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# IDB-data-sets:

# Report on delivered data

# 2011, 2012 and 2013

This report is part 2 of deliverable 8 of work-package 7 (“IDB maintenance”) of the project JAMIE (“Joint action on monitoring injuries in the European Union”).

# Table of contents

Background and purpose of this report Page 2

Second and third call for data Page 3

Data delivery and clearing Page 4

Data upload Page 7

Shortcomings and warning flags Page 14

Annex 1: The calls for data and their annexes Page 16

Annex 2: Meta data by country and year Page 32

Annex 3: List of IDB-FDS reference hospitals Page 146

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# Background and purpose of this report

National IDB data need to be checked for conformity with the IDB standards (correct format, valid codes, complete metadata etc.) before being uploaded to the EU Injury Database and published at the IDB web-gate of DG Sanco. During all the years since the creation of the database, this task has been carried out by appointed members of the network of IDB data providers as part of projects, co-funded by the Commission. The upload of data of the years 2009-2013 was carried out within the framework of the “Joint Action on Monitoring Injuries in Europe JAMIE” (contract 20102205).

“Maintenance and reporting of current and new IDB data” was one objective and one work-package of the JAMIE project and comprised the clearing and uploading of national data. Data of national data suppliers was pooled, cleared, and finally forwarded to DG Sanco for being published at the IDB web-gate. The actual work was divided between the Austrian Road Safety Board (KFV) and Swansea University (SU). In general, KFV was responsible for coordination & guidance of IDB-partners, and SU for actual data handling & clearing.

Three “calls for data” took place in the course of the JAMIE project:

* A first call in the first half of 2012 collected the data of the years 2009 and 2010 in order to produce an updated edition of the report “Injuries in the European Union”, covering the years 2008-2010 (issue No. 4). This call dealt only with FDS (full data set) data.
* A second call in the second half of 2013 collected the data of the years 2011 and 2012 and provided the basis for another issue of “Injuries in the European Union”, covering the years 2010-2012 (issue No. 5). For the first time, this call collected also MDS (minimum data set) data from 2010 onwards, as far as available.
* A third call took place in the first half of 2014 and collected data of the year 2013. Main purpose was to publish data also from those JAMIE partners, which have just recently started the data collection, and to demonstrate the increased geographical coverage of the IDB system.

Information on data provided in response to the *first* call (2009 and 2010 data) is given in the “Report on the Upload of Data 2009 and 2010” (JAMIE deliverable 8, part 1, October 2012).

This report deals with the *second* and the *third* call (2011, 2012 and 2013 data) and covers “full data set” (IDB-FDS) and “minimum data set” (IDB-MDS) data as well. While the main purpose of IDB-FDS is to provide information about external circumstances like involved products, the main purpose of IDB-MDS is to provide national incidence rates and estimates. IDB-MDS has been introduced in 2012 in order to reduce the burden of data collection with a view to facilitate the participation of countries and to increase the quality of national estimates through bigger and better balanced national samples.

Main purpose of this report is to inform data users briefly about origin and quality of data published at the IDB web-gate. Each dataset (by country, year and type of dataset) is accompanied by a metadata form (“national IDB file information form”), and annexed to the “upload reports”.

# Second and third “call for data”

Second call: By 13 May 2013 national IDB data administrators (members of the Network of IDB data providers) were invited to provide their MDS and FDS data for the years 2011 and 2012, and MDS data for 2010 (if available). Addressed were all associated beneficiaries of the JAMIE project and the collaborating partners from Finland, France and Turkey. The circular mail of 13 May 2013 and its annexes are attached to this report.

For facilitating the test for conformity an IDB data validation and upload tool was provided by Swansea University. Data suppliers can test and upload their data here. In case of any inconsistencies (e.g. invalid format or invalid codes) a list of errors was provided or otherwise the data got uploaded.

The first deadline of May 31 turned out as being not feasible for many partners. Many of them needed more time to prepare the data in the requested formats, and the deadline was extended to 31 July 2013. Twenty countries submitted their data. Due to legal requirements, Italy sent its data directly to the Commission services. Finally, it took till end of December 2013 to conclude the process, and to bring data and files in the common format.

Third call: By 21 March 2014 national data administrators were invited to provide their data for the year 2013. Also this circular mail is annexed to this report. 26 countries submitted their data. Due to legal requirements, Italy sent its data always directly to the Commission services. The deadline of May 31 was met by most of the partners. However, concluding the upload process including the clarification of various technical questions and correcting errors took till 31 August 2014.

During the years covered by these two “calls for data” (2011-2013) 27 eligible countries operated national injury surveillance systems, although a varying levels of implementation of the IDB standards, and not necessarily for all these years. One country collected IDB data but refrained from sharing it (France). 26 countries collected and provided IDB data: Austria, Cyprus, Czech Republic, Denmark, Estonia, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovenia, Spain, Sweden, Turkey and United Kingdom.

Data providers were invited to submit for each year:

1. Data sets of cases of injuries in record format for MDS level data (Annex 1a) or record format for FDS level data (Annex 1b).
2. National metadata forms for each data set, according to Annex 2a (MDS) or 2b (FDS or HLA);
3. The reference population data file according to Annex 3, which is needed for the automatic calculation of crude incidence rates (adjusted for age and sex) and consequent national estimates at the IDB web-gate;
4. The list of national FDS reference hospitals, which should get visibility in honour of their support of injury prevention

# Data delivery and clearing

All data suppliers had to register for the IDB data validator (provided by Swansea University at <http://www.injuryobservatory.net/jamiedatavalidator/login>) for checking and/or uploading their data. Incoming data files were automatically checked for consistency with the common standards according to table 1 below (table 8.3. of the JAMIE-IDB Manual).

**Table 1: Control checks for IDB data files (June 18, 2012). Numbers in the right column refer to the position in the prescribed record-structure.**

|  | FDS | MDS |
| --- | --- | --- |
| 1. Essential checks at file level – if not fulfilled, the whole file will be rejected: 2. Valid file structure (e.g. no delimiters between cases) 3. All records with the valid record length 4. Only digits or blanks in fields x-y (e.g. no tabs or letters) 5. Reporting country must exist and be identical for all records 6. Every record has an unique record number (no duplication) | y/n  1-230  3-85  1-2  3-8 | y  1-35  3-35  1-2  6-12 |
| 1. **Checks at record level – if not fulfilled, the record needs to be corrected or rejected:** 2. All variables have valid values or blank (see data dictionary for each variable) 3. Every record has the same valid year of attendance (no missing or unspecified) 4. Every record has a valid hospital code (no missing or unspecified). IF NOT USED: blanks 5. Every record has a valid code for type of injury 1 or for body part 1 | y/n  25-28  229-230  74-75 vs. 78-81 | y/n  19-22  3-5  24-25 vs. 28-29 |
| 1. **Consistency checks at record level – if not fulfilled, the record needs to be corrected or rejected**: 2. Date of injury <= date of attendance 3. If Type of injury1=01, body part1 left blank | 15-22 <= 25-32  74-75 vs. 78-81 | n.a.  n.a. |
| 1. **Checks for completeness of variables – percentage of incomplete records (missing and/or unknown) shall checked in order to guide interviewers at hospitals** 2. Age 3. Sex 4. Country of residence 5. Date of injury 6. Time of injury 7. Date of attendance 8. Time of attendance 9. Treatment and follow-up 10. Intent 11. Transport injury event 12. Place (location) of occurrence 13. Mechanism of injury 14. Activity when injured 15. Underlying object 16. Object producing injury 17. Type of injury 1 18. Type of injury 2 19. Part of body injured 1 20. Part of body injured 2 21. Narrative | 9-11  12  13-14  15-22  23-24  25-32  33-34  35-36  37  38  39-43  44-48  49-52  53-59  60-66  74-75  76-77  78-81  82-85  86-205 | 13-14  15  16  n.a.  n.a.  17-18  n.a.  23  31  n.a.  33  34  35  n.a.  n.a.  24-25  25-27  28-29  30-31  n.a. |
| 1. **Checks for completeness of modules - percentage of incomplete records (missing modules) shall checked in order to guide interviewer at hospitals:** 2. Treatment=05 or 08, but no admission module 3. Intent=3 or 4, but no violence module 4. Intent=2, but no self-harm module 5. Transport injury event = 1, but no transport module 6. Activity=03.1,04.1, 04.8, or 04.9, but no sport module | 35-36 vs. 206-208  37 vs. 209-212  37 vs. 213-214  38 vs. 215-223  49-52 vs. 224-228 | n.a.  n.a.  n.a.  n.a.  n.a. |
| 1. **Corrections to be made automatically:** 2. All blank values are set to missing (9, 99, 999) – except for type of injury 2 and part of body2, object/substance, narrative 3. 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” 4. If type of injury 1 is missing, but part of body 1 exists, type of injury 1 is set to missing (99) 5. If part of body1 is missing, but type of injury1 exists, part of body1 is set to missing (9.99) 6. If type of injury 2 is missing, but part of body2 exists, type of injury1 is set to missing (99) 7. If part of body2 is missing, but type of injury2 exists, part of body2 is set to missing (9.99) | y/n  y/n  74-75 vs.78-81  74-75 vs.78-81  76-77 vs.82-85  76-77 vs.82-85 | y/n  y/n  23-24 vs.27-28  23-24 vs.27-28  25-26 vs. 29-30  25-26 vs. 29-30 |

If there were no inconsistencies, the files got uploaded. Inconsistencies were tabled and the supplier invited to correct data files accordingly. As a matter of principle, the national data administrator bears the main responsibility for the data. At central level, only a few corrections were done automatically, as listed in table 2.

Incoming reference population data files were checked by Swansea University for consistency with the prescribed format, and checked by the Austrian Road Safety Board for plausibility of the general incidence rate. Metadata (IDB file information forms) were checked by the Austrian Road Safety Board for completeness and plausibility.

# Data upload

By 31 August 2014 the files according to table 2 were submitted to DG Sanco. Table 2 gives a survey about data of all the five years covered by the JAMIE project (2009-2013). In the case of Italy also data from previous years were submitted and added to the database.

**Table 2: Data delivered and uploaded in the course of the JAMIE project.**

Abbreviations:

FDS IDB Full Data Set (see FDS Data Dictionary 1.3)

MDS IDB Minimum Data Set (see JAMIE Manual)

Y File delivered

N File not available

- Not applicable

Y\* MDS data file extracted from FDS (FDS metadata valid also for this MDS file)

OK Data delivered to DG Sanco for being uploaded to the IDB

IR National incidence rates (e.g. ECHI29b)

tbcorr File delivered, but not yet ready for upload

| **Country** | **Year** | **Data type** | **Data set delivered** | **Metadata delivered** | **Incidence rate delivered** | **Forwarded for upload to the IDB database** | **Shortcomings and biases of data sets** | **No. of cases** | **No. of hospitals** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Austria | 2009 | FDS | Y | Y | - | OK |  | 12370 | 9 |
|  |  | MDS | Y\* | - | Y | OK |  | 12370 | 9 |
|  | 2010 | FDS | Y | Y | - | OK |  | 11783 | 10 |
|  |  | MDS | Y\* | - | Y | OK |  | 11783 | 10 |
|  | 2011 | FDS | Y | Y | - | OK |  | 13971 | 11 |
|  |  | MDS | Y\* | - | Y | OK |  | 13971 | 11 |
|  | 2012 | FDS | Y | Y | - | OK |  | 13555 | 9 |
|  |  | MDS | Y\* | - | Y | OK |  | 13555 | 9 |
|  | 2013 | FDS | Y | Y | - | OK |  | 10579 | 5 |
|  |  | MDS | Y\* | - | Y | OK |  | 10579 | 5 |
| Cyprus | 2009 | FDS | Y | Y | - | OK |  | 3319 | 2 |
|  |  | MDS | Y\* | - | Y | OK |  | 3319 | 2 |
|  | 2010 | FDS | Y | Y | - | OK |  | 1694 | 2 |
|  |  | MDS | Y\* | - | Y | OK | Small sample | 1694 | 2 |
|  | 2011 | FDS | Y | Y | - | OK |  | 1189 | 2 |
|  |  | MDS | Y\* | - | Y | OK | Small sample | 1189 | 2 |
|  | 2012 | FDS | Y | Y | - | OK |  | 756 | 1 |
|  |  | MDS | Y\* | - | N | OK | Small sample, no IR | 756 | 1 |
|  | 2013 | FDS | Y | Y | - | OK | Small sample | 381 | 1 |
|  |  | MDS | Y | Y | N | OK | Biased sample, no IR | 18307 | 4 |
| Czech Rep | 2009 | FDS | Y | Y | - | OK | Only children, only admissions | 4353 | 8 |
|  |  | MDS | Y\* |  | N | OK | Only children, only admissions, no IR | 4353 | 8 |
|  | 2010 | FDS | Y | Y | N | OK | Only children, only admissions | 4222 | 8 |
|  |  | MDS | Y\* |  |  | OK | Only children, only admissions, no IR | 4222 | 8 |
|  | 2011 | FDS | Y | Y | - | To be uploaded | Only children, only admissions | 6306 | 8 |
|  |  | MDS | N | - | N | To be extracted | Only children, only admissions, no IR | - | - |
|  | 2012 | FDS | Y | Y | - | To be uploaded | Only children, only admissions | 7647 | 31 |
|  |  | MDS | N | - | N | To be extracted | Only children, only admissions, no IR | - | - |
|  | 2013 | FDS | Y | N | N | To be uploaded | Only children, only admissions | 10364 | 31 |
|  |  | MDS | N | - | N | To be extracted | Only children, only admissions, no IR | - | - |
| Denmark | 2009 | FDS | Y | Y | - | OK |  | 65811 | 4 |
|  |  | MDS | Y\* | - | Y | OK |  | 65811 | 4 |
|  | 2010 | FDS | Y | Y | - | OK |  | 49436 | 4 |
|  |  | MDS | Y\* | - | Y | OK |  | 49436 | 4 |
|  | 2011 | FDS | Y | Y | - | OK |  | 62028 | 2 |
|  |  | MDS | Y | Y | Y | OK |  | 601096 | 40 |
|  | 2012 | FDS | Y | Y | - | OK |  | 34992 | 1 |
|  |  | MDS | Y | Y | Y | OK |  | 563349 | 34 |
|  | 2013 | FDS | Y | Y | - | OK |  | 47728 | 1 |
|  |  | MDS | Y | Y | Y | OK |  | 542781 | 31 |
| Estonia | 2012 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK |  | 60392 | 27 |
|  | 2013 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK |  | 82698 | 32 |
| Finland | 2010 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK | Sample biased toward admissions | 16801 | 222 |
|  | 2011 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | N | - | - | OK | Sample biased toward admissions | 19231 | 212 |
|  | 2012 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK | Sample biased toward admissions | 20645 | 199 |
|  | 2013 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | N | N | N | Not yet available |  | - | - |
| Germany | 2009 | FDS | Y | Y | - | OK |  | 2300 | 1 |
|  |  | MDS | Y\* | - | Y | OK | Sample biased toward admissions, small sample | 2300 | 1 |
|  | 2010 | FDS | Y | Y | - | OK |  | 3721 | 1 |
|  |  | MDS | Y\* | - | Y | OK | Sample biased toward admissions, small sample | 3721 | 1 |
|  | 2011 | FDS | Y | Y | - | OK |  | 4084 | 1 |
|  |  | MDS | Y\* | - | Y | OK | Sample biased toward admissions, small sample | 4084 | 1 |
|  | 2012 | FDS | Y | Y | - | OK |  | 3870 | 1 |
|  |  | MDS | Y\* | - | Y | OK | Sample biased toward admissions, small sample |  |  |
|  | 2013 | FDS | Y | Y | - | OK |  | 3760 | 1 |
|  |  | MDS | Y\* | - | Y | OK | Sample biased toward admissions, small sample; for IR see metadata | 3760 | 1 |
| Greece | 2012 | FDS | Y | Y | - | OK |  | 772 | 1 |
|  |  | MDS | Y\* | - | N | OK | Small sample, only 9 Months, no IR | 772 | 1 |
|  | 2013 | FDS | N | N | - | discontinued |  | - | - |
|  |  | MDS | N | N | N | discontinued |  | - | - |
| Hungary | 2013 | FDS | Y | Y | - | OK |  | 3132 | 1 |
|  |  | MDS | Y\* | - | N | OK | Small sample, no IR | 3132 | 1 |
|  | 2014 | FDS | Y | Y |  | OK |  | 549 | 1 |
|  |  | MDS | Y\* | - | N | OK | Small sample, no IR | 549 | 1 |
| Iceland | 2010 | FDS | N | N | - | - |  |  |  |
|  |  | MDS | Y | Y | Y | OK |  | 29643 | 1 |
|  | 2011 | FDS | N | N | - | - |  |  |  |
|  |  | MDS | Y | Y | Y | OK |  | 29654 | 1 |
|  | 2012 | FDS | N | N | - | - |  |  |  |
|  |  | MDS | Y | Y | Y | OK |  | 30059 | 1 |
|  | 2013 | FDS | N | N | - | - |  |  |  |
|  |  | MDS | Y | Y | Y | OK |  | 28579 | 1 |
| Ireland | 2013 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK |  | 13132 | 1 |
| Italy | 2007 | FDS | Y | Y | - | OK | Only home accidents | 30646 | 18 |
|  |  | MDS | Y\* | - | Y | OK | Only home accidents | 30646 | 18 |
|  | 2008 | FDS | N | N | - | Not available |  | - | - |
|  |  | MDS | N | N | N | Not available |  | - | - |
|  | 2009 | FDS | Y | Y | - | OK | Only home, road, violence | 16015 | 12 |
|  |  | MDS | Y\* | - | N | OK | Only home, road, violence; no IR | 16015 | 12 |
|  | 2010 | FDS | Y | Y | - | OK | Only home, road, violence | 17795 | 4 |
|  |  | MDS | Y\* | - | Y | OK | Only home, road, violence | 17795 | 4 |
|  | 2011 | FDS | Y | Y | Y | OK | Only home, road, violence | 21663 | 12 |
|  |  | MDS | Y | Y | Y | OK |  | 135955 | 91 |
|  | 2012 | FDS | Y | Y | - | OK | Only home, road, violence | 26346 | 10 |
|  |  | MDS | Y | Y | Y | OK |  | 140370 | 95 |
|  | 2013 | FDS | Y | Y | - | OK | Only home, road, violence | 22305 | 9 |
|  |  | MDS | Y\* | - | N | IR not yet available | Only home, road, violence; no IR | 22305 | 9 |
| Latvia | 2009 | FDS | Y | Y | - | OK |  | 24270 | 37 |
|  |  | MDS | Y\* | - | Y | OK | Biased towards admissions | 24270 | 37 |
|  | 2010 | FDS | Y | Y | - | OK |  | 20751 | 21 |
|  |  | MDS | Y\* | - | Y | OK | Biased towards admissions | 20751 | 21 |
|  | 2011 | FDS | Y | Y | - | OK |  | 19076 | 21 |
|  |  | MDS | Y\* | - | Y | OK | Only admissions | 19076 | 21 |
|  | 2012 | FDS | Y | Y | - | OK |  | 18061 | 21 |
|  |  | MDS | Y\* | - | Y | OK | Only admissions | 18061 | 21 |
|  | 2013 | FDS | Y | Y | - | OK |  | 11746 | 20 |
|  |  | MDS | Y\* | - | Y | OK | Only admissions | 11746 | 20 |
| Lithuania | 2011 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK | Only admissions | 24738 | 71 |
|  | 2012 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK | Only admissions | 45786 | 69 |
|  | 2013 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK |  | 246582 | 103 |
| Luxembourg | 2012 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK | Only 4 months | 20540 | 5 |
|  | 2013 | FDS | Y | Y | - | OK |  | 11320 | 1 |
|  |  | MDS | Y | Y | Y | OK |  | 61401 | 5 |
| Malta | 2009 | FDS | Y | Y | - | OK |  | 2995 | 1 |
|  |  | MDS | Y\* | - | Y | OK |  | 2995 | 1 |
|  | 2010 | FDS | Y | Y | - | OK |  | 3242 | 1 |
|  |  | MDS | Y\* | - | Y | OK |  | 3242 | 1 |
|  | 2011 | FDS | Y | Y | - | OK |  | 3127 | 1 |
|  |  | MDS | Y\* | - | Y | OK |  | 3127 | 1 |
|  | 2012 | FDS | Y | Y | - | OK |  | 3501 | 1 |
|  |  | MDS | Y\* | - | Y | OK |  | 3501 | 1 |
|  | 2013 | FDS | Y | Y | - | OK |  | 28068 | 2 |
|  |  | MDS | Y\* | - | Y | OK |  | 28068 | 2 |
| Netherlands | 2009 | FDS | Y | Y | - | OK |  | 96326 | 12 |
|  |  | MDS | Y\* | - | Y | OK |  | 96326 | 12 |
|  | 2010 | FDS | Y | Y | - | OK |  | 92308 | 13 |
|  |  | MDS | Y\* | Y | Y | OK |  | 92308 | 13 |
|  | 2011 | FDS | Y | Y | - | OK |  | 88779 | 14 |
|  |  | MDS | Y | Y | Y | OK |  | 87213 | 14 |
|  | 2012 | FDS | Y | Y | - | OK |  | 80159 | 14 |
|  |  | MDS | Y | Y | Y | OK |  | 78965 | 14 |
|  | 2013 | FDS | Y | Y | - | OK |  | 73472 | 13 |
|  |  | MDS | Y | Y | Y | OK |  | 72435 | 13 |
| Norway | 2012 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK |  | 26716 | 15 |
|  | 2013 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK |  | 40254 | 16 |
| Poland | 2013 | FDS | Y | Y | - | OK | Only children, small sample, only 3 months | 258 | 1 |
|  |  | MDS | Y | Y | N | OK | Only children, only 6 months, no IR | 8826 | 1 |
|  | 2014 | FDS | Y | Y | - | OK | Only children, small sample, only 6 months | 418 | 1 |
|  |  | MDS | Y | Y | N | OK | Only children, only 6 months, no IR | 5833 | 1 |
| Portugal | 2009 | FDS | Y | Y | - | OK | Only home & leisure accidents | 1503 | 5 |
|  |  | MDS | Y\* | - | N | OK | Only home & leisure accidents, small sample; no IR | 1503 | 5 |
|  | 2010 | FDS | Y | Y | - | OK | Only home & leisure accidents | 2273 | 4 |
|  |  | MDS | Y\* | - | N | OK | Only home & leisure accidents, small sample; no IR | 2273 | 4 |
|  | 2011 | FDS | Y | Y | - | OK | Only home & leisure accidents | 6565 | 4 |
|  |  | MDS | Y\* | - | Y | OK | Only home & leisure accidents | 6565 | 4 |
|  | 2012 | FDS | Y | Y | - | OK | Only home & leisure accidents | 4978 | 4 |
|  |  | MDS | Y\* | - | Y | OK | Only home & leisure accidents | 4978 | 4 |
|  | 2013 | FDS | Y | Y | - | OK | Only home & leisure accidents | 7370 | 4 |
|  |  | MDS | Y\* | - | Y | OK | Only home & leisure accidents | 7370 | 4 |
| Romania | 2012 | FDS | Y | Y | - | OK |  | 1226 | 1 |
|  |  | MDS | Y | Y | N | OK | Small sample, no IR | 1893 | 3 |
|  | 2013 | FDS | Y | Y | - | OK |  | 2879 | 1 |
|  |  | MDS | Y | Y | N | IR not yet available | Small sample, no IR | 7982 | 3 |
| Slovenia | 2009 | FDS | Y | Y | - | OK |  | 31350 | 15 |
|  |  | MDS | Y\* | - | Y | OK |  | 31350 | 15 |
|  | 2010 | FDS | Y | Y | - | OK |  | 29330 | 15 |
|  |  | MDS | Y\* | - | Y | OK |  | 29330 | 15 |
|  | 2011 | FDS | Y | Y | - | OK |  | 83911 | 2 |
|  |  | MDS | Y | Y | Y | OK |  | 107097 | 4 |
|  | 2012 | FDS | Y | Y | - | OK |  | 80738 | 2 |
|  |  | MDS | Y | Y | Y | OK |  | 104851 | 4 |
|  | 2013 | FDS | Y | Y | - | OK |  | 78728 | 2 |
|  |  | MDS | Y | Y | Y | OK |  | 102760 | 4 |
| Spain | 2013 | FDS | Y | Y | - | OK |  | 14658 | 1 |
|  |  | MDS | Y\* | - | Y | OK |  | 14657 | 1 |
| Sweden | 2009 | FDS | Y | Y | - | OK |  | 47711 | 8 |
|  |  | MDS | Y\* | - | Y | OK |  | 47711 | 8 |
|  | 2010 | FDS | Y | Y | - | OK |  | 45260 | 8 |
|  |  | MDS | Y\* | - | Y | OK |  | 45260 | 8 |
|  | 2011 | FDS | Y | Y | - | OK |  | 41014 | 6 |
|  |  | MDS | Y\* | - | Y | OK |  | 41014 | 6 |
|  | 2012 | FDS | Y | Y | - | OK |  | 40270 | 6 |
|  |  | MDS | Y\* | - | Y | OK |  | 40270 | 6 |
|  | 2013 | FDS | Y | Y | - | OK |  | 53807 | 6 |
|  |  | MDS | Y\* | - | Y | OK |  | 53807 | 6 |
| Turkey | 2012 | FDS | Y | Y | - | OK |  | 4627 | 13 |
|  |  | MDS | Y\* | - | N | OK | Only 6 months, no IR | 4627 | 13 |
|  | 2013 | FDS | Y | Y | - | OK |  | 22140 | 15 |
|  |  | MDS | Y\* | - | N | IR not yet available | No IR | 22140 | 15 |
| UK | 2010 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK |  | 433375 | 19 |
|  | 2011 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK |  | 565751 | 29 |
|  | 2012 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | Y | Y | Y | OK |  | 593152 | 29 |
|  | 2013 | FDS | N | N | - | - |  | - | - |
|  |  | MDS | N | N | N | Not yet available |  | - | - |

