

# NNFSS : Selecting Facilities

**P** All nine provinces

**P** All population characteristics: age, sex, occupation, education, rural/urban

**P** Socio-economic groups: public/private facilities

**P** Injury severity : minor to severe

**P** Type of facility: primary, secondary, tertiary

# SA State Hospitals Trauma Head Counts

## **P** MAY 1999

- ▶ Letters to MS of all State hospitals (n=356)
- ▶ 4 question questionnaire
  - Do you see trauma; annual caseload; do you keep stats?
  - Breakdown into violence/traffic/other accidents

## **P** JUNE 1999

- ▶ Reminder sent out
- ▶ About 44% return date

## **P** END JULY 1999

- ▶ Telephoned all outstanding hospitals
- ▶ Resent letter and questionnaire

## **P** BEGINNING SEPTEMBER 1999

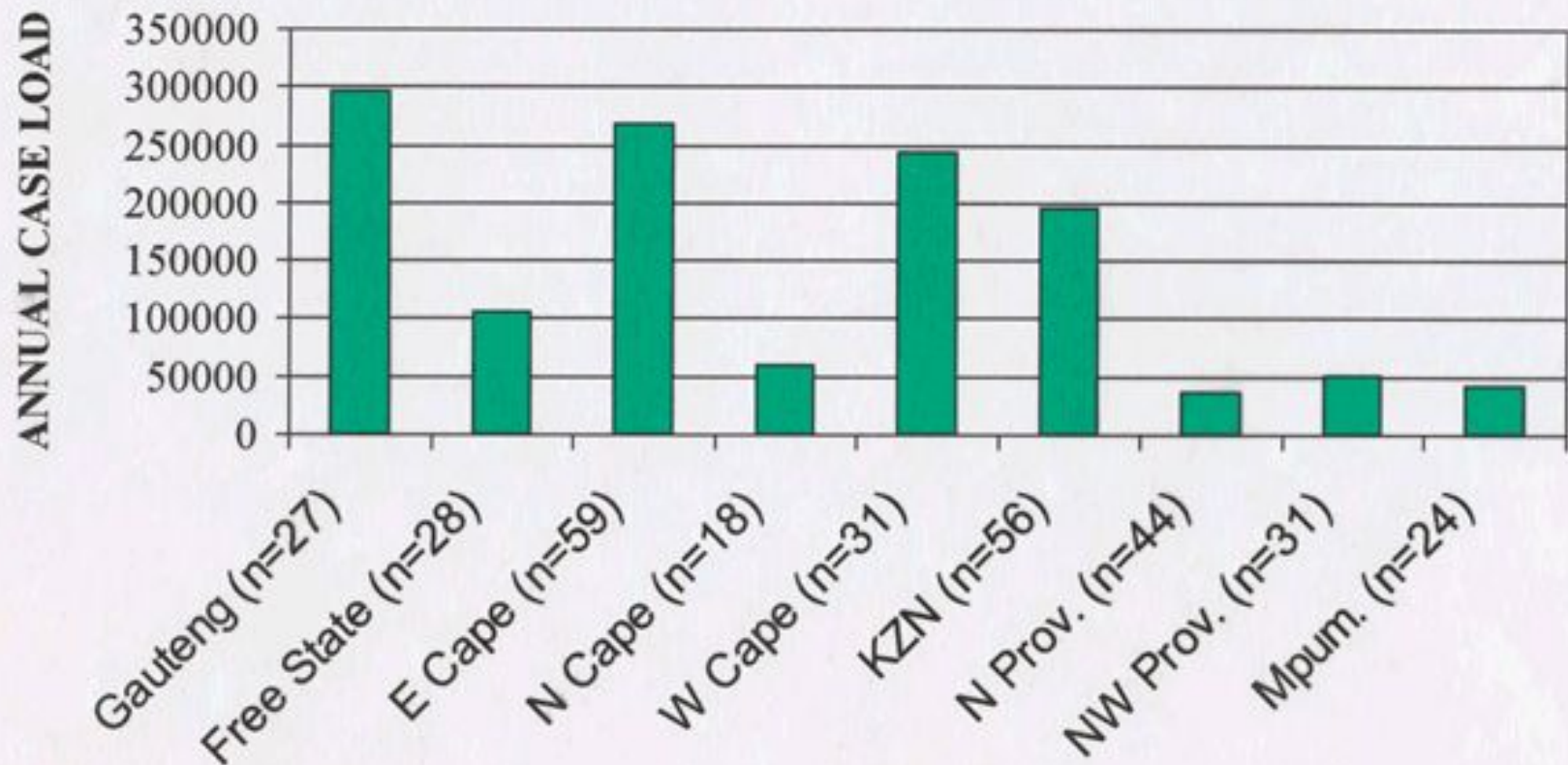
- ▶ 242 questionnaires returned (68%)

# SA State Hospital Injury Survey

	Hospitals n	Return %	See trauma %	Keep stats %
Gauteng	33	70	82	83
Free State	31	78	90	86
KZ Natal	65	71	86	48
E.Cape	64	55	92	91
N. Cape	19	90	95	93
W. Cape	43	98	72	77
N.Province	45	47	97	77
NW Prov.	31	45	100	86
Mpuma	25	80	96	79
<b>TOTAL</b>	<b>356</b>	<b>68</b>	<b>89</b>	<b>78</b>

