



Australian Government

**Australian Institute of
Health and Welfare**

*Better information and statistics
for better health and wellbeing*

INJURY RESEARCH AND STATISTICS SERIES

Number 55

Hospital separations due to injury and poisoning 2005–06

Renate Kreisfeld & James E Harrison

2010

Australian Institute of Health and Welfare

Canberra

Cat. no. INJCAT 131

The Australian Institute of Health and Welfare is Australia's national health and welfare statistics and information agency. The Institute's mission is *better information and statistics for better health and wellbeing.*

© Australian Institute of Health and Welfare 2010

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head of the Communications, Media and Marketing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

This publication is part of the Australian Institute of Health and Welfare's Injury Research and Statistics Series. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>. Electronic copies of publications in this series can be downloaded from the Research Centre for Injury Studies website <www.nisu.flinders.edu.au>.

ISSN 1444-3791

ISBN 978 1 74024 886 0

Suggested citation

AIHW: Kreisfeld R & Harrison JE 2010. Hospital separations due to injury and poisoning 2005–06. Injury research and statistics series no. 55. Cat. no. INJCAT 131. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair

Hon. Peter Collins, AM, QC

Director

Penny Allbon

Any enquiries about or comments on this publication should be directed to:

Renate Kreisfeld

Research Centre for Injury Studies

Flinders University

GPO Box 2100

Adelaide SA 5001

Phone: (08) 8201 7602

Email: Renate.Kreisfeld@flinders.edu.au

Published by the Australian Institute of Health and Welfare

Printed by Snap Printing

Proof reading and layout editing by Stacey Avefua

**Please note that there is the potential for minor revisions of data in this report.
Please check the online version at <www.aihw.gov.au> for any amendments.**

Contents

Summary	iv
Abbreviations used	v
1 Introduction	1
Hospital separations data	1
Selecting injury and poisoning cases.....	1
Injury hospitalisations 2005–06 overview.....	2
Profiles of priority injury areas	4
Trends in injury rates.....	4
2 Community injury, Australia	5
2.1 All community injury hospitalisations	5
Part A: Unintentional injuries	17
2.2 Falls	17
2.3 Transportation.....	30
2.4 Poisoning, pharmaceuticals.....	49
2.5 Poisoning, other substances	58
2.6 Fires, burns and scalds	67
2.7 Drowning and near-drowning.....	75
2.8 Other unintentional injuries	84
2.9 Work-related injury	91
2.10 Sports-related injury	93
Part B: Intentional injuries	95
2.11 Intentional self-harm	95
2.12 Assault	103
2.13 Undetermined intent	112
3 Complications of surgical and medical care, Australia	120
4 Residual groups.....	125
Appendix 1: Data issues.....	126
Appendix 2: Population data table.....	132
References.....	137
List of tables	139
List of figures	142

Summary

During the twelve-month period 2005–06, community injury was responsible for 371,297 cases of hospitalisation (216,158 males and 155,133 females). Injury consumed a total of 1,498,862 bed days equating to a mean length of stay of 4.0 days per hospitalised case.

For very young children aged 0–4 years, the most common specific causes of injury were falls (39%) and poisoning by drugs (7%). Falls were also the most common injury for older children aged 5–14 years (43%), followed by transport accidents (19%). The most common causes of injury for young adults aged 15–24 years were transport accidents (21%), falls (12%), assault (11%) and intentional self-harm (10%). A similar pattern was seen in adults aged 25–44 where transport accidents accounted for 17% of hospitalisations, falls for 14%, and assault and intentional self-harm for 11% each. With the arrival of older adulthood (45–64 years), unintentional falls become prominent, accounting for 31% of hospitalisations, followed by transport accidents (14%) and intentional self-harm (8%). For those aged 65 years and over, around three-quarters of hospitalisations are the result of falls. From 85 years onwards the proportion of falls as a cause of hospitalisation reached 87%.

The age-standardised rate of community injury has risen over time from 1,724 cases per 100,000 population in 1999–00 to 1,790 cases per 100,000 in 2005–06. The upward trend was observed for both males and females.

Upward trends were not seen for all major types of community injury. Between 1999–00 and 2005–06, upward trends were observed for falls (from 602 to 624 per 100,000 population); for transport accidents (249 to 255); for poisoning by other substances (15 to 12); intentional self-harm (105 to 116); and assault (98 to 109). There was a large downward trend for poisoning by drugs (from 100 to 63 per 100,000 population) and slight downward trends for fire, burns and scalds (from 27.6 to 26.9) and drowning (from 2.6 to 2.5). The downward trend in poisoning by drugs was mainly due to a reduction in rates in the 0–4 year age group (from 340 to 198 per 100,000) and the 15–49 year age group (from 116 to 63 per 100,000). However, despite falling rates in all other age groups in this category of injury, age standardised rates increased for those aged 70 years and over from 80 to 98 per 100,000 population.

Eighteen per cent of community injury cases resulted in injuries to the head. The next most commonly injured body regions were the knee and lower leg (12%) and the elbow and forearm (11%).

The Northern Territory's age-standardised community injury rate of 2,852 per 100,000 population was substantially higher than rates for all other jurisdictions. The next highest rate of 1,902 per 100,000, found in Queensland, was higher than the all-Australia rate of 1,790 per 100,000. Age adjusted rates were higher in the Northern Territory for all major causes of injury with the exception of poisoning by drugs and intentional self-harm. The difference between rates for the Northern Territory and Australia as a whole was most striking in relation to hospitalisations due to assault where age standardised rates were 691 and 109 per 100,000 respectively.

Abbreviations used

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ASGC	Australian Standard Geographical Classification
CI	Confidence Interval
DHA	Department of Health and Ageing
ED	Emergency Department
ICD	International Classification of Diseases
ICD-9	International Classification of Diseases, 9th Revision
ICD-10-AM	International Classification of Diseases, 10th Revision Australian Modification
LOS	Length of stay
MLOS	Mean length of stay
NISU	AIHW National Injury Surveillance Unit
NHMD	National Hospital Morbidity Database
NSAID	Non-steroidal anti-inflammatory drugs
RCIS	Research Centre for Injury Studies