# Shortcomings and “warning flags”

A number of countries have not fully implemented all IDB recommendations, which leads to restrictions to the use and interpretation of data. These can be restrictions of the scope of data to certain age groups (e.g. children), types of injuries (e.g. home and leisure accidents) or to type of treatment (e.g. admissions), or a small sample, which affects the accuracy of estimates (e.g. incidence rates). In order to prevent users from missinterpretations, systematic shortcomings of samples are highlighted by “warning flags” at the IDB web-gate. Table 3 lists national IDB files with systematic shortcomings and the related “warning flags”.

**Table 3: Systematic shortcomings of national IDB files**

|  |  |  |
| --- | --- | --- |
| Cyprus | 2008 | No reference population defined; national estimates not available. |
|  | 2009 | Sample size below recommended minimum; national estimates can be inaccurate. |
|  | 2010 | Sample size below recommended minimum; national estimates can be inaccurate. |
|  | 2011 | Sample size below recommended minimum; national estimates can be inaccurate. |
|  | 2012 | Very small sample; no reference population defined; national estimates not available. |
| Czech Republic | 2009 | Sample contains only admissions of children & adolescents; no reference population defined; national estimates not available. |
|  | 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. |
| Germany | 2008 | Sample representative only for federal state of Brandenburg; national estimates not valid for entire Germany. Sample size below recommended minimum; national estimates can be inaccurate. |
|  | 2009 | Sample representative only for federal state of Brandenburg; national estimates not valid for entire Germany. Sample size below recommended minimum; national estimates can be inaccurate. |
|  | 2010 | Sample representative only for federal state of Brandenburg; national estimates not valid for entire Germany. Sample size below recommended minimum; national estimates can be inaccurate. |
|  | 2011 | Sample representative only for federal state of Brandenburg; national estimates not valid for entire Germany. Sample size below recommended minimum; national estimates can be inaccurate. |
|  | 2012 | Sample representative only for federal state of Brandenburg; national estimates not valid for entire Germany. Sample size below recommended minimum; national estimates can be inaccurate. |
| Finland | 2011 | Sample biased toward admissions; national estimates comparable for admissions only. |
| Greece | 2012 | Very small sample; national estimates not available. |
| Italy | 2009 | Sample biased toward home & leisure accidents; no reference population defined; national estimates not available. |
|  | 2010 | Sample biased toward home & leisure accidents; no reference population defined; national estimates not available. |
|  | 2011 | Sample biased toward home & leisure accidents; national estimates comparable for home & leisure accidents only. |
|  | 2012 | Sample biased toward home & leisure accidents; national estimates comparable for home & leisure accidents only. |
| Lithuania | 2011 | Sample contains only admissions: national estimates comparable for admissions only. |
|  | 2012 | Sample contains only admissions: national estimates comparable for admissions only. |
| Luxembourg | 2012 | Sample does not cover a full year; national estimates not available. |
| Malta | 2008 | Very small sample; national estimates not available. |
|  | 2009 | Sample size below recommended minimum; national estimates can be inaccurate. |
|  | 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. |
| Portugal | 2008 | No reference population defined; national estimates not available. |
|  | 2009 | Very small sample; national estimates not available. |
|  | 2010 | 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. |
| Slovenia | 2008 | Sample contains only admissions; national estimates comparable for admissions only. |
|  | 2009 | Sample biased toward admissions; national estimates comparable for admissions only. |
|  | 2010 | Sample biased toward admissions; national estimates comparable for admissions only. |
| Turkey | 2012 | Sample does not cover a full year; national estimates not available. |
| UK | 2010 | No reference population defined; national estimates not available. |

# Annex 1: The calls for data and their annexes

|  |  |
| --- | --- |
| **JAMIE-project: Call for IDB FDS data for 2011 and 2012 and MDS data for 2010, 2011 & 2012**  May 13, 2013  Dear colleague,  Herewith I invite you to submit your IDB-FDS data (Full Data Set) for the years 2011 and 2012 and/or your MDS data (Minimum Data Set) for the years 2010 – 2012 as far as available.  As last year, Swansea University School of Medicine, Health Information Research Unit (Steven Macey) will collect and check your data files before forwarding them to the Commission services for making them accessible through the new IDB web-gate at <http://ec.europa.eu/health/data_collection/databases/idb/index_en.htm>.    The procedure will be almost the same as last year, with just a few changes, which have been made in order to streamline the procedure. Please obey the specifications as outlined in the annexes. According to our current knowledge, 21 countries have been collecting IDB data (FDS and/or MDS) at least in the course of last year (2012) and shall be able to contribute it to the EU injury data exchange.  Steven Macey has kindly developed a web-based quality control tool, in order to make sure that your data sets contain only valid codes in the correct format. He has already provided you with the password for making use of this service. Please provide us now with   1. The checked and corrected, password-protected IDB data files according to the eligible format IDB-FDS/AI, IDB-FDS/HLA, or IDB-MDS: TXT-File (ASCII), no delimiters between variables (one for each year); 2. The corresponding IDB File Information Forms (either for FDS or MDS files; one for each file); 3. Reference population data for the automatic calculation of crude national incidence rates as to ECHI 29b (one for each year); 4. List of your FDS reference hospitals   Please send the deliverables as soon as possible, but **not later than May 31, 2012**. Please send all data and documents electronically per e-mail to  Swansea University / School of Medicine  Centre for Health Information, Research and Evaluation (CHIRAL)  Steven M. Macey  Tel: +44-1792 513485  e-Mail: [s.m.macey@swansea.ac.uk](mailto:s.m.macey@swansea.ac.uk)  If there are any further questions, please contact me.  With best regards,  Rupert Kisser  Kuratorium für Verkehrssicherheit KFV (Austrian Road Safety Board) Bereich Forschung und Wissensmanagement (Research Department) Europäische und internationale Angelegenheiten (European and International Affairs)  Annexes:   * Standard format for IDB-FDS/AI (full data set, all injuries) data (annex 1a) * Standard format for IDB-MDS (minimum data set, all injuries) data (annex 1b) * Template for the National IDB-FDS File Information (full data set, annex 2a) * Template for the National IDB-MDS File Information (minimum data set, annex 2b) * Standard format for the reference population data (annex 3) * List of national FDS reference hospitals (annex 4) | |
| **Project JAMIE: Invitation to submit IDB data for 2013**  19 March 2014  Dear JAMIE partner, dear member of the IDB-Network,  Herewith I kindly invite you to submit your IDB data for 2013, i.e. your sample of IDB-MDS (Minimum Data Set) or IDB-FDS (Full Data Set) records – or both, if you have collected MDS and FDS independently. The procedure will be the same as last year. Please obey the specifications in the annexes. According to our current knowledge, 26 countries have been collecting IDB data in 2013 and shall be able to contribute it to the EU injury data exchange. Please provide us with…   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, Steven Macey of the Swansea University School of Medicine, Health Information Research Unit will collect your data files before forwarding them to the Commission services.  **Please upload your data at the data validation and upload port at**  [**http://www.injuryobservatory.net/jamiedatavalidator/login**](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, please contact [S.M.Macey@swansea.ac.uk](mailto:S.M.Macey@swansea.ac.uk).   1. The reference population data for the automatic calculation of crude national incidence rates.   **Please send these files by mail to** [**S.M.Macey@swansea.ac.uk**](mailto:S.M.Macey@swansea.ac.uk)**.**   1. The corresponding IDB File Information Forms. Please note that there are two different forms for FDS or MDS files. 2. 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** [**rupert.kisser@kfv.at**](mailto:rupert.kisser@kfv.at)**.**  Please send all deliverables as soon as possible, but **definitely not later than May 31, 2014 (final dead-line).** Please note that the JAMIE project terminates by 31 July, and that we will not be able to process any data delivered after 31 May. Thank you in advance for your understanding and collaboration!  If there are any further questions, please contact me.  With best regards,  Rupert Kisser  Kuratorium für Verkehrssicherheit KFV (Austrian Road Safety Board) Bereich Forschung und Wissensmanagement (Research Department) Europäische und internationale Angelegenheiten (European and International Affairs)  Annexes:   * Standard format for IDB-MDS (Minimum Data Set) data (Annex 1a) * Standard format for IDB-FDS (Full Data Set) data (Annex 1b) * National IDB-FDS File Information Form (Annex 2a) * National IDB-MDS File Information Form (Annex 2b) * Instruction and format for the reference population data (annex 3) * List of national FDS reference hospitals (annex 4) |

**Annex 1 – Accepted data formats**

**Instructions**

* Please use the data validation and upload application of Swansea University at <http://www.injuryobservatory.net/jamiedatavalidator/login>.
* Only data in the format of MDS (Annex 1a) or FDS (Annex 1b) can be uploaded.
* Data files must be TXT-Files (UTF-8 or ANSI), without delimiters between variables. The record length is determined by the according format.
* Records are allowed to contain only values according to the data dictionaries valid for 2013: Data Dictionary for the MDS (annex of the Quality Manual) or Coding Guide for the (FDS) of 2005 (Version 1.1) – with the following exceptions.

1. If a data element is not specified, because no information could be captured for a specific case (“not answered” or “unknown”), 9, 99, or 999… must be inserted.
2. A data element must be filled with blanks,

- if it is not mandatory and therefore not specified, i.e. the hospital code or the narrative, or

- if it is not specified, because not applicable in a specific case (e.g. “no second injury” and “no second part of body injured” or “no product involved” in the FDS).

1. Add leading zeros to the left, if the actual valid code according to the manual is shorter than the field length. E.g. if the code is 2.12, but field length is nn.nn (Mechanism), insert 02.12; or if the code is 6.0220, and the field length is nn.nnnn (Product/Substance), insert 06.0220.

**1a: Standard IDB data format (Minimum Data Set IDB-MDS, all injuries, according to JAMIE Manual 2013, appendix 10\*)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field** | **Nb char.** | **Position start** | **Position end** | **Format** | **Type** |
|  |  |  |  |  |  |
| Recording country \* | **2** | 1 | 2 | **nn** | Numeric |
| Provider (hospital) code (optional) | **3** | 3 | 5 | **nn** | Numeric |
| Unique national record number | **7** | 6 | 12 | **nnnnnnn** | Numeric |
| Age category of patient | **2** | 13 | 14 | **nn** | Numeric |
| Sex of patient | **1** | 15 | 15 | **n** | Numeric |
| Permanent country of residence (optional) | **1** | 16 | 16 | **n** | Numeric |
| Month of attendence | **2** | 17 | 18 | **nn** | Numeric |
| Year of attendence | **4** | 19 | 22 | **nnnn** | Numeric |
| Treatment and follow-up | **1** | 23 | 23 | **n** | Numeric |
| Nature of injury 1 (primary injury) | **2** | 24 | 25 | **nn** | Numeric |
| Nature of injury 2 (secondary injury) | **2** | 26 | 27 | **nn** | Numeric |
| Part of the body injured 1 (primary injury) | **2** | 28 | 29 | **nn** | Numeric |
| Part of the body injured 2 (secondary injury) | **2** | 30 | 31 | **nn** | Numeric |
| Intent | **1** | 32 | 32 | **n** | Numeric |
| Location (setting) of occurrence | **1** | 33 | 33 | **n** | Numeric |
| Mechanism of injury | **1** | 34 | 34 | **n** | Numeric |
| Activity when injured | **1** | 35 | 35 | **n** | Numeric |
| Narrative (optional) | **120** | 36 | 155 | **120n** | Alphanumeric |
|  |  |  |  |  |  |
| ***Total record length*** | ***155*** |  |  |  |  |

**\* PLEASE NOTE: DUE TO TECHNICAL REASONS THE COUNTRY CODE SHALL BE NUMERIC (NOT ALPHANUMERIC):**

03 Austria (AT)

08 Cyprus (CY)

09 Czech Republic (CZ)

10 Germany (DE)

11 Denmark (DK)

12 Estonia (EE)

13 Spain (ES)

14 Finnland (FI)

15 France (FR)

16 Greece (GR)

18 Hungary (HU)

19 Ireland (IE)

20 Iceland (IS)

21 Italy (IT)

23 Lithuania (LT)

24 Luxembourg (LU)

25 Latvia (LV)

29 Malta (MT)

30 Netherlands (NL)

31 Norway (NO)

32 Poland (PL)

33 Portugal (PT)

34 Romania (RO)

35 Sweden (SE)

36 Slovenia (SI)

38 Turkey (TR)

39 United Kingdom (UK)

99 Unspecified recording country

**1b: Standard IDB data format (Full Data Set FDS-AI, all injuries, according to IDB Coding Manual 2005)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field** | **Nb char.** | **Position start** | **Position end** | **Format** | **Type** |
|  |  |  |  |  |  |
| Recording country | **2** | 1 | 2 | **nn** | Numeric |
| Unique national record number | **6** | 3 | 8 | **nnnnnn** | Numeric |
| Age of patient | **3** | 9 | 11 | **nnn** | Numeric |
| Sex of patient | **1** | 12 | 12 | **n** | Numeric |
| Country of permanent residence | **2** | 13 | 14 | **nn** | Numeric |
| Date of injury | **8** | 15 | 22 | **yyyymmdd** | Date |
| Time of Injury | **2** | 23 | 24 | **nn** | Numeric |
| Date of attendance | **8** | 25 | 32 | **yyyymmdd** | Date |
| Time of attendance | **2** | 33 | 34 | **nn** | Numeric |
| Treatment and follow-up | **2** | 35 | 36 | **nn** | Numeric |
| Intent | **1** | 37 | 37 | **n** | Numeric |
| Transport injury event | **1** | 38 | 38 | **n** | Numeric |
| Place of occurrence | **5** | 39 | 43 | **nn.nn** | Numeric |
| Mechanism of injury | **5** | 44 | 48 | **nn.nn** | Numeric |
| Activity when injured | **4** | 49 | 52 | **nn.n** | Numeric |
| Underlying object/substance producing injury | **7** | 53 | 59 | **nn.nnnn** | Numeric |
| Direct object/substance producing injury | **7** | 60 | 66 | **nn.nnnn** | Numeric |
| Intermediate object/substance producing injury | **7** | 67 | 73 | **nn.nnnn** | Numeric |
| Type 1 of injury | **2** | 74 | 75 | **nn** | Numeric |
| Type 2 of injury | **2** | 76 | 77 | **nn** | Numeric |
| Part 1 of the body injured | **4** | 78 | 81 | **n.nn** | Numeric |
| Part 2 of the body Injured | **4** | 82 | 85 | **n.nn** | Numeric |
| Narrative (optional) | **120** | 86 | 205 | **120n** | Alphanumeric |
| **Admission module** |  |  |  |  |  |
| Number of days in hospital | **3** | 206 | 208 | **nnn** | Numeric |
| **Violence module** |  |  |  |  |  |
| Relation victim/perpetrator | **1** | 209 | 209 | **n** | Numeric |
| Sex of perpetrator | **1** | 210 | 210 | **n** | Numeric |
| Age of perpetrator | **1** | 211 | 211 | **n** | Numeric |
| Context of assault | **1** | 212 | 212 | **n** | Numeric |
| **Intentional self-harm module** |  |  |  |  |  |
| Proximal risk factor | **1** | 213 | 213 | **n** | Numeric |
| Previous intentional self-harm | **1** | 214 | 214 | **n** | Numeric |
| **Transport module** |  |  |  |  |  |
| Mode of transport | **4** | 215 | 218 | **nn.n** | Numeric |
| Role of injured person | **1** | 219 | 219 | **n** | Numeric |
| Counterpart | **4** | 220 | 223 | **nn.n** | Numeric |
| **Sport module** |  |  |  |  |  |
| Type of sport/exercise activity | **5** | 224 | 228 | **nn.nn** | Numeric |
|  |  |  |  |  |  |
| Provider (hospital) code (optional) | **2** | 229 | 230 | **nn** | Numeric |
|  |  |  |  |  |  |
| ***Total record length*** | ***230*** |  |  |  |  |

**Annex 2 – Metadata (data file information forms)**

**Instructions**

* Please provide one file information form for each submitted data file & use the appropriate form, either the one for MDS or for FDS. Please answer all questions.
* Insert your answers in the third column (overwriting the format specification) and delete column four (instruction).
* Please send the form(s) as Word-file(s) by e-mail (preferred) in order to facilitate re-formatting. Contents will not be changed without your consent. You can send in a signed PDF for control purposes.

**2a: National file information form for IDB-MDS (Minimum Data Set) data (according to JAMIE-IDB Manual chapter 8, table 8.6)**

| **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 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) |
| 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  Address, telephone  eMail address |
| 27 | Signature |  |  |
| 28 | Date of completion of this file | yyyymmdd |  |

**2b: National file information form for IDB-FDS (Full Data Set) data (according to JAMIE-IDB Manual chapter 8, table 8.7)**

| **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 admissions in data file | nn.n% | 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 | 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 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) |
| 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  Address, telephone  Email address |
| 24 | Signature |  |  |
| 25 | Date of completion of this file | yyyymmdd |  |

**Annex 3 – Reference Population Data File**

**Instructions**

* The EU IDB database is designed for retrieving MDS data in three ways: in absolute numbers, in crude incidence rates per 100.000 persons of the resident population (adjusted for age and gender) and accordingly projected absolute numbers at national level. Automatically generated national rates and estimates are based on the MDS Data File and the corresponding Reference Population Data File, which are provided by the NDA. Therefore the NDA bears the responsibility for the correctness of the automatic calculation. Systematic shortcomings (e.g. sampling biases) will be highlighted by “warning flags” in order to prevent users from misinterpretation of rates and estimates. Such “warning flags” are based on information given in the File Information Forms (Annex 2). For details and basic formulas see the IDB Manual 2013 (chapter 4 and 8) and the report by Minicucci et al. (2008).
* The application requires also data on the (estimated) national residence population. This data is taken from the population statistics (by 1 January of each year) as published by EuroStat (“demo\_pjangroup”). Therefore the NDA shall use the same data or the underlying national statistics. See <http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database>
* If there is no better method available at national level, the following simple procedure can be applied.
* Step 1: Get clarity about the data basis for estimating national rate: For estimating national rates, the IDB web-gate will use the MDS data file as it has been submitted. If you have provided FDS data only, the MDS data will be extracted centrally (no. of MDS records = no. of FDS records). Weighting of cases is not possible. If you need to correct a bias of your sample, you can balance it through the Reference Population data.
* Step 2: Get IDB counts by gender and age

If your sample can be considered as sufficiently representative (MDS or FDS as said above), count the frequency for each year of age and for females and males), including all cases (admissions and ambulatory treatments).

* Step 3. Get IDB counts for admissions

Do the same for admissions only (by age and gender).

* Step 4. Get national resident population by gender and age

Get the national population statistics for the resident population (directly from the Eurostat homepage or equivalent to the Eurostat table “demo\_pjangroup”). If your population statistics provides only age-groups (e.g. of five years), the cells for single years shall be filled in by the accordingly estimated numbers (e.g. with fifths).

* Step 5. Get national numbers for injury inpatients by gender and age

Only few countries have solid statistic on ambulatory treatments in emergency departments. In most countries only the statistics on inpatients (admissions or discharges) are reliable. In this case, extract from the national hospital statistics the numbers of admissions related to injury and poisoning (ICD-10 codes S00-T98) by age and sex. If the data for a current year is not available yet, you can decide to use the one from previous years (or an average of previous years).

