inštitut za javno zdravje<br>Zdravstveno podatkovni center<br><br>National Institute of Public Health<br>Health Data Centre<br>http://www.nijz.si/ |
| 23 | Contact: Responsible person | Metka Zaletel<br>Trubarjeva 2, 1000 Ljubljana<br>+38612441457<br>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) |
| ***Scope*** | | | |
| 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 cases** | | | |
| 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 | |
| ***Representativeness 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) | 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 | |
| ***Quality of recording*** | | | |
| Rate of admissions? | Percentage of treatment code 1 | 6.2% | |
| 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, | 6.9% | |

| | | | |
|---|---|---|---|
| | intent, location, mechanism, activity (mandatory data elements where “unknown” is allowed). | | |
| Rate of children? | Percentage of children 0-14a | 20.9% | |
| ***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 | 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? | 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 excluded in both, IDB and HDR (or EDR) | N | |
| Non-residents consistently included for projection? | If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR) | N | |
| 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 | N | Known bias:<br>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.<br>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 delivery*** | | | |
| 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 data provider*** | | | |
| National register name (and eventual abbreviation) | | The Out-Patient Specialist Services Database (National Emergency Department Data); National Hospital Health Care Statistics Database | |
| Name of organization | In national language and English | Nacionalni inštitut za javno zdravje<br>Zdravstveno podatkovni center<br><br>National Institute of Public Health<br>Health Data Centre<br>http://www.nijz.si/ | |
| Name of respondent (contact person) | | Tina Zupanič | |
| E-mail address of contact person | | tina.zupanic@nijz.si (and CC to edamis@nijz.si) | |
| 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) |
| ***Scope*** | | | |
| 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 cases** | | | |
| 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 | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y | |
| Number of hospitals in the | | 004 | |

| | | | |
|---|---|---|---|
| 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) | 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 | |
| ***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, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed). | 8.2% | |
| Rate of children? | Percentage of children 0-14a | 21.4% | |
| ***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 | 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? | 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 | If HDR or EDR method is applied: day care patients | N | |

| | | | |
|---|---|---|---|
| projection? | excluded in both, IDB and HDR (or EDR) | | |
| Non-residents consistently included for projection? | If HDR or EDR method is applied: non-residents included in both, IDB and HDR (or EDR) | N | |
| 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 | N | Known bias:<br>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.<br>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 delivery*** | | | |
| 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 data provider*** | | | |
| National register name (and eventual abbreviation) | | The Out-Patient Specialist Services Database (National Emergency Department Data); National Hospital Health Care Statistics Database | |
| Name of organization | In national language and English | Nacionalni inštitut za javno zdravje<br>Zdravstveno podatkovni center<br><br>National Institute of Public Health<br>Health Data Centre<br>http://www.nijz.si/ | |
| Name of respondent (contact person) | | Tina Zupanič | |
| E-mail address of contact person | | tina.zupanic@nijz.si (and CC to edamis@nijz.si) | |
| Date of completion of this form | | 20170728 | |

# Spain

| 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<br>-<br>20131231 |
| 9 | Original coding dictionary | IDB-JAMIE Full Data Set (IDB-FDS) Data Dictionary. VERSION 1.3.Version November 2013.<br>No full translation into Spanish |
| 10 | Dictionary modifications | None |
| 11 | 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 representative sample 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.<br>http://www.navarra.es/NR/rdonlyres/47F22173-ACA8-4B14-953F-D6146B813D19/282343/Memoria2013Navegabledefinitiva.pdf |
| 17 | Percentage of admissions in data file | 20.0%-25.0 % |
| 18 | Relative sample size (admissions) | Arount 15% |
| 19 | Relative sample size (ambulatory treatments) | 85.0 % |
| 20 | Minimum Quality Control Checks | y |
| 21 | Average percentage of “unknown”” | Less than 2% except for Part of injury 1 that is 44,8% |
| 22 | Method for extrapolation from sample to national incidence | It will be done by method 1 |
| 23 | Reference population data provided | y |

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

| **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 –<br>20131230 |
| 9 | Original coding dictionary | IDB-JAMIE Full Data Set (IDB-FDS) Data Dictionary. VERSION 1.3.Version November 2013.<br>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 | y |
| 20 | Average percentage of "unknown" | 20.0% (with high variability) |
| 21 | (Eventual) additional comments (for the user): | |
| 22 | Responsible data administrator (organization) | Servicio Navarro de Salud |
| 23 | Contact: Responsible person | Marisol Fragoso<br>Navarrabiomed<br>Irunlarrea s/n 31007 Pamplona<br>mfragosr@navarra.es<br>+(34)848422607 |
| 24 | Signature |  |
| 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,<br>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<br><br>Medical information: Computerized hospital System<br><br>IDB data entry: Special developed data entry software. |
| Sample ratio for admissions/discharges due to injuries or... | 6966/129 566=5,4% (main diagnosis S00-T98)<br>6966/166901=4,2% (external causes V01-Y98)<br><br>Same person is counted maximum one time for the same main diagnosis (3 char) or external causes (3 char) |

| | |
|---|---|
| Alternatively: Sample ratio for ED/ambulatory treatments due to injuries | n.a. |
| 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 Statement | n |
| Average % of “missing” (excluding date of birth) | n.a. |
| Average % of “unknown” (excluding date of birth) | n.a. |
| ECHI indicator 29b | About 5500/100.000 |
| Method for projection of incidence rates | Population in catchment areas and in Sweden. |
| National population reference data provided | yes |
| (Eventual) additional comments (for the user): | |
| Data supplier: The National IDB Data Administrator (organization) | National Board of Health and Welfare<br>Department of Statistics, Monitoring and Evaluation<br>S-106 30 Stockholm, Sweden |
| Contact: Responsible person | Caisa Anufrijeff Röhr<br>Cajsa.rohr@socialstyrelsen.se |
| Signature | |
| Date of completion of the this file | 20120925 |

| **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 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<br><br>Medical information: Computerized hospital System<br><br>IDB data entry: Special developed data entry software. |
| 18 | Percentage of admissions in data file | 16.8% |
| 19 | Minimum Quality Control Checks | y |
| 20 | Average percentage of “unknown” | 4.6%<br>17 data elements in Table 8.3D (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 | Caisa Anufrijeff Röhr<br>Cajsa.rohr@socialstyrelsen.se<br>Tomas Wänskä<br>Tomas.wanska@socialstyrelsen.se<br><br>National Board of Health and Welfare<br>Department of Statistics, Monitoring and Evaluation<br>S-106 30 Stockholm, Sweden |
| 24 | Signature | xxx |
| 25 | Date of completion of this file | 2013-05-20 |

