



THE AGA KHAN UNIVERSITY



# Establishing an injury surveillance system

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#### **Session Overview**

- Explore 12-Step process for the development of an injury surveillance system
- Discuss critical challenges to the development and maintenance of injury surveillance systems in LMICs
- Identify strategies for the effective implementation of injury surveillance systems





# **Phase I: Planning**

#### **Step 1: Identify Stakeholders**

- Any agency/individual concerned about injuries
  - Who wants/needs injury surveillance?
  - Who is best positioned to collect/has access to data?
  - Who may use injury surveillance data?

# **Step 2: Define System Objectives**

Why do you and other stakeholders want an injury surveillance system?

 to assess the burden of injuries or burden of care

- to determine incidence and characteristics of specific injury type
- to identify populations at high risk for particular injuries
- to identify areas where intervention is needed
- to monitor & evaluate interventions

Should the system be comprehensive or focus on particular injuries?

• the severity of injury

•fatal, serious, slight

• the nature of the event resulting in the injury

•motor vehicle, occupational, assault, suicide, war, terrorism

• the nature of the injury

•Neuro-trauma, poisoning, burns

### **Step 3: Define a "case"**

 Case definitions should be based upon system objectives:



## **Step 4: Identify potential data sources**

- Where can one find data that is needed?
- Of what quality and reliability is the data?
- Are there existing systems for recording and processing the data? Are those systems electronic or manual?

### **Potential Data Sources**

	No Injury	Mild	Moderate	Severe	Fatal
Household (community) surveys					
Health clinic records					
Family doctors' records					
ER records					
Ward admission records					
ICU admission records					
Death certificates					

# **Other potential data sources**

- For fatal injuries
  - Autopsy/pathology reports
  - Police reports
- For severe non-fatal injuries
  - Hospital in-patient records
  - Trauma registries
  - Ambulance or EMT records

- For motor vehicle injuries
  - Insurance records
  - Police reports
  - DOT records
- For violent injuries
  - Police reports
- For occupational injuries
  - Workplace records
  - Workers comp
  - Rehabilitation center

#### **Assessing & selecting data sources**

- Identify which sources have the most data of the kind that is needed
- Develop relationships with the agencies responsible for collecting these data
- Develop mechanisms for assembling, processing, interpreting, and reporting these data

### **Repeat Steps 1-4**



#### **Step 5: Assess available resources**

- Personnel with sufficient expertise
- Equipment & supplies
- Environmental factors and considerations

#### **Assess available resources**





# **Phase II: Design**

#### **Step 6: Inform & involve stakeholders**

- Secure commitment and buy-in from stakeholders
- Involve stakeholders in the design and establishment of the surveillance system
- Involvement and buy-in is critical to long term sustainability of the surveillance system

#### **Step 7: Define data needs**



#### **Core Data Set**



#### **Step 7: Define data needs**



Data that a surveillance system collects on all types of injuries, regardless of their characteristics in which they happen or the contributing factors or causes

#### SUPPLEMENTARY DATA SET

Data that a surveillance system may wish to collect on specific types of injuries

#### **Supplementary Data Set**



#### **Data Sets**



#### **Choosing data sets and data**

- Your objectives
- The limitations imposed by the available resources
- Concerns and sensitivities of the injured persons

#### **Building up the surveillance system**



### **Data classification and codes**

- Using standard classifications and codes facilitates comparisons community-by-community; country-by-country comparisons
  - International Statistical Classification of Diseases and Related Health Problems
  - International Classification of the External Causes of Injury (ICECI)

# **Classifying & Coding Data**

- BASIC TERMINOLOGY:
  - "Class" indicates the type of information or data sought
  - "Definition" describes the class
  - "Obligation" indicates whether data is mandatory, optional, or conditional
  - "Code type" indicates numeric, character, or string

#### **Example: core MDS**

#### **CLASS:** Identifier

**DEFINITION**: something that uniquely identifies each case and is used to avoid double counting. An identifier may be assigned by the agency responsible for surveillance or it can be something that is specific to the person injured such as a national ID number with a date attached.

**OBLIGATION**: Mandatory

**CODE TYPE**: Numeric

#### **Example: core ODS**

**CLASS:** Disposition

**DEFINITION**: Action taken or injured person's status after arrival at health facility

**OBLIGATION**: Optional

**CODE TYPE**: Numeric

**CODE CHOICES**: 1 (treated & discharge), 2 (admitted or referred to hospital), 3 (died), 8 (other), 9 (unknown)

#### **Example: Supplementary MDS (RTI)**

CLASS: Road User

**DEFINITION:** the role of the injured person

**OBLIGATION:** Conditional

**CONDITION**: If the injury event involved a vehicle, this information is necessary

**CODE TYPE**: Numeric

**CODE CHOICES**: 1 (pedestrian), 2 (driver), 3 (passenger), 8 (other), 9 (unknown)

#### **Example: Supplementary ODS (assault)**

**CLASS**: Context

**DEFINITION**: The factor(s) the predicated the assault

**OBLIGATION:** Conditional

**CONDITION**: If the injury event resulted from assult, this information is mandatory

**CODE TYPE**: Numeric

**CODE CHOICES**: 1 (quarrel, fight), 2 (drug related), 3 (sexual assault), 8 (other), 9 (unknown)



# **Phase III: Implementation**

## **Step 8: Collect Data**

- How will you collect data?
  - Choosing best locations for data collection
  - Designing data collection forms
- Who will collect data?
  - Physician
  - Triaging officer/nurse
  - Patient