* Step 6. Establish the estimated sample ratio

Put your IDB counts for admissions into relation to the national numbers of admissions and establish the percentages (sample ratio) for both sexes and each year of age. Take these percentages as best available estimates for all injuries. If a solid statistic on outpatients (ambulatory treatments) exists, you can use the percentages for outpatients as best estimates. In this case you have to do step 3 for outpatients (instead of admissions).

* Step 7. Establish the extrapolation factor

The extrapolation factor is the multiplier to be applied in order to extrapolate the estimated number of cases in your country (extrapolation factor=1/sample ratio).

* Step 8. Establish national estimates

By multiplying the IDB counts (by age and sex) by the corresponding extrapolation factors, you get projections for the total number of injury patients (inpatients and outpatients together).

* Step 9. Establish estimated crude incidence rates

The crude incidence rates (adjusted for age and sex), are equivalent to the national estimates x 1000, dived by the according national population.

* Step 10. Establish the reference population data file

The reference population (adjusted for sex and age), is equivalent to the IDB counts x 1000, dived by the (estimated) crude incidence rate.

* The Reference Population Data File must be a txt-file, without delimiters between data elements, as the record length is determined by the according format. On the next page you find an example, how the file should look like.

**Standard data format for the reference population data**

|  |  |  |
| --- | --- | --- |
| Field | Number of positions | Type of data |
| Country Code | 2 | Numeric |
| Sex | 1 | Numeric |
| Age (in 1-year age groups) | 3 | Numeric |
| Number of catchment population | 10 | Numeric |
| Entire field length per sex & year | 16 |  |
| Entire no. of lines | Max. 2 x 100 |  |

**Sex Codes**

1 Male

2 Female

9 Unknown

**Country Codes**

01 Andorra (AD)

02 Albania (AL)

03 Austria (AT)

04 Bosnia and Herzegovina (BA)

05 Belgium (BE)

06 Bulgaria (BG)

07 Switzerland (CH)

08 Cyprus (CY)

09 Czech Republic (CZ)

10 Germany (DE)

11 Denmark (DK)

12 Estonia (EE)

13 Spain (ES)

14 Finland (FI)

15 France (FR)

16 Greece (GR)

17 Croatia (HR)

18 Hungary (HU)

19 Ireland (IE)

20 Iceland (IS)

21 Italy (IT)

22 Liechtenstein (LI)

23 Lithuania (LT)

24 Luxembourg (LU)

25 Latvia (LV)

26 Monaco (MC)

27 Moldova, Republic of (MD)

28 Macedonia, The former Yugoslav Republic of (MK)

29 Malta (MT)

30 Netherlands (NL)

31 Norway (NO)

32 Poland (PL)

33 Portugal (PT)

34 Romania (RO)

35 Sweden (SE)

36 Slovenia (SI)

37 Slovakia (SK)

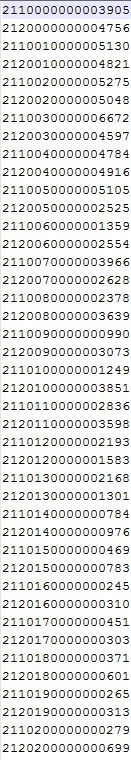
38 Turkey (TR)

39 United Kingdom (UK)

98 Other specified country of residence

99 Unspecified country of residence

**Example of a reference population data file (just the lines for the age 0-20):**



**Annex 4 – List of FDS reference hospitals**

**Instructions**

* Please fill in the names of the hospitals, which collect FDS data. Names of hospitals collecting only MDS data are not needed.
* Provide the name in national language as well as in English translation.
* Describe briefly the type of the hospital: e.g. general hospital, children’s hospital, geriatric clinic, trauma centre, university hospital

**Template**

|  |  |  |
| --- | --- | --- |
| **Country:** | | |
| Name of hospital (in national and English language) | Location (town) | Type of hospital |
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# Annex 2: Metadata by country and year

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| **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.  One hospital is a children’s hospital, one is a university hospital, one is a trauma centre. The others are general hospitals.  More Information:  Annual report (german, english summary):  <http://www.bmask.gv.at/site/Konsumentenschutz/Produktsicherheit/Unfalldatenbank> | |
| 16 | Sampling of cases within hospitals | Data is collected by face to face interviews with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers).  Interviews take place during the operating hours of the emergency units for after treatment (usually from 7.00 to 13.00.  Acute patients with “only once” treatment (without after treatment) are therefore under-represented | |
| 17 | Data entry method | Data is recorded directly into portable Tablet-PCs during a face to face interview with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers). | |
| 18 | Percentage of admissions in data file | 30,19% | |
| 19 | Minimum Quality Control Checks | y | |
| 20 | Average percentage of “unknown” | 0,7%  (codes 99. 9999, 99.99 and 99.9) | |
| 21 | (Eventual) additional comments (for the user): | - | |
| 22 | Responsible data administrator (organization) | KFV (Kuratorium für Verkehrssicherheit) | |
| 23 | Contact: Responsible person | Robert Bauer KFV (Kuratorium für Verkehrssicherheit)  Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Fax: +43 (0)5 77 0 77-1186 E-Mail: robert.bauer@kfv.at | |
| 24 | Signature |  | |
| 25 | Date of completion of this file | 20130524 | |
|  | | | |
| **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.  One hospital is a children’s hospital, one is a university hospital, one is a trauma centre. The others are general hospitals.  More Information:  Annual report (german, english summary):  <http://www.bmask.gv.at/site/Konsumentenschutz/Produktsicherheit/Unfalldatenbank> |
| 16 | Sampling of cases within hospitals | | Data is collected by face to face interviews with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers).  Interviews take place during the operating hours of the emergency units for after-treatment (usually from 7.00 to 13.00.  Acute patients 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%  (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 KFV (Kuratorium für Verkehrssicherheit)  Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Fax: +43 (0)5 77 0 77-1186 E-Mail: robert.bauer@kfv.at |
| 24 | Signature | |  |
| 25 | Date of completion of this file | | 20130524 |

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| **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.  One hospital is a children’s hospital,  The others are general hospitals.  More Information:  Annual report (german, english summary):  <http://www.bmask.gv.at/site/Konsumentenschutz/Produktsicherheit/Unfalldatenbank> |
| 16 | Sampling of cases within hospitals | Data is collected by face to face interviews with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers).  Interviews take place during the operating hours of the emergency units for after-treatment (usually from 7.00 to 13.00.  Acute patients without any after-treatment are therefore under-represented in the IDB Austria. |
| 17 | Data entry method | Data is recorded directly into portable Tablet-PCs during a face to face interview with hospital patients (or accompanying persons) by specially trained staff (IDB Austria Interviewers). |
| 18 | Percentage of admissions in data file | 24,53% |
| 19 | Minimum Quality Control Checks | 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 KFV (Kuratorium für Verkehrssicherheit)  Research and Knowledge Management Schleiergasse 18 A-1100 Wien Tel: +43 (0)5 77 0 77-1320 Fax: +43 (0)5 77 0 77-1186 E-Mail: robert.bauer@kfv.at |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20140428 |

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| --- | --- | --- |
| **National IDB File Information (IDB Full Data Set)** | | |
| 1 | Country | **Cyprus** |
| 2 | Year | **2011** |
| 3 | National Register Name | Cyprus Injury Data Base |
| 4 | Purpose of the register | Collection of data on injuries in order to produce information on the causation of injuries and the incidence of all injuries at national level. Collection of the data depends on the cooperation of the ED staff. As yet there is no legal basis for the collection of the data. |
| 5 | Scope of the register | The sampling methodology is not satisfactory at present. It leads to a biased sample that is not suitable for calculation of the national all injury Incidence Rate. |
| 6 | Data file name (FDS) | Cyprus\_IDB\_Data\_File\_2011.txt |
| 7 | Date of creation of FDS file | 20130530 |
| 8 | Range of data of attendance | 20110110 –20111220 |
| 9 | Original coding dictionary | The Injury Database (IDB) Coding Manual Data Dictionary, Version 1.1 – June 2005. |
| 10 | Dictionary modifications | Translated to Greek without modifications. |
| 11 | (Eventual) Bridge coding applied | Not applicable. |
| 12 | No. of records in the data file | 0001189 |
| 13 | No. of FDS reference hospitals | 002 |
| 14 | Geographic scope | - Nicosia  - Ammochostos (Government-controlled area) |
| 15 | Sampling of 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 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,  Υπουργείο Υγείας  Health Monitoring Unit,  Ministry of Health  <http://www.moh.gov.cy> |
| 23 | Contact: Responsible person | Dr. Pavlos Pavlou  Health Monitoring Unit, Ministry of Health  Prodromou 1 & Cheilonos 17  1448 Nicosia  Cyprus  [ppavlou@moh.gov.cy](mailto:ppavlou@moh.gov.cy) |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20130530 |

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| **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,  Υπουργείο Υγείας  Health Monitoring Unit,  Ministry of Health  <http://www.moh.gov.cy> |
| 23 | Contact: Responsible person | Dr. Pavlos Pavlou  Health Monitoring Unit, Ministry of Health  Prodromou 1 & Cheilonos 17  1448 Nicosia  Cyprus  [ppavlou@moh.gov.cy](mailto:ppavlou@moh.gov.cy) |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20130530 |

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| **National File Information (IDB Minimum Data Set)** | | |
| 1 | Country | **Cyprus** |
| 2 | Year | **2013** |
| 3 | National Register Name | Cyprus Injury Database |
| 4 | Purpose of the register | Collection of data on injuries in order to produce information on the causation of injuries and the incidence of all injuries at national level. Collection of the data depends on the cooperation of the ED staff. As yet there is no legal basis for the collection of the data. |
| 5 | Scope of the register | The MDS register collects data from all state (public) hospital EDs except Nicosia GH and Famagusta GH which collect FDS. The hospitals included are Limassol GH, Larnaka GH, Kyperounda Hospital and Polis Hospital. Pafos ED was initially included but has not continued collection of sufficient data to include it in the data set. Most of the cases attending these EDs are included but not all. All Intents, all settings, all age-groups and all treatments are included. Hospital EDs and GP attendances in the private sector are not included. |
| 6 | Data file name (MDS) | Cyprus\_IDB\_MDS\_Data\_File\_2013.txt |
| 7 | Date of creation of MDS file | 20140527 |
| 8 | Range of data of attendance | 20130101 – 20131231 |
| 9 | Original coding dictionary | IDB-JAMIE Manual August 2012 |
| 10 | Dictionary modifications | None, but an explanatory leaflet based on the 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 * Limassol * Kyperounta * 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% | | Provider (hospital) code (optional) | 00.0% | | Unique national record number | 00.0% | | Age category of patient | 00.1% | | Sex of patient | 00.0% | | Permanent country of residence (optional) | 98.4% | | Month of attendance | 00.0% | | Year of attendance | 00.0% | | Treatment and follow-up | 12.7% | | Nature of injury 1 (primary injury) | 09.9% | | Nature of injury 2 (secondary injury) | - | | Part of the body injured 1(primary injury) | 09.0% | | Part of the body injured 2 (secondary injury) | - | | Intent | 02.9% | | Location (setting) of occurrence | 01.9% | | Mechanism of injury | 01.4% | | Activity when injured | 06.2% | | Narrative (optional) | - | |
| 22 | Method for extrapolation from sample to national incidence | For the time being we do not feel we have enough and reliable data to calculate this. We are still thinking about it. If we are able to come up with an estimate in the next few days we shall contact you again. |
| 23 | Reference population data provided | N |
| 24 | (Eventual) additional comments (for the user): | - |
| 25 | Responsible data administrator (organization) | Μονάδα Παρακολούθησης Υγείας,  Υπουργείο Υγείας  Health Monitoring Unit,  Ministry of Health  http://www.moh.gov.cy |
| 26 | Contact: Responsible person | Dr. Pavlos Pavlou  Health Monitoring Unit, Ministry of Health  Prodromou 1 & Cheilonos 17  1448 Nicosia  Cyprus  ppavlou@moh.gov.cy |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140528 |

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| **National IDB File Information (IDB Full Data Set)** | | |
| 1 | Country | **Cyprus** |
| 2 | Year | **2013** |
| 3 | National Register Name | Cyprus Injury Database |
| 4 | Purpose of the register | Collection of data on injuries in order to produce information on the causation of injuries and the incidence of all injuries at national level. Collection of the data depends on the cooperation of the ED staff. As yet there is no legal basis for the collection of the data. |
| 5 | Scope of the register | The sampling methodology is not satisfactory at present. It leads to a biased sample that is not suitable for calculation of the national all injury Incidence Rate. |
| 6 | Data file name (FDS) | Cyprus\_IDB\_FDS\_Data\_File\_2013.txt |
| 7 | Date of creation of FDS file | 20140424 |
| 8 | Range of data of attendance | 20130104 – 20130920 |
| 9 | Original coding dictionary | The Injury Database (IDB) Coding Manual Data Dictionary, Version 1.1 – June 2005. |
| 10 | Dictionary modifications | Translated to Greek without modifications. |
| 11 | (Eventual) Bridge coding applied | Not applicable. |
| 12 | No. of records in the data file | 0000381 |
| 13 | No. of FDS 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,  Υπουργείο Υγείας  Health Monitoring Unit,  Ministry of Health  http://www.moh.gov.cy |
| 23 | Contact: Responsible person | Dr. Pavlos Pavlou  Health Monitoring Unit, Ministry of Health  Prodromou 1 & Cheilonos 17  1448 Nicosia  Cyprus  ppavlou@moh.gov.cy |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20140528 |

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| **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 delimitation of reporting year) | 20110101 – 20111231 |
| 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). 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.  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  School 360/100 000  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.  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  Jihlavska 20, 625 00 Brno Czech Republic |
| 28 | Contact: Responsible person | prof. Petr Gal, Ph.D., M.D.  ass. prof.Planka Ladislav, MD., PhD. |
| 29 | Signature |  |
| 30 | Date of completion of the this file | 20120618 |

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| **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  Jihlavska 20, 625 00 Brno Czech Republic |
| 23 | Contact: Responsible person | prof.Planka Ladislav, MD., PhD.  +42 532 234 360  lplanka@seznam.cz |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20131017 |

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| **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  Jihlavska 20, 625 00 Brno Czech Republic |
| 23 | Contact: Responsible person | Prof.Planka Ladislav, MD., PhD.  +42 532 234 360  lplanka@seznam.cz |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20140902 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Denmark** |
| 2 | Year | **2011** |
| 3 | National Register Name | National Patient Register (LPR) |
| 4 | Purpose of the register | Recording of hospital activity |
| 5 | Scope of the register | All hospital contact (public hospitals) in Denmark, covering nearly 100% of injury related contact. Emergency department contacts, Admissions, and other outpatient treatments are included. Only contacts terminated 2011 are included. |
| 6 | Data file name (MDS) | MDS2011.txt |
| 7 | Date of creation of MDS file | 20130530 |
| 8 | Range of data of attendance | 20110101-20111231 |
| 9 | Original coding dictionary | Data are recorded using the Danish classification for injury collection. Classification for 2011: http://www.ssi.dk/Sundhedsdataogit/Indberetning%20og%20patientregistrering/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)  Total: 12.8% including hospital code and activity, (15 items)  Recording country 0%  Provider/Hospital code – blank, not delivered (100%)  Record number 0%  Age 0%  Sex 0%  Permanent country of residence  Month att. 0%  Year att. 0%  Treatment & follow-up 0%  Injury1 0.8%  Part of body1 1.8%  Intent 14.1%  Location 20.8%  Mechanism 19.8%  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  [bjla@sdu.dk](mailto:bjla@sdu.dk)  +45 6550 7776 |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20130530 |

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| **National IDB File Information (IDB Full Data Set)** | | |
| 1 | Country | **Denmark** |
| 2 | Year | **2011** |
| 3 | National Register Name | National Patient Register (LPR) |
| 4 | Purpose of the register | Recording of hospital activity |
| 5 | Scope of the register | Only two hospitals are included, recording (nearly) the FDS |
| 6 | Data file name (FDS) | FDS2011.txt |
| 7 | Date of creation of FDS file | 20130530 |
| 8 | Range of data of attendance | 20110101-20111231 |
| 9 | Original coding dictionary | Data are recorded using the Danish classification for injury collection. Classification for 2011: http://www.ssi.dk/Sundhedsdataogit/Indberetning%20og%20patientregistrering/Patientregistrering/~/media/Indhold/DK%20-%20dansk/Sundhedsdata%20og%20it/NSF/Indberetning/patientregistrering/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:  Violence and self-harm modules are not used. Date and time of injury are not recorded. Narratives are not recorded.  Minor deviations due to transcoding/lack of information exist, mainly resulting in non-existing codes, e.g. treatment & follow-up, codes 1,3,6; intent 4,5,8; Type of injury: 1(by definition);3 (not possible to separate from 2 or 4 using ICD-10) |
| 11 | (Eventual) Bridge coding applied | Transcoding from the Danish classification (modified NOMESCO version 4) into FDS is performed using SAS software and ICD-10 >FDS conversion table |
| 12 | No. of records in the data file | 0062028 |
| 13 | No. of FDS 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)  Total: 9.5% including hospital code and activity, (15 items)  Recording country 0%  Provider/Hospital code – blank, not delivered (100%)  Record number 0%  Age 0%  Sex 0%  Permanent country of residence 0.4%  date att. 0%  Year att. 0%  Treatment & follow-up 0%  Injury1 2.1%  Part of body1 1.9%  Intent 5.4%  Place 8.6%  Mechanism 8.8%  Activity 15.8% |
| 21 | (Eventual) additional comments (for the user): | National Institute of Public Health, University of Southern Denmark in collaboration with “Statens Serum Institut” (which collects the hospital data) |
| 22 | Responsible data administrator (organization) | National Institute of Public Health, University of Southern Denmark in collaboration with “Statens Serum Institut” (which collects the hospital data) |
| 23 | Contact: Responsible person | Bjarne Laursen  [bjla@sdu.dk](mailto:bjla@sdu.dk)  +45 6550 7776 |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20130531 |

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| **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 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 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)  Total: 6.0% including activity, (15 items)  Recording country 0%  Provider/Hospital code 0%  Record number 0%  Age 0%  Sex 0%  Permanent country of residence 0.5%  Month att. 0%  Year att. 0%  Treatment & follow-up 0%  Injury1 0.9%  Part of body1 1.9%  Intent 12.8%  Location 20.7%  Mechanism 17.9%  Activity 34.6% |
| 22 | Method for extrapolation from sample to 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  [bjla@sdu.dk](mailto:bjla@sdu.dk)  +45 6550 7776 |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20130530 |

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| **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:  Violence and self-harm modules are not used. Date and time of injury are not recorded. Narratives are not recorded.  Minor deviations due to transcoding/lack of information exist, mainly resulting in non-existing codes, e.g. treatment & follow-up, codes 1,3,6; intent 4,5,8; Type of injury: 1(by definition);3 (not possible to separate from 2 or 4 using ICD-10) |
| 11 | (Eventual) Bridge coding applied | Transcoding from the Danish classification (modified NOMESCO version 4) into FDS is performed using SAS software and ICD-10 >FDS conversion table |
| 12 | No. of records in the data file | 0034992 |
| 13 | No. of FDS reference hospitals | 001 hospitals |
| 14 | Geographic scope | Aarhus area |
| 15 | Sampling of hospitals | Participation in a pilot study. The hospital is the largest in Denmark including the most severe injuries. Rural areas may be under represented. |
| 16 | Sampling of cases within hospitals | All cases are recorded. |
| 17 | Data entry method | The recording is performed using the patient administrative system when the patient arrives; diagnoses are given by the doctors. |
| 18 | Percentage of 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)  Total: 3.3% including hospital code and activity, (15 items)  Recording country 0%  Provider/Hospital code 0%  Record number 0%  Age 0%  Sex 0%  Permanent country of residence 1.3%  date att. 0%  Year att. 0%  Treatment & follow-up 0%  Injury1 1.6%  Part of body1 0.8%  Intent 5.3%  Place 12.9%  Mechanism 7.5%  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  [bjla@sdu.dk](mailto:bjla@sdu.dk)  +45 6550 7776 |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20130531 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Denmark** |
| 2 | Year | **2013** |
| 3 | National Register Name | National Patient Register (NPR) |
| 4 | Purpose of the register | It is a mandatory administrative register then serves several purposes, among these payments to the hospitals. |
| 5 | Scope of the register | All injuries treated at public hospitals. In 2013, no private hospitals in Denmark were treating injuries. |
| 6 | Data file name (MDS) | mds2013.txt |
| 7 | Date of creation of MDS file | 20140520 |
| 8 | Range of data of attendance | 20140101-20141231 |
| 9 | Original coding dictionary | NOMESCO version 4, slightly modified, full description, see:  http://www.medinfo.dk/sks/brows.php?s\_nod=25803 |
| 10 | Dictionary modifications | Some minor modifications; see link above.  In general, data are collected in minimum detail, however sufficient for the MDS. |
| 11 | Bridge coding applied | ICD10 > MDS (injury and part of body)  NOMESCO>MDS (external cause of injury) |
| 12 | No. of records in the data file | 542781 |
| 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%  Age: 0% Sex: 0% Country of residence: 0.4%  Treatment&follow-up: 0% injury1: 0.9%  part of body1: 2.1% Intent: 12.3% location: 21.1% mechanism :18.1% Activity: 35.3% |
| 22 | Method for 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.  Each hospital code may cover several physical addresses in a wide area |
| 25 | Responsible data administrator (organization) | Statens Serum Institut [www.ssi.dk](http://www.ssi.dk) and the hospitals |
| 26 | Contact: Responsible person | Bjarne Laursen  Statens Institut for Folkesundhed  Øster Farimagsgade 5A, DK-1353 Copenhagen  [bla@niph.dk](mailto:bla@niph.dk)  +45 6550 7776 |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140520 |