| **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<br><br>Medical information: Computerized hospital System<br><br>IDB data entry: Special developed data entry software. |
| 18 | Percentage of admissions in data file | **16.4%** |
| 19 | Minimum Quality Control Checks | **y** |
| 20 | Average percentage of “unknown” | **4.2%**<br>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<br>Pernilla.fagerstrom@socialstyrelsen.se<br><br>National Board of Health and Welfare<br>Department of Statistics, Monitoring and Evaluation<br>S-106 30 Stockholm, Sweden |
| 24 | Signature | xxx |
| 25 | Date of completion of this file | 2013-10-31 |

| **National IDB File Information (Full Data Set)** | | |
|---|---|---|
| 1 | Country | **Sweden** |
| 2 | Year | **2013** |

| | | |
|---|---|---|
| 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_2013 |
| 7 | Date of creation of FDS file | 2014-08-25 |
| 8 | Range of data of attendance | 20130101 – 20131231 |
| 9 | Original coding dictionary | NCECI 3 |
| 10 | Dictionary modifications | The Swedish IDB data for 2013 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 | 53807 |
| 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<br><br>Medical information: Computerized hospital System<br><br>IDB data entry: Special developed data entry software |
| 18 | Percentage of admissions in data file | 16.5% |
| 19 | Minimum Quality Control Checks | y |
| 20 | Average percentage of "unknown" | 3.4%<br>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. The transport variables is coded or recoded by the National board of Health and Welfare. That leads to less good quality. |
| 22 | Responsible data | Socialstyrelsen, National Board of Health and Welfare |

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

| **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<br><br>Medical information: Computerized hospital System |

| | | |
|---|---|---|
| | | IDB data entry: Special developed data entry software |
| 18 | Percentage of admissions in data file | 15.3 % |
| 19 | Minimum Quality Control Checks | y |
| 20 | Average percentage of "unknown" | 3.7%<br>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. The transport variables is coded or recoded by the National board of Health and Welfare. That leads to less good quality.<br>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 administrator (organization) | Socialstyrelsen, National Board of Health and Welfare |
| 23 | Contact: Responsible person | Pernilla Fagerström<br>Pernilla.fagerstrom@socialstyrelsen.se<br><br>National Board of Health and Welfare<br>Department of Statistics and Comparisons<br>S-106 30 Stockholm, Sweden |
| 24 | Signature | xx |
| 25 | Date of completion of this file | 20170131 |

| **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 | 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 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 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 | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y | |
| Number of hospitals in the sample? | | 6 | |
| 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/N | All the regions and parts of Sweden are not covered |
| 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/N | Not a big variation in age but no deeper controls have been carried out. The hospitals which have been interested in contributing are included. |
| ***Quality of recording*** | | | |
| Rate of admissions? | Percentage of treatment code 5 and 8 | 14.1% | |
| 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). | 1.3% | |
| Rate of children? | Percentage of children 0-14a | 27.7% | |
| ***Quality of estimated rate*** | | | |
| Incidence (ED presentation) rate available? | Crude rate, standardised for age and sex, using Eurostat population projection by 1 January | Y/N | |
| Valid at national level? | Tick no, if rate is valid at regional level and add name of the region | Y | But with uncertainty, because of the different conditions in different regions. |
| 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 | Yes, but it’s not possible to know for sure if it’s a follow-up or not. |
| Day-care patients | If HDR or EDR method is applied: day | Y | 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 hospitals provided? | | Y | |
| ***National data provider*** | | | |
| National register name (and eventual abbreviation) | IDB Sweden | | |
| Name of organization | Socialstyrelsen<br>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

| **National 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.<br>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<br>VERSION 1.1 – JUNE 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 | 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 | y |
| 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<br>www.thsk.gov.tr |
| 23 | Contact: Responsible person | Name of the responsible officer: Asli SUNGUR<br>Address, telephone: Cemal Gursel Cad. No:55, 06100, Sihhiye ANKARA<br>Email address: asli.sungur@thsk.gov.tr |
| 24 | Signature | |
| 25 | Date of completion of this file | 2013-11-29 |

| **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.<br>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<br>DATA DICTIONARY<br>VERSION 1.1 – JUNE 2005 (English Version) |
| 10 | Dictionary | Data is delivered in accordance with the required data dictionary. |

| | | |
|---|---|---|
| | modifications | |
| 11 | (Eventual) Bridge coding applied | No bridge coding table is applied |
| 12 | No. of records in the data file | 0022140 |
| 13 | No. of FDS reference hospitals | 015 |
| 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 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 | y |
| 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<br>www.thsk.gov.tr |
| 23 | Contact: Responsible person | Name of the responsible officer: Sevgi Güler<br>Address, telephone: Sağlık Sok. No:53, 06100, Kolej/ ANKARA<br>Email address: sevgi.guler@thsk.gov.tr<br>Tel:+90 312 565 61 65 |
| 24 | Signature | |
| 25 | Date of completion of this file | 2014-12-31 |

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 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.<br>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 |

| | | |
|---|---|---|
| 9 | Original coding dictionary | THE INJURY DATABASE (IDB) CODING MANUAL<br>DATA DICTIONARY<br>VERSION 1.1 – JUNE 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 | 0021620 |
| 13 | No. of FDS reference hospitals | 015 |
| 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 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 | y |
| 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<br>www.thsk.gov.tr |
| 23 | Contact: Responsible person | Name of the responsible officer: Fatma Zehra Yıldız<br>Address, telephone: Sağlık Sok. No:53, 06100, Kolej/ ANKARA<br>Email address: fzehra.yildiz@saglik.gov.tr<br>Tel:+90 312 565 61 46 |
| 24 | Signature | |
| 25 | Date of completion of this file | 2014-05-04 |