 Build upon existing systems whenever possible. It may be possible to extend an existing system that is already collecting most of the desired data





 Coordinate several existing systems that are individually collecting different pieces of the desired data

SUPPLEMENTARY MDS

(Workplace Records)

CORE MDS (Hospital)



### **Collecting Data**

Establish a new system



#### **Example: Core MDS Collection Form**

Registration or identification Humber		
Aga 🗌		
Sex Hale Female Urbra	WT1	
Place : Where save you when you we	re Injared?	
1. Home	2. School	3 Hghney/Street
8. Ofter(specify)		S Urknown

Act vi ty : What were you doing when you were injured?		
1. Work	2 Education	3 Spot
4. Traveling	8. Other(specify)	S Unlencen

Nechaniam : Haw were you hard? Or Haw was the Injury Inflicted?		
1. Trafficinjuty	2. Secual Asseult	3 Fal
4. Other BluntForce	5. SabiCu	6 Gun Stot
7. Fire, teat	8 Choldingshanging	S Drowning
10. Poisoring	98 Oher(specify)	99. Urknown

Irtant		
1. Unintertional	2. Sell-Ham	3 Intentoral (asseul)
8. Other (specify)		S Unincen

Nature of Injury		
1. Fradue	2. Sprain/Strain	3 Oute bile, open wound
4. Bautse	5. Burn	6 Corcussion
7. Organa şələmirjury	8 Offer(specify)	9 Urknown

### **Example: Core ODS Collection Form**

Registration or Identification Number	0	hate d d n	m y y y y	The b b m m
Age Residence				
Sex Hale Female Unkno	an .			
Place : Where were you when you we	re injured?			
1. Home	2. Sctool		3 Highway/S	seel
8. Other (specify)			9 Urknown	

Activity : What were you dialog when you were injured?		
1. Work	2 Education	3 Spot
4. Travelling	8. Other(specify)	S Unincen

Nechaniam : Hae were you hard? Or Hae was the bijary indicted?		
1. Trafficinjuty	2. Secual Asseult	3 Fall
4. Other BluntForce	5. StabiCul	6 Gun Shot
7. Fie, test	8 Cholengthanging	9 Drowning
10.Poisoring	98. Other (specify)	S9. Urknovn

litant		
1. Unintertional	2. Sel'Ham	3 Intentional (as saul)
8. Other (specify)		9 Unimorn

Alcohol Use : Did you use alcohole/Min 6 hours of the Indident?	
1. Suspected by report or confirmation	2. Noinformation

Substance Use: Eldyou use a mood-allering substance	
1. Suspeded by report or confirmation	2. Noinformation

Injury Severity							
1. Noinjuy	2. Hing	3. Noderale	4 Seree				

Disposifion		
1. Treated and decharged	2 Admittedirefered tohospital	3. Diel
8. Ofher (specili)		S Unincen

Nature of Injury						
1. Fradure	2 Spain/Strain	3 Cute, Bite, open wound				
4. Bruise	5 Bun	6 Concussion				
7. Organasystem injury	8 Other (spedil)	9. Urkrown				

# Step 9: Establish a data processing system

- Electronic
  - Computers are already in use
  - Staff know how to use computers or be trained to
  - There is reliable electricity
  - Reliable maintenance
- Manual
  - Simple card systems
  - Simple, cheap, effective way of processing data

### **Step 10: Design and distribute reports**

- Reports should convey basic results of surveillance to stakeholders and should therefore reflect the needs of stakeholders
- Design reports and agree upon frequency of distribution

# **Sample: Surveillance Report**

Age & Sex	0. y	-4 rs	5- y	14 rs	15- уі	-19 rs	20- уі	24 's	25- yו	-44 rs	45- yı	-64 rs	>( yı	65 rs	unk	now n		тот	4L
Intent	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	М	F	Both
Unintentional																			
Self-harm																			
Assaults																			
Other																			
Unknown																			
TOTAL																			

# Step 11: Train staff & activate system

Training Level	Target Audience	Training Content
l	Everyone concerned with surveillance, from supervisors and staff who operate the system to end users of the information produced by the system	Introduction to injury surveillance and epidemiology; an overview of the system including its objectives and potential uses