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| **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.  In general, data are collected in full detail |
| 11 | (Eventual) Bridge coding applied | NOMESCO > IDB  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%  Age: 0%  Sex: 0%  Country of residence: 0.8%  Date of injury: 2.3%  Time of injury: 16.2%  Date of attendance: 0%  Time of attendance: 0%  Treatment&follow-up: 0%  Intent: 2.1%  Transport injury event: 0%  Place of occurrence: 3.3%  Mechanism: 2.3%  Activity: 5.1%  Products (underlying etc not separated) 35.1%  Injury1: 1.4%  Part 1 of body: 0.4% |
| 21 | (Eventual) additional comments (for the user): | Violence details and Suicide details are nor recorded.  Products and sport are coded automatically from text. Sport are correct in estimated 97% of cases (1% error and 2% missing).  Products: 3% error, 5% missing.  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  Statens Institut for Folkesundhed  Øster Farimagsgade 5A, DK-1353 Copenhagen  [bla@niph.dk](mailto:bla@niph.dk)  +45 6550 7776 |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20140520 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Estonia** |
| 2 | Year | **2012** |
| 3 | National Register Name | Estonian statistical module of e-health information system (HIS) |
| 4 | Purpose of the register | HIS is nationwide database that has standardized central information exchange function. That contain summaries of all patients’ medical records. The aim of statistical module of HIS is to collect data for production of official health statistics. |
| 5 | Scope of the register | Data of injuries based on ICD-10.  The coverage of in-patient data in HIS is 100% and 70-80% of out-patient data (mostly from family physicians).  E.g. information of treatment and follow up is available only for in-patients. |
| 6 | Data file name (MDS) | Estonia\_2012\_MDS |
| 7 | Date of creation of MDS file | 20140519 |
| 8 | Range of data of attendance | 20120101 – 20121231 |
| 9 | Original coding dictionary | IDB-MDS data dictionary, October 2013 |
| 10 | Dictionary modifications | Modifications has not been made |
| 11 | Bridge coding applied | ICD10 > MDS |
| 12 | No. of records in the data file | 60392 |
| 13 | No. of MDS reference hospitals | 27 |
| 14 | Geographic scope | The entire reporting country |
| 15 | Hospital characteristics used for a representative sample of hospitals | Database (HIS) is nationwide and all healthcare service providing organizations are under an obligation to send all summaries of patients’ medical records into database. No selection of hospitals was made, information from all hospitals was included. |
| 16 | Sampling of cases within hospitals | The data of injuries based on HIS data and the coverage of in-patient data in HIS is 100% and 70-80% of hospital out-patient data. Therefore it is likely that all cases are not covered. |
| 17 | Percentage of admissions in data file | 21.5% |
| 18 | Relative sample size (admissions) | 21.5% |
| 19 | Relative sample size (ambulatory treatments) | 78.2% |
| 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;  Ministry of Social Affairs, Health Information and Analysis Department;  <http://www.sm.ee/eng.html> |
| 26 | Contact: Responsible person | Liis Rooväli  eMail address: Liis.Roovali@sm.ee  Gonsiori 29, 15027 Tallinn  telephone: 626 9158 |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140522 |

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| **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.  The coverage of in-patient data in HIS is 100% and 70-80% of out-patient data (mostly from family physicians).  E.g. information of treatment and follow up is available only for in-patients. |
| 6 | Data file name (MDS) | Estonia\_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 applied | ICD10 > MDS |
| 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;  Ministry of Social Affairs, Health Information and Analysis Department;  <http://www.sm.ee/eng.html> |
| 26 | Contact: Responsible person | Liis Rooväli  eMail address: Liis.Roovali@sm.ee  Gonsiori 29, 15027 Tallinn  telephone: 626 9158 |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140522 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 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 of MDS file | 20140428 |
| 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 | 86.0% |
| 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 (organization) | National Institute for Health and Welfare, Injury Prevention Unit  <http://www.thl.fi/en_US/web/en> |
| 26 | Contact: Responsible person | Antti Impinen  Address: THL P.O. Box 30, 00271 Helsinki, tel. +358-29-524 8615  [antti.impinen@thl.fi](mailto:antti.impinen@thl.fi) |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140612 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 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 | 89.4% |
| 18 | Relative sample size (admissions) | 10% sample was drawn from the cases considered in the scope of this data |
| 19 | Relative sample size (ambulatory treatments) | See above |
| 20 | Minimum Quality Control Checks | Yes, if the Minimum Quality Control Checks for MDS (according to chapter 8 of the JAMIE-Manual) have been carried out |
| 21 | Average percentage of “unknown”” | 12,6% (0-67%) |
| 22 | Method for extrapolation from sample to national incidence | National figures can be achieved outside the sample, as sample has only been drawn to able the distribution of the data. |
| 23 | Reference population data provided | 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  <http://www.thl.fi/en_US/web/en> |
| 26 | Contact: Responsible person | Antti Impinen  Address: THL P.O. Box 30, 00271 Helsinki, tel. +358-29-524 8615  [antti.impinen@thl.fi](mailto:antti.impinen@thl.fi) |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20131203 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 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 <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 |
| 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 | 74.6% (seems too low compared to 2010 and 2011) |
| 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  <http://www.thl.fi/en_US/web/en> |
| 26 | Contact: Responsible person | Antti Impinen  Address: THL P.O. Box 30, 00271 Helsinki, tel. +358-29-524 8615  [antti.impinen@thl.fi](mailto:antti.impinen@thl.fi) |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140612 |

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| **National IDB File Information (IDB Full Data Set)** | | |
| 1 | Country | **Germany** |
| 2 | Year | **2011** |
| 3 | National Register Name | DE/BB\_2011 |
| 4 | Purpose of the register | The official statistics in Germany do not have sufficient information on the circumstances and causes of injuries  The hospital discharge register collects data on the diagnoses of injured patients but not  on the injury location, mechanism and circumstances  on injuries by violence and selfharm  The road traffic statistics gather data only on traffic accidents registered by the police but not  on injury diagnoses  The criminal statistics collect data only on criminal acts registered by the police, but not  on injury diagnoses and on the context of violence |
| 5 | Scope of the register | - |
| 6 | Data file name (FDS) | DE\_BB\_2011\_idb |
| 7 | Date of creation of FDS file | 20130604 |
| 8 | Range of data of attendance | 20110101-20111231 |
| 9 | Original coding dictionary | The Injury Database (IDB) coding manual version 1.3 – September 2012 (German version |
| 10 | Dictionary modifications | - |
| 11 | (Eventual) Bridge coding applied | - |
| 12 | No. of records in 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.  http://www.mugv.brandenburg.de/cms/detail.php/bb1.c.218809.de |
| 23 | Contact: Responsible person | Daniel Koster  Landesamt für Umwelt, Gesundheit und Verbraucherschutz  Abtl. Gesundheit,  Referat G2- Gesundheitsberichterstattung  Sachbearbeiter  Wünsdorfer Platz 3  15806 Zossen  Phone: 0049/(0)331-9771138  Mail: Daniel.Koster@LUGV.Brandenburg.de |
| 24 | Signature |  |
| 25 | Date of completion of this file | Submitted: 120605 |

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| **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  The hospital discharge register collects data on the diagnoses of injured patients but not  on the injury location, mechanism and circumstances  on injuries by violence and selfharm  The road traffic statistics gather data only on traffic accidents registered by the police but not  on injury diagnoses  The criminal statistics collect data only on criminal acts registered by the police, but not  on injury diagnoses and on the context of violence |
| 5 | Scope of the register | - |
| 6 | Data file name (FDS) | DE\_BB\_2012\_idb |
| 7 | Date of creation of FDS file | 20130604 |
| 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.  http://www.mugv.brandenburg.de/cms/detail.php/bb1.c.218809.de |
| 23 | Contact: Responsible person | Daniel Koster  Landesamt für Umwelt, Gesundheit und Verbraucherschutz  Abtl. Gesundheit,  Referat G2- Gesundheitsberichterstattung  Sachbearbeiter  Wünsdorfer Platz 3  15806 Zossen  Phone: 0049/(0)331-9771138  Mail: Daniel.Koster@LUGV.Brandenburg.de |
| 24 | Signature |  |
| 25 | Date of completion of this file | Submitted: 120605 |

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| **National File Information (Full Data Set)** | | |
| 1 | Country | **Germany** |
| 2 | Year | **2013** |
| 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.  The hospital discharge register collects data on the diagnoses of injured patients but not on the injury location, mechanism and circumstances  on injuries by violence and self-harm.  The road traffic statistics gather data only on traffic accidents registered by the police but not on injury diagnoses.  The criminal statistics collect data only on criminal acts registered by the police, but not on injury diagnoses and on the context of violence.  Purpose of the IDB in Brandenburg is to fill in these gaps. |
| 5 | Scope of the 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%  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 the user): | Incidence rates cannot be obtained from the web-gate. Key incidence rates for Brandenburg are:   * All injuries by age group and sex (per 100.000 inhabitants)  |  |  |  |  | | --- | --- | --- | --- | | age | male | female | all | | <5 | 8.411 | 6.680 | 7.580 | | 5-9 | 7.210 | 6.335 | 6.746 | | 10-14 | 6.995 | 5.755 | 6.472 | | 15-19 | 9.179 | 5.245 | 7.312 | | 20-24 | 8.687 | 5.406 | 7.272 | | 25-29 | 7.876 | 3.948 | 6.182 | | 30-34 | 4.715 | 2.356 | 3.635 | | 35-39 | 4.435 | 2.946 | 3.763 | | 40-44 | 4.938 | 3.210 | 4.079 | | 45-49 | 4.242 | 3.697 | 4.002 | | 50-54 | 4.138 | 3.883 | 4.034 | | 55-59 | 3.079 | 3.781 | 3.389 | | 60-64 | 2.884 | 4.395 | 3.481 | | 65-69 | 2.707 | 4.558 | 3.493 | | 70-74 | 4.960 | 5.819 | 5.365 | | 75-79 | 5.694 | 7.128 | 6.445 | | 80-84 | 5.277 | 11.280 | 9.153 | | 85-89 | 11.555 | 22.739 | 19.593 | | 90 u älter | 24.806 | 27.278 | 26.608 | | Gesamt | 5.428 | 5.598 | 5.505 |  * 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.  http://www.mugv.brandenburg.de/cms/detail.php/bb1.c.218809.de |
| 23 | Contact: Responsible person | Daniel Koster  Landesamt für Umwelt, Gesundheit und Verbraucherschutz  Abtl. Gesundheit,  Referat G2- Gesundheitsberichterstattung  Sachbearbeiter  Wünsdorfer Platz 3  15806 Zossen  Phone: 0049/(0)331-9771138  Mail: Daniel.Koster@LUGV.Brandenburg.de |
| 24 | Signature |  |
| 25 | Date of completion of this file | 16.02.2015 |

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| **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 modifications | NONE |
| 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  Dept. of Occupational and Industrial Hygiene |
| 23 | Contact: Responsible person | Vassilios Makropoulos  Email: vmakropoulos@esdy.edu.gr |
| 24 | Signature |  |
| 25 | Date of completion of this file | 28/8/2013 |

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| **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 7th 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.  This data refers to a 10-month-long data collection. |
| 22 | Responsible data administrator (organization) | Országos Egészségfejlesztési Intézet  National Institute for Health Development  www.oefi.hu |
| 23 | Contact: Responsible person | Péter Varsányi MD  1096 Budapest, Nagyvárad tér 2.  +361-4288250  varsanyi.peter@oefi.antsz.hu |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20140702 |

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| **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 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 | 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 7th 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.  This data refers to a 10-month-long data collection. |
| 22 | Responsible data administrator (organization) | Országos Egészségfejlesztési Intézet  National Institute for Health Development  www.oefi.hu |
| 23 | Contact: Responsible person | Péter Varsányi MD  1096 Budapest, Nagyvárad tér 2.  +361-4288250  varsanyi.peter@oefi.antsz.hu |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20140702 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Iceland** |
| 2 | Year | **2010** |
| 3 | National Register Name | Landspitali University Hospital Emergency Care Unit (not a national registry). |
| 4 | Purpose of the register | To compile information on all cases attended to at the University Hospital Emergency Care Unit. |
| 5 | Scope of the register | This register contains records of all cases attended to by the Emergency Care Unit, for all ages and accident types. |
| 6 | Data file name (MDS) | Iceland\_NEW\_MDS\_2010.txt |
| 7 | Date of creation of MDS file | 20140613 |
| 8 | Range of data of attendance | 20100101 – 20101231 |
| 9 | Original coding dictionary | IDB-JAMIE Minimum Data Set (MDS). Version August 7th, 2012. English version. |
| 10 | Dictionary modifications | No modifications |
| 11 | Bridge coding applied | ICD10>MDS Conversion tables ICD-10 to IDB-nature\_body part.xlsx (accessed on Jamie Project Documentation website on Nov. 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.  Embætti landlæknis, heilbrigðisupplýsingasvið  <http://www.landlaeknir.is/> |
| 26 | Contact: Responsible person | Guðrún Kristín Guðfinnsdóttir/Edda Björk Þórðardóttir  Directorate of Health  Barónsstíg 47, 101 Reykjavík  Tel 510 1900, [gudkrg@landlaeknir.is](mailto:gudkrg@landlaeknir.is) / edda@landlaeknir.is |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140616 |

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| **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 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.  Embætti landlæknis, heilbrigðisupplýsingasvið  <http://www.landlaeknir.is/> |
| 26 | Contact: Responsible person | Guðrún Kristín Guðfinnsdóttir / Edda Björk Þórðardóttir  Directorate of Health  Barónsstíg 47, 101 Reykjavík  Tel 510 1900, [gudkrg@landlaeknir.is](mailto:gudkrg@landlaeknir.is) / [edda@landlaeknir.is](mailto:edda@landlaeknir.is) |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140616 |

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| **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 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.  Embætti landlæknis, heilbrigðisupplýsingasvið  <http://www.landlaeknir.is/> |
| 26 | Contact: Responsible person | Guðrún Kristín Guðfinnsdóttir / Edda Björk Þórðardóttir  Directorate of Health  Barónsstíg 47, 101 Reykjavík  Tel 510 1900, [gudkrg@landlaeknir.is](mailto:gudkrg@landlaeknir.is) / [edda@landlaeknir.is](mailto:edda@landlaeknir.is) |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140616 |

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| **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 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.  Embætti landlæknis, heilbrigðisupplýsingasvið  <http://www.landlaeknir.is/> |
| 26 | Contact: Responsible person | Guðrún Kristín Guðfinnsdóttir / Edda Björk Þórðardóttir  Directorate of Health  Barónsstíg 47, 101 Reykjavík  Tel 510 1900, [gudkrg@landlaeknir.is](mailto:gudkrg@landlaeknir.is) / [edda@landlaeknir.is](mailto:edda@landlaeknir.is) |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140616 |

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| **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  -  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  www.nsrf.ie |
| 26 | Contact: Responsible person | Dr Eve Griffin,  National Suicide Research Foundation  4.28 Western Gateway Building,  University College Cork,  Ireland.  + 353 21 420 5551  evegriffin@ucc.ie |
| 27 | Signature | C:\Users\evegriffin\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\New Picture (32).bmp |
| 28 | Date of completion of this file | 20140530 |

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| **National IDB File Information (Full Data Set)** | | |
|  | Country | **Italy** |
|  | Year | **2007** |
|  | National Register Name | Sistema Informativo Nazionale sugli Incidenti in Ambiente di Civile Abitazione (SINIACA) – sorveglianza campionaria di pronto soccorso. National Information System on Home Accidents – ED Sample surveillance of Home injuries |
|  | 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). |
|  | Scope of the register | SINIACA ED register setting is home accidents fro all age groups and treatments. |
|  | Data file name | ITA\_2007\_JAMIE.txt |
|  | Date of creation of data file | 20120620 |
|  | Selection criteria (for delimitation of reporting year) | 20070101 – 20071231 |
|  | No. of national reference hospitals | 18 |
|  | No. of records in the data file | 30646 |
|  | Ratio admissions / no. of records | 08.12% |
|  | Representativeness of sampling of hospitals | The ED sample is a natural one based on voluntary participating hospitals. Its catchment population is equal to 3.58% of the Italian population. The age-sex frequency distribution of ED sample catchment population is strictly concordant with the age-sex distribution of the Italian population (males: Kendall tau = 0.9295 p>0.0000; females Kendal tau = 0.9246 p>0.0000). The sample is distributed geographically (8 hospitals in Northern Italy; 2 in Central Italy; 8 in Southern Italy), territorially (7 hospitals in coastal area; 2 in mountain area, 9 in internal hill or flat area) and at urbanization level [4 hospitals in urban area (city>250,000 inhabitants); 5 in middle urban area (town>70,000 inhabitants) and 9 in rural area (town<70,000 inhabitants)] |
|  | Representativeness of sampling of cases within hospitals | All cases of home injuries have been registered within hospitals. 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 module of the HIS. |
|  | Sample ratio for admissions/discharges due to injuries or... | 04.40%  no. of sample home injury related discharges / no. of national home 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 |
|  | (Eventual) Bridge coding applied | SINIACA>IDB |
|  | Standard Quality Control Statement | y |
|  | Average % of “missing” (excluding date of birth) | 04.48% |
|  | Average % of “unknown” (excluding date of birth) | 06.69% |
|  | ECHI indicator 29b | 1,557.96 ED attendances for home injuries per 100,000 inhabitants in year 2007.  126.48 hospital admissions for home injuries per 100,000 inhabitants in year 2007. |
|  | 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.  Italian National Institute of Health – Environment and Trauma Unit |
|  | Contact: Responsible person | Istituto Superiore di Sanità – reparto Ambiente e Traumi.  Viale Regina Elena, 299  00161 Roma  Italia  Tel secr. +390649902181  Fax +390649902383  Alessio Pitidis  Tel. +390649902493  [alessiop.dati@gmail.com](mailto:alessiop.dati@gmail.com)  Giuseppe Balducci  Tel. +390649902969  [giuseppe.balducci@iss.it](mailto:giuseppe.balducci@iss.it) |
|  | Signature | Alessio Pitidis |
|  | Date of completion of the this file | 20120710 |

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

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

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Italy** |
| 2 | Year | **2012** |
| 3 | National Register Name | EMUR - National Health Service Emergency Data Flow: A) ED register; A) 118 Rescue Service Register; |
| 4 | Purpose of the register | The Ministry of Health has established by decree a national Minimum Data Set for the EDs current registers. It’s based essentially on the hospital EDs registers and the 118 emergency rescue service registers. |
| 5 | Scope of the register | In the ED register all the attendances for injuries are recorded. The 118 service registers only the cases sent to hospital (essentially by ambulance or helicopter) by the 118 operators. No other systematic deviation except 118 cases selection. |
| 6 | Data file name (MDS) | ITA\_2012\_MDS.txt |
| 7 | Date of creation of MDS file | 20140627 |
| 8 | Range of data of attendance | 20120101-20121231 |
| 9 | Original coding dictionary | IDB-JAMIE manual (Version August 7th, 2012 ) |
| 10 | Dictionary modifications |  |
| 11 | Bridge coding applied | ICD9CM>MDS. We developed a bridge coding table from ICD-9-CM (ver. 2007) to JAMIE-MDS based on the Barrel’s matrix. |
| 12 | No. of records in the data file | 140370 |
| 13 | No. of MDS reference hospitals | 95 |
| 14 | Geographic scope | Italy (sample covering 15.7% national pop. High concordance sex-age distribution and pop. density). |
| 15 | Hospital characteristics used for a representative sample of hospitals | All hospitals in Piedmont, Tuscany and Abruzzo served by the 118 Rescue Service: the largest hospitals. They account for 89.1% of the whole injury inpatients in the 3 regions. Those hospitals account for 43.0% of all the hospitals having cases of admission for injuries |
| 16 | Sampling of cases within hospitals | We included all 118 service database records (13.0% of the whole injury ED attendances) the only ED cases with information on the mechanism of injury. A possible selection bias refers to the greater severity of injuries (on average) than the rest of the ED cases. |
| 17 | Percentage of admissions in data file | 18.6% (expressed as the ratio of no. of admissions to all ED attendances due to injury in the 118 sample x 100) |
| 18 | Relative sample size (admissions) | 2.8% distribution (expressed as the ratio of no. of admissions in the 118 sample to total no. of hospital discharges due to injuries in Italy x 100) |
| 19 | Relative sample size (ambulatory treatments) | 1.9% distribution (expressed as the ratio of no. of 118 sample attendances at ED to total no. of attendances at ED due to injury in Italy x 100) |
| 20 | Minimum Quality Control Checks | Yes |
| 21 | Average percentage of “unknown”” | 11.6% (narrative description not included). |
| 22 | Method for extrapolation from sample to national incidence | The method for extrapolation from sample to national incidence is based on national figures of injury cases of hospital admissions. |
| 23 | Reference population data provided | Yes |
| 24 | (Eventual) additional comments (for the user): |  |
| 25 | Responsible data administrator (organization) | Italian National Institute of Health  Department of Environment and Primary Prevention  Unit of Environment and Trauma  www.iss.it/casa |
| 26 | Contact: Responsible person | Mr Alessio Pitidis  Viale Regina Elena, 299  00161 Rome (Italy),  Telephone: +39 6 49902181  Email: darat@iss.it |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140630 |

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| **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 hospitals | All home injury cases in all hospitals. All road traffic injury cases in 4 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  Department of Environment and Primary Prevention  Unit of Environment and Trauma  www.iss.it/casa |
| 26 | Contact: Responsible person | Mr Alessio Pitidis  Viale Regina Elena, 299  00161 Rome (Italy),  Telephone: +39 6 49902181  Email: darat@iss.it |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20130731 |

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| **National IDB File Information (Full Data Set)** | | |
| 1 | Country | **Italy** |
| 2 | Year | **2013** |
| 3 | National Register Name | 1) SINIACA; 2) DATIS; 3) IDB violence |
| 4 | Purpose of the register | 1) home injury information system; 2) road traffic accidents ED surveillance, 3) IDB surveillance of assault and self-harm injuries |
| 5 | Scope of the register | 1) home injuries attendances at ED; road traffic injuries attendances at ED; assault and self-harm attendances at ED with IDB coding. No other systematic deviation except selection of cases of home injuries, road traffic injuries and violence injuries. |
| 6 | Data file name (FDS) | ITA\_2013\_FDS.txt |
| 7 | Date of creation of FDS file | 20140627 |
| 8 | Range of data of attendance | 20130101-20131231 for 7 hospitals  20130101-20130431 for 1 hospital (Aosta)  20131001-20131231 for 1 hospital (Turin) |
| 9 | Original coding dictionary | 1) SINIACA; 2) DATIS; 3) JAMIE-FDS (IDB all injuries coding manual ver. 1.1 June 2005) |
| 10 | Dictionary modifications |  |
| 11 | Bridge coding applied | SINIACA>IDB bridge coding; DATIS>IDB bridge coding; ICD9-CM>FDS bridge coding based on the Barrel’s matrix. |
| 12 | No. of records in the data file | 22305 |
| 13 | No. of FDS reference hospitals | 9 (9 home injuries; 6 road traffic injuries; 2 violent injuries) |
| 14 | Geographic scope | Italy (sample covering 1.1% national pop. High concordance sex-age distribution). |
| 15 | Hospital characteristics used 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  Department of Environment and Primary Prevention  Unit of Environment and Trauma  www.iss.it/casa |
| 26 | Contact: Responsible person | Mr Alessio Pitidis  Viale Regina Elena, 299  00161 Rome (Italy),  Telephone: +39 6 49902181  Email: darat@iss.it |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140630 |

