

Seriously Injured in road accidents in Italy: MAIS3+ cases by national hospital discharge data

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Background

✓ The 2020 target set by the United Nations and the European Commission is a further halving, since 2010, of the number of deaths in road accidents in Europe and globally. Although a specific target was not launched, the decrease in the number of serious injuries is recommended too.

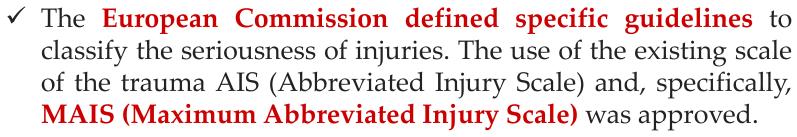


- ✓ In compliance with the recent programs for road safety and the new 2020 targets, to establish new standards for an international and **harmonized definition** of serious injury in road accidents was required.
- ✓ In **2013**, the European Commission's policy orientations on road safety 2011-2020 document was disseminated.
- ✓ In 2015, the European Commission defined guidelines for Eu28 countries. Italy, part of the Eu CARE experts group, adopted definitions and methods using Hospital Discharge data for identifying serious injuries.





Definitions and methods



- ✓ Following the international recommendations and creating synergies among other national organisations, as Ministry of Transport and Ministry of Health, Italy calculated the number of serious injuries in road accidents, based on the Hospital Discharge Data (source Ministry of Health).
- ✓ Hospital patients for acute in ordinary admission regime with a diagnosis included among ICD9-CM (Trauma) and associated to the external codes for Road accidents were considered. Readmissions and deaths within 30 days were excluded.
- ✓ The use of Hospital Discharge, as recommended, ensures the correct assessment of injury severity, gathering these data do not require the development of new structures or processes as the information normally already exists in hospital data bases.





ICD 9 Mapping: MAIS 3+ conversion

Association Advancement of Automotive Medicine AAAM owner and licensee of injury coding products, provided to European Commission, under contract, and to Eu28 countries, two different mappings for International Classification of Diseases (ICD) revisions 9 and 10 into the code MAIS3+, MAIS<3, or indeterminable.



Italy adopted the **IC9-AIS conversion** table to apply to Hospital Discharge data.

ICD9 Mapping example Total list 2500 records

		1 = AIS 3, 4, 5, 6 0 =	
		AIS 1,2 9 = cannot	
CODE	DESCRIPTION	determine	
800	Fracture Of Vault Of Skull	0	
0.008	Closed Fracture Of Vault Of Skull Without Mention Of Intracranial Injury	0	
	Closed fracture of vault of skull without mention of intracranial injury; unspecified		
800.00	state of consciousness	0	
	Closed fracture of vault of skull without mention of intracranial injury; with no loss		
800.01	of consciousness	0	
	Closed fracture of vault of skull without mention of intracranial injury; with brief		
800.02	[less than one hour] loss of consciousness	0	
	Closed fracture of vault of skull without mention of intracranial injury; with		
800.03	moderate [1-24 hours] loss of consciousness	1	
	Closed fracture of vault of skull without mention of intracranial injury; with		
	prolonged [more than 24 hours] loss of consciousness and return to pre-existing		
800.04	conscious level	1	

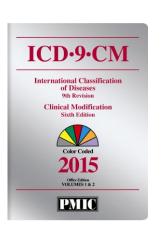


Data: Hospital Discharge (HDD)



In Italy every year:

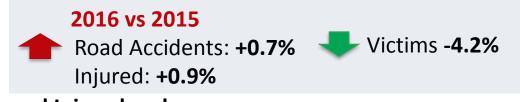
9 million of
hospital discharge
in total;
600,000 for trauma
and poisoning