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | TURKEY |
| 2 | Year | 2015 |
| 3 | National Register Name | ULUSAL KAZA YARALANMA VERITABANI (UKAY) |
| 4 | Purpose of the register | To monitor the injuries in Turkey.<br>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 FDS file | 2017-10-03 |
| 8 | Range of data of attendance | 2015-01-01/2015-12-31 |
| 9 | Original coding | THE INJURY DATABASE (IDB) CODING MANUAL |

| | | |
|---|---|---|
| | dictionary | DATA DICTIONARY<br>VERSION 1.1 – JUNE 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 | 0016859 |
| 13 | No. of FDS reference hospitals | 015 |
| 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 | y |
| 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<br>www.thsk.gov.tr |
| 23 | Contact: Responsible person | Name of the responsible officer: Banu Ekinci<br>Address, telephone: Saglik-1 Sok. No:53, 06100, Kolej/ ANKARA<br>Email address: drbanutek@yahoo.com<br>banu.ekinci@saglik.gov.tr<br>Tel:+90 312 565 61 03 |
| 24 | Signature | |
| 25 | Date of completion of this file | 2015-12-31 |

| **National IDB File Information (IDB Full Data Set)** | | |
|---|---|---|
| 1 | Country | **TURKEY** |
| 2 | Year | **2016** |
| 3 | National Register Name | ULUSAL KAZA YARALANMA VERITABANI (UKAY) |
| 4 | Purpose of the register | To monitor the injuries in Turkey.<br>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<br>DATA DICTIONARY<br>VERSION 1.1 – JUNE 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 | y |
| 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<br>www.thsk.gov.tr |
| 23 | Contact: Responsible person | Name of the responsible officer: Banu Ekinci<br>Address, telephone: Saglik-1 Sok. No:53, 06100, Kolej/ ANKARA<br>Email address: drbanutek@yahoo.com<br>banu.ekinci@saglik.gov.tr<br>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*** | | | |
| 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 cases** | | | |
| 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 | |
| ***Representativeness 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 | 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 age and type of injury | Y/N | |
| ***Quality of recording*** | | | |
| Rate of admissions? | Percentage of treatment code 1 | 07.6% | |
| 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, | 10.5% | |

| | | | |
|---|---|---|---|
| | part of body1, intent, location, mechanism, activity (mandatory data elements where "unknown" is allowed). | | |
| Rate of children? | Percentage of children 0-14a | 23.0% | |
| ***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*** | | | |
| 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 | | 21/03/2017 | |

| **IDB-Metadata (National IDB data file information form) – revised 03_2017** | | | |
|---|---|---|---|
| Country | | **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 (home, leisure, sport, | All MDS options for intent, setting and activity covered | 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 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 cases** | | | |
| 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 | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y | |
| Number of hospitals in the sample? | | 005 | |
| 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 balanced by geo-coverage? | 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*** | | | |
| Rate of admissions? | Percentage of treatment code 1 | 07.3% | |
| 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). | 09.0% | |
| Rate of children? | Percentage of children 0-14a | 24.9% | |
| ***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 | HDR-method or EDR-method is used for projection (or IDB-MDS file contains all | Y | EDR method |

| | | | |
|---|---|---|---|
| used (or no projection needed)? | national cases) | | |
| 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*** | | | |
| 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 | | 21/03/2017 | |

| **IDB-Metadata (National IDB data file information form) – revised 03_2017** | | | |
|---|---|---|---|
| Country | | **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 (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 cases** | | | |
| Only patients diagnosed as suffering | Equivalent to ICD-10 S00-T98 (chapter XIX) | Y | |

| | | | |
|---|---|---|---|
| from injury? | | | |
| 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 | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y | |
| Number of hospitals in the sample? | | 005 | |
| 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 balanced by geo-coverage? | 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*** | | | |
| Rate of admissions? | Percentage of treatment code 1 | 06.3% | |
| 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). | 09.4% | |
| Rate of children? | Percentage of children 0-14a | 23.8% | |
| ***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 | If HDR or EDR method is applied: non-residents included in both, IDB and HDR | Y | |

| | | | |
|---|---|---|---|
| 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? | | N | 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 | | 21/03/2017 | |

| **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 (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 cases** | | | |
| 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 | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y | |
| Number of hospitals in the sample? | | 005 | |
| Recommended | All hospitals (nat. pop <1m); minimum 3 | N | Only hospitals providing high |

| | | | |
|---|---|---|---|
| number of hospitals? | hospitals (nat. pop. 1-3m), 5 (nat. pop 3-12m), 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-coverage? | 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*** | | | |
| Rate of admissions? | Percentage of treatment code 1 | 06.9% | |
| 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? | | 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*** | | | |
| 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 | | 21/03/2017 | |

| **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 (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 cases** | | | |
| 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 | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y | |
| Number of hospitals in the sample? | | 005 | |
| 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 balanced by geo-coverage? | 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 | General hospitals, trauma centre or university hospital, child clinic included; | Y | 2 major ED units and 3 ED minor units |

| | | | |
|---|---|---|---|
| type? | 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/N | |
| ***Quality of recording*** | | | |
| Rate of admissions? | Percentage of treatment code 1 | 07.2% | |
| 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). | 08.7% | |
| Rate of children? | Percentage of children 0-14a | 23.9% | |
| ***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*** | | | |
| 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 | | 21/03/2017 | |

| IDB-Metadata (National IDB data file information form) | | | |
|---|---|---|---|
| Country | | **United 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 (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 cases** | | | |
| 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 | |
| ***Representativeness of the sample*** | | | |
| Recommended number of cases? | More than 10.000 cases | Y | |
| Number of hospitals in the sample? | | 005 | |
| 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 balanced by geo-coverage? | 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*** | | | |
| Rate of admissions? | Percentage of treatment code 1 | 07.0% | |
| 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). | 08.2% | |

| | | | |
|---|---|---|---|
| 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*** | | | |
| 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 | | 21/03/2017 | |

# 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 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 |
| **CYPRUS (2)** | | | |
| 12. | Γενικό Νοσοκομείο Λευκωσίας<br>Nicosia General Hospital (2011 + 2012) | Nicosia | General Hospital |
| 13. | Γενικό Νοσοκομείο Αμμοχώστου<br>Ammochostos General Hospital (2011) | Paralimni | General Hospital |
| **CZECH REPUBLIC (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 |