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| **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  22 Duntes Street, LV-1005, Riga, Latvia  Research, Statistics and Health Promotion Department  Slimību profilakses un kontroles centrs, Duntes iela 22, LV-1005, Rīga  Pētniecības, statistikas un veselības veicināšanas departaments  <http://www.spkc.gov.lv/> | |
| 23 | Contact: Responsible person | | | Jana Lepiksone,  Director of Research, Statistics and Health Promotion Department  Centre for Disease Prevention and Control of Latvia  22 Duntes Street, LV-1005, Riga  Tel.+371 67387654  E-mail: [jana.lepiksone@spkc.gov.lv](mailto:jana.lepiksone@spkc.gov.lv)  Internet: [www.spkc.gov.lv](http://www.spkc.gov.lv) | |
| 24 | | | Signature |  | |
| 25 | | | Date of completion of this file | 20130529 | |

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| **National IDB File Information (IDB Full Data Set)** | | |
| 1 | Country | **Latvia** |
| 2 | Year | **2012** |
| 3 | National Register Name | Register of the patients with particular diseases about patients who have suffered injuries. |
| 4 | Purpose of the register | Purpose of the Register is to collect data on hospitalized patients with injuries from in-patient hospitals in Latvia. The legal base internationally is EU Recommendation on the prevention of injuries and the promotion of safety. Locally the Injury Register works in the framework of Cabinet of Ministers regulation Nr.746 accepted in 15 of September, 2008. |
| 5 | Scope of the register | Due to implementation of Cabinet of Ministers regulation Nr.746 data are collected only about in-patients. But there are still some hospitals that provide information about out-patients voluntary. No other systemic deviations are observed. |
| 6 | Data file name (FDS) | IDB\_2012\_Latvia |
| 7 | Date of creation of FDS file | 27.05.2013. |
| 8 | Range of data of attendance | 20120101-20121231 |
| 9 | Original coding dictionary | The Injury Database Coding Manual: Version 1.1 June 2005; Latvian language |
| 10 | Dictionary modifications | No |
| 11 | (Eventual) Bridge coding applied | From ICD-10 to IDB (ICD-10 codes of diagnosis – IDB type of injury, part of body injured). Please see attached Excel file “ICD-10\_and\_IDB\_LV” |
| 12 | No. of records in the data file | 18060 records in the database of 2012 |
| 13 | No. of FDS reference hospitals | 21 |
| 14 | Geographic scope | Latvia |
| 15 | Sampling of hospitals | 21 from 24 national in-patient hospitals sent information about injuries. Legislation determines that in-patient injuries should be collected. Only two of the hospitals provided information on ambulatory treated injuries voluntary. No publications available. |
| 16 | Sampling of cases within hospitals | Regarding legal framework information should be sent about each hospitalized patient with injuries from all in-patient hospitals. Due to recent changes in legislation and lack of financial resources not all hospitals can provide information about all patients. No publications available. |
| 17 | Data entry method | Staff of health care institution interview patients and Injury Register online system users (data operators) fill in the information electronically in the software program. Data operators usually are one or more persons from the hospital staff. |
| 18 | Percentage of admissions in data file | 71.7% |
| 19 | Minimum Quality Control Checks | Yes |
| 20 | Average percentage of “unknown” | 3.7% |
| 21 | (Eventual) additional comments (for the user): |  |
| 22 | Responsible data administrator (organization) | Centre for Disease Prevention and Control of Latvia  22 Duntes Street, LV-1005, Riga, Latvia  Research, Statistics and Health Promotion Department  Slimību profilakses un kontroles centrs, Duntes iela 22, LV-1005, Rīga  Pētniecības, statistikas un veselības veicināšanas departaments  <http://www.spkc.gov.lv/> |
| 23 | Contact: Responsible person | Jana Lepiksone,  Director of Research, Statistics and Health Promotion Department  Centre for Disease Prevention and Control of Latvia  22 Duntes Street, LV-1005, Riga  Tel.+371 67387654  E-mail: [jana.lepiksone@spkc.gov.lv](mailto:jana.lepiksone@spkc.gov.lv)  Internet: [www.spkc.gov.lv](http://www.spkc.gov.lv) |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20130529 |

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| **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 admissions in data file | 94.3% |
| 19 | Minimum Quality Control Checks | Yes |
| 20 | Average percentage of “unknown” | Total 6.9% (16 data elements):  *age 0.0%*  *sex 0.0%*  *date of injury 4.8%*  *time of injury 32.7%*  *date of att. 0.0%*  *time of att. 8.2%*  *treatment and follow-up 0.1%*  *intent 6.7%*  *transport 0.1%*  *place 5.9%*  *mechanism 2.6%*  *activity 22.9%*  *underlying object/substance 11.6%*  *direct object/substance 13.0%*  *type of injury (1) 0,4%*  *body injured (1) 0.7%* |
| 21 | (Eventual) additional comments (for the user): |  |
| 22 | Responsible data administrator (organization) | Centre for Disease Prevention and Control of Latvia  22 Duntes Street, LV-1005, Riga, Latvia  Research, Statistics and Health Promotion Department  Slimību profilakses un kontroles centrs, Duntes iela 22, LV-1005, Rīga  Pētniecības, statistikas un veselības veicināšanas departaments  <http://www.spkc.gov.lv/> |
| 23 | Contact: Responsible person | Jana Lepiksone,  Director of Research, Statistics and Health Promotion Department  Centre for Disease Prevention and Control of Latvia  22 Duntes Street, LV-1005, Riga  Tel.+371 67387654  E-mail: [jana.lepiksone@spkc.gov.lv](mailto:jana.lepiksone@spkc.gov.lv)  Internet: [www.spkc.gov.lv](http://www.spkc.gov.lv) |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20140326 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Lithuania** |
| 2 | Year | **2011** |
| 3 | National Register Name | Compulsory Health Insurance Fund information system (CHIF IS). |
| 4 | Purpose of the register | CHIF IS managed by the State Patient Fund. CHIF IS covers data on hospital discharges, out-patient visits, and primary health care visits. The main focus is taken on the accounting, administration and promotion of the services paid from the CHIF budget. |
| 5 | Scope of the register | CHIF IS covers all injuries and other diseases according ICD-10 (2001 01 01-2011 03 31)/ ICD-10-AM (2011 04 01 - present), all age groups, 98% of hospital discharges, about 90% of outpatient visits, 100% of primary health care visits.  From CHIF IS data selection according MDS is available since the 1st of June 2011 these data covers only hospital discharges. Since the middle of 2013 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%  There were no ambulatory treatments in data file. |
| 18 | Relative sample size (admissions) | 99.9% |
| 19 | Relative sample size (ambulatory treatments) | 0%  According MDS it is impossible to select data (ambulatory treatments) of year 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%  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,  Health Statistics Department  Health Information Centre of Institute of Hygiene,  Didzioji str. 22, Vilnius, LT-01128, Lithuania,  TEL. (+370) 577 33 03,  neringa.madeikyte@hi.lt. |
| 27 | Signature |  |
| 28 | Date of completion of this file | 2014 05 28 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Lithuania** |
| 2 | Year | **2012** |
| 3 | National Register Name | Compulsory Health Insurance Fund information system (CHIF IS). |
| 4 | Purpose of the register | CHIF IS managed by the State Patient Fund. CHIF IS covers data on hospital discharges, out-patient visits, and primary health care visits. The main focus is taken on the accounting, administration and promotion of the services paid from the CHIF budget. |
| 5 | Scope of the register | CHIF IS covers all injuries and other diseases according ICD-10 (2001 01 01-2011 03 31)/ ICD-10-AM (2011 04 01 - present), all age groups, 98% of hospital discharges, about 90% of outpatient visits, 100% of primary health care visits.  From CHIF IS data selection according MDS is available since the 1st of June 2011 these data covers only hospital discharges. Since the middle of 2013 will be ability to select data according MDS from emergency departments as well. |
| 6 | Data file name (MDS) | JAMIE\_MDS\_2012\_LT.txt |
| 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%  There were no ambulatory treatments in data file. |
| 18 | Relative sample size (admissions) | 99.9% |
| 19 | Relative sample size (ambulatory treatments) | 0%  According MDS it is impossible to select data (ambulatory treatments) of year 2012, but CHIF covers about 90% of outpatient visits with coded main diagnosis by ICD-10 (since 2011 04 01 by ICD-10-AM). External causes registered in out-patient care (incl. primary care) – 8 groups of external causes (1– transport accident, 2 – accident at work place, 3 – accident at other public places, 4 – accident at home, 5 – sports accident, 6 – accident in educational institutions, 7 – self-harm, 8 – assault, 9 – others). Coding of external causes for CHIF IS is mandatory. However, the quality of coding is not very good: around 50% of the cases are being coded as unspecified or not coded at all. |
| 20 | Minimum Quality Control Checks | Y  Yes, if the Minimum Quality Control Checks for MDS (according to chapter 8 of the JAMIE-Manual) have been carried out |
| 21 | Average percentage of “unknown”” | 11,2%  For average calculation have been taken all elements from data file JAMIE\_MDS\_2013\_LT.txt (except: provider (hospital) code, permanent country of residence, nature of injury 2, part of the body injured 2, narrative) |
| 22 | Method for extrapolation from sample to national incidence | Sampling has not been done. Selected all hospital discharges from CHIF IS which covers 98% of all hospitals discharges(99.9% of acute injuries). |
| 23 | Reference population data provided | 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,  Health Statistics Department  Health Information Centre ofInstitute of Hygiene,  Didzioji str. 22, Vilnius, LT-01128, Lithuania,  TEL. (+370) 577 33 03,  neringa.madeikyte@hi.lt. |
| 27 | Signature |  |
| 28 | Date of completion of this file | 2014 05 28 |

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| **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.  From CHIF IS data selection according MDS is available since the 1st of June 2011 these data covers only hospital discharges. Since 2013 data according MDS from emergency departments in hospitals (ED) is partly available as well (not all ED started coding injuries and external cause since 2013 01 01). |
| 6 | Data file name (MDS) | JAMIE\_MDS\_2013\_LT.txt |
| 7 | Date of creation of MDS file | 2014 05 26 |
| 8 | Range of data of attendance | 2013 01 01 - 2013 12 31 |
| 9 | Original coding dictionary | ICD-10-AM (Australian modification), 1st of July 2008. Prepared conversation tables ICD-10-AM -> IDB MDS. |
| 10 | Dictionary modifications | Prepared conversation tables ICD-10-AM -> IDB MDS. |
| 11 | Bridge coding applied | ICD-10-AM -> IDB MDS |
| 12 | No. of records in the data file | 246582 |
| 13 | No. of MDS reference hospitals | 103 |
| 14 | Geographic scope | 99% of the entire reporting country |
| 15 | Hospital characteristics used for a representative sample of hospitals | All hospitals, which has contract with the State Patient Fund and entering data into CHIF IS; all registered injuries in acute care beds (rehabilitation and nursing cases excluded) and in emergency departments in hospitals. |
| 16 | Sampling of cases within hospitals | 99% |
| 17 | Percentage of admissions in data file | 14.3%  In 2013 all ED started register injuries since 2013 07 01 and during this period 129487 cases were registered. Therefore we take period 2013 07 01 – 2013 12 31 for admission calculation: 21690 cases were registered.  Percentage of admissions in 2013: (21690/(21690+129487))\*100=14.3%. |
| 18 | Relative sample size (admissions) | 99.9% |
| 19 | Relative sample size (ambulatory treatments) | 78.3%  In 2013 all ED started register injuries and their external causes since 2013 07 01 and during this period 129487 cases were registered (during all year cases from ED should be about 29487\*2=258974 cases of injuries) but quite big part of ED started register injuries since 2013 01 01 and during all year of 2013 – 202840 cases were registered.  Coverage of out-patients in ED of all year is about (202840/258974)\*100=78.32%. |
| 20 | Minimum Quality Control Checks | y |
| 21 | Average percentage of “unknown”” | 15.6%  For average calculation have been taken all elements from data file JAMIE\_MDS\_2013\_LT.txt (except: provider (hospital) code, permanent country of residence, nature of injury 2, part of the body injured 2, narrative) |
| 22 | Method for extrapolation from sample to national incidence | Sampling has not been done. Selected all hospital discharges from CHIF IS which covers 99% of all hospitals discharges (99.9% of acute injuries).  Selected all ED from CHIF IS, but in 2013 not all ED started coding injuries since 2013 01 01, data coverage is about 78.3%. |
| 23 | Reference population data provided | Y  Is it correct to use population statistics by 1 January of each year for reference population data file? Because for calculation of rates we mostly use average population statistics and in case we do not have this statistics we use population statistics at the end of year (this is equal to population statistics by 1 January of next year). |
| 24 | (Eventual) additional comments (for the user): |  |
| 25 | Responsible data administrator (organization) | Institute of hygiene, <http://www.hi.lt/en/> |
| 26 | Contact: Responsible person | Neringa Madeikyte,  Health Statistics Department  Health Information Centre ofInstitute of Hygiene,  Didzioji str. 22, Vilnius, LT-01128, Lithuania,  TEL. (+370) 577 33 03,  neringa.madeikyte@hi.lt. |
| 27 | Signature |  |
| 28 | Date of completion of this file | 2014 05 28 |

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| **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 ealth H 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  2012/12/31 |
| 9 | Original coding dictionary | Jamie - Data Quality Manual (DQM)  Draft for Berlin Meeting November 2011  A data dictionary in French was provided to the MDS hospitals based on the DQM and the French version of ‘ THE INJURY DATABASE (IDB), CODING MANUAL , DATA DICTIONARY VERSION 1.1 – JUNE 2005 ‘ |
| 10 | Dictionary modifications | None |
| 11 | Bridge coding applied | One of the hospitals was using 4 digits ICD-10 codes.  Conversion tables ICD-10 to MDS were used for the nature of injury and body part injured. ([Conversion tables ICD-10 to IDB Nature/body part](javascript:%20popupWindow('/csi/eurosafe2006.nsf/wwwAssets/F2F781D758FCFDD5C1257A33002EA3F2/$file/6.%20Conversion%20tables%20ICD-10%20to%20IDB-nature_body%20part.xlsx','550','500','yes'))) |
| 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.  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  Centre de Recherche Public de la Santé (CRP-Santé)  (Centre for Health Studies  Public Research Centre for Health)  http://www.crp-sante.lu |
| 26 | Contact: Responsible person | Dritan Bejko  Project Leader  Centre d'Etudes en Santé Publique  Centre de Recherche Public de la Santé (CRP-Santé)  1A-B, rue Thomas Edison, L-1445 Strassen  Luxembourg Tel: +352 26970-888 Fax: +352 26970-717  Email: Dritan.Bejko@crp-sante.lu |
| 27 | Signature |  |
| 28 | Date of completion of this file | 2013/08/19 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Luxembourg** |
| 2 | Year | **2013** |
| 3 | National Register Name | REcueil de données sur les TRaumatismes et ACcidents au Luxembourg (RETRACE) |
| 4 | Purpose of the register | Luxembourg’s Ministry of Health in collaboration with the Centre for Public Research in Health has committed itself for an injury prevention policy. For that purpose a register has been set up in order to gather information on causes and circumstances of injuries and contribute to the establishment of effective, appropriate prevention measures. |
| 5 | Scope of the register | All injury cases form the ED of all hospitals are included for the year 2013 |
| 6 | Data file name (MDS) | lu\_mds\_2013.txt |
| 7 | Date of creation of MDS file | 2013/05/28 |
| 8 | Range of data of attendance | 2013/01/01  2013/12/31 |
| 9 | Original coding dictionary | IDB Minimum Data Set- Data Dictionary JAMIE 1.1 (2012)  A data dictionary in French was provided to the MDS hospitals based on the IDB-MDS - -Data Dictionary JAMIE 1.1 (2012)‘ |
| 10 | Dictionary 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  Centre de Recherche Public de la Santé (CRP-Santé)  (Centre for Health Studies  Public Research Centre for Health)  http://www.crp-sante.lu |
| 26 | Contact: Responsible person | Dritan Bejko  Project Leader  Centre d'Études en Santé Publique  Centre de Recherche Public de la Santé (CRP-Santé)  1A-B, rue Thomas Edison, L-1445 Strassen  Luxembourg Tel: +352 26970-888 Fax: +352 26970-717  Email: Dritan.Bejko@crp-sante.lu |
| 27 | Signature |  |
| 28 | Date of completion of this file | 2014/05/28 |

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| **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  Centre de Recherche Public de la Santé (CRP-Santé)  (Centre for Health Studies  Public Research Centre for Health)  http://www.crp-sante.lu |
| 23 | Contact: Responsible person | Dritan Bejko  Project Leader  Centre d'Études en Santé Publique  CRP-Santé  1A-B, rue Thomas Edison, L-1445 Strassen  Luxembourg Tel: +352 26970-888 Fax: +352 26970-717  Email: Dritan.Bejko@crp-sante.lu |
| 24 | Signature |  |
| 25 | Date of completion of this file | 2014/05/28 |

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| **National IDB File Information (IDB Full Data Set)** | | |
| 1 | Country | **Malta** |
| 2 | Year | **2011** |
| 3 | National Register Name | Injury Database (IDB) |
| 4 | Purpose of the register | Is essential for effective injury prevention and for safety promotion;  b) to provide a foundation for the development and implementation of evidence-based injury prevention strategies;  c) can help liaison with the Department of Consumer Safety within the Malta Standards Authority to act as an alert system identifying the products /  services leading to / causing injuries;  d) is essential for calculating the cost of various types of injuries |
| 5 | Scope of the register | The Injury Database (IDB) is a systematic injury surveillance system that collects accidents and injury data from the Emergency Departments from 2 General Public Hospitals in Malta and Gozo. The IDB covers all types of injuries from traffic, work place, violence and self-harm.  This database merges injuries for Gozo. Data is obtained by DHIR from:-  a) Data from patients entering at Emergency Departments at Gozo  General Hospital suffering from an  injury;  b) Hospital Discharge Registers;  c) National Mortality Register; |
| 6 | Data file name (FDS) | 2011idbmlt1.txt |
| 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  Directorate of Health Information and Research  95 G’Mangia Hill,  G’Mangia  Malta  00356 25599341  audrey.galea@gov.mt |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20130704 |

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| **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;  b) to provide a foundation for the development and implementation of evidence-based injury prevention strategies;  c) can help liaison with the Department of Consumer Safety within the Malta Standards Authority to act as an alert system identifying the products /  services leading to / causing injuries;  d) is essential for calculating the cost of various types of injuries |
| 5 | Scope of the register | The Injury Database (IDB) is a systematic injury surveillance system that collects accidents and injury data from the Emergency Departments from 2 General Public Hospitals in Malta and Gozo. The IDB covers all types of injuries from traffic, work place, violence and self-harm.  This database merges injuries for Gozo. Data is obtained by DHIR from:-  a) Data from patients entering at Emergency Departments at Gozo  General Hospital suffering from an  injury;  b) Hospital Discharge Registers;  c) National Mortality Register; |
| 6 | Data file name (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  Directorate of Health Information and Research  95 G’Mangia Hill,  G’Mangia  Malta  00356 25599341  audrey.galea@gov.mt |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20130815 |

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| **National File Information (Full Data Set)** | | |
| 1 | Country | **Malta** |
| 2 | Year | **2013** |
| 3 | National Register Name | Injury Database |
| 4 | Purpose of the register | Is essential for effective injury prevention and for safety promotion;  b) to provide a foundation for the development and implementation of evidence-based injury prevention strategies;  c) can help liaison with the Department of Consumer Safety within the Malta Standards Authority to act as an alert system identifying the products /services leading to / causing injuries;  d) is essential for calculating the cost of various types of injuries. |
| 5 | Scope of the register | The Injury Database (IDB) is a systematic injury surveillance system that collects accidents and injury data from the Emergency Departments from 2 General Public Hospitals in Malta and Gozo. The IDB covers all types of injuries from traffic, work place, violence and self-harm.  This database merges injuries for Malta and Gozo. Data is obtained by DHIR from:-  a) Data from patients entering at Emergency Departments in Malta and Gozo suffering from an injury;  b) Hospital Discharge Registers;  c) National Mortality Register; |
| 6 | Data file name (FDS) | NA |
| 7 | Date of creation of FDS file | NA |
| 8 | Range of data of attendance | 20130101 - 20131231 |
| 9 | Original coding dictionary | Coding Manualo V1.1 2005(June) |
| 10 | Dictionary modifications | Type of Injury : 20 – Sting bites |
| 11 | (Eventual) Bridge coding applied | NA |
| 12 | No. of records in the data file | 28068 |
| 13 | No. of FDS reference hospitals | 2 |
| 14 | Geographic scope | One General Public Hospital covering the Island of Gozo and one General Public Hospital covering the main island of Malta. |
| 15 | Sampling of hospitals | NA. |
| 16 | Sampling of cases within hospitals | NA |
| 17 | Data entry method | Data is collected from A & E Malta and Gozo General Hospital. Gozo General Hospital is still paper based and are forwarded to DHIR. Data for Malta from Mater Dei Hospital is forwarded in excel format. Injury records are identified and the information is coded according to IDB Coding Manual V1.1 2005 and data entered. All records are cross linked with the Hospital Discharge Register and the National Mortality Register. |
| 18 | Percentage of admissions in data file | 13.8% |
| 19 | Minimum Quality Control Checks | Yes, |
| 20 | Average percentage of “unknown” | Average ratio of no. of 9, 99, 999 in the 16 data elements recording county – mechanism of injury (except nature of injury 2, part of body injured 2) |
| 21 | (Eventual) additional comments (for the user): | NA |
| 22 | Responsible data administrator (organization) | Directorate Health Information and Research |
| 23 | Contact: Responsible person | Audrey Galea  Directorate of Health Information and Research  95, G’Mangia Hill  G’Mangia  Malta 00356 25599 341  Audrey.galea@gov.mt |
| 24 | Signature |  |
| 25 | Date of completion of this file | 29/05/2014 |

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| **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.  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 this file | 20130528 |