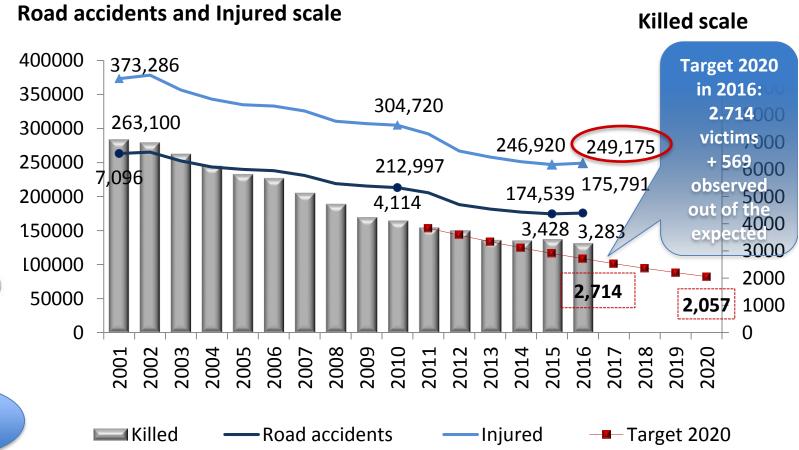


- ✓ The Hospital Discharge Data, in Italy, is based on the collection of information about each patient discharged from the public hospital and private institutions throughout the country (National Laws 1991, 1993 and 2005 updates). Data source is the Ministry of Health.
- ✓ The Hospital Discharge records, in compliance with the privacy laws, are filled in by the doctors who have treated the patient hospitalized. The Hospital Discharge information is mandatory in case of hospitalisation and day hospital. It does not apply to medical consultation or social care facilities.
- ✓ The information is collected and coded (ICD9_CM) by the Regional Health System and sent to the Ministry of Health. It describes the clinical aspects of hospitalization (diagnosis and relevant symptoms, surgery, mode of discharge...)
- ✓ Since 2010 the information about the External Cause of admission an discharge is included (ICD9 E classification), useful to identify injuries due to road accidents.



Road accidents in Italy: an overview on 2001-2016 data







Injured

Seriously injured in Italy: MAIS3+ level. Years 2012-2016

Years		Road	Serious Injuries per one road death
2012	13,112	3,753	3.5
2013	12,899	3,401	3.8
2014	14,493	3,381	4.4
2015	15,901	3,428	4.7
2016	17,324	3,283	5.3

2012-2016

Source: Ministry of Health * , Istat **

- The number of seriously injured in road accidents, in 2016, was **up 9% from the previous year**.
- During the period 2012-2016, the ratio between serious injuries and deaths progressively increased, passing from 3.5 injured for each death in 2012 to 5.3 in 2016.
- In 2016, the serious injuries represented **about 7% out of the total** injured noticed by Police. This percentage, which gradually increased over the last five years, was also linked to an **improvement in quality and coverage of all injuries information among HDD.**
- Unknown cases: **code 9 MAIS3+ represents 3.9** % out of total injuries for road accidents HD in 2016

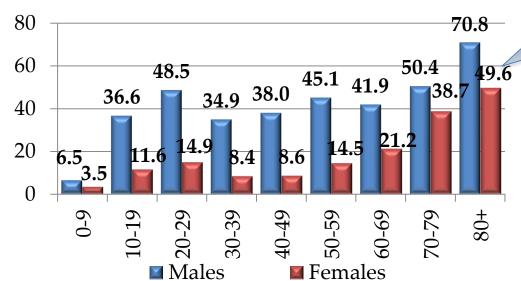
Daily killed and seriously

=1 killed ==1 seriously injured



Seriously injured in Italy by age and gender. Year 2016

Serious injury rate by age and gender: Year 2016 (rates per 100,000)



In 2016, in Italy, the total Serious Injury rate is equal to 28.6 (*100,000)

Males 39.9 and Females 17.9

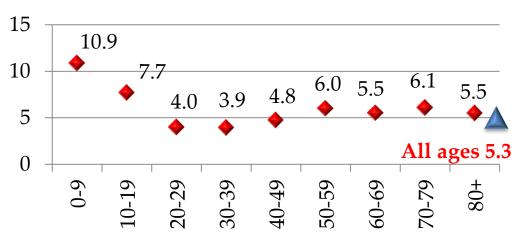
The **Serious Injury rate** is higher for people over 70 years old and 20-29 than the other age classes.

Males show a clear disadvantage in respect of females.

Serious injuries per one road death by age in Italy: Year 2016

The ratio **Serious Injuries/Deaths** is higher for over 50 years old and aged 0-9 and 10-19.

To notice that children 0-9 years old data concern very few cases.





Seriously injured: road users and injuries nature

The percentage of **Seriously Injured vulnerable users in 2016** was approximatively 33% in total:

14% Motorcyclist

10 % Cyclists



67% drivers and passengers of other vehicles

The percentage of **Serious Injuries in 2016** were mainly (~ 70%) due to:

✓ Fracture

of vault of skull and face bones of rib(s), sternum, larynx, and trachea of pelvis and neck of femur of tibia and fibula

- ✓ Cerebral laceration and contusion
- ✓ Subarachnoid, subdural, and extradural hemorrhage, following injury
- ✓ Traumatic pneumothorax and hemothorax
- ✓ Injury to heart, lung and spleen



^{*}Istat processing on Ministry of Health data

Serious injuries in Italy by geographical area

Serious injuries per one road death, by hospital discharge geographical area in Italy. Years 2012-2016

HOSPITAL DISCHARGE GEO-AREA	Year 2012	Year 2013	Year 2014	Year 2015	Year 2016
North-west	3.3	3.8	4.5	4.4	5.2
North-east	3.3	3.5	3.4	3.8	5.0
Centre	3.5	3.4	4.6	5.1	5.8
South	3.3	4.3	4.8	5.3	5.3
Islands	4.9	4.1	5.6	4.9	4.9
Italy	3.5	3.8	4.4	4.7	5.3