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|---|---|---|---|
| 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 |
| **DENMARK (2)** | | | |
| 45. | Glostrup hospital (2011) | Glostrup, Copenhagen | Local hospital (no ambulances) |
| 46. | Aarhus Universitetshospital (2011+2012) | Aarhus | General+trauma+university |
| **GERMANY (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 |
| **ITALY (10)** | | | |
| 49. | Ospedale Generale Regionale “Umberto Parini” (“Umberto Parini” General Regional Hospital of the Aosta Valley) | Aosta | General hospital |
| 50. | Ente Ospedaliero di rilievo nazionale e di alta specializzazione Ospedali "Galliera" (Galliera's Hospitals Group) | Genova (Genoa) | General hospital - national reference hospital centre |
| 51. | Istituto di Ricovero e Cura a Caratere Scientifico "G. Gaslini" ("G. Gaslini" Institute) | Genova (Genoa) | Children’s hospital - national scientific institute |
| 52. | Ospedale "Morgagni-Pierantoni" di Forlì - Presidio Ospedaliero di Forlì ("Morgagni-Pierantoni" Hospital - Hospital Centres of the Local Health Unit of Forlì) | Forlì | General hospital |
| 53. | Ospedale di Forlimpopoli - Presidio Ospedaliero di Forlì (Forlimpopoli Hospital - Hospital Centres of the Local Health Unit of Forlì) | Forlimpopoli | General hospital |
| 54. | Ospedale "Nefetti" di Santa Sofia - Presidio Ospedaliero di Forlì (("Nefetti" Hospital - Hospital Centres of the Local Health Unit of Forlì) | Santa Sofia | General hospital |
| 55. | Ospedale "San Giovanni Battista" di Foligno - Polo Ospedaliero di Foligno ("St. John Baptist" Hospital - Hospital Centres of Foligno) | Foligno | General hospital |
| 56. | 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 |
| 57. | Ospedale “SS. Benvenuto e Rocco” di Osimo (“SS. Benvenuto e Rocco” Hospital) | Osimo | General hospital |
| 58. | Ospedale di Senigallia (Senigallia Hospital ) | Senigallia | General hospital |
| **LATVIA (20)** | | | |
| 59. | Balvu un Gulbenes slimnīcu apvienība;<br>Balvu and Gulbenes Hospital association | Balvi, Gulbene | General hospital |
| 60. | Bērnu klīniskā universitātes slimnīca;<br>Children Clinical University Hospital | Rīga | Children’s hospital |
| 61. | Cēsu klīnika;<br>Cesu Clinic | Cēsis | General hospital |
| 62. | Daugavpils reģionālā slimnīca;<br>Daugavpils Region Hospital | Daugavpils | General hospital |
| 63. | Dobeles un apkārtnes slimnīca;<br>Dobeles Region Hospital | Dobele | General hospital |
| 64. | Jēkabpils reģionālā slimnīca;<br>Jekabpils Region Hospital | Jēkabpils | General hospital |
| 65. | Jelgavas pilsētas slimnīca; | Jelgava | General hospital |

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|---|---|---|---|
| | Jelgavas city Hospital | | |
| 66. | Krāslavas slimnīca;<br>Kraslavas Hospital | Krāslava | General hospital |
| 67. | Kuldīgas slimnīca;<br>Kuldigas Hospital | Kuldīga | General hospital |
| 68. | Madonas slimnīca;<br>Madonas Hospital | Madona | General hospital |
| 69. | Ogres rajona slimnīca;<br>Ogres Region Hospital | Ogre | General hospital |
| 70. | Paula Stradiņa klīniskā; universitātes slimnīca; Pauls Stradins Clinical; University Hospital | Rīga | University hospital |
| 71. | Radziņš Māris - ārsta prakse ķirurģijā; Radzins Maris – medical practice in surgery | Rūjiena | General practice |
| 72. | Rēzeknes slimnīca;<br>Rezeknes Hospital | Rēzekne | General hospital |
| 73. | Rīgas 2. Slimnīca;<br>Riga Second Hospital | Rīga | Trauma centre |
| 74. | Rīgas Austrumu klīniskā universitātes slimnīca;<br>Riga Eastern Clinical University Hospital | Rīga | University hospital |
| 75. | Traumatoloģijas un ortopēdijas slimnīca;<br>Hospital of Traumatology and orthopaedics | Rīga | Trauma centre |
| 76. | Tukuma slimnīca;<br>Tukuma Hospital | Tukums | General hospital |
| 77. | Vidzemes slimnīca;<br>Vidzemes Hospital | Valmiera | General hospital |
| 78. | Ziemeļkurzemes reģionālā slimnīca; Northener Kurzemes Region Hospital | Ventspils | General hospital |
| **LUXEMBOURG (1)** | | | |
| 79. | Centre Hospitalier de Luxembourg (www.chl.lu)<br>Luxembourg's Hospital Centre | Luxembourg | General Hospital |
| **THE NETHERLANDS (14)** | | | |
| 80. | Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix | Winterswijk | General |
| 81. | VU Medisch Centrum VU / Medical Centre | Amsterdam | University |
| 82. | Diaconessenziekenhuis / Diaconessen Hospital | Meppel | General |
| 83. | Academisch Ziekenhuis St Radboud / Academic Hospital St. Radboud | Nijmegen | University |
| 84. | St Jans Gasthuis / St. Jans Hospital | Weert | General |
| 85. | Ziekenhuis Lievensberg / Hospital Lievensberg | Bergen op Zoom | General |
| 86. | Zlekenhuis Gelderse Vallei / Hospital Gelderse Vallei | Ede | General |
| 87. | Academisch Medisch Centrum AMC / Academic Medical Centre | Amsterdam | University |
| 88. | Maasziekenhuis / Maas Hospital | Boxmeer | General |
| 89. | IJsselmeerziekenhuis / IJsselmeer Hospital | Lelystad | General |
| 90. | Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas | Winschoten | General |
| 91. | Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht | Delfzijl | General |
| 92. | Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital | Goes | General |
| 93. | Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital | Vlissingen | General |
| **PORTUGAL (4)** | | | |
| 94. | Hospital São Sebastião; Saint Sebastian Hospital | Santa Maria da Feira | General Hospital |
| 95. | Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira | Cova da Beira | General Hospital |
| 96. | Centro Hospitalar de Coimbra; Hospital Centre of Coimbra | Coimbra | General Hospital |
| 97. | Hospital Distrital de Faro; Hospital of Faro | Faro | General Hospital |
| **ROMANIA (1)** | | | |