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| **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.  Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en Veiligheid, 2004. |
| 16 | Sampling of cases within hospitals |  |
| 17 | Data entry method | In general, most hospitals work as follows:  When a patient reports to the ED, the receptionist fills in an ED form for the hospital’s administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event information will also be noted. In the course of treating the patient, hospital staff members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospitals can record the required information in various ways. If the hospital has a Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again.  Hospitals that do not use the so-called ISSHIS system (the Dutch Injury Surveillance System combined with the Hospital Information System) can make use of stand-alone ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes.  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 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 |

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| **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.  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 |

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| **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.  Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en Veiligheid, 2004. |
| 16 | Sampling of cases within hospitals |  |
| 17 | Data entry method | In general, most hospitals work as follows:  When a patient reports to the ED, the receptionist fills in an ED form for the hospital’s administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event information will also be noted. In the course of treating the patient, hospital staff members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospitals can record the required information in various ways. If the hospital has a Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again.  Hospitals that do not use the so-called ISSHIS system (the Dutch Injury Surveillance System combined with the Hospital Information System) can make use of stand-alone ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes.  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 |

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| **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 characteristics used for a representative sample of hospitals | Hospitals participate voluntarily. We try to include in the sample large and small hospitals, rural and urban, academic and general hospitals and as much as possible different geographical areas in the country. Based on research (2004) we conclude that the sample is relatively representative for common accidents. We do not report about accidents with too small numbers. We almost always report on yearly averages, based on 5-year data.  Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en Veiligheid, 2004. |
| 16 | Sampling of cases within hospitals |  |
| 17 | Percentage of admissions in data file | 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 |

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| **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 FDS 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 | (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.  Representativiteit van het Letsel Informatie Systeem : verantwoordingsverslag / A.M. van Marle, S. Nijman, A. Bloemhoff, W. Schoots. Amsterdam : Stichting Consument en Veiligheid, 2004. |
| 16 | Sampling of cases within hospitals |  |
| 17 | Data entry method | In general, most hospitals work as follows:  When a patient reports to the ED, the receptionist fills in an ED form for the hospital’s administrative records. Usually this is entered into the Hospital Information System (HIS). If the patient has an injury or displays symptoms of poisoning, injury event information will also be noted. In the course of treating the patient, hospital staff members also record information regarding the treatment and add additional details to the event information. Discharge information is also registered. Hospitals can record the required information in various ways. If the hospital has a Hospital Information System (HIS) into which the Dutch Injury Surveillance System is integrated, the relevant data can be entered directly into the HIS. Information already entered into the HIS does not need to be entered again.  Hospitals that do not use the so-called ISSHIS system (the Dutch Injury Surveillance System combined with the Hospital Information System) can make use of stand-alone ISS software. This software was developed by the Consumer Safety Institute and is based on Lotus Notes. |
| 18 | Percentage of admissions in data file | 16.1% |
| 19 | Minimum Quality Control Checks | Y |
| 20 | Average percentage of “unknown” | 2.1% |
| 21 | (Eventual) additional comments (for the user): |  |
| 22 | Responsible data 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 |

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| **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 sample of hospitals | The 15 hospitals are representative for the four hospital regions of Norway: North: 1, Middle: 3, West 3, South-East: 8 |
| 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.  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  http://helsedirektoratet.no/kvalitet-planlegging/norsk-pasientregister-npr/Sider/default.aspx |
| 26 | Contact: Responsible person | Stian Thoresen Aspenes  Norwegian Patient Register, telephone: +47 92085164  eMail address: stian.thoresen.aspenes@helsedir.no |
| 27 | Signature | J. Lund |
| 28 | Date of completion of this file | 20140530 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Norway** |
| 2 | Year | **2013** |
| 3 | National Register Name | Norwegian Patient Register (NPR) |
| 4 | Purpose of the register | In 2007, the Parliament decided that NPR should be a central health register collecting also the patients unique personal number. Injury data could be collected without the consent of the patient. From 2009, this regulation was effected. |
| 5 | Scope of the register | All injuries in all agegroups is to be registered |
| 6 | Data file name (MDS) | 13\_10747\_10 - JAMIE.txt |
| 7 | Date of creation of MDS file | 20140729 |
| 8 | Range of data of attendance | 20130101 - 20131231 |
| 9 | Original coding dictionary | A Norwegian coding maual translated into The new Minimum Data Set Injury Data Base (IDB-MDS) September 2012. |
| 10 | Dictionary modifications | Norwegian coding manual is more comprehenseive than IDB-MDS. The version used to day is from February 2011. |
| 11 | Bridge coding applied | Bridge coding table ICD10 > MDSbreceived from Bjarne Laursen, DK |
| 12 | No. of records in the data file | 40254 |
| 13 | No. of MDS reference hospitals | 16 of total 22 hospitals |
| 14 | Geographic scope | The whole of Norway |
| 15 | Hospital characteristics used for a representative sample of hospitals | The 16 hospitals are representative for the four hospital regions of Norway: North: 3, Middle: 3, West 3, South-East: 7 |
| 16 | Sampling of cases within hospitals | Various amount of completeness in the hospitals. No known bias. |
| 17 | Percentage of admissions in data file | 15.5% |
| 18 | Relative sample size (admissions) | In this sample 6237 admissions. Total admissions 2013 in hosptials with injury diagnosis 60880, i.e 10,2% |
| 19 | Relative sample size (ambulatory treatments) | In this sample 34017 ambulatory treatments. Total ambulatory treatments 2013 in hospitals with injury diagnosis 239781, i.e 14.2% |
| 20 | Minimum Quality Control Checks | n |
| 21 | Average percentage of “unknown”” | 2.7% |
| 22 | Method for extrapolation from sample to national incidence | This sample is assessed to be representative for Norway.  Number of injuries treated in hospitals (in- and out-patients) was 303078. This is unique injuries as controls are deleted. Considering the total population below, crude rate of hospital treated injuries in Norway 2012 is 6.0%. |
| 23 | Reference population data provided | Population of Norway 2013 was 5051275 |
| 24 | (Eventual) additional comments (for the user): | A just published report showing Injury pattern in Norway: (<http://www.regjeringen.no/nb/dep/hod/dok/rapporter_planer/rapporter/2014/Skadebildet-i-Norge.html?id=761037>) tells that there is anually 540 000 medical treated injuries in Norway. That means that ab. 240 000 injuries are treated by GPs, and not transferred to hospitals. That should indicate a national incidence of medical treated injuries in Norway of 10.8%. The pattern of patients treated by GPs is not known yet. |
| 25 | Responsible data 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 | Stian Thoresen Aspenes  Norwegian Patient Register, telephone: +47 92085164  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)** | | |
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| 1 | Country | **Poland** |
| 2 | Year | **2013** |
| 3 | National Register Name | Sp ZOZ nad Matką i Dzieckiem w Poznaniu, ul.Krysiewicza 7/8, Poland |
| 4 | Purpose of the register | Preparing a traumatic database to check and in the future to be able to avoid certain types of trauma, to point out where and why the injuries do appear. |
| 5 | Scope of the register | Pediatric hospital  We registered all of the patients with a traumatic case. |
| 6 | Data file name (MDS) | jamie2013\_1(1) |
| 7 | Date of creation of MDS file | 20140530 |
| 8 | Range of data of attendance | 20130523– 20131231 |
| 9 | Original coding dictionary | Version August 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 |

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| **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  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 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Poland** |
| 2 | Year | **2014** |
| 3 | National Register Name | Sp ZOZ nad Matką i Dzieckiem w Poznaniu, ul.Krysiewicza 7/8, Poland |
| 4 | Purpose of the register | Preparing a traumatic database to check and in the future to be able to avoid certain types of trauma, to point out where and why the injuries do appear. |
| 5 | Scope of the register | Pediatric hospital  We registered all of the patients with a traumatic case. |
| 6 | Data file name (MDS) | jamie2014\_1(1) |
| 7 | Date of creation of MDS file | 20140530 |
| 8 | Range of data of attendance | 20140101– 20140522 |
| 9 | Original coding dictionary | Version August 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 |

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| **National IDB File Information (Full Data Set)** | | |
| 1 | Country | **Poland** |
| 2 | Year | **2014** |
| 3 | National Register Name | Sp ZOZ nad Matką i Dzieckiem w Poznaniu, ul.Krysiewicza 7/8, Poland |
| 4 | Purpose of the register | Preparing a traumatic database to check and in the future to be able to avoid certain types of trauma, to point out where and why the injuries do appear. |
| 5 | Scope of the register | Pediatric hospital  We have chosen one day each week to register the patients with 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 |

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| **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](http://www.insarj.pt) |
| 23 | Contact: Responsible person | Teresa Contreiras  +351217520487  [Teresa.contreiras@insa.min-saude.pt](mailto:Teresa.contreiras@insa.min-saude.pt) |
| 24 | Signature |  |
| 25 | Date of completion of this file | 2013-10-13 |

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| **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 admissions in data file | 5.26% |
| 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](http://www.insarj.pt) |
| 23 | Contact: Responsible person | Teresa Contreiras  +351217520487  [Teresa.contreiras@insa.min-saude.pt](mailto:Teresa.contreiras@insa.min-saude.pt) |
| 24 | Signature |  |
| 25 | Date of completion of this file | 2013-10-13 |

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| **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  [www.insarj.pt](http://www.insarj.pt) |
| 23 | Contact: Responsible person | Teresa Contreiras  +351217520487  [Teresa.contreiras@insa.min-saude.pt](mailto:Teresa.contreiras@insa.min-saude.pt) |
| 24 | Signature |  |
| 25 | Date of completion of this file | 2014-03-25 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Romania** |
| 2 | Year | **2012** |
| 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 29.07.2013.dat |
| 7 | Date of creation of MDS file | 20120201 |
| 8 | Range of data of attendance | 201202 – 201212  Between 201201 and 201209 less data was collected due to data collection issues |
| 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 | 1. 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*).  2. FDS to MDS |
| 12 | No. of records in the data file | 0001893 |
| 13 | No. of MDS reference hospitals | 003 |
| 14 | Geographic scope | Central Region |
| 15 | Hospital characteristics used for a representative sample of hospitals | Hospitals have been selected based on:  Geographic location  Size/type of hospital  Acceptance of the hospital to collect data was necessary  Sample is not random – convenience sample of hospitals |
| 16 | Sampling of cases within hospitals | All injury cases (as defined in the data dictionary) within the ED of the hospitals are being collected  RTI are underreported |
| 17 | Percentage of admissions in data file | 15.3% |
| 18 | Relative sample size (admissions) | 15.3%  No national hospital discharge statistic is available |
| 19 | Relative sample size (ambulatory treatments) | No national statistic of ED treatments is available |
| 20 | Minimum Quality Control Checks | y |
| 21 | Average percentage of “unknown”” | 05.2% |
| 22 | Method for extrapolation from sample to national incidence | Not eligible for 2012 |
| 23 | Reference population data provided | y |
| 24 | (Eventual) additional comments (for the user): | - |
| 25 | Responsible data administrator (organization) | Universitatea Babes-Bolyai, Centrul de Sanatate Publica si Politici de Sanatate  Babes Bolyai University, Center for Health Policy and Public Health  www.healthpolicy.ro |
| 26 | Contact: Responsible person | Diana Rus,  [Diana.rus@publichealth.ro](mailto:Diana.rus@publichealth.ro)  +40 742 020 689  Pandurilor str no 7, room 910, Cluj-Napoca, Romania |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20130823 |
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| **National IDB File Information (IDB Full Data Set)** | | |
| 1 | Country | **Romania** |
| 2 | Year | **2012** |
| 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 29.07.2013.dat |
| 7 | Date of creation of FDS file | 20120101 |
| 8 | Range of data of attendance | 20120101-20121230 |
| 9 | Original coding dictionary | Coding Manual V2000 for Home and Leisure – August 2002 (French Version) |
| 10 | Dictionary modifications | Added extra variables on RTI: usage of child safety systems and extra variables on distracted driving (alcohol, drugs, texting)  Added rural/urban location of the injury |
| 11 | (Eventual) Bridge coding applied | - |
| 12 | No. of records in the data file | 0001226 |
| 13 | No. of FDS reference hospitals | 001 |
| 14 | Geographic scope | Central region - representative for the county |
| 15 | Sampling of hospitals | Convenience – acceptance of the ED to collect data; previous participation in the IDB |
| 16 | Sampling of cases within hospitals | 80% of the injury cases are collected  Interviewer bias (all cases treated by 3 MDs are being collected + extra cases treated by other MDs but not all). In order to prevent the bias, during one week, at least all cases from two weekdays and one weekend day are being collected |
| 17 | Data entry method | Details on how data is being collected are described: Gal M, Rus D, Peek-Asa C, Cherecheş RM, Sirlincan EO, Boeriu C, Baba CO. *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 | 28.9% |
| 19 | Minimum Quality Control Checks | y |
| 20 | Average percentage of “unknown” | 02.6% |
| 21 | (Eventual) additional comments (for the user): | - |
| 22 | Responsible data administrator (organization) | Universitatea Babes-Bolyai, Centrul de Sanatate Publica si Politici de Sanatate  Babes Bolyai University, Center for Health Policy and Public Health  www.healthpolicy.ro |
| 23 | Contact: Responsible person | Diana Rus,  diana.rus@publichealth.ro  +40 742 020 689  Pandurilor str no 7, room 910, Cluj-Napoca, Romania |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20130823 |

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| **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 used for a representative sample of hospitals | Hospitals have been selected based on:  Geographic location  Size/type of hospital  Acceptance of the hospital to collect data was necessary  Sample is not random – convenience sample of hospitals |
| 16 | Sampling of cases within hospitals | All injury cases (as defined in the data dictionary) within the ED of the hospitals are being collected  RTI are underreported in 1 out of 4 ED  During the shifts of the appointed data collectors  Variation of % of the data collected from the total no of injuries |
| 17 | Percentage of admissions 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  Babes Bolyai University, Center for Health Policy and Public Health  [www.publichealth.ro](http://www.publichealth.ro) |
| 26 | Contact: Responsible person | Diana Rus,  [Diana.rus@publichealth.ro](mailto:Diana.rus@publichealth.ro)  +40 742 020 689  Pandurilor str no 7, room 910, Cluj-Napoca, Romania |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140506 |

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| **National IDB File Information (Full Data Set)** | | |
| 1 | Country | **Romania** |
| 2 | Year | **2013** |
| 3 | National Register Name | There is no official national register name – the data is collected for JAMIE project |
| 4 | Purpose of the register | The Romanian Ministry of Health designated the Babes-Bolyai University as the official National Data Administrator, with responsibilities for overseeing data collection and management for the IDB. Based on this decision data is being collected for the JAMIE project as well. |
| 5 | Scope of the register | Due to the research interest in child safety and distracting driving of the research team in Romania, extra data on child safety systems in cars and distracting driving is collected as part of the FDS data collection. |
| 6 | Data file name (FDS) | FDS\_2013\_all\_export\_April 2014.dat |
| 7 | Date of creation of FDS file | 20130101 |
| 8 | Range of data of attendance | 20130101– 20130714 |
| 9 | Original coding dictionary | Coding Manual V2000 for Home and Leisure – August 2002 (French Version) |
| 10 | Dictionary modifications | Added extra variables on RTI: usage of child safety systems and extra variables on distracted driving (alcohol, drugs, texting)  Added rural/urban location of the injury |
| 11 | (Eventual) Bridge coding applied | - |
| 12 | No. of records in the data file | 0002873 |
| 13 | No. of FDS reference hospitals | 001 |
| 14 | Geographic scope | Central region - representative for the Mures county |
| 15 | Sampling of hospitals | Convenience – acceptance of the ED to collect data; previous participation in the IDB |
| 16 | Sampling of cases within hospitals | 80% of the injury cases are collected  Interviewer bias (all cases treated by 3 MDs are being collected + extra cases treated by other MDs but not all). In order to prevent the bias, during one week, at least all cases from two weekdays and one weekend day are being collected |
| 17 | Data entry method | Details on how data is being collected are described: Gal M, Rus D, Peek-Asa C, Cherecheş RM, Sirlincan EO, Boeriu C, Baba CO. *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  Babes Bolyai University, Center for Health Policy and Public Health  [www.publichealth.ro](http://www.publichealth.ro) |
| 23 | Contact: Responsible person | Diana Rus,  [Diana.rus@publichealth.ro](mailto:Diana.rus@publichealth.ro)  +40 742 020 689  Pandurilor str no 7, room 910, Cluj-Napoca, Romania |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20140506 |

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| **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 System and Databases called “The Health Care Databases Act“.  Out-patient specialist services represent secondary level of health care in the Republic of Slovenia. Reports are submitted after all curative activities have been carried out in out-patient specialist services. Data are provided by all specialist surgeries offering specialist out-patient care. National Emergency Department Data present a part of The Out-Patient Specialist Services Database.  All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.  Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-MDS data preparation.  The data from both above described databases are transformed into standard IDB data format (MDS), according to JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety. | |
| 5 | Scope of the register | All injuries and poisonings, all out-patients and inpatients. | |
| 6 | Data file name (MDS) | SI-2011-MDS.dat | |
| 7 | Date of creation of 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).  Known bias:  1. A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.  2. Our sample covers the majority of skiing injuries in Slovenia, as in one of our sample hospitals the majority of skiing injuries in Slovenia is treated. | |
| 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  Zdravstveno podatkovni center  National Institute of Public Health  Health Data Centre  <http://www.nijz.si/> | |
| 26 | Contact: Responsible person | Metka Zaletel  Trubarjeva 2, 1000 Ljubljana  +38612441457  [metka.zaletel@nijz.si](mailto:metka.zaletel@nijz.si) (and CC to [edamis@nijz.si](mailto:edamis@nijz.si)) | |
| 27 | Signature |  | |
| 28 | Date of completion of this file | 20140224 | |

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| **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“.  Out-patient specialist services represent secondary level of health care in the Republic of Slovenia. Reports are submitted after all curative activities have been carried out in out-patient specialist services. Data are provided by all specialist surgeries offering specialist out-patient care. National Emergency Department Data present a part of The Out-Patient Specialist Services Database.  All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.  Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-FDS data preparation.  The data from both above described databases are transformed into standard IDB data format (FDS), according to The Injury Database (IDB) coding manual version 1.1 – June 2005 and JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety. | |
| 5 | Scope of the register | All injuries and poisonings, all out-patients and inpatients. | |
| 6 | Data file name (MDS) | SI-2011-FDS.dat | |
| 7 | Date of creation of MDS file | 20131202 | |
| 8 | Range of data of attendance | 20110101 – 20111231 | |
| 9 | Original coding dictionary | The Injury Database (IDB) coding manual version 1.1 – June 2005. Slovenian translation “Priročnik za kodiranje: Evropska baza podatkov o poškodbah (European Injury Database). Podatkovni slovar. Verzija 1.1 – junij 2005. Slovenski prevod. Januar 2006”. | |
| 10 | Dictionary modifications | / | |
| 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).  Known bias:  1. A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.  2. Our sample covers the majority of skiing injuries in Slovenia, as in one 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 (admissions) | 29.2% | |
| 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  Zdravstveno podatkovni center  National Institute of Public Health  Health Data Centre  <http://www.nijz.si/> | |
| 26 | Contact: Responsible person | Metka Zaletel  Trubarjeva 2, 1000 Ljubljana  +38612441457  [metka.zaletel@nijz.si](mailto:metka.zaletel@nijz.si) (and CC to [edamis@nijz.si](mailto:edamis@nijz.si)) | |
| 27 | Signature |  | |
| 28 | Date of completion of this file | 20140224 | |

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| **National IDB File Information (Minimum Data Set)** | | | |
| 1 | Country | **Slovenia** | |
| 2 | Year | **2012** | |
| 3 | National Register Name | The Out-Patient Specialist Services Database (National Emergency Department Data); National Hospital Health Care Statistics Database | |
| 4 | Purpose of the register | The legal basis for health data collection in Slovenia is Law on Health Information System and Databases called “The Health Care Databases Act“.  Out-patient specialist services represent secondary level of health care in the Republic of Slovenia. Reports are submitted after all curative activities have been carried out in out-patient specialist services. Data are provided by all specialist surgeries offering specialist out-patient care. National Emergency Department Data present a part of The Out-Patient Specialist Services Database.  All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.  Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-MDS data preparation.  The data from both above described databases are transformed into standard IDB data format (MDS), according to JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety. | |
| 5 | Scope of the register | All injuries 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).  Known bias:  1. A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.  2. Our sample covers the majority of skiing injuries in Slovenia, as in one of our sample hospitals the majority of skiing injuries in Slovenia is treated. | |
| 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%. |
| 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  Zdravstveno podatkovni center  National Institute of Public Health  Health Data Centre  <http://www.nijz.si/> | |
| 26 | Contact: Responsible person | Metka Zaletel  Trubarjeva 2, 1000 Ljubljana  +38612441457  [metka.zaletel@nijz.si](mailto:metka.zaletel@nijz.si) (and CC to [edamis@nijz.si](mailto:edamis@nijz.si)) | |
| 27 | Signature |  | |
| 28 | Date of completion of this file | 20140224 | |

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| **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“.  Out-patient specialist services represent secondary level of health care in the Republic of Slovenia. Reports are submitted after all curative activities have been carried out in out-patient specialist services. Data are provided by all specialist surgeries offering specialist out-patient care. National Emergency Department Data present a part of The Out-Patient Specialist Services Database.  All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.  Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-FDS data preparation.  The data from both above described databases are transformed into standard IDB data format (FDS), according to The Injury Database (IDB) coding manual version 1.1 – June 2005 and JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety. | |
| 5 | Scope of the register | All injuries and poisonings, all out-patients and inpatients. | |
| 6 | Data file name (MDS) | SI-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).  Known bias:  1. A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.  2. Our sample covers the majority of skiing injuries in Slovenia, as in one 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 data provided | y | |
| 24 | (Eventual) additional comments (for the user): | / | |
| 25 | Responsible data administrator (organization) | Nacionalni inštitut za javno zdravje  Zdravstveno podatkovni center  National Institute of Public Health  Health Data Centre  <http://www.nijz.si/> | |
| 26 | Contact: Responsible person | Metka Zaletel  Trubarjeva 2, 1000 Ljubljana  +38612441457  [metka.zaletel@nijz.si](mailto:metka.zaletel@nijz.si) (and CC to [edamis@nijz.si](mailto:edamis@nijz.si)) | |
| 27 | Signature |  | |
| 28 | Date of completion of this file | 20140224 | |