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II	Anyone who will complete forms or process data	Detailed review of the form(s) with emphasis on understanding the classes of data and their coding; how to elicit the required data from patients; and how to conform to agreed procedures; including ones that guarantee confidentiality

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	Anyone who will complete forms or process data	Detailed review of the form(s) with emphasis on understanding the classes of data and their coding; how to elicit the required data from patients; and how to conform to agreed procedures; including ones that guarantee confidentiality
III	Anyone who will code and process data, manually or electronically; anyone who should be familiar with data processing methods and software	Hands-on practice in extracting data from forms and coding it; and operating the manual or electronic data processing system

#### **Step 12: Monitor and Evaluate**

- The ability of the system to identify each injury case and to record it correctly
- The accuracy and quality of the reporting
- The ease of use of the forms and data processing system
- The relevance and usefulness to the end users



# **Phase IV: Evaluation**

#### **Evaluating surveillance system**



## **Retrospective evaluation of injury surveillance system**

Measures the accuracy of the surveillance system

- Measures the predictive value of the surveillance system
- Measures the rate of error of the system

#### **Evaluating the surveillance system**

Attribute	#
No. of all cases (injury or not)	A
No. of injury cases detected by evaluator	В
No. of injuries reported by surveillance	С
No. of non-injuries reported as injuries	D
No. of injuries with missing data	E
No. of injuries with incorrect coding	F

### **Evaluating the surveillance system**

Attribute	#
No. of all cases (injury or not)	А
No. of injury cases detected by evaluator	В
Injury rate (% of all cases that are injuries)	B/A
No. of injuries reported by surveillance	С
No. of non-injuries reported as injuries	D
Accuracy of injury surveillance system	C/B
Predictive value of injury surveillance system	C/(C+D)
No. of injuries with missing data	Ш
No. of injuries with incorrect coding	F
Accuracy rate (% of injuries accurately coded)	(C-E-F)/C

# **Evaluating the surveillance system**

Attribute	#	Indicator (%)
No. of all cases (injury or not)	А	
No. of injury cases detected by evaluator	В	
Injury rate (% of all cases that are injuries)	B/A	(B/A)*100
No. of injuries reported by surveillance	С	
No. of non-injuries reported as injuries	D	
Accuracy of injury surveillance system	C/B	(C/B)*100
Predictive value of injury surveillance system	C/(C+D)	[C/(C+D)]*100
No. of injuries with missing data	Е	
No. of injuries with incorrect coding	F	
Accuracy rate (% of injuries accurately coded)	(C-E-F)/C	[(C-E-F)/C]*100

# **Process evaluation of an injury surveillance system**

- Viewing the operation of the surveillance at different periods of a workday, follow at least 6 cases that present themselves and complete a process evaluation form, carefully checking the following:
  - Duplicate cases
  - Wrongfully classified cases (cases that did not meet inclusion criteria that were included)
  - Missed cases
  - Incorrect codes

# **Sample Process Evaluation Form**

De	y of the week			Registration num	ter
Te	te of day:	08.01 - 12:00	12:01 - 18:00	1801 pm - 2600	00:01a m 08:00
1.1	Did the derk r	ecogrize his case a	an injuy?		Yes No
2. (	Was an irjury	erty made at time of	f contactivegistration	n?	Yes 10
3. 1	f rot, how lo	g after patient was to	er, wa informator	n collected?	hts 99 Never
4. 1	Were all relev	ant data el ements co	mpleter/?		Yes No
	a) if ng lindk	ate which ones were	nd completed:		
4	The deleted	amaria mendalari a	ura kara my inver		Ven Hite
1994 - 19 1	al Franciscies	nine të tënjëtetë e Glassfrit alamata i	er invert		
	ay 1 year 1 an	AND 1997 (1997) (1997) (1997)	ere size ea.		
8.	Vés confiden	lid ly assured?			
	Comments:				

# System environment evaluation of injury surveillance system

 A systems evaluation looks at how well staff are able to operate the system conducted through interviews of staff.

# Sample questionnaire for system environment evaluation

Have all callegories of the shalf involved in the injury Sumeillance System been oriented re:
Isopealito? Yes No
Registration de#s7 Yes No
Nursing s Mil? Yes No
Ned cals bill? Yes No
Have I ment we file outers i a meided and the base index floorance (2
naverre stattrat oncury part of supples, poor uncendencing incoreating the system?
L Yes No
f yes, slate
Are confidentially issues respected?
Is here are lend supports yet en for patients who need them?
Is the manual (crany other resource material, i.e. coding guides) readily accessed by?
Arençoti geresitetî
How frequently?
Disseminated to whom?
beerlegraphie alegaie of chiefabia
Are hecklasticussed and or usedin planning or forprogramme evaluations?
Ndes:

#### **Surveillance system evaluation**