| | | | |
|---|---|---|---|
| 98. | Unitatea de Primire Urgențe – Serviciul Mobil de Urgență Reanimare și Descarcerare Târgu-Mureș (UPU-SMURD) / Emergency Unit – Mobile Emergency Service for Resuscitation and Extrication (UPU-SMURD) Târgu-Mureș | Târgu-Mureș | County Emergency Hospital |
| **SWEDEN (7)** | | | |
| 99. | Umeå Universitetssjukhus; Umeå University hospital | Umeå | 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 |
| **TURKEY (13)** | | | |
| 106. | Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi; Yildirim Beyazit University Ankara Ataturk Training and Research Hospital | Ankara | University hospital |
| 107. | Antalya Eğitim ve Araştırma Hastanesi; Antalya Training and Research Hospital | Antalya | General hospital |
| 108. | Balıkesir Devlet Hastanesi; Balikesir State Hospital | Balikesir | General hospital |
| 109. | Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi; Bursa Sevket Yilmaz Training and Research Hospital | Bursa | General hospital |
| 110. | Elazığ Eğitim ve Araştırma Hastanesi; Elazig Training and Research Hospital | Elazig | General hospital |
| 111. | Erzurum Eğitim ve Araştırma Hastanesi; Erzurum Training and Research Hospital | Erzurum | General hospital |
| 112. | İstanbul Okmeydanı Eğitim ve Araştırma Hastanesi; İstanbul Okmeydani Training and Research Hospital | Istanbul | General hospital |
| 113. | İstanbul Şişli Etfal Eğitim ve Araştırma Hastanesi; İstanbul Sisli Etfal Training and Research Hospital | Istanbul | General hospital |
| 114. | İzmir Atatürk Eğitim ve Araştırma Hastanesi; Izmir Ataturk Training and Research Hospital | Izmir | General hospital |
| 115. | Kayseri Eğitim ve Araştırma Hastanesi; Kayseri Training and Research Hospital | Kayseri | General hospital |
| 116. | Samsun Eğitim ve Araştırma Hastanesi; Samsun Training and Research Hospital | Samsun | General hospital |
| 117. | Trabzon Kanuni Eğitim ve Araştırma Hastanesi; Trabzon Kanuni Training and Research Hospital | Trabzon | General hospital |
| 118. | Diyarbakır Eğitim ve Araştırma Hastanesi; Diyarbakir Training and Research Hospital | Diyarbakir | General hospital |

## 2013

| | | | |
|---|---|---|---|
| **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) |
| **CYPRUS (1)** | | | |
| 6. | *National language:* Γενικό Νοσοκομείο Λευκωσίας<br>*English language:* Nicosia General Hospital | Nicosia | General Hospital |
| **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 |
| **DENMARK (1)** | | | |
| 38. | Odense Universitetshospital / Odense University Hospital | Odense, Denmark | General hospital; university; trauma centre |
| **GERMANY (1)** | | | |
| 39. | Carl-Thiem-Klinikum Cottbus | Cottbus | General hospital; university hospital |
| **HUNGARY (1)** | | | |
| 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)** | | | |
| 41. | Ospedale Generale Regionale della Val d'Aosta "U. Parini" ("U. Parini", Regional General Hospital of Aosta Valley) | Aosta | General hospital |

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| 42. | Ospedale S. Giovanni Bosco - Torino Nord Emergenza ("St. Giovanni Bosco" General Hospital - Turin North Emergency) | Torino (Turin) | General hospital |
| 43. | Ente Ospedaliero di rilievo nazionale e di alta specializzazione Ospedali "Galliera" (Galliera's Hospitals Group) | Genova (Genoa) | General hospital - hospital centre of national reference |
| 44. | Istituto di Ricovero e Cura a Caratere Scientifico "G. Gaslini" ("G. Gaslini" Institute) | Genova (Genoa) | children's hospital - national scientific institute |
| 45. | Ospedale "San Giovanni Battista" di Foligno - Polo Ospedaliero di Foligno ("St. John the Baptist", Hospital - Hospital Centres of Foligno) | Foligno | General hospital |
| 46. | 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 |
| 47. | Ospedale "SS. Benvenuto e Rocco" di Osimo ("Sts. Benvenuto e Rocco" Hospital) | Osimo | General hospital |
| 48. | Ospedale di Senigallia (Senigallia Hospital ) | Senigallia | General hospital |
| 49. | Presidio Ospedaliero "S. Francesco" di Nuoro ("St. Francis" General Hospital of Nuoro) | Nuoro | General hospital |
| **LATVIA (20)** | | | |
| 50. | Balvu un Gulbenes slimnīcu apvienība / Balvu and Gulbenes Hospital association | Balvi, Gulbene | General hospital |
| 51. | Bērnu klīniskā universitātes slimnīca / Children Clinical University Hospital | Rīga | children's hospital |
| 52. | Cēsu klīnika / Cesu Clinic | Cēsis | General hospital |
| 53. | Daugavpils reģionālā slimnīca / Daugavpils Region Hospital | Daugavpils | General hospital |
| 54. | Dobeles un apkārtnes slimnīca / Dobeles Region Hospital | Dobele | General hospital |
| 55. | Jēkabpils reģionālā slimnīca / Jekabpils Region Hospital | Jēkabpils | General hospital |
| 56. | Jelgavas pilsētas slimnīca / Jelgavas city Hospital | Jelgava | General hospital |
| 57. | Krāslavas slimnīca / Kraslavas Hospital | Krāslava | General hospital |
| 58. | Kuldīgas slimnīca / Kuldigas Hospital | Kuldīga | General hospital |
| 59. | Madonas slimnīca / Madonas Hospital | Madona | General hospital |
| 60. | Ogres rajona slimnīca / Ogres Region Hospital | Ogre | General hospital |
| 61. | Paula Stradiņa klīniskā universitātes slimnīca / Pauls Stradins Clinical University Hospital | Rīga | university hospital |
| 62. | Radziņš Māris - ārsta prakse ķirurģijā / Radzins Maris – medical practice in surgery | Rūjiena | general practice |
| 63. | Rēzeknes slimnīca / Rezeknes Hospital | Rēzekne | General hospital |
| 64. | Rīgas 2. Slimnīca / Riga Second Hospital | Rīga | trauma centre |
| 65. | Rīgas Austrumu klīniskā universitātes slimnīca / Riga Eastern Clinical University Hospital | Rīga | university hospital |
| 66. | Traumatoloģijas un ortopēdijas slimnīca / Hospital of Traumatology and orthopaedics | Rīga | trauma centre |
| 67. | Tukuma slimnīca / Tukuma Hospital | Tukums | General hospital |
| 68. | Vidzemes slimnīca / Vidzemes Hospital | Valmiera | General hospital |
| 69. | Ziemeļkurzemes reģionālā slimnīca / Northener Kurzemes Region Hospital | Ventspils | General hospital |