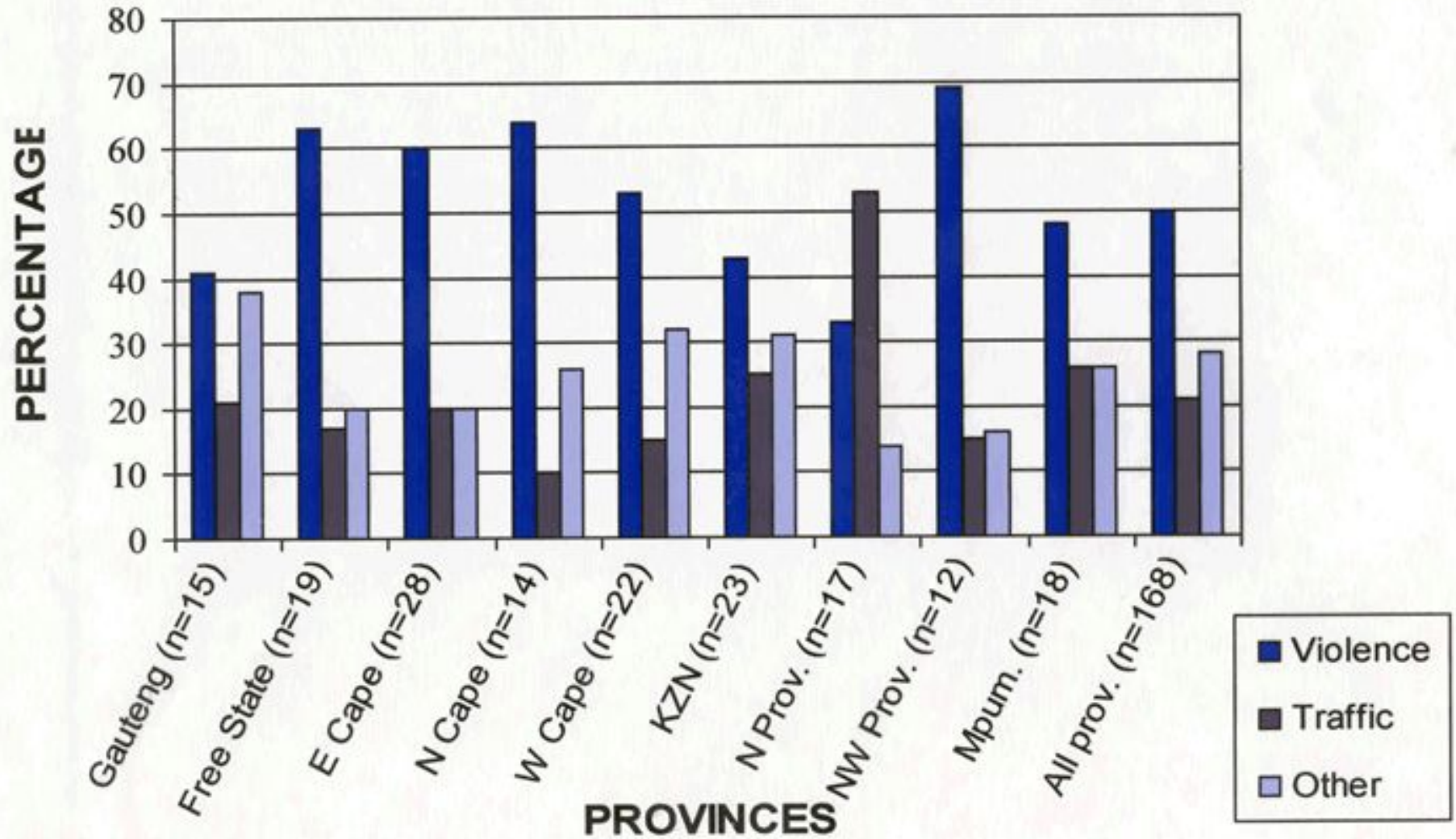
# SA State Hospitals

## Annual Trauma Caseload by Province



1.5 million cases - based on extrapolation of mean caseload by province

# Causes of Injury by Province



# INJURY SURVEILLANCE DATA CAPTURE FORM

HOSPITAL		HOSP NO	
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GENDER	M	F	RACE	A	B	C	W	HOME LANGUAGE		AGE	
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DATE & TIME OF INJURY	O	D	M	M	Y	Y	H	H	DATE & TIME OF TREATMENT	D	D	M	M	Y	Y	H	H
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CITY / TOWN WHERE INJURY TOOK PLACE	SUBURB WHERE INJURY TOOK PLACE
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SCENE OF INJURY (Please tick the one that applies)		ACTIVITY AT THE TIME OF INJURY (please tick the one that applies)																											
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WAS ALCOHOL USED BY PATIENT PRIOR TO INJURY?		No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/>																											
WERE DRUGS USED BY PATIENT PRIOR TO INJURY ?		No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/>																											

CAUSE OF INJURY (Place a tick in appropriate box)	Transport	Other Accident	Abandoned suicide	Violence
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Please complete the section appropriate for the cause of injury

TRANSPORT		OTHER ACCIDENT / UNINTENTIONAL INJURY		ATTEMPTED SUICIDE / SELF INFLICTED																																																		
Vehicle Involved	Traffic User	Specific cause		Specific method used																																																		
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How many perpetrators were involved?		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/> Unknown <input type="checkbox"/>		Gender of main perpetrator				M <input type="checkbox"/> F <input type="checkbox"/>																								

SEVERITY OF INJURIES		PLACEMENT AFTER INITIAL ASSESSMENT			FORM COMPLETED BY	
1 Minor	2 Moderate	3 Admitted to ICU	4 Discharged	5 Admitted to ward	6 Transferred	Please print name and sign
3 Severe	4 Mortal					