

Research into the quality and sustainability of the Dutch Injury Surveillance System

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TNS NIPO has carried out an independent study on the quality and sustainability of the Dutch Injury Surveillance System DISS (in Dutch: Letsel Informatie Systeem LIS). This study was commissioned by the Ministry of Health, Welfare and Sport. In DISS, administered by VeiligheidNL / Consumer and Safety Institute, participating hospitals register patients who are treated at an Emergency Department (ED) for an injury due to an incident, act of violence or self-inflicted trauma. TNS NIPO has investigated the scientific value, the support and sustainability of DISS. Various methods were used: telephone interviews, face-to-face interviews and comparative analyses.

The scientific value was judged by looking at the reliability and validity of the registry. Both reliability and validity are sufficient. Any risks to reliability and validity are tackled as much as possible by VeiligheidNL. More actions will not benefit the support of participating EDs. Based on this study, conclusions on the representativeness of DISS could not be drawn.

Support from ED-heads to participate in DISS is limited. Heads of EDs recognize the societal relevance of DISS but do not expect any direct added value for the hospital. The fact that participating ED heads yet do not consider withdrawal from DISS is caused by the strong relationship with VeiligheidNL that often goes back several years. Non-participating ED heads emphasize that registering data may take too much time. To increase support among EDs it is important to stress the non labour-intensive methodology of DISS, by means of the automatic text recognition software program that was developed to code open text into variables. Another way to increase support among EDs is to seek collaboration with other registries such as LTR (National Trauma Registry).

Changes in the health care system are pressurizing the quality and sustainability of DISS. Enlarging the sample of hospitals is therefore essential. This is also important because of the development of decentralization in care and government, causing an increasing need for regional steering information among regional governments, care institutions and police corpses. The regional need for steering information on e.g. injuries due to traffic accidents can increase the support and willingness of EDs to participate in DISS. Changes in the health care system in The Netherlands also include a shift towards primary emergency care (general practitioners center in the hospital) for less severe injuries. This leads to a decrease in 'total ED visits due to injuries'. To meet this disadvantage, DISS should consider to extend the registry with general practitioners center in the hospitals that participate in DISS.

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