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| **LUXEMBOURG (1)** | | | |
| 70. | Centre Hospitalier de Luxembourg / Luxembourg's Hospital Centre | Luxembourg | General hospital |
| **MALTA (2)** | | | |
| 71. | General public hospital Malta | Malta | General hospital |
| 72. | General public hospital Gozo | Gozo | General hospital |
| **NETHERLANDS (13)** | | | |
| 73. | Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix | Winterswijk | General |
| 74. | VU Medisch Centrum VU Medical Centre | Amsterdam | University |
| 75. | Diaconessenziekenhuis / Diaconessen Hospital | Meppel | General |
| 76. | St Jans Gasthuis / St. Jans Hospital | Weert | General |
| 77. | Ziekenhuis Lievensberg / Hospital Lievensberg | Bergen op Zoom | General |
| 78. | ZIekenhuis Gelderse Vallei / Hospital Gelderse Vallei | Ede | General |
| 79. | Academisch Medisch Centrum AMC / Academic Medical Centre | Amsterdam | University |
| 80. | Maasziekenhuis / Maas Hospital | Boxmeer | General |
| 81. | IJsselmeerziekenhuis / IJsselmeer Hospital | Lelystad | General |
| 82. | Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas | Winschoten | General |
| 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 |
| **PORTUGAL (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 |
| **ROMANIA (1)** | | | |
| 91. | Unitatea de Primire Urgențe – Serviciul Mobil de Urgență Reanimare și Descarcerare Târgu-Mureș (UPU-SMURD)<br>Emergency Unit – Mobile Emergency Service for Resuscitation and Extrication (UPU-SMURD) Târgu-Mureș | Târgu-Mureș | County Emergency Hospital |
| **SLOVENIA (2)** | | | |
| 92. | Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana ) | Ljubljana | University hospital |
| 93. | Splošna bolnišnica Jesenice (General Hospital Jesenice) | Jesenice | General hospital |
| **SPAIN (1)** | | | |
| 94. | | Pamplona | |
| **SWEDEN (6)** | | | |
| 95. | Umeå Universitetssjukhus; Umeå University hospital | Umeå | University hospital |
| 96. | Akademiska Sjukhuset; Uppsala University hospital | Uppsala | University hospital |
| 97. | Skaraborgs sjukhus Skövde; Skaraborg hospital Skövde | Skövde | Emergency hospital |
| 98. | Skaraborgs sjukhus Lidköping; Skaraborg hospital Lidköping | Lidköping | Emergency hospital |
| 99. | Centralsjukhuset i Karlstad; Karlstad Central hospital | Karlstad | Central general hospital |
| 100. | Torsby sjukhus; Torsby hospital | Torsby | General hospital |
| **TURKEY (15)** | | | |
| 101. | Afyonkarahisar Devlet Hastanesi; Afyonkarahisar State Hospital | Afyonkarahisar | General hospital |
| 102. | Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve | Ankara | University hospital |

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

## 2014

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| **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 REPUBLIC (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 |

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| 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 |
| **DENMARK (1)** | | | |
| 37. | Odense Universitetshospital / Odense University Hospital | Odense, Denmark | General hospital; university; trauma centre |
| **GERMANY (1)** | | | |
| 38. | Carl-Thiem-Klinikum Cottbus | Cottbus | General hospital; university 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. | Ospedale S. Giovanni Bosco - Torino Nord Emergenza ("St. 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 |
| **LATVIA (22)** | | | |

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| 48. | Alūksnes slimnīca<br>Aluksnes Hospital | Alūksne | General hospital |
| 49. | Balvu un Gulbenes slimnīcu apvienība<br>Balvu and Gulbenes Hospital association | Balvi, Gulbene | General hospital |
| 50. | Bērnu klīniskā universitātes slimnīca<br>Children Clinical University Hospital | Rīga | Children's hospital |
| 51. | Cēsu klīnika<br>Cesis Clinic | Cēsis | General hospital |
| 52. | Daugavpils reģionālā slimnīca<br>Daugavpils Region Hospital | Daugavpils | General hospital |
| 53. | Dobeles un apkārtnes slimnīca<br>Dobeles Region Hospital | Dobele | General hospital |
| 54. | Jēkabpils reģionālā slimnīca<br>Jekabpils Region Hospital | Jēkabpils | General hospital |
| 55. | Jelgavas pilsētas slimnīca<br>Jelgavas city Hospital | Jelgava | General hospital |
| 56. | Krāslavas slimnīca<br>Kraslavas Hospital | Krāslava | General hospital |
| 57. | Kuldīgas slimnīca<br>Kuldigas Hospital | Kuldīga | General hospital |
| 58. | Madonas slimnīca<br>Madonas Hospital | Madona | General hospital |
| 59. | Ogres rajona slimnīca<br>Ogres Region Hospital | Ogre | General hospital |
| 60. | Paula Stradiņa klīniskā universitātes slimnīca<br>Pauls Stradins Clinical University Hospital | Rīga | University hospital |
| 61. | Radziņš Māris - ārsta prakse ķirurģijā<br>Radzins Maris – medical practice in surgery | Rūjiena | General practice |
| 62. | Rēzeknes slimnīca<br>Rezeknes Hospital | Rēzekne | General hospital |
| 63. | Rīgas 2. slimnīca<br>Riga Second Hospital | Rīga | Trauma centre |
| 64. | Rīgas Austrumu klīniskā universitātes slimnīca<br>Riga Eastern Clinical University Hospital | Rīga | University hospital |
| 65. | Rīgas slimnīca „Bikur Holim"<br>Riga Hospital „Bikur Holim" | Rīga | General hospital<br>(registered only alcohol and drug intoxications) |
| 66. | Traumatoloģijas un ortopēdijas slimnīca<br>Hospital of Traumatology and orthopaedics | Rīga | Trauma centre |
| 67. | Tukuma slimnīca<br>Tukuma Hospital | Tukums | General hospital |
| 68. | Vidzemes slimnīca<br>Vidzemes Hospital | Valmiera | General hospital |
| 69. | Ziemeļkurzemes reģionālā slimnīca<br>Northener Kurzemes Region Hospital | Ventspils | General hospital |
| **LUXEMBOURG (1)** | | | |
| 70. | Centre Hospitalier de Luxembourg /<br>Luxembourg's Hospital Centre | Luxembourg | General hospital |
| **MALTA (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 |
| 75. | Diaconessenziekenhuis / Diaconessen Hospital | Meppel | General |
| 76. | St Jans Gasthuis / St. Jans Hospital | Weert | General |
| 77. | Ziekenhuis Lievensberg / Hospital Lievensberg | Bergen op Zoom | General |
| 78. | ZIekenhuis Gelderse Vallei / Hospital Gelderse Vallei | Ede | General |
| 79. | Academisch Medisch Centrum AMC / Academic Medical | Amsterdam | University |