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| **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“.  Out-patient specialist services represent secondary level of health care in the Republic of Slovenia. Reports are submitted after all curative activities have been carried out in out-patient specialist services. Data are provided by all specialist surgeries offering specialist out-patient care. National Emergency Department Data present a part of The Out-Patient Specialist Services Database.  All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.  Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-MDS data preparation.  The data from both above described databases are transformed into standard IDB data format (MDS), according to JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety. |
| 5 | Scope of the register | All injuries and poisonings, all out-patients and inpatients. |
| 6 | Data file name (MDS) | SI-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).  Known bias:  1. A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.  2. Our sample covers the majority of skiing injuries in Slovenia, as in one of our sample hospitals the majority of skiing injuries in Slovenia is treated. |
| 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 (organization) | Nacionalni inštitut za javno zdravje  Zdravstveno podatkovni center  National Institute of Public Health  Health Data Centre  <http://www.nijz.si/> |
| 26 | Contact: Responsible person | Metka Zaletel  Trubarjeva 2, 1000 Ljubljana  +38612441457  [metka.zaletel@nijz.si](mailto:metka.zaletel@nijz.si) (and CC to [edamis@nijz.si](mailto:edamis@nijz.si)) |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20140530 |

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| **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“.  Out-patient specialist services represent secondary level of health care in the Republic of Slovenia. Reports are submitted after all curative activities have been carried out in out-patient specialist services. Data are provided by all specialist surgeries offering specialist out-patient care. National Emergency Department Data present a part of The Out-Patient Specialist Services Database.  All patients who are admitted for one day or longer in all hospitals are recorded in existing National Hospital Health Care Statistics Database.  Due to the fact that The Out-Patient Specialist Services Database is normally admitted at National Institute of Public Health in aggregated form without personal identifier, separate data capture was implemented for the purpose of IDB-MDS data preparation.  The data from both above described databases are transformed into standard IDB data format (MDS), according to JAMIE Manual, August 2012. Data derived upon both above described registers will be used (similar as before IDB (AI) data) for setting the priorities for developing national action plan on injury prevention in children. Especially data on products involved in accident or causing injury are very valuable to detect some problems and include topics in the childhood injury prevention program. Data will also be used for publishing analysis on injuries in adolescents and for research on product safety. |
| 5 | Scope of the register | All injuries and poisonings, all out-patients and inpatients. |
| 6 | Data file name (FDS) | SI-2013-FDS\_v1.dat |
| 7 | Date of creation of FDS file | 20140530 |
| 8 | Range of data of attendance | 20130101 – 20131231 |
| 9 | Original coding dictionary | The Injury Database (IDB) coding manual version 1.1 – June 2005. Slovenian translation “Priročnik za kodiranje: Evropska baza podatkov o poškodbah (European Injury Database). Podatkovni slovar. Verzija 1.1 – junij 2005. Slovenski prevod. Januar 2006”. |
| 10 | Dictionary modifications | / |
| 11 | (Eventual) Bridge coding applied | The bridge coding from ICD-10 was applied to the data, to produce the IDB-MDS data file, according to JAMIE Manual, August 2012 (ICD10 > MDS). In 2013 Australian modification of ICD-10 (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).  Known bias:  1. A part of eye injuries is not included in case of one sample hospital. That is approx. 3% of all emergency ambulatory treatments in this hospital, but it is assumed that most of those injuries are actually treated also in other clinics of this hospital, as this are injuries that also covers other parts of the head/ body and not only eye.  2. Our sample covers the majority of skiing injuries in Slovenia, as in one 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  Zdravstveno podatkovni center  National Institute of Public Health  Health Data Centre  <http://www.nijz.si/> |
| 23 | Contact: Responsible person | Metka Zaletel  Trubarjeva 2, 1000 Ljubljana  +38612441457  [metka.zaletel@nijz.si](mailto:metka.zaletel@nijz.si) (and CC to [edamis@nijz.si](mailto:edamis@nijz.si)) |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20140530 |

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| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **Spain** |
| 2 | Year | **2013** |
| 3 | National Register Name | Registro JAMIE del Servicio Navarro de Salud |
| 4 | Purpose of the register | The register aims to collects systematically information on patients who attend the Emergency Services Hospitals of Navarra Health Service due to injuries. The register follow the protection norms defined at national and regional level |
| 5 | Scope of the register | In principle there is no selection bias because all patients who attend the emergency services due to injuries are included. For under 15 years, the quality of records might be lower, because there are more missing information for some variables. In 2013 it has not been possible to include data from the two smaller community hospitals. |
| 6 | Data file name (MDS) | MDS\_2013.dat |
| 7 | Date of creation of MDS file | 20140422 |
| 8 | Range of data of attendance | 20130101  -  20131231 |
| 9 | Original coding dictionary | IDB-JAMIE Full Data Set (IDB-FDS) Data Dictionary. VERSION 1.3.Version November 2013.  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.  http://www.navarra.es/NR/rdonlyres/47F22173-ACA8-4B14-953F- D6146B813D19/282343/Memoria2013  Navegabledefinitiva.pdf |
| 17 | Percentage of admissions in data file | 20.0%-25.0 % |
| 18 | Relative sample size (admissions) | Arount 15% |
| 19 | Relative sample size (ambulatory 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  Navarrabiomed  Irunlarrea s/n 31007 Pamplona  [mfragosr@navarra.es](mailto:mfragosr@navarra.es)  +(34)848422607 |
| 27 | Signature | ABOfirma3 |
| 28 | Date of completion of this file | 20140507 |

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| **National IDB File Information (IDB Full Data Set)** | | |
| 1 | Country | **Spain** |
| 2 | Year | **2013** |
| 3 | National Register Name | Registro JAMIE del Servicio Navarro de Salud |
| 4 | Purpose of the register | The register aims to collects systematically information on patients who attend the Emergency Services Hospitals of Navarra Health Service due to injuries. The register follow the protection norms defined at national and regional level |
| 5 | Scope of the register | In principle there is no selection bias because all patients who attend the emergency services due to injuries are included. For under 15 years, the quality of records might be lower, because there are more missing information for some variables. In 2013 it has not been possible to include data from the two smaller community hospitals. |
| 6 | Data file name (FDS) | FDS\_2013\_A.dat |
| 7 | Date of creation of FDS file | 20140424 |
| 8 | Range of data of attendance | 20130101 –  20131230 |
| 9 | Original coding dictionary | IDB-JAMIE Full Data Set (IDB-FDS) Data Dictionary. VERSION 1.3.Version November 2013.  No full translation into Spanish |
| 10 | Dictionary modifications | None |
| 11 | (Eventual) Bridge coding applied | None |
| 12 | No. of records in the data file | 14657 |
| 13 | No. of FDS reference hospitals | 001 |
| 14 | Geographic scope | The area is representative of Navarra but may not be nationally representative as it is a small region with higher socio-economic indicators. |
| 15 | Sampling of hospitals | The data comes from the largest community hospital and serves approximately 60% of the 640,000 inhabitants of the region. The hospital has 1,100 beds and all medical and surgical specialties. It is located in the capital of Navarra (Pamplona). We used the same cases for MDS and FDS (no sampling has been for FDS) |
| 16 | Sampling of cases within hospitals | We collected all cases that met the inclusion criteria, ie patients seen in the emergency department and coded with ICD-9 codes between 800 and 995. Should be borne in mind that about 80% of information of the clinical record of all patients attended is coded.  http://www.navarra.es/NR/rdonlyres/47F22173-ACA8-4B14-953F- D6146B813D19/282343/Memoria2013  Navegabledefinitiva.pdf |
| 17 | Data entry method | Data were extracted from the medical record by a nurse. There have been no phone calls to patients to complete data, when these were not in the story was coded as missing. |
| 18 | Percentage of admissions in data file | 15.0 % |
| 19 | Minimum Quality Control Checks | 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  Navarrabiomed  Irunlarrea s/n 31007 Pamplona  [mfragosr@navarra.es](mailto:mfragosr@navarra.es)  +(34)848422607 |
| 24 | Signature |  |
| 25 | Date of completion of this file | 20140507 |

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| **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  Medical information: Computerized hospital System  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%  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  [Cajsa.rohr@socialstyrelsen.se](mailto:Cajsa.rohr@socialstyrelsen.se)  Tomas Wänskä  [Tomas.wanska@socialstyrelsen.se](mailto:Tomas.wanska@socialstyrelsen.se)  National Board of Health and Welfare  Department of Statistics, Monitoring and Evaluation  S-106 30 Stockholm, Sweden |
| 24 | Signature | xxx |
| 25 | Date of completion of this file | 2013-05-20 |

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| **National File Information (Full Data Set)** | | |
| 1 | Country | **Sweden** |
| 2 | Year | **2012** |
| 3 | National Register Name | IDB Sweden |
| 4 | Purpose of the register | The main reason why collecting detailed data (IDB) on injury events is to supply statistics to anyone who deals with injury prevention, but also to supply statistical information to authorities which have a special responsibility on safety. |
| 5 | Scope of the register | One of the reporting regions has done some reorganization and therefore the reported accidents from that region have decreased in the past years. The catchment population hasn’t been changed. |
| 6 | Data file name (FDS) | IDB\_Sweden\_2012 |
| 7 | Date of creation of FDS file | 2013-10-30 |
| 8 | Range of data of attendance | 20120101 – 20121231 |
| 9 | Original coding dictionary | NCECI 3 |
| 10 | Dictionary modifications | The Swedish IDB data for 2011 is primary coded according to the NOMESCO classification on external causes if injuries. Thereafter translation to the AI IDB has been done. |
| 11 | (Eventual) Bridge coding applied | xxx |
| 12 | No. of records in the data file | 41792 |
| 13 | No. of FDS reference hospitals | 6 |
| 14 | Geographic scope | Entire country |
| 15 | Sampling of hospitals | The hospital sample is not a statistical sample, but more like a “convenience” sample. The hospitals have been chosen because of their own interest in collecting injury data mainly for use in local or regional injury prevention activities. |
| 16 | Sampling of cases within hospitals | All injuries treated at the ED’s of the participating hospitals are included in the IDB Sweden. |
| 17 | Data entry method | Patient Questionnaire: Paper/pencil  Medical information: Computerized hospital System  IDB data entry: Special developed data entry software. |
| 18 | Percentage of admissions in data file | **16.4%** |
| 19 | Minimum Quality Control Checks | **y** |
| 20 | Average percentage of “unknown” | **4.2%**  17 data elements in Table 8.3D (Excluded: Type of injury 2, Part of body injured 2 and narrative). |
| 21 | (Eventual) additional comments (for the user): | Due to big regional differences some accidents are under/overestimated |
| 22 | Responsible data administrator (organization) | Socialstyrelsen, National Board of Health and Welfare |
| 23 | Contact: Responsible person | Pernilla Fagerström  [Pernilla.fagerstrom@socialstyrelsen.se](mailto:Pernilla.fagerstrom@socialstyrelsen.se)  National Board of Health and Welfare  Department of Statistics, Monitoring and Evaluation  S-106 30 Stockholm, Sweden |
| 24 | Signature | xxx |
| 25 | Date of completion of this file | 2013-10-31 |

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| **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  Medical information: Computerized hospital System  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%  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 administrator (organization) | Socialstyrelsen, National Board of Health and Welfare |
| 23 | Contact: Responsible person | Pernilla Fagerström  [Pernilla.fagerstrom@socialstyrelsen.se](mailto:Pernilla.fagerstrom@socialstyrelsen.se)  National Board of Health and Welfare  Department of Statistics and Comparisons  S-106 30 Stockholm, Sweden |
| 24 | Signature | xx |
| 25 | Date of completion of this file | 20140825 |

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| **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.  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 dictionary | THE INJURY DATABASE (IDB) CODING MANUAL  DATA DICTIONARY  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  www.thsk.gov.tr |
| 23 | Contact: Responsible person | Name of the responsible officer: Asli SUNGUR  Address, telephone: Cemal Gursel Cad. No:55, 06100, Sihhiye ANKARA  Email address: asli.sungur@thsk.gov.tr |
| 24 | Signature |  |
| 25 | Date of completion of this file | 2013-11-29 |

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| **National IDB File Information (Full Data Set)** | | |
| 1 | Country | **TURKEY** |
| 2 | Year | **2013** |
| 3 | National Register Name | ULUSAL KAZA YARALANMA VERITABANI (UKAY) |
| 4 | Purpose of the register | To monitor the injuries in Turkey.  Legal Bases: National Market Surveillance Strategy Document (2010-2012 & 2012-2014); 27.06.2013 Dated and 2013/4895 numbered Regulation Emending the Regulation on Market Surveillance and Control of Products |
| 5 | Scope of the register | No systematic deviation |
| 6 | Data file name (FDS) | **TC\_2013\_2.cvs** |
| 7 | Date of creation of FDS file | 2014-07-07 |
| 8 | Range of data of attendance | 2013-01-01/2013-12-31 |
| 9 | Original coding dictionary | THE INJURY DATABASE (IDB) CODING MANUAL  DATA DICTIONARY  VERSION 1.1 – JUNE 2005 (English Version) |
| 10 | Dictionary 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 | 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  www.thsk.gov.tr |
| 23 | Contact: Responsible person | Name of the responsible officer: Sevgi Güler  Address, telephone: Sağlık Sok. No:53, 06100, Kolej/ ANKARA  Email address: [sevgi.guler@thsk.gov.tr](mailto:sevgi.guler@thsk.gov.tr)  <Tel:+90> 312 565 61 65 |
| 24 | Signature |  |
| 25 | Date of completion of this file | 2014-12-31 |

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| --- | --- | --- |
| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **United Kingdom (England)** |
| 2 | Year | **2010** |
| 3 | National Register Name | Hospital Episode Statistics Accident and Emergency (HES AE) |
| 4 | Purpose of the register | To record attendances at major A&E departments, single specialty A&E departments, minor injuries units and walk-in centres in England |
| 5 | Scope of the register | Covers all injuries, all settings, all age groups, all intents, all A&E treatments |
| 6 | Data file name (MDS) | UKmds2010 |
| 7 | Date of creation of MDS file | 20130614 |
| 8 | Range of data of attendance | 20100101  -  20101231 |
| 9 | Original coding dictionary | HES AE data dictionary |
| 10 | Dictionary modifications | Codes from original coding dictionary above re-coded into MDS data dictionary (IDB JAMIE manual – March 2013 vrs) |
| 11 | Bridge coding applied | HES AE national codes into JAMIE MDS codes |
| 12 | No. of records in the data file | 0433375 |
| 13 | No. of MDS reference hospitals | 019 |
| 14 | Geographic scope | Selected hospitals in England with good quality data |
| 15 | Hospital characteristics used for a representative sample of hospitals | Hospitals have been selected based on the completeness/quality of the data records in their system.  Records from selected hospitals were compared with the national dataset to determine their representativeness. There was no major difference observed in terms of average age, male/female split, average number of patients per hospital, and deprivation of patients. |
| 16 | Sampling of cases within hospitals | NA |
| 17 | Percentage of admissions in data file | 07.9% |
| 18 | Relative sample size (admissions) | 09.9% |
| 19 | Relative sample size (ambulatory treatments) | 10.5% |
| 20 | Minimum Quality Control Checks | Yes |
| 21 | Average percentage of “unknown”” | 14.9% |
| 22 | Method for extrapolation from sample to national incidence | 2) Based on national figures of injury cases of ambulatory treatments (if statistic of treatments in emergency department is available) |
| 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): | (i) Certain fields have a high number of unknown values: Intent (38.5%); Mechanism of injury (76.5%); Activity (88.3%)  (ii) Certain values could not be derived for particular fields:  - Nature of Injury – no ‘Multiple injuries’  - Location of injury – no ‘Road’  - Mechanism of injury – no ‘Fall or Other’  - Activity when injured – no ‘Other’  (iii) The Narrative field has been left blank due to confidentiality constraints |
| 25 | Responsible data administrator (organization) | College of Medicine, Swansea University |
| 26 | Contact: Responsible person | Steven Macey  College of Medicine, Institute of Life Sciences Building 2 (ILS2), Swansea University, Singleton Park, Swansea, SA2 8PP  (01792) 602349  [s.m.macey@swansea.ac.uk](mailto:s.m.macey@swansea.ac.uk) |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20130617 |

|  |  |  |
| --- | --- | --- |
| **National IDB File Information (Minimum Data Set)** | | |
| 1 | Country | **United Kingdom (England)** |
| 2 | Year | **2011** |
| 3 | National Register Name | Hospital Episode Statistics Accident and Emergency (HES AE) |
| 4 | Purpose of the register | To record attendances at major A&E departments, single specialty A&E departments, minor injuries units and walk-in centres in England |
| 5 | Scope of the register | Covers all injuries, all settings, all age groups, all intents, all A&E treatments |
| 6 | Data file name (MDS) | UKmds2011 |
| 7 | Date of creation of MDS file | 20130614 |
| 8 | Range of data of attendance | 20110101  -  20111231 |
| 9 | Original coding dictionary | HES AE data dictionary |
| 10 | Dictionary modifications | Codes from original coding dictionary above re-coded into MDS data dictionary (IDB JAMIE manual – March 2013 vrs) |
| 11 | Bridge coding applied | HES AE national codes into JAMIE MDS codes |
| 12 | No. of records in the data file | 0565751 |
| 13 | No. of MDS reference hospitals | 029 |
| 14 | Geographic scope | Selected hospitals in England with good quality data |
| 15 | Hospital characteristics used for a representative sample of hospitals | Hospitals have been selected based on the completeness/quality of the data records in their system.  Records from selected hospitals were compared with the national dataset to determine their representativeness. There was no major difference observed in terms of average age, male/female split, average number of patients per hospital, and deprivation of patients. |
| 16 | Sampling of cases within hospitals | NA |
| 17 | Percentage of admissions in data file | 07.3% |
| 18 | Relative sample size (admissions) | 11.5% |
| 19 | Relative sample size (ambulatory treatments) | 12.5% |
| 20 | Minimum Quality Control Checks | Yes |
| 21 | Average percentage of “unknown”” | 14.1% |
| 22 | Method for extrapolation from sample to national incidence | 2) Based on national figures of injury cases of ambulatory treatments (if statistic of treatments in emergency department is available) |
| 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): | (i) Certain fields have a high number of unknown values: Intent (37.5%); Mechanism of injury (76.5%); Activity (87.6%)  (ii) Certain values could not be derived for particular fields:  - Nature of Injury – no ‘Multiple injuries’  - Location of injury – no ‘Road’  - Mechanism of injury – no ‘Fall or Other’  - Activity when injured – no ‘Other’  (iii) The Narrative field has been left blank due to confidentiality constraints |
| 25 | Responsible data administrator (organization) | College of Medicine, Swansea University |
| 26 | Contact: Responsible person | Steven Macey  College of Medicine, Institute of Life Sciences Building 2 (ILS2), Swansea University, Singleton Park, Swansea, SA2 8PP  (01792) 602349  [s.m.macey@swansea.ac.uk](mailto:s.m.macey@swansea.ac.uk) |
| 27 | Signature |  |
| 28 | Date of completion of this file | 20130617 |

