



# Monitoring alcohol related injuries and intoxications – improvement of data collection

Karin Klein Wolt, senior researcher, project manager

Susanne Nijman, senior researcher

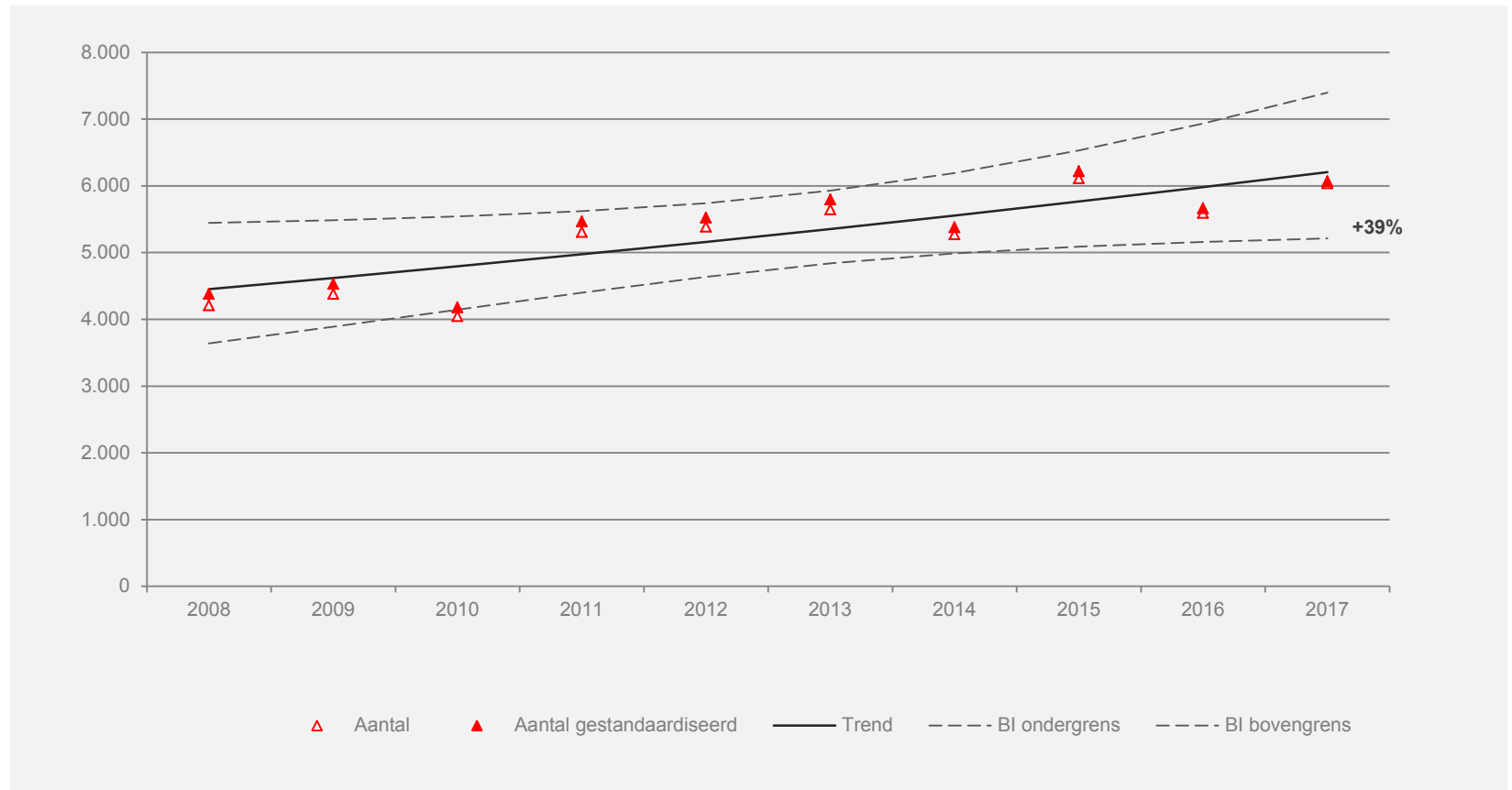
Huib Valkenberg, senior researcher

# Dutch Injury Surveillance System (DISS)

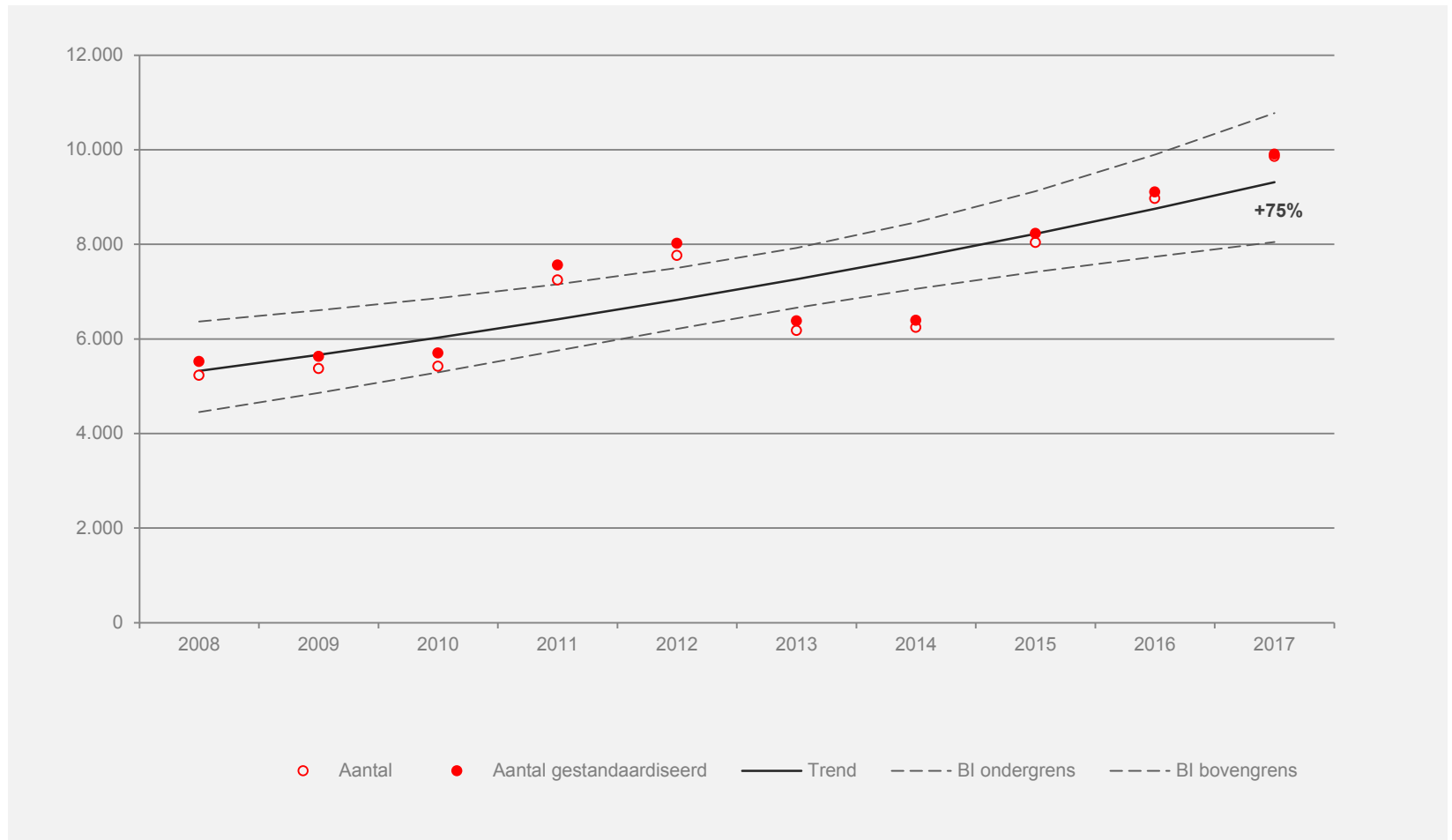
- Since 1997
- Registration of injuries at EDs
- Representative, 14 of 89 EDs, 11% of visits
- Extrapolation to national figures
- Injuries/intoxications:  
cause (home and leisure, work, sport, traffic,  
violence, self-harm) + reasons
- Alcohol is part of DISS
- IDB partner



# 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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veiligheid  nl

Karin Klein Wolt [k.kleinwolt@veiligheid.nl](mailto:k.kleinwolt@veiligheid.nl)

Susanne Nijman [s.nijman@veiligheid.nl](mailto:s.nijman@veiligheid.nl)

Huib Valkenberg [h.valkenberg@veiligheid.nl](mailto:h.valkenberg@veiligheid.nl)

[www.veiligheid.nl](http://www.veiligheid.nl)