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| | Centre | | |
| 80. | Maasziekenhuis / Maas Hospital | Boxmeer | General |
| 81. | IJsselmeerziekenhuis / IJsselmeer Hospital | Lelystad | General |
| 82. | Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas | Winschoten | General |
| 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 |
| **PORTUGAL (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 (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 Sjukhuset; Uppsala University hospital | Uppsala | University hospital |
| 95. | Skaraborgs sjukhus Skövde; Skaraborg hospital Skövde | Skövde | Emergency hospital |
| 96. | Skaraborgs sjukhus Lidköping; Skaraborg hospital Lidköping | Lidköping | Emergency hospital |
| 97. | Centralsjukhuset i Karlstad; Karlstad Central hospital | Karlstad | Central general hospital |
| 98. | Torsby sjukhus; Torsby hospital | Torsby | General hospital |
| **TURKEY (15)** | | | |
| 99. | Afyonkarahisar Devlet Hastanesi;<br>Afyonkarahisar State Hospital | Afyonkarahisar | General hospital |
| 100. | Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi;<br>Yildirim Beyazit University Ankara Ataturk Training and Research Hospital | Ankara | University hospital |
| 101. | Antalya Eğitim ve Araştırma Hastanesi;<br>Antalya Training and Research Hospital | Antalya | General hospital |
| 102. | Balıkesir Devlet Hastanesi;<br>Balikesir State Hospital | Balikesir | General hospital |
| 103. | Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi;<br>Bursa Sevket Yilmaz Training and Research Hospital | Bursa | General hospital |
| 104. | Diyarbakır Eğitim ve Araştırma Hastanesi;<br>Diyarbakir Training and Research Hospital | Diyarbakir | General hospital |
| 105. | Elazığ Eğitim ve Araştırma Hastanesi;<br>Elazig Training and Research Hospital | Elazig | General hospital |
| 106. | Erzurum Eğitim ve Araştırma Hastanesi;<br>Erzurum Training and Research Hospital | Erzurum | General hospital |
| 107. | İstanbul Okmeydanı Eğitim ve Araştırma Hastanesi;<br>İstanbul Okmeydani Training and Research Hospital | Istanbul | General hospital |
| 108. | İstanbul Şişli Etfal Eğitim ve Araştırma Hastanesi;<br>İstanbul Sisli Etfal Training and Research Hospital | Istanbul | General hospital |
| 109. | İzmir Atatürk Eğitim ve Araştırma Hastanesi;<br>Izmir Ataturk Training and Research Hospital | Izmir | General hospital |
| 110. | Kayseri Eğitim ve Araştırma Hastanesi;<br>Kayseri Training and Research Hospital | Kayseri | General hospital |
| 111. | Samsun Eğitim ve Araştırma Hastanesi<br>Samsun Training and Research Hospital | Samsun | General hospital |

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| 112. | Şanlıurfa Eğitim Ve Araştırma Hastanesi;<br>Sanliurfa Training and Research Hospital | Sanliurfa | General hospital |
| 113. | Trabzon Kanuni Eğitim ve Araştırma Hastanesi;<br>Trabzon Kanuni Training and Research Hospital | Trabzon | General hospital |

## 2015

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| **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) |
| **Germany (Brandenburg) (1)** | | | |
| 6. | Carl-Thiem-Klinikum Cottbus | Cottbus | General hospital; university hospital |
| **Luxembourg (1)** | | | |
| 7. | Centre Hospitalier de Luxembourg (www.chl.lu)<br>Luxembourg's Hospital Center | Luxembourg | General Hospital |
| **Latvia (17)** | | | |
| 8. | Alūksnes slimnīca<br>Aluksne Hospital | Alūksne | general hospital |
| 9. | Balvu un Gulbenes slimnīcu apvienība<br>Balvi and Gulbene Hospital association | Balvi, Gulbene | general hospital |
| 10. | Bērnu klīniskā universitātes slimnīca<br>Children Clinical University Hospital | Rīga | children's hospital |
| 11. | Cēsu klīnika<br>Cesis Clinic | Cēsis | general hospital |
| 12. | Daugavpils reģionālā slimnīca<br>Daugavpils Region Hospital | Daugavpils | general hospital |
| 13. | Dobeles un apkārtnes slimnīca<br>Dobele Region Hospital | Dobele | general hospital |
| 14. | Jēkabpils reģionālā slimnīca<br>Jekabpils Region Hospital | Jēkabpils | general hospital |
| 15. | Jelgavas pilsētas slimnīca<br>Jelgava city Hospital | Jelgava | general hospital |
| 16. | Jūrmalas slimnīca<br>Jurmala hospital | Jūrmala | general hospital |
| 17. | Krāslavas slimnīca<br>Kraslava Hospital | Krāslava | general hospital |
| 18. | Kuldīgas slimnīca<br>Kuldiga Hospital | Kuldīga | general hospital |
| 19. | Madonas slimnīca<br>Madona Hospital | Madona | general hospital |
| 20. | Ogres rajona slimnīca<br>Ogre Region Hospital | Ogre | general hospital |
| 21. | Paula Stradiņa klīniskā universitātes slimnīca<br>Pauls Stradins Clinical University Hospital | Rīga | university hospital |
| 22. | Radziņš Māris - ārsta prakse ķirurģijā<br>Radzins Maris – medical practice in surgery | Rūjiena | general practice |
| 23. | Rēzeknes slimnīca<br>Rezekne Hospital | Rēzekne | general hospital |
| 24. | Rīgas 2. slimnīca<br>Riga Second Hospital | Rīga | trauma centre |