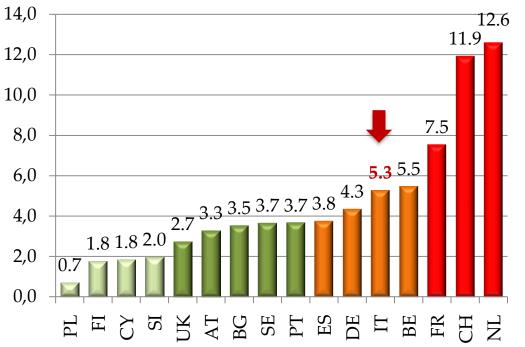
During 2016, Regions in the Centre of Italy, show a number of Serious Injuries per one death higher than the national average (5.8 vs 5.3)

Source: Ministry of Health - Hospital Discharge Data - Istat – Survey on Road accidents resulting in death or injury

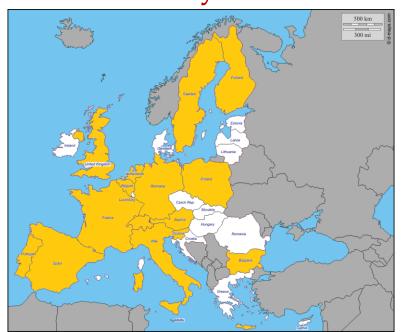


Serious injuries in EU countries

Serious injuries per one road death in EU



Serious injury MAIS3+ in EU: data availability



2016 data for BG, IT, SE; 2015 data for FI,NL, PT; 2014 data for CY, CH, BE, DE, ES, FR, PL,SI, UK

Source: European Transport Safety Council - Annual PIN report. Year 2017

Differences between countries, sometimes relevant, could be due not only to the road accidents national pattern but also to slight discrepancy in coding.

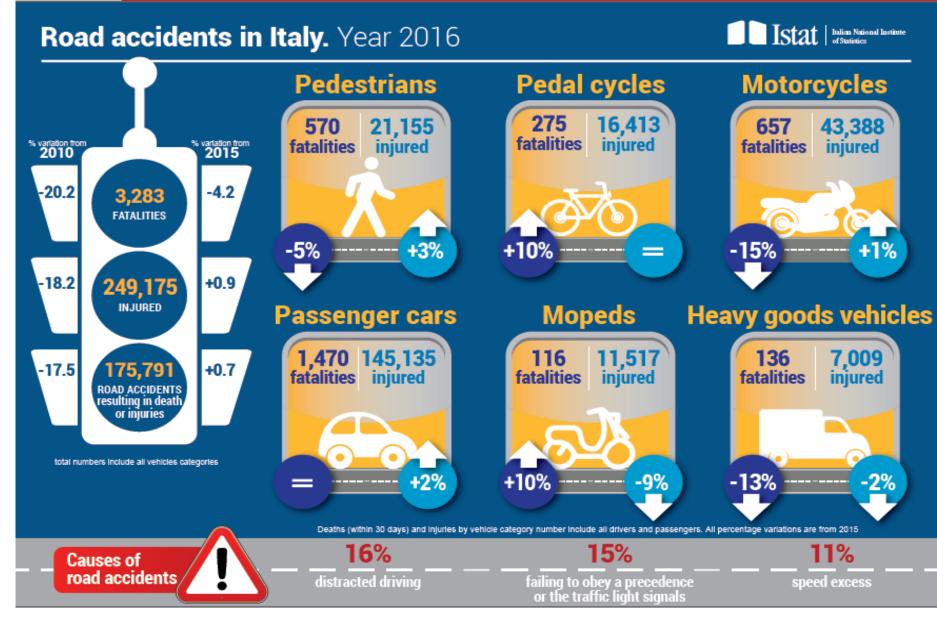


Conclusions

- ✓ During the period 2012-2016, in Italy, the number of serious injuries and the ratio between serious injuries and deaths progressively increased.
- ✓ The increase was, realistically, due the road accidents pattern but also to an improvement in quality and coverage of all injuries information among hospital discharge data.
- ✓ The main goal is the **improvement of the coverage level** of all injuries information in Hospital Discharge Data, to reach a correct and more detailed SI calculation.
- ✓ Furthermore, the next step, in Italy, in medium term, could be the Linkage between Police and Hospital data sources, with the aim to reduce risk of both underreporting and misreporting.
- ✓ As regards linking of data, the principles of integrity and data protection must be kept in mind.



Highlights from Italian Road Accidents statistics



https://www.istat.it/en/archive/202807



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