Monitoring alcohol related injuries and intoxications – improvement of data collection

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Dutch Injury Surveillance System (DISS)

- Since 1997
- Registration of injuries at EDs
- Representative, 14 of 89 EDs, 11% of visits
- Extrapolation to national figures
- Injuries/intoxications:
  - cause (home and leisure, work, sport, traffic, violence, self-harm) + reasons
- Alcohol is part of DISS
- IDB partner
Alcohol intoxications in the Netherlands: 6,000 (2017)
Alcohol related injuries in the Netherlands: 17,800 (2017)
Definitions

• Alcohol intoxications:
  • If intox is mentioned in text field diagnose
  • If use of alcohol is the **only** reason for visiting the ED
  • If self harm is ruled out

• Alcohol related injuries:
  • All visits to the ED where the use of alcohol is mentioned in the diagnose, but an intoxication is ruled out
Alcohol in DISS

• Alcohol intoxications:
  - Quality is good, always registered

• Alcohol related injuries:
  - Only when obvious
  - Only when medically relevant
  - Often mentioned to doctor but not registered
  - Earlier research showed: X 6

[Improvement is needed]
Why, how, what?

• Ministry of Health & local governments need insight (policymakers)

• Pilot: use of alcohol, location, origin,…(5 questions)

• 57% more cases than in standard DISS
Along the way.....

- 5 questions is too much
- Technical issues
- Expert session
- Governmental involvement
- Clinical judgement
Clinical judgement

• Is this visit to the ED (also) caused by the use of alcohol?

• Is there an underlying alcohol problem? (referral to treatment)
DISS anno 2018

- 14 ED’s: technically possible
- 8 ED’s: active
- Just started
- Quality: has to improve
Conclusion and next steps

- Clinical judgement is preferred above asking patient
- It takes time
- Registration will never be top priority

>> Continue implementation
>> Inform hospitals in different ways:
   newsletters
   personal visits
   congress/meetings
   ......
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