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| **Malta (2)** | | | |
| 25. | Gozo General Hospital | Victoria,Gozo | General Hospital |
| 26. | Mater Dei Hospital | Msida,Malta | General Hospital |
| **Netherlands (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. | ZIekenhuis 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. | IJsselmeerziekenhuis / IJsselmeer Hospital | Lelystad | General |
| 36. | Ommelander Ziekenhuis / Ommelander Hospital | Winschoten/Delfzijl | General |
| 37. | Admiraal de Ruyterziekenhuis/Admiral de Ruyter Hospital | Goes/Vlissingen | General |
| 38. | Reinier de Graaf Hospital | Delft | General |
| **Portugal (4)** | | | |
| 39. | Hospital São Sebastião; Saint Sebastian Hospital | Santa Maria da Feira | General Hospital |
| 40. | Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira | Cova da Beira | General Hospital |
| 41. | Centro Hospitalar de Coimbra; Hospital Centre of Coimbra | Coimbra | General Hospital |
| 42. | Hospital Distrital de Faro; Hospital of Faro | Faro | General Hospital |
| **Sweden (6)** | | | |
| 43. | Akademiska Sjukhuset<br>Uppsala University hospital | Uppsala | Universitetssjukhus<br>University Hospital |
| 44. | Skaraborgs sjukhus Skövde<br>Skaraborg hospital Skövde | Skövde | Länsdelssjukhus<br>Emergency hospital 1DEC-31DEC copy of 2014 |
| 45. | Skaraborgs sjukhus Lidköping<br>Skaraborg hospital Lidköping | Lidköping | Länsdelssjukhus<br>Emergency hospital 1NOV-31DEC copy of 2014 |
| 46. | Centralsjukhuset i Karlstad<br>Karlstad Central Hospital | Karlstad | Länssjukhus<br>Central general hospital |
| 47. | Torsby Sjukhus<br>Torsby hospital | Torsby | Länsdelssjukhus<br>General hospital |
| 48. | Arvika sjukhus<br>Arvika hospital | Arvika | Länsdelssjukhus<br>General hospital |
| **Slovenia (2)** | | | |
| 49. | Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana ) | Ljubljana | University hospital |
| 50. | Splošna bolnišnica Jesenice (General Hospital Jesenice) | Jesenice | General hospital |
| **Turkey (16)** | | | |
| 51. | Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi<br>Yildirim Beyazit University Ankara Ataturk Training and Research Hospital | Ankara | university hospital |
| 52. | Antalya Eğitim ve Araştırma Hastanesi<br>Antalya Training and Research Hospital | Antalya | general hospital |
| 53. | Balıkesir Devlet Hastanesi<br>Balikesir State Hospital | Balikesir | general hospital |
| 54. | Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi<br>Bursa Sevket Yilmaz Training and Research Hospital | Bursa | general hospital |
| 55. | Elazığ Eğitim ve Araştırma Hastanesi<br>Elazig Training and Research Hospital | Elazig | general hospital |
| 56. | Erzurum Eğitim ve Araştırma Hastanesi<br>Erzurum Training and Research Hospital | Erzurum | general hospital |
| 57. | İstanbul Okmeydanı Eğitim ve Araştırma Hastanesi<br>İstanbul Okmeydani Training and Research Hospital | Istanbul | general hospital |
| 58. | İstanbul Şişli Etfal Eğitim ve Araştırma Hastanesi<br>İstanbul Sisli Etfal Training and Research Hospital | Istanbul | general hospital |

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

## 2016

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| **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 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 |
| **Germany (Brandenburg) (1)** | | | |
| 12. | Carl-Thiem-Klinikum Cottbus | Cottbus | General hospital; university hospital |
| **Luxembourg (1)** | | | |
| 13. | Centre Hospitalier de Luxembourg (www.chl.lu)<br>Luxembourg's Hospital Centre | Luxembourg | General Hospital |
| **Latvia (17)** | | | |
| 14. | Alūksnes slimnīca<br>Aluksne Hospital | Alūksne | general hospital |
| 15. | Balvu un Gulbenes slimnīcu apvienība<br>Balvi and Gulbene Hospital association | Balvi, Gulbene | general hospital |
| 16. | Bērnu klīniskā universitātes slimnīca<br>Children Clinical University Hospital | Rīga | children's hospital |
| 17. | Cēsu klīnika<br>Cesis Clinic | Cēsis | general hospital |
| 18. | Daugavpils reģionālā slimnīca<br>Daugavpils Region Hospital | Daugavpils | general hospital |
| 19. | Dobeles un apkārtnes slimnīca<br>Dobele Region Hospital | Dobele | general hospital |
| 20. | Jēkabpils reģionālā slimnīca<br>Jekabpils Region Hospital | Jēkabpils | general hospital |

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| 21. | Jelgavas pilsētas slimnīca<br>Jelgava city Hospital | Jelgava | general hospital |
| 22. | Jūrmalas slimnīca<br>Jurmala hospital | Jūrmala | general hospital |
| 23. | Krāslavas slimnīca<br>Kraslava Hospital | Krāslava | general hospital |
| 24. | Kuldīgas slimnīca<br>Kuldiga Hospital | Kuldīga | general hospital |
| 25. | Madonas slimnīca<br>Madona Hospital | Madona | general hospital |
| 26. | Ogres rajona slimnīca<br>Ogre Region Hospital | Ogre | general hospital |
| 27. | Paula Stradiņa klīniskā universitātes slimnīca<br>Pauls Stradins Clinical University Hospital | Rīga | university hospital |
| 28. | Radziņš Māris - ārsta prakse ķirurģijā<br>Radzins Maris – medical practice in surgery | Rūjiena | general practice |
| 29. | Rēzeknes slimnīca<br>Rezekne Hospital | Rēzekne | general hospital |
| 30. | Rīgas 2. slimnīca<br>Riga Second Hospital | Rīga | trauma centre |
| **Malta (2)** | | | |
| 31. | Gozo General Hospital | Victoria,Gozo | General Hospital |
| 32. | Mater Dei Hospital | Msida,Malta | General Hospital |
| **Netherlands (12)** | | | |
| 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. | ZIekenhuis 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 |
| **Portugal (4)** | | | |
| 45. | Hospital São Sebastião; Saint Sebastian Hospital | Santa Maria da Feira | General Hospital |
| 46. | Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira | Cova da Beira | General Hospital |
| 47. | Centro Hospitalar de Coimbra; Hospital Centre of Coimbra | Coimbra | General Hospital |
| 48. | Hospital Distrital de Faro; Hospital of Faro | Faro | General Hospital |
| **Slovenia (2)** | | | |
| 49. | Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana ) | Ljubljana | University hospital |
| 50. | Splošna bolnišnica Jesenice (General Hospital Jesenice) | Jesenice | General hospital |
| **Turkey (16)** | | | |
| 51. | Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi<br>Yildirim Beyazit University Ankara Ataturk Training and Research Hospital | Ankara | university hospital |
| 52. | Antalya Eğitim ve Araştırma Hastanesi<br>Antalya Training and Research Hospital | Antalya | general hospital |
| 53. | Balıkesir Devlet Hastanesi<br>Balikesir State Hospital | Balikesir | general hospital |
| 54. | Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi<br>Bursa Sevket Yilmaz Training and Research Hospital | Bursa | general hospital |
| 55. | Elazığ Eğitim ve Araştırma Hastanesi<br>Elazig Training and Research Hospital | Elazig | general hospital |
| 56. | Erzurum Eğitim ve Araştırma Hastanesi | Erzurum | general hospital |

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