# Annex 3: IDB FDS reference hospitals

# 2011 & 2012

|  |  |  |  |
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| **AUSTRIA (11)** | | | |
|  | Allgemeines Krankenhaus der Stadt Linz (General hospital of city of Linz) | Linz | General hospital |
|  | Landes- Frauen- und Kinderklinik Linz (County hospital for women and children) | Linz | Children’s hospital |
|  | Landeskrankenhaus Feldkirch (County hospital Feldkirch) | Feldkirch | General hospital |
|  | Landeskrankenhaus Bregenz (County hospital Bregenz) | Bregenz | General hospital |
|  | Unfallkrankenhaus Meidling (Injury trauma centre Meidling) | Wien | Trauma centre (injuries only) |
|  | Landeskrankenhaus Innsbruck – Universitätskliniken (County and university hospital Innsbruck) | Innsbruck | uUiversity hospital |
|  | Unfallkrankenhaus Klagenfurt (Injury trauma centre Meidling | Klagenfurt | Trauma centre (injuries only) |
|  | Landeskrankenhaus Salzburg (County hospital Salzburg) | Salzburg | General hospital |
|  | Barmherzige Brüder Eisenstadt „Barmherzige Brüder“ hospital Eisenstadt) | Eisenstadt | General hospital, privat |
|  | Landeskrankenhaus Bruck (County hospital Salzburg) | Bruck | General hospital |
|  | Landeskrankenhaus Klagenfurt (County hospital Klagenfurt) | Klagenfurt | General hospital |
| **CYPRUS (2)** | | | |
|  | Γενικό Νοσοκομείο Λευκωσίας  Nicosia General Hospital (2011 + 2012) | Nicosia | General Hospital |
|  | Γενικό Νοσοκομείο Αμμοχώστου  Ammochostos General Hospital (2011) | Paralimni | General Hospital |
| **CZECH REPUBLIC (31)** | | | |
|  | Fakultní Nemocnice Brno | Brno | Trauma centre, university hospital |
|  | Nemocnice Svitavy | Svitavy | General hospital |
|  | Fakultní Nemocnice Olomouc | Olomouc | General hospital |
|  | Nemocnice Vyškov | Vyškov | General hospital |
|  | Fakultní Nemocnice Hradec Králové | Hradec Králové | Trauma centre, university hospital |
|  | Nemocnice Liberec | Liberec | General hospital |
|  | Nemocnice Jičín | Jičín | General hospital |
|  | Nemocnice Pardubice | Pardubice | General hospital |
|  | Fakultní nemocnice Motol | Praha | Trauma centre, university hospital |
|  | Nemocnice Kladno | Kladno | General hospital |
|  | Nemocnice Hořovice | Hořovice | General hospital |
|  | Nemocnice Na Bulovce | Praha | General hospital |
|  | Fakultní Thomayerova nemocnice | Praha | Trauma centre, university hospital |
|  | Nemocnice Kolín | Kolín | General hospital |
|  | Nemocnice Mladá Boleslav | Mladá Boleslav | General hospital |
|  | Nemocnice Benešov | Benešov | General hospital |
|  | Nemocnice České Budějovice | České Budějovice | Trauma centre |
|  | Nemocnice Strakonice | Strakonice | General hospital |
|  | Nemocnice Jindřicův Hradec | Jindřichův Hradec | General hospital |
|  | Nemocnice Sušice | Sušice | General hospital |
|  | Fakultní nemocnice Plzeň | Plzeň | Trauma centre, university hospital |
|  | Nemocnice Rokycany | Rokycany | General hospital |
|  | Nemocnice Klatovy | Klatovy | General hospital |
|  | Nemocnice Cheb | Cheb | General hospital |
|  | Nemocnice Ústí nad Labem | Ústí nad Labem | Trauma centre |
|  | Nemocnice Děčín | Děčín | General hospital |
|  | Nemocnice Most | Most | General hospital |
|  | Nemocnice Teplice | Teplice | General hospital |
|  | Fakultní nemocnice s poliklinikou Ostrava | Ostrava | Trauma centre, university hospital |
|  | Nemocnice Karviná Ráj | Karviná | General hospital |
|  | Nemocnice Nový Jičín | Nový Jičín | General hospital |
| **DENMARK (2)** | | | |
|  | Glostrup hospital (2011) | Glostrup, Copenhagen | Local hospital (no ambulances) |
|  | Aarhus Universitetshospital (2011+2012) | Aarhus | General+trauma+university |
| **GERMANY (1)** | | | |
|  | Carl-Thiem-Klinikum Cottbus | Cottbus | General hospital; university hospital |
| **GREECE (1)** | | | |
|  | GENERAL HOSPITAL OF ATTICA - K.A.T. | ATHENS – KIFISIA | GENERAL HOSPITAL |
| **ITALY (10)** | | | |
|  | Ospedale Generale Regionale “Umberto Parini” (“Umberto Parini” General Regional Hospital of the Aosta Valley) | Aosta | General hospital |
|  | Ente Ospedaliero di rilievo nazionale e di alta specializzazione Ospedali "Galliera" (Galliera's Hospitals Group) | Genova (Genoa) | General hospital - national reference hospital centre |
|  | Istituto di Ricovero e Cura a Caratere Scientifico "G. Gaslini" ("G. Gaslini" Institute) | Genova (Genoa) | Children’s hospital - national scientific institute |
|  | Ospedale "Morgagni-Pierantoni" di Forlì - Presidio Ospedaliero di Forlì ("Morgagni-Pierantoni" Hospital - Hospital Centres of the Local Health Unit of Forlì) | Forlì | General hospital |
|  | Ospedale di Forlimpopoli - Presidio Ospedaliero di Forlì (Forlimpopoli Hospital - Hospital Centres of the Local Health Unit of Forlì) | Forlimpopoli | General hospital |
|  | Ospedale "Nefetti" di Santa Sofia - Presidio Ospedaliero di Forlì (("Nefetti" Hospital - Hospital Centres of the Local Health Unit of Forlì) | Santa Sofia | General hospital |
|  | Ospedale "San Giovanni Battista" di Foligno - Polo Ospedaliero di Foligno ("St. John Baptist" Hospital - Hospital Centres of Foligno) | Foligno | General hospital |
|  | 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 |
|  | Ospedale “SS. Benvenuto e Rocco” di Osimo (“SS. Benvenuto e Rocco” Hospital) | Osimo | General hospital |
|  | Ospedale di Senigallia (Senigallia Hospital ) | Senigallia | General hospital |
| **LATVIA (20)** | | | |
|  | Balvu un Gulbenes slimnīcu apvienība;  Balvu and Gulbenes Hospital association | Balvi, Gulbene | General hospital |
|  | Bērnu klīniskā universitātes slimnīca;  Children Clinical University Hospital | Rīga | Children’s hospital |
|  | Cēsu klīnika;  Cesu Clinic | Cēsis | General hospital |
|  | Daugavpils reģionālā slimnīca;  Daugavpils Region Hospital | Daugavpils | General hospital |
|  | Dobeles un apkārtnes slimnīca;  Dobeles Region Hospital | Dobele | General hospital |
|  | Jēkabpils reģionālā slimnīca;  Jekabpils Region Hospital | Jēkabpils | General hospital |
|  | Jelgavas pilsētas slimnīca;  Jelgavas city Hospital | Jelgava | General hospital |
|  | Krāslavas slimnīca;  Kraslavas Hospital | Krāslava | General hospital |
|  | Kuldīgas slimnīca;  Kuldigas Hospital | Kuldīga | General hospital |
|  | Madonas slimnīca;  Madonas Hospital | Madona | General hospital |
|  | Ogres rajona slimnīca;  Ogres Region Hospital | Ogre | General hospital |
|  | Paula Stradiņa klīniskā; universitātes slimnīca; Pauls Stradins Clinical; University Hospital | Rīga | University hospital |
|  | Radziņš Māris - ārsta prakse ķirurģijā; Radzins Maris – medical practice in surgery | Rūjiena | General practice |
|  | Rēzeknes slimnīca;  Rezeknes Hospital | Rēzekne | General hospital |
|  | Rīgas 2. Slimnīca;  Riga Second Hospital | Rīga | Trauma centre |
|  | Rīgas Austrumu klīniskā universitātes slimnīca;  Riga Eastern Clinical University Hospital | Rīga | University hospital |
|  | Traumatoloģijas un ortopēdijas slimnīca;  Hospital of Traumatology and orthopaedics | Rīga | Trauma centre |
|  | Tukuma slimnīca;  Tukuma Hospital | Tukums | General hospital |
|  | Vidzemes slimnīca;  Vidzemes Hospital | Valmiera | General hospital |
|  | Ziemeļkurzemes reģionālā slimnīca; Northener Kurzemes Region Hospital | Ventspils | General hospital |
| **LUXEMBOURG (1)** | | | |
|  | Centre Hospitalier de Luxembourg (www.chl.lu)  Luxembourg’s Hospital Centre | Luxembourg | General Hospital |
| **THE NETHERLANDS (14)** | | | |
|  | Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix | Winterswijk | General |
|  | VU Medisch Centrum VU / Medical Centre | Amsterdam | University |
|  | Diaconessenziekenhuis / Diaconessen Hospital | Meppel | General |
|  | Academisch Ziekenhuis St Radboud / Academic Hospital St. Radboud | Nijmegen | University |
|  | St Jans Gasthuis / St. Jans Hospital | Weert | General |
|  | Ziekenhuis Lievensberg / Hospital Lievensberg | Bergen op Zoom | General |
|  | ZIekenhuis Gelderse Vallei / Hospital Gelderse Vallei | Ede | General |
|  | Academisch Medisch Centrum AMC / Academic Medical Centre | Amsterdam | University |
|  | Maasziekenhuis / Maas Hospital | Boxmeer | General |
|  | IJsselmeerziekenhuis / IJsselmeer Hospital | Lelystad | General |
|  | Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas | Winschoten | General |
|  | Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht | Delfzijl | General |
|  | Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital | Goes | General |
|  | Admiraal de Ruyterziekenhuis / Admiral de Ruyter Hospital | Vlissingen | General |
| **PORTUGAL (4)** | | | |
|  | Hospital São Sebastião; Saint Sebastian Hospital | Santa Maria da Feira | General Hospital |
|  | Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira | Cova da Beira | General Hospital |
|  | Centro Hospitalar de Coimbra; Hospital Centre of Coimbra | Coimbra | General Hospital |
|  | Hospital Distrital de Faro; Hospital of Faro | Faro | General Hospital |
| **ROMANIA (1)** | | | |
|  | 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)** | | | |
|  | Umeå Universitetssjukhus; Umeå University hospital | Umeå | University hospital |
|  | Akademiska Sjukhuset; Uppsala University hospital | Uppsala | University hospital |
|  | Skaraborgs sjukhus Skövde; Skaraborg hospital Skövde | Skövde | Emergency hospital |
|  | Skaraborgs sjukhus Lidköping; Skaraborg hospital Lidköping | Lidköping | Emergency hospital |
|  | Centralsjukhuset i Karlstad; Karlstad Central hospital | Karlstad | Central general hospital |
|  | Arvika sjukhus; Arvika hospital | Arvika | General hospital |
|  | Torsby sjukhus; Torsby hospital | Torsby | General hospital |
| **TURKEY (13)** | | | |
|  | Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi; Yildirim Beyazit University Ankara Ataturk Training and Research Hospital | Ankara | University hospital |
|  | Antalya Eğitim ve Araştırma Hastanesi; Antalya Training and Research Hospital | Antalya | General hospital |
|  | Balıkesir Devlet Hastanesi; Balikesir State Hospital | Balikesir | General hospital |
|  | Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi; Bursa Sevket Yilmaz Training and Research Hospital | Bursa | General hospital |
|  | Elazığ Eğitim ve Araştırma Hastanesi; Elazig Training and Research Hospital | Elazig | General hospital |
|  | Erzurum Eğitim ve Araştırma Hastanesi; Erzurum Training and Research Hospital | Erzurum | General hospital |
|  | İstanbul Okmeydanı Eğitim ve Araştırma Hastanesi; İstanbul Okmeydani Training and Research Hospital | Istanbul | General hospital |
|  | İstanbul Şişli Etfal Eğitim ve Araştırma Hastanesi; İstanbul Sisli Etfal Training and Research Hospital | Istanbul | General hospital |
|  | İzmir Atatürk Eğitim ve Araştırma Hastanesi; Izmir Ataturk Training and Research Hospital | Izmir | General hospital |
|  | Kayseri Eğitim ve Araştırma Hastanesi; Kayseri Training and Research Hospital | Kayseri | General hospital |
|  | Samsun Eğitim ve Araştırma Hastanesi; Samsun Training and Research Hospital | Samsun | General hospital |
|  | Trabzon Kanuni Eğitim ve Araştırma Hastanesi; Trabzon Kanuni Training and Research Hospital | Trabzon | General hospital |
|  | Diyarbakır Eğitim ve Araştırma Hastanesi; Diyarbakir Training and Research Hospital | Diyarbakir | General hospital |

# 2013

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| **AUSTRIA (5)** | | | | | |
|  | Allgemeines Krankenhaus der Stadt Linz (General hospital of city of Linz) | Linz | | General hospital | |
|  | Landes- Frauen- und Kinderklinik Linz (County hospital for women and children) | Linz | | Children’s hospital | |
|  | Landeskrankenhaus Feldkirch (County hospital Feldkirch) | Feldkirch | | General hospital | |
|  | Landeskrankenhaus Bregenz (County hospital Bregenz) | Bregenz | | General hospital | |
|  | Unfallkrankenhaus Meidling (Injury trauma centre Meidling) | Wien | | Trauma centre (injuries only) | |
| **CYPRUS (1)** | | | | | |
|  | *National language:* Γενικό Νοσοκομείο Λευκωσίας  *English language:* Nicosia General Hospital | Nicosia | | | General Hospital |
| **CZECH REPUBLIC (31)** | | | | | |
|  | Fakultní Nemocnice Brno | | Brno | | Trauma centre, university hospital |
|  | Nemocnice Svitavy | | Svitavy | | General hospital |
|  | Fakultní Nemocnice Olomouc | | Olomouc | | General hospital |
|  | Nemocnice Vyškov | | Vyškov | | General hospital |
|  | Fakultní Nemocnice Hradec Králové | | Hradec Králové | | Trauma centre, university hospital |
|  | Nemocnice Liberec | | Liberec | | General hospital |
|  | Nemocnice Jičín | | Jičín | | General hospital |
|  | Nemocnice Pardubice | | Pardubice | | General hospital |
|  | Fakultní nemocnice Motol | | Praha | | Trauma centre, university hospital |
|  | Nemocnice Kladno | | Kladno | | General hospital |
|  | Nemocnice Hořovice | | Hořovice | | General hospital |
|  | Nemocnice Na Bulovce | | Praha | | General hospital |
|  | Fakultní Thomayerova nemocnice | | Praha | | Trauma centre, university hospital |
|  | Nemocnice Kolín | | Kolín | | General hospital |
|  | Nemocnice Mladá Boleslav | | Mladá Boleslav | | General hospital |
|  | Nemocnice Benešov | | Benešov | | General hospital |
|  | Nemocnice České Budějovice | | České Budějovice | | Trauma centre |
|  | Nemocnice Strakonice | | Strakonice | | General hospital |
|  | Nemocnice Jindřicův Hradec | | Jindřichův Hradec | | General hospital |
|  | Nemocnice Sušice | | Sušice | | General hospital |
|  | Fakultní nemocnice Plzeň | | Plzeň | | trauma centre, university hospital |
|  | Nemocnice Rokycany | | Rokycany | | General hospital |
|  | Nemocnice Klatovy | | Klatovy | | General hospital |
|  | Nemocnice Cheb | | Cheb | | General hospital |
|  | Nemocnice Ústí nad Labem | | Ústí nad Labem | | trauma centre |
|  | Nemocnice Děčín | | Děčín | | General hospital |
|  | Nemocnice Most | | Most | | General hospital |
|  | Nemocnice Teplice | | Teplice | | General hospital |
|  | Fakultní nemocnice s poliklinikou Ostrava | | Ostrava | | trauma centre, university hospital |
|  | Nemocnice Karviná Ráj | | Karviná | | General hospital |
|  | Nemocnice Nový Jičín | | Nový Jičín | | General hospital |
| **DENMARK (1)** | | | | | |
|  | Odense Universitetshospital / Odense University Hospital | Odense, Denmark | | | General hospital; university; trauma centre |
| **GERMANY (1)** | | | | | |
|  | Carl-Thiem-Klinikum Cottbus | | Cottbus | | General hospital; university hospital |
| **HUNGARY (1)** | | | | | |
|  | Egyesített Szent István és Szent László Kórház – Rendelőintézet Traumatológiai Osztály; Trauma Unit of St. Stephen and St. Ladislaus Hospitals | | Budapest | | General hospital |
| **ITALY (9)** | | | | | |
|  | Ospedale Generale Regionale della Val d'Aosta “U. Parini” (“U. Parini”, Regional General Hospital of Aosta Valley) | Aosta | | | General hospital |
|  | Ospedale S. Giovanni Bosco - Torino Nord Emergenza ("St. Giovanni Bosco" General Hospital - Turin North Emergency) | Torino  (Turin) | | | General hospital |
|  | Ente Ospedaliero di rilievo nazionale e di alta specializzazione Ospedali "Galliera" (Galliera's Hospitals Group) | Genova (Genoa) | | | General hospital - hospital centre of national reference |
|  | Istituto di Ricovero e Cura a Caratere Scientifico "G. Gaslini" ("G. Gaslini" Institute) | Genova (Genoa) | | | children’s hospital - national scientific institute |
|  | Ospedale "San Giovanni Battista" di Foligno - Polo Ospedaliero di Foligno ("St. John the Baptist", Hospital - Hospital Centres of Foligno) | Foligno | | | General hospital |
|  | 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 |
|  | Ospedale “SS. Benvenuto e Rocco” di Osimo (“Sts. Benvenuto e Rocco” Hospital) | Osimo | | | General hospital |
|  | Ospedale di Senigallia (Senigallia Hospital ) | Senigallia | | | General hospital |
|  | Presidio Ospedaliero "S. Francesco" di Nuoro ("St. Francis" General Hospital of Nuoro) | Nuoro | | | General hospital |
| **LATVIA (20)** | | | | | |
|  | Balvu un Gulbenes slimnīcu apvienība /  Balvu and Gulbenes Hospital association | Balvi, Gulbene | | | General hospital |
|  | Bērnu klīniskā universitātes slimnīca /  Children Clinical University Hospital | Rīga | | | children’s hospital |
|  | Cēsu klīnika /  Cesu Clinic | Cēsis | | | General hospital |
|  | Daugavpils reģionālā slimnīca /  Daugavpils Region Hospital | Daugavpils | | | General hospital |
|  | Dobeles un apkārtnes slimnīca /  Dobeles Region Hospital | Dobele | | | General hospital |
|  | Jēkabpils reģionālā slimnīca /  Jekabpils Region Hospital | Jēkabpils | | | General hospital |
|  | Jelgavas pilsētas slimnīca /  Jelgavas city Hospital | Jelgava | | | General hospital |
|  | Krāslavas slimnīca /  Kraslavas Hospital | Krāslava | | | General hospital |
|  | Kuldīgas slimnīca /  Kuldigas Hospital | Kuldīga | | | General hospital |
|  | Madonas slimnīca /  Madonas Hospital | Madona | | | General hospital |
|  | Ogres rajona slimnīca /  Ogres Region Hospital | Ogre | | | General hospital |
|  | Paula Stradiņa klīniskā universitātes slimnīca /  Pauls Stradins Clinical University Hospital | Rīga | | | university hospital |
|  | Radziņš Māris - ārsta prakse ķirurģijā /  Radzins Maris – medical practice in surgery | Rūjiena | | | general practice |
|  | Rēzeknes slimnīca /  Rezeknes Hospital | Rēzekne | | | General hospital |
|  | Rīgas 2. Slimnīca /  Riga Second Hospital | Rīga | | | trauma centre |
|  | Rīgas Austrumu klīniskā universitātes slimnīca /  Riga Eastern Clinical University Hospital | Rīga | | | university hospital |
|  | Traumatoloģijas un ortopēdijas slimnīca /  Hospital of Traumatology and orthopaedics | Rīga | | | trauma centre |
|  | Tukuma slimnīca /  Tukuma Hospital | Tukums | | | General hospital |
|  | Vidzemes slimnīca /  Vidzemes Hospital | Valmiera | | | General hospital |
|  | Ziemeļkurzemes reģionālā slimnīca /  Northener Kurzemes Region Hospital | Ventspils | | | General hospital |
| **LUXEMBOURG (1)** | | | | | |
|  | Centre Hospitalier de Luxembourg /  Luxembourg’s Hospital Centre | Luxembourg | | | General hospital |
| **MALTA (2)** | | | | | |
|  | General public hospital Malta | Malta | | | General hospital |
|  | General public hospital Gozo | Gozo | | | General hospital |
| **NETHERLANDS (13)** | | | | | |
|  | Streekziekenhuis Koningin Beatrix / Hospital Queen Beatrix | Winterswijk | | | General |
|  | VU Medisch Centrum VU Medical Centre | Amsterdam | | | University |
|  | Diaconessenziekenhuis / Diaconessen Hospital | Meppel | | | General |
|  | St Jans Gasthuis / St. Jans Hospital | Weert | | | General |
|  | Ziekenhuis Lievensberg / Hospital Lievensberg | Bergen op Zoom | | | General |
|  | ZIekenhuis Gelderse Vallei / Hospital Gelderse Vallei | Ede | | | General |
|  | Academisch Medisch Centrum AMC / Academic Medical Centre | Amsterdam | | | University |
|  | Maasziekenhuis / Maas Hospital | Boxmeer | | | General |
|  | IJsselmeerziekenhuis / IJsselmeer Hospital | Lelystad | | | General |
|  | Ommelander Ziekenhuis locatie Lucas / Ommelander Hospital, Location Lucas | Winschoten | | | General |
|  | Ommelander Ziekenhuis locatie Delfzicht / Ommelander Hospital, Location Delfzicht | Delfzijl | | | General |
|  | Admiraal de Ruyterziekenhuis/Admiral de Ruyter Hospital | Goes | | | General |
|  | Admiraal de Ruyterziekenhuis/Admiral de Ruyter Hospital | Vlissingen | | | General |
| **POLAND (1)** | | | | | |
|  | Specjalistyczny ZOZ nad Matką i Dzieckiem | Poznań | | | Children‘s hospital |
| **PORTUGAL (4)** | | | | | |
|  | Hospital São Sebastião; Saint Sebastian Hospital | Santa Maria da Feira | | | General Hospital |
|  | Centro Hospitalar Cova da Beira; Hospital Centre Cova da Beira | Cova da Beira | | | General Hospital |
|  | Centro Hospitalar de Coimbra; Hospital Centre of Coimbra | Coimbra | | | General Hospital |
|  | Hospital Distrital de Faro; Hospital of Faro | Faro | | | General Hospital |
| **ROMANIA (1)** | | | | | |
|  | 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 |
| **SLOVENIA (2)** | | | | | |
|  | Univerzitetni klinični center Ljubljana (University Medical Centre Ljubljana ) | Ljubljana | | | University hospital |
|  | Splošna bolnišnica Jesenice (General Hospital Jesenice) | Jesenice | | | General hospital |
| **SPAIN (1)** | | | | | |
|  |  | Pamplona | | |  |
| **SWEDEN (6)** | | | | | |
|  | Umeå Universitetssjukhus; Umeå University hospital | Umeå | | | University hospital |
|  | Akademiska Sjukhuset; Uppsala University hospital | Uppsala | | | University hospital |
|  | Skaraborgs sjukhus Skövde; Skaraborg hospital Skövde | Skövde | | | Emergency hospital |
|  | Skaraborgs sjukhus Lidköping; Skaraborg hospital Lidköping | Lidköping | | | Emergency hospital |
|  | Centralsjukhuset i Karlstad; Karlstad Central hospital | Karlstad | | | Central general hospital |
|  | Torsby sjukhus; Torsby hospital | Torsby | | | General hospital |
| **TURKEY (15)** | | | | | |
|  | Afyonkarahisar Devlet Hastanesi;  Afyonkarahisar State Hospital | Afyonkarahisar | | | General hospital |
|  | Yıldırım Beyazıt Üniversitesi Ankara Atatürk Eğitim ve Araştırma Hastanesi;  Yildirim Beyazit University Ankara Ataturk Training and Research Hospital | Ankara | | | University hospital |
|  | Antalya Eğitim ve Araştırma Hastanesi;  Antalya Training and Research Hospital | Antalya | | | General hospital |
|  | Balıkesir Devlet Hastanesi;  Balikesir State Hospital | Balikesir | | | General hospital |
|  | Bursa Şevket Yılmaz Eğitim ve Araştırma Hastanesi;  Bursa Sevket Yilmaz Training and Research Hospital | Bursa | | | General hospital |
|  | Diyarbakır Eğitim ve Araştırma Hastanesi;  Diyarbakir Training and Research Hospital | Diyarbakir | | | General hospital |
|  | Elazığ Eğitim ve Araştırma Hastanesi;  Elazig Training and Research Hospital | Elazig | | | General hospital |
|  | Erzurum Eğitim ve Araştırma Hastanesi;  Erzurum Training and Research Hospital | Erzurum | | | General hospital |
|  | İstanbul Okmeydanı Eğitim ve Araştırma Hastanesi;  İstanbul Okmeydani Training and Research Hospital | Istanbul | | | General hospital |
|  | İstanbul Şişli Etfal Eğitim ve Araştırma Hastanesi;  İstanbul Sisli Etfal Training and Research Hospital | Istanbul | | | General hospital |
|  | İzmir Atatürk Eğitim ve Araştırma Hastanesi;  Izmir Ataturk Training and Research Hospital | Izmir | | | General hospital |
|  | Kayseri Eğitim ve Araştırma Hastanesi;  Kayseri Training and Research Hospital | Kayseri | | | General hospital |
|  | Samsun Eğitim ve Araştırma Hastanesi  Samsun Training and Research Hospital | Samsun | | | General hospital |
|  | Şanlıurfa Eğitim Ve Araştırma Hastanesi;  Sanliurfa Training and Research Hospital | Sanliurfa | | | General hospital |
|  | Trabzon Kanuni Eğitim ve Araştırma Hastanesi;  Trabzon Kanuni Training and Research Hospital | Trabzon | | | General hospital |