

Hospital separations due to injury and poisoning, Australia 2004–05

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Hospital separations due to injury and poisoning, Australia 2004–05

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Executive summary

This report, covering injuries resulting in admission to an Australian hospital in the financial year 2004–05, is the third in a series, with previous reports covering 2001–02 and 2003–04 (Berry & Harrison 2006a; Berry & Harrison 2007a).

As in previous years the main group of injury analysed is *community injury*, injuries typically sustained in the home, workplace, street etc.

The report also includes analyses of:

- *complications of surgical and medical care* (e.g. post-operative infections and complications with prosthetic devices, implants and grafts)
- *residual injury separations* (comprises only a small number of injury separations, including adverse effects not elsewhere classified)

The current report includes analyses of rates of injury by the person's place of usual residence. Rates of community injury are presented by the injured person's state of usual residence (as they were in previous reports in the series) and according to the remoteness of the person's place of usual residence. Analysis by remoteness was not included in the previous report in this series (Berry and Harrison 2007a).

The current report also includes chapters specifically dealing with work- and sport-related community injury cases, expanding upon the brief discussion of these topics in 2003–04.

A further feature of the current report is detailed analysis of hospitalised injury cases attributed to transport accidents. The transport injuries section here is very similar to those of Harrison and Berry (2007) and Berry and Harrison (2007b) but covers a year skipped by that series.

Trends are not covered in this report, but were covered in the 2003–04 report.

Community injury

Around 356,000 community injury cases resulted in hospitalisation in 2004–05. Most (86%) were unintentional injuries, with the remainder considered to be intentional (such as from assaults or incidents of self-harm).

The leading cause of hospitalised injury in 2004–05 was an unintentional fall, accounting for over one-third of all community injury cases (126,800 cases).

Unlike most other types of community injury, females outnumbered males in unintentional fall injury cases (55% to 45%). Rates of hospitalised falls cases were particularly high for older Australians. Slips, trips and stumbles were the most common cause of hospitalised falls.

Transport accidents were the second most common cause of hospitalised community injuries (14% or 51,000 cases). Most hospitalised transport injury cases involved males (68%) and rates were highest for people aged 10–29 years.

Sport-related injuries accounted for around 37,300 cases, with football injuries (Australian Rules, soccer, rugby league and rugby union) being by far the most prevalent (13,600 cases overall, 12,700 for males).

There were an estimated 23,900 hospitalised injury cases due to self-harm. Female cases outnumbered male cases by 14,900 to 9,000.

Nearly 1.5 million patient-days were attributed to hospitalised community injury in 2004–05 and the average length of stay per community injury case was 4.0 days.

Complications of surgical and medical care

An estimated 69,700 hospitalised injury cases in 2004–05 were attributed to complications of surgical and medical care.

As for community injury cases, rates of complications cases increased markedly with age, but unlike community injuries, complications rates for older males were significantly higher than those for females from the age of 60 years onwards.

The vast majority (96%) of cases with complications as a principal diagnosis were attributed to surgical or medical procedures causing an abnormal reaction or later complication in the patient, without mention of misadventure at the time of the procedure.

Nearly half a million patient-days were attributed to hospitalised complications of surgical and medical care in 2004–05 and the average length of stay per case was 6.4 days.

Injuries in older Australians

While most types of injury have a relatively young age profile (e.g. drowning, burns and scalds, assault), the highest rates of hospitalised community injury cases overall are observed for older Australians. This is largely due to extremely high rates of fall-related injuries, but elevated rates for people aged 65 years and older were observed for a number of other injury types in 2004–05.

Rates of transport-related injuries had an almost bi-modal age distribution, with a second peak in rates noted for older people following relatively low rates of transport injuries for middle-aged adults. Rates of cases involving older car drivers and car passengers demonstrated this pattern, as did rates for older pedestrians.

There is some evidence here to suggest that mobility scooter-related injuries might be a growing cause of transport injuries involving older people. Hospital data do not currently contain codes specific to mobility scooters but coding changes have recently been introduced to improve identification of mobility scooters as the cause of transport (and falls) injury from the 2006–07 data year onwards.

Older Australians also had a high rate of hospitalised cases due to accidental poisoning by pharmaceuticals, relative to other adults. Similarly, rates of complications of surgical and medical care cases (including cases attributed to the adverse effects of drugs, medicaments and biological substances in therapeutic use) were much higher for older people than for younger Australians.