

The validity of the estimates of the national number of visits to Emergency departments on the basis of data from the Injury Surveillance System LIS

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RIVM has examined whether the estimates of the national number of visits to Emergency departments (ED) on the basis of the Dutch Injury Surveillance System DISS (in Dutch: LIS) reflect the actual number of ED visits. Thereto LIS-data are compared to data from the DBC Information System (DIS). DIS is a registration system for hospital care, including ED care, that is used by all Dutch hospitals. LIS-data appear to reflect the actual number of ED visits. This is especially true for the total number of ED visits, where no distinction is made between ED visits because of injury or (non-)acute conditions. The LIS estimates of the national number of ED visits for injuries alone are slightly below the numbers based on DIS-data. For a better understanding of this difference, the estimation method employed by LIS needs to be more transparent. Details of this method are not published. The current study was commissioned by the Ministry of Health, Welfare and Sport. LIS is an important source of information for the injury prevention policy of this ministry and other ministries. LIS-data are more specific than DIS-data, among other things regarding the cause of the injury and the circumstances in which it is sustained. In addition, LIS allows follow-up research into for instance the long-term effects of injury. LIS is an injury surveillance system of the Consumer Safety Institute (VeiligheidNL), a foundation that monitors injuries in The Netherlands and develops programs to promote safe behavior. At the time of this study 14 of the 94 Emergency departments with 24/7 opening hours participated in LIS. The hospitals participating in LIS register patients who use ED services, including victims of an accident, violence or self-harm. VeiligheidNL uses LIS among other things to estimate the national number of injury victims treated at EDs.

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